



1st September 2021

Background

The Telecare Team from the Scottish Government's Technology Enabled Care Programme are committed to supporting co-design as telecare services are redesigned taking into account drivers such as the Independent Review of Adult Social Care in Scotland, Scotland's Digital Health and Care Strategy, the Digital Citizen Delivery Plan and Analogue to Digital Transformation.

We are working with Telecare Providers across Scotland to support them to undertake this, providing resources and guiding principles as they do. To support a deeper understanding of the needs of the people using their services, we are using the Scottish Approach to Service Design. In this first phase we are carrying out a number of engagement activities as well as desk research and gathering intelligence from other areas.

We invited people who use or are considering using telecare services to support their daily routines to tell us a bit more about their experiences or expectations. This is the first session to be carried out through the Reimagining Telecare workstream. It is intended as a starting point for a series of engagements to help understand the needs and aspirations of people using the service, how it currently meets those needs, and what it might look like in the future, in order to be something which continues to evolve to suit the changing requirements and demographics of the Scottish population. We would like to thank all the participants who took the time to share their experiences with us.

Invitations to participate were circulated via the Health and Social Care Alliance membership newsletter and other channels, and responses managed by their team. The Alliance hosted the Zoom meeting on the day, provided support to facilitate the session and managed communications with participants following the session. We would like to extend our thanks for this support.

Means of Delivery

The event was held on Zoom. We understand that this is not the only medium with which we should have these conversations, and alternative methods will be used to allow other people with different preferences and needs to participate. We will also gather insights from relevant engagements held by other agencies.

The workshop was made up of two interactive sessions using Miro to record the views of those taking part. The first session was split between those currently using a telecare service, and those who didn't yet have direct experience of telecare. Those with experience of a service were asked about their experience of standards of service and what they would like to see from a service in the future. Those with no previous experience of telecare were asked where they find out about services or support they may need, and who they trust to convey that information to them.

The second session brought all the participants together and asked them to consider;

- (a) a range of statements describing things which telecare may in the future be able to help them achieve, and
- (b) to prioritise them to give us an understanding of what is most important to them.

Participants were then asked to consider in what circumstances they would be prepared to share personal data in order to receive better services or support. Participant were asked to assume that their data was shared using proper and secure protocols while answering.

Considerations

This session was designed to hear the views of people using telecare services or considering their use in the future. On the day we had representation from people who also delivered those services. Recognising that they may also be users of the same services they are involved in providing, for example caring for someone in their family, we didn't want to exclude them and asked that they participate from this point of view. We did feel at points of the day however, that these views were difficult to separate and may have skewed some of the outcomes.

What We Learned

Workshop 1 – Session with Current Users of Telecare Services

People using telecare spoke about the sense of reassurance that it gives them, knowing that it is there when it is needed and that they could get support at the right time for them.

When considering what they might like to see from a service in the future, based on their experience of it now, they said they would like to see it modernised, using things like monitoring using devices like fitness bands or smart watches to give them feedback and preventative guidance for looking after their own health. Participants came from all over Scotland and the differences in what service is available, charging and affordability was discussed, with the need to see clear guidance in these areas.

The group discussed that they would like to see a more interactive and pre-emptive service which checked in on them, rather than waiting for something to go wrong. They would also like to see the inclusion of items which they already use and are familiar with from the consumer technology market.

The value of face-to-face contact was acknowledged and options for receiving support via a video call with alarm receiving centres was something which would be a welcome development.

We asked questions in a Zoom poll relating to operational standards of delivery in Telecare and these are included in [Appendix 1](#). This is a point where we feel that the results have been influenced by the providers in the group and will therefore share the results, but not spend time on the analysis of them.

Workshop 2 – Session with Potential Future Telecare Service Users

This workshop asked participants to consider where they go for information, why that is and does the context make a difference.

