

Developing a quality standard for a high-quality, cost-effective and personalised telehealthcare service

September 2013

About the Good Governance Institute

The Good Governance Institute (GGI) is an established organisation supporting better governance practice.

The GGI has two main tasks, firstly to support individual organisations improve their governance and secondly to move governance thinking forward. We work with NHS, third sector and commercial organisations to improve their governance through board reviews, helping to gain authorisations (such as Foundation Trust status, clinical commissioning group authorisation or Care Quality Commission registration), board development workshops and programmes. We also lead national studies and undertake other commissioned work to take governance thinking forward. Recent examples include our work for the National Institute of Health Research on the governance of research networks and our publication of guidance for NHS providers on safeguarding issues. GGI is also developing a series of guides to support audit committees and their internal auditors to address topics of concern.

The GGI has been supported by an educational grant from Tunstall Healthcare to undertake this activity.

About this document

This document is primarily aimed at commissioners of local health and social care services who have identified telehealthcare as an effective way to meet the health and social care needs of their local population. It is designed to provide a framework for health and social care commissioners to assist them in delivering a high-quality, cost-effective and personalised telehealthcare service. It is not designed to be prescriptive, enforcing one model of service on each commissioner, but as a framework tool which can be adapted for each locality based on the needs of the particular area in which it may be implemented.

It is worth stating that telehealthcare is a tool within the overall health or care package and is not a stand alone service. When used most effectively it is within an integrated service which assesses the overall holistic needs of the individual. It is really important that this quality standard is used within the broader context of the local health and care economy.

This document may also be used by:

- Individual service users – who have been referred to a telehealthcare service or self-funders who have identified telehealthcare as the most effective way to support their health and social care needs. In this document use of the term service users also includes carers
- Health and social care professionals – in areas where telehealthcare services are being introduced
- Telehealthcare service providers – setting out a framework for high-quality telehealthcare service delivery

It includes:

- Key markers of a high-quality telehealthcare service
- Outcomes a high-quality telehealthcare service should deliver
- The expectations those involved in the delivery of a high-quality telehealthcare service should have of the service
- A progression matrix for commissioners that sets out an approach on how to implement the quality standard

Furthermore, it is based on the premise that local commissioners have taken a number of appropriate steps to assess the suitability of telehealthcare services for their populations, and the added value the service will bring to the broader local health and social care system. These steps could include:

- A local needs assessment of their local population to determine priority areas for action
- An assessment of the number of service users who could benefit from a telehealthcare intervention
- Identification of potential service users through risk stratification and case finding measures
- A consultation with local health and social care bodies to identify common aims and objectives and establish partnership working

Finally, this document is not designed to be used in isolation. It should be used in conjunction with resources to support the implementation of telehealthcare services. Supporting material includes:

- Commissioning guidance (e.g. NHS West Midlands Telehealthcare toolkit)
- Established NICE quality standards for relevant disease specific conditions (e.g. diabetes, dementia)
- Regulatory requirements, including sector specific accreditation and where relevant, national accreditation
- Local commissioning plans and local health and wellbeing strategies
- Existing case studies of best practice, including delivering telehealthcare at scale and re-designing care pathways

It is envisaged given the changing nature of telehealthcare services that this standard would be reviewed and updated after a period 18 months to ensure that it remains relevant and useful for commissioners

The consultation process

Quality standards are a set of short statements and accompanying measures that describe what high-quality care looks like for a particular disease, condition or service. Developed by the National Institute for Health and Care Excellence (NICE), quality standards are central to the new quality improvement system for the NHS. They help to codify the core components of what high-quality, cost-effective and personalised care should look like in order to inform the work of commissioners, providers and healthcare professionals, while also providing clear information to users about the kind of care and support they should expect to receive.

At present, NICE is in the process of developing 180 quality standards in the NHS and is also developing standards in social care. To date, no quality standard for telehealthcare has been referred to NICE for development.

As a result, the GGI convened an expert group, bringing together leading experts from health, housing and social care, including clinicians, nursing representatives and NHS commissioners, to make recommendations for what should be included in a quality standard for telehealthcare services. The GGI then undertook a detailed consultation on the initial framework of the standard through a clinical advisory group and a LinkedIn consultation with health and social care professionals. Over 100 responses to the consultation were received from across the health and social care spectrum. The following groups were involved in developing the document:

- Representatives from the clinical and nursing community
- National and local level NHS commissioners
- Representatives from local health and wellbeing boards, including directors of public health and social care
- Councillors and local authority representatives
- Adult social care commissioners and housing providers
- Third sector organisations from the health and social care sector, including relevant patient groups and charities
- Health and social care providers
- Service users
- Telehealthcare service providers

What is telehealthcare?

