

Volume 13, 20 November 2013

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2013; T&T Conf Suppl; [URN:NBN:NL:UI:10-1-115711](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-115711)

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Conference Abstract

Telecare for people with dementia: evaluation of Renfrewshire project

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Abstract

Introduction: There is no good quality evidence on the cost-effectiveness of telecare for people with dementia. This is a concern to policy makers and practitioners seeking to understand the workability and cost-effectiveness of telecare for this group.

To address this gap an evaluation was undertaken of services delivered by Renfrewshire Community Partnership to clients with dementia who are using, or have used, their Telecare Service for the period 2007 to 2012.

Aims and Objectives: The aim of the evaluation was to measure the cost impact of providing telecare to people with dementia, together with a range of qualitative measures.

Methods: Quantitative and qualitative analyses were undertaken. The quantitative analyses used admissions and lengths of stay in hospital and care home using resources and unit costs representative of those used by clients identified with dementia in the Renfrewshire Community Health Partnership (CHP). Extensive sensitivity analyses were provided.

The qualitative analyses assessed the Telecare Service for each of the following:

- Safety;
- Effectiveness;
- Accessibility;
- Acceptability;
- Satisfaction.

These aspects were explored in face-to-face meetings.

Results: Self-reported outcomes provided by Renfrewshire Partnership gave estimated net savings attributable to the 325 clients with dementia, over the five-year period, of over £2.8 million, equivalent to about £8,650 per client with dementia receiving a telecare system.

The major savings were identified as eighty eight admissions to care homes avoided, saving 606 days each, at a daily saving of £48.06 (£29,124 per event), giving total savings of £2.55 million. A further £0.75 million was saved by 114 hospital admissions avoided.

The overall safety and effectiveness of Renfrewshire Council's Telecare Service was demonstrated by the examples of clients who have been enabled to remain living safely in their own home despite their dementia, often for several years. Telecare has prevented, or at least delayed, admission to residential care for many people. It has also provided carers with reassurance, support and peace-of-mind to continue in this capacity.

Acceptability of the telecare technology to service users and carers and to third parties was high, and findings from satisfaction surveys showed users and carers were generally 'very satisfied' or 'satisfied' with their telecare and Community Alarm services.

Conclusions: The evaluation demonstrates telecare can be used to support a significant proportion of dementia sufferers to live in the community; they, and their carers, are generally satisfied or highly satisfied with the service. The major resource saving is likely to be care home admissions avoided.

Keywords:

dementia, telecare, cost savings

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