



NEWSLETTER December 2012

Best wishes for the holiday season and New Year

Welcome to the December 2012 newsletter from the Technology Strategy Board (TSB) Knowledge Transfer Network and the Telecare Learning and Improvement Network. Our free monthly newsletter is distributed to 46,000 subscribers in the UK and worldwide via e-mail and archived at www.telecarelin.org.uk. You can also now find highlights on [Prezi](#). We hope that you find this newsletter useful. With around 1000 news and events links over the last month, it is the most comprehensive newsletter available serving the telecare, telehealth, ehealth and assisted living communities.

From April 2013, The NHS Commissioning Board will be taking forwards a number of mandated policy initiatives to start to embed digital technologies into healthcare. This will be vital as the recent Nuffield Trust reports indicate a major financial gap developing in health and social care budgets over the next ten years. In addition, Personal Health Budgets are expected to move ahead and the Department of Health is consulting on a new GP contract which could reimburse telehealth services. The first 34 clinical commissioning groups in England have been authorised. There are new reports this month on telecare and Telehealth from Deloitte and HACIRIC. There is more in the newsletter about the upcoming ALIP showcase event in March 2013, the 6th AAL call and UK capabilities report.

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 now on Twitter at [@3MillLives](#) and also at [LinkedIn](#). If you would like daily information on [#telecare](#) and [#telehealth](#), then a [Twitter stream](#) is available (you do not need to register on Twitter and it is accessible to organisations not able to connect directly to social media).

Prepared by Mike Clark (Twitter: [@clarkmike](#) and <http://storify.com/clarkmike>) for the ALIP Knowledge Transfer Network and Telecare Learning and Improvement Network.



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Supplement for December 2012

The links section is now available in a separate supplement rather than in the main newsletter ([doc](#), [pdf](#)).

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

i) Information day for AAL Call 6 on 12 February 2013, Birmingham

The KTN will be hosting a UK information day in Birmingham to listen to information on the latest funding call from the Ambient Assisted Living (AAL) Platform. The title of this [6th Call](#) is 'ICT based solutions for Supporting Occupation in Life of Older Adults'. To register for this meeting please visit <https://connect.innovateuk.org/web/aal-call-6-information-day-birmingham>

ii) 5th Annual Assisted Living Innovation Platform (ALIP) Showcase Event – 5 to 6 March 2013, Liverpool

The KTN will be holding the 4th ALIP Showcase Event at the Liverpool Football Club on 5-6 March 2013. The 2013 event will be inviting the audience to participate within interactive workshop sessions which will be aiming to define clear objectives for what is needed to continue the drive for

innovation and change within the assisted living sector.

Listen, participate - and have your say!

- The Evolving Journey Show-reel
- Project Success Stories from ALIP & AAL
- The New Business Models - what do our users want?
- The Bigger Picture - what more can we do?
- What are our gaps?
- Dallas progress
- Global Reach and opportunity
- Long Term Care- *time for change*

To register for this event please visit <https://connect.innovateuk.org/web/2013-assisted-living-showcase-event>

iii) Assisted Living UK Capabilities & Opportunities Report

The Assisted Living UK Capabilities and Opportunities Report is now available to download from the UK capability map website - click [here](#) to download your copy of the report.

The report is an executive summary of the UK capabilities and opportunities in the sector, a 'virtual catalogue' that provides an overview of the products and services currently in existence. This report is also designed to stimulate and support the development and uptake of assisted living products and services by reporting on existing care needs and provision, identifying existing assisted living activity and suppliers and identifying sources of expertise. The analysis of the data then provides an initial guide for those in the public sector who are tasked with introducing assisted living services in their region and for organisations in the voluntary and private sectors who feel there is an opportunity to develop assisted living products and services. The virtual catalogue contains all the examples of assistive technology, telecare, telemedicine, telehealth, telehealthcare, e-health and m-health developed to date.

This report and website has been commissioned by the Assisted Living Innovation Platform programme (ALIP).

For more information on events and ALIP projects please visit the Assisted Living Innovation Platform on [connect](#).

Item 2 – UK policy announcements

i) The Department of Health in England has [confirmed](#) that 56,000 people in receipt of NHS Continuing Healthcare funding will have a right to ask for a personal health budget by April 2014. This follows the release of an [evaluation report](#). Over 70 areas are already introducing personal health budgets. Nine areas have pledged to lead the way and 'go further faster'. They will be part of a mainstreaming programme with a focus on integrated health and social care budgets.

