the**link**

The quarterly magazine of the Telecare Services Association – The industry body for Telecare and Telehealth

HAVE WE JUST FOUND THE FINAL PIECE OF THE JIGSAW?

THE TELECARE POTENTIAL OF MHEALTH

THE CHRONIC DISEASE CHALLENGE IN EUROPE

tsa
telecare services association

> I get together with the girls every Tuesday to have a natter and play some poker. Even though we're only playing for pennies I still get a real buzz when my card comes up. I may not be as sharp as I used to be but I know a bluff when I see it!

This is *my* Freedom, what's yours?

Janet | Birmingham

Tunstall Healthcare is the UK's leading provider of telehealthcare solutions. Our technology and services play a key role in helping older people like Janet and those with long-term health and care needs to stay out of hospital or residential care and enjoy a better quality of life.

Tunstall LifeCare
Freedom to live *your* life.

Tunstall

tunstall.co.uk

Loretta MacInnes, Editor

in**side**:

tsa
telecare services association

Telecare Services Association,
Membership Services Centre,
Suite 8, Wilmslow House, Grove Way,
Wilmslow, Cheshire, SK9 5AG.
Telephone 01625 520320
Fax 01625 533021
Email admin@telecare.org.uk

the**link**

Out with the old...well it's a phrase that fits the current time with the new year beckoning. However, it's not perhaps the right phrase for the telecare and telehealth industry. The published early finds from the WSD's highlight that the fact that what is currently being delivered within telecare and telehealth works – and works well. If we were to apply this phrase, it perhaps relates more to some of the existing structures within health and social care that must change if we are to meet the economic and demographic challenges facing us.

In with the new...well if we agree that telecare and telehealth is already working well, what do we need that is new? Our industry thrives on innovation – but it's not about reinventing the wheel – it's about different approaches and applications of telecare and telehealth to improve existing health and social care services. Developments in technology does, of course, provide us with ever more appealing solutions, and as technology develops then we, as consumers, expect to see these advances applied to services we can take advantage of. Innovation also ensures that the UK remains a world leader within telecare and telehealth.

2012 will be an interesting year – much is expected from telecare and telehealth – our industry is a vital part of the health and social care reform solution. What is key is the fact that much of the infrastructure is in place and the proof is now here, and we are rapidly gaining the support from our healthcare partners who will commission and deliver many of the additional services needed to make a real difference.

This edition of the Link reviews some of the work TSA has completed during 2011. The Opinion piece in this edition focuses on mHealth and the opportunities for telecare. Our Member News features award winners, solutions to issues that may be affecting fellow members, or many of our service users, and we take a journey around the world, as we touch on Borderlines from Wales to Australia. For those who missed conference, you can catch up with the review in this edition, and find copies of the presentations on the TSA website (www.telecare.org.uk)

Thank you to all our contributors. Without you the Link would not have the breadth, nor the depth, and I continually look forward to receiving your contributions. The deadline for the next edition is 9 March 2012, and you can email me with any questions at loretta.macinnes@telecare.org.uk

Happy New Year – and I look forward to receiving your articles and meeting many of you over the coming months.

**Loretta MacInnes,
Editor**

LIGHTING THE WAY

Hello and a Happy New Year to one and all. I do hope you enjoyed Christmas and there weren't too many kitchen catastrophes, family absences, feuds over TV or upset tummies. Naturally I can recommend smoke detectors and heat extremes to minimise risks while cooking, V plus TV to pause, record or fast forward your favourite television programmes and of course, Skype to catch up with family and friends. Unfortunately I couldn't think of a technology solution for over indulgence so best to just sign up for a community alarm and contact a sympathetic voice to soothe your ills.

Lorna Muir, Chair

I had a wonderful time. Family descended on mass with children, dogs and a grand selection of goodies. Our house resembled the aftermath of a sale at Primark but in spite of being exhausted and struggling to remove the allegedly easy to wipe face paint my granddaughter used to make me Princess Fiona I felt happy and ready to face Hogmanay (New Year's Eve in Scotland). Like many people at the countdown to midnight I become quite emotional thinking how quickly the years pass, how many friends and family are no longer here to cherish and share memories and why did I have that last glass of wine and burn the sausage rolls!!

Many cities in Scotland hold a firework display at New Year and this is supposed to represent an ancient custom of pagan parties. The pagan ritual involved people dressing up in cattle hide, running around villages being hit by sticks. That part reminded me of several occasions when I've witnessed leather clad revellers happily whacking each other with glow sticks although not necessarily celebrating New Year.... but back to tradition. The celebrations would include bonfires and throwing torches. Some of the practices were said to ward off evil spirits and the fire is believed to symbolise bringing the light of wisdom from one year to the next, lighting a path into the unknown year and burning the old to make way for the new. If we use our experiences of last year as the flame for the journey through 2012 we should indeed be well prepared for another action-packed 12 months. We entered

January 2011 in the midst of some of the worst snow and blizzards the country had experienced in a long time but as usual, service providers pulled out all the stops to make sure individuals received the care they needed. Anticipating a similar setting for winter '11 the snow grips, winter tyres and all manner of protective clothing were on order by early summer. Unfortunately this didn't really help with the hurricanes, floods and various other climate challenges that began from November. C'est la vie. But now we have experienced and ticked off as many variations of weather as we can we will surely be very well equipped for anything that comes our way.

By Spring 2011 the Government budget announcements were followed by the Plan for Growth that affirmed a commitment to invest heavily in assistive technologies to support people to live at home. This provided the opportunity for TSA to intensify the work being done on behalf of members by further developing relationships with the Department of Health and Department for Business, Innovation and Skills. Significant Government funding was allocated for the development of reablement services aimed at providing better outcomes for people and this in turn provided opportunities to showcase again how technology can enhance independence and support care.

Spring into Summer focussed on the £23 million investment in DALLAS and lots of hard work for those applying to be part of the care communities throughout the country. And finally to Winter and the long awaited outcomes from the Whole Systems Demonstrator sites. All of this going on

alongside our members evidencing;

- innovations in the delivery of care services
- the development of new products to support innovations
- the provision of high quality services through accreditation to the Telecare Code of Practice

The TSA team meanwhile developed good practice guides for service providers, delivered local member forum events and continued partnerships with a range of organisations to raise the profile of the organisation and the work of our members. A major element of the team's work following our AGM was organising our annual conference and once again it ran like clockwork with an amazing attendance and positive feedback.

Indeed an industrious year for everyone. In spite of the economic crisis or perhaps because of it I predict 2012 to be an even busier year for our members and for the industry itself. The budget holders, commissioners, local and national governments have, I believe, finally accepted that technology whether you know it as telecare, telehealth, ehealth, mhealth or any other name, is here to stay. Let's use the wisdom gained from last year's activities to light the way throughout this year.

I hope it will be a great one for you and yours.

**Lorna Muir,
Chair**

HAVE WE JUST FOUND THE FINAL PIECE OF THE JIGSAW?

Trevor Single, Chief Executive

I wonder if you ever struggled to complete that 1000 piece jigsaw; knowing from the cover of the box what the picture should be, but missing several of the vital pieces that would finally make it all come together.

The puzzle, or the difficulty some might argue that we have always faced when trying to demonstrate the true value of telecare and telehealth, was the absence of a vital piece of information – the clinical data to substantiate all the claims and the boasts about the savings and benefits that our industry can bring to health and social care – that would complete the picture. Well, finally we have been provided with it, courtesy of the Department of Health's Whole System Demonstrator projects. We have been kept waiting for months for the results to be released that might at last provide the elusive final argument and data that could be presented to clinicians.

And wow the results are conclusive. Telehealth can deliver a 15% reduction in A&E visits, a 20% reduction in emergency admissions, an 8% reduction in tariff costs, and perhaps most dramatic of all a 45% reduction in mortality rates. AND, we have not got the telecare results from the WSD projects yet!

And now the Department of Health, on the back of the results issued so far, wants to accelerate the use of telehealth and telecare technologies to improve the lives of 3 million people over the next five years. This will put the UK at the forefront of managing chronic and long-term conditions in the community and transforming the quality of life for millions of people.

And let's not think this is just about telehealth – this is about embedding telecare and telehealth within our health and social care. There has never been a bigger, greater, more challenging time for our industry. And the TSA is already working harder than ever before to ensure that our members are directly involved in, and leading this growth in the market. We have been working in partnership with the Department of Health for several months now, often under strict instruction not to release details until the results were announced, to bring the unique knowledge and experience of the Association and its members to this work. The TSA has driven the quality standards into the service delivery of telecare, and now with the support of Department of Health and the Department for Business, Innovation and Skills we are undertaking similar work for telehealth. A fully integrated Telecare and Telehealth Code of Practice will be the first in the world and reinforces the Department of Health's vision of the UK as a global leader.

But the growth in telecare and telehealth will not arrive by means of another hefty Government grant. No, this time it is up to us to achieve the growth. Armed with the WSD results, supported by Department of Health messages from Ministers, and endorsement from the Royal Colleges, we have to sell the message. To win over the commissioners, clinicians and care managers by the weight of evidence from the WSDs and other pilot projects. It will not be easy, but there will never be a better opportunity. And the TSA is committed to developing the existing partnership work with DH and BIS to ensure that the policy and direction of an accelerated telecare and telehealth implementation, is based on the high quality of service and standards we have created.

And all of this has followed our most successful conference ever! This year's event was a record breaker in terms of delegate numbers (826) and exhibitors (45), but it was much more than that. 2011 was a year of considerable change and real progress in both telecare and telehealth, and conference was the culmination of all that activity.

The plenary speakers and workshop leaders brought a real insight into the road ahead for our industry – whether it was Dawn Harper from Embarrassing Bodies talking about remote medical diagnosis or Peter Carter from the RCN emphasising that people must have a choice about how healthcare is delivered, to a very emotive video presentation from Archbishop Desmond Tutu encouraging us to continue putting the user at the centre of the services we provide. And we were able to celebrate with so many of our member organisations their hard work and success in accreditation to the TSA Telecare Code of Practice.

I want to publically thank the TSA team for their work over the months leading up to conference. Without their commitment it would not have been the success it was, or have run so smoothly.

Looking forward we have now been provided with the biggest challenge our industry has ever faced. I am confident that TSA and its members will seize it with both hands and in 12 months time, we will look back, reflect on the hard work that has been necessary to achieve the growth in telecare and telehealth, but also be incredibly proud of what we have achieved.

With my best wishes for 2012.

Trevor Single, Chief Executive
www.telecare.org.uk

THE TELECARE POTENTIAL OF

DAVID DOHERTY, 3G Doctor

At the TSA's recent Telecare and Telehealth Conference in London David Doherty, coFounder of 3G Doctor, gave a keynote talk on the mHealth opportunity. In this article we've asked David to provide us with a brief summary of the mHealth opportunity.

What is mHealth?

mHealth is the term given to describe the opportunity that arises from the leverage of "mobile" (the newest mass media) to support Health.

As the newest and most poorly understood mass media there is an urgent need to appreciate how it is different to the previous mass medias (Print, Recordings, Cinema, Radio, TV, Internet) before we've any chance of discovering the opportunities and benefits. To get your ideas going check out the following blog post in which I've outlined the 8 unique attributes that mobile has as a mass media and given an mHealth example of it to help you see the potential it can open up: http://bit.ly/eUI6kU

As a mass media it's important to appreciate that mobile isn't just about mobile phones and it's definitely not just about smartphones. This is key as a lot of the interesting opportunities can arise from the innovations within the network infrastructure that supports the 6 billion connect mobiles and ›100 million "machine to machine" (or "M2M") connections. To get a sense of this try and imagine how 999 emergency medical services in the UK could be revolutionised if they could link (for opted in consenting patients) mobile #'s via caller ID with electronic patient records.

What does mHealth look like?

Healthcare providers that have implemented SMS messaging systems with their patients can testify to the impact that mHealth is going to have. Interactive SMS appointment reminder services (such as those offered by iPlato.net) have practically eliminated "did not attend" rates of as much as 30% across hospitals and primary care clinics in the UK and Ireland.

A lot of mHealth evangelists get hung up about the potential of apps that only work on the latest expensive smartphones but it's imperative that we recognise that with the rate of innovation taking place tomorrows feature phone is todays smartphone.

Cameras, GPS, Bluetooth, 3G, Photo galleries and screensavers, SMS, MMS, MP3 and Video Players were all once considered "smartphone" features – yet you can find them packed on the latest inclusive EasyPhone's (manufactured by doro.com) that have already made their way into the hands of millions of seniors and are available across the UK in high street mobile retail stores and supermarkets.

Are there examples of mHealth services that are impacting Telecare?

