



Whole System Demonstrators

Tim Ellis

Service Design, Long Term Conditions,
Department of Health



Session Aims

- Background
- WSD since last year
- Evaluation detail
- Next steps



WSD Participating Sites

CORNWALL



- The poorest County in England, with a dispersed rural population
- Population of >500,000
- 46% of the population live in settlements of <3,000 people
- 99.1% White British
- 10.3% of the population are aged 65+; 7.2% 75+ and 2.6% 85+
- 21% of the population report a limiting long term illness

NEWHAM



- One of the most deprived areas in the UK
- Population of 270,442 - GP registered population of 300,000
- Population increasing at a higher rate than the London average
- 2nd most diverse population in the UK - >68% BME; >140 first languages
- 8.5% of the population are aged 65+
- 17.3% of the population have a limiting long term illness
- Highest death rate from stroke and COPD
- Highest diabetes rate in the UK
- 2nd highest CHD rate in London

KENT



- Combination of rural and urban populations
- Population of 1.37m (excluding Medway UA). Two areas already piloting telehealth Ashford / Shepway population of 211,100 & Dartford / Gravesham / Swanley population of 210,000
- 3.5% BME
- 17.3% of the population are aged 65+; 8.4% 75+ and 2.2% 85+
- Within the target population, individuals report having an average of 1.6 of the three target conditions of HF, COPD, Diabetes



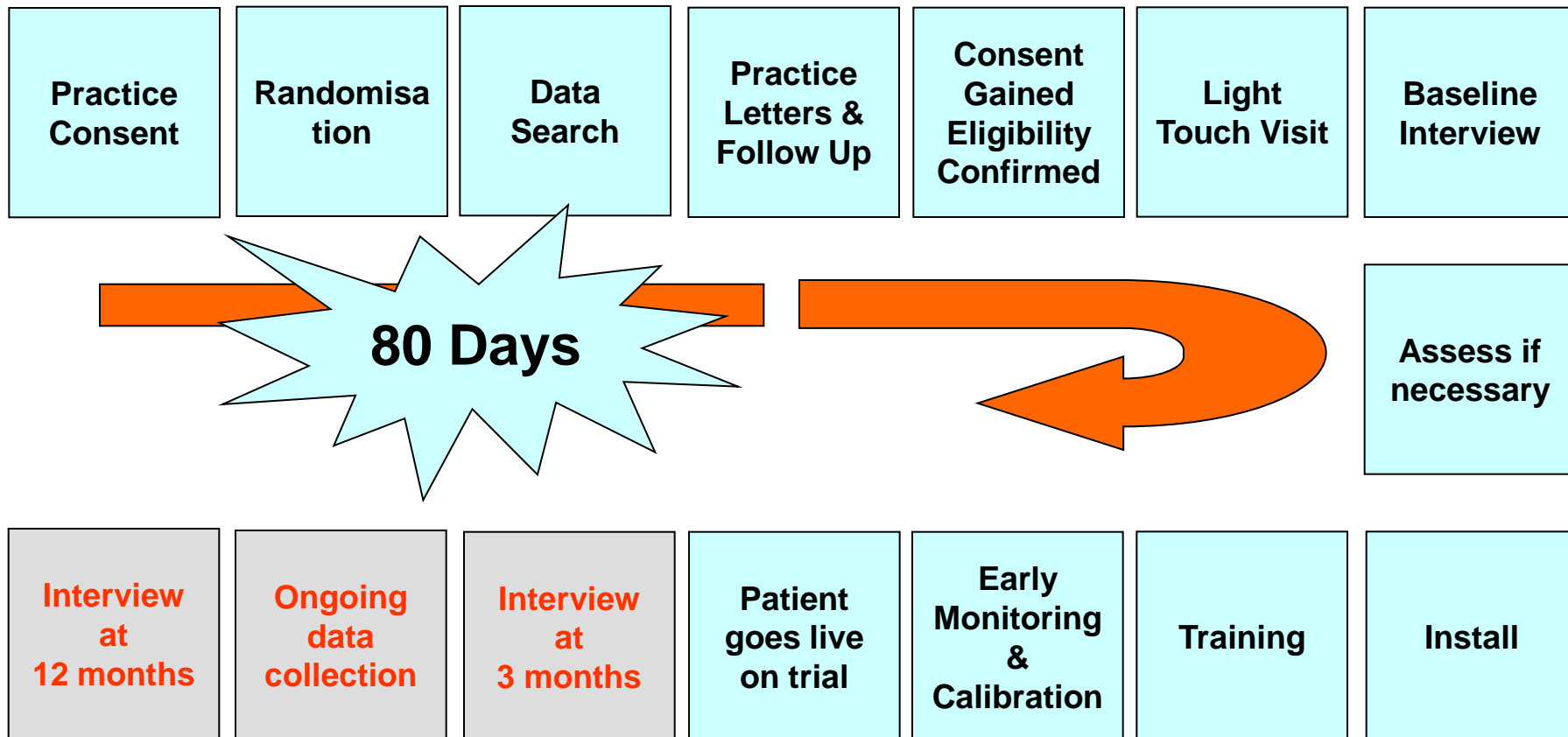
Rationale for WSD

We want to know to what extent the WSD model of care:

- promotes individuals long term well-being and independence
- improves individuals and their carer's quality of life
- improves the working lives of staff
- is more cost effective
- is more clinically effective
- provides an evidence base for future care and technology models.



Recruitment Process





WSD – Client Centred & Large Scale

We believe WSD to be the largest randomised control trial of telehealth and telecare to date anywhere.



6191 People Recruited to the Trial



WSD Recruitment Activity

239 GP practices signed up

>27,000 letters sent out inviting participation

>9,000 home visits



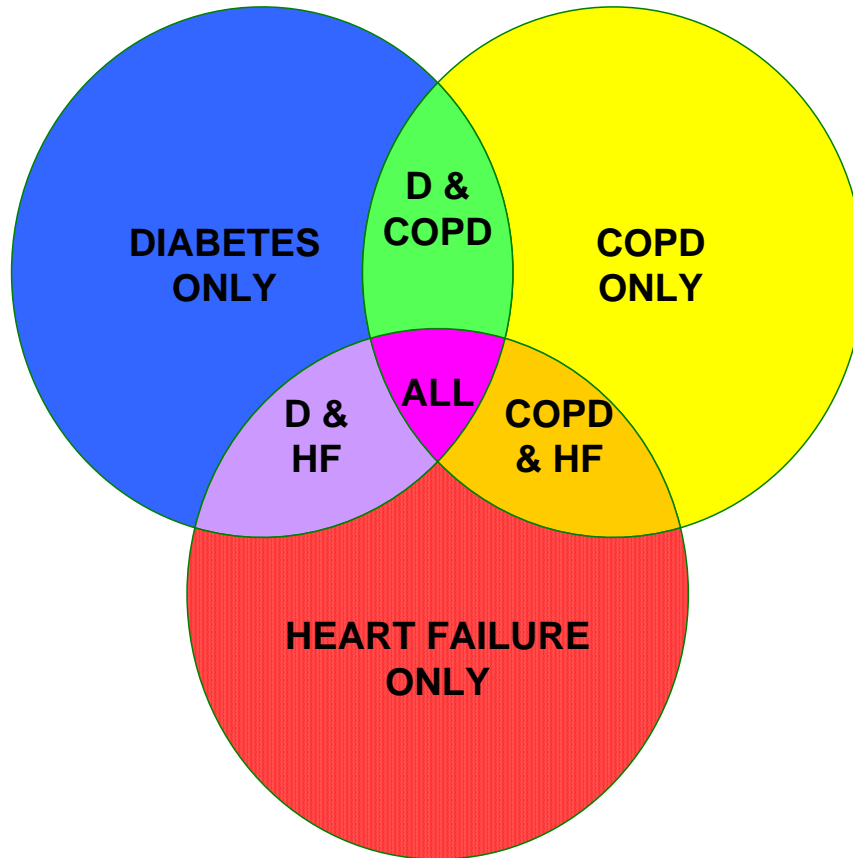
6191 participants on trial:

- **5721 telecare & telehealth users (half control, half installs)**
- **470 carers**





People on the trial - LTC Breakdown



	% of total
Diabetes only	20%
COPD only	38%
HF only	27%
Diabetes & COPD	5%
Diabetes & HF	4%
COPD & HF	4%
ALL 3 LTCs	2%



