

UCLP review project list

Notes

KEY to UCLP responsibility

1. Provide cultural/political support for partnership working 2. Contribution to infrastructure/grant development

3. Obtain/expand funds directly/lead specific workstream 4. Lead all aspects

KEY to Impact: A-D increasing population size impact

Eg. D is population wide impact eg. public health improvement, such as decrease in cardiovascular events. A is specific group only, such as one locality and patient group, where wider diffusion is not yet planned.

KEY to Progress: A-D increasing completion eg. D is complete, or virtually so. A is initial stages of planning and set up. B is set up completed and leadership and project outline determined. C is work half or more completed. D is within 3-6 months of completion.

	Project	Status	Timescale	Potential impact A-D and main areas	Progress A-D	Flagged for review	Metrics	Specific issues
Cancer								
1	Integrated Cancer System	The relatively poor outcomes and experience of Londoners with cancer has focused on new approaches to care delivery built around provider networks to reduce fragmentation and enhance quality/value. UCLP has led successful engagement across NCL, NEL and West Essex (primary & secondary care voluntary sector patients) to genuinely co-produce the UCLP bid submitted June 2011 for new service model across > 3m population. Priority work programmes are focussed on earlier diagnosis, improving patient experience by delivering outcomes that matter to patients, greater trial access - and harnessing the whole health community across the cancer pathway in opportunities for research and innovation. <i>London Cancer</i> Integrated Cancer System designated September 2011, Chief Medical Officer, Prof Kathy Pritchard-Jones, appointed by	current and ongoing	D Improved outcomes and patient experience	B	No	London Health Programmes (LHP) likely to include metrics along integrated pathways of care by tumour type and at system level	Need to keep metrics simple and common to a range of tumour pathways. Potential to expand numbers of patients involved in trials. Potential for academic evaluation, grant support and publication over a period of time. Challenge with IT linkages and governance. Multiple sub project areas including brain cancer joint with neurological diseases. Separate governance review for cancer.

		Mike Richards 19th October 2011 after a rigorous assessment process. Shared pathway quality measures and data capture in development, primary care engagement seen over 100 GPs involved. Formal partnership with Macmillan Cancer Support in place to support effective user involvement and community and primary care and survivorship agenda. Innovative governance structure agreed to ensure delivery of objectives with independent scrutiny. Strong local ownership, with Cancer Pathway Director appointment process currently underway for 14 clinical leaders from across the System. Clear methodology to identify and address the causes of patients presenting late with cancer via A&E.. Governance – including establishment of an independent skills based board						
2	National Proton Beam Therapy	UCLP supported many aspects of the bid development for UCH site in London including ensuring support of partners, process for national R&D and presentation to the DH panel, and initiated and led the joint UCH-Christie partnership for 2 centre provision . Potential investment of £400m over 10 years. Would significantly enhance care and academic growth in solid tumour paediatric oncology, neuro-oncology, H&N cancer, sarcoma and radiation oncology across UCLP.	July 2015	B	B	No	Outcomes	Highest rated bids in national competition. Awaiting SoS sign off in Q3 2011.
3	Earlier diagnosis for cancer. Joint projects with population health	Using lung and bowel cancer as examples to understand how we achieve earlier diagnosis (i) Co-creating NIHR bid: UCL Health Psychology and UCLP Population Health.(ii) Analysis of multiple datasets with DH Policy Research Unit on Cancer awareness, screening & early diagnosis. Protocol written. Application for access to data sets submitted.	2013/14	B	A	No	As for cancer, including 1 quantitative analysis using national datasets of relationship b/w GP & practice characteristics & emergency presentation of lung cancer,	Initial phase Sub projects include: <ol style="list-style-type: none"> 1. primary care characteristics & diagnosis of lung cancer through emergency presentation (collaboration with QMUL) 2. Examination of referral pathways across NE London for colo-rectal cancer to improve early diagnosis Jan 2012- Sept 2012

