

Summary |

Organisation	Clinical academic integration model	Purpose / mission	Resource and leadership model	Output / outcomes / impact	Benefits / challenges / critical success factors
<p>Bristol Health Partners</p> <p>11 partners, which include: NHS providers (physical health, mental health, community, blood and transplant); Integrated Care Board (ie, regional health system); universities; local authorities (ie, municipalities).</p> <p>2 affiliate organisations (primary care providers and networks).</p> <p>www.bristolhealthpartners.org.uk</p> <p>Contact: Oliver Watson (email)</p>	<p>19 Health Integration Teams (HITs) organised by specialty or priority. HITs are also grouped by (i) chronic health conditions, (ii) mental health, (iii) equitable, appropriate and sustainable health and care, (iv) public health interventions.</p> <p>Bristol Health Partners formed in 2012. The first seven HITs were established in 2012/13.</p>	<p>Bristol Health Partners is an Academic Health Science Centre and strategic collaboration that exists to help people live longer and healthier lives and improve how services are delivered by integrating, promoting and developing the region's strengths in health and care services, research, innovation and education.</p> <p>A HIT is a group that brings together health professionals, managers, researchers and the public to tackle local health and care priorities.</p>	<p>Per HIT – funding (max. £15k), project management (c.0.1 FTE), members' in-kind contributions.</p> <p>Leadership: 1-4 Directors per HIT, at least one of which is from a partner organisation. Backgrounds vary from clinicians, public health consultants, academics, public contributors, health and care managers and senior staff within local voluntary, community and social enterprise organisations.</p>	<p>Expected outcomes / impact: (i) external income, (ii) workforce development, (iii) policy influence, (iv) improvements in services / pathways and population health.</p> <p>Routine evaluation: No Year of last review/evaluation: 2016/17 (strategic review).</p>	<p>Benefits: enduring networks; neutral spaces; flexibility'.</p> <p>Challenges: capacity, realistic ambitions, resource.</p> <p>Success factors: Project management, public involvement; alignment with local priorities; engaged leadership.</p>
<p>King's Health Partners</p> <p>4 partner organisations, which include three NHS providers (physical health, mental health, acute, community, specialist) and one university.</p> <p>www.kingshealthpartners.org</p> <p>Contact: Joseph Casey (email)</p>	<p>22 CAGs organised by speciality. Some are designated as Clinical Academic Partnerships (CAPs) which receive additional investment in leadership and programme resources.</p> <p>Cross-cutting programmes to support cross-CAG collaboration include: Mind & Body, Education, Academic Surgery, Rare Diseases.</p> <p>King's Health Partners formed in 2009. The first 21 CAGs were established in 2009/10.</p>	<p>King's Health Partners is an Academic Health Science Centre where world-class research, education and clinical practice are brought together for the benefit of patients, locally and globally.</p> <p>CAGs develop their strategies to drive improved patient outcomes through integrated service delivery, education and research.</p> <p>CAPs are areas of identified clinical academic strength with the potential to accelerate impact and benefit through collaboration.</p>	<p>CAPs receive an annually agreed budget for leadership and programme management (approx. £450-500k). CAGs receive central support including focused project management (time limited) & light touch support with events, communications etc. All CAGs are offered annual listening exercises.</p> <p>Leadership: CAGs and CAPs have co-leaders from academic and clinical backgrounds. Leaders have programmed activity time in their job plan.</p>	<p>Facilitating clinical academic partnership across the KHP organisations to address the root causes of systemic pressures.</p> <p>Routine evaluation: No Year of last review/evaluation: 2021 (review of model).</p>	<p>Benefits: translating and embedding research in clinical practice; tackling inequalities through a population health management approach; building clinical and academic research capacity and capability.</p> <p>Challenges: not all CAGs/CAG leadership currently actively engaged. Large number of CAGs with small amount of project support (outside of clinical academic partnerships).</p>

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<p>Greater Copenhagen Health Science Partners</p> <p>10 partners, anchored across the University of Copenhagen, the Technical University of Denmark, the Capital Region and Region Zealand.</p> <p>https://gchsp.dk/en</p> <p>Contact: Ruth Frikke-Schmidt (email)</p>	<p>18 CAGs organised by speciality or priority.</p> <p>5 new CAGs to be launched 2024 and a further 5 in 2025.</p> <p>Greater Copenhagen Health Sciences Partners formed in 2017.</p>	<p>Excellent cross-disciplinary translational research and implementation into clinical practice; prevention; education; public-private collaborations.</p>	<p>3.5 mill DKK per CAG for start up (year 1), 3 PhD students and administration.</p> <p>Leadership: Currently 2 CAG chairs working with 10 key members; developing model to 2-4 CAG chairs including mentoring to support the next generation of research leaders.</p>	<p>Outcomes: External income, growth of clinical academic workforce, growth in translational PhDs.</p> <p>Routine evaluation: No Year of last review/evaluation: 2022</p>	<p>Challenges include siloed working. There is a desire for CAGs to work more collaboratively. A move to matrix working is being planned to help enable more integration.</p>
<p>Mental health services Copenhagen</p> <p>3 partners which include 1 mental health hospital, The Region Hovedstadens Psykiatri, and the Faculty of Health and Medical School of the University of Copenhagen.</p> <p>KAGs - clinical academic groups (psykiatri-regionh.dk)</p> <p>Contact: Per Sørensen (email) and Lars Vedel Kessing (email)</p>	<p>4 CAGs organised by specialty.</p> <p>2 CAGs (Bipolar and Psychotherapy) formed in 2019.</p> <p>2 CAGs (Schizophrenia and Dual Diagnosis) launched 2023.</p>	<p>Improved patient outcomes and clinician satisfaction</p> <p>Ensure patients receive standardised/evidence-based treatment; to improve research involvement for staff along with diagnostics and treatment and case supervision support.</p>	<p>Resourcing specific to projects.</p>	<p>Routine evaluation: No Year of last review/evaluation: Not yet reviewed.</p>	<p>Clinical service delivery standardised.</p> <p>Effectively enhanced treatment.</p>

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<h2>Human First</h2> <p>Partners: VIA University College, the Central Denmark Region, Aarhus University and the 19 municipalities in Central Jutland</p> <p>https://human-first.org/</p> <p>Contact: Per Jørgensen (email)</p>	<p>4 cross partner focus areas (Brain disease and brain injury; Rehabilitation; Link between theoretical education and practical training; Mental health for children and young people (later in development))</p>	<p>Cooperation on groundbreaking research, development, education and clinic (prevention, management, diagnosis, treatment, care and rehabilitation) – for better health and society. This involves delivering and evaluating focused projects. The initial delivery phase for each of the first three focus areas was a two-year period between 2018 and 2021 after which an evaluation and renewal took place.</p>	<p>Coordination Committee for each focus area. Provides access to knowledge, data and resource persons across the partner organisations</p>	<p>Routine evaluation: No Year of last review/evaluation: Partnership agreement renewed 2021</p>	<p>Challenges: Different legislative frameworks and traditions; different points of view and working conditions; different languages and concepts; absence of general practice</p>
<h2>Regional Hospital Central Jutland</h2> <p>1 hospital unit comprising 5 hospitals</p> <p>https://www.fagperson.hospitalsenhedmidt.dk/om-os/kuf/</p> <p>Contact: David Høyrup Christiansen (email)</p>	<p>4 KUFs organised by priority. (Rehabilitation; Optimising patient-pathways, Cross-sectoral courses of treatment, Multimorbidity).</p>	<p>To deliver agreed service transformation, education and research projects</p>	<p>Seed funding of 60k with central secretariat function. Expected to self-fund after 5 years</p>	<p>Increased collaboration across hospitals, specialties and healthcare sectors.</p> <p>Routine evaluation: No Year of last review/evaluation: Planned for 2024</p>	<p>Benefits: Increased collaboration across hospitals, specialties, and healthcare sectors; accelerated implementation of new knowledge in clinical practice.</p> <p>Challenges: Support systems and funding, time.</p>

