Innovate

Issue 11 Autumn 2017

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The rise of user-led design
I’ve recently returned from our excellent field trip to Denmark (see page 16) where I was lucky enough to be able to introduce colleagues from Kent, Surrey and Sussex to the Danish way of thinking around healthcare innovation.

We’ve worked closely with the Region of Southern Denmark over the past few years, and I truly value the added benefits that we both receive through this close collaboration.

Collaboration is the key word for this edition of Innovate. KSS AHSN has a key role to play in deploying technology, delivering quality and safety improvement, and moderating demand. We have a wealth of activities taking place across the region, but our true strength comes from being part of a national network of AHSNs.

Stronger together

Rob Berry, our Head of Innovation, makes that point very clearly, I believe, on page 10, where he writes about how The AHSN Network is spreading the recommendations of the Accelerated Access Review.

As Rob shows, there’s clearly so much more we can do by working with others, whether that’s our partners in Kent, Surrey and Sussex (see pages 4 to 7 to find out more about the great work taking place in Kent), through our initiative to spread mobile ECG readers across the region (page 12), or our friends in Denmark.

Developing Darzi

Or indeed our continued involvement with the Darzi Fellowship in Clinical Leadership. This time last year we were in the privileged position of leading recruitment for the first cohort of Darzi Fellows outside of London. The initiative was a great success, with 26 fellows placed in a range of organisations across the region. We are now working with Health Education England to recruit the second wave of Fellows who will start in spring 2018. This is a great initiative as it offers the individuals incredible career development opportunities, while also bringing substantial benefits to the host organisations.

I hope you enjoy reading this snapshot of our work over the past few months and find the examples as inspiring and exciting as I do. And of course, if you have a project or idea that you’d like to collaborate on with us, we’d love to hear from you.

Best wishes

Guy Boersma
Managing Director
KSS AHSN

Funding opportunities

**National Institute for Health Research, NHS**

Stage 1 applications are welcomed on proposals for the evaluation of interventions for the early hospital management of babies born late-preterm (34-36 weeks) and/or early-term (37-38 weeks) with respect to the current Health Technology Assessment Programme portfolio.

Deadline: 25 January 2018
More information: https://tinyurl.com/ybosn7hy

**Medical Research Council**

**Cross-disciplinary mental health network plus call**

The aim of the call is to encourage the creation of multi-disciplinary networks that cross the remit boundaries of the research councils. These networks will address important mental health research questions that require an innovative, cross-disciplinary approach to accelerate progress.

Deadline: 22 March 2018
More information: https://tinyurl.com/y7uoaah4

**Wellcome**

**Research Awards for Health Professionals**

This scheme offers practising health professionals the opportunity to carry out humanities or social science research, in any area of health.

Deadline: 11 January 2018
More information: https://tinyurl.com/y7gpnma8

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Making the Case for Change across Kent and Medway

18 months on from its inception we look at Kent and Medway’s Sustainability and Transformation Plan and how it’s responding to the Case for Change in the region.

Covering a huge area and with 1.8m residents registered with a GP, Kent and Medway is a complex patch with an annual budget to match – £2.8bn for the NHS, rising to £3.6bn once social care is included.

The region is set for significant demographic change with a rapidly growing, and ageing, population that has complex health and care needs – around a third are currently living with one or more significant long term health conditions.

Placing people at the heart of services

The ambition within Kent and Medway Sustainability and Transformation Plan (STP) is to put local people at the heart of services, helping them to stay well and independent in their own homes and communities and avoid being admitted to hospital.

While this may sound straightforward in practice, the theory is another matter, says Michael Ridgwell, STP Programme Director for Kent and Medway.

“The reality is that we’re trying to change the way we deliver care in a significant way, while alongside that redesigning the system through which we plan,” he said.

“It’s very difficult to bring about, but I think we’ve done particularly well in the 18 months that we’ve been up and running, and just one year on from publishing our ambition and high level plans for the future.

