the**link**

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

3MILLIONLIVES

TRANSFORMING TELECARE SERVICES

TSA'S ANNUAL GENERAL MEETING

tsa
telecare services association

Loretta MacInnes, Editor

thelink

Well spring certainly seemed to be here when I began this edition of the Link – however winter seems to have reared it's rather cold head again as I put this edition to bed. This contrast in the weather is a little like the media about 3millionlives at the moment. One minute it's in support, then next it's full of negativities. What is interesting though, is that the negatives are not really about the services – they are about processes, or methodology, or just because they don't like a particular approach.

But who can argue with the facts?

The fact is that telecare and telehealth make a real difference to people's lives. These services can even be the difference between life and death for some people - as borne out by the WSD results.

What can be questioned are the business models and the way we integrate services to ensure that we provide the best possible services for the individual in an effective and efficient way. That's what 3millionlives is all about. Transforming services so that millions more people can reap the benefits of telecare and telehealth is central to TSA and our membership – we all want the very best service offer available to anyone in need. The issues that we have to address are how to do this, and who we need to engage with to enable this to happen.

This edition of the Link addresses some of these points with articles from Lorna Muir (page 4), Trevor Single (page 5), Stephen Johnson (page 6) and a review of the last TSA member meeting about 3millionlives on page 7.

The high level of services, innovation and breadth of the industry is evident throughout our Member News articles on pages 12 - 17. Europe features on page 18, with an update on TeleScoPE, and we have TSA news including the new website, conference and TSA events on pages 21 onwards. Jackie Edwards is featured in TSA's Board profile on page 22, and we have a summary of all Code accredited organisations on pages 25 - 26.

Thank you to all our contributors. As always, your articles, opinions and case studies make the Link so informative – so please keep them coming. The summer edition is already underway and the deadline for article submission is 29 June. Please email your articles to: marketing@telecare.org.uk

I hope you enjoy this edition, and look forward to meeting many you at our forthcoming Annual General Meeting.

**Loretta MacInnes,
Editor**

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A GOOD SPRING CLEAN

Spring is in the air and it's refreshing to see lighter nights, daffodils blooming, buds on the trees and Easter bunnies for the children. But, coming out of the dark winter months into the light means nowhere to hide and so spring also brings the much needed winter garden clear up, getting the house spick and span and making space in your wardrobe for summer outfits – basically the overhaul.

Lorna Muir, Chair

I admit I sometimes procrastinate to the point of paralysis but then realise that if I don't get on with the jobs the weeds will overtake the garden and kill new growth, dust will become a health hazard and I really will look odd on the beach in long johns and a vest. When I do finally get on with the spring clean, garden maintenance, organising car repairs etc. I always realise a sense of satisfaction and take great pleasure from sitting in the garden (with the mandatory glass of wine) or inviting friends for dinner without dimming the lights!! This is just a small glimpse of my life. What about a glimpse of 3 million lives? I have been reading with interest the various views on the Department of Health campaign and in TSAs involvement in the initiative. There are those who are openly cynical about any involvement in the strategy and unwilling to commit to this attempt to transform the care system, some like me who believe that change is possible with effort and positivity and others who are willing to engage but cautious about how and when.

While there is still some clarification needed on how 3 million lives will be counted I think we can be certain that there are in fact many more than 3 million people who can benefit from telecare and telehealth. Let's look at some of the statistics:

In 2010 the population of the UK was counted at 62,300,000. 1 million people were diagnosed with COPD and another 2 million with early symptoms. 2.6 million people were diagnosed with diabetes and projections are that this figure will rise to 4 million by 2025. 820,000 people have dementia, 22% of Britain's population is obese and 8 – 12% of the population experience depression in any year. Then add on figures for people with learning disabilities, diagnosed heart conditions, stroke, visual impairment, limiting long term illness etc. The potential beneficiaries of assistive technology are huge. 3 million lives only scratch the surface. So why is it so difficult for people to embrace the telecare and telehealth culture, why does our industry always seem to be swimming against the tide?

The earliest and most primitive of community alarms go back as far as the late 1940s and have come a long way since then. But over 60 years on some people are still relying on box and button equipment and assistive technology is tinkering at the edges. I think what we need to be able to achieve an impact on 3 million and more lives is a commercial marketing strategy. It appears to be relatively easy for the technology industry to sell mobile phones and IT systems. Mobile phone technology began in the same era as the first social alarms but today in the UK 50% of the population owns a Smartphone – over 34 million people!! 70% of households own a home computer – 16.52 million.

If Apple, Orange or Blackberry's can penetrate and change the lives of ordinary people why can't telecare and telehealth become one of the population's five a day? When will we ever see an engaging television commercial for a bed sensor, smoke alarm or glucose monitor? These things aren't seen as trendy, they portray people as vulnerable and dependent instead of in control and independent and that is the image I think our industry needs to change. Telecare and telehealth is not generally known to the public at large so we need to get in there, use the power of the media, infiltrate and work with the best known service in the country – the NHS. The 3 million lives campaign will work as a partnership approach with all players in the business represented. TSA is purposely and actively involved in this initiative in order to help drive the agenda and prove the value of the work being carried out by our members. Transforming health and social care is what it's all about – a good spring clean.

**Lorna Muir,
Chair**

> **...over 60 years on some people are still relying on box and button equipment and assistive technology is tinkering at the edges**

THREE MILLION?

Trevor Single, Chief Executive

What is three million?
- it is the amount spent in 1971 converting the country's phone boxes to take the new two pence coin.
- the number of people in the UK who cannot get through the day without an alcoholic drink
- the amount needed to buy a very average footballer on the transfer market
- the population of Wales.

Or the campaign launched to enable three million people to benefit from telecare and telehealth over the next five years – and called '3millionlives' !

What is it?
A unique partnership between the Department of Health and industry aimed at transforming health and social care by developing the telehealth and telecare market and removing the barriers to delivery. '3millionlives' was launched by Paul Burstow MP, Minister of State for Care Services on 19 January.

What it is not?
3 million lives is not a target, but a realistic estimate of the number of lives that could be transformed by telehealth and telecare within the next five years. Neither is it about the technology. It is about transforming and supporting the lives of people with health and social care needs. Technology is the enabler of that transformation. Neither is it just about England. This is a campaign that TSA will take forward through its members in England, Ireland, Scotland and Wales.

How and why is TSA involved?
Because we are the representative body in the UK for those delivering front line telecare and telehealth services and technologies, and this represents the biggest opportunity and challenge that our industry has faced. TSA was one of four industry bodies to sign a concordat with the Department of Health and is a leading voice in the planning and development of the campaign.

I believe we are standing on the brink of a major breakthrough in telecare and telehealth. The increased engagement of Ministers and Government departments in our work, the Whole System Demonstrator project results, and now 3millionlives are the signals for mainstreaming. No longer do we have to try and explain the benefits without the supporting clinical data! We will still get those who seek to undermine and criticise the benefits, the calculations, the way in which the WSDs were conducted. But to criticise rather than embrace change has always been a popular hobby for some.

We have been undertaking engagement with TSA members on 3millionlives through the regional fora as well as dedicated meetings. I think for some there remains uncertainty over whether it will actually happen, or what impact it will have on their own service. We have sought to address these issues in our meetings and stressed that while there will be leaders in adoption and growth of telecare and telehealth, the impetus that can be gained from such a campaign is huge and will benefit all of the TSA membership.

At the launch of the campaign by Paul Burstow in the House of Commons In January there was one attendee who had been a telehealth patient in the Newham WSD project. He gave an incredibly powerful testimony about the positive impact it had made on his life. Before going on to the telehealth project his regular admittances to hospital amounted to over ten months in the year. However, with the support of telehealth this had been reduced to less than ten days in the last year, and he was convinced that without this support he would be dead. That gentleman is just one of many lives that can be changed.

So what is next?
TSA will continue to work with and on behalf of its members. There are barriers to overcome to greater adoption of telecare and telehealth; some of which are for Government and others for industry. The partnership with DH is about addressing those barriers together and also looking at how you embed new business models, new ways of working, as well as engaging with a new set of service commissioners. It will not be a quick win. Realistically we may see little substantive change in numbers during this year, but what we can be doing is preparatory work for subsequent growth.

We need you to be part of this work if it is to be successful – to enable all the various workstreams to come together and achieve the positive outcome we all desire. If you have questions about 3millionlives or want to get involved then please let me know.

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

3millionlives
Improving your access to telehealth and telecare
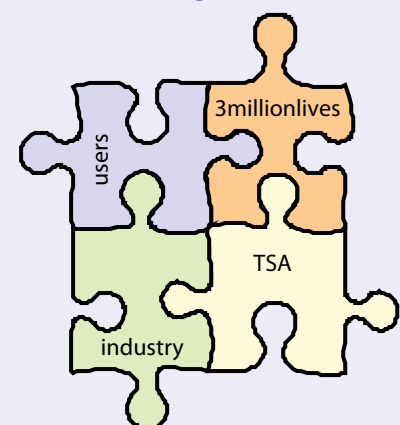
What would you rather do? Spend days in a hospital bed or be at home with family and friends? When offered the choice most people would take the latter option. People who live with long term conditions (LTCs) are no different, so why are we still persisting with a model of care that is based on the need for admissions to hospital?

Around 77% of all in-patient bed days are occupied by people with LTCs, many of those days are the result of unplanned and unnecessary admissions. This does not stack up, if people are to be in control of their lives, the NHS needs to provide care where people want it. The real issue is making it safe and accessible.

New technology such as telehealth can transform the way people with LTCs live their lives. This enables vital life signs to be taken by the person themselves at home and sent quickly and accurately to a health professional. Carers are provided with peace of mind, patients are able to self manage and health professionals receive accurate information to support good care.

Yet if it is such a good idea, why isn't everyone using it? The big barriers are getting the evidence that it works and finding the money to install the technology. Both of these have now been overcome as a result of work led by the Department of Health. Evidence that it works has come from the Whole System Demonstrator programme, which has shown that appropriate use of telehealth and telecare can lead to a 45% reduction in mortality and a 20% reduction in emergency admissions.

There are many people in the NHS and social care who have first-hand experience of the life-changing impact that telehealth and telecare can bring, not only giving people back some independence and control over their lives, but enabling them to have informed discussions with the professionals involved in their care and even conferring benefits on family members and carers.

