Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 111

Organisation name: Tunstall Healthcare

Type of response: Document
Tunstall

Response to NHS Chief Executive Innovation review

Introduction

Tunstall welcomes the opportunity to engage with the NHS Innovation Review. As the world’s leading provider of telehealthcare solutions supporting patients and older people to manage their conditions and needs at home, Tunstall has been at the forefront of innovation in health and social care for the last fifty years.

Our mission is to provide market leading telehealthcare solutions which play a pivotal role in managing the health and well-being of people around the world.

Given the social and demographic pressures the NHS is facing it has never been a more important time for the health service to innovate and develop the way it delivers services to patients.

This is particularly true in the case of long term conditions management. Long term conditions account for 70% of the NHS budget and by 2025 it has been estimated that there will be 18 million people in England who will have one or more long term condition.

How we better manage patients with such conditions will be the ultimate test for the modern NHS, which despite progress is still set up mainly to deliver care in acute and secondary settings and care that is fragmented across the patient pathway.

The Government’s health and social care reforms present a real opportunity to change the way in which care for long term condition patients is delivered and Tunstall welcomes the focus of the reforms on:

- Clinical commissioning
- Increased integration
- Greater patient involvement
- More patient choice

However in order that the new operating environment supports innovation and in order that the ambitions of the reforms are realised, there will need to be concerted action by the Department of Health and government in order to ensure that new methods of care delivery, such as telehealthcare, are implemented by local commissioners and that patients and the health service more broadly are allowed to benefit from these innovations.

Our response to this review is structured in two sections, reflecting the call to evidence request:

Section 1: Case studies - This section provides examples of where telehealthcare is delivering innovation and key aspects of the Government’s reform agenda including productivity and quality improvements and improvements in integration.

Section 2: Barriers to innovation and proposed solutions – This section outlines some of the barriers to the delivery of telehealthcare in the NHS, particularly in relation to scalability. It goes on to outline
proposed solutions and actions for all those involved in the delivery of care for long term conditions patients including the Department of Health, wider government, the NHS Commissioning Board, the NHS and others.

Information about telehealthcare and Tunstall is included in an appendix.

Section 1: Examples of telehealthcare’s ability to deliver innovation

The use of telehealthcare in helping patients with conditions such as chronic obstructive pulmonary disease, chronic heart failure and diabetes to better manage their condition at home, has the potential to result in savings to the health service, as a result of fewer hospital admissions and benefit to patient outcomes through earlier interventions.

Where telehealthcare has been introduced it has resulted in real innovations in the way health and social care services are delivered to patients with long term conditions. A survey of 200 patients currently using telehealth in North Yorkshire and York shows that 96 percent of them would recommend the technology to others, with 98 percent being either ‘satisfied’ or ‘highly satisfied’ with how it’s helping them manage their long term health condition.

Included below are case studies of the ways in which telehealthcare has helped deliver innovations in the delivery of health and social care services (relevant links to supporting documentation have been included where available).

Innovation 1: Care pathway redesign

NHS North Yorkshire and York was the first NHS commissioner to redesign care pathways for long term conditions patients with the associated implementation of telehealth.

The PCT has prioritised seven strategic initiatives from the five year Strategic Plan ‘Healthier Lives’ to support the delivery of quality and productivity opportunities across the whole health economy.

The development of care pathways for long term conditions and the associated implementation of the telehealth programme is a key priority within the PCT’s Strategic Plan. The new pathways will underpin commissioning arrangements in 2011/12 and PCT has redirected the flow of funds through the pathway to ensure that resource is allocated appropriately. This should ensure the delivery of quality and productivity benefits.

The care pathways have been redesigned to conform to NICE guidelines and map of medicines access arrangements. Telehealth is seen as an enabler for supporting patients within the redesigned pathway. The pathways have been distributed to GP practices, community teams, secondary care teams and other stakeholders and engagement visits to GP practices are continuing to present the new pathways to primary care clinicians.

Feedback from phase 1 of the project has shown that the introduction of telehealth has delivered a 40% reduction in non-elective hospital admissions and a further drop of 28% in A&E attendances and it is anticipated that such savings will be a key driver for delivering the overall quality and productivity targets.
The innovation undertaken by North Yorkshire and York in redesigning care pathways for long term conditions with the assistance of telehealth provides a model for commissioners for redesigning their services for long term conditions patients to improve patient care and efficiency in service delivery.

