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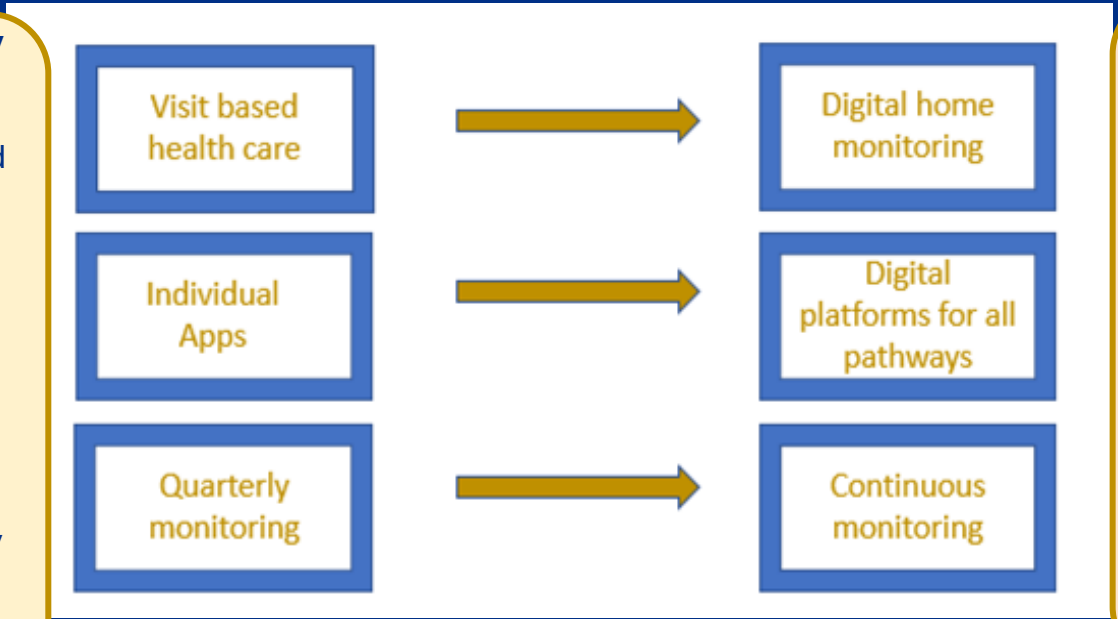
SEHTA
October 2021

Changes required within the NHS

Patient care today
Pathways are subject to delay due to capacity and infection issues. There are long waits for initial appointments, follow up appointments pre-pandemic. During the pandemic care has been interrupted in many pathways.



Patient care in future
Continuous home monitoring supported by virtual assessments with the clinical team. Pathways can be tailored to the needs of the patient and provide continuity of care during periods were infection is circulating within the community.

Digitally enabled remote monitoring

A collaborative journey...

Digital technology enabled the team to care for growing numbers of patients

Short animation on #NHSXInnovCollab

Digital technology can better support a range of chronic and acute health conditions in the future

How local health and care systems across England are supporting people at home using technology

Hear how University Hospital Southampton is using technology to empower patients through self-management using a patient portal platform

