

# A review of telehealth Impact report

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## Purpose

1. This report provides Management Team with details of the impact made by the Auditor General for Scotland performance audit *A review of telehealth*, which was published on 13 October 2011.

## Background

2. The report looked at the provision of telehealth services across Scotland, the impact of these services on patients and the NHS, and whether there is potential for telehealth to offer better value for money than conventional models of care.
3. The key messages from the report are:
  - The NHS in Scotland is facing growing demand for its services, due to an ageing population and the increasing prevalence of long-term conditions. NHS boards need to consider new models of care such as telehealth to help meet current and future demand. Targeted appropriately, telehealth offers the potential to help NHS boards deliver a range of clinical services more efficiently and effectively. To achieve this, NHS boards should consider the use of telehealth when introducing or redesigning clinical services.
  - The Scottish Centre for Telehealth (SCT) was established in 2006 to support NHS boards in developing telehealth. There was a lack of clarity over SCT's role and purpose in its first three years. The combination of the integration of SCT with NHS 24 and a new eHealth strategy provides a much stronger focus to drive the development of telehealth nationally. Although NHS boards are making use of telehealth, development and investment in this area has not been a priority.
  - Telehealth offers a range of potential benefits for patients such as reducing travel, receiving a quicker diagnosis and avoiding hospital admissions. Patient experience is broadly positive and there are high levels of satisfaction. The experience of NHS staff involved in telehealth initiatives is also positive. However, opportunities for them to gain experience remain limited and more training and education are needed.
  - Better quality evaluations are required to provide reliable evidence on the overall effectiveness of telehealth and whether it offers better value for money than traditional patient care. Our economic modelling work suggests that using telehealth to monitor patients with chronic obstructive pulmonary disease at home has the potential to help NHS boards avoid costs of around £1,000 per patient per year.
4. The report made ten recommendations for both NHS 24 (which includes the Scottish Centre for Telehealth and Telecare - SCTT) and the 14 territorial NHS boards.

## Raising awareness and communication of key messages

5. The report received a reasonable level of media coverage following publication, including coverage on television, national radio and newspapers, and on the web. The Director of Performance Audit appeared on BBC Reporting Scotland, STV news, and BBC Radio Scotland (Good Morning Scotland). BBC Radio Scotland's 'Call Kaye' show held a debate

between NHS 24 and the Patients Association on the benefits and barriers to using telehealth, and BBC Radio 5Live interviewed doctors in NHS Lanarkshire about how they are using telehealth. The media coverage focussed on our main messages that the NHS needs to consider the use of telehealth to help meet demand and save money, and that telehealth is popular with staff and patients and has many benefits.

6. Media coverage and report downloads from Audit Scotland’s website in the twelve months following publication are summarised below:

Media items / downloads	Number of items	Average
National press	7	
Local press	5	
Television	4	
Radio	4	
Specialist press	0	
Web	11	
<b>TOTAL MEDIA ITEMS</b>	<b>31</b>	<b>48</b>
Report downloads	5,392	2,844
Key messages downloads	968	501
Podcast downloads	175	386
<b>TOTAL DOWNLOADS</b>	<b>6,535</b>	<b>3,731</b>

7. In May 2012, Tricia Meldrum (Portfolio Manager for Health and Sport) presented the findings of *A review of telehealth* at the Holyrood telehealthcare summit. The Medical Director of NHS 24 also presented at this conference, and highlighted the importance of our findings and recommendations.
8. Following publication of the report, the audit team received an enquiry from County Durham and Darlington NHS Foundation Trust requesting further information on telehealth and expressing an interest in visiting Scotland to discuss how NHS boards are implementing the national strategy for telehealth. The audit team provided the contact details of relevant people in NHS 24 and NHS boards, who took this enquiry forward.

## Parliamentary scrutiny

9. The Scottish Parliament Public Audit Committee considered *A review of telehealth* on 26 October 2011. The Committee’s questions covered issues including barriers to the wider use of telehealth, resistance to telehealth by NHS staff and patients, and the national strategic direction for telehealth.

