

Telecare LIN eNewsletter

February 2009

[Booking](#) is now available for **11 June 2009** event in Leeds.

Welcome to the February 2009 newsletter. The Telecare Learning and Improvement Network (LIN) is responsible for providing general implementation support to organisations building their telecare and telehealth programmes.

If you are an organisation implementing telecare or telehealth in England and have an interesting local telecare or telehealth story for inclusion in a future newsletter then e-mail Mike Clark at telecare@csip.org.uk

Web site links:

www.networks.csip.org.uk/telecarenewsletters

www.networks.csip.org.uk/telecareservices

www.networks.csip.org.uk/telecareoutcomes

www.networks.csip.org.uk/telecaresolutions

Please note – these links will change from 1 April 2009 – all current pages will link to the new Care Networks web site. All e-mails will be delivered to the new mailbox. More details soon.

WSD Action Network:

<http://www.wsdactionnetwork.org.uk/>

Notes: The Telecare LIN is not responsible for the content of external links and does not endorse any suppliers or their products. Any claims made by organisations should be carefully evaluated as part of normal commissioning and procurement arrangements.

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Item 1 provides an update on the Whole System Demonstrator Events – Booking for Leeds in 11 June 2009 is now available.

Item 2 covers the recent Scottish telecare and telehealth conference

Item 3 provides a link to the latest Housing with Care Matters (Housing LIN) newsletter

Item 4 reminds contributors on the March 2009 supplement

Item 5 covers the recently announced Dementia Strategy

Item 6 covers some recent Internet and mobile innovations

Item 7 provides an update on overcoming barriers to telecare mainstreaming

Item 8 covers recent publications from the Department of Health of interest to those implementing telecare and telehealth

Item 9 provides a comprehensive listing of links on telecare and telehealth over the last month

Item 10 has i4i project call dates

Item 11 lists upcoming events

All previous telecare eNewsletters are available at:

www.networks.csip.org.uk/telecarenewsletters

Glossary:

ALIP – Assisted Living Innovation Platform

AT – Assistive Technology

BERR – Business Enterprise and Regulatory Reform

CSCI – Commission for Social Care Inspection

CQC – Care Quality Commission

DCLG – Department for Communities and Local Government

FACS – Fair Access to Care Services

IB- Individualised budgets

i4i – Invention for Innovation

LIN – Learning and Improvement Network

NHS CfH – NHS Connecting for Health

NHS PASA – NHS Purchasing and Supply Agency

POPP – Partnership for Older Peoples Projects

PT Grant or PTG – Preventative Technology Grant

TSA – Telecare Services Association

TSB – Technology Strategy Board

WSDAN – Whole System Demonstrator (Long Term Conditions) Action Network

1 Whole System Demonstrator Action Network (WSDAN) – events

Mike Clark provides an update on the WSDAN programme



Martin Scarfe (Newham) speaking at the London event on 22 January 2009

The slides from the London event (22 January 2009) are now available at:
http://www.wsdactionnetwork.org.uk/past_events/wsdan_roadshow_22.html

The next WSDAN event is 12 March in Birmingham (Edgbaston Conference Centre. The programme includes:

- An update on the Whole System Demonstrator Programme
- An outline of the projects being developed by the Action Network of 12 sites
- A presentation on Birmingham OwnHealth
- Parallel sessions on (1) Assisted Living Innovation Platform (Graham Worsley and David Calder), (2) Consultation on the NHS PASA telecare framework (Paul Inward and Mark Etherton) and (3) NHS Connecting for Health (Michael Dillon and Simon Tinling)
- A presentation on [Medilink West Midlands](#) and the [iHouse](#) by Rob Chesters

The Birmingham event is now fully booked.

[Booking](#) is now available for the third WSDAN event on 11 June in Leeds.

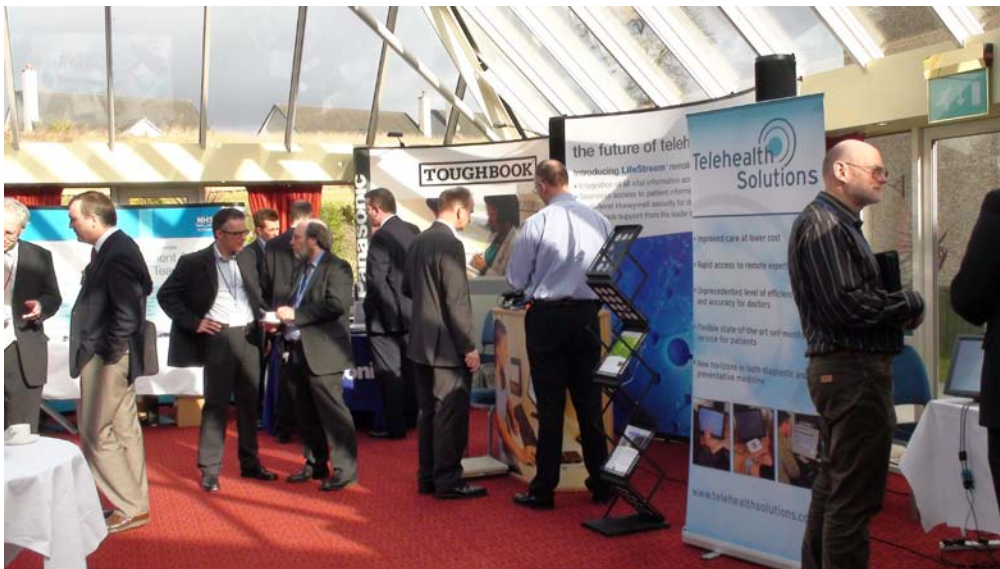
The [WSDAN](#) site covers the latest information on the Whole System Demonstrator Programme together with telecare, telehealth and telemedicine reading rooms.

[Registration](#) at the web site provides a regular newsletter update which includes progress and events information.

2 Scottish Centre for Telehealth and Joint Improvement Team Conference (24/25 February 2009)

Mike Clark reports from the recent conference

The [Scottish Centre for Telehealth](#) and [Joint Improvement Team](#) (JIT, Scottish Office) recently held a [two day conference](#) to review recent developments across telehealth and telecare. Areas of interest included the telehealth trial in NHS Lothian, the announcement of some further telehealth programmes with new funding and the publication of the 'Evaluation of the Telecare Development Programme (Final Report)'.



NHS Lothian Trial

This [trial](#) involves the use of 400 telehealth units to provide in-home monitoring for people with COPD and other long term conditions. It follows a pilot of 30 patients. The randomised control trial will run through till 2010 and will be evaluated by the University of Edinburgh.

In addition, sixteen eHealth projects across Scotland will share £1.6 million funding from the Scottish Government and the ATOS Origin Alliance Innovation Fund:

- £200,000 investment between NHS Dumfries and Galloway and NHS Tayside, to develop a multidisciplinary IT system to share key patient information in both community and hospital settings
- £175,000 to NHS Ayrshire & Arran to develop an online patient portal, which will make healthcare information available at the touch of a button for people living with long term conditions
- £150,000 between NHS Fife and NHS Tayside, to consult patient groups on safeguards around information sharing so that patient care can be supported
- £140,000 between NHS Tayside and NHS Fife - to use real-time **management** technology to help meet waiting time targets for patients
- £140,000 to NHS Orkney to develop remote medical patient monitoring. This will allow clinical staff in Orkney to access real-time medical support and expertise and reduce the need to

transport patients. This will also support the delivery of unscheduled care and long-term conditions care in remote areas

- £136,000 to NHS Greater Glasgow and Clyde to develop new ways of supplying clinical information directly to consulting rooms
- £122,000 between NHS Lothian and NHS Tayside to develop a Child Health Summary, ensuring critical information is available in one place when needed by healthcare professionals
- £119,000 to NHS Tayside to develop a Children's Information Assessment to support staff with systems that underpin the management and decision making of child care
- £109,000 to NHS Fife to develop governance for eHealth
- £100,000 to the West of Scotland Heart and Lung Centre at the Golden Jubilee National Hospital to replace cardiac databases with more up-to-date solutions to improve patient safety and care
- £100,000 to NHS Forth Valley to develop patient information systems to improve mental health care
- £50,000 shared between NHS24 and Breathing Space to provide mental health and wellbeing support for deaf people, through online face-to-face consultations
- £50,000 to NHS Greater Glasgow and Clyde to develop systems to share information across organisations, reducing duplication and delivering crucial patient information to clinicians
- £42,000 between NHS Dumfries and Galloway, NHS Borders and NHS Ayrshire and Arran to create a software development network, ensuring a consistent approach across NHS Scotland
- £33,700 to NHS Tayside to create an electronic data system to help improve patient safety
- £30,000 to NHS Grampian to establish a Multi User Telehealth System used to monitor users' vital signs remotely

Link: <http://www.scotland.gov.uk/News/Releases/2009/02/23151620>

Telecare Development Programme evaluation

The Telecare Development Programme (TDP) was launched in Scotland in 2006 and is managed by the Joint Improvement Team.



