

Telecare LIN eNewsletter

January 2009

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

[Booking is now available for the WSDAN event in Birmingham on 12 March 2008. \(Book Now\)](#)

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

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 the upcoming WSDAN event date for Birmingham and the link for the slides. Don't forget to register at www.wsdactionnetwork.org.uk for WSD updates. The Birmingham programme will be available mid February and will vary from London as more information is made available

Item 2 provides information on further themed reports on telecare based on CSCI data from around the country

Item 3 covers the NHS Operating Framework for 2009/2010 with appropriate links and examples relevant to telecare and telehealth implementation

Item 4 Lists some important recent DH announcements on care planning for people with long term conditions and personal budgets for health

Item 5 Provides a comprehensive list of links from around the world on telecare and telehealth

Item 6 Provides links to networks events

Appendix 1 covers the supplier supplement for March 2009

Appendix 2 provides a review of announcements relevant to telecare and telehealth implementation form 2008

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 - London event

The first of eight WSDAN public events organised by the Department of Health with the King's Fund was held on 22 January at Brit Oval, London.

Over 110 people received updates on the Whole System Demonstrator Programme and the recently formed action network. Speakers included Professor Stanton Newman (WSD Principal Investigator, UCL), Tim Ellis (WSD Programme manager at the Department), Martin Scarfe (WSD Programme Director at Newham), Nigel Walker (World Class Commissioning Programme at the Department) and Geraint Lewis (Nuffield Trust).



Professor Stanton Newman explains the design of the WSD evaluation

What is the aim of WSDAN?

WSDAN aims to combine research, educational and experiential learning opportunities to examine the progress and impact of telecare and telehealth in enabling long-term conditions management. In addition to the website, a key element will be to provide networking events and research and development activities.

Whilst some of these will be open to the public, these activities will concentrate on facilitating peer-to-peer learning across organisations involved in a more extensive programme, and opportunities to engage with expert research and knowledge. The main purpose will be to generate analysis and interpretation to a wider audience and to support the lessons being learned in the Department of Health's **Whole System Demonstrators**.

A fuller news item together with presentations from the event will be available from the end of January 2009 at www.wsdactionnetwork.org.uk

At 25 January, just over 30 places remained for the [Birmingham](#) event. [Register](#) for regular updates and notifications.

2 More themed reports

Themed reports based on the 2008 CSCI performance information are now being added to the web site.

These include reports on:

- Extra care
- Carers
- Smart Homes/Demonstration Sites

The reports are prepared by carrying out keyword analysis on the outcomes and mainstreaming responses from 150 social care authorities initially collected during April/May 2008. Reference is made to the main aims of [Building Telecare in England](#) (Department of Health, 2005). Themed reports can be used to shape future local policies such as the commissioning and provision of dementia services, falls prevention strategies, intermediate care and re-ablement programmes or the use of telecare within extra care facilities.

For the full range of reports, go to www.networks.csip.org.uk/telecareoutcomes

3 The NHS Operating Framework for 2009/10 for the NHS in England: Summary and implications for telecare/telehealth

Simon Brownsell has been looking at the latest NHS Operating Framework (Additional links and examples prepared by Mike Clark)

3.1 Introduction

In December 2008, The Department of Health published the [Operating Framework for the NHS in England in 2009/10](#) together with the PCT resource allocations. The 2009/2010 Framework is the first since the Department published Lord Darzi's final review in 2008 ([High Quality Care for All: NHS Next Stage Review final report](#), Department of Health, June 2008). The operating framework sets out the priorities and specific policy, business and financial arrangements expected of the NHS for the year ahead.

In a [statement to Parliament](#) on 8 December 2008, Secretary of State for Health, Alan Johnson, set out the five key priority areas in the framework document:

"This year's operating framework sets out how we will support the health service to deliver the vision in Lord Darzi's "High Quality Care for All" to put quality at the heart of everything the NHS does.

To ensure that we continue to empower and support the local NHS, we need to plot a stable and consistent path. Therefore, the five key priorities for the NHS are consistent with last year:

- improving standards of cleanliness and tackling healthcare associated infections;
- improving access to care through the achievement of the 18-week referral to treatment pledge and improving access to GP services, including at evenings and at weekends;
- improving the health of adults and children and reducing health inequalities, by focusing on improving care for cancer and stroke, and paying particular attention to children's health, particularly in the most deprived areas of the country
- improving patient experience, staff satisfaction and engagement; and
- preparing to respond in a state of emergency, such as an outbreak of pandemic influenza".

Alan Johnson continued in the statement to Parliament:

“Alongside the national priorities, PCTs will set their own local priorities built on evidence about local needs. They will need to work in step with local government through local area agreements that focus on improving health and well-being as well as better healthcare. To deliver that agenda of improving services for patients in this challenging economic climate, we need to redouble our efforts to improve efficiency in the public sector and to get best value for taxpayers’ money.

In this context, high quality care is not a luxury but a necessity. Prioritising the most effective treatments, reducing errors and waste and keeping people healthy and independent for as long as possible are all things that contribute not only to the quality of care, but also to a more efficient and productive health service. High quality and value for money are not competing alternatives; they are one and the same thing”.

The operating framework is underpinned by the PCT allocations, the road testing of the new tariff, the Commissioning for Quality and Innovation Payment Framework, and Informatics planning guidance.

- [Informatics planning 2009/10](#) (including records, governance, [NHS Choices](#) and [use of the NHS number](#))
- [Using the Commissioning for Quality and Innovation \(CQUIN\) payment framework](#)

The CQUIN payment framework will cover 0.5% of contract income, to be funded from a special allocation. This briefing summarises some of the key messages for service commissioners and providers implementing telecare and telehealth solutions to support health, well-being and independence in the light of the Operating Framework.

3.2 The key messages for telecare and telehealth

3.2.1 “PCTs will set their own local priorities built on evidence about local needs. They will need to work in step with local government through local area agreements that focus on improving health and well-being as well as better healthcare”.

Commissioners and services providers need to be clear about how telecare and telehealth can contribute to national and local priorities (eg “extent to which older people receive the support they need to live independently at home”) linked to the Joint Strategic Needs Assessment and Local Area Agreement.

Building on evidence about local needs – the [Joint Strategic Needs Assessment](#)

Telecare in Hackney

Telecare provides individuals with an additional choice and confidence to live independently in their own home by providing care at a distance using communication and wireless sensors that can detect and transmit alerts automatically. More sophisticated and advanced sensors can monitor and detect unforeseen circumstances such as an individual getting out of bed during the night and not returning within a reasonable period of time, or monitoring their Long Term Condition. Since July 2006 a dedicated Telecare Project Manager has:

- established Telecare within Hackney – 800 users currently
- developed a dedicated Telecare show flat
- trained over 254 practitioners and care staff

[City and Hackney Draft Joint Strategic Needs Assessment \(Oct 2008\)](#)

Technology (Telecare/Telehealth) in Kent

Arguably the biggest contributing factor to increasing life expectancy (aside from incomes) is technology. Improved technology in the form of better diagnostics (e.g. for cancer), better treatments (e.g. for heart disease) and better care (e.g. for Asthma and COPD) have had significant influence on people's quality of life. Telecare provides support to people in their own homes with the help of technology and community response services. Trained operators are alerted within seconds of an accident or emergency and are able to respond in the best way. It has already brought reassurance to hundreds of users who wish to be able to live in their own homes for as long as possible. Telehealth is aimed at people with long term chronic conditions, specifically Chronic Obstructive Pulmonary Disease, Chronic Heart Disease and Type 2 Diabetes. It is currently being piloted in Kent with 250 people using tried and tested equipment designed for this purpose which has an emphasis on ease of use. This enables people to measure their vital signs in their own home and send these through their home telephone to a community-based clinician who then monitors them much more frequently. This reduces frequent trips to clinicians in both the community and acute sectors, whilst helping people to better understand their condition and its impact on their daily living. Through doing this, the TeleHealth pilot appears to be reducing hospital admissions by increasing early interventions. [Kent Joint Strategic needs Assessment \(March 2008\)](#)

"Increase the use of assistive technology (this includes the whole range of assistive equipment from grab rails and disability equipment to telecare and telemedicine)". [North Yorkshire Joint Strategic Needs Assessment \(2008-2011\)](#)

The award-winning **Croydon Assistive Technology (Aztec)** Project is co-located with the Community Equipment Service, and offers clients, carers and families the ability to view and test the full range of advanced technologies and telecare equipment available to help people remain safe and independent at home. The centre operates a store which is open to the public two days a week with voluntary sector trained assessors selling as well as demonstrating equipment. [A Joint Strategic Needs Assessment for Croydon 2008/09](#)

In 2008, the Department of Health asked the Commission for Social Care Inspection (CSCI) to collect performance information from 150 social care authorities. This information is brought together as [Telecare Outcomes](#) and includes how local partner organisations plan to mainstream telecare and telehealth to meet the needs of their local communities.

Telecare and telehealth involve partnership and integrated working across local authority (social care, housing) and health services. This is the approach being taken with the [Whole System Demonstrator Programme](#) (2008-2010) and is reflected in responses to the CSCI reports (2008).

