



Scottish Centre
for **Telehealth**

Scottish Centre for Telehealth Strategic Framework

2010 - 2012

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Scottish Centre for Telehealth Strategic Framework
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1 Chief Executive's Foreword

I am delighted to welcome the Scottish Centre for Telehealth into NHS 24 and to introduce this Strategic Framework document which sets out a programme for the delivery of key telehealth activities for the next two years. There are strong synergies between the ambitions and activities of the Scottish Centre for Telehealth and those of NHS 24 as a whole in developing and delivering a range of telehealth services to the people of Scotland using a variety of technology and telephony platforms. We will continue to work in close partnership with Health Boards, the Scottish Government, and other partners across the country in this activity.

This document sets out the context and our vision for telehealth in Scotland and highlights the four clinical programmes of work which we will deliver across the country. I look forward to working with the staff of SCT within NHS 24 and our partners in delivering these programmes, and to providing further information on the progress made in due course.

A handwritten signature in black ink, appearing to read 'John Turner', with a long horizontal line extending to the right across the top of the signature.

John Turner

Chief Executive

2 Background

The Scottish Centre for Telehealth was established in 2006 following the publication of “Delivering For Health”. Its core functions were to:

- Provide a centre of expertise to define and disseminate best practice and develop inter-operable standards, protocols and processes to support telehealth solutions;
- Provide practical and informed support to telehealth projects in their development phase and to NHS Boards implementing National Telehealth Reference Solutions;
- Co-ordinate the evaluation of projects capable of evolving into National Telehealth Reference Solutions and supporting the process of awarding funds to projects;
- Evaluate the impact of telehealth solutions on service redesign.

“Better Health, Better Care” restated the Scottish Government’s support for telehealth and discussed how, over a five year period, the SCT would support and guide the development of telehealth for clinical, managerial and educational purposes across Scotland. The SCT’s focus was to support long-term conditions (particularly COPD – chronic obstructive pulmonary disease), paediatrics and unscheduled care.

The SCT has been involved in a large number of projects including:

- The Scottish Telestroke Network - managing the development of an overarching programme, assisting in the start-up of local teams, liaising with NHS 24 and co-ordinating lessons learned from individual areas;
- Out of hours services in rural Tayside, working in collaboration with NHS Tayside to link rural centres with an urban hub;
- ENT tele-endoscopy in the North of Scotland, where specialist services are under pressure, and the travelling distances required, for both patients and consultants, are considerable;
- The Aberdeen A&E pilot video booth – “Health Presence” – which enables patients to receive a remote teleconsultation and use various medical devices, which upload directly into an electronic medical record;
- Support for people with long term neurological conditions (epilepsy, motor neurone disease (MND) and chronic pain). This includes ongoing work (in the Highlands and Aberdeen) piloting a system for supporting MND patients in their homes using video conferencing;
- The development of the Paediatric Telemedicine Network, which includes the linking of facilities without specialist paediatric units with Scotland’s 4 children’s hospitals;

- The Tele-TIA clinic linking Orkney to the stroke unit at Aberdeen Royal Infirmary, which helps NHS Orkney meet the national target of enabling patients experiencing symptoms to be seen by a specialist, within 24 hours of presentation, via a video link;
- A COPD Tele-rehabilitation service for patients living in rural areas of Perth and Kinross, who have difficulty accessing the rehabilitation service in Perth Royal Infirmary;
- A pilot weather forecasting service for patients in Moray with COPD. Using information provided by the Met Office, the SCT, in collaboration with Moray CHSCP, undertook trials and an evaluation.
- The set-up and evaluation of a pre-hospital thrombolysis service in collaboration with NHS Highland and the Scottish Ambulance Service, with a view to recommending this model throughout Scotland.
- An initial “proof of concept” tele-uveitis project, working with a specialist in NHS Fife, to assess the use of videoconferencing technology to replace still images with live, real-time images of the eye;
- Trialling a videoconferencing service for patients living in remote parts of the Highlands with epilepsy, in collaboration with the National Tertiary Centre for Epilepsy and New Craigs Hospital in Inverness.
- Trialling a chronic pain, self-management course delivered through videoconferencing for patients from the Pain Management Support Group in Grampian;
- The provision of telehealth to the Scottish Police College;

