

ADVANCING TECHNOLOGY ENABLED CARE **WHO CARES AND WHO PAYS?**

A SHORT REPORT

January 2025



Tunstall

Introduction

Health and Social Care in the UK are facing a defining moment. An ageing population, growing demand, and chronic underfunding exert unprecedented pressure on health and social care systems. The NHS 10-Year Health Plan will focus on three pivotal shifts: care from **hospitals to the community**, transitioning from **analogue to digital** systems, and moving from **sickness to prevention**¹. Embracing technology to support this aligns perfectly, offering solutions that empower individuals to live independently, reduce reliance on hospitals, and modernise care. Delivering these outcomes requires innovative and integrated funding models, legislative reforms, and coordinated action.

This short report, a prequel to a Tunstall White Paper to be published in March 2025, looks at how the technology enabled care sector can help advance the 10-Year Health Plan.

The Transformational Potential of Technology Enabled Care

In his report *Health in an Ageing Society*², Chief Medical Officer, Professor Chris Witty advocates for efforts to improve the quality of life in adults' later years by reducing disability and ill health and enabling people to live as independently and enjoyably as possible. Without a focus on this demographic, our current mismatch between supply and demand will become increasingly untenable as the baby boomer generation advances in age, with the majority of them now being 75+ by 2030.

While the NHS has made progress in using technology to address the supply-demand gap, telecare remains underused in helping individuals live independently. Telecare uses triggers and sensors to detect problems and alert emergency services, professionals, or loved ones, allowing older or vulnerable people to stay at home without constant support. This approach supports independent living, reduces hospital reliance, and modernises care delivery for individuals and caregivers.

Tunstall's global experience suggests Health and Social Care in the UK can utilise existing telecare infrastructure to support the proposed aims of the NHS 10-Year Health Plan.

1. Hospitals to the Community

Telecare plays an important role in facilitating hospital discharge and, more importantly, in reducing or preventing the need for hospital care altogether. Achieving this requires a comprehensive approach, including robust partnerships with Integrated Care Systems (ICSs) to enhance coordination between health and social care, minimising discharge delays, and allocating targeted funding. With these measures in place, access to healthcare can be optimised, leading to fewer admissions and more efficient discharges.

Multiple independent research studies³ have highlighted telecare benefits:

- £4,500 per person avoided in other social care costs annually in the UK.
- 54% reduction in emergency calls and 36% reduction in ambulance mobilisation in Spain together with proactive and personalised services allowing people to live independently at home for 8.6 months longer⁴.
- 250k people maintaining paid employment⁵, and not leaving the workforce to care for relatives, where technology-enabled care can support instead.

Despite this compelling evidence, adoption of proactive forms of telecare remains limited in the UK.

Accessing services is often difficult and costly. In England, telecare access is governed by 152 local authorities as part of social care provision, with stringent eligibility criteria including means and needs testing. Only individuals with capital below £14,250 receive full funding, while those between £14,250 and £23,250 receive partial funding. This restrictive policy, compounded by inflation eroding the real value of these thresholds since

2010, limits access despite the ageing population's growing need. Evidence demonstrates telecare's potential to reduce intensive care demands, but restrictive policies undermine its effectiveness, hindering benefits for individuals, carers, and public services.

Barriers to adoption also stem from low public awareness, stigma around ageing, and the framing of telecare solely as a social care service. Current policy and funding frameworks fail to consider its wider value, such as supporting carers, reducing workforce attrition, and enhancing overall public health outcomes.

International Comparisons

European nations adopt various telecare models that could guide UK policymakers. For instance:

- **Spain** integrates telecare under a universal legal right, administered by autonomous communities with central funding for dependent individuals.
- **Germany** employs a statutory health insurance scheme covering 90% of residents, providing partial funding for telecare without additional means testing, focusing solely on needs-based eligibility.
- **France** combines statutory and private insurance schemes for universal health coverage, with social care funding devolved to local governments, allowing dependency-driven access policies.
- **Ireland** utilises a co-pay model where users contribute based on income and eligibility under schemes like the Medical Card, achieving one of the highest telecare adoption rates in Europe (15%).

These models highlight themes such as universal access rights, needs-based criteria, and co-pay systems to balance affordability and accessibility. The UK would benefit from adopting similar strategies to address funding challenges while promoting equity and efficiency in telecare delivery.

Tunstall's upcoming White Paper will delve deeper into international best practices and their applicability to UK policy reforms, covering the rising demand on healthcare systems and the economic impact, integration and funding challenges and the benefits of telecare.

Recommendation 1

Develop a **national strategy for telecare** resolving current policy fragmentation. We recommend this is incorporated into the 10-Year Health Plan and forms an initial component of the National Care Service as outlined in the Labour Party Manifesto⁶. This should expand access to reactive telecare, and accelerate proactive, personalised and predictive telecare to reduce overall demand for health and social care.

Recommendation 2

Explore global funding models and approaches aimed at increasing access and benefits for healthcare, individuals and carers. This should include targeted funding consideration by NHS England, via ICSs, to support local authorities.

2. Analogue to Digital

The 10-Year Health Plan will investigate the importance of moving from analogue to digital technology, which is critical in the delivery of telecare services. As analogue telephone lines are due to be phased out in January 2027, it is critical for all parties across the telecare industry to support the digital to analogue transition.

