Technology and Innovation in the NHS

Care Inspectorate

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards and help them improve if needed. We also carry out joint inspections with other scrutiny bodies to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards. Across all our work, we provide independent assurance and protection for people who use services, their families and carers and the wider public. In addition, we play a significant role in supporting improvements in the quality of care, and reducing health and social inequalities, in Scotland.

Introduction

In responding to this call for evidence and the stated questions, our response is based on findings from our joint inspections of services for older people to date (15 published reports). Joint inspections are carried out by the Care Inspectorate and Healthcare Improvement Scotland. Over the course of these inspections we reviewed more than 9,500 health, social care and social work records relating to 1500 individuals. These are major, multi-disciplinary inspection reports based on the scrutiny of health and social care provision within a local area. Our scrutiny evidence is obtained in a variety of ways, including from direct observation, evidence provided by partnerships, interviews with staff and people experiencing care, and evidence from service-level inspections.

Our findings in relation to telecare and telehealth services and partnerships' use of information and communication technology undoubtedly have a wider application beyond services for older people. We summarise all of these findings in table 1 below.

1. **What do you consider to have been the main successes of the existing Scottish Governments eHealth and telecare/telehealth strategy.**

   During our joint inspections, we have seen increased investment in telecare and telehealth. This has included lower level technology such as community alarms,

through to using teleconferencing in order to be able to offer timely consultations and even diagnostic support.

Many older people we have spoken to during our joint inspections, who benefitted from this technology (mainly telecare) reported:

- feeling safer

- feeling less isolated *(particularly individuals living in remote rural or island localities)*

- increased confidence and reassurance for them and their unpaid carers

- enhanced ability to live independently at home.

Our scrutiny evidence on the development of telecare, telehealth, and information and communication technology (ICT) within health and social care partnerships show considerable variation in the pace of change across Scotland. The Scottish Government strategy should encourage and support all partnerships to embrace the considerable benefits afforded by advancements in these domains.

From our joint inspection findings these benefits are set out here –

Telecare, where effectively deployed, helps to:

- improve management of risk for frail older people and people living with dementia living at home, including enabling them to remain at home for longer
- give peace of mind for unpaid carers and relatives
- facilitate timely, safe discharge from hospital for some individuals, meaning they spend less time in hospital or care and can return home when they are ready
- provide cost-effective support for individuals.

Telehealth, where effectively deployed, helps to:

- provide specialist support for health professionals working in remote and island localities

- enhance capacity for health professionals to work collaboratively

- deliver benefits for people which include:

  o timely access to advice, diagnosis, treatment, and care

  o improved management of long-term conditions

  o timely diagnosis of dementia and thereby access to post-diagnostic support.

ICT and electronic information sharing, where effectively deployed, helps to:

- ensure people experiencing care have to provide information only once

- improve integrated working by social work, social care, and health professionals

- avoid duplication.

Effective sharing of information is critical to make sure adults at risk of harm are safe, protected, supported, and consulted.

2. **What do you consider have been the main failures of the existing Scottish Government's eHealth and telecare/telehealth strategies and why?**

Our scrutiny evidence suggests that, the two main challenging issues with regards to eHealth and telecare/telehealth are the interoperability of health and social work IT systems, and the sharing of information electronically.

Interoperability of health and social work IT systems
We commonly hear the complaint from staff and people experiencing care that different computer systems "can't speak to each other" sometimes, as a result of IT systems having been developed in isolation. We have noted promising progress with the development of portal applications, which enable "read across" between otherwise incompatible IT systems.

However, facilitating joint access to relevant NHS and local authority IT systems by health, social work, and social care staff is effective and achievable. We visited the West of Scotland Out-of-Hours Social Work Service on a recent inspection. Colleagues who worked there had full access to all of the client databases and recording systems for all of the local authorities in the scheme, and all accessible on one computer screen, which allowed staff to easily access records.