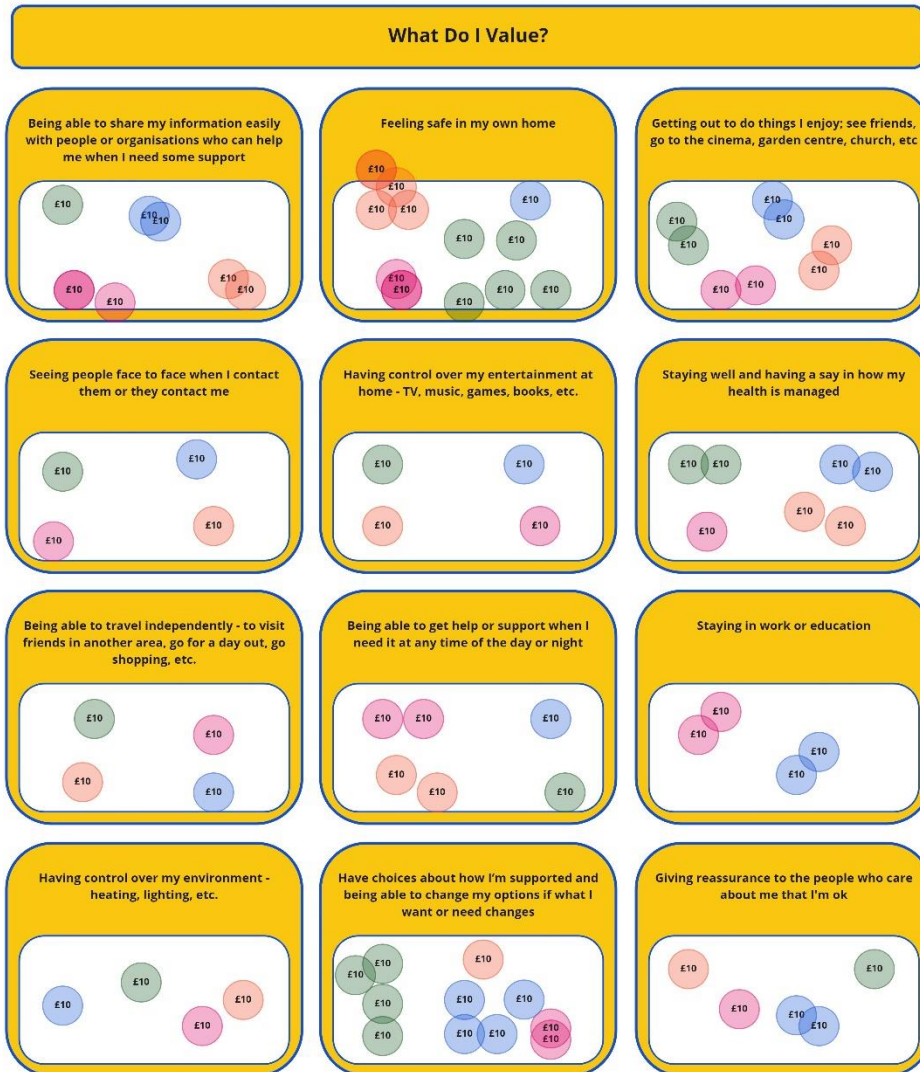
Through our discussions it became apparent that we all have learned behaviours which are based on accepted "truths", for example if you break your leg, you go to your nearest accident and emergency department and the people there have the knowledge, skills and experience to fix it. Health services seem to be well understood and there are clear routes to access them.

This didn't hold true when we talked about telecare however, with people using everything from social media to community forums, to social work and GP services as routes to access help. This is something we need to understand when trying to communicate information about services that are being delivered. Putting it on our own website or social media isn't enough. Information about how to access them should be prominent in the places where the people who might use our services already go. Our approach should be reviewed regularly and updated accordingly when changes are needed.

The thread which ran through these discussions was 'trust'. No matter the route for access, the important detail was that the information came from a source which held personal value and trust for the individual. We need to behave in a manner that ensures that we foster trust if we want people to get the support they need at the right point.

