

Ambiant Assisted Living Conference

17 June 2010

The Emergency Care Summary

**Mike Martin – Deputy Director, Scottish
Government Health Directorate**

Nicola Sturgeon
(Deputy First Minister of Scotland and
Cabinet Secretary for Health & Wellbeing)



“We simply can’t go on doing things the way we have done them”

“Existing and new technology will be key”

“The benefits of telehealthcare are currently undersold”

“There are no real down sides to telehealthcare”

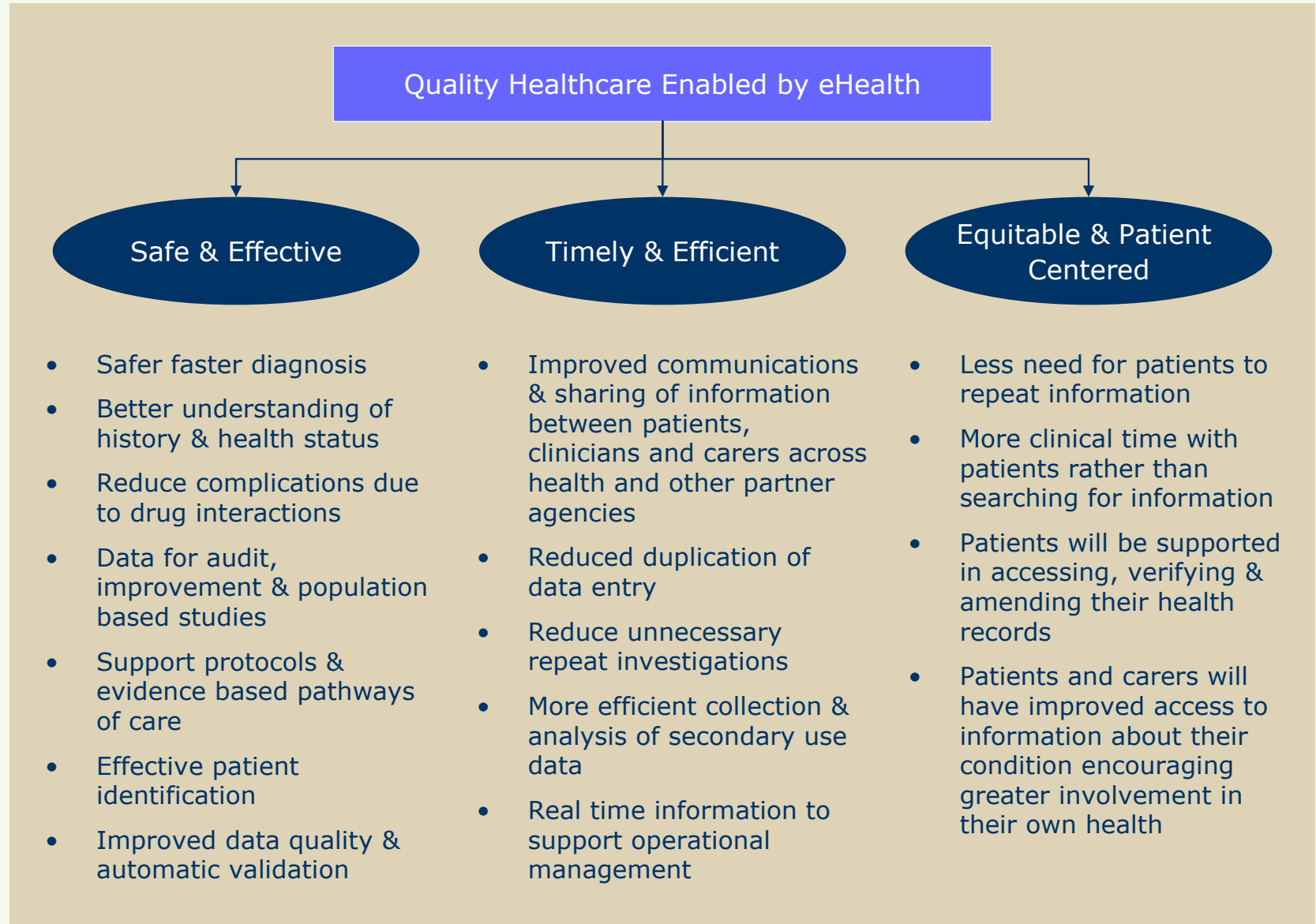
“We should be prepared to embrace telehealthcare in a more fundamental way than we have in the past”

Scotland's approach to eHealth

All about the right information to the right people at the right time

- Incremental
- Pragmatic
- Clinical leadership
- Focus on benefits, not technology

Overall benefits framework for eHealth



Emergency Care Summary

What is it?

