

# Digital health & care

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 **Alyson Scurfield**  
TSA chief executive  
on the integration  
of technology into  
our lives

 **JULIE WOOD, CHIEF  
EXECUTIVE, NHSCC**  
on how to transform  
our health service



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Blogger Mike Clark on where Artificial Intelligence research is going in relation to health and care technology

# The connected world

Every day in the UK we benefit from technology in so many different ways. Much of the time it is so well integrated that we don't even notice it.

**T**echnology would not work without people – networks that connect our home, our communities – keeping people in touch, keeping families and friends connected. For many of us our smartphone or tablet has become the way in which we now coordinate our daily activities – our meetings, appointments, alerts and our to-do lists.

Our home and mobile data links via broadband and Wi-Fi have become as important as having a TV. More and more home devices are fitted with sensors connected through our telephone networks. For people with disabilities and some older people who are less mobile, technology is increasingly important in supporting independence, dealing with emergencies, reducing loneliness and isolation.

Technology needs to be well-



**Alyson Scurfield**  
Chief executive, TSA



designed and easy to use. It needs to fit in with lifestyles and be inexpensive. It needs to be solving a problem or adding some value to our lives otherwise we will stop using it. And importantly, technology needs to connect to services – whether it is ordering shopping online, a control centre responding to a home smoke alarm, a nurse responding to a high blood pressure reading or a virtual community supporting people with diabetes.

We can order prescriptions online and now some people are having video consultations with their doctors but surprisingly, the world of health and care has been one of the last sectors to benefit from the advances that have revolutionised the way we live. Technology enabled care is moving very quickly and if we work together, we can make 'connected care, connected homes and connected communities' become a reality. ■

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# Joined up thinking for better healthcare

Integrated urgent care would benefit patients by providing a joined up and personalised healthcare service. It's not an impossible ambition says Pippa Rhys, Market and Product Director at Capita Healthcare Decisions, a company that develops innovative software for the healthcare industry

### Is providing a centralised service for integrated urgent care a challenging vision?

It is—but it's certainly not an insurmountable one because the technology is already available. The heart of the vision is that 111 — the NHS urgent care service line — should be the 'front door' for those who need urgent health advice. The key challenge, however, is to boost confidence and satisfaction in 111.

### What are the technical challenges this creates?

The first is how to use the information we have about the patient in order to tailor the advice to them. The problem is that many providers are using old or

custom-built software that's difficult and expensive to integrate. Another challenge is to make the process of triaging patients over the phone less rigid and centred around the patient's individual needs.

### What technology is available that can help overcome these challenges?

Capita's integrated urgent care solution has all the necessary capabilities: multi-channel contact; an extensive, secure patient record; integration with other healthcare provider systems for booking, scheduling, accessing directories and available care resources and inbuilt clinical decision support. It is highly configurable

without long or expensive customisation, and provides extensive performance monitoring and healthcare analytics.

### So what is it that makes the Capita solution different?

A combination of machine learning, patient relationship management and clinical decision support (CDS) enables healthcare providers to deliver truly patient centric care. The CDS can go much further than providing a script for the call handler; it can analyse patient medical history, previous call data, demographics and other important sources of information, providing a triage questioning process and an outcome that is appropriate for that patient.

"technology can support every patient being treated as an individual"

### How does this benefit the patient?

The solution provides a responsive service for those who need urgent care, delivering it as close to home and as conveniently as possible. It also coordinates patient care across health silos, ensuring that each stage is integrated with others. By monitoring the patient's progress, recording the stages of care and providing alerts when the process goes off track, the patient receives right care, right time, everytime.



**Pippa Rhys**  
Market & Product Director, Capita Healthcare Decisions

# CAPITA

[www.capitahealthcaredecisions.com](http://www.capitahealthcaredecisions.com)



# Changing cultures to benefit patient care

The David Laszlo Partnership helps organisations within the healthcare world work successfully together. The result is improved practices — and better patient care

### Successful patient care relies on building partnerships between health and social care teams. But just how easy is that?

When organisations collaborate in order to join up health and social care, senior staff use jargon such as 'integrated care', 'shared care' and 'shared decision-making' to describe their goals.

