

# Implementing telecare. Evidence from the UK

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Elderly Care by Design

London

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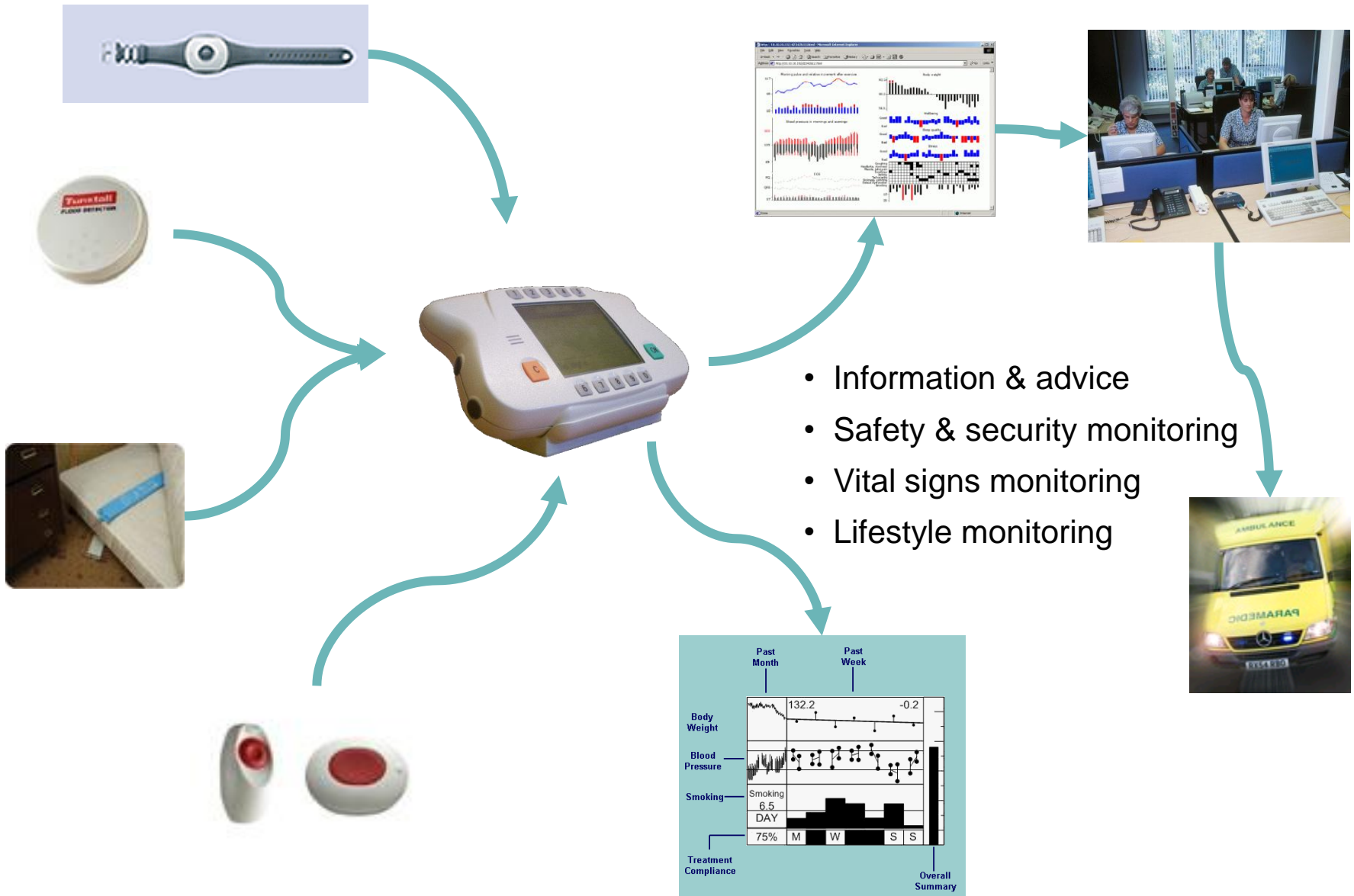
# Overview

