

An evidence-based approach to the use of telehealth in long-term health conditions: development of an intervention and evaluation through pragmatic randomised controlled trials in patients with depression or raised cardiovascular risk

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Plain English summary

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Plain English summary

Health services internationally are exploring the potential of 'telehealth' – telephone consultations, the internet and self-monitoring devices – to meet the growing need to improve care for people with long-term conditions (LTCs). This 5-year research programme consisted of five linked studies focusing on people with either depression or raised risk of heart disease or stroke as examples of common LTCs.

We reviewed available evidence about which forms of telehealth were effective. We interviewed patients and staff, some with experience of telehealth, about how it could help them. We surveyed nearly 1500 people to identify which patients were likely to be interested in different forms of telehealth. Using this information, we developed a theory-based telehealth intervention, the Healthlines Service. This consisted of regular telephone calls from health information advisors, supporting people to improve their health and use applications on the internet and ensuring that they were taking appropriate medication.

Over 1200 people with depression or raised heart disease risk participated in a study in which half were given the Healthlines Service and half were treated as usual within primary care. Overall, people receiving the Healthlines Service gained small benefits in their health and felt that they had better support and access to health care. However, many people did not benefit or lost interest in the service and it was more costly than usual NHS care. Nevertheless, these costs may be worthwhile for people facing long-term risks of heart attack and stroke.

In conclusion, the Healthlines Service approach to telehealth for LTCs provided small benefits at a slightly higher cost.

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