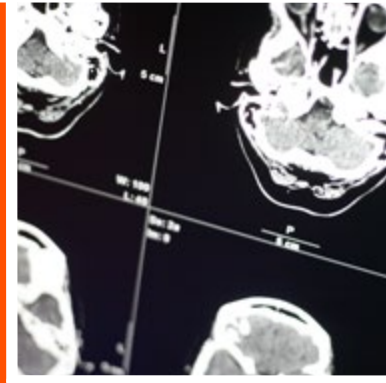


Kent Surrey Sussex
Academic Health Science
Network



**Spreading innovation,
improving health,
promoting economic growth**

Annual review 2014/15



Kent Surrey Sussex Academic Health Science Network

1 speeds up the spread of existing best practice

2 accelerates the identification and adoption of the best new innovations

3 strengthens collaboration

Along with the other members of the AHSN Network, we achieve impact by working with thousands of individuals and by acting as catalysts, match-makers, co-ordinators, funders and knowledge-sharers.

As a result, we enable commissioners and providers to improve health and care, and achieve greater efficiency and cost-effectiveness – and we support innovative companies to grow, create jobs and contribute to economic growth.



Feedback from our stakeholders



“The AHSN has been a fantastic partner in a lot of the research and innovations we have considered.”

Dr Laura Hill
Clinical Director,
Crawley Clinical Commissioning Group

“The AHSNs bring people with different interests, different expertise, different knowledge and different approaches all around the same table. I believe the AHSNs will be the engine for innovation in the NHS.”

Professor Sir Bruce Keogh
Medical Director, NHS England
(speaking at the KSS AHSN Expo and Awards 2015)



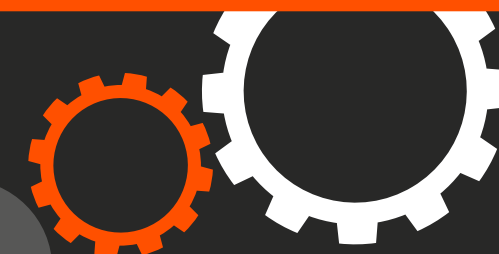
“Innovation is really important ... we need to be able to identify the right ones that will give us the best return for the public’s investment and that will be the most safe and effective for our patients.”

Professor Tom Quinn
Associate Dean for Health and Medical Strategy,
University of Surrey



“KSS AHSN is accelerating the adoption of our technology into the NHS.”

Richard Kirk
Chief Executive, PolyPhotonix



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Overview

We have expanded our portfolio of programmes to focus more on supporting sustainable new models of care.

We have mobilised the Kent Surrey Sussex Patient Safety Collaborative.

We have contributed to the development of the national AHSN Network and actively supported appropriate AHSN convergence through our delivery partnerships with other AHSNs.

We have grown our membership and diversified our customer base and income streams.

We have built stronger regional partnerships with the South East Coast Clinical Senate, the four South East Coast Strategic Clinical Networks, Kent Surrey Sussex Leadership Collaborative and Health Education Kent Surrey Sussex.

“In 2014/15 almost 100,000 patients have benefited from our service improvement work”

Over
2,500
delegates at our events
and collaboratives



90%
of orthopaedic
patients benefit
from improved care
through our service
improvement work

Average
hospital stay
for orthopaedic
patients

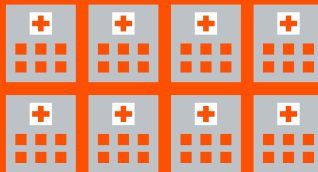


↓
down from 4.5
days to 3 days

700
lives saved through
the Community Acquired
Pneumonia programme



**High potential diabetic
retinopathy treatment
trials at 8 sites**



**Life-saving early warning
system pilot on 3 acute
hospital wards**



100,000 patients have benefited
from our service
improvement work



Developing the eco system

We bring together and support individuals, organisations and companies, creating the conditions for innovation to flourish.

The term “ecosystem” refers to the diverse participants, resources and elements that contribute to a thriving health and care sector.



We now have strategic partnerships with:



Delivering collaborative programmes to tackle regional priorities

Our development of an innovative older people’s programme directly aligns with the Five Year Forward View (published by NHS England) and its emphasis on innovation to drive transformation. The current over reliance on emergency hospital beds is not good care; it is unaffordable and increasingly difficult to staff. 35% of older people who want to die at home, die in hospital. We aim to change this.

We have formed a partnership with Age UK, accelerating the introduction of Age UK care co-ordinators in Kent, Surrey and Sussex.

This work is in line with NHS England’s encouragement that the official and unofficial vanguard sites “...develop and test common solutions that can be easily used by other systems in 2015/16 and beyond. It is a disruptive innovation”. This improves health and wellbeing with less reliance than usual on scarce clinical resources.