The nine sites announced include: NHS Tees, NHS Manchester, NHS Hull, NHS Nottingham City, NHS Oxfordshire, NHS Nene and NHS Corby Clinical Commissioning Group, NHS Lambeth, NHS Dorset and NHS Kent and Medway

Additional Links:

[Ministerial Statement](#)

ii) [National Voices](#), the national coalition of health and social care charities and its members, has launched a [consultation](#) on what constitutes high quality, person-centred and coordinated ('integrated') care in England. National Voices and the [NHSCB](#) welcome feedback on the narrative to help further develop and shape what person-centred, coordinated care is and what it means. For more information and comments, visit the [NHSCB website](#).

iii) 'Transparency, rather than targets, will help to improve our healthcare system – and people's trust in the NHS will soar' according to Secretary of State for Health, Jeremy Hunt [writing](#) in The Guardian ahead of the announcement of the Dr Foster [Hospital Guide](#). He continues 'It needs to be earned, by giving people simple, straightforward information about their local NHS, which helps them make educated choices about where they go for treatment, and what to expect'. The Secretary of State is looking to move from 'box-ticking' to a culture of continuous improvement which drives up standards and improves practice.

iv) The [NHS Commissioning Board](#) in England (@NHSCB) has published a [document](#) explaining how the management of IT systems for GP practices will be organised from April 2013. It enables clinical commissioning groups (CCGs) to make decisions to suit particular local requirements, ensuring information and technology supports clinical commissioning to improve health outcomes for patients.

v) Have your say on the draft [Care and Support Bill](#) - the [Joint Committee](#) on the draft Bill for England, chaired by Paul Burstow MP (@paulburstow), is conducting [pre-legislative scrutiny](#) into the draft [Bill](#) and the policies it seeks to implement. The Committee will take oral and written evidence and make recommendations in a report to both Houses of Parliament. The Joint Committee invites interested organisations and individuals to send written submissions by 11 January 2013 as part of the inquiry. A summary of responses to the draft bill has also been [published](#).

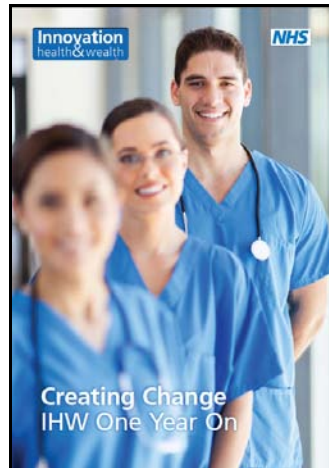
vi) 'Patients more involved in their care' and 'Choice Frameworks' – here is a [Ministerial Statement](#) (13 Dec 2012) from Jeremy Hunt (@jeremy_hunt) on the subject.

vii) The Department of Health (England) has [commenced](#) a consultation period on the GP Contract. Secretary of State, Jeremy Hunt, said that "Getting patients an earlier diagnosis of dementia and supporting those with long term conditions are my main priorities. I want GPs to take the lead in making this happen'. The consultation document refers to payments for the use of extra services including:

- improving the assessment of people with dementia
- improving care management for frail older people and other high risk patients at risk of unplanned hospital admissions

- using technology to help monitor the health of people with long term conditions and improving online access to services

viii) The Department of Health (England) has [published](#) 'Innovation Health and Wealth - One Year on' with references to telehealth, telecare and [3millionlives](#).



ix) The second annual [report](#) on 'Improving outcomes: a strategy for cancer' shows that cancer survival rates are improving. As part of a policy to make England the best in Europe at tackling cancer, there are plans to pilot new screening techniques for early diagnosis, find out what cancer survivors need, improve radiotherapy with £165m funding and spread excellence to improve performance.

x) Speaking at the [Housing LIN](#) Conference on 12 December 2012, Care and Support Minister, Norman Lamb (@normanlamb) [announced](#) an extra £40m for Disabled Facilities Grants.

xi) The government has published its final [report](#) into the events at Winterbourne View Hospital and has set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.

xii) Health Secretary Jeremy Hunt has ordered a [review](#) of the way that information on NHS and social care services is given to patients and the public. The study will assess the merits of an 'Ofsted-style' system of ratings for hospitals and care homes.

xiii) The NHS Planning Guidance (18 December 2012) is expected to cover the possibility of some NHS Services in England being available at weekends ([Guardian](#), [BBC](#)).

xiv) The NHS Commissioning Board has [authorised](#) the first 34 (of 211) clinical commissioning groups (CCGs) in the first wave. Eight of the 34 CCGs have been authorised with no conditions, meaning they fully met all 119 authorisation criteria. The remaining 26 authorised CCGs in the first wave need to continue developing so they also meet the criteria in all areas. Further waves of authorisations follow in early 2013.

(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 3 – 3millionlives

A new [video](#) and [November Newsletter](#) are now available from [3millionlives](#)



[Pulse](#) in association with [3millionlives](#) hosted a recent [roundtable](#) of leading GPs and experts to discuss the future of telehealth and hear their views on the evidence, the impact on patients and the practicalities of rolling it out among GPs.

