

# Sustainable care – the telehealth solution

By Jon Lindberg

**The way care is delivered to patients with Long Term Conditions (LTC) in England is not sustainable. The solution is to redesign care delivery in which clinical pathways and service delivery processes are fully coordinated, patient data safely shared, and telehealth solutions embedded throughout. The move to clinical commissioning with a focus on outcomes and integrated care provides a golden opportunity to mainstream and embed telehealth services in new LTC care pathways.**

This article looks closely at the benefits of telehealth and the role it plays in making the NHS more sustainable. Telehealth technologies and services have the disruptive potential to support new ways of working that will significantly improve patient outcomes, make the NHS more productive, safer, and cost efficient. Telehealth will help support higher quality care and preventative care, with the ability to reduce mortality rates and enhance quality of life. But telehealth needs to be driven by commissioners and clinicians – GPs and nurses – if the NHS is to reap the rewards.

#### The 'tsunami of need' challenge

According to the Department of Health (DH) 70% of the NHS budget is spent on patients with LTC – such as diabetes, heart disease and chronic obstructive pulmonary disease (COPD) – and LTCs accounts for 55% of all GP appointments and 68% of A&E and outpatient appointments. The

number of patients with one or more LTC today stands at 15 million out of England's total population of 51 million, which is almost one in three. As our population ages, that number is set to grow by 23% over the next couple of decades, and is forecast to rise 250% by 2050. Diabetes alone today cost the NHS £1 million an hour and the cohort is set to double in the next 10 years to four million.

On top of this the NHS faces huge financial pressures with an efficiency and productivity plan tasked to deliver £20 billion worth of savings by 2015. Combined, the clinical and financial pressures leave no room for staying the course in LTC care delivery.

The National Clinical Lead on Quality and Productivity and GP Sir John Oldham's analysis of this is "if we continue to manage people with long-term conditions as we do now, the NHS and social care system are not sustainable" and refers to this as the "tsunami of need"



facing not just England but all developed countries.

#### Enter telehealth technologies and services

Telehealth solutions are tools that support the transformation of care delivery. Intellect supports the definition used by the think tank 2020health.org: "Telehealth is not a single, uniform type of technology; rather it is a targeted approach appropriate to the individual's needs, combining process, organisational and responsibility changes supported by monitoring and collaboration

technologies." For example:

- "For patients with complex or multiple conditions, who are already on a community matron caseload and are frequently hospitalised, telehealth services would be 'full function' and embedded into the care pathway. By this we mean 'interventional telehealth', where alerts built into the system use data from the patient to trigger interventions through remote technology, and are complemented by traditional visits/appointments, for better management of the condition by and with the patient."

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- "For patients living with a lower level of disease, 'simple telehealth' with, for example, mobile applications and services can prompt patients towards improved levels of compliance, for instance around medication reminders and lifestyle recommendations."

Many NHS Trusts in England have been pioneering early investment in telehealth, with just under 10,000 users in the UK. And this month the DH is due to publish the findings of the Whole System Demonstrator (WSD) trial, the largest evaluation of telehealth and telecare ever undertaken, covering three key sites – Newham, Cornwall and Kent – and involving a mix of roughly 6,000 patients. The objective is to "provide an evidence base for more cost effective and clinically effective ways of managing long-term conditions." The DH plans to use the results to push for wider uptake of telehealth in England with millions of patients benefitting from telehealth services. We are already seeing a few NHS Trusts looking at major implementations. NHS Gloucestershire is planning to rollout telehealth services to 2,000 patients with chronic obstructive pulmonary disease (COPD), chronic heart failure (CHF), chronic heart disease (CHD) and diabetes.