These words make collaboration sound easy but, in reality, it means a radical shift for people within those organisations and big changes to the way they normally behave. Different approaches, attitudes and visions can cause tension and conflict — so our aim is to highlight the

implications of collaboration and so create energised and positive team cultures.

### Can you give an example?

We recently worked with Connecting Care — a partnership of 17 organisations aiming to deliver a shared care record scheme in the South West of England.

The various stakeholders had a technical solution in place to achieve shared care and a broad agreement that their partnership would transform care in Bristol, Somerset and South Gloucester — but there was no real shared understanding of how it would work.

### What was your role?

We worked with senior

stakeholders to align all of their strategies so that they could understand their common ground and create a consensual definition of their aims. It wasn't our role to tell them what they needed to do — the answers came from them. They simply needed us to provide the mechanism to articulate them.

### What are attitudes to new technology within healthcare organisations?

One is that it's magic and will solve everything because information will immediately be shared. But, of course, information isn't shared until a sharing culture has been created.



**David Laszlo**  
Founder, David Laszlo Partnership  
[davidlaszlopartnership.co.uk](http://davidlaszlopartnership.co.uk)

"Our aim is to highlight the implications of collaboration and so create energised and positive team cultures"

### Are organisations in the health industry wary of culture change?

They can be, but it's something that can be managed — and they can plan for it. The processes we use to bring about culture change are well-recognised and come from the coaching and organisational development world. Partly it's about identifying the level of complexity of the change required — and the impact it will have.

# DAVID LASZLO PARTNERSHIP



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INSPIRATION

 EXPERT INSIGHT



**Joss Langford**  
Director, Coelition

## Trust in data privacy crucial to innovation

**New healthcare products could be developed by small businesses if patients trusted organisations with their data.**

People are nervous about sharing their medical records and lifestyle information, yet if data is handled responsibly it can fuel innovation. The challenge is how to combine new lifestyle evidence with patient records.

Open standards business Coelition helps firms develop health products using relevant behavioural data and ensuring private information is not abused.

“Innovation and privacy are not incompatible,” says director Joss Langford. “Companies must manage the privacy, legal and technical side of data and know when to communicate with people.”

Members of Coelition include Unilever and ICT company Fujitsu, plus smaller businesses who join for £2,000 a year.

Wrist-worn device expert Activinsights used the Coelition protocols with its wearables to provide healthcare professionals with patient lifestyle insight.

# Getting to the root of chronic pain relief

Millions of people endure the agony of chronic pain caused by injuries or operations, but new nerve stimulation technology could offer welcome relief

By Steve Hemsley

Sufferers of chronic pain are being urged to try the latest spinal cord stimulation technology which uses electrical impulses to target specific parts of the body such as the ankle or knee.

According to the charity Action on Pain, around one in seven people in the UK experience the physical and emotional impact of debilitating chronic pain.

Many sufferers manage their discomfort with powerful drugs that can make it difficult to live a normal life.

Help could be at hand from a health technology company which has developed a new generation of Dorsal Root Ganglion (DRG) stimulation.

The DRG is a bundle of nerves which sends pain messages to the brain and acts as a gatekeeper, controlling the sensations that enter the spinal cord. There is a DRG connected to every vertebra.

DRG stimulation involves placing tiny leads into the spine under the skin which send electrical pulses through specific areas of the DRG and effectively blocks pain signals from reaching the brain. The leads are connected to a small battery unit controlled by the sufferer.

The technology is increasingly being used to reduce distress from post-operation, post hernia, post-amputation, cancer and nerve pain in joints and the back. It does not remove the pain completely but creates a tingling sensation and can reduce discomfort