One of the major challenges facing telehealth is making the transition from discrete projects into mainstream service delivery. To date, the vast majority of the SCT’s work, and telehealth more generally in Scotland, has been project based. However, there are some notable exceptions in paediatrics, stroke, and out of hours/minor injuries services, where telehealth solutions are increasingly becoming part of mainstream service delivery.

In August 2009, the Scottish Government Health Department (SGHD) published a review of the work of the Scottish Centre for Telehealth (SCT) covering the first three years of its existence. The authors consulted with users and potential users of the SCT on the value of telehealth and the future of the SCT as an organisation. The review made a number of observations and recommendations. Among them was recognition of:

- clear evidence that the SCT has had significant successes in various discrete areas of healthcare;
- support for the continued exploitation of telehealth across NHS Scotland;
- support for the concept of a 'centre of expertise' accessible by NHS Boards, as they plan the introduction of telehealth solutions;
- the need for a telehealth Strategy for Scotland;
- the need for SCT to focus on a small number of clinical areas, moving them from 'pilot' to national implementation;
- the opportunity to integrate telehealth and telecare initiatives.

In terms of governance, the SGHD Review made recommendations on repositioning the Scottish Centre for Telehealth within NHS 24, which offers SCT the opportunity to be part of a national delivery organisation. At the time of writing, the transition of SCT to NHS 24 is well advanced, with the organisation becoming an integral part of NHS 24 on 1st April 2010.

With the transition of SCT into NHS 24, it is appropriate to consider how the SCT Strategy aligns with the strategic direction of NHS 24. In 'Delivering and Moving Forward', the NHS 24 Strategic Framework to 2012, NHS 24 is committed to delivering and moving forward three areas of work:

- Improving Health
- Unscheduled Care
- Improving Access to NHS Services

In all three areas, there is very clear alignment between the direction of NHS 24 and the ambitions SCT has for telehealth deployment. There is a very strong evidence base for the adoption of telehealth solutions in the areas of unscheduled care and improving access to NHS Services. In addition to SCT's national role in assisting Health Boards, telehealth will offer NHS 24 additional delivery channels for service provision to patients.

It is set against this background that this document sets the strategic context for, and guides the delivery and development of, telehealth services in Scotland for the next two years. Although short, this time period has been chosen to bring SCT and NHS 24 planning cycles together, and ensure a clear joint direction and impetus for the future.

This document sets out the strategic framework that will govern all SCT activities over the next two years to support the mainstreaming of telehealth across Scotland.

3 Strategic Context

Better Health, Better Care recognised that telehealth offers the potential to deliver a range of care options remotely via telephone, mobile phone and broadband e.g. involving videoconferencing. Deployed effectively, telehealth improves access to appropriate high quality and effective care, which meets clinical and service standards and enhances the patient's experience of care. It does this by establishing new ways of working for health and allied health professionals in parallel with new and enhanced ways of accessing healthcare for the public.

Telehealth improves access to expertise in many ways through:

- facilitating rapid consultation with a range of health professionals;
- overcoming challenges of distance;
- reducing unnecessary transfers and the need for travel to major cities and hospitals to receive care and treatment;
- facilitating new processes of care to reduce waiting times;
- supporting Managed Clinical Networks
- delivering education and training for staff

The eHealth strategy (*Better eHealth: Better Care*) supports developments in the area of telecare and telehealth through the Scottish Centre for Telehealth to expand the effective application of teleconferencing/ tele-consultation and image transfer to support remote delivery of services. This will also include promoting the application of these technologies to support professional education. The eHealth strategy also recognises the importance of telecare in promoting anticipatory approaches to service delivery, and its role in the re-enablement and rehabilitation of patients.

