

Care Navigation & Telehealth Service Review You Said, Our Response Summary Report December 2017

1. Background

NHS Barnsley Clinical Commissioning Group (CCG) as the organisation which has the responsibility for planning and buying local healthcare services for the people of Barnsley have been reviewing the way in which local Care Navigation and Telehealth services are provided in the community.

The aim of the Barnsley Care Navigation and Telehealth Service is to help local people with an ongoing illness, or long term condition (i.e. a health problem that can't be cured but can be controlled) to take control of their health and increase the potential for them to live independently.

Patients are supported by dedicated nursing staff who provide information and advice to encourage healthier behaviours and lifestyles via telephone appointments.

The following four service areas are provided under the banner of Care Navigation and Telehealth Services:

- Vital Sign Remote Monitoring (observing and monitoring a patient's condition using a small electronic device at home)
- Care Navigation (Advice, Information and Signposting)
- Health Coaching (Personal Goal Setting)
- Support service for people who have been recently discharged from hospital (Post Crisis Checks)

Aims

We set out with the aim to carry out engagement activity that would;

- Obtain views and feedback from professionals, service users and carers from across Barnsley in relation to Care Navigation and Telehealth Service. Our overall aim being that this feedback will help shape the future direction of the service.
- Act in accordance with the NHS Constitution and meet the statutory duty to engage in line with the Health and Social Care Act 2012 which introduced amendments to the NHS Act 2006 highlighting two specific legal duties which require CCGs and commissioners to enable:
 1. Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission and
 2. The effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

Our Engagement Process

We received some valuable feedback throughout our two phases of engagement that were carried out between March and July 2017 in order to help to shape and influence the decision making of the CCG regarding the future direction of the Barnsley Care Navigation and Telehealth service.

The first period of engagement was undertaken in order to obtain views from local patients, public and carers on their experiences of Care Navigation and Telehealth Services to help us to then develop a range of options to then take forwards for views and feedback as part of the second period of engagement.

For the second phase of engagement, and following the feedback received from the initial engagement phase, we worked in partnership with the service provider-SWYPFT (South West Yorkshire Partnership NHS Foundation Trust) to develop a comprehensive engagement document and survey which provided a range of options for consideration and feedback from patients, carers, members of the public, staff and local partners in relation to the future direction of the service. We also held a patient workshop to gain views and feedback.

We have compiled a report documenting the engagement process and highlighting the type of feedback we received. This report can be accessed [here](#) or via our website at www.barnsleyccg.nhs.uk

Acknowledgments

We would like to take this opportunity to express our gratitude and to sincerely thank all of the individuals and organisations who have taken the time to share their extremely valuable views and feedback regarding their experiences of both accessing and using Care Navigation and Telehealth Services within Barnsley.

We would particularly like to thank Paul Hughes, Service Lead for the Care Navigation and Telehealth Service from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and the wider team for their input and for providing a variety of information and feedback as part of this process as well as facilitating the distribution of the patient/ carer survey to people who have been in receipt of these services during the past 12 months

We would also like to acknowledge the assistance received from our local partners who provided their help in promoting the opportunity for local people to have their say.

2. You Said, Our Response

2.1 Phase 1 Engagement – Current or Previous Service Users

The CCG met with SWYPFT in March 2017 and a patient/carers survey was developed with their input. Hard copy freepost surveys were sent to over 1,500

patients by the service through the post with the option to also complete this online or over the phone. We received feedback from 290 people who had previously (during the past year) or are still currently receiving part of the service.

You Said	Our Response
<p>The service is valued and appreciated.</p> <ul style="list-style-type: none"> ✓ The service provides a personalised approach. ✓ I value the contact with the staff and having 'a friend at the end of the phone' ✓ Having one point of contact for my care is a positive 	<p>We noted in the final report that the comments that positively highlighted a personalised approach are a commendation for the service, however at the same time recognised and highlighted that this should not be confused with this service having this as its unique selling point as all health care should have a personalised approach as part and parcel of the service provided.</p> <p>It's really positive that this was pointed out by respondents as an area of high importance to them because this is of equal importance to us. As a CCG we are committed to challenging services where this is found not to be the case via ongoing patient experience monitoring and feedback as personalisation should be a central part of all commissioned services.</p> <p>We considered this further in relation to the capacity of the service and found that the service is underutilised operating at approximately 50% of the capacity and this was a big contributing factor enabling staff to spend more time with each patient.</p>
<p>Health Outcomes</p> <ul style="list-style-type: none"> ✓ Using the service has improved my knowledge about my condition ✓ I have visited my GP less ✓ It has helped to improve my 	<p>Whilst patients do report that they feel reassured by using the service which is really positive, there is limited evidence to support that the service reduces admissions or reliance on other health services which is a key factor in why the service was originally commissioned back in 2010.</p>

