



## NEWSLETTER – 8<sup>th</sup> ANNIVERSARY EDITION October 2013

Welcome to the October 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.

Launched October 2005, our free monthly newsletter is now distributed to 48,000 subscribers in the UK and worldwide via e-mail and archived at [www.telecarelin.org.uk](http://www.telecarelin.org.uk). You can also find highlights on [Prezi](#) (monthly) or [Rebelmouse](#) (daily) or by following Mike Clark on Twitter (@clarkmike). With over 800 news and events links over the last month, we hope that you find this newsletter useful.

It has been a busy month with continuing questions about the sustainability of the NHS and social care with A&E pressures, GP access arrangements, 15 minute home care visits, handling NHS complaints, care home and hospital safety. A new Chief Executive of NHS England has been appointed (Simon Stevens takes up his post in April 2014). The integration pilots and the first round of successful tech fund bids are due to be announced. Preparations for the Integration Transformation Fund are underway and Parliament has been scrutinising the Care Bill which will mean new assessments for 500,000 self-funders. There is funding for some technology programmes, A&E/winter pressures and improving GP access (including possible telehealth options). Scotland has launched a Digital Health Institute. Major conferences in health and social care have been held recently with more technology-based events to come during November starting with Scotland's Telecare & Telehealth Week featuring the European Telemedicine Conference and then followed by the TSA, EHI Live, HSJ and RSM events.

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 [LinkedIn](#). You can also access a [Twitter Stream](#) via the TelecareLIN website.



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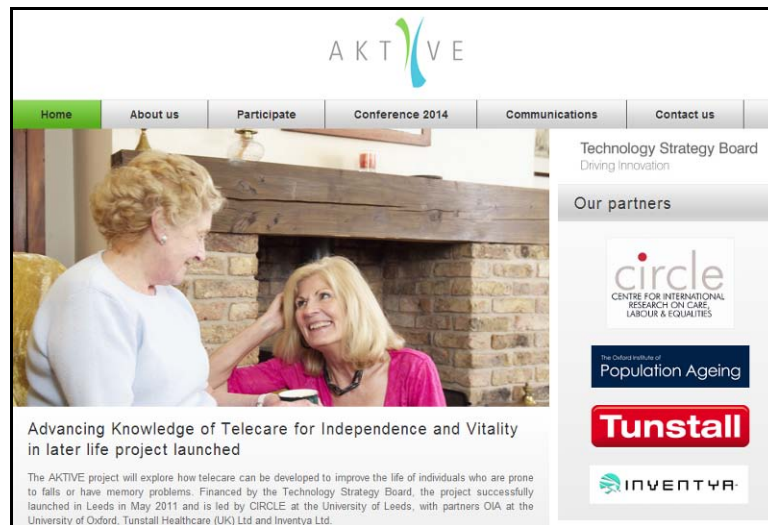
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Additional links supplement (over 800 this month) - [doc](#), [pdf](#) formats

**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 (Assisted Living Innovation Platform), the Knowledge Transfer Network (HealthTech and Medicines KTN) and dallas

### (i) AKTIVE Conference 8-9 April 2014 - Call for papers



This [conference](#) brings together researchers, industry, voluntary sector and local authorities interested in the role of telecare and other technologies in supporting older people at home. The conference is organised by the Technology Strategy Board funded [AKTIVE project](#) (2011-2014). The recruitment of conference contributors will take place through a call for papers as well as targeted invitations for selected organisations. If you think your organisation could contribute to the discussion by sharing their experience with others on the day, please get in touch with us directly for more information.

### (ii) Digital Health SIG - Mapping the Boundaries

Hilton Birmingham Metropole Hotel Nr NEC Birmingham - Tuesday 12th November 2013

The Digital Health SIG (a co-operation between the Health Technologies & Medicines, ICT and ESP Knowledge Transfer Networks) is engaged in a scoping study for the Technology Strategy Board in anticipation of a future call addressing digital health. Where are the data boundaries - and what data needs to flow across these? This workshop will look to ensure that this new opportunity builds on existing initiatives. Speakers include representatives of the Digital Health SIG, Connected Digital Economy Catapult and Mastodon C – but we want your input! [Register here](#)

### (iii) Diagnostics for Stratified Medicine Catapult - Regional Workshops

The [HealthTech and Medicines KTN](#) (Health KTN), Stratified Medicines Innovation Platform will be running a series of workshops across the country to collate input for the planned Stratified Medicine Catapult. The workshops, 'Diagnostics for Stratified Medicine Catapult workshop' will be held in Birmingham, London, Cardiff, Belfast, Glasgow and Cheshire. For more information or to register for one of these meetings please visit the event page [here](#).

#### (iv) Stratification of Neurodegenerative Diseases

Dexter House, Etc Venues, Number 2 Royal Mint Court, Tower Hill, London EC3N 4QN Date: 18 November 2013

The Technology Strategy Board's [Stratified Medicine Innovation Platform](#) (SMIP) seeks to build on the UK's strength within the global healthcare industries and put it at the centre of the next generation of medicine. Its seven partner organisations will together invest around £200m over 5 years in the area of stratified medicine.

In discussion with its partners and other experts, SMIP has recognised the need to support enabling technologies to achieve its vision. The field of stratification of neurodegenerative disease has been highlighted as an area that will benefit from further exploration and investment.

In response to this opportunity SMIP is holding two neurodegenerative disease workshops to inform its fifth round of competitions.

The second workshop will be held in London on 18 November 2013 and will pick up on the needs and opportunities identified in the first (held on the 7 October). It is hoped that the attendees of the first workshop will attend the second and engage with the developers – the second workshop will also offer networking and consortia building opportunities so that attendees can begin to consider how they might work together. [Register now.](#)

(v) In a Med-Tech Innovation [article](#), Nigel Dallard of [Advanced Digital Institute](#) reports on the interoperability work within the [dallas](#) programme.

The screenshot shows the Med-Tech Innovation website. At the top, there is a navigation bar with links for 'Subscribe to magazine', 'Suppliers, register here', and 'Sign up for email alerts'. Below this is a header section with the 'Med-Tech INNOVATION' logo and a search bar. The main content area features an article titled 'Tackling Interoperability within dallas' dated 20/10/2013. The article text discusses the work of the dallas programme, which focuses on delivering assisted living lifestyles at scale, and sets out some of its objectives for the future. It mentions that recent government figures show that more than 30% of people suffer from a long-term health condition, and that the demand is only going to grow as the population ages. The article also mentions that the programme is intended to encourage and help businesses take advantage of the opportunity to provide more home-based care and self-care. The screenshot also shows a navigation menu with links to Home, Industry News, Med-Tech Events, University News, Supplier Showcase, Article Archive, Med-Tech TV, Industry Events, recruitment, and Latest Issue. There are also links to 'Subscribe to magazine', 'Suppliers, register here', and 'Sign up for email alerts'.

#### Item 2 - European Code of Practice for Telehealth Services Telescope

The [European Code of Practice](#) for Telehealth Services was launched at the [European Telemedicine Conference](#) in Edinburgh on 29 October 2013. The Code marks the culmination of work by partners to the European Commission funded TeleSCoPE project led by Malcolm Fisk at Coventry University. If the Code is widely adopted, it could have substantial implications for the shape of telehealth services. This follows from the fact that the content and approach is rooted in public health. The Code is, therefore, as much concerned with promoting appropriate lifestyles and behaviours as it is with the improvement of clinical health. The service 'domains' pointed to in the Code are concerned

with such matters as health coaching, medication adherence and activity monitoring as well as vital-signs monitoring. Very different, therefore, from the approaches we recognise from the Whole Systems Demonstrators and the 3 Million Lives initiative.

Of great significance is the definition of telehealth adopted within the Code. This doesn't focus on technologies and equipment, it talks of health and wellbeing and of the way that people access and use services in ways that fits with their lifestyles and choices. For the Code as a whole, relevant is the fact that the term 'service delivery' is completely avoided (seen as too much of a one-way process) and the word 'patient' is largely missing (seen as potentially disempowering to the users of services and/or carers).

Importantly, we can note that the Code fits with the perspective adopted by the European Commission in their eHealth Action Plan. This suggests the need for an urgent re-think in some of the approaches that have been taken within the UK – Scotland, so far, being the exception.