Electronic information sharing
In the partnerships we have inspected, the norm is that health staff do not have access to individuals' social work records, and social work staff do not have access to individuals' health records. The reasons for this are legal, policy, and procedural prohibitions on allowing access to NHS records by non-NHS staff, and access by non-local authority staff to local authority social work and social care records. There are a number of exceptions to this position, including:

- health, social work, and social care staff who work in joint, co-located teams

- health and social work staff who work in an integrated service such as the drug and alcohol service

- staff working in joint posts

- staff with a particular role or designation

- particular groups of health staff, such as community nurses, having read-only access to some local authority social work and social care records, such as care at home records.

- other numerous ad hoc exceptions.

Health, social work and social care staff we have met consistently express the profound hope that health and social care integration and the creation of Health and Social Care Partnerships would generate significant improvements in joint access to records and electronic information sharing generally. The impact of these changes on information sharing will require to be evaluated as they develop and mature.

3. **How well does the Scottish Governments draft digital Health and Social Care Vision 2017-2022 address the future requirements of the NHS and social care sector?**

We consider that the draft Vision adequately expresses the principles which should underpin the draft Strategy and we support them.

4. **Do you think there are any significant omissions in the Scottish Government's draft Digital Health and Social Care Vision 2017-2022.**

We would welcome closer explicit alignment between the Vision and the new [Health and Social Care Standards](), published in June 2017. These set out the quality of experience that people using health and care services should have, and many of the statements within the standards are highly relevant. For example:

- 1.22 I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment

- 3.4 I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me

- 4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event

- 4.18 I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

5. **What key opportunities exist for the use of technology in health and social care in the next 10 years?**

There are a number of opportunities for the use of technology in health and social care, which we list below:

- Individuals (including older people) are becoming more ICT literate and can make use of a range of social media platforms. This has the potential to deliver significant improvements including :

    o individuals obtaining information about health and social care services, to ensure more informed choices

    o supporting individuals to manage their conditions

    o more streamlined access to health and social care services

    o better and faster communication between staff, people experiencing care and their carers.

- The creation of Health and Social Care Partnerships (HSCPs), under the governance of integration authorities will act as a driver for, among other things, the use of technology to enhance care, improve people's outcomes, and make sure individuals are safe, protected, supported and consulted.

- The creation of HSCPs is a major opportunity to sweep away the many legal, procedural, and cultural barriers to effective electronic information sharing between health, social work, and social care staff. The findings from our joint inspections to date are that barriers remain in many partnerships across Scotland, but that there are examples of innovative approaches.

6. **What actions are needed to improve the accessibility and sharing of the electronic patient record?**

Using our powers under part 8 of the Public Services Reform (Scotland) Act 2010, the Care Inspectorate and our partner Healthcare Improvement Scotland have scrutinised a wide range of acute and primary care patient records – including GP records and anticipatory care plans (key information summaries). Many of the acute and primary care records we scrutinised were hard copy paper records – often with handwritten entries by clinicians and other health professionals. Some hard copy patients' records were lengthy, and covered their treatment over decades from a wide range of health specialties.

Due to our considerable efforts to gain access to patients' health records – using the aforementioned powers under part 8 of the 2010 Act – we have gained access to an extensive range of acute and primary care records for individuals. No other scrutiny body in the UK has achieved this. The stack of hard copy health records we have read for some individuals is over a metre

high. These records – often going back decades – contain everything from cardiology traces of cardiac function to drawings made by clinicians. Experience of digitisation of records means that digitisation of the foregoing material is a very considerable challenge. It goes without saying, that digitisation of these hard copy records is a major challenge and prioritisation is likely to be necessary.

In our scrutiny of the health and social care records for individuals, Care Inspectorate staff have utilised portals (electronic applications to afford interoperability among different IT systems). In particular, we found that the portal used by the Glasgow Health and Social Care Partnership worked very well. Use of these portals enabled successful tracking of individuals' care across primary and acute care. The functionality of portals is improving across Scotland, and constitutes a potentially fruitful area for development and 'quick, cost-effective wins' in the domain of electronic recording and sharing of people's information.

