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



CHALLENGES AND OPPORTUNITIES DALLAS

THE INTERNATIONAL TELECARE
& TELEHEALTH CONFERENCE 2012

tso
telecare services association

“ It’s been a while since I’ve put my foot down on the open road but I can still take a racing line with the best of them. Spending time with my grandson is lovely, but beating him at his own game is even better!

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Loretta MacInnes, Editor

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Summer is here – and of course so is the rain! However, that hasn't yet stopped play at Wimbledon, nor has it halted the preparations for London 2012. The Olympics is truly a marathon event which has taken years of planning – from the initial decision to bid, through to the (expected) wondrous spectacle of the closing ceremony. And planning and preparation is key to another mammoth task - that of transforming services to enable millions more to benefit from telecare and telehealth through 3millionlives. We have, at last, seen the first of the reports in the BMJ, outlining elements of the research from the telehealth trial. The report echoed the headline findings – 45% reduction in mortality, 15% reduction in emergency admissions, and an overall reduction in hospital admissions of 11%. Significant findings indeed. 3millionlives is proactively working towards developing business models that will facilitate the transition of service delivery to enable millions to benefit from these technology enabled services – however, it takes time to transform services, and the plans being developed will reflect the steps needed to make these changes, including the important milestones to maintain momentum and keep the support of government, health and social care professionals, housing colleagues, industry and, of course, the individuals who can directly benefit.

A critical part of the 3millionlives plan is the day to day work of TSA members who are delivering the majority of telecare and telehealth across the UK. Just reading Member News on pages 12-16, Telecare on pages 8 and 9 and Telehealth on page 11 provides a snapshot of the huge amount of excellent work that is carried out across the sector on a daily basis. The Code of Practice tables on pages 26-27 outline the increasing numbers of accredited organisations that reassure consumers that they are receiving quality services. An excellent starting point for the transformational agenda.

Thanks go to all those who contributed to this edition, and help create such an interesting read. We are now accepting articles for the ever-popular pre-conference Autumn edition. If you have a piece of editorial for this edition, please send it in as soon as possible. The deadline for copy is 12 September. Please email your articles to marketing@telecare.org.uk. If you would like to discuss a piece you can either call me at the office, or email me: loretta.macinnes@telecare.org.uk

I hope you enjoy this edition. Have a lovely summer, and I look forward to hearing from you.

Loretta MacInnes, Editor

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Articles

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

Advertising

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

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Alyson Bell, Chair

Challenges and Opportunities

It's a great honour as Chair of the TSA to be here during such interesting times: telecare and telehealth have never been higher on the agenda, and increasing emphasis on choice and control means the challenges and opportunities ahead of us are starting to look remarkably alike.

3millionlives is an obvious opportunity to remove barriers to delivery; but there is also a challenge to ensure the barriers are removed in the right way, so that technology is the enabler for putting customers at the centre of a healthy and competitive marketplace and not an end in itself – this means matching the benefits received by members of the industry with the commitments they give. Changes to statutory policy and commissioning mean consumers have more control, presenting political, economic and operational challenges; the changes also mean more routes to market will provide more opportunities for the industry, and we can drive demand through pulling and pushing. The convergence of opportunity and challenge continues.

Writing my first article as Chair is certainly both a challenge and an opportunity. I couldn't have written a better title for this publication: the TSA has always been The Link between 'the agenda' at large and the industry. Making this link work at its best is a matter of purpose, and purpose comes from understanding what our customers want.

Good writing also requires a sense of timing, positioning and perspective – otherwise the purpose is lost. Similarly, to make the most of timely opportunities such as 3millionlives we need a perspective which can only be gained from positioning the telecare industry correctly with members and customers at the centre; otherwise we risk the tail wagging the dog, and miss an opportunity to effect truly meaningful and lasting change at scale. In other words, we must drive organic change from the ground up – or we'll never achieve the shift in customer perceptions and lifestyles needed for telecare and telehealth to fulfil their true potential.

So how is all of this achievable?

Central to the theme of challenges and opportunities is the role of the TSA. As Director, Vice Chair and now Chair I've been fortunate enough to be part of discussions about national policy while keeping one foot firmly rooted in service delivery in Newcastle. In this dual role, I believe the role of the TSA as industry representative neatly compliments its role as accreditor: we have an opportunity to define our purpose and identity more

clearly with our members at the centre, and then drive change upwards from delivery in the marketplace up to policy. This has never been more important than in the challenging times ahead with scarce resources and changes in policy.

My personal journey so far has taken me from local service manager, to co-founder of regional working groups to TSA directorship and eventually Chair; building and exploring a clear vision together with peers at each stage has been the key to creating lasting and effective partnerships. Our achievements have been based on innovation in partnership working and breaking down barriers, which would not have been possible without effective understanding of the marketplace.

The building blocks of a clear purpose and vision for the TSA, the kind which places customers and members at the centre, are therefore an understanding of the marketplace and effective involvement. Exciting work on these things is already underway – watch this space!

Alyson Bell,
Chair

www.telecare.org.uk

What have the Romans ever done for us?

The question 'What have the Romans ever done for us?' was made famous in the film 'Life of Brian'.

The response was - "apart from the sanitation, medicine, education, wine, public order, irrigation, roads, the fresh water system, and public health, what have the Romans ever done for us?"

Maybe the Romans did not make great public acclaim of the works they had done, preferring instead for their actions to speak for them.

But it caused me to reflect that maybe within the TSA we do not make sufficient play of what we have achieved and implemented on behalf of the membership. So I started to jot down some of the main achievements and actions undertaken within the past year. The following is not an exhaustive list but highlights some of the main activities that I have mentioned at the regional fora events over the past few months.

The TSA continues on behalf of its membership to be your voice – both in Whitehall and with the devolved Governments in the nation states. This has shown real dividends in raising the profile of the telecare and telehealth industry and securing engagement with Ministers and senior officials in key Departments. One example is that I was delighted that Paul Burstow, Minister for Care Services at the Department of Health, spoke at our conference last November. This was the first time we had secured a Minister to speak and showed the extent to which the industry has now moved up the Government agenda in recent years.

We have continued the development of industry standards. As our industry grows, industry standards become more and more important. All of us are consumers, and increasingly we expect – even demand – high standards of service and re-assurance that what we buy or use is fit and appropriate for our requirements. Telecare and telehealth services are no different. Telehealth is now starting to develop as a means of providing appropriate healthcare for patients and it is important that the right standards are being implemented alongside this growth. The TSA recognised that building on its existing and world recognised Telecare Code of Practice to include telehealth was a logical step both for the Association and also for members as they look to work in this market. The current work on an integrated Telecare and Telehealth CoP will be completed by the end of this year, and will enable members to provide guaranteed service standards in both areas.

The level of Code accreditation amongst our members has continued to grow –

reflecting its adoption as an appropriate standard for the market by commissioners and providers. And we have also introduced a Suppliers Code of Conduct to promote improved openness, transparency and long term support from our supply sector members.

Specific projects have included the launch of the new TSA website earlier this year. This was a long overdue step in improving the external face of the association, facilitating better access to information about members, and faster presentation of news and information. If you have not already done so, visit the new site and see the improvements that have been made.

We have also tried to focus on getting better information and support on key topics out to members. We commissioned a report on the state of play in the UK telehealth market, so members could have a straightforward and informative snapshot of the industry and help those who were maybe considering developing their services into that arena, but wanted some supporting information.

There has also been a steady stream of Good Practice Guides released over the last year. These have focused on key topics that members themselves have asked for further information and help in tackling. These have been well received and have provided a valuable means of spreading best practices that individual members have developed across the wider industry community.

And we have also surveyed our monitoring centre members to gather an important set of data on the size and scope of the telecare market, and its expected growth. A report on the data gathered will be issued very shortly and for the first time will bring together a host of key data about our industry.

So, looking back on the past year a lot of work has been completed to strengthen and sustain the industry in the challenges it faces. But we should not just reflect on work that has been done. As I have mentioned before I think we now face the greatest opportunity and challenge that has ever been presented to this industry – integrating telecare and telehealth into health and social care.

And so I turn to 3millionlives! The outcomes of the Whole System Demonstrator (WSD) projects on evaluating the benefits of telecare and telehealth are now being presented through various industry journals. The detailed clinical data is only just starting to be released, but the headline results have been more than sufficient to confirm the way forward. Yes, critics will point the finger (and they have!) at the initial findings that the cost savings are negligible. But that was not unexpected given it was a trial and not



Trevor Single, Chief Executive

a commercial model of service delivery. What was surprising was the extent of overwhelming evidence that technology, when used appropriately, is able to dramatically reduce emergency hospital admissions and mortality rates. On that alone, if you could bottle this means of saving lives and enhancing independence for individuals it would fly off the shelves!

As a result of the WSDs, the Department of Health (DH) has partnered with industry to bring three million new users onto telecare and telehealth within the next five years. The TSA Board has determined that this has to be the main business priority for TSA and we are an active and leading partner in the work with DH. An opportunity that TSA has seized and developed in order to secure benefits for our members. I recognise that for some individual members 3millionlives is perhaps a vision too difficult to capture. However, what it comes down to is a potential growth of 200 per cent on the existing 1.7million telecare users in the UK. So, if you want to see growth of that level in your service – whether as a monitoring centre, an installer of kit, or technology supplier – then find out more about TSA's involvement by visiting the TSA or 3millionlives websites, and see how you can get involved.

There is a lot happening in our industry at the moment and the work that TSA has been undertaking on behalf of its members is a key element in ensuring the continued growth of telecare and telehealth. And if there are areas where we can support and help you more then please let us know.

Finally, returning to the theme of 'what did the Romans ever do for us'; one of the things they did bring to Britain was the stinging nettle! I suppose it just goes to prove no one is perfect!

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

dallas

About 12 months ago, the TSA sent a communication out about a project called dallas. Intrigued to see what it was all about, I clicked on the link, read the brief and found dallas was an acronym for Delivering Assisted Living Lifestyles At Scale.

