Milton Keynes integrates telehealthcare to drive efficiency and improve care

The challenge

Telecare and telehealth systems have been proven to deliver enormous benefits when used to support people with long-term health and care needs in their own homes. Not only do users report an improvement in their quality of life, but services support the delivery of efficient health and social care.

Until now, telecare and telehealth systems have run independently, and service users in receipt of both services have had records on each system that cannot be connected together. This has meant that health and social care professionals must make decisions based on incomplete information about a patient/client.

This issue has been addressed within the European Union co-funded CommonWell project initiative, which aims to overcome the communication gaps which separate health and social care service provision. Ten partners working in four member states co-operated to develop integrated service delivery in order to better support older people and those with long-term conditions.

What we did

Milton Keynes Council (MKC) and Milton Keynes Community Health Services (MKCHS) worked in partnership with Tunstall to develop a system to provide integrated telehealthcare support to local people living with COPD (Chronic Obstructive Pulmonary Disease).

Milton Keynes Council, Milton Keynes Community Health Services and Milton Keynes General Hospital Trust worked together to identify more than 100 COPD patients who agreed to have telecare and telehealth systems in their homes. All patients were provided with a Tunstall Lifeline Connect+ home telecare unit, which allowed them to raise a call for help if they required assistance, either by pressing the button on the unit or on their personal trigger. This in turn raised an alert at a monitoring centre where trained operators were available to talk to users 24 hours a day, and action an appropriate response.

> “Health and Social Care systems that link together allow us to give a much better response to needs. As well as enabling us to be more efficient it helps us to provide an even better service to the people that need our support.

Sandra Rankin, Head of Service at Milton Keynes Council

Result highlights

As a result of the telecare and telehealth service:

- 79% of end users and 88% of carers experienced major benefits
- 168 hospital admissions avoided
- 85 GP visits avoided

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> The CommonWell project has demonstrated to users of the service, their families and carers that telehealth and telecare can provide appropriate support and greater reassurance for the management of long term conditions and confidence that help will be given when needed. This project highlights the way forward for whole system benefits for investing in preventative initiatives within the community setting.
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> **Cabinet Member for Social Care, Health and Housing, Councillor Debbie Brock**

All the patients were also given mymedic telehealth systems to measure crucial vital signs each day. They were also asked questions specific to COPD which provided the clinical team with further information regarding how the patient was feeling. The question tree was devised specifically for the project and included a question asking the patient if they would like a call from their clinician. The results from these readings were looked at by the Community Matron team (MKCHS) and by the telecare team (MKC) who took the appropriate action. The readings enabled clinicians to take prompt action to stabilise the patient's condition and thereby avoid unplanned episodes of care, such as hospital admissions and GP visits.

For the first time, the same monitoring centre was able to receive alerts and information from telecare and telehealth equipment, allowing both sets of data to be viewed together. The integrated system enables professionals to easily access patient information, providing a more holistic view of the person and enabling support to be tailored to their individual needs.

Results

The project's pilot phase ran from September 2010 to August 2011. Evaluation by empirica using quality of life measures and cost savings calculations based on 108 patients showed:

- **168 hospital admissions and 85 GP visits were avoided**
- **79% of end users experienced major benefits** including increased control/self-management, their relatives feeling reassured, fewer visits to their GP and a more active daily life
- **88% of carers said having the system had resulted in major benefits,** including being more able to help, fewer worries about the health and safety of the person they care for, and trusting that early intervention will take place if a problem arose
- **Care staff also said that the service had a positive impact on clients,** due to their condition being constantly monitored. They reported a reduction in exacerbations, and the number/length of hospital admissions because of prompt treatment

The integrated system also avoids wasted home visits as professionals can easily see on the system if, for example, a patient has been taken into hospital. It also means the district nurses and community matrons can prioritise their workloads more easily, because they have extra information about patients from the telecare equipment.

In summary, the project provides clear evidence of the benefits of integrated health and social care services, underpinned by telecare and telehealth, to support people with long-term health and care needs.

> I now know when an exacerbation is imminent and when to start my standby medication of antibiotics and steroids. Initially I would wait for the Community Matron to call and give me advice, but now I phone her and tell her that I have started my standbys and could I please have another prescription.
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> **CommonWell project patient**

t: 01977 661234
f: 01977 662570
e: enquiries@tunstall.com
w: tunstall.com

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