

Agenda

King's Health Partners Annual Conference 2016

Time	Morning	Speaker
8:45 - 9:30	Event registration	
9:30 - 9:35	Opening comments	Prof Ed Byrne
9:35 - 9:55	The promise and reality of regenerative medicine	Prof Fiona Watt
9:55 - 10:15	The essential genome and clinical impact	Prof Richard Trembath
10:15 - 10:35	Our NIHR Biomedical Research Centres	Prof Matthew Hotopf and Prof Graham Lord
10:35 - 10:55	Using informatics to drive change	Dr Cormac Breen and Dr Adrian McLachlan
10:55 - 11:05	Q and A	
11:05 - 11:20	Coffee	
11:20 - 11:50	Keynote address	Prof Sir Malcolm Grant, Chair of NHS England
11:50 - 12:15	Delivering our Mind and Body ambitions	Dr Sean Cross and Dr Fiona Gaughran
12:15 - 12:30	Ward-twinning: Mind and Body nursing in action	Helen Day
12:30 - 12:40	Q and A	
12:40 - 13:30	Lunch	

Agenda

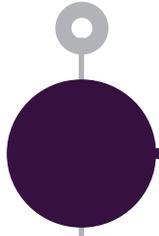
King's Health Partners Annual Conference 2016

Time	Afternoon	Speaker
	Improving value – the added value of partnership	Prof John Moxham
13:30 - 14:00	Improving value – empowering staff to improve patient care at SLaM	Dr Matthew Patrick
	Improving value – demonstrating our outcomes in Pharmaceutical Sciences	Prof David Taylor
	Improving outcomes - KHP institutes: building a cardiovascular network	Prof Ajay Shah and Dr Gerry Carr-White
14:00 - 14:30	Improving outcomes - KHP institutes: benefits and opportunities in haematology	Prof Claire Harrison and Prof Antonio Pagliuca
	Improving outcomes - KHP institutes: world-leading neuroscience	Prof Mark Richardson and Dr Jozef Jarosz
14:30 - 14:50	Keynote address – next steps for King's Health Partners	Prof Sir Robert Lechler
14:50 - 15:20	Audience Q and A and discussion – what are the opportunities and challenges for King's Health Partners in year ahead	
15:20 - 15:35	Coffee	
15:35 - 15:50	Education – Update on the KHP Learning Hub and Education Council	Prof Anne Greenough
15:50 - 16:10	Update from Health Innovation Network – including DigitalHealth.London	Tara Donnelly
16:10 - 16:20	Q and A	
16:20 - 16:30	Closing comments	Prof Sir Robert Lechler
16:30	Drinks reception	

The value of partnership 2015/2016

King's Health Partners announced as a preferred bidder for continuing personal and professional development in London by Health Education England.

April



King's Health Partners Pathway Homeless Team launched in South London and Maudsley NHS Foundation Trust following on from success in our two acute trusts.

May

June

Maurice Wohl Clinical Neuroscience Institute opens, one of the leading centres for neuroscience research in the world.

All three of our trusts now smokefree, King's College London medical campuses will go smokefree in Autumn 2016.

July

Recruitment begins at our trusts for the 100,000 Genomes Project. King's College London's Genomic Medicine MSc programme opens for applications.

August

New King's Health Partners website launched. It is designed to showcase the work we do across all aspects of the partnership and highlight our collaborative achievements.

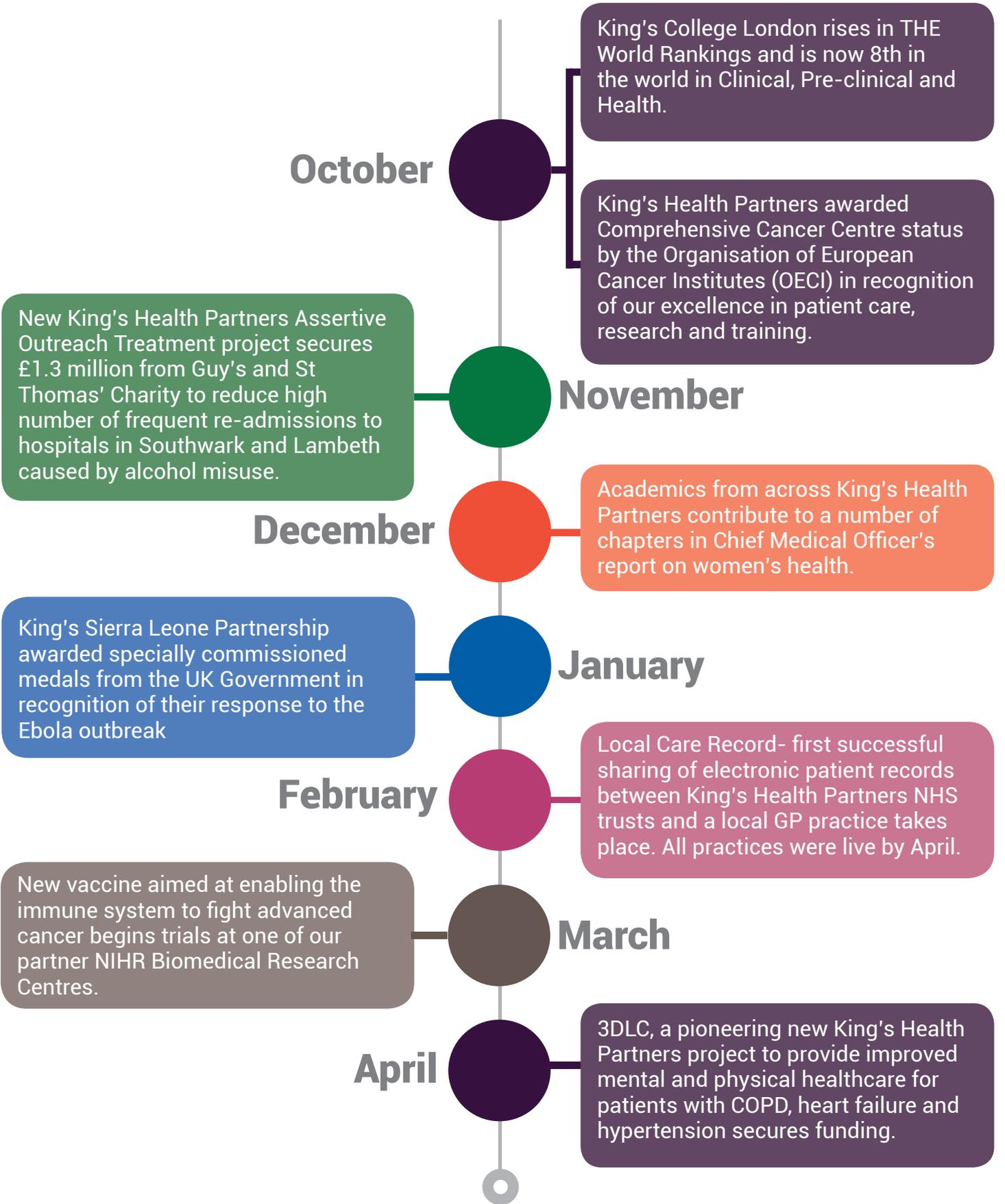
September

Seven partner teams shortlisted for the HSJ awards. The awards are the largest celebration of excellence in UK healthcare, highlighting the most innovative and successful people and projects.

@kingshealth

The value of partnership

#khp2016



Our partner chairs

Prof Ed Byrne, President and Principal, King's College London



Professor Byrne joined King's College London from Monash University, the largest university in Australia, where he was President and Vice-Chancellor. Professor Byrne held that role from 2009. During his tenure, Monash's position in the global university rankings rose considerably from 176 into the 90s in Times Higher Education, elevating it to the top 100 internationally for the first time, and in the Shanghai Jiao Tong World University Rankings from 220 into the 130s.

Professor Byrne is a neuroscientist and clinician by background. He qualified in medicine at the University of Tasmania in 1974 and subsequently trained as a neurologist in both Adelaide and London. In 2003, he took up responsibility as Executive Dean of Medicine, Nursing and Health Science at Monash University. During this period, research income doubled, Professor Byrne strengthened the School of Biomedical Sciences and led the establishment of a new Medical School in Malaysia as a branch of Monash. He held the positions of Executive Dean of the Faculty of Biomedical Sciences, Head of the Medical School and Vice Provost at University College London from 2007 until 2009.

Lord Kerslake, Chair, King's College Hospital NHS Foundation Trust



Lord Kerslake served as Permanent Secretary of the Department for Communities and Local Government from 2010 to February 2015 and was also Head of the Civil Service from January 2012 until September 2014. He was created a life peer in March 2015 and became Chair of King's College Hospital on 1 April 2015. He trained as an accountant and previously worked at the Greater London Council, the Inner London Educational Authority and the London Borough of Hounslow in finance roles before becoming Chief Executive of the London Borough of Hounslow in 1990. In 1997 he moved to take over as Chief Executive of Sheffield City Council – the fourth largest local authority in the UK. From 2008 to 2010 he was Chief Executive of the Homes and Communities Agency.

Roger Paffard, Chair, South London and Maudsley NHS Foundation Trust



Roger Paffard was appointed chair of South London and Maudsley in January 2015. He has broad experience at chair, non-executive and chief executive level across the business, public and voluntary sectors.

Over the last 12 years, Roger has held trustee roles with three national charities – Marie Curie, Royal Voluntary Services and Sue Ryder – and some smaller educational and grant-making charities. He has developed strong interests in parity of esteem for mental health services, end of life care, equality of opportunity for disabled people and integrated care. Roger is currently chair of the charity Sue Ryder and vice-chair of Newark and Sherwood NHS Clinical Commissioning Group.

Sir Hugh Taylor, Chair, Guy's and St Thomas' NHS Foundation Trust



Sir Hugh was appointed as Chairman of Guy's and St Thomas' in February 2011. He has a long and distinguished career in the civil service which has included senior roles in the Department of Health and NHS Executive, the Cabinet Office and the Home Office.

His most recent appointment before joining the Trust was as Permanent Secretary at the Department of Health, from which he retired in July 2010.

@kingshealth

The value of partnership

#khp2016

Our Chief Executive group

Mr Ian Creagh, Secretary of King's College London Council



Ian Creagh is Head of Administration and College Secretary at King's College London. As the Chief Operating and Administrative Officer of the university he is responsible for all corporate, human and student services which support our academic endeavours.

He also holds various non-executive roles with King's Health Partners, the university's academic health sciences centre collaboration with its three NHS Foundation Trust healthcare partners; the South London and Maudsley NHS Foundation Trust; and the British Academy.

Nick Moberly, Chief Executive, King's College Hospital NHS Foundation Trust



Nick joined King's in November 2015. Prior to this he served as Chief Executive at Royal Surrey County Hospital NHS Foundation Trust for nine years.

Nick previously worked at King's as Director of Strategic Development from 2003 until 2006, when he played a key role in securing Foundation status for the Trust. He has held a variety of strategy and management roles in both the public and private sectors. He is a former First Secretary at the Foreign and Commonwealth Office, and has worked as a strategy consultant for a range of blue chip organisations.

Dr Matthew Patrick, Chief Executive, South London and Maudsley NHS Foundation Trust



Dr Matthew Patrick is Chief Executive of South London and Maudsley NHS Foundation Trust. He joined the Trust in October 2013. Matthew trained as an adult psychiatrist at the Maudsley and Bethlem Royal Hospitals and for many years combined clinical work and developmental research. Over the past five years he has contributed to national mental health policy and strategy, including the development of the Improving Access to Psychological Therapies (IAPT) programme; the development of the New Horizons mental health policy and the government's Mental Health Strategy, 'No Health Without Mental Health'.

More recently he has led on work around the development of e-mental health and has been actively involved in the development of mental health within Academic Health Science Centres.

Amanda Pritchard, Chief Executive, Guy's and St Thomas' NHS Foundation Trust



Amanda joined the Trust in April 2012. She previously held the post of Deputy Chief Executive at Chelsea and Westminster Hospital NHS Foundation Trust. Prior to that she held a number of senior operational management positions and served as Director of Strategy and Service Development there.

Amanda spent 10 months leading the health team in the Prime Minister's Delivery Unit in 2006, and has also held a number of other NHS management positions.

Amanda was Acting Chief Executive from October 2015. Her appointment as Chief Executive was approved by a special meeting of the Council of Governors on Monday 18 January 2016.

Keynote speakers

Prof Sir Malcolm Grant CBE, Chair, NHS England



Sir Malcolm was appointed as the first Chair of NHS England in October 2011. He is Chancellor of the University of York, and immediate past President and Provost of UCL (University College London) from 2003-2013. He is a barrister and a Bencher of Middle Temple. As an academic lawyer he specialised in planning, property and environmental law, and was Professor and Head of Department of Land Economy (1991-2003) and pro-vice chancellor (2002-03) of Cambridge University, and professorial fellow of Clare College. He has served as Chair of the Local Government Commission for England, of the Agriculture and Environmental Biotechnology Commission and the Russell Group. He is currently a trustee of Somerset House, a director of Genomics England Ltd and a UK

Business Ambassador.

Prof Sir Robert Lecher, Executive Director, King's Health Partners



Robert is Executive Director of King's Health Partners. Working with the Board and Executive Board, he sets the direction and focus of the partnership. He is also Vice Principal (Health) at King's College London.

Robert qualified in medicine in 1975 and completed his PhD in transplantation immunology at the Royal Postgraduate Medical School. He completed his scientific training at the National Institutes of Health in Bethesda in the USA and returned to the UK to a Senior Lecturer Post at the Royal Postgraduate Medical School in 1986 and became Head of the Department of Immunology in 1994. He moved to King's College London as Head of the School of Medicine in September 2004 and was appointed Vice Principal (Health) in October 2005. In 2009, he became Executive Director for King's Health Partners and in 2012 received a knighthood in the Queen's Birthday Honours for services to academic medicine. In 2015 he became the new President of the Academy of Medical Sciences.

Speakers

Prof Fiona Watt, Director, Centre for Stem Cells & Regenerative Medicine King's College London



Fiona Watt obtained her first degree from Cambridge University and her DPhil, in cell biology, from the University of Oxford. She was a postdoc at MIT, where she first began studying differentiation and tissue organisation in mammalian epidermis. She established her first research group at the Kennedy Institute for Rheumatology and then spent 20 years at the CRUK London Research Institute (now part of the Francis Crick Institute). She helped to establish the CRUK Cambridge Research Institute and the Wellcome Trust Centre for Stem Cell Research and in 2012 she moved to King's College London to found the Centre for Stem Cells and Regenerative Medicine. Fiona Watt is a Fellow of the Royal Society and a Fellow of the Academy of Medical Sciences. She is internationally recognised for her work on stem cells and their interactions with the niche in healthy and diseased skin. She leads

the UK Human Induced Pluripotent Stem Cell Initiative and the UK Regenerative Medicine Platform hub on stem cell immunomodulation.

Prof Richard Trembath, Executive Dean, Faculty of Life Sciences and Medicine, King's College London



Professor Trembath trained in Medicine at Guy's Hospital Medical School, undertook postgraduate studies in genetics at the Institute of Child Health in London. He moved to the University of Leicester in 1992, being appointed to the Foundation Chair of Medical Genetics in Leicester in 1998, before moving to King's in the summer of 2005 where he held the role of Head of Division of Genetics and Molecular Medicine, as well as being the founding Director of the National Institute for Health Research Comprehensive Biomedical Research Centre in association with Guy's and St Thomas' NHS Foundation Trust.

Professor Trembath moved to QMUL in 2011 where he held the position of Vice Principal for Health and Executive Dean of the Barts and The London School of Medicine and Dentistry.

In this role Professor Trembath led a major period of change, strengthening cross faculty working, developing models of support for development of the early stages of academic careers, driving forward QMUL new Life Sciences Initiative and partnership working at scale, as an Executive and Board member of the academic health science centre, UCL Partners. Professor Trembath is currently the Executive Dean, Faculty of Life Sciences & Medicine at King's College London, a role he took up in September 2015.

Prof Matthew Hotopf, Director, NIHR Biomedical Research Centre at South London and Maudsley NHS Foundation Trust [Tweet: @MatthewHotopf]



Matthew Hotopf is Professor of General Hospital Psychiatry at the Institute of Psychiatry, Psychology and Neuroscience at King's College London. Leadership roles include co-lead for the Psychological Medicine Clinical Academic Group in King's Health Partners, and Cluster Lead for the Engagement, Populations and Informatics Cluster of the NIHR Biomedical Research Centre in Mental Health (BRC-MH). He is also Director of the BRC-MH Nucleus, an informatics hub. He is qualified in medicine from Bart's, trained in psychiatry at the Maudsley, and in epidemiology at the London School of Hygiene and Tropical Medicine.

He is a liaison psychiatrist and clinical and research interests include conditions overlapping medicine and psychiatry – such as medically unexplained symptoms and the psychiatric consequences of physical disease. Other academic interests are in the epidemiology and developmental aspects of unexplained symptoms, the treatment of depression, the assessment of mental capacity and military health (the health effects of deployment).

@kingshealth

The value of partnership

#khp2016

Prof Graham Lord, Director, NIHR Biomedical Research Centre at Guy's and St Thomas' NHS Foundation Trust and King's College London



Graham qualified in medicine from Cambridge University in 1991 and undertook a period of general clinical training as a junior doctor in Cambridge, Hammersmith, Oxford and the Brompton. Following a specialisation in nephrology, transplantation and general medicine as a registrar at the Hammersmith, he undertook a period of research in transplantation immunology at Imperial College London that led to a PhD in 2000, funded by an MRC Clinical Training Fellowship. After a further period of clinical training, he was appointed as a consultant in nephrology and transplantation at the Hammersmith in 2003. From 2003-2006, he undertook a period of immunological research at Harvard University funded by an MRC Clinician Scientist award and came back to the UK to become the chair of Medicine at Guy's and St Thomas' in 2006.

Professor Lord has built up a research group at King's College London investigating T-cell and dendritic cell biology and the genetics of renal disease. In addition, he practices clinical nephrology with a workload that focuses mainly on renal transplantation. Professor Lord was involved in devising the strategy and bid for the NIHR Comprehensive Biomedical Research Centre, and was appointed as Director of the Centre on 1 April 2012.

Dr Cormac Breen, Chief Clinical Information Officer, Guy's and St Thomas' NHS Foundation Trust



Dr Cormac Breen is Consultant Nephrologist and Chief Clinical Information Officer (CCIO) at Guy's and St Thomas'. He trained in south London in renal and general medicine, and was appointed consultant in 2003. Clinical interests include the anaemia of Chronic Kidney Disease, patient self-management and empowerment, and Home Haemodialysis treatment. He also has interests in clinical process optimisation and the use of technology to support clinical system improvement and patient care. Dr Breen has been Clinical Chief Information Officer since 2013 with current collaborative projects aiming to make the Trust a paperless hospital, and to integrate clinical information between secondary care providers, and between primary, secondary and social care.

Dr Adrian McLachlan, GP and Chair, Lambeth Clinical Commissioning Group [Tweet: @ademacbig]

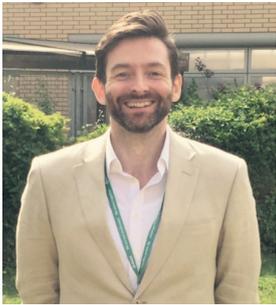


In addition to being the Chair of the Lambeth Clinical Commissioning Group, Adrian is a GP Partner at Hetherington Practice in Clapham where he has worked since 1989.

Adrian trained at King's College London in 1983 and after qualifying took up a hospital-based post in Plymouth before returning to London. During his career he has developed a special interest in mental health, addictions and healthcare for the homeless.

Looking at the future of our local NHS, Adrian thinks it's important that clinicians involved in commissioning don't lose touch with the day job, which gives the reality check you need.

Dr Sean Cross, Consultant liaison psychiatrist at St Thomas' and King's College Hospitals and Clinical Lead for Liaison Psychiatry Services for South London and Maudsley NHS Foundation Trust



Sean Cross is consultant liaison psychiatrist at King's College Hospital and lead for liaison psychiatry services for South London and Maudsley. He chairs the KHP Education Academy's Mind and Body cross-cutting theme and is Director of Maudsley Simulation, the country's first centre for mental health simulation which runs many courses targeting those working at the mental / physical interface. He is clinical co-ordinator for NCEPOD's current investigation into mental healthcare in acute trusts and is passionate about trying to improve services between mental and physical healthcare.

Dr Fiona Gaughran, Lead Consultant Psychiatrist, National Psychosis Service, South London and Maudsley NHS Foundation Trust



Dr Fiona Gaughran is the Lead Consultant in the National Psychosis Service at the South London and Maudsley. She is also a Senior Lecturer at the Institute of Psychiatry, Psychology and Neuroscience (IoPPN). As part of her role, Dr Gaughran is responsible for implementing new, evidence-based approaches relating to people with psychotic illnesses that have been resistant to treatment. She also has a particular interest in the physical health of people with psychosis and has published widely in this field.

Dr Gaughran has a long standing interest in the physical health of those with mental illnesses and is a fellow of the Royal Colleges of Physicians in both London and Dublin as well as a fellow of the Royal College of Psychiatrists. She is the Physical Health Lead for Psychosis in the South London and Maudsley Trust. She chairs the "Stolen Years" group for the Healthy London Partnership as part of the London Strategic Clinical Network, working to reduce early mortality in people with psychosis.

Helen Day, Assistant Director of Nursing, King's College Hospital NHS Foundation Trust

[Tweet: @day2H]



Helen has a varied clinical and managerial career having worked in both paediatric and adult settings, in intensive care, prison services, community and various acute services.

She has specific interest and skills in leadership, staff engagement and 'turnaround' and a developing passion for mind and body initiatives. Current projects and publications are around leadership and staff engagement and their relationship with high quality care and organisational performance. Helen's doctoral studies are in personality traits in nurses caring for elderly patients.

Prof John Moxham, Director of Clinical Strategy, King's Health Partners



Professor John Moxham is Director of Clinical Strategy for King's Health Partners. He undertook his medical training at University College Hospital, qualifying in 1973. His clinical training in general and respiratory medicine included positions at University College Hospital, Hammersmith Hospital, and Brompton Hospital. Professor Moxham's research interests have been in respiratory physiology, including respiratory muscle weakness, neural respiratory drive, breathlessness, ventilatory failure, non-invasive intervention, and pulmonary rehabilitation. He has supervised more than 40 research students and currently his research group's interests include breathlessness, cough function in stroke, and skeletal muscle function in chronic lung disease.

In 1997 he became Dean of the Faculty of Clinical Medicine at KCSMD, in 1998 Dean of the King's College Hospital campus, and in 2000 Vice Dean of King's College London School of Medicine. In 2003 he became Medical Director at King's College Hospital. In 2009 he was appointed Director of Clinical Strategy for King's Health Partners.

Prof David Taylor, Leader of the Pharmaceutical Sciences Clinical Academic Group



David Taylor is Director of Pharmacy and Pathology at the Maudsley Hospital, Professor of Psychopharmacology at King's College London and Honorary Professor at the Institute of Psychiatry, Psychology and Neuroscience (IoPPN).

David is also the Editor-in-Chief of the journal *Therapeutic Advances in Psychopharmacology* and Head of Pharmaceutical Sciences at King's Health Partners. He has previously been President of the College of Mental Health Pharmacy and Chairman of the UK Psychiatric Pharmacy Group. In 2014, David was ranked in the top 100 clinical leaders in the NHS by the *Health Service Journal*.

He has served on five NICE Guideline panels since 2002 and is the official spokesperson on mental health for the Royal Pharmaceutical Society. David was a member of the government panel which introduced legislation for drug driving.

Prof Ajay Shah, Leader of the Cardiovascular Clinical Academic Group



Ajay Shah is the British Heart Foundation (BHF) Professor of Cardiology and Head of the Cardiovascular Division at King's College London, James Black Professor of Medicine, Director of the King's BHF Centre of Research Excellence, and Cardiovascular Theme Lead in the NIHR Biomedical Research Centre. He is a practising consultant cardiologist at King's College Hospital.

His main research interests are in the pathophysiology of heart failure, with a focus on redox signalling pathways and NO-dependent regulation of human vascular function. He has published over 250 peer-reviewed papers and has an H index of 70. He is a Fellow of the UK Academy of Medical Sciences, the International Society for Heart Research, the European Society of Cardiology, and the American Heart Association, and Associate Editor of the *American Journal of Physiology (Heart & Circulation)* and the *European Heart Journal*.

Dr Gerry Carr-White, Consultant Cardiologist, Guy's and St Thomas' NHS Foundation Trust



Dr Gerald Carr-White is a full time consultant at Guy's and St Thomas' where he is the clinical lead for cardiology, heart failure and inherited cardiac disease. He is actively involved in cardiac imaging (echo, MRI and CT). He and heart failure colleagues were recently successful with a significant bid to the Guy's and St Thomas' Charity to transform heart failure outcomes in the community.

He trained in general medicine on the London postgraduate Hospitals rotation. He was a BHF junior research fellow at the Royal Brompton Hospital, completing a PhD with Dr Derek Gibson, Professor John Pepper and Professor Magdi Yacoub in left ventricular regional dynamics.

Prof Claire Harrison, Consultant Haematologist and Deputy Clinical Director, Guy's and St Thomas' NHS Foundation Trust



Professor Claire Harrison became a consultant at Guy's and St Thomas' in 2001, where she is now deputy clinical director. The focus of her work is to improve diagnosis, risk definition and therapy of myeloproliferative neoplasms (MPN), for which she has a national and international reputation. Professor Harrison is a chief investigator of several international clinical trials, including COMFORT II, JAKARTA-2, PERSIST-1 and PT-1. In 2011, she took over as Chair of the UK NCRI MPN group.

Professor Harrison works on translational work and clinical trials and collaborates internationally with many colleagues. She has over 150 peer-reviewed publications. She has been involved in the development of national and international guidelines for the management of MPN. In addition she is a senior clinical leader within her hospital and the clinical research infrastructure in the UK. She has lead the development of MPN patient advocacy in the UK setting up a national group MPN voice, and works with a number of other medical charities and European/international haematological organisations.

Prof Antonio Pagliuca, Divisional Clinical Director of Haematology, King's College Hospital NHS Foundation Trust



Professor Antonio Pagliuca is Clinical Professor of Stem Cell Transplantation at King's College London. He completed his pre-clinical training in Cambridge and undertook clinical and research training in London, accepting the post of Consultant Haematologist and Honorary Senior Lecturer at King's College Hospital in 1994, where he is now the Divisional Clinical Director of Haematology.

Antonio's department at King's College Hospital has the largest adult unrelated and cord transplant programme in the UK and, under his direction, has been designated as a Centre of Excellence by Leukaemia and Lymphoma Research. He has published widely in the fields of haematological malignancies, stem cell transplantation, and infections in this group of patients.

Antonio participates in Department of Health expert working groups and is Chair of the Royal College of Physicians/Royal College of Pathologists Intercollegiate Committee for Haematology. He was President of the British Society of Blood and Marrow Transplantation and is a board member of the British Society of Haematology. In 2013, he was appointed Chair of the Department of Health BMT Clinical Reference Group for the NHS.

@kingshealth

The value of partnership

#khp2016

Prof Mark Richardson, Co-leader of the Clinical Neurosciences Clinical Academic Group



Professor Richardson is the Vice Dean of the Division of Neuroscience at the Institute of Psychiatry, Psychology and Neuroscience, King's College London. He is a practicing neurologist at King's College Hospital and co-leader of the Clinical Neurosciences Clinical Academic Group.

Dr Jozef Jarosz, Co-leader of the Clinical Neurosciences Clinical Academic Group



Dr Jarosz is Clinical Director of Neurosciences at King's College Hospital and consultant neuroradiologist and co-leader of the Clinical Neurosciences Clinical Academic Group.

Prof Anne Greenough, Director of Education and Training, King's Health Partners



Anne Greenough is Professor of Neonatology and Clinical Respiratory Physiology, Director of Education and Training at King's Health Partners Academic Health Science Centre and Board Member of the Higher Education Funding Council for England. She was Chair of the National Institute for Health Research (NIHR) Paediatrics (non medicines) Specialty Group and is now Vice President Science and Research, Royal College of Paediatrics and Child Health.

Professor Greenough is a member of the KCL Research Division of Asthma, Allergy and Lung Biology and the Medical Research Council–Asthma UK Centre in Allergic Mechanisms of Asthma. Her research interests focus on the early origins of chronic respiratory disease and include factors affecting antenatal lung growth, optimisation of respiratory support, determinants of sudden infant death syndrome and prevention and treatment of chronic lung disease, particularly related to viral infections and sickle cell disease.

Tara Donnelly, Managing Director, Health Innovation Network (HIN) [Tweet: @tara_donnelly1]



Tara Donnelly is the Managing Director of the Health Innovation Network, Academic Health Science Network (ASHN), which aims to speed up the best in health and care together with partners across the 12 boroughs of south London. Tara is a KCL graduate who has spent 16 years at Board level in the NHS including Chief Executive and Director of Operations roles in London hospitals. She is the current President of the Health CEOs' Club and vice president at Macmillan Cancer Support, following a decade serving as Trustee on the Board.

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



Research profiles: the promise and reality of regenerative medicine

Fiona Watt

Director, Centre for Stem Cells & Regenerative Medicine



#khp2016

What is a stem cell?

- Cells that maintain tissues throughout adult life
- **Adult tissue stem cells** reproduce themselves and generate daughter cells that undergo further specialisation (differentiation)



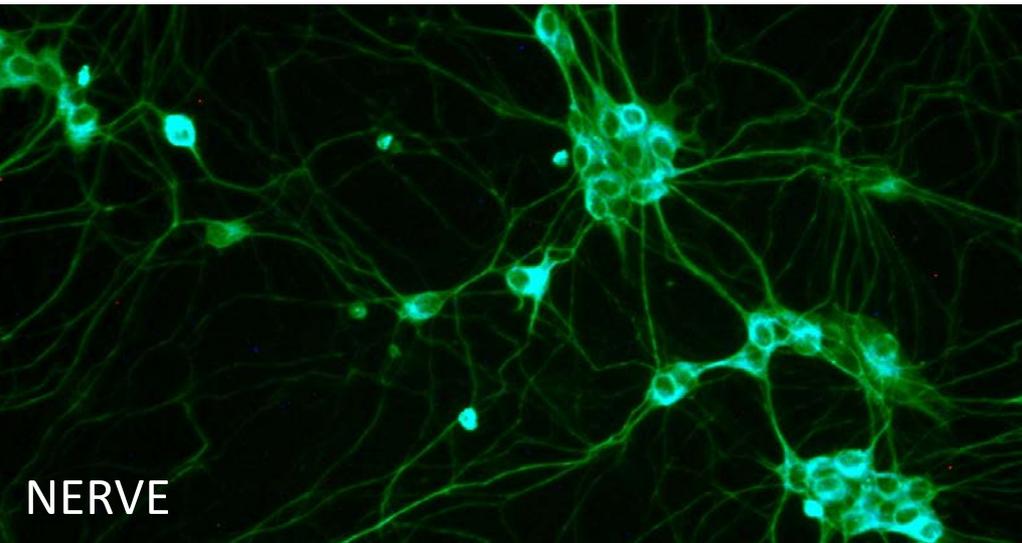
Stem cells in blood make blood, stem cells in skin make skin, stem cells in muscle ...