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<p>Central Norway Regional Health Authority</p> <p>8 partners including three hospital trusts, pharmacy service, Norwegian University of Science and Technology, Nord University, Molde University College, Volda University College</p> <p>https://www.helse-midt.no/</p> <p>Contact: Björn Gustafsson (email)</p>	<p>9 Clinical Academic Groups (CAGs) organised by condition, (Inflammatory bowel disease, cardiac diagnostic imaging, multiple myeloma, Alzheimer’s disease, prostate cancer, rare genetic diseases, AI cancer prognostic, asthma and COPD, sleep and chronobiology).</p> <p>Formed between 2019 and 2023 through application and review by international panel.</p>	<p>Brings together at least one university, and three health institutions with patients to develop new knowledge with concrete effect on health services. Broad and interdisciplinary scientific approach; addressing defined health challenges.</p>	<p>Initial budget of 1 mill Krona (£90k) annually from Regional Health Authority. Continued funding linked to evaluation. Also have 2 x PhDs for first 2 years (one each funded by university and cooperative body).</p> <p>Leadership: Each CAG has a chair and deputy chair; one with university and the other with health service employment.</p>	<p>Must demonstrate how outputs will be translated into competence development, training, dissemination and innovation.</p> <p>Routine evaluation: Yes (every 3 years).</p> <p>Year of last review/evaluation: 2023 for first group of CAGs.</p>	<p>Benefits: strengthens collaboration in research and innovation; strengthens translational research for patient benefit</p> <p>Challenges: capacity, realistic expectations, external funding, what is the right number of CAGs</p> <p>Success factors: patient involvement; partners have been positive about the model</p>
<p>Sydney Health Partners</p> <p>5 health partners (4 local health districts and a children's hospital network), 1 university and 11 affiliated medical research institutes.</p> <p>https://sydneyhealthpartners.org.au</p> <p>Contact: Andria Ratchford (email)</p>	<p>12 CAGs organised by specialty, health priority or innovations in health care.</p> <p>CAGs are self-forming and then accredited through competitive selection process.</p> <p>Formed between 2021 and 2023 (one emerging CAG).</p>	<p>The CAGs are focused on research translation and aim to optimise the impact of research in the health system to improve patient outcomes.</p>	<p>Funding per CAG 2024-2026: \$70k (approx. £35k) for a collaborative project, backfill and capacity building.</p>	<p>Consumer and community involvement; Implementation science academy.</p> <p>Routine evaluation: Yes. mid-year and annual progress reviews, including a brief written report and in-person meeting.</p> <p>Year of last review/evaluation: Planned for 2024.</p>	<p>Benefits: Addresses partner priorities; diversity in disciplines and career stages in leadership teams. Critical success factors: engaged leadership, project management support</p>

