

# CWHHE

Central London.  
West London.  
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Clinical Commissioning Groups



# Last phase of life programme: Telemedicine in care homes

We are seeking volunteers to help evaluate provider bids for a telemedicine in care homes service to

- ensure that the patient and public voice influences the decision making process;
- ensure that the provider and bid selected reflect local needs.

## What's the context?

**Telemedicine in care homes fits into Last Phase of Life work**, aimed at improving care for people in last 1-2 years of life.

The service fits into **North West London Sustainability and Transformation Plan** under delivery area 3:

- Achieving better outcomes and experiences for older people.
- Keeping older people out of hospital where appropriate and enabling them to die in their place of choice.

### **National context:**

- National survey of bereaved people (VOICES 2014) shows 80% of patients would prefer to die at home, while only 22% do so. Recent evidence from other NHS programmes shows telemedicine can help in addressing this.

## Why focus on care homes, and what are the challenges?

- ~ 6,000 people in last phase of life in NW London live in care homes.
- ~ 2,500 hospital admissions and over 4,000 London Ambulance Service journeys associated with CWHHE care homes each year.
- ~ Individuals admitted from care homes as an emergency spend on average more than 8 days in hospital.
- ~ We know there are challenges around staff turnover / recruitment and that staff in care homes need more support to care for very frail and sick patients, especially out of hours.

# Why start with telemedicine?



**Priority 1:** Identifying individuals in their last phase of life



**Priority 2:** Jointly developing and sharing care plans to support individuals accessing their desired care



**Priority 3:** Providing easy access and consistent clinical advice to care homes, 24 hours a day



**Priority 4:** Making sure staff can support last phase of life care through training and education

**Telemedicine enables delivery of other priorities**

## Additional system benefits include:

- Through joint and consistent use of SystmOne and Coordinate My Care, GPs will receive information that is time-sensitive and is critical to meeting patient needs and wishes in the last phase of their life.
- Telemedicine service will help to link key services with the people who need them.
- Able to draw on full range of clinical and community resources to support access to the most appropriate advice.

# Timelines for involvement

Activity	Date
Programme briefing and training	2 hour session between 6 <sup>th</sup> and 9 <sup>th</sup> March – exact date negotiable with Sarah Alliston
Assessment of bids	13 <sup>th</sup> – 17 <sup>th</sup> March (can be done at home)
Procurement moderation meeting	22 <sup>nd</sup> March (10am – 5pm)

# How will we know it has worked?

- **For the care/nursing home residents:**
  - Individual more likely to have needs met safely in normal place of residence.
  - Individual more likely to have goals respected and acted upon.
- **For the care/nursing home workers:**
  - Worker has 24/7 easy access to additional clinical expertise.
  - Worker has case-by-case training, education and support.
- **For the individual's registered GP:**
  - Improved co-ordination of workflow.
  - Improved data quality describing nature of issues arising in care setting.
- **For the wider system- resource utilisation outcomes for cohort**
  - Reduced London Ambulance Service activity.
  - Reduced use of Accident & Emergency.
  - Reduced unscheduled use of beds and readmissions.

## Who to contact

If you **are interested** in being involved in the procurement process for telemedicine in care homes or would like more information, please contact:

Sarah Alliston: [Sarah.Alliston@nw.london.nhs.uk](mailto:Sarah.Alliston@nw.london.nhs.uk) / 0203 350 4280