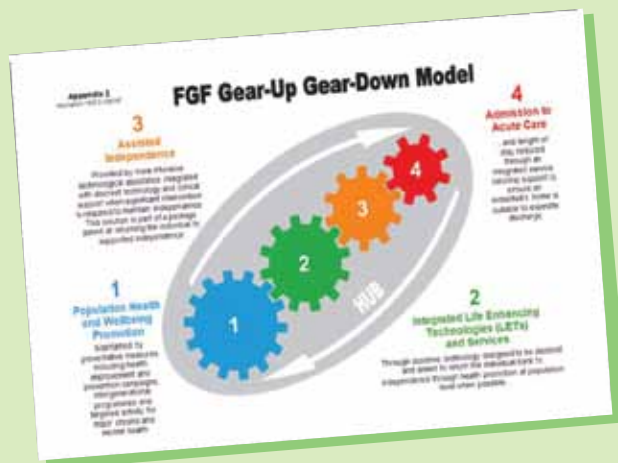
dallas was a competition being run by the Technology Strategy Board who were planning to fund 4 or 5 large scale projects that addressed a number of issues such as interoperability, service redesign and mainstreaming new and existing technologies.

Wanting to develop our Helpline service, I saw this as an opportunity and submitted an application for the funding. A couple of months passed and we received notification that we had got through the first round of judging and were invited to a workshop to develop ideas and interact with other organisations that had been shortlisted. It is at this point that the journey really began.

It became clear that the Technology Strategy Board were keen for organisations to work together and through the next couple of rounds of judging, we started to develop relationships with a number of other partners including Liverpool PCT, Liverpool Community Health, PSS (a charity that provides care, health and community services that help people get the most out of life), HFT (a national charity providing local support to people with learning disabilities, their families and carers across the UK) and technology providers Tunstall and Philips.

Over the coming weeks this partnership strengthened and we realised that we were in the unique position of bring together organisations that covered Health, Housing, Technology, 3rd Sector and Specialist Support. This was really exciting as each organisation brought something new to the table that could contribute to our overall goal of improving Health & Wellbeing across the city of Liverpool.

The partners then started to develop a number of key work streams that included Telehealth & Telecare. Whilst these were not the whole basis of our bid, they form an important part of what we are looking to achieve. Our model was based on a 'Gear Up Gear Down' approach (See Diagram)



Gear 1 – Population Health & Wellbeing Promotion

Our aim is to engage with the whole population of Liverpool. Health and wellbeing will be maintained by preventative measures including health improvement and preventative campaigns, intergenerational programmes and targeted activity for major chronic diseases and mental health. Part of the work at this level will be to introduce people to technologies such as telecare before they actually need them. Through the process of normalisation, we hope to reduce the stigma that can be associated with having to rely on technology for support.

Gear 2 – Integrated Life Enhancing Technologies (LET's) and Services

We looked at how we could create a more positive image that would make technologies more desirable. This is where we came up with the acronym of LET's. LET's stands for Life Enhancing Technologies and is encompassing of telecare, telehealth and more discreet technologies such as thumb print locks and phones that use photos for speed dial options (view the HFT virtual smart house at www.hftsmarthouse.org.uk). At this level, our aim is to use assistive technologies to help people remain independent and healthy without the need for further support.

Gear 3 – Assisted Independence

This is very much where telehealth and telecare comes in. Assisted independence will be provided by more intensive technological assistance integrated with discreet technological and clinical support



when significant intervention is required to maintain independence. This solution is part of a package aimed at returning the individual to supported independence.

Gear 4 – Admission to Acute Care

Admission to acute care and the length of stay reduced through an integrated service, tailoring support to ensure an individual's home is suitable to expedite discharge.

To support our bid in promoting health and wellbeing, we also received letters of endorsement from Everton and Liverpool football clubs. Their support was invaluable as they offer an outlet for reaching people at scale which was a key requirement of dallas. The project also included a number of innovative initiatives that include a membership scheme and a retail option for LET's.

Several months passed as did several more rounds of judging. As our bid developed so did our resolve to make a success of the project plan that we were developing. The final result was announced in May 2012 and from over 400 initial bids, we found that our Liverpool partnership had been awarded the funding. The feeling was more of relief than happiness as over the 12 months, I had realised that we were truly in a position to make a real difference and to miss this opportunity would have been gutting.

dallas has been a major boost for our Helpline service as the strength of our partnership approach will help us to address some of the TSA's key objectives that mirror those outlined within 3 million lives campaign.

The main thing that the project has taught me is that in order to develop a successful telecare operation, partnership working is key. By working together and integrating services, we are in a much stronger position to offer enhanced support. This in turn enhances the life of the individuals (and their families & carers) who rely on us for support.

Edward Hughes

www.riverside.org.uk

MAKING TELEHEALTH AVAILABLE TO ALL WHO NEED IT

The potential for telehealth to make a major difference to the lives of both patients and clinicians is undisputed but despite this there are still many question marks hanging over the subject relating to practicality and efficiency.

Ease of deployment for healthcare staff and simplicity of use for patients are two key issues that need to be addressed if telehealth is to become a commonplace feature of healthcare in the future, otherwise it could be seen as a very expensive white elephant.

Part of the reason for this is that, to date, many clinicians' experience of telehealth solutions have been far from ideal. Problems with installing equipment in homes and the need to provide lengthy training for both patients and nursing teams, together with difficulties in recruiting patients, has led to what is probably best described as mixed opinions.

And, it was with the challenges around simplicity of use and ease of implementation in mind that Consultant Surgeon David Morgan FRCS came up with the concept for Safe Patient Systems' approach to telehealth. As mobile phones have become an integral part of life in the 21st century it seemed logical to develop a telehealth system that operated using a technology that everyone was completely familiar with – this led to the creation of Safe Mobile Care.

Several years on from that realisation, the vision has become a reality. Not only do patients who use the system find it straightforward – the average age of users of this technology is 76 – they have welcomed the control and independence our devices have given them. What's more, nursing staff who were initially sceptical about it have been converted to being advocates as a result of seeing the benefits to their patients and the ease with which they are able to set up, monitor and respond to their conditions.

In fact, from seeing this technology in action across a number of NHS trusts, we believe a community team that might be responsible for monitoring 30 people could potentially look after a base of 150 to 200 patients.

The reason we believe this kind of efficiency is possible is because of the speed and ease with which community teams can set up and deploy the solution, combined with the simplicity of the user interface which is easy for patients of all ages and ethnicities to use, and can even support those with learning disabilities or motor problems. Each patient is

a given a familiar touch-screen mobile phone specially programmed with personalised care plans created from the system's web-based application software. Every day the medically accredited phones prompt patients to complete clinically validated questionnaires and automatically capture relevant vital signs using wirelessly connected monitoring devices.

Responses are automatically sent in 'real time' from the device to the Triage Management software. If these indicate that a patient's condition may be worsening, an automatic alert is generated and sent to the appropriate nurse or doctor by text message, email or a web site alert. They will then advise the patient what course of action should be taken and capture this intervention as part of the patient record.

Results from our pilot with South Birmingham PCT also exceeded expectations. The trial, which involved 100 patients with chronic obstructive pulmonary disease (COPD) and chronic heart disease across a 12-month period, delivered a 59%-87% reduction in unplanned hospital admissions and net savings of up to £3,400 per patient per annum across the patient group on unplanned hospital admissions alone.

Since that time we have been successful in winning two major telehealth contracts. Last July NHS Bristol awarded the organisation a £1.4m contract to provide telehealth monitoring to patients with long term conditions. The contract – one of the largest single roll-outs of a telehealth system anywhere in the UK – is focussed on providing remote monitoring for people with COPD, and congestive heart disease.

In April this year the organisation secured a second major telehealth contract by winning a £1.2m NHS Somerset tender to monitor the symptoms of up to 4,000 patients suffering from long-term health conditions over the next three years.

In Bristol we have already seen an improvement in patient outcomes and a reduction in the need for patients to visit their GP or to call them out on a home visit as well as an increase in the number of patients that clinical teams were able to monitor at any one time.



An NHS Bristol community matron, working with 12 patients, reported that after initial scepticism about telehealth potentially increasing her workload and being difficult for patients to use, she had been proven wrong. She found the system benefitted her professionally by having to make fewer home visits while still being able to monitor all of her patients in real time, hence helping her use her time more efficiently.

The patients themselves also reported numerous benefits including finding the devices simple to use and easy to fit into their daily routines. Heart patients using the system said they gained a sense of control over their conditions as well as benefitting from not having to attend a clinic regularly. Two patients also said it had helped them develop the confidence and knowledge to manage their conditions more effectively while another felt he was getting more attention by being part of the telehealth scheme and that he had more direct contact with the heart failure nurse.

With 15 million people in the UK suffering from long-term conditions it is clear telehealth has many benefits for patients and clinical teams alike, but in order for these to be experienced widely a successful solution has to be low-cost, straightforward to roll out at scale, easy for patients to use and simple for nurses and carers to work with. Without these factors being in place, the chances of mass take-up of telehealth is somewhat unlikely.

www.safepatientsystems.com



Retaining a mobile responder service in very challenging times

Wishing to contribute to the debate as to whether landlord organisations should provide in house responder services to vulnerable people living within its properties we thought it would be timely to argue the case for the retention of in house services such as these especially in financially challenging times.

Rochdale Boroughwide Housing Ltd (previously an ALMO) undertook a stock transfer from Rochdale Council in March 2012. The company is currently in charitable trust status ahead of it becoming the first Housing Mutual in 2013 meaning the company will be owned by its tenants and employees. For many years Rochdale Boroughwide Housing has retained a 24 hour mobile responder service for people living in its sheltered housing schemes. This service has been funded through Supporting People, however, like many support commissioning arrangements the emphasis has been to broaden out the range of people being supported through this type of provision – not just people living in sheltered housing. Rochdale Boroughwide Housing now offers the mobile responder service to many vulnerable people living within any type of tenancy managed by the landlord.

For us there are two sides to the benefits of offering a mobile responder service in house. The first side is the person centred element, where many tenants can feel reassured that they have access to a 24 hour service to deal with a range of issues such as health, security, repairs as well as anti social behaviour and other issues which may impede, or risk, successful tenancy management. In addition this helps people to remain in communities where they feel established, familiar and comfortable, close to their established support and social networks. The familiarity of having regular staff responding to issues enables tenants to build relationships which may be relied on during times of difficulty or during

emergencies. The use of a mobile responder service, together with an effective approach to telecare, also provides reassurance to carers, families and friends of tenants especially where there may be geographical distance between them.

