

Telecare LIN eNewsletter

September 2009

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

The learning network is growing at the rate of over 100 people per month with over 5000 Telecare LIN members in total – an increase of over 1500 since July 2009 – make sure that you are registered to receive regular updates. The newsletter also goes out to over 4500 Housing LIN members. [Register Now](#).

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



Pandemic Flu plans for the Autumn and Winter 2009 should be well advanced and organisations should be clear about their business continuity arrangements. Pan Flu leads should also be keeping up to date on the vaccination arrangements for health and social care.

http://www.direct.gov.uk/en/groups/dg_digitalassets/@dg/@en/documents/digitalasset/dg_178842.htm
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103679

<http://www.dh.gov.uk/en/PublicHealth/Flu/Swineflu/index.htm>

<http://www.nhs.uk/Pages/HomePage.aspx>

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093380

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

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Headlines for September 2009

Item 1 provides a summary of the recent Bristol event – presentation slides will be available in late September.

Item 2 provides a link to a new Newham website providing additional information on the demonstrator programme.

Item 3 examines the provisional headline figures on telecare performance in England for 2009.

Item 4 summarises the current position on telehealth in PCTs in England.

Item 5 provides a link to an updated telecare and dementia briefing.

Item 6 summarises some recent Department of Health publications.

Item 7 provides a comprehensive news headline update from the telecare and telehealth world over the last month.

Item 8 provides a DH Care Networks events listing – look out for the next Whole System Demonstrator Action Network event in December 2009 – booking commences shortly

1 Whole System Demonstrator Action Network – Bristol Event

Prepared by Mike Clark

Around 90 people attended the latest WSDAN event in Bristol on 10 September 2009 to receive a progress report on the Whole System Demonstrator Programme.

Slides will be available in the latter part of September 2009 at the WSDAN web site http://www.wsdactionnetwork.org.uk/past_events/index.html. Reports will be available in October 2009.

Frank Harburn (KPMG) from the WSD Programme has spent time with the demonstrator sites as well as with the evaluation team. Frank opened the day's presentations by providing an update on the numbers of people now within the intervention and control groups of the trial across the three sites (Cornwall, Kent, Newham).




Recruitment Progress

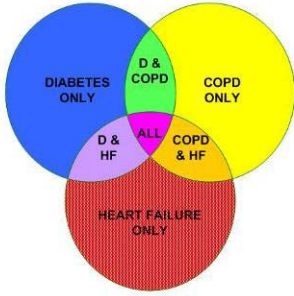
- 239 GP practices signed up
- >27,000 letters sent out
- >9,000 home visits



>5500 participants on trial



LTC Breakdown



	% of total
Diabetes only	20%
COPD only	38%
HF only	27%
Diabetes & COPD	5%
Diabetes & HF	4%
COPD & HF	4%
ALL 3 LTCs	2%



Qualitative Progress

- >500 carer interview leads
- >3,600 leads followed up
- >400 3-month questionnaires complete



>3150 baseline interviews complete

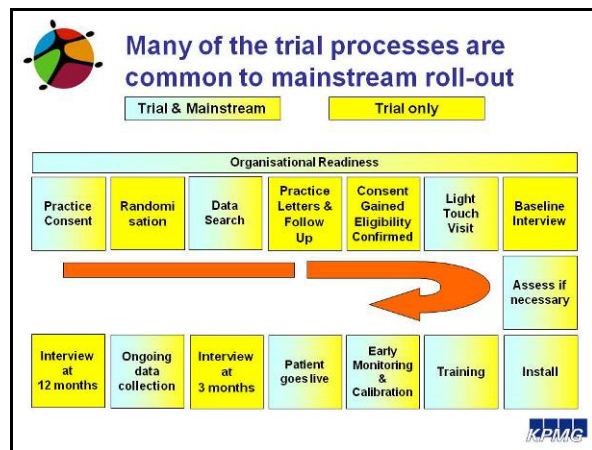


Frank also joined colleague **Roberta Carter** (KPMG) to examine the project management and governance arrangements for the trial and set out some areas that would also apply to mainstream telecare and telehealth services. One of the aims of the regional events is to look at how the learning from the trial can be transferred to everyday operations in telecare and telehealth services.

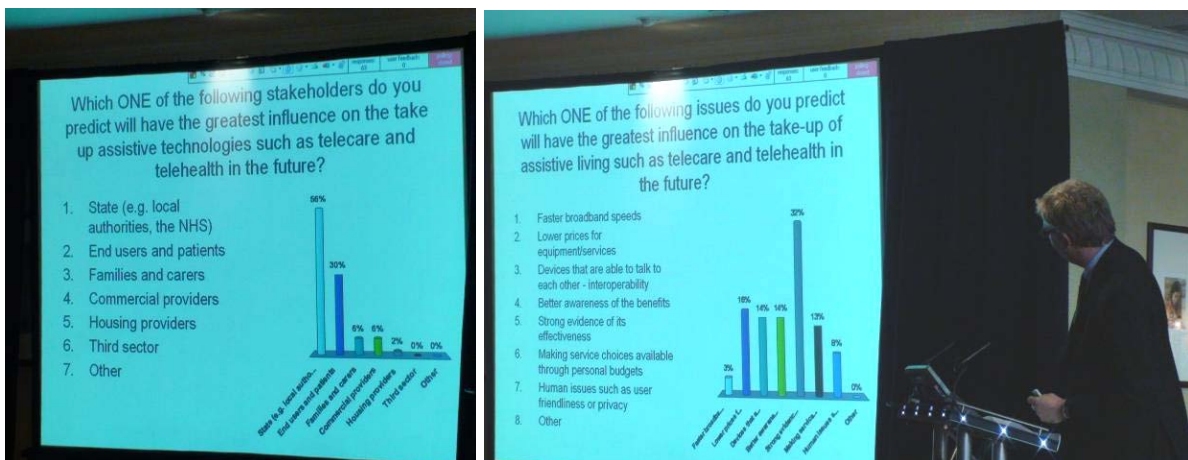


Reporting and Monitoring Mechanisms

Examples used in WSD Trial	Potential Mainstreaming Approach
Weekly 'Flash' reports	Monitoring centre statistics
Weekly KPI reporting	Other performance metrics • quality of service • staff efficiency
Monthly progress reports	Monthly service status reports
Monthly financial updates	Monthly financial updates
Evaluation Team Reporting	Issues Management Report
Weekly conference calls	Stock management reports



A new feature of the events was an interactive voting session developed by Gurpreet Dulai (WSD Programme Coordinator) to identify some of the key issues for telecare and telehealth implementation.



