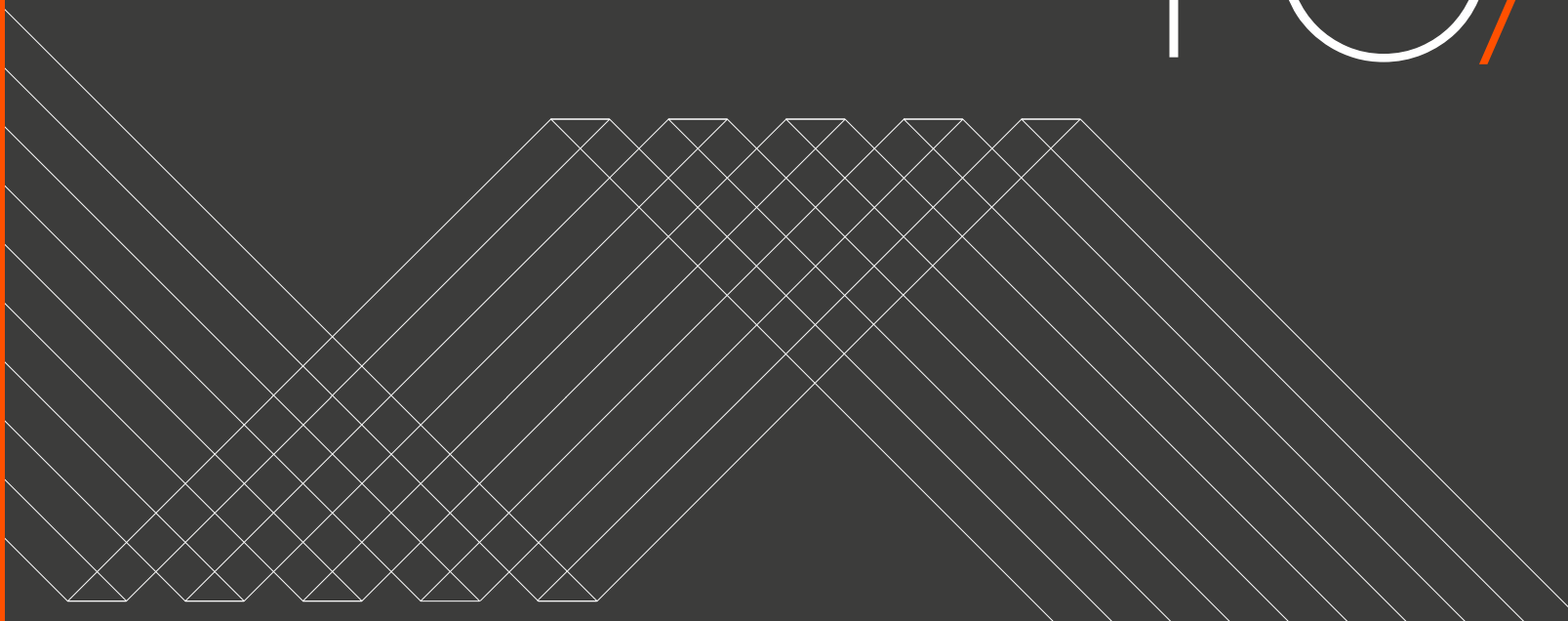


**Kent Surrey Sussex
Academic Health Science
Network**

Annual Review 16/17



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Trusted. Valued. Making a difference.

Feedback from our stakeholders shows that Kent Surrey Sussex Academic Health Science Network (KSS AHSN) is trusted, valued and making a difference. Having attracted more than £4.7million of investment and brought the Darzi Fellowship to Kent, Surrey and Sussex, 89% of our stakeholders would recommend working with us.

Our network connects health and social care, industry and academics. We accelerate the adoption of evidence based new products, services and technologies so that they can reach NHS patients faster.

Better health, better care, better value

The challenges facing the health and social care sectors are real, immediate and not expected to diminish in the short term. NHS England's Five Year Forward View (5YFV) and the emergence of Sustainability and Transformation Plans (STPs) - known as Sustainability Transformation Partnerships as of 2017 - has defined the context for our work.

The critical challenge around finance amounts to £30billion by 2020. There is a corresponding urgency for new models of care within which technology makes a significantly greater contribution.

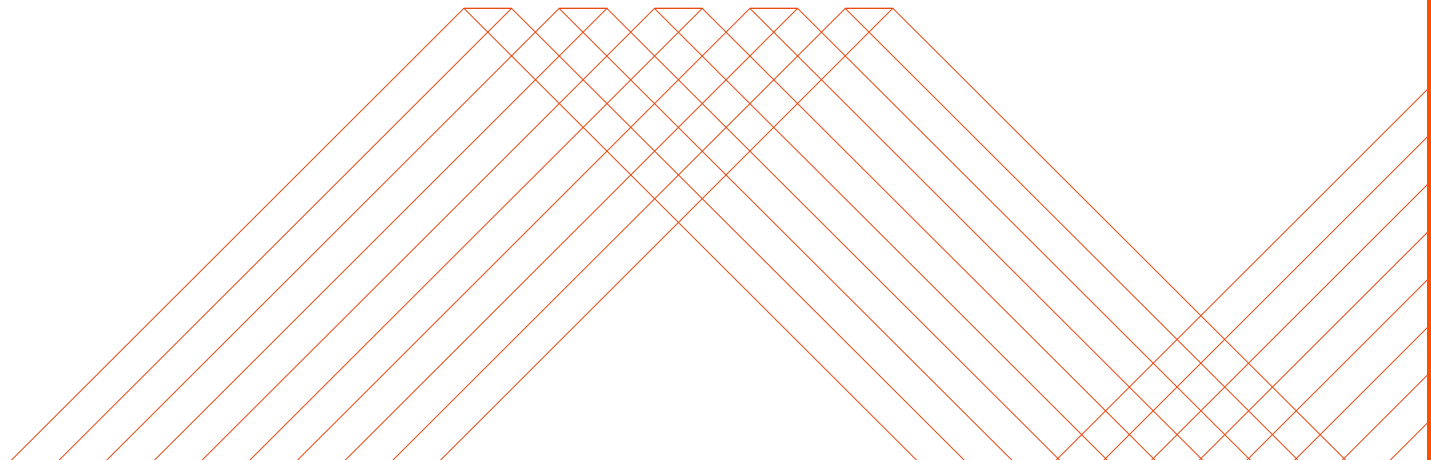
We play a significant role helping public sector organisations in Kent, Surrey and Sussex to make their contribution to the 5YFV priorities, and are committed to supporting the evolving STPs.

