

**Evaluation of the
Telecare Development Programme
Executive Summary**

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Programme**

Executive Summary

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INVESTOR IN PEOPLE

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Executive Summary

E.1. INTRODUCTION

- Launched in August 2006, the National Telecare Development Programme (TDP) aims:
 - *“To help more people in Scotland live at home for longer, with safety and security, by promoting the use of telecare in Scotland through the provision of a development fund and associated support.”*
- The TDP is expected to provide the foundation for telecare systems to become an integral part of community care services across Scotland.
- It is managed by the Scottish Government’s Joint Improvement Team (JIT).
- JIT received just over £8 million in the summer of 2006 to help 32 Scottish Partnerships to develop telecare services during 2006-08.
- Nominal allocations to each Partnership were based on their populations and funds were distributed by JIT on receipt of satisfactory applications outlining Partnership intentions.
- The TDP has eight objectives, which are to:
 - Reduce the number of avoidable emergency admissions and readmissions to hospital;
 - Increase the speed of discharge from hospital once clinical need is met;
 - Reduce the use of care homes;
 - Improve the quality of life of users of telecare services;
 - Reduce the pressure on (informal) carers;
 - Extend the range of people assisted by telecare services in Scotland;
 - Achieve efficiencies (cash releasing or time releasing) from the investment in telecare;
 - Support effective procurement to ensure that telecare services grow as quickly as possible.
- A total of £6,832,312 was allocated to Partnerships during 2006/07 and 2007/08 to support the implementation of their telecare projects. Initially, Partnerships planned to implement a total of 73 projects, 51 of which were in operation at the end of March 2008.

E.2 EVALUATION OBJECTIVES

- York Health Economics Consortium (YHEC) was commissioned by JIT to evaluate the TDP during 2006-08.
- The three principal objectives of the evaluation were to:
 - Develop an overall monitoring and evaluation framework that is cost-effective and fit for purpose;
 - Assist local partnerships to identify and collect the information needed to undertake effective monitoring and evaluation;
 - Provide an evidence base at the conclusion of the project demonstrating both the extent of any efficiency gains to local partnerships from adopting telecare solutions and of specific benefits delivered to particular users, or groups of users of telecare services.

E.3 METHODOLOGY

- Several potential evaluation methodologies were explored.
- The selected approach used data provided by the Partnerships via Quarterly Returns designed by YHEC, which focused on monitoring progress and collecting data on a common set of outcomes and efficiencies.
- By focusing on measuring performance against the eight TDP objectives, the Quarterly Returns formed a key element of the external evaluation.
- Postal questionnaires were designed for and distributed to service users and informal carers to capture their views and experiences.
- In addition, five Partnerships were selected as case study sites, providing additional information via telephone interviews and site visits.

E.4 KEY FINDINGS – PERFORMANCE AGAINST OBJECTIVES

Some Caveats:

- Reported performance is that achieved during the initial/start-up phase of the TDP, when the concept of telecare was new to many Partnerships.
- Reported outcomes are those achieved up to 31 March 2008; many Partnerships have made considerable progress since then.
- The absence of a strong data collection, reporting and evaluation culture within most Partnerships may have contributed to the fact that many of them found some of the outcome and efficiency measures difficult to assess.
- Achievements to March 2008 against specific programme objectives varied considerably across Partnerships for many reasons, including the particular focus of local telecare projects and the speed with which they were implemented.

Reduce the number of avoidable admissions and readmissions to hospital:

- By the end of 2007/08, 18 Partnerships reported having avoided unplanned hospital admissions, with these savings being made across 22 projects;
- During this period it is estimated that the number of unplanned hospital admissions was reduced by 1,220 (and by 13,870 bed days);
- The main beneficiaries were older people.

Increase the speed of discharge from hospital once clinical need is met:

- By the end of 2007/08, 20 Partnerships reported having reduced the number of delayed discharges (used as a proxy for increasing the speed of discharge), with these savings being made across 21 projects;
- During this period it is estimated that the number of discharges facilitated by TDP funds was 517, with an accompanying saving of 5,668 bed days;
- The number of bed days saved for each facilitated discharge appears generally to be between 7 and 15 days;
- The main beneficiaries were older people.