Link: <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/>

£6.8m of the £8m total funding was allocated to local partnerships during 2006/7 and 2007/8 to support implementation of 51 identified projects.

York Health Economics Consortium (YHEC) was commissioned by JIT to evaluate the TDP over the two year period. The methodology included performance against eight published TDP objectives, questionnaire surveys and case studies.

Performance information is provided against the following objectives:

- Reduce number of avoidable admissions and readmissions to hospital
- Increase the speed of discharge from hospital once clinical need is met
- Reduce the use of care homes
- Improve the quality of life of users of telecare services
- Reduce the pressure on informal carers
- Extend the range of people assisted by telecare services in Scotland
- Achieve efficiencies from the programme investment in telecare
- Support effective procurement

Funding continues for 2008-2010 as part of the Telecare Strategy agreed in 2008.

Links for announcements:

<http://www.scotland.gov.uk/News/Releases/2009/02/23151620>

<http://www.wired-gov.net/wg/wg-news-1.nsf/0/3E62BE660AD04A0380257567003E86C2?OpenDocument>

<http://news.scotsman.com/health/39Telehealth39-cash-boost.5012431.jp>

<http://www.bjhcim.co.uk/news/2009/n902061.htm>

<http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=19087>

http://ehealthurope.net/news/4602/scottish_nhs_to_invest_%E2%82%AC1.8m_in_e-health

<http://www.ehealthnews.eu/content/view/1515/26/>

<http://www.ehealthnews.eu/content/view/1514/27/>

<http://www.jitscotland.org.uk/knowledge-bank/publications/telecare/>

<http://edinburghnews.scotsman.com/topstories/1bn-budget-a-first-for.4972945.jp>

<http://www.hesmagazine.com/story.asp?sectioncode=196&storyCode=2048975>

http://www.e-health-insider.com/news/4600/scotland_invests_in_telehealthcare

http://www.ehealthurope.net/news/4602/scottish_nhs_to_invest_%E2%82%AC1.8m_in_e-health

<http://news.stv.tv/scotland/79368-nhs-welcomes-new-technology/>

http://www.publicservice.co.uk/news_story.asp?id=8694

<http://www.ehealthserver.com/intel/147-nhs-lothian-implements-intels-personal-health-system-to-manage-patients-with-chronic-conditions>

http://www.allmediascotland.com/media_releases/4231/nhs_lothian_at_the_cutting_edge

http://www.theherald.co.uk/news/other/display.var.2491224.0.Independent_living_is_key_for_elderly.ph

<http://news.scotsman.com/health/Making-health-assessment-at-home.5023087.jp>

<http://scotlandonsunday.scotsman.com/scotland/Watchdog-warns-of-pitfalls-of.5004377.jp>

<http://news.scotsman.com/health/Computers-prescribed-to-keep-GPs.5008955.jp>

<http://www.managementinpractice.com/default.asp?title=Home%22telehealth%22toputhundredsofpatie>

[ntsonline&page=article.display&article.id=15778](http://www.managementinpractice.com/default.asp?title=Home%22telehealth%22toputhundredsofpatie)

<http://deadlinescotland.wordpress.com/2009/02/24/patients-monitor-health-through-computer-technology/>

<http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=19087>

<http://www.qas.co.uk/company/data-quality->

[news/scottish_nhs_rolls_out_new_data_strategy_to_improve_best_practice_3248.htm](http://www.qas.co.uk/company/data-quality-news/scottish_nhs_rolls_out_new_data_strategy_to_improve_best_practice_3248.htm)

<http://www.thestar.co.uk/latest-scottish-news/New-technology-plan-for-healthcare.5004529.jp>

<http://www.google.com/hostednews/ukpress/article/ALeqM5jMLU4KQt5m0xnMEEN3WzYytaCmfQ>
http://www.nursingtimes.net/news/breakingnews/2009/03/specialist_nurses_to_remotely_monitor_patients_with_longterm_conditions.html

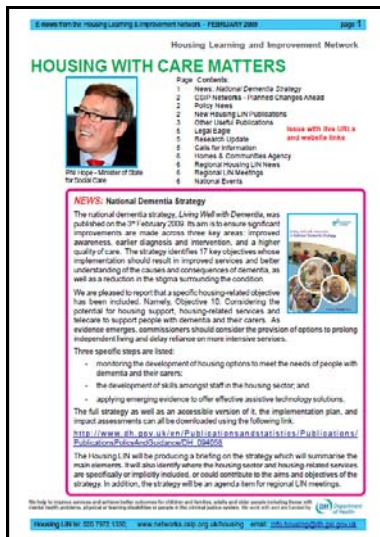
Video – Brian McKinstry/NHS Lothian/Intel Health Guide

<http://deadlinescotland.wordpress.com/2009/02/24/patients-monitor-health-through-computer-technology/>
<http://articles.icmcc.org/2009/02/25/computer-technology-for-patients/>

Conference web casts/slides (May require registration):

http://conventions.nss.scot.nhs.uk/event_316/information.php
 From April 2009: <http://www.sct.scot.nhs.uk/>

3 Housing with Care Matters – latest Housing LIN newsletter



The [February 2009 Housing with Care Matters Newsletter](#) is now available from the Housing LIN.

The Newsletter provides a range of links to publications including a set of leaflets on [Lifetime Homes, Lifetime Neighbourhoods: A User's Guide](#)

The new leaflets are the work of the Department of Health's Housing Learning and Improvement Programme and the Housing and Older People Development Group (HOPDEV). They address key sections of the cross-government housing strategy.

4 March Supplement

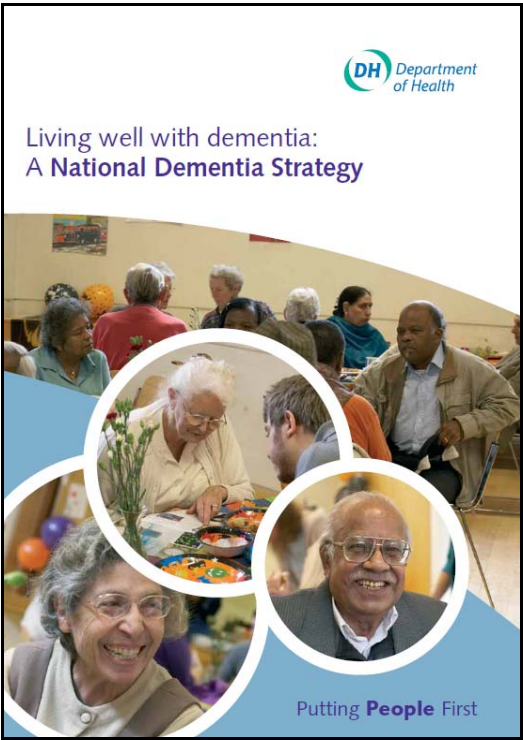
The deadline is approaching for contributions to the March supplement.

The supplement provides opportunities for suppliers, academic organisations and others to tell people what they are doing. This could include new products, innovations, announcements, case studies, evaluations and reports.

Organisations wishing to be included should send their responses to telecare@csip.org.uk by **13 March 2009**.

Further details are included in Appendix 1 of this newsletter.

5 Living well with dementia: A National Dementia Strategy (DH, February 2009)

 <p>Living well with dementia: A National Dementia Strategy</p> <p>Putting People First</p>	<p>The strategy provides a strategic framework within which local services can:</p> <ul style="list-style-type: none"> • deliver quality improvements to dementia services and address health inequalities relating to dementia; • provide advice and guidance and support for health and social care commissioners and providers in the planning, development and monitoring of services; and • provide a guide to the content of high-quality services for dementia.
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There are references to telecare in the recent Department of Health document published on 3 February 2009. In particular, housing-related services and telecare are included in Objective 10.

Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers. *The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.*

Sunderland's approach

Sunderland will be ready to help the soaring number of people with dementia, a [recent conference](#) was told.