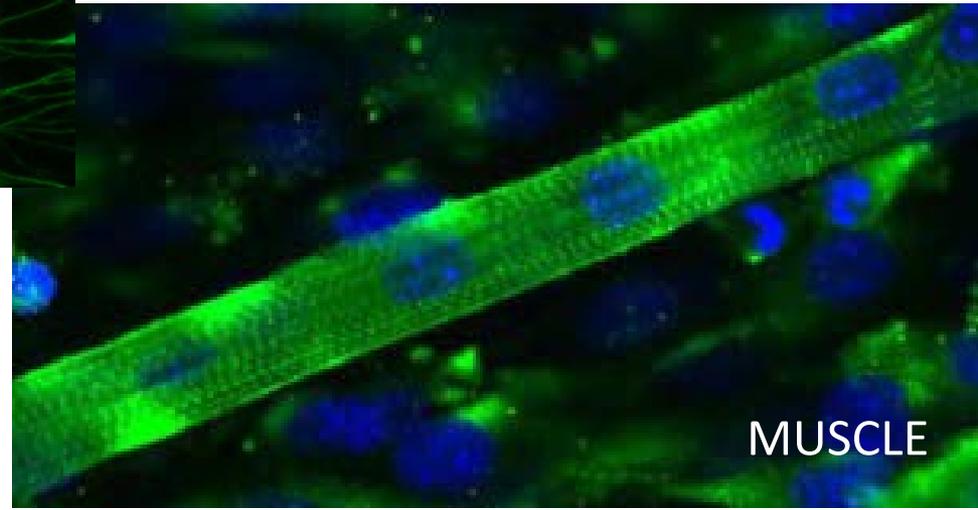
Embryonic stem (ES) cells are derived by growing cells from spare IVF embryos in the laboratory
ES cells can make all adult cell types – they are ‘pluripotent’



By exposing embryonic stem cells to different culture conditions they can be stimulated to form the specialised cell types characteristic of adult tissues

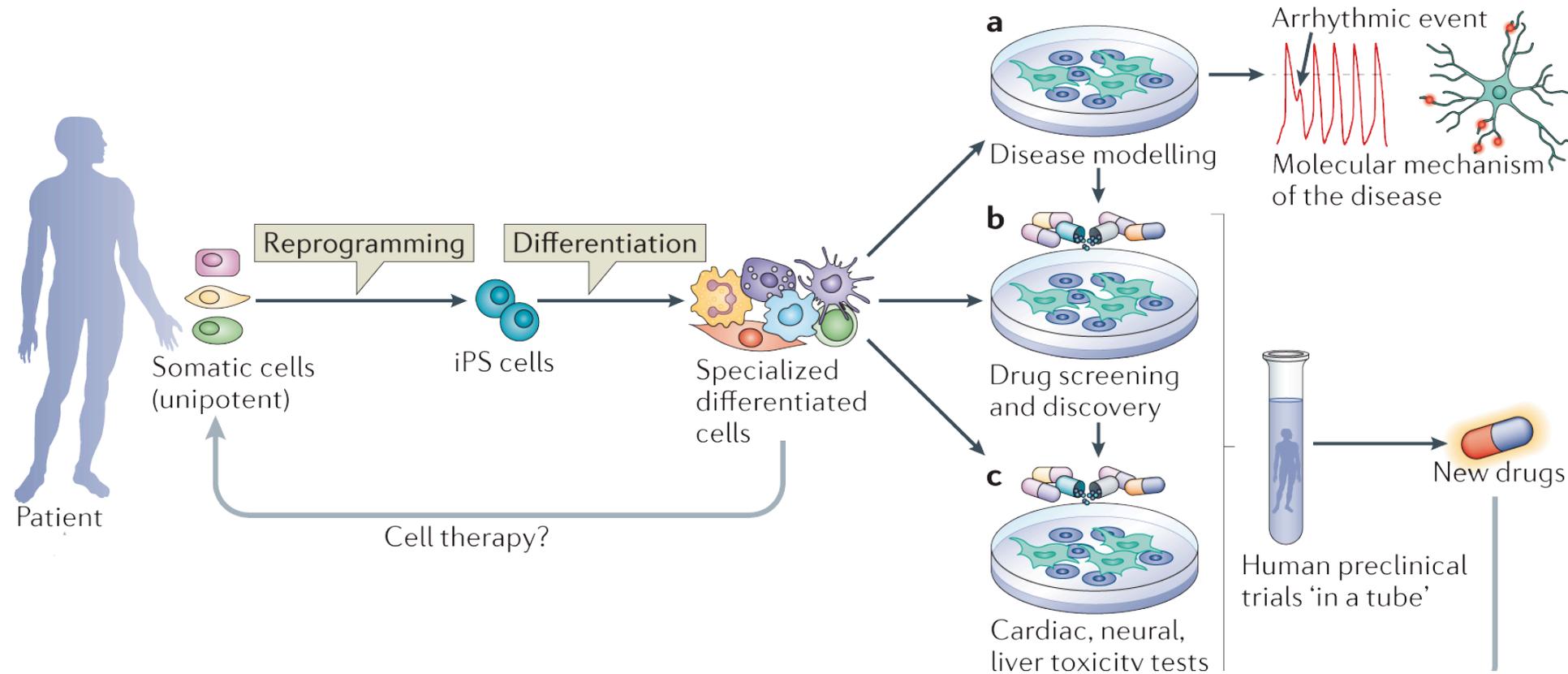


NERVE



MUSCLE

Induced pluripotent stem (iPS) cells: converting adult stem cells into embryonic stem cells



Bellin et al. (2012) Nat. Rev. Mol. Cell Biol. 13:713-726

What is regenerative medicine?

- The goal of regenerative medicine is to repair or replace damaged or diseased tissue
- Treatments can involve cell transplantation or in situ modulation of endogenous stem cells with biologics or small molecules
- Stem cells can be used for disease modelling and drug discovery

What is happening at KHP?

- Autologous regulatory T cells (enhanced transplant survival)
- Mesenchymal stromal cells (Graft versus Host Disease)
- TIE2-monocytes/macrophages (ischaemic limbs)
- Skin fibroblasts (Epidermolysis bullosa)
- Encapsulated hepatocytes (acute liver failure)
- Clinical grade human ES cells (UK Stem Cell Bank)

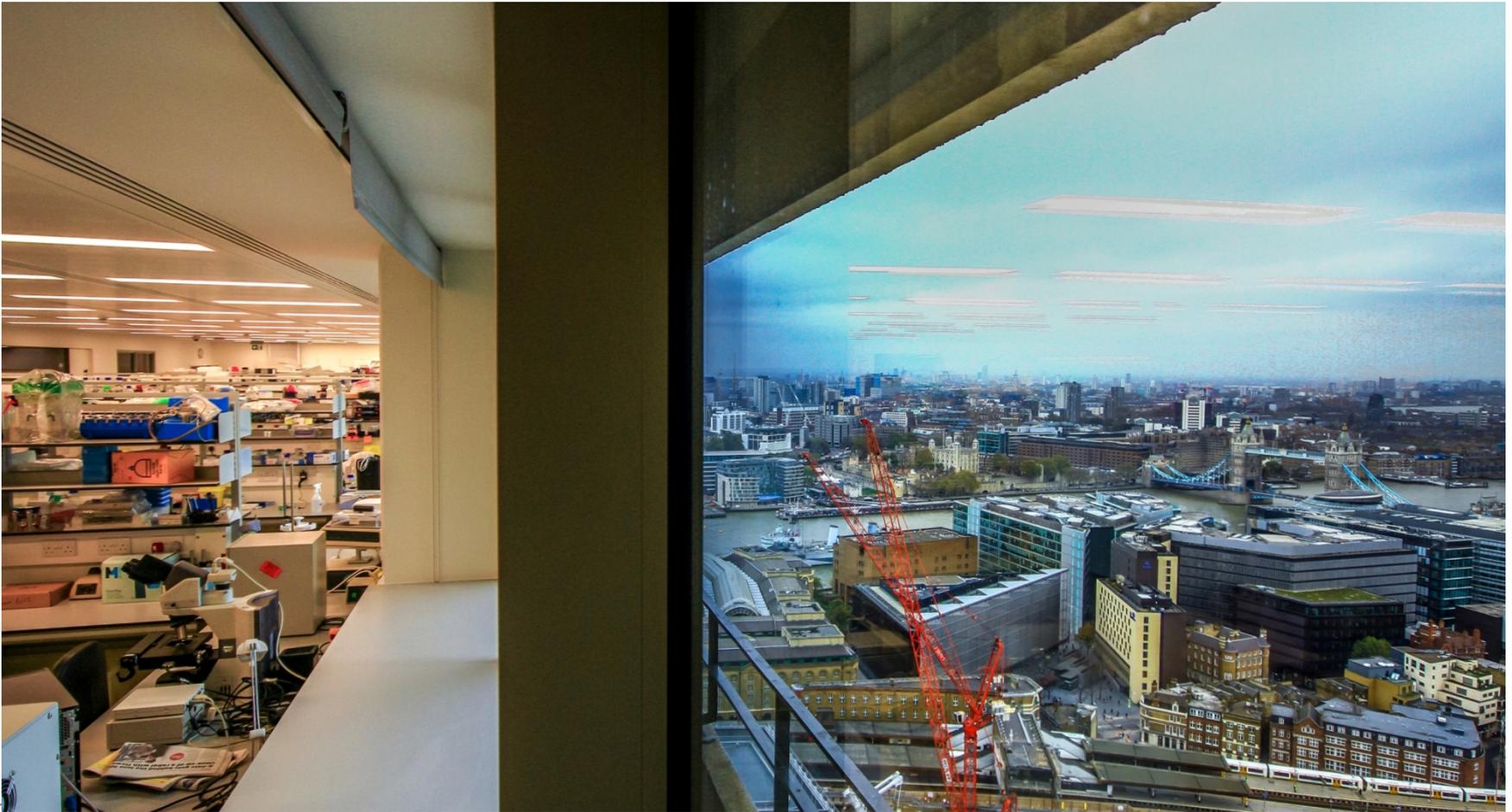
Centre for Stem Cells and Regenerative Medicine (CSCRM): a nucleus for research collaborations across KHP



CSCRM: before



And after....



The stem cell hotel: collaborative laboratory space



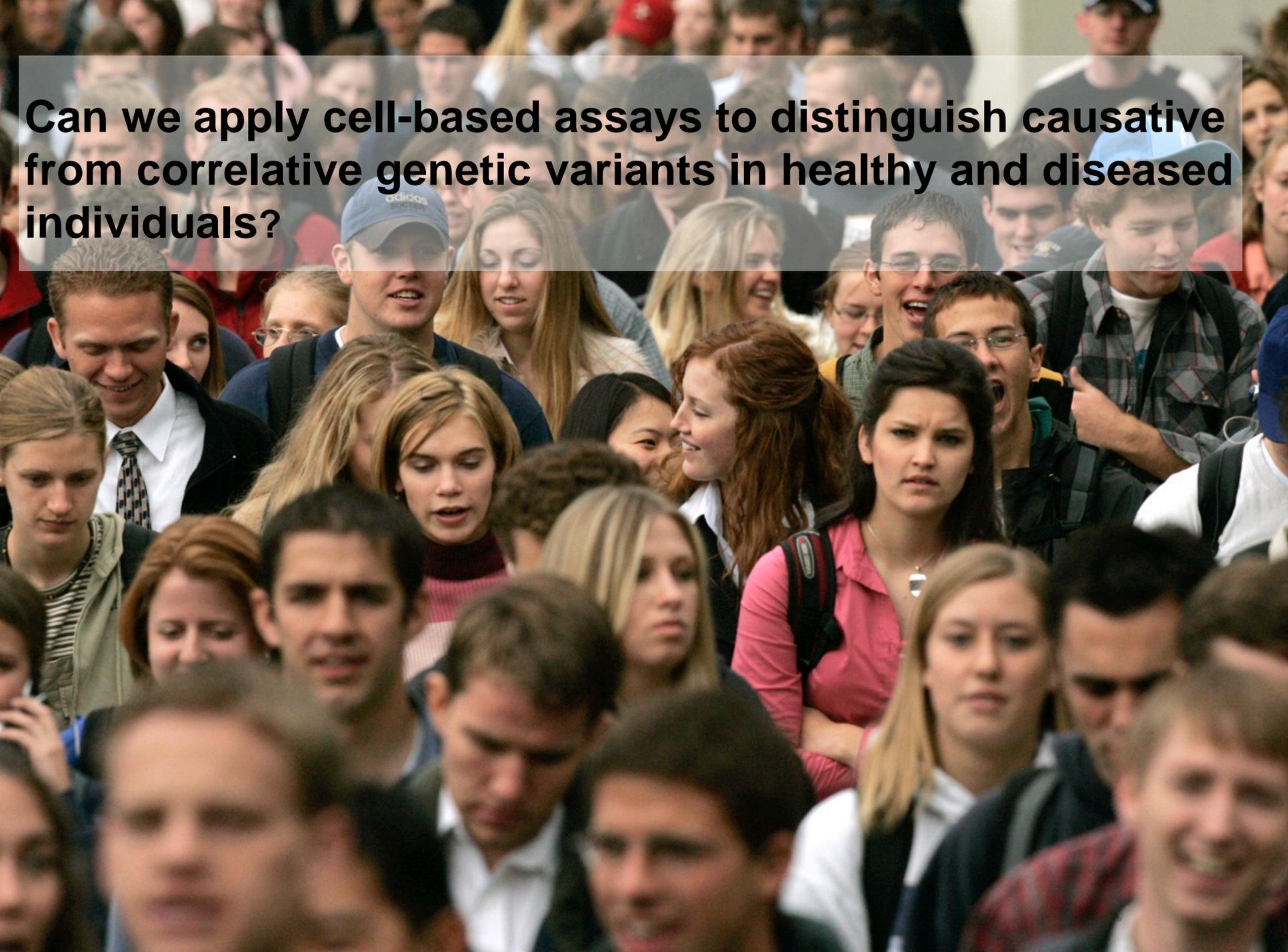
CSCRM: a focus for research and training

National

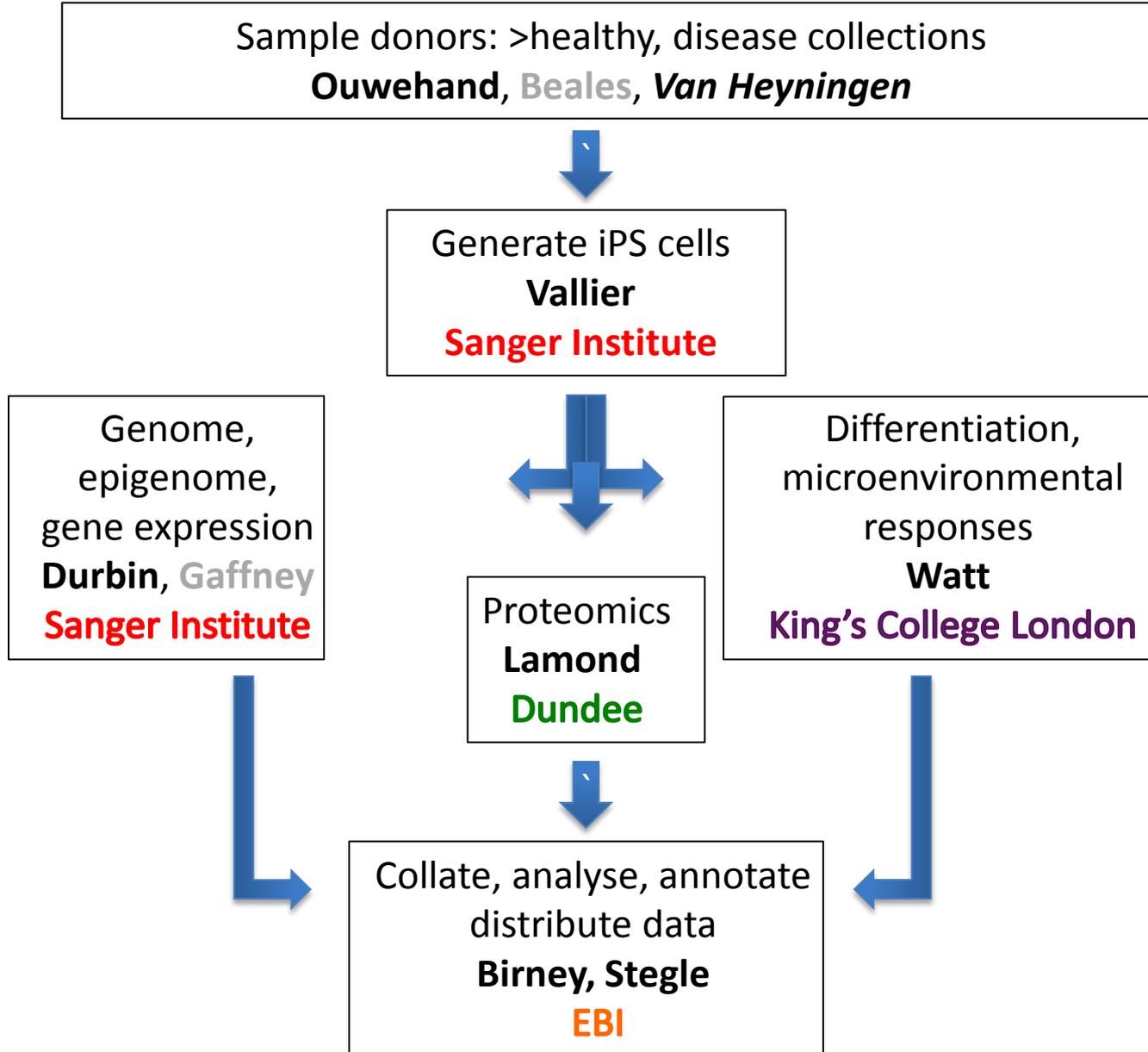
- Wellcome Trust 4 Year PhD programme
- UKRMP Hub on stem cell immunomodulation
- Human Induced Pluripotent Stem Cell Initiative

KHP

- Stem Cells @ Lunch
- Journal club
- International seminar series
- Website and booklet

A large, diverse crowd of people, likely students, filling the background of the slide. The individuals are of various ages and ethnicities, some looking towards the camera and others looking away. The text is overlaid on a semi-transparent grey box in the upper portion of the image.

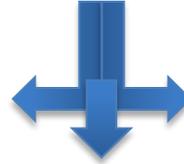
Can we apply cell-based assays to distinguish causative from correlative genetic variants in healthy and diseased individuals?



Sample donors: >healthy, disease collections
Ouwehand, Beales, Van Heyningen



Generate iPS cells
Vallier
Sanger Institute



Genome,
epigenome,
gene expression
Durbin, Gaffney
Sanger Institute

Differentiation,
microenvironmental
responses
Watt
King's College London

Proteomics
Lamond
Dundee

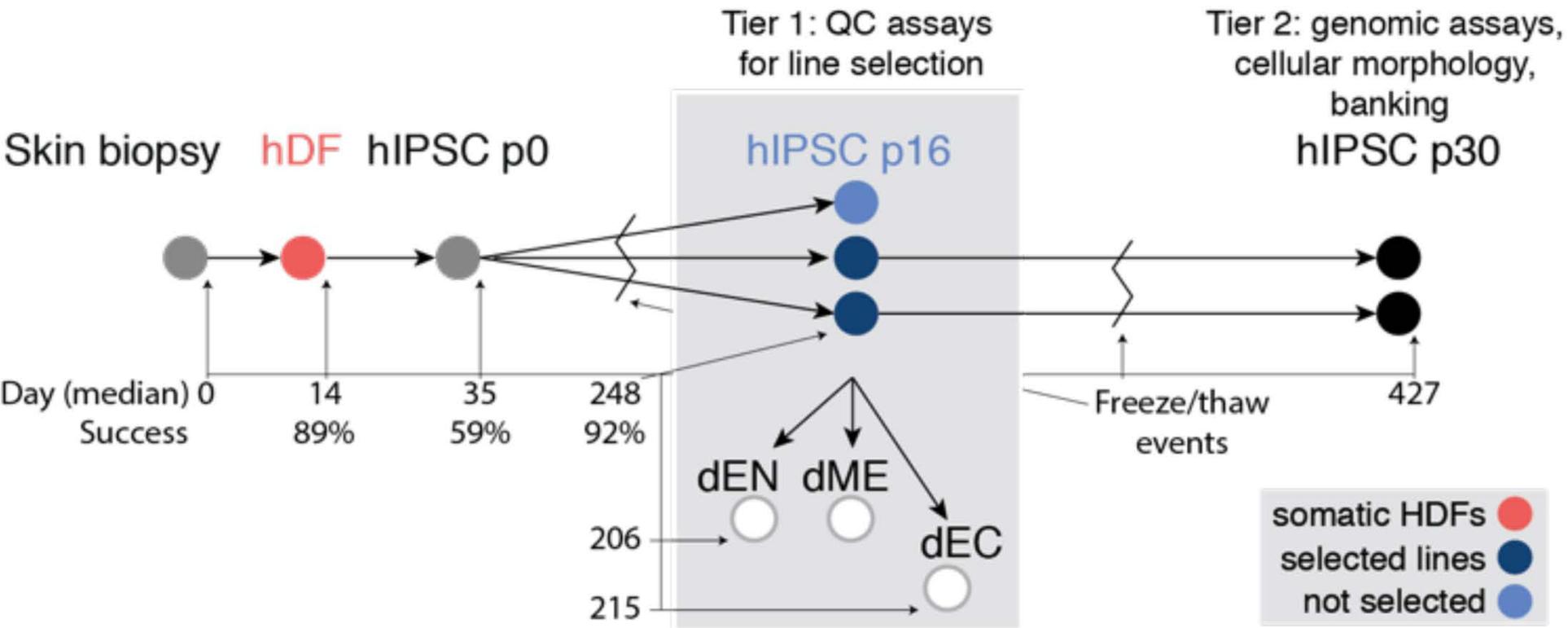


Collate, analyse, annotate
distribute data
Birney, Stegle
EBI



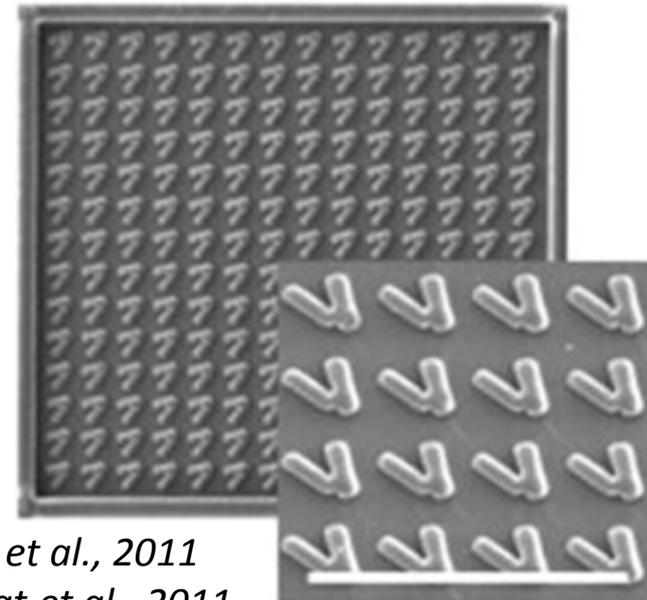
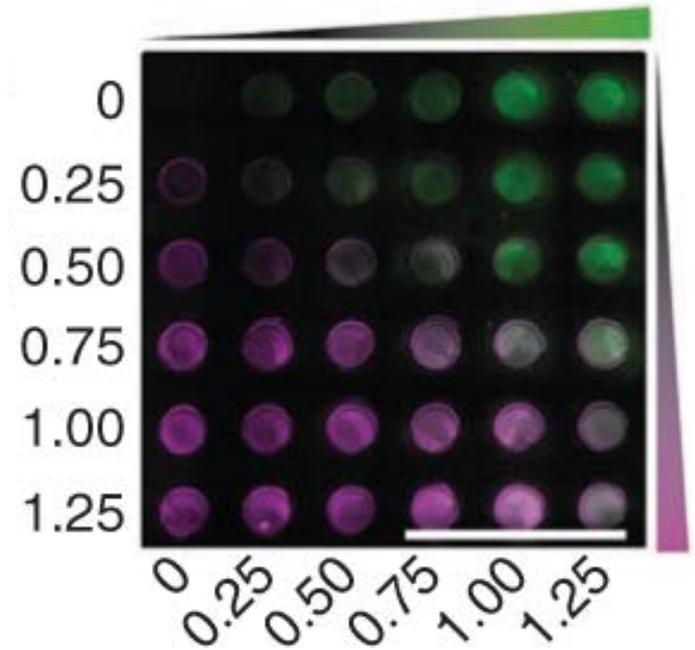
Flagship paper

- Generation, genotyping and phenotyping of 522 iPSC lines from 189 healthy individuals
- 5-25% of the phenotypic variation, including differentiation ability and cell morphology, arises from differences between individual donors
- Establishes suitability of iPSC for studies of complex human traits



Cell observatories:

- High throughput quantitative readouts of cell behaviour
- Suites of biological and physical micro-environmental stimuli
- Quantitate responses at single cell resolution: proliferation, differentiation, apoptosis, cell shape
- Platform for integrating genomic and cell behaviour data – in partnership with **Nick Luscombe (Francis Crick Institute)**

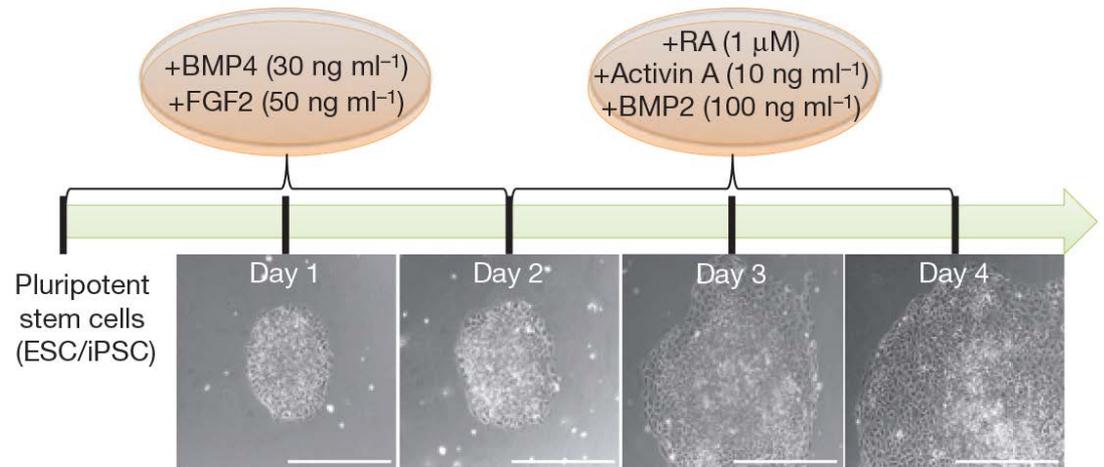


Gobaa et al., 2011
Unadkat et al., 2011

Bardet-Biedl Syndrome – collaboration with Phil Beales (UCL)



- Retinal degeneration ←
- Cognitive impairment
- Obesity
- Polydactyly
- Hypogenitalism ←
- Renal dysfunction/malformation



Directed differentiation of human iPSC to ureteric bud kidney progenitor cells – in collaboration with **Ignacio Sancho-Martinez (King's Prize Fellow)**

Thank you

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



The essential genome and clinical impact

Richard Trembath

Professor of Medical Genetics

Head, Faculty of Life Sciences and Medicine

#khp2016



More and more Human Genomes

- Structure of DNA – *The Double Helix*
 - April 1953

- Human Genome Project- Complete Road Map for DNA Sequencing
 - April 2003
 - Next Generation Sequencing - 2007

- 1,000 Human Genomes
 - launched 2008
 - Anonymous, multiple heritages, extent and depth of common genetic variation

- NHS 100,000 Genomes Programme (Genomics England)
 - Consent for identifiable Genome analysis
 - Build Genomic Medicine service
 - Enable Precision Medicine – diagnostic discovery pipeline

10th May 2016 KHP Away Day

Precise Trading to improve Health

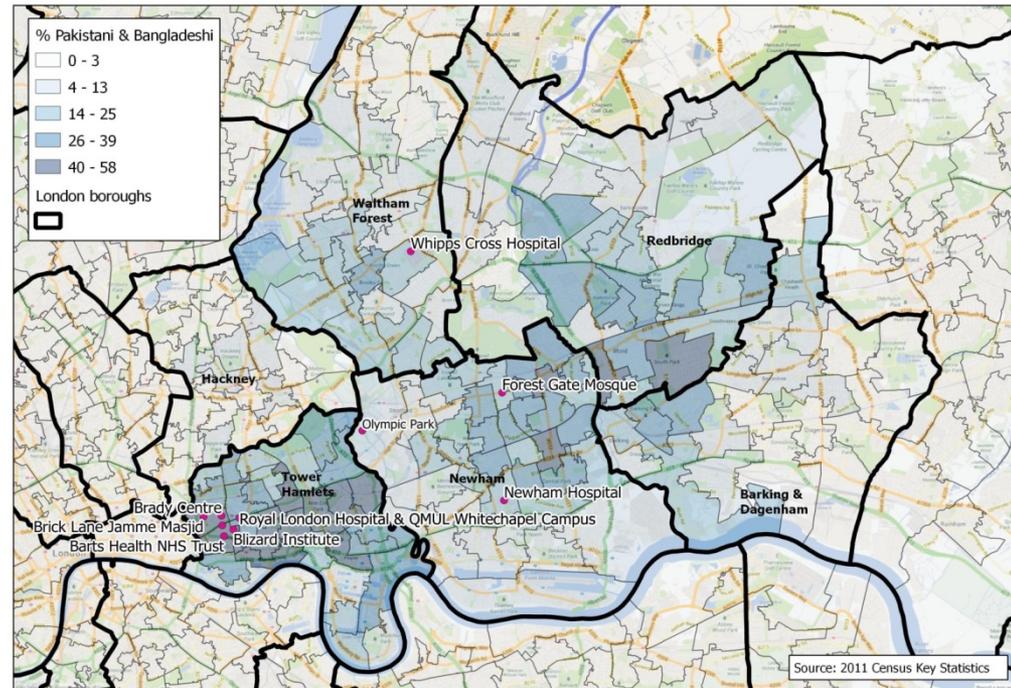
- Aetiology and pathogenesis of disease is heterogeneous:
 - Integration and interrogation of 'data'
 - Medical treatments for individual characteristics
 - Genomes, our individual code
- Drug development:
 - Long > 15-17 years
 - High failure rate
 - In-effective, off target effects,
 - Expensive and not sustainable
- PCSK9-genomic discovery driving down blood fat levels:
 - **Human Gene Knock-outs**-healthy with low lipids from **Biobank** , Zhou *et al* (2006)
 - Novel therapies for the treatment of hypercholesterolemia, FDA approved July 2015



10th May 2016 KHP Away Day

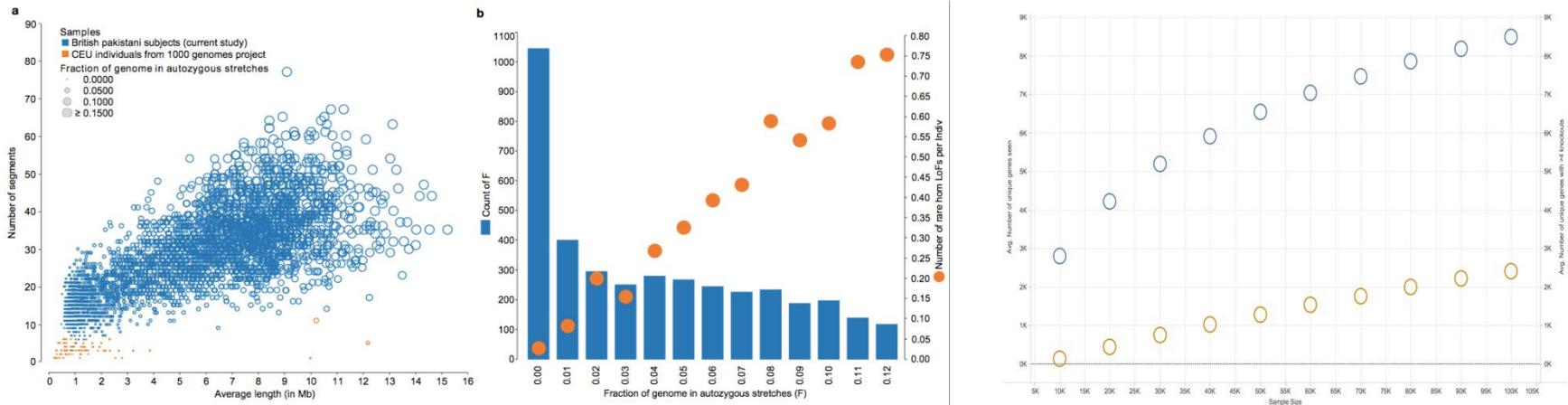
Genomics at Population scale: The missing phenotypes

- Population : >500,000
 - (British)-Bangladeshi, Pakistani
- Substantial health deprivation
 - Life expectancy
 - declines by 1 year/ District Line station
 - Prevalence of T2D, CVD, Obesity
- Elevated levels of parental relatedness
 - Essential genome
 - Target genome
- Established E-health (GP)
 - Farr Institute
 - MRC E-med lab



Naturally occurring human genes

Double copy, non-functional (knock-outs)



