

Good Governance Institute, supported by Tunstall Healthcare

Keeping the NHS Great

Report on the discussions held at Labour and Conservative
party conference dinners

Report from Labour and Conservative party conference dinners Keeping the NHS great - delivering technology enabled care services (TECS)

Good Governance Institute, supported by Tunstall Healthcare
22.9.14, Lowry Hotel, Manchester
29.9.14, Marriott Hotel, Birmingham

An audience of 16 senior representatives from health, housing, social care, voluntary sector, industry and local government, gathered at each dinner to debate the issues contained within a new discussion paper “keeping the NHS – delivering TECS”.

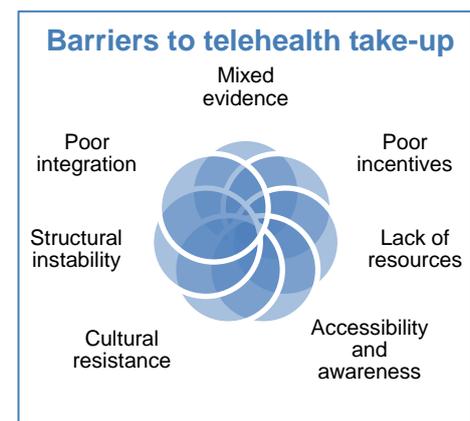
This document summarises the key points of the discussion, held under Chatham House rules.

Why are Tunstall and GGI holding the dinner?

- To launch a new discussion paper “Keeping the NHS great: delivering technology enabled care services”
- To create an opportunity to improve understanding of the role of technology
- To create support for policy changes

Key messages from the report

- If TECS was life-saving cancer treatment, people would be rightly furious that they could not get treatment. This technology has the potential to transform and saves patients’ lives but is being put in the too difficult box.
- It’s a failure of the system to adapt to new ways of working that is denying people life changing support
- A new discussion paper ‘*Keeping the NHS Great, Delivering Technology Care Enabled Services*’ which looks at
 - the benefits of integrating care services through the use of technology,
 - the existing evidence base,
 - the barriers to deployment of TECS
 - emerging recommendations for policy makers.



The following recommendations are for policy makers to increase deployment:

Re-establishing the case for telehealth	<ul style="list-style-type: none"> • Best practice and evidence review
Raising awareness	<ul style="list-style-type: none"> • National Awareness Programme and Patient Empowerment Campaign • A personal technology czar
Funding mechanisms	<ul style="list-style-type: none"> • Aligned incentives, integration • Pooled budgets, top sliced fund • Outcome based commissioning
System transformation	<ul style="list-style-type: none"> • National implementation team • National training programme • Redesigned pathways • GP incentives

The ‘*Keeping the NHS Great, Delivering Technology Care Enabled Services*’ discussion paper is available for download [here](#).

Keynote from Sir Stephen Bubb

Where we are with the NHS today

We are at a fascinating point in the development of the NHS. There is a growing division between politicians and professionals and it's very clear that the NHS is going to be a very important part of the election campaign.

I'm not sure that the problem with the NHS is lack of resources. Rather resources are targeted in the wrong place, for example they should be aimed at community and prevention services but resources are heavily focused on the acute sector.

It is ludicrous that we spend 10% of the budget on diabetes, chopping toes off rather than preventing the disease in the first place. There are a great number of people taken to A&E, admitted to hospital, stay in longer than they should and then leave hospital malnourished and more vulnerable – this can be avoided.

Why barriers are incredibly difficult to break

Financially the business model for the NHS is broken. Politicians won't talk about it as it's politically dangerous to close a hospital. Competition is not a disease.

The paradox is that the health service is really good at technology. But it's a technology for the profession, not the citizen. Technology is fantastic in the detection and treatment of cancer for example but some doctors are incredibly behind the curve and even find it difficult to cope with email and still use fax.

