

thelink

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



WHAT'S IN A NAME?
WHY WOULDN'T YOU?
CONFERENCE - WHAT'S GOING ON?

tsc
telecare services association

“The future is already here.
It’s just not evenly distributed.”

William Gibson



Come and chat to us on **Stand 20**
at the **International Telecare and
Telehealth Conference**
14-16 November 2011 in London to
see how we are using the technology
of tomorrow to help tackle your
challenges today.



Loretta MacInnes, Editor

inside:

- 4 What's in a name?**
Lorna Muir, Chair, TSA
- 5 'The Times They Are a-Changin'**
Trevor Single, Chief Executive, TSA
- 6 Opinion**
Loretta MacInnes, TSA
- 7 New Member Profile**
CareConnectMe
- 8 Member News**
- 10 Conference**
Conference news and main event sponsors
- 18 Innovation**
Dr Kevin Dougherty, TSA Consultant
- 19 Telehealth**
- 20 Europe**
- 21 Education**
- 22 Tech Talk**
Charles Henderson, TSA Consultant
- 23 Standards**
Cornwall Lifeline
- 24 TSA News**
Marian Preece, TSA
- 25 TSA members, dates, information and Telecare Code of Practice accreditations**

thelink

Welcome to the Autumn edition of the Link magazine. Where has the year gone? As October draws to a close, we look forward to the evenings drawing in and the autumnal leaves falling to the ground.

This seasonal idyll is a lovely picture for many of us, but the darker nights, and the onset of colder weather serves only to heighten the feelings of isolation felt by many people up and down the country. How wonderful it is, therefore, to read about the continued hard work, and the incredible innovations developed by TSA members to increase the safety and security, and improve the health, of individuals across the UK. In this edition, we feature CareConnectMe, a new TSA member on page 7, and member news on pages 8 to 9 from Peaks and Plains to Cornwall. Our Chair, Lorna Muir, poses the interesting question of 'What's in a name?' on page 4, and changing times are discussed by Trevor Single, TSA's Chief Executive, on page 5.

The forthcoming International Telecare and Telehealth Conference which will be held at the London Hilton Metropole Hotel on 14-16 November, will showcase many of the innovations, and service successes, that have resulted in real improvements in the care and health for so many people, through the workshops and interactive sessions, keynote speeches and exhibition stands. With the demand for telecare and telehealth growing, developments continuing across technologies and services, imminent publication of the Whole System Demonstrators findings, and initiatives such as DALLAS taking shape, the whole feel of the industry is continuing to evolve, and we expect much of the debate at conference to centre around this changing landscape, how it will affect the industry and how the industry will cope. This year, over 75 speakers will participate in conference to give delegates the opportunity to tailor conference to suit their own particular issues and interests. In this edition of the Link we give you a taste of our own countdown to conference on page 10, and present articles from our main event sponsors on pages 11 to 17, whose invaluable support enables us to make conference the largest gathering of telecare and telehealth industry experts in Europe.

My thanks go to all our contributors who continue to make the Link such a great read. As always, the Link is as good as its contributors, so please keep your articles coming in. The next edition will be the Winter edition, and the deadline for receipt of articles, and advertising bookings, is 5 December 2011. If you have a new innovation, a great case study, or an opinion that has to be shared then please email your words to me at marketing@telecare.org.uk

I hope you enjoy this edition of the Link, and I look forward to seeing many of you at conference in November.

**Loretta MacInnes,
Editor**

thelink – Media Information

Articles

We welcome your contributions – from short good news stories, case studies and member news, to detailed opinion pieces and features. Email your news, views and concerns to marketing@telecare.org.uk by the deadlines below.

Advertising

If you have a new product or service that you would like to promote to a highly targeted telecare and telehealth audience, full information relating to advertising rates, as well as to website advertising for job vacancies and tenders is available from TSA Members Services – email marketing@telecare.org.uk or telephone **01625 520320**.

Deadlines for next editions are:

Winter 2011/12

Copy date for articles:
5 December 2011
Booking date for advertisements:
5 December 2011
Supply of advertising copy to printers: 9 January 2012
Publication date: 23 January 2012

Spring 2012

Copy date for articles:
9 March 2012
Booking date for advertisements:
9 March 2012
Supply of advertising copy to printers: 28 March 2012
Publication date: 23 April 2012

Link disclaimer

The opinions expressed in the individual articles in this publication do not necessarily represent the views of the Telecare Services Association or indeed the formal policy of the contributor's organisation. Data and information contained in any article or advertisement cannot be, and has not been, checked or verified by TSA. The Association cannot accept responsibility for any actions or decisions taken by readers based on any of the content of this publication.

© Copyright Notice

thelink and its contents are the copyright of the Association. The contents of thelink may be reproduced by TSA members provided articles are copied in full and their origination is acknowledged.

Designed by Blue Sky Commercial Art 0208 650 0220



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

WHAT'S IN A NAME?

Well, probably quite a lot if you're in the entertainment business and out to make an impression.

Would rhythm and blues have sold as well from Otha Elias McDaniel as it did coming from Bo Diddley? Would Shania Twain still have been the one if she'd released her hit as Eileen Edwards and can you imagine Walden Waldo Cassotto's name on a billboard instead of Bobby Darin? As TSA is known to keep up with the times I can tell you that the new young singer Example chose that name from his initials Elliot Gleave and N Dubz created their title from the area they lived in – North West London.



Lorna Muir, Chair

Name changes or rebranding is a regular pastime of manufacturers. Remember Marathon bars that became Snickers, Jif cleaner before Cif, Oil of Ulay now Olay and Datsun cars converted to Nissan. The list goes on. Often changes are made to harmonise the marketing of brands produced by worldwide trading organisations, sometimes to modernise the image of merchandise. Occasionally words will be changed because they mean different things depending on where you are in the world. For example, belladonna in Italian means beautiful lady, in English a deadly poison and if you're my age it's not the foreign translation that confuses but the modern definition – when wicked means cool and not bad! Similarly, people's use of words can be entertaining (cue the Mrs. Malaprops out there) and definitions even better. Take the word pristine. Most people use this to imply perfection or cleanliness but the word also means ancient or untouched. Be warned if you're thinking about renting that advertised holiday home in a scenic but secluded part of the country. I've been that customer and pristine was an excellent description, right down to the outside toilet! So what, do you ask, does any of the above have to do with Telecare Services Association? Well, long standing members will remember ASAP – Association of Social Alarm Providers, the original title of the organisation established to represent mainly housing alarm

providers and at that time absolutely right for the membership. The name change to Telecare Services Association was deliberated and subsequently agreed in order to reflect the developing world of technology and the growth in services provided by members. TSA is a well known and evolving business attracting interest from stakeholders beyond telecare and indeed beyond the United Kingdom. Now telehealth is a growth area for membership, providers and suppliers alike, but this is sometimes a sensitive subject for social care providers. I have been involved many times in discussions with colleagues and members about the inclusion of telehealth in the title and agenda of our annual conference and if I'm perfectly honest I did, for a while, feel that embracing and developing telehealth within TSA somehow marginalized the provision of telecare services. But, although the majority of our service provider members are currently established in the social care sector I have come to firmly believe we are actually providing as much in the way of health and well being services as we are straightforward community care. Can we really set apart a service responding to a fall detector, epilepsy monitor or medication management system with a service answering an alert from a glucose or blood pressure monitor or pulse oximeter. Telecare and telehealth are both designed to safeguard service users, instil a sense of confidence, offer support and enable individuals to have more control of their daily lives. Telecare is as intrinsically

related to health as it is to social care which is why now may be the time to think again about the name of our organisation. We are fast approaching our 2011 International Telecare and Telehealth Conference and a major focus of the programme is on the integration of telecare and telehealth services. So my question to members is this:

What is the definition of our association?

Should we continue to be TSA but extend the T to Telehealthcare to reflect the true capacity of our membership? Should we be TTSA – Telecare and Telehealth Services Association maintaining a distinction, should we be known as something entirely different or should we leave well alone?

I leave you with a quote from Jane Austen:

“Where an opinion is general, it is usually correct”

Lorna Muir,
Chair



Trevor Single, Chief Executive

'THE TIMES THEY ARE A-CHANGIN'

Over the past decades television has always managed to provide us with a range of hospital and medical programmes. From Dr Finlay's casebook and Emergency Ward 10 in the 1960s to current programmes such as Holby City and Embarrassing Bodies, we have seen television consistently reflecting the current and alternative approaches to delivering health care. From Dr Finlay adapting to the introduction of the NHS and maybe an outbreak of flu in the fictional Scottish town of Tannochbrae, we now have TV viewers willingly, and very publically, showing their medical problems!

However, whether we like it or not we will never go back to the time of Janet 'clucking' over Dr Cameron and Dr Finlay, and the ability to just drop in to see the 'Doctor', because as Bob Dylan sang, 'The Times They Are a-Changin'.

And it is the same in our industry. Telecare has become a term that is firmly embedded in the provision of social care and the Telecare Services Association 'does what it says on the tin'. But we cannot stand still. Increasingly I find in discussions with companies and organisations in the health and social care arena that TSA is seen as exclusively representing the telecare industry and no recognition that we have members already providing telehealth and other technology enabled services.

Telehealth is itself becoming more and more recognised as a means of providing efficient and effective health care for the individual in their own home. The world market for telehealth is set to exceed US\$1 billion by 2016 and could jump to US\$6 billion in 2020, according to a new report by InMedica. There is a growing trend for healthcare to be managed outside the traditional hospital environment, and this is leading to patients being monitored in their home environment using telehealth technologies.

The results of the Whole System Demonstrator programme will be published shortly and will raise the profile of telehealth. But we also have other forms of technology enabled health and social care such as mobile health, e-health, etc. that are also developing rapidly.

We have already changed the name of our conference to the 'International Telecare and Telehealth Conference 2011' in recognition of the global reach it has achieved and the number of overseas

delegates we gained last year. Planning for the conference is now well underway and I am really looking forward to it. We have a great programme with an amazing array of speakers, both UK and international. It almost reads like a TV Times listing with Dallas, Embarrassing Bodies, and The Apprentice featuring on the programme.

I am particularly excited about the video address that will be given to conference by Archbishop Desmond Tutu. He is an amazing man and is now working as a global e-health ambassador. So it was great that he agreed to give a conference address and I am sure it will be an inspiring message.

For the first time at conference we are partnering with two internationally recognised organisations – The King's Fund and the Royal Society of Medicine – for a couple of joint plenary sessions. This is stepping the conference up a further level and reinforcing its position as the world's number 1 telecare and telehealth conference.

I am also delighted that Mark Garnier, MP for Wyre Forest and Chair of the All-Party Parliamentary Telehealth Group, has agreed to provide the keynote speech on the Tuesday of conference. It is important that the TSA is engaging with Government and politicians, and Mark's attendance provides the opportunity to bring together the decision makers and industry.

And to round off conference we have Nick Hewer as the guest business speaker. Probably best known as Alan Sugar's right hand man on the TV programme 'The Apprentice', his dry wit and renowned facial expressions tell you exactly what he thinks of the contestants. I am sure Nick will entertain as well as inform as he provides insights into the programme, its contestants and of course Alan Sugar!

The conference is a must attend event

for all those involved in telecare and telehealth.

I believe that in due course we will look back and recognise 2011 as a landmark year in the development of telecare and telehealth – the point at which some of the traffic lights that had blocked progress started turning from red to green! With the WSD results imminent, DALLAS progressing and strong Government Ministerial endorsement, as well as TSA's work on an integrated Telecare and Telehealth Code of Practice, the debate at conference will be implementation, rather than the planning. Let us aim to make this year's conference the defining point.

We have carried out a survey of our monitoring centre members and I wish to thank all our members that have responded to this questionnaire. We are currently summarising the data, and will provide an overview of the findings at conference in November. All of you who participated will be sent a free copy of the report. We have also produced an overview of the current state of play for telehealth in the UK which will be emailed to our membership over the next few weeks. I hope you find it of real interest.

By the way on the subject of names, according to the Guinness Book of Records the longest surname in the world belonged to a man born in Munich in 1904. His name started with Mr Adolf Blaine and then 800 characters later concluded Zeus igrum Senior. He later went by the name Hubert Blaine Wolfe, but the 'Senior' indicates that he passed some form of his name to his son (poor boy!). I wonder if he was ever listed in the Telephone Book? **See you at conference!**

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



Why wouldn't you?

