

# SBRI Healthcare: Oxygen monitoring management meeting 3

## Location

Medilink Yorkshire & Humber Ltd, 3, Smithy Wood Drive, Smithy Wood Business Park, Chapeltown, Sheffield, S35 1QN

## Date and Time

10am-1pm, 10<sup>th</sup> February 2017

## Summarised actions (from this meeting)

- **ACTION – PT & TW** to put together presentation demonstrating results of the focus group & clinical interviews at next meeting to highlight findings for the technical team to follow up on.
- **ACTION – RK** to keep a record of sleep study patient records for the data contained within them – useful for identifying needs
- **ACTION – HE** to approach a small number of parent/patients to get people signed up to the patient focus group for **PT & TW**
- **ACTION – TW & PT** define a date for the validation focus group BEFORE clinical focus group takes place
- **ACTION – TW & PT** design two sessions (one for clinicians, one for patients) for the concept selection focus group to run individually
- **ACTION – RK** to book the CRF room 1-3pm for the patient concept selection session on **Thursday 11<sup>th</sup> May**. Other room is being booked by others within the hospital for the CPD
- **ACTION – PT** begin filling in the Interim Report, then send round to **ALL** partners for feedback
- **ACTION – PT & TW** to put interim report on the Agenda for next meeting for us all to go through together
- **ACTION – SN, HE and RK** to monitor Ethics Submission and report on progress at next meeting.
- **ACTION – SN** to do quarterly submissions for finance via PO number raised at Viamed. 2 payments to each partner at month 3 and month 6. Partners to itemise the bill for Viamed – Travel Expenses, Lunches, Mileage, Other costs (focus groups) etc.

## Summarised actions (previous meeting)

- ✓ **ACTION – TW** put meeting request out for an internal concept selection meeting after meeting of 26<sup>th</sup> April (additional 2 hours – meeting lasting until 3pm)
- ✓ **ACTION – TW** share the clinical focus group protocol with the group at next meeting
- ✓ **ACTION – HE** to send contact details of the Leeds & Barnsley clinicians (& Lee Richardson – nurse for ventilated patients) to **TW** & contact details for Julia (retired nurse)
- ✓ **ACTION – TW** to let **RK** know which lunch we want to order for the focus group
- ✓ **ACTION – HE** to approach a small number of parent/patients to get people signed up to the patient focus group for **PT & TW**
- ✓ **ACTION – SN** create spreadsheet for finance, showing total paid to each subcontractor per month
- ✓ **ACTION – SN** to send a format for itemising costs to all partners so invoices are standardised
- ✓ **ACTION – ALL** partners to invoice Viamed quarterly – Prepare costs for **end of March**, including the correct **customer name** for each organisation
- ✓ **ACTION – TW & PT** define a date for the validation focus group BEFORE clinical focus group takes place
- ✓ **ACTION – RK** to take a look through methodologies for collecting clinical data relating to patient & carer anxiety when managing long term conditions – feeding into Phase II application
  - Self-care and monitoring at home – really drives this agenda
  - Might be worth putting these methodologies into Phase II project plan when designing a usability and human factors assessment – need to assess the home monitoring capabilities of the parents
- ✓ **ACTION – PT** begin filling in the Interim Report, then send round to **ALL** partners for feedback

## Agenda

No.	Item	Leader	Time
1.	Review of actions from previous meeting	All	10 min
2.	Matters arising – discussion of several items	All	10 min
	<p><b><u>Project Scope</u></b></p> <p>Discussion regarding approach in Phase I vs. Phase II. PT stressed the importance of following a robust research process and aim for a more radical project.</p> <p>SN questioned whether it might be possible to deliver a quicker/simpler solution in the shorter term, and look at something more radical in the medium to long term?</p> <p>Agreed it could be a combination approach – deliver something quickly but aim for something more radical long term over Phase II.</p> <p>The market research with clinicians will help to validate our assumptions.</p> <p>Agreed amongst the group that we do not want a “fuzzy back end” to the project – need to be clear on the needs to feed into the design inputs. Need to make sure we are clear on what we want to develop.</p> <p><b>ACTION – PT &amp; TW</b> to put together presentation demonstrating results of the focus group &amp; clinical interviews at next meeting to highlight findings for the technical team to follow up on.</p> <p><b><u>Patient Cohort</u></b></p> <p>HE talked about the patient cohort, and who we should be developing for:</p> <p>There are a large numbers of asthma patients, but these are cheaper to care for per head</p> <p>There are a smaller number of chronically ill respiratory patients, but these are more expensive to care for per head.</p> <p><b><u>Anonymised Sleep Study Records &amp; Research approaches for assessing patient’s ability to self-care</u></b></p> <p>All agreed that the anonymised sleep study records collected by RK were extremely valuable in identifying needs</p> <p><b>ACTION – RK</b> to keep a record of sleep study patient records for the data contained within them – useful for identifying needs</p> <p>RK papers very useful for understanding how we can assess usability and safety for self-care in home for a new device. There are techniques for collecting this research which we can learn from.</p> <p><b><u>Patient (2<sup>nd</sup>) Focus Group</u></b></p> <p><b>ACTION – HE</b> to approach a small number of parent/patients to get people signed up to the patient focus group for <b>PT &amp; TW</b></p>		