Further, telehealth underpins many of the aims of *Better Health, Better Care*:

- improving the patient experience
- ensuring equity of access
- supporting anticipatory care
- facilitating self management
- improving quality.

From an organisational point of view, the telehealth landscape, within which the SCT operates, is complex with a number of organisations engaged to varying degrees in telehealth activities. This makes joined-up planning difficult and increases the risk of duplication of effort. As with other parts of the public sector, part of this complexity may be attributed to the way in which the sector has developed sequentially, with the addition of new organisations (and delivery mechanisms) resulting from successive government policy documents and new initiatives. The landscape is busy, with a number of organisations having overlapping and complementary areas of responsibility. Consequently, organisations are required to work in collaboration.

No one organisation has an oversight of all aspects of the deployment of information and communications technologies in Scotland, or overall responsibility for its development and application within a health and care setting. The key organisations are:

- Scottish Centre for Telehealth
- Scottish Government Health Directorates, specifically its eHealth and Primary and Community Care Directorates
- Joint Improvement Team (JIT) and the 32 Local Authority/Community Health Partnerships(CHPs)
- 14 territorial/geographical Health Boards
- Special Boards, particularly NHS 24
- eCare and the 14 Data Sharing Partnerships

Organisations are looking for new opportunities to improve the range and depth of services they offer, and external pressures are compelling health care providers to consider new ways of delivering services. For example:

- NHS 24 is responding to the public's need to access health care at a time, location and manner that reflects their need for services outwith daytime hours and their need for health advice and information in a user friendly format 24 hours a day.
- Community Health Partnerships are seeking new technologies to support patients at home with increasingly complex needs and multiple long term conditions.
- Voluntary sector and patient organisations have increasingly high expectations of what technology may deliver for patients and carers.
- Local authorities and their partner organisations are exploring the use of technology within redesigned services for vulnerable people in our communities, in ways which expand choice and support independence

- In the current economic climate, all public sector bodies are seeking innovative ways of delivering services in a more cost effective manner.

It is against this complex environment of numerous 'interested parties' with differing priorities that the move of the SCT into NHS 24 takes place. This document provides a strategic framework outlining the key deliverables for the Scottish Centre for Telehealth over the next two years, which will result in a clearer focus within NHS Scotland for the deployment of telehealth solutions.

4 Our Vision:

To ensure that telehealth is an integral part of providing the population of Scotland with equitable access to high quality, safe, effective, efficient and timely health services.

We will do this by:

- playing a key role in the delivery of the eHealth strategy, and the development and formulation of long term strategic plans, providing leadership and guidance to Health Boards, Regional Planning Groups and SGHD on the potential benefits of adopting telehealth
- directly managing the implementation and subsequent evaluation of national telehealth projects, leading business case preparation and advising on the strategic requirements and amendments necessary to fit local service plans
- being a prime point of contact and interface between SCT, Health Boards and, for certain conditions and clinical specialties, with the SGHD and their collaboratives, thus empowering large diverse groups of staff, patients and partner organisations to become involved in the development and implementation of successful telehealth solutions for clinical redesign
- promoting joint working between Health Boards, and helping grow successful local telehealth solutions into ones that could have national application
- taking an active role in the eHealth programme by advancing the development of a national platform and appropriate standards to support telehealth applications
- providing guidance in terms of “best practice”; ethical; and legal issues associated with the deployment of telehealth solutions
- providing professional educational support to NHS Scotland for the use of telehealth as a delivery mechanism for health care throughout Scotland
- analysing relevant worldwide research evidence, both clinical or technical, and interpreting to identify new effective solutions. Where relevant, lead/assist with adoption as national reference solutions and incorporation into national strategies with supporting standards
- promoting the use of telehealth by planning, organising and presenting at National or International events/conferences.
- identifying and identifying and evaluating potential convergence between telehealth and telecare in terms of direct service delivery and the development of an underpinning base

5 Scottish Centre for Telehealth Priorities to 2012

We will deliver the strategic framework through four programmes of work:

1. Stroke Programme
2. Paediatric Programme
3. Mental Health Programme
4. COPD/Pulmonary Rehabilitation Programme

5.1 Stroke Programme

As the Scottish Government made clear in *Better Health, Better Care*, heart disease and stroke continue to be clinical priorities for NHSScotland.