In the pictures, conference chair, **Jeremy Porteus** (DH Care Networks) reviews the poll results for two questions developed in conjunction with **Professor Leela Damodaran** (Loughborough University) who is currently looking at what services could look like in 20 years time for an Ofcom Report.

As part of the first session, **Andrew Forrest**, Cornwall WSD Programme Director presented an update on the trial progress in the county. The presentation included a video of the Cornwall Programme with patients talking about how they carried out their daily checks.




Getting started
There is a huge admin task when the process is complex



Programme approach
 Single office
 Need good project management skills in the team
 Rigorous planning
 Map, test and change processes
 Concentrate on administration

Involving and managing multiple organisations

Action
 Effective Programme Board
 Communication – face to face
 Time spent on Information Governance
 Explicit consent
 Information sharing agreements
 Practical steps – encryption and security



Cornwall example: COPD pack




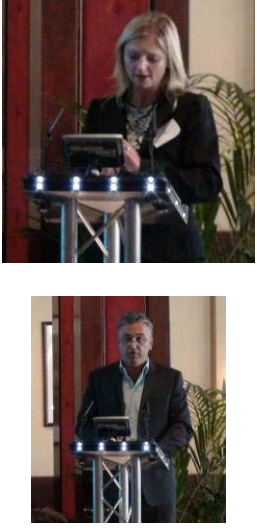

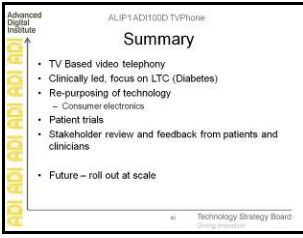
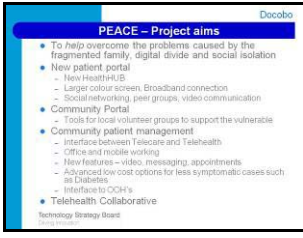




All of the WSD events to date have involved the work of the Assisted Living Innovation Platform (ALIP) supported by the Technology Strategy Board. The first set of nine projects have been running for around a year and **David Calder** from the ALIP Programme introduced leads from four of the projects to provide an update on their progress.

Aim of the Assisted Living Innovation Platform

- The aim of the platform is to significantly advance the technology to meet the demand for independent living from those suffering from chronic conditions (e.g. CHD, COPD, Type 2 diabetes, dementia) in particular the increasing demand from the increasing number of the elderly.
- TSB role is to give the technology greater capability, make it easier to use and cheaper.
- Current care models are unsustainable, and major changes will be needed.
- This presents a major opportunity for companies involved in the existing telecare market, and for new large players and for SMEs.



			
<p>Simon Bramwell presents 'Health Hub'</p>	<p>David Harson presents 'TVPhone'</p>	<p>Adrian Flowerday presents 'PEACE'</p>	<p>Ali Rogan and Tony Thompson present 'Virtex'</p>
			

Slides from Bristol will be available in the latter part of September 2009 at the WSDAN web site http://www.wsdactionnetwork.org.uk/past_events/index.html. Reports will be available from October 2009.

[Register](#) for regular WSDAN updates.

In a series of concurrent briefing and workshop sessions, Nick Goodwin (King's Fund) and Mike Clark (DH Care Networks) from the WSDAN Programme together with Professor Leela Damodaran (Loughborough University) covered:

- WSDAN searchable database (Nick Goodwin)
- Commissioning telecare and telehealth (Mike Clark)
- Assisted Living in 2030: visions of the future (Professor Leela Damodaran)

WSDAN's searchable evidence database

- Brings together a range of published materials related to the impact and evidence of telehealth and telecare in the management or treatment of long-term conditions
- In development
- Linked to a systematic review being established
- Three core search 'fields'
 - Condition and client group category
 - Type of evidence
 - Type of technology

http://www.wsdactionnetwork.org.uk/resources/evidence_database.html

Improved outcomes for all – national and local priorities

Local Authorities/Social Care

- Transforming social care, National Care Service
- Personalisation, personal budgets, dementia strategy
- Integrated care organisations
- CQC registration

NHS/Health Trusts

- NHS Operating Framework, HQFA
- WCC, FBC, PBR, QoF, QIPP, transforming community services
- Dementia strategy
- Integrated care organisations
- Personal health budget pilots
- CQC registration

Indicators, incentives, targets

Improved outcomes for individuals

Improved outcomes for population

Assisted living : some key questions & issues

- o Whether and how quickly ICT use becomes simpler and more robust and how quickly older people become more IT literate
- o Funding models which drive take-up of assisted living technologies
- o Measures which might be put in place to make assisted living more affordable to end users
- o The implications of the take-up of assisted-living technologies for wired and wireless communications networks, security and privacy issues and rural-urban divides
- o To what extent will the diverse needs of older people be met by proposed systems

Loughborough University

The afternoon session was chaired by **Nick Goodwin** from the King's Fund and included a presentation by **George Mac Ginnis** joined by Simon Tinling from the NHS Technology Office.



DH Informatics Telehealth Programme

Key components

- Standards for interoperability
- Message integration
- Information system requirements

Newham Telehealth Integration

If you are implementing telecare and telehealth technologies and are investigating aspects of interoperability, message integration and information system requirements then either George Mac Ginnis or Simon Tinling would be interested to hear from you.

The Department and the King's Fund would like to thank all of the speakers that contributed to another successful event.

The fifth regional event will be held in Manchester in December 2009. [Booking](#) will be available later in September 2009.

