

PCR N Northern & Yorkshire Executive Group Meeting

19 May 2011, 10:30 – 12:30
Meeting Room, Dolphin Centre, Darlington

Present:	James Larcombe (JL)	PCR N Co-Clinical Lead CDTV/CLRN CDTV Representative
	John Hodgson (JH)	PCR N NY Clinical Trial Coordinator - WY
	Louise Warner (LW)	PCR N NY Clinical Trial Coordinator - NTW
	Margaret Creek (MC)	PCR N NY - Note taker
	Nick Taylor (NT)	CLRN NEYNL Representative
	Raghu Raghunath (RR)	PCR N NY Co-Clinical Lead - NEYNL
	Robbie Foy (RF)	CLRN WY Representative
	Sarah Daniel (SD)	PCR N NY Clinical Trial Coordinator - CDTV
	Scott Wilkes (Chair)	PCR N NY Clinical Lead/CLRN - NTW
	Terri Harding (TH)	PCR N NY Network Manager
	Yvonne Coverdale (YC)	PCR N NY Clinical Trial Coordinator - NEYNL
Apologies:	Tim Butler (TB)	CLRN CDTV Representative
	Naomi Reay (NR)	PCR N NY Co-Clinical Lead - WY
In Attendance:	Katy Wilburn	PCR N Research Facilitator – NEYNL
	Pat Brown	PCR N Research Nurse – CDTV
	Heather Maughan	PCR N Research Nurse – CDTV

AGENDA TOPICS – OUTCOMES & ACTIONS

1. Minutes of last meeting SW

Amendment to item 5.2 GP Commissioning Consortia: ‘immersing’ was replaced by ‘emerging’ then agreed as a true record.
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2. Matters arising RF
3.1 PCR N activity update WY (17.2.11)

RF expressed concern that the CLRN are continuing to use different figures to judge performance of the PCR N within the CLRN, impacting on performance management. TH explained that the Green Report is generated from the Coordinating Centre and the same application to extract figures is used by PCR N and CLRN. However, how data is filtered depends on the questions asked.
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It was agreed to set up a meeting to discuss report formatting, and sort out data. RF, Simon Douglas, Sam Scarlett, Daniel Waas (IT) from WY CLRN and JH, NR and TH from the PCR N to be present.

Action Items	Responsibility	Deadline
To arrange meeting with WY CLRN to discuss ‘Report Formatting’	MC/TH	a.s.a.p.

3. PCRN activity update per PCRN NY Spoke

JH/YC/SD/ LW

<p>Each CTC delivered 'update of activity' presentation: <u>WY (JH)</u></p> <ul style="list-style-type: none"> • Three Research Champions in place, 2 more commencing within a few weeks. • Figures demonstrate a consistent increase in PCRN-led studies (6% - 20%). <p>The Green Report is to be circulated by email to the group. The orange bands indicate PCRN-led studies and the rest co-adopted.</p>		
<p><u>NEYNL (YC)</u></p> <ul style="list-style-type: none"> • Accrual figures down on last year due to a number of studies available • Impact of new team has led to an increase in engagement of practices • Primary Care Working Group in place • 36 practices signed-up to RSI (21 last year). • SSC funding issue: received £125,000 last year, will receive £50,000 this year. TH/YC meeting with CLRN on 27 May to discuss. 		
<p><u>CDTV (SD)</u></p> <ul style="list-style-type: none"> • Two half-time Research Nurses in place • 1,200 = total accruals for 2010/11 of which 25% are PCRN-led and 75% co-adopted • Input of expanded team has led to engagement of 12 new practices • 20 sites identified for ISICA industry study – well above target of 6. 		
<p><u>NTW (LW)</u></p> <ul style="list-style-type: none"> • Staff arrangements: CTC, Research Facilitators x 2, Research Nurses x 3 in place - no admin support • Increased number of portfolio studies has lead to increased engagement with more studies • Blue Report: increase in co-adopted studies indicated for 2nd half of year • DARE study now extended to SoT • Keeping Children Safe study opening to recruitment in Gateshead and Newcastle – expecting to generate 1,000 accruals. 		
Action Items	Responsibility	Deadline
To email the Green Report to the PCRN N&Y Executive Group	MC	a.s.a.p.
To report on outcome of meeting with NEYNL CLRN regarding SSC costings at next meeting	TH	18/8/11

