



## Telehealth Hub: Airedale NHS Foundation Trust

The Airedale NHS Foundation Trust Telehealth Hub provides remote support to patients and carers via a video link, with the aim of reducing attendances to A&E and admissions into the hospital. The service provides remote support and advice to patients, and co-ordinates referral to other services where required. Important features of the service are delivering at scale, the use of technology and working with partners.

Airedale NHS Foundation Trust provides acute, elective and specialist care over 700 square miles across Yorkshire and Lancashire, for a population of 200,000 people.

### Aims

Airedale NHS Foundation Trust's Telehealth Hub is a team of clinicians providing remote triage and advice via video link to patients in their homes, in nursing homes and in prisons. The team provides clinical consultation and inward referral to the most appropriate care setting where necessary.

The scheme aims to support patients in their usual place of residence to manage their condition themselves or to co-ordinate the most appropriate care. By doing this it aims to avoid unnecessary admissions, A&E attendances and GP appointments.

### Origins

In 2006 Airedale NHS Foundation Trust set up the Telehealth Hub to deliver remote telehealth services to patients in prisons. In 2009 the service expanded to individual patients with long-term conditions, and in 2011 to nursing and residential homes.

The trust chose to follow international examples of healthcare delivered via video. It recognised that healthcare delivery needs to change to meet the predicted growth in demand from the changing population and healthcare needs. Its three-year strategy states: "we needed to alter our hospital dominated delivery model to one based on diversified, integrated

### Characteristics

- triage and advice via video link
- 24-hour service
- led by senior nurses
- access to advice from acute consultants
- co-ordinating care with local services

services, designed with our partners, delivered at the most appropriate point for patients enabled by technology”.<sup>1</sup>

## Structure

**Providing services across England** All telehealth services are run centrally from the Telehealth Hub at Airedale Hospital. It provides services via a video link to around 250 care homes, 13 prisons and 100 patients in their own homes (at June 2015).

**24/7 service** The service provides a hotline so that patients can access medical advice 24 hours a day, seven days a week.

**Senior nurse led** The central hub is staffed by senior nurses (bands 6 and 7). An acute consultant advises when required.

### Conditions treated

- chronic obstructive pulmonary disease
- heart failure
- anxiety
- diabetes
- urinary tract infections
- dementia
- breathing difficulties
- skin rashes
- foot ulcers
- end-of-life care

## How patients benefit

**Patients at home, in care homes and in prisons can call into the telehealth hub 24 hours a day to talk to a senior nurse.** The nurse discusses their symptoms with them and carries out an assessment using the video technology to focus on particular areas to diagnose where necessary.

**The majority of Telehealth Hub patients access the service from care homes.** Airedale has developed relationships with care homes and local authorities across the country.

### Enabler: technology

**High quality and reliable video connections** allow nurses to visually assess patients, eg the nurse can perform a visual stroke assessment or look closely at wounds or rashes. The system uses an encrypted video link to maintain confidentiality.

**Linked patient records** allow detailed patient history to be viewed during remote triage. The hub relies on linked patient records between primary and secondary care.

**In care homes staff help patients to contact the service via the video link.** Nurses at the hub advise nursing home staff on support and treatment where appropriate.

**In prisons, patients and**

<sup>1</sup> [www.telecare.org.uk/webfm\\_send/950](http://www.telecare.org.uk/webfm_send/950)

**prison staff can book consultations.** Consultations can be booked between a consultant, the patient and a member of the healthcare team in prison. The complexity of transferring prison patients to hospital for treatment means it is particularly helpful to avoid attendances at hospital.

**Patients who are identified as at high risk of exacerbation of long-term conditions** have access to the video link from their own homes. The service works with local GPs to identify patients who could most benefit from the service.

**Staff at the hub can refer patients to local services.** The service can direct patients to their GP, and in some cases where strong relationships have been developed, GPs are able to prescribe based on hub recommendations. The service also refers patients to local community services based on a solid understanding of what services are available where patients are located. The hub can provide a full handover to other services, which means that patients or carers do not have to deal with referrals themselves.