National database containing

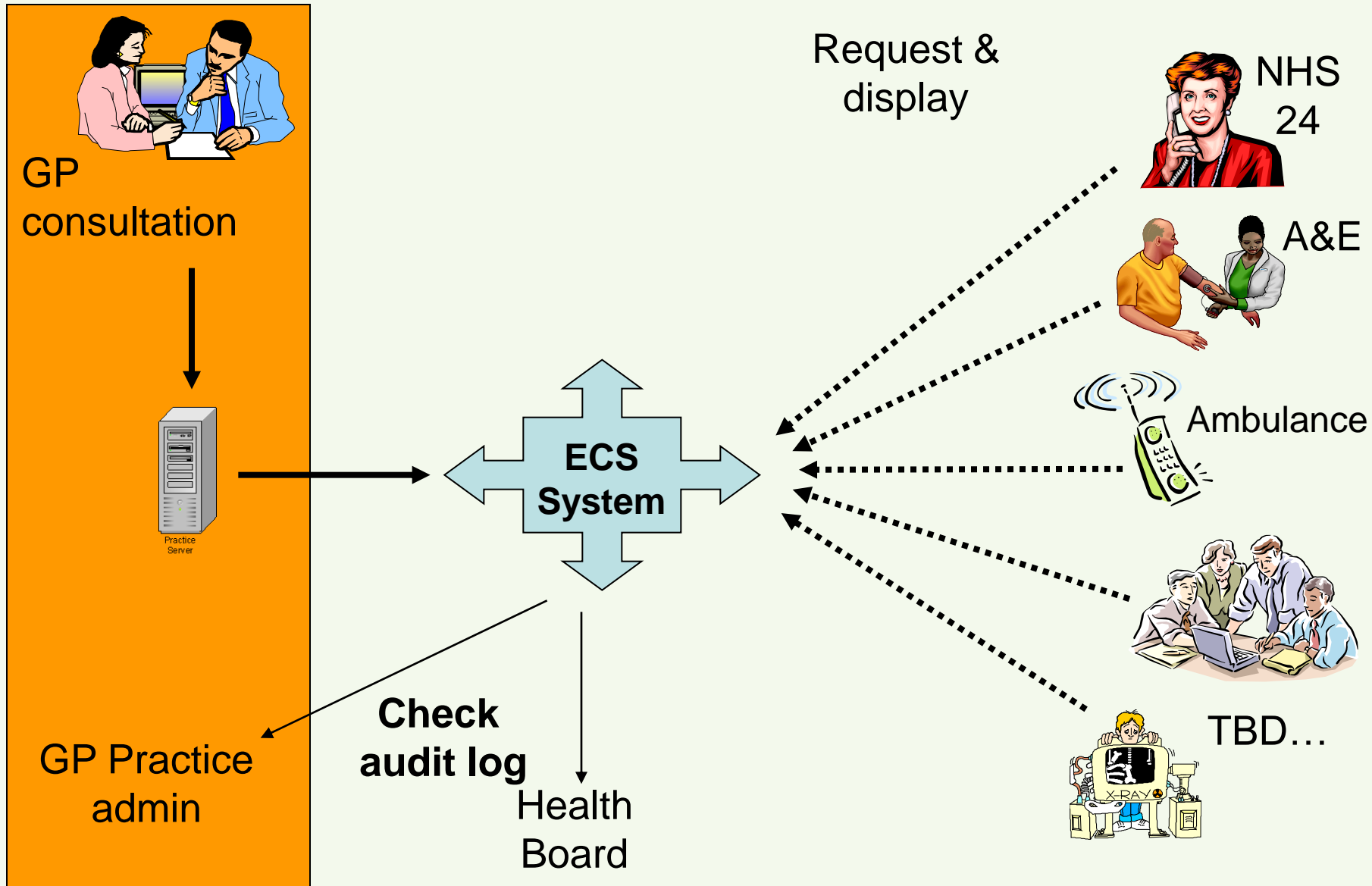
- Patient identity (address, telephone, CHI number, GP)
- Allergies and Adverse Reactions to medications
- Medication
 - Repeat prescriptions in past 12 months
 - One-off prescriptions in the past 30 days

