Annual Telecare Data Report for Scotland

January – December 2017

Contact: NSS.TEC@nhs.net

Consultancy Services

Public Health and Intelligence

Information Statistics Division

National Services Scotland

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Executive Summary

This is our second Scottish Annual Telecare Data Report, covering January – December 2017. It addresses the following key deliverable within the Scottish Government's Technology Enabled Care (TEC) Programme :

- Develop a national data monitoring repository/information system which supports the use of TEC data as part of local service planning and routine care management.

Having the ability to measure how TEC enabled changes convert into real improvement on an individual and service level basis is crucial to evidencing benefits and outcomes. To support this, the national measurement tool was developed in Scotland in collaboration with TEC partners. It aims to support local teams to consider how they routinely collect and use data to demonstrate change and improvement. Collecting and measuring robust data is the first step on a journey to understanding and using data more proactively.

A data monitoring repository and associated data collection tool for Telecare were developed in 2015 to support the collection of aggregate data from local partners.   We have further refined and developed the tool over the years and the level and detail of local data submissions received has again increased throughout this year to contribute to a consolidated national perspective which identifies:

- The number of partners engaged in data collection has increased to 29 over the year, covering 28 out of 31 local Health & Social Care Partnerships (HSCPs) in Scotland – 90%
- There were approx 107,249 people in receipt of telecare services from 29 partners by December 2017.

- Based on an aggregate analysis of a complete Minimum Data Set over a 12-month period across 17 HSCPs, an overall increase of 6.2% in the number of people receiving telecare is evident.
    - The most common age bands in receipt of telecare services are those aged 75-84 years and 85+ years
    - 'Social work' was the source of the largest number of referrals. A similar proportion of referrals came from primary or secondary care sources in comparison to self-referral or referral by a care or family member
    - Top three reasons for telecare referrals are to – improve safety, enable an individual to remain at home and enable independence; however, there are still a significant number of 'not known' reasons for referral.

o A significant proportion of alarm responses are currently recorded as 'other'. 'Responder Service' and 'Reassurance Only' were almost equally the second most common type during 2017

- A Gap Analysis in respect of level of completeness for the Telecare Data Collection Tool to inform challenges and improvements.

The further increase in the year of usage and returns from the Tool has demonstrated an increased focus and usage of Telecare Data at a local level. The consistent measurements have allowed HSCPs to organise and cleanse their data, leading to increased fields completed and more accurate returns. The Telecare Data Action Group has continued to support partners to increase their knowledge around the benefits of data collection.

The findings of this report will be shared with the partners and further opportunities have been developed, as over the past year the Telecare Data Action group has been exploring benchmarking in Telecare as a next step for data collection, resulting in a pilot of a Benchmarking Tool. It is envisaged that the Benchmarking Tool will supersede other data collections methods including the Telecare Data Collection Tool going forward.

This second Annual Report has provided the opportunity to deliver informed and strategic reporting at a national scale and for local benefit.

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1   Introduction

The Scottish Government's Technology-Enabled Care (TEC) Programme 2014-18, is working with partners to collect data and report information to support the growth of Home & Mobile Health Monitoring (HMHM) and Telecare across Scotland.

A dataset and associated data collection tool were developed in 2015 for TEC to collect aggregate data from Health & Social Care Partnerships (HSCPs) and other partners actively engaged in delivering HMHM and Telecare services. ISD[1] was appointed in July 2015 to administer, further develop the infrastructure, analyse and report on this data collection.

Since July 2015, ISD has worked with colleagues at the Scottish Government TEC Programme, Scottish Centre for Telehealth & Telecare (SCTT) and partners across health and social care. The vast majority of HSCPs and one Third sector partner are now returning aggregate data to ISD, and ISD provide regular reporting to partners in the form of quarterly reports. This has provided the partners with an opportunity to review their data and to refer to the quarterly reports in the local management of Telecare services and resources.

A new version of the TEC data collection tool, incorporating both Telecare and HMHM, was released at the end of 2015 following partner consultation and feedback, along with a comprehensive definitions document[2].

In September 2016, the TEC Data Collection Tool was split into two, one for Telecare and one for HMHM. On 26th September 2017, the first report was produced focussing on Telecare Data only, based on data received from January 2016 to December 2016. Subsequently, this report has been produced in the same format for data received during 2017. A high response rate has been maintained with minor fluctuations following the collection of 12 months of consistent data. The report brings together information from all partners, to share and build on the information we have as a whole, with a view to supporting a collaborative environment of continuous improvement.

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[1] ISD (Information Services Division) is part of NHS National Services Scotland

[2] The definitions document is normally circulated to partners with the data collection tool every quarter

2   Methodology

This report has been compiled based on monthly submissions of the Telecare Data Collection Tool (Appendix) requested from 31 HSCPs and one Third Sector organisation over the one year period from January 2017 to December 2017. The report has been divided into the following sections:

- Data relating to all Telecare Submissions received, summarised as:
    - The number of monthly Telecare Submissions received.
    - The total number of People Receiving Telecare, based on section one of the Telecare Data Collection Tool: 'Total number of people receiving Telecare at month end'.
    - The rate of people receiving Telecare per 1,000 population aged 65 or over.

- An aggregate analysis of Telecare Submissions received from 17 HSCPs that included data for 5 specific sections of the Telecare Data Collection Tool consistently from January 2017 to December 2017.

- Gap Analysis in respect of level of completeness for the Telecare Data Collection Tool to inform challenges and improvements.

- Comparison to other Telecare data collections such as the Social Care Survey and ISD Health and Social Care Data Integration and Intelligence Project (SOURCE).

Within the report, some comparison was made to the Telecare Annual Report 2016, and under the General Data Protection Regulation (2018), permission was sought and agreed by all HSCPs and the Third Sector Organisation to share their data for the purpose of this report.

The data provided by HSCPs and the Third Sector Organisation has not been validated, but has been accepted based on internal quality checks within the HSCPs and the Third Sector Organisation.

3   All Telecare Submissions

3.1   Number of Monthly Telecare Submissions Received

From January to December 2017, the following number of submissions was received each month:

Figure 1: Number of Monthly Telecare Submissions – January to December 2017
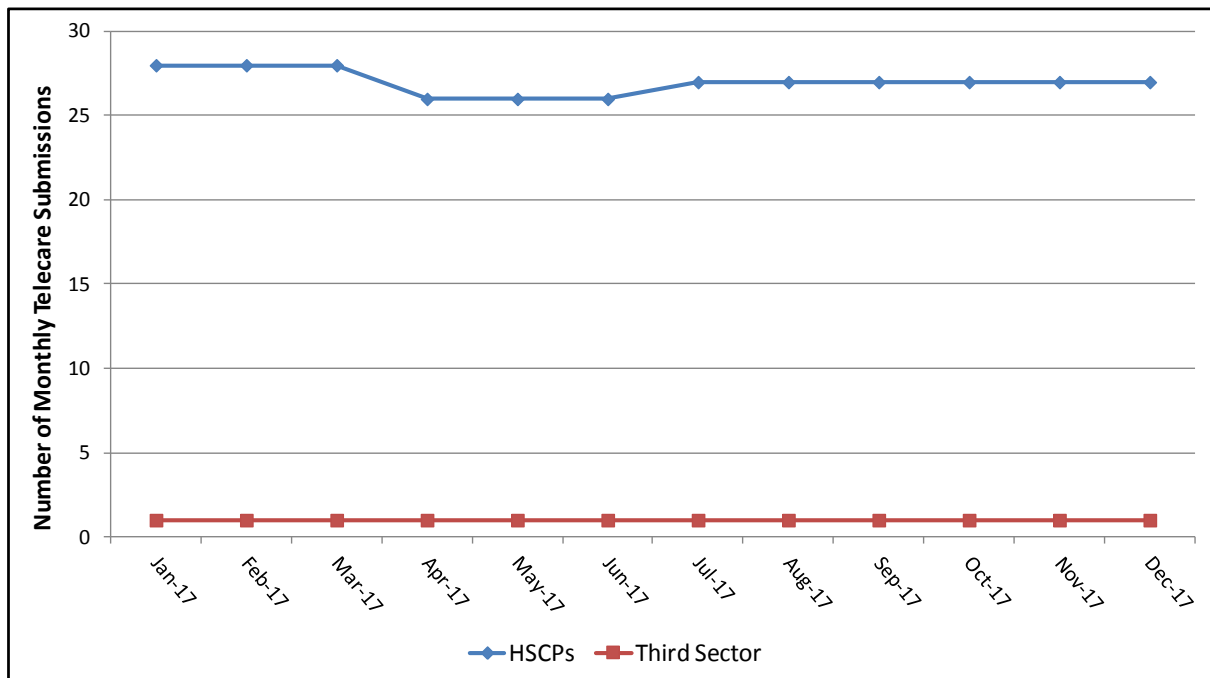
This identifies that the number of monthly Telecare submissions received from HSCPs was 28 from January 2017 to March 2017, but from April 2017 to June 2017 this dropped to 26; however, this increased to 27 from July 2017 onwards as the result of a new participating HSCP. In addition, one Third Sector organisation has consistently provided a monthly submission over the same period.

This is an improvement from 2016 when the number of HSCPs participating in the data collection ranged from 22 to 26, and previously from July 2015, when there were 15 participating HSCPs. Similarly to 2017, there was also one Third Sector organisation participating during 2015-2016.

This increase has been supported by ongoing engagement from ISD and the TEC Programme Team/SCTT.

3.2   Total Number of People Receiving Telecare

Taking into account all submissions received from January to December 2017, the 'Total number of people receiving Telecare' from 29 partnerships[3] is 107,249 at December 2017.

Figure 2: Number of People Receiving Telecare – January to December 2017
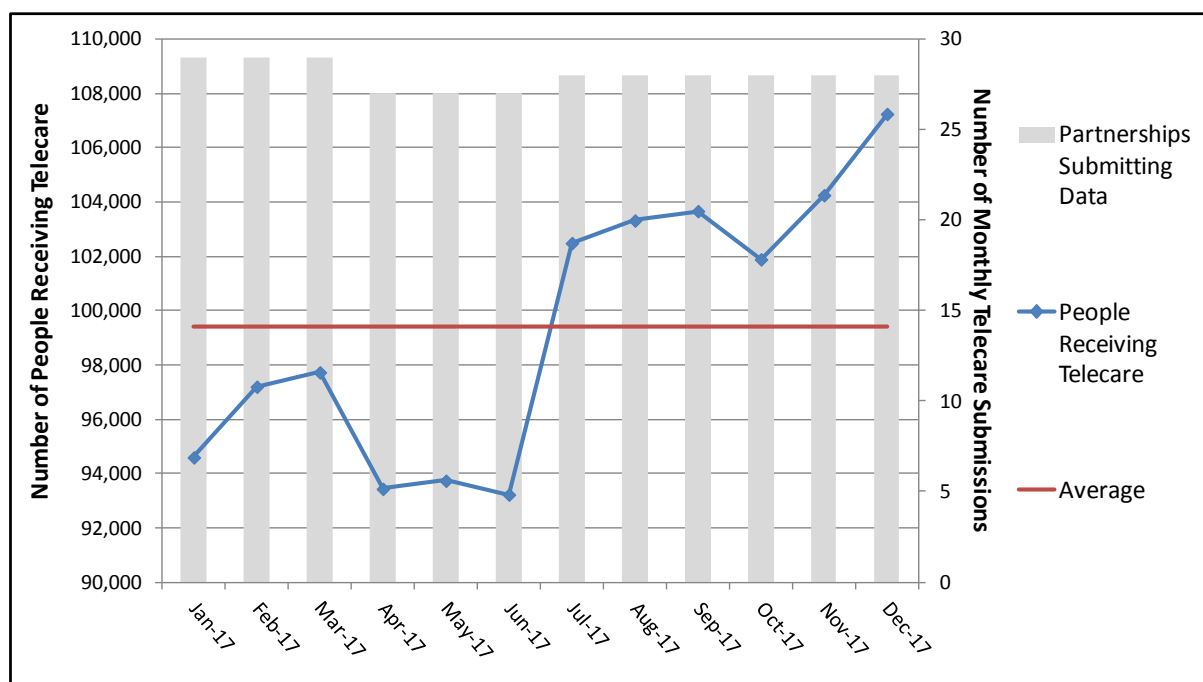

There is an increase of 12,654 (up 13.4%) from 94,595 in January 2017 to 107,249 in December 2017.

