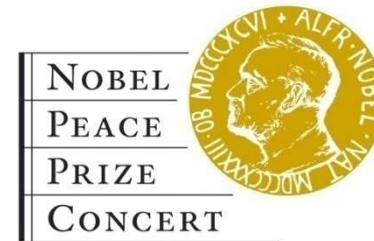


Innovating for better health, care and wellness





General introduction :

Petra Wilson, Cisco IBSG

Annika Jalap Hermanson, Project Manager at the City of Stockholm's Elderly Services Administration

14.10 - 15.00

Joop Tanis - Young Foundation - Head of Health Launch Pad

Andrew Fearn – Nottingham University Hospital

15.00 -15.30

Discussion

15.30-15.45

Coffee break



15.45 – 16.15

James Fergusson - The connected hospital as a hub for health and care in the community

Oliver Saint-Jean – Bringing expertise closer to the patient

16.15-17.00

Breakout discussion groups :

- Innovating for better care *within* health and care organisations.
- innovating for better care health and care in the community *outside* the traditional health and care organisations.

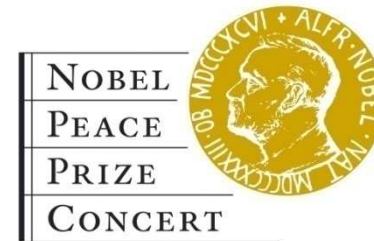
17.00-17.30

Report back and close

Beyond efficiency in the parts, towards a coherent whole in innovative health and care delivery



Innovating in:
innovating for better care
within health and care
organisation

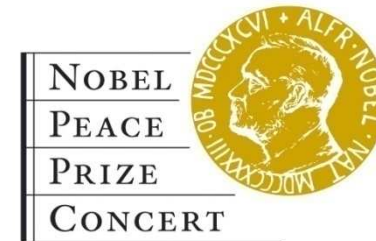


Proud Global
Sponsor
for 10 years

Innovating for Services delivered into the **community**

Business needs	Challenges	Levers
<ul style="list-style-type: none"> •Manage Patient expectations •Affordable access to care, at right quality •Re-direct demand to most appropriate channel to get or even avoid care •Mandate early triage at a distance •Balance choice, service levels and mandated processes •Transfer unscheduled care to scheduled care 	<ul style="list-style-type: none"> •Training – how to change skills, culture? •Integration of channels across professions, organisations •Home is a vital entry and care delivery point •Who pays for what, when? •What are the incentives to change / redirect demand to other channels? •Must make it easy for patient to use new channels, triage •Do we understand models of care well enough? •2-tier system? •Can we create enough resilience? •Can we really re-direct to self-care? •Patient Networks must have a role.... •Same issues apply to Cities as well as rural areas. 	<ul style="list-style-type: none"> •Patient must choose – quick & easy process essential •Critical mass of easily accessed services and new process vital across country / region •Listen to patients •Need intuitive interface •Incentives required – not just \$\$\$£ •Create transparency and trust with Patients – who is paid what to see them? •Education and communication required for patients to trust •Accessibility vital •Champion patient groups? •Create common triage front line – mandate to get critical mass.

Innovating out:
innovating for better care
health and care in the
community *outside* the
traditional health and care
organisations.



Innovating for Services delivered within a **healthcare institution** (hospital)

Business needs	Challenges	Levers
<ul style="list-style-type: none"> • Knowledge sharing - need to facilitate better knowledge sharing across and within departments and disciplines • Continuity of care - both in terms of continuity across the care continuum (acute to chronic care) as well as the continuum of care across departments. Increasing need as co-morbidities increase in ageing population. • Patient Reassurance and support – ensure patients have adequate information to be reassured about their care pathway and to make good self care decisions. • Addressing uneven demand – scaling systems to meet changes in demand which are often hard to predict 	<ul style="list-style-type: none"> • Addressing the 80/20 challenge - greatest budget demand from small percentage of very costly treatments, need to address better budgetary allocation. Investing new technologies to routine as well high end care. • Critical mass – need to create a critical mass in new technology uptake to be able to create more robust evidence base and access more stable funding streams. • Organisational and legal framework – ensuring that organisational and legal frameworks are adjusted to adopting innovation in hospital care. • Vested interests- recognising that vested interests will often militate against adoption of new technologies. 	<p>Patient as a source of innovation – see the patient as a data source and a collaborator, involved the patient in managing own health more directly but also in changing HC delivery in the hospital.</p> <p>Simple technology with multiple use potential – invest in good infrastructure of simple technologies (eg wireless) which can be used for multiple applications.</p> <p>innovate on safe ground - collaborate across departments and grades to endure buy-in and support for innovations</p>