



**DIGITAL
TELECARE**
Scottish Local Government

Telecare Dataset Launch & Data Programme Phase 2

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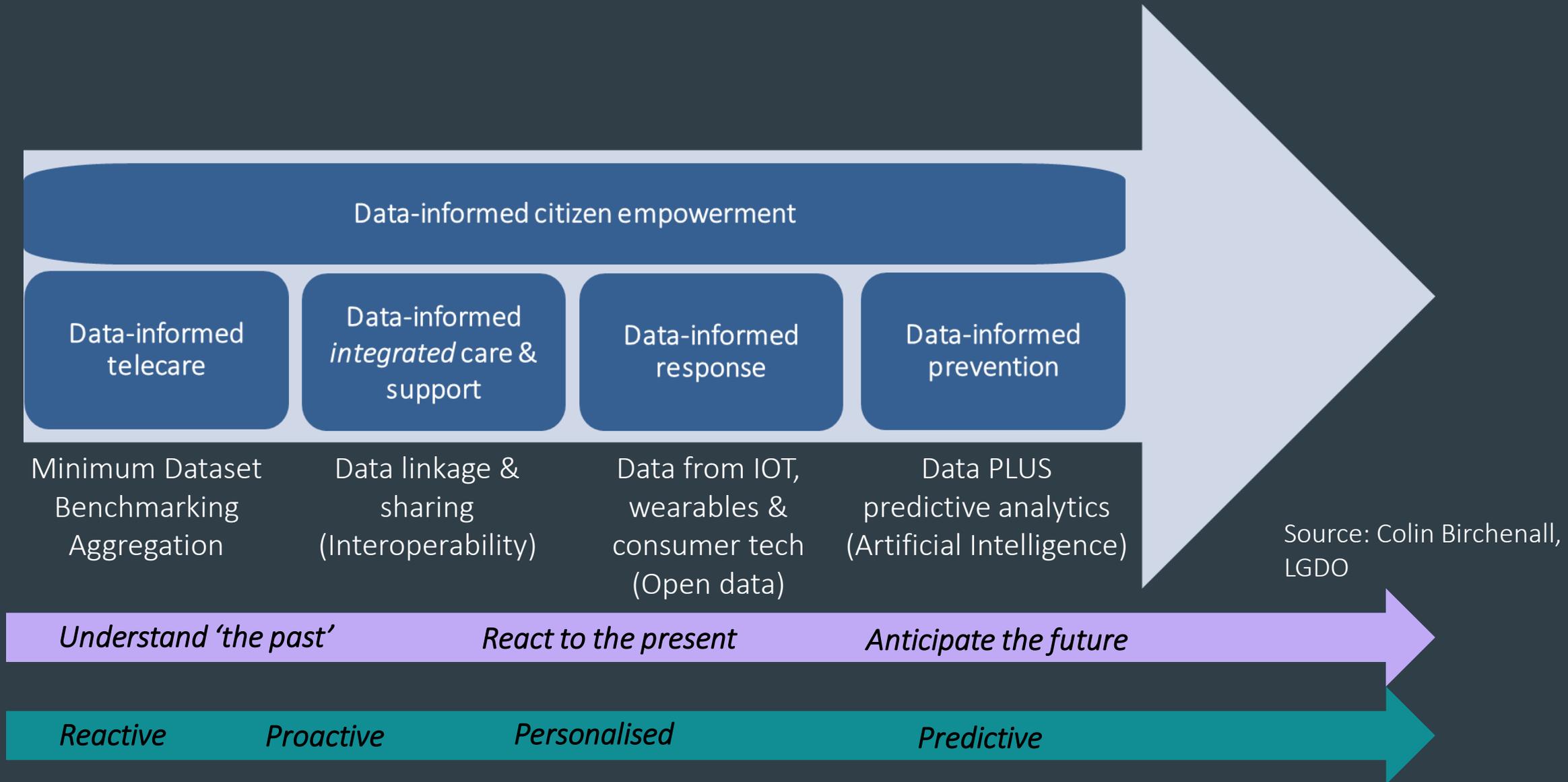
HOUSEKEEPING

- Please keep your mic on mute if you're not speaking.
- The breakout sessions will be recorded for the purposes of ensuring we capture the discussion but won't be circulated. Please switch your camera off if you're uncomfortable with that, but we do like to see your faces!
- If you have any questions, please use the chat box. If we don't cover them in the session, we'll follow up after it.
- The slides and dataset document will be circulated along with a summary of the discussions after the session.
- The dataset will be available to download after the session from the tec.scot website. A link will be shared with the slides

