IMPACT REPORT

Telecare Benchmarking 2019/20

Scotland's Housing Network

March 2021

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EXECUTIVE SUMMARY

Scotland's Housing Network (SHN) have been providing benchmarking services to Scotland's Technology Enabled Care (TEC) programme since 2017.

Telecare benchmarking workshops are held quarterly for Health and Social Care Partnerships (HSCPs) that are either actively participating in the telecare benchmarking programme, or are interested in doing so. At every workshop in 2019/20, participating HSCPs have positively engaged and continued to commit to future data submissions.

There are still a number of HSCPs in Scotland that are either not engaging, or are joining workshops but not submitting benchmarking data, or are submitting, but doing so inconsistently. It is important for the long-term effectiveness of benchmarking that we reach a critical mass of HSCPs returning data, consistently, every quarter.

Seventeen HSCPs have returned data during 2019/20, however, the average number of HSCPs that provide data each quarter is 11.5. Consistency is key in being able to accurately provide trend data analysis.

There are a number of barriers that prevent HSCPs returning data, including: lack of human resource to prepare the data return; temporary short staffing, including due to COVID in Quarter Four; IT systems being unable to provide accurate reporting; centralised data and performance teams not prioritising this work; challenges extracting data from alarm receiving centre (ARC) systems, and senior managers not prioritising the work.

It is important that we look at ways to overcome these barriers and to support and enable HSCPs to collect, extract and submit data, and fully participate in the benchmarking programme.

Benchmarking workshops have been successful, despite the need to revert to virtual sessions from March 2020. The total number of organisations represented at workshops in 2019/20 was 20. Sessions have been focussed not only on reviewing the quarterly data, but on gathering feedback on how we can improve the benchmarking process.

In addition to the workshops, between November 2019 and December 2020, SHN have been conducting engagement meetings with seven HSCPs not already participating in the benchmarking programme. Six have subsequently committed to future submissions. The positive outcomes of these meetings will be apparent in 2020/21 data submissions.

Key findings 2019/20
Based on data submitted by participating HSCPs.

- 71% of people in receipt of telecare were aged 75 year and over.
- The most common reason for referral for telecare was 'to improve safety/reduce risk of harm' (52% of referrals).
- The most common sources of referral were social work (37%), open/self/family/carer (29%), and hospitals (21%).
- The proportion of referrals that were to support hospital discharge ranged from 9% to 37%.
- The average number of days between referral and installation was nine days (range 5-17 days).
- On average, around 19% of activations required a physical response, with responder services providing the majority of responses (61%).
- Significant variation between HSCPs in call reasons was observed, including the number of 'false' calls (range 4% - 40%), reassurance calls (range 1% - 20%) and test calls (1.4% - 21%).
- The proportion of alerts requiring an emergency response was 4% (5,854 calls), but ranged from 1.2% to 15%.
- The most common devices activated were community alarms (56%).
- The average number of weeks that a service user had telecare prior to service withdrawal was 154 weeks. There was notable variation between HSCPs (range 54 – 276 weeks).

Actions for TEC, supported by SHN, for 2020/21

1. Address barriers to participation.
2. Support wider participation.
3. Review benchmarking indicators and improve data definitions.
4. Support participants to use benchmarking findings to make service improvements locally.

Recommendations from SHN for 2020/21

1. All reporting HSCPs to report consistently each quarter.
2. Increase in the number of HSCP submitting.
3. Agree some KPIs to monitor performance against, where relevant, starting with a 'time from referral to installation' KPI.
4. Further exploration of the optimum length of time telecare services are provided.
5. HSCP 'outliers' continue to investigate possible reasons for the variation, and feedback findings to the group for learning purposes.

SHN would like to thank the HSCPs that have engaged with the benchmarking programme and we look forward to working with those that are committed to future submissions.

SECTION ONE: INTRODUCTION

About Us

Scotland's Housing Network (SHN) is a registered Scottish charity (SC042381) and is a limited company registered with Companies House (SC401352) and is governed by a Board of Trustees.

SHN provides benchmarking services, a wide range of practice exchange forums, value for money services, access to business intelligence and self-assessment tools, as well as a range of additional value-added services.

The 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.

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 services, which includes support to 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.

This report provides a summary of activity over 2019/20 and recommendations and actions for 2020/21.

What is Benchmarking?

Benchmarking is a powerful tool that is often used in organisations to drive continuous improvement, and in the case of telecare services, for service transformation. Benchmarking is a process of comparing performance of specific indicators to best practice in the sector. A specific indicator is identified, a metric of performance is calculated, and it is then used to compare against others' performance, and sometimes internally or externally set Key Performance Indicators (KPIs) (see Fig. 1).

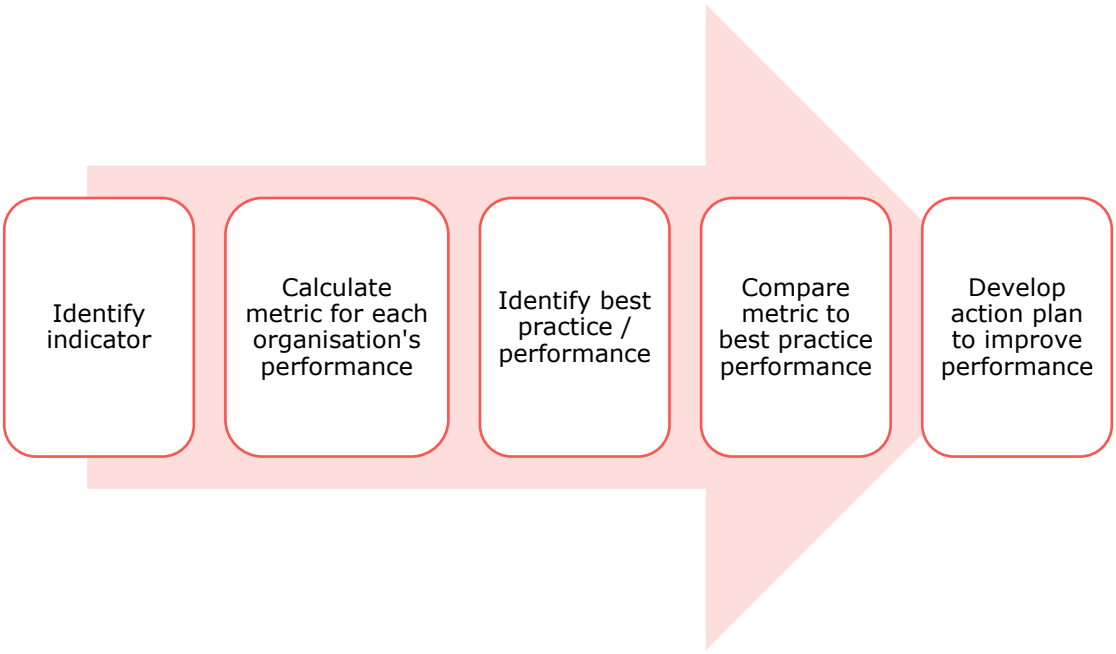


Figure 1: Benchmarking Process

It is crucial that findings from benchmarking are used to drive improvements in performance.

Scotland's Housing Network adheres to the European Benchmarking Code of Conduct.

Background to Telecare Benchmarking

Scotland's Housing Network have been providing benchmarking services across the social housing sector in Scotland for 25 years. In 2017 SHN and the TEC programme agreed data and contextual indicators to pilot for the telecare benchmarking project.

A total of seven HSCPs took part in a benchmarking pilot (Stirling, Clackmannanshire, Glasgow, Highland, Renfrewshire, Perth & Kinross and Edinburgh), five have continued to take part in benchmarking activities to date. The pilot took place in quarter one of 2017, and in November 2017 a review of pilot group feedback was concluded.

The first version of the current toolkit was released in 2018 and it was reviewed again with a subsequent release in 2019.

Participating HSCPs are asked to provide, quarterly:

- 'Transaction data', which relates to referrals and installations;
- Withdrawal data;

- 'Grouped call data', which relates to call handling, response and review; and
- Customer satisfaction data.

In addition, HSCPs are asked to submit annual contextual information, which provides an overview of how their service is delivered.

Since November 2020, there has been extensive consultation with participating organisations to develop the next iteration of the toolkit. Each data workshop has focused on a different aspect of the data collection tool, for example, transaction data, grouped call data etc. Participants' views were sought as to the usefulness of the performance metrics and, crucially, the responses available. Any data gaps were also identified.

It was agreed with the TEC programme, SHN and participating HSCPs that changes to the toolkit would be made holistically, because a piecemeal approach had potential to lead to confusion and issues gathering data. The TEC programme will analyse the proposed changes and align them with the telecare minimum data set, which is in development. SHN will amend the toolkit accordingly when directed by the TEC programme.

Engagement with Telecare Service Providers

To realise the potential of benchmarking, it is important that more HSCPs fully participate in the benchmarking programme, and do so on a consistent basis. The mean number of reporting HSCPs in 2019/20 was 11.5. In the last quarter of 2019/20 only nine HSCPs submitted data. This drop was due to the first wave of the COVID pandemic. Incidentally, Q1 of 2020/21 saw 10 HSCPs submitting, and Q2, 14 - the highest number to date.

Between November 2019 and December 2020, individual engagement meetings have been held with seven HSCPs not already participating in the benchmarking programme, with six subsequently committing to future submissions. The positive outcomes of these meetings will be apparent in 2020/21.

Meetings were initially held face to face at the providers' premises and more recently virtually using Microsoft Teams. HSCPs are encouraged to bring both the telecare lead and data analysts to engagement meetings, so both business functions can understand what is required, why and their role. One HSCP has decided at this stage that they cannot commit, as reports are required from their centralised data team, and this was not considered to be a priority by the organisation.

A number of HSCPs had problems submitting their data due to staffing issues. One HSCP submitted data past deadlines (which had been extended) and therefore was unable to be included in analysis. For another HSCP, additional support to complete the benchmarking tool was offered by the SHN (for one quarter), but it was not taken up.

