

NHS Rotherham Clinical Commissioning Group

Primary Care Sub-Group – 25 September 2019

Primary Care Committee - 9 October 2019

Telehealth/Remote Health Monitoring of Long Term Conditions

Lead Executive:	Chris Edwards, Chief Officer
Lead Officer:	Sara Hartley, Contract & Service Improvement Manager (Primary Care)
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Purpose:

To initiate a revised project regarding the implementation of telehealth in general practice, in order to enable patients with Long Term Conditions (LTCs) to monitor their own conditions and text in results to their practice instead of having to attend the practice.

Background:

Telehealth/Remote Health Monitoring has been used in the NHS for a number of years, with some areas of the country using the system early as 2013. The work from these early adopters influenced the digital plan under the GP Forward View, particularly around one of the 10 High Impact Actions – New consultation types.

The introduction of the GP Forward View and 'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' has highlighted where there needs to be a shift in how practices work. The provision of 'clinically safe and useful digital and data services for patients and general practice' is just one of the goals identified. There is also a drive to continue to improve patient access to primary care services and the introduction of the Rotherham Health App (APP), will not only support improved access but also the telehealth/remote health monitoring system.

The Long-Term Condition element of the APP is still in 'proof of concept' mode but is being developed further to include self-testing devices for home/self-monitoring and new pathways for LTC patients. The CCG is continuing to work with Substrakt Health to ensure that the new APP has all the functionality of the Memory Jogger (MJog) system. Through the MJog system practices have been able to use MJog to send appointment reminders; the patients could then cancel appointments using their phones (via text or smart message). The appointments were then automatically freed up in their clinical system. Patients were also able to provide information directly to the practice regarding their condition via text message (SMS) or multi-media messages (MMS).

In a pilot previously undertaken by a Rotherham practice, MJog was used to monitor a number of stable Hypertensive patients. Going forward, for some groups of patients the six month review could be undertaken remotely, gathering information via the APP and saving the practice an appointment. Practices could also utilise the system where more frequent monitoring is required, for example after a spell in hospital, as practices could request information from patients without having to make repeat appointments.

Diabetes, asthma and COPD are other LTCs which could be managed remotely. Asthma patients are difficult to manage and tend to only seek medical attention when their condition worsens. Similarly, COPD patients could submit oxygen saturation levels on a regular basis which would be monitored by the practice.

Patients taking part in the programme would be asked to sign an agreement which would set out the requirements of taking part, type of information to be submitted, how the information would be submitted, and frequency of reporting. This would ensure that both the patient and the practice had a clear understanding of the requirements.

In order to determine whether patients were interested in participating in self-testing, practices were asked to send a survey link out to patients asking for their views on whether they would be interested in sending information directly to their practice about their long term condition rather than attending an appointment.

The survey link was sent to practices on 3 July 2019, with the results extracted on 6 August 2019. During this period, 1303 patients from 27 practices provided their views on the proposal. The survey itself listed four long term condition options – high blood pressure, asthma, COPD and Diabetes, with patients also able to input other conditions by free text. A detailed breakdown per long term condition and willingness to provide information via remote monitoring is included in Appendix 1, along with a breakdown of the age range of respondents.

Patients were also able to provide further comments as part of the survey. The Public and Patient Engagement Manager has reviewed the responses and grouped together the themes (Appendix 2).

Delegation responsibility:

Please tick which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS,PMS and APMS contracts including taking contractual action	
Newly designed enhanced services (including DES)	
Local incentive schemes	
Discretionary payments	
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	✓
Managing practices with CQC concerns	
Decisions on premise cost directions	
Planning the commissioning of PMCS	
Manage the delegated allocation for commissioning of PMCS	
Assurance to the governing body on the quality and safety of PMCS	

Analysis of key issues and of risks

Remote monitoring risks and issues

- Equipment will not remain calibrated and therefore not provide accurate readings
- Patients are not confident reading the results and submitting them to the practice
- Reliant on practices picking up when a patient is outside of the agreed range and treating as appropriate, particularly if readings are sent through outside of working

hours

- Other health issues are not picked up as they may be during a face to face consultation
- Only those with access to the APP or the text messaging service associated with the APP will be able to submit information

Remote monitoring benefits

- Patients can submit information at a time which is convenient to them
- Would potentially free-up appointments for practices
- Provides patients with another method of engaging with the practice in line with Investment and Evolution
- Assist patients with reduced mobility to provide information without having to attend a practice, particularly if they require a carer to assist them in attending appointments

One of the main themes identified through the survey by patients was around availability of equipment, checking equipment so it could be trusted to give correct readings, cost of equipment and having enough training to be confident in using the equipment.

The CCG does not intend provide equipment to patients wishing to take part in remote monitoring, so it would be reliant on patients purchasing and maintaining the equipment themselves.

From the results of the survey, there is a willingness amongst patients to utilise technology provided. A number of practices have also queried whether remote health monitoring would be a function of the APP as they would be interested in using it.

A literature search has identified that a number of reviews of telehealth implementation have been undertaken, with mixed outcomes. The findings in links 1 and 2 are positive towards telehealth, with link 3 finding the reviews inconclusive. All of the publications identify the need for further studies on the subject:

1. <https://www.ncbi.nlm.nih.gov/pubmed/29486994?report=abstract>
2. <https://www.ncbi.nlm.nih.gov/pubmed/29940936>
3. <https://www.ncbi.nlm.nih.gov/pubmed/30158214>

The Primary Care Team has contacted two other CCGs which have implemented telehealth within primary care – NHS Liverpool CCG (<https://www.liverpoolccg.nhs.uk/news/pioneering-technology-used-by-its-6000th-patient/>) and NHS Hull CCG (<https://www.chcpcic.org.uk/chcp-services/telehealth>), requesting further information on their schemes. No responses have been received to date.

Therefore, it is recommended that telehealth/remote health monitoring continues to be part of the App development. Once this has been developed, the team would work with practices to utilise the facility on the App with those patients willing and able to use the system.

Patient, Public and Stakeholder Involvement:

The patient survey was open for 5 weeks, with patients from 27 practices providing feedback.

Equality Impact:
An Equality Impact Assessment was undertaken as part of the App procurement process and as such this will cover the messaging element of the project. However, should the recommendation be approved, a further Equality Impact Assessment would need to be undertaken in relation to purchasing of equipment in order to utilise the scheme.
Financial Implications:
Not applicable as the APP would be the mechanism for the exchange of information. MMS messaging does not incur a cost to the CCG as it forms part of the App package.
Human Resource Implications:
If the proposal is approved, there would be a HR impact relating to the roll out of the service to practices, including training on how telehealth can be managed through the App. This would primarily affect the Data Quality Team.
Procurement Advice:
Not applicable
Data Protection Impact Assessment:
Not applicable
Approval history:
Primary Care Sub-Group – 28 August 2019 Primary Care Sub-Group – 25 September 2019
Recommendations:
The Committee is asked to Approve the recommendation that the CCG continues to include telehealth/remote health monitoring as part of the App development. Once this has been developed, the team would work with practices to utilise the facility on the App with those patients willing and able to use the system.
Paper is for Approval