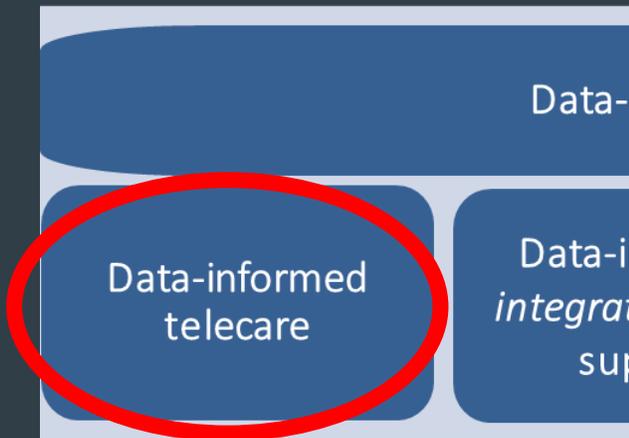
AGENDA

1400 - 1405	Welcome and Introductions	Gillian Fyfe
1405 - 1425	Launch	Gillian Fyfe
1425 - 1445	Next Steps	Discussion Group
1455 - 1505	Working Groups	Discussion Group
1505 - 1525	Governance and Development	Discussion Group
1525 - 1530	Thank You and Close	Gillian Fyfe

AMBITIONS OF THE DATA PROGRAMME



TELECARE IS HERE



Data is used to **understand current service delivery, plan and improve** future service delivery, and **inform care and support**.

A number of barriers block wide-scale progression past this point:

1. Data stored across **multiple siloed systems**.
2. Alarm Receiving Centre **platform suppliers** often **define terms, control access** and in some cases show little interest in improving.
3. Data input, gathering, analysis and sharing is **manual** and **time-consuming**.
4. **Over-stretched frontline services** focusing on delivering core service; data seen as a '**nice-to-have**'; **lack of a data lead** and/or links with local analysts (eg LIST).
5. **Leadership** awareness/consideration of how telecare data could be better used, and priority not given to data initiatives.
6. Across Scotland, **lack of consistency** in data items collected, definitions, terminology and formatting.

Understand 'the past'