We want to see:

1. patients across Scotland with confirmed ischaemic stroke, filling the thrombolysis criteria, having access to thrombolysis treatment within the timeframe;
2. development of a national network providing increased access to stroke thrombolysis decision support by use of video conferencing and PACS imaging between acute sites and consultant's homes.
3. patients throughout Scotland with symptoms of TIA having access to specialist clinics and preventative treatment within 24 hours of onset of symptoms
4. stroke patients across Scotland having improved access to specialist rehabilitation services

We will do this by:

1. working with the National Advisory Committee on Stroke and its Managed Clinical Network sub group in support of the *Better Heart Disease and Stroke Care Action Plan*
2. working with MCNs, the Scottish Ambulance Service, NHS 24 colleagues, the voluntary sector and Regional Planning Teams to advance tele-stroke deployments
3. working with local Health Boards through their stroke MCNs to establish regional/national access to stroke care at any stage of the stroke patient pathway i.e. thrombolysis support, TIA and stroke rehabilitation
4. working with local Boards to introduce networks which develop pathways and protocols supported by communication technologies for the most effective administration of thrombolysis in each part of Scotland, to reduce delays and avoid long ambulance journeys.

5.2 Paediatric Programme

The development of the Telehealth stream of the National Delivery Plan (NDP) for Specialist Children's Services aims to provide an effective, proportionate and supported paediatric telehealth infrastructure between all the key sites providing paediatric services in Scotland to support clinical consultations and care; clinical networking; and educational activities

We want to see....

1. a service that supports the models being developed through the NDP enhanced facilities and support for clinical networks
2. a service providing critical decision support, supporting local clinicians and paediatric and neonatal transport teams in the assessment of transfer requirements in order to ensure an optimal response
3. supported clinical decision making for patients remote from the specialist clinician
4. the development and delivery of technology supported and enabled programmes

We will do this by.....

1. delivering a planned programme of videoconferencing equipment upgrading in Specialist Children's Hospitals, General Hospitals with an inpatient paediatric unit and General Hospitals with A&E departments but without a paediatric unit
2. providing support to local boards in establishing new ways of working and to support MCNs and in particular to support the development of Clinical Networks including: Critical Care, Cancer, Neurology and Child Protection
3. working with clinicians to develop services and models of care e.g. unscheduled care, clinical decision support (particularly acute transfers) and care at home
4. providing support for clinical networks e.g. cancer, renal, genital anomalies, mental health, GI and neonatology
5. ensuring the identification, measurement and delivery of benefits to patient and clinician alike

5.3 Mental Health Programme

Mental health remains a key priority for the NHS in Scotland. The Annual Report produced by the Chief Medical Officer acknowledges not only the overt but the covert challenges that mental ill health poses to individuals, their families and the wider NHS. NHS 24 has been engaged in the delivery of a number of services including Breathing Space and telephone based Cognitive Behavioural Therapy. The review of mental health service provision supported by telemedicine demonstrated numerous international examples of significant added value to patients, overcoming challenges of geography and lack of local specialist service provision, issues not unfamiliar in certain areas in Scotland. We need to address the current challenges of access to psychological and specialist mental health services.

We want to see:

1. equitable access to all mental health services regardless of patient geography
2. appropriate strategies for the management of patients during mental health crises for staff in remote & rural areas (in and out of hours)
3. the development and implementation of integrated care pathways that support the delivery of local mental health services
4. the development of a robust teaching, training and research programme to develop and deliver the best evidenced based mental health services for patients across Scotland
5. an adequate communication technology infrastructure to facilitate multidisciplinary and multi-agency working for specialist mental health services.

