NHS
East London
NHS Foundation Trust

Telehealth Policy (Newham CHS)

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Services	Applicable to
Trustwide	
Mental Health and LD	
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V3.0	June 2014	Raguraman Padmanabhan/Richard Stubbs	Final	A new policy was required in line with the European code of practice for Telehealth
Version 3.1	May 2015	Raguraman Padmanabhan	Reviewed and revised	Scheduled yearly update incorporating changes/amends with the service in line with trusts policies and procedures. Policy circulated and ratified at the local Clinical group meeting
Version 3.2	July 2017	Raguraman Padmanabhan	Reviewed and revised	Scheduled update incorporating changes/amends with the service in line with trusts policies and procedures. Policy circulated and ratified at the local Clinical group meeting

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1.0 ASSURANCE STATEMENT

1.1 This policy is for all staff both permanent and temporary, employed by East London NHS Foundation Trust, hereafter referred to as ELFT, who work with patients/service users with long term conditions. ELFT recognises the importance of delivering safe effective care and promoting/supporting self-care, both in terms of clinical management of individual service users and the efficient management of services and resources.

2.0 POLICY STATEMENT

2.1 ELFT has adopted the EU Telehealth Code of Practice definition of Telehealth, which states that "Telehealth is the means by which technologies and related services concerned with health and well-being are accessed by people or provided for them, at a distance. "[1]

2.2 Non face to face services provided by ELFT meeting the definition of telehealth are:-
   - The Florence telehealth service using SMS text messaging (Currently used by DSN and Telehealth Teams) – Vital sign monitoring
   - The use of Motiva and Motiva Guide by the Telehealth Team – Vital Sign Monitoring & Health & Motivational coaching

These services are subject to this telehealth policy.

2.3 The use of Skype by a member of the specialist DSN Team to provide health information and motivational coaching via a video link is not covered as it is being undertaken as a research activity rather than as a mainstream service. Should a decision be taken to extend this approach appropriate policies will be developed and it will be brought within the code.

2.4 This policy is intended to assist the Telehealth Team (THT) and Extended Primary Care Services (EPCS) to be able to assess the level of TH intervention required, utilising TH as an adjunct to existing services in order to meet the increasing demand for health care and also to promote self-care.

3.0 MISSION STATEMENT

3.1 ELFT's telehealth services aim:-
   - to support people in understanding their long term condition and acquiring the skills and habits of self-management needed to achieve the best outcomes in terms of their health.

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[1] See http://www.telehealthcode.eu/ EUROPEAN CODE OF PRACTICE FOR TELEHEALTH SERVICES 2014 (p2)

- to reduce avoidable hospital admissions and inappropriate A&E visits through improving the information available to patients, carers and clinical staff.
- to minimise the waste of time and resource consumed by face to face interaction where the patient would prefer support to be provided remotely and where this support can be done effectively.

3.2 ELFT's telehealth services are clinically led and are used as part of usual care to help clinicians support their patients in the community. They do not constitute an emergency service, rather their purpose is to help both patient and clinician to observe and respond to trends in vital sign readings and self-management behaviour, thereby informing health management plans and support.

4.0 SCOPE

4.1 This policy covers telehealth services provided by the East London NHS Foundation Trust. These services are restricted to providing health care remotely to service users who have long term conditions and who are identified as being at a significant risk of an unplanned hospital admission.

4.2 Telehealth is used by ELFT to support patients with Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure (HF), Hypertension (HTN) and further development is anticipated.

4.3 Telehealth is *not* an emergency monitoring response system, rather its primary purpose is to observe and respond to trends in vital sign readings thereby serving as a tool for both clinician and patient to decide on self and future health management and enhance analysing trends for the consultants, GP's and Matrons and Senior nurse practitioners in making clinical decisions based on available evidence with the monitored data.

4.4 Telehealth is the means by which technologies and related services concerned with health and wellness are accessed by or provided at a distance in order to facilitate the empowerment, assessment or the provision of care and/or support for people and/or their carers (at home or in the wider community)

4.5 Telehealth is used as part of usual care and not used as a standalone item. Telehealth services are provided via the service users TV, a mobile phone using SMS messaging or simply through using structured questions over the phone.

4.6 Typically a service user will measure the vital signs relevant to their long term condition(s) on a regular basis and transmit these to a clinician. The clinician monitors readings to look for trends that could indicate deterioration in health and exacerbations of the condition and will advise the service user in accordance with agreed protocols.

4.7 In addition to monitoring vital signs a TV based telehealth service can provide instructional videos and questionnaires that seek to educate the patient about their LTC and self-care.

