



CATALYST EVENT eHEALTH RESEARCH

REPORT OF EVENT HELD ON 28 SEPTEMBER, IN MANCHESTER



CONTENTS

Introduction	2
Presentations	3
eHealth: the current climate	3
ICT and eHealth developments in Catalunya	3
The Veneto eHealth experience	3
Open Space discussions	4
Introduction to Open Space	4
Topics suggested	4
Other sessions	6
Feedback	7
Next steps	7
Appendix – Convener reports	8

INTRODUCTION

This one-day event is part of a wider programme of work being undertaken by NHS North West to increase the number of health research bids from the North West funded by the European Union (EU) and National Institute for Health Research (NIHR). NHS North West, supported by the North West Health Brussels Office (NWHBO), organised the event to bring together researchers, clinicians and small and medium-sized enterprises (SMEs) in order to collaborate on such bids.

The event was aimed at researchers working in the field of eHealth who were looking for partner researchers for funding bids. The box shows the number of delegates attending from each organisation type.

This report summarises the presentations and Open Space discussions from this event.

DELEGATES

39 delegates attended the event, from various organisation types:

• University	20
• NHS	10
• Other EU regions (Catalunya and Veneto)	4
• Social enterprises and other SMEs	4
• Public and patient involvement	1

PRESENTATIONS

Chris White (Senior EU Health Specialist, NWHBO) welcomed delegates and introduced the event. Three short presentations followed; all slides are available at <http://s3.amazonaws.com/euresearcher-production/23/original.AllPresentations.pdf?1318325564>.

eHEALTH: THE CURRENT CLIMATE

Iain Buchan, Director – Northwest Institute for BioHealth Informatics (NIBHI) and North West eHealth (NWeH), University of Manchester

Iain introduced the European eHealth climate, addressing the following questions:

- What are the eHealth challenges?
- How is NW England addressing these?
- What are the EU opportunities?

'eHealth' is an umbrella term covering ICT for health; it is indivisible from the academic field of Health Informatics. One of six Lead Market Initiatives for the EU, eHealth brings several challenges:

- Stale evidence
- Fragmented evidence
- Disjointed data deluge

Iain addressed each of these challenges, drawing examples from the work of NWeH. There is much to be gained – in terms of increasing strengths and reducing costs – by pooling expertise across the EU. For example, incorporating information about differences between settings improves research accuracy. A European e-Lab Federation could achieve synchronous meta-analysis, leading to more timely intelligence.

ICT AND eHEALTH DEVELOPMENTS IN CATALUNYA

Toni Dedeu, Director, Office of International Affairs and Health Cooperation, Ministry of Health of Catalunya

Toni gave an overview of Catalunya's health status and system before looking at:

- The ICT strategy and organisation in Catalunya
- Key ICT projects in Catalunya
- Future challenges

Catalunya has the problem of fragmented information systems, as the 65 providers use a variety of systems. There are also multiple sources of information. The government of Catalunya sees as strategic priorities the development of ICT policies and investment in the healthcare system. As a result, the SITIC Strategic Plan 2008–2011 has been designed as an initiative, containing six strategic pillars and 35 action plans.

Key ICT projects in Catalunya are telemedicine and telecare, medical image digitisation, personal health folders, electronic prescribing and shared medical records. Key principles that underpin these projects are:

- Networking
- Co-responsibility
- Resources sharing
- Collaboration
- Interoperability

THE VENETO eHEALTH EXPERIENCE

Francesco Bortolan, Head of the Office for Controls, Investments, Prices, Purchases – Regional Secretariat for Health

Francesco described the territory and population, and health and social management principles of Veneto. He then summarised two leading eHealth projects in Veneto:

- Health Optimum – a telemedicine project aimed to support different specialties
- DOGE – which aims to develop a network of services to share clinical data and documents between different players in the care process (for example, local health authorities, GPs and consultants)

In December 2010, Veneto's regional government assigned to the general managers of local health authorities a list of specific goals for different areas, including – for the first time – seven goals relating to ICT. These must be achieved by 30 June 2012, and progress towards doing so is being monitored monthly.

Francesco compared the Veneto eHealth experience with the Jimmy Hendrix experience: both push the limits of techniques and tools/instruments.



OPEN SPACE DISCUSSIONS

INTRODUCTION TO OPEN SPACE

Steve Pashley (Change Management Consultant, Health2Works) introduced the Open Space technique, which would be used to initiate and organise the group discussions.

