NEWSLETTER
April 2013

Welcome to the April 2013 newsletter from the Technology Strategy Board (TSB) Knowledge Transfer Network and the Telecare Learning and Improvement Network. We are grateful to the HealthTech & Medicines KTN and the TSB's Assisted Living Innovation Platform for providing newsletter funding for another year enabling us to continue to provide the most comprehensive newsletter available serving the telecare, telehealth, mobile health, digital health and assisted living communities.

Our free monthly newsletter is distributed to 48,000 subscribers in the UK and worldwide via e-mail and archived at www.telecarelin.org.uk. You can also find highlights on Prezi (monthly) or Rebelmouse (daily). With over 900 news and events links over the last month, we hope that you find this newsletter useful.

There is a new NHS structure in England which will impact on how digital health is commissioned and provided as part of transformed services. Following the Francis Report on Mid-Staffs Hospital, Don Berwick will be leading on a 'Zero Harm' approach for the NHS. Dame Fiona Caldicott has produced a new report that covers information sharing in the NHS and social care. Work continues on NHS Mandate priorities including access to health records and 3millionlives. Newly formed Clinical Commissioning Groups are looking at how they will provide coordinated and integrated services with social care and housing. There is considerable interest in how 'big data' can be used to progress innovation and develop personalised services. Enthusiasm in mobile health, apps and aspects of telehealth remain high although adoption is often still limited in the UK and other countries. In this edition, there are many examples of how telehealth, telecare, mobile and digital health are producing benefits. There is an updated telecare map and a new telecare and dementia evaluation from East Renfrewshire. With important conferences coming up in Glasgow and London, further case studies and evaluations are expected in the coming months.

The links section is now available in a separate supplement rather than in the main newsletter (doc, pdf). A selection from this month's listing is covered in the newsletter. The newsletter contains a list of KTN/ALIP activities, conferences and workshops from the UK and Europe over the coming weeks as well as news from the UK and around the world. For weekly news, updates and information, you can register with the Technology Strategy Board, ALIP group and the DALLAS sub-group. You can follow the dallas programme on Twitter at @dallas_connect. 3 Million Lives is on Twitter at @3MillLives and also at LinkedIn. If you would like daily information on #telecare and #telehealth, then a Twitter stream is available.

Contents

Links supplement for April 2013 - doc **and** pdf **versions are available.**

The newsletter is Prepared by Mike Clark (Twitter: @clarkmike and http://storify.com/clarkmike) for the ALIP Knowledge Transfer Network and Telecare Learning and Improvement Network.

Item 1 – News from ALIP and the Knowledge Transfer Network (HealthTech and Medicines KTN)

(i) Dallas looks at Consumer Engagement (with a little bit of custard thrown in)

Prepared by Anna-Marie Taylor, ICS dallas networking and events

A recent event saw 60 people gather in the Custard Factory in Birmingham to ask the question 'what is consumer engagement and what's the best way of engaging consumers'?

Consumer engagement is a key element of dallas to ensure the projects achieve their overall objective of reaching out to 169,000 individuals by mid-2015. This event was led by the dallas events team in partnership with Year Zero who brought together a diverse range of speakers to look at all angles around consumer engagement.

Richard Armstrong from Kameleon defined Consumer Engagement as getting buy-in from your customers and we do this to 'Create Value' which changes behaviour, attitude, belief to improve efficiency and efficacy and ultimately create better relationships with consumers.

Microsoft supported Kameleon's presentation by giving a comparison of mums compared to the 55+ age group. Mums spend 31% of their day online, whilst the 55+ age group spend 30%. Where mums spend their time watching video, paying bills and visiting comparison websites, the 55+ age group are looking at history, genealogy, shares and investments and comparison websites.   The shocking statistic from Microsoft's presentation was the audience size of 5.5 million mums compared to 8.3 million people aged 55+!

Grant Blank from the Oxford Internet Institute gave an interesting insight into 'Next Generation Users' and 'Non-Users'. Next Generation Internet Users has doubled between 2007 and 2011, with the growth in access being predominantly via mobile phones.   The biggest engagement with content is via social media and downloading/listening to music. Health Information is the third biggest area of information accessed via the internet after news and travel plans. Grant predicted that the biggest increase in Next Generation Users would be in the older adults age group with information being accessed on the move via the Internet.

Two of the dallas projects, Mi Liverpool and Year Zero gave an insight into their consumer engagement strategies and how they selected and engaged with the people at the start of their engagement process and their learnings to date. What was key was the importance of segmenting

your audience to ensure you communicate and engage them effectively in the right process to ensure you gain the right level of engagement.

One of the other key themes that came through during the day was around content and how people absorb content. Design is key to creating engaging content, especially in a health context and Jim Dawton emphasised how important it is to consider design at the start of the process rather than something you "bolt on at the end".

Presentations from the event are now available.

(ii) Register now for the final Long Term Care Revolution Workshop

Long Term Care Revolution on Facebook

The Technology Strategy Board is inviting applications for participation in a revolutionary sandpit workshop in the autumn looking for novel thinking to blow apart conventional thinking about institutional long-term care.

The Final workshop is in London on 9 May 2013. Register today! Click here to register

(iii) European Knowledge Tree Group 2013 Masterclass – Getting off the Roundabout

The European Knowledge Tree Group (EKTG) met recently over two days at the London School of Economics and reviewed a wide range of issues across the digital technology and assisted living sectors. A key theme of the event was to move away from projects to widely adopted approaches using presentations from across Europe.

The event, organised by LSE's Margaret Ellis and colleagues covered a wide range of subjects from innovation and technology adoption to internet use, apps, robotics and sensors and touched on ethical and cost-effectiveness issues.

There was much discussion on how EU-funded projects could be mainstreamed and commercialised. Business and service models still need to be developed in a number of areas to get wider adoption of beneficial technologies in the sector. In addition, there is growing interest in the extent to which apps and medical devices could be regulated in the future. Chris Wright and Paul Hitchcock provided

update information on the 3millionlives programme. Catherine Henderson from PSSRU (LSE) covered the recently published Whole System Demonstrator paper on cost-effectiveness.