Summary | Process for establishing clinical academic integration model

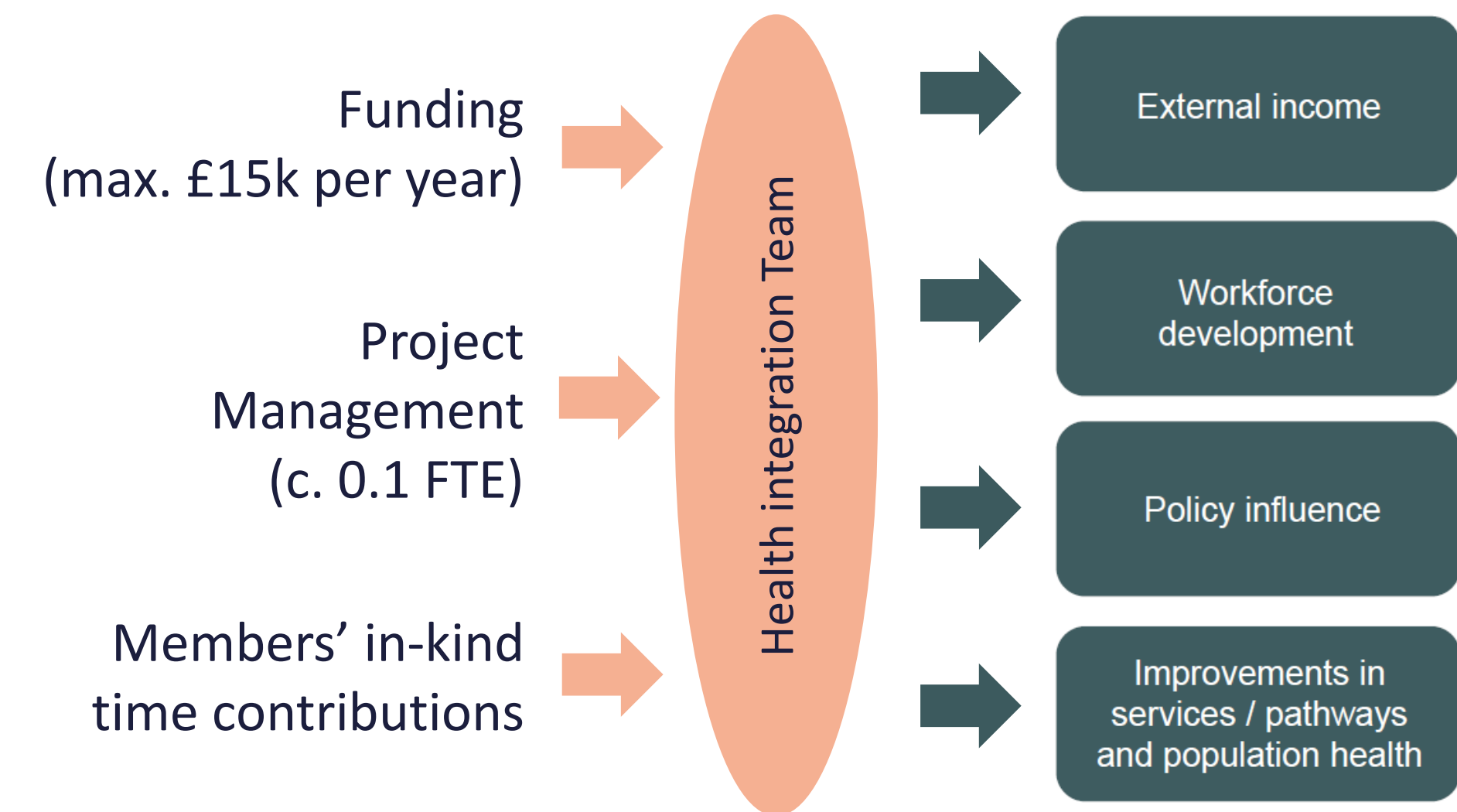
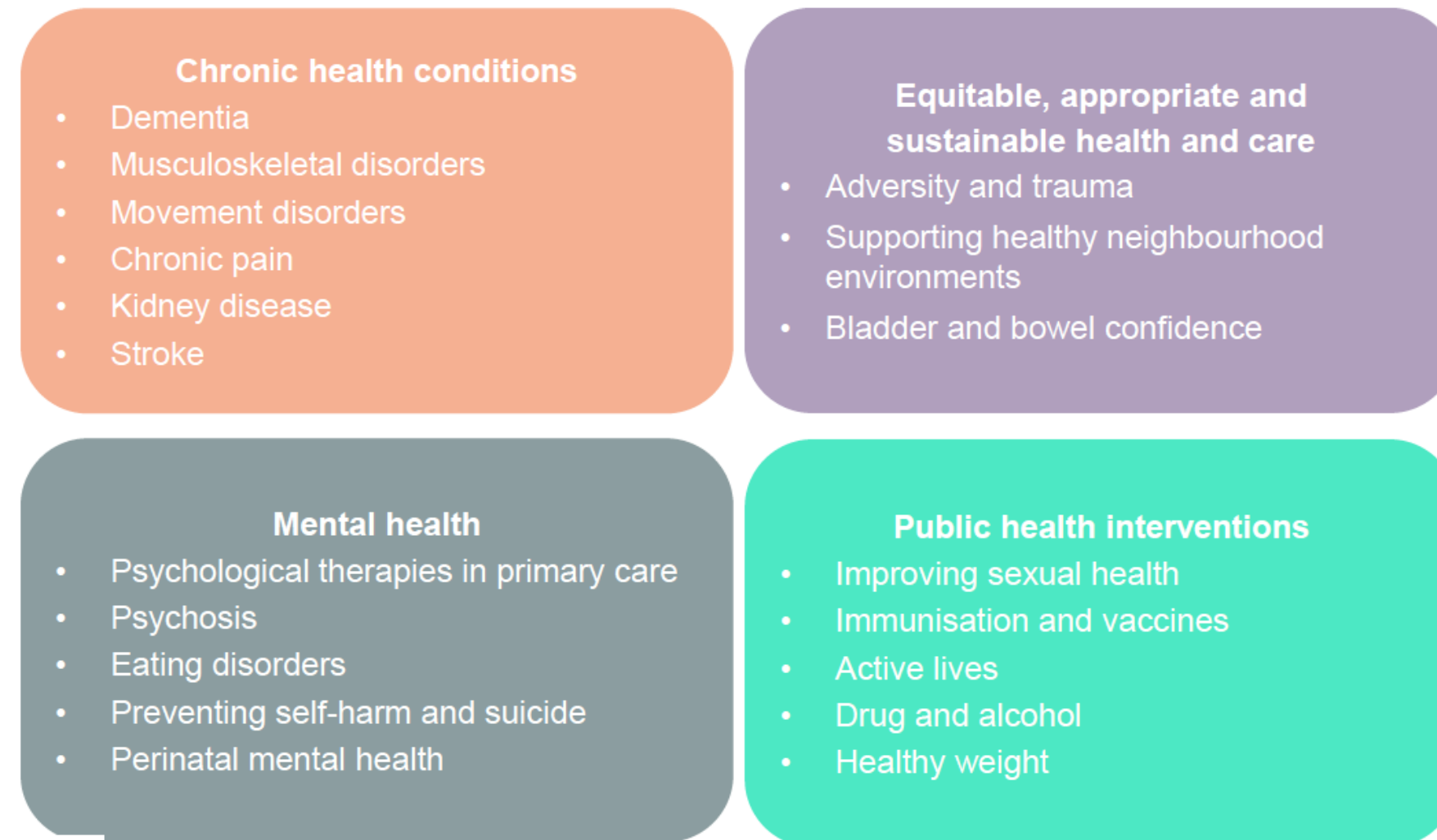
Stage	Considerations	Examples
1. Determine organisational scope for clinical academic integration model	<ul style="list-style-type: none"> Type of health / healthcare system partners involved Number of partners involved Governance and funding arrangements 	<ul style="list-style-type: none"> Bristol Health Partners formally include all health providers (NHS trusts) in system; municipalities (local authorities / councils); universities; regional health system (integrated care board) King's Health Partners do not formally include all health providers (NHS trusts) or universities in local system, or municipalities (local authorities / councils). However, have separate partnership arrangements and joint programmes including larger number of partners and wider geography.
2. Disciplinary / thematic scope	<ul style="list-style-type: none"> Proactive design (i.e., set number of clinical academic collaboration units) or responsive model (i.e., any group can be established subject to set criteria) Structured by specialty / disease group / condition(s), thematically (e.g. multimorbidity), capability / purpose (e.g. quality improvement, prevention) or mixed model 	<ul style="list-style-type: none"> Sydney Health Partners have a responsive CAG model involving a competitive process, which has selected 5-6 CAGs in each of two phases King's Health Partners CAGs are structured by specialty with all specialties across the partners theoretically part of a CAG
3. Funding model	<ul style="list-style-type: none"> Internal funding models include seed funding only; annual funding during an establishment period or funding tied to reporting and review Self-funding through research or other awards 	<ul style="list-style-type: none"> Central Norway Regional Health CAGs are allocated 1 mill Krona (£90k) annually from Regional Health Authority. Continued funding is linked to 3 yearly evaluation.
4. Organisational / leadership form by clinical academic unit	<ul style="list-style-type: none"> Fixed or self-determined number of co-leaders for each grouping Members within each grouping selected or membership granted by virtue of specialty 	<ul style="list-style-type: none"> Greater Copenhagen Health Science Partners has dual chair arrangement plus 10 members and partners including patient organisations, hospitals and companies
5. Reporting, review and renewal model	<ul style="list-style-type: none"> Individual CAGs established for a set period following a competitive process or CAG model to be evaluated collectively a fixed time point 	<ul style="list-style-type: none"> Central Denmark Region KUF's will undergo a midterm assessment during years 2/3 of delivery followed by a final evaluation in years 4/5. Central Norway reaccredits CAGs every 3 years.

Case studies | International examples of developing clinical academic collaboration models



Bristol Health Partners

11 partners and 2 affiliates | Organised into 19 Health Integration Teams | Resourcing and expected impact through HITs



Bristol Health Partners is a strategic collaboration that exists to help people live longer and healthier lives and improve how services are delivered by integrating, promoting and developing our region's strengths in health and care services, research, innovation and education.

Health Integration Team (HIT): A group that brings together health professionals, managers, researchers and the public to tackle local health and care priorities.

Each HIT typically has 1 – 4 directors, these can be health professionals, academics, VCSE staff or public contributors. At least one must be from a partner organisation.

Experience:

- **Benefits:** Enduring networks; neutral spaces; flexibility
- **Challenges:** Capacity; Realistic ambitions; Resources
- **Success factors:** Project management; Public involvement; Alignment with local priorities; Engaged leadership



KING'S HEALTH PARTNERS

1 university
3 NHS foundation trusts



King's Health Partners is an Academic Health Sciences Centre (AHSC) bringing together world-class research, education and clinical practice for the benefit of patients.

King's Health Partners is building on our five-year strategy (2020-25) to accelerate progress in three connected priorities – Personalised Health, Health Data Sciences, and Population Health, integrating mental and physical health across everything we do.