7. **What are the barriers to innovation in health and social care?**

Barriers are variable and can be process, finance, or culture led. As an example, in one partnership, due to a policy decision to include the community alarm service in the charging policy, the partnership had received many requests to withdraw from the service – a 30% decrease. This is effectively a barrier to the implementation of innovation.

Often an issue or barrier in respect of community alarm provision is the number and availability of 'responders'. Some services require three responders identified by the person subscribing to the service. This can be difficult to fulfil for some older people living in more rural areas or indeed who do not have family close by and able to support them.

In some focus groups with people who use services, we have heard fears that agreeing to low-level telecare systems t is the 'next step' to residential care, when they do not want to move into residential care. We expect partnerships to be able to support people to understand the benefits of innovation and ensure digital solutions are provided in ways which support people to remain in their own home, where that is what they want and right for them.

Other barriers to innovation include:
- finance
- information about technological innovations that is available to partnerships
- reluctance and resistance in some partnership to adopt technological innovations

- lack of empirical study evidence on the positive outcomes for individuals delivered by technological innovations such as telecare and telehealth.

The Care Inspectorate would be delighted to provide further information on any aspect of this response.

Table 1

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing)
Edinburgh *(published June 2017)*	**Telecare and Telehealth** • The partnership provided lower levels of community alarms and telehealth to older people compared to the national average. • The potential for telecare and telehealth to deliver a range of preventative options and assisting with supported discharge had not been fully pursued. • Where telecare was being used, including community alarms, it was having a positive impact in supporting vulnerable older people to live independently and safely at home. • Older people who used telecare said it helped them feel safe when they were in their own homes and gave them confidence that they could get help quickly if they needed it. • Local telehealth developments had included a text service to help support the management of long-term health conditions and trying to incorporate telecare into assessments.
	Information And Communication Technology (ICT) • The partnership had produced a road map to improve electronic information systems. • The main assessment and care management software systems were SWIFT/AIS (social work) and TRAKcare (community health and acute hospital). However, the two systems were unable to 'speak' to one another. • Many frontline staff and managers had little confidence that information systems (including electronic systems) were supporting them to communicate effectively and felt there had been limited value in the inter-agency information exchange. Information was often out of date, incorrect or absent.

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing)
Orkney *(published March 2017)*	**Telecare and Telehealth** • A high number of older people were in receipt of telecare (above the Scotland average). There had been a significant investment to increase the use of telecare. As of March 2015,154.8 per 1,000 population (86% 65 plus), Scotland figure was 126.7 per 1,000 population. • Our review of health and social work services records showed 43% had some form of telecare such as community alarms, falls sensors, bed and door alarms, and electronic medication dispensers. • Older people we met who used telecare said it gave them increased confidence within their own homes and in getting prompt help if they needed it.
	Information and Communication Technology (ICT) • **Overall, we were impressed with the steps the partnership had taken to develop its use of technology, especially given the limited resources at its disposal.** • The partnership worked with the national development team to pilot a national anticipatory care planning model that linked electronically to Ekis (Electronic Key Information Summaries) - focus on anticipatory care planning and end-of-life care. • There were issues with access to information technology in some of the more remote and rural areas. • Staff spoke of the difficulties they faced resulting from the incompatibility of electronic systems. These included information having to be entered numerous times and the danger of important information not being shared. • There was no joint IT strategy. However, we found that the partnership demonstrated a good commitment to making best use of technology

- Partnership approach with Scottish mainland authorities, for example the use of the Trakcare healthcare patient information system with NHS Grampian. This allowed clinical staff in Orkney to see patient records while the patient was in hospital in Aberdeen.

- Video-conferencing was being used effectively to support telemedicine, including consultation with Scottish mainland hospitals such as the Golden Jubilee National Hospital in Clydebank for orthopaedic purposes. It cost the partnership some £2.5 million annually to meet the costs of people from Orkney being transported for treatment on the Scottish mainland.

- The social work service had its own established IT system (PARIS) for recording 'client-based' information. This had been useful in its implementation of the Talking Points approach. We found it a relatively easy system to navigate

- Social work services staff carrying out assessments had started to use tablet devices or mini computers, which they could remove from their desk to operate remotely.