Enhancing cross-sector collaboration

Our focus on spread and adoption of high potential proven innovation informs our approach to working with Higher Education Institute (HEI) colleagues. We achieve added impact by engaging with departments which are not

traditionally involved in the health and social care sector as well as with those who are.

In addition we support the National Institute for Health Research (NIHR) Clinical Research Network to develop research capability in Kent, Surrey and Sussex by supporting both local applications for Clinical Trials Unit registration.

Our collaborative networks are spreading best practice faster and wider year on year with around 50% more events and delegates in 2014/15.

	13/14	14/15
Number of collaborative events held	18	29
Number of delegates attending	1,048	2,785

Impact beyond Kent, Surrey and Sussex

We work closely with other AHSNs who are increasingly important delivery partners:

- With the other 14 AHSNs on patient safety and the Small Business Research Initiative.
- On the development of the South of England Mental Health Patient Safety Collaborative which includes Oxford, South West Peninsula, West of England and Wessex AHSNs.
- With West of England and Wessex AHSNs on reducing clinical variation and enhancing recovery from emergency surgery. Our programme in 2015/16 and 2016/17 will improve emergency laparotomy standards and outcomes across 21 hospitals.

- We have set aside resources to support other AHSNs who are keen to embrace NHS England’s business plan commitment to spread the principles of Enhanced Recovery across their membership.
- We have a partnership with SETSquared, and the South West Peninsula, Wessex and West of England AHSNs to support healthcare innovation growth. (SETSquared is the business incubator for the universities of Bristol, Bath, Exeter, Southampton and Surrey).

Delivering patient and population benefits

Since 2010 our established service improvement programmes have supported clinical teams to reduce unwarranted clinical variation in the quality of care. They also enable health care providers to ensure that the best care is delivered to every patient, every time.

These programmes support measurement against regional benchmarks and create vibrant clinical communities for improvements to be agreed and measured. They provide a powerful opportunity to develop innovative approaches and monitor impact.

Through these programmes more than 430,000 patients (10% of the population) in Kent, Surrey and Sussex will have benefited from care in line with best practice by 2018. Already the number is over 190,000 and patients consistently

receive better care for better outcomes:

- The Community Acquired Pneumonia programme has reduced mortalities, saving over 700 lives since 2011.
- Wider adoption of the orthopaedics best practice care bundle means 90% of patients benefit from care in line with best practice compared to 10% in 2012.
- Corresponding length of stay (LOS) for orthopaedic patients is down across the region from an average of 4.5 days to 3 days.

Other qualitative benefits from the programme include:

- Strengthened capability to deliver quality improvement.

- Reduced unwarranted clinical variation.
- Measured impact of new approaches against regional benchmarks.
- Engaged groups of clinicians focused on quality improvement and innovation.
- Knowledge sharing and learning networks with regional peers which support professional development.
- Region-wide clinical communities, able to spread and adopt new innovations at pace within the NHS.

Through these programmes, more than

430k

patients in Kent, Surrey and Sussex will have benefited

from care in line with best practice by

2018



Enhancing Quality and Enhanced Recovery programmes (EQR)

KSS AHSN has invested substantially in the EQR methodology to deliver dynamic programmes in line with the needs of healthcare providers.

We have created an expanded portfolio, introducing new clinical pathways to maximise the benefits of this methodology to patients.

We have expanded the methodology to incorporate a delivery mechanism for adoption and spread of innovation and research which is embedded within each pathway.

We have established an improvement programme board (whose membership includes senior NHS provider and commissioner representation) to further improve the responsiveness and accountability of this service, and ensure it continues to respond to the needs of patients, clinical staff, member and partner organisations.

Respiratory programme

Respiratory diseases are a high incidence and high cost group of long term illnesses, both in terms of patient quality of life and financially. The three main diseases within this programme of work are chronic obstructive pulmonary disease

(COPD), asthma and pneumonia.

In line with our improvement programme principles, our aim is to improve the clinical outcomes and reduce clinical variation for patients with respiratory disease of all ages in all care settings across Kent, Surrey and Sussex.



Peer review, training and toolkits, quarterly quality reports

Patients' care audited

Case study:

Emergency Laparotomy Collaborative

Emergency laparotomy is a difficult and high-risk surgical procedure which involves making an incision to provide access to the abdominal cavity.

It is usually performed on patients with acute abdominal problems such as obstruction or perforation of the bowel or other abdominal organs. There are approximately 80,000 such operations carried out in the UK each year. Similar to the USA and Denmark, the risk of the patient dying within 30 days of the operation is about 15%. Higher mortality rates are found in the elderly and in patients with complex co-existing medical problems.