The other side of the benefits of providing a responder service is that the landlord organisation can contribute to cost savings across a full range of health and emergency services.

One example of this is the provision of a lifting service for tenants that have fallen without injury. The equipping of the mobile responder team with lifting cushions enables them to respond to tenants quickly and without the need to request the paramedics. It is estimated that the average cost of a paramedic response unit is £257.00 per call out. Over the last 12 months, leading up to the beginning of June, the Rochdale Boroughwide Housing mobile responder team dealt with 416 falls where tenants were not injured and did not require medical attention. The mobile responder staff report that the use of the cushions provides tenant with comfort and reassurance during the lifting process, and some even like the ride! The use of telecare works hand in hand with the lifting activity, potentially saving presentation at Accident and Emergency which is estimated at around £686.00 per admission totalling £943.00 per incident. All in all it is estimated that the lifting and telecare activity over the last 12 months has saved the Health Service around £392,288.

Our mobile response team also respond on occasion to pre alarm activations in our sheltered housing schemes. This enables

us to determine if a response from the Fire and Rescue Service is required. Often calls to sheltered housing are a result of cooking fumes, burnt toast and other incidents such as this. The average cost of a call out involving two Fire and Rescue units is estimated in the region of £2,500 per call out. If responders can determine the need for a Fire and Rescue unit before the integrated fire alarm goes into full activation this helps contribute to cost savings for the Fire and Rescue services without compromising tenant safety.

The mobile responder service also responds to a number of property exit sensor activations through the year. The use of this type of equipment has been well proven in Rochdale over a number of years assisting people who are at risk of exiting properties and not being able to get back, enabling them to remain living with loved ones, in their own homes, for much longer. This has also reduced the number of calls to the Police and has provided tenants, families and carers with the reassurance of effective monitoring and response.

The Mobile Responder Service currently provides support for 1100 tenants although the service is expanding to cover more tenants in general lets and we want to see this service continue to be at the heart of community providing 24 hours support for a wide range of older and vulnerable people throughout Rochdale.

Peter Smith and Ian Doherty
Rochdale Boroughwide Housing Ltd

Hillingdon Council realises savings of £4.7m through mainstreamed telecare and reablement services

Hillingdon Council has reported on the success of its TeleCareLine and reablement services following an evaluation after 12 months, demonstrating cost savings of £4.7m and a 50% reduction in residential care home admissions. The service is part of the council's efforts to reduce dependence on long-term residential care and enable people to remain living independently at home for as long as possible.

An evaluation of 195 service users with enhanced packages of telecare support over the last twelve months, found that in 48% of cases telecare delayed the need for further services, a further 42% resulted in a smaller homecare package and in 10% of cases a delay in residential care placements has occurred. Admissions of older people to residential placements have halved and are at their lowest level since April 2008.

The following two case studies are examples of the difference telecare is making to people's lives:

Arthur is a 96 year old man with vascular dementia and lives with his wife, Pamela. A portable motion sensor linked to a pager means that his wife is woken if Arthur gets up at night and is alerted if he tries to leave the house during the day. She is now going to sleep without worrying and accidents are avoided because she is able to direct Arthur to the bathroom at night. She says "I now feel rested and have more freedom around the home. I tell all my friends about this amazing equipment and wouldn't be without it".

The daughter of another Telecareline user said "Telecareline saved my mother's life". Her mother was able to trigger the telecare button, whilst collapsing during a stroke, enabling prompt emergency medical attention.

With the third highest proportion of gross expenditure in London for older people on residential and nursing care placements, Hillingdon Council wants to shift the proportion of the budget spent in these areas and shift the focus to supporting

people in the community through home-based support, risk prevention and early intervention. As part of its objectives, the council is seeking to provide more integrated care for its older residents, working with the health service, voluntary organisations and other local bodies to develop a personalised care service that could keep people living in their own homes for longer. Health linkages are continuing to grow, with high rates of telecare referrals coming from Hillingdon Hospital.

Linda Sanders, Corporate Director for Social Care Health and Housing at Hillingdon Council said: "When I joined Hillingdon Council some 18 months ago, we set an ambitious target to reduce reliance on institutional care across all adult social care user groups from 51% of our budget in March 2011, to an average of 30% over the period 2011-15. We have made strong progress in year one of a four-year programme.

"The success of our telecare service has been underpinned by the support of the Leader of the Council who is the Council's older people's champion and other key 'champions' within Hillingdon Council, which has ensured the necessary vision and strategy to ensure strong member and officer buy-in and the building of a robust system and financial modelling to monitor targets. For us, it is about positioning telecare at the forefront of our care provision to ensure no one is admitted to residential care without being afforded the opportunity for telecare support at home. Our partnership with Tunstall marks a significant milestone into how we are improving the lives of Hillingdon residents."

Hillingdon has made significant progress over the last 12 months by surpassing its target of 750 new TeleCareLine users in 2011/12, with over 1120 additional older people benefiting for telecare in year one. It is expected this will rise to a total of 3000 additional people by 2015.

Hillingdon's TeleCareLine service is part of a mainstream offer and is free to anyone over 85, or as part of a reablement package. In the last year, the service received more than 165,000 TeleCareLine calls from around 5000 residents now using telecare. The service provides varying levels of support, ranging from the standard service package to the highest level of assistance, with full access to a range of telecare sensors to address residents' individual needs. A 24-hour, 365 days a year responder service is a crucial new offer where people do not have relatives able to respond to emergency calls.

David Cockayne, Health and Social Care Director at Tunstall said: "The deployment of telecare in Hillingdon has delivered significant cost savings and enhanced reablement for people across the area. Telecare provides vital support to residents with a range of care needs, and with excellent leadership from an in-house monitoring and installation team and mobile response service, we are proud to provide a service to Hillingdon that has created a unified, preventative telecare service to encourage early intervention and support independence."

Whilst those over 85 can claim for free telecare, any Hillingdon resident can apply to use the TeleCareLine service for a small monthly cost.

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to find out more.**

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ISMETT Programme

Istituto Mediterraneo per i Trapianti e Terapie ad Alta Specializzazione (ISMETT) is a joint public-private partnership between the Region of Sicily, through Civico and Cervello hospitals, Palermo, and UPMC, an integrated global health enterprise headquartered in Pittsburgh, USA. UPMC is one of the leading nonprofit health systems in the United States.

Over the past decade, ISMETT has become one of the leading organ transplant centers in Europe and a major referral center for other Mediterranean countries. More than 1,000 transplant procedures have been performed (liver, kidney, pancreas, heart and lung transplants) with outstanding clinical results. ISMETT's one-year survival rate for liver transplant recipients is the highest in Italy.

At ISMETT, transplantation is not the only solution to end-stage organ failure and associated complex diseases. Specialized procedures include surgical, radiologic, and endoscopic techniques, as well as medical therapies to treat severe diseases and avoid transplantation. ISMETT's specialists work closely with UPMC's internationally-renowned transplantation teams and are supported by advanced diagnostic services, offering patients the most sophisticated therapies available.

Patients travel from all over Italy for surgery. 30% of ISMETT's beds are in the high dependency Intensive-Care Unit and the average post-operation hospital stay is 28 days.

The Study

In order to speed up hospital discharge for post-liver transplant patients and to allow for recovery at home, in July 2011 ISMETT initiated a telehealth monitoring study based on the use of the Care Innovation's Guide™.

The overall goals of the study were:

- To improve the quality of life of patients, whose follow up will be from their home instead of having to travel to the hospital;
- To provide physicians with the necessary information to monitor the patient's conditions regularly;
- To reduce healthcare costs due to shorter hospital stays and continued monitoring.

The implementation of this study involved ISMETT's medical practitioners, transplant coordinators, therapists and psychologists, in charge of the day-to-day monitoring through the Guide, as well as nursing and technical staff for the installation of the equipment and training to the patient/family given by Vivisol SpA.*

The use of the Guide enables nurses and physicians to monitor and support transplant patients from their homes, with the ability

Early discharge study for liver transplant patients

A study taking place in Italy indicates that telehealth can provide an effective care for patients with complex clinical conditions after surgery.



to check their general condition, collect biometric data, manage their treatment and offer face to face connection via video conferencing.

In September 2011, the first patient was discharged and monitored at home using the Guide.

So far, 26 Sicilian liver transplant patients have taken part in the study and have received care using the Guide for at least 3 months during their post-transplant follow-up. A similar number of patients have been used as a control group.

Early Results

ISMETT has observed that telehealth monitoring does help support early hospital discharge and the reduction of re-admissions, since regular monitoring enables the healthcare staff to act sooner, where necessary, and thus avoid re-hospitalisation. The study carried out at ISMETT is promising with regard to this point, as there have been no re-admissions in the intervention group so far, whilst a few were observed in the control group. The ISMETT hospital reported that the use of telehealth monitoring systems therefore demonstrates that they can be effective in the reduction of healthcare costs.

Moreover, the Guide is able to collect and provide similar information relating to the patient as that collected during a continued hospital stay, with the advantage that patients stay in their own homes benefiting in terms of comfort. ISMETT found in this study that this new model of care can be effective even for patients with particular and complex clinical conditions, such as liver transplant patients in the immediate post-operative period, when they need to be constantly connected to their healthcare team.

"Telehealth enables a two-way dialogue between patients and the healthcare staff, making patients feel better monitored and allowing them to ask for immediate support", says Giovanni Vizzini, head of ISMETT's Department of Medicine. "Our preliminary results are very encouraging. As a whole, the study will involve 100 liver transplant patients and we hope that in the near future we'll be able to extend this service to lung transplant patients and VAD patients."

*Vivisol, a leading European company in the field of home care services based in Italy, is the first customer of the Guide in the EMEA market.

www.intel.com

Quick response from hero dog alerts ChesterCare and saves owner

A YORKSHIRE terrier saved his owner by pressing an alarm buzzer with his paw raising the alarm with telecare provider ChesterCare.



