

2020

Jan

Review of Telecare Call Handling published

"75% of calls incoming to the ARC"

A shift to a more proactive approach is recommended.

Mar

Covid-19 Pandemic

Around half HSCP/Local Authority telecare services in Scotland introduce wellbeing calls

May

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

Jun

DHI/TEC Workshop

Co-created a proposal for a test of change for a telecare outbound calling service.

Sep

TEC Invitation to Apply for Funding

Telecare services invited to apply for funding to develop and test proactive outbound calling.

Dec

Funding Awarded

Four tests of change projects, led by Bield Housing & Care; Dumfries & Galloway HSCP; Edinburgh HSCP; Stirling Council

First Meeting of the Proactive Telecare Learning Collaborative

Four test sites; TEC; DHI; Care Inspectorate; Digital Telecare; Farrpoint.

Learning Collaborative linked up with colleagues in West Wales who are delivering the proactive telecare [Delta Connect project](#). They presented at Digifest 2020 ([link to video](#))**2021**

Jan

[Proactive Telecare Services Study](#) published**Learning Session One**

Supported by Healthcare Improvement Scotland's iHub

Feb

Digital Health Europe Digital Telecare Twinning Event

enabling a link with colleagues from the telecare service in Andalusia, Spain.

Mar

Call for Academic Proposals

Evaluation of Telecare Proactive Outbound Calling

Learning Collaborative Learning Session Two

Three test sites; TEC; DHI; Care Inspectorate; Digital Telecare; Farrpoint

Apr

Stirling Council withdraw from Phase 1 test of change

due to staffing shortages and additional pandemic pressures.

Apr

TEC Proactive Telecare [Sway Update](#)

Jun

Evaluation contract awarded to UWS

Kick off Meeting with Test sites

Aug

Final Phase 1 Reports from Test Sites

What went well and what didn't.

Sep

First Evaluation Steering Group meeting

Chaired by DHI

Nov

Learning Collaborative EventThree test sites; TEC; DHI; Care Inspectorate; Digital Telecare; Farrpoint; UWS
Reflection on Phase 1 and approach to Phase 2**Proactive Telecare Learning Collaborative**Key messages from Phase 1
Phase 2: How might we demonstrate value**2022**

Mar

Phase 2 Funding Awarded

Three test sites funded to continue to phase 2 of test of change. Bield Housing & Care; Edinburgh HSCP; Dumfries & Galloway HSCP

Apr

Phase 2 Measurement Meeting with UWS
Measurement Framework and approach agreed

Jul

Weekly Learning Sessions with test sites commenced hosted by TEC Telecare**Hanover HA Joined Learning Collaborative**
As part of Service Redesign Pathfinders project, Hanover HA are building a business case for including proactive telecare to their service

Sep

[Phase 1 Summary Report](#) Published**Andalusia Telecare Service**

Study Visit to Seville to learn how they run a 80% proactive service

Oct

Learning Collaborative Event

Three test sites; Service Redesign Pathfinder; TEC; DHI; Digital Telecare; UWS

Business Case Workshop by IS

How to write a business case session to inform next steps and moving to BAU

Nov

Lunchtime Learning BiteProactive Phase 1 by Bield Housing and Care
[Recording of session](#)**Phase 2 Final Reports**

Submitted by Test Sites to summarise and evaluate their tests of change

2023

Feb

Evaluation PublishedPhase 2 Evaluation plus a summary of both phases along with recommendations
[Report on tec.scot](#)Further details can be found on Reimagining Telecare page on [tec.scot](#)

Proactive Telecare Outbound Calling Phase 1 & 2 Evaluation Summary 2023

Three Test Sites



Readiness to Scale

TEC Evaluation, the test sites have worked with the evaluation team to create three telecare service models that offer Proactive, Personalised and Predictive Telecare services.

- Proactive Telecare** is offered to all new customers
- Personalised Proactive** calls are offered to selected existing customers in order to (prevent falls, address loneliness and carer support for customers with dementia)
- Predictive**, Time-limited case management prompted by escalating levels of risk or agreed triggers. (Using local data and risk prediction tools to offer time-limited Proactive Telecare case management)

What is Proactive Telecare?

Proactive Telecare in Scotland is about facilitating good conversations, using devices and linked data, to deliver a more tailored and preventative service that aims to anticipate and prevent crises, and support wellbeing and resilience. It is enabled by greater integration with other health, care and housing services, the third sector and community support.

Feasibility

Positivity from the test sites about the value and effectiveness of Proactive Telecare:

- lays a strong foundation for continued work to support adoption and scaling-up
- offers a personalised, flexible anticipatory care support for wellbeing for different customer groups
- gives potential for housing and Telecare providers to provide proactive education/health coaching as well as personalised transitional care coordination

A minimum data set was agreed with test sites at the outset of Phase 2 to provide comparable data

All test sites were open to finding innovative solutions to support how they could save time screening and recruiting customers

Applying the evaluation report findings to the **TEC Telecare Benchmarking data** for 12 HSCPs over the same 3 month period (June to September) for responder call services showed that over the quarter there were **45,967 Normal responder service calls**, if this was decreased by **51%** that would save approx. **23,443 visits** equivalent to **£1,547,238**

Background

Phase One and Phase Two

TEC programme funded three proof of concept, 'Test of Change' projects to understand the practicalities, benefits and feasibility of introducing a Proactive Telecare Outbound Calling (Proactive Telecare). The projects were started in December 2020 with a Phase 1 evaluation period (April 2021 to November 2021) followed by a three month pause to assess learning, appraise options, and agree next steps based on findings. Phase 2 (April 2022 to October 2022) aimed to broaden the focus of the Tests of Change and demonstrate value.