[3 Million Lives](#) is now on Twitter at @3MillLives and also at [LinkedIn](#) for daily news updates.

Item 4 Remote Care PLC: Developing the capacity of the remote care industry to supply Britain's future needs

Article by Professor James Barlow and colleagues at Imperial College Business School



['Remote Care PLC'](#), explores the supply-side of remote care and its ability to meet anticipated future needs. The report, by Professor James Barlow and colleagues at Imperial College Business School was partly funded as part of the Whole System Demonstrator programme.

It explains how expansion of the industry might be achieved and opportunities for Britain to be a global leader in the field. But the authors warn that, without changes to the market, current momentum in this area could be lost. The report calls for clear leadership from ministers and from the NHS to stimulate the technology supply industry, and sets out proposals for policy makers and health and social care managers. The report is available from www.haciric.org. For further details contact: j.barlow@imperial.ac.uk

Item 5 – Research sites needed for survey of telehealth users with COPD and CHF

Article provided by Lizzie Coates from the University of Sheffield

Do you want to know more about your telehealth service users?

Do you want to contribute to an important piece of research to help target future telehealth services?

The MALT research team at Universities of Sheffield and Manchester are looking for sites to take part in a patient survey during 2013/14. The purpose of the study is to develop a user acceptance tool, which will identify the key factors which explain and predict telehealth usage in patients with Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF).

We are keen to hear from telehealth providers with medium to large-scale services for these patient groups who would be willing to work with us as Participant Identification Centres during the next financial year. Participation is free and will provide a great opportunity for you to learn more about your service users.

The survey will collect interesting data on patient demographics, quality of life, healthcare resource use, attitudes towards telehealth and other technology. This data will be used in the development of a new tool to help target future applications of telehealth.

A key benefit of taking part is that every participating site will also receive an anonymised dataset for their site which will be useful in understanding your patients and to help target resources at a local level.

If you are interested in taking part, please contact the MALT project manager - Lizzie Coates at e.coates@sheffield.ac.uk or 0114 222 0803. You can also find more information about the broader MALT study on our website: <http://malt.group.shef.ac.uk>

Item 6 – Report on recent RSM Conference Royal Society of Medicine Conference November 2012 - 3 million & rising: integrating care, mainstreaming technology

Article prepared by Charles Lowe (@LoweCM), [eHealth and Telemedicine Group](#), Royal Society of Medicine

The largest-ever audience for the Royal Society of Medicine's [annual conference](#) heard a powerful array of speakers covering a range of relevant tele-technology topics over the two days.

The theme of the conference was supporting the Department of Health's [3millionlives](#) initiative. The conference was opened by [Lord Howe](#) who emphasised the importance of improving the quality and affordability of healthcare in the UK and the role that tele-technologies will play in achieving this, and [AHSNs](#). His talk was followed by presentations by Stephen Johnson and Angela Single specifically on the 3millionlives programme.

Kevin Doughty gave his signature presentation on market trends in digital healthcare, covering a huge arrange of material most comprehensively. He introduced an astonishing range of monitoring devices especially for activity (but knitting can fool wrist-worn ones apparently!). He believes that once the wide range of non-invasive testing available are integrated, it will result in a transformation of care delivery.

Mary Baker MBE, President of the [European Brain Council](#), made some very cogent points about healthcare of older people, including that medicine trial methodology currently excludes one of the main groups that use them - those over 65, and that it takes some 13.5 years for a new medicine to go from bench to bedside - currently the race is on for treatment based more on an individual's biology. Tongue in cheek she suggested that for older people 'good health' is an incomplete diagnosis. [Mike Short](#), Vice President of the IET, pointed out that there are currently fewer SMS appointment reminders sent by hospitals than by hairdressers.

Among many excellent overseas speakers, Claus Pedersen told the conference of how in Denmark, tele-technologies are being mobilised to support plans already made dramatically to reduce the size of future hospitals (in one area, ten hospitals are being reduced to one) – even with their use, there is still a gap to close between future expected healthcare demand and that currently judged achievable with existing technologies in the planned facilities, so work continues. Electronic games are starting to be used too, to help patients recover quickly (eg from hip operations). Finally he explained how tele-interpretation changes the dynamics of consultations for the better, with more focus on the patient.

Professor Nelly Oudshoorn, University of Twente, Netherlands, mentioned that telenurses overrode the scripts they were given and phoned patients more – this played a key role in building trusting relationships and securing low levels of dropouts. She explained that the shift to automated systems is a move from ICT to IT – it will create significant tensions, and require great care to build trust. Seeing telehealth devices as moral machines, the need for daily body inspections and the conversion of illnesses into hard numbers causes much reflection on the norms of care.

