

Our story so far...

Achievements and learning from our journey as an NHS England new care model



April 2017

What we've done – and why it matters

THANK you for being part of our journey over the last two years - and contributing to the past, present and future success of telemedicine across the health and care community.

We have travelled a long way since we were successful in our bid to become one of the first group of NHS vanguards to test out, and propel forwards, new models of care.

As the work of our vanguard comes to an end in its current format,

we have captured our achievements, and identified vast opportunities for shared learning, in this document for you.

It also offers an inside track on future potential for telemedicine that we are continuing to explore – such as MDT conferencing.

We hope it brings to life the successes – and the challenges – we have experienced by pushing the barriers of telemedicine technology

to improve the health of more than 7,000 older people living in care homes across Bradford, Airedale, Wharfedale, Craven and East Lancashire.

We achieved this by enabling them to stay in the comfort of their own residence wherever possible - while making best use of GP and emergency services.

A detailed evaluation report, measuring the positive impact we have had in a number of key areas, will be published in June after all the data we have captured is analysed.

Our journey has taken us to 10 Downing Street, as well as to China and India where health services are looking to replicate our model – a service which the Care Quality Commission here hailed as “outstanding”.

We have forged links with NASA where they use same technology for ensuring the health of astronauts like Tim Peake.

Closer to home we have showcased our work at major exhibitions and conferences, such as NHS Innovation Expo; the King's Fund and the Royal College of GPs.

Our service for end-of-life care, Gold Line, even had a film made about its success by a Hollywood director for free which was premiered at a London theatre.

Following the creation of our purpose-designed, £200,000 Digital Care Hub, it is well-placed to expand and extend our range of telemedicine services across the country.

All these initiatives combine to create the strongest platform on which to extend the vanguard programme as funding for an additional year will see it focus on care homes in the East Lancashire locality during 2017/18.

Starring role on BBC News



AS part of its Health Check week, TV cameras from BBC News broadcasted live from our hub throughout one day in February. They visited us to see for themselves how the telemedicine service was making a difference, find out what care home staff and residents thought of the service, and chatted to our staff about the different calls they dealt with.

CQC praises 'outstanding' telemedicine link-up

THE way telemedicine is helping to reduce unnecessary hospital attendances and GP visits was hailed as a major success story by the Care Quality Commission (CQC).

"Outstanding", "innovative", "effective", "immediate" and "expert" were just some of the words used by the CQC to describe the service, following its latest inspection of clinical care provided Airedale NHS Foundation Trust.

The CQC said: "We saw several areas of **outstanding** practice, including the telemedicine services provided at the digital care hub."

"Within end-of-life care, there were **innovative** ways to ensure care was patient centred – such as the Gold Line service."

"There was an **effective** use of telemedicine."

"The telehealth service provided **immediate** access to **expert** opinion."



Combined vanguard care homes annual savings and return on investment

Statistic	Care Homes to be commissioned by Typical CCG in 17/18 (48 homes)
Cost per care home	£4,800
Savings per care home	£10,608
ROI per care home	121%
	For every £1 invested there is a net saving of £1.21

What is needed to deliver maximum benefits...

The service must be used by care homes routinely every month of the year

Access to Summary Care Record and full shared access to SystemOne where GP practices use this system

Structured engagement with local services; community nursing, ambulance, GP Out of Hours and other local services receiving referrals from the clinical hub

Local Authority and NHS contractual levers should be used to require care homes to make use of the service

Structured engagement with care home managers and owners to explain the benefits of the service

GP Practices develop confidence in the clinical expertise of the hub staff to enable prescribing of routine medication such as antibiotics without the need for a GP visits

Ongoing account management with care homes. This is included in the pricing structure.



Spotlight on our **ENHANCED HEALTH IN CARE HOMES** workstream

Expanding into the community – and extending our breadth of services

Our key achievements – at a glance

- We have kept 90% of our service users in their place of residence at the conclusion of their remote clinical assessment.
- Half of these residents have been referred on to their community teams, as there was neither a requirement for hospital admission, nor a need for a GP visit.
- This has been evidenced by the fact that we have reduced by approximately 50% the number of times these care homes would have called their GP and asked for a visit.
- We have overcome concerns that the workload of community teams would increase. We only refer 45% of the calls and these teams would previously have received them all.
- We have reduced to 14% the number of people at the end of their lives who are admitted to hospital to die, thus allowing them to achieve their goal of remaining at home.