Cases of the condition – which affects nearly 3,000 people in the city – are predicted to rise by a third over the next 15 years.

Neil Revely, Sunderland Council's Director of Health, Housing and Adult Services, pledged to make sure the city has facilities and services in place to help the people who are living with the condition.

He was speaking at 'Dementia ... A Matter For Everyone', an event held at the Stadium of Light which

gave people the chance to have their say on the care across the city.

Mr Revely said: "Sunderland will be a city prepared as we are absolutely committed to raising awareness of this issue. We are already developing a vision for 2025 to make sure we will have first-class facilities and services for people with dementia in Sunderland."

The council's vision includes promoting a greater awareness of the condition, an expansion of the Telecare home response service and making access to information easier.

Mr Revely added: "We still have lots to do, but we are making sure we are not starting from a complete blank. We want people with dementia in Sunderland to lead a fulfilling life."

Link:

<http://www.sunderland.gov.uk/Pages/press/pritem.asp?Id=10403>

Themed report on telecare (based on CSCI social care returns from 2008):

www.networks.csip.org.uk/telecareoutcomes

Telecare and dementia – Telecare LIN Briefing (April 2008):

http://www.icn.csip.org.uk/library/Resources/Telecare/Support_Materials/Telecare_LIN_Briefing_-_Dementia_April_2008_4.pdf

6 Some recent internet and mobile innovations

Mike Clark looks at recent innovations that could impact on health and social care services (note: DH/CSIP does not endorse any individual suppliers or products)

New technology-based approaches to the possible management of social and healthcare scenarios are appearing on a weekly basis.

We are all probably familiar with [Google](#) and [Google Health](#), [Facebook](#), [Twitter](#) and the [iPhone](#) but what about Google Latitude, iPhone Apps and networking sites like Tyze?

Google Latitude is a 'mobile friend finder' launched in the US and other countries. It is a new 'Google Maps for mobile' feature enabling smartphone and computer users to triangulate the whereabouts of family and friends. Latitude only stores a user's last recorded location, making it impossible for Google to track their whereabouts over time.

<http://googleblog.blogspot.com/2009/02/see-where-your-friends-are-with-google.html>

<http://www.google.com/latitude/intro.html>

YouTube explanation: <http://www.youtube.com/watch?v=Q-Oq-9enE-k>

Comments on Latitude:

http://technology.timesonline.co.uk/tol/news/tech_and_web/article5662525.ece

<http://www.telegraph.co.uk/scienceandtechnology/technology/google/4513282/Google-launches-Latitude-tool-to-help-you-track-friends-and-family.html>

iPhone Apps are free or low cost applications for the iPhone or iTouch available via the iTunes store. Other providers (eg Nokia) are developing App Stores. With the applications, It is possible to track your blood pressure, medications, your weight and fitness programmes and send entered data to various recipients. Examples include [Illness Tracker](#), [weightbot](#), [Distance Meter](#), [BP Charter](#), [Glucose Charter](#).

Additional link:

http://cell-phones.suite101.com/article.cfm/new_fitness_monitoring_mobile_apps_for_iphone

www.tyze.com is a social networking site that is based around the story and care plan of the individual at the centre of the network. Each member of the online support network voluntarily forms a relationship with the person at the centre of the network and with every other member. Each member offers support, advocacy, monitoring, and companionship.

7 Service mainstreaming – overcoming implementation barriers

Mike Clark updates a checklist for telecare implementation for organisations using April 2009 to mainstream services

This section of the newsletter provides an alphabetical list of some of the issues that have been raised by local telecare services around the country as picked up through telecare mailbox queries and network meetings. Each topic area identifies some of the issues and then summarises risks and potential good practice.

Assessment and FACS

Issues: *Fair Access to Care Services (FACS) in most parts of the country is operating at critical and substantial levels only. This is having an impact on the numbers and types of users who may benefit from telecare services. Assessments are often being carried out in isolation by different health, housing and social care organisations. There is confusion over assessing for user needs versus assessing for services.*

Risks: There may be poor take-up from higher FACS levels as user needs may be too complex to be supported by telecare sensor solutions – this could affect telecare referral rates and mainstreaming. There is the possibility of duplication of assessments and poor care planning where organisations are not communicating with each other.

Good practice: A spread of service approaches including 'FACS eligible', 'preventative' and 'targeted' may yield better results compared with just one approach depending on local evidence available. Assessment should follow single/common assessment frameworks using agreed data sharing protocols with shared records that comply with data protection requirements. Assessments should be of 'user needs - organisations should avoid 'assessing for a telecare service' particularly with social care assessments.

Business case

Issues: *Telecare project managers and coordinators are regularly asked to present a local business case for including telecare or telehealth within mainstream services. There is not yet long term statistically valid evidence over a large enough group of people over a long enough period to show cost-effectiveness of telecare and telehealth in England.*

Risks: Telecare and telehealth may not be accepted as part of an integrated solution at a time when there is considerable pressure on community services. Local organisations may need to make their decisions about mainstreaming ahead of significant early feedback from the demonstrator sites and other evidence becoming available.

Good practice: The level of evidence being looked for in respect of telecare and telehealth is often far higher than for any other existing or new service. Indeed, many existing commissioned services may not have extensive high levels of independent evidence to support their use but local authorities and PCTs have taken steps to provide these services based on their local experiences. Local organisations have to be realistic in their consideration of potential long term savings at this time for any preventative services as it can be very difficult to predict future events. It is possible to build up a picture of where the greatest impact is likely to be based on work completed using PT Grant money, local evaluations and performance. The [WSD Action Network](#) will continue to build the evidence base. A [range of telecare outcomes](#) from 150 social care authorities and their partners provides examples of case studies and local business case discussions. CSED have produced a [checklist](#) to assist organisations looking at their business cases.

Care pathways

Issues: *Relatively few validated care pathways are in place generally across health and social care. It is unlikely that existing pathways include telecare and telehealth.*

Risks: Users and carers may not be benefiting from well-tested, evidence-based approaches. Services may not be as effective as they could be in supporting people at home.

Good practice: Care pathways help ensure consistency and provide a solid foundation for commissioning and service provision. Identify simple pathways particularly for targeted services (eg falls prevention, dementia support, medication etc) and ensure that telecare and telehealth options are considered based on local evidence of successful care planning as well as preventative and targeted approaches. A [range of telecare outcomes](#) from 150 social care authorities and their partners provides examples that may assist.

Charging

Issues: *Charging can be complex and very few authorities have addressed all of the issues. Local charging policies require consultation and need to go through administrative and various legal checks prior to implementation. Telecare services are price-sensitive.*

Risks: A delay in setting charges could impact on presenting a telecare business case, the outcomes of evaluations and the balance of user assessed versus preventative and targeted services. Incomplete charging tariffs could mislead and confuse users, carers and other stakeholders. High charges could affect uptake and dropout rates. Because of the complexity, there is always a possibility of a legal challenge against local charges.

Good practice: Ensure all aspects of charging for telecare have been considered. Follow local procedures for consultation and legal requirements. Provide clear and accurate information for all stakeholders.

Champions for telecare

Issues: *It is difficult to get high level champions for telecare.*

Risks: Implementation remains patchy with few additional users benefiting. There is no long term funding and mainstreaming of telecare and telehealth services.

Good practice: Telecare and telehealth should be considered as part of a wide range of locally commissioned services. Senior managers, cabinet lead members, board members will need to be aware of the range of services provided to meet individual needs and support people to remain independent. Visits to users and carers with telecare and telehealth will provide useful feedback to decision makers about how services can help to support people at home. A [range of telecare outcomes](#) from 150 social care authorities and their partners provides examples from around the country.

Commissioning

Issues: *Joint and strategic commissioning is not well developed in many areas. Commissioning plans and local area agreements do not yet include telecare and telehealth to any extent. Telecare strategies may exist but are not linked to other commissioning documents. There are no references in the Joint Strategic Needs Assessment.*

Risks: Telecare and telehealth will not be included in local health, housing and social care services where they do not appear in commissioning plans or are not related to a local performance target.

Good practice: Ensure that telecare and telehealth are linked to the joint strategic needs assessment and the development of commissioning plans and local area agreements. Input from health, housing, social care and other community services are important. Health trusts should follow World Class Commissioning approaches.

