Caring Together to transform health and wellbeing... delivered through Technology Enabled Care

Event Report

23 June 2015
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Executive Summary
Through participation in the STOPandGO Project (Sustainable Technology for Older People – Get Organised), NHS Eastern Cheshire CCG and its UK partners organised an event entitled Caring Together to transform health and wellbeing...delivered through Technology Enabled Care. This event took place on 12 June 2015 with attendees from the private, public and charity sectors of the market place, along with members of the general public, who collectively engaged in discussions and debates on the use and benefits of telehealth in the treatment of people with diabetes across Eastern Cheshire.

The event ‘kicked off’ with five short plenary sessions where high profile leaders from the fields of health and technology innovation delivered presentations on:

- Technology Enabled Care – the national context
- Caring Together and Technology Enabled Care from an Eastern Cheshire perspective
- Interoperability: Empowering the consumer the health insights
- The context of STOPandGO project
- Technology Enabled Care Services: Digital vision for 2020 care

Breakout sessions were held across the event comprising of three interactive workshops following the presentations:

1. Standards required to deliver Technology Enabled Care Services
2. Commissioning and procurement in Eastern Cheshire
3. Data Sharing Challenges, solutions and governance requirements

For the remainder of the event, roundtable discussions took place focussing on three hypothetical scenarios concerning people with diabetes. Across the event, technology organisations were able to showcase their products and solutions to the attendees through demonstrations and addressing questions.

This open consultation event successfully delivered its objective of bringing together representatives from health and social care, as well as local people, with technology providers and innovators to look at how innovative technologies can inform future services and help people to better manage their health and wellbeing.

With reference to post event actions, NHS Eastern Cheshire CCG ran a workshop titled Integrating Diabetes Care, which took place in July 2015. NHS Eastern Cheshire CCG will be using the information from both of these events to inform and outline an invitation for a procurement exercise for providers to supply an Integrated Diabetes Service, including innovative technologies as part of the STOPandGO Project. It is anticipated that this service contract will be awarded by no later than April 2016.

Quote from Dr Bowen, the clinical chair of NHS Eastern Cheshire CCG:
“The event connected clinicians, the public and commissioners of health and social care with supplier and innovators in technology-enabled care, and provided an opportunity to work together to test the art of the possible in the future design and application of technology-enabled care”.
1.0 Introduction
The following report sets out the findings from the “Caring Together to Transform health and wellbeing … delivered through Technology Enabled Care” event held on the 12 June 2015 at The Alderley Park Conference Centre, Macclesfield. This report, based on feedback received during and post this event, aims to provide:

- An overview of the STOPandGO Project (Sustainable Technology for Older People – Get Organised) and NHS Eastern Cheshire CCG’s role
- An outline of the structure of the event including the hypothetical scenarios used in the roundtable discussions
- Feedback on the event
- How the findings from the event will be utilised
- Next Steps
- Appendices of information from the event.

2.0 Overview of STOPandGO Project
The STOPandGO Project (Sustainable Technology for Older People – Get Organised) which commenced in April 2014 is a European Union Project with a life span of three years. This initiative was created to develop and test a European Specification Template (EST) via an innovative procurement process to utilise sustainable technology for the provision of health and social care for older people. Across the life of the project it is expected that at least 1,250 users or patients will gain access to these technologies via the project’s procurement process across Eastern Cheshire.

There are four EU States taking part in the project, of which the UK strand involves:

- NHS Eastern Cheshire Clinical Commissioning Group
- North West Coastal Academic Health Science Network
- Telecare Services Association
- Knowledge Transfer Network.

More information can be found via the dedicated STOPandGO website: https://www.easterncheshireccg.nhs.uk/About-Us/stopandgo.htm

2.1 Key Performance Indicators for the STOPandGO Project
The key performance indicators for the project will be based on the improvements of outcomes for people with long term conditions, which include:

- Improving their experience of health and social care services
- Empowering them and their cares to manage their own conditions
- Reducing the number of unplanned admissions
- Reducing the number of re-admissions to hospital and long term care
- Reducing the length of stay in hospital
- Improving the transition between primary and secondary care
2.2 Benefits to the Health and Social Care System from the STOPandGO Project
From a health and social care perspective, the project should allow for the:

- Anticipation of need and prompt early intervention
- Exchange information between organisations
- Highlight when patients are at risk and need help
- Enable secure communication between providers, their patients and families
- Introduce and improve cost and clinical effectiveness
- Enable effective utilisation of resources
- Improve access to clinical services through a range of channels

Therefore by embedding this innovative approach within a wider package of care and combined with the adoption of new ways of working, NHS Eastern Cheshire CCG’s visions can be achieved. NHS Eastern Cheshire CCG is focussing on the application of technology for people with diabetes, as this affects close to one in twenty people in Eastern Cheshire and the number is continually growing.

3.0 The Caring Together to Transform health and wellbeing…delivered through Technology Enabled Care Event
In order to promote open consultation on the aims and objectives of the STOPandGO Project, The Caring Together to transform health and wellbeing … delivered through Technology Enabled Care Event was organised. The objective of this event was to bring together representatives from health and social care, local people with technology providers and innovators to:

- Review the challenges faced by health and care by examining where we are now
- Consider implications for health and care commissioners and providers and trial the TECS tool to support delivery
- Reflect on and indicate where action is required on key areas including procurement, data sharing and standards
- Consider and test out technologies to enable actions to improve

By attending this open consultation event, it was hoped that attendees would be able to:

- Hear about the latest information on integrated technology-enabled care
- Participate in discussions around how innovative technology can be used and built into the local diabetes care to enable and support people to live well.

