

CONSULTATION DRAFT: (October 2010)

Telehealthcare to 2012

An Action Plan for Scotland

Introduction

The way in which health, housing and social care services are delivered in Scotland is undergoing considerable change.

Since 2006, the Scottish Government has prioritised '*shifting the balance of care*' to do more to prevent problems, and to address them early on, so that wherever possible health and care services are provided in people's own homes and local communities, rather than in care homes and hospitals.

As part of the process of shifting the balance of care, a range of important policy developments have taken place:

- The *Reshaping Care for Older People*¹ engagement process has been launched with national and community based discussions progressing on the best approach to address the needs of our ageing population.
- A new *Healthcare Quality Strategy*² designed to make Scotland a world leader in the delivery of high quality healthcare services was published in May 2010.
- In June 2010 a national *Dementia Strategy*³ was launched, identifying dementia as a national priority, and intended to lead to a fundamental reshaping of dementia care in Scotland.
- *Caring Together and Getting It Right for Young Carers* was published on 26 July 2010, to give better support to the many thousands of unpaid carers in Scotland, without whom the formal health and care service providers could not deliver an effective service⁴.

All of these recognise the potential role that telehealthcare services can play in supporting the delivery of Scottish health, housing and social care priorities.

This action plan outlines what will be done over the next two years by the Scottish Government's national Telehealthcare Board⁵ in support of this wider agenda, and provides strategic direction and support for Local Partnerships to drive the further expansion of telehealthcare services in Scotland.

Mike Martin

Chair - National Telehealthcare Programme Board

¹ <http://www.scotland.gov.uk/Topics/Health/care/reshaping>

² <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/Q/EditMode/on/ForceUpdate/on>

³ <http://www.scotland.gov.uk/Topics/Health/health/mental-health/servicespolicy/Strategy>

⁴ <http://www.Scotland.gov.uk/Publications/2010/07/23153304/0>

⁵ Previously the national Telecare Programme Board

What is Telehealthcare?

Telehealth is the provision of health services at a distance using a range of digital technologies. Examples of telehealth include video consultations to support diagnosis and management, clinical networks and health professional education.

Telecare is the remote or enhanced delivery of care services to people in their own home or in a community setting by means of telecommunications and computerised services. Telecare usually refers to sensors and alerts which provide continuous, automatic and remote monitoring of care needs, emergencies and lifestyle changes using information and communications technologies (ICT) to trigger human responses or shut down equipment to prevent hazards.

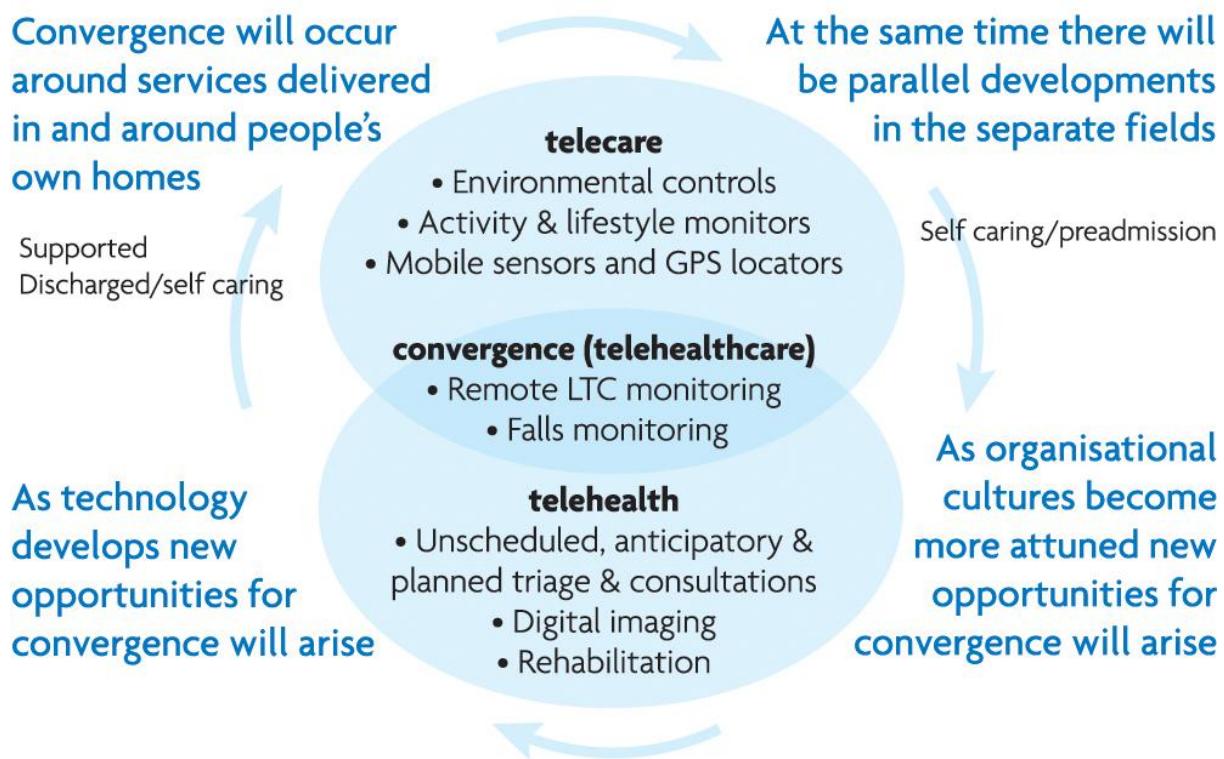
Telehealthcare is the convergence of telecare and telehealth to provide a technology-enabled and integrated approach to the delivery of effective, high quality health and care services. It can be used to describe a range of care options available remotely by telephone, mobile, broadband and videoconferencing.