10. The Committee agreed to write to the accountable officer in the Scottish Government for details of how the Scottish Government plans to drive forward, at a national level, the use of telehealth by NHS boards. The Committee noted the response from the accountable officer at its meeting on 14 December 2011, and agreed to refer it to the Health and Sport Committee.
11. Several parliamentary questions on telehealth were asked following publication of *A review of telehealth*, including six with specific reference to the report. In response to these questions, the Cabinet Secretary for Health, Wellbeing and Cities Strategy noted that the Scottish Government has agreed all of the recommendations in Audit Scotland's report, and highlighted Appendix 4 of the report as a tool to help NHS boards determine the potential for telehealth services.<sup>1</sup> Ministers referred to the report in the Health and Sport Committee on 8 November 2011, when considering the 2012-13 draft budget and 2011 spending review, and in a Chamber debate on rehabilitation and enablement on 9 November 2011. A SPICe briefing on the health budget highlighted our findings and included our definitions of telehealth, telecare and e-health for reference.<sup>2</sup>

## National impact

12. Since the report was published, NHS 24 reports that it has sought to widen its engagement with stakeholders in the health, housing and social work sectors. It has contacted NHS Chief Executives, Directors of Social Work and Directors of Housing to inform them of its role in developing telehealth and telecare (through SCTT), and to invite them to nominate both a strategic and operational lead for these areas. However, there has been a limited response to this engagement and not all sectors have nominated a dedicated contact.
13. To support the development of telehealth across Scotland, NHS 24 has nominated SCTT Service Development Managers as 'single points of contact' for individual NHS boards and local authorities. This role involves meeting key stakeholders on a regular basis to support the ongoing development of telehealth and telecare, and to share information on current activity throughout Scotland.
14. Our report did not include specific recommendations for the Scottish Government. However, the Joint Improvement Team (part of the Directorate for Health and Social Care Integration within the Scottish Government) is working closely with NHS 24, COSLA and other national stakeholders, to promote the expansion of telehealth and telecare nationally. The Scottish Government is funding a mental health post based in SCTT and a post linking the Joint Improvement Team and SCTT. These two roles are intended to enable greater collaboration between the two organisations in further promoting the use of telehealth and telecare across Scotland and embedding it in service redesign.

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<sup>1</sup> Parliamentary questions S4W-03446 (answered 9 November 2011) and S4W-03779 (answered 11 November 2011).

<sup>2</sup> SPICe Briefing: Scottish Spending Review 2011 and Draft Budget 2012-13: Health, The Scottish Parliament, October 2011.

15. In December 2012, the Scottish Government, COSLA and NHSScotland published *A national telehealth and telecare delivery plan for Scotland to 2015*. NHS 24 and the Joint Improvement Team were closely involved in developing this plan. The plan sets out six work streams: Improve and integrate health and social care; Enhance wellbeing; Empower people; Improve sustainability and value; Support economic growth; Exchange learning, develop and embed good practice. These work streams are aligned with specific objectives and action areas (most with timescales), although it is not clear how progress against all of the actions will be measured. NHS 24 / SCTT is developing its own action plan, to support implementation of the national delivery plan. The National Telehealth and Telecare Advisory Board is responsible for reporting annually on the progress NHS boards, councils and other partners make against the national delivery plan. The Scottish Government expects these bodies to develop quality outcome indicators for telehealth and telecare, which align with Single Outcome Agreements, support the NHS Quality Measurement Framework and contribute to outcome indicators for the integration of adult health and social care.
16. In April 2013, the Scottish Government announced £2.8 million funding for two major telehealth and telecare programmes: United4Health and SmartCare. The programmes are being jointly funded by the European Commission and the Scottish Government as part of the Digital Health and Care Innovation Partnership. The programmes will support people with long-term conditions who live in Ayrshire, Renfrewshire and Lanarkshire.