Workshop 3

In the first part of this session all the participants came together, and we asked them to spend an allocated “budget” on statements reflecting areas of support. The aim was to get an indication of their priorities. We can’t yet say if these outcomes are typical since this is a small sample size of our community. The chart showing the outcomes can be seen at [Appendix 2](#). The image below shows an example board from one group of participants.



The top priorities for the group were to have choice and control over how their support is delivered, and to have a say in managing their health. These were closely followed by the desire to be able to live a full life, going out in their community, doing things which bring joy and fulfilment and the need to feel safe in their homes. These priorities align with the 12 ambitions for Telecare which were formulated after consultation in May 2021 and include the statements;

- Digitally Enabled Care and Support (DECS) is personalised, provides reassurance and support, enables wellbeing, and anticipates, predicts and respond to crises
- DECS follows the person, also enabling them to get out and about

The group were less concerned about reassuring people who care about them, which seems to conflict with the needs of carers who are much more concerned about being kept informed about the wellbeing of the

person they care for and there is a balance to be struck between the two. This may reflect the demographic of the group and again would need further exploration to understand if this is typical.

Seeing people face to face was also a low priority. This may reflect how people feel about being together through the pandemic or may be because we have become used to using video calls and believe that this gives us a similar value to being in a room with someone if physical contact is not necessary.

Additionally, the group did not see data sharing to be a priority for them and this is further explored by the next activity.

In the second part of the session we presented the group with a set of statements and asked them whether, given the assumption that it was shared with the proper processes in place, would they be happy to share their own personal data. The results can be seen in [Appendix 3](#).

The outcomes from this part of the session ask participants to think more about who they trust to handle their data properly and to use it for its stated purpose in an ethical manner.

The discussion around the results noted several caveats for these responses about having control over your data and choosing when to share it, but importantly when to withdraw consent and that this should be something you can do easily at any point.

On balance the groups were comfortable sharing their data where the outcomes and benefits of doing so were clear to them. Where we see a bigger split is for the improvement of products and services. When this was discussed there was a clear split between the feeling of sharing with bodies such as Health and Social Care Partnerships rather than private companies. It was felt that public sector bodies would take more care and use your data only for the explicit purpose you had shared it, for example to improve your telecare service. There was distrust around sharing with private companies even if it meant you could receive an improved product or service. Concerns about selling of data and surveillance were raised.

Interestingly, in this activity, 80% of participants were comfortable sharing their data to prevent them having to repeat it across multiple services, but when we asked the group to allocate some of their budget to this in the previous activity it wasn't seen as a priority.

This might reflect that people using services assume that this kind of data is already shared and that it happens by default across public sector bodies, or it may just be that given a fixed resource the other statements in the activity had more tangible outcomes and held more value for them.

[Additional Contributions](#)

During and following the session participants shared their experience of a range of services. In particular we heard of examples where the systems and technology were in place to allow a service to be delivered, but human interaction with these systems is flawed. This caused instances where physical and mental harm may have come to a person because data was not correctly transferred between systems. We were also told of cases where staff delivering a service have chosen not to use the technology which would best suit the person receiving it, effectively taking away their choice and control.

We also heard of how people were finding ways to circumvent the official routes into systems because their experiences of those were unsatisfactory and they felt they were designed to gatekeep rather than facilitate access.

Next Steps

This document will be shared with the participants from the session and will be circulated to colleagues involved in the redesign of Telecare Services, to inform their work.