4.8 All patients will be given training in any equipment supplied by the telehealth team alongside an explanation of how the equipment can help the service user in better understanding and managing their long term condition.

4.9 Clinicians utilising TH must still adhere to their professional codes and legal scope of practice and must understand that TH is not replacing their clinical role nor direct face to face contacts but simply facilitates and enhances their management of their patients in the community

5.0 AIMS & OBJECTIVES

5.1 Ensure all staff responsible for using Telehealth monitoring systems are provided with the necessary overview to support it's use/implementation (should be read in conjunction with the Operational Guidance for the system in use by the Business Unit)

5.2 Provide supporting/complimentary guidance for Telehealth systems for the organisation to ensure a coordinated management approach to use, implementation, training and monitoring.

5.3 Telehealth aims to improve the lives of service users through reduction in avoidable hospital admissions and A&E visits where appropriate.

5.4 Telehealth helps service users to learn about their long term condition and supports them in acquiring the skills and habits of self-care. It also helps informal carers learn about these conditions and assists them in helping the patient.

6.0 DEFINITIONS

6.1 Telehealth covers the remote monitoring of physiological data e.g. blood pressure, oxygen saturation, heart rate that can be used by health professionals for diagnostics or disease management. Examples of Telehealth devices include blood pressure monitors, pulse oximeters, weighing scales and blood glucometers.

6.2 Telehealth also covers the use of information and communication technology for remote consultation between health professional and a patient e.g. providing health advice by telephone, to discuss a diagnosis or capture and send reports for diagnosis (RCN 2011)

6.3 Assistive technology – Any item, piece of equipment, or product system that is used to increase, maintain or improve the functional capabilities of people

with disabilities. This overarching terms covers both telehealth services provided by ELFT and telecare services provided by Newham Council

6.4   Vital signs - are measures of various physiological statistics. The act of taking vital signs normally entails recording body temperature, pulse rate (or heart rate), blood pressure, and respiratory rate, but may also include other measurements such as life style changes that may be necessary for their health

7.0   EVIDENCE

7.1   The evidence for using Telehealth has been underpinned by the world's largest Randomised Controlled Trial into telehealth and telecare commissioned by the DH in 2008.

7.2   The trial was based in Newham, Kent & Cornwall and was called the 'The Whole System Demonstrator Programme'.

7.3   The initial findings of this trial can be found at http://www.dh.gov.uk/health/2011/12/wsd-headline-findings/ and more details about the Newham WSD programme can be found at www.newhamwsdtrial.org.

7.4   EPCT in ELFT has used this evidence to build a business case to re-design its primary care services to incorporate the TH service as core to its delivery of care to those patients with LTC's. This will:- improve quality of care for patients in their home environment engage patients in their disease management (Self Care & Supported Self Care).

7.5   Telehealth can improve or at least in no way reduce the patients' quality of life. It can aid a reduction of unplanned hospital admissions by using technology to detect deterioration of clients earlier thus allowing the EPCS to treat earlier or admit them to the Rapid response (VW) for closer observation.

7.6   Telehealth can aid a reduction in client visits to A & E through empowering them with the knowledge of their current status. It also allows EPCS to share with GP's and outpatients clinics any recent data collected to give a much more informed health picture of their client.

7.7   EPCS aims to offer a telehealth service to all those with a risk of hospitalisation (RoH) of 50% or more in the following 12 months.

7.8   Telehealth supports the QUIPP agenda

7.9   Telehealth will reduce travel costs for staff as well as time lost travelling.

7.10   Telehealth can help GP's achieve some of their QoF agenda

7.11   Telehealth can be part of the CHN's approach to ensure personalisation of patient care pathways.

7.12   Appendix 1 lists relevant references to research.

8.0 THE ROLE TELEHEALTH PLAYS IN PROVIDING CARE

8.1   The role of telehealth in supporting care is shown in the accompanying diagram (Appendix 2) which sets out the model of integrated care that has been adopted in Newham.

8.2   At the centre of the model are "informed patients, making choices and giving feedback" and this underlines the fact that telehealth is an option   for care that must be adequately explained so that a patient is in a position to make an informed choice to accept or reject it if offered.

8.3   Telehealth is primarily a means of supporting people in understanding their illness and acquiring the skills and habits of self-care. Three levels of telehealth service are offered namely full vital sign monitoring, Florence text support (monitor) and guide.

8.4   The "coach" service is provided with the support of the Motiva set top box on the patient's TV and includes educational videos, questionnaires and vital sign monitoring and aims to educate people about their condition and how to manage it.

8.5   It is ideal for people who have been newly diagnosed or had a severe exacerbation of their condition that may help them see the importance of looking after themselves better.