Professor Heinz Wolff (Brunel University) and Catherine Henderson (PSSRU/LSE)

Peter Winlev-Jensen European Commission) covers EU policies

Chris Wright (3millionlives) and Mike Biddle (Technology Strategy Board)

3millionlives approach explained by Chris Wright

Item 2 – Aktive Project - one day conference reporting on current progress

From Radka Bartosova, Inventya @AKTIVEproject http://aktive.org.uk/

The AKTIVE project (Advancing Knowledge of Telecare for Independence and Vitality in later lifE) is organising a one-day conference in London on Friday 17th May 2013. Mid-way through AKTIVE, the conference is an opportunity to disseminate initial information gained through AKTIVE research and knowledge generated through other Assisted Living Innovation Platform projects and to obtain feedback and insights from stakeholders in the telecare and wider assisted living industry on the topics being researched. These include:

- How telecare is used in private homes and its significance for older people, their carers and any agencies and workers operating there
- How and when carers benefit from the use of telecare in older peoples' homes
- Barriers to the adoption of telecare for individuals, families, local communities and service providers, and the innovations needed to overcome these

- Current and future opportunities for product development, and how best to enhance innovation
  and take-up of technical developments in this field
- The value propositions for different stakeholders, and the penetration of telecare technologies
  across the UK and European market
- The opportunities telecare offers to improve job design and job quality for care workers and others who attend older people at home and for care providers and care commissioners

These issues will be explored in six interactive workshops. Each will be facilitated by an expert and will include a panel of speakers and discussion among workshop participants.

The conference will bring together specialists in telecare development, design, marketing, implementation and delivery to discuss the strengths and weaknesses of current arrangements and explore ideas for using telecare more effectively.

The conference is free to attend but registration is mandatory. For more information about the programme and how to register, please go to: http://aktive2013.eventbrite.co.uk/

If you would like to tweet anything about the Telecare and Independent Ageing conference the hashtag is **#AKTIVE2013**

The AKTIVE project was commissioned by the Technology Strategy Board (TSB) in collaboration with the Economic & Social Research Council (ESRC). Led at the University of Leeds by Prof. Sue Yeandle at CIRCLE (Centre for International Research on Care, Labour and Equalities), it is a partnership project in collaboration with the Oxford Institute of Ageing (Oxford University), Tunstall Healthcare Ltd (UK) and Inventya Ltd.

Item 3 – 3millionlives moving forwards

Department of Health Minister Lord Howe chats with telehealth users at the 3millionlives stand at the recent Healthcare Innovation Expo.

1 April 2013 saw some significant changes to how health services are commissioned in England with 211 Clinical Commissioning Groups (CCGs) taking over from 151 Primary Care Trusts (PCTs). At the

national level, NHS England is now responsible for £95 billion of health spend in 2013/14 of which the CCGs will have £65 billion. NHS England now has responsibility for taking forwards a range of health initiatives (eg online access to medical records, home remote monitoring, use of e-mail) under the NHS Mandate which covers the period from April 2013 to March 2015.

Whether it is visits to GPs, home visits from community health staff, A&E emergencies or hospital admissions, managing long term conditions accounts for around 70 per cent of NHS spend on staff, drugs and maintaining hospital beds. Long term conditions by definition are for life – people may go through different phases when they may feel better or worse, but they are not currently curable.

It is important that local commissioners consider how they can get the right services in place to help support people with these conditions. That means finding people in the local community who could benefit from education, timely face to face contact, medication and technology support to help manage their conditions and help keep them comfortable and independent - living at home or the place of their choice whenever possible. A particular lesson learnt from the Whole System Demonstrator (WSD) Programme has been that significant numbers of people have more than one condition and often these have not been formally diagnosed. Indeed, living with 3, 4, 5 or even 6 conditions makes it difficult to follow well-established single care pathways. There is a need for more personalised approaches as people may be on multiple medications which can interact. So people living at home, often alone, not only face exacerbations which can be frightening, but also drug side-effects which could worsen symptoms or even cancel out benefits.

Given the budget constraints, the pressures on existing beds in some parts of the country and the current numbers and skill mix of staff, commissioners will need to think about coordination of services around individuals particularly those who need a lot of support. It means considering technology support where it will make a difference whether by phone, video link, social network or home remote monitoring (or a combination). It also means thinking about closer working with a range of well-established community-based services in social care, housing and the voluntary sector.

Since the WSD trial, industry has worked hard to take on board the comments and criticisms levelled by some people about home-based remote monitoring. This includes looking at costs, design and equipment contracts. New and less expensive business models are emerging including risk-sharing. Technologies and services are being co-designed with users and are more appropriate to personal lifestyles. Further UK and worldwide programme evaluation as well as technology development will help us move to the next generation of community-based health services where the best use can be made of staff skills and expertise to manage long term conditions.

We use technologies (including drugs) all the time in healthcare to help with diagnosis and treatment. We now need to think about harnessing technologies to support health and wellness using the expert resources of staff and support networks together with identifying individuals who could benefit. Many homes have personal weighing machines as well as digital thermometers and blood pressure monitors already – increasingly, these devices are connected. A high proportion of homes have mobile phones as well as fixed or mobile broadband connections. People are getting used to different ways of communicating with their social networks, looking for help and advice or watching TV programmes.

Connected and coordinated local health and care services will need to think about how they

leverage these resources together with medical and personal health records data to maintain and improve the health and wellness of their local communities.
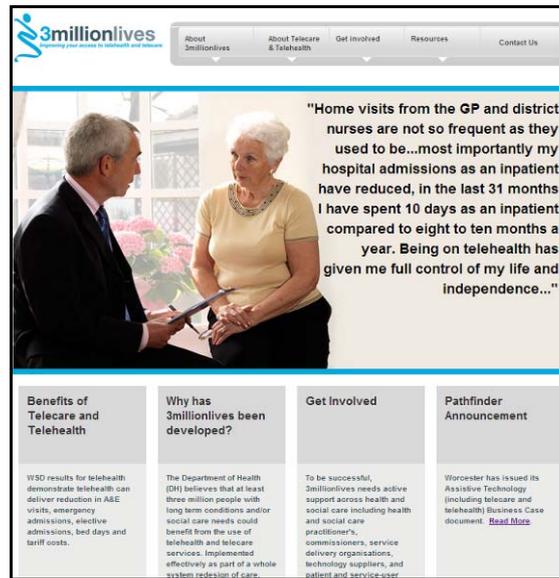
To help this progression and transformation of services, 3millionlives will be working throughout 2013 with the seven established pathfinder sites. As a next step, further local health and care services will be linked to the programme to build on the lessons learnt from the WSD programme.

The 3millionlives website has plenty of useful background material available. You can engage in discussions and get further updates on events at the LinkedIn site as well as follow on Twitter (@3MillLives).

Item 4 – Using apps to transform healthcare delivery – Royal Society of Medicine, 18 April 2013

From Charles Lowe (Twitter: @LoweCM), Telemedicine and eHealth at RSM

Reflecting the importance of the topic, this one-day conference at the Royal Society of Medicine (RSM) sold out weeks in advance. The audience confirmed the growing trend for RSM Telemedicine Section-organised events to be attended principally by clinicians, in this case mainly hospital-based.