Check out how a smartphone deployment and solution from Paper IQ has transformed the work of community midwives at Portsmouth NHS Trust whilst creating savings that enabled it to pay for itself within 6 months: http://bit.ly/goa2gb

Check out the mobile connected Smoke Alarms from FireText.me and then consider the life saving opportunity these connected devices present for independently living patients who are disabled, senior, deaf, etc.

Check out the mobile connected non contact home monitors (security + fall detection) from SeN-Cit.co.uk and then consider the reassurance they can provide to the families, friends and carers of those who live independently alone.

mHealth = the biggest opportunity for future healthcare cost containment

As we move on from the Nokia Decade (http://bit.ly/tKtCbh) and ever more technology converges to the mobile device, teaching your senior clients to use mobile services today is fundamental to help contain future healthcare expenditure. Over the next decade it's worth appreciating that everyday things seniors use like TV remotes will become obsolete (in 2020 you'll use your mobile phone to switch channels/turn up the volume) and such innovations will present major challenges and disadvantages to those who are marginalised because they failed to get connected.

Of course on the plus side it will also offer huge opportunities. In the future I envision seniors will be carrying mobile phones that can passively monitor their BP, ECG, Temperature, Stress Levels, Tremor, etc and use this information to control and optimise their ambient environment and the choices they make eg. control the house thermostat, encourage them to drink fluids/exercise, prompt them to watch an interesting TV program, call a relative whose having a birthday etc.

The key to all of this future is that we work with seniors today to help them see the value of mobile services and why they want to do it. A lot of people give up on this idea thinking it's too hard but as someone who taught a 82 year old who had never used a mobile phone to send and read SMS I've realised it's a challenge that is attainable when we appreciate the desires of seniors (in my case it enabled communications with her daughter during the day when as a teacher the daughter had to have her phone on silent).

Of course the value proposition of M2M services aren't just time/cost saving for providers, they can also be very comforting to a senior citizen who is independently living eg. we can now monitor your home for intruders when you're out, you'll now be woken by the smoke detector that you otherwise couldn't hear, the battery in your CO detector will never go flat again (as the service team are sent a low battery reminder), you can now get advice from an informed Doctor without leaving the home (3GDoctor.com), etc.

The importance of an enabling digital environment

A lot of technologists approach Healthcare and fail because they try and simply digitally record what is currently being documented on paper. One reason this typically fails is that they've failed to appreciate that paper based processes aren't the number 1 problem in healthcare as most of it still remains undocumented and about 80% of all care is actually provided in the community by medically unqualified friends, family and volunteers.

MHEALTH

FINALLY THE RESULTS – BUT WHAT NEXT?

Documentation is of course a major challenge and in addition to seeing it as a major opportunity to shift resources to those who need it more we must learn to accept that patients are capable of participating given an enabling environment. Just as they can go online to pay their bills, search for a holiday, choose insurance or buy a train ticket we have to accept they can (and many already want to) interact digitally with their carers. Patient accessible health records are key to this and they not only provide an enormous opportunity to connect and pool data from what until now have been siloed data sets but with mobile patients they also enable linking to individuals using basic technologies such as caller ID.

For more information on an patient health information platform that is open for mHealth developers to extend check out Microsoft's HealthVault platform: http://www.microsoft.com/en-us/healthvault/

Scaling

It's a hard and fast rule in mobile that anything which can be commercially successful somewhere can be adapted to be successful elsewhere. This has been true of SMS (originally some thought to be just some crazy thing Europeans did), Ringtones (no one predicted the ringtone success in India that didn't happen until it was properly localised with Bollywood content).

There are also lots of successful analogous business models that telecare providers can learn from. Well worth checking out would be the embedded eCall mobile connectivity solution that enables BMW cars to automatically alert emergency services and reliably link to the BMW call centre platform with highly detailed location and technical information when crash sensors detect a vehicle has been involved in an accident.

Information about the Author

David Doherty is the coFounder of 3G Doctor, a mHealth service that puts an informed registered Doctor in your pocket. Launched in the UK and Ireland in 2006 the service is now launching an app on the HealthVault platform as part of it's announced expansion into the US and Canadian markets. For more info visit 3GDoctor.com or the companies blog mHealthInsight.com

www.3GDoctor.com

The results from the Whole System Demonstrator (WSD) project have begun to emerge, with the announcement of early findings from the telehealth element of the randomised control trial. These findings indicated that telehealth can deliver:

- A 15% reduction in A&E visits;
- A 20% reduction in emergency admissions,
- A 14% reduction in elective admissions
- A 14% reduction in bed days
- An 8% reduction in tariff costs.

Importantly, these early results also demonstrate a 45% reduction in mortality rates – confirming that telehealth saves lives.

With nearly 6,000 participants, the WSD is the largest randomised control trial of telehealth and telecare services in the world. The results have now been evaluated by multidisciplinary teams, working across health and social care. The results are compelling and have been peer reviewed. These technology enabled services:

- promote individuals' long term well-being and independence
- improve individuals' and their carers' quality of life
- improve the working lives of staff
- are clinically effective
- are cost effective.

The NHS, Social Care Services and Housing Providers now need to embrace the WSD results, the breadth of telehealth and telecare services that are available and what they mean to patient and service user outcomes and quality of life.

The perceived lack of evidence has been regularly cited by healthcare professionals as the main reason not to mainstream telehealth or telecare. The findings from this trial addresses this need for evidence, providing the academic and clinical data that consolidate and confirm the outcomes from these services that have been delivered by the world-leading UK telecare and telehealth industry, the majority of which, we are proud to say, are members of the Telecare Services Association (TSA). Nor were the results a surprise to an industry that has been banging the drum about the tangible benefits for years.

There are more results, including the telecare results, to come. Government is enabling change through a partnership approach with the developers and providers of the services, and technologies, the health and social care professionals and the commissioners to ensure that everyone who could potentially benefit from telehealth and telecare (estimated at three million people) can do so.   This will build on already established relationships, which is an absolute necessity for the delivery of telecare and telehealth. The TSA already works closely with the Department of Health, NHS24 Scotland, European Centre for Connected Health in Northern Ireland and the Welsh Government, and is forging partnerships with the Royal Colleges, including the Royal College of Nursing. The 3 Million Lives campaign will focus on removing the barriers, and delivering telecare and telehealth services to all those who require them, and will involve all of the above, patients groups and more. The task ahead is not to be underestimated, as it is a significant change in the approach to health and social care delivery. However, the problems facing us are large – the socio-demographics will not go away, and the economic situation is well and truly embedded for the foreseeable future, so to do nothing is not an option.

The good news is that in this industry it is all about the service-user or patient – and delivering the best possible quality of service to the individual. Individuals have been benefitting from TSA's Telecare Code of Practice accredited services since 1999 that ensure the provision of a guaranteed high standard to users and carers. A fully integrated Telecare and Telehealth Code of Practice is currently in development, with the first accreditations expected in 2013.

So what next? We can all relate to the direct benefits for our own families, and indeed to ourselves, and want to ensure that the services available are the very best to ensure independence, dignity, security and healthcare to everyone who can benefit. The results so far speak for themselves. Not only are telecare and telehealth services cost effective, but they save lives. What we can extrapolate from the early findings is that of those who need telehealth, but are not yet in receipt of it, 45% could be unnecessarily dying – a sobering thought indeed, and one that should spur everyone within health and social care to mainstream this service now.

Loretta MacInnes

Telecare Services Association

The Early Findings report can be found at: www.dh.gov.uk/health/2011/12/wsd-headline-findings

3 DIMENSIONS FOR TELEHEALTH SUCCESS

Two London-based GPs share their experiences of deploying telehealth to reduce admissions and improve outcomes, and their perspectives on the three key success factors in telehealth services

KEY OUTCOMES:

- Prevented unnecessary hospital admissions by enabling patients to be monitored remotely in their own home

- Delivered significant cost savings by preventing avoidable admissions to A&E

- Improved patients' quality of life by empowering them to have control over their condition and supporting independent living

- Reduced pressure on NHS resources through more effective management and allocation of care services

The NHS is under pressure to deliver more effective services without increasing burden on the healthcare budget. As care needs change and the number of people living with long-term conditions rises, commissioners and providers are seeking a solution that can mould and modernise the NHS to ensure a more efficient and effective model of care that ultimately supports patients by enabling them to manage their own conditions successfully.

Here we take the viewpoints of two GPs who have deployed and managed a telehealth programme. Each considers the impact and success of their programme, and what they see as the critical factor in that success.

Raza Toosy is a GP in Wallington, part of the Southern Consortium. He was previously Chairman of the Sutton Commissioning Group, which provided services to 24,000 patients before integration with the borough facing group, and is also Vice Chairman of the LMC in Sutton & Merton.

The notion that 'patients should be providers of their own care' is a concept that enables patients to actively contribute to the management of their own conditions. All too often there is a gap between the vision and application of holistic services, and time and time again we've found that, when considering the effectiveness of patient care, the whole system fails when patients do not engage or are not willing to change, despite help from service providers.

The aim of our project was to bring together providers from health and social care, and mental health services to discuss patients jointly in order to improve care provision. The project involved the Sutton Commissioning Group, which provides services for over 24,000 patients through 7 GP practices.

The project consisted of two pilots, which were run alongside each other. One pilot focused on integration and collaborative work by a Multi-Disciplinary Team. The second was a joint project between Social Services and the Sutton Commissioning Group exploring the implementation of telepods to a group of patients with conditions such as COPD or Heart Failure. The telepods are designed to record blood pressure, oxygen saturations, temperature and weight at regular intervals throughout the day. Approximately one fifth of patients on a caseload were given a telehealth system from Tunstall.

Over a 12-month period, the project prevented 24 unnecessary hospital admissions, equating to around £55,000 in overall savings.

Saeed Chaudhary is a GP at Thornton Road Surgery and holds two positions within Telehealth Croydon. He is the clinical lead for Telehealth Croydon as well as a practice lead, supervising telehealth implementation at three separate practices.

Long-term conditions currently account for over 70% of England's Primary and Acute care expenditure and with the number of people with these conditions set to rise by 23% over the next 25 years, commissioners and providers need to find a solution that will deliver more services without impeding on the healthcare budget; telehealth could be the solution they are looking for.

I believe there are three key aims of telehealth; to reduce unplanned hospital admissions, reduce growing pressures on GP resources and most importantly to improve patients' quality of life. To effectively deliver these objectives, telehealth needs to work at the practice nurse level with systems in place to support nurses in taking on the challenges of caring and managing patients on telehealth.

Our project involves 50 mymedic systems from Tunstall, with a nurse from each practice acting as the clinical lead for patients at that practice. If a patient feels unwell, the GP or nurse has access to vital signs and the consultation can be done over the phone, saving both time and inconvenience for the patient and the clinician involved.

In terms of the results from our telehealth implementation, we have already covered the costs of the equipment and saved a further £900 since August. Having made these early savings and 'paid for' the equipment, I expect our savings total will soon increase significantly.

IN CONCLUSION: critical factors for telehealth success

Integration: Communication amongst service providers is key for successful telehealth deployments and service providers have experienced better outcomes with input from a Multi Disciplinary Team. Providing a suitable platform for discussion ensures patients remain the top priority whilst motivating them to be providers of their own care.

Patient selection: Successful telehealth programmes depend on the positive experiences of the patient, which is why thorough patient selection is important. Service providers can ensure patients are suitable through the use of risk stratification, home visit records and input from GPs or nursing staff.

Clinical responsibility: Nursing staff also play a key role in determining telehealth project success as they are on the frontline of patient care. Their involvement frees up GP appointments and makes use of their expertise, which are particularly beneficial in the management of long-term conditions.

www.tunstallhealth.com

Creating an integrated Telecare and Telehealth Code of Practice for today's market

Over the last few months much work has been undertaken on developing an integrated Telecare and Telehealth Code of Practice.

It was last summer that TSA commissioned the further development of the current Telecare Code of Practice and a framework for a fully integrated Code of Practice that would lay down the policies, procedures and standards for both telecare and telehealth.

Key to the work on developing the framework of an integrated code has been discussions with key opinion and policy makers in each of the nation states, as well as some of our members who are already delivering telehealth services. In total over 60 key stakeholders have been involved in this consultation and their input has been vital in ensuring that the framework for the Code is fit and applicable for both our members and the way in which telecare and telehealth are being provided to users.

Building on the current matrix model for the Telecare CoP the work has identified the need for at least two new process modules – covering the service infrastructure and monitoring activity for a telehealth service, and for some modification to existing modules to appropriately extend the scope of the existing code.