8.5   This service is normally offered for a period of 6-9 months at which point the person may be offered the option of "stepping down" to the "monitor" service.

8.7   The "monitor" service is provided using the Flo telehealth system and the patient's own mobile phone. The service consists of the patient using sms text to submit vital sign readings and answer questions to a freephone, most frequently on a daily basis.

8.8   The purpose of the service is to help ensure the patient maintains good self-management practices and to enable potential matters of concern to be identified. Once the patient has shown that they understand their condition and are competent self-managers they may be stepped down to the "review" service.

8.9   Very ill people with complex co-morbidities may also be offered the Motiva Set top box solution even though they understand their condition and have good self-care habits already as its use of blue tooth to link the vital sign measuring devices makes taking multiple readings easier.

8.10   The lowest level of telehealth support offered is "review" and this is aimed at service users who have shown they are capable of self-care however are sufficiently ill that a monthly review of their condition is advisable. This service uses a structured telephone questionnaire and depends on patients keeping their own records of their vital signs.

8.11 The vital sign measuring equipment currently supported in Newham are glucometers, pulse oximeters, blood pressure meters and scales.

8.12 Decisions to step up or step down the degree of telehealth provision will be made with the patient and those responsible for their clinical support.

9.0   DELIVERING THE SERVICES OUTLINED ABOVE (Telehealth Team)

9.1 ELFT telehealth services are provided by both the Telehealth Team (THT) and the Diabetes Specialist Nursing (DSN) service. This section refers to the THT and should be read in conjunction with Appendix 5, which provides flow charts detailing the operation of the service.

9.2 The THT's service is run by dedicated staff team who are skilled in Telehealth solutions and promoting self-care, based at the Vicarage Lane Centre. There are two HCP's (health care professionals) directly responsible for the day to day operation of the service working with five Telehealth Support Workers (THSWs).

9.3 The service is an integral part of the EPCS and able to call on all members of the EPCT to support Telehealth service users as needed. This is monitored through the use of activity tracking in Rio.

9.4 Potential Telehealth users are identified through risk stratification, a statistical method of identifying people who are at high risk of unplanned admission to hospital, and referrals from hospital, rapid response, GPs, Clinical leads and others as agreed.

9.5 Referred patients will be processed by the THT to ensure that they meet the criteria and then will be offered a HCP telehealth assessment. In discussion with the patient the most appropriate telehealth solution will be identified and offered.

9.6 With the patient's agreement the HCP will make arrangements for the initiation of the service including installation, training and creating a personalised Telehealth care plan.

9.7 The THT will monitor the patient according to the agreed care plan, support the patient in developing good habits of self-care and liaise as need be with other members of the ECPS, GPs and informal carers as appropriate to ensure the best provision of care.

9.8 The THT will update the patient record as appropriate.

9.9 A THT HCP will review the care provided and the patient's capacity for self-care on a periodic basis as in the care plan and will discuss the position with the patient if it appears that a greater or lesser form of intervention could be appropriate.

10.0   CRITERIA FOR THE INITIAL OFFERING OF TELEHEALTH MONITORING

10.1   The following criteria will be used by the THT to decide eligibility for an initial offering of telehealth through "case finding" and will also be assessed by a THSW on the team receiving a referral:- Patient is living in the borough of Newham and is registered with a Newham GP.

- Patient has diagnosis of Heart Failure, COPD or Diabetes (Hypertension, Mental health issue and need for help with medications will be added to these later)
- Patient' s risk stratification score is 50% or above for Simple Telehealth or Motiva Coach though telephone review will be considered for lower risk levels
- GP consents to sharing patient data

10.2   The following criteria will be used to decide eligibility for an initial offering of Telehealth and will be assessed by a HCP through a full assessment:-

- Physically and mentally capable of using the equipment themselves or with the regular support of an informal carer who has consented to do this.
- For Motiva Coach the patient must have a TV and for Simple Telehealth a mobile phone willing and capable to purchase and replace batteries in any vital sign monitoring equipment provided by ELFT.
- Willing to leave set top box and broadband router switched on (approx cost £1.50/month)

10.3   Require patient informed consent or carer consent where there is a mental competence issue.

10.4   HCP to ensure home is suitable to support aspects of Telehealth prior to installation.

10.5   For avoidance of doubt, it is not required that the patient can read and write English.

11.0   INITIATING A TELEHEALTH SERVICE - (Telehealth Team)

11.1   Telehealth HCP identifies patients who meet the criteria for inclusion to Telehealth

11.2   Telehealth HCP ensures a full clinical assessment has been undertaken of clients' needs and where necessary shared with wider EPCT's.

11.3 Telehealth HCP assesses patient's clinical need, capability to use the telehealth service and likelihood of benefitting from the service.