We will do this by:

1. working with NHS 24 to appoint a dedicated mental health lead. This consultant psychiatrist, with a special interest in eHealth, will explore, identify and working in partnership with others, develop national telemedicine solutions to improve access to high quality assessment and therapy services
2. developing teleconference support for community mental health teams to allow them to manage complex cases within their local communities
3. exploring the potential to expand the current NHS 24 service provision of telephone and web based services into a comprehensive multi channel service offering
4. working with colleagues to build on the e-palliative care summary (ePCS) to deliver mental health information to NHS Scotland unscheduled care services;
5. working with key stakeholders to agree evidence based models of care to support the delivery of appropriate mental health services in line with national policy recommendations
6. using communication technology to support multi-agency and multidisciplinary services in the delivery of enhanced procedures
7. developing local staff training programmes to facilitate the use of communication technology.

5.4 Chronic Obstructive Pulmonary Disease (COPD) / Pulmonary Rehabilitation Programme

Acknowledging the health economic and individual impact of COPD, SCT considers the use of telehealth to support self-management, home monitoring and pulmonary rehabilitation as an exemplar for its use in other long term conditions. Smoking cessation and pulmonary rehabilitation are the most effective non-pharmaceutical interventions in COPD management and have a strong evidence base to support their use. Telehealth can facilitate their uptake and equity of provision, supporting reductions in hospital admissions and the management of patients closer to home, enabling and embodying person-centeredness. This requires a joined-up partnership approach, working across organisations which will deliver outcomes to benefit the whole community.

We want to see:

1. patients with COPD and their carers routinely afforded the opportunity to manage their condition utilising telehealth interventions
2. access to pulmonary rehabilitation and smoking cessation for all citizens with COPD increased by utilisation of telehealth
3. central accessible expert support, advice and continuing education on COPD (for example, clinical, psychological, dietary, rehabilitation, benefits) for citizens and practitioners.

We will do this by:

1. working with the SGHD Long Term Conditions Unit, eHealth Directorate and the National Steering Group of the Respiratory MCN, to drive opportunities for appropriate adoption of telehealth in support of COPD patients (home monitoring, pulmonary rehabilitation, education and self management), including via the Delivery Framework for Adult Rehabilitation
2. working in conjunction with respiratory MCNs, to encourage the adoption of technology supported pulmonary rehabilitation on a national basis
3. continuing to work closely with the Long Term Conditions Collaborative at a national and Health Board level in support of telehealth deployments
4. incorporating and utilising NHS 24's telephony experience and expertise to develop central monitoring and support in collaboration with partners such as local MCNs, patient groups e.g. the British Lung Foundation
5. identifying a clinical lead to drive this work forward
6. continued close working with the JIT Telecare Programme and local partnerships as they focus on COPD, ensuring appropriate, safe and effective care through adoption of telehealth or telecare solutions
7. working closely with NHS QIS COPD Standards Implementation Group, Health Boards and local MCNs to enable telehealth to routinely support the delivery of the COPD standards

5.5 Underpinning Activities

In order to support the delivery of the four programmes of work, and to support Health Boards in the use of telehealth for clinical, managerial and educational purposes, the following underpinning activities will require to be progressed over the next two years:

1. Technology;
2. Education and Training
3. Stakeholder Engagement;

5.5.1 Technology

The telehealth landscape has a large number of stakeholders, including the Scottish Government eHealth Directorate, territorial Health Boards, National Services Scotland (NSS), Regional Planning Groups, the Joint Improvement Team Telecare Programme, and a wide range of telecoms service providers.

With the move to NHS 24, SCT will have an ongoing requirement to ensure projects and service developments adopt appropriate standards, and are adequately supported, therefore the SCT and NHS 24 will work with the Architecture and Design team within the SG eHealth Directorate to prepare a Technical Architecture Framework to better support Health Boards in the deployment of telehealth solutions. NHS 24 and the SCT will have a key role in coordinating the development of appropriate standards across all the components of the technical architecture.

