Workshop Report

Assessment of the Critical Success Factors for Mainstream Adoption of Technology-Enabled Care in Scotland

Findings of 16 April 2015 workshop

The workshop content was based on the concept of a readiness check based on the 18 critical success factors for telehealth developed in the European Commission Information and Communication Technology Policy Support Programme co-funded project, Momentum:

http://telemedicine-momentum.eu

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Overview

Scotland is undergoing significant public service reform. Three key aspects of this are the greater involvement of citizens in the planning and designing of services, an increasing shift to digital technologies, and the integration of health and social care. Technology-Enabled Care will play an important role in this reform. The Scottish Government, supported by the European Health Telematics Association (EHTEL), has undertaken a Readiness Check of the state-of-play of Technology-Enabled Care at the national level.

The work was undertaken in two parts: a survey and a workshop. This report describes the background to the two-part exercise.

- The survey was based on the Momentum 18 critical success factors. Its objective was to collect data on stakeholders' perceptions of the current status of the Technology-Enabled Care Programme. The findings of the on-line survey are reported.
- Following that, a workshop was organised to follow up on the survey findings. The workshop was held on Thursday 16 April 2015. The workshop objective was to create stakeholder awareness and consensus around the results of the on-line survey. The findings of the workshop are reported in terms of moving towards action planning. A preliminary set of workshop conclusions are laid out.

As a result of the joint analysis, it is now possible to derive an action plan for scaling-up the use of technology-enabled care in Scotland.

A set of proposed next steps in the journey towards an action plan are specified. Lessons learned from the exercise are also listed.

Scope

The scope of this report is to provide a brief overview of the two-part exercise undertaken by the EHTELconnect services team in support of the Scottish Government in its Readiness Check of progress nationally on telehealth and telecare in Scotland.

Disclaimer

This report does not necessarily reflect directly the opinions of the Scottish Government, the Technology-Enabled Care Programme or the EHTELconnect services team members.
1 The Scottish Context

This section of the report provides an overview of the work of Scotland to date, particularly in relation to the country’s Technology-Enabled Care Programme.

It is important to put Scotland’s Technology-Enabled Care Programme in the country’s overall context.

1.1 Strategic context

Public Service Reform in Scotland is focusing on people, partnership, prevention and performance.1

Within this context, Health and Social Care Integration is an ambitious plan of reform to improve services for people who use health and social services.2 Health and Social Care in Scotland are being integrated so that people are supported to live well at home or in the community for as much time as they can, and can have a positive experience of health and social care when they need it – without having to worry about who is delivering the services to them. All integration arrangements as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and in the associated Orders and Regulations that must be in place by 1 April 2016. A key aspect of these developments is the appropriate Strategic Planning of services locally. These strategic plans are due for submission to the Scottish Government over the next working year until April 2016. With less than a year to go, Integration Joint Boards have been set up to make decisions about, and control budgets for, the delivery of these integrated services.3

The appropriate use of technology in the delivery of health and care is set out in two key documents: Scotland’s second eHealth strategy, which runs until 2017,4 and the National Telehealth and Telecare Delivery Plan, which is in operation until the end of 2015.5

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The Telehealth & Telecare Delivery Plan, in particular, is the principal document driving the Technology-Enabled Care Programme. It sets out the ambitions of the National Partners (that cover health, care and government) for telehealth and telecare to take place ‘at scale’:

- Greater choice and control for an additional 300,000 people.
- Greater proactive demand for use of telehealth and telecare by citizens and staff.
- A flourishing innovation centre.
- A growing international reputation.

Since 2011, strategic responsibility for the development of telehealth and telecare in Scotland has sat with the Joint Improvement Team (JIT). The JIT is a strategic improvement partnership between various partners, including the Scottish Government, NHS Scotland, the Convention of Scottish Local Authorities (COSLA), the third sector, the independent sector and the housing sector.

As part of its policy responsibilities for the development of telehealth and telecare within Scotland, the JIT established, and chairs, the National Telehealth & Telecare Advisory Board (NTTAB). NTTAB has been undertaking a review of telehealth and telecare in Scotland.

In the early summer of 2014, the JIT carried out a review of the National Delivery Plan. This showed that many areas of the plan were considered to be progressing well. However, to progress to the next level, there is a need to:

- Increase the pace of delivery in local partnerships.
- Increase the scale and integration of delivery at the national level.
- Develop further the inward investment opportunities e.g., from Europe.

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• Link together core eHealth and care systems effectively.

The Readiness Check undertaken by the JIT in conjunction with the EHTELconnect services team was the next part of that process.

1.2 Technology-Enabled Care

From the initial review came the desire to focus on Technology-Enabled Care. Technology-Enabled Care in Scotland is considered to involve quality, cost-effective care and support that improves outcomes for individuals in home or community settings, enhanced through the application of technology as an integral part of the care and support process. It includes – but is not limited to – the use of telecare, telehealth, home health monitoring, video conferencing, digital platforms such as Living It Up and ALISS, and mobile health and wellbeing. Technology-Enabled Care also explores the scope and benefits of switching from analogue to digital technologies.

1.3 A programme for large-scale change

As a result of the need to improve the spread of Technology-Enabled Care in Scotland, a large-scale change programme has been set up that is backed by £30 million in investments over a three-year period (from 2015-2018). The programme is designed to extend significantly the numbers of people who can benefit directly from Technology-Enabled Care and support. It aims for Technology-Enabled Care to be seen as a mainstream, integral part of care planning in Scotland at strategic and operational levels.

Thus, the capacity and capability to rollout Technology-Enabled Care should be increased in all National Health Service (NHS) Boards, integration authorities and partners, and the sustainability of the care provided improved in the redesigned pathways.

The Programme is a collaborative programme involving the JIT, the Scottish Centre for Telehealth & Telecare (SCTT – Scotland’s delivery and support body responsible for the growth of telecare and telehealth), the Quality & Efficiency Support Team (QuEST – a Scottish Government-based team that provides quality and efficiency delivery support to local areas, for example, by using improvement science to undertake redesign and assess its impact on service delivery), and the Scottish Government’s eHealth Division. Collectively, these partners run the Technology-Enabled Care Programme, and report to a dedicated Technology-Enabled Care Programme Board.

With the backing of the Programme Board, the Technology-Enabled Care Programme commissioned the European Health Telematics Association (EHTEL) (see Chapter 2) to conduct a Readiness Check i.e., a gap analysis of the rollout of the Technology-Enabled Care Programme in the context outlined above.

8 http://www.aliss.org, last accessed 13 July 2015. ALISS (which stands for A Local Information System for Scotland) is a search and collaboration tool for Health and Wellbeing resources in Scotland. It points people to useful community support. Users can have an ALISS account. The ALISS website notes that two out of five persons in Scotland live with one or more long-term conditions.