Culture is not centred on choice and it's not centred on citizens. If it was, you would be thinking how to provide services in the home in a better way and how to use technology to support those services.

Opening remarks from Sir Malcolm Thornton

When I look at the range of people around this table it's heartening to see integration in practice. However silo neutrality pervades so many aspects of our public lives. It's entrenched in our system. It would be good to see how those monies could be better channelled – we need the 'Heineken effect' to get cash to the parts others can't reach.

The system is broken. Is health really talking to housing and technology providers like Tunstall? We need to integrate services properly rather than continue with enlightened self-interest. The health system is a time bomb, with a top so heavy it will eventually topple over. The only way is to have a cross party consultation on how we fund it.

Sir Stephen Bubb is Chief Executive of Association of Chief Executives of Voluntary Organisations

The ACEVO membership consists of the majority of CEs from health and social care charities ranging from service delivery through to advocacy. Sir Stephen has worked within the NHS since 1982, has been a patient, a citizen and a customer of the health service.

Sir Malcolm Thornton is Non-Executive Director at HB Villages

A former MP, Sir Malcom is a fellow of the Royal Society for the Arts and is Chairman of the Board and Pro-Chancellor of Liverpool John Moores University.

Discussion – Keeping the NHS Great

The following section captures the key points of the discussion

NHS System

- Whilst some said the NHS was not fit for purpose, others said it is doing a fantastic job but there are significant areas for improvement.
- NHS is only interested in you when you become a patient
- It has been designed to fix us when we get ill and send us away, prevention is not a focus
- To change things we need to run 2 systems alongside each other to prove the case and then replace one with the other

One religion we all share is the NHS

Funding

- The timebomb has gone off , it's not up for debate
- Australia has introduced a 1.5% medicare insurance levy to pay for health, and the legislation went through in half a day proving the desperate need for more funding
- No one really knows if there is enough money
- A total of £79 billion has been allocated to local commissioners in 2014-15, equivalent to £1,400 per person

Technology examples

- We've had a long journey to integrate our data into one shared record. Next step will be involving the patient in this and it is truly going to make a difference.
- We had an individual with Asperger's syndrome and he hadn't slept for 4 years as he was worried the doors hadn't been locked. So now every time the doors are secured it sends a text to his mobile phone. The cost is £1.47 per week
- We have developed an app which is hugely helpful but there is demand for it to do more, such as manage medication
- A Carers UK poll asked the general public if they would use telecare without a description, 1 in 8 UK adults said they would. When telecare was described, it rose to 8 in 10 (79%). This was even higher amongst over 65s (85%) so awareness is a big issue
- I've seen fantastic outcomes for example where activity monitoring evaluated the risks for someone with dementia

Retailing telecare

- Part of the problem is that it's seen as a medicalised model, it's seen as special.
- Some bits are amenable to retail but the real system benefits come when you do it at scale
- We need to make it available in John Lewis, I'd love to see it on Coronation Street
- Technology is a huge enabler and it may be that the consumer market will drive it more quickly
- Housing base triage service is a very attractive model – walking clubs, volunteering, help with shopping

Prevention isn't a priority for funding

Evidence

- You can have enough anecdotes as you like, but you need evidence for the Treasury

Discussion – Keeping the NHS Great ... cont

Acute sector

- The people who need to use it most (the older and frail), don't get to use it well because of delayed transfers of care
- If I can get my front door (medical admissions ward) to run well, I can literally close my back door

There is a fear of change

Social care

- ADASS launched their vision for the future of adult social care today, with a strong emphasis on the whole system, geared to supporting individuals enjoy improved health and wellbeing outcomes.
- Social care is in a perilous state, having found 26% savings (£3.5bn) over last 4 yrs
- We need a transformational fund – if you double social care costs you will see big reductions in acute admissions
- Social care is only 2% of total public expenditure
- There is a fear of change – social workers don't get it as they are so worried about their own jobs