The good news for us all is that we are living longer, with official population forecasts indicating that the over 65's will increase by over 40% to 11.6 million by 2025 – representing 1 in 5 of the population. If you take a straw poll in any street anywhere in the world, the vast majority of people will tell you that they would want to stay independent and in control of their own health for as long as is humanly possible. With these significant changes in demographics (occurring not only within the UK, but right across the globe), and the fact that modern medicine enables us to live for longer than ever before, the desire for independence brings its own set of challenges.

As we age, our needs change. We may require assistance to remain in our own home, or have no alternative but to move into residential care. Residential care may be the correct choice for some of us, but for others there are a growing number of alternatives that are not only more acceptable to an individual, but also much more cost effective. Another consequence of ageing is the increasing likelihood of developing one, or more, long term conditions. Current statistics from the Department of Health indicate that there are currently over 15 million people, in England alone, living with a long term condition. As we age this increased likelihood of developing multiple long term conditions can impact on how we live, our independence and the amount, and type, of care we require. With an ageing population, the number of individuals living with multiple long term conditions will continue to grow.

This growth in long term conditions will bring with it an increased need for care to enable the individual to stay as healthy as possible. Roll into this the increased likelihood of hospital admissions, and the demand for, and cost of, healthcare rises significantly. All indications are that the

current health and social care systems will not have the resources to cope with this increased demand. However, it is not just the health and social care infrastructure that will bear the impact. As many of us know through personal experience, the role of carers will continue to increase in importance. Figures from Carers UK indicate that an additional 6,000 people take on a caring responsibility every day, with over 3 million people currently juggling care with work and 1 in 5 being forced to give up work altogether due to the significant demands placed on them as a carer.

A mix of solutions will be required to address these significant issues. At the top of these solutions is access to telecare and telehealth as part of mainstream health and social care. Telecare is already accessed by over 1.7 million people in the UK. The benefits are recognised from the individual person who utilises telecare or telehealth services, to government ministers who recognise the difference that adopting telecare and telehealth into mainstream delivery can make to the use of resources, and indeed efficiency savings across health and social care: **“We have to maximise the potential of reablement, telecare and other innovations which can dramatically improve people's lives while also being highly efficient”**, Andrew Lansley, Secretary of State, Department of Health.

So what does the future hold for our ageing population? The future is definitely bright – innovations continue, with huge advances in technology, interoperable systems, telehealth pilots and large scale deployment of telecare rolling out across the UK. Government has shown real commitment to both telecare and telehealth and has introduced an £18million fund competition: Delivering Assisted Living Lifestyles at Scale (DALLAS), through the Technology Strategy Board with an additional £5million from the Scottish Government, to develop creative partnerships for large scale deployment of assistive technologies, including both

telecare and telehealth. Information about options available, and clarity of choice, payment and potential funding is becoming more open and accessible. Access to these services is becoming much easier and personal choice greater – we could eventually be able to buy into a service through our local supermarket, or via the red button on our televisions. The TSA is continuing its development of quality standards for service delivery across the industry, with the development of a quality standard for telehealth, and is actively working with the Department for Business, Innovation and Skills (BIS) on quality standards within its Plan for Growth. TSA continues to develop the International Telecare and Telehealth Conference which, this year, will take place on 14 - 16 November 2011. This is the largest networking opportunity in Europe for anyone associated with, or interested in, telecare, telehealth and mHealth, and attendees can find out about the very latest innovations and developments across the sector, and hear from, and debate with, a range of expert speakers about the key issues relating to technology assisted services..

With continued hard work, commitment from TSA, government, clinicians, and the public and private sector, telecare, telehealth and mHealth should become automatic options for us all as our needs change. These solutions not only increase the control an individual has over their own condition, but can also be used to maintain a person's wellbeing, prevent exacerbations of long term conditions, reduce the number of hospital admissions and help an individual stay well and independent for longer, at a cost that is effective for both the public and private sector. The question isn't why would you use it, it is why wouldn't you?

Loretta MacInnes, TSA
www.telecare.org.uk

Using innovative technology to combine wellness and social tools to provide care affordable to all

New care service provider aims to provide a cost effective safety call/reminder service with a fall response system.



From left to right Nicole Cheung-Lew, Derek Cheung-Lew (CEO), Sylvian Lew Kum Hoi (Chairman)

CareConnectMe is a company whose innovative care services aim to help elderly and vulnerable people live independently at home for longer, through their customised telephone calls. The service works by delivering a customised or pre-set message to a person's landline or mobile phone, which either checks on their safety, or gives the person a prompt. No installation of equipment is required and calls cost as little as £1.00 per week (ex.VAT), instantly making it one of the most accessible safety services on the market.

"The concept has been purposefully evolved to ensure the service can be used by non-technical individuals, as well as those who are computer-literate. People receiving care calls do not need to know how to use a computer, but only need the ability to answer the telephone and respond to the prompt by pressing the required keypad button" explained Derek Cheung-Lew, CEO of CareConnectMe (CCM).

CCM has a code of care enriched by the organisation's founders. With backgrounds in mental health nursing, care home management and ownership, and significant experience in dementia care, it is no wonder they have a strong grasp of the issues many elderly people and their families face today. Derek continued: "Care home care is very expensive, as is private domiciliary care. There are a group of people who do not require full-time carers or admission into a care home, but who are still at risk of falling over in their homes, or who may forget to take their medication and need other safety prompts. They need a reliable service which is simple and affordable, which enables them to continue living safely in their own home and we can provide that instant peace of mind to the user and their family and friends."

Derek talked about the issues that prompted the setup of the service: "It was so important for us to address the tragic and sometimes fatal issue of frail and vulnerable people falling over in their own

homes that are not provided with assistance and sometimes not even found until days or weeks later. Some people had alarm pendants, but when they fell they weren't wearing the pendant, so couldn't alert anyone. Our service makes calls to the user's telephone at times pre-chosen by the user or their Care Contacts. Care Contacts are then instantly notified if two calls are unanswered, or if the user indicates an emergency through their telephone keypad. This solves the issue of complete isolation of a person in the event of a fall, and where care contacts can be made aware instantly about emergency situations."

Call Services offered include: Safety Calls, Medicine Reminders, Insulin Reminders, Personal Reminders and Night Safety Calls. Custom prompts enable messages to be delivered by the familiar voice of friends or family, making the phone call even more meaningful. The absence of equipment and installation costs ensures users continue to use their existing phones

Features of services include:

- No Installation of equipment
- No additional set up costs or maintenance charges
- Services work with existing landlines & mobile phones
- No long-term contract
- Instant activation

Dr Chantal Lew Kum Hoi, geriatric physiotherapist stated, "User-friendly solutions that reduce social isolation and loneliness are essential in preserving independence for the elderly and vulnerable. Whilst often overlooked, isolation is the number one issue for the elderly, as it triggers depression and physical illnesses and increases the fear of falls, which can hasten the move to less-independent living and shorten life."

So, we asked Derek, how can this system enrich a persons' life? "In a multitude of ways – Mum can receive a safety call in the

morning to ensure she is safe and well. Dad now remembers to take his insulin with a gentle reminder. Grandma appreciates a night safety call reminding her to lock doors and windows before going to bed. A person recently discharged from hospital can be reminded to take medications and in the future, be notified of medical and personal appointments.

"Most importantly, the service user knows that in the event of an emergency where they are unable to call for help, missed calls will mean that their care contacts will be notified and assistance will come."

Currently, the company is working with the general public and organisations such as Local Councils, Housing Associations, Alarm Monitoring Centres and NHS Trusts, and the reception, together with early case studies, has been overwhelmingly encouraging.

In addition, CareConnectMe also provides a helpline for carers or people with Dementia or other age related issues. Registered mental health nurses are available to provide support and help.

"On scale, it will cost less than £1 per week to provide a telecare service to our clients. If we can reduce hospital admissions and quicken hospital discharge there are huge cost savings to be made," concluded Derek, "using our service to reduce low level home care checks by only one hour per day can save each person upwards of £6,000 per year based on average rates. This equates to upwards of £6 million worth of savings per 1000 service users.

"CareConnectMe's safety reminder calls are impressively easy to use and completely centred around the person and their needs. The instant support that we provide really helps people to lead more independent lives, giving peace of mind to relatives, carers and the service user," said Sherree Fagge, Chief Nurse, Brighton and Sussex University Hospitals NHS Trust.

www.careconnectme.com

Milestones for Bournemouth Careline

Earlier this year, Bournemouth Careline was officially launched by the Lord Lieutenant of Dorset, Mrs Anthony Pitt-Rivers. Careline achieved TSA accreditation under the 2009 Code of Practice for its monitoring and installation services in October 2010, and the Careline team has subsequently been shortlisted for the Team award in the annual Proud of the Crowd awards issued by Bournemouth Borough Council.

Established in 1987 under the name of BLEEP (Bournemouth Line of Emergency for Every Person) it was decided to relaunch the service as Bournemouth Careline, as the business expands beyond the Borough boundary. They are now operating in the Bournemouth, Poole, Christchurch and Purbeck areas.

The control centre staff monitor in excess of 3500 connections, and the team have over one hundred years of monitoring experience between them. Originally the service was run from a two bedroom flat on a sheltered scheme. However, in 2007

the operation was moved to purpose built offices within Bournemouth Council's flagship Extra Care complex, which now forms the hub of the council's Independent Senior Living service.

Andrew Hookings, Bournemouth's Careline and Independent Senior Living Manager commented, "The Careline and Telecare team have worked extremely hard in recent

years, and this has been recognised not only by achieving accreditation with the TSA, but also by being shortlisted for the Team award by Bournemouth Council. The quality of our service, and its affordability, have been recognised by private individuals and commercial clients alike, and as a result our business is expanding."

www.bournemouth.gov.uk



Left to right – Mayor and Mayoress, Councillor Barry Goldbart, The Lord Lieutenant of Dorset, Mrs Anthony Pitt-Rivers, and Andrew Hookings Careline Manager.

Telecare Success for Peaks & Plains



Peaks & Plains Housing Trust, in partnership with Cheshire East Council, recently celebrated the first anniversary of successfully delivering their telecare contract.

The event was held at a local leisure centre where exhibitors were invited to display equipment and technology to raise awareness of all types of support available for customers.

As part of the celebration the Trust also put on a display of telecare sensors and additional equipment available, along with information on how they profile the customer, prescribe packages, make appointments and test equipment used, to monitor customers to support them to live independently in their own homes.

The contract has been running successfully since July 2010. Cheshire East Council staff provide referrals to Peaks & Plains' TrustLink service for customers who have been identified as needing support to live at home safely and maintain independence. Many have long term conditions and suffer from dementia or declining health but

through careful assessment and prescribing, the team work closely with partners, customers and their families or advocates to install the correct level of technology and support.

The contract has already exceeded the target number of customers expected to be supported in the Cheshire East area in the first 12 months. By successful partnership working and having the right support available from responders, any calls received at the Trust's Control Centre can be dealt with efficiently and effectively by a dedicated team of operators.

However, not all of the equipment installed by Independent Living Advisors is programmed to come through to the Control Centre. Some equipment is designed to prompt customers or to alert family or carers of a potential problem, thus giving reassurance to both the customer and family members.

As the service is also committed to prevention, a further display was made available to raise

awareness to the Trust's work on fall prevention and healthy lifestyles. All Trust customers are actively encouraged to get involved in social activities; offers include Wii Fit, Boccia, Tai chi and chairiobics which are hosted in the communal lounge facilities of the Trust sheltered accommodation schemes.

By continuing in a successful partnership with Cheshire East Council, Peaks & Plains' TrustLink Service wants to increase the support provided to people living in the area with innovative use of a variety of technologies.

Jon Wilkie Project & Performance Manager, Assistive Technology & Telecare Development for Cheshire East Council writes –

"Our partnership with Peaks & Plains' Trustlink Services has been very positive with a substantial increase in the number of people supported through telecare. Assistive technologies are at the forefront of health and social care in Cheshire East; the flexibility and commitment of the staff at Peaks & Plains gives us a strong platform to build on this work in the future."

