RemoAge: supporting frail older people in remote and rural regions in Europe

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Today’s presentation

• Providing care for people with dementia in remote and rural areas
• The potential of technology to improve care delivery in these areas
• Findings from the project evaluation
• Reflections on benefits of transnational learning
Living in rural communities

- Close knit communities offer support
- Small towns and villages offer familiar locations for people to live
- Infrastructure may be less developed, for example, poor public transport
- Stigma may be amplified within rural settings where people know each other well.
Experiences of professionals supporting people with dementia in rural areas

• Reliance on generalist services that may lack specialist knowledge
• Specialist services covering large geographical areas and high case loads
• Lengthy and expensive travel to remote areas
• Fewer opportunities for professional development
• Benefits to practitioners can be found in close relationships between individuals working in smaller teams enabling them to work effectively together.
Potential of technology

• Aiding communication and supporting social connections
• Enabling delivery of interventions
• Supporting assessment and diagnosis
• Enabling monitoring at home
• Supporting safe walking
• Saving travel time.
Ethics of using technology with people with dementia

The Nuffield Institute of Bioethics (2009) suggest a number of factors which should be considered when using assistive technology:

• The person’s own views and concerns, past and present, for example about privacy
• The actual benefit which is likely to be achieved through using the device
• The extent to which the carers’ interests may be affected
• The potential dangers of loss of human contact.
RemoAge: supporting frail older people in remote and rural areas in Europe
Partners

• County Council of Norbotten (Sweden) (lead)
• Luleå University of Technology (Sweden)
• Norwegian Centre for Integrated Care and Telemedicine, University Hospital of North Norway, Tromsø (Norway)
• University of Stirling (Scotland)
• NHS Western Isles (Scotland)
• NHS Shetland (Scotland)
The RemoAge project (2015-2018)

• Brought together service provider organisations and academic institutions located in the Northern Periphery of Europe

• Tested potential solutions for the issues faced in remote and rural areas by frail older people, their families and the staff supporting them

• Solutions aimed to support people to continue living in their current homes and potentially postpone their placement in institutional care.
Evaluation: guiding questions

- Impact of new services for staff and service provider organisations
- Impact of new services for service users and their families
- Impact of new services for communities.
Methods used

• Baseline data: opening conditions in each area
• Staff perspectives: interviews with staff in each area at regular intervals
• Service user perspectives: ADLs and whether affected by frailty; carers coping scale, indicators of well-being.
Participant characteristics

- All areas had significant proportions of older people in their population
- All areas had a proportion of people diagnosed with dementia
- All fieldsites had policy relevant to care for frail older people
- Living conditions of service users varied in degrees of remoteness
- Existing services in each area were different, emphasising the importance of a local perspective.
Services implemented

• Each fieldsite took a different approach dependent on the local situation
• Technology supporting improved communication was especially popular and many used ‘off the shelf’ technologies rather than specialist equipment
• Popular devices included tablet computers and GPS tracking devices.
Services established in Swedish Lapland

- Support to relatives by video consultation
- Video consultations from doctor to home
- Mobile security alarm with GPS
- Coordinated individual plan by video conference
- Electronic medication delivery
- Night supervision
- Medical round by video
- Video consultation of nurses to home care/nursing home
- Video consultation in palliative care
- Older person

Services established in Swedish Lapland

#DARG2018

BE THE DIFFERENCE
"Nice, not to have so many persons in my flat"

"It’s cost-effective and gives more quality of life when it’s difficult to travel"

"So good, I don’t have travel. Imagine if I could meet my neurologist in this way too”"

"This technique should be used even more"

"It’s so good, everyone gets the same information at once"
Test
Executed pilots

Implement
Learning of new way of working

Normalize
Everyone works in the new way

- Electronic medication delivery
- Medical round by video conference
- Video consultation in nursing home
- Video consultation in home care

- Coordinated individual plan
- Doctor video consultation in home healthcare

- Mobile security alarm
- Coordinated individual plan by videoconference in primary care
- Coordinated care plan by videoconference in hospital
- Night supervision
- Video consultation in palliative care
Services in the Shetland Islands

• North islands of Unst and Fetlar
• Workstream one: ‘My Ethal’ with individual clients – large scale tablet and interface
• Workstream two: building IT reliance among older people in the community, the ‘Stepping out’ project: education and peer support to support use of tablet computers, Facebook, Skype, email etc.
• Workstream three: connecting day care settings in Unst, Lerwick and Stornoway on the Western Islands, swapping knitting patterns and reconnecting with old friends
• For more search YouTube for ‘Shetland RemoAge Project’
Services in the Western Isles

- Intergenerational project – connecting children with care home residents
- Social isolation – providing a ‘social navigator’ for socially isolated older people on Uist
- Technology awareness – technology demonstration centre and awareness and education sessions.
Tromso, Norway

- Existing person centred care team for frail older people to prevent hospital admission and to improve discharge processes
- Decided to explore potential of technology to improve service delivery to patients
- iPads used in a variety of ways, for videoconferencing, for documenting symptoms and improvement and for recording instructional videos for older people and other staff
- Travel time reduced, number of meetings required reduced, hospitalisations have been avoided, for example for one person it supported a move straight to a palliative care unit
- Going forward need funding for low level technical support, otherwise changes should continue.
Emerging findings

• Service providers in the test sites all aspired to improve services through use of assistive technologies and mainstream technological devices (tablet, mobile phone etc.)

• Even where areas seemed to be acting in similar ways (e.g. ’using iPads’), practice was in reality different and changed as time went on, responding to local circumstances

• The same technology could be used in many different ways and by different stakeholders

• The main focus was on innovative working methods rather than technology use per se

• Ideas could be limited at the start of an initiative, and as time went on, people began to see new possibilities, learning from experience, new knowledge and reduced fear of the unknown.
How has transnational learning been supported within the RemoAge project?

• Annual project meetings with dedicated time to network with all project teams and visits to services
• Facilitated focus groups at these project meetings to discuss transnational learning
• Monthly online meetings to provide up-dates and share experiences
• Project newsletters and website to provide more detail on activities in different fieldsites
• Project resources such as literature review and decision support tool.
Reflections from the project teams on transnational learning

• TNL is important but it needs to take account of local structures (economic, political, cultural etc.)
• It is vital to have trust between teams
• Visiting a place in person can be the most influential way to learn
• Learning about failure is as important (if not more important) than learning about success
• RemoAge partners share important similarities due to remote and rural settings that make them more similar than areas within individual countries
What impact has transnational learning had on the work undertaken in RemoAge?

• Working transnationally adds weight to local initiatives;

• Sharing common challenges and opportunities related to service delivery in remote and rural areas provides support, motivation and learning opportunities

• Support, motivation and inspiration more important than specific learning

• Increased understanding in Scandinavian countries of value of including older people and people with dementia in service development
Thank you for listening

Any questions?

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