





Background

- Pregnancy induced hypertension (PIH) affects
 6-8 % of pregnant women.
- Frequent monitoring and timely intervention is required to prevent serious consequences like preeclampsia, intrauterine growth restriction, placental abruption and intrauterine fetal death





- Weekly monitoring in mild hypertension.
- Biweekly in moderate hypertension.



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Implications for patient

- Taking time off work
- Arrange for child care
- Arrange for transport/Pay for car park
- Wait in DAU/GP/MW clinic to be seen







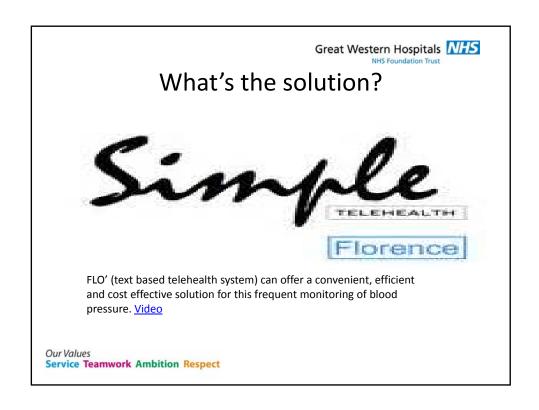
Implications for Health services

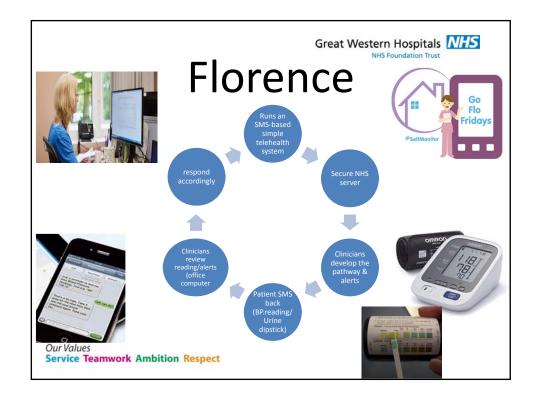
- Cost and Capacity!
- 10,000 (appx) attendances
- per year in DAU
- 2200 (appx) for BP check
- 1250 p.a BMI clinic
- Fortnightly BP check from 28 weeks