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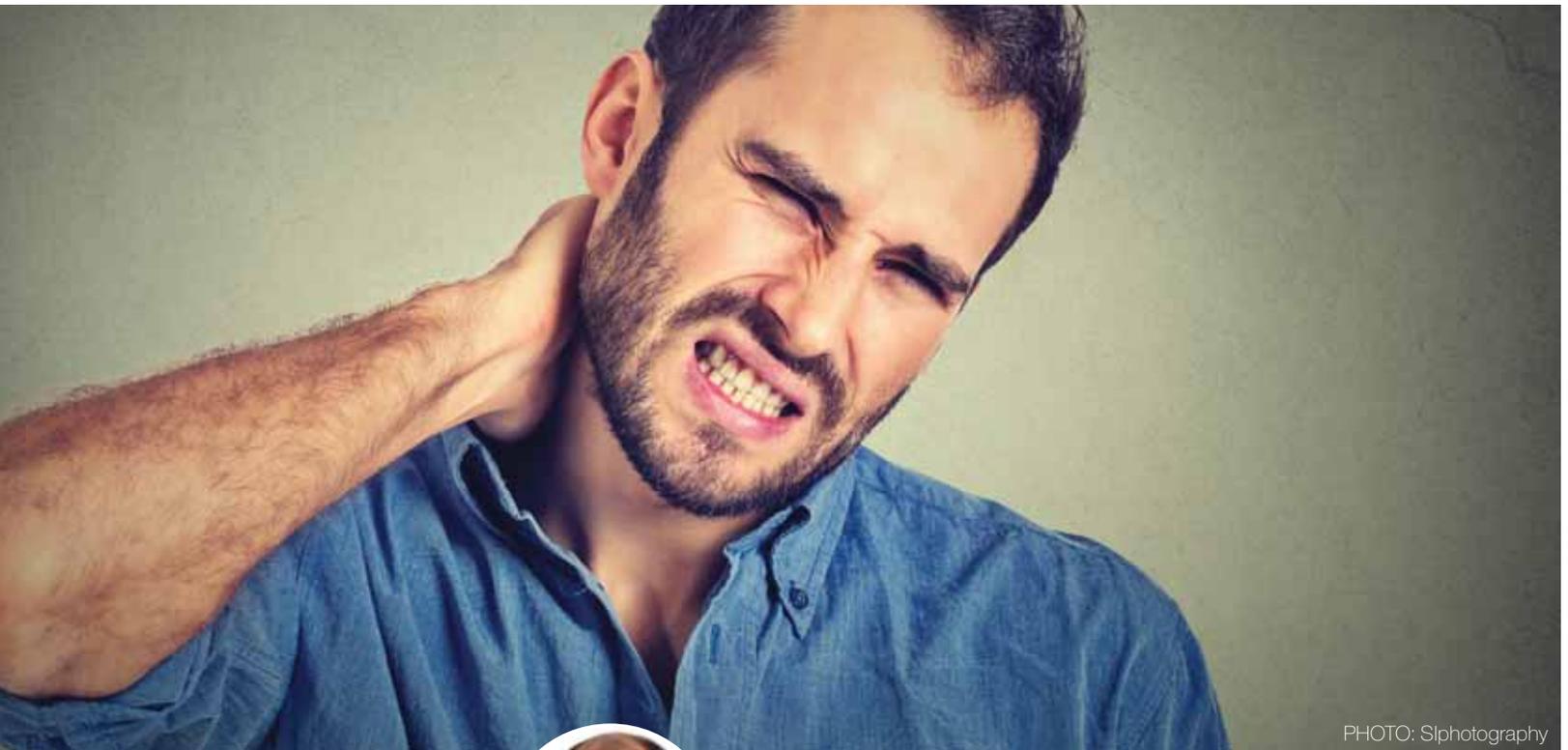


PHOTO: Slphotography

by between 50 per cent-80 per cent.

Dr Ganesan Baranidharan, a pain management consultant at Leeds Teaching Hospital's NHS Trust, wants DRG stimulation technology to be more widely adopted in the UK. It is already used extensively in Europe, particularly in Belgium and the Netherlands.

"The DRG acts like a bouncer in a night club, every nerve in the body must go through it," says Dr Barani. "The technology has improved immensely. The leads are smaller and the electricity current needed to treat the pain can be lower."

He hopes the new generation of DRG stimulation will reduce the need for sufferers of chronic pain to take strong drugs which can leave people too drowsy to



**Dr Ganesan Baranidharan**

Pain management consultant, Leeds teaching hospital NHS Trust

"My patients are enjoying a better quality of life"

perform at home and work.

"Many people get side effects from taking anti-nerve medications and often sufferers must choose between putting up with their pain or taking the pain relief and being unable to live normally."

