**Telemedicine Clinical Support Function – Summary Specification [DRAFT]**

1.0 **Summary of Service**

To support individuals in the last phase of life and those caring for them, the Last Phase of Life (LPOL) programme recommends that in addition to current provision we offer a telemedicine clinical support function, to help staff in care homes (initially) to be able to access generalist healthcare and end of life care advice and support.

In North West London, a programme of work is being undertaken as part of the Sustainability and Transformation Plan (STP), to improve the quality of care for people who are in their last phase of life.

At any time there are approximately 25,000 individuals in the last phase of life in North West London – about one quarter will be living in nursing or residential homes, another quarter will be in their own homes with formal support; intermediate care, district nursing etc. The rest will be in their homes with informal support; unpaid carers – family and neighbours.

Many staff in nursing homes and nearly all staff in residential homes have little or no clinical training, particularly those working at night. The same is true for most neighbours and relatives.

The CWHHE Collaboration of Clinical Commissioning Groups therefore wish to engage with interested organisations in order to understand market ability and appetite to provide a 24/7, 365 day per year telemedicine and advice / co-ordination hub to cover Central, West London, Hammersmith and Fulham, Hounslow and Ealing Clinical Commissioning Group areas.

This would be a 36 month contract in its initial phase, with scope for an extension for up to another 24 months.

In its first phase, this facility will be introduced to 40-50 of the 70 residential and nursing homes.

The facility will staffed by experienced clinical professionals who are capable of providing generalist healthcare and end of life care advice and support to both clinical and non-clinical staff.

The service will operate within a CQC clinical governance framework.

The service will use both telephone and technology enabled contacts (e.g. secure face to face requests via video-link technology) and the provider will need to be able to access and use primary care systems such as SystmOne and care planning software such as Coordinate my Care to be able to both look up and record onto patient’s electronic health records.

The provider will work closely with existing providers in North West London including general practice, community and intermediate care services, 111 and GP out of hours services and acute and specialist service providers, making onward referral as appropriate using the relevant Directory of Services.

The service will be evaluated against a set of metrics including the number of patients in care homes dying in their preferred place, the number of patients whose goals are met and the number of patients admitted to hospital following an emergency conveyance from a care home.

The CWHHE CCGs wish to implement this service in the very early part of 2017 and so providers will need to have experience of providing this service, as well as existing capacity to add a minimum of 40 care homes to the caseload. Furthermore, the provider will need to be able to swiftly supply the relevant technical infrastructure to the selected care homes e.g. hardware / devices and relevant and information governance and general staff training.

Scaleability: In further phases, the service will need to be able to expand provision to support further cohorts in the wider community (e.g. intermediate care settings and patients in their own homes / community settings) if this initial phase is evaluated as being successful. The geography of the care homes covered may also increase to cover all of the CCGs in North West London.

The Telemedicine Service will deliver remote consultation and support care that meets the needs of care home residents. It is envisaged that a proportion of issues will be resolved solely by contact with the experienced clinician via the video link. The service model will need to offer a single point of contact for care home staff for help and advice, 24-hours-a-day, seven-days-a-week.

2.0 **All staff providing support to care home residents will receive**:

Appropriate and accessible information at the right time, to increase awareness of the support available to patients/clients, and the onward referral routes available to them.

Training to support staff in using the Telemedicine service, and to learn and develop key skills to help them deliver excellent care.

Receive coordinated, effective support and care to enable timely access to assessment and advice from the right agency at the right time.

2.1 **The service is required to:**

Deliver 24/7, 365 days a year, clinical assessment to support staff in caring for people in nursing and residential care homes.

Provide clinical assessment, access to the patient’s electronic patient record and to provide a visual view of the patient via appropriate and reliable technology, to aid care home staff and the patient’s care.

Be able to provide access to a suitably experienced multi-disciplinary staff to provide immediate advice, reassurance and if necessary, to plan for local onward referral.

Promote the wellbeing of those residing in care homes, enabling them to understand the telemedicine service, supporting self-care and enhancing the use of informal support mechanisms, primary care and community services.

Ensure relevant information, addressing both clinical and technical aspects of the service are available to all, in a variety of formats and media, in line with national guidance

Implement effective pathways to enable early intervention and timely identification and support for care home residents at increased risk of attendance at the emergency department (ED) or acute admission to hospital.

Reduce attendances at local acute emergency departments (EDs), unnecessary hospital admissions, and demand for primary and secondary care resources and prevent unnecessary disruption for care home residents.

Ensure effective joint working between those services providing support in the community to ensure smooth transit to appropriate services

2.2 **Key relationships:**

A detailed directory of services (DoS) is provided and maintained for each region, including in the CWHHE area (and is already used by the NHS 111 providers). Clear signposting and routes to access local services will be available to the service provider to ensure that individuals running the service are able to access the right level of service in a timely manner. Key interdependencies are:-

• Primary Health Care Teams.

• Hospices.

• Out of Hours Service Provider.

• Ambulance Services.