- The need for remote care – and what it is
- UK policy agenda
- The future never arrives
- Progress so far towards mainstreaming remote care
- Potential benefits
- The need for an evidence base
- Conclusions

# Terminology

- ‘Telecare’
- ‘Telehealth’
- ‘Telemonitoring’
- ‘Telemedicine’
- ‘Assistive technology’
- ‘Smart homes’
- All are used interchangeably to describe the **remote delivery** of health and social care

# Remote care

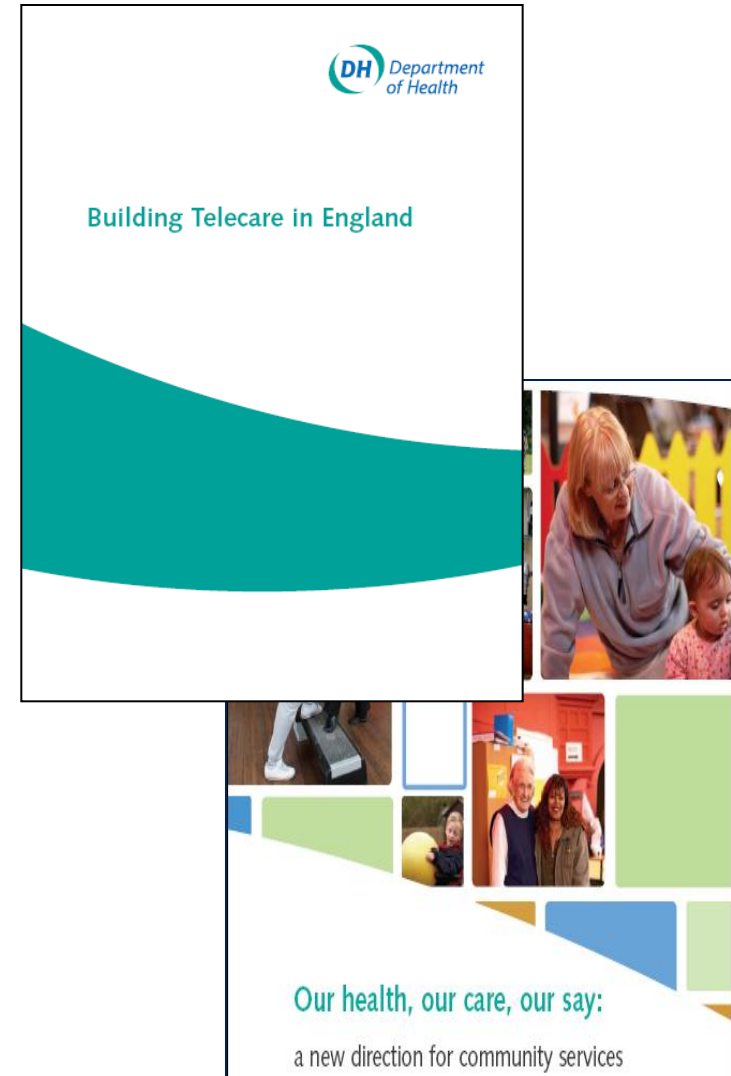


# The need for remote care

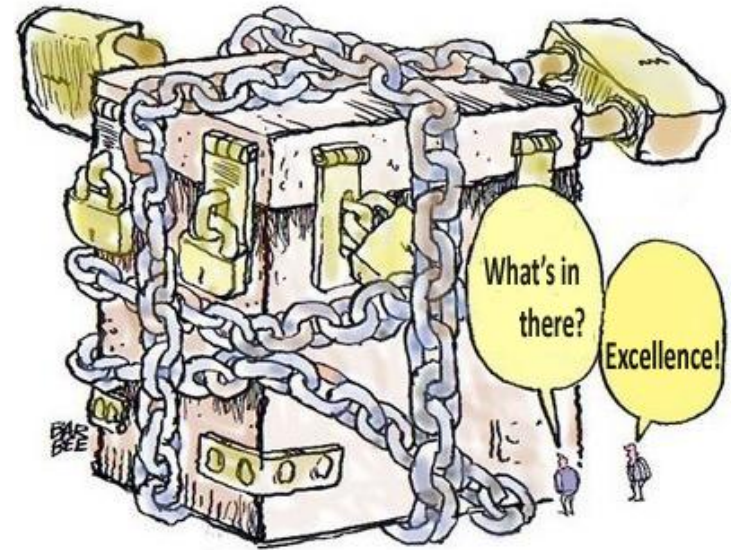
- One solution for managing escalating demand for health and social care is technologies that **support care remotely**