3.1 Promotion

3.1.1 Pre-event Promotion
In order to promote The Caring Together to transform health and wellbeing…delivered through Technology Enabled Care event as widely as possible the following communication channels were employed:

- An email invitation was sent to members of the TSA, as well as advertised on the TSA website and advertised via Eventbrite
- The event was promoted via NHS Eastern Cheshire CCG and Caring Together social media channels, including Twitter, Facebook and LinkedIn
• News stories were published on the NHS Eastern Cheshire CCG website (https://www.easterncheshireccg.nhs.uk/News-Events/)
• News stories were published on the Caring Together website (http://www.caringtogether.info/)

3.1.2 Promotion of the Event on the Day
On the day of the event, there was continual live tweeting, with attendees invited to use the hashtag #TechnologyEnabledCare.

Key statistics from the day and examples of tweeting included:
• The hashtag was tweeted 306 times on June 12 2015
  o @NHS EASTERN CHESHIRE CCG was mentioned 75 times in tweets about #TechnologyEnabledCare
  o 85 times tweeted by the TSA
  o @NHSEASTERN CHESHIRE CCG tweeted the hashtag 21 times

NHS Eastern Cheshire CCG tweets were retweeted widely, included the below:

<table>
<thead>
<tr>
<th>NHS Eastern Cheshire @NHSEASTERN CHESHIRE CCG Jun 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Ellis from @NHSEngland discussing the public's expectations of care #technologyenablecare @STOPandGOEU @brygriffiths</td>
</tr>
<tr>
<td>5 retweets 0 favourites</td>
</tr>
</tbody>
</table>

3.2 Attendance at the Event
The following table outlines the number of people who attended the event.
The total number of people who attended the event was 170

<table>
<thead>
<tr>
<th>Number of organisation</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG</td>
<td>13</td>
</tr>
<tr>
<td>NHS</td>
<td>29</td>
</tr>
<tr>
<td>Local Authority</td>
<td>16</td>
</tr>
<tr>
<td>Industry</td>
<td>80</td>
</tr>
<tr>
<td>Public</td>
<td>09</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
</tbody>
</table>

Number of organisations that participated in the event: 118
(Adapted from data supplied by the TSA)
3.3 Event agenda
3.3.1 Structure of the Event
The structure of the event was as follows:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:45 – 09:30</td>
<td>Registration, refreshments, supplier showcase and networking</td>
</tr>
<tr>
<td>09:30 – 11:00</td>
<td>Opening address followed by five short presentations</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Refreshments, supplier showcase and networking</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>Breakout Session one with three groups</td>
</tr>
<tr>
<td>12:30 – 13:30</td>
<td>Lunch, supplier showcase and networking</td>
</tr>
<tr>
<td>13:30 – 14:30</td>
<td>Breakout Session two repeat of the groups from the morning</td>
</tr>
<tr>
<td>14:30 – 16:30</td>
<td>Supplier showcase round table discussion – focus on scenarios</td>
</tr>
</tbody>
</table>

(See Appendix 1 for complete agenda)

There were five plenary sessions delivered by leaders from the areas of health and technology. This was followed by a breakout session of three workshops. Post lunch, breakout session two was held with a repeat of the three workshops from the morning. For the last two hours of the event, roundtable discussions took place.

3.3.2 Opening address and presentations
The event agenda commenced with an address by the event chair, Alyson Scurfield, Chief Executive Officer of Telecare Services Association, on the subject of Technology Enabled Care the National Context. The presentation covered:

- The impact of combined factors such as reduced investment, increased demands and new technological innovation on the NHS and what needs to be done to ensure a universal healthcare service that offers high quality care for all.
- The NHS Five Year Review and the direction of the NHS including:
  - Improving local partnerships with greater integration across the system
  - Seeking a radical upgrade in public health
  - Putting patients in control of their own care
  - Using technology to improve patient experience and access
- Policy Context:
  - The NHS Five Year Forward View
  - New models of primary care
  - Urgent and emergency care review
  - NHS and adult social care
  - Outcomes framework
  - Personalised Health and Care 2020
  - Personalisation of care
  - Personal health budgets
  - Health and social care integration
  - The Better Care Fund
  - The Care Act
- Integrated telecare and telehealth code of practice – the National Quality Standards to support the evolution of technology enabled care
- Shaping the health care landscape to realise the benefits
- Creating new innovation partnership solution
- Benefits Realisation Plan.
The presentation delivered by Alyson Scurfield was followed by a further four presentations:

- **Caring Together and Technology Enabled Care from an Eastern Cheshire Perspective.** *This presentation was delivered by Dr Paul Bowen, Clinical Chair, NHS Eastern Cheshire CCG.*
  This presentation covered:
  - Technology
  - Adoption of technology
  - Caring Together

- **Interoperability: Empowering the Consumer the – Health Insights.** *This presentation was delivered by Declan Hadley, Digital Health Lead, Healthier Lancashire and Digital Association of the North West Coast Academic Health Services*
  This presentation covered:
  - Interoperability – Strategic alignment
  - Safer Service and sharing data
  - Empowering citizens
  - Interpreting lifestyle data and technology
  - Digital health eco system
  - Workforce change – health literacy, digital inclusion and economic growth

- **The context of the STOPandGO Project**
  *This presentation was delivered by Richard Foggie, Knowledge Transfer Executive (Digital), KTN*
  This presentation covered:
  - Technology Enabled health and care services
  - Why a new procurement template and what should it include
  - European Specification Template
  - Open Market Consultation
  - Value of procurement across Europe

- **Technology Enabled Care Services: Digital Vision for 2020 Care.**
  *This was an interactive presentation delivered by Tim Ellis, Programme Director Digital Roadmaps, NHS England, to debate the future challenges and solutions required.*
  This presentation covered:
  - Digital roadmaps expectations and timelines
  - Role of CCGs as system leaders, local government, health and care providers
  - The ways in which TECS can support local ambitions
  - Policy context – NHS Five Year Forward View and Personalised Health and Care 2020
  - What’s going on i.e. interoperability, digital maturity, commissioner roadmaps, levers and incentives, capacity and capability building, opportunities, locality based plans
The presentations can be accessed via: https://www.easterncheshireccg.nhs.uk/About-Us/stopandgo.htm

In addition to the above, the recently published NHS England Technology Enabled Care Services Toolkit can be accessed via: http://www.england.nhs.uk/wp-content/uploads/2015/04/TECS_FinalDraft_0901.pdf

3.3.3 Breakout Session One and Two
Post-delivery of the presentations, a breakout session was held, consisting of three workshops. Each workshop included a presentation, a Q&A session followed by a discussion and debate. The breakout sessions were repeated in the afternoon, thus all attendees participated in two workshops across the day.