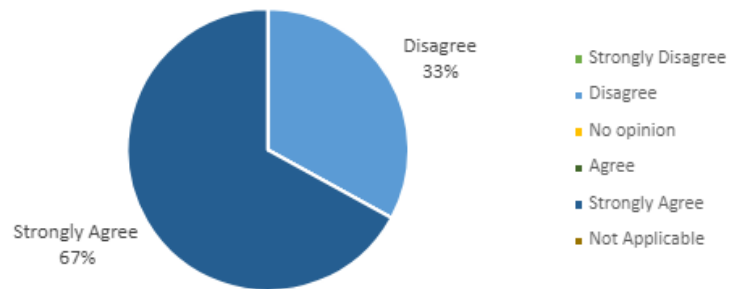
Additional engagements will be planned in different formats to ensure a broad and balanced collection of responses.

We are exploring how best to continue to build in the views and experiences of all the stakeholders of telecare services as we take forward work to support the redesign of the service.

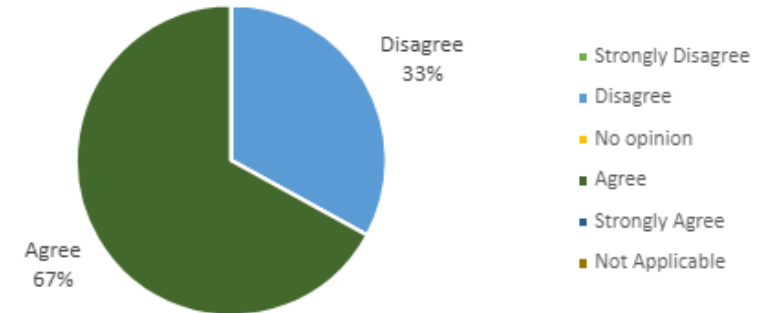
Gillian Fyfe
Telecare Transformation Lead, TEC Programme
November 2021

Appendix 1

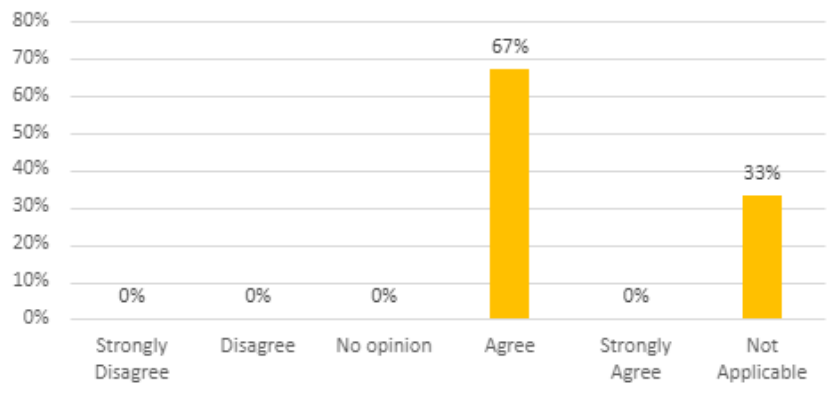
The person undertaking the telecare assessment is competent in discussing my situation, and knowledgeable about the different types of telecare that can be provided



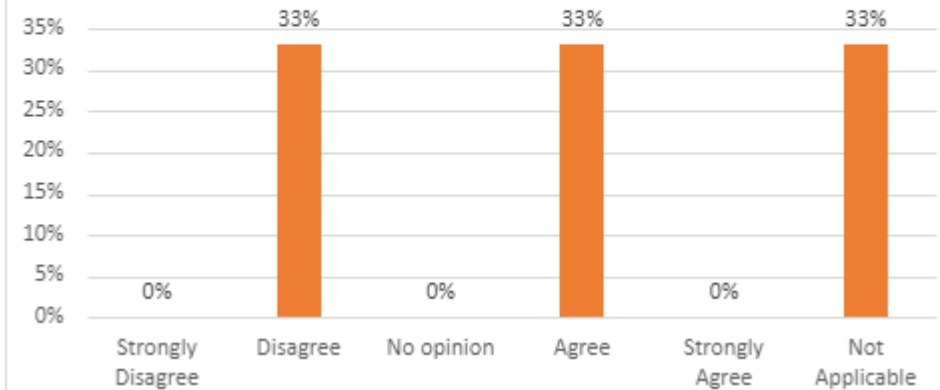
I am fully involved in identifying what's important to me and how Telecare can support me