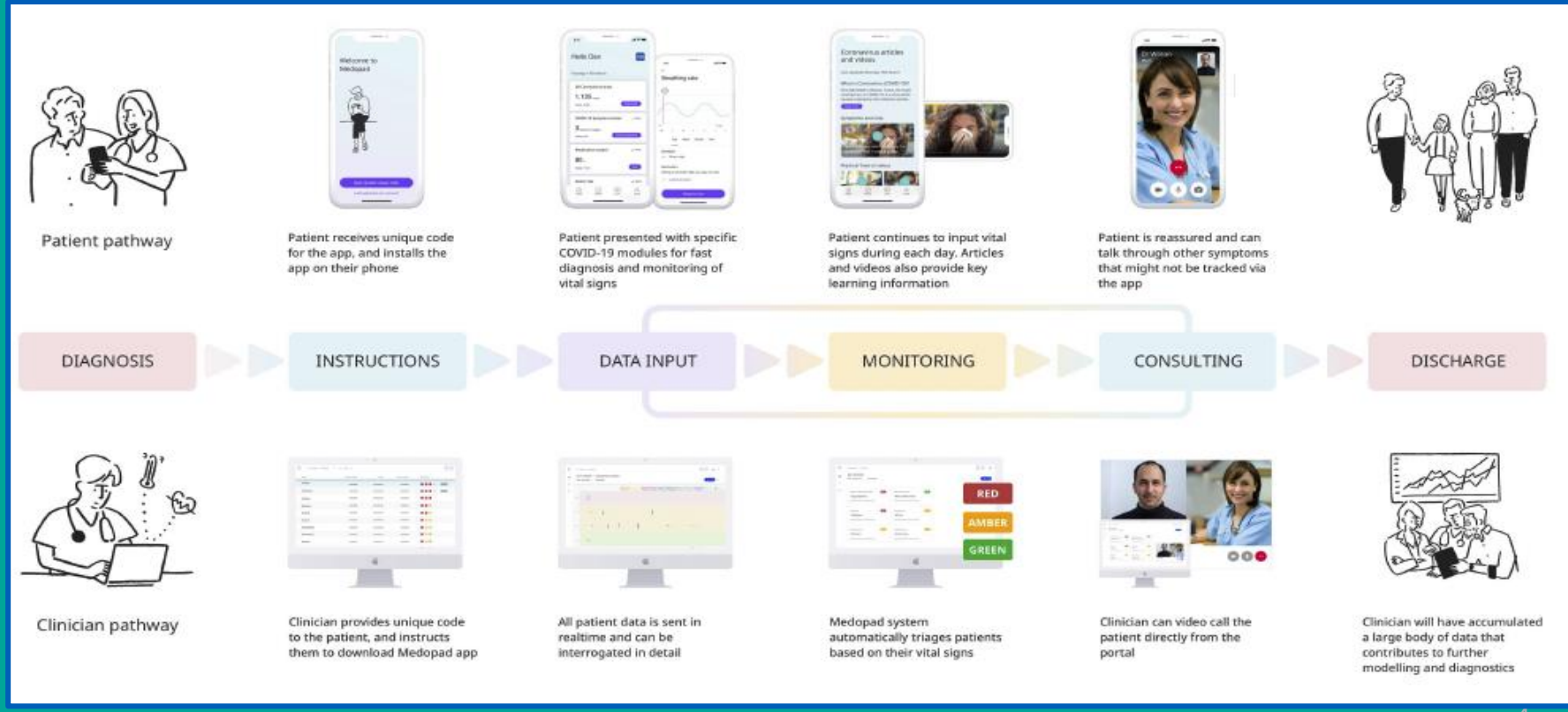
Innovation Collaborative.

In partnership with

TheAHSNNetwork

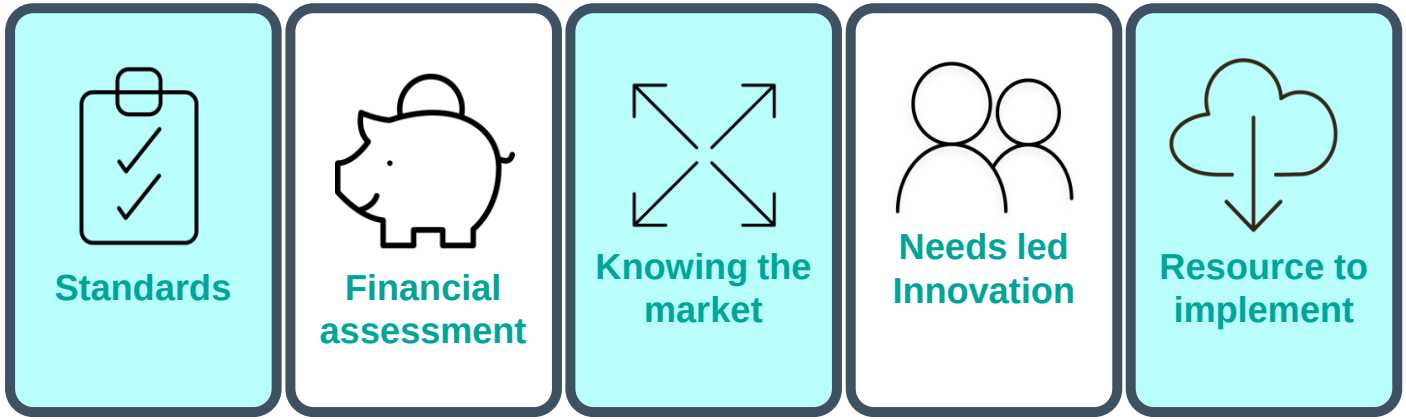
Click on each media icon to learn more

How it works


Patient pathway
Patient receives unique code for the app, and installs the app on their phone
Patient presented with specific COVID-19 modules for fast diagnosis and monitoring of vital signs
Patient continues to input vital signs during each day. Articles and videos also provide key learning information
Patient is reassured and can talk through other symptoms that might not be tracked via the app
DIAGNOSIS
INSTRUCTIONS
DATA INPUT
MONITORING
CONSULTING
DISCHARGE
RED
AMBER
GREEN
Clinician pathway
Clinician provides unique code to the patient, and instructs them to download Medopad app
All patient data is sent in realtime and can be interrogated in detail
Medopad system automatically triages patients based on their vital signs
Clinician can video call the patient directly from the portal
Clinician will have accumulated a large body of data that contributes to further modelling and diagnostics