Dianne Hutter TrustLink Services Manager, Peaks & Plains Housing Trust

www.cpght.com

ALARMINGLY GOOD NEWS FOR SHEFFIELD'S CITY WIDE CARE ALARMS SERVICE



Sheffield City Council's City Wide Care Alarms (CWCA) service has taken part in a Yorkshire Ambulance Service (YAS) pilot scheme that has won first prize at a prestigious national award ceremony.

The Clinical Leaders Network presented the award on 14 July for the development of innovative processes which provides the best possible customer service and ultimately helps to improve their quality of life.

The pilot started at the beginning of the year when CWCA teamed up with Leeds Care Ring and the YAS, to improve the appropriateness of medical responses to customers, helping to ensure they got the right help, first time, as quickly as possible.

CWCA monitoring staff visited 999 ambulance control centres and received detailed

briefings from the specially trained nurses and paramedics in the YAS clinical hub. This enabled them to review the systems used to determine which response was the most appropriate and in the customer's best interests.

Using this information Sheffield developed two new pathways for calls – one for falls and one for medical problems.

These aimed to:

- reduce inappropriate 999 referrals – freeing up ambulances for life threatening emergencies
- reduce unnecessary trips to accident and emergency and other admissions to hospital, allowing more customers to be treated in their own home
- utilise the response facilities available in the community, particularly around falls

Julie Knight, Head of Care and Support at Sheffield City Council said, "In Sheffield we are really pleased to have been part of such a successful, award winning pilot. We've worked hard over the past few years to develop the quality of service we offer to our customers, and it's nice to see the hard work being rewarded. Customer care is at the forefront of our work and we are keen to trial anything that we can do to develop and improve our service."

The new processes have proved a hit allowing staff more flexibility when dealing with calls. By assessing the customers medical needs, the number of direct 999 ambulance calls dropped by 26%, and many customers were seen by their own doctor in the comfort of their home. Overall the pilot has received very positive feedback and has been judged such a success in Sheffield that the activity is now part of CWCA normal working.

It has not stopped there – Sheffield are now looking to work with Leeds Care Ring and the YAS on developing a facility for three way conference calls, so the customer, the monitoring centre staff and the YAS clinical advisor can all talk directly to one another.

For more information on this pilot or on Sheffield City Wide Care Alarms:

www.sheffield.gov.uk/carealarms

Record satisfaction levels for Wakefield telecare service

Satisfaction levels for a Yorkshire telecare service that allows elderly and vulnerable people to live independently for longer is at an all time high, according to figures from Wakefield and District Housing (WDH).

Care Link, which provides a range of modern community alarms and telecare equipment to more than 15,500 customers across the Wakefield district, has revealed that overall satisfaction for the service has grown to 96%.

Last year it became the first business in Yorkshire to receive accreditation for all the services it delivers from its representative body, the Telecare Services Association (TSA), which identified excellent customer service, and the news will be welcomed by the government on both local and national levels.

Telecare services are seen as key parts in government strategy to deal with the UK's ageing population as they take pressure off care homes currently struggling to meet demand due to funding cuts.

WDH Customer Contact Manager Mick Walsh said: "These figures are the result of our commitment to improving the service and driving it forward to meet the changing needs and requirements from our customer.

"This is obviously represented in the highest satisfaction levels we have ever recorded. This demonstrates that we are getting things right and delivering genuine peace of mind for our customers. We will continue to invest in modern technology to develop the service around those who use it."

Care Link was founded in 1990 as part of Wakefield Council's housing department and operated from a small converted flat in Normanton, with just 12 employees serving 7,000 customers.

Today it operates from a purpose built customer contact centre in Glasshoughton and has 40 employees working 24 hours a day – through Christmas, Easter and Bank Holidays – responding to emergency call-outs.

"We have a very special group of people working for us. They are absolutely dedicated to ensuring that our customers receive all the support they need, and that is the reason behind our success," said Mr Walsh.

"Working for Care Link is more than just a job; it's about serving the people who rely on us, round the clock, to the highest standard."



One of the reasons why customers are satisfied: WDH chief executive Kevin Dodd with Care Link Manager Barbara Sowerby, Care Link assistant Karen Rosindale and Customer Contact Manager Mick Walsh after receiving accreditation from the TSA.

www.wdh.co.uk

CONFERENCE – WHAT'S GOING ON?

Conference is looming once again, and the TSA office is getting even busier than usual. We are taking delegate bookings on a daily basis, and dealing with enquiries from across the world. It's a great feeling to see the delegate numbers growing, but we are not complacent and are keeping up the promotional activity by mailing out copies of the programme, and by emailing information to contacts on a regular basis. To all those who have booked to attend already – thank you. To those still to book, or who would like further information before deciding which days to attend – please contact us – we are here to help. The full office works on conference, and you can contact any of the team members for assistance.

The programme this year reflects what is happening across the industry – we feature a joint session with the King's Fund which will outline results from the Whole System Demonstrator's and we also feature a joint session with the Royal Society of Medicine covering the global perspective, with speaker Adam Darkins, as well as how to engage with the clinician. Just announced is an opening address for Tuesday from Mark Garnier, MP, who is Chair of the All Party Parliamentary Group on Telehealth. The full programme is available on the TSA conference website (www.telecare-and-telehealth-conference.com).

com) or as a pdf from the TSA office (admin@telecare.org.uk)

The Exhibition Zone will be full with the very latest innovations, new products and services on offer across the industry. We have forty three stands which you will be able to peruse during the refreshment breaks and lunch sessions. New for this year will be the Innovation Zone, and we are inviting confirmed delegates and exhibitors to bring along a poster to place within the Innovation Zone, outlining a piece of work, or idea, that you would like to share with conference. There is no charge for this. Further information about the call for posters can be found on the conference website. All delegates will also be able to take advantage of free wi-fi in the Chill Out Zone, situated close to the exhibition.

So what have we been up to to make sure you have an enjoyable, and productive, conference experience? Well the list goes on: we have just finalised the menus for the Awards and Gala Dinners, as well as the buffet lunches – as usual the food at the Hilton will be delicious. Jayne has recently sent out the break-out session choices to confirmed delegates, after confirming the options with Marian, and will be collating workshop choices over the next few weeks. Sessions do get booked up, so we urge you to book your places as soon as possible.

Heather has been collating speaker details and Loretta is now working on the delegate conference brochure. Heather also works with Hilton to ensure that you have the correct room bookings, and that any special requests, for example special dietary requirements, are fulfilled. Mark is collating the exhibitor risk assessments, special requirement forms and internet requirements. We have introduced scanners this year, to enable exhibitors to gather information from delegates a little easier, and Mark has had a good response to date from our confirmed exhibitors. As we are counting down to conference, Trevor is busy working on his speeches, and liaising with the board to ensure that everyone is clear about the event. Loretta has the job of overseeing the full conference, and ensuring that all happens according to plan. This always involves adaptations and alterations – usually at the last minute – so plenty of Nice and Easy is required for all those grey hairs!

We do hope that you will make it to conference this year, which again is fully CPD certified. It is a time of real opportunity for the industry, and conference will enable you to make new connections, experience a wealth of new product and service innovations, and as always – learn, challenge and network with experts and colleagues from across the world.

THE INTERNATIONAL TELECARE & TELEHEALTH CONFERENCE 2011

Hilton London Metropole – 14 to 16 November 2011

ONLY THREE WEEKS TO GO – BOOK YOUR PLACE NOW!

The largest event focusing exclusively on telecare, telehealth and mHealth in Europe.

Conference highlights include:

- Archbishop Desmond Tutu, Global ehealth Ambassador (via video)
- Dr Dawn Harper: GP, author and co-presenter of the UK's first primetime telehealth television programme, Embarrassing Bodies, Live from the Clinic
- Mark Garnier, MP, Chair of the All Party Parliamentary Group on Telehealth
- Dr Peter Carter, CEO, Royal College of Nurses
- Stephen Johnson, Head of Long Term Conditions, Department of Health

- A choice of 26 break-out sessions including interactive workshops, seminars and masterclasses
- Guest business speaker Nick Hewer, businessman and Alan Sugar's right hand man on The Apprentice.
- The Exhibition Zone featuring the latest in telecare and telehealth technology, products and services (fully sold out)
- An Innovation Zone featuring ideas and innovations to develop the industry
- An unrivalled networking opportunity with the largest gathering of industry experts in Europe.
- Fully CPD certified, enabling you to credit your conference experience toward your own professional development programme.

You can view the full conference programme online at: www.telecare-and-telehealth-conference.com or contact the TSA Conference Team on 01625 520320 and email: admin@telecare.org.uk

Bosch Healthcare

The Bosch Telehealth system connects patients to healthcare professionals on a daily basis, allowing the conditions of chronically ill patients, who live at home to be managed remotely. Through ongoing communication and feedback, patients are regularly assessed, meaning costs associated with A&E admissions or inpatient hospital treatment can potentially be avoided.

The unique benefits of the system are the effective health management programmes tailored to the patient's illness. The knowledge transfer between patients and their care provider engages patients to self-educate and proactively manage their condition to help improve their quality of life. The Bosch Health Management Programmes are available for 13 conditions like diabetes and chronic heart failure including co-morbidities.

More than 30 different studies have been carried out with the Bosch Telehealth system over the past ten years. All studies have shown positive results with respect to a wide variety of target parameters, such as improved quality of life,

About the Bosch Telehealth System

enhanced compliance, increased life expectancy or a reduction in hospitalisations.

In joint telehealth projects with NHS Barnsley, NHS Leeds, and NHS Hull, Bosch Healthcare provides a scalable best practice telehealth model that brings real benefits to people's lives. Nurses feel the positive impact on their daily work, as it reduces hospitalisation of their patients. The patients as a whole feel more secure and better informed about their condition.

A patient's quote: "I have had call backs from your team after using the Bosch Telehealth System and it was a very quick response. They called the 'Long Term Conditions' team in my home town` who also responded very quickly. This I know has kept me from going into the hospital which can be very traumatic. So you are helping me very much. It gives me a more secure feeling. My thanks, to you all."

We were happy to demonstrate our Bosch Telehealth System to Andrew Lansley at the NHS Confederation Conference this year in July in Manchester. We spoke about how the telehealth system support national QIPP



Andrew Lansley CBE MP, Secretary of State visited Bosch Healthcare

methodology to address quality and efficiency challenges and at the same time ensuring patients get better care and improved quality of life by reducing healthcare costs.

Further visitors at our booth: Sir David Nicholson KCB CBE, Chief Executive of the NHS and of course Sir Keith Pearson, NHS Confederation Chair.

www.bosch-telehealth.co.uk



Bosch Security Systems has developed an innovative Carephone designed to promote an individual's independence while reducing the ongoing costs to the service provider.

The new Carephone 62 regularly monitors peripheral devices programmed into it, such as a pendant or smoke detector, so if an individual loses their pendant the unit automatically calls the monitoring centre to show that the devices are no longer online; likewise if batteries are removed and not replaced from a smoke detector the monitoring centre is also informed. Fully compatible with current protocols supported by the monitoring centres, the Carephone 62 can utilise both analogue and broadband connections (using Voice over IP technologies) as well as mobile phone networks via a GSM connection.

Genuinely 'plug and play', the Carephone 62 is very easy to programme via a Secure Digital Memory Card (SD card) – a card that permits easy software upgrading and provides

a detailed analysis of stored data without the need for additional programming tools. The device can also be programmed locally using the keypad within the unit or remotely using specialised software on a laptop.

Assistance can be summoned in number of ways in the event of an emergency. The Tx transmitter (pendant) comes with a variety of wearing options (a flexible wristband, a clip and an adjustable neck cord) and can easily be changed by the wearer. The Tx transmitter is fully compliant with waterproof European Standards (IP67), and the battery can be replaced, the transmitter resealed and still remain fully waterproof.

An individual can also raise an alarm using the wireless pull cord with a built-in red emergency button that the individual can press when help is needed. The wireless pull cord is ideal for wet areas where individuals can be more vulnerable. The replaceable batteries significantly reduce the lifetime costs of Bosch Social Alarm systems to service providers. Typically, when the battery runs out in a normal personal transmitter the whole unit would have to be replaced. Not so the new Bosch unit and the cost savings are considerable. The negligible cost of the replacement battery, compared to a

replacement pendant, also means the operation of the alarm need not be compromised, as there will be no need to delay the purchase of a replacement due to the cost.