A support meeting was also held with a HSCP that was already actively engaged in the benchmarking programme but undergoing re-structure. A wide range of staff attended the meeting, enabling all new members of the team to understand what the data was being used for and their part in the process.

Limitations

This report will make both comparisons and judgements, and will use 'national averages' at points throughout the report. The term, 'national average' as used within this report, refers to the average of all HSCPs that have returned data. It is acknowledged that not all HSCPs return data, nor do all the HSCPs that have returned data, do so on an ongoing and consistent basis. Comparisons and judgements are made whilst acknowledging these limitations.

Additionally, a number of indicators have a large proportion of 'unknown or other' data returns. When these generic, catch all, responses are used it does not provide meaningful information about the service user, or the performance of the service. This issue will be addressed in the next version of the toolkit.

It is also noted that there are no agreed KPIs to indicate 'what good looks like'.

Coverage

One of the barriers faced when benchmarking, is the inability of participants to return data fully and consistently. Consistency is key to providing trend analysis.

An analysis of the data returns shows that over 2019/20, 17 HSCPs returned data at least once. Of those, five participants submitted data every quarter – Glasgow City HSCP, Clackmannanshire, Midlothian HSCP, West Lothian HSCP and Aberdeenshire HSCP.

Perhaps unsurprisingly, quarter four yielded the least number of returns, as HSCP navigated new ways of working during a world-wide pandemic. It is

worth recognising that Dumfries and Galloway, Dundee, East Dunbartonshire and Renfrewshire were able to provide data for each quarter, with the exception of quarter four only.

Of the quarterly data, one HSCP returned 'grouped call' data only. Grouped call data was consistently reported marginally less than the referral, installation and withdrawal transactional data. This may indicate challenges extracting the data from alarm receiving centre (ARC) systems.

Barriers to returning data that have been identified include: lack of human resource to prepare the data return; temporary short staffing, including due to COVID; IT systems being unable to provide accurate reporting systems; centralised data and performance teams not prioritising this work; and senior managers not prioritising the work.

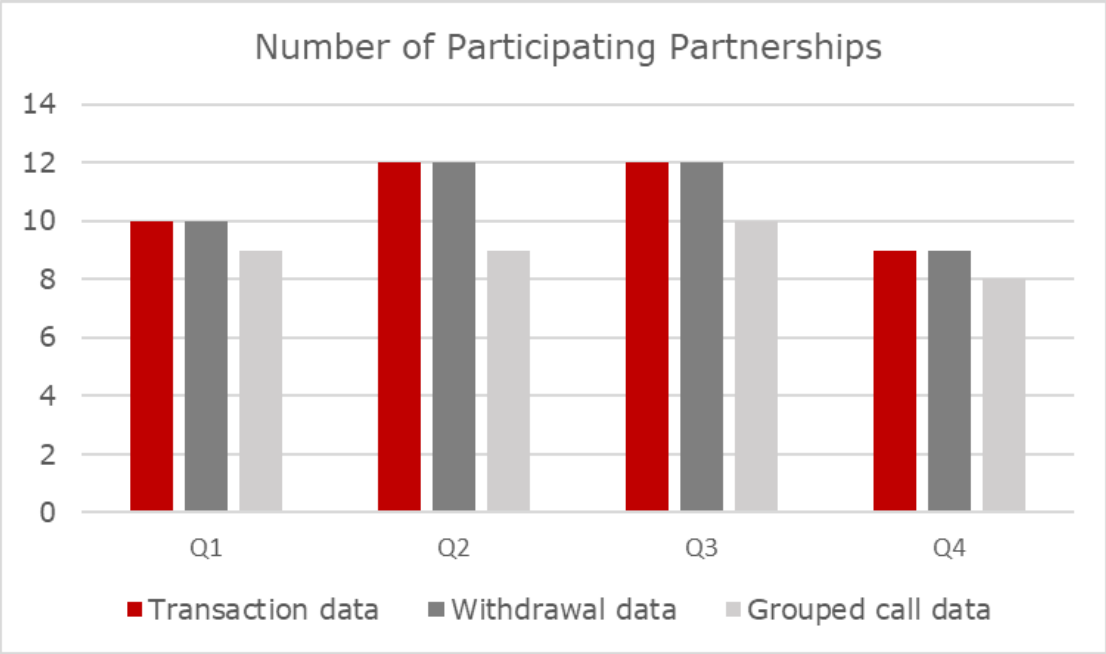


Figure 2: Number of Participating Partnerships Q1 – Q4

Figure two shows the number of participating partnerships that returned transactional data, withdrawal data and/or grouped call data for each quarter in 2019/20.

It is evident that during each quarter grouped call data is reported less frequently than transactional and withdrawal data. This is assumed to be due to the challenges faced extracting information from the alarm receiving centre (ARC) systems.

Of the 17 HSCPs that returned data in 2019/20, at least 14 returned the annual contextual data in at least one quarter.

Satisfaction data is by far the least reported data with only five out of 17 HSCPs returning some form of satisfaction data. It is also noted that in general, the quality of the satisfaction data received is lower than that of the quarterly transactional data.

There are plans to address this issue in 2020/21.

SECTION TWO: 2019/20 FINDINGS

Findings are based on data submitted each quarter by participating HSCPs. Not all participants submitted data every quarter in 2019/20.

Demographics

Age of people in receipt of telecare

Unsurprisingly, the majority of telecare service users are aged over 75 years; nationally this accounts for 73% of all reported service users. This is in line with data from Public Health Scotland[1], which suggests 71% of telecare users in Scotland are aged over 75 years. Thirty-nine percent of all service users are aged between 75 and 84 years, and 34% are over 85 years. The age profile of service users at individual HSCPs can be seen below in Fig. 3.

Household tenure

Household tenure data is less informative due to 28% of the total responses being recorded as 'unknown' (see Fig. 4.). However, it appears that the majority of service users (44%) are owner occupiers. Aberdeen City is showing 52% of service users as 'private tenants'. This has been identified as a reporting error, with private tenant being used to represent owner occupier. This has been amended for future reporting.

Referrals

Referral Reason

'Reason for referral' indicates the reason why an individual was referred to the service, based on the intended outcome for the service user. The proportion of referral reasons reported by each HSCP can be seen below in Fig. 5.

Overall, the most common reason for referral (52%) was 'to improve safety/reduce the risk of harm', with West Lothian, Midlothian, Highland, Glasgow, Dundee and Clackmannanshire reporting substantially higher than the national average. However, there are some noticeable differences between HSCPs.

Stirling and North Ayrshire reported that their most common reason for referral was 'to enable independence'. Renfrewshire and North Lanarkshire

[1] Insights in social care: statistics for Scotland, Public Health Scotland, 2020

recorded 'to enable individual to remain at/return home' as their most common reason – Renfrewshire also had 37% of their referrals coming from hospitals, which supports this.

Nationally, 2% of referrals for telecare were to provide support for carers. However, East Lothian reported that more than a quarter of their referrals (27%) were for carers' support. It may be worthwhile investigating this variation, to identify if East Lothian promote their service specifically among carers, and the outcomes this has achieved.

Also of note, 100% of referrals in Dumfries and Galloway and 52% of referrals from Inverclyde the reason for referral was unknown.

'Reason for referral' should be a useful indicator for understanding how telecare is enabling people to achieve the outcomes that matter to them. However, the usefulness of this indicator is currently limited by the indicator's definition. The Group has agreed that this indicator should be re-defined to enable more objective, consistent and meaningful reporting.

Referral Sources

Social work (37%), open/self/carer/family (29%) and hospital (21%) were the most common sources for referrals. Again, there is considerable variation between HSCPs.

The variation in referrals to support hospital discharge is an area that may merit further investigation by the benchmarking group. Referrals for telecare from hospitals range from 9% to 37%. This may indicate that in some areas, telecare is being under-utilised to support hospital discharge.

Data suggests North Lanarkshire receive all of their referrals from social work, whereas North Ayrshire receive all of their referrals from primary care. Some HSCPs, such as Renfrewshire, Midlothian, East Lothian, Highland and Aberdeen City appear to have a much more balanced referral source. Detail for each HSCP can be seen below in Fig.6.

There are no unknown referral sources, however there are 2% of referrals each year that come from other sources, this increased to 12% for Midlothian and 10% for Clackmannanshire. This merits further investigation by the benchmarking group, as it may indicate referrals are being received from a new source, not currently recognised in the indicator definition.

The Group has agreed that improving the definition of this indicator would enable more meaningful, accurate and consistent reporting.