Open Space offers a method of running meetings for groups of any size. It is a self-organising process. Within the event theme, participants construct the agenda by raising and scheduling a series of topics/ideas for exploration. The process enables groups to address complex, important issues and achieve meaningful results quickly.

Open Space meetings offer highly successful examples of self-organising systems. Self-organised meetings can have more success in addressing complex topics than more traditional meeting methodologies. Underpinning this are four simple principles and one law:

- 1. Whoever comes are the right people:** In other words, attendees of a session are 'right' simply because they care to attend and prioritise that meeting over all the other ones that are running concurrently.
- 2. Whatever happens is the only thing that could have:** Attendees should pay attention to events of the moment, instead of worrying about what could possibly happen. Conveners should not dominate discussions but allow the group to take the original idea in new directions.
- 3. Whenever it starts is the right time:** There is no given schedule or structure; creativity and innovation are the priorities.
- 4. When it's over, it's over:** Participants should not waste time, but move on to something else when the fruitful discussion ends (or continue working beyond the indicative end time if real progress is being made).

The 'Law of Two Feet' encourages participants to use their time wisely. If, at any time during the event, people find themselves in a situation where they are neither learning nor contributing, they are encouraged to 'use their feet' and go to another discussion that is likely to be more fruitful.

TOPICS SUGGESTED

Steve invited delegates to sit in a circle, take a piece of paper and pen from the middle, and note down their idea and name. Those coming forward with ideas then introduced themselves and briefly explained their thinking, before choosing one of three time slots allocated during the day to discuss the topic they had raised.

A total of 19 ideas were suggested, as shown in the table below. Each was allocated a meeting space, and the discussions began. In two cases, two groups decided to join together, due to the similarity of their topics. One additional discussion took place – informally termed a 'blind date' – on a topic not originally suggested but that a group of people subsequently found of common interest (see topic 20 below).

Each discussion that attracted participants was recorded by a convener (in most cases the delegate who had suggested the idea); convener reports are transcribed in the appendix, referenced as indicated in the table. Where no other person attended the session, some conveners chose to produce a report single-handed, while others did not, instead joining other discussions.

At the end of the discussions, all convener reports were put up on the wall, and delegates could add their name to topics that they would like to become involved in.

NAME	TOPIC	CONVENER REPORT
1. Francesco Bortolan	(Difficult) relationship between GPs and hospital specialists in eHealth projects	See appendix, report A
2. Francesco Bortolan	Sharing processes and systems definition, development and deployment with clinicians is fundamental for having a successful case	See appendix, report B
3. Viv Burr	The use of ICT to improve the quality of life for dementia sufferers and their carers	See appendix, report C
4. Mervyn Conroy	(Re)-attuning eHealth solutions and tools to the needs and culture of 'clinical partnership' working (e.g. mental health/learning disabilities and use of simplified tele-healthcare through mobile phone technology)	None
5. Toni Dedeu	EUREGHA (European network of regional and local health authorities) eHealth Working Group	See appendix, report D
6. Mark Grimshaw	Avoiding eHealth through eWellbeing	Joined with discussion 14 – see appendix, report E
7. Mark Grimshaw	What can medicine/health learn from other disciplines?	See appendix, report F
8. Lorenzo Gubian	A coding system for labs? One single coding system?	See appendix, report G
9. Elizabeth Guest	Can we 'reverse' fragmentation? How can we ensure a more holistic approach to patients?	See appendix, report H
10. Elizabeth Guest	Global view – build network of interlinked data automatically; text analysis to try to get past limitations of statistics	See appendix, report I
11. Carol Haigh	Using a memory vault for presentation of self	See appendix, report J
12. Sue Hinder	Patient and public involvement (PPI) and clinical staff involvement (CSI) in research design	None
13. Raju Keerthy	Interventions that could be delivered on an electronic device (iPad etc.) – simulated activities, interoperability across Europe	None
14. Jack Luo	Care for potential patients and how to monitor those people's health conditions	Joined with discussion 6 – see appendix, report E
15. Vincent O'Brien	'The Hendrix principle': generating ideas and information through engaging people in creative use of technologies	See appendix, report K
16. Stephen Parsons	Development of common NHS data abstraction layer and API [Application Programming Interface] to speed up portal application developments and allow use of same apps at different sites and any modern device at any site	Joined with discussion 19 – see appendix, report L
17. Carles Rubies	Data mining in imaging, looking for pathologies lost in images taken for other purposes	See appendix, report M
18. Anthony Threlfall	e-Prevention using phones and PCs	None
19. Daniel Zamora	Sharing patient data – how to make it happen	Joined with discussion 19 – see appendix, report L
20. 'Blind date'	Inter-departmental collaboration – inter-disciplinarity	See appendix, report N

OTHER SESSIONS

In addition to the above 20 discussion topics generated on the day, three sessions were offered throughout the three rounds of meetings:

Overview of EU health research funding opportunities

An EU funding specialist consultant working on behalf of NHS North West R&D Team presented on the current EU health research funding opportunities, and how to apply for these.