The presentation on [video](#) by Adam Darkins from the Veterans Association in the US, speaking in a personal capacity, can be viewed free by RSM members (there is a small charge for non-members). He began by saying that the issue is not whether, but how, telehealth will be implemented. An essential prerequisite to implementation is 'is there a clear clinical need to satisfy?' He stressed the importance of clear accountability when establishing a service. 'It's important to ask what happens when the system goes down' – if there is a good answer, then clearly the professionals are double-running and have not fully embraced the benefits that the technology can bring. He emphasised the need to look at programmes of care rather than episodes of care; it is important to get relationships right. In essence he considers telehealth is really all about improved decision making – it will ultimately be a ubiquitous platform that facilitates better decisions. 'If it isn't coded it doesn't exist' - coding enables good information/outcome collection. He stressed the importance of scalability and reliability. When planning a system people need to recognise that it must be able to develop so that it can reliably manage many thousands of users. He ended on a seasonal note by stressing that 'telehealth is for life not just for Christmas'.

Among the submitted papers in the afternoon, [Dr Jim Ferguson](#) gave an excellent short talk on the practicalities of developing a telestroke (thrombolysis) service in the Western Isles (Scotland), with hugely impressive results.

The second day began with a presentation by [Professor Stanton Newman](#) on Whole System demonstrator (WSD) findings to date, followed by individual presentations by many of the researchers involved, a talk on WSD statistics by Professor Jeremy Wyatt, one on the practicalities of life after WSD in Cornwall by Dave Tyas, finishing with Alison Mlot explaining how the WSD experience has led to the [dallas programme](#). A key statistic quoted was that 65% of people admitted to hospital are 65 and over - the system is not sustainable. Engagement of clinicians is crucial – need a clinical champion with resources. The WSD telecare papers have been submitted to learned journals for future publication.

One interesting WSD finding is that people with diabetes regularly monitored & recorded their condition pre WSD so overall they were probably more comfortable with telehealth than those with COPD or CHF who had no previous need to monitor themselves daily and record their condition. WSD non-participants saw telehealth as a reminder of their illness, a lack of independence and had concerns about loss of existing healthcare services if they were to take telehealth. Comments from Dr Theopisti Chrysanthaki of Imperial College, emphasised the challenge of developing a whole system approach in a randomised controlled trial (RCT) study – 'the RCT highlighted the challenges of developing evidence-based policy for a highly complex innovation'. Professor Wyatt concluded that the 37 RCTs for heart failure (CHF) give the average impact of telehealth as an 18% reduction in mortality.

In the afternoon in the 'Making it happen' section, Roger Donald, Associate Director for Multichannel, NHS Direct explained that there is a serious issue for builders of health Apps - getting patients to respond to resulting advice. In an echo of Adam Darkins' remarks, Professor James Barlow considered that remote care could be catalyst for greater collaborative working across health & social care, but stressed there are systemic problems of silo-working to overcome.

A number of RSM events are scheduled for 2013:

[Telehealth, telemedicine and telecare: an introductory one-day seminar](#) on 28 February, in London
[Scotland meeting: Point of care testing- disruptive innovation](#) on 7th March, in Glasgow
[Using apps to transform healthcare delivery](#) on 18th April, in London

Although not yet listed on the RSM website, a further event is planned for 6 June 2013 to examine the impact that mobile technology development is having on the existing largely proprietary telecare and telehealth technology market. And then of course there is next year's conference in November 2013!

Item 7 – Housing LIN news

A capacity crowd of 300 people were in London to hear Care and Support Minister, Norman Lamb (@normanlamb) speaking at the [Housing LIN](#) (@HousingLIN) Conference. He [announced](#) an extra £40m will be added to the Disabled Facilities Grant to help people remain independent in their own homes for longer ([Housing LIN coverage](#)).

For the first time, people were able to follow the conference on [Twitter](#).



Julia Unwin: At #ECH2012 to launch a lot of important and new [@jrf_uk](#) research about the housing we want as we age.

A new [toolkit](#) was launched on 'Housing in later life: Planning ahead for specialist housing for older people'. The toolkit has been designed for local planners and commissioners to use when planning for specialist housing for older people as part of an overall local strategy on older people's housing, care and support.

Also announced at the Conference were three new [JRF](#) publications:

[Whose responsibility? Boundaries of roles and responsibilities in housing with care](#)

[Affordability, choices, and quality of life in housing with care](#)

[Findings from housing with care research: practice examples](#)

You can read more about the conference and new publications in the December [Housing LIN Newsletter](#) from 19 December 2012.

[Housing LIN](#) is the leading national network for promoting innovative new ideas in enhancing the housing choices for older people and supporting change in the delivery of housing and related care and support services.