- “We have to (introduce remote care systems) over the next five years if we are not to see the NHS go over the falls – the equivalent of Niagara Falls – with or without a barrel” (Mike Bainbridge, NHS Connecting for Health, 23/06/08, eHealth Insider)

# Policy drivers

- The UK has taken a strong lead. **Over 20 government reports** since 1998 have called for telecare
- **New finance** (£170m +) via Preventative Technology Grant, Whole System Demonstrators and other initiatives



- ... but despite thousands of **pilot or trial projects** remote care has not yet become a **mainstream** part of care delivery
- Pockets of excellence don't spread
- Pilot projects are not sustained



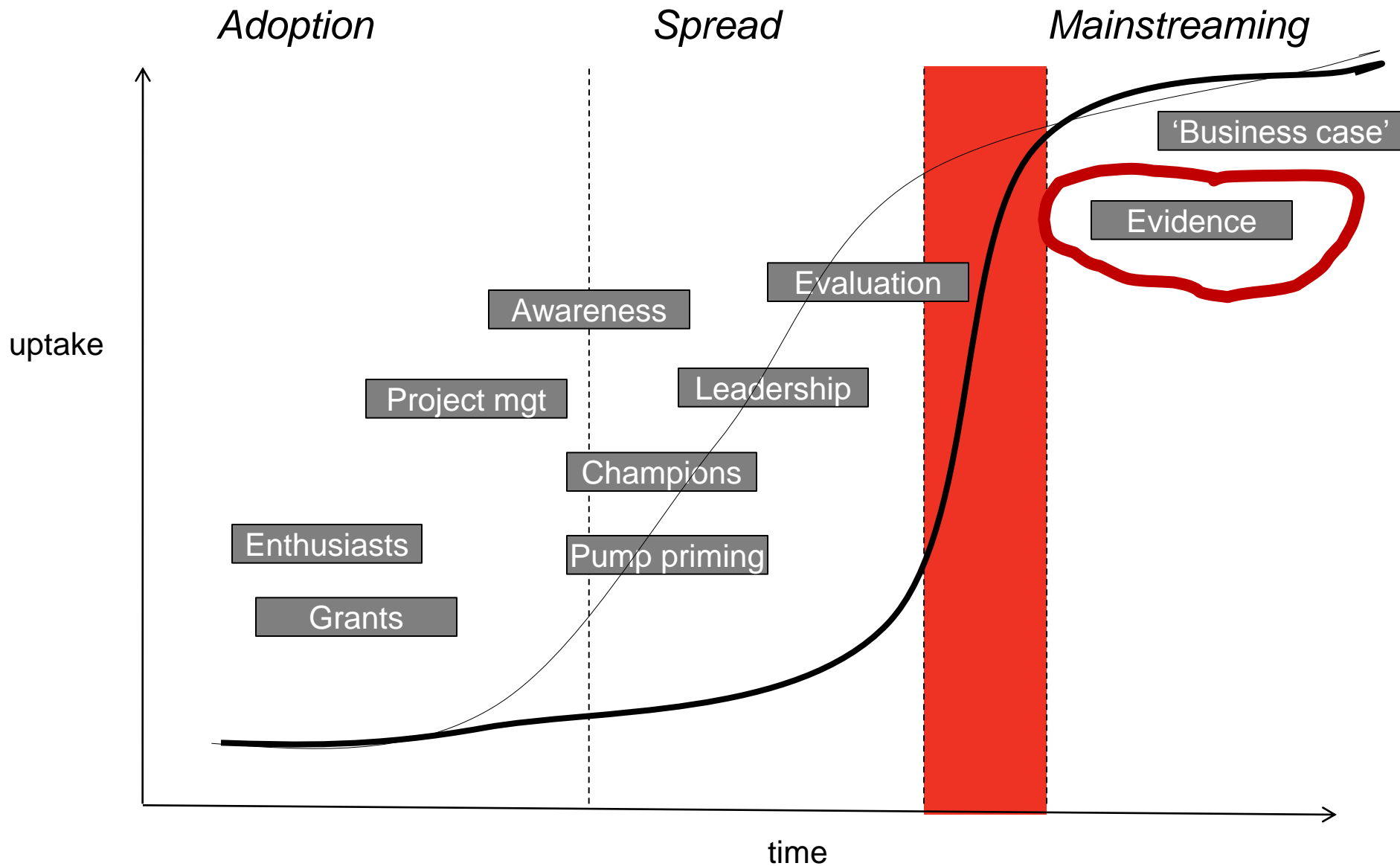
—Lack of progress in UK (and elsewhere) is largely due to:

- **organisational problems** (esp. integration within and between care providers)
- a lack of obvious **business models**
- ... and limited benefits **evidence** is also playing a part

# The existing evidence base

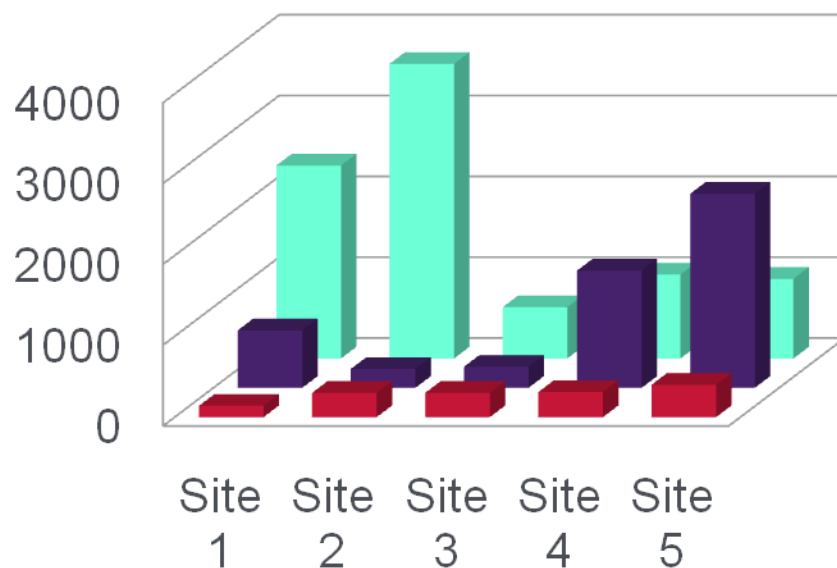
Focus of study	Evidence on:	
	<i>Individual outcomes, i.e. clinical or QOL improvement</i>	<i>Systemic outcomes, i.e. economic impact or impact on processes</i>
<i>Specific application, e.g. aimed at patients with diabetes</i>	<b>Relatively good, growing – numerous individual studies on which to build systematic reviews</b>	<b>Limited, problematic – poor specification of assumptions, lack of robust data</b>
<i>General application, e.g. aimed at a general population (e.g. ‘frail older people’)</i>	<b>Largely anecdotal, growing – not yet peer reviewed</b>	<b>Virtually unresearched – based on simulation modelling with limited data</b>

# What's needed to stimulate remote care?



# We don't even know how many remote care users there are

- Poor data due to inconsistent definitions
- Example from 5 leading LAs ...



