

2021 - 2022

TELECARE BENCHMARKING IMPACT REPORT



TABLE OF CONTENTS

- 1** Executive Summary
- 2** Introduction
- 3** Engagement and Limitations
- 4** Findings - Demographics
 - Referrals and Installations
 - Withdrawals
 - Grouped Call Data
- 5** Actions and Recommendations
- 6** Acknowledgements

EXECUTIVE SUMMARY

1.1 Scotland's Housing Network has been providing benchmarking services to Scotland's Technology Enabled Care programme since 2017.

1.2 Telecare benchmarking workshops are held quarterly for Health and Social Care Partnerships that are either actively participating in the telecare benchmarking programme or are interested in doing so in the future. The average attendance at the quarterly benchmarking workshop is thirty.

1.4 The introduction of the Scottish Telecare Customer Minimum Data Set is seen as a key factor in the development of benchmarking both locally and nationally, it is hoped that this will help to improve the accuracy of reporting and analysis. However, it is acknowledged that this will not be a quick fix and that partnerships will need support to do this, and benefits may take some years to be fully realised.

1.5 In this report, to provide a national picture, analysis has been carried out at regional level, not individual Health and Social Care Partnership. Quarterly benchmarking workshops are focused at the local level. Partnerships are grouped on the following basis:

CENTRAL - CLACKMANNANSHIRE AND STIRLING, FALKIRK AND DUNDEE.

LOTHIANS - EAST LOTHIAN, WEST LOTHIAN AND MIDLOTHIAN.

NORTH - ABERDEEN CITY, ABERDEENSHIRE AND HIGHLAND.

SOUTH - DUMFRIES AND GALLOWAY, NORTH AYRSHIRE, SOUTH AYRSHIRE, EAST AYRSHIRE AND SOUTH LANARKSHIRE.

WEST - EAST DUNBARTONSHIRE, GLASGOW, INVERCLYDE AND WEST DUNBARTONSHIRE.

EXECUTIVE SUMMARY

1.6 Key findings for 2021/22 are:

- 72% of people in receipt of telecare were aged 75 years and over.
- 54% of telecare users are owner occupiers.
- The modal reason for referral to telecare was 'to improve safety/reduce the risk of harm' (68% of referrals).
- The most common sources of referral are social work (35%), open/self/carer/family (29%) and hospital (24%).
- The average number of days from referral to installation is 11 days, with a range of 19 days.
- Three years is the average number of years a service user has telecare installed.
- There is a high proportion of 'other' responses being recorded by alarm receiving centres (37%).
- Responder services are required 21% of the time.
- Community alarms continue to be the most common device type (59%).
- Of the calls that required a response from emergency services, 61% were for Scottish Ambulance Service, 35% Scottish Fire and Rescue and 4% Police Scotland.



INTRODUCTION

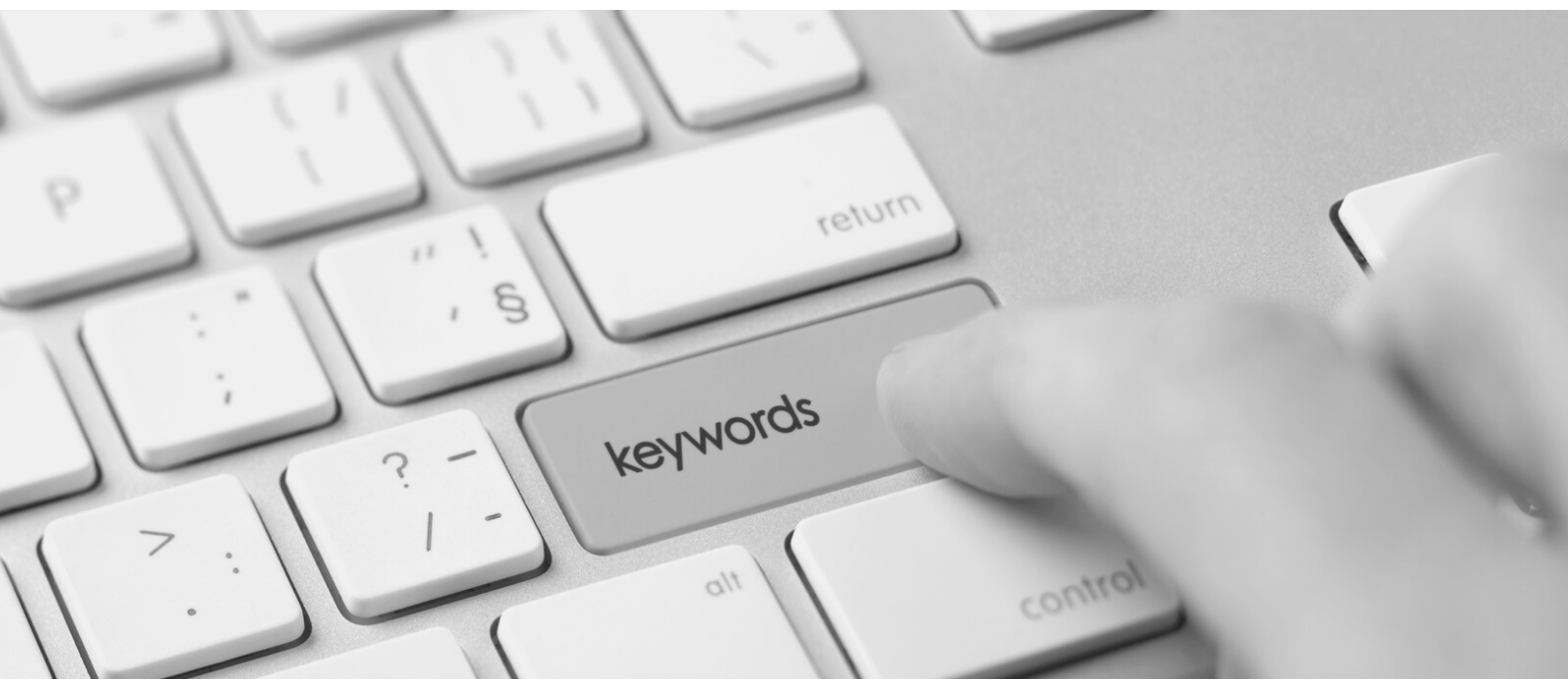
2.1 Scotland's Housing Network (SHN) is a registered Scottish charity (SCO42381) and is a limited company registered with Companies House (SC401352) and is governed by a Board of Trustees.

2.3 SHN provides benchmarking and data insights services, value for money services, communities of practice, events and training and a range of other services to local authorities and registered social landlords across Scotland. Scotland's Housing Network adheres to the European Benchmarking Code of Conduct.

2.3 The Technology Enabled Care (TEC) programme was launched in 2014 with oversight from the Scottish Government. The programme was established to support service transformation in the backdrop of ever-increasing demands on health and social care providers.

2.4 Scotland's Housing Network and the TEC telecare programme have worked together since 2016. SHN provides benchmarking services against a number of agreed metrics. As well as providing benchmarking service, which includes support to Health and Social Care Partnerships (HSCPs) joining the programme, SHN also hosts quarterly data workshops to share the findings of the benchmarking with both the HSCPs that return data, and those that are interested in engaging in benchmarking in the future.

2.5 The telecare benchmarking pilot took place in 2017, with the first data collection tool being released in 2018. Following further consultation with the sector, the current performance indicators and associated data collection tool was released in 2019.



INTRODUCTION

2.6 Since November 2020, the TEC programme and HSCPs in the sector have been in extensive consultation over the development of a Scottish Telecare Customer Minimum Data Set (SMDS). This SMDS has taken a holistic approach to the data and performance indicators that the TEC programme recommends each HSCP collate. The finalised version of this document is being submitted to the Telecare Delivery Board for approval in 2023 and further support from the TEC programme will support its adoption across HSCPs. Once issued, it will be subject to regular review and the benchmarking programme will be key to informing the next iteration.

2.7 Future iteration of the telecare benchmarking programme will use the finalised SMDS to update the data indicators used for benchmarking, providing HSCPs with more meaningful evidence-based information, to support the improvement of local and national telecare service delivery.