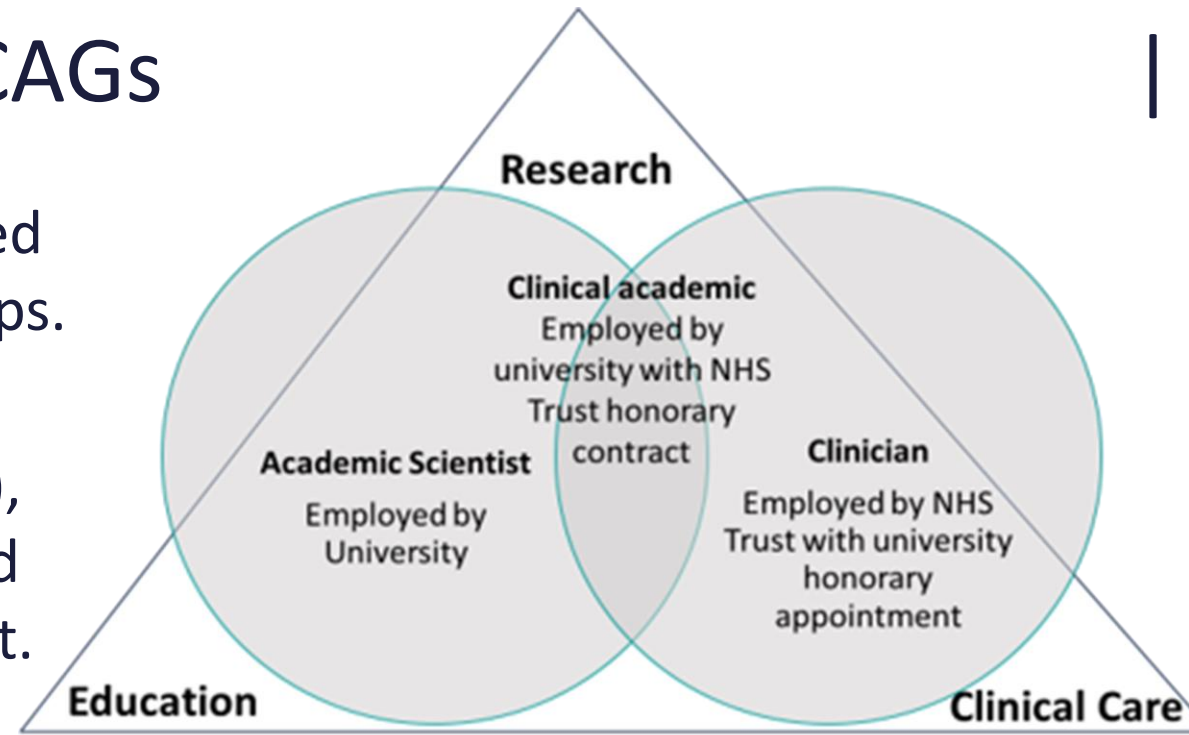
Organised into 22 CAGs

17 CAGs, five of which formed Clinical Academic Partnerships.

Cross-cutting integration through Mind & Body (2014), Academic Surgery (2020) and Rare Diseases (2023) support.

CAGs:

- Addictions
- Behavioural and Developmental Psychiatry
- Cancer
- Cardiovascular
- Child and Adolescent Mental Health
- Critical Care
- Dental
- Diabetes, Endocrinology and Obesity
- Genetics, Rheumatology, Infection, Immunology and Dermatology
- Haematology
- Imaging and Biomedical Engineering
- Liver, Renal, Urology, Transplant, Gastro and GI Surgery
- Medicine and Integrated Care
- Mental Health of Older Adults and Dementia
- Neurosciences
- Orthopaedics, Trauma, and Plastics
- Palliative Care
- Pharmaceutical Sciences
- Psychological Medicine and Integrated Care
- Psychosis
- Respiratory and Allergy
- Women's and Children's Health

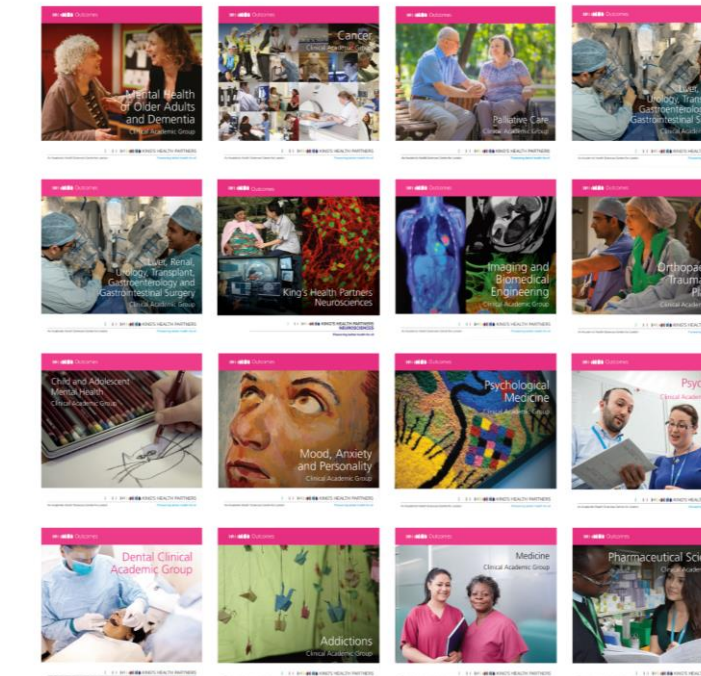


Leadership, funding and support, outcomes

Leadership: Co-leadership model for CAGs and Clinical Academic Partnerships and Mind & Body from academic, clinical and across-partners. Increasing multi-professional leadership.

Funding and support: Five Clinical Academic Partnerships receive leadership and programme funding. CAG leadership funding; project and event support across 17 CAGs. (Further information on supporting integration, see [FHJ July 2024](#))

Outcomes and impact: 17 CAGs have published an outcomes book detailing progress and outcomes across clinical care, research and education (2013-2019).



In 2020, launched annual Impact Report detailing progress and impact against five-year strategy.



2009 – KHP accredited as one of five AHSCs in England

2009/10 – 21 CAGs launched following internal accreditation

2014– KHP accredited as one of six AHSCs

2015/16 – CAG listening Exercises launched with KHP Executive.

2015/16 – CAG listening Exercises launched with KHP Executive.

2009 – **Piloting** | CAG model piloted in cardiovascular, breast, dermatology and dementia

2013-2019 – 17 CAGs publish outcomes books

2014/15 – KHP Mind & Body launched to work across CAGs

2014-19 – KHP strategy prioritised five clinical academic partnerships for additional investment

2018 – Palliative Care accredited as 22nd CAG

2020 – KHP accredited for a third time for a further five years as one of eight AHSCs



2 universities and 2 health systems



Greater Copenhagen Health Sciences Partners is anchored across the University of Copenhagen, the Technical University of Denmark, the Capital Region and Region Zealand.

Priorities for 2024-27:

- Excellent cross-disciplinary translational research and implementation in clinical practice
- Improved patient treatment and – satisfaction
- Prevention at all levels
- Recruitment – pre- and postgraduate education
- Public-private collaborations. Life-Science-strategy

Organised into 18 CAGs (expanding to 28)

- Allergy
- Brain and Technology
- Cancer immunotherapy
- Endotheliomics
- Host Infections Laboratory research Drugs
- Imaging-Guided Cancer Surgery
- Inflammation
- Modulating the Infant Microbiome for Disease Prevention
- Novel Strategies to Diagnose and Treat Bacterial Infections
- Osteoarthritis
- Personalised Oncological Surgery
- Physical Activity and Sport in Clinical Medicine
- Precision Diagnostics in Cardiology
- Prognostication of Acute Recovery Capacity in an Aging Population
- Regenerative Medicine for Urogenital Surgery and Fertility
- Skin Cancer Innovation
- Systemic Low-Grade Inflammation
- Translational Haematology