Slides from Bristol will be available in the latter part of September 2009 at the WSDAN web site http://www.wsdactionnetwork.org.uk/past_events/index.html. Reports will be available from October 2009 on the WSDAN site.

[Register](#) now for regular WSDAN updates.

2 Newham Whole System Demonstrator (WSD) Programme

A wide range of resources are available from the Newham demonstrator web site. They include information about the range of equipment in use together with case studies.

Home **TeleCare** **TeleHealth** **Case Studies** **Events** **Contact**

Whole Systems Demonstrator Trial Improving quality of life in Newham

The WSD Trial
The Newham Whole System Demonstrator (WSD) trial is a two year research project funded by The Department of Health to find out how technology can help people manage their own health while maintaining their independence.

Newham Council and Primary Care Trust were successful in their bid to become one of three sites to take part in the trial – the other two being Kent and Cornwall. Around 2,000 local people are taking part and have the opportunity of using either the TeleCare or TeleHealth systems in their homes.

TeleCare
This system is aimed at people who need the support of Social Services to keep living on their own, such as those with physical disabilities, the frail and elderly or those suffering from epilepsy.

TeleHealth
This system is aimed at people with long term health conditions such as diabetes, heart failure and/or chronic obstructive pulmonary disease (COPD).

The Purpose of the Trial
The results of the trial will help us to understand to what extent the integration between Health and Social Care and these technologies can:

- promote people's long term health and independence
- improve quality of life for people and their carers
- improve the working lives of health and social care professionals
- provide an evidence base for more cost effective and clinically effective ways of managing long term conditions

“ My family are pleased with TeleCare. If I was to fall or needed help anytime they would be contacted straight away ”

WSD Update

<http://www.newhamwsdtrial.org/>

Information about the WSD trail structure is also available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100946

3 Care Quality Commission (CQC) performance information for telecare in England (provisional)

Prepared by Mike Clark

Provisional CQC figures have now been totalled for this year’s performance assessment covering social care authorities in England.

As in previous years, three sets of ‘additional user’ figures were collected for 2008/9 outturns and 2009/10 projections. In addition, two sets of expenditure figures were collected for 2008/9 and 2009/10.

The projections for 2009/10 were compared with 2008/9 outturns to see whether local authorities were increasing or decreasing additional user numbers and expenditure by significant amounts.

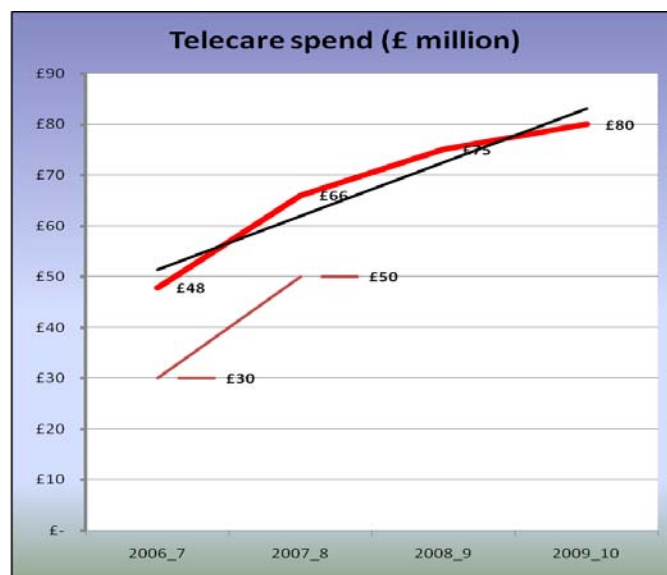
Additional users (provisional)

The minimum ‘additional user’ figure over three years is now $75772+102636+119,114=297422$ for 2006/7/8/9. This is based on social care alone together with social care and partner agencies (the first two CQC categories).

This ‘additional user’ figure can be increased if we include all other agencies (eg district councils, housing associations). The total 2006/7/8/9 figure is **456,713** if these other agencies are included.

The additional user projections for 2009/10 are **143,924** (first two categories) and **187,180** (all categories). There are now 152 social care authorities.

Note: The three categories cover ‘social care authority alone’, ‘social care authority with partners’ and ‘other agencies’.



Telecare spend over three years with a projection for 2009/2010

Expenditure (provisional)

Outturn expenditure for 2008/9 is currently showing at **£75,030,000** around £4m below the previous projection for the year. Projections for 2009/10 total **£79,591,000**. The chart shows the Preventative Technology Grant allocations of £30m and £50m between 2006 and 2008 and the current trendline (black line). Some social care authorities carried some of their Preventative Technology Grant funding into 2008/9. The 2009/2010 projection for expenditure would not have any Grant carry over included.

Comparing 2009/10 information with 2008/9 (provisional)

It is interesting to look at the numbers of organisations continuing to grow their services since the grant funding finished in March 2008. Similarly, some organisations are reducing their numbers and expenditure for 2009/2010. A simple indicator is the difference between 2009/2010 projections and the 2008/9 outturns.

In the first table below, 101 of the 152 social care authorities with their partners are planning to increase additional users from last year and around 20 of the 152 organisations are projecting similar additional user numbers. It is important to remember that these are 'additional users' and not the maintenance of the existing user base.

In a further example (second table), 39 social care authorities are planning to increase expenditure by 20% or more from 2008/9 to 2009/2010 and 23 authorities are planning to reduce expenditure by 20% or more.

Of course, the 5% and 20% columns would also include organisations counted in the percentage columns in the table ie in the first table, 92 organisations at the +5% level are included in the +3% level.

Note: the tables would not take account of population size in the area covered.

LAs and additional users (65 and over)

3% or more growth in 2009/2010	5% or more growth in 2009/2010	20% or more growth in 2009/2010	3% or more decline in 2009/2010	5% or more decline in 2009/2010	20% or more decline in 2009/2010	No change – within +/-3%
101	92	38	31	29	13	20

LAs and expenditure

3% or more growth in 2009/2010	5% or more growth in 2009/2010	20% or more growth in 2009/2010	3% or more decline in 2009/2010	5% or more decline in 2009/2010	20% or more decline in 2009/2010	No change – within +/-3%
73	68	39	47	41	23	32

Note: There are some missing figures for the current version of the 2009 performance information. Details and analysis will be available in late October 2009.

