NEWSLETTER
May 2013

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

Our free monthly newsletter is distributed to 48,000 subscribers in the UK and worldwide via e-mail and archived at www.telecarelin.org.uk. You can also find highlights on Prezi (monthly) or Rebelmouse (daily). With over 1300 news and events links over the last month, we hope that you find this newsletter useful.

Over the last month we have seen the publication of the Care Bill in England along with plans to integrate health and social care services over the next five years. These are in addition to the NHS Mandate's extensive programme of NHS changes through till March 2015. Pressures continue on health and care services. These will all have an impact on telecare, telehealth and digital health implementation. Meanwhile, Scotland is just getting on with their programme and we have a report from the recent Holyrood Connect Conference. We still have a range of different evaluation findings from telehealth, telemedicine and mHealth although some areas such as telestroke and teleradiology are starting to scale. We can expect further reports on telecare from the Whole System Demonstrator Programme at the King's Fund Congress in July 2013 – in the meantime, Professor Stanton Newman's views on the current telehealth position is included in this latest newsletter.

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

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

Contents

Links supplement for May 2013 - doc and pdf versions are available - (pdf, doc)**.**

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

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

Thanks to Anna-Marie Taylor (ICS dallas *networking and events),* *ALIP* *and* *KTN* *sources*

a) **Living it Up** **is growing!** We have launched another digital platform that will engage, inform and provide feedback to local communities within the Scottish dallas project's five pilot regions.

The new Living it Up (@Livingitup_Scot) Looking Local service will provide bespoke content for each of our regions – Moray, Highland, Western Isles, Forth Valley and Lothian – via television (Sky and Virgin subscribers), the Looking Local Living it Up mobile app and the Looking Local website.

The new service has been launched in partnership with one of our technical partners, Looking Local, a digital television service owned and managed by Kirklees Council on behalf of local government.

The platforms will individually develop a range of local information on health, care and wellbeing services and opportunities. They will also give users another way to share their ideas and experiences with the Living it Up team as part of the co-design process.

 To access the Living it Up Looking Local platforms, go to www.lookinglocal.gov.uk and use one of the following Quick Codes:

- Forth Valley - Forth
- Lothian – Lothian
- Highland – Hland
- Western Isles – Isles
- Moray - Moray

b) The Future of Digital Healthcare

Health Secretary Jeremy Hunt (@Jeremy_Hunt) praised Digital Life Sciences during a speech at an inaugural event in the House of Commons – 'The Future of Digital Healthcare'.

Secretary of State for Health Jeremy Hunt addresses guests

Mr Hunt was warmly received as keynote speaker by leaders in the digital health community at the Digital Life Sciences' reception held in the Members' Dining Room on Monday, 22 April 2013.

He said Digital Life Sciences has exactly the right business model in terms of challenging traditional delivery models of healthcare.

Mr Hunt outlined his three-point plan for transforming the NHS. He said:

"At the heart of his plan for the NHS is a movement from transactional online healthcare services to one where care is transformed through the use of technology."

Leading industry experts were invited to meet and discuss the future of digital healthcare

The inaugural event was held in the House of Commons in London

He outlined an NHS where patients have digital records that can follow them around the health and social care sector, allowing patients take ownership of their health and backed up these plans by reconfirming his deadline for a Paperless NHS by 2018.

Julia Manning, Chief Executive 2020 Health, spoke about the importance of being inclusive. She said:

"…For [those] whom isolation is a major issue, it is vital that the discussion of technology does not imply exclusion; we must take great care to reassure people that technology is about connecting communities, not cutting contact".

c) The Long-Term Care Revolution - London Briefing Day, Download the presentations and view the webcast of the meeting!

The KTN has now delivered the three regional briefing events for the Technology Strategy Board's newest initiative – 'The Long-Term Care Revolution'. All of the workshop activity has been recorded and will be helping to shape future activity for the long-term care revolution Grand Challenge. You can now download the presentations and view the webcast from the meeting by clicking here.
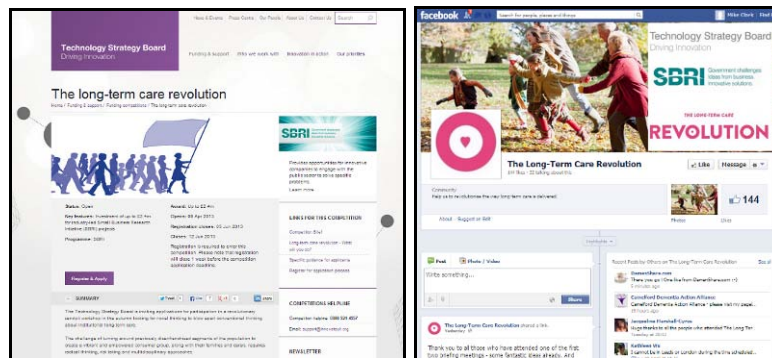
Long Term Care Revolution on Facebook
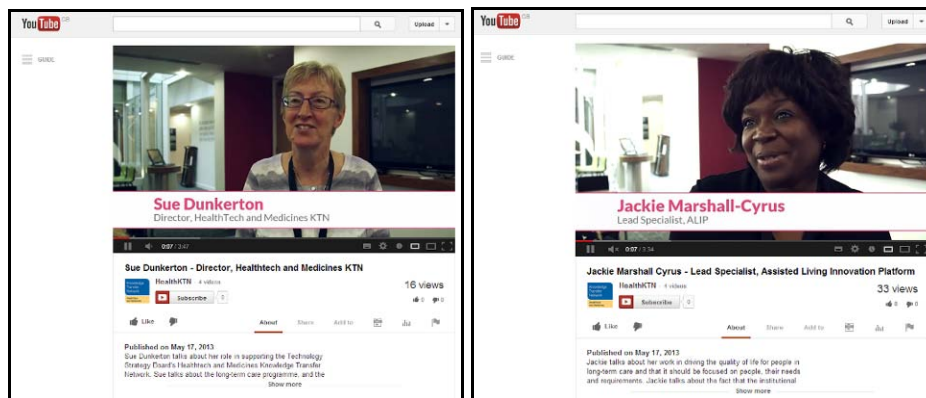
New You Tube videos from Sue Dunkerton (Director, Healthtech
& Medicines KTN) and Jackie Marshall-Cyrus (Lead Specialist, ALIP) from the recent Long Term Care
Revolution Workshop in London on 9 May 2013

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

 The challenge of turning around previously disenfranchised segments of the population to create a vibrant and empowered consumer group, along with their families and carers, requires radical thinking, risk taking and multidisciplinary approaches.