The general themes that emerged from the event included:

-The need for greater connectedness among app overseers – the different players in the UK, notably NICE, MHRA, NHS Apps Library and NIHR each have different, often overlapping, concerns about apps before they are able to recommend or approve them for use. There emerged during the day a case to be made for tighter coordination among these bodies, (and doubtless others not represented at the meeting).

-Big data doesn't respond to professional users' or patients' needs well – apps are a great way to make big data acceptable to users. The Consent app demonstrated was quoted as an excellent example.

-Not everyone has to produce apps – by opening up, publishing the APIs to your data, others with the appropriate skill might be able to do the job better than the data owner.

The day began with a presentation by our President Sir Michael Rawlins, until recently chair of NICE who described the role of NICE and the apps currently produced by them that cover NICE guidance and the BNF. After is talk Sir Michael encouraged a lively debate on NICE's future role in the apps world during which Prof Jonathan Kay, Clinical Informatics Director on the NHS Commissioning Board, commented that apps can only be evaluated in the context of the care pathway fir which they were intended.

Dr Neil Paull, a GP in Sandbach, Cheshire and regular ehi contributor, followed this with a very practical session describing his experiences as an app writer. One piece of advice he offered was to produce one single app with multiple features, rather than many separate smaller apps (such as his itenniselbow) the former resulted in a much higher position in the app sales league, in turn promoting greater sales. He discussed the different ways to build an app and, for the future, on balance concluded that HTML5 was best, even though many present said that some NHS browsers would be unable to interpret this. The universal apps builder was just too slow, and revealed itself when running apps.

Shawn Larson, from NHS CfH, followed this with an excellent presentation on the serious challenges of migrating a 3D VR system to an app. He emphasised the value of CPD accreditation of apps by the relevant Royal College.

Inderjit Singh and Dr Sebastian Alexander followed this with two presentations describing the NHS apps library and the process for ascertaining the safety of apps submitted. A short paragraph cannot convey the wealth of important detail given: as this presentation was one of those videoed, readers interested are encouraged to watch this on the RSM website when available.

Dr Ruth Chambers described how effective Simple Telehealth (aka Florence) is, and hinted that developments, particularly regarding automatic downloading of data to a patient's smartphone, are planned. She mentioned a conversation with her medical insurer about the acceptability of telehealth, who suggested the test is "are you doing anything different than if the patient was in front of you?"

Andre Chow gave a hugely impressive demonstration of the TOUCHsurgery app explaining its use to help surgeons practice operations. He compared the practice a violinist does, including just before a concert, with the lack of practice that surgeons typically have if their only experience is when working on human patients: though not perfect, TOUCHsurgery is aimed at helping fill that gap. A depressing feature of his talk was how much more the app was being welcomed in the US than in the UK.

Proceedings after lunch began with Dr Neil Ebenezer from MHRA who gave an extremely helpful presentation on the regulation of apps in the UK, explaining what the key issues were that required an app provider to seek CE certification for a medical device. The picture is becoming much clearer but as it does it becomes apparent that a successful app developer needs to satisfy the requirements of a range of organisations that do not currently give the impression of being joined up. Again, there is not the space to cover the detail here so readers interested are encouraged to watch this on the RSM website when available.

Dr Olubukola Adeyemo from North Staffordshire Combined Healthcare Trust, presented an app that enabled early identification of dementia: she made a very strong case as to how this improved the lives of dementia sufferers and of their carers. An interesting observation is that many frequent attenders at A&E have at root a cognitive problem that if addressed would reduce attendance. As she was presenting, the Secretary of State for Health tweeted that he had just been making the case for early diagnosis of dementia in the House of Commons.

Sarah Amani, from Surrey & Borders Partnership Trust, then gave a powerful presentation of a mental health app (My Journey), making a strong case of the use of apps to help people manage mental health conditions.

Professor Lionel Tarassenko, from Oxford University, focused primarily on the value of apps to help manage diabetes. As introduction, he explained that the need to reduce clinical load is pushing increased sophistication of medical apps to promote appropriate self-care. The main example he gave was a recent reduction in the blood glucose level above which pregnant women were classified as having gestational diabetes that had increased fourfold the number of such people that needed monitoring in Oxfordshire; the app his team developed helped the health authority to cope with this. An interesting observation he made was that app usage over the period of a pregnancy was excellent; however for Type II diabetics where life-long adherence was typically required, usage was not as good. He also commented that in his experience adherence was improved with the use of patients' own tablets and smartphones vs dedicated equipment.

Matt Jameson-Evans (www.healthunlocked.com) kindly stepped in at the last minute to present on how apps are likely to help the NHS to improve patient outcomes. Statistics he quoted demonstrated a huge change in the way people were using NHS Choices over the last two years with a big rise in app interest.

Rob Dyke, a co-founder of HANDI told the meeting about what his organisation can offer and espoused the benefits of a 'good hack'. His enthusiasm for using apps to connect patients and professionals to 'big data' was palpable. Comparisons he made, eg of DrDoctor vs Choose & Book, HowAreYou vs GPSoc2 made the point well. Handi is a brilliant resource for helping people get medical apps up & running, & lobbying for good infrastructure.

Aman Coonar, a cardio-thoracic surgeon at Papworth Hospital, completed the event with a joint presentation on the Consent app, referred to earlier, with Dr Saif Abed. They admirably demonstrated practically how apps do add value to 'big data' in a hospital setting.

Copies of the presentations should be available to attendees soon. In addition, four of the presentations were videoed and should be available on the RSM website to RSM members soon (there is unfortunately a charge for access by non-RSM members).

The next event in this series will take place on 6 June 2013 at the RSM and is entitled "Worlds in collision: Is mobile technology challenging conventional telemonitoring?" This will explore how mHealth is disrupting conventional telemonitoring and delivering far greater benefit in the process. As there is the same limit on spaces as there was for this last meeting, and bookings are already high, anyone wanting to attend is advised to book soon. Details and booking are now available.

Item 5 - Telemonitoring in Northern Ireland

Experts from across Northern Ireland gathered recently to mark the success of the Telemonitoring NI service. The service, which is being provided by the TF3 Consortium (Tunstall Healthcare, Fold Telecare and S3 Group) in conjunction with the five health and social care trusts, is designed to transform patient care across Northern Ireland by enabling better control over their health and improving care outcomes.

Health Minister, Edwin Poots said; "Telemonitoring NI continues to grow and expand. To date the service has benefited around 1,500 patients with long-term conditions in Northern Ireland helping them to better manage their health.

"Chronic diseases such as heart disease, diabetes and COPD affect around three quarters of people over the age of 75. This is the generation for whom transport and mobility pose the biggest problems. The Telemonitoring NI service will allow thousands to monitor their vital signs without having to leave their own homes. It means that patients are able to understand and manage their condition better. Many say it has improved their confidence and given them peace of mind".

