



Telehealth in Kent: what's behind its success?



What kit did Kent use?

The governing factor for KCC when choosing their telehealth kit was simplicity for the user. Typically, each telehealth patient has:

- a range of self-monitoring devices covering four main functions, depending on each individual's particular condition: blood pressure; weight; blood glucose; and pulse oximetry
- an electronic hub which patients use to upload their readings each day and receive messages and advice back from their nurse

The data is then sent to the clinical team via a secure web link. KCC use their own servers – giving them the added protection of the local government firewall.

Importantly, the system is configured remotely and what the patient sees on his or her monitor is tailored to their individual requirements. This keeps things simple for the patient and allows the system to change in tune with their needs.

When Kent County Council (KCC) started testing telehealth in 2005, those who had championed the technology in the local authority were expecting some significant benefits in terms of improved care and cost efficiencies. Now some 250 patients across the county with long-term conditions are using telehealth technologies on a daily basis – and the results are even better than hoped. The trial has prevented unplanned hospital admissions for less complex cases; even patients with complex co-morbidities are staying in their homes and away from hospital for longer; and acute care costs are down by more than 60 per cent in some patient groups.

Developing models of care

However, according to Matthew Rye, telehealth evaluations manager at KCC, this level of success hasn't happened overnight. It has taken time and persistence to develop the service models that deliver these sorts of results for patients, care professionals and commissioners.

"We initially opted for a GP and practice nurse-led model, but we just didn't get sufficient levels of engagement," explained Matthew.

"The generalist nursing teams were still relying on the specialist knowledge of the GP. Patients were taking their readings but they weren't getting the support and regular feedback they needed to understand what the numbers meant. As a result, confused or anxious patients would still end up calling or coming into the surgery and the GPs' workload stayed the same."

Things started to improve rapidly, though, once the council gravitated to a community nurse-based model – and the best results overall have come from a community matron-led approach.

Emerging evidence

While Kent is intending to publish its full evaluation later in the year, these are some of the early findings:

Practice nurse model: 15 patients with LTCs across two GP practices

- acute care costs reduced from £43k to 10.5k (measured over six months)

Generalist community matron model: 60 patients with LTCs

- 60% reduction in acute care costs (after 4-6 weeks)
- 40% reduction in GP contacts.

Enhanced competencies – enhanced results?

Identifying the right patients and finding the right combination of nursing skills and medical support has been a case of trial and error for Kent.

Interestingly, the biggest successes so far are coming from the county's Shepway district. There, the telehealth programme is being led by two community matrons who, as well as managing a range of LTCs, also have specialisms in cardiorespiratory disease and diabetes.

According to Matthew, these enhanced competencies mean they can confidently care for people with the most complex conditions; spot problems earlier; and better understand and control the linkages between different morbidities. This is helping to support people at home – even when they have exacerbations and even when they are approaching the end of their lives.

“Of the six telehealth patients who recently died in our exemplar Shepway site, four died while cared for in their own homes and only two had a hospital admission in the last year of their lives. That’s better for the patient, better for their families and better for the NHS.”

Telecare describes any service that brings health and social care directly to a user (generally in their homes) supported by information and communication technology. Eg. motion or falls monitors that trigger a warning to a response centre.

Telehealth is part of this, but relates specifically to remote monitoring of a person's vital signs, including blood pressure, weight and blood glucose.

Telemedicine allows clinical consultations remotely, often by video conference.

There is still a lot of debate and confusion around these terms and they are often used wrongly or interchangeably.

“Of the six telehealth patients who recently died in our exemplar Shepway site, four died while in their own homes and only two had a hospital admission in the last year of their lives”

The CMs also refer patients from their own caseload. This has been important in the overall success of the Kent programme as not all patients benefit from using telehealth. By applying their detailed knowledge of both the individual and their conditions, CMs play a crucial role in identifying the patients who are best suited to this form of care.

However, while a compelling case is emerging for using CMs with enhanced competencies – it’s clear those competencies have to be the right ones and this brings in some subtler thinking about how to skill and support nursing staff.

“Neither of our specialist CMs in Shepway are nurse prescribers, but they are adding real value by being able to enter into meaningful dialogue about medication changes with either the GP or the secondary care consultant. The doctor is still involved in the patient’s care – but it’s a lot less work than having to see and manage the patient face-to-face.”

Reducing anxiety

As well as better health outcomes, Kent’s experience has highlighted other important benefits for patients, especially in terms of reducing people’s anxiety and boosting their confidence.

“The power of positive feedback can’t be underestimated,” explains Matthew.

“People often access clinical services because they need reassurance. So quite often, if a patient’s readings are normal, the CM will still send a quick message back just to say: ‘well done and keep up the good work!’ In fact, letting the patient know that they are being monitored in this way relieves anxiety and is seen as best practice.

Patients also feel less ‘done to’, adds Matthew.

“Telehealth makes it easier for the patient to be the owner of their own care. The closer you get to that sort of empowerment, the bigger the benefits for everyone.”

Turning points and lessons

For Kent, there have been a lot of lessons over the past two years about what works and what doesn't. Of these, one crucial turning point has been getting secondary care consultants actively involved in the service delivery team. Although this was introduced by the PCT as a way to support the specialist CMs in Shepway, involving secondary care consultants has led to wider benefits, particularly for GPs - giving them valuable extra support and a real opportunity to reduce their own caseload.

Another major piece of learning has been around the technology itself. According to Matthew, the functionality of the kit has to be right and really easy for patients to use every day. The brand, he says, is less of an issue.

"It's been really important for us that patients take and enter their readings every day. It means the clinical teams not only get a fuller picture of what is normal for that individual, they can intervene much more quickly."

"We have one lady, for instance, who tends to add as little as a kilo just two or three days before having an arrhythmia. If the care team had only weekly data to go on, the chances are they'd miss this and she would run into problems."

But, he adds:

"If you're going to empower people to look at their own health, you have to be ready to support them and make sure they understand the readings they're looking at. With telehealth, you've got to monitor and feed-back regularly. If you don't, you'll generate demand for GPs' time, not reduce it."

Kent's success factors

Kent is one of three sites, along with Cornwall and Newham, selected by the Department of Health to take part in England's biggest and most academically-robust evaluation of telehealth and telecare to date.

"One crucial turning point has been getting secondary care consultants actively involved in the service delivery team"

"The functionality of the kit has to be right. The brand is less of an issue"

While they are entering the 'whole systems demonstrator' (WSD) pilot with a genuine sense of excitement and an open mind – according to Matthew, there are some key lessons that they will be taking with them:

- get the right staff with the right competencies in place
- make sure the technology is very easy to use
- understand who you are giving it to
- ensure patients take their readings every day
- and that they know someone is actively monitoring their results

Find out more:

- For more details about KCC's telehealth evaluation see: <http://www.kent.gov.uk/TeleHealth>
- The Care Services Improvement Partnership manages a telecare/telehealth innovation network and is an excellent source of information about telehealth. See: <http://icn.csip.org.uk/telecare/>
- Details of the PASA telecare framework are available at: <http://www.pasa.nhs.uk/PASAWeb/Productsandservices/Telecare/>

Acknowledgements

The Kent telehealth pilot was run from Kent County Council in co-operation with West Kent and Eastern and Coastal Kent PCTs.

West Kent 
Primary Care Trust

Eastern and 
Coastal Kent
Primary Care Trust