							taking account of patient & tumour characteristics 2 stage at diagnosis, pathways to care,	
Cardiovascular								
4	National Centre for prevention and outcomes	Cardiovascular disease remains the major cause of premature mortality in the UK. UCLP has co-ordinated and supported relentlessly the creation of a major new national resource: partnerships, infrastructure integrated with UCLP, new recruitments; expected to include national stroke audit and both stroke and heart attack prevention programmes at scale. These will drive increasing clinical standards and outcomes nationally, and provide linkage to evaluate the impact of specific interventions. Early work exploring options to work with Industry (hypertension control) and Olympic Health legacy. Transfer of NICOR completed; funding and recruitment for hypertension research team completed; funded and confirmed space for cohesive cardiac prevention and outcome centres; bidding to Olympic sponsors for legacy funding. Links with Harvard need development.	Q3 2011	D	A	Yes in light of fast moving links with NE.	Mortality and outcomes	Developments across NC/NC London suggest review of programmes and initiatives. Rapid moving field and collaboration.
5	Integrated service for vascular surgery	Separate relatively low volume vascular surgery units across NCL. UCLP provided the framework for discussions and clinical engagement to enable clinical agreement for consolidation of services across all 3 providers in NCL June 2011, and baseline outcomes evaluated. This new reconfiguration has now been agreed.	Q4 2011	A	C	Yes	Not needed	This project crosses a limited number of members.

6	Yale collaboration for cardiovascular research	Pan-departmental working across both Yale and UCLP looking to create a globally relevant strength in cardiovascular disease through collaboration. Two major EU/NIH Grants in place (new device and genetics study using synergistic strengths).	2013/14	D	B	Yes	None needed, will feed into other projects	May need senior dedicated leadership.
Child Health								
7	Reducing the adverse impact of obesity in pregnancy	Co-development of new antenatal services for obese "mothers-to-be" -linking Child Health and Women's Health: audit in place	Q3 2011	B	B	Yes	As per audit	Challenge with IT linkages and governance. Plan for roll out to be considered.
8	e-health record for adolescents with Diabetes to enhance self-management and blood sugar control	Poor compliance with NICE guidance nationally, and consequently poor blood sugar control, greater complication rates. Potential to use e health to promote engagement, self-management and better standardisation of care delivered through "patient pull". UCLP initiated and obtained external funding, co-development with Industry; managing complex interactions across multiple legal entities through to "co-live" and release to UCLH Paediatrics. System now live and in use by patients and families.	Q4 2011	A	C – technology in place, evaluation of impact to be completed	Yes – end point or goals of next phase to be determined	There are identified patient and staff metrics in the project materials	Challenge with IT linkages and governance for roll out of project more widely. Evaluation phase.

9	New model to prevent/reduce acute exacerbations/admissions childhood asthma	Joint project NELNCLSEssex HIEC; funded; comparison of different technologies to promote self management. Paper based records and an electronic web based patient self care system for asthma being compared in 2 NHS Trusts (begins August 2011). Smart-phone based application for enhanced self care currently developed with HIEC support now live for patients and families. Patient evaluation pilot anticipated starting November 2011. Potential to link innovations in childhood diabetes and asthma with the third major LTC in childhood -epilepsy;	2012/13	B	B	No	Project based	IT linkages can support.
10	Rare childhood conditions linking to new treatments for adult survivorship/disease expression	Many rare childhood conditions can shed new light on understanding and treatments in adulthood through the discovery of their molecular basis. Moving this from adhoc to systematic linkage is facilitated by the lifecycle approach of UCL Population Health. We are working to make GOSgene available across the partnership and to obtain external funding for academic support.	2012/13	A	B	No		Collaboration project via BRC
ENT								
11	Ensuring "every child is a communicator"	UCLP Darzi Fellow funding received and appointed: reporting July, 2012; Patient Decision Aid with NHS Direct on childhood otitis media underway. Prototype ready October, 2011; Tool for rapid QALY development in childhood otitis media being developed with LSE, January, 2012; Every Child a Communicator. Plans for a new Centre of Communication Excellence underway; National Newborn Hearing Screening Programme continues to generate exciting data; our audiologists have recently won local and national leadership awards for their work on audiology-led clinics; our Darzi Fellow is working with NHS London on pathways for care of children with glue	Q3 2011	B	B/C	Yes	Academic output, grant funding obtained.	Challenge with IT projects including linkages and registries. Needs more involvement with primary care. Subprojects include 1 otitis media decision aid 2 QALY too 3 Centre of communication excellence 4 National newborn hearing screening programme 5 Audiology led clinics 6 Glue ear pathways

		ear.						
12	Consolidation of ENT, Audiology and related services	Supporting partner dialogue and trust within the framework of NCL service consolidation. RFH and UCLH Boards agreed in principle to transfer management from April 2012; Hospital plans well underway, and planned opening new ENT-Dental hospital in 2015. This will create a national/European leading provision of H&N services linked to ENT, oral health and PBT on the same site, with a networked delivery of routine services in local communities to enhance value. New hub and spoke care. RNTNEH will be transferring to UCLH management on April 1st, and a new 'hub' hospital with related spokes will be designed with project start date February 2012. Appointment of a network leader for head and neck cancer is underway.	Current and ongoing					
13	Creation of trials unit, structure and culture	Prof Anne Schilder, Utrecht, appointed to establish unit, started June, 2011; First two major trials ethics and funding applications to be submitted by April 2012; funding for long-term appointment of Prof Schilder urgently required (benefits across UCLP: UCLP to explore options). Major NIHR award to establish a UK trials infrastructure for ENT which will support the development of a new cadre of research leaders – to transform the pipeline from ENT discovery to practices which benefit	Q3 2012	C	A	No	Trials	Links with translational theme and industrial theme.
Eyes and Vision								