We achieve this through our ability to broker connections at a regional and sub-regional level. In addition, the national AHSN Network is delivering national programmes

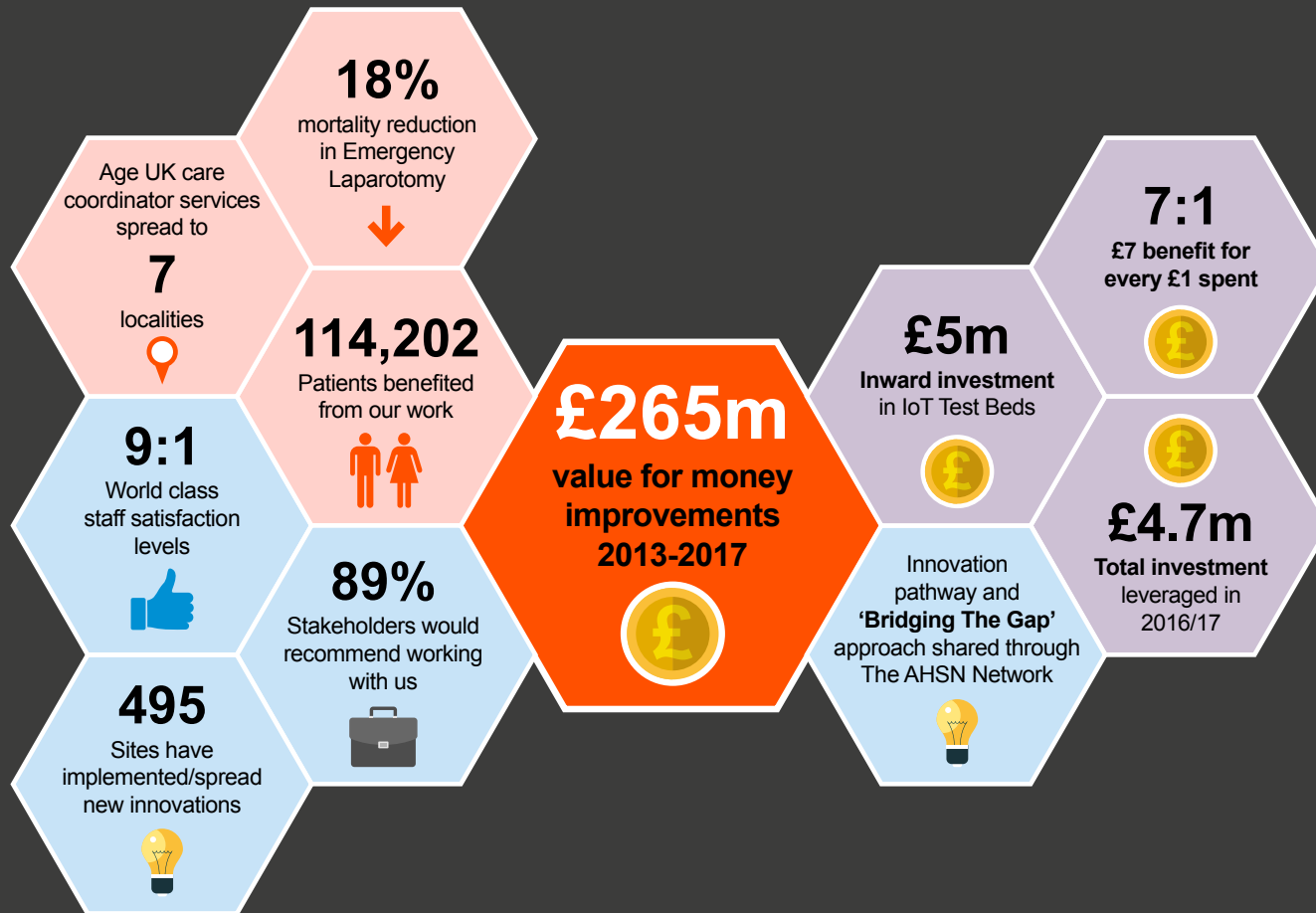
regionally such as the Small Business Research Initiative, the National Innovation Accelerator, medicines optimisation and others where there is scope for work done in one region to benefit the healthcare sector across England.

Our membership of the AHSN Network enables us to bring these innovations to our members and stakeholders more quickly. The national AHSN Network has also agreed to work together on projects suitable for roll-out in every region to maximise the return on successful innovation and best practice.

With a portfolio that has evolved significantly since 2013, our annual review illustrates our impact through case studies drawn from across our workstreams.



Highlights from 2016/17



Impact Structure

- We provided **£96.5m benefits** in 16/17 from across our portfolio
- Working with the Kent Surrey Sussex Leadership Collaborative, we launched the first Darzi Fellowship programme outside London, recruiting **26 Darzi Fellows**
- We leveraged more than **£5m of investment** into the region's STPs through projects such as See What I See remote clinical assessment and Mouth Care Matters
- **114,202** patients benefited from our work
- We achieved '**top tier**' ranking in all 33 of the 2016 YouGov stakeholder survey responses and saw a more than 10% rises in appreciation of our work, year on year.

Moderating demand

We are **moderating demand** through working with Age UK in Kent. Our Atrial Fibrillation improvement program is deploying technology to improve diagnosis, treatment and value for the tax payer. Through our Polypharmacy work we are delivering cash releasing savings for reinvestment.

- Through our strategic partnership with Age UK we have supported the adoption of the Personalised Integrated Care model across the majority of localities in Kent, including the Vanguard site. The model delivers reductions in hospital admissions and social care costs and improvements in wellbeing and independence
- The Hydrate in Care Homes project delivered significant reductions in admission for fractured neck of femur, falls and urinary tract infections. This translated into costs of £202,000 being avoided in five CCGs, saving 564 potential bed days
- Our Polypharmacy project carried out Level 3 medicine reviews with patients at risk of medication-related harm. It showed savings of £533 per medicine review (from potential hospital admissions saved and the total of actual costs saved review) and was well received by patients, carers and family.