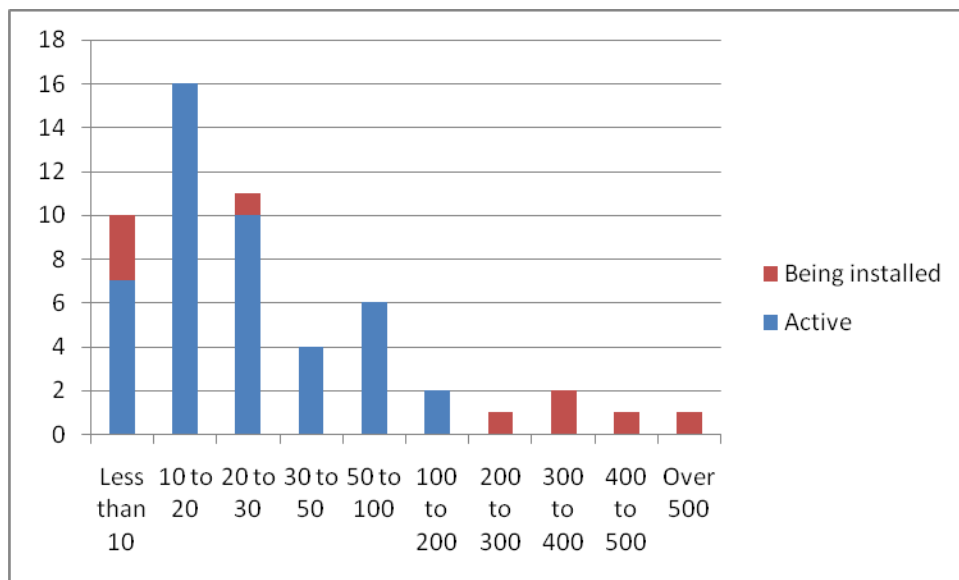
4 Telehealth in Primary Care Trusts (PCTs) in England

Prepared by Mike Clark

Requests are often received for information about take up of telehealth in primary care trusts. No formal statistics are maintained currently as it is made complex by a number of factors such as:

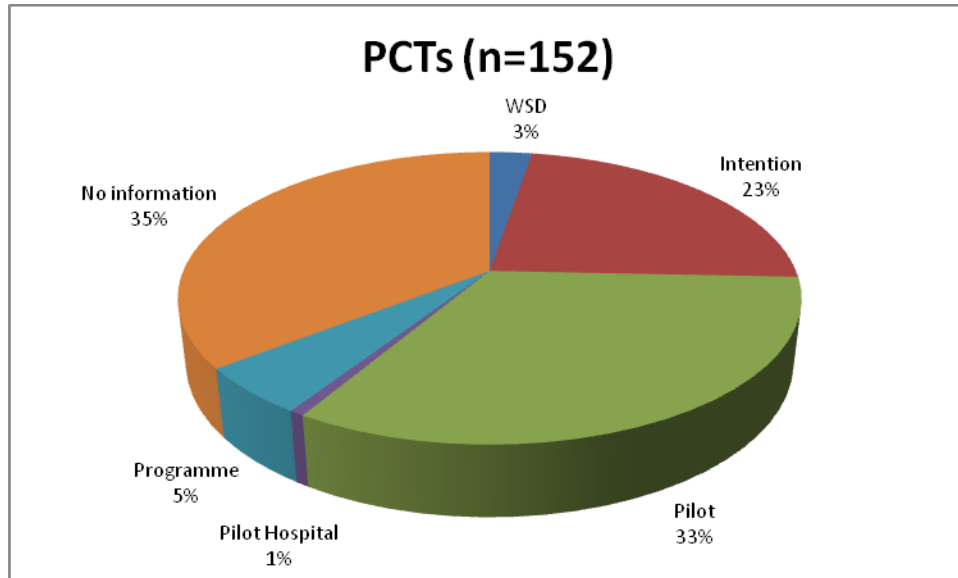
- Variations in the definitions of telehealth, eHealth and telemedicine (should we include telephone-based systems, SMS text reminders, disease management programmes, video-conferencing and the National Flu Line?)
- Instances where people have purchased equipment but it has not yet been installed in homes
- Instances where equipment is in the home for short periods only, so could be used several times in a year
- Instances where a pilot has been completed and decisions are awaited on further roll out

For the Whole System Demonstrator Programme, there are three sites (covering four PCTs) that have many hundreds of telehealth units in homes that are carrying out vital signs remote monitoring. Based on information from a number of sources, the following charts provide some indications as to the current state of deployment for vital signs devices only. It does not cover telephone only systems, video-conferencing, disease management etc.



The bar chart shows, for instance, that seven out of 152 PCTs have less than ten telehealth units with a further three in the procurement or installation process. The higher end of the scale would include the three demonstrator sites (4 PCTs) building their trial numbers together with Nottingham. Kent had 250 units prior to the demonstrator programme and has two PCTs.

If you have further information about your local pilot or programme please contact Mike Clark at telecare@dhcarenetworks.org.uk



The pie chart provides some indication of the PCTs with pilots or intentions to progress telehealth within published documents. This has increased considerably over the last year.

Note: Although there are 152 social care authorities and 152 PCTs, they do not all share the same boundaries. A county area could have three PCTs (eg Essex), some PCTs cover more than one local authority (eg Bournemouth and Poole, City and Hackney).

A spreadsheet is available of web links to PCTs with telehealth intentions, pilots or programmes – link to be added.

Link:

www.dhcarenetworks.org.uk/library/Resources/Telecare/Support_materials/PCT_Telehealth_Links_at_17_Sept_2009.xls

5 Telecare and Dementia - A to Z

Update by Mike Clark

In 2008, the Telecare Learning and Improvement Network (LIN) produced a briefing on telecare and dementia. This has now been updated with a considerable amount of fresh information as well as the National Dementia Strategy.