Examples of areas that will be addressed include:

- **Service infrastructure/Blueprint –** (telehealth only) Description of the elements that make up a robust telehealth service framework developed prior to service start and patient ramp up.
- **Safeguarding**
  The patient's telehealth service should be tailored to:
  – individual clinical needs, outcomes and preferences
  – functional and cognitive ability to use the equipment
  – cultural needs
  – availability of the equipment to meet their needs (i.e. short turn around to support hospital discharge or available funding)

  – cost effectiveness of the technology to meet their needs
  – timelines for setting of initial and updating vital signs parameters and health questionnaires

  Standard Operating Procedures (SOPs) should ensure:

  – the right technology is tailored to the right person according to the clinical assessment etc of their needs
  – when and where a combination of telecare and telehealth is suitable
  – patient choice is supported as above

- **Clinical /Organisational Governance**

  The setting of vital signs parameters and health questionnaires should be based on evidence based guidelines.

  Clinical Governance / SOP's procedures should:

  – state who can / cannot establish the parameters for telehealth vital sign monitoring and any health questionnaires

  – when it is acceptable/or not to make changes and who by
  – any timelines for the above

- **Initial Action –** Action undertaken by the monitoring centre on receipt of data to verify /confirm accuracy of data and source and determine next action.

- **Post Initial Action –** Escalation of health related data according to predetermined healthcare pathways and protocols.

The outline framework of a fully integrated code of practice was discussed at a telehealth forum meeting during the TSA conference, and delegates also had an opportunity to discuss the draft with staff on the TSA stand.

The draft matrix framework for an integrated Telecare and Telehealth Code of Practice is on the TSA website and comments can still be made on the proposed structure.

The next stage is for TSA to develop the content that is required for the new and modified modules. Again this will be taken forward in discussion with members and key stakeholders, at events such as the regional forums. The intent is to have a fully developed code of practice by the end of 2012 so that members can start gaining accreditation to the new modules in 2013.

DRAFT MATRIX FOR CONSULTATION

DRAFT   **TSA Integrated Code Matrix**

Standard Models	Service Blueprint — Service Infra-structure	Stratification — Referral / enquiry	Assessment — Profiling / Assess-ment	Assessment — Tele-care/heath Plan	Service Set up — Service Tailor-ing	Service Set up — Installation/ De-installation	Monitoring — Data Monitoring	Monitoring — Initial Action	Response — Post Initial Action	Response — Physical	Re-evaluation
Safeguarding	√	√	√	√	√	√	√	√	√	√	√
Governance Clinical / Organisational	√	√	√	√	√	√	√	√	√	√	√
Staff and Training	√	√	√	√	√	√	√	√	√	√	√
Privacy and Data Protection	√	√	√	√	√	√	√	√	√		√
Partnership working	√	√	√	√	√	√	√	√	√	√	√
Communication	√	√	√	√	√	√	√	√	√	√	√
Access to / and working in the home			√	√		√				√	√
Technology Management						√	√	√	√		
Business continuity	√						√	√	√		
Development of TSC							√	√			
Legislation (inc Health and Safety)	√	√	√	√	√	√	√	√	√	√	√
Key performance Indicators	√	√	√	√	√	√	√	√	√	√	√
Nation State Variants											

© Telecare Services Association 2012   √ = Telecare only   √ = Telehealth only   √ = Telecare & Telehealth

New telehealth service in the UK following successful trial in the Western Isles

A new service – called Side by Side – was recently launched following a successful trial by NHS Western Isles and O2 Health which demonstrated improved clinician productivity, a 30% reduction in travel costs and fewer appointment cancellations.

Side by Side is a secure software solution developed for the NHS and healthcare market. It enables clinicians to use their office computers to link up electronically and conduct personal and effective remote patient-clinician consultations. It incorporates video, audio and chat functionality plus a digital white board for on-the-spot diagrams and annotations. It can also be used by clinicians across multiple sites to share case notes, X-rays, scans, test results and DICOM images (e.g. ultrasounds, laparoscopies and electro cardiograms) in real-time. It is completely secure – working within the N3 network – and therefore supports highly sensitive patient information.

This service is expected to be of interest to all NHS trusts keen to leverage the latest technology solutions to improve access to their services and increase productivity and efficiency of their clinicians. It is easy and cost-effective to install as it utilises conventional computers and broadband, with no need for new hardware or a dedicated room[1].

Western Isles Medical Director, James Ward, said "The Side by Side solution used during the trial was shaped in partnership, leveraging health service knowledge and clinical resources from NHS Western Isles and technology expertise and innovation from O2 Health. Whilst we have used video conferencing in some circumstances in the past, Side by Side has demonstrated how we could transform the way we deliver health services to our community. Our consultants have seen the benefits in their day to day schedules immediately – including greater efficiency, an ability to respond to patient care needs quickly and a reduction in the need to travel, saving both time and money. It allows them to spend more time on what they do best – communicating with patients."

Of the clinicians involved in the trial[2] :

- 80% said their ability to see patients sooner had increased
- 67% said their ability to diagnose had increased due to having access to all patient records
- 64% said future capacity would be better or much better due to improved time management and less time spent travelling.

O2 health

The service provided significant reductions in time and travel costs. The five clinicians involved in the trial reclaimed a total of 98 hours' of travel time in only 4 weeks.

Patients were also delighted with the service and found it very easy to use. They greatly appreciated not needing to travel for consultations and the consistency provided by being able to see the same consultant. Over the four week trial, nine patient cancellations were avoided.

Keith Nurcombe, Managing Director, O2 Health commented "We're delighted the trial with NHS Western Isles has seen such positive results; and that our partnership approach results in a solution that meets our customers' requirements. We believe the Side by Side solution could be equally beneficial for NHS/healthcare organisations in urban environments with the potential for increased productivity and ultimately financial savings. In cities, consultants regularly travel between 20 and 40 minutes for face to face meetings, which could happen remotely using our service. We see particular benefit for services such as hospital outpatient referrals and management of chronic and long term conditions."

In the Western Isles, preparations are underway to extend its use into Dietetics, Speech and Language Therapy, delivery of Psychological Therapies and Paediatrics in 2012.

The new service was developed in conjunction with Telefónica Digital's Health Research & Development team in Granada. eHealth is one of the key digital service focus areas for Telefónica's new Digital business which has been formed to create new opportunities in the digital world.

[1]Subject to minimum technical specifications, see o2health.co.uk/sidebyside for more information.

[2]The Western Isles trial ran throughout February 2011 and involved 39 patients and 5 Consultants.

GROUP CELEBRATE GOLD STATUS

WORCESTERSHIRE TELECARE

Worcestershire TeleCare's parent company, The Community Housing Group (TCHG), has recently been awarded the coveted Gold status following their recent Investors in People assessment (IIP) for all services delivered across the group. This puts them in the top 1% of IIP accredited organisations across the UK.

Investors in People is a national organisation which sets out recognised standards for employers to help improve business performance. The Gold award is only given to those organisations that are able to demonstrate a degree of excellence in the way they develop and support their staff.

TCHG are committed to continuous improvement and the development of their employees and have held the IIP status continuously since 2000.

To achieve Gold status, they had to meet a total of 165 different standards out of a possible 196 but exceeded this amount by meeting 182. The standards cover a wide mix of areas, including team working, innovation in learning and development, and continuous improvement.

The independent assessor complimented TCHG in a number of key areas including:

- Sound business planning
- Having Corporate Social Responsibility stamped through like a stick of rock
- A culture of continuous learning
- Staff that embrace the core values, are passionate about customers and understand the golden thread and where objectives come from
- Clear evidence of investment in staff and developing people beyond their core job role
- A great Health & Well Being strategy
- Empowered Staff

Keith Schofield, Group Chairman said "We consider this award a great benefit to the business as it enables us to attract the best job applicants and contributes to our Corporate Social Responsibility strategy"

Robert Redman, Head of Worcestershire TeleCare said "We are absolutely thrilled to receive the Gold standard. It is a fantastic achievement and a testament to the hard work and commitment of everyone in the Group to deliver first class customer services"

www.worcstelecare.org

WELBEING CELEBRATES 25 YEARS

Wealden and Eastbourne Lifeline (Welbeing) celebrated the 25th anniversary of the lifeline service this summer at a garden party on Eastbourne seafront.

Welbeing is a not-for-profit company created by the merger of the Wealden District Council Lifeline and Eastbourne Borough Council Lifeline in 2005. In its different forms the service has now operated continuously for 25 years, an anniversary which was celebrated earlier this year with a garden party in Eastbourne.

The party was attended by customers, supporters and staff of Welbeing. Jan Mitchell who was in the team on the first day the Eastbourne service opened for business in 1986 is still on duty! Jan helped to tell the assembled guests about the anticipation and excitement when the first calls started to come through. Everyone enjoyed an afternoon tea of sandwiches, scones and cream and summer strawberries.

Welbeing has grown rapidly, now supporting nearly 35,000 connections across the UK across a range of services and employing over 80 people in a variety of different roles. The good news continues in that they have recently been chosen by Northern Housing Consortium to become one of only seven value-for-money partners for call monitoring services. This follows on from being an approved supplier of Assistive Technologies for the Government Procurement Service (formerly Buying Solutions) Telecare and Telehealth framework.

Welbeing Managing Director, Mark Bannister, said:

"Under the guidance of our board of directors we have achieved a threefold increase in the number of people we support and now offer a much greater range of telecare and telehealth services than we when first started 25 years ago.

"Welbeing has become a major success story in the local business community and is now well placed to expand and develop as a leading UK provider of services that enable people to enjoy independent living."

www.welbeing.org.uk

wel being

Wealden and
Eastbourne Lifeline

Ian Fitzpatrick – Senior Head of Community Eastbourne BC

Mark Bannister – MD, Welbeing

Jo Ellis – Chief Exec Eastbourne Homes

Cllr David Tutt – Leader of Eastbourne BC

Hilary Hughes – Chairman of WEL

I'm Doris, not Dotty!

"Oooh! Fancy me being asked to write a piece for the TSA Link Magazine! I expect you already know a lot about me by now from my Doris's Diary online. Talk about everyone getting their 15 minutes' of fame. I never expected this at my age! Well, what can I say that I've not already said in my Diary, except that I'm so grateful for the C500 KeySafe and to everyone of you who has come to the website and installed my telecare equipment. It's very reassuring to know that so many of you care! I find I'm able to get off to sleep at night knowing that if anything goes wrong the ambulance men and women can get in. It's also good for my niece, Grace, who drops in from time to time.

"My friends Tom, Bobby Humphrey and Jenny are awfully grateful for your help. It is often daunting living alone, especially during the cold winter months.

"Bye for now. Don't forget, I'm Doris, and definitely not Dotty!"

Following that, David Ardron, General Manager of Supra UK said; We're so pleased that Doris has really come to life and bridged the gap between telecare and emergency access. Doris now has quite a life of her own since her creation for the Save Doris game which we launched at the 2011 TSA conference and I hope all call centre and other telecare service staff have had a chance to play it online and win a prize.

www.keysafe.co.uk

...homeline

SWINDON BOROUGH COUNCIL HOMELINE — TO ACCREDITATION AND BEYOND

Homeline is Swindon Borough Council's Community Alarm service, it has been in existence for over 20 years.

Homeline has strong links with a number of partners including the Great Western Ambulance Service, Wiltshire Fire and Rescue Service, Adult Social Services, Community Health Teams, the Primary Care Trust and Hospital Discharge Teams. Homeline has approximately 4,500 connections covering private and council homes as well as Sheltered Housing.

The Homeline service was formed in 1987 and comprised a small team of Homeline Wardens and a couple of vehicles. The remit was fairly simple, to provide reassurance and promote independence. .

In those days our engineers were fitting multiple sensors in over 1,600 properties (mainly bungalows and flats) owned by Swindon Borough Council. The standard package comprised of:

Panic Alarm

Smoke alarm

Hypothermic Alarm

Pull cord (Bathroom)

Inactivity Sensor (PIR)

Pendant

In those days there was no Bluetooth technology, every sensor (except the pendant) linked to the hard wired system. The wires to each peripheral had to be placed in conduit or chased into the wall! Although innovative for the time ,everything was big and bulky then, the pendants, commonly referred to as "Jammy Dodgers" being large and clumsy

The passing of time has catapulted the technology, size and range of community alarm equipment forward and it's not standing still. We constantly review what we do and ask ourselves "How can we do it better".

Our requirements for staff recruitment has changed very little, we still recruit on the basis of essential skill sets. The staff when we

first started were equally as committed and enthusiastic as they are today.

Today our team consists of 10 Emergency Response Officers, 1 Supported Housing Coordinator, 1 Telecare Support Officer and a Principal Homeline & Telecare Officer. The team are multi skilled and are responsible for every aspect relating to Community alarms, response, installation, repairs and bi-annual visits to each service user.

