Unravelling the challenges of mainstreaming remote care: An organisational analysis of the Whole System Demonstrator (WSD)

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“WSD implementation process of remote care is about identifying problems as much as identifying opportunities”

(WSD Site Manager, Site 2)
The present paper...

explores the organisational factors that facilitate or inhibit the successful introduction and delivery of remote care services in the context of whole system working.

More specifically...

- Discuss perceived risks, principles and benefits associated with delivering remote care in a whole system working context.
Why is this research important?

There is an impoverished understanding of what processes should be in place and how they can be enhanced for implementing successful and sustainable complex innovations in health & social care organisations.
Overview

“**The current climate**: To situate the WSD research within the policy context of remote care adoption in England and the UK generally.

“**The project**: To discuss the WSD project rationale, design, development issues and decision making processes from inception to the days of its roll out.

“**Process & Progress**: To provide an overview of progress so far based on findings from the preliminary analysis of the WSD. The identification and discussion of perceived barriers emerging through design, planning and delivery process.
‘The current climate’
Great expectations...

Healthcare providers worldwide are asked to:

- Address environmental, social and economic sustainability issues.

- Balance capacity, efficiency and quality in the delivery of systems of care.

- Develop the organisational infrastructure (financing/structure) that would be responsive to current and future social needs and policy changes.
An enduring challenge...

“It has been estimated that the number of people over 65 years old with a long-term condition doubles each decade. The number of people over 85, the age group most likely to need residential or nursing home care, is expected to double by 2020.”

(‘Our health, our care, our say: a new direction for community services’: DH White Paper)

One solution for managing escalating demand for health and for social care is technologies that support care remotely.
Mainstreaming remote care: Is this the solution to the problem?

- Remote care is sometimes called telecare/telehealth or telemedicine.
- It aims to decentralise care away from expensive settings such as hospitals or nursing homes to people’s homes.
- Remote care is a complex innovation requiring integration of new technologies and systems with existing health and social care services.
- Although the government would like remote care to be mainstreamed there is a lack of robust evidence around the effectiveness of remote care technologies.
Remote care

- Information & advice
- Safety & security monitoring
- Vital signs monitoring
- Lifestyle monitoring
3 ingredients to success...

- Organisational
- Resources
- Business case
Add to the recipe…the complexity of the innovation

• THE FORMULA: complex environment (i.e. care delivery) + complex groups of stakeholders (health care / social care/ private providers) + complex innovation

The innovation itself is complex:

• Not just a technological but a service innovation
• No single intervention. Not a drug.
• No NICE guidelines…but watch this space
• Evidence - currently highly contested
• Sold on the basis of faith but sometimes myths of its transformational potential and danger prevail

= remote care
Why is the spread wide & uptake so slow in remote care?

Lack of progress in UK (and elsewhere) is largely due to:

- organisational problems (leadership styles, integration within and between care providers, pockets of excellence don’t spread and pilot projects are not sustained)
- limited resources (solid teams of people & money)
- a lack of obvious business models
- … and the evidence agenda is also playing a part.
The research context: WSD Programme

Whole System Demonstrator (WSD) is the largest randomised control trial of remote care to:

- help people manage their own health while maintaining their independence
- deliver gains in the integration of service delivery and cost effectiveness of care under a whole system approach
UK Health Policy Context

Evidence based policy – WSD represents attempt to drive *policy development following* rigorous of *evaluation* of outcomes and processes.

“It’s quite an expensive programme, it’s on a scale that you wouldn’t normally do something for informing policy, you know, before you have a policy. It’s quite new to do something of this *scale* so I’d say that was the making essential and to get ministerial buy in to it, to get support.”

(DoH  WSD Manager)
Examples of Research Question

- How do large scale change programmes influence organisational and individual professional identities?
- How is the ‘whole system working’ perceived and enacted?
- How do inter/intra organisational contact and styles of collaboration change?
- How do professionals cope with organisational change?
- What impact do different care professionals have on the spread of innovations?
- How does policy and other contextual organisational factors impact on remote care implementation process?
Methodology

- 90 semi-structured interviews with stakeholders (managers & commissioners) in health & social care organisations across the 3 demonstrator sites to assess their views on whole system working and the implications of the roll-out of these technologies on the organisation(s) of care.

- Participants: DoH & Site Managers.