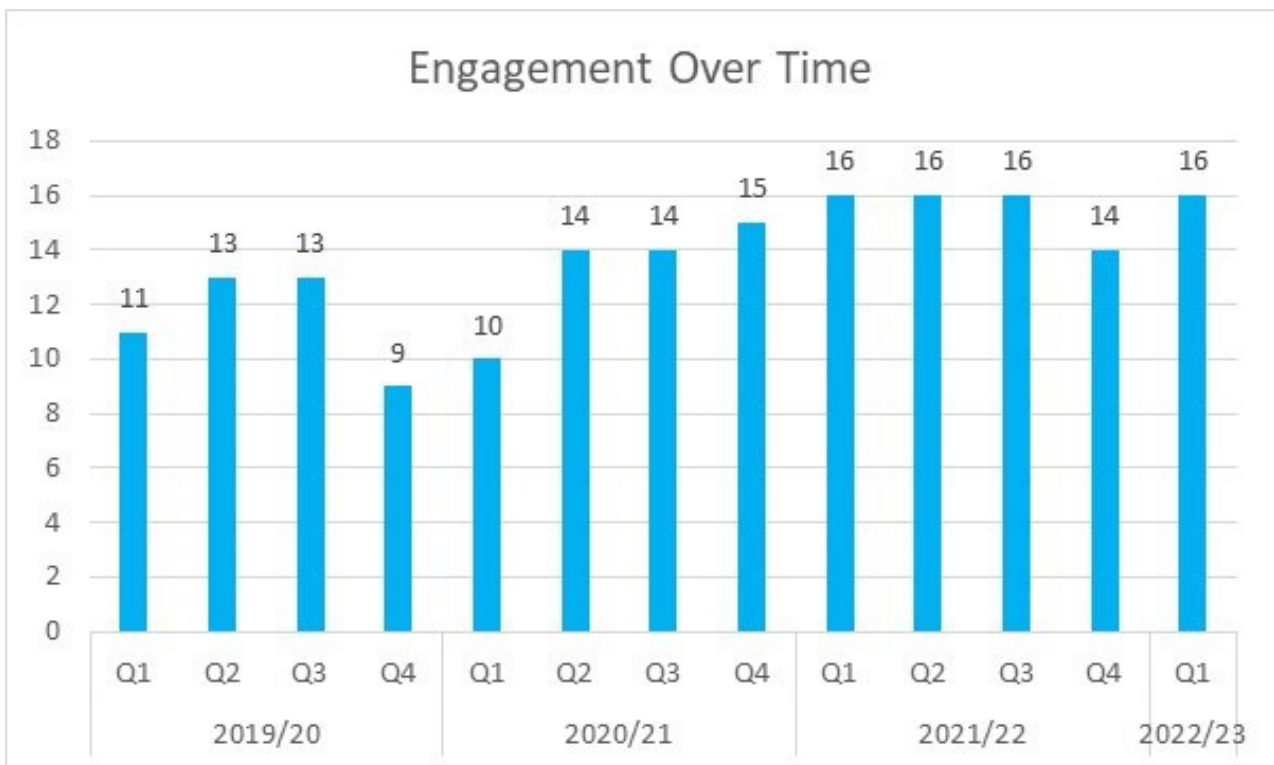
2.8 This report provides a summary of activity over 2021/22 and recommendations for the future. It is noted that in previous years the Telecare Impact Report has provided analysis at individual HSCP level, however, this report has aggregated partnerships into geographical areas. It is important to us that the Impact Report is helpful to HSCPs, as well as other stakeholders, feedback will be sought on the preferred approach for future years.



ENGAGEMENT AND LIMITATIONS

Engagement and Coverage

3.1 Currently, half of the Health and Social Care Partnerships are regularly engaging in benchmarking. Whilst this is positive it still leaves room for improvement, when more partnerships engage with benchmarking, we can build a more robust and reliable national picture.



3.1 The mean number of reporting HSCPs in 2021/22 was 15.5, up from 13.25 in 2020/21 and 11.5 in 2019/20. With the exception of Q4, we have received 16 returns every quarter since Q1 2021/22. Quarter four was slightly lower due to staffing issues within the partnerships who did not return.

3.2 Over 2021/22 18 HSCPs submitted data at least once, up from 17 the previous year. Twelve HSCPs submitted data each quarter, 4 submitted three times, 2 once and fourteen did not engage at any time. It is recommended that TEC and SHN work in partnership to understand the barriers to participation for those partnerships who have yet to engage in benchmarking and apply this learning to a nationwide roll out of the SMDS.

ENGAGEMENT AND LIMITATIONS

3.3 Unfortunately, one partnership, who had previously been a regular participant in benchmarking, withdrew from submitting future data. The reason provided for this was that the service could no longer commit the human resources needed to gather and submit the data.

3.4 Of the five partnerships who had made a commitment to begin to participate in benchmarking during 2021/22, only one partnership was able to do so, and only for an analysis on annual contextual information.

3.5 For those partnerships who have indicated a desire to participate in benchmarking but have been unable to do so, the two main barriers are: human resource, and difficulty being able to get reports put in place (often the two barriers are not mutually exclusive).

3.6 It is envisaged that this difficulty will continue when we move from the current benchmarking tool to the introduction of the SMDS. Moreover, it is envisaged that as we introduce new indicators partnerships that are currently engaging will find it challenging to adapt their reporting mechanisms. It is important to allow them time to do so, and the TEC programme should explore ways in which it can support individual partnerships on this transformation journey, on a local and national level.



ENGAGEMENT AND LIMITATIONS

3.7 This report will make comparisons and judgments, it will use 'national averages' at points throughout. The term 'national average' as reflected in this report refers to the total number of HSCP that have returned benchmarking data, it is acknowledged with only 50% of HSCPs regularly returning data that this is not a truly representative picture. Comparisons and judgements are made whilst recognising this limitation.

3.8 Another limitation is inconsistency, not all partnerships report fully and accurately every quarter. SHN are working with individual HSCPs and the TEC programme to progress this in the future.

3.9 Several indicators have an 'unknown or other' option. Much work has been carried out by HSCPs, SHN and TEC to minimise the excessive use of these options, it does not provide the opportunity to draw meaningful conclusions. Further work is still required, it is believed that the introduction of the SMDS will help with this ongoing issue.

3.10 A final limitation is the lack of KPIs, whilst it is acknowledged that on some indicators it would not be helpful to define 'what good looks like', however, on others it would be meaningful. It is a recommendation that at the introduction of the SMDS, discussions should be held with HSCPs to agree some initial KPIs, where appropriate.



FINDINGS 2020/21

Demographics

4.1 Age data was provided for 13,334 telecare customers during 2021/22. This data has been grouped as follows Central (Clackmannanshire and Stirling, Falkirk and Dundee), Lothians (East Lothian, West Lothian and Midlothian), North (Aberdeen City, Aberdeenshire, Highland), South (Dumfries and Galloway, North Ayrshire, South Ayrshire, East Ayrshire, South Lanarkshire) and West (East Dunbartonshire, Glasgow, Inverclyde, North Lanarkshire, West Dunbartonshire).

4.2 Of the service users for whom we collected age data, 19.4% were based in Central region, 16.7% in Lothians, 15.8% in North, 23.5% in South and 24.7% in West.

4.3 Most telecare service users were aged over 75 years old, nationally this accounts for 72.1% of users. This remains unchanged from previous years (73% in 2020/21).

4.4 There are however notable differences between the localised areas: Central 70% of users are over 75 years old, Lothians 71.8%, North 79.4%, South 74% and West 67.8%. An 11.6 percentage point difference between the West and North. Some of the variance may be connected to local demographics, however, we must also consider the more rural nature of homes in the North region and the likely impact that this will have on service users and their families wanting some extra reassurances.

4.5 The total percentage of service users in the working age category during 2021/22 is 11.2% (10% in 2020/21). Localised differences exist, again most notably with the North having 8.4% of users in this age category and the West 13.1%.

4.6 Children under the age of 18 years old account for only 0.5% of service users nationally.

CENTRAL - CLACKMANNANSHIRE AND STIRLING, FALKIRK AND DUNDEE.

LOTHIANS - EAST LOTHIAN, WEST LOTHIAN AND MIDLOTHIAN.

NORTH - ABERDEEN CITY, ABERDEENSHIRE AND HIGHLAND.

