Supporting patients with COPD with an NHS call centre

Angela Single
CEO
Choose Independence ™

Long Term Conditions – ***such as asthma. diabetes, heart disease and hypertension are lifelong and often progressive.***

As the population in England ages growing numbers of patients will need help in managing complex, multiple conditions over sustained periods.

Quite part from the burden of ill health, treating these conditions is likely to cost health care systems far more than elective surgical procedures.'

The Kings Fund – Managing Long Term Conditions

choose independence

Cost of Care

Hospital inpatient care is the biggest single health care cost, accounting for approximately 60% of the total cost of heart failure in the UK (£375m, 2000) and the cost of COPD exacerbations to the NHS is £550m per annum (2004) resulting in 1.2m bed days (1999).

There is a strong evidence base for Telehealth services reducing unnecessary admissions, reducing LOS, and reducing re-admissions.

Diabetes alone will bankrupt the NHS within 10 years if we continue to manage it in the way we do today."

Patricia Hewitt, Health Minister 2007

What is it like to have a Long Term Condition? A Patients view

When you leave the clinic, you still have a long term condition. When the visiting nurses leaves your home, you still have a long term condition. In the middle of the night you fight the pain alone. At the weekend, you manage alone without help.

Living with a long condition is a great deal more than medical or professional assistance….'

Supporting People with Long Term Conditions …Department of Health

Current LTC models of care

Community Matrons (Case managers) support patients with LTC's who are identified at risk via risk stratification tools

Without Telehealth

Reliant on the patient/ carers reporting their symptoms verbally or they need to visit to asses patient

No robust way of identifying which patients are of priority

Only able to manage a case load of approx 50 patients

Unable to support daily educational needs which will empower patients to manage their own health

Current LTC models of care

With Telehealth

Unless CM's have mobile connectivity unable to interrogate patients latest reading 'on the move'

Often reach a ceiling of 150 patients

Even using telehealth there is not a significant change in the care pathway /model of care

In 2008 a Primary Care Trust who commissioned care for its local population 342,500 targeting 100 of its high risk patients COPD patients in order to evaluate its benefits in the management of patients with COPD within in the community

The Telehealth pilot used a unique model combining non-nurse health advisors monitoring the telehealth data each week day and escalating any problems to the community matrons

Patient selection

Patients were selected for the service using the following criteria:

Chronic Disease History:

- **Primary diagnosis of COPD**
- **1 or more hospital emergency admission / 1 or more A&E attendances in the last year due to an exacerbation of COPD or other related Chronic Disease**
- **Unstable condition considered due to anxiety about their condition**
- **Non-concordant with medication or treatment regime**