14	Patient pathways for late translation al gaps	New theme with genomics and informatics being developed. Further progress on Open Eyes software to provide platform for local and national management of eye disease. Funded collaboration across HIEC for enhanced glaucoma care in the community; dedicated Eyes & Vision educational lead (Professor Peter Shah) to support whole patient pathway based, innovative training/development -staff and communities. Joint clinical-academic program being co-created/developed with Immunology at RFH for uveitis, corneal transplantaion and AMD therapy	Q3 2011	D	B	Yes	Highly academic programme elements. Some clear metrics to be developed.	Challenge with IT linkages and governance. Plan for roll out to be considered.
15	Fast track innovation therapies for early translation al gaps	BRC application highly successful with major uplift in funding. New theme leader, Professor John Marshall, one of the co-inventors of modern corneal laser surgery to lead new devices theme. Knowledge Transfer Champion Scheme - formal launch July 2011 to encourage local innovators, with ideas to transform eye care	Q1 2012	B	A	No	BRC metrics	BRC focussed project.
GI/Hepatology								
16	Clinical Research - Doubling the number of patients in clinical trials	Through co-ordination of the Gastroenterology and Hepatology NIHR Specialty groups we aim to double the number of patients participating in clinical trials over the next 3 years, in line with the NIHR "national ambition"	from Q3 2011 to doubling of accrual by Q3 2014	B	A	Yes	CLRN and institutional data	Links with 2, see comments. Launched 18 th January 2011
17	Reducing the mortality from Cirrhosis	Mortality from liver cirrhosis is rising steeply. To start to address this UCLP has developed a programme utilizing 1) early detection of cirrhosis using integrated systems of communication with GP practices; 2) assessment and novel treatments	Early diagnos is Q4 2011. Complic	B	A	No	Mortality is key underlying metric, but subprojects	Early phase of projects Sub areas include 1 Early detection of cirrhosis 2 treatment of complications 3 Vaccine trials

		of complications (MRC and Industry funding (Jalan, Mookerjee, Moore); 3) Viral hepatitis research translated to patient care: vaccine strategies (Rosenberg, Collins, Maini), early-late phase industry sponsored studies delivered through UCLH/UCL CRF (Dusheiko, Rosenberg, Burroughs, Patch, O'Beirne). 3) management of end stage disease and cancer (Malago, Meyer, Jalan, Burroughs, O'Beirne, Moore) , Immunology of HCC treatments (Gillmore, Maini, Bertolotti, Stauss) 4) Innovative management of transplantation (Malago, Davidson) and liver support devices (Jalan, Hodgson), including novel immunological monitoring strategies .5) reduction in mortality from UGI bleeding: integration and optimization of services on NCL (Burroughs, O'Beirne, Patch)	ations of cirrhosis/ new treatments entering service in Q1 2013. Novel management of transplantation under study to enter service in 2013.				have individual metrics	4 Management of end stage disease 5 transplant management 6 Reducing mortality from bleeding
18	Major UK Liver/Pancreas centre through consolidation of UCL services	The consolidation of NCL surgical services occurred Jul 2010 following many years of fragmentation, facilitated by UCLPartners. The unified centre is growing after the merger - to create one of the largest national providers - year 1 outcomes available to date: Total number of specialistic referrals 912, major cases operated 325. Dr. Fosters places the centre 2nd in the UK. Excellent quality of services: Mortality 3%, Hospital stay 9 days median. Integration with paediatric services at GOSH and initiated in June 2011. Teaching and scientific integration with service providers in NE London has started There are prospects to create the largest UK and one of the largest European services. Translational research programs (early diagnosis of Cholangiocellular/Hepatocellular carcinoma) and exchange with the Cancer Theme have been initiated.	Current and ongoing	B	C	No	Mortality and morbidity	Early phase of project completed.