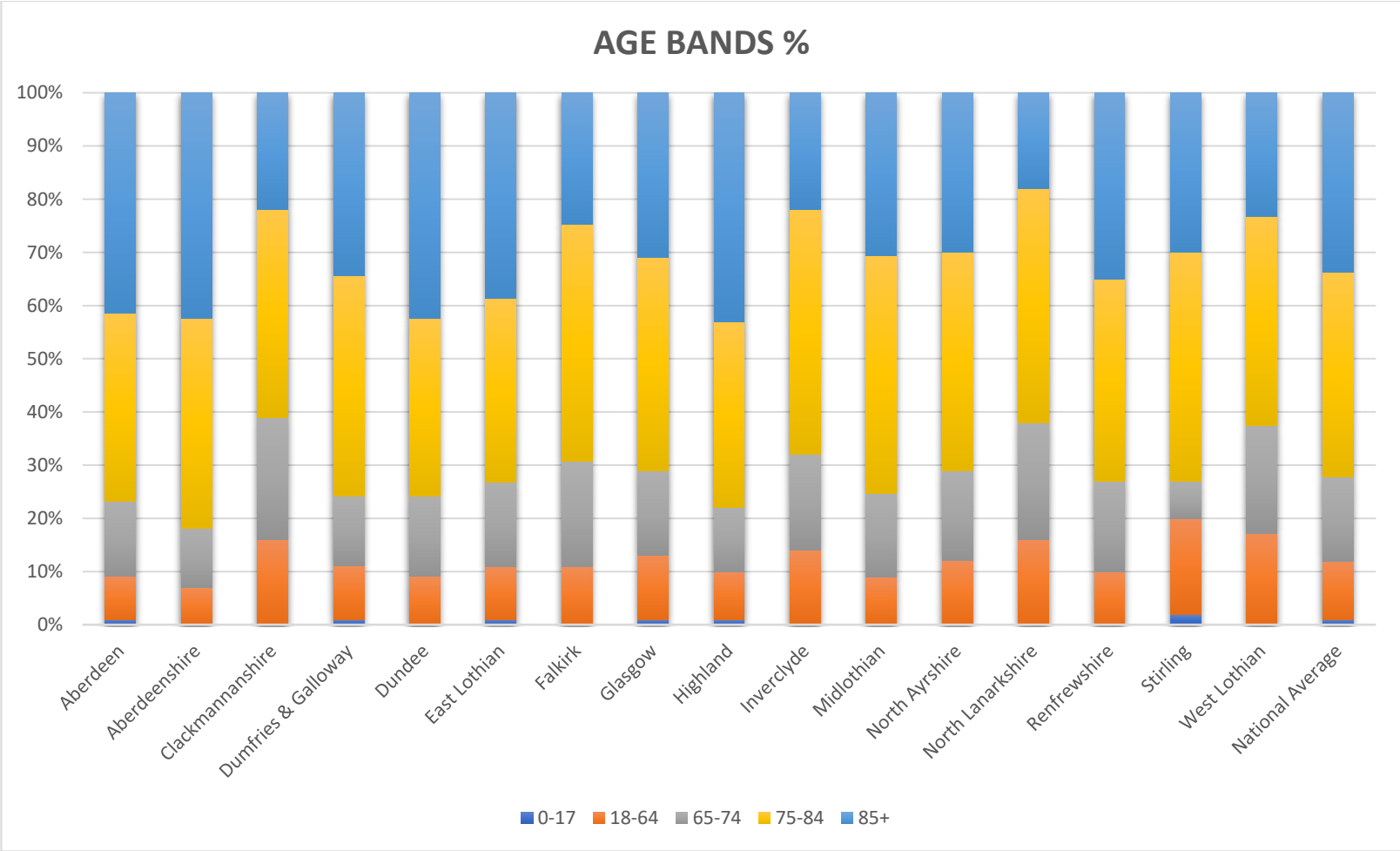


Figure 3: Age Profile of Telecare User

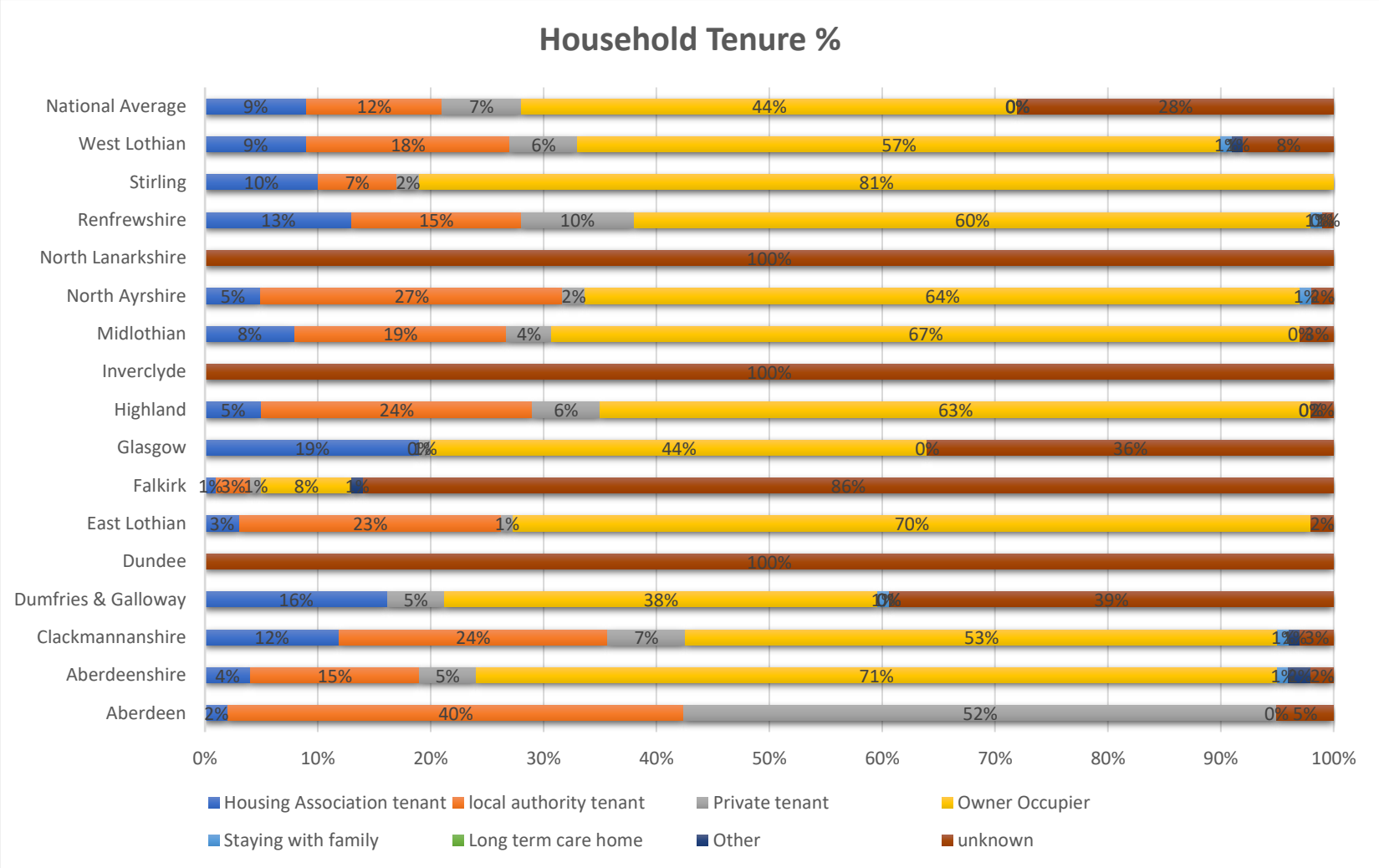


Figure 4: Household Tenure of Telecare Users

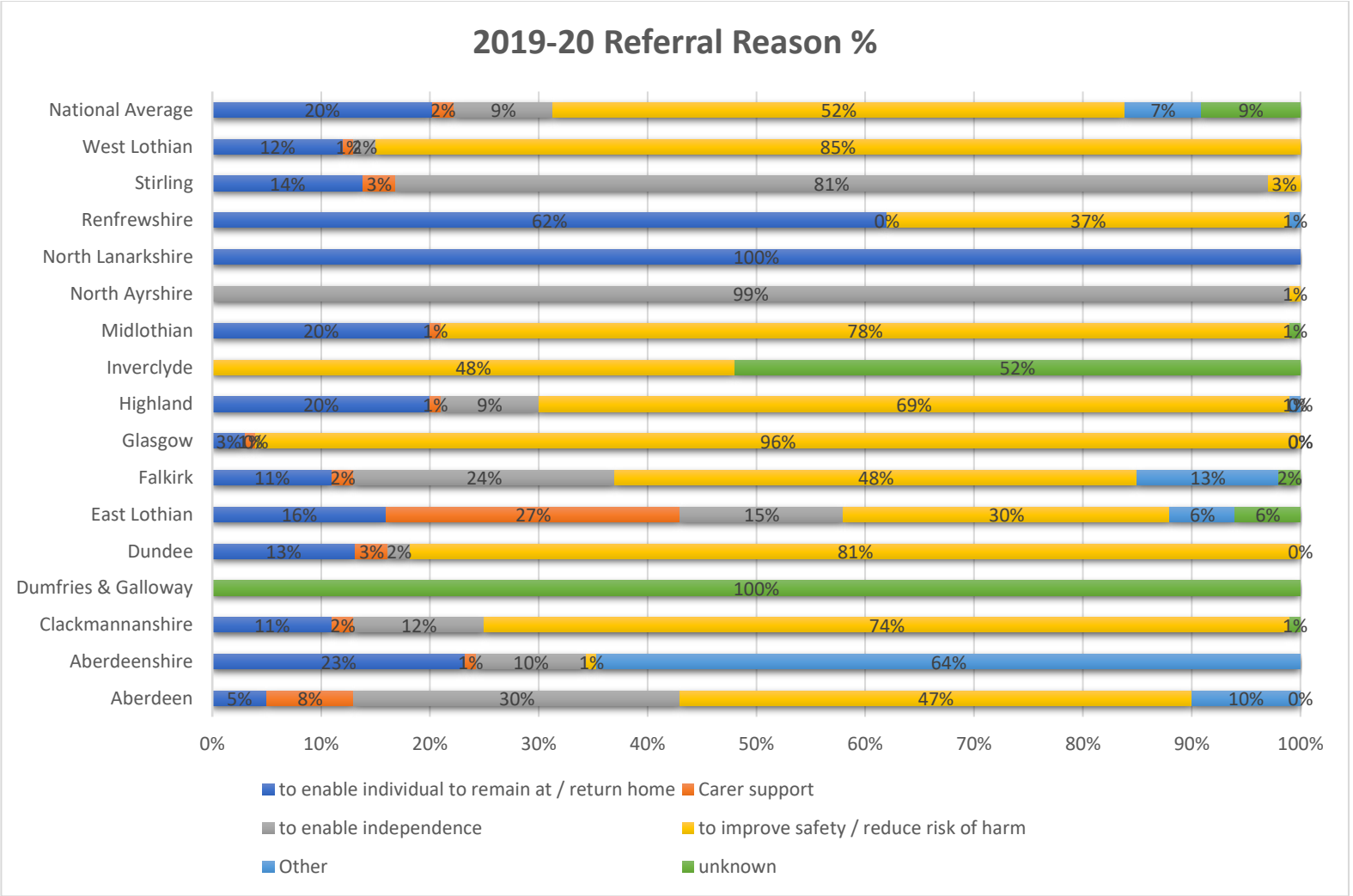


Figure 5: Reason for Referral to Telecare Services

Installations

With the exception of Renfrewshire, all HSCPs reported more routine referrals than urgent referrals. Renfrewshire reported 63% of their referrals as being urgent. Looking across other indicators it is assumed that this is related to hospital discharges.