“From a standing start we’ve come to the point that we have all of our partners agreeing on what needs to be done, and we’ve got a clear plan of action on how we’re going to do it.

“To have 17 NHS provider chief executives, CCG accountable officers and local authority council leaders in broad agreement is not, I would say, an insignificant achievement.”

Transformation in progress

The STP has established four priority areas to work on, namely: Care Transformation (improving services), Productivity, Enablers (workforce, digital and estates), and System Leadership.

Michael said that initial work focused on how services could be made better, delivering to national quality standards and making best use of a scarce specialist workforce, within acute hospitals, of which there are seven across four hospital trusts in Kent and Medway.

“However, we very quickly realised that you can’t make changes within acute hospitals without changing how local care – services provided outside a hospital setting – is delivered. In addition, over the last nine months the way we organise our leadership and organisation infrastructure across the health and social care system has become dominant as a programme of work to help us go further and faster on making the improvements to commissioning and providing services we need to see,” he said.

These areas of focus are paying off, with eight clinical commissioning groups across Kent and Medway soon to launch their first major consultation on stroke care.

The stroke review has focused on how best to organise clinical practice to improve outcomes for patients, particularly in the first 72 hours after a stroke, and will look at consolidating the seven general acute services that currently offer stroke care into three specialist ‘hyper-acute’ stroke units.

Michael said that an equal priority was supporting the four clinical commissioning groups in east Kent to start a public consultation on emergency care and elective orthopaedics, and that this work has also been underway for some time and is also looking to formally consult next year.

Michael underlined that in addition to these proposed service changes, there was also a need to put more time and energy into developing prevention services.

“We have worrying pockets of population that need support to live healthy lifestyles and stay well, and there are some areas across Kent and Medway that have systemic issues that need to be addressed,” he explained.

“We are looking closely at how we move from being an ill-health service to a health service.”

Partnership working

As well as maximising the collective skills and knowledge of those within the Kent and Medway health and social care partnership structure, Michael and his team are working with organisations such as KSS AHSN.

“We’ve not always focused on innovation, but that’s something our Clinical and Professional Board is very keen to understand and embrace. I think KSS AHSN’s work aligns very well to that aspiration, and together with MASCOE and the Design and Learning Centre, it can support us to keep the focus on service improvement.

“Access to capital is also an issue – small amounts of pump priming are really important in helping us to establish or test a different approach. Without a doubt we haven’t been smart enough or assiduous enough in tracking that funding down, and I think the AHSN has a key role to play there.”

Michael believes that Kent and Medway STP is making good progress against its ambition of ‘putting local people at the heart of services’.

“There is already lots of good work happening in our area, and our role as a health and social care partnership is to create an environment that drives positive, sustainable change,” he said.

“Everyone within health and social care has a real desire to make services better for patients and staff, and there have never been better reasons to update the way services are organised in Kent and Medway.”

Find out more: www.kentandmedway.nhs.uk
Delivering change across Kent and Medway

We take a look at some of the innovative projects taking place across Kent and Medway.

**Beautiful Information**

All NHS trusts are now having their daily situation reports (SitReps) automatically collected by NHS Improvement, thanks to an innovative development from Kent-based data solutions provider, Beautiful Information.

SitReps are collected from acute trusts each weekday during winter, through manual data entry on areas such as A&E closures and diverts, cancelled operations or bed pressures.

The new automated data collection system, developed by Beautiful Information and NHS Improvement, will save more than 36,000 hours each year through the transition.

The data collected will also be used in an “emergency care dashboard” that will visualise where bottlenecks are and signal to NHS Improvement where support is needed.

KSS AHSN has played a vital role in bringing the organisations together and ensuring they are invested and committed to the model and approach, while also sharing funding commitments.

KSS AHSN has also been working with the national organisation, Young People’s Trust for Life, to develop ‘Youth Councils’ in 13 acute trusts across the region.

