Innovate

Issue 09 - Spring 2017 - Practice worth spreading

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The leadership issue
inspiring change and empowering evolution
**Funding opportunities**

### Prevention and Risk Reduction, Alzheimer’s Research UK

Funding for primary prevention and risk reduction research that have potential to significantly alter the course of cognitive decline in populations at-risk of Alzheimer’s disease and/or other dementias.

**Deadline:** 31 March 2017

More information: [http://tinyurl.com/zhn3jrs](http://tinyurl.com/zhn3jrs)

### Health Services and Delivery Research Programme – call for expressions of interest: Rapid Service Evaluation Research Team, NHS National Institute for Health Research

The Five Year Forward View’s push for ‘accelerating innovation in new ways of delivering care’ lies at the heart of this call.

**Deadline:** 6 April 2017

More information: [http://tinyurl.com/o3akpm](http://tinyurl.com/o3akpm)

### Public Engagement Fund, Wellcome

This funding is for anyone with a great idea for engaging the public in conversations about health-related science and research.

**Deadline:** Ongoing

More information: [http://tinyurl.com/zeztkoe](http://tinyurl.com/zeztkoe)

### Competition brief: innovation in health and life sciences round 2, Innovate UK

The aim of this competition is to stimulate innovation in health and life sciences (H&LS). Proposals must indicate how projects will enable a step change in competitiveness and productivity for at least one UK SME involved in the project.

**Deadline:** 5 April 2017

More information: [https://tinyurl.com/jconwre](https://tinyurl.com/jconwre)

### Healthcare Technologies: Call for Investigator-led Research Projects, EPSRC

The Healthcare Technologies theme has prioritised funding to support novel investigator-led projects during 2017-18. We are inviting investigator-led proposals and intend to batch these through the year.

**Deadline:** no closing date

More information: [http://tinyurl.com/zj59qqx](http://tinyurl.com/zj59qqx)

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**Insight**

With changes at home and abroad, 2017 is certainly going to go down as an interesting year.

The year got off to an amazing start for KSS AHSN with the launch of the region-wide Darzi Fellowship Programme.

Darzi Fellows have made great contributions in the time they’ve been operating across London, and the projects that have been lined up across Kent, Surrey and Sussex are no less impressive.

### Leadership agenda

Over the course of their 12 month placement the 28 new Fellows will create a hugely positive impact on their host organisation. But what’s really exciting is the impact they will make on the leadership agenda in the coming years, as they progress their careers.

The Five Year Forward View is very clear on the fact that service models need to change and evolve in order to meet the future challenges. I firmly believe that we at KSS AHSN are helping to inspire and empower individuals and organisations to make those changes.

### Co-creation

As you go through this edition of Innovate you’ll see plenty of evidence of how we’re doing that, from Darzi to developing a new whole systems approach to ensure safe discharge and transfer.

We also have a great article from Des Holden, our Medical Director, where he looks at how technology could revolutionise medical records and how they’re used. The article goes on to show how we can use the concept of co-creation to develop services that meet citizens’ future needs.

### An inspiring year

There’s a huge appetite and potential to spread healthcare innovation and, with all that’s going on across the region, I’m sure that 2017 will be regarded as an interesting year – for all the right reasons!

Best wishes

Guy Boersma
Managing Director
KSS AHSN
Developing Darzi across Kent, Surrey and Sussex

The Darzi Fellowship in Clinical Leadership has a strong record of creating real change and a new generation of leaders during its operation across London, and the programme is now coming to Kent, Surrey and Sussex.

The Darzi Fellowship in Clinical Leadership was launched in 2008 to help transform London’s healthcare through system redesign. Since then Darzi Fellows have led major service improvements, implemented numerous safety and quality initiatives, and achieved substantial financial savings for trusts across the capital. The scheme is now being expanded to Kent, Surrey and Sussex, with 28 fellows to work on a range of projects around the region.

**Partnership in action**

The project is a partnership between Health Education England (HEE), Kent Surrey Sussex Academic Health Science Network (KSS AHSN), the KSS Leadership Collaborative (KSSLC) and London South Bank University (LSBU). Guy Boersma, Managing Director of KSS AHSN, said the programme will make a vital contribution to the region’s health economy.

“We’ve seen the great changes that Darzi Fellows have instigated in London over the last eight years, and we’re very excited about the impact this programme will have across our region,” he said.

