



The idea behind the Competitive Health Services project is to develop health services for people in remote or rural communities where access to health services might be limited. We have done so by

- implementing innovative eHealth solutions and
- promoting transfer of the best practices in the Northern Periphery

We started out by mapping and identifying good practices across the partner countries and then set out to assess if the services could be transferred and implemented transnationally. We then chose the best services solutions for piloting.

Teledialysis on BBC news

The Scottish partners chose to pilot a Teledialysis service from Norway. Pilot launch attracted media attention and was featured on the BBC news. You can read the article here:

http://news.bbc.co.uk/2/hi/uk_news/scotland/highlands_and_islands/8634562.stm

You can read all about the pilot on page 2.

eVisible Solutions in Sweden

The Swedish partners have piloted a mobile eye clinic. You can read all about it on page 3.

Finnish pilots on YLE news

The Finnish remote wound care and speech therapy pilots have also attracted media attention. Please visit our website to read more about them.

http://www.ehealthservices.eu/downloads/media_attention

Final Conference in Oulu, Finland

The final project meeting will be held on the 3rd-4th of November in Oulu, Finland, where we will present our results and tell about our experiences. The programme includes a health cluster event **“Innovating rural health and social services in the Northern Periphery”** where terms of reference for a strategic health project call will be finalised.

More information about this event will be available on our website later.

Piloting new e-Health services

SCOTLAND

TeleDialysis



UNIVERSITY
OF ABERDEEN



The University of Aberdeen and UHI
Millennium Institute working in partnership



The teledialysis pilot in Scotland went live on 1 March 2010, following much hard work and some delays caused by slow delivery of equipment – as well as unusually snowy weather over the winter! NHS Highland eHealth specialists installed identical mobile videoconferencing equipment (Tandberg Edge 95 MXP) in the renal units at Raigmore Hospital, Inverness and Caithness General Hospital, Wick, in February. They also arranged training sessions for the clinical staff who would be the first to use the new system.

Changes to established work patterns had to be planned, procedures for booking and recording use of the equipment were drawn up, and dialysis patients and their GPs informed about the new developments.

Within the first ten days of March, videoconferencing had been successfully used for three different purposes:

- 1) nursing staff updates between the units (twice weekly)
- 2) transmitting in-house training sessions to the satellite site
- 3) the first remote reviews of dialysis patients by a nephrologist.

Renal staff have, in general, been satisfied with their initial experiences of the video link, despite a few technical issues. In particular, the first video consultations with dialysis patients were favourably received on both sides; preliminary results of a patient survey in July indicate that most are satisfied with their remote consultation experience so far.

Further 'virtual ward rounds' have taken place in May and July. In alternate months patients will meet the renal consultant face-to-face as before. The frequency of the monthly clinic visits to Wick is not being reduced, but additional outpatient appointments can now be booked in the time which is saved by conducting some dialysis patient reviews remotely. The outcome is that fewer outpatients are required to make a round trip of 330 km to attend clinics in Inverness.

Future plans for the video link include extending its use for some outpatient consultations, and by other members of the renal multi-disciplinary team, such as dieticians and pharmacists. The physiotherapist hopes to monitor patients' exercise programmes more closely by this means.

A press release on 21 April attracted media attention from local and regional newspapers, two TV stations and local radio. The pilot project was mentioned as an example of current telehealth practice in the Royal Society of Edinburgh's Digital Scotland consultation document, which benchmarks Scotland's broadband infrastructure against that of Sweden and Finland ¹.

The Scottish and Norwegian partners have collaborated closely in setting up this pilot, based on the existing service model between the University Hospital of North Norway in Tromsø and several satellite units in Finnmark. A midwinter visit by three NHS Highland renal staff to Tromsø and Alta in December 2009 provided a valuable insight into how teledialysis functions in practice – and the inspiration to get the Scottish pilot running as soon as possible!

1. Royal Society of Edinburgh (2010). Digital Scotland: an interim report (Available online at: http://www.rse.org.uk/enquiries/Digital_Scotland/index.htm)



eVisible Solutions

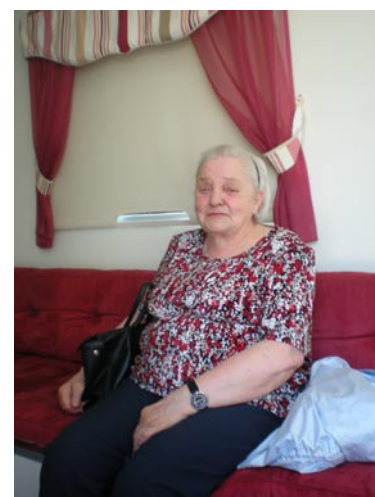
*Ulla-Maija Pesola, PhD student and Eva Lindh Waterworth, PhD, Associate Professor
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For a decade staff from Northern Ostrobothnia Hospital Districts ophthalmology unit in Finland have been travelling across rural areas of Northern Finland with a trailer fully equipped to do screenings for diabetic retinopathy. Thousands of patients in Finland have been examined at the mobile eye unit called 'EyeMo' saving time and effort by eliminating the need to travel for the patients and at the same time increasing screening volumes and saving resources for the hospital district.

Providing diabetic retinopathy screenings locally with a mobile unit has proved an effective way of offering a service and is highly appreciated by both patients and staff. During the project Competitive Health Services the EyeMo service was presented and demonstrated to the County Council of Västerbotten in Sweden. The Finnish way of providing diabetic retinopathy eye screenings has impressed the County Council of Västerbotten so much they have decided to see if the service model could be implemented. After careful consideration, a decision to pilot the service in Southern Lapland was taken and the first trial took place in April 2010. The second pilot period concluded in July and the experience has been a positive one both for patients and staff.

Over 150 patients living in Southern Lapland have been screened for diabetic retinopathy at the EyeMo mobile eye unit. One of the patients at the mobile eye unit is 74 year old Elisabeth Eliasson from Volgseleby, Vilhelmina. Without the possibility to receive treatment at the EyeMo she would have had to travel 300 kilometres to receive the examination at Lycksele hospital. Elisabeth is very happy at being offered the opportunity to get the necessary examinations locally. "It means a lot to me not having to travel to the hospital, it would take me the whole day to get there and there is no public transport available so I would have to take a taxi or ask my daughter to take me to the ophthalmology unit at the hospital. During winter it can be very cold and the roads are icy, it is especially difficult if I have an early appointment at the hospital, then I have to get up in the middle of night to be there on time. Having the ophthalmology nurses coming to Vilhelmina to examine the patients is perfect and it makes it so much easier for me and other people".



The pilot has also been appreciated by staff working at the ophthalmology unit in Lycksele. Ophthalmology nurse Ingrid Johansson has found the pilot to be an interesting experience. "It is very rewarding for us to see how pleased patients are when we travel to see them instead of them having to travel to meet us. Many of the patients are elderly and would not necessarily be able to travel all the way to Lycksele hospital. It is very important that patients do not miss the appointments since it could cause serious damage to their eye sight if they do not receive proper examinations and treatment. We have also noticed that the amount of cancelled appointments decreases when the patients do not have to travel so far; the better access to health care they have, the better the chance that even the elderly are able to get the examinations and treatments they need. Many patients have also said that they are pleased not having to take a day off work to come and see us. It is very important that we are able to offer equal access to all health care clients within the county."



The first analysis of how the service works in Sweden showed promising results. The ophthalmology staff at the County Council of Västerbotten hopes that the service becomes permanent, bridging the distance between health care providers and clients. The staff also thought it would be possible to deliver other kind of services in the trailer, such as diet and nutrition advice for diabetics.