- **Workshop One:** Standards required to deliver TECS in health and social care
- **Workshop Two:** Commissioning and procurement in Eastern Cheshire
- **Workshop Three:** Data sharing challenges, solutions and governance requirement

3.3.4 Showcase sections of the day
There were three opportunities across the event where the 17 technology and innovator organisations could demonstrate their products and discussed with delegates how the products and solutions could be utilised to deliver improved outcomes for patients with long term health conditions in this instance diabetes.

3.3.5 Roundtable discussion and scenarios
The second breakout session was followed by further roundtable discussions. These focussed on three hypothetical case studies of people with diabetes and how innovation/technology could enable the delivery of integrated care and promote self-management. Each attendee was provided with a booklet which contained the three scenarios.
3.3.5.1 Summary of case study exercise
Participants had to address the following questions with reference to the three scenarios presented:

What are the challenges for the individual in each of the scenarios?
- What are the challenges to the care system in each of the scenarios?
- How might technology support the individual in each of the scenarios?
- What else would be of help to the individual in each of the scenario?

Outlined below is a snapshot of the responses to each of the questions per scenario.

Scenario One
Andy is 15-years-old and was diagnosed with Type 1 Diabetes two years ago. He lives with his Mum and three siblings in the town centre. Andy plays drums in a band, he stays out late at night, drinking and smoking with his friends. Andy has put on a lot of weight and looks unwell; he has had three admissions with ketoacidosis (high blood sugar caused by lack of insulin, causes confusion and can lead to coma) this year. He regularly forgets to take his insulin and does not like to inject himself in front of his friends or public.

- What are the challenges for the individual in this scenario?
  - ‘Family issues/parental support. Plenty of options to improve.’
  - ‘Support through GCSE’s’.
  - ‘Smoking /drinking late nights at 15’
  - ‘Andy does not seem to be accepting his condition/he is not conforming - is this due to lack of education, unwilling or unable to accept this life changing condition – does not want to ‘stand out’ from the crowd.’

- What are the challenges to the Care System in this scenario?
  - ‘Need to engage with him initially. Find out if he forgets his insulin.’
  - ‘Understanding why he doesn’t want to take his insulin.’
  - ‘The care system faces major challenges with Andy – years of repeated hospital stays etc.’
  - ‘His repeated admissions and likely dis-engagement with the system.’

- How might technology support the individual in this scenario?
  - ‘Technology could play a major role in Andy’s compliance – he has been born into a technical age and could easily embrace technology available to help him lead a healthy lifestyle, control his condition discreetly and live his life to the full e.g.: Safe mobile care, Activ8 R Lives’.
  - ‘App/reminder to take Medication’.
  - ‘Infusion pumps for Andy. Something mobile e.g. App that is usable for Andy, tailored to his individual needs’.
  - ‘Reminder System/text messages’.
• **What else would be of help to the individual in this scenario?**
  o ‘Access to Facebook to other young people with similar issues. Peer group support. Understanding, accepting and living with Diabetes. Taking control of his health issues. Diabetes groups. Use of TV Soaps that young people may watch/YouTube to educate. Alert Card discretely held on the individual to provide info about the person if they collapse, so that support can be summoned e.g. Carers Alert Card.
  o .His mates need to know how to help him – awareness for them and Andy’.
  o ‘Support group for young people. Online help’.
  o ‘Get his friends involved so they support him. Use Telehealth to transmit “support” messages to them’.

**Scenario Two**

*Sarah is 53-years-old and married with three children, who have all left home. Six months ago she was diagnosed with Type 2 Diabetes and is taking tablets. Sarah is overweight and a heavy smoker; she has joined a local gym and a slimming club. Despite diet and exercise Sarah is putting on weight and is feeling low.*

• **What are the challenges for the individual in this scenario?**
  o ‘Sarah needs help and support to manage her weight, exercise and smoking’.
  o ‘Lifestyle – weight and smoking – type 2 diabetic’.
  o ‘If Sarah could lose weight, she may improve her diagnosis of diabetes’.

• **What are the challenges to the Care System in this scenario?**
  o ‘Although attends gym/slimming club this may not be tailored to medical needs. Problem is that patients are told to ‘keep active’ and ‘lose weight’ with little direction and lacking expertise. Sarah’s low mood could likely be caused by her efforts not paying off. If this leads to depression it could put further pressure on the care system’.
  o ‘Future complications: eyes, feet, legs etc.’
  o ‘Better monitoring and management of her condition, and her habits – potential bad diet and smoking – long-term, repeatedly expensive care’.
• **How might technology support the individual in this scenario?**
  o ‘Plus Dane SOS Wristband could provide essential medical information if Sarah was to collapse at the gym’.
  o ‘Home connected IT systems that keep her connected to her care providing organisations – as well as providing connectivity into networks of sufferers of same condition(s). Systems should also be connected between health-providers and commissioning so that current information is as up-to-date as possible and thus better planning could be used, rather than being perhaps solely reactive’.
  o ‘Sarah could be given a diabetes monitor to ensure that she is in control of her condition – this could be a Glucometer’.
  o ‘Buddy band activity tracker/Image board/Food diary app/Get active, use pedometer/Exercise app’.