Farr, its founder, said he hoped the technology would provide “more time to develop insight rather than simply reporting data”.

Find out more: www.beautifulinformation.org

**Age UK**

Through its strategic partnership with Age UK, KSS AHSN is supporting the adoption of the Personalised Integrated Care model across Kent, Surrey and Sussex.

Too many older people with multiple long term conditions are not getting the personalised, integrated care and support they need to live well and independently.

This model brings together a large number of voluntary and health and care services to ensure that people get the care they need, when they need it, where they need it.

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Find out more: www.ageuk.org.uk

**Kent Integrated Dataset (KID)**

The KID is a whole population linked (at person level and household level) dataset based on a unique local data partnership between local health and care organisations.

This innovative work evolved from Kent’s participation in national integration programmes over the last four years. The dataset is assembled in a local data warehouse who are the deemed trusted third party data processor working on behalf of Kent County Council and Kent & Medway CCGs.

The KID is broadly a ‘planning dataset’ containing information on demographics, health and care service utilisation activity and costs from at least 200 organisations worth up to £3.5 billion, and at least five population segmentation tools including Electronic Frailty Index and MOSAIC.

KCC public health intelligence and a select few organisations have access to the row level pseudonymised data through strict data governance arrangements to carry out a range of applied analytics such as equity audits, population segmentation, complex care service evaluation and much more.

More recently, the KID has been used to support STP analytical work such as estimating total and average health and social care costs for designing capitalised budgets and generating robust assumptions for modelling and simulating service demand and capacity for new models of care.

Find out more: www.kssahsn.net/kid

**Kent and Medway NHS and Social Care Partnership Trust (KMPT)**

KMPT’s forensic Learning disability services are based within the Tarentfort Centre, a low secure service, the Brookfield Centre, a step down / rehab service and community outreach services. Our inpatient services recently received an outstanding rating across all areas from the Care Quality Commission, and a 94% rating from the Royal College of Psychiatry low secure quality network, in recognition of our innovative practices, which include:

- Specially adapted interventions to reduce risk of sexual offending, fire setting, and violence with offenders with learning disabilities / Autism, within both inpatient services, and in partnership with Kent Probation in the community.
- Use of restorative justice practices with offenders with learning disabilities.
- Adapted use of the recovery model in person centred care planning.
- The use of positive behaviour support within secure services.

We were also involved in a national research trial piloting the use of EQUIP, an adapted group based intervention aimed at developing social skills, moral reasoning and emotional management skills. EQUIP also involves a peer support mutual help aspect, where service users support each other with problem solving. The Multi disciplinary team was trained in the use of the model, so that the group was facilitated by staff from all disciplines. Initial results indicate a positive treatment effect.

Find out more: www.kmpt.nhs.uk
Creating change in healthcare – the citizen approach

I founded Public Intelligence in 2007, based on an idea that the public sector in Denmark would benefit from some innovation work. It is tough for large healthcare organisations, be it a hospital or a municipality, to actually deliver healthcare. So understanding how small user led design products can be embedded into this kind of engine room in a large organisation is quite complex – and that’s what we do.

The need for innovation is increasing all the time, and it’s the same in Denmark as it is in England. Put simply, the demographics are upside down – more and more people are living longer with fewer hands to deliver the services.

Denmark and England are very similar in that we have both allowed ourselves to build quite complex healthcare systems, and the complexity is growing. This is why we have to tear down some of the walls and work with very radical innovative thinking.

One of the most radical approaches is asking the citizen how they feel. It sounds very banal or even naïve, but it is crucial to understand what citizens’ needs are.

There’s some great work going on in England around this. I think the 5G centre in Surrey is fantastic – its Internet of Things test bed is something for the rest of the world to admire.

And we have a partnership with KSS AHSN to look at how we can apply our user-driven approach to meeting the AHSN’s local challenges, and I’m looking forward to hosting some workshops this winter.

