



Digitally Enhanced Care in Diverse Environments

December 2025



Welcome

Since our last newsletter, the DECIDE team has completed a fourth rapid evaluation relating to remote management of heart failure, continued evaluating online NHS health checks and been actively identifying new ideas for a further evaluation in 2026. With learning from across five evaluations we have also been busy sharing findings with research, patient, policy and practice as well as industry audiences across health and social care. We have been writing articles, producing co-designed resources for patients to support the use of technology for remote monitoring, and held a successful event bringing over 60 stakeholders together to share findings from work on the use of home sensors and to consider the future of digital social care.

We are delighted to share the news that Stephanie Stockwell has taken up the role of Deputy for DECIDE at the RAND Europe end. Tommy Wise, from the Department of Health & Social Care, has now completed his visiting fellowship with DECIDE, supported by the Oxford Policy Engagement Network. And Chriss Tuyishime, a student on our MSc in Translational Health Science at the University of Oxford will be doing a placement with DECIDE in 2026 to learn about approaches to rapid evaluation and potential relevance beyond the UK. Damon Mohebbi continues his PhD in collaboration with DECIDE, building on our rapid evaluation of remote blood pressure monitoring, conducting secondary data analysis to deepen understanding of implementation and spread of this service innovation.

We would like to take this opportunity to thank Sharon Brennan for her contributions to DECIDE. Sharon has stepped down from her role as Director of Policy and External Affairs at National Voices - Jacob Lant, Chief Executive, will lead on DECIDE related work going forward.

We are now looking forward to all that 2026 holds for rapid evaluation and especially in light of the publication of the 10-year NHS plan. We continue to work with our DECIDE Steering Committee and our User Advisory Group to navigate the evolving landscape and to share learning on the potential and role of technology-enabled services within it.

Technology-enabled remote monitoring for COPD

Our team at the University of Oxford and RAND Europe has published findings from a rapid qualitative evaluation exploring how technology-enabled remote monitoring (TERM) for chronic obstructive pulmonary disease (COPD) is being implemented and used across the NHS.

<https://www.journalslibrary.nihr.ac.uk/hsdr/published-articles/GJSS1422>

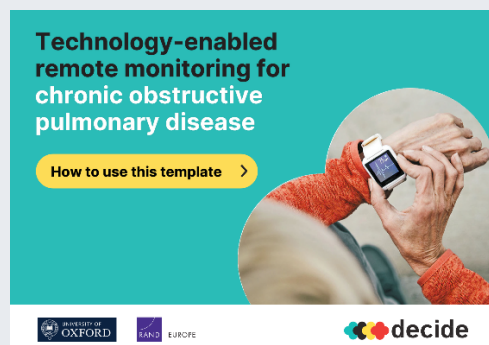
We examined four case study sites delivering TERM services - from digital self-management tools to proactive clinical monitoring - and spoke with national decision-makers, front-line staff, and people living with COPD.

Key insights:

- TERM exists on a *continuum* from self-management to proactive monitoring at scale - there is no “one size fits all.”
- Successful implementation depends as much on *organisational capacity, interoperability, and workforce support* as on the technology itself.
- Patients valued reassurance, connection and timely support, but this only worked when services were well-embedded in local care pathways.
- Staff valued improved quality of care and patient engagement, yet struggled with data burden and sustainability in under-resourced systems.
- Technology is just one element: the wider service, policy context and culture of learning matter most.

We have also developed a set of customisable patient-facing resources to help people engaging with TERM. These resources are designed for respiratory clinical teams to adapt and use within their own services. They are currently available to download on our COPD project webpage:

<https://www.phc.ox.ac.uk/research/decide/COPD-remote-monitoring>



Project lead, Nikki Newhouse, has also written an engaging blog titled '[Can technology help people with COPD stay well at home? Lessons from a UK rapid evaluation](#)'.

Could Home Sensors Ease Pressures in Social Care?