Objectives of service pilot

choose independence

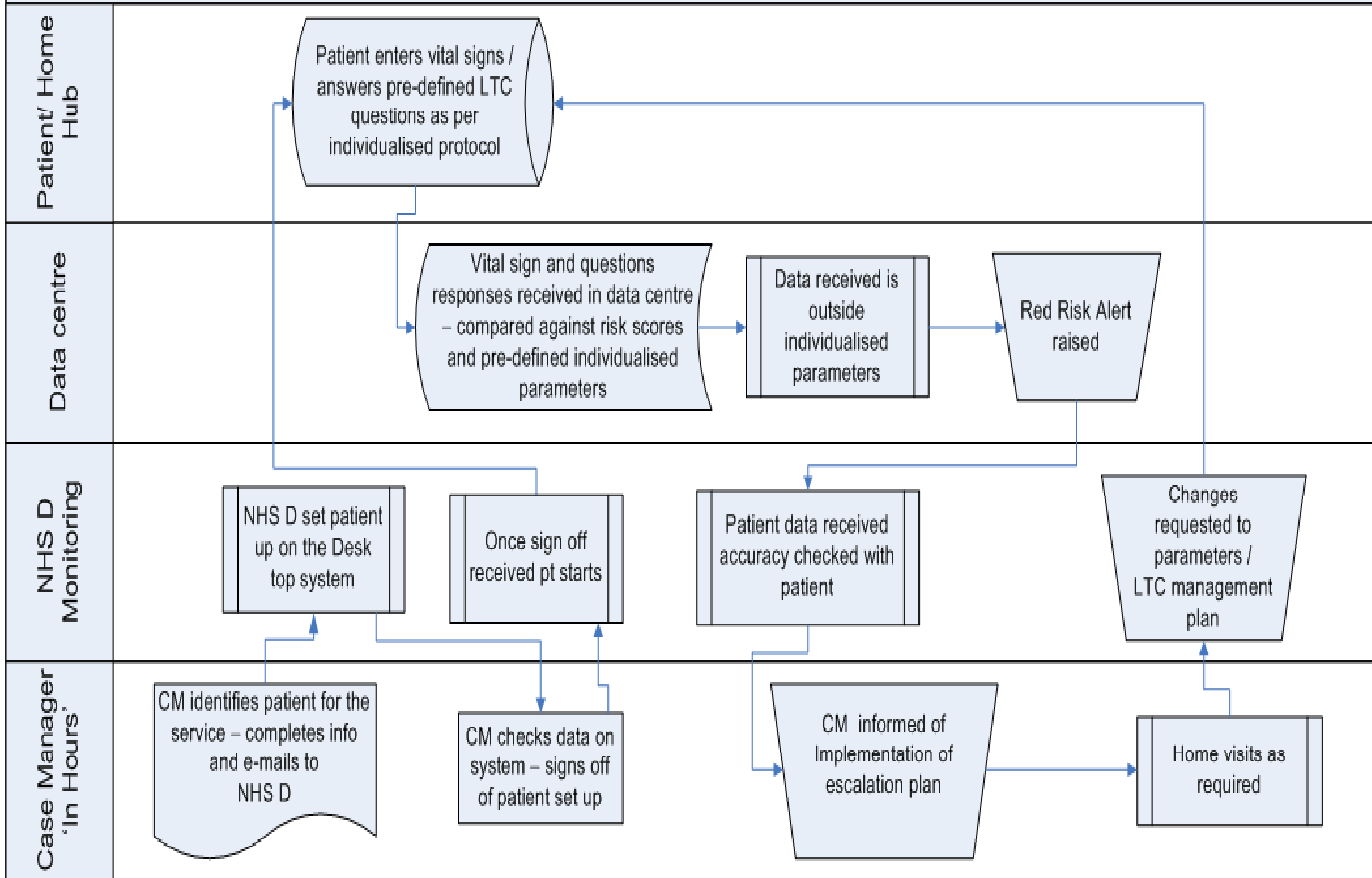
- Improve patients understanding of their condition
- Improve the way healthcare staff prioritise their workload
- Create case management capacity
- Reduce the number of hospital admissions

Duties and Responsibilities
Call Centre

Monitoring and responding to the daily data download, trend analysis of the vital signs/biometrics data – contact made by Health Advisor if:

- **readings unclear**
- **no readings received**
- **outside 'normal' pre-determined boundaries,**

Only validated readings escalated to Community Matron



Non - Clinical Triage – Generic Telehealth escalation process
Patient/ Home Hub
Data centre
NHS D Monitoring
Case Manager 'In Hours'
Patient enters vital signs / answers pre-defined LTC questions as per individualised protocol
Vital sign and questions responses received in data centre – compared against risk scores and pre-defined individualised parameters
Data received is outside individualised parameters
Red Risk Alert raised
NHS D set patient up on the Desk top system
Once sign off received pt starts
Patient data received accuracy checked with patient
Changes requested to parameters / LTC management plan
CM identifies patient for the service – completes info and e-mails to NHS D
CM checks data on system – signs off of patient set up
CM informed of Implementation of escalation plan
Home visits as required

Patient Compliance

- On average 92% and this high uptake is still ongoing. Many of the patients usage compliance is at a higher percentage than other areas using Telehealth.

- ‘Compared to other services the figure drops in some cases to 85% with similar patient demographics what is unique to the project is the call centre monitoring the usage compliance and data flow.’

What did the clinicians say?

- A patient with Alzheimer's disease whose wife is at work is reassured that her husband is being monitored, and this has lessened the calls and call out frequency
- Patients' understand their readings, the education and enables discussions with patients
- Patients have taken more responsibility for the management of their condition
- Reduces patient anxiety and empowered patients
- Patients have more knowledge of saturation levels and how to deal with condition, this does depend on patient cognitive ability/perception
- Patients have been able to monitor their condition and knows when to call me.

Patient Feedback

- 93% of carers rated the Telehealth service as excellent, good or acceptable
- 85% of patients agreed or strongly agreed that the Telehealth service had helped them understand their condition
- 88% of patients agreed or strongly agreed that it had helped them cope with their symptoms
- 81% of patients agreed or strongly agreed that the Telehealth service had helped to reduce their levels of anxiety

Outcomes

Service	% Utilisation
999	Reduced by 65.12%
GP	Reduced 50%
A&E	Reduced 67.27%
Hosp Admissions	Reduced by 76.12%
Caseload capacity	Increased by 25%

Contact Details

+ 44 (0) 7775 604001

angela@chooseindependence.co.uk