“The Darzi Fellows will add significant value to the region’s workforce and to the pace of change at a time when there are both great challenges and great opportunities for our health economy.”

“I have no doubt that they will make a major contribution to the productivity and performance agenda, and their understanding of working across the healthcare system will be invaluable in driving future change.”

**12 month programme**

Darzi Fellows are drawn from multi-professional backgrounds, including: doctors; nurses and midwives; allied health professionals; paramedics; dentists; healthcare scientists; and pharmacists.

The intention is to fund up to 28 Darzi Fellows embedded within organisations across Kent, Surrey and Sussex. The fellowships are a twelve month full-time commitment, split between working on a defined service innovation or transformation project (with a focus on projects addressing Sustainability and Transformation Plans and Five Year Forward View priorities), and their education in leadership development working towards the (PG Cert) in Healthcare Leadership (Darzi) through LSBU.

It is aimed at those starting out on their leadership journey (e.g. ST4-6 or AFC Band 7/8a). Darzi Fellows are supported by a bespoke leadership development programme with LSBU, including coaching and Action Learning Groups.

**Practical and theoretical learning**

The academic core of the programme will see Fellows covering modules in New Models of Care, Core Concepts of Quality, Leading Change Projects and Coaching.

A major strand throughout is developing the ability to work effectively and productively with peers from diverse backgrounds, including service users. As well as studying the theory of clinical leadership, Fellows will learn from experienced clinical leaders, who will share their personal approach.

**Global online innovation community**

As well as offering Fellows an amazing opportunity to immerse themselves in leadership development, the programme encourages the spread of learning throughout the host organisation.

A new development for this year is the launch of a Massachusetts Institute of Technology (MIT) online learning community called ULAB, which is available to everyone in the host organisations. Over eight weeks participants will learn about leading emergent change through a range of videos, live learning sessions, reading materials and exercises.

"Developing Darzi across Kent, Surrey and Sussex"
The Darzi Fellowship – a personal view

Fay Sibley, Senior Project Manager, was working as a paramedic with the London Ambulance Service when she was seconded to a Darzi project with South London AHSN in 2015/16. The project explored whether a Physiotherapy-led service could provide easier access to better care for people with knee and/or hip joint pain from osteoarthritis in primary care.

“The experience was overwhelmingly positive, which was largely down to the learning centred culture of the organisation I was seconded to. Working in a small team allowed me to build strong, supportive relationships and have regular appraisal and review with my sponsor – a luxury I had not been afforded in my previous role as a frontline clinician. Despite this there were many challenges and it was difficult working across organisations – managing their competing agendas and pressures.

I found the transition from clinician to Darzi fellow difficult and struggled with the pace of the work which initially, in the scoping phases, was slow. Conversely, I loved the exposure to new experiences and the abundant opportunities to learn and develop skills. I felt like I could express myself creatively in my work, a side to my personality I had not used since school!

Opening new doors

Midway through the Darzi fellowship I successfully applied for a permanent position within the team. In some ways the Darzi fellowship threw a spanner in the works, as I always considered my career would remain in the ambulance service and that I would progress through the ranks in to operational management. Instead it has opened doors, exposing me to opportunities beyond those I could have imagined and introduced me to the wider NHS, going beyond that of just pre-hospital care.”

The projects

45 projects were shortlisted from more than 85 applications from project sponsors, with selection of the final 28 projects taking place as this magazine goes to print!

These successful projects:

› Involve significant change management or spread of innovation
› Fit with key strategic objectives of the organisation/SFTP/5YFV etc
› Involve the Fellow engaging and influencing others across the system
› Have both significant deliverables/benefits and also inherent risks
› Fit with the timescale of the Darzi Fellows programme (i.e. 1 year).

Partners and funding

This programme is led by the Kent Surrey and Sussex Leadership Collaborative on behalf of Health Education England. Programme partners are London South Bank University and Kent Surrey Sussex Academic Health Science Network. Funding will cover the tuition fees at LSBU, while host organisations will receive a pump priming award of £35,000 to fund a Darzi Fellow’s leadership development programme, covered by Health Education England Kent Surrey Sussex.

