

thelink

The quarterly magazine of the Telecare Services Association – The UK Association for Telecare



**THE END OF
ANALOGUE TELECARE**

**COMMISSIONING TELECARE
IN WEST SUSSEX**

**BEST PRACTICE IN ALARM
CENTRE STAFF RECRUITMENT**

**EDUCATING THE TELECARE
PROFESSIONALS OF TOMORROW**

PLUS TSA NEWS

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telecare services association

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This logo symbolizes true digital competency, connectivity and compatibility.

Analogue telephone networks are being replaced. Customers of all ages are opting for the latest broadband 'triple play' internet, TV and telephone packages. Telecare technology needs to adapt to the new digital infrastructure and IP solutions are acknowledged as the only way forward.

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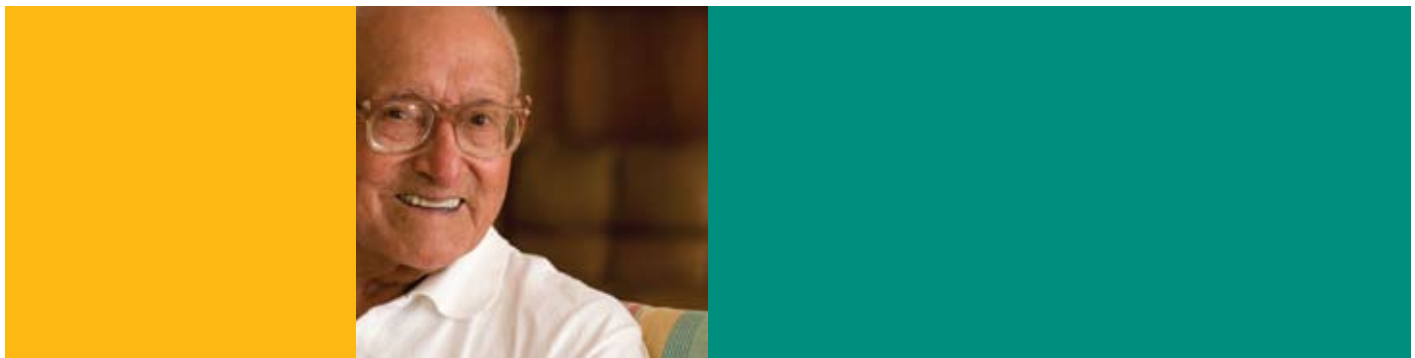
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Welcome to the Spring '09 issue of thelink.

I feel I should start by thanking all contributors for ensuring we have a magazine that is packed from cover to cover with news, views and innovations in telecare and telehealth in the UK.

Let me just whet your appetite by running through some of the main features. From Caretech, Sweden we have a useful overview of telephony and European digital networks and the end of analogue telecare on the continent. What factors are driving the digital communications revolution? You can find out on page 7.

Helen Rollings is a Community Matron. You can read her story on how telehealth is being used to help chronic obstructive pulmonary disease (COPD) sufferers and at the same time relieve over-stretched resources at Swindon Primary Care Trust.

From West Sussex, 'Commissioning Telecare' is an in-depth look at the county-wide process that brought together the key care agencies and led to the launch of a tender for telecare provision. A blueprint for how to do it well, starting on page 12.

Recruiting the right staff for an alarm receiving centre clearly makes the difference between success and failure. Cirrus Careline's thorough approach to recruitment has proved its worth for the company, the candidates and customers. Read about it on page 16.

The Telecare Knowledge Network (TKN) was formed to bring together practitioners from academia, statutory services and industry to share experiences and best practice. On page 18, you can discover why this organisation has already attracted 150 members.

Staying with academia, education lies at the heart of any movement... for assistive technology Coventry University leads the way with two courses – an MSc and Undergraduate Certificate – designed to equip students for the challenges of a career in telecare. See page 20.

And, there's much more besides including features from NHS PASA, Questions & Answers on 21CN and TSA member updates. Enjoy, learn, progress.

Marian Preece, Editor

Apologies

In the last issue of thelink, we published a RedAssure photograph detailed as Red Alert in error. A complaint came from Tracy Budd.

Sedgefield were credited as first members to receive CoP in 1995. Wrong on both counts? It was actually Sedgemoor, in 1999. Complaint came from Sue Kierle.

stoppress

Premium Strategy Group Launch

The TSA Premium Members' Strategy Group held a workshop at BRE's Innovation Park on the Garston Campus, Watford on the 30th March 2009. The meeting was attended by 35 members and explored the opportunities for engagement with BRE as a key gateway into the built environment and construction sectors.

The aim of the day was to exchange information on each organisation's key objectives and activities, and to identify an outline programme for collaboration between TSA, BRE and the DAP Forum, including opportunities arising from:

- The Innovation Park;
- The Rethinking Refurbishment agenda;
- Insite09;
- BRE, including the DAP Forum assistive living project, and related programmes;
- BRE's activities as a platform to facilitate market activity.

TSA Members have commented on the visit to BRE:

'An insight into the work of BRE in general, together with specific new information on how homes may be designed in the future to cater for an ageing population'

'The Telecare Services Association has done much to move us away from the old silo way of operating. Seeing other industries' visions can translate into useful ideas for your own. I had a fabulous day'

BRE's assistive living activities (including management of the DAP Forum led assistive living programme) demonstrate, research and facilitate the market for assistive living solutions for the built environment in the UK, and to wider European audiences.

For more information on BRE visit www.bre.co.uk and for more information on Insite09 visit www.insite09.com

What's in a Word?

Malcolm J. Fisk Chair



Doctors talk of patients. Social workers talk of clients. Others, including me, talk of service users. These labels for 'people' are in themselves harmless enough. But some labels can carry meanings that relate to another time and place. We have to ask whether the labels should change as we move away from old, often patronising and disempowering service frameworks?

The answer in these cases is probably 'no'. But we nevertheless have to be both aware of how the words we use can be interpreted; and of our responsibility (reflected in our choice of words) to demonstrate that we have moved on from some of the old (and discredited) approaches to health and social care. Relating to this are the sometimes agonising debates that take place about political correctness.

Largely gone we can note (though still occasionally found – including, surprisingly, the BBC), is the use of phrases that categorised people as 'the elderly' or 'the disabled'. Instead we have approaches that, in referring to older, elderly or disabled people, give recognition to individuality.

Diverse society

Demographic changes are part of the explanation – bringing with it cohorts of more assertive individuals who are not willing to sacrifice their individuality

to a group identity. And there are social changes. We live in a more diverse society where we recognise and must continue to challenge the inequalities that are reflected in age, gender, race, etc. Hence, arising out of the demographic and social changes is our need not just to promote inclusive services but also to use words that help to achieve this objective.

But as we do this we really mustn't get hung up on political correctness. On the matter of gender I, among the vast majority of people, am concerned about ongoing gender inequalities. But I am not fazed by references to snow'men' or 'king'pins. People involved in telecare, furthermore, go on 'Master'classes, and no one has batted an eyelid when I've paid for things using my 'Master'card.

Ridiculous extremes

On the matter of race we recognise that there is still a long way to go to redress inequalities – but with regard to words

(as with gender) things can sometimes be taken to ridiculous extremes. I defy, for instance, readers of this column not to get angry if they read the British Sociological Association's Guide for Good Practice on Anti-Racist Language. Take a look at it if you dare at www.socresonline.org.uk/info/antirac.html. It will advise you that Afro/Caribbean is preferred to Afro-Caribbean; that it is now preferable to refer to black peoples as opposed to black people; and that mixed race has racist overtones because it implies that a pure race exists.

As it happens, I think that in the world of telecare we generally use appropriate words. These words reflect the objectives of the services delivered not because of some diktat, but rather because we're sensitive to the way that our words might be understood. Sincerity and goodness normally shines through. And if someone refers to black people as opposed to black peoples, does it matter?

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Master and slave

So what must we make of a query recently raised with the TSA about the technical terms 'master' and 'slave'? The query arose in the context of X10 communications that are used with environmental controllers. The use of the words 'master' and 'slave' had caused offence. The issue, interestingly, had been raised elsewhere – with, in 2003, the County of Los Angeles requesting that equipment suppliers to that authority avoid using the terms master and slave in their product descriptions.

The discussion that ensued was polarised. On the one hand, some people considered that the words were clearly descriptive of a technical process by which one device controlled another. If some people were offended they needed to 'loosen up'. And there was, after all, no intent to offend. On the other hand, some people considered that cultural sensitivities regarding the terms (that apply regardless of race, incidentally) should be acknowledged by the adoption by suppliers of alternatives.

At risk of being accused of sitting on the fence, I think that the arguments on both sides are right. But if we choose to accept 'master' and 'slave' as labels then we must be aware (just like with the labels 'patient', 'client' and 'service user') that they can carry meanings that relate to another time and place. And in the case of 'master' and 'slave' that other place is one that resonates with a shameful part of British history.

Therefore I side with Los Angeles. We do not wish to get hung up on political correctness. But we can, like that authority, 'request' suppliers to use more appropriate words. And we can offer some other terms.

Dave Foster, Technology Consultant and TSA Treasurer, advises me that there is no regulation that we can refer to that can help us on this matter. But there are alternative terms we can adopt. 'X10 Controller' he suggests could replace 'master' and 'X10 controlled device' could replace 'slave'. It seems sensible enough and I certainly think we could dispense with using 'master' and 'slave' together.

But I'll be keeping my Mastercard.

GOVERNMENT LAUNCHES TOUGH NEW MEASURES TO PROTECT THE VULNERABLE

Strong safeguards to protect children and vulnerable adults were set out by the Government in March ahead of the launch of the vetting and barring scheme (VBS) later this year.

The scheme, which is at the heart of the Government's strategy to increase the protection of vulnerable members of our society, begins on 12 October.

The UK already has one of the most advanced systems in the world for checking those who work in positions of trust with children and vulnerable adults.

Increased safeguards will start coming into effect from 12 October. Within five years, around five million more jobs and voluntary positions — including most NHS jobs — will have become subject to checks.

Other safeguards starting in October will include:

- Cutting the amount of red tape – two barring lists will be administered by a single organisation, the Independent Safeguarding Authority (ISA).
- The introduction of barring from 'regulated activities' – people included on the new ISA lists will be barred from a much wider range of jobs and activities than before.
- A new duty to share information – employers, social services and professional regulators will have to notify the ISA of relevant information so individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups.
- New criminal offences – it will become a crime for a barred individual to seek or undertake work with vulnerable groups; and for employers to knowingly take them on.

From 26 July 2010, all new entrants to roles working with vulnerable groups and those switching jobs within these sectors will be able to register with the VBS and be checked by the ISA.

So as not to disrupt normal recruitment over the traditionally busy summer period, the legal requirement for employees to register with the VBS and employers to check their status will come into force in November 2010.

GOVERNMENT STATEMENT

Home Office Minister, Meg Hillier commented: 'We already have one of the most comprehensive vetting systems in the world. Once employers start being updated with new information about their employees from July 2010 it will offer even greater protection.'

The VBS is designed to offer a more stream-lined, faster system of workplace vetting for those working with children and vulnerable adults building on existing good practices.

www.homeoffice.gov.uk

Invicta staff say it's 'snow problem'

While the rest of the country came to a grinding halt during the recent cold snaps, staff at Invicta rallied round and made it into work against all the odds to keep lifesaving services up and running.

Wendy Turner, Invicta Telecare's Operations Director said, "Despite the treacherous weather conditions, I was amazed by the determination of our staff to make sure there were enough people to keep our service running. Some offered to ferry people to and from home; others volunteered to remain through the night and a few even brought sleeping bags in case they couldn't get home! Lack of transport was no obstacle as staff donned their wellies and walked miles in snow, sometimes knee-deep, and icy conditions.

"We are literally a lifeline for many older people particularly at this time during the severe weather, every minute counts when a frail person falls at home, often wearing just a nightdress and exposed to the cold. I just can't praise our staff enough, everyone pulled together, even our groundsman stayed late into the night keeping the driveways clear as snow fell continuously."



"Our out of hours call handling service was extremely busy throughout the cold spell as many organisations were unable to cope due to lack of staff. Invicta Telecare stepped in and managed their calls as hundreds of people rang to report emergency repairs or asking for help owing to the adverse weather. We know this was a very difficult time for many of our customers and are very grateful for their assistance in working with us to help ensure services continued."

