

Developing Connected Health & Care The Northern Ireland Experience

Inside Government
16 October 2008

Eddie Ritson

Programme Director – Strategy Development
European Centre for Connected Health



Department of
**Health, Social Services
 and Public Safety**

www.dhsspsni.gov.uk

AN ROINN
**Sláinte, Seirbhísí Sóisialta
 agus Sábháilteachta Poiblí**
 MANNYSTRIE O
**Poustie, Resydënter Heisin
 an Fowk Siccar**



About Northern Ireland

- 1.7 m (relatively stable) population
- Political Devolution
- Reformed, integrated health & social care system
- 2 main academic institutions active in e-health
- Shares land border with another EU country

What do People Want?

1. Improved quality of life, health, well-being & independence
2. To be supported & enabled to self-care & to be involved in decisions about them
3. To have some choice & control over their care & support
4. To have services which are integrated, flexible, proactive & responsive
5. To have services that are high quality, efficient & sustainable

(DoH MORI & Others)



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MINISTÈRE O
**Poustie, Resydènter Heisin
an Fowk Siccar**

European Centre for



Strategic Challenges

- Increasing demand (demographics & morbidity)
- Quality & Safety
- Access & Responsiveness
- Improving Performance
- Involving People

The European Union Perspective

“The way healthcare is presently delivered has to be deeply reformed. The situation is becoming unsustainable and will only worsen in the future as chronic diseases & demographic changes place additional strains on healthcare systems around Europe.”

The EC calls for:

“...a new healthcare delivery model based on preventative & person-centred health systems. This new model can only be achieved through better use of ICT in combination with appropriate organisational change and skills.”

Strategic Connected Health & Care Response

- Improving health
 - Information for people
 - Better targeted health promotion
 - Self management
- Optimising independent living & support for carers
- Early intervention & case management

Strategic Connected Health & Care Response

- Supporting professionals & multi-disciplinary networks
- Streamlining the operational delivery of services
- Reducing risk

Initial NI Commitments

- Number of telehealth & telecare pilots
- Improving infrastructure
 - Much to do!
 - NI-wide digital picture archiving system
 - ECR pilot
- Establishment of ECCH
- Commenced development of 5-7 year connected health & care strategy
- Major investment in chronic disease management & procurement of a remote telemonitoring service for 5000 people (heart disease, COPD, diabetes)

Why focus on Long Term Conditions?

- 30% of population
- 60% of patients >65 years
- 52% of all GP appointments
- 65% of all OP appointments
- 72% of all inpatient appointments
- Twice as likely to have used Social Services in last 6 months
- Three times as likely to have used community nurses within last 6 months
- >70% of all current healthcare expenditure (& set to rise)
- i.e. RESOURCE TIME BOMB

NI vision for remote telemonitoring service

- Scale, end-to-end application
- Bringing information to professionals
- Enabling new ways to manage increasing burden of chronic disease
- Improving efficiency of care
- Improving quality of care

Anticipated benefits

- Improving quality of care & quality of life for patients
- Informing patient-centred case management. Enabling reductions in inpatient admissions
- More & better targeted proactive support, enabling greater patient control
- Optimising use of staffing resources
- Improved quality assurance through improving the flow of accurate & timely information

The NI Remote Telemonitoring & Case Management Service

- Regionally derived clinical design parameters
- Multi-faceted approach to patient identification
- End-to-end remote telemonitoring service
- Locally designed response pathways & protocols
- Will be subject to independent evaluation

Progress with Remote Telemonitoring in NI

- Building constituency of support
- Review of evidence base
- OJEU 26th August; long-list end October; short list January 09; contract award latter half of 09
- Local design elements
- New ways of working

Achieving scale & sustainability – Learning point 1

- Buy-in, Support & Ownership takes time, energy, commitment & leadership
 - Ministerial policy commitment
 - Professional Bodies approval
 - Specification ‘owned’ by commissioners & providers
 - Buy-in at operational level, clinicians & managers
 - Demonstrate effectiveness through evidence base
 - Early engagement with industry to inform thinking
 - Clinical champions invaluable
 - Patient support mandatory

Achieving scale & sustainability – Learning point 2

- Pilots are helpful but need to be:
 - Strategically aligned
 - Of sufficient scale
 - Designed to be tested & evaluated
- Scaling an application is significantly more complicated than piloting

Achieving scale & sustainability – Learning point 3

- Aims & objectives need to be:
 - Aligned within an over-arching strategic context & policy framework
 - In accord with those of stakeholders
 - Built into system accountability frameworks

Achieving scale & sustainability – Learning point 4

- The focus needs to be on:
 - Quality
 - Safety
 - Patient experience

- Efficiency is a by-product

Achieving scale & sustainability – Learning point 5

- It needs to be acknowledged that moving to scaled application takes time
- New ways of working need to be ‘discovered’ and ‘negotiated’
- Benefits realisation may take yet longer

In Summary

- System faces significant strategic challenges
- Connected health has substantial role in enabling and assisting system response
- NI presents unique opportunity
- Achieving scale and sustainability is challenging
- Change needs to be embedded

Ownership, Ownership, Ownership