Our lessons for sharing – a summary

- It has proven difficult to engage with some care home staff to promote the benefit of having access 24/7 to an acute nurse/therapist advisor.
- Supportive and effective joined-up communications CCGs has sometimes been challenging.
- Some CCGs have asked their care homes to only use the service out-of-hours so unfortunately, the full benefits have not been realised.
- Some homes feel that having the service in place means that they feel much safer and reassured that should they need support, it is always available
- We believe there is potential for us to oversee tasks, such as simple dressings and sub cutaneous injection and possibly even verification of death, with care homes as part of a pilot study. Each of these tasks are important but do not necessarily need to be done by a practitioner or GP physically attending the home.



SINCE we became a first-wave new care model vanguard site, this workstream has been spearheaded by a near-doubling in the number of care homes across Bradford, Airedale, Wharfedale, Craven and East Lancashire able to link up to our hub's growing expertise.

More than 200 homes locally – and 500 homes nationally – can now take advantage of our telemedicine service.

We have enhanced the existing primary care and community services to enable them to better cope with the rising demand from frail elderly residents in care homes. This has been achieved by installing telemedicine to some GP practices and community teams across the locality.

Video links have been provided to out-of-hours medical services, GP practices and mental health teams to enable remote working and assessment.

Most recently we have enabled the East Lancashire Medical Service (ELMS – Out Of Hours GP team) to access their local care homes remotely and provided a link to the Digital Care Hub. This had advanced the multi-disciplinary remote assessment capability and allows us to work collaboratively to support care home residents to remain in their home.

In another "first", we have provided a telemedicine link to support patients with mental health issues contacting the First Response hub at Bradford District Care NHS Foundation Trust. This allows us to

access mental health advisors if we require their support, and also enabled them to contact the hub for physical health advice.

A pilot scheme is ongoing to assess whether telemedicine can be utilised for mental health assessments in Emergency Departments to try and reduce the waiting times for these patients.

Alison at the home wanted to thank the team, especially LH, for helping to get a written DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) form in place for a lady nearing end of her life.

The care home have really appreciated the support that you have provided as a team as there appear to have been some real challenges getting a physical paper copy of a DNACPR in place.

The home felt really supported by you all and had a clear care plan to work to.



Spotlight on our **WORKFORCE**
workstream

Virtual training pilot boosts care home staff skills



Our key achievements – at a glance

- Although there had been some resistance from care homes to undertake virtual training, most care homes have said that they have benefitted from the training
- Care homes have said they would like to explore other training sessions delivered remotely
- A total of 63 staff from care homes have attended training provided via the vanguard project since November - which given the pressures on staff due to winter pressures is a favourable number
- At the time of writing, a further 54 care home members of staff have booked onto the sessions
- A specialist dietetic team is also planning to deliver both virtual and face-to-face training on nutrition and hydration to care homes in the Airedale and Craven locality

Our lessons for sharing – a summary

- Start small – and allow time to build momentum across a large and complex system
- Ensure there is on-going hands on support to the homes and the trainers on how to use the IT equipment – sometimes getting used to the new equipment was very time consuming, which acted as a barrier to change
- Have open and honest relationships across organisations so that information about budgets and resources is shared and options such as pooling budgets can be explored
- Seek real senior-level buy-in across all organisations; and have early and on-going engagement with key stakeholders e.g. CCGs, GPs, care homes and local authority. Without this it takes a considerable amount of time to build gain momentum with the programme
- Make sure all equipment is robust and fit for purpose – some homes highlighted connectivity issues as the reason for not taking part in the training



A KEY strand of our work has been to pioneer a programme of virtual training courses to care home staff, harnessing the technology offered by the Airedale Digital Care Hub.

Since we launched the pilot in November, an ever-increasing number of people have taken part and developed their skillsets as a result.

After listening to care homes, commissioners, and our own clinical staff, we developed a series of bespoke training sessions tailored to the needs of those working in both nursing and residential homes.

Topics to have featured so far have included falls prevention, pressure ulcer care (React to Red), National Early Warning Score (NEWS) and vital signs, end-of-life care, and inhaler techniques.

As an added dimension, we have also staged balance classes, which were aimed at care home residents themselves and involved group participation.

The sessions were delivered remotely by staff from Airedale NHS Foundation Trust, Bradford District Care NHS Foundation Trust and Manorlands Hospice.