Scotland

ANGUS COUNCIL TACKLES SOCIAL ISOLATION USING TELEHEALTH

In recognition of the wishes of older people to remain independent in their own home and to avoid unnecessary admission to sheltered accommodation or care homes, Angus Council appointed Chubb Community Care as partner in a project which is centred on the provision of social video links between clients living in the own home and their carer(s).

It is generally known that the odd phone-call to check on someone's wellbeing is simply not enough. The 'Betavista' social video system is designed to allow clients to use their own television to receive live images of their carer and in turn their carer can see them. Older people will have the opportunity to speak to and see someone in the monitoring centre at the touch of a button. The system can extend to family and friends and it is believed that this will delay or even take away the need for the client to move to a full time care environment.

Angus Council Social Work and Health convener Alison Andrews said:

"This initiative is a significant step forward in enabling older people to remain independent within their own homes, safe in the knowledge that they can see and speak with a carer or family member at the touch of a button.

"So often, people wish to remain in their own homes but may feel isolated, particularly if their partner dies or their neighbours move away. Their families may also be some distance away.

"We believe that this technology will delay or even remove the need for an older person to enter a full-time care environment."



Northern Ireland

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

Virtual extra care project develops the potential of telehealthcare to provide community-based care.

A partnership between Fold Housing Association, Housing 21, DigiTV, Tunstall and the University of Sheffield will deliver an innovative research project to develop a Virtual Extra Care Service (VIRTEx) within local communities.

Following successful funding from the Government's Technology Strategy Board as part of the Assisted Living Innovation Platform (ALIP), the project will address the challenges created by an ageing population and the growing number of people with long-term conditions.

The aim of the VIRTEx project is to build a virtual community of connected carers and cared-for, to deliver flexible community-based care, preserve social inclusion and maintain a healthier lifestyle and independent living by encouraging change in behaviour.

According to Melinda Phillips, Chief Executive of Housing 21: "Social isolation can often lead to a decline in health amongst older people, so by keeping service users in contact with other people as well as health and social care providers, the virtual extra care scheme will play an important part in keeping people active and in encouraging social interaction."

Kevin McSorley, Director of Telecare for Fold Housing said: "The extra care model has proven highly successful in providing

round-the-clock care and support to older people, promoting a healthier lifestyle and ensuring they are able to play an active role in the community. Extending this model into the wider community will help to meet the growing demand for more independent living from older people and those with long-term conditions."

Steve Sadler, Group Technical Director at Tunstall added: "A new generation of telehealthcare technology will allow us to create a connected community, providing access to health and social care services that flex across traditional boundaries and contribute to social inclusion through innovative information services."

This project is one of nine innovative research projects supported by the ALIP, which was set up to address the challenges created by the growing number of people with long-term conditions.

The Government has shown a clear commitment to developing innovative models of care and support to enable independent living by funding these innovative research projects focused on chronic health care, which will see a total investment of £11m.

The Department of Health has made a significant commitment to telehealthcare with the Whole System Demonstrator Programme. The ALIP activities complement this with support for innovative research to better manage long-term conditions and support older people at home for longer. The convergence of these activities will create an exciting environment for the delivery of health and social care services in the UK.

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2009

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Hilton London Metropole Hotel
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Call 01625 520320 for further information

IP TELEPHONY AND THE EUROPEAN DIGITAL NETWORKS THE END OF ANALOGUE TELECARE?



Analogue telephony and TV will die out soon in the UK with implications for telecare. So what is happening in the rest of Europe? Peter Shirley of Swedish social alarm and life safety equipment manufacturer Caretech AB, gives a birds-eye view and discusses some of the technological innovations taking place on the European mainland.

The digital age has arrived. Across Europe today, it's difficult to turn on your TV or drive down the road without being bombarded with advertisements for the latest low price offer for 'triple play' broadband/telephone/TV packages and the buy-in gets ever more attractive.

The latest offers come on the back of national service providers' drive towards new digital networks. Analogue telephone exchanges are closing down and quickly. Sweden is already well on the way to a totally digital infrastructure. Today, 85% of Swedish households have broadband connectivity and the cost of an analogue connection is rising. The latest mail shot from Telia – the Swedish equivalent to BT – informed customers that the cost of an analogue telephone line would rise by 25% and offered a new digital connection at a more attractive monthly rate.

In the Netherlands, KPN has stated that its new digital networks will be in place and analogue telephony will be withdrawn as early as 2010. By early 2007, there were less than 3.6 million analogue lines left in Holland – 50% fewer than in 2001 – and today there are significantly less.

Even in Germany, where the transition was not expected for several years, there has been a government statement that analogue telephony will not exist after 2014.

Here in the UK, we are all aware of the BT21CN programme. Completion was originally proposed by 2012. Although no definitive date for the withdrawal of analogue support in the UK has been set, the underlying market forces are the same as many other European countries.

COST DRIVERS

So what factors are driving this digital communications revolution? Quite simply it's down to cost, capacity and consumer demand. A copper wire can carry only a limited amount of analogue information, typically a voice conversation and an alarm tone. These same copper wires can, in comparison, carry vast amounts of digital information e.g. voice, video, Internet data and of course the latest HDTV signals. This provides the telecom providers with a massive revenue opportunity and much lower support and maintenance costs compared with the old analogue networks. In many countries new fiber optic networks are being installed to supplement and ultimately replace the copper wire infrastructure.

USERS AT RISK

So what is the impact on the telecare and telehealth market? In short, analogue technology is struggling to survive – it is seen as yesterday's solution. In Sweden, there

are many thousands of older and disabled carephone users who are at risk because there is no longer an analogue option. New purpose built accommodation units are being fitted out with 'digital only' fibre optic networks with the end result that analogue devices simply don't work anymore.

In the Netherlands, the situation is the same as customers migrate towards low cost 'triple play' solutions and the analogue networks are closed down. Home care organisations and response centres are confronted on a daily basis with the real issue of customers that have switched from analogue to VoIP (Voice over Internet Protocol) connections and can no longer use their existing carephones.

It is not just the cost; the attraction of Internet based social networks such as Facebook or Twitter to younger users, the growth of Internet shopping and access to information by consumers, including the ever-growing generation of 'silver surfers', are contributing to unprecedented Internet use.

HYBRID SOLUTIONS

In our industry, some telecare manufacturers are creating hybrid solutions in an attempt to keep the old analogue technology alive and afloat. Connecting an existing carephone to an ADSL convertor or a GSM module is a quick (and not necessarily low cost) fix and ignores the reality of the future need and benefits of a digital solution. Even more crucially, a DTMF (dual tone multi-frequency) alarm tone sent via a convertor is not a totally secure solution and corruption of vital alarm information could result.

In the security industry – in comparison a much bigger global market than telecare is today – digital technology is already the de facto solution. Using industry-wide open protocols to communicate instantly and securely with the Alarm Receiving Centre (ARC) providers is a clear indication of the way forward for our own industry.

PLUG AND PLAY

Forward thinking organisations in Sweden, Germany, Netherlands and now the UK have recognised the benefits of true digital connectivity, 'plug and play' functionality and secure, future proof communication. In the UK, the TSA is currently facilitating a manufacturers' forum with the intention of creating an industry-wide, common, open IP protocol with none of the restrictions and limitations of yesterday's proprietary solutions.

In the final analysis, IP and true digital solutions are realistically the only way forward for healthcare technology.



IMPROVING COPD OUTCOMES THROUGH PREVENTATIVE, COMMUNITY-BASED CARE

Chronic obstructive pulmonary disease (COPD) is one of the most common respiratory diseases in the UK and its fifth biggest killer, causing 30,000 deaths a year in England and Wales alone. Helen Rollings, Community Matron at Swindon Primary Care Trust, outlines Swindon's community-based care approach to combating this problem.

Today the annual cost to the NHS of treating COPD is around £818m and if we do not address the issue, the burden on the NHS will continue to rise.

To ensure healthcare resources are used effectively, NHS Trusts across the UK are looking at alternative models of care to treat and manage cases of COPD in a more timely manner.

COPD: An occupational hazard

COPD is often linked to industrial exposure, and in Swindon's case this can be attributed to the town's tradition of manufacturing, the railways and mining. As a result, COPD represents the single largest cause of emergency admissions to hospital for Swindon PCT.

Quality Outcome Figures from 2006-2007 show 1.5% of the population suffer from COPD, putting the PCT above both the National and Strategic Health Authority ratings. This translates into over 300 emergency admissions to secondary care for patients per annum, and with the cost of a hospital bed at £17,500 per week the condition places a heavy burden on healthcare resources in Swindon.

In order to reduce the number of avoidable COPD-related emergency hospital admissions and ensure the most effective use of healthcare resources, we decided to look at alternative approaches to tackling COPD in order to provide a more responsive community-based model of care.

Deploying telehealth for community-based care

To improve healthcare outcomes and reduce dependency upon secondary care, a telehealth pilot was commissioned using technology to remotely monitor patients with COPD in their own homes.

In addition to reducing hospital admissions for patients with COPD, our aim was to improve patients' quality of life and increase their ability to self-manage their condition – a key factor in raising healthcare outcomes.

A proactive pilot

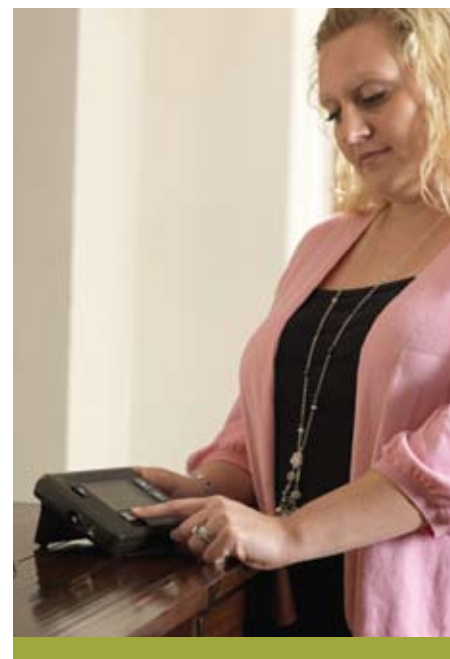
Telehealth monitors were rolled-out to eleven high-risk patients who were shown how to use the monitor to measure their own vital signs including heart rate, weight, blood pressure and oxygen levels; the monitor would ask a series of specific clinical questions to further determine their condition and the results sent to the Single Point of Access at our Primary Care Centre. A nurse analysed the data and for those patients who had readings outside the pre-set parameters, appropriate action was taken to address the issue.

This process allows the patient to be monitored in their own home and for nurses to manage their patients remotely. By detecting changes in a patient's health at an early stage, proactive action can be taken which reduces the number of unscheduled hospital visits.

Rewards: win-win for PCT and carers

Following the success of the pilot, the PCT took the decision to mainstream its use of telehealth. A further 50 monitors will be distributed and telehealth monitoring is already making significant improvements to the clinical care of COPD patients in Swindon. Clinical staff now have accurate information about the patients' condition over time. Being able to detect changes at an early stage has enabled the PCT to significantly reduce the average number of acute admissions to hospital in Swindon, improving care outcomes and ensuring best use of healthcare resources. The telehealth pilot reduced the number of hospital visits by an average of one visit per patient. An average stay in hospital for a COPD patient is typically 11 days meaning that the PCT has already saved approximately £300,000 from 11 patients.

Remotely triaging patients helps staff prioritise visits, meaning those COPD patients experiencing a critical change in their health receive more timely, proactive medical intervention. Patients have also expressed feeling more engaged with clinical staff as a result of telehealth monitoring.



Empowering the patient

Continuous monitoring using telehealth benefits COPD patients as they are reassured that their health is being monitored on a daily basis. This reduces anxiety, maintains privacy and promotes independence, improving overall quality of life.

Telehealth also educates patients to be more aware of their own symptoms and to proactively manage them, helping to reduce part of the burden on healthcare providers. It also encourages patients to feel more in control of their condition, which is a key factor in helping to improve healthcare outcomes.

A healthy outlook for Swindon

Swindon PCT is now looking at a number of different options regarding how to take telehealth monitoring forward in the region. One possibility is to use telehealth monitoring as an educational tool for patients to give them a greater knowledge of their condition.

