



TELEHEALTH & TELECARE IN SCOTLAND

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Scotland's challenges

- Demographic shift
- Increase in long term conditions
- Distance – rural communities

A major opportunity.....



The background

- SCT first established 2006
- Set up by Scottish Government
- Focussed on small telehealth pilots
- Range of solutions tried and tested



Telecare Strategic Review: End Mar 2010

- Need for comprehensive strategic & governance framework to support integrated working
- Additional resources to support expansion
- Need for robust business modelling and impact measures
- Identify efficiencies: procurement, asset management, responder services
- Need for collaborative research to inform future product and service development
- Support continued awareness raising, Shared Learning & Good Practice

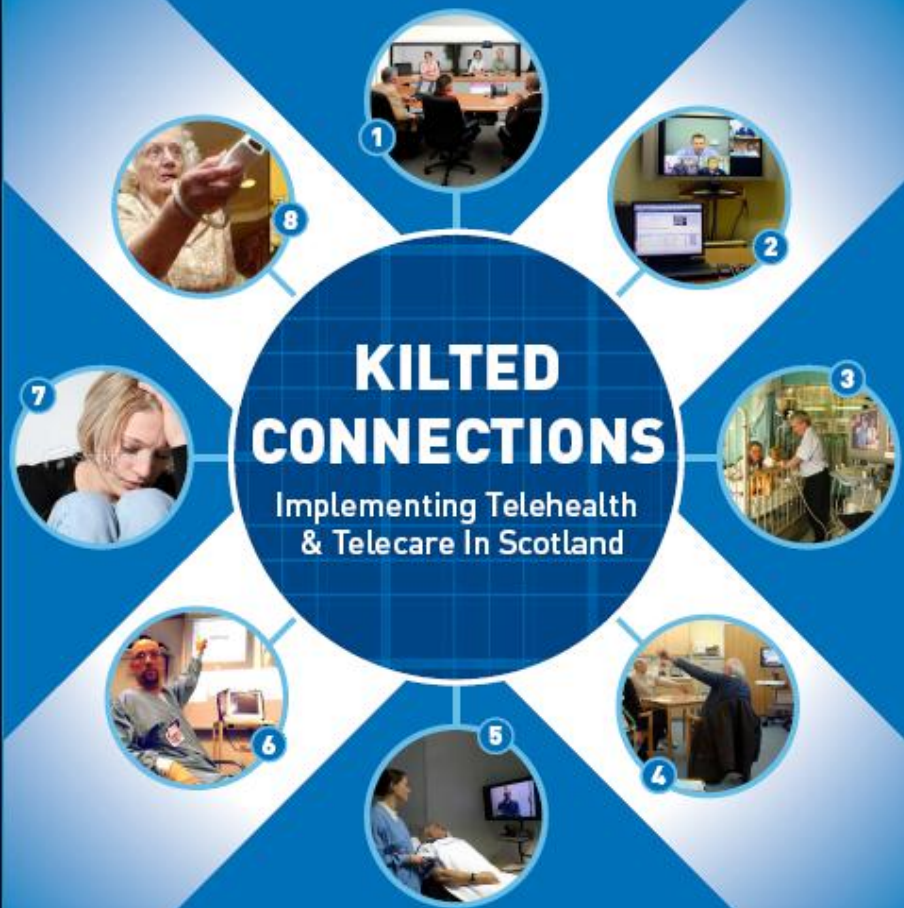


Summary of Progress 2010 - 2012

- Scottish Centre for Telehealth & Telecare established
- Integrated into NHS24 delivery organisation
- National Telehealth & Telecare Advisory Board
- Scottish Assisted Living Programme Board
- EU contact network, collaboration with TSB, Reshaping Care Programme
- Impact Measures: National Statistical Return, Monitoring Report 2011, Local Outcome Measures
- Scotland Excel's Procurement Framework
- Education & Training Action Plan
- Integrated Learning Network, National Events