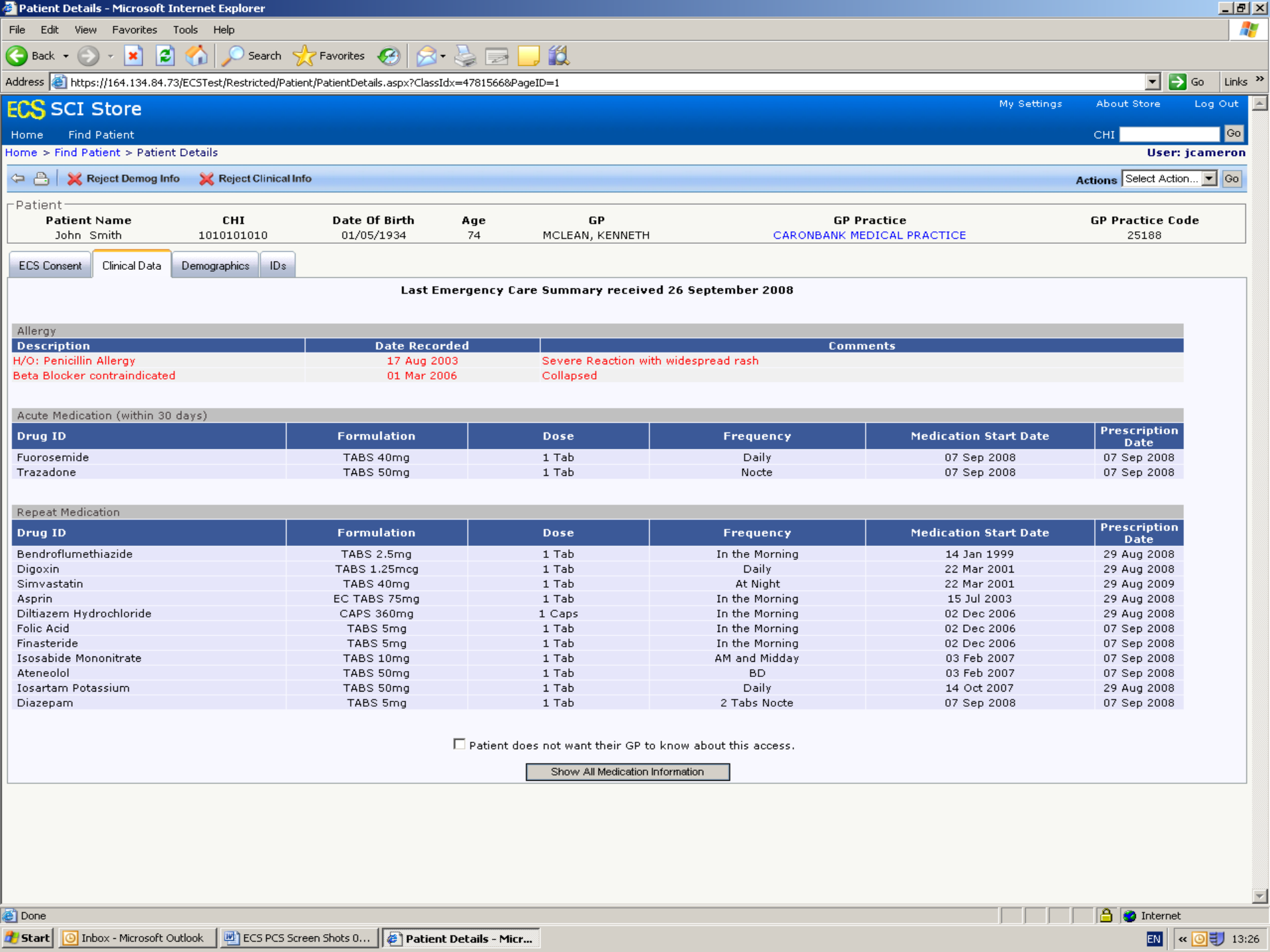
Why did we do this difficult thing?

- ❑ Patient safety = key driver
- ❑ Efficient use of clinical time also important
- ❑ Too much unknown when patient comes to unscheduled care
- ❑ A “useful summary” was needed

□ A “useful summary” was needed ...