Core network infrastructure is already steadily deteriorating and until the telecare estate is fully digital, quality response may be at risk. Additionally, while digital connectivity continues to advance, it demands rigorous monitoring and ongoing testing to ensure reliability. Managing hybrid environments adds significant complexity, requiring strategic planning and coordination. Addressing this now will prevent issues in the future. It is therefore critical to ensure commitment, funding, and support for the analogue to digital switchover.

This, however, is a challenge right now for many local authorities who are financing the telecare transition using limited existing funds, creating short-term risk for authorities and individuals who continue to rely on analogue systems. Moving to digital solutions needs UK government support, adequate funding and an appetite to change quickly.

The UK Government can learn from global experience on the balance of national versus local approaches in navigating this transition. Spain and Australia, for example, committed central funding to enable purchasing digital equipment upfront and distributing it locally to mitigate risks.

Not only is the shift from analogue to digital critical for the reliability of the existing service, but the move to digital solutions sets telecare up to be a foundational asset to leverage data to support proactive care services that empower people to live more independently at home.

3. Sickness to Prevention

Transitioning to preventative care requires commitment, cultural acceptance, and sustained funding. Individuals, families, and care providers, expect immediate solutions, especially during crises, making it difficult to allocate limited budgets, raise taxes, or encourage personal contributions.

A significant barrier is the unequal distribution of costs and benefits; while social care bears much of the financial burden of telecare, many of the benefits accrue in health. This imbalance limits the widespread adoption of proactive telecare, which marks a significant evolution from the reactive models currently offered by most local authorities.

Tunstall Response supported 86k residents and received 1.3m calls between January and December 2024, 32k calls required an ambulance dispatch. Tunstall conservatively estimates the subsequent costs for this population - including triage, transportation, A&E attendance, hospital admission, and reablement - could reach £100 million.

Proactive telecare, successfully implemented in Spain, addresses this, shifting focus from crisis-driven responses to preventive interventions. Research conducted by Tunstall Spain between 2014 and 2018³ highlighted the transformative impact of proactive telecare. Initially, higher dependency levels correlated with increased call volumes. However, the introduction of a proactive model in 2016 resulted in a notable shift; while call volumes rose significantly for individuals with greater dependency, they declined for those with lower needs. This prioritised users with the greatest needs, ensuring a more efficient and targeted service. Despite rising dependency levels overall, the total number of calls remained stable, reflecting the model's success in supporting those who required care the most.

Tunstall's Smarthabit programme builds on this foundation by partnering with customers to assess how smart sensors and predictive data can enhance the accuracy and effectiveness of services. By installing an all-in-one

sensor in the home, regular routines and patterns of behaviour, such as sleep and meal schedules, entry and exit activities, electricity consumption, and bathroom visits could be monitored. Once patterns are established, the system detects anomalies that could indicate potential risk.

By tailoring these services to individuals, particularly those with high needs and leveraging data to identify risks early, emergencies are minimised, reducing costly interventions, and delivering significant system-wide benefits. These include lowering demand for other care services, reducing ambulance mobilisations, decreasing hospital admissions and easing the strain on public services, which would support the UK government's objective of reducing hospital waiting lists as published in January 2025⁷.

Recommendation 3

Collaborate with several solution providers with proven international expertise to design and implement proactive and predictive telecare services to support the sickness to prevention objective.

Conclusion

By aligning health and social care, accelerating investments in digital infrastructure, and prioritising proactive and preventive care, telecare can contribute to transitioning healthcare systems from reactive crisis management to sustainable, patient-centred, preventative solutions. This transformation will ease pressure on healthcare systems and empower vulnerable populations to live more independently.

With solutions and core infrastructure already available, the role of telecare should be considered as part of the forthcoming 10-Year Health Plan and can be implemented relatively soon without waiting for the 2028 National Care Strategy.

The UK Government has a unique opportunity to lead this change, working collaboratively with the NHS and local authorities to leverage telecare to create a future-ready health and care model that is proactive, preventative and efficient.

Global experience can provide real world examples of how this can be accomplished. To support this learning, Tunstall is running a thought leadership programme - *A Global Conversation; Transforming Telecare*. Together with the White Paper to be published in March, you can access a webinar discussing telecare in Sweden, Belgium and Northern Ireland and several thought leadership pieces focussing on Spain and France [here](#).

To discuss this report, and have access to the forthcoming White Paper, contact Chief Health and Care Strategy Officer, Patti Wynn, via email patricia.wynn@tunstall.com

¹ [Tasking statements for the 10 Year Health Plan working groups - GOV.UK](#)

² [Chief Medical Officer's annual report 2023: health in an ageing society - GOV.UK](#)

³ [Independent Research commissioned by Tunstall, published in the white paper "The Transformational Potential of Telecare", June 2020](#)

⁴ [The Impact on Ambulance Mobilisations of an Increasing Age Profile of Telecare Service Users Receiving Advanced Proactive, Personalised Telecare in Spain—a Longitudinal Study 2014–2018](#)

⁵ [Research: More than 600 people quit work to look after older and disabled relatives every day | Carers UK](#)

⁶ [Build an NHS fit for the future, 2024](#)

⁷ [PM sets out plan to end waiting list backlogs through millions more appointments - GOV.UK](#)

About us

Established in the UK in 1957, Tunstall has become a global leader in the provision of care and health technology solutions. We operate in 18 countries around the world and support millions of people with our products and services.

Our Vision

A world where people have the freedom to live life to the full in a place of their choice.

Our Mission

To provide data driven, technology enabled solutions and services to improve our customers' ability to deliver new, more efficient and effective models for health and care management in the community.

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