ChesterCare support and finance administrator Sarah McLoughlin with Victoria Shaw and heroic Louis

Victoria Shaw was miraculously saved by her Yorkshire terrier, Louis, after she collapsed in her bathroom. Mrs Shaw, who has arthritis and glaucoma, collapsed whilst getting out of the shower at her home in Wrexham.

During the fall she hit her head and knocked herself unconscious. Mrs Shaw, 58, had previously trained Louis to activate ChesterCare's life-saving quick response alarm just in case she was unable to reach the panic button herself.

Mrs Shaw regained consciousness to find Louis alongside her, barking for help and refusing to leave her side. Mrs Shaw said: "Louis must have thought 'this is not a game this is for real' and hit the panic button. He was right beside me, right in my face - he wouldn't leave me. I cannot praise ChesterCare highly enough."

ChesterCare support and finance administrator Sarah McLoughlin answered Louis's call and added:

"It's great news that Louis was there to support Mrs Shaw and that Louis had been trained to raise the alarm. When I got through to Mrs Shaw I called the paramedics and stayed on the line to reassure her until they arrived. Louis was a great asset to Mrs Shaw and together we were able to assist her during this vulnerable time."

The alarm immediately alerts ChesterCare if any of their customers are in need of assistance. The Telecare Response Team offers 24 hours a day, seven days a week assistance for people who need help with independent living. ChesterCare fields 24,000 calls a month, offering peace of mind for customers and their friends and families.

www.chestercare.org



Wrexham's Telecare Mobile Response Service

Making A Difference

With a growing telecare service in Wrexham, Wrexham County Borough Council (WCBC) may have expected to see a rising number of calls to the Welsh Ambulance Service Trust (WAST) from the Telecare Monitoring and Response Centre, ChesterCare. However since implementing a new, extended and comprehensive Mobile Response Service that can respond to uninjured fallers and unplanned personal care needs, the service shows a sustained reduction in calls, requesting an ambulance for Wrexham residents.

WCBC telecare service is available to all Wrexham residents. A Basic package includes an alarm unit, pendant, smoke detector and heat extremes as standard and a bogus caller and inactivity monitor are also available. This package is available to anyone who is vulnerable and feels they would benefit from the service. An Enhanced package is available following assessment by a Health or Social Care professional and can include a wide range of sensors, for example, bed sensors, gas detectors and cut offs, epilepsy sensors and wander alerts.

All telecare service users can access the Mobile Response Service, if they need to. The service does not replace the response provided by families and informal carers, who are undoubtedly, in the majority of cases, the most appropriate to respond and help. However WCBC has recognised that using telecare to monitor a growing number of service users, many with assessed needs and known risks, cannot be supported by family and emergency services alone and an effective response service is a must. In the past 12 months there have been approximately 900 mobile response visits made, with over 160 uninjured fallers safely lifted by the Mobile Response Service with specialist equipment.

www.wrexham.gov.uk

PARTNERSHIPS WORK SARH join forces with Staffordshire and Stoke on Trent Partnership NHS Trust.

Stafford and Rural Homes (SARH) will be working in partnership with Staffordshire and Stoke on Trent Partnership NHS Trust to fund a temporary Development post to target the introduction of Assistive Technology to Integrated Care Teams, Hospitals, Social Care and Health and any organisation that supports people with health and social care needs.

The demand for Assistive Technology is growing as numbers of people with dementia and long term conditions increase and there is growing evidence to show that Telecare can be very effective in supporting independent living and reducing stress for people who use services and their carers.

Karen Foster, Business Development Manager-Telecare, said: "We are delighted that Staffordshire County Council approached us to work in partnership on this project.

This success follows on from achieving full accreditation from the Telecare Services Authority and demonstrates that we are able to provide a high quality and innovative service to customers."

Customers will benefit from increased safety, independence, choice and control as well as reducing new or escalating costs associated with ongoing care provision. The role will seek to improve support for people with long term health conditions and the ability to remain at home for longer.

We anticipate that the benefits for Stafford and the community will be a reduction in acute hospital admissions, more timely acute hospital discharge through the provision of Telecare and a reduction in the need for residential and nursing home care as appropriate 24 hour monitoring can be provided through Telecare.



SARH HITS THE ROAD to offer free health checks

A mobile tour offering residents across Stafford free health checks kicked off in Highfields this April.

Stafford and Rural Homes (SARH) Telecare team has teamed up with Staffordshire County Council to bring a mobile health tour to Staffordshire.

The tour will offer blood pressure and body mass index (BMI) tests from SARH's mobile office and signpost customers to relevant organisations if results are above or below recommended values.

"People who are concerned about their health can sometimes avoid going to see their doctor so we want to offer a relaxed environment where people can come and talk to us for friendly health advice," said Karen Foster, Business Development Manager for SARH.

SARH Telecare Coordinators will also offer advice on how Telecare and Assistive Technology could help you or a family member remain independent within their own home if additional support is required.

So far since the tour started in April 2012 SARH has achieved the following outcomes for customers and the community:

- 62 health checks completed
- 22 referrals to GPs made
- 9 Customers were given advice and signposting on losing weight
- 5 Customers were given advice and signposting on giving up smoking
- General advice on Assistive Technology and signposting given
- 36 customers who attended were so impressed with the service that they asked to see the service again.

www.sarh.co.uk.

Interoperable Development

Green Access PLC has over 20 years' experience in the security industry, specializing in complete system solutions to help protect life and property. Along with its current range of IP Door Entry and Access Control systems, the organisation has now introduced an IP Telehealthcare product.

This product can be used for a variety of needs including an assisted living solution, as a telehealth monitoring solution, and a home management system. Where there is a need for combined services across both telecare and telehealth, this product is designed to work with both needs, at the same time. This means a reduction in the amount of equipment needed for installation – saving considerable time and costs, but most importantly, reducing confusion for the end user.

This equipment has been designed to be used in individual homes, grouped housing schemes, and retirement properties, in conjunction with existing equipment, or as a direct replacement.

The organisation manufactures solutions that are designed to help improve the quality of the user's life; helping to support the user to enable them to continue to live where they choose.

In the design of these solutions, it was important to ensure that the equipment worked with all types of peripherals, regardless of by whom, or where, they were manufactured, and what type.

Not only this, but this product also enables the user to have access to a much wider range of functions and features, including home monitoring, video calls, music, and digital pictures – this solution gives a



real chance for people to manage their own environment, while still having the protection they expect.

A solution has been designed that will work with all the standard telecare and telehealth products – manufacturing a truly open protocol systems is not only important to us, but critical to our clients, and they are working with the TSA to ensure their equipment will meet a universal IP protocol, which will ensure interoperability now, and in the future.

www.greenaccess.plc.uk

GREEN ACCESS
MODERN INTELLIGENT SECURITY SYSTEM

Call Care marks 25-year milestone

This week marks the 25th anniversary of Call Care – an important service that gives 7,500 elderly and vulnerable residents in Northamptonshire peace of mind and continued independence. It follows the opening of the service 25 years ago on 1 May 1987 by the Earl and Countess Spencer.

Operated by Northampton Borough Council 365 days a year and 24 hours a day, Call Care responds to on average 400 alarm calls a day from sheltered housing tenants and housing association residents as well as private homeowners across the county who pay for the service.

Between April 2011 and March 2012, control operators dealt with 151,594 calls and in 97.9% of cases responded within 60 seconds.

At the pull of a cord or press of a button residents can speak to a control operator who will respond appropriately. Calls can be about anything from a resident with dementia asking what the time is, a distraction burglary taking place, a smoke detector sounding or a resident having a heart attack.

With the population living longer and more and more people wanting to live



independently in older age, the need for these services is more important than ever.

To respond to the need for greater flexibility, the service is continuing to roll out its Lifeline alarm system – a remote system which allows the user to wear a pendant fitted with an alarm button. This gives customers even greater peace of mind and access to help wherever they are in their home or garden.

Councillor Mary Markham, Northampton Borough Council cabinet member for housing said: "It's no exaggeration to say that Call Care has helped save many lives in the past 25 years and I'm delighted to celebrate this milestone.

"The service is part of the support package we offer our sheltered housing residents but what many people don't realise is that they can access the service as a private homeowner for a reasonable monthly cost.

"It offers elderly and vulnerable people a sense of security in their own homes and can make the difference between someone being able to continue to live independently and in their own home, or not.

"As a council, we are determined to give people more flexible housing options in the future - housing of a good standard that meets individual needs, and the freedom to determine the level of support required. Call Care is a vital part of this support offering peace of mind to tenants and their families who are comforted by help being at hand 24 hours a day."

Mrs Edith Sharman, a 100-year-old resident who lives in sheltered housing has used the service since it began. Her daughter, Mrs Pat Blomfield, said: "Mum has had the Call Care service in place for years and finds it a real comfort. It's reassuring for me to know there is help there when she needs it. The best thing about it is that at 100 years old she's still able to live by herself with a bit of extra support."

www.northampton.gov.uk/lifeline



The picture attached shows L to R, front: Alison Rankin, responder team leader, Lesley Deane, telecare service coordinator, Maria Campbell, community alarm service coordinator, back row: Stephen Cardona, telecare technician and John Hannah, responder.

A winning team

Renfrewshire Council Community Alarm and Telecare Service were recently nominated and won an award known as the Convenor's Award. This is given to the service or team who have shown initiative and innovation, demonstrated joint working and maintained a high level of quality service. This team was selected by the Director of Social Work, Peter MacLeod from a selection of nominations from across social work. This is a great achievement and the team were overjoyed to be nominated and then to win the category. Congratulations and well done to all the team.

www.renfrewshire.gov.uk

QUALITY ASSURED INSTALLATION AND MAINTENANCE

Kent County Council Commercial Services, trading as Simplicare Assist 24, has now achieved TSA accreditation for installation and maintenance of telecare products.

The service has been installing and maintaining bespoke telecare and telehealth solutions to the public sector since 2005 but in 2012 has increased its remit to provide solutions to individuals and care establishments in the private sector. In the 3 months leading up to February 2012, the team worked towards official accreditation proving that they operate to the highest standards in line with the TSA's stringent criteria.