• Social Services.

• Mental Health Services.

• Voluntary and Community Sector.

• Spiritual/religious support services and community leaders

• Carers’ support groups

2.3 **Recording and onward referral**

Telemedicine (video) calls will need to be answered by a team of experienced clinicians (nurses, therapists and paramedics) and an initial urgent care assessment needs to be carried out, in order to assess the needs of the resident. The clinical staff providing the service will need to refer to the resident’s electronic health care records (TPP SystmOne for CWHHE CCGs) and try to manage the patient in situ to avoid GP call outs, or conveyance to the Emergency Department (ED). If required, hospital admissions directly to acute admitting wards should be able to be arranged it deemed clinically necessary.

The resident’s own GP must be able to view all consultations that take place with the service, via documentation on SystmOne and the service should complement the use of the GP and other community health care facilities, including whole systems initiatives.

2.4 **Access**

The service is available to all residents of care homes for which the service is commissioned.

The Telemedicine service should be available 24 hours a day 365 days a year.

Response times to calls are expected within 2 minutes of calling the service.

Detailed monthly activity and finance reports will be required, with detail to be specified by the CCGs.

The service must be able to offer accessible services, delivered in a manner that respect the needs of each individual and do not exclude anyone, regardless of gender, age, disability, race, religion, sexuality or social class. The service will need to be sufficiently flexible to enable support to be provided in a variety of care homes types, both large and small, public or privately owned, and residential and / or nursing.

2.5 **Governance**

The telemedicine advice and guidance service will need to provide a service that is supported by a robust framework for clinical and information governance, managed by an appropriately experienced and governed provider.

Each resident for whom there is a consultation, should be added to a SystmOne caseload to ensure clinical information is available to enable a safe assessment is available at the first point of contact. Consent to view records and to undertake the consultation should be obtained at each resident’s first consultation and documented in their electronic patient record.

Complaints and concerns will need to be dealt with by the provider providing the service, and need to follow the provider’s published complaints policy. Complaints and compliments involving this service will need to be shared between the provider and the commissioner as part of contract monitoring.

The successful bidder must be registered with the appropriate regulatory bodies, including the CQC.

2.6 **Pathways and Procedures**

Standard operating procedures (SOPs) will need to be developed for the service model and will be required to ensure quality and consistency, supported by robust governance arrangements.

2.7 **Technical service**

As part of the contract, the provider will need to provide the whole information technology (IT) infrastructure in order to deliver the service.

Information packs will need to be supplied for each commissioned care home and the technology installed by the provider, using a technology partner if required. The provider should ensure that a 24/7 managed technical service and helpline are provided to assist with technical issues. The technology provided to each care home should include a portable hardware enabled by Wi-Fi or 4G and that full training in the use of the equipment is delivered by both the clinical and technical teams.

**TELEMEDICINE CLINICAL SUPPORT FUNCTION**

**MARKET ENGAGEMENT QUESTIONNAIRE**

To express an interest in this potential opportunity please complete and return the following questions:

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Contact Name and Role** |  |
| **Contact Details** |  |
| **Type of Organisation**  **(e.g. healthcare provider)** |  |
| **Brief Description of Organisation** |  |

|  |  |
| --- | --- |
| 1. **Please describe your relevant experience in the delivery of the services in scope?** | |
|  | |
| 1. **Do you have the workforce capacity to scale your service to accept an initial cohort of care homes to your case load during Q4 2016/17? Would you be able to develop the capacity to scale beyond that number in the longer term?** | |
|  | |
| 1. **In your experience, what do you foresee as being the main risks in engaging and working alongside general practice, local community providers and other partners (e.g. ambulance services, NHS 111)?** | |
|  | |
| 1. **Please describe your experience of working across multiple health economies?** | |
|  | |
| 1. **Please describe your experience in providing care for people in the last phase of life?** | |
|  | |
| 1. **What do you foresee as being the main risks in moving from a telemedicine support service for nursing and residential homes to supporting people and their families in their own homes?** | |
|  | |
| 1. **How can you assure us that this service will deliver the required outcomes / metrics?** | |
|  | |
| 1. **How progressive do you consider your organisation to be? What examples do you have of this?** | |
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| 1. **If you were to submit a bid to provide this service, would you bid alone or would you look to partner with another organisation?** | |
|  | |
| 1. **Has your organisation experience of delivering specialist palliative care via telemedicine facilities?** | |
|  | |
| 1. **Would you be willing to share your contact details with other organisations who respond to this market engagement exercise?** | |
|  | |
| 1. **Please describe yout organisation’s experience of providing training for the workforce in care homes whilst delivering this service?** | |
|  | |
| 1. **Would you be willing to discuss your response to this Request for Information further with the commissioner?** | |
| **Face to Face** |  |
| **By Telephone** |  |

Please submit your completed questionnaire to [Toby.Hyde@nw.london.nhs.uk](mailto:Toby.Hyde@nw.london.nhs.uk) by **12.00 noon on Friday 6th January 2017**