

# A Regional Approach to Frailty Community of Practice Meeting 8

15<sup>th</sup> May 2019  
*Lesley Bainbridge*  
*Clinical Lead*



# Welcome and Introductions

involve consider assess respond evaluate



# Showcasing CoPper: Voluntary Sector

Jane Hartley, Health and Wellbeing Associate VONNE & NE  
Regional Social Prescribing Facilitator [NHSE]

Jen Steel, Clinical Lead, Regional Frailty Programme



# Frailty iCARE what's the latest?

Lesley Bainbridge  
Clinical Lead, Regional Frailty Programme

# Frailty ICARE: *what's the latest?*

- 1. Workforce:** LB met HEENE regarding developments to support introducing EnCOP or national Frailty Capability Framework & presenting at ICS WF Board 23<sup>rd</sup> June
- 2. Digital:** HSLI bid
  - project A: develop CoP, not funded, to use Discourse which is free
  - project B: portal and FrailtyiCARE website, funded another route now
  - project C: testing innovation via CoP, process to access funding agreed
  - project D: end of life pathway using Black Pear, not our core business

# Frailty ICARE: *what's the latest?*

3. Ageing Well ICOPE Programme: ongoing
4. ICS Mental Health workshop: 9<sup>th</sup> May
5. ICS Work Streams: Care Closer to Home has disappeared  
digital  
workforce  
mental health  
prevention



# Showcasing CoPper: Locality Plans

Lesley Bainbridge, Clinical Lead, Regional Frailty Programme



# Continuing our Frailty Learning:

## Supporting Care Homes with Immedicare & Involve

Adam Stirzaker, Mark Rea, Dave Butler  
involve consider assess respond evaluate





immedicare

# Digital Care Hub

Supporting Nursing and Residential  
Care Homes

**NHS**

Airedale

NHS Foundation Trust

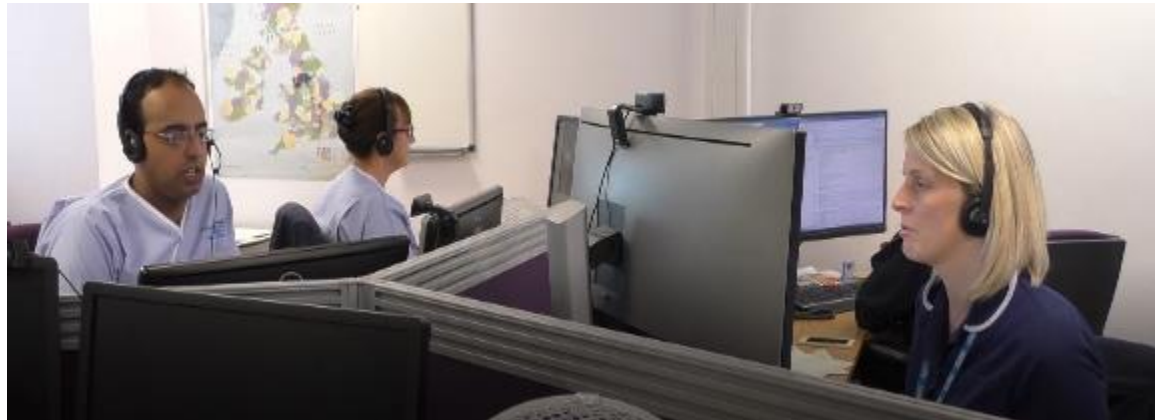
In partnership with Airedale NHS Foundation Trust and Involve



# Our Services



- **Digital Care Hub** based at **Airedale NHS Foundation Trust**.
- The Hub is staffed by an experienced team of **NHS** senior clinical practitioners.
- Currently Supporting **several hundred** Care Homes across the UK.
- **24/7 – 365** access, providing cover for circa 17,000 residents.
- **>36,000** Telemedicine calls received in 2017/18.
- **>90%** of residents remain in their place of residence after using the service.
- Secure **N3** / Web based video and call centre management providing **HD** call quality.



# Potential Impact



- Can help to extend your local capability and Capacity
- Ambulance Service activity decreases
- A&E attendances decreases
- NEL Admissions decreases
- GP activity in care homes decreases
- Other health and social care activity will not increase as communication around the patients and between these services improves.