The Code can be viewed and downloaded from the website at [www.telehealthcode.eu](http://www.telehealthcode.eu) . Services wanting to be accredited to the Code are invited to make contact with Malcolm Fisk [mfisk@cad.coventry.ac.uk](mailto:mfisk@cad.coventry.ac.uk) or Helen Muir [hmuir@cad.coventry.ac.uk](mailto:hmuir@cad.coventry.ac.uk) (at Coventry University).

### **Item 3 - The INDEPENDENT project: using technology to integrate health, social and third sector care**

*Contributed by Mark Gretton, Lecturer in Nursing and Technology Enhanced Care, University of Hull*

#### **The project**

The **INDEPENDENT** project (1) was an ambitious European pilot project that brought together twenty partner organisations across six European Member States. Jointly, they set up a work programme that aimed at capitalising on information and communication technology (ICT) to offer more effective support to older people in their communities. This was part of a drive across nations to empower older people to maintain their independence. A particular focus was on using technology to allow a better joining-up of social and health care services as they currently exist. There was also emphasis on strengthening the participation of the so called "third sector;" family carers and voluntary community workers who would otherwise not be in the usual information sharing loop.



Low intensity monitoring in sheltered home in Hull

The programme was part-funded by the European Union's Competitiveness and Innovation Framework Programme, which meant that the emphasis was on enhancing services already available rather than inventing brand new solutions and perpetuating the silo-based nature of much health and social care in Europe. Though this was a pan-European project, working to shared aims, plans and timelines, the solutions were all proposed and crafted locally, in order to ensure that local needs, as flagged up by local people, could be met locally.

### **The pilot sites**

The project piloted the enhanced services at six sites across five countries. In Geldrop, in the Netherlands, physiotherapists used video links to conduct exercise and rehabilitation sessions for people with chronic lung conditions and their carers. In Trikala, Greece, a video telephone system was utilised to support the carers of people suffering from dementia and depression. Andalusia, in Spain, saw the integration of a telecare-based social service with a telephone initiated health service. In Dublin, Ireland, a collaboration between an emergency response telecare service and the Alzheimer's Society of Ireland sought to provide better health and social care integration for people suffering from dementia. In England there were two sites; at Milton Keynes a partnership between the council, a local carers organisation and a technology company provided real-time video and web-based support for carers. In Hull the city council joined with the University of Hull and the acute hospital Trust to run two pilots; one involving placing an enhanced version of Tunstall's MyClinic Telehealth device into sheltered accommodation so that residents could monitor their vital signs, access a directory of services and send message staff monitoring them. The other arm of the pilot enhanced the Telehealth heart failure monitoring service in place by allowing the Philips Motiva platform to send messages not just to the monitoring nurses but also to involve family carers and a local voluntary organisation where their input was appropriate.



A psychologist conducts a remote carer support meeting in Trikala, Greece

### **Results**

It is of course difficult to précis results across a number of sites on so many projects, but the pilots were overwhelmingly popular with both users and carers, with satisfaction levels running on average at 85% higher than they had been compared with services available before the project started and



no pilot reporting less than a 50% increase in satisfaction rates. Carers spoke movingly about better access to support allowing them improved relationships with spouses. Users relished being able to access services without having to leave their homes and grapple with problematic public transport. There were unexpected benefits too, such as the group of elderly women in a Hull sheltered home who became closer through recording their vital signs together and, in helping each other out here, decided to make this a social event and formed a weekly lunch club for mutual support. A very practical integration of health and social care!

Equally importantly, a cost benefit analysis across the project showed that each service could be economically viable. Using a tool that has been developed to measure the cost of social care projects in a variety of different situations (2) it could be shown that over a time span of two to seven years, each of the pilots could recover its costs and be economically viable. These benefits, as well as issues overcome and 'lessons learned' during the project have been gathered together in a set of integrated care guidelines that should prove useful to future researchers and initiators of services.

### **Discussion**

The successes have to come with some caveats. Not all of the pilots, for reasons both technical and organisational, recruited as many users as was originally planned. And the cost benefit analysis, though encouraging, leaves some questions unanswered. This project was conceived in 2009 when Europe was a very different place, politically and economically, than it is now. Will health and social organisations, under immediate financial and political pressures, be willing and able to wait years for a service to break even, however beneficial and popular? And a deeper underlying concern that goes to the heart of the European political idea; how far in future will central funding from Europe be available to fund projects that, quite rightly are focussing on local solutions for local community problems? Can we extrapolate a success in Greece or Spain to Norway or Germany? Given that the remit of this sort of project is to provide services that continue beyond the life of the project, it will be interesting - and instructive- to see how many of them are still operating a year down the line.

That said, the INDEPENDENT project has successfully demonstrated that it is possible for services linked by ITC systems to help integrate care across European nations and in a variety of different formats, and that this can be done both to the satisfaction of end users and carers, and in a cost-effective way, and together with the integrated care guidelines produced, should be a useful signing post for future work done in this vitally important area.

### References

- <http://www.independent-project.eu/home/>
- Meyer, I., S. Müller, et al. (2011). AAL markets – knowing them, reaching them. Evidence from European research. Handbook of Ambient Assisted Living. Technology for Healthcare, Rehabilitation and Well-being. J. C. Augusto, M. Huch, A. Kameaset al, IOS Press. 11.

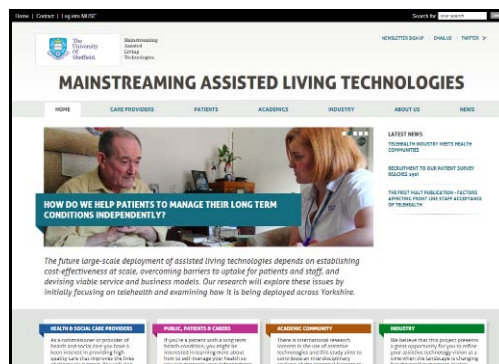
## Item 4 - MALT Study Update – October 2013

Contributed by Lizzie Coates, MALT study manager ([e.coates@sheffield.ac.uk](mailto:e.coates@sheffield.ac.uk))

### What is the MALT study about?

The aim of the [MALT](#) (Overcoming the barriers to Mainstreaming Assisted Living Technologies) project is to explore current barriers and facilitators to using telehealth for patients with Chronic Obstructive Pulmonary Disease and Chronic Heart Failure within community health settings. This is a big project that is looking at:

- Cost-effectiveness;
- Service and business models; and
- Staff, carer and patient acceptance.



### What does the research involve?

Running since 2011, this mixed-methods research has lots of components but to date has involved the completion of qualitative case studies of current service provision in four sites and interviews with over 150 patients, carers frontline staff and managers. We used our learning from this work to feed into the development of:

- A survey of 275 patients to help understand acceptance of telehealth
- Action research work with frontline staff to evaluate solutions to operational barriers
- Alternative futures work to develop new business models for telehealth
- A financial model for telehealth

### Who is doing this research?

Researchers from University of Sheffield are leading the study and working in close collaboration with University of Leeds and the Advanced Digital Institute. The project is funded by the Technology Strategy Board.



### **How can I get involved?**

Although most of our research is already underway, we are keen to identify representatives from industry to work with us (and our NHS sites) in the 'Alternative Futures' workshops in January/February 2014. If you have interest and expertise in the possible business models for telehealth, please do get in touch soon.

We are also keen to identify stakeholders from industry, NHS or Local Authority providers who are interested in testing the financial model early next year. Please register your interest with us, and we will provide more information in due course.

### ***Where can I find out more about the findings from MALT so far?***

Well, there are lots of options for you:

- You could start by looking at our most recent [website update](#) where you can download the presentation slides from our dissemination event on 30 September 2013 (Telehealth Industry meets Health Communities).
- Or, you could [download](#) our first journal publication on factors affecting frontline staff acceptance of telehealth from the Journal of Advanced Nursing.
- The underpinning analysis for the financial model for telehealth with CHF is also published and available at [BMJ Open](#).
- Alternatively, you could join us at 10am on Tuesday 12 November 2013 at the [International Telecare and Telehealth Conference](#) where we will be delivering a session which draws on our findings to ask 'Why should we monitor patients remotely?' More details can be found [here](#).
- We are also on the [bill](#) at the Royal Society of Medicine's Telemedicine and eHealth Conference 2013 on 25 November 2013.

