

**Whzan Update  
Primary Care Committee  
February 2020**

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**Purpose:**

The purpose of this report is to provide Primary Care Committee (PCC) with an update on the pilot of the Whzan tool across care homes and nursing homes, in partnership with general practice.

**Background:**

Whzan is a telehealth-based solution supporting the monitoring and management of patients in care homes. The solution was implemented in Sunderland and based on the outcomes of this implementation; the CCG identified funding to support a pilot of the solution in Rotherham. The solution supports communication between the care home and associated GP practice and ability for the care home to undertake basic observations which the clinician can review remotely. Evaluation from Sunderland was said to have shown:

- Resource savings – including prevention of admission to hospital and reducing unnecessary clinical contacts
- Improvement in patient experience and outcomes
- Empowerment of care workers.

As part of non-recurrent funding to support digital initiatives, Rotherham CCG identified £27,000 to support the testing of the Whzan solution in care homes and nursing homes in Rotherham. This funding was utilised by the GP Federation (Connect Healthcare Rotherham CIC) to support the pilot.

**Initial pilot work Completed**

- Purchase of a small number of Whzan kits and training undertaken for the Federation team
- Initial Care homes engagement via the care home forum
- Practices engaged via Federation meetings with localities
- Standard operating procedures and policies have been adapted from those utilised in Sunderland to suit the requirements for Rotherham
- Whzan were provided to identified interested practices to trial with local care homes
- Some functionality of the Whzan product was initially tested within one care home, in partnership with their link practice

- Initial and subsequent training undertaken with practice and care home staff
- Early engagement with dieticians to assess the potential to roll-out the MUST tool and monitor patients through the Whzan solution

The initial project plan in place for the roll-out of Whzan was challenged due to capacity and priorities in the team.

Following the appointment of the Head of Operations and Clinical Governance in August 2019 the additional actions have been taken regarding the Whzan project

- Review and re utilisation project of the Whzan solution with Whiston Hall and The Stag Medical Centre
- Support on a weekly basis for a 12 week period from the team at Connect Healthcare
- Education for care home staff re use of Whzan
- Continued payment for the Whzan equipment and remote support
- Monitoring and evaluation of use within Whiston Hall
- Evaluation of initial impact and benefits of the solution (See analysis of key issues and risk section)

This work was completed between November 2019 and January 2020

#### Evaluation and Key issues identified

The initial key issue identified for the roll-out of the pilot was noted to be the capacity within Connect Healthcare Rotherham CIC to project manage roll-out and ensure adequate clinical and technical training of staff in care homes and general practices.

However a significant amount of time has now been given to training and support of both GP Practice and care home teams. A member of the Connect Healthcare team was assigned to work with Whiston Hall and Stag Medical centre to re pilot the implementation of Whzan for a 12 week period (November 2019-end of January 2020).

The revised model;

- Member of Connect Healthcare Team involved in taking basic patient observations and working in partnership with care home staff
- GP Staff also attending to familiarise themselves with the equipment for continued support for care home staff
- 3 month routine use of the equipment (prior to the GP's weekly visits) to support confidence in using the equipment for the care home staff
- Connect Healthcare and the GP practice supporting the governance and processes for immediate clinical concerns identification

Key issues Identified

Equipment

- Very difficult to use if not clinically trained
- Equipment uses an unrealistic amount of batteries and these need changing frequently when in use
- Time taken to update observations from the iPad to the Log in page. In an emergency situation a delay in getting the results visible to the GP could be a significant patient safety concern
- Connectivity a continual issue, and could be difficult in some care home areas
- Result reading difficult to navigate and the most recent results were not always visible on the display page. The patients individual record had to be opened to refresh
- Generally difficult to navigate the system especially if not used regularly
- Difficulty with staff logins, and with an identified high turnover of care home staff that would need to be updated on a regular basis

Personnel

- Initial agreement from the care home management team to engage with the project, this required a significant amount of input from the GP practice and Connect Healthcare for initial training
- In the initial project stage when regular input from the practice team was withdrawn, there was no ongoing use of the equipment
- When the project was reinitiated in November 2019, there had been a complete change of management in the care home and a significant turnover of staff
- Staff identified concerns with the difficult of ease of use of the equipment and continued to be very apprehensive about using the equipment. To date no member of the care home staff has used the equipment without a member of Connect Healthcare or the GP practice being present
- Continuity of staff and limited use of the equipment if only used in emergency / immediate situations does not allow for continued competency based use and safety

Patient Safety / Patient Experience

- The equipment does not indicate patient's medical conditions, and the care home staff are not trained in pre-existing conditions such as not taking blood pressure readings on patients who have had surgery (lymph nodes removed) or having difficulty getting a blood pressure reading from a patient that has a pre-existing condition, such as atrial fibrillation. Although not a care workers responsibility this can also limit confidence in using the equipment
- Clinical Governance issues identified regarding recording and deleting patient information
- Many of the patients in the care home did not have the capacity themselves to communicate their own medical history, therefore safety checks in immediate situations may be difficult

- Most of the patients consented to have their observations taken. Comments however were made regarding the blood pressure cuff being very tight and often needing repeating at least twice to get a reading
- Regular continued use of the equipment would not be recommended to be in patient best interest as the equipment was initially to be used in emergency or immediately required situations

#### Evaluation

- In principle the equipment could be useful for use in a urgent care situation but that from this pilot evaluation, the number of identified concerns with the equipment ease of use would make continuing difficult
- The high turnover, competency and confidence of care home staff to use the equipment in an emergency situation would be of concern
- Due to the amount of training, management and monitoring time of the project for use in a limited area with full support from the GP practice involved, evaluated to be difficult be sustainable to roll out the project to other care homes
- Although there is the potential to utilise other systems , this does not mitigate the other operational challenges identified by the pilot
- The system could potentially be utilised in an intermediate care setting and information will be shared with the relevant team to facilitate this.

#### **Patient, Public and Stakeholder Involvement:**

Patients / service users will be involved in the piloting of the solution, including assessing their views on how this has impacted on their experience of care.

#### **Equality Impact:**

Full EqIA not completed. The pilot applied to all willing service users in the selected care home / nursing home sites and there was no differential impact for service users with any protected characteristics.

#### **Financial Implications:**

The £27k funding for the pilot project was fully utilised

#### **Human Resource Implications:**

Not applicable.

#### **Procurement Advice:**

Not applicable.

**Data Protection Impact Assessment**

The Whzan product provides a secure method by which to hold and view data. Practices and care homes involved only worked with their existing patients and service users and consent was maintained to take, monitor and view any personal data.

**Approval history:**

Primary Care sub-group – 29 January 2020

**Recommendations:**

It is recommended that Primary Care Committee:

- Notes the information in the evaluation section of this report
- Due to the identified challenges with the system, equipment, personnel and safety issues, the Committee is requested to approve the cessation of the pilot.

**Paper is for Approval**