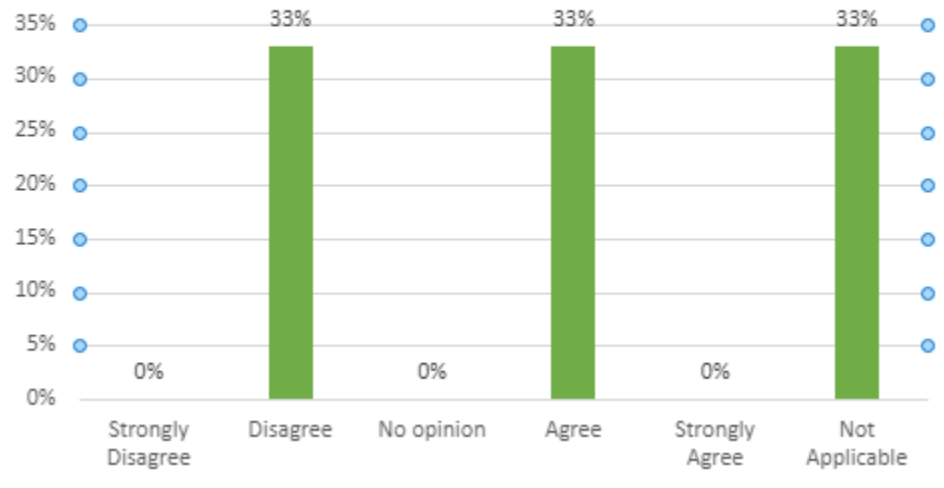
I am fully involved in the review of my telecare service



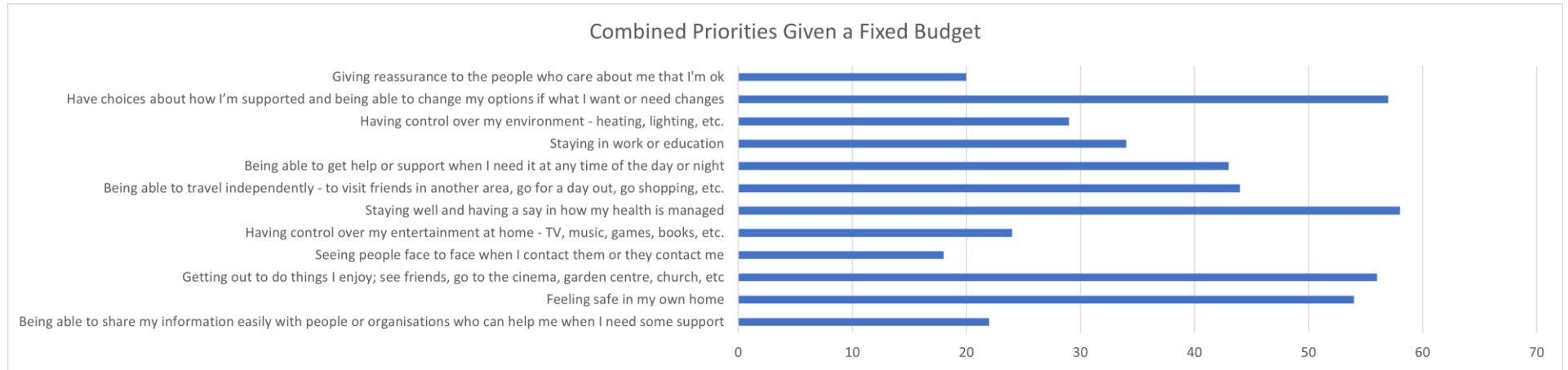
The review considers any changes to my circumstances and that the telecare service is still appropriate for me



Following the review any required improvement or changes are made



Appendix 2



Appendix 3

