**WOMEN’S SERVICES - SBAR**

**ROYAL INFIRMARY EDINBURGH – MATERNITY SERVICES HOME BLOOD PRESSURE MONITORING**

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| **Submitted by:** | | Garry Luke |
| **Date:** | | May 2020 |
| S | **Situation** (*Detail what project is and area of focus – what is going on and why*)  In line with Scottish Government expectations, NHS Lothian is rapidly rolling out a home blood pressure monitoring service for maternity patients. This service will facilitate a reduction in inpatient attendances at both RIE triage and Simpson Day Bed Unit.  In order to effectively deliver the service it is anticipated that a number of measures will have to be put in place, including adoption of clinical guidelines, establishment of midwifery led clinics, provision of administrative support, and provision of resource to support the ongoing maintenance of blood pressure monitoring machines. | |
| B | **Background** (*what is the background information pertinent to the situation?*)  Following the outbreak of Covid-19, Scottish Government procured a number of Blood Pressure Monitoring (BPM) machines to facilitate the roll out of remote blood pressure monitoring for maternity patients across Scotland. NHS Lothian has been allocated a portion of these machines (c. 800) and is seeking to implement the home BPM service urgently.  It is anticipated that the adoption of home BPM will allow for a reduction in the requirement of patients to attend in person, as patients will be responsible for taking their own blood pressure and reporting it to the clinical team via the Florence system. This allows patients to simply text the results of their reading and urinalysis to the system and allows the clinical team to monitor the patient’s progress.  Patients will receive regular text reminders asking them to take their blood pressure, and clinicians will monitor this as required. A twice weekly midwifery led clinic will be run, from RIE in the first instance, to provide support and advice to patients, usually via Near Me or telephone.  Suitable patients have been categorised into three groups:  Group 1:   * Chronic hypertension * Current gestational hypertension (Pregnancy Induced Hypertension, PIH) * Current pre-eclampsia * Shielding Patients   Group 2:   * Hypertensive disease during a previous pregnancy * Chronic Kidney disease * Autoimmune disease (e.g. systemic lupus erythematosa/antiphospholipid syndrome)   Group 3:   * Type 1/ Type 2 Diabetes * Multiple pregnancy   NHS Lothian clinical staff have played a key role in the development of clinical guidelines, including the above criteria, implementation pathways, staff information and patient guidance. Clinical staff have also been key in the development of protocols for the Florence system.  Arrangements for management of BPMs have been agreed with medical physics, although resource transfer to support this additional work is to be agreed.  Pending CMT approval it is hoped that recruitment to the service will commence in early June, with ongoing roll out to patients prioritised through patient groupings outline above. | |
| A | **Assessment** (*Identify what needs to change*)  The service should agree the formal establishment of the Home BPM service as outlined above, including adoption and implementation of clinical guidelines.  In order to deliver the service the below resources should be provided in the first instance:   * Midwifery resource to support 2 pilot clinics per week from RIE. * Nomination of clinical lead – 1PA support through service roll out, 0.5PA recurring * Medical Physics time – 0.25 WTE B4 (£8k) | |
| R | **Recommendation** (*What do you want to happen and by when?)*  It is recommended that the CMT:   * Support the establishment of the home blood pressure monitoring service. * Note clinical and patient guidance which has been developed to support the service. * Agree the establishment of midwifery led clinics at RIE & SJH for monitoring of patients undertaking home BPM. * Agree that a lead clinician should be nominated to support the service. * Agree to support the service through provision of administrative resource. * Agree transfer of required funding to medical physics to support | |