Interestingly, Stirling HSCP have a low number of urgent referrals (10%), which again corresponds with their main referral source being social work, and the most significant reason for referral being to enable independence. Glasgow reported no urgent referrals in 2019/20, and SHN recommends this is explored in more detail within the HSCP. Individual HSCP data can be found in Fig. 7 below.

Generally, HSCPs are able to categorise their referrals as urgent or routine, however, the Group agreed that further definition of 'urgent' and 'non-urgent' was required.

The average number of days between referral and installation for 2019/20 is nine days, however there is significant variation (range 5-17 days) – six HSCPs exceeded the average, and can be seen in Fig. 8 below.

Clackmannanshire, Falkirk and Stirling all have a significantly longer period of time from referral to installation, and SHN recommends this is explored both locally, and by the benchmarking group.

Currently, there is not a benchmarking indicator that focuses on which devices were installed. The benchmarking group is interested in considering this as an addition to the current set of indicators

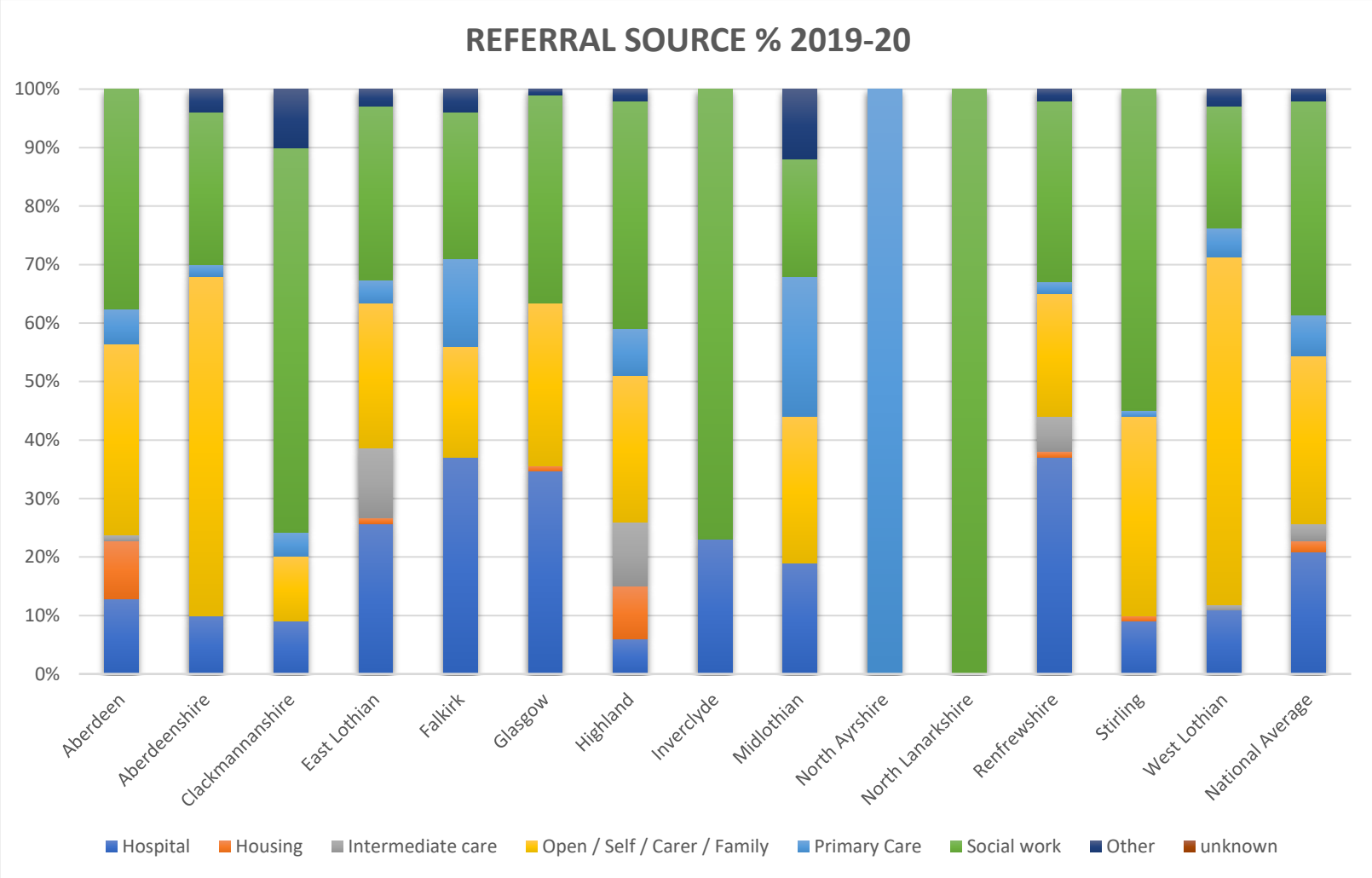


Figure 6: Source of Telecare Referral

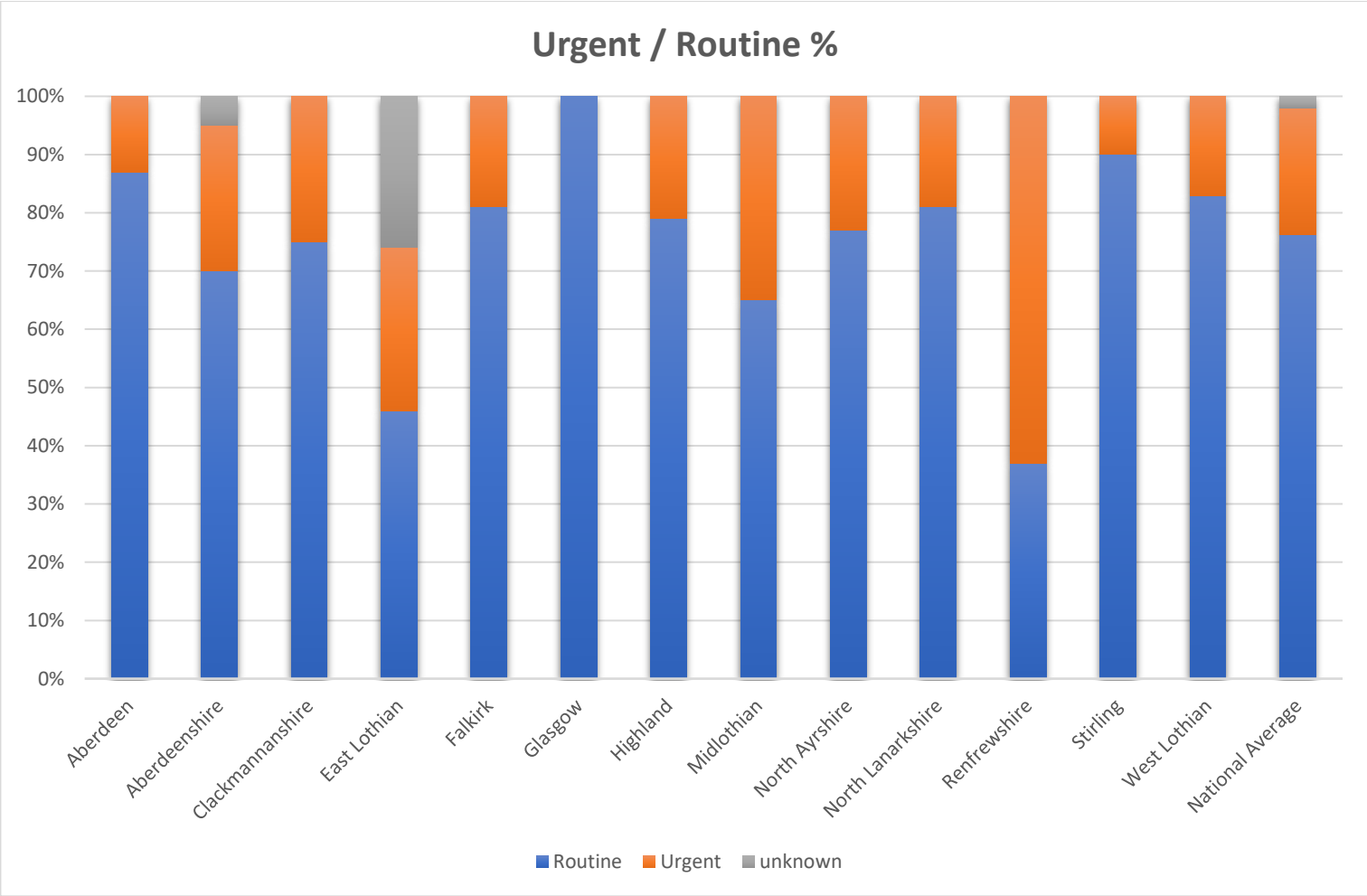


Figure 7: Proportion of Urgent and Non-Urgent Referrals

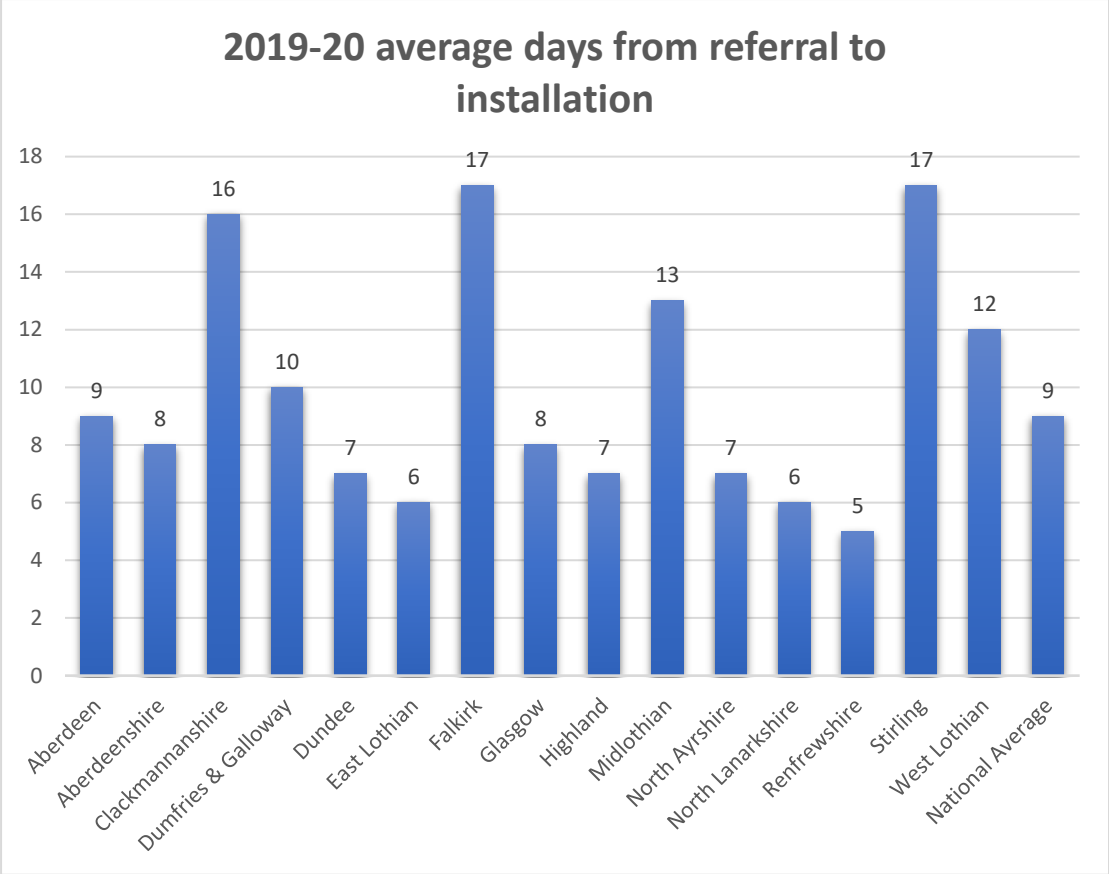


Figure 8: HSCP Average Number of Days from Referral to Installation

Total referrals received

Over the period 2019/20, 10,547 referrals were reported by benchmarking participants (see Fig. 9). Further analysis demonstrated that the spread of referrals was relatively evenly balanced throughout the year, with 29% of the referrals received in quarter three. No COVID impact was noticed in quarter four, with 23% of the annual referrals received in that quarter. However, it may be that this was too early into the pandemic for any noticeable impacts to be observed.

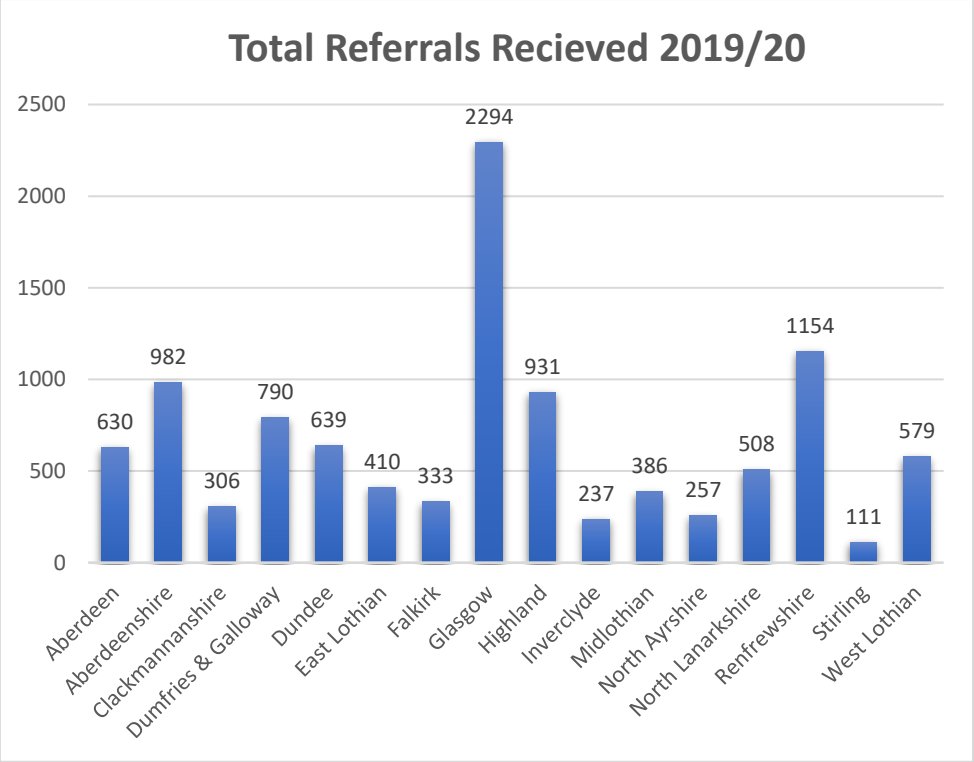


Figure 9: Total Referrals Received During 2019/20 by HSCP

