

By: Graham Gibbons, Cabinet Member, Adult Social Services
Oliver Mills, Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview and Scrutiny Committee –
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Subject: **UPDATE ON THE WHOLE SYSTEMS DEMONSTRATOR
PROGRAMME (WSD) AND THE OUTCOMES OF THE KENT
TELEHEALTH PILOT**

Classification: Unrestricted

Summary: This paper provides an overview of Advanced Assistive Technology (AAT) in Kent and a summary of the Outcomes of the Kent Telehealth Evaluative Development Pilot. The paper will also update Members in respect of the Whole Systems Demonstrator Programme (WSD).

Introduction

1. (1) People with Long Term Condition (LTCs) use a disproportionate amount of health and social care services and are frequent users of unplanned hospital visits and unscheduled bed days of care. The number of people with LTCs who have social and health needs is increasing in Kent, nationally and internationally. In 2009 the Department of Health estimated that by 2025 there would be 42% more people in England aged 65 or over. Based on current figures they calculate that this “will mean that the number of people with at least one LTC will rise by 3 million to 18 million” (DH2008a).

(2) In an increasingly difficult financial climate the potential for Advanced Assistive Technology (AAT), such as telecare and telehealth, must play a central role to support self care and improve the quality of life for people with LTC and their carers. Working with NHS partners, KCC has to take the lead nationally in making this a reality in Kent.

(3) Telecare is a combination of a receiver unit which plugs in to the main telephone line and a selection of remote sensors which, when triggered, communicate with the receiver unit which in turn sends an alert to the 24 hour monitoring centre. On receipt of an alert the monitoring centre will determine which response is best that may be a telephone call, a visit by the carer or emergency services. Typically the range of sensors installed for most service users are: receiver unit, pendant, falls detector and a smoke detector. Additional items such as bed and chair sensors, flood detectors and epilepsy sensors may be offered to meet user needs.

(4) Telehealth enables people with LTCs such as lung disease, heart disease or diabetes to take their own health measurements in their own home. The equipment consists a monitor and as set or peripherals such as scales, blood pressure machine depending on which LTCs the individual has. The service user will take their measurements and the monitor saves them until all activity has been completed and then it transmits them down the telephone line to a secure server. The nurse, GP or community matron caring for the person may access the readings as soon as they are transmitted

enabling them to review trends and act to changes in data by intervening as appropriate either with a telephone call or a visit.

(5) Telecare helps with the following:

- Remain safely in their own homes
- Assist in the process of hospital discharge
- Prevent admission to hospital, nursing or residential homes
- Support falls and accident prevention strategies
- Provide support for carers

(6) County Council Members and the former Director of Social Services, (Peter Gilroy), recognised that Telecare could play a key role in meeting these key objectives for Kent residents, and invested £2m in a telecare project. This amount was further boosted by the Preventative Technology Grant introduced by the Local Authority Circular (LAC) (2006)5.

(7) Telehealth enables people with LTCs to self manage at home. In 2004 a commitment of £1m from KCC was made to developing the Kent TeleHealth pilot, Kent County Council led this project in partnership with 5 PCTs.

(8) In 2007 Kent County Council led a successful bid to lead one of the three Whole Systems Demonstrator projects introduced by the White Paper Our health, our care, our say (2006). The bid was successful due to the strong partnership commitment demonstrated between KCC and its partners NHS Eastern and Coastal Kent and NHS West Kent through the earlier pilots. Kent recruited 2103 participants to the programme:

- 449 Telecare group that received equipment straight away
- 631 TeleHealth group that received equipment straight away
- 437 Telecare group that received usual care for a year
- 586 TeleHealth group that received usual care for a year

Advanced Assistive Technology Activity in Kent

The Original Kent Pilots

2. (1) The original Telecare pilot started in Maidstone and was rolled out across six districts in total Swale, Maidstone, Tonbridge & Malling, Gravesham, Shepway and Ashford. The number of service users at the height of the trial was in excess of 1000 with the majority of users being in the first six areas of engagement. No recruitment has been made to the original pilot since the award of WSD and the resultant cohort is circa 630 users. An evaluation was commissioned from the Centre for Health Service Studies (CHSS) based in the University of Kent, the results were published in the document *Piloting Telecare in Kent County Council: The Key Lessons 2006*.

(2) The Kent Telehealth pilot started with 5 PCTs; Shepway, Maidstone & Weald, Ashford, SW Kent and Dartford and Gravesham and was rolled out through GP practices with support from two champion GPs. The pilot was taken through Health Ethics and used validated research tools and scoped the views of carers. 250 service users were

recruited with an even geographical distribution of 50% across both East and West of the County. Attrition rates have been low and no recruitment has been made to the original pilot since WSD started resulting in the current cohort being circa 170 users. The Kent TeleHealth Evaluative Development Pilot was highly successful and the report shows:

- that savings in hospital bed days, visits to accident and emergency, GP contacts and GP home visits were made;
- that the quality of life for patients and carers significantly improved; and
- service efficiencies were made with new ways of working.