For the months of January 2017 and October 2017, one HSCP was unable to provide the figures for this section which has resulted in an overall lower total for those respective months. From March 2017 to April 2017, there was a decrease of 4,294 people (down 4.4%) resulting from 2 HSCPs who had ceased providing data from April 2017 onwards.

However, there was an increase of 9,270 people (up 9.9%) receiving Telecare from June 2017 to July 2017, primarily a result of one HSCP who started contributing with the recording of over 8,000 people receiving Telecare.

Taking the above into account, the following chart shows the number of people using Telecare per head of population for the month December 2017 for those aged 65 years or over.

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[3] 'Partnership(s)' refers to all types of partnership working; HSCP and Third Sector Organisation inclusively.

3.3   Total Number of People Receiving Telecare per Head of Population

**Figure 3: Number of People Receiving Telecare per Head of Population in December 2017
(65 years or over)**
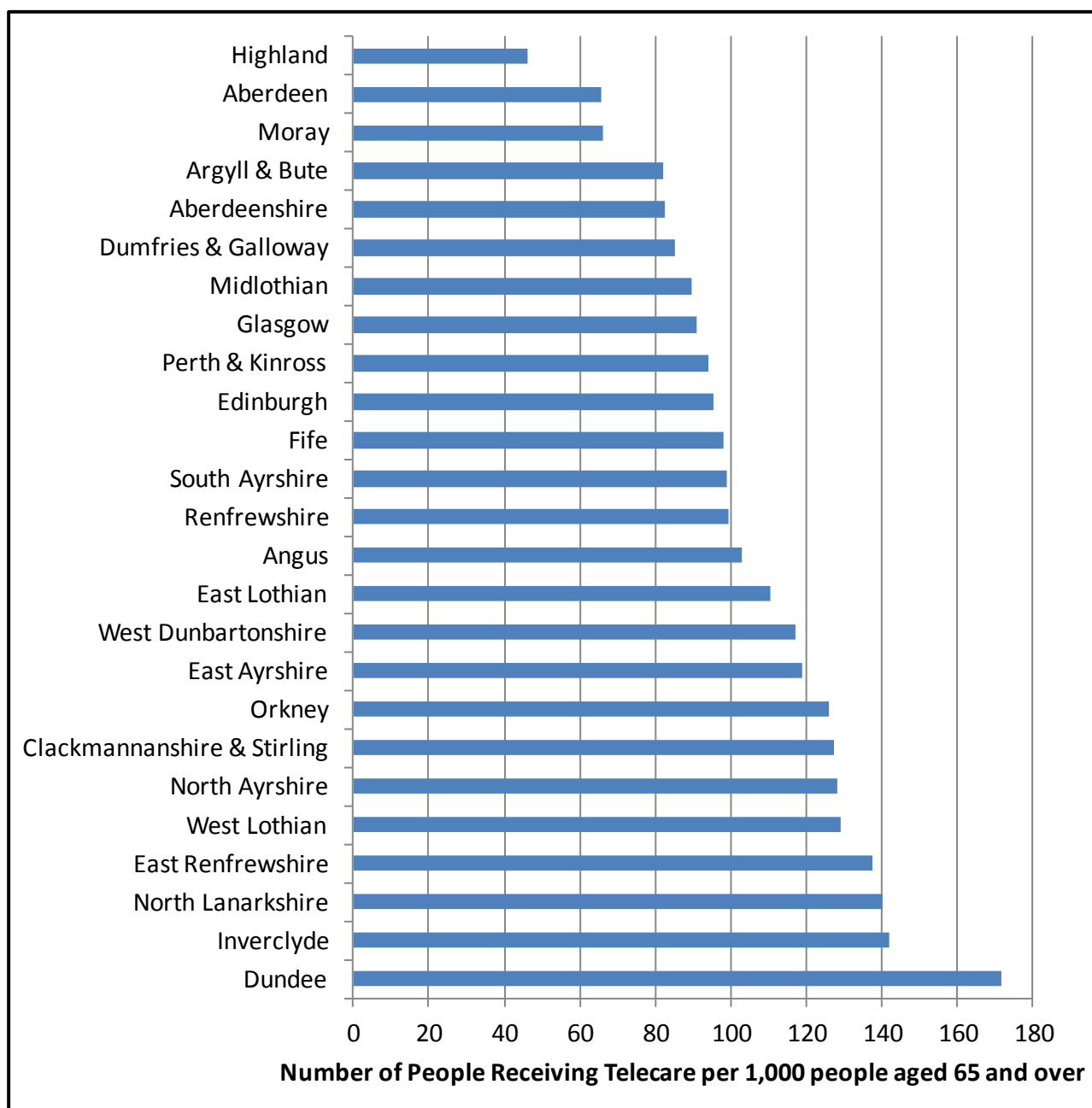
The rate of telecare usage in the 65+ demographic varies widely across Scotland. In Dundee, almost 180 in every 1,000 adults aged 65 or over are telecare users, compared with less than 60 per 1,000 in Highland. Telecare usage appears to vary between different urban areas, with Dundee having the highest level of usage in Scotland and Aberdeen having one of the lowest. Edinburgh and Glasgow both have between 80 and 100 users per 1,000 people aged 65 or over.

Partnerships not included in Figure 3 have either not submitted data for December 2017 or did not provide a sufficiently detailed breakdown of the age of telecare users.

4   Aggregate Analysis

Initial scoping took place to ascertain the feasibility of aggregating local level data to inform a national perspective. This required the establishment of minimum criteria based on the following sections/questions within the Telecare Data Collection Tool which can be found at the Appendix within this report:

- Total number of people receiving Telecare (Q1.1)

- Total and breakdown of source and main reason for new referral (Q1.3 & Q1.4 All),

- Total and breakdown of new installations by technology type (Q1.5 All),

- Total number of service users where service was discontinued (Q1.6 Total),

- Total and breakdown of number of activations by alarm response type (Q1.7 All).

A gap analysis to assess which partners met these minimum criteria within the reporting period identified the following:

Table 1: Data Completeness for January – December 2017

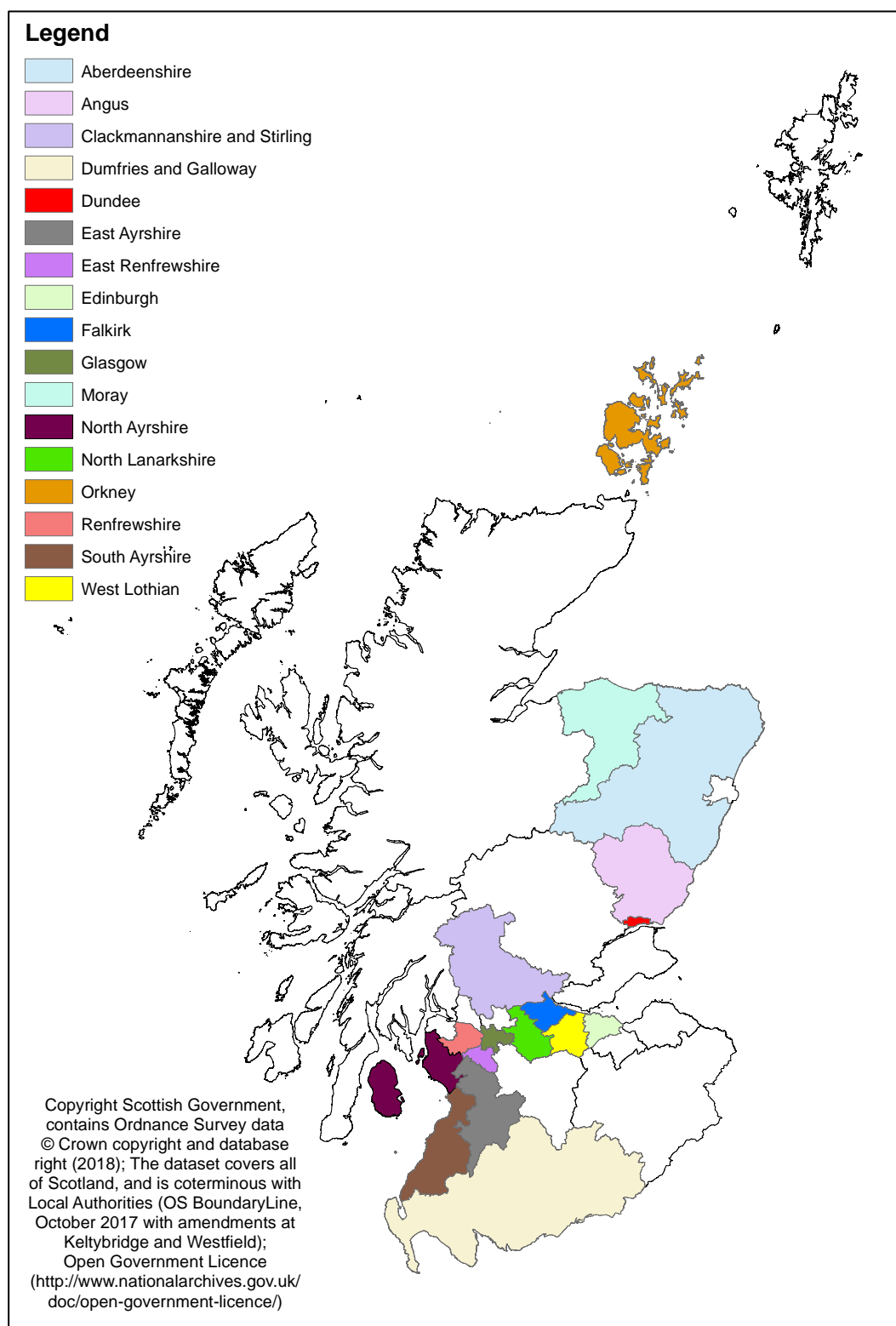|	Partnerships who met minimum criteria for aggregate analysis (with comments)
🟩	Partnerships who met minimum criteria for aggregate analysis (with comments)
🟥	No returns available from January 2017 to December 2017

	Completion of Entries for January 2017 - December 2017 as at 1st July 2018				
	1.1 Total	1.3 and 1.4 All	1.5 All	1.6 Total	1.7 All
Aberdeen City					Jan 17 - Feb 17
Aberdeenshire					
Angus					
Argyll and Bute		Apr-Jun- Not Known for 1.4			Jan-Dec 17
Clackmannanshire & Stirling					
Dumfries and Galloway					
Dundee					
East Ayrshire		Jan 17 - Not Known for 1.4			
East Dunbartonshire	No Age Breakdown for 2017	Nov-Dec 17 - Blank	Oct 17 - Only 'Other' selected in comparison to Community Alarm etc for other months	Nov-Dec 17 - Blank	Nov-Dec 17 - Blank
East Lothian	Jan 17 and Oct 17				Jan - Aug 17 - Other Blank
East Renfrewshire	No age breakdown until Dec 2017	Not known for 1.3			
Edinburgh					
Falkirk	Majority of ages are unknown	Majority of sources of referral are not known for 1.3			
Fife	Jan 17 - Jun 17	Jan 17 - Jun 17 and all noted as Other for 1.4	Jan 17 - Jun 17	Jan 17- Jun 17 all noted as Other	Jan 17 -Dec 17
Glasgow City					
Highland					Jan 17 - Dec 17
Inverclyde		Jan 17-Dec 17			
Midlothian					Jan 17- Jun 17
Moray					
North Ayrshire					
North Lanarkshire		Not Known/Other for Jan 17-Feb 17 for 1.3 and 1.4			
Orkney					
Perth and Kinross		Not Known for Jan 17- Dec 17 for 1.4			Only totals available and no breakdown for Apr 17 - Sep 17
Renfrewshire					
Scottish Borders	Apr 17-Dec 17	Jan 17- Dec 17	Apr-Dec 17	Apr 17- Dec 17	Jan 17- Dec 17
Shetland					
South Ayrshire		Not Known option for 1.4			Other Activations - lower since Aug 17
South Lanarkshire					
West Dunbartonshire					Apr-17
West Lothian		Oct 17-Dec 17 - it is Not Known for 1.3 and from Jan 17- Jun 17 - it is Not Known for 1.4		Other- recorded from July-Dec 17	
Western Isles	Apr 17-Dec 17	Apr 17-Dec 17	Apr 17 - Dec 17	Apr 17-Dec 17	Jan 17- Dec 17
Quarriers		Mar 17 - Sep 17	Mar 17-Oct 17	Jan 17 - Dec 17	Jan 17 - Dec 17

While undertaking the gap analysis, it was acknowledged that partnerships face challenges in collating the information for the Telecare Data Collection Tool. This may explain why some partnerships have only been able to contribute partial returns. Some of the advised challenges included:

- Partnerships having different call handling systems and social work information systems with the added complication of different versions of licenses.