<p>confidence</p>	<p>We also noted that this is an additional service to other healthcare services available locally and other commissioned services were able to meet the needs of patients highlighted.</p>
<p>Reassurance</p> <ul style="list-style-type: none"> ✓ Using the service gives me peace of mind ✓ The monitoring element gives me reassurance 	<p>We noted views that suggested there was real-time transmission of data from equipment to the service. As currently used there is a 24 hour time lag in transmission / review of data. This is slightly misleading and promotes the view that the service element is a real-time safety measure when this isn't the case for how the equipment is commissioned and currently used.</p> <p>The current equipment is only used for basic input of vital signs and transmission, whilst it could be adapted to enable real time monitoring and consultation via video link, it is not currently contracted with the equipment provider in this way which is best practice in 2017.</p> <p>We clarified the service operating hours with the provider noting that the service operates a Monday - Friday 9am to 5pm service for all aspects.</p> <p>During weekends and bank holidays, whilst the service maintains a 9am-5pm service with skeleton staffing (11 hours of staff nurse time) this is only for the Telehealth Vital Sign monitor and alerts escalation aspect only. There is no out of hour's provision.</p>

2.2 Phase 2 Engagement Survey

Following feedback from talking to patients, carers, in conjunction with discussions that have taken place with clinicians and the service provider, five potential options for the future delivery of the service were identified for further engagement as part of Phase 2.

1. Do nothing; maintain the service in its current form.
2. Commission the service provider, SWYPFT, to continue to deliver only the Vital Sign Remote Monitoring element of the service.
3. Commission SWYPFT to continue to deliver only the Health Coaching element of the service, this telephone based service would no longer require equipment to be deployed in patients homes. Existing staff in the service could be realigned to other SWYPFT health services.
4. Financial resources currently allocated to the Care Navigation and Telehealth Service could be redirected into other health services in Barnsley.
5. Decommission all activity and services offered through the Care Navigation and Telehealth Service. This would require all follow through to take place via existing Primary Care and recently re-specified Neighbourhood Nursing Service and RightCare Barnsley.

Approximately 1000 copies of the engagement document was distributed across the borough including to SWYPFT, GP practices, libraries, Barnsley Patient Council and OPEN members, patient workshop attendees and people who had responded to the first survey.

You Said	Our Response
<p>✓ We received feedback from a total of 57 people in response to the second survey contained within the engagement document.</p> <p>The preference for options was as followed:</p> <ul style="list-style-type: none"> • Option 1 – 33 (58%) • Option 2- 12 (21%) • Option 3 – 4 (7%) • Option 4 – 4 (7%) • Option 5 - 4 (7%) 	<p>We noted that the preference for Option 1 (Do Nothing) was the most popular preference, however when we looked at the individual responses to Option 1,2 and 3 it became clear that the understanding of the service versus the actually commissioned service is quite different, for example in the areas of:</p> <ul style="list-style-type: none"> • Helps vulnerable people • Personalised approach • Other alternative service offers

	<p>These points have been explored below.</p> <p>We noted that the preference for Option 1 did not exceed 60% and that this demonstrated from the engagement a measure of understanding of the need for change and the rationale for this.</p> <p>We looked at the preference for Option 2 (maintain vital signs remote monitoring element only) but noted that this would entail a different service to the one offered due to the way the equipment would be used.</p>
<p>✓ The service helps vulnerable people.</p>	<p>Our definition of the most vulnerable groups across our Borough are as patients who are in care homes or those with Long Term Conditions living alone, housebound and without phone or computer connection and therefore would not be able to access this type of service due to the requirements.</p>
<p>The service is valued and appreciated.</p> <p>✓ Some key elements benefits of the service are non-clinical</p> <p>✓ The service offers a personalised approach</p> <p>✓ The service ethos is well-liked and valued</p> <p>A number of survey responses demonstrated that patients were looking for emotional not clinical support.</p>	<p>We noted this was a recurrent theme in both phases of the engagement (see section 2.1).</p> <p>As highlighted previously, the feedback relating to the aspects of the service stated here were really positive and testament to the staff running the service. We noted the importance of these aspects of the services approach to aiding patients and have made a commitment to ensure that these should not be lost in future commissioned services.</p> <p>Many of the elements highlighted here were also associated and overlap with other commissioned services such as My Best Life (Social Prescribing Scheme) which provides personalised non-clinical</p>

