JOURNEY TO DIGITAL SOLUTIONS

Using Assistive Technology in rural areas to bridge the Health and Social Care gap

Background

The delivery of health care to integrated 'health and care', across geographical and organisational boundaries is being challenged. In addition, dependency on partnering will become more critical - between providers, with commissioners and with other partners such as social care, the third sector and the public themselves.

All the time, while this shift is occurring the backdrop of cost pressures and consequent need for efficiencies remains a constant challenge. Meanwhile, industries and countries across the world are moving towards digitisation. As such, there has never been a better time to consider how digital technology can play a pivotal role. Service delivery in rural areas, and particularly issues around accessibility continue to present challenges for health and social care services. With the increasingly stretched supply of professionals, telehealth is a crucial strategy for providing patients with access to the healthcare they need.

However, most telehealth innovations struggle to survive beyond the pilot stage, despite being medically and technically viable solutions. Explanations for this failure identify cultural, organisational and workforce barriers to implementation. The objective of this pilot study was to contribute to health services research by examining how rural public health and social care institutions can sustainably adopt Assistive Technology (AT) telehealth innovations.

Aim

Our main aims are to:

- integrate AT within the mainstream assessment and support planning processes for adult health and social care to maximise people's ability to continue to live independently
- support the public to understand the help that can be provided by AT and encourage 'self-serve'
- work in partnership to ensure that AT is more widely accessible, acceptable and understood by all those who could benefit
- increase the uptake of AT services by communicating the potential benefits to service users and carers and by providing AT opportunities in a diverse range of existing service settings across health, housing and social care.

Methodology

Delivered through the REMOAGE EU funding programme which seeks new ways of working with support to allow vulnerable older people to live longer in their own homes, the Assistive Technology Centre was developed as a multi-disciplinary led service to individuals living with a range of conditions who are matched with AT solutions including:

- telecare – i.e. monitors and sensors, to promote independent living
- digital participation services - to educate, entertain and stimulate social interaction
- wellness services - to encourage people to adopt and maintain a healthy lifestyle, to prevent or delay the need for support
- health monitoring for assessment and early intervention.

Results

Patients who have tested the technologies reported that technology allowed them to:

- intervene early – behaviour trends could be analysed in order to detect symptoms which may have a more serious underlying cause which requires intervention
- consider telecare early on in the process to find the best possible matched solutions
- reduce the need for unplanned care – putting personalisation at the centre of all support plans
- service planners in particular reported learning by trial and error and that they lacked the knowledge, skills and experience to effectively commission for Assisted Living Technology.

Discussion/Challenges

- Need for change in culture and strong leadership - a recognition of the sense of urgency to support a change in practice; cognisant as increased demands, financial challenges and new models of care necessitate this.
- Data sharing and access - Implementation through whole system structural processes, information sharing and effective procurement.
- Connectivity.
- Access to appropriate technology and devices.
- Skills development both staff and public - education and training are critical, recognising that failure to support staff impacts upon confidence.
- The professional acceptance of technology is key for use in distinct rural geographical areas, and the acceptance of potential change within roles.
- Self–management/empowerment.

Conclusions

The 'mixed economy' landscape, with private AT provision supplementing state provision, is key for the mainstreaming of AT services. Local data collectd from patients groups suggest that more participants are using 'off the shelf' technology purchased privately rather than via health and social care services.

Health and Social care require an integrated approach to adoption of digital technologies to address rural health inequalities, through sharing of best practice and a systematic approach to remote and rural healthcare models.

In addition front-line staff require to be engaged in development and commissioning to challenge the perception that technology is a bolt-on to core services; the consequence of which may be a reluctance to use the technology.

Further Information

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