The new Emergency Laparotomy Collaborative accelerates the introduction of a potentially life-saving clinical care bundle to reduce deaths in hospital. It accelerates the spread of best clinical practice to more than 20 hospital trusts in the south of England.

The Emergency Laparotomy Pathway Quality Improvement Care Bundle expects to save lives by standardising the care received by

all patients undergoing emergency laparotomy. It aims to dramatically reduce the risks of emergency abdominal surgery – a group of patients whose risk of dying in the 30 days after an operation is significantly higher than for any other group.

The original project at Royal Surrey County Hospital NHS Foundation Trust (RSCH) has seen a positive impact on patient safety with a 25% reduction in the crude mortality rate. Three Academic Health Science Networks – Kent Surrey Sussex, the West of England and Wessex – are working with RSCH to accelerate roll out of this project across the south of England.

An AHSN backed bid to the Health Foundation secured £500,000 to support implementation.

The award has been made as part of the Health Foundation's 'Scaling Up' improvement programme. The programme is supporting seven health care projects in the UK to deliver successful healthcare improvement interventions at scale.

The AHSNs are supporting the Emergency Laparotomy Collaborative to share this best practice, by providing project management support, supporting collaborative learning events, the implementation of the care bundle, and creating a website to showcase case studies and project data.

In 2015/16 the project will begin to be rolled out to NHS providers across the three AHSNs, using similar methodology, over the next two years.



Older People's Programme

Our new older people's programme responds to member needs and NHS England's desire for AHSNs to accelerate implementation of sustainable new models of care. It builds on many components, including:

- the Strategic Clinical Network's End of Life Care Clinical Academic Group,
- our existing dementia and care home activity,

- our strength of working with Health Education Kent Surrey Sussex, Kent Surrey Sussex Leadership Collaborative, academic and industry partners, and
- a new partnership with Age UK, which is estimated to deliver a social return on investment of £4 for every £1 invested in their care co-ordination service.

Improved health and wellbeing outcomes for older people, and better value, are critically important to health and social care economies, patients, families and communities. We are supporting commissioners and providers to maintain older people's vitality and independence for longer.



Message on behalf of Age UK



No one should have no one

Age UK wants to be there for older people in good times and in bad and recognises that different people need different things. Being there isn't only about tackling the really big problems and issues. It's also about helping to provide the little things that can make a big difference.

Age UK is working to give older people the fundamental things everyone deserves and which most of us take for granted: advice

and support at the times it is most needed, friendship and someone to share a laugh with from time to time. To find out more, visit: www.ageuk.org.uk/no-one

Age UK aims to increase the range and quality of life-enhancing services and vital support available to people in later life. Working with the statutory sector, charities and private businesses, Age UK and its local partners work hard to support older people to live the lives they

want. Age UK believes that people should have enough money to live on and that no one should face old age on their own.

Find out more

Jo Holmes, Head of Integrated Care, Jo-Anna.Holmes@ageuk.org.uk

Lisa James, Senior Programme Manager for Integrated Care, KSS AHSN, Lisa.James14@nhs.net

Kent Surrey Sussex Patient Safety Collaborative

Aligned to the national launch in October 2014, we have mobilised the Kent Surrey Sussex Patient Safety Collaborative (KSS PSC). The national network of PSCs is the most comprehensive patient safety programme of its kind in the world.

We have worked with patients, carers and healthcare and social services staff from across Kent, Surrey and Sussex to identify the priorities for improvement, and to help us plan how to make the changes that are needed.

The selection of the seven workstreams we are focussing on over the next five years and our plans for change were determined in consultation with the people who provide and use services in Kent, Surrey and Sussex. These seven workstreams all support the commitments made by local organisations in their Sign up to Safety pledges.

All of our plans build on existing excellent practice, and tie into national workstreams and