The Telecare LIN is working with Jane Gilliard from the Department's Dementia Strategy Team to help identify case studies and evaluations that increase the evidence base for telecare and dementia. The briefing provides contact details if you have new examples to add to the evidence base.

Briefing – pdf version: http://www.dhcarenetworks.org.uk/nl/?l=524_1_1_1

Briefing – Word version: http://www.dhcarenetworks.org.uk/nl/?l=524_1_1_2

6 Recent DH Publications

a) New Guidance on Direct Payments (September 2009)

In the White Paper, Our health, our care, our say, the Department also committed to make direct payments available to those excluded from having a direct payment (because they cannot consent or manage a payment, even with assistance), if this is in their best interest.

The Health and Social Care Act 2008 and the Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2009, in conjunction with the Mental Capacity Act 2005, extend the scope of direct payments to include adults lacking capacity to consent to them and lift a number of exclusions previously placed upon individuals subject to mental health legislation and provisions of criminal justice legislation relating to mental disorder. Regulations and guidance on the operation of direct payments have been issued.

http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/Directpayments/DH_080266

<http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/Directpayments/index.htm>

b) Payment by Results in 2010/2011 (September 2009)

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_104799



c) Contracting for personalised outcomes – learning from emerging practice (August 2009)

Contracting for personalised outcomes draws on learning from six local authorities who have begun to reshape their contracts, processes, range of budget holding options and relationships with the provider market to ensure that personalised services are available for everyone with care and support needs.

The report provides a summary of the contractual models identified, a framework for understanding the relationship between them and an account of the key messages for commissioners and providers.
<http://www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/General/?parent=2734&child=6052>

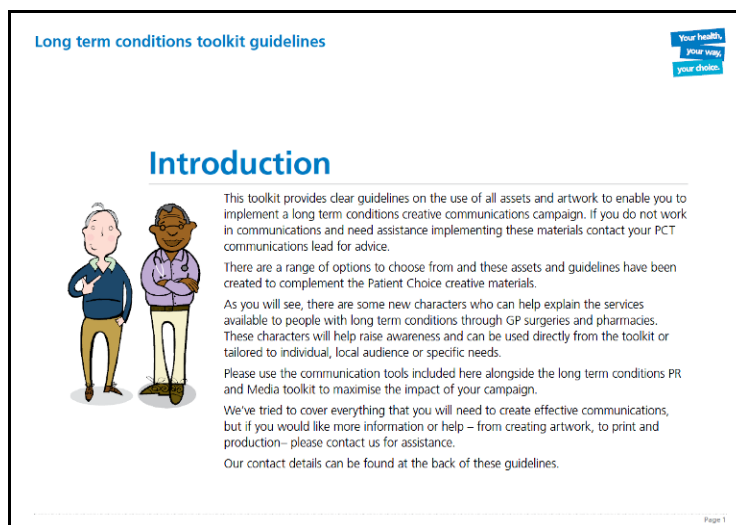
d) Working together for change: using person-centred information for commissioning (July 2009)

The Department of Health worked with a group of councils, providers, community organisations and people using services to test and refine a method for collating and analysing person-centred information for use in strategic commissioning. We called this process Working together for change. This practical guide describes a process for planning change with people which provides powerful insights into what is working and not working in their lives as well as their aspirations for the future. Working together for change can be used to ensure that active partnerships with local people and families are the driving force behind social care transformation programmes, as a vehicle for ensuring effective community engagement in the joint strategic needs assessment (JSNA) and as a tool for strategic commissioning and service development.

<http://www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/General/?parent=2734&child=5802>

e) Your health, your way: a guide to long term conditions and self care - communications toolkit (Sept 2009)

This toolkit provides all of the assets and artwork to enable organisations to implement a communications campaign at a local level.



http://www.dh.gov.uk/en/Healthcare/Longtermconditions/yourhealth/DH_105073#_15

f) Social care bulletin (July 2009)

Department of Health
Social Care Bulletin Green Paper special issue
A bulletin for all colleagues working in social care
www.dh.gov.uk/socialcarebulletin

Voicepiece

David Behan, Director General, Social Care, Local Government and Care Partnerships

Shaping the future of care together Green Paper encourages us all to get involved in the Big Care Debate

I am delighted to introduce this special bulletin to mark the publication of *Shaping the Future of Care Together*, the Green Paper on the reform of adult care and support in England.

The Green Paper sets out a vision for a new National Care Service. As we all know, more of us are living longer, and of course this is a great thing. However, the harsh reality is that the current care system, designed in the 1940s, is no longer fit to face the challenges of the 21st century. We need to create a system that ensures we all get high quality care, wherever we live and whatever our needs.

This is something that will affect us all, so it is something that we need to decide together. That is why we are launching the Big Care Debate, a 16-week consultation period during which we will ask staff, stakeholders and the public which of the Green Paper's reform options they would like to see implemented.

During last year's engagement process, people told us that they want a system that is, above all, fair, simple and affordable.

Fair so that people get the support they need wherever they are in the country.

Simple so people know exactly what to expect and what they need to do to get help. Information and advice must be readily available to those who need it, when they need it.

Affordable so that nobody misses out on the care they need. Surveys tell us that up to half of us think that care will be free. But it's not. Care and support costs can be very high: a 65 year old can expect to have to pay on average £30,000 for their care during retirement.

Many people will pay much less than this. Some people can live to be 90 and never need care, but many of us will also know people who develop a condition like Alzheimer's and have to spend eight or 10 years in a care home, which can cost hundreds of thousands of pounds.

The debate we need to have is about how we balance what it is fair for everyone to pay, against the need to protect people from having to pay huge costs.

These are big questions that we must answer together as a nation, and those on the front line of care and health service delivery have a huge part to play in creating a National Care Service. I urge you all to get involved in the Big Care Debate, there are many and varied ways of doing so, which are detailed at the back of this bulletin. This is a historic opportunity to change the lives of people for generations to come.