The aim of this sandpit is to bring together a varied group of up to 25 individuals, who might be new entrants or existing players from across the UK, with the expectation that they work together to develop radical, risky and novel ideas that can then be developed into full proposals for industry-led Small Business Research Initiative (SBRI) projects. Following on from the sandpit we will be awarding up to £2.4m in such projects. Academics can be fully involved as sub-contractors in the proposals.

Who do we want to join? You could be from any industry sector, for example: built environment, engineering, media, tourism, aerospace, robotics, even the military. Or from an academic field, for example engineering, design, ICT, maths, management and business studies, sociology, economics, geography, legal studies, anthropology, social policy or creative arts.

If you would like to transform the future of long-term care to create better quality of life and economic growth in the Uk and believe you have something to offer, we invite you to apply-irrespective of your sector. We particularly welcome applications from people representing organisations (large or small) that will contribute new expertise and new thinking to revolutionary new designs for long-term care – we are more interested in new ideas, underpinned by radical and innovative thinking.

 The five-day sandpit will be held 16-20 September 2013.

Don't forget the final dates for registration and submissions – 5 and 12 June 2013. You must register by the earlier date.
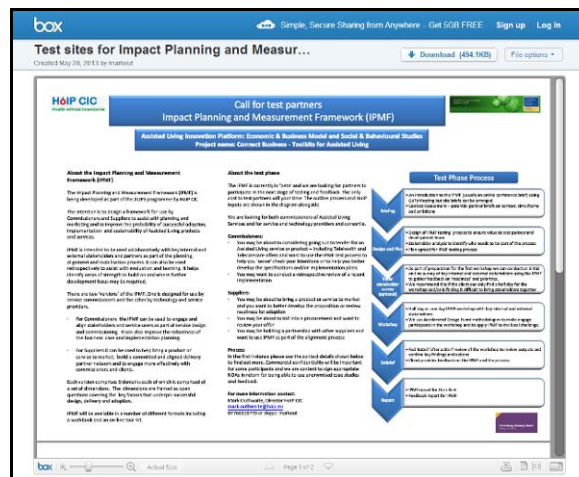
d) Aktive Project – new publications announced

New publications from the Aktive Project were announced at the recent conference (17 May 2013).

- AKTIVE Research Report Volume 1: State of the Art Literature Review
- AKTIVE Market Report: Initial overview

There is also a LinkedIn Group for further updates.

e) Test sites for Telehealthcare business modelling

Under the Assisted Living Innovation Platform's business modelling programme for telehealth/telecare, there is a call for business partners (commissioners or technology and service providers) as part of an Impact Planning and Measurement Framework. Contact mark.outhwaite@hoip.eu for more information.

f) Embedding digital technologies in healthcare
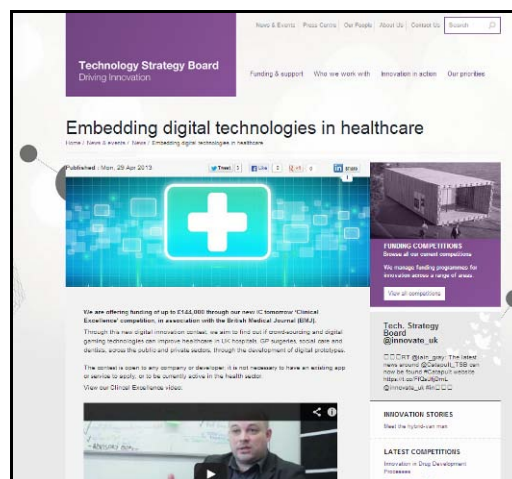
The IC tomorrow Digital Innovation Contest – Clinical Excellence in association with the BMJ is offering five businesses the opportunity to receive up to four awards of £24,000 and one award of £48,000 in funding to develop innovative commercial prototypes meeting broad challenges set in conjunction with our challenge partners BUPA, BMJ and University College London and with support from the Open Data Institute (ODI). There are five challenges available under two themes.

Theme one: Supporting Healthcare Professionals

- One award of up to £24k for the development of a prototype service or application for the "driving clinical excellence in care homes" challenge supported by Bupa. Read more.

- One award of up to £48k for the development of a prototype service or application for the "leveraging clinical and experiential data to improve health outcomes" challenge supported by BMJ and University College London. Read more.
- One award of up to £24k for the development of a prototype service or application for the "adapting clinical content tools for the developing world using crowdsourcing to localise clinical content challenge supported by BMJ and University College London. Read more.

Theme two: Improving Consumer Health

- One award of up to £24k for the development of a prototype service or application for the "consumer health information" challenge supported by BMJ. Read more.
- One award of up to £24k for the development of a prototype service or application for the "improving patient/consumer health behaviours and understanding" challenge supported by Bupa and University College London. Read more.

To view a recording from and download the presentation from the contest briefing event please click here.

The contest takes place over a two stage process, to apply for stage one you need to fill out an online application form and produce a two minute video about your proposal by 12 noon Wednesday 5 June. The aim is to select 15 finalists to go through to the second stage which will include a live pitch to a panel of judges. For more information about the contest process click here.

