Telecare: is it a problem or a solution? Findings from the UTOPIA (Using Telecare for Older People In Adult Social Care) online survey of English Local Authorities

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Structure

1. Definitions
2. Background: context to the UTOPIA study
3. UTOPIA: objectives and methods
4. Findings
5. Issues arising

This presentation summarises independent research by the National Institute for Health Research School for Social Care Research. The views expressed in this presentation are those of the author and not necessarily those of the NIHR SSCR, NHS, the National Institute for Health Research or the Department of Health.
1. Definitions

**Assistive Technology**
‘any item, piece of equipment, product or system, whether acquired commercially, off the shelf, modified or customised, that is used to increase, maintain, or improve functional capabilities of individuals with cognitive, physical or communication difficulties’


**Telecare**
‘the use of communications technology to provide health and social care directly to the user/patient. This excludes the exchange of information solely between professionals, generally for diagnosis and referral’


**Purpose**
• To reduce the risk of adverse events
• To monitor individuals (vital signs, falls, flood, etc)
• Physical assistive technologies to aid mobility
• Information and advice & to support medication & self care
• To support independent living

Knapp et al. (2015) unpublished

**Functions**
• To remind or to prompt
• To support communication
• To support meaningful use of leisure time
• To promote comfort and well-being
• To help keep people safe

AT Dementia website [www.atdementia.org.uk](http://www.atdementia.org.uk)
2. Background & context to the UTOPIA study: early projects and evidence

- Falkirk Mobile Community Alarm service
- Northampton Safe at Home Project
- Adre ‘n’ Saff (Anglesey)
- Croydon Aztec Project
- Kent
- Edinvar Housing Association
- Gloucester smart home
- Signal project (Leicester)
- Hard to upscale from project to service – the Audit Commission, ICES, CSIP
2. Background & context to the UTOPIA study: telecare strategy and policy guidance

1. Green Paper (2005) more general mood music about technology being useful – but not just for frail older people - and in ‘unlocking resources’ as well as helping people remain independent.

2. 2005 –willing the means rather than just the ends: Building Telecare Guidance & The Preventive Technology Grant (PTG). 80m over 3 years for all English local authorities.
   - To pump prime and stimulate demand
   - Good for industry which was seen as needing help
   - Came with strings: PIs which encouraged local authorities to get telecare and electronic assistive technologies into homes of as many older people as possible.

3. Recognised the need for better research: commissioning the Whole System Demonstrator.
2. Background & context to the UTOPIA study: public sector austerity

- Adult Social Care Department budgets not protected
- Cuts of between 25-40% since 2009
- No end to austerity and reduced public sector spending
- Telecare seen as a less expensive way of meeting needs
  - Signposting of non-eligible people
  - Service of ‘first resort’ - before care or as a substitute for care
  - To keep people out of hospital
  - To facilitate early discharge
  - To prevent/delay admission into care
- Telecare as prophylactic and panacea?
2. Background & context to the UTOPIA study: summary

- Governments have seen a key role for assistive technology for two decades
- Implementation has been difficult because of formidable barriers & lack of an infrastructure at a local level to support the widespread use
- Much work was done to promote the wider use of assistive technology and telecare
- The Government to some extent willed the means as well as visioned the future for telecare with the PTG and PIs.
- The Government commissioned the WSD to fill the gap in evidence for impact and effectiveness.
- Public sector austerity has led to a renewed interest in telecare as a cost effective way of providing help to people needing adult social care.
2. Background & context to the UTOPIA study: The Whole System Demonstrator project (WSD)

- Largest clinical trial of telecare and telehealth in the world.
- Robust RCT design.
- Large samples, reliable & generalisable findings.
- Data on wide range of outcomes collected over a 12 month period to determine if telecare made a difference.

- Trial cost = approx. 4m.
- Based around 3 ‘demonstrator sites’: Cornwall, Newham & Kent.
- 5,806 people randomly assigned to telecare intervention group or control (2,903 each) from 217 general practices.
2. Background & context to the UTOPIA study: WSD findings

Some, fairly limited evidence of positive impact of telehealth applications

No evidence for that telecare made a difference

Steventon et al. (2013) compared outcomes for telecare users with a controlled, randomised group people who received no telecare.

