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Is online home help the answer to NHS cash crisis?  
Taking the pressure off the emergency room...

By Dan Ilett

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Babies, old people and the 'worried well' could be just a few of the groups of people targeted in a future high-tech move by the NHS which could cut costs.

Online home health monitoring is **already being piloted** in the north of England and could soon become a phenomenon that sweeps through the developed medical world, a healthcare consortium has claimed.

The Continua Health Alliance, which includes organisations such as the UK's Department of Health, IBM and Polar Electro - the heart rate monitoring company - is pulling together resources from technology and health companies around the world. It is promoting IT in home healthcare in a bid to cut the number of non-urgent cases being treated in emergency rooms - one of the most expensive areas of healthcare.

The group, which calls itself a not-for-profit organisation, says online home help is primarily aimed at care for the elderly and chronic illness sufferers. But other groups of people could also benefit.

David Whitlinger, president for Continua, said: "[Many of] these chronic disease patients can manage their own conditions and it's much less costly than having acute patients come to the emergency room."

At a London press conference yesterday Continua demonstrated its model of how home health monitoring can work. A patient, say an elderly man with a chronic heart condition, was depicted as a computer-literate user of a touch-screen computer, communicating with his carers and family.

Health recording machines around the house, such as weighing scales and a blood pressure monitor, streamed his data back to a health monitoring centre, supposedly manned by carers and doctors.

The basic idea is that patient data is taken from sensors around the house and streamed over wireless networks back to a data centre where some of the information is processed by automation, hence cutting down on labour costs. Doctors and relatives can then receive messages, by SMS for example, with updates on the patient's condition.

Dr Mike Bainbridge, a clinical architect for the NHS Connecting for Health (CfH) programme, said: "Medicine in the 21st century is not quite there yet. We have to get rid of paper. This alliance is vital - we need information not only from patients but also in the hands of clinicians. We're charged [by the EU] with trying to start this by the start of next year."

But he said patient self-assessment may not be straightforward: "As a consumer of health my expectations of healthcare are high. We have got patients contributing [to health records] but if that's in the house we need to know when the machines were last calibrated, for example."

And the Continua panel brushed over how data privacy would be tackled.

Continua's Whitlinger said: "There's a lot more opportunity for safety and efficacy. There's a group in Continua focused on security and privacy standards. Being able to encrypt is [part of] that so we will look at it - it will be part of the guidelines."

CfH's Bainbridge also said privacy is a major challenge for the NHS. "It's a huge problem. The way we're working is to put role-based access in place - encryption and access control," he said.

The cost of such a wireless healthcare scheme, according to analyst Peter Kruger from Wireless Healthcare, is about \$2,000 per year for a typical system in the US. But with some Continua members - Cisco and IBM, for example - already heavily promoting outsourcing, surely it has occurred to the group that offshoring health monitoring centres could save more money, even if it proves to be controversial.

"Not at all," said Bainbridge. "If we were going to look at that we would need to look at service level agreements, privacy and so on. It's a possible model but it's not one that we have discussed."

The total market for digital home health services is expected to grow to \$2.1bn in 2010, according to a white paper from Parks Associates Research out this week.

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