Find out more

http://www.kssahsn.net/darzi-fellowship

Dave Hearn, Associate Head of Commissioning and Contracting

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Kent Surrey Sussex Academic Health Science Network

Celebrating your success

2016/17

Celebrating success in health and social care took centre stage at the KSS Leadership and Innovation Awards 2017. The awards are a chance to recognise and thank all health and social care staff who go the extra mile for patients, carers, communities and colleagues. They showcase the work of individuals and teams who are leading the way to better health, better care and better value across Kent, Surrey and Sussex.

Guy Boersma, Managing Director, Sussex Partnership NHS Trust, who took part in the awards, said: “I’d like to congratulate all the winners and finalists on their success, not just at these awards but for the work they do every day for patients, carers and communities in our region,” he said.

The winners were...

LEADING FOR SERVICE

IMPROVEMENT AND INNOVATION

(joint award with Kent Surrey Sussex Leadership Collaborative)

Brighton and Sussex University Hospitals NHS Trust for its Care of the Elderly Department Leadership Team.

ENHANCING INNOVATION THROUGH COLLABORATION

Virgin Care for A New Model for Pressure Damage Prevention.

EXCELLENCE IN QUALITY AND SAFETY

The Royal Alexandra Children’s Hospital, Brighton and Sussex University Hospitals NHS Trust, for Acute Paediatric Non-Invasive Ventilation.

EXCELLENCE IN OUT OF HOSPITAL CARE

Medway NHS Foundation Trust for Proactive Assessment Clinic or Elderly (PACE): a community based initiative.

LAY ENGAGEMENT

(sponsored by NHS South East Clinical Networks)


The KSS Leadership and Innovation Awards 2017 are a partnership between:

› Kent Surrey Sussex Leadership Collaborative
› Managers in Partnership
› South East Clinical Strategic Networks, and
› Kent Surrey Sussex Academic Health Science Network.

Find out more

What if...

Des Holden, Medical Director at KSS AHSN and Surrey and Sussex Healthcare NHS Trust, considers how 21st century health records could help patients and the NHS, and how the concept of co-creation could change the way services are designed and delivered.

A typical health record held in primary care contains a template of basic information, supplemented by contacts made with health care providers. There will be information on any medications prescribed and a letter of discharge or summary following any hospital visits.

How does this record help me as a patient, or my primary care provider manage my risk of diabetes? I do not have diabetes but I am an overweight male in my 50s who drinks more than 14 units of alcohol per week and is a smoker.

My relevant medical and risk history, physiological observations and biochemistry could all feed in real time into a central record. Imagine the possibilities for me as a patient, and the whole population, that this unlocks.

Motivation is an interesting area: How and why do people take their medications, when does it go wrong and what happens at those times? The Engineering faculty at the University of Surrey includes a 5G Innovation Centre with superfast data transfer facility, focused on developing the next generation of mobile communication technology, powered by the Internet of Things. Already this is allowing wearable devices and home monitoring in patients with dementia to be continuously recorded.

Simon de Lusignan, a GP and Professor at the University of Surrey, has a database of one million primary care records, updated weekly. With this power, algorithms can be developed which predict the development of chronic disease and allow more specific, and therefore effective, intervention. These records are anonymised, but what if they were linked through family history, or diagnosis? This would allow my parents’ or siblings’ disease prevalence to refine my risk.

If this were the case, it might now be cost effective to ask me to attend the surgery to assess my motivation, or my addictions, or need for other support.

Let’s fast forward a year or five and imagine I have been awarded a diagnosis of type 2 diabetes. I now remember a paternal great aunt, long dead, who had diabetes. Her final years were dominated by leg ulcers and sequential amputation. This might be expected to be all the motivation I need, but don’t doctors make the worst patients?

Des Holden, Medical Director at KSS AHSN and Surrey and Sussex Healthcare NHS Trust, considers how 21st century health records could help patients and the NHS, and how the concept of co-creation could change the way services are designed and delivered.

My weight, alcohol consumption or family history have not been updated for decades as I have not needed to see a GP in that time. However my father has since developed dementia and my mother has had a variety of coronary artery procedures. How does my GP or Public Health England, get to use this change in my risk status to target intervention at me and reduce the long term burden I may provide to the NHS budget?

But what if it didn’t need to? What if the record became not just an archive but the input data for calculating my risk?

If this were the case, it might now be cost effective to ask me to attend the surgery to assess my motivation, or my addictions, or need for other support.