	support to people locally.
Alternative service offers	<p>We noted that some respondents were not aware of other alternative services other than GPs, including those open out of hours e.g. NHS 111, I Heart Barnsley, and My Best Life and there is a need for wider promotion of these services across the borough.</p> <p>For this service, alternatives such as My Best Life, an example of a non-clinical service, could offer the same personalised approach to supporting patients via a non-clinical approach. This also shows that there is another way to bring forward the non-clinical benefits of the Care Navigation Service and approach in terms of ethos and resources.</p>

We also noted there were a number of very knowledgeable and in depth responses that suggested alternative approaches and methods of integration that we can take forwards where and when it is appropriate to do so.

2.3 Feedback from Engagement Workshop

In addition to the above, we also held a patient, public and carer workshop session on Wednesday 28th June between 1:30pm and 3:30pm at the Barnsley Digital Media Centre in order to discuss the options in further detail with attendees who were asked to register in advance.

The workshop included several detailed discussions to clarify the service and it was noted that the multi-faceted service was very complex.

As part of these discussions, two further options were raised:

- **Option 6** – Increase utilisation of the service as this service frees up GP time to provide a service to less complex patients AND expand the remit of the service to cover generic long term conditions rather than a number of specific ones. It could have two distinct elements – clinical and self-care.
- **Option 7** – Use Telehealth for real-time monitoring and consultation.

The CCG considered both of these options in its final review. It was noted that substantial efforts has already been taken to increase the utilisation of the service (Option 6) and these had not been successful to date. It was also noted that Option 7 would substantially change the nature of the service as it becomes an emergency service rather than a monitoring type of service.

It was not possible to consider these in the survey as this had already been launched. Some of the survey responses that fell under Option 1 'do nothing' could have been more closely aligned to options 6 or 7, especially where individuals provided additional detail. For reporting purposes these responses have been aligned to option 1 as this was the published option.

3. Next Steps

The engagement exercise, alongside the discussion and additional information from the provider has fed into the future of the service. Following discussion and deliberation, the CCG has taken the decision to ultimately decommission the Care Navigation and Telehealth Service. The service will terminate on 31 January 2018. All patients who are currently on a care navigation and telehealth programme will be given the opportunity to complete their care pathway and thus will not be affected by this decision.

In making this decision the following aspects of the review were noted:

- *Aims of Service* - At the time the care navigation and telehealth services were set up in Barnsley in 2010, they were innovative and offered the chance to look at how personal goal setting and using electronic devices could help people maintain control of their health and wellbeing, with the ultimate aim of staying out of hospital.
- *Approach* - During the review, people told us they liked how personalised the care was and that they felt reassured, which is a credit to the staff working in the teams. However, there was limited evidence that it reduced the times people needed to go to hospital or use/ rely on other health services. The real positive from this however is that there are other services available to people locally, which can offer this reassurance and personalised approach and therefore this will not be lost.
- *Service Utilisation* – The CCG reviewed how many people were using the services and despite considerable efforts by the team, the services were only being used to half their capacity.
- *Cost* – The CCG reviewed the £1.6million it spends on these services this year, against the health outcomes that were being achieved.

Furthermore, since the Care Navigation Service was commissioned there have been a number of local services developed across the health and social care platform (Right Care Barnsley, Social Prescribing, Community Nursing, upgraded diabetes and respiratory approaches). Although there is some overlap with these services, at the time of commissioning the CCG was not sighted on the service costs and limited evidence underpinning the Care Navigation service. Going forward the CCG has an obligation to ensure that we are commissioning for value to ensure that service offers are innovative and value for money.

Finally we would like to reiterate our gratitude and to sincerely thank all of the individuals and organisations who have taken the time to share their extremely valuable views and feedback regarding their experiences of both accessing and using Care Navigation and Telehealth Services within Barnsley.

December 2017