

Item 5.1a

A progress update on the ICMS's three year strategic plan 2014/15 – 2016/17

Introduction

At the May 2014 ICMS Board meeting, the Executive Committee laid out a 3 year strategic plan for the ICMS that identified a set of planned projects over and above normal 'business as usual' activities. This strategic plan was in response to a challenge from the Board for the ICMS to ramp up the scale and ambition of our activities.

Given that these activities were not uniform in their scope, scale or timeframe, we classified them in three ways:

- 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.

This paper aims to provide an update on progress made in each of these activities, following on from the September 2015 Board meeting. At the next two Executive Committee meetings we will be preparing a draft of a new 3 year strategic plan out to 2019/20, for submission at the next Board meeting in September / October. We propose to use the same framework for classifying the planned projects as has been used in the current 3 year plan.

Transformative projects

- 'Big Data'
 - At the September Board meeting, three key next steps were identified to progress this opportunity.
 - To determine how the federation server 'model' can best set up and operated in a cost-effective and scalable way.* The federation server operating model has been investigated and costed as requiring a c.£85k initial capital investment, with recurrent revenue costs of c.£20k. Neither partner Trust currently has the spare capital to make this investment without a clear plan to generate income to recoup and then benefit from it – hence the requirement for us to achieve steps 2 & 3 below.
 - For ICMS's two working groups to plan how best to use this 'big data' linkage, particularly in terms of generating new research themes and ideas.* Renewal of the regular cycle of working group meetings will generate these themes and ideas. Another Board paper contains a proposal for two part-time positions to support the two working groups by (inter alia) developing the

themes / ideas generated into a form (eg a useable patient registry or database) that is a credible basis from which to seek external funding. Ideas / themes in particular that involve the collection of prospective data can be undertaken without the federation server model being in place – ie using shared excel / SQL databases.

- iii. *To approach device companies and pharmacos to identify possible opportunities for funding to help pursue these research ideas.* The targets for funding the research ideas generated will be commercial or charitable entities able and willing to include in their funding a contribution to overhead expenses. (NIHR and other government funding normally only covers the costs directly incurred by the particular study or trial). This contribution to overhead can then be used to cover the annual running costs of the federation server, and pay back the upfront cost. Conversations that Dr Stables has had with more than one industry supplier have uncovered a real interest in supporting research studies and clinical audit activities that combine patient data from all three of our hospitals – the results of one of these conversations are covered in a separate Board paper.

- Genetics

- As noted in the last progress update, the only obstacle in the way of LHCH sending blood samples of patients from Dr Wright and Dr Todd's cardiomyopathy and channelopathy clinics for clinical genetic testing at RBH's genetics laboratory is for RBH to become a UKAS-accredited laboratory. The RBH lab understands that a pre-accreditation visit is 'imminent', but has not been given a date.
- Regular (1-2x per week) requests have continued to come from LHCH's cardiologists and consultant geneticists for the RBH lab to provide a second opinion on initial reports provided by LHCH's local clinical genetics laboratory in Liverpool. The email discussions are greatly valued by both sides.
- The service manager for the RBH lab is now arranging with colleagues at both RBH and LHCH the pathway / protocol through which these clinical patient samples from LHCH, that are also consented for research, can be appropriately accessed for genetic testing by the research genetics team within the cardiovascular BRU at RBH. This will enable papers subsequently published by the research team appropriately to attribute the ICMS and LHCH (as well as RB&H) clinicians.

Enabling projects

- Lead centre for industry in technology innovation

- An opportunity has arisen for sponsorship of the ICMS by an industry partner, which is covered in a separate Board paper. It is likely that this partner will also be interested in involving all three of our hospitals as the first (or at least early) users of its new cardiovascular technologies. Although another device company, Boston Scientific, has expressed a preference to working with LHCH and RB&H separately with regard to new technologies, there are other potential partners – especially pharmacos - whom we have not yet approached. This will be a priority once the main sponsorship opportunity has been agreed.

- Relationship with Liverpool University

- There is already a joint application being submitted by Profs Pirmohamed (Liverpool) and Mitchell (Imperial) at Wellcome Trust for a study into genetics

and COX-inhibitors in vascular biology. This will be badged ICMS and will involve Dundee University.

- Cardiomyopathy / cardio-oncology / community cardiology services
 - The cardiomyopathy service at LHCH continues to develop strongly, with separate clinics for HCM / channelopathies and DCM now commissioned and already considerably oversubscribed. RBH's Dr Sanjay Prasad continues to attend LHCH's monthly cardiomyopathy MDT, and more frequent VCR-enabled MDTs and second opinion discussions for cardiac MRI scans are planned as and when the same post-processing software (CMR-tools) is installed at LHCH as is in place at RBH.
 - In terms of cardio-oncology, LHCH have now set up a service level agreement with local cancer centre Clatterbridge, prior to approval by local CCGs to launch the new clinic. Both LHCH and RB&H are founder members of the British Cardio-oncology Society which is the multi-centre vehicle through which ICMS's heart failure and arrhythmia working group will look to submit research grant applications.

Incremental initiatives

- Aortic tariff
 - Previous progress reports have recounted progress by a joint ICMS working group of surgeons and finance managers to persuade NHS England's Casemix office to develop a new series of procedural codes that would more accurately reflect the high level of costs incurred in aortic surgery than the current set of codes. Our shared view on costs per procedure and on the definitions of procedural codes had been accepted by the Casemix office, and they had undertaken to include these within the wider HRG4+ tariff structure, which was to be released in October / November 2015 for initial scrutiny from providers. We were cautiously optimistic that this would restore the profitability of both our aortic programmes to at least a break-even position.
 - Regrettably the HRG4+ tariff structure was not released: nor has NHSE given any indication or assurance as to when it will be released. It is of considerable importance to all of LHCH's and RB&H's cardiovascular programmes: aortic surgery however is an area where LHCH have historically developed a strong infrastructure, which RB&H has recently replicated, and therefore both Trusts carry significant fixed costs in this area which an inadequate tariff fails to cover no matter how great the volume of activity. We will continue to press our respective NHSE representatives hard for the release of this tariff structure.

Board members are asked

- i) **to note this progress update on the three year strategic plan,**
- ii) **to comment upon the activities / programmes listed within it**