11.4 HCP discusses options with the patient and gains signed consent. Telehealth patients or, where appropriate their carers, must give consent to join the Telehealth service and this must be recorded clearly in the electronic records. They must be advised that they are free to leave the service at any time.

11.5 HCP sets up a care plan utilising local CHN Care Pathways where Telehealth is an option as part of the care.

11.6 HCP arranges for Installation of equipment. This will be arranged by Philips for Motiva coach. As Simple Telehealth uses the patient's own mobile phone it will only be necessary to ensure provision of the relevant monitoring kit where the patient does not already possess this.

11.7 HCP to ensure patient/carer is suitably educated in Telehealth and self-care if not to train patient in use of kit and offer self-care advice

12.0 PROVIDING A TELEHEALTH SERVICE (Telehealth Team)

12.1 THSW logs in to system on a daily basis and responds to alerts and readings sent in as per care plan referring the service user to the telehealth HCP as appropriate.

12.2 Central THT to respond to abnormal alerts in Telehealth systems in a timely way and if necessary refers clients back to the Telehealth HCP .

12.3 HCP supports and/or organises support as needed.

12.4 Any activity undertaken by THT is to be recorded in the relevant electronic records, e.g. / EMIS web.

12.5 Telehealth HCP to ensure that 'Self Care' strategies are implemented.

13.0 STEPPING DOWN OR ENDING TELEHEALTH SERVICE (Telehealth Team)

13.1 Potential patients to step down identified through risk analysis and their use of the system

13.2 HCP reviews need and capability, if the patient is not benefiting from Motiva Coach or Simple Telehealth but in the HCP s opinion the patient should still be checked regularly and may propose a "step down" to Motiva Guide .

13.3 HCP discusses options and gains consent, provides further advice on self-care and how to access help and arrangements made for removal and refurbishment of any equipment.

13.4 Detailed procedures regarding stepping down patients from one type of telehealth service to another or terminating a service are given in appendix 3

14.0 GOVERNANCE STRUCTURE

14.1 ELFT's Telehealth services are managed by the EPCT-Adults CHN. The terms of reference of the DMT are set out in Appendix 4

14.2 The Senior Responsible Officer (SRO) for the service is the Director of Community Health Newham (Adult Services) in conjunction with the Associate Medical Director .

14.3 The SRO will ensure that the Trust's senior management and Board are adequately informed of any issues that require their decision.

14.4 The Telehealth Team Leader has prime responsibility for ensuring; that the operation of the service meets the appropriate regulatory   standards complies with ELFT policies and adheres to good practice standards.

14.5 There are some areas of regulation and guidance that have particular relevance to   telehealth and so require specific attention these include:-

- Data protection including compliance with relevant Subject Specific
- Information Sharing Agreements (SSISAs) entered into with GP practices and others.

- Medical Device Regulations – ensuring relevant approvals are maintained.
- Waste Electrical and Electronic Equipment – recycling and disposal of equipment.
- Section 242 NHS Act 2006 requirement to involve service users in planning of service development and consideration of change.
- Health and Social Care Act 2012 S14 requirement to involve each patient in decisions made on their care or treatment
- Dept. of Health's "Real Engagement" requirement to conduct Health Impact Assessments

14.6 The Telehealth Team Leader will be responsible for signing an annual declaration that to the best of their belief the telehealth services provided by ELFT are compliant with the laws and regulatory requirements of the UK.

14.7 The Telehealth Team Leader will:-
- review the compliance of ELFT's telehealth services with laws and regulation on an ongoing basis,
- maintain an awareness of impending legislation that could impact on the service,

- ensure that any service changes required through legislation are made in a timely manner
- prepare an annual declaration that the telehealth services provided by ELFT are compliant with the laws and regulatory requirements of the UK,
- Ensure that the statement is posted on the telehealth section of the Trust's web site.

14.8 The Telehealth Team Leader will manage both issues and risk logs for the telehealth service, ensure that appropriate actions are taken and report to the Board on this matter on a monthly basis

14.9 The relevant Service Manager will be responsible for ensuring that all staff are adequately trained and supervised and comply with agreed care protocols and codes of conduct. The role includes responsibility for staff performance, welfare and building a team commitment to the service.

14.10 Staff Telehealth training will include as appropriate:-
- Motiva Coach & Guide and/or the Florence systems.
- Assessments, creating care plans and the monitoring processes to be followed
- Promoting the benefits of self-care; assessing patient capabilities and teaching the skills and attitudes needed to undertake it effectively
- Telephone support

14.11 Training when required can be accessed from Telehealth lead HCP or supported by 3 hour sessions from Phillips Healthcare.

