

## **TELECARE IN SCOTLAND**

### **Introduction**

Generally speaking, older people prefer to stay in their own homes as their circumstances change, and as their requirements for health and social care services increase. The Scottish Government has taken a number of steps to meet this aspiration.

The importance of recognising this preference will increase in the coming years as the number of older people in Scotland is increasing. Between now and 2031, the number of people aged over 60 will increase rapidly and the number below 60 will fall. It is therefore also important that the Scottish Government delivers effective health and care services to people in their own homes as a means of keeping the provision of these services affordable to the public purse.

An important initiative promoted by the Scottish Government since 2006 is telecare. A complementary initiative known as telehealth has also been promoted. Over time the Government is encouraging the merging of these two initiatives into 'telehealthcare'.

### **Government Policies in Scotland**

In 2005 the Scottish Government published a review of health services showing that over the previous 20 years steadily rising numbers of emergency inpatient admissions to hospitals had been the major source of pressure on the NHS, and that most of this increase had involved the admission of older people. It concluded the basic problem was that health services were geared to responding effectively to crises rather than preventing them occurring. Often discharge from hospital involved subsequent admission to care and residential homes rather than a return home.

The Scottish Government concluded that health and care policies in Scotland should in future put more emphasis on preventing crises from arising in the first place, and, where possible and appropriate, on meeting health and care needs in people's homes. This new policy framework is referred to as "shifting the balance of care".

Shifting the balance of care involves the following changes to addressing health and care needs:

Old Approach	New Approach
Geared towards acute conditions Hospital centred Doctor dependent Episodic and reactive Patient seen as passive recipient Self care not recognised	Geared towards long term conditions Embedded in communities Team based and integrated Preventative Patient seen as partner Self care encouraged

In 2006 The Scottish Government launched a telecare initiative to help deliver this change in approach. Initially, the Scottish Government provided £8.35 million to support the growth of telecare in Scotland. In 2008, it provided another £8 million. This money was made available to 32 local authority partnerships across Scotland and was intended to help them establish telecare services that would grow over time. In securing a share of the money, local authorities had to show that they were working effectively with health organisations on telecare delivery.

### What is Telecare?

Telecare is the remote or enhanced delivery of health and social care to people in their own home by means of telecommunications and computerised systems. Telecare usually refers to equipment and detectors that provide continuous, automatic and remote monitoring of care needs, emergencies and lifestyle changes using information and communications technology (ICT) to trigger human responses or to shut down equipment to avoid danger.

A well-known form of telecare is the community alarm. People with a community alarm have a button (normally worn around the neck or wrist) that when pressed alerts a call centre that something is wrong. The call centre then makes contact to get more information on the nature of the problem, and organises an appropriate response. Community alarms are often referred to as 'first generation telecare', and are widely available in Scotland.

The current government initiative is really focused on 'second generation telecare'. This includes sensors that can monitor the home environment, vital body signs and movement activity. More particularly, second generation telecare equipment can include:

- Smoke detectors, Flood detectors and Carbon Monoxide detectors
- Infrared movement detectors that can be installed in different rooms, so that lack of movement for an excessive period can be investigated.
- Fall detectors that send an alert immediately a fall occurs.
- Bed occupancy sensors, such as unobtrusive pressure pads under a mattress, that can be used to turn lights on when someone gets up, raise an alarm if they don't come back to bed, and trigger health support if patterns of toilet use through the night suggest an underlying problem may have developed.
- Bogus caller systems placed by the door to let people summon help if worried by someone at their door.
- Wandering alarms that safeguard people with memory loss or who become confused
- Extreme temperature detectors that provide advanced warning of hazardous situations such as central heating failure in winter, or the onset of a fire.

Some or all of this equipment is made available in packages designed to meet the needs of specific individuals, and is installed with a base unit that manages the transfer of information to a call centre. An important aspect of second-generation telecare is that it sends information automatically, unlike community alarms where help has to be actively summoned by pushing a button.

Complementary equipment can measure personal well being (such as pulse, respiration, and blood pressure) and trigger intervention when unusual patterns are recorded. This is known as telehealth equipment, and there is clearly a grey area between telehealth and telecare. This is increased in the area known as 'third generation telecare', which involves contact with care and health professionals over broadband networks (for example by talking to someone through a normal television set). Third generation telecare is still mostly at the pilot and experimental stage.

### **Progress to Date**

There have been two phases to the Scottish Government's current telecare initiative. Phase 1 covered the years 2006-2008, and progress during this phase was monitored and evaluated by researchers at York University. Their findings were published in February 2009.

Of the £8.35 million available during phase 1, only £6.8 million was actually spent. The rest was carried over into phase 2 and added to the second £8 million. Almost 8,000 people in Scotland received telecare packages under phase 1, including over 6,700 aged 65 and over.

Surveys of people receiving these telecare packages, and of carers of these people revealed positive consequences arising from the installation of telecare equipment:

- 60% of people using the equipment reported a higher quality of life.
- 93% felt safer.
- 70% felt more independent.
- 87% said their families now worried less about them.

However 5% reported a lower quality of life, while 4% felt lonelier. With regard to carers of people using telecare equipment:

- 75% felt that there was less pressure on them and they felt less stress as a consequence.
- They generally felt the equipment gave them peace of mind and they worried less (for example about the possible consequences of someone having a fall).
- However, 4% reported that their stress levels had increased.