The event was hosted by the Centre for Connected Health and Social Care (CCHSC), which is part of the Public Health Agency (PHA), and the Department of Health. It was held in order to showcase the Telemonitoring NI service, and recognise Health and Social Care practitioners who are the vanguards of implementing telemonitoring.

Patient, Sarah Spence and her daughters Agnes and Sandra (pictured) attended the event where Agnes spoke about their experience of telemonitoring saying "telemonitoring is a godsend".

Dr Eddie Rooney, Chief Executive of the PHA, said: "Telemonitoring is a leading example of the application of connected health, and means that people who have been diagnosed with conditions such as diabetes, heart failure, chronic obstructive pulmonary disease, transient ischemic attack or a stroke can have their vital signs monitored from their own home.

Picture (L-R): Alfredo Alday, Eddie Ritson, Joe Killen , Eddie Rooney, Simon Arnold Mrs Agnes Gregory, Mrs Sarah Spence, Mrs Sandra Spence and Minister Edwin Poots

 "The contract for the delivery of the Telemonitoring NI service was awarded to the TF3 Consortium Consortium in March 2011 by the CCHSC. The consortium works in partnership with the five health and social care trusts to deliver remote monitoring services to people across Northern Ireland."

The Government's 'Transforming Your Care' programme, which includes a strategic assessment of all aspects of health and social care in Northern Ireland, recommended the *greater use of telehealth as a key enabler, providing greater support to individuals and health care professionals through telehealth monitoring.*

Item 6 – Updated Telecare Map
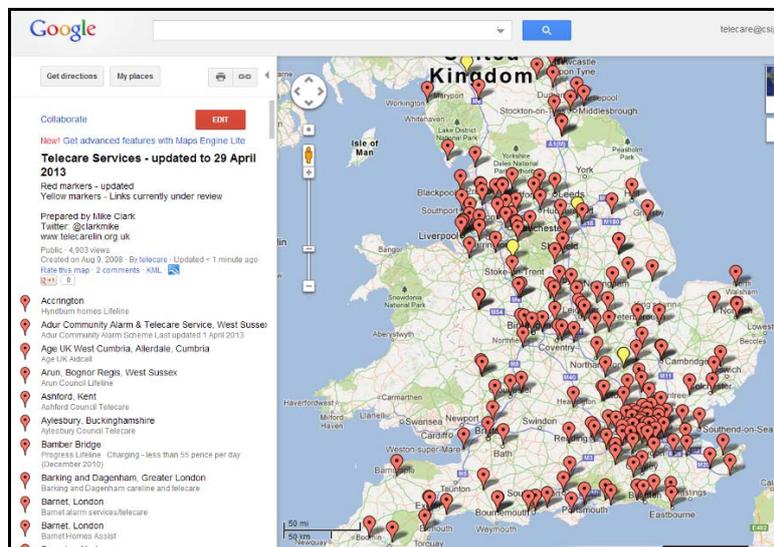
Currently running across multiple Google maps in alphabetical order by home nation – here is an updated map for UK telecare services. The Telehealth map will be updated for June covering the new clinical commissioning groups.

Item 7 – UK policy announcements

Here is a roundup of UK policy news over the last month. A fuller listing is available in the supplement (doc, pdf)

(i)The Government has published its initial response to the Francis Report on Mid-Staffs Hospital. On 15 April 2013, the Hospital Trust was put into administration.

(ii) The Department of Health has announced 21 voluntary sector organisations that will be part of the Health and Care Voluntary Sector Strategic Partner Programme.

(iii) 176 hospices will receive £60 million funding from Department of Health to improve end of life care.

(iv) The National Institute for Health and Care Excellence (NICE) has published the first joint health and social care quality standards covering:

care of people with dementia
health and wellbeing of looked-after children

(v) Ring fenced public health grants to local authorities in England for 2013-14 and 2014-15 have been announced.

(vi) The Department of Health has published a National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care.

(vii) The Department of Health has announced that information to help people choose, compare and comment on residential care homes and home care services is now available on NHS Choices.

 (viii) At an Age UK conference, Jeremy Hunt, indicated that he was looking closely at pressures on A& E – he considers that the main challenge is to rethink primary care and the management of long term conditions.

"Because of the ageing population, fully one quarter of the population - that's 15 million people - have a long term condition like diabetes, dementia or asthma. Although these conditions can't be cured, they can be alleviated, treated and sometimes kept at bay".

"Indeed this group, many of whom are older people, are now responsible for 70% of the total health and care budget, over £70 billion every year. And that number is growing - which is why a recent review by Professor Carol Jagger said, the way we care for people with long-term conditions is unaffordable and unsustainable".

The Secretary of State made reference to "the GP-led multi-disciplinary team in Kent who have worked far more closely with hospital matrons, involved mental health professionals from day one and made much better use of teleheath, and telecare. They have reduced A & E attendances by 15% and non-elective hospital admissions by over half among people with long term conditions. They have also saved almost a quarter of a million pounds".

(ix) In England, the NHS Commissioning Board responsible for £95bn of health spend has changed its name to [NHS England](#) and published a business plan. [Putting Patients First: the NHS England business plan for 2013/14 – 2015/16](#) is a three-year plan that builds on [Everyone Counts: Planning for Patients 2013/14](#). It will measure how health and care services are performing.

The plan includes an 11-point scorecard, which NHS England will introduce for measuring performance of key priorities, including feedback from patients, their families and NHS staff. The 11 key priorities on the scorecard are:

- Satisfied patients
- Motivated, positive NHS staff
- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill-health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment
- Protecting them from avoidable harm
- Promoting equality and reducing inequalities in health outcomes
- NHS Constitution rights and pledges
- Becoming an excellent organisation
- High-quality financial management

The business plan outlines eight key areas that will be used to ensure NHS England delivers on the 11 priorities: supporting, ensuring and developing the commissioning system; direct commissioning; emergency preparedness; partnership for quality; strategy, research and innovation for outcomes and growth; clinical and professional leadership; world-class customer service and developing commissioning support.

(x) The Department of Health has made [available](#) a policy summary on 'Improving care for people with dementia together with a [summary](#) of recent health and social care legislative changes that affect local authorities.

The Health and Social Care Act 2012 and Associated Secondary Legislation and Guidance

April 2013
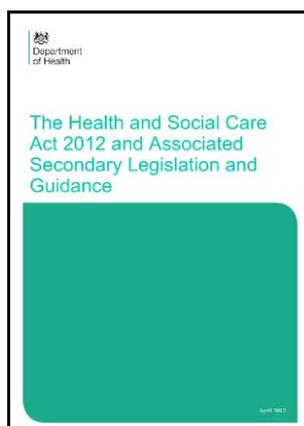
(xi) A recent vote in the House of Lords to annul the Section 75 procurement regulations was not successful so the revised version is in force.