None of the measured outcomes were statistically significant

‘In this trial, telecare did not significantly alter rates of health or social care service use or mortality over 12 months’

Steventon et al. (2013 p.6)

<table>
<thead>
<tr>
<th></th>
<th>Control (n=1, 236)</th>
<th>Intervention (n=1,190)</th>
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<tbody>
<tr>
<td>Admission proportion (%)</td>
<td>49.2</td>
<td>46.8</td>
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<tr>
<td>Mortality (%)</td>
<td>8.9</td>
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<tr>
<td>Emergency hospital admission per head</td>
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<td>Elective hospital admission per head</td>
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<td>Falls admissions per head</td>
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<td>Hospital bed days per head</td>
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<td>GP contacts per head</td>
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<tr>
<td>Practice nurse contacts per head</td>
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<tr>
<td>Proportion admitted into permanent residential care (%)</td>
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<tr>
<td>Domiciliary care weeks per head</td>
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<tr>
<td>Hospital tariff costs per head</td>
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<tr>
<td>GP surgery costs per head</td>
<td>315</td>
<td>305</td>
</tr>
<tr>
<td>Social care costs per head</td>
<td>4,287</td>
<td>4,210</td>
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2. Background & context to the UTOPIA study: telecare: a new policy problem?

WSD findings = problems for:

• The Government: current policies support the development of service provision offering no advantages over traditional care & support
• Local authorities, some of which have invested very large sums at a time of unrelenting budgets cuts
• Telecare manufacturers: ability to offer shareholder dividends jeopardised if care industry dis-invests.
• Telecare ‘pioneers’ and early evaluators whose results were very positive

Investment case studies:

• Birmingham, (14m) Hampshire, (20m) North Yorkshire, (3.5m?) Hertfordshire, (5m?) Manchester & Newcastle

• ADASS response to Better Care technology Survey (2014)

‘This is an important survey which...will support members to generate further momentum in realising the potential for assistive technology....We hope our investment in resources to support members with their telecare service development can now be focused in the areas that make the most difference’

(Dave Pearson, ADASS President 2014)
3. The UTOPIA study: objectives and methods

- Accepts the ‘currency’ of the WSD and the quality of this research whilst understanding its limitations
- Seeks to understand why Local Authorities have not scaled back investments, and why WSD findings seem to have been ignored.
  - What might explain the findings of the WSD? Can the findings all be explained away & ignored because of supposed and real flaws in design and methods?
  - Is Local Authority evidence of impact and outcomes a better source to rely on?
  - Should Local Authorities accept the findings of the WSD and work out what they need to do to ensure telecare delivers better outcomes?

Objectives: to understand Adult Social Care Departments (ASCDs) perspectives about:

- What strategic aims is telecare is intended to serve for older people?
- What local evidence is being collected to enable ASCDs to assess if these are being achieved?
- How these aims are operationalised and delivered? (Taking as a ‘given’ best current evidence that use of telecare may not necessarily produce better outcomes, to explore reasons for this: e.g. barriers and facilitators).
3. The UTOPIA study: objectives and methods

- Online survey using ‘Survey Monkey’ online software
- Questionnaire designed by research team with input from advisors
- Promoted by various means
  - NCAS conference by presentation
  - Email to all 152 DASS and reminder 21 days later to non-respondent LAs
  - Article in ADASS bulletin
  - Article in Housing & Telecare LIN Newsletter
  - Bulletin posted on National Care Forum
  - Portal on SCWRU website
  - Blog written for Community Care online
  - Approached all 152 English Adult Social Care Departments. 156 surveys were completed
- 114 valid responses (75% response rate)
3. UTOPIA Findings

Strengths

• Excellent response rate
• All types of Council and region represented in the return

Limitations

• Not all questions answered by all participants
• Unidentified but valid responses assumed to be ASCDs or organisations commissioned by them
3. UTOPIA Findings

1. Awareness and use of research evidence to support telecare use
- Half said telecare was informed by research evidence
- Almost a third were not aware of the Whole System Demonstrator project findings
- Lively comments to a question asking for opinions about findings from the Whole System Demonstrator project

2. Strategic aims for telecare in ASCDs
- Over 60% said their ASCD telecare strategy was not produced collaboratively with NHS/Health partners
- Better Care Fund did not seem to be a particular focus
- Main way in which telecare was intended to support strategic aims (delaying needs for support and enhancing quality of life) was risk management and safety, and support for unpaid carers
3. UTOPIA Findings

3. Achieving strategic aims

- Half ASCDs used code and standards developed by TSA.
- A quarter said they planned to seek accreditation in the future.