Item 2 – 3millionlives - Telehealth gives patients the chance to take more control over their care

Prepared by Professor Stanton Newman, Principal Investigator for Whole System Demonstrator Programme, Dean of the School of Health Sciences at City University London

"Over the last couple of years, my work on the Whole Systems Demonstrators (WSD) trial, has reinforced my view that our treatment of long term conditions is fundamentally a problem of changing the behaviour of patients and health care professionals.

Patients must take responsibility for self care and self management and health care professionals should be trained to facilitate behaviour change and empower and support patients to manage their condition. It is only through these types of changes that the sustainable system of managing long term conditions will be achieved in the NHS.

Two myths, two models

The question then is what is the potential role of telehealth in long-term conditions (LTCs)? At the moment, two common myths exist about TH – and not just among GPs but also other clinicians, politicians and the public. The first is that it's a treatment in itself. It's only an instrument to assist in the management, planning and organisation of care. The important question is how it is used in the care pathway for patients with different conditions and levels of severity.

The second myth follows directly from the first in that even when it works effectively, telehealth isn't about the equipment – the key to its sustainability is about creating behavioural and organisational change in switching the emphasis of our care for long term conditions to one that

monitors, informs and supports patients and health care professionals about the ongoing management of the LTC (or LTCs).

Careful attention needs to be paid to the care pathway that includes telehealth. Crudely, there are broadly two models of telehealth. In both, the patient transmits their data to the health care professional. What follows is important. Excluding an emergency, if the health care professional is making all the decisions about their patient's care, based only on the data and without informing the patient of their readings or explaining and interpreting any unclear data, it certainly is not empowering to the patient. In this model, the doctor is effectively interpreting the data using technology. It is not providing care that is inclusive and empowering to the patient and in the long term it's not sustainable. This approach does in some ways sit comfortably with the traditionally paternalistic nature of the NHS.

In another model, the data that the patient transmits is analysed and presented to both the patient and the health care professional. This shared data can then be the subject of a conversation initiated by the health care professional or the patient that may, where appropriate, include the patient's informal carer. In this way the monitored data assists patients to manage their long-term condition. The doctor might nudge them to act in a certain way or take more recordings, but ultimately it has the potential for the patient to recognise that they are crucial to the effective management of their long-term health condition.

Evidence to date

There have been a number of publications from the WSD trial and it may be useful to summarise some of the findings. Although complicated in interpretation the study has found significant reductions in mortality and emergency admissions. These are important as they suggest that telehealth can lead to improvements in key outcomes for some patients.

Some people appear to have expected an improvement in general quality of life in the trial. While this is not an unreasonable expectation there are important factors to take into account. Firstly, it was argued by some before the trial that the introduction of telehealth would lead to patients becoming isolated and this would in turn lead to those with telehealth having a reduced quality of life. The findings showed that there were no differences between those who received telehealth and the controls in quality of life or psychological well being.

The second issue in relation to the quality of life findings is that telehealth, unlike many other healthcare interventions, is not in itself a treatment. The issue that needs careful consideration is whether including telehealth in the care pathway of managing LTCs has a direct impact on quality of life. Measures of quality of life include a range of questions that attempt, when assessing generic quality of life, to cover the whole range of areas in ones life. Whether a management change has a clear impact on all these aspects of quality of life is questionable.

Some people have suggested that because of the reduction in hospitalisation in the telehealth group we should expect an improvement in quality of life. Although we found lower rates of hospitalisation among patients using telehealth not everyone was hospitalised and also that instances of hospitalisation may have occurred some time before the quality of life was measured. It remains a question, but perhaps not that interesting, as to whether those who were hospitalised had a lower quality of life than those who were not.

Using the DES

I didn't see the telehealth DES until last week. Whilst this provides some level of financial incentive for GPs to use remote monitoring for patients with LTCs, it is very loose in its specification of the

care pathways and the ways in which it will encourage patients to self manage and thereby reduce the number of GP visits. This lack of detail may seem unsatisfactory to many GPs but it also leaves open the possibility of designing a system to fit the particular practice and its ways of working with patients with LTCs.

There are a number of ways to configure the role of telehealth in GP surgeries and some GPs have already introduced systems and services which both they and the patients are very satisfied with. For example, patients with a condition such as diabetes can have their consultation over the telephone if both the GP and the patients have access to shared data. This will mean that the patient does not need to travel to the surgery which for patients who work can be a real bonus.

It is essential that any new system incorporates sharing and additional analysis of the data provided so that both patient and health care professional can learn something new. An example would be the daily pattern of blood glucose control cumulated over an extended period.

One of the concerns GPs express about telehealth is that it will increase their workload, and that may be a concern for those undertaking the DES. The findings we produced in WSD study, with its model of managing long term conditions, showed telehealth was neutral in terms of GP workload. Other systems may be able to reduce the workload whilst some may lead it to be increased. Careful design of the system, what the different responses by the surgery are and models of treatment escalation need to considered. The objective of any pathway that uses telehealth should be to provide better quality of care, first of all, but should also be introduced with a view for some cost savings.

Change for the future

For telehealth to work as an instrument in the NHS, there has to be more training for GPs and other health care professionals involved with the management of LTCs. A sustainable model will be one that ensures patient empowerment and behaviour change are embraced and that health care professionals are trained to facilitate behaviour change in their patients. Recognising that patient behaviour is a key to the management of LTCs means that we need to consider our training of health care professionals and incorporate facilitation of behaviour change for people with LTCs into our curriculum for both doctors and nurses and other health care professionals.

Its important that we recognise that with an ageing population and the predicted increase in chronic disease we're on a 'burning platform'. While we may not have the perfect solution for the management on long term conditions, we do need to change, as carrying on in the same way we have done in the past is simply not sustainable. Add into the equation the saving expected in the NHS and the need for change is undeniable.

