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Conference Abstract

## Lochaber telemedicine clinic – A new approach managing dementia in care homes

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### Abstract

**Introduction:** With an estimated 4000 people currently living with dementia in the Highlands of Scotland and predictions of a 100% increase in incidence in the next 20 years, there are significant challenges facing NHS Older Adult Psychiatry services and Care Home providers. Geographic dispersal and rurality add to the difficulties of providing a community based, quality service. Creative and innovative responses require to be found to meet these increasing demands.

Such an approach has been developed by providing a telemedicine clinic in Lochaber. A Video Conferencing unit was installed in Abbeyfield Care Home, Ballachulish, allowing twice weekly nurse led clinics under the supervision of the consultant psychiatrist. The success of this initial project resulted in funding being made available for 2 further video conferencing based clinics in care homes in Fort William and Mallaig. We are seeking input from a Health Economist for robust analysis of the audit data, patient outcomes and cost effectiveness of the clinics when they are rolled out to the other care Homes.

**Aims:** The clinic aims to: improve access to psychiatric services; reduce unnecessary admissions; reduce antipsychotic use for people with dementia; and improve the management of behavioural and psychiatric symptoms of dementia.

#### Outcomes Measured/Results

Data gathered over the first 4 months has provided very promising results. There was a reduction in the use of antipsychotic medication, prevention of hospital admissions (with potential savings of £40,600), improved end of life care, significantly improved access to psychiatric services and an increase in staff confidence in managing psychiatric disorders in the elderly. Patients who were able to complete questionnaires indicated that they were satisfied with the clinic, felt comfortable and listened to, were happy to have further consultations by video conferencing and did not want to wait longer or travel further for a face to face appointment. Even those with severe dementia were able to benefit from the clinic.

When patients were reviewed face to face there were no occasions where the assessment and/or management plan made during the video conferencing was found to have been inaccurate.

This level of input without utilising telemedicine would involve a significant amount of time travelling for staff and high travel costs. There is the added benefit of a reduction in carbon emission by reducing the number of journeys from the base hospital to the care home.

**Conclusion:** Technology such as video conferencing can be used successfully with the elderly, even those living with moderate to severe dementia within a care home environment, to improve access to treatment, improve patient outcomes and reduce costs.

**Keywords:**

**dementia, video conferencing, old age psychiatry, care home**

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