The Carephone 62 supports a wide variety of wireless peripheral devices such as a wrist-worn Falls Detector and a ManDown Sensor that has an emergency button or will automatically generate a call if the device remains horizontal for a pre-determined period, for example following a fall.

It also supports Environmental Sensors that will detect if taps have been left running (Flood Detector) or if gas has been switched on and not ignited (Gas Detector), as well as Smoke Detectors to detect a potential fire. Motion Detectors can be used to monitor activity while the individual is in the home, or be utilised as a security system while the individual is away from the property. Contact Detectors can also be fitted to doors and windows that send an emergency call if the door/window is opened. The ease of maintenance and lifetime cost savings is a theme carried throughout the Carephone 62 system as the actual Carephone cover and buttons are easy to replace making it look like a new device.

www.boschsecurity.co.uk



BOSCH
Invented for life

Chubb Community Care join up with South East Health to offer remote telehealth monitoring

Chubb Community Care, one of the UK's leading providers of social alarm and telecare services is pleased to announce its partnership with South East Health Assisted Living (SEHAL) to provide remote telehealth monitoring.

South East Health is a recognised name in the provision of primary care services in the South East of England and has expanded its range of services via SEHAL to offer a range of assistive technology and support. Already a major provider of primary unscheduled care services on behalf of the NHS, South East Health has been working to develop multi-agency, multi disciplinary centres helping to shape and implement national unscheduled care policy. It also delivers a number of GP led health centres and provides primary care services at the front door of hospital A&E departments, and specialist nurse-led walk in centres.

SEHAL's two TSA approved monitoring centres provide an integrated health and social care

monitoring platform, allowing patient/client data received from a number of sources to be reviewed holistically by a team of clinicians operating out of a network of primary care centres. This clinically led response is unique amongst assistive technology response centres, and as well as aiding stakeholder involvement it can mean improved outcomes for the patient/client. For example, a fall detector may raise an alert because someone has fallen, and the PCT supplied telehealth equipment may indicate a low blood pressure reading. With the SEHAL system, both pieces of information can be viewed simultaneously by a trained clinician, who can then respond appropriately, aware of the full facts.



A UTC Fire & Security Company

Peter Kerly, Managing Director of SEHAL said, "We are delighted to be supporting Chubb in their Telehealth propositions as it is key to our ethos of providing a service driven solution that has the ability to provide a bespoke pathway for each of their Telecare and Telehealth clients. Chubb were keen to position themselves to be able to offer the unique additional benefits of accessing clients Primary Care Records and integrating the service into their GP's Practice which is key to providing an end to end service. SEHAL are pleased to be able to provide those services on their behalf"

Kevin Derbyshire, National Sales Manager for Chubb Community Care added, "The model of care, whilst enjoying the benefits of our joint experience, will be reflective of the needs of our customers and their respective clients. Chubb is cognisant of the need to provide services which ensures the safety, clinical and social wellbeing of clients through a single service package thus avoiding the likelihood of duplication and/or contradiction in the delivery of their care"

New Products from Chubb

CHUBB PALADIN LONE WORKER



More and more lone workers are finding themselves on the receiving end of verbal and even physical abuse so lone worker's safety is particularly important to employers.

In order to manage this, Chubb have launched an innovative new lone worker system called Chubb Paladin, which works on an android mobile phone, to help protect these crucial members of any team.

Chubb's unique application is uploaded on client's existing mobile phones. By using one of the two easily accessible buttons, the lone worker can send either an emergency or an alert.

Phone settings can be easily configured such as auto alerts and send text notifications, and the software communicates with a web based application which can work on any browser or integrated into the Chubb Saturn call handling software.

This control centre application allows operators to view lone workers details, add notes, send messages, track locations using the UK's most accurate and reliable mapping system Ordnance Survey. Chubb Paladin software also displays current status and battery levels so you know where your lone workers are at all times in addition to handling emergency alerts. A suite of management reports to suit individual requirements is also included.

There are many applications for Paladin which include;

- Logging of date and times when carers enter and leave a clients home, a report can then be generated for billing purposes.
- The software allows you to view where lone workers are and what direction they are travelling. This is of particular benefit for a response team as you are able to allocate the nearest responder to the client.
- Due to the ease of application onto a mobile phone and the ability to identify their location, this device can be used to support any vulnerable child or person when they are out of the home.

Unlike other solutions on the market, Chubb supplements the functionality of your current mobile phone technology, which ensures the software is perceived as a useful tool rather than a burden.

CHUBB WRIST FALLS DETECTOR



Part of Chubb's ethos is to listen to our clients concerns and learn from our experience. Due to this, it has lead Chubb to announce the release of the new version wrist falls detector MK2.

The additional features now include the choice to enable or disable the cancellation feature depending on the outcome of the assessment for the end user. The ability to disable the self cancellation ensures that once the unit has verified the call it cannot be cancelled. This offers additional reassurance to the service user who, may be in a confused or dazed state and may not have pressed the pendant, from accidentally cancelling the alarm.

The fall detector can be programmed to the full range of Chubb Systems care technologies including the Chubb Dispersed Unit – Intellilink, Carer Alert, Concept grouped living systems and Companion Nurse call.

Come and visit us at the Chubb stand for demonstrations of Chubb Paladin and the new Wrist Fall Detector.

www.chubbssystem.co.uk

REFLECTIONS ON THE TELECARE MARKET – ONE PERSON’S PERSPECTIVE

Well, here we are again – the TSA conference has come round once more – it only seems like yesterday that the show was over, the stand was packed away and the motorway home beckoned. And what of the intervening twelve months? Every year that ticks by seems to bring new challenges and ‘interesting’ things that go on. So when it came to sit down and write this article about perhaps what the future might hold, it struck me that in fact, something I spent a great deal of time studying and applying in a previous life some twenty years ago was perhaps today the most appropriate approach to take.

Still with me? If you are, then the basis for this short piece is what is known as the ‘Five Forces that shape Industry Competition’. A seminal piece of work by Michael Porter in 1979, it is well worth a ‘Google’. Now there’s a sentence I couldn’t have foreseen writing a few years ago.

What am I on about, I hear you ask? Well, simply put, everyone attending this year’s TSA events, or working in our industry in a management capacity has their role to play in defining the shape and direction of our industry’s future. Much is written, presented, talked about in regard to telehealth, telecare, assisted living and so on, and yet I still find it amusing and baffling that we can’t express clearly to the man in the street just exactly what it is we do. And until we can, how can we then hope to make sense of everything else.

Our market and what we do seems a rather challenging one to define. And, whilst musing as to why this should be, my thoughts came back to Mr Porter and his five forces and in particular how these interact to drive our industry and market forward. So, in no particular order (as Ant and Dec would say), here they are along with a couple of observations.

- i) Rivalry amongst competitors – a juicy one to start with. Because our market is made up of various key parts, the numbers of competitors ranges from a handful (for example equipment providers) to several hundred (monitoring facilities). Each one with their own aims and their own agendas. Some aiming for world domination in an Austin Powers film style, others focused purely on a local service with a heavy dose of altruism.
- ii) Threat of new entrants – we live in a society that is getting older, and staying older. The lure of the ‘grey pound’, the drive to support people in their own homes all prove to be attractive feeding grounds for the big spenders. This year has seen some high profile examples of what can go wrong when financial targets aren’t aligned with consumer expectations, but there is clearly a place for stable and long term investment with the right attitude.
- iii) Bargaining power of suppliers – for many years the industry has been supplied by a long standing number of experienced providers. How strong they are, how they compete with one another, the degree of interoperability that is offered and so on

are probably daily issues for many of you. How much influence do you really have over your own service’s direction?

- iv) Bargaining power of buyers – who are these buyers is a good question to ask? Is it Mr Jones, of Acacia Avenue, for example, or is it a major RSL or local authority. How do they buy – do they do their own homework and research their purchase decision using their own people or do they use one of our ‘framework agreements’ or solution platforms? Or do they go with score sheets, weightings, calculators and other tools. And, perhaps to be rather contentious, do they even know what it is that they are buying?
- v) And last of all, the threat of substitution by other products and services. Here it is vitally important that the industry, through bodies such as the TSA, ensure that we don’t become too insular and that we keep a weather eye on what’s happening in the world at large. Technology, which underpins much of what we do on a daily basis, has a habit of moving on at a pretty high pace. Like it or not, that means change is with us to stay and it’s up to us to keep up with it.



So, as you wander around the TSA exhibition zone, or sit in the discussion sessions and workshops, perhaps you might put some time aside to think about what role you have to play in the big old market of independent telecare health assistive technology choice products (you saw it here first, folks!). And, more importantly, what difference you might be able to make in the future.

I titled this piece ‘reflections’ – to help you on your journey I have created a little drawing. Take it to the nearest bathroom, bedroom or anywhere else you can find a mirror, hold it up in front of you and it will all become a little clearer.

I hope you enjoy this year’s exhibition.

www.eldercare.co.uk

Eldercare
always there

'The Digital Revolution'

– Telecare and Telehealth Integration

Jontek are pleased to announce that for the first time, Answer-link 3G telecare monitoring centres will be able to receive telehealth alerts and manage them in a very similar manner to a telecare alarm, providing the opportunity for greater integration between telecare and telehealth for a more flexible model of service delivery.

This has become possible with the development of the Common IP Protocol, this allows large amounts of telecare and telehealth data to be sent over the internet reliably and securely, in a standard approved format.

Common IP Protocol

Over the past 2 years, Jontek have been working in Partnership with the TSA, Continua Alliance and most of the European major suppliers of telecare and telehealth equipment to develop a secure and reliable, Common IP Protocol for the transmission of voice, data and video over digital telephony networks.

Once the Common IP Protocol has been fully developed the aim is for this then to become a European Standard, available to all suppliers of telecare and telehealth equipment leading to improve a major improvement in interoperability across telehealth and telecare.

So what does this mean?

Currently telecare alarm units are connected to the analogue telephone network and send their information using a series of DTMF tones.

The amount of information that can be sent using this method is very limited, for example: basic alarm ID, alarm code and location .

The next generation of alarm units will be IP hubs connected to the Digital Telephone Network (Broadband, ADSL etc) and will communicate using Internet Protocol (IP).

Jontek are the first Telecare Monitoring Centre to develop the Common IP Protocol and are now ready for beta testing in partnership with a number of the alarm suppliers who are in the process of developing their next generation IP based alarm units.

So what are the benefits of the Common IP Protocol?

i. Always on line.

The IP Hub alarm unit is effectively always on line, i.e. it does not need to make a call to communicate with the monitoring centre.

Therefore the clients IP Alarm unit status and the telephone line can be monitored constantly, e.g. every 5 minutes, thus if there is a problem with either, the centre can raise an alert within minutes of any fault occurring.

ii. Wireless Alarm Sensors/Peripherals monitored constantly,

Some of the next generation alarm units will have 2 way wireless communication to all sensors and peripherals, and are able to notify the monitoring centre immediately if any telehealth or telecare sensor, pendant or peripheral stops working.

iii. No call charges to the client or the centre.

This may result in considerable savings for the centre and the client.

iv. Utilised for Video Reassurance Calls

It will be possible for the centre to call the client at home and have a video reassurance call, with the clients sat in front of their television and able to see the operator on their television screen. The operator will be able to see the client on their computer screen via a web cam on top of the clients television. This can also be utilised by clinicians for visual assessments etc.

v. Utilised for Telehealth monitoring.

Because the new IP protocol can transfer large amounts of data, securely and seamlessly, it is ideal for telehealth monitoring.

vi. Utilised for Advanced Telecare Monitoring

Because the new IP protocol can transfer large amounts of data, securely and seamlessly, it is ideal for advanced telecare monitoring, for example, client activity or habit monitoring.

BACKGROUND

The Community Care Alarm Service (CCAS) is provided by Your Homes Newcastle and provides an affordable and reliable community alarm service 24/7 within Newcastle. Other services provided include a comprehensive Response Service, an Out of Hours service plus other specific services to Your Homes Newcastle.