Laurence Faulkner said "Our telecare services can mean the difference between a client staying in their own home or having to relocate to a care establishment. We are proud to have reached the required standard for installing and maintaining these potentially life-changing and sometimes life-saving systems and can now provide the reassurance expected by our customers, their relatives and carers.

Our service is expanding as the demand increases for more technology-based support for care across the UK. Simplicare Assist 24 is part of a wider Simplicare Centre operation, bringing together care consumable supplies, mobility, living aids equipment, care recruitment, home care and telehealthcare under one roof, at our inaugural Brighton

store. We have plans to open a further three stores in the South East and London in the near term, bringing a complete care solution to a convenient and accessible location for the surrounding communities, with telecare and telehealth technology showcased in situ in our demo suites."

"We approached our accreditation journey with enthusiasm, however it was clear from the outset that reviewing the services we are so close to on a daily basis was a worthwhile, if not challenging exercise. We met with our auditors prior to them conducting the assessment during our pre-audit inspection – an invaluable opportunity to benchmark our current operating standards and critique our management methods. This resulted in a very accurate analysis of where improvements were required and gaps could be identified and solutions implemented at the earliest opportunity."

Laurence also added: "We are currently working with our partners, South East Health and Novalarm, to provide a dedicated 24/7 monitoring centre to our users which we anticipate will be operational in the last quarter of 2012. We will be pursuing TSA

accreditation for this strand of our business as we recognise that the TSA's stamp of approval is essential to success within our sector."

The service incorporates the nucleus of care products and services for those in the local area but also through the development of an e-store, will be available to the wider population. With demonstration suites, hands-on mobility displays, care recruitment and home care offices, expert advice and guidance on care plans and available items to support customers' varying needs, the store is a hub of care expertise and resources.

The centre in Brighton is now open for business, with paralympian athlete, Sophia Warner officially opening the store on 20th June.

www.kent.gov.uk



Laurence Faulkner, Head of Simplicare Centre and Brad Rogers, Product and Development Manager for Simplicare Assist 24 receiving their award from TSA Chief Executive, Trevor Single.

Pensioner saved from fire by pendant

A grateful son today praised the actions of a fast thinking telecare operator who saved his mum's life in a fire. Pensioner Mrs Puffett, was trapped in her Cambridgeshire home as fire ripped through it. She was saved by the swift actions of Invicta Telecare's operator, Keely Hoadly, after pressing her personal alarm.



Mr John Puffett with the smoke damaged equipment

Keely swung into action after receiving a personal alarm call triggered by Mrs Puffett, aged 83, by pressing her pendant that links to an alarm unit. The unit allows operators to speak to the resident via a loud speaker and listen for any movement or sounds within the home.

Keely said: "I could hear Mrs Puffett coughing and a smoke detector ringing in the background so I quickly established she had a serious problem with a fire."

Keely called the Fire Service giving details about the property and important information about Mrs Puffett which is held

on a secure system at the monitoring centre and then rang her son to inform him.

With the fire crews safely en-route she constantly reassured Mrs Puffett and gave life saving advice including how to lay low to avoid inhaling smoke.

Eight fire crews arrived and were forced to cut through the roof to gain access. They found Mrs Puffett unconscious and had to resuscitate her and give oxygen therapy at the scene before she was taken to hospital by paramedics.

Mrs Puffett's son, John Puffett, who arrived on the scene shortly after the Fire Service, said:

"Invicta's Telecare equipment is black and damaged from the fire. I think this should be shown to everyone as an example of why personal alarms are so important.

If it wasn't for the alarm unit I wouldn't just be arranging for the house to re-built, I would have been arranging my mum's funeral."

Mrs Puffett has now been released from hospital and is recovering after being treated for smoke inhalation.

Wendy Darling, Director at Invicta Telecare said:

"We are so pleased to have helped Mrs Puffett and wish her a very speedy recovery. Sadly, every year there are 63,000 house fires across the UK and we call the emergency services for our customers who are in difficulty 52 times every single day. Personal alarms are a great way of ensuring that your loved ones are safe, even when they can't reach a phone."

www.invictatelecare.co.uk



Centenarians send their birthday wishes to the Queen

Welbeing (Wealden and Eastbourne Lifeline) helped some of their very special older customers send birthday good wishes to The Queen.

Among their 40,000 UK customers, Welbeing has 104 lifeline users aged over 100. To mark the Diamond Jubilee celebrations, the centenarians were each invited to be part of a special royal birthday card.

Subsequently, Welbeing also received a number of photographs showing the wonderful old people in their childhood and early lives.

Charlene Saunders, Marketing Manager at Welbeing, said:

"Everyone at Welbeing is so proud to have so many Lifeline customers who have reached this great milestone in their lives. It is quite remarkable how so many people are now living past 100 and still living in their own homes with our support."

"I am sure The Queen will be delighted to receive the card and be reminded of the huge respect older generations have for the Monarchy."

Welbeing also asked their elderly clients, all born before the outbreak of the First World War, what handy tips they would give The Queen to help Her Majesty reach a similarly great age.

Their advice for long life included:

"Delegate more of the more boring engagements to Prince Charles – otherwise continue as before."

"A gin and orange a day – not that I do of course!!"

"Healthy diet and exercise."

"Lots of fruit and veg."

"A crossword puzzle every day and daily walk."

"Eat more suet, eat more fruit, eat more homemade pies, eat whatever you jolly well like, but you must have exercise!"

"Continue to be a splendid example."

www.welbeing.org.uk



Members of the Welbeing team help show off the special royal birthday card. Left to right, Tracie Graham, Sarah Williams, Theresa O'Driscoll, Alison Loveland & Gemma Smith

COVENTRY UNIVERSITY HDTI LAUNCHES HEALTH APP DESIGN AND EVALUATION SERVICE



App design and build is to be delivered in collaboration with the University's Serious Games Institute whose developers have specialist knowledge of this area and have already produced a number of apps in the health and social care sector. In this regard, HDTI is also able to draw on the significant community healthcare expertise that exists in the University's Faculty of Health and Life Sciences and within its highly respected applied research centres.

The **app evaluation** offering is an online service that provides user feedback quicker than a traditional usability study but retains the ethical framework, academic rigour, independence and expert end user involvement. Critically, the participants in the evaluations are potential users with health conditions and expert knowledge appropriate to the app. At the end of an evaluation, the client commissioning the study receives a star rating report on 20

separate usability criteria, together with comments from the participants.

In addition to this, clients who have used either the design and build or app evaluation services will be offered the opportunity to have their product featured on a new App Zone being developed for HDTI's new website. This will include the evaluation report (if commissioned) and feature links to the App Store or Android market where the product may be purchased. With the number of apps being developed continuing to grow at a phenomenal rate, it is becoming increasingly difficult for a new product to be noticed. Addressing this problem, the App Zone will be a library that features only health, wellbeing and social care apps.

Commenting on the new service, HDTI Commercial Development Director, Guy Smallman said: "We are extremely excited about this new addition to our consultancy services. App design and evaluation fits in

seamlessly with our existing product design and usability offerings and this is a natural extension to HDTI's activity serving academic, professional and commercial clients. We also believe the HDTI online evaluation service is an excellent way of independently evaluating a new app using a representative and informed group of end users."

SGI Director, Tim Luft, was similarly enthusiastic: "Health and wellbeing apps make up approximately 40% of new smartphone applications being developed.

We have already designed a number of apps conceived by academics in the Faculty of Health and Life Sciences and are very excited about extending this work to include companies and professionals in the health and social care sectors."



www.coventry.ac.uk

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Chronious – ICT Innovation

Chronious is an innovative ICT research project partially funded by EU under FP7 program aimed at improving healthcare provision by defining a platform of services for assisting clinicians in the management of patients with chronic diseases.

The main idea is to support patients and clinicians in the early detection of critical conditions and in the application of appropriate countermeasures. Two pathologies were considered for the trials: Chronic Obstructive Pulmonary Disease (COPD) and Chronic Kidney Disease (CKD).

The project finished in May 2012 and the Chronious Consortium included 14 Partners from 7 EU member states. The coordinator of the project was TESAN S.p.A., an Italian company of TBS Group, which specializes in the sector of integrated telehealth and telecare services for more than twenty years at a national and European level.

Tesan provides services through its e-health centre, which is fully integrated in the health and social care environment of the patient. The aim of the e-health centre is to offer the general population access to health and social care services, activating a more concentrated response for frail and chronically ill persons. The various types of services that Tesan currently offers range from telehealth, telecare, call handling services for GPs and specialists and Information Gateway services.

Project motivations

Chronic diseases are one of the leading causes of disability and death in most industrialized countries, especially among the elderly population. They usually cause major limitations in patients' daily living and are characterized by more or less recurrent acute events or deteriorations. Proactive care delivery programs employing modern sensor technologies for ambient assistance and continuous remote monitoring are useful to manage these patients by assessing on a daily basis their condition and their response to therapy, and verifying the correctness of their life style and identifying the onset of possible disease's exacerbations.

Technical Approach & Outcomes

- Use of wearable sensors to monitor a set of parameters related to the patient's health status, the environment and the social content;
- Simple interfaces that adapt to end-users' profiles;



- New algorithms to assess information from different sensors/devices;
- A decision support system able to interpret patients' data collected remotely, identify patients' status, detect the onset of possible deterioration events and suggest the appropriate countermeasures;
- A semantic-based literature search tool for assisting clinicians in retrieving the most permanent information;
- Interoperability with existing systems based on common standards.

Validation

Project validation is divided in two progressive phases: the first one in hospital setting was aimed to verify on 50 patients if the delivered prototypes met the user requirements, the ergonomics and functional specifications. The second phase was conducted with an improved system applied at home on 60 selected patients. Patients were instructed to use the system independently for a duration of 4 months each. In parallel, the patient was monitored with standard periodic outpatient checks. At the end, customer satisfaction and the predictive ability of the system in the evolution of the disease was evaluated. The project, which finished at the end of May 2012, has very encouraging feedbacks encouraging since Chronious monitoring provides friendly approaches to new technologies and reassures patients reducing the intervention time in critical situation.