19	Reducing impact of alcohol on Liver Disease	Developing a new UCLP led program aiming at reduction of mortality from alcohol abuse and reduction of management costs of ETOH related morbidity with partners in NC NE London. The strategy plan is A) consolidation of alcohol services in major acute Trusts (RFH, UCLH, Barnet, N Middlesex) B) integration with Mental Health Trusts in Camden - Islington and within UCLP C) Cooperation with Public Health Trusts in NC/NE London D) provide leadership in research and training into new approaches such as personalised health care for better management	A-B 2013, C 2014, D 2015	C	A	No	Mortality	High level strategic plan in place.
Immunology and transplantation								
20	New immunology institute at RFH. Developed in two phases: Phase I refurb of existing space; Phase II new state of the art translational research building. The aim is: to develop new diagnostics and treatments, and enhance	UCLP role to ensure optimum alignment of specialist immunology and associated clinical work collocated with the new hub (e.g. liver and pancreas work, cell and gene therapy). In July 2011 RFH and UCL approved implementation of Phase I (creation of 1700 sq metres new research and clinical space within the hospital). Other Institute relevant activities: 1) an NIHR approved immune monitoring study in kidney and liver transplant patients has been initiated in June 2011. 2) a joint immuno suppression clinic RFH/Moorfields will give Moorfields patients access to new immunosuppression drugs/protocols (agreed in principle; awaiting implementation). Phase 2 (£20m development of a new state of the art translational research building to accommodate the activities of the Institute at RF campus). Appeal launched in September 2011 at a reception at St James Palace hosted by Prince Andrew. Confirmed funding and formal agreement to proceed for the Institute of Immunology and Transplantation. There has been a doubling of research activity in vaccine, cell and gene therapy since the launch of UCLP and emerging partnerships with NEL.	Q1 2013 (completion of Phase I refurb)	C	C	Yes – end point or goals of next phase to be determined	Strong academic outputs. Increase number of patients involved in research studies; Increase number of commercial and investigator initiated trials Increase in patient referrals and R&D income	UCL/RF focussed with ICH/GOSH involvement. Strong academic focus. Look at diffusion phase.

	care for patients with viral infection, cancer, immune defects and transplantation							
21	Public awareness and new treatments for immunodeficiency	Identified a new gene (LBRA) causing immunodeficiency in CVID patients.. Feasibility and efficacy of gene therapy was demonstrated for several forms of immunodeficiency. Campaign delivered and picked up in the local TIMES in North London; UCLP role to support whole pathway focus and metrics; audit of effect in progress	Q4 2011	B	C	Yes – end point or goals of next phase to be determined	To be determined	Overlap between institutional and UCLP outputs.
22	New forms of immunotherapy for viral infection and cancer	New immunotherapy trials demonstrated clinical benefit in cancer patients (lung, prostate, melanoma) who failed conventional therapy option. Together with the UCL Cancer Institute, we aim to position UCLP as a centre of excellence for immunotherapy of cancer. A strategic programme with Yale is also focussed on improving immune intervention in cancer. As a first stepping stone, a joint UCL/Yale PhD studentship has been awarded and started in Oct 2011 (UCLP role to promote and support Yale-UCL collaboration). We have ongoing cancer immunotherapy projects in leukaemia, EBV-malignancies and two joint project in HCC with the Hepatology theme (funded by MRC-A* and MRC-DPFS awards). TCR-gene therapy trial obtained final GTAC approval; study to open in Q1 2012(first European centre to do so).	Q4 2011	C	B	Yes – end point or goals of next phase to be determined		Highly academic programme. Next steps will be to implement some of the developments and to ensure that rapid diffusion occurs.
Infectious diseases								

23	New model of care for HIV	Strong clinical services for HIV across NCL using different models of care delivery. Collaboration commenced across 3 NCL HIV units - together one of the largest grouping in Europe. UCLP role to break down historic barriers between units and create joint focus on prevention/earlier diagnosis. Recognise major strengths in NEL and potential for wider collaboration.	Q4 2011	B	A	Yes - decision as to is now the right time to continue to press this model needed	Not needed	Difficulties experienced with buy in. New model discussed but not yet agreed.
24	Improving migrants' health	Joint project with HIEC to improve GP access for migrants funded and commenced, bid for population health evaluation	Q4 2011	A	B	Yes – end point or goals of next phase to be determined	Metrics needed	
25	TB	There is a much higher incidence of TB in London than the rest of the UK. Project manager in place to develop singly managed service for NCL to improve quality and efficiency through critical mass. UCLP led steps include a) identify key world class outcomes aimed for, b) reconfiguration needed to achieve these outcomes. UCLP role to facilitate collaboration across partners.	Q4 2011	B	C	Yes – end point or goals of next phase to be determined	Outcomes to be determined	Good model needs embedding in practice. Great disease burden in NE area. Links with the groups established. Latest discussion on a shared clinical model is yet to reach agreement, and at present UCLP has been stepping back until those decisions are made
26	New Institute for Pathogen research (BIPR)	BIPR progressing well and launched 8th November 2011, Buy in from researchers at both institutes.	2012/13	B	B	No	None needed.	Bi-institutional only. Research based.