CAG funding, impact and evolution

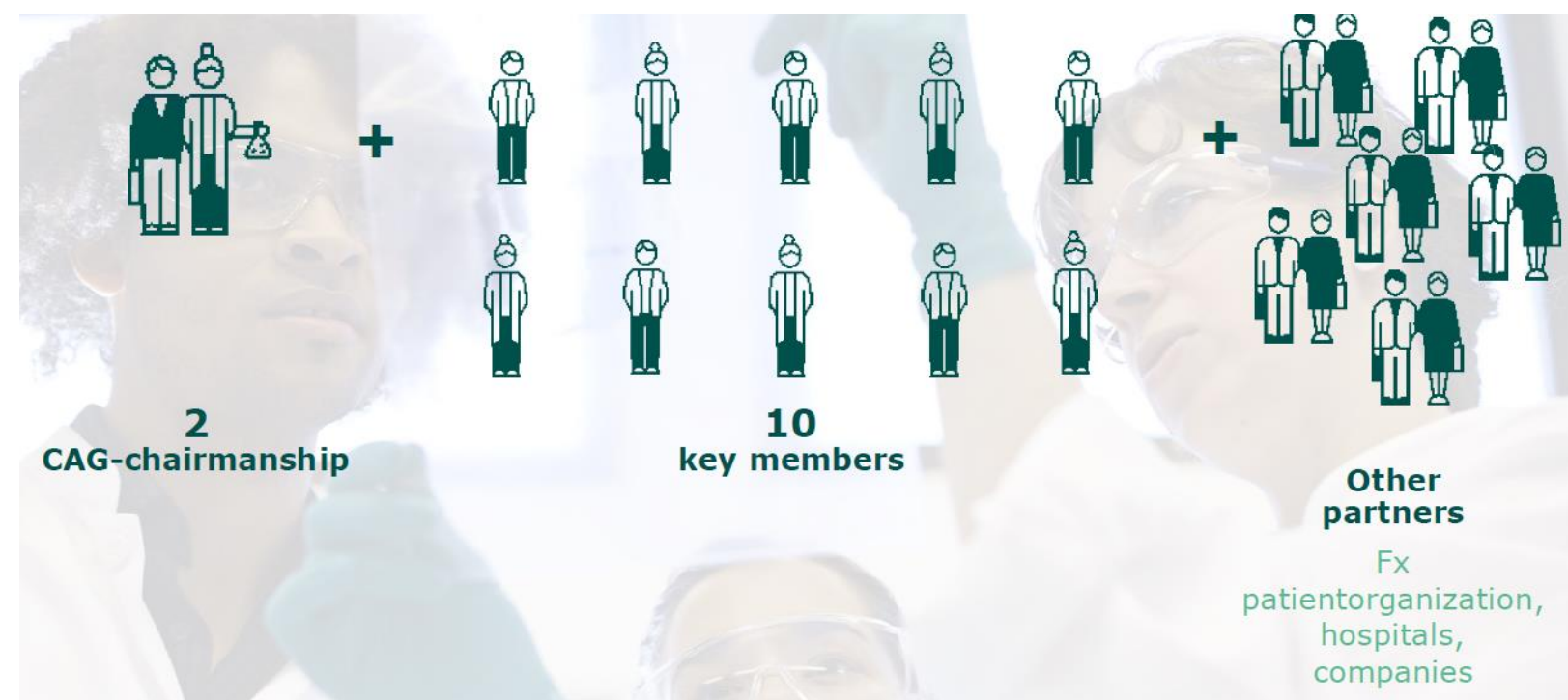
Internal funding c.3.5 mill DKK per CAG for start-up (year 1), 3 PhD students and for administration.

DKK 1.1 billion in external funding

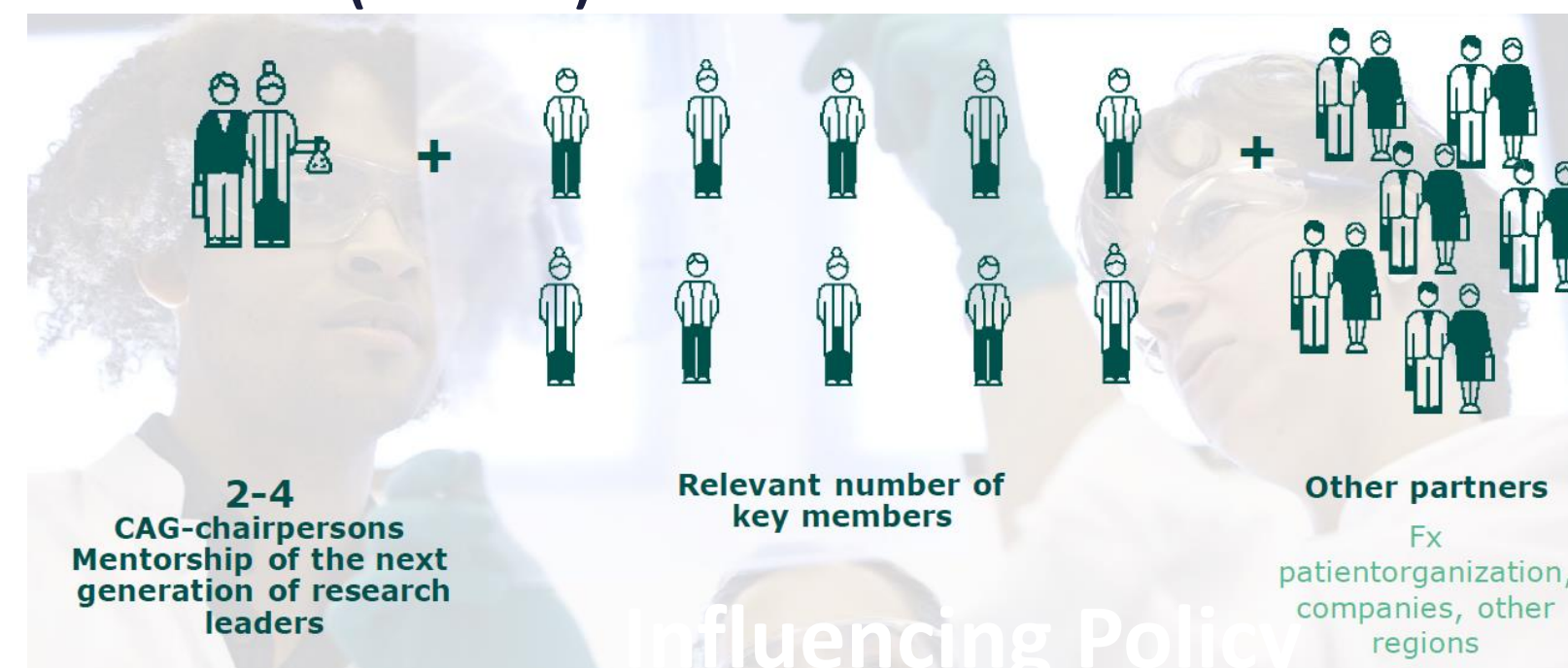
30+ postdocs in BRIDGE-programme

335+ translational PhD students

Current CAG model



CAG model (2024-27)



2019 – DTU and Region Zealand join

2024 (quarter 4) – plan to launch 5 new CAGs

2017 – GCHSP established by UCPH and Capital Region inspired by King's Health Partners CAG model

2022 – Evaluation of impact and benefit undertaken

2024 (quarter 2) – evaluation and interview process for new CAGs

2025 – plan to launch 5 additional CAGs

1 mental health hospital
across 9 centres
1 university partner

The Region Hovedstadens Psykiatri, (RHP, translates as Capital Region Psychiatry) is Denmark's largest psychiatric hospital supporting approx. 50,000 adults and children with mental disorders such as schizophrenia, depression and personality disorders. The treatment takes place across 9 psychiatric centres.

RHP has four clinical academic groups (KAGs in Danish) in partnership with the Faculty of Health and Medical School of the University of Copenhagen. Two started in 2019, two just established in late 2023.