Working with the Community Matrons Homeline is pivotal in the very successful Telehealth project in Swindon. Our Homeline Team are responsible for:

- Receiving patient referrals and removals from Health clinicians
- Recording & removing patient details from the Telehealth server
- Stock control of all Telehealth equipment
- Assigning, delivering and setting up of Telehealth kits in the community
- Fault diagnosis, repair or replacement and battery changes.
- Cleaning of all equipment to prevent cross infection

The team meet every morning at 8.30am and have a brief/debrief session during which time we discuss what has happened in the last 24 hours, each incident that we responded to and what we could do better. We recognise that any procedure or protocol is only in place until a better one is put in place, we encourage each other to challenge the norm.

Response Officers are extensively trained in the following areas:

- Full First Aid At Work
- Defibrillation
- Person and manual handling, including hoisting and air cushion training
- Vulnerable Adults and protection.

We drive vehicles that have highly reflective livery on so that other road users, and most importantly our service users, know who we are. We are also extremely proud to be associated with our service and what better advertising than having your service and

telephone number that can be seen by all day or night. We have two emergency response vehicles available 24 hours a day. Additionally this year we also have 2 4x4 vehicles that we use in the winter. Each emergency response vehicle is comprehensively equipped with the following:

Satellite Navigation System

Defibrillator

Comprehensively stocked First Aid Rucksack

Manual Hoist

Mangar Elk Lifting Cushion

Mangar Camel Lifting Solution

Full compliment of community alarms spares

GSM (To enable calls to go through to our call centre when they have a fault on their fixed telephone line)

Crowbar and pickaxe (To force entry in an emergency when we believe a life is at stake & no key holders are available)

Bolt croppers (To cut through security chains in an emergency)

Patient Transfer Chair

In 2005, whilst responding to a 'No response' call we found one of our service users was in cardiac arrest when we arrived. At our next morning briefing session we recognised that we could further promote confidence in our service if we were able to use defibrillators. We could not have completed this project without the full co-operation, dedication and enthusiasm of a professional and totally motivated team; it is entirely to their credit that they embraced the project. Later that year 3 of the team had completed the defibrillator Train the Trainer course and had carried out defibrillation training with all of the team.

We began our campaign for use of the bus lanes and it took over two years to achieve. We enlisted the support of the Tenants Association of Sheltered Housing (TASH) who were absolutely pivotal in applying pressure to all the groups responsible for approving the application. It is worth remembering that it is the Council that decides who can use the bus lanes, the Police just enforce the regulations.

On the 15 October 2007 the Highways Traffic Order was amended and sealed to allow our vehicles use of bus lanes when responding to an emergency call. It is worthwhile remembering that many of our response calls are treated as an emergency. We receive in excess of 120 calls every month from subscribers that have fallen, some sustain serious injuries as a result. The longer someone is on the floor the worse their condition will become. We use our first aid skills every day of the week.

A little later that year we worked with our Call Handling software providers (Chubb) to have all our service users details (the same details as can be seen by our operators) available on an IPAQ system, the programme is encrypted to prevent unauthorised use. The real benefit to this facility is that we have the very latest information (Subject to when the IPAQ was last synchronised with our server, normally every morning) on hand 24/7. It also means that we can amend/adjust the service user record on site. These changes will automatically adjust the main record in our Control Room when the IPAQ is next synchronised.

In the last South West Falls, Bone Health and Fractures Review carried out by the NHS and on behalf of the Department of Health the panel recognised the importance of the Homeline service by stating:

"The Review Team was impressed with the services provided by Emergency Department Assessment Team (EDAT) and Homeline and would support continued and further investment in these."

"There is a large dependence on Homeline which last year reported 33% of calls were from people who had fallen. This was considered by the Review Team to be a very efficient service, well run, with a good team in place."

Our income is generated from the charge that we make for service provision but we are also very public minded. We possess some valuable skills and we try and assist our colleagues in the Community Teams when they encounter a difficult situation.

On four separate occasions the Homeline team have responded to requests for assistance from health clinicians who were providing care packages to end of life stage patients. All required moving into hospital beds that had been provided in their own houses, the Ambulance Service were unable to assist. Despite each patients lack of mobility Homeline, using their specialised equipment and training, managed to complete each task.

Caroline Kawecki – Team Manager Adult Social Care

"I asked the Ambulance service if they could assist in moving end of life stage patients from their bed to a hospital bed, they were unable to help. I contacted our own Homeline team and explained the situation; it is also worth pointing out that none of the patients were Homeline service users! The Homeline team saw their attendance as being very public minded and completed each task with a high degree of compassion, professionalism and dedication. The Next Of Kin of each patient were all indebted to the team's work, as were my fellow colleagues and I. We are very lucky to have such a skilled team here in Swindon."

We were very aware that whilst we believe we do great things we did not have the TSA accreditation. We began preparing for accreditation in earnest in early 2010, supported by our consultant Jack Wilson.

I remember the first meeting when Jack went through the list to identify the documents/procedures, that are required, in most cases the answer was no. The reality was that we did have a few of the required procedures/protocols it's just that they were called something completely different. To say that we had much to do was an understatement; at the end of day one I strongly considered defibrillating myself. I remember Jack Wilson saying, "I think we had better stop here for today, I can see by your face that you have switched off."!

We achieved TSA accreditation in July 2011 and it would have been almost impossible to achieve without active assistance from the team. I am indebted to Mick Mieklejohn, Paula Watts and Nicola Woodruffe, without their input and hard work would have made accreditation almost impossible to achieve. A massive thanks also to Jack Wilson for his remarkable patience and for knowing when to stop talking to me. On 14 November at the TSA Annual Conference 2011 we were awarded out TSA Accreditation Glassware.

We had also been notified that the Homeline service was short listed for a prestigious Crystal Award in the category of Real Benefits for Service User or Patient. All the team were absolutely delighted to be shortlisted, we recognised that shortlisting meant that, in the opinion of the judging panel, we are providing some of the best services.

At the TSA Conference on 16 November Swindon borough Council's Homeline service was announced as the winners. Without doubt this is the icing on the cake and is a great reward for a proactive team who are enthusiastic, dedicated and entirely committed to making a difference.

Looking to the future, we will continue to explore new technology, examine how we do things and make sure that we continue to build on our comprehensive service.

To beyond......

www.swindon.gov.uk

'PRESS TO TEST' SOLUTION:

Ben Ollier, Service Development & Quality Manager, ChesterCare shares a solution that could be of help to other TSA members

One of the challenges that we have faced this year was to get service users to pro-actively press their pendants so that we have a test of the dispersed alarm units (DAU) on a monthly basis (or every 32 days as per the Code of Practice) We were finding that we were making hundreds of outbound calls to service users to ask them to press their pendant and this was having a big impact on the control desk, and on occasions we were having to bring in additional staff resources to make sure that the requirement for the European Technical Specification for Social Alarm Systems was being met.

We took this to our monthly service users/residents meeting and explained these challenges to see if they had any ideas on how we could improve pro-active testing for systems that could not be programmed

to silent dial and do a periodic call. I floated some ideas past them that I had with regards to producing stickers, leaflets and fridge magnets to use as a reminder and residents came up with a number of ideas for a design.

This has resulted in the development of our "Press to Test" slogan and we have seen an approximate reduction of 15% in outbound pendant request calls after just a month of implementing the idea. The fridge magnets have been particularly good as relatives who are visiting family members are seeing these on the door of the fridge when they are making tea and coffee and reminding the service user to press their pendant! Stickers have been placed on the units and we also have some cards that our housing support officers are putting through residents doors as a reminder.

When we had our audit last month, David Revel asked us how we were finding the challenge of tests every 32 days. He was impressed by our solution and asked if he could use the idea as an example of good practice to share with other members. We were delighted to agree, and since the audit a couple of other members have rung me to ask what it was all about.

We have also made the slogan a ChesterCare logo so that this is now on all of our letterheads and any other documents that go out to service users along with it being on our website.

The idea although it's very simple appears to be having a positive impact and I felt that this would be a good thing to share with other members as a benchmarking exercise.

www.cdht.net

COUNCIL PROJECT TO EASE 999 CALL-OUTS

A 24 hour response scheme is being piloted by Dudley Council to help older people who have fallen in their homes and to reduce the number of ambulance call-outs.

The ambulance service is called out, on average 175 times every three months, to help older people who have fallen, however not all of them need further help or to be taken to hospital.

It is hoped the team of emergency responders working for the council's Dudley Telecare Service will now be able to go to the aid of those who have fallen, reducing the need for ambulances to attend.

Dudley Telecare Service provides home alarm support to more than 8500 people across Dudley borough. All alarm equipment is linked to the service's 24 hour, 365 day monitoring centre and help and assistance is instantly provided, as required.

Working in partnership with West Midlands Ambulance Service, Dudley Telecare Staff have been trained as emergency responders and can now attend older people who have fallen, freeing up paramedic resources. Emma Wilkins, West Midlands Ambulance Service's Black Country Community Response Manager has provided first person on the scene training to council staff.

.Anyone with a telecare alarm installed in their home who has fallen and has no apparent injury will now be attended by a telecare emergency responder, rather than telecare

staff requesting an ambulance. The emergency responder will then assess the individual for injuries and help them back up.

Providing the person is not injured, a follow up visit will be arranged when telecare staff will carry out an assessment to help people gain access to helpful and supportive services, such as the council's falls service or home safety service, as well as health and wellbeing services.

The new scheme is being piloted by the council in partnership with Dudley Primary Care Trust. As well as providing a more supportive service to people who have fallen, including identifying services that can help improve their situation, it is also hoped that the pilot will save money by reducing the amount paid by the PCT to the ambulance service for call-outs.

Councillor David Vickers, cabinet member for adult and community services, said:

"Dudley Telecare Service already provides an extremely supportive service to older or vulnerable people in their own homes. The new pilot response scheme will extend the service available and enable staff to use their expertise attending those customers who have taken a fall. At the same time we will be helping to free up valuable ambulance resources."

Emma Wilkins, West Midlands Ambulance Service's Black Country Community Response Manager, said:

"This is great news for Dudley borough residents, as council staff now have the skills to not only deliver first aid and to save lives, but also the knowledge about different care pathways on offer to people in the borough."

www.dudley.gov.uk

ASSIST PROJECT

John Halloran

Older people, like everyone else, want to live independently and maintain quality of life. But they may need assistance. Here, 'assistive technology' (AT) can help. Generally, AT describes any product or service designed to enable independence. It includes items like pull-cords, pendants, motion sensors and intercoms, so that if there is a fall or an accident, the right help is given.

Tynetec has teamed up with Cirrus, Coventry University, and Orbit Heart of England, one of the UK's largest housing providers, to research the relationship between older people and AT. A significant part of Orbit's remit is the provision of sheltered and extra care housing for older people, and AT is important to its offer. The two-year partnership is dedicated to enhancing AT deployments, as well as finding cost effective solutions to support older people with independent living.

Principal Investigator Dr John Halloran, of Coventry University's Cogent Computing Group, explained: 'The project, called 'ASSIST', is about understanding the human context of AT. AT isn't just fit and forget like a smoke alarm: it needs awareness on the part of residents and careful introduction and stewarding by staff. We want to find out more about how both residents and staff feel about AT: how far they accept it, their perceptions of need, and even their emotional responses. If people don't like it, it is less likely to work, or to be cost effective. Hence, the project is about identifying the best ways of deploying AT, through understanding more about people's engagement with it'.

The initial phase of the research has included resident surveys of around 200 older people, as well as a smaller survey of Orbit staff. John said: 'There

have been some interesting findings. 80% of residents told us they value AT because it gives security and peace of mind. And 80% rated AT as 'easy to use'. This is great as it shows that Tynetec are producing technologies which are getting good user feedback. However, only 50% of users said they actually use it. What this suggests is that for many residents, there is approval of the technology in theory, rather than in practice. The question coming out of that is whether an absence of practical knowledge is an issue. Maybe if an incident happened, some residents would not actually know what to do'.

Turning to the staff survey, John explained: 'There is real commitment and skill amongst Orbit staff. They know a lot about their residents and about AT. They will go to great lengths to make sure everything is working and residents are happy'. Perhaps surprisingly, though, only 50% of staff expressed positive attitudes to AT. John commented: 'This could be to do with the fear that technology might put you out of a job. However, the research results clearly show that you can't take out the staff. They carry out ongoing needs assessment and are highly sensitive to the ways people change as they grow older. They recommend new technologies, and encourage their residents to use them. The staff role is absolutely key to successful AT deployments'.

The next stage of ASSIST is to consider how AT deployments might be enhanced. Lorraine Mansfield, who heads up assisted living at Orbit, said: 'Many Orbit residents are active with no current AT support needs. That explains why many say they do not use it. But they'll need it one day. The challenge is how to prepare residents for that: how to manage the transition. We do need residents' awareness and engagement. The issue is how to achieve this – so that when incidents happen, residents are ready'. The equipment designer has an important role to play. Residents' attitudes to AT are influenced by its design. While

many express negative attitudes to modern technologies like computers and mobile phones, AT is perceived as simpler and more usable.