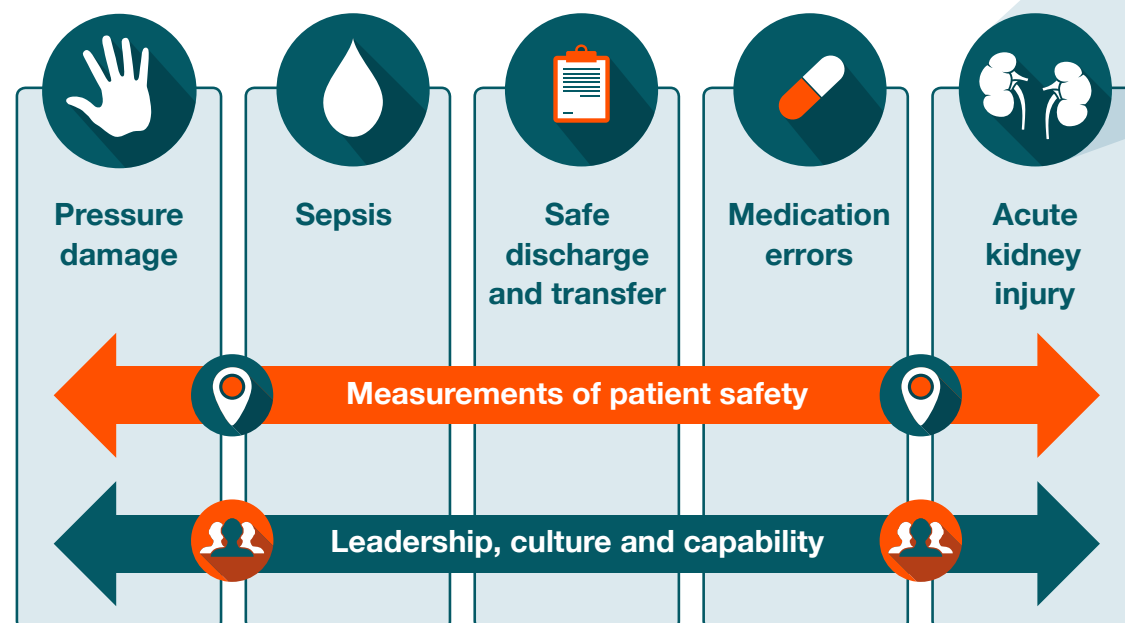
resources. Using co-ordinated quality improvement methodologies and collaborative engagement to both identify and share best practice will deliver significant and accelerated improvements.

We are also exploring safety culture with front line teams and assisting to develop organisational capability to deliver meaningful and effective change.

Acute kidney injury



Our patient safety workstreams



More than 850 people attended KSS PSC workshops and events between January and June 2015

In July 2015 we published our mobilisation report "Working together for safer services", which includes our improvement plans for each workstream. Read the report at www.kssahsn.net/safety

Case study:

Improving care and safety for patients at risk of acute kidney injury

In May 2014, publication of “The economic impact of acute kidney injury in England” raised awareness of the scale and impact of acute kidney injury (AKI). The report concluded that up to 30 AKI patients die needlessly every day in England.

The authors included Dr Michael Bedford from East Kent Hospitals University NHS Foundation Trust. By comparing records from hospital admission data, they found that potentially more than four in every five AKI cases escapes routine data collection.

Taking all cases into account - in addition to the extent of patient suffering exposed - the condition could be costing the NHS up to £1 billion annually.

Across **Kent, Surrey and Sussex**, our service quality improvement methodology reduces variation in clinical practice, in part through making better use of information, data and knowledge.



Dr Ed Kingdon is the KSS PSC Clinical Lead for AKI:

“Acute kidney injury is not a new problem. It may be seen in up to 20% of all acute admissions to hospital and a proportion of cases will develop after admission to hospital. Analysis of hospital episode statistics suggests AKI is associated with 30% mortality at 30 days.”

Working with partners, our AKI programme has established ways to identify patients with AKI and piloted them in seven hospital trusts in Kent, Surrey and Sussex.

At each one, all patients with the most severe AKI have their care audited against the best practice

standards with results used to make improvements. This creates a data set which empowers clinicians to improve care. Data collection at scale and clinical collaboration across a number of trusts gives best practice and innovation the chance to flourish.

It means health professionals are better equipped to prevent potential AKI or care for affected patients. It means more patients benefit more quickly. Dr Bedford says: “Most people haven’t heard of AKI and most doctors overlook it. Improvements in basic care led by data can significantly improve clinical care and patient safety.”



Improvements in basic care led by data can significantly improve clinical care and patient safety.



In 2015/16 the programme’s impact will be further extended as one of the Kent Surrey Sussex Patient Safety Collaborative’s five clinical workstreams.

Kent Surrey Sussex Academic Health Science Network

Expo and Awards 2015

Professor Sir Bruce Keogh, Medical Director for NHS England, highlighted how innovation is the link between quality and productivity in his speech at the KSS AHSN Expo and Awards 2015. He believes the collaborative opportunities created by AHSNs are central to unlocking innovation and accelerating its adoption.

Dr Mike Durkin, National Domain Director of Patient Safety at NHS England, talked about the vital role Patient Safety Collaboratives play in improving safety of patient care and treatment.

Attracting around 500 delegates, the event was hosted by the South East Coast Strategic Clinical Networks (SEC SCN), the Kent Surrey Sussex Leadership Academy, and the South East Health Technologies Alliance (SEHTA), alongside KSS AHSN.