Deploying technology to accelerate change

We are **deploying technology** to accelerate demand moderation and quality and safety improvement via a number of projects, including a population health management tool to help commissioners target the right care for the right patients, technology to improve dementia care at the IoT Test Bed in Surrey and mobile electrocardiogram readers as part of our Alliance for Atrial Fibrillation.

- Innovation pathway and 'Bridging the Gap' approach shared through the AHSN Network and endorsed by the Association of British Healthcare Industries
- More than 300 companies benefited from our innovation surgeries and services and will be better prepared to provide relevant information to local NHS and social care organisations, saving valuable time and effort for companies and health and social care
- Memorandum of Understandings signed with Healthcare Denmark and Welfare Tech to support technology exchange between both countries
- Test Bed year 1 progress includes Internet of Things IT infrastructure developed and technology deployed into the homes of the first families in the trial
- £75,000 of Health Foundation funding to evaluate a technology that enables experts to undertake remote clinical assessments which improve outcomes for patients and efficiency for staff.

Quality and safety

We are **improving quality** with our Emergency Laparotomy Collaborative and by driving uptake of proven technologies, for example insulin pumps for people living with diabetes. Our Improvers Network has created a hub of more than 400 individuals committed to quality improvement work.

- The Emergency Laparotomy Collaborative has delivered an 18% reduction in risk-adjusted mortality rate. Length of stay fell by 1.5 days and 98% of patients received at least one aspect of the care bundle in the programme's first year
- Our diabetes hypoglycaemia work has seen the average number of conveyances to hospital reduce by 17.7%. 402 practices from 14 of 21 CCGs across the region have implemented the pathway
- Our acute non-invasive ventilation project is reducing variation in care and more than 600 users have accessed an e-learning modular programme, which aims to increase capability within NHS acute trusts
- Our Atrial Fibrillation Alliance is working with 23 partner companies and third sector organisations to reduce the number of people dying, or being disabled, by AF related stroke. To date, 654 patients have been screened, through our work with ten GP practices.

Focus on Sustainability Transformation Partnerships

Sustainability Transformation Partnerships (STPs) were announced in NHS planning guidance in December 2015, with the purpose of helping to ensure that health and social care services in England are built around the needs of local populations.

We have four STP areas across our region, and are working with them to help them achieve the aims set out in their plans, published in October 2016.

NHS England has set STPs ten key challenges, and we've chosen to focus on the three which we are best placed to support, namely:

- **demand moderation and preventing ill-health**
- **quality and patient safety**
- **deploying technology to accelerate change.**

We have a strong record of delivering projects and support in these areas through our Quality and Patient Safety Collaborative, Engaging with Industry and Living Well for Longer workstreams.

We are well placed to use our insight and expertise to help STPs deliver greater efficiency, effectiveness and productivity gains to a growing and ageing population whose care needs the state currently struggles to meet adequately.

Over the course of the year we have been supporting STPs to define and scope responses to their 'challenge statements'. We have championed system leadership, self management and early intervention, and have scouted for innovation services via the NHS Innovation Accelerator, the Innovation and Technology Tariff, The AHSN network and our "Bridging the Gap" market access service.

We have also helped secure substantial funding for STPs, including £200,000 to allow Surrey Heartlands to support improvement and building improvement capabilities in general practice.

Our three priorities:

- 1 Deploying technology to accelerate change**
- 2 Quality and patient safety**
- 3 Moderating demand and preventing ill-health**

Supporting STPs

We have supported 57 projects across our four STP regions, from co-ordinating the establishment of the Surrey Heartlands Academy to offering support with analytics, evaluation and honest brokering.

We have a unique and wide-ranging service offer for STPs which are aligned closely with their local objectives and priorities.

Examples of our support include:

Sussex and East Surrey

- Consortia formation for Department for Communities and Local Governments Leading Places site in Brighton and Hove
- Horizon scanning for frailty technology and digital solutions for sharing care plan
- Mobilising and delivering our joint See What I See project (using Google glasses) to demonstrate efficacy as an alternative to 1:1 face to face consultations
- Evaluating NIA Fellow (Docobo Artemis).

Surrey Heartlands

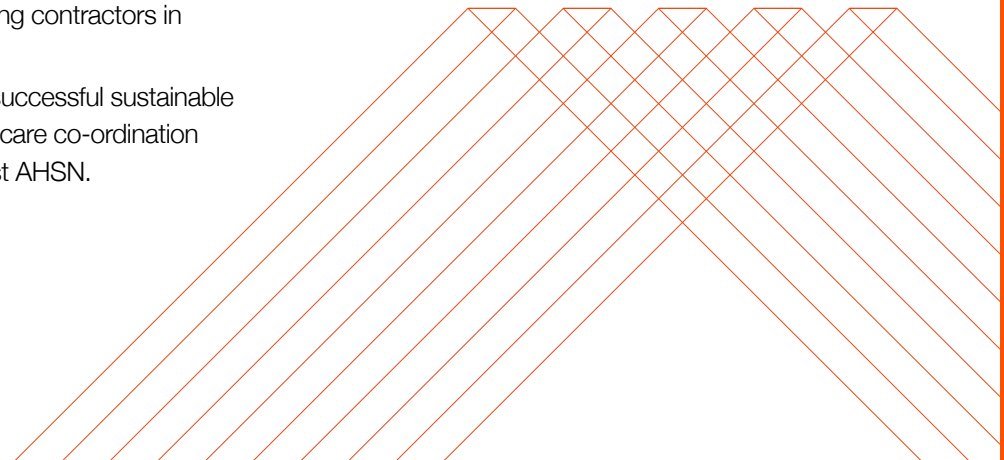
- Strategic advice via a part time secondment until the STP recruits its Strategy Lead
- Importing the benefits and learning from the West of England AHSN Diabetes Digital Coach Test Bed for wider adoption in 2017/18
- Mobilising the clinically-led and citizen-centric Surrey Heartlands Academy for sustainable transformation
- Demonstrating impact from the spread of Royal Surrey County Hospital's best practice in Emergency Laparotomy.

