

# Telecare Soapbox: Reflections on the UK's telecare, telehealth and telecoaching framework agreement

There are some people (OK, a few, maybe, and not just my 85-year-old mother) who share my opinion that I [*Ed. Steve*] am a nice person. As a long time supporter of telecare and telehealth for everyone who needs it I do not relish the reputation I seem to be acquiring as the Grumpy Old Man of Telecare just because I call it as I see it, which frequently contrasts with the positive spin put out by other interested parties. Enough of me! I just wanted to put what follows into context.

## Background

First, a little history of telecare procurement to explain why the UK now has this 'national framework agreement'.

In 2005 the UK's Department of Health (DH) announced that over two years from 2006 it was going to make a total of £80million available to councils with social services responsibilities to encourage them to develop telecare services. [*Disclosure: the impetus for this initiative came from one of the Ministers, based on some preparatory work I had done when contracted to work at DH. My contract finished in 2005, so I was not involved in what followed.*] The funding was known as *The Preventative Technology Grant*. Because there was a danger that councils would spend the grant on other things (that was an option) and because time was pressing, and because each council would have to go through the laborious and bureaucratic European Union tendering processes, the organisation that facilitated procurement for NHS organisations, called NHS PASA (now defunct), was asked to see if it could help.

PASA suggested that a procedure called a 'national framework agreement' be set up. An NFA for the purchase of, say, office supplies for NHS organisations would work like this:

- PASA would run an EU tendering exercise based on the office supplies requirements of the NHS.
- Suppliers would bid their best stationery prices to be listed on it.
- Companies that could deliver the goods and meet certain business criteria were approved.
- Any NHS organisation could, while the NFA was in place, buy their pens, etc. directly from supplier at the NFA price.
- It was possible to demonstrate price savings owing to the massive bulk purchasing.

The big advantage was that each NHS organisation (there are hundreds of them) did not need to conduct its own tendering process and the suppliers did not have to waste resources responding to them. For a mature market of goods it worked reasonably well and was probably a sensible way to proceed.

But ...*yes, here's the 'but'*... For an immature market of mixed goods and services, such as telecare, the shortcomings of such a framework soon became apparent. Some of them

will pop up in the following sections because many of the same problems apply to the new framework agreement and will get a mention there.

As a footnote, NHS PASA was able to put such a good spin on their 'innovative' framework agreement that it won a procurement industry award for their work just before it, PASA, was abolished. This probably goes some way to explaining why someone (who lobbied for it?) thought that a new framework agreement, to be organised by the pan-Government procurement organisation Buying Solutions (BS), would be a good idea.

## Good points about the BS agreement

There are good points:

- There is **no doubt** that councils, NHS organisations, etc., and supplier companies will save time and transaction costs for their procurements, and taxpayers and clients/patients will benefit. *When it works as intended.*
- Companies can add new products or services to be available through the agreement every three months instead of one year, as on the old agreement. That reduces the previous criticism of lack of choice.
- Umm...
- Oh... Potentially, it will be easier for commissioners to 'mix and match' providers with complementary offerings to meet their specific needs.

## Flaws: micro to macro levels

Starting at the micro level, one can point to minor flaws around the setting up of the agreement. None of these may be significant in themselves, but they do give the impression of it having been a process run by people with a tickbox mentality who do not understand the field:

- Unless we see a series of framework agreements such as 'Assistive Technology - Wheelchairs'; 'Assistive Technology - Daily Living Aids', etc., the inclusion of 'Assistive Technology' in the title is pointless and unhelpful, as readers of [Telecare Aware's terminology discussions](#) will know.
- The delay of over two months in the timetable was attributed at the beginning to the change of Ministers after the general election in May, but it remains unexplained in the light of Ministers having no day-to-day control of BS's activities.
- The recent slow process of press release approval, is commented on [here](#). From what I've heard about it since, it appears to have been assigned to least two different people because there have been inconsistencies in what has been censored. *[As an even smaller aside, 'Framework Agreement' was amended to 'framework agreement' Whether this was for grammatical reasons or whether someone had noted my comment in March on the [abbreviation BSFA](#), is not known.]*
- In the [matrix list](#) (PDF) of companies on the agreement, Airedale NHS Trust is missing its middle 'e' and Bosch is spelled 'Bosh'!