27	Value in healthcare approach applied to ID	Value in healthcare approach linked to UCLP Value project, led by UCLP PD and applied to other areas in ID outside of 3 main themes.	2012/13	B	B	No	?	
28	Point of need diagnostic technology	Successful TSB grant (formal co-development with UCLP support) offers an opportunity for a collaboration led by Janssen UK, in partnership with UCL and UCLPartners to evaluate the impact of a new disruptive, point-of-need diagnostic technology for the management of complex antiviral treatment for chronic hepatitis C (CHC).	July 2012	B	A	No	Related to test efficacy	Industrial collaboration well developed. Single project based. Needs implementation plan once validated.
Mental health								
29	Creating Europe's leading MH programme (CF scale UCL neurosciences or Harvard Mental Health)	Scale established (>2m pop; 11k clinical staff; 300PIs) through partnership across 5 Mental Health Trusts with UCL, and plans for further growth with additional clinical and academic partners. The aim includes greater standardisation of care-pathways, protocols and outcomes, critical mass for subspecialisation, and a shared drive for better value. Education in psychiatry nationally is weak: we will use the link between this Programme and MDECs (and multi-professional training agencies) to drive substantial improvements in training to address this national deficiency. Plans for further extension of this programme are progressing. Pan-London mental health workshop on value in mental health supported by Michael Porter (HBS) City Hall February 2012.	current and ongoing	D	B	No	Metrics will include training numbers and quality measures. Successful grant programme.	Challenge with IT linkages and governance. Multiple subprojects include 1 Education and training 2 Standardisation of pathways 3 Outcome measurement (33) 4 Reconfiguration of services (31) 5 Value healthcare (30)

30	Outcomes that matter - Value based approach to service delivery	Co-creation with partner MH Trusts of an NIHR/SDO study to implement quality outcome measures and outcome reporting, to support measurement and transparency of outcome and cost data to clinicians, and to valuate impact on changes in patient outcomes and service performance. Focus on CAMHS and adult psychosis. Supported by all 5 mental health trust CEOs. Progressing implementation in CAMHS and psychosis through development of expert panels of patients and providers to co-select meaningful outcomes.	2012/13	C	B	No	Defining these as part of the project	Active collaboration established
31	The UCLP Centre for Psychological Interventions Research	Agreed and established as virtual entity through leadership of UCLP PD; assisting the better implementation of NICE guidance through education, audit, transparency of outcomes; research into the mechanisms underpinning efficacy of treatments. Senior clinicians representing the five partner MH Trusts are now part of the Centre. First 5-partnership meeting to share latest insights and best practice in two streams (implementation and mechanisms) occurred November 2011.	2012/13	B	B	No	None	Active collaboration established
32	Adolescent Mental Health	Co-implementation with Cambridge AHSC of a £5.4m Wellcome Trust grant: this is a fundamental imaging based programme to identify the brain (developmental) anomalies that determine adolescent mental health disorders (which in themselves are the basis of 75% of all mental health disease)	2012/13	B	B	No	Discovery project	Large grant funding and academic programme

