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Conference Abstract

Technologies supporting integration and person-centred care: crossing the siloes

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Abstract

Introduction: The siloes of care that have evolved over a long period of time severely restrict the level of innovation that can be adopted and diffused across care delivery. The need to show a return on investment within a silo favours point innovations. These tend to be incremental improvements. Disruptive innovation, that can cross siloes, is held back by payment mechanisms as well as work and cultural practices that remain firmly rooted in the siloes. This landscape militates against the development of integrated services and person-centred care by placing all of the burden and benefits of change into single siloes. This is at odds with many new ways of using digital technologies where platforms are developed that have re-usable cores but implement services by changing the interaction at the periphery. This presentation will look at such a platform solution in the form of video communication. Consideration will be given to the way that it is providing evidence of quality, efficiency and effectiveness within siloes whilst having the latent capability of integrating care and making it person-centred.

Methods: Examples will be given of the use of video across a range of primary, secondary and social care deployments. These will include long-term conditions, end of life care, linking primary and secondary care in support of care homes, support for learning disability clients, medication compliance and review, virtual visits and others. The goal of reviewing these real interventions will be to explain how the barriers to use of video have been lowered including:

- Wrapping the components of the deployment into a service proposition
- Engagement at the grass roots with practitioners and customisation of the experience of using video
- Managing the deployments as a partner with the care provider
- Establishing the IT governance and processes for the use of video in care

Results: Quantitative and qualitative evidence will be presented from the deployments of the following impacts:

- How immediate appropriate access to care prevents escalation and acute admissions
- Cost savings to the person and the system
- Improvements in the quality of care

- Support for family members and carers
- Empowerment of the person being cared for and a shift to self-care
- Impacts in all five of the domains of the NHS outcomes framework

Conclusion: In order to establish the video intervention the evidence is being generated for its benefits within siloes. The question is: how the integrative and person-centered capabilities can be embraced in a timescale that can counter some of the current demographic and financial challenges?

For platform interventions that can cross siloes of care there is a mismatch in population size of commissioning. The clinical commissioning groups and local authorities are focused on their populations and the siloes. Platforms are better matched to the aspirations of the health and wellbeing boards and public health. It may be hoped that the Better Care Fund will catalyse innovation to bridge the scale gap. Since this is resource being moved from health into social care there is no reason why it should. A different scale of commissioning is required that looks at population level interventions such as platforms.

Keywords

video; platforms; integration; person-centred; commissioning