The clinical staff are also keen to explore using telehealth monitoring for patients with other chronic conditions such as diabetes. According to the British Diabetic Association and the King's Fund health charity, the annual NHS cost of caring for people with type II diabetes is £2 billion, or 4.7% of total health service expenditure but by using telehealth to detect changes at an early stage, it will be possible to prevent the need for hospital admission.

Swindon is continuing to develop the service and early indications demonstrate the clear benefits telehealth delivers to patient and PCT. We look forward to further extending the use of telehealth to address other long-term conditions and to making it an integral part of our overall model of care.



SUPPORTING SUCCESSFUL INDEPENDENT LIVING

The Challenge

Depression and feeling isolated are factors that will increasingly affect an ageing and less active population. But technology, far from aggravating the isolation, could increase the level of contact people have with others. Charles Lowe of Telehealth Solutions offers both evidence for the problem and why telemonitoring could be the saving grace for many people who value their independence.

Although we would all like to have our own dedicated professional carers, the demographics clearly point otherwise – over the next twenty years, the Organisation for Economic Co-operation and Development (OECD) predicts that for every inactive person over the age of 65 in the UK, there will be 37% fewer people in the working population. In thirty years' time, there will be 44% fewer.

Telemonitoring (telehealth and telecare) is clearly a significant away to provide improved care with fewer people but care is needed to ensure that in solving one problem another is not created. Reducing the number of what could be considered 'social visits' that the elderly currently make and receive in the guise of medical treatment, may cause a perception that telemonitoring risks becoming gaoler, imprisoning users in their own homes, unable to leave the protection of their all-seeing monitors.

High cost of feeling low

The resulting isolation has the potential to increase the feelings of depression. For example, the Australian government through its 'over 50s' website, claims a strong link between isolation and depression. Many academic studies confirm this. On top of the personal impact arising from depression, this is important also from a public policy viewpoint – the Care Services Improvement Partnership (CSIP) reports that depression is associated with a 50% increase in the costs of long term medical care. This is not just

because people take less care of themselves: at least a third of physical symptoms reported by patients with depression (and other mental health problems) have no medical explanation. This significantly increases the cost of disease management further, as investigations commissioned by understandably risk-averse medical staff strive to find the cause.

Isolation also often reduces mental stimulation, well recognised as closely correlated to increased probability of the onset of dementia. For example, one expert concludes that individuals with high mental stimulation have a 46% decreased risk of developing dementia. The Alzheimer's Society reports that the costs of keeping someone with dementia in residential care is some £31.3k pa, and even looking after someone with mild dementia in the community is £14.5k pa, so we will need to take additional actions to help the elderly remain engaged with the community. Telehealth and telecare do not replace love, affection and attention, but they definitely help provide a better platform from which to progress.

Life's a stage

So what are we trying to achieve by helping people to remain independent? Perhaps the stages in life can be well illustrated by the joke: First you believe in Father Christmas Then you stop believing in Father Christmas Then you are Father Christmas... and finally You look like Father Christmas!

Many agree that the social policy focus of Independent Living is extending that third age, enabling people to enjoy it for a long time without any serious hardships. There is academic support for the financial impact of this too – studies suggest that lower mortality rates and rising life expectancy result in lower hospital expenditures; people within a given age group are healthier and will cost the health system less in future

years. Even more significant is the benefit that greater longevity has brought to economic wellbeing – one authoritative estimate of this benefit is a total of \$73 trillion in the US between 1970 and 2003; it would be surprising if similar effects were not happening in Europe.

So how to do it?

As mentioned earlier, both telecare and telehealth can deliver far more efficient monitoring, reducing often invasive human checking and reducing travel costs. This has the immediate benefits of:

- Improving professional focus – giving clinicians more quality time to discuss health matters with their patients;
- Reducing anxiety – telecare users feel someone is ready to respond in an emergency and telehealth users know that someone is keeping an eye on them;
- Avoiding exacerbations – anticipating and avoiding e.g. heart attacks, before they happen;
- Medication management – getting the dosage right and reminding patients when to take it;
- Encouraging self-care by educating users on how best to manage their conditions.

And, by using the broadband connection that will soon be universally available, the technology can also really help reduce isolation, squaring the circle of more people needing care and fewer available to deliver it – by connecting people to each other, to enable such people to care for each other.

Promoting social interaction

Experiments in Newham with 'telephone social clubs' were successful in developing support groups of those who have difficulty getting out of their homes. When they can also use videoconferencing technology, expectations are even higher.

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SUPPORTING SUCCESSFUL INDEPENDENT LIVING



Simple booking and reminding activities can also promote socialisation, with transport booked via a 'dial-a-ride' service. This social interaction provides good mental stimulation especially if it involves intellectually challenging tasks like attending reading circles, as would provision of Sudoku and crosswords.

Running questionnaires like PHQ9 on telehealth kit enables early identification of depression, which the CSIP concludes is eminently treatable. This provides a safety net if improved socialisation has initially failed to lift the depression. Early experience in Newham with the use of PHQ9 showed that a substantial minority of patients with LTCs had previously undiagnosed depression.

Getting out more often

A further important strand is mobility. The increasing availability of simple to use GPS positioning devices, some now with accelerometers to give automatic alerts of an accident, clearly improves the security of frail people outside their homes and so will encourage people to venture further. Here, the goal is to enable people to get out without continually checking up on them, whilst retaining the ability to find them easily if needed.

A problem with many telehealth devices is that they are a challenge to take to work or when travelling say on holiday, both because of size and the need to find a wired broadband connection at the other end, so mobility and wireless data are preferred.

Future-proofing

What does this mean for the purchaser of telemonitoring equipment? Both telecare and telehealth are at a relatively early stage of development and will undoubtedly mature significantly over the next few years. To protect the substantial investment being made, equipment purchased now also needs to be flexible and 'future-proofed'.

Key considerations should include:

- Compliance with emerging interoperability standards, especially those being developed by Continua;
- Easily reconfigurable care plans, so that clinicians can quickly respond to emerging best practice;

- Ability simply to add new sensor types, with full functionality;
- Fully mobile, with a wireless data facility;
- Ability to handle multiple choice answers (required for questionnaires such as PHQ9);
- Two-way communications, with the option of video if users begin to find it acceptable;
- The option of text and spoken instructions;
- A wide range of communication options, both wireless and wired;
- Multi-language capability built in especially for telehealth, with easy addition of new patient-facing languages (in Newham many languages are spoken, with substantial changes over short time periods in those most frequently spoken).

Choosing the equipment is often the easy bit: successful implementation also requires changes to the way care is delivered, that in turn often mean a change in respective responsibilities of those delivering care. A particular concern often expressed is that technology is taking away the human element of care – there are two responses to this: first the demographics, and second that by removing the pressure on professionals to do routine tasks, it actually gives them more time to focus on delivering care. Everyone wins.

Where both telecare and telehealth are currently offered, they are typically supported by separate control centres. However, as Activities of Daily Living monitoring (ADL), which is strictly a telecare service, starts producing telehealth-like risk scores; and as telehealth becomes sufficiently integrated into care pathways, it begins to have an emergency service aspect to it, so the distinction will become blurred. The future control centre therefore will need to be conversant with both social care and health-related issues and needs an integrated health and social care information system to support it – a far from trivial task as many will confirm!

The control centre will also need to become proactive to encourage continued use of telehealth equipment and to avoid isolation and promote mental stimulation among its customers, trying to balance its checking role against invasion of privacy.

Finally, the centre might well have a mediation role to ensure that as people begin to become used to the idea of caring for each other in videoconference-type situations, the rules of good social behaviour are maintained in the new medium.



AID CALL IS THE KEY FOR LONG TERM JOB SATISFACTION

Call centres are often perceived as having a high staff turnover level; however this is not the case at Aid Call's response centre in Devon. Staff at the centre derive a high level of job satisfaction from being on hand to save lives and provide help and support to their clients.

Karen Poole and Joyce Cole are just two examples of Aid Call's long-standing employees – celebrating anniversaries of ten and fifteen years respectively – who gain a great deal of fulfilment from their roles.

Karen and Joyce are response operators for Aid Call, a personal alarm and emergency service that provides 24-hour care to older people and those with disabilities or debilitating illnesses.

"Our role is all about saving lives," said Karen, "You can't get more job satisfaction than that."

Aid Call is a lifeline for many users who contact the emergency response centre in their moment of need. Response operators are trained professionals who deal with the calls and their decisions and responses to emergency situations can often save callers' lives.

Karen, who helps to train new staff, explains: "We work by the motto that 'you can't be there all the time, but Aid Call can' and it's so true; older people cannot always rely on friends and family but no matter what time of day, at the touch of a button we're at the end of the phone 24/7 and we can get help out to them quickly when required."

Sandwell Introduces Carers' Card

Aid Call users are given pendants that they can press to summon help if needed. Within seconds they will be talking to a response operator, who will arrange the appropriate help: either sending round previously nominated neighbours, friends or relatives, or by calling out the emergency services if necessary.

Over 40,000 people in the UK rely on the Aid Call service. The emergency response operators handle over 1,600 calls daily (that's half a million calls a year).

Joyce is celebrating fifteen years with Aid Call but at the age of 62 is not even thinking about retirement. "I thrive on the contact I have with our customers and have no plans to give that up. I am very much a people person so this job is perfect for me."

The response centre not only receives emergency calls but test calls from users checking their equipment. For some, this regular contact is just as important as the peace of mind. Joyce explains: "So often the response operators are the only people that our customers talk to in a day, sometimes even over Christmas, and they really appreciate having someone to talk to. It is times like that when I feel my job is worthwhile."

Both women have had some memorable moments in their roles. They recall a few: "One amusing call I had was from an 80-year old woman who had only had her alarm a few days. I couldn't get any response from her so telephoned her son – he went to her house to find her up a ladder happily picking apples from a tree!" said Karen.

"I had a call from a lady sat in her stair lift; unfortunately her cat had gotten its paw stuck in the stair lift so we had to arrange for a vet to attend to it," added Joyce.

ABOUT AID CALL

Aid Call is a discreet personal alarm system owned by Age Concern that summons help, at the touch of a button. Over 40,000 people throughout the UK rely on the Aid Call emergency alarm service. Users are not exclusively older people; some have a physical disability, or a chronic condition such as epilepsy or diabetes, some are recovering from illness, while others are more concerned for their security than their health.

All of Aid Call's profits help to fund the works of Age Concern, both in campaigning and lobbying at a national level, and providing essential services to the older community at a local level.



The Carers' Emergency Card scheme has been recognised by the National Federation of Arms-Length Management Organisations (NFA) in the Most Innovative Project category of its 2009 awards.

A small sized card is carried by carers who sign up for the scheme. It has a unique identification number and a contact telephone number for a 24-hour response centre – linked to Sandwell Homes' Community Alarms Service.

The carers' scheme – headed by Louise Butler, Project Development Officer – ensures that, in the event of an emergency, emergency services or other helpers are informed that there may be a vulnerable person in need of support. On receipt of a call, the response centre identifies the carer and the vulnerable person from the ID number on the card and appropriate action is taken to look after the person in need of care.

The scheme is provided in partnership between Sandwell Homes' Community Alarms Service, Sandwell Adult and Community Services, Sandwell Primary Care Trust and CARES Sandwell.

Brian Oakley, Chief Executive of Sandwell Homes commended the success, stating:

"This is great news. Sandwell Homes is committed to working with our partners to create and deliver services, which contribute to improving the quality of people's lives."

The awards ceremony took place in York on 1st April as part of the NFA's annual conference.

and... Beverley Abberley retires

I joined Sandwell Community Alarms as the Administrator at the start of the new millennium in January 2000.

I should have known then what I was in for when Sue Johnson and the Service Manager, Jackie Shaw, informed me that the Community Alarms Service would be going for Charter Mark, followed by the ASAP (Association of Social Alarm Providers) Code of Practice for Control Centre Operation both achieved within two years.