9 A methodology to provide a framework for research into the improvement of healthcare.
2 Introduction to EHTEL’s Momentum Toolkit

This section includes a brief overview of EHTEL, the Momentum initiative, its critical success factors and how these were adapted for use by Scotland’s Technology-Enabled Care programme.

EHTEL is a multi-stakeholder networking platform, based in Brussels, Belgium that has more than 60 corporate members. These include regional and national health authorities and competence centres, industry, and university and research centres. EHTEL undertakes a wide range of activities that comprise coordinating European projects, running services such as EHTELconnect, and organising conferences, workshops and other events.

EHTEL was the project coordinator of the European Momentum project,\textsuperscript{10} which developed 18 Critical Success Factors for Mainstreaming Telemedicine Deployment in Daily Practice. The Momentum study published these as a set of key factors which influence the successful adoption of technology into routine care.\textsuperscript{11} Although the study’s focus was on telehealth, the lessons and success factors apply more widely to innovation in health and social care. Scotland, through the Scottish Centre for Telehealth & Telecare, was involved in the development of the Momentum study.

Any change programme starts with its strategic, leadership and resourcing elements. It later needs to shift to the managerial and operational elements (i.e., the planning and running parts of the Momentum shamrock model).

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\textsuperscript{10} http://telemedicine-momentum.eu, last accessed 13 July 2015.

As part of the Technology-Enabled Care Improvement Support Programme, called *Delivering our Ambitions*, Scotland adapted these critical success factors to a Self Readiness Assessment toolkit.\(^\text{12}\) The toolkit was originally designed as a Readiness Assessment (Version 1) to support preparation for joint strategic commissioning in Scotland’s local partnerships. Since October 2014, local Scottish partnerships have been encouraged to use this adapted toolkit to support their work on delivering Technology Enabled Care at scale in local settings.

Whereas, to begin with, the checklist was adapted to prompt reflection on local readiness for adopting Technology-Enabled Care, the Technology Enabled Care Programme as a whole is now keen to establish what the state of readiness is in Scotland – and how the 18 critical success factors apply – at a national level.

The national Readiness Check that is the subject of this report was carried out in two parts. An on-line survey – referred to here as a Readiness Overview Assessment – was conducted during March 2015, and a follow-up workshop was held in April 2015. The results are outlined in chapters 4 and 5.

\(^{12}\) Eleven key items are Strategic/Political Leadership & Commitment; Governance & Accountability; Clear focus/targets; Integrated priorities & processes; Identify & invest in supporting infrastructure; Incremental implementation; Strong project/programme management; Embed staff/service user/carer engagement; Provide resources to support shared learning/knowledge transfer; Partnership approach/Communications; Evaluation.
3 Overview of the Readiness Assessment Overview Survey

This section describes how the Readiness Assessment Overview was conducted, its range of questions and its types of respondents.

The Readiness Assessment Overview was undertaken by the Technology Enabled Care Programme and was organised around an adaptation of the Momentum 18 critical success factors.

The overview was based on an on-line survey. The survey enabled a common understanding of the developments in Scotland, identified where the interpretation of the overall picture diverges, and permitted the ensuing workshop to be built around various readiness gaps.

The survey had seven sections:
- Purpose (2 questions).
- Person-Centred (4 questions).
- Resources (4 questions).
- Managing Change (7 questions).
- Human Factors (5 questions).
- Governance & Quality (9 questions).
- Cultural Readiness (4 questions).

Members of the NTTAB, the Technology Enabled Care Programme (including its Board members), the Digital Health and Care Innovation Partnership (DHCIP), the Scottish Government and selected national stakeholders were invited to complete the survey. They were asked to do so in their national role/stakeholder role, and to reply according to a four-point scale that covered the following opinions: strongly agree; agree; disagree; and strongly disagree. The survey took around 20 minutes for each person to complete it.

In total, 60 persons were written to with a request to complete the survey. Forty-two people filled it in.

The Readiness Assessment Overview respondents were a mix of representatives from national government, local government, the NHS, housing, the independent sector and industry. There was a good mix of responses from clinicians, information technology professionals, social workers, providers, planners, policy makers, education and housing. No one from the independent sector completed the survey.

Most of those who completed the survey were then invited to the follow-up workshop on April 16 2015. Workshop attendees included representatives from the independent sector.

In relation to Technology-Enabled Care, this report focuses on the three issues identified in three sections of the survey: person-centred care; managing change; and governance and quality.
4 Readiness Check – Gap Analysis from the Survey

This section summarises the main results of the March 2015 Readiness Assessment Overview on-line survey. It outlines the positive elements around which there was consensus. It then analyses the issues identified as gaps.

In terms of the on-line survey results, it was a relatively easy process to undertake the Readiness Check.

Certain elements around which there was a consensus were immediately evident from the survey results. There were also others about which there was either not yet a consensus or where there was a wide range of respondents who did not yet know what is the current status of readiness of the programme.

The first focus of this chapter is therefore on the strengths of the programme, particularly areas of consensus identified in the survey results. In the workshop, they were considered to provide the programme with good news.

The second focus of this chapter is on continuing challenges for the programme, areas where greater awareness is needed on the part of stakeholders and participants. These were the items on which there was no obvious consensus. While they can be thought of as possible weaknesses of the programme, they may simply be those areas on which the programme has so far concentrated less. In either case, these are items that need further analysis, and action planning.

These elements provide a starting-point for discussions on the main challenges identified and the broad ways in which they could be tackled.

4.1 Strengths of the programme

On the good news side, there was consensus about four key areas of strength of the programme. The findings imply that there is no specific action needed on these four elements.

These strengths relate to four distinct Momentum critical success factors: the underpinning culture and case for Technology-Enabled Care use; champions; possibilities for further scale-up; and the pleasing fact that the technologies themselves are easy-to-use.\(^\text{13}\)

Each strength is treated sequentially.

In each case, where appropriate, useful observations made by the anonymous survey respondents are cited. The quotes are italicised and indented.

4.1.1 Consensus, compelling case and culture

- **There is a compelling case for the use of Technology-Enabled Care across health and social care.**

  ![Figure 3: Q5. Compelling case (42 responses)](image)

- **There is an underpinning culture across Scotland that welcomes and promotes innovation, including Technology-Enabled Care.**

  ![Figure 4: Q36. Underpinning culture (40 responses)](image)

Example comments made by respondents on these issues included:

- “I believe that technology-enabled care can be a key ‘enabler’ for good integration of services, and I have seen evidence of this in Scotland ...”

- “I think that the effective use of [Technology-Enabled Care] TEC can have major impacts on several long-term conditions.”
“[We are] getting stronger [at] recognising the need for innovation across a broad spectrum of service areas.