Let’s fast forward a year or five and imagine I have been awarded a diagnosis of type 2 diabetes. I now remember a paternal great aunt, long dead, who had diabetes. Her final years were dominated by leg ulcers and sequential amputation. This might be expected to be all the motivation I need, but don’t doctors make the worst patients?

What might smart machines be able to learn about effective motivation and management for, and from, me and for people who look like me but aren’t quite the same?

Surely this is one relevant way in to the personal medicine challenge? And if the Surrey database could be similarly improved, then its algorithms of prediction could become much more sensitive and specific.

Over and above these possibilities individual medication tablets can now be tagged and tracked. All the above information can also be seen in the context of whether I have taken my oral hypoglycaemic or not, or mistakenly taken two.

Wearables technology has taken off but, like the use of screening services in medicine, in general they are being adopted by people at lowest risk and work in parallel with other methods of health and disease management.

The challenge of meeting tomorrow’s health needs can’t be met by doing more of what we do now. Effective ways of predicting and modifying risk that are less dependent on face to face medical consultation will need to be developed. Better information, machine learning and motivation are good places to start.
Putting people at the heart of service design

Des Holden and Melissa Ream, who helped head up the 5G and Living Labs programme, look at how the concept of co-creation could change the way services are designed and delivered.

It's more than two years since NHS England published its Five Year Forward View (5YFV), which set out a new shared vision for the future of the NHS based around new models of care.

Since then the NHS and stakeholders, including the AHSN network, have worked together to act on better health and wellbeing, redesign care and ensure financial stability.

But more needs to be done. CCGs want to deliver services in a new way out of hospital, but can struggle to make investments. Acute providers can't forgo income for their current activity, and as demand continues to rise they don't have the capacity to lead on service re-design.

STPs, of which there are four in our region, are in place to deliver on the principles set out in the 5YFV. Together with Health Education England Kent Surrey Sussex, we're ideally positioned to work with the STPs and other partners, including Public Health England, third sector organisations, and importantly industry, to help them deliver out of hospital models of care.

Change of focus

While most of the existing targets relate to process measures, such as waiting times, for real change to happen we need to reframe our approach, asking instead how people can be kept safer in their own homes.

One area generating a lot of interest is that of co-creation. This approach directly tackles problems expressed by citizens – whether that's those directly affected by a challenge, or those working, living with, or caring for others.

It brings citizens together with health care innovators and entrepreneurs to develop new ways to allow people to live independently, safer, for longer.

The approach is already paying dividends in Denmark, where they are building new hospitals with few beds.

By changing our approach to service structures we too could create an environment that enables people to live independently for as long as possible, improving their quality of life and reducing the pressures on the NHS and the workforce.

There's already some good work taking place across the region, as these examples show. Most importantly we're seeing a great deal of excitement and commitment to the concept.

Co-creation represents a massive step change in thinking about health care, but it's one that needs to be made to meet the future challenges.

Surrey Heartlands Academy

Heartlands Academy, part of Surrey Heartlands STR, is being established to support clinical programmes by identifying, testing and developing new ways of working to drive innovation and continuous improvement.

One of these new ways of working is user-led design.

Engagement workstream lead Rich Stockley is commencing a far-reaching programme to ensure that all STP activities fundamentally build upon user insights into the life and experiences of citizens, carers, social and healthcare professionals. This includes citizen-led deliberative research, which will be used to provide a robust understanding of residents’ opinion of health and social care in the Heartlands area, and some of the initial changes proposed. Additional in-depth research may include customer journey mapping.

ESTHER

The ESTHER model originates in Sweden and is named after a real person who became unwell with serious heart failure. She was admitted to hospital but had to tell her story 32 times and thus experienced severe delays in diagnosis, treatment and care planning.

The ESTHER model aims to change the culture and ways of working of integrated teams by focussing on the needs and priorities of the citizens with complex care needs, who are generically called ESTHERS.

Each team has a designated ESTHER coach whose remit is to ensure that the team does what is best for the ESTHER by determining “What matters for ESTHER” rather than “What is the matter with ESTHER”.

Esther is being implemented across Kent by the Design and Learning Centre for Clinical and Social Innovation, initially in a care home, and next by Thanet Integrated Accountable Care Organisation.

Leading Places

Leading Places is a national initiative, which aims to encourage collaboration between universities and local authorities.

Brighton is one of six Leading Places pilots in the UK, and is trialling innovative ways to promote healthier, more independent ageing.