I understand that many GPs will feel resistant to the way telehealth is being promoted – perhaps because of the politicisation or misunderstandings that impact on its correct application. But buy-in from the clinicians using telehealth models is key to its success, so it's crucial that GPs engage with the evidence and the debate and have their say in the way it is (or isn't) introduced into local pathways".

(Also reported at Pulse Today)

Angela Single has been re-elected Chair of the 3millionlives Industry Working Group. There is a new Vice Chair – Ileana Welte (press release from 28 May 2013).

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

Item 3 - Telecare and telehealth codes of practice and standards

a) TSA Code of Practice

The Telecare Services Association (@teleservassoc) has now opened the new Telehealth Code of Practice for accreditation (website, press release). This, together with the existing TSA Telecare Code of Practice, will form the TSA Integrated Code of Practice.

Individual elements of the code for both telecare and telehealth will still be available as the code of practice is modular based to enable service providers to gain accreditation according to the services they offer within their particular business model.

The TSA Integrated Code of Practice is a national quality framework against which service providers of telecare and telehealth services can be accredited. The code has been written to respond to the challenges of an evolving health and social care system, and in support of national frameworks and priorities including the National Telehealth and Telecare Delivery Plan for Scotland to 2015; 3millionlives, one of six high impact innovations for England; Transforming Your Care. A Review of Health and Social Care in Northern Ireland December 2011 and The Strategy for Older People in Wales (Phase Three) 2013-2023.

Organisations will be able to select the modules that are applicable to their service offer and apply for accreditation. These may be telecare only, telehealth only, or a combination of the two. In order to achieve this, the modular approach has been retained and extended for the telehealth code.

**b) Telescope: Telehealth Services Code of Practice for Europe**

'The Need for a Clearer European Vision for Telehealth' presentation by Dr Malcolm Fisk at Med-e-Tel (April 2013) is now available and provides an update on the Telescope Project.

c) GGI draft standards for Telehealthcare

The Good Governance Institute (@GGI_innovation) considers that the model for quality, effective risk management and regulation is lagging behind how teleheathcare services are being developed. To start the quality debate, GGI has developed a quality standard for telehealthcare, using the NICE

format. They are also conducting a commission into incident reporting in telehealthcare with the aim of producing a simple taxonomy of incident types to support the introduction of better clinical risk management. A draft quality standard for consultation has been published.
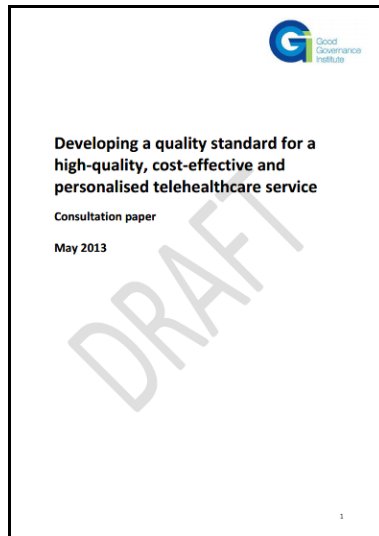
Item 4 - Telehealth and Telecare Conference in Scotland

The recent conference organised by Holyrood Connect ran over 15/16 May 2013 and featured progress on a number of programmes, reports on individual innovative projects and keynotes from Alex Neil (Cabinet Secretary for Health & Wellbeing) and Jonathan Linkous (American Telemedicine Association) amongst others.

The conference was covered on Twitter and you can see the summaries Storified at:

http://storify.com/clarkmike/telehc-15-may-2013
http://storify.com/clarkmike/telehc-16-may-2013

Professor James Ferguson (Scottish Centre for Telehealth and Telecare) and Trevor Single (Telecare Services Association) provided important updates on telecare and telehealth.

Moira MacKenzie from SCCT outlined examples of large scale programmes in Scotland.

The National Telehealth and Telecare Delivery Plan for Scotland and Business Plan are available from the SCTT website.

Marcia Rankin, NHS 24's Head of Health Information Services covered the SCTT Business Plan.

Scottish Minister, Alex Neil (Cabinet Secretary for Health & Wellbeing) provided practical examples of the benefits of telehealth and telecare from his visits around the country. David Doherty (3g Doctor, mHealth Insight) discussed the growing importance of mobile for health. Jonathan Linkous (American Telemedicine Association) looked at progress in the USA and around the world.
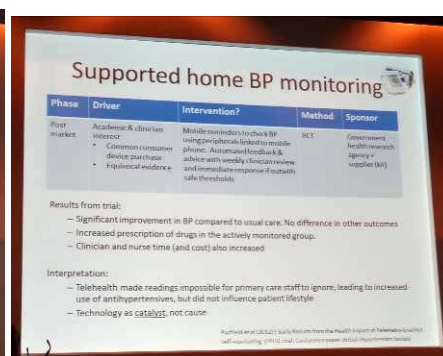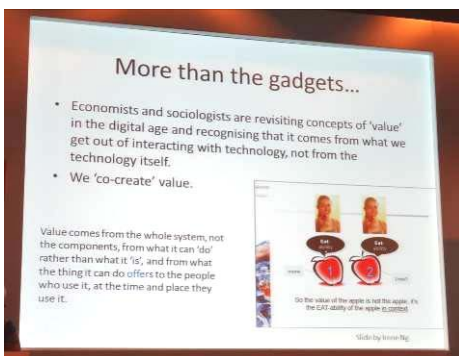
Dr Claudia Pagliari (Senior Lecturer in Primary Care at the University of Edinburgh) examined the current evidence for telecare/telehealth including recent evaluations in Scotland.