SOUTH - DUMFRIES AND GALLOWAY, NORTH AYRSHIRE, SOUTH AYRSHIRE, EAST AYRSHIRE AND SOUTH LANARKSHIRE.

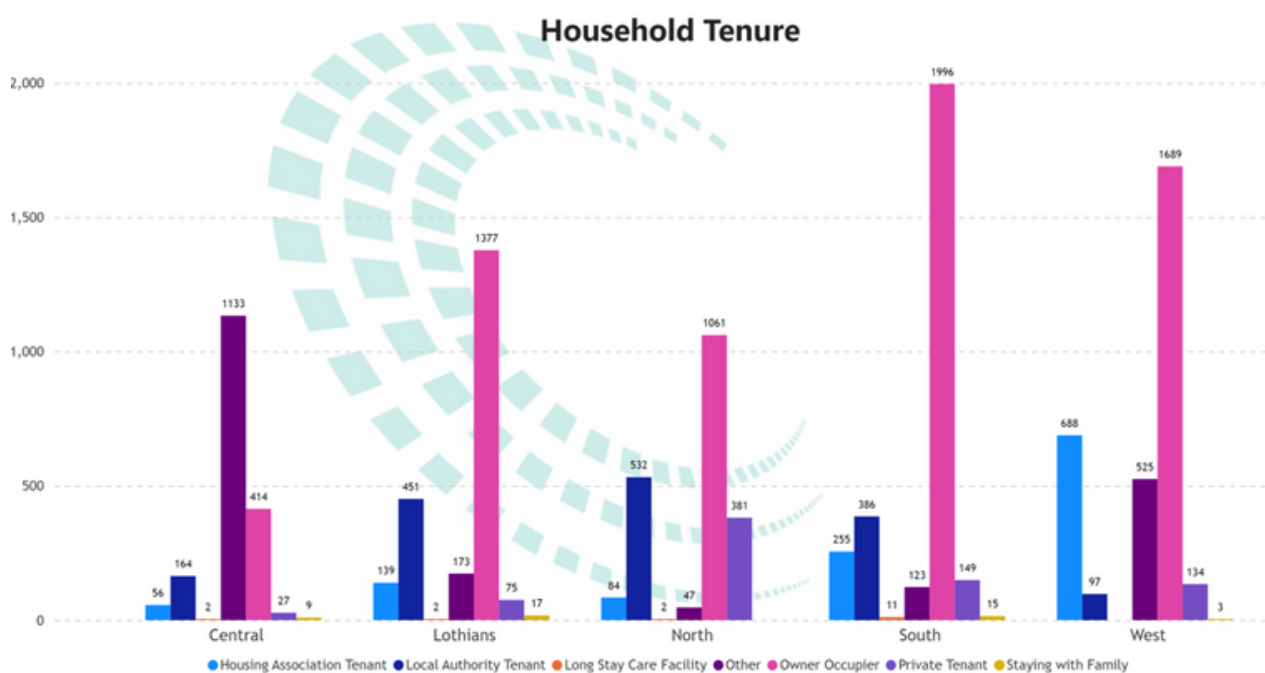
WEST - EAST DUNBARTONSHIRE, GLASGOW, INVERCLYDE, AND WEST DUNBARTONSHIRE.

FINDINGS 2021/22

4.7 Most service users are owner occupiers, 53.5%, a small increase from 51% in the previous year. Social housing tenants continue to account for 23% of service users. This is in line with national statistics for social housing tenants[1].

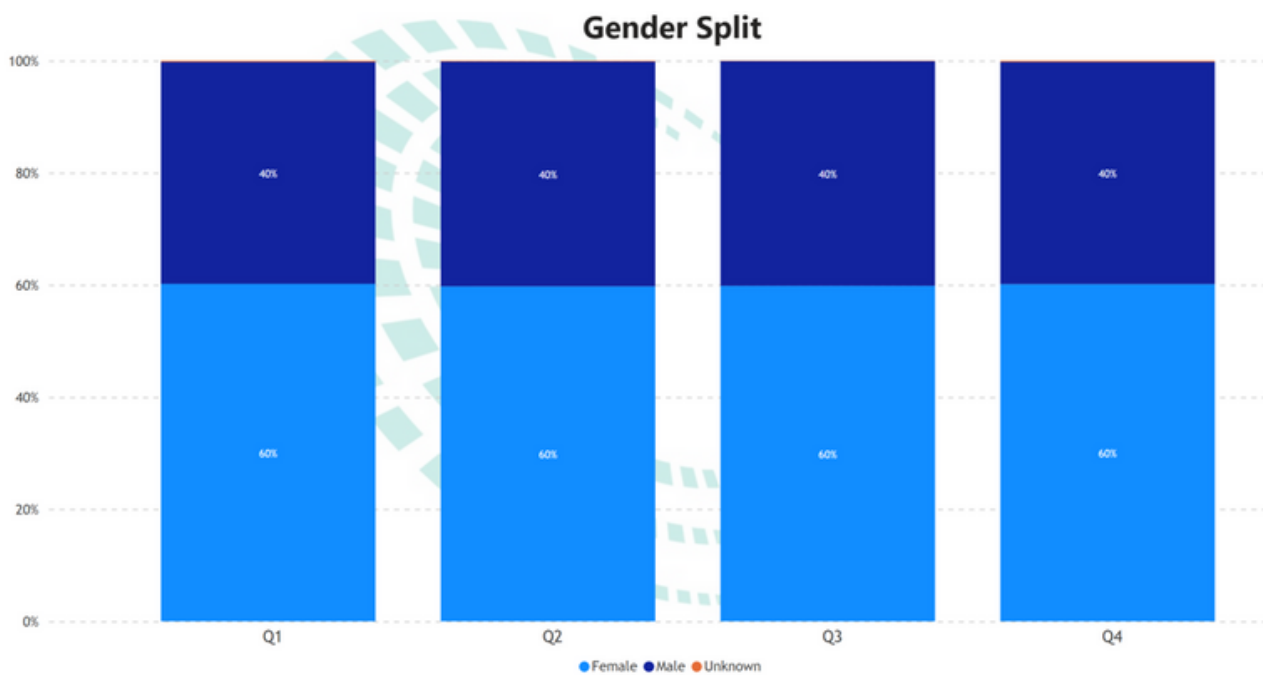
4.8 It is noted that 16.4% of households are recorded as 'other', this continues to be an improvement in reporting down from 18% last year, and 28% the year before that. There are notable variances in regions, in the Central region 62.8% are recorded as other, whereas in the North this is only 2.2%. One HSCP in the Central region has recorded 88% of their households as other, having an impact on the regional data.

4.9 The private rented sector accounts for only 6.3% of households, again variances exist. In the Central region it is only 1.5% of households and in the North, this is 18.1%. The proportion of 'other' returns in the Central region may also be adversely impacting upon this data.



FINDINGS 2021/22

4.10 The gender split remains similar to previous years with approximately 60% of service users being female. Some local variances exist; however, these are insignificant.



CENTRAL – CLACKMANNANSHIRE AND STIRLING, FALKIRK AND DUNDEE.

LOTHIANS – EAST LOTHIAN, WEST LOTHIAN AND MIDLOTHIAN.

NORTH – ABERDEEN CITY, ABERDEENSHIRE AND HIGHLAND.

SOUTH – DUMFRIES AND GALLOWAY, NORTH AYRSHIRE, SOUTH AYRSHIRE, EAST AYRSHIRE AND SOUTH LANARKSHIRE.

WEST – EAST DUNBARTONSHIRE, GLASGOW, INVERCLYDE AND WEST DUNBARTONSHIRE.

FINDINGS 2021/22

Referrals and Installations

4.11 Reason for referral indicates the primary reason why an individual was referred to the service, based on the intended outcome for the service user.

4.12 Remaining unchanged from previous years, the modal reason for referral is 'to improve safety/reduce the risk of harm' (68.3%, 64% during 2020/21). There are regional variances, in the West this accounts for 82.4% of all referrals, whereas in Central it is only 56.3%, 60.5% in the South, 59.3% in the North and 76.1% in the Lothians.

4.13 Again, unchanged the second most common reason is 'to enable independence' with 22.5% of the referrals nationally. Regional variances are evident with 34.4% in the Central region and only 14.5% in the West.