4. Barriers and Facilitators

**Barriers:**
- Awareness of the public of telecare
- Knowledge/skill of users and carers of how to adjust/reset telecare
- Skills to assess for telecare
- Availability of sufficiently wide range of devices
- Concern about loss of face-to-face contact through telecare use

**Facilitators:**
- Little professional resistance or concerns about ethics
- Installation skills
- Social response arrangements
5. Level of financial commitment

- 40% felt telecare would save money but not all could evidence this claim
- Some had done some financial modelling and developed hypothecated savings
- A third had a specific spending target for telecare.

6. Assessing eligible older people for telecare: what gets considered?

- High proportions answered affirmatively to questions about the kinds of things covered in assessments
3. UTOPIA Findings

7. Assessing older people for telecare: who assesses, for what?

- Formal assessments of need for telecare not always done
  - Some devices available without need for assessment
  - Some circumstances require rapid deployment (e.g. hospital discharge)
  - 39% said older people can self-assess and 52% that they could spend their DP on telecare
  - Advice was available in half of ASCDs to support self-assessed or private purchasing decisions

- Care Managers, specialist telecare workers and OTs all assess for telecare

- Assessing how people interact with home environment not always possible

- Assessments done in a range of non-home settings.

8. Assessing older people for telecare: reviews and the assessment tool

- Only a fifth of ASCDs used what they felt was a validated telecare assessment tool
- Reviews were often done by telephone and sometimes focused on the equipment rather than the person
3. UTOPIA Findings

9. Training

• Over 80% said training was available to telecare assessors
• This was usually on-the-job or by telecare manufacturers
• Almost no training was formally accredited or led to a formal qualification
• The length of the training course or session was usually short
• Focus of much training was on how devices worked
3. UTOPIA Findings

10. What telecare is available?

- Most ASCDs relied on a small number of telecare suppliers.

- The three most commonly used devices were:
  - Pendant alarms
  - Fall detectors
  - Bed/chair occupancy sensors

- 29 types of device were mentioned in total but some were not telecare.
Over half said telecare use was ‘person-’ rather than ‘service’ centred, but over a third felt it was a bit if both

Reasons:
For those who felt the ASCD was person-centred:
• Assessments believed to be tailored to individual needs, goals and aspirations
• Not about need but choice
• No one-size-fits all or standardised packages

Or those who felt it was a bit of both:
• Because sometimes the needs of service users cannot be met fully because of the capacity of the service
• Limited range of devices available
• Need to achieve a greater shift in cultural attitudes of staff
• Two types of telecare service offered: basic packages and specialist.
3. UTOPIA Findings

11. Installation and maintenance
• A wide range of local agencies were involved in installation, maintenance, initial and mobile responses but overall proportions were low
• Telecare was most commonly installed and maintained by specialist telecare workers and telecare manufacturers or suppliers
• Over half said that maintenance was based around devices programmed to alert a call centre when servicing was needed
• Reasons for requesting telecare to be removed were changes in need, failure to ‘get on’ with devices and concerns about costs and charges

12. Responding to information generated by telecare
• Just under half said the ‘first line responder’ was an unpaid carer
• Most Shire counties did not have a 24/7 paid response service.
• A quarter of this group said that if no-one could be found to act as a responder telecare would not be provided
• Not all ASCDs seemed to be making full use of data generated by telecare devices
4. UTOPIA Issues

- Use of research evidence: what and how?
- Limited involvement of NHS and other health partners & Better Care Fund
- Should strategic focus be so much on risk management and safety?
- Does telecare support carers or add to carer burden?
- How important is it that ASCDs adopt certified standards?
- How to promote facilitators and minimise barriers?
- What are the circumstances in which it’s OK to use telecare without an assessment and when is it essential?

- Who should assess for telecare? What matters?
- Is access to a range of telecare sufficient?
- Can person-centred approaches to telecare use be compromised: e.g. by remote assessment, access to a limited range of devices or the absence of mobile response service?
- Is there a need to develop better training for telecare staff?
- How to ensure people who self-assess and use Direct Payments or private funding make the right decisions for them?


Royal Commission on Long Term Care (1999) With Respect to Old Age: Long term care – rights and Responsibilities (Cm4192-1 London, the Stationery Office.