Cost - benefit and cost-effectiveness

Issues: *It is difficult to establish the long term cost-effectiveness of telecare and telehealth services. The financial and statistical information on savings remains limited for telecare and telehealth. There are questions about the size and nature of previous evaluations as well as the difficulties in setting up trials over the long term.*

Risks: Telecare and telehealth will not be included in local health, housing and social care services where they do not appear in commissioning plans or are not related to a local performance or savings target. Mainstreaming and sustainability are affected.

Good practice: Review the many examples of evaluations which help build the evidence base to support telecare and telehealth together with local evaluations.

Recognise that there are no definitive long term figures yet for savings as you need extensive baseline data and a lengthy implementation over several years with significant numbers of people to get statistical validity. A [range of telecare outcomes](#) from 150 social care authorities and their partners provides examples from around the country

Many preventative services are faced with a similar situation in establishing long term efficiencies. Also, it may not be possible to release any savings identified eg stopping a fall may prevent a hospital admission for a fracture and potentially save a tariff charge, but could you ever be sure that the telecare prevented the fall and can you release the tariff amount for further investment or as a saving?

Outcomes from the Whole System Demonstrator Programme will be available from 2010.

If you are looking at the overall cost, you also need to factor in charges for telecare and the extent to which users will make their own decision with their own money or via a direct payment/personal budget. Users could effectively choose to have telecare services regardless of the local authority decision on mainstreaming.

Ensure that support is provided for self care, self-management of long term conditions etc where people may choose to make their own purchasing decisions.

Given that in excess of 1.4 million people have telecare of some type (reported in Building Telecare in England), local authorities probably need to think carefully why they would not include telecare and telehealth within their future commissioning arrangements. Given the growing numbers of older people, local authorities and their partners are faced with very limited options in supporting people at home. Without telecare and telehealth even in the form of basic reassurance and carer support, pressures could continue to mount.

Cost of service

Issues: Telecare services have not been costed.

Risks: It becomes difficult to establish a business case without full cost information. Commissioners are unable to make procurement decisions without an understanding of the cost of the service. Individuals will not know how much is being made available in their personal budget. Existing users may cease their service if they move to personal budgets and do not have sufficient to maintain their service.

Good practice: Carry out a costing exercise on all parts of the telecare programme in the light of existing or new specifications for services. Ensure that commissioners have information about local service costs and benefits. Ensure that users are able to receive a realistic amount in their personal budgets to cover existing or new services.

Culture change

Issues: Although provided with awareness and assessment training, staff have not made the cultural change within local organisations and have not fully adopted telecare as a care option.

Risks: Referrals for telecare services are low or inappropriate. Staff lose confidence in telecare as a potential care option. Telecare fails to become part of mainstream services.

Good practice: Ensure that care pathways are in place that include telecare and telehealth services. Provide appropriate training to key staff so that they can customise individual care plans and packages (including personal budget). Ensure that alert monitoring is effectively reviewed by staff responsible for the care plan. Update staff as services are developed.

Data sharing

Issues: *There are no agreed protocols in place for data sharing with appropriate user consent.*

Risks: Health, housing and social care staff provide parallel telecare and telehealth services. Users are supported by multiple and separate response arrangements. Incidents and alerts are not shared with the responsible services eg falls history maintained by a control centre is not available to social care managers or health staff.

Good practice: Protocols are in place between all relevant partner organisations eg data sharing agreement. Assessments use a single process/common assessment framework. Services are delivered through common standards with interoperability wherever possible.

Evaluation

Issues: *No local evaluation is available. Is there any point in carrying out further evaluations if the quality threshold is set high and it is very difficult to do a randomised control trial?*

Risks: *Reports from other areas do not go far enough to persuade local commissioners to mainstream telecare and telehealth. Individual case studies demonstrating local telecare effectiveness are insufficient to attract long term investment to mainstream services and make them sustainable.*

Good practice: (See also Cost Benefit) The recent CSIP evidence factsheet and May 2007 newsletter provide some useful pointers to evidence accumulated for telecare and telehealth. Organisations commissioning future evaluations need to be clear about their specifications and may wish to concentrate more on new areas of activity rather than those where evidence for individual benefits have been established.

A [range of telecare outcomes](#) from 150 social care authorities and their partners provides examples from around the country.

Telecare and telehealth should be integrated with other local health, housing and social care services that are commissioned and evaluated against existing and new care pathways.

Simple evaluations with some degree of independence can be set up quickly using peer assessment and review between neighbouring areas. This could also lead to longer term benchmarking and provide the framework for a fuller independently commissioned evaluation.

Funding

Issues: *There is insufficient funding to mainstream telecare and telehealth for the longer term.*

Risks: With an ageing population, local providers will not be able to provide a cost-effective range of services for users and carers to meet their needs. Telecare and telehealth will not be provided as care options with potentially increasing numbers of care home and hospital admissions.

Good practice: A whole system approach needs to be taken so that organisations do not question benefits accruing in other areas. Telecare and telehealth should be part of an overall commissioning approach to meet the needs of the local population. Links should be made with Transforming Social Care and Supporting People arrangements.

Health involvement

Issues: *Health trusts have other priorities and are slow to engage with telecare and telehealth. Clinicians look for a higher level of evidence compared to social care practitioners.*

Risks: Users and carers are unable to receive the advantages of telecare and telehealth support. There are no whole system/integrated approaches to looking at inputs, outputs and outcomes. There is duplication as housing and social care services also pick up users where there is a health input.

Good practice: There is much more evidence of health involvement compared with a year ago. There is also increasing awareness and appreciation that other organisations including housing, social care and third sector organisations can provide services that benefit the health and well-being of the local community. Project groups and steering groups have health representatives and there are increasing numbers of telehealth projects underway.

A [range of telecare outcomes](#) from 150 social care authorities and their partners provides examples of integrated working from around the country

Innovation and change

Issues: *It is difficult to keep up with the amount of innovation and change in telecare and telehealth products and services. It can prove difficult in identifying equipment and services that work for particular individuals.*

Risks: Users and carers are unable to receive the advantages of telecare and telehealth support.

Good practice: A [range of telecare outcomes](#) from 150 social care authorities and their partners provides examples from around the country. This includes innovative approaches with existing technologies. This newsletter also provides links to new products and services. The DLF and ATDementia web sites provide information about available products and services.

Installation and maintenance

Issues: *Installation and maintenance are not matching referral rates leading to delays.*

Risks: At risk users may need rapid installation eg intermediate care, hospital discharge, palliative care arrangements. Local authorities may not reach their targets.

Good practice: Installation and maintenance procedures and protocols need to be commissioned to ensure that all relevant standards and specifications are met. This includes installations into housing schemes. Contracts and service level agreements need to take account of target installation times eg hospital discharge, end of life care, dementia support, falls programmes etc.

Mainstreaming and sustainability

Issues: *Services are not ready to mainstream. A business case is not available for sustainability.*

Risks: Users, carers and other stakeholders could be excluded from a range of service options that could support them at home.

Good practice: Set out a business case covering national and local successes and identify continuing challenges and how they can be overcome. Be realistic in how telecare and telehealth is effective in individual cases and ensure that care options and pathways are in place. All future plans should be fully costed. Services should be commissioned to meet needs. Ensure there is an appropriate balance between FACS-assessed, preventative and targeted services.

CSED have produced a [checklist](#) to assist organisations looking at their business cases.

A [range of telecare outcomes](#) from 150 social care authorities and their partners covers mainstreaming and sustainability as covered in the CSCI returns from 2008.

Monitoring and response

Issues: *Standards and arrangements are different across service providers. Procedures and algorithms are not well developed to respond to triggers and alerts.*

Risks: There is inconsistency where there are multiple service providers in a given area. Monitoring and response arrangements are not linked to care plans.

Good practice: Involve stakeholders in developing care pathways and service response protocols. Make references to these in specifications, service level agreements and contracts as part of commissioning telecare and telehealth within an integrated service. Ensure that care/case managers maintain responsibilities for supporting individual care plans particularly with complex cases.

Performance indicators and targets

Issues: *Telecare performance is measured only in additional numbers of older people benefiting from services.*

Risks: Local authorities become target driven rather than commissioning and providing integrated services using telecare and telehealth for a wide range of users. External commentators view telecare outturn figures as a league table to see who has the most users.

Good practice: The CSCI performance indicator for telecare was a high level outcome indicator to demonstrate the overall use of the grant funding and its impact on the whole population. There will be different priorities and the pace of implementation will vary across authorities. There are examples of other user groups benefiting from telecare (see [telecare outcomes](#)). Local authorities and their partners should identify other linked indicators (eg home care, direct payments, extra care) and add in other quality and outcome indicators which help to establish the care pathways where telecare and telehealth are most effective. Personalisation and personal budgets

Preventative approaches

Issues: *There is often a focus on services for FACS eligible users without a broader view of the preventative role of telecare and telehealth.*

Risks: The needs of users in critical and substantial categories may be so complex as not to benefit from telecare.