The project aims to support the development of strategies in self-managed care for older people, to identify ways to prevent or delay them moving to more intensive care programmes. This will be done through community-focused research by University of Brighton academics at supported housing development Leach Court and other care homes.
Nobody can say how much data there is washing around the world, but everyone is agreed that it’s a gargantuan amount. Some believe that 90 per cent of all the current data has been produced in the last few years. Computer giant IBM estimated that 2.5 exabytes of data – enough to fill 156 million 16GB smart phones – was generated every day in 2012.

With the growth of the Internet of Things and connectable devices, fitness trackers, talking fridges, medical sensors and smartphone health apps, the amount of data is only going one way: up, and quickly.

How to gather, manage and interpret all of that data poses a problem for the NHS. But it’s a problem that data analysts are more than fit to resolve, according to Richard Lee-Wright, Head of Informatics at KSS AHSN.

“In healthcare everything needs to be evidence based, and to collect that evidence you need the data to back it up. But simply having the data isn’t enough – you need to understand what the data you’ve collected is truly telling you and what it could potentially tell you,” he said.

Richard is spearheading a movement across Kent Surrey and Sussex to increase the understanding of data analytics, while improving the role’s professional standing.

Off the back of this event the AHSN is forming a Communities of Practice in Healthcare Analytics to continue the learning, understanding and professionalisation of the discipline.

“The stereotype of an analyst is someone who is shy and doesn’t talk too much. We need to get analysts and those they work with talking about the importance of data,” Richard said.

“The Community of Practice will be a place where we can learn from each other and promote the integral role that data analytics has to play in the future success of the NHS.”

Find out more
www.kssahsn.net
Richard Lee-Wright, Head of Informatics, KSS AHSN: richard.lee-wright@nhs.net
Encouraging conversations around End of Life care

Choices around End of Life care can be among the most important decisions we have to make, yet it's one of the hardest areas to talk about with patients and their families. By inviting and hosting a recognised international expert in end of life care, we have been able to share understanding and learning with our members.

When it comes to End of Life care there are a range of complex options and decisions that have to be made by patients, along with their families and healthcare staff.

We know that, despite best intentions, there can be a mismatch between how a person wants to be cared for at the end of life, and what actually happens.

This complex issue is not particular to one setting or medical discipline, and it's something that will affect each and every one of us if we or our loved ones are in a health facility towards the end of our lives.

As part of our Living Well for Longer programme we're keen to share learning and encourage conversations that explore how end of life care could be improved.

Dr Magnolia Cardona-Morrell, a Senior Research Fellow at The Simpson Centre for Health Services Research, University of New South Wales, Australia, has carried out a range of in-depth research in this field.

Her research has gained international attention and, after reading about her work, we invited her to take part in a two-week lecture tour across Kent, Surrey and Sussex.

We arranged close to 20 meetings for her with a range of stakeholders and visited a number of settings including St Catherine's and Heart of Kent Hospices, the University of Surrey's 5G centre, England Centre for Practice Development at Canterbury Christchurch University, Medway NHS Foundation Trust, Age UK, Brighton and Sussex Universities Hospital Trust and Coastal West Sussex CCG.

Dr Cardona-Morrell also spoke at our Living Well for Longer End of Life Care Roadshow, where she presented an overview of the End of Life research program at the University of New South Wales.

Tracey Faraday-Drake, Director for the Living Well for Longer Programme said, “I am so thrilled that we have been able to make this happen; to be able to facilitate such rich and powerful discussions about End of Life Care is wonderful. Bringing people together to share learning, knowledge and ideas is what we are about and this is a fabulous example of great collaboration.”

Dr Cardona-Morrell visited a range of settings across Kent, Surrey and Sussex meeting potential collaborators. Here she reflects on her trip and looks forward to future interactions to progress the partnerships.

“I have been very impressed with the many creative initiatives in the UK to improve the end-of-life experience for patients and their families. With national consensus and frameworks and locally relevant projects, there is a good chance of benefit. In Australia we haven’t achieved national consensus for end of life care and there are State-specific frameworks and policies which make the care pathway very fragmented. We have much to learn from your policies, workforce and service managers.

“However, I’ve also noticed the absence of concurrent evaluation of effectiveness in many of those worthwhile programs in the UK, and limited publications on the process and outcomes, so that others may benefit from the great work being done here.