# Digital Care Hub



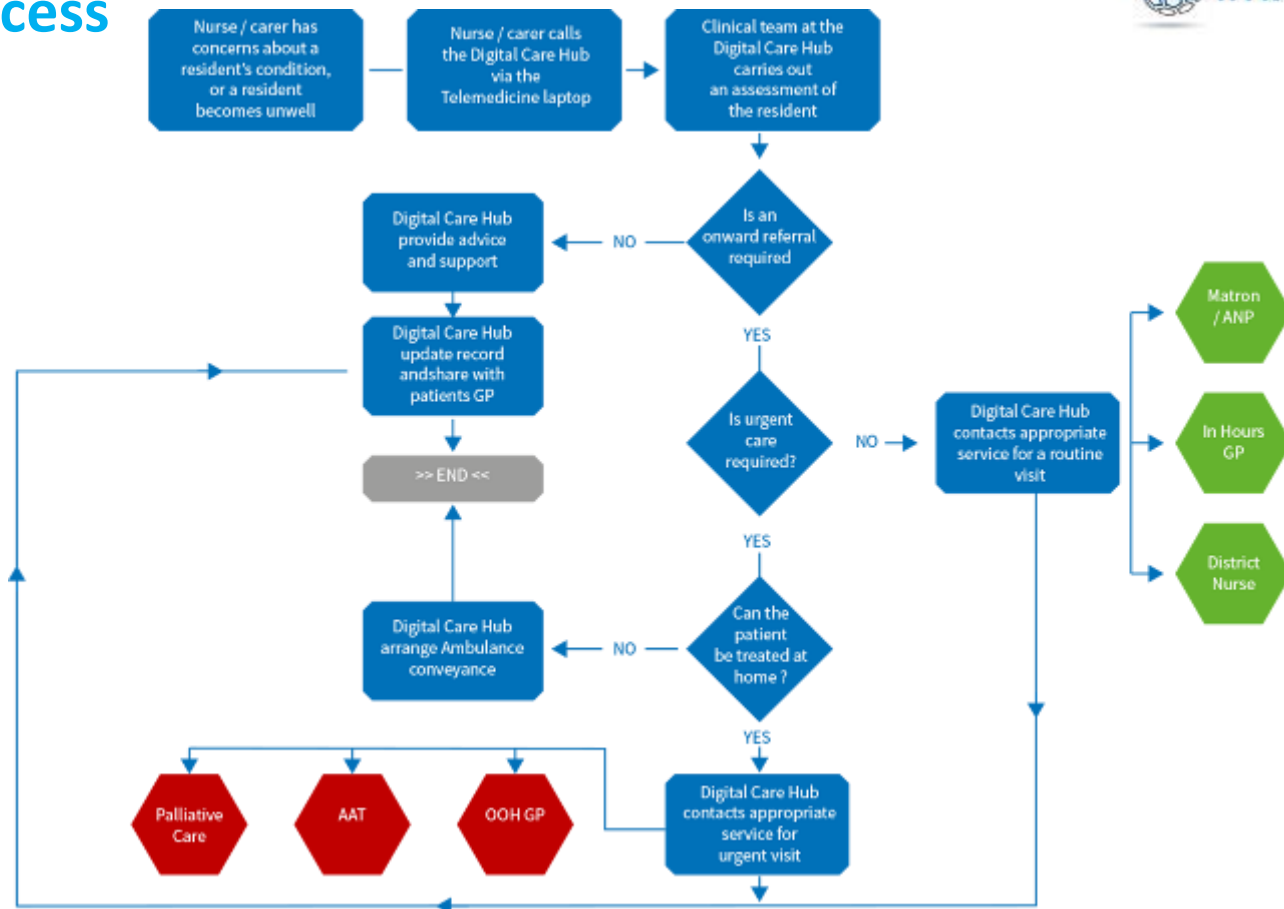
## In our Digital Hub



## In the Care Home



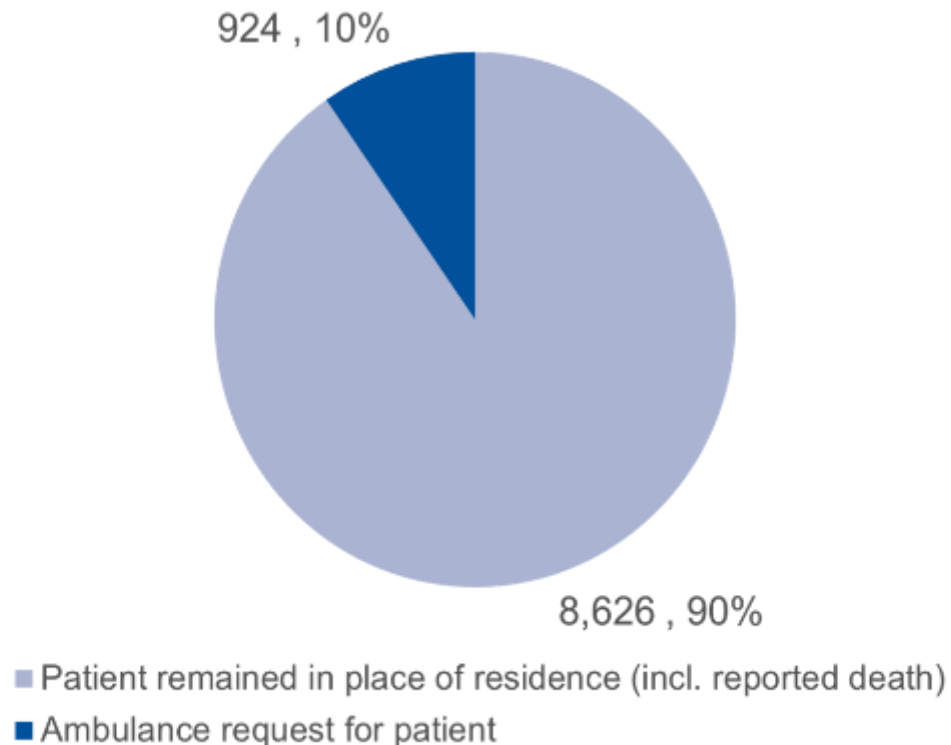
# Our Process



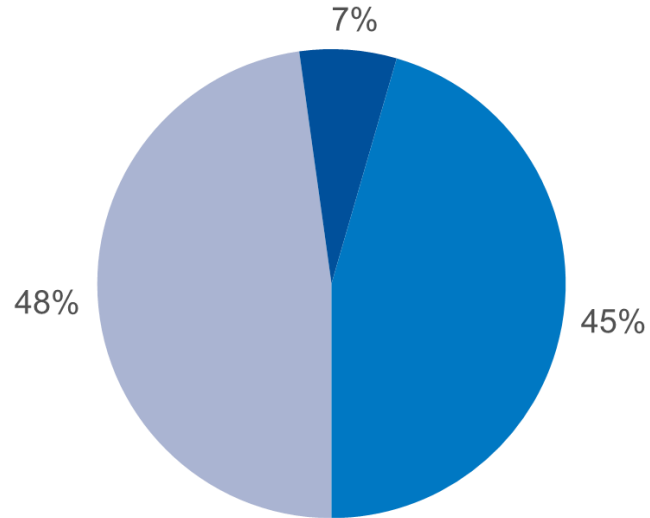
# Top 10 Reasons to Call:



# Patient Outcomes



# Impact on GP Referrals



- Would have called their GP and we referred to a GP
- Would not have called their GP but we referred to a GP
- Would have called their GP but we did not refer to a GP



# Feedback

## Would you recommend the services to other homes?

"Yes, it has saved so much time as we get the **right response**, the appropriate person and this all happens from one call. Our staff find Telemedicine very **reassuring** and family members **feel at ease** knowing their loved ones are receiving the **best possible care and support.**"



*GP - "Of all the changes in the 15 years I have been working, this is the greatest change which has reduced workload I can remember. I don't mind the extra "late" duty doc visit as this is more than made up in the drop in other visits. A big thank you to all involved."*



“ All our staff are very happy with all the services provided by Immedicare, especially our nursing staff who are very happy that the nurses are easily accessible at all times no matter if it is day or night. Our hospital admissions have decreased a lot with the telemedicine's help and this has been highlighted to us from Sefton Council during our monitoring visits and I give all the credit to the Telemedicine team for this ”

[immedicare.co.uk](http://immedicare.co.uk)