Although the SGHD Review tasked the SCT with advising NHS Scotland on improving video conferencing and bridging services, the Regional Planning Chief Executives Group tasked NSS with developing an outline business case to determine the options for implementing a National Video Conferencing Service across NHS Scotland. The Director of Finance and Technology within NHS 24 will work with SCT staff and NSS as part of the eHealth programme to develop this business case, exploring what levels and collaboration and national co-ordination deliver the greatest benefits, and then, if appropriate, implement any subsequent National Videoconferencing Project.

5.5.2 Education and Training

In conjunction with the existing Learning and Development team within NHS 24, the NHS 24 Nursing Directorate, and in partnership with NHS Education Scotland, the SCT will develop, or facilitate the development of, appropriate education and training in telehealth including:

- technical training – developing teaching materials/standards to provide instruction in the physical usage of telehealth equipment;
- actively promoting the inclusion of telehealth teaching in all the core curriculum of all pre-registration training for doctors, nursing professions, and allied health professionals;
- education of all healthcare professionals in the potential of telehealth, e.g., conferences, specialty training days, marketing
- education of the citizens of Scotland to raise awareness of the availability and safety of telehealth
- working with the JIT Telecare Programme to establish common principles for telehealth and telecare service provision.

In addition, if additional funding is made available, the following activities could be managed:

- scoping the telehealth education and training requirements for health and care sector staff;
- developing a range of accredited training opportunities for healthcare staff in a variety of delivery formats (e.g. online, distance learning, institution-based)

5.5.3 Stakeholder Engagement

In order to ensure the successful adoption of using technology to support service delivery, an ongoing programme of stakeholder engagement is necessary. NHS 24 and the SCT will therefore:

- contribute to appropriate events and activities covering a broad range of key stakeholder audiences, including Government, Chief Executives and Senior Management across the statutory and voluntary sectors, patients/service users and carers;
- establish a “Champions Network” to promote the use of technology in the provision of health and social care services, working closely with the Telecare Programme, which has a well established stakeholder group;
- review the role, remit and membership of the original SCT Reference Group and create a new group to offer guidance on current and future SCT activity
- ensure the Scottish Government remains fully aware of the potential of telehealth in supporting & implementing health policy and that telehealth is incorporated in health policy

5.6 Longer Term Developments

Whilst this Strategic Framework establishes the activities that will be undertaken over the next two years, it is recognised that further opportunities for the use of telehealth will emerge. It is important to ensure that these activities are considered to establish their longer term potential, and this will be carried out in a number of ways:

5.6.1 Unscheduled Care

The SCT will work closely with NHS 24 colleagues to support the ongoing delivery of the NHS 24 Unscheduled Care Service and the key national priorities of reducing Accident and Emergency attendances and hospital admissions, while supporting the Scottish Ambulance Service in reducing unnecessary journeys.

5.6.2 Research

Ongoing research will be delivered through the existing NHS 24 Research Governance Framework.

5.6.3 Evaluation of new ideas

Criteria will be developed to assess new requests from boards to deliver telehealth solutions, working in collaboration with colleagues in the SGHD Improvement and Support Team (IST), and others including universities, to ensure a sound basis for future deployment of telehealth in support of service re-design. The criteria will include, but not be limited to:

- Value for money
- Strategic fit
- Improving Access (e.g. supports the remote and rural issues)
- Reduced duplication across NHS Scotland

5.6.4 Telecare Programme

The Scottish Government's Joint Improvement Team is supporting the development and enhancement of Telecare services in Scotland through a National Programme that was launched in August 2006. The Programme aim is: *"To help more people in Scotland live at home for longer, with safety and security, by promoting the use of telecare in Scotland through the provision of a development fund and associated support"*.