The York University researchers also found that the telecare initiative had had significant benefits in terms of:

- Reducing the number of avoidable admissions and readmissions to hospital
- Increasing the speed of discharge once clinical need had been met
- Reducing the need for admission to a care home.

They also reported that in notional terms, the telecare initiative had led to over £11 million in gross efficiencies to date. However, progress had not been uniform across the 32 local authority areas of Scotland, and there are several reasons for this:

- A big contributing factor to the length of time taken to establish telecare services is lack of knowledge of possibilities and resistance to change amongst professional health and care staff.
- Progress was more rapid where local authority led partnerships had senior personnel acting as telecare 'champions' and dedicated telecare managers.
- It was also faster in areas where the number of telecare initiatives developed was limited

Phase 2 is now underway. Whereas there was no explicit strategy underpinning phase 1, the structure of which was largely determined by local authority led bids for funding, phase 2 is supported by an explicit strategy. The key elements of this strategy are:

- That local authority partnerships progressing particularly well under phase 1 were recognised in terms of more generous stage 2 funding, while those progressing slowly were asked to take part in an externally conducted telecare review to explore the potential for telecare locally and the nature of barriers to progress.
- That in the latter phase of stage 2, partnerships are required to match fund any money made available to them.

More generally:

- Three telecare/telehealth pilots have been part funded to encourage innovation and telehealth/telecare service provision convergence.
- Three housing demonstrators have been part funded to explore the role of housing agencies in telecare service provision.
- Standards for telecare equipment installation and maintenance, call handling and for responding to calls have been developed.
- Steps have been taken to ensure that telecare is always considered when single shared assessments are conducted.
- Promotional materials have been prepared to increase awareness of telecare amongst service users, carers, and the general public.
- Training courses are being developed for professionals involved in needs assessment, call handling, equipment installation and advice giving.

### **Next Steps**

The telecare strategy, and within it phase 2 funding, has another year to run. At this stage there is no indication that further Scottish Government funding will be forthcoming. Nonetheless, the Scottish Government hopes that its 4 year telecare initiative will have laid the foundations for the mainstreaming of telecare within wider care service provision arrangements across Scotland.

The Scottish Government has continued monitoring telecare uptake since the period covered by the York University study, and will publish further results in 2010. It has also commissioned a number of related pieces of work including further analysis of the financial consequences of introducing and extending telecare services.

### **Key Facts: Population Trends**

- Between 2006 and 2031 the number of people aged less than 16 will fall by 60,000, working aged people will increase by 20,000, while those of pensionable age will increase by 310,000.
- The number of people aged 75 and over is projected to increase by around 81%.
- The number of people with dementia will double in the next 40 years and the number of those • aged 85 or more with dementia will treble.

### **Key Facts: Health and Social Care Service Trends**

- There were 191,000 emergency hospital admissions of people aged 65 and over in 2004/5, accounting for 41% of all admissions. Emergency admissions rates increase steeply with age.

- In 1981, 0.5% of the population aged 85 and over were admitted on an emergency basis 3 or more times in a single year. By 2001 this had risen to 2.6% of the population aged 85 and over.
- Patients aged 80 and over account for almost the entire increase in bed days required by emergency inpatients over the last 20 years.
- Between March 2000 and September 2005, the number of residents in care homes for older people decreased by 2%.
- The number of older people receiving home care services has been increasing since 2002.
- Around 95% of people aged 65 and over in Scotland live at home, with only 4% in care homes and 0.4% in long stay hospital care, and research has consistently showed that most people want to stay at home as long as possible.
- In the period between 2003-4 and 2007-8 Scottish Executive spending on the 60+ age group increased by 5% per annum in real terms to £5.1 billion a year for the full range of services to that group.

### **Key Facts: Telecare Service Trends and Impacts**

- By 2008 over 180,000 people in Scotland had a telecare service of some kind.
- Around 8,000 of these are identifiable as having received support under the Scottish Government's current telecare initiative by March 2008.
- To date older people (including those with dementia) have been the main beneficiaries of telecare under the current initiative.

By the end of 2007-8 and as a consequence of the current initiative:

- 18 local care partnerships reported that around 1,200 emergency hospital admissions had been avoided, which translated to nearly 14,000 bed days.
- 23 partnerships reported a total of over 500 care home admissions rendered unnecessary.
- 20 partnerships reported a total of over 500 facilitated hospital discharges, with the typical discharge occurring between 7 and 15 days more quickly than would otherwise have been possible.

### **Key Actions**

- More information on the possibilities for staying at home and with an improved quality of life needs to be circulated to older people both directly and to the organisations and groups that they are most frequently in contact with. This should include GP surgeries.

- Local care partnerships need to be encouraged to adopt and extend telecare service provision as quickly as possible and to improve the advertisement of its availability and who to contact.
- Good practice examples of telecare provision that enhance older people's quality of life should be collected and collated, and used to help break down health and care professionals' resistance to adopting telecare where it would be of benefit to older people.

### **Further Information**

The Scottish Government Joint Improvement Team publishes key information on telecare on its website. This includes:

- The Telecare Strategy 2008-10
- The phase 1 research report from York University
- A regularly updated list of key telecare contacts within local partnerships

<http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/>

This policy briefing was commissioned by Age Concern and Help the Aged in Scotland and undertaken by Dr Tony O'Sullivan, Director of Newhaven Research.

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