The importance of partnership working

"The Telecare service has developed through a partnership approach involving Adult Services, PCT, Care Trust, Fire Service, Yorkshire Ambulance Service, Supporting People and housing providers". **Bradford**

"The PCT & CCC joint fund the countywide Assistive Technology & Telecare (ATT) Service. It works in partnership with 5 City/District Councils, with 5 independent call centres & with 10 main registered social landlords". **Cambridgeshire**

"We have excellent partnerships with the Fire Service through fire safety checks and installation of smoke detectors, and with the Police through rapid information sharing following bogus calls or crimes. We are working towards telemedicine with the PCT and this might enable us to share costs. We are evaluating services made to other parts of the social care economy and we hope to be able to redirect some savings into telecare services. We are reaping the benefits of co-locating our Out of Hours services at the Call Centre, and we have access to better information and a co-ordinated response as a result of this arrangement. We are installing telecare into our new Assisted Living assessment and demonstration centre creating a "Smarthouse" facility". **Dudley**

"Partnerships are also being developed with key local voluntary organisations and RSL's to ensure continued provision of lower level telecare services". **Knowsley**

“Future service to be delivered as partnership of CASSR, PCT and call centre. Excellent partnership work has been achieved with PCT, Nottingham City Homes and Tunstall. Links made with Fire Service, Trading Standards, Age Concern, Alzheimer's Society, Carers Federations and others to promote Telecare”. [Nottingham](#)

Our JSNA told us that we needed to develop preventative services such as assistive technology so that we keep people safe and in their own homes. The commissioning strategy commits to this aspiration and we are developing a commissioning approach for assistive technology in partnership with the PCT. We want to ensure that telecare is developed further using strategic commissioning and pooled budget approach so that development can be sustained and an exit strategy developed for PTG. [Rotherham](#)

“Within the Council's three year financial plan funding has been identified to support the establishment of a more robust response service from April 2009, options are being explored and scoped jointly with our housing and health partners”. [South Gloucestershire](#)

“The Health & Wellbeing Partnership Board has agreed a programme of work to take forward the Transforming Social Care agenda. As part of that we have agreed in principle with the PCT to optimise our Telecare service through combining it with Telehealth, this will help us achieve our goal of providing telecare to all vulnerable adults. We are also working corporately to review our Older People's accommodation and identify opportunities to redevelop some of our Sheltered Housing into Extra Care Housing with telecare built in. This is part of a major strategy where we are reviewing our floating support through Supporting People to ensure that we are targeting appropriately and are fully utilising agencies like the Home Improvement Agency, SAVS, fire brigade, police & ambulance service to promote their awareness of telecare & to ensure that we are making use of it as a preventative and safeguarding option”. [Southend](#)

“Strong partnership working, with partner agencies such as the fire service, the police, voluntary organizations and the Primary Care Trust are crucial and integral to future developments”. [Tameside](#)

“Waltham Forest Council is working in partnership with neighbouring authorities, Primary Care Trusts and other partners in the Outer North East London Partnership to develop a strategy for integrated Community Alarm, Telecare and Telehealth Services as part of its Out of Hospital Strategy”. [Waltham Forest](#)

See [Telecare Outcomes](#) and [Telecare Profiles](#) for more examples

See [integrated Care Network](#) for examples of integration and pooled funding across health and social care

In October 2008, the Department issued a [prospectus](#) for Integrated Care Pilots to develop new clinically-led models of integrated care (See also [Integrated Care Network](#) for up to date news on the programme).

3.2.2 “To deliver that agenda of improving services for patients in this challenging economic climate, we need to redouble our efforts to improve efficiency in the public sector and to get best value for taxpayers' money”.

The [Whole System Demonstrator Programme](#) and the WSD Action Network ([WSDAN](#)) are looking at the potential benefits of telecare and telehealth including clinical and cost effectiveness. Some early telehealth programmes have started to look at the impact of high quality remote monitoring on hospital admissions. This is still early days for telehealth and there needs to be more robust evaluation with greater numbers, but early case study results from a number of primary care trust/local authority partnerships look promising. The recent published [case study](#) covering over 17,000 people from the US Veterans Affairs Administration on telehealth identifies significant benefits at scale in respect of hospital admissions and other indicators when the appropriate systems are also in place.

Improving efficiency, getting best value – telehealth projects in England

Devon has undertaken three pilots to trial the use of telecare. These have taken place within an integrated health and social complex care team, one within a Carers Link, and one within a Learning Disabilities team. Evidence from these trials suggest outcomes to users of telecare include: Created a business case for telehealth use with Primary care / met office - over 30 GP practices signed up to use this and public health will evaluate. Devon's plans to mainstream access to a range of telecare services include work with Practice Based Commissioning consortia will continue to develop the use of telehealth equipment in enabling people to self manage their long term condition.

In **Durham**, in addition to older persons' provision, a Telehealth pilot was conducted for 12 patients with long term conditions. Evaluation has demonstrated a 16% reduction in GP consultations, a 26% reduction in District Nurse visits and a 38% reduction in hospital bed days during the pilot period. The majority of patients found the system offered reassurance and improved their quality of life.

Norfolk was the Telehealth Project regional winner of the Innovative Health and Social Care Technology Award. UEA currently evaluating the project - expected to show a reduction in acute admissions.

In **Sheffield**, from the multi agency assistive technology strategy group, the local authority supported a telehealth project with the PCT which won the regional innovative information and communications category in the health & social care awards. The remote monitoring of COPD patients led to people spending less time in hospital. The use of stand alone assistive technology also contributed towards enabling people with a learning disability to move from a hostel into supported accommodation.

See [Telecare Outcomes](#) and [Telecare Profiles](#) for more examples and themed reports on telehealth, dementia, falls and other areas

[Building Telecare in England](#) indicated that the PT Grant should be used to increase the numbers of people who benefit from telecare, by at least 160,000 older people nationally. Its use was intended to:

- Reduce the need for residential/nursing care;
- Unlock resources and redirect them elsewhere in the system;
- Increase choice and independence for services users;
- Reduce the burden placed on carers and provide them with more personal freedom;
- Contribute to care and support for people with long term health conditions;
- Reduce acute hospital admissions;
- Reduce accidents and falls in the home;
- Support hospital discharge and intermediate care;
- Contribute to the development of a range of preventative services;
- Help those who wish to die at home to do so with dignity.

In 2005, it was recognised that there could be potential efficiency benefits for organisations, however, at that stage, the primary aim of the additional funding was to benefit additional service users in helping them to remain independent.

The themed reports from CSCI returns (See [Telecare Outcomes](#)) provide many examples of how telecare and telehealth is being used as part of service transformation with many case examples (See [Benefits and](#)

[Business Case](#)) of where organisations have committed to mainstreaming their services based on their local evaluations and reviews.

The Department's [Care Services Efficiency Delivery Unit](#) has been looking at the business case and efficiencies for assistive technology (telecare) across a number of sites including Cheshire, Staffordshire, Barnsley and Stockton.

3.2.3 'NHS organisations must deliver services that reflect these national priorities but in order to deliver high quality, personalised care, local NHS organisations will at the same time have to work extremely hard to tailor services to local needs.'

Throughout the Operating Framework a recurring theme is the need for quality to be the organising principle, with quality being defined as covering three areas: safety, effectiveness and patient experience. It is suggested that all three of these areas are required to make a quality service. The timely nature of a quality service is also highlighted such that timely access to care is central to improving quality, both by ensuring that care is received when it is most needed, and by contributing to a positive patient experience. This all links to the overriding long-term goal, set out in Lord Darzi's Report ([High Quality Care for All: NHS Next Stage Review final report](#), June 2008), of systematically improving quality across the NHS. Delivering high quality, personalised care will be a challenge for many organisations that have been used to procuring generic services for users and patients. It will mean decommissioning old services and rolling out new services in some areas of activity. Local authorities have perhaps had a head start through [Putting People First](#) and Individualised/personal budgets (see [Personalisation Network](#) and [Individualised Budget Pilot Programme](#)).

Personalised care and tailored services – some examples from social care

The number of people in receipt of personalised telecare packages has increased steadily. **Bradford**

The sustainability of Telecare is further guaranteed through appointment of an Assistive Technology Officer who will work closer with assessment staff to identify where telecare might be used to meet identified outcomes&support our personalisation strategy. **Coventry**

Ensuring appropriate fit into personalisation and prevention workstreams is being built into implementation plan, linking to self assessment and OT service. Discussions are taking place between council and PCT to look at an integrated approach to further developments in this area. **Doncaster**

Personalised telecare packages will continue to be developed and mainstreamed eg property exit sensors, bed sensors, natural gas detectors and enuresis alerts. **Kirklees**

We anticipate that by 2009-10 we will be able to mainstream the funding of telecare installations by including it in delegated care management budgets, so that it can be considered as an alternative to traditional care planning solutions in all cases, and made available as an option for people with personal budgets. **Northumberland**

The provision of Telecare will be taken forward as part of the overarching personalisation project, particularly in relation to self assessment. The Telecare budget will also be a potential funding stream for individual budgets. **Trafford**

With telehealth, community matrons and specialist nurses are looking closely at their case management approaches alongside care managers and service brokers from social care. [Risk and predictive modelling](#) can assist with identifying people with long term conditions that could benefit from remote monitoring. It is possible to be overwhelmed with the amount of telehealth vital signs information generated on a daily basis and it will be necessary to carefully review data capture, recording and review arrangements. Certainly, there is tremendous scope for fine tuning care, treatment and support plans for people with long term conditions such as heart failure, COPD, diabetes with telehealth services (an important aim for 2010) and responding appropriately to alerts to reduce exacerbations and emergencies. A further challenge would be to develop individualised budgets for people with long term conditions.

