

Remote Monitoring in General Practice



Remote monitoring has been part of the NHS for some time, and the COVID-19 pandemic has significantly increased the use of digital technology in primary care, from online and video consultations to collecting health data remotely. The challenges in primary care, such as workforce shortages and capacity issues, make it essential that practices use technology. However, the benefits such technology can bring to the system have yet to be fully realised.

Project Dates

Project Start 01/04/2023

Project End 31/03/2024

Programmes

- Community/Out of Hospital
- Data Integration
- Spread and Adoption
- Technology Enabled Care

In 2023-24, North East and North Cumbria Integrated Care Board (NENC ICB) and Health Innovation North East and North Cumbria (HI NENC) developed a remote monitoring pilot programme involving five early adopter general practice sites in Gateshead and Newcastle upon Tyne. The programme aimed to test new methods to monitor everyday conditions with the goal of increasing capacity. Each practice focused on agreed processes/pathways for two conditions, including contraceptive pill checks, HRT reviews, hypertension, diabetes, UTIs, and new patient checks. The aim was to identify and develop the pathways/processes that would most benefit patients and practices.

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“ It has been amazing to see how practices have embraced the project and realised the opportunities digital tools can bring. Although the project is in its infancy we have seen some amazing results from the pathways, with some practices reporting savings in staff time which can only be a good thing for staff and patients.

— **KAY BRYDON, BUSINESS CHANGE AND BENEFITS LEAD AT NECS**

Challenge/Problem Identified

It is a critical time as GP practices across the country are experiencing increased strain due to rising demand and difficulties in recruiting and retaining staff, which impacts patient care. The challenges in primary care relating to workforce and capacity necessitate the use of technology to streamline workflow, boost efficiency, and manage service demand. Remote monitoring can play an important role in managing a large number of patients and a range of conditions. However, the successful implementation of such service models depends on staff competency and the quality of training to ensure effective care and patient engagement.

Overview of innovation

Remote monitoring offers benefits for both patients and staff. For some patients, it offers a convenient way to access healthcare without requiring time off work or away from other commitments.

A recent poll suggested that 1 in 5 general practices want to use technology to help to manage demand. In 2023-24, five GP practices in the North East and North Cumbria piloted remote monitoring across various clinical pathways as part of a programme led by HI NENC. This pilot, conducted over a rapid six-month period, explored the use of existing technology.

Remote monitoring typically involves patients assessing their own health at home and providing feedback to their GP for review. For instance, hypertensive patients need to regularly monitor their blood pressure. In one practice, a small group of patients received an Accurx text with a link to complete an eConsult form, which gathers information usually collected during a face-to-face review. Patients used a blood pressure monitor to take their readings remotely and entered the results into the eConsult form. A nurse then reviewed the form and blood pressure readings during a 15-minute face-to-face appointment, which could potentially be changed to a phone call in the future. This process replaces the usual 30-minute face-to-face appointment.

Action taken

Progress and actions to date include:

- Phase 1 (2023-24) of the programme has concluded, but practices continue to use and build upon the pathways they have developed.
- A comprehensive webpage has been created to consolidate all information and tools, including process maps, flow charts, and videos to help other practices adopt a similar approach. See <https://healthinnovationnenc.org.uk/what-we-do/driving-digital-transformation/digital-pioneers/digital-accelerator/remote-monitoring-project-resources/> –
- NENC ICB funding has been confirmed for Phase 2 (2024-25) of the programme and planning is underway to incorporate lessons learned into this next phase, which is expected to support 20 practices using the model developed in Phase 1.
- In July 2024, a webinar attended by 45 delegates showcased the work to other practices, encouraging them to implement the pathway/process tools themselves.

A clinician who provided support in Phase 1 to validate the new approaches to patient pathways and to ensure they were validated as a new approach before wider roll out, has been commissioned to continue to provide support in Phase 2. Additionally, a Team Leader from one of the original five practices has agreed to champion the programme, supporting its expansion. The NECS Benefits and Change Manager, who assisted with the implementation of new pathways in Phase 1, has been commissioned to support Phase 2.