Project Partners

Tesan (IT) - Azienda Ospedaliero-Universitaria Careggi (IT) - Universitat de Barcelona (ES) - Universität Bremen TZI (DE) - Link Consulting, Tecnologias; Sistemas de Informatico, S.A. (P) - Uniscan Instruments Limited (UK) - Fraunhofer-Gesellschaft zur Förderung der angewandten Forschung e.V. (DE) - CURE Center for Usability Research & Engineering (AT) - MIP Cons. per l'innovazione e la Gestione delle Imprese e della P. A. (IT) - IXTENT s.r.o. (CZ) - Foundation for Research and Technology Hellas (GR) - Center for Research & Technology Thessaly (GR) - Consiglio Nazionale delle Ricerche Dip. ICT (IT) - Velti - Anonymi Etaireia Proionton Logismikou & Ypiresion (GR) - iEtaireia Proionton Logismikou & Ypiresion (GR)

Tesan – Leader in integrated care solutions

Tesan is a company dedicated to providing services through its e-health centre, which is fully integrated in the health and social care environment of the patient. The aim of the e-health centre is to offer the general population access to health and social care services, activating a more concentrated response for frail and chronically ill persons. The various types of services that Tesan currently offers range from Telehealth, Telecare, call handling services for GPs and specialists and Information Gateway services. The company is also involved in various European R&D projects among which Chronious where Tesan has offered its vast knowledge and expertise in medical and ICT technologies.





Name: Paul Shead

Job Title: Managing Director

Organisation: Verklizan Ltd (Novalarm)

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

Over 18 years.

What is your role at your organisation?

Developing and managing the UK business for the Verklizan group.

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

Verklizan provides the UMO Universal Monitoring platform, in use by nearly 250 organisations across 13 countries in Europe. UMO centres are monitoring nearly three quarters of a million people who are using a wide variety of telecare, video, mobile and telehealth devices. Verklizan do not supply these devices, so we actively work with other manufacturers to achieve interoperability, and with our experience in other countries, we help our customers to develop unique service offerings and take advantage of the best products and innovations from across Europe. We have been a member of the TSA since Verklizan established Novalarm in the UK in 2008, and we continue to sponsor the Telecare and Telehealth Conference each year.

How long have you personally been involved with TSA?

I first got involved with the TSA when it made the transition from the Calling for Help group to ASAP in the mid 1990's, when it was based in Rochester. At the time, I was the technical manager for a monitoring and mobile response company, so I joined the ASAP technical group, providing technical advice for the membership.

I represented ASAP on the British and European Standards committees for social alarm standards, helping to develop the EN50134 standards. I also wrote four of the first ASAP Good Practice Guides (such as Planning the Design and Construction of an Alarm Receiving Centre). I have always enjoyed the social aspects of the TSA conference since it first began... and often from the relaxed environment of the bar.

What made you want to become a Board member?

The shape of the telecare and telehealth market is changing rapidly, with many more suppliers and service providers joining the TSA each year. Having been in the industry since the mid 90's as both a service provider and then as a supplier, I wanted to help members develop and adapt their products and services, and encourage members of all types to work together to grow the industry. The UK is the largest and best established market for traditional social alarms in Europe, but in my view we must learn more from innovations in other countries to allow us to continue to evolve and reach more people with the valuable services that TSA members can provide.

What do you hope to achieve whilst on the Board?

The TSA board will need to provide strong guidance and assistance to the membership during the next three years, and I hope to contribute with my experience and enthusiasm, which is still going strong, even after 18 years in the industry.

What do you think are priorities for the industry?

For all stakeholders in the industry to learn how to better work together, breaking out of existing silos and cooperating to innovate with new services... even if it feels like taking a risk. I think it is very important that the growing number of suppliers work more closely and more openly together,

allowing service providers to have the freedom to choose the right products for the services they want to deliver, with fewer worries about whether the different products and technologies will work together.

What do you think are future TSA priorities?

To find the right balance in meeting the wide variety of needs from TSA members, from service providers to suppliers, from local authorities through to the private sector, and from interests in social alarms, through telecare and into the realms of telehealth.

What main areas do you feel the TSA membership should be focussing on?

Developing the right mix of reactive and proactive services – I believe that 24/7 monitoring centres that have traditionally focused on responding to telecare alerts have much to offer in performing technical triage, filtering and validation services for the health and telehealth sectors.

As a main event sponsor at this year's conference, as well as the previous two, why do you feel that it is such an important event?

In my view, this is the best forum for discussion, encouraging debate and sharing experience. With its mix of plenary, workshop and social sessions, there is no other event quite like it in Europe, as my colleagues from elsewhere in Verklizan will testify! The event continues to grow each year, with a profile that now attracts interest at ministerial level, and with a growing number of attendees from other countries around the world.

Paul was interviewed by
Mark Leivesley, TSA
www.telecare.org.uk

Is that's the way things are?

As I was walking along Praed St in London on the way back from a meeting, I was contemplating the issue of risk appetite in organisations. Loretta broke my reverie by reminding me in a phone call that it was time to put pen to paper on matters telecare and telehealth. Well there are either fewer trains leaving Paddington station or my meetings are more efficient and I had some time to kill and that's the way things are.



So I headed off through the Dickensian warren behind St Marys Hospital to seek inspiration. For those of you who have attended the International Telecare Conference in November in previous years you will know the area well. Through a process of transformation the historic old buildings, now part of the Imperial College Medical school, the terminus of the Grand Union canal and 21st Century modernity have been melded together into a tranquil and interesting urban oasis of visual delight. But nothing lasts and change has once again intruded in the form of the new crossrail terminal at Paddington and that's the way things are.

Crossrail is a technological marvel of the age, awesome in its ambition and game-changing for transport within and across London. Blended with a proud, bold and vaulting architectural extension to the existing historic Great Western station, it illustrates vividly the promise of a future age to come, but not before 2018, and that's the way things are.

Earlier in June, the planet Venus made a rare transit between the Earth and the Sun. We have now had the literal planetary alignment I mentioned in the last Link, do we have the metaphorical one we need in telecare? Not yet perhaps, but there are two propitious events on the near horizon to add to the string of events of astrological if not astronomic proportion. The Dallas procurement from the TSB has awarded contracts for delivery and now the European Innovation Partnership will meet shortly to determine its pathway to open, interoperable solutions for telecare delivery. Similarly the NOWIP group led by the TSA will meet to report the progress that developers and suppliers have made in making their equipment work in a way that allows them to be easily interchanged and interoperable. In both cases there are next steps to be agreed before the outcomes are clear but that is the way things are in telecare.

And I did find inspiration. Crossrail will be awesome I have no doubt but it will miss the Olympic showcase by 6 years or more. Is there a lesson there for telecare? Those of you who attended the AGM in 2011 will know that I have a Smart Phone and I think I have got the hang of it now. It intruded on my reverie with a response from a product help desk. Of course they know my problem without reading what I have said or written: I am a customer and clearly incompetent, devoid of all common sense, incapable of reporting accurately or following simple instructions, not to be trusted and to be handled as brusquely as possible at minimum cost and impact so that the next waiting customer can be dispatched in a like manner. (To be honest there are exceptions but I'm sure you get the point and have had similar experiences to the one Roy Lilley recently reported in his blog when his Mum's phone failed). But that is the way things are.

This reminded me of two recent conversations one discovering telecare and the other enquiring about it. They went something like this:-

'Hey I discovered that my Mum has a Carephone now. It's in her living room. Is it....

...but I do not understand why the phone lead at the back is looped behind the sideboard. Should it not be plugged into somewhere? – how is that supposed to work?'

... 'I have heard that you can get telecare for elderly people what exactly is it?'

Well it's based on a phone that dials directly into a call centre... 'A call centre! Ugh? Thanks, I have to go...'

Reputation is everything, it is something you constantly have to work at and it can be destroyed by others with whom you have no connection and no control. To make changes you may have to take risks. You can delay the inevitable but if you do you will miss out on the glory. And that's the way things are.



In the 19th Century the head of the US patent office declared that everything that could be invented had already been invented.

How wrong could he have been! Not so, as our understanding of science expands and deepens the possibilities that we can foresee grow too. In fact technological change is if anything accelerating rather than slowing down but to get the benefits of technological change you have to harness it effectively which means investment, taking risks, and organisational changes, and that's the way things are. I took a picture of the crossrail billboard with my Smart phone. The camera is smaller than a lump of sugar and I can remember when the same thing was bigger than a shopping trolley and cost more than a mansion! Maybe the key thing here is that it is integrated into the phone and not added on. Integration is a very powerful concept and important for telecare because it changes the service experience.

Loretta asked me if there was anything new in technology and the answer of course is yes. I have recently heard of developments which offer the potential to integrate some very exciting capabilities into the home environment. The catch phrase for this is nano-technology, engineering things on such a small scale that the very properties of materials are changed existing developments can produce surfaces which are self cleaning and have biocide properties to inhibit growth of bacteria or mould, mixtures that can be injected harmlessly into a body which will migrate unerringly to the location of tumours to aid in diagnostics or therapy. Then there are lasers of course and microcircuits which continue to advance to lower power, faster processing and larger scale levels of integration. The first integrated circuit was proposed by a former colleague in 1952 but I do not suppose that he imagined that we would now have small devices with the equivalent of several billion transistors in them in a device we could carry in a shoulder bag. I think my colleagues who worked on advancing lasers probably did see the future with Terahertz technology now emerging and pulses of light with a duration of femtoseconds. This is real nano technology a passion and although it may be at the leading edge there is a lot of stuff 'out there' which is nearer to market. I have seen technology integrated into a chair which without contact and in obtrusively can monitor the vital signs, heart performance and respiration of the occupant. I have seen reports of technology which can without contact or invasiveness image soft tissue structures and blood flows and I have seen reports of technology which can see through and around walls and

furniture to image the posture and location of occupants. On the future of technology that's the way things are.

When I break for my summer holiday I will be taking with some thoughts for further reflection and contemplation:- telecare is a service which depends upon information. The delivery and collection of information depends on technology to provide the sensors and communications. The current direction of travel is towards the client paying for service and thus the primary customer.