33	Outcomes in mental health care	Seed money secured for development of large scale research project on outcomes in Mental Health care. Focus on outcomes at the interface of physical and mental health. Project is to be national in scale, led by UCLP but co-developed and implemented across four AHSCs/AHSSs working in partnership (UCL, CUHP, MAHSC, KHP/SLaM), along with partner Trusts and relevant organ/disease-specific programmes (e.g. cardio and cancer)		D	A	No	Outcomes	Initial seed funding obtained. Large scale project planned.
34	Joint neurological disorders and mental health. Improving Dementia services	Dementia is becoming the major chronic health care burden for the population. Co-creation with UCLP Neuroscience and clinicians and researchers from throughout the Partnership of a strategic plan to improve dementia care, linking to the value based programme for mental health. Cross-partner steering group formed to carry forward implementation in four key areas. Group has met and ELFT members are carrying forward a pilot project in dementia patient identification. Other members are leading on joined up working, including developing auditable sets of targets/outcomes to support and report good practice.	2012/13	D	A	Yes - requested	Not determined	Progress slower than anticipated. Trying to achieve a joined up service in early and late dementia.
Neurological disorders								
35	Integrated service for Stroke	UCLP help to facilitate the delivery of a new stroke service for NCL and beyond through support for cultural change. Dedicated UCLP Darzi fellowship awarded -focus on change management and shorter time to thrombolysis. UCLP wider system role outside HASU to enable buy-in across sector and support for stroke units/rehabilitation and shared staff educational/training/rotations. NCL low mortality (<10% vs. >20% nationally); high Thrombolysis rate (>18% vs. 3.5% previously); new collaboration with NEL. Ongoing UCLP role: new grant awarded directly to UCLP for economic evaluation for impact of Pan-London stroke	current and ongoing	B Limited only by numbers of strokes. Prevention programme has potential to be D	Subareas 1D 2D 3B 4B 5A	Yes – look at integrated CVS and CNS screening and prevention programme	Pathway and mortality	Very successful project. Has clear leadership, has taken advantage of full support from UCLP for evaluation. Moving into links with CVS for prevention, and links with 10. Sub-projects include 1. NHSL led reconfiguration 2. Economic evaluation of the impact of the reconfiguration – joint project with population health 3. Whole pathway metrics

		changes (shown pan-London 30% reduction in mortality, reduced costs by 90 days due to less morbidity and reduced length of stay), whole pathway focus and metrics (published JAMA), linkage to CVD prevention. Potential to build on the (globally) unique services for Londoners - arguably now the best service of any major city in the world- as a basis for future R&D and education. Key joint economic impact study with population health.						<p>across NCL/NEL</p> <ol style="list-style-type: none"> 4. Early supported discharge (SDO bid) 5. Prevention of strokes (linked to Cardiovascular) 6. evaluation of the lifetime risk of CVD among the population in Outer North East London, - joint with population health
36	Improving outcomes and experience people with brain cancer	Brain cancer outcomes have been little changed in 4 decades and experience is often poor. There are potentially new treatments, and combinations of treatments that could start to make better outcomes tractable over the next 5 years. We are piloting approaches for a pathway-perspective on patient experience working with UCL humanities and Industry, new clinical fellow funded appointed, single oncological surgery site in NCL achieved with UCLP support for service reconfiguration, enhanced basic and translational cancer R&D linking with new drugs, DXT and surgical approaches. Aligned and mutually support work with National PBT bid/project above. Exciting opportunity to work with NEL		B	B	No	Metrics, including mortality to come together in collaboration with Cancer.	Has great potential for a difficult area of biology, with links to Cancer Sub projects as in integrated cancer project (1)
Womens health								
37	Using e-health to reduce inequalities in access	MRC PhD studentship from Oct 2011	2012/13	B	B	No		

38	Lifecourse approach to women's health	Fundamental change to the mindset and method of delivery of care for female reproductive health/conditions - substantial shift to patient centred-ness from historic departmental paradigm .UCLP PD led dialogue with stakeholders; Opinion Paper jointly with Royal Colleges published November 2011.	2012/13	D	C	No	Approach outlined with buy in from appropriate stakeholders.	Significant impact on national policy. Approach definition completed.
39	M (ums) power - Mother's empowerment through e-health	UCLP secured Funding, helped to develop broad partnership with test sites in NCL and NEL identified via HIEC. Codesign workshops undertaken. Researchers secured from UCL Population Health and UCL Anthropology for evaluation. Clinical leads at UCLH and Newham appointed. Specification for technology in draft form, and discussion with potential suppliers underway. Quality improvement support secured for both sites and improvement interventions agreed	2012/13	B	A	No	Detail of metrics is in the project materials	Technology based project.
40	NCL Maternal & Newborn Network	UCLP engaged from outset to establish formal service improvement network managing over 20,000 deliveries across the sector. Enthusiastic collaboration between clinicians, academics and commissioners. UCLP Deputy PD appointed obstetric lead and chair of clinical standards group for the Network. First application for a network wide trial submitted to NIHR.	2012/13	C	B	No	Clinical network standards as for maternity	Well led well established collaboration with good commissioner involvement.
COPD								