Reduce the use of care homes:

- By the end of 2007/08, 23 Partnerships reported having avoided care home admissions, with these savings being made across 26 projects;
- During this period it is estimated that the number of care home admissions was reduced by 518 (and by 61,993 care home bed days);
- Over half of the beneficiaries were older people – telecare appears to have been particularly successful at preventing (or possibly just delaying) admission to a care home for people with dementia.

Improve the quality of life of users of telecare services:

- About three-fifths (60.5%) of questionnaire respondents felt that their current quality of life was either “a bit better” or “much better” than before they had their equipment; about a third (34.6%) thought that it had “stayed the same” and less than one-in-twenty (4.9%) respondents thought that it was worse;
- In terms of telecare’s impact on specific aspects likely to affect users’ quality of life:
 - Over half (55.2%) of the respondents felt that their health had not changed, whilst slightly more than half of the other respondents (comprising 27.1% of the total) thought that their health had improved;
 - Almost all (93.3%) respondents felt safer;
 - Over two-thirds (69.7%) felt more independent;
 - Very few (3.5%) felt lonelier;
 - Four-fifths (82.3%) either “disagreed” or “strongly disagreed” that they felt more anxious and stressed;
 - Most (87.2%) thought that their families now worried less about them;
 - About two-fifths (40.8%) felt that their equipment had not affected the amount of help they needed from their family, whilst about one-third (32.8%) felt that they needed less help.

Reduce the pressure on informal carers:

- A slightly higher proportion of respondents currently found their caring role either “quite stressful” or “very stressful” (46.5%) than found it “not really stressful” or “not at all stressful” (36.9%);
- About half (49.3%) of the respondents felt that they were “a bit less stressed than before” the installation of the telecare equipment and a quarter (25.0%) were “much less stressed than before” – therefore three-quarters (74.3%) of the respondents felt that telecare equipment has reduced the pressures on them by reducing their stress levels;
- Fewer than one-in-twenty (4.3%) felt that their stress levels had increased;
- Time spent with the cared for person had remained about the same for approximately three-quarters (73.0%) of the respondents, with similar proportions of the others spending more time and less time with the cared for person;
- The main reasons for changes in respondents’ stress levels seemed, at least in part, to depend upon:
 - The characteristics and circumstances of the cared for person;
 - The type(s) of equipment installed;
 - The type of responder service.
- Carers generally felt that the equipment gave them peace of mind as they worried less (e.g. about falls);
- They felt that people with learning disabilities could enjoy greater independence and that the equipment could enable people with dementia to remain living in the community for longer;
- Even if stress levels had fallen, several respondents highlighted that caring can still be very demanding and stressful (especially if the client will not use their equipment);
- However, many carers were very positive about the telecare service and also very grateful for it.

Extend the range of people assisted by telecare services in Scotland:

- Most of the projects funded by the TDP have been designed with older people in mind and focus on extending and developing current telecare services;

- During 2007/08 there were 7,902 people in receipt of TDP-funded equipment;
- New clients were predominantly female (62.4%; sex unknown for 5.0% of clients), white (84.5%; ethnicity unknown for 13.8%); and aged over 65 (85%; age unknown for 5.3%);
- Although the majority (63.1%) of telecare recipients were classified as ‘older people’, new users came from a variety of client groups, including dementia, learning disability and physical disability (some of whom would also be aged 65 and above);
- The main reasons for providing telecare were to “Minimise client risk” and “Promote client independence” (80.2% of clients);
- The most frequently cited secondary reasons for providing telecare were also to “Minimise client risk” and to “Promote client independence” (57.0% of clients);
- Although the long-term reasons for providing telecare were more varied than the short-term reasons provided, “Minimise client risk” and “Promote client independence” still accounted for the reasons provided for almost a third (32.5%) of clients;
- Over a quarter (27.8%) of the long-term reasons for providing telecare were to “Prevent long-term admission to care home” and about an eighth (12.3%) were to “Reduce the risk of hospital admission/re-admission”.