Integration

- Joining up services has to be greater than health and social care – whole lives not compartments
- People need to walk in other people's shoes, learn about what they do and importantly learn how to work together
- We need to coordinate people and money, bringing funding together and system leadership is crucial
- We need people coordinating care around my outcomes – the better care fund certainly helps bring together, including the voluntary sector

We have to think about cost effective, high quality services as principals of the system instead of treatments, time and tasks

Case study – the housing conundrum

- People, frequently people think about housing with care options too late, however for Mr B, the opposite occurred to his detriment
- Mr B is an elderly gentleman and his case regarding complex cardiac surgery was being discussed by the MDT. The doctors were saying he wasn't fit to have the valve fitted. The reason – he lived in extra care. The fact was his wife had died and he decided to move himself into extra care probably 5 years before he needed it. He spends many months of the year in Australia travelling and visiting relatives. But because of his address, they assumed he was not fit or well enough, when in actual fact he would be perfect for the operation as he would be able to go home early with carers onsite and telecare equipped.

Case study – real life training

- There is a purpose built street in Gloucestershire that the fire brigade use for training. We've started to use the street for training people to use wheel chairs etc. not in an acute setting but in a real life setting.

Personalisation

- The NHS England, LGA and ADASS push for personal budgets is right.
- I've never met anyone who isn't promoting patient centred care
- The baby boomer parents are ageing and frail but some are far too polite to shout for themselves

Discussion – Keeping the NHS Great ... cont

Closures / trust

- Gradually the role of hospitals will change. We could be much cleverer about closure. Look at stroke as a specialism
- Local government has learnt how to do closures
- We live in an era where there is low trust in politicians so they cling onto buildings
- The way to overcome the lack of confidence is to take decisions in the interests of the people. People trust doctors and nurses more than politicians
- Age UK ran a survey and asked how do they see the health service. They see it as their GP and A&E. that's all they know and care about. They don't see the infrastructures and bureaucracy behind it.

You need to get the new model in place before you close the old – show people how good it is

Housing – a lot more to offer than you think

- As a housing association, the lesson for all is we treat people as individuals and we have great relationships with other services such as the police.
- We have 53 properties and in each there is a guest flat, all kitted out with technology. We charge £20 per night and when we hear about all these delayed transfers of care, we could be offering the use of our guest flats. We just need a bit of imagination
- We're a little behind the curve when it comes to technology. With properties all around the UK and a lot of supported housing schemes, we see our 50k residents as our customers. We have started to do early intervention work and if we can intervene and help, we provide the funding for that.
- We've started providing services in 4-5 GP surgeries to help cut down the time GPs spend with patients.
- Every housing organisation is doing real practical things to help people get back to work
- My 91 yr old mother moved into extra care with technology and falls have gone down by a massive %
- As a housing association, we see the route to the NHS is to open up triage. We carry out first person response in people's homes and we are very trusted. We are not seen as health or social care workers.
- Thank you so much for doing this report – it describes all the reasons why we couldn't get telecare going in our region

How do you add quality to life as well as years to life? Having the right housing is key

Voluntary sector

- We took 12 people with lung disease to meet with the secretary of state in May and they all had similar issues despite not knowing each other. A couple spoke about their positive experiences with telehealth. Access to the real basics is a problem, and access to pulmonary rehab is a huge issue.

Conclusions

There was overwhelming consensus that the report has come at a crucial time, for politicians and commissioners to really make a difference for patients and service users.

On the question of trust, we have to trust change - mess with trust at your peril, it's the sacred cow. We need to move into the era where the consensus is that funding community care is the better way forward and when you incorporate technology as an enabler, the outcomes can be incredibly positive.

If you keep shouting loud enough, people have to listen

We have heard the fantastic things that housing providers, voluntary sector and social care are doing for and with health. We now need the national glue that holds all this together. And we've heard enough to see how we can marry technology with health and caring services.

We need to take this forward now as the momentum is starting to build.