Telehealth and telecare support effective self-care during the 8,000 hours or more every year that patients care for themselves and they ensure that the face-to-face contacts are meaningful, appropriate and built round the individual's needs.

Why should we march patients' in to surgeries or hospitals just to take measurements or readings that they can do just as well at home? Why shouldn't they learn from the pattern and trends in their own illness and learn more about what they can do to take care of themselves better?

We have the ability to identify those patients who are most likely to benefit from technological support as part of their care package. Of course telehealth isn't appropriate for everyone. I know of one patient who said that it reminded him that he was ill and he didn't want that. However, in one instance I know a patient who reduced his hospital attendance from 9 months a year to just a few weeks and most of that was for elective surgery.

The care of people with LTCs accounts for around 70% of the total health and social care budget, that is £70bn. It is indefensible to suggest that we cannot find a way of using that money better to deliver improved outcomes.

That is why the Department of Health signed a concordat with the leaders of the telehealth and telecare industry agreeing to a unique collaboration to spread the benefits of the technology at scale and pace. Finding new business models that rely on lease or maintenance agreements rather than high cost per unit.

The WSD research is due to be published in full soon so everyone in this country and abroad is waiting to see what the statistical analyses show but in the meantime there's already many anecdotal accounts of how appropriately telehealth used really can transform lives.

3millionlives is not about buying shiny new kit. What it is about is improving the lives of millions of people through the better use of telehealth and telecare technologies.

This is about working together to transform care, that's the whole care pathway, for people with long term conditions using technology as part of that care, where it fits.

Our joint ambition is to see the use of telehealth increase over the next five years to improve three million lives. Three million people benefiting from the kind of changes identified in the WSD programme, spending more time with family, living their lives as they want to and not being reliant on hospital admissions as the only offer.

It is a bold ambition but one that together we can achieve.

Stephen Johnson,
Deputy Director
Head of Long Term Conditions,
Department of Health

TSA and 3millionlives

TSA held a 3millionlives update meeting for its members on 29 March 2012. The event, held in Birmingham, attracted members from across service provision, supply and commissioning. Based on the slides that were presented to a meeting of cross-industry organisations in February, Trevor Single and Loretta MacInnes updated the group on achievements to date, and the draft work plan.

The main purpose of the meeting was to begin to get proactive input into the structure and detail of this work plan from the TSA membership. The attendees were asked to consider areas of the work plan that could be influenced directly by industry and for input on areas for priority and focus.

For the interactive element of the meeting, the attendees split into groups and were asked to review and provide their thoughts on how to achieve four areas of the work plan where industry would impact most:
- Communications
- Empowering Commissioning
- Build Market Capacity
- Enable Implementation.

The feedback was excellent, with plenty of discussion around these four key areas and is summarised below:

Communications
- Case studies – get detailed case studies from each member and map these across the UK.
- Commissioning – remember the individuals. Individuals need to be clear about options available to them with the advent of personalised budgets for adult social care. Health will follow. The social workers, and other stakeholders, who will offer advice to an individual will also need a clear understanding of the telecare and telehealth services and technologies that are available to enable them to signpost and advise.
- Are TSA members telecare and/or telehealth? What are the aspirations for future development? Answers to this are important for the focus of marketing messages and activities.
- Commissioners are increasingly seeing integration as the key focus – we have to build on existing platforms to maximise resources and service levels for individuals – for example, if social care has already commissioned telecare, then telehealth should integrate into this platform to meet the needs of the individuals and of the healthcare commissioners.
- We need to push standards – the Telecare Code of Practice (COP) is well established. The Telehealth Code element is needed – but we must get it right.
- Cascade messages for members to use within own newsletters, electronic media and publications.
- PR shouldn't distinguish between telecare and telehealth – the patient/individual doesn't know the difference.
- Awareness Weeks – develop a toolkit for the TSA membership to assist in an Awareness Week.

Build Market Capacity
- Need to be clear and get rid of the jargon – write in layman's terms.
- Need the right level of detail when approaching commissioners.
- It's a demand issue, not a supply issue.
- Need detailed worked examples showing financial and patient/individual benefits.
- DH should move funding from existing care pathways into 'Care at Home' – there's no need for new money.
- To generate market pull, need to work effectively with patient groups and gather stories from individuals (who and how they have benefitted).

Empowering Commissioning
- We should be empowering – and simplifying – commissioning.
- Quality standards are critical to ensure standards of services.
- Framework agreements – at the moment these don't save time, as much of the information has to be repeated in individual tender processes. Need to clarify the purpose of framework agreements with the buyers, and what has already been covered within the initial approval process.
- Commissioners need clarification about the details within TSA accreditation to reduce the amount of duplicated information needed within tenders.
- Who is commissioning, and how? What are the motivations for commissioning?
- Must influence the Health and Wellbeing Boards.
- Local Government Association – they may be a commissioning arm; also need to keep the elected members informed.
- Also Directors of Adult Social Care.
- Tell the whole story.
- Need a robust commissioning toolkit.
- Case studies on NHS productivity.

Enabling Implementation
- Barriers – Support from community matrons.
- Lots of kit on shelves.
- Need to be clear about services.
- Integrating pathways of care – can't do this without clinicians support.
- The same sort of barriers within health are the barriers that were faced from social care when developing telecare – what can we learn and apply from this experience?
- Engage with GPs – need GP champions.
- Young people – need to engage with younger generations – perhaps have a round table looking at services for the future.
- Need to get medical and design students on side – telecare and telehealth should be part of the appropriate HE syllabuses.

Next Steps
TSA members will be issued with a TSA-3millionlives logo to use on their electronic publications and websites for six months beginning April 2012. This is to highlight the support TSA, and its membership, is giving to 3millionlives both financial and in-kind.

TSA will be forming working groups to take the points made at the meeting forward into a workable plan for its membership. We will be writing to all members to ask if they are interested in participating in these working groups, to put together TSA's own 3millionlives plan that will fit into the industry and the overarching activities, and to feedback on progress of the wider plans.

The slides from the event, together with a detailed list of the feedback points from the TSA 3millionlives meeting, are available on the TSA website. If you are interested in discussing participation in the working groups, please contact Loretta MacInnes: **loretta.macinnes@telecare.org.uk**

www.telecare.org.uk

Telehealth and Care Technologies (TaCT)

The TaCT theme are working in partnership with NHS Barnsley, Barnsley Council and Robert Bosch Healthcare to deliver a change in how services for people with long term conditions are being delivered. Using telehealth technologies (the delivery of healthcare at a distance) Barnsley are adopting their care pathways to make use of these new technologies.

The systems have been used in parts of America, and elsewhere, for several years and large scale deployments have resulted in improved patient quality of life and satisfaction, while having up to a 25% reduction in healthcare utilisation costs. This three year programme, launched in October 2010, has spent the first year consulting with service users and providers to develop a service specifcation, has trained staff, and piloted the service with over 100 users. Initial findings, which focused more on how the service was being delivered, indicates that:

- Most patients did not experience problems during installation.
- Most patients felt the training provided met their needs.
- The service is stable and staff are knowledgeable regarding how to respond to situations.
- 84% of patients felt they could manage their condition better due to Health Buddy.
- Patients were highly satisfied with Health Buddy, were happy to use it in the future, and nearly all would recommend it to others.

Over the next two years, up to 2,500 people are envisaged to have used telehealth. During this phase attention will be given to quantifying the clinical and cost effectiveness of the intervention. For more information please contact Dr Simon Brownsell, s.brownsell@sheffield.ac.uk

Ready... Steady... Go!

The TaCT theme are developing a READY-STEADY-GO toolkit for telehealth implementation that covers a broader range of activity than typically served by existing implementation guides in this sector. The toolkit will focus on aspects of implementation that are considered to be key to implementation success. HIEC and other organisations will be involved in ensuring the toolkit reaches its intended audiences.

Experience suggests that there are three critical elements to delivering telehealth services effectively and realising long term benefits from them. The first element (READY) focuses on articulating the ambition for the telehealth service and how it will support and integrate with existing provision. Key to this is building an understanding of benefits that will result from introduction of the service and designing the delivery strategy. The second element (STEADY) is more traditionally covered by implementation guides and is about making sure there is proper preparation followed by controlled delivery. The toolkit contains key questions for each stage of a telehealth programme aligned with a series of hints and tips. Some of these will be 'hard' issues about governance and work breakdown whilst others, perhaps more usefully, will focus on 'soft' issues relating to programme staff expectations and perceptions, organisational cultures and change weariness, senior management commitment and issues associated with moving from pilot to mainstream services. The third element (GO) is related to ensuring that service innovations are sustained and become the norm. All too often telehealth services set out with one ambition that is subsequently modifed in the pilot phase, and varied again in the delivery phase without adequate reflection on the potential impact. By combining a detailed understanding of how and why things are working, together with appropriate incentives and levers at organisational and individual levels, the chances of sustaining a telehealth service are dramatically improved. This toolkit will complement the resources already available and help create the local environment and procedures required to deliver an effective telehealth solution. The key aspect is that local context can make such a difference that a successful implementation in one area may not be replicable in another. However, our experience suggests key questions can be asked which steer towards a successful implementation and are generic in all circumstances. For more information please contact Mr Tim Ellis, tim.ellis@sheffield.ac.uk

Bosch Healthcare

Planned around people

Transforming Telecare Services through mCare

Even though we continue to argue whether it's one and a half million or 2 million people in the UK who benefit from telecare services and technologies at any one time, few would dare to suggest that we haven't the most robust infrastructure and quality standards, as well as having more service providers than other countries. This represents an investment of many hundreds of millions of pounds in:

- building suitable monitoring communications, platforms and centres,
- training staff to follow good practice in all processes (from referral to review), and
- providing individuals with the most appropriate and personalised equipment in their own homes.

