

Scotland: Technology Enabled Care Programme

Part 1: General Information

Publication on EIP on AHA Portal	Yes
Copyright	Yes
Verification of the Good Practice	No
Evaluation of the Good Practice	Yes
Type of the Good Practice	Good practice

Part 2: Description of the Good Practice

Name of the Good Practice	Technology Enabled Care Programme
Short name (Acronym)	TEC Programme
URL of the Good Practice	http://www.jitscotland.org.uk/news/technology-enabled-care-guidance-for-2016-18/
Geographical scope	National level
Country	Scotland
Region(s) involved	Scotland
Status of the Good Practice	On-going
Stakeholders involved	<ul style="list-style-type: none"> • Hospitals • Primary care centres • Specialised physicians • General practitioners • Nurses • Local public authorities • National public authorities • WHO • Informal caregivers • Nursing homes • Home care centres
Size of population covered	10,00-99,999
Targeted audience	Irrelevant

Summary of the Good Practice

The Scottish Government's TEC Programme was set up to mainstream adoption of technological solutions within service redesign. Its principle focus is on primary, community and home-based care rather than acute specialities, with the general objective of ensuring that outcomes for individuals, in home or community settings, are improved through the application of technology as an integral part of quality cost-effective care and support. A number of specific objectives relate to the further embedding of telecare (including future proofing in the digital age), the expansion of home & mobile health monitoring (this is subject to a separate submission), greater use of video consultations and creation of a national digital platform framework.

The Programme consists of a combination national funding and support being made available for local implementation (to the tune of around €35 million over three years), and is governed by its own Programme Board. A dedicated Programme Office oversees the distribution of funding (the availability of which was determined by a competitive bidding process) and the distribution of expert support. Support at a nation a level consists of technical support, strategic planning support and service redesign support, with other expertise drawn when required.

The principles underpinning the programme, and the approach to large-scale mainstream adoption, are entirely transferable.

Key words: Telehealthcare, digital health, technology, service change

Good practice being part of the larger programme

Yes.

Part of the wider Integrated Care Fund, which is a Scottish Government initiative designed to support the formal integration of health & social care (which is now a legal requirement in Scotland).

Challenges / problems addressed by the good practice

The overall challenge being addressed is one of mainstream adoption of technology enabled care within routine service delivery. Within the specific focus areas, the principle challenges are:

- Telecare - although routinely used, is done so with significant variation in approach and application (from referral pathways, to the way the service is run), and is run using analogue systems in a digital age
- Home & mobile health monitoring - there is a need to move from small-scale, and fragmented, pilots and trials to a national approach
- Video consultations - there currently exists a complete network across the NHS, but is mainly used for staff-staff meetings. Other than in a few isolated examples, where video consultations are routinely used for clinical consultations (primarily island-mainland), there is a pressing need to 'normalise' the use of video for health & care consultations with patients and service users
- Digital platforms - a core component of this is be considering the business case proposal for the implementation of a National Digital Platform to support self-management information, products and services for Scottish citizens, recognizing the fragmented approach to date and the lack of common standards/APIs.

Importance of the challenges / problems before starting to implement good practice

A detailed analysis of the current picture in Scotland was carried out before commencing the programme (as a precursor to securing funding), and whilst it demonstrated that Scotland was in a strong position in many aspects, there were other areas which required detailed focus and effort. For example:

- Services are insufficiently mainstreamed, with a lack of high level strategic focus at Board/Partnership level with a perpetuation of project/initiative approaches supported by short term funding;
- Sustainability is too often dependent on external funding with savings and efficiencies not resulting in enhanced core budgets.
- Telehealth is not sufficiently embedded or embraced by clinicians and NHS services across primary and secondary care, and there is limited interoperability with the core eHealth electronic systems;
- Telehealth and Telecare are not integrated in ways that would support better person centred care;

Environment before the good practice was implemented

Telecare had previously benefited from a large-scale centrally supported drive to mainstream. Over the period 2006-2011, the Telecare Development Programme ran, and now over 80% of all those in receipt of some form of statutory commissioned/provided care at home are utilising telecare. Within telehealth, a national video conferencing infrastructure is already in place across the NHS, with all sites connected. Remote monitoring was in use across all areas of Scotland, albeit at a relatively small-scale and fragmented way. Various uses of digital platform were evident, but without the necessary linkages.

Key innovative elements of the good practice and how the good practice improved situation compared to previous practice

Although the programme is ongoing, to date it is beginning to show that sustained national support can provide the necessary impetus to introduce core budgets into mainstreaming previous small-scale approaches. By providing national focus, the profile and visibility of technology enabled care has been significantly increased, leading to a greater cohort of individuals championing the use of TEC, above and beyond the usual enthusiasts. A significant part of this has been driven by the communications strategy, with specific events targeted to raise awareness, and a strong emphasis on embedding TEC into existing service redesign initiatives, rather than seeing TEC as a separate approach.