Kent and Medway

- Advising on a bid in the second round of NHS England and Innovate UK test beds
- EOLC e-suggestions box (Darzi project) with Dartford and Gravesham NHS Trust
- Supporting the spread of HIN's Graduates into Health programme with analysts replacing contractors in members informatics teams
- Sharing lessons learnt from the successful sustainable spread across Kent of Age UK's care co-ordination model imported from South West AHSN.

Frimley Health and Social Care

- Supported clinical teams in the implementation of the Emergency Laparotomy care bundle
- Working with commissioners to implement the hypoglycaemia pathway
- Recruitment for a diabetologist.



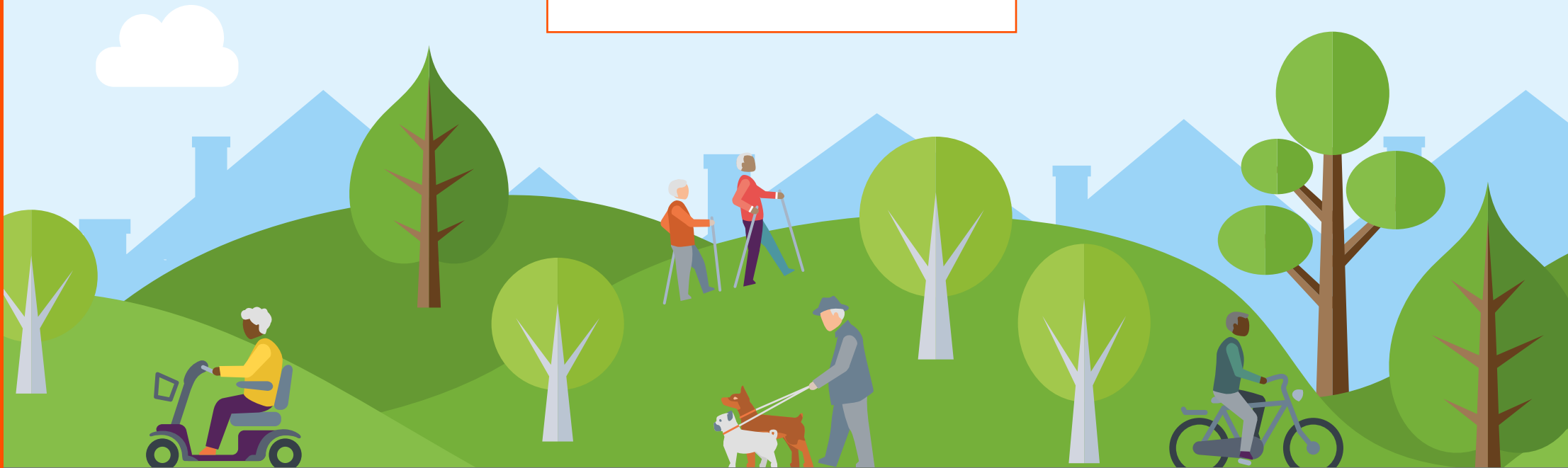
Moderating demand

Our Living Well for Longer programme's key contribution is to support STPs with demand moderation - reducing avoidable hospital admissions, enhancing self-management by citizens and addressing barriers to preventative and earlier intervention strategies.

This work contributes to improvements in the nation's economic growth rate and the £22 billion 'NHS challenge' by improving value for money in state-commissioned health and social care provision.

Projects include:

- Age UK care coordination
- End of Life Care
- Frailty
- Medicines optimisation: polypharmacy
- Mouthcare Matters
- Patient Activation
- Technology Enabled Care with AMA: See What I See
- The spread and adoption of Hydrate in Care Homes.



Polypharmacy: a person-centred approach

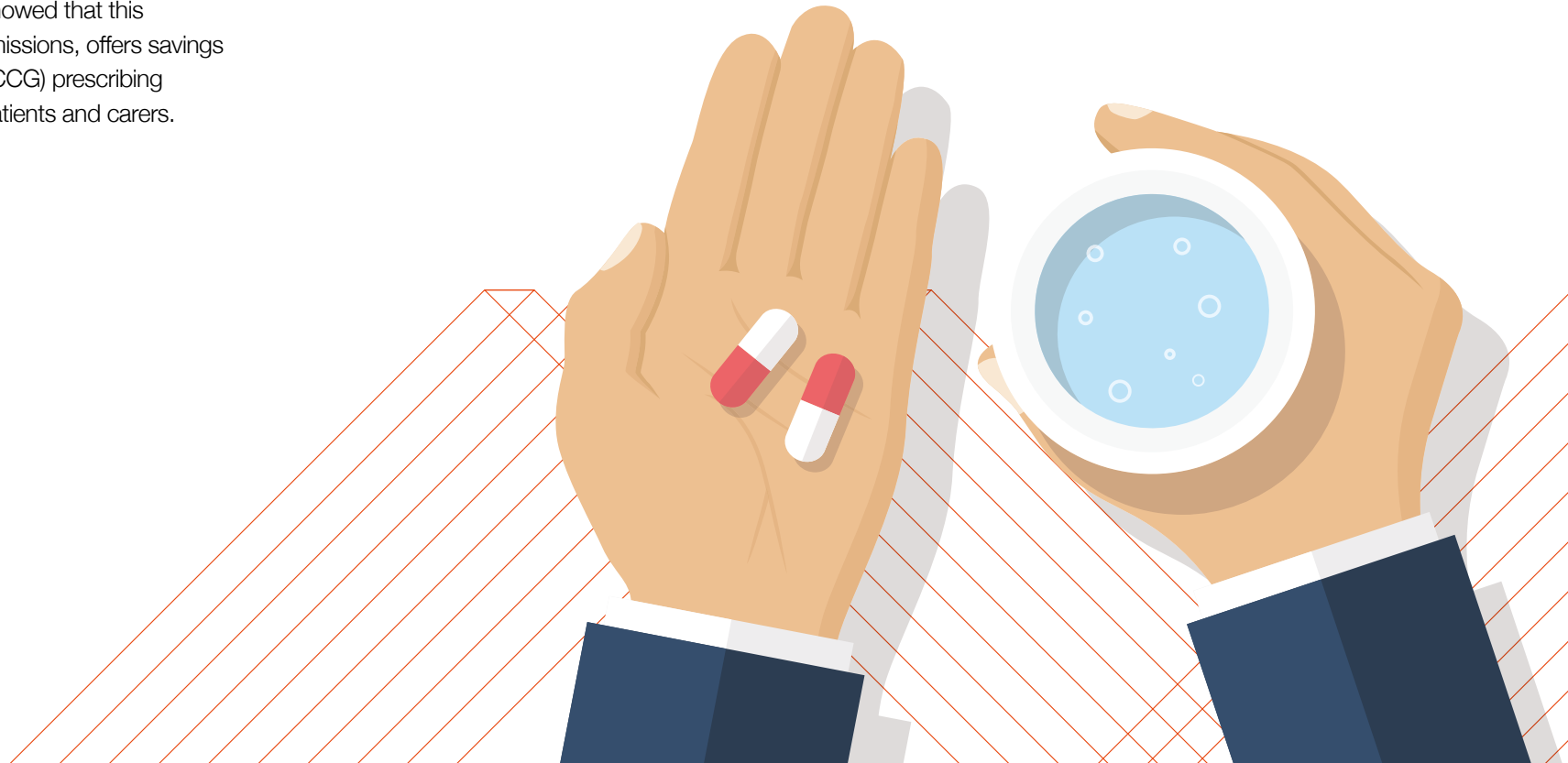
In August 2016, KSS AHSN launched a six-month pilot in Brighton and Hove to reduce levels of problematic polypharmacy in people aged 65 and over, supported by an engaged multispecialty project board.