Outcome

There were a number of outcomes and impacts reported from Phase 1 (2023-24) of the programme. Some of these included:

- One practice introduced a new process for contraceptive pill checks, saving 50 appointments in the first month. This new process could save around 500 appointments annually for a single practice. If adopted by more practices, the impact would be significant: 10 practices could save 5,000 appointments per year, and 100 practices could save 50,000 appointments annually.
- In another practice, changes to the UTI pathway resulted in saving approximately 29 15-minute appointments per month. Over a year, this translates to freeing up around 12 full days of essential GP appointments for just one practice.
- Other practices made changes to their oral contraceptive pill and HRT reviews. As a result of these changes data and information gathered reduced face-to-face appointment and nursing time.
- Five patients provided feedback on the new hypertension pathway as part of the Involve North East Smart Survey. Four of them agreed that the new pathway made managing their condition easier and more convenient, and also agreed that they would recommend the new pathway to other patients.

Benefit

Findings from an evaluation conducted by the University of Sunderland demonstrated promising results. Benefits to staff highlighted a positive experience, including cost-savings, decreased workload, appointment reductions, timely reviews and time-savings.

Benefits of remote monitoring for patients included a greater sense of empowerment, more access to appointments where needed and enhanced patient safety.

Sustainability

Although the evaluation did not specify the exact number of reduced patient visits to practices resulting from the remote monitoring programme pilot, it is known that this reduction decreased travel and fuel consumption, thereby lowering CO2 emissions. For instance, a report produced by Involve North East summarising patient feedback found that patients familiar with taking their own blood pressure readings could remain at home instead of taking two bus rides to the practice, thereby

submitting their readings via an app instead.

Support provided by HI NENC

Across the North East and North Cumbria there has been significant investment in digital technology with an aim to enhance interactions between practices and patients. In 2023-24, Health Innovation North East and North Cumbria (HI NENC) and NHS North East and North Cumbria Integrated Care Board (NENC ICB) launched a remote monitoring pilot programme, supporting 5 GP practices to test remote monitoring across several clinical pathways over a 6-month period. Each practice received an incentive payment to ensure staff had the capacity to participate in designing, developing, and deploying the programme.

The initiative was overseen by a HI NENC Digital Transformation Programme Manager, with support from a Project Manager, a Project Support Officer, and a Marketing and Communications Manager. The University of Sunderland conducted a real world evaluation of the pilot, providing a comprehensive review. In addition, Involve North East was commissioned to report on patient feedback gathered through a survey distributed to those involved in the new processes and pathways.

Plans for the future / spread and adoption

Funding has been secured for Phase 2 (2024-25) to expand the remote monitoring programme to an additional 20 General Practices in the region. It will involve practices adopting some existing pathways and developing new ones. Each practice will receive an incentive payment to ensure staff have the capacity to participate in the design, development, and deployment of the programme. A collection of documentation from Phase 1 (2023-24) of the pilot is available, including standard operating procedures, flow charts for each clinical pathway, and videos to help other practices adopt a similar approach. This will continue to evolve with more materials added from Phase 2 to ensure that all practices across NENC can adopt the given pathways.

Related links, references and further resources

- Remote Monitoring Introduction – <https://youtu.be/DZsZhXmoyjo>
- Remote Monitoring UTI Pathway – <https://youtu.be/BXTNRptEsbA>
- Remote Monitoring Hypertension Pathway – <https://youtu.be/lxDvx23MrOI>
- Remote Monitoring Oral Contraception Pathway – <https://youtu.be/PcxgkwAZKwc>

Identifying practice priorities for the Remote Monitoring pilot programme Innovation Design Service (IDS) session held May 2023

Remote monitoring pathway resources – for general practice

Evaluation Documents:

- [Full evaluation report](#) and [Executive summary](#) by The University of Sunderland
- [PPIE report](#) – from Involve North East

Blogs:

• [Can remote monitoring help cope with capacity and demand in General Practice?](#) Kay Brydon, Business Change and Benefits Lead at NECS

• [Identifying Opportunities for Change](#) Kris Drummond, Team Lead at Teams Medical Practice in Gateshead

“ For just the UTI pathway, by implementing these new changes we have saved approximately 29 15-minute appointments a month. If this is multiplied throughout the year, we could be freeing up 12 full days of vital GP appointments for just one practice.

— **KRIS DRUMMOND, TEAM LEAD, TEAMS MEDICAL PRACTICE IN GATESHEAD**

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