

# Proactive Telecare Outbound Calling - Tests of Change 2021

## Phase One Summary Report



### Our working definition

"Proactive Telecare has a deeper relationship with the person receiving the service, gathering insights into patterns of behaviour and preferences over time, through good conversations, devices and linked data, enabling a more tailored and preventative service that aims to anticipate and prevent crises, and support wellbeing and resilience.

Proactive telecare is enabled by greater integration with other health, care and housing services, the third sector and community supports."

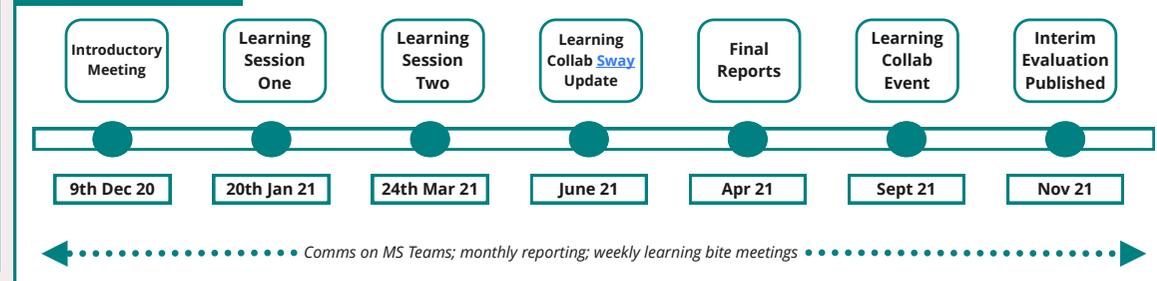
- ✔ Greater integration of telecare services with other services, organisations and community supports.
- ✔ Targeted & personalised outbound calls.
- ✔ Sign-posting for wellbeing.
- ✔ Escalation to statutory services when required.
- ✔ Outcomes-focused and asset-based.
- ✔ Intelligence-informed.



### Proactive Approach

- **Referrals and sign posts to:**
  - Local foodbanks
  - Mindspace and Your Voice
  - Money Advisory Service
  - Citizens Advice Scotland
  - Age Scotland (Friendship Service)
  - Care & Repair
  - GPs
  - Social Work
- **Telecare review or repair**
- **Provision of aids and equipment**

### Project Timeline



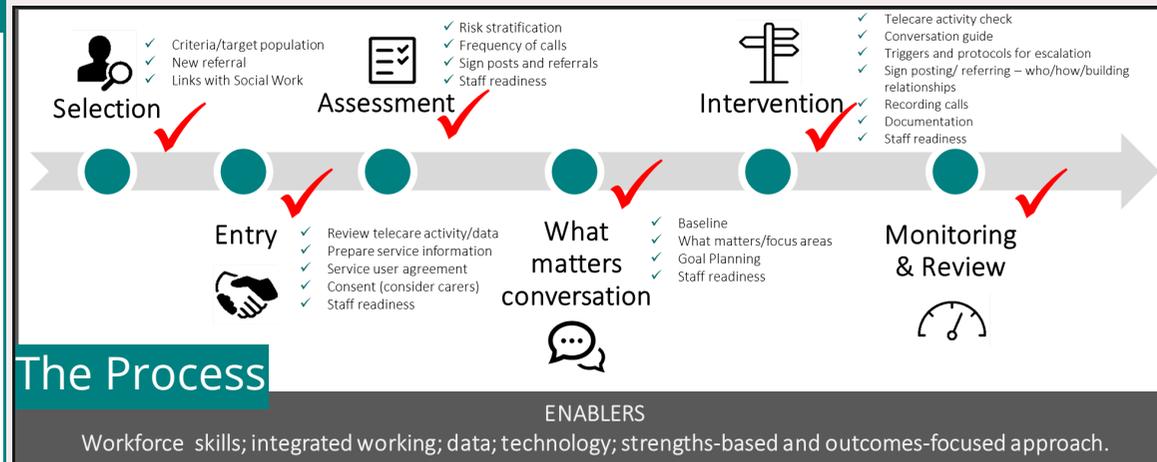
### Exploring Proactive Telecare in Scotland

#### Questions for Phase One

- WHO:** Who is the target population for an outbound calling service?
- WHAT:** What are the key components of the service?
- WHY:** What are the benefits and outcomes of proactive telecare for citizens, telecare services and the wider health and care system?
- HOW:** What are the key enablers and barriers?

TEC funded three telecare services to **develop and test proactive outbound calling** component as a **sustainable enhancement** of their existing service, and

- Build on the learning and successes of CoVID-19 outbound calling; and
- Gain rapid insight in to the practicalities, challenges, benefits and scalability of working proactively.