They currently have a total of 6500 connections, of which approximately 1000 of those clients are currently benefitting from a telecare solution. The level of partnership working, service delivery and telecare provision are all on the increase and any changes within the CCAS needs to reflect this.

VISION

The vision at the CCAS is to offer a forward thinking, comprehensive service which allows them to work within and enhance the wider business plans of Your Homes Newcastle. The service needs to be able to create more partnership working opportunities, improved service provision and the ability to create more business.

RESULTS

Long term cost savings and increased revenues are being generated from using Answer-Link 3G, by streamlining the telecare service and making the service run more efficiently. Long Term Cost Savings include:

REALLOCATION OF STAFF

Industry standards dictate certain reports are required at regular intervals, for example, Supporting People. As a result of implementing the new system, the CCAS no longer needs to allocate resource to manually produce these and other reports. Many of the previous manual tasks can now be done automatically and effectively using a series of structured reports.

IMPROVED DOCUMENT MANAGEMENT

The integrated e-mail facility has the capacity to allow the CCAS to save time and money on a daily basis with no need to waste paper printing and posting reports. The integrated document management system allows documents such as Support Plans to be accessed on or off site, which results in improved response times, plus the wardens have additional support. The system has the benefit of a true working Client Relation Management database and document management system, rather than just a basic calls handling system.

POTENTIAL TO EXPAND THE SERVICE

The flexibility of the Jontek system allows the Community Care Alarm Service to work towards providing a more comprehensive service to Your Homes Newcastle, by being able to provide a larger range of services.

www.jontek.co.uk



UMO – A PLATFORM FOR LAUNCHING NEW SERVICES ACROSS EUROPE

Novalarm is the UK subsidiary of Verklizan, the manufacturer of the UMO Universal Monitoring platform. Since being established in 1983, Verklizan has become the market leader for monitoring systems in The Netherlands, Germany and Austria. We are growing rapidly in all twelve countries in which we operate, with over 600,000 people monitored by an UMO centre.



UMO *connecting care*

Reducing Social Isolation: Accessing Volunteers

Monitoring centres regularly receive calls from people who are using their emergency alarm systems just to make social contact. Occasionally, everyone needs to hear the sound of a friendly voice providing reassurance and comfort, or even just to have some light-hearted conversation: I remember working in one centre many years ago, and receiving a call every evening from an elderly gentleman who wanted to tell a joke just before he went to bed – unfortunately, it was always the same joke...

Several monitoring centres in Germany wanted to respond to some of these social contact needs, and so a module was developed by Verklizan for the UMO monitoring platform which maintains a social network between volunteers and socially isolated people.

When the operator at the monitoring centre receives and recognises an alarm as a social call, the call can directly be connected to a volunteer who has previously logged on to the UMO network. The operator can see what types of volunteer services are available (for example The Samaritans) to assist them in releasing the call to the most appropriate support service. The simplest way to make contact between the volunteer and the client is by telephone – additional visual communication (videophone) is also possible and gives an extra dimension to the communication.

The volunteer logs on to UMO automatically using their telephone, or using a web portal, without operator involvement. They can also register details such as their location, language or religion.

With the help of UMO, monitoring centres have achieved great results with this service: In total, more than one thousand isolated, elderly people have been actively supported by volunteers.

The major factor for success is that the efforts of volunteer groups are embedded in a professional environment. The volunteers themselves feel appreciated, and elderly people feel that they can press their button at any time to have an unhurried and rewarding conversation. UMO provides a practical way to provide quality control, including the provision of an audit trail, management reports and measures of outcomes.

Intramural to Transmural services

In The Netherlands, the care landscape is changing rapidly, as in many other European countries. It is difficult for care services to operate only within their own framework: Co-operation with other sectors is becoming essential to cope with the aging population and staff shortages. The key is to stay living at home independently, using multiple telecare, health and communication technologies.

Traditionally, sheltered accommodation, nursing homes and hospitals have focused mostly on providing internal care services within their own walls, known as Intramural services in The Netherlands. Recently, service providers there have started to provide a combination of internal nursing and outpatient services in service flats and surrounding areas, with multiple independent nursing organisations offering these services in one area, known as Transmural services.

UMO is used as a central platform, interoperable with the various equipment in use across the different locations and properties. UMO receives, records and interprets the calls and

alerts and automatically distributes them to the right responder or care worker, without the need for intervention from an operator.

The advantages include:

- Central receipt of care reports, telecare alerts and telehealth alerts from nursing, sheltered and independent living accommodation
- Central control of emergency mobile response teams
- Centralisation of patient files
- Centralisation of help profiles and care pathways
- Mix of unmanned and manned centre – calls will always be answered
- “Interactive messaging” with help
- Central management reporting for all these services
- Supplier-independent

These approaches could be interesting for local authorities and other service providers in the UK. Now more than ever we believe that interoperability and the ability to join up multiple services like these is vital to the continued development of UK telecare and telehealth services.



Paul Shead
Managing Director
Novalarm (Verklizan Ltd)

www.novalarm.com



NOVALARM

VERKLIZAN GROUP



TWO BECOME ONE: INTEGRATING HEALTH & SOCIAL CARE IN WALSALL



Telehealthcare from Tunstall is playing a fundamental role in an innovative approach to service redesign in Walsall which aims to truly integrate health and social services and create a new model of care.

Walsall Council and NHS Walsall have made a joint £2.5m investment over 2 years in telecare, telehealth and a new responsive service, believing that it will deliver a much more efficient use of resources and give better outcomes for people. The new service will see telecare or telehealth included in every care package as standard.

The Challenge

Walsall MBC faces the same challenges as most local authorities – an ageing population, improved life expectancy and an increase in people living with complex conditions – and sought a solution that would meet the care needs of the population and support independent living, whilst making the best use of available resources.

A new model of care

The council is working to implement a new approach to service delivery that integrates the four quadrants of an ideal health and social care service recently identified by the Department of Health:

- Social capital
- Telecare
- Individual choice and control
- Prevention

The authority's vision is to develop a service that integrates these key principles by representing the latest thinking in social care, using technology to enable change that allows individuals to be catered for in a way that health and social services have never done before.

Integrated health and social care

Main objectives

- Maximising the potential of individuals to take control over their lives
- Enabling all people regardless of background to access mainstream services and provisions
- Enabling people to remain at home with the support they need for as long as they wish to
- Ensuring the delivery of cost effective and value for money services

Why telecare and telehealth?

Walsall sees telecare and telehealth at the heart of the integration of health and social care services. In the past, money could be used ineffectively through providing labour intensive, inappropriate and low quality care services to people who didn't benefit from them. The only way to offer a universal offer and provide services to everyone who needs them, is to provide telecare as the default component of every care package. This provides the essential back up that people need to support them at home, 24 hours a day, 365 days of the year.

Telecare and telehealth supports joint health and social care priorities

- **Health management** – Telehealth is enabling the management of long term conditions (circulatory and respiratory diseases in particular) in a much more proactive way, reducing unplanned hospital admissions and improving patient outcomes, regardless of inequality
- **Targeted commissioning** – Telecare is seen as a very acceptable method of being “looked after” from afar and to know help is available 24 hrs a day is extremely reassuring. Telecare allows help to be targeted with specific vulnerable groups of the population for example the increasing numbers of people with dementia, more support for carers and people with learning disabilities
- **Personalisation** – Telecare and telehealth is a true enabler for personalisation – ensuring a systematic shift towards early intervention/prevention and service modernisation in the context of rising expectations, increasing demographic pressures and tighter funding settlements from central government.

Six priority areas where telecare and telehealth can be most beneficial

1. Hospital admission avoidance from residential care

Taking a proactive approach to supporting people with long term conditions in the community using telehealth, aiming to shorten length of stay and reducing the threshold for admission

2. Reablement – main blocker for hospital discharge

Embedding telehealth and telecare into a rapid response, assessment and support team providing the care and support needed to implement a care pathway that will in turn

reduce emergency admissions to the acute hospital, and associated expenditure

3. Integrated care

Redesigning the community care and adult social care pathways with telecare as a foundation in order to coordinate health and social care services around the individual, enabling the right care to be delivered to the right person at the right time

4. Community safety

Provide support and reassurance using CCTV linked to the monitoring centre along with bogus caller buttons and monitored smoke alarms, to enable vulnerable people to feel safe and confident in their own homes and communities

5. Social/digital inclusion

Using telecare to provide people with a means of contacting someone 24 hours a day and providing medication prompts, reminders, information and advice to enable people and groups who have not traditionally benefitted from developments in technology to receive those benefits in a way that is meaningful and effective for them

6. Public health

Using telehealth as a convenient and non-stigmatised way of managing long term conditions, providing preventative support and aiming to reduce unplanned hospital admissions, out-patient and GP appointments and helping more people to remain at home

What are the next steps?

The future is very exciting and innovative solutions to the challenges faced have been identified. Walsall intends to further develop integrated working with health partnerships and once these practices are wholly embedded, will look at extending integration to include other stakeholders. This continued drive to increase partnership working and a strong investment in time to share information is designed to reap many rewards in the future.

“We want to be able to maximise the potential for individuals to take control of their own lives and allow all people, regardless of background, to access mainstream services and provisions. By providing clients with telehealthcare as standard, we hope to allow people to live independently for as long as possible, safe in the knowledge that help is at hand whenever necessary”

Paul Davies, Executive Director of Adult Social Care and Inclusion

www.tunstallhealth.com

Tynetec uses Innovation and service user insight to break down the barriers of Telecare...



Enabling people to live independently for longer in their own homes provides positives for all parties involved in the deployment of a telecare service. The manufacturer sells a product; the service provider delivers a solution to meet the needs of an individual and the service user benefits from greater independence and wellbeing. So everyone's a winner you may say, well that's not quite true, let's explain why...

Although telecare has been around for many years now, there are still fundamental barriers associated with the acceptance of telecare and until now, manufacturers have continued to develop new products with enhanced features without really listening to the views of those who use the service. For the majority of service users, the telecare service is provided when their needs are such that they require additional support but they don't have any say in what the products look like or how they're installed. For many who benefit from a multitude of Assistive Technologies, their homes can often become cluttered with a variety of objects which make the place look untidy. That's why thorough Customer Research & Service User Insight is paramount when it comes to developing the products of the future. Not only must the product meet the needs of the service provider but most of all, there must be an acceptance by the service user to interact or simply appreciate the equipment once installed in their personal living space.

If we take an example of an At Home Alarm complete with a Personal Pendant, we can usually identify it from 50m away. That's because the main unit generally consists of a big plastic box with large Red button. Although the unit may deliver total reassurance and peace of mind when the service user requires assistance, there's a huge stigma associated with the product that screams out like a "badge of need". Similarly the personal pendant, also



with a big red button draws more attention and labels the service user as vulnerable or at risk. With thousands of pendants installed each year, the question must still be asked as to how many of the pendants are actually worn by the service user and how many are actually hidden away in a drawer due to the stigma attached to them?

As an innovative manufacturer, Tynetec decided to take responsibility for what was being supplied to the service user and tried to break down the barriers by designing At Home Alarms and Personal Pendants that were more acceptable. Tynetec carried out over two years of research working with service providers from both the public and private sectors to compile a comprehensive design brief for the next generation of product. This included evidence based on both the

ergonomics and aesthetics but from a service user's perspective. The brief was then passed onto the Tynetec Innovation Centre team where the brief became a reality culminating in the launch of the Tynetec Reach alarm unit and Touch personal pendant which have clearly changed the face of telecare in the eyes of the service user.

The Reach alarm unit delivers clean lines, contrasting textures and metallic highlights that enable the product to blend into its surroundings and with a choice of white or black, the service user can be assured of total satisfaction. Many have observed the new product and likened it to a broadband router, mp3 docking station or a DAB digital radio. Just another piece of equipment that is acceptable in today's modern home regardless of whether the service user is young or old.

Similarly the Touch Pendant has been designed to eliminate the badge of need and provide total flexibility when it comes to wearability. The sleek black oval design with its elegant silver button is designed to be discreet when worn around the neck, on the wrist or on a belt. The unit is also waterproof and has been designed to be used in the shower. It comes complete with a small suction cup that can be stuck to the tiles in bathroom for even greater flexibility.