(xii) Don Berwick has been appointed to head up a 'Zero Harm' Committee to report back to Government on the changes needed after the publication of the Francis Report into Mid-Staff Hospital. The Committee will report back in July 2013.

(xiii) At the event to launch the Caldicott 2 Report, Health Secretary, Jeremy Hunt, has said that information and technology will only have a transformational effect on healthcare if this agenda respects the relationship of trust between a medical professional and their patient.

Speaking at the Electronic Patient Records Conference, Jeremy Hunt said that while effective sharing of patient information has enormous potential to improve patient care, services and treatments, this can only be done effectively if patients are given a say over how their personal information is used.

He announced that:

- any patient Responding to the Caldicott Review on information governance in health and social that does not want personal data held in their GP record to be shared with the Health and Social Care Information Centre will have their objection respected

- where personal data has already been shared from a GP practice to the Information Centre, a patient will still be able to have the identifiable information removed

INFORMATION
to share or
not to share

The Information Governance Review
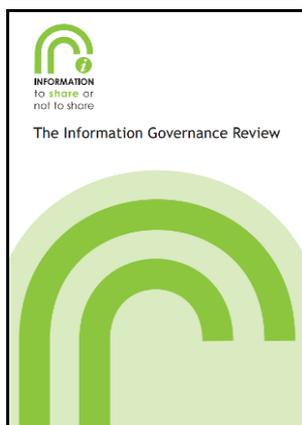
(You can follow the Department of Health in England, Jeremy Hunt and Norman Lamb on Twitter at @dhgovuk, @jeremy_hunt and @normanlamb. In Scotland, you can follow the Scottish Government's Health Department on Twitter @scotgovhealth and Alex Neil @AlexNeilSNP (also @NHS24). In Wales follow @WelshGovernment)

Item 8 - Other news

Here is a roundup of other news over the last month. A fuller listing is available in the supplement (doc, pdf).

(i) From the U.S., David Lee Scher looks at five characteristics of an ideal remote patient monitoring telehealth system:

1 Single vendor for all technologies

2 Easily implemented and unobtrusive to the user

3 Must have optimized population alerts and superimposed personalized alerts

4 It needs to be a closed loop system

5 There must be seamless integration with PHR and EHR

See also 'The role of remote patient monitoring in mobile health' By David Lee Scher.

(ii) The National Institute for Health and Care Excellence (NICE) has issued a guide to support the commissioning of high-quality, evidence-based care of people who have dementia. Drawing on the NICE quality standards for dementia, the support for commissioning focuses on the following areas of care that can improve outcomes for patients and their carers:

- Improving early intervention, assessment and diagnosis
- Supporting people to live well with dementia
- Improving support for carers

The commissioning tool that accompanies the guide enables commissioners to show how well they are performing against a range of outcome measures that together demonstrate how well the whole system is working. Where data is available, the tool also demonstrates where improvements against outcome measures have prevented or reduced avoidable expenditure in the health and social care system.

(iii) An MHRA alert has been issued on two models of glucose meter.

(iv) With more than 40,000 health, fitness and medical apps, will 'app prescribing' be the future of patient-centred care? – an interesting article from the Healthcare Blog.

(v) According to a BBC article, Just 20% of people in England and Wales hit the recommended levels for blood pressure, cholesterol and blood sugar, figures from Diabetes UK suggest. It wants more people to get the recommended annual checks and action taken against parts of the NHS with the worst record. (Also, Just one in five people with diabetes has condition under control)

(vi) The Guardian has an article on Anna Bradley the new chair of Healthwatch England. The organisation with 152 local branches will help champion the consumer of health and care services.

(vii) Older people in poor health in England are almost three times more likely to feel lonely than those in excellent health, a study reported by BBC News suggests. 59% of people over 52 and in poor health said they felt lonely sometimes or often, compared with only 21% of those in excellent health. The figures are based on analysis of the most recent data from the English Longitudinal Study of Ageing. The study has interviewed more than 8,000 older people at two-yearly intervals since 2002. The study reports a "strong association" between feelings of loneliness and poor health and disability in older people. Some 45% of those with a long-standing illness that limited their activities told the researchers that they felt lonely sometimes or often, says the report, compared with some 27% without such a condition. (See also Social isolation 'increases death risk in older people' and Dementia 2013: The hidden voice of loneliness)
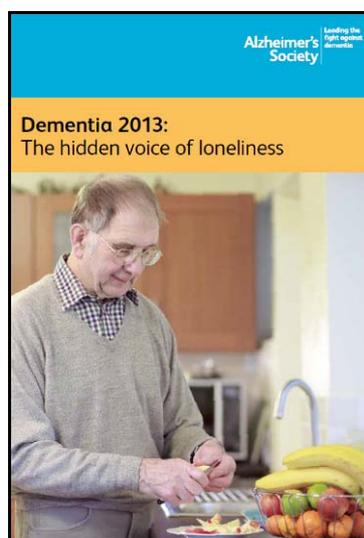
 (viii) The King's Fund poses the question 'Can we keep up with the demand for urgent and emergency care?' Some hospital services are experiencing serious pressures. A recent study for NHS South of England identifies some important lessons in handling such pressures.

(ix) From eHealth Insider: A web-based referral system developed by a Leicester stroke consultant has significantly improved referral times for people at risk of major stroke.

(x) From eHealth Insider: Worcestershire County Council has issued a tender notice for an assistive technology supplier with a contract value of between £10m and £30m over five years. Starting with an initial 1000 people, the total could reach 10,000 over five years depending on the outcomes. The local authorities and three clinical commissioning groups are part of the 3millionlives pathfinder programme.

(xi) Examples of health communities on the Internet – healthunlocked and patientslikeme
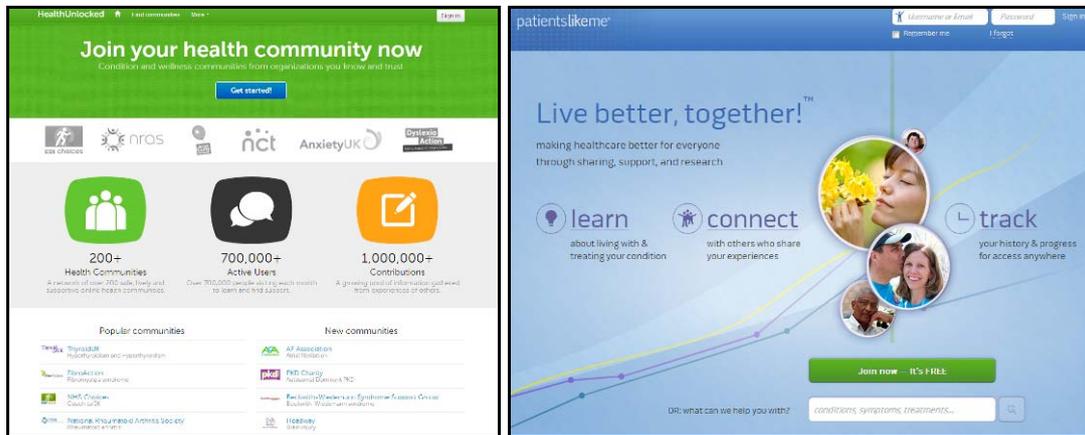
(xii) NHS Improvement and Royal College of GPs have a new publication on 'Managing multi-morbidity in practice – what lessons can be learnt from the care of people with COPD and multi-morbidities.

