



MAY 2009

# Telecare and Telehealth in action



Our mission is to unlock  
the potential of telecare  
and telehealth in the UK.

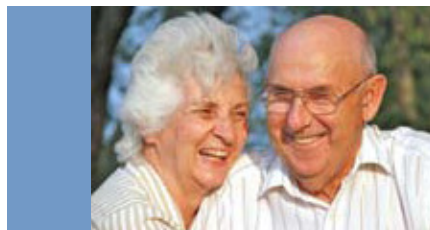


## Contents

Foreword, Phil Hope MP, Minister of State for Care Services	02	Dr Nicholas Robinson, Associate Clinical Director for Long Term Conditions and Telecare, NHS Direct Telehealth – a unique service offering a personalised, structured telehealth programme	26
Dr Malcolm J. Fisk, Chair TSA	04	National Telecare Conference 2008	28
Telecare Code of Practice Matrix and Referral to Response Model	06	Marian Preece, Operations Manager, TSA Operational Review	30
Paul Gee, Chief Executive, TSA	07	Code of Practice Accredited Service Providers	33
Stephen Johnson, Deputy Director Long Term Conditions, Department of Health The need for innovation	08		
Moira Mackenzie, Telecare Programme Manager Telecare in Scotland Seizing the opportunity	12	<b>Case Studies</b>	
Eddie Ritson, Programme Director, Connected Health Strategy, European Centre for Connected Health Social care technologies supporting strategic change	14	Witness Protection	10
James Barlow and Jane Hendy, Tanaka Business School, Imperial College London Looking ahead – the next generation of telecare	16	Independent Living	14
Professor Russell Jones, NHS Telehealth Senior Partner, Chorleywood Health Centre Associate Chair, Department of Information Systems and Computing, Brunel University Telehealth for general practice	24	Telehealth and Health Education	16
		Independent Living and Telehealth	18/19
		Dementia	20/21
		Learning Difficulties	22
		Bogus Callers	23
		Cognitive Impairment	24



The balance of being in her own flat and going to the day centre has made her far more settled than she ever was in 24 hour care.



## CASE STUDY 07

### DEMENTIA

#### Gateshead Care Call, Just Checking

##### Living with dementia

Mrs P lived with her husband in an extra care scheme when she was diagnosed with vascular dementia. She started to have hallucinations and became aggressive towards care staff and family. She was placed in 24 hour respite care for specialist assessment and medication management. Mrs P's husband passed away while she was in care and the plan to discharge her was changed.

She did not thrive in care. When Mrs P was actively hallucinating, she was unable to manage her own behaviour and often had to be guided away for time out by staff. Her family was concerned that with too few meaningful activities to stimulate her she would deteriorate, slow down and rely heavily on staff. Mrs P has a supportive family who wanted to try to get her home, and the Care Call team suggested using Just Checking as part of the care plan.

Getting Mrs P home after five months in respite care involved in-depth team planning between the community matron, psychiatrist, day care staff, home care staff, social worker, Care Call and the family. Mrs P had not lived alone before. The assumption was that she might not manage at home, that she might become too distressed and leave the flat to look for others. While the family planned to be at the flat for much of the day, they were nervous about what would happen at night. A door exit alert was installed as well as Just Checking.

Within days of being home Mrs P improved. She was able to fill her time in her own flat and activity charts showed that night time was less of a problem than anticipated and she has not tried to go out.

During a week when Mrs P did not sleep well, extra care staff heard her moving around in the early hours but were able to use Just Checking to satisfy themselves that she was fine. The family could also see when she had a disturbed night and were able to explain the increased confusion or delusions which usually followed.

Day centre staff reported Mrs P being able to manage her own behaviour and noted that if she was hallucinating she would take herself away from group. The social worker felt that Just Checking was invaluable for this complex case. The balance of being in her own flat and going to the day centre has made her far more settled than she ever was in 24 hour care.

The Just Checking system monitors a person in their home, and provides a chart of activity via the Internet. Small, wireless sensors in the key rooms of the house are triggered as a person moves around their home, data is gathered and sent via an integral mobile phone to the Just Checking web-server.