The project funded a pharmacist and pharmacy technician to perform Level 3 (holistic face-to-face) medication reviews for patients at risk of medication related harm in care homes and their own homes.

Major changes to a patient's medications, including de-prescribing, can only be made at a Level 3 medication review with the patient. The pilot showed that this approach can prevent hospital admissions, offers savings to Clinical Commissioning Group (CCG) prescribing budgets, and is well received by patients and carers.

The project worked across a range of sectors from GP practices, hospitals, care homes and community pharmacies. Patient and relative reactions were overwhelmingly positive, with many valuing the time taken to listen and learn about their situation. Health professionals also reported that detailed, holistic reviews enabled them to influence positive change.

Additionally having a pharmacist experienced in elderly care leading the reviews helped hospitals feel confident about discharging patients with more complex medication requirement.



Building key relationships

Cross sector working gave a perspective on the project from different parts of the system and helped to break down barriers. Linking in with Age UK Brighton and Hove allowed carers to contact us directly via their Crisis Service team manager to prompt a review. Working with the third sector was especially beneficial, and provided a patient advocate voice.

In addition to allowing exploration of pathways and learning that might not be possible otherwise, the team also provided valuable project management, communications and information governance support.

KSS AHSN's role

Throughout the project KSS AHSN opened up lines of communication, provided leadership and supported integration and collaboration.

In addition to allowing exploration of pathways and learning that might not be possible otherwise, the team also provided valuable project management, communications and information governance support.

Next steps

The pilot's findings will inform Phase 2 of the project, which will support similar work in a different locality. At the end of Phase 2 a toolkit will be produced that organisations can use to implement similar projects locally.

The project in numbers:

2.5 hours

= average time per review,
including preparation and
follow up.

Total number of referrals =

86

£421

= costs associated with
potential hospital admissions
avoided per review.

£112.54

average costs saved per
medication review.

Potential if all recommendations
were followed =

£172.06

Number of referrals from
Brighton and Sussex
University Hospitals =

11

Age UK care coordination

Support from KSS AHSN has helped Clinical Commissioning Groups (CCGs) in Kent reduce emergency hospital admissions by 25% and improve citizens' self-assessed mental wellbeing by 20%.

KSS AHSN has helped spread Age UK's low cost care coordination service from South West AHSN (SWAHSN) across seven CCGs, building on the success of initial pilot areas in Kent. One of the pilot sites (Ashford and Canterbury CCG) has already moved to be commissioned as a fully funded sustainable model of care on the back of its excellent results.

Our role

In order to achieve maximum ROI (improved wellbeing by 20% and financial savings for the health system) KSS AHSN involvement has included facilitating discussion between partners (for instance to resolve operational issues), brokering between CCGs and Age UK to bridge the gap between the health and third sectors (in terms of language, priorities and challenges) and using its established networks to connect and attract new partners (such as social care and housing associations).

Initial evaluation of the project has shown good results in terms of reduced emergency admissions by 25%, fewer GP attendances, improved wellbeing by 20%, and financial savings. In addition 86% of professionals agree that the programme has contributed positively to the multidisciplinary approach, and 93% would recommend the programme to other health and social care professionals.

Pilot areas have initially targeted people at the top of the risk triangle. Return on investment from this approach has been calculated at £4 back for every £1 spent.

Future findings

A full evaluation based on a match control study is currently being carried out by the Nuffield Trust including 4,000 older people from each site across the UK including KSS pilots. Interim findings will be available in the spring 2017 and a full evaluation which allows for the programme to "bed in" and impact to be seen over a 12 month period will be available later in the year.

The care coordination project sees people invited by their GP take part in a tailored assistance programme delivered by Age UK Living Well Coordinators. Coordinators discuss what extra help is needed to enable them to get the most out of life and maintain their independence. This support varies, ranging from joining self-help groups to taking part in different social activities.