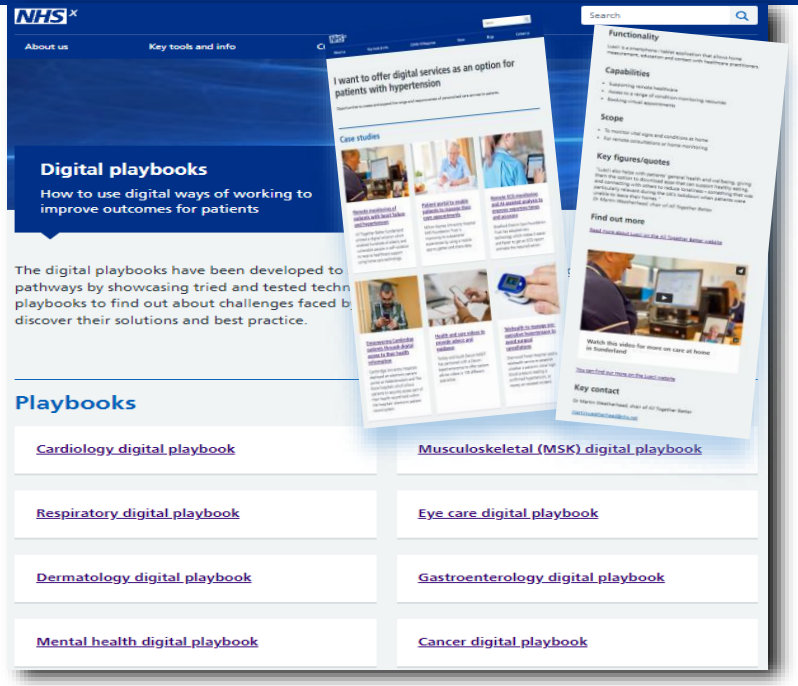
Feedback from systems

Providers consistently outline the same themes when highlighting success factors for implementing technology within outpatients which need to be addressed when scaling innovation.

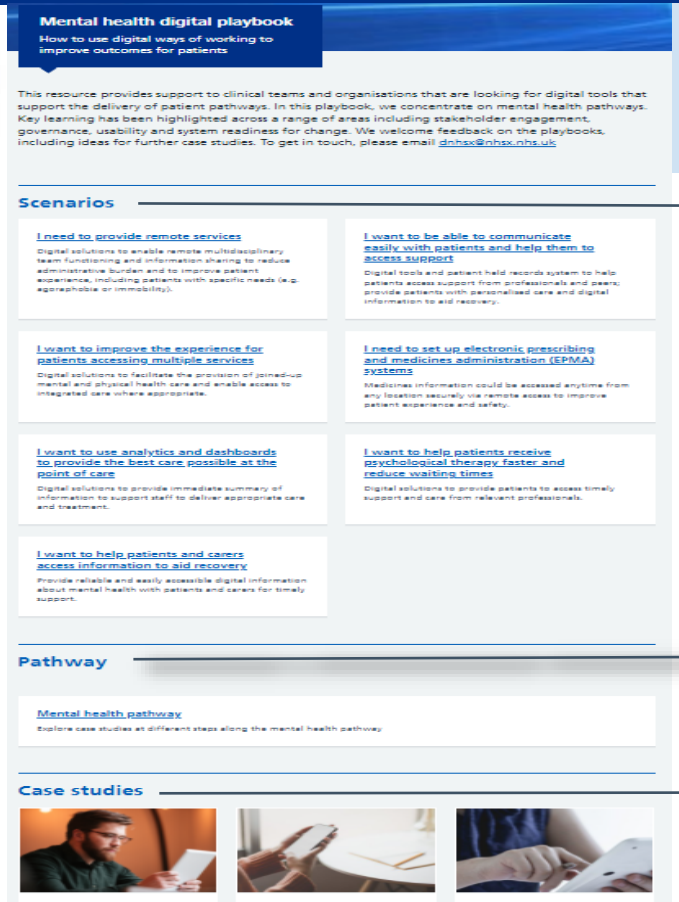


The first concern relates to progress on standards to ensure that products are fit for purpose. The second and third theme relate to ensuring that NHS teams are aware of the technology that is available and that the financial benefits have been assessed and teams can proceed to implementation. The fourth and final themes highlight the need for products to be built around the needs of the NHS and to consider the extent of the changes that need to be made to a service to implement new technology.