14.12 All staff will have monthly one to ones at which training needs will be discussed in addition to annual Individual Performance Reviews.

14.13 The Telehealth Service will have a separate budget code and the TH Team Leader will be responsible for management of the budget including management of contracts with providers of equipment and services used.

14.14 The THT will have premises, communications, IT, HR, Finance and Legal services provided by the Trust. The TH Team Leader will have prime responsibility for advising the SRO on the adequacy of these services in meeting operational, regulatory and good practice requirements.

14.15 The TH Team Leader will ensure that adequate stock control processes are in place to ensure the safeguarding of Trust owned telehealth equipment whether stored on trust premises or otherwise.

14.16 The TH Team Leader will be responsible for ensuring that there are effective systems in place for managing the effectiveness, quality and

resilience of the telehealth service and will review the services systems and processes at least once each year.

14.17 Service effectiveness management will include:-
- Business case benefits realisation strategy
- Service impact measures including KPIs, patient reported outcome measures and risk assessment.
- Procedure and process reviews
- Technical service reviews
- Clinical service reviews

14.18 Service quality management will include:-
- Creating standards for all aspects of telehealth service delivery and ensuring compliance and reporting on achievement of these standards.
- Creating and reporting on KPIs that include both quantitative and qualitative measures and wherever practical including input from patients.
- Ensuring the KPIs required at a Trust level are collected and reported
- Inviting both patients and staff to contribute their ideas towards improving the service offered on an ongoing basis.
- Collecting patient feedback through phonecalls, eMail, surveys and focus groups
- Conducting staff surveys
- Conducting GP surveys

14.19 Resilience management will include:
- Ensuring redundant communications links
- Ensuring resilient data storage
- Identifying alternative premises and providers
- Securing 3 months finance commitment to be in place at all times to facilitate ordered closure of service should financial circumstance necessitate this.

14.20 The TH Team Leader will have responsibility for ensuring that the THT communications strategy is congruent with the Trusts and for keeping the Trust's Communications manager appraised of all significant issues relating to the THT. Specific communication responsibilities relating to the THT include:-
- Mission and values statements
- Name and logos
- Stakeholder analysis (including service users, carers, staff, CCGs, GPs, Acute Trusts, Specialist teams, clinics, Mental health, Social Services, Health & Well Being Board)
- Promotional materials
- Website content
- Service agreement and service user information

- Presentations and presentational materials

14.21 The TH Team Leader will be responsible for ensuring that the processes and practice of the THT meet good practice guidance for public and patient engagement in service delivery

14.22 The TH Team Leader will be responsible for ensuring that all directors, staff (including volunteers), agents and sub-contractors are transparent about and avoid or manage conflicts or potential conflicts of interest that relate to their activities, involvement and/or shareholdings in or outside of the telehealth service. In particular the TH Team Leader will ensure that the names of directors and senior management staff involved in the delivery of ELFT's telehealth service are posted on the website.

14.23 In the absence of the TH Team Leader the operational management of the TH Team is the responsibility of the General Manager West Locality.

15.0 STANDARDS/ KEY PERORMANCE INDICATORS

15.1 The policy meets the specific requirements of the Essential Standards for Quality and Safety, below and the principles of the NHS Constitution.
- Outcome 1 regulation 17
- Outcome 2 regulation 18
- Outcome 6 regulation 24
- Outcome 8 regulation 12
- Outcome 11 regulation 16
- Outcome 12 regulation 21
- Outcome 13 regulation 22
- Outcome 14 regulation 23
- Outcome 16 regulation 10
- Outcome 17 regulation 19
- Outcome 20 regulation 21

15.2 All patients who have a long term condition and assigned Telehealth device will be ultimately selected based on their clinical need as determined by the criteria in the operational procedure for use (aligned to the Business Unit)

15.3 Where patients are deemed unsuitable, carers can use the equipment on behalf of the patient if they are assessed as having the physical capability and cognition to use the equipment as defined by the clinician.

15.4 All patients must be assessed prior to the implementation of Telehealth equipment, work collaboratively with the clinician in defining how the equipment will be used for them. The detail of the assessment criteria, intervention are explained in more detail in the operational procedure.

15.5 Patients must consent to participate in the use of Telehealth as part of their care management. Staff should refer to the ELFT Consent to examination and treatment policy (2011).

16.0 PATIENT SELF-MONITORING GUIDANCE

16.1 Patients (or their carers) are required to self-monitor their vital signs. Self-monitoring is periodic and is the scheduled collection of clinical data to measure their own health status.

16.2 The scheduled collection of clinical data is planned with the patient during the assessment and programme of self-care management with the initiating clinician.