- Community nurses had piloted the use of tablet devices for similar purposes and to access clinic appointments for their patients.

- Out-of-hours IT support had recently been introduced to support clinical staff working at these times.

- Care at home rostering was carried out using the StaffPlan software system. Work was under way to integrate StaffPlan into the short-breaks accommodation service.

- NHS Orkney was undertaking a programme of work to upgrade desktops, would result in wider use of the PARIS system by health staff.

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing
Dumfries and Galloway *(published October 2016)*	**Telecare and Telehealth** • There was very limited investment in telecare and telehealth. • The partnership provided lower levels of community alarms and telecare services to older people than the Scottish average. • There were connectivity challenges for some telecare services in some geographical areas. • The partnership recognised that telecare and telehealth services were key areas of development to help build community capacity. • From our review of records, there was evidence that telecare, such as community alarms, had effectively supported some vulnerable older people to live independently and safely in their own homes.
	• Partnership had responded well to overcome information sharing issues. • An information exchange portal for the electronic sharing of information was being developed between healthcare, social work and other key agencies such as Police Scotland.

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing
Aberdeen City *(published September 2016)*	**Telecare and Telehealth** • The partnership successfully delivered telecare to 795 people, most of whom were older people. • 44 people with dementia had global positioning system (GPS) tracking devices to enhance their safety and continued independence. • Over 2,400 people had a basic community alarm. • We met with older people who said that provision of telecare helped them to keep safe, maintain their independence, and provide them and their carers with reassurance. • Telecare service operated very effectively, responding quickly and efficiently to requests for the installation of equipment. • Investment intentions were linked to the nine national health and wellbeing outcomes, and included the increased use of telehealth and telecare.
	Information And Communication Technology (ICT) • The partnership had begun to address the challenges of electronic information sharing between health and social work, building on earlier developments within GP practices.

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South Lanarkshire *(published June 2016)*	**Telecare and Telehealth** • There had been substantial investment in resources for telecare and telehealth services. Effectively supported large numbers of older people, including those with long-term conditions. • The partnership provided higher levels of community alarms to older people than the Scotland average. • One example of a telehealth development was the text messaging 'Florence' initiative. This helped monitor the condition of service users who had suffered from heart failure or chronic obstructive pulmonary disease. • From our review of health and social work services records, there was evidence that telecare, including community alarms, had effectively supported many vulnerable older people to live independently and safely in their own homes. • Individuals using telecare and telehealth prompts told us how effective this was to help them manage their conditions.

	Information and Communication Technology (ICT)
	• The partnership had made some progress with electronic information sharing between health and social work services staff. This progress needed to be consolidated and developed.
	
	• The partnership had established an approach to electronic information sharing through an 'eCare' store. This aimed to enable health and social work staff to see, share and store information in various forms in a central, secure repository.
	• A number of systems across the partnership had the ability to send and retrieve information to the multi-agency store, for example,
	    o 'SwiSplus' (social work),
	    o 'Midis' (community health)
	    o 'Trakcare' (acute hospital) and
	    o 'Adastra' (GP out of hours services).
	
	• Frontline staff and managers told us that to date there had been limited value in the 'eCare' store.
	• From our case record review we noted that information available in the 'eCare' store could be historical and not up to date.

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East Lothian *(published May 2016)*	**Telecare and Telehealth** • The partnership provided community alarms and telecare systems to older people at a level around the Scotland average. • We heard how some older people with dementia were supported to maintain their independence with the aid of technology such as door sensors and global positioning system (GPS) tracking equipment to minimise risks to their safety and wellbeing. • The partnership's use of telecare as part of an early-intervention approach was relatively well developed. • The telecare strategy still had to be agreed before implementation, and the vacant telecare lead post needed to be filled.
	Information and Communication Technology (ICT) • The partnership had made some progress with electronic information sharing between health staff and social work services staff. This progress needed to be consolidated and developed. • The partnership recognised the need to develop a joint IT strategy and effectively share information at both an individual practitioner and strategic levels. Plans which allowed local authority staff to read only access to the health TRAK system were delayed. • Managers said health staff access to the social work Frameworki IT system was not possible due to logistical constraints. The partnership was working constructively with the Frameworki developer to resolve this. • Adult wellbeing services were using the inter-agency information exchange. This positive, but limited, development allowed local authority staff to receive requests for service from health colleagues.