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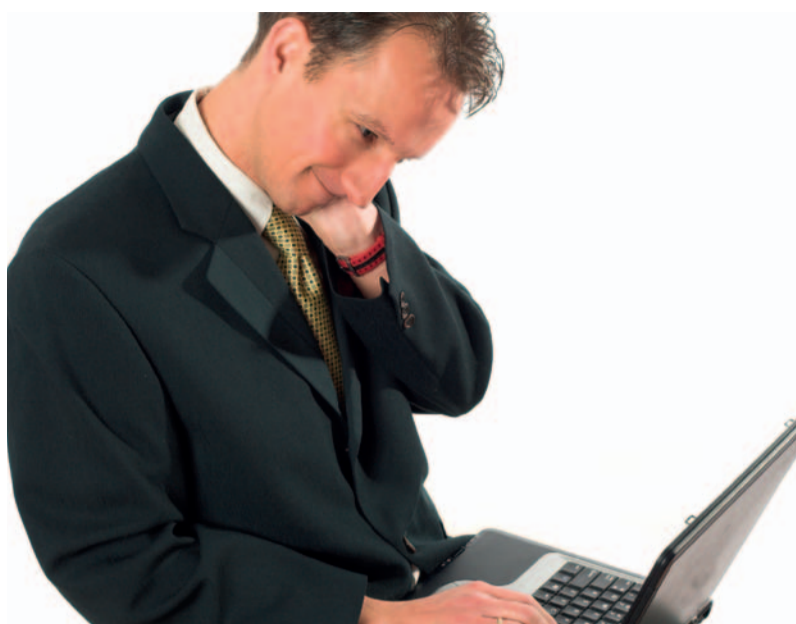
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International experience also points to the scale of the opportunity that telehealth presents. The Veterans Health Administration in the United States uses a telehealth service to meet the needs of a vast population across a wide geographical area and to manage conditions such as diabetes, chronic heart failure, stroke, depression and post-traumatic stress disorder. Across the US there are approximately 200,000 telehealth users in total.

#### Who benefits and how?

In short telehealth at scale will benefit patients, the NHS and taxpayers. The aim of telehealth is to enable a shift in the provision of care from the hospital to the community; ensuring care remains clinically effective while helping to reduce costs. Telehealth ensures the best use of taxpayers' money in the way healthcare is provided by linking GPs, community staff and hospital clinicians together in support of individual patients. The evidence due out from the WSD trial this month will outline these benefits in greater detail.

#### Patients

Evidence, including research from The Health Foundation, suggests patient outcomes can be greatly improved through increased patient engagement in their own care, which is exactly what telehealth enables. When done right telehealth does transform people's lives by allowing patients to take greater control of their own health and it improves their quality of life. It also provides patients with a direct support connection with their clinical carers knowing that their vital signs can be monitored remotely and that carers can intervene to prevent their condition worsening by evaluating trends in patients' vital signs.

Telehealth can help patients communicate more effectively with care professionals and lead to an improved understanding of their symptoms and the sequence of decisions made to address them. For example, feedback from patients about their use of telehealth at the Halton and St Helens Division of Bridgewater Community Health Services, showed 85% believing it led to greater understanding of their condition, whilst 79% reported increased satisfaction as a result of improved health management.

#### GPs

Deploying telehealth services more widely will require an acceptance by GPs that such services make a significant contribution to the welfare of a select group of their patients who place a high demand on their resources and those of the wider NHS community.

Through risk stratification GPs can identify those patients in their practice who have LTC that could be better supported if telehealth were adopted. This could enable GPs to manage practice time and increase appointment capacity. Data from telehealth services would be available to better inform them of a patient's status, e.g., to allow them to monitor the impact of a change in medication.

Dr Richard Berkley, a GP and clinical lead for The Orchard Medical Centre, is using telehealth services in his practice and has observed measurable reductions in hospital admissions (46%), A&E visits (67%) and visits to the GP surgery (16%) by using telehealth solutions to manage heart-failure patients in their homes.

From his own experience Dr Berkley noted that there is a "steep learning curve to understand the equipment, establish robust processes for deploying it and capturing the information received... [and] integrating the project into our daily routines. Once this was under control – using robust clinical governance procedures – the telehealth system became a very useful clinical tool."

These positive experiences are not unique, across England we see similar benefits being captured. In NHS South East Essex a telehealth installation involving 65 COPD patients delivered similar reductions: 75% in A&E visits, 83% in hospital admissions, and 56% in GP visits.

#### Commissioners

The new Clinical Commissioning Groups (CCGs) will benefit significantly by contracting for telehealth services, particularly since CCGs are faced with the challenge of optimising the use of their budgets to purchase the best

care for their patient population.

CCGs will see a reduced number of unplanned incidents requiring out of hours calls and visits, 999 calls and A&E attendances, and inpatient episodes, thereby reducing the cost impact on CCG contracts. Telehealth will provide an enhanced level of support for those with LTC without additional resources and without increasing the cost of care. CCGs will also have the opportunity to stipulate within contracts a specific level of service that is directly related to the quality and performance/outcome agenda.