In the past 10 years, we have made progress in all three areas. NOWIP is a paradigm shift for traditional telecare and there is such a groundswell of pressure to address the issues of interoperability and standardisation at the equipment level that it will progress although there are always new things that will need to be done.

The Health sector has made great strides on information matters, but look how much money they have spent. What are the priorities here?

Service is where reputations are made or lost. I am sure the revised Code of Practice is eagerly awaited and will be valuable but



owning the cookery book does not guarantee the meal. When service users become dependent on telecare, for them and their informal carers and family, it is mostly a first time experience and I hear from relatives how reassured and supported they feel when that is well done. There are some very caring and dedicated individuals who provide the customer facing experience but we should always ask are we supporting them with the best processes and practices that they need to keep pace as technology enables advances? When you return refreshed from your summer there will be work to be done and that's the way things are!

Charles.Henderson@telecare.org.uk

THE INTERNATIONAL TELECARE & TELEHEALTH CONFERENCE 2012

The International Telecare and Telehealth Conference 2012 takes place at the Birmingham Hilton Metropole Hotel, on 12-14 November 2012. This is the largest event in Europe focusing exclusively on telecare, telehealth and 3millionlives, and this year features a wealth of keynote speakers who are making the transformation of services a reality. The conference carries CPD certification, and with twenty breakout sessions to choose from, sixteen keynote speakers, panel discussions and an Exhibition Zone showcasing the very latest in telecare and telehealth innovations, this is a prime opportunity to Learn, Challenge and Network.

Limited stands are now available, so if you are considering exhibiting please call now to avoid disappointment. Last year, residential delegate places were sold out, so if you are wishing to attend conference and take advantage of the discounted residential rate, don't leave it too late.

As usual, The International Telecare and telehealth Conference offers both delegates and exhibitors a unique experience – you can learn, challenge, and, perhaps most importantly, network, all under one roof. The conference goes into the evening with popular social events - the Conference Dinner on Monday night, and the Gala Dinner, featuring the TSA Code of Practice and Crystal Awards 2012 on Tuesday night. Again, both of these were sold out in 2011, so get your booking in early. Further information about the Crystal Awards will be issued shortly. To book your place at conference please contact TSA, or see our conference website: www.telecare.org.uk/conference

How time flies!

My first exposure to TSA staff and Members was working on the exhibition stand at the International Telecare and Telehealth Conference 2011, even though I didn't officially join until a couple of weeks later. I couldn't have asked for a better introduction than Conference as everything I needed was within this one location. With a background in UK and International Pharmaceuticals/Health, specialising in Sales, Marketing and Customer Relationship Management, telehealth is very much within my comfort zone. Telecare on the other hand remains "work in progress" and increasing my knowledge of this sector is my prime objective; something many of you have already been kind enough to help me with.



As Business Development Manager (BDM) I have two main responsibilities. The first is to broaden and increase the membership. The second to develop revenue generating and value added business opportunities for new and existing members. What this really means is talking and listening to as many people as possible, both members and non-members, filtering out the workable ideas that will add value and translating them in to action.

At my interview the need for the BDM to generate new members from the Health sector was made very clear, however, upon reviewing the membership and discussion with others, the requirement to also seek Third Sector, Overseas and Individual members to add to the diversity, depth and breadth of the Association became equally important as these groups will bring with them value added opportunities for our existing Members. The first large scale chance to test these concepts was at the Kings Fund International Congress on Telecare and Telehealth, 6-8th March, at which we were one of only 5 organisations to have both a virtual and actual exhibition stand. Initial feedback from this meeting has been really positive in that it has already generated new members (including our first Third Sector organisation) as well as opening a dialogue with a number of new countries/overseas organisations on the value of the TSA Telecare Code of Practice.

Other value added areas, either delivered or still under development, include new training courses, Benchmarking, AGM Members Showcase and Regional Forum

Sponsorship, which I would love to lay claim to but in reality all I've done is to enable existing ideas.

The training courses proposed for 2012 are more varied but start by building upon the success of previous ones either by repeating or consolidating some of those run in 2011. New courses to be introduced are based on the declared or observed needs of members and include a partnership with the Samaritans regarding the delivery of some of their highly successful courses, such as "Handling difficult contacts" scheduled for July 3rd. Another new course is "How to exhibit yourself" aimed at ensuring you get the best out of mounting and supporting an exhibition stand whatever its size.

Many Members, both Service Providers and Suppliers, have commented upon the industry-wide lack of comprehensive Benchmarking data for both telecare and telehealth. As a consequence of this we have started discussions with a recognised supplier to see if this is something we can address, which has been prefaced by a "declaration of interest" questionnaire that many of you kindly completed. We are now analysing the responses to this questionnaire to determine if there is adequate interest to move forward with this project so that the value of this data can be realised by Members.

Support from Members for the AGM Members Showcase and Regional Forum Sponsorship has been superb. The idea for both came from requests made by Service Providers and Suppliers for more TSA generated networking opportunities and

the ability to "exhibit" to fellow Members outside of Conference. Based on the success of these events we would hope to extend them even further next year.

What next?

To realise my responsibilities; to broaden and increase membership; to develop revenue generating and value added business opportunities for new and existing members. This is where you may be able to help please as are you aware of any organisation that is not a TSA member and should be? If so then let me know who they are and I'll make contact with them to familiarise them with the benefits of membership; you could even gain by reaping the benefits of the Membership Referral Scheme we have recently re-introduced.

Ensuring you get value for money out of your membership and realising the value of it is vital but not always that easy, especially when having to argue your case for membership renewal in front of a Finance Director charged with reducing costs. So please share with me your thoughts and ideas on how, together, we can add even greater value to your membership and I'll do my utmost to make them happen.

As I can only deliver my role through you then please do not hesitate to contact me by phone, email (clive.noak@telecare.org.uk) or asking me to visit.

www.telecare.org.uk

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Marian Preece,
Operations Manager



Journey to ISO9001:2008 Accreditation – Age UK Personal Alarms

Age UK Personal Alarms decided to undertake ISO9001, for one main reason; to support and manage an ever growing Quality Management System.

Age UK Personal Alarms is a Social Enterprise which provides a service that consistently operates to the highest possible quality standard. The focus is always the customer and their journey and how we can improve the service we provide.

A Quality Management System was developed which focussed on the quality of that journey and the service delivered, covering:

- what quality sounds and feels like when creating our staff induction, training, coaching and procedure manuals.
- the risks associated with the customer journey both in terms of the customers themselves and also the organisation and how those risks are mitigated.
- alignment of our customer interactions to the Values and Competencies of Age UK.
- appointment of a full time Quality Manager.

All of these activities required a framework that would:

- manage changes for improvement,

- manage regular audit to ensure all activities are fit for purpose,
- ensure that decision makers are regularly informed,
- manage the maintenance of a Quality Management System,

That framework is: ISO9001:2008. So how did we do it?

The first step was to access the ISO 9001 documents and to carry out some preliminary assessments of the task in hand. Discussions took place with Chris Waller, Lead Inspector, for Insight Certification Limited. A gap analysis visit took place working through the standard using a great deal of evidence that is required for the TSA Code of Practice and also inevitably identifying where more work was needed.

Attendance at a BSI: 'Auditing to ISO9001' Training Course, was hugely helpful.

The main tools used during my preparation were:

- the standards and gap analysis
- gantt chart project planner to manage the process
- application of common sense
- in-house Audit plan
- document control spreadsheet

The integration between the ISO standard and the TSA Code works well for Age UK Personal Alarms as together they provide a holistic support mechanism for quality across all aspects of the organisation.

Jenny Pickvance, Quality Manager
www.aidcall.co.uk

Christopher Waller, External Schemes Manager, Insight Certification Limited gives his perspective on the work carried out by Age UK Personal Alarms.

Insight carries out audits, under contract, of third-party schemes such as the TSA Code of Practice, which we have been proud to audit for the past five years.

Insight also has its own schemes of approval in the electronic security and manned guarding industries operated under its National Security Inspectorate (NSI) brand.

Those that achieve our Gold standard of approval must have an ISO9001 Quality Management System in place which means we have many years experience of auditing to this standard.

The enquiry from Age UK Personal Alarms, coincided with Insight CEO – Jeff Little's desire to capitalise on this expertise and expand our audit business in Management Systems.

Those aspects of the Age UK Personal Alarms business that had not previously been audited under the TSA Inspection Scheme were the main area of focus for ICL's audit team. Additionally, evidence of a full internal audit and a documented management review meeting were required.

At the end of the one day audit, Age UK's senior management team received feedback on the areas requiring further evidence and agreed a timescale for completion of the requirements.

Once all the requirements had been evidenced a positive recommendation for Certification to ISO9001 for Age UK Personal Alarms was given.

Insight senior managers have to review the Inspection process in extending ISO9001 audits into the Telecare Sector and the specific audit programme and findings for Age UK Personal Alarms. Once satisfied that our obligations as a Certification Body have been met, the ISO9001 Certificate can be issued. At the time of writing, we are in this review stage.



Agreement has been reached between TSA and Insight Certificated Ltd (ICL) to provide TSA Telecare Service Provider Code of Practice accredited Members with accreditation to the ISO9001:2008 Quality Management Standard.

ISO9001 covers how organisations should manage their activities to be as efficient as possible and concentrates on what organisations should do to make sure that their customers' requirements are met consistently. The standard can improve customer satisfaction, reduce costs and enable organisations to operate more efficiently with more involved and motivated staff.

The Code of Practice accredited TSA Member could be awarded ISO9001 Certification, following inspection by ICL, which will include reference to compliance with the TSA Code of Practice as the mandatory 'industry specific' requirement. The Certificate is issued by ICL under its NSI (National Security Inspectorate) brand.

Arrangements are also in hand with ICL to deliver Accreditation to additional Standards:

- ISO 27001 – Information Technology – Security Techniques – Information Security Management Systems.
Enquiries have already been received from a TSA Member Service Provider's Health and Social Care Partners as to whether TSA could provide accreditation to this Standard for the security of their online GP/Hospital/Social Care referral scheme provided via the 24/7 accredited Telecare Monitoring Centre
- BS5979 – Remote centres receiving signals from fire and security systems – Code of Practice.
- BS7958 – Close Circuit Television (CCTV) - Management and Operation – Code of Practice.