However, when belts are being tightened, service providers have to make tough decisions but would be ill-advised to make cuts that would affect their ability to deliver efficient and cost-effective services. Consequently, the emergence of new technologies that can extend the reach of their services whilst also reducing their need to invest in hardware has a rare appeal. mCare has the potential to be extremely disruptive to the Telecare industry because it offers a means of moving the focus away from the home of a frail or disabled person. This means 2 big things for service users:

1. mCare can support them AND their home – which means that the service provider has become much more than a landlord trying to protect his property, and

2. The 24/7 service provided by mCare is portable and not restricted by fixed line telephony.

It would be easy to suggest that mCare is not relevant to most older people, so perhaps existing Telecare services don't need to take action. True, conventional mobile phones have small buttons, poor displays and so many functions that few customers can make use of them all; but handset makers have learnt that the potential for growth is amongst older people (see Figure 1) and have already added a big red SOS/emergency button, a torch and a radio. The ones shown in Figure 2 are all available SIM-free for under £30. So it is hardly surprising that over 13% of English households now have a mobile phone (or phones) but no fixed line telephone. The percentages are significantly higher in Wales and in Scotland even though large areas of the two countries suffer from poor signal quality.

Figure 1: Mobile Phone Ownership
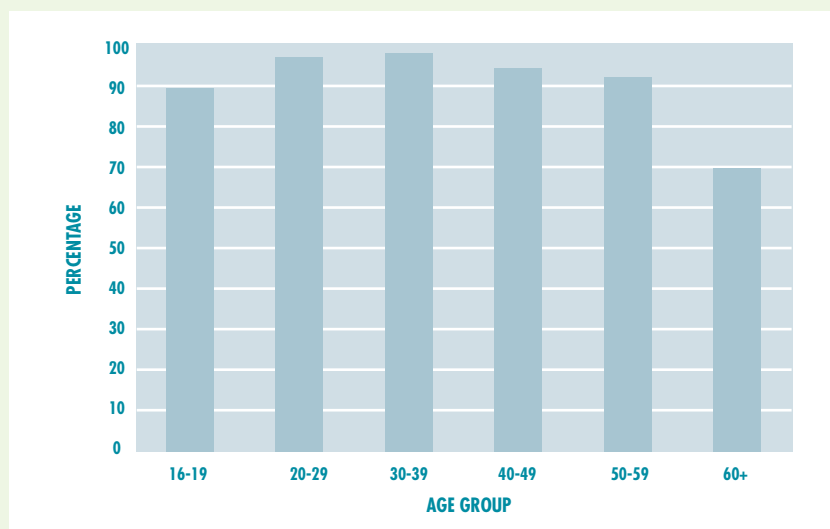
Basic mobile phones might therefore start to replace Dispersed Alarm Units as the primary method of seeking help in an emergency. SMS services will also enable personalised messages to be sent out automatically to provide information and advice on appointments, public health messages and specific reminders to take medication, collect prescriptions or to record lifestyle activity data. These services will be available on all types of mobile phone, which means that service provision might no longer involve the supply of a handset.

However, it is generally predicted that the arrival of smartphones will have the greatest impact on mCare services. Not only do they have a much larger display, capable of displaying moving images and messages in full colour and with high resolution, but they usually have a touch-screen facility encouraging interaction and allowing more control. Indeed, with the integral sensors and features shown in Table 1, they become portable computers that can be used to download and run applications ('apps') that can be selected specifically to meet the assessed or personal needs of the individual. This could mean a Telecare (or mCare) provider performing the assessment and then ensuring that the service user is provided with a smartphone which has all the required apps pre-loaded.

Table 1: Some Features and Integral Sensors and Actuators available on Smartphones

FEATURES	SENSORS & ACTUATORS
Good processing power	Microphone
Large touch-screen colour display	High quality speaker & headphone output
Large memory	Accelerometers
Phone & SMS/MMS	GPS & GSM location
Familiar Interface options	Magnetometer
Lightweight & always carried	Temperature chip
Open platforms for innovation	Camera(s)
M-care 'apps' explosion	Vibration unit
Peripheral devices available	Direct inputs
Prices are falling	Bluetooth (LE) & WiFi
Battery life is increasing	Proximity sensor
Suitable for different modes of operation	Near Field Communications (NFC)

Figure 2: Low-Cost 'Senior-Friendly' Mobiles

There are already thousands of apps available for smartphones. There are three types:

- Standalone apps
- Alarm or notify apps
- Context aware apps

Standalone apps are software that reside in a smartphone's memory and are often similar to programs that run on personal computers or on e-reader devices. Once loaded, they require no further communication with the outside world. They can be used as resources for finding information, pictures and music, or showing people how to treat certain injuries or burns. Alarm apps generally make use of the sensor resources, such as the thermometer or the accelerometer, and are capable of sending an alert to a third party if there is a perceived problem such as a hypothermia risk or a seizure. Thus, they are similar in operation to alarms in a conventional Telecare system. Context aware apps are more sophisticated in that they make use of sensor inputs, either integral or external, to understand the situation that they are in, and to provide advice or outputs in response. They are therefore ideal companions, and well-being assistants, offering suggestions on improving lifestyle, diet or exercise levels – the perfect recipe for dealing with and preventing chronic disease.

It is unlikely that smartphones will suit everyone – especially those who fear using and losing a device which is so small and powerful – but mCare also extends to the new generation of tablet computers. Older people are finding them easy and enjoyable to use – as long as they are not called 'computers'. With Amazon's new Kindle Fire tablet device selling for only $199 (and with most of the functionality of an iPad), the shape of mCare may change again. Either way, service providers who choose to ignore the emergence of mCare will do so at their own peril.

TSA's Annual General Meeting

TSA's Annual General Meeting (AGM) will be held at the Birmingham Hilton Metropole Hotel, NEC, Birmingham, on 3 May 2012. The programme includes the AGM Agenda in the morning, followed by a seated luncheon, Code of Practice Awards, and a choice of three workshops. New for this year is the Member Showcase in the refreshment area, featuring a number of TSA members and the products and services they offer.

The day begins with registration at 9.30am and will conclude at 4.30pm. The full programme is below. Please confirm your attendance by completing your attendance form (downloadable from the AGM event page on the website), and emailing this to: **admin@telecare.org.uk**

ANNUAL GENERAL MEETING PROGRAMME

9.30 – 10.30 Registration, Member Showcase, Networking, and Refreshments (Pavilion Room)

10.30 Welcome – Lorna Muir, Chair, TSA (Westminster Suite)

Business Agenda

- A Review of TSA's Progress through 2011 and Priorities for 2012 and beyond
  Trevor Single, Chief Executive, Telecare Services Association
- A Review of the Financial Position of TSA
  Malcolm Fisk, Treasurer, Telecare Services Association
- Question and Answer Session
- AGM Formal Business

Guest Speakers

Birmingham Telecare Service – Now and Beyond
Jim McManus, Joint Director of Public Health, Birmingham City Council

3million lives – Telecare and Telehealth in the future
Stephen Johnson, Deputy Director, Head of Long Term Conditions, Department of Health

12.00 – 12.45 Member Showcase and Networking (Pavilion Room)

1.00 – 2.20 Lunch and COP Awards (Westminster Suite)

2.30 – 3.20 Breakout Sessions – one from three (Syndicate Rooms)

- A. NOWIP – Implications for Service Delivery – an update on latest telecoms position, the NowIP status and future developments, what impact IP will have on service providers, and service delivery – David Foster, Telecare Services Association Director/Tynetec Ltd and Charles Henderson, TSA Technical Consultant
- B. TSA Standards – Options available and the impact on your business – Marian Preece, Operations Manager, Telecare Services Association
- C. 3million lives – where we are and where we are going – Trevor Single, Chief Executive, Telecare Services Association and Loretta MacInnes, Marketing Manager, Telecare Services Association

3.30 – 4.30 Member Showcase, Networking, Refreshments and Close

If you have any questions on the above, please contact the TSA team on **01625 520320**, or email: **admin@telecare.org.uk**

New Production Facility Provides Boost to Local Employment

Blyth based telecare and assistive technology company Tynetec has recently doubled its production and warehousing capabilities with the opening of a new facility close to their existing headquarters in Blyth, Northumberland.

The new 10,000 square foot warehouse and production facility has been opened in response to a continued demand for the company's increasingly innovative product range such as the latest 'Reach' Telecare alarm unit which breaks down the barriers associated with the adoption by service users of these assistive technologies.

The company's range of hardware and software is all designed in house by a dedicated research and development team and all manufacturing is carried out in Blyth. The company supplies equipment to hundreds of Local Authorities and Housing Associations and through their recently acquired Aid Call Division, the organisation is now expanding its operation through the sales of Wireless Nursecall Systems into the Hospital and Care Home markets. The company's expansion will generate employment and apprenticeship opportunities for the local community. Over the next twelve months the organisation anticipates that up to fifteen additional staff will be required within the new production facilities.

Richard Evans, Operations Director from Tynetec said: "We are delighted to be continuing our expansion program and are now in the position to expand our facility in Blyth. Tynetec focuses on developing outstanding, innovative and user inspired products that deliver tomorrow's technology today and the new facility will double our production capability. It is also exciting for the local business community as we will be recruiting a mix of semi skilled and skilled technicians to staff the new facility."

www.tynetec.co.uk

Birmingham City Council showcases City-Wide Telecare Programme at Telecare Service Launch

Birmingham City Council has launched its large-scale, city-wide telecare service in partnership with Tunstall. The service, which is believed to be the first of its kind in the UK, will benefit up to 25,000 people over the next three years and marks a significant milestone in how the city council is supporting more adults to remain in their own homes for longer, reducing the need for hands-on home care or a move into residential care.

As keynote speaker at the event, Paul Burstow MP, Minister of state for Care Services, discussed how telecare can alleviate pressure on services and family members and improve people's quality of life whilst maximising their independence.

Care Services Minister Paul Burstow said: Birmingham should be proud that it is pioneering this new approach, which is set to improve the quality of care for service users and increase their independence and dignity, as well as reducing the time they spend in hospital."

It is only by the telecare industry working together with partners such as Birmingham City Council that this will be possible. Their collaboration illustrates the kind of partnership between industry and service providers that the Three Million Lives campaign is seeking to encourage."

Birmingham City Council has invested £14million into its city-wide telecare initiative, which embodies the Department of Health's recently announced '3millionlives' approach. The approach will aim to transform the lives of three million people with long-term conditions and social care needs over the next five years, through the use of telecare and telehealth.

