Widening the role of NHS Direct to support long-term health

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What is the Healthlines study?

The Healthlines study is a five year research project which aims to develop a new service, delivered by NHS Direct, to support long-term health. Read more >>

Get involved

If you have received a letter from your GP inviting you to take part in the Healthlines study, you can fill in the questionnaire online.

Fill in questionnaire

Who are we?

The team is made up of researchers from the Universities of Manchester, Bristol, Sheffield, Southampton, the Royal College of Surgeons in Ireland and NHS Direct. See profiles >>
Long-term conditions

• Increasing number of people affected as population ages. 15 M now, 18M by 2025

• Need new forms of care – potential for telehealth

• Several studies of individual telehealth interventions: text, phone, internet, self-monitoring

• Busy market for telehealth solutions being offered to commissioners
But:

- Evidence of effectiveness limited and inconsistent
- Evidence about cost-effectiveness negligible
- Implementation on wide scale is the challenge
- Hard to separate evidence from hype
- The commissioners' conundrum
Considerations

- Some forms of telehealth probably work for some groups of people.
- Those with most to gain are those with most difficulties accessing current models of care.
- Using multiple delivery platforms together is crucial. Building on not replacing.
- Need better theory about what works for whom and why, to design effective interventions.
NHS Direct

Ideally placed:

• National brand
• Multiple technologies
• National call centre network of trained staff
• Experience of developing and delivery content
• Already trying these ideas in Birmingham Ownhealth and Nottingham Ownhealth
Aim

• To develop and evaluate programmes of care for two exemplar conditions
• To be delivered on wide scale by NHS Direct
• Based on a robust theory of what works
Exemplar long term conditions

- **Raised cardiovascular risk**
  - Incorporates hypertension, obesity, etc

- **Depression/anxiety**

- **Both:**
  - Very common
  - Much unmet need
  - Some evidence that telehealth can be effective
  - But different types of disease, different interventions
1. Meta-synthesis
Cathy Pope, Alicia O’Cathain, Ali Rowsell

What seems to work for whom and in which circumstances?

- Review and synthesise quantitative and qualitative evidence about telehealth interventions
- Develop theory about how telehealth potentially delivered by NHS Direct might help which patients
2. Qualitative research
Anne Rogers, Julia Segar

- How can NHS Direct best contribute to the LTC management of patients?
- How might NHS Direct impact on existing methods of coping and self-care?
- Who is most likely to benefit from NHS Direct?
- What types of help would patients find useful?
- Explore facilitators and barriers
- Based on interviews with patients & professionals
3. Patient Survey
Chris Salisbury, Louisa Budzinski, Lisa Esmonde

Using survey of 3400 patients with exemplar conditions, identify groups of patients most likely to benefit

- Who needs extra support?
- Who has difficulties of access at present?
- Who would use NHS Direct?
- What forms of help would people want?
4. Develop packages of care

NHS Direct team

• Based on robust theory from stages 1 - 3
• Stepped care: From low level information and advice to intensive case management
• Integrating all forms remote support: phone, internet, text, self-monitoring
• Combine technologies where proof of concept exists
• Accessible any time, anywhere
• Test and improve usability with users
5. Randomised Controlled Trial
Alan Montgomery

- Recruit 34 practices in 4 PCTs
- Identify patients from practice records and recruit them and randomise them
- 600 patients with each condition
- ‘Usual GP care’ vs ‘Usual GP care plus NHS Direct support’

- Outcomes
  - Effective? Acceptable? Cost-effective?
Few ‘taster’ findings

- **Metasynthesis**
  - Much evidence, but most is poor quality
  - Very little evidence about cost-effectiveness
  - Simple technologies are best
  - Monitoring, reinforcement, personal support are important

- **Qualitative research**
  - Importance of personal human support alongside technology
  - Duplication and fragmentation of services
  - Importance of communication between new service and GP
  - GPs sceptical and want evidence before they will support it
Survey

- People with greater health needs have greater difficulties accessing healthcare, but access difficulties do not influence interest in telehealth

- Older people much less interested in web based interventions

- Proportion of people very or fairly interested in using:
Outputs

- Two ready developed packages of care, with evidence of effectiveness and cost-effectiveness in real life implementation
- Robust theory to inform development of other packages of care for other LTCs
- Can rapidly be rolled out nationally
www.bristol.ac.uk/healthlines