AT is also a call handling and response system, and new solutions are being developed for data capture and analysis. One important aspect of ASSIST going forward is to better understand Orbit's data logging requirements. One use of data logging is to profile residents better; another is to model the demographic and inform new services, especially as the technology develops and changes.

On this, John said, 'The current generation of AT users came late to computing, but future generations will have lived with it all their lives. Right now, technology is perceived as complicated by many older people. But even now we're finding that many older are very open to new technology. Some are regular users of things like Skype, Facetime and Facebook, and they own and are familiar with smartphones. That has important implications for companies like Tynetec. Maybe one day we'll see AT alarms and sensors integrated into smartphones, TVs and iPads. AT could literally be built into everyday life and activity. The distinction between AT and other technology might start to disappear in such a way that AT gets engaged with much earlier on'.

THE INTERNATIONAL TELECARE AND TELEHEALTH CONFERENCE 2011 REPORT

The International Telecare and Telehealth Conference 2011 took place on 14–16 November, at the Hilton London Metropole Hotel. The conference, the biggest single event in Europe focusing exclusively on telecare and telehealth, attracted a record-breaking 826 delegates from across the globe, reinforcing the UK's position as a leading force in telecare and telehealth service and technological development.

Telecare Services Association (TSA), the representative body for the telecare and telehealth industry, organise the conference, and work hard to ensure the programme is relevant and that the overall conference reflects the developing needs of the industry.

Conference was opened on Monday 14 November by Trevor Single, Chief Executive of TSA, who outlined the challenges facing health and social care. These challenges included:

- 15.5 million people in the UK suffering from long- term conditions
- The number of over 65-year-olds will rise from 9.3 million to 16.8 million in the next 5 years
- There are 700 000 people with dementia. Within 30 years this will be 1.5 million with a cost of £50 billion a year.

Trevor also outlined some of the key findings from a recent TSA survey of members with monitoring centres, which included:

- 1.6 million households are connected to a social alarm or telecare service from TSA member monitoring centres
- 84% of monitoring centres offer services more complex than basic telecare
- 22% provide telehealth monitoring
- 50% had budgets increased in 2011, while 24% had budgets reduced
- 82% expect market demand to increase.

Trevor concluded by introducing Roy Lilley, broadcaster and writer on health, as the 3-day conference Chair.

Paul Burstow, MP, Minister of State for Care Services, addressed the audience, reminding us that in health care, 70 pence in every pound is spent on long-term conditions, and emphasising the need to engage people in a more sophisticated way. The Minister was joined by leading speakers from across telecare and telehealth, whose sessions focused on access, next steps, acceptability and the future:

- **The Acceptability of telehealth and telecare equipment to users – The Whole System Demonstrator Study** – Professor Stanton Newman, Dean, School of Health Sciences, City University, Principal Investigator on the Whole System Demonstrator project
- **Next Steps from the WSD experience: The practicalities taking forward telehealth and telecare in Cornwall** – Dave Tyas, Telehealth and Service Improvement Manager, Community Health Services - NHS Cornwall and Isles of Scilly
- **The next steps for Telecare and Telehealth in England** – Stephen Johnson, Head of Long Term Conditions
- **The Tele-NHS: Access for All?** – Dr Gwyn Weatherburn, President of the Telemedicine and eHealth Section of the Royal Society of Medicine
- **Telecare and Telehealth – the future from global perspective** – Adam Darkins.

The afternoon concluded with a panel debate, chaired by Dr. Nick Goodwin, The King's Fund, which focused on **Mainstreaming Telecare and Telehealth**.

Throughout the day, delegates spent time in the largest industry-specific exhibition zone to date, with 45 stands featuring the very latest innovations in telecare and telehealth services and technologies. Delegates benefited from the most tailored networking opportunity available for the industry and several new products were launched from a number of the leading innovators in telecare and telehealth.

Monday concluded with the Awards Dinner. During this illustrious occasion, 20 organisations achieved accreditation to the TSA Telecare Code of Practice, with a further 13 organisations achieving accreditation with the European Technical Specification for Social Alarms. There were also four organisations receiving recognition for both the TSA and European Standards. This continues the trend of increasing numbers of service delivery organisations achieving recognition for the stringent standards applied across the industry, ensuring consistently high service levels and providing reassurance and security for the service users, their families and carers.

On Tuesday, conference was treated to two distinguished speakers in the morning. The first speaker was a last minute addition to the programme – Baroness Mashom, the Vice Chair of the All Party Parliamentary Group for Telehealth, who stated her concerns about

how telecare and telehealth can be financed, and the breadth of health problems that can be assisted by telehealth and telecare. The baroness was followed by Dr Dawn Harper, the author and co-presenter of the UK's first primetime telehealth television programme Embarrassing Bodies, who gave the Conference Address. During her address, Dr Harper raised the issue of the consultation and communication styles of doctors and nurses in the 21st century and about access to them.
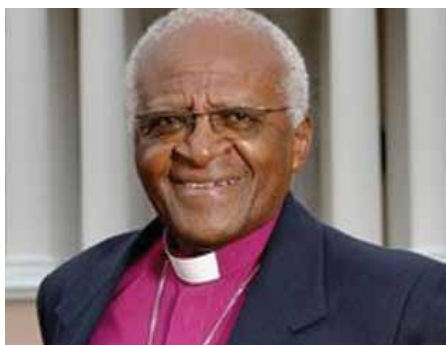

Trevor Single,
Chief Executive, TSA

Paul Burstow MP,
Minister of State for Care Services

Dr Dawn Harper

Archbishop Desmond Tutu

Red Alert receive their COP accreditation glassware

COP Accreditation for Trafford Housing

A busy Exhibition Zone

Dr Harper was followed by Dr Peter Carter OBE, Chief Executive and General Secretary of the Royal College of Nurses (RCN), who began his presentation – **The Nursing view and the reality of practical implementation** – by playing a heart-wrenching short film that had some of the audience in tears. Peter was followed by Dr George Crooks, Medical Director/ Chief Operating Officer for NHS 24 and Director of the Scottish Centre for Telehealth, who spoke about **Telecare and Telehealth – Integrating Services across Scotland**.

For the second year digital voting was used. Key issues about the industry were posed through a series of questions and the audience were invited to participate by voting using remote handsets.

During the break, Dr Harper was shown around an extremely busy and innovative Exhibition Zone, where she spoke to many of the exhibitors and saw examples of innovations in action. Another first for conference consisted of posters and presentations from innovative telecare and/or telehealth organisations and academics, as well as an artist-in-action, who bought the main issues from conference to life through an evolving piece of artwork.

Following the Exhibition Zone break, and lunch sessions, delegates went into their workshops. The workshops were streamed across care, health, business improvements and masterclasses, and over the 3 days delegates could choose from twenty seven options.

The afternoon concluded with a further two plenary sessions. The first was from David Bott, Director of Innovation Programmes, Technology Strategy Board, who spoke about the issues relating to **Delivery at Scale**. David was followed by the Big Issue debate – **National, Regional or Local – The Future Shape for Integrated Services**. The audience was asked for views on their preferred shape pre-and post debate – and interestingly the majority view changed from regionally-based services pre-debate to a mix of local, regional and national, post-debate. The panel members for this debate were: Chair Roy Lilley, and panel members Dr Nicholas Robinson, NHS Direct; Alyson Bell, Your Homes Newcastle; Mike Biddle, TSB and Moira McKenzie, Scottish Centre for Telehealth and Telecare/NHS24.

Networking carried on into the evening with the Gala Dinner. The winners of the hotly contested TSA Crystal Awards 2011, designed to recognise exceptional service delivery and innovation within telecare and telehealth, were announced at the Gala Dinner. The awards featured three categories: Real Benefits for the Service User or Patient, Best Innovation and Going the Extra Mile. The winners for each category were:

Real Benefits for the Service User or Patient

Swindon Borough Council – The Homeline Team.

Best Innovation

Geonovo Limited.

Going the Extra Mile

Blackpool Council Vitaline.

A fourth award for the entry that was deemed as demonstrating overall excellence across telecare and/ or telehealth was also announced on the night. The judges chose this organisation as the Overall Winner for 2011 as they believed it had a sustainable model that could be applied to other service users, and actually met the criteria of all three categories.

Overall Winner 2011

Stafford and Rural Homes – You First Customer Call and Telecare Services Team.

The final day of conference began with an uplifting address, via video, from Archbishop Desmond Tutu, a Global Ambassador for eHealth, who congratulated the UK on its leading role in the development in telecare and telehealth, and the ability of telecare and telehealth to be used to make a real change to peoples lives. Archbishop Tutu was followed by David Doherty, 3G Doctor whose presentation, **mHealth – an overview of key patient and provider opportunities**, outlined the potential impact that mobile technologies could have on the industry, and the benefits it could bring to individuals.

Jonathan D Linkous, Chief Executive, American Telemedicine Association then discussed **What is happening with telehealth and telecare in the USA and what opportunities does this give to the UK market?** which stimulated some interesting discussions.

Following a tour of the Exhibition Zone, our guest business speaker, Nick Hewer, businessman, and Alan Sugar's right-hand man on The Apprentice, gave an amusing and thought-provoking insight into the world of Lord Sugar, and behind the scenes of the award- winning programme. The event concluded at 1.30 pm, with delegates reminded to save 12–14 November 2012 for next year's International Telecare and Telehealth Conference which will be held in Birmingham, at the Hilton Birmingham Metropole. Presentations from both the plenary sessions and the workshops, together with a selection of photographs and the video and transcript from Archbishop Desmond Tutus address, are now available to view from the TSA website: www.telecare.org.uk.

www.telecare.org.uk

Stafford and Rural Homes (SARH) won the top prize at the Telecare Services Association (TSA) Crystal Awards for providing Lifeline equipment to customer Paul McKenzie so his dog Millie could learn how to sound the alarm if he fell ill.

The awards – presented at the TSA's annual conference in London – recognised excellence in the industry across the UK and SARH was named the overall winner.

"Our goal was always to help Paul feel more secure in his home, but the award is wonderful recognition for the work that has been done," said Karen Foster, Telecare Operations and Development Manager at SARH.

Paul is a brittle diabetic with severe neuropathy and suffers from dizzy spells.

One of SARH's Telecare co-ordinators, Laura Williams, agreed to provide Paul with Lifeline equipment so a charity called Canine Partners could train his three-year-old Labrador to recognise when he needs assistance.

Over several weeks Millie learnt how to push a button on the SARH Lifeline system in his home that alerts their Telecare team that he needs help.

Millie has already used the Lifeline alarm twice, on one occasion Paul needed an ambulance after falling unconscious at his home in Derrington.

At the awards SARH's efforts were praised for showing innovation, going the extra mile and making a real difference to customers' lives.

"Our customers rely on our service to remain independent, safe and secure in their own homes and we will always work with them to meet their needs – whatever they may be," said Karen.

SARH's Lifeline system and Telecare home safety equipment connects more than 7,000 customers to its 24-hour Customer Call centre.

Millie's training has been so successful that SARH is now working with Canine Partners to help train other assistance dogs, using old Lifeline units.

Paul with Millie

Paul said: "Knowing that Millie is able to use the alarm is a huge comfort to me and has made me feel a lot more confident in my home."

www.sarh.co.uk

You First Customer Call and Telecare Services Team SARH

The TSA Telecare Code of Practice and European Technical Specification Awardees

The winning Innovation Zone Poster
Julie Ryan, Telehealth Project Manager, NHS North Yorkshire & York

THE CHRONIC DISEASE CHALLENGE IN EUROPE

DR MALACHY RICE S3 GROUP

Current Healthcare practice in all EU countries is primarily focused on the acute hospital sector, but if modern Healthcare systems want to respond to the major illness of the 21 century they need to develop a systematic approach to intervene earlier in the course of chronic diseases and provide the most intensive care in the least expensive setting by treating patients nearer to, or in, their home. To do this we need a combination of vital signs monitoring, early exacerbation detection and closed-loop feedback with the patient to minimise effects of disease and reduce complications. The overarching strategy of chronic disease management is to move away from a reactive, unplanned and episodic approach of care, and to create a care system that empowers patients to take more control of their treatment regime. The Belgium Prime Minister when he was in his capacity as the President of the European Union succinctly captured this concept when he said:

"The way healthcare is presently delivered has to be deeply reformed.

The situation is becoming unsustainable and will only worsen in the future as chronic diseases and demographic change place additional strains on healthcare systems around Europe.

A new healthcare delivery model based on preventative and person-centred health systems is needed. This new model can only be achieved through better use of ICT in combination with appropriate organisational change and skills."