Staff from the Birmingham Telecare Service will be available to provide health and social care professionals with an opportunity to hear first hand experiences from Birmingham Telecare Service users, and offer an insight into how the telecare service will support older and vulnerable residents whilst maximising their independence.

Councillor Sue Anderson, cabinet member for Adults and Communities, said: "We are proud to provide services that mean vulnerable adults across the city can continue to live independently, with the additional reassurance that support is available whenever needs, 24 hours a day. Our partnership marks a significant milestone in how we are improving the lives of adults we support throughout the city and will ensure more adults can remain in their own homes, reducing the need for hands-on home care or a move into residential care."

The Birmingham Telecare Service combines a response service with a range of telecare solutions, including motion detectors and temperature sensors to support older people and those with long-term needs. By extending telecare service provision to more people, the city council intends to create a systemic shift towards early intervention and preventative services, to meet growing demand for increasingly personalised care packages.

The telecare service will be delivered across chosen care pathways, which include enablement of service users, prevention services and assessment and support planning. A Birmingham Telehealthcare Delivery Centre has been set up to ensure services are available locally and developed in conjunction with the voluntary sector. In addition, an independent Citizen's Quality Assurance Group will be established to monitor effective outcomes for users and deciding the future direction of the service.

Tunstall UK managing director Simon Arnold said: "Our commitment to Birmingham City Council is truly innovative in terms of its partnership approach. The Mears Group, for example is supporting us in the delivery of this programme. It brings together parties from the public, private and voluntary sectors to deliver community-based services that will enhance residents' independence and promote self management, whilst ensuring 24-hour care is available."

A series of case studies outlining the benefits that individuals are receiving from the Birmingham Telecare Service can be found online at: **www.tunstallwsd.co.uk/service-users**

SOLUTIONS FOR OUR NEW WORLD

Our world is continually evolving. Two very important areas which we are facing are: how we address the changing needs of an ageing population, and the issues this brings, such as memory loss; and the protection of lone workers out in the field.

Neither of these issues need cause sleepless nights or concerns over doing the best by our families and our staff thanks to the collaboration of Magna Careline, an independent progressive telecare company, and Geonovo, a technology company developing innovative mobile, GPS and location-based solutions.

This collaboration brings to the market the Geonovo Romad RSP-100, a personal mobile alarm which looks like a mini mobile phone and utilises GPS and GSM technology, allowing lone workers to communicate their location to summon immediate assistance whenever they feel in danger or in need of help.

Although introduced initially to provide protection for lone workers, the device can also provide assurance for vulnerable people such as ones suffering from memory loss and Magna is using this successfully with a dementia charity based in Dorset.

Protection for lone workers

Lone worker protection systems are an increasingly important tool to help organisations reduce risks, improve efficiency and increase personal safety for their employees. Along with a general care of duty to protect workers (be they healthcare professionals, housing officers, carers, security staff, sales people or a host of other similar roles) there are regulations employers need to adhere to from the HSE, British Standards, the police and corporate acts.

This lone worker solution includes two core components: a communication device and a response centre. Magna Careline is the first TSA control centre in the UK to be fully operational for this type of product, allowing not only monitoring using GPS but also communication with the unit itself via SMS text and two way voice calls.

Protecting the vulnerable

The alternative use for the device is of benefit to vulnerable people and patients, as well as their carers and healthcare providers. This telecare solution takes the traditional fixed line and brings it into the 21st century providing greater support and flexibility, protecting and connecting users to Magna Careline's 24-hour control centre manned by sympathetic and fully trained staff.

According to the UK Department of Health, an estimated 90% of older people want to live in their own home. With this clear demand for support to enable people to live at home, backed up by the health professionals' view that vulnerable people living at home or in sheltered accommodation enjoy a better quality of life, reduced health problems and longer life expectancy; the availability of a simple, cost effective mobile solution is one to be welcomed by us all.

www.magnacareline.org.uk

Peaks & Plains TrustLink telecare & alarm service gets quality awards

Peaks & Plains Housing Trust was delighted to be awarded an internationally recognised quality award for its TrustLink telecare and alarm services, which provide emergency support for older and vulnerable customers.

The TrustLink service support customers 24 hours a day, 7 days a week and has a full response team day and night. It supports Trust customers as well as private residents who need additional support to independent living to feel safe and secure in their own home. It has been rated as a Platinum member service by the Telecare Services Association which demonstrates the high quality of services provided to customers.

The service has now successfully gained certification to the ISO 9001 quality management system standard, having passed a three-day audit by BSI. As part of the award the Trust achieved specific praise for *"strong customer focus being demonstrated with residents' involvement"* and *"its approach to internal auditing being considered good practice"*.

The award demonstrates the Trust's commitment to improving the services its customers receive and to growing the business in line with corporate objectives. The ISO standards are an important quality mark when trying to win new business and when obtaining approval from suppliers.

The Trusts Service Improvement Manager, Neil Bancroft says "We are delighted to have achieved this success. Specific thanks must go to our dedicated teams who provide the service 24 hours a day, 365 days a year, they are truly dedicated to giving fantastic customer service and enjoy what they do."

"Achieving ISO 9001 certification is a challenging process and one that requires a great deal of commitment and effort from any organisation," says Stuart Rogers, Client Manager at BSI. "The purpose of a management system is to ensure a company can deliver what it has agreed to supply to a customer. This is vitally important in light of the current economic climate and Peaks & Plains should be rightly proud of this achievement."

http://www.peaksplains.org

ELECTRONIC PILL DISPENSER EASES CARE BUDGET

Care and support budgets are not doing well in the current financial climate but one North West housing association is easing the impact with its innovative use of electronic pill dispensers – described as an example of good practice by the NHS.

Contour Homes is a registered social landlord which has 11,000 properties under its ownership and management across 27 local authorities. Its core values consist of service excellence, trust, inspiring people, valuing one another and excellence in business. It is a member of the Symphony Housing Group which is one of the largest housing and regeneration organisations in the North West. The organisations Independent Living Centre of Excellence has teamed up with National Chemist Online (Natcol, registered dispensing pharmacy A1) to develop the use of electronic pill dispensers in sheltered accommodation.

The scheme has been pioneered by Telecare Officer Dawn Thornber.

"Many people in our sheltered schemes have to take numerous medicines which in some cases means that a carer or family member has to be involved to ensure they are dispensed correctly," said Dawn.

"Not only does this take up valuable resources but some people feel their independence is being challenged when they are relying on the help of other people."

When using the electronic pill dispenser, if for any reason the pill is not taken at the correct time an alarm goes off to remind the patient – if the alarm continues an allocated responder will go to investigate.

Dawn adds: "I knew the technology existed but struggled to find a chemist to support a project which they believed could pose too many risks. However, I was convinced that it could be done safely and fortunately Natcol agreed.

Riaz Vali is founder of the national online chemist and having met and spoken to Dawn was keen to develop the scheme which met his company ethos of continuing to invest in technology and deliver a pharmaceutical service geared around customer convenience and satisfaction.

"We understood this idea right away," he said. "It is an idea very much of its time due to the changes in the future delivery of NHS support services and of course financial constraints.

"The pill dispenser completely cuts out the need for somebody to visit a resident several times a day to dispense medicines and we have worked with the manufacturer Pivotell Ltd and Contour Homes to ensure it is 100% safe."

For the moment Contour Homes, with is part of the Symphony Housing Group, and Natcol have only been promoting the services to sheltered accommodation residents in the Bolton and Rochdale areas. However they will be looking to expand the scheme further.

81 year old Winnie Salkeld lives in a Contour Homes sheltered scheme and suffered a stroke in February 2010. In August she was admitted to hospital with leg and neck pain and it became apparent she had not been taking her medicines correctly.

"I suggested using the pill dispenser as an alternative to having a care team in her flat," said Dawn. "Initially Winnie felt it was something for 'younger people' to use but not for her - however after using it for a short time she is really pleased with it.

"It gives her peace of mind so that she can get on with her life and not worry about her medication."

The electronic pill dispenser has 28 compartments based on an example of a resident having to take medicines four times a day for seven days. Prescriptions are collected and made up by Natcol and delivered to the patient who signs for them. Any empty dispensers are also collected.

Residents are provided with a contact number for any queries or emergencies and a protocol exists between Contour Homes' scheme mangers, Natcol (A1 Pharmacy), residents, their families and GPs.

"This scheme provides independence for residents, peace of mind for their families and is extremely cost effective," said Dawn.

As the scheme continues, Contour Homes now proactively trains its entire Independent Living staff on the benefits of Telecare using an e-learning programme which is then backed up with practical training at a show flat.

"When I carry out the training, I ensure staff are fully aware of the benefits and ethics around the use of Telerate," said Dawn. "Most telecare implemented via a local authority call centre and so I am delighted that Contour Homes, as a registered social landlord is pioneering its use."

www.contourhomes.co.uk

Weaver Vale Housing Trust pilots Snow Angels in mid Cheshire

A volunteer scheme offering vulnerable people a helping hand during the winter months is being successfully piloted by a Cheshire housing trust and its partners through its Careline Service.

Operation Snow Angel follows recommendations from the recent Government publication 'The Cold Weather Plan' and the National Support Team Toolkit for Tackling Health Inequalities. The scheme aims to reduce accidental injuries, illness and deaths caused by extreme cold weather, social isolation during cold weather periods, as well as improving partnerships across the community and voluntary, public and private sectors.

Operation Snow Angel is a three month trial service launched in January to help people in mid Cheshire to combat problems raised by colder weather and has received funding from the Department of Health and the local Area Partnership Board.

Snow Angels volunteer their time to make regular visits to the older people and people with disabilities in the scheme. Nearly 40 volunteers have been recruited from a wide range of backgrounds and carry out a range of tasks from clearing paths, accompanying people to health visits, shopping, or bringing portable heaters. They can also refer customers to other agencies if they need more specialist advice such as help with benefits, paying bills, community transport or garden maintenance.

The service is co-ordinated through the Careline service at Weaver Vale Housing Trust (www.weavervalecareline.co.uk)with weekly calls to check that people are managing and during periods of snow and extreme cold weather this service is provided on a daily basis. Through making weekly and daily contact with customers it has been possible to provide a wider range of preventative services and early referrals to partner agencies which will hopefully mean that more serious problems are avoided. Whilst some of the customers are already part of the telecare scheme others are not and the scheme is providing useful information about the types of assistance older people need during periods of extreme weather. Nearly 100 people have opted in to the service, the majority of whom are over 75.