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) The [NHS Commissioning Board](#) (@NHSCB) is looking for good examples of online tools to help people improve their health and wellbeing. It is creating an app directory to help people find the

best online tool for their condition or health need. People and organisations who are designing online tools for specific conditions or health areas are [invited to submit](#) these for consideration for the directory. The first version of the Directory will be revealed at the [Innovation Expo](#) in March 2013.

ii) The [Health Service Journal](#) (Subscription may be required) has [reported](#) that technology only gets a reference in one sixth of [QIPP plans](#) with only 51 out of 317 local QIPP workstreams having one or more technology milestones. For more information on QIPP workstreams with technology visit the Connecting for Health [web site](#). In addition, the Health Service Journal has recently published a telehealth technology [supplement](#) ('We have the technology - The changing face of healthcare delivery ') and an Innovation [supplement](#).



iii) The [MEDCottage](#) (video) is a "mobile, modular medical home" equipped with sensors that are temporarily placed on a caregiver's property to provide rehabilitation and extended care for older people. The system includes caregiver alerts, medication reminders, remote monitoring of vital signs, air filtering with additional communications and robotic features.

iv) "The 'mobile' in mobile health isn't the gadget, its the data" according to Al Shar in an [article](#) for RWJF.org – 'information is able to be collected wherever it is needed and transmitted wherever it needs to go'. Al Shar considers two challenges around the collection of huge volumes of data - the lack of baseline information for action and interpretation with accompanying action.

v) The Dr Foster [Hospital Guide](#) reports that bed occupancy rates are often well above 85% (the maximum for patients to be well looked after and not exposed to health risks). Death rates at more than a dozen hospital trusts in England are 'worryingly high' and 29% of beds are occupied by patients who could be treated elsewhere. ([Guardian](#), [NHS Confed](#)).

vi) The Mayo Clinic and a University of Arizona centre dedicated to telemedicine are pioneering [work](#) aimed at moving care to smartphones ('the smartphone as the telemedicine workstation'). Examples

using a smartphone or tablet include 'PTSD Coach' for post traumatic stress disorder, stroke patient assessment and CT scan analysis.

vii) Mayo's Dr Bart Demaerschalk [thinks](#) that in the future a smartphone could be as common as a stethoscope. He said "I'm convinced the doctor of tomorrow may not even regard telemedicine as telemedicine. They may regard it as medicine and not be so fixated on technology," he said. "It won't be long before physicians will accept telemedicine as a natural extension of their practice."

viii) [Med Tech Insider](#) looks at the recent discussions in the UK press on telehealth (or telemedicine as it is termed) based on the 3millionlives initiative and Digital First aspirations to increase remote monitoring, online consults, the use of phone apps and electronic prescriptions. The article concludes that there are still hurdles to overcome beyond the logistical and financial ones.

ix) The New England [Telehealth](#) Consortium has awarded a four-year contract to provide services to more than 400 healthcare sites. The network will deliver remote trauma consultation and expansive telemedicine by linking rural healthcare facilities - including hospitals, behavioral health sites and community healthcare centres - in Vermont, New Hampshire and Maine to urban hospitals and universities throughout northern New England.

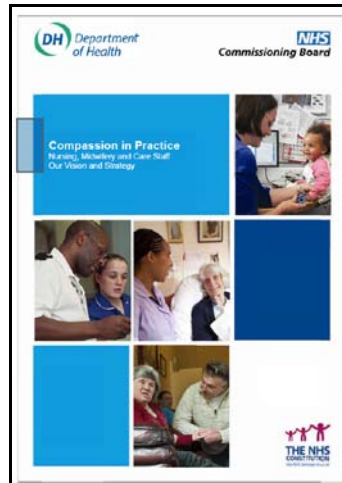
x) A ComRes survey of 435 local councillors for the British Red Cross [reported](#) in the Guardian concluded that personal care services that help elderly people remain living in their own homes have been cut or frozen by two-thirds of local councils since the coalition came to power. The charity wants councils to ringfence preventative care spending from cuts they make by helping people remain independent and potentially save future costs.

xi) The Guardian [reports](#) that people with diabetes are more likely to have a heart attack, heart failure, need kidney dialysis or transplant, have a leg amputated or foot removed or suffer a stroke according to the National Diabetes Audit covering 2 million people in England and Wales in 2010/11. In 2011 65,700 people with diabetes died, compared with the 47,000 that would have been anticipated in the general population – equivalent to an extra risk of 40%. Those with type 1 diabetes have a far greater extra risk of dying early (135%) than those with type 2 (36%). About 90% of the UK's 3.7m cases involve type 2 diabetes. Diabetes UK believes there are 850,000 people with undiagnosed diabetes. 80% of the £10bn a year the NHS spends treating diabetes goes on complications (Also BBC Report – [Diabetes fuels heart failure risk](#)).