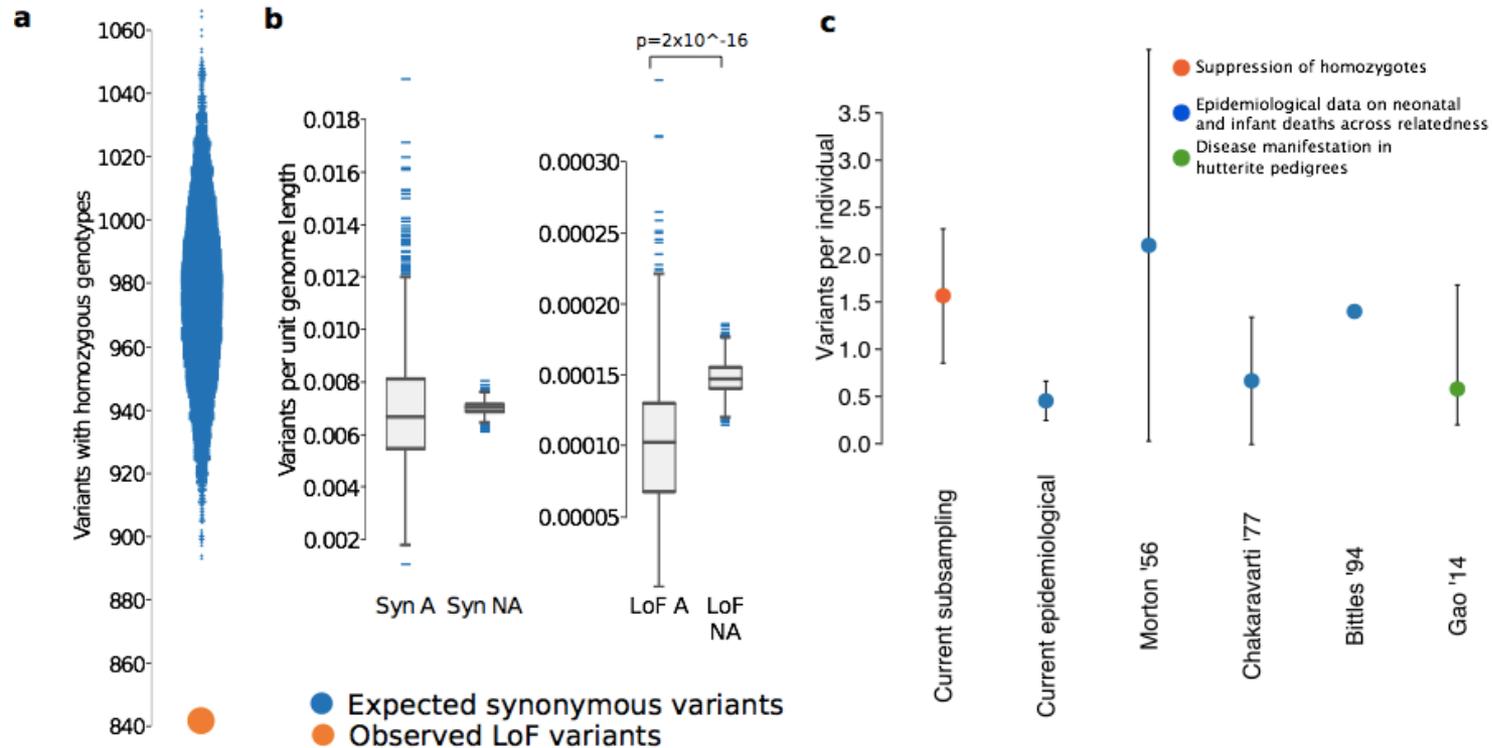
Pilot

- 3,200 population (British-Pakistani heritage), identified 1,111 rare homozygous (rh) LoF, across 781 genes
- One subject, harbors 7 complete human gene knock-outs
 - Narasimham V *et al* Science 2016

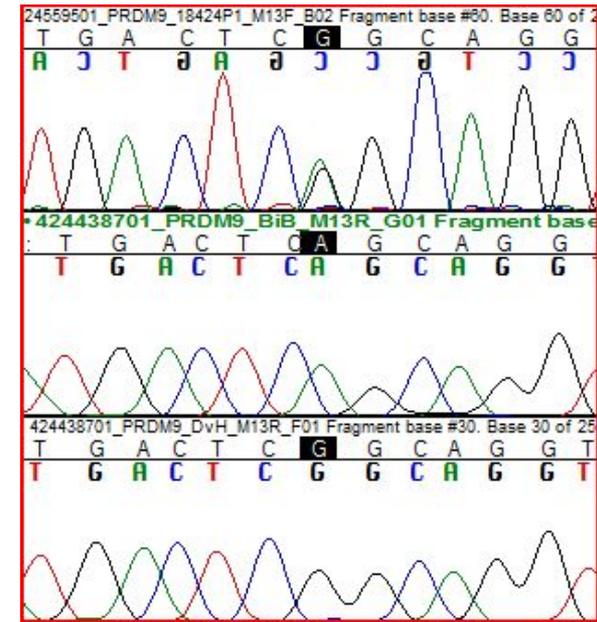
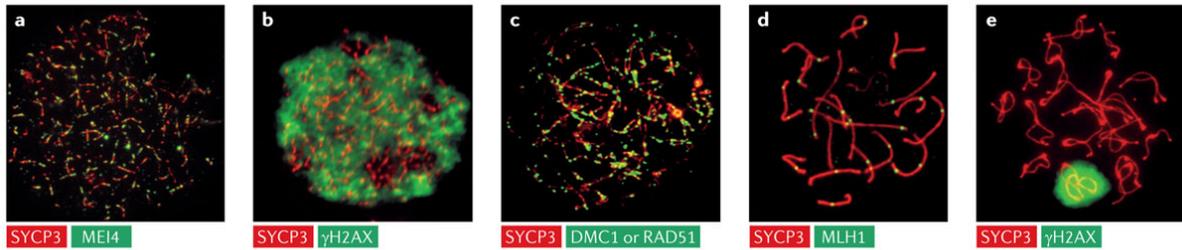
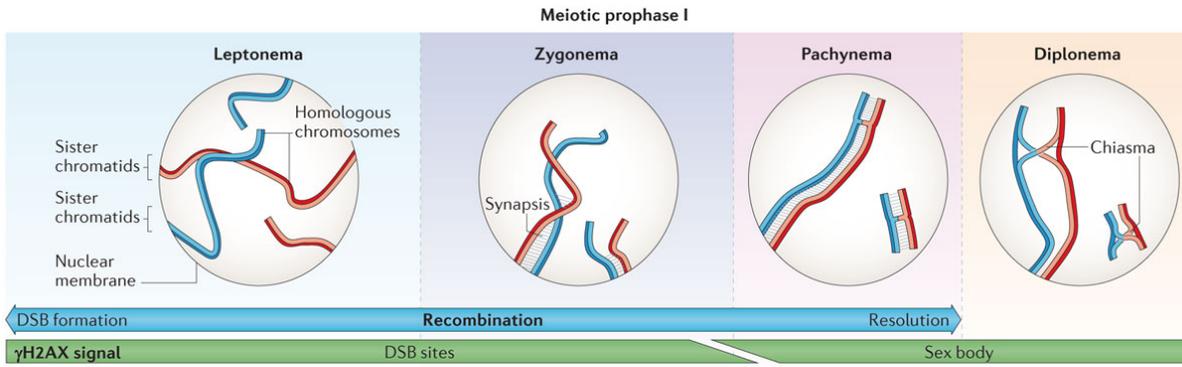
Working with UK communities with elevated levels of parental relatedness

- Iceland (deCode) 1,171 human gene knock-outs, 104,222 individuals
 - Sulam P *et al* Nat Genet 2015
- ExAct 1,775 human gene knockouts, 60,706 individuals

The essential human genome

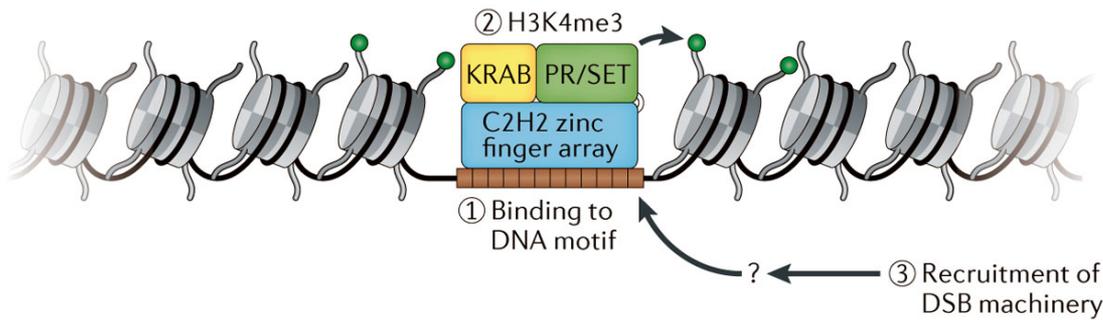


- 13% of rare (double copy) LoF (natural knock-outs) are lethal
 - 3,000 human essential coding genes
- each person carries (one copy) average of 1.6 lethal variants
- twice as many embryonic lethal compared to lethal in infancy

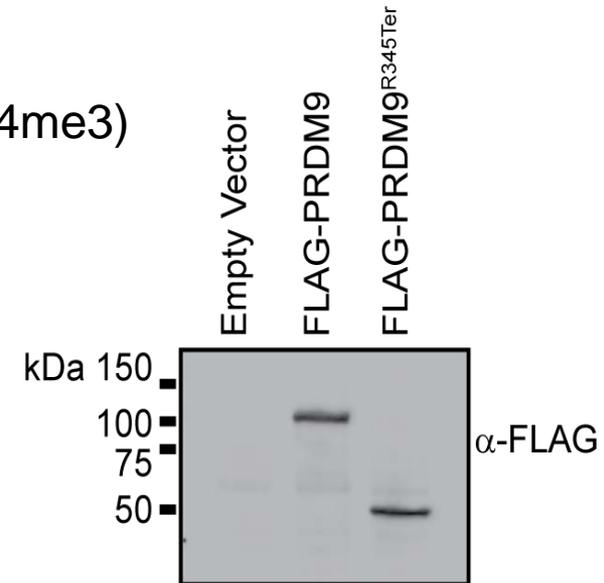


Nature Reviews | Genetics

PRDM9 localises histone 3 lysine 4 tri-methylation H3k4me3)



Nature Reviews | Genetics



Mouse *prdm9* ^{-/-} ; sterile

VOLUNTEER NOW!



Improve health in East London

In East London, South Asian people have some of the highest rates of heart disease, diabetes, and poor health in the UK.

East London Genes & Health is a research study set up to help fight against these and



Genomics is changing healthcare

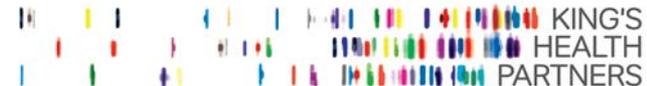
East London Genes & Health is one of the world's largest community-based genetics studies, aiming to improve health among people of Pakistani and Bangladeshi heritage in East London by analysing the genes and health of 100,000 local people

Hefce Catalyst Centre for Population Genomics:

KING'S
College
LONDON



www.genesandhealth.org



Acknowledgements



Queen Mary University of London

David Van Heel

Karen Hunt

Bev MacLaughlin, Khasruz Zaman

Nick Bockett

Laura Southgate

Kamrul Islam, Lubna Aslam, Sobhash Jhuree

Chris Griffiths

Richard Ashcroft

Wellcome Trust Sanger Institute

Richard Durbin

Danielle Walker

Vagheesh Narasimhan

Chris Tyler-Smith

Shane McCarthy

Matt Hurles

Sample Management & Sequencing teams

Social Action for Health

Rupesh Shah

Jaber Khan

Bradford University Hospitals NHS Foundation Trusts

John Wright

Dan Mason

Eamonn Sheridan

Rafaq Azad

Shaheen Akhtar

Born In Bradford team

University of Cambridge

Eamonn Maher

Sarah Nutland, John Todd, Cambridge BioResource

Massachusetts General Hospital / Broad Institute

Daniel MacArthur

Konrad Karczewski

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



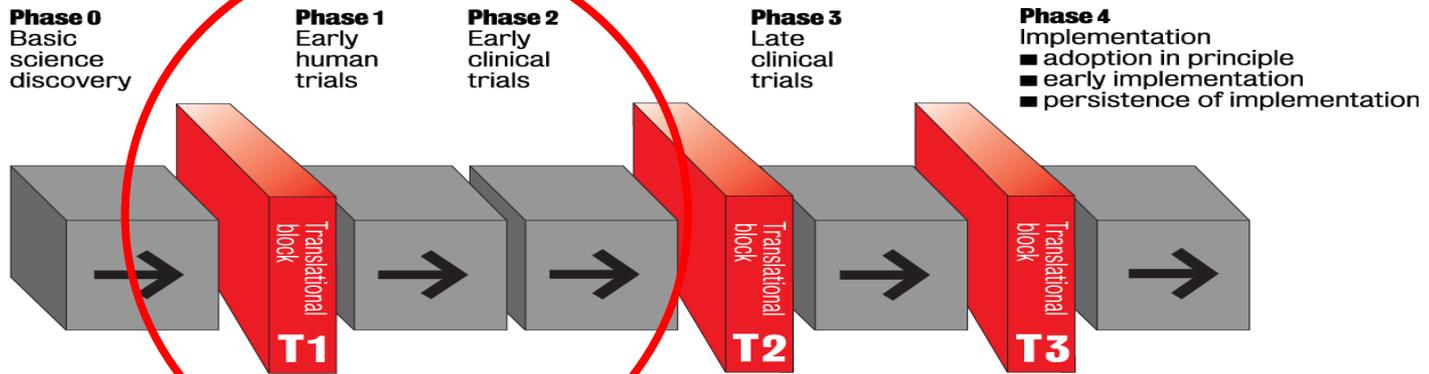
The NIHR Biomedical Research Centre: Contribution to the translational agenda

Graham Lord
Director of NIHR BRC at GSTFT

KHP Annual Conference
10th May 2016



Translational Research



‘Pull Through’

Overview

- National Context
- Local solution
- Exemplars
- Conclusions

Overview

- National Context
- Local solution
- Exemplars
- Conclusions

Overview

- National Context
- Local solution
- Exemplars
- Conclusions

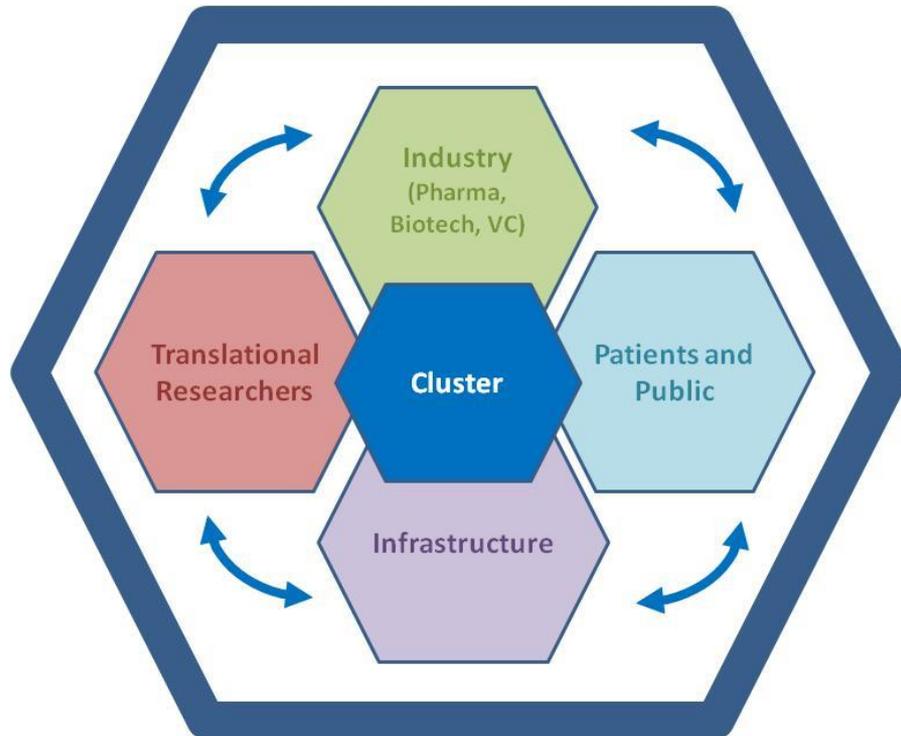
Cluster Strategy

Strategies for Translational Research in the United Kingdom

Katrina Soderquest and Graham M. Lord*

Published 13 October 2010; Volume 2 Issue 53 53cm28

In the United Kingdom, many foundations and institutions and the government have made substantial investments in translational research. We examine the structures that surround this support and consider some of the results of this prodigious push toward enhancing translational research pursuits and thus improved clinical medicine.



- **Gearing**
- **Efficiency in resource utilisation**
- **Integration across specialities**
- **Integration across organisations**
- **Maximum added value**

Timeline

- 2007-2012: Creation of infrastructure
Building pipeline
Organisational alignments
- 2012-2017: Delivering programmes
Linking to later phase research
Developing commercial pipeline
- 2017-2022: Ensuring “run-through” to implementation
Consolidating NHS engagement with research
Delivering maximum impact in routine clinical care

**Underpinned by rich discovery science, clinical excellence
and a focus on capacity building**

Experimental Medicine Hub @ Guys: Future Plans 2017- 2022

Floor	Facility
31/32	BRC Commercialisation Hub*
28	Centre for Stem Cells and Regenerative Medicine
25	Dental Institute Clinical Research Unit
17	Dental Institute Centre for Innovation & Translation
16	BRC, R&D, Data Analytics
15	Clinical Research Facility, Immune Monitoring Platform, Advanced Therapy Manufacturing (GMP) Facility
14	Phase 1 Unit
13	GMP Pharmacy Manufacturing Unit
12	Cell Therapy Catapult
11	Assisted Conception Unit and Embryonic Stem Cell Facility
10	Advanced Therapeutics Centre*
7	Genomics Platform
4	Retroviral Manufacturing Unit
*Proposed/planned new facilities	



The Experimental Medicine Hub at St Thomas': future plans

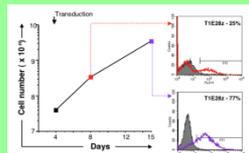
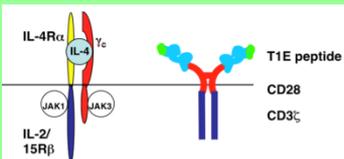


Overview

- National Context
- Local solution
- Exemplars
- Conclusions

Progress to Date

CAR therapies for cancer



Fergus Walsh
Medical correspondent
More from Fergus

The girl whose skin never heals

COMMENTS (1)

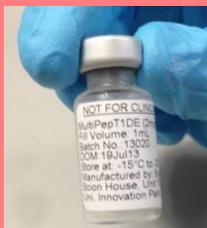
Sohana and her mother Sharmila talk about EB

Sohana Collins has never known a day without pain. The 11-year-old has a rare genetic disorder that means her skin blisters and tears at the slightest friction.

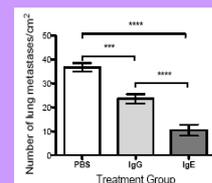
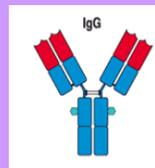
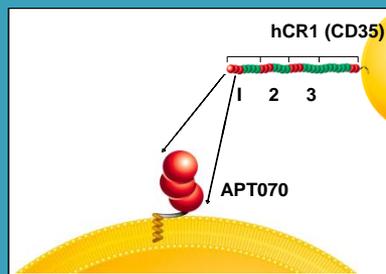
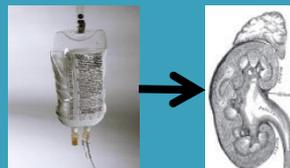
Cell Therapies for RDEB



Peptide therapy for T1D



Protein Therapeutics



First in class MAb for Cancer

Overview

- National Context
- Local solution
- Exemplars
- Collaborative synergies
- **Conclusions**

Conclusions

- The BRC leverages and integrates multiple funding streams
- Good collaborative models of working
- Has raised the profile of translational research in NHS Trusts
- Established infrastructure to close the “T1 gap”
- Delivering early phase impact to benefit patients locally

Highlights from the NIHR Biomedical Research Centre at the Maudsley

Professor Matthew Hotopf

Biomedical Research Centre for Mental Health and Dementia Unit

at South London and Maudsley NHS Foundation Trust
and the Institute of Psychiatry, King's College London



**National Institute for
Health Research**

NIHR/WELLCOME TRUST CLINICAL RESEARCH FACILITY



King's College Hospital 
NHS Foundation Trust

South London and Maudsley 
NHS Foundation Trust



wellcometrust


**National Institute for
Health Research**

A CRF designed with the needs of mental health patients in mind – including staffing by mental health nurses – embedded in a general hospital.

New targets for antipsychotics

CLASS: Nitric Oxide (NO) Donors

Sodium nitroprusside (SNP)

Pharmacology

PCP ("angel dust") causes psychosis through effects on the NMDA receptor → reduction in endogenous NO.
 SNP inhibits PCP effects in animals by breaking down into NO (bypassing problems with the NMDA receptor).

Problem: SNP used to treat severe high blood pressure in an emergency - need a **CRF** to use the drug safely with patients.

BRC Exp Medicine Trial (*Dr P Morrison*)
 First RCT: (IV SNP v PLC) 1 injection

n=20, follow-up over 4/52

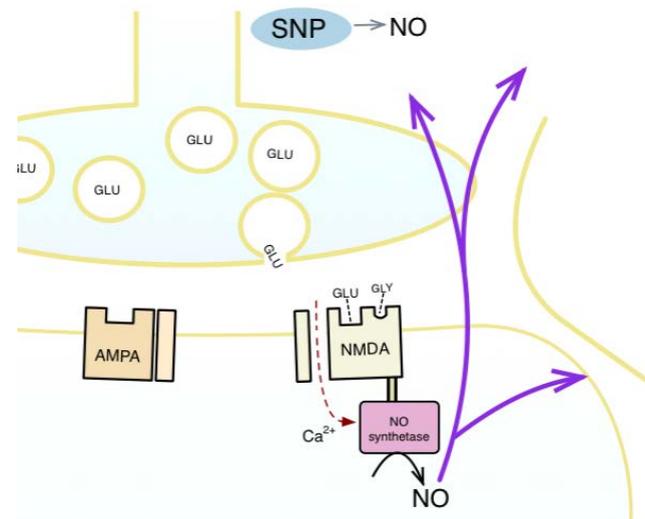
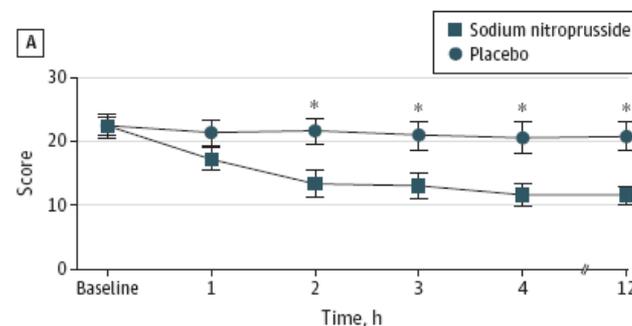


Figure 2. Mean Total 18-Item Brief Psychiatric Rating Scale Scores



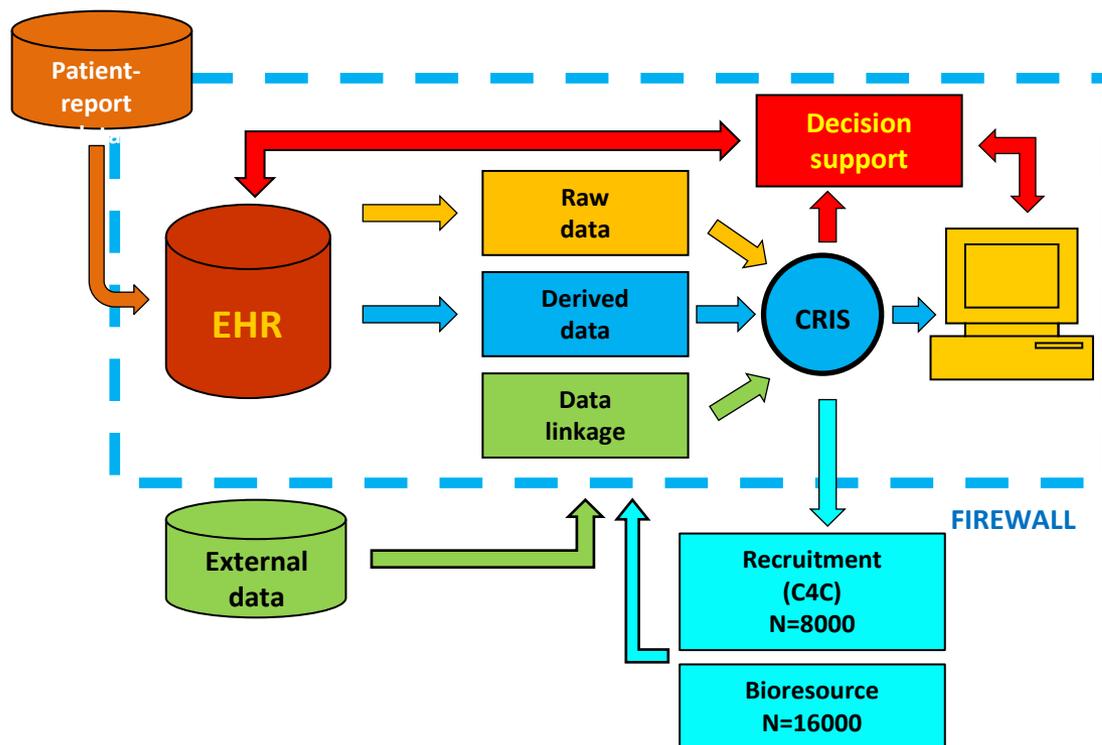
Repetitive Transcranial Magnetic Stimulation (rTMS)

- Pilot study: One session of high frequency repetitive transcranial magnetic stimulation (rTMS) delivered to the left dorsolateral prefrontal cortex reduces eating disorder related symptoms following exposure to visual and real food stimuli
- TIARA study funded by NIHR & BRC
- Design: Feasibility RCT of 20 sessions of real or sham rTMS in adults with treatment- resistant AN





Mental health EHR transformation



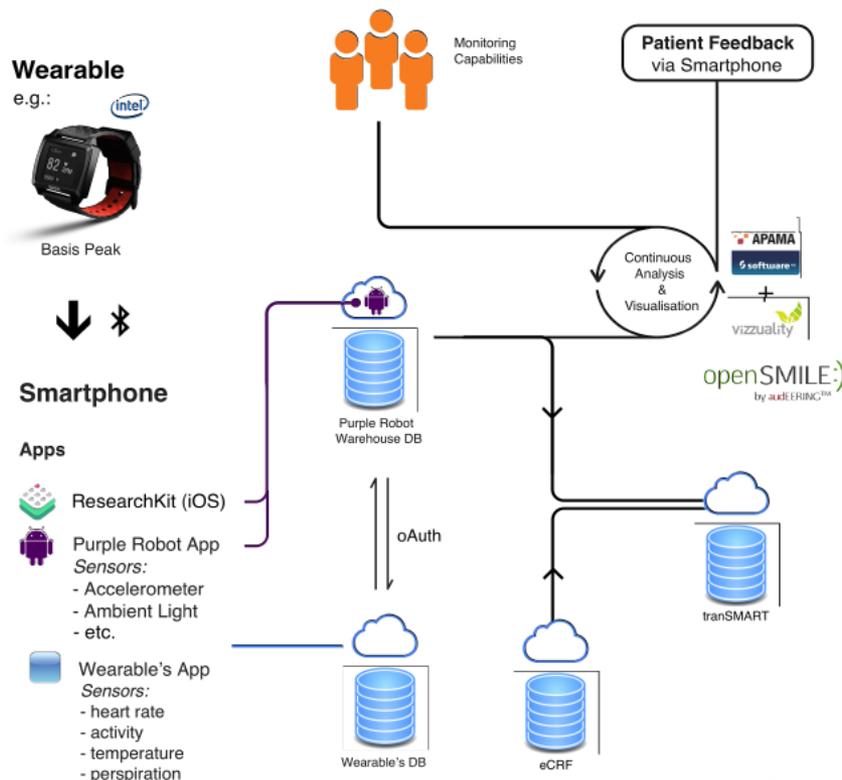


Remote Assessment of Disease and Relapse

Monitoring of :

- Speech
- Activity
- Sleep
- Sociability
- Memory
- Cognition
- Patient Reported Outcomes

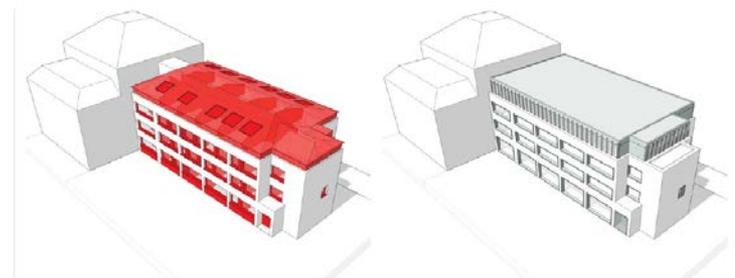
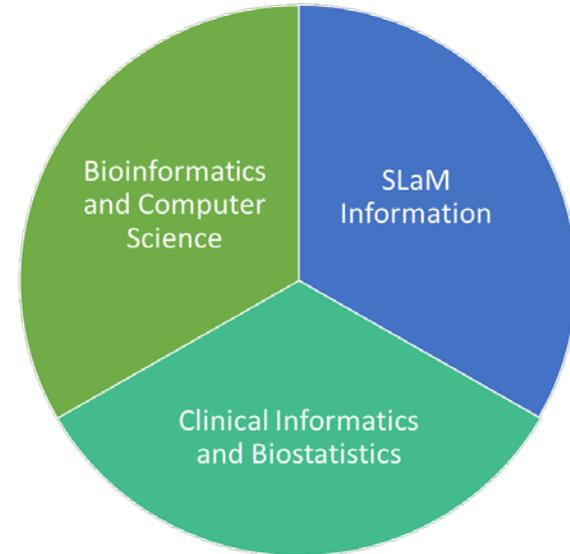
To detect biosignatures relevant to MS, epilepsy, and depression



Collaborating Institutions:

Provincia Lombardo-Veneta - Ordine Ospedaliero di San Giovanni di Dio - Fatebenefratelli, CTMM-TI Pharma, Ospedale San Raffaele, Fundacio Hospital Universitari Vall D'Hebron - Institut de Recerca, Simbiotica, University of Nottingham, Agencia Estatal Consejo Superior de Investigaciones Cientificas, Software AG, Region Hovedstaden, Centro de Investigacion Biomedica en Red, University Hospital Freiburg, Stichting IMEC Nederland, KU Leuven, Northwestern University, Universitat Passau, Universita degli Studi di Bergamo, Charite-Universitatsmedizin-Berlin, Intel Corporation UK Ltd, Gesellschaft fur Ablauforganisation millarium mbH & co.

Centre for Translational Informatics



For the competition

- **Precision psychiatry** – integrating multi-omics, neuroimaging, digital and clinical phenotyping to identify biomarkers for risk, progression and treatment resistance.
- **Therapeutics** – to accelerate development of new treatment – drug, psychological and neuromodulation.
- **Translational informatics** – translation from innovation in computer science to clinical application.
- **Mental / Physical health interface** – to reduce the mortality gap and improve the mental healthcare of people with chronic disease.