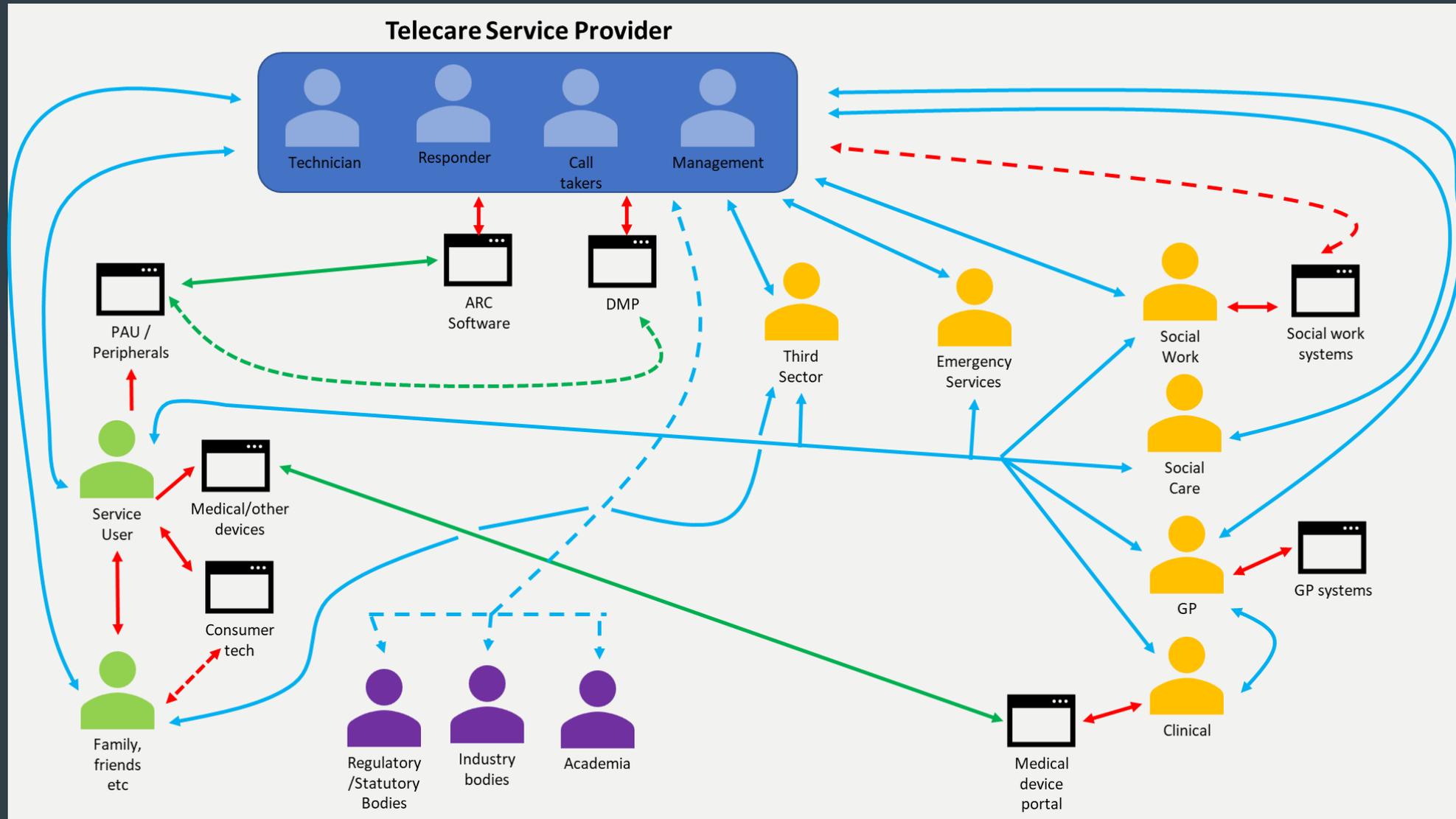
Reactive

Proactive

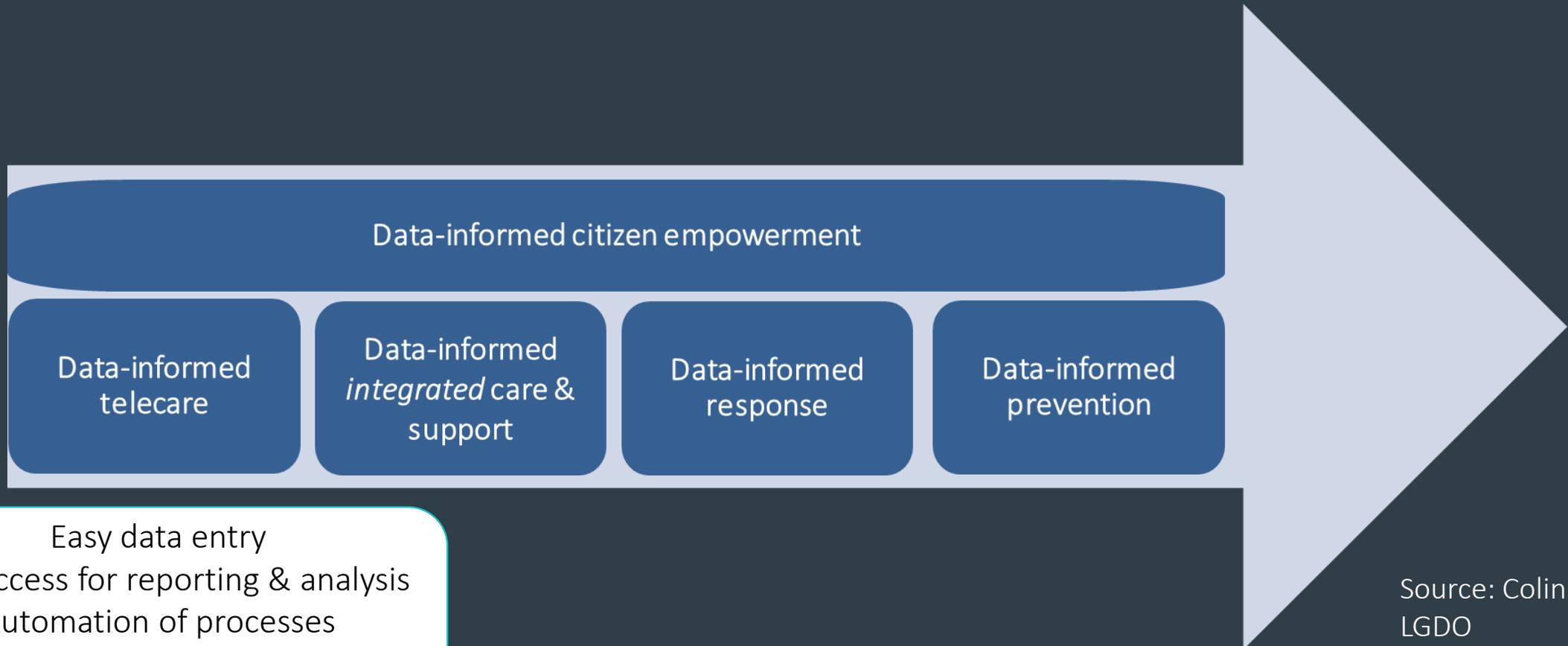
Personalised

Predictive

THE DATA ECOSYSTEM



AMBITIONS OF THE DATA PROGRAMME

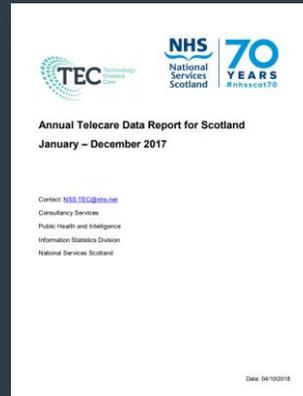
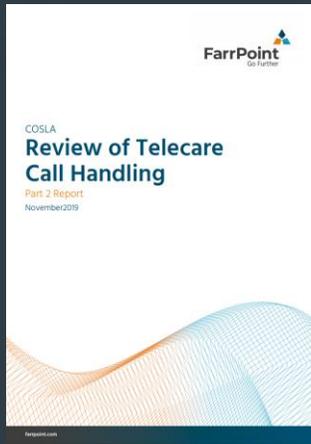


Understand 'the past'

React to the present

Anticipate the future

WHERE WE ARE NOW



ISD's 2018 Annual Telecare Data Report for Scotland, found that **only 17 HSCPs** were able to provide a minimum data set comprising **only six core items**:

- Total number of people receiving telecare
- Source of new referrals
- Main reason for new referrals
- New installations by technology type
- Number of service users where service was discontinued
- Activations by alarm response type

Public Health Scotland's Insights in Social Care: Statistics for Scotland was published September 2020. The telecare data set comprises **three items**:

- Service type (Community Alarm or Telecare)
- Service start date
- Service end date

Five services were unable to submit telecare data and the report also included the caveat, "*HSCPS have highlighted possible variation in recording of the details at a local level*".



LAYING THE FOUNDATIONS

- Our aim is for telecare services in Scotland to agree to start **collecting locally**, a commonly-defined set of key data items, which apply the same **data standards** i.e. definitions, format, field length and codes and values.
- The **minimum dataset** is a subset of all telecare data – there will likely be additional items collected locally, which will continue to be collected.