(xiii) The Centre for Telehealth in Hull has various UK telehealth evaluation reports on their website.

(xiv) As part of a 'paperless NHS', the Guardian reports that St Helens and Knowsley NHS Trust are offering GP practices a service to digitise, store and give staff immediate access to patient records. Meanwhile nurses are "drowning in a sea of paperwork" with more than one-sixth of the working week taken up doing non-essential paperwork. The Royal College of Nursing poll of 6,000 nurses found 17.3% of their hours were spent on tasks such as filing, photocopying and ordering supplies.

(xv) The King's Fund has a new set of infographics on empowering patients and service users using technology and data as part of their care.

 (xvi) In the United States, a number of Walgreens pharmacies will have retail clinics for long term condition management. Although retail clinics have been around for some years, the management of long term conditions in this environment is a new development.

(xvii) The Guardian has an interesting article on getting older people and carers online. Digital Unite research has shown that of those over 55s who are using the internet, four out of five (86%) said it had improved their lives, 72% said being online had helped reduce their feelings of isolation and 81% said using the internet makes them feel part of modern society. In addition, 20% of older learners in a Digital Unite social housing learning programme felt their understanding of health-related issues had improved as a result of being online.

 (xviii) At NHS Voices, 'There's nothing more urgent than addressing demand for urgent care - What is needed is a 24/7 service, fully integrated with primary care, to manage patients in the community' argues Sue Harriman who leads one of the country's largest community and mental health providers.

 (xix) Labour leader, Ed Milliband, has set out some further ideas on integration of health and social care and asked Sir John Oldham to carry out a review.

(xx) The BMJ has an essay from Dave deBronkart on 'How the e-patient community helped save my life'.

(xxi) CQC will look for patient feedback on GPs using Facebook and Twitter says Pulse Today based on the latest CQC Strategy covering the next three years. Radical changes are expected in the inspection and regulation arrangements to make sure they provide people with safe, effective, compassionate and high-quality care, and to encourage them to make improvements.

The changes include:

• appointing a Chief Inspector of Hospitals, a Chief Inspector of Social Care and Support, and considering the appointment of a Chief Inspector of Primary and Integrated Care.

- developing new fundamental standards of care.

- making sure inspectors specialise in particular areas of care and lead teams that include clinical and other experts, and Experts by experience (people with experience of care).

- introducing national teams in NHS hospitals that have specialist expertise to carry out in-depth reviews of hospitals with significant or long-standing problems.

- improving our understanding of how well different care services work together by listening to people's experiences of moving between different care services.

- publishing better information for the public, including ratings of services.

- strengthening the protection of people whose rights are restricted under the Mental Health Act.

New CQC Strategy and Business Plan.

(xxii)There is a new Infographic on 'Do Patients Prefer Telehealth Over Human Contact?' based on a recent Cisco survey.

(xxiii) According to the Guardian, the US health safety adviser, Don Berwick appointed to lead the post-Mid Staffordshire review into patient safety, says there is no quick fix. The Committee which he will head is expected to report to Government in July.

(xxiv) There have been further calls by Commissioners, GPs and GP organisations to halt the implementation of NHS111 until problems have been fixed.

(xxv) The Community Gateway, ADASS and Improvement and Efficiency West Midlands (IEWM) have a new toolkit to support people with dementia, their carers and dementia services.

Maximising the potential for the use of Assistive Technology

An information toolkit to support people with Dementia, their Carers and Dementia services

adass   Improvement and Efficiency West Midlands   THE COMMUNITY GATEWAY CIC

April 2013
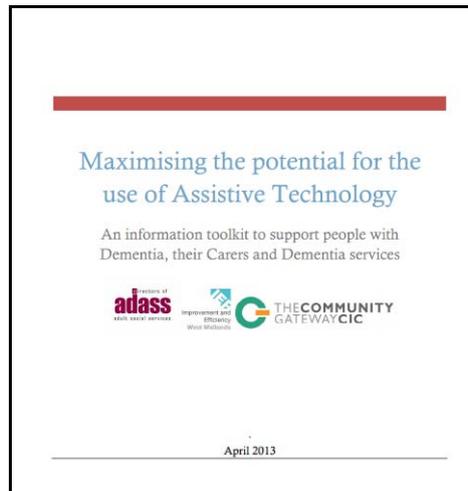
(xxvi) The 'Business Case for People Powered Health' from Nesta describes specific investments required to create services with a People Powered Health approach, and the practical benefits that can be achieved as a result. The publication suggest that the NHS in England could realise savings of at least £4.4bn a year if it adopted People Powered Health innovations that involve patients, their families and communities more directly in the management of long term health conditions.

THE BUSINESS CASE FOR PEOPLE POWERED HEALTH
April 2013

Innovation Unit   PPL   Nesta...

(xxvii) U.S. Doctors are receptive to patients tracking data about their conditions and sharing these measurements with healthcare professionals, according to a new survey of 3000 doctors by Manhattan Research. But despite availability of health tracking apps and websites, patients primarily prefer low-tech methods (eg handwritten) when it comes to sharing health measures with healthcare professionals.

(xxviii) Chichester Careline are making available the Mindme Locate dementia unit on a monthly rental. Carers can look up the location of the user on Mindme's website at any time, and as often as they wish. In an emergency they can also call the Mindme Response Centre, which is operated by Chichester Careline who will locate the wearer and help organise somebody to collect them.

(xxix) Home automation and telecare equipment improves the lives of patients from the Western Isles of Scotland - covered in this article.

(xxx) The Nuffield Trust has a new website section on 'future challenges for primary care'.
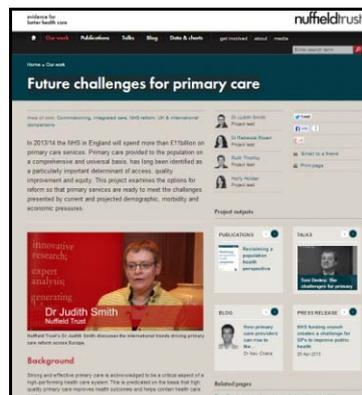
(xxxi) The King's Fund has a website section on 'The New NHS' that explains some of the recent changes.