For more information on the above Standards please contact Marian Preece, Operations Manager, marian.preece@telecare.org.uk

Forthcoming Events in 2012

Eastern Member Forum	17 July	Cambridge Belfry Hotel, Cambourne, Nr Cambridge
Training: Telecare Profiling to Service Set Up	13 September	Magna Careline Ltd, Poundbury, Dorchester
Training: Telecare Profiling to Service Set Up	19 September	Glasgow Marriott Hotel, Scotland
Training: Exhibiting for Success	9th October	Colmore Gate, Birmingham
The International Telecare & Telehealth Conference 2012	12-14 November	Hilton Birmingham Metropole

Membership as at 30.06.2012

Full	Associate	RPI	Supply	TOTAL
219	50	22	51	342

Non-Renewals

Date	Member Organisation	Membership Category
20.4.12	Sector t/a Sector Treasury Services Ltd	Supply
9.5.12	Housing Solutions t/a Lifeline Alarm	Full
18.5.12	Perth And Kinross Council	Full
29.5.12	Virtual College Ltd t/a The Telesolutions E-Academy	Supply
26.6.12	Casa Lifeline Kent – Amicus Horizon	Associate

New Members

Scotshield Limited

Supplier

Century House, Chapelhall
Industrial Estate, Airdrie
North Lanarkshire ML6 8QH
John Stewart
Operations Director
Tel: 01236 767788
j.stewart@scotshield.com

Coventry University

RPI

Health Design & Technology
Institute, Coventry University
Technology Park, Puma Way
Coventry CV1 2TT
Simon Fielden
Director
Tel: 024 7615 8000
hdti.info@coventry.ac.uk

Appello Telehealth Limited

Full

t/a Appello
Wylie House, Unit 740 Ampress Lane
Lymington Hampshire SO41 8LW
Carl Atkey, Head of Appello
Tel: 01425 626303
carl.atkey@carelineuk.com

Radian

Full

Collins House, Bishop Stoke Road
Eastleigh SO50 6AD
Lesley Winter
Telecare Co-ordinator
Tel: 01730 236900
lifelink@radian.co.uk

Helpline Limited

Associate

29 Harley Street, London W1G 9QR
Maureen Parkinson
Managing Director
Tel: 08456 247999
maureen.parkinson@helpline.co.uk

Silvercall UK Ltd

Supplier

t/a Telecare24
Unit 4, Priority Business Park
Curran Road Cardiff CF10 5ND
Neil Evans, Director
Tel: 0800 180 8220
neil@telecare24.co.uk

MSD

Full

Merck Sharp & Dohme Limited
Hertford Road, Hoddesdon
Herts EN11 9BU
Simon Nicholson
Head of Partnership Development
Tel: 07920 727852
simon.nicholson@merck.com

Skills for Care

RPI

Floor 2, 6 Grace Street
West Gate, Leeds LS1 2RP
Diane Buddery

Project Manager – Carers Strategy
Tel: 0113 245 1716
diane.buddery@skillsforcare.org.uk

Carers Queensland Inc

RPI Overseas

t/a Carers Queensland
PO Box 179, Holland Park
Queensland 4152 Australia
Jayne Ellis
Manager New Programme
Tel: 39008115
jellis@carersqld.asn.au

Bes Healthcare

Supply 1

t/a BES Rehab Ltd
131 South Liberty Lane
Ashton Vale, Bristol BS3 2SZ
Stephen Cavanagh
General Manager – BES Healthcare
Tel: 07824 504917
Stephen@beshealthcare.net

Field Fisher Waterhouse

Associate

35 Vine Street
London EC3N 2AA
Alison Dennis
Partner and Head of Life Sciences
Tel: 020 7861 4637
alison.dennis@ffw.com

Supra Uk Ltd

Associate

t/a responseable
24 The Furlong, Berry Hill
Industrial Estate, Droitwich Spa
Worcestershire WR9 9AH
Helen Deakin
Business Development Manager
Tel: 01905 770333
helen.deakin@suprauk.com

CME Medical UK Ltd

Supplier

Kinraig Business Park, Kinraig Road
Blackpool FY2 0PJ
Greg Jones
Operations Director
Tel: 01253 894646
gjones@cmemedical.co.uk

Cardiocom UK Ltd

Supplier

7980 Century Boulevard
Chanhassen, Minneapolis
Minnesota MN55317 USA
Andrew Inggall
Manager European Sales
Tel: 07534 588922
ainggall@cardiocom.co.uk

Community Network

RPI

First Floor, 12 – 20 Baron Street
London N1 9LL
Pat Fitzsimons
Chief Executive
Tel: 020 7923 5256
pat@community-network.org

TSA TELECARE CODE OF PRACTICE ACCREDITED MEMBERS AS AT 30 JUNE 2012

ORGANISATION	PLATINUM	REFERRAL	SU PROFILING	TELECARE PLAN	TAILORING	INSTALLATION	MONITORING	RESPONSE	RE-EVALUATION	EUROPEAN T S
Aid Call Ltd (Age Concern)						Yes	Yes			
Ashford Borough Council						Yes	Yes			
Aster Living					Yes	Yes		Yes		
Astraline	Platinum						Yes			Yes
Basildon Borough Council						Yes	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	Yes			
Broxbourne (Borough of)						Yes	Yes	Yes		
Coerphilly 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			
Cardemarthenshire 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			Yes
Coast and Country		Yes			Yes	Yes	Yes	Yes		
Community Gateway							Yes	Yes		
Community Voice Ltd		Yes			Yes	Yes	Yes	Yes		
Connected Health Limited		Yes			Yes	Yes	Yes			Yes
Conwy County Borough Council							Yes			
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)	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
East Ayrshire Council							Yes			
East Devon District Council					Yes	Yes	Yes			
East Renfrewshire Council						Yes	Yes			
Edinburgh Council, The City of		Yes			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	
Helpink South						Yes	Yes			
Herefordshire Housing Limited						Yes	Yes			
High Peak Community Housing		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Housing Hartlepool						Yes	Yes			
Housing Pendle Ltd	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hull City Council						Yes	Yes	Yes		
Incommunities Group Limited						Yes		Yes		
Invicta Telecare Ltd					Yes	Yes	Yes	Yes		
Islington, London Borough of		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Kent County Council Commercial Services						Yes				
Lambeth, London Borough of						Yes	Yes	Yes		
Lancaster City Council				Not Telecare Plan	Yes	Yes	Yes			
LHA/ASRA Group						Yes	Yes	Yes		
Lincoln Council, City of		Yes					Yes			
Magna Careline Ltd		Yes				Yes	Yes			

TSA TELECARE CODE OF PRACTICE ACCREDITED MEMBERS AS AT 30 JUNE 2012 continued

ORGANISATION	PLATINUM	REFERRAL	SU PROFILING	TELECARE PLAN	TAILORING	INSTALLATION	MONITORING	RESPONSE	RE-EVALUATION	EUROPEAN T S
Magna West Somerset Careline		Yes	Yes	Yes	Yes	Yes		Yes		
Manchester City Council							Yes	Yes		
Medway Council		Yes	Yes	Yes	Yes	Yes	Yes		Yes	
Merthyr Tydfil County Borough Council						Yes	Yes			
Merton, London Borough of		Yes	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			
Mauchel							Yes			
New Progress Housing	Platinum	Yes	Yes	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	Platinum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Redditch Borough Council						Yes	Yes			
Renfrewshire Council	Platinum	Yes	Yes	Yes	Yes	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		
Sevenside 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			
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
Sutton Housing Partnership								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
Wellbeing (Wealden and Eastbourne Lifeline)		Yes	Yes	Yes	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

Answer-link 2012

Telecare /Telehealth Roadshows

Jontek are pleased to announce the 2012 Autumn Road Shows, to be held at six regional locations across the UK.

As well as featuring our inclusive Annual Upgrade for 2012, we shall also be discussing the additional services we are now able to offer and potential future features for 2013.



Described below are just some of the new telecare/telehealth features and services we shall be demonstrating:

Automated Reassurance and Reminder Calls

This optional module allows bespoke audio and text messages to be set up to call service users at predefined times throughout the day to:

- 1. Make a Reassurance Call** – For example, to call the service user and ask them to respond by pressing a button on their telephone keypad to confirm they are well.
- 2. Make a Reminder Call** – For example, to remind the service user to take their medicine. The service user will be asked to press a button on their telephone keypad to acknowledge the reminder.

If the response from the automated reassurance/reminder call is negative, an alert can be sent to a contact (or a series of contacts). Alternatively the alert can be presented on the calls waiting screen of the monitoring centre, to be dealt with by an operator following an agreed response protocol.

Staff Scheduling Module

This optional module is the latest feature of our comprehensive telecare management tool suite. The Staff Scheduling Module allows the monitoring centre to manage their staff in the most flexible and efficient manner, optimising resources and saving money.

Using a variety of criteria, including; staff availability, shift patterns, qualifications and location, staff rosters can be created quickly and efficiently for all of your support staff.

This includes Centre Operators, Telecare Installers and Assessment officers. Diaries can be linked to service user records, to enable a fully transparent and integrated system.

Telecare/Telehealth Integration

Jontek are pleased to announce Answer-link 2012 has been fully integrated with the Florence Telehealth System, providing the opportunity for much greater integration between telecare and telehealth for a more flexible model of service delivery.

Florence™ is part of the NHS 'Simple Telehealth' solution. Simple Telehealth is designed to enable many thousands of patients to take responsibility for the monitoring and management of their own condition or treatment. Using very simple, cost effective methods, this innovative solution allows multiple healthcare teams to share patient information and assist patients in the management of their own care.

Top 10 Change requests as voted by our customers

The Top 10 most popular change requests as voted by all our customers on the Jontek member User Forum.

Revised TSA Code of Practice KPI Reports for 2012

Update to the TSA Code of Practice Suite of Reports taking into account changes for 2011/12.

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

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

www.jontek.com or Call: 0161 430 3366