There are various benefits to seeking European partners and funding for an eHealth research project:

- Sharing cost and risk
- Collaborating with key players
- Accessing new ideas and skills
- Raising your profile
- Accessing new 'markets'

The main schemes relevant to research in eHealth are:

- Seventh Framework Programme for Research and Development (FP7)
- Innovative Medicine Initiative (IMI)
- Public Health Programme
- Competitiveness and Innovation Programme (CIP)
- Ambient Assisted Living (AAL) Joint Programme

Key elements of a good project are that it is innovative, it brings about a positive change, it has a European element, and it has clear beneficiaries. Typical applications comprise part A (administrative information) and part B (work plan, implementation and impact).

The slides to support this session are also available at <http://s3.amazonaws.com/euresearcher-production/23/original.AllPresentations.pdf?1318325564>.

Demonstration of the EU Health Researcher online tool

This online tool, available at <http://euhealthresearcher.eu>, supports researchers from the North West and other European regions to identify opportunities for EU-funded health research and to engage with each other, in order to collaborate on EU funding calls or create project proposals.

The site is aimed at professionals working in a variety of health-related domains, with an interest in pursuing EU funding opportunities. The site is open to everyone including those with no experience of participating in EU co-financed projects, as well as those who have successfully participated in and led bids.

There was considerable interest in EU Health Researcher, with some delegates registering for the tool at the event, and others expressing an intention to do so soon.

NIHR Research Design Service for the North West

This session provided an opportunity for delegates to meet with staff from the NIHR Research Design Service for the North West, which is funded by the NIHR as part of a network of regional Research Design Services in England. The team provides free advice on research design to researchers in the North West who are developing proposals for national peer-reviewed funding competitions for applied or social care research.

The support available includes:

- How to formulate a research question
- Research design for quantitative studies
- Advice for observational and quasi-experimental studies
- Advice on economic aspects of studies
- Research design for qualitative studies
- Advice on how to identify and apply to appropriate funding schemes
- Public involvement in research design and conduct
- Advice for contacting appropriate collaborators in research

More information is available at www.rds-nw.nihr.ac.uk.

FEEDBACK

To conclude the day, Steve Pashley invited delegates to provide feedback on how they had found the day. Comments can be categorised as follows:

FORMAT OF THE DAY

- Some delegates who had intended leaving part-way through the day had instead decided to stay.
- The Open Space method will be useful to delegates in their own organisations.
- The flexibility of being able to drop in and out of sessions was useful, and particularly convenient for those who could not be present for the whole day.

TOPICS COVERED

- It was pleasing that the focus was on applying technology rather than just on the technology itself.
- It was useful to exchange views on technical aspects of eHealth.
- Delegates found it useful to learn how to develop and submit a bid for EU funding.
- It was valuable to hear about real-life examples of eHealth projects, for example with Catalunya and Veneto achieving what we are striving towards in the North West, UK.

NETWORKING

- Much meaningful conversation had occurred through random encounters and people dropping in to different sessions.
- Some had met partners to help with research projects.
- Plenty of valuable connections had been made, often between those who may not immediately seem to have shared interests.

NEXT STEPS

The event was the beginning of the emergent Catalyst process, and we will be in touch with delegates on how NHS North West Research and Development (R&D) Team and NWHBO might further support the project ideas. *A Guide to eHealth EU funding* will be available very soon; this will be sent out to delegates.

Two further Catalyst events are taking place in the North West: on mental health (on Friday 28 October) and cancer (Thursday 24 November). If your research field covers either of these topics and you would like to attend, please email gail.green@northwest.nhs.uk.

For more information on NHS North West R&D Team's EU work programme, please contact Jan Robinson, Project Manager, European Union R&D, NHS North West, 3 Piccadilly Place, Manchester M1 3BN

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APPENDIX – CONVENER REPORTS

Conveners are shown in **bold**. The names of delegates who did not participate in the discussion but expressed an interest in getting involved in future are shown in *italics*.