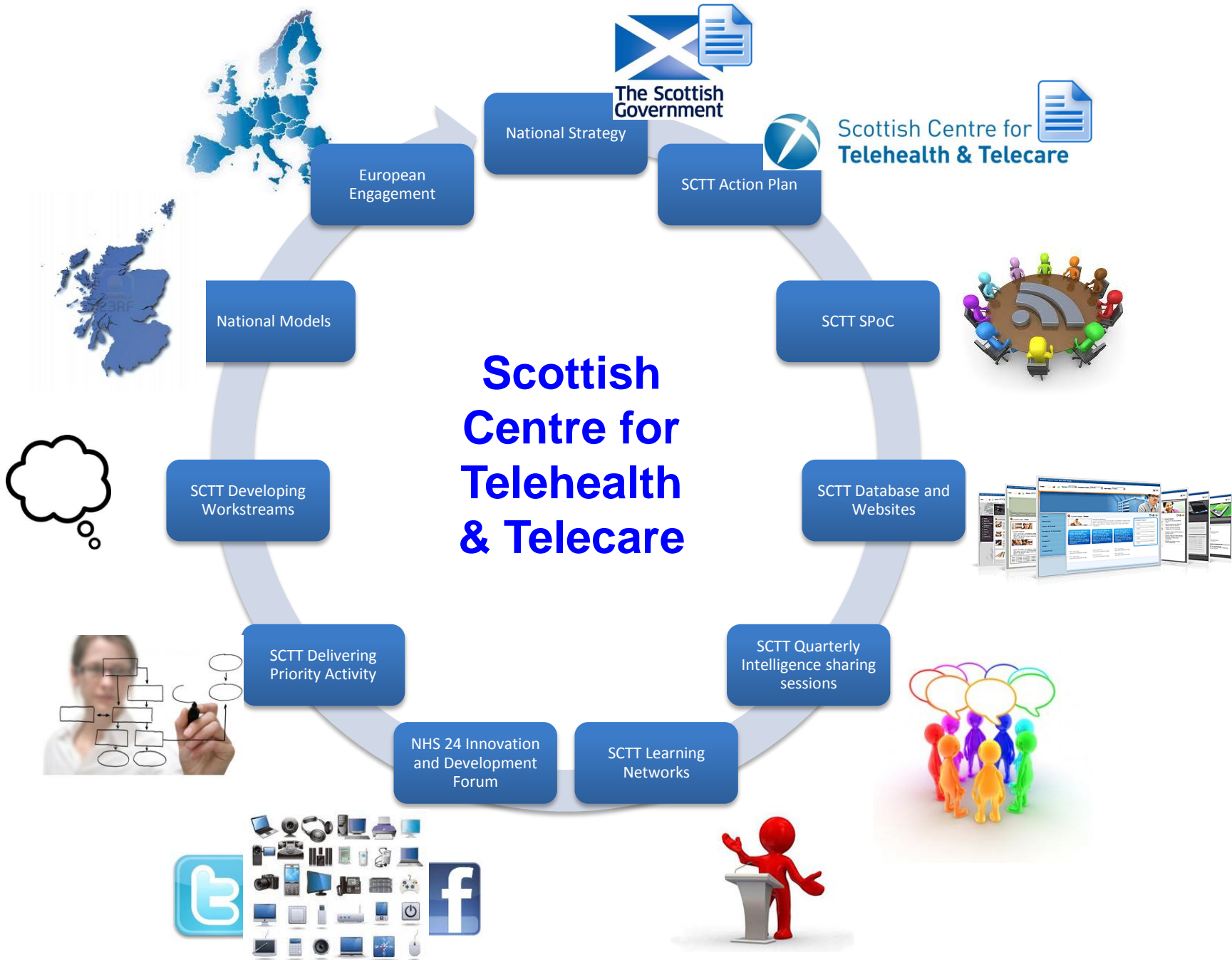


National Programmes - Progress



- TDP – 44,000 people received a telecare service (2006-2011)
- Stroke Thrombolysis Treatment - 11 out of 14 Health Boards
- Telehealth for Children Think-tank established
- Telecare within Falls Prevention & Management, Dementia Demonstrators
- Video Conferencing Improvement Programme – all 14 Health Boards
- Telehealthcare Portal, PDA in Telehealthcare completed and validated, Good Practice Guides

