

# ICT 2008 Conference Lyon

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## Wellbeing for All: Lead Market Initiative on eHealth

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Department of  
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# Implementing a Scale Application of Telemonitoring

- What we are trying to achieve
- Making it happen – the investment decision
- The design process – engaging clinicians and users
- Other critical success factors
- Key learning points



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# What We Are Trying To Achieve

- Taking forward procurement of a remote telemonitoring service for 5000 people by 2011
- Implementing a number of strategically aligned 'pilots'
  - 1500 patients by March 2009
- Developing a Connected Health Strategy looking 5-7 years ahead



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# The Service We Wish To Procure

- The supply, deliver, installation, commissioning, maintenance, decommissioning and associated making good of equipment;
- The provision of support and other associated services such as training;
- The collection, processing, analysis, transmission and/or otherwise making available of relevant data (including the triggering of alerts to designate point of contact);
- The development and implementation of relevant system interfaces;
- The provision of a triage service to include technical triage and optionally 1<sup>st</sup> line clinical triage; and
- Also:
  - Support evaluation
  - Compliant with current and emerging standards for interoperability
  - Future proofed



# The Benefits We Are Seeking to Achieve:

- The debate and case for introduction is not about technology or economic gain, but about issues of clinical and user concern, such as:
  - Improving Health
    - Information for people
    - Better targeted health promotion
    - Self management
  - Optimising independent living & support for carers
  - Early intervention & case management
  - Supporting professionals & multi-disciplinary networks
  - Streamlining the operational delivery of services
  - Reducing risk
- For health authorities and professionals, the economic benefits are secondary to the care benefits



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# Making it Happen – The Investment Decision

- Dependent on regional leadership
- Inconsistent response to key challenges
- Recognition that service could not deliver system change without support
- Feasibility study (October – November 07) confirmed need and support for strategic intervention
  - Recognition that current approaches were unsustainable
  - Market failure
  - Considerable stakeholder and cross-sectoral support
  - Evidence base pointing in right direction, but logic base more important
  - Maturity in supply chain
  - Timing was right
- Regional initiative announcement in January 08 – with significant funding attached to strategic shift from acute hospital to community sector



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# The Design Process – Engaging Clinicians and Users

- Cannot overstate importance of clinical buy-in – impacts on working practices and thus management of clinical risk; and
- The need for corporate commitment to make things happen on the ground;
- This takes time, energy, commitment and leadership; and
- Highly participative project management and implementation structures



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# The Design Process – Engaging Clinicians and Users

- Building awareness – ‘Roadshows’ and ‘Expo’
- Active engagement of professional bodies
- Identification and involvement of clinical champions
- Direct User engagement and participation
- Building and resourcing pilots to scale
- Significant participation in:
  - Development of procurement documentation – MoI, Evaluation criteria, OBS, Invitation to participate in dialogue
  - Clinical parameters
  - Development of Business Case, Procurement Strategy



# Other Critical Success Factors: Alignment with Strategic and Operational Health and Social Care Agenda

- Critical to transition from pilots (personal commitment) to scale application (system commitment)
- Legitimises focus – Ministerial commitment, supported by clear policy framework
- Supports case for prioritisation and investment
- Moves debate from investment in “ICT” to investment in “care”



# Other Critical Success Factors: Promotion of Logic and Evidence Base

- Critically important to clinicians and investment decision
- Evidence base is building
- Particularly strong for heart failure and aspects of diabetes
- Less well developed for COPD
- Positive patient experience
- Initiative does not rest exclusively on evidence base but on logic and rationale of improved information and early intervention, and
- Agreement to evaluation – adopt what works and adapt what doesn't



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# Procurement of a Remote Monitoring Service – Timetable and Process

- Advertised in OJEU 26 August 2008
- Expressions of Interest received 26 September 2008
- Pre-Qualification Questionnaire and Memorandum of Information issued 26 September 2008
- PQQ returns closed Mid October 2008
- Long list determined Early November 2008
- Invitation to participate in dialogue Output Based Specification issued Early November 2008
- Short list determined February 2009
- End of competitive dialogue July 2009
- Best and Final Offer returned Late August 2009
- Award of Contract Late September 2009



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# Tendering of Equipment and Service

- Inevitably lengthy and laborious, but
- Depending on approach, can be used to embed local commitment and support
- Market Response:
  - 52 Expressions of Interest
  - 25 responses to PQQ
  - Significant UK, European and US interest



# Key Learning Points

- Needs to be firmly anchored in strategic care agenda
- Focus on contribution to quality, safety, accessibility and user experience (economic and efficiency benefits are by-products)
- Make evidence base available
- Regional leadership and local design
- Clinically led, managerially promoted and supported
- Acknowledge that this takes time

## Ownership Ownership Ownership



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