

# Policy Position

## Telehealth and Telecare (UK)

March 2016

**Older people should be able to choose well designed telecare and telehealth systems which help them and, where relevant, their carers, better manage their health and maintain their independence, dignity and wellbeing. They should have the option to acquire digital skills through high quality, personalised training, and access to the appropriate equipment.**

### Key issues

Telehealth and telecare are forms of assisted living devices and systems that can support older people in improving their health and wellbeing and maintaining their independence. They include, for example, sensors to alert carers to a fall, and equipment to monitor health in the home, e.g. blood oxygen levels. In assessing their value, the key question is one of outcomes. What do they actually help the older person to do? How does this improve their wellbeing? All the research indicates that choice and personalisation underpin success, whilst a one size fits all approach focused solely on the technology is likely to fail. Overall:

- Wherever possible mainstream devices and systems should be accessible by all older people who wish to use them. Evidence shows that products and systems devised for a wider market are more likely to be attractive and affordable than specialist health and care products and systems.
- Older people must have choice on how they access services, and services available on-line must continue to be accessible through other means.
- Telehealth and telecare systems should be approached as part of a personalised health and care package that improves quality of life and independence. Whilst they may improve the quality of services at the same time as reducing costs, it is essential that they are not introduced solely as a cost cutting measure.

NHS Commissioners have developed a toolkit which aims to support Clinical Commissioning Groups to integrated Technology Enabled Services (telehealth and telecare) into their five year plans to support better self-management of health and

health conditions and better co-ordination of care<sup>1</sup>. It stresses that technology enabled services need to be embedded in wider packages of care and new ways of working, and involve health, social care, voluntary services and patients and carers in their design and implementation, and includes the VCS, patients and carers and older people in its guidance on strategy, implementation and co-creation.

## **Public policy proposals**

- Assistive technology and devices should be made available to people in the context of their wellbeing and choice. The widest possible definitions of telecare and health devices should be used, taking into account how mainstream ICT (ie, not just specific care and support products) can benefit everybody, including people who have support needs.
- No-one should be compelled to use assistive technology devices and systems if they don't want to.
- Some telecare systems impact upon the privacy of the older person. When the older person is deemed to not have the capacity to consent, those making decisions on their behalf must weigh up the possible reduction in liberty and autonomy versus the benefits that the system might bring for the older person.
- Where digital access to services is introduced, there should always be alternative means to access them to ensure that the needs of the digitally excluded are met. The needs of people with cognitive and sensory impairments must also be met.
- Wherever possible, choices about different telecare and telehealth systems should work with other services and appliances and seek to minimise the number of devices required. They should fit into the lifestyle and environment of the user and be safe, well-designed, attractive and easy to use.
- Local Authorities and Clinical Commissioning Groups and GPs should consider providing telecare and telehealth services to all who would benefit from them, and want them.
- Local Authorities should consider how they can support older people with personal budgets for care to get the best from telecare opportunities. If a purchase of assistive technology requires a large initial payment, local authorities need to ensure that this isn't a barrier to access for those with personal budgets.
- Time and resource need to be invested in enabling health and care professionals to be fully trained in the potential of telehealth and telecare systems, and have the time and skills to support people to benefit from them.
- Implementing access to telecare and telehealth services is also an opportunity to let people know about other services available.

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<sup>1</sup> NHS Commissioning *Technology Enabled Care Services resource for Commissioners*  
<https://www.england.nhs.uk/ourwork/qual-clin-lead/tecs/>

- Major government research councils should continue to fund projects that help to develop better assistive living systems and products, tailored to the aspirations and needs of older people, through engagement with the people they aim to serve. Projects should include funded strategies for disseminating results and translating them into real benefits for users.
- Most of the current evidence about costs and savings comes from suppliers and service providers. It would be helpful to have robust independent evidence about costs and benefits, which includes set up and whole system costs and benefits such as improved wellbeing and health and benefits for carers, as well as more quantifiable cost savings in medical appointments and hospital admissions.

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