

Feb 12 2014

Do we (tele)care what the evidence says?

Blog Editor

In recent years there has been a growing evidence base surrounding the effectiveness, efficiency and merits of telecare. Incorporated within a large Department of Health evaluation that commenced in 2008 (the Whole Systems Demonstrator programme) the evidence for telecare is mixed. This post sets the scene around evidence for telecare and introduces an event taking place on 20 February 2014 to which you are all very welcome.

What is telecare?

The Department of Health defines telecare as 'a combination of alarms, sensors and other equipment to help people live independently. This is done by monitoring activity changes over time and will raise a call for help in emergency situations, such as a fall, fire or a flood' (Department of Health 2009).

Telecare is a combination of monitoring equipment and monitoring services to enable people to remain independent, usually used in the home. Equipment can be activated by the user (e.g. pendant alarm) or can monitor behaviour passively (e.g. epilepsy bed sensor or a flood detector) triggering an alert when changes are detected.

What does the evidence say?

Well this is the interesting bit, in a society where increasingly we're looking to answer the question of what works, there are no easy answers when it comes to telecare. While there are some very powerful stories about benefits to individuals, there is no definitive evidence that there are economic benefits or improvements in outcomes at scale, placing those commissioning or purchasing services in a difficult position.

What about the Whole Systems Demonstrator looking at telecare?

Established and funded by the Department of Health, the WSD programme was a randomised control trial involving over 6000 patients and 238 GP practices in three places in England (Cornwall, Kent and Newham). While the WSD focused on telecare and telehealth, the initial findings ([Dec 2011](#)) were specific to telehealth and were met with a mixed reaction. Findings specific to telecare are now becoming available: a [2013 paper](#) found "telecare as implemented in the Whole Systems Demonstrator trial did not lead to significant reductions in service use, at least in terms of results assessed over 12 months", and more recently the [costs of telecare and telehealth](#) were explained.

The reality is that finding conclusive evidence of what works in telecare and telehealth is challenging. Most of the analysis of the economic returns of telehealth and telecare has been limited methodologically and it is hard to draw clear policy and practice recommendations from this evidence. Put simply there were too many variables at play in the research, ongoing developments in technology, diversity of care models and a lack of consistent social care data. All of these factors meant no clear answer to the question of what works emerged.

In a [blog post last June focusing on Managing Expectations](#), David Oliver, visiting fellow at the Kings Fund warned against the dangers of over promising and under-delivering. David summarised:

The '3 million lives' push on telehealth and telecare was accompanied by extended infomercials in the Health Service Journal, with ministers and senior officials prematurely claiming major benefits and urging 'roll-out...now we know that it works'; the Department-sponsored Whole Systems Demonstrator trial has shown modest benefits and no advantages in terms of cost-effectiveness, with the industry's own 'Remote Care PLC' report casting further doubt on the scale of ambition.

The tendency of politicians and policy makers to promote a development without yet having robust evidence or support for the approach isn't a new or uncommon phenomenon. Unfortunately however, it does add fuel to the fires of skepticism, doubt and confusion.

In a [2014 rapid response in the BMJ](#), James Barlow from Imperial College concluded:

There are major challenges in meeting the telecare implementation targets, partly because there is no clear responsibility for telecare... Clear funding lines and specific budgets for telecare still need to be established and business models which embrace health, social services and housing departments will have to be agreed. However, the potential for using ICT to help support a modernised, consumer-focused care delivery model is greater now than at any time.

So what are we going to do about it?

On 20 February, between 14.30 and 16.30, we will be holding a panel discussion at the LSE combining the perspectives of stakeholders from social care services, policy, research and practice. This panel debate will intentionally address the uncertainty around the evidence for telecare, seeking to gather the views and perspectives of these different groups.

The questions we'll be exploring (in no particular order) are:

- What counts as good evidence?
- How do we balance evidence between policy, practice and research?
- How do we deal with disagreements between evidence?
- Where are the evidence gaps?
- How can we ensure scarce resources are allocated effectively?
- What is the role of telecare manufacturers and service providers in delivering evidence?
- How do we move forward in the absence of unequivocal evidence?

The panel discussion will be chaired by David Brindle of the Guardian and confirmed participants include David Cockayne from Tunstall Healthcare UK; Tony Pounder from Lancashire County Council; Martin Knapp from the Personal Social Services Research Unit at the London School of Economics and Political Science; and John Woolham from Coventry University.

If you would like to attend and participate in person on the day then you can book a place here <http://goo.gl/rzZlaE> or follow the discussion on social media using the twitter hashtag #LSEtelecare.

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