System Overview

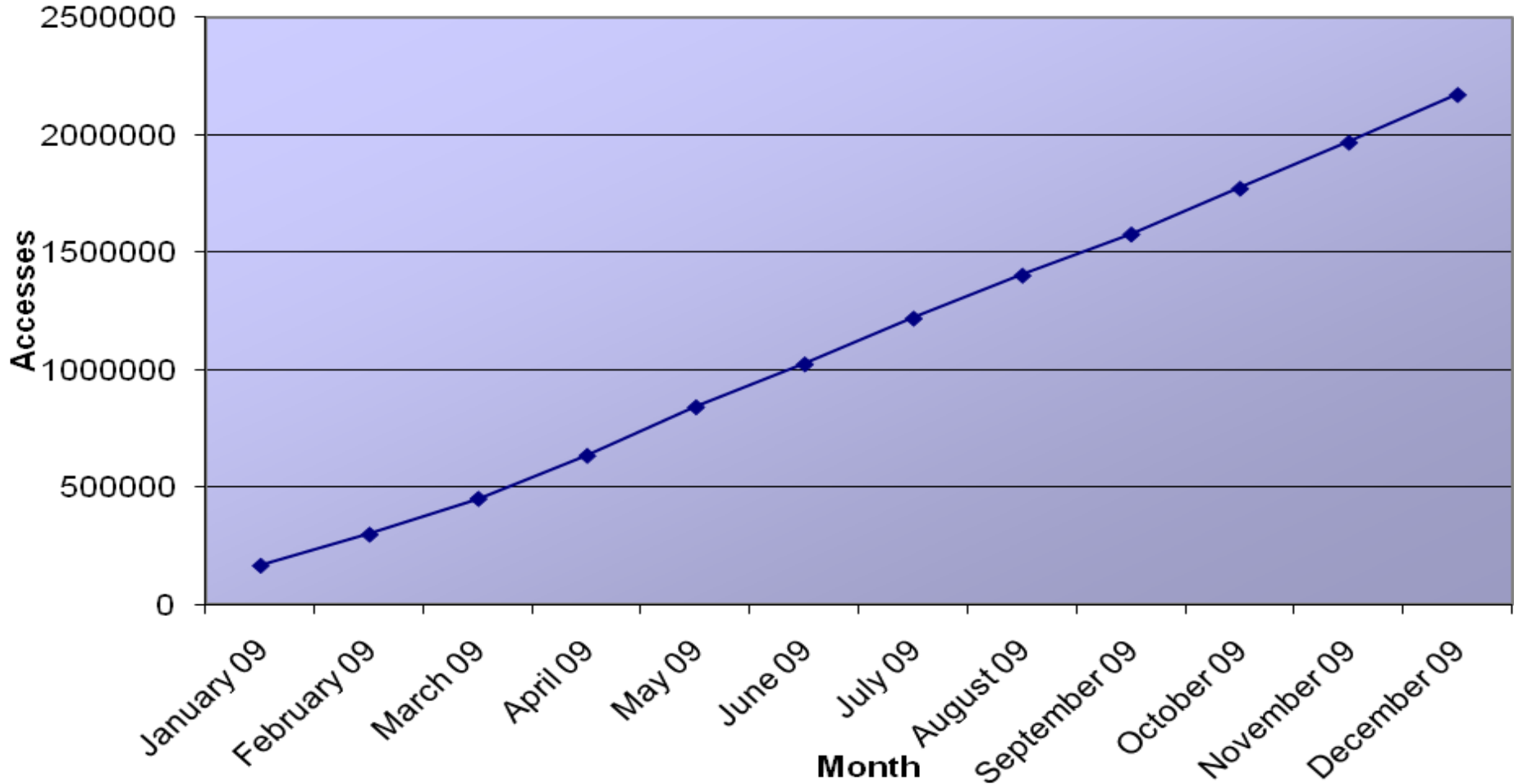




Progress

- ❑ Successful pilot + evaluation in 2004 with 100K records in defined geographical area
- ❑ National roll-out 2005/6, now 99%+ of population
- ❑ 1650 patients have opted out (0.03% of all possible)
- ❑ Over 4500 registered users Use:
 - ❑ over 4.3 million accesses to date
 - ❑ c. 50k per week
 - ❑ peak demand was 26k accesses per day (on 02/01/10), peak per hour was 2,700 accesses
 - ❑ steady increase...