Piloting personal health budgets

Learning from experience in social care and other health systems, personal health budgets will be piloted, giving individuals and families greater control over their own care, with clear safeguards. We will pilot direct payments where this makes most sense for particular patients in certain circumstances.

[High Quality Care for All: NHS Next Stage Review final report \(DH, June 2008\)](#)
[Personal Health Budgets \(January 2009\)](#)

3.2.4 “Already we have estimated there are substantial savings that can be delivered through driving up the quality of care, reducing waste and better commissioning and procurement, including, through better use of shared business services, improvements in the way the NHS estate is used, driving up quality through the world class commissioning programme, and changes to the tariff”.

A crucial issue for PCTs will be the future focus of telehealth within the organisation. There is the possibility that ‘telehealth champions’ will move into provider services. It is important for commissioners to consider how investment in innovation can drive up quality and offer good value. This can only be achieved through careful local evaluation and review of the impact of advanced telecare and telehealth services across whole systems to ensure that benefits can be realised and any savings identified for further investment.

World Class Commissioning

The world class commissioning programme will transform the way health and care services are commissioned. World class commissioning will deliver a more strategic and long-term approach to commissioning services, with a clear focus on delivering improved health outcomes. There are four key elements to the programme; a vision for world class commissioning, a set of world class commissioning competencies, an assurance system and a support and development framework.

[World Class Commissioning](#), Department of Health

In the longer term, the [Whole System Demonstrator Programme](#) will provide further evaluation of clinical and cost-effectiveness of advanced telecare and telehealth systems at scale as part of a randomised controlled trial.

During the first part of 2009, NHS PASA will be consulting with organisations about the future of the [Telecare National Framework](#). The current contract ends in 2010.

An understanding of the National Tariff ([Payment by Results](#)) is important for calculating any cash releasable savings from implementing telehealth to be reinvested.

3.2.5 Consistently enabling all parts of the NHS to improve the quality of care is a major challenge. “It requires a long term transformation that touches all parts of the system, starting from the frontline.”

The Next Stage Review process identified important principles for successfully implementing change namely:

- **Co-production** means that all parts of the system need to continue to work together on shaping and implementing change. This includes engaging people across the system to work together to make change happen. This approach is what made the Next Stage Review process so successful, and it has informed the World Class Commissioning Programme and the development of the Operating Framework.
- **Subsidiarity** means ensuring that decisions are taken at the right level of the system, which means as close to the patient as possible. It means an enabling role for the centre, with more power and responsibility residing with patients and clinicians. And it means looking ‘out, not up’ wherever possible.
- **Clinical ownership and leadership** was crucial to the success of the Next Stage Review process, and this must be maintained during implementation. If we get it right, the quality agenda has great potential to mobilise and empower clinicians across the system. And, conversely, we will get nowhere without clinicians on board. So clinical leadership needs to be part of everything we do.
- **System alignment** – achieving complex cultural changes, such as making quality our organising principle, requires all the different parts of the system to pull in the same direction and work with partners, in particular through LAAs

The Operating Framework recognises that embedding the quality framework throughout the NHS will take time. Nevertheless “2009/10 is a crucial year, in developing the infrastructure to support quality improvement and work to enable a culture of measurement for improvement. This must be a priority for all parts of the NHS in 2009/10.”

3.2.6 Some specific sections of relevance to telecare/telehealth

As well as the main themes and priorities, there are a number of sections of the framework to be aware of.

Sections of the Operating Framework of relevance to telecare and telehealth

Enablers for improving quality

23 PCTs need to improve awareness so that people know that they have a choice of provider and GP. They should also continue to develop their Expert Patient programmes to ensure that they are able to respond quickly to the needs of service users.

Link: [Expert Patient Programme](#)

Keeping adults and children well, improving their health and reducing health inequalities

33 In particular, *High Quality Care for All* called for PCTs to commission comprehensive well-being and prevention services, in partnership with local authorities and local partners, based on local identification of need, including, where appropriate, in early years. It called for the NHS to focus on six key goals: reducing smoking rates, tackling obesity, treating drug addiction, improving sexual health, improving mental health and reducing alcohol harm. Examples include:

- vascular checks for people aged 40–74; and

- the Prevention Package for Older People.

34 The Prevention Package for Older People will initially improve falls and fracture services, foot care, intermediate care, telecare and audiology services, with the aim of enabling older people to live longer, healthier and more independent lives. The package will evolve with new enhancements added over time.

Link: [Old Age is the New Middle Age](#)

36 Over the next two years, to ensure that those living with a long-term condition receive a high quality service and help to manage their condition, everyone with a long-term condition should be offered a personalised care plan.

Link: [High Quality Care for All: NHS Next Stage Review final report](#)

37 The Carers' Strategy sets out how we can ensure that we support carers. One key requirement is that PCTs should work with their local authority partners and publish joint plans on how their combined funding will support breaks for carers, including short breaks, in a personalised way.

Link: [Carers Strategy](#)

Emergency preparedness

57. PCTs should work with NHS organisations, other contracted healthcare providers, local authorities and other local organisations to put plans in place to enable an effective response to major incidents, such as train derailments, natural disasters, terrorist attacks, or public health incidents. In addition, PCTs, together with local partners, were required to produce robust pandemic influenza plans by December 2008. During 2009/10 and beyond, these plans must be tested, reviewed and improved, as appropriate, to take account of lessons learned and of developments in the national arrangements for pandemic influenza preparedness.

Note: *The arrangements for telecare/community alarm services for consideration during a flu pandemic are covered within the social care guidance (See [Pandemic Flu](#) and [Adult Social Care Guidance](#))*

Priorities determined and set locally

Dementia

62. The National Dementia Strategy will be a comprehensive framework aimed at driving up standards of health and social care services to improve the quality of life and quality of care for people with dementia and their carers. PCTs will want to work with local authorities to consider how they could improve dementia services.

Link: [Dementia Strategy](#)

End of life care

63. To deliver the End of Life Care Strategy – promoting high quality care for all adults at the end of life and the local SHA visions, PCTs will want to consider delivering extended and improved service provision with their partners.

Link: [End of Life Strategy](#)

Mental health

64 In addition to the introduction of the Improving Access to Psychological Therapies programme that will continue to roll out across PCTs, there are opportunities to review equitable access to and experience of services. The Delivering race equality in mental health care action plan provides further advice to PCTs and providers.

Note: *This would include computer-based CBT programmes covered by [NICE Guidance](#) (See also [IAPT](#))*

3.3 The Challenge for 2009/2010

The framework sets out the overall challenge for the NHS for 2009/2010.

The challenge for 2009/10

This Operating Framework therefore sets out a huge leadership challenge, as we are asking the clinical and managerial community to do four things simultaneously:

- Continue to deliver on the national priorities that matter most to our patients and public, so that our progress in these important areas is sustained and improved.
- Invest the additional resources wisely in order to prepare for the need to make substantial efficiency savings in 2010/11 and for a tighter financial climate thereafter.
- Start to put in place the strategic enablers and foundations that will help deliver the ten SHA regional visions and put quality at the heart of all that we do.
- Develop new ways of working and leading that reflect the evidence base and principles for driving large-scale transformational change.

[Leadership](#) is of great importance to the future development of telecare and telehealth. The evidence continues to build locally, nationally and internationally, however, some policy-makers will still need to be convinced of the benefits for their communities.

Of particular importance for telecare and telehealth is the continuing development of the evidence base. For this purpose, in July 2008, the Department set up the WSD Action Network (www.wsdactionnetwork.org.uk) to share learning across the country for telecare and telehealth, in particular, the work of the whole system demonstrator sites in looking at large-scale transformational change.

Experience from the Preventative Technology Grant and the Whole System Demonstrator programme have indicated that at times it can be difficult to introduce new initiatives and that a programme of cultural and transformational shift is required to move from a pilot phase to mainstream delivery. As part of the Framework's emphasis on service transformation it highlights many aspects which telecare and telehealth service innovators can draw parallels with, such as:

- *Leadership* - The evidence shows that leaders who are successful in driving transformational change are those who focus their attention on success rather than failure, and who can operate across organisational boundaries.
- *Planning* - All NHS leaders need to share an understanding of the high-level framework required to deliver the real and sustained benefits outlined in *High Quality Care for All*
- *Vision* – what quality improvements they are trying to achieve and how they will benefit patients and local communities.
- *Method* – how they will make change happen and the method they will use for implementation and measuring success.
- *Expectations* – what the difference will mean for people, the behavioural change that will be necessary and the values that underpin it.
- *Training* - The Health Informatics Review, which ran alongside the NHS *Next Stage Review*, highlighted that achieving the benefits from investment in technology depends on local leadership and capability. It emphasised the importance of senior managers and clinicians leading and owning the informatics agenda. In addition, it focused on the need to improve the informatics capability of the general and management workforce and to strengthen the capacity of the specialist workforce."

