

Mainstreaming Health Technology

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Health technology – improving care and efficiency

- ◆ **Citizen** at the centre – CARE is the pathway
- ◆ **All providers** must communicate real time
- ◆ **Today** use modern technology revolution
- ◆ **Agreed care plan** patients / carers should agree the plan
- ◆ **Integrated care** should be seamless – no gaps or duplications
- ◆ **Health, social care and voluntary sector together**
- ◆ **Move** from a medical model to a supported self care model

Fulfilling the telehealth promise

- ◆ **Technology** there to support not replace care
- ◆ **Older people happy** with technology provided easy to use
- ◆ **Needs** to be responsive 24/7
- ◆ **Available** information for crisis decisions
- ◆ **Confidence** home is best - must enable independent living
- ◆ **Empower** citizen and carer to take more control
- ◆ **Active Healthy Ageing**

Community responsibility

- ◆ **Culture change required strong clinical leadership**
- ◆ **In hospital – out of hospital**
- ◆ **Community clinical and social accountability**
- ◆ **Virtual ward – new primary care community
eg Hospice**
- ◆ **Take out avoidable and unavoidable admissions**
- ◆ **Provide 24/7 response**

Digital technology

- ◆ **Use all available technology – self monitoring eg PKB**
- ◆ **Common identifier - NHS number**
- ◆ **Communicate across all providers**
- ◆ **Empower the citizen input & in control**
- ◆ **Silver economy uses tech if simple**
- ◆ **Apps are king, iPads are in, smartphones are here USE THEM!**

Kent Wellbeing Priorities



Kent Wellbeing Priorities

THE CITIZEN IS THE CENTRE

Kent Integration Pioneer Group

- ◆ Kent Bold, innovative and challenging 2013-2018
- ◆ Whole system integration
- ◆ Services built around the citizen
- ◆ Kent Innovation Pioneer Hub – Barrier Busting
- ◆ Innovate, communicate and disseminate
- ◆ Links locally, nationally and internationally

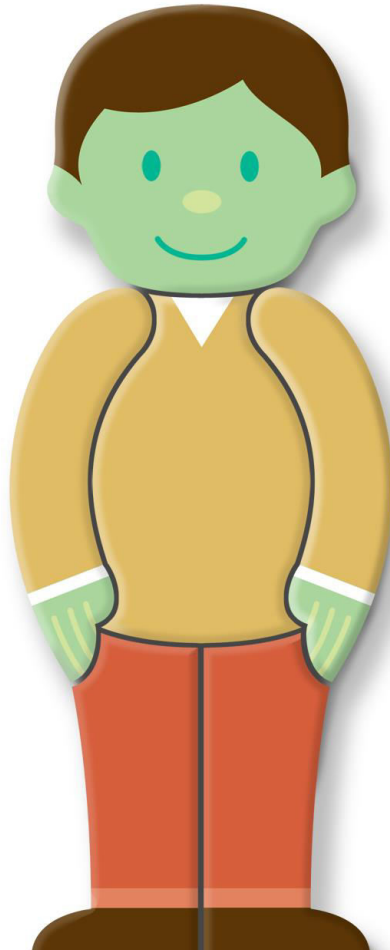
Realising cost savings

- ◆ **Not add on** – must facilitate change in service – WSD
- ◆ **Needs** to be at pace and scale
- ◆ **Understand** the citizen's priorities not traditional services
- ◆ **Home** as default place of safety not A&E
- ◆ **Reduce** admissions, referrals and placements
- ◆ **Realtime** communication across all providers = efficiency / improved experience
- ◆ **Supported** self care not medical / dependence

Opportunities and challenges for delivering telecare/health

- ◆ **System** must change! Including tariff, NICE and QOF
- ◆ **Integrated** health and social care teams now a reality
- ◆ **24/7** support in community setting
- ◆ **Realtime** information sharing
- ◆ **Information governance** still a challenge
- ◆ **Clinicians** must value service – easier to do right thing
- ◆ **Citizen and carer** and professional must feel safe