Those on the front line of care and health service delivery have a huge part to play in creating a National Care Service

www.careandsupport.direct.gov.uk

page 1

http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/Socialcarebulletin/Browsable/DH_103537

7 News

News from around the world covering telecare, telehealth and related areas of interest to commissioners, service providers, suppliers and other organisations – prepared by Mike Clark

a) Calls

i4i Programme

Future Product Development – Stream 3a (FPD3a)

The Invention for Innovation Programme wishes to invite FPD3a project proposals lasting up to 1 year and is a collaboration between at least one industry and one research (academic or clinical) partner to determine the commercial viability of a proposed device or technology, with the development of a robust route to market and a strong, appropriate consortium being the main deliverables. Costs can be no more than £100k in total and a maximum of 75% funding is available.

Future Product Development – Stream 3b (FPD3b)

The Invention for Innovation Programme wishes to invite FPD3b outline project proposals of up to 3 years which should build upon the results of a completed assessment of feasibility and is a collaboration between at least one industry and one academic research partner (academic or clinical). This will provide further evidence of the capability to deliver improved healthcare outcomes and commercial and intellectual property exploitation. Funding to a maximum of 50% of the total project costs, and £100k-£300k per year is available.

2nd Call for i4i Future Product Development - Funding Stream 3a (FPD3a)

Call opens	3 August 2009
Submission deadline	18 September 2009
Declarations and Signatures deadline	25 September 2009
Application outcome	November 2009

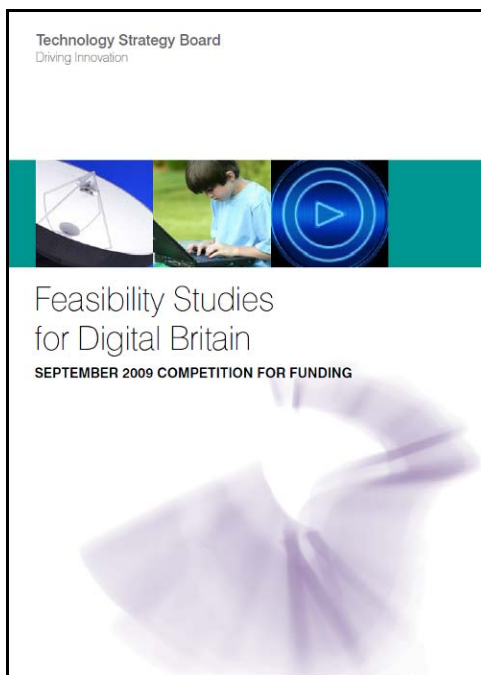
2nd Call for i4i Future Product Development - Funding Stream 3b (FPD3b)

Call opens for outline proposals	3 August 2009
Submission deadline for outline proposals	18 September 2009
Application outcome for outline proposals	November 2009

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

<http://www.nihr-ccf.org.uk/site/callsproposals/i4i/FPD3/default.cfm>

Technology Strategy Board – Feasibility Studies for Digital Britain



Competition opens **1st September 2009**
Briefing (optional) **8th September 2009**
Deadline for receipt of full applications **1st October 2009 (midday)**
Decision and feedback to applicants by **16th October 2009**
Offer letters posted by **30th October 2009**
Feasibility studies completed by **26th February 2010**

www.innovateuk.org/assets/pdf/DigitalBritainCompFlyerSept09.pdf

b) Consultations

An Ofcom consultation commenced on 31 July 2009 entitled 'Next Generation Networks: Responding to recent developments to protect consumers, promote effective competition and secure efficient investment'. A section relevant to telecare is included. The consultation closes on 24 September 2009. <http://www.ofcom.org.uk/consult/condocs/ngndevelopments/>

c) Telecare

Families Say Healthsense's ENeighbor(R) Remote Monitoring System Helps Keep Relatives With Alzheimer's Safe At Home And Out Of Memory Care
<http://www.medicalnewstoday.com/articles/161205.php>

Telecare in Sunderland

<http://www.publicnet.co.uk/features/2009/09/04/telecare-keeping-people-safe-and-independent-in-their-own-homes/>

Elderly safe with £1.8m Telecare system

<http://www.birminghammail.net/news/top-stories/2009/08/27/elderly-safe-with-1-8m-telecare-system-97319-24541253/>

Telecare unveiled in Birmingham

<http://www.digitalbirmingham.co.uk/default/news/telecare-unveiled-in-birmingham->

Digital Birmingham: Telecare unveiled in Birmingham

<http://www.egovmonitor.com/node/27701>

Oldham Council puts Telecare at the heart of its preventative Social Care agenda

<http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=21160>
<http://www.techgovernment.com/2009/09/03/oldham-council-puts-telecare-at-the-heart-of-its-preventative-social-care-agenda/>

An Intelligent System Helps Elderly Or Memory-impaired To Remember Everyday Tasks

<http://www.sciencedaily.com/releases/2009/08/090827101219.htm>

Technology used to track Warwickshire dementia victims

<http://www.coventrytelegraph.net/news/rugby-town-news/2009/08/24/technology-used-to-track-warwickshire-dementia-victims-92746-24511837/>
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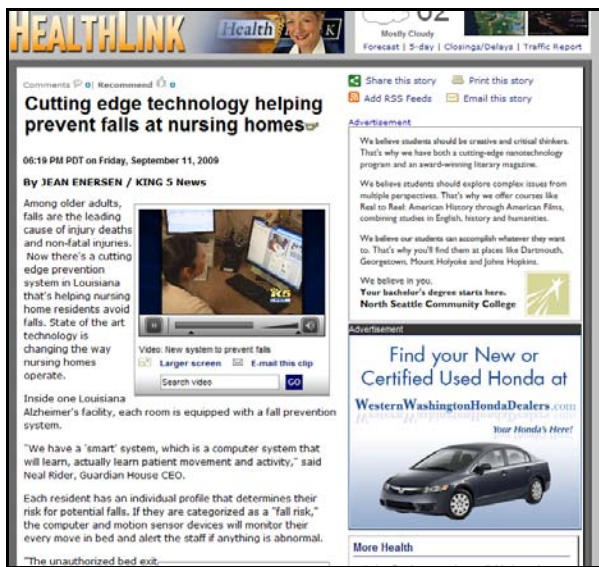
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d) Telehealth