TELEMONITORING TO MANAGE CHRONIC DISEASES

Since chronic diseases have a thread through time, a follow-up schedule needs to be planned that not only diagnoses the disease today and recommends a treatment plan, but tracks that progression of the disease over time. In his book, the Innovator's Prescription, Christensen suggests that the management of Chronic Disease, should be handed-off to a Nurse lead care team that proactively monitors the patient through the progression of their disease, and only utilises the more expensive GP resources when clinically necessary. He proposes a GP-designed and Nurse-lead service that chronically ill patients are referred onto after initial diagnosis, staging (chronicity), prescribing and stabilisation of their chronic disease occurs. The nurse-led service would strictly follow best practice guidelines laid out in national care pathways that have been adapted to include technology monitoring. The nurse-led service would strictly follow the Care Plan laid out by the GP and educate and encourage the patient to stay within the parameters out-lined in the GP-written Care Plan.

A full Chronic Disease program must contain the following components:

- Population identification processes which identify the persons who are good candidates for disease management intervention
- Evidence-based practice guidelines
- Collaborative practice models including GP's and providers of support services
- Patient self-management education, which may include primary prevention, behaviour modification programmes, and compliance/surveillance
- Process and outcomes measurement, evaluation and management
- Routine reporting/feedback loop (which may include communication with Patient, GP, Insurer, etc)

A CDM service has to be suitable for the vital sign and qualitative health assessment of patients with chronic disease, with follow-up coaching to support patient self-management and behaviour change. It must be capable of responding to the medical needs of these people in a timely manner. Any CDM service has to be flexible and customisable to adapt to changing local healthcare needs and have service reliability built in. In order to seamlessly deploy CDM as a service to a health population, the design of the service needs to include elements to assist the delivery, integration and operation of the service.

LARGE SCALE TELEMONITORING SERVICES IN EUROPE

The Department Health and Social Care Northern Ireland, following an extensive review of the evidence base and following on from pilots of various types involving up to 1500 people, decided to invest in building a remote patient monitoring service known as Telemonitoring NI. Patients with heart and respiratory conditions, diabetes and those who have suffered a stroke can have their vital signs, such as pulse, blood pressure and body weight, tested at home on a daily basis and monitored centrally. The core conditions are COPD, CHF, Diabetes and Stroke but also cater for co-morbidities. S3 Group provides the Service and Solution design for the Service in Northern Ireland. It is Europe's first and only, country-wide Telemonitoring service.

In the Lombardy Region in Italy a new model of care of chronic disease is being tested with initially 200,000 long term condition patients. The service offered has a strong analogies with the Disease Related Group (DRG) concept widely used in the Acute sector throughout Europe. A DRG is a fee for the services of hospitalization, and in the Milan area the Regional Health Authority is testing the concept of Chronic Related Groups: a fee-for-subscription model applied to the community and primary care of chronic diseases. These Chronic Related Groups (known as CReGs) are over-seen by a new organizational model of GPs and Monitoring Centres who are empowered to take charge of the holistic patient chronic needs, by acting as proactive Case Managers. This new organisational model and Care Pathway structure, will ensure the care of patients and continuity of the care path, by interacting with all the actors involved in the management of the disease, leading to better clinical and organizational management of chronic diseases. S3 Group provides the Service and Solution design for the Service in Lombardy. It is Europe's largest Chronic Disease monitoring service.

www.S3group.com

FOUR NORTH WALES COUNCILS COLLABORATE ON JOINT REGIONAL CALL MONITORING CENTRE

Background

Changing demographics, coupled with social economic factors and rising expectations represent a major challenge in terms of meeting the needs of vulnerable people. As an example, the projected increase in the number of older people who will be living in North Wales (6 local authority areas) by 2030 is shown below.

	2010	2030 (Projected)
North Wales Adult Population (over 18):	543,040	589,170
Of which: Aged 65 – 84	118,870	168,800
Aged 85+	18,770	38,400

Public services are increasingly concerned with the challenges of meeting growing areas of need. The Welsh Government's vision for social care over the next ten years, as set out in 'Fulfilled Lives Supportive Communities', emphasises the need to modernise social services, provide more accessible personal care, earlier intervention and to maintain independence for as long as possible. The significant role that assistive technology can play in achieving these aims is clear.

Central to the vision is a requirement for collaboration between Local Authorities and partner organisations to help deliver reform and improve integrated local services. Joined-up planning, commissioning and delivery of services is essential, as are the common principles of citizen centred services, and services that are both cost efficient and accountable.

North Wales' collaborative approach to Telecare

The North Wales Telecare Regionalisation Project Board was established with the long term aim of developing a regional collaborative approach to progressing the use of assistive technology in North Wales. Membership consists of the 6 North Wales Local Authorities: Anglesey; Gwynedd; Conwy; Flintshire; Denbighshire and Wrexham.

The Board commissioned consultants to conduct a study which highlighted that there were a number of significant challenges ahead in terms of delivering Telecare services across the region.

Particularly emphasised was the issue of sustainability of the locally managed call monitoring centres and maintenance of their service standards within accredited quality frameworks. Conwy Careline, Gofal Môn and Flintshire Carelink were well established services. However they were in need of significant development to make them fit for the future.

Implementing changes would require a substantial level of investment and commitment to enable services to expand alongside the availability of new technologies, staff capacity and industry codes of practice. Achieving this level of investment would have been difficult for the three relatively small centres.

The pressures facing local authorities combined with the concerns regarding sustainability of existing call centres, strengthened a will to explore the business case for a single line managed call monitoring service within the region. This was seen as an initial step in pursuit of the aim of establishing an integrated Telecare Service in North Wales.

The key drivers for the merging of the call monitoring services were therefore:

- To increase efficiency through economies of scale.

- To increase productivity by standardising, streamlining, automating and integrating processes

- To improve disaster recovery by using 2 sites operating as a virtual single service.

- To improve service provision using better information systems and utilising a strong performance management structure based on customer excellence.

- To maintain a fully bilingual, 24/7 service.

- To enable business growth and thus ensure long term sustainability

A business case was developed proposing that a partnership be entered into between Anglesey, Conwy, Flintshire and Gwynedd. This partnership would establish and manage the new service. Political approval was gained from each partner local authority to progress the project.

The New Service – Galw Gofal/ Care Connect

With additional funding from the Welsh Government Making the Connections Improvement Fund and Invest to Save Fund and with support from the Welsh Local Government Association the existing services were merged.

The new service has been named Galw Gofal/Care Connect and was officially launched at the Welsh Government Office in Llandudno Junction on 17th November 2011. It operates as a single service but is located in two sites, one in Anglesey and one in Conwy. Calls transfer between the 2 sites according to capacity and are fully backed up. In the event of the need for disaster recovery procedures, either site can operate independently and provide a full service.

Lesley Griffiths, Welsh Government Minister for Health and Social Services said: "The launch of Galw Gofal represents the type of transformational change to services highlighted in Together for Health, our Five Year Vision for the NHS in Wales. This vision for the NHS in Wales seeks to develop new sustainable, high quality models of service. The merging of three monitoring services, which were no longer sustainable as stand alone services, to create one, fully bi-lingual, 24 hour call monitoring service supporting both carers and users of assistive technology across the region, is a prime example of the public sector working across boundaries in a more cohesive way.

"I would like to thank all involved for the more than 5 years' work that has gone into creating it. It promises to become a key service centre in enabling people to maintain their health, their well-being, and their safety in the home of their choice."

Rhianwen Jones, Manager of Galw Gofal said, "This project has been about streamlining and modernising the system behind the scenes, and as a result our customers will continue to use the service as they have always done and should not notice any change – just continued peace of mind in their own homes. By working together we are better placed to explore highly innovative assistive technology that can make a real difference to people's lives and future proof the services we offer."

SAFE WALKING
SATELLITE TECHNOLOGY HELPING THOSE WITH DEMENTIA

Can you imagine what it's like not to be able to go out for a walk because you are worried about forgetting where you are? Or feeling trapped in the house by fear of getting lost? Or not being able to visit familiar places because your family is worried that you won't get back? That is the trap that many people with dementia or other cognitive disorders find themselves in.

Modern technology can help overcome some of these challenges. Bield Response24, utilising Jontek's Answer-link 3G Telecare Monitoring system, is working in partnership with the City of Edinburgh Council to use the latest Global Positioning System (GPS) technology to give people with dementia the freedom to roam and walk safely in familiar neighbourhoods. The Council provides the Vega GPS bracelet to people it has assessed as likely to benefit from this type of technology. BR24 was chosen to provide the monitoring service as it is the first in the UK with the capability to do so.

Two women in the north of the capital, both in their 70s, have started using the GPS devices in the past month as part of the Safe Walking service.

The aim of the service is to help clients to access their local communities, reducing the risks of them becoming lost or getting into difficulties.

Small electronic devices, either worn on the wrist or carried in pockets, trigger an alert to BR24 if the clients go out of a pre-determined geographical area.

This service provides relatives and friends an opportunity to identify where their loved ones are, ensuring they are not lost or in difficulty, bringing peace of mind.

One of the women in the pilot study is a 76-year-old from North Edinburgh who was diagnosed with dementia three and a half years ago. Two months ago, before the Safe Walking service was available, she went missing from her home at 9pm sparking a police operation to establish her whereabouts. Four hours later she was safely traced to an area nearly two miles from her home.

Her husband said: "We now have the security of knowing that my wife can go out and about in the neighbourhood and we have peace of mind because we know where she is."

"Before she would have been kept in all the time or needed someone to be with her. It allows her to be independent."

The other person in the pilot study is a 78-year-old woman from North Edinburgh who has had dementia for the past two years.

Her daughter said: "Many people think that when dementia affects someone they have to go into a care home, but that's not the case. This system gives people a bit of extra time with their families and has extra built in safety precautions."

"I have more security because I know exactly where my mum is in the safe zone. When she comes to visit I can see that she's at the bus stop and know where she is so the kettle can be on for her coming through the front door! If she goes out of the safe zone then I am alerted by BR24 and can find her."

Researchers at the University of Edinburgh are carrying out a research study into the Safe Walking pilot to find out more about people's experiences and the benefits of using the devices. Dr Heather Milne of the University of Edinburgh, a researcher involved in the study, said: "Current service users and their carers are providing us with vital information on the acceptability of the technology, and how using it affects their lives. We will feed this information back directly to the Council to help them develop their service, and use it to inform future research in this area."

Cllr Paul Edie, Health, Social Care and Housing Leader for Edinburgh, said: "The families of the older people using the devices have told us about the dramatic differences they are having in their daily lives. They have a greater peace of mind knowing that their loved one is safe whether it's in their own home or being out and about in the local area. "

"We used this technology to help pupils at special schools travel independently to school and using these devices to help those with dementia is a natural progression.

Alister McDonald, Depute Chief Executive of Bield, said: "This new technology can give a new sense of freedom to people with dementia and reassurance to their families. We are delighted to be working in partnership with the City of Edinburgh Council to provide this innovative service and hope it will not be too long before other councils follow Edinburgh's lead."

www.edinburgh.gov.uk

WEST MIDLANDS AUTOMATED PILL DISPENSER PILOT CUTS HOSPITAL ADMISSIONS

The West Midlands Automated Pill Dispenser Pilot is proving cost effective for both health and social care, cutting hospital admissions, freeing up beds and saving thousands of pounds for the NHS and councils in the West Midlands.

In the first region-wide trial of its kind, patients who have failed to take medication properly are using Pivotell Automatic Pill Dispensers – and the results are impressive.

The multi-agency pilot includes 53 people who had been in hospital after failing to properly take their medicine in the six months before the scheme. After the pilot, not a single patient was readmitted since starting to use the pill dispenser.

In the case of those 53 people alone, 371 bed days (1) were freed up and the NHS saved a total £94,605 against an investment of £10,865. The cost per patient was £205, but the saving per patient in terms of social care and NHS costs was £1,810 (2).

The project involves a GP prescribing the device or a Social Worker assessing suitability, a pharmacist dispensing it and social care staff advising and embedding the scheme into care plans. The trial is funded by the NHS Innovation Fund and Improvement and Efficiency West Midlands.

People who fail to correctly take prescribed drugs risk their health and independence. Research shows the costs of admissions resulting from patients not taking prescribed medicines was estimated to be between £36m and £197m in 2006-07 (3).

"Poor medication adherence puts enormous strain on the NHS and local authority budgets, not to mention ruining people's quality of life and ability to live independently," said Matt Bowsher, Head of Adult Social Care at Improvement and Efficiency West Midlands.

The pilot has so far involved 283 people including those with dementia, visual impairments, mental health issues, Parkinsons and people with learning disabilities.

John Barber, an 84-year-old from Dudley with dementia, described the dispenser as "dead easy" in a short film about the Project produced in September 2010. John, whose daily medication included tablets for his diabetes and his heart, explains: "The bell rings, the red light shines, you lift it up and turn it forwards and it is already pre-set. Tablets in the mouth – gone!"

