

PROGRAMME OF EVENT

NIHR CLAHRCs SYSTEMS MODELLING AND SIMULATION KNOWLEDGE SHARING
EVENT (SMSKS 2012)

THE ROLE OF SYSTEMS MODELLING AND SIMULATION IN PROMOTING RESEARCH IMPLEMENTATION IN HEALTHCARE

DATE: 19th and 20th of March, 2012

VENUE: The Upper Hall, Emmanuel College, Cambridge, UK

ORGANISED BY: CLAHRC CP, PenCLAHRC & CLAHRC Support Programme hosted at the NHS Confederation

19 March






DAY 1: The state of affairs	
9.00	Registration/ Reception/ Industry Showcasing/Poster Session (Simulation industry healthcare solutions showcase; setup at start of day)
9.55 – 11:25	Chair: Terry Dickerson Welcome –Prof. Peter Jones (Director, NIHR CLAHRC CP)
10.05 – 10.50 (45min)	Keynote I: Systems Modelling and simulation in healthcare: The pragmatics from a clinician's perspective [Simon Dodds]
10.50 – 11.35 (45min)	Keynote II: Systems Modelling and simulation in healthcare: A psychologist's reflections on the use of modelling in developing a new service [Fergus Gracey]
11.35 – 11.50	Coffee/Tea break
11.50 – 12.45 (55min)	Discussion session A: Chair: Alexander Komashie Presentations: 1. The Experience of PenCHORD (<i>Martin Pitt, PenCHORD, PenCLAHRC</i>) 2. Performance-Based Contracts for Outpatient Medical Services (<i>Houyuan Jiang, Judge Business School, Cambridge, CLAHRC CP</i>) 3. Stress on the Ward: Evidence of Safety Tipping Points in Hospitals (<i>Stefan Scholtes, Judge Business School, Cambridge, CLAHRC CP</i>) 4. Which diagrams and when? - Health workers' choice and usage of different diagram types for service improvement (<i>Thomas Jun, Loughborough University, formally CLAHRC CP</i>) 5. The "modular, screen-based simulation course": A novel method of equipping future Urologists in the current training climate (<i>Vimoshan Arumuham, Royal Free Hampstead NHS Trust</i>)
12.45 – 1.45	Lunch
1.45 -2.30 (45min)	Chair: Martin Pitt Key note III: Systems Models and Simulations in Healthcare: Successful Applications, Current Challenges and Future Opportunities [David Bensley]
2.30-3.45 (1hr 15min)	Discussion session B: Chair: Martin Utley Presentations: 1. Can the retinal screening interval be safely increased to 2 years for diabetic patients without retinopathy? (<i>Dan Chalk, PenCHORD, PenCLAHRC</i>) 2. Health economic modelling of the service of care in Sheffield for patients with longer-term depression (<i>Sheffield, CLAHRC SY</i>) 3. IMPACT: A generic tool for modelling and simulating public health policy (<i>CLAHRC GM</i>) 4. Understanding acute stroke pathways using simulation

	<p>(Tom Monks, PenCHORD, PenCLAHRC)</p> <p>5. Mental health assessment: using modelling to aid redesign of a county-wide service (Mike Allen, PenCHORD, PenCLAHRC)</p> <p>6. The role of systems modelling and simulation in the healthcare design process (Alexander Komashie, EDC, Cambridge, CLAHRC CP)</p>
3.45 – 4.00	Coffee/Tea break
4.00 - 5.30pm (1hr 30min)	Industry panel session (Chair : Professor Brian Dangerfield) The case for systems modelling and simulation in healthcare: Strategies for driving up implementation
7pm	Networking dinner Old Kitchen (reception) and Old Hall (dinner) Queen's College, Cambridge

20 March

DAY 2: Looking ahead	
8.30	Registration/Reception/Industry Showcasing/Poster Session (Simulation industry healthcare solutions showcase; setup at start of day)
9.15-10.45	Chair: Warren Kerley
9.15 – 10.00 (45min)	Key note IV: Systems Modelling and Simulation in Healthcare potentials for the future [Martin Utley]
10.00 – 10.45 (45min)	Key note V: Systems Modelling and Simulations in Healthcare: What if? [Professor John Clarkson]
10.45 – 11.00	Coffee/Tea break
11.00 – 12.30 (1hr 30min)	Chair: Alexander Komashie Where do we go from here? Brief presentations from networks – MASHnet [Martin Pitt] (20min) Cumberland Initiative [Professor Thierry Chausalet] (20min) Workshop sessions and plenary reporting back – Martin Pitt (50min)
12:30 -12.45	Announcements and closure – Alexander Komashie & Martin Pitt
12:45	Lunch & Departure