To sum up what we have achieved over the last nine years:

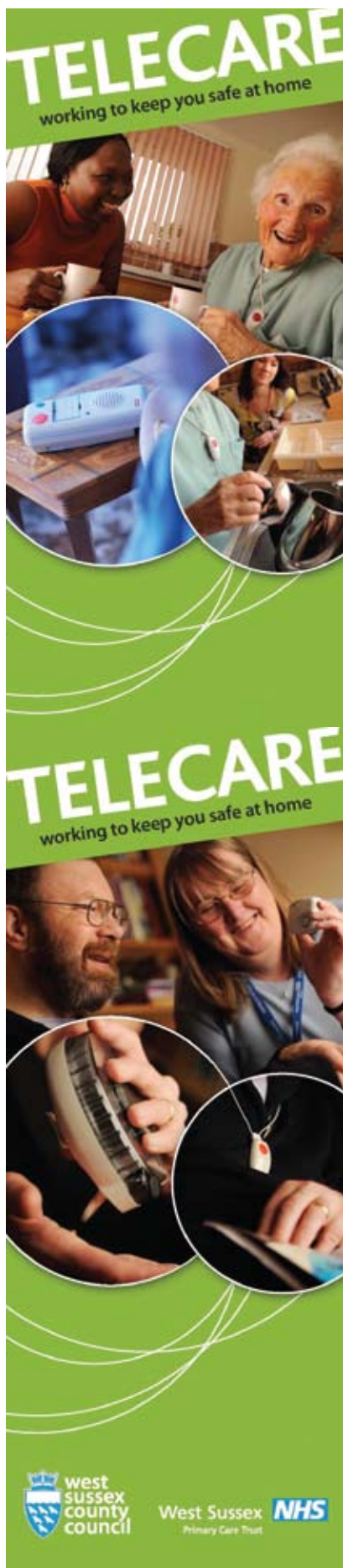
- TSA (Telecare Service Association) Code of Practice Parts 1,2,3 and are now Premium Members;
- CSHS (Centre for Sheltered Housing Studies) Code of Practice for Supported and Extra Care housing;
- Monitoring of domestic violence victims
- Transferred Walker, Holly and Manifoldia Granges to Extra Care schemes;
- Development of Telecare across Sandwell with SMBC Adult and Community Service;
- Greets Green Partnership initiative to install community alarms, plus bogus caller trigger and smoke alarms in the homes of vulnerable people living in the Greets Green area of West Bromwich;
- Partnership working to develop and implement the new Carers Card;
- Partnership working across agencies such as Fire, Police, WarmFront etc to develop the Home Support and Safety Partnership.



In April 2003 came the Supporting People programme with funding for supported housing. Community alarms also transferred from Housing Benefit to the Supporting People contract. August 2003, I was appointed the Manager for Community Alarms and the Warden Service which has included the centralisation and restructure of the warden service. Today, we provide a flexible warden service that is needs led and available across tenure.

I'm very proud of what we have achieved within the Community Alarms and Warden Service. I can only give thanks and praise to all of my team who without their dedication, support and vision, none of this would have been possible.

I am sort of retiring!!!! to support students studying for the City and Guilds Certificate in Supporting Users of Assistive Technology (Telecare). This I am doing at the new training unit, so I may still see some of you around. This is au revoir and not goodbye!



COMMISSIONING TELECARE from Blank Canvas to County-Wide Provision

West Sussex County Council (WSCC) has recently launched a tender inviting suppliers to bid for the provision of telecare across the county. This is the story of the steps that led to the tender and the lessons that were learned on the way... from a standing start with no real telecare procurement policy to an integrated, cross-agency strategy underpinning the aspirations for independent living for thousands of people in this part of Southern England.

The Preventative Technology Grant (PTG) has spawned a multitude of pilot projects and, like many counties across the UK, provided the impetus in West Sussex to explore the potential telecare could offer. Neil Pettitt is the Project Manager for West Sussex County Council tasked with developing an interim strategy to assess the viability of telecare in the area. He takes up the story:



"We know the statistics – the number of people requiring community based health and social care support, and the levels and complexity of those needs, is expected to increase considerably over the next decade. West Sussex, being a popular retirement area, has a high incidence of over 65s – people with high expectations, who will want a future where they have greater control over their own lives.

"With funding available from the PTG and based on the requirements of the Building Telecare in England White Paper, back in 2005 telecare seemed to offer a win-win solution that could potentially save cost and support independent living."

Accordingly, a Steering Group to look into telecare was established and an allocation of £1.2 million was set aside for two years to fund whatever projects were judged viable. The Steering Group comprised agencies that supported elderly and vulnerable people in the county – the Local Authority, Primary Care Trust (PCT), Social Services, the Sussex Partnership Trust and a group of District Councils.

"Right from the start, we took a cross-agency approach and this integration was one of the reasons our initial projects were

ultimately successful." Neil Pettitt enthuses. "During the first six months, we produced an interim strategy based on four pilot projects and one referral assessment project. These were endorsed by the Select Committee of Cabinet Members and then approved by the WSCC Cabinet Member for Adults' Services. Thankfully, everyone was very supportive... the project had a feel-good factor.

"Our interim strategy also set out how the pilots would be independently evaluated and this evaluation aspect was key to getting approval... hence, a process was designed to prove or disprove the case for telecare."

The team also realised that, through the pilots, they would need to assess whether people would accept telecare or would they be afraid of the technology? Also, would they feel a Big Brother presence? (George Orwell has probably got a lot to answer for in creating prejudice against scrutiny as security.) Neil Pettitt again:

"To run the pilots, we needed the infrastructure to support them, so when an alert sounded, the right response would be in place. That meant we needed to train staff and educate the public and, of course, we needed 24 hour alarm centre coverage with response-ability.

“West Sussex already had seven community alarm centres of varying capabilities, five under district council management and two linked to housing associations. One of our aims at this early stage was to ensure consistency across the county so the level of telecare support would not become a postcode lottery. Chichester alarm centre was well developed; not surprisingly, it was a TSA member with Code of Practice accreditation.

“There was also a time restriction to all this,” Neil Pettitt explains. “The Grant was only being made available for two years with no indication whether it would be extended. So within that time frame, we had to discover an effective model for telecare and establish how it would be funded in the long term. Essentially, the PTG was for project priming; the local authority and other agencies would have to fund telecare in the future... either way, good or bad, the pilots had to give us answers.”

Pilot one – Hospital Discharge

This project was launched in January 2007 and looked at how people leaving hospital could be supported. It was based around five hospitals in West Sussex. Users who were referred, received a 13-week package of support. Basic packages were installed comprising a base unit and pendant, keysafe and 24 hours call centre monitoring. But we were also installing equipment such as bed, flood, gas and smoke sensors as well as falls detectors... all to discover whether discharge could be managed more safely. Someone falling and requiring hospitalisation is likely to fall again. This project was also supported with an already established mobile response unit. In the event of a person falling (the response unit had lifting equipment) they could respond saving the cost and time of the emergency services.

At the end of the 13 weeks, users could decide whether they wished to continue with the package.

Pilot two – Intermediate Care and Admissions Avoidance

Intermediate care is a key part of the whole health and social care system. Its purpose is to prevent avoidable admissions, facilitate timely discharges and avoid unnecessary admissions to long-term care settings through a variety of services. This pilot was conducted from April 2007 and the multidisciplinary teams included staff from the PCT, Hospital Trust and Local Authority across different health and social care professions – social work, community nursing, occupational therapy and others.

The teams developed services that were person centred, maximised independence and provided the right care in the right place at the right time.

As Pilot one, vulnerable users were offered a 13 week telecare package – time enough, it was felt, to answer the effectiveness question and for users to get used to the technology, seeing if it worked for them. In this context, telecare was seen as part of the support infrastructure that included district nurses and meals on wheels, so could it make a difference particularly to reducing hospital admissions?

Once again, at the end of the 13 weeks, users could decide to continue with the package at which point the issue of funding arose. For some users, this brought in the pension service and an opportunity to explore their whole pension entitlement. Owing to the integrated agency involvement, it also brought users into the social care system – for some, sooner than might have been – adding another dimension of preventative care to their lives.

Pilot three – Dementia Outreach

This project began in January 2007 and was linked with the New Tyne Resource Centre in Worthing – a jointly funded and integrated service provided by WSCC Adults’ Services, Sussex Partnership Trust and the PCT for people suffering from a significant dementia, and for their carers. The Resource Centre was developed in close conjunction with the local Alzheimers Society and offers a range of services including short-term residential/nursing beds, extended day care (7 day a week), and an Intensive Support Outreach Team (ISOT). The overall purpose of the Resource Centre is to ensure people with dementia remain in their own homes for as long as possible, and that long-term stay in a care home or hospital environment is avoided as far as possible.

The Centre had four rooms equipped with trial telecare equipment that allowed user familiarisation and assessment. Similar equipment was also installed in user’s homes. The work of the ISOTs is a crucial

part of the telecare service as they respond to calls from service users, carers and all agencies involved where a crisis response is required – be it practical or emotional. The support service is available over a 24/7 period.

Pilot four – Telehealth

This project took some time to set up due to clinical governance and other health related issues. The first telehealth packages were installed in April 2007 with Horsham District Council and included busy commuter towns as well as isolated, rural enclaves. Telehealth monitors were installed in the homes of people suffering with Chronic Obstructive Pulmonary Disease (COPD) or heart failure. The patients themselves monitored a host of conditions including blood pressure, heart-rate, respiration, blood oxygen saturation levels, weight and blood glucose levels. This data was accessed remotely through a secure web site by four community matrons and a heart failure specialist nurse. All four of these pilots have continued to the present day.

Pilot five – Assessment

Creating an assessment model on which to target training was seen as a key ingredient of the strategy. Assessment needed to be straightforward or it would flounder. The project team looked at the current assessment processes carried out by care services in West Sussex, specifically examining the kinds of assessment forms that were used at the time. The result... they designed one form (the only form to be introduced across the whole interim strategy) to assess a potential user’s support and equipment requirement. This did the job.

Evaluation

By summer 2007, all the pilots had been completed and so the all important evaluation process began. In summary, following detailed analysis, this is what was discovered:

continued on page 14

Creating an assessment model on which to target training was seen as a key ingredient of the strategy. Assessment needed to be straightforward or it would flounder.

COMMISSIONING TELECARE *continued*

Hospital discharge – people felt more confident when returning to their own homes as they had the knowledge that someone was there so respond and support them if a crisis occurred. Valuable lessons were learned outlining what users needed – during and after 13 weeks – to allow them to stay in their homes for longer.

Hospital admissions – were reduced, cost was saved and the care services learned more about the process for using pension entitlements for private funding of telecare. At the end of the pilot, 70% of users chose to fund the service themselves.

Dementia outreach – sufferers benefitted from the consistent human support and the technology helped alert outreach workers who could respond more effectively and when needed most.

Telehealth – very quickly, the community matrons and heart failure specialist nurse could see the benefit of daily feedback enabling them to spot trends and changes in the pattern of a patient's condition immediately and so align treatments accordingly. Often they were able to decide more accurately whether medical intervention was really needed. Patients could also take their own readings thus involving them in their own preventative care. The community matrons gained significant time savings to the degree they were able to take on more patients. Both

health carers and patients benefitted from the reduced needs for home or health centre visits.

Neil Pettitt draws it all together:

"The pilots taught us a lot and so, from a blank slate, we were able to develop a strategy to prove or discredit the case for telecare. In fact, it was proven; the longer term strategy for a consistent, county-wide provision was built and the business case was won. Now, we are going out to tender to find the right service provider or providers... and for this, we have to say, the TSA Code of Practice does give us a benchmark, and a comfort zone, in which we can make our decision."

"But, I would emphasis that what clearly helped the whole process was the way the different agencies worked together. Now we have a situation where funding for telecare and other care services is being pooled thus avoiding the risk of a disintegrated service... this will foster the right care environment where people, who value their independence, will benefit."

Please visit the TSA website for the countywide tender for a telecare service in West Sussex. This is a jointly commissioned service between WSCC and the West Sussex PCT.

THE BOX ON THE BOX KEEPS WATCH

Against a background of the national Dementia Strategy comes an example from Hull City Council of a very practical solution to help the frail and elderly stay independent longer.

The Stream Safe And Sound – a box that sits on top of a TV, keeps a round-the-clock eye on the elderly in their own homes. It is connected to sensors placed around the house that monitor the person's movements, the air temperature and whether front doors are open or closed.

Sensing a problem, the box flashes a warning on the person's TV screen that, for example, the front door has been left open, or the house is getting dangerously cold. It can also send the same alert by text or email to family or a control centre.

The system, which is called Stream Safe And Sound and costs £400 to install and £10 a month to run, is being piloted in homes in Hull; a simple solution for families worried about ageing parents but reluctant to see them forced into care.

