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Telecare provides support and enables independence for millions of older people at home, but this traditional application of technology is not its only use. Tony Walker, Commercial Director, Tunstall Healthcare gives us an example of howtelecare is also being used in less conventional environments.

Community alarms, assistive technology, telecare, Connected Care; it has many names and yet one main perceived application – a red button on a pendant that older people press if they fall. This is, of course, a fantastic use of technology and provides reassurance to millions of users and their families 24 hours a day. However, it sometimes frustrates me that this is all it is seen as, when it can be, and is, so much more. I've seen for myself how the products and services we develop and provide can change the lives of people in many situations. People with epilepsy, wheelchair users, deaf people, people with complex needs, carers, people with long term conditions… the list is endless.

This was reinforced recently when I read one of our most recent case studies. It's not just the technology, it's how it's used.

Mental health is gaining increased public awareness, with the Heads Together initiative receiving royal support and the Government's commitment last summer to increase investment in mental health services. Yet technology rarely features in proposals for increased support, despite its potential to help manage risks, support medication management and give people 24 hour access to professional help.

In Worcestershire we're using telecare to help to safeguard people with mental health needs in an inpatient mental health unit. The unit, a 30 bed facility in Bromsgrove which is fully equipped to meet the complex mental health needs of older adults by providing physical, psychological and emotional care and therapeutic activities, which support the individual to manage their illness and ultimately to help them get back into the community. However some of these patients may be at risk of falls or self-harming, requiring high levels of supervision. We've utilised the existing wiring infrastructure to install a telecare system which uses Passive Infrared Sensors (PIRs) to monitor movement in certain areas of the ward. If a PIR senses a patient leaving their bed it immediately alerts staff on a pager, enabling them to attend to the patient and offer them assistance.

Prior to the telecare system being installed, the hospital was experiencing a number of patient falls, particularly during the night, due to patients attempting to leave their beds unaided. Comparison of the number of falls experienced on the ward taking a 9 month period before the PIRs were installed and afterwards showed that, in conjunction with existing falls prevention measures in place on the ward, and individualised care planning by the staff, the new system resulted in a significant reduction in the number of falls. There has been a noticeable reduction in the cost of agency staff needed to sit and closely observe patients overnight, and it has allowed the staff to be more proactive in the care of the patient who is at risk of falling.

This is just one example of the ways thinking a little more creatively about the application of technology can help us to help more people, and also deliver more efficient health and care.

If you have any examples of the use of telecare in less 'traditional' applications, we'd love to hear them. You can also read the full case study at uk.tunstall.com/worcestershire.