Each training session was co-ordinated centrally to ensure pre-course reading material. Evaluation forms were circulated and certificates issued to all participants.

The training has helped me do my job properly, ensuring I am administering inhalers correctly.

– course participant

“Of all the changes in the 15 years I have been working, this is the greatest change which has reduced workload I can remember. I don’t mind the extra “late” doctor visits as this is more than made up in the drop in other visits. A big thank you to all involved.”

– Dr Sheila Jackson MBChB
Barnoldswick Medical
Centre, UK

In addition to the above, an Assistant Nurse Practitioner was recruited to support the face-to-face training of care home staff in how to maintain their competency documentation, and provide clinical skills training on phlebotomy, cannulation and ECG recording.



Breaking new ground in improving dementia care



Our key achievements – at a glance

- Members of the community have:
 - involved residents in lots of musical afternoons
 - organised regular games of boccia (seated indoor bowls)
 - brought in nursery children to entertain residents
 - local school children are working with residents in their gardens. This will go towards the pupils BTEC qualification
 - held veterans reminiscence sessions
- Held ten Dementia Friends sessions in care homes and the surrounding communities, creating 160 Dementia Friends.
- Gained coverage in the local press, which has resulted in volunteers coming forward

Our lessons for sharing – a summary

- Care homes which self-selected to join the programme have been the most engaged.
- Involvement is not dependent upon CQC rating – one of the homes we are working with 'requires improvement' and sees social movement as a way of improving the quality of care for residents
- Innovation can be perceived as risk and we need to take a proportionate approach to risk which is conducive to building social movement.
- Care home managers and staff want to improve the lives of their residents and some need support to do this, particularly with how to involve the community.

WE were hand-picked last year to take part in NHS England's "Health As A Social Movement" programme – adding an extra dimension to our work.

Our project was tasked with breaking new ground in the way home-grown skills and support across the local community can be harnessed to drive forward improvements to dementia care.

Working in partnership with Alzheimer's Society, we have created a strong platform on which to explore ways of improving the lives of those affected by dementia living in care homes.

This has included recruiting five care homes in Airedale, Wharfedale and Craven to join us in testing out the pilot; holding focus groups with their staff; and, crucially, talking with residents to find out what would make life better for them, and how they would like to be involved in their community.

From these foundations, we have now created an asset map of the communities in which we are working; contacted no fewer than 250 individuals, community groups and organisations; and had hundreds of conversations with members of the community.

One rewarding element of our programme to date has been the promotion of care homes as a community asset which have gardens, kitchens and – above all - residents

with skills and heritage.

A Programme Board has been established, with representation from Bradford District Council; North Yorkshire County Council; Airedale, Wharfedale and Craven CCG; and a person affected by dementia. With this support in place, the initiative is now primed to continue the final stages of its work over the next year.

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Measurement of our success focuses on four key areas



Patients



Care Homes



Healthcare



Economic

ROBUST evaluation of the telemedicine intervention spanning all the original four CCGs' geography is being finalised, with a final report presented by 30 June 2017.

As well as measuring the success of telemedicine, and analysing its return on investment, the research will also chronicle opportunities for wider learning.

Our outcomes are aligned to these four areas, and while further scrutiny of data is vital before definitive conclusions can be drawn, there are emerging themes that we can share with you here:

Patients

Feedback from qualitative work so far indicates a lack of awareness of services.

However those who have used the service, and recall using it, are positive in their view.

Further information will also follow on health outcomes at patient level e.g. reduction in urinary tract infections (UTIs) etc. when the complete data is ready.

Care Homes

We have witnessed polarised views of staff - although these are largely positive. We await further helpful data in the coming weeks through responses to a staff survey.

Healthcare

Evaluation is wholly dependent on the data flows being achieved.

Some elements of the vanguard cohort have undergone some basic analysis, based on data received directly from the hospital trusts, combined with internal hub data aggregated at the care home-level only.

In this data, variation between of outcomes between the CCGs being

analysed is distinct, there is potentially a greater reduction in admission from higher utilising homes at aggregate level.

However there is significant variation in Emergency Department outcomes *within* the aggregated groups of high and low-utilising homes themselves.

In turn, this could reduce the likelihood of the reductions in admissions being attributable to hub usage. Further analysis on receipt of the full data set will enable sound interrogation and more conclusive outcomes.

Economic

The methodology and approach has been agreed with the evaluators and we are awaiting data. Again some of the data received directly from hospital trusts indicates a potentially positive return on investment.