Table E.1: Achieve efficiencies from the programme investment in telecare

	Estimated monetary saving (£)	Per cent of monetary saving (%)
Increased speed of discharge from hospital	£1,731,944	15.5%
Reduced unplanned hospital admissions	£3,343,467	30.0%
Reduced care home admissions	£3,421,621	30.7%
Reduced nights of sleepover care purchased	£557,119	5.0%
Reduced home check visits	£1,796,039	16.1%
Locally identified efficiencies, namely reduced waking nights	£301,000	2.7%
TOTAL	£11,151,190	100.0%

Support effective procurement:

- JIT recommended that Partnerships should use the established National Framework Agreement with the NHS Purchasing and Supply Agency (PASA) to promote the effective procurement of telecare equipment by the Partnerships;
- Thirteen Partnerships used PASA for all purchases, four used it for some purchases, and 15 did not use it at all (though some of these used it indirectly);
- The main reason for not using the National Framework was the ability to purchase equipment more cheaply through alternative mechanisms;
- Those Partnerships that had used PASA had experienced relatively few problems with the system.

E.5 OTHER FINDINGS

- Based on the Quarterly Returns and the experiences of the case study sites:
 - In general, telecare initiatives have taken a long time to set up, particularly when the use of TDP funds involved introducing a completely new initiative rather than enhancements to an existing scheme;
 - A big contributing factor to the time taken to set up a telecare initiative is the time required to educate and change the working culture of the large number of people involved with working with older people and others who can benefit from telecare;
 - Having a dedicated telecare manager (or one with sufficient protected time) can facilitate the process;
 - Having one or more local telecare 'Champions' working at a senior level helps to promote the concept to senior strategic and operational managers;
 - An initial focus on providing telecare to significant numbers of users can help to give it a high profile within a Partnership;
 - Smart houses (or other demonstration areas) provide a good means of showcasing the strengths of telecare equipment to stakeholders (including users and carers);
 - Professional responder services are very popular with service users and carers;
 - If such services are not feasible (e.g. in some rural areas), it is important that potential users are not excluded if they lack family or friends who can be contacted in an emergency; this may require arranging alternative responders for them (e.g. through arrangements with a local voluntary organisation or provider of home care services);
 - Limited information is available on wider financial aspects of telecare initiatives; this may primarily be due to a lack of specific budgets for such services within Partnerships because the TDP monies are for capital purposes and the associated revenue monies are drawn from a variety of sources;
 - Genuine Partnership working with regard to implementing telecare services has yet to be achieved on a consistent basis across all local Partnership areas, though this can be facilitated by a tradition of pooled or aligned budgets and established joint working practices across health and social care.

E.6 TELECARE BEYOND 2006-08

- The Scottish Government has confirmed further TDP funding for 2008-10.
- The monitoring framework and data collection tools developed during this period (with some refinements in the light of experience during 2007/08) continue to be used by JIT during 2008/09 and 2009/10 so that a more complete picture of the impact of the TDP can be gained.
- The impact should continue to build up during this period across all Partnerships.

E.7 CONCLUSIONS

- At the outset, the overall aim of the TDP was specified to be to help an additional 19,000 people to live at home for longer, within a context of over 75,000 people (including 9,000 with a diagnosis of dementia) being in receipt of telecare services across Scotland by 2010. It has subsequently been established by JIT that over 180,000 people are in receipt of a telecare service of some kind, although the specific number that have dementia is not known at present.
- By March 2008, over 6,700 people aged 65 and over had received telecare equipment packages funded through the TDP (some of whom had previously been receiving more basic telecare support without TDP funding).
- More generally, as previously noted, just over 7,900 people were in receipt of TDP-funded telecare packages by March 2008 (although again some of these were previously receiving more basic telecare support without TDP funding).
- The experiences of the Partnerships during 2006/07 and 2007/08 show that they have made a promising start.
- Telecare provides opportunities to promote independence and improve the quality of life of service users and carers.
- To date, older people (including those with dementia) have been the main beneficiaries of TDP funds.
- However, telecare equipment has also provided significant benefits to people with long-term physical conditions and learning disabilities.
- Telecare equipment offers considerable potential to reduce the use of care home beds and the numbers of home care check visits and sleepovers required.
- It also appears to have a beneficial impact on the use of acute hospital beds. However, it should be noted that it is intrinsically difficult to measure the extent to which telecare contributes to 'non-events'. Moreover, the achievement of such beneficial impacts may also require other community-based services to be available.
- Key future challenges for Partnerships include developing and sustaining appropriate responder services and identifying sources of future capital and revenue funding.
- Ongoing work is needed within Partnerships to promote the required culture changes and the changes in the ways of working that are necessary if telecare is to be widely adopted.
- A stronger culture of evaluation within Partnerships would promote the accountability of telecare services.



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