• **What else would be of help to the individual in this scenario?**
  o ‘As above really, but being connected could/should provide more timely interventions, allow her to connect with others to better understand her conditions, could receive better health advice and guidance – same for smoking cessation’.
  o ‘GP could prescribe support through the Gym and Slimming club. Sarah could also be referred to practice’s dietician’.
  o ‘Sarah could be referred to Self Help Groups and Forums which would make her aware of other people with her condition’.

**Scenario Three**

John is 79-years-old and he lives alone, following the death of his wife 18 months ago. John was diagnosed with Type 2 Diabetes 16 years ago; he also has breathing and heart problems. John rarely goes out of the house; he sleeps in the lounge, has noticed that his vision is deteriorating and his legs are painful. John was admitted to hospital following a fall last month, his GP has put him on a Care Plan and John has an appointment at the diabetes clinic.
• **What are the challenges for the individual in this scenario?**
  o ‘John’s challenges are loneliness, diet, and lifestyle, lack of exercise, other medical conditions, mobility, and transport’.
  o ‘Isolation – difficult to get out, unmotivated, to care for self’.
  o ‘Being house-bound. Unable to live at home. Needs a Care Service’.

• **What are the challenges to the Care System in this scenario?**
  o ‘Risk of going into care’.
  o ‘Care not properly integrated so resource management is a big issue. Hand over appropriate work to right people and know who does what’.
  o ‘John needs an assessment and management of his diabetes. Referral needs to be made to optician. He needs to have support with managing his meals and to be encouraged to go to bed (unless his bed has been brought downstairs). GP could look at social and exercise plans which would encourage John to improve his health and social needs’.

• **How might technology support the individual in this scenario?**
  o ‘Health monitors; Fall detection (and prevention); befriending service; pill dispenser & reminder; basic dispersal ‘alarm’ monitoring with peripheral devices. Peaks & Plains Trustlink Service for Independent Living!’
  o ‘To monitor vital signs; diabetes; heart condition. Falls detectors; fitness apps; Facebook – share experiences/support groups’.
  o ‘Technology could be an alarm system in his home’.
  o ‘Telehealth; Telecare and Response (Keysafe). Fall detector, Inactivity monitor; Bed sensor; Pill dispenser; Glucometer via Peaks & Plains’.

• **What else would be of help to the individual in this scenario?**
  o ‘Befriending Service: RVS Telephone befriending in partnership with Peaks & Plains. Community Rehab; Falls Clinic; Be Steady, Be Safe classes; Healthy Lifestyle signposting; cookery classes; local services’.
  o ‘Single point of health & co-social care that will be his health champion and determine most appropriate resource’.

*A full list of all the responses to each of the scenarios can be found in Appendix 3. (Source: Telecare Services Association for presentations, highlights and YouTube link)*

*Highlights of the event can also be accessed via:*
https://www.youtube.com/watch?v=OgQMNCOrPV4

*The delivery of the plenary sessions can also be viewed via:*
https://www.youtube.com/channel/UCLrg7HjPp8j9WTdDcME8QZg
4.0 Post Event

4.1 Feedback from the Attendees
Feedback from the attendees is graphically represented below:

4.1.1 Rating of the Plenary Speakers
45 attendees rated each of the five plenary session speakers. The figures have been combined to provide an overall summary picture of the plenary session. The majority of attendees who provided feedback rated the plenary session speakers as very good.

![Rating of Plenary Session Speakers](image1)

4.1.2 Rating of Breakout Sessions
The majority of attendees rated the breakout sessions as being good, with none grading the sessions as poor.

![Rating of Breakout Sessions](image2)
4.1.3 Logistics
With reference to the organisation of the event, the location, food, networking opportunities and the suppliers the overall rating ranged between excellent and good, with the majority rating good.

![Logistics Graph](image)

4.1.4 Overall event experience
The majority of respondents rated their experience of the event between excellent and good, with none rating their experience as being poor.

![Overall Event Experience Graph](image)

Data Source for the graphical information was provided by Telecare Services Association.
4.1.5 Additional comments received
Outlined below is a snapshot of the additional comments received as part of the feedback process.

- I found it a very informative and useful day.
- My two additional points are opportunities for networking were difficult as I didn't know who was there at the event, may have been useful to have had the list before the event so you can target who you may wish to network with etc.
- I wondered how the TSA had become involved with Cheshire East to the extent that such an event had been held and wondered if this was the first of many or was it a one off. It would seem that all areas could benefit from this more local targeted event.
- A little disappointed with the actual depth of content. The breakout sessions tended to be a lot of chat where as more content could have been presented for more focussed discussion.
- Event was not aimed at clinical staff at grass roots level. Information at commissioner's level.
- I had expected more about how technology could improve communication and patient care.
- Not sure that the scenarios assisted the discussion with the exhibitors at all.
- Very informative - good speakers who were engaging and enthusiastic about the subject topic which always makes it more interesting to listen to.
- Thanks for hosting the event. Great way to get an insight into NHS.

5.0 Next steps
The next steps for NHS Eastern Cheshire Clinical Commissioning Group are as follows:

5.1 Eastern Cheshire Diabetes Integrated Care workshop
On Tuesday 28 July 2015 Eastern Cheshire CCG held a workshop on Integrated Diabetes Care, which included clinicians, people with diabetes and carers of people with diabetes from across Eastern Cheshire. The workshop addressed the following areas:

- Overview of Caring Together
- Why diabetes
- Work completed to date both nationally and locally
- Three breakout groups were then held where discussion took place around core areas of diabetes care with a particular focus on core topics, including:
  - Prevention of Type 2 Diabetes and Early Detection
  - Management of Diabetes Type 1 and Type 2
  - Crisis Intervention and Complex Needs
- Feedback from each group was delivered in the plenary session before the workshop concluded.
5.2 Invitation for Procurement Exercise
NHS Eastern Cheshire Clinical Commissioning Group will use event findings to inform and outline an invitation for a procurement exercise to commence in September 2015 for technology firms to bid for the right to supply telehealth. The CCG aims to award the contract in January 2016.