Qualitative Evaluation Progress

>3160 baseline interviews completed

Many 3-month questionnaires completed

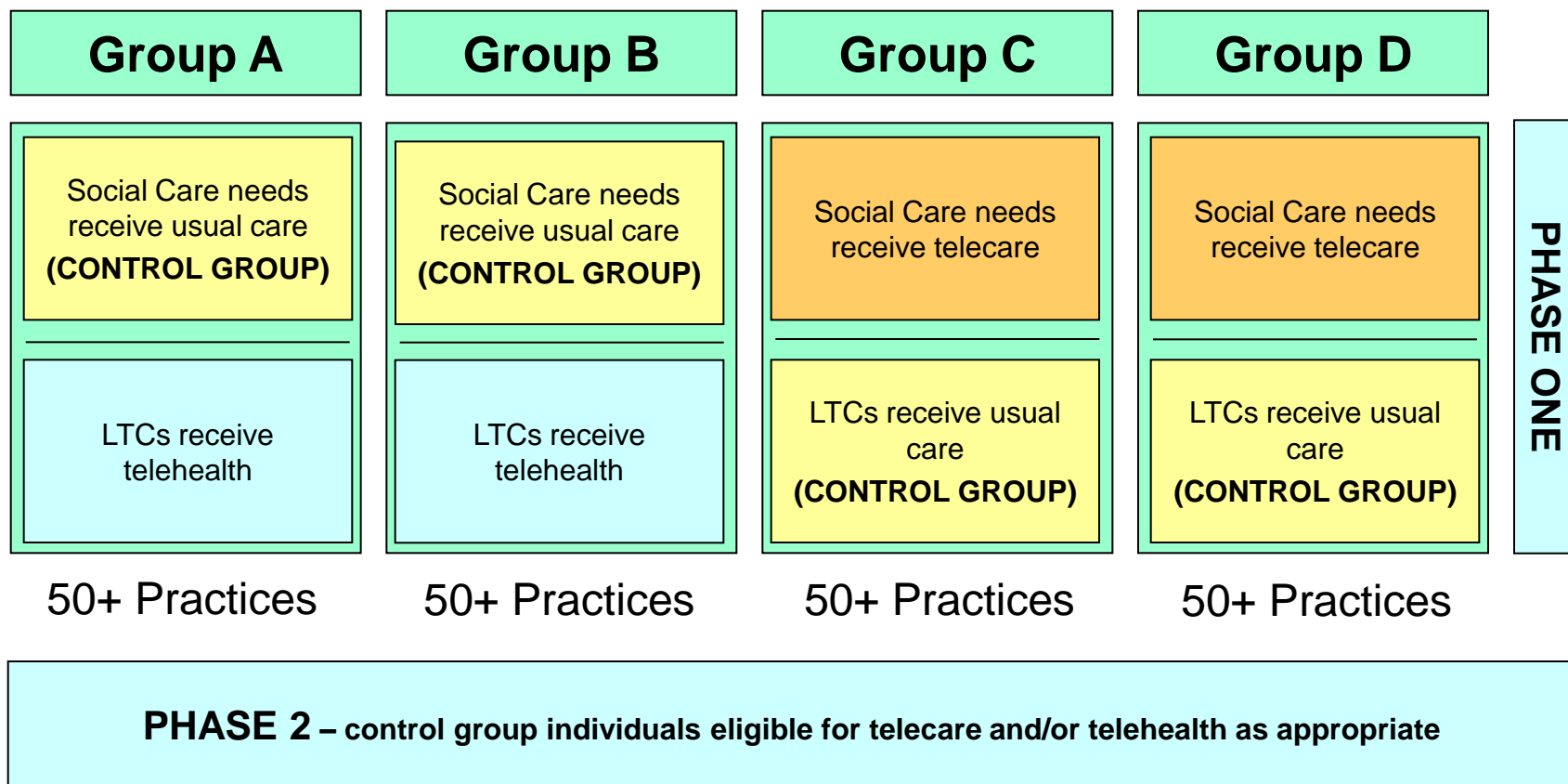
12-month questionnaires underway





WSD Evaluation

RCT design has evolved





The Evaluation Team

Prof Stan Newman
(Principal Investigator)
Martin Cartwright,
Hirani Shashi,
UCL Division of Medicine

Prof Martin Knapp,
Catherine Henderson,
LSE

Prof Ray Fitzpatrick,
Dr Helen Doll,
University of Oxford

Prof Anne Rogers,
Dr Peter Bower,
Dr Caroline Sanders
National Primary Care research
& development centre,
Manchester University

Prof James Barlow,
Dr Jane Hendy,
Dr Richard Curry,
Tanaka Business School,
Imperial College London

Dr Jennifer Dixon,
Nuffield Trust
(Dr Martin Bardsley,
Adam Steventon)

Prof Chris Ham
University of Birmingham
(co-ordinator between
Evaluation partners)



Theme 1 – Nuffield Lead

THEME 1	OVERALL AIM OF EVALUATION THEME	NO. PARTICIPANTS REQUIRED
<p>Does the introduction of telehealth or telecare result in reduction in service utilisation and costs of care?</p> <p>Impact on service use and associated costs for the NHS and social services (return on investment).</p> <p>Combined Model + Community/Social Care Analysis</p>	<p>To identify the impact of TH & TC on NHS and social care utilisation and costs in trial versus control groups, across the whole programme and the three sites.</p> <p>It will also identify any impact on health & care utilisation and costs compared to trends observed in similar cases in England.</p>	<p>5721 participants</p> <p>3 comparators:</p> <ol style="list-style-type: none"> 1. Compare individuals. 2. Compare the 2 sites. 3. Compare against Comparable regions.