- Recorded users 2006
- Recorded users 2008
- New users claimed in 2008

Source: Hendy & Barlow

# Summary of current position

- Growing evidence of **clinical** effectiveness of some specific telecare applications
- Very little no **cost-benefit** evidence
- Little published on **remote care** that meets orthodox quality standards for healthcare evaluation

— Solutions?

# Whole System Demonstrator programme

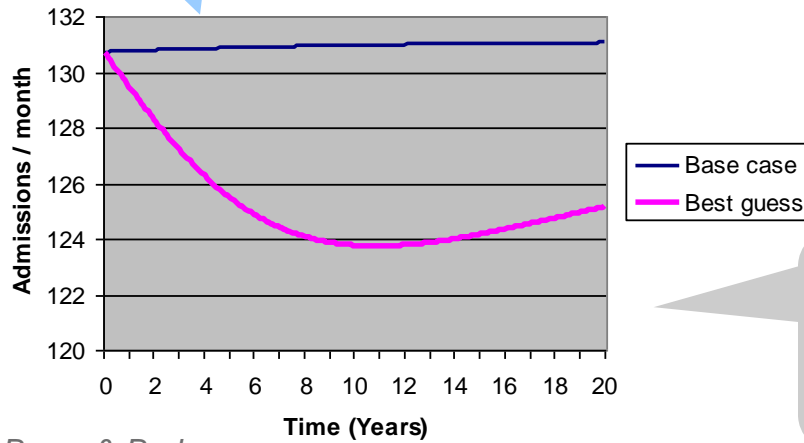
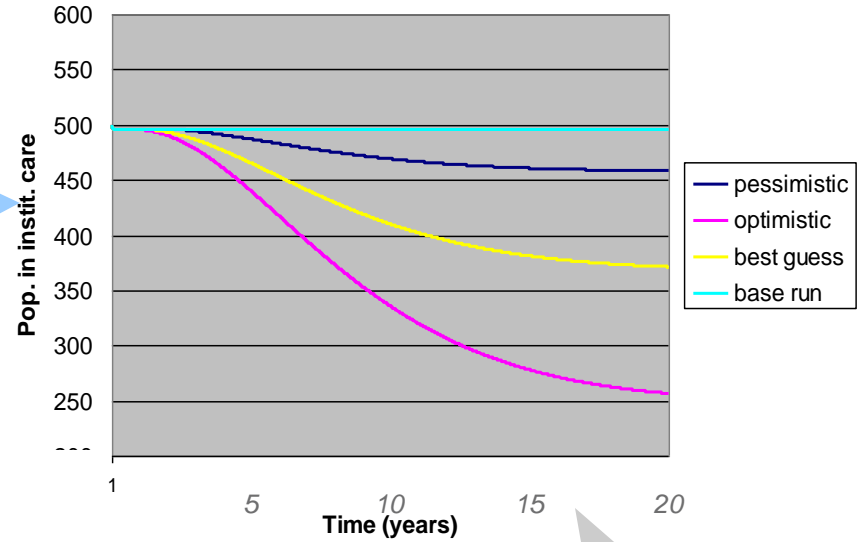
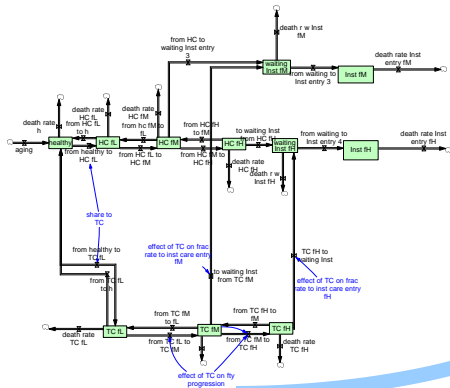
## — DH White Paper, *Whole System Long Term Conditions Demonstrators* (2006):

- ‘Whole system demonstrators that **test the benefit** of wholesale redesign of services for those with long term conditions’
- ‘The key challenge ... is to provide **credible evidence** that comprehensive integrated care approaches combined with the use of advanced assistive technologies ... benefit individuals and deliver gains in cost effectiveness of care.’