Whole person

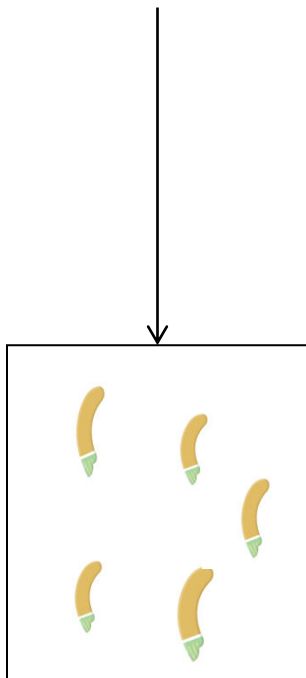


Medical view Dismembered patient

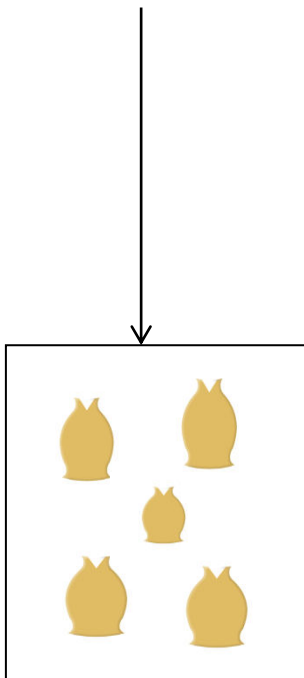


Patient – where am I and where do I go – who cares for me?

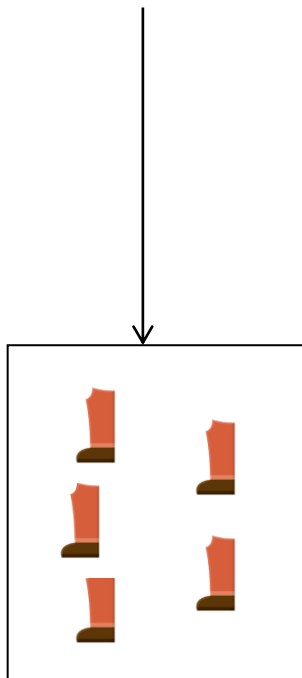
Team A



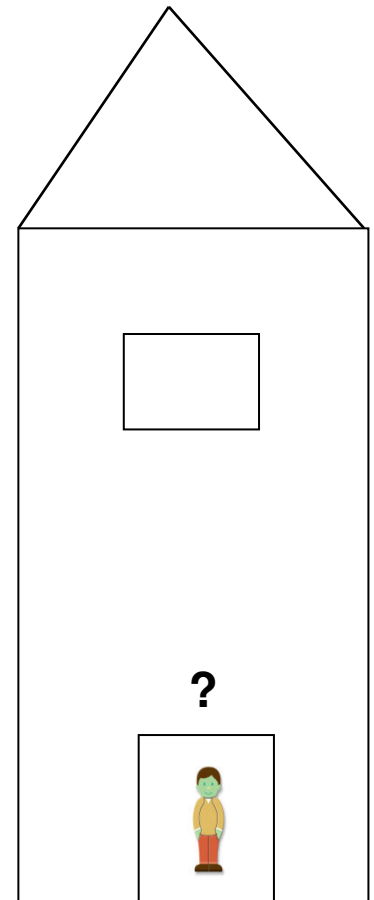
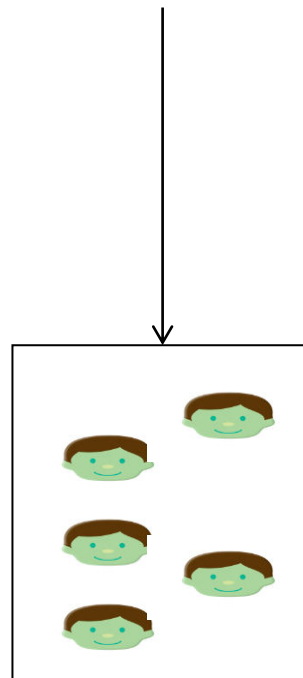
Team B