TOPIC	WHO	KEYPOINTS	NEXT STEPS
<p>REPORT A</p> <p>(Difficult) relationship between GPs and hospital specialists in eHealth projects</p>	<p>Francesco Bortolan, Mervyn Conroy</p>	<ul style="list-style-type: none"> • Diffused problem • Relationships – GP in town, GP out of town, specialist (hospital) • GP – prescriptions induced by specialists • GP in town – feels simply a paper prescriber • GP out of town – feels the real doctor • Specialist – may feel more important • In Italy, the GP earns more than the medium specialist 	<p>Try to compare England and Italy</p>
<p>REPORT B</p> <p>Sharing processes and systems definition, development and deployment with clinicians is fundamental for having a successful case</p>	<p>Francesco Bortolan, Lorenzo Gubian, Stephen Parsons, Carles Rubies</p>	<ul style="list-style-type: none"> • The need to set standard data definitions for a shared record • The challenges if PACS images are to be shared across organisations • Government/health authority can/should dictate to suppliers how data is to be transferred – financial incentives may be required 	
<p>REPORT C</p> <p>The use of ICT to improve the quality of life for dementia sufferers and their carers</p>	<p>Viv Burr, Elizabeth Guest, Bashir Matata, Anthony Threlfall, Stephen Waterson</p>	<ul style="list-style-type: none"> • Possibility of online system for checking out your symptoms, where the information you input is routed to relevant professional staff to follow up with you • Adapt existing technologies for use by dementia sufferers, e.g. prompts on phone for daily activities, Dragon speech recognition, texts • Build on current technology that the patient is familiar with, e.g. television, and 'plug in' new technology to this • Interactive toy industry (robots) may have technology to adapt • Cost-effectiveness and affordability are key • Include sound? May trigger memories 	<ul style="list-style-type: none"> • Look at what current technology is available, and where • Identify 'goals' or 'wish list' for carers/sufferers to present to techies to suggest solutions
<p>REPORT D</p> <p>EUREGHA (European network of regional and local health authorities) eHealth Working Group</p>	<p>Toni Dedeu, Mark Goodall, Alan Grant, Elizabeth Guest, Norma Wood, Daniel Zamora</p>	<ul style="list-style-type: none"> • Multisectoral approach to eHealth • Putting topics in EU eHealth 2020 agenda • Partnership • Telecare and telemedicine – from a holistic approach • Not much covered about EUREGHA, but lots on general networking at the EU level 	<ul style="list-style-type: none"> • Exchange business cards • Contact NWHBO

TOPIC	WHO	KEYPOINTS	NEXT STEPS
<p>REPORT E</p> <p>eHealth versus eWellbeing</p>	<p>Colin Duff, Mark Goodall, Mark Grimshaw, Elizabeth Guest, Sue Hinder, Jack Luo, Vincent O'Brien, Anthony Threlfall, Daniel Zamora</p>	<ul style="list-style-type: none"> • Varied definitions of eWellbeing and wellbeing • Use of social networks • Does technology necessarily improve wellbeing? • Current NHS emphasis on measurable things (e.g. lifespan) rather than qualitative (happiness) • Don't do things to people – let them choose to take part • Dialogue – community – professionals • Society is not monolithic – one size does not fit all 	
<p>REPORT F</p> <p>What can eMedicine/eHealth learn from other disciplines?</p>	<p>Katy Boyle, Louise Ann Connell, Paula Cooper, Chris Dabbs, Stuart Eglin, Mark Grimshaw, Carol Haigh, Raju Keerthy, Jack Luo, Christine Stewart, <i>Elizabeth Guest</i></p>	<ul style="list-style-type: none"> • No one project/idea but agreement to keep in email contact should anything arise • Wide-ranging discussion across disciplines 	<ul style="list-style-type: none"> • Mark Grimshaw to send email to all as reminder of addresses/members
<p>REPORT G</p> <p>A coding system for labs? One single coding system?</p>	<p>Francesco Bortolan, Lorenzo Gubian</p>	<ul style="list-style-type: none"> • No technical problem, but more an organisational one • It seems that every area has a local coding system • It's difficult to find experience about it 	
<p>REPORT H</p> <p>Can we 'reverse' fragmentation? How can we ensure a more holistic approach to patients?</p>	<p>Stuart Eglin, Elizabeth Guest, Stephen Walker</p>	<ul style="list-style-type: none"> • Problem is likely to get worse with an ageing population who are more likely to have more than one condition • Needs to be patient-led • Ideas to find a solution: <ul style="list-style-type: none"> - Mobile phone apps that allow patients to record data when they feel the need to. The patient is normally the expert on how their conditions affect them - Have people in hospitals who can obtain data from mobile phone and provide it to clinician in most appropriate format - Have possibility of uploading data at local chemist/GP surgery? - Prepare a standard kind of document about how their conditions affect them. This could be stored with electronic medical records, but patient needs to be able to have access to it for editing purposes - Make hospital consultants aware of scheme 	<ul style="list-style-type: none"> • Scope out a feasibility or trial project • Get various stakeholders on board • Obtain funding for pilot studies in different regions • Note: many mobile apps exist so there should not be huge software development