- *Supporting change* - the four principles of “Co-production, Subsidiarity, Clinical ownership and leadership, System alignment.”
- *Innovation* - “We need a new enabling approach to leadership, which encourages innovation; and we need leaders who can look across whole systems, rather than patrolling the boundaries of their own organisations.”
- *Evidence base to support service change* - “In addition to the national priorities, PCTs, working with their partners, have developed local priorities based on what their local communities tell them is important and these are reflected in Local Area Agreements (LAAs). These discussions have been informed by evidence from data collections, strategic needs assessment and best practice.”
- *Cost-effectiveness* - “We will rightly be expected to focus more than ever on securing value for money for every pound invested in the NHS. In this context, high quality care is not a luxury but a necessity. Prioritising the most effective treatments, reducing errors and waste and keeping people healthy and independent for as long as possible are all things that contribute not only to the quality of care, but also to a more efficient and productive health service.”

3.4 Conclusions for telecare/telehealth

Telecare and telehealth will undoubtedly have prominent roles to play in the delivery of care closer to home both now and in the future. However, introducing any new initiative can be difficult, especially when working across organisational boundaries.

The Operating Framework makes clear that service innovation should be encouraged and that service providers should be leading the transformation to quality services - indeed the tools to enable this to occur are embedded into the Framework. Yet, the Framework also makes clear that achieving transformational change which can “drive up” quality should be reflected by an appropriately sound evidence base. The Whole System Demonstrator programme is seeking to establish some of this evidence at a national level for telecare and telehealth, but local evidence to support business cases is also very important. Inevitably, there is a tension between innovation (and the accompanying risk of failure) and the evidence base - which by its very nature will always lag behind the initial investment. Determining the risk versus innovation level locally in order to meet cross-organisational and patient objectives will be very important in the coming year. The 2008 CSIP briefing on [evidence and challenges in telehealth](#) indicated that internationally the evidence base for telecare and telehealth was mixed and that there were no published major studies at scale. However, the recent [case study](#) covering over 17,000 people with long term conditions from the US Veterans Affairs Administration on telehealth identifies significant benefits at scale in respect of hospital admissions and other indicators when the appropriate systems are also in place. This includes work processes and care pathways, staff engagement and training, technology and record systems as well as leadership vision. The Operating Framework provides the tools to meet transformational change and realise patient objectives and improved outcomes, the challenge therefore is to embrace the Framework, discover the local role and impact of telecare/telehealth in whole system design, and make the local service vision a reality.

4 DH Announcements

4.1 Call for views on streamlining Health and Adult Social Care Assessments (21 January 2009)

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

The assesment process for people who need health and social care services should be quicker, simpler and more convenient - that's the message from Care Services Minister Phil Hope as he launched a consultation on streamlining the process.

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 Government is asking people to give their views on what changes need to be made so that people get the services best suited to their individual needs. It includes how best to safely and securely share personal information across health and social care services as well as wider community services such as housing.

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.

Emerging evidence and good practice will be provided regularly from the three year work of the demonstrator sites which will evaluate evidence on benefits for patients, efficiency, and cost-effectiveness across the system. This evidence will be used to inform local developments and further national guidance.

Public consultation events:	
Date	Venue
22 January 2009	London
27 January 2009	Newcastle
29 January 2009	Nottingham
3 February 2009	London
5 February 2009	Manchester
11 February 2009	Bristol
17 February 2009	Leeds
19 February 2009	Birmingham

Consultation closing date: 17 April 2009

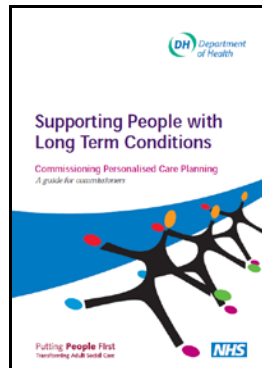
News release:

<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

4.2 Supporting People with Long Term Conditions – Commissioning Personalised Care Planning – A guide for commissioners (DH, 19 January 2009)



*There are references to telehealth and the Whole System Demonstrator programme

New [guidance](#) to help NHS and local authority commissioners ensure that people with long term conditions are more involved in decisions about their illness and treatment, has been issued by the Department of Health.

The document, Supporting People With Long Term Conditions: Commissioning Personalised Care Planning, will help the Government achieve its goal that by 2010 every one of the 15 million people with a long term condition will be offered a personalised care plan.

The guidance explains how NHS and social care services can provide personalised care and services for people with long term conditions, this includes:

- * Promoting choice and control by putting the patient at the centre of the care planning process
- * Focusing on setting goals that people want to achieve such as returning to work or living independently
- * Sharing information with people so that they can be involved in decisions about their care
- * Providing support for people to self care/self manage their conditions
- * Integrating health and social care agencies for more joined up working

News release:

<http://nds.coi.gov.uk/environment/fullDetail.asp?ReleaseID=390082&NewsAreaID=2&NavigatedFromDepartment=False>

Document:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093354

4.3 Personal health budgets (DH, 16 January 2009)

A [health bill](#) setting out proposals to pilot personal budgets for patients has been published by the Department of Health. Under measures laid out in the bill, payments would for the first time be handed directly to patients to give them greater control over their care.

Links:

DH News release:

<http://nds.coi.gov.uk/environment/fullDetail.asp?ReleaseID=389905&NewsAreaID=2&NavigatedFromDepartment=False>

NHS confederation: [Personal Health Budgets: the shape of things to come?](#)

<http://www.telegraph.co.uk/health/healthnews/4271138/Patients-to-be-given-personal-health-budgets.html>

<http://helpinghandshomecare.co.uk/ms-campaigners-welcome-personal-healthcare-budgets/>

<http://lifeandstyle.independentminds.livejournal.com/47435.html>

http://www.timesonline.co.uk/tol/life_and_style/health/article5532610.ece

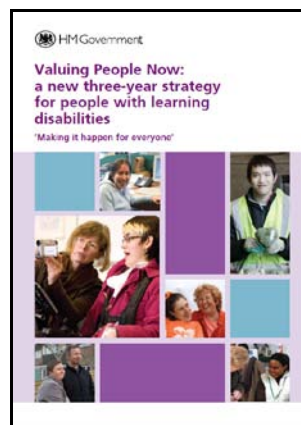
<http://www.dailymail.co.uk/news/article-1120047/NHS-picknmix-Patients-health-budget-choose-range-services.html>

http://www.psn.org.uk/news.php/359/new_measures_for_better_quality_personal_health_care

<http://www.communitycare.co.uk/Articles/2009/01/16/110455/dh-announces-health-direct-payment-pilots.html>

<http://www.google.com/hostednews/ukpress/article/ALeqM5ghcRTUGSqNca6vrTSeKuYx0frL3w>

4.4 Valuing People Now (DH, 19 January 2009)



DH News Release:

<http://nds.coi.gov.uk/environment/fullDetail.asp?ReleaseID=390074&NewsAreaID=2&NavigatedFromDepartment=False>

Valuing People Now: a new three-year strategy for people with learning disabilities

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377

4.4 Transforming Community Services and World Class Commissioning (DH, 13 January 2009)

Transforming community services and World Class Commissioning

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093194

Transforming community services: currency and pricing options for community services

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093008

5 Other news and links

Care Coordination/Home Telehealth: The Systematic Implementation of Health Informatics, Home Telehealth, and Disease Management to Support the Care of Veteran Patients with Chronic Conditions

Between July 2003 and December 2007, VHA implemented a national home telehealth Program called 'Care Coordination/Home Telehealth (CCHT)'. This service involves the use of home telehealth and disease management linked to the VHA's existing health information technology infrastructure.

Part of the Report's analysis involved comparing hospital admission data for patients during the year prior to enrollment into CCHT with the data from 6 months post-enrollment.

A cohort of over 17,000 patients had a 19.74% reduction in hospital admissions and 25.31% reduction in bed days of care (BDOC) following enrollment into the program. During the same time period, there was a reduction of 4.6% in BDOC for all patients enrolled within VHA that needs to be taken into account when interpreting this change.

VHA consider that this is a 'groundbreaking' achievement for the inclusion of CCHT within routine care at an enterprise level. Although telehealth use elsewhere is growing, VHA consider that other programs "lack the comprehensive and systematic approach to the clinical, educational, technology, and business processes that constitute VHA's CCHT model of care".

The cost of CCHT was \$1,600 per patient pa which compares favorably to the direct cost of VHA's home-based primary care services of \$13,121 per patient pa and nursing home care rates that average \$77,745 per patient pa.

VHA are continuing to extend the programme and consider that "if 50% of patients requiring non-institutional care can ultimately be managed in a way that means they get improved access to care at lower cost and higher quality, then this represents an important advance".

You can read more about this important report in the January WSDAN Newsletter – [register now](#) for regular updates.

<http://www.liebertonline.com/doi/pdfplus/10.1089/tmj.2008.0021>

NONIN MEDICAL, INC. MAKES HISTORY WITH THE FIRST CONTINUA™ CERTIFIED PRODUCT

"Nonin Medical, Inc., a leading innovator of physiological monitoring solutions, made history today by announcing the first Continua™ Certified product. The Nonin 2500 PalmSAT® handheld pulse oximeter with USB is the first product to be certified to meet the Continua design guidelines. With the award-winning

Bluetooth® Onyx® II, Model 9560 currently in the process of certification, Nonin Medical plans to offer Continua compliant tools across its product lines”.