	<ul style="list-style-type: none"> <li>○ <b>HE</b> mentioned that inpatients and parents of inpatients could be approached nearer the time to bring them in</li> <li>○ <b>HE</b> and <b>RK</b> also pointed out that outpatients may be difficult to get hold of – they often live far away. We can potentially look at interviewing the patients instead – over the phone? They are good advocates so would be worthwhile approaching</li> </ul> <p><b><u>Concept Selection (3<sup>rd</sup>) Focus Group</u></b></p> <p>Reviewed the plan for the 3<sup>rd</sup> focus group – set date for <b>Thursday 11<sup>th</sup> May</b> when clinical CPD is also taking place.</p> <p><b>ACTION – TW &amp; PT</b> define a date for the validation focus group BEFORE clinical focus group takes place</p> <ul style="list-style-type: none"> <li>○ <b>HE</b> look to book the session to tie in with a CPD session to get as many clinicians in the same room as possible</li> </ul> <p><b>ACTION – TW &amp; PT</b> design two sessions (one for clinicians, one for patients) for the concept selection focus group to run individually</p> <ul style="list-style-type: none"> <li>○ Limit session to no more than an hour for each group – purely selection</li> <li>○ Put a buffer amount of time in between the two – collate all the notes and write some of it up</li> <li>○ Do the patient one in the afternoon – 13:30 to start well before school pick-up (parents of young children and older children who can advocate for themselves)</li> <li>○ <b>Thursday 11<sup>th</sup> May 10:30am</b> for the clinical focus group (blocked out admin time)</li> <li>○ Might get them for 30 mins to an hour</li> </ul> <p><b>ACTION – RK</b> to book the CRF room 1-3pm for the patient concept selection session on <b>Thursday 11<sup>th</sup> May</b>. Other room is being booked by others within the hospital for the CPD</p> <p><b><u>SBRI Healthcare Interim Report</u></b></p> <p><b>ACTION – PT</b> begin filling in the Interim Report, then send round to <b>ALL</b> partners for feedback</p> <ul style="list-style-type: none"> <li>○ Going to bring this to the next meeting and go through it together.</li> </ul> <p><b>ACTION – PT &amp; TW</b> to put interim report on the Agenda for next meeting for us all to go through together</p>		
<b>3.</b>	<p><b>Ethics submission &amp; contract</b></p> <p>Submission goes to ethics, then HRA (Health Research Authority) then to local R&amp;D board.</p> <p>Can't do the local sign off with the R&amp;D board until they receive the contracts.</p> <p>Device is not the problem – it's that we need to include patients in the study. It is research (even with anonymous data) we are collecting data which we will be analysing.</p> <p>Phase II is easier generally speaking.</p>	HE, SN	10 min

	<p>Materials – have they been used on children/skin before? When NIRI and Viamed are doing R&amp;D work they need to make sure the materials are safe for use and have a known and quantified benefit.</p> <p>Viamed have an indemnity insurance for the NHS which should allow them straight into Medical Physics.</p> <p><b>ACTION</b> – SN, HE and RK to monitor this and report on progress at next meeting.</p>		
4.	<p>Finance and invoicing arrangements</p> <p><b>SN suggested quarterly bills for costs</b></p> <p><b>ACTION</b> – SN to do quarterly submissions for finance via PO number raised at Viamed. 2 payments to each partner at month 3 and month 6. Partners to itemise the bill for Viamed – Travel Expenses, Lunches, Mileage, Other costs (focus groups) etc.</p>	SN, PT	10 min
5.	<p>Review project tracker – activities vs. milestones</p> <p>Discussion regarding Patrick’s competitor’s report.</p> <p>Discussion regarding patent law and strategies for patenting a future device.</p>	All	60 min
6.	<p>Sensor fixation methods</p> <p>SN reviewed the current range of sensors:</p> <ul style="list-style-type: none"> <li>• 4 different products – neonate, infant, young child and adult</li> <li>• Samples of products to look at bringing to the focus group</li> <li>• Two things Steve thinks we could look at: <ul style="list-style-type: none"> <li>○ Securing the optics in place</li> <li>○ Securing the entire probe together</li> </ul> </li> <li>• Hydrocolloid gel/hydrogel could take the ‘rock’ away from the optics on the finger etc.</li> <li>• Optics are moving to 1mm 0.5mm size – very small</li> <li>• Could we look at a combination product? Wireless sensor is reusable but the interface is disposable</li> <li>• Line of sight for emitter and sensor – they can be put on a flat surface and reflect off the forehead for example back in at an acute angle, rather than straight through a digit in a straight line</li> </ul>	SN	20 min
7.	<p>Clinical interview questionnaire protocol</p> <p>Covered – several suggestions for adaptation of the questionnaire to ensure all areas are covered</p>	TW, PT	20 min
8.	<p>Any other business</p>	All	10 min
9.	<p>Date of next meeting (confirm)</p>	All	5 min

**Circulation:**

Steve Nixon (SN)

Ruth Kingshott (RK)

Heather Elphick (HE)

Patrick Trotter (PT)

Fadi Junaid (FJ)

Tom Wright (TW)