“This is where I see our potential for collaboration. We can bring expertise in evaluation design, data analysis and manuscript production. It is so important to have this work rigorously evaluated and published in peer-reviewed journals so other countries can adopt or adapt your successful strategies.

“And we can also learn how you have managed to bring together multidisciplinary teams and break down the ‘specialty silos’ in the best interest of patients and families, particularly patient-centred approaches that I have witnessed that go beyond the medicalisation of death.

“The groups I’ve visited have been very enthusiastic, and with their talent I believe numerous collaborations with hospices, hospitals and community-based services will arise. I’m grateful for the invitation and excited to be part of this exchange of knowledge and ideas, and I look forward to updating you on progress.”

Find out more
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Further information on Dr Cardona-Morrell’s research can be found at: https://research.unsw.edu.au/people/dr-magnolia-cardona-morrell
A clear vision for remote assessment

**KSS AHSN has been instrumental in supporting an innovative new technology that could transform the way care home patients receive clinical support.**

We know that the earlier a problem is treated the better, but patients sometimes have to wait for a consultation due to the increasing workload that GPs can face. A delayed clinical assessment can lead to unplanned hospital admissions, which can be confusing and unsettling for patients who are often frail and elderly. They can also lead to deteriorations in their condition which could have been avoided.

Technology company AMA Xpert Eye is looking to solve this problem with its ‘See what I see’ project, which enables GPs to conduct remote clinical assessments using Google glasses. KSS AHSN’s helped the project to successfully bid for £75,000 of funding from The Health Foundation. The funding will enable it to run a trial with care homes in East Sussex.

Etienne Guillemot, Business Developer, AMA Xpert Eye, explained the importance of KSS AHSN’s support: “We didn’t know who to talk to and then we got in contact with the KSS AHSN. They were very supportive of our project and understood it straight away,” he said.

At the Health and Care Innovation Expo in September, we introduced Sir Bruce Keogh to AMA Xpert Eye where he tried on the Xpert Eye system. He later spoke at the NIA launch about the importance of new technology entering the NHS: “With rising demand and escalating costs, innovation is not an option but a necessity if we are to build a sustainable NHS. The innovations selected for this programme have the potential to deliver better value for the taxpayer whilst making patient interactions with the NHS safer and more personal.”

**Real time information**

The idea of using some form of camera system to provide remote clinicians with real time information is not new. However, with many technologies the users’ interaction with the resident or patient is interfered with by the need to look at a screen to communicate. AMA’s Xpert Eye technology (a head mounted camera system) allows the remote viewer to share the exact point of view of the glasses’ wearer, offering freedom of action while keeping the operator’s hands free.

Importantly, it also enables continuous interaction with the patient, which is vital with older patients who may have some form of condition related confusion or dementia.

**Find out more**

www.kssahsn.net/what-we-do/living-well-for-longer/Pages/See-what-I-see.aspx

Tracey Farraday-Drake, Director, Living Well for Longer Programme, KSS AHSN: t.farraday-drake@nhs.net
Leading a new approach

Kent Surrey Sussex Patient Safety Collaborative (KSS PSC) is developing a new approach to ensure safe discharge and transfer of patients.

With an ageing population, a higher prevalence of long term conditions and an associated increase in avoidable admissions, the entire workforce across the local health economy is struggling to meet the increasing demand. There are a number of reasons for these problems, including a lack of capacity and time to review and address inefficient systems, leading to multiple and increasing pressures on the health and social care system. These pressures are having a marked impact on patient flow, and improvement in this is now one of the highest priorities for the national and local health economy.

Surrey Heartlands

One area that has long been identified as a major cause of poor patient experience and outcomes is poorly managed transfers of care and discharge of elderly patients. KSS PSC is leading the development of a new whole systems improvement programme for a cohort of vulnerable patients across Surrey Heartlands.

Emma Cox, Improvement Manager, reports that KSS PSC often hears that patients feel unsafe when they are discharged from hospital, or transferred between care settings.

“The impact and burden of an unsafe transfer and/or discharge causes to families, patients, carers and the system is significant and in most cases preventable,” she explained.

“However, we cannot underestimate the breadth of this challenge, and that tackling one aspect of care in one setting can cause a negative domino effect in other areas of the health care setting, creating additional stress to staff, patients, families and carers.”