Telehealthcare solutions offer a way of delivering tailored care for older people and those with long-term conditions in their own homes, improving quality of life and preventing avoidable hospital admissions.

Telecare solutions manage the risks to a person's health and home environment through a range of sensors that can be tailored to a person's individual needs. An alert is raised to an external 24/7 response centre if they experience a fall, flood or fire etc.

Telehealth is the remote monitoring and management of a patient's health condition including vital signs monitoring, enabling early discharge from hospital, improved self-care, reductions in hospital admissions, and improved quality of life.

Telehealthcare is the umbrella term for both telecare and telehealth and has an important role to play in facilitating better integration and more cohesive service delivery across traditional social care, housing and health boundaries.

The Government has signalled its support for telehealthcare following the completion of the Whole System Demonstrator programme and through the Department of Health's *3millionlives* campaign. The campaign follows the largest Randomised Control Trial (RCT) of 6,000 patients and adult social care users using telehealthcare in Kent, Newham and Cornwall.

However, in order to ensure that the *3millionlives* campaign delivers on its ambitions and that telehealthcare delivers improvements in quality in the NHS, it will be essential that it is embedded in the new NHS quality framework and that the levers and incentives in the new system are designed to deliver it at scale.

One of the challenges for commissioners when looking to commission telehealthcare services is the lack of national guidance and support to help them differentiate between providers based on the quality of the service they offer. Therefore, a key lever to address this will be the development of a quality standard for telehealthcare.

During the expert group discussion there was much debate about whether to separate telehealth and telecare and to develop individual quality standards for each. There was further discussion on whether condition specific standards should be developed for telehealthcare. It was determined that a quality standard for telehealthcare would be most beneficial in the first instance because:

- There is a need to focus services on the outcomes they deliver, rather than on specific interventions
- Telehealthcare is well positioned to deliver integrated whole-person care, particularly for people with multiple conditions and care needs
- Telehealthcare can empower service users to better manage their conditions and care needs and remain independent
- If implemented effectively, telehealthcare can improve outcomes and deliver cost-effective care
- There is a need to clearly define the core elements of a telehealthcare service to assist in its roll-out more widely across the country

A number of organisations are addressing system and workforce issues in telehealthcare and assistive technology. Links to relevant resources are included below for information:

- Telecare Services Association – Code of practice covering telecare, telehealth <http://bit.ly/S8vW3n>
- Telescope – European Code for Telehealth Services <http://telehealthcode.eu/>
- The Community Equipment Code of Practice Scheme – Community Equipment Code of Practice <http://www.cecops.org.uk/>
- SSAIB – Telecare Scheme <http://ssaib.org/page/social-alarm/>
- Skills for Care – Assistive Living Technology <http://bit.ly/14BgEGN>
- Foundation for Assistive Technology – <http://bit.ly/16r7RqM>

The National Institute of Health and Care Excellence (NICE) framework

NICE quality standards are central to supporting the Government's vision for an NHS and social care system focussed on delivering the best possible outcomes for people who use health and care services¹.

Each quality standard consists of a set of specific, concise statements and related measures that are:

- Derived from evidence-based guidance, such as NICE guidance or NICE accredited guidance
- Produced collaboratively with the NHS, social care or public health organisations, along with their partner organisations, patients, carers and service users

There are two main components to a quality standard: quality statements and quality measures.

- **The quality statement**

The quality standard process guidance states that each quality standard should contain a series of quality statements with related measures². The quality statements are clear, measurable and concise and describe high-priority areas for quality improvement. These statements may address prevention, as well as elements of health and social care, and will promote an integrated approach to improving quality³

- **The quality measure**

Quality measures accompany the quality statement. They aim to improve the structure, process and outcomes of health and social care⁴

As with NICE quality standards, it is hoped that commissioners will use the standard as a resource tool to assist them in rolling out telehealthcare at scale in their area. The quality standard is designed to be adapted based on the health and care needs of commissioner populations.