Good practice: The key to good telecare and telehealth implementation is in finding the balance of user-assessed, preventative and targeted approaches and developing care pathways that demonstrate effective outcomes for users and build up a wider case for cost-effective commissioning and provision. Links need to be made to Supporting People and other local prevention programmes.

Projects and pilots

Issues: *Many organisations have not yet moved out of the projects and pilots phase.*

Risks: With added eligibility requirements, charging exemptions and other artificial arrangements used in pilot programmes, local authorities and their partners will not have a good picture of how telecare and telehealth could be commissioned as part of future integrated services eg referral rates and user satisfaction could be affected by charging arrangements. Evaluations can be skewed by artificial criteria and may not reflect how a mainstream service would operate.

Good practice: Services should move into phased mainstreaming using real criteria eg FACS as soon as possible. Evaluation should not take place within an artificial environment.

Protocols

Issues: *Care pathways and protocols are not in place. There is no real data sharing across health, housing and social care.*

Risks: It will not be easy to show service effectiveness without care pathways. Users may be put at risk without agreed data sharing arrangements.

Good practice: Care pathways, protocols and robust operating procedures should be in place and regularly checked to ensure they remain effective. Local authorities, health trusts and other partners need to be working to agreed data sharing arrangements with appropriate user consent to ensure that all relevant information is captured and acted on.

Referrals

Issues: *Poorly planned and rapidly implemented services often lead to poor forecast of demand.*

Risks: Low referral numbers may indicate poor staff training amongst other things – unit costs may be high and there is no accumulation of data to support mainstreaming. High referral numbers may lead to long delays in installing equipment for users and carers who may benefit the most.

Good practice: Referrals should be within clearly identified care pathways and local criteria. Forecasts should be made across a balance of user-assessed, preventative and targeted services. Plans should be in place to provide appropriate training as well as management of demand and interest particularly where there is a public launch and aggressive marketing of services.

Workforce

Issues: Awareness training is in place but plans have not been developed to look at workforce issues for full implementation and mainstreaming.

Risks: Staff as key stakeholders will not be able to respond to commissioned service specifications. There will be delays and/or poor practice in providing services.

Good practice: Identify the skills and competences for the types of staff that support the provision of telecare and telehealth in your local organisation and take appropriate steps to support staff development and training.

8 Publications from the Department of Health

a) Common Assessment Framework

[Consultation](#) has begun on how best to improve information sharing across health, social care and wider community support services

The consultation aims to create a more efficient and transparent system of information sharing, to avoid patients having to answer the same questions several times and ensure that people receive the best quality care and support.

The new system will reflect the fact that people are being given the power to choose and commission their own care and support services through recent reforms outlined in Putting People First.

The consultation will run alongside a number of demonstrator sites, local authority led partnerships who will work to test and evaluate the practical changes that will need to be made and will take into account people's feedback from the consultation. A first wave of demonstrator sites is expected to start shortly, and a call for interest in a second wave is expected in the summer.

Closing date for consultations: 17 April 2009

News release:

<http://nds.coi.gov.uk/environment/fullDetail.asp?ReleaseID=390389&NewsAreaID=2&NavigatedFromDepartment=False>

Consultation document:

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_093438

b) Personal Health Budgets

Personal health budgets in England moved a step closer today with the Department of Health inviting expressions of interest for a new pilot programme.

Lord Darzi first announced the programme in his report High Quality Care for All last year. Evidence from

care suggests personal health budgets have the potential to deliver more effective and responsive care giving people greater choice and control over the way money is spent on their healthcare.

To support PCTs and local authority partners who wish to submit a proposal to the pilot programme, the Department has today published Personal health budgets: first steps - a document that outlines how personal health budgets might work in the NHS and sets out evidence from other health systems. Rather than a definitive guide or rulebook, First Steps encourages PCTs to take an innovative approach to personal health budgets and explore the opportunities they offer.

The pilot programme will run from the end of 2009 until 2012. The closing date for applications is 27 March 2009.

Personal health budgets: first steps:

http://www.dh.gov.uk/en/Healthcare/OurNHSourfuture/DH_090018

c) Government plan - get millions moving

The new plan puts physical activity at the heart of communities and at the centre of local authorities' efforts to tackle obesity, which is responsible for 9,000 premature deaths each year in England.

Physical inactivity costs the NHS £1.8 billion a year and the wider economic costs of sickness and early death may be as high as £8.3 billion.

A number of key measures are outlined to increase physical activity.

Link: http://www.dh.gov.uk/en/News/Recentstories/DH_094356

d) New guidance to support collection of patient reported outcomes

New guidance that will support the NHS to collect patient feedback on the success of their operations has been published by the Department of Health. The comparable data is then used to calculate a numerical value for the improvement to their health.

From April 2009, all licensed providers of hip replacements, knee replacements, groin hernia surgery and varicose vein surgery will be expected to invite patients undergoing one of these procedures to complete a pre-operative PROMs questionnaire. A contractor will then be responsible for collecting the pre-operative data and administering post-operative questionnaires. Research is underway to identify other areas where PROMs may be feasible.

Health Minister Lord Darzi said: "It will also strengthen commissioning across the NHS by offering PCTs the evidence they need to buy the best services based on patient experiences. What's more, routine collection of PROMs will enable clinical teams to benchmark their performance and research the success of different treatment options."

A PDF copy of the PROMs guidance and copies of the questionnaires are available from the Department of Health website:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_09

[1451](#)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_092647

d) Listening, Responding, Improving: A guide to better customer care

The Department has published a guide to help health and social care staff improve the way they respond to people who are unhappy about the service they have received.

Called 'Listening, Responding, Improving: A guide to better customer care', the guide is part of new approach to dealing with complaints.

Link: http://www.dh.gov.uk/en/News/Recentstories/DH_095631

e) Individual budgets benefit carers

Individual budgets can greatly improve carers' quality of life when compared with carers of people using conventional social services, new independent research has shown.

They can allow carers more control and flexibility in their daily routines, and some carers said individual budgets also improved quality of life for the person they were looking after.

Link: http://www.dh.gov.uk/en/News/Recentstories/DH_095462

f) Prospectus document for Carers Demonstrator Sites

The prospectus invites expressions of interest from local authorities and PCTs who wish to be considered as demonstrator sites.

The deadline for submission of expressions of interest is **9am 13 March 2009**.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094296

g) Fairer Contributions Guidance: A consultation on the extension and revision of the statutory guidance for charging for non-residential social services in relation to personal budgets

This paper is a consultation carried out by the Department of Health on the extension and revision of the statutory guidance for charging for non-residential social services, the 'Fairer Charging guidance'. The accompanying guidance refers to contributions for personal budgets, which consist solely of adult social care funding. The aim of the new guidance is to provide councils with a system for calculating how much a person should contribute to their personal budget. It has been produced as a companion to the existing Fairer Charging guidance.

Responses are required by **19 April 2009**.

Link: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_093730

h) Mental Capacity Act 2005 Deprivation of Liberty Safeguards: A Guide for Family, Friends and Unpaid Carers

This booklet contains all the information needed to understand what the MCA DOLS are all about. Importantly, it helps to:

- understand your rights to have a say in your friend or family member's care
- ensure that all possible steps are being taken to protect the interests of your friend or family member while they are being deprived of their liberty

Booklet:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095895?IdcService=GET_FILE&dID=187288&Rendition=Web

i) Individual budgets pilot projects: impact and outcome for carers

This research is one of two reports to inform development of personal and individual budgets. The first, published on 21 October 2008, examined the impact of individual budgets on service users. This report, published 26 February 2009, was commissioned by the Department of Health to examine the impacts on and outcomes for carers.

Link:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095420

j) LAC (DH)(2009)1: Transforming Adult Social Care

This Local Authority Circular sets out information to support councils and their partners in the ongoing transformation of adult social care as set out in Putting People First (2007), and preceding policy documents. It builds on Local Authority Circular (DH)(2008)1 and sets out, and reinforces the details of how the ring-fenced Social Care Reform Grant should continue to be used to help councils to redesign and reshape their systems over the remaining 2 years of the Grant. It also updates the information and support available to councils to drive the transformation of adult social care.