While new technologies have a key role to play, it’s important that they work for the user. I meet many engineers who feel they have developed something quite fantastic that will save the world as we know it. But when I ask them have they ever talked to a citizen that could benefit from it, they say ‘no no, it’s so great that I don’t need to’.

Yet it’s vital that the focus is on citizens – every time I hear someone saying we need to have the patient in our focus I say no, if we wait for people to become patients it’s too late.

Citizen empowerment

We need to create a healthcare system that encourages people to run more, eat more healthily, take care of their own diseases, master their own conditions. It’s about empowering citizens to take power and responsibility for their own healthcare.

One of our latest developments at Public Intelligence is the creation of an eHealth City. We had this notion four years ago to organise a test bed where citizens are completely embedded, and we now have a city, Svendborg, and a hospital that wants to be part of it.

Getting that agreement to work together has been difficult, but we’re starting to recruit citizens and are looking for three streets where all citizens want to be part of it – not just those with a condition or diagnosis.

So we’re inviting them and watching what happens – will they be a part of it or will they think it’s terrifying or boring?

We’re trying to keep the innovators away, we have to run slowly – citizens take time to understand what our ambitions are, it takes time to build trust that we’re not in this for the money, that we’re here to create healthcare.

Growing globally, creating pioneers

And it’s not about having a range of new devices created within weeks or months, it’s about having the patience to create something that will go on and on. I can guarantee that in a year’s time not only will we have some great technologies being trialled, but that there will also be eHealth Cities around the world – an ecosystem of citizen voices working together to democratize healthcare innovation.

Yesterday I was talking to citizens that had been part of a test bed we’d been working on, and an individual said thank you for letting me being a pioneer. He felt that even though he was a senior, and starting to think it was a matter of time before he was not here anymore, he could use the next couple of years trying to help others. Having that kind of aspiration is fantastic, and it makes me very proud of what I do.

Collaboration with citizens and with other nations is key to developing these new models of healthcare. Over the last couple of years we have worked closely with very skilled people all over Kent, Surrey and Sussex, and every time we collaborate we learn as much as we give.

Everyone thinks that Danish service design and Danish innovation is very interesting, but having this co-branding between what we can do in the cluster in southern Denmark and what is being achieved in Kent, Surrey and Sussex is an amazing collaboration – together we can be stronger and better.

Find out more

www.publicintelligence.dk/en/
peter@Publicintelligence.dk
Delivering the AAR’s potential

Rob Berry, Head of Innovation at KSS AHSN, writes about how AHSNs are collectively delivering on the Accelerated Access Review’s recommendations.

The final report of the Accelerated Access Review (AAR) was published around this time last year, setting out recommendations to speed up access to innovative healthcare and technologies, to improve efficiency and outcomes for NHS patients.

One of the AAR’s key recommendations was the creation of Innovation Exchanges to deliver the proposed innovation, and in July this year NHS England announced funding for AHSNs to run these.

The funding has been welcomed as a step in the right direction, and senior staff across all AHSNs have been working with the Office for Life Sciences and NHS England to develop the details on where and how to best invest these limited resources.

At a high level there is an expectation that AHSNs will be able to demonstrate not just that they have added value but that they have added the best value, and that it aligns with priority areas. In doing so the expectation is that all 15 AHSNs will exploit the opportunities arising from collective (AHSN) endeavour.

Demonstrating the impact of technology

What will this mean in practice? AHSNs are currently running a demonstrator process whereby each puts forward a small number of interventions for other AHSNs to replicate in their region. A small number of these will then be confirmed for all to undertake. As this process becomes more typical over time AHSNs will collectively be supporting a smaller number of interventions, but those interventions will have wider adoption – good news for the companies who make it through that process.