The Careline centre has access to a bespoke software system which has been developed specifically for this pilot by Blue Door Software (www.bluedoorsoftware.co.uk) and this provides a range of information about the customers and the volunteer Snow Angels to ensure that services are delivered and referrals to other agencies for services are made effectively. The software also enables the customer journey to be recorded and this information will be used as part of the evaluation exercise during April.

The evaluation will also include face to face interviews with customers on the scheme, volunteer feedback, a survey of partners, a social impact assessment, and the development of recommendations for the future development of the scheme. Early lessons from the pilot project include the need to better data sharing arrangements both within and between organisations, the need to improve partnership working at a tactical level, and the need to ensure that there is plenty of time to develop the project.

Martin Jones, new business manager at Weaver Vale Housing Trust, said: "Because of the extremely difficult winter conditions in recent years we wanted to offer greater piece of mind and reassurance to vulnerable people.

"Snow Angels provides those things which in normal circumstances may be manageable but in extreme conditions can have major impact on the customers' well-being.

"It is partnership-working at its best and WVHT is proud to be a major partner in this initiative."

Snow Angel volunteer Kevin Rimmer, from the Greenbank area of Northwich, said: "This is so important I thought I have just got to get involved in this. It is about getting back a proper community spirit and giving a little bit of something back."

Other organisations involved in the scheme include Cheshire Police, Cheshire Fire and Rescue Service and Cheshire West and Chester Council (CWAC), Groundwork Cheshire, Cheshire Community Development Trust and Age UK Cheshire.

"Because this is the first time we have run the scheme it is obviously a work in progress but we are looking to run the scheme again next winter, hopefully extending the scheme to other areas of Cheshire and we are also considering the possibility of offering a service all year around," said Martin Jones.

TELEHEALTH SUPPORT PROVIDED TO HUNDREDS

With around 15 million people having to cope day-to-day with one or more long term conditions, it is no wonder that technology could and should take a more positive role in both prevention and support.

Long Term Conditions, such as COPD, Heart Failure (including Atrial Fibrillation and those who may be at risk of stroke), Diabetes and Mental Health problems represent a major challenge to commissioners and service providers. In the face of mounting pressures on NHS resources and increased costs in delivering patient care, NHS Direct are helping to deliver technology-enabled remote monitoring and interventions such as telehealth and telecoaching.

As a leading provider of remote healthcare services, the organisation's infrastructure, clinical expertise and its popularity with the public help to give patients confidence in the services provided. Through its Long Term Conditions offering live interaction with a highly trained professional 24 hours a day, on either a reactive or planned basis, can be

offered. Reactive work includes the ability to work as part of a monitoring system, where technology monitors key patient indicators, and will connect to one of our staff in the event that readings are outside the set range.

The Telehealth projects run by NHS Direct in conjunction with local community nursing teams and equipment providers (monitors) are commissioned by PCTs and CCGs (clinical commissioning groups) locally. The organisation can supply a fully managed end-to-end service from referral, installation and monitoring to pre-agreed escalation protocols, plus:

- Remote monitoring integrated with local face to face services
- Dedicated project management and pathway development
- Clinical and non-clinical triage seven days a week
- Motivational support and Telecoaching services

The service is proving to be successful, as this letter from a patient shows:

"I have had call backs from your team after using the Telehealth Service, and it was a very quick response... This has kept me from going into the hospital which can be very traumatic... It also gives my wife peace of mind that she has someone she can call so we don't feel on our own."

Access to nurses, mental health nurses, midwives, nurse practitioners, non-medical prescribers, pharmacists, medicines advisors or simply well trained call operators can also be provided, and can form an integral part of any Long Term Conditions commissioned service.

Current telehealth projects are in Hull, Leeds, Northamptonshire and South East Essex and involve helping many patients to lead as independently healthy lives as possible.

www.nhsdirect.nhs.uk

NHS Direct

Pupils designed equipment for vulnerable people to summon help in an emergency as part of a school project.

STAY Sandwell Telecare Assisting You

Young people at the RSA Academy in Tipton came up with ideas after the school was approached by Sandwell Council's STAY (Sandwell Telecare Assisting You) service.

They were asked to adapt an emergency pendant which people can press to summon help from a carer, family member or Sandwell Community Alarm Service.

Awareness and publicity officer Kent Filmer, of STAY, said: "One of the designs was so good it has attracted interest from Tunstall Health Care one of the market leaders in the industry.

"The pupils were a real credit to their school."

Formerly called Telecare, the STAY team supplies and fits equipment to monitor and maintain a safe home.

These range from pendants, pagers and movement sensors to radio smoke detectors, alarms buttons, and remote control switches.

STAY is jointly funded by Sandwell Council and Sandwell Primary Care Trust.

Chris Smith, Lead Practitioner at the academy, said: "I am delighted we have been able to take part in such a worthwhile and innovative programme.

"Our students have risen to the task and produced outstanding designs. This is true citizenship in action."

Sandwell Council's cabinet member for adult social care Councillor Ann Jaron said: "Congratulations to the pupils for their creativity and enthusiasm."

TeleSCoPE gets into its stride

The European Commission funded TeleSCoPE project, with the TSA as a crucial partner, has developed the first draft of its code of practice for telehealth services. This is being refined, after consultation with all the project partners (in seven EU countries), ready for validation this year with more than twenty services across the UK, Belgium, Hungary, Italy and Slovenia.

The content of the draft code will be made available more widely this year, but we can note the initial structure is as set out below. This points to the code embracing general, buildings and technological considerations; along with service and operational requirements. The service user is symbolically positioned at the centre – able to make choices regarding the services he or she wishes to access.

The challenge for TeleSCoPE will be to ensure that the European code helps establish benchmark standards that make sense for different kinds of telehealth service. Examples that are likely to be included include (for private, public and third sectors) providers of

- services that undertake vital signs monitoring (e.g. for people with chronic heart or respiratory conditions) involving devices in the home with information transmitted to the provider;
- services that undertake monitoring for medication compliance (e.g. devices in home, information on non-use transmitted to the provider in relation to pre-programmed parameters);
- health (or motivational) coaching / rehabilitation advice, etc. via Skype, ordinary telephone, text messaging, etc.;
- health information / advice via interactive TV;
- activity monitoring services in the community (e.g. with GPS tracking) for people with dementia;
- monitoring services for people who experience falls or seizures; and
- lifestyle monitoring services in the home (including, possibly, use of energy via smart meters) concerned with identifying events or threats to well-being.

The hard work for TeleSCoPE, with the active involvement of the TSA, takes place this year. The context is one of on-going technological advances and experiments in telehealth. Much of this experimentation is, of course, concerned not so much with providing services, but rather with making services available so that people can access them. This is especially the case for services based on developments using mobile telephony. Such initiatives will increasingly point to the way in which some of the old norms around healthcare will be turned around – with people, where appropriate, able to take greater responsibility for their health and, of course, their lifestyles. This means telehealth for people of all ages, at home, in work or on the move.

The TeleSCoPE European code will be launched in April 2013 at the Medetel Conference in Luxembourg. Accompanying the code will be a blueprint by which the UK and other European member states will be able to adopt and use it to guide or regulate their telehealth services.

Dr Malcolm J Fisk

Telehealth Solutions
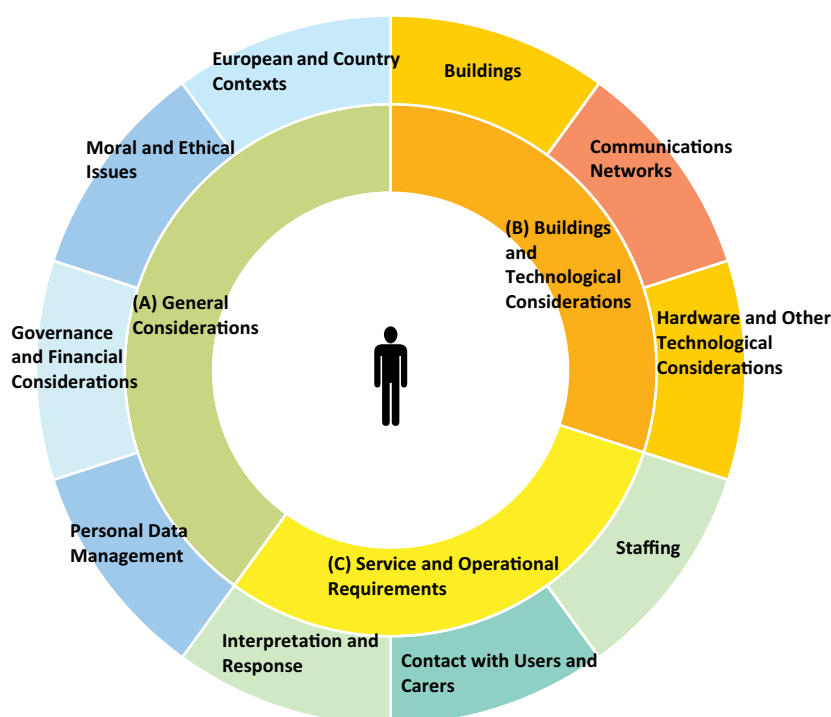
Transforming Patient Care

Throughout NHS history significant advances in medicine have depended upon brave innovation. From the discovery and first use of antibiotics to the first immunisation or the first organ transplant, innovators take risk and challenge orthodoxy. Clinical and managerial conservatism combined with organisational bureaucracy often retards rapid implementation of proved new treatments.

Telehealth is an example of an innovative treatment that has been slow to be adopted despite a wealth of published evidence from the UK and abroad demonstrating its power to improve clinical outcomes while simultaneously reducing usage of health care systems for COPD, Diabetes, Heart Failure and some mental health conditions for example Depression and Dementia.

In December 2011 the UK Government published evidence from its Whole Systems Demonstrator programme that confirmed the power of Telehealth to deliver four major wins; improved clinical outcomes, increased speed of delivery of clinical care, significantly reduced unscheduled and elective care and, finally, reduced total NHS expenditure. The Government believes that three million patients with long term conditions may benefit from receiving Telehealth and plans to encourage the adoption of large scale Telehealth programmes through its Three Million Lives campaign, but the industry is currently engaging with less than 10% of the patients who could benefit.