2006 saw the separate establishment of 'telecare' and 'telehealth' programmes and services in Scotland. These will now be further enhanced through the development of 'telehealthcare' as a more integrated and personalised approach to meeting peoples' health and care needs. This is an important evolution from a technological perspective as instead of a variety of closed point solutions, future telehealthcare systems should:

- Be **smaller, cheaper** and **easier to fit** in to our homes (this includes the use of **wireless** where appropriate)
- Enable or support both **health and well being** management simultaneously
- Exploit both **mainstream** devices such as digital TV, Smart Phones and the Internet as well as **specialised monitoring and measurement** devices where appropriate
- Be **multimodal/multisensory** providing a wider variety of users with access to the system via novel interaction methods such as speech, gesture and tactile and auditory output
- Be **configurable** at a user interaction and systems level making them **personalisable** over time both by the individual and by others as care needs change
- Empower the user and promote **self management** of care
- Continue to **link with a wider context** both technologically (for example personalised health records PHRs) and socially (peer supported behaviour modification and social networking support)

From a health, housing and social care service perspective, the following diagram illustrates our view on how telehealth and telecare will converge in Scotland over the next few years. It also identifies specific opportunities for service delivery which maximises the effectiveness and efficiency of resources.

TELEHEALTHCARE - areas of Telehealth & Telecare convergence, 2010-15



The priority areas considered opportune for the expansion of telehealthcare services in support of an integrated health and care approach are:

- Supporting the self management and monitoring of long term conditions at home (e.g. Chronic Obstructive Pulmonary Disease, Dementia, Heart Failure).
- Developing ways to anticipate and respond quickly to vulnerable people who are at high risk of falling.
- Providing help at home to support people to improve their compliance and management of prescribed medication.
- Introducing these new services in a way which integrates and builds on the framework of alerts and monitors already available through telecare to provide an expanded range of 'telehealthcare' services.

The Vision

In October 2009, the Scottish Science Advisory Council (SSAC) hosted a forum on telehealthcare technologies for assisted living. The SSAC report of the event⁶ offers a vision for telehealthcare in Scotland:

Telehealthcare should be seen as an intelligent, proactive, integrated and holistic solution for health care and social care, available to everyone.

We embrace this vision. Ultimately, we want to support as many people as possible to live at home for as long as they want to, in comfort and safety, with the best possible health and quality of life. Telehealthcare is an important means to this end.

SSAC also concluded that the development of telehealthcare will require a major cultural or 'mindset' change in the general public as well as the health and care professions, and we agree. We believe the next phase of telehealthcare service development is primarily about the expansion and availability of service rather than equipment innovation. We will help to bring this about.

Where We Are At Present

Telehealth and telecare have primarily developed as parallel services over the last 4 years, although more recently considerable effort has been made to create good links between them.

Telecare

Progress with telecare service development has been assisted through £20 million of Telecare Development Programme (TDP) funding⁷, and wider support under our telecare strategy 2008-10⁸.