You might also want to register your interest in our final dissemination event on 30 September 2014. Please contact Kathryn MacKellar directly to indicate your interest ([k.mackellar@sheffield.ac.uk](mailto:k.mackellar@sheffield.ac.uk)).

More generally than this, please contact Lizzie Coates, the study manager for any further information ([e.coates@sheffield.ac.uk](mailto:e.coates@sheffield.ac.uk); 0114 222 0803); visit our website – [www.malt.group.shef.ac.uk](http://www.malt.group.shef.ac.uk) or follow us on Twitter @MALT\_YH

## Item 5 – Journal of Assistive Technologies – Call for papers

The [Journal of Assistive Technologies](#) is planning a [special issue](#) in 2014 on research relating to the use of assistive technology for any life benefit by people living with dementia.

We seek papers with up to five key messages that would interest academics, service commissioners, managers and practitioners. Thus topics can have any focus relating to assistive technology and associated services for people living with dementia, e.g. application of new knowledge of any of the dementias, methodological, report new knowledge from development, evaluations or service deployment, commissioning, policy, surveys of existing use of enabling technology, etc.

So far there are papers covering the following topics:

- family views of telecare for people with dementia
- leveraging everyday technology for people living with dementia
- ethical issues
- enhancing independence through a mobile security system.
- First drafts are requested by **2 December 2013**
- Publication is planned for **June 2014**

## Item 6 – UK policy announcements

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

(i) Simon Stevens has been appointed as the new Chief Executive of [NHS England](#) commencing in April 2014. There is plenty of coverage in the media.

Guardian <http://bit.ly/1ifepPb>

Telegraph <http://bit.ly/1ifeGBI>

Independent <http://ind.pn/1ifeP8g>

Pulse <http://bit.ly/16uLx5o>

HSJ (£) <http://bit.ly/1ifeT7K>

Times (£) <http://thetim.es/1ifeVga>

FT (£) <http://on.ft.com/1iffoyt>

(ii) In a Speech to the recent [NCAS Conference](#), Health Secretary, Jeremy Hunt addressed the issue of the 'Forgotten Million'.

*"There are now around 400,000 people in care homes. But according to the Campaign to End Loneliness, there are double that number – 800,000 people in England – who are chronically lonely.*

*46 per cent of people aged 80 or over report feeling lonely some of the time or often.*

*Some five million people say television is their main form of company. That's 10% of the population.*

*And apart from the sheer cost of human unhappiness, there are massive health implications too.*

*Loneliness is as bad for one's health as smoking fifteen cigarettes a day.*

*It is actually worse for you than obesity because it increases the risk of heart disease, blood clots and dementia.*

*Lonely people have poorer function in daily activities. They drink more. They are more likely to undergo early admission into residential or nursing care”.*

(iii) At the [NCAS Conference](#), The Department of Health’s [Jon Rouse](#) set out a ‘call to action’ on [Care Bill](#) implementation.

The Department of Health will be looking at local authority plans and state of readiness for implementation in early 2014.

In the meantime, Jon Rouse suggests considering the following questions:

- 1 do you have a programme in place to deliver this work and a lead person who will be responsible for co-ordinating and driving delivery in your area?
- 2 do you know what needs to change by when and the size of the challenge for you?
- 3 do you understand the scale of change in key areas like IT, workforce capacity and training?
- 4 have you got plans in place to identify self-funders in your area?
- 5 do you know how you will engage with your communities, voluntary sector, providers and others to prepare for and see through implementation?
- 6 how will you model the likely cost and other impacts?

(iii) Following a number of concerns raised, Care Services Minister [Norman Lamb](#) has [announced](#) that tougher checks may be introduced to help clamp down on rushed home care visits. From April 2014, the Care Quality Commission is proposing to look at whether home care visits are long enough to respond to people’s needs. They will also consider looking at how staff working conditions might be impacting on care.

To assess this, the CQC are considering looking at:

- whether the service is able to respond to people’s needs in the allocated time
- whether the care is delivered with compassion, dignity and respect
- how many staff have zero hour contracts
- the levels of staff turnover

Telecare services are not currently required to be registered by CQC (unless they are also providing eligible services eg home care). Care may need to be taken where telecare is used as a substitute for a 15 minute visit.

(iv) At the Department of Health in England, [Isabelle Trowler](#) has been appointed as the Chief Social Worker for Children and Families, and [Lyn Romeo](#), as the Chief Social Worker for Adults.

(v) Health Minister, Dan Poulter’s [speech](#) at the ‘Healthcare Efficiency Through Technology Expo’ (8 Oct 2013) is now available.

*He said “The NHS and social care has much to gain from technology, it is up to us to make it happen. Technology is right at the forefront of the government’s efforts to improve patient outcomes and*

*better integrate the health and care sectors. As with other medical advances, health technology is a permanently dynamic phenomenon, and so it is vital to keep up to date”.*

(vi) The Department of Health has [launched](#) a £3.6m SBRI Competition to help small businesses develop high-tech treatments to improve kidney care.

(vii) The [Care Quality Commission](#) (CQC) is to be given greater independence. Under new [proposals](#), the Health Secretary will relinquish a range of powers to intervene in the operational decisions of the CQC. This means that the CQC will no longer need to ask for Secretary of State approval to carry out an investigation into a hospital or care home. In addition, the newly created positions of Chief Inspector of Hospitals, General Practice and Adult Social Care, will be enshrined in law.

(viii) People will be able to see their GP seven days a week and out of office hours under new [proposals](#) set out by the Prime Minister for extended opening hours. Innovative practices will be able to apply to a new £50m Challenge Fund to set up a pioneer programme. Pioneers will be established in every region of the country – nine in total – which together are expected to cover up to half a million patients. Ministers want to use the pilots as the first step to rolling the scheme out across the country and encouraging hundreds more GP practices to sign up.

This first wave of pioneers will form part of a wider plan to strengthen out-of-hospital NHS care, and make it easier for practices to join up with each other, as well as other services provided in the community.

The first wave will open during 2014/15, and include services such as:

- Access 8am-8pm, and on Saturday and Sunday
- Flexible access including email, Skype and phone consultations for those who might prefer it to face-to-face, when it is safe to do so
- Electronic prescriptions and online booking of appointments
- Easier, on-line registration and choice of practice
- Joining-up of urgent care and out-of-hours care to ensure rapid walk-in access to care
- Greater flexibility about how people access general practice, for instance with the option to visit a number of GP surgery sites in their area
- Better access to ‘telecare’ to help sick people stay comfortable at home, as well as to healthy living apps

(ix) The Department of Health is [inviting](#) people to give their views about dementia research in the run-up to the G8 dementia summit on 11 December 2013. Also, a dementia self-assessment framework is now [available](#). The self-assessment framework was created by nurses and care staff to compare current dementia care with the best practice criteria.

(x) From a recent [survey](#), 70% of the public remain satisfied with the running of the NHS, and 75% of people who have experienced social care services are satisfied with them.

(xi) The Government has [responded](#) to the House of Commons Health Select Committee (HSC) report into urgent and emergency services, including A&E. An additional £500 million is being provided for this winter and the next.

(xii) The findings of the Healthbridge evaluation report into peer support networks and dementia advisers are now [available](#).

(xiii) The annual Department of Health (DH) corporate plan (updated to Oct 2013) sets out departmental priorities for the year ahead and has been [updated](#) to Oct 2013.

(xiv) Issues [43](#) and [44](#) of the [NHS England](#) Bulletin for Clinical Commissioning Groups are available.

(xv) The Local Government Association and NHS England have published further [guidance](#) on how CCGs and Councils should work together to develop their plans for the pooling of £3.8 billion of funding, announced by the Government in the June spending round, to ensure a transformation in integrated health and social care. The 'Integration Transformation Fund' is a single pooled budget to support health and social care services to work more closely together in local areas. The publication provides further advice, ahead of the formal planning guidance in December 2013, on how the Fund will operate. The publication also includes a draft plan submission template.

(xvi) A [consultation notice](#) on the 2014/15 National Tariff has been issued - closing date: 4 November 2013.