Link: http://www.tunstall.co.uk/assets/literature/Managing%20long%20term%20conditions%20-%20NHS%20North%20Yorkshire%20and%20York.pdf

Innovation 2: Creating new incentives

Gloucestershire has a population of more than 600,000 people with approximately 6,000 of those people living with a long-term condition (LTC). To meet this need NHS Gloucestershire is introducing telehealth for 2,000 patients with chronic obstructive pulmonary disease (COPD), chronic heart failure (CHF), chronic heart disease (CHD) and diabetes.

Tunstall is working with local clinicians across both primary and secondary care to redesign care pathways and implement clinical protocols which will see telehealth as a viable option for managing patients.

When introducing new technologies into the NHS one of the biggest barriers is costs and the structure of tariffs is crucial in enabling new technologies to flourish.

One of the ways in which Gloucestershire is looking to address this is through the development of innovative tariff arrangements through the commissioning for quality and innovation (CQUIN) scheme. By including the adoption of telehealthcare as part of quality incentives, commercial incentive is given to NHS organisations to make more rapid adoption of technologies and services that contribute to QIPP savings programmes. NHS Gloucestershire has attributed a portion of the CQUIN scheme with the local community provider to engage them on rapid rollout of a service to 2000 patients with COPD and CHF – which are a major factor in the current and projected financial pressures of the local health economy.

“For innovation to have an impact on NHS budgets, it must be done at scale. However, scale delivery brings both challenges and opportunities – at NHS Gloucestershire we are working in partnership with organisations to ensure our joint success through the sharing of financial and operational risk.” Linda Prosser, Locality Commissioning Director, NHS Gloucestershire


Innovation 3: Patient information and communication

Tunstall welcomes the Government’s plans to increase choice in the NHS and to deliver a revolution in the way that health information is collected and delivered to patients. NHS North Yorkshire and York, which is deploying 2,000 telehealth systems has created an online portal for patients, carers and clinicians to find out more about telehealth and its use. This patient facing information portal is an example of the information revolution in practice and includes:

- How telehealth works
- Patient case studies
- Frequently asked questions
• How an individual can get access to telehealth
• A contact portal for queries and comments

The portal provides a direct access point for patients with an interest in telehealth and acts as both an education and information tool. Other trusts who embrace innovative methods of service delivery should likewise consider the creation of such portals to engage with patients about new services.

Link: www.nyytelehealth.co.uk

Innovation 4: Strong leadership - GP engagement and clinical leadership

NHS Tameside and Glossop has recently deployed a fully-managed telehealth service for patients with COPD.

The Trust serves a population of 240,000 and has a high prevalence of people with long-term conditions living in the area. In 2009-2010, heart failure and Chronic Obstructive Pulmonary Disease resulted in 1,024 emergency hospital admissions for Tameside and Glossop. This alone equated to a cost of approximately £2.7m, which is predicted to rise to £3.5m annually over the next ten years.

The deployment of the telehealth service has been undertaken in close consultation with clinicians to ensure that its rollout has the support of local clinicians and is clinically led.

Kath Blackhall, Advanced Practitioner with the Long Term Conditions team has said of the deployment of telehealth: "As a team, we have reduced the frequency of some home visits, as patients feel supported by the monitoring process, and patients are also reassured that if problems do arise, one of our clinicians will be in contact and arrange a visit if necessary. Members of the team who have responded to telehealth generated visits, report they were highly appropriate. Frequent patient monitoring has identified subtle deteriorations in clinical parameters which has prompted an earlier intervention. In addition, undiagnosed pathology has been managed and/or referred to the appropriate clinician. Remedial treatments such as changes to medication have benefitted patients enrolled."

The example of Tameside and Glossop shows the potential of greater clinical engagement in commissioning and provides a good model for clinical commissioning groups looking to deliver innovations in the delivery of care for patients with long term conditions.

It will also be important that where clinical leaders are leading the way in terms of delivering innovative solutions that this best practice is shared widely and there will be an important role for both the NHS Commissioning Board and local clinical leaders in ensuring that this is the case.


Innovation 5: Integration of health and social care

The Government’s health and social care reforms stress the importance of better integrating health and social care to improve outcomes for patients and deliver efficiencies in the delivery of care.
New technologies such as telehealthcare are well placed to help deliver this integration and Tunstall is working with Walsall Metropolitan Borough Council to better integrate health and social care services, that are helping to deliver benefits to patients and commissioners.