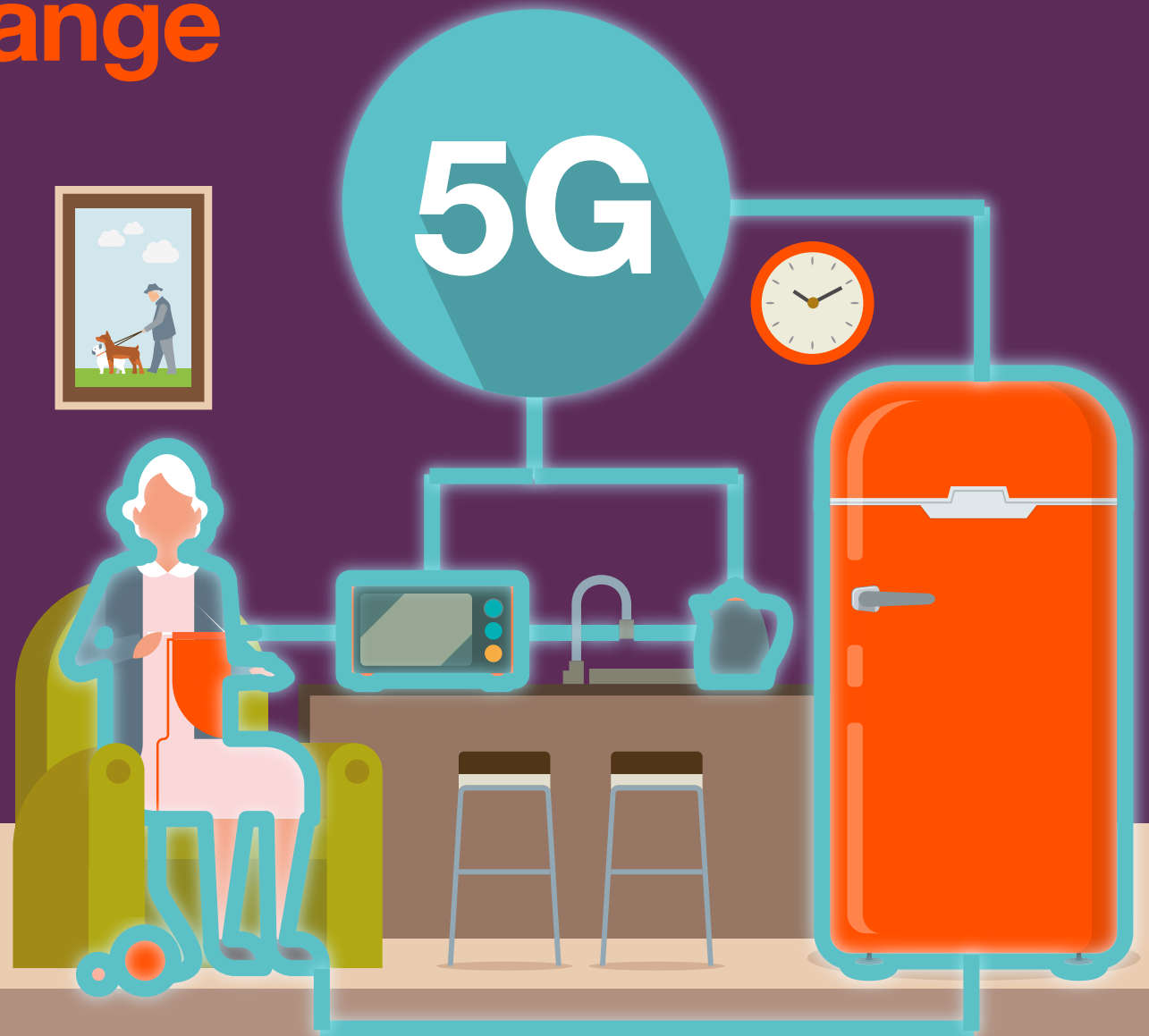


Deploying technology to accelerate change

Our key contribution here is to help STPs and their local population benefit from the latest proven, beneficial and affordable technology – from the NHS Innovation Accelerator and elsewhere.

We support both ‘upstream’ work and market access for products that are on, or near, to market:

- Bridging the gap between innovators and buyers / users in the health and social care through industry briefings, innovation surgeries and test bed projects
- Testing combinations of technology and the benefit of the Internet of Things (IoT) in the dementia test bed at the University of Surrey led by Surrey and Borders Partnership NHS Foundation Trust.



5G Test Bed

KSS AHSN supported the consortium, led by Surrey and Borders Partnership NHS Foundation Trust, to secure £5m of funding from NHS England and Innovate UK to make Surrey an official 'test bed' for new innovative healthcare.

Health and wellbeing data will be collected from a range of devices provided by selected technology companies. The data will be processed at the University of Surrey's 5G Innovation Centre and transformed into a 'common language'. The insights and alerts provided by the devices to clinicians in real-time then allow healthcare staff to deliver more responsive and effective services.

Called TIHM (Technology Integrated Health Management) for Dementia, the trial sees clinicians able to remotely monitor the health and wellbeing of people with dementia so they can intervene earlier to help someone avoid a crisis and unnecessary hospital stay.

Reducing hospital admissions

We supported deployment of a small handheld telecare device that is playing a huge role in reducing hospital admissions across Swale.

The device, developed by healthcare technology company Docobo, connects patients and care home staff with the support of matrons. It is used to keep track of patients' observations, such as blood pressure, blood sugars, oxygen saturation and heart rate.

Any abnormal readings result in a text message alert being sent to the matron and other health professionals involved in their care. Community matrons can then review the data and telephone the care home to discuss the patients' health and decide on the best course of intervention, if needed.

During initial trials across four care homes its use resulted in a 65% drop in hospital admissions, and a 68% reduction in 999 calls, compared to the same period the previous year.

The Managing Director of Docobo is NHS Innovation Accelerator (NIA) Fellow Adrian Flowerday. We are supporting Adrian's work through the NIA, to engage with policy makers and senior management within STPs, CCGs and providers to articulate the opportunities provided by this type of technology to moderate demand and improve quality and safety.

Spreading innovation with European partners

We are committed to looking further afield for solutions which members - and the wider AHSN network - can import, and have signed Memoranda of Understanding with Health Care Denmark and Welfare Tech.

In partnership with West of England AHSN we hosted nine delegates from cutting edge Danish health companies to foster closer collaboration between the two health economies.

The delegates were all members of Danish cluster organisation Welfare Tech, which acts as a hub for innovation and business development in healthcare, homecare and social services.

