Cumbria Rural Health Forum

Telehealth: Project Updates
11th September 2015
Chester-le-Street
What is Cumbria Rural Health Forum?

- A network of professionals from organisations public, private and voluntary/third sectors.
- Desire to find out what good rural health and social care looks like?
- 149 individual members, 58 organisations (26 public sector, 32 private or third sector).
- Can digital help as part of the solution?
- Funded by Academic Health Science Networks from 1st April 2014 for 2 years.
- Open, sharing, facilitative, co-ordinating, information rich and best practice sharing...
Digital technologies in Cumbria – strategy and roadmapping project

• Funded by AHSN North East North Cumbria
• From April 2014 to June 2015
  – Mapping use of digital technologies in Cumbria
  – Reviewing best practice and evidence world-wide for digital technologies in rural areas
  – Networking and information exchange
  – Roadmapping workshops to agree priority areas for Cumbria, leading to implementation phase II in 2015-16
Cumbria Strategy for Digital Technologies in Health and Social Care

Two key questions:
1. What do we mean by good health and social care in a rural setting?
2. How can digital technologies address some of the issues?

What do we mean by digital technologies in care?

What are the specific issues for care in rural communities?

What is already being done in Cumbria or elsewhere?

Identified needs and opportunities for digital technologies in care within Cumbria

A Roadmap for Implementation of Digital Health and Social Care in Cumbria

Authors and acknowledgements
In this document, the term ‘digital health’ is defined broadly to include the use of information and communications technologies to replace, augment or complement conventional face to face health and social care delivery.

We include telehealth, telemedicine, telecoaching, telecare, assistive technologies, e-health, mobile apps and wearable telemonitoring. The focus of the discussion has always been on mature, commercially available products and services, seeking to share best practice and understand the benefits and barriers to adoption.

The project excluded services that are used primarily in administrative functions, such as the use of email or SMS messaging for appointment reminders, to focus on those that affect health and care professionals in the delivery of care.

Further reading:
Briefing on Digital Technologies
NHS England TECS Resource for Commissioners
Excluded: technologies not yet commercially available; basic reminders for appointments, admin functions such as prescription re-ordering already widely adopted.
What are the specific issues for care in rural communities

<table>
<thead>
<tr>
<th>Identified issues for rural health and social care in Cumbria</th>
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<tr>
<td>Dispersed communities meaning that people have limited access to services and have to travel further to access basic healthcare</td>
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<td>Smaller GP practices and other health centres, meaning that staff may feel professionally isolated and removed from opportunities for professional development</td>
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<td>A greater reliance on volunteer services</td>
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<td>Population demographics that include relatively more older people than in urban centres</td>
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<td>Poor quality broadband and mobile infrastructure</td>
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Further reading:
Brief on connectivity
- Report on learning from international projects using digital health in rural areas
- Resources available on website
- A joined up approach to recruitment in Cumbria: public, private and third sector

Note on terminology: Whilst much of Cumbria does not meet the approved DEFRA definition of rural (outside of a settlement of 10,000 or more residents), it was agreed that the whole of Cumbria is affected by rural issues because of the distances of travel between the larger settlements and the fact that there is no large conurbation within the county. A more correct term may be ‘dispersed’ or ‘hard to reach’ populations, but comparison with use of terminology elsewhere suggests that ‘rural’ is widely acceptable.
What is already being done in Cumbria or elsewhere?

We carried out a mapping project to find out what existing digital health and care projects were happening in or adjacent to Cumbria, between July 2014 and May 2015. Forum members were asked to advise us of projects that are either being piloted, ready for roll out or had been piloted and not adopted. In total 27 projects were identified. Two successful projects that are in service use are described below.

- Out of hours stroke assessment and consultation
- NCUHT with NW Shared Infrastructure Services
- Since July 2012 – over 400 patients have used the service

Further reading:
- Report on Digital Activities in Cumbria
- Mapping of current projects at [http://www.ruralhealthlink.co.uk/activities](http://www.ruralhealthlink.co.uk/activities)
- Report on Telecare and Assistive Technologies in the UK
Two separate qualitative studies were undertaken with a) long term conditions patients b) rural GPs

- How could you use technology in managing your/your patients’ healthcare?
- What is possible now? What would you like to be possible?
- What are the barriers?

The Cumbria Joint Strategic Needs Assessment highlights the issue of accessibility. The document states that the average minimum travel time to reach key local services (including GPs and hospitals) across Cumbria was 16 minutes by public transport / walking, 14 minutes by cycle and 7 minutes by car; these times were all longer than the national averages of 12, 9 and 6 minutes respectively.

A Round Table discussion with representatives of key providers, commissioners, representatives of third sector services was held in June 2015. Work to share and combine strategies for digital health in Cumbria is being undertaken.