SEC SCNs award winners

Clinical Leadership - Ashford and St Peter's Hospitals NHS Foundation Trust

Patient, Carer and Public Engagement - Western Sussex Hospitals NHS Foundation Trust

SEHTA award winners

Start up - The Diabetic Boot Company

Innovation - The Learning Clinic

Partnership with the NHS - Dolby Vivisol

Outstanding Achievement - Novarix Ltd

Export Achievement - Deltex Medical

KSS AHSN award winners

Patient Safety - Dartford and Gravesham NHS Trust

Enhancing Innovation Through Collaboration - Sussex Community NHS Trust

Most Improved Acute Provider - East Kent Hospitals University NHS Foundation Trust

Most Improved Community Provider - Sussex Community NHS Trust

Most Improved Independent Sector Provider - Ramsay Health Care North Downs Hospital

Most Consistent Top Performing Acute Provider - Maidstone and Tunbridge Wells NHS Trust

Most Consistent Top Performing Community Provider - First Community Health and Care

Most Consistent Top Performing Independent Sector Provider - Horder Healthcare

Outstanding Patient Engagement, Mental Health Providers - Kent and Medway NHS and Social Care Partnership Trust

Best poster: Surviving Sepsis - Surrey and Sussex Healthcare NHS Trust



Delivering efficiency and supporting enterprise

We have established links with industry through trade associations, networks, and as the result of direct approaches from individual companies. We've brought together health and industry partners to discuss opportunities of mutual interest using some of our established EQR networks and clinical experts, plus those of the four Strategic Clinical Networks and Senate.

Our approach is aligned with the Five Year Forward View's intent to "... take practical steps to support innovation and accelerate its adoption", and support the national Small Business Research Initiative (SBRI) programme.

We staged two major cross sector regional events in 2014/15 – our Partnership Day in June and our Expo and Awards in January. Both events significantly improved access for industry to clinical insight and needs. We have also increased exposure to new innovations by working with the clinical networks that are part of our service improvement pathways.

We offered bespoke support services to a number of SMEs through our partnership with South East Health Technologies Alliance (SEHTA). This has enabled a number of innovations to accelerate their development. We will continue this approach into 2015/16 and also look to extend our collaborations with fellow AHSNs to support enterprise.

For example, we support the SBRI (Healthcare), which has seen locally based SME Docobo featured in The Guardian for work with Sussex Community NHS Trust. We have also accelerated progress of a sleep mask to treat diabetic retinopathy, developed by PolyPhotonix (see case study on page 20).

We convened two highly valued care pathway mapping workshops with a whole health economy, including the consultant leading the hospital eye service, the clinical commissioning group, the GP lead for diabetes, and NHS England as a commissioner of primary care services.



Case study:

Diabetic retinopathy treatment

Current treatments for diabetic retinopathy – sight loss in patients with diabetes – are invasive and expensive.

PolyPhotonix is an SME which has developed a sleep mask for the prevention and treatment of diabetic retinopathy but is new to working with the NHS and needed support with market validation.

Together we, North East and North Cumbria, and South West AHSNs, have helped PolyPhotonix carry out activity to address the three key barriers to widespread adoption:

- demonstrating clinical efficacy
- demonstrating value for money
- addressing affordability hurdles.

We have strengthened the company's direct collaboration with clinicians to understand how and where the mask could be used in the healthcare system and how to introduce it in a way that will be welcomed and not resisted by the NHS. AHSN support has sped up the mask's development and availability to patients who can use it in their homes, offering better care at lower cost.

The AHSNs chose to support this SBRI winner because of its potential positive impact on health outcomes, patient experience of care, value for money and economic growth.

The patient user experience is significantly enhanced using phototherapy:

- It is non-invasive.
- There is no need for expensive injections.
- The treatment is home based.
- The Noctura mask measures patient compliance.

Results from a recent pilot study in the Czech Republic suggest that phototherapy using the Noctura 400 eye mask is twice as effective as current treatments.

It is estimated that savings of over £1 billion per year could be made in the NHS if this new technology is rolled out across the UK healthcare service.

"We've been working with the AHSN for the last 12 months and it's been absolutely instrumental into getting us into the right places, networking; it's all about spread and adoption."

Richard Kirk
Chief Executive, PolyPhotonix



The NICE medical technologies evaluation programme team have encouraged PolyPhotonix to collate the health economics evidence without delay from waiting for the Phase III multi-centre, randomised control trial results to be published.



We've been working with the AHSN for the last 12 months and it's been absolutely instrumental into getting us into the right places, networking; it's all about spread and adoption.



Case study:

Advanced warning system



Research published in the British Medical Journal found that the number of deaths at two hospitals decreased significantly when nursing staff were equipped with new technology to record and monitor patients' vital signs.