Withdrawals

Average number of weeks from installation to withdrawal

The average number of weeks that a service user has telecare prior to withdrawal of service, for any reason, is 154 weeks, or a little under three years. There are some significant differences across HSCPs, which can be seen in Fig. 10.

The average duration for services users to retain their equipment in Dundee is 54 weeks, whereas in West Lothian it is 276 weeks (over 5 years).

The variation raises questions around when and why telecare is deployed. Whilst there is currently no agreed ideal duration for a service user to be receiving telecare services, HSCPs need to be assured that they are providing a person with the right devices and service at the right time in their lives.

Deloitte's Telecare Feasibility Study (2017)[2] suggested that turnover of service users has an important impact on the benefit to cost ratio of investment, with higher overall benefit to cost ratio, the longer a person is in receipt of the service.

[2] Telecare Feasibility Study. Feasibility study for the provision of universal telecare services for the over 75s. Deloitte, 2017

Due to the apparent variation, SHN recommends further exploration of this topic with the benchmarking group to understand underlying causes.

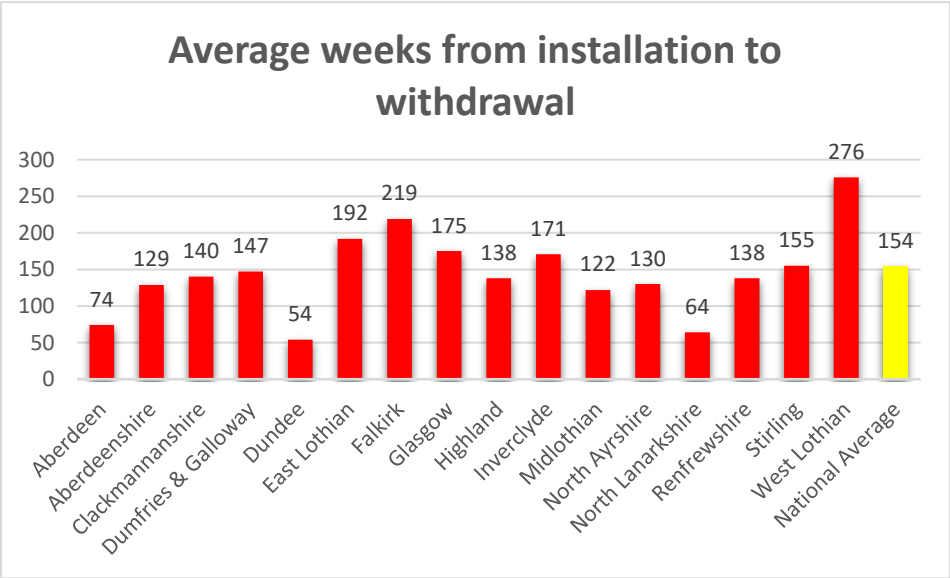


Figure 10: Average Number of Weeks from Installation to Withdrawal by HSCP

Reason for withdrawal

On average, 38% of withdrawals of service were due to the individual being deceased. It is also noted that 28% of users had equipment withdrawn as it was 'no longer needed'. This is a broad definition and therefore difficult to draw any conclusions from the data. For an average of 25% of service users, service withdrawal was a result if admission to long term care.

There are some differences between providers (see Fig. 11), but again there is no 'correct' reason for withdrawal. As always, SHN recommends that outliers investigate possible reasons for the variation, and feedback findings to the group for learning purposes.