Dinner Guests:

Organisation	Name	Job Title
ACEVO	Sir Stephen Bubb	Chief Executive
ADASS & Nottinghamshire County Council	David Pearson	ADASS President
Atel (Adaptive Technology Europe Ltd)	Matthew Warnes	Director
British Lung Foundation	Lucinda Roberts	Public Affairs and Policy Manager
Carers UK	Helena Herklots	CE
Dimensions	Steve Scown	CE
Guardian	David Brindle	Public Services Editor
Good Governance Institute	Andrew Corbett-Nolan	CE
Good Governance Institute	Stephanie Elsy	Advisor
HB Villages	Jonny Wrigley	Chief Executive
HB Villages	Sir Malcolm Thornton	Non-Executive Director
Home Group	Rachel Byrne	Executive Director Care & Support
Leonard Cheshire	Claire Pelham	CE
Leonard Cheshire	Peter Jenkins	MD of Corporate Affairs
London Borough of Lambeth	Cllr Jim Dickson	Cabinet Member Health & WB
Mid Cheshire Hospitals NHS Foundation Trust	Dr Adrian Heald	Consultant Physician in Diabetes and Endocrinology
Riverside	Carol Matthews	CE
Tunstall Healthcare	Simon Arnold	MD
Tunstall Healthcare	Kevin Alderson	Sales and Marketing Director
Tunstall Healthcare	Ali Rogan	External Affairs Director
University Hospitals Birmingham Foundation Trust	Dr Zoe Wyrko	Consultant Geriatrician

HB Villages case study – housing with care for people with complex needs

The need

- When I go home this evening, I'll turn the lights on, make myself a cup of tea, turn the TV on, go to the bathroom, lock all the doors and go to bed. But for some people, it isn't possible to do something so straightforward, without the support of 2 carers
- With a background in house building, about 4 years ago HB Villages was approached by Inclusion Housing to look into developing accommodation for adults with a variety of disabilities where inclusion would provide intensive housing management for people aged 18-65 with complex needs. Inclusion were at the time struggling to find the suitable accommodation required by commissioners all across the UK
- To reduce the long term care costs it all starts with housing and there is a huge shortage of suitable accommodation and particularly technology-enabled accommodation for people with complex needs
- Every single time we approached a local authority and they had little concept as to what was needed in terms of assistive technology.
- Previously the building would have wires trailing everywhere and bits of equipment Velcroed onto the walls. Over the last 2 years we've sought a company to design the technology infrastructure that goes into every apartment we build – an umbilical cord if you like.
- After much searching we realised there was no single company out there capable of meeting this need. We eventually decided to invest in our own business and helped set up ATEL who, working in partnership with Tunstall, have now fulfilled this need
- There is also a lack of good assessment capability to work out what exactly is needed in terms of assistive technology for someone with complex needs and ATEL has also filled that gap through the development of a mobile experience vehicle that will encompass all the technologies available, working together to clearly identify what will benefit a particular individual

The solution

- The first fully integrated, assistive technology enabled supported living scheme has now been developed in Blackburn with 20 service users benefitting from this approach
- HBV have now raised several million pounds from the private market and having built some 250 apartments to date HBV are planning on building a further 1500 over the next 4 years, each of which will be fully enabled to take assistive technology to meet the needs of individuals.
- This will give more independence to individuals and their support network and ultimately reduce care costs significantly.

Outcomes

- It is envisaged the outcomes will lead to a much more independent safer and happier environment and unlike previous technology, the ATEL and Tunstall solution can correctly monitor these outcomes to clearly demonstrate the benefits which will hopefully lead to greater awareness of the benefits and ultimately further funding.

For further enquiries:

Alison Rogan, External Affairs Director, Tunstall, 01977 660524 alison.rogan@tunstall.com

Stephanie Elsy, Senior Associate, GGI, 07919 100 516 stephanie@stephanieelsyassociates.co.uk