<http://www.nonin.com/newsStory.asp?sec=4&PageID=4000&NID=30>

Technology Adoption Centre - Call for projects (Call goes out on 2 February 2009)

<http://www.technologyadoptionhub.nhs.uk/news/archive/call-for-projects-2009.html>

The Invention for Innovation Programme wishes to invite project proposals of up to 12 months to investigate first whether a piece of prior basic research or an innovative use of an existing technology could provide a solution to an existing or emerging healthcare need.

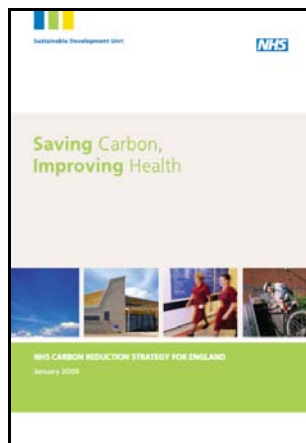
2nd Call for i4i Future Product Development - Funding Stream 1 (FPD1)

Call opens	28 January 2009
Submission deadline	5pm, 13 March 2009
Declarations and Signatures deadline	5pm, 20 March 2009
Application outcome	Mid-late June 2009

<http://www.nihr-ccf.org.uk/site/callsproposals/i4i/default.cfm>

“Number of Telehealth Subscribers Worldwide To Exceed 55 Million By 2016”

<http://www.medicalnewstoday.com/articles/135963.php>



References to use of e-mail, telemedicine etc

http://www.sdu.nhs.uk/page.php?page_id=94

Sources of financing and policy recommendations to Member States and the European Commission on boosting eHealth investment

http://ec.europa.eu/information_society/activities/health/docs/studies/boosting-ehealth-invest_report.pdf

Implementing the National Dementia Strategy – Conference (18 March 2009)

<http://www.changeagentteam.org.uk/index.cfm?pid=218&catalogueContentID=3665>

CSCI – the state of social care in England 2007/8

http://www.csci.org.uk/PDF/SOSC08%20Report%2008_Web.pdf

Managing Long Term Conditions – Harrogate, 7 April 2009
<http://www.managinglongtermconditions.com/travel/index.html>

Implementing the National Dementia Strategy – Conference (18 March 2009)
<http://www.changeagentteam.org.uk/index.cfm?pid=218&catalogueContentID=3665>

Targeting Consumer-Focused IT
<http://health-care-it.advanceweb.com/editorial/content/editorial.aspx?CC=170278>
 Sara Murray: the woman behind buddi, the personal tracking device
<http://business.timesonline.co.uk/tol/business/entrepreneur/article5434733.ece>

Carter's new phone era
http://business.timesonline.co.uk/tol/business/industry_sectors/telecoms/article5439268.ece

Latest technology keeps people safe and warm this winter
<http://www.24dash.com/news/Housing/2009-01-06-Latest-technology-keeps-people-safe-and-warm-this-winter>

Delnor Hospital Reduces Emergent Care Episodes for Cardiac Patients with well@home
http://www.ptct.com/pages/010809_delnor.htm

Outcomes of a home telehealth intervention for patients with heart failure
<http://articles.icmcc.org/2009/01/13/outcomes-of-a-home-telehealth-intervention-for-patients-with-heart-failure/>



Solihull scheme includes telecare:
<http://www.solihull.nhs.uk/news/story.asp?id=203>

Maui DOH Moves Forward with Interactive Care Pilot Project (Hawaii)
<http://mauiagewave.com/content/maui-doh-moves-forward-with-interactive-care-pilot-project>

On target for summer opening of homes on former hospital site (Devon) with telecare
<http://www.okehampton-today.co.uk/tn/news.cfm?id=1418&headline=On%20target%20for%20summer%20opening%20of%20home%20on%20former%20hospital%20site>

Assisted Living Conference 2009 (24/25 March 2009)
<http://conferences.theiet.org/assisted-living/>

HHS adopts new rules to coordinate health care technology (USA)
http://www.nextgov.com/nextgov/ng_20090122_2204.php

Diabetes trial announced in Canada using internet based remote monitoring
<http://money.cnn.com/news/newsfeeds/articles/marketwire/0465161.htm>
<http://www.clinicaltrials.gov/ct2/show/NCT00814190?term=NCT00814190&rank=1>

Smart Energy Trials Making Headway, But Still Early
<http://earth2tech.com/2009/01/21/smart-energy-trials-making-headway-but-still-early/>

Success with Smart Garments
<http://telemedicineblogspot.com/2009/01/success-with-smart-garments.html>

Home telemonitoring services provided by Ministry Home Care (USA)
<http://newsofthenorth.net/article.cfm?articleID=24535>

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

Pioneering telehealth program marks first decade (Canada)
<http://telegraphjournal.canadaeast.com/city/article/550135>

Toumaz ups Sentinel stake
<http://www.mandadeals.co.uk/m-and-a-deals/acquisitions/988287/toumaz-ups-sentinel-stake.shtml>

Health Hero Network Says Recent Successes of Deployments With Medicare, VA Signal New Era of Telehealth
<http://www.marketwire.com/press-release/Health-Hero-Network-940973.html>

MEDICARE EXTENDS DEMONSTRATION TO IMPROVE CARE OF HIGH COST PATIENTS AND CREATE SAVINGS
<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=3399&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C+2%2C+3%2C+4%2C+5&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date>



Telehealth boon expected for chronic care patients
<http://www.healthcareitnews.com/news/telehealth-boon-expected-chronic-care-patients>

New in 2009: You Won't Go In to See the Doctor

http://v.mercola.com/blogs/public_blog/New-in-2009--You-Won-t-Go-In-to-See-the-Doctor--75134.aspx

GeriatricAssistant application

<http://www.buglabs.net/applications/GeriatricAssistant>

mgate delivers telehealth solution on JAOtech bedside terminals

<http://www.bjhcim.co.uk/news/2009/n901027.htm>

Open Source Devices & Telehealth

<http://chilmarkresearch.com/2009/01/22/open-source-devices-telehealth/>

Telus telehealth

http://telushealth.com/en/solutions/schedule_management/default.aspx

Telehealth costing - visiting nurses in USA drive on average more miles annually than professional/delivery drivers

<http://independentnursecontractor.com/blog/?p=87>

VA doctors monitor veterans over the phone

http://www.pittsburghlive.com/x/pittsburghtrib/news/cityregion/s_607242.html

Getting Personal : a fair deal for better care and support' (Hampshire Report, Nov 2008)

<http://www3.hants.gov.uk/communications/mediacentre/mediareleases.htm?newsid=282007>

Newham and Milton Keynes Receive Prestigious European Awards for Pioneering Use of Telehealthcare

http://www.ukprwire.com/Detailed/Health_Wellbeing/Newham_and_Milton_Keynes_Receive_Prestigious_European_Awards_for_Pioneering_Use_of_Telehealthcare_28899.shtml

Partnership Project aims to Promote Long-Term Health and Improve Social Care (VIRTEx)

http://www.ukprwire.com/Detailed/Health_Wellbeing/Partnership_Project_aims_to_Promote_Long-Term_Health_and_Improve_Social_Care_29665.shtml

Partnership Project Aims to Promote Long-Term Health and Improve Social Care

<http://www.24dash.com/news/Housing/2009-01-06-Partnership-Project-Aims-to-Promote-Long-Term-Health-and-Improve-Social-Care>

Home-based telehealth: a review and meta-analysis

<http://jtt.rsmjournals.com/cgi/content/abstract/14/2/62>

History of Telemedicine – upcoming publication

<http://www.liebertpub.com/products/product.aspx?pid=317>

Non-Consumers: Why American Well Will Do Well

<http://blog.crossoverhealth.com/2009/01/06/non-consumers-why-american-well-will-do-well/>

Is an iPhone-type device the answer?

<http://www.fiercehealthit.com/story/iphone-type-device-answer/2009-01-05>

New in '09: You won't go in to see the doctor

<http://www.cnn.com/2009/HEALTH/01/15/ep.trends.in.ehealth/>

Private Pay Telemonitoring Now Available

<http://www.hallmarkhealthhomecare.org/private-pay-telemonitoring-now-available.html>

Identification and management of adults with asthma prone to exacerbations: can we do better?