4.1.2 Leadership and champions

- National champions engage and mobilise others to adopt Technology-Enabled Care.

National champions from a range of sectors, settings and disciplines engage and mobilise others to adopt technology-enabled care,

![Circle diagram showing responses](Figure 5: Q24. National champions (40 responses))

Example comments made by respondents on this issue included:

“The [National Telehealth and Telecare Advisory Board] is a good example of this.”

“A national champions’ network – which does to some degree exist – could be built on and enhanced.”
4.1.3 **Scale-up and financial resources**

- **Scotland is prepared to move beyond a test of change to scale-up.**

  ![Scale-up and financial resources](image)

  **Figure 6: Q15. Beyond a test of change to scale-up (40 responses)**

- **There is an availability of financial resources.**

  ![Financial resources](image)

  **Figure 7: Q10. Financial resources (42 responses)**

Example comments made by respondents on these issues included:

“Scotland is at a critical point in terms of step-up and scalability.”

“Now is the time.”

“The three-year funded programme allows for real opportunity for transformational change.”
4.1.4 Technology use

- The technology is simple to use for users and their carers, as well as front-line staff.

The technology is simple to use for patients/users and their carers.

![Pie chart showing responses](image1)

- Strongly Agree (7.1%)
- Agree (54.8%)
- Don’t Know (16.7%)
- Disagree (21.4%)
- Strongly Disagree (0.0%)

Figure 8: Q7. Technology use by patients/users and their carers (42 responses)

The technology is simple to use for front-line staff.

![Pie chart showing responses](image2)

- Strongly Agree (9.5%)
- Agree (50.0%)
- Don’t Know (21.4%)
- Disagree (19.0%)
- Strongly Disagree (0.0%)

Figure 9: Q8. Technology use by front-line staff (42 responses)

An example comment made by a respondent on this issue was:

“The feedback seems to be positive in studies of telehealth and telecare.”
4.2 Challenges for the programme

There are a number of challenges remaining for the programme, and items that need deeper analysis and action planning. The on-line survey responses already included proposals for potential actions that came from a good number of the respondents.

From the perspective of the on-line survey, these challenges lie in the domains of person-centred care, managing change, and governance and quality. They were re-classified into three areas that were called:

- Capacities, skills and engagement.
- Management of change.
- Governance and infrastructure.

Each challenge is treated sequentially. In each case, where appropriate, useful observations made by the anonymous survey respondents are cited. The quotes are italicised and indented.

4.2.1 Capacities, skills and engagement

Brought together in this classification are issues related to citizen engagement and staff training in technology.

- Citizen engagement in service re-design.

![Pie chart showing responses to Q6](image)

Figure 10: Q6. Citizen involvement in service re-design (42 responses)

Example comments made by respondents on this issue included:

“There is good progress to date, but significant further improvement [is] possible.”

“I’m not sure that citizen-led development is as embedded as it should be. [D]evelopments such as the TEC Programme, Living It Up, and the Digital Health Institute provide good opportunities to increase involvement in this regard.”
- Technology training is an add-on rather than a core part of the professional development.

![Pie chart](chart.png)

Staff are supported to develop their skills and capabilities needed to use technology in practice.

- Strongly Agree (4.8%)
- Agree (21.4%)
- Don’t Know (28.6%)
- Disagree (42.9%)
- Strongly Disagree (2.4%)

Figure 11: Q11. Support of staff to use technology in practice (42 responses)

Example comments made by respondents on this issue included:

“Technology continues to be an add-on to services rather than an integral part of professional training. IT skills vary across professions and investment in technology differs according to local decisions and interests.”

“The [NHS Education for Scotland]-led work […] is focusing on [the] technology-enabled workforce, but there is still work to do to embed [it] in education and training across [the] workforce.”

“[…] This needs to be continually reviewed as technology changes and staff change.”
Trust and sharing of information needs attention.

There is a level of trust such that medical professionals (including doctors), and other healthcare professionals, are ready to share clinical information with each other and with their patients.

![Pie chart showing the distribution of responses to the question about trust and sharing of information.]

- Strongly Agree (5.0%)
- Agree (17.5%)
- Don't Know (17.5%)
- Disagree (50.0%)
- Strongly Disagree (10.0%)

Example comments made by respondents on this issue included:

“[...] It seems to be the users/patients/carers who are more willing for their information to be shared than the medical professionals who employ a more cautious approach.”

“Lack of sharing is still a huge issue.”

“This feels like one of the major issues we need to crack over the next few years.”

4.2.2 Management of change

Brought together in this classification are issues related to staff engagement, incentives, and local change management.

- Gaps in staff engagement – with variations across the sectors, and with the housing sector as the major gap.
Senior leaders and professional organisations demonstrate visible commitment to adopt technology-enabled care.

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<th>Strongly Agree (10.0%)</th>
<th>Agree (40.0%)</th>
<th>Don’t Know (15.0%)</th>
<th>Disagree (32.5%)</th>
<th>Strongly Disagree (2.5%)</th>
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**Figure 13: Q23. Commitment to adopt technology-enabled care (40 responses)**

Example comments made by respondents on this issue included:

“In most cases, yes, but there is a variability amongst some strategic stakeholders.”

“[S]ome good examples, but many […] have not been open to understanding the benefits, for various reasons, and therefore cannot champion the need for change.”

- **Gaps in incentive alignments e.g., needs for sufficient dedicated resources and capacities for TEC rollout.**

There is appropriate alignment between the large-scale deployment of technology-enabled care and financial (and other) incentives.

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<thead>
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<th>Strongly Agree (0.0%)</th>
<th>Agree (32.5%)</th>
<th>Don’t Know (32.5%)</th>
<th>Disagree (30.0%)</th>
<th>Strongly Disagree (5.0%)</th>
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**Figure 14: Q38. Incentive alignment (40 responses)**

Example comments made by respondents on this issue included:

“[C]annot see this in e.g., procurement by commissioners, or in support to develop new systems for [Self-directed Support Scotland].”
“Risk of short-term prioritisation into acute sector issues needs to be recognised.”

- Guidance for local change management; change management planning in terms of time and capacity.

![Time and capacity to achieve implementation at scale is factored into action planning.](image)

An example comment made by a respondent on this issue was:

“[The] TEC programme is supporting this along with [the] Improvement Programme.”

- Interoperability remains an issue, even if a framework is now in place.

![The IT and eHealth infrastructure is available to support interoperability and successful deployment at scale.](image)
Example comments made by respondents on this issue included:

“[W]e need to examine and plan how to do this at a national level. The integration of health and care provides key opportunities to do this, but requires a clearer pathway between local authorities and health boards...”