MENTAL DECLINE

Experts believe that the loss of independence and new surroundings – elderly people particularly, moving into nursing homes, accelerate mental decline.

Stream Personal TV is a broadband-based channel set up by Hull City Council to get health and lifestyle advice to the elderly stuck in their own homes.

'There are five sensors in each home,' says Mark Jones, managing director of Stream TV. 'They monitor the temperature as government guidelines state anything below 16°C is dangerous for the elderly.'

Some of the sensors also measure body movements using passive infra-red technology, the same idea behind some burglar alarm systems. At least one is positioned close to the front door to monitor when, and at what times, it is being opened. What is more, family members can check up on elderly relatives by logging on to a secure website.

'It's already proving useful,' says Jones. 'For example, community nurses who call on the elderly in the day are able to see if they are getting a good night's sleep or not.'

'If not, they know not to disturb them early in the morning or late in the afternoon, when they are likely to be fairly tired.'

NEW PRODUCT SHOWCASE

New Products from Burnside Telecom

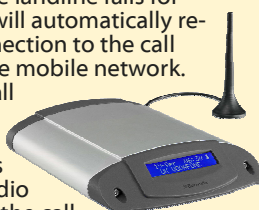
T350 GSM Terminal

The T350 connects telecare alarms to response centres over mobile phone networks. The T350 is supplied with an internal battery backup as standard. Power consumption is extremely low at less than 100mW in standby mode. <http://bit.ly/YyTk>



T945 GSM Terminal

The T945 is designed to use PSTN landlines. If the landline fails for any reason it will automatically re-establish connection to the call centre over the mobile network. An optional call progress announcement provides immediate audio feedback that the call is being connected. <http://bit.ly/I6hgP>



P230 GSM Desktop Phone

The P230 provides the ease of use of a desktop phone with the use it anywhere flexibility of a handheld mobile phone. It is quicker and cheaper to install than a landline phone. An automatic handsfree answering feature enables important callers to speak to the user without them coming to or operating the phone. An emergency number can be called simply by removing the handset or pressing the handsfree button. <http://bit.ly/nPMC>



BURNSIDE
www.burnsidetelecom.com
08 700 762 766

EARLY ONSET DEMENTIA AND PASSIVE ALARM SCHEME

CASE STUDY FALKIRK COUNCIL

Mr C is a 64 year old man who lives at home with his wife. He receives support from the Joint Dementia Initiative as part of a care package to help maintain him at home. Mr C suffers from early onset dementia and epilepsy.

Mr C was referred to the Falkirk Mobile Emergency Care Service for a smoke alarm and gas alarm which would automatically trigger to the MECS Control Centre as Mr C still liked to cook for himself and had left the gas cooker on and unlit on a number of occasions. Mr C takes absences as a result of his epilepsy and the family were concerned he could drop a lit cigarette during one of these absences. Mr C also suffers from grand mal seizures and after discussion it was agreed that a tilt monitor and bed monitor would also be installed.

The tilt monitor is used for periods where Mr C is left alone in the house and wardens are the first responders to this device. The tilt monitor can also be used as a pendant by Mr C should he require help in an emergency.

Mrs C is very capable in dealing with Mr C's grand mal seizures and a specific response pattern was worked out with the MECS Assessor and Mrs C so that MECS wardens would only need to assist should Mrs C be unavailable when the monitor triggered to Control or if she requested assistance from wardens via Control.

The MECS Assessor carried out a review of all equipment installed for Mr C and Mrs C reported that as Mr C does not sleep in the same room as Mrs C it was difficult for her to know when seizures were taking place during the night without the bed monitor being in place. Mrs C reported that the bed monitor is working well for her and the response pattern put in place allows her to be in control as she manages to deal with Mr C's seizures herself whilst giving her the knowledge that should she not be at home or if required the wardens can assist her with Mr C's care during a seizure. The bed monitor allows Mrs C to rest knowing that should Mr C go into seizure then she will be alerted to deal with it.

THE NEW AGE OF HEALTH



INSITE09 is a lively and topical conference programme with a full scale building demonstration and indoor exhibition which will be held at BRE, Watford, 1st – 4th June.

The show is aimed at demonstrating how the construction industry is responding to challenges around issues such as sustainability with world leading innovative approaches to design and construction and materials, product and technology creation.

One of the key conference themes, 'Grey is the New Green' is geared towards understanding how the built environment can deal with the challenge of an ageing population. There will be 3.1 million more people over 65 between now and 2025 and an increase of 38% between now and 2017 of over-85s. The way health care is delivered currently through the NHS will no longer be a viable option. The future sees a new age of health care that supports individuals in managing their conditions more independently through health clinics and the home.

A key feature of the event will centre around the unveiling of new buildings on the BRE Innovation Park – which currently contains eight demonstration buildings.

Two of these will be refurbished – the Re-Thinking School and the Osborne House – to form a mini-healthcare campus.

The campus will demonstrate the major changes that are taking place in the delivery of community healthcare in the UK, which are being driven by the future needs of our aging population.

After the event, the Innovation Park will be demonstrating different scenarios of health care treatment by linking the houses with the healthcare campus as an exemplar of community delivered healthcare.

All TSA members are being offered a 20% discount on their exhibition-only ticket; further discounts for the conference can be found on the event website –

www.insite09.com. Please use discount code **P4105**, to take advantage of this offer, available until 15 May 2009.

 **breinnovation park**

Any members who wish to discuss exhibiting at this event or would like further information about the BRE Innovation Park, should contact Sophia Nembhard, BRE Innovation Park Marketing Lead on 01923 664565

Working in an alarm centre is not for everyone. Having to deal with every kind of call from false alarms to life-threatening emergencies takes a special kind of person. The right protocols are no good if you don't have the right people. Recruitment is never a precise science; there is always risk and in an alarm centre environment the risk is magnified. At Cirrus Careline, they found a way to reduce the risk in recruitment for service users and for alarm centre staff.

REDUCING THE RISK IN RECRUITMENT

Cirrus Careline is one of the largest care monitoring centres in Europe, also providing out of hours and engineering response services. The centre receives around 3,000 - 4,000 calls a day, of which approximately 84 are classified as emergency situations.

With over 50 highly trained staff, the business took time to review its recruitment and selection processes believing it required a more dynamic mechanism that would identify quality candidates for a variety of roles across functions, disciplines and working patterns.

The existing selection approach centred largely on behavioural/competency based interviews. Whilst this approach worked, it was time consuming and did not necessarily thoroughly test all of the requirements of an operator's role. Furthermore, the business was keen to improve candidates' understanding of these life-critical situations they would face. At the same time, this level of careful selection would also help promote brand awareness in the local area and position Cirrus as both a caring yet professional employer.

Careline trialled and adopted a highly successful process called an Assessment Centre to recruit all operators going forward.

What is an Assessment Centre?

A day spent at an Assessment Centre would see candidates undergo thorough briefing and screening to ensure they could demonstrate their suitability as well as learn exactly what would be expected of them. Hence, the selection process comprises multiple assessments. Typically candidates will arrive

at an assessment centre day and be tested in numerous ways, with a particular focus on 'role-play' being a common factor. These exercises are highly predictive of future role performance. As an Assessment Centre takes place over a series of hours, candidates are more likely to 'drop their guard' thus increasing the business's understanding of their true approach to work.

What exercises does Careline Assessment cover and why?

- A corporate presentation (this details the background to the business, realities of role including mock audio clips of calls being taken by an experienced operator, benefits of working for Careline including remuneration package etc)
- Exercises to assess candidates' competencies:
 - Role play – call scenarios
 - Behavioural profiling and comparison against job role
 - Teamwork analysis
 - Tailored competency based interview
 - Question/answer session
 - Web based computer literacy tests
 - Exposure to simulated call scenarios and workplace environment

Quality pool of employees

One of the key benefits of this approach is the ability to screen multiple candidates at once (for different disciplines/working patterns). The result is a good pool of quality employees in line with service user and business needs. Since introducing this approach, staff retention

OVERVIEW OF ASSESSMENT CENTRE TIMELINE

1. Targeted advertising campaign (Traditional press/e-campaign)
2. CV screening against competency framework
3. Invitation to attend assessment centre
4. Following attendance analysis of all results including training needs analysis
5. Job offer

has increased and so has staff morale. (job fit/satisfaction; right employees in right role). At the end of the assessment day, candidates are in no doubt about what's expected of them; Cirrus identify the good candidates and candidates can make an informed decision on whether it is the job for them.

All this in turn has led to the Careline team growing in skill sets and ensuring that customers receive the highest level of service quality. Careline are also pleased to announce their recent success of gaining the Investors In People (IIP) accreditation, a national standard that recognises the company's strategies for working with staff to increase business performance.

'After the initial assessment day I was successfully offered a place on the Careline Team and was further impressed with the training and the support I have been given since joining. I have also been asked if I would like to do a NVQ in Customer Service. I have been out on site visits to look at the systems in situ and met House Managers. That was really useful'

'Cirrus delivers excellent customer service through its staff. We can see it through the continued success of the company. We are given as much support and learning needed to achieve our goals'.



RED ALERT

A Kent company that is helping councils introduce new high-tech care systems to keep older and vulnerable people out of hospital has won a major award.

Red Alert Telecare installs life-changing equipment that allows people to stay at home, safe in the knowledge that they can raise the alarm if they need to.

At last week's Kent Invicta Chamber Business Awards, presented at a glittering ceremony at Canterbury Cathedral Lodge, Red Alert Telecare was named Most Promising New Business.

Managing Director Clive Gawler picked up the award, sponsored by HSBC, and said he was "delighted that our efforts to help councils make life better for older and vulnerable people have been recognised in this way".

Red Alert Telecare was set up just two-and-a-half years ago and has since won contracts from numerous London councils and others across the country. Its flexible service ranges from installing the equipment to maintaining customer databases and holding stock for the councils involved.

"Some councils just need us to install the equipment, which can range from simple smoke alarms and panic buttons to temperature, out-of-bed, flooding and fall sensors, while others rely on us to make appointments, hold stock and do everything except monitor the equipment," said Clive.

It was the company's flexibility, professional approach and customer care that impressed the judging panel, which consisted of Carole Barron of the University of Kent, Nick Rowell of The Portable Business School, David Butler of Canterbury Enterprise Hub, Graham Jordan of HSBC, Henry Nydam of Brachers Law and Morag Welham from the Kent Messenger Group.

The awards were introduced in 2006, when system company, Red Alert Ltd won an award, to celebrate business excellence in the Kent Invicta Chamber area of Ashford, Canterbury, Maidstone, Tonbridge & Malling, Sevenoaks and Tonbridge Wells. They have quickly become established as one of the most

prestigious business awards in the county.

As well as the Most Promising New Business, awards were made to Entrepreneur of the Year, sponsored by Canterbury Enterprise Hub, Business of the year, sponsored by the University of Kent, and Excellence in Customer Service, sponsored by Brachers Law.

The winner of each category was presented with an engraved glass award and a cash prize, plus free membership of the Chamber for 12 months.

Kent Invicta Chamber Chief Executive Mrs Jo James said: "Kent is proving to be a great place to do business, even in the depths of our current economic problems. Kent companies are showing that even adverse conditions can be overcome by diligence and sheer hard graft. Kent Invicta Chamber of Commerce is pleased and proud to acknowledge this through its business awards".



IAHSA 8th International Conference Leadership Beyond Borders



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For more information visit the conference Web site at WWW.IAHSA.NET/LONDON

The Telecare Knowledge Network (TKN)



Telecare Today

In the last few years, telecare activity in the UK has progressed from a series of small scale trials across the statutory sector, funded mainly by research grants, to much more co-ordinated activity. The start of this increase in activity coincided with the Department of Health (DH) giving the Preventative Technologies Grant (PTG) to all local authorities with social service responsibility to develop the infrastructure required for telecare. Then the DH embarked on the Whole System Demonstrator (WSD) programme which is the largest randomised controlled trial of telecare and telehealth in the world. Over £150 million has been invested in telecare and telehealth development by Government, excluding the money invested individually by NHS Trusts and Local Authorities.

Whilst a universal model for telecare delivery and a robust business case has not emerged from all this work, large numbers of people have been supported through telecare; the capabilities of telecare are much better understood and care professionals are better informed.