<http://www.biomedcentral.com/1471-2466/8/27>

State probes whether Kaiser call centers endanger patients

<http://www.sacbee.com/capitolandcalifornia/story/1532798.html>

Study: Physicians adopt smartphones and PDAs for clinical practice

http://www.fiercehealthit.com/story/study-physicians-adopt-smartphones-and-pdas-clinical-practice/2009-01-12?utm_medium=nl&utm_source=internal&cmp-id=EMC-NL-FHI&dest=FHI

Lens-free On-Chip Cytometry for Wireless Health

<http://sciencetechno.wordpress.com/2009/01/14/lens-free-on-chip-cytometry-for-wireless-health-diagnosis-cep-telefonu-ile-sitma-ve-aids-testi/>

Nonin Medical's Onyx(R) II, Model 9560 Receives Bluetooth SIG's Best of CES 2009 Award

<http://in.sys-con.com/node/811203>

An exploration of the internet as a self-management resource

<http://irn.sagepub.com/cgi/content/abstract/14/1/13>

Telemedicine and E-Health Law

http://www.researchandmarkets.com/research/a35fb1/telemedicine_and_e

Gadgets for Growing Old at Home

<http://newoldage.blogs.nytimes.com/2009/01/13/gadgets-for-growing-old-at-home/>

Assessing Progress Towards an Interoperable European eHealth Space

<http://www.ehealthnews.eu/content/view/1443/27/>

Newham and Milton Keynes Receive Prestigious European Awards for Pioneering Use of Telehealthcare

http://www.ukprwire.com/Detailed/Health_Wellbeing/Newham_and_Milton_Keynes_Receive_Prestigious_European_Awards_for_Pioneering_Use_of_Telehealthcare_28899.shtml

'Health 2.0' Could Prove Worth The Bill (USA)

http://www.nationaljournal.com/njonline/no_20090113_9364.php

Health and social care networking sites

<http://dailystrength.org/>

<http://www.diabetesconnect.org/storetemplate/default.aspx>

http://grouploop.org/default_flash.php

An exploration of the internet as a self-management resource (Cancer)

<http://irn.sagepub.com/cgi/content/abstract/14/1/13>

Videophones for intensive case management of psychiatric outpatients

<http://jtt.rsmjournals.com/cgi/content/abstract/15/1/51>

Outcomes of a home telehealth intervention for patients with heart failure

<http://jtt.rsmjournals.com/cgi/content/abstract/15/1/46>

Limitations in the routine use of telepsychiatry

<http://jtt.rsmjournals.com/cgi/content/abstract/15/1/28>

A framework for the design of user-centred teleconsulting systems

<http://jtt.rsmjournals.com/cgi/content/abstract/15/1/32>

Stroke telemedicine

<http://www.disabled-world.com/news/research/stroke-telemedicine.php>

Clarian telemedicine (USA)

<http://www.clarian.org/portal/patients/clinical?clarianContentID=/clinical/telemedicine/index.xml>

EU sets e-health map for 2009

http://www.ehealthurope.net/comment_and_analysis/375/eu_sets_e-health_map_for_2009



<http://gossweb.nottinghamcity.gov.uk/nottingham/index.aspx?articleid=2460>

Medicare billing for telehealth follow ups (USA)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6130.pdf>

AHRQ highlights benefits, challenges of telehealth

<http://www.tmcnet.com/usubmit/2009/01/17/3922109.htm>

AllOne Mobile(SM) to Provide Army's "Wounded Warriors" with Electronic Support System

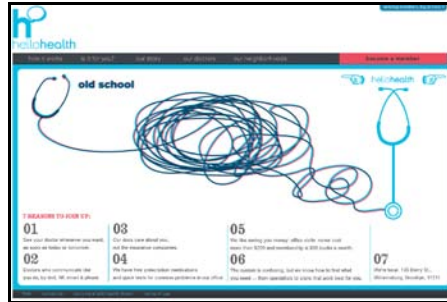
http://www.marketwatch.com/news/story/allone-mobilesm-provide-armys-wounded/story.aspx?guid=%7B94E66F0B-3DF2-4D89-ACB7-69C24D83C0AC%7D&dist=msr_4

Telemonitors keep nurses in contact with patients (Hawaii)

http://www.kauaiworld.com/articles/2009/01/16/news/kauai_news/doc49704510f1ce4427260927.txt

AT&T's Telehealth Wirelessly Monitors Patients' Health

<http://www.fastcompany.com/magazine/132/futurist-at-t-telehealth.html>



<https://www.hellohealth.com/main/index.html>

The impact of broadband on senior citizens - A Study Commissioned by the U.S. Chamber of Commerce
December 2008

<http://www.uschamber.com/assets/env/broadbandseniors.pdf>

Partnership Project aims to Promote Long-Term Health (VIRTEx)

<http://www.ehealthnews.eu/content/view/1444/26/>

Telecare - Grant Funded Services collection (GFS1) - Frequently Asked Questions
For the collection period November 10th 2008 to November 16th 2008

Issued: December 2008

http://www.ic.nhs.uk/webfiles/Services/Social%20care/Collections%202008%202009/GFS/GFS%2008-09%20FAQs_V1%204.pdf



Kent Carers Emergency Card

<http://www.kentcarersemergencycard.org.uk/index.htm>

Updated: Foundation gears up for broad telehealth expansion (California)

<http://govhealthit.com/Articles/2008/12/Foundation-gears-up-for-broad-telehealth-expansion.aspx>

Overview of Telehealth Activities in Speech-Language Pathology

<http://www.liebertonline.com/doi/abs/10.1089/tmj.2008.0080>

[CES: Tech gets into gray matters](http://latimesblogs.latimes.com/technology/2009/01/senior-technolo.html) – LA Times looks at some of the devices from the Las Vegas show for older

<http://latimesblogs.latimes.com/technology/2009/01/senior-technolo.html>

Grandcare systems (USA)

<http://www.grandcare.com/features/index.php?key=207f>

Halo Monitoring (USA)

http://www.halomonitoring.com/halo/Portals/2/Skins/newHalo_23/halo/Seniors/tabid/96/Default.aspx

Clarity Mobile phone (USA)

<http://www.clarityproducts.com/products/listing/item3289.asp>

Telehealth patient monitoring – ExpressMD

<http://www.authentidate.com/index.php/content/view/497/817/>

Work Programme of the Czech Presidency

Europe without Barriers

e-Health and Telemedicine

The Presidency will also be looking into the issue of improving cooperation between EU Member States, increasing the quality of healthcare provision with the help of telemedicine, and strengthening the interoperability of information systems in the healthcare sector. Attention will be paid to the individual (the citizen as a patient and the healthcare staff, including their mutual interactions), society (education, science and research and their importance for *e-Health*) and economic aspects (in close relation to the issue of financial sustainability). In February 2009, the topic of *e-Health* will be discussed at a ministerial conference organised in cooperation with the Commission.

<http://www.eu2009.cz/scripts/file.php?id=6226&down=yes>

Pakistan Telemedicine Project - Special Report

http://www.chaltatv.com/view_video.php?viewkey=4b7ce00fe9cd2aa0bd0c

VivoMetrics to Present at the 2009 Biotech Showcase

<http://news.prnewswire.com/DisplayReleaseContent.aspx?ACCT=104&STORY=/www/story/01-08-2009/0004951241&EDATE=>

Tucson firm's devices send medical readings to doctors, relatives

<http://www.azstarnet.com/business/274958>

Social Media and Health Care: A primer for Health Care Executives

<http://brown2020.com/2008/12/social-media-primer-for-health-care-executives/>

Workshop on Wireless Tech in Healthcare

<http://medicalconnectivity.com/2009/01/06/workshop-on-wireless-tech-in-healthcare/>

Robert Bosch North America, Healthways Announce Availability of Single License for Joint Patent Portfolios

<http://money.cnn.com/news/newsfeeds/articles/marketwire/0464053.htm>

Promising Future For Wireless Patient Monitoring?

<http://www.wirelessdevnet.com/news/2009/jan/05/news4.html>

Building a smart home - Nokia

Nokia is developing a product that will allow home owners to control all “smart home” products from a mobile phone. “Nokia Home Control Center is a solution based on an open Linux based platform enabling the home owner to build a technology-neutral smart home,” a posting on Nokia’s Smart Home Solutions Web site explains. “It allows third parties to develop their own solutions and services on top of the platform, expanding the system to support new services and smart home technologies.”

http://www.netguide.co.nz/index.php?option=com_content&task=view&id=848&Itemid=16



http://www.agingtech.org/imagine_video.aspx

Microsoft Health Vault

<http://healthvault.com/Industry/index.html>

Google Health

<http://www.google.com/intl/en-GB/health/tour/index.html>

Do You Want to Collaborate with other Online Therapy Professionals?

The Online Therapy Institute offers several venues to engage in vibrant discussion about bringing mental health and technology together. Online therapy, cyberpsychology, the use of the internet to enhance private practice, internet addiction and behavioral telehealth are but a few of the topics that pop up on our discussion boards.

<http://www.onlinetherapyinstituteblog.com/?p=230>



American Well

<http://www.americanwell.com/AmWell-Technology-Web.pdf>

Telenurses' understanding of work: detective or educator?