The value of telecare and telehealth for carers was discussed by Patricia Clark from [Carers Scotland]. Pam Nicol and Ann Wales ([NHS Education for Scotland]) covered plans to develop the workforce to use technology and support the transformation of health and social care over the next 5 years.
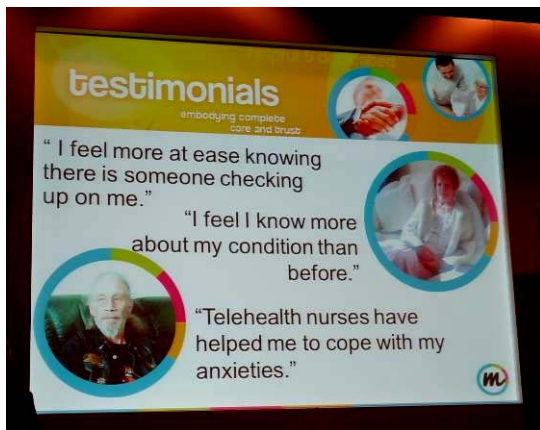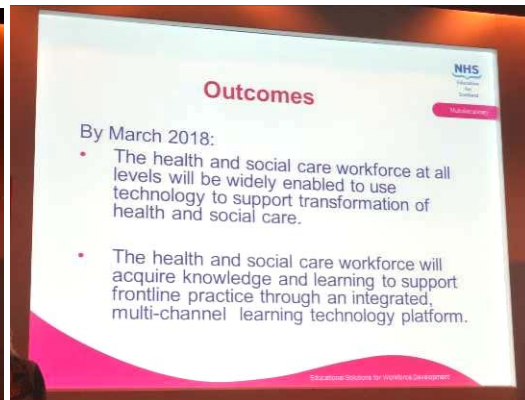
A range of workshop sessions supported by Care Innovations, Medvivo, O2 health, Tunstall Health, i-Spy Digital and many others provided recent case study and evaluation examples.

The [Joint Improvement Team] (JIT) provides support to organisations in Scotland on Implementation.

A number of suppliers and organisations were present in the conference exhibition space.

Item 5 – UK policy announcements

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

(i) The Department of Health in England has published the 'Adult Social Care: Choice Framework'. This Framework sets out the different choices people are able to make in relation to their care and support, including:

- the right for people, including carers, to control the services they use,
- the right to choose residential care accommodation that suits them
- the right to access and receive information to inform choice.

The framework also sets out where people can access further information, and how to complain if they are not offered choice. The framework is likely to be updated when the Care Bill is enacted.

(ii) The Government has published an annual report of progress on the 'Prime Minister's Challenge on Dementia'.

(iii) An NHS Innovation Challenge Prize (£150,000) for Dementia is now open for entries. Deadline - 4 September 2013.

(iv) The Department of Health has published 'Integrated Care and Support: Our Shared Commitment' which has been signed by 12 national partners and sets out how local areas can use existing structures such as Health and Wellbeing Boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration. In addition, a letter invites local areas to express an interest in becoming 'pioneers', demonstrating the use of ambitious and innovative approaches to delivering integrated care. The national partners will provide tailored support to pioneers. In return, the pioneers will be at the forefront of sharing and promoting what they've learned for wider adoption across the country. Deadline for submissions – 28 June 2013.

News coverage:
http://www.guardian.co.uk/society/2013/may/14/health-social-care-join-up-plan
http://www.independent.co.uk/news/uk/politics/elderly-patients-will-get-personal-nhs-worker-to-coordinate-health-care-pledges-jeremy-hunt-8613068.html

(v) The Government has published a response to the consultation on a new adult safeguarding power.

(vi) Arrangements for voluntary sector organisations working in partnership with the NHS and local authorities to apply for funding to improve hospital discharge arrangements for the homeless have been announced (press release) (Deadline 8 July 2013).

 (vii) The Care Bill was introduced into Parliament on 9 May 2013, and published on 10 May 2013 (The Care Bill explained). The Government has also published a series of impact assessments and factsheets alongside the Bill.

The Care Bill introduces legislation to provide protection and support to the people who need it most and to take forward elements of the government's initial response to the Francis Inquiry. There are three parts to the Bill:

a) Reform of care and support - The Bill brings together existing care and support legislation into a new, modern set of laws and builds the system around people's wellbeing, needs and goals. It sets out new rights for carers, emphasises the need to prevent and reduce care and support needs, and introduces a national eligibility threshold for care and support. It introduces a cap on the costs that people will have to pay for care and sets out a universal deferred payment scheme so that people will not have to sell their home in their lifetime to pay for residential care.

b) Response to the Francis Inquiry on failings at Mid-Staffordshire Hospital - This Bill helps deliver the Government's commitment to ensure patients are the first and foremost consideration of the system and everyone who works in it. It sets out Ofsted-style ratings for hospitals and care homes so that patients and the public can compare organisations or services in a fair and balanced way and make informed choices about where to go. It will enable the new Chief Inspector of Hospitals, appointed by the Care Quality Commission, to trigger a process to deal with unresolved problems with the quality of care more effectively. It will also make it a criminal offence for health and care providers to supply or publish false or misleading information.

c) Health Education England and the Health Research Authority - The Bill establishes Health Education England (HEE) and the Health Research Authority (HRA) as statutory non-departmental public bodies, giving them the impartiality and stability they need to carry out their roles in improving education and training for healthcare professionals, and protecting the interests of people in health and social care research.

(viii) The government is proposing a system of checks on the finances of the largest care companies to give an early warning of potential problems, and to challenge financial systems which could be unsustainable or reduce quality. Under the new proposals the government would also introduce regulation of major care providers and, if a provider failed, there would be plans to support a well managed exit.

(ix) The Department of Health has published an update on its 'Health and Care Transition Programme Plan'.