The central focal point for the four KAGs is to ensure a closer integration between clinic, research and competence development and to promote evidence-based treatment of high and consistent quality.

| Organised into 4 KAGs

KAG Bipolar – vision:

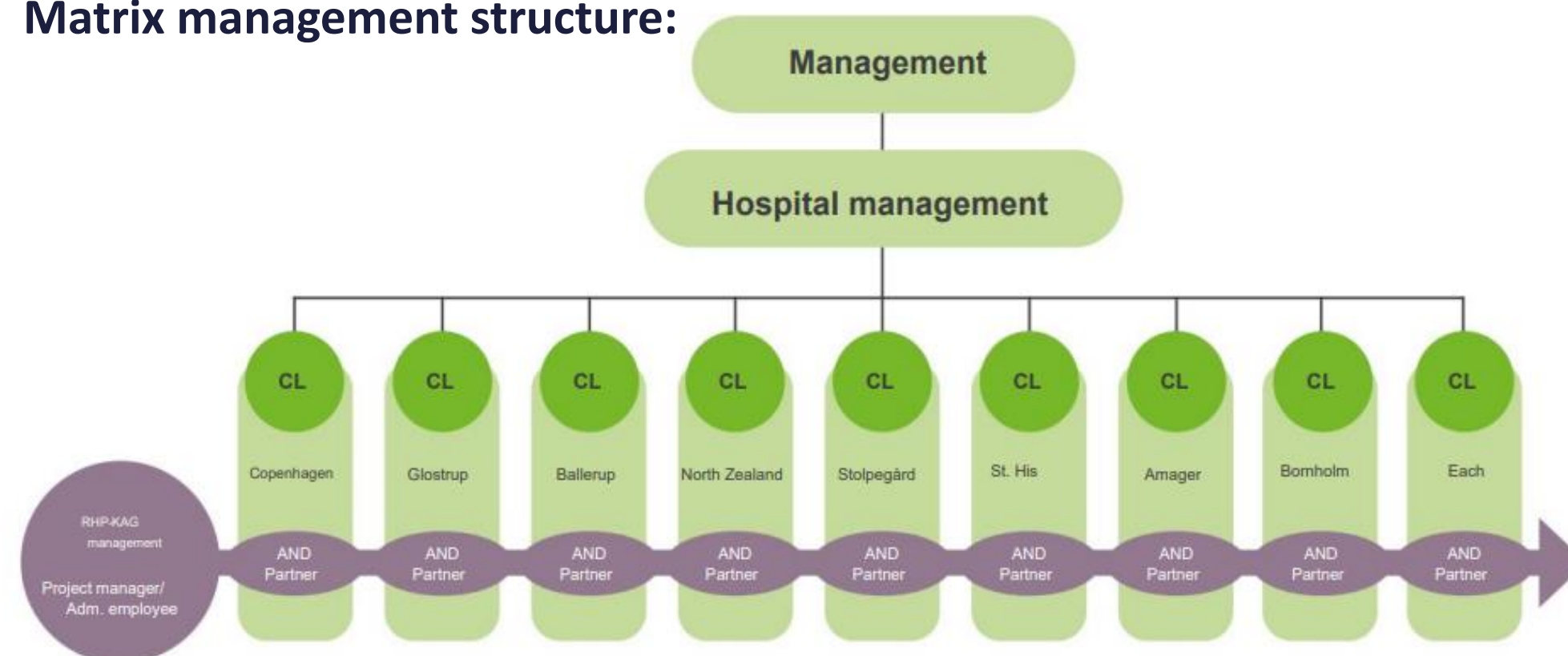
- To ensure that all patients with bipolar disorder **receive standardized and evidence-based medical and psychological treatment** in accordance with current guidelines aiming to reduce hospitalizations and to improve functioning, quality of life and satisfaction with treatment.
- To provide teaching in diagnostics and treatment, supervision of patient cases, and active involvement in research.

KAG Psychotherapy – vision:

- Ensuring high quality, evidenced based psychotherapy in psychiatry including for those with anxiety and social phobia, depression, PTSD, OCD and Personality Disorder.
- Developing staff competence concurrently with research

KAG Schizophrenia and KAG dual diagnosis: Visions under development

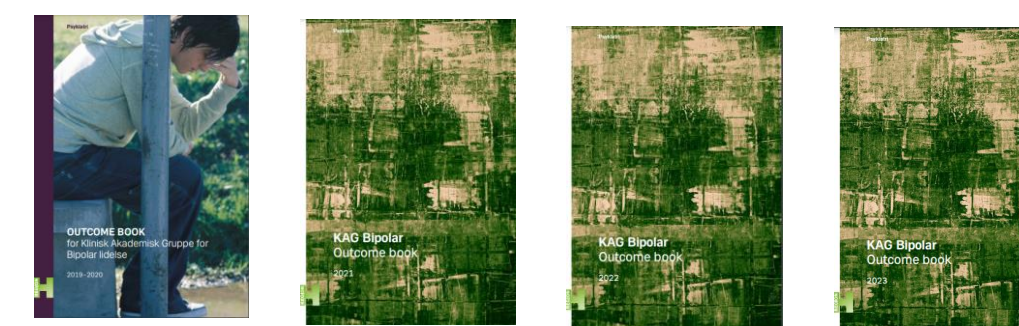
Matrix management structure:



| KAG outcomes

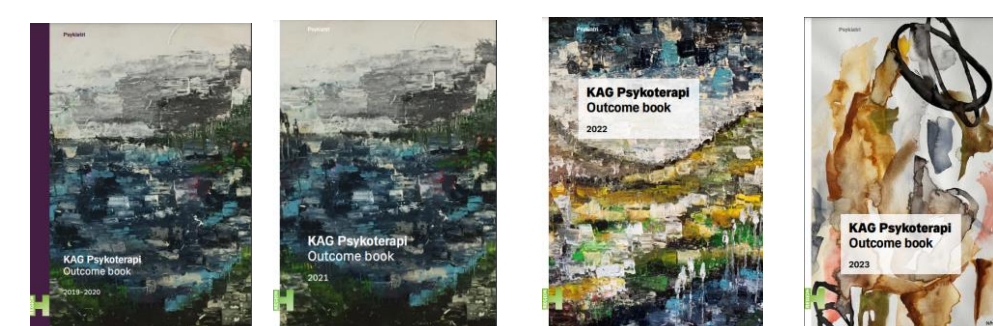
KAG Bipolar:

- Contribution to the evidence base for treating patients in specialist clinics vs standard care
- RCT of >1000 patients to investigate whether specialised out-patient treatment versus generalised community-based treatment improves patient outcomes and clinician's satisfaction with care in patients with bipolar disorder
- Outcomes published annually from 2019/20:



KAG Psychotherapy:

- Published RCT investigating Mentalization-Based Therapy for Borderline Personality Disorder
- Manualised psychotherapy for most non-psychotic disorders
- Dataset for >34,000 patients, approved for use in research



2023 – CAG Schizophrenia and CAG Dual Diagnosis launched

2019 – CAG Bipolar and CAG Psychotherapy launched

2020 – CAGs publish first outcomes books (1, 2)