There are risks from DRG stimulation. The leads can break off in the body and there is a small chance of infection, although as the technology has improved the number of problem cases has reduced significantly.

There is scientific evidence that the technology works.

The ACCURATE study of complex regional pain syndrome patients in the United States revealed that in a 12-month period a significant number of

patients (74.2 per cent) receiving the DRG stimulation achieved meaningful pain relief. This compared to 53.0 per cent for those receiving traditional spinal cord stimulation.

"The introduction of this technology at my practice has made a huge difference," says Dr Barani. "My patients are enjoying a better quality of life because they are in total control of managing their pain without strong medication."

DRG stimulation is available on the NHS and is regulated by the National Institute for Health and Care Excellence (NICE). However many private health companies do not provide the treatment because their policies do not fund chronic pain conditions. ■

## A DIFFERENT TYPE OF PAIN CALLS FOR A DIFFERENT APPROACH

- Almost 10 million people in the UK suffer from chronic pain.<sup>1</sup>
- Approximately 20% of patients attending chronic pain clinics have pain related to previous surgery.<sup>2</sup>
- Only 15% of people who suffer from chronic pain visit a pain clinic for treatment.<sup>3</sup>

**DRG therapy is a type of neurostimulation. It targets difficult-to-treat chronic pain that may affect a specific part of the body, such as the foot, knee, hip or groin.**

1. Media Resources. (n.d.). Retrieved March 18, 2016, from <https://www.britishteachingsociety.org/media-resources/#faqs>

2. Oxford Persisting Post-Operative Pain Study. (n.d.). Retrieved March 18, 2016, from <http://www.ndcn.ox.ac.uk/research/oxford-persisting-post-operative-pain-study>

3. SJM Survey

**CE Mark:** The Spinal Modulation Neurostimulator System is indicated for the management of chronic intractable pain.

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**Brief Summary:** Prior to using these devices, please review the User's Manual for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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ST. JUDE MEDICAL

## NEWS



## COLUMN

**Julie Wood**

Chief executive, NHSCC

## Transforming our health service

**T**ransforming our health service requires clinical commissioning groups (CCGs) to have the right tools for intelligent commissioning. Last year we launched a report setting out what our members – 90 per cent of CCGs – told us they need to achieve the best healthcare for their local populations. Key among these were tools to support intelligent commissioning.

CCGs are making decisions with huge implications and require modern technology to allow them to get on with the job. In the Five Year Forward View, NHS England promises to exploit the information revolution; CCGs need to be among the beneficiaries.

Commissioners need access to information; while doctors understand above all that confidentiality is vital, patient privacy can be protected while still sharing key information with CCGs. Currently they can feel they are working in the dark, planning essential services without necessary data. CCGs also need seamless IT and the technical ability to enable them to work across health and social care; a compatible IT system that follows patients as they move between GPs, care workers, nurses, and others. This must be a government priority if integration of health and social care, with a person centred system, is our ambition.

CCGs are making a positive difference to the health of their local patients and populations – to go further it is critical they are given the right tools to support them.



For the full story visit  
[healthawareness.co.uk](http://healthawareness.co.uk)



PHOTO: Keith Brofsky

## Connected lives key to a sustainable care system

**We are fast becoming an older society and for the vast majority of people that is a good thing. But are we age ready?**

The evidence from countless studies and enquiries is that the UK is not ready for ageing. A growing number of people are growing old without children, many more are outliving partners and friends. Loneliness and social isolation are at last being recognised as serious public health challenges. They are not just limiting people's opportunities to enjoy a good later life: they are shortening lives too.

The antidote to the negative impact of loneliness is maintaining and building social connections. People who live connected lives live happier lives.

In so many parts of our lives we are embracing technology and telecommunications to enhance our lives, stay connected and well. Older people are now the fastest adopters of smart phones and tablets, using the power of the internet to enrich their lives.

Meanwhile our health and care systems have often been slow to adopt technology that would empower people, improve patient experience and boost productivity. Technology is too often being bolted on to 1950s care processes rather than being

**Rt Hon Paul Burstow**

TSA Adviser and Professor of Health and Social Care

embedded in 21st century models of care.

There are plenty of examples of good practice but lots of evidence of limited spread. NHS England's Vanguard and Test-Bed programmes are adopting and sharing approaches to adopting technology across large populations.