41	GP Education and proactive case management (ONEL) to improve healthcare value	COPD is a major chronic health problem across London, and driver of health care costs. Aim to improve care and reduce costs through better self-management and management in the community using a "year in the life" model of health value for a major long-term condition applied to a significant population base. UCLP initiated and obtained external funding for study design and implementation (£250k); education of GP practices -additional funding now in place and work commenced, baseline measures in place. A year in the life: adding value to COPD services is a joint project with population health.	Q4 2011	C	C	Yes – end point or goals of next phase to be determined	Clear metrics.	<p>Successful at gaining external funding for project. Excellent engagement with primary care. Challenge with IT linkages and governance. project is led by Professor Mike Roberts, NECLES HIEC COPD Pathway Facilitator</p> <p>Key features include:</p> <ul style="list-style-type: none"> - Four boroughs, 198 GP practices (all) - Educational intervention in primary care focused on admissions avoidance - IT system set up to inform performance improvement/ongoing performance management - Provides a platform for future change/projects in other pathways
Diffusion								
42	Stimulating the diffusion of innovation	Delayed spread of innovation (average time from discovery to practice at scale 17 years) is a major block to healthcare improvement. Aim to systematically reduce the time from discovery to implementation of innovation in communities at scale. UCLP initiated and obtained external funding (£120k), project design, leadership and implementation. Interim report submitted to NHS Chief Executive Review. Final report and implications for UCLP presented at Members Meeting on 21st November 2011 and learning incorporated into UCLP programmes.	Q3 2011	D	B	Yes		Long term project. External funding achieved. Links with projects ongoing to be considered.
Life sciences and industry								

43	Cohesive shared portal to support wealth creation	Joint work launched to increase economic regeneration through biomedicine by the 3 London AHSCs, Mayor's office and NHSL.	Q4 2011	D	A	Yes – end point or goals of next phase to be determined	Wealth creation metrics.	Profile and access not clear. Support for IP development may need review.
Quality								
44	Deteriorating patient - Reducing cardiac arrests in partner trusts	UCLP led and supported initiative across and with all partners with an aim to achieve a 50% reduction in cardiac arrests amongst inpatients by end 2012. Support from GOSH transformation team. Baseline/ outcome measures and intervention framework agreed, learning-set workshops underway, with Plan Study Do Act cycles (PSDA) – explicitly using improvement techniques and education	Q4 2011	B	B	No	Baselines agreed to reduce in hospital arrest by 50%	Next phase is spread to NE
Clinical and corporate support services								
45	Consolidation clinical and corporate support services	UCLP led design and impact assessment. Agreement to proceed in 4 major areas including pathology.	2012/13	B	B	No	Cost	In progress.
Education								
46	New model for delivery	UCLP legal entity for bids, design, contract, delivery. Successful 100% of bids; linking	current and	B Improved	B	No	Integral	LETB structure and role will develop, with innovative models of education. UCLP

	of postgraduate medical and dental education: Lead provider for dental and medical education (MDECS)	education more closely to UCLP programmes and utilising leadership development resources better; bidding for second bundles round currently as the new AHSS jointly NEL and NCL. Commencement of first intake of UCLP doctors in postgraduate training; development of an innovative tender for year 2 with focus on academic development with expectations all trainees will undertake a modular masters course; joint CNO support across NCL and NEL for new approaches to nurse education and career pathways live from April 2012 (see project 57).	ongoing	medical training				acting as host organisation for the programme.
47	Staff college for leadership	Aim to create a continuous series of cohorts of new leaders to enable deliver of better health/healthcare value to our population. Inclusive multi-professional participation >200 delegates to date. UCLP has secured external pump priming funding and support via all Partners, NHS London, and NCL primary care. Pilot year has received strongly positive feedback with >95% attendees strongly recommends the course to others; BC for year 2+ developed. Bid to NHSL and new national leadership academy/commissioning agency for long term funding. UCH hosted resource used by all partners, with evaluation of impact on staff.	2015	B Workforce skills	C	No	-Feedback -Grant funding -Numbers of delegates	Links to outcomes. This is likely to be a 'normal' of staff support being embedded in function across UCLP, being embedded as part of the LETB function. 500k awarded to broaden participation across the whole partnership (and beyond), develop a stretch model for advanced leadership for the most able and formally evaluate the impact of the staff college. This secures it for the next 3 years. >200 delegates through the college with feedback that 95% of delegates would strongly recommend to colleagues.
48	Nursing Development	Patients accessing health services in London are entitled to expect exemplary nursing tailored to their specific needs. While this exemplary service does exist in London, it is not widespread or consistent, this is reflected in the growing intensity of patient feedback. UCLPartners is supporting programme for a nurse training pathway for ward sisters. Ward sisters are traditionally hard to recruit to posts and are crucial	current and ongoing	B	A	No	Metric and competency based	Model of UCLP nurse is a powerful brand identity. Rapid cycles of evaluation and diffusion to other grades will be needed to maximise impact. New programme in very initial phase.