(xvii) Winter planning 2013/14 - [A joint letter](#) from [NHS England](#), the [NHS Trust Development Authority](#) (NHS TDA) and [Monitor](#) has been issued to leaders across the system setting out the next steps around preparation for winter. In addition to emphasising the crucial need for coordination and for strong and effective leadership of organisations during winter in order to deliver safe and high quality services, the letter includes important information in relation to winter reporting arrangements and also seeks to clarify the role of Urgent Care Boards (UCBs) which, it is proposed, are renamed as Urgent Care Working Groups to better reflect their constitution.

(xviii) [NHS England](#), in conjunction with the [Association of Directors of Adult Social Services](#) has [launched](#) an electronic training tool for all those involved in assessment and decision making around NHS Continuing Healthcare.

(xix) [Luke O'Shea](#), NHS England's Head of Patient Participation, looks at personal health budgets in a recent [blog post](#). From October 2014, thousands of people in receipt of Continuing Health Care funding will gain a new legal 'right to have' a Personal Health Budget. The University of Kent [trial of Personal Health Budgets](#), involving 2,000 people, compared PHBs with a control group.

(xx) NHS England has [published](#) its commissioning intentions for prescribed specialised services for 2014/15 and 2015/16.

(xxi) In a new [blog](#), NHS England's Deputy Medical Director, Mike Bewick, calls for bold leadership to seize opportunities in primary care innovation to transform and improve the lives of the 15 million people in England who currently live with one or more long-term conditions.

(xxii) [Tim Kelsey](#), NHS England's National Director for Patients and Information, [explains](#) the next step towards empowering people – a Citizens Assembly.

Kelsey explains - we see the Citizens' Assembly as having three main purposes:

- To give citizens and organisations a direct transparent route for their voices to reach the heart of the NHS England decision making process, in a way that cannot be ignored.
- To give the NHS England board and others a new source of evidence and opinion on the NHS now and future.
- To give the public an open and robust accountability mechanism for the work of NHS England, and opportunities to participate in every aspect of the organisation's work.

He said, "We intend it to be much more than simply a consultation or reporting mechanism and it will play a central role in the way in which NHS England operates".

(xxiii) NHS England and the Health and Social Care Information Centre (HSCIC) have set out the [next steps](#) of public awareness about [care.data](#) – a programme that will use information to improve the safety and care of patients. Throughout January 2014, all 22 million households in England will receive a leaflet explaining how the new system will work and the benefits it will bring. For the first time, the care.data programme will link information from different NHS providers to give healthcare commissioners a more complete picture of how safe local services are, and how well they treat and care for patients across community, GP and hospital settings. The information can also be used by NHS organisations to plan and design services better, using the best available evidence of which treatments and services have the greatest impact on improving patients' health.

(xxiv) NHS England will issue its planning guidance in December 2013. In the meantime, Sir David Nicholson, Chief Executive, has [written out](#) to commissioners to highlight some of the challenges facing the NHS.

(xxv) Professor Keith Willett, NHS England's Director for Acute Episodes of Care, and who is also leading Professor Sir Bruce Keogh's Urgent and Emergency Care Review, [explains](#) how and why 7-Day Services could be made to work across the NHS.

(xxvi) The recent Future of Health [Conference](#) considered the challenges of supporting people with long term conditions. The delegates included a peoples' jury made up of 12 people who either have experience of living with long-term conditions, or who care for those who do.

(xxvii) NHS England has supported the launch of a new [website](#) for information standards. The site is aimed at information standards professionals across health and social care. It provides a single place to locate all information standards, along with valuable supporting material, such as e-learning, implementation guidance and case studies.

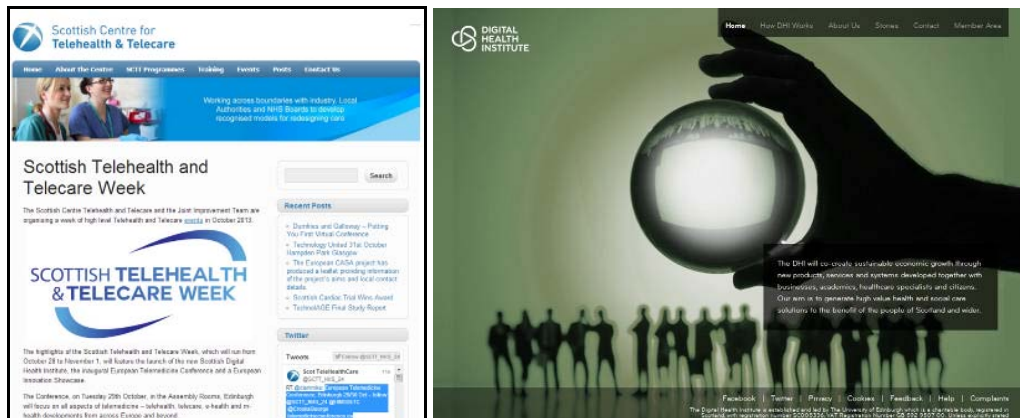
*(You can follow the Department of Health in England, Jeremy Hunt and Norman Lamb on Twitter at @dhgovuk, @jeremy\_hunt and @normanlamb. In Scotland, you can follow the Scottish Government's Health Department on Twitter @scotgovhealth and Alex Neil @AlexNeilSNP (also @NHS24). In Wales follow @WelshGovernment)*



## Item 7 - Other news

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

(i) [Scottish Telehealth and Telecare week](#) runs from 28 October to 1 November 2013 and includes the [European Telemedicine Conference](#) and the launch of the [Digital Health Institute](#) ([report](#)).



Follow on Twitter [#telemedconf](#) [@crooksgeorge](#) and [@SCTT\\_NHS\\_24](#)

(ii) After 15 years of providing telephone and online services, the [NHS Direct](#) service in England will [close](#) in 2014. The [111 service](#) is now widely available.

(iii) BT has taken over the management of nearly 1,200 telehealth users and 11,000 telecare users in Cornwall. EHI has the [story](#). (Also at [EHI](#)).



(iv) There is a new [report](#) from the King's Fund on co-ordinated care for people with complex chronic conditions. In addition, The King's Fund has [published](#) 'Delivering better services for people with long-term conditions - Building the house of care'. This paper describes a co-ordinated service delivery model – the 'house of care' – that aims to deliver proactive, holistic and patient-centred care for people with long-term conditions. It incorporates learning from a number of sites in England

that are working to achieve these goals, and makes recommendations on how key stakeholders can work together to improve care for people with long-term conditions.

The model differs from others in two important ways: it encompasses all people with long-term conditions (not just those with a single disease or in high-risk groups) and it assumes an active role for patients, with collaborative personalised care planning at its heart.

(v) Interested in dementia and looking for information? Dementia Challengers is a useful [website](#).



(vi) Commissioned by Birmingham Council & prepared by HSMC at Birmingham University, ‘Turning the welfare state upside down – Developing a new adult social care offer’ – an important [read](#).

<p>UNIVERSITY OF BIRMINGHAM Health Services Management Centre</p> <p><i>Research that makes a real difference</i></p> <p>‘Turning the welfare state upside down?’ Developing a new adult social care offer</p> <p>Policy Paper 15 - August 2013</p> <p>Jon Glasby Robin Miller Jennifer Lynch</p>	<p><i>“From our interviews with key national stakeholders and local good practice examples, there is recognition of the need for approaches based on social capital and community resources – partly because of current financial challenges but also because this just feels like the right thing to do. There is a strong sense that the current deficit-based approach is counter-productive –albeit that there have been several attempts to refocus the system which have not proved successful.</i></p> <p><i>Going forwards, there is a sense from many participants that local authorities need to adopt more of a community development approach, understanding, nurturing and building on the natural resources of individuals, groups and communities. There are also a number of emerging examples of good practice and lots of community-based organisations with experience of working in new ways and much to offer”.</i></p>
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(vii) There is plenty of web coverage of new startups looking at digital health – Mobihealthnews is always a good place to look and here is a [summary](#) of ten startups from the recent Health 2.0 Conference in California.

(viii) Digital Social Innovation – NESTA [maps](#) the projects.



(ix) With thousands of health, wellbeing and fitness apps available and great interest in mobile health, it can be difficult to track what's new and what works. Here are some recent links – follow on [Twitter](#) or check out the monthly supplement for more information.