(3) A summary of the outcomes is attached at Appendix 1 and a copy of the Executive Summary or a copy of the full Report is available on request.

Whole System Demonstrator (WSD)

3. (1) Telecare provided under WSD consists of the core four items of equipment: receiver (base) unit, smoke detector, falls detector and pendant. The core 4 items being the minimum telecare equipment installed and the assessment providing for other sensors as required. Provision is County wide with the spread approximately 75% in East and 25% in West.

(2) Telehealth provided under WSD for the intervention group is an updated model of the equipment used in the original Kent Pilot. Provision is county wide with the spread 75% in East and 25% in West of the County.

Current status

3. (1) Under the WSD Programme we are obliged to offer all control participants technology. With the exception of a few who we are unable to contact, all WSD participants in the control group have been offered either telecare or telehealth as appropriate. The acceptance rate for telecare is 44% and 20% for telehealth.

(2) For those participants in the control group who accept telehealth they will keep the equipment for a period of 6 months during which time it is anticipated that they will embed self management techniques. This will be supported by the PCT who will provide disease management information. After six months the equipment will be deinstalled and recycled.

(3) A review of the telehealth intervention group will be undertaken and those not meeting the criteria for community matron or specialist nurse (eg heart failure) case load will be taken through the same six months 'step down' process as the control group.

(4) All those who were in the intervention group and already have received telecare will keep the equipment for as long as it is useful or other circumstances prevail. This group will be reassessed during the next five months and any additional equipment provided where appropriate.

Mainstreaming

4. (1) All participants from both the telecare and telehealth pilots and all WSD participants who have equipment will be transferred to front line teams by March 2011.

(2) Proposals to integrate telecare and telehealth equipment in to the Community Equipment Stores (a partnership between Health and Social Care) will be developed over the next couple of months.

(3) In light of the outcomes of the Kent Telehealth Pilot we are working very closely with both NHS West Kent and NHS Eastern and Coastal Kent to ensure that telehealth is embedded in to care pathways as a standard. In addition the following activities have been or will be undertaken by the WSD Core Team:-

- Worked with the teams delivering community nursing services to develop a set of telehealth competencies that will form part of the core skills of each community nursing post;
- Currently working very closely with our PCT colleagues to review care pathways and integrate appropriate telehealth technology in to them;
- With PCT colleagues look at introducing telehealth in to prisons, nursing homes. Maternity services, schools and other appropriate environments.
- Jointly with PCT colleagues we have started the process of engaging GPs in readiness for their new commissioning responsibilities.

(4) In respect of telecare we will be looking at all aspects of the service (especially monitoring and response services) to ensure that all agencies such as fire, police and out of hours services are linked in.

- Work with KASS and PCT colleagues to embed telecare in to hospital and community nursing care pathways.
- Work with KASS colleagues to develop a set of telecare competencies that will support workforce development.

(5) In the medium term we will be considering how we may provide different types of Advanced Assistive technology to best support the citizens of Kent.

Recommendations

5. Members are asked to NOTE the content of this report.

Hazel Price
Programme Manager
Kent Whole Systems Demonstrator Programme
Tel: 01622 221792 (VPN 7000 1792)
hazel.price@kent.gov.uk

Background documents: None

Summary of the Outcomes of The Kent TeleHealth Evaluative Development Pilot

Kent County Council in Partnership with NHS West Kent and NHS Eastern and Coastal Kent undertook this innovative and ground breaking pilot. The Pilot, with 250 participants, was the largest trial in Europe at the time ran from March 2005 to December 2007.

This highly significant telehealth pilot sought to improve the 'Quality of Life'; to both empower and improve choice whilst supporting independence.

Summarising briefly, we found that telehealth:

- ❖ **Brings piece of mind to patients and carers. Some patients and carers experienced life changing positive outcomes.**
- ❖ **Reduced unscheduled hospital appointments and A&E visits.**
 - Regular monitoring showed a reduction of 77 A&E visits and 849 bed days of care for people contributing to the data over six months.
- ❖ **It is estimated that over a six month period in 2006/7 the telehealth intervention saved on average £1,878 per patient.**
 - The confidence interval ranged from a saving of £2,718 to a saving of £1,038.
 - This figure is statistically significant at the 0.01 level which means we are 99% confident that the savings fall between these two figures.
- ❖ **Generates service and system efficiencies.**
 - In one site, the majority of patients who had complex conditions received telehealth, therefore bringing about a change in working practices.
- ❖ **Supports independence and self management**
- ❖ **Patients completed self reported health outcomes questionnaires. There was a statistically significant improvement in the physical and general health component summary scores.**
 - The highest scores are where general health increased by 5.4. and the physical health increased by 8.7. A score of over 4 is considered to be significant and such a high score is clinically significant.

The full report may be found at:

http://www.kent.gov.uk/adult_social_services/social_services_professionals/partnerships_and_projects/whole_system_demonstrator.aspx