Last 12 months (cumulative)



Implementation Approach

- ❑ Leadership by clinicians and patient representatives
- ❑ Incremental rollout in each Health Board
- ❑ National Communication + local leaflets
- ❑ Full integration where possible

Patient Consultation

- ❑ Scottish Consumer Council
- ❑ 8 patient focus groups held as part of planning, including people living with HIV and mental health problems

Key findings

- ❑ Patients generally supportive of ECS
- ❑ Main concerns related to security and who would access the ECS
- ❑ Patients wanted to be informed and have the chance to opt out
- ❑ Most thought they should have the right to see their ECS record

Confidentiality protections

- ❑ Assume consent to create an ECS record, but patients can opt out
- ❑ Explicit consent from patient for their record to be viewed at point of care
- ❑ (these provisions go further than the law requires in Scotland/ UK)
- ❑ all 'the usual' technical security - encryption etc

Costs and financing

- ❑ Total investment = £25.3m over 9 years
- ❑ IT cost: £3.3m = 13% of total (excludes broadband)
- ❑ annual costs now c. £0.6m (mainly 24x7 high specification data centre support)

Benefits from the ECS



Citizens

Patient safety – medication-related in particular (at least 50% of details given by patients is wrong or has something missing when checked against ECS)

Some avoided admissions & referrals

Time saving for patients

fewer repeat questions at OOH, NHS24 and A&E

More efficient consultation at NHS 24 – time & satisfaction

Benefits from the ECS

Benefits to NHS Scotland

Reduction in exposure to risk - better clinical governance

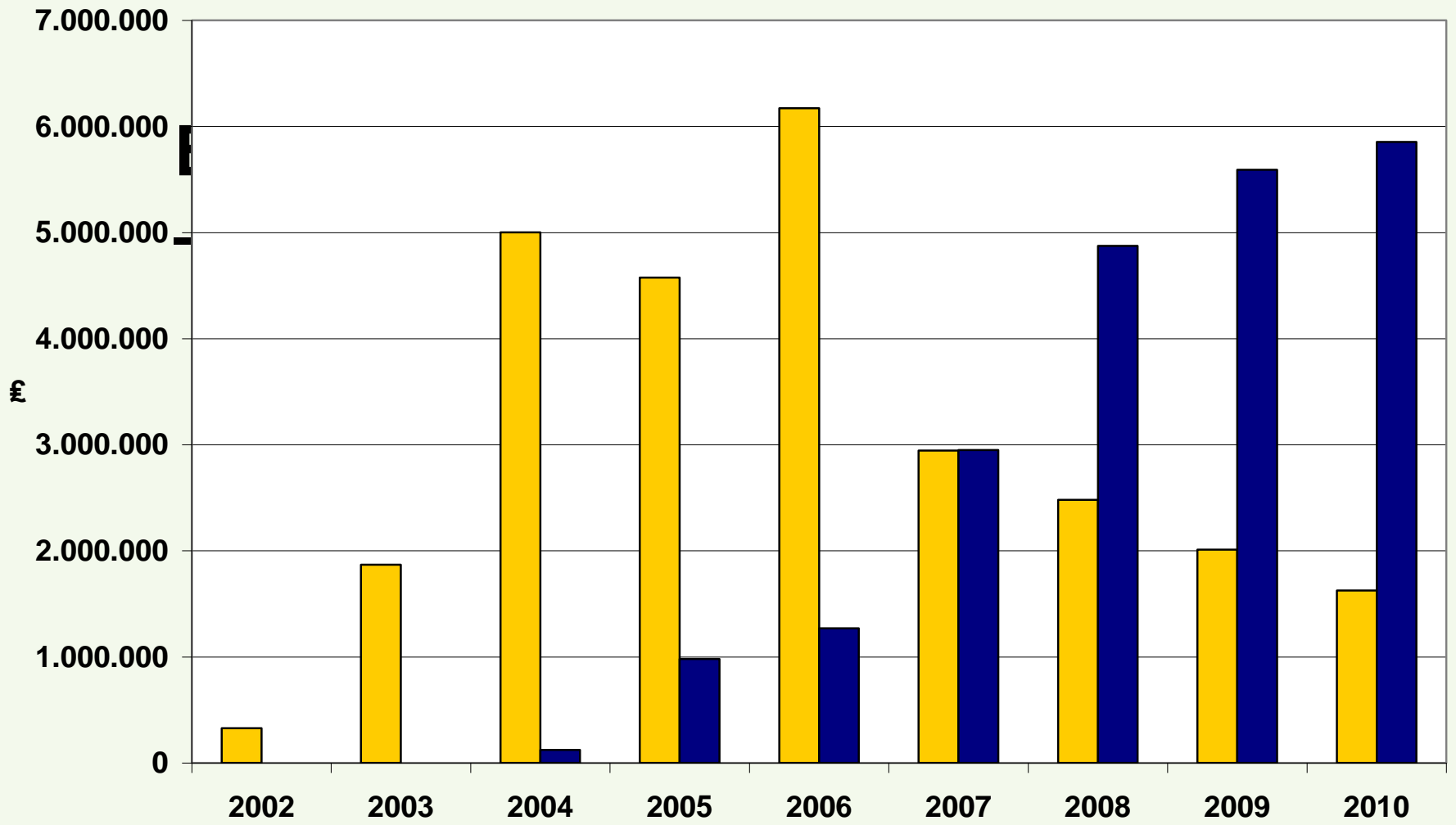
- Assurance that drugs are recorded correctly and fully
- Assurance that advice is based on better information