For the Government to succeed in delivering its Telehealth aims and for large numbers of patients to benefit from Telehealth three things need to happen.

First, NHS Commissioning bodies throughout the UK need to be persuaded that modest investment in Telehealth can enable short to medium term savings. This will require leadership from clinicians who may be initially sceptical and an understanding from financial controllers that Telehealth provides one of the most powerful tools to achieve cost efficiencies.

Second, clinicians in Primary Care (GPs and attached staff) must be reassured that although Telehealth may require some re-design of delivery systems it should always complement rather than undermine current systems for delivering managed care to their growing numbers of patients with long term conditions.

Third, local health economies need to be provided with real working examples of how Telehealth can deliver cost-effective care that fully integrates primary and secondary care.

Although telehealth has been traditionally positioned to help patients remain stable and does not purport to be an emergency service, we have to accept that if a patient has created data that includes an alert they will expect that someone will be looking at the data and reacting on a timely basis. This leads inexorably to the triage having to operate 24/7. In turn, this leads inevitably to the creation of a dedicated triaging service, with people qualified to deliver the service to the agreed protocols and standards. To be cost effective, it is likely that the triage service needs to cover a minimum of 10,000 patients. This means that either organisations will have to collaborate or they will have to out-source this type of service.

A major partnership in Portsmouth between Portsdown Group Practice and Telehealth Solutions Ltd has been established to develop a range of Telehealth products that are clinically led and financially driven. In addition to providing the conventional telehealth infrastructure, Telehealth Solutions will also be triaging patients, using a team of specialist nurses thereby providing an end-to-end solution for the Portsdown Group of Practices. In addition to clinical patient engagement, the triage service will also encompass proactively contacting patients on a regular basis to make sure they are comfortable with the service they are receiving, address any areas of concern to ensure that the patient remains confident and engaged. Using the triage infrastructure to fulfil this service becomes a very low cost but highly effective additional service.

Drawing on the Practice's 30,000 registered patients and with the help of a leading UK health economist, robust clinical and economic data will be gathered that will help to confront conservatism, convince the sceptics and deliver the Government's ambitious Telehealth agenda.

In Portsdown, local hospital consultants are keen to help with this work as they appreciate the power of Telehealth's clinical algorithms to increase integration between secondary and primary care and reduce lengths of hospital stay. Portsdown Group Practice's team of GPs has already experienced the power of Telehealth to increase the ability of its chronic disease management teams to care for thousands of its registered patients with long term conditions by utilising central triaging systems thereby reducing the burden on overstretched staff; a remarkable win – win situation for both patient and practice.

To find out more how Telehealth Solutions is transforming patient care call Mike Evans, Commercial Director on Freephone **0800 8600 768** quoting reference *Link* or visit **www.thsl.com**

My son recently returned from a gap year trip to China and Australia. I am having a GAP year too and have arranged a suitable SKI holiday. We have a wonderful way in our language of making the obvious incomprehensible to those outside of 'the know'. If you are one of those on the outside, I mean that I have Got A Pension and will be Spending the Kids Inheritance.

According to Age UK the over-50s age group in the UK represents 30% of the population and controls 80% of the country's wealth. This is important to recognise because whilst our focus in telecare is on those with the greatest needs of care and with reduced means, around 2% of the population, there is a much bigger market in waiting of elderly who can well afford a well targeted and attractive service proposition.

This is hardly a demographic to ignore if you are in business, any business for that matter. I am convinced that 'grandma' spends more on 'stuff' for the grandchildren than their parents in our household. As a demographic it contains the baby-boomers' from the post-war population explosion, the champions of equality, post modernism, equal rights and information technology. These guys and gals are a force to be reckoned with! Many are connected and technically savvy with the latest and best that media, telecoms and the internet can supply: Facebook friends and tweeters. But more than previous generations they are caught 'in between'. In between looking after their parents, now becoming frail and elderly, and in between supporting their children, who have high expectations but limited opportunities in an environment of high housing costs and high unemployment.

Faced with these circumstances on top of the ageing population, and increases in the numbers of patients with long term conditions, there is a significant challenge. I will not dwell on the '3 million lives' other than to point out that there is an even bigger game yet which is still to be played.

The demographic that you currently serve in the UK is declining and organisational change in health and social care is bound to remain under the spotlight, especially in the current economic climate. But change is also opportunity. Perhaps we need a new way of doing things, a paradigm shift in the business? As TSA members you have the potential to be in the driving seats of the change machine, the opportunity space is enormous even if the challenges are quite daunting. You can do nothing and wait to see what happens or make it happen.

To the point, I think there is currently a missed opportunity for service providers to capture clients for much longer, before they become frail and dependent. But

a re-evaluation of the services that you provide is necessary to do this. The broader demographic and ageing population have clearly different needs to the current cohort of very elderly and frail. If you do not capture them as your clients you can be certain that in the competitive and commercial environment, with reduced public sector budgets and the expected changes in health care delivery, that there are others who will. They will target them because they have a disproportionate and favourable control of wealth.

My offspring have also recently introduced me to WhatsApp, a neat little Smart phone application with immediate appeal and application to some potential telecare users. Kodak was at one time a pioneering organisation, establishing a global brand but it has failed to adapt quickly in recent years. History tells us that organisations such as IBM, Nokia, and Singer that can see a market opportunity, are agile and reinvent themselves will enjoy a longer existence than others who fail to adapt. Commercial success is a risky business but in general prospecting organisations, those that create or seize opportunity will outperform those who wait and react to changes in circumstances. There are some who resist change even when failure stares them in the face but telecare service providers are fortunate that they have a strong, innovative and agile supplier base.

NOWIP, hosted by TSA, is the supplier collaboration focussed Internet Protocol enabled telecare and telehealth equipment which uses broadband communications. It has got traction with major suppliers fully engaged and a growing dimension of international standards and interoperability behind it. But where I ask is the demand from service providers? How are you influencing the programme to ensure that your longer term needs and requirements are being anticipated by the equipment suppliers with potential business changes in mind? Suppliers are making the investments, taking the risks and innovating on your behalf but equally they need to see the demand from service providers.

DAP_Connect, an Assisted Living Innovation Programme project in which TSA participates, is examining how value chains and business can be established and sustained to address wider telecare

markets and offer exciting opportunities for business extension. Although still at an early stage, this explores on behalf of members some of the many challenges facing the telecare industry in the next few years.

A European company, Thales, is offering Long Term Evolution (LTE) technology to deliver push to talk smart phones, 'from anywhere' emergency calling to support public safety and emergency services in the USA. This is unlikely to be available in the UK as the next generation mobile phone technology before 2014 but it offers a great potential for mCare products and service developments. The LTE development uses the same underlying investments in technology and infrastructure as NOWIP. It appears that Europe is leading on technology and development but falling behind in exploration and exploitation in the market.

At a recent meeting of European partners I stated that advances in telecare depended on the propitious alignment of planets. What I meant was that all the components of the supply chain, services and demands had to be favourably aligned; I did not mean that change should only occur on an astronomical timescale or be an infrequent cyclical event such as the arrival of a comet.

Frankly speaking as a pensioner and a carer, if you want my custom change is overdue. I read recently in two magazines clearly targeted at 'Grand-Meres' that 90% of the over 80's are healthy and that 50-70 year old couples enjoy a much more active lifestyle than former generations. But in spite of this the advertising copy majored on stairlifts, easy chairs and dietary supplements. Change needs to be planned and managed but it has to happen soon and remember that change like the arrival of Spring is not a threat to an agile and progressive business. Please seize the opportunities that are out there, stay in business and let's have some real excitement in the industry!

To those of you who are still in the frame for the DALLAS procurement, good luck and do not forget that the industry and the market are looking to you to show leadership in change management.

Charles.Henderson@telecare.org.uk

NEW LOOK WEBSITE

TSA's new look website is now live and open for viewing

After months of hard work, the new look website offers clearer navigation, easy to view news and case study sections, and a fresh look and feel.

TSA members have their own log-in facility, enabling them to view exclusive member only content. The events calendar outlines forthcoming events, with the ability to book and pay online coming soon.

The website has been built around a content management system (CMS) which enables the TSA team to add content and functionality over time, which will help keep the website up to date and relevant.

With options to add polls and surveys, the website will become a proactive portal for membership interaction.

Your views and comments are welcome on aspects of the website – along with suggestions ofr additional sections, information or features. We can't promise to do it all – but we'll do our best, as always!

If you haven't yet logged on, or need any assistance, please contact the TSA office.

All suggestions and feedback about the website are welcome – please email:

marketing@telecare.org.uk

THE INTERNATIONAL TELECARE & TELEHEALTH CONFERENCE 2012

THE INTERNATIONAL TELECARE AND TELEHEALTH CONFERENCE 2012 WILL TAKE PLACE ON 12-14 NOVEMBER, AT THE BIRMINGHAM HILTON METROPOLE HOTEL.

The conference programme is currently being finalised and early bird bookings are now being taken.

As last year the very best prices for conference delegates are available on our Early Bird bookings – and double discounts are offered to those delegates who book the full package with accommodation and all meals. If you are unable to join us for the full event, or prefer to pick and mix the evening dinners, then you can book separate parts of conference and still take advantage of the early bird prices if you book before 30 June 2012.

Exhibitors can book their preferred stands space, and take advantage of early bird pricing up until 30 June. Last year was a sell-out so please don't leave it too late if you wish to exhibit at this years event.

Booking forms are available via the website, and will be emailed to all members. If you would like further information about conference please don't hesitate to contact the TSA Office.

We look forward to keeping you up to date on conference development, and to meeting you at the event in November.

www.telecare.org.uk/conference

Name: **Jackie Edwards**

Job Title: **Customer Service Centre Manager**

Organisation: **Wales and West Housing**

How long have you worked within telecare and/or telehealth?

I have worked within the telecare and telehealth industry for 30 years. In 1999 I moved from being a Scheme Manager in Cardiff to help set up the Customer Service Centre (CSC) and Emergency Alarm Control Room at our Head Office

What is your role at your organisation?