**Bield Housing and Care**  
(BR24)

Target Population:

1. **Infrequent callers**  
Bield Tenants in Midlothian
2. **Frequent callers**  
Inverclyde HSCP Telecare Service
3. **Linstone Housing Association**

**56%**  
Customers accepted offer of PT



**Dumfries & Galloway HSCP**

Target Population:  
Frequent callers

Changed to:  
**No manual trigger within 45 days** (using Tunstall's risk stratification tool to identify people who may benefit)

**22%**  
Customers accepted offer of PT



**City of Edinburgh HSCP**  
(ATEC24)

Target Population:

1. **Frequent callers**, who do not have regular access to care and support services
2. **Next of kin in their capacity as informal carers**

**40%**  
Customers accepted offer of PT

For further information please contact



[nss.tec@nhs.scot](mailto:nss.tec@nhs.scot)



Digital Health & Care  
Innovation Centre



# Proactive Telecare Outbound Calling - Tests of Change 2021

## Phase One Summary Report



### Some of the key findings from Phase 1

- Implementation of Proactive Telecare to enhance existing Telecare services was achievable on a relatively small scale as a test of change.
- Test sites embraced this new way of working and felt optimistic about scaling Proactive Telecare in the future.
- Partnership working is critical for success and enabled a relatively new approach to be rapidly implemented in three test sites in a six months pilot. However, sites underestimated the time required to build relationships and trust, train staff, screen and assess suitable customers, and secure the required permissions to share data.
- The tests sites targeted different customers highlighting the applicability of Proactive Telecare for a wide range of customers from those who have low intensity needs to those with more complex issues who are more dependent on technology.
- Staff, carers and customers involved valued Proactive Telecare positively. Job satisfaction increased for staff, and customers felt more connected and less isolated.
- Proactive Telecare may be considered as an additional role to be undertaken by selected trained staff or a more generic approach that all Telecare call handlers can deliver.

### Challenges

- DPIA approval
- Delays in data flow with external call handling provider
- Local data collection – recording of data for the measurement plan
- Data cleansing records in system to reflect current contact details and service provision
- Covid-19 pandemic – affecting staff numbers due to rate of infections and providing a safe working environment
- Resource intensive for call handlers and project managers

### Key Learning

- Identify training needs and resources to support staff with 'Good Conversations'
- Staff feedback - valued the training resulting in higher confidence levels and job satisfaction
- Consider resources that are available to deliver a project within a short timeframe
- Revisit the purpose of proactive telecare and be more specific about what change we would like to see. For example is it reduced alarm activations or improvement of wellbeing. We feel that we were perhaps too wide or ambitious in our approach.
- Each beneficiary received a call from the same call handler. This allowed trust and relationships to form to allow more meaningful calls.
- Creating and setting expectations from the start via service level agreements and service information leaflets. This helped to shape expectations for the service being provided and also expectations from the beneficiary.
- Dependencies – understanding and forming an effective exit strategy is essential for bringing the test of change to an end for both beneficiary and staff
- The TOC was too short, and had too many beneficiaries who had no/low initial use of alarms, to measure the impact on alarm calls.

### How we learned

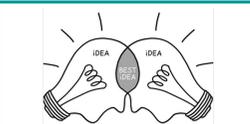
- ✓ Weekly Learning Bite Sessions
- ✓ Learning Collaborative Learning Sessions
- ✓ iHub Improvement Advisor Coaching
- ✓ Learning from others (Wales & Andalusia)
- ✓ Monthly Progress Reports
- ✓ 1:1 Meetings with TEC Telecare Leads
- ✓ Resource Repository (MS Teams)
- ✓ Project Measurement Framework

### Learning Collaborative

Maximise learning from the outbound calling tests of change by creating opportunities:

- for knowledge exchange
- to share learning, experience, ideas, successes and things that don't go quite so well
- to problem solve
- to co-design aspects of their tests
- to provide peer support

Everybody teaches, everybody learns	Steal shamelessly
Acknowledge graciously	Share generously (transparency)



### Case Studies

Recently bereaved; not going out; lonely. Within three conversations going back to church. Now walking dog; new friends.

Multiple falls detector alerts. Conversation about circumstances of falls. Lonely; rushing to answer phone. Now arranged family to call back. Significant reduction in alerts.

Initially scored high on wellbeing wheel. Within three conversations disclosed not taking care of himself, not eating, struggling with finances. Sign posted to food bank, Citizen's Advice and referred for full benefit review. "Weight had been lifted"

179

customers received wellbeing calls during the test of change

1152

wellbeing calls delivered

Staff Feedback

"So, for me, it's been lovely to get to know people and, ... the stories that people tell you and the things that people want to open up about, is amazing. So, the trust that you gain from that is just, for me, it just makes me feel like, "Yeah, I am doing my job".

Participant Feedback

"Well... they show that they're caring, that if anything happened between last Friday and this Friday... you're able to talk to them about it and they're more than willing to listen. And anything they can do to help, they will do it. So, it's a security thing as well, isn't it? When you live yourself"

### Next Steps - Phase Two

#### Objectives of phase two:

Work with three test sites (Bield, Edinburgh and Dumfries & Galloway) to:

- Refine the delivery of proactive wellbeing calls, building on the learning from phase one;
- Demonstrate a clear contribution to the current service pressures associated with the CoVID-19 pandemic, focusing on an index event which can be better managed with the addition of wellbeing calls and an integrated approach; and
- maximise learning across sites through a multiagency Learning Collaborative.

Undertake an independent academic evaluation to:

- Assess the added value to people receiving the proactive wellbeing calls, the telecare service and the wider system, and the affordability for Scotland's health and care sector.
- Create sufficient evidence to support a business case for implementing wellbeing calls as business as usual

#### Further Reading Links

[Interim Evaluation Report](#)

[Telecare Call Handling Reports](#)

[Proactive Outbound Calling to Telecare Service Users During the COVID-19 Outbreak](#)