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SCTT Key Priorities for 2012

- Engagement & Views on Strategy
- Continue to influence & address Strategic & Policy developments e.g. Reshaping Care, Digital Strategy, Carers Strategy
- Secure European & other funding opportunities – e.g. SmartCare
- Develop ‘at scale’ projects – *dallas* (Living it Up), expand VC network
- Horizon scan & identify innovations
- Support Good Practice & Shared Learning.....keep linked in with ‘on the ground’ issues and priorities



LIVING IT UP IN SCOTLAND

‘At Scale’ Development
UK *dallas* Programme

Living it Up: A powerful collaboration

Atos

Kirklees COUNCIL

lookinglocal

CARERS Scotland
the voice of carers

Midlothian

The Scottish Government

INTERSYSTEMS

ERNST & YOUNG

SCHOOL OF DESIGN
THE GLASGOW
SCHOOL OF ART

NHS
Grampian

West Lothian Council

NHS
Lothian

EDINBURGH
THE CITY OF EDINBURGH COUNCIL

East Lothian Council

illuminadigital Ltd.

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the MORAY Council

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The Highland Council
Comhairle na Gàidhealtachd

stv
stv HEALTH CENTRE

intrelate
software for people who care

LTCAS

Argyll Bute COUNCIL

NHS
Eileanan Siar
Western Isles

stirling Council

CLACKMANNANSHIRE COUNCIL

O₂

LTCAS
LONG-TERM CONDITIONS
ALLIANCE SCOTLAND
people not patients

NHS
Highland

NHS
Eileanan Siar
Western Isles
COMHAILLE NAÌN EILEAN SIAR

NHS
Forth Valley

Falkirk Council

vodafone

sitekit
web excellence

Scottish Enterprise

Technology Strategy Board
Driving Innovation

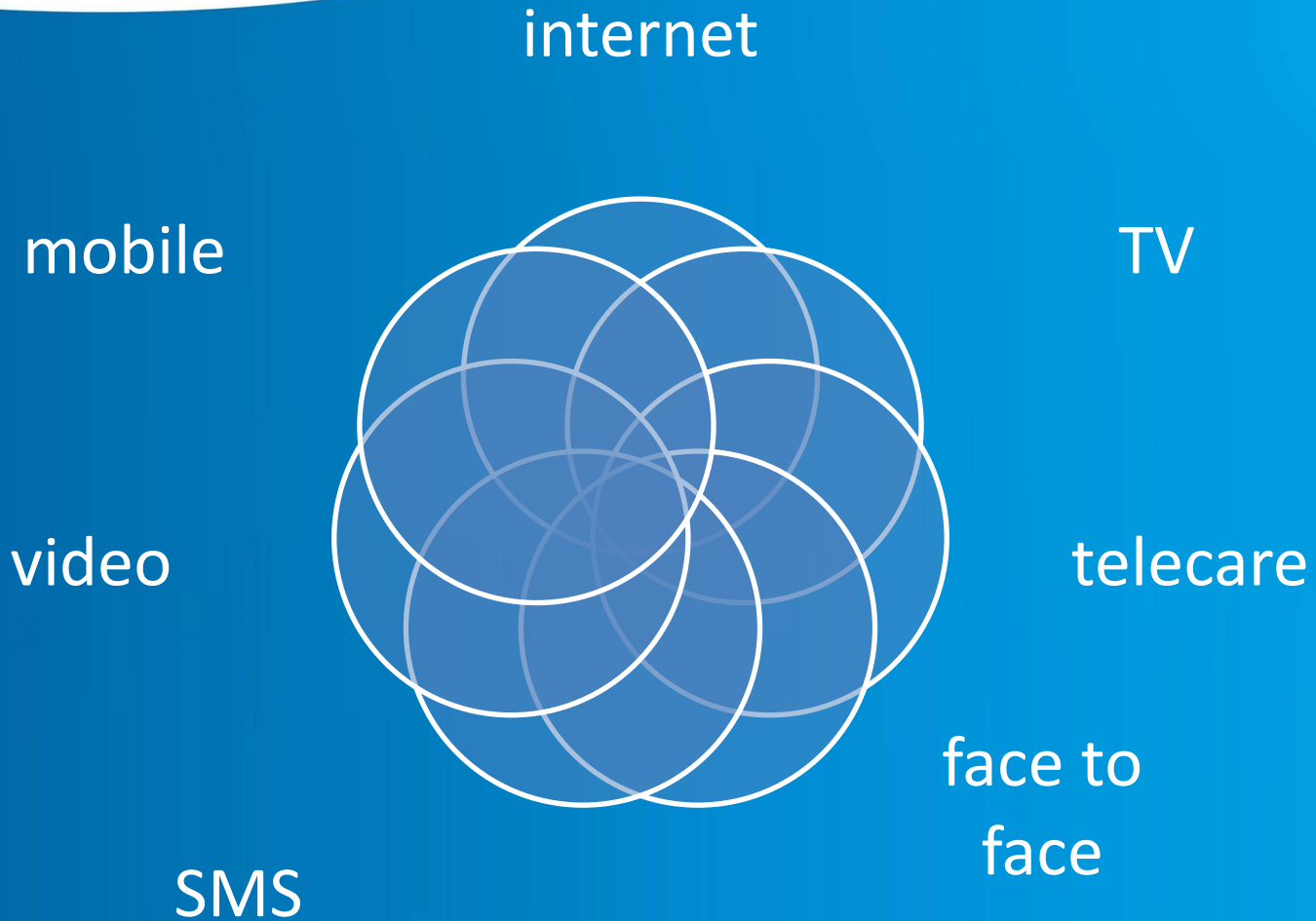
HIE
Highlands and Islands Enterprise
Iomairt na Gàidhealtachd 's nan Eilean