Theme 2 – UCL lead

THEME 2	OVERALL AIM OF EVALUATION THEME	NO. PARTICIPANTS REQUIRED
<p>Participant reported outcomes and clinical effectiveness.</p> <p><i>What is the effect on carer burden, self-care behaviours and quality of life?</i></p> <p><i>What predicts whether people will use the service as planned?</i></p>	<ol style="list-style-type: none"> 1. Does the use of telecare reduce informal carer burden and social isolation and improve psychological well-being? 2. What is the impact of telehealth packages on self-care behaviours, self-efficacy and empowerment in people with long term conditions? 3. What factors predict the use and impact of (a) telecare and (b) telehealth amongst service users and informal carers? 4. What are the mechanisms by which (a) telecare and (b) telehealth may impact on service user and informal carer outcomes e.g. empowerment, quality of life? 	<p>3160 participants 470 informal carers</p>



Theme 3 – LSE & UCL Lead

THEME 3	OVERALL AIM OF EVALUATION THEME	NO. PARTICIPANTS REQUIRED
<p>Cost and cost-effectiveness</p> <p><i>What is the cost-effectiveness of the introduction of telecare?</i></p> <p><i>What is the cost-effectiveness of the introduction of telehealth?</i></p>	<p>To assess cost-effectiveness of the introduction of TH and TC, investigating the typical resource inputs and identifying the routine activities that are associated with the interventions. It will determine what a typical care package for a TH or TC user is and will further seek to assess the impact of this on the use of healthcare, social care and benefits.</p> <p>Finally, this theme will seek to understand if the use of TH or TC as part of a care package improves the self-reported quality of life of service users and their carers.</p>	<p>3160 participants 470 informal carers Professional interviews</p>



Theme 4 – Manchester/Oxford Lead

THEME 4	OVERALL AIM OF EVALUATION THEME	NO. PARTICIPANTS REQUIRED
<p>Qualitative study.</p> <p><i>What are the service users, informal carers and health and social care professionals' experiences of telehealth and telecare?</i></p>	<p>What are the service delivery arrangements and personal service user and professional long-term condition management prior to the introduction of the schemes? How are these different and similar across the three participating sites?</p> <p>What changes occur to established practices in order to adopt telecare/telehealth (in terms of different professionals own work practices and the overall division of labour?)</p> <p>Does telecare/telehealth improve productivity of key professionals such as community matrons?</p>	<p>45 participants & informal carers</p> <p>15-30 non-participants</p> <p>75 health & social care professionals</p>



Theme 5 – Imperial College Lead

THEME 5	OVERALL AIM OF EVALUATION THEME	NO. PARTICIPANTS REQUIRED
<p data-bbox="123 572 625 743">Qualitative study of organisational issues.</p> <p data-bbox="123 848 610 1190"><i>What organisational factors facilitate or impede the sustainable adoption and integration of telehealth/telecare?</i></p>	<p data-bbox="685 572 1377 1268">To assess how the whole system working is perceived and enacted and how inter/intra organisational contact and styles of collaboration change during the programme. It will also seek to understand how professionals cope with organisational change and how their roles and beliefs impact on the spread of innovation. It will look at how large scale change programmes influence organisational and individual professional identities.</p>	<p data-bbox="1416 572 1868 708">45 key WSD managers and commissioners in health & social services</p> <p data-bbox="1416 793 1812 879">Staff from 3 WSDAN sites</p> <p data-bbox="1416 965 1837 1051">Staff from 3 non WSD related sites</p>



WSD Recruitment - Withdrawals

23 reasons for why people cease to use the service. Leavers being interviewed. Reasons include:

Deceased

Condition severity increased

Moves out of area

Long absence – overseas for summer

Short absence - gone into hospital

Moved in residential care

Doesn't like intervention





Evaluation Progress

- 12 month follow-up progressing
- The evaluation work is ongoing but it is currently too early to provide any robust results from the trial
- However, lots of promising reports & case studies from across the sites.

It is clear that services using these technologies will have a role in our future health & care strategies. The question we are tackling is how big should that role be.



Lessons from WSD





Thank you