xii) The King's Fund has [announced](#) a call for papers for the Third Annual International congress on Telehealth and Telecare (1-3 July 2013, London). The deadline for submissions is 1 February 2013.

xiii) Following a consultation period, leading nurses in England have launched a new three year [vision](#) to build a culture of compassionate care across the NHS. The document sets out six areas of action:

- Helping people to stay independent, maximising well-being and improving health outcomes
- Working with people to provide a positive experience of care
- Delivering high quality care and measuring the impact of care
- Building and strengthening leadership
- Ensuring the right staff, with the right skills, are in the right place
- Supporting positive staff experience



The new vision was launched at the Chief Nursing Officer Conference on 4 December 2012.

xiv) 'One day smartphones will know your body better than you do' – Wired [reports](#) on the Smartphone and tablet apps transforming the health and lifestyle sector.

xv) A [report](#) from the recent mHealth Summit 2012 looks at the role of remote monitoring in reducing hospital readmissions.

xvi) The latest assistive technology policy [newsletter](#) is available from FAST UK (@FASTATUK).

xvii) EHealth Insider [reports](#) that a Bradford GP and an Airedale Hospital consultant have created an online care planning service (VirtuCare) for patients with long-term conditions. The service is able to integrate with one of the GP record systems thus opening up a link between goal planning data and the patient's medical record. EHealth Insider also [reports](#) that the NHS Commissioning Board will require every GP to provide a "standardised routine set of data" to help assess their quality and it will be published online.

xviii) Interested in comparing Adoption of mHealth technologies in UK and USA? mHIMSS has a new [report](#). Meanwhile, the Huffington Post [examines](#) whether disruptive healthcare technology is an absurd idea.

xix) EHealth Insider reports on a recent 'Digital by Default' [presentation](#) by NHSCB national director of patients and information, Tim Kelsey (@tkelsey1). It is envisaged that a new online platform will be available commencing in 2013 that will bring together NHS, Choices, NHS Direct, NHS 111, access to health records and a new 311 service encouraging patient feedback. There is a Policy Exchange YouTube [video](#) including Tim Kelsey on 'Using Health Data to Develop Better Treatments'.

xx) The March 2013 NHS Healthcare Expo is operating an Innovator's Den. Interested? Then find out [more](#).

xxi) A Philips [Survey](#) has revealed that one in 10 Americans believe online health information saved their life - consumers believe web-enabled, mHealth and mobile apps are part of their health care solutions and key to living long lives.

xxii) Hit Consultant [lists](#) 115 mHealth and Telehealth Statistics and Trends based on recent surveys. Meanwhile the Jerusalem Post [looks](#) at the US position and reports on mHealth and Regulations- What to Expect in 2013.

xxiii) 'It's time healthcare embraced the digital revolution' says Neelie KROES Vice President of the European Commission in a new [article and video](#) used for the launch of the EC [Plan](#) 'Putting patients in the driving seat: A digital future for healthcare'.



xxiv) If you are not aware of the Government's Digital First/Digital by Default policy, then this Guardian [article](#) provides some useful background.

xxv) [Reported](#) at Forbes Online: the American Heart Association has recently published a scientific statement based on a review of research on the role of social networks in health and obesity. Although there are drawbacks, it is recognised that social media may have a role because of the extensive use of Facebook, Twitter, You Tube etc.

xxvi) From [BBC News](#) (also [here](#)): "Technology can revolutionise the way in which health care is delivered in Northern Ireland". Stormont's Health Minister, Edwin Poots, told the Assembly that local patients and the economy can only stand to benefit from the opportunities created by research and development. The article goes on to describe the Northern Ireland telemonitoring programme which has over 1200 participants.

xxvii) According to the Nuffield Trust (@nuffieldtrust), the NHS in England could have a £44bn funding gap by 2021/22 without extra money or 'unprecedented productivity gains' ([Guardian Nuffield Trust Publication](#)). Even if the NHS manages to make the planned savings up to 2015 (the £20bn QIPP challenge) the gap in the health service's finances will still be at least £28bn by 2021/22. In a separate publication, The LSE has also prepared a [report](#) for the Nuffield Trust entitled 'Care for older people: projected expenditure to 2022 on social care and continuing health care for England's older population'.