2021 – Bipolar CAG publishes protocol for RCT

2023 – Psychotherapy CAG publishes results of RCT in Mentalization-Based Therapy for Borderline Personality Disorder

human first

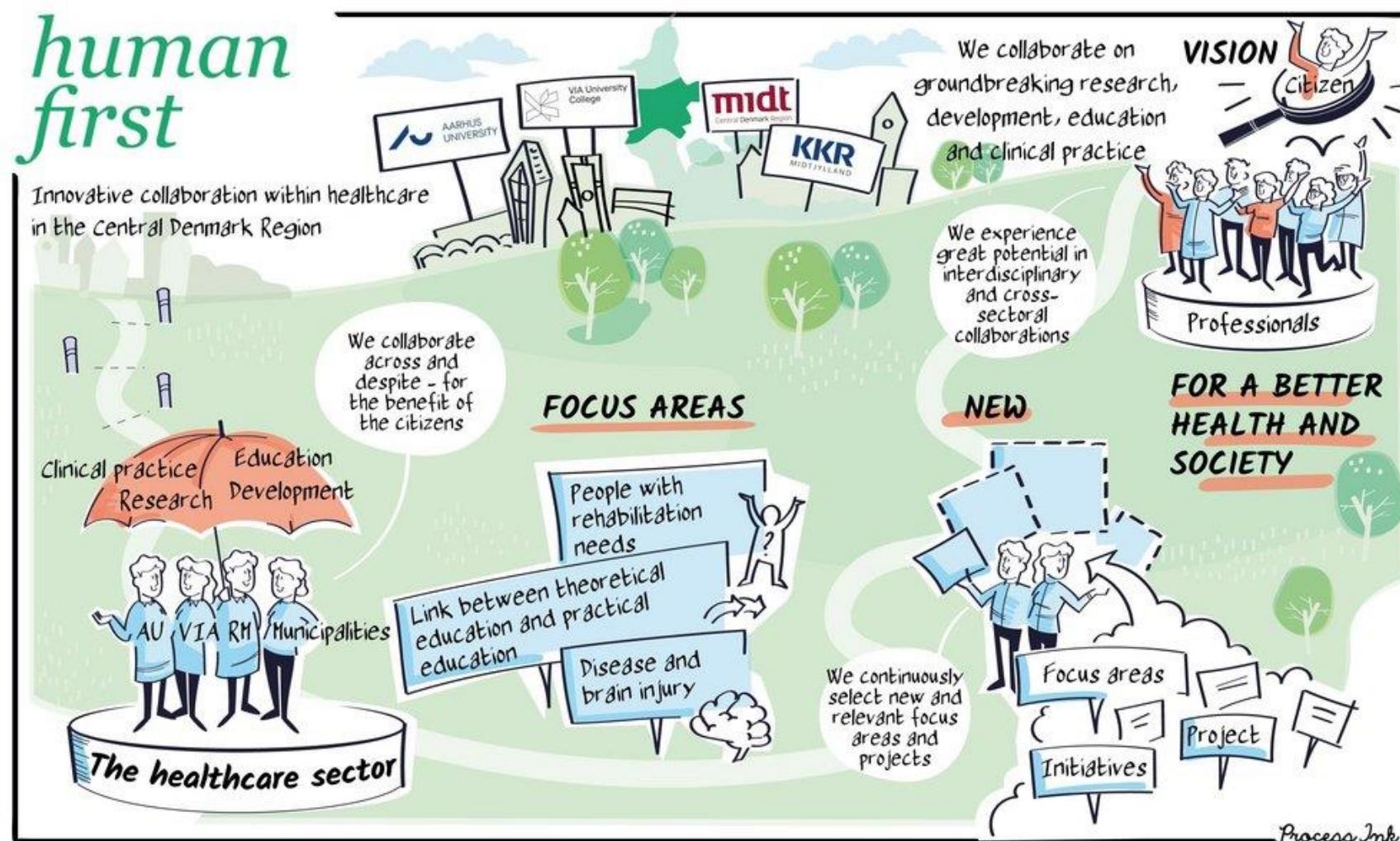
1 health system
19 municipalities
1 university
1 university college



Vision: Cooperation on groundbreaking research, development, education and clinic (prevention, management, diagnosis, treatment, care and rehabilitation) – for better health and society.

Clinical academic model: Four focus areas function as beachheads for the long-term cooperation and contribute to experience gathering and development of new knowledge within the specific area, as well as intersectoral cooperation in health care in general.

Four focus areas (with one in development) |



Funding model and outcomes

70,000 DKK annually for the use of numerous project groups

Outcome books document progress and next steps:

Brain disease and brain injury

- Fatigue and sleep – research programme established and external funding confirmed
- Simulation – activities and facilities mapped; course proposals implemented

Rehabilitation – initial focus on cardiac rehabilitation:

- Cardiac rehabilitation research group established. Projects have included a detailed audit of patient data and data flows and improvements needed to enable the delivery of the research agenda to improve patient care

Other projects include:

- a study on patient dropout/non-participation in rehabilitation
- development and delivery of interprofessional training on biopsychosocial approaches
- transition from children's to adult's services

Link between theoretical education and practical training

- Improving the transition from student life to working life

2018 – Human First partnership formed

2019 – Partnership kick-off event

2019 – Collaboration agreement with KHP

2021 – Two outcomes books published (1, 2)

2022 – Third outcomes book published (3)

1 hospital unit (5 hospitals) | 4 KUFs established (3 projects per KUF)



In KUF communities, we collaboratively address future healthcare challenges and improve patient pathways.

Rehabilitation

Projects:

- Dysphagia screening
- Identification and monitoring of patients' nutritional status
- Business intelligence (BI) – cycles in clinical practice

Optimising patient pathways

Projects:

- Optimisation path – from idea to project
- Transitional Pain Service in orthopaedic surgery
- Patient education programme constipation

Multimorbidity

Projects:

- Obesity treatment in children and adolescents
- Improvement in treatment of patients with IBD and arthritis
- Sector transitions for patients with multimorbidity

Cross-sectoral pathways with interdisciplinary solutions

Projects:

- Admission
- The right level and place of treatment
- Socially vulnerable

| Leadership, funding, strategy and evaluation

Leadership: leadership teams comprise clinical and research managers. A secretariat function supports the running of each KUF

Funding: DKK 0.9 million seed funding across the KUFs

Strategy: 5-year plans established setting out action areas agreed with three projects for each KUF

Benefits:

- Increased collaboration across hospitals, specialties, and healthcare sectors
- Acceleration of implementation of new knowledge into clinical practice (will require evaluation)

Challenges:

- Support systems and funding
- A new organization in the organization
- Implementation takes time

Evaluation: Progress to be assessed at mid-way point followed by a final evaluation at completion of 5-year term

2020 - KUF formation agreed

2021 - Strategic plans for each KUF developed and externally validated

2022 - Governance established and seed funding provided

2024 - Midterm assessment

2026 - Final evaluation

8 partners in Central Norway

9 CAGs accredited

Application, accreditation, evaluation and funding cycle for CAGs



Central Norway Clinical Academic Groups – bringing experts together for better health.

Through Clinical Academic Groups (CAGs), the regional collaboration body for education, research and innovation in Central Norway aims to stimulate professional collaboration across the sectors, with the aim of better healthcare services.



2020-22 – first 2 CAGs accredited for three years – *Inflammatory bowel disease and Cardiac diagnostic imaging*

2019 – Formation of CAG structure and strategy inspired by Greater Copenhagen Health Science Partners

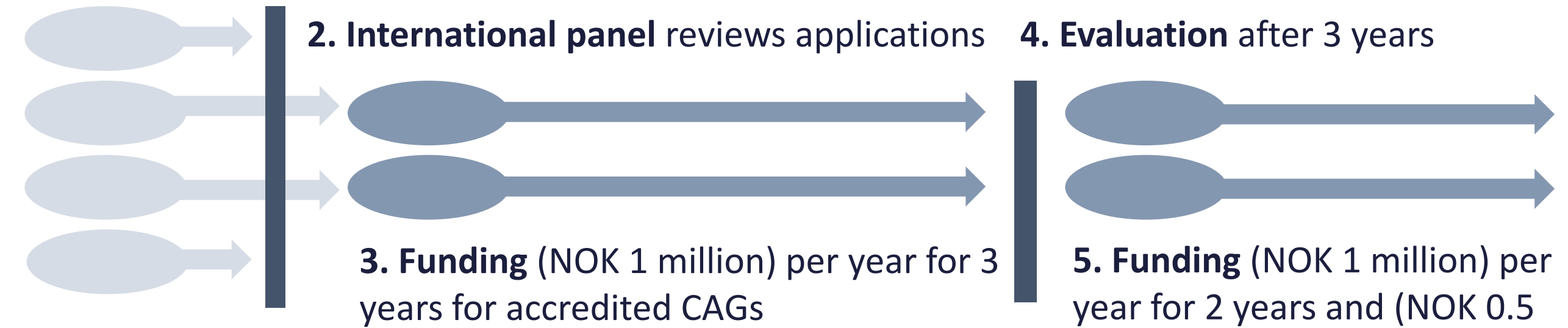
2021-23 – next two CAGs accredited – *Multiple myeloma and Alzheimer's disease*