- Call handling and Social Work information systems are completely separate within some partnerships with no integration/matching of records in many instances.

- Where legacy systems are in place, there is often no opportunity or interest from some suppliers to improve data extraction possibilities.

- Partnerships often have to manually transfer information onto Excel spreadsheets which can be large and unwieldy. Partnerships manually input by multiple users where this can lead to concerns over data accuracy, as well as user friendliness, formula & input data completeness and inconsistency of output data.

- The progression and development of the TEC Programme impacts on the increased need for quick and accurate data to support regular reporting, but the systems available often do not easily facilitate this.

- Concern has been expressed over the level of completeness and consistency of information.

- The time taken to collate and furnish reporting data is continuing to increase and may cause operational issues for the staff involved.

The gap analysis identified that there were a total of 17 HSCPs who completed the minimum criteria for a consecutive period of 12 months. This enabled a partial national aggregate analysis to take place involving the following partner areas:

Figure 4: Health and Social Care Partnerships included in Aggregate Analysis

Legend

▢	Aberdeenshire
▢	Angus
▢	Clackmannanshire and Stirling
▢	Dumfries and Galloway
▢	Dundee
▢	East Ayrshire
▢	East Renfrewshire
▢	Edinburgh
▢	Falkirk
▢	Glasgow
▢	Moray
▢	North Ayrshire
▢	North Lanarkshire
▢	Orkney
▢	Renfrewshire
▢	South Ayrshire
▢	West Lothian

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Data from the above 17 HSCPs were used to provide more in-depth reporting from the Telecare Data Collection Tool based on the aforementioned minimum criteria.

**Figure 5: Aggregate Analysis – Total Number of People Receiving Telecare**
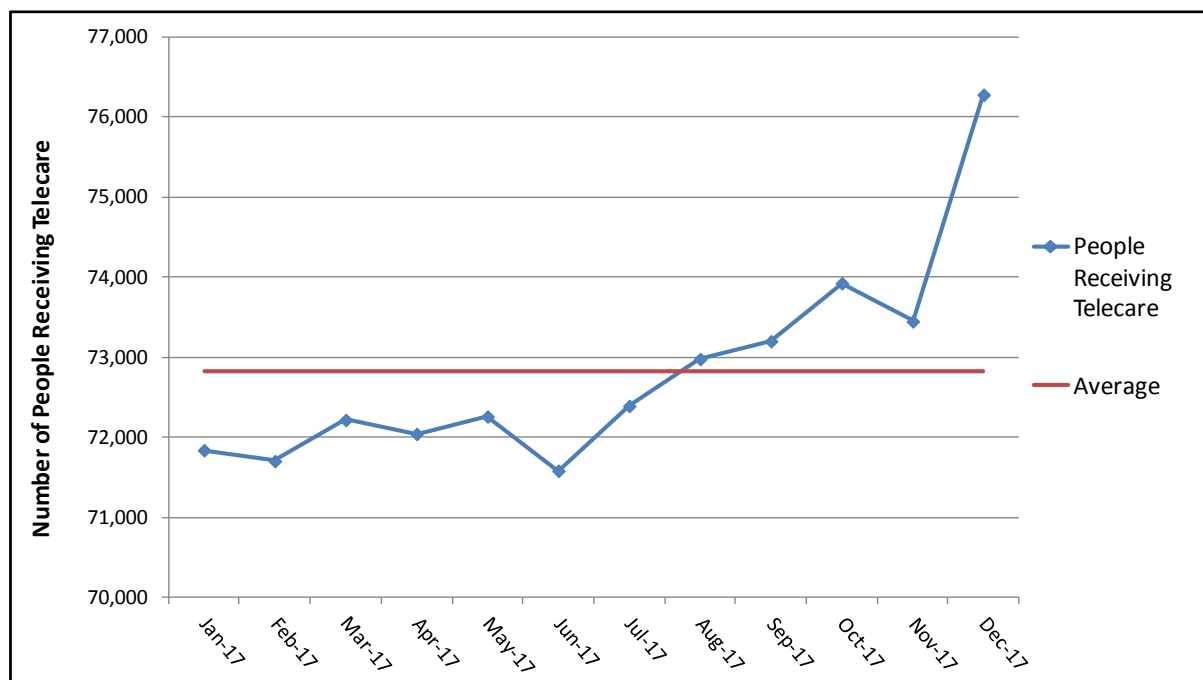
Based on the 17 HSCPs, the 'Total number of people receiving Telecare' has increased by 4,443 from 71,838 in January 2017 to 76,281 in December 2017 i.e. a 6.2% increase overall. From November 2017 to December 2017, there was a rise of 2,833 (up 3.9%) from 73,448 in November 2017 to 76,281 in December 2017, which was mainly attributed to one HSCP which started recording sheltered housing residents using Telecare from November 2017 onwards.

Figure 6: Aggregate Analysis – Total Number of People Receiving Telecare by Age Group
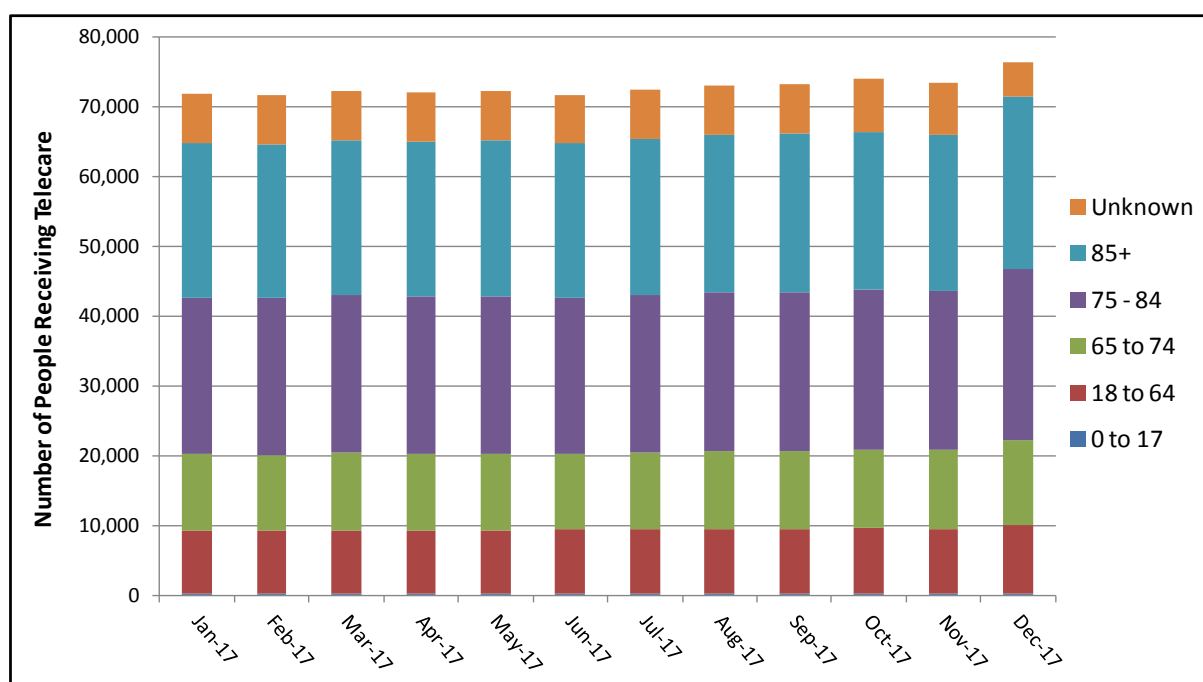
The chart above shows a breakdown of age groups for the 'Total number of people receiving Telecare', with the most common age bands being 75-84 years and 85+ years. Across the year there were 2 HSCPs that recorded age bands primarily as 'Unknown'.

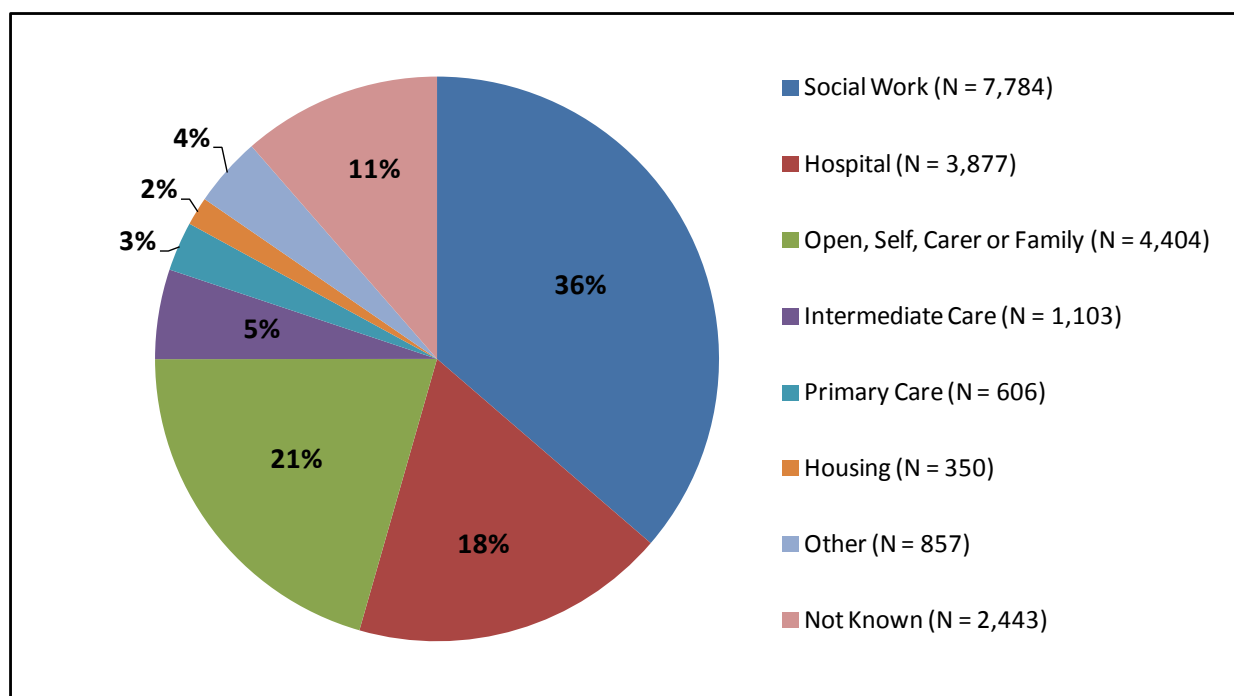**Figure 7: Aggregate Analysis – Number of New Referrals**
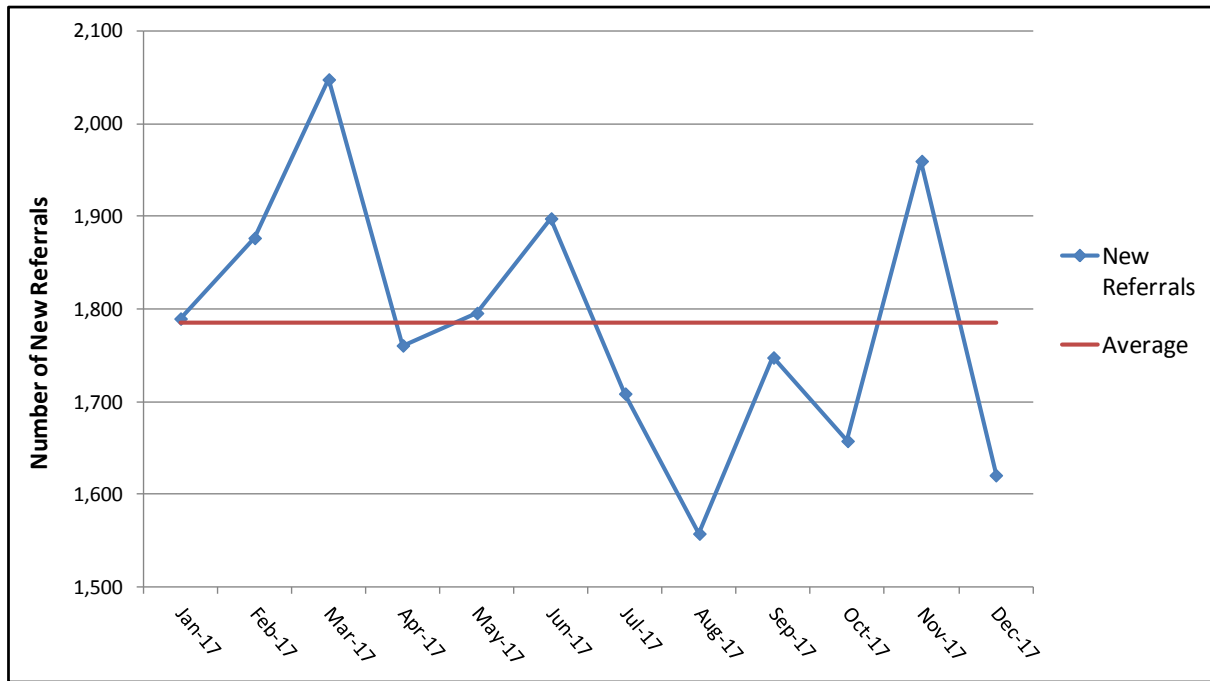
The number of new referrals has fluctuated during the course of the year from 1,790 in January 2017 to 1,621 in December 2017. The lowest number of new referrals were recorded in August 2017 (n = 1,558); the highest number of new referrals were recorded in March 2017 (n = 2,048).