Dr Dawn Moody, a GP with a special interest in geriatric medicine who works at Leek Moorlands Hospital and Waterhouses medical practice, both in Staffordshire Moorlands, is involved in the trial. Dr Moody says: "The automatic pill dispensers can have a very dramatic impact upon medication compliance and safety for frail older people, leading to increased safety, reduced hospital admissions and thus improving quality of life. Our involvement has also provided excellent new opportunities to improve communication and sharing of ideas with colleagues in adult social care and is acting as a catalyst for the wider development of joint working initiatives."

Patients at Dr Moody's practice who participated included someone with a memory impairment who was hospitalised after an accidental overdose of a paracetamol-based painkiller and another person with a memory condition who suffered falls, being unable to regulate blood pressure or blood sugar levels.

The pre-programmed dispenser, around 19cm in diameter, dispenses pills at pre-programmable times during the day and consists of a movable carousel divided into 29 sections containing tablets. The dispenser sounds when it is time to take medicine and can connect to Telecare systems, alerting monitoring centres carers if someone fails to take medicines on time.

The scheme is becoming regarded as good practice; North Essex PCT is replicating the pilot with its own 200-strong trial due to run until next summer.

Notes :

• (1) Bed-day: a hospital patient is confined to bed for a day, staying overnight.

• (2) Savings calculated based on the unit costs of health and social care with savings from interventions no longer required (e.g. domiciliary care calls or admission to an acute ward). The £10,865 spent on the 53 people includes a monthly £20 dispensing fee plus £85 per device. The £1,810 average saving breaks down into £753 saved from social care and £1,057 saved from NHS spend. The £205 total per patient includes £120 a month dispensing fees for six months and £85 for the device.

• (3) Source: "Automatic Medication Dispensers: A review of evidence & current practice." Author Margaret McArthur- University of Birmingham 9th September 2008.

• The pilot began in July 2009 and ends on 31st March 2012, but it is hoped the service will be mainstreamed. Pilot areas are: Coventry, Dudley, Sandwell, Staffordshire, Telford and Wrekin, Wolverhampton and Worcestershire.

Weblinks:

Improvement and Efficiency West Midlands: http://www.westmidlandsiep.gov.uk/

NHS Choices video featuring patient John Barber: http://nhslocal.nhs.uk/story/features/pill-machine-medicine-reminder

CALLS FOR TELECARE TO RECEIVE GREATER GOVERNMENT FUNDING IN AUSTRALIA

Recent high profile cases of undetected deaths in Australia has prompted Feros Care to call upon their Federal Government to expand funding that will allow Australia's elderly population to access 'smart home' technologies. Feros Care is a not-for-profit aged care organisation on the east coast of Australia and were one of the first in the country to introduce telehealthcare services in 2010 through their technology arm, LifeLink.

The country's national media has been reporting serious cases of undetected deaths including a then 86 year old woman's decomposed body found in a private home in July this year. Police reports indicate she died in 2003 and due to estranged relationships with her existing family she was never reported as missing nor were any other concerns raised. What was even harder for an aged care service to hear was that her body was found on the floor of her bedroom – perhaps suggesting she died after a fall. Around the same time, two more reports emerged of a 57 year old man found deceased several weeks later and another 70 year old man found in very poor condition at his home, who later died in hospital.

In response to the media reports, Feros Care publicly encouraged the Federal Government to fund Telecare technology that is available in Australia now, but is limited to a small percentage of the senior population due to the current limitations of such technology being provided through aged care community programs. Feros Care currently offers it either at a private expense or under one specific Commonwealth Community Aged Care Package program.

Feros Care CEO Jennene Buckley said the technology is tried and tested, and ready to be implemented into more homes, if the government could allow it.

"The technology is new to Australia, but it is offered as a main stream service for the elderly population in other countries including England for many years. Feros Care ran a self-funded trial in 2010 to see if implementation was worthwhile and the results were very encouraging with reports of a greater sense of safety and independence, as well as peace of mind for family and/or carers, knowing that if their elderly loved one is sick, injured or immobile they will be automatically alerted," Ms Buckley said.

Feros Care's LifeLink trial, Telehealthcare – Supporting People to Live Safely and Independently at Home: An Australian Pilot Program, found that 90% of clients felt that their quality of life had improved with the technology, 94% reported an increase in independence and security, while 76% of clients were less fearful of having an undetected fall (more information about Feros Care's LifeLink technology and pilot results can be found at www.lifelinkresponse.com.au)

However, recent indications are that the Australian Government aren't largely considering the use of modern technologies in aged care. The Productivity Commission's draft report, Caring for Older Australians, submitted to Parliament in June 2011, did not at any point suggest or discuss Telecare technologies as a way to improve services for seniors. However, along with Feros Care, many service providers and peak bodies submitted feedback on the importance of having assistive technologies as an enabler in keeping people safe and independent in their homes for longer. The final report is due to be announced in September.

"Sometimes all it takes is for a senior to have one undetected fall that can lead to reduced confidence and increased anxiety, possibly resulting in premature nursing home admission. The installation of an unobtrusive inactivity sensor can generate an automatic alert if there is an extended period of no movement in a senior's home, avoiding dreadful outcomes such as those we have heard recently," Ms Buckley said.

"The Government should be viewing this technology as a way to help combat the issues of anxiety and concern around seniors living alone and no one knowing they are hurt or sick or in some situations passed away. More and more seniors want to remain in their own home, and families, carers and aged care service providers need greater assistance in ensuring this population is well looked after."

www.feroscare.com.au / www.lifelinkresponse.com.au

Will 2012 be the year of 3G Telecare?

Throughout history we have had changes. In hind sight we call them ages: stone, iron, industrial, information... What next I wonder. The pace seems to be quickening but the pattern is broadly similar. It is like a Gold Rush: the thrill of discovery followed by boom and eventual decline as interest moves elsewhere. But perception and reality are often at odds. The extraction of gold has moved elsewhere in location and process but the appetite for gold has not diminished. When I was young, motor cars were scarce and had horsepower. Today engines have kilowatts and ccs. One horsepower is about the equivalent of a modern hand blender, a fact which in my opinion rather undervalues the horse but then I did not define the unit.

TECH TALK
CHARLES HENDERSON

When I was young there were only 74 cities in the world with a population of greater than 1 million and London was in the top 5, today there are more than 400 cities of that scale and I doubt the London, by population, remains in the top 10. Just as when you are young you cannot wait to be grown up and move to the next stage and when you are old you wish time would stand still or that you could be young again so our outlook tends to be driven by our self-perception.

Mobile telephony has gone through 3 generations at break-neck pace. It does not seem so long since analogue phones were introduced followed by the first GSM digital and now the current 3G phones with 4G just over the horizon and expected within 2 to 5 years.

Smart metering plans, (goodbye meter readers?), intended somehow to help us cope with the expected shortfall in generation capacity of electricity in the next decade have an air of inevitability not unlike the Olympics but perhaps without the fervour and national enthusiasm attached to them.

Fixed line telephony is moving at last from copper to optical fibre delivery but at uncertain pace. Thankfully BT21CN, although not deployed beyond the original pilot boundaries in South Wales, has given the telecare industry the experience and equipment to handle other Next Generation Networks. There have been teething problems with some deployments which have caused problems for telecare services but these are transient and are being addressed by the telephone provider. The issues arising from fibre to the home (FTTH) have already been investigated by most telecare suppliers through tests with BT in Milton Keynes. These appear to be minor and resolvable but the suppliers plan to meet to discuss this early in 2012.

Telephony is changing in other ways. Local Loop Unbundling, the provision of subscriber services by providers other than BT is broadening the market and 72% of all lines are now provided by providers other than BT according to a recent Ofcom report. Only 81% of homes have a fixed line phone, a drop of 12% since 2000, and nine out of ten people today in the UK have a mobile phone with 76% of homes being connected to the internet. It was the anticipation of these changes together with experience from other territories, ahead of the UK in telephony practice, which prompted the creation of the NOWIP group under the TSA portfolio. A solid broadband transport service is important to the future of telecare to enable service providers and their clients to confidently exploit its advantages. It opens up a wide range of breath-taking service possibilities. During 2011 NOWIP attracted support from the Technology Strategy Board and broadened its membership. There is a wide agreement between suppliers to cooperate in a shared approach during 2012 which should see more broadband telecare capability appearing in the UK market.

Readers may remember last year that I commented on the theft of cables. Sadly this continues at almost epidemic scale but it has now caught the attention of lawmakers and regulators which may raise the deterrence threshold. For telecare it has had the positive effect of getting Ofcom to review fault reporting arrangements for telecare users. This is still at the consultation stage but the major telephone service providers have expressed an interest in meeting with the TSA to see if we can cooperate in providing a joint response. A meeting has been set up to progress this in the New Year. There is much to be gained from cooperation between the telecare and telecommunications industries in the delivery of telecare services and hopefully we can build on existing cooperation to further advantage.

We enter the New Year also with the knowledge that there are significant positive outcomes from the Whole System Demonstrator programme and the excitement generated by the Technology Strategy Board's Dallas competition is generating lots of activity and excitement. Dallas has introduced us to 6Cs: Choice, Connectedness, Collaboration, Contribution, Community and Control which I suspect will figure strongly in 2012 alongside Change.

My perception is that the simple social alarm could reasonably be considered as 1st generation telecare which would put us firmly into 2nd generation telecare today. Current equipment allows some monitoring and added value services delivery together with triage of needs so that appropriate assistance is provided. So what is 3rd generation or 3G telecare? Is it the fusion of remote health monitoring with social alarms or the transition from fixed phone line (wired) connectivity to hybrid mobile and broadband solutions? Or is it the realisation of patient or client choice based upon a rich bouquet of customisation options and services? Or perhaps an integration of the 6Cs into service delivery?

Either way we stand on the edge. Technology options are expanding as was clear from the equipment on display at the Telecare and Telehealth Conference in November. The Government has set new targets – 3 million lives. Are you ready?

References: Ofcom's 2011 Communications Market Report

http://www.archive.org/details/newtonspmathema00newtrich

Charles.Henderson@telecare.org.uk

**Marian Preece,
Operations Manager**

CODE OF PRACTICE

For Code accredited TSA Members, Annual Maintenance Inspections will be the piece of work required for 2012. But it could also be an opportunity for you to consider seeking accreditation to those Process Modules currently outside your current accreditation scope. During 2012, your goal could be to achieve accreditation to the R2R telecare model ie Referral to Response/Re-evaluation and compliance to CLC/TS 50134-7 European Technical Specification for Social Alarm Systems.

A phone call to Marian Preece, Operations Manager, 01625 520320, will give you the information you need to help you decide if R2R Accreditation is something that you should actively pursue as a business goal for 2012.

CODE OF PRACTICE INSPECTION SCHEME

The current Code of Practice Inspection Scheme is, as many of you know, delivered by Insight Certification Ltd. The current contract will come to an end in May 2012. Consequently we are going through the process of re-tendering the Contract.

Work has commenced on this project with the issuing of a Pre Qualification Questionnaire In November. The contract tender documentation was issued during December and it is hoped to be able to announce the successful conclusion of the tender exercise in April 2012.

MEMBER FORUMS 2011

Event	Number of attendees	Number of evaluation forms returned	% of evaluation forms returned	Overall grade (out of 5)
North West MF	71	13	18%	3.83
Midlands MF	60	10	17%	3.92
Northern MF	67	19	28%	3.16
Wales MF	29	5	17%	3.71
Scotland MF	53	10	19%	3.60
South West MF	45	8	18%	3.61
Eastern MF	31	4	13%	3.56
London and South East MF	77	8	10%	3.82
Overall total	433	77	18%	3.65

Comments received:

- All presentations very useful and very relevant. Also, opportunity to network with suppliers, other providers and guest speakers invaluable

- The interactive clinic and the networking element of the event. It was good to be able to find out what projects other organisations are involved with, share experiences and see how other organisations are being affected at the moment by the Government cutbacks.

TRAINING COURSES

During 2011, a series of CPD certified Training Courses have been delivered by Kevin Doughty TSA Telecare Consultant, supported by the TSA staff team. Four of these training courses covered Needs and Risk Assessment and attracted 73 delegates in total. One training course ran on the subject of Telecare Prescription, Service Tailoring, and Set Up and attracted 10 delegates.

Overall rating for Needs and Risk Assessment Training Course
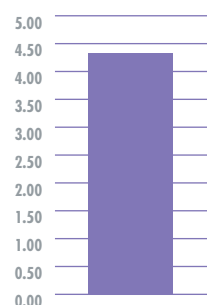
Overall rating for the Telecare Prescription, Service Tailoring and Set Up Course
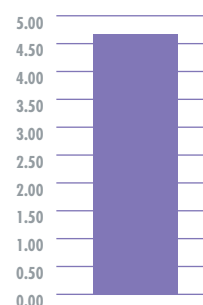
Comments received:

- Excellent training course – interesting throughout. More please.
- All aspects of the training were useful but the group exercise was very informative at identification and risk assessment of Telecare.