I am responsible for all services delivered by the Customer Service Centre, embracing alarm monitoring and telecare and a general phone telephone service handling the full range of tenancy issues. This includes managing telecare and out of hours tenancy support services for other housing organisations.

I chair the Saturn User Group network, bringing together telecare managers and staff who use Chubb monitoring equipment. The Group and Chubb meet regularly to identify research and development opportunities, share good practice and discuss practicalities of delivering quality service using Chubb Technology.

Please provide an overview of your organisation and how long its been associated with TSA

Wales and West Housing provides homes and services to more than 17,000 people. We work in 14 local authorities and manage over 9,000 properties.

We have over 300 staff committed to providing quality services to our residents and other customers. We have offices in Cardiff in South Wales and Flint in North Wales, but most of our staff work in the communities in which they live.

Wales and West Housing has charitable status and we believe we should be more than just a landlord. We also believe in listening to what our customers tell us. That's why we work with our residents and partners to develop and support the communities in which they live.

Wales and West Housing actually became members of ASAP (Association of Social Alarm Providers) back in 2001 and have been members through the change to the Telecare Services Association and ever since.

How long have you personally been involved with TSA?

Ever since Wales and West Housing became members of ASAP (which eventually became the TSA) I have been a keen supporter of the association. This led to the eventful and ultimately rewarding experience to gain accreditation to the association's Code of Practice in 2006.

What made you want to become a Board member?

I had actually wanted to become a Member of the Board for quite some time, but our Wales membership had always been extremely well represented by Val Parsons who sat on the board for a number of years.

When Val stepped down, I put my name forward and was elected onto the Board in July of 2012. The main reason for wanting to sit on the board is to provide a voice for the Welsh members of the TSA, and also because of my vested interest in telecare and where it is heading in the future.

What do you hope to achieve whilst on the Board?

To help ensure the future of the TSA through professional and unbiased management with my board colleagues. With new initiatives and technology ever changing it's an exciting time to be in the industry and to be part of shaping the future for both colleagues in the industry and service users in the community. We need to focus on improving interaction between service providers, service users and suppliers to enable us all to provide the excellent, consistent, value for money service for all across the UK.

What do you think are priorities for the industry?

One of the key priorities for telecare and telehealth is that the industry continues to move forward. The signs are positive given the recent attendance figures of the International Telecare and Telehealth Conference (836 delegates), as well as new initiatives that are underway, such as DALLAS and 3millionlives.

Another main priority for the industry is that the services being offered remain good value and also of the highest standard. This is becoming increasingly difficult in line with government cutbacks, but these must be achieved in order for the industry to continue moving forward.

What do you think are future TSA priorities?

The main priority for the TSA is to maintain and improve upon their relevance within the telecare and telehealth industry. This has been helped by the fact that the TSA played a key role in the development of the 3millionlives initiative.

It is important that the TSA remains at the forefront of the industry and maintains their close contact with policy and decision makers.

The importance of the TSA was echoed by the fact that the Minister of State for Care Services, Paul Burstow, gave an address at the recent International Telecare and Telehealth Conference.

What would you like the TSA membership to think about?

Interoperability is one of the key points for the TSA membership to be thinking about. This is an issue that the TSA is looking into, and have opened up channels of discussion with key decision and policy makers.

Another point that the TSA Membership should be focussing on is getting the supplier, the service provider and the service user all 'singing from the same hymn sheet'. Their collective goals should all be the same – helping someone remain independent in their own home, but also being able to help and support that user should the need arise.

Another point that the TSA Membership should be thinking about is the issues of Governance and ensuring that cut backs do not have a detrimental effect on the services being provided.

**Marian Preece,
Operations Manager**

Telecare Code of Practice

Work has continued during the first quarter of 2012 to support Members in their journey to achieve accreditation for the first time, as well as, those working toward retaining the Telecare Code of Practice.

TSA understands that the requirements of the Telecare Code of Practice are challenging and constantly achieving them can be testing. However, we do know that Members strive to deliver excellent service to service users, 365 days a year. TSA continues to provide support, guidance and advice on the requirements of the Code of Practice on a one-to-one basis to ensure that this excellence is achieved.

Telecare Code of Practice Inspection Scheme

The news on the above is that Insight Certification Limited has been selected to continue to deliver the Code of Practice Inspection Scheme, having been successful in the recent tender exercise.

Final decisions are being made about the Code of Practice Inspection Fee Schedule for 2012/13 and this will be made available to Members shortly.

Telehealth Code of Practice

Progress has been made to the delivery of an Integrated Telecare and Telehealth Code of Practice, with tender documentation having been distributed to all TSA Members on 23 March 2012. The deadline for tender submissions is 16 April 2012.

The timetable for the delivery of the detailed Integrated Telecare and Telehealth Code of Practice documentation is late 2012, with the introduction of the Inspection Scheme during 2012.

MEMBER FORUMS 2012

Comments received:

Wales:

Thanks very much, I really enjoyed getting some ideas & having an insight into the TSA world

Good opportunity for networking – pleased to have the invite to come along as a guest. Good speakers & useful to speak with a rep from another authority during the warm up. Interesting to learn where DALLAS is in evolution of project.

Northern:

Great and informative, good for networking and sharing experiences with both suppliers and service providers

DALLAS update very inspiring and informative. Good and useful to know how heavily interoperability is having an impact on services and that it is on the agenda for the future.

Forthcoming Events in 2012

TSA Annual General Meeting	3 May	Hilton Birmingham Metropole
South West Member Forum	10 May	Castle House, Taunton
Scotland Member Forum	12 June	SAS Radisson Hotel Royal Mile, Edinburgh
London and South East Member Forum	26 June	Royal National Hotel, London
Midlands Member Forum	10 July	Belfry Hotel, Sutton Coldfield
Eastern Member Forum	17 July	Cambridge Belfry Hotel, Cambourne, Nr Cambridge
The International Telecare and Telehealth Conference 2012	12-14 November	Hilton Birmingham Metropole

Forthcoming TSA Training Courses

"Telecare Profiling To Service Set Up – Getting It Right" is the first planned training course for 2012, to take place at the **Barcelo Hinckley Island Hotel on the 24th April** and the **Marriott Hotel, Manchester Airport on the 30th May**. The course will be delivered by Kevin Doughty, TSA Telecare and Telehealth Consultant and is designed to be interactive; taking delegates through the process of needs and risk assessment, service tailoring and set-up and is relevant for anyone involved with delivering Telecare to service users.

At the end of the course delegates will be able to develop their own model and processes for providing a high quality local Telecare service; knowledge and learning that can be shared with colleagues. An outcome that will lead to improved standards of service delivery and supports organisations aiming to achieve/maintain accreditation to the TSA Code of Practice. The cost of the course is £220 (+ VAT) per delegate for TSA Members with Booking Forms available from the TSA Office (admin@telecare.org.uk), or from the TSA website.

Supply Sector Code of Conduct

33 out of 48 Supply Sector Members have now signed up to the Supply Sector Code of Conduct. They have all received a Supply Sector Code of Conduct Certificate and Logo.

If any of the 15 Supply Sector Members require any further information to help in their decision regarding this Code of Conduct, please contact marian.preece@telecare.org.uk

Supply Sector Technical and NowIP Meetings

23 February 2012 brought a day of Meetings – 3 in fact.

1. NowIP Meeting – which reviewed in detail the revised NOWIP draft V1_3, Milestones and Timeline and Testing Arrangements

2. Meeting with Telephony Providers and NGNUK to discuss improving information they supply to service users regarding telecare

3. Technical Supply Members Meeting – which discussed the following:

   BT FTTH testing update, Ofcom Dialogue – SRD update, feedback on NGN service provider issues, Update on 3millionlives, DALLAS update and next steps, Supply Sector Code of Conduct, International Telecare and Telehealth Conference – 12-14 November 2012.

Good Practice Guides

A new series of Good Practice Guides will shortly be available for Members:

- Working with Ambulance Services
- Working with the Police
- Working with Fire and Rescue Services
- Supporting Medication Adherence with Telecare
- Using GPS Location to Manage Safe Walking
- Extending Telecare Services to Support Safety and Security in Schools and Public Buildings
- Developing Simple mCare Services to support Service Users
- Developing Advanced mCare Services to support Service Users

Other Good Practice Guides in pipeline are as follows:

- Management of Gaining or Losing a Telecare Monitoring Contract
- Lone Working
- Establishing a Response Service
- Installation of Sensors/Peripherals
- 111 Triage Services
- Call Handling Procedures

Thanks must go to Dr Kevin Doughty who has supported TSA in the production of all the TSA Good Practice Guides.

If you have a burning issue that you think would be a suitable subject for a Good Practice Guide, please do get in touch – **marian.preece@telecare.org.uk**

Marian Preece
Operations Manager

Non-Renewals

Date	Member Organisation	Membership Category
4.1.12	Worcester Community Housing	Associate
16.1.12	North Hertfordshire District Council	Full
18.1.12	Securitas Security Services	Associate
18.1.12	Western Isles Council	Full
26.1.12	Philips Lifeline	Supply 3
31.1.12	Centre For Housing And Support	RPI
2.2.12	Affinity Sutton	Associate
6.2.12	Bron Afon Community Housing Ltd	Full
9.2.12	Durham County Council (Durham)	Full
28.2.12	Pennaf Housing Group	Associate
28.2.12	Aspire Housing	Full
2.3.12	Kirklees Council Wellbeing & Integration Carephone Home Safety Service	Full
2.3.12	T-Cubed Ltd Technium CAST	Supply 1
7.3.12	Europ Assistance	Full
8.3.12	Baydale Control Systems Limited	Supplier
15.3.12	Hyndburn Homes t/a Hyndburn Lifeline	Associate
15.3.12	Eclipse Nursecall Systems Ltd	Supplier
15.3.12	Tallon Monitoring Ltd	Supplier
15.3.12	Selwood Housing Society Ltd	Associate

New Members

University Of Hull
RPI
Cottingham Road
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Jonathan Thorpe
Tel: 01482 464908
j.thorpe@hull.ac.uk

Mears Group Plc
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26 – 28 Hyde Way
Welwyn Garden City
Hertfordshire AL7 3UQ
Alan Long, Executive Director
Tel: 01707 290 100 Ext 203
alan.long@mearsgroup.co.uk