Why not visit the Tynetec Innovation Centre on Stand 3 at the TSA's International Telecare & Telehealth Conference in London on 14th – 16th November 2011, where you can see all the latest Tynetec product Innovations.

www.tynetec.co.uk



IS IT TIME FOR A NEW WATCH?

KEVIN DOUGHTY TSA Consultant

The need to raise the awareness of health, social care and housing staff to the support opportunities offered by telecare was a major driver for developing demonstration facilities (SMART or WISE homes) when grant funding became available in 2006. Many of these facilities involved the installation in a sheltered housing unit of the 20 or so devices available from one or more of the major equipment suppliers. An enthusiastic member of the new telecare team would be available to show how each device might work, and its potential for managing risks to independence faced by older people and, occasionally, people from other vulnerable groups. Some of these homes were visited by dozens of different people every week representing both statutory organisations, third sector groups and informal carers.

But within 2 or 3 years, most professional staff members had become familiar with the equipment and its role in care packages and prevention strategies – so the number of people visiting the facility dwindled; most have since returned to their former use while others are used occasionally for respite purposes or to support intermediate care. During this time, the range of equipment which might be prescribed as part of a telecare package has expanded considerably, with some equipment prescription guides already featuring over 400 different products. There are four challenges to the rollout of telecare which could be addressed by new demonstration facilities:

1. making end-users aware of the enormous choice of products now available, but also excited at the vision for assisted living that such devices and systems can facilitate;
2. ensuring that professionals have the training, resources and expertise to confidently prescribe the most appropriate items of equipment to meet the individually assessed needs of each service user;
3. future-proofing services so that all stakeholders can share the vision of connected technologies within the home environment; and
4. providing access to all – supporting the approach of HfT (www.hftsmarthouse.org.uk/) which includes a 'virtual' version that can be entered through the Internet.

Some local authorities are opening new community facilities to encourage the use of assistive technologies and gizmos as shown in Figure 1. These provide

opportunities for assessment but also for potential service users to 'try before they buy' and to support the retail function (see <http://www.staffordshire.gov.uk/News/Hightechfacilityopensinbilbrook.aspx>).

Figure 1: Bilbrook Smart House



In 2003, the Centre for Usable Home Technology at the University of York opened its Responsive Home. It was a dwelling intended for research use where students could observe the interaction of service users with technology using ideas for the future based on products from today. It has recently relocated to the new computer science department, a move which required a new name, The Home Lab, and a change of demonstrations and displays (<http://www.cuhtec.org.uk/homelab.php>) to include the new applications relevant to well-being that can be achieved due to advances in digital technology – set-top boxes, tablet computers, smart phones and, above all, broadband connectivity (see Figure 2). In some respects, it uses a similar approach to that used by Disney in the House of Innoventions in Florida where a guide showcases some interesting technology exhibits in the context of a home that suits and supports the lifestyle of the family that lives there (<http://orlandoparksnews.blogspot.com/2011/07/house-of-innoventions-reopens-video.html>).

Many people in the future will choose to buy their own telecare or assistive technologies either as private purchases or through direct payments or personal budget. To support this ambition, there will be a need for organisations to provide retail functions which will include demonstrations and a way of show-casing equipment in the correct environment to support modern lifestyles. Imagine walking through a store such as IKEA and seeing telecare sensors, actuators, displays and interfaces embedded in standard items of furniture! This would have the effect of

'normalising' the technology and removing any stigma associated with the devices. Indeed, in a retail environment, we would expect to see a price tag on every item. If we want to make people take more responsibility for their own health and well-being, they should be aware of the cost of treatment and technology.

Figure 2: CUHTec Home Lab Lounge



The time could be right, therefore, for the emergence of a new WATCH – Wellbeing And Technology Connected Home – which combines demonstration, assessment, training and retail functions in a friendly and realistic environment. Tours could be recorded on video and offered as You Tube experiences for virtual customers, enabling them to complete self-assessment and self-prescription functions before taking their money and arranging for delivery and installation. But for organisations that are keen to take a WATCH out to the people, a mobile home may be the answer assuming that access issues associated with steps and a narrow doorway are resolved. In the same way, the Care Cottage concept (<http://www.youtube.com/watch?v=GpigPWe0Hc>) could be developed to enable demonstration WATCH pods to be constructed quickly, and at low cost, wherever needed. The social enterprise, iBawb, is currently investigating the potential for introducing Carewatch Pods that could be used to support people with intermediate care or respite needs who are able to leave hospital but whose homes aren't safe enough for them to return to without Telecare monitoring. Similarly, respite-watch pods and palliative care watch pods could be used to provide a portable means of supporting people at the location of their choice when other options aren't available. Irrespective of the construction method and the focus of support, a new WATCH may find a place in future telecare strategies.

kevin.doughty@telecare.org.uk

Telehealth evolves with new approach

The need for redesigned care

Both national and local policies continue to look for ways to improve the cost effectiveness of health and social care.

The issues with demand and provision, and in particular caring for people living with Long Term Conditions (LTC), are very familiar. There have been many efforts at change, frequently concentrating on structural or financial reforms. It is now widely recognised that such reforms by themselves are not sufficient, and that there needs to be a change in the ways in which health and social care are delivered. 'NHS Support for Social Care: 2010/11 – 2012/13' sets out the framework for a number of new funding streams for social care investment in support of health needs. The aim is to help individuals to regain and maintain their health and independence, and thereby avoid the inappropriate use of more costly services such as GP visits and hospital admissions. The kinds of services to be invested in include:

- Additional short-term residential care places, or respite and intermediate care;
- More capacity for home care support, investment in equipment, adaptations and telecare;
- Investment in crisis response teams and other preventative services to avoid unnecessary admission to hospital; and
- Further investment in reablement and rehabilitation services, to help people regain their independence and reduce the need for ongoing care.

Some of these suggestions require an increase in the capacity of existing types of services such as residential care places. Others however, such as reablement require a change in the design of services with an overall shift of care setting away from traditional institutions, such as hospitals and clinics, to a home-based care setting.

The care is taken to the individual and not the individual to the care. Care is then not confined to traditional professional carers but includes self-care and their wider support circle of family and informal carers.

Making redesigned home-based care work

The challenge is to support these newer models of home-based care away from the familiar institutional boundaries of hospitals, clinics, and practices. If services to the individual end up piecemeal and lacking overall coordination then the results are fragmentation, duplication, and hence reduced effectiveness and increased cost.

Care design must be enhanced to include a comprehensive service supporting individuals living with Long Term Conditions from prevention to the end of life. The whole design has many components and providers that play a part at different stages of the disease and its management. What is important to note is that the 'home-based' elements don't sit in a neat discrete box but instead touch on many different components of the overall picture.

There are important questions for a home-based service:

1. How will Care Plans be personalised and implemented across individuals' homes, care settings, providers, and involve individuals and their families?
2. How will individuals get day-to-day advice and support in managing their health and following guidance without calling on traditional services?
3. How will care be monitored, problems detected early and acute exacerbations managed for the individual at home to avoid inappropriate admissions and interventions?
4. How will individuals with advanced disease and therapies be supported and monitored at home?

Tele-technology services are not sufficient

Some applications of 'tele-technologies' such as personal alarms are well established and the benefits demonstrated. Applications in health seemed at first to offer self-evident benefits to both individuals and those providing them with support. However, realising those benefits has proved more challenging than was thought. The problem is that the technologies do not yet sit within a home-based service model that delivers what carers, commissioners and individuals need and expect.

The technologies provide data streams and trigger events, but by themselves don't connect with the mechanics of care. Community or primary care teams need to know where to address their attention and resources. They need to be able to direct personalised advice and guidance to individuals who are outside their care plan goals and check it is followed. Individuals themselves need similar support.

At present the net result of the poor fit are tele-services that are often additional to existing provision rather than an alternative. Individuals end up receiving the same interventions as previously, such as a home visit or an admission to hospital, and the technology has merely added another step and cost in the process.



Appello's new approach

Appello is a newly established telehealth provider that has launched a new unique, subscription based, nurse-led telehealth service offering a complete home-based monitoring, advice and support service for users or patients. Appello is targeted at monitoring a wide range of long term conditions.

Appello brings together the expertise of telecare monitoring provider CarelineUK, health record provider CentriHealth, contact centre infrastructure provider Volt Delta and telehealth home hub and remote monitoring supplier Numera Health.

The Appello service is designed to meet and exceed requirements of the market for a complete service-led approach to telehealth including:

- A complete end-to-end managed monitoring service;
- Proactive monitoring of an individual's health status from a dedicated 24/7 monitoring centre for telehealth services;
- Support and advice from control centre Nurse Advisors with strong clinical governance;
- Personalised care plans & clinically accurate advice as standard for key Long Term Conditions;
- Provision, management and support of the monitoring device(s) in the individual's home;
- Support and advice for the individual based on their own care plan.

Appello centres on the service provided to empower an individual to live independently, rather than focussing on expensive technology. The Appello service is not about technology alone, it meets the underlying need for such services to be provided as integrated offerings, ready for rapid deployment and covering all of the key requirements rather than just delivering separate technology elements.

The service provides one-to-one personalised advice and guidance over the telephone from qualified nurse advisors along with access to self-management tools for individuals via a web-based personalised assistive care record portal.

www.appello.co.uk

TeleSCoPE – European Update

Malcolm Fisk and Roberts Roze, Coventry University

The multi-dimensional world of telehealth in the European Union is developing rapidly. It is much wider than the current UK focus on vital signs monitoring. Indeed, our message is that telehealth is about health and wellbeing. And it embraces technologies and services that include telecare.

Our broad and inclusive approach underpinned the way in which, back in 2009, the TeleSCoPE project to develop a European Code of Practice for Telehealth Services was conceived. It clearly struck a chord – winning funding from the European Commission and starting in 2010. Of course, the UK perspective and its experience of telecare was very relevant to this, hence the TSA being invited by Coventry University to become a TeleSCoPE partner.

A year of intensive background research work has been completed and progress in the project is gaining pace. The background work has examined a wide range of services – and the legal and technical contexts in which they operate. As we knew was the case, many telehealth initiatives were (and some remain as) pilots, this reaffirming the need for us to frame a code to help guide further service development.

Three documents represent the first main outputs from the background research. They are posted on the website as 'Foundation Papers' at www.telehealthcode.eu. These papers will help to form the basis of the code. The evidence, therein, will prove crucial as we make progress towards validating the code with a range of service providers in five EU countries. Now, as part of our wider consultation with stakeholders in all 27 EU countries, we would very much like your views on the Foundation Papers by 16th December.

The first Foundation Paper (FP1) offers a 'Glossary of Terms' and will be further developed during the course of the project. The second (FP2) and third (FP3), offer a discussion of 'Ethics and Good Practice' and an 'Overview of the Literature and Background Information'. By the end of January 2012 a further consultation will be launched regarding the structure of the code. If you are interested to contribute to that consultation you are welcome to get in touch with the project's team via e-mail to mfisk@cad.coventry.ac.uk.

Aside from the TSA, TeleSCoPE partners include other user or user-facing bodies; academic institutions such as the Institute of Auxology

in Italy; and manufacturers of telehealth technologies such as GE Healthcare in Hungary. Lievens-Lanckman in Belgium provide the partners with a crucial link to the International Society for Telemedicine and eHealth (ISfTEH) network and the annual Medetel conference. The final code will be launched at the Medetel conference in Luxembourg in April 2013 together with a robust framework for its adoption and implementation. Compatibility is intended between the TSA work (developing its telehealth code) and that of TeleSCoPE.

But in between times there is much to do in validating and refining the code. A draft code will be tested from the Spring of 2012. The 'validation services' will offer a range of service applications concerned with, for instance, medication compliance; health coaching; activity monitoring; and responding to falls and events. They will use different technologies and communications media (including mobile) and address the needs of varied user groups.

We are on track, in other words, to deliver a code that will, not only help shape telehealth services for the future, but will help to safeguard and support several million Europeans.

