

FOUR 'N' OUTPUTS FROM CAMBRIDGE INTERCLAHRC WORKSHOP : 19-20 MARCH 2012

<p>NUGGETS (<i>Current positives</i>)</p> <ul style="list-style-type: none"> • Strong Shared Buy in and Vision • 'Black Swans' (i.e. case study) exemplars • Improvements in Data quality and availability • MASHnet, Cumberland Initiative, Networks • NHS 'Pull in' of project work • Track Record of effective implementation • CLAHRCs • Local Scale Successes • Joint Meetings between different stakeholders and communities • More Committed people • Complexity of the NHS - hence more need for modelling solutions • Other Sector Input (eg Engineering) • Celebrate our own skills and input • Advance of technologies and Methods in the field • Heightened Profile within health service • Shift to more pragmatic approaches • Money pressures provide a stimulus to modelling. • Development of visual methods 	<p>NICE IFS (<i>Future aspirations</i>)</p> <ul style="list-style-type: none"> • Continuous use models • Model the impact of 'Cherry Picking' • OR for healthcare MSc courses • Higher level of numeracy in NHS • Rapid modelling to support healthcare management • Aggregation of success stories to encourage interest and uptake • An effective modelling knowledge base • Post Project evaluations • Widened communication amongst academics • Modelling routinely used in practice and planning • Routine Data collected for design process • Information systems which support modelling • Publications in accessible journals, read by practitioners in health care • Promotion of CLAHRC approach in research • More integrated care • Harness the expertise in healthcare modelling • Commissioner involvement • Better use of existing resource frameworks • Models focused on outcomes • Basic capacity with NHS to conduct modelling • Define evidence • NHS ownership of modelling and simulation in healthcare (as opposed to outsourcing) • More clinical peer review of research • Enhance communication within NHS with regard to use of effective modelling.
<p><i>now</i></p>	<p><i>future</i></p>
<p>NIGGLES (<i>Current negatives</i>)</p> <ul style="list-style-type: none"> • NHS Firefighting (i.e not planning) • Absence of realism • Modelling and Simulation 'part of' not the whole solution - needs to be understood • Lack of RCT type data to support evidence base • Academic research not easily integrated within NHS • Staff turnover (challenges consolidation) • Free text data capture not useful • Patient centred approaches needed • Problems not understood • Lack of understanding of methods • Lack of Big Organisation support • Lack of capacity and capability within NHS • Skepticism, Fear or Chaos over use of modelling within health service • Too many academic publications in OR journals which do not reach practitioners • Academic ego driven (rather than need driven) research • Risk Averse research • Track record of failed initiatives and projects • Lack of senior management 'buy-in' • Design and delivery need to considered separately 	<p>NOO NOOS (<i>Future potential negatives</i>)</p> <ul style="list-style-type: none"> • Badly conceived projects • Exaggeration of potential leading to disillusionment • Narrow focus in approach (eg just using simulation) • Dangers of cataloguing • Morale too low within the NHS • Money constraints • Corruption • Big Six consultancies (monopolising) • Job left to others • No projects with NHS 'buy in' • Used as stick to beat people and organisations rather than improve services • Top down directives without budgets