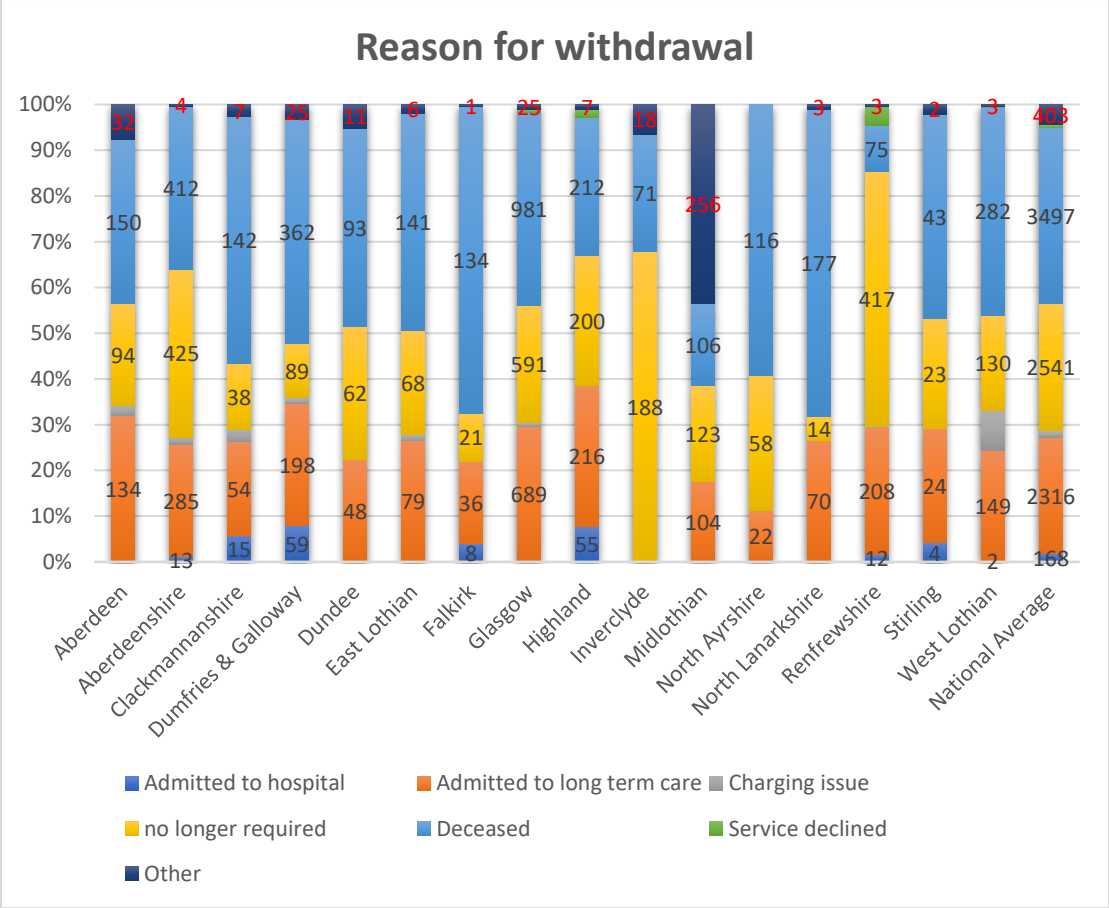


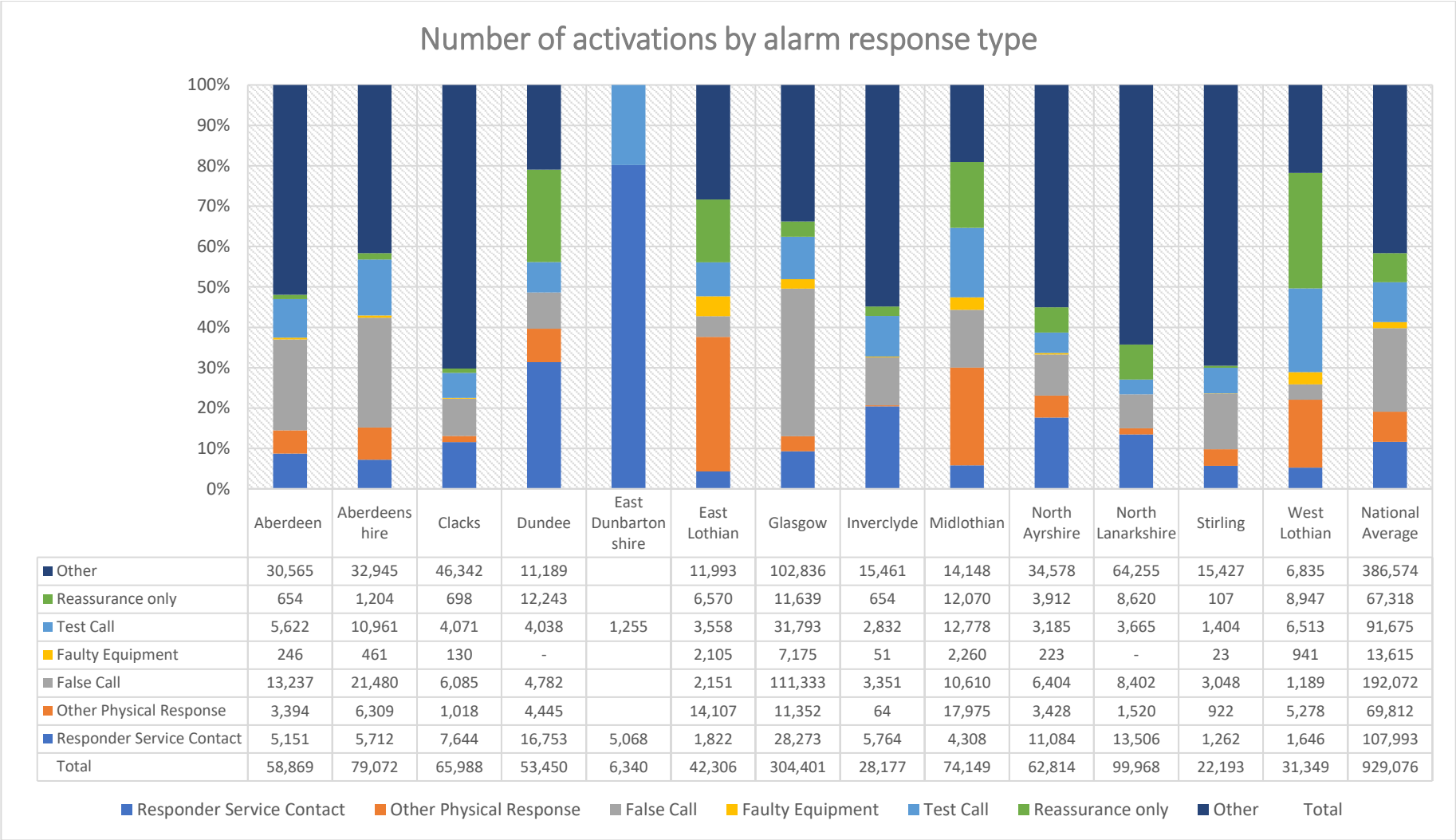
Figure 11: Reasons for Withdrawal. By HSCP

Grouped data

Alarm activations

Details of calls by HSCP can be found in Fig.12 below. Over 2019/20 participating HSCPs reported 929,059 calls which were categorised as follows:

- 67,318 (7.2%) calls requiring reassurance;
- 91,675 (9.9%) test calls;
- 13,615 (1.5%) faulty equipment calls;
- 192,072 (21%) false calls;
- 107,993 (11.6%) responder service response; and
- 69,812 (7.5%) calls requiring 'other' physical response.



	Aberdeen	Aberdeenshire	Clacks	Dundee	East Dunbartonshire	East Lothian	Glasgow	Inverclyde	Midlothian	North Ayrshire	North Lanarkshire	Stirling	West Lothian	National Average
Other	30,565	32,945	46,342	11,189		11,993	102,836	15,461	14,148	34,578	64,255	15,427	6,835	386,574
Reassurance only	654	1,204	698	12,243		6,570	11,639	654	12,070	3,912	8,620	107	8,947	67,318
Test Call	5,622	10,961	4,071	4,038	1,255	3,558	31,793	2,832	12,778	3,185	3,665	1,404	6,513	91,675
Faulty Equipment	246	461	130	-		2,105	7,175	51	2,260	223	-	23	941	13,615
False Call	13,237	21,480	6,085	4,782		2,151	111,333	3,351	10,610	6,404	8,402	3,048	1,189	192,072
Other Physical Response	3,394	6,309	1,018	4,445		14,107	11,352	64	17,975	3,428	1,520	922	5,278	69,812
Responder Service Contact	5,151	5,712	7,644	16,753	5,068	1,822	28,273	5,764	4,308	11,084	13,506	1,262	1,646	107,993
Total	58,869	79,072	65,988	53,450	6,340	42,306	304,401	28,177	74,149	62,814	99,968	22,193	31,349	929,076

Figure 12: Total activations by Alarm Response Type by HSCP

Of the grouped calls reported in 2019/20, a considerable proportion, 41.6% (386,574 calls), were reported as 'other'. The only HSCP that did not report any 'other' alarm activations was East Dunbartonshire. SHN recommends work is undertaken by the benchmarking group to understand what type of activations are being categorised as 'other'.

Also of note, is the variation between the figures reported by the HSCPs.

Twenty-one percent of all calls recorded were closed as false calls. However, percentage of false calls ranged from 4% to 40%. Further investigation of this variation is recommended. Identifying and eliminating the causes of false calls has the potential to reduce anxiety among service users, and release capacity of call handlers.

Reassurance as an alarm response type also showed a significant variation, ranging from 1% to 20%. Further exploration of this variation by the benchmarking group could investigate if a high, or low proportion of calls requiring reassurance is desirable.

Test calls as a percentage of all alerts varied from 1.4% to 21% - another significant variation. Test calls are an important aspect of ensuring the person's connection to the alarm receiving centre (ARC) is in working order. Most ARCs have a regime in place that requests service users test their connection at regular, time-specified intervals. Therefore, a reasonable question would be, 'approximately, what percentage of calls would services expect to be test calls?'. This is another indicator that would merit discussion among the benchmarking group.

The percentage of faulty equipment alerts is less variable than other alerts, but potentially also worth exploring. Three areas report no fault alerts, whereas in one area, faulty equipment alerts represents 5% of all alerts.