16.3 Failure to comply with using the Telehealth device as part of their care programme would necessitate the removal of the equipment from the patients' home, unless there is an identified clinical reason for this. If so the on-going use of the equipment would have to be reviewed.

17.0 STAFF USING TELEHEALTH AS PART OF PROGRAMME OF PATIENT MANAGEMENT

17.1 Ensure that they provide appropriate up to date information and training about the use of medical devices (Telehealth) to patients this may include providing information in alternative formats or allocating additional time to ensure that patient/carer/personal assistant understands how equipment is used.

17.2 Any incidents resulting from using the Telehealth device must be reported via Datix system and safeguarding as appropriate

17.3 Must ensure that they have contact numbers for next of kin, or emergency contact number so if the patient fails to use the device there is a contact person to ensure that there isn't a clinical need that is preventing the patient from using it, which may require intervention.

17.4 Ensure that the patient is provided with clear information about the service, use of the equipment and the timeframes for use – this should be provided in more detail in the services' operational guidance.

18.0 INCLUSION/EXCLUSION PRINCIPLES

18.1 Patients will not be assigned Telehealth devices if they are deemed incapable of using the equipment, unless during their assessment they consent to their carer/next of kin supporting them in the use of the equipment to manage their care.

18.2 Patients will not be assigned Telehealth devices if they are viewed to have behavioural or cognitive problems, unless during their assessment they consent or it is identified that their carer/next of kin is able to support them in the use of the equipment to manage their care.

18.3 Patients should not be assigned a Telehealth device if they are receiving qualified/skilled nursing intervention daily or throughout their care package.

18.4   Communication capabilities of the patient (and or carer) must be   assessed and an interpreter or advocate assigned if the need is identified.

19.0   TRAINING REQUIREMENTS

19.1   Staff are expected to participate in training appropriate to the Telehealth devices in use in their Business Unit to ensure competency and attend refresher training on induction to the service, when new   technology   is introduced, as per manufacturers' recommendations.

19.2   Further detailed training requirements will be outlined within each   Business Unit Operational procedure.

20.0   AUDITING AND MONITORING

20.1   Audit and monitoring of the implementation, use and effectiveness of   the Telehealth devices and patient engagement/outcomes will be defined in more detail in each Business Unit's own operational procedure for Telehealth.

21.0   RECORDS MANAGEMENT

21.1   The policy versions will be maintained on the ELFT intranet and available for implementation/adoption by each Business Unit as the overarching guidance for the services use of Telehealth devices.

21.2   Review of the policy will follow the ELFT process for review and then the revised version will replace the existing policy on the intranet.

22.0   EQUALITY STATEMENT

22.1   This policy reflects the organisation's determination to ensure that all parts of our community have equality of access to services and that everyone receives a high standard of service as a service user, a carer or employee.

22.2   This policy anticipates and encompasses ELFT's commitment to   prevent discrimination; on any illegal, inappropriate basis and recognise and respond to the needs of individuals based on good communication and best practice.

22.3   We recognise that some groups of the population are more at risk of discrimination or less able   to access to services than others and   that services can often unintentionally put barriers in place that can   limit   or prevent access. The organisation is continually working to prevent this from happening.

Appendix 1 – Policy and Research References

POLICY

1. Department of Health
   a. Our Health, Our Care our Say (2006)
   b. Long Term Conditions (2007)
   c. The Operating Framework for the NHS in England 2012/13
   d. Everyone Counts: Planning for Patients 2013/14 [2]

   "In line with the recommendations of "Innovation Health and Wealth: Accelerating adoption and diffusion in the NHS" we will expect commissioners to promote the benefits of technology in improving outcomes with a particular emphasis on much more rapid take up of telehealth and telecare"

2. NHS England
   a. New technology can improve the health services delivered to millions of people (The 3 million lives project) Nov '13 [3]

3. Royal College of Nursing
   a. Telehealth and Telecare: EHealth Technology in Practice (2011) [4]
   b. eHealth Strategy 2011-2014 [5]

RESEARCH

4. Newham Whole System Demonstrator – Case studies and description of the Newham's contribution to the National WSD Trial
   http://www.newhamwsdtrial.org

5. Whole System Demonstrator Programme – Headline Findings. Department of Health [6]

6. Peer Reviewed WSD academic studies
   http://www.newhamwsdtrial.org/info/wsdlinks/

7. Perspectives on telehealth and telecare: Learning from the 12 Whole System Demonstrator Action Network (WSDAN) sites. Giordano, R et al.[7]

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[2] http://www.england.nhs.uk/wp-content/uploads/2012/12/everyonecounts-planning.pdf
[3] http://www.england.nhs.uk/2013/11/15/new-tech-imprv-hlt-serv/
[4] http://www.rcn.org.uk/__data/assets/pdf_file/0009/328923/003592.pdf
[5] http://www.rcn.org.uk/__data/assets/pdf_file/0005/511898/RCN_eHealth_Strategy_2013_14.pdf
[6] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131689.pdf
[7] http://www.kingsfund.org.uk/sites/files/kf/Perspectives-telehealth-telecare-wsdan-paper.pdf

Professor Stanton Newman was the lead researcher for the WSD Trial and he reviewed the outcomes of the study in an article published 17th April '13 in Pulse Today titled "Telehealth gives patients the chance to take more control over their care" The following is a precis of the article.