(x) The Department of Health has published a Guide to the Healthcare System in England covering:

- providing care

- commissioning care
- safeguarding patients
- empowering patients and local communities
- education and training
- supporting providers of care
- the role of the Secretary of State for Health
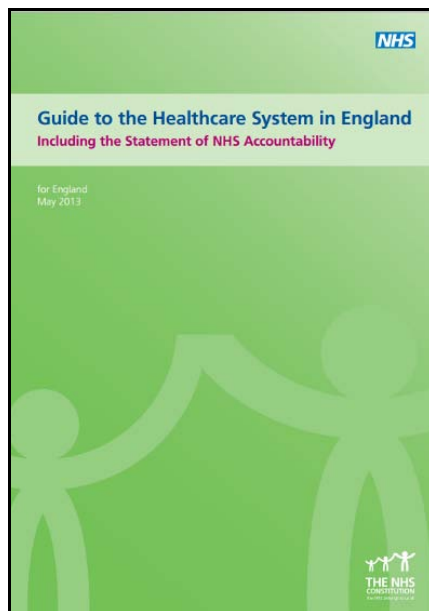
(xi) The Department of Health in England has produced a number of public health publications:

Healthy Lives, Healthy People: Towards a Workforce Strategy for the Public Health System
Healthy Lives, Healthy People: A Public Health Workforce Strategy
Public Health Outcomes Framework 2013 to 2016 and technical updates
Public health commissioning in the NHS

(xii) The Health Secretary in England has announced a £260m fund for hospitals to increase the use of e-prescribing and electronic patient records.

(xiii) NHS England has published guidance for GP practices explaining how better use of anonymised patient information from general practice will help commissioners improve the quality, efficiency, and equity of health care services.

(xiv) NHS England has announced that Sir David Nicholson has decided to retire from the NHS, and as Chief Executive of NHS England, in March 2014.

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

Item 6 - Other news

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

(i) Support Solutions has an interesting article on funding alarms & proactive communication systems for vulnerable people in sheltered/supported housing & in dispersed tenancies.

(ii) The Australasian Telehealth Society has published a document outlining how Australia can move towards a National Telehealth Strategy.
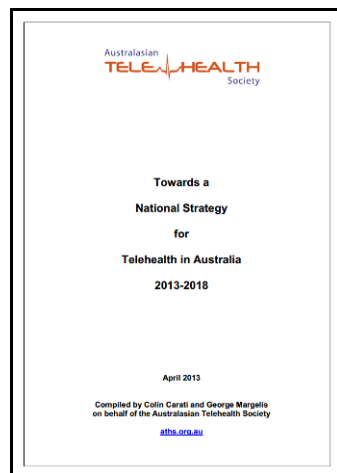
BT is looking at a multi-million dollar telehealth investment in Australia. Also from Australia, the National E-Health Transition Authority (NEHTA) has carried out a trial of five healthcare messaging vendors. This will mean that any medical practitioner–be they a public or private GP, specialist or surgeon–will be able to share information over time through online secure messaging. A list of the recipients of the $20.6m NBN telehealth grant has been published.

(iii) eHealth and Telehealth presentations from Med-e-Tel 2013 are available from their website.

(iv) With a large scale implementation (currently 750 people benefiting), BBC News reports on a GP in Gloucestershire who questions the effectiveness and value for money of telehealth.

(v) There is a new telecare/security alarm product from Simpalarm.

(vi) Medvivo has published some of the early outcomes at six months for 71 COPD patients from the Portsdown Group Practice. This telehealth case study is analysing patients NHS usage 18 months prior to using telehealth, and then 18 months after having the telehealth intervention.

(vii) A telemedicine system set up to help stroke patients has been declared a success by the NHS Cumbria & Lancashire Cardiac and Stroke Network. Over the last 18 months, the telemedicine system has provided 24x7 access to thrombolysis treatment from remote specialists. The telestroke network serves eight hospitals that in turn serve 2.2 million people. Over 520 patients have now benefited from the telestroke service since its launch in July 2011, with over 220 of those patients receiving thrombolysis.

(viii) A stroke project which links Lanarkshire in Scotland with a hospital in New Zealand has commenced.

(ix) Mobile Health Apps 101: A Primer for Consumers has been published by the American Health Information Management Association (AHIMA).

 (x) Some quotes and commentary from an interesting panel discussion at the recent American Telemedicine Association (ATA) Conference on telehealth appear in this Healthcare IT News article –

"We don't have time any more at this point to do all those large-scale clinical studies"

"By the time you've got (a study) published, it's three to five years after that work."

"What works for one provider might not work for another. One system might see a decrease in hospitalization rates, while another finds an improvement in home-based post-acute care".

"The pilots are gone, the possibilities and proposals are old. It's time to target the telemedicine and mHealth programs that are working and to explain why they are – while at the same time understanding that each one of those programs is unique and won't provide the same results if applied elsewhere".

Also from the ATA Conference, CIO has selected 12 telemedicine innovations that could shape healthcare's future.

(xi) An interdisciplinary research collaboration (IRC) led by the University of Bristol together with the Universities of Southampton and Reading, has been awarded a grant by the Engineering and Physical Sciences Research Council (EPSRC) of £12 million. They will work in partnership with Bristol City Council, IBM, Toshiba and Knowle West Media Centre (KWMC). The collaboration, known as SPHERE (Sensor Platform for HEalthcare in a Residential Environment)**,** will develop home sensor systems to monitor the health and wellbeing of the people living at home.

(xii) Northamptonshire Healthcare NHS Foundation Trust (NHFT) has identified Saypage as a provider of telehealth systems (press release).

(xiii)Sussex Police are using GPS trackers to help find people with dementia (BBC News video).

(xiv) The Disruptive Social Care Podcasts numbers 18 and 19 are now available from Shirley Ayres (@shirleyayres) and Stuart Arnott (@mindingsstu) with special guest Paul Taylor (@PaulBromford).

 (xv) The Guardian's Health Innovation Hub has an article from Dr Ruth Chambers on 'How can telehealth help patients take responsibility for their health?'