It’s worth stating that the intention of the AAR was not to benefit companies at the expense of the NHS. Quite the opposite. Companies will only benefit from the process when the NHS locally (as the NHS is highly devolved in its decision making), sees the benefit of a new technology, believes it can be exploited and can afford to both implement it and sustain its use.

As well as benefitting the small number of companies through the demonstrator process, AHSNs will support wider industry to help them improve the uptake of their technologies.

Helping industry learn what it doesn’t know

One of the main issues that companies can face is ‘not knowing’. It is widely recognised that ‘not knowing’ can frustrate a variety of touch points along the process of developing and implementing a new technology. There are quite a few areas of not knowing that companies may, as a result, waste time and effort on.

These include not knowing...
- what the NHS really needs and wants
- how the NHS does business, including the expectations of evidence of impact
- how to describe the value of the intervention from an NHS perspective
- how significant the competition is for limited resources and how that plays into decision making.

Not knowing may lead to developing a product that isn’t wanted, isn’t a sufficient priority, isn’t recognised and isn’t affordable in the way that the NHS allocates and accounts for finance and outcomes.

If a company can get through all of the above there remain another critical ‘not knowing’; there is no catalogue of everything that everyone in the NHS can use to find what they need. So for new products, becoming known is another challenge.

Innovation Exchanges in action

With the limited resources made available to AHSNs to support the recommendations of the Accelerated Access Review, AHSNs will cover four functions broadly described as ‘Innovation Exchanges’.

- Communicating health system needs (and any relevant constraints)
- Signposting, whether to other agencies to support the development of the product or those who may be keen to hear about a product or its development
- Validating that the impacts claimed by the product owner can be achieved when delivered at a service level
- Delivering a small number of interventions agreed nationally by the Accelerated Access Collaborative.

Bridging the Gap

Through its Bridging the Gap service, KSS AHSN is already providing key elements of the first two functions, and our delivery teams, as part of a multi AHSN effort, are gearing up to build on their experience of validating products and delivering.

While it’s clear that bringing innovative new technology into the NHS is a complex process, I believe that AHSNs are the best placed bodies to bring those technologies in so that patients receive better treatment and care, and that the NHS benefits from efficiencies in its provision of health and care.
Atrial Fibrillation is a major cause of severe strokes, but the treatable condition can go undetected – it’s estimated that more than 65,500 people may be living with undiagnosed AF in Kent, Surrey and Sussex.

The KSS AHSN Alliance for AF aims to reduce the number of people dying or being disabled by AF-related stroke by optimising the use of anticoagulants in line with NICE CG180 guidelines.

Alliance members provide Primary Care with a variety of interventions and education, to improve the detection of patients with AF using screening devices, performing timely anticoagulation reviews and ensuring patients are receiving appropriate care.

AliveCor Kardia goes live!

We’re now at the start of an exciting new chapter in our AF work, and have recently distributed 543 AliveCor Kardia mobile ECG devices across the region. They will be used in a range of settings including community pharmacies, GP practices, patients’ homes and hospitals, to carry out opportunistic pulse rhythm checks.

Jen Bayly, Cardiovascular Lead, KSS AHSN, is delivering the project. She said that mobile ECGs have been demonstrated as an effective, low cost solution for identifying new AF and reducing the risk of AF related strokes. “The beauty of the AliveCor device is that they are quick and easy to use, require no specialist equipment or training, and provide a direct result that can easily be shared with GPs,” she said.

“How does AliveCor work?

AliveCor enables users to take a medical-grade ECG in just 30 seconds via the Kardia Mobile device. Users simply put their fingers on the Kardia Mobile’s pads – no wires, gels or patches are required. The device talks to a smartphone via the Kardia app, which records the user’s heart rate and rhythm. The app tells the user whether they have a possible AF rhythm identified, and if so the ECG results can be emailed directly to their GP for further investigation.