## Other developments led by NHS 24 / SCTT

17. NHS 24 is continuing to work with NHS boards to develop the use of telehealth across its four priority areas (stroke, mental health, COPD and paediatrics). NHS 24 is represented at all meetings of the Regional Planning Chief Executives Group (around every six weeks), and helps to highlight any areas where telehealth can support existing priorities. The development of telehealth in NHS boards is taken forward on a regional basis where appropriate. In 2012, the focus was on developing telehealth for paediatric unscheduled care in the North of Scotland.
18. There have been improvements in the quality and reliability of video conferencing across NHS Scotland, through a national programme led by NHS National Services Scotland, the North of Scotland Planning Group and NHS 24. All 14 territorial NHS boards are now using a new video-conferencing infrastructure (which links up all video-conferencing devices across NHS boards) compared to only six boards when our report was published. Work is now underway (through the national video-conferencing programme) to develop and implement a business case to provide shared services such as technical support and central infrastructure management. Three temporary technical support posts, funded by NHS 24 to provide additional support to NHS boards to help them implement telehealth initiatives, have been made permanent. Any further resources required to support the national video-conferencing network will form part of the overall business case for a shared support service.

19. NHS 24 is working with NHS boards, councils and other stakeholders to establish a national approach to measuring and evaluating telehealth and telecare services, by September 2013. As part of this, NHS 24 is developing detailed guidance on aspects of economic evaluation.
20. NHS 24 intends to publish all approved evaluations on its website and on the Telehealthcare Community Portal on the Knowledge Web (which provides information on telehealth and telecare to NHS Scotland, local authority and voluntary sector staff). It also plans to develop evaluation tools, guidance on telehealth and telecare, and a national database of telehealth and telecare services, all of which will be available publicly. In November 2011, NHS 24 established the Telehealth and Telecare Learning Network, which provides a forum for stakeholders to learn from existing telehealth initiatives and discuss future plans and needs.

## Local impact

21. The report contains important messages and recommendations for NHS boards. To help ensure the report has as much impact locally as possible, the audit team prepared a briefing note for local auditors to help them bring the relevant key messages and recommendations to the attention of their clients.
22. Local auditors assessed the response of audited bodies to the report, eight months after publication. Half of NHS boards (7) have discussed the report at a board meeting or audit committee, and in a further four boards the report has been noted at these meetings.
23. Three-quarters of NHS boards are considering, or have taken, specific action in response to the recommendations in the report. For example, NHS Dumfries and Galloway has identified the development of telehealth as one of eight strategic priorities to be taken forward as part of a five-year change programme. NHS Lothian is developing its own telehealth strategy and considering plans for developing business cases for telehealth initiatives. NHS Grampian plans to integrate telehealth options into its service redesign processes and ensure that the use of telehealth is considered at an early stage of service planning.
24. Over half of the NHS boards (8) have used Appendix 4 of the report to help them assess potential opportunities for using telehealth. There is no evidence of these NHS boards implementing any new telehealth initiatives as a result. However, after reviewing Appendix 4, NHS Dumfries and Galloway has invested in technical staff to support clinicians and service users in the use of telehealth equipment and is making video-conferencing equipment more widely available in community settings. NHS Shetland is using Appendix 4 to assess opportunities to monitor patients with chronic obstructive pulmonary disease using telehealth.

## Conclusion

25. The report has had moderate impact. NHS 24 is making good progress against our recommendations, although some of this activity is work in progress. Three-quarters of NHS boards are considering or taking specific actions in response to our recommendations. Local auditors judged that the report has helped nearly half of NHS boards seek constructive

improvements to relevant aspects of their work, and has prompted or contributed to measureable changes in a further one-quarter of boards.

26. Specific follow-up work is not a priority for Audit Scotland at this stage. However, some of the issues raised in the report may be picked up through future performance audits, such as potential audits on eHealth and telehealthcare (telehealth and telecare).