Digital playbooks: supporting design of digital pathways



The playbook landing page can be found here: https://www.nhsx.nhs.uk/key-tools-and-info/digital-playbooks/



Users can scroll through different scenarios, care pathways or a library of case studies

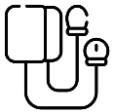
Clinically identified significant problems and their solutions linked to in the case studies

Solutions set out along the pathway

Case studies grouped for ease

Communications

64,628 new people on remote monitoring pathways from April to the end of July



48,360 new patients on home blood pressure monitoring - April to the end of July

24,660 patients on home kidney testing schemes - April to the end of July

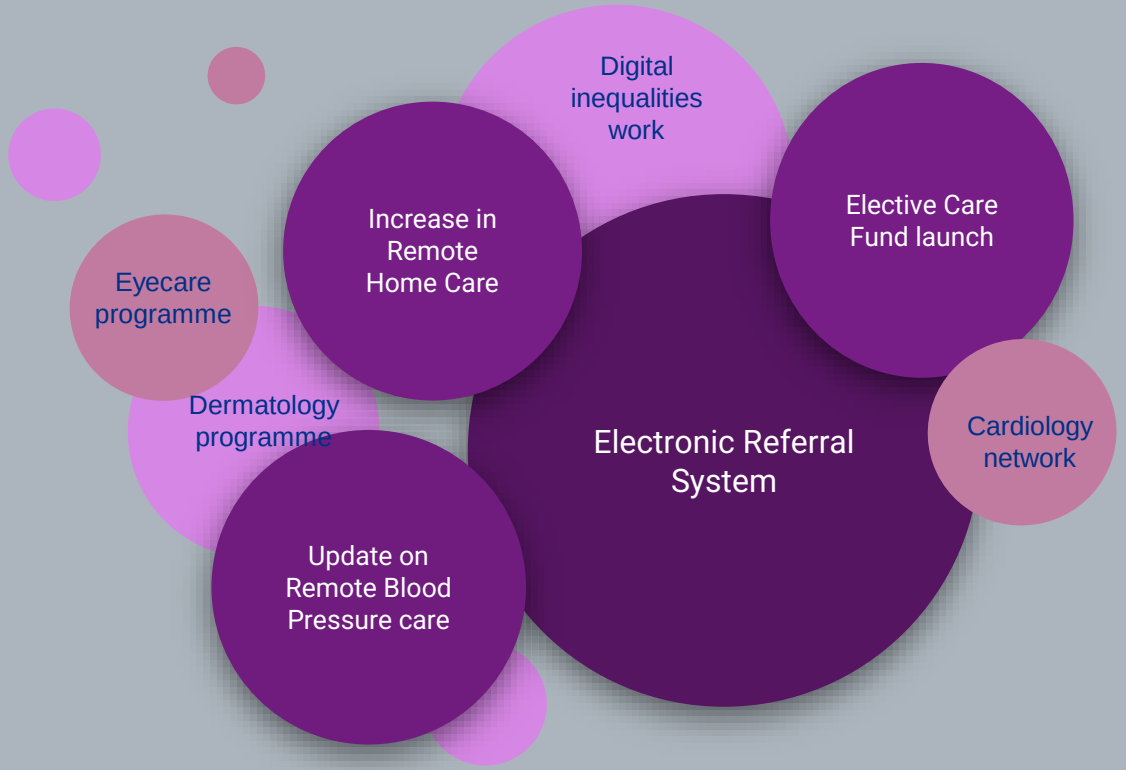
10,494 views to digital playbooks between April and end of August

165,561 patients benefited from new healthcare information videos - April to the end of July

906 members of the Innovation Collaborative,

who undertook **3373** document previews and **1252** document downloads

Focus for today's discussion



Elective Care Adoption Fund

Adoption Fund

We have set up a £7.5m wave 1 adoption fund to support new innovations to be trialled within the NHS

Specialities

Innovations will be trialled in: MSK, Periop, Gastroenterology, Cardiac care and Digital Inclusion. Money can be spent on both technology and implementation

Outcomes

We expect to see outcomes across: patient experience, staff experience, on waiting list times, economic impact (VfM) and clear understandings of how to best implement