KSS AHSN has been supporting the trial of similar advanced warning software on three wards at East Surrey Hospital (part of Surrey and Sussex Healthcare NHS Trust). Preliminary results are impressive.

The software developed by GroundVISION automatically calculates if a patient is deteriorating and sends out an alert to clinicians. Staff have found the system cuts down mistakes - saving lives and clinical time.

It's estimated that around 6,000 patients die in hospital each year when their condition worsens and staff are not alerted to it quickly enough to intervene successfully. GroundVISION provides a system to record patient observations at the bedside and calculate Early Warning Score (EWS),

Modified Early Warning Score and National Early Warning Score to ensure that deteriorating patients are quickly and accurately identified.

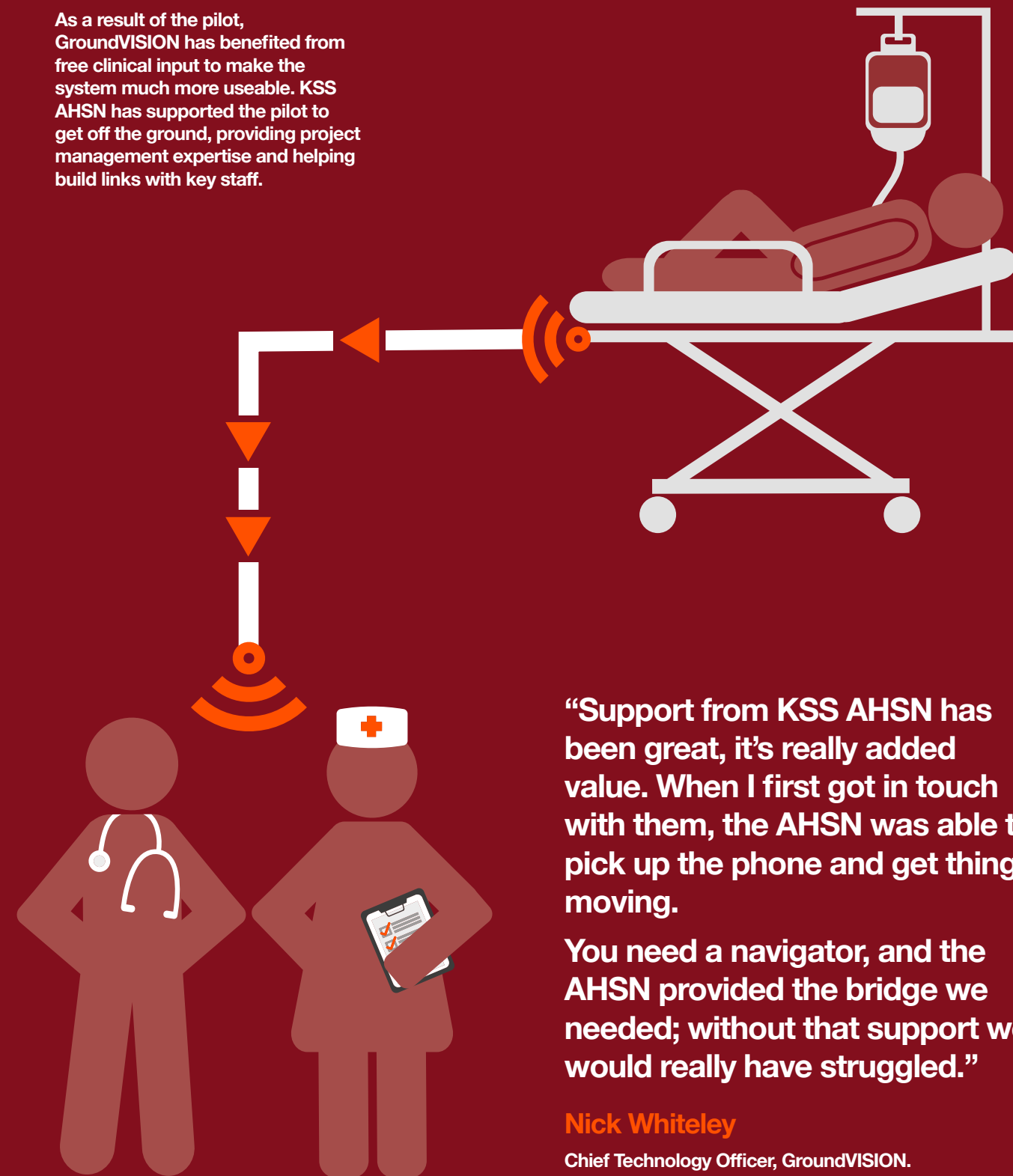
The software can be used on any mobile web device, tablet or PC, making it easy for staff to learn. It also means the hospital trust maximises its existing investment in technology.