“Local Government IT hasn’t been traditionally engaged and, within telecare, the telecare systems and the wider social care/work systems don’t yet communicate. Within health settings, eHealth is only now starting to consider wider interoperability both with new technology but also with social care systems.”

“Interoperability is still lacking to connect key systems.”

4.2.3 Governance, standardisation, safety/security and quality

This domain brought together challenges in the domains of governance, guidance, standardisation, safety/security and quality.

It was in this domain generally, in terms of the answers to questions, that there was the largest number of “don’t know” responses. This was possibly because, in some of the cases, the respondents’ roles and posts that did not necessarily permit them to have a clear understanding about the questions posed.

A general impression is that while much work is in progress, further progress needs to be made. Uncertainty or lack of clear information availability is a challenge internationally, not only for Scotland. Legal contexts are changing throughout the globe, and not simply in Europe.

- **Assessment of the legal context.**

Example comments made by respondents on this issue included:

“[A] very uncertain area [that] seems to be on a case-by-case basis. [I]t needs strategic intent and commitment to remove obstacles, so that we work together to make these innovations work rather than taking the more risk averse approach of coming up with all the reasons we can’t do something.”

"This is all new. So, [in] testing the waters, we come up against data governance issues as yet unforeseen.”
**Transparency arrangements.**

Transparent frameworks are in place for arrangements (e.g. contracts and Service Level Agreements) setting out expectations, rights and responsibilities between providers and commissioners.

Example comments made by respondents on this issue included:

“I have knowledge of the Scotland Excel Telecare Framework and [NSS]. ... However, I don’t think commissioners have enough knowledge and understanding of the benefits, cost-effectiveness, or return-on investment in relation to Technology-Enabled Care when commissioning services.”

“We are still working through this.”

**Clear guidance is needed on deployment of technology-enabled care.**

There is clear guidance on any legal, ethical and confidentiality issues relating to the deployment of technology-enabled care.
Example comments made by respondents on this issue included:

“The [Federal Drugs Administration] and Medical Device Directives agencies are still unclear on how they will handle mobile applications from a regulatory perspective.”

“Patchy.”

○ **Guidance on safety and security issues.**

There is clear guidance on safety and security issues relating to the deployment of technology-enabled care services.

![Figure 19: Q30 Clear guidance on safety and security issues (40 responses)](image)

An example comment made by a respondent on this issue was:

“**Formal safety assessment risks should be carried out before, during and after implementations.**”

○ **Quality of technology-enabled care services is monitored and accountability is clear.**

Example comments made by respondents on this issue included:

"**Very variable.**"

"**[There is a need] to reconcile conflicting regulatory guidance.**"

"**More needs to be done on this as there are many different agreements.**"

"**This largely down to local areas, but national guidance would be helpful.**"

○ **Systems are in place to address incidents.**

Example comments made by respondents on this issue included:

"**Normal risk and incident management should be applicable.**"

"**There are known issues with maintenance and management – a key area where the housing sector could help.**"

"**Very variable – although there should be a degree of local accountability.**"
4.3 Preliminary survey findings

There was already some general indications from the on-line survey responses with regard to the directions to be taken by the Scottish change programme:

- Engagement will continue to need to progress.
- Increased focus on citizen engagement is needed.
- Work is needed on leadership and organisation of champions, with communication as a key element of this.
- Business planning, interoperability, and staff training remain key challenges.
- Significant focus is needed on change management planning – both at a national level and in terms of providing guidance for local change management.
- Where they exist, IT and eHealth standards need to be highlighted, appropriate frameworks identified, and guidance on quality ensured.
- Work on communication and engagement needs to be linked into the programme, particularly in relation to professional (healthcare) bodies.
5 Readiness Check – Towards Action Planning from the Workshop

This section contains a brief overview of the 16 April 2015 workshop, its background, objectives, method, the way in which it built on the results of the March 2015 survey, and the results of the three breakout groups.

The workshop provided a follow-up to the March 2015 on-line survey. It enabled a shift towards action planning.

5.1 Background

More than 40 people attended from a range of sectors involved in the implementation of Technology-Enabled Care in Scotland. They included representatives from national government, local government, the NHS, housing, the independent sector and industry. Among the grouping were information technology professionals, social workers, providers, planners, policy makers, housing experts and voluntary sector representatives. There were relatively few clinicians and health professionals present.

Figure 20: Readiness Check workshop attendees

5.2 Objectives

The workshop objective was to create stakeholder awareness and consensus on the survey results. The attendees explored together where are the gaps in people’s understanding of the key issues for Technology-Enabled Care in Scotland.
As a result of the on-line survey findings, it was decided to focus the Readiness Check aspects of the ensuing workshop on three specific areas:

- Capacity, skills and engagement - citizens and staff. Data, Analysis, and Action Planning.

**5.3 Method**

The workshop method involved both plenary sessions and breakout groups. All the attendees came together in a final plenary session to take a rapid run-through the main points of their discussions.

Wherever possible, the attendees focused on the questionnaire responses in a sequential order. Concentration was on the domains of the survey that respondents had identified as posing the greatest challenges for Scotland’s Technology-Enabled Care in the future. The process provided initial insights into a set of potential future actions. The sessions were facilitated by external experts from the EHTELconnect services team, Brussels, and notes were taken by local attendees.

**5.4 Three break-out groups**

In the three breakout groups, the workshop attendees discussed the core topics that had emerged from the survey analysis.

In breakout group 1, the main issues discussed related to the capacities, skills and engagement of both citizens and professionals. Many of the issues highlighted related to broadening the involvement of stakeholder groups into service design and service delivery, and improving communication around services.

In breakout group 2, the main issues discussed included potential change management, action and business planning, work processes and work alignment.

In breakout group 3, the issues related chiefly to governance and quality. At a more detailed level, they referred to information governance, standardisation, safety, security and quality.

The breakout groups determined specifically that the change management/business planning elements of the Technology-Enabled Care Programme deserve greater coverage in the future.

For a more detailed coverage of all the discussions that took place in the breakout groups, and the very specific sets of actions identified, see Appendices 2, 3 and 4 of this report.

The breakout groups particularly highlighted the need to focus on:
5.4.1 Citizen engagement

- Local engagement, including mobilisation of volunteer champions.\(^{14, 15, 16}\)
- Working more effectively with citizens, the housing sector, and non-traditional groups.
- Developing a sound attitude towards risk readiness.
- Prompting and signposting appropriate anecdotes, stories and guidance e.g., on relevant websites possibly through the national learning schemes.
- Being more public facing, e.g., in terms of relevant websites, at the same time as retaining portals for staff (professional) end-users.
- Staff training, e-Learning, the Scottish Learning Network.\(^{17}\)

5.4.2 Management of change/action planning

- Business planning on national and local levels, as well as on theme levels, to have a better focus on impact.
- Focusing on a framework for change management, including specific areas for focus.
- Dedicating resources and capacities to Technology-Enabled Care roll-out and to the exploitation of data collected.
- Identifying existing infrastructure better.

