

**NIHR COLLABORATIONS FOR LEADERSHIP IN APPLIED HEALTH
RESEARCH AND CARE (CLAHRC)**

Feedback on Annual Report 2013/14

1. CLAHRC DETAILS

Name of the NIHR CLAHRC
North West London

2. FEEDBACK ON PROGRESS REPORT

Thank you for providing a comprehensive report for the financial year 2013/14 and for the summary of progress made between 2008 and 2013.

We note that over the last year the strategy for the CLAHRC has predominantly focussed on the four overarching themes (Chronic Obstructive Pulmonary Disease (COPD) and breathlessness, medication optimisation and paediatric allergy) to further strengthen the CLAHRC's world class applied health research. We are also pleased to hear that the CLAHRC has shared their implementation knowledge and approaches with CLAHRC South Yorkshire.

Thank you for providing examples of key impacts on healthcare provision during 2013/14, and the ten Added Value examples created through the work of the CLAHRC. We intend, by working alongside the CLAHRC, to transform these examples into case studies that show the health gains and service improvements derived from the CLAHRC research we fund to decision makers, policy makers and the public.

Recognising the importance of working together to try and articulate the CLAHRC's activities in the most connecting and impactful way, and going forward past the pilot CLAHRCs, it was agreed, following discussions from the CLAHRC Case Study workshop on May 9th in Central London, that it would be very helpful to provide future examples in lay language using the following heading elements: impact statement, sub-impact statement; CLAHRC contribution and next steps.

We are pleased to note a number of impressive developments and impacts on healthcare provision, made possible by the CLAHRC funding; in particular, COPD discharge bundle through the development and implementation of an integrated care pathway, addressing medication management problems on discharge of patients, including implementation support to clinical teams with CLAHRC SY, and leading in the way in the management of allergies in children by reducing hospital admissions in the North West London region by 27%, resulting in estimated cost savings of £102,000.

We commend the strong linkages developed with other parts of the NIHR infrastructure including NIHR BRC, BRU, CLRN, other CLAHRCs, and particularly the Academic Health Science Network, which have augmented the programme of work and increase capacity for conducting

applied health research.

We congratulate the CLAHRC team for securing a £240k NIHR Research for Patient Benefit award as a consequence of their work on COPD, as well as winning a BMJ award for making significant inroads in patient's safety through the Medicines at Discharge project.

Thank you for the information provided in your activity and outputs form. We are pleased that the CLAHRC has published 32 peer-reviewed research publications and continued to maintain a high level of subject recruitment in the final year of the award. It was noted that a total of 38 projects (29 research projects; 9 implementation projects) were reported as still active on 31 December 2013. As you are aware, all project activity should be completed by end of contract. Thus, a brief explanation of how they will be supported post the pilot CLAHRC would be useful.

Thank you for the information on training activities for the CLAHRC. We are pleased to note a large amount of training and development activities, particularly the fellowship programme. We note the development of a PhD programme in collaboration with the CPSSQ. We look forward to see more innovative training activities in the new CLAHRCs including involvement in national training initiatives.

We commend the CLAHRC's continued efforts to involve patients, carers, community groups and the public in the CLAHRC's research projects and to work closely with the researchers and health care professions in planning PPI activity in their projects. We note the report of good PPI involvement in the Effective Patient and Community Representative programme and through the CLAHRC Fellowship Alumni. In terms of public engagement we welcome the recent partnership with Healthwatch which will help inform future PPI strategy and the development of the Exchange Group an innovative method of engaging with patients and the public to help deliver improvements in health care.

We welcome the continued collaborations with the pharmaceutical industry, and SMEs particularly the joint working agreement with Astra Zeneca to support the My Medication Passport tool and through links with GSK, a new potential joint working agreement with the Oxford CLAHRC. It would be helpful to know if there are any plans to copyright the 'My Medication Passport', who owns the rights for the electronic 'app', and how this will be taken forward.

We welcome and encourage the contribution from SMEs to help the adoption and spread of CLAHRC products, including a licensing agreement with Arhidhia to widen the use of WISH and a partnership agreement with 2EQUIPP to cover the development of the constellation tool – an online mapping tool.

3. FEEDBACK ON FINANCIAL REPORT

Thank you for providing a financial report; we are pleased to note that the CLAHRC has reached financial balance. We note that the CLAHRC's total expected total matched funding inflow exceeded the matched funding target set out in the original application by £1.2m. We note the CLAHRC's continued success in external funding acquisition (£648,193) from a variety of difference sources such as industry, government, independent charities and patient support groups.

4. FEEDBACK ON OVERALL PROGRESS MADE (2008-13)

Thank you for highlighting the CLAHRC's overall progress made against the programme of work set out in the original application. We are pleased to note that the CLAHRC funding has made significant inroads to help close the gap between the development and implementation of new applied health research in applied health research to deliver improved benefits for patients. Key examples include, the development of a systematic approach that encourages teams to use quality improvement methodology, including tools that support communication, and long-term

planning and by improving hospital standards through implementation of the care bundle approach. Most notably, the COPD care bundle, comprising evidence – based interventions implemented prior to discharge which has resulted in cost savings for NWL, and the Community Acquired Penumonia care bundle, now embed in practice in NWL which since 2011 has reduced mortality rates for patients with pneumonia by 9%.

Despite the shifts in the NHS landscape, the CLAHRC has built an excellent and extensive applied health research portfolio comprising 22 completed projects, 164 peer-reviewed publications and funding for 14 PhDs, over the course of the five-year award period. We also note that the Programme of the new CLAHRC NWL builds extensively on the work within this pilot CLAHRC and commend you for this.

Please note future reference reports should briefly discuss what the general IP and impact strategy is as well as identifying the appropriate IP lead handling the exploitation and / or dissemination of the individual projects identified