- Clara Tsao at Huffington Post has an [article](#) on 6 Ways Mobile Technology Has Transformed the World's Poor
- Mobihealthnews [identifies](#) 21 types of health apps the FDA could regulate but won't
- [Examples](#) of apps for caregivers
- Aetna's InvolveCare [app](#) supports caregiver families
- [Keepus](#) monitors activity using mobile phones
- Tracking poor sleep - <http://www.sleepio.com/>
- A New York Times [article](#) features HealthTap in the United States - Since its founding in 2012, the site has logged nearly a billion questions and answers. Questions are routed to a physician who is both an expert in that particular field of medicine, and who is determined by an algorithm to be likely to respond fast. nearly 50,000 doctors contribute their advice free.
- Cyberdoctor has a new [app](#) for medication adherence <http://bit.ly/16D2R32>
- Regulating medical apps: which ones and how much? - [BMJ](#) (£) <http://bit.ly/18sa5Xo>

(ix) Lab on a Chip, [Gene-RADAR](#), from Nanobiosym detects any disease with a genetic footprint using just a drop of blood or saliva. The entire diagnosis process only takes an hour, and there's no electricity, running water, or lab required.

(x) The pressures on A&E continue -  
Guardian – looks at availability of skilled consultants - <http://bit.ly/1c77g1Z>

BBC News - A&E doctors say pressure is threat to patient safety - <http://bbc.in/1c77p5u>

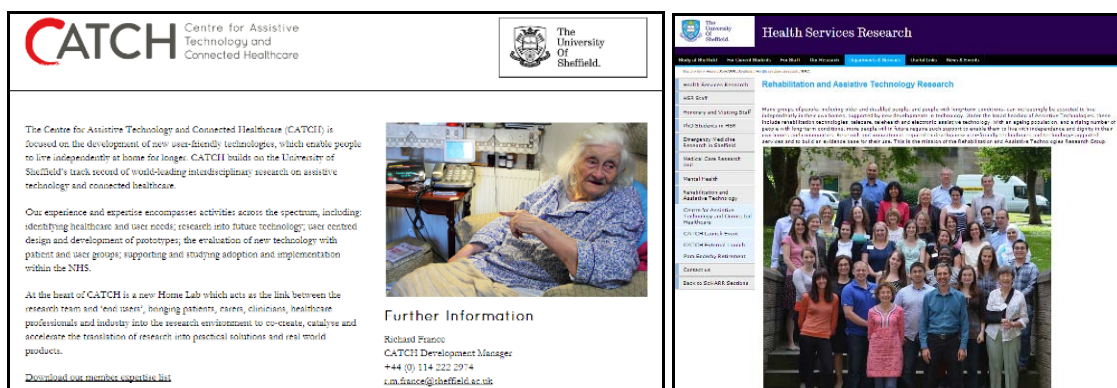
(xi) In the United States, [American Well](#) is now [offering](#) direct doctor visits via mobile devices (smartphones, tablets) as well as via standard internet connections. Doctors accessed via American Well are available for live video consults 24 x 7 x 365 in 44 states at \$49 without appointment.



(xii) A National Health Service free at the point of use will soon be "unsustainable" without radical plans for change before the 2015 election - the two years following the next general election will be pivotal in deciding whether the NHS can continue to provide free health care for all patients according to the NHS Confederation. (Independent [Report](#)).

(xiii) Monitor suggests evidence from other health systems around the world shows patients could be treated at a far lower cost. A new report concludes there are potential savings of up to £12.1bn from improving hospital efficiency and up to £4bn from reducing beds and shifting patients into community. ([Guardian](#)).

(xiv) Sheffield's new Centre for Assistive Technology and Connected Healthcare ([CATCH](#)) includes a new Home Lab which acts as the link between the research team and 'end users', bringing patients, carers, clinicians, healthcare professionals and industry into the research environment to co-create, catalyse and accelerate the translation of research into practical solutions and real world products.

The image contains two screenshots. The left screenshot is the CATCH website home page, featuring the CATCH logo, the University of Sheffield logo, and text describing the Centre for Assistive Technology and Connected Healthcare. It includes a photo of an elderly woman and contact information for Richard Franco. The right screenshot is the Health Services Research website, showing a navigation bar, a list of research areas, and a group photo of the research team.

CATCH are now [recruiting](#) to a number of posts.

(xv) Competition in the NHS is harming efforts to improve patient care, says outgoing chief Sir David Nicholson in an [article](#) for the Independent. He said that hospitals were being held back from making changes that made "perfect sense from the point of view of patients" because they did not meet new rules on competition between healthcare providers.

(xvi) A Massachusetts hospital is one of the first in the nation to fully [deploy](#) the [EarlySense System](#), which uses a contact-free sensor placed under the mattress to measure heart rate, respiration rate and patient movement. The data is sent wirelessly to nursing stations and mobile devices, enabling clinicians to determine more quickly if patients are in distress.

(xvii) Councils will need to get to grips with self-funders under the Care Bill which is going through Parliament. Community Care has the [story](#).

(xviii) Recent telecare and telehealth news releases are available from Tunstall Healthcare:

- [Herts telecare](#) to benefit 4000 people over next 12 months
- [SEQOL Telehealth](#) (Swindon) won the HSJ Efficient Telehealth Solutions award for its scheme of supporting life planning for people with learning disabilities and people with long-term conditions to self-care at home
- [Cross Keys Homes](#) will install the first Communicall Vi system at an extra care facility in Peterborough

(xix) EHI [reports](#) on the £50m Challenge Fund to establish pioneer sites to offer e-consultations, online appointment booking and telecare to patients. The fund, available to GPs includes improving access. The plans are for nine sites expected to cover up to half a million patients. Ministers would like to see the approach made available across the country.

(xx) The Health Service Journal (£) [reports](#) DH Policy Director, Ian Dodge having said that the NHS should contract single services that link general practice with community health and care. He said developing out of hospital care should mean breaking down the separation between general practice and other services.

(xxi) EHI [reports](#) that the 3ML pathfinder programme is under review since it has passed to NHS England. Steve Fairman NHS England director of business improvement and research says "Part of this is about the fact that a number of the pathfinders lost impetus at the time of organisational change because key staff ended up in the wrong place. I think the strict definition of telehealth and telecare is not helpful. We need to think much more broadly about how technology impacts on health care". The Industry Group is being replaced by a new 'Integrated Care for 3millionlives Stakeholder Forum', which held its first meeting in mid-October and will look at a "much broader range of assistive technologies" than previously considered. In a further [report](#), Worcestershire County Council and three local clinical commissioning groups appear to have abandoned a tender for a telehealth contract worth over £30m over five years.

(xxii) A Pulse [article](#) reports that 36 early adopter GP practices across England have begun trials of the 'friends and family' test in order to assess whether patients would recommend their services.

(xxiii) EHI [reports](#) that the University of Leicester will be the first in the UK to teach first year medical students how to hold online consultations as part of its curriculum.

(xxiv) After two years of waiting, the US Food and Drug Administration (FDA) has issued its final guidance on how it will regulate mobile health apps. An area they will want to regulate is where smartphones link to blood pressure devices and glucose monitors to capture and interpret readings which need to be accurate for the safety of users. (EHI [story](#)).

(xxv) The Mersey Burns app (first UK healthcare app to carry a CE mark) was overall winner at the EHI Awards. (EHI [story](#)).

(xxvi) EHI [report](#) that NHS England plan to create a framework for NHS trusts to buy open source system support, hosting and change management as an alternative to anglicising VHA's Vista.

(xxvii) EHI [reports](#) that TPP has released a SystmOnline app that allows patients to view their medical record on their smartphones.

(xxviii) HSCIC [figures](#) showed that the number of elderly abuse cases referred for investigation by councils in England rose from 108,000 in 2011/2012, to 112,000 in 2012/2013. Of these, 38% of the alleged abuse took place in the older person's home, while 45% took place in a care home. Physical abuse and neglect were the most common types of abuse reported. In 6% of cases the alleged abuser was the older person's partner, in 16% it was another family member and in 37% a social care worker.

(xxix) At their recent annual conference, RCGP [suggested](#) that figures show spending on general practice has fallen by £400m in the past three years - a 7 per cent cut.