# Exploring the potential impact on healthcare

- WSD can provide snapshot evidence for benefits but we need to also consider potential longitudinal impact across the whole system
- **Simulation modelling** experiments can help achieve this
- ... the figures aren't important in these examples

# Frail elderly care

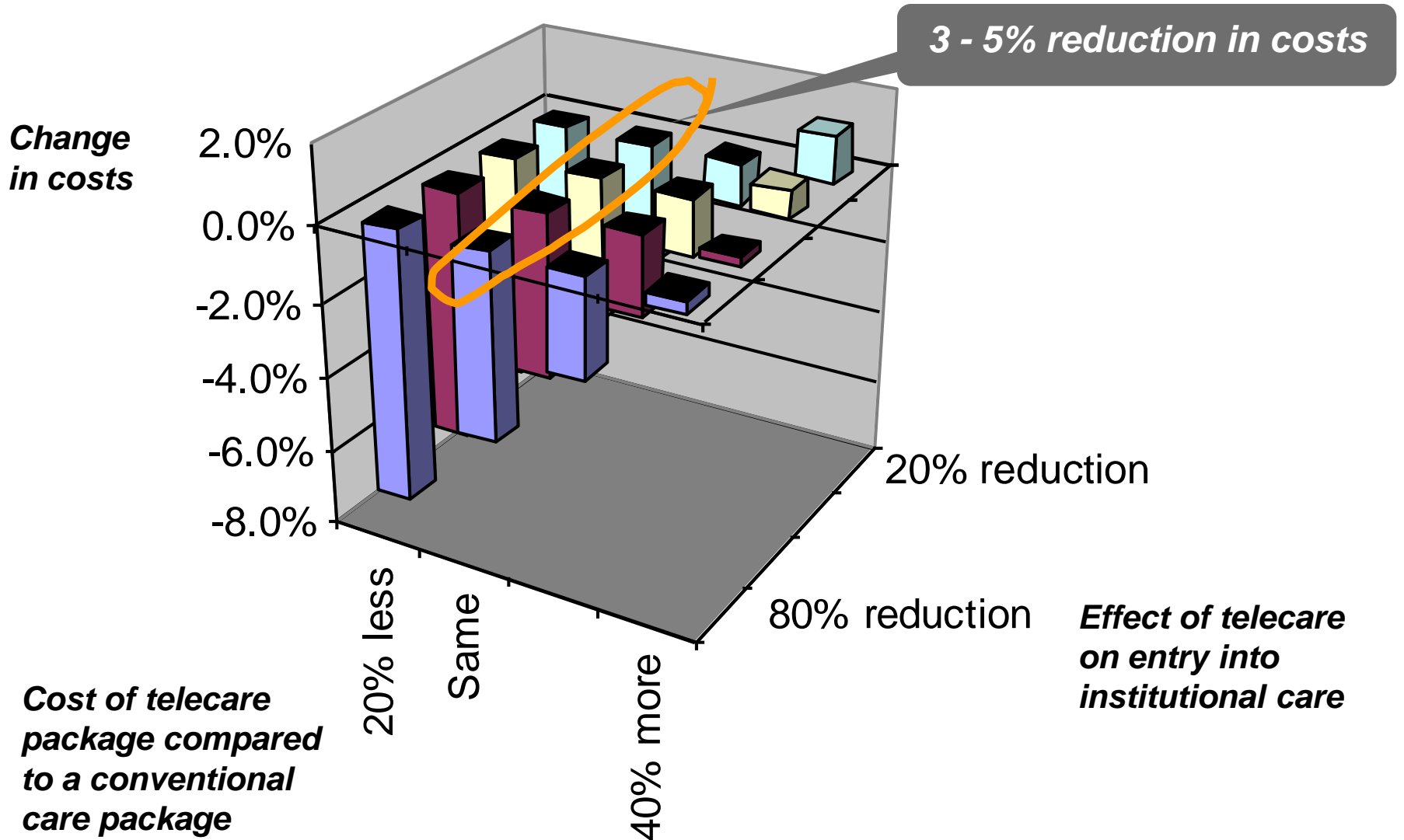


Source: Bayer & Barlow

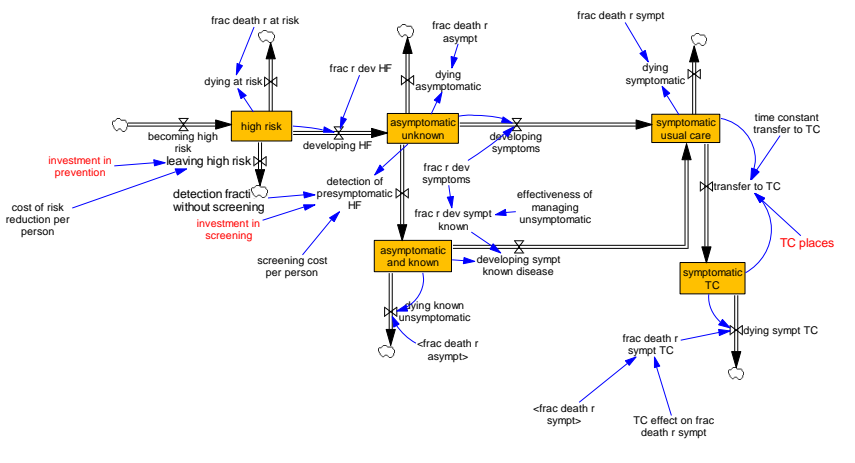
*Falling (initially) hospital admissions?*

*A 20% decline in demand for care home places?*

# Effect of telecare on care costs in year 20

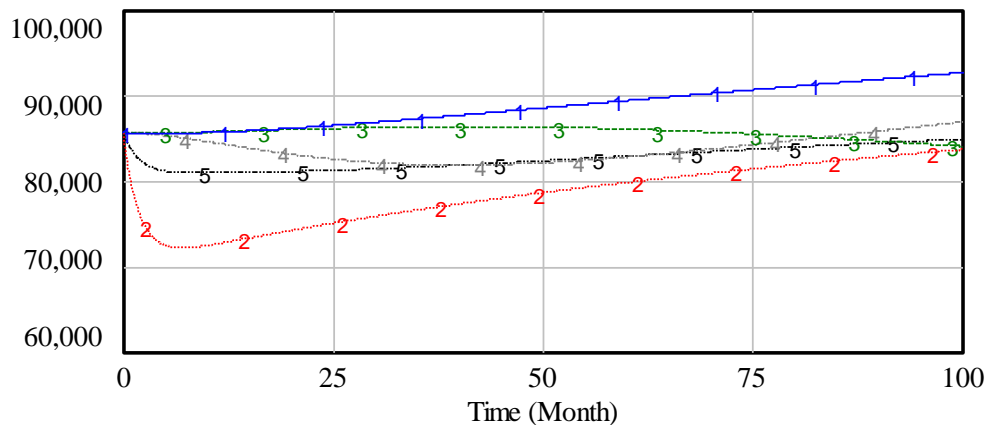


# Chronic heart failure



*Stabilisation in the demand for hospital admissions?*

total hospital days



total hospital days : base ———— hospital days/Month  
 total hospital days : TC 3M ..... hospital days/Month  
 total hospital days : Prevention 3M - - - - hospital days/Month  
 total hospital days : Screening 3M - - - - hospital days/Month  
 total hospital days : TSP 1M ..... hospital days/Month

Source: Bayer & Barlow

# Conclusions

- Remote care has **great potential** in managing LTCs and coping with aging population
- There is support for remote care at the individual level – the hurdles are at a **system level**
- **'Evidence'** for costs / benefits becoming more important as pilots move towards mainstream investment decisions
- WSD may help, but more use of **modelling** is needed
- We also need more **realistic expectations** about cost-benefits

# Thank you

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