Visiting companies include Brainreader, whose product opens up new opportunities to gain insight into degenerative brain issues; Opentele Health, a universal cloud-based remote health measurement platform; and Public Intelligence, an internationally renowned pioneer in open innovation and living labs, working across public authorities, citizens and business.

Bridging the Gap

Taking advantage of the latest technology is crucial for health and social care organisations to improve quality and safety and to moderate demand. New technologies help improve health outcomes and the sustainability of the health and social care system as a whole.

We provide a range of services to ensure companies have an informed approach to the healthcare market (not just the NHS) with an insightful and credible value proposition.

This saves significant effort and time for companies, as well as NHS commissioners, providers and social care, by filtering out offerings that are not yet ready and filtering in products and services more likely to meet their needs.

Our Bridging the Gap approach has received national endorsement from the Association of British Healthcare Industries and the Digital Health and Care Alliance, and we are working with the British In Vitro Diagnostics Association and the AHSN Network to further extend the reach of our work.



Atrial Fibrillation

There are approximately 6,000 strokes across our region each year, a third of which are caused by Atrial Fibrillation (AF) - a type of irregular heart rhythm that can increase the risk of stroke by up to five times.

The main treatment to reduce stroke risk is blood thinning medication (anticoagulants). Our Alliance for AF aims to reduce the number of people dying or disabled by AF related stroke, by optimising the use of anticoagulants in line with NICE CG180 guidelines.

The Innovative Project Plan in Primary Care is delivering three specific interventions at various stages of the patient pathway:

- **Detect** – to increase the prevalence of AF
- **Review** – to provide timely reviews and increase the percentage of people receiving anti-coagulants
- **Protect** – to increase optimal anticoagulation.

Technology is key to increasing the identification of patients in AF, and there are estimated to be 65,000 patients living with AF and undiagnosed in Kent, Surrey and Sussex.

In collaboration with member organisations of our Alliance for AF we have identified areas in Primary Care to trial a variety of AF screening and monitoring devices. We will deliver dashboard data reports that measure the impact the intervention made, which will include patient experience and GP practice feedback.

So far we have implemented three different mobile Devices – the Alivecor Kardia Mobile Device, Holter monitors and 12 Lead ECG machine and interpretation service – and have ambitious plans to expand the use of mobile AF screening devices to every GP practice in Primary Care across Kent, Surrey and Sussex.



Quality and safety improvement

Our quality and patient safety work's key contribution is to support STPs to improve population health and deliver better value from state-funded health and social care by reducing unwarranted variation and accelerating the adoption of proven, beneficial innovations.

Through our Quality and Patient Safety Collaborative we support members in delivering outcomes of the Berwick Triple Aim: improving health outcomes, care experience and value for the taxpayer.

Our projects:

- AKI and Sepsis
- Capability building: leadership and culture
- Cardiovascular: heart failure and atrial fibrillation
- Diabetes: hypoglycaemia pathway
- Diabetes: improving access to medical technology
- Emergency laparotomy
- Fractured neck of femur
- Medication errors
- Mental health
- Pressure damage
- Respiratory: acute non-invasive ventilation, asthma and COPD
- Safer discharge.



Powered by data

Our work to support organisations to reduce unwarranted clinical variation is underpinned by evidence and data. We provide regular benchmarking reports which show progress over time and with comparative data from other NHS trusts in our network. This promotes best practice sharing and learning from what can be demonstrated to work.

In early 2017 we hosted more than 80 delegates at our 'Big action please, not big data' informatics event, in collaboration with Beautiful Information and South East Quality Observatory. The day was designed to bring people with a passion for informatics in health and social care together, with the aim of improving performance through data led decision making.

Off the back of this event we are forming a Community of Practice in Healthcare Analytics to continue the learning, understanding and professionalisation of the discipline.

Improvers Network

Integral to all of KSS QPSC's work is the theme of Leadership, Culture and Capability. Together with measurement of patient safety it informs every aspect of our work.

We know how vital the improvement culture is within the local health economy, but when we researched skill levels we found there was limited capability.

The Improvers Network was set up mid 2016 as a direct response to our findings that while there were some great Quality Improvement projects taking place across the region, many improvers were often working in isolation with limited, if any, opportunities to collaborate with like-minded individuals.

Learning hub

The Improvers Network offers an immediate opportunity for anyone, regardless of experience, to start making real, beneficial change in their care setting. The initiative acts as a hub for individuals who want to learn, network and collaborate on safety and improvement projects.

We've made great headway in a short space of time, and currently have close to 500 people signed up to the Improvers Network, drawn from health, social services and care settings.

Members have benefitted from a range of initiatives, including the chance to take part in a four-day residential IHI training course, attend a one-day Collaborative event and access a range of online resources and support, including Life – the health and social care quality improvement platform.

Growth

The Improvers Network is set to grow over the coming year, and will be leading recruitment to the next cohort of the Q initiative across Kent, Surrey and Sussex in May 2017. It will extend its reach to support quality improvement work and spread knowledge throughout Kent, Surrey and Sussex.



Making emergency surgery safer

The Emergency Laparotomy Collaborative (ELC) is a two year Quality Improvement initiative which uses evidence based data to drive improvements in clinical interventions and patient outcomes. The programme has now been expanded to take in 28 hospitals across 24 NHS trusts.

Patient safety

Emergency laparotomy is a difficult surgical procedure, with a high risk of the patient dying within 30 days of surgery.

The operation is carried out around 80,000 times a year in the UK, and is usually performed on patients with acute abdominal problems, such as obstruction or perforation of the bowel.

Similar to the USA and Denmark, the risk of the patient dying within 30 days of the operations is about 15%. Higher mortality rates are found in the elderly and patients with complex co-existing medical problems.

Working with West of England and Wessex AHSNs, we have created a pathway that aims to improve standards of care for patients undergoing this surgery, reducing mortality rates, complications, and length of stay in hospital.