(xvi) A new report, 'Delivering housing, health and care outcomes', by CIH and Tunstall Healthcare addresses how redesigned housing solutions can improve health and wellbeing, with particular emphasis on the role of assistive technology.

(xvii) There is a new publication from the Joseph Rowntree Foundation on 'Older people with high support needs in housing with care'.

(xviii) A recent addition to You Tube is a video featuring Adam Darkins from VA on their telehealth programme.
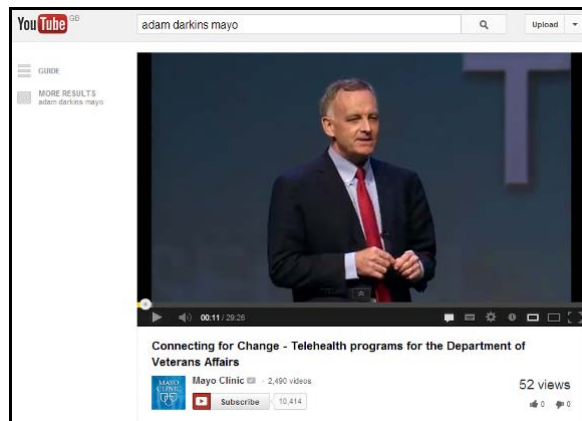
(xix) The Guardian has an article on the new Academic Health Science Networks (AHSNs) in England.

(xx) 50 service users attended the first anniversary of Birmingham's telecare service – find out more in this new video also involving Good Governance Institute and Tunstall Healthcare.

(xxi) There is a new video from East London NHS Foundation Trust on Diabetes, Florence and Skype.

(xxii) Philips and consortium partners have launched 'the Advancing Care Coordination and Telehealth Deployment (ACT) program'. This EU-funded program includes healthcare authorities, clinical experts, universities and industry partners. By monitoring CC&TH initiatives in five European regions, the program will create a "cookbook" of best practices to facilitate CC&TH deployment.

(xxiii) A training video from Portsmouth on telecare is available.
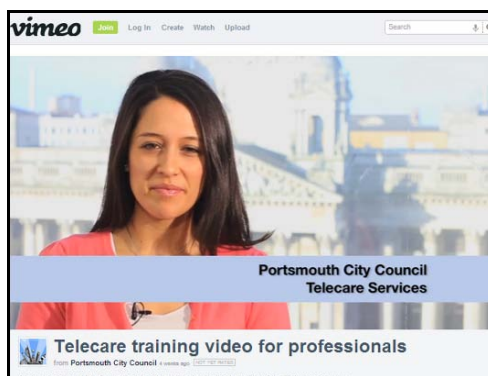
(xxiv)' Telecare: A weight off my mind' is a newly available video from Scotland.

Item 7 - Housing LIN – Housing with Care Matters – May 2013 Newsletter

The May 2013 Housing LIN newsletter has been published and contains:

- the latest policy and funding announcements, including an outline of the provisions in the Care Bill, the call for integrated care by 2018 and funding available from FirstStop to establish local housing information and advice services

- information about the fresh look Housing LIN homepage which now makes it easier to navigate the site and access key learning and improvement features

- a new online "Healthwatch" resource which provides vital information on the links between housing and health

- a selection of new Housing LIN materials, including a new Funding Extra Care Housing Technical Brief, a joint report with NHF on housing and dementia and two case studies that focus on under-occupation

- details on a range of other new publications/resources on housing and older people, welfare reform, health and social care, dementia and telecare

The newsletter showcases all that's happening across the Housing LIN regions, forthcoming network meetings/site visits, workshops and events.
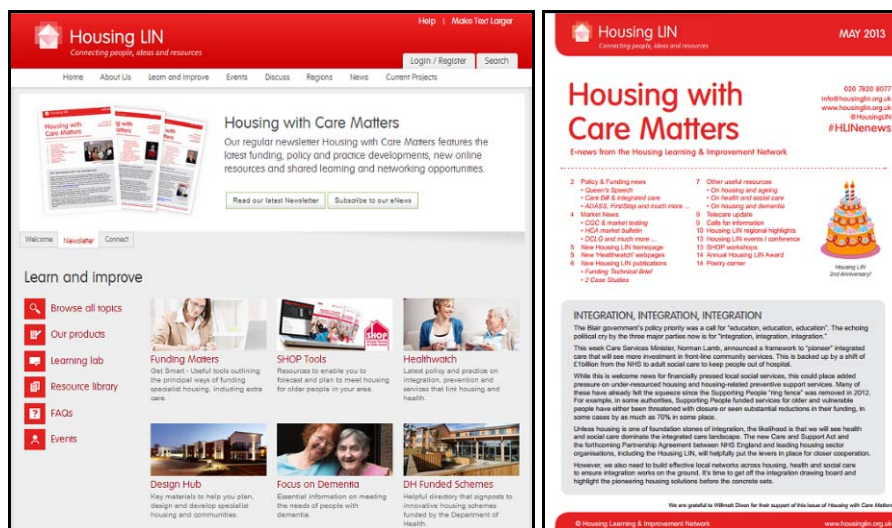
Item 8 – Summary of recent journal articles and evaluations

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

(i) Text4baby is a free mobile health information service of the National Healthy Mothers, Healthy Babies Coalition (HMHB) in the U.S. that provides pregnant women and new moms with critical health and safety information via text message. A report, covers an evaluation of the programme in San Diego. Overall, evaluation findings indicate that text4baby is increasing users' health knowledge,

facilitating interaction with health providers, reminding them of their appointments and immunizations, and improving access to health services.