Further reading:
Brief on GP Perceptions of Technology Study
Brief on Long Term Conditions Patients’ Perceptions of Technology Study
Brief on Working with the Third Sector
Video of Rheged Technology Enabled Care in Cumbria Event (June 2015)
Impact of the Cumbria Rural Health Forum
Economic impact of health and social care

• We are in dialogue with Cumbria Local Enterprise Partnership (LEP)
  – Health and social care (NHS and CCC) are collectively the largest employer in Cumbria (15-20,000 strong workforce)
  – The impact on productivity of days lost through health appointments (for patients or their carers) is significant.
  – The skills agenda is recognised as being a driver for economic change

We have influenced the SEP and will participate in a skills audit over coming months
## Objective

| Improve health outcomes for those with long term conditions. Support more to self manage. |

## Activity

| Cumbria-wide co-ordinated implementation of digital health and care, for specific services |
| Information exchange, portal for what good rural health looks like, sharing experiences and equipment, conferences and events, influencing and advocacy for Cumbria |
| Training and professional development to support health professionals to use digital health and enhance the ‘Cumbrian offer’ for recruitment and retention |

## Who involved

| CCG |
| GPs |
| NHS Trusts |
| CCC |
| Third sector |
| Private sector |

| All partners and associates |
| CLIC |
| UoC |
| Solution providers – private sector |
| Third sector |

## Next steps

| ‘Digital think tanks’ workshops with services, departments, GP practices |
| Extend, enhance maintain website |
| Networking events |
| Conferences |
| Briefing papers and ‘how to’ guidance |
| Influencing policy in partner organisations |

| Training and networking events with CPD groups |
| Materials and programmes |
| NHS England Code4Health community |

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**A Roadmap for Implementation of Digital Health and Social Care in Cumbria**

**CUMBRIA RURAL HEALTH FORUM**

**NORTH WEST COAST ACADEMIC HEALTH SCIENCE NETWORK**

**ACADEMIC HEALTH SCIENCE NETWORK**

**NORTH EAST AND NORTH CUMBRIA**
Implementation Plan (to end of March 2016)

Cumbria-wide co-ordinated implementation of digital health and care, for specific services

CCG
GPs
NHS Trusts
CCC
Third sector
Private sector

‘Digital think tanks’ workshops with services, departments, GP practices

We will hold 4 digital think tanks (still finalising list):
- End of life care (2nd October 2015)
- Assistive technologies for independent living (9th November 2015)
- Rehabilitation?
- Mental health?
- Place based – Millom?

Each will be a half day workshop session around these themes. Relevant people by invitation – get spectrum of organisations across pathway. Could be with or without technology suppliers – or we can bring them in later.

Agree actions, support and monitor outcomes, report successes.

Contribute to the NHS England requirement for every area to have their own Local Digital Roadmap by 2016 (led by CCG)
5 Briefing papers – see Further Reading
Maintain and update website
Networking – 1 Forum meeting per quarter (1st October 2015, 25th November 2015, tba Jan/Feb 2016).
Conferences - WHIS (12-13th March 2016) and House of Lords with Rural Services Network (29th January 2016)

Influencing and advocacy
Discussions are developing with the Cumbria LEP, as the LEP itself develops. Continued contribution in other strategic groups –raising and developing the issues.

Developing a structure for CRHF to continue beyond March 2016
Agree any processes for continued networking
Levering income for implementation
UoC and CLIC – review provision and provide a catalogue of existing courses that are relevant to rural and digital
Workshops and consultations with 2 CPD networks (GPs, AHPs, nurses, managers)

CCH implementation of Florence – associated training and development planning

NHS England Code4Health community – app-in-a-day training with Kendal College and others

Continued involvement in the Work in Cumbria recruitment and retention project.
The Cumbria Rural Health Forum has received funding from the Academic Health Science Network for North East and North Cumbria (AHSN NENC) and the North West Coast Academic Health Science Network (NWC AHSN).

The project is managed by the University of Cumbria. The website is hosted by the Cumbria Partnership NHS Foundation Trust. The project steering group are:

- Alison Marshall (University of Cumbria)
- Tom Bell (Cumbria Partnership NHS Foundation Trust)
- John Roebuck (Cumbria Clinical Commissioning Group)
- Lorraine Smyth (Action for Communities in Cumbria)
- Peter Knock (Cumbria County Council).

In kind support from these organisations and from all the partner organisations has included provision of meeting rooms, catering, printing, management time. A full list of Forum partners is available at http://www.ruralhealthlink.co.uk/about-us/partners/

This report includes contributions from Jae-Llane Ditchburn, Tom Bell, Lorraine Smyth, Keith Jackson, Frank Peck, Peter Knock. The report was edited by Alison Marshall to whom any comments or feedback should be addressed at alison.marshall@cumbria.ac.uk

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Dates for your diary


• National Rural Health Conference at the House of Lords – details to be announced soon (organised by the Rural Services Network) – 29th January 2016.

• 11th-12th March 2016: Health Innovation Carlisle International Conference
  – @HIC2016 #whis2016
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