"Over the last couple of years, my work on the Whole Systems Demonstrators (WSD) trial, has reinforced my view that our treatment of long term conditions is fundamentally a problem of changing the behaviour of patients and health care professionals.

Patients must take responsibility for self-care and self-management and health care professionals should be trained to facilitate behaviour change and empower and support patients to manage their condition. It is only through these types of changes that the sustainable system of managing long term conditions will be achieved in the NHS."

"The question then is what is the potential role of telehealth in long-term conditions (LTCs)? At the moment, two common myths exist about TH – and not just among GPs but also other clinicians, politicians and the public. The first is that it's a treatment in itself. It's only an instrument to assist in the management, planning and organisation of care. The important question is how it is used in the care pathway for patients with different conditions and levels of severity.

The second myth follows directly from the first in that even when it works effectively, telehealth isn't about the equipment – the key to its sustainability is about creating behavioural and organisational change in switching the emphasis of our care for long term conditions to one that monitors, informs and supports patients and health care professionals about the ongoing management of the LTC (or LTCs). "

"There have been a number of publications from the WSD trial and it may be useful to summarise some of the findings. Although complicated in interpretation the study has found significant reductions in mortality and emergency admissions. These are important as they suggest that telehealth can lead to improvements in key outcomes for some patients.

Some people appear to have expected an improvement in general quality of life in the trial. While this is not an unreasonable expectation there are important factors to take into account. Firstly, it was argued by some before the trial that the introduction of telehealth would lead to patients becoming isolated and this would in turn lead to those with telehealth having a reduced quality of life. The findings showed that there were no differences between those who received telehealth and the controls in quality of life or psychological well-being. "

"For telehealth to work as an instrument in the NHS, there has to be more training for GPs and other health care professionals involved with the management of LTCs. A sustainable model will be one that ensures patient empowerment and behaviour change are embraced and that health care professionals are trained to facilitate behaviour change in their patients. Recognising that patient behaviour is a key to the management of LTCs means that we need to consider our training of health care professionals and incorporate facilitation of behaviour change for people with LTCs into our curriculum for both doctors and nurses and other health care professionals."

Appendix 2 – Newham Model for Integrated Care

Newham model for Integrated Care		
Appropriate support, in the best place at the right time		

Integrated systems	Informed patients, making choices and giving feedback	Integrated services

Integrated systems columns: Risk Stratification · Patient choices & reported outcomes · Telehealth (Coach, Monitor, Review) · Stand-alone devices

Center (STEP DOWN / STEP UP):
- Hospital In reach team
- Rapid Response
- Extended Primary care Team
- Informally supported self care
- Self-care

Integrated services columns: Community Matron & GP Management · Specialist Nurse & therapist services · GP Practices

Integrated services descriptions:
- Work with hospital to minimise avoidable admissions and facilitate discharge
- Integrated community team including NHS, Social Services and mental health working to stabilise patients in crisis situations
- Longer term support to help people cope in the community, including training in self-management and also by supporting via integrated care MDT meetings
- Support by informal carers.
- Patients who can care for themselves and will seek GP services if needed.

Patient choice supported by information and guidance.		Service improvement through feedback and constant monitoring of service delivery & outcomes
Practice Clusters working through Clinical Commissioning Groups to secure the best health outcomes possible for the people of Newham		

Appendix 3 – Suspension of Care Plans

Introduction

The following provides clear procedures in place for suspension of care plans on Motiva with the result that telehealth services can't be removed from patients without contact being made or attempts to contact the patient noted and the reasons for the suspension being documented.

Suspension Details

A Motiva care plan can be suspended on the following grounds:-

- Hospitalised
- Holiday
- Technical problems (will be removed)
- Non concordant
- Philips Technical Issue
- Patient Technical Issue
- No readings – can't contact (new addition)

The period of suspension can be set and during this period no alerts or warnings about the patient will be provided to those monitoring the system. There is a default seven days reminder to review suspensions although this can be set to an appropriate period if, for instance, the patient is on holiday for a known period of time. The system provides the option to message an external clinician, usually the patient's GP, when the service is suspended.