6.0 Conclusion
The open market consultation event held on the 12 June 2015 brought together the STOPandGO UK partners with people and organisations from all sectors of the market and the general public. The event aimed at gaining a deeper understanding of how technology can enable better service delivery to people with diabetes and how in turn such persons will be empowered to more effectively manage their own health. The event provided a platform for technology organisations to demonstrate their offer to a wide audience. This event was timely given NHS Eastern Cheshire CCG’s involvement in the STOPandGO project and commitment to introduce a diabetes integrated care model.

As a direct result of the event, NHS Eastern Cheshire CCG held a Diabetes Integrated Care Workshop which took place in July 2015. The organisation will use information gleaned from both events to hone an invitation to tender, which will be aimed at seeking market interest in providing an Integrated Diabetes Care model, which incorporates the STOPandGO project.
Appendix 1
Event Agenda

Caring Together to transform health and wellbeing... delivered through Technology Enabled Care

Friday 12th June 2015
The Alderley Park Conference Centre
Alderley Park, Macclesfield, Cheshire SK10 4TG

Programme

08:45 – 09:30  Registration, Refreshments, Supplier Showcase and Networking

09:30 – 09:45  Opening Address - Technology Enabled Care the National Context and overview of the day.
Alyson Scurfield, Chief Executive, Telecare Services Association

09:45 – 10:00  Caring Together and Technology Enabled Care from an Eastern Cheshire perspective
Paul Bowen, Chair, East Cheshire Clinical Commissioning Group

10:00 – 10:15  Interoperability: Empowering the Consumer - Health Insights
Declan Hadley, Digital Health Lead, Healthier Lancashire and Digital Associate of the North West Coast Academic Health Science Network

10:15 – 10:25  The context for STOPandGO
Richard Foggie, Knowledge Transfer Executive (Digital), KT

10:25 – 11:00  Technology Enabled Care Services: Digital Vision for 2020 Care
An interactive session, to debate the future challenges and the solutions required
Tim Ellis, Programme Director Digital Roadmaps, NHS England

11:00 – 11:30  Refreshments, Supplier Showcase and Networking

11:30 – 12:30  Breakout Session 1
Delegates will have the opportunity to learn more about the following topics (attend 1 of 3 breakout sessions).

1. Standards required to deliver TECS in health and social care
Paul Finch, Business Relationship Manager, Telecare Services Association (TSA)
Alan Clark, TSA Commissioning Associate

2. Commissioning and procurement in Eastern Cheshire
Hadleigh Stollar, Senior Programme Manager, NHS Eastern Cheshire Clinical Commissioning Group
Bernadette Bailey, Transformation Manager, NHS Eastern Cheshire Clinical Commissioning Group

3. Data sharing challenges, solutions and governance requirements
Richard Trusson, Technical Architect, Health and Social Care Information Centre
Declan Hadley, Digital Health Lead, Healthier Lancashire
12:30 – 13:30  **Lunch, Supplier Showcase and Networking**

13:30 – 14:30  **Breakout Session 2**
Delegate will have the opportunity to learn more about the following topics (attend 1 of 3 breakout sessions).

1. ** Standards required to deliver TECS in health and social care**
   Paul Finch, Business Relationship Manager, Telecare Services Association (TSA)
   Alan Clark, TSA Commissioning Associate

2. **Commissioning and procurement in Eastern Cheshire**
   Hadleigh Stillor, Senior Programme Manager, NHS Eastern Cheshire Clinical Commissioning Group
   Bernadette Bailey, Transformation Manager, NHS Eastern Cheshire Clinical Commissioning Group

3. **Data sharing challenges, solutions and governance requirements**
   Richard Trusson, Technical Architect, Health and Social Care Information Centre
   Declan Hadley, Digital Health Lead, Healthier Lancashire

14:30 – 16:30  **Supplier showcase and round table discussion to focus on case studies and innovation in technology enabled care between clinicians, local people and technology providers**

This session will be extremely interactive, where suppliers will showcase their products to key stakeholders.

This session will include an informal presentation by Chris Mimmagh who will set the challenge of Health and Care and how TECS could enable a solution.

**Suppliers include:**

- Activ8rLives (Aseptika Limited)
- Care Innovation (Nationwide) Limited
- Integro Care Ltd
- Network Communication Systems Limited
- Possum Ltd
- Solon Security
- Tynetec Division of Legrand Electric Ltd
- CAIR (UK) Ltd.
- Here&There
- Jontek Ltd
- Plus Dane Group
- Safe Patient Systems Ltd
- Tunstall Healthcare (UK) Ltd

16:30  **Close**
Appendix 2
Full Responses to the Scenarios

Responses to Andy’s Scenario:

Andy is 15 years old and was diagnosed with Type 1 Diabetes, 2 years ago. He lives with his Mum and 3 siblings in the town centre. Andy plays drums in a band, he stays out late at night, drinking and smoking with his friends. Andy has put on a lot of weight and looks unwell; he has had 3 admissions with ketoacidosis (high blood sugar caused by lack of insulin, causes confusion and can lead to coma) this year. He regularly forgets to take his insulin and does not like to inject himself in front of his friends or public.