(xxxii)The Liverpool Echo has a story on the proposed Council's latest Supporting People funding reduction and its impact on alarm and telecare provision. The current indications are that housing associations or individuals may have to pick up the £450,000 gap in funding.

(xxxiii) O2 Help at Hand is now available in some Tesco Stores as well as 100 Sainsbury pharmacies and O2 stores.

(xxxiv) There is an new publication from Age UK - 'Agenda for later life 2013 – Improving later life in tough times'.

(xxxv) There is a new publication from UEA/LSE/PSSRU on 'Long-term care funding in England: an analysis of the costs and distrributional effects of potential reforms

(xxxvi) Trafford Council is providing a [one-year free trial](#) of alarm linked, equipment and monitoring/response services to all residents aged 80-plus. It is delivering its Telecare Pledge Scheme in partnership with AgeUK, Trafford Housing Trust and LMCP Carelink. ([Website](#)).
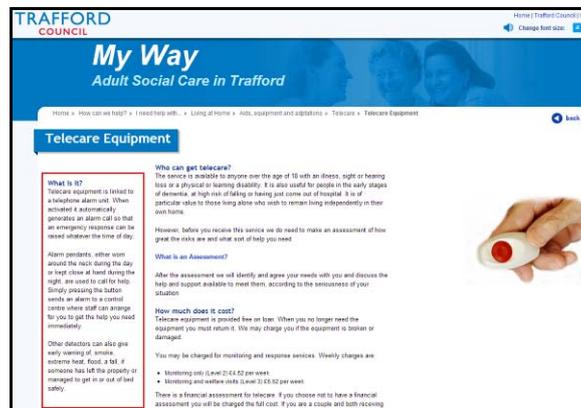
(xxxvii) People with dementia will be able to test out the latest equipment designed to help them live at home for longer with the opening of a new Telecare Suite. Staff from [²gether](#) have worked with [Telecare in Gloucestershire](#) to set up the small facility at ²gether's Charlton Lane Hospital, in Cheltenham.

 Shannette Bendall, of ²gether's Managing Memory ²gether service, said: "The Telecare suite will provide an opportunity for people with dementia and their carers to see at first-hand how Telecare products work and how they might help them to keep safe at home."

Fall detectors and movement sensors, as well as equipment designed to summon help should the homeowner need it, will all be operational within the suite. Staff trained in the use of Telecare will also be on hand to demonstrate how the equipment works. "Having dementia can make you forget how to respond in certain situations and to forget to do the things that keep you safe," Shannette explained.

"This can mean that you may be more at risk or would struggle to get help if you fell or had a fire or flood. Living with dementia may also mean that you forget to take your medication or get confused about time, and whether it is day or night.

"Having Telecare equipment installed can enable earlier discharge home from hospital and allow people to stay at home safely rather than having to move into residential care."

Dermot McMeekin, ²gether Trust Acting Chair, officially opened The Telecare Suite on Wednesday March 27 2013

Telecare in Gloucestershire is a free service provided by Gloucestershire County Council and NHS Gloucestershire. The service aims to provide solutions to keep people with disabilities safe at home through the use of technology.

Managing Memory ²gether is a Gloucestershire based specialist telephone advice and information service for people worried about memory, people with dementia and carers of people with dementia. This service also co-ordinates and delivers a countywide programme of education sessions on a range of topics relating to memory loss and dementia.

(xxxviii) Intellect UK has a new publication 'The NHS Information Evolution'.
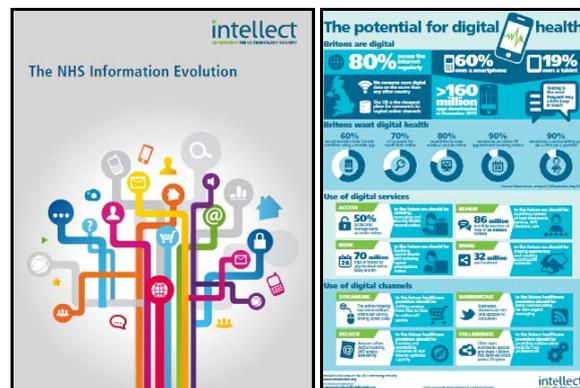
Item 9 – Summary of recent journal articles and evaluations

Each month, our supplement (doc, pdf) provides a comprehensive list of recent journal articles. Here are summaries from just a few of the recent papers.

(i) Eight telemedicine business models have been chosen for review based on their apparent success in order to inspire the next generation of telemedicine programmes to be sustainable and address local healthcare challenges.

(ii) An initial 502 patients were involved in a telehealth strategy for increasing adherence in the treatment of hypertension in primary care. The authors concluded that adherence to antihypertensive drugs and low salt diet improved after the programme. Preliminarily, this telehealth strategy suggests a positive impact on hypertensive patients.

(iii) A recent paper sets out to provide an overview of medication adherence and consider the potential for smartphone medication adherence applications to improve medication nonadherence. 160 apps were considered.

(iv) A UK study provides some insight into the opportunities and challenges involved in delivering health-related behavioural interventions through smartphone apps.

(v) This article looks at the VA's 'My HealtheVet' Pilot, where patients and their delegates are able to view and download content in their electronic health record (includes clinical notes, laboratory tests, imaging reports). A small number of focus groups indicated predominantly positive experiences with health record transparency and the open sharing of notes and test results. The author's concluded that viewing records appears to empower patients and enhance contributions to care. While shared records may or may not impact overall clinic workload, it is likely to change providers' work, necessitating new types of skills to communicate and partner with patients.

(vi) A small randomised controlled trial (TELBIL, n=58) was carried out across 20 health centres in Bilbao for 12 months to assess the impact of home telemonitoring on in-home chronic patients compared with standard care. There was some reduction in admissions and a non-significant reduction in length of stay.

(vii) Utilisation and cost data from six months before and six months after for a total of 141 CVD patients with telehealth support at the National Taiwan University Hospital was analysed with generally positive outcomes.

(viii) 'Telecare for people with Dementia: Evaluation of Renfrewshire Approach' has been published (Report). The project provided 325 people with dementia living in the community with telecare equipment over the period 2007/08 to 2011/12. The evaluation concludes that telecare can be used to support a significant proportion of people living with dementia in the community; they, and their carers, are generally satisfied or highly satisfied with the service. Staff and the Police see major advantages; NHS staff seem increasingly accepting of it. It has also shown that the key resource saving is likely to be care home admissions avoided.
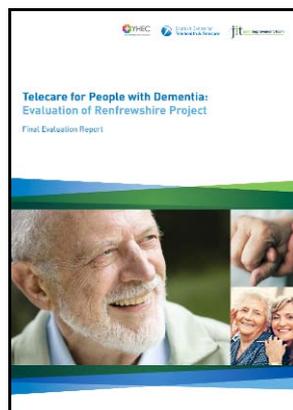
The report identifies service enhancements:

a) Embedding telecare as part of all care assessments;
b) Embedding telecare as part of discharge planning;
c) Identifying patients with dementia at an earlier stage to use telecare.