## Bigger flaws

Setting the above minor irritations aside, we reach a higher level of flaws, concerning the structure, content, and expected functioning of the agreement:

- The agreement is constructed around fairly meaningless categories of what companies do ('telecare products', 'personal telecare services', 'telehealth products', 'telehealth services' 'telecoaching products and services' and 'managed services') rather than the needs of people receiving the services.
- At least one company is misnamed on the matrix: Telecare Technology is just a trading name of [CareCalls Ltd](#). In addition, being founded in 2009, it does not meet the framework application requirement for three years' accounts. What other exceptions were made, and why?
- In the bid application instructions companies were told that to increase their score on the ratings they should answer questions in particular ways. Looking at who is in and who is out (below), I am sure that this led to an exercise in many companies in the 'Art of BS'.
- The applying companies did not have to state what their products are. They have only been judged on the quality of the company, their answers to the questions, and a small amount on their experience. They can now add whatever products they want.
- It's the company that is approved under the agreement, so there are no controls on buying rubbish from a company once it is on the list.
- The agreement is a charter for uninterested or lazy commissioners. It has been noted that recently more and more council and NHS commissioners of services (people who are responsible for specifying and purchasing services to meet the needs of the local population) seem to be keen to wash their hands of their responsibility for telecare/telehealth. They know it needs to be 'done' but it is not a high priority for them. They want to tick the box and get on with something else, like looking for another job if employed by a PCT, which are in the process of being abolished.

The framework agreement is therefore a godsend to such people because there is no need to undertake a procurement process that makes them think about what they want. Worse, there are six companies (Chubb; iPlato; Philips; Questmark; TBS; Tunstall) on the framework which are approved to supply goods and services in all six categories and these commissioners will be tempted just to 'hand over' the provision of the service to one of them - because they can do everything. Big Mistake! No disrespect to the two companies of the six that have a substantial track record in the UK, but BS must have been susceptible to the Art of BS when it came to awarding the approvals. One of the six companies, Questmark, whose expertise is in videoconferencing, I have never heard of until now!

- Conversely to the previous point, it is a charter for the companies with the sales people best versed in BS to fleece unwary and naïve purchasers.
- Moving on from the simple 'we'll pick a company from this list' approach, there will be commissioners who still want a fig leaf of respectability in their choice and who will now find it much easier to set up a ['beauty contest' with a predetermined result](#). They are happy to waste the time and resources of companies with whom they have no intention of contracting.

- Companies can introduce partner companies (in the loose sense) into the agreement. I have heard reliable rumours that under the old agreement this was done at the cost of a sales commission paid to the introducing company. No doubt this practice, which is wide open to abuse, will continue.
- Last, but not least, organisations that purchase through the agreement will automatically be paying more than they should be able to negotiate directly, because BS gets a 1% sales commission!

### **Who's on the agreement, who's not**

I think there is a lot more to be said about the companies on the list than I am able to put here and readers may want to add comments. However, let me start the unpacking process...

#### **Companies I'd never heard of before the framework came out:**

- Engage Now (touch screen kiosks) <http://www.engagenow.net/>
- Connect For Care ("connecting older people to their loved ones") <http://www.connectforcare.com/>
- Grosvenor Telecom (installation and maintenance) <http://www.grosvenortelecom.co.uk/>
- Healthways International ("global well-being") <http://www.healthways.com/>
- Mediaburst (bulk SMS messaging) <http://www.mediaburst.co.uk/>
- Questmark (videoconferencing) <http://www.questmark.co.uk/>
- RedAssure, (part of Worthing Homes ) <http://www.redassure.org.uk/>
- SEA (installation and maintenance) <http://www.sea-systems.co.uk/>
- Safe Patient Systems (have a hospital focus) <http://www.safepatientsystems.com/>
- SOConsultancy ("grassroots engagement") <http://www.soconsultancy.com/>
- System C Healthcare (software and services company) <http://www.systemc.com/>
- Tallon Monitoring (timesheet replacement and telecare) <http://www.tallonmonitoring.com>
- Telecare UK (who? Cannot locate a website)