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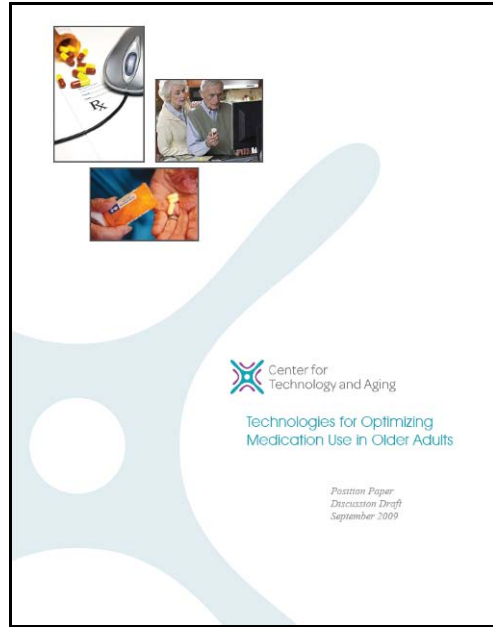
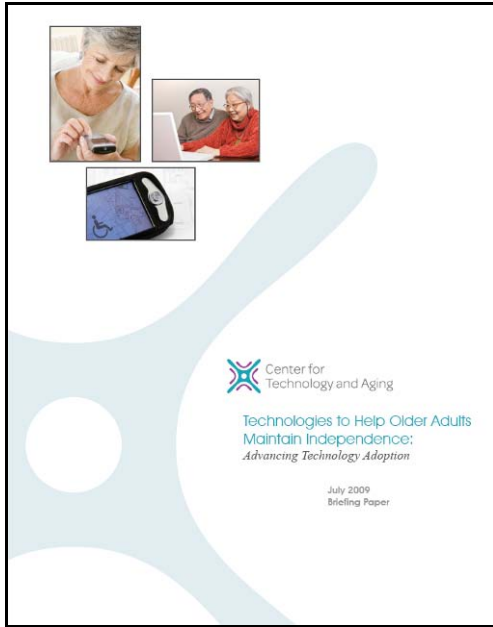
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NHS South Birmingham partners private sector to offer telehealth services to tackle urgent health needs

<http://www.bjhcim.co.uk/news/2009/n909016.htm>



<https://www.sbpct.nhs.uk/pha/>

PHA - How it works

Overall Risk Score: 56

Level Of Risk: 0 (Low), 25 (Moderate), 50 (High), 75 (Very High), 100

Risk Levels For Certain Health Conditions:			
Low	Moderate	High	Very High
Depression	Breast Cancer	Diabetes	
Skin Cancer	Colon Cancer	Heart Disease	
	Prostate Cancer	Stroke	

Sign up!
Before you can use the Personal Health Assessment tool you must first register with NHS South Birmingham WellNet. This will allow you to create your own username and password, so you can access your PHA account. Please note you must be over 18 to take a PHA.

- What is WellNet?
- Register with WellNet

How can it help me?
The Personal Health Assessment tool has been created to help individuals understand their own personal health risks and provide them with tools and information that will help them reduce their risk.

Once the PHA is complete and based upon the answers you gave, the tool will generate a risk profile, this profile will show you how much of your risk can be reduced. We can not change our family history, but we can make simple changes to our levels of physical activity and diet that can reduce our risk of developing health problems. Using your risk profile the PHA will recommend a series of online programmes (Courses) that will aim to improve your health by reducing your risk.

Building a picture with clinical thresholds
The online health assessment is a confidential questionnaire that can help you identify some of your personal health needs. It does this by asking you a series of questions grouped into the following categories;

Does this link with my medical records?
No, the PHA tool **does not** link with any of your NHS

<https://www.sbpct.nhs.uk/Communities/PHA/HowitWorks.aspx>

e) Telemedicine

Remote heart check service takes 50,000 calls from GPs & saves 32,000 referrals

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RoboDoc: Specialists from other cities can remotely view patients at Memorial Health System of East Texas via 'Doctor over the Internet' robot

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Telemonitoring in cardiology: Who benefits

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Telemedicine lets Cincinnati doctors collaborate in real-time

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Telemonitoring systems enable early detection of silent, asymptomatic arrhythmias in heart

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Mobile healthcare

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Report: Mobile Tools Can Improve Chronic Disease Management



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Health care eyes smart phones to heal ills

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Successful mHealth applications are already here

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Interview: ATA's Jon Linkous talks wireless health

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Interview: Layar, augmented reality and wireless healthcare

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Step-by-step: FDA wireless health regulation

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Even phone call helps cancer patients

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Landmark survey highlights needs of unpaid caregivers of people with diabetes

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<http://pmj.bmj.com/cgi/content/short/85/1007/475?rss=1>

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<http://pmj.bmj.com/cgi/content/short/85/1007/455?rss=1>

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KTN Assisted Living Directory

<http://www.alip-healthtechktn.com/al-directory.html>

Videoconferencing Tools Help Specialists Evaluate Stroke Patients in Remote Areas

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Digital tools let doctors see patients via internet

Digital tools let doctors see patients via Internet
'Telehealth' gains amid prospect of shortage, insurers' acceptance



Woodson Elementary School students get to see how United Healthcare's telehealth network operates. Jason Conway (on the computer screen), an IT consultant with United Healthcare, acts like a doctor for demonstration purposes. (Baltimore Sun photo by Lloyd Fox / September 2, 2009)

Gus G. Sentementes | gus.sentementes@balt.sun.com
September 14, 2009

Information on camps & schools
marylandfamilymagazine.com

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Related
Photos: United Healthcare's telehealth mobile
Jay Hancock's blog: Productivity gains could cut medical costs -- without death panels
BaltTech: The doctor is in ... the next state

