

**Innovation, Health and Wealth**  
**Freedom of Information Request Questionnaire**

Completed By: **Bethan Bishop, Head of Innovation & Industry Engagement**      Date: **4 June 2014**  
 On Behalf of: **Heart of England NHS Foundation Trust Email:bethan.bishop@heartofengland.nhs.uk**

**Digital First**

1) (a) Has the Trust identified the ten digital initiatives – identified in the report ‘Digital First’ – that apply to them?

- |                                       |     |                                     |    |                                     |
|---------------------------------------|-----|-------------------------------------|----|-------------------------------------|
| - Minor ailments online assessment    | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| - Appointment booking online          | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| - Primary Care pre-assessment         | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| - Appointment reminders               | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| - Mobile working in community nursing | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| - Pre-operative screening online      | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| - Post-surgical remote follow up      | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| - Remote follow up in Secondary Care  | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| - Remote delivery of test results     | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| - Secondary Care clinic letters       | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

(b) Has the Trust identified any other local initiatives aimed at reducing inappropriate face to face contact? – If so please list

**Existing initiatives include:**

**Appointment booking online (patients to book their own appointments online) – through chose and book**

**Appointment reminders (use of SMS for reminding patients of appointments) – various departments**

**Mobile working in community nursing (use of remote mobile technology) – linking into TPP system**

**There are some initiatives relating to VTE and smoking screening in place.**

**Remote follow up in Secondary Care (remote follow up by telephone or Skype) – telephone follow up only in place**

**Secondary Care clinic letters (sending of letters electronically via secure NHS mail accounts to other NHS mail users, i.e. to a GP surgery) – letters are being sent to GPS as of April 13, trialling in ENT/T&O and dermatology**

**It has been identified that there is a significant opportunity, where required by an individual service, to provide the remote delivery of test results to patients given that this is already being provided to GPs electronically. The need for this service in specific clinical areas needs to be defined. There are also plans already in place to extend the existing patients choose and book service to not only view non-choose and book appointments online but through the same portal from a technical point of view it would be possible for them to access results.**

(c) Has the Trust started to work with local commissioners to establish targets at reducing unnecessary face-to-face contact for 2014/15 and beyond? – If so please list

**In progress, no specific targets set between HEFT and the CCG at May 2014. Implementation plan in place with target to be in place for Q2 2014.**

(d) Has the Trust developed with local commissioners any local CQUIN goals that relate to the digital first initiative?

Yes  No

If so – could you estimate how much this CQUIN payment might be worth in the following years?

2014/15 \_\_ n/a currently HII  
CQUIN is a pre-qualification criteria for CQUIN payment and therefore does not attract payment itself.  
2015/16 \_\_ as above

**Intra-operative fluid management (IOFM)**

(a) How many procedures have been carried out at the Trust using intra-operative fluid management technologies in the following time periods?

- i. 2012/13 \_\_\_\_\_
- ii. Since April 2013 \_\_\_\_\_

**IOFM is used across HEFT. The aim is to increase its use as per the NTAC guidance but this requires funding to be provided to the anaesthetic service to enable this to happen, the most significant additional cost is for consumables. A new contract is in place with one of the providers listed in the guidance and the contract has been negotiated to account for the planned increased activity in order to comply with the guidance.**

(b) What proportion of procedures identified in appendix 3 of the NTAC guidance have been carried out at the Trust using intra-operative fluid management technologies in the following time periods?

- i. 2012/13 \_\_\_\_\_
- ii. Since April 2013 \_\_\_\_\_

(c) Please estimate the proportion of procedures that will be carried out at the Trust using intra-operative fluid management technologies in the following years?

- i. 2013/14 \_\_\_\_\_
- ii. 2014/15 \_\_\_\_\_
- iii. 2015/16 \_\_\_\_\_

(d) (f) NICE (MTG3) recommends use of the ODM IOFM technology in major and high risk surgery and in high risk patients undergoing lesser risk surgery. NICE estimates this applies to 10% of all surgical procedures. Please estimate in what proportion of these 10% of patients ODM will be used in:

- i. 2013/14 \_\_\_\_\_
- ii. 2014/15 \_\_\_\_\_
- iii. 2015/16 \_\_\_\_\_

(e) Has the Trust agreed specific to intra-operative fluid management (IOFM) technologies within an SDIP action that it will take during 2014/15 to complete full implementation relevant to its services?

Yes  No

If so, please give details

(f) Has the Trust demonstrated to commissioners that trajectories for the intra-operative fluid management (IOFM) technologies are in place and consistent with National Technology Adoption Centre (NTAC) guidance and implemented by March 2015?

Yes  No

## In progress

If so, please give details

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### 3 Million Lives

- 2) (a) Has your Trust agreed new models of technology provision using the Whole System Demonstrator programme for the uptake of telehealth and/or telecare?