“.....For people eligible to receive council-funded support:

- Person centred planning and self-directed support to become mainstream, with individuals having choice and control over how best to meet their needs, including through routine access to telecare.....”

“...Alternatively, through effective use of telecare people with dementia are routinely able to stay at home with their families, who are able to continue their everyday lives.....”

Link:

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_095719

9 Other publications and links



Assisted Living conference – 24/25 March 2009

<http://conferences.theiet.org/assisted-living/>

Opportunity Age Indicators

http://www.dwp.gov.uk/opportunity_age/indicators/indicators-update-2008.pdf

Case study: Texas doctors get patient data via mobile

<http://www.healthcareitnews.com/news/texas-docs-boosting-care-receiving-real-time-data-mobile-devices>

MDs using social networks prescribe more

http://www.fiercehealthcare.com/press-releases/physician-social-networkers-are-high-prescribers-and-more-likely-engage-pharma?utm_medium=nl&utm_source=internal&cmp-id=EMC-NL-FHI&dest=FH

Google defends its stance on medical data privacy

<http://blogs.wsj.com/health/2009/01/28/google-opposes-sale-of-personal-medical-info/>

Report: Remote monitoring can cut costs substantially

http://www.healthdatamanagement.com/news/home_health27647-1.html

Home monitoring devices poised to create flood of data

<http://www.fiercehealthit.com/story/home-monitoring-devices-poised-create-flood-data/2009-02-17>

Sensors Help Keep the Elderly Safe, and at Home (Reg Req)

http://www.nytimes.com/2009/02/13/us/13senior.html?_r=2&partner=rss&emc=rss

CareLink Advantage and Alarm.com Launch Remote Monitoring Solution That Allows Elderly and Disabled to Live Independently

http://www.marketwatch.com/news/story/carelink-advantage-alarmcom-launch-remote/story.aspx?guid=%7B027E1049-DE89-479B-B394-A23014767FD4%7D&dist=msr_4

GE Scientists Create Wireless Sensing Platform That Could Dramatically Improve Neonatal and Home Health Monitoring

http://www.businesswire.com/portal/site/google/?ndmViewId=news_view&newsId=20090304005620&newsLang=en

Wristband enables RFID tracking of hospital patients

<http://news.thomasnet.com/fullstory/555933>

Hand-held computers could help nurses to meet Darzi quality targets

http://www.nursingtimes.net/communities/hcas/breakingnews/2009/02/handheld_computers_could_help_nurses_to_meet_darzi_quality_targets.html

Google Health "share" feature raises privacy concerns

<http://www.thestandard.com/news/2009/03/05/google-health-launches-share-feature>
<http://www.informationweek.com/news/showArticle.jhtml?articleID=215800776>

Wikipedia-plus launches for medics

http://www.ehealthurope.net/news/4604/wikipedia-plus_launches_for_medics

'Smart houses' may keep seniors at home longer

<http://www.calgaryherald.com/Health/Smart+houses+keep+seniors+home+longer/1354070/story.html>

Europe's e-health opportunity (video)

http://www.ehealthurope.net/comment_and_analysis/392/europe%E2%80%99s_e-health_opportunity

Charity call for more investment in telecare

<http://www.publicnet.co.uk/news/2009/03/02/charity-calls-for-more-investment-in-telecare/>

Health 2.0 And Telecare For The Elderly

<http://telehealth-monitor.com/2009/02/health-20-and-telecare-for-the-elderly/>

Using the Internet for Health-Related Activities: Findings From a National Probability Sample (USA)

<http://www.jmir.org/2009/1/e4>

Europe to double e-health research

http://ehealthurope.net/news/4591/europe_to_double_e-health_research

Manage a Health-E Life online (USA)

<http://www.northeastledger.com/apps/pbcs.dll/article?AID=/20090218/NEWS/902180305/1004>

American Telemedicine Association Annual Meeting April 26-28 2009 in Las Vegas

<http://telehealth-monitor.com/2009/02/american-telemedicine-association-annual-meeting-april-26-28-2009-in-las-vegas/>

<http://www.americantelemed.org/i4a/pages/index.cfm?pageID=3486>

Machine nurse keeps an eye on patient Elaine

<http://www.walesonline.co.uk/news/health-news/2009/02/23/machine-nurse-keeps-an-eye-on-patient-elaine-91466-22985128/>

Berg: Telehealth Has a Ways to Go

<http://www.xchangemag.com/hotnews/berg-telehealth-has-a-ways-to-go.html>

Electronic health records save lives, time

http://www.winnipegfreepress.com/opinion/westview/electronic_health_records_save_lives_time-40209117.html

Lifeline alarm (charges) will jump by 5 per cent – Perth and Kinross

<http://www.perthshireadvertiser.co.uk/perthshire-news/local-news-perthshire/2009/03/06/lifeline-alarm-will-jump-by-5-per-cent-73103-23074273/>

Mobile technology—10 key evolutions for 2009/2010

http://www.fiercewireless.com/europe/story/mobile-technology-key-evolutions-2009-2010/2009-01-28?utm_medium=nl&utm_source=internal&cmp-id=EMC-NL-FWE&dest=FWE

Microsoft looks to patient-centric e-health future

<http://eetimes.eu/germany/215800915>

Hong Kong plans eHealth records

http://www.ehealthurope.net/news/4624/hong_kong_plans_e-health_records

eHealth - Finland builds on local foundations

http://www.ehealthurope.net/news/4614/finland_builds_on_local_foundations

UnitedHealth tests medical home model in AZ

http://www.kaisernetwork.org/DAILY_REPORTS/rep_index.cfm?DR_ID=56872

Chronic heart failure: promoting quality of life

http://www.internurse.com/cgi-bin/go.pl/library/article.cgi?uid=38760;article=BJCN_14_2_54_59

The effect of shared medical visits on knowledge and self-care in patients with heart failure: A pilot study

[http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WG7-4TB9P79-2&_user=10&_coverDate=02%2F28%2F2009&_rdoc=10&_fmt=high&_orig=browse&_srch=doc-info\(%23toc%236815%232009%23999619998%23843064%23FLA%23display%23Volume\)&_cdi=6815&_sort=d&_docanchor=&_ct=16&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=2fc647084d4e4d09826481349a21b95e](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WG7-4TB9P79-2&_user=10&_coverDate=02%2F28%2F2009&_rdoc=10&_fmt=high&_orig=browse&_srch=doc-info(%23toc%236815%232009%23999619998%23843064%23FLA%23display%23Volume)&_cdi=6815&_sort=d&_docanchor=&_ct=16&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=2fc647084d4e4d09826481349a21b95e)

Evaluation of the management of heart failure in primary care

<http://fampra.oxfordjournals.org/cgi/content/abstract/cmn105>

Factors Impacting Readmissions of Older Patients With Heart Failure

<http://www.ccnq.com/pt/re/ccng/abstract.00002727-200901000-00006.htm;jsessionid=JYQCmQ3rBnV4QdsFgRhP1KLpJz1bHCLCWriKZP56QH2W5kFvqSgy!1204955331!181195628!8091!-1>

Representations of heart failure in Internet patient information

http://www.ingentaconnect.com/content/bsc/jan/2009/00000065/00000003/art00015;jsessionid=1bp3vo_nllshbn.victoria

Lack of "connectivity" among medical devices creates concerns

http://www.boston.com/news/science/articles/2008/12/29/medical_devices_lag_in_ipod_age/

LoJack tracking device could benefit Alzheimer's patients

http://online.wsj.com/article/SB123423274308166263.html?mod=dist_smartbrief

New group focuses on mobile devices in health care

<http://www.healthcareitnews.com/news/medical-records-institute-launches-mobile-tech-initiative>

Options for care funding: what could be done now?