Regional challenges for dermatology

North West

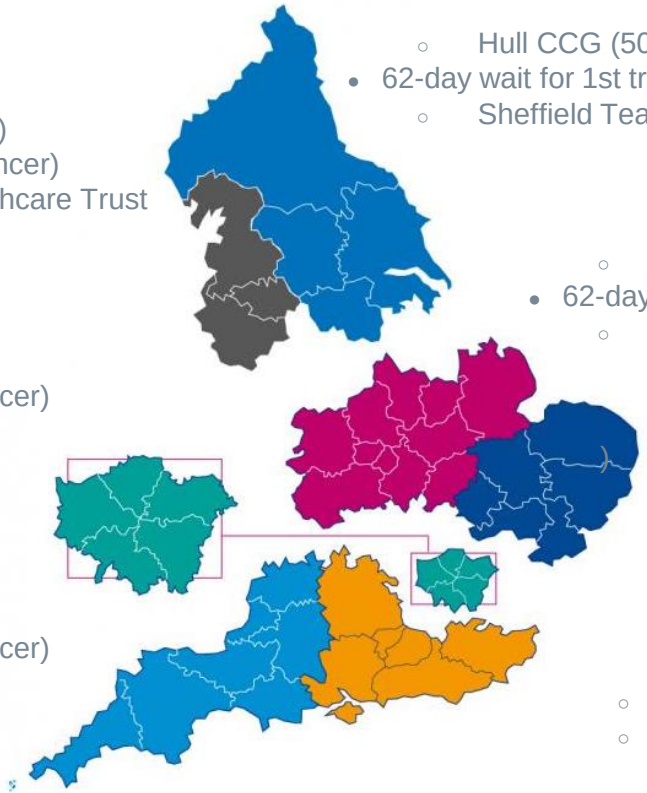
- Morecambe Bay CCG (56.4%)
- 62-day wait for 1st treatment (skin cancer)
  - Bridgewater Community Healthcare Trust (50%)

London

- Redbridge CCG (64.3%)
- 62-day wait for 1st treatment (skin cancer)
  - Imperial College Trust (66.7%)

South West

- Dorset CCG (66.7%)
- 62-day wait for 1st treatment (skin cancer)
  - North Bristol Trust (86.2%)



North East and Yorkshire

- Hull CCG (50.9%)
- 62-day wait for 1st treatment (skin cancer)
  - Sheffield Teaching Hospital Trust (70.6%)

Midlands

- Warwickshire North CCG (39.3%)
- 62-day wait for 1st treatment (skin cancer)
  - University Hospitals Birmingham Trust (50.1%)

East of England

- Norfolk and Waveney CCG (56.2%)
- 62-day wait for 1st treatment (skin cancer)
  - Princess Alexandra Trust (51.7%)

South East

- North East Hampshire and Farnham CCG (63.3%)
- Buckinghamshire CCG (69.1%)

Work underway

North West

Improve integration and image capture to promote improved usability for GPs and dermatologists

North East & Yorkshire

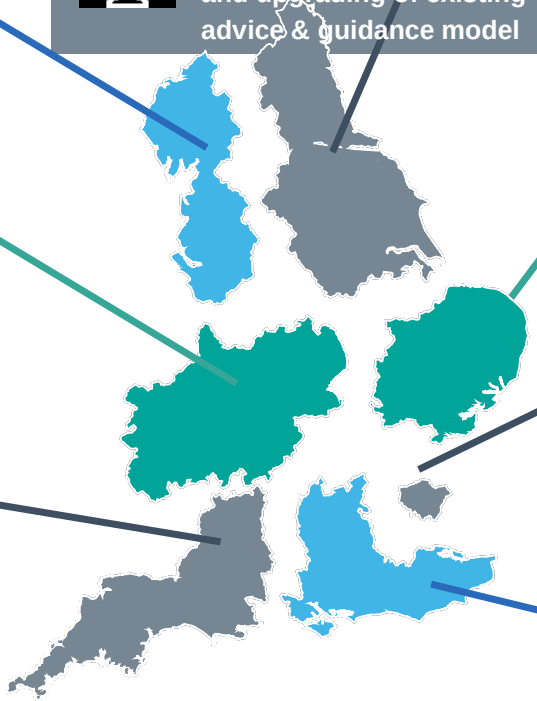
Use technology to allow patient image uploading and upgrading of existing advice & guidance model

East of England

improve primary care cancer detection while reducing secondary care referrals

Midlands

Set up teledermatology training hubs and expand teledermatology across the West Midlands