5.4.3 Governance and quality

- Creating a map (“mapping”) or guidelines of what items exist in a number of critical domains. The domains include the need to provide guidance in example areas such as: standards; quality; the Scotland Excel\(^{18}\) procurement framework exercise for local government, in which there is a perceived gap between telehealth and telecare; connectivity among the different sectors; leasing models; and maintenance and operations.

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\(^{16}\) Encouraging the creation of apps by citizens.
\(^{17}\) E.g., the NHS Health Scotland Knowledge Network [http://www.knowledge.scot.nhs.uk/home.aspx](http://www.knowledge.scot.nhs.uk/home.aspx), last accessed 13 July 2015.
5.5 **Workshop findings**

At the end of the workshop, it was concluded that:

- Overall, there were no big surprises in terms of the Readiness Overview Assessment.
- In some domains, there was a lack of knowledge and awareness. However, this can probably be explained by the types of roles or posts held by certain respondents.
- A set of actions did not need to be laid out immediately.
- Actions can be determined during the June/July 2015 timeline, in light of a review of the workshop report results, when specific action planning will then start.

In terms of action planning:

- Activities will need to move in both a top-down and a bottom-up direction.
- Priorities for specific stakeholders, and the ownership of particular actions, will need to be identified. Two key messages on implementation are: not to over-complicate the actions to be taken, and not to take undue risks.
- Parallelism of activities will need to be avoided, particularly where integration is concerned.\(^{19}\)
- Documentation will need to be written for a range of audiences.

As a result of the survey and the workshop, the Technology-Enabled Care programme now has a much clearer idea of how it is doing in Scotland. The team is open to working in a much more collective way, and is aware of the need for learning. In general, there is a willingness towards encouraging common ground in approaches and understanding.

It is understood that Technology-Enabled Care can:

- Act as a catalyst to help move the agenda and process forward.
- Focus on the next telehealth/telecare delivery plan agenda, 2016-2020.
- Take on some fundamental pieces of work e.g., around the provision of guidance or guidelines that would provide value-added to stakeholders, including staff and citizens.

The next steps for Technology-Enabled Care, are about the need to:

- Focus on the Integrated Partnership. Create a national action plan.
- Assess how the strategic central level can help to support local planning.
- Raise awareness.

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\(^{19}\) The telehealth and telecare environments could be taken as examples.
6 Next Steps towards Action Planning

This section of the report identifies the potential for three next steps: an action plan; the development of a sound business case or cases; and a peer review process.

The workshop initiative showed that the integration of health and social care in Scotland is a complex exercise that involves many different work streams. There are considerable legacy and disinvestment issues, and challenges to capacity, around health and care systems and services. Further attention to Joint Strategic Commissioning (strategic planning) is needed.\(^\text{20}\) This could be undertaken ‘in the round’ in exercises similar to the 16 April 2015 workshop.

6.1 General observations

As a result of this whole exercise, certain observations were made about future actions that are necessary:

- A step-change over a three-year or five-year period, starting in early 2016.
- Identification of top priorities for actions over the 2016-2020 time-period which are coherent in the short-, middle- and long-term.
- A roadmap with appropriate signposting vis-à-vis timelines.
- Continued involvement of senior management, particularly among people involved in commissioning exercises.
- Specific actions to be identified, especially in terms of business planning and change management.
- Benefits analysis, with a focus on – if appropriate – cost benefit analysis.
- Impact analysis, using e.g., the Model for Assessment of Telemedicine Applications (MAST) model.\(^\text{21}\)
- Risk assessment.

In terms of next steps, it is important for the Technology-Enabled Care Programme to identify appropriate business cases for the various services involved in Technology-Enabled Care.

The business case(s) – which can include financial as well as non-financial issues – should enable a focus on specific, well targeted actions for on-going work on technology-enabled care in Scotland.

Particularly in terms of integrated care, the benefits to be shown may cover implications for health, care and financing. The wealth of sectors involved in Scotland’s Technology-Enabled Care indicate that benefits may be identified for a wide diversity of sectors and people.

6.2 Concrete actions

Specific, dedicated ideas for the next steps for working on Scotland’s Technology-Enabled Care are needed.

Three potential actions highlighted include the potential for a focus on the development of:

- An action plan with key priorities and timelines at both local levels and the national level.
- Sound business models in telemedicine. These business models or cases could be developed in a workshop to be held in September 2015.
- A new Telehealth & Telecare Delivery Plan that can take Scotland up to 2020 that could be validated through an (international) Peer Review procedure late in 2015.

It is anticipated that EHTELconnect services will have value to add in these domains.
7 Lessons learned from a Scottish perspective

| The section of the report identifies a number of potential lessons learned from the perspective of the Technology-Enabled Care Programme as a result of undertaking this Readiness Check exercise. |

The lessons learned outlined here refer to the survey, the workshop, and the exercise as a whole.

7.1 Survey

- The Readiness Assessment Overview Survey (‘survey’) provided an opportunity to examine the applicability of the Momentum critical success factors\(^\text{22}\) across both health and social care.
- The survey gathered a useful range of responses from a wide range of stakeholders.
- The survey can contribute to evidence-based action planning.
- More effort needs to be made to include the independent sector and health care professional representatives in the road mapping initiative.

7.2 Workshop

- The workshop provided a useful, constructive and collaborative forum/format for exchange of opinions and ideas.
- The workshop was characterised by possible differences between what is happening at the national level and what is occurring at local levels.
- From a group-dynamic perspective, the workshop identified differences among break-out groups. Some break-out groups focused more on the ‘why’ of the general context. Others were able to list potential answers to questions, and future activities, i.e., they concentrated more on the ‘how’.

All three of the break-out groups covered interoperability as a discussion issue, but not in any detail.

7.3 The exercise as a whole

- Overall, the exercise helped to create a collaborative willingness to focus on a future roadmap/action plan.
- The exercise provided initial pointers for the future content of a roadmap/action plan.
- The initiative provided further opportunities to inform Scotland’s work with insights from other European partners.

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\(^{22}\) On each previous occasion that the critical success factors have been used in either national or local settings in Scotland, they have been localised to the specific context according to the importance placed on the factors by the region of the country.
Figure 21: Readiness Check workshop attendees at the end of the workshop
Technology-Enabled Care Programme

Critical Success Factors for Mainstream Adoption in Scotland - Workshop

16 April 2015
‘Burns I’, COSLA Offices
Haymarket, Edinburgh
12:00 – 16:30

1. Lunch and Welcome .......................................................... Margaret Whoriskey

2. Introduction to MOMENTUM.................................................. Marc Lange

3. Overview of Workshop...................................................... Margaret Whoriskey

4. Gap Analysis – Results from Questionnaire ......................... Alistair Hodgson

5. Parallel Breakout Groups .................................................... Facilitated by EHTEL
   Break-out 1: Capacity, skills and engagement - citizens and staff.
   Break-out 2: Management of change - action planning.

