Evaluating the Introduction of Proactive Telecare in Scotland

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Introduction: Digital innovation in health and care has become centre stage in Scotland to enable preventative, anticipatory and integrated working to help people live longer healthier lives. Around 180,000 people in Scotland currently use Telecare as a predominantly reactive service to support their independence at home. Proactive Telecare aims to expand and develop a deeper relationship with the service user, gathering insights into patterns of behaviour and preferences over time, enabling a more tailored, anticipatory and preventative service that supports wellbeing and resilience. This study appraises the introduction and development of Proactive Telecare in four test sites in Scotland over a period of 6 months.

Methodology: A two-phase pragmatic evaluation used multiple methods. Ethics approval was granted by the University of the West of Scotland. Underpinned by the theory of change, the inquiry was iterative and reflective enabling test sites to describe the factors influencing implementation in their locality. Qualitative interviews and focus groups were conducted with a convenience sample of staff (n=12), carers/customers (n=7) and managers (n=6) across all sites to capture their experience. Secondary data was examined to describe the processes and outcomes of Proactive Telecare. A learning collaborative event was co-produced and co-delivered to inform the next phase of evaluation.

Key findings: Three test sites delivered Proactive Telecare to 178 customers in five health and care partnerships. A fourth site was unable to participate in the project due to staff shortages. Sites targeted different customers from low intensity users of Telecare to those with more complex needs. Customers described the value and positive impact of the calls on their lives and did not want the service to end. They expressed feeling more connected and less isolated as the call handlers were able to assist, signpost and make connections on their behalf to other sources of support. Relationship building was a new and rewarding experience for call handlers and job satisfaction increased. They described greater insight into the complexity of people’s lives and valued training, peer support and supervision to deal with the emotional aspects of the new role. Effective local partnership working and information sharing were critical for successful implementation.

Conclusions: Proactive Telecare was able to be implemented on a small scale in a short timescale with benefits for customers, carers and staff. All sites underestimated the time required to build...
relationships and trust, train staff, screen and assess suitable customers, and secure the required permissions to share data. Each test site is motivated to scale up in phase two, learning from their earlier test of change. Phase 2 will include analysis of cost effectiveness to build the business case in specific target groups of customers.

**Implications:** Applying a formative evaluation to a phased innovation process allowed test sites to identify the local barriers and enablers to successful implementation thus allowing adaptations to facilitate future scale up. Further research is required to determine how screening/risk stratification tool(s) can select suitable customers so Proactive Telecare adds value to their local anticipatory care and population health management strategies.