TSA GAINS THE MOMENTUM IN EUROPE

The TSA has recently been successful as a partner organisation in securing European Union funding for a project called MOMENTUM. The project aims to deliver a European momentum for the development of telemedicine (the European term that includes telehealth), with its core objectives being to:

- create a platform across which the key players can share their knowledge and experience in deploying telehealth services into routine care
- build a body of good practice
- define a Blueprint for the telehealth service implementation process

The TSA is one of 21 partners from across Europe on this project. Some of the partners are more familiar to Link readers than others, such as the Continua Alliance and NHS 24 in Scotland, but with over 14 countries represented

on the project it is major representation of European states, bringing together their telehealth experience.

MOMENTUM's goal is to develop a sustainable model for telehealth. The value of telehealth is already being recognised within different EU member states, but:

- services such as tele-consultation and remote monitoring are not part of routine healthcare delivery
 - there are roadblocks such as:
 - organisational and legal uncertainties
 - change management issues, inappropriate incentives ...
 - service sustainability e.g. due to the lack of a generic supportive infrastructure
 - there is a need for recognised and validated methods and tools for deploying services
 - there is a lack of an established and sustainable network of telehealth practitioners and key stakeholder groups across Europe
- The TSA input into this project will be mainly in:
- gathering good practices and existing methods applied in deploying telehealth services in daily practice – including drawing on our knowledge and experience of setting

standards in telecare and telehealth through a Code of Practice

- consolidating these findings into a blueprint for European telehealth deployment
- and validating this blueprint by testing it in practice

We will want to bring to this project the experience and knowledge of key stakeholders involved in telehealth in the UK.

The outcome will be a vibrant and sustainable network of telehealth stakeholders that will develop and maintain a European telehealth deployment blueprint. This will assist countries and telehealth practitioners in their implementations by providing:

- a collection of good practice and experience in taking telehealth deployment into routine care
- a European telehealth deployment blueprint, and
- a widespread dissemination of the good practice and the blueprint

It promises to be an exciting and challenging project for TSA and its members, and an opportunity to present within the European arena our knowledge and experience of telehealth service deployment in the UK.

DALLAS needs TEXAS



We all know about the dual ticking time bombs the NHS is facing, an aging population teamed with the ever increasing prevalence of long term conditions means the current health economy will struggle to cope with demand. The solution is to enable and empower individuals to take responsibility for their own health and wellbeing. If we can set in place a national infrastructure that allows people to self-manage their conditions and live a more independent life then we will have gone a long way to averting a healthcare disaster. But how do we establish such a future?

The funding made available through the ALIP's Delivery Assisted Living Lifestyles At Scale programme will be hugely useful in raising awareness. DALLAS aims to establish sites across the UK showcasing how assisted living technologies and services can be used to promote well-being and provide top quality health and care, enabling people to live independently. **However we believe that DALLAS needs TEXAS.**

The challenge for Delivery Assisted Living Lifestyles At Scale will be the creation of a well-structured, flexible and cost effective education programme to support all stakeholders. Virtual College's Telesolutions e-Academy is addressing this goal, and its first e-module, an Introduction to Telecare & Telehealth has already had 500 learners, with 85% indicating they want more e-learning. This success has led to the creation of the TEXAS programme, which is focused on supporting Telecare Education eXecution At Scale.

Virtual College, leaders in providing e-learning solutions in the UK with over 600,000 learners and the Scottish Qualification Authority (SQA) are working together to develop the TEXAS program and in the creation of a formal qualification structure that can be delivered in an online format, linked to job roles, competencies and e-portfolio assessment.

As an accrediting and awarding body the SQA work with schools, colleges, universities, industry, and government, to provide high quality, flexible and relevant qualifications.

The next e-learning course to be released 'The Context of Telecare and Telehealth' aims to provide the learner with knowledge and understanding of the context in which telecare services are delivered, the business context and the role of partnership working in providing telecare services. This course is being mapped to the SQA's competency framework in order to provide all the underpinning knowledge for a formal qualification route which will be useful for anyone who works in Telecare or Telehealth.

The hope is that the work being done by Virtual College and the SQA in developing Telecare Education eXecution At Scale programme will raise awareness of and provide a structured training route for those working in the Telecare and Telehealth sector.

Will this work? The success Virtual College has seen with its Safe Use of Insulin course developed in partnership with NHS Diabetes points to an emphatic 'Yes!' Launched last year nearly 60,000 learners have registered for the e-learning course and through formative and summative assessments real improvements in patient safety have been clearly identified.

The e-learning course 'An Introduction to Telecare and Telehealth' covers the following:

- Introductory knowledge of the main opportunities to deliver and receive health and social care at a distance
- Understanding of how these initiatives may influence the ways in which people work
- Understanding the key drivers of the development and implementation of telecare and telehealth, including achieving more effective and higher quality care
- How to source more detailed information

Learner & Organisational feedback

97% of learners have said they would recommend the course to others and feedback includes comments such as:

"I liked the interactivity. The easy to understand language and explanation of area specific terms (or jargon). I felt it was not patronising and that it spanned the whole range of people who are interested in this and catered for them."

Nottingham City Homes has purchased the module for their 'Nottingham On Call' call centre staff. The centre supports over 12,000 homes in the effective use of their telecare equipment. These properties include the Sheltered Accommodation managed by Nottingham City Homes and the service also offers outsourcing to private homes and other Housing Associations. The module has been offered to all call centre staff and mobile support officers.

NCH explained, 'This is the only course we were able to find that effectively met the needs of our staff. E-Learning is the most cost effective and resource efficient way of training the team working in this prolific service area.'

www.telesolutionsea.co.uk

trusted

The C500 is independently certified

Call TODAY on **01905 770333**

sales@keysafe.co.uk

www.keysafe.co.uk

As I write this time, I am struggling with mains adaptors in what my wife calls a quiet part of Western France. In September, after 'la retour' when children return to school and employees return to work with the end of vacations, it is so quiet here that you could fall asleep standing up in the main street without fear of a rude awakening. Quite lonely really, unless you are connected to the wider world.

TECHTALK



CHARLES HENDERSON

This Spring I changed my mobile phone service provider and acquired a 'smart phone'. Unlike its predecessors the new combination of phone and provider allow me to send and receive emails to TSA concerning planned meetings later in the month and to talk to the office in Wilmslow at only a modest additional cost. I am in the connected world. The phone contract and the phone were more expensive than the last and I consciously and happily paid the price. All this change came about as a consequence of the stimulus of the white van man with bolt cutters with a plan to recycle the local BT trunk cable. Necessity forced me to re-evaluate my requirements and the service I was receiving. When I did so I discovered that cost was not my primary consideration. I needed and expected better than my previous long established provider and trusted handset could deliver. The house is littered with SIM cards, testimony to the research and practical evaluation that led to the informed decision. I did make one mistake: I assumed that customer support from all operators was on a par and accepted that I would have to live with whatever I got. This proved to be far from true and I have been delighted with both the help line and text message support that I receive. It has been courteous, easy to access and has not so far failed to resolve any issue.

The choice of Smart Phone and network were not linked. Phones are interoperable, an expression we will hear much more in the coming months. It has shades of meaning from mere coexistence without unintended consequences through to interaction as if fused into a single entity like partners in a marriage! The phone decision was based upon looking at specifications and discussions with existing phone users. What, in telecare procurement terms, you might call reference sites.

The other factor that has this year worked in my favour is telecommunications regulation. The recognition that roaming charges, when your phone switches from one service provider to another at national borders, bore no relation to actual costs and were particularly unfair to those who regularly transit from one territory to another, has brought regulatory intervention to cap charges and tilted the balance more in favour of the consumer.

The technology and the services that are supported by my Smart Phone and Mobile networks are now an integral part of my way of life and enable me to do things that I want to do but which would not otherwise be possible. This brings me round finally to telecare where I see exact parallels in the use of technology to maintain connection and avoid isolation. Further more the elderly,

commissioners of care and other telecare users will make lifestyle choices if they can and, where services are differentiated, value for money may be a more relevant criterion than price as awareness grows, markets mature and buyers learn from experience. It pays in the end to think carefully about your requirements before you buy, evaluate the options practically as well as on paper. Check out the processes supporting the service to be certain that you know what you are getting.

Regulation of telecommunications is mainly about dealing with market failure, another story for another place, but it carries also some responsibility to ensure the interests of the vulnerable and disadvantaged are properly represented. How you perceive regulation clearly depends on your perspective and market position. Currently telecare enjoys a freedom from regulation although it benefits in the UK from an established TSA Code of Practice which arguably provides benefits similar to regulation at lower overhead cost and with more flexibility and agility in a changing market.

You might ask why I am sharing my experience. Well I am using in a way Western France is a metaphor for old age and disability. It is a fine country that I have known for nearly 50 years but still the differences in culture, systems and way of life can be frustrating and challenging as well as enjoyable and educative. Insularity is not the unique characteristic of island nations and to make progress you need help and have to adapt or become isolated. Technology is never the whole answer but it can help to keep you connected with the wider world and established lifestyle. Also it is to illustrate that technology is moving quite quickly and if properly applied is enabling, but you do need to properly assess your needs and select the right technology.

This brings me to the International Telecare and Telehealth Conference in November where I hope to meet at least some readers of the Link. There is so much that will happen in telecare over the coming years that decision makers as well as deliverers need to be involved. I have no doubt that the exhibition area will excite you with an ever expanding range of technologies and services. Do use this opportunity to engage with Suppliers, they are there to listen to you as well as to present their offerings and it is your contact that makes their investment worthwhile. I am sure that the programme will widen your horizons and stimulate you to new possibilities. Those of you who have demonstrated commitment and service delivery performance will be recognised by your peers. Let's meet in November.

Charles.Henderson@telecare.org.uk

CORNWALL LIFELINE THE ACCREDITATION EXPERIENCE

Cornwall Lifeline are delighted to be able to share their experience of the TSA Accreditation Process for the monitoring and installation modules. The last twelve to eighteen months have witnessed an incredible period of change for Lifeline in Cornwall. The culmination of this has been the TSA Accreditation experience. It was with a degree of mixed feelings, eager anticipation and some trepidation (soon dissipated) that we awaited the arrival of Chris Waller the lead auditor for Insight Certification Limited who completed the independent audits.

Chris's demeanour, extensive knowledge, experience and willingness to share best practice made the whole audit rewarding and enjoyable. Chris estimated that he has personally visited over half of all TSA Accredited Centres. The day of the interim audit started with introductions to staff and a tour of Cornwall Lifeline. Whilst meeting with Chris we updated him on the continuous improvement journey we were on. We have recently experienced the loss of the District Councils, with the formation of the Unitary Authority, Cornwall Council. This has presented a number of challenges and opportunities. We have merged two smaller business centres, Carrick and Caradon Lifeline, into the new Cornwall Lifeline. We have built on the strong traditions and customer care of the former centres whilst capturing, or creating, best practice wherever possible. A vital component in this is our placement within the Community Safety Directorate under the leadership of the Chief Fire Officer, Des Tidbury.

The day seemed to fly by as Chris methodically worked through his check list, visiting our disaster recovery facility to witness our weekly test and accompanying one of our installers to witness a new installation, whilst systematically checking our performance against the KPI's, going through the risk assessments etc. The management team at Cornwall Lifeline were kept constantly updated by Chris as he completed his findings and were delighted to be told of examples of our work that were considered to be best practice and we were very happy for Chris to take these to share with others throughout the country.

Our policies and procedures provided some light reading and homework for Chris at the end of day one.

Day 2 saw Chris with us bright and early, with a number of questions for the management team, requests for further information or clarification. As with day one we were constantly updated and engaged with the process. We have been working on the production of new contracts for our private clients in a simple to understand question and answer format. New contracts for corporate clients were also available for Chris to see in draft format. At the end of day 2 many positive things were again identified, and further examples of best practice acknowledged. The ultimate test was, however, how far were we from complete compliance with the Code and could the work be realistically completed within the seven weeks we had set ourselves?

A full report (a very accurate gap analysis) was produced by Chris that we were able to access immediately via Insight. We had some t's to cross and some i's to dot, and a few additions to include within the draft contracts – and all of this was fully explained by Chris. We were able to bring the full audit date forward to the 8th July and parted company looking forward to the next meeting.