#### **Known companies whose track record in the telecare/telehealth field - *my opinion only* - is, to date, either primarily local or minimal in the UK:**

- Accenture (consultancy)
- Air Products Healthcare (oxygen supplier)
- Airdale [*sic*] NHS Trust
- Ascom (UK) (a GE Healthcare partner)
- Bayer
- Broomwell Healthwatch (health monitoring)
- Cheshire Peaks & Plains Housing Trust (local)
- Chester & District Housing Trust (local)
- Cross Keys Homes (local)
- Fold Housing Association (local but has profile)
- Fora Care
- GE Medical Systems (just getting going on telehealth and new company with Intel in the pipeline)

- Hewlett-Packard
- Icom Projects
- iPlato Healthcare ("mobile health solutions")
- iSOFT (healthcare software)
- KPMG (consultancy)
- McElwaine SMART Technologies (local but has profile)
- Pfizer (some telecoaching with NHS Direct)
- Philips Healthcare (disappointingly little achieved for such a large company)
- Red Alert Telecare (local but growing rapidly)
- TBS GB (Viterion equipment provider. Virtually invisible despite being on the previous agreement)
- Telefonica O2 UK (only just gearing up)
- UnitedHealth UK

### **So that leaves...**

#### **Twenty-four companies with a track record and national presence:**

- buddi
- CarelineUK Monitoring
- Chubb Community Care
- Cirrus Communication Systems
- Docobo
- Home Telehealth
- Honeywell Hommed
- Hugh Steeper
- Invicta Telecare
- Jontek
- Just Checking
- MyAmego Healthcare
- NHS Direct
- OBS Medical (includes t+Medical and Vivatec)
- Possum
- Robert Bosh [*sic*]
- S3 Group
- Supra UK
- Telecare Services Association
- Telecare Technology
- Telehealth Solutions
- TeleMedCare
- Tunstall Healthcare (UK)
- Tynetec

## **And...not on the agreement?**

**Finally, let me turn my attention to some of the companies one would expect to see on the list and that are not. I've noted the following but [please let me know](#) others I have missed:**

- ADL Smartcare
- Alertacall
- Burnside Telecom
- BT
- Choose Independence
- Cisco
- Eldercare
- Everon
- Halliday James
- HPS Consulting

## **If they are not on the agreement, are they flawed in some way?**

It should most certainly *NOT* be assumed that because companies are not on the framework agreement that they made flawed applications.

The acceptance criteria appear to have been so loose that it is difficult to image that their applications would have failed. So why did they not compete, if that were the case?

The reasons will be varied, but here's an interesting one from the major independent provider of alarm monitoring services, Eldercare, whose Chief Executive Chris Hopkinson told me "Frankly, after we had gone through that massive form, we felt that the way the agreement was structured would have distorted our business if we had to comply with it."

That sounds like a bold decision to me. (And no, I do not mean 'bold' in the 'Yes, Minister' sense!)

Similarly, other companies either felt they had such a niche or unique product that they need not compete, or they have plans to come in under the wing of one of the approved companies.

Another UK-based company, which shall be nameless, has pulled out of its home market altogether and is focusing its efforts elsewhere because it finds the conditions for doing business in the UK are so uncondusive.

## **Macro level flaw**

At the macro level, the very existence of the agreement will call into question the neutrality of commissioning tenders in this area in the future.

If an organisation is conducting its own tender process for telecare, telehealth or telecoaching outside of the agreement - as it is perfectly entitled to do - the suspicion will be that it is because it wants to attract a bid from one of the companies not on it. Why bother otherwise?

If that is the intention, then the presumption of neutrality of that particular procurement is undermined and, presumably, open to legal challenge if the companies who *are* on the agreement are unsuccessful.

## **Conclusion**

There are some readers who may argue that my surprise at some of the companies on the agreement merely shows that BS's selection represents a wider view of telecare and telehealth than that with which I operate.

But I would argue that it reflects BS's naivety at setting up a process whereby they told companies the answers they were expecting and then took those answers at face value.

The UK now has a telecare and telehealth market where the market forces and procurement processes that normally act as gates to keep out the wolves in sheep's clothing have been torn down. More than ever the motto has to be 'buyer beware'!

Steve Hards  
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