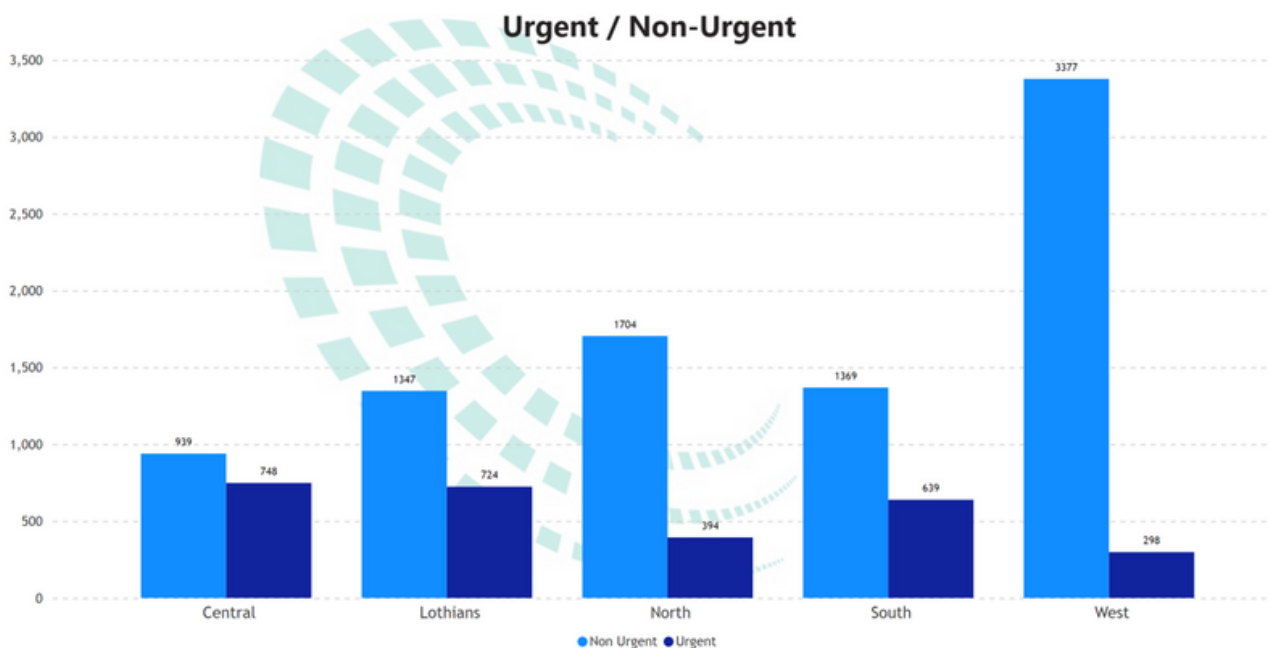
4.14 Interestingly, arguably the two most rural regions, the South and the North, have the largest proportion of 'other' as a reason for referral, 10.5% in the South and 14.8% in the North. This compares to a national picture of only 5% of referrals. It is assumed that the introduction of the SMDS will prevent this discrepancy in future years.

4.15 It is worth noting that the current benchmarking toolkit only allows for a single (primary) reason for a referral to be recorded. Participants in the benchmarking workshops have stated that this does not necessarily provide for an accurate picture of the needs of services users, the options are generic in nature and almost all service users could select 'to improve safety/reduce risk of harm' as a reason for referral based on the intended outcome. This will be rectified in a future iteration of the tool, with the introduction of a multiple selection facility within the SMDS.

FINDINGS 2021/22

4.16 Most referrals that were received were deemed non-urgent, 75.7%, meaning installation is required in 5 days or more. Significant regional variations exist, Central recorded 55.7% of referrals as non-urgent, Lothians 65%, North 81.2%, South 84.9% and West much higher at 91.9% of all referrals.

4.17 In the current benchmarking tool, only two priority levels are offered, this does not take account of service-users who require telecare to be installed quickly to aid a hospital discharge or for end-of-life care. This has been addressed in the SMDS and the new priority level will be included in future iterations of the benchmarking toolkit.



FINDINGS 2021/22

4.18 Referral source records where a telecare referral originated, during the discussions in the benchmarking workshops it is evident that differences in service design can have an impact on where telecare referrals originate, for example in some HSCPs all referrals are directed via social work.

4.19 The most common referral sources were social work, 34.8% (previously 27%), open/self/carer/family 29.4% (previously 34%) and hospital 23.9% (same as previous year).

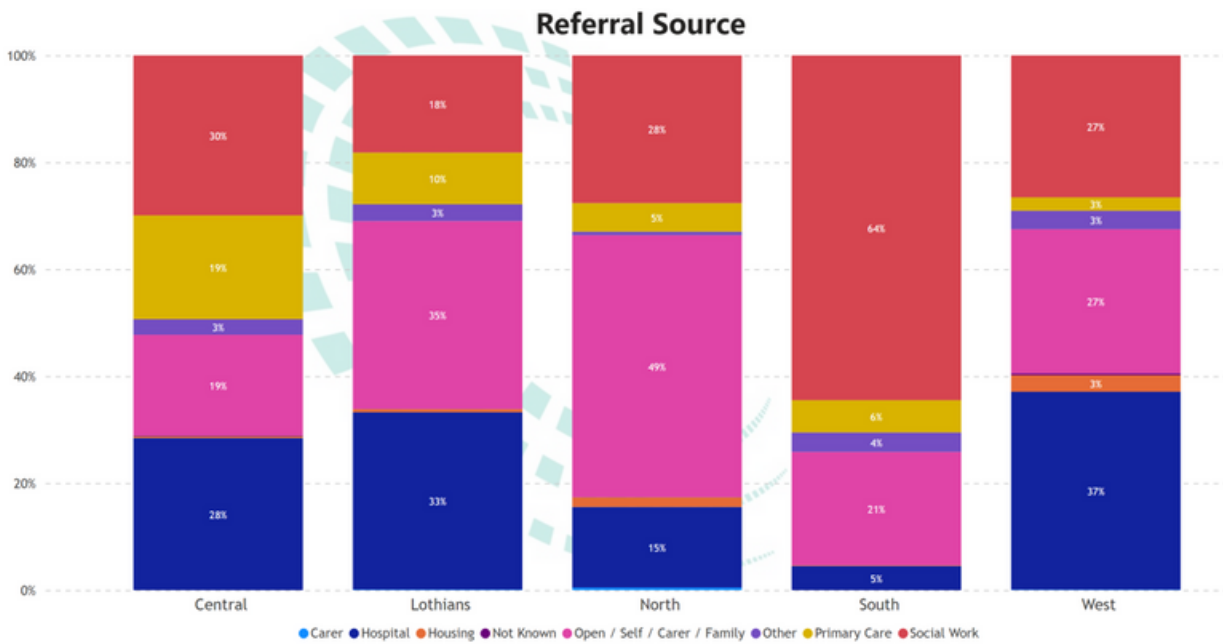
4.20 There are some significant regional differences, where social work accounts for 35% of referrals nationally, this is 64.5% in the Southern region. We know from discussions at the benchmarking workshops that individual service design at a HSCP within this region means that they receive all their referrals from social work, having an impact on the regional totals.

4.21 It is reassuring to see that the proportion of 'others' is very low across all regions, <4%, this is very encouraging. If we reflect back to 2018, the Central region was reporting 51% of other responses and the South 100%, however, 2018 figures are skewed by a small number of HSCPs recording all referrals as other, that said the accuracy of data recording is still very much improved.

4.22 Referrals that come from the 'open/self/carer/family' category varied substantially, 19% in the Central region to almost 50% in the North. Again, it is proposed that this variance is connected to service design. Any potential service users must be able to progress a referral, with ease and without delay, regardless of the referral source.

4.23 It is widely accepted that the installation of telecare equipment can facilitate a speedy and effective hospital discharge for some patients. The proportion of referrals that originate from hospital is varied between regions. However, from discussions during the benchmarking workshops we know that in the Southern region, where all referrals come from social work, on many occasions they originate from hospital teams to aid discharge.

FINDINGS 2021/22



CENTRAL – CLACKMANNANSHIRE AND STIRLING, FALKIRK AND DUNDEE.