Recently, the Technology Strategy Board (TSB) launched one of its Innovation Platform programmes in the area of assisted living, acknowledging the strategic importance of this area and aiming to build on the emerging supplier base. The emphasis on innovation contained in the Darzi review will also ensure that new telecare products and services will be developed and adopted.

Cross discipline boundaries

Telecare is an exciting research activity for academics as it crosses discipline boundaries including technology and engineering, informatics, health and social care and psychology. Consequently, all of the SE (South East) universities are involved in some aspect of telecare research. In a subject area developing as rapidly as telecare, the knowledge base consists not only of universities but also of care

The Telecare Knowledge Network (TKN), which is sponsored by the South East Health Technologies Alliance (SEHTA), was formed in September 2006 to bring together practitioners from academia, statutory services and industry to share experiences and spread best practice. Initially, the task was to ensure that the individuals and organisations directly involved in telecare were engaged with the TKN. Richard Curry, Founder, TKN and Katy Lethbridge, Project Development Manager, SEHTA explain more about its role and the part academia play in furthering the cause of telecare and telehealth.

professionals, since they overcome barriers to implementation. Companies also contribute to the knowledge base because they are involved in the actual implementation of this new technology and can therefore gain important insights.

The TKN

In a rapidly developing marketplace such as telecare, there are few stable points of reference. Every organisation or individual attempting to implement telecare can feel isolated. So there is little sharing of experience and some duplication of effort. In the SE region, the universities of Portsmouth, Sussex, Brighton, Southampton and Surrey became involved with the work of the TKN. The TKN has also supported SEHTA in introducing telecare to their membership which is drawn from the SE's health technology industry, including companies involved in biotech, pharmaceuticals, diagnostics and medical devices. The distribution of the 'Talking Telecare' newsletter developed for TKN members has been extended to SEHTA members.

Telecare centre of excellence

The TKN has advised the South East England Development Agency (SEEDA) on the formation of a Science and Innovation Campus (SIC). The establishment of this 'Centre of Excellence in Telecare' in the SE will present even more opportunities and challenges to the telecare community and contribute to SEEDA's strategic goals.

Nationally, the TKN has made a presentation to the national body advising the DH on telecare, the Telecare Learning and Improvement Network (TLIN) run by the Care Services Improvement Partnership (CSIP). Through the TLIN, the TKN is advising on the telecare and telemedicine section of the new policy document on care of people with lung disease. The TKN has also developed links with The Chronic Foundation, which represents patients with long-term illnesses, and the Foundation for Assistive

Technology (FAST), which is developing from an organisation focused on mobility aids and adaptations to one that is involved with all aspects of supporting people.

Another important area of activity has been to develop the TKN's early links with the TSB and the ALIP programme. The TKN is now a member of the ALIP (Assisted Living Innovation Platform) Knowledge Network steering group, giving it access to results from the first round of ALIP projects and the ability to influence subsequent rounds. The TSB part-funded a joint workshop held by the TKN with the SE Security KN, which identified the enormous gulf in understanding about security, privacy and confidentiality that exists between the two groups – the professional security community and healthcare. This meeting reinforced the idea to make a call for proposals in this area under ALIP to bring the two communities together. The TKN also regularly supports national KNs such as Healthcare Technology KTN and Modern Built Environment KTN.

Networking opportunities

The TKN currently has 150 members and whilst it is still a reference point for practitioners, it also focuses on providing networking opportunities, bringing companies and organisations with particular skills into telecare, advising individual organisations on opportunities for them in telecare and identifying funding sources. In addition, the TKN is now developing more as a special interest group (SIG) within SEHTA. This year will see improvement and expansion of the TKN website and database, bringing further benefits to the membership.



To Join the TKN

You can join the TKN at any time by logging on to www.sehta.co.uk/membership/why-join and completing an on-line form.

LONDON TELECARE POSTER CAMPAIGN

London Telecare is an amalgamation of all the London Borough Telecare Services who have joined together to pool resources and therefore reach a wider audience more effectively. This has allowed London Telecare to produce a new poster campaign each year to promote Telecare Services and show how they can help the general public.



Since its foundation London Telecare has commissioned 9,000 six-sheet posters around the capital's bus shelters and shopping centres. The gallery of posters shown has generated hundreds of phone calls to a free phone number which goes through to a Response Centre at Lewisham who then supply the person calling with information about their local Telecare Service.

The 2009 awareness-boosting campaign was launched over the New Year holiday and features a lady who, whilst being on her own at home when she fell, 'was not alone!' because she was able to call her local telecare centre by pressing the red button on her pendant, thereby summoning help.

This year alone the campaign has already seen almost 600 posters displayed around the London Boroughs, resulting in our call centre dealing with over 86 enquiries from members of the public, many of whom would otherwise not have known about the existence of these local services.

London Telecare's marketing and design agency John Chambers Associates has created six poster designs, produced a 10 minute video on telecare in London, and designed the LT website, as well as countless leaflets, mini-posters and pop-up displays for many London Boroughs. The poster designs have been adapted for individual boroughs and A3 versions have been available for use in libraries, doctors' surgeries and hospitals.





ASSISTIVE TECHNOLOGY AT COVENTRY UNIVERSITY

Coventry University is developing a strong profile and growing national recognition within Assistive Technology education, continuing professional development (CPD) and applied research. Notably, two courses have been designed that will be of interest to a range of potential students including individuals that work in Telecare.

MSc in Assistive Technology

In January 2008, a new Postgraduate Certificate in the Effective Use of Assistive Technologies was initially developed at Coventry University. Since then the course has been extended and now a full MSc in Assistive Technology is available. Darren Awang (Course Director) said, "This exciting course is aimed at a variety of health and social care practitioners, managers and those working in related industries who want to get the right Assistive Technology (AT) solutions for the people they work with. Sixteen students have enrolled over the last

two academic years. They all come from a variety of backgrounds but have the common link of wanting to explore the potential and effectiveness of AT.

"Students include Telecare co-ordinators and alarm call centre managers, occupational therapists and support workers working in mental health, dementia care and social services, independent sector workers and managers (e.g. Alzheimer's Society and Independent Living Centres) and the further education sector". Darren added "This is a key strength of the course. We get a diversity of AT related experiences from those that provide services and perspectives on those that receive them. This has proven to be an enriching learning opportunity for our students who are able to offer expertise from their own workplace and take on board initiatives and ideas to enhance policy and practice from others. We very much see our students as the future trailblazers in AT."

The course runs part-time over one to five years depending on the level of qualification, and is modular. As students progress these modules are accrued to give the specified postgraduate awards. This is advantageous as students may only want to study one or two modules for professional development needs. In total there are nine modules of study:

The philosophy of the course centres on the centrality of the user of AT. A range of learning approaches and methods are used that includes blended learning, work based learning, shared learning and reflective practice. Methods encourage the use of self-directed study, project work and the application of knowledge and skills acquired through the modules of study. Students have access to the University's virtual learning environment to support learning needs and an electronic portfolio to engage with personal development planning.

Darren commented, "The variety of teaching methods we use makes it easier for students to fit together both work and study whilst still maintaining a home life. Students who have completed the course have found the experience very positive. Students develop a strong network of work and social contacts. Their assignments link-in to what is going on in the workplace and offer them the ability to critically appraise policies and practices. Students have gone on to raise the profile of AT within their own organisation with confidence and a sound set of principles, tools and skills to support this personal and professional growth. We also regularly complement the taught programme with product showcases to extend students' knowledge of the rapidly growing types of AT products and services that exist.

Undergraduate Certificate in Assistive Technology for Life Improvement

Additionally, an Undergraduate Certificate in Assistive Technology for Life Improvement for care and support workers and assistant practitioners has been developed by course tutor, Gill Ward. This course will provide an introduction to assistive technology with an emphasis on the service user perspective and experience of living with disability. It will develop a knowledge base and skills with a focus on improving the life and wellbeing of individuals through the use of assistive technologies. The course will consist of the equivalent of six university modules (level 1) and will normally be undertaken on a part-time basis over 2 years. Attendance at university is generally required one day per fortnight with online learning occurring each alternate week. Modules can also be taken individually for personal development

Course	Modules	M-level points awarded
PG Certificate (Stage 1)	Assistive Technology and the Wider Perspective	20
	Evidence-based Assistive Technologies	20
	The Product Development Process	10
	Work-based Learning – Effective Use of Assistive Technology	10
Total PG Certificate		60
PG Diploma (Stage 2)	Technological Futures	10
	Inclusive Design 1	10
	Research Methodology, Design and Methods	20
	Data Analysis	20
Total PG Diploma		120
MSc (Stage 3)	Dissertation	60
Total MSc		180

purposes. The next course is due to start in September 2009 subject to sufficient student numbers. Gill said "This is a much needed course for many assistant level practitioners working in the assistive technology arena; there is so little formal education available for these staff. This course could be used as a stepping stone for further higher education and the flexible blended learning approach makes it possible for people to study and work at the same time".

Three modules are studied in each year of the course.

Year 1

150OT Introduction to assistive technology (20 credits)

151OT AT and the service user perspective (20 credits)

152OT Evidence based practice (20 credits)

Year 2 (commencing October 2010)

153OT Life improvement initiatives and processes (20 credits)

154OT Partnerships in inclusive design (20 credits)

155OT Independent learning project (20 credits)

Other developments in Assistive Technology education

Discussions are also at an early stage with Skills for Care, TSA and other key organisations regarding the possible future development of a Foundation Degree in Assistive Technology. Foundation degrees are degree level qualifications designed with employers and combine academic study with workplace learning. They make up two-thirds of an honours degree and can be 'topped up' to a full degree with an additional year of study. A foundation degree would provide a solid educational base for anyone to develop their career in the field of assistive technology.

As mentioned previously, the centrality of users of AT is a high priority for the team at Coventry University. Assistive technology is included within the current undergraduate occupational therapy degree programme. Laraine Epstein, module leader for a second year AT module stated "Over several years we have worked very hard to engage with people who use AT and have developed strong relationships. Our disabled volunteers work directly with our students by setting students the task of identifying AT solutions to meet their particular needs and circumstances. We have been very creative in our approach and now make use of home web cams so that our disabled volunteers can share their stories and the barriers they encounter directly with students at University who then investigate potential solutions and feed these back." This inclusive approach to teaching and learning



From left to right: Laraine Epstein, Darren Awang and Gillian Ward

has earned the team a prestigious University Teaching Excellence Award in June 2008 and has led to several conferences and pending articles to disseminate the identified good practice.

Darren added "One area that readers may also find of potential benefit is a project currently in progress. We are designing a resource that will increase awareness, understanding and skills around electronic AT aimed at a wide range of support workers and practitioners. The resource will be in the form of an online tool and will be available from autumn 2009. It will offer a very valuable learning opportunity for those interested in this area who may or may not necessarily have an academic background in AT yet still want to be able to demonstrate up to date learning."

Applied research

Both Darren and Gill form part of the Faculty of Health and Life Sciences, Living and Working with Disability Applied Research Group. Recently work has included evaluations of adaptive clothing for older and disabled women, mobility equipment, lifting equipment, travel training games for people with learning disabilities and the therapeutic potential of the Nintendo Wii®. They have formed strong working partnerships with a number of national organisations such as the Thomas Pocklington Trust and the College of Occupational Therapists. They also work in close collaboration with the new Health Design and Technology Institute at the University and its technology business partners.

For more information about the courses, Open Day events, applied research or current developments such as the AT online resource tool contact:
Darren Awang (MSc Course Director)
d.awang@coventry.ac.uk

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Telecare National Framework Agreement – WHAT'S NEXT?



This project began in 2005 when the Department of Health (DH) and NHS Purchasing and Supply Agency (NHS PASA) partnered to devise a national sourcing solution for telecare to support the delivery of the preventative technology grant and government policy in health and social care.

NHS PASA negotiated the four year national framework agreement (NFA) covering telecare equipment, installation, maintenance, monitoring and response services in support of the Department of Health's vision to build a strong telecare infrastructure. The agreement went live on 30 June 2006 and runs for four years.

In September 2007, the telecare category team won the best public procurement project category at the CIPS Supply Management award ceremony.

Regular product and pricing reviews are currently undertaken to ensure that the suppliers continue to offer cost effective solutions.

To date, £72.8 million worth of transactions have come through the NFA. It is expected that during the next 12 months we will see an annualised figure of around £50 million.