The Programme has eight objectives, which are to:

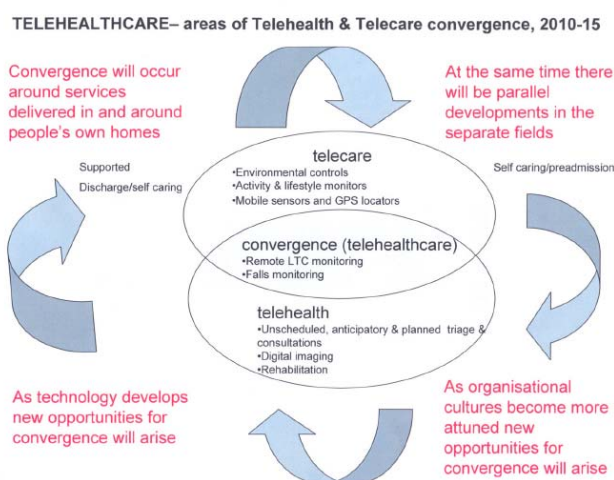
- Reduce the number of avoidable emergency admissions and readmissions to hospital;
- Increase the speed of discharge from hospital once clinical need is met;
- Reduce the use of care homes;
- Improve the quality of life of users of telecare services;
- Reduce the pressure on (informal) carers;
- Extend the range of people assisted by telecare services in Scotland;
- Achieve efficiencies (cash releasing or time releasing) from the investment in telecare;
- Support effective procurement to ensure that telecare services grow as quickly as possible.

There is a clear case for developing convergence between the telehealth and telecare programmes. There must be clarity around NHS Scotland's future direction in these areas and SCT will work with the Joint Improvement Team (JIT) to develop a strategy that covers areas of clear convergence between telehealth and telecare e.g. remote monitoring of patients with long term conditions.

A strategy for Education and Training was developed by SCT, JIT and other key stakeholders over 2009, and broad consultation undertaken. To drive the implementation of the strategy forward, a number of key actions have been agreed as part of an initial phase up to 2012, which will be taken forward, subject to funding being available.

SCT will work continue to with the JIT to identify where non clinical service provision moves into the clinical arena and the consequent requirements to develop robust systems of clinical governance.

The following diagram provides examples of the areas of convergence



To continue to build momentum and evidence the benefits of working together, SCT and JIT will develop a joint strategy for this convergence activity over 2010/11. In addition to specific areas of delivery (e.g. remote monitoring of patients with Long Term Conditions, Education and Training), the joint strategy will include actions designed to strengthen the underpinning support structure for telehealth and telecare, and develop a Business Case to resource joint activities over the longer term.

5.7 Finance and Workforce

For each of the last four years, SCT has received funding of £1 million per annum. Such funding covers salaries, staff costs, office costs and limited funds for project work.

The SCT was not originally established as a funding body i.e. SCT does not provide funds for specific implementations of telehealth within NHS Scotland. Initiatives such as the roll-out of telehealth in Paediatrics and Stroke have been funded through national programmes and administered via the SCT. It is likely this business model will continue as telehealth moves into areas such as COPD management and Mental Health.

However, the SGHD Review of Telehealth/SCT contains the following 2 statements:

1. "the vast majority of stakeholders felt that if the Scottish Government was genuinely enthusiastic for Health Boards to invest in telehealthcare, it should demonstrate its commitment with dedicated funding".
2. "others suggested that SCT should have its own 'national' budget".

Given the current financial climate, the whole question of 'core funding' requires further consideration and SCT will work with NHS 24 and other stakeholders, to develop an appropriate financial strategy for the support of national deployment of telehealth/telecare solutions over the medium to longer term.

In order to successfully deliver the strategic framework outlined in this document the identification of funding streams will be necessary. Business cases will be established or reviewed for the programme activity detailed in this document in order to ensure that they are affordable within the existing financial arrangements, or in order to support bids for further funding.

In addition, the resourcing requirements associated with the convergence of telehealth with telecare will be presented and discussed separately.

As the organisation aligns with NHS 24, every opportunity will be taken to avoid duplication of effort and maximise the skills and services within each organisation.