Independent assessment of telecare progress to March 2010⁹ has found that:

- Over 29,000 people had received a telecare service using TDP funding since the programme began in 2006.
- Over 2,000 of these people are known to have been diagnosed with dementia, but the true figure is likely to be higher.

⁶

http://www.scottishscience.org.uk/sites/scottishscience.org.uk/files/B63995%20SSAC%20Time%20For%20Action_Summary_1.pdf

⁷ This funding began in 2006, and will come to an end in March 2011.

⁸ <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/>

⁹ Newhaven (2010) The development of Telecare in Scotland 2006-10 (forthcoming)

- As a result of actual TDP (plus match funding) expenditure incurred by March 2010¹⁰, efficiencies were secured (principally in the form of care home and hospital bed days saved) with an overall gross value of around £48 million.
- Good progress has also been made in wider terms, such as the development of recognised standards for telecare services.

Separate research commissioned by Carers Scotland also shows a wide range of positive effects of telecare on caring roles and circumstances, including high levels of confidence in the quality of services, and increases in quality of life for both carers and for the person they care for¹¹.

Telehealth

A range of telehealth pilots, trials and service developments have been pursued since 2006, supported by the establishment of a Scottish Centre for Telehealth (at an investment cost of approximately £1 million per annum). Full details of all known telehealth initiatives are available on the SCT website¹². These include:

- Establishment of the Scottish Telestroke Network.
- The Aberdeen A&E video booth pilot, which enables patients to receive a remote teleconsultation and use various medical devices that upload information directly into electronic medical records.
- The development of a Paediatric Telemedicine Network that links facilities without specialist paediatric units with Scotland's 4 children's hospitals.
- A COPD tele-rehabilitation service for patients living in rural areas of Perth and Kinross who find it difficult to get to the Perth Royal Infirmary.

A review of activities and impact of the Scottish Centre for Telehealth was completed in 2009. This resulted in SCT moving under the auspices of NHS24 from 1 April 2010, to drive and deliver national telehealth solutions across 4 clinical areas – Stroke, Paediatrics, COPD and Mental Health.

Developing integrated telecare and telehealth services

At local partnership level, all parts of Scotland are making progress with the expansion of telecare and the introduction of more integrated telehealthcare services. It is evident that some parts of the country are progressing faster than others.

The 32 local partnerships within Scotland report¹³:

¹⁰ Approximately £13 million.

¹¹ Jarrold, K., and Yeandle, S (2009) 'A weight off my mind', Glasgow: Carers Scotland

¹² <http://www.sct.scot.nhs.uk/projects.html>

¹³ Sergeant, E (2009) Summary of Telecare Services in Scotland (December)

- A significant level of innovation and progress in the introduction of telecare services in all partnership areas.
- Increasing emphasis on telehealthcare services, with home based health monitoring being trialled or developed in about two thirds of partnership areas. This includes:
 - Use of medication dispensers (Aberdeen, Falkirk, Fife and Renfrewshire).
 - Falls management programmes (East Ayrshire, Edinburgh, Falkirk, Perth & Kinross and South Ayrshire).
 - COPD projects (Inverclyde, Moray, North Lanarkshire, Renfrewshire, Stirling and West Lothian).
 - Home pod units (Argyll & Bute).
 - Diabetes monitoring (Edinburgh).
 - Childhood obesity management (West Lothian).
 - Fitness in older people (Moray).

However, partnerships also report that a number of issues are hampering the development of telehealthcare services within their localities:

- Most advise that engaging all relevant partner organisations is difficult.
- Many report limited commitment from senior management.
- In some areas the potential impact of telehealthcare seems poorly understood.
- Many workers have little knowledge or understanding of telehealthcare.

Linked to these issues is a generally conservative approach to the redistribution of existing resources.

The Size Of The Task Ahead

Compared with most other countries Scotland is currently performing well in the development and implementation of telehealth and telecare services for its citizens. Around 19% of those aged 65 and over use community alarm systems, 3.5% enjoy more sophisticated social care packages and 1% benefit from a bespoke telehealth package¹⁴. This is something to welcome and celebrate, and in overall terms we consider this to be solid progress - however there is much still to do.