LOTHIANS – EAST LOTHIAN, WEST LOTHIAN AND MIDLOTHIAN.

NORTH – ABERDEEN CITY, ABERDEENSHIRE AND HIGHLAND.

SOUTH – DUMFRIES AND GALLOWAY, NORTH AYRSHIRE, SOUTH AYRSHIRE, EAST AYRSHIRE AND SOUTH LANARKSHIRE.

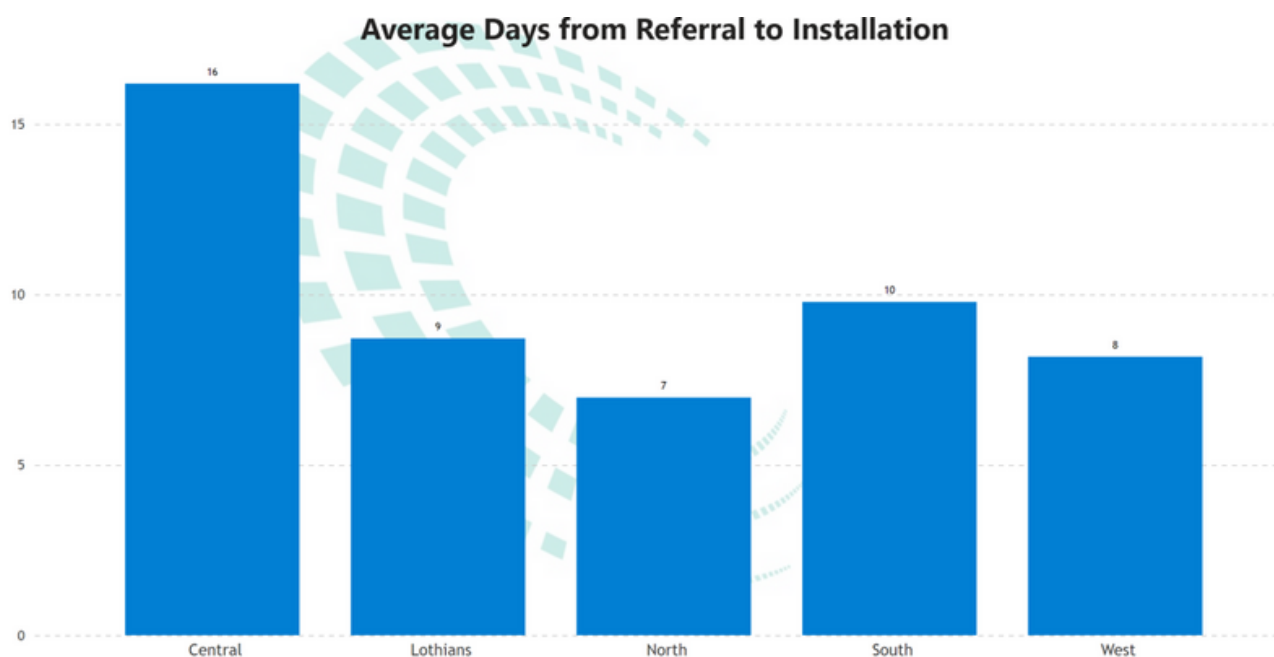
WEST – EAST DUNBARTONSHIRE, GLASGOW, INVERCLYDE AND WEST DUNBARTONSHIRE.

FINDINGS 2021/22

4.24 The average number of days from referral to installation in 2021/22 is 10.5 days, a decrease of 0.5 days from 2020/21. The range in the average number of days between reporting partnerships is 19 days (31 days in 2020/21).

4.25 There are noticeable differences in the average number of days within each region. Central has the highest average number of days between referral and installation, two-thirds of the partnerships in this region were considerably higher than the average.

4.26 It was established during benchmarking workshops, that a notable difference in the average days between referral and installation was connected to service design, specifically to the provision of key safes. Providers who had the highest number of days between referral and installation required the service user to install a key safe prior to any telecare equipment being installed, inevitably resulting in a delay. Whereas in other partnerships where the average number of days were below average, a key safe was installed by the HSCP when fitting the telecare equipment. Other factors include availability of certain equipment and staffing issues.

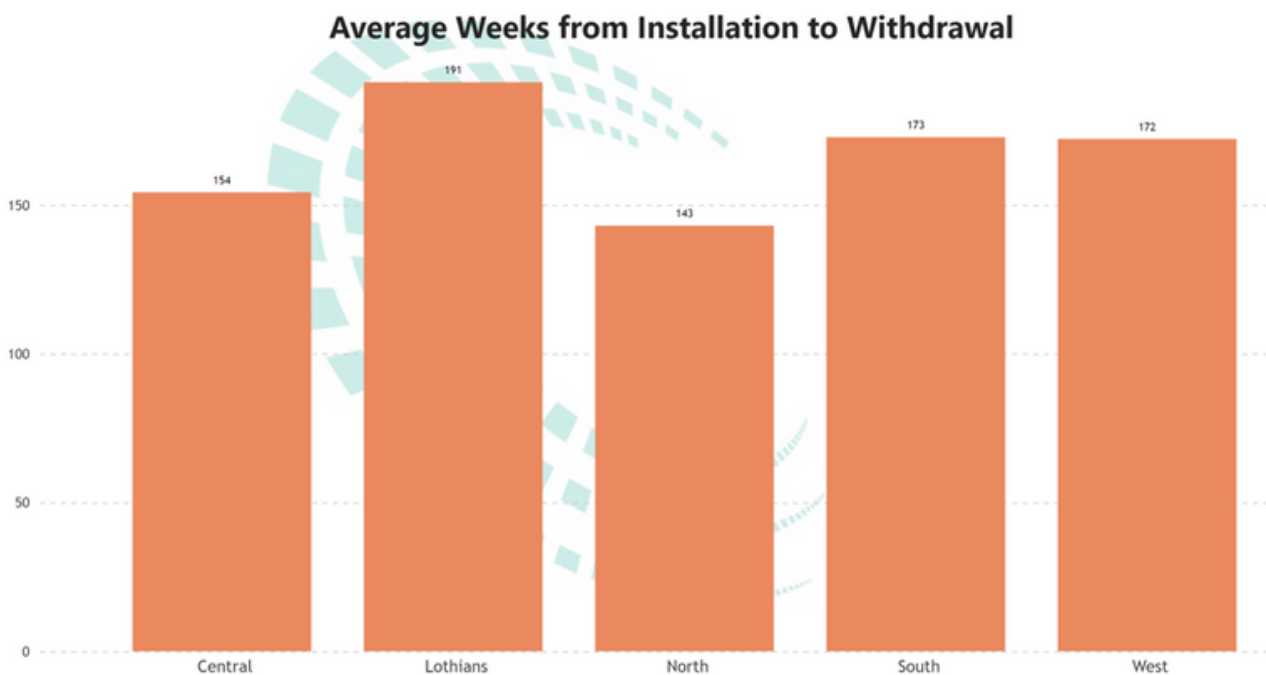


FINDINGS 2021/22

Withdrawals

4.27 The installation of telecare equipment can be a significant factor in enabling a service user to live independently in their own home, for longer. It is also well-known that there are many benefits to an individual remaining in their own home, both financial and psychosocial factors.

4.28 The average number of weeks a service user has telecare prior to withdrawal, for any reason, is 156 weeks (based on analysis at individual HSCP level). This is broadly the same as last year (160 weeks) and remains approximately three years.



CENTRAL – CLACKMANNANSHIRE AND STIRLING, FALKIRK AND DUNDEE.

LOTHIANS – EAST LOTHIAN, WEST LOTHIAN AND MIDLOTHIAN.

NORTH – ABERDEEN CITY, ABERDEENSHIRE AND HIGHLAND.