Biomedical Research Centre for Mental Health and Dementia Unit
at South London and Maudsley NHS Foundation Trust
and the Institute of Psychiatry, King's College London

NHS
National Institute for
Health Research

imparts
Integrating Mental & Physical healthcare:
Research, Training & Services

the**bmj**awards



The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



The Local Care Record

Sharing Patient Records between primary care and hospital in Southwark and Lambeth

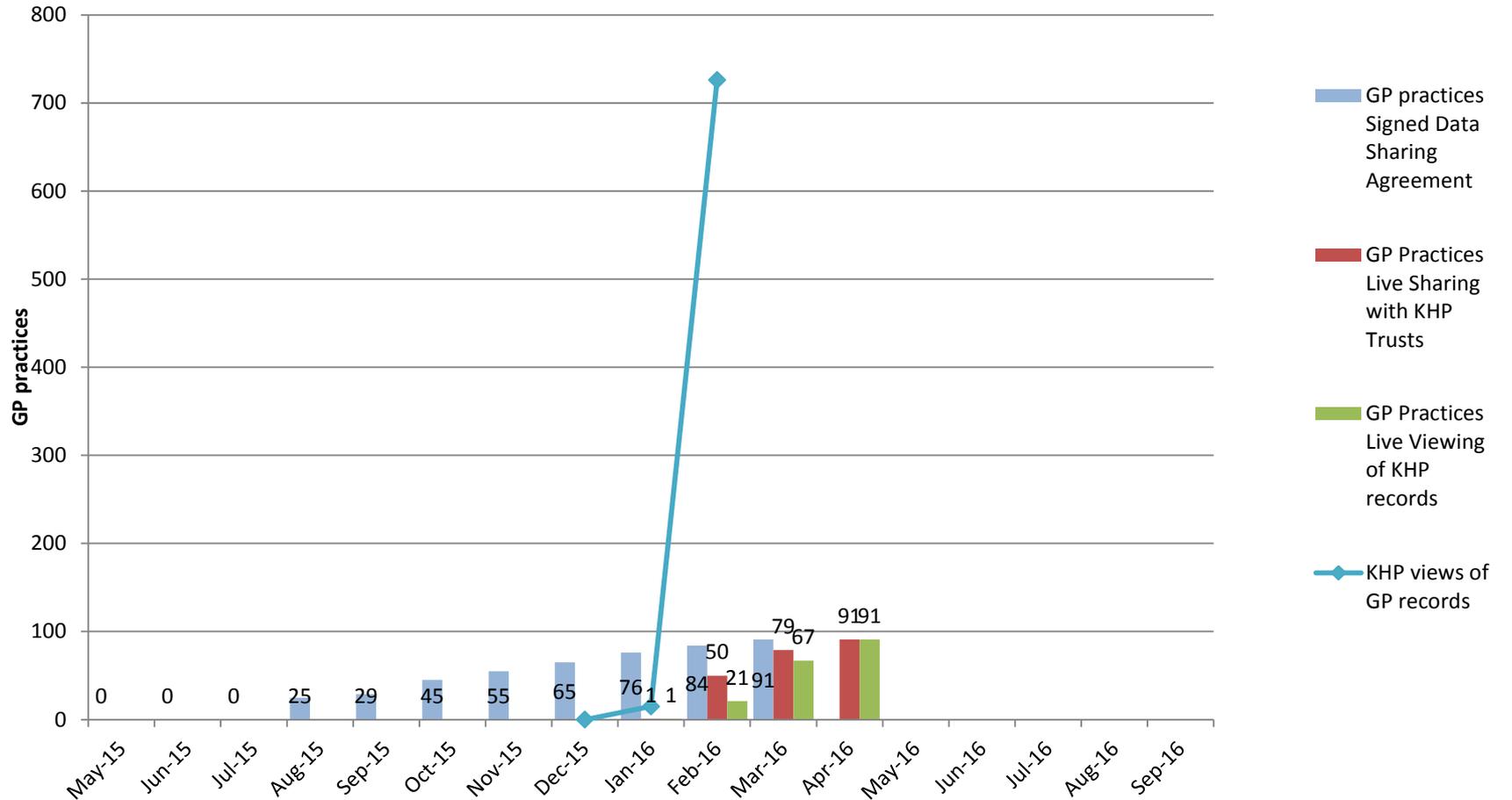
Adrian McLachlan Lambeth GP and CCG Chair

Cormac Breen GSTT Consultant and CCIO

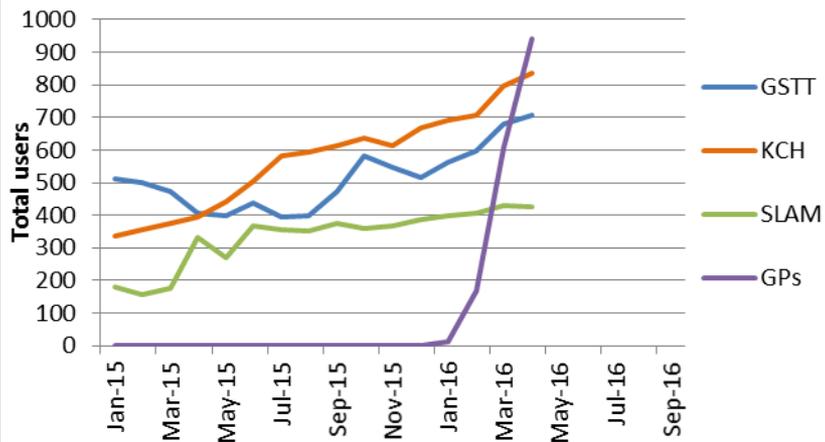


#khp2016

The numerical journey - Local Care Record by GP practice



Unique users viewing LCR by organisation



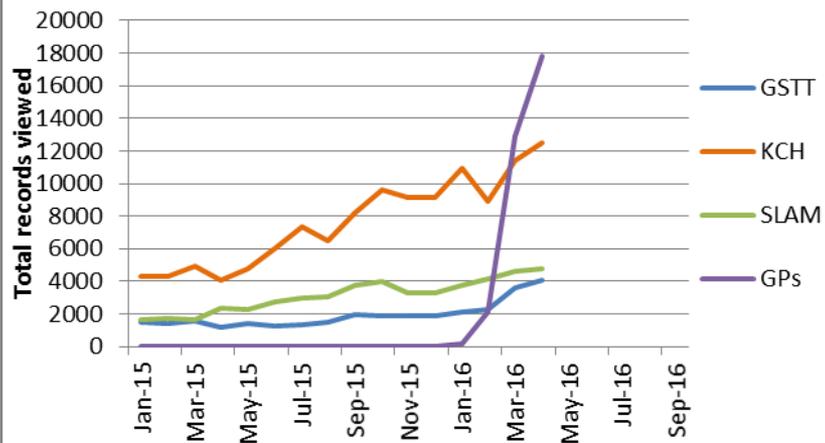
Utilisation rates (as at April 2016)

There were over 39,088 lookups performed in total across all users in April 2016.

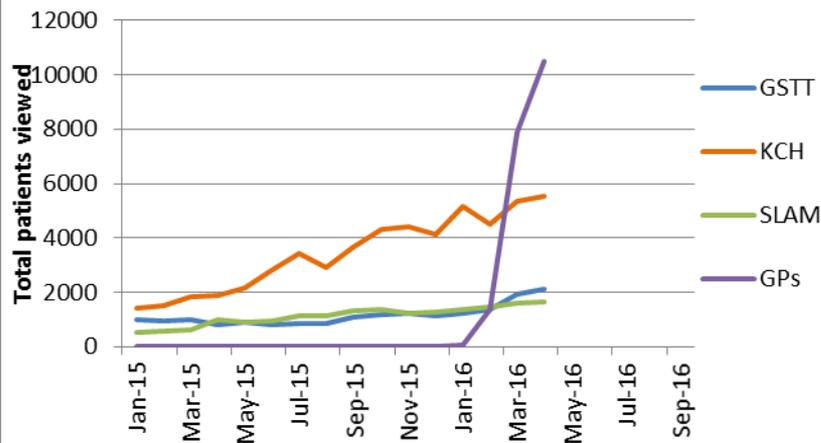
There were 19,823 unique patient records viewed in April, with primary care accounting for 53%

There are now over 1,000 primary care and 1,969 KHP users.

Total views by organisation

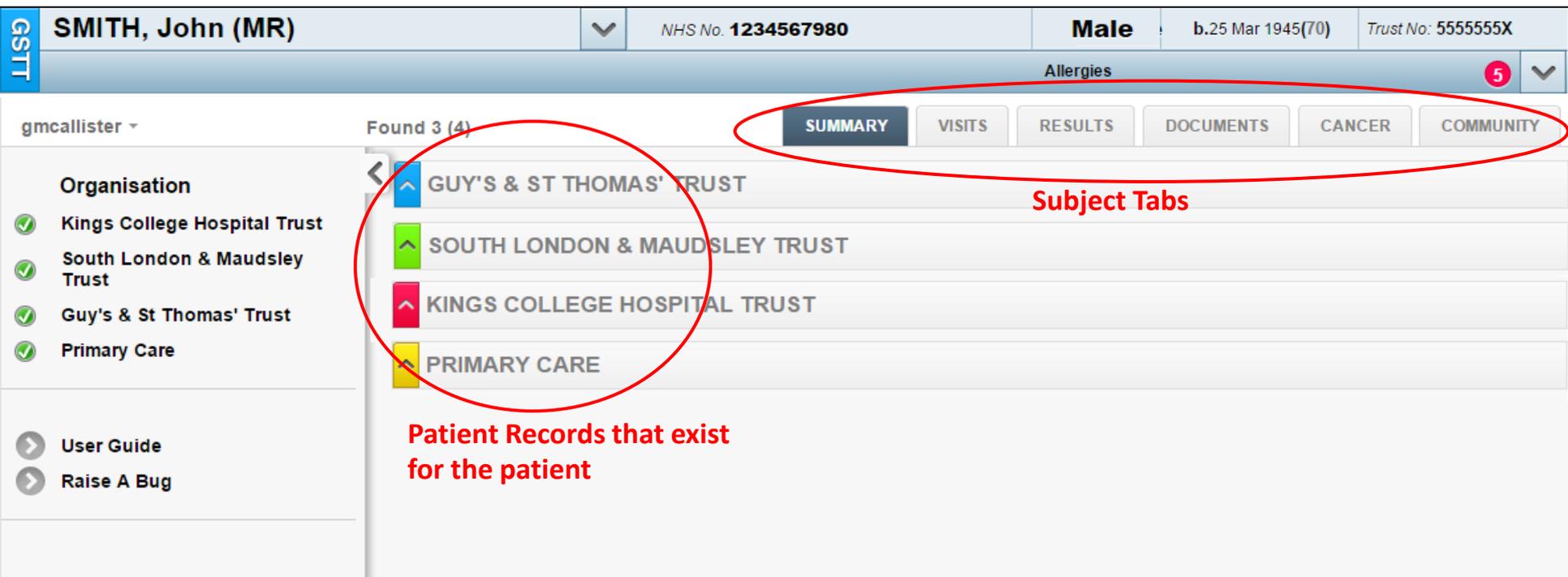


Unique patients viewed by organisation



What does the Local Care Record look like ?

Users simply select a **subject tab** and then an **organisation** to expand the information they require i.e. Results at Kings College Hospital



SMITH, John (MR) NHS No. **1234567980** Male b.25 Mar 1945(70) Trust No: 5555555X

Allergies 5

gmcallister Found 3 (4)

Subject Tabs: SUMMARY, VISITS, RESULTS, DOCUMENTS, CANCER, COMMUNITY

Organisations:

- Kings College Hospital Trust
- South London & Maudsley Trust
- Guy's & St Thomas' Trust
- Primary Care

Patient Records that exist for the patient:

- GUY'S & ST THOMAS' TRUST
- SOUTH LONDON & MAUDSLEY TRUST
- KINGS COLLEGE HOSPITAL TRUST
- PRIMARY CARE

Results Example

ound 3 (4)

SUMMARY VISITS (61) RESULTS (18)

12-Apr-2015 11:26 Hepatitis B surface Ab-mIU/ml

12-Apr-2015 11:26 Renal Profile (Chemical Pathology)

Sodium Level	142	N	[135 - 145 mmol/L]
Potassium Level	3.2	A	[3.5 - 5 mmol/L]
Creatinine Level	121	A	[45 - 84 umol/L]
Estimated GFR	40	A	[70 - 130 mL/min] (Click to expand) For estimate
All Results for this Test Available?	Yes	N	

12-Apr-2015 11:26 CRP

C Reactive Protein Level	5	A	[0 - 4 mg/L]
All Results for this Test Available?	Yes	N	

12-Apr-2015 11:26 Hepatitis B surface Ag

Hepatitis B surface Ag.	Not Detd	N	
All Results for this Test Available?	Yes	N	

12-Apr-2015 09:00 Chest - X-Ray

Chest - X-Ray	 N	(Click to expand) Requeste
---------------	---	----------------------------

12-Apr-2015 06:59 Blood Culture



Chest - X ray

Clinical History :

* It is ESSENTIAL to specify date for the Interval Exam and Urgent options:

Infection Risk: No

Specific question to be answered: ?chest infection - multiple falls, deranged wcc

Clinical Details: painful L shoulder since fall 1/52 ago, previous l clavicle fracture

* It is ESSENTIAL to specify date for the Interval Exam and Urgent options:

Infection Risk: No

Specific question to be answered: ?new fracture

Clinical Details: painful L shoulder since fall 1/52 ago, previous l clavicle fracture

XR Chest :

There is a hiatus hernia. The lungs and pleural spaces are clear.

Primary Care Benefits Work stage 1

Based on an average size GP practice of 7,000 registered patients

Our early benefits work is reporting:

- **60-75% reduction in GP practice calls to hospitals chasing patient information**
- **Reduction of approximately 25 unnecessary / duplicate test requests per practice monthly**
- **Avoidance of one referral, per GP, per month**

Next Steps

Community Health Integration and Social Care Integration

Assess the requirements and plan necessary development, testing, assurance and implementation

Patient Access to health records

Assess the requirements in conjunction with existing solutions (EMIS access) and South East London work

Linking to other Strategic Partners

Assess the requirements and plan information Integration with other strategic partners i.e. Neighbouring boroughs, London Ambulance Service / 111 / Out of Hours

Product Developments

Gather, consolidate and assess requirements for new system functionality and enhancements

Now people are live this is what people had to say

GP: A patient told me their scan was fine but after checking the LCR in the appointment I found it wasn't improving safety

GP: No more waiting for letters and test results, I can now see them in the consultation appointment

Nurse: This is fantastic and is improving continuity of care

GP: It's so intuitive and has become second nature so quickly ...

Consultant: I was able to see the patients diagnoses and their medications from the GP record. It improved my onward referral information and treatment plan

Patient: This is great but surely you already have this ?

GP: I'm not sure I could live without it now I have it

Admin: My Stress levels have already fallen significantly

GP: It has already improved my prescribing by giving me access to allergies at the hospitals

Further information

The programme have a webpage hosted by KHP:

Here you will find briefing materials, opt-out guidance FAQs, Key Facts, Videos, publicity and press release information.

KHP webpage <http://www.kingshealthpartners.org/localcarerecord>

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



Keynote address

Professor Sir Malcom Grant
Chair, NHS England



#khp2016

Delivering our Mind and Body ambitions

Dr Sean Cross

Dr Fiona Gaughran



#khp2016

Overview

- The challenge
- Some current examples
- Our plans

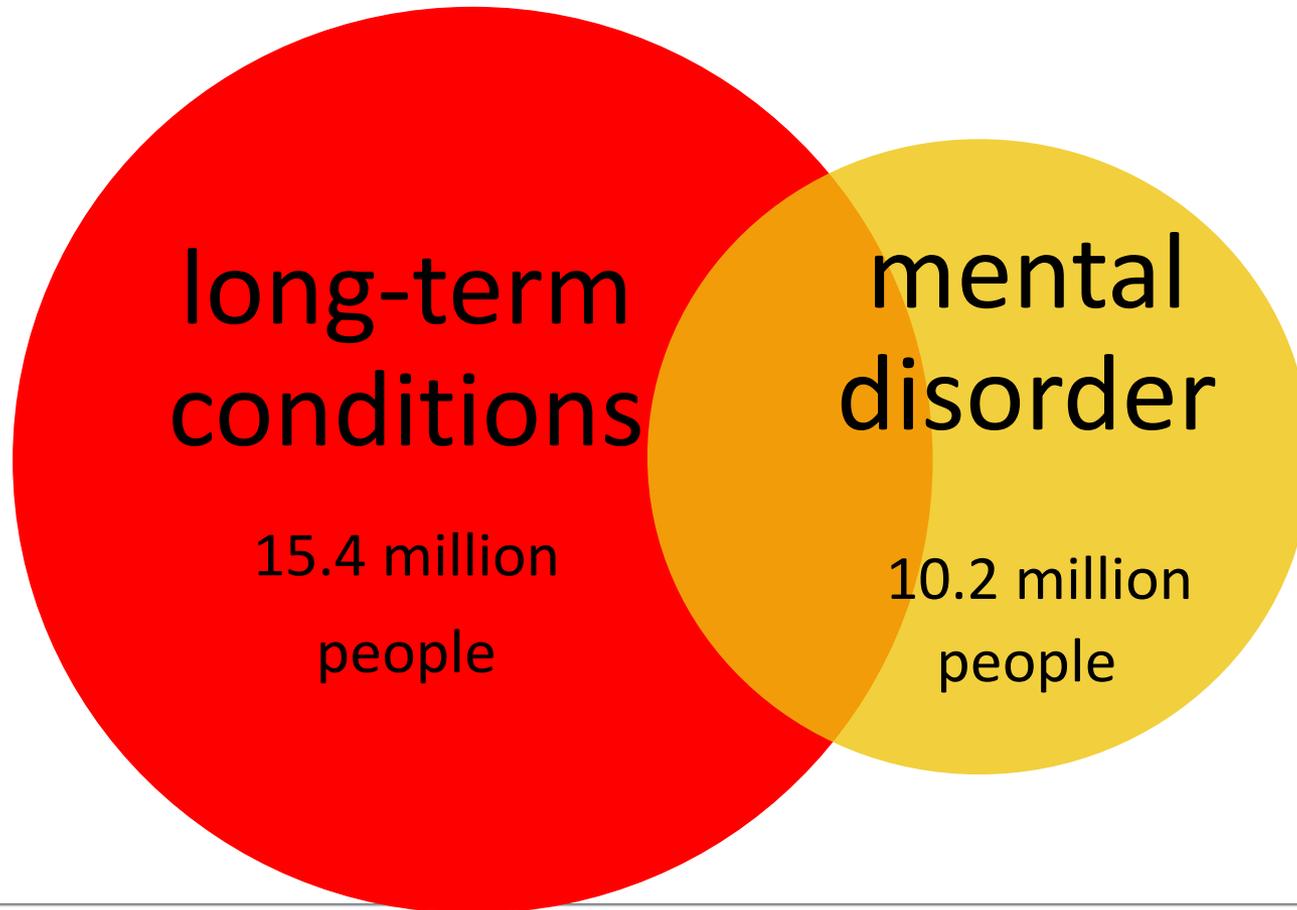
The Divide



LTCs and MH disorders

30% with LTC have mental health problems and 46% with mental illness have at least one LTC.

Source: Naylor C, Parsonage M, McDaid D et al. Long term conditions and mental health 2012



Diabetes: 3DFD

Prof Khalida Ismail / Dr Carol Gayle and teams

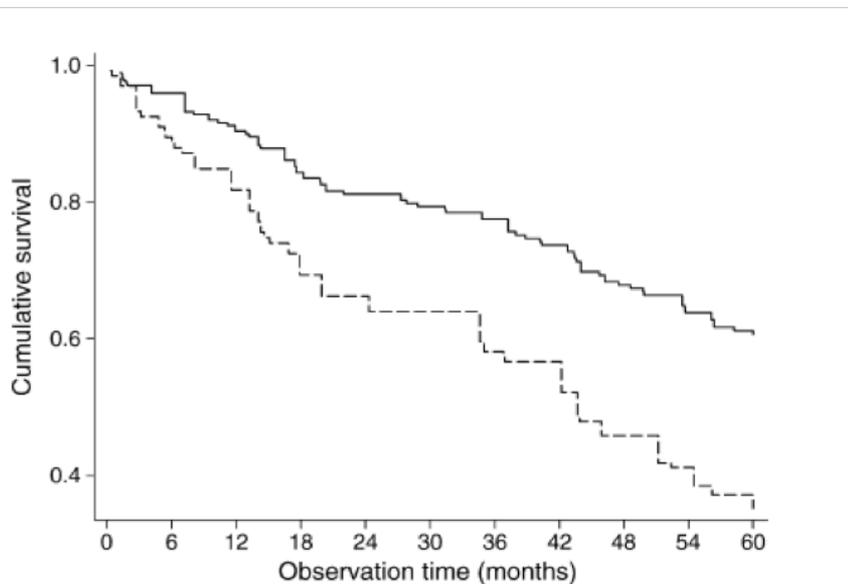
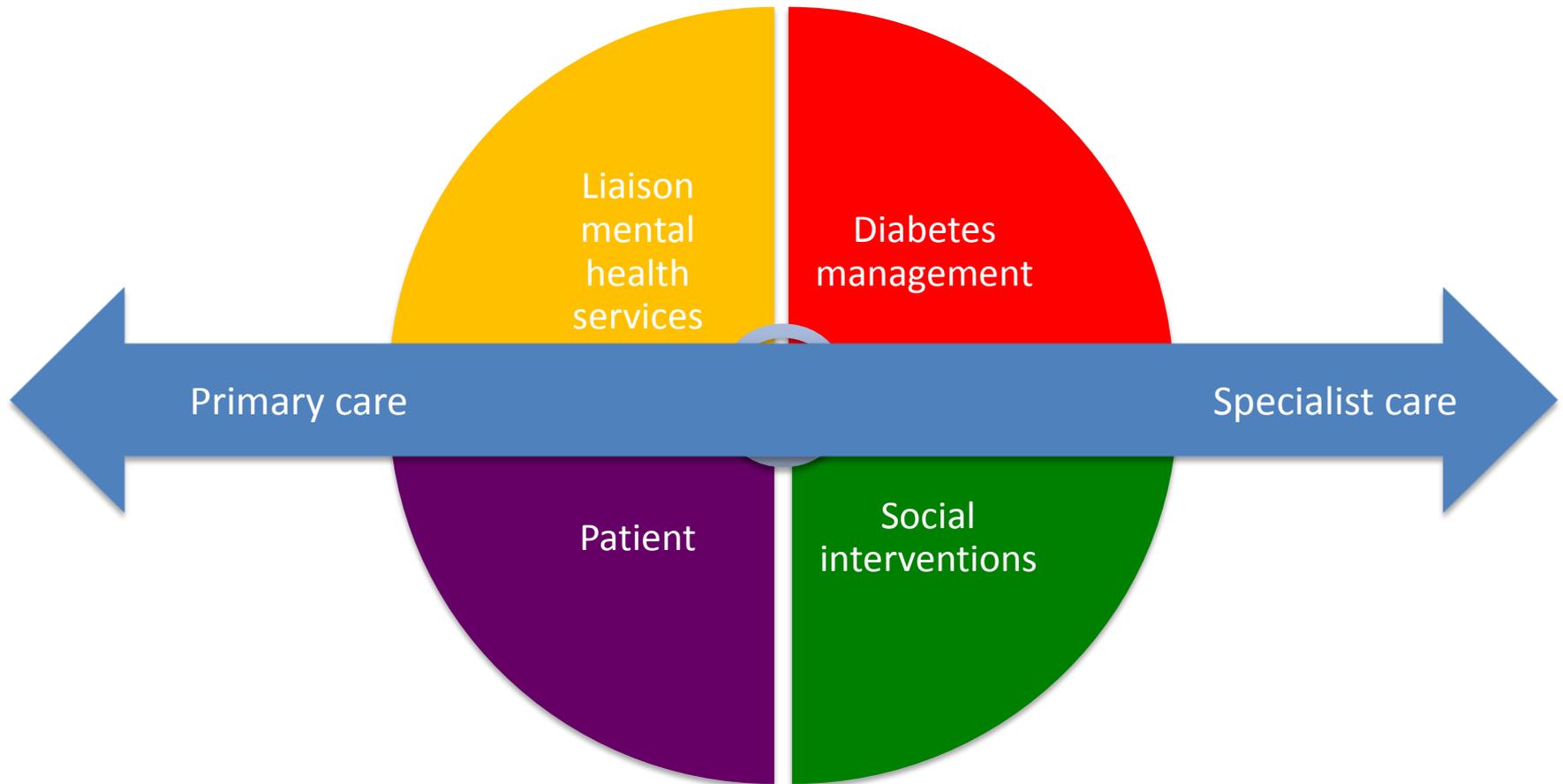


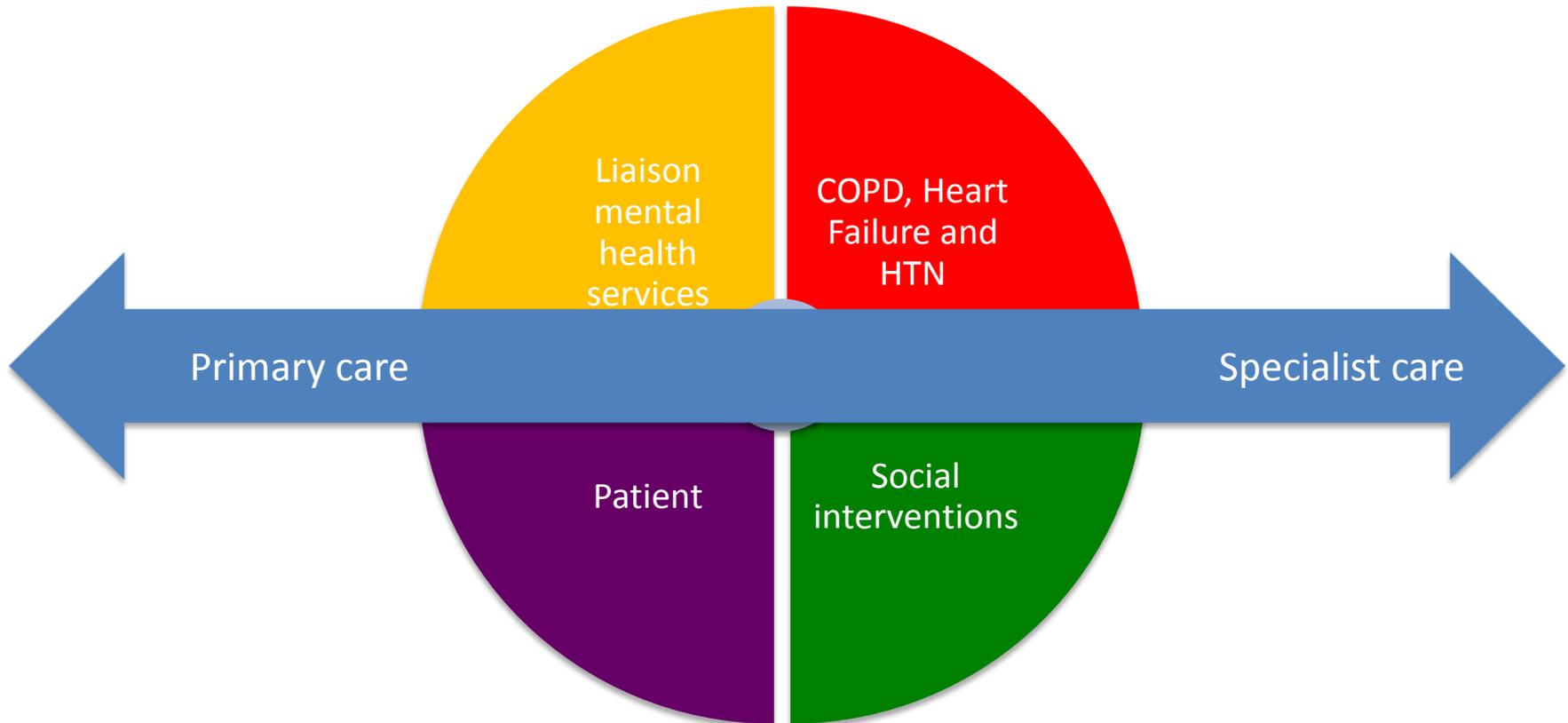
Fig. 2 Predicted survival curve for participants with and without depression. Solid line, not depressed; dashed line, depressed

- 30% of diabetes patients have depressive symptoms
- depression is associated with worse glycaemic control, diabetes complications, increased costs and premature mortality

The 3DFD model



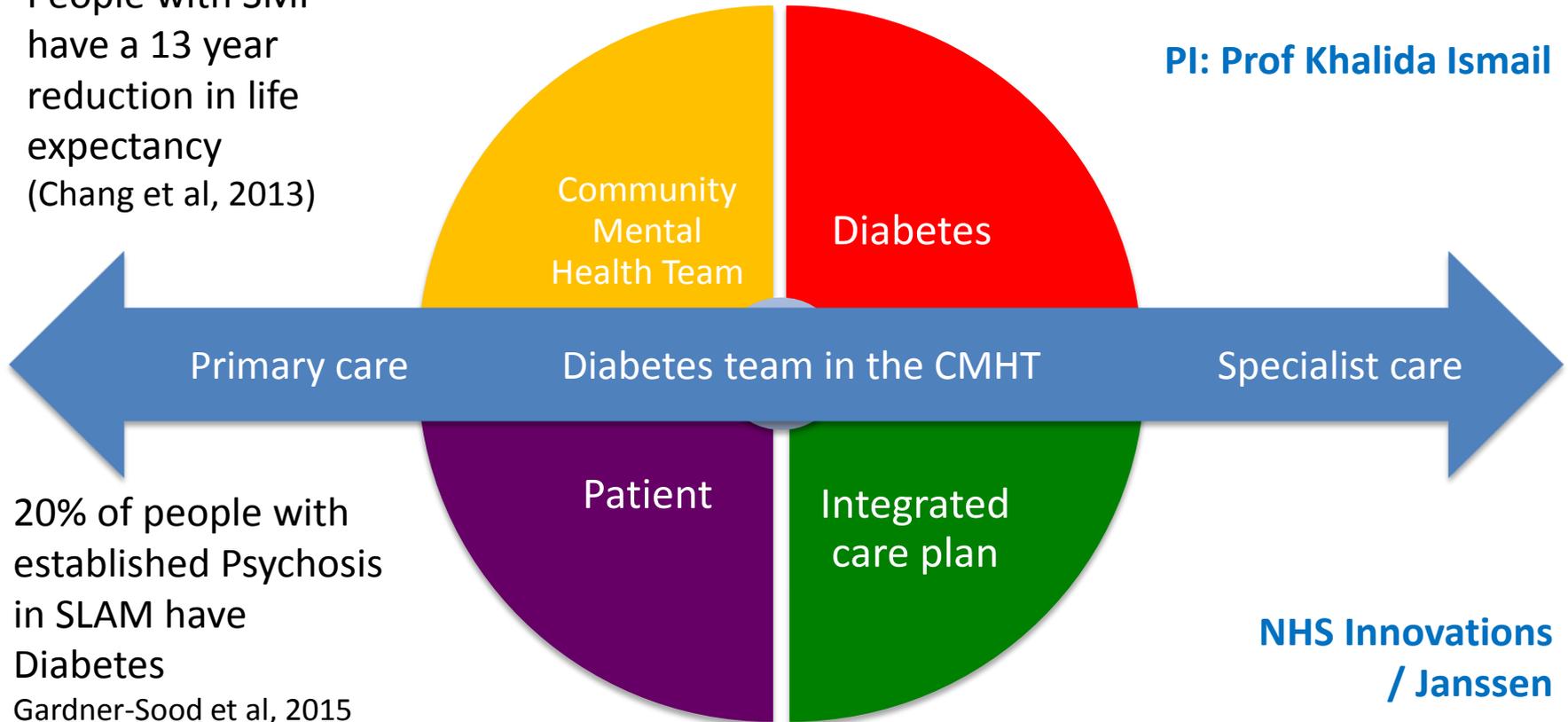
Health Foundation bid: 3DLC



Psychosis and Diabetes Service: PODS

People with SMI have a 13 year reduction in life expectancy (Chang et al, 2013)

PI: Prof Khalida Ismail



20% of people with established Psychosis in SLAM have Diabetes
Gardner-Sood et al, 2015

NHS Innovations / Janssen

Physical Health in SMI

- Lots of activity in KHP: opportunity for collaborative insights
- Relatively under-researched
- KHP uniquely placed to be the go-to Institution for researchers; basic scientists; clinicians; patients; carers; industry; service planners and government

RESEARCH ARTICLE

Open Access



Clinical correlates of vitamin D deficiency in established psychosis

J. Lally^{1,2}, P. Gardner-Sood¹, M. Firdosi³, C. Iyegbe¹, B. Stubbs^{4,5}, K. Greenwood⁶, R. Murray⁷, S. Smith⁷, O. Howes^{1,8} and F. Gaughran^{1,2*}

Abstract

Background: Suboptimal vitamin D levels have been identified in populations with psychotic disorders. We sought to explore the relationship between vitamin D deficiency, clinical characteristics and cardiovascular disease risk factors among people with established psychosis.

Methods: Vitamin D levels were measured in 324 community dwelling individuals in England with established psychotic disorders, along with measures of mental health, cardiovascular risk and lifestyle choices. Vitamin D deficiency was defined as serum 25-hydroxyvitamin D (25-OHD) levels below 10 ng/ml (equivalent to <25 nmol/L) and "sufficient" Vitamin D as above 30 ng/ml (>50 nmol/L).

Results: The mean 25-OHD serum level was 12.4 (SD 7.3) ng/ml, (range 4.0-51.7 ng/ml). Forty nine percent ($n = 158$) were vitamin D deficient, with only 14 % ($n = 45$) meeting criteria for sufficiency. Accounting for age, gender, ethnicity and season of sampling, serum 25-OHD levels were negatively correlated with waist circumference ($r = -0.220, p < 0.002$), triglycerides ($r = -0.160, p = 0.024$), total cholesterol ($r = -0.144, p = 0.043$), fasting glucose ($r = -0.191, p = 0.007$),

Joining the Dots

A multi-disciplinary community and academic network for research into Physical Health in Severe Mental Illness across King's Health Partners

- Hub linking **clinical and basic science researchers, clinicians, service planners and patients**
- Map **cross-disciplinary research**, resources
- Base for **shared academic approaches**
- **Knowledge & recruitment infrastructure** for partnerships with industry
- Establish biological, clinical, service **antecedents** to physical morbidity
- Support **translational interventions**, system transformation
- Knowledge & infrastructure to support **future research bids**

Joining the Dots: plans

Our Work

Mind and Body

Staff health and wellbeing

IMPARTS

Mind & Body education and training

Value Based Healthcare

Integrating Care

Public Health

Physical Health in Severe Mental Illness (SMI)

What is the problem?

Too many people with Severe Mental Illness suffer from poor physical health or die too early. A key objective of our Mind and Body programme is to find out more about why this happens and how we can improve things.



Research into the mental health of people with physical illness (academic liaison psychiatry) is a well-established field. Less advanced however is research into the physical health challenges faced by people with Severe Mental Illness (SMI).

- Ask interested people from each CAG to join the network and collaborate to produce evidence
- Build the web page within KHP to facilitate contact and collaboration
- Map current related academic activity across KHP
- Conference

Education, education, education ...