PHILIPS

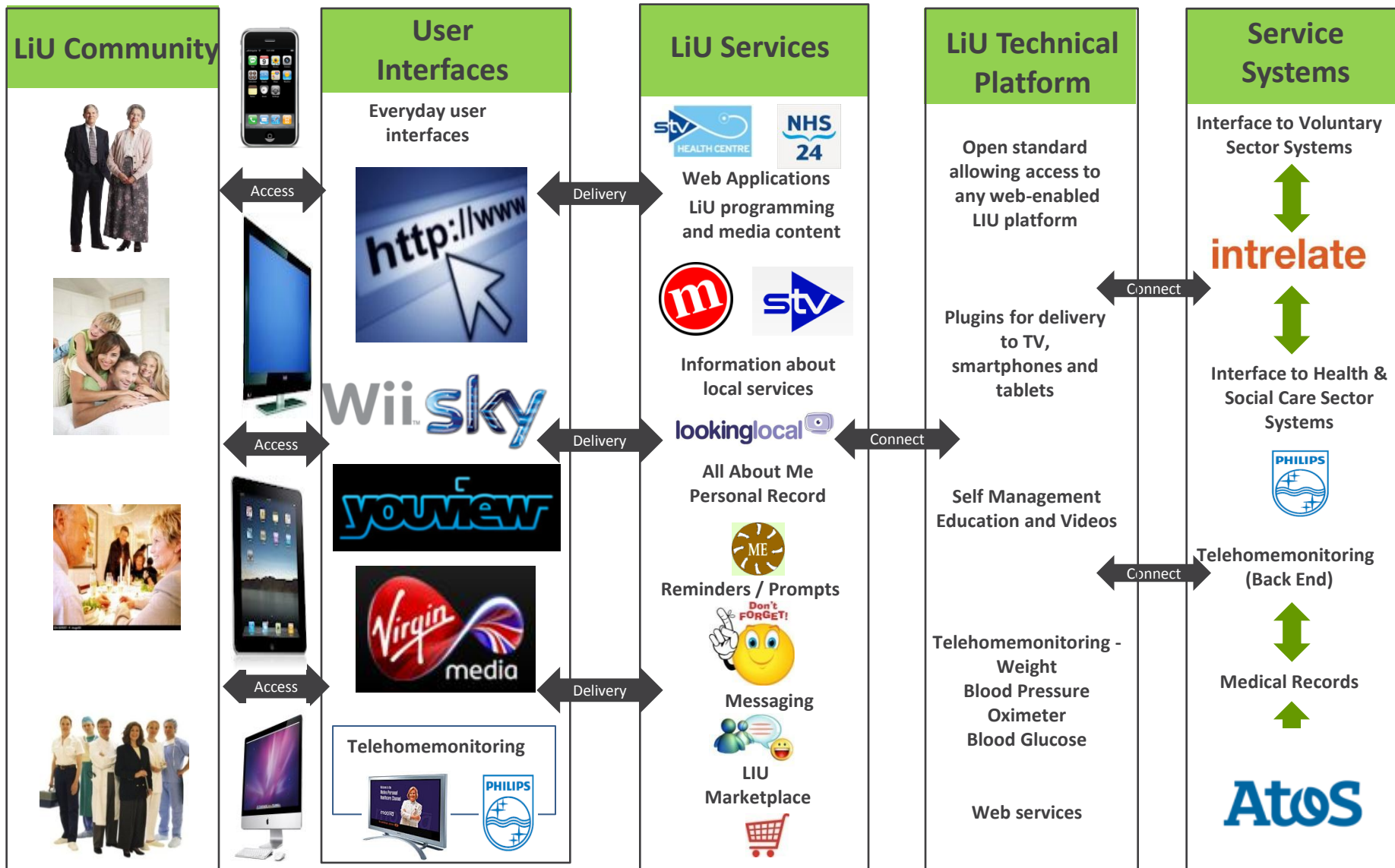


Living it Up - Key objectives

- Deliver a personalised multichannel platform
- LiU menu of health, wellbeing and lifestyle options that are co-designed
- Recruit 55,000 users by 2015 (10,000 with LTC's, frailties, risk of social isolation)
- Industry collaboration and innovation
- 'Hidden Talents' –empower, co-production
- Demonstrate benefits for all users and stakeholders



Living it up will deliver





TODAY - 2012	LIU will deliver	By - 2015
Users visit many sites to gain useful information	Dynamic and personal information/content/media	Users will be empowered and better informed
Users have to call the doctors to make an appt	The ability to book an appt through a range of devices	Users will find this saves time and gives more control
Users struggle to connect with their community	A connected approach that gives contribution choices to enhance lifestyles	Users will create self sustaining support networks
Users struggle to find products and services that suit them	A personalised marketplace giving informed choice	Users can review and feed further development feedback for products/services
Users struggle to communicate effectively with key services	A personal view and communication channel	Users will be able to allow access to family, friends, professionals giving better control and access
Users have to travel to see professionals and make social connections	Virtual interactive and social channels will be opened	Users can use this for social contact and with care/health professionals
Users are often isolated, lonely and unfulfilled after retirement	A hidden talents service	Users will have the option to give something back



- Co-design, co-create and co-development







- Giving back
- Caring for others
- Recognising resilience
- Sharing skills and experience with others
- Connecting people and communities
- Technology







- LiU users;
 - Family, friends and carers
 - Healthy 50-70 year olds
 - 50-70 yr olds with LTC
 - 70+
 - Service providers





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Success



connecting people and communities



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lasting legacy





Conclusion

- Building on key strengths
- Aligned to national strategies
- Focussed on at scale development benefits for;
 - Health
 - Care
 - Social
 - Economic
 - Lifestyle benefits