<http://www.ingentaconnect.com/content/bsc/jan/2009/00000065/00000002/art00015;jsessionid=40m0g364snfd4.alexandra>

AHRQ report shows how barcoding medication improves quality and safety

<http://www.healthcareitnews.com/news/ahrq-report-shows-how-barcoding-medication-improves-quality-and-safety>



eHealth News (videos)

<http://www.ehealthnews.eu/content/blogcategory/26/110/>



Department of Health on YouTube

<http://uk.youtube.com/user/departmentofhealth>



Linked glucose meters and insulin pumps, use of mobile phones (video)

<http://www.healthcentral.com/diabetes/information/?ic=506024>

Swindon – Reducing admissions with telehealth

http://www.ehiprimarycare.com/comment_and_analysis/381/reducing_admissions_with_telehealth

The use of information technology to enhance diabetes management in primary care: a literature review (excludes telemedicine)

<http://www.ingentaconnect.com/content/rmp/ipc/2008/00000016/00000003/art00010>

Carematrix

<http://www.carematrix.com/?gclid=COWphMi5p5gCFc0e3godIR1Mmq>

Computerized Tailoring of Health Information

<http://www.cinjournal.com/pt/re/cin/abstract.00024665-200901000-00010.htm;jsessionid=J7sW6C9b36ZqDgt5rLtqG8sPKQg8msJXpJB2ZWdlj2SFQWPkypD!97158217!181195629!8091!-1>

Computerized Automated Reminder Diabetes System (CARDS): E-Mail and SMS Cell Phone Text Messaging Reminders to Support Diabetes Management

<http://www.liebertonline.com/doi/abs/10.1089/dia.2008.0022>

Tayside household safety message goes mobile

<http://www.pressandjournal.co.uk/Article.aspx/1036226?UserKey=>

Healthsense eNeighbor -- resident monitoring extended and extensible

<http://www.ageinplacetech.com/content/heathsense-eneighbor-resident-monitoring-extended-and-extensible>

Maxwell Smart's shoe phone a reality?

<http://www.abc.net.au/news/stories/2009/01/23/2473520.htm>

Mass lung function testing urged to improve COPD detection

<http://www.pulsetoday.co.uk/story.asp?sectioncode=23&storycode=4121603&c=2>

Tikitagged objects for the elderly

<http://www.tikitag.com/forum/topic/tikitagged-objects-elderly>



My Family Health Portrait – a tool from the surgeon general (USA)

<https://familyhistory.hhs.gov/fhh-web/home.action>

<http://www.google.com/hostednews/ap/article/ALeqM5go8PS450wHOIf3fuIBCvIwLQRPRQD95LQHTG7>



Tyze - Helping you build a community to support someone you care about

<http://tyze.com/home>



Telemedicine – the internet is providing a high tech way for doctors to make house calls (video)
<http://abclocal.go.com/kfsn/story?section=news/health&id=6622884>

6 Events

a) CSIP Networks events planner

Forthcoming Networks Event List (25 January 2008)

Date	Event Title	Network	Places Remaining	Book
27/01/09	Common Assessment Framework (CAF) for Adults Consultation Events - Newcastle	Personalisation	33 of 90	Book now
29/01/09	Common Assessment Framework (CAF) for Adults Consultation Events – Nottingham	Personalisation	65 of 90	Book now
29/01/09	North East Regional Housing LIN Meeting	Housing	6 of 35	Book now
29/01/09	Planning for Transformation Framework Review 29th January 2pm-5pm	Personalisation	1 of 30	Registration Closed
03/02/09	Common Assessment Framework (CAF) for Adults Consultation Events – London	Personalisation	Reserve places available	Add me to the reserve list
05/02/09	Common Assessment Framework (CAF) for Adults Consultation Events – Manchester	Personalisation	Reserve places available	Add me to the reserve list
05/02/09	DH Personal Health Budgets pilots - Learning events for NHS and Local Government - Hilton Metropole London	Integrated Care Network	FULL	FULL
06/02/09	Identification and Brief Advice Training -	Alcohol Learning	-	N/A

	Cambridge	Centre		
09/02/09	DH Personal Health Budgets pilots - Learning events for NHS and Local Government- Hilton Newcastle	Integrated Care Network	Reserve places available	Add me to the reserve list
11/02/09	Common Assessment Framework (CAF) for Adults Consultation Events – Bristol	Personalisation	15 of 90	Book now
11/02/09	Identification and Brief Advice Training - Bedfordshire	Alcohol Learning Centre	-	N/A
11/02/09 to 12/02/09	All Staff Event	Alcohol Learning Centre	38 of 50	Book now
12/02/09	DH Personal Health Budgets pilots - Learning events for NHS and Local Government- Holiday Inn Birmingham	Integrated Care Network	67 of 150	Book now
17/02/09	Common Assessment Framework (CAF) for Adults Consultation Events – Leeds	Personalisation	13 of 90	Book now
19/02/09	Common Assessment Framework (CAF) for Adults Consultation Events – Birmingham	Personalisation	Reserve places available	Add me to the reserve list
24/02/09	DH Personal Health Budgets pilots - Learning events for NHS and Local Government- Ramada Manchester Piccadilly	Integrated Care Network	FULL	FULL
24/02/09	National Workshop - Commissioning Alcohol Services	Alcohol Learning Centre	135 of 150	Book now
26/02/09	North West Regional Housing LIN Meeting	Housing	19 of 35	Book now
27/02/09	Identification and Brief Advice Training - Essex	Alcohol Learning Centre	-	N/A
03/03/09	DH Personal Health Budgets pilots - Learning events for NHS and Local Government- Marriott City Centre Bristol	Integrated Care Network	27 of 80	Book now
04/03/09	South West Regional Housing LIN Meeting	Housing	25 of 35	Book now
06/03/09	Identification and Brief Advice Training - Hertfordshire	Alcohol Learning Centre	-	N/A
10/03/09	Acquired Brain Injury - Current practice and vision for the future	Housing	-	N/A
12/03/09	Identification and Brief Advice Training - Suffolk	Alcohol Learning Centre	-	N/A
12/03/09	Whole System Demonstrator	Telecare LIN	32 of 70	Book now

	Programme (WSDAN) - Integrated care using telecare and telehealth			
26/03/09	Identification and Brief Advice Training - Norfolk	Alcohol Learning Centre	-	N/A
30/04/09	West Midlands Regional Housing LIN Meeting	Housing	31 of 35	Book now
07/05/09 to 08/05/09	RCGP Conference 2009 Working with Drug & Alcohol Users in Primary Care -	Alcohol Learning Centre	-	N/A

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

WSDAN Events:

12 March 2009 - Edgbaston

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.

Appendix 2 - Review of 2008

Mike Clark looks back over 2008 and progress in telecare and telehealth in England

Start of the year

With the [Preventative Technology Grant](#) allocations coming to an end, the focus was on the outcomes from an £80m Government investment in building telecare infrastructure across local authorities and their partners in England.

As the grant funding was not ringfenced and did not have specific performance requirements or conditions apart from an overall aim of 160,000 additional users, the Department commissioned CSCI to obtain additional responses from 150 social care authorities on outcomes and the extent of mainstreaming and sustainability of telecare.

With the Department of Health allowing carry forward of unused allocations, many authorities were extending their programmes into 2008/9 ahead of mainstreaming decisions.

At the start of the year, the focus was on the recently published [Putting People First](#) (DH, December 2007):

Section 3.3 “..... Person centred planning and self directed support to become mainstream and define individually tailored support packages. Telecare to be viewed as integral not marginal

Meanwhile, the [Transforming Social Care Circular](#) (DH, January 2008) talked about:

11.....Assistive technology such as telecare and minor adaptations, like fitting a handrail, can also enable people with support needs to continue to live in their own homes.....

10Person 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.....

17 With self-directed support, people are able to design the support or care arrangements that best suit their specific needs. It puts people in the centre of the planning process, and recognises that they are best placed to understand their own needs and how to meet them. They will be able to control or direct the flexible use of resources (where they wish to), building on the support of technology (eg telecare), family, friends and the wider community to enable them to enjoy their position as citizens within their communities.....

This would be the start of a major transformation of social care in England to provide personalised services. The transformation would be supported by funding of £520m to local authorities.

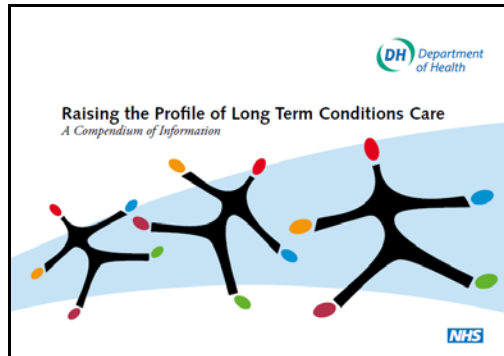
In January 2008, Prime Minister, Gordon Brown [announced](#):

“....So over the next few years we will give 100,000 people with long-term conditions the opportunity to manage their care in this way as 'expert patients'. And during 2008 we will bring forward a patients' prospectus that sets out how we will extend to all 15 million patients with a chronic or long-term condition access to a choice of 'active patient' or 'care at home' options -- clinically appropriate to them and supported by the NHS.

Real control and power for patients - supported by clinicians and carers. More than today's new choice of where and when you are treated, a new choice tomorrow - in partnership with your clinician - about your treatment itself.

Something made even more accessible by using NHS direct, the internet and digital TV as well as the telephone to improve support for patients who want an active part in their care.....”

In January 2008, The Department published a [compendium of information on long term conditions](#).



In January and February, [five major events](#) across the country drew an audience of over 440 people to hear how telecare and telehealth was being implemented in England.



Birmingham Telecare event



CSIP's Jeremy Porteus at the Manchester event

Extra Care at Havering...

- Two Extra Care Schemes in Havering:
- One with 33 flats and newest one with 64 flats
- Purpose built for Telecare, with:
 - Dedicated dementia wing
 - 6 ICAT flats
 - Separate day centre run by Age Concern.
- Telecare actively promoted amongst the residents by the care provider, ICAT and Age Concern

How much has Telecare saved?

