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## **Report to the Meeting of the Members' Council**

**For information**

**17 February 2009**

### **OXFORD ACADEMIC HEALTH SCIENCES CENTRE**

#### **Executive Summary**

The OBMH Board of Directors has confirmed that the Trust wishes to be a partner in the proposed Oxford Academic Health Sciences Centre, the key purpose of which is to enhance the quality of patient care. Partnership in the AHSC will not affect OBMH's governance arrangements, or the terms and conditions of OBMH staff. The purpose, proposed structure and potential benefits of the AHSC development are described in this paper.

#### **Recommendation**

The Members' Council is asked to note this report, and to support OBMH's partnership with Oxford University, Oxford Brookes University and other local NHS Trusts in the development of an Oxford AHSC.

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## **Oxford Academic Health Sciences Centre**

### **Introduction**

The proposal to establish a small number of Academic Health Sciences Centres in England was proposed by Lord Ara Darzi, Parliamentary Undersecretary of State, in his final report of the NHS Next Stage Review entitled 'High Quality Care for All' (June 2008, paragraphs 4.46 to 4.49).

Academic Health Science Centres will bring together universities and NHS organisations in close partnership to promote synergies between medical research, teaching and clinical care for the benefit of patients. Where similar systems work well in other parts of the world, breakthroughs and significant developments in medical research are translated more rapidly into enhanced service delivery and patient care. High functioning academic institutions are also able to support the NHS in providing the best education and training for its staff, and this can improve the quality of patient care.

### **Oxford Academic Health Sciences Centre**

A number of NHS organisations in Oxfordshire have been working with Oxford University and Oxford Brookes University over the past three months to develop a collaborative application to the Department of Health to be authorised as an Academic Health Sciences Centre. The model which has been agreed brings together Oxford University and the Oxford Radcliffe Hospitals Trust (ORHT) as the core of the AHSC, with OBMH, the Nuffield Orthopaedic Centre, the Ridgeway Partnership (Oxfordshire Learning Disability) Trust, the Oxfordshire PCT and Oxford Brookes University as partners. The different governance arrangements of the NHS organisations is one of the reasons for this model, with the ORHT and Oxford University's Medical Sciences Division proposing a joint establishment which, in due course, could be authorised by Monitor as an Academic Foundation Trust. As an established Foundation Trust, the OBMH Trust Board has decided that we would not wish to relinquish our autonomy to become part of the Academic Foundation Trust, and this would apply in different ways to both the Ridgeway Trust and Oxfordshire PCT. It is envisaged that, at some point in the future, the Nuffield Orthopaedic Centre will become a semi-autonomous centre (a service line or business unit) within the Academic Health Sciences Centre/Academic Foundation Trust.

The purpose then of this collaboration between the Oxfordshire NHS and its local Universities is to support high quality medical research, to ensure that the findings of that research are translated quickly into clinical practice, and to enhance and extend the quality of teaching and training for NHS staff. While the benefits should be felt most immediately by the local population in Oxfordshire, it is intended that a wider population should benefit from an Academic Health Sciences Centre. This will be achieved by wider collaboration between the NHS, Universities and Colleges, commercial and

industrial enterprises through the development of a Health Innovation and Education Cluster.

### **Health Innovation and Education Clusters**

Health Innovation and Education Clusters (HIECs) were also proposed in 'High Quality Care for All' (paragraphs 42 to 45) as a means to bring together NHS partners across primary, community and secondary care, higher education, and industry to promote pioneering treatments and service models for patients, the development of learning and education across conventional sector boundaries, and business opportunities for commercial organisations which support improved health care.

The application to establish an Oxford AHSC also proposes, therefore, a Health Innovation and Education Cluster across the Thames Valley or even the South Central region. This would involve other Universities, perhaps particularly Reading and Southampton Universities, district general hospitals and other NHS organisations in the counties surrounding Oxfordshire (including, of most direct relevance for OBMH, Buckinghamshire) and potentially a range of local industries and commercial organisations.

Among the benefits envisaged from establishment of a HIEC are the larger patient populations upon which research programmes can call for involvement in treatment studies and other research; a larger critical population mass for the application of research findings; and involvement of a broader cross section of the NHS in service improvements and innovations in health technology. Initial stakeholder engagement has confirmed that there is real interest in the wider region for contribution to a HIEC centred on the proposed Oxford AHSC.