- **The main focus is on the person.** Every item collected will be connected to a customer, and the service they receive.

The dataset isn't:

- **Mandatory** (at the moment) – although we now know that services see the benefit and are keen to start using it.
- A **reporting template** – data gathered can be used locally for reporting, but it can also be used for so much more. **We are not asking services to report nationally** (at the moment).



WHY A DATASET?

It includes data items that, if collected and used can:

- provide a **foundation for shifting to integrated, personalised and preventative care**, enabling telecare data to be more easily joined with data from other services, systems and devices, *but also*
- provide **better quality data** locally;
- directly support providing the **right care at the right time**;
- reflect the **different aspects** of telecare service delivery;
- be critical for understanding service deployment and performance, and **making comparisons across sites** ;
- be **aggregated** to provide a national picture of telecare in Scotland;
- **benefit everyone** – operationally, strategically, nationally.



EXTERNAL ENGAGEMENT



CHANGING LIVES,
TRANSFORMING COMMUNITIES
FOR GLOBAL IMPACT



Telecare Information Framework for Scotland



Release Version: 1.0
March 2023



AN OVERVIEW

Telecare Information Framework for Scotland - Index of Fields

Customer identifiers

1. Social Care ID (S)
2. Community Health Index number (S)
3. Person Given Name
4. Person Family Name
5. Address (S)
6. Postcode (S)
7. Universal Property Reference Number
8. Co-ordinates