(ii) From American Medical News - "Many smartphone apps on the market offer tips, advice and treatments on how to deal with pain. But many are not backed by science or created with input from a medical professional". Ohio State University researchers analyzed 222 pain-related smartphone apps available for Android, iPhone and Blackberry devices. Of the apps that researchers reviewed, a third had no input from a health care professional. For another third, it couldn't be determined whether there was professional input. Twenty-seven percent of the apps had obvious input from an MD or DO, and 8% had input from a non-physician health care professional.

(iii) BMJ has published 'Telemonitoring based service redesign for the management of uncontrolled hypertension: multicentre randomised controlled trial'. In this trial from Scotland, researchers concluded that Supported self monitoring by telemonitoring is an effective method for achieving clinically important reductions in blood pressure in patients with uncontrolled hypertension in primary care settings. However, it was associated with an increase in use of NHS resources. They considered that further research is required to determine if the reduction in blood pressure is maintained in the longer term and if the intervention is cost effective. From Brazil there is a report on 'A telehealth strategy for increasing adherence in the treatment of hypertension in primary care'

(iv) Pulse Today reports on a UK study of the impact of psychological therapies on controlling long term conditions.

(v) In the United States, the Agency for Healthcare Research and Quality reports on telehealth for Alaska natives.

(vi) JMIR has an interesting study on 'Mapping mHealth Research: A Decade of Evolution' (Article).

(vii) In an article on 'Association of Co-morbidities With Home Care Service Utilization of Patients With Heart Failure While Receiving Telehealth', the sample consisted of 403 participants, of whom 70% were older than 75 years. Co-morbidities averaged 5.19 (SD, 1.92), ranging from 1 to 11, and nearly 40% of the participants had 5 or more co-morbidities. For patients with HF on telehealth, co-morbidity characteristics of anemia, anxiety, musculoskeletal, and depression were significantly associated with nursing utilization patterns, and renal failure, cancer, and depression co-morbidities were significantly associated with withdrawal from telehealth service.

(viii) 44 practices and 5599 patients were involved In the BMJ published Study, 'Implementation of self management support for long term conditions in routine primary care settings: cluster randomised controlled trial'. No statistically significant differences were found between patients attending trained practices and those attending control practices on any of the primary or secondary outcomes. The researchers concluded 'that an intervention to enhance self-management support in routine primary care did not add noticeable value to existing care for long term conditions. The active components required for effective self management support need to be better understood, both within primary care and in patients' everyday lives'.

(ix) In this study from Scotland 'Exploring telemonitoring and self-management by patients with COPD: A qualitative study embedded in a randomized controlled trial', 38 patients and 32 health professionals were interviewed. Patients considered that telemonitoring empowered self-

management by enhancing their understanding of COPD and providing additional justification for their decisions to adjust treatment or seek professional advice. Professionals discussed telemonitoring as promoting compliance with medical advice and encouraged patients to exercise personal responsibility within clinical parameters, but expressed concerns about promoting the sick role and creating dependence on telemonitoring.

(x) Here is a further selection of articles from this month's supplement:

A Telemedicine Cloud Solution Using Peer-to-Peer Connections with a Telephonic Stethoscope Agreement Between Telerehabilitation and Face-to-Face Clinical Outcome Assessments for Low Back Pain in Primary Care

A Text Message a Day Keeps the Asthma Attack Away

Computer-based diabetes self-management interventions for adults with type 2 diabetes mellitus

Depressive disorder in the last phase of life in patients with cardiovascular disease, cancer, and COPD: data from a 20-year follow-up period in general practice

Failure to Engage Hospitalized Elderly Patients and Their Families in Advance Care Planning

Older Patients' Experiences of Heart Failure-An Integrative Literature Review

Online disease management of diabetes: engaging and motivating patients online with enhanced resources-diabetes (EMPOWER-D), a randomized controlled trial.

Telephone consultations in place of face to face out-patient consultations for patients discharged from hospital following surgery: a systematic review

A Cochrane Systematic Review of Computer-Based Self-Management Interventions for Adults with Type 2 Diabetes

Patients' Use of Self-Monitored Readings for Managing Everyday Life with COPD: A Qualitative Study

Personalised care for patients with type 2 diabetes reduces complications, study finds

Risk-profiling arrangements have not reduced emergency admissions, study finds

The Promise and Peril of Mobile Health Applications for Diabetes and Endocrinology

Item 9 – Learning and Events

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

The event features many UK and international examples of where telehealth and telecare have been used for the benefit of patients. One of the many highlights will be papers presenting **new data from the Whole System Demonstrator findings on telecare** and you can expect to find out more about the cost-effectiveness of telecare and its impact on quality of life and informal carers. On day two

the Secretary of State for Health, Jeremy Hunt MP, will give a keynote address on how the Department of Health is supporting the deployment of telehealth and telecare, followed by a debate on the pros and cons of these services and how we can make the best use of them.

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

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

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

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

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

Doctors 2.0 and you – 6-7 June 2013, Paris http://www.doctors20.com/

Health+Care Show 12-13 June 2013 London http://www.healthpluscare.co.uk/

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

Challenging Obstacles and Barriers to Assistive Living Technologies, Bath 12 June 2013 http://bit.ly/133ALOk

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

Dementia care in the community incorporating technology in dementia care, 15 June 2013, Worcester http://www.careinfo.org/wp-content/uploads/2013/03/Comm-Tech-2013lores1.pdf

CUHTec:"Tech and innovation for managing people with dementia", Newcastle, 19 June 2013 http://bit.ly/SUScx7

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

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

mHealth and Telehealth World 2013 24-26 July 2013, Boston
http://www.worldcongress.com/events/HL13028/

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

CUHTec telecare strategy course: telecare in Mental Health, Newcastle University - 26 September 2013 http://www.cuhtec.org.uk/courses/

CUHTec telecare training course: Using Activity Monitoring, Newcastle University - 27 September 2013 http://www.cuhtec.org.uk/courses/

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

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

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

Item 10 – Other useful links

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

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

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

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

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

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

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

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