### **Oxford AHSC and OBMH**

While OBMH and its immediate academic partner, the Oxford University Department of Psychiatry, will not be part of the core AHSC, both organisations have made commitments to work closely together, and with the developing AHSC.

The benefits of close working between OBMH and the University Department of Psychiatry are already evident through the local application of cutting edge research (for example in the treatment of eating disorders and bi-polar disorder) and in the quality of training provided for medical students and postgraduate trainees in psychiatry. Other areas of current research activity are child development, psychological and pharmacological treatments, mood disorders, schizophrenia and autistic spectrum disorders. Further collaboration between OBMH, Oxford University, Oxford Brookes University and other NHS partners will extend the range of clinical research in relation to mental health problems undertaken locally, for example at the interface with physical ill-health, and the quality of academic and practitioner training provided for other health professions. The key outcome of these developments will be continuing improvement in the quality of care provided for our patients.

The following specific potential benefits for mental health in establishing an AHSC have been identified:

1. active integration of mental health into wider health science developments, to the advantage of public health, patient care, research and teaching,
2. benefits to service users and carers of early translation into clinical practice of new therapeutic techniques derived from local research, resulting in cutting edge improvements in service,
3. the enhanced opportunity for NHS organisations to participate in clinical research, to experience the rigour of world-class clinical trials, and for research teams to access and recruit increased numbers of subjects,
4. the benefits to the University of the academic motivation and commitment of high quality NHS clinicians, and for the NHS access to the most up-to-date clinical evidence,
5. access for patients to some of the most skilled and experienced clinicians in the field,
6. benefits to staff of working in a world class educational environment with good access to high quality teaching, training and professional development,
7. the 'talent magnet' effect: improved quality of recruitment to key roles in psychiatry and other professions,
8. the benefits to the organisation of enhanced brand and reputation.

### **Oxford AHSC: Proposed Model**

The model proposed for the Oxford AHSC is for an integrated framework of clinical centres supported by a number of cross cutting 'platforms'. These platforms include diagnostic services / research programmes (e.g. imaging and bio-engineering, genes and pathology), epidemiology and public health, education, and business support functions (HR, finance, information, estates, etc). The clinical centres will be developed in stages, but the four which have been proposed for the first stage of AHSC development are: heart centre, cancer centre, musculoskeletal centre (Nuffield Orthopaedic) and brain centre. Future extension of this model would see the development of a women's centre, children's centre, acute care centre, and long term conditions centre.

Although it is not yet planned to establish a mental health clinical centre, this could be a possibility for the future through the collaboration of OBMH, the Oxford University Department of Psychiatry and the wider AHSC.

In the first stage of AHSC development, however, it is proposed that there should be mental health representation and input to the proposed brain centre, which will incorporate neurosciences (including neurology and neurosurgery) and other specialist departments (e.g. eyes, ear nose and throat). Dementia care is an established collaboration between OBMH, the University Department of Psychiatry, and the neuroscience division of Oxford University; and other areas for collaboration are being explored currently.

### **Progress to Date**

The timescale for application has been tight. A part one application was submitted early in January, and we learned on 2<sup>nd</sup> February that the Oxford AHSC has been short listed for the second stage of the application process. This will involve submission of a more detailed application by mid February, and a formal panel interview of key staff by an international panel in early March. It is expected that only a few (between five and eight) centres will be authorised as AHSCs from 1<sup>st</sup> April 2009; following which the serious process of development will begin.

In view of the high national and international profile of Oxford University and its local partners, we believe that this application stands a very good chance of success. Even if the Oxford proposal is not authorised, however, the benefits of closer collaboration between NHS and academic organisations has been realised even during the application process. This will be continued whether or not we are authorised as an Academic Health Sciences Centre.

### **Conclusion**

This paper sets out the structure and potential benefits of an Academic Health Sciences Centre in Oxford. The Members Council is invited to note and support OBMH's partnership in this ambitious development.

Dr Mike Hobbs  
Medical Director  
5 February 2009