

Our Ref: 63742

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**NHS South Sefton CCG**

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## Re: Freedom of Information Request

Please find below the response to your recent Freedom of Information request regarding Telehealthcare monitoring centres within NHS South Sefton CCG.

### Request/[Response](#):

1. Does your organization presently provide a Telecare operations centre to monitor your local population or monitor specific conditions? – NO / YES  
**IF the answer is YES please reply to the questions below – 1 to 8 ONLY**  
**IF the answer is NO please skip to questions 9 to 10 ONLY**

No

### **YES – we do have/use a monitoring centre**

- a. Is this service staffed by clinical or non-clinical staff?
  - b. Is this an internal support system using your own staff to monitor the calls?
  - c. Is this an external support system run by a GP consortium, other CCG or acute Trust/ NHS provider and does this team have a name/department title/ contact?
  - d. Is this an external commercially available centre or Local Authority centre and if so, could you disclose the name of the 3<sup>rd</sup> party provider?
  - e. Do you know your cost per patient commitment for using the monitoring service?
  - f. Do you know what Software is used to hold patient contact data and log calls – if any CRM system used at all? Also if known, do you know the annual cost for use of the software?
  - g. How could the service/ software- be improved?
2. If CRM/ Call logging system is NOT used, would such a software system prove useful for audit, reporting , management information, communication – or any other reason?
  3. Do you know if calls logged are written into your PAS or the patients' GP system?
  4. Do you collect any data from the likes of? -
    - a. Glucometers/ Spirometers/ weighing scales/ECG
    - b. Future advances such as Body worn devices / smart watches that collect data such as Spo2, BP, Pulse, Temp, Movement

- c. Manually taken vital signs at home sent into the cloud and then onto some other electronic record
- d. Wellbeing questionnaires completed by the patient
- e. Domiciliary visits notes
- f. GP or Community Nurse or Social care notes
- g. Smart Home devices such as alerts re Carbon Monoxide levels, Intruder alarms, Non-Movement etc.
- h. Fall detection systems
- i. Activities of Daily Living monitoring

Other devices – not named above (please comment)

- 5. If you do not collect data from remote devices, would you see any advantages to incorporating data collected from any of the items listed above, by way of ongoing monitoring, establishing baseline health measurements or general patient & social safety/wellbeing? (please comment)
- 6. Do you use a Video link to get visual contact with your patients? YES/NO
  - a. If YES – why do you see this as important
  - b. If NO – why is this not seen as important
  - c. If NO - is this an aspiration?
- 7. Have you done any ROI analytics/ produced any research, to rationalize why telecare monitoring does have a place in an ACUTE setting? If YES – are you able to share these?
- 8. Who is the main person(s)/ decision maker (s) / team – who are responsible for the Telecare monitoring centre?

Any other comments

Questions 2-8 – Not applicable

- 9. If the answer is **NO** – you **do NOT have a monitoring system**
  - a. Within the next 2 years, would a Telecare Monitoring Service be something that the Trust would consider as a way of either reducing hospital admissions, supporting an earlier hospital discharge, promoting population health and wellbeing and/or recognizing and acting upon patient deterioration sooner or maybe managing employee workload ...*(or any other possible advantage not listed)*?

Yes

- b. Could you explain your reasoning for any of the 3 possible answers given above please?

All opportunities to improve patient care, improve outcomes and utilise commissioning spend more effectively are explored by the CCG.

10. Who is the main person(s)/ decision maker (s) / team – who would be responsible for the decision to use a Telecare monitoring centre?

NHS South Sefton CCGs governance committees will review cases for change and ratify commissioning recommendations.