Information at practice level about where the devices are being used, the professional groups using them and how many possible AF cases have been identified, will be shown on a live map on the Alliance for AF web pages. This is also the place to find a wealth of information and resources on AF and the AliveCor project. The initiative is part of a national drive to reduce strokes caused by AF, with NHS England procuring £500k worth of mobile ECG devices, which it has disseminated through the AHSN network.

Jen said that, as well as supporting the delivery of the project, she and her team will provide training and education events on the use of the devices, associated data requirements, the KSS AF Primary Care and Secondary Care treatment pathways, and educating others on the importance of pulse rhythm checks.

Find out more

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Thinking outside the regional box

We look at how KSS AHSN is collaborating with one of its nearest AHSN partners to ensure the adoption and spread of the best innovation in health and care.

It’s a simple fact that patient flow does not respect AHSN boundaries. Take Epsom and St Helier University Hospitals NHS Trust, for example. Patients going to Epsom are supported by KSS AHSN, while St Helier is covered by Health Innovation Network (HIN) – the AHSN for south London.

But while the close geographical ties mean it makes sense for the two to work together, it’s important to recognise key differences between both patches, according to Peter Carpenter, Programme Director at KSS AHSN.

“Take demographics – we’re going to have a higher proportion of older residents, living in rural communities, and this poses very different challenges in terms of delivery compared to those working in a heavily populated conurbation, and so the innovations that can be helpful will be different,” he said.

“Collaboration needs to be for the right projects, and not just for collaboration’s sake.”

The two AHSNs have successfully worked together on a range of projects so far. These include:

- **Perfect Ward** – KSS AHSN ran learning sets on quality assurance for Trusts from both regions. Attendees received a free three-month trial of the application, which transforms the way ward inspections are carried out, and we’ve seen strong subsequent take up.

- **ESCAPE-pain** – The Escape Pain app, which offers a rehabilitation programme for people with chronic joint pain, has enjoyed a higher take-up rate across Kent, Surrey and Sussex compared to any other region, outside of south London.

**Strengthening collaboration**

Links between the two organisations are currently being strengthened further, with Dr Des Holden, Medical Director at Surrey and Sussex Healthcare NHS Trust and KSS AHSN, recently appointed as HIN’s interim clinical director.

And our team of Technology Navigators are now helping to spread the adoption of six tried and tested technologies from HIN’s DigitalHealth.London Accelerator. Anna King, Commercial Director for HIN, said that the proximity between the two AHSNs helps when it comes to collaborative working.

“KSS and HIN have been collaborating since we were founded. However it makes particular sense in areas where KSS has expertise of understanding on a range of issues – it just makes sense to share that expert resource,” she said.

Through collaboration we can fast track the benefits of tried and tested innovations for a greater number of patients. It is great that KSS AHSN is now going to promote technologies from our DigitalHealth. London Accelerator.

“The companies have received a lot of support in London over the last year, and they are now keen to grow nationally. A great first point of call is KSS AHSN. I am pleased its members and patients will receive swift access to these innovative business.”

**Leading the way with ELC**

One of the next stages in the journey will be around sharing learnings from our work with the Emergency Laparotomy Collaborative.

This project, a collaboration between KSS AHSN, Wessex AHSN and West of England AHSN, aims to improve standards of care and reduce mortality rates in those undergoing an emergency laparotomy.

Peter Carpenter said that adherence to Emergency Laparotomy Pathway Quality Improvement Care bundle has shown to reduce the risk adjusted mortality rate by 18 percent.

“We’ve seen some great results from the ELC project, and we’re in talks to support its introduction at Epsom and St Helier Trust,” he explained.

“AHSNs are doing some fantastic work within their own regions, but as the ELC project and our work with HIN shows, it’s vital that we work collaboratively across the AHSN network to ensure the adoption and spread of the best innovation in health and care.”

Find out more

- www.kssahsn.net
- www.healthinnovationnetwork.com
Learning from our friends in the south

KSS AHSN recently took 21 healthcare innovators to the Region of Southern Denmark, which is fast becoming a world leader in technology based healthcare innovation.