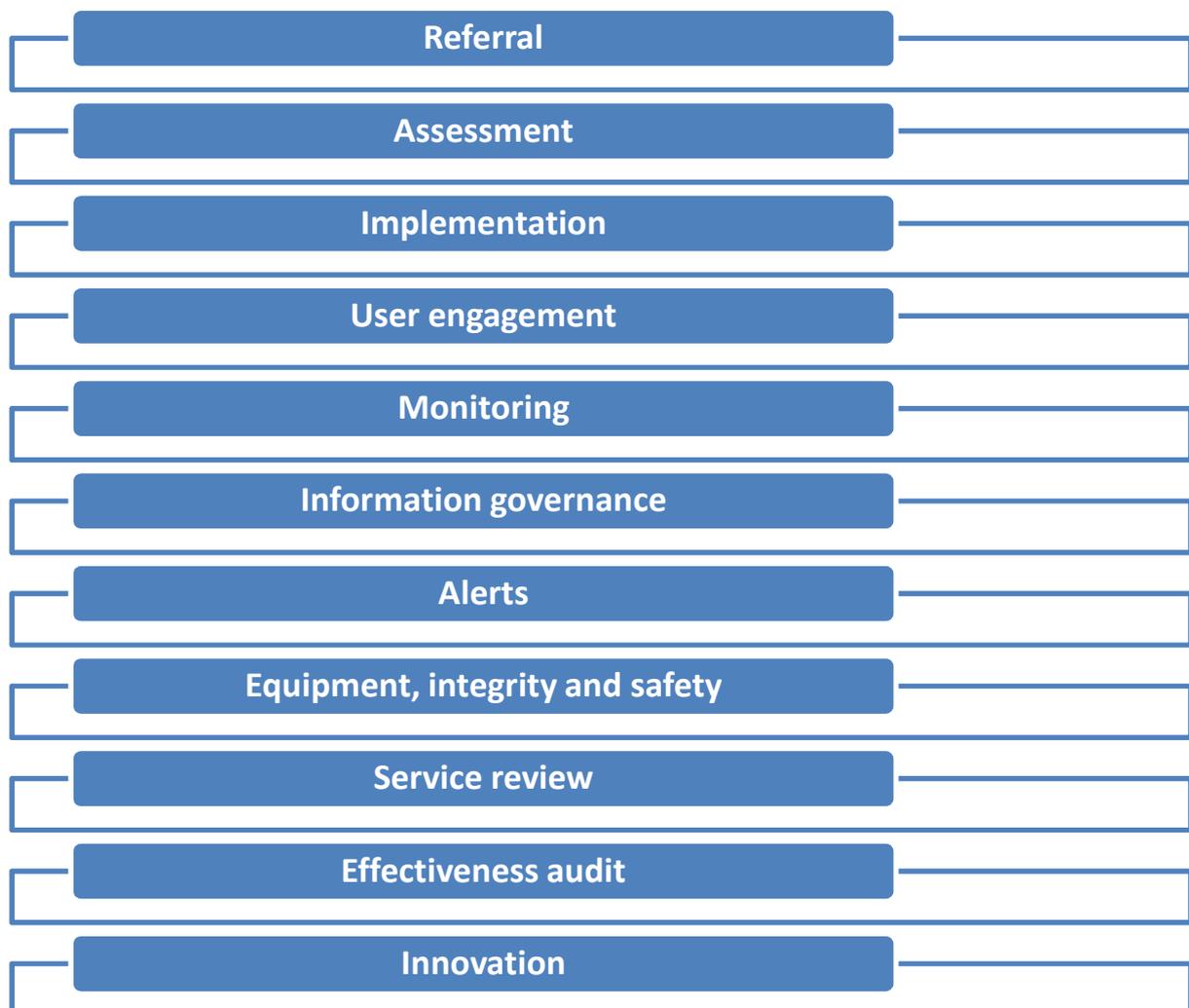
This quality standard is written to reflect the NICE framework. It has deviated from the NICE framework in parts to ensure elements of the quality standard are clear and focused for commissioners and to assist in its potential implementation. An implementation matrix has been included at the end of the document.

The main components of a quality telehealthcare service

The development of a telehealthcare quality standard should encompass both telehealth and telecare and should draw on the full range of telehealthcare services available.

In developing the draft quality standard, the GGI has used the term 'service user' to cover both health and social care users of telehealthcare. For the purposes of this document the term service user also includes carers who often play a central role in the management of care for people with long term conditions or those who require care service support.