Mind & Body (Education): Striving for excellence in KHP

Dr Sean Cross, Chris Attoe

- Continuing Professional Development
- Postgraduate Training Schemes
- Undergraduate curriculums



On behalf of the King's Health Partners' **Mind & Body Programme Board**
Supported by the Education Academy's **Mind & Body (Education) Committee**

Next steps

Mind Body Programme Board re-launch 2016

Strategic and operational partnerships:

Mental Health to Acute

Acute to Mental Health

KHP Institutes

Ensuring secondary care initiatives align with the wider health economy in primary care, LCNs etc

If not here, then where?

Contact

sean.cross@kcl.ac.uk

fiona.p.gaughran@kcl.ac.uk

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



Ward twinning – a pilot project between acute and mental health trusts

Helen Day
Assistant Director of Nursing
King's College Hospital NHS Foundation Trust

#khp2016



Ward twinning pilot – acute elderly care ward @ King's and acute elderly care ward at The Maudsley

- **Aim:** to build a collaborative relationship between the 2 wards that improves multi disciplinary team competence and patient care against some key deliverables
- **Objectives:**
 - Mental health staff to be competent in essential skills in physical health
 - Physical health staff to be competent in essential skills in mental health
 - Availability of a multi disciplinary in reach service
 - Demonstrable improvements in key patient care metrics
- **Potential benefits and impact**
 - Improved patient experience
 - Reduction of avoidable harms - specific focus on continence and falls in mental health setting
 - Decreased attendance at ED (AL1 patients)
 - Decreased incidence of 'violent' patient episodes in general ward setting
 - Decrease in number of 'specials' requested in general setting
 - Decreased length of stay; overall and/or in the 'wrong' facility (measurable)

Background - KHP Mind and Body

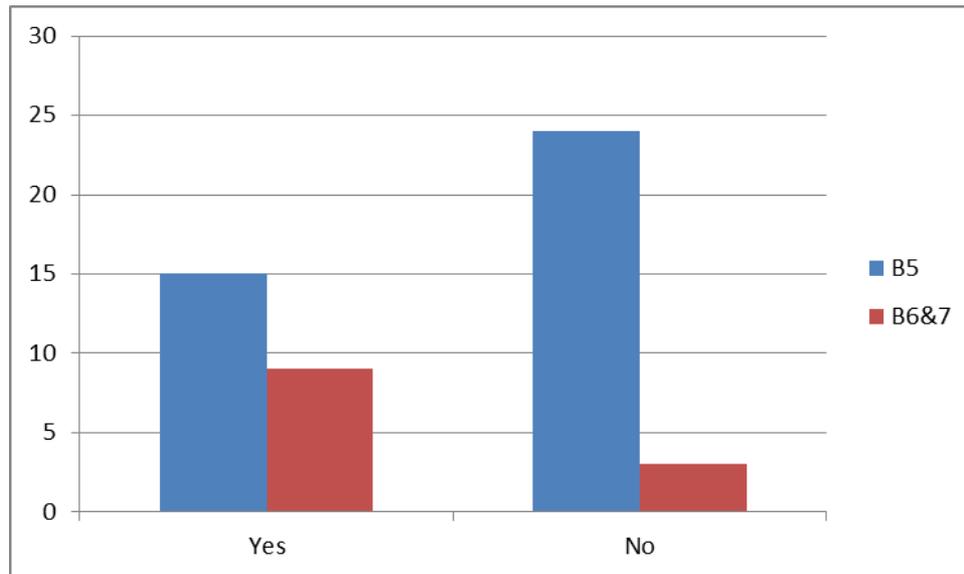
- Workforce need for teams with a wider skills-base - managing the needs of adults and older persons with co-existing physical and mental health problems and particularly complex care needs.
- Anxiety felt by general nursing staff caring for patients with mental health needs, particularly patients exhibiting aggressive behaviour - related mainly to lack of confidence and education
 - **Byron Ward: 24 datix incidents Oct 2015 – March 2016**
 - **Acute wards: 286 datix incidents Oct 2015 – March 2016**
- Increased use of ‘specials’ providing 1:1 care for patients with mental health disorders in the general setting . Increasing awareness of the need for this relationship to be therapeutic which is often not achieved if the ‘special’ is a ‘general’ nurse or worse, a security guard.
- Mental health nurses also describe anxiety when caring for patients with perceived complex physical health needs or those requiring interventions.



- Stress
- Poor patient experience?
- Compromised patient safety?
- Increased use of 'specials'/cost

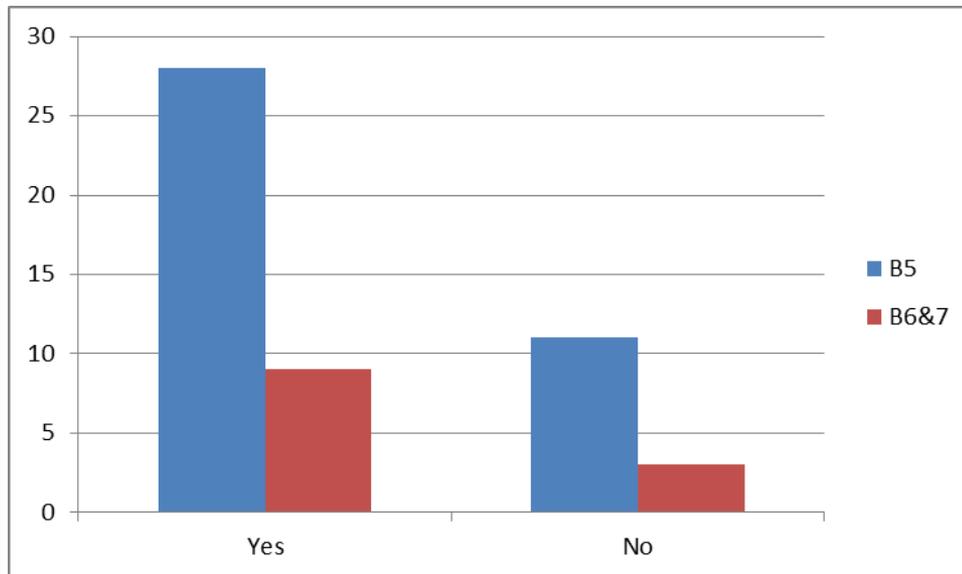
General nurses - Confident to care for patients with mental health disorders

N 51



'Pseudo confidence'
Quiet mental health
problems are easy?!
Tipping point –
aggressive behaviour

Would you ask the patient on admission about mental health?



...actually they just get asked standard question about mood and wellbeing, no respondent would ask specifically about mental health issues

Get to know each other



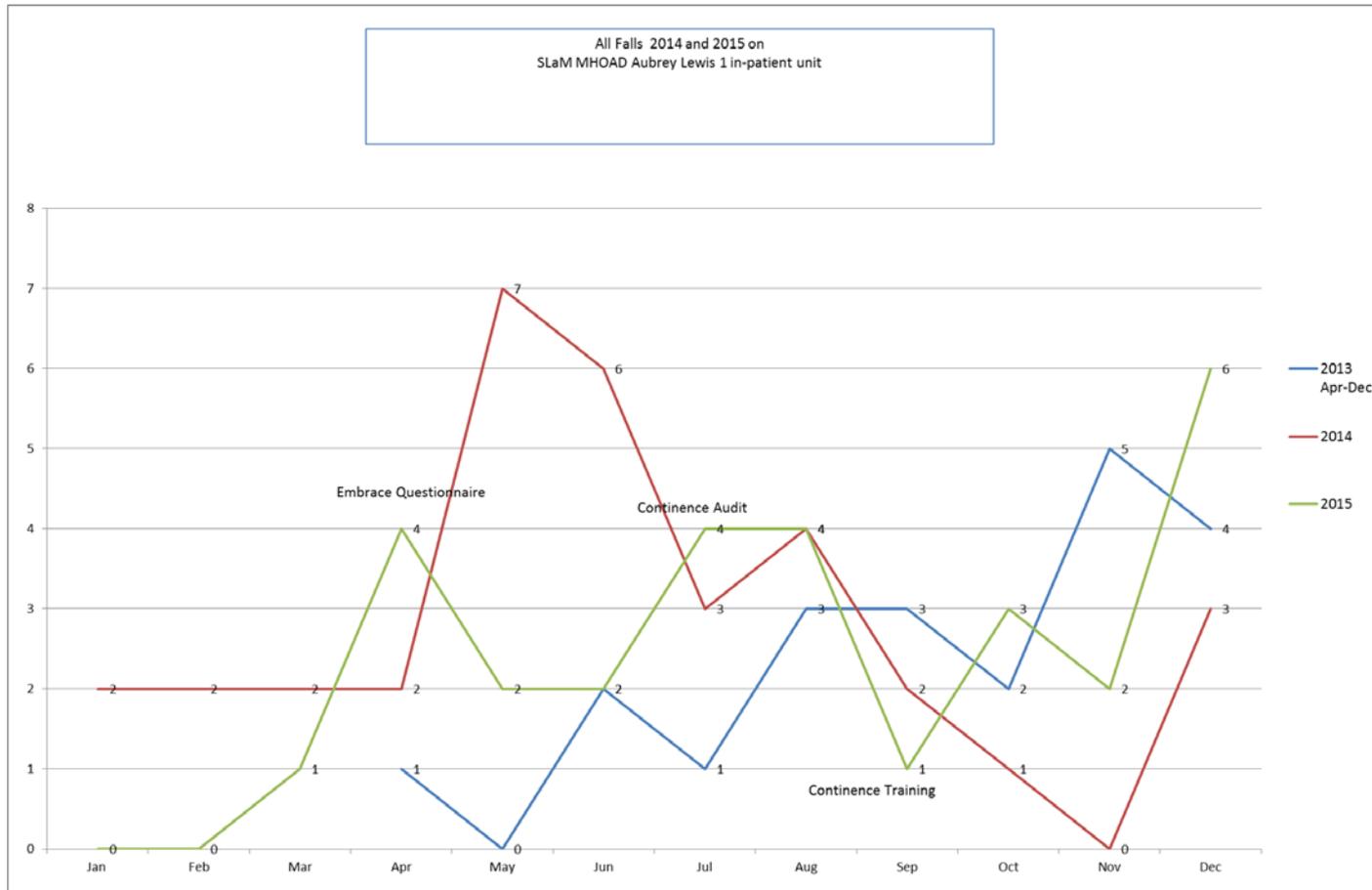
Continence – AL1

- AUDIT 1:
 - There were 20 (10 male and 10 female) inpatients and 8 of these patients were included in the audit as they had been identified with having urinary or faecal or double incontinence or had a catheter insitu.
 - 30 questions asked under 4 headings:
 - Management/assessment/investigations
 - Documentation
 - Equipment
 - Privacy & dignity
 - Training & education

Using
improvement
methodology
to educate and
test change

A Score of 80- 100%	excellent	1 patient
A Score of 50-80%	good	7 patients range 53-73%
A Score of 30-50%	poor	
A Score under 30%	needs improvement in all aspects of care	

Falls – AL1



In reach service

- Aim: to provide a MDT advice service between the 2 wards
- Pilot 1: 3 months with 2 ward managers
- Pilot 2: Therapists
 - Will enable trends to be identified **to allow** focus for future education
 - (using improvement methodology)

Education:

- Reciprocal – one hour per month, well received and evaluated
- Competency documentation
 - Co designed by 2 Practice Educators
 - Plan to pilot with 1 nurse per ward
 - Challenges: who will assess?
Develop train the trainer and consistent standards of assessment

Consultants:

- Consultant Gerontologist in KCH - point of contact for psychiatry trainees with an interest in undertaking some geriatric medicine training at KCH
- Consultant psychiatrist and Consultant Gerontologist both offering special interest sessions for higher care of the elderly and old age psych trainees.

Conclusion & Recommendations

- Working across boundaries has the potential to have a real and positive impact on patient care, teamwork and staff morale.
- If result are favourable there is potential to 'scale up' and influence wider strategic planning
- Conclude pilot in summer 2016, review, embed and replicate positive aspects

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



Improving value: the added value of partnership

Prof John Moxham

#khp2016



“It’s time for a fundamentally new strategy”.

At it’s core is maximising value for patients; that is, achieving the best outcomes at the lowest cost.

Failure to improve value, means failure.

Michael Porter and Thomas Lee. Harvard Business Review October 2013

$$\text{Value} = \frac{\text{Health outcomes that matter to patients}}{\text{Costs of delivering the outcomes}}$$

The most powerful way to drive costs down is to improve outcomes (early and correct diagnosis and treatment, fewer complications, faster and sustained recovery).

It is nice to compare yourself with others; the really important thing is to show how you are doing year on year.

Michael Porter, Harvard

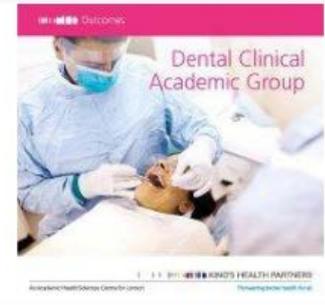
KING'S HEALTH PARTNERS

VALUE BASED HEALTHCARE STRATEGY

2016



KHP strongly believes that identifying , measuring, feeding back on and publishing outcomes drives a culture of improvement and increased value. This is why we are publishing Outcome Books for all 21 of our CAGs.



Feeding back to staff

Improved outcomes and increased value are delivered by clinical / managerial teams:

“Feedback of outcomes data to staff is critically important to driving improvement. Without feedback, staff are disengaged. Without feeding back to staff, the big cultural change necessary for VBHC will not take place. KHP believes that staff have a right – even a duty – to see the outcomes of their work presented to them.

“As with outcomes, staff have a right – even a duty – to see the costs of their work so they are able to improve their use of resources to increase value and support investment to improve outcomes.”

KHP VBHC Strategy, 2016

Next steps for joint working

- Improving outcomes and value year on year is very difficult – but it can be done
- The substantial variation of outcomes, costs, and value across the partners represents a huge opportunity for joint learning and improvement
- All Trusts have transformation programmes – more will be achieved if work is collaborative
- The KHP Leadership should now ask each CAG to work across trusts to transform key clinical pathways to achieve better outcomes and value

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



Empowering staff to improve patient care

Dr Matthew Patrick

Chief Executive, South London and
Maudsley NHS Foundation Trust



#khp2016

Context

- Financial and Operational Pressure
- Place-based planning, STPs and new models of care
- Increasing focus on outcomes and OBC
- Value based QI, the missing new model of care



South London and Maudsley Quality Programme

Delivering services that are safe, effective,
compassionate and high-quality.

IHI and Intermountain Partnership: What are we trying to achieve?

- Engagement of all staff in the pursuit of value and quality improvement
- IT, informatics and EPJ infrastructure that support useful information feedback
- Reduced unwarranted variations in care
- Standardised key operating processes



South London and Maudsley Quality Programme

Delivering services that are safe, effective,
compassionate and high-quality.

What are we actually doing?

- Enhanced Quality Improvement infrastructure
- Training and education with 'Buddy' staff teams
- Structured OD programme around the work
- Clinically led care pathway protocolisation
- Investment in key elements of Infrastructure – IT, Informatics and EPJ
- Developing SOPs
- Matching Trust-wide initiatives with local



What can quality improvement do for us?

- Enable all staff to design and deliver the highest quality care in partnership with the service users and carers
- Allows all staff to solve quality problems within their teams
- Encourage staff to continually add value to patient care, reducing inefficiencies
- Develop a singular, systematic approach to improving quality across the organisation
- Spread best practice and builds a learning process across the organisation



South London and Maudsley Quality Programme

Delivering services that are safe, effective,
compassionate and high-quality.



Newcastle University, *Anthrozoos*, Berg Publishing, November 27, 2008

Keltner, *Psychological Review*, Goleman, *Harvard Business Review*, Dec 2013.

Rise in ranks and gain power, their ability maintain personal connections suffers, psychic attrition, focus their gaze less on lower-ranking staff, more likely to interrupt and monopolize conversation



South London and Maudsley Quality Programme

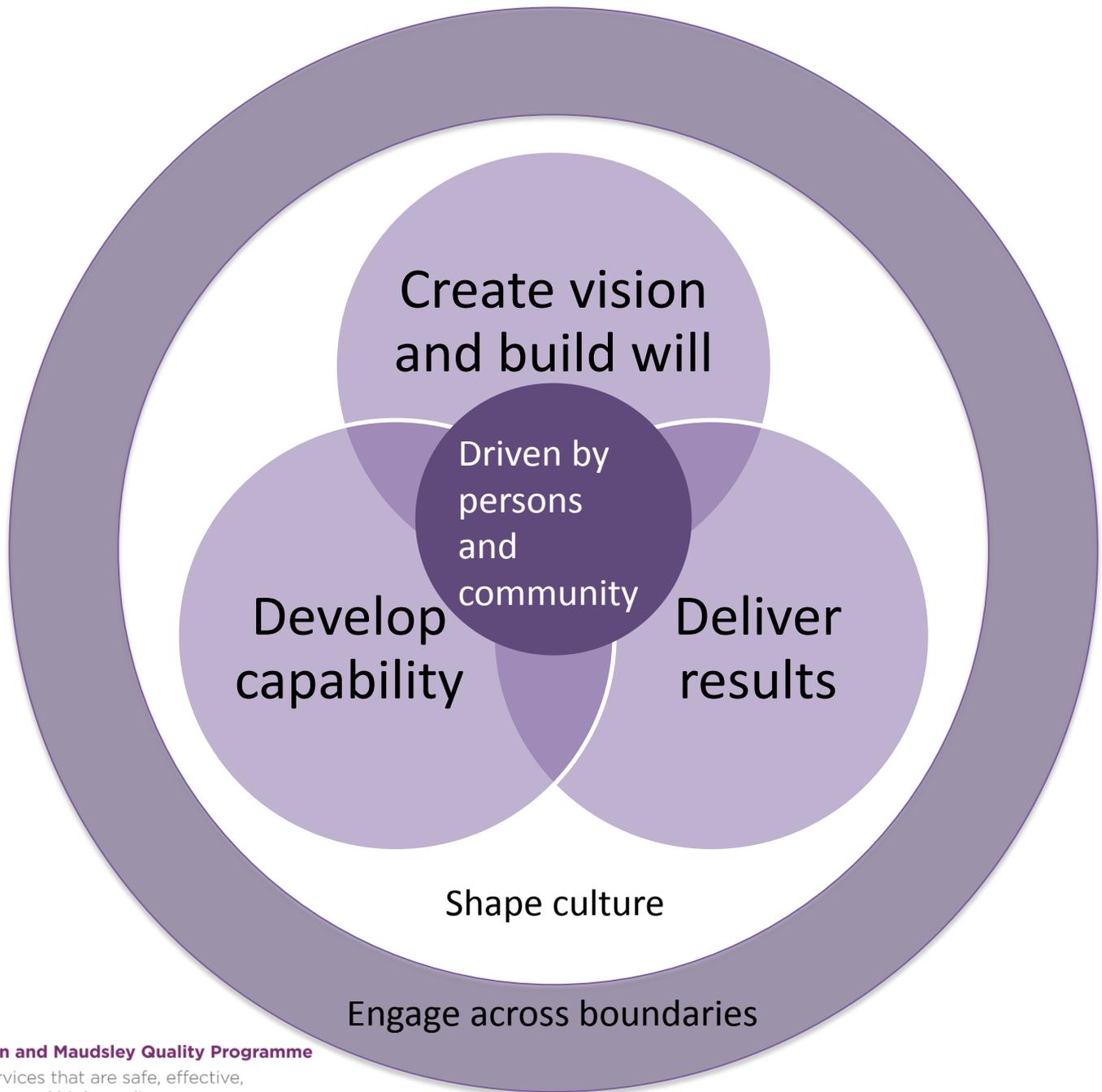
Delivering services that are safe, effective,
compassionate and high-quality.

High-impact leadership behaviours

What leaders do to make a difference

- | | |
|--------------------------|---|
| 1. Person-centeredness | <ul style="list-style-type: none"> • Be consistently person-centered in word and deed |
| 2. Front line engagement | <ul style="list-style-type: none"> • Be a regular authentic presence at the front line and a visible champion of improvement |
| 3. Relentless focus | <ul style="list-style-type: none"> • Remain focused on the vision and strategy |
| 4. Transparency | <ul style="list-style-type: none"> • Require transparency about results, progress, aims and defects |
| 5. Boundariless | <ul style="list-style-type: none"> • Encourage and practise systems thinking and collaboration across boundaries |





South London and Maudsley Quality Programme

Delivering services that are safe, effective, compassionate and high-quality.

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016



Pharmaceutical Sciences

Prof David Taylor
CAG Leader

#khp2016



Outcomes



Pharmaceutical Sciences

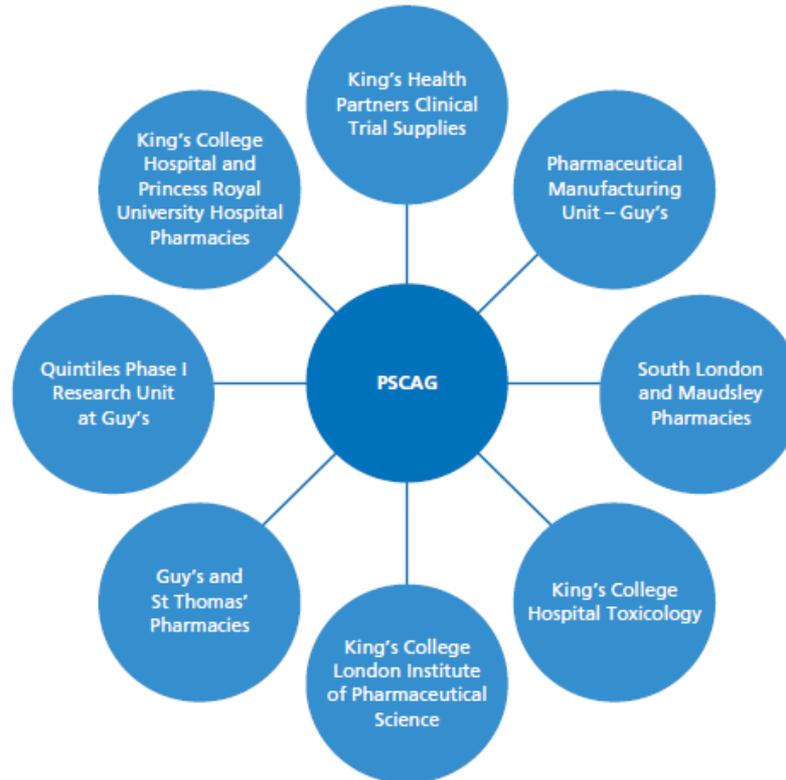
Clinical Academic Group

KING'S HEALTH PARTNERS

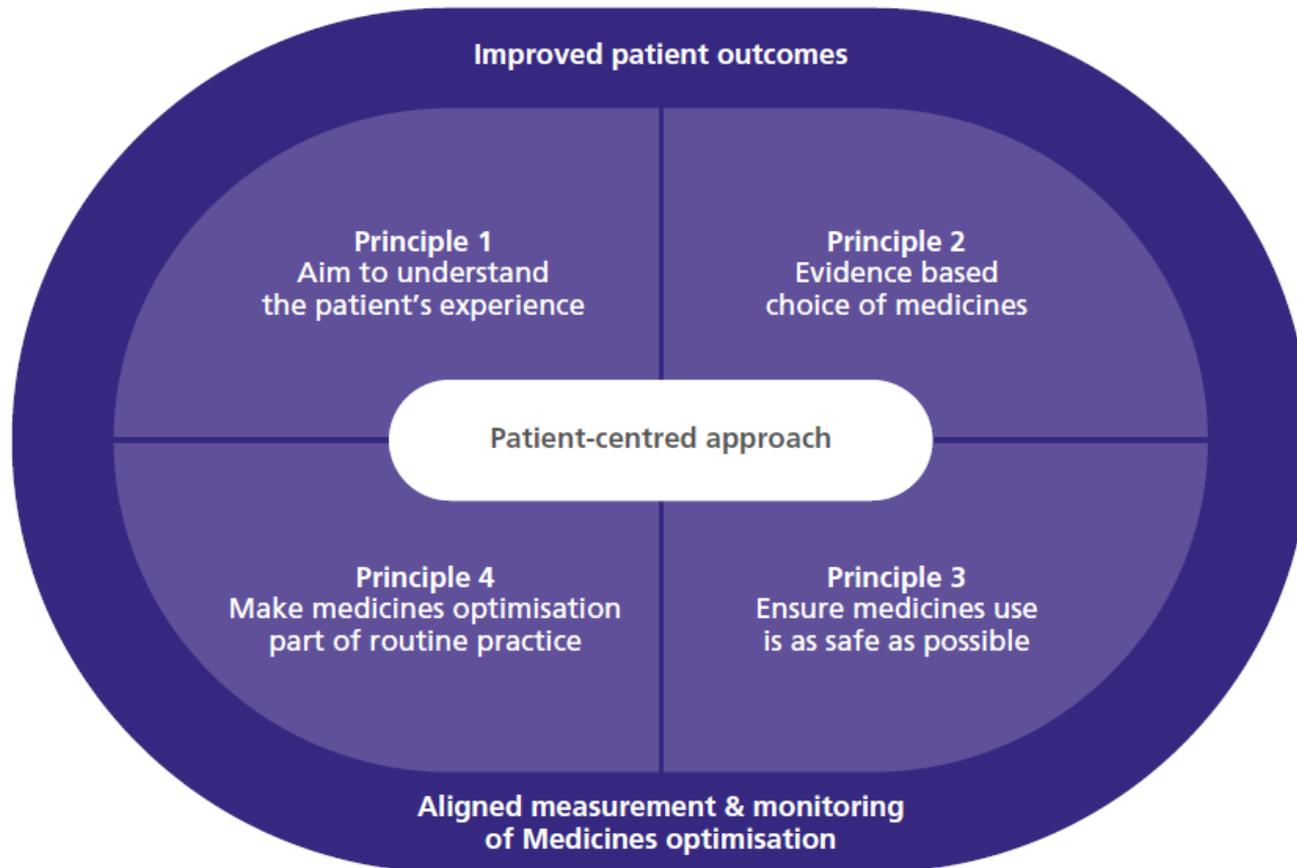
An Academic Health Sciences Centre for London

Pioneering better health for all

Pharmaceutical Sciences Clinical Academic Group key areas



Medicines Optimisation



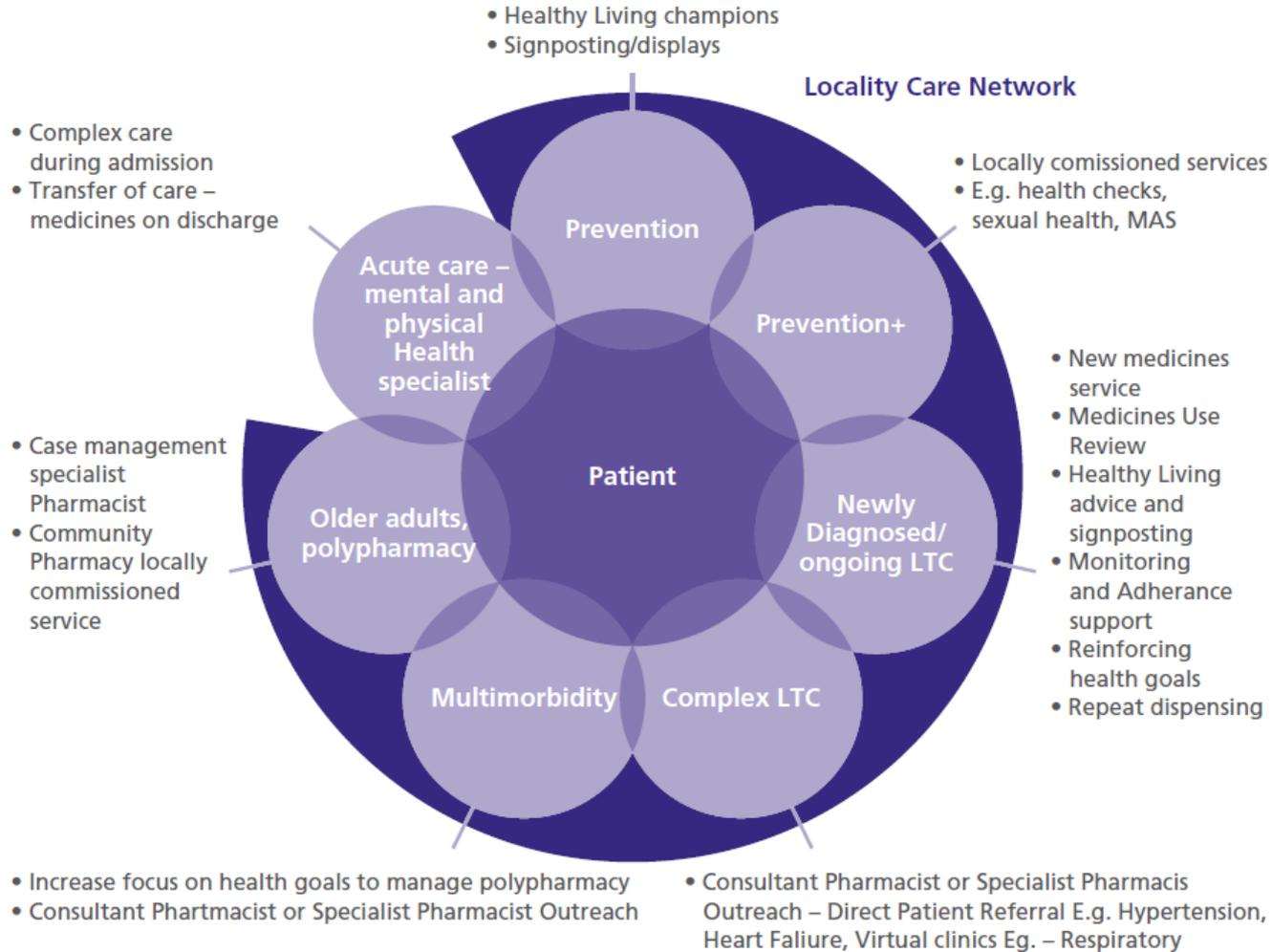
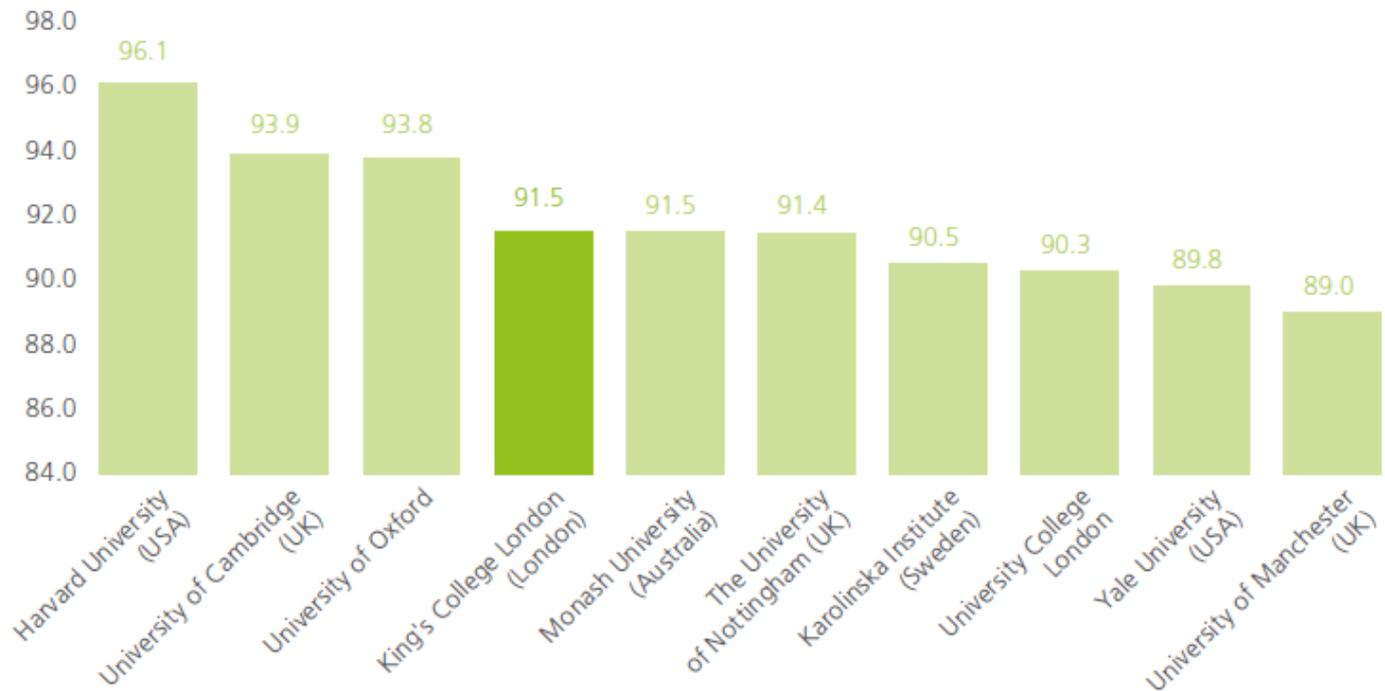