London

Establish a shared single point of access for 2WW referrals and community medical photography hub service for suspected urgent cancer referrals

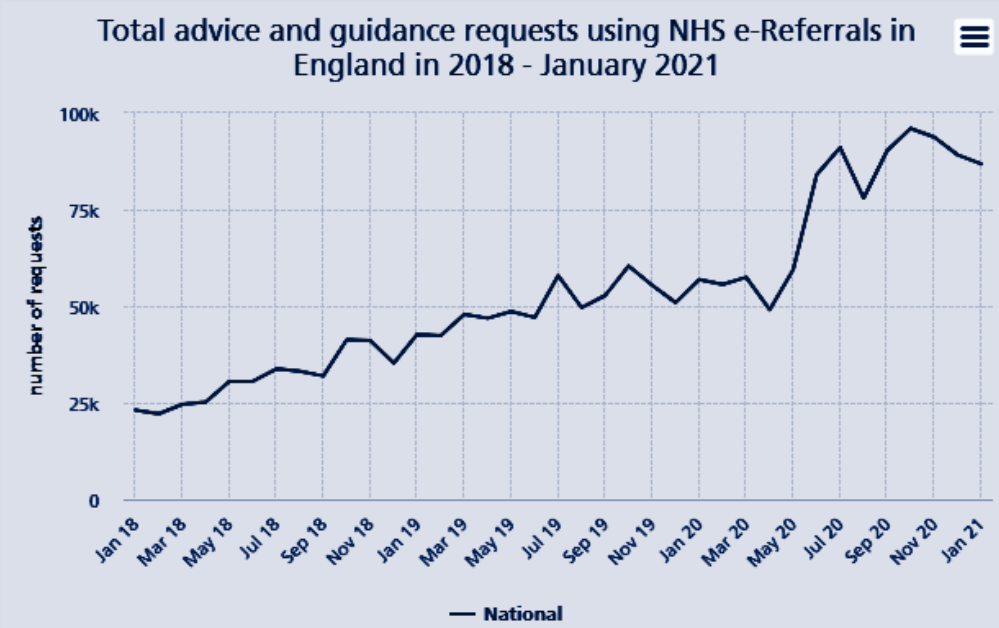
South West

Roll out Primary Care Network skin spot clinics to improve referral management and enhanced clinical decision-making

South East

Enhance imaging with dermatoscopes in primary care sites and photo hubs

COVID-19: The most dramatic change in asynchronous remote care in the history of the NHS e-Referral Service



1. Referrer raises advice and guidance request.
2. Authorisation given to convert referral selected.
3. Provider converts the advice and guidance request and provides management advice back to the referrer.

A&G increased by > 90% in 2020

A&G functionality change January 2021 – allows advice +/- referral

First ever e-RS advice service for patients being added to waiting list

Eye Care eRS and Image Sharing

Programme Update

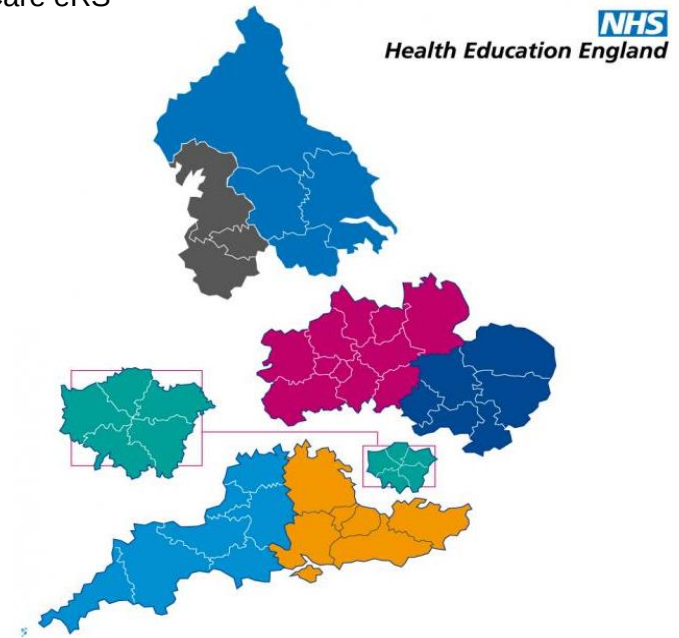
Procurement in place and continuing across regions: 11x ICSs contracted, 7x ICSs across NW and NE&Y 10x ICSs potentially across Midlands (local funded programme)

Technical Architecture & Standards

Discussions with all the national chains over the last two weeks to define timeframe to implement API. This process will create interoperability between practice management systems and Eye Care eRS solutions