(xxx) Debate continues over '15 minute care' – here are some recent links:

<http://www.lcdisability.org/?lid=29351>

<http://www.theguardian.com/society/2013/oct/07/15-minute-care-visits-too-short-charity>

<http://www.independent.co.uk/news/uk/home-news/make-a-drink-or-visit-the-toilet-flying-15minute-care-visits-are-a-disgrace-says-charity-8862787.html>

The Department of Health has provided a [response](#) to the original report and Norman Lamb has ordered a [review](#) of 15-minute home visits. The Equality and Human Rights Commission [report](#) into 'home care – help with dressing, washing, eating and taking medicines' – follows an investigation two years ago that found there was evidence of a "systematic failure" across the country including cases of physical and financial abuse.

(xxxi) A new web [site](#) is bringing together mHealth evidence.






(xxxii) Basque Minister Jon Darpon Sierra [visits](#) Fold Telecare, providers of services to 27,000 people across Ireland.



(xxxiii) Implementation of the Care Bill could mean an additional 500,000 people in England will need to be assessed and tracked – a recent adass [report](#) looks at the impact of the reforms in a paper ‘Implementing Dilnot: Just more data or a driver for change?’.

 <p><b>ADASS</b> Information Management Group</p> <p><b>Implementing Dilnot: Just more data or a driver for change?</b></p> <p><b>The Care Funding Reforms &amp; initial consultations with IT suppliers</b></p>	
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(xxxiv) The Public Accounts Committee is concerned about the roll out of rural broadband in the UK. (Public Accounts Committee - [Twenty-Fourth Report](#) [BBC News](#) The rural broadband programme).

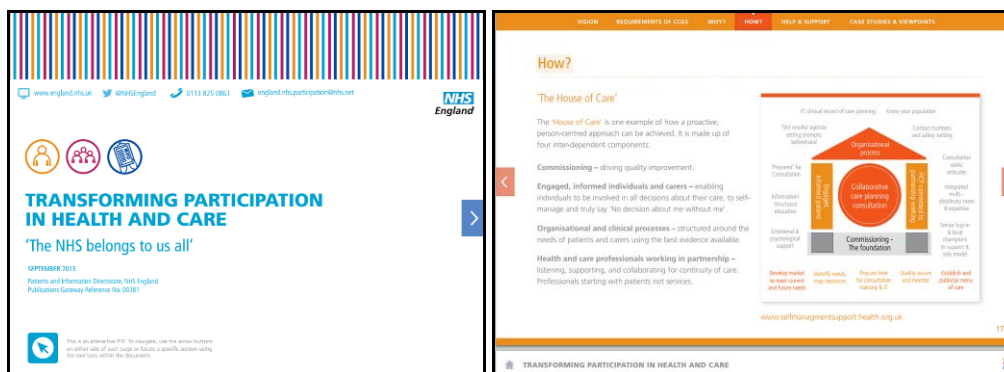
(xxxv) The [consultation](#) on the National Occupational Standards for Assistive Technologies is now closed. The Working Group will now be reviewing the feedback received and agreeing the final changes to be made. The final standards will be submitted to the UK Commission for Employment and Skills in early February 2014. The standards should then be available on the Skills for Health website from March 2014.

(xxxvi) 1,000 delegates attended NHS England's Future of Health conference – Martin McShane's [blog](#) from the recent conference is a useful read.

*Martin McShane: "We are all aware of the demographic changes. People are living longer and, let us not forget, the majority living a good quality of life but a substantial number are experiencing the impact of long term conditions. And the change in life expectancy and disease patterns have been accompanied by huge societal changes – beliefs, attitudes and expectations have shifted enormously.*

*The NHS and professions can either act like King Canute or we can roll up our sleeves and be innovative, adaptive and accept that change happens all the time and we need to work with it not fight it – a fight which is invariably futile. We need to help shape the future not fear it".*

A new [publication](#) 'Transforming participation in health and care' is now available.



In addition, Jackie Ashley has an interesting Guardian Article - [NHS England is finally taking expert advice – from the patients](#)

(xxxvii) The NHS in England has to look abroad for new ideas - or face a large funding shortfall by the start of the next decade, [according](#) to Monitor. They suggest that the NHS was only likely to reach two-thirds of its £30bn saving target by 2021 if it kept on as it was.

(xxxviii) Health secretary Jeremy Hunt has [promised](#) to cut back QOF to enable GPs to deliver seven-day working, and has rejected concerns that greater access will compromise continuity of care.

(xxxix) Professor Chris Ham from The King's Fund will lead a [review](#) into the role of John Lewis style mutuals in healthcare.

(xl) Surveys show only 36% of people with diabetes; 18% with osteoarthritis and 14% with epilepsy report having developed a care plan. Added to this, there are a great many differences of approach ([Guardian article](#)).

(xli) The number of emergency hospital admissions for conditions that could be avoided has risen 48 per cent in 12 years, according to a new report from the [Nuffield Trust](#). Between April 2001 and March 2013, NHS hospitals in England received more than 56 million emergency admissions, of which one in five (10.4 million) were potentially avoidable. The study, from the Nuffield Trust, found admissions for potentially avoidable conditions increased from 704,153 a year to just over a million a year. This accounts for an increase of 339,760 admissions for every year of the study. Rates of

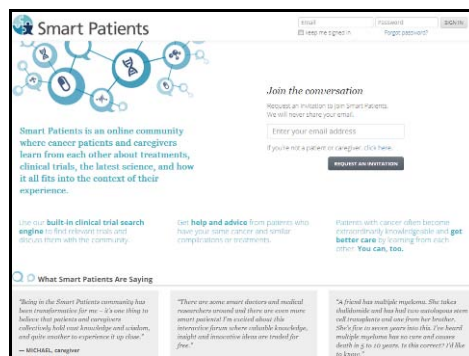
admission were higher in older people (aged 65 and over), children under five and those in socioeconomically deprived groups ([HSJ](#) £ and [Nuffield Trust Publication](#)).

(xlii) According to a ZDNet [article](#), Scotland's NHS 24 service is inspiring telehealth services in New Zealand.

(xliii) [Pictured](#) - Sharp's futuristic telehealth chair.



(xliv) Smart patients - one of the many [online](#) communities for patients and caregivers to learn about treatments and trials for particular conditions.

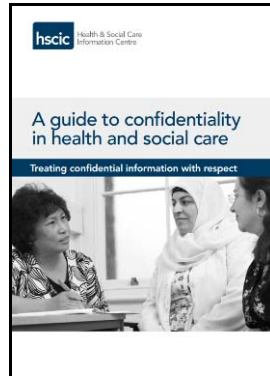


(xlv) Researchers from the Community and Health Research Unit (CaHRU) at the University of Lincoln, in conjunction with Lincolnshire Community Health Services NHS Trust, are taking part in an international clinical trial which will examine the effectiveness of telehealth. The project, called [CHROMED](#), involves researchers from five European countries, including the universities of Lincoln and Liverpool in the UK, and is FP7 funded by the European Commission. The Lincoln team would like to hear from patients registered at GP surgeries in Lincolnshire who are 60 years or older and who are being treated for both the lung condition Chronic Obstructive Pulmonary Disease (COPD) and heart disease (either Chronic Heart Failure (CHF) or Ischaemic Heart Disease (IHD)).

(xlvi) Surrey Council has a free 12 week telecare [trial](#) for eligible residents. Telehealth in the county has so far involved more than 300 patients of GP surgeries across North-west Surrey and Surrey

Downs with long-term heart conditions and severe breathing problems, such as Chronic Obstructive Pulmonary Disease (COPD). The [programme](#) is being widened to every GP commissioning group across Surrey by Christmas, under a three-year county council contract worth up to £2.7 million.

(xlvii) The Health and Social Care Information Centre has produced a [Guide](#) to Confidentiality in Health and Social Care when managing information.



(xlviii) More than a third of all older people have experienced perceived age discrimination, with better educated but poorer retired men most at risk, new research has found. The situation worsens with age, as just over 26 per cent of people between 52 and 59 felt victimised compared to 37 per cent of those aged between 70 and 79, the English Longitudinal Study of Ageing found. ([Telegraph article](#)).

(xlix) "NHS and care services patients need to become more [demanding](#) and fight for their rights", a new watchdog body says. Healthwatch England, which heads up a network of 152 local patient bodies has urged the public to become "savvy consumers" rather than "grateful patients". To help, the watchdog has set out eight core [rights](#) for patients.