1. What are Andy's challenges?
   - ‘Family issues/parental support. Plenty of options to improve.’
   - ‘Support through GCSE’s’.
   - ‘Smoking /Drinking late nights at 15’
   - ‘Andy does not seem to be accepting his condition/he is not conforming - is this due to lack of education, unwilling or unable to accept this life changing condition – does not want to ‘stand out’ from the crowd.’
   - ‘Accepting diabetes – he just wants to carry on life as he chooses.’
   - ‘Understanding long term risks. Who can he talk to (role model/mentor/coach). More support from mother, girlfriend, teacher, diabetic nurse. Does mother need support?’
   - ‘Are there any family issues? Is there a support worker? Counselling? Re-education, Child in Need?’
   - ‘Andy is in diabetes denial. “Someone” needs to engage with him’. Biggest challenge is who should/can engage with him.
   - ‘Education of friends’.
   - ‘Social network with other Type 1 Diabetes sufferers. Should there be a “Teenager’s Service”? Is he still a “kid” in NHS and going to “kid’s” things?’
   - ‘Being different, behaviours, socio-economics, potential for isolation, control of condition.’
   - ‘Out of Control, no boundaries, life is fun!’
   - ‘Diabetes. Poor health and bad habits. Forgetting medication.'
2. What are the challenges to the Care System?
- ‘Need to engage with him initially. Find out if he forgets his insulin.’
- ‘Understanding why he doesn’t want to take his insulin.’
- ‘The care system faces major challenges with Andy – years of repeated hospital stays etc.’
- ‘His repeated admissions and likely dis-engagement with the system.’
- ‘Insulin delivery managed/monitoring.’
- ‘Challenge to change Andy’s behaviour. Find a buddy who also has Type 1 with same issues and same age. Ongoing deterioration – 3 admissions to hospital. Ongoing cost of care for Andy.’
- ‘Continuous glucose monitoring to determine what actually is going on.’
- Re-admissions, monitoring. Connect with your people and technology.
- ‘Unscheduled admissions. Future complications. He won’t listen to advice.’
- ‘Poor education. Managing condition poorly. Could result in expensive care intervention when health deteriorates.’

3. How might technology support Andy?
- ‘Technology could play a major role in Andy’s compliance – he has been born into a technical age and could easily embrace technology available to help him lead a healthy lifestyle, control his condition discreetly and live his life to the full e.g.: Safe mobile care, Activ8 R Lives.’
- ‘App/reminder to take Medication.’
- ‘Infusion pump for Andy. Something mobile e.g. App that is usable for Andy, tailored to his individual needs.
- ‘Reminder System/text messages’
- ‘Telehealth – Breach levels – Operation - follows protocols? Mobile insulin pump and mobile, application on smart phone, meds disp, SOS emergency monitored wristband by Plus Dane Group to help if found unconscious.’
- ‘Consideration should be given to: insulin infusion pump with a remote (providing discretion to Andy).’
- ‘Technology shown here does not fit his profile or age group.’
- ‘Insulin pump. Phone Apps for smoking cessation, fitness. Get active.’
- ‘Safe mobile care.’
- ‘Prescribe a syringe pump and upload data via Telehealth. Behavioural change via proactive “Do’s sent to him via Docobo Telehealth System.’
- ‘Medication reminders; glucometer ‘app’; use of smart phones to educate, engage and empower Andy about his condition.’
4. What else would help Andy?
   - ‘Access to Facebook to other young people with similar issues. Peer group support. Understanding, accepting and living with Diabetes. Taking control of his health issues. Diabetes groups. Use of TV Soaps that young people may watch/YouTube to educate. Alert Card discreetly held on the individual to provide info about the person if they collapse, so that support can be summoned e.g. Carers Alert Card.’
   - His mates need to know how to help him – awareness for them and Andy.’
   - ‘Support group for young people. Online help.’
   - ‘Get his friends involved so they support him. Use Telehealth to transmit “support” messages to them.’
   - ‘Education of friends and family. Improved product labelling (i.e. Foods high in sugar).’

Responses to Sarah’s Scenario:

Sarah is 53 years old and married with three children, who have all left home. Six months ago she was diagnosed with Type 2 Diabetes and is taking tablets. Sarah is overweight and a heavy smoker; she has joined a local gym and a slimming club. Despite diet and exercise Sarah is putting on weight and is feeling low.

What are the challenges?

5. What are Sarah’s challenges?
   - ‘Into spiral of decline. Been proactive but difficult to persist’.
   - ‘Diabetes; Heavy smoker; Low mood.’
   - ‘Mental Health; currently poor outcomes.’
   - ‘Despondent as her gym effort doesn’t seem to be working and if she stops smoking she may put on more weight.’
   - ‘How does Sarah find out about any help herself if GP, hospital or her current supporters don’t seem aware?’
   - ‘Sarah needs help and support to manage her weight, exercise and smoking.
   - Lifestyle – weight and smoking – type 2 Diabetic.
   - If Sarah could lose weight, she may improve her diagnosis of diabetes.

6. What are the challenges to the Care System?
   - ‘Could drain resources more.’
   - ‘Although attends gym/slimming club this may not be tailored to medical needs. Problem is that patients are told to ‘keep active’ and ‘lose weight’ with little direction and lacking expertise. Sarah’s low
mood could likely be caused by her efforts not paying off. If this lead to depression it could put further pressure on the care system.'

- ‘Future complications: eyes, feet, legs etc.’
- Better monitoring and management of her condition, and her habits – potential bad diet and smoking – long-term, repeatedly expensive care.

7. **How might technology support Sarah?**

- ‘Fitness Apps – personalised goals – monitor diabetes.’
- ‘Apps to support with mental health; Apps to support, prompt and advise of dietary needs and keeping fit, tailored to her condition; Stop smoking app.’
- ‘More support from nutritionist and more focus on tailoring a ‘keeping fit/weight loss plan; local & online support groups; ‘buddy’ system where encouraged to work with another patient to encourage and support one another.’
- ‘Plus Dane SOS Wristband could provide essential medical information if Sarah was to collapse at the gym.’
- Home connected IT systems that keep her connected to her care providing organisations – as well as providing connectivity into networks of sufferers of same condition(s). Systems should also be connected between health-providers and commissioning so that current information is as up-to-date as possible and thus better planning could be used, rather than being perhaps solely reactive.
- Sarah could be given a diabetes monitor to ensure that she is in control of her condition – this could be a Glucometer.
- Buddy band activity tracker/Image board/Food diary app/Get active, use pedometer/Exercise app.