The delivery model set out below highlights the main components of a telehealthcare service identified by the expert group:



Summary of quality statements

Quality statement 1	Service users should be referred for a comprehensive assessment in a timely and efficient manner
Quality statement 2	Service users should undergo an assessment of their health and social care needs that enables the delivery of care that is tailored to their individual circumstances
Quality statement 3	Service users who have been assessed and deemed appropriate for telehealthcare should have services implemented that meet agreed industry standards
Quality statement 4	Service users and their carers should receive accurate, timely, accessible and confidential information about their telehealthcare service to support self-management
Quality statement 5	All personnel involved in monitoring service users should be appropriately skilled to monitor and assess service user activity
Quality statement 6	Providers of telehealthcare services must ensure they have high-quality information governance processes in place to secure user data and information
Quality statement 7	Providers of telehealthcare services should ensure they deliver appropriate and agreed responses to alerts from service users
Quality statement 8	Providers of telehealthcare services should have systems in place to assess the integrity and safety of equipment for users
Quality statement 9	Commissioners and providers of telehealthcare services should regularly undertake service reviews in order to drive improvements in service provision
Quality statement 10	Commissioners and providers of telehealthcare services should conduct regular effectiveness audits to assess the impact of telehealthcare services on user outcomes and to identify areas for improvement
Quality statement 11	Providers of telehealthcare services should demonstrate their commitment to developing innovative, adaptable and open system telehealthcare services

Quality statement 1: Referral

Quality statement

Service users should be referred for a comprehensive assessment in a timely and efficient manner

Rationale for inclusion

To ensure that all service users identified as potential beneficiaries of a telehealthcare intervention are referred for assessment as soon as possible

Measure of quality

Structure:

Evidence of health and social care professionals issuing timely referrals for service users for evaluation to assess their suitability for telehealthcare in order to support their health and/or social care needs.

Process:

Health and social care professionals feel supported to make timely referrals.

A consultation between the health and social care professional and the service user to develop a care plan, including telehealthcare, that is responsive to service user needs. Service users are provided with information and support to enable self-referrals to telehealthcare services.

Outcomes:

Service users are referred/are able to self-refer for/ are able to self-fund telehealthcare services in a timely and efficient manner.

Service users have a positive experience of the care they have received.

Health and social care professionals are supported by appropriate measures to issue timely service user referrals.

Key stakeholders

- **Commissioners:** ensure protocols are in place to ensure service user referrals for assessment are taken within agreed timeframes and such processes are regularly monitored and reviewed.
- **Service users:** can expect to be referred to a telehealthcare service by a health and social care professional and provided with advice and support on the services available to enable them to self-refer.
- **Telehealthcare service providers:** ensure they are notified as soon as possible when service users are referred for an initial assessment and follow-up with service users within an appropriate timeframe.
- **Health and social care professionals:** provided with support and information to enable them to issue effective and timely referrals for service users to telehealthcare services.

Quality statement 2: Tailored assessment

Quality statement

Service users should undergo an assessment of their health and social care needs that enables the delivery of care that is tailored to their individual circumstances

Rationale for inclusion

To ensure assessments of suitability for telehealthcare are tailored to service user needs

Measure of quality

Structure:

Evidence of local arrangements to ensure assessments for telehealthcare services are tailored to an individual service user's needs across health and social care, with service users able to access expert advice and support to address their needs provided by appropriately trained staff.

Process:

Personnel involved in the assessment of service users for telehealthcare services should be appropriately trained to ensure that such assessments are conducted to reflect the individual needs of the service user.

Outcomes:

Increase in the proportion of people using telehealthcare services whose individual needs are assessed for telehealthcare and whose care plan states how those needs will be addressed.

Service users, and their carers, report a positive experience of the service from the point of referral to the assessment of their needs.

Key stakeholders

- **Commissioners:** make sure protocols are in place to ensure service user assessments for telehealthcare are undertaken within agreed time frames and are tailored to individual service user needs.
- **Service users:** can expect a whole person-assessment of their needs from appropriate trained staff and telehealthcare services designed to deliver high-quality, personalised care to meet their health and care needs.
- **Health and social care professionals:** hold access to appropriate training and information about the telehealthcare services available, to enable service users to support the management of their care needs.