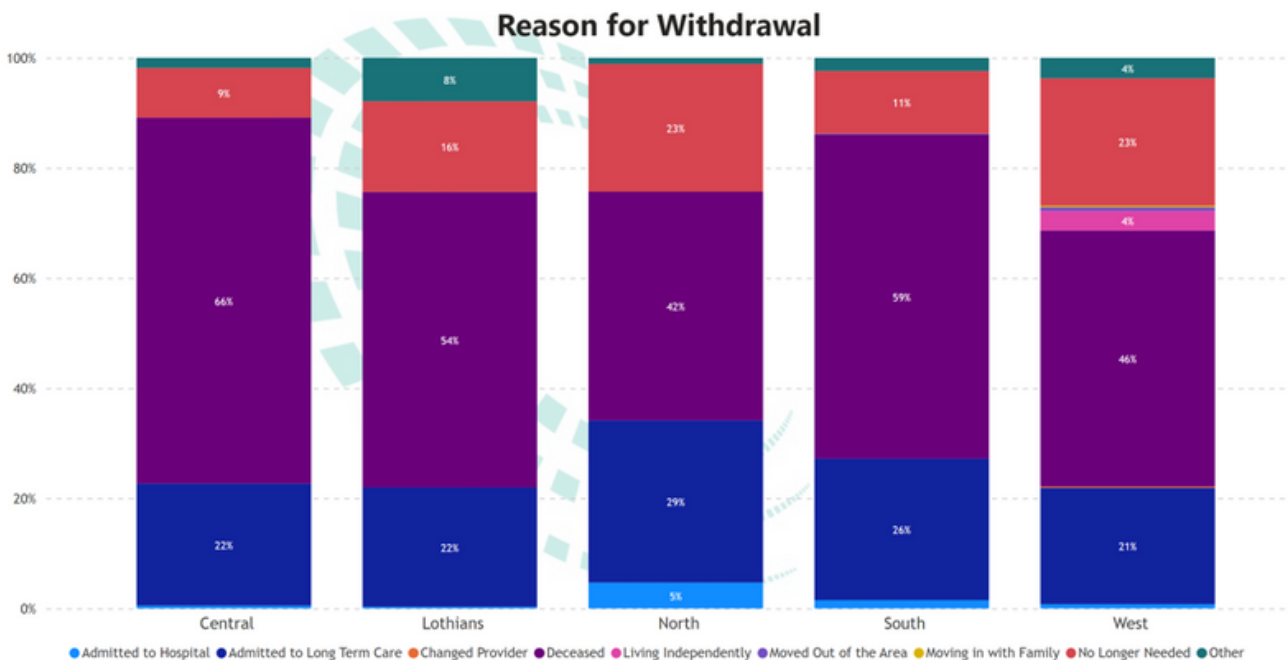
SOUTH – DUMFRIES AND GALLOWAY, NORTH AYRSHIRE, SOUTH AYRSHIRE, EAST AYRSHIRE AND SOUTH LANARKSHIRE.

WEST – EAST DUNBARTONSHIRE, GLASGOW, INVERCLYDE AND WEST DUNBARTONSHIRE.

FINDINGS 2021/22

4.29 There are regional variances in the average number of weeks between installation and withdrawal, the North having an average duration of 143 weeks and the Lothians 191 weeks, a difference of almost one year. This is perhaps a legacy of the historical service design of proactively offering community alarms to all residents over the age of 60 in one of the Lothian HSCPs.

4.30 We know that service users are retaining telecare services for an average of 3 years. According to Deloitte 2017[1], there is a cost to benefit ratio of 1.8:1 when telecare users have their equipment installed for three years. These benefits tend to not be cash releasing but rather relate to delay or prevention of admission to care home and hospital. It is recommended that further analysis is carried out, by a health economist, into the cost and psychosocial benefit for individual service users in the current climate.



[1] Deloitte Telecare Feasibility Study Report FINAL.pdf (tec.scot)

FINDINGS 2021/22

4.31 As we can see there is a variation between localities for the reasons for withdrawal, and the proportion of each type of withdrawal. The HSCPs in the West have the broadest spread of reasons recorded. It is pleasing to see that the number of 'others' recorded is minimal.

4.32 Deceased and moving into long term care are the most common reason for withdrawal of telecare services, however, it should be noted that a minority of HSCPs are still recording deceased service users as 'no longer needed' and thus skewing the data.

4.33 It is recommended that with the introduction of the Scottish Minimum Data Set that HSCPs review their recording systems to ensure that they are using the full range of reasons for withdrawal and recording the reasons accurately.

- CENTRAL - CLACKMANNANSHIRE AND STIRLING, FALKIRK AND DUNDEE.
- LOTHIANS - EAST LOTHIAN, WEST LOTHIAN AND MIDLOTHIAN.
- NORTH - ABERDEEN CITY, ABERDEENSHIRE AND HIGHLAND.
- SOUTH - DUMFRIES AND GALLOWAY, NORTH AYRSHIRE, SOUTH AYRSHIRE, EAST AYRSHIRE AND SOUTH LANARKSHIRE.
- WEST - EAST DUNBARTONSHIRE, GLASGOW, INVERCLYDE AND WEST DUNBARTONSHIRE.

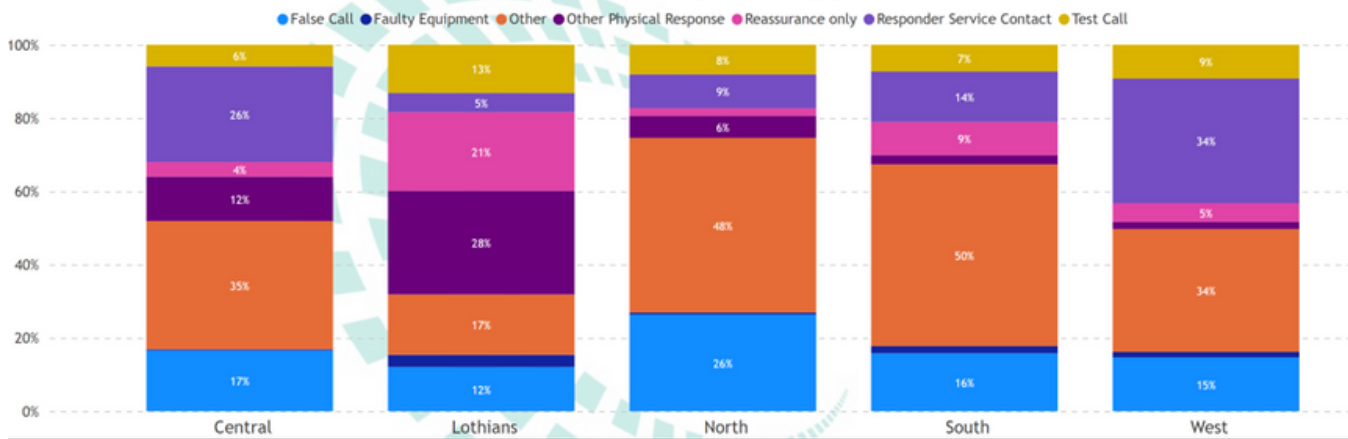


FINDINGS 2021/22

Grouped Call Data

4.34 Alarm response type provides an indicator of the type of call that service users are making to the alarm receiving centre, this should also be considered alongside the alarm device type which shows the type of device that made the connection to the alarm receiving centre.

Alarm Response Type



Alarm Response Type	Central	Lothians	North	South	West	Total
False Call	58024	28922	38087	46177	71371	242581
Faulty Equipment	972	7884	707	5807	7422	22792
Other	122613	39590	68848	144632	162994	538677
Other Physical Response	42157	67714	8619	7256	9569	135315
Reassurance only	14016	51409	3091	26666	24652	119834
Responder Service Contact	91245	12620	13233	40094	165526	322718
Test Call	20633	31439	11660	21144	44678	129554
Total	349660	239578	144245	291776	486212	1511471



FINDINGS 2021/22

4.35 Disappointingly, there is still a high proportion of 'other' reasons being recorded – 37%. We need to understand from the alarm receiving centres why 'other' is being recorded so frequently. Is it because we are not providing the correct options, and if so, what options should we include? If this is not the case, it is possible that simply recording 'other' is an easy and generic option to use and thus not allowing for a meaningful analysis of the data. It is recommended that this addressed with the alarm receiving centres.

4.36 Responder service was required 21% of the time, 16% of the calls were recorded as false calls. If we compare this to the previous year, responder service was only required on 14% of calls, but 21% of calls were recorded as false. It is assumed that the lower responder required rate could be connected to Covid restrictions.

4.37 Reassurance only (8%), other physical response (9%) and test calls (9%) all accounted for broadly the same percentage of calls. Faulty equipment was responsible for 1.5% of calls. In comparison to the previous year reassurance only was recorded for 6% of the calls, other physical response (9%), test calls (9%) and faulty calls (1.5%) were the same in the previous year.