8. **What else would help Sarah?**

- As above really, but being connected could/should provide more timely interventions, allow her to connect with others to better understand her conditions, could receive better health advice and guidance – same for smoking cessation.
- GP could prescribe support through the Gym and Slimming club. Sarah could also be referred to practice’s dietician.
- Sarah could be referred to Self Help Groups and Forums which would make her aware of other people with her condition.
Appendix 3
List of delegates who attended the Caring Together to transform health and wellbeing… delivered through Technology Enabled Care Event

Liz Ashall-Payne Director EAP Consulting (UK)
Hannah Ashworth-Taylor Deputy Trustlink Team Leader Peaks and Plains Housing Trust
Christine Auer OT East Cheshire NHS Trust
Jessica Auton Marketing Director Activ8rlives (Aseptika Limited)
Andrew Bailey Sales & Marketing Director Care Innovation (Nationwide) Limited
Bernadette Bailey Transformation Manager NHS Eastern Cheshire Clinical Commissioning Group
Caroline Baines Strategic Commissioning Manager Cheshire east council / EC CCG / SC CCG
Penny Bale UK Sales Director SilverCloud Health
John Ball
Simon Ball Product Manager mHealth Advanced Digital Institute
Kate Banks Communications Officer NHS Eastern Cheshire CCG
Cate Barrow Independent Living Advisor Cheshire Centre for Independent living
Sumaiyah Bashir Business Development CAIR (UK) Ltd.
Andy Beesley Director Medication Management Solutions
Karen Begley HR Business Partner Cheshire East Borough Council
Nigel Bennett Assistant Director of Partnerships Peaks & Plains Housing Trust
Laura Beresford Systems manager Bollington medical centre
Anna Bignell Social Care Assessor Cheshire East Council
Chris Birch Support Services Admin Plus Dane Group
Fleur Blakeman Strategy & Transformation Director Eastern Cheshire CCG
Claire Boaler Physiotherapist NHS community
Steven Bookbinder Director Intelligent Development ltd
Paul Bowen Clinical Chair NHS Eastern Cheshire CCG
John Bradbury
Nigel Burns Managing Director Independence Telecare Ltd
Dave Burrows CEO Damibu Mobile Apps
Martina Butler Customer Services Manager Lancaster City Council
Phillip Carr Product Specialist Advanced Therapeutics (UK) Ltd
Ben Carter Sales Director Possum Ltd
Mathew Carter team leader Stockport homes
Helen Cartin Occupational Therapist Cheshire and Wirral Partnership
Joanne Chadwick Contracts Co-ordinator Calico Homes Limited
Sarah Challenger Assistive Technology Social Care Assessor Cheshire East Council
Alan Clark TSA Commissioning Associate
Steve Cleaver Business Director VNC Lifeline
Janet Clowes Care & Health in the Community Portfolio Holder Cheshire East Council
Phil Coffin health lead appetized health
Kim Cooper Clinical Trainer Arvato UK Health
Graham Crews Business Development Manager Reactpharma
Matthew Cunningham Head of Corporate Services NHS Eastern Cheshire CCG
Donna Davies Health Facilitator CWP
Helen Deakin Research and Development Manager The Key Safe Company
Christophe Deguille Medical Business Development SRETT
Piers Dibben Director Here&There
Brian Donnelly Chief Executive CECOPS CIC
Mark Doorbar CEO Safe Patient Systems Ltd
Charlotte Dugdale Sales Coordinator Tynetec Division of Legrand Electric Ltd
Chris Durr Community Warden Manager Halton Borough Council
Mark Ellis Marketing Manager SymmConnect Ltd.
Tim Ellis Programme Director Digital Roadmaps NHS England
Neil Evans Commissioning Director NHS Eastern Cheshire CCG
Patricia Fahy
Paul Finch Business Relationship Manager Telecare Services Association (TSA)
Clive Flashman Global Health Strategist CSC
Mark Fleming General Manager Solon Security
Adrian Flowerday MD Docobo Ltd
Richard Foggie Knowledge Transfer Manager, Digital Knowledge Transfer Network
Claire Gibbons Integrated Care Support Manager East Cheshire Trust
Rosheen Gillies District Nurse Team leader ECNT Integrated Care
Bryan Griffiths Commercial Manager North West Coast AHSN
Fran Gudger Head of Delivery Trafford Housing Trust
Declan Hadley Digital Health Lead Healthier Lancashire
Stephanie Hambleton Community matron East Cheshire NHS Trust
Samantha Harrington Telehealth Project Lead East Cheshire NHS Trust
Susan Hartman Partner Metaphysis
Susan Herbert Assistive Technology Project Manager Salford Royal Foundation
Trust/ Salford city council
Lynn Heyes Support Services Business Specialist Plus Dane Group
Patrick Heywood Managing Director UK Grants Ltd
Wendy Hirst Telecare Coordinator Flintshire County Council
Gerry Hodgson CTO MimoCare
Doug Hopkins CCO Nimbus Medical
Sally Horn Sales Coordinator Tynetec Division of Legrand Electric Ltd
Lesley Howle Case Manager East Cheshire NHS Trust
Phil Huckle Head of Digital Greater East Midlands CSU
Edward Hughes Performance Manager The Riverside Group
Helen Hughes ManagerS365 Sanctuary Group
Dianne Hutter TrustLink Services Manager Peaks & Plains Housing Trust
Elizabeth Insley Finance Manager NHS Eastern Cheshire CCG
Alison Johnston Commissioner Cheshire West and Chester Council
Lowri Jones Partnership Development Manager Just Checking Ltd.
Frank Joseph Consultant Physician in Diabetes and Endocrinology NHS
Dennis Kehoe CEO AIMES Grid Services
Steve Lawrence Head of Consumer Business Appello
Sharon Le Corre Business Development Manager CAIR (UK) Ltd.
David Lee Medical Director CSC
Steve Leggett Strategic Client Executive Cerner UK Ltd
Elizabeth Loftus Community Alarm Installation Officer Lancaster City Council
Tom Losel GP Bollington Medical Centre
Helen Loughnane Diabetes Lead Dietitian East Lancashire Hospitals NHS Trust
Charles MacKinnon Director Integro care
Caring Together to transform health and wellbeing... delivered through Technology
Enabled Care