Evidence suggests that this type of approach can make a positive impact in a number of areas including:

- Reduced patient mortality
- Reduced hospital length-of-stay
- Reduced time taken to record/calculate observations/EWS
- Improved accuracy of EWS calculations
- Reduced number of unexpected cardiac arrests
- Fewer admissions to ICU and reduced number of ICU days.

As a result of the pilot, GroundVISION has benefited from free clinical input to make the system much more useable. KSS AHSN has supported the pilot to get off the ground, providing project management expertise and helping build links with key staff.



“Support from KSS AHSN has been great, it's really added value. When I first got in touch with them, the AHSN was able to pick up the phone and get things moving.

You need a navigator, and the AHSN provided the bridge we needed; without that support we would really have struggled.”

Nick Whiteley

Chief Technology Officer, GroundVISION.

Developing collaboration and supporting research

We are helping to improve collaboration and strengthen networks in Kent, Surrey and Sussex, bringing improved access to new innovations through research and clinical trials.

Our focus on the spread and adoption of high potential proven innovation informs our approach to working with Higher Education Institution (HEI) colleagues.

Our agreed method of working with the Clinical Research Network (CRN) and our HEI partners includes support for discrete projects. This addresses the challenges to research and development infrastructure and reputation in Kent, Surrey and Sussex.

Network support and partnership

We have supported the establishment of the new NIHR Clinical Research Network: Kent, Surrey and Sussex (CRN: KSS). The new network is a merger of the pre-existing CRN for Surrey and Sussex with the one for Kent and Medway. It is already strengthening the co-ordination and capability of research across the area.

We work with Health Education Kent Surrey Sussex, the Strategic Clinical Networks, NHS Leadership Academy, Health Education England and the CRN to open new and more effective ways of understanding and improving front line health provision.

Wider connections

We have built a platform from which we intend to achieve added impact by also engaging with departments not traditionally involved in the health and social care sector. This includes partnership with, for example, business schools in the region. In particular, new collaboration with the Faculty of Engineering and Physical Sciences at the University of Surrey brings academics and clinicians together to explore and test solutions for healthcare issues.

SBRI winner's research project accelerated:

We led a Horizon 2020 bid with Kent, Surrey and Sussex university colleagues and international partners from seven European countries. The bid is for €3.3M for a 12-month pilot of a tool – developed with SBRI funding by local SME Docobo – to assess if people at risk of frailty can be predicted.

KSS AHSN supporting research:

- Development of region-wide Medical Research Council / Engineering and Physical Sciences Research Council grant application: linking with partners to embed Chief and Principal Investigators associated with clinical research in workforce development.
- Submission of expressions of interest for applying for registration as a Clinical Trials Unit by both University of Brighton and University of Surrey.
- 4 grants to a value of £57k awarded from 29 applications following assessment by an academic panel.
- Review with HEIs to develop workstreams identified as part of the follow up to the 2013 KSS Collaboration for Leadership in Applied Health Research and Care application.

