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# Cumbria Rural Health Forum

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# Health and social care in Cumbria

- Cumbria is England's second largest county with a population of 494,400 people. The county represents 48% of the land mass in the North West.
- 51% of Cumbria's total population live in rural areas. This compares to 19% of the population in England and Wales.
- Since 2001, the population of Cumbria has risen by 1.3% compared to a 5.3% rise nationally.

Office for National Statistics, 2010 Mid Year Estimates



# Delivery and providers

3 NHS secondary care trusts - North Cumbria University Hospitals NHS Trust, University Hospitals of Morecambe Bay NHS Foundation Trust (covers South Cumbria and North Lancashire), Cumbria Partnership NHS Foundation Trust (community and mental health care).

Specialist tertiary care normally provided either in Newcastle (North Cumbria) or Manchester (South Cumbria) plus other centres, such as Preston or Liverpool

9 Community Hospitals, 4 step up-step down units.

1 CCG (Cumbria CCG). 82 GP practices.

Cumbria County Council.

Vibrant voluntary sector  
(eg. Action for Communities in Cumbria)



# Formation

Formed in late 2013 as a result of various 'serendipitous' discussions

- Led by University of Cumbria and the Cumbria Partnership NHS Foundation Trust, with Cumbria CCG and later Action for Communities in Cumbria
- To answer the question ***what does good rural health and social care look like?***
- and ***how can digital technologies help?***



# Early stages

Group workshops to identify key 'rural' themes in health and social care

Shared best practice.

Agreement that there is a common interest in 'what can digital do for us?'

Funding secured from Academic Health Science Network for North East and North Cumbria for 12 month strategy development work programme, starting 1st April 2014



# Membership

Action with Communities in Cumbria, AHSN (North East-North Cumbria Academic Health Science Network), Care Innovations, Carlisle City Council (Healthy Cities), Carlisle College, Closer Care, Copeland Borough Council, Cumbria GPs, Cumbria Clinical Commissioning Group, Cumbria County Council, Cumbria CVS, Cumbria Health On Call, Cumbria Healthwatch, Cumbria Neurological Alliance, Cumbria Partnership NHS Foundation Trust, Cumbria Public Health, Cumbria Rural Housing Trust, Cybermoor, Diabetes Complete Care UK, Eden Housing Association, MSD (Merck), Great North Ambulance Services, Impact Housing, Lancashire Care, North Cumbria University Hospitals Trust, NHS Confederation North West Infrastructure Service, Northumbria Trust Director of Health Informatics, NW Ambulance Service, Royal College of General Practitioners Cumbria, Riverside Housing, Penrith & Borders MP (Rory Stewart's office), Settle Townhead GP, Tunstall Healthcare, University of Cumbria, Values Based Commissioning Ltd, Vilistus Ltd, University Hospitals of Morecambe Bay NHS Foundation Trust, Cumbria Health & Wellbeing Board, Better Care Together Programme, Shap Medical Practice

# Cumbria Strategy for Digital Technologies in Health and Social Care

## **Aim**

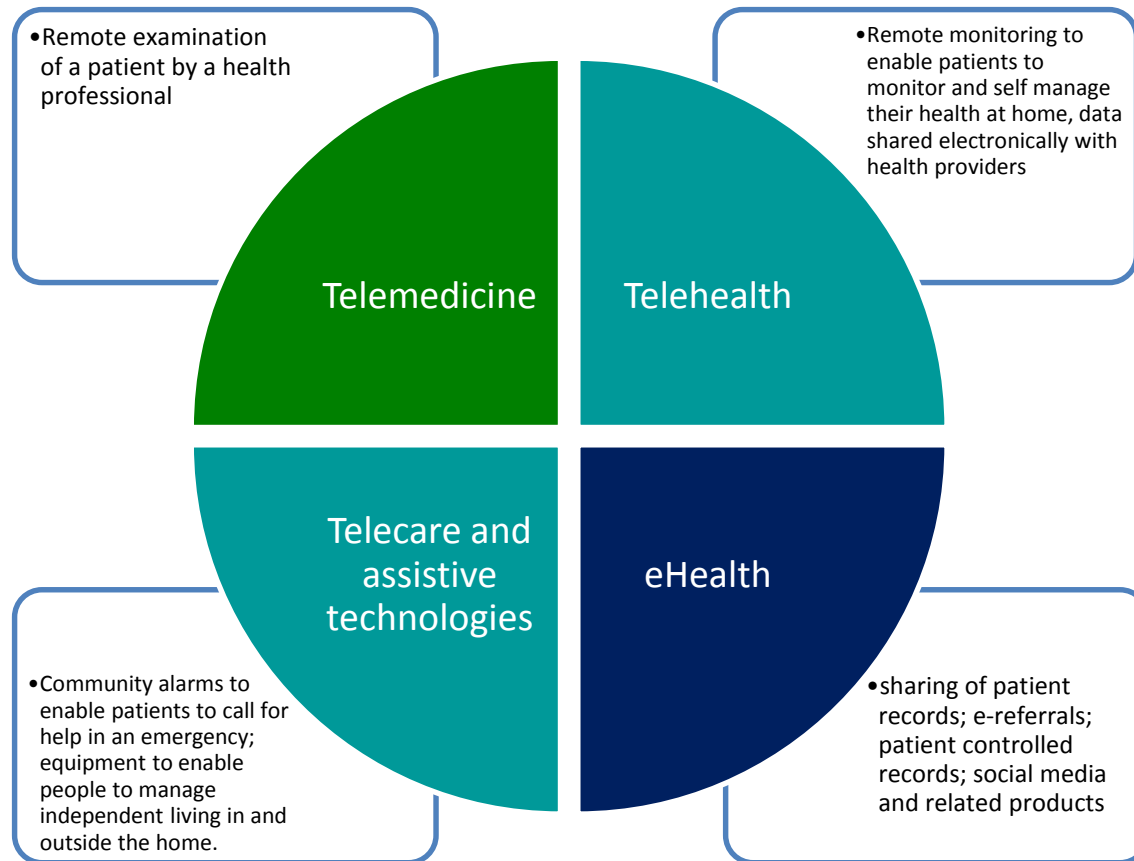
To support an integrated approach to adoption of digital technologies to address rural health issues, through sharing of best practice and a systematic approach to demand identification. Through this work, to position the Cumbria Rural Health Forum as a centre of expertise in rural healthcare. Our key theme is 'what does good rural health look like?'. This study aims to assess how digital technologies can contribute to good rural health.