Time savings – redeployment of resources:

- **Fewer repeat questioning** about medications by doctors and nurses at OOH and A&E
- More bed-side time by A&E pharmacists as fewer calls to GPs
- **No manual input** of medication lists at NHS24
saves 1 minute per call

Avoided admissions & visits

- Avoided referrals by NHS24 to OOH and A&E
- **Faster treatment** and some avoided admission at A&E
no overnight waiting for clarification with GP



■ Present value of total annual costs ■ Present value of annual benefits

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[Home](#) > [Find Patient](#) > Patient Details

 CHI

User: jcameron

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	GP Practice Code
Daphne Broon	0202020202	01/01/1974	34	(00006)	HOLBURN MEDICAL GROUP	30059

Date: 07/07/2008

Review Date:

Patient's Medical Condition

Main Diagnoses

- 2007-01-01 - Congestive Heart Failure - NOT RECORDED
- 1999-01-03 - COPD - NOT RECORDED

Other Relevant Issues

Allergies/Adverse drug reactions

Description	Date Recorded	Comments
Salbutamol	31 Jan 2008	Shakes++
Penicillin	08 Nov 2005	Rash

Current Drugs and Doses

Acute Medication (within 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date

Repeat Medication

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date
Frusemide	800MG	80mg	In the morning at noon	26 Nov 2003	29 Nov 2007
Enalapril	400MG	40MG	In the morning	26 Nov 2003	03 Apr 2008
Digoxin	400MG	125MCG	In the morning	26 Nov 2003	03 Apr 2008
Diazepam	800MG	2MG	tds as rqd for anxiety	26 Nov 2003	03 Apr 2008
Tiotropium	500 Tablets	One	Daily	26 Nov 2003	03 Apr 2008
Atrovent	via Nebuliser	4 times	Daily	26 Nov 2003	03 Apr 2008
Cleni	400MCG	2 puffs	Twice daily	26 Nov 2003	03 Apr 2008
Zopiclone	100MG	7.5MG	Nightly as rqd for sleep	26 Nov 2003	03 Apr 2008

Additional drugs available at home

Advice for Out Of Hours Care

Care Plan Agreed	<ul style="list-style-type: none"> 2005-11-08 - Well known to both Chest and Cardiac Wards main issue likely to be CCF so try there first but both wards will accept direct admission - NOT RECORDED
Preferred place of care	<ul style="list-style-type: none"> 2005-11-08 - As Care Plan Agreed - NOT RECORDED
Should GP be contacted out of hours?	<ul style="list-style-type: none"> 2009-11-08 - NOT RECORDED - NO 2008-11-08 -