6. Feedback ..................................................................................All

7. Action Planning........................................................................All
Appendix 2: Capacity, skills and engagement

Break-out group 1.


This break-out group was designated to cover issues related to Q6, 9, 11, 14, 17, 21 and 25. They were associated mainly with the capacities, skills and engagement of both citizens and professionals and were connected with design, involvement and communication issues.

The group noted overlaps in certain questions (e.g., in the responses to Q21, 22 and 25), and therefore did not explore these.

The group decided to cover three additional questions (Q20, 26 and 37) on legality, transparent frameworks and standards. (See also coverage of some of these issues by break-out groups 2 or 3.)

Additional notes were extracted from post-workshop discussions held on 17 April 2015.

Citizens

- **Q6 and Q9 Citizens benefit from technology-enabled care and are involved in service development. Technology is sufficiently adapted for citizens**

  There is a need to unpack the meaning of citizens being involved in developing services, and technology being adapted to what matters to people. To date, elderly people can sometimes experience exclusion, while overall younger end-users are more easily engaged.

  - **Process:**\(^{23}\) There is a need to bring citizens and designers/developers together in e.g., the Digital Health Institute\(^{24}\) and Living It Up.\(^{25}\) Faster, agile development processes are needed based on personal outcomes. Simpler feedback mechanisms are needed across the design/delivery continuum. Communications with citizens should be central.\(^{26}\)\(^{27}\) Solutions involve testing and designing delivery.

  - **Housing – marginalised groups and tenants:** Use the Registered Social Landlords (RSLs)\(^{28}\) and the Association of Local Authority Chief

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\(^{23}\) Considering holding a Digital Awareness Week across all the sectors involved was an approach mentioned in the workshop final plenary session.

\(^{24}\) [https://dhi-scotland.com](https://dhi-scotland.com), last accessed 13 July 2015.


\(^{27}\) The workshop’s final plenary session highlighted the need to focus on communities rather than on service users.

Housing Officers (ALACHO)\(^{29}\) to reach marginalised groups e.g., groups of homeless people. Use existing groups/fora e.g., tenants, to inform and influence developers. For example, in Falkirk, an app was developed by young people with disabilities.

- **Digital inclusion**: Digital inclusion work focuses on making life better or easier.
- **Culture**: Outreach in schools, libraries, science centres, and museums.
- **Volunteer capacity**: Build on the legacy of the Glasgow 2014 Commonwealth Games\(^{30}\) to get volunteer champions. Establish a National Volunteer Task Force in support of Technology-Enabled health and social Care as a means of safeguarding people’s quality of life. “Technology Enables Scotland”.
- **Other mechanisms**: See e.g., People Make Glasgow.\(^{31}\) The Year of Homecoming Scotland (2014).\(^{32}\) Scotland Community Empowerment Bill.\(^{33}\) Scotland Council for Voluntary Organisations (SCVO).\(^{34}\)

**Staff**

- **Q6 Front-line staff and strategic decision-makers are involved in design and implementation**

  - **Staff**: Staff are fully involved and appropriately.
  - **Types of approaches**: Both top-down and bottom-up approaches are needed.\(^{35}\) Overall, an Agile Development Approach seems to be better suited for better end-user involvement, and also enables the co-production of digital solutions.
  - **Strategic planning and leaders/CMT**: Leaders to be involved in setting up mandate(s), creating conditions, and unblocking. Note the role of lobby groups and interest groups.
  - **Integration of Health Care and Social Care**:\(^{36}\) National Telehealth and Telecare Board: Aligned national telehealth and telecare has implications for the Joint Integration Board and strategic planning.


\(^{31}\) [https://peoplemakeglasgow.com](https://peoplemakeglasgow.com), last accessed 13 July 2015.


\(^{35}\) ‘Considering the public as staff, and the staff as public’ was a possible approach highlighted in the workshop’s final plenary session.

Interoperability: There is a need to understand interoperability challenges.

Benefits: Possible or proportionate benefits.

Readiness/innovation: Attitudes to/readiness for innovation.

Evidence basis: Evidence of benefits should help build a business case. There are different approaches to evidence about the implementation of science. Prepare to build the evidence.

- **Q9 Trust and readiness to share clinical information with each other and patients**

  - Readiness to share: People are ready to share, but they do not trust the systems to be secure.
  - Examples of trust and readiness to share: Flourish/Lothian Light Touch. Rapid spread of information/evidence is needed. Health coaching is an essential element.
  - Possible solutions: Consider a "Safer to Share" campaign. Benefit from smart phones as a less intrusive platform for everyone than previous types of technologies.

Citizens and staff

- **Q17 Develop skills and capabilities in practice (citizens)**

  - Digital Inclusion: There is more scope to connect the Digital Inclusion agenda to service users/service providers. Digital Inclusion interventions should lead to tangible health and social care outcomes.
  - Learning needs: In a Learning Needs Analysis survey, the highest priority was the use of technology to share information with users/to empower users.
  - Development: An on-going development agenda is needed as technology evolves over time.
  - Communication: Consider wider communication support for skills development beyond the statutory sector.

- **Q11 Develop skills and capabilities in practice (staff)**

  - Learning: There is a need to learn together too, since staff are still in silos across sectors. Learn with users too.
  - Education: Introduce courses at undergraduate/postgraduate stages.

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37 The workshop final plenary session identified that some protocols may take time to set up, as did e.g., the England Caldicott Review on data sharing: [https://www.gov.uk/government/publications/the-information-governance-review](https://www.gov.uk/government/publications/the-information-governance-review), last accessed 13 July 2015.


Local support: Have local, dedicated support aligned to local priorities.

- Reward schemes/recognition: There is a need to reward/recognise employees who have embraced/adapted technologies.
- Appraisal(s): Knowledge and Skills Framework\(^{40}\)/eKSF. Jobs descriptions and competences.
- Training/development: Identify key performance and training [indicators]. Focus on local training.
- Champions: Telehealth and telecare champion to identify change agents and volunteers.\(^{41}\)
- Opportunities: Weave technological opportunities into Scottish Patient Safety Programme fellowships\(^{42}\)/National Managed Clinical Networks (MCNs).\(^{43}\)

Discussions around Q20, 26 and 37 on legality, transparent frameworks and standards

See also the same discussions held in break-out group 3.