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing
Western Isles *(published March 2016)*	**Telecare and Telehealth** • The number of older people benefitting from telehealth/telecare was increasing • There were some technical challenges in the use of video conferencing for consults about medical consultations. • At March 2014, 710 people in the Western Isles had a community alarm or other telecare service -- 26 per 1,000 population compared to the national figure of 21 per 1,000 population (90% 65+). • Community alarms were widely used to support people to remain at home safely. Feedback from users was positive and included comments about older people feeling more confident and carers feeling reassured by the presence of the alarms. • We saw some good outcomes for older people using the telecare service. Older people were enabled and assisted to continue to live at home, by using falls pendants, bed sensors and door sensors. Quick response to requests for this service • Additional funding of £80,000 had been made available to increase the capacity of the community alarm service and to develop telecare. • Tracking systems had been identified as a potential service gap although it was recognised that the broadband connection to the area was a limiting factor.
	Information And Communication Technology (ICT) • There were plans to develop an integrated electronic information technology system.

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Argyll & Bute *(published February 2016)*	**Telecare and Telehealth** • Joint formal strategy and costed action for telecare were needed. • Partnership provided lower levels of community alarms to older people than the Scotland average. • However, compared to Scotland as a whole, it was delivering higher levels of telecare with approximately 600 enhanced telecare packages. • From our review of health and social work services records, there was evidence that telecare, including community alarms, had effectively supported many vulnerable older people to live independently and safely in their own homes. • The first six weeks of telecare were free. Very few service users refused to continue with the service. • Community alarms provided a useful reassurance to individuals and their carers that help could be available quickly. Where three responders were needed meant that this option was not available to some older people in more remote areas.
	Information And Communication Technology (ICT) • Health staff access to the social work 'Carefirst' information technology system was very limited • Social work staff had similar access problems with health information technology systems such as 'MiDIS' and 'Vision'.

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing
Shetland *(published November 2015)*	**Telecare and Telehealth** • Partnership ranked in the top quartile of the 32 local authorities in Scotland for its telecare usage by care at home clients. • Information provided by the Partnership showed that there were 670 community alarms in use as well as some 800 pieces of sensory equipment. • The partnership recognised the importance of using, and developing its use of, telecare and telehealth, • There was no dedicated telehealth strategy • A joint approach to telehealth was being developed across Shetland. Health and social work services were jointly piloting the effectiveness of advanced technology equipment in supporting older people with dementia who live in remote areas to remain at home
	Information and Communication Technology (ICT) • Some GPs were using electronic key information summaries. However, this information was not always comprehensive or available to all staff groups across the partnership. • A few carers described the Council's website as "a nightmare" in trying to find out information specifically about carers.

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing
Glasgow City *(published August 2015)*	**Telecare and Telehealth** • Significant downward trend in the provision of community alarms and telecare services to older people (and other client groups) from 2011 to 2014. • Staff thought increases in charging for these services was the cause of the reduction. • Cordia stated that the most vulnerable service users retained their telecare service. • Partnership did not have joint strategy for telecare.
	Information and Communication Technology (ICT) • **Recommendation:** The Glasgow Partnership should reinforce and communicate their organisation's information sharing protocol so that there is a shared understanding among all staff about the confidential information they are permitted to share through secure email systems. • There were some key areas of activity, such as the appointment of a dedicate programme manager and a technical analyst specifically working on integration issues, which would help drive developments forward.