Quality statement 3: Implementation

Quality statement

Service users who have been assessed and deemed appropriate for telehealthcare should have services implemented that meet agreed industry standards*

Rationale for inclusion

To ensure that the telehealthcare service intervention/device implemented is safe, of high-quality and meets the service users' needs

Measure of quality

Structure:

Service users who have undergone assessment for telehealthcare should have services implemented that meet agreed, established and verified industry standards.

Process:

Commissioners should ensure that all telehealthcare services provided to their populations meet accredited industry standards.

Service users should receive appropriate training to use their telehealthcare service effectively.

Outcomes:

All service users have access to telehealthcare services that meet agreed industry standards.

Key stakeholders

- **Commissioners:** ensure that telehealthcare services for service users meet accredited industry standards and deliver the highest quality care.
- **Service users:** are able to access a telehealthcare service that meets industry standards and receive training to use their telehealthcare service effectively.
- **Health and social care professionals:** ensure that service users have access to information on the telehealthcare services available to meet their needs, including how these services meet industry standards.
- **Telehealthcare service providers:** ensure that telehealthcare services implemented meet recognised industry standards and service users receive training to use the service effectively.

* see page 6 for list of industry bodies and associated standards

Quality statement 4: User engagement

Quality statement

Service users and their carers should receive accurate, timely, accessible and confidential information about their telehealthcare service to support self-management

Rationale for inclusion

To ensure service users or their representatives are engaged and included in decisions about their care

Measure of quality

Structure:

Evidence of local arrangements to provide accurate, timely, accessible and confidential information and communication to service users and their carers about their support options relating to telehealthcare.

Evidence of local arrangements to facilitate the flow of confidential information and communication between the service user and their representative, their health and social care point of contact and telehealthcare service provider.

Evidence that service users can act upon the information they receive.

Evidence of service users being able to feedback regularly on the service they are receiving to health and social care professionals and the telehealthcare service provider.

Process:

Service users and their carers receive accessible and easy to understand communication and information explaining how the service works.

Service users and their carers are at the heart of decisions about their care, with feedback mechanisms to the service a core element of service delivery.

Outcomes:

All service users or their representatives feel confident in managing their care through telehealthcare, evidenced through feedback mechanisms including patient experience surveys.

All service users are confident that they understand how the service functions.

Key stakeholders

- **Commissioners:** ensure they commission services which involve service users in decisions about their care.
- **Service users:** are empowered to make decisions about their health and care needs through telehealthcare.
- **Telehealthcare service providers:** ensure that staff providing advice to service users have appropriate training and skills to engage with them effectively.

Quality statement 5: Monitoring

Quality statement

All personnel involved in monitoring service users should be appropriately skilled to monitor and assess service user activity

Rationale for inclusion

To ensure that all those involved in service user monitoring are able to monitor users effectively

Measure of quality

Structure:

Evidence of all staff undergoing tailored training programmes to ensure they are appropriately trained to interact and manage service users' expectations and outcomes.

Process:

All personnel involved in monitoring service users should undergo a comprehensive induction process including elements relating to responding to emergencies and crisis escalation procedures.

All personnel should be subject to a regular review of their performance to continually drive improvements to service provision.

Outcomes:

All personnel involved in monitoring telehealthcare service users should take part in a comprehensive induction process.

All personnel involved in monitoring telehealthcare service users have their performance monitored and regularly reviewed.

Key stakeholders

- **Commissioners:** ensure telehealthcare service providers have arrangements for training all personnel in monitoring and regularly review and assess their performance.
- **Service users:** can expect all those monitoring their condition to be appropriately trained.
- **Telehealthcare service providers:** ensure that all personnel responsible for monitoring service users are appropriately trained to execute their role and responsibilities.

Quality statement 6: Information governance

Quality statement

Providers of telehealthcare services must ensure they have high-quality information governance processes in place to secure user data and information

Rationale for inclusion

To ensure that all information collected on service users is agreed, secure and complies with legal requirements

Measure of quality

Structure:

Evidence that telehealthcare providers have appropriate systems in place to ensure that data and information collected on service users is secure and compliant with statutory regulations on data protection.

Evidence that telehealthcare providers have processes in place which allow service users an opportunity to share agreed information with carers and relatives.

Process:

Commissioners should ensure that telehealthcare service providers have information governance processes in place that ensure information and data collected on service user outcomes are secure.

Commissioners should ensure that telehealthcare service providers have systems in place that allow users to share information with carers and relatives, when appropriate.