When it comes to healthcare innovation, the region of South Denmark has a strong record of delivering successful new approaches to health and care, focused on the needs of citizens and professionals and incorporating new technologies.

KSS AHSN has been lucky enough to establish strong relationships with Healthcare Denmark and Welfare Tech in the region, sharing learning, skills and knowledge and hosting reciprocal visits over the last five years.

Our fourth field trip to the region took part in early October, and we were joined by 21 colleagues from across Kent, Surrey and Sussex.

During the visit they were able to see first-hand how health and social care, academia and industry work together to tackle fundamental health and social care problems.

As one delegate commented: “The trip was fabulous, not just because we experienced the seemingly more liberated Danish approach to innovation but also due to the time spent with some amazing guys from our own NHS organisations. Rarely do you get such protected time to interact, challenge, collaborate and plan in such a positive environment.”

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**Living Laboratory**

The tour commenced with a visit to the Health Innovation Centre of Southern Denmark’s 1900 m² ‘living laboratory’ where mock-ups, ideas and products are developed and tested at scale. The laboratory also contains CoLab Plug’n’play, designed for testing welfare technologies directly with citizens and professionals before they are implemented. These facilities are used to substantiate that new projects and designs make a difference for future users of health care.

**An innovative approach to care homes**

The group also visited Havebæk Care Home, and over cups of coffee and Danish pastries, Havebæk’s dynamic manager, Mrs. Helle Lunde Meyer, described how she worked with the local municipality to transform the centre into a warm, friendly home supporting active, meaningful lives for its 120 residents.

Walking through the light, airy corridors decorated with olive trees and murals by a local artist, one gets a feeling of being on holiday in Greece. Residents are encouraged to be as independent as they can be, even cooking their own meals using fresh eggs from the home’s chicken coop. There are no visiting hour restrictions and staff offices are in plain view to encourage interaction at all times.

Significant investments in technology and wearable tech enables staff to coordinate care around the needs of the patient, working directly with primary and secondary care. As one delegate commented, “It was great to see that linked data sets are the norm rather than the exception in Denmark.”

**Planning for the Future**

Melissa Ream, Living Labs and 5G Adviser at KSS AHSN, led the delegation from KSS. Following the visit Melissa and the AHSN team will be meeting with delegates to discuss how ideas, innovations and inspiration from the trip can be put to use across Kent, Surrey and Sussex.

“We had some fantastic feedback from the trip, and I know that everyone’s head was buzzing with ideas around how we can translate our collective learnings into real-world solutions at home,” she said.

“We already have a number of meetings and collaborations mapped out – ranging from collaborating on new dementia developments, to kick starting a number of living labs, to taking forward ideas on Internet of Things and linked data sets. I know that we’ll be seeing many positive benefits from this experience over the coming months and years.”

Find out more
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www.kssahsn.net
Delivering on Darzi

Our collaboration with the Darzi Fellowship is continuing apace, with the 26 #KSSDarzi17 fellows halfway through their year-long placement and recruitment is underway for #KSSDarzi18.

The Darzi Fellowship has paid great dividends in London, where it’s been running since 2008, and so we were thrilled to be asked to bring the initiative to Kent, Surrey and Sussex. Since April 2017 the 26 new Darzi Fellows have been working on a range of projects across the region, spanning everything from creating a more sustainable model of community care to identifying and reducing unwarranted variation in the quality of care.

The Darzi Fellowship is a partnership between Health Education England (HEE), Kent Surrey Sussex Academic Health Sciences Network (KSS AHSN), the KSS Leadership Collaborative (KSSLC) and London South Bank University (LSBU).

Dave Hearn, Deputy Head of Transformation, Health Education England, said that the Fellows had made significant advances in their professional development, and on their allotted projects.

“There’s still a few months to go before the 12 month fellowships are up, but it’s already apparent that the Darzi Fellowship’s first foray outside of London has been a great success,” he said.

