

Working together to enhance health in care homes

Initial findings poised to be shared soon

We will soon be in a position to share with you initial data which captures – and allows us to quantify for the first time - some of the early progress and financial savings our vanguard is already beginning to make. Over and above our core evaluation criteria, such as reducing Emergency Department attendances and driving down the number of inappropriate or unnecessary GP call-outs to care homes, we want your help in shaping other areas to measure.

CARE HOMES

How does TM impact on the Care Home workforce (morale/ retention etc)? *(To be linked in to workforce activity evaluation)*

What are the experiences and views of Care Home staff on TM? *(To be linked in to workforce activity evaluation)*

Which Care Homes do/ don't use TM frequently/ at all?

What factors create these differences (home type/ staff factors etc)?

Does baseline TM usage alter when particular enhanced healthcare services are being offered?

Is TM cost effective?

How does offering enhanced TM healthcare services affect the cost effectiveness?

What is the return on investment?

Is TM cost saving? If so, in which parts of the system? Are costs being shifted?

ECONOMICS

NOTES:

The aim of this document is to capture the primary high level questions our evaluation of telemedicine may wish to answer. From each of these questions there will be large numbers of secondary questions. If you have additional primary questions you feel are missing from this please email me rose.dunlop@nhs.net

Please note the evaluation will exclude the technical process of installing telemedicine.

HEALTH SYSTEM

WHAT ARE THE HEADLINE QUESTIONS OUR TELEMEDICINE EVALUATION WILL AIM TO ANSWER?

What is the impact of TM on primary and secondary care?

What are the experiences and views of primary and secondary care staff?

How does TM impact on care pathways?

How does TM impact the ambulance service?

What are the experiences and views of staff working in the hub environment and delivering TM care?

Which types of healthcare services do staff identify that TM serves best/worst?

What are the challenges for staff delivering TM care? If challenges have been overcome, how?

What are the current tipping points/ limits for TM?

How does TM impact on carbon emissions in the healthcare system?

PATIENTS

What are the patients' experiences and views on TM?

Do these views and experiences vary between the type of healthcare service being offered?

Does TM service improve health outcomes and wellbeing for ALL patients?

Do the outcomes differ between patients and what characteristics attribute to variation (age/ gender, level of comorbidities/ overall mental/ physical wellness, diagnosis etc...)

We are finalising our approach for ensuring our vanguard can quantify, through access to timely data, the activity shift across the full cohort of our care home residents, including:

- Reduction in unnecessary ED attends
- Reduction in avoidable NEL admissions
- Reduction in inappropriate or unnecessary GP call outs in-hours to care homes
- Reduction in inappropriate or unnecessary GP call outs out-of-hours to care homes
- Reduction in blue light transfers

This insight will play a key role in future commissioning plans.

Building on this core work, our research and evaluation lead, Rose Dunlop, has developed this visual, which also sets out other areas that our vanguard has the potential to influence – and measure.

She would like your feedback on this draft and suggestions for other potential areas of evaluation that the vanguard can carry out that would help you.

Please send your comments to rose.dunlop@nhs.net. Thank you. ■