

**REPORT TO: HEALTHIER STRATEGIC GROUP**

**SUBJECT: HEALTHY OUTLOOK® FORECAST SERVICE FOR CHRONIC OBSTRUCTIVE PULMONARY DISORDER (COPD) – MORAY EVALUATION**

**BY: DIRECTOR OF COMMUNITY SERVICES**

## **1. REASON FOR REPORT**

- 1.1 The purpose of this report is to provide the group with the report following evaluation of the Healthy Outlook health forecasting service for people with COPD for the period 1 November 2009 to 31 March 2010.
- 1.2 The report also highlights some of the key findings from the evaluation and outlines the recommendations for continuation of the service.

## **2. RECOMMENDATION**

- 2.1 Note the content of the Healthy Outlook evaluation report attached at **APPENDIX A**; and
- 2.2 Note the proposals for forward provision of the service based on the evaluation as detailed in paragraph 3.9.

## **3. BACKGROUND**

- 3.1 The Healthy Outlook® service uses specific weather conditions to predict periods of high risk for people with Chronic Obstructive Pulmonary Disease (COPD). The service is best suited for people with mild to moderate COPD. National evaluation of the service has shown that people felt the service helped them to better understand and therefore manage their condition better. Although traditionally a winter service, from 2010 it is offered all year round to alert patients when high ambient temperatures may also adversely affect their condition.
- 3.2 The service has been offered in Moray over the winter periods since 2006. For last winter (2009/10) and this winter (2010/11) has been funded by the national Telecare Development Fund (“TDP”) via Moray Council. Uptake of the service was previously patchy because of the requirement for GP practices to enrol patients and maintain the information for the duration of the service. Partly in order to address this issue, the Met Office are now offering the service for the whole year. This will allow for provision of alerts to patients at times of high risk because of for example, humid weather and summer viral strains.
- 3.3 For winter 2009/10 Moray took the decision to allow patients to self-refer for the service. A central administrative function within the Health and Social Care Partnership (funded by NHS Grampian) was set up in order

to improve take-up of the service and empower patients with choice. The administrative function of this model was supported by Public Health who provided a Health Improvement Assistant for 15 hours per week.

- 3.4 The Moray Council has undertaken to fund this winter (2010/11) for 500 patients (the minimum contract with the Met Office) from TDP funding at a cost of £11,500, representing £23 per annum per patient registered for service. This further year runs from 1 October 2010 to 30 September 2011 and thereafter there will be no further funding available via the TDP. Discussion is now underway with NHS Grampian with a view to them adopting the service as core business, taking account of the results of this evaluation of the centralised model.

## **Key Findings**

- 3.5 The questionnaire elicited a 59% response rate which is above average for this method of research. Evaluation showed that the service was well received by users who also displayed a significant change in behaviour by taking self-care actions to help keep them well. As a result, an average of 92.5% of respondents who had had previous hospital admissions, agreed that the service prompted them to use self-care strategies.
- 3.6 In addition, 62% of respondents who had been in hospital previously agreed that the service had helped them to avoid further hospital admissions and 69% of those agreed that the service had helped them to feel better than before they used the service. These findings are even more significant considering that the winter period under evaluation was the harshest on record for 30 years.
- 3.7 All in all, the evaluation demonstrates that the service has had a positive impact on patients who received it. Most importantly, it shows a significant decrease in the number of hospital admissions and exacerbations for individuals when compared to other winters of not receiving the service. Although these impacts cannot be directly attributed to the Healthy Outlook service alone, there is substantial evidence that the service did contribute to changing behaviours in a bid to better manage the condition and stay well.
- 3.8 The potential financial saving to the NHS based on the findings of the evaluation is around £313,000. The ongoing cost of the basic service for the 1274 COPD patients registered in Moray would be around £30,000.
- 3.9 The evaluation has been presented to NHS Grampian with the recommendation that consideration be given to adopting the service as core business as a spend-to-save initiative. This is currently being looked at by the Long Term Conditions collaborative within NHS Grampian.

## **4. SUMMARY OF IMPLICATIONS**

**(a) Single Outcome Agreement/Service Improvement Plan**

The proposal is in line with the above plans in respect to partnership working, developing a strategy for Telecare and Telehealth services in Moray, to contribute to better health and maintaining independence, developing care services closer to home and promoting a preventative, enablement/rehabilitation and an anticipatory focus to care services.

Single Outcome Agreement – national outcome 6 – ‘We live longer, healthier lives’. Local outcome – ‘An increased number of elderly and vulnerable people will be able to sustain an independent quality of life’.

**(b) Policy and Legal**

The Proposal contributes to the aims of several current policies and white papers including - Changing Lives, the future of unpaid care in Scotland (2006); Delivering for Health (2005); All our Futures Planning for a Scotland with an Ageing Population (2007); Better Health, Better Care action plan for a healthier Scotland (2007); Better Outcomes for Older People, Framework for Joint Services (2005); Gaun Yersel!: Self-management strategy for Scotland (2008). Local Authority Quality Outcomes and NHS HEAT targets will be considered when monitoring the outcomes highlighted in the strategy.

**(c) Resources (Financial, Risks, Staffing and Property)**

The cost of the service for the past two years has been funded by the Scottish Government’s Telecare Development Fund via The Moray Council. However, this funding ceases with effect from 31 March 2011. Any future funding of this service will need to be provided by other funding streams.

The service does have the potential to provide financial benefits and savings as outlined briefly in paragraph 3.8.

The financial implications for NHS Grampian are outlined in paragraph 3.8 above. This does not take account of the staffing of the administrative function of maintaining the service or the accommodation of such staff as mentioned in paragraph 3.3.

**(d) Consultations**

Sandy Riddell, Director of Community Services  
Jane Mackie, Head of Community Care, The Moray Council  
Andrew Fowlie, General Manager, Moray Community Health and Social Care Partnership  
Pamela Gowans, NHSG, Long Term Conditions Programme Manager  
Dr Jamie Hogg, Clinical Lead, MCHSCP

Deborah O'Shea, Principal Accountant

## **6. CONCLUSION**

- 6.1 This report outlines the key findings of the evaluation of the Met Office Healthy Outlook forecasting service for COPD and notifies the next steps in deciding whether the service should be adopted as core business by NHS Grampian.

**Author of Report:** Lorna Bernard

**Background Papers:**

**Ref:**