Outcomes:

Information and data on service user outcomes monitored through the delivery of telehealthcare services are managed safely, securely and are compliant with statutory regulations.

Key stakeholders

- **Commissioners:** ensure that telehealthcare services are subject to recognised standards of information governance and service user confidentiality.
- **Telehealthcare service providers:** ensure that governance processes are in place so that data collected through telehealthcare services are held securely.
- **Service users:** can expect information on their condition and care needs delivered through telehealthcare services to be subject to strict and recognised industry standards.

Quality statement 7: Alerts

Quality statement

Telehealthcare service providers should ensure they deliver appropriate and agreed responses to alerts from service users

Rationale for action

To ensure that telehealthcare service providers have the best processes in place to rapidly respond to service user alerts

Measure of quality

Structure:

Evidence of telehealthcare service providers responding to service user alerts in a timely and effective manner.

Process:

Telehealthcare service providers to have mechanisms in place to allow service user alerts to be checked and responded to quickly and effectively. This should include mechanisms for collecting and reporting on alerts to commissioners in an active way to monitor service effectiveness and to analyse trends and patterns in performance.

Telehealthcare service providers to have robust sign-posting measures in place to direct service users to the most appropriate health or social care service following an alert.

Telehealthcare service providers to have individual plans for service users in place to ensure that responses to alerts are tailored and updates to care plans and services are effectively introduced.

Outcomes:

Timely referral of service users to the most appropriate point of care to address their needs.

Improvement in service user reported safety and experience of care.

Key stakeholders

- **Commissioners:** ensure that telehealthcare service providers have protocols and systems in place to effectively respond to service user alerts and direct alerts to the most appropriate point of care.
- **Service users:** are confident and reassured that their health and social care alerts are appropriately responded to.
- **Telehealthcare service providers:** ensure systems are in place to effectively monitor service user safety while ensuring measures are in place to redirect service users to the most appropriate point of care following a service alert.
- **Health and social care professionals:** are informed of service user alerts in a timely manner and conduct reports assessing the nature of alerts and the effectiveness of responses to them.

Quality statement 8: Equipment, integrity and safety

Quality statement

Telehealthcare service providers should have systems in place to assess the integrity and safety of equipment for users

Rationale for inclusion

To ensure telehealthcare service providers have processes in place to ensure the safety and protection of service users

Measure of quality

Structure:

Evidence of telehealthcare service providers having processes in place to regularly assess the integrity and safety of equipment and services for service users.

Evidence of telehealthcare service providers having processes in place to monitor incidents and near misses related to issues of equipment and service safety.

Process:

Telehealthcare service providers should have an equipment asset register in place which details when equipment was first introduced and last checked. Telehealthcare service providers should also undertake regular spot checks and visits to test equipment and services in people's homes and have established measures to ensure safeguarding.

Processes in place to ensure staff involved in service user interactions are subject to appropriate background checks and are appropriately trained to conduct equipment reviews.

Evidence of provider protocols to record incidents and near misses and address issues in a timely and appropriate manner.

Information for patients on the equipment installed including ways to check its operation. The information should include mechanisms for patients to feedback any concerns or updates to the provider.

Outcomes:

Evidence from service user experience surveys on an overall improvement in self-reported wellbeing, including physical and mental health, safety and security.

Key stakeholder

- **Telehealthcare service providers:** ensure that systems are in place to carry out regular spot checks and visits to service user homes and that incidents and near misses are logged and learned from. Ensure all staff involved in monitoring and interactions with service users and their carers pass appropriate background checks.
- **Service users:** have a positive experience of care and feel safe, secure, supported and enabled to confidently manage their health and social care needs.

Quality statement 9: Service review

Quality statement

Commissioners and telehealthcare service providers should regularly undertake service reviews in order to drive improvements in service provision

Rationale for inclusion

To ensure that commissioners and telehealthcare service providers conduct regular reviews to drive improvements in service provision

Measure of quality

Structure:

Evidence of commissioners and telehealthcare service providers regularly and robustly undertaking service reviews including quality control, service user communication, safety, incident and near miss reporting and complaint procedures.

Process:

Assessment surveys completed by service users and health and social care professionals to evaluate the effectiveness, delivery and responsiveness of the telehealthcare service. Group feedback sessions with a selection of service users and health and social care professionals to identify areas in the service where improvements can be made.

A service audit undertaken to include safety, incident and near miss reporting and complaint procedures by an independent third party.