Notable decreases occurred between March and April, June and August and November and December. Some HSCPs have advised that this is due to seasonal change, staffing levels, or preceding months showing higher levels of referrals following awareness sessions.
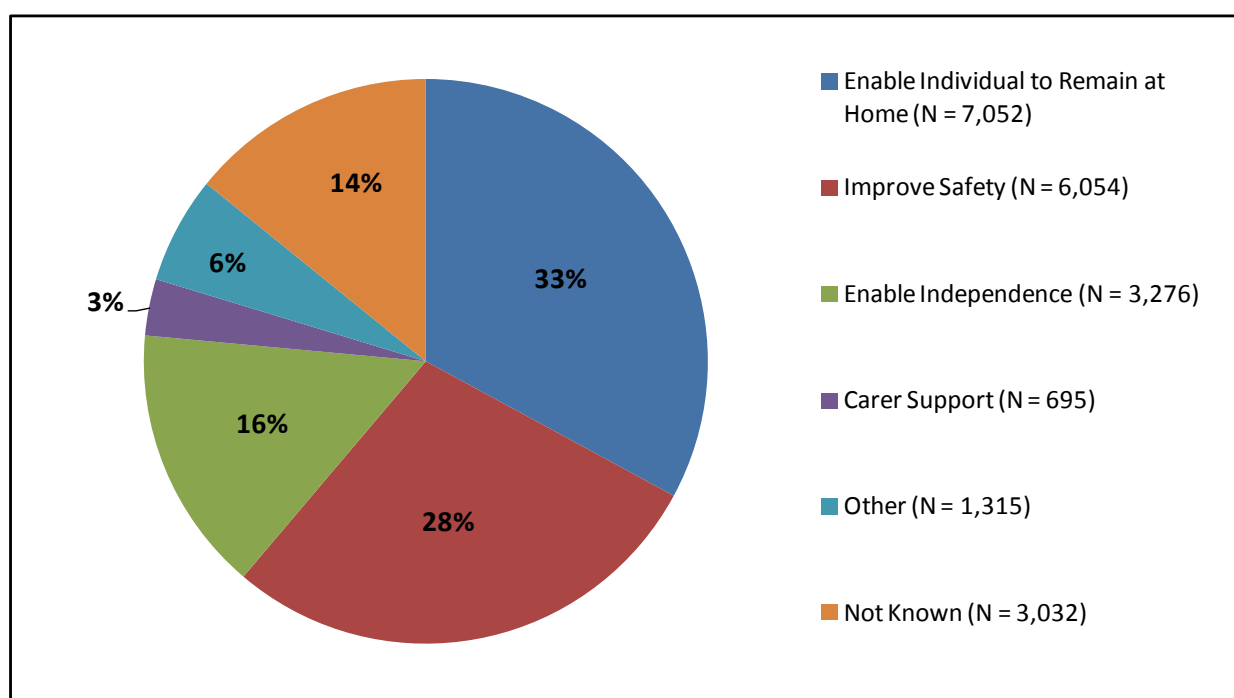
The following chart shows the total number of new referrals received during the year of 2017 for all 17 HSCPs, broken down by the source of referral, in respect of total number and percentage for each type of source.

Figure 8: Aggregate Analysis – New Referrals by Source

Social Work (N = 7,784)
Hospital (N = 3,877)
Open, Self, Carer or Family (N = 4,404)
Intermediate Care (N = 1,103)
Primary Care (N = 606)
Housing (N = 350)
Other (N = 857)
Not Known (N = 2,443)

'Social work' was the source of the largest number of referrals although there was some fluctuation across the year. A similar proportion of referrals came from primary or secondary care sources in comparison to self-referral or referral by a care or family member. There were a large number of referrals for which the source was either unknown or not covered by the 6 defined categories.

Figure 9: Aggregate Analysis – Main Reason for New Referrals

Enable Individual to Remain at Home (N = 7,052)
Improve Safety (N = 6,054)
Enable Independence (N = 3,276)
Carer Support (N = 695)
Other (N = 1,315)
Not Known (N = 3,032)

The above chart shows a breakdown of the categories for 'Main reason for new referrals'. To 'enable an individual to remain at home' was the most common main reason, with 'improve safety' and 'enable independence' being the second and third most common categories, respectively. There remain a significant amount of 'Not Knowns' in identifying the main reason for referral.

Figure 10: Aggregate Analysis – Number of New Installations
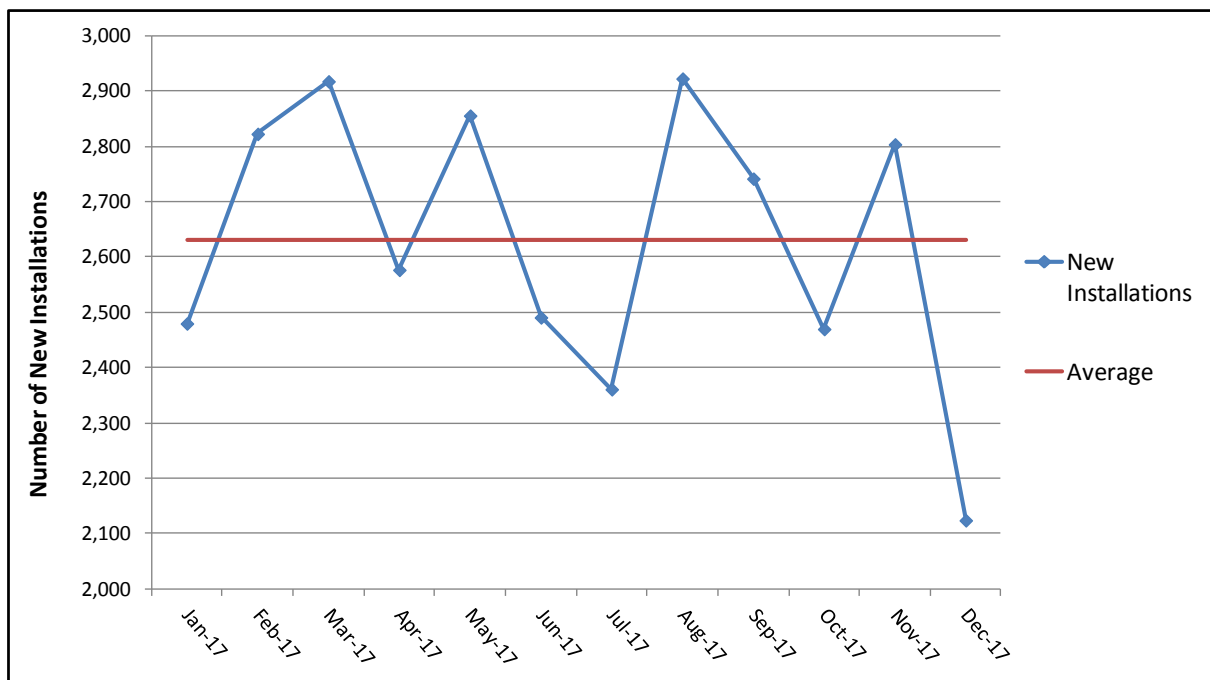
The above chart shows fluctuations during the course of the year in respect of the 'Number of new installations' ranging from 2,480 in January 2017 to 2,124 in December 2017, with the highest number of 2,923 new installations occurring in August 2017 and the lowest number of 2,124 new installations recorded for December 2017.

By comparing the 'Number of new installations' in Figure 10 and the 'Number of new referrals' in Figure 7, they both broadly follow the same pattern throughout the course of the year. However, it is noted that not every new referral recorded within a month necessarily results in a new installation in the same month, particularly for those new referrals taking place at the end of a month.

Figure 11: Aggregate Analysis – Comparison of New Installations with New Referrals
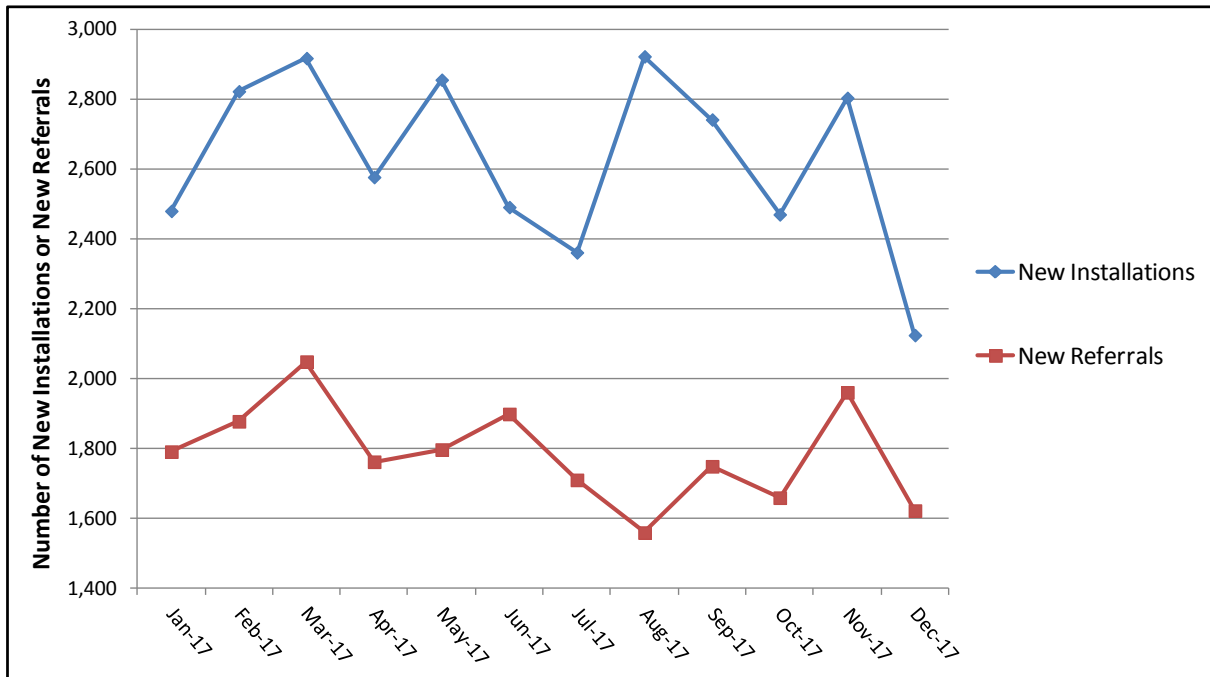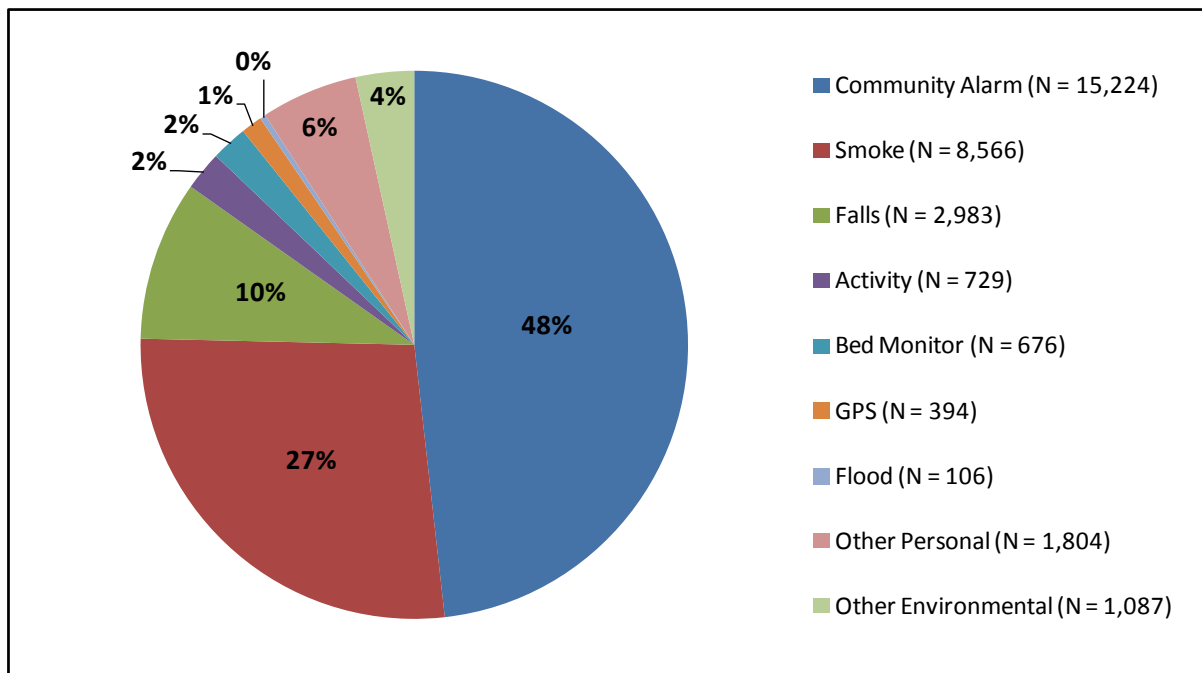

