Request under Freedom of Information Act 2000

## Request Ref: NGFOI 18/19: 667

Thank you for your request for information received at Northampton General Hospital NHS Trust (NGH) on 11/03/2019.

I am pleased to be able to provide you with the following information:

 Does your organization presently promote/or endorse a (RPM) remote patient monitoring system to capture vital signs or other health related measurements post discharge from hospital and whilst a patient is <u>residing in their own home</u> or being cared for in a <u>non-acute</u> <u>environment</u> such as community hospital/hospice/residential or care home - (Measurement examples being blood pressure/weight/temperature/Oxygen Saturation/EWS/ pulse/glucose etc.)?

## No

- 1. If the answer is **NO**
  - 1.1.2 Within the next 2 years, is telemedicine/ RPM, 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?

We will be working with vendors to provide a telemedicine solution. The Trust believes in providing the best possible care to patients and we are committed to enabling patients to live at home. Wearables and remote patient monitoring will reduce demands on beds through earlier discharge and improve patients experience. Security of data and NHS endorsed products will be high requirements when we adopt these devices.

1.1.3 If the Trust is <u>not considering RPM</u> for suitable patients (able to take their own readings or have a relative who can do this for them) – is there a reason why this is not being considered either on a per Trust basis or part of an agreement with the CCG?

## N/A

- 1.2 If the answer is **YES** RPM is presently used for some discharged patients- could you please detail
  - 1.2.2 the system type/name/supplier
  - 1.2.3 When this came into use and when the contract expires
  - 1.2.4 Who funds home monitoring, is this the CCG, the Acute Trust or a combination of both or other organization (e.g. charity/STP)?
  - 1.2.5 How much this cost per patient or per year for multiple patients
  - 1.2.6 What patient data is captured & is there measurements you would like to capture but cannot achieve at the moment?
  - 1.2.7 What systems does this data feed into e.g.GP systems & supplier





- 1.2.8 Has there been any analysis of this data to demonstrate that remote patient monitoring from home has:
  - Reduced patient re-admissions into hospital
  - Expedited the discharge process
  - Improved "follow up" care post discharge reminding patients to take medications/ monitor on-going health measurements etc.

N/A

2 Who is the main person(s)/ decision maker (s) – who would probably be responsible for the decision to use remote patient monitoring post discharge? (Name/title/contact details etc.)

It is not Trust practice to divulge the details for staff members below board level, however, we would be happy to forward on correspondence on your behalf.



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