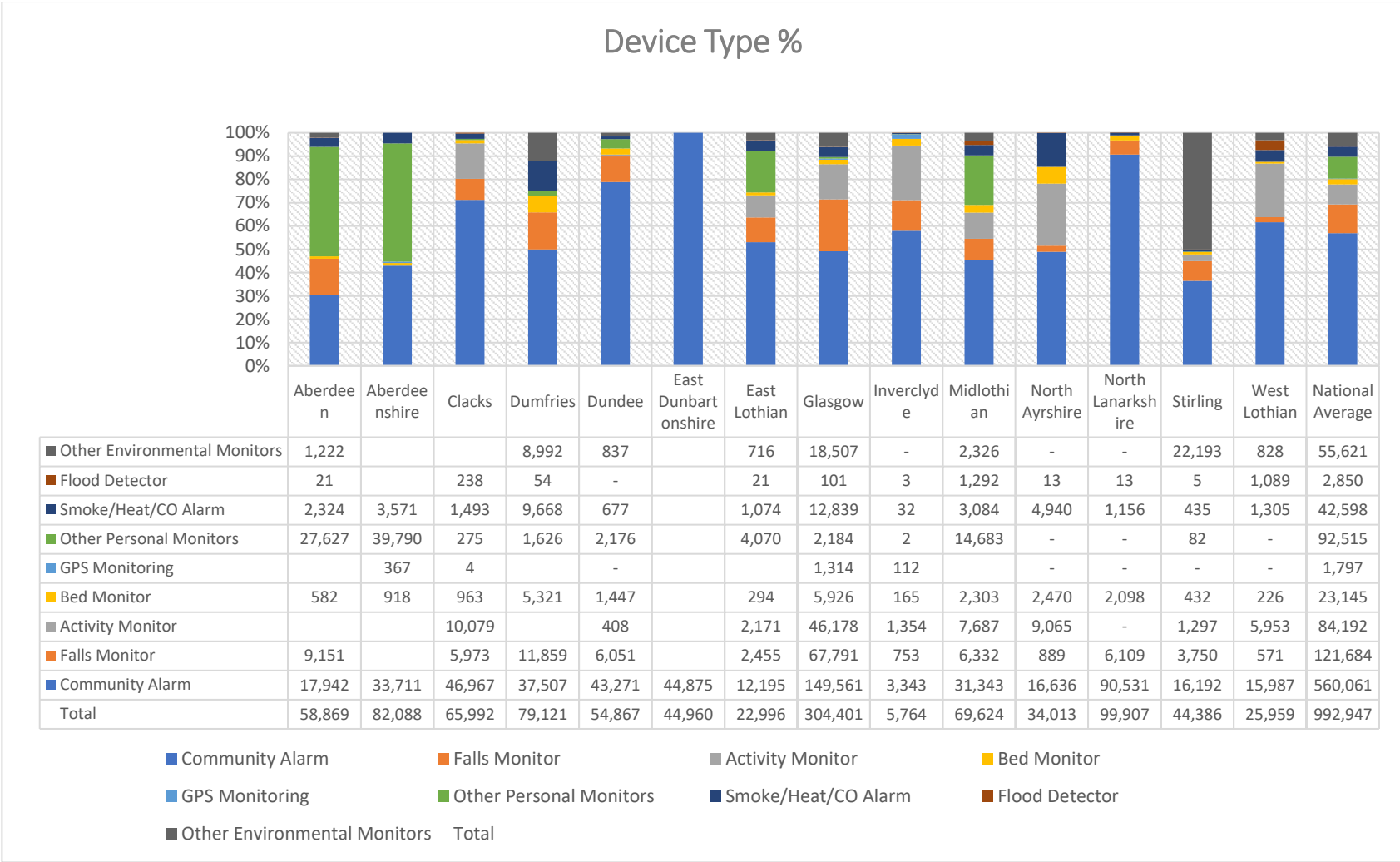
It is worth noting that the underlying reason for any of these variations could potentially be issues capturing and extracting data. It would be valuable to explore this also.

The Group has agreed that this indicator should be re-defined to enable more objective, accurate and consistent reporting – with a specific focus on the 'other' category.

Alarm activation by device type

Unsurprisingly, the most common device type activated is community alarms – 56% of all recorded calls. Details of calls for each device type, by HSCP, can be found in Fig. 13 below.

Dundee and North Lanarkshire reported over three quarters of their calls come from community alarms, and in East Dunbartonshire, 100% of their recorded calls come from community alarms – in addition, East Dunbartonshire had no false calls recorded. Aberdeen City and Aberdeenshire HSCPs recorded almost half of their calls from 'other personal monitors'.

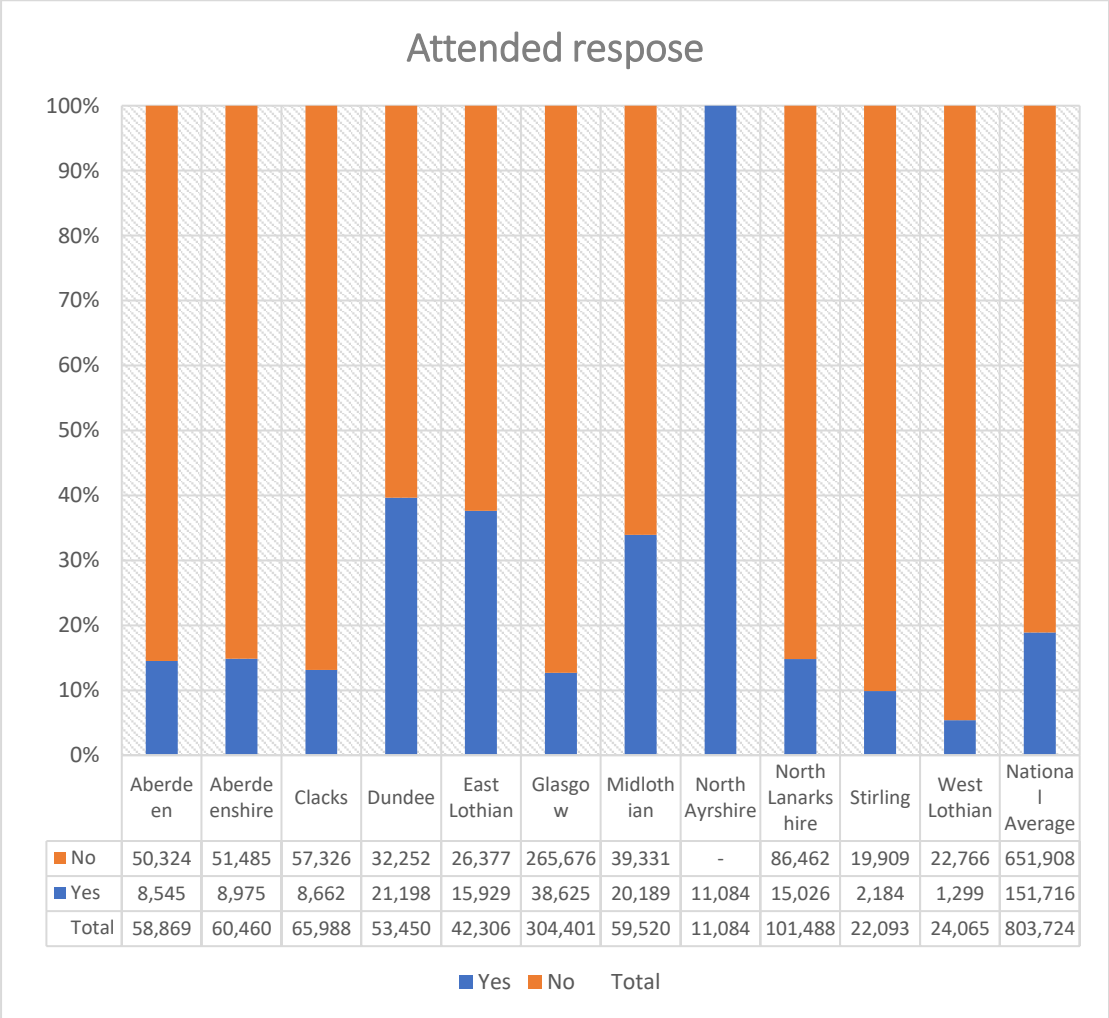


	Aberdeen	Aberdeenshire	Clacks	Dumfries	Dundee	East Dunbartonshire	East Lothian	Glasgow	Inverclyde	Midlothian	North Ayrshire	North Lanarkshire	Stirling	West Lothian	National Average
Other Environmental Monitors	1,222			8,992	837		716	18,507	-	2,326	-	-	22,193	828	55,621
Flood Detector	21		238	54	-		21	101	3	1,292	13	13	5	1,089	2,850
Smoke/Heat/CO Alarm	2,324	3,571	1,493	9,668	677		1,074	12,839	32	3,084	4,940	1,156	435	1,305	42,598
Other Personal Monitors	27,627	39,790	275	1,626	2,176		4,070	2,184	2	14,683	-	-	82	-	92,515
GPS Monitoring		367	4		-			1,314	112		-	-	-	-	1,797
Bed Monitor	582	918	963	5,321	1,447		294	5,926	165	2,303	2,470	2,098	432	226	23,145
Activity Monitor			10,079		408		2,171	46,178	1,354	7,687	9,065	-	1,297	5,953	84,192
Falls Monitor	9,151		5,973	11,859	6,051		2,455	67,791	753	6,332	889	6,109	3,750	571	121,684
Community Alarm	17,942	33,711	46,967	37,507	43,271	44,875	12,195	149,561	3,343	31,343	16,636	90,531	16,192	15,987	560,061
Total	58,869	82,088	65,992	79,121	54,867	44,960	22,996	304,401	5,764	69,624	34,013	99,907	44,386	25,959	992,947

Figure 13: Percentage calls by Device Type

Attended responses

The data suggests the majority of calls made to alarm receiving centres did not require an attended response, see Fig. 14.



