

Board of Directors (in Public)

Item 6.5

Subject: ICMS Annual Report
Date of meeting: 30 May 2017
Prepared by: Dr Mark Jackson, Director of Research & Informatics and Executive Member ICMS
Presented by: Dr Mark Jackson, Director of Research & Informatics and Executive Member ICMS

BAF Ref	Impact on BAF
2.1	None

1. Executive Summary

The purpose of this paper is to provide a report on activities and achievements to date of the Institute of Cardiovascular Medicine & Science.

2. Background

The ICMS strategy classifies its activities as:

- Transformative – projects that over 3-5 years will create substantive common infrastructure or services between the two Trusts, that will not only improve ICMS long-term sustainability but also will have a clear and measurable impact on cardiovascular medicine outside our Trusts.
- Enabling – project that over 2-3 years should lead to exciting clinical trial and research activities and meaningful incremental income for our Trusts, perhaps through partnerships with external industry suppliers
- Incremental – projects of a one-off nature, occurring over a short (1 year) timeframe, which have however a wider beneficial impact.

3. Issues

A brief update is presented below. More substantial updates are available as separate papers as required.

Transformative

Big Data – the first project is complete and has already been presented at a number of international conferences. A manuscript is currently being prepared for publication. However, data quality issues preclude us moving forward with purely retrospective data solution. A proposal to move to prospective data collection was proposed and approved at the last Symposium in London in September 2016.

The Two Trusts have established a collaboration with Custodix, which will allow regular data to be extracted from our respective data warehouses to identify opportunities to participate in commercial clinical trials. As a by-product of this collaboration, Custodix will set up a federated server for our two organisations to use to host data being used in collaborative studies, all stored to the highest information governance standards. ICMS were actively considering spending £75,000 on such a resource until this opportunity presented itself.

The first prospective project will be in cardio-oncology. A meeting to discuss setting up a collaborative dataset took place recently.

Additional discussions are being held to take the Brompton's Inherited Cardiac Conditions database. A demonstration of its functionality is being set up with LHCH and RBH Clinicians. This will be the second prospective project.

Genetics – The Trust has now approved the Genomics strategy which the Board received a presentation on in November 2016. We have switched from Oxford to the Brompton as our provider for genetic testing. This means that the totality of our genomic data will reside within the data warehouse at the Brompton to facilitate linking with phenotypic data collected via the database (see above). This will provide a very rich substrate for future research.

Enabling

Lead centre for industry in technology innovation – We have signed a contract with Medtronic as the preferred Industrial partner, and we are in the process of on-boarding them into our governance structures. They will contribute £50,000 annually for the next three years.

Our original plan was to secure a similar arrangement with a pharmaceutical company. However, regulations imposed by the ABPI make it difficult for companies to provide open, generic support. Most of the companies we discussed joining ICMS with declared that they would not favour an 'exclusive' relationship as the ABPI guidelines do not favour this type of association. Rather, they are more prepared to fund specific initiatives. A number of proposals are under active discussion.

University of Liverpool – The University of Liverpool have now joined ICMS as our preferred academic partner. They have joined both the ICMS Board and Executive Committee. A recent review of the University clinical research strategy identified cardiovascular research as a future potential strength in the City and we hope the ICMS collaboration can build upon this. Again, active discussions underway.

Post-doctoral research scientist - At present, there are no staffing resources to driving ICMS forward. The people involved all have busy full time managerial or clinical roles. We have decided to use the funding invested by Medtronic in appointing a shared postdoctoral research scientist who will work between the two organisations to actively facilitate the working groups together with leading research in their own area of expertise. This position is currently out to advert.

The Inherited Cardiac Conditions clinical service is now established at LHCH mirroring that at RBHT. The exchange fellowship for Dr Rob Cooper has been completed.

The cardio-oncology service at LHCH now established with an SLA for the Merseyside region in preparation. Our aim to collaborate with the Personalised Medicine Department at Liverpool University and establish several research projects.

The surgical ablation program at LHCH established - mentoring complete and commissioning pathway agreed. Now recruiting for CASA AF study, albeit slowly.

A continuous program for staff exchange visits for all professional groups has been established. Over 2016, this focused on the professional groups working in our catheterisation laboratories with separate programs for doctors, nurses, technicians, radiographers and administrative and scheduling staff.

Incremental

Aortic tariff – arguments advanced regarding this particular tariff have been accepted. However, any benefit they were likely to bring has been subsumed into the control total approach to the management of NHS finances.

Staff at LHCH and RBHT joined forces to share the product of independent projects to create a patient safety checklist (akin to the WHO safe surgery checklist) designed for the catheter laboratory environment. A version has now been endorsed by the British Cardiovascular Society as a national standard.

A strong and productive collaboration has been established between the catheter laboratory managers at the three ICMS clinical sites. This forum to discuss solutions to common problems and to exchange ideas for best practice has now been extended. Our teams have established, and now chair, a national group to examine these issues.

4. Conclusion

ICMS is making good progress in a number of areas, although it could be improved.

A new research coordinating position is to be appointed between the Trusts to allow opportunities to be capitalised upon.

5. Recommendations

The Board is asked to review this report and be assured that good progress is being by ICMS.