TOPIC	WHO	KEYPOINTS	NEXT STEPS
<p>REPORT I</p> <p>Global view – build network of interlinked data automatically; text analysis to try to get past limitations of statistics</p>	<p>Elizabeth Guest</p>	<ul style="list-style-type: none"> • Would it be possible to apply the global view idea/technology at several levels? <ul style="list-style-type: none"> - Help with understanding an individual – from a holistic view point, that is both how their medical conditions interact and how things about their normal everyday life interact with their ‘wellbeing’ - Aid to making policy decisions by being able to visualise and understand better how different parts of a system interact. This could include textual analysis of what users are saying. So you combine standard numerical data with textual analysis from user data (both at a local and a national level) - Aid to understanding how different systems in different countries differ, but also where they are the same 	<ul style="list-style-type: none"> • Find a stakeholder who is able and prepared to provide (anonymised) time series data for a case study, preferably someone who is able to fund a short extension of the current EPSRC-funded project in order to carry out a worthwhile case study and feasibility • Explore the possibility of a larger EU project with partners from different regions
<p>REPORT J</p> <p>Using a memory vault for presentation of self</p>	<p>Viv Burr, Stuart Eglin, Steve Pashley, Mark Grimshaw, Carol Haigh</p>	<ul style="list-style-type: none"> • Development framework • Creating or discovering software to store memories • Physical manifestation • Dialogue and timing • Evaluation and measurement of preservation • Don’t forget ‘soundscape’ 	<ul style="list-style-type: none"> • Continue the conversation • Follow-up meeting
<p>REPORT K</p> <p>‘The Hendrix principle’: generating ideas and information through engaging people in creative use of technologies</p>	<p>Vincent O’Brien</p>	<ul style="list-style-type: none"> • Using existing technologies – e.g. video, photography, museums and exhibitions • Bringing together practice and lived experiences • What is the ‘value’ of the technology to the participants? • Using technology to understand how people make choices and how they choose to change • Moving beyond measurement 	<ul style="list-style-type: none"> • Email contact between participants

TOPIC	WHO	KEYPOINTS	NEXT STEPS
<p>REPORT L</p> <p>Common NHS data abstraction layer and API</p>	<p>Stephen Parsons, Uli Sattler, Stephen Walker, Stephen Waterson, Daniel Zamora</p>	<ul style="list-style-type: none"> • Development of API layer should be led by NHS and be supplier-independent • Develop API as a web standard (W3C) – suppliers invited to participate • Possibility of clinical coding in API • Review existing standards, e.g. NCI (cancer) in USA • Services via any device would access API from any location because of standard API data structures/formats 	
<p>REPORT M</p> <p>Data mining in imaging, looking for pathologies lost in images taken for other purposes</p>	<p><i>Elizabeth Guest,</i> Carles Rubies, Stephen Waterson, Daniel Zamora</p>	<ul style="list-style-type: none"> • Looking for research into automated identification of issues previously missed on the library of images 	<ul style="list-style-type: none"> • Does this already exist?
<p>REPORT N</p> <p>Inter-departmental collaboration – inter-disciplinarity ('blind date')</p>	<p><i>Viv Burr,</i> <i>Elizabeth Guest,</i> Mark Grimshaw, Carol Haigh, Angel Salazar</p>	<ul style="list-style-type: none"> • Too much focus on the technology, not enough on person-centred models • Need to focus on behavioural models • Moving out of professional comfort zones • User-led systems that are not institutionally defined • Experimentation 	<ul style="list-style-type: none"> • Continue to develop this conversation



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