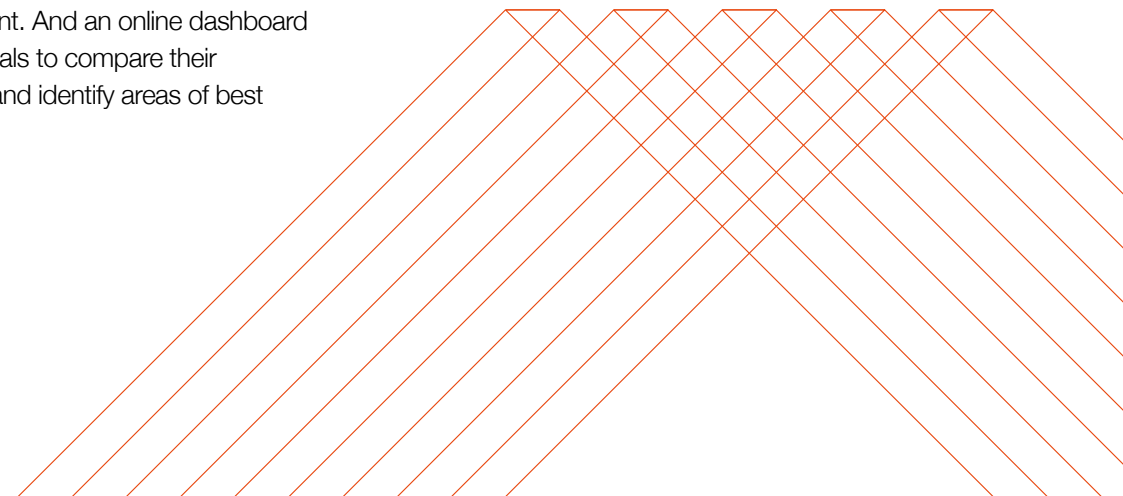
This is done through a variety of measures, including an Early Warning Score (EWS) to identify patients most at risk of deterioration; a sepsis screening tool to identify and treat patients; and a target of definitive surgery within six hours of the decision to operate in urgent cases.

By standardising the care received by all patients undergoing emergency laparotomy, the aim is to dramatically reduce the risks associated with this type of surgery.

Following an initial project that saw a 25% reduction in the crude mortality rate, we've expanded the initiative across the three AHSN regions. The ELC programme, which is funded the Health Foundation, is now being offered in 28 hospitals, covering 24 NHS trusts.

A range of measures have been put in place, allowing those taking part to easily share progress and learnings. Individual trusts are able to analyse their National Emergency Laparotomy Audit metrics, using measurement for improvement. And an online dashboard allows NHS trusts and hospitals to compare their performance against others and identify areas of best practice.

There has been much interest in the ELC programme amongst the Royal College of Anaesthetists, Royal College of Surgeons, other NHS trusts and AHSNs and the programme continues to develop at pace, with plans to extend its spread further in 2017/18.



Emergency Laparotomy Collaborative in numbers:

Of the more than

4,000

patients undergoing
emergency laparotomy
at participating hospitals,

98.7%

have benefitted from at
least one aspect of the
care bundle.

The number of sickest
patients receiving surgery within
two hours has increased by

16%

to **74%**

Length of stay for patients
who survived to discharge
has dropped by

8.5%

to **18.5 days**



The AHSN Network

There are 15 Academic Health Science Networks (AHSNs) across England, established by NHS England in 2013 to spread innovation at pace and scale – improving health and generating economic growth.

Initially licensed by NHS England from 2013 for five years, AHSNs expect to complete a relicensing process during 2017/18 that will extend their role beyond 2018.

AHSNs are unique: no other set of local or national organisations span academia, life sciences, industry, the NHS and voluntary sector. AHSNs are home to experts in understanding and overcoming the challenges of diffusing best practice and innovation.

We have strong and deepening relationships with clinical leaders, smoothing the way to spread innovation at pace and scale.

Ways in which AHSNs are transforming healthcare include:

- Horizon scanning, identifying and acting on clinical innovations and supporting their adoption at pace and scale by linking the NHS with industry innovators
- Supporting local Sustainability and Transformation Plans and related programmes as system leaders
- Supporting continuous improvement and pathway redesign, using QI methodology, creating fertile ground for the spread of innovation at pace and scale, across complex pathways
- Contributing to the development of new care models using expertise from Vanguards and the designated 'Test Bed' sites
- Supporting workforce planning and delivery, system-wide, in partnership with Health Education England and others
- Leading and supporting digital innovation.

Supporting members

At a time of increased financial and operational pressures, we provide our members with a value of money package of support and opportunities to help them meet their challenges and deliver better health, better care and better value. This includes a core package of access to KSS AHSN collaboration and networking events, news and support.

Providers can also benefit from our service improvement portfolio. Industry innovators benefit from access to our Association of British Healthcare Industries (ABHI) endorsed market access services.

Links with Danish colleagues enable members to import their best practice around user-led design and co-creation to develop sustainable transformation projects.

We support researchers and colleagues in the education sector to build stronger connections with health and social care and industry, such as the consortium working on the 5G test bed at the University

We gratefully acknowledge the support of:

- Ashford and St Peter's Hospitals NHS Foundation Trust
- CSH Surrey
- East Kent Hospitals University NHS Foundation Trust
- East Sussex Healthcare NHS Trust
- First Community Health and Care
- Kent Community Health NHS Foundation Trust
- Maidstone and Tunbridge Wells NHS Trust
- Royal Surrey County Hospital NHS FT
- South East Coast Ambulance Service NHS FT
- Surrey and Borders Partnership NHS FT
- Surrey and Sussex Healthcare NHS Trust
- Sussex Community NHS FT
- Sussex Partnership NHS FT
- Western Sussex Hospitals NHS Foundation Trust
- NHS Ashford CCG
- NHS Brighton and Hove CCG
- NHS Canterbury and Coastal CCG
- NHS Coastal West Sussex CCG
- NHS Crawley CCG
- NHS Dartford, Gravesham and Swanley CCG
- NHS Eastbourne, Hailsham and Seaford CCG
- NHS East Surrey CCG
- NHS Guildford and Waverley CCG
- NHS Hastings and Rother CCG
- NHS High Weald, Lewes and Havens CCG
- NHS Medway CCG
- NHS North West Surrey CCG
- NHS Swale CCG
- NHS West Kent CCG

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