- **Q20 The legality of the use of technology-enabled care across settings has been fully assessed**
  - mHealth: Quality assurance of mobile apps is needed with regard to disclosure/liability in case there are errors. The European Commission Green Paper on mHealth (published in April 2014) asked for opinions on a code of conduct to be developed by providers.\(^{45}\)
  - Mobile apps: Apps join users and groups together that do not usually share information. Large waiting times for service implementation may occur as a result of currently unresolved (“open”) Issues on patient confidentiality and safety. A reliable and accessible digital platform is needed that allows the connection of mobile apps.
  - Interoperability: Health and Social Care staff want to share information, but there are interoperability issues. (See particularly other responses to Q6 [above] and Q13 [break-out group 2] and Q26 [break-out group 3] below.)


\(^{41}\) Considering converting user-practitioners into change agents was a possible approach also mentioned in the workshop final plenary session.


\(^{44}\) Focusing on Improvement Science was an approach highlighted in the workshop final plenary session. See e.g., for a definition of Improvement Science [http://en.wikipedia.org/wiki/Improvement_Science_Research_Network](http://en.wikipedia.org/wiki/Improvement_Science_Research_Network), last accessed 13 July 2015.

Public Security Network: Compliance is slow. There is a need to keep pace with the changes in the model of care or else people may break the rules in order to get their jobs done.

Vulnerable adults: There are questions on privacy and confidentiality, particularly where vulnerable adults are concerned.

Q26 **Transparent frameworks are in place for arrangements (e.g. contracts and service level agreements) setting out expectations, rights and responsibilities between providers and commissioners.**

Procurement: Whilst there is a national procurement framework in Scotland\(^46\) for telecare and telehealth, the telehealth part still remains patchy.\(^47\) Potential budget is missing to release opportunities for using procurement expertise. See also NHS National Services Scotland on national procurement.\(^48\)

Pre-commercial procurement: There is an opportunity for risk-sharing partnerships through pre-commercial procurement with the Digital Health & Care Institute\(^49\) and Living It Up.\(^50\)

A Technology Standards Scotland Home-Building is needed, not just eStandards (started on 1 May 2015).\(^51\)

Technology-Enabled property standards: Silver [Home Building] standard and gold [Home Building] standard.\(^52\)

Q37 **There is a level of trust such that medical professionals (including doctors), and other healthcare professionals, are ready to share clinical information with each other and with their patients.**

Platforms: Build and connect existing platforms to allow for scale on other elements, and national procurement in time.

A Migration Strategy for the Scottish legacy system: A migration strategy is needed as part of a wider interoperability framework.

National Agreement of Security: The waiting time for a National Agreement on Security in support of Patient Confidentiality is experienced as a roadblock.

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46 The Scotland Excel Telecare and Telehealth Technologies framework was awarded for two years in January 2015 covering a wide range of Telecare products and a more limited ranged of Telehealth products. For more information or to discuss the framework in more detail please contact social.care@scotland-excel.org.uk.


Evidence: Reliable evidence is needed for decision-makers and improvement strategies. Level 6 evidence does not seem to be appropriate for service innovation.\(^53\) Both evidence, and the safety of the methodology, is needed for clinical engagement.

People have legal concerns. Another roadblock is that people have legal concerns: they need clinical governance, including security, to enable confident adoption and practice.

\(^53\) The reference here was probably to the different levels available in terms of evidence-based medicine.
Appendix 3: Management of change/action planning

Break-out group 2.


This breakout group opted to take each issue on a question-by-question basis. These notes therefore correspond to each of the questions covered in chronological order.54

- **Q23 Senior leaders and professional bodies**
  - Initial discussion focused on different perspectives/priorities of different leadership: clinical leadership is not enough. Therefore, decisions involve: at what level is leadership needed; does leadership depend on the ‘permissiveness’ of an organisation. (The leader may have to be at the chief executive level in one organisation, but in another it could involve a senior manager who is known to have sufficient authority.)
  - If we wish senior leaders to support the TEC agenda (or any agenda), then we must be able to demonstrate the expected TEC impact on the ‘day job’. Demonstrating financial impact will be key.
  - The historical narrative has changed. Previously in a Health Board context, [TEC items were] not something that would ever be covered at a Board level: discussions usually related to finance. Now, in the new Integration Authority environment, there is an opportunity to open up different conversations focused on outcomes, while recognising that financial realities still have significant impact.
  - Most leaders (particularly in an NHS setting) are focused on targets. Therefore, there needs to be perceivable, demonstrable visible benefits – i.e. access, cost, quality.
  - Where are the professional bodies?

**Q23 Actions**

- Need to recognise capacity to engage55 – often there are conflicting demands. Why should the priorities of TEC be seen as more important than other priorities and other funding streams?56 Need to be able to demonstrate cross-cutting benefits.

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54 The workshop final plenary session identified that there are a number of sticking points particularly in terms of the management of change/action planning.

55 E.g., “Adaptations for change”.

56 Examples include those services which are particularly aware of areas of vulnerability such as the national fire service; emergency services; housing including large housing associations (that involve e.g., home safety, home security, falls risks); and the independent/voluntary sector.
**Q38 Alignment with incentives**

- There is a need to provide sufficient resources to release people (e.g. clinicians) from their day job to dedicate proper time and commitment.
- The incentive is to ‘balance the books’ so all activities **must** demonstrate efficacy.
- Incentives need to be aligned with business planning.
- Incentives are insufficiently linked with risk management and early prevention (i.e. avoiding costs further down the system).
- There is confusion around what we mean by incentives. Incentives have different meanings in different sectors and settings, and at different levels (i.e. national and local levels).

**Q38 Actions**

- A national framework on incentives could clarify the topic and provide guidance.

**Q12 Business intelligence for business implementation plan**

- There is a question about the availability of both the **resources** and the skills & capacity to interpret and use appropriately the wealth of data that exists in telehealth. This will lead to additional benefits in a similar way as telecare.
- Attribution (i.e., attributing cause to effect). What interventions, and at what stages, actually have an impact on the business?
- Lack of focus on financial impact and savings. Can net economic impact be demonstrated?

**Q12 Actions**

- Do we possess sufficient intelligence at all? It is not common to link in appropriately with health economists. Should this be standard practice, or is it just an added cost?

**Q13 Interoperable infrastructure**

- The question is too broad e.g. the answer may differ when dealing with connectivity depends from the geographical area concerned; also should social media be included as an infrastructure element? What about any consumer-oriented infrastructure?
- A global challenge, but perhaps it is more linked than we give it credit for. If it is adequately highlighted at the business planning stage, then it can be appropriately planned for at the implementation stage.

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57 The workshop final plenary session identified that business planning may be needed across specific themes or teams. One domain specifically identified that dementia.