#### Clinically driven telehealth uptake

Despite the positive experiences of telehealth across England it is still not gaining as much traction as it should. Only a lucky few are benefiting from these services. As a result, the majority of those who could benefit from telehealth services are not given the choice or access to such solutions.

Nick Goodwin of the King's Fund said "even if they prove overwhelmingly positive, the ability to embed new technologies to support people with both health and social care needs is unlikely to meet its full potential unless the system itself accepts the need to change. The challenge is to develop integrated care services based on stronger collaboration between professionals and better coordination of services. New technologies are but tools, and they will not become the 'game changer' in the way care is provided until there is a willingness amongst various stakeholders to embrace new ways of working."

To mainstream telehealth we have to remove barriers and ensure its uptake is clinically led. The Health and Social Care Bill is set to remove barriers to integrated care by aligning payments to outcomes. This would give CCGs real potential for ensuring that commissioning is aligned with optimised long-term health management. A financial incentive for providers should result in providers redesigning services into the

community away from more expensive care settings in order that they can achieve this quality payment.

Savings made from telehealth should be made available for reinvestment at the frontline, for example, through more productive urgent care, and cheaper and automated services that complement the overall service.

Equally important telehealth needs clinical buy-in to reach the scale where benefits will be maximised and costs driven down. Clinical education on this area is important to ensure GPs and nurses understand this is not about replacing them or others; it's about them being able to deliver better care through new ways of working. Clare Gerada, Chair of the Royal College of GPs, said: "it should be about redesigning services to better use of remote technology and e-technology... [so that we] can have more GPs in the community... But it really requires national leadership." Industry can design the technology but it is the users – GPs, health professionals and patients – that help shape the use and uptake.

The technology industry is gearing up to deliver telehealth solutions at scale, working together with other health technology and services suppliers to ensure that the industry can deliver when called upon. Intellect is supporting the Department of Health and NHS clinicians and managers to set out plans for how telehealth can be rolled-out to the millions of patients who could benefit from it and is calling for national clinical leadership to take this forward.

In every other area of our lives, technology has changed the way we live. Technology has a big part to play in changing the way we deliver healthcare and telehealth presents a convincing opportunity to help make the NHS sustainable and improve care.

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## Nicholson's NCB authority 'obsessed' by best care

By Norma Beavers

Sir David Nicholson, NHS Chief Executive, is to push Clinical Commissioning Groups to their limits in a bid to deliver a better health care system. Beginning work in earnest at the NHS Commissioning Board Authority, Nicholson said, "Putting patients at the heart of all we do means we must be obsessed with improving quality outcomes, obsessed with involving patients at every stage of organisation and service development and obsessed with the availability of clear and accessible information. Only then can we create a system that offers real choice and control to patients."

The NHS Commissioning Board Authority is working with Clinical Commissioning Group leaders, GPs and the Department of Health to agree "the method for establishing, authorising and running clinical commissioning groups." The Board Authority, which is a special health authority, is the shadow form of what will eventually become the NHS Commissioning Board, subject to the successful passage of the Health and Social Care Bill 2011 through Parliament.

The Board Authority will spend the next year focusing on designing "an innovative business model" for the NHS Commissioning Board. The intention is to "put patients and clinical leadership at its heart," said Nicholson. The Board Authority will also set up the infrastructure and organise the resources to allow the NHS Commissioning Board to operate as an independent body beginning in October 2012, subject to the successful passage of the Health and Social Care Bill 2011 through Parliament.

Nicholson said: "Building this new system over the next two years, while delivering for our patients, increasing productivity and improving the quality of care, is a major challenge. But I firmly believe that what we are trying to achieve – a stronger, more innovative and more coherent commissioning system – will be critical to sustaining the NHS in years to come."

The key role of the new Board will be to improve patient outcomes by supporting, developing and performance managing an effective system of clinical commissioning groups, he said.



Sir David Nicholson

The Board will also take responsibility for commissioning services that "can only be provided

**"Subject to successful passage of the Health and Social Care Bill 2011 through Parliament, the NHS Commissioning Board looks set to become fully operational on 1 April 2013"**

efficiently and effectively at a national or a regional level," he said. Nicholson added: "Using the £80 billion commissioning budget to secure the best possible outcomes for NHS patients" is the mission that should drive all CCGs.