



BACKGROUND

CHRONIC CONDITIONS AND THE ROLE OF TELEHEALTH IN THE UK

What is a chronic condition?

Chronic conditions are also known as long term conditions (LTC) and are defined as health problems for which there are no cures, but which require ongoing medical management and interventions over a period of years or decades.

Chronic conditions are lifelong and often progressive. Examples of chronic diseases include: coronary heart disease (CHD), arthritis, hypertension, diabetes, and chronic obstructive pulmonary disease (COPD), as well as others, and consume a large part of UK healthcare resources.

How many people in the UK suffer from chronic diseases?

In England, 15.4 million people, or almost one in three of the population, have a long-term condition, with three out of every five people aged over 60 living with a long-term condition:¹

- Nearly 2 million people live with diabetes
- 1.9 million people have CHD
- COPD affects around 770,000 people

The burden of chronic illness falls principally on the elderly, so as the population ages the incidence and prevalence of chronic diseases will increase. The number of people aged 50 years and over in the UK is projected to increase by 36 percent by 2031, while the number of people over 85 years will increase by 44 percent.²

Why are chronic diseases a burden on the NHS?

Chronic disease presents a significant cost burden for the NHS. Care for people with long term conditions is usually episodic and reactive which leads to heavy use of secondary care

services. Patients with a chronic disease are twice as likely to be admitted to a hospital and to stay in hospital for a disproportionately longer time – this use of health services rises exponentially for people with more than one longstanding problem.³

The Government has estimated that the treatment and care of people with LTCs account for 69 percent of the total health and social care spend.¹ The annual cost to the National Health Service for treating CHD alone is estimated to be £3.5 billion.⁴

According to a 2008 Department of Health report, LTCs already consume a considerable proportion of healthcare funding:¹

- 52 percent of all GP appointments
- 65 percent of outpatient appointments
- 72 percent of all inpatient bed days
- 5 percent of inpatients accounting for 49 percent of all inpatient bed day usage

Effect of chronic disease on patients and their family

Chronic illness is challenging for patients because they often have to make significant changes in their social and family relationships while dealing with physical pain, prolonged medical treatment, psychological distress and growing restrictions on their daily activities,⁵ as a result, their quality of life is significantly reduced.

Quality of life among people who provide care to chronically ill family members is also affected. Carers face an increased financial, physical and emotional responsibility. Some carers who are employed report missing work, taking personal days off, or even retiring early to provide care.⁶ There are approximately 6 million people in the UK who provide unpaid care to patients.⁷

Empowering patients

Of nearly 1,000 participants at a National Citizens' Summit, 86 percent of people thought that professionals in their local GP practice should provide more support to help them take care of their own health and well-being. Half of all people with LTCs were not aware of treatment options and did not have a clear plan that laid out what they could do for themselves to manage their condition better.¹

The Department of Health MORI Survey in 2005 demonstrated that:

- More than 90 percent patients with a LTC are interested in being more active self carers.

- More than 75 percent say that if they had guidance/support from a professional or peer they would feel far more confident about taking care of their own health.
- More than 50 percent who had seen a care professional in the previous six months said that they had not often been encouraged to self care.¹

With such a large proportion of the population suffering with LTCs, the current high cost of delivering care and the desire of patients to take a more active role in their care, this provides a great opportunity for technology to offer cost effective support for patients to care for themselves in their own homes.

Telehealth and Government policy

This desire amongst patients for more involvement in their care and the use of technology is mirrored by recent developments in policy. Lord Darzi highlighted the potential of new developments in technology in High Quality Care for All,⁸ the final report of the NHS Next Stage Review. The document states that:

“improving technology is enabling patients that would once have been hospitalised to live fulfilling lives in the community, supported by their family doctor and multi-professional community teams.”

This idea is explored further in the supplementary document Our Vision for Primary & Community Care,⁹ which gives more details about how these services need to evolve over the coming decade to meet the needs of an ageing society, one in which individuals

“... increasingly expect public services to do more to treat them as whole individuals For example, new technologies will allow people to take physical measurements such as blood sugar and blood oxygen at home and allow these to be monitored remotely by a community matron who can then take swift action if there is cause for concern.”

Whole System Demonstrators Programme

The Department of Health has commissioned several studies to explore the possibilities opened up by integrated health and social care working, with support from advanced assistive technologies such as telehealth and telecare. The Whole System Demonstrators Programme (WSD)¹⁰ has been established to evaluate three schemes in Kent, Cornwall and Newham, and will report its findings in 2010. It will focus on individuals with COPD, heart failure and diabetes, and adults with social care or health and social care needs at risk of hospital admission. The

programme has been designed as a randomised controlled trial and will examine the impact of new technologies on factors such as emergency admission rates, bed days, patient/carer experience, quality of life and the impact on primary care.

Whole System Demonstrator (LTC) Action Network (WSDAN)

In addition to the WSD Programme, a network has also been established to share information on telecare, telehealth and the management of long-term conditions. The Whole System Demonstrator (LTC) Action Network (WSDAN) has been developed by the King's Fund and the Care Services Improvement Partnership (CSIP) and is funded by the Department of Health. It is an online resource aimed primarily at the NHS, local authorities and third sector bodies, and provides regular updates on telehealth and telecare, access to the latest evidence, and learning and practical lessons on implementing change. Further details can be found at www.wsdactionnetwork.org.uk

The King's Fund is also taking a wider interest in the benefits of information and communications technology. Earlier this year it held a summit on encouraging patients to play a greater role in managing their own health. The resulting report, *Engaging Patients in their Health*,¹¹ states that "it is rare for the NHS to rethink how available information technologies can help fundamentally to alter the way of working and to contribute to service redesign." It also suggests this may be due to several factors, including a lack of suitable incentives to encourage the system to make better use of technology.

Summary

There is a growing impetus to make better use of information and communications technology to meet the very considerable challenges that are facing the health and social care system in the future.

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