NHS Direct
Full
2nd Floor, 120 Leman Street
London E1 8EU
Hadleigh Stollar, Product Manager
– Long Term Conditions
Tel: 07833 436105
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Contour Homes
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Dawn Thornber
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Stewart Maxwell
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smaxwell@numerahealth.com

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Telecom Design
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Full
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Nicola Pangher, Chairman
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Physiological Measurements Ltd
Supplier
The Old Malt House,
Willow Street
Oswestry, Shropshire SY11 1AJ
Jonathon Pither, Director
Tel: 0870 246 1888
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Hwh Group Limited
Full
t/a Harmoni
Unit 1-3 Trinity Court,
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Steve Turner
Director of Acquisitions
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Bedfordshire Pilgrims
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Pilgrims House, Horne Lane
Bedford MK40 1NY
Harpreet Chander
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harpreet.chander@bpha.org.uk

Nottingham Rehab Supplies
Supplier
Clinitron House
Excelsior Road,
Ashby de la Zouch
Leicestershire LE65 1JG
Sandra King, Brand Director
Tel: 01530 418234
sking@nrs-uk.co.uk

Entrotec Ltd
Supplier
Access House
5 Ashwood Court,
Oakbank
Livingston EH53 0TL
Helen Phillips
Head of Sales & Marketing
Tel: 01506 866230
helenphillips@entrotec.co.uk

Safe Patient Systems Limited
Full
The Oracle Building
Blythe Valley Park,
Blythe Gate
Solihull B90 8AD
Mark Doorbar, CEO
Tel : 0121 506 9620
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ORGANISATION	PLATINUM	REFERRAL	SU PROFILING	TELECARE PLAN	TAILORING	INSTALLATION	MONITORING	RESPONSE	RE-EVALUATION	EUROPEAN T S
Aid Call Ltd (Age Concern)						Yes	Yes			
Ashford BoroughCouncil						Yes	Yes			
Aster Living					Yes	Yes		Yes		
Astraline	Platinum						Yes			Yes
Bield Housing Association					Yes	Yes	Yes			
Birmingham City Council Careline						Yes	Yes			
Blackpool Borough Council					Yes	Yes	Yes	Yes		
Bolton At Home						Yes	Yes	Yes		
Boston Mayflower Ltd						Yes	Yes	Yes		
Bournemouth Borough Council					Yes	Yes	Yes			
Bracknell Forest Council					Yes	Yes	Yes	Yes		
Bradford Metropolitan District Council							Yes			
Brighton and Hove City Council					Yes	Yes	yes			
Bristol City Council							Yes			
Broxbourne (Borough of)						Yes	Yes	Yes		
Caerphilly County Borough Council							Yes			
Calico Homes Ltd		Yes				Yes		Yes		
Call24						Yes	Yes			
Cannock Chase District Council					Yes	Yes	Yes			
Cardiff County Council						Yes	Yes	Yes		
CarelineUK							Yes			
Carmarthenshire County Council							Yes			
Casa Support Ltd (East Sussex)						Yes		Yes		
Casa Lifeline Ltd (Kent)		Yes			Yes	Yes		Yes		
Central Essex Community Services		Yes			Yes	Yes	Yes	Yes		
Chester & District Housing Trust Ltd	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chesterfield Borough Council	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chichester District Council						Yes	Yes	Yes		
Chubb Telecare							Yes			
Coast and Country		Yes			Yes	Yes	Yes	Yes		
Community Gateway							Yes	Yes		
Community Voice Ltd		Yes			Yes	Yes	Yes	Yes		
Connected Health Limited		Yes			Yes	Yes	Yes			Yes
Cordia LLP		Yes					Yes	Yes		Yes
Cornwall Council						Yes	Yes			
Cross Keys Homes						Yes	yes	Yes		
Dudley Metropolitan Borough Council	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Durham County Council (Sedgefield)						Yes	Yes	Yes		
East Devon District Council					Yes	Yes	Yes			
East Renfrewshire Council						Yes	Yes			
Edinburgh Council, The City of		Yes				Yes		Yes		
Eldercare (Newchurch Housing Ltd)		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Enfield, London Borough of					Yes	Yes	Yes	Yes		
Epping Forest District Council		Yes	Yes	Yes	Yes	Yes	Yes			
Exeter City Council						Yes	Yes			
Flagship Housing Group Ltd						Yes	Yes			
Fold Housing Association	Platinum	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes
Grosvenor Telecom						Yes		Yes		
Halton Borough Council	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hanover Housing							Yes	Yes		
Hanover (Scotland) Housing Association					Yes	Yes	Yes			
Harlow District Council						Yes				
Havering, London Borough of		Yes	Yes	Yes	Yes	Yes		Yes	Yes	
Help and Care						Yes				
Helplink South						Yes	Yes			
Herefordshire Housing Limited						Yes	Yes			
High Peak Community Housing		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Housing Hartlepool						Yes	Yes			
Housing Pendle Ltd	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hull City Council						Yes	Yes	Yes		
Incommunities Group Limited						Yes		Yes		
Invicta Telecare Ltd					Yes	Yes	Yes	Yes		
Islington, London Borough of		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Lambeth, London Borough of						Yes	Yes	Yes		
Lancaster City Council				Yes	Yes	Yes	Yes			
LHA/ASRA Group						Yes	Yes	Yes		
Lincoln Council, City of		Yes					Yes			
Magna Careline Ltd						Yes	Yes			
Manchester City Council							Yes	Yes		

ORGANISATION	PLATINUM	REFERRAL	SU PROFILING	TELECARE PLAN	TAILORING	INSTALLATION	MONITORING	RESPONSE	RE-EVALUATION	EUROPEAN T S
Medway Council		Yes	Yes	Yes	Yes	Yes	Yes		Yes	
Merthyr Tydfil County Borough Council						Yes	Yes			
Merton, London Borough of		Yes	Yes	Yes	Yes	Yes	Yes	Yes	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	Yes		Yes
Newham, London Borough of	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Newport City Homes							Yes			
North East Lincolnshire Carelink		Yes				Yes	Yes			
Northampton Borough Council						Yes	Yes			
North Lanarkshire Council						Yes	Yes	Yes		
Nottingham City Homes						Yes	Yes	Yes		
Nottingham Community Housing Association	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Orbit Group Ltd						Yes	Yes			
Peaks and Plains Housing Trust	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Places for People							Yes			
Plus Dane Group						Yes		Yes		
Poole Borough of						Yes	Yes	Yes		
Red Alert Telecare Ltd						Yes				Yes
Redbridge, LB of		Yes	Yes	Yes	Yes	Yes		Yes	Yes	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			
Sentinel Housing Association					Yes	Yes	Yes	Yes		
Severnside Housing		Yes			Yes	Yes	Yes			
Sheffield City Council		Yes	Yes	Yes	Yes	Yes		Yes	Yes	
Shepway District Council						Yes	Yes			
South East Health Assisted Living							Yes			
South Derbyshire District Council						Yes	Yes	Yes		
South Essex Homes					Yes	Yes	Yes	Yes		
South Tyneside Council		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Southampton City Council						Yes	Yes	Yes		
Sovereign Housing Association					Yes	Yes	Yes			
St Georges Community Housing						Yes	Yes	Yes		
Stafford and Rural Homes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	
Stockport Homes					Yes	Yes	Yes	Yes	Yes	
Stoke-on-Trent City Council							Yes			
Sunderland, City of		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Supra UK Ltd	Platinum	Yes				Yes				Yes
Swindon Borough Council					Yes	Yes		Yes		
Tameside Metropolitan Council						Yes		Yes		
Taunton Deane Borough Council					Yes	Yes	Yes	Yes		
Tendring District Council		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Torbay NHS Trust						Yes	Yes			
Trafford Housing Trust		Yes			Yes	Yes		Yes		
Trent & Dove Housing Ltd					Yes	Yes	Yes	Yes		Yes
Tunstall Response Ltd	Platinum						Yes			Yes
Vauxhall Neighbourhood Care Ltd		Yes			Yes	Yes	Yes			
Wakefield and District Housing					Yes	Yes	Yes	Yes		
Wales & West Housing Association							Yes			
Warwick District Council	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Weaver Vale Housing Trust		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Welbeing (Wealden and Eastbourne Lifeline)					Yes	Yes	Yes	Yes		Yes
Winchester City Council					Yes	Yes	Yes	Yes		
Wirral Partnership Homes							Yes			
Worcestershire Telecare						Yes	Yes			
Worthing Homes		Yes			Yes	Yes		Yes		
Your Homes Newcastle	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Telehealth - from the experts in homecare

Air Products has extensive experience of providing in-home clinical services to patients. Since 2006 we have successfully provided support to over 200,000 patients and their families. We are experts in delivering home care to people with long term conditions.

Air Products offers a comprehensive telehealth service for monitoring patients at home. It helps patients to avoid hospitalisation and reduces anxiety. It sets them free to enjoy time with the people they love.

As a healthcare professional, you benefit too. You have easy, immediate access to patient history and vital signs; and receive verified clinical alerts for early identification of an acute event.

And, as an integrated service, it's very cost-effective. There is no capital outlay. You pay only a daily service fee. And, with access to the latest technologies, you can secure the service and equipment that best suits your needs and those of your patient.

Air Products is a leading homecare service provider. We have nurse led monitoring, a 24/7 support care-centre and a team of dedicated homecare service engineers to support patients in their homes.

Also with our commissioning support modeling we can also help you identify the 'at risk' individuals who would likely benefit from a specific long term condition intervention.

To find out how telehealth can benefit your patients and your service, call us on **0800 028 4855** or visit us at **www.airproducts.co.uk/telehealth**

tell me more
www.airproducts.co.uk/telehealth

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

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

Ask yourself...

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

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

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

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

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

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

tsa
Member Organisation

Government Procurement Service supplier

Approved partner of:
CONSORTIUM Procurement

UKAS

Microsoft Partner
Silver Software Development
Silver Independent Software Vendor (ISV)

If you would like any further information, please visit our website:
www.jontek.com or Call: 0161 430 3366

Jontek limited
CARING THROUGH INNOVATION