(ix) Other recent studies

Long-Term Engagement With a Mobile Self-Management System for People With Type 2 Diabetes

Social media can reduce senior isolation, Luxembourg researchers report

Deployment of assistive living technology in a nursing home environment: methods and lessons learned.

'My Journey' Youth Mental Health App: Engaging Young People with a First Episode of Psychosis in Developing a Mobile Health App

Computer-based diabetes self-management interventions for adults with type 2 diabetes mellitus
Cochrane Summary - Using computers to self-manage type 2 diabetes
Heart, Stroke Prediction Tools Predict Dementia

Item 10 – Learning and Events

(i) Join delegates in Glasgow, Scotland for the '4th Annual Conference on Telecare and Telehealth – Towards 2015, Scotland's Strategy' (a Holyrood Conference).

Telehealth and telecare are "absolutely central to the future, not just of the NHS, but the future of the nation," - *Health Secretary, Alex Neil said in 2012.*

Scotland continues to make important progress and push the boundaries of telecare and telehealth. Speakers include Alex Neil MSP, Trevor Single, Moira MacKenzie, Dr Claudia Pagliari. This year, the conference is also joined by Jonathan Linkous from the American Telemedicine Association.

(ii) The King's Fund's International Congress on Telehealth and Telecare will take place for the third successive year in July. Building on the success of the previous two congresses, this year the event will focus on the innovation, integration and implementation of telehealth and telecare.

The event features many UK and international examples of where telehealth and telecare have been used for the benefit of patients. One of the many highlights will be papers presenting **new data from the Whole System Demonstrator findings on telecare** and you can expect to find out more about the cost-effectiveness of telecare and its impact on quality of life and informal carers. On day two the Secretary of State for Health, Jeremy Hunt MP, will give a keynote address on how the Department of Health is supporting the deployment of telehealth and telecare, followed by a debate on the pros and cons of these services and how we can make the best use of them.

The congress represents an opportunity to examine the evidence-base for telehealth and telecare. The projects that will be presented at the congress have been through an extensive review process and have been selected based on their originality, quality and relevance, differing the event from others in the market. This year you can expect to hear from case studies including *mainstreaming Telehealth in a rural community in the UK; financial modeling for telemonitoring; mainstreaming Surrey telecare; and telehealth deployment in less developed populous and deprived nations.*

You can find more information, including the programme, on The King's Fund's website. If you're on LinkedIn why not join the congress LinkedIn group and benefit from congress updates and popular discussions on the use of telehealth and telecare.

More details are available from Caroline Viac, Conference Director, International Congress on Telehealth and Telecare, The King's Fund c.viac@kingsfund.org.uk Tel: 020 7307 2481

Click on the following links for upcoming conferences and learning events.

Naidex 30 Apr - 2 May Birmingham http://bit.ly/16vniy6

Academic Health Science Networks: Who, what and why? Manchester 1 May 2013
http://www.nhsconfed.org/Events/Pages/Academic-Health-Science-Networks-Who-what-and-why.aspx

 Manchester Health 2.0 Hackathon Health [May 2013]

International Integrated Care Summit, The King's Fund 8 May 2013, London
http://www.kingsfund.org.uk/events/international-integrated-care-summit-2013

London Health 2.0 Parkinson's Disease: New technologies helping to make a difference 8 May 2013
http://bit.ly/14T785v

Long Term Care Revolution Workshop: London – 9 May 2013 http://bit.ly/ZxviKE

Quantified Self Europe Conference – Amsterdam 11-12 May 2013
http://quantifiedself.com/conference/Amsterdam-2013/breakout-sessions.php?buffer_share=c12ea

eHealth Week Dublin 13-15 May 2013 http://worldofhealthit.org/2013/ http://bit.ly/14T7kSo

4th Annual Conference on Telecare and Telehealth, Glasgow 15-16 May 2013
http://telehealthcare2013.holyrood.com/

Manchester Health 2.0 Care Homes and Assisted Living: in what ways technology can help? 16 May
2013 http://bit.ly/14T7nNX

The Digital Age – Improving communication between clinicians and patients/service users
Leeds, 16 May 2013 https://cihmthedigitalage.eventbrite.com/

Telecare and Independent Ageing Conference - AKTIVE project London 17 May 2013
http://aktive2013.eventbrite.co.uk/

London Health 2.0 Can the tech community help to prevent the Dementia crisis? 22 May 2013
http://bit.ly/14T7A3P

Worlds in collision: Is mobile technology challenging conventional telemonitoring? London 6 June
2013 http://www.rsm.ac.uk/academ/ted04.php

London Health 2.0 Information Obesity: A possible side effect of Digital Health? 12 June 2013
http://bit.ly/14T7Dwu

Manchester Health 2.0 How can digital technologies add value to Clinical Research? 13 June 2013
http://bit.ly/14T7J7e

CUHTec:"Tech and innovation for managing people with dementia", Newcastle, 19 June
http://bit.ly/SUScx7

CUHTec:"Prevention of falls/loss of independence in frail elderly - incl tech", Newcastle, 20 June
http://bit.ly/SUScx7

International Telehealth and Telecare Congress 1-3 July London http://bit.ly/Z4yYZp

Telemedicine Conference, Keele University 24 Sept 2013 http://bit.ly/14T8P34

8th Annual UK Dementia Congress Nottingham 5-7 November 2013 http://www.careinfo.org/2013-
events/uk-dementia-congress/

The International Telecare & Telehealth Conference 11-13 November 2013 Birmingham
http://bit.ly/14T8FIO

Telemedicine & eHealth 2013: Ageing Well - how can technology help? London 25-26 November 2013 http://www.rsm.ac.uk/academ/tee01.php

Item 11 – Other useful links

DALLAS _Connect Sub Group - Join the Sub Group at: https://ktn.innovateuk.org/web/dallas

Housing Learning and Improvement Network www.housinglin.org.uk Now on Twitter: @HousingLIN

Telecare Learning and Improvement Network www.telecarelin.org.uk

King's Fund web site – http://www.kingsfund.org.uk/topics/technology_and_telecare/index.html

Telecare Aware – daily news and comments www.telecareaware.com

Three Million lives - http://www.3millionlives.co.uk/ Twitter: @3MillLives and now on LinkedIn

Newsletter prepared by Mike Clark (@clarkmike) and brought to you by the Telecare LIN on behalf of the Technology Strategy Board.

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