The NHS 24 Workforce Plan 2010-11 incorporates details of the resources required to support the Scottish Centre for Telehealth.

The financial resources have been incorporated into the NHS 24 Financial Plan, and will be managed in line with the NHS 24 Corporate Governance. There will be close dialogue with the SGHD and SCT to ensure funding is received and budgets set appropriately.

5.8 Delivery and Challenges

NHS 24 and the Scottish Centre for Telehealth believe that the strategic framework outlined in this document will receive broad support from our various stakeholders. However, the SCT must be able to measure 'success' to demonstrate the benefits to stakeholders. Whilst clinical indicators will be a good basis on which to measure success for individual conditions, the SCT will develop, with others including NHS Quality Improvement Scotland, a series of generic indicators so that patients, clinicians and organisations alike can see progress and can feel confident in any investment in terms of money, effort and time.

Further, the SCT will continue working with Information Services Division (ISD) to develop specific coding for telehealth activity. This will assist data capture, quantify activity, demonstrate benefits and encourage uptake.

The NHS 24 annual Corporate Plan will contain details of planned activities in support of our key priorities for that year. The plan will also address our activities in support of meeting key Government HEAT¹ targets whilst maintaining fiscal probity for NHS Scotland.

We will participate in the NHS 24 annual strategy update event which seeks the views of our patients, partners and the public in the ongoing delivery of our services.

Finally, we will ensure that our delivery plan is aligned to the emerging NHS Scotland Quality Strategy

Delivery of these priorities will be also supported by NHS 24's

1. Corporate Plan
2. Clinical Framework
3. Workforce Plan
4. e-Health Strategy
5. Financial Plan
6. Patient Focus Public Involvement Strategy
7. Equality and Diversity Strategy
8. Local Delivery Plan

¹ Health, Efficiency, Access and Treatment

There will be many challenges which NHS 24 and SCT face in delivering this Strategic Framework. In terms of telehealth, the main challenge is to achieve national adoption of telehealth solutions. There are many examples of small-scale pilot studies, both in Scotland and across the world. Nationally and internationally, there is some evidence of telehealth being used as an integrated tool for routine services. However, it is acknowledged that evidence of the impacts and benefits of telehealth services is still required. Scotland is well positioned to adopt telehealth in a more uniform manner.

Clinical and management 'buy-in' is imperative. Potential barriers such as technology and training must be addressed if Scotland is to truly benefit from this opportunity.

Whilst concentrating on a limited number of initiatives we must, at the same time, take every opportunity to take advantage of the potential of new and innovative technologies where 'fit for purpose' and cost effective.

We believe that the priorities and associated activities detailed in this strategic framework address these challenges, helped by the move of the Scottish Centre for Telehealth into NHS 24.

Glossary of Terms

COPD	Chronic Obstructive Pulmonary Disease
CHP	Community Health Partnership
ISD	Information Services Division (part of NHS National Services Scotland)
JIT	Joint Improvement Team (part of the Partnership Improvement and Outcomes Division within the Scottish Government's Health Directorates)
GI	Gastro-intestinal
MCN	Managed Clinical Network
NDP	National Delivery Plan for Children and Young People's Specialist Services in Scotland
NSS	NHS National Services Scotland)
PACS	Picture Archiving and Communications System
SCT	Scottish Centre for Telehealth
SGHD	Scottish Government Health Directorates
Telecare	The remote or enhanced delivery of care services to people in their own home or a community setting by means of telecommunications and computerised services. Telecare usually refers to sensors and alerts which provide continuous, automatic and remote monitoring of care needs emergencies and lifestyle changes, using information and communication technology (ICT) to trigger human responses, or shut down equipment to prevent hazards
Telehealth	The provision of health services at a distance using a range of technologies. Examples of telehealth include telephone or video consultations to support diagnosis and management, clinical networks and health professional education.
TIA	Transient Ischaemic Attack.
VC	Videoconferencing