

PCRN N&Y ADVISORY BOARD

17 October 2011, 13:30 – 15:30
Beddingfield Room, The Bar Convent, York

MEMBER	DEPUTY	AFFILIATION
Present:		
Naomi Reay (NR)		PCRN N&Y
Alison Selby (AS)		PCRN N&Y
Scott Wilkes (SW)		PCRN N&Y/NTW CLRN
Terri Harding (TH)		PCRN N&Y
Nick Taylor (NT)	Chris Oxnard	NEYNL CLRN
Sam Eldabe (SE)	Tim Butler	CDTV CLRN
Tim Goodship (TG)/Seamus O'Neill (SO'N)	Justine Smith	NTW CLRN
Simon Howell (SHw)		WY CLRN
Stephen Singleton (Chair) (SS)		North East SHA
Chris Welsh (CW)	Stephen Singleton	North West, Yorkshire & Humber SHA
Claire Seymour (CS)	Paul Carder	Bradford & Airedale PCT
Shona Haining (SH)		NHS North of Tyne
Apologies:		
Anne Forster (AF)/Chris Price (CP)		Stroke Research Network
Dan Herron (DH)		North East DeNDRoN
Ann Crosland (AC)		Mental Health Research Network
Mark Walker (MW)		Diabetic Research Network
Nick Wadd (NW)		Cancer Research Network
Elaine McColl (EMcC)		University of Newcastle
Ian Watt (IW)		University of York
Jane Nixon (JN)		University of Leeds
Rebecca Maier (RM)		University of Durham
Hilton Dixon (HD)		CDTV PCTs
Tricia Ellis (TE)		NIHR CRN CC
Vacant		North Lincolnshire PCTs/North East Lincolnshire Care Trust Plus

Absent:

Sue Smith (SSm)

Kirklees & Calderdale PCTs

AGENDA TOPICS – OUTCOMES & ACTIONS

1. Minutes of last meeting

SW welcomed the group and introduced Professor Stephen Singleton, the newly appointed chair of the Advisory Board. Professor Singleton comes from a GP and Public Health background and represents the North West and North East Yorkshire & the Humber SHAs.

Minutes of last meeting agreed as a true record.

2. Matters arising

None

Action Items	Responsibility	Deadline
No action necessary		

3. Green Report

3.1 Accruals within each of the PCRN LRNs

TH

<p><u>Quarterly Green Reports</u> circulated and discussed:</p> <ul style="list-style-type: none"> • Demonstrates activity and highlights the differences between the 4 individual Spoke/CLRN areas. • Identifies PCRN-led studies (Pink) and other Network-led (White). • Does not demonstrate the effort taken or resources used. • Next report due November 2011. 		
Action Items	Responsibility	Deadline
No action necessary		

3.2 Open Studies – currently recruiting in each Spoke

TH

<p><u>Report 3</u> circulated and discussed;</p> <ul style="list-style-type: none"> • Recruitment low (a national trend). Recruiting to more interventional studies → lower numbers and greater resources. • Target set of this year is 16,000. However, 2 large studies anticipated have been delayed (3C and HEAT), therefore lower recruitment is to be expected (13,015 is current target). • As targets and numbers are changing, SH suggested it would be useful to be able to compare distance to targets by adding 'target' and 'percentage of target' columns to the Green Report. • New template automatically adjusts to realistic targets. 		
Action Items	Responsibility	Deadline
Additional columns suggested by SH to be reviewed for feasibility.	AS	19/4/12

3.3 Accruals by Spokes

TH

<ul style="list-style-type: none"> • Each of the 4 Spokes have set up Primary Care Spoke Delivery Groups (CLRN, PCRN, Trust representation) at which key issues of individual studies are discussed and intervention decided upon. • TH discusses 'red' and 'amber' studies monthly with the Portfolio Manager, NIHR CRN CC. • SS: our job is to hold Delivery groups, Executive Group, to account. We need: <ul style="list-style-type: none"> - proportion of activity - information as to why the targets might move - The Network should account for; - performance against targets - performance against perfection • Strategy of this Board is to maximum performance against targets and perfection. For discussion at next meeting. 		
Action Items	Responsibility	Deadline
Add 'performance against targets and perfection' to next meeting agenda.	TH	19/4/12

4. Clinical Commissioning Group Engagement

SW

<p>A briefing document presented at the national forum, was circulated prior to meeting. Discussion followed around how we can best use this model within the 4 Spoke areas.</p>		
<p><u>Summary/Conclusion:</u></p> <ul style="list-style-type: none"> • Identified the fact that we have functions at all levels; GPs, Research Nurses, etc. will find themselves in Commissioning Groups, part of a Commissioning Board or in support units promoting their expertise required to support the Commissioning Groups to achieve their objectives. • Need to promote excellence we have and sustain our profile. • The PCRN will remain part of the NIHR structure post March 2013. In terms of the focus on delivery, the Network still expect to be able to support the new structure. • Remain aware of overall strategies, use the new paperwork when it is released and be aware this is a great opportunity for; <ul style="list-style-type: none"> - portfolio generation (which could be granted to any able provider) - RM&G - Portfolio delivery • Each PCT has a transition group. PCT cluster will remain locally but slightly altered; will be part of Commissioning Board as Accounts Manager or PCT staff will have been contracted to the GPs. • Funding in place for Networks to support primary care research, i.e. DoH fund NIHR → 10% goes to PCRN, the remainder to primary care and CLRNS (RSI, trial specific SSCs, etc). • Continuing to seek Research Champions. 		

Action Items	Responsibility	Deadline
Disseminate final draft paper to Commissioning Groups, copy to Heads of Commissioning Development in the PCT Clusters.	SW	a.s.a.p.

5. Any other business

None		
Action Items	Responsibility	Deadline
No action necessary		

Next meeting: Thursday, 19th April 2012, 1.30 p.m. – 3.30 p.m., The International Centre for Life, Newcastle.

Please forward agenda items to Prof. Stephen Singleton (stephen.singleton@northeast.nhs.uk), copy to Margaret Creek (Margaret.creek@nyren.co.uk) by 5 April 2012 for circulation by 10th April 2011. A reminder will be sent nearer the time.