4. The White Paper

SW

<p>The CLRN representatives updated the group on what is happening in their area with regard to the transition to GP Consortia.</p> <ul style="list-style-type: none"> • NTW CLRN developing a proposal of a Primary Care Collaborative Engagement. Draft paper being presented to NTW CLRN Board • WY CLRN looking at options of RM&G across WY, or lead GP commissioning consortia. • NEYNL CLRN: RR is part of a GP consortium. Research governance will return to GP clusters, PCTs x 4 will be managed from governance point of view from cluster • RM&G may remain unchanged in CDTV CLRN, which means governance will remain within primary care. Similar to WY and NTW • JL, a member of a sub group working with the Integrated Federation Board, produced a federation model research hub. Will have one locality lead: Sedgefield. <p>Summary: A general discussion took place relating to all Spoke area proposals. A consensus of the group was – an acceptance that research is not high on all agendas but we were to remain in contact. An identified Research Lead in each consortia would be beneficial and to be encouraged. Further and more-detailed information should be available at next Executive Group meeting.</p>		
Action Items	Responsibility	Deadline
Update at next meeting	CLRNs/TH	18/8/11

5. Pathfinders engagement: GP consortia**SW**

Incorporated in above item.		
Action Items	Responsibility	Deadline
No action necessary		

6. PPI strategy – progress update**TH**

<ul style="list-style-type: none"> The PCRN N&Y Support Group were given details of a possible PPI Advocate and met with Joanne Tozer, a former nurse with an interest in research and local issues, who has agreed to be involved with the planning and implementation process. <p>‘Next steps’ agreed by Support Team:</p> <ul style="list-style-type: none"> Take initiative to CDTV GPs, possibly through CTC/RF ‘practice meetings’. Then roll out idea to patients groups, etc. Use this feedback to formalise pilot process Widen search for Advocates through more public forums rather than purely health groups. Start to look at training goal set and information required and how best to deliver this. Source ‘stories’ of research success for literature – both GP and patient based. Agreed Advocates will initially focus on promoting research and networks to GPs/Dentists, etc. rather than patient involvement Next PPI meeting scheduled for 30th June - Sarah Daniel has been invited CDTV to assist with introducing concept to GPs to obtain feedback initially. Also to source active patient groups for initial feedback. 		
Action Items	Responsibility	Deadline
Alison Selby/Julie Cole to present update at next meeting.	TH	18/8/11

7. Any other Business**7.1 Admin Hub in PCRN NY****TH**

<p>PowerPoint presentation delivered by TH demonstrated the number of PCRN N&Y personnel has increased from 7 to 22. The structure has changed within the last 6 months and now consists of an admin hub plus 4 Spokes, each with a ‘Spoke’ team in place. This has led to an increase in delivery of NIHR activity. However, the admin hub, which has remained unchanged, is insufficient to support this structure.</p> <p>To ensure adequate support is in place, the following is proposed:</p> <ul style="list-style-type: none"> Operations Manager (new post) Portfolio & Data Coordinator (new post) - to monitor databases, produce reports, manage portfolio studies undertaken. Will eventually be separated into 2 posts. Research Support Officers x 4 (1 based in each Spoke) - to carry out day to day local support, e.g. mail outs, admin [currently done by the CTCs and RFs]. Agenda for Change Band 4 profile with HR pending approval – CDTV CLRN have been approached to fund one post for 12 months as a pilot. New structure will create a Personal Development chain. <p>Plan supported by Executive Group.</p>		
Action Items	Responsibility	Deadline
To ‘write up’ this strategy in greater detail	TH	
To forward job descriptions of new posts to HR	TH	
To detail financial plan to fund this as a pilot for 12 months	TH	
To prepare paper for forwarding to PCRN CC	TH	

8 Date of next meeting

Thursday, 18 August 2011, 10:30 – 12:30, Seminar Room, Dolphin Centre, Darlington

Agenda items to be send to Margaret Creek (Margaret.creek@nyren.co.uk) by 4 August 2011 for circulation by 11 August 2011.