Finance report

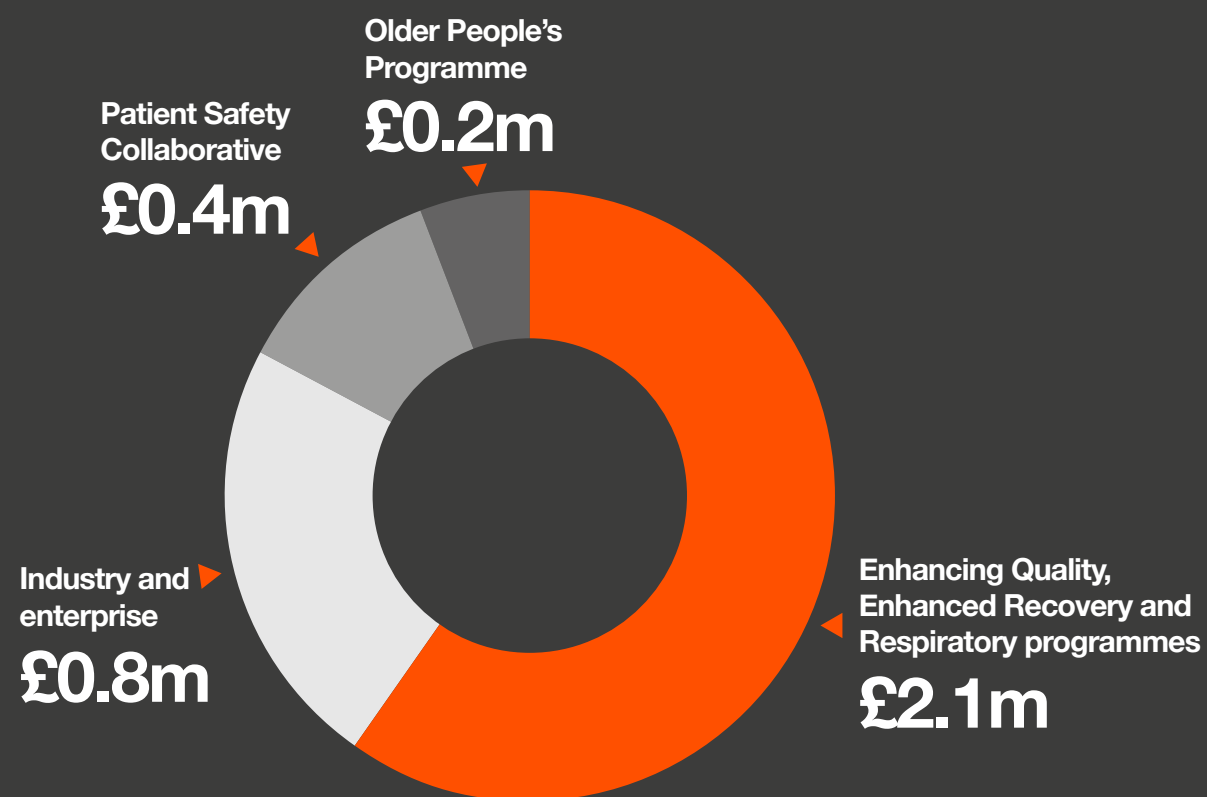
During the year ended 31 March 2015 the unaudited results of the company showed total income of £3.2m, expenditure of £3.5m which has resulted in a loss of £0.3m. This loss will be offset against funding received upon the formation of the company and the surplus that arose during its first month of trading in March 2014.

Income

Most (80%) of the company's funding is derived from NHS England and membership income (10%). There will be an increasing reliance on membership and other income in future years as reliance on income from NHS England will diminish.

Expenditure

Expenditure of £3.5m was incurred on the following programmes:



Statutory accounts

The company's statutory accounts will be audited and filed at Companies House.

Supporting members

We achieve more together. We offer services, support and opportunities to help our partners meet their challenges. For members this includes a core package of access to KSS AHSN collaboration and networking events, news and support.

Members can also benefit from our service improvement portfolio. Industry innovators benefit from bespoke support to improve care through wider spread and

adoption of proven new products, technologies and services.

We support researchers and colleagues in the education sector to build stronger connections with health and social care and industry.

Our approach is to nurture collaboration and build wider partnerships to support research ambitions and creation of a clinical trials unit.

We gratefully acknowledge the support of:

Ashford and St Peter's Hospitals NHS Foundation Trust
 Brighton and Sussex University Hospitals NHS Trust
 CSH Surrey
 Dartford and Gravesham NHS Trust
 East Kent Hospitals University NHS Foundation Trust
 East Sussex Healthcare NHS Trust
 First Community Health and Care
 Frimley Health NHS Foundation Trust
 Kent Community Health NHS Foundation Trust
 Maidstone and Tunbridge Wells NHS Trust
 Medway NHS Foundation Trust
 Queen Victoria Hospital NHS Foundation Trust
 Royal Surrey County Hospital NHS Foundation Trust
 South East Coast Ambulance Service NHS Foundation Trust
 Surrey and Borders Partnership NHS Foundation Trust
 Surrey and Sussex Healthcare NHS Trust
 Sussex Partnership NHS Foundation Trust
 Western Sussex Hospitals NHS Foundation Trust



Life does not end when you are diagnosed with dementia

We believe that people living with dementia deserve the very best in high quality care, information, support and education to enable them to live well with dementia.

We address inequalities in service provision, educate whole communities on dementia and lobby to make sure that everyone affected by dementia has the rights they deserve.

Through our local services we have four ambitions:

- service quality
- service reach
- advancing research, and
- inspiring change.

In Kent, Surrey and Sussex we offer a range of services including dementia cafes, dementia advisors, dementia support workers, peer support and 'Singing for the Brain'.

Dementia Friends is our biggest ever initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition. Whether you attend a face-to-face Session or watch the online video, Dementia Friends is about learning more about dementia and the small ways you can help.

For more information please get in touch with hope.virgo@alzheimers.org.uk www.dementiafriends.org.uk

Five things you should know about dementia:

1. Dementia is not a natural part of ageing.
2. Dementia is caused by diseases of the brain.
3. Dementia is not just about losing your memory.
4. It is possible to live well with dementia.
5. There is more to a person than the dementia.

Kent Surrey Sussex Academic Health Science Network

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