Telehealth and Telecare

Decision ☒ Discussion ☐ Information ☐ Follow up from last meeting ☐

Report author: Sarah Pickup, Director of Health and Community Services, Hertfordshire County Council
Phil Crossley, Asst Director of Strategic Planning, NHS Hertfordshire

Report signed off by: Lelsey Watts

Purpose of the paper:
To update the board on the high level outcomes from the national whole system demonstrators (WSD) and to test the appetite for collaborative work to see if benefits can be delivered in Hertfordshire

Recommendations to the Board:
1. To consider and advise on further action, if agreed.
1. Background

The NHS Operating Framework for 2012/13 sets out the challenge of transforming care for people with long term conditions (p15). Particular attention is given to the opportunities presented by whole system implementation of telehealth and telecare as follows:

"Telehealth and telecare offer opportunities for delivering care differently but also more efficiently. Use of both of these technologies in a transformed service can lead to significant reductions in hospital admissions and lead to better outcomes for patients. Using the emerging evidence base from the Whole System Demonstrator programme, PCT clusters working with local authorities and the emerging CCGs should spread the benefits of innovations such as telehealth and telecare as part of their ongoing transformation of NHS services. They should also take full consideration of the use of telehealth and telecare as part of any local reconfiguration plans."

2. Telehealth care has proven particularly effective in monitoring and better meeting the needs of people with long term conditions who account for 70% of NHS expenditure and frequently experience worse health outcomes than the general public.

3. Local Context

In Hertfordshire there has been relatively little use of telehealth to date and whilst the use of telecare in relation to social care support is growing there is a way to go before full potential benefits can be realised.

4. As part of the work it is doing with SERCO to improve customer services and access, the county council is planning to work up a business case for significantly increasing the use of telecare in order to maintain people’s independence and reduce the need for ongoing support. The council believes that the use of telecare will enhance the outcomes achieved through enablement homecare both for step-up and step down care. SERCO has linked up with Tunstall, a major telecare provider already operating in the county to help with the production of this business case.

5. Given the evidence from the Whole System Demonstrator work around the benefits of telehealth, the focus in the operating framework and the
need to improve outcomes and reduce the costs of healthcare for people with long term conditions in Hertfordshire; the County Council and the PCT would like to suggest that the business case being worked up should be extended to include a look at the potential benefits of a system wide use of telehealth across our population. Very early estimates based on Hertfordshire data, suggest that over £1million could be saved through reduction in A & E attendances and emergency bed days that relate to four major long term conditions. (see figures appended to this report). The full extent of potential savings would be identified through outline and then detailed business cases.

6. The need for a call centre, response service and access to equipment will be common to both telecare and telehealth and there would seem to be merit in pursuing these together, though any business case would need to be able to look at the impact of each separately as well.

7. **Potential for local exploratory work**

   The Council and the PCT would like to seek the views of the CCGs in Hertfordshire on a proposal to work up a business case for a whole system implementation of telecare and telehealth. SERCO and Tunstall would bring their expertise to the table in pulling the case together and we would look at a variety of possible commissioning/procurement routes including risk and reward, use of section 256 agreements etc.

8. There are a range of stakeholders who would need to be engaged in this work including HCT and the acute trusts but the process needs to be led by commissioners and the decision about the business cases would be for the council and the CCGs to make. To take the work forward we would propose forming a working group comprising Tunstall, Serco HCC and the PCT (in their commissioning support role) /CCG representatives. We would also want to establish a reference group including GPs and patients/service users and we would need system wide engagement to consider the process changes needed and impact on other services if telecare and telehealth were widely rolled out.

9. The Good Governance Institute have produced a short document targeted at CCGs, the wider NHS and health and wellbeing boards to support the debate about implementing telehealth, and a copy is attached to this report to provide some background, some key facts and potential stages for implementation. This is drawn from a longer report which is referenced in the document.

10. Progress and outcomes from this work can be monitored and shared with CCGs as well as individual practices using the newly commissioned Care Trak software.
11. Investment required to develop and take forward the business case will be assessed in the development of the outline business case but is not likely to be significant. Any cost of business case development could be funded initially through the 2011/12 winter pressures funding provided through the PCT for social care.

12. Next Steps

The board is asked to consider whether this is an area of work they would wish to see developed further and if so agree that work is undertaken to develop an outline business case, to demonstrate viability.