If a patient who is on suspension submits a reading an alert is generated in respect of an unexpected reading being received.

Procedures for Suspension

General procedures

Suspensions made will follow the guidance given for the particular reason for suspension.

The Philips Motiva service costs £35/month whether or not the care plan is suspended. All suspensions over 1 month will be reviewed monthly and a decision made by the Telehealth Team Leader (TTL) as to whether or not the service should be continued or ended. Suspension for a period of more than three months will be reported to the General Manager.

Whilst a care plan is suspended any alert generated as a result of an unexpected reading being received will be investigated by a Telehealth Care support worker (THSW) and a decision made and noted on whether or not to re-instate the care plan.

Hospitalisation

A note is to be entered as to how the information about the hospitalisation was discovered and if a suspected date for discharge is known a reminder should be set to phone the patient the day after discharge. If a date is not known the default 7 day reminder should be left active.

Holiday

A note is to be entered as to how the information about the holiday was discovered and follow process in case of Florence reporting and if a suspected date for return is known a reminder should be set to phone the patient the day after return. If a date is not known the default 7 day reminder should be left active. Long term holiday will be discussed with TTL at clinical team meeting and a decision will be made.

Technical problems

This is a legacy category which is being removed so it should not be used. The alternatives of Philips or Patient Technical problem should be used and a patient should not be suspended until which of these alternatives is responsible for the problem has been determined.

Non Concordant

A patient may only be suspended as non-concordant after they have been contacted and the issue discussed with them. Any suspension on the basis of non-concordance must be authorised by the TTL or a health care professional (HCP) where appropriate who will be responsible for any follow up action and whose name will be recorded in the notes.

Philips Technical Issue

If a person is suspended as a result of a Philips Technical Issue the THSW will report the issue to Philips. The THCSW will document it on the point of interest on MOTIVA. Philips confirm once the issue has been resolved to the team and the service user will be informed.

Patient Technical Issue

If a person is suspended as a result of a Patient Technical problem the THSW will enter a note as to how this decision was made and set a reminder for an appropriate period. Any suspension over 2 weeks should be elevated to the TTL.

No readings – can't contact

If readings have not been received for a week or more the THSW will make at least two attempts including letters (after 2 weeks) sent out to contact the patient and any carer on different days and times and will review EMIS data (when available) to see if there is any relevant information. If no information can be obtained or contact achieved after 4 weeks in total, the matter will be raised with the TTL or HCP who will review the situation and decide what action to take. The THSW will record the decision made in the notes and set a reminder to make further calls if appropriate. Any suspension will be approved by the TTL or health care professional (HCP)

Appendix 4 – DMT (Directorate Management Team) link

Terms of Reference

Aims

- Through deployment of telehealth help service users acquire the knowledge skills and habits of self-care and improve their lives through a reduction in avoidable hospital admissions and A&E visits where appropriate.
- To increase the efficiency and effectiveness of clinical staff whilst ensuring that agreed quality and service targets are achieved.
- To ensure that telehealth is seen as a part of integrated care not a stand-alone technological solution by achieving integration within the Extended Primary Care Service both at system and operational levels
- To ensure staff and service users can engage in the design and improvement of telehealth services
- Secure staff and financial resource as necessary to secure continued delivery of the services to consider plans for further enhancement and development of the service.
- To renew accreditation under the European Code of Practice for Telehealth Services on a regular basis

Scope

Telehealth is the means by which technologies and related services concerned with health and well-being are accessed by people or provided for them at a distance (ref EU Telehealth code of Conduct) All aspects of ELFT's services that meet this definition are within scope. As at October 13 this includes the Diabetes Specialist Nurse Service and the central Telehealth Team

Directorate Management team (DMT) & Responsibilities

The role of the DMT is to ensure effective delivery of the service, oversee the work at a strategic level and report on progress, risks and issues where necessary to the Extended Primary Care Service Board.

The specific roles of the DMT are:
- Determine and agree budget and timescales for the delivery of the service and to ensure that the programme of work is delivered within these resources;
- Provide Assurance of clinical governance & quality;
- Determine priorities for the delivery of the service and work streams and monitor and adjust priorities as the service develops;
- Identify and assist in the resolution of problems with service management as they arise;

- Monitor progress of the service in meeting agreed targets and to receive reports on the service with a particular emphasis on monitoring and managing risk;
- Initiate and/or recommend management actions at a CHN service level as needed to facilitate the agreed changes lead by the telehealth service
- Recommend proposals for service delivery and development in following years

Operations

- The DMT will meet on a monthly basis at a set time and day.