



Freedom of Information Request

Ref: UHB 19-686

22 November 2019

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trust's response is as follows:

In order to assist with this survey, could you please answer the following:

1. Does your organization presently provide a Telecare operations centre to monitor your local population or monitor specific conditions? – NO / YES
Sleep and Non Invasive Ventilation (NIV) unit: No.
All Trust Divisions: No.

IF the answer is YES please reply to the questions below – 1.1 to 1.10 & Q3

IF the answer is NO please reply to questions 2 to 2.4 and Q3

YES – we do have/use a monitoring centre

1.1 – Is this service staffed by clinical or non-clinical staff?

1.2 – Is this an internal support system using your own staff to monitor the calls?

1.3 – Is this an external support system run by the CCG and if so, which CCG/ Group of GPs' and does this team have a name/department title/ contact?

1.4 – Is this an external commercially available centre or Local Authority centre and if so, could you disclose the name of the 3rd party provider?

1.5 Do you know what Software is used to hold patient contact data and log calls – if any CRM system used at all?

1.6 Do you know if calls logged are written into your PAS or the patients' GP system?

1.7 Do you collect any data from the likes of? -

1.7.1 Glucometers/ Spirometers/ weighing scales/ECG

1.7.2 Future advances such as Body worn devices / smart watches that collect data such as Spo2, BP, Pulse, Temp, Movement

- 1.7.3 Manually taken vital signs at home sent into the cloud
- 1.7.4 Wellbeing questionnaires completed by the patient
- 1.7.5 Domiciliary visits notes
- 1.7.6 GP or Community Nurse notes
- 1.7.7 Smart Home devices such as alerts re Carbon Monoxide levels, Non-Movement etc.
- 1.7.8 Fall detection systems
- 1.7.9 Activities of Daily Living monitoring

Other devices – not named above (please comment)

1.8 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 measurement or general patient & social safety/wellbeing? (please comment)

1.9 Do you use a Video link to get visual contact with your patients? YES/NO

1.9.1 – If YES – why do you see this as important

1.9.2 – If NO – why is this not seen as important

1.9.3 – If NO - is this an aspiration?

1.10 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?

Any other comments

2. If the answer is NO – you do NOT have a monitoring system

2.1 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, promoting an earlier discharge and/or recognizing and acting upon patient deterioration sooner?

YES / NO

Sleep and Non Invasive Ventilation (NIV) unit: Yes.

All Trust Divisions: No.

2.2 Could you explain your reasoning for either of the 2 answers given above please?

We are already planning on introducing tele monitoring on Sleep Services patients in the near future utilising the equipment that is already issued to patients.

Sleep and NIV unit: The unit is already planning on introducing tele monitoring on Sleep Services patients in the near future utilising the equipment that is already issued to patients.

All Trust Divisions: There are other programmes of work that are being considered at present or the service is not relevant to the Division.

3. Who is the main person(s)/ decision maker (s) / team – who would be responsible for the decision to use a Telecare monitoring centre and if already used, who manages the centre at present?

Sleep and NIV unit: Emily Massey, Operations & Performance Manager, Division of Medicine.

All Trust Divisions: This is highly dependent on the specific service that would be developing any proposal. It is also likely to be decided by the Clinical Commissioning Group in a number of cases.

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Director of Corporate Governance
University Hospitals Bristol NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Publication

Please note that this letter and the information included/attached will be published on our website as part of the Trust's Freedom of Information Publication Log. This is because information disclosed in accordance with the Freedom of Information Act is disclosed to the public, not just to the individual making the request. We will remove any personal information (such as your name, email and so on) from any information we make public to protect your personal information.

To view the Freedom of Information Act in full please click [here](#).

Yours sincerely

FOI Team

UH Bristol NHS Foundation Trust