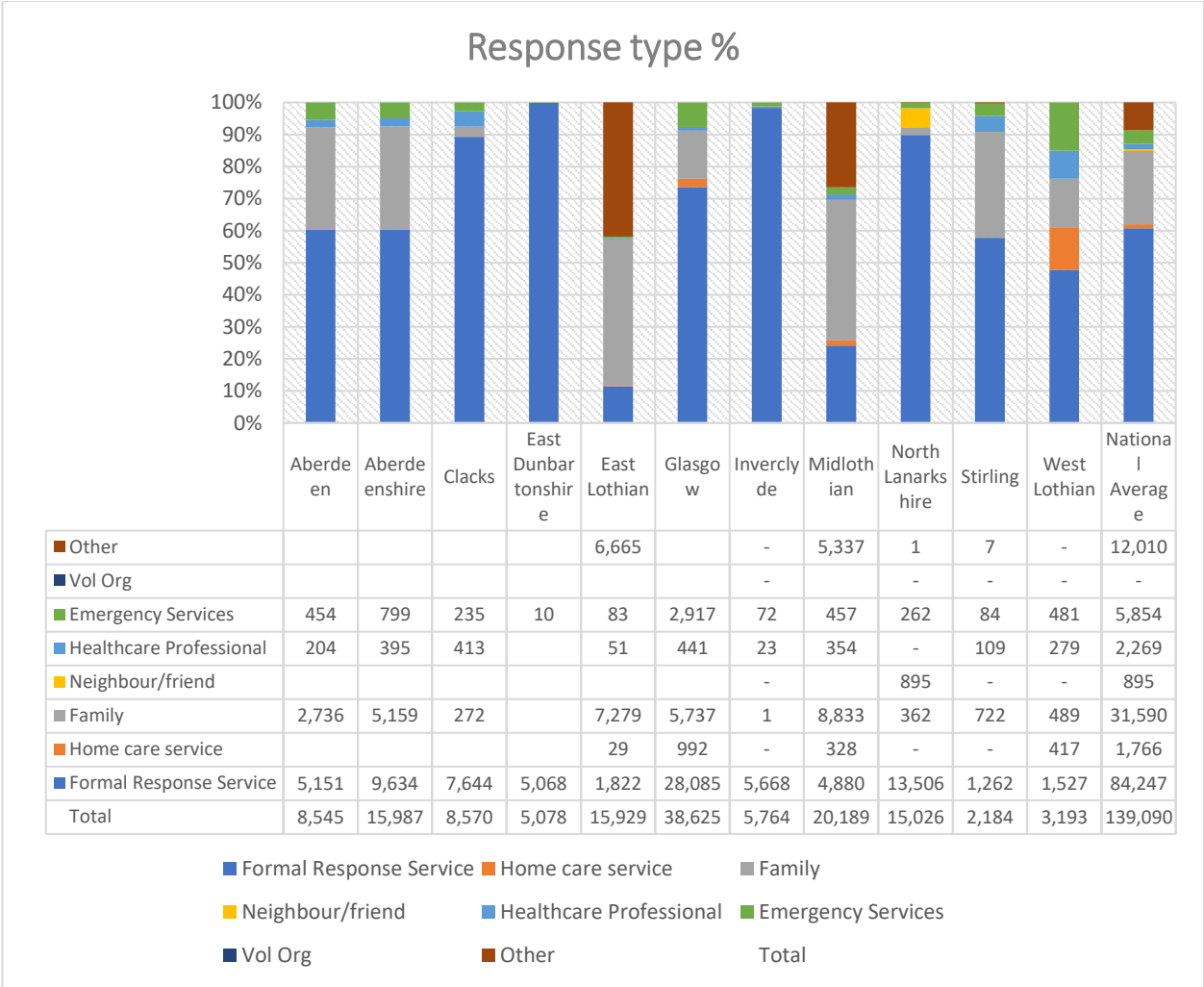
	Aberdeen	Aberdeenshire	Clacks	Dundee	East Lothian	Glasgow	Midlothian	North Ayrshire	North Lanarkshire	Stirling	West Lothian	National Average
No	50,324	51,485	57,326	32,252	26,377	265,676	39,331	-	86,462	19,909	22,766	651,908
Yes	8,545	8,975	8,662	21,198	15,929	38,625	20,189	11,084	15,026	2,184	1,299	151,716
Total	58,869	60,460	65,988	53,450	42,306	304,401	59,520	11,084	101,488	22,093	24,065	803,724

Figure 14: Percentage of calls requiring an attended response

Response Type

Of those services that did require a response, a majority of 61% received a response from an official responder service, with family responses (23%) the second most common response type.

However, variation exists. Among service providers who have a formal response service, there is considerable variation in whether the response is provided by the response service, or the family (ranging from 64% - 100% of the time). It may be of interest to explore the factors that determine who provides the response, and if service-user preference is one of the considerations.



	Aberdeen	Aberdeenshire	Clacks	East Dunbartonshire	East Lothian	Glasgow	Inverclyde	Midlothian	North Lanarkshire	Stirling	West Lothian	National Average
Other					6,665		-	5,337	1	7	-	12,010
Vol Org							-		-	-	-	-
Emergency Services	454	799	235	10	83	2,917	72	457	262	84	481	5,854
Healthcare Professional	204	395	413		51	441	23	354	-	109	279	2,269
Neighbour/friend							-		895	-	-	895
Family	2,736	5,159	272		7,279	5,737	1	8,833	362	722	489	31,590
Home care service					29	992	-	328	-	-	417	1,766
Formal Response Service	5,151	9,634	7,644	5,068	1,822	28,085	5,668	4,880	13,506	1,262	1,527	84,247
Total	8,545	15,987	8,570	5,078	15,929	38,625	5,764	20,189	15,026	2,184	3,193	139,090

Figure 15: Percentage of responses by response type

The number of alerts that require an emergency response is relatively low, however there is also variation evident here. The proportion of alerts requiring an emergency response ranges from 1.2% to 15%. It would be of interest to understand decision-making around which calls are directed to emergency services, and the potential to improve the triage process to ensure the right calls are being directed to emergency services.

On average, 9% of response types are recorded as 'other', however the proportion of 'other' can be as high as 42%. It would be worthwhile identifying responders who currently are not included in the current definition of this indicator.

Where outcomes have been recorded, the average responses across all HSCPs showed that onsite assistance was provided on 79% of occasions; with calls being directed to the Scottish Ambulance Service on 2% of occasions, and to Scottish Fire and Rescue on 0.5% of occasions. Other outcomes make up 18% of the response outcomes.

CASE STUDY

The ultimate goal of benchmarking is to improve the quality of service delivery, and outcomes for people who use the service. To justify the resource required to collect and process data, HSCPs need to use the benchmarking information to identify areas of strength, and areas for improvement within their own service, and then crucially, implement changes. These improvements could be large scale, service redesign or, more often than not, smaller incremental changes.

In 2020/21, as well as refining the benchmarking data set, an aim of the benchmarking group will be to increase the use of the benchmarking information to improve care and support. An example of how the findings can be used to make a positive impact on service delivery is outlined below.

CASE STUDY: GLASGOW HEALTH AND SOCIAL CARE PARTNERSHIP

Following the Benchmarking Workshops, Glasgow HSCP identified that the number of false calls their ARC recorded appeared significantly higher than what they expected.

They investigated this further, and found an issue in how the calls were being captured on the system. Two outcomes - 'all okay' and 'pressed in error' were collated into a single 'false call' response. This provided an inaccurate picture of the circumstances of the service user..

The HSCP has changed the way calls are closed in the ARC system, and when a user needs 'reassurance only' it is closed as such – providing a more accurate picture of the needs of the person and how the service is being used.

Additionally, benchmarking data on the use of fall detectors, instigated a review of the equipment in use by service users, which checked devices met the service user's individual needs.

Benchmarking helps to identify areas of service delivery to explore, and key questions to ask.

SECTION THREE: ACTIONS AND RECOMMENDATIONS

Benchmarking provides insight into how an HSCP is performing against their own KPIs, in comparison to other partners and nationally against all providers. This provides some rich data in order to develop evidence-based performance improvements.

The following actions for the TEC Programme, supported by SHN, have been identified for 2020/21:

1. **Address barriers to participation**

Benchmarking workshops in 2019/20 have identified a number of barriers to HSCPs submitting reliable and full data on a regular basis. The TEC programme will work with SHN and HSCPs as part of their Data to Improve Care & Support work stream, to address some of these issues. This will enable more HSCPs to participate, or participate more fully, in the benchmarking process.

2. **Support wider participation**

A recruitment drive in the latter part of 2019/20 and early 2020/21 has seen the number of HSCPs engaged in benchmarking increase, and this will hopefully reflect in an increase in data submissions in 2020/21. Ongoing work is required to increase participation further.

3. **Review benchmarking indicators and improve data definitions**

A review of the current benchmarking indicators is in progress, to address issues around lack of meaning and clarity of definitions. This will enable more objective, accurate, consistent – and meaningful – reporting and learning. The review will ensure data items are consistent with the national telecare minimum data set that TEC is developing.

4. **Support participants to use benchmarking findings to make service improvements locally.**

In 2020/21 benchmarking workshops, greater emphasis will be placed on the use of data to make local improvements. The TEC programme will explore ways in which it can support HSCPs to do this.

Recommendations for 2020/21 from SHN

1. All participating HSCPs to submit consistently each quarter.
2. Increase in the number of HSCPs submitting.

3. Agree some KPIs to monitor performance against, where relevant, starting with a 'time from referral to installation' KPI.
4. Further exploration of the optimum length of time telecare services are provided.
5. HSCP 'outliers' continue to investigate possible reasons for the variation, and feedback findings to the group for learning purposes.

SHN would like to thank those HSCPs that have engaged with the benchmarking programme and we look forward to working with those whom are committed to future submissions.