Taking the broader holistic view allows for access to additional resources and expertise

Part 3: Transferability of the Good Practice

<p>Cost-effectiveness of the good practice (including all kind of costs and outcomes such as better health, quality of life or other resources)</p>	<p>Lower costs, improved outcomes</p>
<p>Resources required for the deployment of the good practice (personnel, equipment, facilities, ICT and other resources required)</p>	
<p>This varies significantly across the country, depending on what service change is required, what disease group or need is being targeted, what technology is being utilised and what scale the service will be. Taken as a whole, the programme has made available €10.5 million per annum in cash resources, as well as a pool of national experts (covering service redesign, technical implementation and strategic business planning, as well as project and programme management). It has also utilised the Critical Success Factors at a national level to identify what areas require a particular focus.</p>	
<p>http://www.jitscotland.org.uk/resource/assessment-of-the-csf-for-mainstream-adoption-of-tec/</p>	

Total budget of the Good Practice	More than €5M
Source of funding	Primarily national government, but recipients of funding are expected to contribute - either through additional cash resources or through in-kind contributions (e.g. staff time).
The main actions that have to be done to deploy the Good Practice	
<p>National funding guidance was issued 6 months prior to commencing the issuing of funding (see http://www.jitscotland.org.uk/news/technology-enabled-care-technology-guidance-oct-2014/). This required applicants to set out their ambitions and plans, with those successful at the first stage being asked to complete a second, more detailed, business planning template for further assessment. This allowed us to prioritise the targeting of resources appropriately, as well as ensure that the recipients of funding had the necessary infrastructure in place to commence delivery. At a national level, we also recognised the value in knowledge exchange, so established a specific focus on improvement support. This has included hosting a variety of networking events, online seminars, sharing of best practice, as well as accelerated 30-60-90 day improvement cycles.</p>	
Issues during the implementation of the Good Practice	
<ol style="list-style-type: none"> 1. How to allocate appropriate support to individual recipients of funding. We initially set out to ensure that every recipient of funding (23 separate organisations) had a named individual at a national level who could provide strategic support and act as a conduit to bringing in additional expertise and technical knowledge. However, due to the limited number of personnel at national level this provided particularly challenging to implement. Whilst hands-on national support for each local area has continued, we have had to change how we offer that as well as the frequency with which we engage. 2. Procurement. Challenges with procurement vary from area to area and service to service. Generally, procurement within telecare has not been an issue as there is a national Framework in place covering the majority of telecare. For telehealth equipment, however, the scale of use is not yet sufficient to warrant a national framework nor is their general consensus at a local level as to what 'solution' is the best option - this has resulted in a fragmented approach to procuring solutions locally, often at sub-optimal prices. Other challenges with procurement were more generic, and related more to the timescales involved. 3. Information governance. As new procedures are set up, inevitably new protocols need to be put in place. Whilst not an insurmountable challenge, in quite a few areas it took much longer than expected to progress. 	
Additional resources required to scale up Good Practice	

No
<p>Basis to support sustainability of the Good Practice</p> <p>Within Scotland, decisions around what services to commission and decisions on what planning for future service delivery is required is largely governed by local Integration Authorities, who oversee all primary & community health & social care needs within the 32 localities. The statutory strategic planning process that they go through dictates local spending decisions, and is the key focus of long-term sustainability. In other words, it is only by embedding the practice into local planning that it will become a sustainable ‘business as usual’ approach. Evidence of intention to do this was a key requirement of receiving funding.</p>
<p>Evidence to observe the Good Practice</p> <p>An overview of the first year’s activity is available at http://www.jitscotland.org.uk/resource/tec-programme-overview-of-year-one-activity/</p> <p>and a report into progress as at the end of the first year is due to be published soon. This can be made available. We are also able to accommodate study visits, and will be hosting the annual Digital Health & Care Conference in Edinburgh on 30 November when several aspects of the practice will be presented.</p>

Part 4: Viability assessment of the Good Practice

<p>Time needed to deploy the Good Practice</p> <p>Between one year and three years.</p>
<p>Investment per citizens / patient / client in terms of financial resources</p> <p>Between €1.000 - €5.000 EUR per targeted citizen / patient.</p>
<p>Evidence behind the Good Practice</p> <p>Documented evidence. Evidence is based on systematic qualitative and quantitative studies.</p> <p>There is sufficient evidence available to demonstrate varying degrees of impact on quality of life (and other personal outcomes), affordability (and other system outcomes) and effectiveness (and other clinical and/or care outcomes) - although it all depends on the individual service. No funding was issued if the proposal could not evidence a positive impact.</p>
<p>Maturity of the Good Practice</p>

<p>There is evidence that the practice is economically viable and brings benefits to the target group. Further research and development is needed in order to achieve market impact and for the practice to become routine use.</p>
<p>Estimated time of impact of the Good Practice</p> <p>Long term and sustainable impact - e.g. a long time after the pilot project ended and routine day-to-day operation began.</p>
<p>Impact observed</p> <p>Better quality of life (societal).</p>
<p>Transferability of the Good Practice</p> <p>The innovative practice has been transferred in other locations or regions or national scale in the same country.</p>

Part 5: Your organisation

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Type of organisation	Government
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