“As a Darzi Fellow I know how transformative the initiative can be, both for the individual and their host organisation. The whole process opens you up to a range of experiences and new ways of working that can only benefit the NHS as a whole.”

The fellowships are a twelve month full-time commitment, split between working on a defined service innovation or transformation project and education in leadership development, resulting in a PG Cert in Healthcare Leadership, through LSBU.

As well as learning about systems, coproduction, change and leadership, Fellows will learn from experienced clinical leaders, who will share their personal approach.

Ringing the changes

Dr Sally Morgan, clinical psychologist, has been working as a fellow on the KSS AHSN Respiratory Network, looking at how to improve pulmonary rehabilitation services, and how to implement a wrist band system to reduce oxygen prescribing errors.

She said she joined Darzi because she wanted to learn how to initiate change in a clinical setting. “It’s quite normal as a clinician, working in a clinical setting, to get frustrated that you can’t initiate changes to the system in a way that you know would help. My particular frustration was how services were commissioned, who for and where, and that problems in not being able to influence that process.

“I saw Darzi as an opportunity to learn how to make those changes, and once I was selected as a fellow I was matched to this project, which perfectly suits my interests. “The education element has been incredibly useful and frustrating – you go into each workshop thinking you know what you’re talking about, but when you come out you’re thinking about issues in a completely different way. That’s happened three or four times now, and it’s been a great experience.

“When my fellowship finishes I’d like to work with children with learning difficulties who have fallen through the cracks in the system. When I came in I had a fixed idea of how I was going to do that, but my thinking has evolved during the process, and I’m sure it will probably change again within the next six months.”

Find out more

www.kssahsn.net/Darzi

david.hearn@hee.nhs.uk

Upcoming events

1 December

NIHR Clinical Research Network (CRN) Kent Surrey and Sussex (KSS)

Strategic Collaboration Series, Crawley

This workshop will focus on academic collaboration, providing an opportunity to find out what the healthcare research strategies are for local Higher Education Institutions, and how you may be able to collaborate in their research.

For more information email: gemma.bowsher@nhir.ac.uk

15 December

Patient Leadership Summit, HC-UK, London

You will hear from a range of leaders in the field of co-design and co-production, and have the opportunity to start to consider how your organisation can begin to plan a co-designed event to start to utilise the renewable energy of your patients, carers and patient leaders.

https://tinyurl.com/yad7jpkg

8 February

Digital Healthcare: Cutting Edge Innovation, Open Forum Events, London

The latest in a series of conferences analysing the NHS’s progress in adopting the most up to date technologies as it evolves towards complete digitisation.

https://tinyurl.com/yocrxkjv2

9 March

Priorities for improving care for older people in England: funding, service redesign and meeting the demands of an ageing population, Westminster Health Forum Keynote Seminar, London

Delegates will discuss the next steps in delivering quality and cost-effective services, and progress on Sustainability and Transformation Partnerships – as well as the impact of current measures such as additional funding allocated to social care in the Spring Budget.

https://tinyurl.com/y98bbq6

2 – 4 May

The International Forum on Quality and Safety in Healthcare, Amsterdam

One of the world’s largest conferences for healthcare professionals committed to improving patient care and safety. The recent International Forum in London in April 2017 connected 3,000 healthcare leaders and practitioners from over 70 countries.

https://tinyurl.com/yakyrno8

Get in touch

innovate@kssahsn.net
FINDING OUR CLINICAL LEADERS OF THE FUTURE

“I’ve got a much better understanding of how the health and social care context works and in particular how decisions are made and how to influence them”
Darzi Fellow 2017

“The fact that this isn’t my clinical area was quite liberating”
Darzi Fellow 2017

“A really rewarding experience; one where I got to see senior leadership in action – after all this is the bottom line of Darziing!”
Darzi Fellow 2017

#KSSDarzi18
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