Figure 12: Aggregate Analysis – Number of New Installations by Technology Type

Community Alarms were recorded as the most common type of new installation, followed by Smoke Alarms and thirdly by Falls. Other confirmed new installations include Activity Monitor, Bed Monitor and GPS Monitoring.

Figure 13: Aggregate Analysis – Number of Service Users where Service was Discontinued
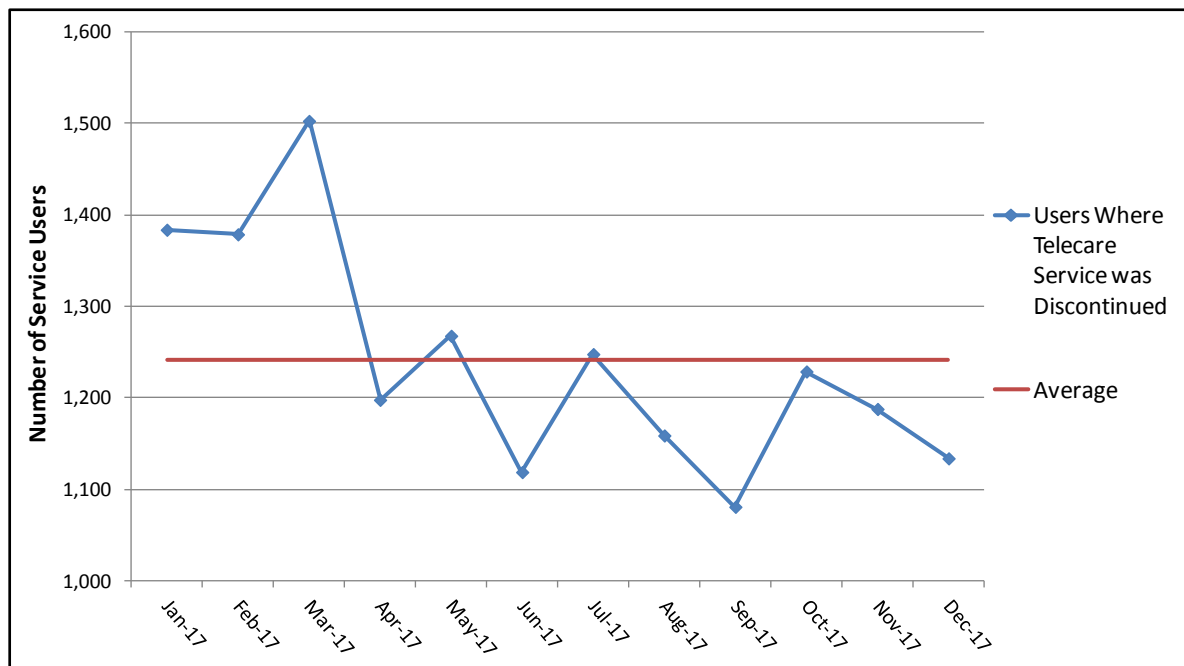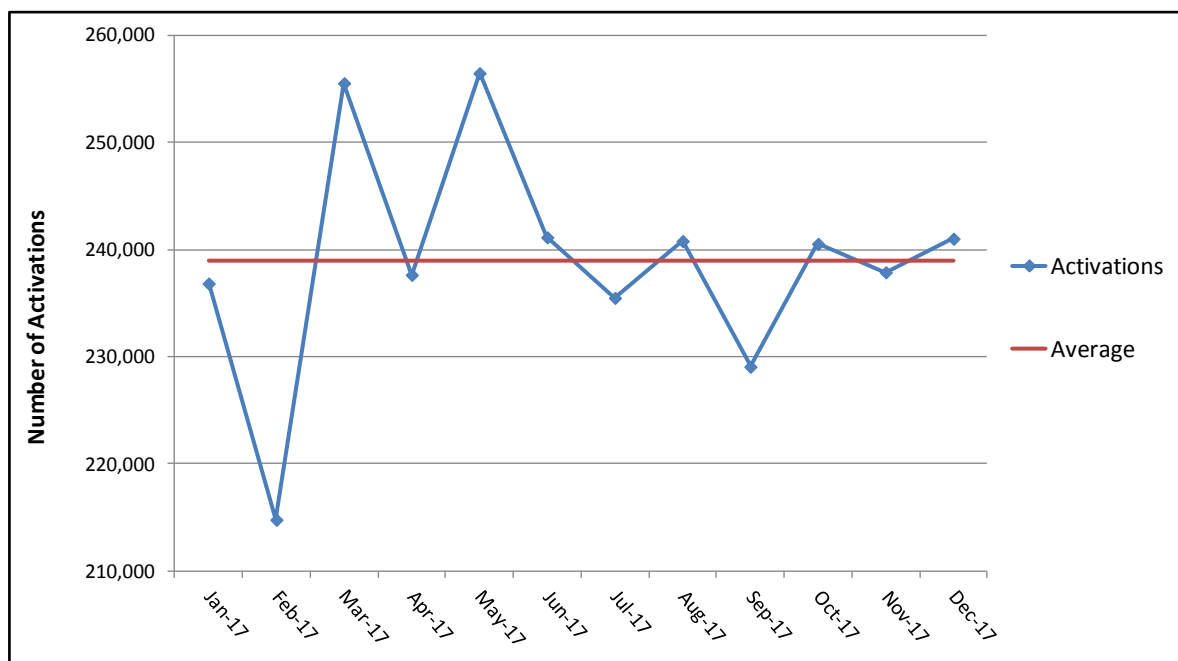

Figure 13 shows the 'Number of service users where service was discontinued' during 2017, reducing from 1,384 users in January to 1,134 in December, a decrease of 18.1% (n=250). From March to April, there was a decrease of 305 (20.3%) from 1,503 to 1,198 (largely due to 3 HSCPs).

Figure 14: Aggregate Analysis – Number of Activations


The above chart shows some fluctuation with the number of activation responses during 2017. Activation responses increased by 40,766 (up 18.1%) from 214,789 in February to 255,555 in March; over half of the responses within this increase were in relation to only 3 HSCPs whereby staff changes occurred or there was no reason stated for the sharp increase. Likewise, but on a

smaller scale, activation responses also increased by 18,826 (up 7.9%) from 237,658 in April to 256,484 in May.

Figure 15: Aggregate Analysis – Comparison of New Installations with Activations
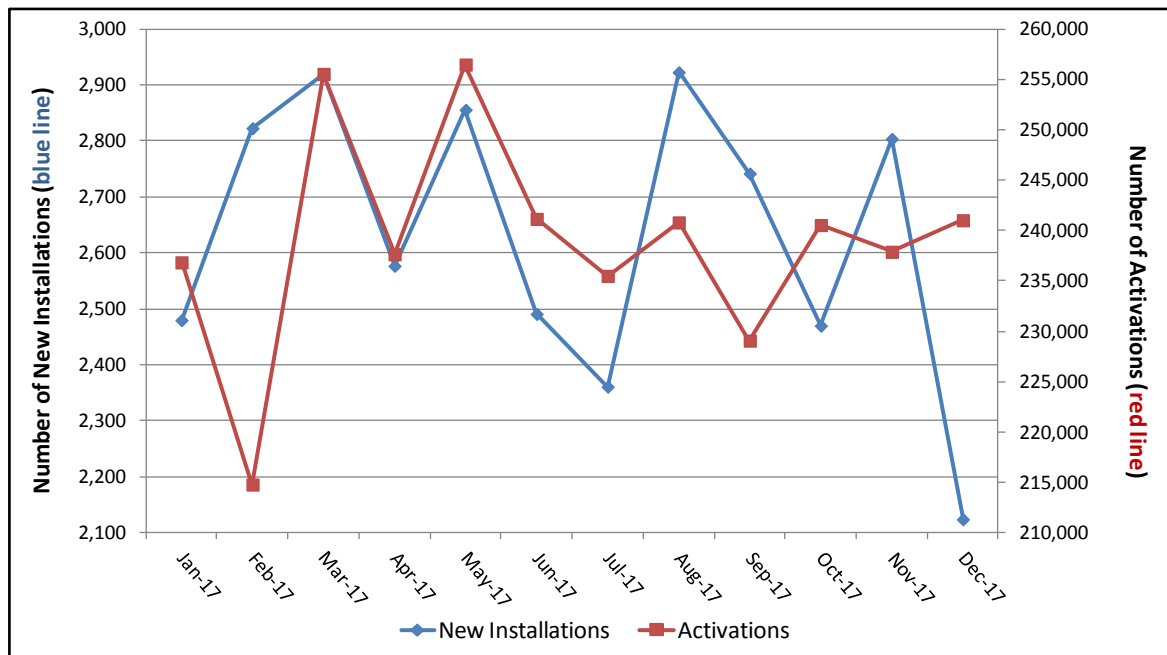
As illustrated above, by comparing the 'Number of activations' in Figure 14 and the 'Number of new installations' in Figure 12, a similar trend was identified within both charts from March to July. However, some contrasting activity between new installations and activations was shown between the months of January and March, and also between August and December.