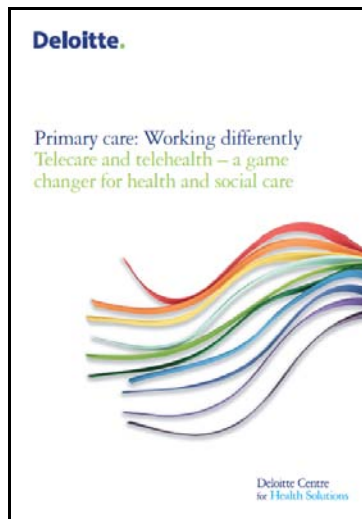
xxviii) Interested in some of the potential health/medical uses of smartphone peripherals? Internet Medicine has some [examples](#). Of course FDA Approval may well be required in the United States or Medical Device Directive (MDD) approval in Europe for such setups.

xxix) "The NHS has made a good start in making substantial efficiency savings in the first year of the four-year period when it needs to achieve savings of up to £20 billion. To build on these savings and keep pace with the growing demand for healthcare, it will need to change the way health services

are provided and to do so more quickly." – so said Amyas Morse, head of the National Audit Office (December 2012) in launching the NAO [Report](#) 'Progress in making NHS efficiency savings'.

Section 2.28 (Page 24) of the Report says "Almost all primary care trust clusters reported, through our survey, increased use of demand management measures. These included telecare, case management for patients with complex long-term conditions, and providing more care in the community.

xxx) Deloitte has published a report on telecare and telehealth featuring a number of case studies relevant to UK commissioners and service providers ([Report and video](#), [Infographic](#))



xxxi) In a major global research study, life expectancy around the world has risen by 11 years for men and 12 years for women over the last four decades. Most deaths in the world are now from heart disease and stroke - High blood pressure is the biggest risk factor for death today followed by smoking then alcohol ([Guardian](#), [The Lancet](#)).

xxxii) Definitely worth a look - an interesting [article and video](#) from BBC Technology – 'Are the older generation getting tech-savvy?'



xxxiii) Gill Hitchcock on the Guardian Healthcare Network [questions](#) whether we need a telehealth tsar. The [NHS Mandate](#) (Section 2.6) sets out what needs to be achieved in the next two years in respect of online record, access, use of telehealth/telecare and other digital technologies. The NHS Commissioning Board will be accountable to the Secretary of State for implementation progress.

xxxiv) Electronic Health Records - [Infographic](#) from healthit.gov - where we were, where we are, where we are headed.



xxxv) 'People with diabetes are at much higher risk of suffering heart failure than the general population, national audit shows' – [Headline](#) from NHS Centre on the 8th National Audit. In 2010/11, 45,000 people with diabetes suffered heart failure - 17,700 (65 per cent) more than the number expected (27,300).

xxxvi) From Warwick Medical School, [Costing Dementia Care after General Hospital](#) - six hypothetical cases based on study findings, illustrating costs for different outcomes after general hospital in the UK. The cases show great variation in costs, in public and family contributions, and the potential costs if family (informal) care is fully costed. <http://bit.ly/R0Z8ZD>

xxxvii) Congratulations to Phil O'Connell ([Simple Telehealth](#)) for winning 'NHS Innovator of the Year' at the NHS Leadership Recognitions [Awards](#).

xxxviii) Missed recent conferences on telecare and telehealth – the Twitter coverage is Storified at <http://storify.com/clarkmike>

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) A UK [study](#) has examined the experience of patients (n=26) attending GP surgeries armed with internet information. Participants reported using the internet to become better informed about their health as well as making the best use of GP face to face time. They expected their GP to discuss the information and offer a professional opinion. Where there was a lack of interest it could potentially damage the doctor-patient relationship.

ii) JMIR has an [article](#) on 'The Smartphone in Medicine: A Review of Current and Potential Use Among Physicians and Students'. Although the role of the smartphone appeared promising and exciting, the researchers found that very few high-quality studies exist to help us understand how best to use the technology.

iii) A short (three month) US [study](#) has examined technology and socialisation among seniors. Those who engaged with technology were found to have higher self-esteem and greater social interaction compared with seniors who were not involved with technology.

iv) A draft [report](#) has been published covering 'an organisational analysis of the implementation of telecare and telehealth: the whole system demonstrator'. Practitioner and managers from across the three WSD sites were involved in interviews, meeting observations and document review. The researchers found that while remote care was successfully rolled-out, wider implementation lessons and levels of organisational learning across the sites were hindered by the requirements of the randomised controlled trial.

v) In a qualitative [study](#) of telemonitoring in heart failure, researchers carrying out interviews at 3/6 months with 15 patients identified self-care activities based on an understanding of heart failure, personal experience of symptoms and interaction with the telemonitoring system.

vi) Three out of four patients are going home with the wrong prescriptions or don't understand their medications, according to a Yale-New Haven Hospital [study](#). In the study, eighty-one percent of senior patients with heart failure, acute coronary syndrome or pneumonia at the hospital experienced a provider error in discharge medications or didn't understand at least one medication change. The researchers called for better communication between providers and pharmacies, suggesting electronic health records facilitate medication safety.