39% of households in Walsall have a long term condition and the commissioning costs for managing emergency admissions, ambulance call outs and outpatient appointments relating to this group has been estimated to cost £12.9 million a year. Walsall is using new technologies such as telehealthcare to help better manage patients with long term conditions in the community, thus reducing pressures on health and social services.

Walsall is pooling a £2.5m investment in telehealthcare between the health service and the local authority over the next two years and seeks to generate a three fold return on this investment over the next five years. The experience of Walsall demonstrates the importance of real partnership working to ensure the better integration of health and social care services.

The innovative approach adopted by Walsall provides a model that should be adopted by new health and well being boards as they look to be the fulcrum for delivering greater integration in the new world.

Link: http://www.tunstall.co.uk/assets/literature/Walsall%20case%20study_FINAL8.7.11%20low%20res.pdf

Innovation 6: Risk sharing models

Risk Sharing

The Walsall model above of sharing funding across health and social care is one example of innovation in risk sharing to address the issues associated with the upfront costs of introducing new innovations and technologies in the delivery of care and support to patients with long term conditions.

Another way to address this is through the adoption of longer term views on investments. NHS Gloucestershire as part of its adoption of telehealth has subscribed to a three year risk sharing deal. This agreement allows NHS Gloucestershire to share the risk of investment and service change with Tunstall Healthcare, with Tunstall reducing fees and undertaking a joint guarantee of volumes against a target of reduction in unplanned admissions to hospital.

This joint commercial approach represents a new model of public and private sector financial partnership to meet the challenges that the rise in long term conditions present on the UK economy.


Innovation 7: Reward individuals who undertake effective performance management

In order for innovation to be mainstreamed it is critical that where innovations are proven to work they are adopted as best practice in the delivery of care.
North Yorkshire County Council is using telecare to help deliver improvements in the care of social care service users in the community. In its first year of adoption telecare has helped saved £1million that would have been spent on domiciliary or residential care.

One of the main reasons why telecare is effective in North Yorkshire is that its use is performance managed and is part of the supervision and appraisal of social care staff. Staff are trained regularly on the latest technology and telecare is part of the standard care management - with all individuals who are assessed for social service support considered for telecare, ensuring that it is introduced both appropriately and broadly. The council also has four dedicated telecare co-ordinators who support the embedding of processes and practices into the Directorate practice. The council has also embedded telecare into its future commissioning strategy and has set targets for increasing the percentage of packages including telecare by 15% annually.

North Yorkshire County Council’s approach shows the benefits of using performance management amongst its social care staff to drive the broader uptake of new technologies, such as telecare which result in the more effective and efficient delivery of health and social care services.

Link: [http://www.tunstall.co.uk/assets/literature/647-NYCC%20Case%20Study.pdf](http://www.tunstall.co.uk/assets/literature/647-NYCC%20Case%20Study.pdf)

**Section 2: Barriers to innovation and proposed solutions**

The Government has taken some positive steps in relation to caring for people with long term conditions more effectively, most clearly seen through the creation of a new re-ablement fund, which is due to rise to £300m in 2012/13.

However in order to realise the ambitions of its agenda and allow innovation to flourish the government needs to establish systems and processes to make it easier for health and social care commissioners to commission new technologies and services such as telehealthcare, to evaluate its results and to ensure better value for money for service delivery.

The forthcoming publication of the Whole Systems Demonstrator project, covering 6,000 telehealthcare users provides an opportunity for the Government to realise the potential of telehealthcare and create a policy framework that is supportive of its introduction.

The below, sets out a series of recommendations for the Department of Health, government and the NHS both nationally and locally which if implemented would assist in the development of such a framework and help break down the barriers to innovation in the current system.

**Making it easier for commissioners to commission telehealthcare** – Commissioners face several challenges when considering whether to commission telehealthcare, particularly a lack of support on how to effectively commission the service. The following would help address this:

**Recommendation 1:** The new NHS Commissioning Board should develop a commissioner support pack for telehealthcare to help commissioners keen to commission the service

**Recommendation 2:** A national clinical lead should be established to support commissioners in implementing efficient and effective telehealthcare
**Fair and efficient reimbursement**—Telehealthcare providers are bringing innovative funding models to the market, including monthly payment models, to bring down front capital costs and break down capital spending barriers. Tariffs should be reformed to encourage better preventative methods of care, paying providers for the delivery of quality care rather than activity. Joint funding between local authorities and health commissioners will also be important to break down existing barriers and new health and wellbeing boards will have a crucial role to play in the delivery of these models.

