

# Using telehealth to improve decision making

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# Making your NHS and Social Care Sustainable

- ◆ System must change
- ◆ NHS increasing demand
- ◆ Social Care budgets being cut
- ◆ Use modern technology revolution
  - ◆ Citizen not state
  - ◆ Freely available information
  - ◆ Smartphones

# Results of telehealth research

- ◆ WSD demonstrated definite benefit
- ◆ Complex as research – actively prevented
- ◆ If technology an add on then will be expensive
- ◆ Now technology much more available and cheaper
- ◆ Older people readily accepted kit if easy to use
- ◆ Must add benefit to patients and clinicians
- ◆ Does not replace care

# Untapped resource

- ◆ The patient and carer provide most of the care
- ◆ Why do they not provide the monitoring
- ◆ Why do clinicians and health professionals not use the data when making the important decisions?
- ◆ Not available or not the right information
- ◆ Dr Stewart, you are going to be angry with me!
- ◆ Why do I take the BP, measure weight? – not my records
- ◆ I am here to interpret, diagnose and manage

# Move from medical model to supported self care

- ◆ Need to accept that the traditional consultation unsustainable
- ◆ Why face to face but need to keep personal contact
- ◆ Most decisions are not examinations
- ◆ Televideoconference – save the person, use telehealth
- ◆ Use apps – DH accredited – BP, weight predicting risks
- ◆ Allow carer to monitor care – Liverpool Care Pathway

# Modern world

- ◆ Everything has accelerated communication but not NHS
- ◆ Use existing product – let developers take development risk
- ◆ No time, too expensive, and will be out of date
- ◆ It is not the standard of the technology but the poor use
- ◆ Everyone can have access to a smartphone or smart TV
- ◆ Need to enable two way – some practices even allow email!

# Imagine

- ◆ How does it feel to be a patient only remembering 40%
- ◆ How do they know which pill is for what and what to stop?
- ◆ Why no electronic printout of every contact?
- ◆ Why no DVD recording of consultations?
- ◆ Why no MDT via teleconference including patient?
- ◆ Why no use of iTunes? Eg physio

# Integration

- ◆ Citizen at the centre – vital to provide care and monitor condition
- ◆ Previously telehealth not used dynamically – clinicians must access care plan / telehealth
- ◆ Virtual ward – hospice now but why does the patient need to travel to specialist, GP or pharmacy, televideoconference, apps, dementia aids
- ◆ Challenge consultation sacred cow – diagnoses made by investigation
- ◆ Free the citizen from the shackles of the medical world – make them less dependent on drugs and outpatient appointments
- ◆ Give the patient control of the information – Patients Know Best
- ◆ No information about me without me knowing about it!



# Integration of health and social care key

- ◆ Integrated teams using common information – use it!
- ◆ Teams must include all providers including GPs, practice team, community matrons and nursing team, hospice, OOH, 111, A&E, consultants, social care
- ◆ Hand overs are the biggest risk – yet each step invents new care
- ◆ No longer refer patients but get specialist opinion and advice
- ◆ Move to virtual wards eg hospice

# Thank you!

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