The Whole System Demonstrator Programme

Dafydd Pugh
Kent County Council
Whole System Demonstrators: the background

2006 White Paper Commitment

“WSDs will explore the exciting possibilities opened up by truly integrated health and social care working supported by advanced assistive technologies such as telehealth and telecare.”
The 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.
A large scale, randomised control trial

What we believe to be the largest randomised control trial of telehealth and telecare to date anywhere.

c6000 users
Real time
Pragmatic
Cluster design based on GP practices (over 200 involved)
**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
The target population

- Individuals with health care needs
- Individuals with social care needs
- Individuals with health & social care needs
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
Control and Intervention in each group

**PHASE ONE**

- **Group A**: Social Care needs receive usual care (CONTROL GROUP)
- **Group B**: LTCs receive telehealth
- **Group C**: Social Care needs and LTCs receive telehealth (CONTROL GROUP)
- **Group D**: Social Care needs and LTCs receive telecare & telehealth

We have found fewer people who require telehealth and telecare than anticipated

**PHASE 2** – control group individuals eligible for telecare and/or telehealth as appropriate
WSD Evaluation RCT design has evolved

**Group A**
- Social Care needs receive usual care (CONTROL GROUP)
- LTCs receive telehealth

**Group B**
- Social Care needs receive usual care (CONTROL GROUP)
- LTCs receive telehealth

**Group C**
- Social Care needs receive telecare
- LTCs receive usual care (CONTROL GROUP)

**Group D**
- Social Care needs receive telecare
- LTCs receive usual care (CONTROL GROUP)

**PHASE ONE**
- 50+ Practices

**PHASE 2**
- control group individuals eligible for telecare and/or telehealth as appropriate
## Evaluation Themes Summary

<table>
<thead>
<tr>
<th>THEME</th>
<th>Question</th>
<th>NO. PARTICIPANTS REQUIRED</th>
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<tbody>
<tr>
<td>1</td>
<td><em>Does the introduction of telehealth or telecare result in reduction in service utilisation and costs of care?</em></td>
<td>5721 participants</td>
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<td>Combined Model</td>
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<td>2</td>
<td><em>What is the effect on carer burden, selfcare behaviours and quality of life? What predicts whether people will use the service as planned?</em></td>
<td>3160 participants</td>
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<td>470 informal carers</td>
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<td>3</td>
<td><em>What is the cost-effectiveness of the introduction of telecare &amp; telehealth?</em></td>
<td>3160 participants</td>
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<td>470 informal carers</td>
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<td>Professional interviews</td>
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<td>4</td>
<td><em>What are the service users, informal carers and health and social care professionals’ experiences of telehealth and telecare?</em></td>
<td>45 participants &amp; informal carers.</td>
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<td>15-30 non-participants.</td>
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<td>75 health &amp; social care professionals.</td>
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<td>5</td>
<td><em>What organisational factors facilitate or impede the sustainable adoption and integration of telehealth/telecare?</em></td>
<td>45 key WSD managers and commissioners in health &amp; social services.</td>
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<td>Staff from 3 WSDAN sites and 3 non WSD related sites</td>
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Evaluation Progress

- Programme going well – evaluation complex and data management key
- All sites have keen advocates, and service users who don’t want to be without these services.
- 6191 people recruited, 3000+ in interview programme
- Pressure now on Universities. Emerging worldwide evidence promising.
- 12 month follow-up progressing
Experience to date

- The WSD trial is key because we know from others experience that if you do not carefully target the people who will use these services then return on investment becomes problematic.
- The evaluators have also learnt from the trial.
- We have found that there are a cohort who don’t engage but the number of people rejecting the technology is lower than expected. Age seems to be no barrier – the trial has helped expose this.
- Technology one element of success.
- What you do on a small scale does not translate to a large scale.
- We have developed an environment that is encouraging for suppliers in this sector.
Thank you

Dafydd Pugh
Kent County Council