Birmingham City and Hampshire County Council's are examples of local authorities working with the industry to find new solutions to improve service delivery and manage demand. Birmingham has partnered with the Silverline Charity to offer a new prevention and reassurance service. Hampshire has identified potential benefits from telecare amounting to £3.4 million over three years and improved outcomes.

Funding and workforce pressures on both the NHS and social care make redesigning service delivery an imperative. According to research by the ILC-UK by 2020 there will be a 200,000 short-

fall in the care workforce. Making the best possible use of the workforce, enriching their roles, promoting the relational aspects of their work will be essential and technology will be essential to achieving the productivity gain and meeting the expectations of service users and their families.

Bundling of services and partnering with organisations that sell directly to the public, like high street retailers, pharmacies and home care providers, offers a route to market and a way of driving uptake. A reassurance and prevention bundle of round the clock passive monitoring, two-way video interaction and self-care training could add to the value proposition of home care businesses.

Other bundles of human and technology enabled support could aid co-ordinated care for people with more complex health and care needs. This will be critical to delivering more health and care at and close to home.

Drawing on forty years of practical experience of implementing telesolutions to health and care challenges, the TSA is well placed to support the industry partnering with NHS, social care and housing commissioners and providers to deliver the connected services people want to maintain connected lives. ■



# How health and social care is getting smarter

Older people would rather be at home than in hospital, but they need support. Carl Atkey, CTO at technology-enabled care provider Appello, explains how data, insight and joined up health and social care can help people get home faster, and stay at home with greater reassurance and comfort

By Steve Hemsley

## How would you describe the Appello business today?

Appello has provided life safety and technology-enabled care services to housing providers, local authorities, charities, care providers, NHS and individuals for over 27 years. Over 165,000 people, mostly older or vulnerable, receive help from our 24/7 tele-care monitoring teams.

On a daily basis we experience uncoordination between housing, health and social care services, which is leading to disjointed care and support which is not designed to meet their needs.

Through our long association with our customers, we have a deep insight into the needs of older people, which makes us passionate about proactively working to create better linkage and transparency between housing, health and social care. The deep knowledge that Appello has means our solutions and advice to customers is more data and insight led than ever before.

## Why are people, processes and data so disconnected?

This is a complex issue. Some of the reasons are historical, with social housing and care being managed by local authorities, and not integrated with care provision managed through the NHS.

The structures of the past coupled with the huge amount of data flowing through these organisations have created many of the challenges that we face today. We are working with a number of forward thinking integrated care organisations and housing associations that are focused on removing the traditional barriers.

## What role does technology have to play in health and social care?

Gartner, Inc. forecasts that 20.8 billion connected things will be in use worldwide before 2020. So finding unique end user technologies isn't the challenge; what's troubling is that devices are often deployed independent of each other and by different organisations. What if you could tie these deployments together? You could set personalised alerts and triggers for individuals linked to a care plan? Provide social and health care teams with integrated real-time information from multiple devices? Personalise the technology experience for the individual through open interfaces into a single record?

## Given the recent focus on delayed transfer of care, does Appello have an answer?

Keeping people out of hospital has benefits both at a wellbeing and independence level for the individual and economically for the health and care service. Independent reviews have stated that delays in discharging patients out of hospital after treatment could be costing NHS England around £900m a year.

But there are ways of enabling a patient to return home and ensuring they remain safe, independent and in control. Technology should be integral to a discharge process, creating the opportunity to offer insight and support 24/7, enabling responsive, personalised services for patients. What Appello can do is to improve the care pathway for people leaving hospital, by improving communication between patient, care provider, family and friends.

What if you could provide social and health care teams with real time information on an individual? This data could monitor whether medication was taken at the right time or at all? If frequent visits to the bathroom at night could indicate a possible urinary tract infection? The data could detect low food intake by monitoring how often an individual went to the fridge or kitchen etc. Equipped with this insight, care teams could improve the focus of their visits and optimise the physical time spent with patients.