“ We feel the telemedicine service is beneficial to homes as it offers advice from clinical professionals, and our staff feel that the telemedicine is a good back up to have as it reassures them in their judgements. The telemedicine process is very efficient whenever we have used it, and the training given by Immedicare is thorough and well informed. ”

[immedicare.co.uk](http://immedicare.co.uk)



immedicare™  
Care. Health. Life.



Sedgemoor

“The telemed service is great, simple to use and I love it!”



# Financial savings IMPACT

From available commissioner data sets:

- The average conveyance rate from a care home to A&E is 72%; the average cost of an ambulance arrival and conveyance is £120
- The average conversion rate from an A&E attendance to a NEL admission is 61%; the average cost of an A&E attendance is £135
- The average length of stay for a falls-related issue is 13 days, with an average cost of £3,500

From telemedicine data, falls-related issues account for:

- 15% of all calls received (but only **20%** result in an ambulance request vs. c.90% without telemedicine)
- 30% of all ambulance requests made

**Scenario: 50 care homes at four calls per month**

Saving	Falls-related calls
Ambulance call-outs	-22 (-£2,640)
A&E attendances	-15 (-£2,025)
NEL admissions	-10 (-£35,000)
Bed days	-129

At a cost of £400 per care home per month, there is the potential to save £793 on ambulance call-outs, A&E attendances and NEL admissions per month. This equates to an ROI of 98%<sup>1</sup> per care home per month assuming activity levels are maintained.