Charles Malkin Communications Manager NHS Eastern Cheshire CCG
Graham Mallinson Director d2Digital
Richard Mangoles Sales Manager Axsys Technology
Sharon Marchant SOCIAL CARE ASSESSOR CHESHIRE EAST COUNCIL
Jenny Maskell Partnership Coordinator Cheshire Fire and Rescue Service
Janet Matthews
Ian McConville LETs Line Team Leader Riverside
Sara McCracken Service Development Manager Safe Patient Systems Ltd
Steven Mckiernan Business Development Manager New Progress Housing Association

John McMahon Product Director Integro Care Ltd
Angela McNamara LCR Integrated Commissioning Manager Liverpool City Region
Karen Mellor Senior community support co-ordinator The Plus Dane Group
Andrew Michelsson Managing Director Care Innovation (Nationwide) Ltd
Emma Midgley Business Development and Marketing Manager Astraline
Kelly Miller Head of Assistive Technology Sanctuary Group
Chris Minnagh Director of Clinical Strategy Liverpool Health Partners
Sabarna Mukhopadhyay CEO SymiConnect
Usman Nawaz Engagement Manager Eastern Cheshire CCG
Nicky Neild TrustLink Team Leader Peaks&Plains Housing Trust
Paul Nelson Northern Regional BDM Wellbeing
Mark Nicol CCIO ECNT
Roger Nielsen Workforce consultant Brown Bear Workplace Solutions Ltd
Wayne O'Donnell Customer Support Consultant Jontek Ltd
Peter Ogrodnik Professor Metaphysis LLP
Lorraine Page
Colin Parnell Director QVisual UK Ltd
Clare Parsons District Nurse East Cheshire NHS Trust
Edwin Pink Untold Media
Pam Preston Support Co-ordinator Plus Dane Group
Raj Purewal Partnerships Director TRUSTECH
Manoj Ranaweera Founder & CEO UniformVU
Tony Reilly-Cooper IT Manager The End of Life Partnership
Julie Riley Customer Support Manager Bolton at Home
Carol Robertson community specialist paramedic NWAS
Jo Rose Chair Annandale Patient Participation Group G
Suzanne Ross Wellbeing Co-ordinator Age UK Cheshire East & ECT
Tracey Russell Telecare Trainer Tunstall Healthcare (UK) Ltd
Anthony Ryan CYP-IAPT Lead / informatics link CWP
Neil Sams Implementation Consultant Tunstall Healthcare UK
Ramasamy Saravanan consultant ECT Macclesfield District General Hospital
Gary Schultz Photographer
Kathryn Scott Head of Client Services Eldercare (UK) Ltd
Alyson Scurfield Chief Executive Telecare Services Association (TSA)
Chandra Sheer Learning and Development Officer arvato Health uk
Antony Shimmin Network Engineer AIMES Grid Services
Jon Simpson Business Development Nugensis
Avril Slade
Sarah Smith Corporate Commissioning Manager Cheshire East Council
Hilary Stephenson Managing Director Sigma

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Hadleigh Stollar Senior Programme Manager NHS Eastern Cheshire CCG
Peter Swales Sales Executive Possum Ltd
Fran Taberner Contracts Manager Wellbeing
Jamaila Tausif Senior Commissioning Manager Cheshire West and Chester Council
Hassan Tharani Operations Manager Care Consortium (Biddulph) Ltd
Jane Thomas IT Enabled Programme Manager Cheshire & Wirral NHS Partnership Trust
Kirsty Thorley Careline Manager Bolton at Home
Wendy Trew Account Director Tunstall Healthcare (UK) Ltd
Rebecca Tripp Intermediate Care Junior Sister East Cheshire NHS Trust
Richard Trusson Technical Architect, Health and Social Care Information Centre
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Marie Ward Project Manager - Facilitator on the day Eastern Cheshire CCG
Mike Warke
Bob Wass Untold Media
Archie Watt
Gary Watts Mr Caompliance2Standard
Hayley Webb Technical Strategist Red Ninja
Sharon Weeks Business Development MimoCare
Sue Welsh Practice Nurse Bollington Medical Centre
Lindsay Weston Occupational therapist East Cheshire NHS Trust
Jon Wilkie Project Manager Cheshire East Council
Ann Williams Commissioning and contract manager Liverpool City Council
Gladys Williams Telecare officer Flintshire Social Services
John Williams Technical director QVisual Uk Limited - MimoCare
William Wilson CEO Global-365 PLC
Rachel Wood Project Coordinator EASTERN CHESHIRE CCG
Catherine Wright TrustCall Manager Trafford Housing Trust
Christopher Wright Director THERAPYAUDIT
Judy Wright Healthcare Partnership Manager Mylan EPD
Gerry Wynne Business Development Manager Network Communication Systems Limited

## GLOSSARY OF TERMS

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ECCCG</td>
<td>Eastern Cheshire Clinical Commissioning Group</td>
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<tr>
<td>EST</td>
<td>European Specification Template</td>
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<tr>
<td>NWC</td>
<td>North West Coast Academic Health Science Network</td>
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<td>STOPandGO Project</td>
<td>Sustainable Technology for Older People – Get Organised Project</td>
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