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing
Falkirk *(published July 2015)*	**Telecare and Telehealth** • The Falkirk Partnership received funding from the Scottish Government to develop telecare in the Falkirk area. • Comprehensive Joint Working Action Plan for telehealth. • April 2013 to March 2014, it was reported that telecare had prevented 44 unplanned admissions to hospital and saved 150 hospital bed days.

	Information and Communication Technology (ICT)
	
	• There was no clear joint information-sharing strategy in place.
	
	• NHS Forth Valley's eHealth Strategy included:
	    o developing an electronic community health record to support
	    o multidisciplinary team working
	    o a clinical portal for sharing patient information
	    o electronic sharing of information amongst partner organisations.
	
	• Developing a high-level information sharing protocol (ISP) for use in sharing information specifically between health and social care services.
	
	• Working with Scottish Government and the Information Services Division (ISD) to develop data-sharing with a focus on linking social care records with patient data.
	
	• Working with Scottish Government and ISD in relation to data linkage for key information for assessment and service planning for individuals.

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing
Fife *(published January 2015)*	**Telecare and Telehealth** • Partnership was mainly providing community alarms and more general telecare equipment. • As of March 2013, 6,313 people, of which 5,466 were aged 65 and over, were receiving community alarm or another telecare service.

	Information and Communication Technology (ICT)
	
	 • There was no clear joint information-sharing strategy in place.
	
	 • IT projects underway included:
	    ○ a joint working group which was developing an information-sharing policy.
	    ○ the social work service's user records were being populated with NHS patient CHI numbers to facilitate better linking of social care and health information.
	    ○ permission for authorised council staff to access the NHS MiDiS system (Multi Discipline Information System).
	    ○ reciprocal permission for authorised NHS staff to access older people's records on the council's SWIFT system.

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing
Angus (*published August 2014*)	**Telecare and Telehealth** • The level of community alarms provision was higher than the average Scottish level. • Carers had access to education and training to support the use of telecare in people's homes. • The continued development of enablement and telecare could contribute to enabling better use of limited resources.
	Information And Communication Technology (ICT) • Angus partnership did not yet have a coherent joint information technology strategy • Computer systems were not able to communicate and share information. • Project manager was to be employed, funded from the Change Fund, to identify business needs. • Although some NHS staff had access to 'Carefirst', this information could not be shared with all relevant NHS staff. • Staff said the different recording systems and incompatibility of NHS and Angus Council information technology systems, made it impossible to share records, and made joint information sharing and working more time consuming and sometimes very frustrating. • Partnership developing its use of the 'A Local Information System for Scotland' system for people with long-term conditions. This system was intended to share information from local resources about self-management support.

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing
Moray *(published August 2014)*	**Telecare and Telehealth** • Rate of telecare and community alarm provision around the Scottish average • Increasing the provision of telecare to older people is a potential response to supporting a proportion of the Moray population of older people who live in isolated rural communities.

	Information And Communication Technology (ICT)
	
	 • Grampian Data Sharing Board was being re-launched. This had been awarded funding of £118,000. Objectives included:
	     o developing support for improved collaborative working in support of better outcomes for people who use services
	     o supporting the overall direction of health and social care integration
	     o an approach based on IT systems making information available rather than passing data through IT systems, and
	     o a project manager was to be recruited by the Board who would have a leading role in the production of a joint strategy.

Joint inspection of services for older people report	Summary of our findings about telecare (includes community alarms) and the health and social care partnerships use of information and communication technology (ICT) (includes electronic information sharing
Aberdeenshire *(published August 2014)*	**Telecare and Telehealth** • Aberdeenshire Council's contact centre role in respect of telecare/community alarms. • We heard mixed views from staff about how well they thought the contact centre was working.
	Information And Communication Technology (ICT) (ICT) • Staff said that the inability to share information electronically was a significant frustration. • All staff said the different recording systems and incompatibility of NHS and council IT systems, which made it impossible to share records, were both time consuming and very frustrating. • Aberdeenshire Partnership did not have a coherent joint IT strategy. • Information generated by the IT systems was beginning to be used to provide profiles of need and current and future, treatment, care and support services.