vii) A US [study](#) looking at using alarm systems to prevent and reduce falls in hospital found no significant difference between intervention and control group.

viii) In Italy, 54 liver transplant patients have taken part in the study where telehealth remote monitoring is provided at the time of discharge. The Guardian has the [report](#).

ix) From a recent mHIMSS [article](#) - 'Only about 20 randomised clinical trials involving mHealth tools or services have been conducted in the US since 2008' says the National Institute of Health in the US – 'and more than half of them have failed to document clear evidence of improved outcomes'. There

are roughly 200 NIH-funded projects now underway on mobile phone-related research but it is important to collect the right evidence.

xi) It was reported on a year ago, but here is the published [abstract](#) – ‘Telemedicine in heart failure: Pre-specified and exploratory subgroup analyses from the TIM-HF trial’.

xii) Mobihealthnews [discusses](#) an important question raised at the recent mHealth Summit on whether the RCT is too slow for mobile health.

xiii) Researchers have [published](#) a ‘Pilot evaluation of the text4baby mobile health program’. Text4baby is a US example of mobile health based on behavioral theory, and it delivers text messages to traditionally underserved pregnant women and new mothers to change their health, health care beliefs, practices, and behaviors in order to improve clinical outcomes. The purpose of this pilot evaluation study was to assess the efficacy of the text messaging campaign.

xiv) Finally, two articles on Health records - [Patient satisfaction with electronic medical/health record: a systematic review](#) and [Patient access to complex chronic disease records on the Internet](#)

Item 10 – Learning and Events

Click on the links for upcoming conferences and learning events.

December 2012

Stuart Arnott (@MindingsStu) and Shirley Ayres (@shirleyayres) are recording a video podcast with Paul Burstow MP on social care – look out for the new video at <http://www.disruptivesocialcare.com/>

2013

The new conference season commences in January 2013. Here is a summary of upcoming events with links:

CES2013 8-11 January 2013 Las Vegas (Follow #2013ces) <http://www.cesweb.org/>

Personal Health Budgets: implementation, integration and patient experience 24 January 2013, London <http://www.westminsterforumprojects.co.uk/forums/event.php?eid=480>

NHS Hack Day Oxford 26-27 Jan 2013 <http://nhshackday.com/>

Leading the way in Assistive Technology: Life enhancing technology to support people with learning disabilities Liverpool 31 January 2013 <http://bit.ly/Sgovph>

Information day for AAL Call 6 - 12 February 2013, Birmingham <https://connect.innovateuk.org/web/aal-call-6-information-day-birmingham>

CUHTec: Preventing the need for long term care and re-hospitalisation using re-ablement strategies, University of York, 7 February 2013 <http://www.cuhtec.org.uk/courses/>

Northern Housing Consortium/Housing LIN: Meeting more than healthy and caring lifestyles: An Assisted Living Policy and Practice Day and Exhibition 7 February 2013 York <http://www.northern-consortium.org.uk/ViewEvent?EventID=7>

Telehealth, telemedicine and telecare: an introductory one-day seminar 28 February 2013 London <http://www.rsm.ac.uk/academ/ted02.php>

ALIP Showcase Event 2013 – 5-6 March 2013, Liverpool <https://connect.innovateuk.org/web/2013-assisted-living-showcase-event>

Scotland meeting: Point of care testing- disruptive innovation on 7 March 2013 Glasgow <http://www.rsm.ac.uk/academ/red08.php>

Healthcare Innovation Expo 2013 - Europe's largest, most exciting healthcare innovation event – 13 to 14 March 2013, London <http://www.healthcareinnovationexpo.co.uk/>

CUHTec:"Assistive technology and telecare for learning disability services", University of York 14 March 2013 <http://www.cuhtec.org.uk/courses/>

The International eHealth, Telemedicine and Health ICT Forum - Med-e-Tel 10-12 April 2013 Luxembourg <http://www.medetel.lu/index.php>

Using apps to transform healthcare delivery on 18 April 2013 London <http://www.rsm.ac.uk/academ/ted03.php>

Alzheimer's Show 19-20 April 2013 London <http://alzheimersshow.co.uk/>

CUHTec:"Technology and innovation for managing people with dementia", Newcastle University, 19 June 2013 <http://www.cuhtec.org.uk/courses/>

CUHTec:"Prevention of falls and loss of independence in the frail elderly - including technology", Newcastle University, 20 June 2013 <http://www.cuhtec.org.uk/courses/>

The King's Fund – International Telehealth and Telecare Congress 1-3 July London <http://www.kingsfund.org.uk/events/third-annual-international-congress-telehealth-and-telecare>

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 – telehealth and telecare

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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