The few weeks soon passed as we prepared the evidence file, addressing all of the areas highlighted in the report. The team were delighted to meet with Chris again and very keen to get his approval on the evidence we had put together. The same methodical but friendly approach was applied to ensure full compliance with the Code and then the moment we had been eagerly awaiting – Chris notifying TSA that he was satisfied that we had met the criteria and could become accredited members. We were, we were advised, in a very small club that had been able to be awarded accreditation at the time of the audit.

Chris was very complimentary about the ethos and standards set by Cornwall Lifeline and felt that our strong links to the Cornwall Fire and Rescue Service, and the wider Community Safety Directorate, were a real strength and clearly evidenced in some of the examples of best practice he had witnessed. These included:

- What is considered to be one of, if not the best, Disaster Recovery facilities in the country with full replication of our primary site of operators terminals, ups, auto generator facilities etc.
- One of the best business continuity plans in the country, fully proven and tested at exercise by the Cornwall Council Emergency management team.
- Our user guide /customer information booklet which is user friendly, easy to read and contains information on behalf of the Adult Social Care Safeguarding Team, Cornwall Fire and Rescue Service promoting free home fire safety checks and information for Tremorvah Industries for telecare peripherals (this helps them reach their target audience our clients and gives our clients simple access to these services through one point of contact).
- Risk assessments being compiled to the 18001 standard.
- Our KPI performance –all operators performing in excess of 98.5%

Tips to make the accreditation journey run smoothly.

Attend one of the TSA training days – lots of advice, chance to network with others in a similar position and get to meet some of the TSA team.

Attend the regional meetings – keeps you updated, more networking opportunities with centres close to you. Some are very happy to offer assistance but a word of warning some may be quite predatory.

Have a pre-audit inspection – engage with the auditors, seek examples of, and be prepared to, share best practice. You get a very accurate gap analysis of where you are and where you need to be for full compliance. Ensure your management team are available throughout the audit to answer any questions, produce additional evidence and capture any learning experiences.

www.cornwall.gov.uk

Cornwall Lifeline

TSA ADDED VALUE BENEFITS



Marian Preece, Operations Manager

TSA is developing a range of Good Practice Guides for distribution to Member Organisations.

The following Good Practice Guides have been issued to Members:

- Increasing the Percentage of telecare alarms called answered within one minute – issued by email on 30 August 2011 in the TSA eNews
- Home Working for Call Handlers – issued by email on 6 September 2011 in the TSA eNews

- Communicating with Service Users with a Hearing Loss – issued by email on 11 October 2011 in the TSA eNews
- Supporting Service Users with a Visual Impairment – issued by email on 11 October 2011 in the TSA eNews

Other Good Practice Guides in development are:

- Winter Pressures – How to Support Service Delivery
- Summer Pressures – How to Support Service Delivery
- Working in Partnership with the Ambulance Service – Improved Call Handling Practice
- Diversification for 24/7 Monitoring Centres – modular format
- Introduction of 111 Triage Services
- How to deal effectively with planned and unplanned telephony outages
- mCare – delivery of care and support via mobile technology

If you have any suggestions for other Good Practice Guides please contact Marian Preece, Operations Manager, marian.preece@telecare.org.uk

TSA MEMBERSHIP CERTIFICATES

New for 2011 has been the issue of a Membership Certificate pdf to all Member Organisations on payment of the membership fee. I hope that you are now proudly displaying this certificate in your Offices. If you do not recall receiving this email, please contact Jayne Gudgeon at the TSA Office – jayne.gudgeon@telecare.org.uk and she will forward one to you.

Member Fora Programme 2011

All the 8 Member Forum Events have now been delivered. In total there were 433 attendees. From the 77 evaluation forms returned, we have calculated an overall 75% satisfaction rate for these events.

If you have an exciting and innovative service delivery model, product, or story to tell, please contact Marian Preece to discuss as planning for the 2012 Programme of Member events will commence during October – marian.preece@telecare.org.uk

Ofcom – Technical Report on Social Alarms

TSA has supported Ofcom in its investigations in relation to the advent of the 4G Spectrum. Thanks are due to the London Borough of Lambeth who engaged with Ofcom and allowed them access to a telecare show flat to enable testing and measurements to take place. The outcomes of this exercise are contained within the recently published Ofcom report which can be accessed via the link:

http://stakeholders.ofcom.org.uk/binaries/consultations/tlc/annexes/LTE_UE.pdf

European Technical Specification - 50134-7:2003

A new checklist has been issued – 6 October 2011 for the above which now includes the requirements for the Annual Maintenance Inspection. There are no other changes to the document.

Members of the TSA team who look forward to meeting you at Conference:

From left to right: Mark Leivesley, Loretta MacInnes, Heather Lomas, Kevin Dougherty, Trevor Single, Marian Preece and Jayne Gudgeon.



TSA – members, dates and information

2011 Calendar of Events

14-16 November	International Telecare and Telehealth Conference 2011	Hilton London Metropole Hotel, London
1 December	Training Course – Telecare Service Tailoring, Prescription and Set up	Manchester

Non-Renewals

Date	Member Organisation	Membership Category
July	Trafford Council	Full
July	Wiltshire Council	Full
July	Doncaster Metropolitan Borough Council	Full
July	Charnwood Neighbourhood Housing	Full
July	Telemedcare Ltd	Supply 1
August	Chorleywood Health Centre	RPI
September	Two Counties Community Care Ltd	Full
September	NHS Direct	Full

Membership as at 30 September 2011

Full	Associate
224*	55
Supply	RPI
48	15
TOTAL	
342	

*Call – 211 and non call – 13

New Members

Medpage Limited

Easylink UK

Supply 1

3 Melbourne House
Corby Gate Business Park
Corby, Northants,
NN17 5JG
Mike Dines
mike@easylinkuk.co.uk
Tel: 01536 264869

Diverse Communication Systems Ltd

Associate

DC Systems
The Old Carthouse
Lower Street
Winterborne Whitechurch,
Blandford, DT11 9AW

Mark Freeman

mfreeman@

dc-systems.co.uk

Tel: 0845 230 2407

Alere Connected Health Limited

Full

Pepper Road
Hazel Grove
Stockport
Cheshire SK7 5BW
Peter Range
Peter.range@alere.com
Tel: 01454 322392

TSA-2009 TELECARE CODE OF PRACTICE ACCREDITED MEMBERS AS AT 30 SEPTEMBER 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 Borough Council						Yes	Yes			
Astraline							Yes			
Bield Housing Association					Yes	Yes	Yes			
Birmingham City Council						Yes	Yes			
Blackpool Borough Council					Yes	Yes	Yes	Yes		
Bolton At Home							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			
Braxbourne (Borough of)						Yes	Yes	Yes		
Bristol City Council							Yes			
Brighton and Hove City Council					Yes	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			
Cardiffshire County Council							Yes			
Casa Support Ltd (East Sussex)						Yes		Yes		
Central Essex Community Services		Yes			Yes	Yes	Yes	Yes		
Cheshire Peaks & Plains Housing Trust	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chester & District Housing Trust Ltd	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chesterfield Borough Council						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 Ltd		Yes			Yes	Yes	Yes			Yes
Conwy County borough Council						Yes	Yes			
Cordia LLP		Yes					Yes	Yes		Yes
Cornwall Lifeline						Yes	Yes			
Cross Keys Homes						Yes	Yes	Yes		
Dudley Metropolitan Borough Council		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			
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		
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		
Halton Borough Council	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

TSA-2009 TELECARE CODE OF PRACTICE ACCREDITED MEMBERS AS AT 30 SEPTEMBER 2011 continued

ORGANISATION	PLATINUM	REFERRAL	SU PROFILING	TELECARE PLAN	TAILORING	INSTALLATION	MONITORING	RESPONSE	RE-EVALUATION	EUROPEAN T S
Hanover Housing							Yes	Yes		
Hanover (Scotland) Housing Association					Yes	Yes	Yes			
Harlow District Council						Yes				
Help and Care						Yes				
Helpink 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		
Kirklees Council							Yes			
Lancaster City Council				Yes	Yes	Yes	Yes			
LHA/ASRA Group						Yes	Yes	Yes		
Lambeth, London Borough of						Yes	Yes	Yes		
Lewisham, London Borough of					Yes	Yes		Yes		
Lincoln Council, City of							Yes			
Magna Careline Ltd						Yes	Yes			
Manchester City Council							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			
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			
Places for People Group							Yes			
Plus Dane Group						Yes		Yes		
Poole Borough of						Yes	Yes	Yes		
Red Alert Telecare Ltd						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	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		
Sevenside 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			
Stockport Homes					Yes	Yes	Yes	Yes	Yes	
Stoke-on-Trent City Council				Yes			Yes			
Sunderland, City of		Yes	Yes	Yes	Yes	Yes	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	
Testway Housing Ltd					Yes	Yes		Yes		
Torbay NHS Trust						Yes	Yes			
Trafford Housing Trust		Yes			Yes	Yes		Yes		
Trent & Dove Housing Ltd					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
Waulden and Eastbourne Lifeline					Yes	Yes	Yes	Yes		Yes
Weaver Vale Housing Trust		Yes	Yes	Yes	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		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

Constantly Innovating

new products from Possum

**Visit
Stand
No: 32**



Info Pager 2nd Generation

Stand alone or integrated system.
Connect 255 telecare sensors.



Neo GSM Care Phone

GSM Technology - analogue land
line not required. All in one box.



M-Care (Mobile-Care) Phone

Carephone for clients inside and
outside the property.



Paper Thin™ Bed/Chair Occupancy Sensor

Cost saving. Reduces false alarms.



Wrist Worn Epilepsy Sensor – Epi-Care® Free

Portable, advanced detection.

**Visit the Possum stand for
a friendly welcome and a
personal demonstration of
all the products detailed
here and more!**

**We're at stand number
32, opposite the central
refreshments stand.**

Contact us at:

T 01296 461000

E telecare@possum.co.uk

W www.possumtelecare.co.uk

Jontek 2011

Telecare and Telehealth Conference 2011

Jontek are pleased to announce we shall be exhibiting at the forthcoming TSA conference in November where we shall be featuring some of the new features of our Annual Software upgrade for 2011



Described below are just some of the new Answer-link 3G features that we shall be demonstrating:

Revised TSA Code of Practice KPI Reports for 2011

Update to the TSA Code of Practice Suite of Reports taking into account changes for 2011, including the Responder KPI report.

Microsoft office Mail merge

Users can create standard MS word templates and mail merge with a list of their preselected clients, leading to improved communication with the client.

Telecare/Telehealth Integration

Jontek are pleased to announce that for the first time, Answer-link 3G Telecare Monitoring Centres will be able to receive Telehealth Alerts and manage them in a very similar manner to a Telecare Alarm, providing the opportunity for much greater integration between Telecare and Telehealth for a more flexible model of service delivery.

This has become possible with the development of the **Common IP Protocol**, which allows large amounts of Telecare/Telehealth data to be transmitted over the internet reliably and securely in a standard approved format.

Installation/De-installation of equipment.

We have now added an installation Tab to the client record, to make it easier to manage equipment installations and de-installation, appointment times etc.

Improved Remote Programming.

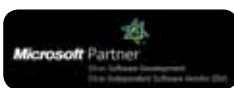
Remote programming of radio triggers/peripherals is becoming more complex as the range of Telecare Peripherals grow, we have therefore provided a much simpler and user friendly feature to make this easier, especially for those units which are compatible with the new British Standards Telecare Protocol (BS8521) and also the new Tunstall Lifeline Connect + units. This makes the deployment of complex Telecare packages much easier and quicker.

Integration with the Everon Vega GPS bracelet

In partnership with Everon, we have developed an interface with their new Everon Vega GPS bracelet for Alzheimer and other cognitive disorders. Thus the system is now able to receive alerts from these vulnerable clients and identify their location via GPS mapping.

Advanced SMS features

The system already allows SMS text messages to be sent from within the clients and contact records, and all this information is recorded within the client SMS audit tab. We have now enhanced this further by adding Incoming SMS Manager, this will allow the centre to manage incoming SMS's and match them to Client and Contact records.



In line with our promise to all Jontek customers, this major software upgrade will be provided free of charge, as part of our annual support and maintenance contract, protecting your investment for the future.

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

www.jontek.com or Call: 0161 430 3366



Jontek limited
CARING THROUGH INNOVATION