Regional State of Play

- **London**: on course of 82 optical practices by Oct 21 and 118 optical practices by Dec. 359 referrals submitted through EeRS w/c 16/08, 16% increase on previous week.
- **East of England**: C&P on course for 20 optical practices by Oct, with 35 by Dec. MSE on course for 61 optical practices by Oct, and 81 by Dec.
  EeRS in use in MSE with 72 referrals submitted to date since 09/08.
- **South East**: EeRS not live in optical practices or Hospital Eye Svc (HES) yet due to primary care engagement challenges. Trajectories now available for K&M and BOB but numbers are low.
- **South West:** No movement on contracts for BSW, Cornwall and Devon. Trajectories revised down.
- **North West:** unlikely to realise any volume by end of Oct.
- **North East & Yorkshire**: Region has completed evaluation with moderation still due for completion this week to identify a preferred supplier.
- **Midlands:** Due to publish specification / ITT in Aug. NHSX supported through CEG. Local programme of 10x ICSs



Embedding Blood Pressure @home

Programme outline

Phase 1 - Proof of concept, Jan 2021-March 2021:

- Five early adopters

Phase 2 - Targeted expansion, Apr- 2021 - Aug 2021:

- Regionally coordinated distribution of a further procured 198k BPMs.
- Target patient populations determined locally.
- 12 ICS trailblazer sites increased monitoring by 108%.

Phase 3 - National roll out, Sep 2021 - Mar 2023:

- Development of a national toolkit to support delivery of national pathway with digital enablers and targeted case finding supported by NLP.
- Roll out facilitated by AHSN network nationally.

National support

- **Refreshed national pathway complete-** led by national clinical director for CVD prevention
- **NHSX Trailblazers -** for 12 sites and includes additional implementation support and funding to accelerate implementation within these areas (and utilisation of a digital platform) and to share learning and practice for the benefit all areas.
- **FutureNHS workspace**
  - Implementation guidance pack
  - Standard operating procedure
  - Webinars and training materials
- **Case studies on the NHSX website** will be available through https://www.nhsx.nhs.uk/
- **Support with implementation -** The AHSN network nationally have been commissioned to support future implementation through a toolkit of good practice interventions

Regional scale programme 21/22
Areas of focus...

Key: colour indicates project type

- Long term conditions and tech enabled virtual wards
  (projects aiming to support c50% of overall aim)
- Care sector
  (projects aiming to support c30% of overall aim)
- Mental health
  (projects aiming to support c20% of overall aim)

Aim is up to 300k patients/citizens supported at home

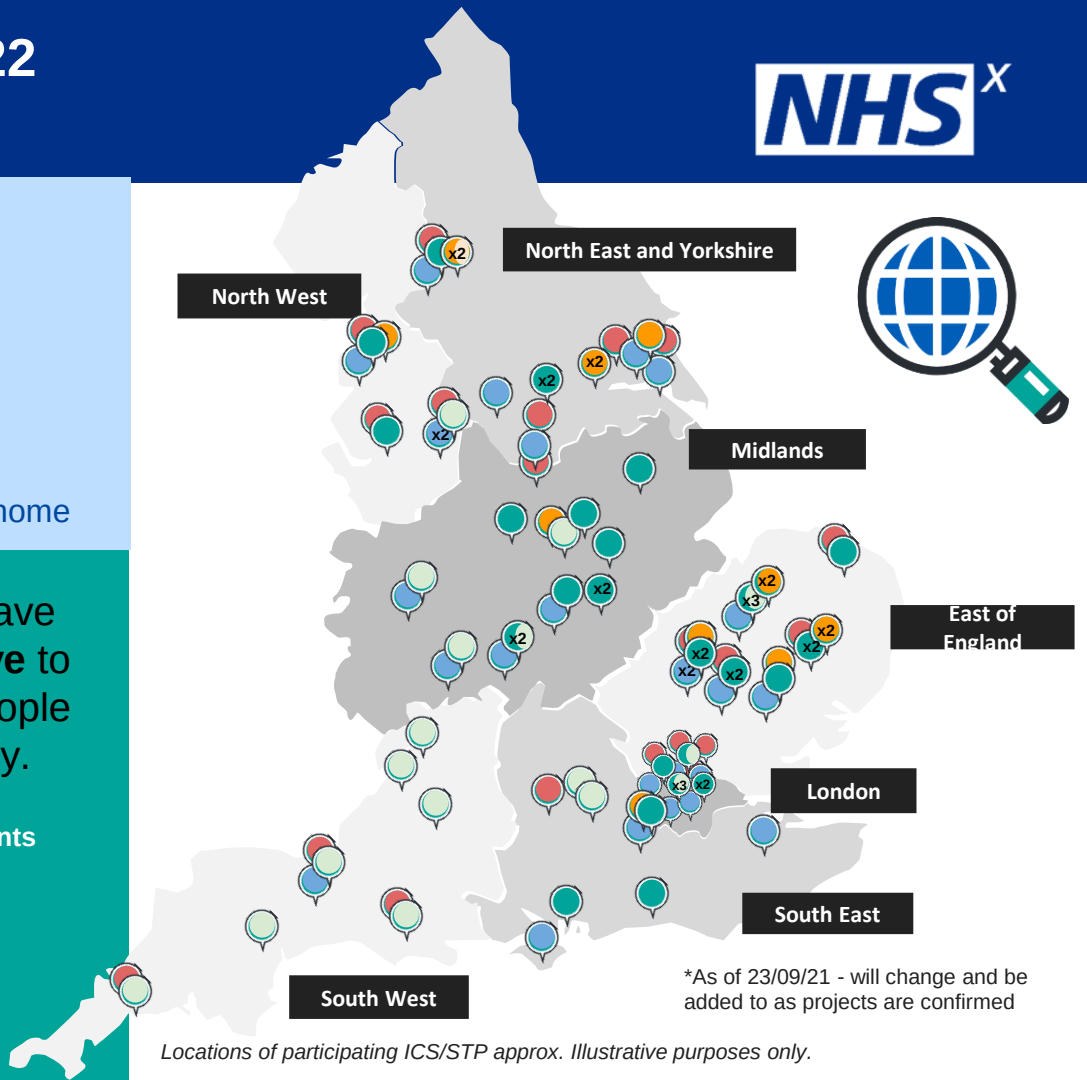
Regional and local teams across England have joined our national **Innovation Collaborative** to share learning to enable them to support people at home through the use of digital technology.