Yet this varies greatly between CCG's and attribution of the savings to hub usage require much closer investigation.

The innovation that telemedicine promises is not just doing the same things remotely that used to be done face-to-face, but awakening us to the many things that we thought might require face-to-face contact, but actually do not...

– David D Asch MD MBA
Perelman School of Medicine
University of Pennsylvania



Our lessons for sharing – a summary

- We have interviewed our hub staff around what “good implementation” of the service looks like.
- This is currently being shaped into a recommended Good Implementation Protocol for hub services.
- It is hoped this can be used to shape the way the hub service is rolled out in future to ensure positive relationships with homes and good utilisation.
- This is likely to include:
 - having clinically-led relationships with commissioners and their forums of GPs and care homes
 - the commissioner having a realistic offer on hub impact
 - local intelligence on care homes to receive hub services and their needs
 - opportunity and time for building relationships with the homes prior to installation including possible Hub visits or virtual tours etc.- possibly circa six months or more for late adopters of change
 - training in understanding when they may need to call the hub for a resident

Service benefits

- Enables residents to remain in their care home
- Supports safe, effective high standards of care
- Supports care/nursing staff and residents in the planning and delivery of care
- Reduces inappropriate demand on GPs, Ambulance and Non-elective care
- Effective, informed and trusted onward referral
- Full electronic recording and messaging
- Clear governance and accountability



Media coverage brings successes into focus



THIS vanguard has caught the positive imagination of the media at a time when the NHS is under the increasing glare of a political and public spotlight.

Our work has been showcased in front of an estimated five million people across all form of traditional and new media – raising awareness of telemedicine in general and this vanguard and its clinical team in particular.

The use of independent endorsements – from GPs to care home residents and staff – in coverage has served to strengthen the growing reputation of the Airedale Digital Care Hub locally, nationally and even internationally.

We have worked closely with other workstream leads to drive up

attendance at the virtual training sessions we launched, as well as increase call rates to the hub from care homes with initiatives including a poster campaign and 'Talking Telehealth' newsletter.

We have contributed to the national shared learning by participating in various national conferences, such as NHS Expo 2016 and the King's Fund; penning a regular series of blogs for influential media; and actively been a key player in networking and best practice events involving communications leads nationally.

Moving forward, we have a legacy of a growing library of presentational resources, from storytelling videos to slides to case studies and media coverage endorsements, to draw upon.

Our lessons for sharing – a summary

- The potential of the role of 'care home champions' remains to be maximised as engagement tool for offering peer-to-peer support to demystify telemedicine, encourage greater use and overcome some of the resistance to use (ie perceiving a video consultation as 'a spy camera' of their practice).
- Targeting family and friends of people living in care homes is another area where a future mini-

engagement campaign may help to drive uptake higher.

- There would be benefit from greater consistency in the branding and language used to describe the initiative – different people call it different things, including telemedicine, telehealth, digital health, digital care, e-health and even 'nurse on't telly'.
- There is significant scope to develop its social media and



BBC national news to broadcast live from our telemedicine hub

BBC News will be broadcasting live from our digital care hub at Airedale General Hospital throughout tomorrow (Wednesday, February 8).

Our key achievements – at a glance

- The work of our vanguard, and its successes to date, have been seen by an estimated 5 million-plus people (readers, listeners and viewers) through a range of media, including *BBC News*, *The Times*, *The Guardian*, the *Financial Times* and professional publications such as the *BMJ*.
- The vanguard has a developing reputation as the 'go to' experts in the field of telemedicine – a platform that now needs cementing. We hosted a live broadcast from the digital care hub by BBC News as part of its national Health Check week, hailing us as an area of good practice
- The service has a helpful suite of resources to draw upon to bring the project to life, show how it works and demonstrate its effectiveness – including a range of case studies; various videos; presentation slides and marketing materials; and – crucially – a bank of independent endorsements of its contribution, ranging from the CQC to GPs to the media.
- Established a relationship with the NASA media department with the aim of exploring joint working opportunities once the emerging evaluation project matures
- We hosted a live broadcast from the digital care hub by *BBC News* as part of its national Health Check week, hailing us as an area of good practice

website presence as a stand-alone telemedicine centre of excellence for all its 'family' of services – ranging from care homes to offender health.

- Initial work has commenced to enable a smooth and successful handover of communications and engagement activity in East Lancashire, to ensure the platform created over the past 12 months can be built on and taken forward