[This new commentary](#) by Stephanie Stockwell, Joseph Wherton, Sara Shaw and Sonja Marjanovic, explores the use of home sensors within the social care sector. The article assesses the implementation of these devices in care pathways and highlights five factors that decision makers must address to maximise the potential of these technologies while mitigating possible harms.

Our DECIDE final report on Home Sensors is now published and available on the NIHR Open Research Journal:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC12511854/>

The Home Sensors scoping literature review is also now published and available to download [HERE](#).

Enabling scale and spread of technology-enabled remote blood pressure monitoring

We submitted our evaluation of technology-enabled remote monitoring pathways for hypertension for review and the pre-print can be accessed [here](#).

We distilled key learning from our evaluation into **10 practical lessons for the NHS and for policymakers looking to spread and scale tech-enabled remote monitoring solutions** in an article for the [Health Services Journal](#) where Sonja Marjanovic and Hampton Toole discuss why effective remote monitoring requires much more than choosing the right tech.

Technology-enabled care event: Past, Present & Future

We hosted a very successful event on 29 September 2025 at Jesus College, University of Oxford. The event brought together stakeholders from across health and social care, policy, commissioning, industry and academia with the aims to reflect on the current landscape of digital social care and to connect key individuals involved.

Managing Heart Failure @home

Our final report on the Managing Heart Failure @home (MHF@home) study was submitted this month to BMJ Open. The paper draws on interviews across all seven continuing early-adopter sites and highlights how teams interpreted and adapted the national MHF@home approach in practice. Key findings from the evaluation include:

- Sites delivered the programme in highly diverse ways, tailoring personalised care, remote monitoring and integrated pathways to local infrastructures, priorities and patient populations. This variation was a purposeful response to contextual realities, not drift from the model.
- Standardised national data requirements were widely experienced as burdensome and not always well aligned with real-world service delivery, prompting teams to develop their own, more meaningful local indicators.

We are now working with our policy partners to translate these findings into a set of practical recommendations for national scale-up and to inform the design of any future large-scale evaluation of the programme. We are also collaborating with our PPIE contributors to develop accessible public- and patient-facing materials to support wider dissemination. More to follow as the paper moves through review - thank you to everyone involved.

NHS Health Check online

Where is the project at? We are making progress with data collection and have completed 14 interviews with patients, staff and other stakeholders, three site visits, and observation in several programme meetings. Regular engagement with delivery and implementation partners continues. Eight additional local authorities have been recruited into the programme and we are looking to engage with a sample of them for the evaluation.

What has been rewarding? We are learning a lot about what works (and what doesn't) in the development and implementation of complex technology-enabled prevention programmes. Patients who completed the online health check report a positive experience overall, although some describe the blood pressure and blood testing elements as complicated.

What has been challenging? The implementation of online health checks is progressing slowly and we are following developments as they unfold. We need to recruit more patients who do not complete or do not take up the online health checks invite and we are looking at ways to extend recruitment from these groups. Some GP staff have expressed that implementation has taken up more time than expected which by extension means they are finding it difficult to engage with the evaluation.

Experiential learning from rapid evaluation in health and care - Sonja Marjanovic, Sara Shaw, 2025

A reflection on the realities of rapid evaluation for the Journal of Health Services Research and Policy was published on 23 October 2025: [Experiential learning from rapid evaluation in health and care - Sonja Marjanovic, Sara Shaw, 2025](#)

Our editorial discussed:

- how rapid evaluation relates to 'high stake' decisions
- what matters for commissioning rapid evaluations
- the value of evaluation teams that blend diverse evaluation and research cultures
- the need to navigate challenges in the wider research infrastructure
- the importance of connected communities of practice

HETT Show panel on tech-enabled care UK conference



Sonja Marjanovic participated in this year's HETT Show, delving deeper into discussions about what it will really take to transform our health system and to implement the ten-year plan.



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