(l) How technology can enhance homecare delivery for those living with dementia - Simon Price, the creator of Just Checking, [shares](#) his views.

(li) Angela Single BT's clinical lead for telehealth has an [article](#) on the Guardian website - 'How technology can help people with long-term conditions in rural areas'.

(lii) Jeremy Hunt, the health secretary, is to make the key NHS regulator of care quality legally [independent](#) of ministerial control.

(liii) In a BBC [article](#), The number of older people needing care is set to nearly treble globally by 2050, according to campaigners. Currently 101 million people require care, but a report from Alzheimer's Disease International warns the figure will rise to 277 million. The report's author said countries like India and China would be hard hit - and must start planning services now. More than 35 million people live with dementia across the world, according to the World Health Organization. More than half are living in low and middle income countries.

(liv) The number of A&E units failing to meet the government's four-hour target has almost trebled in a year. A total of 39 departments failed to meet the target of seeing 95% of patients within four hours between July and September, according to NHS England [data](#).

(lv) People in deprived parts of England are twice as likely to have diabetes as those in wealthier areas, according to new [figures](#) from Diabetes UK.

(lvi) "Older people on council-managed personal budgets have limited choice and control over their support because their budgets are often of low value and authorities restrict how they can be spent". That was the [message](#) from a [study into three councils by York University's Social Policy Research Unit](#), which said managed budgets had only provided a "minor increase" in personalisation over traditionally-commissioned care packages. The study was prompted by the preference of most older service users for council-managed budgets over direct payments and some evidence that the latter deliver better outcomes for clients.

(lvii) A new government-backed £1m [competition](#) is calling for ground-breaking product designs that enable learners with disabilities or learning difficulties to enjoy greater independence. The deadline for applications is 4 November 2013.

(lviii) How digital technology is supporting people living with dementia - a new [article](#) from Shirley Ayres at the Nominet Trust web site.

(lix) JAMA has an [article](#) on 'Can Mobile Health Technologies Transform Health Care?' whilst mobihealthnews looks at the [challenges](#) of scaling.

(lx) An EHI [interview](#) with Tim Kelsey looks at the 'Safer Hospitals, Safer Wards: Technology Fund' which now totals £1bn over three years. In guidance issued at the start of July 2013, NHS England indicated that it would be looking for NHS Number, e-prescribing, scheduling and information sharing projects, building towards an integrated digital care records service. The first round of successful bidders is expected to be announced in early November.

(lxi) The Telegraph [reports](#) that the number of people working or seeking work over the age of 65 has hit one million.

(Ixi) MEP, Rebecca Taylor has [visited](#) Airedale’s telehealth service to see how the service works first hand.



(Ixi) Worcestershire County Council are [looking](#) to potentially increase the number of people using telecare and telehealth technologies to 10,500 as they consider ways of making £32m in savings.

(Ixii) Gloucestershire County Council’s cabinet has [agreed](#) to start the process of finding a new contractor to take on the running of its Telecare monitoring system. The contract could be worth up to £630,000 over a maximum of seven years.

(Ixiii) EHI has [reported](#) that the Nurse technology fund (announced Oct 2012) is expected to open on 30 October 2013 covering bids for the first £30m.

(Ixiiii) A recent [survey](#) suggests that although doctors might encourage their patients to use mHealth, a significant number could be worried about losing power.

(Ixv) Health and Care support staff in England may have to obtain a certificate before working unsupervised – Community Care has the [story](#).

(Ixvi) Co-production in social care – what it is and how to do it – [new](#) from SCIE.





(Ilix) David Nicholson's [letter](#) to NHS leaders sets out ten action points from integration to competition.

(Ilsx) There are more recommendations to improve the quality of care, address the causes of complaints, improve access and responsiveness of the complaints system, and ensure that hospitals adopt an entirely new attitude to complaints – Department of Health [press release](#) and new independent [report](#).

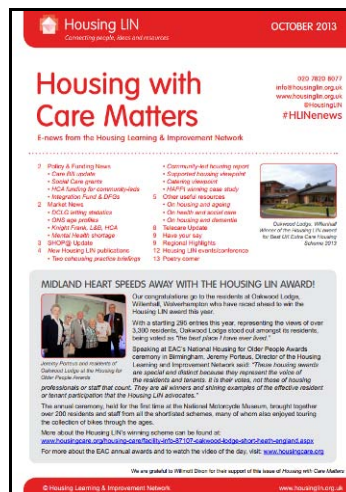
(Ixxi) Telemonitoring fails to cut COPD hospital admissions – Pulse [reports](#) on the recent Lothian trial published in the BMJ.

(Ixxii) On 8 October, Norman Lamb [announced](#) in Parliament that the Right to ask for a personal health budget (PHB) will be enshrined in secondary legislation and will take effect in April 2014. Clinical commissioning groups will need to develop the capacity and capability to deliver PHBs, as it imposes an obligation to give serious consideration to requests for PHBs. The “right to ask” for a PHB is not the same as an automatic entitlement to a PHB. There will be some people for whom a PHB is not appropriate because, for example, their existing package of care is the best way of managing their needs.

(Ixxiii) The [deadline](#) for the Kent County Council Monitoring Service and Telecare Install/ De-install and Maintenance Service Tender is 1 November 2013.

(Ixxiv) The Care Quality Commission is making changes in their inspections for [hospitals](#) and [social care](#).

(Ixxv) Our sister network [Housing LIN](#) provides all of the key UK housing policy updates with an important emphasis on health and care.



The [October 2013](#) Housing LIN newsletter (Housing with Care Matters) includes:

- feature the winner of the Housing LIN award at the recent EAC national older people's housing award
- highlight key policy and funding news across housing, health and social care
- cover the latest market news, stats and figures

- provide an update on how SHOP@ is being used and future developments
- promote a range of new 'must read' Housing LIN publications on: cohousing and community-led housing for older people; the future of supported housing; catering in extra care housing, and a review of the HAPPI award winning scheme at Kidbrooke, Greenwich
- an update from our sister network, the Telecare LIN
- draw your attention to a selection of publications/resources from other organisations
- invite you to participate in the Good Governance Institute Survey
- showcase all that's happening across the Housing LIN regions, including forthcoming network meetings and events, and
- much, much more!

## Item 8 – Summary list of recent journal articles and evaluations

Each month, our supplement ([doc](#), [pdf](#)) provides a comprehensive list of recent journal articles. Here are a few links from this month's list.

(i) Effectiveness of telemonitoring integrated into existing clinical services on hospital admission for exacerbation of chronic obstructive pulmonary disease: researcher blind, multicentre, randomised controlled trial – The Lothian trial report (n=128+128) is now available in the [BMJ](#). The researchers concluded:

*'In participants with a history of admission for exacerbations of COPD, telemonitoring was not effective in postponing admissions and did not improve quality of life. The positive effect of telemonitoring seen in previous trials could be due to enhancement of the underpinning clinical service rather than the telemonitoring communication'.*

(ii) Impact of telehealth on general practice contacts: findings from the whole systems demonstrator cluster randomised trial. This secondary analysis from the WSD Programme concluded:

*"Telehealth did not appear associated with different levels of contact with general practitioners and practice nurses. We note that the way that telehealth impacts on primary care roles may be influenced by a number of other features in the health system. The challenge is to ensure that these systems lead to better integration of care than fragmentation".*

(iii) Additional links included in the supplement:

[A Retrospective Study on Patient Characteristics and Telehealth Alerts Indicative of Key Medical Events for Heart Failure Patients at a Home Health Agency](#)  
[A telehealth system for Parkinson's disease remote monitoring. The PERFORM approach](#)  
[A web-based telemedicine system for low-resource settings 13 years on: insights from referrers and specialists](#)  
[ADA: Nurse Tele-health Intervention Lowers HbA1c Levels by 2 Points](#)  
[An internet-based intervention to promote mental fitness for mildly depressed adults: randomized controlled trial](#)  
[Automatic Wireless Monitoring Shows Benefits in Chronic Heart Failure](#)  
[Effects of care management and telehealth: a longitudinal analysis using medicare data](#)  
[Efficacy of text messaging-based interventions for health promotion: A meta-analysis](#)  
[Evaluating mobile weight loss apps on use of evidence-based behavioral strategies](#)