Sarah Pickup                                      Phil Crossley
Director of Health and Community Services         Asst Director of Strategic Planning
Hertfordshire County Council                       NHS Hertfordshire
### APPENDIX 1

**High level Hertfordshire NHS Long Term Conditions Activity Data**

<table>
<thead>
<tr>
<th>LTC</th>
<th>Total patients creating all E&amp;G admissions</th>
<th>Total number of all E&amp;G admissions</th>
<th>Total excess E&amp;G bed days</th>
<th>Total E&amp;G bed days (including excess bed days)</th>
<th>Average E&amp;G length of stay (column 2) / column (1)</th>
<th>Total number of all A&amp;E attendances - estimated</th>
<th>Total number of all Ambulance call-outs - estimated except for diabetes</th>
<th>Total cost of all A&amp;E appointments (PbR and non-PbR)</th>
<th>Total number of all Outpatient appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>1218</td>
<td>2573</td>
<td>845</td>
<td>2379</td>
<td>9.2</td>
<td>15907</td>
<td>9190</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>HF</td>
<td>810</td>
<td>1587</td>
<td>624</td>
<td>1861</td>
<td>13.4</td>
<td>18046</td>
<td>11048</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>403</td>
<td>550</td>
<td>250</td>
<td>727</td>
<td>12.1</td>
<td>3800</td>
<td>1193</td>
<td>n/a</td>
<td>1852</td>
</tr>
<tr>
<td>CHD</td>
<td>381</td>
<td>964</td>
<td>142</td>
<td>794</td>
<td>8.1</td>
<td>18308</td>
<td>11044</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

- **Admissions in year 1**: 1-2.4-5-9-10-11-15
- **No of patients**: 1646-1187-125-12

**Key**
- Total spells not episodes (as episodes have no cost attached). These analyses were done before removing duplicate patients; so patients could be counted in more than one spell, and under a number of conditions.
- Payment by Result (PbR) and non-PbR have been used, non PbR is not charged for.
- Where a patient was included in more than one spell for more than one condition, the spell with the earliest date was used (as specified under ‘General’) and then the condition was randomly chosen.
- Since 67% of A&E Attendances are not coded for diagnoses, these have been estimated by working out the general proportion of A&E attendances that become emergency admissions. This was then added to the emergency admissions.
- This was then added to the emergency admissions to estimate A&E attendances, and an average cost applied to these numbers.
- Ambulance call outs were also estimated in a similar method to A&E attendances, except diabetes where actual data was available.

<table>
<thead>
<tr>
<th>LTC</th>
<th>Total cost of all E&amp;G admissions</th>
<th>Total cost of excess E&amp;G bed days</th>
<th>Total cost of all A&amp;E attendances - estimated</th>
<th>Total cost of all Ambulance call-outs - estimated except for diabetes</th>
<th>Total cost of all Outpatient appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>£4,280,088</td>
<td>£185,205</td>
<td>£4,461,293</td>
<td>£1,461,049</td>
<td>£2,251,921</td>
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<tr>
<td>HF</td>
<td>£2,430,012</td>
<td>£125,979</td>
<td>£2,556,011</td>
<td>£1,291,500</td>
<td>£1,021,556</td>
</tr>
<tr>
<td>Diabetes</td>
<td>£1,162,898</td>
<td>£36,097</td>
<td>£1,198,995</td>
<td>£1,198,995</td>
<td>£342,580</td>
</tr>
<tr>
<td>CHD</td>
<td>£1,162,898</td>
<td>£36,097</td>
<td>£1,198,995</td>
<td>£1,198,995</td>
<td>£342,580</td>
</tr>
</tbody>
</table>

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This document includes data on high-level Hertfordshire NHS Long Term Conditions Activity Data, focusing on patients with COPD, HF, Diabetes, and CHD. The data covers a range of outcomes including hospital admissions, bed days, and outpatient appointments, along with estimated costs associated with these activities. The data is presented in a structured format, with columns detailing patient numbers, spell duration, and estimated costs, along with key notes on methodology and assumptions used in the analysis.
<table>
<thead>
<tr>
<th>LTC</th>
<th>Total number of A&amp;E attendances (estimated)</th>
<th>Total number of emergency admissions</th>
<th>Total emergency bed days (incl excess bed days)</th>
<th>Total costs (estimated A&amp;E attendances) (£k)</th>
<th>Total costs (admissions plus excess bed days) (£k)</th>
<th>Total saving if WSD applied (£k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>15,207</td>
<td>12,926</td>
<td>2,575</td>
<td>2,060</td>
<td>23,796</td>
<td>20,465</td>
</tr>
<tr>
<td>CHF</td>
<td>18,348</td>
<td>15,596</td>
<td>1,081</td>
<td>18,071</td>
<td>15,541</td>
<td>295.40</td>
</tr>
<tr>
<td>DM</td>
<td>3,206</td>
<td>2,725</td>
<td>477</td>
<td>7,217</td>
<td>6,207</td>
<td>271.77</td>
</tr>
<tr>
<td>CHD</td>
<td>18,358</td>
<td>15,604</td>
<td>768</td>
<td>7,947</td>
<td>6,834</td>
<td>1,030.80</td>
</tr>
<tr>
<td>Total</td>
<td>55,119</td>
<td>46,851</td>
<td>5,482</td>
<td>4,386</td>
<td>57,031</td>
<td>49,047</td>
</tr>
</tbody>
</table>

Date: 2/2/2012
APPENDIX 2

Board Assurance Prompt – Implementing telehealth services

(See attached document)