NIHR | Policy Research Unit Older People and Frailty
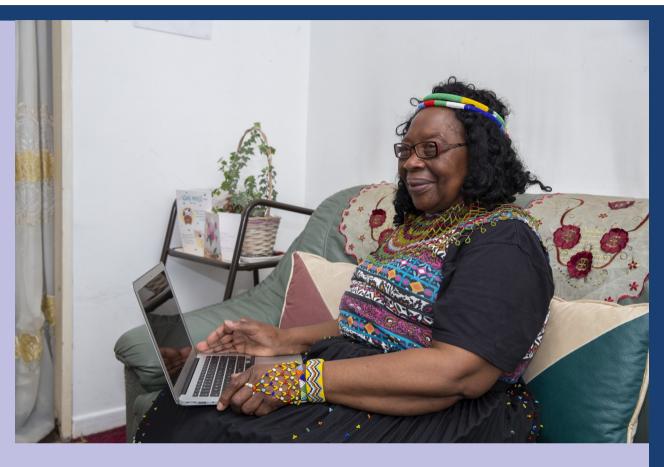

Executive Summary

Can digital technologies enhance older people's access to health and social care?

A rapid review of reviews

Patience Kunonga, Gemma Spiers,
Fiona Beyer, Elisabeth Boulton, Alex Hall,
Peter Bower, Barbara Hanratty, Dawn Craig

March 2020

Can digital technologies enhance older people's access to health and social care? A rapid review of reviews

Executive summary

Digital technologies are playing a growing role in health and social care, however until recently wide scale use has been limited to a few key areas. In the UK, for some time it has been possible to book appointments via the GP online service; issue electronic prescriptions to eliminate the need to collect paper copies; and to access NHS 111 online, which provides a digital version of the urgent call line. The emergence of a novel coronavirus (COVID-19) has resulted in the implementation of nationwide social distancing measures to contain the virus, including limiting people's physical access to health and social care services. This has necessitated a nationwide move to using digital technologies to communicate and support the delivery of, and access to, health and social care. However, despite progress towards a digitally inclusive society, people who are not equipped with digital skills are disadvantaged.

The ability of older adults to use or access digital technologies may prevent equitable access to services, both during the COVID-19 pandemic and in the future. It is therefore extremely important to understand the extent to which digital technologies can support access to health and social care services for older adults. This review aimed to synthesise high-level available evidence, to answer the questions of

a) Do digital technologies enhance access to health and social care for older people, and

b) What are the characteristics of digital interventions that are effective at enhancing access to care?

We conducted a rapid review of reviews following established guidelines. Five bibliographic databases were searched, for English language publications (January 2000 to October 2019). We searched for evidence on digital technologies that facilitate interaction at different parts of the care pathway between older people and health and social care professionals. We looked for evidence on the following types of digital technologies a) technologies facilitating first contact with services, b) technologies replacing face-to-face care with remote

service delivery, and c) technologies that provide access to professional support through remote patient monitoring. Reviews evaluating a range of devices were eligible, including telemonitoring equipment, videophones/conferencing, smart phones, personal computers, laptops, tablets and smart televisions. The outcome of interest was the impact of technologies on access to health and social care.

Findings

- Seven reviews met the inclusion criteria, providing data from 77 randomised controlled trials (RCTs) and 50 observational studies.

- Two of the seven systematic reviews used robust methods, but synthesised findings from poor quality studies. The remaining 5 reviews were considered to be low quality.

- Five out of the seven reviews judged the research they had synthesised to be of low quality.

- No reviews were found on digital technologies that facilitate first contact with services (e.g. online or app-based appointment scheduling).

- There is limited, poor quality evidence that replacing face-to-face delivery of services and therapies with digital technology may reduce use of hospital services, including admissions and readmissions.

- No reviews were found on whether digital technologies improved older people's access to services either in an appropriate, or inappropriate manner.

Current systematic review evidence on the potential for digital technologies to improve access to health and social care for older adults is limited in scope and quality. It raises the possibility that providing digital interventions in addition to, or as a replacement for face-to-face services may reduce demands on hospitals. The current evidence base is not well aligned to the NHS RoadMap.

Further work is required to fully explore and understand the aims and outcomes that the NHS digital strategy post the Covid-19 pandemic, revisiting what it is seeking to achieve, and available technologies to support these aims. This research should include consideration of how we can demonstrate improved access for older adults to appropriate services, what we have learnt from the pandemic for this population and how we can identify those areas that would benefit most from robust primary research. This would include consideration of relevant outcomes to demonstrate improved access to appropriate services.

This document is available in large print.

Please contact the NIHR Older People and Frailty PRU for assistance.

Email: pru-manager@manchester.ac.uk

Telephone: 0161 306 7797

MANCHESTER 1824
The University of Manchester

Newcastle University

CPEC
CARE POLICY AND EVALUATION CENTRE
Research at LSE