Delivering Remote Care

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Remote Care in the home

Why
Who
Complications
What and state-of-the-art
Technology
Looking ahead
Conclusion
WHY Remote Care?

“In 2006/07, one in 10 patients admitted to hospital as an emergency had 5+ conditions. In 2015/16, the figure was one in three.” ..........”We found that one in four adults had 2+ health conditions. This equates to approximately 14.2 million people in England with multiple conditions” ..........*survey of 300,000 people, The Health Foundation, Nov 18*

*Demand v Supply & Capacity is the problem:*

Social
Hospital
GP
Community
Who are we talking about?

Top 4% requires frequent professional care, consumes c. 70% of the NHS budget.
The aim to enhance services through pro-active care, education and behaviour change.

Who are we talking about?

- Most are over 65
- Correlation of health & wealth is strong
- Deprivation and equality of care
- Many are complex

What Quality of Life?

Population Risk

- Low risk: 96%
- Moderate risk: 3%
- High risk: 1%
- Very high risk: 1%

Frequent professional care
Complications

• Changing/re-aligning/integrating care
• Cultures
  • NHS, LA, Voluntary, Academia, Industry
• Stress, bureaucracy, fear and blame
• Leadership
• Politics & Us
• Data/security/privacy/regulation
State-of-the-art: Liverpool - population 0.5m

4% is c. 20,000 people.
Clinical Observation

- Symptoms
- Pro-active alerting
- Trends and data
- Interventions and patient records
Technology and looking ahead

- Data capture
- Fashion
- Cloud
- Inter-operability
- Sensors
- Population and wider determinants
- Economics
- Social and health integration
- Adoption and change
- Voluntary, domiciliary, family
- ……integration
Conclusion

Who are we serving?

_The full spectrum of the population – most are elderly_

Why are we doing it? What’s the aim?

_Quality of Life_

_Economics_

We need to look after ourselves as much as possible

What does it take?

_People_

_Processes_

_....then Technology plays its part_