Figure 16: Aggregate Analysis – Activations by Alarm Response Type
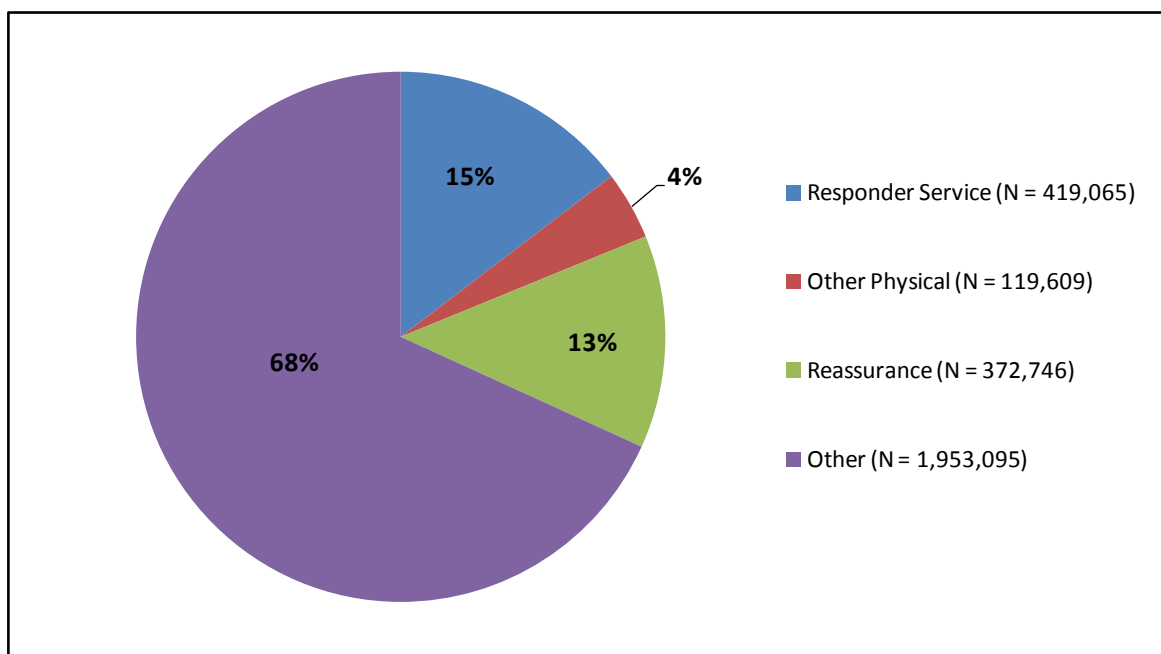
The above chart shows that 'Other' has been recorded as the most common type of alarm response. 'Responder Service' and 'Reassurance Only' were almost equally the second most common type during 2017; however, 'Responder Service' was more common than 'Reassurance Only' in all months except December.

Although comparisons have not been drawn within this report to 2016, it's worthy to note that there has been a significant increase in the recording of 'Other' activations and this category remains the most common.

During 2017, monthly totals for 'Other' recorded in 2017 ranged from 150,318 to 174,465 in comparison to 54,447 to 93,468 for 2016, where there was only a difference of 5 HSCPs involved in the aggregate analysis; albeit there has been a different combination of HSCPs involved in the aggregate analysis for both 2016 and 2017. Nevertheless, this highlights that it may be difficult for HSCPs to categorise activation responses in the current format of the tool.

# 5   Completion of the Telecare Data Collection Tool

Having analysed the 17 HSCPs for whom there have been complete data for the minimum criteria, data completeness for all partnerships will now be considered.

Although submissions provided by partnerships are at a high level, further analysis has been undertaken to identify what areas of the Telecare Data Collection Tool are completed with confirmed and specified options, which sections are completed with lesser detail, and which sections pose an issue for data collection and why.

In this section, 'Unknown Field Completed' or 'Not Known Field Completed' is when a partnership has completed the 'Unknown' or 'Not Known' field in addition to providing an age breakdown. 'Unknown Field Completed Only' or 'Not Known Field Completed Only' refers to when a partnership completes the 'Unknown' or 'Not Known' field only with no age breakdown provided.

5.1   Number of People Receiving Telecare

Figure 17: Completeness of Data – Total Number of People Receiving Telecare
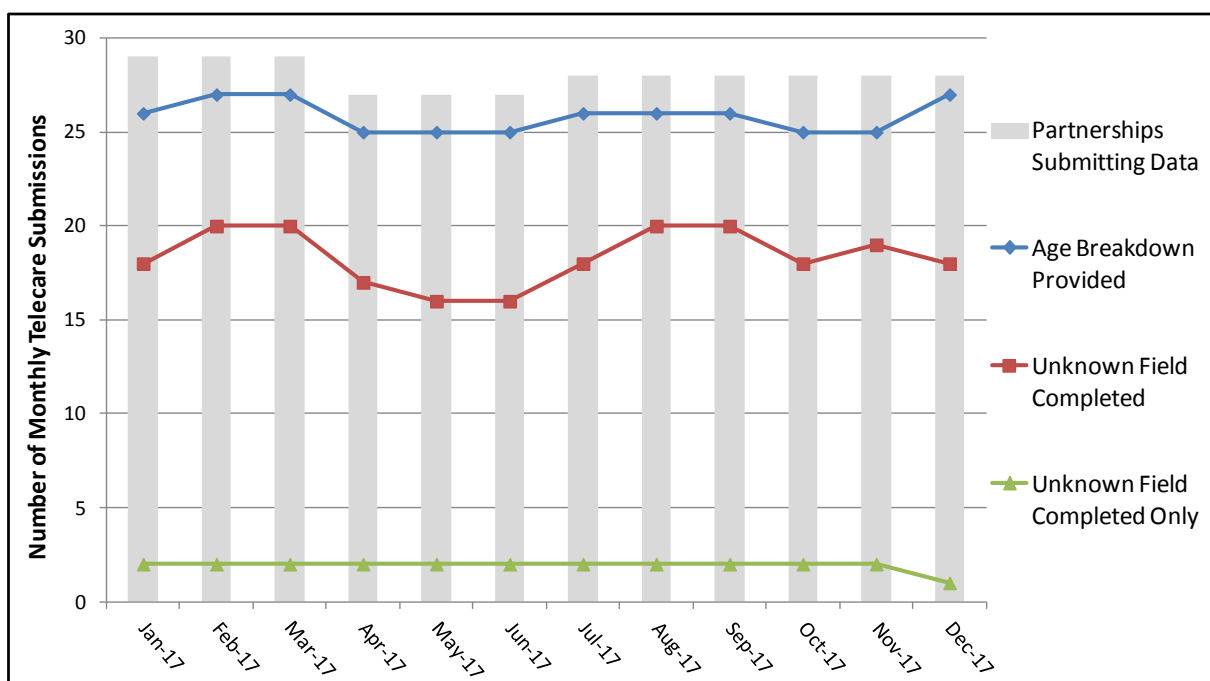
The above chart shows that the majority of partnerships have provided an age breakdown for the 'Total number of people receiving Telecare', ranging between 25 and 27 throughout the year. During 2017, no more than 2 partnerships recorded 'Unknown' as their only option; however one

of those partnerships reviewed internal processes and began providing an age breakdown during December 2017.

The age bands requested on the Telecare Data Collection Tool sometimes do not replicate the age bands within data recording systems used by all partnerships, which can be challenging for some partnerships. There is work ongoing to develop a central Telecare Definitions Document for all Telecare data collected.

5.2   Number of New People Receiving Telecare

Figure 18: Completeness of Data – Total Number of New People Receiving Telecare
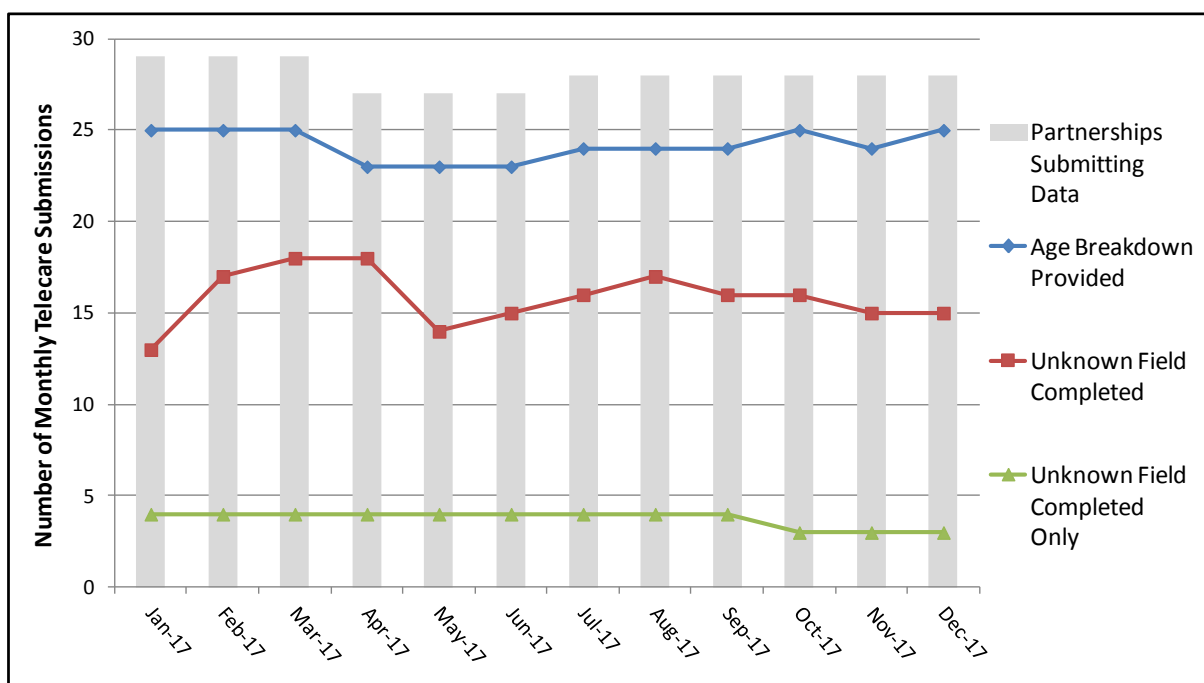

The above chart shows that the majority of partnerships have provided an age breakdown for the 'Total number of new people receiving Telecare', ranging between 23 and 25. For partnerships only recording the age as 'Unknown', this initially related to 4 partnerships for 2017, and towards the end of the year, reduced to 3 partnerships. It is understood that new referrals are not recorded on initiation by other departments internally by the partnerships.

Both charts for the 'Total number of people receiving Telecare' and the 'Total number of new people receiving Telecare' appear similar where an age breakdown has been provided, with the exception between September 2017 and November 2017. This was in addition to a lower number of partnerships who have been unable to provide an age breakdown, whereby the trend was similar, but slightly different towards the end of year. The number of partnerships unable to

provide an age breakdown reduced from 4 to 3 in December 2017 for the 'Total number of people receiving Telecare', in comparison to the 'Total number of new people receiving Telecare' where the number of partnerships reduced from 4 to 3 in September 2017.

As previously mentioned, the age bands requested on the Telecare Data Collection Tool sometimes do not replicate the age bands within data recording systems used by all partnerships, which can make it difficult for some partnerships to complete, although solutions to those problems could perhaps be shared by partnerships using similar systems.

5.3   New Referrals by Source

Figure 19: Completeness of Data – New Referrals by Source of Referral
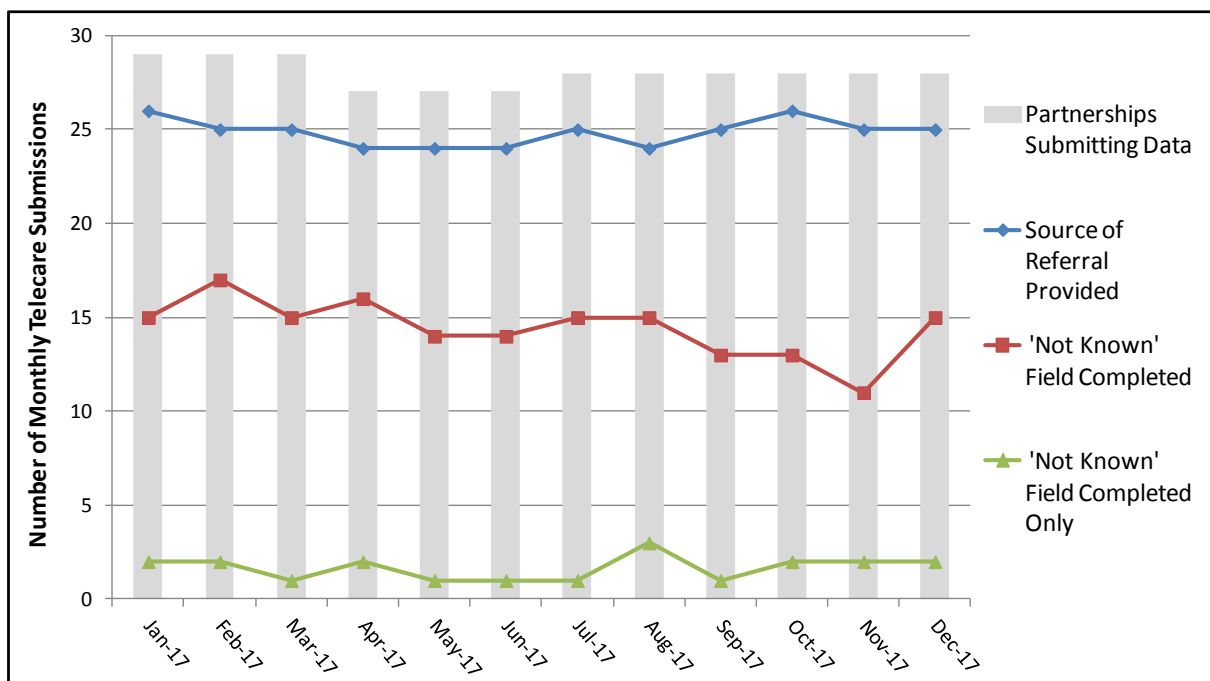
The above chart shows that the number of partnerships who provided details of 'New referrals by source of referral' ranged between 24 and 26 during 2017. There were also fluctuations involving partnerships who recorded the source as 'Not Known' as well as selecting specific options. The number of partnerships only recording 'Not Known' for 'New referrals by source of referral' also fluctuated during the year, but remained in low numbers and did not rise above 3 partnerships.