SUPPLY SECTOR FORUMS

TSA held a series of meeting for its supply sector members.

Supply Sector Meeting overall satisfaction ratings

February North	4%
February South	4%
September	3.96%
December	3.95%
Overall total rating for 4 events	3.98%

Comments Received:

- Discussion of TSA business priorities – shows how TSA is working for its members and the industry as a whole and provides the means for us to debate the important issues for the industry and how we can make the most of the TSA collective voice.

MEMBER DATES

MEMBER FORUMS FOR 2012

North West	14 February
Wales	6 March
Northern	27 March
South West	22 May
Scotland	12 June
London & SE	26 June
Midlands	10 July
Eastern	17 July

venue details will be issued by the TSA office

TSA – members and information

Non-Renewals

Date	Member Organisation	Membership Category
19.10.11	Croydon Council	Associate
31.10.11	Questmark Ltd	Supply
21.11.11	London Borough of Lewisham	Full
23.11.11	Central Bedfordshire Council	Associate
24.11.11	Dictate IT LTD	Supply
29.11.11	Mylink ltd	Full
15.12.11	Darlington Borough Council	Full
15.12.11	Community Alarms Marketing Agency	supply 1 member

The following companies have merged into Aster Living

21.12.11	Flourish Homes Ltd	
21.12.11	Ridgeway Community Housing Association	
21.12.11	Testway Housing Ltd	

Membership as at 31.12.2011

Full	Associate	RPI	Supply	TOTAL
222*	53	17	48	340

*of which 13 Non Monitoring Centres

New Members

Wrexham County Borough Council
Associate
Guildhall Wrexham
LL11 1AY
Kay Board
Kay.board@wrexham.gov.uk
Tel: 01978 297034

Access Green PLC
Supply 1
Elstree House Elstree Way
Borehamwood
Hertfordshire WD6 1SD
Tony Hunter
t.hunter@greenaccess.plc.uk
Tel: 0845 47 49 049

Independent Living Technologies
Full
Water Meadow House
Watermeadow Chesham
Buckinghamshire HP5 1LF
Bill Stangoe
wks@ilt247.com
Tel: 01494 797855

BT PLC
Supply 3
BT Centre
81 Newgate Street
London EC1A 7AJ
Angela Single
Angela.single@bt.com
Tel: 07455 629026

Telehelp Sistemas De Atendimento Emergencial S.A
Full
Av. Engenheiro Luis Carlos
Berrini – 828 – CJ 22
Sao Paulo Brazil
04571-000
Jose Carlos De Vasconcellos
jcv@telehelp.com.br
Tel: (55 11) 9996 5448

Bucks County Council
RPI
County Hall
Walton Street
Aylesbury, Bucks, HP20 1YU
Adam Willison
awillison@buckscc.gov.uk
Tel: 01296 383774

Millbrook Industries Ltd
Supply 3
t/a Millbrook Healthcare
South Hants Industrial Park
Nutsey Lane, Totton
Southampton SO40 3XJ
Phillip Campling
pcampling@millbrookhealthcare.co.uk
Tel: 02380 662365

Healthcare Over Internet Protocol CIC
RPI
t/a HOIP CIC
The Old Stable
Coombe Farm, Coombe Lane
Awbridge, Hampshire SO51 0HN
Richard Foggie
Richard.foggie@hoip.eu
Tel: 07847 377426

TSA-2009 TELECARE CODE OF PRACTICE ACCREDITED MEMBERS AS AT 31 DECEMBER 2011

ORGANISATION	PLATINUM	REFERRAL	SU PROFILING	TELECARE PLAN	TAILORING	INSTALLATION	MONITORING	RESPONSE	RE-EVALUATION	EUROPEAN T S
Aid Call Ltd (Age Concern)						Yes	Yes			
Ashford BoroughCouncil						Yes	Yes			
Aster Living					Yes	Yes		Yes		
Astraline	Platinum						Yes			Yes
Bield Housing Association					Yes	Yes	Yes			
Birmingham City Council Careline						Yes	Yes			
Blackpool Borough Council					Yes	Yes	Yes	Yes		
Bolton At Home						Yes	Yes	Yes		
Boston Mayflower Ltd						Yes	Yes	Yes		
Bournemouth Borough Council					Yes	Yes	Yes			
Bracknell Forest Council					Yes	Yes	Yes	Yes		
Bradford Metropolitan District Council							Yes			
Broxbourne (Borough of)						Yes	Yes	Yes		
Bristol City Council							Yes			
Brighton and Hove City Council					Yes		yes			
Caerphilly County Borough Council							Yes			
Call24						Yes	Yes			
Cannock Chase District Council					Yes	Yes	Yes			
Cardiff County Council						Yes	Yes	Yes		
CarelineUK							Yes			
Carmarthenshire County Council							Yes			
Casa Support Ltd (East Sussex)						Yes		Yes		
Casa Lifeline Ltd (Kent)		Yes			Yes	Yes		Yes		
Central Essex Community Services		Yes			Yes	Yes	Yes	Yes		
Chester & District Housing Trust Ltd	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chesterfield Borough Council	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chichester District Council						Yes	Yes	Yes		
Chubb Telecare							Yes			
Coast and Country		Yes			Yes	Yes	Yes	Yes		
Community Gateway							Yes	Yes		
Community Voice Ltd		Yes			Yes	Yes	Yes	Yes		
Connected Health Limited		Yes			Yes	Yes	Yes			Yes
Conwy County borough Council						Yes	Yes			
Cordia LLP		Yes					Yes	Yes		Yes
Cornwall Council						Yes	Yes			
Cross Keys Homes						Yes	yes	Yes		
Dudley Metropolitan Borough Council	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Durham County Council (Durham)						Yes	Yes	Yes		
Durham County Council (Sedgefield)						Yes	Yes	Yes		
East Devon District Council					Yes	Yes	Yes			
East Renfrewshire Council						Yes	Yes			
Edinburgh Council, The City of		Yes				Yes		Yes		
Eldercare (Newchurch Housing Ltd)		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Enfield, London Borough of					Yes	Yes	Yes	Yes		
Epping Forest District Council		Yes	Yes	Yes	Yes	Yes	Yes			
Exeter City Council						Yes	Yes			
Flagship Housing Group Ltd						Yes	Yes			
Fold Housing Association	Platinum	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes
Grosvenor Telecom						Yes		Yes		

ORGANISATION	PLATINUM	REFERRAL	SU PROFILING	TELECARE PLAN	TAILORING	INSTALLATION	MONITORING	RESPONSE	RE-EVALUATION	EUROPEAN T S
Halton Borough Council	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hanover Housing							Yes	Yes		
Hanover (Scotland) Housing Association					Yes	Yes	Yes			
Harlow District Council						Yes				
Help and Care						Yes				
Helplink South						Yes	Yes			
Herefordshire Housing Limited						Yes	Yes			
High Peak Community Housing		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Housing Hartlepool						Yes	Yes			
Housing Pendle Ltd	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hull City Council						Yes	Yes	Yes		
Incommunities Group Limited						Yes		Yes		
Invicta Telecare Ltd					Yes	Yes	Yes	Yes		
Islington, London Borough of		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Kirklees Council							Yes			
Lancaster City Council				Yes	Yes	Yes	Yes			
LHA/ASRA Group						Yes	Yes	Yes		
Lambeth, London Borough of						Yes	Yes	Yes		
Lincoln Council, City of							Yes			
Magna Careline Ltd						Yes	Yes			
Manchester City Council							Yes	Yes		
Medway Council		Yes	Yes	Yes	Yes	Yes	Yes		Yes	
Merthyr Tydfil County Borough Council						Yes	Yes			
Merton, London Borough of							Yes			
Middlesbrough Council	Platinum	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes
Milton Keynes Council						Yes	Yes			
Mole Valley District Council							Yes			
Mouchel							Yes			
New Progress Housing		Yes	Yes		Yes	Yes	Yes			
Newham, London Borough of	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Newport City Homes							Yes			
North East Lincolnshire Carelink		Yes				Yes	Yes			
Northampton Borough Council						Yes	Yes			
North Lanarkshire Council						Yes	Yes	Yes		
Nottingham City Homes						Yes	Yes	Yes		
Nottingham Community Housing Association	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Orbit Group Ltd						Yes	Yes			
Peaks and Plains Housing Trust	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plus Dane Group						Yes		Yes		
Poole Borough of						Yes	Yes	Yes		
Red Alert Telecare Ltd						Yes				Yes
Redbridge, LB of		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Redditch Borough Council						Yes	Yes			
Renfrewshire Council					Yes	Yes		Yes		Yes
Rhondda Cynon Taff County Borough Council							Yes			
Richmond-Upon-Thames, LB of							Yes			Yes
Riverside Carlisle		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Riverside Group						Yes	Yes	Yes		Yes
Rotherham MBC		Yes				Yes	Yes			
Runnymede Borough Council						Yes	Yes			
Salford City Council		Yes					Yes			
Sandwell Homes Ltd						Yes	Yes	Yes		
Sedgemoor District Council					Yes	Yes	Yes	Yes		
Sefton Council						Yes	Yes			
Selwood Housing Society					Yes		Yes			
Sentinel Housing Association					Yes	Yes	Yes	Yes		
Severnside Housing		Yes			Yes	Yes	Yes			
Sheffield City Council		Yes	Yes	Yes	Yes	Yes		Yes	Yes	
Shepway District Council						Yes	Yes			
South Derbyshire District Council						Yes	Yes	Yes		
South East Health Assisted Living							Yes			
South Essex Homes					Yes	Yes	Yes	Yes		
South Tyneside Council		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Southampton City Council						Yes	Yes	Yes		
Sovereign Housing Association					Yes	Yes	Yes			
St Georges Community Housing						Yes	Yes	Yes		
Stafford and Rural Homes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	
Stockport Homes					Yes	Yes	Yes	Yes	Yes	
Stoke-on-Trent City Council							Yes			
Sunderland, City of		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Supra UK Ltd	Platinum	Yes				Yes				Yes
Swindon Borough Council					Yes	Yes		Yes		
Tameside Metropolitan Council						Yes		Yes		
Taunton Deane Borough Council					Yes	Yes	Yes	Yes		
Tendring District Council		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Torbay NHS Trust						Yes	Yes			
Trafford Housing Trust		Yes			Yes	Yes		Yes		
Trent & Dove Housing Ltd					Yes	Yes	Yes	Yes		Yes
Tunstall Response Ltd	Platinum						Yes			Yes
Vauxhall Neighbourhood Care Ltd		Yes			Yes	Yes	Yes			
Wakefield and District Housing					Yes	Yes	Yes	Yes		
Wales & West Housing Association							Yes			
Warwick District Council	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Weaver Vale Housing Trust		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Welbeing (Wealden and Eastbourne Lifeline)					Yes	Yes	Yes	Yes		Yes
West Lothian Council							Yes			
Winchester City Council					Yes	Yes	Yes	Yes		
Wirral Partnership Homes							Yes			
Worcestershire Telecare						Yes	Yes			
Worthing Homes		Yes			Yes	Yes		Yes		
Your Homes Newcastle	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Are you considering the future of your Telecare Monitoring and Support service in these challenging times?

All Local Authorities are under pressure to reduce costs. Keeping with the same monitoring centre supplier may seem like a good idea in the short term, however, longer term you could actually work smarter, increase revenues and save more money by switching to a more advanced and flexible system...

Ask yourself...

1. Is the main objective of your current centre supplier to help you make efficiency savings and develop the range of services you are able to offer in the future?

2. With major changes in funding streams, the market is evolving at a rapid pace. New types of joined up services will be required, providing new opportunities to increase revenues. Will you be in a position to offer these new types of services?

3. Did you know... recent developments in alternative Telecare Monitoring Centre Systems may allow your team to work smarter, resulting in significant savings in staff hours, improving your efficiency and reducing centre running costs?

4. Have you considered the benefits of having a monitoring centre supplier who is independent from the alarm supply sector? This gives you the flexibility to benefit from the wide range of new and innovative products now available as and when service users' needs change?

5. Does your current centre supplier provide you with inclusive annual software upgrades each year, protecting your investment for the future and ensuring your system is kept up to date?

6. Are you satisfied with the level of support you have experienced with your current centre provider and are they continually striving to improve the level of service? If not, you may wish to talk to a supplier who is.

tsa Member Organisation

Government Procurement Service supplier

Approved partner of: CONSORTIUM Procurement

Microsoft Partner

If you would like any further information, please visit our website:

www.jontek.com or Call: 0161 430 3366

Jontek limited
CARING THROUGH INNOVATION