[Evaluation of Telemedicine for Screening of Diabetic Retinopathy in the Veterans Health Administration](#)  
[Peer support networks and dementia advisers: evaluation](#)  
[PLOS Medicine: The Effectiveness of Mobile-Health Technologies to Improve Health Care Service Delivery Processes: A Systematic Review and Meta-Analysis](#)  
[PLOS ONE: Remote Measurements of Heart and Respiration Rates for Telemedicine](#)  
[Regulating medical apps: which ones and how much? BMJ](#)  
[Six-months outcomes of a randomised trial of supportive text messaging for depression and comorbid alcohol use disorder](#)  
[Telehealth Remote Monitoring for Community-Dwelling Older Adults with Chronic Obstructive Pulmonary Disease](#)  
[Telemedicine As Effective As Office Consultation](#)  
[Telemedicine can improve the quality of oral anticoagulation using portable devices and self-testing at home](#)  
[Telemonitoring and self-management in the control of hypertension \(TASMINH2\): a cost-effectiveness analysis](#)  
[The caregiving perspective in heart failure: a population based study](#)

## **Item 9 – Learning and Events**

### **(i) Telecare Services Association – International Telecare and Telehealth Conference 2013 – Birmingham, 11-13 November 2013**

The [conference](#) experience will provide insights from policy, strategy and delivery perspectives into the challenges facing health and social care and how technology enabled services can make a real difference.

Keynote speakers include:

- Norman Lamb MP, Minister of State for Care and Support
- Edwin Poots MLA, Minister for Health, Social Services and Public Safety, Northern Ireland
- Michael Matheson MSP, Minister for Public Health, Scottish Government
- Sandie Keene, President, ADASS

The conference will also hear from Fabrice Muamba – the footballer who is alive today because of technology.

Delegates will be challenged on the huge changes needed to facilitate the transformation across health and social care by leading futurist Richard Watson.

**Commissioners** – how should you use technology enabled services to make a real difference to your service offer and your resource management?

**Service providers** – what do you need to know to develop the highest level of services possible, and how do you develop your services to meet the tsunami of demand heading over the horizon?

**Developers and suppliers of technologies** – showcase your products and services, and connect with current and potential customers.

**Stop press:** Interested in providing your services, or supplying your products overseas? Conference attendees on 11 and 12 November can [book a free one to one session](#) with UKTI specialists from Europe, Asia and North America. Don't miss out – [book your conference place today](#). The three day event is fully CPD certified.

**(ii) The Role of Telecare and Telehealth as part of a New Localised Healthcare System – London, 20 November 2013**

A Westminster Briefing event will cover (amongst other things):

- The Government's approach to developing telehealthcare in the NHS and local care
- Commissioning and funding telehealth and telecare locally
- The role of CCGs, Health and Wellbeing Boards & LAs
- Personal budgets: increasing uptake of technologies and services
- Improving the monitoring and management of long-term conditions
- Supporting the role of carers
- Promoting independence and dignity in assisted living
- The role of telecare and telehealth in an ageing society
- Innovative solutions to improve daily living for disabled and vulnerable people
- Training carers and patients

**(ii) Ageing well – how can technology help? – London, 25-26 November 2013**

Exploring how technology can help people to age well, the Royal Society of Medicine's Telemedicine conference will be held this year on 25th & 26th November, at 1 Wimpole St, London. It aims to cover a broad range of issues relating to technology and ageing, including both physical & mental conditions, and the importance of socialisation & spiritual nourishment.

In addition to speakers mentioned in last month's bulletin such as Jon Rouse, Director General for Social Care, Local Government and Care Partnerships, Department of Health and Adam Darkins speaking in a private capacity, who heads up the US Dept of Veteran Affairs' telehealth activities, Alf Collins, Consultant in Pain Management, and National Clinical Lead, The Health Foundation will talk about supporting people to be resourceful, and Professor Jonathan Kay, Clinical Informatics Director, NHS England will give the NHS viewpoint. Registration is still [available](#).

***Click on the following links for further conferences and learning events over the coming months.***

European Telemedicine Conference Edinburgh 29-30 October 2013  
<http://telemedicineconference.eu/>

FutureMed San Diego 3-6 November 2013 <http://futuremed2020.com/>

EHI Live 5-6 November 2013 Birmingham <http://www.ehिलive.co.uk/>

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

Successes and Failures in Telehealth – Brisbane, 11-12 November 2013

<http://www.icebergevents.com/sft13/#.UcdN4jvuvWR>

The International Telecare & Telehealth Conference 11-13 November 2013 Birmingham

<http://bit.ly/14T8FIO>

Health 2.0 Europe Conference, London 17-19 November 2013

<http://www.health2con.com/events/conferences/europe-fall-2013/>

UK Telehealthcare MarketPlace Event, Poole Lighthouse, Dorset 19 November 2013

HSJ Telehealth 2013, London, 20 November 2013 <http://www.hsj-telehealth.co.uk/>

The Role of Telecare and Telehealth as part of a New Localised Healthcare System, London, 20 November 2013 <http://bit.ly/1hpBst1>

RAaTE 2013 Coventry 25 November 2013 <http://www.raate.org.uk/>

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

EHTEL 2013 Symposium: Sustainable Partnerships for Well-being and eHealth, Brussels, 2-3 December 2013 [http://www.ehealthnews.eu/events/3689-ehel-2013-symposium-sustainable-partnerships-for-well-being-and-ehealth?utm\\_source=dlvr.it&utm\\_medium=twitter](http://www.ehealthnews.eu/events/3689-ehel-2013-symposium-sustainable-partnerships-for-well-being-and-ehealth?utm_source=dlvr.it&utm_medium=twitter)

2nd Annual Telemedicine Summit, Anaheim, 2-3 December 2013

<http://www.worldcongress.com/events/HL13033/index.cfm?>

Digital evolution: Making good things happen London 4 December 2013

<http://www.communityhowto.com/news/digital-evolution-making-good-things-happen>

ConnectedCare Camp, London, 7 December 2013

<http://shirleyayres.wordpress.com/2013/10/25/welcome-to-the-connected-care-camp-on-7th-december-2013-psicare/>

mHealth Summit Washington DC 8-11 December 2013 <http://www.mhealthsummit.org/>

4th International Conference on Wireless Mobile Communication and Healthcare Washington 11-13 December 2013 <http://mobihealth.name/2013/show/home>

CUHTec telecare strategy course: Learning disability services Newcastle 20 March 2014

[http://www.cuhtec.org.uk/wp-content/uploads/2013/04/20140320\\_LD.pdf](http://www.cuhtec.org.uk/wp-content/uploads/2013/04/20140320_LD.pdf)

CUHTec telecare strategy course: moving to digital and mobile telecare Newcastle 21 March 2014

[http://www.cuhtec.org.uk/wp-content/uploads/2013/04/20140321\\_mCare.pdf](http://www.cuhtec.org.uk/wp-content/uploads/2013/04/20140321_mCare.pdf)

eTELEMED 2014 - The Sixth International Conference on eHealth, Telemedicine and Social Medicine Barcelona 23-27 March 2014

<http://www.iaia.org/conferences2014/eTELEMED14.html>

First European HIMSS mHealth Summit, Berlin, 6-8 May 2014 – Details to be added when available

#### **Item 10 – Other useful links**

**HealthTech and Medicines KTN** - <https://connect.innovateuk.org/web/healthktn>

Assisted Living Innovation Platform - <https://connect.innovateuk.org/web/assisted-living-innovation-platform-alip>

**dallas\_Connect Sub Group** - Join the Sub Group at: <https://ktn.innovateuk.org/web/dallas>

**Housing Learning and Improvement Network** [www.housinglin.org.uk](http://www.housinglin.org.uk) Now on Twitter: @HousingLIN

**Telecare Learning and Improvement Network** [www.telecarelin.org.uk](http://www.telecarelin.org.uk)

**King's Fund web site** – [http://www.kingsfund.org.uk/topics/technology\\_and\\_telecare/index.html](http://www.kingsfund.org.uk/topics/technology_and_telecare/index.html)

**Telehealth and Telecare Aware** – daily news and comments [www.telecareaware.com](http://www.telecareaware.com)

**Three Million lives** - <http://www.3millionlives.co.uk/> [LinkedIn](#)

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

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[www.alip-healthktn.org](http://www.alip-healthktn.org)

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