<http://www.jrf.org.uk/sites/files/jrf/care-funding-options.pdf>

Government asks for web comments: on new 'Digital Britain' discussion forum (video)

<http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=19084>

Digital Britain discussion forum (video)

<http://www.digitalbritainforum.org.uk/>

CareTools offers iPhone EMR application

http://online.wsj.com/article/SB123379708243750291.html?mod=dist_smartbrief

Kansas hospital uses bar-code system to manage bedside medication

http://www.healthdatamanagement.com/news/bar_code27692-1.html

SafeMed unveils portable viewer for Google Health, takes on new name

<http://www.healthcareitnews.com/news/safemed-changes-name-anvita-health-debuts-google-application-mobile-viewing>

ITMP Technology device can send heart data to iPod

<http://www.healthdatamanagement.com/news/iPhone27691-1.html>

More men than women die of COPD, study hints

<http://uk.reuters.com/article/healthNews/idUKTRE50I3I320090119>

British Lung Foundation launches lung disease campaign with PCT

http://www.nursingtimes.net/news/breakingnews/2009/01/british_lung_foundation_launches_lung_disease_campaign_with_pct.html

Free test on offer for chronic lung problems (Wakefield)

<http://www.wakefieldexpress.co.uk/news/Free-test-on-offer-for.4882095.jp>

[Mass Spirometry In Young People Proposed To Improve COPD Detection ...](http://meddot.com/mass_spirometry_in_young_people_proposed_to_improve_copd_detection)

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DoH launches patient-reported outcomes measures

<http://www.healthcarerepublic.com/news/PRACTICESTAFF/879452/DoH-launches-patient-reported-outcomes-measures/>

Procurement blocks innovation: report

http://www.e-health-insider.com/news/4451/procurement_blocks_innovation_report

Disruptive innovation applied to healthcare (NY Times – Reg Req)

Better medication data and home care cut hospital readmissions (USA)

http://www.omaha.com/index.php?u_page=2798&u_sid=10578838

Remote Monitoring Technologies Could Shave Health Care Costs by \$197 Billion

<http://betterhealthcaretogether.org/news?&ctid=3&cid=11598&cgid=1>

Call to boost 'telemedicine' (EU)

<http://news.uk.msn.com/science/article.aspx?cp-documentid=14413376>

Specialist nurses to remotely monitor patients with long-term conditions

http://www.nursingtimes.net/news/breakingnews/2009/03/specialist_nurses_to_remotely_monitor_patients_with_longterm_conditions.html

Sullivan considering program used to search for Alzheimer's patients (Virginia)

<http://www.timesnews.net/article.php?id=9011608>

Improving NHS dementia care

http://www.hsj.co.uk/insideknowledge/features/2009/02/improving_nhs_dementia_care.html

Tech Policy Central: Using E-Health Records to Create a "Web of Care"

<http://www.techpolicycentral.com/2009/02/electronic-health-records-as-a.php>

E-health projects sick without govt aid (Australia)

<http://www.networkworld.com/news/2009/021209-e-health-projects-sick-without-govt.html>

Nintendo creates Wii health advisory unit

http://www.upi.com/Top_News/2009/01/28/Nintendo_creates_Wii_health_advisory_unit/UPI-58151233160361/

Disruptive Innovation, Applied to Health Care

http://www.nytimes.com/2009/02/01/business/01unbox.html?_r=1

Budget 2009: AMA pushes e-health agenda

<http://www.zdnet.com.au/news/software/soa/Budget-2009-AMA-pushes-e-health-agenda/0,130061733,339294709,00.htm>

Google, IBM team to take health records from PDA to e-health database

http://www.computerworld.com/action/article.do?command=viewArticleBasic&articleId=9127546&intsrc=news_ts_head

SmHeart Link turns iPhone into health tracker

http://news.cnet.com/8301-17938_105-10158887-1.html

Can Older Docs Be Taught New E-Health Tricks?

<http://healthcare.tmcnet.com/topics/healthcare/articles/50397-older-docs-be-taught-new-e-health-tricks.htm>

Sensors Help Keep the Elderly Safe, and at Home

http://www.nytimes.com/2009/02/13/us/13senior.html?_r=2&ref=us

Medtronic launches new heart monitor

<http://www.forbes.com/feeds/ap/2009/02/11/ap6038758.html>

Protocol for a randomised controlled trial of telemonitoring and self- management in the control of hypertension: Telemonitoring and self-management in hypertension

<http://www.biomedcentral.com/1471-2261/9/6>

Ambient Assisted Living: Remote monitoring can save billions a year

<http://ambientassistedliving.blogspot.com/2009/01/remote-monitoring-can-save-billions.html>

Medtronic unveils new subcutaneous cardiac monitor

<http://www.instantnews.net/medtronic-unveils-new-subcutaneous-cardiac-monitor.aspx>

State-Of-The-Art Monitoring Technology Keeps Residents Safe

<http://www.rfidsolutionsonline.com/article.mvc/RFID-For-Safety-Monitoring-Tracking-0001?VNETCOOKIE=NO>

Advocates want lifesaving Silver Alerts in California

http://www.pe.com/localnews/inland/stories/PE_News_Local_S_silver26.3d2e309.html

Technology News: Home Networks: Is It Too Late for Homes to Get Smart?

<http://www.technewsworld.com/rsstory/66040.html?wlc=1235840918>

IBM Teams With Google and Continua Health Alliance to Move Data

<http://money.cnn.com/news/newsfeeds/articles/marketwire/0471635.htm>

Wireless drug delivery on the horizon

<http://www.examiner.com/x-1242-Science-News-Examiner~y2009m2d7-Wireless-drug-delivery-on-the-horizon>

Mobile telehealth for the developing world - video presentation

<http://mitsloanblog.typepad.com/med/2009/02/mobile-telehealth-for-the-developing-world-video-presentation.html>

Queensland trials telehealth project

<http://www.ehealthonline.org/news/news-details.asp?newsid=15846>

Elderly protest as alarm bells replace 24-hour wardens

http://women.timesonline.co.uk/tol/life_and_style/women/the_way_we_live/article5817225.ece

Canadian Telehealth Blog/podcasts

<http://telehealthcanada.blogspot.com/>

Baptist's home-health program is seen as national model

<http://www.nwanews.com/adg/News/251269/>

Pioneering pods start Argyll's healthcare 'revolution'

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Home monitoring devices poised to create flood of data

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<http://telehealth-monitor.com/2009/03/home-telehealth-uk-telehealth-provider/>

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<http://www.forfardispatch.co.uk/local-news/ANGUS-COUNCIL39S-RADICAL-PLANS-FOR.5021402.jp>

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<http://www.fiercehealthit.com/story/supporting-medical-home/2009-01-29>

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<http://www.ama-assn.org/amednews/2009/02/02/hlsd0203.htm>

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<http://www.wnynv.net/index.php/2009/02/12/feedback-technology-helps-diabetic-students/>

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<http://www.medicalnewstoday.com/articles/138823.php>

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<http://www.nwanews.com/adg/Business/251515/>



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<http://jtt.rsmjournals.com/cgi/content/abstract/15/1/1>

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<http://www.walb.com/Global/story.asp?S=9814450&nav=5kZQ>

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<http://www.tmcnet.com/usubmit/2009/01/26/3939521.htm>

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http://www.ehealthurope.net/news/4549/germany_invests_%E2%82%AC125m_in_ambient_care

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Technology Will Ease Healthcare Dilemma - Ulster Researchers

<http://news.ulster.ac.uk/releases/2009/4218.html>

W.Va. hospitals administer medication with bar-code technology

<http://www.healthcareitnews.com/news/west-virgina-hospitals-roll-out-barcode-it-medication>

Journal articles

[The nursing contribution to chronic disease management: A discussion paper](#)

[Challenges for professional care of advanced dementia](#)

[The role of technology in critical care nursing](#)

[Computerized Tailoring of Health Information](#)

[Inoculating Elderly Against Slip-related Falls](#)

[Clinicians override most electronic medication safety alerts](#)

[Cash-strapped U.S. patients may be skipping drugs](#)

[Behavior Change Interventions Delivered by Mobile Telephone Short-Message Service](#)

[Clinical Information Technologies and Inpatient Outcomes Archives of Internal Medicine](#)

[Representations of heart failure in Internet patient information Journal of Advanced Nursing](#)

[Overrides of Medication Alerts in Ambulatory Care Archives of Internal Medicine](#)

[Development of a Telehealth Intervention for Head and Neck Cancer Patients Telemedicine and e-Health](#)

[Changes in Provider Attitudes Toward Telemedicine Telemedicine and e-Health](#)

[Comparing hospital and telephone follow-up after treatment for breast cancer: randomised equivalence trial](#)

[Improving Caregivers' Well-Being by Using Technology to Manage Nighttime Activity in Persons with Dementia Research in Gerontological Nursing](#)

[Use of a Handheld Computer Observational Tool to Improve Communication for Care Planning and Psychosocial Well-Being Journal for Nurses in Staff Development](#)

[Tele-assistance in chronic respiratory failure patients: a randomised clinical trial European Respiratory Journal](#)

[Telephone-based assessments to minimize missing data in longitudinal depression trials: A project IMPACTS study report Contemporary Clinical Trials](#)

[Comparing hospital and telephone follow-up after treatment for breast cancer: randomised equivalence trial British Medical Journal](#)

[Assistive technology, telecare and people with intellectual disabilities: ethical considerations Journal of Medical Ethics](#)

[Intel Places Its Bets on Telemedicine HealthDataManagement](#)

[Nine human factors contributing to the user acceptance of telemedicine applications: a cognitive-emotional approach - JTT](#)

[Mobile communication using a mobile phone with a glucometer for glucose control in Type 2 patients with diabetes: as effective as an Internet-based glucose monitoring system - JTT](#)

[Follow-up data for patients managed by store and forward telemedicine in developing countries - JTT](#)

[Feasibility of using videoconferencing to provide diabetes education: a pilot study – JTT](#)

[Mortality risk for diabetes patients in a care coordination, home-telehealth programme](#)

[A mobile telemedicine system for remote consultation in cases of acute stroke JTT](#)

East Lothian smart house

<http://www.eastlothiancourier.com/articles/1/34246>

Diabetes through glucose uploads: Has the time come for telemedicine?

