

STUDY VISIT Canterbury - Kent

“Monitoring Telehealth in Kent”

10-12 December 2012

Canterbury, Kent

United Kingdom



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I. SUMMARY

The Study Visit focused on monitoring, safety and self management (including fall prevention/alarms) in Kent: a special attention was given to the Whole System Demonstrator programme (National best practice). The Visit highlighted how to work with the existing evidence in Kent in order to prove the effectiveness of Ambien Assisted Living programme in order to create usable interfaces for ageing people and those affected by Long Terms conditions.

II. DEBRIEFING ONSITE VISITS

Study visit to Kent County December 2012 In the framework of the CASA project, on 11 and 12 December 2012, CASA project partners participated to the study visit in Kent, UK, which was focused on monitoring, Safety and Self-Management. The visit consisted in showcasing a number of locations where health services, clinical software and robotic systems, tele-monitoring and award-winning health care is being provided in the county.

The partners visited the William Harvey Hospital in Ashford that is part of the East Kent Hospitals University NHS Foundation Trust, one of the largest hospital trusts in England, serving a local population of around 759,000 people. William Harvey has a national and international reputation for delivering high quality specialist care. As a teaching Trust, it plays a vital role in the education and training of doctors, nurses and other healthcare professionals, working closely with local universities and Kings College University in London. During the visit to the William Harvey Hospital, partners had the possibility to see how East Kent Hospitals have embraced technology to support clinical pathways. Particularly, partners received an introduction on the use of the da Vinci Surgical System. Being controlled by a surgeon from a console, the System is a robotic surgical system and is designed to facilitate complex surgery using a minimally invasive approach, particularly for prostatectomies, and increasingly for cardiac valve repair and gynaecologic surgical procedures.

While at the William Harvey Hospital, the CASA partners had the opportunity to learn more about VitalPAC: a unique clinical software system that enables nurses and doctors to record and analyse important clinical data at the bedside. VitalPAC

makes sure that patients are properly monitored, as often as needed, whilst in hospital. Ultimately, VitalPAC helps clinical staff identify deteriorating patients earlier, enables faster interventions, reduces complications and helps prevent unnecessary deaths.

CASA partners also visited the Hawkinge House, a brand new development from Graham Care Ltd. Graham Care is a Care Home operator in Surrey, Kent, Sussex with 500 places. The first phase of the development provides accommodation for 90 residents with significant care needs in studio and one-bedroom suites, which can be rented or bought outright. Hawkinge house provides e-technology to improve care outcomes, particularly in relation to:

- Location-based technology
- Electronic care plans/daily reports, accessible on-line
- Bespoke Social Networking system
- Bar coded medication with web-based records.

Eventually, CASA partners visited Estuary View Practice, in Whiststable, a large GP owned practice offering a wide range of services. At the Practice, the partners learnt about the health services provided to patients with shorter waits at less cost to the National Health System.

The Whitstable Medical Practice has been involved in research since 1977. The research portfolio includes trials of telephone consultations for reviewing asthma, piloting the use of Met Office forecasting of exacerbations for people with chronic obstructive pulmonary disease, and observing the impact of computers and IT on the consultation, as well recruiting for trials of new drug treatment



III LEARNING OUTCOMES FOR THE PARTNERSHIP



	Area (self- management /policy/ICT)	Key characteristics
Learning Outcome 1	Whole System Demonstrator	
Learning Outcome 2	Technology for clinical pathways	



IV. IDENTIFICATION OF POTENTIAL BEST PRACTICES



1.Name of the Region	Kent
Potential Best Practice	Delivery of AAL services without blueprint
Brief Characteristics of the Practice	The delivery of the Kent Telehealth Pilot took place with no blueprint. Delivery of 2000 participants/users of the technology under the Whole System Demonstrator Programme (WSD). KCC working in partnership with the PCT, the Community Health Trusts, Service users and their carers.

FINAL REMARKS

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