## What's next for Appello?

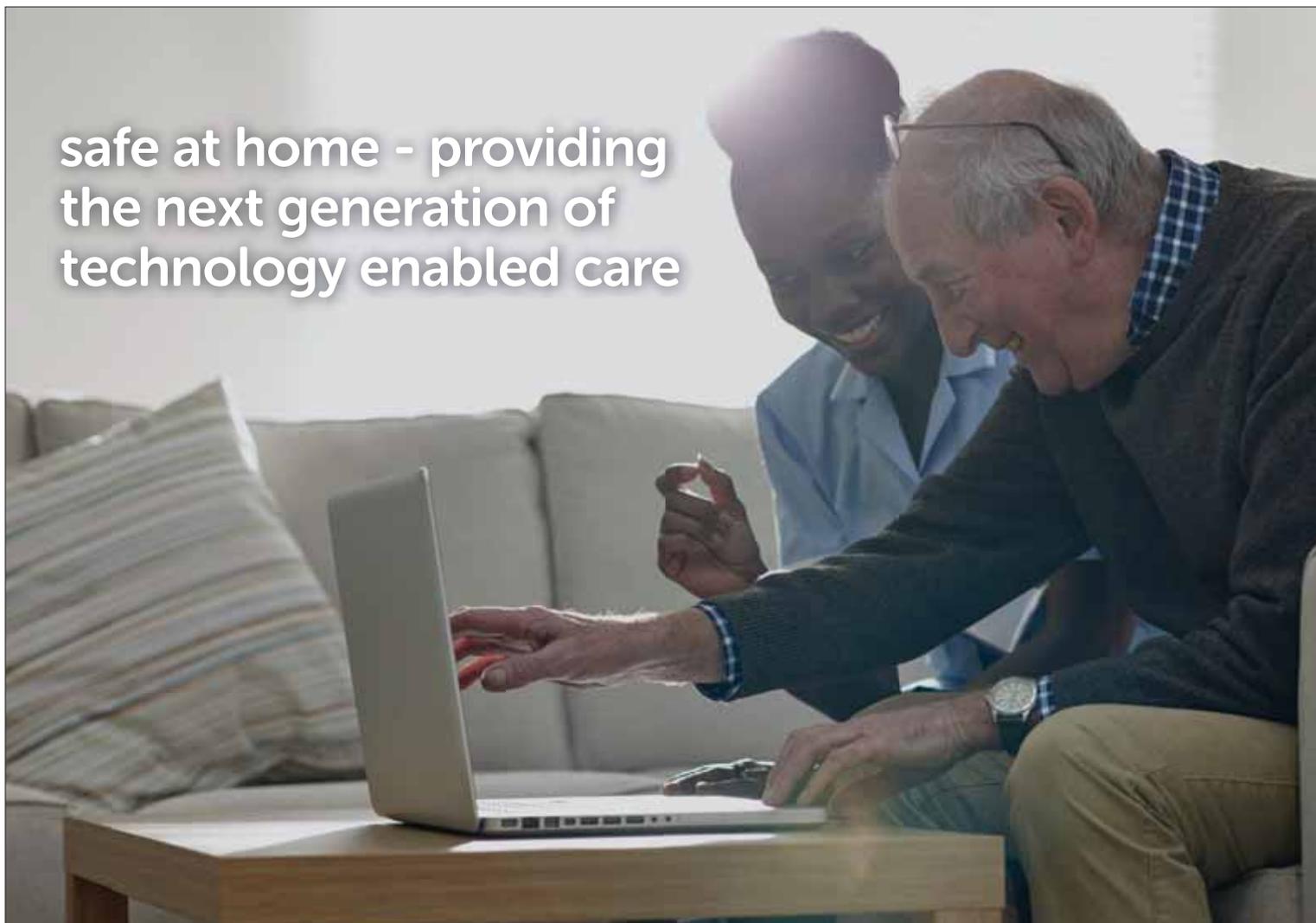
We are currently working with end customers as part of an Innovate UK funded project to look at how social media and hyper-localisation targeting can help support older people and improve social inclusion. Appello intends to be at the forefront of connecting and integrating the technology of today and tomorrow, to deliver the insight that can make a difference to people's lives and impact on the way in which care is delivered.

Carl, thank you very much for speaking with me.



For more information about Appello please visit:  
[appello.co.uk](http://appello.co.uk)

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