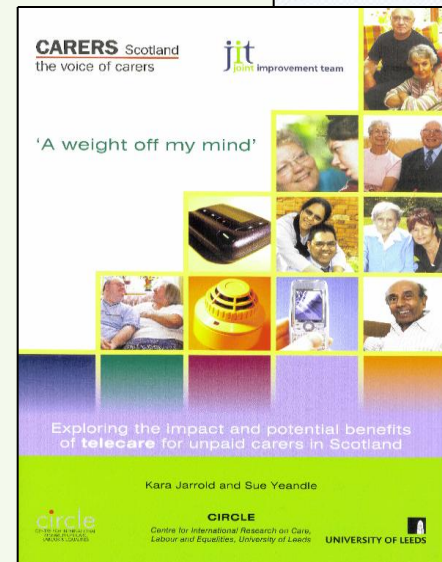
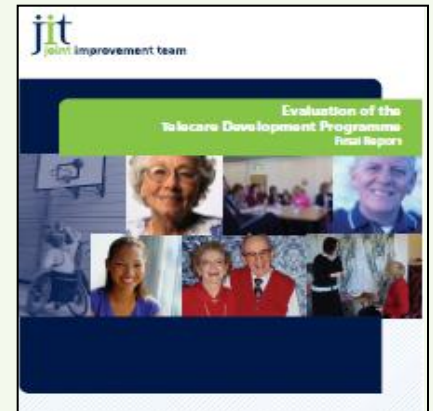
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Start
Inbox - Microsoft Outlook
ECS PCS Screen Shots 0...
Patient Details - Micr...
EN
13:30

Finally – a bit about telecare

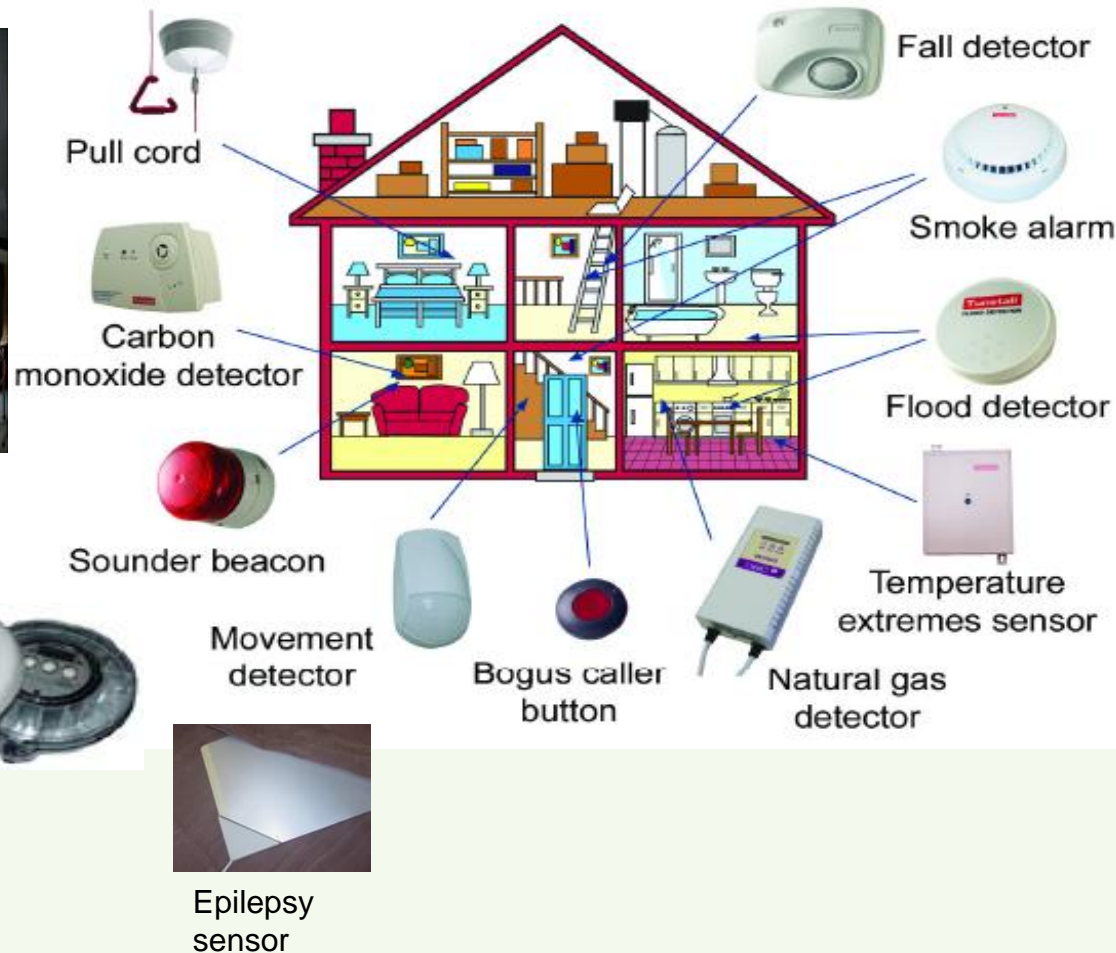
The use of technology to help people live at home for longer, with safety and security