58 Disinvestment was also an issue identified for consideration by the workshop final plenary session.
• **Q16 Time & capacity**
  o This question was already briefly addressed when discussing Q38: resources are needed to dedicate people to Technology-Enabled Care roll-out.
  o This question was not covered further, other than a general comment that it is something that should be highlighted in any guidance being issued.

• **Q18 Embedded into existing pathways**
  o Technology-Enabled Care is at a phase where care pathways are still piloted and not yet mainstream.
  o It was recognised that there is a clash between embedding into ‘existing’ pathways as opposed to actually using this as an opportunity to redesign pathways. There was also a question about whether existing pathways are suitably evidenced.

_**Q18 Actions**_
  o Care pathways were identified as a core priority of the Technology-Enabled Care Programme, with them being encouraged across all work streams and support available through the improvement programme.

• **Q19 Change management plan**
  o There was insufficient time to discuss this item fully.
  o At what level are we talking about change management? For example, across themes (such as dementia), individually or collectively?
  o Is change management linked to work on pathways, or wider business planning?

_**Q19 Actions**_
  o It was concluded that there is not yet a common understanding on what a change management plan needs to include, and what it needs to address. A national framework could be developed to help local authorities develop their plan(s).

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59 The workshop final plenary session identified that it may be possible to do some planning for change within the Joint Improvement Team activities.
Appendix 4: Governance, standardisation, safety/security and quality

Break-out group 3.


This breakout group brought together the issues around governance, standardisation, safety/security, quality and legal and business frameworks (Q 20, 26, 27, 29, 30, 31, 32, 33).

This break-out group was in a situation to be able to specify a number of potential specific actions. Even though, in terms of the survey, it looked as though this could be an area in which there was a lack of knowledge (with lots of “don’t knows”), this result was not seen as particularly problematic by the break-out group attendees.⁶⁰

Summary points overall:

It is important to be:

- Aware of cross-sector applicability and learning in work already undertaken with telecare.
- Clear on national actions and how the national level can facilitate local delivery.

Governance

- **Q20 The legality of the use of technology-enabled care across sessions has been fully assessed**
  - A general comment was that the high percentage of ‘don’t knows’ is maybe ok. A number of stakeholders do not need to know. With regard to legal and business frameworks, clearly it is crucial that commissioners know but other staff will require assurance/assume that this has been addressed. A number of the questions in this section are therefore role-specific.

**Q20 Actions**

- From a national perspective, eHealth will have an overview of this domain (telehealth/video conferencing) although we also need to assess the social care/local authority requirements.

- Ensure there is access to the right guidance and documents to support local deployment.

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⁶⁰ The workshop final plenary session concluded that the JIT/Technology-Enabled Care Programme does not need to know everything. Knowing – or not knowing – something may depend on the person’s background and the post/role they hold.
**Q26 Transparent frameworks are in place for arrangements (e.g. contracts and service level agreements) setting out expectations, rights and responsibilities between providers and commissioners**

- We need to ensure that frameworks are available across all public sector services. Telecare was noted to be more mature with national framework for procurement established with Scotland Excel.61

- Work was progressed to ensure interoperability with regard to telecare equipment.

- Videoconferencing – a single national procurement is underway.

- Home Health Monitoring – this requires to be addressed by the Technology-Enabled Care programme. There is some local work on frameworks e.g. in Ayrshire and Arran.

- Frameworks need to take account of the potential for leasing equipment going forward.

- Consideration also needs to be given to small suppliers.

**Q26 Actions**

- Development of model contracts and frameworks building on the work already undertaken for telecare. This needs to take account of some specific individual requirements that may not be catered for by generic contracts.

- NHS National Services Scotland (NSS) to examine frameworks already available for telecare and consider application to Technology-Enabled Care more generally.

- Consideration to be given to consumer-owned hardware62 and implications for the future directions of mHealth.

**Q29 There is clear guidance on any legal, ethical and confidentiality issues relating to the deployment of technology-enabled care**

- Discussion focused on how we are currently supporting local partnerships and organisations via our existing national arrangements – Scottish Centre for Telehealth and Telecare, eHealth, Joint Improvement Team. How are people currently accessing expertise in this area?

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62 The workshop final plenary session identified that citizens will increasingly have their own equipment and gadgets. In employment sectors, employers may more often bring-your-own-decide policies. See e.g., the opinions expressed by Sarah Burke in Computer Weekly in 2013: [http://www.computerweekly.com/opinion/Should-you-allow-a-bring-your-own-device-policy](http://www.computerweekly.com/opinion/Should-you-allow-a-bring-your-own-device-policy), last accessed 13 July 2015.
Q29 Actions
- Undertake mapping of what guidance is already available relevant to the work streams, identify gaps and ensure guidance is visible and accessible.

Safety, security and quality
- **Q27 The technology chosen complies with the required standards**
  - It was noted, putting aside those that answered “don't know”, that 100% of respondents agreed to this statement.
  - There was a view that we should not follow the experience of Denmark regarding the continuous standards approach.
  - Reference was made to the developing European mHealth accreditation for apps.

Q27 Actions
- No specific actions were identified against this statement although we may require to review this in context of the programme overall.

- **Q30 There is clear guidance on safety and security issues relating to the deployment of technology-enabled care**
  - Some issues have been addressed by the development of specific guidance e.g. work with the Scottish Ambulance Service and responding to calls. Work is also underway with the Fire Service. There was support for ensuring that we are taking a proactive approach to identifying risks, rather than wait for problems to arise.

Q30 Actions
- Identify areas of risk and what guidance may be required. Technical security maybe ok but it is required to address service aspects across telehealth and telecare.
  - Set priorities.

- **Q31 The quality of technology-enabled care services is monitored and accountability is clear**
  - There was an issue re responsibility for monitoring for some services e.g. sheltered housing.
  - New services /areas of work do not fit with current regulatory services and responsibilities.
  - Work is required on asset management (in progress).
  - New Integration Authorities has changed the landscape and accountabilities.
**Q31 Actions**

- Progress the discussion with the Care Inspectorate re regulation and with Health Improvement Scotland.
- National guidance would be helpful.
- Awareness-raising is required with the new integration organisations.
- Ensure read across Telecare and Telehealth.

**Systems and feedback mechanisms**

- **Q32 There are systems in place to address any incidents that may occur in providing the service**
  - Some issues have been identified with regards to telecare.

**Q32 Actions**

- Review systems in place and what is required to be done at a national level.

- **Q33 There are clear feedback mechanisms for older patients/users, carers and staff to ensure that views are obtained and drives performance improvement**
  - There is an opportunity to progress work at a national level on this via the improvement programme.

**Q33 Actions**

- The opportunity for action was acknowledged, but without specifics being noted.