Figure 20: New Referrals by Source of Referral – Breakdown by Category
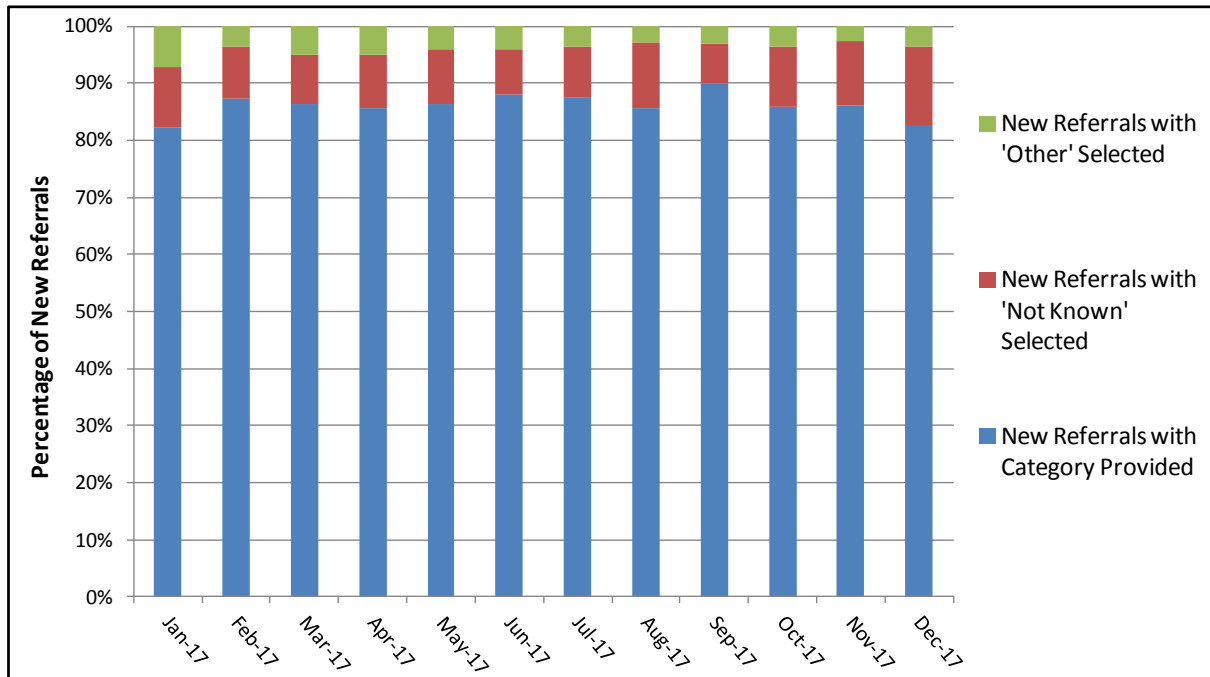
The above chart shows the percentage of 'New referrals by source of referral' in respect of specific categories being selected, and where 'Other 'and 'Not Known' have been selected. The total number of 'New referrals by source of referral' ranged from 2,401 in January 2017 to 2,293 in December 2017, with highest number of 2,791 recorded in the month of November 2017.
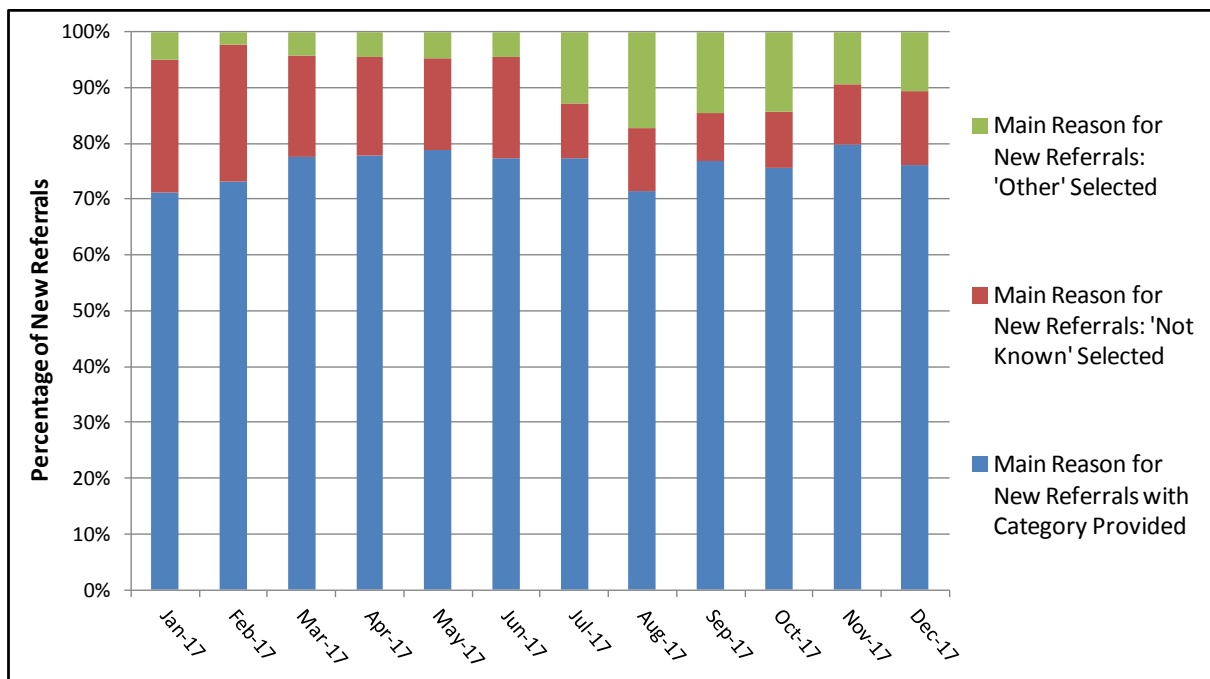
For 'New referrals by source of referral' that were 'Not Known' or recorded as 'Other', they remain in the minority. The largest proportion of entries for 'New referrals by source of referral' whereby the selected option was either recorded as 'Not Known' or 'Other' occurred in January 2017 (17.9%, n = 429).

5.4   Main Reason for New Referrals

The chart below shows that the number of partnerships providing details of 'Main reason for new referrals' has ranged between 20 and 25 during 2017. There were also fluctuations involving partnerships who recorded the 'Main reason for new referrals' as 'Not Known' as well as selecting specific options, with a general decline from 16 in May 2017 to 10 in October 2017. For partnerships only recording 'Not Known' for 'Main reason for new referrals', the number of partnerships were recorded as 6 or below, with a reduced number of 2 or 3 in the second half of year.

There has been an improvement from 2016 in the completion of new referral data, but as mentioned previously last year, consultation with those partnerships who experienced difficulty completing specific categories had indicated that some Social Care Systems operate differently to Health Care Systems and it is also sometimes difficult to identify the 'Main reason for new referrals', as the assessments are outcome-focussed and are usually a combination of reasons.

Figure 21: Main Reason for New Referrals – Breakdown by Main Reason

The above chart shows the percentage of new referrals in respect of breakdown by Main Reason where either a specific category has been provided or where 'Other 'and 'Not Known' have been selected.

For 'New referrals by source of referral' that were 'Not Known' or recorded as 'Other', they remain in the minority. The largest proportion of entries for 'New referrals by source of referral' whereby the selected option was either recorded as 'Not Known' or 'Other' occurred in January 2017 (28.9%, n = 695).

5.5   New Installations

In respect of new installations, the number of partnerships who completed this part of the Data Collection Tool averaged between 25 and 29 during 2017.

5.6   Discontinuations

In terms of discontinuations, the number of partnerships who completed this part of the Data Collection Tool averaged between 26 and 29 during 2017.

5.7   Activations by Alarm Responses

There was a steady level of submissions from partnerships ranging between 21 and 23 during 2017 for the completion of activation responses, with the following breakdown of completeness:

Figure 22: Activations by Alarm Response Type – Breakdown by Category
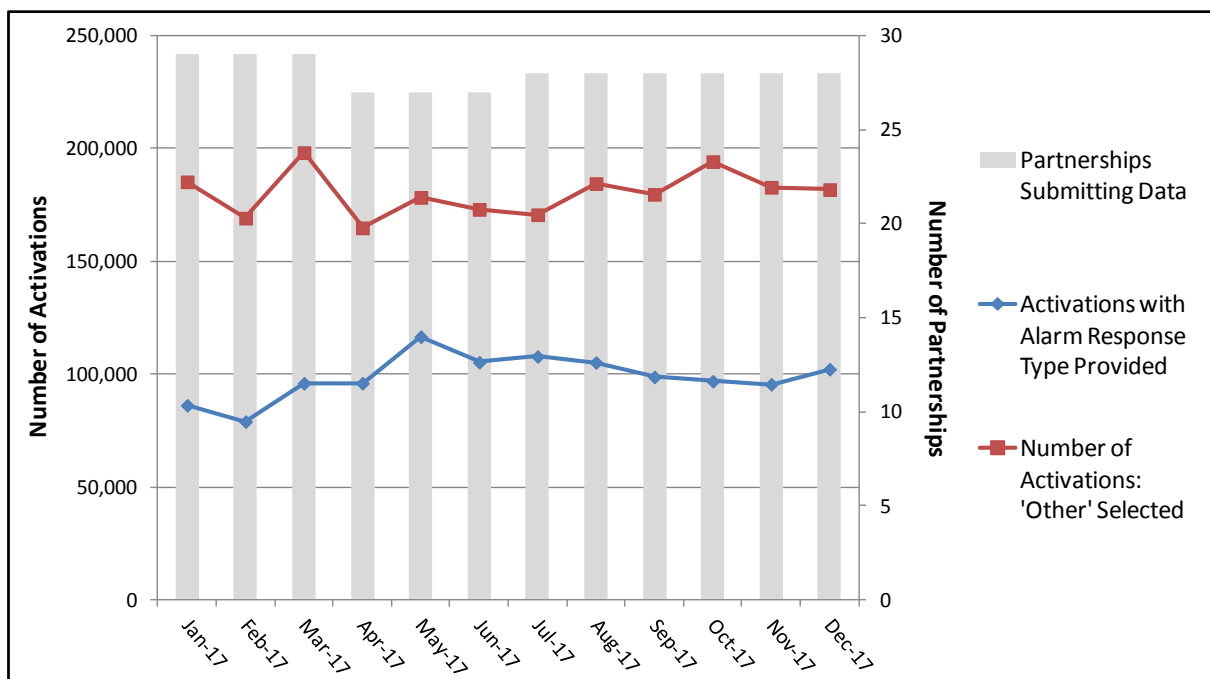

The above chart shows that there are predominantly more activations recorded as 'Other' as opposed to those activations that have been categorised with a response type.

During the first 6 months, activations with alarm response type provided and where 'Other' has been selected, show broadly a similar trend, with exception between March 2017 and April 2017.

In contrast, during the second half of the year, activations recorded as 'Other' slightly increased with some minor fluctuations from 170,730 in July 2017 to 181,901 in December 2017, and activations with alarm response provided had decreased from 107,847 in July 2017 to 95,528 in November 2017.