1. Does not include other potential savings e.g. primary care.

# Further Potential



- **Alternative Settings – Patients Own Homes**
- **Primary Care enhancement – GP Triage**
- **MDT collaborative working - Community Nurses, GPs, Digital Hub, Care Homes**
- **Virtual Training to Care Home Staff**
- **Virtual Assessment / Discharge – from hospital to the care home**
- **Diversion from NHS 111 and 999**
- **Non emergency calls - can be intercepted and passed to the Digital Hub for assessment and management**

# Integrated Clinical Video Network



Local Care Homes



Local GP Practices



Local Hospitals



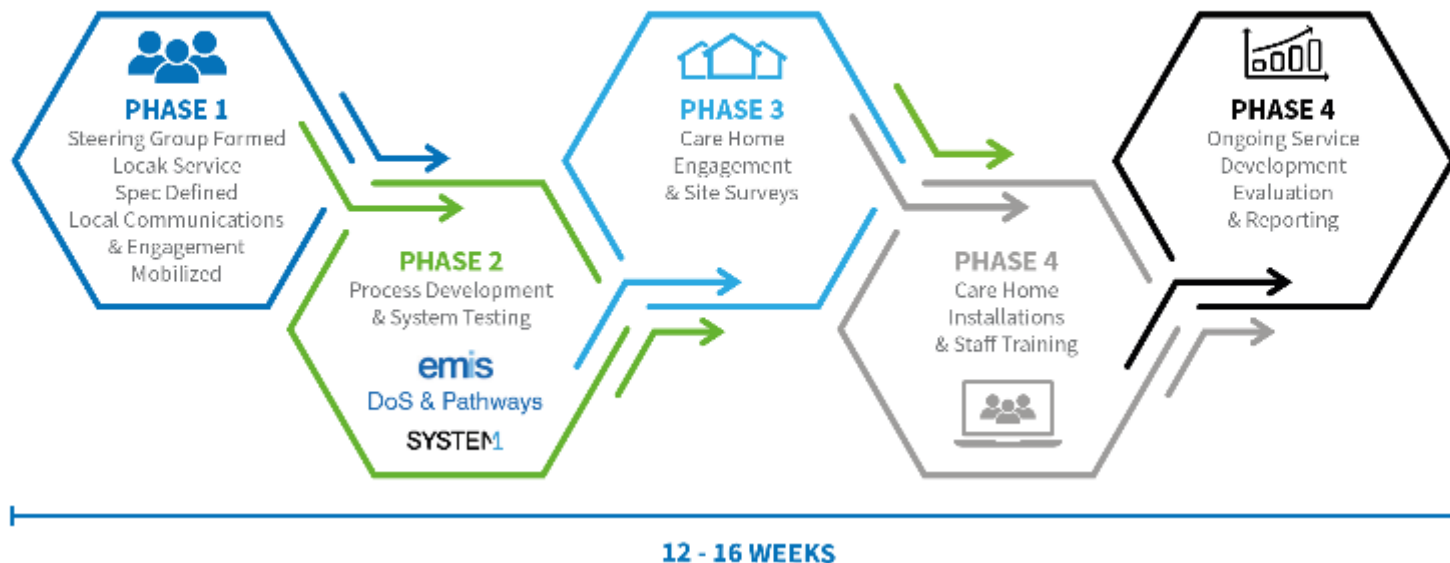
Peoples Homes



# Mobilisation plan



## Key Project Phases



# Introductions



Mark Rea  
Dave Butler



involve consider assess respond evaluate





# virtualclinic

Powered by  medio .link

Clinician to clinician / clinician to patient portal using a safe, secure and fully compliant video platform.

Secure Web based scheduling portal accessible by any device.

Multi-party conferencing with unlimited participant access and full audio integration.

Secure N3 / Web based video connectivity with HD call quality.

Creating a **Virtual Clinic Appointment**... it's this simple!



Log in to portal



On any device



Fill out the form



Manage booking



Confirmation email



Enter virtual meeting room

involve consider assess respond evaluate



Access to UK based interpreters using our secure and fully compliant video platform.

BSL scheduled (available NOW) and NEW on-demand video service launching January 19.

Secure Web based scheduling portal accessible by any device.

Secure N3 / Web based video connectivity with HD call quality.

Complete client onboarding, training and ongoing relationship management provided to ALL clients.





# System Update: What's going on where?

All

# Regional Frailty Programme:

1. Frailty steering group?
2. Membership?
3. Metrics used for prioritisation?
4. Top 3 identified with NECS support?
5. Action plan?
6. Review dates?
7. Anything else?



# Any Other Business

involve consider assess respond evaluate