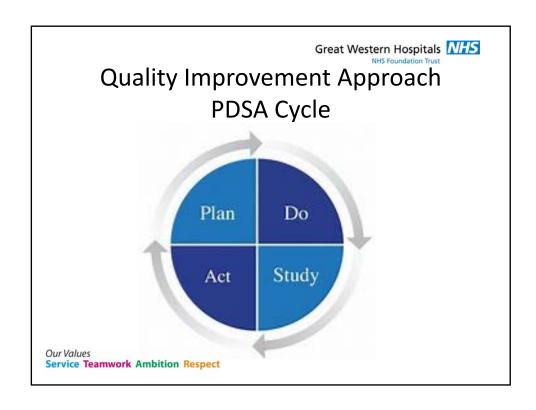


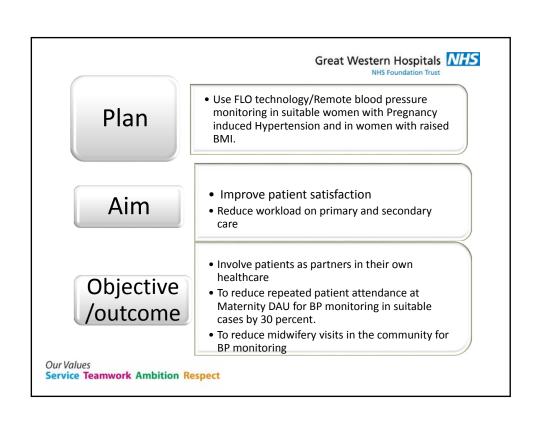


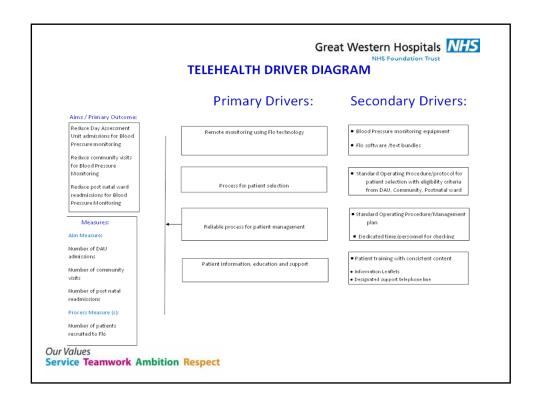








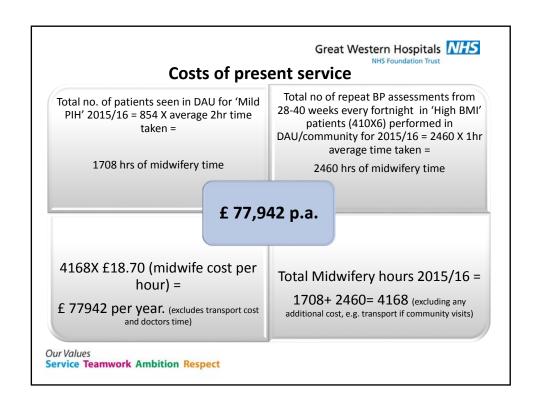


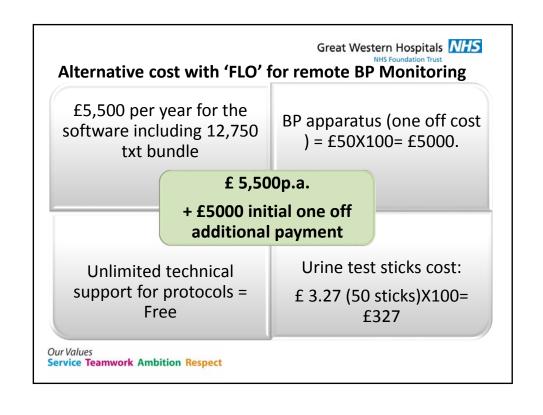




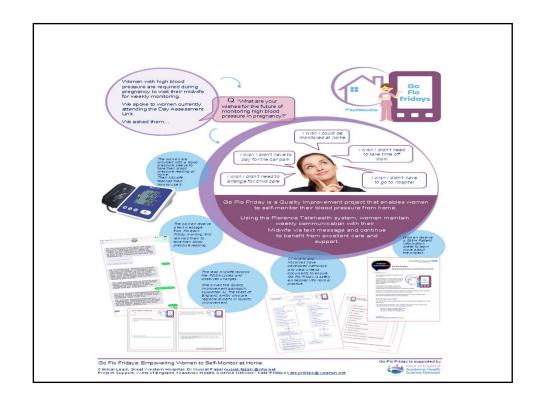
Ground work

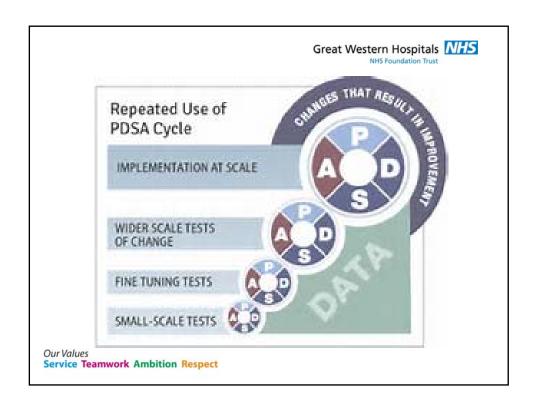
- Identify stake holders
- Business case
- Funding
- Protocols
- Trainings
- Project support and timeline

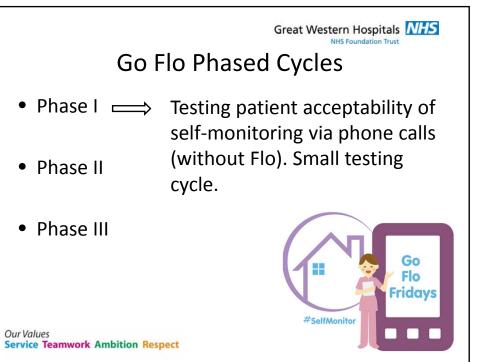












Go Flo Phased Cycles

Phase I

Using Flo for borderline/mild
 Phase II HTN or previous PIH history, to replace F2F appointment in

Phase III community/DAU

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#SelfMonitor

Great Western Hospitals NHS

FloFridays

Go Flo Cycles Phased

Phase I

• Phase II



Phase III

medication (single drug) to replace one of the NICE-recommended bi-weekly monitoring in community/DAU