- Evaluation of background documentation, observation of meetings.
Preliminary Findings:

WSD Early days
“we have selected the sites; we have got them all to do some very detailed planning; but now activity has got to start. We’ve got to start recruiting people; getting people on the ground; making it real”

(DoH WSD Manager)
‘Initial Enthusiasm: Benefits of WSD’

- WSD is a platform for creating a systematic approach to remote care eligibility criteria.

- WSD facilitates communications between organisations and within sites.

- WSD provides an opportunity to phase in integration of services by providing the ‘right’ infrastructure (financial, technological, human resource).

- WSD addresses sustainability concerns by providing a vision of how remote care can be delivered in the future.
‘Teething problems and early tensions’
Evaluation requirements and their implications

- **RCT** impedes the speed of progress (e.g. time consuming in recruitment process, new systems are required, old pathways not applicable, raises ethical dilemmas for clinical staff and social care providers).

- Need for **robust evaluation** of the process, cross site comparison induces complexity and it is time consuming (e.g. bureaucratic).

- Need for **strong organisational partnerships** - keeping joined up thinking and working under the WSD programme.

- Intensive staff training & management dependencies on GPs.
Tensions around project autonomy

Assumed autonomy given vs.

The ‘big brother effect’- the evaluation team with RCT rules and programme team with different aims and tasks creates added pressure, workload and no room for manoeuvre.

“they’re developing your own plans; they’re deciding how they are going to do it, they’re deciding what the response it, what the kit is, within the confines of the evaluation criteria, how they go about sort of selecting people, consenting people, who does what, how this is split between the organisations within the different sites, the works and things like that. So none of that is imposed but what we do, do is if we come across problems, be it a procurement issue, a legal issue, an ethical issue, or something like that, then we’ll help, try to intervene and when things seems to be stalling for no apparent reason.” (DoH WSD Manager)
Challenges to rollout

- **Segregation** of the care service pathways on an operational and cultural level, and lack of robust and systematic evaluation of telecare processes and outcomes, are obstacles to professional engagement and collaboration.

- **Delays in the design and deliverables** of evaluation project - continuous changes in plans and requirements.

- **Patient & staff** recruitment issues.

- **Accountability issues** amongst clinical staff - no clarity in roles and responsibilities.

- **Identification of mixed care needs group** (later on this group excluded from the trial).

- **Unique contextual challenges** and **turbulence** in the policy environment.
Recruitment Phase
“S curve psychological state”

**Leadership, management and organisational issues**

- High levels of ownership, internalisation and control by middle managers.
- GP and team management turnover has led to loss of expertise, knowledge and faith in and commitment to the WSD.
- “The external facing character of the programme to the organisation”

**Patient recruitment and clinical engagement issues**

- ‘Patients have started to revolt a bit’.
- Unrealistic timelines for recruiting the desired number of patients poses risks for losing GPs engagement.
External factors

• ‘Equipment issues.
• Lack of coterminosity in health and social care budgets and constant changes in policy environments.
• Telecare ‘myths’ (clinician replacement, added workload, patient disempowerment).

“The myth is that it will replace the clinicians, and the reality is that it doesn't. The myth is that it will disempower the patients and, for us, the reality is that it doesn't. You know, it will increase the clinicians' workload. The reality is that it doesn't. It changes the way you work and makes you more effective at case managing. And getting that message across to people is sometimes difficult.”

(WSD Manager, Site 2)
Worries and Risks

• The removal of the mixed care group may compromise the ability of the programme to phase-in integration. There is a danger of duplicating systems, processes and people requirements.

• Unresolved issues of ownership and control after the WSD ends.

• After WSD, organisations may revert to old practices and segregated models of operation.

• Politics of health and social care finances may jeopardise the vision of mainstreaming integrated services trialled in the WSD.
Essential Factors to Progress (Recruitment)

Introducing and managing change

- Learning how change induced by WSD is going to affect professional roles and work practices.
- A vision and a blueprint of how remote care in the context of whole system services may work in the future.
- Engagement of senior and middle management increases the credibility of the programme and the likelihood of its mainstreaming.

Building and maintaining relationships

- Support of champions & inclusion of other community organisations.
- Sustaining relationships of collaboration across multiple groups - understanding different work attitudes and practices.
Essential Factors to Progress

• Policing of the collective thinking’ otherwise “people are ready to go their own way”.

• Strengthen ties with professional communities involved.

• Developing systems to get the processes ‘right’ and to identify the ‘right people’ to use the service.

• Establishing a blueprint of how the integrated services may work (setting up financial agreements and exchange information systems between health & social care).
Thank you!