KEYNOTE SPEAKERS

	<p>Simon Dodds (<i>Clin. Dir. for Outpatients, Access, Booking & Choice, Heart of England NHS Trust</i>)</p> <p>Simon won an Open Scholarship to read Medicine at Cambridge in 1979. He chose a Part II in Computer Science. He trained in surgery in London, Cambridge and Wessex and was appointed consultant vascular surgeon at Good Hope Hospital in 1999. Since then he has combined his experience in medicine, research and computer science to improve vascular surgery services at Good Hope. In 2004 his team were awarded the NHS Innovation Award for Service Delivery for the Leg Ulcer Telemedicine Service. His current projects include the application of discrete event simulation (DES) to the design of improved healthcare processes for which he was awarded the HITEA 2005 Best use of IT in the Health Service for the successful implementation of the DES-designed One Stop Vascular Surgery Clinic. The story of these projects was published in 2007 in the book "Three Wins" which he has kindly provided to delegates as a pdf file.</p>
	<p>Fergus Gracey – (<i>Clinical lead, Cambridge Centre for Paediatric Neuropsychological rehab</i>) Fergus is a Consultant Clinical Neuropsychologist in Cambridgeshire Community Services (NHS) Trust, and the Clinical Lead for the Cambridge Centre for Paediatric Neuropsychological Rehabilitation. His clinical and research interests are in neuropsychological rehabilitation of acquired brain injury (ABI), specifically self-regulation, identity and emotional adjustment. Fergus is a practitioner researcher with the NIHR Collaborations for Leadership in Applied Health Research and Care for Cambridgeshire and Peterborough (CLAHRC-CP) and last year was awarded a fellowship with CLAHRC-CP to study service provision for mental health problems following childhood brain injury. In these roles he is involved in research relating to service improvement and service design for adults and children with brain injury. Fergus cofounded the neurological conditions Special Interest Group of the British Association of Behavioural and Cognitive Psychotherapies (BABCP), he is a member of the Board of Associate Editors of <i>Neuropsychological Rehabilitation</i> and a Clinical Associate of the MRC Cognition and Brain Sciences Unit.</p>
	<p>David Bensley (<i>formerly Operational Research Programme Manager, Dept of Health</i>)</p> <p>Before retiring last year David had worked for over 35 years in Health, formerly as Regional Statistician and Manager of an Analysis Unit in Yorkshire Regional Health Authority, and latterly as Operational Research Programme Manager in the Department of Health. He has extensive experience at a senior level, of successfully initiating and applying simulation to a range of strategic and operational health service problems including models for booked appointments, waiting times, preventative care and generic models for capacity planning.</p>
	<p>Martin Utley (<i>Prof. of Operational Res. & Dir. of the Clinical Op. Res. Unit (CORU) at UCL</i>)</p> <p>Martin joined CORU after completing a PhD in Particle Physics in 1996. Since then, he has worked closely with clinicians in a variety of specialties including paediatric cardiac surgery, rheumatology, thoracic surgery and intensive care. Martin acts as scientific advisor the National Confidential Enquiry into Patient Outcome and Death and as Editor of the journal Operations Research for Health Care. His current research interests are in the development and use of risk models to provide clinical teams with tools to monitor their clinical outcomes, strategic and operational capacity planning in health care, and the use of modelling to support health protection policy.</p>
	<p>John Clarkson (<i>Prof. of Engineering Design Director, Cambridge Engineering Design Centre</i>)</p> <p>John Clarkson was appointed director of the Engineering Design Centre in 1997 and a University Professor in 2004. John is directly involved in the teaching of design at all levels of the undergraduate course. John has gained wide experience of product development with a particular focus on the design of medical equipment and high-integrity systems, where clients required a risk-based systems approach to design to ensure timely delivery of safe systems. His research interests are in the general area of engineering design, particularly the development of design methodologies to address specific design issues, for example, process management, change management, healthcare design and inclusive design. As well as publishing over 450 papers, he has written and edited a number of books on medical equipment design and inclusive design.</p>