<http://www.ncbi.nlm.nih.gov/pubmed/19056140>

Sensiotec Announces FDA 510(k) Class II Clearance for the World's First UWB Healthcare Unbound, Wireless, Non-Contact, Vital Signs and Movement Monitor - Device Monitors Heart and Respiration Rates, Bed Occupancy and Movement, Without Using Electrodes

<http://sev.prnewswire.com/medical-pharmaceuticals/20090211/CLW08611022009-1.html>

Transoma Medical Receives FDA Marketing Clearance for Sleuth AT™ Implantable Cardiac Monitoring System

http://www.businesswire.com/portal/site/google/?ndmViewId=news_view&newsId=20090211006227&newsLang=en

Quadro designs new HoMedics MiBody personal healthcare system

<http://www.cambridgenetwork.co.uk/news/article/default.aspx?objid=56385>

Clothing With A Brain: 'Smart Fabrics' That Monitor Health

[Monitor Electricity - http://monitorelectricity.com/](http://monitorelectricity.com/)

Telecare charges in Denbighshire

<http://www.denbighshirefreepress.co.uk/news/Elderly-hit-by-council-cuts.4996188.jp>

CVS's Bold Bet on Health-Care Reform - The CEO of CVS/Caremark says getting patients to stick to their drug regimens would save billions in medical care.

http://www.businessweek.com/magazine/content/09_08/b4120042103659.htm?chan=magazine+channel_top+stories

EU sets stage for expansion of telemedicine across continent

<http://govhealthit.com/articles/2009/02/23/eu-sets-stage-for-telemedicine-expansion.aspx>

The Doctor Kiosk - An automated health-care interface aims to streamline preventative screening.

<http://www.technologyreview.com/biomedicine/22219/?a=f>

Behavior Change Interventions Delivered by Mobile Telephone Short-Message Service

[http://www.ajpm-online.net/article/S0749-3797\(08\)00892-1/abstract](http://www.ajpm-online.net/article/S0749-3797(08)00892-1/abstract)

New Telecare Audit Scheme - The SSAIB is announcing a new audit scheme for telecare services. The scheme, which is based on the European standard for the management and delivery of telecare services and relevant British Standards, is currently in development.

<http://www.ssaib.org/News.asp>

The [WSDAN](#) site provides information about journal articles supporting the evidence base for telecare and telehealth.

10 Project calls

Call for Proposals - i4i Future Product Development Funding Stream 3b (FPD3b)

The NIHR's Invention for Innovation (i4i) programme would like to invite submissions of outline proposals to its Future Product Development 3b funding stream (FPD3b) for matched-funding support for R&D into innovative healthcare technologies involving collaboration between industry, academia and the NHS. As well as showing a high level of innovation, all applications must demonstrate strong evidence of clinical or healthcare need with a high relevance to the NHS.

Applications should concern the prototype demonstration of:

- Medical devices, including tissue engineering and trauma care devices;
- Devices that interact with other medical devices used in the NHS;
- Novel information technology that enables a significant improvement in the performance of healthcare technologies;
- Healthcare devices for use in the community and patients' homes.

Government support is up to 50% of the total project value, up to a maximum of £300k per year, with the remaining support provided by the project's industrial collaborators. Projects must contain at least one industrial collaborator and one research-based collaborator, and are limited to a maximum duration of 3 years.

To make an application, [register](#) on the NIHR CCF website before downloading the guidance documents and forms [here](#). Proposals must be submitted through the NIHR CCF website **no later than 5.00pm on Friday 13 March 2009**.

For further information, visit the [NIHR CCF website](#) or contact the FPD3b Programme Manager at i4i.enquiries@quotec.co.uk.

11 Events

a) CSIP Networks events planner

Forthcoming Networks Event List (9 March 2009)

Forthcoming Event List

Date	Event Title	Network	Places Remaining	Book
10/03/09	Acquired Brain Injury - Current practice and vision for the future	Housing	-	N/A
11/03/09	London Transformation Leads Meeting	Personalisation	40 of 60	Book now
12/03/09	Whole System Demonstrator Programme (WSDAN) - Integrated care using telecare and telehealth	Telecare LIN	-	Registration Closed

24/03/09	Resource Allocation System - Holiday Inn Camden Lock - London	Personalisation	29 of 55	Book now
26/03/09	Outcome-focused Reviews - Jury's Inn Birmingham 26th March	Personalisation	7 of 25	Book now
06/04/09	Eastern Regional Housing LIN Meeting	Housing	21 of 35	Book now
30/04/09	West Midlands Regional Housing LIN Meeting	Housing	27 of 35	Book now
11/06/09	Whole System Demonstrator Programme (WSDAN) - Integrated care using telecare and telehealth – Leeds	Telecare LIN	70 of 70	Book now

Latest events <http://www.networks.csip.org.uk/Events/>.

WSDAN Events:

12 March 2009 – Edgbaston (now fully booked)

11 June – Leeds (see events planner)

The Foundation for Assistive Technology (FAST) provides a full listing of forthcoming telecare events – see <http://www.fastuk.org/services/events.php?pg=2>. Suppliers also run telecare and telehealth events – check their web sites regularly for dates.

All previous telecare eNewsletters are available at: www.networks.csip.org.uk/telecarenewsletters

Appendix 1 – Supplier supplement for March 2009

As you know, from time to time we offer some space on an equitable basis to suppliers in the CSIP Telecare eNewsletter newsletter.

We wish to continue to recognise the important work that suppliers have done in responding to their customers and working in partnership to implement telecare and telehealth programmes since 2005/6. For this addition, we are broadening the scope to other agencies and organisations involved in telecare and telehealth implementation.

For organisations that wish to contribute to the newsletter supplement here are the details:

- a) Up to 5 pages of A4 (12 point Arial) per supplier in Microsoft Word (we can include a jpeg image/logo but keep the layout and margins simple for copy/pasting)
- b) Please use the general definition of telecare from Building Telecare in England to include some form of monitoring/response. The definition is broad to include telehealth, community safety etc. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4122310
- c) Please include case studies, evaluation findings, innovations. (we are looking for telehealth, telephone support, weather forecast examples and some of the more complex assessment and integrated systems eg for dementia or extra care rather than simpler solutions)
- d) We are not looking for advertisements as suppliers can include links to their web sites in the article, it is more about case studies (anonymised), evaluations, device/monitoring options, solutions, examples of products and services in use, achievements. Embedded web links are OK but we will not have time to check them all
- e) If you are referencing local authorities, health trusts, housing associations by name please confirm that they are happy for you to use their names
- f) The supplement is open to all suppliers/organisations as long as they meet a 5pm, 13 March deadline. Suppliers involved outside of the National Framework Agreement are eligible for inclusion. This would ensure that all suppliers are treated equitably
- g) Where there are sub-contractors and affiliates in the National Framework Agreement, we will link to the NHS PASA current position from the supplement and cross references can be included in the submission.
- h) Inclusion in the supplement does not imply any endorsement of the products/services by DH and there will be a reminder in the supplement to telecare organisations about the importance of making appropriate checks and following procurement and purchasing requirements
- i) Word documents can be sent to Mike Clark (CSIP Networks) at telecare@csip.org.uk by the 13 March deadline
- j) The Telecare LIN reserves the right not to include duplicated company/supplier examples and speculative advertisements without information about case studies, evaluations, achievements.