Yes  No

If so, please give details

**The Trust has plans in place to increase use of telehealth across its services and not limited to the activity as set out in the WSD.**

(b) Has this been done in the field of

- |   |     |                                     |    |                          |
|---|-----|-------------------------------------|----|--------------------------|
| - Diabetes Care                         | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| - Chronic Obstructive Pulmonary Disease | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| - Coronary Heart Disease                | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| - Other – please give details           |     |                                     |    |                          |

**Community Diabetes Service – The team remotely monitor the patient’s self-titration of their insulin and contact the patient should the system indicate that the patient needed support. The patients who were remotely monitored were overseen by one member of staff who alerted the appropriate member of the team should the system indicate their patient needed intervention.**

**Community Respiratory Service –3 nurse specialists monitored the patients using the device employed for this pilot to remotely monitor the patient’s temperature and oxygen saturation levels, contacting the patient should the system indicate this was advisable. The nurse specialist would deliver the level of care needed, i.e. advice and support, rescue medication or admission for emergency treatment.**

**Community Virtual Ward – A caseload of 21 patients were involved with the pilot to remotely monitor patients that staff assessed were ready to be discharged from the community service. Use of telehealth showed to reduce the number of professional visits. By using the Telehealth system the staff would remotely monitor the patient, and deliver the care required, should the system indicate this was necessary. The care offered was the same as with all services and based on clinical decision.**

**Community Heart Failure Service – The pilot monitored 41 patients using Telehealth and avoided 12 admissions to Hospital. Weight and blood pressure measurements were monitored allowing the team to assess whether there was deterioration in the patient’s condition and the necessary interventions were given to offer care, advice and support to the patient to titrate their diuretics.**

**In addition to the above, there are activities being undertaken across the organisation to use telehealth/telemedicine to reduce unnecessary admissions into ED from car homes, to support stroke services, enable remote working in sexual health services.**

(c) Has the Trust developed with local commissioners any local CQUIN goals that relate to telehealth and telecare?

Yes  No

**In progress, no specific numbers applied to this target as yet.**

If so – could you estimate how much this CQUIN payment might be worth in the following years?

2014/15 n/a as above \_\_\_\_\_

2015/16 \_\_\_\_\_

### Child in a chair in a Day

- 3) (a) Has the Trust developed with local commissioners any local CQUIN goals that relate to the child in a chair in a day programme?

Yes  No

**NOT APPLICABLE to acute services**

If so – could you estimate how much this CQUIN payment might be worth in the following years?

2014/15 \_\_ n/a as above \_\_\_\_\_

2015/16 \_\_\_\_\_

### Carers for People with Dementia

- 4) (a) Has the Trust put in place a strategy to ensure that for every person who is admitted to hospital where there is a diagnosis of dementia, their carer is sign-posted to relevant advice and receives relevant information to support them?

Yes  No

If so, please give details

**Strategy and associated actions plans have been in place since 2013/14**

(b) What procedures are in place to follow up with carers to ensure that the advice and information was helpful?

**This activity is being led under the national dementia CQUIN and a Dementia Carers Satisfaction Action Plan and associated Dementia Carers Questionnaire have been developed to meet the requirements of the 2013-14 CQUIN Indicator 3.3 (Supporting Carers of People with Dementia). To date the following has been undertaken. This included the following steps:**

- **Draft questionnaire submitted to CCG commissioners for sign off**
- **Meeting with the Alzheimers Society re partnership working around questionnaire has been held**
- **Discussion and initial sign off of Dementia Carers Survey at Dementia Steering Group has occurred**
- **Amended version of the questionnaire sent CCG commissioners for sign off**
- **Meeting with Patient Access Team to set up monthly postal surveys to carers using ICD10 codes (hospital discharges in previous month where there is a diagnosis of dementia)**
- **Established weekly onsite support with Alzheimers Society**
- **Discussion with Patient Engagement Team around including Dementia Carers Survey results in Trust Patient Experience Report (which is received at Trust Board)**

(c) Has the Trust developed with local commissioners any local CQUIN goals that relate to carers for people with dementia?

Yes  No

If so – could you estimate how much this CQUIN payment might be worth in the following years?

2014/15 \_\_\_\_\_ n/a \_\_\_\_\_

2015/16 \_\_\_\_\_ n/a \_\_\_\_\_

## International and Commercial Activity

(a) Has the Trust put in place a strategy to exploit the value of commercial intellectual property developed at the Trust?

Yes  No

(b) Has this been done independently by the Trust or in collaboration with an Academic Health Science Network?

### Independently

(c) Has the Trust developed with local commissioners any local CQUIN goals that relate to international and commercial activity?

Yes  No

**No specific targets have been set but current activity has been reported and an implementation plan is in place. The Trust has a well-established MIDRU Innovation Team who leads the development of Trust IP management and commercialisation. On average over 30 IP containing disclosures are made per annum across the Trust.**

If so – could you estimate how much this CQUIN payment might be worth in the following years?

2014/15 \_n/a as above

2015/16 \_\_\_\_\_

Any Further Comments:

Detailed reports relating the HII activity are reported to the CCG on an ongoing basis. Importantly the CCG has nominated a lead for each HII area which enables the Trust to effectively link up for each activity. Discussions are ongoing with regards to specific targets but the CCG has been reassured to date by the work already undertaken to accelerate innovation adoption across the Trust. A related paper was approved by Trust Board in January 2014.

To note:

CQUIN values this year have yet to be agreed as contract as a whole has yet to be agreed.

The HEFT Dementia CQUIN comprises the nationally agreed elements from the NHS England guidance

HIIs do not attract any CQUIN payments - they are pre-qualification criteria only

***Please return your completed questionnaire to:***

***John Glen MP  
House of Commons  
Westminster  
London  
SW1A 0AA***