

Reference:	FOI.298.19
Subject:	Remote patient monitoring systems (telehealth)
Date of Request:	13 March 2019

Requested and response

1) Does your organization presently promote/or endorse a (RPM) **remote patient monitoring system** to capture vital signs or other health related measurements post discharge from hospital and whilst a patient is residing in their own home or being cared for in a non-acute environment such as community hospital/hospice/residential or care home - (*Measurement examples being blood pressure/weight/temperature/Oxygen Saturation/EWS/ pulse/glucose etc.*)?

1.1 If the answer is **NO** –

1.1.2 Within the next 2 years, is telemedicine/ RPM, something that the Trust would consider as a way of either reducing hospital admissions, promoting an earlier discharge and/or recognizing and acting upon patient deterioration sooner?

1.1.3 If the Trust is not considering RPM for suitable patients (*able to take their own readings or have a relative who can do this for them*) – is there a reason why this is not being considered either on a per Trust basis or part of an agreement with the CCG?

1.2 If the answer is **YES** – RPM is presently used for some discharged patients- could you please detail –

1.2.2 the system type/name/supplier

Hywel Dda University Health Board (UHB) is currently partaking in a trial to test the telehealth model with two patients in Carmarthenshire, the system being trialed is with Tunstall Mymedic.

1.2.3 When this came into use and when the contract expires

The UHB is partaking in a trial, there is no contract or expiry date linked to the system.

1.2.4 Who funds home monitoring, is this the CCG, the Acute Trust or a combination of both or other organization (e.g. charity/STP)?

The current system is part of a free trial and is therefore not being funded.

1.2.5 How much this cost per patient or per year for multiple patients

There are no costings attributed to the current trial.

1.2.6 What patient data is captured & is there measurements you would like to capture but cannot achieve at the moment?

At present the system captures blood pressure, sats and weight. In the future glucose monitoring would be beneficial in addition to two clinical changes rather than one for an alert.

1.2.7 What systems does this data feed into – e.g.GP systems & supplier

The system feeds data into Careline.

1.2.8 Has there been any analysis of this data to demonstrate that remote patient monitoring from home has:

- Reduced patient re-admissions into hospital
- Expedited the discharge process
- Improved “follow up” care post discharge – reminding patients to take medications/ monitor on-going health measurements etc.

There has been no recent analysis of the data. The UHB did participate in the United4health project 5 years ago.

2) Who is the main person(s)/ decision maker (s) – who would probably be responsible for the decision to use remote patient monitoring post discharge? (*Name/title/contact details etc.*)

The UHB does not have a delegated responsible person at present. Any decision will be made by a team of individuals across Carmarthenshire, Pembrokeshire and Ceredigion who are responsible for the transformation work within the Health and Social Care sector.