- Outcome of evaluation of 70 users in Nov 2007

Savings identified	To 30/11/07	Full financial year
16 x Actual savings	£83,683.91	£112,118.24
17 x Notional savings	£104,336.88	£190,686.08
37 x Supportive savings	£14,454.00	£14,454.00
Total	£202,474.79	£317,258.32

Havering's [Sue Blakeley](#) covered a wide range of telecare innovation from extra care to working with the Metropolitan Police on bogus callers where recordings can be used as evidence. Sue also explained how Havering were calculating costs and savings for their services.

The events covered a wide range of telecare progress, outcomes and achievements with over 50 [presentations](#) from 30 speakers.

In February 2008, the Department for Communities and Local Government published a [national strategy for Housing in an Ageing Society](#)



<http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods>

Meanwhile through till March 2008, the arrangements for the whole system demonstrator programme were going through ethical approval. The three sites, Kent Cornwall and Newham would shortly be commencing the largest randomised control trial of its type using telecare and telehealth within an integrated care setting for 6000 users.

New telecare and telehealth product announcements were coming out on a weekly basis and services were becoming more innovative in their approaches to supporting people in their own homes using telecare and other standalone assistive technologies.

- [*Birmingham PCT to extend its telephone-based care management programme from 2000 to 27,000 patients*](#)
- [*Southampton City to use cardiac telemedicine*](#)
- [*Walsall & Hull use telehealth for COPD and Congestive Heart Failure*](#)
- [*Nottingham City PCT Launches Mainstream Telehealth Deployment*](#)
- [*Sheffield PCT team pick up top accolade at regional award ceremony*](#)
- [*NI to issue large-scale telehealth tender*](#)

In March 2008, the national [dementia strategy](#) web site was launched to be followed by the consultation on the strategy ([Telecare briefing on dementia](#)).

Spring 2008

The [Whole System Demonstrator programme](#) commenced in the Spring 2008 across the 3 sites. The importance of building commitment through stakeholder engagement, workforce training and ensuring that systems were in place would be vital to commencing a complex trial that would be extensively evaluated.

On the telehealth side, there was growing interest in developing small pilot programmes to better understand how telehealth could support people with long term conditions. Apart from in Kent, telehealth had not yet reached three figures in any other area, however, primary care trusts were now engaging with potential technology solutions in growing numbers. The primary focus was on heart failure and COPD patients using home based units.

In May, Health Secretary Alan Johnson also launched an intense six month debate about the [future shape of care and support services](#).

“A rapidly ageing population means that in 20 years’ time a quarter of the entire adult population will be over 65 and the number of people over 85 will have doubled.

The growth in the number of people with care and support needs will put tremendous pressure both on services and on the financial support that they receive through benefits and other funding streams.

Over the next six months, the government will be asking the public and stakeholders at a series of regional events for their views about care and support to create a new system that:

- * Promotes independence, choice and control for everyone who uses the care and support system*
- * Ensures everyone can receive the high quality care and support they need, and that government support should be targeted at those most in need*
- * Is affordable for government, individuals and families in the long-term.*

Millions of people across the country are involved with providing and using care and support services. This reform is about finding a new way to help people stay active, care for family members, retain maximum dignity and respect and have the best possible quality of life”. Website: <http://www.careandsupport.direct.gov.uk>

In May, in an announcement on “[Old age is the new middle age](#)” Speaking at the King's Fund, Alan Johnson announced:

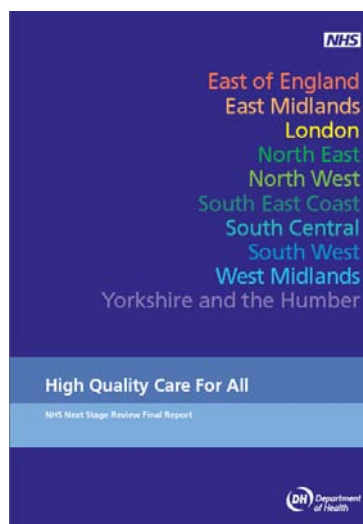
“ a new focus on innovative healthcare such as telecare, which helps older people manage their conditions in their own homes, through setting up a new national learning network;”

May also saw a new web site from the [Disabled Living Foundation](#) that provided information about telecare and related equipment.

Summer 2008

In June, the Department of Health published the [Carers Strategy](#). Carers are an important beneficiary of telecare services.

Lord Darzi presented his final report on 30 June 2008 setting out plans to raise the [quality of healthcare](#).



By putting patients' wishes first and giving doctors and nurses the freedom to respond to those wishes and offer the safest and most effective treatments, his proposals aim to transform the quality of care that patients receive.

In July 2008, Social Care Minister, Ivan Lewis launched the Whole System Demonstrator Action Network at King's Fund.

Health Minister Ivan Lewis MP, at The King's Fund to attend the launch of the new network said: "Increasing the use of technologies in health and social care will help transform the lives of those with long term conditions like diabetes, heart and chest problems, but it's essential the information from the pilot schemes is shared among the experts. This is exactly why the Demonstrator network established today is so important. I'm confident the network will help make hi-tech healthcare a reality for many more people."

On 8 July, the Department of Health published '[Delivering Care Closer to Home: Meeting the Challenge](#)' this references the Darzi Review and also the White Paper from 2006 and looks at a number of programmes including the Whole System Demonstrators to make care closer to home a reality.

The [i4i Invention for Innovation Programme](#) launched to healthcare product innovators on 16 July 2008 at the Queen Elizabeth II Conference Centre, London.

Professor Lord Darzi, Parliamentary Under Secretary of State for Health, welcomed i4i as a timely contribution to innovation research supporting the NHS. He said: "Initiatives such as i4i will help us to achieve the best care for a 21st century health service."

On 21 July, Social Care Minister Ivan Lewis announced a further [25 new extra care sites](#). These sites will make use of telecare, telehealth and other assistive technologies to support people to remain independent in their own homes.

Autumn 2008

In September 2008, the Technology Strategy Board made an announcement on the [first round of projects](#) under the Assisted Living Innovation Platform (ALIP).

The collaborative projects will result in research and development in areas such as:

- in-home two-way video technology for the supply of health information and for tele-consultation with health professionals;
- an automated, non-intrusive, intelligent monitoring system for the elderly and disabled;
- the development of an innovative real time gait training system for people with an abnormal gait;
- the evaluation of the potential benefits of proactive preventative telecare and telehealth systems.

The Technology Strategy Board will invest over £5m in the initiative while the Department of Health will contribute a further £500,000. This investment will be matched by funding from the companies participating in the research.

Explaining the background to the initiative, the Technology Strategy Board's Chief Executive, Iain Gray, said: "The impact of living longer, the quality and potentially increasing cost of care for those with chronic long term conditions, and preventing health problems like obesity, are major societal and economic challenges. However, such challenges also give us the incentive to develop innovative solutions." "Through our investment in these exciting projects, the Technology Strategy Board is helping to bring together the UK's world class expertise to research and develop innovative technologies in a key area for

the UK” he added, “The technologies to be developed will bring social and economic benefits to the UK, and will have global potential. We are delighted to offer our support.”

In October, work was completed on mapping telecare services around the country.

<http://maps.google.co.uk/maps/ms?hl=en&ie=UTF8&msa=0&msid=100406857045032193451.0004540c223f16f2d1c9d&z=6>

Following the Darzi Report, the [Integrated Care Pilot Programme](#) prospectus was launched by the Department of Health in October.

In November, CSIP published a range of [summary and themed reports](#) and [performance profiles](#) from 150 social care authorities. The summary reports also reported on progress towards the 160,000 additional users identified in [Building Telecare in England](#) (DH, 2005).

As we reached the end of the year, we heard that [Continua Alliance](#) will begin to certify their first round of interoperable telehealth products.

Since July 2008, the WSD programme and an additional 12 sites in the [WSD Action Network](#) have been moving forward identifying the themes for the learning network and a series of [public events](#) which commence in January 2009 to disseminate the learning and exchange information about progress around the country (we will be reporting on the London Event in February and booking is underway for the second event in [Birmingham](#) in March 2009). As 2008 has progressed, there have been increasing numbers of important journal articles and the King’s Fund online reading rooms for telecare and telehealth have received a lot of visits as [registration](#) on the site has steadily climbed. The regular news items have featured some of the most important recent [announcements and articles](#). Tim Ellis, the WSD Programme Manager has also been preparing [reports](#) for the site.

As we ended 2008, we heard news of the publication of a major case report covering over 17,000 telehealth users. The [Veterans Health Administration](#) in the USA has some features similar to the NHS and this is the first report of this ‘enterprise’ level of telehealth anywhere. The [report](#) identifies some of the benefits they have established including the impact on hospital admissions and comparative costs with other services.

It is unclear yet what the impact of the financial situation will be nationally and locally on services as we move forwards. Indeed, this tougher environment presents real opportunities for commissioners and service providers to radically review their services rather than retrenching.

All in all though, 2008 was a year of considerable progress which looks to continue into 2009 as organisations that have good local evidence move forwards with their telecare and telehealth programmes for the benefit of users, patients, carers and their families. We must not forget, either, the many individual local champions in organisations who have had the courage to innovate and search for new solutions using technology as part of an integrated care approach.