The Telecare project team consists of:

Mark Etherton – Category Specialist (Telecare)

Paul Inward – Category Manager (ICT)

Jonathan Lam – Graduate Trainee

James Prendergast – Sourcing Specialist

Moving Forward

NHS PASA has started its consultation process ahead of the re-procurement for a new NFA. This process builds on the detailed research of the first phase of the agreement. There are five primary groups that have been/are being consulted with:

1. Current suppliers
2. Potential suppliers

3. User groups
4. Current users
5. Potential new users

The consultation process is a fantastic opportunity for the groups to have their say on what they would like included in the new framework, build upon the success of the existing framework whilst also taking into consideration the less successful aspects.

The re-procurement is taking place for two primary reasons; firstly the current framework expires in May 2010 and secondly the telehealth/telecare market has changed considerably since 2006. There are currently 1.5 million users of telehealth in the UK and this is set to rise to 1.65 million by 2015. As a result of this expected growth, NHS PASA have been through its consultation, creating a market place for the new framework.

The process through which the new framework will be procured will be EU compliant and conducted through the restricted process.

Timescales for the re-procurement

It is expected that the contract notice, defining the intention and scope of the project, will be placed in the European Journal in early June.

From the date of release companies/organisations wishing to take part will register their interest following the included link in the advert. This registration will be open for a period of 37 days and will require the completion of a prequalification questionnaire (PQQ). Companies/organisations that do not

register within this timescale will be excluded from taking part in any further part of the procurement process.

After the closing date for registering interest, all companies/organisations will have their PQQ submissions evaluated against a predetermined set of criteria. Submissions that fulfil the evaluation requirement will proceed to the next stage – completion of tender documents. Those that fail to meet the minimum criteria will not proceed to the next stage.

It is expected that the tender documents will be issued in early October. Tendering companies/organisations will have 40 days to complete the tender documents. Those failing to return tender documents within this timescale will be excluded from any further part of the procurement process.

It is expected that the evaluation of responses to the tender documents will take place through December with successful framework awards being announced in early January. The 'go live' date for the new framework is expected to be May 2010.

Benefits of the framework

There are clear and tangible benefits for both service users and suppliers for using and being on the NFA.

Service users can be assured that they are procuring goods and services from a framework that has been established through a robust competition and an EU compliant process. Procuring through the framework avoids the need for further competition and reduces the users' timescale and costs. The standardised approach to pricing and quality standards ensures the Agency delivers the best solution.

Suppliers benefit from a nationally accepted method of procuring goods and services and a route to market that includes all public sector bodies, including health and local authorities, housing associations and social services.

For more information about the current NFA for telecare or the planning process for the next stage please contact:

Mark Etherton – Category Specialist (Telecare) – telecare@pasa.nhs.uk

The consultation process is a fantastic opportunity for the groups to have their say on what they would like included in the new framework, build upon the success of the existing framework whilst also taking into consideration the less successful aspects.

Your questions answered... just ask the T&T Clinic

THIS ISSUE – BT 21CN



21CN has implications for telecare and telehealth. Here are some of the questions raised at a recent TSA Member Forum on this subject, with answers from the 21CN experts. Most people in telecare and telehealth must know something about 21CN, so the first question is for background.

Q What is the 21st century network (21CN)?

A BT's 21st century network (21CN) will provide advanced communications for the future. This new network will establish a platform, supported by common standards and interfaces, for all BT communication services whether voice, data, video or Internet. It will provide one of the infrastructures to enable communication between any device, from anywhere, at any time. Establishing 21CN involves the migration of some 30 million Openreach access lines onto the new infrastructure. BT, working with all of the UK's communications and network providers has begun this process of migration to 21CN and aims to complete all migrations across the UK by 2011. BT is upgrading its phone, broadband and Integrated Services Digital Network (ISDN) lines to a next-generation network. These upgrades are needed to simplify and improve the network, by replacing current systems with Internet Protocol (IP)-based technology. The new technology is being installed at various points on the network including local telephone exchanges.

Q Will anything sound different?

A In general no. There will be no audible difference in ring tones.

There will be no difference in speech quality. But in future all end users will now have 'Howler' tone after the phone has been left off-hook for an extended period; currently not all users have this.

Q Where can further information about 21CN Migration be found?

A 'Migration' refers to the transfer of Openreach access lines and voice, broadband and ISDN services to BT's next generation network known as 21CN. General information about 21CN can be found at: www.btplc.com/21cn

Information about 21CN and migration can be found at: www.switchedonuk.org. Currently this is limited.

BT Supplier Information Notes (SINs) can be found at: www.sinet.bt.com

The UK Transmission Plan can be found at: www.nicc.org.uk

Customer Premise Equipment (CPE) enquiries can be made by email at: cpe21@bt.com

Q What equipment will work after conversion?

A BT Group is working with the Supply Sector to identify and test all telecare equipment in operation. Individual product test results can be viewed via <http://21cn-testingdb.bt.com>

Members of the supply sector have been preparing for the introduction of the 21CN system by testing current and legacy equipment. Tests have revealed that equipment that relies on the BS7369 protocol may not deliver a robust performance especially during heavy load/traffic conditions on the new network. There are several remedial options involving possible firmware updates, reconfiguration or replacement to overcome issues when they are identified.

BS7369 has now been declared obsolete by BSI. Equipment using this protocol is likely to fail under 21CN primarily because of the additional round trip delay inherent in 21CN.

Q Will other monitoring equipment such as CCTV be affected? When will the breaks in service take place? And how long will they last?

A All equipment connected to migrating services will be affected – PSTN, ISDN and broadband. CCTV is typically connected to ISDN or broadband. Customers with both broadband and PSTN should note they will have 2 migrations and outages. The migration of end users on to 21CN broadband is at the discretion of the communications provider (BT Retail, etc). The current maximum outage times are as follows:

Phone services: up to three minutes outgoing and up to thirty minutes incoming.

ISDN services: up to ten minutes outgoing and up to thirty minutes incoming.

Broadband services: up to ten minutes interruption to the broadband service.

Large organisations operating from multiple sites, and with products or services running over the BT network, will be contacted about the switched-on process by their service providers.

Q What will happen to the telecare phone and the monitoring centre on the night of conversion?

A For voice services, no calls can be made to or from landlines, and calls in progress will be lost, although emergency calls in progress will not be cut off. There will be a delay before outgoing calls can be made again and a longer delay before incoming calls can be received. The same issues apply to both Dispersed Alarm Units and Group Equipment. Removing the phone from the telephone jack for 3 minutes and then reinserting it is a fair simulation of what to expect on the night. Carephones might give a 'local' alert that the line is disconnected. Group equipment is more likely to generate alarms to alert the control centre whereas on phone products there is often a local alarm which will stop when the line is restored.

Q What happens to emergency services during changeover?

A Special arrangements are being put in place to manage 999 calls and blue light services, to reduce the risk of them being interrupted. This means that BT and the emergency services are cooperating on developing their contingency and management plans.

Q Where does the liability lie for any adverse events during the changeover period?

A BT had taken legal advice. They would not be liable since (in effect) line and service improvements are part of their remit.

Q Is there anything that members can do to help themselves prepare for the 21CN Migration?

A Yes, Members can plan and make local arrangements to identify any desirable risk mitigations (test calls?). And agree communications to market/stakeholders to allay any possible concerns that might arise over service continuity and service restoration after the exchanges are switched back on.

Q South Wales is the Pilot region for 21CN, will there be further TSA meetings in the area?

A It would seem to be a good idea to arrange a follow up meeting later in the conversion process in order to share knowledge. The early pilot switchovers have provided some useful insights into the process.

TSA – MEMBERS, DATES AND INFORMATION

NEW MEMBERS

1.1.09
Torfaen CBC
AMENDED FROM FULL (WITH ARC) TO ASSOCIATE MEMBER

19.1.09
Vale Housing Association
NEW MEMBER – ASSOCIATE
The Old Maltings Vineyard
Abingdon Oxfordshire OX14 3UG
David Woodhams
Specialist Services Manager
Tel: 01235 536001
dwoodham@vale-housing.co.uk

4.2.09
Tameside Community Response Service
NEW MEMBER – FULL NON-CALL
Frederick House Dunkirk Lane
Hyde Cheshire SK14 4QD
Estelle Stoddard
Assistant Team Manager
Tel: 0161 342 5103
estelle.stoddard@tameside.gov.uk

4.2.09
Bron Afon Community Housing
NEW MEMBER – FULL WITH ARC
Ty Bron Afon William Brown Close
Llantarnum Industrial Park
Cwmbran NP44 3AB
Simon McCracken
Control Centre Business Development Manager
Tel: 01633 620183
simon.mccracken@bronafon.org.uk

6.2.09
University of Ulster
NEW MEMBER – RPI
Faculty of Computing & Technology
Shore Road
Newtownabbey
Belfast Antrim BT37 0QB
Jonathan Wallace
Director of Knowledge & Technology Transfer
Tel: 02890 368974
jg.wallace@ulster.ac.uk

6.2.09
City of Edinburgh Council
NEW MEMBER – FULL WITH ARC
Assessment & Advice Centre
Level C2
Waverley Court
4 East Market Street
Edinburgh EH8 8BG
Donna Fleming
Telecare Projects Manager
Tel: 0131 529 7086
donna.fleming@edinburgh.gov.uk

24.2.09
Pivotell Ltd
NEW MEMBER – SUPPLY 1
PO Box 108 Saffron Walden
Essex CB11 4WX
Caroline Milne Director
Tel: 01799 550979
office@pivotell.co.uk

24.2.09
Intel Corporation (UK) Ltd
NEW MEMBER – SUPPLY 3
Unit 650, Wharfedale Road
Winnersh Wokingham
Berkshire RG41 5TP
Christine Claus
Market Development Manager
christine.claus@intel.com

24.2.09
Mouchel (Middlesbrough)
NEW MEMBER – FULL (WITH ARC)
Middlesbrough House
50 Corporation Road
Middlesbrough
Cleveland TS1 2RH
Paul Pearson
Customer Service Manager
Tel: 01642 726104
paul.pearson@mouchel-middlesbrough.com

24.2.09
Moray Community Health & Social Care Partnership
NEW MEMBER – ASSOCIATE
Spynie Hospital Duffus Road
Elgin Moray
Scotland IV30 5PW
Lorna Bernard
Telecare/Telehealth Project Manager
Tel: 01343 567185
lorna.bernard@moray.gov.uk

27.2.09
First Wessex Housing Group
NEW MEMBER – ASSOCIATE
Charlotte Yonge House
Tollgate Chandlers Ford
Eastleigh Hampshire SO53 3YP
Patrick Fowler
Older Persons Services Manager
Tel: 02380 684361
pat.fowler@firstwessexhg.co.uk

27.3.09
Tribal Consulting (Telecare Division)
NEW MEMBER – SUPPLY 1
Tribal House Hawthorn Park
Coal Road Leeds LS14 1PQ
Mark Longhill
Managing Consultant
Tel: 07870 687438
mark.longhill@tribalgroup.co.uk

30.3.09
Sandwell Metropolitan Borough Council
NEW MEMBER – ASSOCIATE
Telecare Services
3rd Floor, Central Unit
Lombard Street West
West Bromwich B70 8EB
Michael Dowd
Telecare Development Manager
Tel: 0121 569 2758
mick_dowd@sandwell.gov.uk

Resignations

Month	Member Organisation	Membership Category	Reason
January	Swansea, City & County of	Full/Call	formed partnership with Carmarthenshire
February	Sanctuary Housing	RPI	no reason given

Membership as at 30 March 2009:

Full	Associate	Supply	RPI	TOTAL
247	39	41	14	341

Calendar of events

Wednesday 29th April	Northern Member Forum	Aldwark Manor, York
Thursday 7th May	AGM and Spring Conference	Radisson SAS Hotel, Manchester Airport
Wednesday 13th May	Wales 2009 Telecare Code of Practice Launch and Member Forum	Holland House, Cardiff
Wednesday 3rd June	Southern Member Forum	Shrubbery Hotel, Ilminster, Nr Taunton
Wednesday 10th June	Scotland 2009 Telecare Code of Practice Launch and Member Forum	Radisson SAS Hotel, Edinburgh
Thursday 18th June	Code of Practice Conversion Event for COP Compliant Members	Royal National Hotel, London
Wednesday 24th June	London/South East Member Forum	Imperial Hotel, London
Thursday 29th June	Code of Practice Training Event	Manchester Airport Marriott Hotel
Wednesday 16th September	Eastern Member Forum	Holiday Inn, Cambridge

Join the TSA Members' Discussion Area at www.telecare.org.uk

Contact TSA Membership Services Centre for your log in details.



telecare services association

The Telecare Services Association (TSA) is the representative body for the telecare industry within the UK

Our mission:
To unlock the potential of
Telecare and Telehealth

CODE OF PRACTICE

31st January 2009 was a big day for TSA. The 2009 Telecare Code of Practice (in part) was issued to Members via the TSA Website Members' Area.