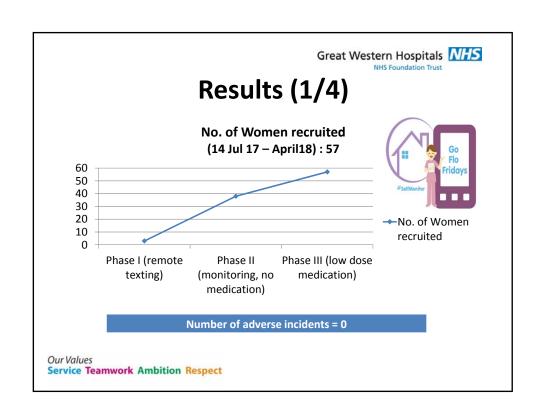


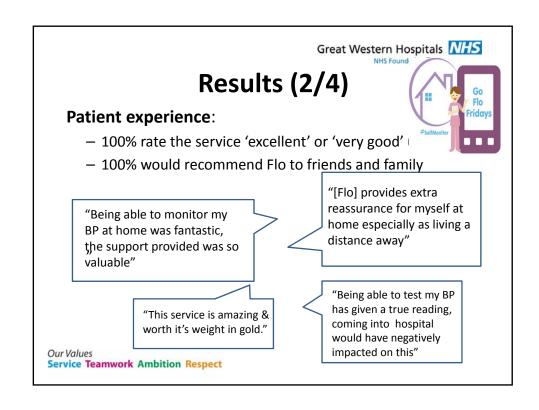
How we measure the change

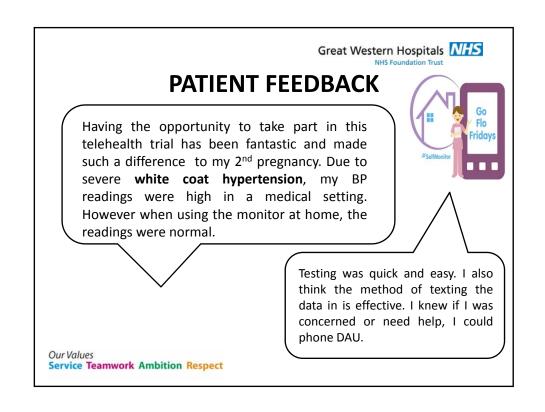
- Process measures : no. of patients signed up to 'Flo'
- Outcome measures: reduction in routine F2F appointment DAU & community
- Balancing measures: no. of adverse incidents
- Patient satisfaction survey pre and post change
- QI toolkit "modify and retest"
- Roll out













Results (3/4)

Reduction in Face-to-face appointments:

	DAU & Community –Apptts saved	DAU & Community -MW hrs	Cost saving equivalent (per MW time)	Cost Saving per MW/DAU apptt(£70)
Phase I	n/a	n/a	n/a	n/a
Phase II	496	992	£18,550	£27,630
Phase III	76	152	£1421	£1710
Total (572	1144	£19,971	£40,0040

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Conclusion

- Patients
- Patient Feed back is self reflective
- Convenient
- Safer/reliable
- Economical
- Practical

- Trust/Staff
- Workload more manageable
- efficient use of resources
- staff satisfaction
- savings in long term

Nice Compliant



Results (4/4)

• Staff lessons learned:

- Having confidence with the GO FLO system
- Reduction in appointments in the community setting for ladies
- Returning equipment to DAU

"The system will identify any problems with a ladies BP/Urine & encourage them to phone DAU/D/S for advice" "Sending text messages to women via Flo has helped to bring back equipment to DAU at delivery"

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Next steps

- Further PDSA cycles to extend its role to mild PET
- Implementing Go Flo in maternity as 'business as usual'.
- Expand the use of the Flo system to other speciality
- Disseminate evaluation report

Explore other uses of FLO

- Diabetes
- Breast feeding
- Chronic pain
- Mental health
- Urology
- COPD
- Cardiology



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NHS Foundation Trust

Acknowledgements

- Prof Kim Hinshaw
- WEAHSN
- DOH
- Teresa Harding
- Ann web
- Mohamed Elnesharty



Useful links and Acknowledgements

- https://www.networks.nhs.uk/nhs-networks/simple-telehealth
- http://www.digitalhealthsot.nhs.uk/index.php/patient-public/telehealth
- https://www.england.nhs.uk/wpcontent/uploads/2014/10/5yfv-web.pdf
- https://www.england.nhs.uk/digitaltechnology/inforevolution/digital-roadmaps/
- www.simple.uk.net
- www.health.org.uk/flo
- Video