The chart below shows that an A&E outcome was provided by a range of 16 to 19 partnerships during 2017.   There were only 3 or less partnerships who selected 'Not known' as their only option.

Figure 23: Completeness of Data – Number of Service Users Attending Hospital Emergency Departments as an Outcome of Alarm Activation
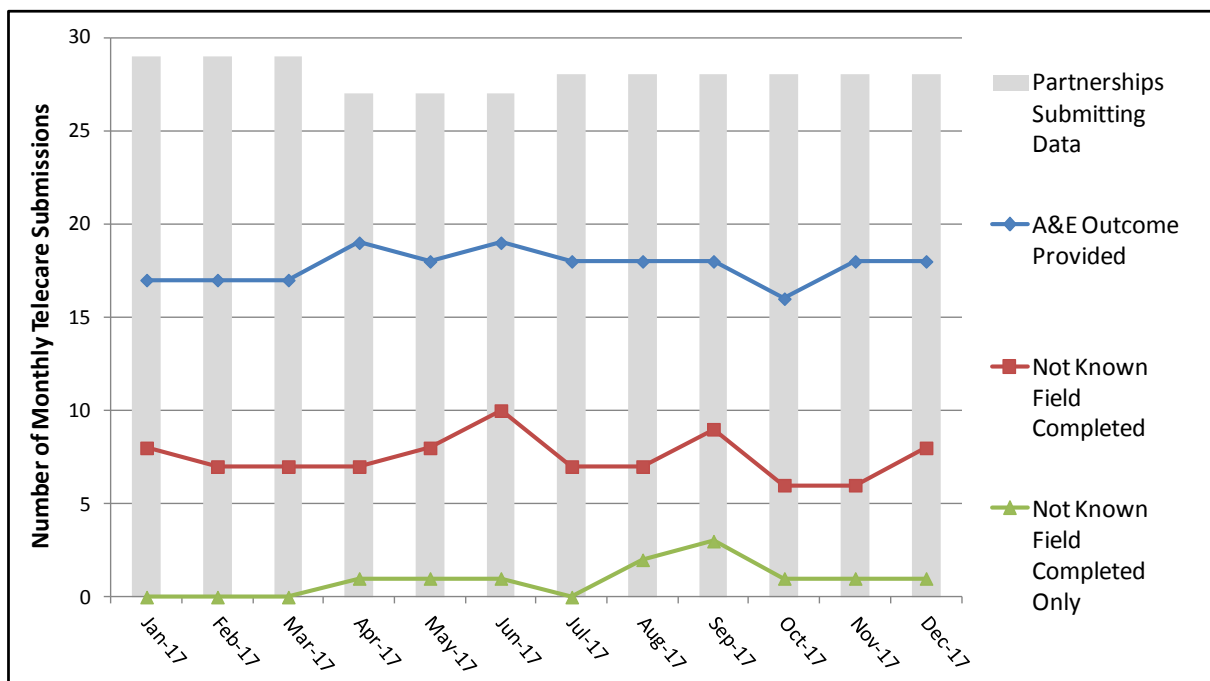
6   Comparison to Other Telecare Data Collections

SOURCE

In the previous Telecare Annual Report, consideration was given to comparing the number of Telecare installations with the numbers provided to the ISD via the Source Social Care data collection however due to the completeness of data that comparison was not undertaken. 2017/18 has been a transition year for the Source social care data collection as ISD and the Scottish Government are merging the Scottish Government Social Care Survey and the Source Social Care data collection into one data collection. The Source approach of data collection is now the single solution to meet both needs in the future. This revised Source social care data collection will be required from all areas and will have more complete data. This data is currently being submitted so was not available for comparison at the time of publication.

SOCIAL CARE SURVEY

The Social Care Survey was published in November 2017 which incorporated Telecare provision throughout Scotland and the following chart shows a comparison of the number of people using Telecare during the month of March 2017 from submission received by the Social Care Survey and the Telecare Data Collection Tool.

During the month of March 2017 there were no data available from the Telecare Data Collection Tool for 3 HSCPs to compare with the Social Care Survey for the purpose of this report. However, from July 2017 to December 2017, one of those HSCPs has provided data submissions which will contribute to future comparisons.

Of those HSCPs, that have provided data for both this report and the Social Care Survey, all but 4 showed a small level of variance in respect of reporting to both data collections.

Figure 24: Telecare/Community Alarm Data Comparisons
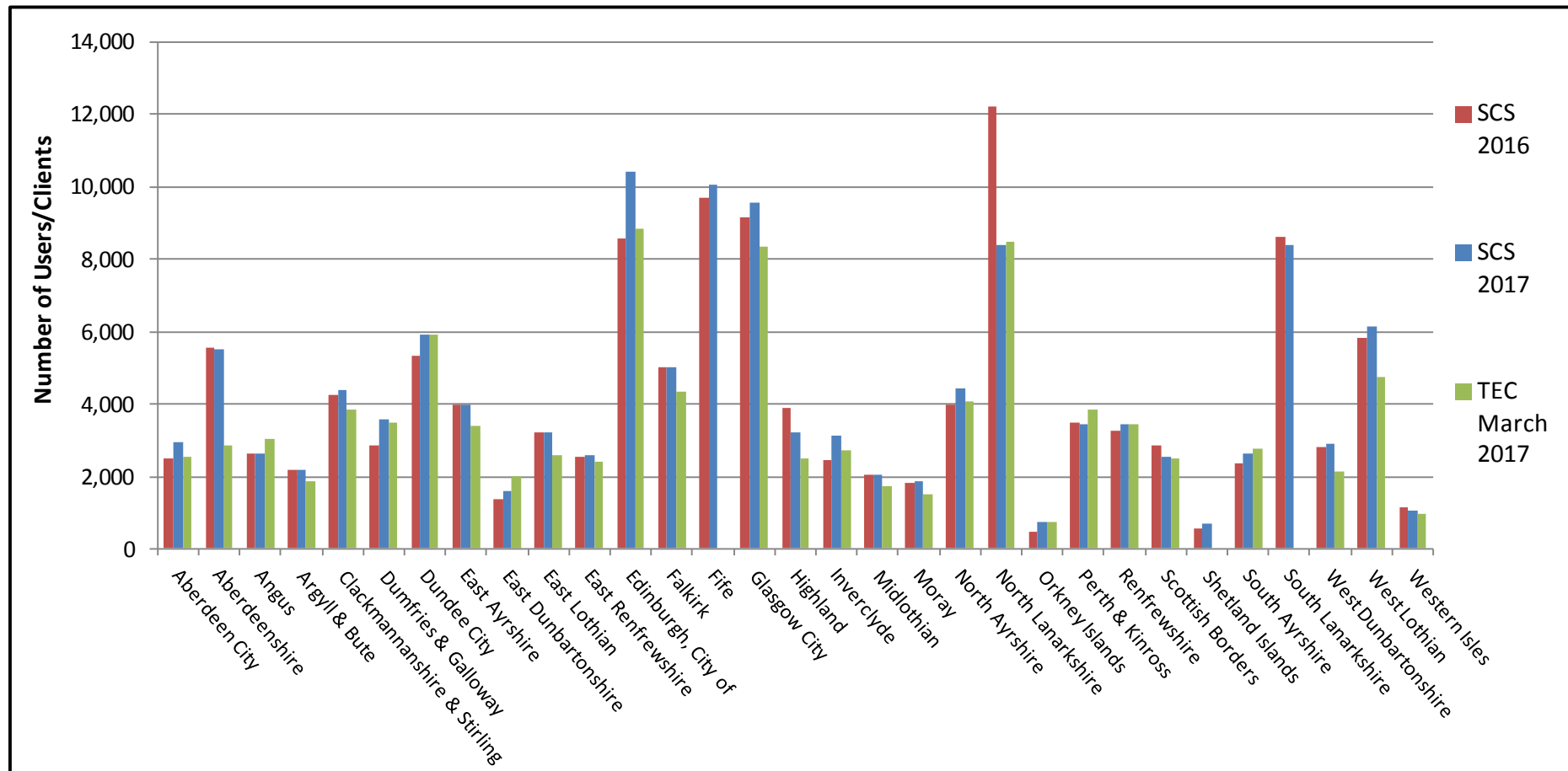
TEC data were unavailable for Fife, Shetland Islands and South Lanarkshire.

7   Next Steps

Over the past year the Telecare Data Action group has been exploring benchmarking in Telecare as a next step for data collection, resulting in a pilot of a Benchmarking Tool encompassing previous data requests such as the Telecare Data Collection Tool, the Social Care Survey and SOURCE. It is envisaged that the Benchmarking Tool will supersede these other data collections including the Telecare Data Collection Tool from October 2018, taking into consideration the following observations from the report:

- A small number of partnerships experienced problems in providing age breakdowns when completing the first 2 sections of the tool.

- There remained a significant number of activation responses being recorded as 'Other'. The same issue arose for 2016 with a different combination of HSCPs, which highlighted the difficulty for some HSCPs to categorise within the Telecare Data Collection Tool.

- Although there has been an improvement from 2016 in the completion of referral data, there remained a small number who experienced difficulty completing options for the sections relating to referrals. Challenges included use of different health systems and social care systems as well as identifying a 'main' reason as assessments are outcome focussed and usually involve a combination of reasons.

Taking the above into account, the Benchmarking Tool has incorporated/or will incorporate:

- Development of a Central Telecare Definitions Document for Telecare data collected across Scotland.

- Inclusion of a 'Date of Birth' field which automatically generates information for age breakdowns.

- Inclusion of further options for Activation Response Type.

- Facilitate liaison between partnerships using similar data recording systems to share good practice.

Appendix – Telecare Data Collection Tool

Date and Organisation

TEC : Delivering our Ambition Measures Date and Organisation		

Dataset Administration	a. Data as at end of	
	b. Organisation	Select an organisation from the list below:

Telecare – Primary Drivers

TEC : Delivering our Ambition Measures
Telecare - Primary Drivers

Number of People	**1. Total number of people receiving Telecare at month-end** 0-17 [ ] 18-64 [ ] 65-74 [ ] 75-84 [ ] 85+ [ ] Unknown [ ] **Total** [-]	**2. Number of NEW people receiving Telecare at month-end** 0-17 [ ] 18-64 [ ] 65-74 [ ] 75-84 [ ] 85+ [ ] Unknown [ ] **Total** [-]
Referrals	**3. New referrals by source of referral in this month** Open / self / carer / family [ ] Primary Care [ ] Intermediate Care [ ] Hospital [ ] Social Work [ ] Housing [ ] Other [ ] Not Known [ ] **Total** [-]	**4. Main reason for new referrals in this month** To enable an individual to remain at / return home [ ] To improve safety / reduce risk of harm [ ] Carer support [ ] To enable independence [ ] Other [ ] Not known [ ] **Total** [-]
Service Activity	**5. Number of new installations in this month by technology type** Community Alarm [ ] Falls Monitor [ ] Activity Monitor [ ] Bed Monitor [ ] GPS Monitoring [ ] Other Personal Monitors [ ] Smoke / Heat / CO_2 Alarm [ ] Flood Detector [ ] Other Environmental Monitors [ ] **Total** [-] **7. Number of activations by alarm response type in this month** Responder Service Contact [ ] Other Physical Response [ ] Reassurance only [ ] Other [ ] **Total** [-]	**6. Number of service users where service was discontinued in this month by reason** Admitted to Long Term Care facility [ ] Admitted to Hospital [ ] No longer needed (death included) [ ] Service Declined [ ] Other [ ] **Total** [-]
Outcomes	**8. Number of service users attending hospital emergency departments as an outcome of alarm activation** 999 Ambulance Call [ ] Hospital Admission [ ] Not Known [ ] **Total** [-]	
Measuring Experience	**9. Number of people with Telecare that have had their experience measured this month** [ ] **10. Number of carers of those people with Telecare that have had their experience measured this month** [ ]	
Comments (max. 1,024 characters)		

Telecare – Secondary Drivers

	TEC : Delivering our Ambition Measures **Telecare - Secondary Drivers**

Training	**1. Number of staff trained to assess for TEC**
	2. Number of staff trained to support the use of TEC

Assessment	**3. Total number of initial care assessments carried out in this month**	**4. Number of these initial care assessments that include a TEC assessment**
	Social Care Assessments	Social Care Assessments
	Other targeted care pathways	Other targeted care pathways
	Total -	**Total** -

Comments (max. 1,024 characters)	