909 Members of the Innovation Collaborative

3373 Documents viewed

1461 Documents downloaded

*Total: As of 07/09/21



*As of 23/09/21 - will change and be added to as projects are confirmed

Locations of participating ICS/STP approx. Illustrative purposes only.

Innovation Collaborative.

Shared learning resources

Regional innovation series case studies

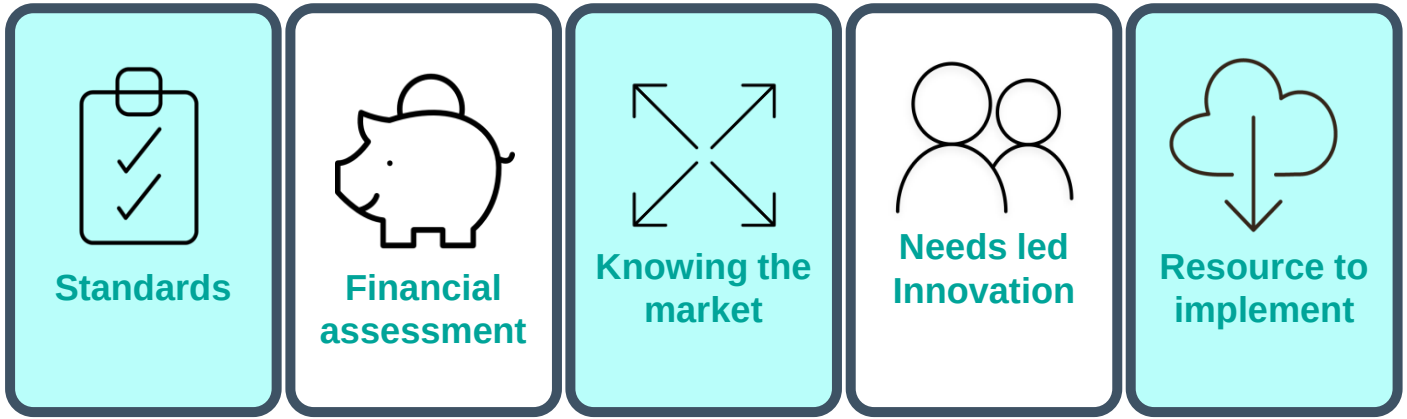
Benefits / health economics guidance documents

Business case guidance documents

Podcast episodes

Plus national, regional and local shared resources, plus useful web links and tools

Partnerships with the NHS



Providers consistently outline the same themes when highlighting success factors for implementing technology within outpatients which need to be addressed when scaling innovation and **we have responded to them!**