Where virtual triage indicates that a patient needs to move to acute care, this is co-ordinated from the hub. The hub has strong relationships with some local hospitals, where it can facilitate referral directly into inpatient wards and pass on clinical knowledge to staff in the hospital.

**The hub also operates 'Gold Line', an end-of-life service** providing telephone advice and support for patients and carers, co-ordinating with other end-of-life services, and supporting those who are bereaved.

**Enabler: scale**

As this is a 24/7 service there are high fixed staffing costs involved in ensuring staff are available to meet patients' needs. However, because it is a telehealth service it can operate across the country and build up a significant patient base to cover these costs.

**Enabler: relationship with care partners and knowledge of local health economies**

Building partnerships with other care organisations and developing trusted relationships is at the heart of providing care remotely.

Hub staff work hard to engage staff from 'on the ground' teams (out-of-hours GPs, district nurses, etc) who may receive referrals from the hub, and care home managers and owners whose staff use the services.

Patients and carers can access clinicians in the hub and in some cases also have a video link connection. It was launched across Airedale, Wharfedale and Craven in November 2013 and extended to the Bradford district last March with funding from the Bradford City and Bradford District clinical commissioning groups on a trial basis until March 2015. Currently there are more than 500 patients registered.

**Hub clinicians visit patients and institutions to train them in how and when to use the technology.** This is important to the success of the service. Meeting patients and nursing home staff gives hub staff a chance to build relationships and confidence in the service. Patients and staff from nursing homes and prisons must be willing, comfortable about using the technology and confident that conditions will be adequately assessed via the video link.

## **Impact**

Analysis of patients in care homes using telehealth showed a reduction of about 35% in emergency admissions between 2012 and 2014 (the first two years of receiving the service) compared to the two years before, and over 50% reduction in attendances to A&E. As elderly patients have longer stays in hospital, these reductions represent significant savings in resources and staffing.

In the case of patients in prisons, there are also significant savings in supervising patients while they are in hospital.

## **Challenges**

### **Reliance on effective referrers**

Having staff members in care homes or prisons who are knowledgeable and enthusiastic about the service is crucial. Effective training, with hub staff visiting in person and demonstrating the technology, helps to build confidence in the service but there are still a number of care homes that make very few calls to the hub. Care homes have a very high turnover of staff and some staff appreciate the ease of referring patients to hospital. This places pressure on hub staff to repeat training and rebuild staff confidence.

### **Service funding**

In addition, care homes do not directly commission the Telehealth Hub services. This can mean they do not have confidence in the benefits of the service when it is first installed, and may not have incentives to use the service appropriately. The hub works closely with staff to communicate the benefits to the care home and the wider healthcare system.

## More information

Airedale telemedicine

Airedale Gold Line

Immedicare

Airedale NHS Foundation Trust

[healthcareclosertohome@monitor.gov.uk](mailto:healthcareclosertohome@monitor.gov.uk)

## Annex: Patient story

The Gold Line service at Airedale enabled breast cancer patient Mrs D to die in a way that was important to her.

The team acted as a 'clinical advocate' to ensure that Mrs D was as comfortable as possible and received the support she needed to be able to go back home. Gold Line organised the adaptation of her house, a special bed and commode and made sure she had extra pain relief when she needed it. It also arranged for clinical care, including draining her abdomen to enable her to hug her children.

It was important to Mrs D to keep different healthcare professionals out of the house; Gold Line supported this in providing a single point of contact. Mrs D's partner said: 'Everyone I spoke to knew about [our family] and what was going on. I didn't have to keep explaining my situation to different people'.

The 24-hour telephone support also provided reassurance to her partner. He said: 'I knew I could ring Gold Line any time about anything ... I didn't have to use the service very often but it was important to me to know it was there... The nurses explained things so that I wouldn't panic'.

After Mrs D died, the Gold Line team called out a GP to certify her death, advised on contacting the undertaker and kept in touch with her partner later to make sure he was coping.

This is one of a suite of case studies designed to increase awareness of schemes to move healthcare closer to home. For more materials see [Moving healthcare closer to home](#)