

Scottish Centre for Telehealth

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The Scottish Centre for Telehealth <www.sct.scot.nhs.uk/> is a centre of expertise that defines and disseminates best practice and develops standards, protocols, and processes to support telehealth solutions.

The Scottish Centre for Telehealth supports a range of projects throughout Scotland that contribute towards preventative anticipatory care; sustainable and safe local medical services; care in communities rather than in hospitals; and improved standards and speed of care. SCT is the only centre of its kind in the UK.

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The world's first trial <www.sct.scot.nhs.uk/HealthPresence.html> of a revolutionary new way of providing healthcare is being carried out by SCT. The trial at Aberdeen Royal Infirmary of the HealthPresence technology from CISCO Systems in the US is investigating whether patient consultations conducted remotely using new communications technology are as effective as face-to-face consultations.

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So far, the results are promising. Around 15% of the 300 patients to be included in the trial have already been seen and all the clinical decisions made remotely were confirmed in face-to-face consultations. The system uses high-quality video, audio and call centre technology, linked to diagnostic equipment such as stethoscopes, otoscopes and pulse oximetry, to create a virtual, real-time consultation. If the current trial is successful, HealthPresence will be moved out of the hospital, where the

clinician is simply in the next room, and tested in a remote community.

The HealthPresence trial is just one of the approaches to delivering

healthcare services being pioneered by the Scottish Centre for Telehealth. Telehealth is also being used to

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develop sustainable unscheduled care services, self-care programmes for patients with chronic pain and chronic obstructive pulmonary disease (COPD), a decision-support programme for stroke thrombolysis and a paediatric service.

Spiralling healthcare costs and difficulties in recruiting suitably qualified and experienced clinicians are common problems facing many health sys-

tems around the world. So too is the challenge of reducing hospital admissions and providing more care locally even if patients or clinicians are remote from the hospital or clinic.

'The big problem is how to deliver treatments', says Dr Jim Ferguson, clinical lead at the Scottish Centre for Telehealth and consultant in accident and emergency medicine at Aberdeen Royal Infirmary. 'Take myocardial infarction. We have good diagnosis and treatment but the problem is how patients access these. Using telehealth, we can start treating people in their homes. Being able to initiate treatment quickly can save

lives and patients will get a better service because they will be able to see a doctor without having to travel to a distant hospital.'

Professor Gordon Peterkin, the Centre's retiring Director adds: 'We can use technologies to support patients to look after themselves and to help doctors be more effective. This is a whole new model of delivering healthcare which is potentially much better than what we have at the moment. And patients like it. When we did a trial of an out-of-

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hours service using a video link the patients liked it better than the traditional approach.' **Professor Peterkin was succeeded by Professor Richard Wootton in April 2008.**

'ARMCHAIR INVOLVEMENT'

www.institute.nhs.uk/building_capability/armchair_no_comment/armchair_involvement.html

The NHS Institute for Innovation and Improvement has produced an online guide to technologies that can be used to engage people in health service improvement. The guide covers 'the key trends and technologies that will affect the NHS' relationship with staff patients and the public over the next 5–10 years'. It covers 24 technologies, and for each technology there is a brief description, examples of its use, and coverage of benefits and risks.

The technologies covered comprise: avatars, connected mass deliberation, digital interactive television, electronic patient record, email, information kiosks, language accessibility tools, mass media, multimedia and web-based decision tools, multimedia messaging (MMS), on demand, online discussion groups, online surveys and quizzes, PACS (picture archiving and communication system), PDA/smartphone, social software, telephone – voice, text messaging, user-generated online content, user-led ratings websites, video conferencing, VoIP (Voice over Internet Protocol) telephony, websites, wireless monitoring sensors.

CASES JOURNAL

<http://casesjournal.com/>

Launched in May 2008 by BioMed Central, Cases Journal is an online open-access journal publishing case reports across all medical specialties. The journal aims to publish every well-reported description of a patient's case. Case reports will be archived in PubMed Central, and incorporated into a planned database of case reports. Information is provided on how to submit a case, members of the Editorial Board, instructions for authors, and information for patients.

Futures Debate Paper 5. Disruptive innovation. What does it mean for the NHS? The NHS Confederation, June 2008

www.debatepapers.org.uk/pdf/Futures-Debate-5.pdf

The NHS Confederation took expert views on 'which innovations are most likely to have a significant impact on the way services work over the next 10–15 years'. These include: telehealth, Web 2.0, personal health records. The paper notes that: 'Healthcare needs to leapfrog from a pre-industrial approach to a post-industrial personal service providing care, support and knowledge, along with the personal interaction that makes it special. The key is for organisations to become very adept at generating and handling information, expert at knowledge management and open to new ways of patients, the public and staff using technology.'

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