Figure 2 | Pharmacy and pharmacology world rankings 2016

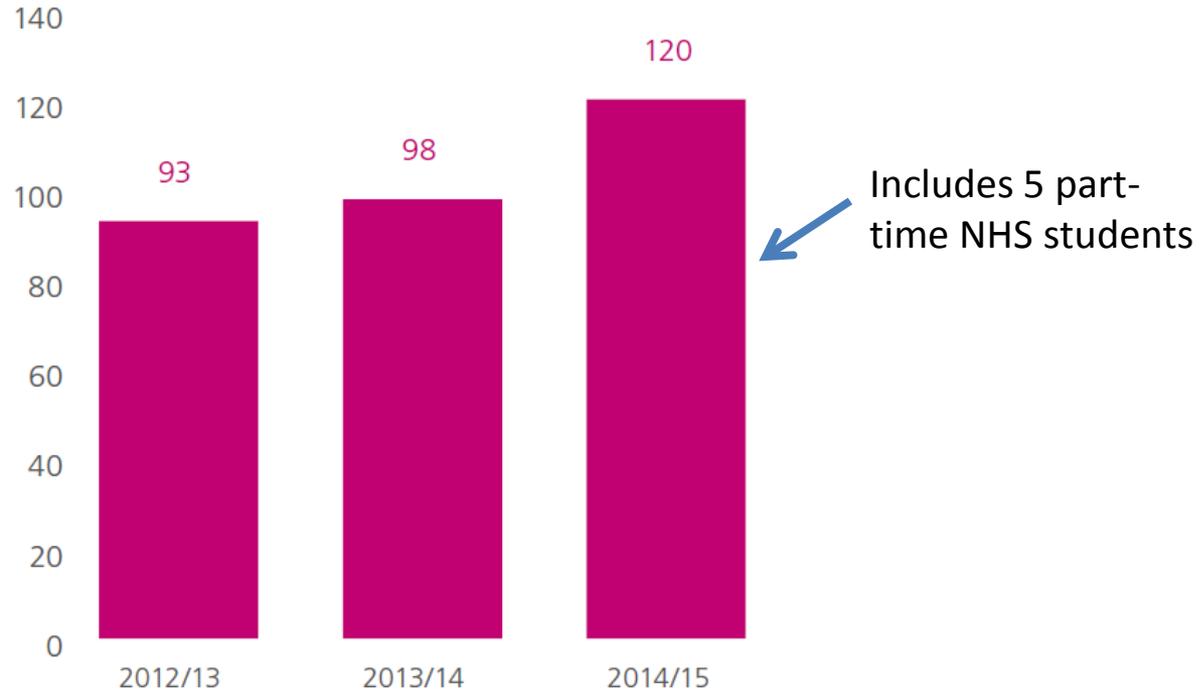


Source - QS University World Rankings

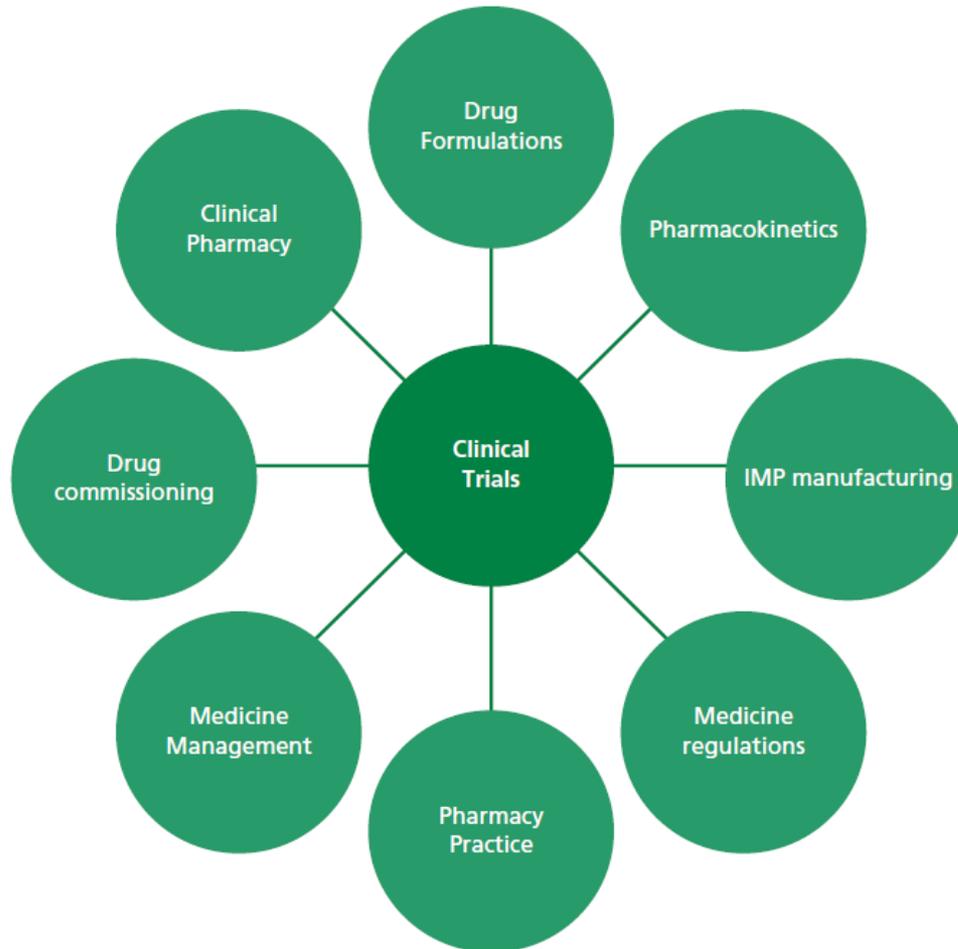
Student Satisfaction - KCL

- Medicine 65%
- Biochemistry 83%
- Biomedical Sciences 87%
- Pharmacy 92%

IPS PhD students

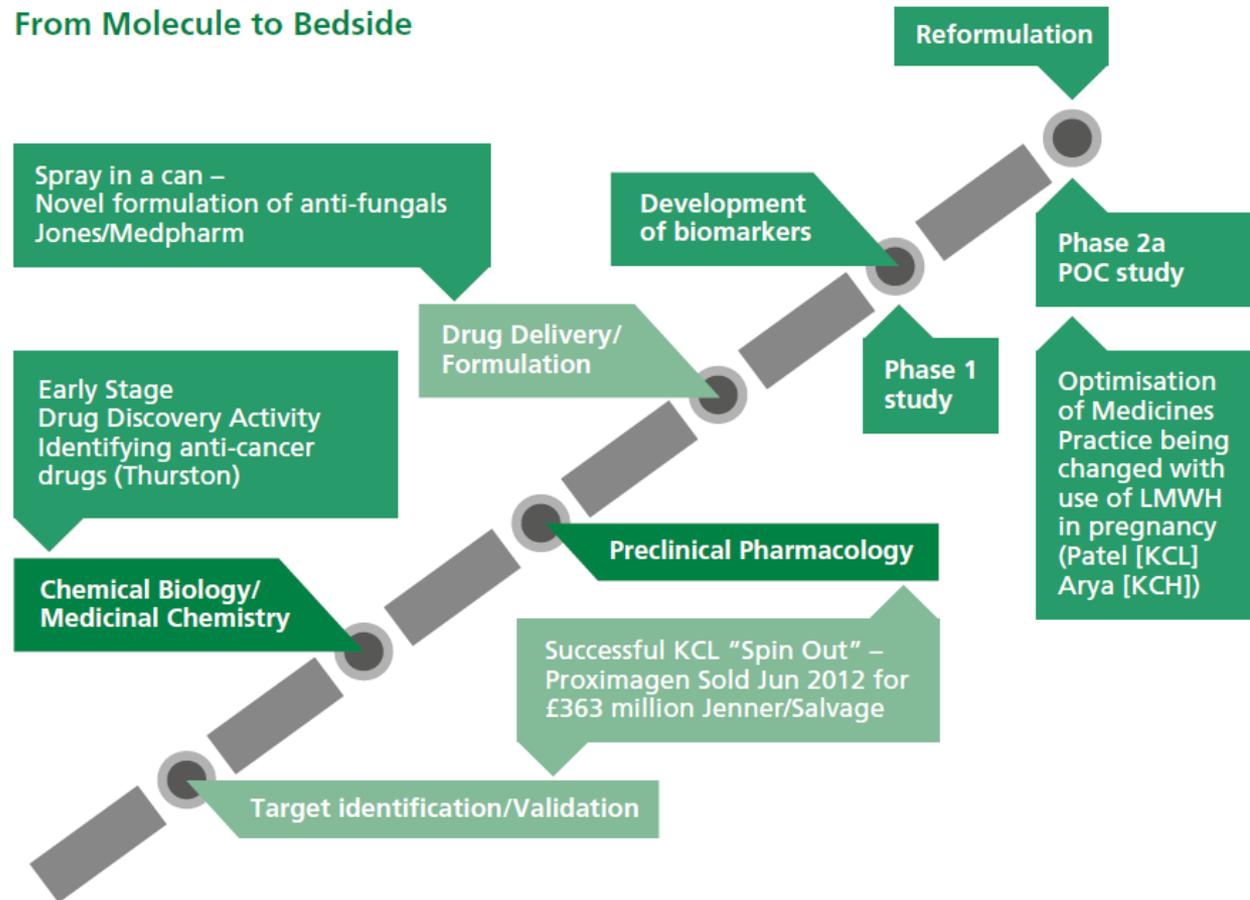


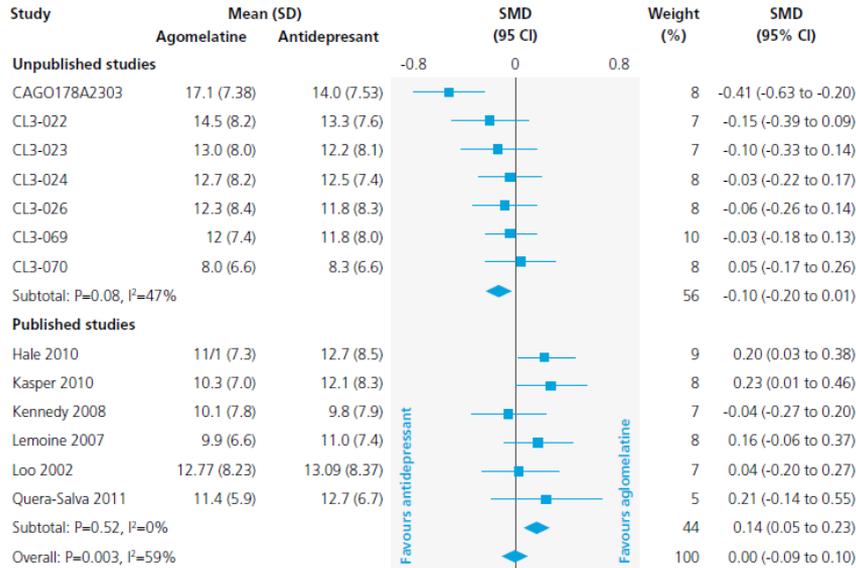
Research in PSCAG - Clinical



Research in PSCAG (cont)

From Molecule to Bedside



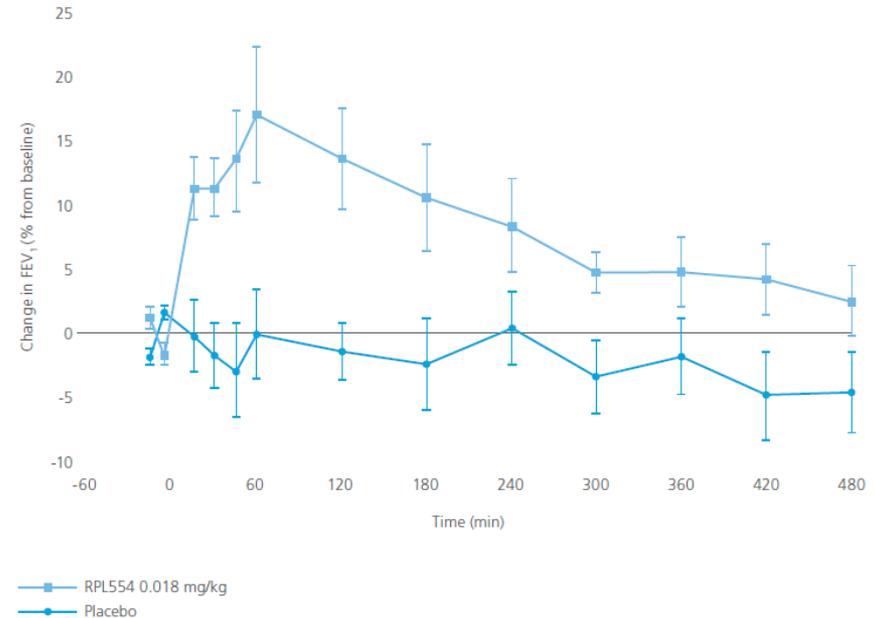


Note: weights are from random effects analysis

BMJ

Lancet Respiratory Medicine

Showing change in forced expiratory volume in 1s (FEV₁) after one inhaled dose of RPL554 (0.018 mg/kg) or placebo in patients with middle to moderate chronic obstructive pulmonary disease (study 3).



Source: www.thelancet.com/respiratory Published online October 25, 2013 [http://dx.doi.org/10.1016/S2213-2600\(13\)70187-5](http://dx.doi.org/10.1016/S2213-2600(13)70187-5)

“Our CAG has dissolved artificial boundaries between research, practice, teaching and training and between the NHS and academia. Clinicians teach. Researchers practise. Teachers research. Clinical practice is informed by our research. Our research is governed by the needs of practice. Our teaching and training are predicated on the latest research and current practice.”

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



KHP Cardiovascular Institute and Network Programme

Ajay Shah and Gerry Carr-White



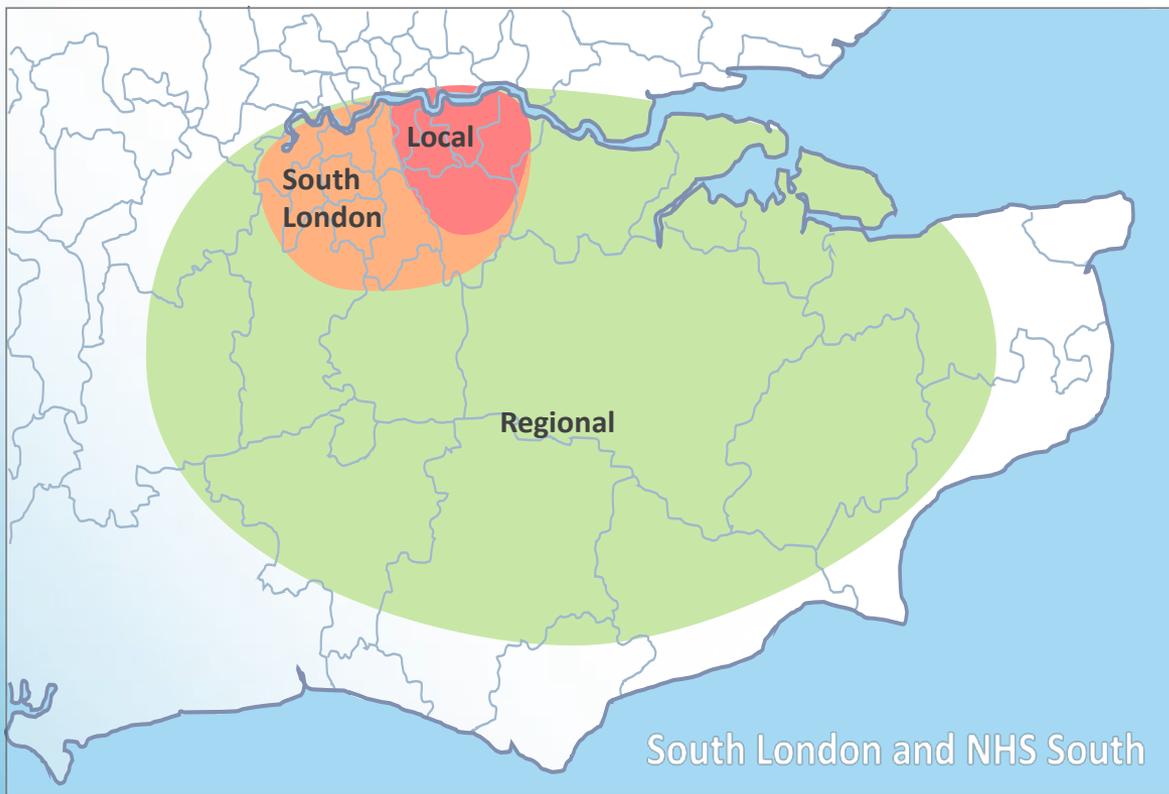
KHP Cardiovascular Institute - Vision

1. Integration of academic and clinical services and capabilities to establish a world-class Cardiovascular Institute
2. A specialist clinical-academic “hub” facility
3. The Institute as leader of a **cardiovascular network** across south London and beyond

Compelling clinical rationale for change

- **Deliver similar high standards of care regardless of geography**
- **Deliver services close to patients wherever possible – e.g. follow-up, simple diagnostics, pre-procedural assessments**
- **Rapid access to full range of specialist multi-disciplinary care/procedures (elective and emergency) whenever needed, with excellent outcomes**
- **Partnership of providers (primary/secondary/tertiary) to integrate care and drive up standards**
- **Maximise overall efficiency and cost through a value-based health care approach**

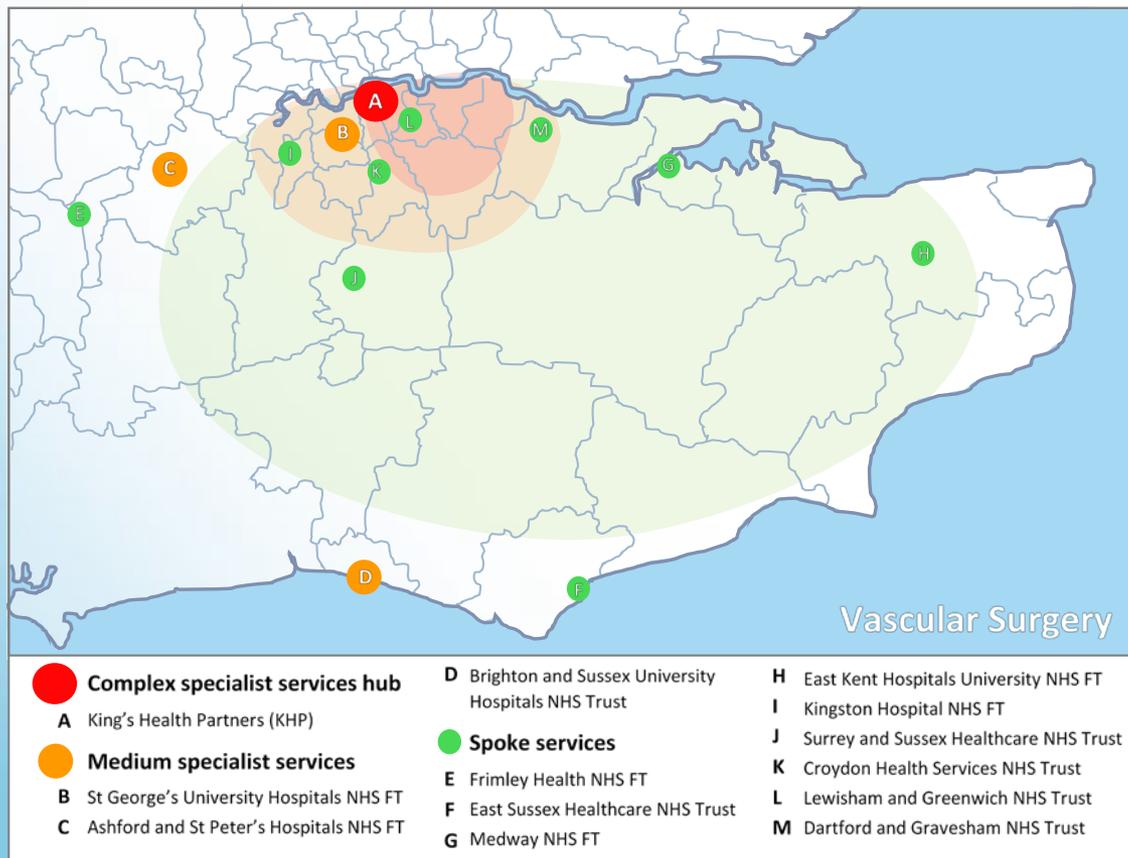
Potential KHP CV Institute Network



- **Local.** Transformation in organisation and delivery of simple and complex cardiovascular services, leading to step-change in quality and outcomes.
Example: Heart failure
- **Regional.** KHP system leadership for specialist cardiovascular services in NHS South catchment.
Example: Vascular surgery

- **Similar high standards of care for entire population regardless of geography**
- **Clinical scale surpassing other centres**
- **Embedding research in an entire network**

Potential KHP CV Institute Network – Vascular Surgery



KHP is largest vascular surgery provider in the UK and the commissioned network centre for SE London and NE Kent.

Hub-and-spoke model

- Full range of 24/7 complex services at hub
- Medium-size / small spokes: simpler in-patient services, pre- and post-op assessments / follow-up, diagnostics (multi-disciplinary teams, specialist nurses)
- Equal access to complex procedures and emerging innovations for all patients
- Large population research base

Source: Cardiovascular Programme team

South East Heart Failure Network – partnership with local CCGs

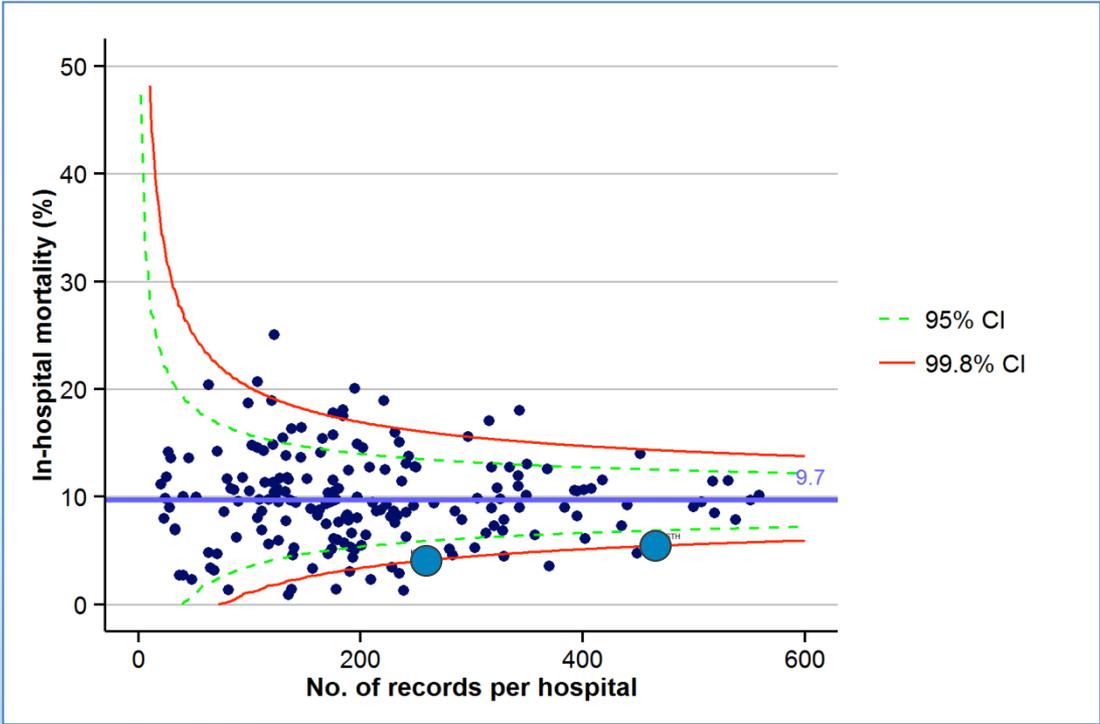
Implementation phases

- Phase 1. Harmonisation of the acute pathway for HF (across GSTT and KCH)
- Phase 2 (funded by the British Heart Foundation). Integration of community heart failure services
- **Phase 3 (funded by the GSTT Charity). Establishing a network model of care in Lambeth and Southwark**
- Phase 4. Roll out across SE London as part of commissioner plans for Our Healthier South East London
- Phase 5. Wider system leadership role focusing on tertiary hub & spoke services (Kent pilot)

Phase 1: Harmonisation of Acute pathway

Common pathways and protocols / Joint MDTs

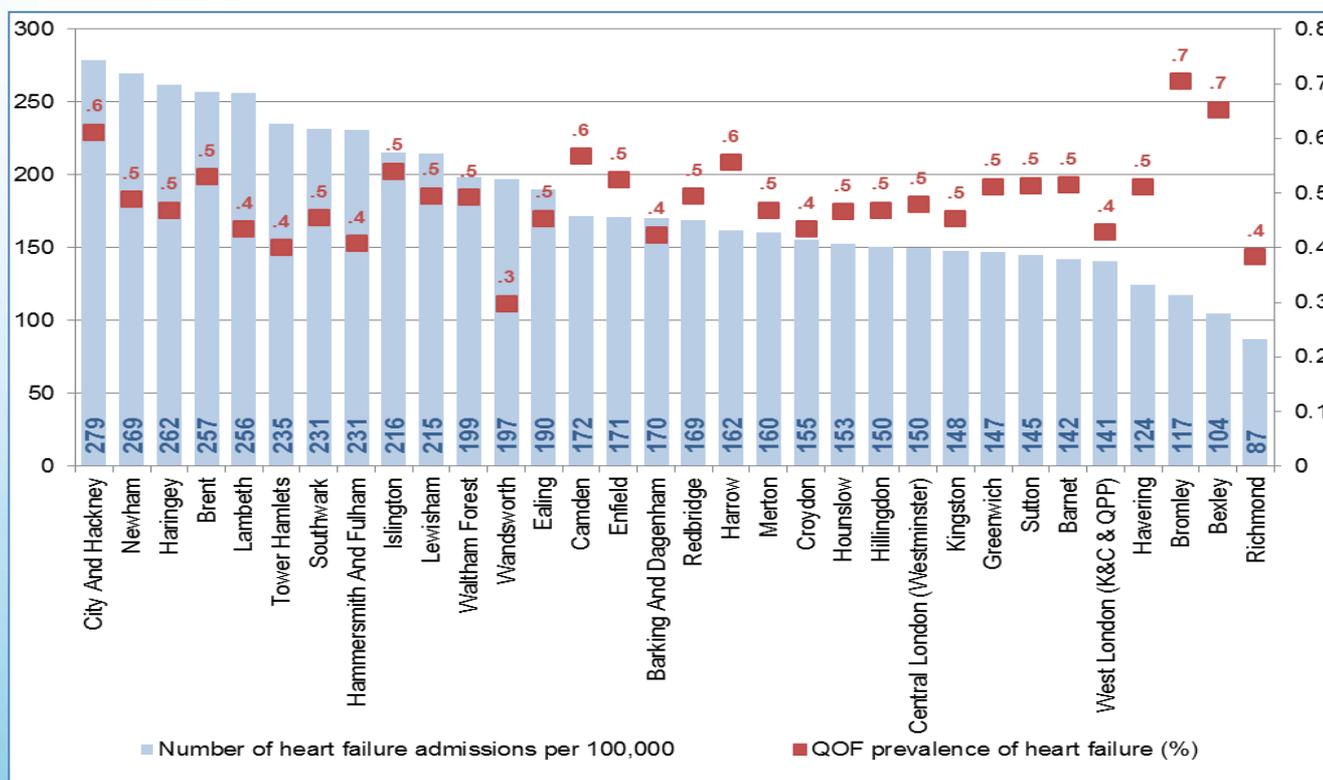
Cross site clinical research comparing models of care



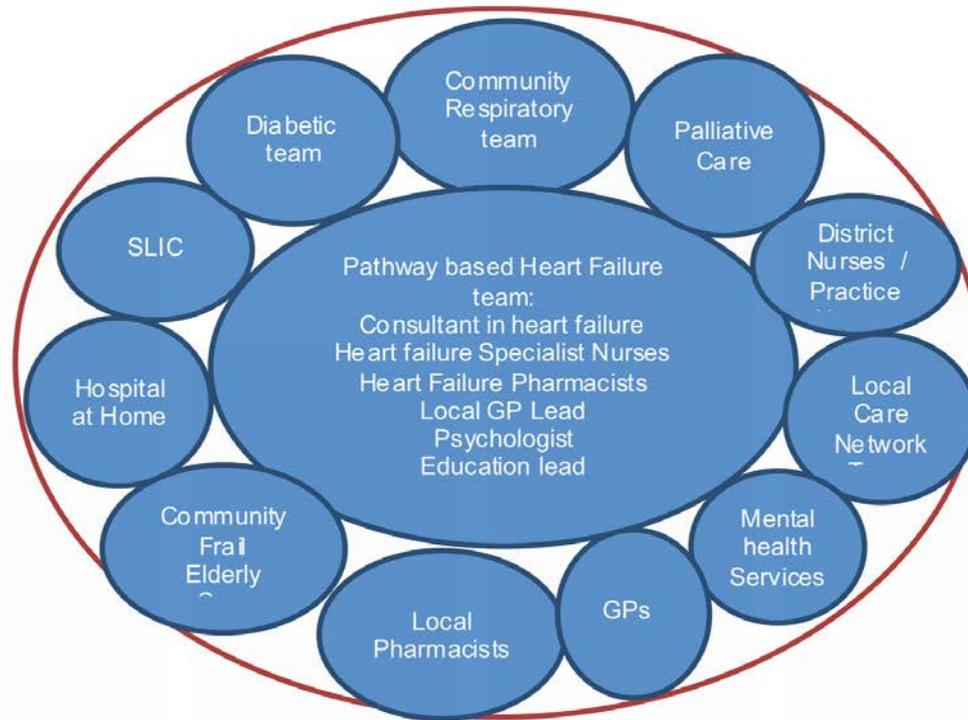
Phase 2: Integration of Community Heart failure Services

All Heart failure nurses under community directorate

BHF sponsored service review



Phase 3: South East Heart Failure Network Partnership with local CCGs



Home GP Practice A and E Acute Admission Outpatients

Source: GSTT heart failure service, April 2016

Phase 4: Healthier SE London

Patient sees GP with cardiac complaint

HEART FAILURE

CHEST PAIN

POST MI

ATRIAL FIBRILLATION OR
FLUTTER

VASCULAR PREVENTION

NON AF ARRHYTHMIA

VALVE DISEASE AND
MURMURS

SPECIALIST CLINICS

Phase 5: Kent Hub and Spoke

Overarching governance

Locally interested consultants

Virtual MDTs

Inherited Cardiac Disease

Cardio – Oncology

Pulmonary Hypertension

Complex Devices

ACHD

Conclusions

- **An ambitious and unique network model**
- **True joint working and cross-organisational collaboration**

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



Institute of Haematology

Professors Claire Harrison & Tony Pagliuca

#khp2016



Established Leaders in Haematology

- Integrated Clinical and Research Programme-
 - 'real-life' Bench  Bedside.
 - Rapid translation of novel research to clinical trials
- Desire and Commitment to Achieve



Academic Excellence

- REF: 34% "World Leading" 66% "Internationally Excellent".
- 5 LLR & 1 CRUK Specialist Programme grants
- **£51 m** active Grant Income
- >80 Phase I-IV Clinical Trials



The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 MARCH 1, 2012 VOL. 366 NO. 9

ESTABLISHED IN 1812 MARCH 1, 2012 VOL. 366 NO. 9

JAK Inhibition with Ruxolitinib versus Best Available Therapy for Myelofibrosis

Claire Harrison, D.M., Jean-Jacques Kiladjian, M.D., Ph.D., Haifa Kathrin Al-Ali, M.D., Heinz Gisslinger, M.D., Roger Waltzman, M.D., M.B.A., Viktoriya Stalbovskaya, Ph.D., Mari McQuitty, R.N., M.P.H., Deborah S. Hunter, Ph.D., Richard Levy, M.D., Laurent Knoops, M.D., Ph.D., Francisco Cervantes, M.D., Ph.D., Alessandro M. Vannucchi, M.D., Tiziano Barbui, M.D., and Giovanni Barosi, M.D.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Ibrutinib versus Ofatumumab in Previously Treated Chronic Lymphoid Leukemia

J.C. Byrd, J.R. Brown, S. O'Brien, J.C. Barrientos, N.E. Kay, N.M. Reddy, S. Coutre, C.S. Tam, S.P. Mulligan, U. Jaeger, S. Devereux, P.M. Barr, R.R. Furman, T.J. Kipps, F. Cymbalista, C. Pocock, P. Thornton, F. Caligaris-Cappio, T. Robak, J. Delgado, S.J. Schuster, M. Montillo, A. Schuh, S. de Vos, D. Gill, A. Bloor, C. Dearden, C. Moreno, J.J. Jones, A.D. Chu, M. Fardis, J. McGreivoy, F. Clow, D.F. James, and P. Hillmen, for the RESONATE Investigators*