By taking a whole systems approach, the project aims to reduce the impact of this negative domino effect, developing a range of tools that can be used to improve the patient and carer experience of discharge from, and transfer between, services.

The cohort

The final decision on which cohort of patients to base the project on was still being made at the time of going to print. The criteria is to work with a high cost, high impact patient cohort, based on data analyses from the Quality Observatory. It is expected that the patient group will be those with dementia, or those at risk of, or having, Atrial Fibrillation.

How the project will operate

The project will take a whole systems approach and will include key stakeholders from across Surrey Heartlands, including health and social care providers, ambulance trusts, voluntary sector, charities, local councils and patient and carer representatives. At the first meeting, planned for March 29, the group will:

- Hear feedback from the Surrey Heartlands citizens following a recent healthcare needs survey
- Hear about the ‘user-led design’ approach. This approach has been implemented in Denmark by Public Intelligence. Public Intelligence works closely with customers and collaborators, and has a detailed knowledge of public procedures and practices, political dialogue and citizen-focused institutions.

The team will then map the patient journey and, as a collaborative, identify issues and discuss and determine potential solutions. They will then form smaller relevant project groups to return to their care setting and develop tests of change for their ideas. The group will meet quarterly to share success and challenges, and review overall progress against programme aims for the patients and the system.

Where it’s happening

Operating across the Surrey Heartlands, the project will link closely with the work of the evolving Surrey Heartlands Academy, which will be an enabling inter-specialty network - supporting innovation and transformation.

This area was chosen as, compared to national distribution, it has a much larger population with 40–65 and 75+, and is projected to see an increase in those aged 65+ and 85+ over the next ten years.

Find out more

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Upcoming events

2017

KSS AHSN events
KSS AHSN has a range of activities planned for the new year, from our Heart Failure Collaborative to a new series of Breakthrough sessions. All the events are free to attend, and further information can be found on our website.

http://tinyurl.com/h7alpkm7

26-28 April 2016

The International Forum on Quality and Safety in Healthcare, IHI and BMJ, London

A biennial gathering of healthcare professionals in quality improvement and patient safety. It supports and energises the movement for healthcare improvement and connects healthcare leaders and practitioners worldwide to improve outcomes for patients and communities.

http://tinyurl.com/dgwd6c4

19 May 2017

Reducing Medication Errors in Hospitals National Summit 2017, HC-UK Conferences, London

This Summit aims to bring together clinicians, managers and medication safety officers to understand current national developments, and to debate and discuss key issues and areas they are facing in improving medication safety and reducing medication errors.

http://tinyurl.com/c96emcg

May 23-24 2017

Digital Health and Care World Congress 2017, London

The leading technology digital healthcare conference, covering all aspects of medical and mobile technology including ehealth, mhealth, telehealth, telemedicine, genomics, analytics and medicine-

http://tinyurl.com/jfhzn3

28-29 June 2017

Health+Care, Closer Still Medical, London

Europe’s largest integrated health and social care event, building relationships between commissioners, providers and suppliers.

Health+Care enables health and social care professionals to forge new partnerships and productive ways of working in challenging times.

http://tinyurl.com/zhfbeg7
Kent Surrey Sussex Academic Health Science Network

Innovation surgeries: bridging the gap between industry and the NHS

"The workshop helped us define a strategy to approach the NHS, and more importantly stopped us from going down dead-ends, and losing time.”
Entrepreneur and CEO digital health company

Do you have a new product or technology ready for use in the NHS?

Are you trying to find your way through the healthcare maze?

Struggling to make sense of NHS finances?

Our new innovation surgeries can help. They aim to enable more patients to benefit more quickly from innovative products, treatment and technology.

Designed for companies with products on or near to market, each innovation surgery offers a confidential 60 minute discussion about topics such as:

- how healthcare funding might impact on your plans to sell to the NHS
- advice on approaching healthcare purchasers, and
- assessing your value proposition.

Advice is available for companies from every sector of the healthcare market.

To find out more, or to book, please email vivienne.gray3@nhs.net

"The surgery was invaluable in helping us to develop our insights, challenge our assumptions and highlight the areas we need to focus on.”
Director, specialist pharmacy

"The surgery provided a valuable insight into the NHS purchasing methodology and budget status. To have access to such experienced experts via a free to join membership organisation is remarkable in today’s world.”
CEO medical device design company