When Robyn Broomell was pregnant a few years ago, she needed advice from a specialist at the University of Maryland Medical Center because she is a diabetic.
But Broomell, 35, of Rising Sun, never set foot in the specialist's Baltimore office. Instead, she met him several times by videoconference while she was at an Elkton hospital, saving her the trip down Interstate 95.
"At first, I was kind of leery" of long-distance medical advice, she said. "I thought it was kind of an odd thing. But it was very

<http://www.baltimoresun.com/business/bal-bz.mobile14sep14.0.136812.story>

Medtronic Study Shows Fluid Monitoring More Accurate Than Weight Measures for Heart Failure Patients

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Zephyr Technology™ Announces New Capability for Real-Time Physiological Monitoring For Firefighters and First Responders

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Avivia Health Launches New Suite of Affordable Disease Management and Wellness Programs (USA)

<http://www.reuters.com/article/pressRelease/idUS185042+15-Sep-2009+BW20090915>

Philips Chief Medical Officer calls for greater patient empowerment in facing future healthcare challenges

<http://www.ehealthserver.com/philips/305-philips-chief-medical-officer-calls-for-greater-patient-empowerment-in-facing-future-healthcare-challenges>

Telemedicine, Telehealth, Remote Monitoring and the Latest Congressional Health Reform Proposal – Jon Linkous Blog (ATA)

http://americantelemed.blogspot.com/2009/09/telemedicine-telehealth-remote_17.html

Silicon stethoscopes

<http://www.forbes.com/2009/09/17/robots-health-care-technology-breakthroughs-telehealth.html>

Homes for our old age - Independent living by design

This Housing LIN Report was published jointly with CABE

Over 80s form the fastest growing age group, yet little of the existing housing stock is fit for purpose.

Housing in the future needs to give older people more independence, better choice and the ability to maintain friendships and community networks, says CABE. This means making radical changes to the way in which housing which is designed for care delivery is commissioned.

People who receive care now expect to have more control over services. *Homes for our old age: independent living by design* features ten case studies of housing schemes in the report to show how the range and design of housing can support this new freedom.



<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingOlderPeople/OlderPeopleDesign/?parent=3675&child=6202>

Electronic Diaries for Diabetes Monitoring Improve Adherence

<http://www.renalandurologynews.com/Electronic-Diaries-for-Diabetes-Monitoring-Improve-Adherence/article/149138/>

Survey of healthcare experts finds that new 'Connected Health' prevention could cut U.S. healthcare costs by up to 40 percent

<http://mobihealthnews.com/4460/survey-of-healthcare-experts-finds-that-new-connected-health-prevention-could-cut-u-s-healthcare-costs-by-up-to-40-percent/>

WSDAN News Service – recent journal articles

<http://www.wsdactionnetwork.org.uk/news/index.html>

[Register](#) now for regular WSDAN updates.

8 Events

Availability as at 18 September 2009

Forthcoming Event List

Date	Event Title	Network	Places Remaining	Book
24/09/09	East Midlands Levers for Change Event - Working together to commission better neurological services in the East Midlands	Commissioning	16 of 85	Registration Closed
24/09/09 to 25/09/09	Transforming Community Equipment - Project Managers' Induction Course	Care Services Efficiency Delivery	-	N/A
29/09/09	Resource Allocation System - Holiday Inn Camden Lock - London	Personalisation	9 of 50	Book now
30/09/09 to 01/10/09	Home Improvement Agency Annual Conference 2009	Housing	-	N/A
30/09/09	Personalisation and housing support conference	Housing	-	N/A
02/10/09	ADASS common resource allocation framework	Personalisation	1 of 170	Registration Closed
06/10/09	National Dementia Strategy Commissioning Conference - October 6 2009, Central London	Dementia	-	N/A
15/10/09	Transforming the Quality of Dementia Care: Workforce Development	Dementia	-	N/A
16/10/09	Development work on three outcomes indicator	Personalisation	24 of 25	Book now
19/10/09	Getting to grips with Personalisation	Personalisation	-	N/A
20/10/09	Making it happen for people with learning disabilities in the South West	Personalisation	-	N/A
22/10/09	West Midlands Regional Housing LIN Meeting	Housing	Reserve places available	Add me to the reserve list
29/10/09	London & South East Regional Housing LIN Meeting	Housing	3 of 40	Book now

11/11/09	Getting to grips with Personalisation	Personalisation	-	N/A
12/11/09 to 13/11/09	Transforming Community Equipment - Project Managers' Induction Course	Care Services Efficiency Delivery	-	N/A
02/12/09	Making it happen for people with learning disabilities in the South West	Personalisation	-	N/A
21/01/10	West Midlands Regional Housing LIN Meeting	Housing	35 of 35	Book now

Events listing: <http://www.dhcarenetworks.org.uk/events/s/>.

TSA Conference (16-18 November 2009)

David Behan and **Tim Ellis** from the Department of Health will be presenting at the TSA conference on 16-18 November 2009 in London

- **Individual Budgets – the strategy for personalisation and its potential impact on the telecare market.** David Behan, Director General for Social Care, Local Government and Care Partnerships, Department of Health
- **Whole System Demonstrators – an update on this high-profile project that will impact the future for telecare and telehealth.** Tim Ellis, Whole System Demonstrator Programme Manager, Service Design Division, Department of Health.

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

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

Glossary:

ALIP – Assisted Living Innovation Platform
 AT – Assistive Technology
 BERR – Business Enterprise and Regulatory Reform
 CSCI – Commission for Social Care Inspection
 CQC – Care Quality Commission
 DCLG – Department for Communities and Local Government
 FACS – Fair Access to Care Services
 IB- Individualised budgets
 i4i – Invention for Innovation
 LIN – Learning and Improvement Network
 NHS CfH – NHS Connecting for Health
 NHS PASA – NHS Purchasing and Supply Agency
 POPP – Partnership for Older Peoples Projects
 PT Grant or PTG – Preventative Technology Grant
 SCIE – Social Care Institute for Excellence
 TSA – Telecare Services Association
 TSB – Technology Strategy Board
 WSDAN – Whole System Demonstrator (Long Term Conditions) Action Network