ORIGINAL ARTICLE

A Multinational Trial of Prasugrel for Sickle Cell Vaso-Occlusive Events

Matthew M. Heeny, M.D., Carolyn C. Hoppe, M.D., Miguel R. Abboud, M.D., Baba Inusa, M.D., Julie Kanter, M.D., Bernhards Ogutu, M.D., Ph.D., Patricia B. Brown, R.N., Lori E. Heath, M.S., Joseph A. Jakubowski, Ph.D., Chunmei Zhou, M.S., Dmitry Zamoryakhin, M.D., Tsiri Agbenyega, M.B., Ch.B., Ph.D., Raffaella Colombatti, M.D., Ph.D., Hoda M. Hassab, M.D., Videlis N. Nduba, M.B., Ch.B., M.P.H., Ph.D., Janet N. Oyioko, M.D., M.Med. (Peds), Nancy Robitaille, M.D., Catherine I. Segbefia, M.B., Ch.B., and David C. Rees, F.R.C.P., for the DOVE Investigators*
N Engl J Med 2016; 374:625-635 | February 18, 2016 | DOI: 10.1056/NEJMoa1512021

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Assessment of Minimal Residual Disease in Standard-Risk AML

Adam Ivey, M.Sc., Robert K. Hills, D.Phil., Michael A. Simpson, Ph.D., Jelena V. Jovanovic, M.Sc., Amanda Gilkes, M.Sc., Angela Grech, B.A., Yashma Patel, M.Sc., Neesa Bhudia, M.Sc., Hassan Farah, B.Sc., Joanne Mason, B.Sc., Kerry Wall, Ph.D., Susanna Akiki, Ph.D., Michael Griffiths, B.Sc., Ellen Solomon, Ph.D., Frank McCaughan, Ph.D., David C. Linch, F.Med.Sci., Rosemary E. Gale, Ph.D., Paresh Vyas, Ph.D., Sylvie D. Freeman, D.Phil., Nigel Russell, M.D., Alan K. Burnett, M.D., and David Grimwade, Ph.D., for the UK National Cancer Research Institute AML Working Group
N Engl J Med 2016; 374:422-433 | February 4, 2016 | DOI: 10.1056/NEJMoa1507471

The NEW ENGLAND JOURNAL of MEDICINE

Stem Cell Transplantation

- Largest UK Adult Service
- Leaders in Haploidentical and Cord Blood SCT
- Novel Transplants: AID; SCD; Cerebral Lymphoma
- MSC

Red Cell Disorders

- Comprehensive Sickle Cell Centre
- Largest SCD Trial Portfolio
 - Red Cell Membrane Reference Centre
 - Gene Therapy (Blubird Bio)
 - SCT

Myeloproliferative Neoplasms

- Largest National Service with global reputation
- Extensive clinical trial portfolio (I-IV)
- Novel Therapeutics e.g.
 - PRM-151
 - Intelstat

Thrombosis & Haemostasis

- National Haemophilia Centre
- Pivotal Research e.g. Trauma
- Exemplar Centre for Thrombosis

Porphyria

- Nationally Commissioned
- Comprehensive Diagnostics
- RNAi therapeutic Approaches
 - Silencing of hepatic ALAS-1

Bone Marrow Failure

- International Referral Service
- Largest in UK; Pivotal Research



PNH

- Nationally Commissioned Service
 - Novel Oral Complement Inhibitor Trials

Haematology Institute

Excellence Through Innovation



INTEGRATION TO DRIVE FORWARD GLOBAL SUCCESS

Leadership across network and beyond



The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



KHP Neurosciences Institute

Mark Richardson

Vice Dean for Neuroscience, KCL

Jo Jarosz

Clinical Director, Neuroscience, KCH

Joint Leads, Neurosciences CAG

#khp2016



KHP Neurosciences Institute

- Maximise recovery from neurological injury and illness
- Reverse and prevent later life neurodegeneration and dementia
- Ensure the brain of every person develops optimally, and remains healthy throughout life
- Embed parity of esteem for mental and health and physical health care in the screening, diagnosis, treatment and rehabilitation of the whole person
- Lead in key areas of research and education to drive this mission

Component parts



Current highlights

- KCH Stroke Unit consistently top 3 in the UK; PRUH Stroke Unit turned around from 60th to 2nd
- One year survival of brain tumour best in England
- Survival from head injury is equal 1st in England
- Standardised Hospital Mortality Index well below predicted

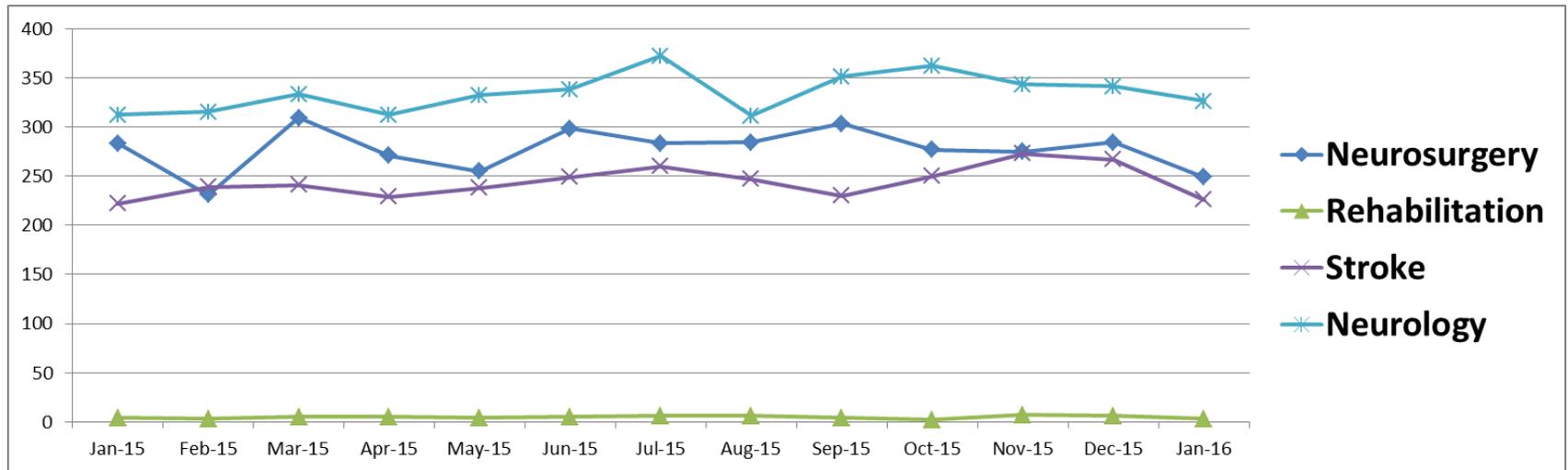
- KCL Neuroscience in world top 20
- £200million in active research grants
- MRC £3.5m “bench to bedside” to understand pain
- MRC Centre in Neurodevelopmental Disorder

- World-leading neuroimaging and EEG

KHP Neurosciences Institute - future

- The leading centre in the world for experimental medicine research in neurological disorders
- The leading centre in the UK, and amongst the world's best, in Neurorehabilitation
- The leading centre in the UK, and amongst the world's best, in clinical Neuroimaging and clinical EEG
- Globally leading in elements of our large-volume clinical services
- Recognised global leaders in smaller-volume tertiary services

Neurorehabilitation: the need and opportunity

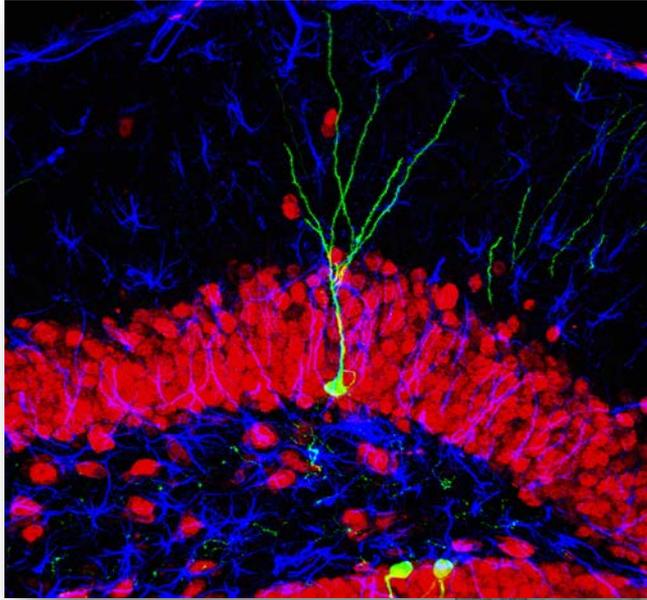


- Greatly underprovided
- Crucial to enhance recovery, employability etc
- Key opportunity to span mind-body interface, obvious benefit
- Plays to strengths of research context

Challenges ahead

- Enable patient flows through developing pathways and tackling capacity roadblocks
- Develop an ambitious rehabilitation agenda
- Develop a full suite of outcome metrics across neuroscience
- Become the world's leading centre in experimental medicine research in neurological disorders
- Expand and develop the clinical-academic workforce
- Work to commission fully integrated mental-physical services
- Become the most highly-rated UK centre to train in clinical specialties and basic neuroscience
- Transform our research and services, through developing informatics

KHP Neurosciences Institute



The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



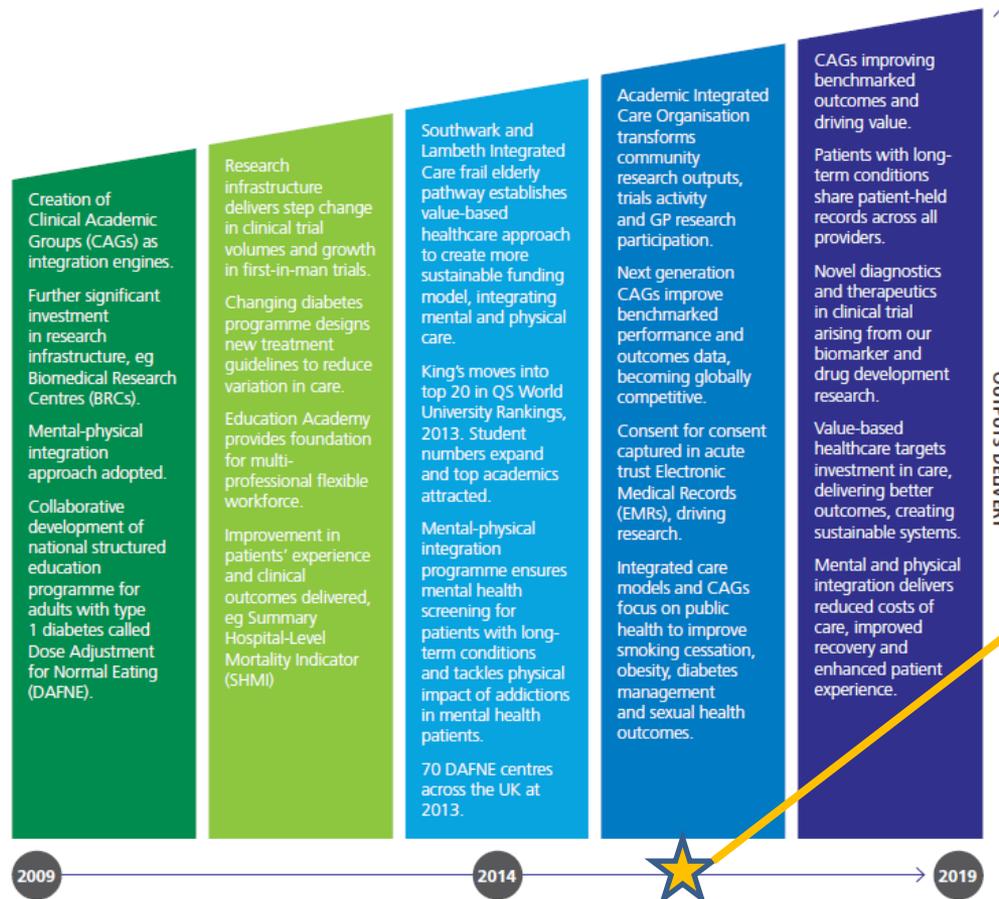
Next steps for King's Health Partners

2016 annual conference



2015/16

2nd annual report just submitted from
2nd five year accreditation period



2009 – 2016: our progress

KING'S HEALTH PARTNERS: SYSTEM LEADERSHIP, SUPPORT AND TRANSFORMATION
Catalyst for change, empowering systems

Where we are now?

Research

- we are now 8th in the world in university rankings for Clinical, Pre-clinical and Health (THE)
- but
- the impact of our research needs to improve (REF 2014)

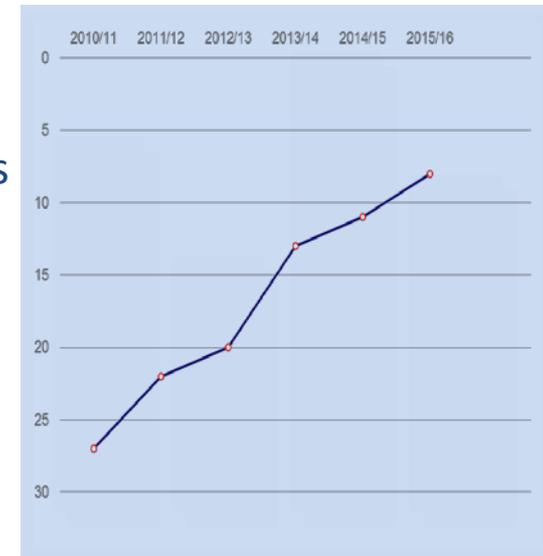
Clinical

- we are delivering a range of pioneering specialist clinical services underpinned by ground-breaking science
- but
- we have only attempted consolidation of a limited number of services

Education

- we have a new MBBS curriculum and psychology undergraduate course and increased admissions
- but
- our student satisfaction scores are poor in medicine and nursing

THE World University Rankings in Clinical, Pre-clinical and Health subjects



Integrated working

- Some service consolidation attempted (BMT, vascular)
- Joined up neuro-rehab service between three trusts
- OECI Comprehensive Cancer Centre status awarded
- Fundraising team working on behalf of four organisations
- Institutes programme launched



BUT: limited consolidation attempts, better integration of academic and NHS workforce needed, not marketing joined-up KHP education offer

Mind and Body

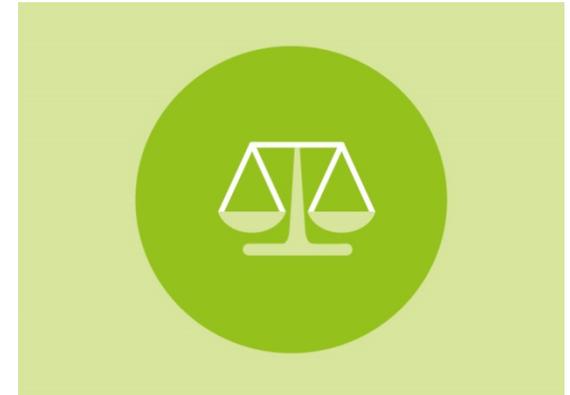
- IMPARTS
 - 28 services live, 9,500 patient screened, 17,700 screenings
 - being introduced into SLaM to improve physical health of patients
 - BMJ award for dermatology team for providing holistic care using model
- Innovative ward-twinning project between KCH and SLaM to increase staff capability and confidence and patient experience
- Funding awarded for pioneering mind and body LTC programme (3DLC)



BUT: limited commissioning of joined up services, excellence happening in pockets not widespread, still too much separation

Value based healthcare

- New strategy providing direction
- 8 Outcomes Books published
- Funding awarded for pioneering mind and body LTC programme (3DLC)
- King's Improvement Science leading quality improvement projects
- SLaM launched QI programme



BUT: limited exposure of variation in outcomes and development of integrated strategies to reduce it, 13 Outcome Books not yet published

Informatics

- Joined up electronic patient records across our partner NHS Trusts and all GPs in Lambeth and Southwark
- Trusts working together to establish common priority areas to take forward together
- New Centre for Transformational Informatics planned (CTI)
- myhealthlocker 2.0 in development
- DigitalHealth.London & Accelerator launched



BUT: no common informatics platform, different electronic patient record systems

Public Health and Integrated Care

- Alcohol and tobacco strategies:
 - Smoking ban in place across trusts and working with KCL to extend to university
 - New four-way partner project to reduce the high number of frequent re-admissions to our partner trusts caused by alcohol misuse
- Plans progressing for Institute of Urban Population Health
- SLIC achieved some success in specific programmes (awaiting formal evaluation)



BUT: still a huge amount more to do on both integration and prevention agendas

Developing an institute programme

Our vision is to work collectively to:

- support all our major sites to continue as thriving, complementary clinical academic campuses
- develop clinical academic networks across South London and beyond, centred on hubs of innovation
- establish new models of care that address the sustainability challenge
- achieve world-class outcomes through integration of healthcare, research and education
- develop new ways of uniting mental and physical health to transform local care outcomes, patient experience and wider models of integrated care.

Working with our local partners



An Academic Health Sciences Centre for London

Pioneering better health for all

The success of much of our work is contingent on our continued excellent and productive relationships with our local partners, including:

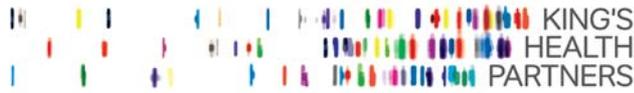
- Health Innovation Network South London (AHSN)
- CCGs, health and wellbeing boards and patient organisations
- Guy's and St Thomas', King's College Hospital and Maudsley Charities
- Children and Young People's Health Partnership
- Health Education South London
- CLAHRC South London and King's Improvement Science
- London-wide AHSCs, AHSNs, Med City and Francis Crick Institute
- NHS England London Region



External competition



Poised to make real progress:



An Academic Health Sciences Centre for London

Pioneering better health for all

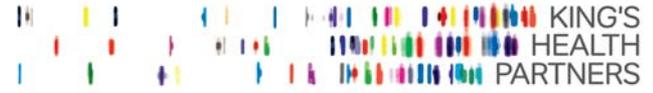


Guy's and St Thomas' 
NHS Foundation Trust

King's College Hospital 
NHS Foundation Trust

South London and Maudsley 
NHS Foundation Trust

Poised to make real progress:

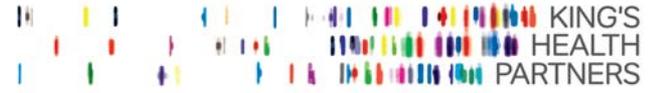


An Academic Health Sciences Centre for London

Pioneering better health for all

- Pioneering developments in several fields including advanced therapeutics

Poised to make real progress:



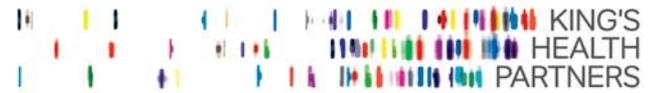
An Academic Health Sciences Centre for London

Pioneering better health for all

- Pioneering developments in several fields including advanced therapeutics
- A suite of innovative institutes delivering networked care across a wide geography, impacting on population health



Poised to make real progress:

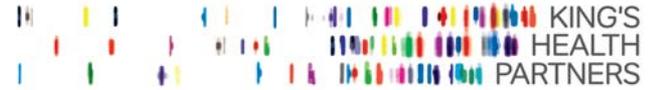


An Academic Health Sciences Centre for London

Pioneering better health for all

- Pioneering developments in several fields including advanced therapeutics
- A suite of innovative institutes delivering networked care across a wide geography, impacting on population health
- Re-energised CAGs supporting service transformation and delivery of the tripartite mission

Poised to make real progress:

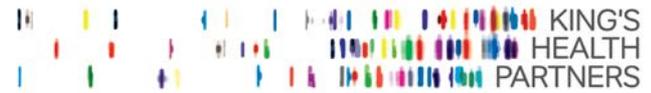


An Academic Health Sciences Centre for London

Pioneering better health for all

- Pioneering developments in several fields including advanced therapeutics
- A suite of innovative institutes delivering networked care across a wide geography, impacting on population health
- Re-energised CAGs supporting service transformation and delivery of the tripartite mission
- Outcome measurement across care pathways, coupled with improvement science enhancing quality

Poised to make real progress:

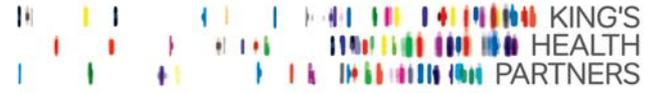


An Academic Health Sciences Centre for London

Pioneering better health for all

- Pioneering developments in several fields including advanced therapeutics
- A suite of innovative institutes delivering networked care across a wide geography, impacting on population health
- Re-energised CAGs supporting service transformation and delivery of the tripartite mission
- Outcome measurement across care pathways, coupled with improvement science enhancing quality
- Integration of mental and physical healthcare becoming built into routine care

Poised to make real progress:



An Academic Health Sciences Centre for London

Pioneering better health for all

- Pioneering developments in several fields including advanced therapeutics
- A suite of innovative institutes delivering networked care across a wide geography, impacting on population health
- Re-energised CAGs supporting service transformation and delivery of the tripartite mission
- Outcome measurement across care pathways, coupled with improvement science enhancing quality
- Integration of mental and physical healthcare becoming built into routine care
- Country partnerships (Somaliland, Sierra Leone, DRC) developed as a model for others to follow.

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016



KHP Education Academy

Professor Anne Greenough,
Director of Education and
Training

#khp2016



King's Health Partners' Education Council

- Sir Hugh Taylor
- Medical Directors
 - Dr Ian Abbs
 - Dr Martin Baggaley
 - Professor Julia Wendon
- Directors of Nursing
 - Dame Eileen Sills
 - Dr Geraldine Walters
 - Dr Neil Brimblecombe
- Professor Anne Greenough
- Directors of Workforce
 - Ann Macintyre
 - Dawn Brodrick
 - Louise Hall
- Executive Deans of Health Faculties
 - Professor Simon Howell
 - Professor Shitij Kapur
 - Professor Ian Norman
 - Professor Dianne Rekow

King's Health Partners' Education Council

- Comprehensive Spending Review – impact on the NHS and health education
- Community Education Provider Network in Lambeth, Southwark and Lewisham - £231,000 funding from HEESL allocated this year
- Internationalisation education and training project
- CAG education and training leads

Workshop

1. What is the Unique Selling Proposition for KHP International Education & Training?

“Reputation”

“Diversity of offering”

4. Where are there gaps in the current collective offering that need to be filled?

“Potentially no gap in expertise but gaps in what we are doing”

“Lack of overview of all offerings”

3. What areas would you prefer to do independently (i.e., not collaborate on)?

“Where partnership does not add value”

2. What areas would you like to collaborate on through KHP International Education & Training?

“Blended learning”
“Large scale health issues”

5. What supporting infrastructure does KHP International Education & Training need to develop to be successful?

“Online portal”
“PMO Office/ Resource”

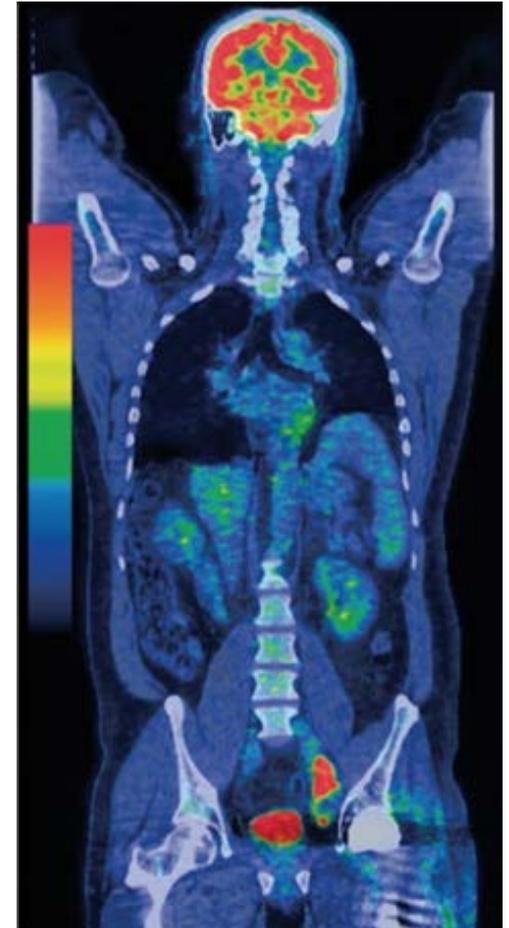
The CAG Education and Training Lead

- Have an overview of relevant teaching and training activities across the CAG
- Look for synergies and economies of scale
- Look for gaps in provision / external opportunities
- Implement KHP education and training strategic objectives within CAG
- Develop CAG education and training objectives
- Represent education and training on CAG Executive
- Liaise between CAG and KHP Education and Training Leads Group / BRC STEM Cluster Board
- Provide regular progress reports and contribution to annual report



Imaging

- Health professions
- Radiologists (diagnostic and interventional), radiographers, medical physicists, clinical engineers, clinical technologists, radiopharmacists, nurses
- Cardiologists, neurologists, cardiovascular surgeons, neonatologists
- Basic scientists
- Physicists, engineers, chemists, biologists, mathematicians, computer scientists
- Unrivalled combination of clinical and research training strengths as a platform for innovative education



KHP added value

- Teaching: clinical-academic synergy
- Supporting and harmonising training delivered by NHS across KHP
- Radiation safety training for radiology and laboratories
- Magnetic resonance safety training
- External marketing: academic strengths and clinical reputation
- All degree and professional training programmes
- Short course on 'Cardiovascular Magnetic Resonance'
- KiTEC short course on 'CT Principles, Technology & Practice in PET/CT and SPECT/CT'
- Successful apprentice scheme led by KCH Medical Engineering and Physics
- On-line provision of MR safety training via KHP Learning Hub

Highlights of education and training in 2015

- Conferences:
 - Simulation
 - Mind and body education
 - Intellectual disabilities
 - Inter-professional Education and Training
 - Safety Connections – patient safety and quality improvement
- Healthcare Improvement Board - 20 summer studentships for health professional students
- Integrated Academic Programme
- KHP-USCF Designing Clinical Research course (DCR lite)
- KCL has approved KHP short courses to be credit bearing
- Learning Hub resources grown to 70; an external face is being developed

Learning Hub

[Log in](#) | [Register](#)

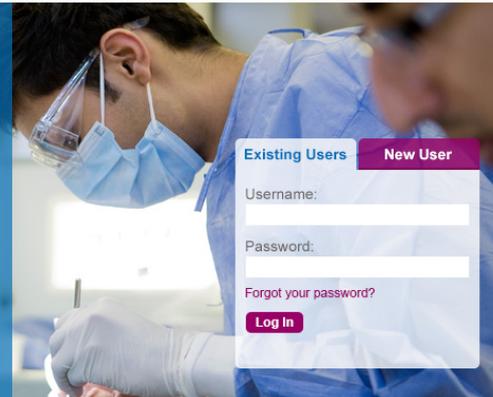
- [Home](#)
- [Learning Materials](#)
- [My Learning Materials](#)
- [FAQs](#)
- [Feedback Form](#)

Welcome to the Kings Health Partners Learning Hub

The Learning Hub is a free resource that has been created for Health Professionals as a place to access learning materials covering different disciplines

[About King's Health Partners Learning Hub](#)

[View our Learning Materials](#)



[Existing Users](#) [New User](#)

Username:

Password:

[Forgot your password?](#)

[Log In](#)

Clinical Academic Groups

The materials are categorised into twenty one areas that reflect the different Clinical Academic Groups (CAGs) of Kings HealthPartners.

- [Cancer](#)
- [Cross Cutting Themes](#)
- [Diabetes, Endocrinology, Metabolism, Nutrition, Obesity, Vision, Related Surgeries](#)
- [Pharmaceutical Science](#)

[Site Map](#) | [Site Terms](#) | [Contact Us](#) | [About](#)

Learning Hub

[Log in](#) | [Register](#)

- [Home](#)
- [Learning Materials](#)
- [My Learning Hub](#)
- [FAQs](#)
- [About](#)
- [Contact Us](#)

Search by Keyword

Filter by Category

- Addictions (4)
- Allergy, Respiratory, Critical Care, Anaesthetics and Therapies (7)
- Behavioural and Developmental Psychiatry (4)
- Cancer (9)
- Cardiovascular (2)
- Child and Adolescent Mental Health (4)
- Child Health (5)
- Clinical Neurosciences (2)
- Cross Cutting Themes (General) (26)
- Dental (1)

[Show more](#)

Learning Materials

The Learning Hub has a number of e-learning modules, courses, videos and self-assessments available which focus on a range of specialist clinical areas. Recently added learning materials appear at the top of this list, or you can search using the keyword and filter options.

Most of the learning materials are open to all registered users of the Learning Hub – please use the links above to register or log in to the site, then enrol yourself to view any material that interests you.

Animated Minds: Stories of Postnatal Depression

Beautifully-animated short films providing an insight into mothers' and their partners' experiences of perinatal mental health problems, including depression, anxiety and postpartum psychosis.

Simulation in Healthcare

An introduction to simulation for participants and faculty attending a simulation training course or interested in finding out more about simulation training. Draft version open for feedback.

Introduction to Anxiety

An accessible guide to understanding, assessing, diagnosing and treating anxiety disorders from a cognitive-behavioural perspective. It includes a 10-minute introduction to help all staff recognise when anxiety may be a problem in a person's life.

Happier@Work - Improving Staff Well-being

Find out about opportunities across King's Health Partners to improve your own happiness and well-being, and better support colleagues and members of your team to flourish at work.

Barbara's Story

This award-winning set of short films shows the challenges a fictional patient with dementia faces, and has helped hospital and community health care staff recognise and support people with dementia.

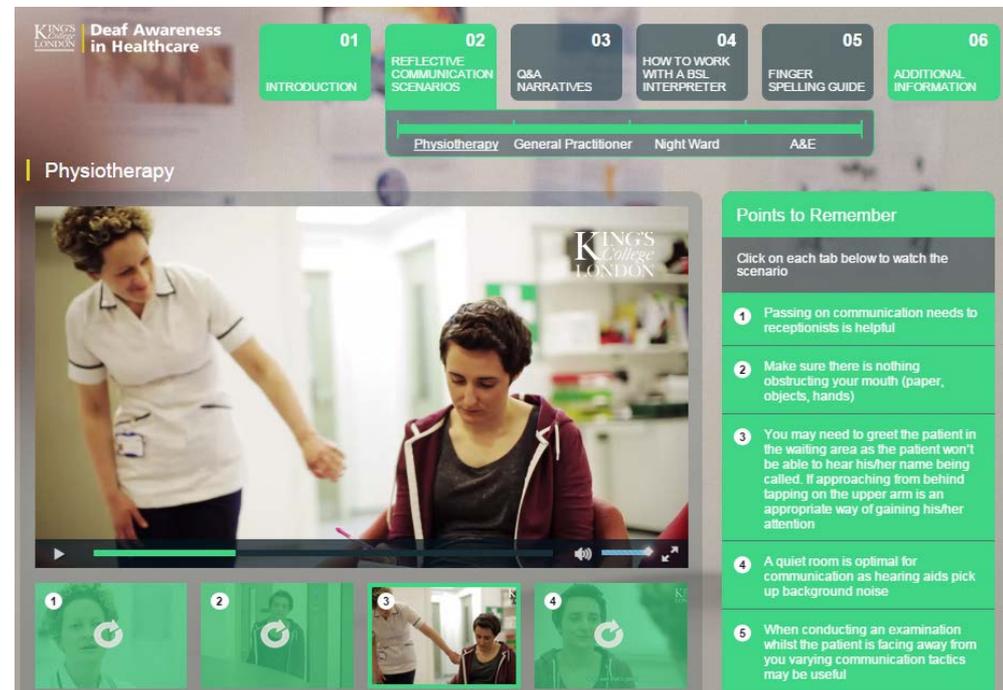
1 2 3 4 5 6 7 8 9 ... [next >](#)

Learning Hub resources:

Deaf Awareness in Healthcare

<https://learninghub.kingshealthpartners.org/course/deaf-awareness-healthcare>

- Video scenarios and interviews demonstrate obstacles deaf and hard of hearing people face when accessing health services
- Practical ways to improve communication in various healthcare contexts
- Designed by Tiffany Wade, KCL School of Medical Education, in consultation with both patients and healthcare professionals



Deaf Awareness in Healthcare

01 INTRODUCTION | 02 REFLECTIVE COMMUNICATION SCENARIOS | 03 Q&A NARRATIVES | 04 HOW TO WORK WITH A BSL INTERPRETER | 05 FINGER SPELLING GUIDE | 06 ADDITIONAL INFORMATION

Physiotherapy

Points to Remember

Click on each tab below to watch the scenario

- 1 Passing on communication needs to receptionists is helpful
- 2 Make sure there is nothing obstructing your mouth (paper, objects, hands)
- 3 You may need to greet the patient in the waiting area as the patient won't be able to hear his/her name being called. If approaching from behind tapping on the upper arm is an appropriate way of gaining his/her attention
- 4 A quiet room is optimal for communication as hearing aids pick up background noise
- 5 When conducting an examination whilst the patient is facing away from you varying communication tactics may be useful

Learning Hub resources:

Addressing Obesity in a Consultation

<https://learninghub.kingshealthpartners.org/course/addressing-obesity-consultation>

- Interactive tutorials showing how to broach weight-loss sensitively and effectively with patients
- Step-by-step practice devising patient-centred action plans to improve dietary or exercise habits
- Created by Dr Kathleen Leedham-Green, KUMEC and Amandeep Cheema, Virtual Campus, KCL

Advise

Information sharing: *Sharing personally relevant information with your patient*
 Information giving/ sharing is divided into **content** (what advice should I give?) and **process** (how should I give it?).