## **Objectives**

- O1. Map existing telehealth, telecare, digital health practice within Cumbria and transferable best practice from elsewhere;
- O2. Gain understanding of issues specific to rural healthcare;
- O3. Identify needs and opportunities for use of digital technologies (eg. for remote consultations, telehealth and telecare);
- O4. Develop a roadmap for implementation within Cumbria, including roles of key organisations, training and professional development needs, access to funding sources.



# Digital health – definitions and scope



# Methodology

- Open innovation using the Forum partners to prioritise and shape the research process
- Focus on what can practically be achieved: a roadmap for implementation within Cumbria. EXCLUDE – mature technology already adopted such as SMS appointment reminders; technology still in development.
- 3 separate 'research' strands within the 'roadmapping' process
  - Mapping what is being done in Cumbria and elsewhere: what good practice can be transferred?
  - Interviews with GP practices to understand potential for implementing digital technologies within primary care
  - Deepen knowledge of rural health issues: what themes are of global relevance?

# Identified rural problems in Cumbria

- Dispersed communities meaning that people have limited access to services and have to travel further to access basic healthcare;
- Smaller GP practices and other health centres, meaning that staff may feel professionally isolated and removed from opportunities for professional development;
- A greater reliance on volunteer services;
- Population demographics that include relatively more older people than in urban centres;
- Poor quality broadband and mobile infrastructure.

Strategy Workshop 1 – December 2013

# Global rural health

- Significant experience and academic research exists in Australia, Canada, USA.
- Some of the same problems reported:
  - Hard to reach populations, dispersed communities
  - Specialists located in urban centres, major time and cost for patients to travel
  - Workforce issues: hard to recruit, hard to upskill, limited opportunities for development of clinical professionals.
  - Poor infrastructure

Rural public health issues – some work reports lower socio-economic status, implications for health especially long term conditions, mental health problems. Further work needed to explore this in Cumbria.

Literature survey July – August 2014

# Digital solutions to rural problems

## Emerging themes –

- The big win for rural patients is telemedicine for online consultations (reduced time and cost for travel to specialists, especially when unwell, easier to involve a carer/supporter)
- This also helps rural community health professionals (reduced travel time)
- Our problem is that there is no economic business case for the commissioners and providers.
- Hard to show demonstrable clinical benefits that are significant enough to justify the cost to the NHS
- Or we need new commissioning models - ??

# Mapping – digital health and social care activities in Cumbria or suitable for delivery in Cumbria

## Process

Forum members asked to record details of existing digital health activities

Activities known to Forum members that are thought to be best practice also recorded

Details enhanced through interviews by research team

## Preliminary results

23 activities recorded to date

Categorised by type of teleservice, geographical location, condition addressed

# Digital health and social care activities in Cumbria

	Activities
Telemedicine	8
Telehealth	6
Telecare & Assistive Technologies	5
eHealth	4
TOTAL	23

# Health conditions supported by digital activities in Cumbria

Telemedicine – pregnancy, stroke, orthopaedic and rheumatology, chronic fatigue syndrome CFS/ME, cancer , emergency and out of hours care

Telehealth – COPD, heart failure, dietary intake, teledispenser, elderly carer support

Telecare and assistive technologies – ageing, dementia, mental health

eHealth – eating disorders webchat, online patient stories, e-referrals and resource management (covering all conditions)



# Next steps

We have identified what is being done and what is possible

The first Cumbria strategy roadmapping workshop is to take place in September to review what could be extended and adapted

Outputs – agree benefits and prioritise projects for further development

# Digital health potential in primary care

Research question – what proportion of a GP's daily workload could be undertaken other than by face to face?

- how many GP practices use telephone consultations?
- how many use email or secure messaging?
- do any offer video consultations?

What types of consultations can be done in these different ways and what do the numbers look like?

Preliminary research in July/August – 3 GP practices in different rural areas, Cumbria Health On Call (CHOC).

# Preliminary results

All GP practices in Cumbria have digital patient records, with capability of sharing within the practice. The Strata e-referral and resource management system is being rolled out to enable them to make referrals to hospital.

But many do not even offer online appointments and repeat prescriptions. Some do not even have a practice website

We are currently interviewing practice managers to assess experience of telephone consultations and attitudes to other digital services. Some have experience of telehealth, but experience is mixed.

Only aware of one practice that offers email/secure messaging contact with GPs

Next step – audit of a day in the life of a GP practice – what could be done digitally/partly digitally, what has to be f2f? Repeating this also with CHOC and a community nurse.

# Next steps

GP engagement has proved harder than we had hoped

We hope to supplement the primary research with analysis of datasets - how many GP consultations are there per year in Cumbria and of what type?

Is there a digital answer to the question...

...what does good rural health and social care look like?

What does this mean for Cumbria?

How can we build on a commitment to co-operate within the health economy?

Aim to answer this question through workshop consultations in autumn 2014

Thank you for listening

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