4.38 We can note some differences between regions, Lothians for example have much fewer 'other' calls and a greater number of 'reassurance only' calls. The West and Central had the greatest proportion of responder service calls, Lothians having significantly fewer.



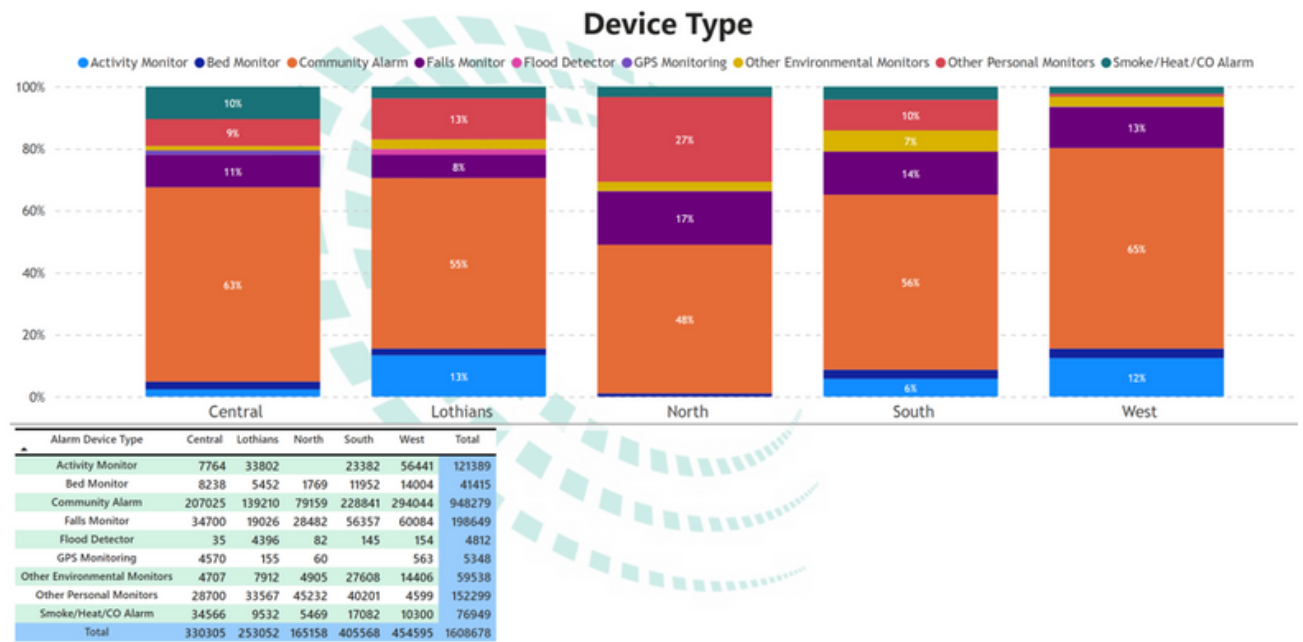
FINDINGS 2021/22

4.39 As in previous years, the most common device activation was from community alarms 59%, this was 51% in the previous year. The West reported most calls from community alarms (65%) closely followed by Central (63%). The fewest community alarm calls came from the Northern region (48%), however, the North had a significantly greater proportion of calls from 'other personal monitors' (27%).

4.40 Calls from falls monitors account for 12.3% of all calls, with Lothians reporting only 8% of calls from falls monitors but the North recording 17% of calls.

4.41 Quarterly benchmarking data is restricted to recording the number, and proportion, of calls from specific device type, we do not gather data as to the number of each device type in service within each HSCP. It is recommended that this is carried out as an ad-hoc analysis with a view to understanding the variance in the devices that are issues within each HSCP.

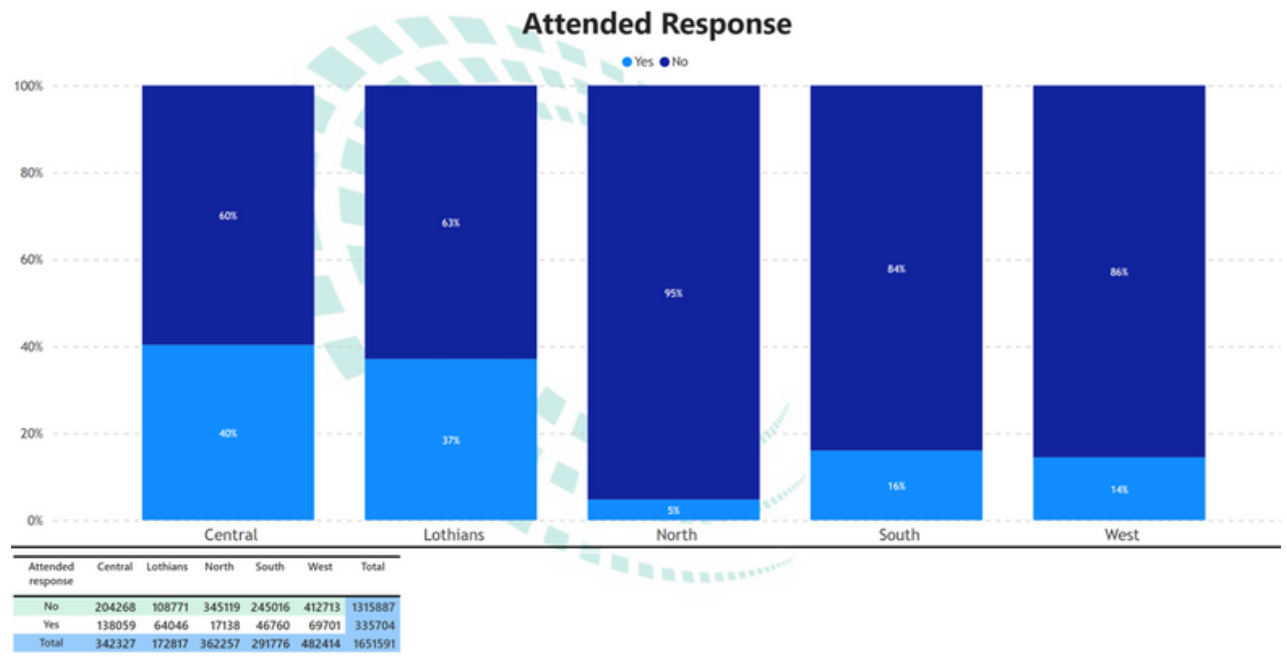
4.42 We know from discussions at the telecare benchmarking workshops that there can be discrepancies in the way the alarm receiving centres record and provide data to HSCPs. Due to this limitation the data should be considered to provide an indication and not a complete picture of the grouped call data.



FINDINGS 2021/22

4.43 It is strongly recommended that the TEC Programme take steps to meet with the alarm receiving centre providers to develop a consistent approach to reporting on grouped call data. This work should be scheduled into the next iteration of the Scottish Telecare Customer Minimum Data Set.

4.44 During 2021/22 alarm receiving centres, recorded 1,651,591 calls that reported whether a response was required, or not. Of those, the majority (80%) did not require an attended response. Variances are evident, with 40% of calls within the central region requiring a response, but only 5% of calls in the Northern region. The total last year was 1,008,457 with 77% not requiring an attended response.