Process

There is a difference between unsolicited health advice, which can be annoying and patronising, and giving information that is tailored and wanted. Always ask before you give advice. These scenarios below illustrate some common mistakes.

Scenario 1:



You need to lose some weight.

Patient response >



If they had only asked... I have just lost 3 kg.

Scenario 2:



You need to eat 5 portions of fruit and vegetable each day.

Patient response >



I know this already - this isn't very helpful.

Instead try using the "permission, ask, provide, ask" (PAPA) framework.

Learning Hub resources:

Medicines Adherence in Diabetes

<https://learninghub.kingshealthpartners.org/course/medicines-adherence-diabetes>

- How to effectively engage patients in patient-centred consultations about self-management of medicines
- **Consultation skills in practice** includes an interactive video resource, using simulated patient consultations and reflective exercises
- Developed by in collaboration between King’s Health Partners and Kingston University and endorsed by the Royal Pharmaceutical Society (RPS)

Patient-community pharmacist consultation



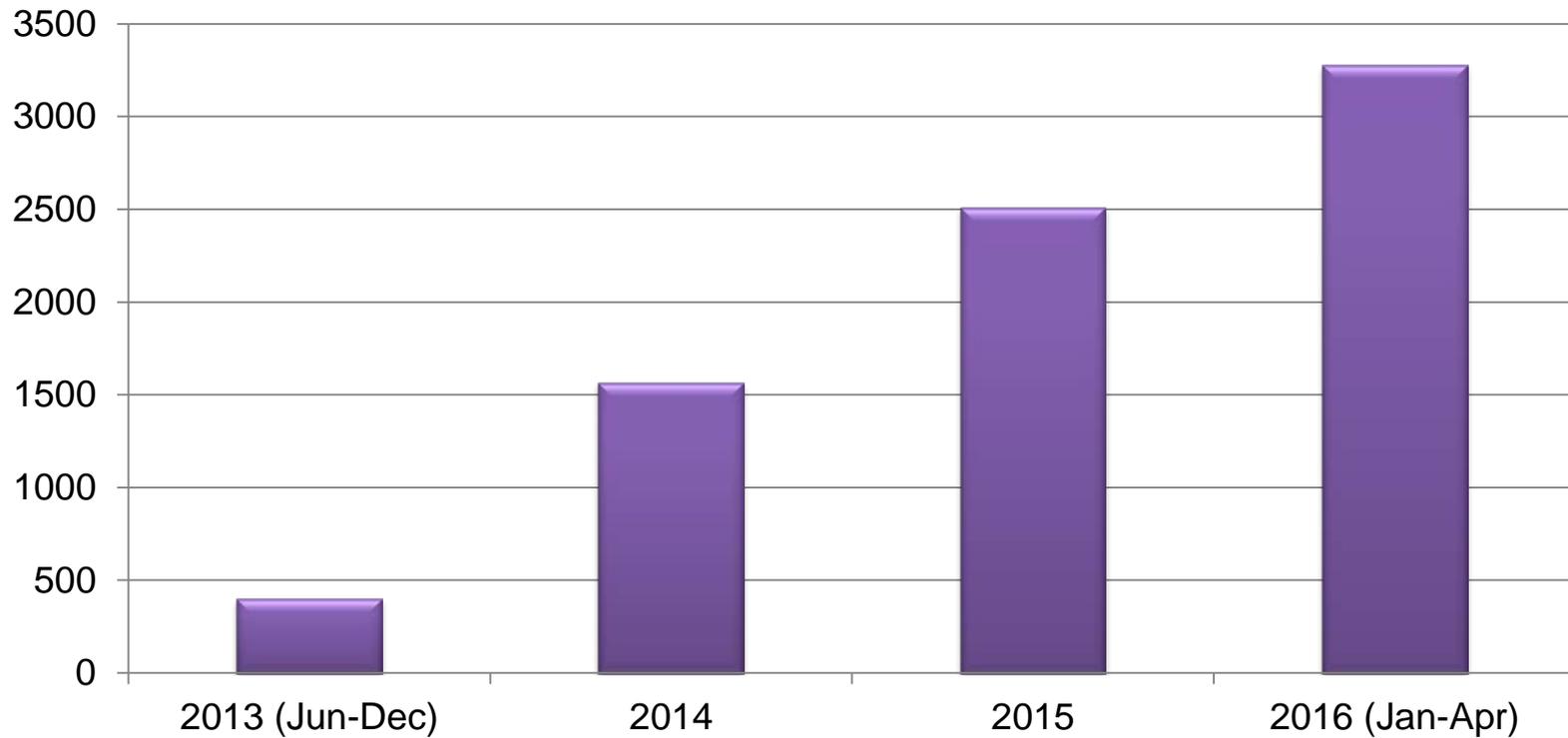
Data collection

Pharmacist sets her own agenda and misses opportunities to explore reasons for non-adherence



Next

Learning Hub registered users



Working with students to increase research capacity

Clinical and Academic Research Society

- INSPIRE application to the Academy of Medical Science
- Summer studentships lab based, medical education and public health
- Workshops to prepare for academic foundation training
- Poster competition and presentations
- Research skills training

Need to increase the number of:

- patrons (supervisors)
- student projects
- mentors

Who to contact in the Education Academy team

- Community Education Provider Networks – anne.greenough@kcl.ac.uk
- Learning Hub – leonie.sloman@kcl.ac.uk
- Student research opportunities, mentorship & sponsors – rachael.jarvis@kcl.ac.uk
- General E&T queries – Joyce Matovu at educationacademy@kcl.ac.uk
- Integrated Academic Training – IATadmin@kcl.ac.uk
- Upcoming events –
 - Safety Connections conference – 16 June
 - Intellectual Disabilities event – 23 June

The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016





Health Innovation Network & DigitalHealth.London

Tara Donnelly

Managing Director, Health Innovation Network





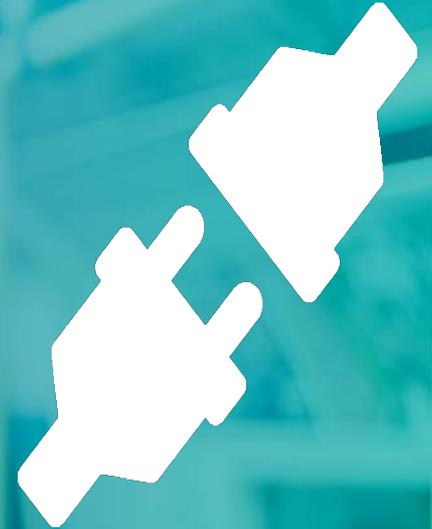
73%



96%



46



years



2
years



2%



71,000
vs
68,000

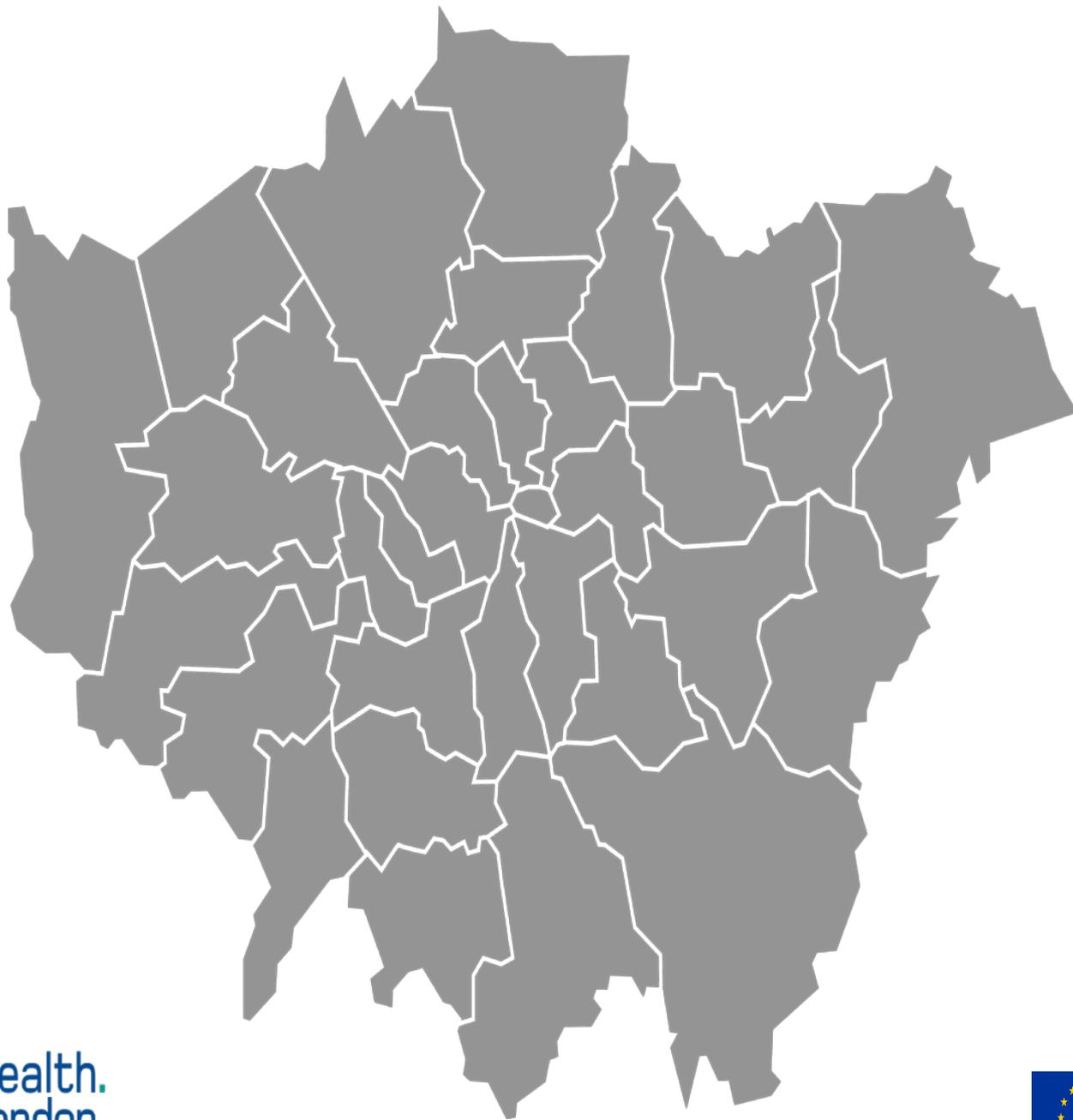
A man with a beard, wearing a dark blue suit jacket over a light blue shirt, is shown in profile, looking down at a smartphone he is holding in his right hand. The background is a blurred hospital ward with blue-tinted lighting and metal bed frames. The overall tone is professional and focused on digital health.

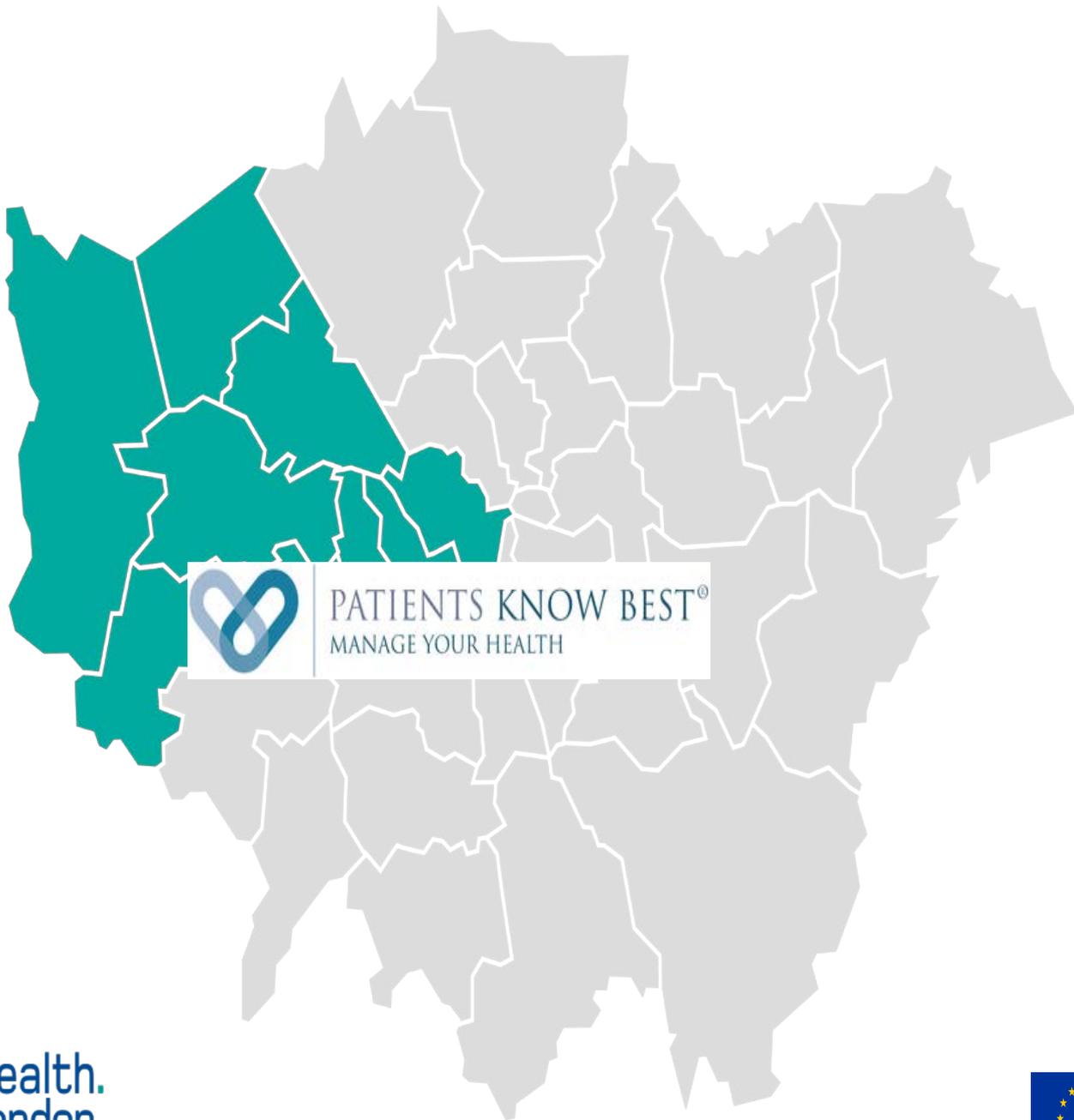
1 million

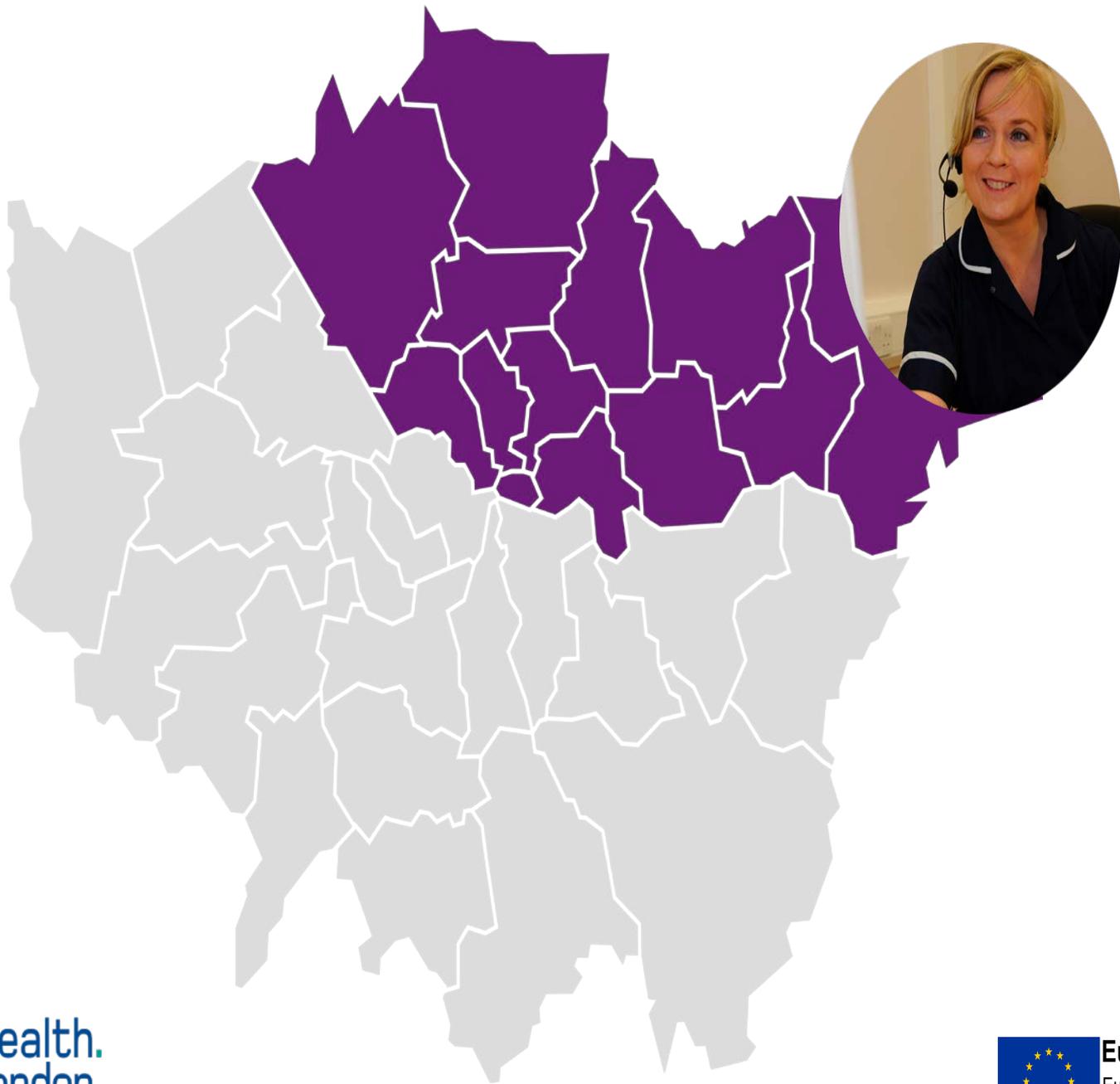


*“The future is already here,
it’s just not very evenly distributed”*

William Gibson









KHP Online



97%



13%



2

/

3



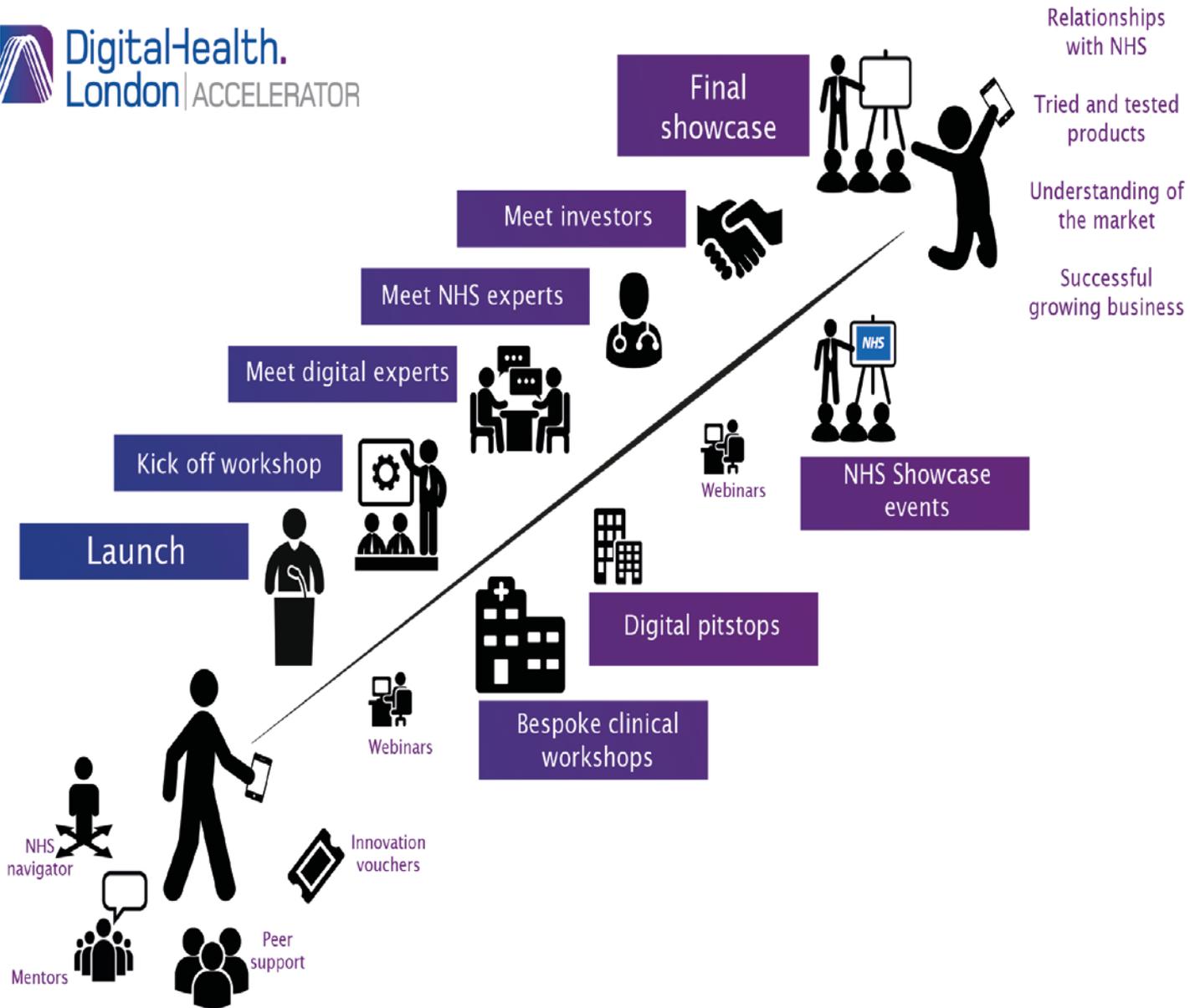
7,896

35,000

2,000

95%





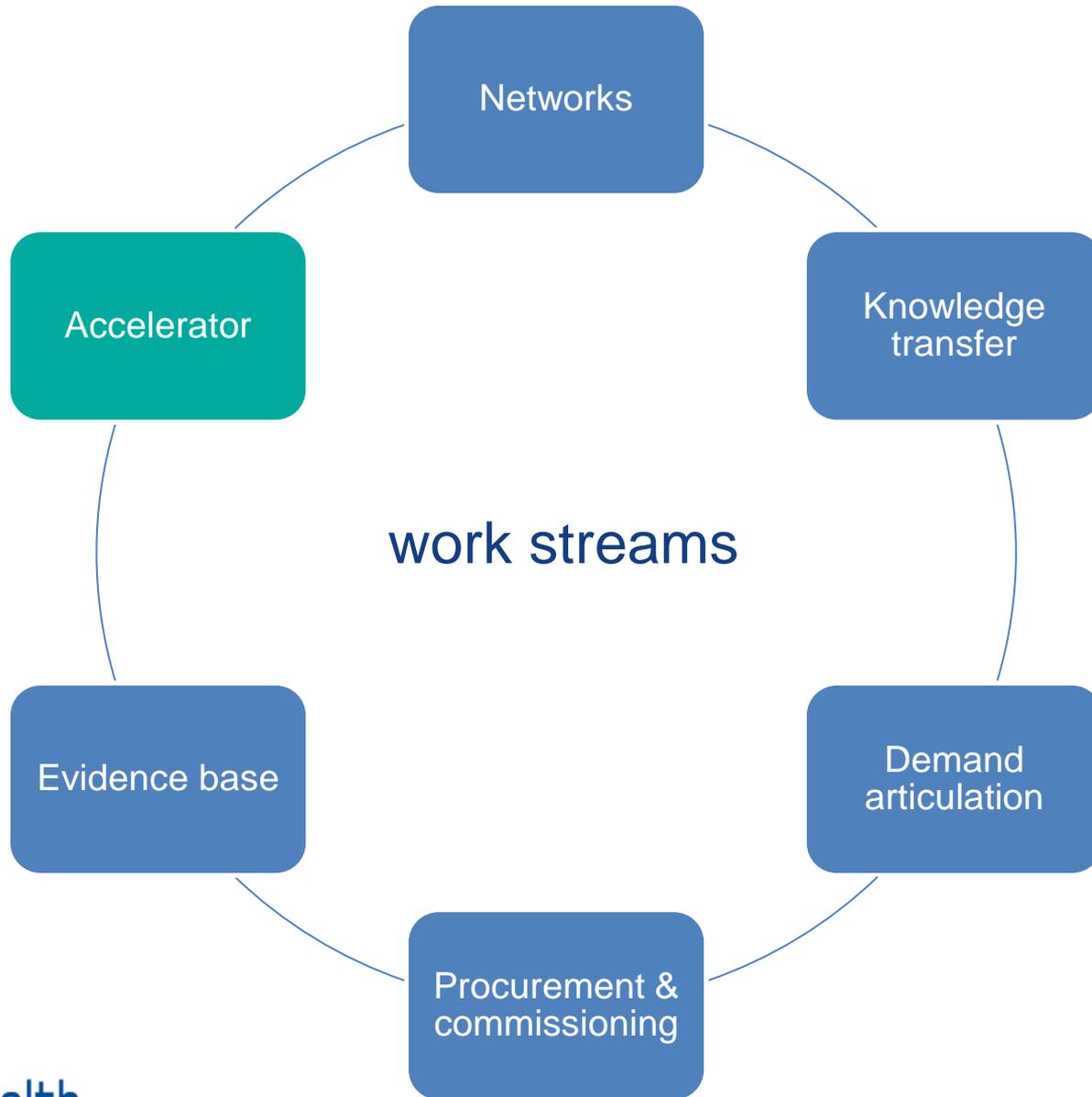
- Digital Health Partnership manager
- Innovation Vouchers
- Incubation space at St Thomas'

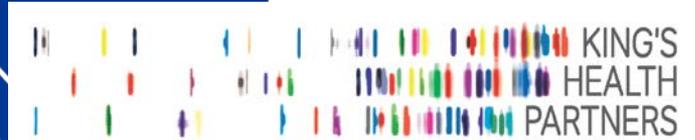
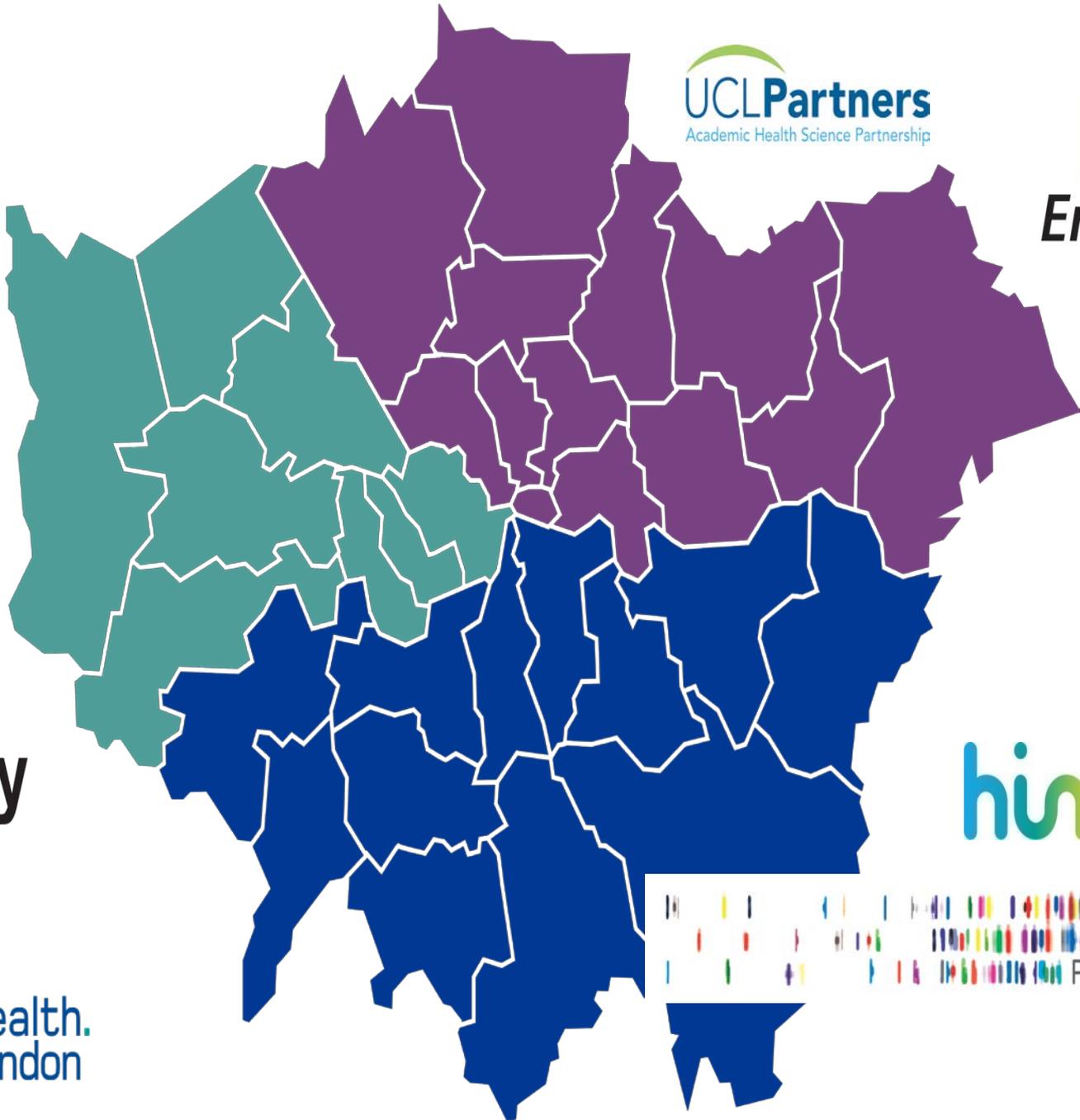
GUY'S &
ST THOMAS'
CHARITY

A CATALYST
FOR INNOVATION
IN HEALTH



Digital Health.
London | ACCELERATOR





What we've been up to



Diabetes

Diabetes Improvement Collaborative – 21% increase in uptake of insulin pump therapy at South London centres

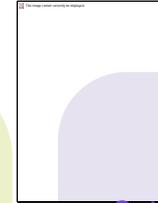
South London announced as first wave site in the National Diabetes Prevention Programme



MSK

ESCAPE-pain spread from 10 -> 24 sites

Recognised for a number of awards inc. British Society for Rheumatology & Royal Society for Public Health



Patient Safety

Set up Communities of Practice to tackle safety issues locally

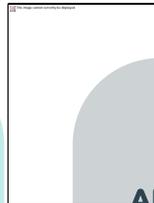
- Sepsis
- Maternity
- Duty of candour
- Deterioration



Dementia

DeAR-GP – Dementia case-finding tool for care workers rolled out across the country. Featured in Nursing Standard.

Barbara's Story – bringing this great GSST product to Care Homes



Alcohol

Alcohol Intervention and Brief Advice (IBA) toolkit for commissioners launched

“Stories behind the bottle” film competition tackling stigma by health professionals



Patient Experience

Helping community based settings to set up Schwartz Rounds

Training incl. Experience-based Co-Design & increasing participation of seldom heard voices

Technology & Information

Apps & Digital Content Prescribing

Supporting Community Pharmacists prescribe Apps to their patients – stop smoking, fitness, diet and nutrition, mental health support and carer's support.



NHS Internship Scheme

Over 50 interns placed with 300 on our books

Working with south London partners including **KCL, Goldsmiths, Kingston University, University of Greenwich, University of Roehampton and London South Bank.**

Shortlisted for **2016 HSJ Value in Healthcare awards, Workforce category**

Creating a talent pipeline for the NHS whilst reducing agency spend

“A more sustainable & affordable way to resource our team going forward”

David Lawson, Director of Procurement, GSTT

www.digitalhealth.london

www.hin-southlondon.org

@HINSouthLondon



The value of partnership and collaboration

King's Health Partners
Annual Conference
10 May 2016

#khp2016