Team C

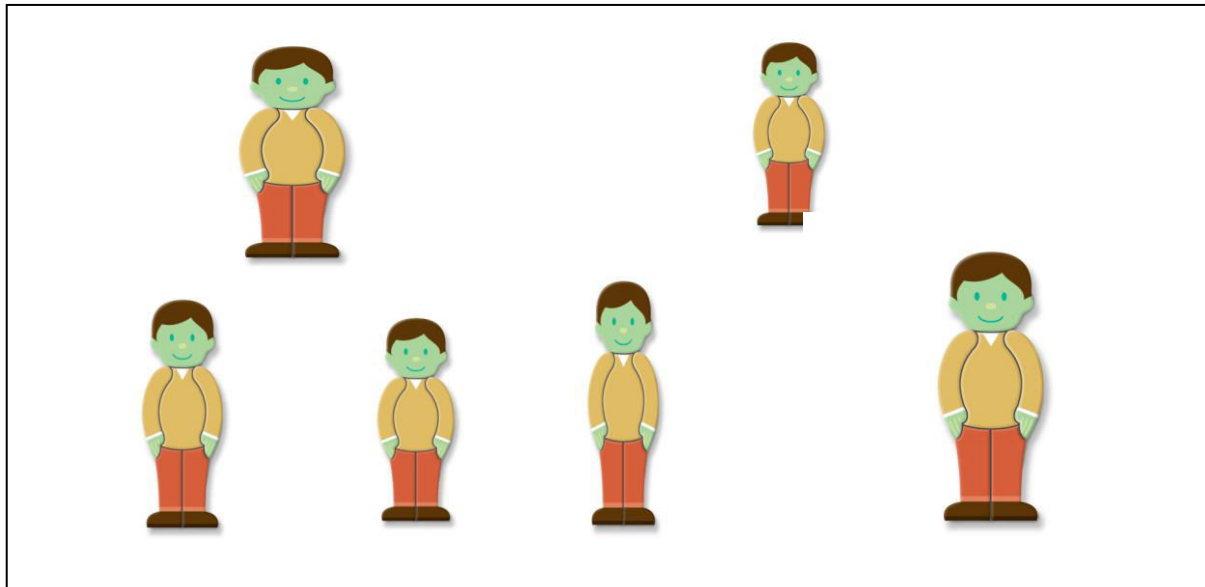


Team D



Citizen at the centre – we care and patient and carer knows!

Integrated Neighbourhood Care Team with specialist input, advice and care when needed



I want....

...less time in hospital

...fewer trips to see specialist

...independence

...empowerment

...understand own condition

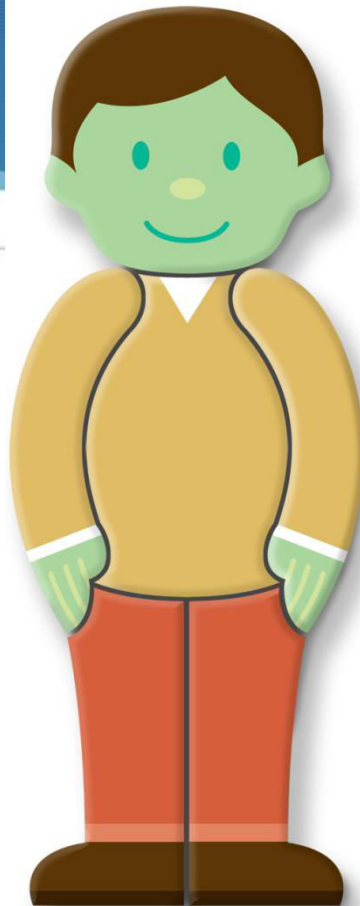
...own bed

...more time

..prevention of exacerbation

...freedom

...in control



Kent Pound

All budgets and resources
working together

- ◆ Health
- ◆ Social Care
- ◆ Public Health
- ◆ Housing
- ◆ Voluntary Sector
- ◆ Community capacity

The Answer

💧 The Citizen

💧 Is

💧 The Centre

“Putting the citizen at the centre”

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