

Freedom of Information Request Number: FOI 6102 – Remote Patient Monitoring

1. Does your organization presently use and/or endorse a (RPM) remote patient monitoring system to capture vital signs or other health related measurements 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.)?

If the answer is NO –

1.1.2 Is telemedicine/ RPM, something that the CCG would consider (within the next 2 years) as a way of either reducing hospital re-admissions, saving district nursing time & cost, for patient convenience and/or recognizing and acting upon patient deterioration sooner?

1.1.3 If the CCG 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?

Yes, the CCG does – see detail below

If the answer is YES – RPM is presently used in the community - could you please detail –

1.2.1 the system type/name/supplier

1.2.2 Where do you send this data/measurements to – for instance...GP system

1.2.3 When this system came into use and when contract expires

1.2.4 How much does this cost the CCG (approximately) per patient or per year for multiple patients

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

1.2.6 Has there been any analysis of this data to demonstrate that remote patient monitoring from home, (or community residence) has reduced patient admissions into hospital and/or improved patient care/medication needs etc?

1.2.1 - Kardia Mobile, AliveCor

1.2.2 Data is stored on a secure cloud with the system sending a copy of the recorded ECG to the patient via email.

1.2.3 Wessex Academic Health Science Network (AHSN) started rolling out the devices in May 2018 for West Hampshire; running until June 2019.

1.2.4 Costs: Wessex AHSN have fully funded the program including the devices - zero cost to the CCG. Cost can be provided by the AHSN

1.2.5 Until the outcome analysis has been completed we are unaware of any missing patient data.

1.2.6 Project is not complete so no analysis at this time.

2. Who is the main person(s)/ decision maker (s) or team – who would probably be responsible (or is responsible) for the decision to use remote patient monitoring in the community? Name/title...

Digital Innovation and Delivery Team in conjunction with the Clinical Director for IT, Chief Finance Officer, Director of Quality & Board Nurse.