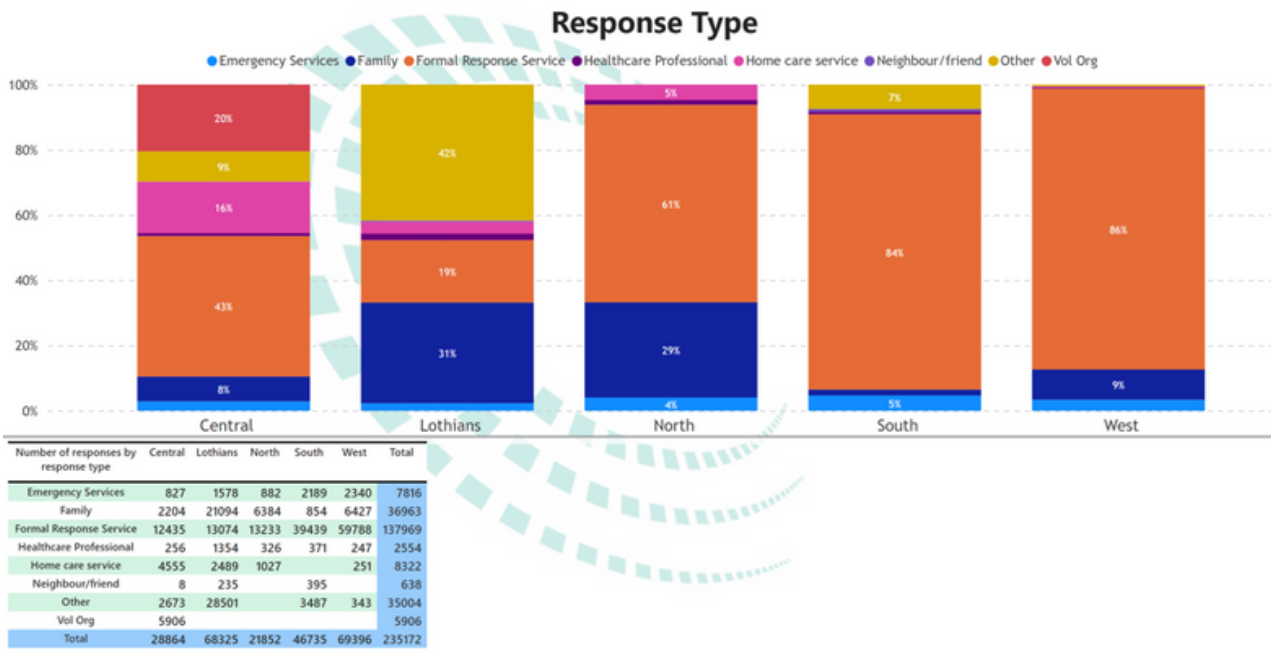


CENTRAL - CLACKMANNANSHIRE AND STIRLING, FALKIRK AND DUNDEE.
LOTHIANS - EAST LOTHIAN, WEST LOTHIAN AND MIDLOTHIAN.
NORTH - ABERDEEN CITY, ABERDEENSHIRE AND HIGHLAND.
SOUTH - DUMFRIES AND GALLOWAY, NORTH AYRSHIRE, SOUTH AYRSHIRE, EAST AYRSHIRE AND SOUTH LANARKSHIRE.
WEST - EAST DUNBARTONSHIRE, GLASGOW, INVERCLYDE AND WEST DUNBARTONSHIRE.

FINDINGS 2021/22

4.45 There is a discrepancy between the total number of calls that require a response and the number of response types recorded. In 2021/22 there were 335,704 calls that required attendance, but we only know the response type for 235,172 (70%) of those.

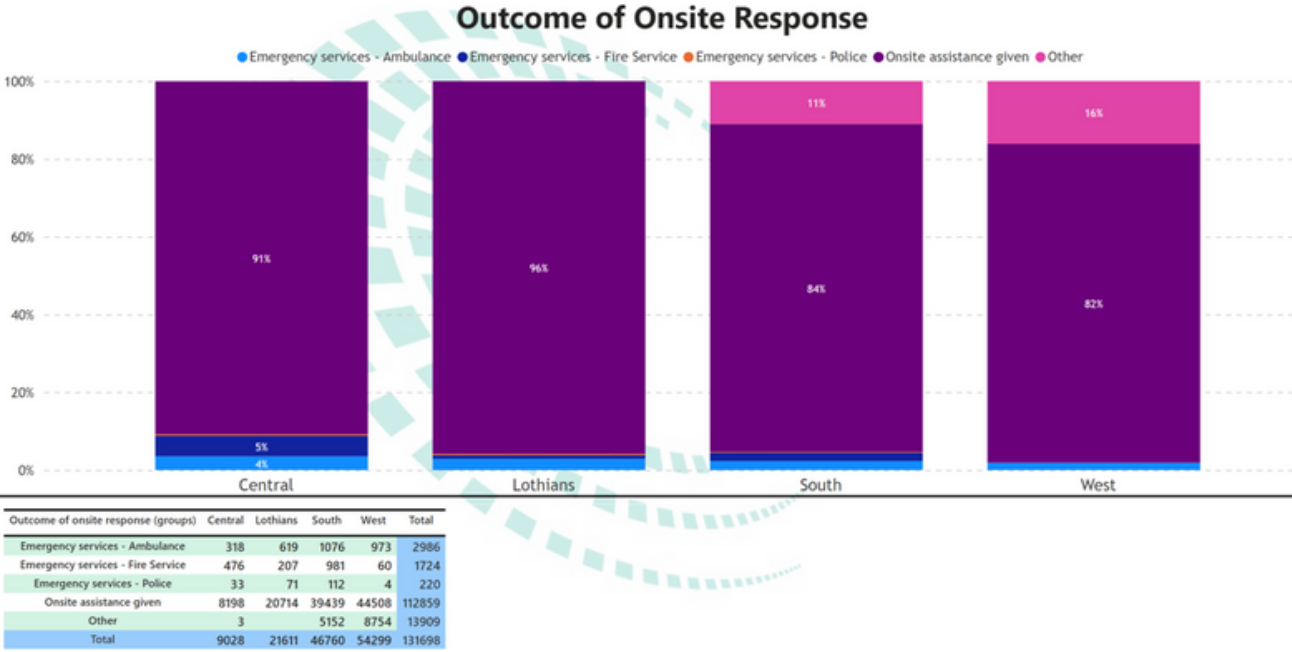
4.46 The most common response type is the formal response service at 59% (61% in the previous year). The second most common response type continues to be family members, although this has dropped to 16% of calls, opposed to 20% of responses in the previous year, possibly as a result of Covid measures easing. We are recording 15% of all calls as other, however, majority of these are from the Lothians. It is recommended that this is explored with the relevant alarm receiving centre to allow the Lothian HSCPs to accurately compare with their peers.



FINDINGS 2021/22

4.47 Of the 235,172 attended responses we know the outcome of 131,698 of them.

4.48 Onsite assistance was provided in 86% of occasions, previously 89%. Emergency services attended in 4% of occasions, of which 61% were the Scottish Ambulance Service, 35% Scottish Fire and Rescue and 4% Police Scotland.



ACTIONS AND RECOMMENDATIONS

Actions and Recommendations

5.1 Unfortunately, limitations due to the proportion of HSCPs who are engaging in benchmarking are still apparent. Due to this the first recommendation must be for TEC and SHN to work collaboratively and meet with HSCPs that are not engaging to establish what the barriers to engagement are. The outcome of this should be linked to roll out of the SMDS.

5.2 Secondly, and of equal significance to the recommendation above, the TEC programme should meet with alarm receiving centres to establish a way forward for common reporting and data gathering. The outcome of this work should then be applied to phase two of the SMDS roll out.

5.3 The TEC programme and SHN are encouraged to work with HSCPs whom have a strong track record of engaging with benchmarking to develop a small number of KPIs to begin to report against. This should be piloted in collaboration with all members of the telecare benchmarking group.

5.4 The Scottish Telecare Customer Minimum Dataset Phase 1 should be finalised, and the associated tool be fully developed. This should then be rolled out to all HSCPs. Importantly, HSCPs should be supported at both a local and national level to develop ways in reporting on the new data requirements by both the TEC programme and SHN.

5.5 It is recommended at a national level that a health economist is employed to carry out a detailed analysis into the cost benefit for telecare users, specifically in relation to the current health and social care climate and the economy.

5.6 It is recommended that an ad-hoc analysis of the number of each device type employed within each HSCP is carried out.

ACKNOWLEDGEMENTS

Acknowledgement

We would like to thank the Health and Social Care Partnerships that have submitted benchmarking data in 2021/22, they are:

- Aberdeen City
- Aberdeenshire
- Clackmannanshire and Stirling
- Dumfries and Galloway
- Dundee City
- East Ayrshire
- East Dunbartonshire
- East Lothian
- Falkirk
- Glasgow
- Highland
- Inverclyde
- Midlothian
- South Ayrshire
- South Lanarkshire
- West Dunbartonshire
- West Lothian

A special thank you goes out to all the individuals who take the time to participate in the benchmarking workshops, and to share insight into your service with the aim of collaboration and continuous improvement

