NHS could save up to £1 billion by embracing high–tech monitoring of chronic sick, says new report

Press release from 2020health.org
For immediate release
" Remote capture of health information from the home can save NHS millions and improve quality of life for people with long–term chronic conditions, says new report Healthcare without walls a framework for delivering telehealth at scale.

" Urgent government action needed to put in place a national strategy.

The explosive growth in the number of people with long term conditions (LTCs), such as diabetes, heart disease and lung disease, could overwhelm NHS resources, according to a new report to be published on 24th November.The report by the think tank 2020health.org warns that the current NHS approach to delivering care to people with LTCs is unsustainable both in terms of cost and quality, and in no one s best interests least of all the patients and their carers.

The report will be launched by former Health Secretary Rt Hon Stephen Dorrell MP, chairman of the Commons health select committee, at 6 pm on Wednesday November 24 at St Stephen s Club, Westminster, London.

The scale of the problem is immense, according to the report:

" A rise of 23 percent in LTC patients will occur over the next 25 years

" LTC patients account for 31 percent of the population, 52 percent of all GP appointments and 65 percent of all outpatient appointments

" Three out of every five people aged over 60 in England have a LTC and it is not just the elderly who are suffering from chronic disease. Many of the young obese could develop diabetes, heart disease and arthritis among other things in their 30 s.

The report demands urgent Ministerial support to facilitate the use of the remote capture and relay of health information from the home for clinical review and early intervention.

Julia Manning, Director of 2020health.org, says:

 Properly implemented this is a prescription for the next generation and would easily save the NHS up to £1 billion.

 If things are left as they are now, however, the pressure that the LTCs put on the NHS and social care could overwhelm it. Doing nothing is not an option. Government needs to grasp this nettle and make enabling telehealth a national priority now.

 If we get this right now, we can improve the quality and affordability of patient care for the next generation.

 Implemented effectively, the remote capture of information from patient in the home, distance learning and consultations can all improve the patient s care and quality of life by reducing the need for appointments and emergency admissions to hospital. It also means nurses and GPs time can be focused on genuine needs instead of taking routine measurements.

With no complex technology, the telehealth care devices are installed in the patient s home and typically connect to their telephone line or broadband service so that the data collected can be sent to a central monitoring centre.

The patient uses the system and accompanying device (e.g. digital thermometer, weighing scales, blood pressure cuff, pulse reader) to take readings such as blood pressure or oxygen levels which are sent automatically. If the readings show any signs of the patient s condition deteriorating, a doctor or nurse is alerted to contact the patient.

Based on a thorough analysis of the relevant evidence, John Cruickshank, the report s author and independent health IT expert, calls on the Government to recognise the key specific recommendations so the NHS can best exploit the transformational potential of telehealth:

The key recommendations are:

1. Amend tariffs/incentive schemes to recognise and reward telehealth– and teleconsultation–enabled services on a consistent basis across the NHS

2. Create improved public awareness around telehealth and its ability to enable better self–care – leading to systemic improvements across health and social care.

3. Establish a national framework of support and expertise in telehealth to share best practice.

2020health calls on the Government to act on the recognition that face–to–face services are under significant pressure even before taking into account the financial challenges of the years ahead and is reason enough to promote less resource intensive ways of delivering high quality evidence–based chronic disease management.

This follows a Department of Health acknowledgement in 2009 that Transforming the care and lives of those with long term conditions and delivering truly integrated, efficient and people–centred community services has the potential to improve the quality of millions of people s lives.

The last government sponsored three large whole system demonstrators with a view to gathering robust evidence and learning lessons for implementing telehealth at scale.

And in many ways the latest health White Paper creates the environment in which the demand for telehealth–enabled services can be fostered. Yet there is a prevailing view that initiatives such as this can be left to the market to sort out and action is limited, according to the 2020Health.org report.

 While there are over 100 telehealth projects around the NHS, there are estimated to be less than 10,000 patient units deployed. The majority of these projects are small–scale, many are known not to be well integrated into healthcare systems. The need to build on successful pilots to create scaled up projects is crucial, Mr Cruickshank says.

 To enable these tele technologies to make a dramatic impact in terms of patients quality of life, and the NHS s capacity to cope with the ever–increasing numbers of cases and in the associated economic costs, the government must adopt a firm strategic leadership for telehealth at scale, he adds.

 With our national finances now severely constrained and for the foreseeable future, the current, largely reactive approach to chronic condition management is unsustainable. Telehealth should sit as a part of a nationally recommended suite of enablers that if integrated through local business change and service delivery, will underpin the transformation outlined in the NHS White Paper.

Examples:

From over–the–phone patient consultations and coaching to:

" real–time audiovisual conferencing system that allows specialists in stroke care to remotely assess patients and to view their CT brain scan images

" simple video conferencing between at home patient and case manager

" through–the–TV technology to send messages and reminders or have a consultation

" text messaging: medication reminders; appointment reminders; blood monitoring reminders; physical health monitoring; behavioural change; social inclusion; feel good messages

" in–home vital signs data collection of blood pressure, blood glucose, oxygen levels, weight or body images and transfer to professional for evaluation or automatic assessment

" In–bed sensors that detect changes in pulse and breathing

" implants such as pacemakers and insulin pumps from which readings can be collected remotely

Resulting in:

Reduced service utilisation costs including primary care attendance, A&E attendances, outpatient attendances and acute admissions, improved quality of life for patients and carers.

The report was supported by the following eight organisations – Accenture, BT, isoft, Medtronic, Pfizer Health Solutions, Tunstall, TPP and Vodafone.

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For more information and media enquiries please contact Romilly Dennys, Media Intelligence Partners on 0203 0088149 or 07786 221309.

Notes to Editors:

2020health is an independent, grass–roots, think tank for health and technology interested in realistic solutions.

What we do

" Identifying issues and bringing informed people together to create solutions.

" Demonstrating how to improve health and quality of life through successful commissioning, competition and technology.

" Exploring the benefits of public and private cooperation.

" Examining the consequences of healthcare decisions on society, lifestyle and culture.

Why

" Ensure policy reflects grass–roots wisdom and experience of professionals.

" Broaden involvement and debate on key concerns to give value for money.

" Build on the achievements of the present to create the vision for improved healthcare.

How

" Combining the experience of practitioners, experts and policy makers in the public and private sector through projects, research publications and debates.

" Restoring trust, confidence and responsibility to professionals and enabling people to have their say through active participation and networking.

" Publicising our work through the press, events and meetings with policy makers.

Where

We are based in the heart of Westminster.

Current Interests

Commissioning; Mental health; Elderly care; Work and wellbeing; NHS IT; Value–based pricing; Long term conditions; Health and social care integration.