The agreement of Key Performance Indicators (KPI) in telehealthcare contracts between commissioners and telehealthcare service providers to provide an assessment of service performance.

Outcomes:

The identification of service improvements through service review and evaluation leading to upgrades by telehealthcare service providers.

Evidence from service user experience surveys that service users feel supported, safe and secure in managing their care needs through telehealthcare.

Evidence from health and social care professionals on the positive impact telehealthcare has in supporting service user care needs.

Key stakeholders

- **Commissioners:** ensure measures are in place to review and improve the delivery of local telehealthcare services.
- **Service users:** can expect regular reviews of their service and to have their service updated and improved where needed.
- **Telehealthcare service providers:** ensure that appropriate measures are in place to regularly review the provision of services, including incident and near miss reporting, to evaluate their effectiveness and identify areas for improvement.

Quality statement 10: Effectiveness audit

Quality statement

Commissioners and telehealthcare service providers should conduct regular effectiveness audits to assess the impact of telehealthcare services on user outcomes and to identify areas for improvement

Rationale for inclusion

To ensure that telehealthcare services are delivering improvements in outcomes for service users and to identify areas for service improvement

Measure of quality

Structure:

Agreement between commissioners and telehealthcare service providers to audit the telehealthcare service and service user outcomes after its introduction, within a mutually agreed timeframe.

Process:

Commissioners and telehealthcare providers develop an effectiveness audit, evaluating service provision against the following criteria: clinical outcomes, safety and experience.

Outcomes:

The publication of telehealthcare service provider quality accounts setting out how the telehealthcare service is delivering improved clinical outcomes, safety and experience.

Key stakeholders

- **Commissioners:** ensure a process of undertaking effectiveness audits is in place by telehealthcare service providers.
- **Telehealthcare service providers:** ensure the appropriate processes are in place to undertake comprehensive effectiveness audits covering the areas of clinical outcomes, safety and experience.
- **Service users:** should have access to information on effectiveness audits to assess the effectiveness of their service.
- **Health and social care professionals:** ensure they are appropriately skilled through appropriate training to input into the effectiveness audit process.

Quality statement 11: Innovation

Quality statement

Telehealthcare service providers should demonstrate their commitment to developing innovative, adaptable and open system telehealthcare services

Rationale for inclusion

To ensure that telehealthcare service providers are committed to striving to improve and develop their service through innovation

Measure of quality

Structure:

Evidence of telehealthcare service providers delivering innovative telehealthcare services and rolling these services out more widely.

Process:

Telehealthcare service providers to demonstrate their commitment to driving innovation through the launching of new services to service users and through regular reviews of services for existing users.

Telehealthcare service providers engaging in an on-going dialogue with service users and health and social care professionals to identify new areas for service developments.

Outcomes:

The implementation of new and innovative telehealthcare services for service users.

Key stakeholders

- **Commissioners:** to ensure that telehealthcare service providers are demonstrating their commitment to service innovation.
- **Telehealthcare service providers:** to ensure regular reviews of users are conducted and appropriate service innovations are rolled out.
- **Service users:** can expect services to be regularly reviewed and have access to innovative services and equipment.

Conclusion

The list of quality statements and their respective quality metrics have been identified as key markers that should underpin a high-quality, cost-effective and personalised telehealthcare service.

As noted at the beginning of the quality standard, the quality statements are designed to provide a flexible framework to assist local commissioners who have identified telehealthcare as an effective contributor to meet the health and social care needs of their local population including:

- Assessing local need to determine the suitability of telehealthcare to service local population health and social care demands
- Consulting with local health and social care bodies to establish partnership working
- Utilising existing materials to support the implementation of telehealthcare services, including relevant commissioning guidance
- Evaluating service performance against the implementation matrix

Contact information

To get in touch on this quality standard please email: telehealthcare@good-governance.org.uk

Alternatively please write to: Andrew Corbett-Nolan, c/o John Considine, MHP Health, 60 Great Portland Street, London, W1W 7RT

Additional information about the quality standard is available here: <http://www.good-governance.org.uk/services/telehealthcare.htm>

Implementation matrix

The following template sets out a progression matrix for commissioners looking at ways to implement the quality standard effectively and to assess their performance in its implementation. The matrix includes three key service levels:

- Basic: the service provider has implemented the core requirements to deliver basic service provision
- Progress: the service provider is integrating with the broader health and social care community while undertaking service reviews to improve service provision
- Maturity: the service provider is delivering optimal service provision with positive service user outcomes reported

Progress Level	Basic	Progression	Maturity
			
Referral	Appropriate service users are referred for telehealthcare assessments	Referral rates are monitored, with additional support provided to areas with low referral rates	Local health, housing and social care strategies are continually reviewed to ensure all eligible users are referred to telehealthcare services
Assessment	Assessment processes for telehealthcare are established, focused on tailored care for service users	Feedback from service users on the assessment process is gathered and used to identify improvements	Regular reviews of the assessment process are undertaken to ensure the service continues to deliver tailored care
Implementation	Telehealthcare services implemented which meet industry standards	Published list of all telehealthcare services implemented in an area with supporting documentation for how they meet industry standards	Publically accessible and annually refreshed list of all telehealthcare services in an area published – including how the services meet industry standards
User engagement	Service users are involved in decisions about their telehealthcare service	Service user feedback from the service shapes future service delivery	Regular service user surveys and focus groups are undertaken to shape future user engagement with the service
Monitoring	Personnel involved in monitoring users are trained	Personnel involved in monitoring undergo assessments of their competencies with	Trained personnel conduct training courses for new staff and existing courses and

	appropriately	improvements and action plans identified	training modules are refreshed to ensure their effectiveness
Information governance	Information governance systems for telehealthcare meet basic legal requirements	Information governance processes for telehealthcare are regularly tested and strengthened by the service provider	Information governance processes are regularly audited independently
Alerts	Appropriate systems are established to respond to service user alerts	Alerts are responded to in a timely and effective manner with service users referred onto appropriate parts of the health and social care system in the event of complications	Telehealthcare services are embedded within the health and social care system ensuring users have access to integrated care that meets their needs
Equipment, integrity and safety	Telehealthcare equipment installed are subject to safety checks	Protocols are established to assess the integrity and safety of telehealthcare equipment and services	Incidents including near misses and complaints are monitored and independently audited with action plans developed to strengthen system management
Service review	Commitment is established to regularly review telehealthcare user services	Service user forums and feedback tools are established, including user surveys and focus groups, to review services	Third party assurance and publication of service reviews is in place
Effectiveness audit	Establishment of effectiveness audit process to determine outcomes from the telehealthcare service	Effectiveness audit of telehealthcare services undertaken	Effectiveness audit results published demonstrating outcomes delivered by telehealthcare service
Innovation	Service provider commitment to deliver innovative telehealthcare service for service users	Development of new equipment and services	A cycle of innovation is established whereby new equipment and services are regularly introduced to meet changing service user need

Appendix 1: List of expert group members

The GGI, supported by Tunstall Healthcare, convened an expert group bringing together leading experts from health and social care, including clinicians, nursing representatives and NHS commissioners, to make recommendations for what should be included within a quality standard for telehealthcare services. The expert group included:

Andrew Corbett-Nolan	Chief Executive, Good Governance Institute
Dr Junaid Bajwa	Board member, NHS Greenwich Clinical Commissioning Group
Hattie Llewelyn-Davies	Chair, Hertfordshire Partnerships NHS Foundation Trust
Jan Norman	Board member, Herts Valley Clinical Commissioning Group
Jane Buswell	Consultant Nurse, SouthWest Care Skills Chair, Specialist Nurse Group, British Geriatric Society
Lynne Woodcock	Managing Director, Anglian Community Enterprise

The GGI would also like to extend their gratitude to all the members of the GGI clinical advisory group for assisting in the development of the draft quality standard. The group comprised of:

Adrian Heald	Consultant Physician in Diabetes and Endocrinology, Mid Cheshire Hospitals NHS Foundation Trust, Honorary Research Fellow The School of Medicine and Manchester Academic Health Sciences Centre, Manchester University
Zoe Wyrko	Consultant Geriatrician, University Hospitals Birmingham NHS Foundation Trust
Simon Fradd	Clinical Lead, South Southwark Pathfinder Clinical Commissioning Group
Amanda Thompsell	Consultant Old Age Psychiatrist , South London and Maudsley NHS Foundation Trust
Linda Patterson	Clinical Vice President, Royal College of Physicians
Elizabeth Butler	Chair, Lewisham Healthcare NHS Trust
Martin Green	Chief Executive, English Community Care Association

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Appendix 2: Supporting documentation

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