2022-24 – two new CAGs accredited – *Prostate cancer and Rare genetic diseases* – and first two CAGs reaccredited

2023-25 – *AI cancer prognostics* CAG accredited, and second two CAGs reaccredited

2024-26 – two new CAGs accredited – *Asthma and COPD, Sleep and Chronobiology*

1. CAGs self-organise and apply



Application to form CAG requires:

- Named CAG chair and co-chair representing university and health service partner
- Vision for CAG
- CAG organisation chart, leadership structure and members
- Budget and external funding plan
- Financing guarantee for 3-year PhD position

Experience:

- Well received in academic / healthcare environments
- Strengthens collaboration across hospitals / universities
- Promotes engagement with other academic communities at the universities
- Smaller and rural hospitals are active partners
- Patients are involved and supportive

However

- Good intentions constrained by operational pressures
- Challenging to secure external funding
- Academic and clinical communities have limited capacity to establish CAGs

5 major health services, 1 university and 11 affiliated medical research institutes

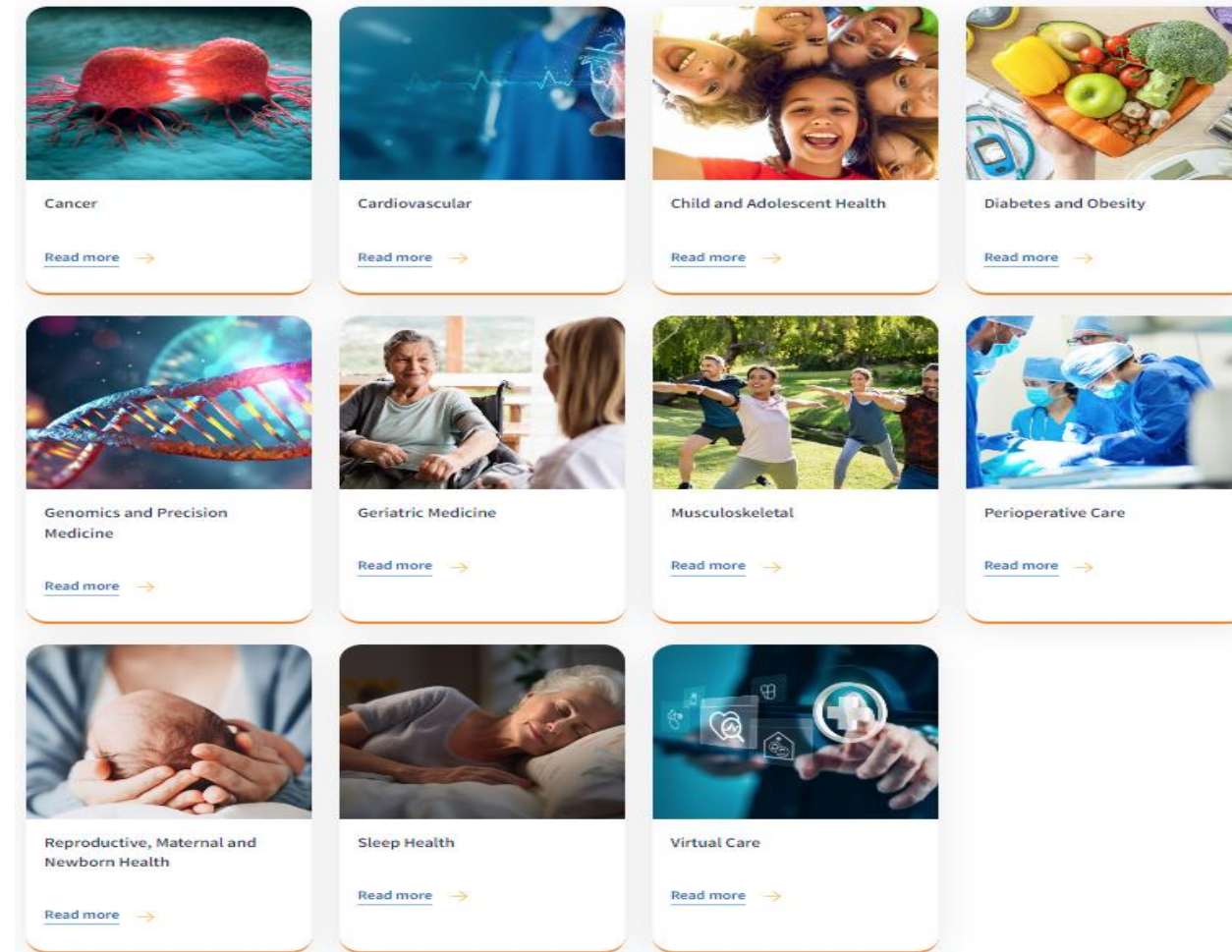


Sydney Health Partners' vision is to transform the way research improves patient care and public health in our health system by strengthening research translation to better enable the transfer of research discoveries into everyday clinical practice. *The purpose of the CAGs is to optimise the impact of research in the health system.*

2015 – Sydney Health Partners accredited by the National Health and Medical Research Council (NHMRC) as a Research Translation Centre (RTC)

Organised into 11 CAGs

Working through clinical academic groups as the primary vehicle for practical delivery of operational priorities



Major health priorities: cancer; cardiovascular health; musculoskeletal health; diabetes and obesity; sleep health; child and adolescent health.

Health services priorities: geriatric care of the frail elderly, perioperative care of surgical patients; reproductive, maternal and newborn health; (child neurodevelopment and mental health).

Innovations in health care: virtual care; genomics and precision medicine.

2017-2020 – Streams and Themes Program (preceded CAGs Program)

2021 – Phase 1 CAG selection 6 groups

2022 – Phase 2 CAG selection 5 groups, 1 emerging group

2024 – Observational Review planned

Leadership, strategy, funding and evaluation

Leadership: Led by chair / co-chairs; Leadership team of ten members.

SHP Strategic and CAG operational priorities:

- **Supporting people** – capacity and capability building, especially in earlier career clinician researchers.
- **Aligning innovation** – linking promising ideas to clinical priorities identified by our health partners and fostering collaboration.
- **Enabling research** – ensuring effective consumer and community involvement in research
- **Increasing Impact** – advancing the science of research translation and improving the competitiveness of funding applications.

Funding:

- 2022 – 2023: \$50k AUD (including \$30k for a collaborative research project, \$15k capacity building); 2024 – 2026: \$70k AUD per year
- Secured places for SHP training:
 - Implementation science
 - Consumer and community involvement

Lessons learned:

- Engaged Chair(s) and leadership teams.
- Operational support to organise the group, coordinate meetings and events.
- The importance of leveraging resources with other networks (e.g. co-organizing and co-badging activity).
- CAGs interested in cross-CAG meetings and sharing knowledge
- 2024 – 2026 Objectives established
- Yearly CAG progress reviews. Program review planned for 2024-2025.