What we now want to see develop across Scotland is a fully mainstreamed, and integrated telehealthcare service. While there is no explicit definition of what a mainstream service is, intuitively it is where telehealthcare is simply seen as a

¹⁴ Empirica/WRC (2008) ICT & Ageing: European Study on Users, Markets and Technologies
http://www.ict-ageing.eu/ict-ageing-website/wp-content/uploads/2008/11/ictageing_vienna_handout_final2.pdf

routine option for helping people meet their health and social care needs. Using this as a yardstick, we have some considerable way to go yet.

In only a minority of local partnerships can the social care aspect of telehealthcare be considered mainstreamed, and no partnership has yet achieved this with regard to the health care aspect.

The Way Forward

The key challenge now, building upon achievements to date, is to expand and extend telehealthcare into mainstreamed service provision, and thereby support the independence and wellbeing of as large a number of potential users as possible. For example this could be done by ensuring that all people over 75, that want and can benefit from a suitable telehealthcare package, are offered one within 5 years.

We acknowledge that delivering telehealthcare as a mainstreamed service is likely to be achieved through a mixed economy of care - some provided by the public sector and some direct by the private market. Local partnerships should lead on developing a local strategic response to this challenge and should take forward delivery where this involves the public sector (funding this from a redistribution of existing health and care budgets).

We will play a number of important roles to help local partnerships meet the challenge we have set.

1. We will provide strategic leadership.

- We will work with organisations applying to the Technology Strategy Board (TSB) for funding to support the expansion of Telehealthcare in Scotland to ensure a collaborative and comprehensive approach¹⁵.
- We will seek to improve the language used in this area, as a way of encouraging faster take up; ‘telehealthcare’ is not a familiar term for the people that it benefits. A more user friendly and intuitive term is needed.
- We will link with work progressing on the ‘Integrated Resource Framework’¹⁶ to help local partnerships be clearer on the cost and quality implications of different forms of care provision.
- We will continue our work assembling and disseminating evidence on the efficiency and effectiveness of telehealthcare.

¹⁵ http://www.innovateuk.org/_assets/pdf/competition-documents/briefs/assistedlivingmodelscomp.pdf

¹⁶ <http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/>

- The NHS Quality Strategy is a strategic approach which aims to put quality at the heart of NHS Scotland. Three Quality Ambitions (person centred, safe, and effective) provide a focus for all activity supporting this overall aim, and these will be underpinned by a three-tier measurement framework (national Quality Outcome Measures; HEAT targets; and local/national quality indicators). We will seek to ensure that these effectively support the adoption of telehealthcare.

2. We will help develop the service infrastructure needed to ensure high quality telehealthcare is delivered.

Training and Education

We will take steps to ensure that an appropriate range of training and education opportunities is developed for senior managers across the health, social care and housing sectors, and for those involved in the operational delivery of telehealthcare - assessors, equipment installers, call handlers and responders (including support workers, home carers, unpaid carers and volunteers). Where appropriate this training will be independently validated and lead to the achievement of accredited standards.

A national framework for improving telehealthcare training and education in Scotland has been developed¹⁷ and we will drive the implementation of this framework forward.

Key actions in this regard will include:

- Working with regulatory bodies to establish a National Occupational Standards¹⁸ framework for telehealthcare.
- Working with partners to agree core content in pre-registration courses for the social work, nursing and allied health professions.
- Working with academia to ensure the inclusion of telehealthcare within existing vocational and continuing professional development training courses.
- Working with regulatory bodies and higher education institutions to develop a range of new accredited training opportunities specifically for telehealthcare staff.
- Identifying funding opportunities, including European funding, to support the development and delivery of training to the telehealthcare workforce.

¹⁷ <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/>

¹⁸ National Occupational Standards define the competences which apply to job roles or occupations in the form of statements of performance, knowledge and the evidence required to confirm competence.

- Supporting development of new training delivery mechanisms (such as interactive online training tools).

Champions/Learning Networks

We will also continue to resource the Telehealthcare champions/learning network to facilitate sharing of information and best practice.

Standards

It is fundamentally important that service standards remain fit for purpose as the range of telehealthcare packages offered to people widens.

While service standards for telecare have been established and promoted, there are no agreed detailed requirements and standards for telehealth. We will assist the development of a code of practice for telehealth to complement the existing one for telecare.

Regulation of telehealthcare services

There is a need to revisit the role of regulation. Currently, some regulators are not aware of the implications telehealthcare may have for wider service provision. We will re-engage with health, social care and housing regulator bodies to support faster and more effective adoption of telehealthcare.