*Recommendation 3: A model tariff should be developed based on existing experience. In order to avoid the mistakes of the past, the tariff should be based on quality rather than activity*

*Recommendation 4: The NHS Commissioning Board should develop Commissioning for Quality and Innovation (CQUIN) indicators which incentivise caring for people closer to home when it takes over responsibility of the framework planned for April 2012*

*Recommendation 5: Commissioners should account fully for their proportion of spending of the Government’s new reablement fund*

*Recommendation 6: New health and wellbeing boards should develop and encourage joint funding models for preventative technologies*

**Integration with broader service delivery**—To date the commissioning of telehealthcare services has been conducted in silos and in isolation from existing service provision, undermining the ability to proper integrate telehealthcare into broader service delivery. Plans for a further Assisted Living regional project are thus likely to be ineffective in mainstreaming the service and realising its potential. In order to address this:

*Recommendation 7: NICE should reflect telehealthcare in new NICE quality standards for relevant conditions (eg COPD, CHF)*

*Recommendation 8: In order to ensure that telehealthcare supports patient pathways, clinicians should be involved in the design, implementation and delivery of telehealthcare services with local commissioners*

**Evidence on outcomes and data collection**—The evidence from existing telehealthcare projects is disparate and reflects the piecemeal rollout of the technology to date. The conclusion of the Whole Systems Demonstrator programme coupled with the Government’s forthcoming Information Strategy provide an ideal opportunity to create a compelling evidence base for telehealthcare, which should be seized as follows:

*Recommendation 9: Evidence from the Whole Systems Demonstrator sites should be published quickly and an evidence portal created for commissioners to access the results*

*Recommendation 10: Commissioning support packs for telehealthcare should make clear the data requirements from telehealthcare providers and associated with the model contract*

**Appendix**
Established in the UK in 1957, Tunstall Healthcare Group is the world's leading provider of telehealthcare solutions. Operating in more than 30 countries and employing over 1000 people, Tunstall supports 2.5m people around the world.

Tunstall's philosophy is simple - to protect, support and care for people - by providing healthcare technology and services that enable anyone requiring support and reassurance, such as older people or those with long term needs, to lead an independent life with dignity and reassurance.

Widespread evidence of efficiency and quality of life gains exist today (see evidence) - the benefits are undeniable. Telehealthcare can dramatically improve the lives of people as well as their carers and is an enabler for re-engineering of health and social care provision whilst creating an integrated healthcare pathway.

**What we do**

Tunstall provides complete and fully-integrated telecare and telehealth solutions for home, assisted living and specialist care environments, hospital communication systems, associated support services, response centre software systems and monitoring services.

- Telecare is the real time, 24 hours a day monitoring of risks to a person's independence.
- Telehealth status monitoring captures body vital-signs measurements and health surveys for individuals with assessed needs.
- The resulting sets of information can be processed and combined in single views of client data, to enable triage services and early interventions.

**Telehealthcare delivers:**

- Improved personal outcomes
- Improved quality of life
- Economic efficiencies
- Sustainable health and social care systems
- Preventative solutions

Tunstall's telehealthcare solutions are of the highest quality and yet are relatively low cost products and services for care at home. The solutions offer a highly flexible care tool that can be adapted as users' needs evolve.

As well as supporting older people and those with care needs, informal carers benefit greatly from technology as they are under increasing pressure, noting for example that carer stress or loss of a carer are the primary causes of a person entering residential care.

Tunstall continues to expand market boundaries by creating innovative, accessible solutions that enrich people's lives, by empowering them to manage their own health and well-being.

**Our mission**

To provide market leading telehealthcare solutions which play a pivotal role in managing the health and well-being of people around the world.

**Our values**
Core to all Tunstall's propositions is the ethos of providing choice, quality of life and person-centered care. This is evident in every aspect of our work from the solutions we provide, the people we employ and the relationships we maintain.

Tunstall has long been associated with quality and innovation and is committed to developing groundbreaking new products and services that will work on a single platform, with reduced costs and increased capability.

Contact information

For further information please contact Alison Rogan, Director of Communications on 01977 660524 or at: alison.rogan@tunstall.co.uk

References

1 Tunstall Healthcare, Ninety six percent of North Yorkshire patients would recommend telehealth, April 2011