		leadership positions for staff in patient facing roles. This programme is aimed at improving the quality of patient care and improving the integration of nursing both within organizations and across the partnership. Plan to recruit to new posts across UCLP from April 2012.						
Industry								
49	Increasing early phase clinical trials	UCLP role to work with Industry partners at a high level and to facilitate joint use/show-casing of resources across the partnership. 38% overall increase last 12 months all medical fields across UCLPartners. New bid to Wolfson to support further early phase Neuro studies	current and ongoing	C Wealth creation. Improved outcomes.	A	Yes – look at links across projects and pace and scale of delivery	CLRN and institutional data	Not all activity captured, as is clear from Neurosciences. A specific targeted piece of work may increase this and would be supported by the programme director
50	Create new business models to work with Industry	Funding secured from Technology Strategy Board by UCLP. Partnership between UCL, UCLP (incl sub contract with Loop2) and Jansen. UCLP facilitating the translational aspects and test site.	2012/13	C	B	Yes – in context of impact increase		Theme running through other projects also.
51	Creating a technology innovation centre (TIC)	Bid submitted (scale of enterprise circa £150m) around cell therapy by UCL; this would be a globally leading initiative for cell and gene therapy based in NEL. UCLP role to bring in additional partners and provide political support for London site. Successful round one - full bid by November 2011. No final decision as yet.	2014/15	B	B	No	As per bid	Awaiting decision
Population health								

52	NIHR School for Public Health Research	UCL is one of 8 successful applicants to this School for applied population health research; support for workstreams via the UCLP PD population health and UCLP programmes. Agreed UCL senior lecturer to further integrate with and support UCLP Programmes	2012/13	C	C	No	Project related, not specific to the programme	Very academic programme working across others, providing valued support. Strong primary care links.
53	Review of Chase Farm Reconfiguration proposals against Sec of State's "Four Tests"	Review of relevant research evidence & analysis of GP & public engagement data	August 2010-Jan 2011	D	D	No		
54	Evaluation of planning & delivery of NHS Olympic programme		Oct 2011-April 2013	D	B	No		
Integrated care								

53	Supporting development of local models of integration	Designing and delivering care around patients and population preferences. Supporting implementation of system wide enablers: Integrating routinely collected data, measuring whole pathway metrics, new funding mechanisms. Examples include specific pilots of community based models of care for gynaecology and Heart Failure.	Ongoing	B Reduced cost, improved quality in patient satisfaction Could be C if models successful.	B	No	Integral	Different models will be used in different areas and programme is not yet UCLP wide. Potential for academic evaluation, grant support and publication over a period of time. Challenge with IT linkages and governance. Moving into implementation phase. Issues with silo categorisation of morbidity and pathways. May need health care research support. Strong primary care and patient links.
54	Whittington Health	Establishment of new model of provision. Created a new organisation across community and acute care. Supported strategy development. Next phase of work includes delivery of new models of care for patients over 65, clustering GP practices and working with them to reorganise community and social care services around the clusters. Partnership working across the full system with other providers, local council and CCGs	ongoing	B	B	No	Pathway metrics	Support for programme has been successful Legal entity established April 2011
55	Tariff research	Tariff research: inform a future funding model for aging patients with co-morbidities that could be used in place of PbR and other contracting mechanisms to incentivise care in the community and a whole pathway approach to service delivery. This includes regression modelling of historical activity across all settings and bottom up costing of components of care (including social care) to define: 1. Meaningful cohorts of patients (recognising acuity levels from different combinations of co-morbidities, social care needs and other socio-demographic factors), and, 2. A budget for each of the cohorts for a year of care (based on provider costs for delivering care across physical, mental health and social care, and the LES, but excluding	ongoing	D	B	No	Tariff profiles Budget	A project led by UCLP to develop a partial capitation budget for treatment of chronic conditions in North Central London joint with population health. The tariff will be jointly for hospital care, primary care, community care and social care and much of the data will be provided by North West London and Concentra.

		primary care contracts and areas where PbR is appropriate – i.e. elective surgery)						
Informatics								
56	Integrated informatics	Transparency of data for London to inform choice , improve healthcare provision and enable better evaluation of interventions at a population level	Q4 2011	D	B	Yes – end point or goals of next phase to be determined	Not intrinsic	Delivering integration of routinely collected data at Whittington Health, go live in September 2011, aim to expand to across all of UCLPs partners by Sept 2012;UCLP linking with GLA, NHS London and other AHSCs to co-create/integrate capital based solutions; lead facilitating role of UCLP central support and directed funding for pilot implementation from UCLP ;UCLP academic group supporting work to address R&D potential/challenges to address