Digital health and care

Transforming today, taking care of tomorrow
The digital opportunity

Digital technologies are having a growing impact on the global health and care landscape. As demographic and budgetary pressures continue to rise and consumers are becoming ever more willing to adopt new technologies to help them manage their own wellbeing, we are seeing the start of a seismic shift in the way healthcare services are delivered.

Successful transformation does not stem from technology itself, but from the new models of care that technology makes possible. Technology is enabling people to remain safe and independent at home by managing risks. Digital services enable real time, relevant communications between patient and clinician from multiple locations via diverse methods. Remote monitoring and mobile technology means care can be targeted when and where it is most needed, enhancing quality of care and helping to manage demand. Hospital admissions and more complex interventions can be avoided, as worsening health and events such as falls are identified at an earlier stage. Shared data and insight means health and social care can be coordinated and ultimately combined.

Tunstall Healthcare and Inhealthcare are working together to offer end-to-end solutions to support patients with a wide range of conditions including COPD, obesity, diabetes, heart disease, mental health and undernutrition. Pathways are designed with the engagement of the people – staff, patients and carers – who are going to use them, and meet defined clinical needs. In care homes, for example, technology can give increased visibility of residents’ health, acting as an early warning system, giving objective information and helping to coordinate care between care homes, GPs, community nursing teams, health and social care. Systems can be tailored to individual needs in a variety of locations, including their own homes, and as well as monitoring health and wellbeing can also be configured to raise an alert in response to events such as falls or epileptic seizures.

As the world moves towards an ever more digital future, Tunstall and Inhealthcare can help providers to pioneer new models of care delivery, maximising the potential of technology to improve quality, efficiency and outcomes.

Health and social care combined

The Digital Connected Healthcare platform improves information flow between people, health and social care professionals, creating smarter and convenient ways of working. Designed to deliver key priorities within the NHS Five Year Forward View and the General Practice Forward View as well as supporting the aims of the Care Act 2014, it enables improved caseload management, supports patient self-care and reduces hospital admissions and A&E attendance.

Adoption of the platform enables clinicians to access existing digital services which have been built in conjunction with the NHS. Examples include INR self-testing, chronic pain management, vital signs, undernutrition, weight, PROMs collection, medication reminders, mental health and digital monitoring care homes (weight, undernutrition, INR, vital signs, hydration). Clinicians can build their own digital health services at speed, for any area of care, enabling them to design their own pathways without the need for software coding.

Patients can connect to clinicians via multiple methods – automated phone calls, SMS, online, via third party apps or the My Inhealthcare app, meaning patients without internet skills or access can still be supported. The platform integrates with key clinical systems including EMIS Web and SystmOne so readings can be viewed by health professionals within the patient record. The platform also sits within the NHS network so patient data is kept secure.

As part of our Commissioning Plan, we set out a clear objective to transform health within Calderdale by looking to improve patient care and safety, whilst also addressing some of the challenges faced by clinicians in primary care. Telehealth and telecare provide us with the opportunity to encourage self-management and offer better care and support. In turn this can help reduce costs on the NHS caused in part by unnecessary hospital and GP visits, and enhance the quality of life for local people.

Dr Steven Cleasby, Clinical Lead for Care Homes and Safeguarding, NHS Calderdale Clinical Commissioning Group
Case studies

Digital Undernutrition Service

The challenge
In 2014/15, oral nutrition support in the community/domiciliary setting at Southern Health and Social Care Trust in Northern Ireland accounted for one-third of the adult Nutrition & Dietetic Service caseload, and this was increasing.

Methods
Care pathways were developed with the aim being to provide a more responsive Nutrition & Dietetic Service, with a significant proportion of care provided remotely. An online system was introduced to regularly monitor adult patients in care homes who were identified as at risk of malnutrition. Undernourished residents are closely monitored every one to two weeks by care home staff, who input the patient’s weight, appetite, and compliance to oral nutritional supplements (ONS) onto an online portal. Patients triggering alerts would receive Nutrition & Dietetic support, whilst those patients who remain stable would continue to be monitored by the care home staff. Patient information is made available to authorised health professionals through the patient record.

Results
The digital service has been rolled out to 48 care homes and has become part of the standard pathway within the Southern Health and Social Care trust. Findings from 14 care homes (03/03/2015 – 20/06/2016) showed:

- A 90% reduction in home visits
- Waiting time to see a dietitian reduced from 6 to 1-2 weeks
- Over 1.75/hour/patient saved per patient review
- Patient time spent on pathway reduced from 6-9 months to 4 months
- Staff travel reduced from 2,582 to 555 miles
- Reduced spend on supplements (>£3,000 during evaluation)

Quest for Quality in Care Homes

The challenge
NHS Calderdale CCG’s commissioning plan included a clear objective to establish a more consistent and sustainable model of care for older and vulnerable individuals in Calderdale; a truly person-centred approach which would best meet the needs of people with long-term health and care needs, and help to make efficient use of NHS resources.

Methods
The Quest for Quality in Care Homes pilot was developed, which aimed to address the variations in practice across care homes, supporting the delivery of consistent, efficient, proactive care and reducing admissions to hospital. The project was implemented in three key phases:

1. Providing access for GPs and Quest Matrons to real time clinical records through the provision of an IT system in the care homes.
2. Development of telecare and telehealth systems to support prevention, diagnosis and treatment, improving quality of care and helping to prevent deterioration of chronic conditions.
3. Investment in a Multi Disciplinary Team (MDT), providing an integrated social and clinical approach to support anticipatory care planning.

Results
Latest financial year results showed the Quest for Quality in Care Homes:

- Reduced the cost of hospital stays saving £799,561
- Reduced emergency admissions 33% year-on-year
- Reduced hospital stays 26% year-on-year
- Decreased hospital bed days used 30% year-on-year
- Reduced GP care home visits, with Quest for Quality care homes requiring 45% fewer visits than non-Quest homes