The documents now available on the Members' Area – located within the Section 2009 Telecare Code of Practice – are as follows:

PROCESS MODULES

- Service Set Up Module – Service Tailoring and Installation Modules
- Monitoring Module
- Response Module

STANDARDS MODULES

- Safeguarding Module
- Governance Module
- Staff and Training Module
- Privacy and Data Protection Module
- Partnership Working Module
- Service User Communication Module
- Managing Access to: Working in SU's Home Module
- Technology Management Module
- Business Continuity Module
- Planning and Development of Telecare Service Centre Module
- Legislation (inc Health and Safety) Module
- Performance Management and KPIs Module

You may wish to save these documents to your own computer, to do so, please right click on the icon and 'Save Target as'.

To help keep your 2009 Telecare Code of Practice documentation in order, an index has been produced to be used in conjunction with a standard 20-part divider.

CHECKLIST

2005 CODE OF PRACTICE AND 2009 TELECARE CODE OF PRACTICE CHECKLIST

This Checklist has been produced which maps the requirements of the 2009 Code of Practice against the requirements of the 2005 version. The format of this document is that used for the self-assessment checklist for the 2005 Code, which members have found of support to them in their journey to accreditation.

TELECARE CODE OF PRACTICE TRAINING EVENTS

To help members understand the 2009 Code fully and how to achieve accreditation, we have held two Code of Practice Conversion events for accredited members. If you were unable to attend these events the presentations used are available in the above Section on the website – please note that the focus of these presentations was those areas of the 2009 Code that are different from the 2005 Code.

A further Code of Practice Conversion event for accredited members is to be held on Thursday 18 June in London.

To help members who are thinking of seeking accreditation to the 2009 Code of Practice arrangements are in place to hold a Training Day on Monday 29 June at the Manchester Airport Marriott Hotel at a cost of £175 per delegate. Details of this will be available shortly.

Timetable

The timetable for inspections for the new Telecare Code of Practice are as follows:

- New applications for inspections to the 2009 Telecare Code of Practice will commence from 1st May 2009.
- Code compliant members will be able to choose whether they apply for accreditation to the 2009 Telecare Code of Practice at their 2009 inspection or wait until their 2010 inspection.
- Code compliant members, choosing to wait until their 2010 inspection, will be inspected to the 2005 Code of Practice during 2009.
- All inspections during 2010 will be to the 2009 Telecare Code of Practice.

INSPECTION OPTIONS FOR ACCREDITED MEMBERS

- Retain your 2005 code accreditation.
- Retain your 2005 code accreditation and find out what changes you may need to consider to comply with the 2009 code. This will add half-a-day to the visit that is due this time. You will have 28 days to close-out any non compliance issues against the 2005 code. You will have until next year's inspection to address any gaps against the 2009 code.
- Apply for accreditation against the 2009 code for your existing modules. This will require the same number of days as a three-yearly visit. You will have 28 days to close-out any non compliance issues identified.
- Apply for accreditation against the 2009 code and add the new module of 'Service Tailoring'.

If you wish to apply for accreditation for Service Tailoring, which is only available in the new code, you must also comply with the new code for your existing accreditation.

This will require the same number of days as a three-yearly visit, plus half-a-day.

You will have 28 days to close-out any non compliance issues identified.

Inspection Costs

Negotiations are taking place with Insight Certification Ltd on the cost of inspections to the 2009 Telecare Code of Practice. Members will be informed as soon as this exercise is complete.

ELECTION UPDATE

Following the flurry of interest from Members to stand for election to the TSA Board, we are delighted to confirm the following have been elected:

Supply Sector Community:

David Ardron, General Manager of Supra UK Ltd

Service Provider Community – England

Alyson Bell, Care Service Manager,
Your Homes Newcastle

Therefore the current Board Status is as follows:

Service Provider Community:

England – Fran Taberner, Gerry Allmark,
Alyson Bell

Wales – Val Parsons

Scotland – Lorna Muir

Ireland – Kevin McSorley

Supply Sector Community:

Malcolm Fisk, David Foster, David Ardron

Health Sector Community (co-opted):

Alan Clark, Dr Nicholas Robinson, Professor
Russell Wynn Jones

thelink – Media Information

Articles

We want thelink to be informative, entertaining, challenging and a reflection of what is happening in telecare and telehealth in the UK. We welcome contributions – main features as well as short news item. If you have something to celebrate, or have recently held a local event, write to us and let us know. If you have views, concerns, problems or even answers, why not share them for the benefit of the membership

Copy date for the other issues in 2009 are:

Summer edition

Copy date for articles: 01 June 2009
Booking date for advertisements: 01 June 2009
Advertisement copy supply to printers:
08 July 2009
Publication: End July 2009

Autumn edition

Copy date for articles: 01 September 2009
Booking date for advertisements:
01 September 2009
Advertisement copy supply to printers:
05 October 2009
Publication: End October 2009

Full information on thelink advertising rates, New Product Showcase and website advertising of job vacancies and tenders is available from TSA Membership Services Centre. 01625 520320. admin@telecare.org.uk.

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TSA – CODE OF PRACTICE ACCREDITED MEMBERS as at 30th March 2009

ORGANISATION	PARTS			
	1	2	3	
Aid Call Ltd (Age Concern)	Yes	Yes		Premium
Argyll and Bute Council		Yes		
Ashfield Homes Ltd	Yes	Yes	Yes	Premium
Ashford Borough Council	Yes	Yes		
Aspire Housing Ltd	Yes			
Barnsley MBC	Yes	Yes	Yes	Premium
Bield Housing Association	Yes	Yes		Premium
Blackpool Borough Council	Yes	Yes	Yes	
Blyth Valley Borough Council	Yes	Yes	Yes	Premium
Bolton at Home	Yes			
Boston Mayflower Ltd	Yes	Yes	Yes	Premium
Bracknell Forest Council	Yes	Yes		
Brighton & Hove City Council	Yes	Yes		Premium
Bristol City Council	Yes			
Bromsgrove District Council	Yes	Yes		Premium
Broxbourne (Borough of)	Yes	Yes	Yes	Premium
Caerphilly County Borough Council	Yes	Yes		Premium
Call 24 Hour Ltd	Yes	Yes		Premium
Cannock Chase District Council	Yes	Yes		Premium
Carelink Monitoring & Response	Yes	Yes	Yes	Premium
Carlisle Housing Association	Yes	Yes	Yes	Premium
Carmarthenshire County Council	Yes			
Casa Lifeline East Sussex		Yes	Yes	Premium
Cheshire Peaks & Plains Housing Trust	Yes	Yes	Yes	Premium
Chester & District Housing Trust Ltd	Yes	Yes	Yes	Premium
Chesterfield Borough Council	Yes	Yes		
Chichester District Council	Yes	Yes	Yes	Premium
Cirrus Careline Ltd	Yes			
City of Lincoln Council	Yes			
Coast and Country Housing	Yes	Yes	Yes	Premium
Community Gateway Association	Yes			
Community Housing Group, The	Yes	Yes		Premium
Conwy County Borough Council	Yes			
Cross Keys Homes	Yes	Yes	Yes	Premium
Derby City Council	Yes	Yes	Yes	Premium
Derwentside Careline		Yes	Yes	Premium
Dudley Metropolitan Borough Council	Yes	Yes	Yes	Premium
Durham City Care	Yes	Yes	Yes	Premium
Eldercare (Newchurch Housing Ltd)	Yes	Yes	Yes	
Enfield (LB of)	Yes	Yes	Yes	Premium
Flagship Housing Group Ltd	Yes	Yes		Premium
Fold Housing Association	Yes	Yes		Premium
Forest of Dean District Council	Yes			
Guildford Borough Council	Yes	Yes		
Hanover (Scotland) H.A.	Yes	Yes		
Hanover Housing Association	Yes			Premium
Hanover in Hackney Housing Association			Yes	
Harlow District Council	Yes	Yes		
Herefordshire Housing Limited	Yes			
High Peak Community Housing	Yes	Yes	Yes	Premium
Housing Connections Partnership	Yes			
Housing Pendle Ltd	Yes	Yes	Yes	Premium
Invicta Telecare Ltd	Yes	Yes	Yes	Premium
Johnnie Johnson Housing	Yes			
Kirklees Council	Yes			
Lambeth (LB of)	Yes	Yes	Yes	Premium
Lewisham (LB of)	Yes	Yes		
LHA/ASRA	Yes	Yes	Yes	Premium
Magna Careline Ltd	Yes	Yes		

ORGANISATION	PARTS			
	1	2	3	
Manchester City Council	Yes			
Mansfield District Council	Yes	Yes		
Merton (LB of)	Yes			
Mid Essex Primary Care Trust	Yes	Yes		
Milton Keynes Council	Yes	Yes		
Mole Valley District Council	Yes			
New Progress Housing Association	Yes	Yes		
North East Lincolnshire Carelink	Yes	Yes		Premium
North Hertfordshire District Council	Yes			
North Lanarkshire Council	Yes	Yes	Yes	Premium
North Somerset Council	Yes	Yes	Yes	Premium
Northampton Borough Council	Yes	Yes		Premium
Nottingham City Homes	Yes	Yes	Yes	Premium
Orbit Group Ltd	Yes	Yes		Premium
Places for People Group	Yes			
Plus Dane Group		Yes	Yes	Premium
Poole Borough of	Yes	Yes	Yes	Premium
Purbeck Housing Trust	Yes	Yes		
Redbridge (LB of)	Yes	Yes	Yes	Premium
Redditch Borough Council	Yes	Yes		
Renfrewshire Council		Yes	Yes	
Richmond-Upon-Thames LB of	Yes			
Ridgeway Community Housing Association		Yes		Premium
Riverside Group	Yes			
Rotherham Metropolitan Borough Council	Yes	Yes		
Salisbury District Council	Yes	Yes		Premium
Sandwell Homes Ltd	Yes	Yes	Yes	Premium
Sedgemoor District Council	Yes	Yes	Yes	Premium
Sefton Council	Yes	Yes		
Selwood Housing Society Ltd		Yes	Yes	Premium
Sentinel Housing Group	Yes			
Sevenside Housing	Yes	Yes		
Shepway District Council	Yes	Yes		Premium
South Derbyshire District Council	Yes	Yes	Yes	Premium
South Tyneside Council	Yes	Yes	Yes	
Southampton City Council	Yes	Yes	Yes	Premium
Sovereign Housing Association	Yes	Yes		Premium
St Georges Community Housing	Yes	Yes		
Stockton On Tees Borough Council	Yes			
Sunderland (City of)	Yes	Yes	Yes	Premium
Tamworth Borough Council	Yes			
Taunton Deane Borough Council	Yes	Yes	Yes	Premium
Testway Housing Ltd		Yes	Yes	Premium
Three Valleys Housing Ltd	Yes			
Torbay NHS Care Trust	Yes	Yes		Premium
Trent & Dove Housing Ltd	Yes			
Tunstall Response Ltd	Yes			
VNC Lifeline Ltd	Yes	Yes		Premium
Wales & West Housing Association	Yes			
Walsall Metropolitan Borough Council	Yes			
Warwick District Council	Yes	Yes	Yes	Premium
Wealden and Eastbourne Lifeline	Yes	Yes	Yes	
Weaver Vale Housing Trust	Yes	Yes	Yes	Premium
West Lancashire District Council	Yes	Yes	Yes	Premium
West Lothian Council	Yes			
Wirral Partnership Homes Ltd	Yes			
Worcestershire TeleCare	Yes	Yes		Premium
Worthing Homes		Yes	Yes	Premium
Your Homes Newcastle	Yes	Yes	Yes	Premium

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"Every presentation was motivational and has given me lots of enthusiasm to start a telehealth project later this year"

London Delegate,
Southern PCT, January 2009

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