National Telecare Programme Progress Across Scotland (Dec '09)

- > Launched in Aug 2006 – incremental 5 year programme to March 2011 [£20million investment].
- > 25,833 people in Scotland have received a telecare service as a result of TDP.
- > All 32 local partnerships are progressing Telecare Programme.
- > Independent Evaluation published in Feb 2009 – “promising start”.
- > Very positive responses from users/unpaid carers evidenced further in Leeds University Study (Dec 2009).



Expanding Range of Telecare



Medication Reminder



Wristcare



Locator



Wayfinder



Innovation & Integration

- ❑ Monitoring 'Health at Home'
- ❑ Preventing & Managing Falls
- ❑ Development of local training & Awareness Raising Programmes
- ❑ Housing & Care Models
- ❑ Promotion of telecare across different user groups



Progress Monitoring Results to March 2009

Outcomes	Partnership Expectations	Partnership Achievements
Reduction in delayed discharges from hospital	837	894
Reduction in the number of unplanned hospital admissions	2,715	3,801
Reduction in the number of care home admissions	989	1,465
Number of persons able to maintain themselves at home through receipt of a telecare service (2008/9 quarterly average)		7,849

Efficiencies	Partnership Expectations	Partnership Achievements
Number of hospital bed days saved due to reduction in number of delayed discharges	34,430	9,347
Number of hospital bed days saved due to reduction in number of unplanned hospital admissions.	24,408	25,286
Reduction in number of care home bed days purchased	144,786	140,984
Number of nights sleepover care saved	38,525	22,575
Number of home check visits saved	529,205	360,213

Source: Newhaven Research (2009)



Feedback from Users & Carers

- ❑ “I am not frightened any more”
- ❑ “I don’t feel that I am on my own”
- ❑ “Help arrives quickly when I fall, which is often”
- ❑ “I know there is someone there, if anything should happen so I am more independent and not afraid of trying to do things. I have confidence”.
- ❑ “it has let me stay in my own home”
- ❑ I now know that there is someone besides me involved in looking after my mother”
- ❑ “Peace of mind, more time to myself, less stress. Not intrusive”
- ❑ “We can sleep easier at night”
- ❑ “she has not been admitted to hospital since she got connected”
- ❑ “I am able to enjoy a more sister-to-sister rather than carer to cared-for relationship”

74% Carers reported Reduced Stress

93% of Service users felt safer at Home

69.7% of users felt more independent, and 60% felt their Quality of Life had improved

Challenges

- > Lack of co-ordinated strategy, leadership and investment at both local & national level
- > In many areas there is still a project mentality instead of seeing a significant service redesign opportunity
- > Equipment and data integration
- > Initially slow but gathering momentum – huge enthusiasm from carers and practitioners working with the technology
- > Telehealth & Telecare at different stages, and need for integrated community based services

What have we learnt?

- This is about complex change management and takes time, effort & resources
- Technology can play a significant part in remodelling our health & care services
- Incremental implementation – establish key priorities, have robust monitoring in place and review as progress
- It can be hugely personalised and empowering for the service user and their carer, but it is not suitable for everyone
- Needs effective leadership nationally & locally - champions
- Now time for a big push!

Priorities for 2010/11

- A further 13,000 service users (*est. 45,000 via TDP*)
- Develop 5 year Action Plan for 'telehealthcare' with SCT/NHS24– linked to key policy agendas e.g. Reshaping Care/NHS Quality Strategy
- Implement Telehealthcare Education & Training Strategy
- Identify options for more effective Procurement
- Embed within 'care pathways' e.g. dementia, falls, Management of Long Term Conditions, medication management, support for Carers
- Continue to monitor and evidence progress
- Explore funding opportunities to develop 'at scale', integrated service redesign

Takk – Hadet bra!



Jeg trenger å øve på norsken min!