This evaluation represents the reflective learning from planning and delivering Proactive Telecare for **178** customers in Phase 1 and **109** in Phase 2, across three different test sites and working with five HSCP partners across central and southwest Scotland. The evaluation focused on the three test sites: Bield Housing and Care; Edinburgh Health and Social Care Partnership (HSCP) and Dumfries and Galloway (D&G) HSCP.

The evaluation was commissioned and jointly funded by the Digital Health & Care Innovation Centre (DHI) and the TEC Programme. Both the project and the evaluation were conducted over two phases. The evaluation was carried out by the University of the West of Scotland.

Impact

Phase 2 has shown that Proactive Telecare Outbound Calling is cost effective:

- service costs associated with proactive calls being offset by reductions in inbound calling and funded responder visits
- potential cost avoidance from reduced ambulance conveyance, A&E attendance and hospital bed days

There is a need for Telecare services to build the following to reduce the increased demand on the health and care system:

- system wide capacity and resilience through technology enabled prevention and support for wellbeing
- targeted coordination and early intervention for customers with greater levels of need and / or at higher risk of harm and adverse outcomes.

Customer, Carer and Staff Experience

Call duration, frequency and length of Proactive Telecare service was personalised, and person led in both Phases.

Customer satisfaction surveys during Phase 2 confirmed an ongoing positive experience.

- 63%** (50 customers) reported that their health and wellbeing improved after receiving the proactive calls
- 87%** (69 customers) reported they felt able to talk about their health and wellbeing on the calls
- 80%** (63 customers) looked forward to receiving the Proactive Calls
- 78%** (62 customers) agreed that if they had a concern, they knew this would be dealt with quickly and efficiently

Carer feedback: positive and witnessed improvements in the person's mental wellbeing

Staff feedback: valued new way of working with job satisfaction rated highly

Call handlers reflected that their role preparation and training enabled them to support and motivate customers to stay healthy, stay connected and feel less isolated

Evaluation Recommendations

Telecare Providers

- Telecare services should now decide how to adopt Proactive Telecare delivery, using available health and care data to match the intensity of proactive calling to the complexity of risk and changing level of needs of their customers.
- Telecare services should actively engage with Health and Social Care Partnerships on their contribution to proactive, anticipatory care, transitional care and support for wellbeing.
- Unpaid carers should be considered as an additional bespoke customer group who may benefit from wellbeing calls.
- Now is the time for Telecare Providers and Investors to develop and achieve consensus on service models, minimum data sets, information governance, risk stratification tools and quality standards for Alarm Receiving Centres delivering Proactive Telecare.

Research and Innovation

- To demonstrate value, impact and effectiveness will require an in-depth longitudinal, prospective matched control study on a larger customer group in one region. This would enable the telecare service to demonstrate unequivocal evidence of the benefits to customers, carers, Telecare Providers, and commissioners in terms of Quality of Life, social connectedness, functional ability and health and care utilisation.
- Innovation is essential to the long-term success of Proactive Telecare therefore to improve the effectiveness of screening and recruitment of customers; research is needed in the field of artificial intelligence to automate and predict customer eligibility and behaviour.

Education and training

Research and collaboration with NHS Education for Scotland and Further and Higher Education institutions is recommended to scope the preparation of new and existing call handlers to build capability for proactive calling, while fitting around the needs of the service and workforce.

Information

For Proactive Telecare to succeed a minimum data set and information governance protocols are needed. This is not the sole responsibility of Telecare providers but requires a national collaborative approach involving key partners and investors from industry. This work should run concurrently with any further research or development in Proactive Telecare.

Eight of the HSCPs (TEC Benchmarking data) provided information on the number of onsite visits that resulted in an **Amulance call out** during the quarter. The total was **825**, if we decrease this by **63%** it would save **520** ambulance call outs or **£173,680**



Alarm call for info and/or assistance	
Reported activity BEFORE proactive calling	1093
Reported activity POST-START of proactive calling	584 47% decrease
Estimated COST SAVED over 3 months	£377
Estimated cost avoided over 3 months PER CUSTOMER	£3.80

Funded Responder Episodes	
Reported activity BEFORE proactive calling	445
Reported activity POST-START of proactive calling	218 51% decrease
Estimated COST SAVED over 3 months	£14,982
Estimated cost avoided over 3 months PER CUSTOMER	£150

Hospital Bed Days (estimated cost)	
Reported activity BEFORE proactive calling	334
Reported activity POST-START of proactive calling	163 52% decrease
Estimated COST SAVED over 3 months	£105,704
Estimated cost avoided over 3 months PER CUSTOMER	£988

Conveyed to A&E	
Reported activity BEFORE proactive calling	35
Reported activity POST-START of proactive calling	15 57% decrease
Estimated COST SAVED over 3 months	£3,400
Estimated cost avoided over 3 months PER CUSTOMER	£34

Calls escalated to ambulance	
Reported activity BEFORE proactive calling	62
Reported activity POST-START of proactive calling	23 63% decrease
Estimated COST SAVED over 3 months	£12,692
Estimated cost avoided over 3 months PER CUSTOMER	£127

Standard unit costings were applied as shown

- * Alarm call for info/assistance - £0.90 based on national average time of 3 min and Grade 5 SCPAD midpoint (with oncosts) = £18.09 /hour
- * Funded responder episodes - £66 based on D&G costs for Stewartry Care responder call out

Standard unit costings were applied as shown:

- * Calls escalated to ambulance - Public Health Scotland Gross Costs Book 2019/20 @£334
- * Conveyed to A&E - Public Health Scotland Gross Costs Book 2019/20 @£170

For further information please contact



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