3. We will continue to identify efficiencies in the delivery of telehealthcare services:

Procurement

UK wide responsibility for streamlined telehealthcare procurement transferred from NHS PASA to *Buying Solutions* on 1 October 2009. We will encourage future telehealthcare purchasing activity through this route where appropriate.

We will also work with Scotland Excel and pursue possibilities for further innovation in telehealthcare procurement (such as using procurement to deliver sustainability benefits in addition to financial efficiencies).

Rationalise existing response services

Current arrangements for handling calls/alerts and responding to emergency situations identified through telehealthcare services require further exploration and development.

- Some parts of Scotland have more capacity to handle calls than is necessary, while others have too little.

- Some areas have well developed response services, while in others the effective use of telehealthcare is being held back by under developed response arrangements.

We will establish a working group to lead on rationalising and improving response services for the future, as an important part of the shared services agenda.

4. We will explore opportunities for service innovation and data integration

The information that telehealthcare generates – for example on how a vulnerable person's frailty or long term condition is changing over time – also holds potential for finding new, better ways to help them in future.

While this information must and will at all times be treated with absolute respect in terms of confidentiality and people's privacy, we will explore innovative ways in which it can be used (through GP or Community Nurse alert systems for example) to develop a better and more pro-active health and care service for the people of Scotland.

5. We will keep all aspects of the telehealthcare policy framework under review, to ensure it is responsive to a quickly changing environment and continues to support wider Government priorities.

Exploring new roles for the public and private sectors

Peoples experience and expectations of technology and its role in providing care are changing very rapidly. As digital participation increases, people will increasingly expect to be offered and be able to access telehealthcare solutions. Indeed, they and their families may choose to buy them off the shelf as part of their response to changing circumstances. However, those currently at risk of missing out on the potential of technology are those who are also most at risk of social exclusion (older people, people with disabilities, people living in remote and rural locations, and people with long term health conditions) and these people are likely to create the most significant demand on community based health and social care services.

These factors need to be carefully considered, and the whole question of which telehealthcare services might be provided by the market, and which should be provided by the public sector remains to be properly addressed. While the market can in principle deal with the needs of many of those with low level needs and generate wider awareness to support further public sector service change, the implications of this need to be thought through and we will take the lead on this.

Service Charges

Recent studies¹⁹ have recommended that charging for telehealthcare service provision should be made more transparent and equitable.

We will work with others to investigate ways to achieve a more consistent approach across Scotland to charging for telehealthcare services.

Working Together

The SSAC forum on telehealthcare for assisted living has made the case for greater collaboration between the public and voluntary sectors, industry and academia. We have a collaborative body currently in place, in the form of the Telecare Development Programme Board. Membership has been reviewed, and the Board has been reconstituted into a new, national Telehealthcare Board, which will be given a new formal remit to oversee telehealthcare strategy development and implementation in Scotland on behalf of Scottish Ministers and make annual reports to Ministers on progress.

Now is the Time for Action

The next year is a critical one for telehealthcare in Scotland. During this period, local authorities and the NHS will be making key decisions on future service structures.

These decisions must be truly transformational, and the extent to which telehealthcare can play a key part in improving services must be clearly and widely understood by Chief Executives, Finance Directors and senior officers within the local authority, voluntary and health sectors.

We will be making strong representations to these leaders, to ensure telehealthcare becomes a key element of future local service provision.

Telehealthcare offers the immediate possibility of delivering better services at lower cost for the people of Scotland. We must not miss it.

¹⁹ For example, Jarrold, K., and Yeandle, S (2009) 'A weight off my mind', Glasgow: Carers Scotland <http://www.sct.scot.nhs.uk/projects.html>

TELEHEALTHCARE ACTION PLAN TO 2012

KEY DELIVERABLES	ACTION	ACTIVITIES	TIMESCALES	LEAD	COMMENTS
1. STRATEGIC LEADERSHIP					
To be completed following consultation					
2. SERVICE INFRASTRUCTURE					

KEY DELIVERABLES	ACTION	ACTIVITIES	TIMESCALES	LEAD	COMMENTS
3. IDENTIFY EFFICIENCIES					
4. SERVICE INNOVATION AND DATA INTEGRATION					
5. POLICY REVIEW					