Customer information

9. Date of Birth (S)
10. Gender (S)
11. Ethnic Group (S*)
12. Language Preference
13. Language Preference for Correspondence
14. Factors Affecting Communication
15. Aids, Appliances and Specialist Care Affecting Service Delivery
16. Symptoms Affecting Service Delivery
17. Known Health Conditions Affecting Service Delivery
18. Known Medicines or Drugs
19. Tenure of Household
20. Living Alone (S)
21. Next of Kin or Alternative Contact Recorded
22. Power of Attorney Status
23. Nominated Keyholder Identified
24. Caring Responsibilities
25. In receipt of Home Care

Customer Telecoms

26. Network Provider
27. Digital or Analogue Line
28. Broadband in Place

Referral information

29. Date Initial Telecare Referral Received
30. Date Completed Telecare Referral Received
31. Factors for Delay of Completed Telecare Referral
32. Source of Telecare Referral
33. Reason for Telecare Referral
34. Urgency of Telecare Referral
35. Type of Telecare Referral
36. Mode of Telecare Referral
37. Telecare Assessment Completion Date
38. Outcome of Telecare Referral

Installation information

39. Service Start Date (S)
40. Service Type (S*)
41. Device or Software Type
42. Reason for Delay of Installation
43. Installation Completion Date

Call handling information

44. Date of Incoming Call
45. Time of Incoming Call
46. Time of Response to Incoming Call
47. Call Event
48. Call Reason

49. Call Action
50. Call Closure Reason

Attended response information

51. Date of Attended Response
52. Time Responder Arrived at Property
53. Attended Response Provided by
54. Attended Response by Type of Support Required
55. Date Responder Left Property
56. Time Responder Left Property
57. Number of Responder Staff Deployed

Proactive calls to customers

58. Date of Proactive Outbound Call
59. Outcome of Proactive Outbound Call

Notifications and onward referrals

60. Date of Notification of Onward Referral to Other Agencies
61. Notification or Referral to Other Agency/Agencies
62. Type of Service Referred to
63. Reason for Onward Referral

Review information

64. Date of Telecare Review
65. Outcome of Telecare Review

Withdrawal information

66. Telecare Service Withdrawal Date (S)
67. Reason for Withdrawal

A STANDARD APPROACH

Data item name

Description

Notes

Format

Field length

Single or Multiple Codes

Codes

Values

Explanatory notes

33. Reason for telecare referral 		
Description	The reason(s) that the customer has been referred to the Telecare Service.	
Notes	Up to three reasons can be recorded. This might be a main reason and supplementary reasons. Refer to local service for guidance.	
Format	Integer	
Field length	2	
Single or multiple	Multiple codes possible	
Codes and values		
Code	Value	Explanatory notes
01	Enable to return home	Indicates telecare requested primarily to support discharge from hospital, respite care or long-term care.
02	Enable to remain at home	Indicates telecare requested primarily to prevent or delay admission to hospital, respite care or long-term care.
03	Improve safety and reduce risk of harm	Indicates request for telecare is prompted primarily by concerns for a person's safety. This may be following a crisis or safety-related incident or series of incidents at home or in the community. Improving safety may increase a person's independence.
04	Reassurance and peace of mind	Indicates telecare is requested for peace of mind or to give confidence in the absence of a crisis or incident, including for peace of mind for the person or family and/or to give

NEXT STEPS?

- Progress Phase two of the Data Programme based on priorities identified during co-design
- Formation of Governance Group to oversee development
- Benchmarking collaborative to begin using the Dataset
- Shared Alarm Receiving Centre launch including Dataset
- Exploration of further opportunities for interoperability

WORKSHOP 1 – IDENTIFIED PRIORITIES

- Development of Common Processes
- System Integrations
- Improved Access to Data
- CHI Seeding
- Development of Dashboards
- Improved Data Literacy
- Increased Use of Benchmarking
- Workforce Development
- Procurement Opportunities
- Economic Analysis of Telecare
- Support Narrative
- Improved National Returns
- Alignment with National Care Service Development

WORKSHOP 2 – WORKING GROUPS

Social Work Systems -

Eclipse
Liquid Logic
Mosaic
Bespoke

Common Processes -

Referral Form

?

WORKSHOP 3 – GOVERNANCE & DEVELOPMENT

- Longevity
- Information Governance
- Interoperability
- Growth and Change
- Opportunities for Development



HSC Data Board

Data Standards
Governance Board

NEXT STEPS

- Indications of interest in working groups
- Circulation of the Telecare Information Framework
- Review of discussions and circulation of feedback
- Communication of next steps for Phase 2 of the Data Programme

THANK YOU