

# Birmingham Telecare Service

Establishing an independent  
quality assurance process

Good Governance Institute  
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**Author:** Andrew Corbett-Nolan and Angus Malcolm Reviewed by: Dr. John Bullivant

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Registered Office Old Horsmans, Sedlescombe, near Battle, East Sussex TN33 0RL

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# Background and Scope of Document

Tunstall have been supporting Birmingham City Council (BCC) to roll out a significant telecare system in Birmingham. As part of this work, Tunstall have engaged the Good Governance Institute (GGI) to develop and run an independent quality assurance programme.

This is a ground-breaking opportunity to develop a sound understanding of care quality issues for telecare services, and for the Birmingham Telecare Service to contribute to a national quality template for telecare services.

The purpose of this document is to set out the framework that the Good Governance Institute has developed for achieving these objectives, through a programme of work that will:

- Have at its heart the experience and involvement of telecare service users
- Use sound, established approaches to quality assurance
- Be independent of both Tunstall and BCC
- Utilise both quality assurance data collected as part of the management and delivery of the telecare service and other approaches independent of these.

The document will also offer an update on progress so far, and set out the continuing programme of service review for the coming months.

# Key programme elements

The Good Governance Institute shares the view of both Birmingham City Council and Tunstall that the service user perspective and experience are key to making sure that the right service is being delivered to the right people in the right way at the right time<sup>1</sup>. GGI has prioritised ensuring that this perspective will drive the quality measures we develop, through a variety of methods specifically designed to engage service users and their advocates. These include:

- Establishing an independent quality review board, which will be called the Citizens' Quality Advisory Group (CQAG). This review board will, in the first instance, be comprised of various invited stakeholders and experts. Service users will be recruited to join this board, initially from among those we identify during the first phase of scoping work
- Direct engagement with telecare service users and their carers, to ensure that the Citizen's voice in this process is not limited to those able to participate in the review board, including the establishment of a Citizens' Expert Reference Group (CERG)
- The use of sound social science techniques to identify both what service users value in the service, and how well the telecare service is delivering this
- Involvement of established third sector organisations working with service users, as well as colleagues involved in the direct provision of the service and BCC
- A focus on key parts of the telecare service, including the assessment process
- Review of the main milestones in the delivery of the telecare service, and of both immediate and longer-term outcomes
- Proper involvement of any parallel assurance processes (internal audit, for example)

There are two key groups that will drive service user engagement and input, and these form central elements in the process.

## Citizens' Quality Assurance Group (CQAG)

The initial remit of this group is to review the scoping work undertaken with service users, and to agree the ongoing approach to delivering quality assurance of the telecare service. Initially, the group is formed from stakeholders from health and social care. The group will need to agree a process for recruiting service users and carers onto itself, which GGI will then oversee in line with best service user involvement practice. The main deliverables for this group are thus:

- Initial review of scoping work, and development of outline assurance dashboard
- Recruitment of service users/carers onto the group
- Ongoing quality assurance review of telecare service, including a focus on key elements in the programme (assessment has been identified as one of these)

## Citizens' Expert Reference Group (CERG)

Focus groups bring together a group of individuals once to work through one particular issue. An expert reference group is an ongoing group of the same individuals to provide a longer-term view.

An ERG has the advantage that over time one can build confidence and knowledge around the issue concerned, however ERG members tend to become socialised into the issue/organisation and therefore become atypical of the group they represent. Good social science practice is to run a series of focus groups alongside an ERG to gain the benefits of both approaches.

<sup>1</sup> After W. Edwards Deming

# Programme stages

The programme to build and deliver this service user quality review process is divided into three stages:

## Stage 1 – Scoping Work (to December 2012)

- Focus groups with service users and carers to gain initial insight
- Interviews with local third sector organisations
- Identify quality concerns of service users to build into quality measures
- Identify service users as initial members of CQAG and CERG
- Produce this report (October 2012)

## Stage 2 – Building on initial findings

- Finalise appointment of CQAG and hold first meetings
- Set up CERG and hold first meeting
- Devise initial quality assurance dashboard
- Run first cycle of quality assurance process
- Hold the first annual service user experience survey

## Stage 3 – systematic quality programme (January 2013 to contract end)

- Quarterly reporting to CQAG
- CERG and other quality measurement with service users (focus groups, semi-structured interviews, surveys) and third sector
- Continued use of quality assurance data from programme management and delivery
- Focus on key topic areas (assessment as first example)
- Annual service user experience surveys

## Stage 4 – legacy (final six months of contract)

- Summary of quality reports to date
- Succession plans for CQAG and CERG
- Open event to draw out key themes and lessons learnt
- End of term report and formalised succession plan

# Stage 1 Scoping Work

It is important that this programme is shaped by a focus on those service elements that service users value, as well as the usual quality assurance metrics. For this reason, we have initiated this work by a series of focus groups of service users and their carers as well as interviews with their advocates within the local third sector and those running the service.

## Methodology

To gain the perspective of non-statutory and community-based organisations with a stake in the provision of effective care, GGI approached over twenty relevant voluntary sector organisations in the Birmingham area from a list supplied by Birmingham City Council. Initial contact was made by letter (Annex A), followed up by phone calls, with the following organisations:

- AB Plus
- Action for Blind People
- Age Concern Birmingham
- Age UK
- Alzheimers Society
- Asian Stroke Victims Support Association
- Autism West Midlands
- BID Services
- Birmingham Centre for Inclusive Living
- Crossroads Care
- Deaf Blind UK
- Focus Birmingham
- Future Health and Social Care
- Islamic Resource Centre
- Midlands Mencap
- Mind in Birmingham
- Older People's New Opportunities Consortium
- Shard End Day Centre
- St Michael's Day Centre

As a result, we have been able to conduct in-depth face-to-face interviews with key personnel in the following organisations:

- Age Concern
- Alzheimer's Society
- British Institute for the Deaf
- Carers UK
- Crossroads (carer support organisation)
- Islamic Resource Centre
- Midlands Mencap

We also ran focus groups for service users and their carers. To ensure that we attracted a relevant and representative sample, we made a commitment to contacting the broadest possible demographic range of users.

We first sent a letter (Annex B) to 476 service users, drawn from the Tunstall base (see below) and then followed up these letters with phone calls to virtually every user.

We asked Tunstall to supply us with a randomised list of service users according to the following formula: 80% users who might be termed “typical” and 20% who might be described as “outliers” within the overall profile of telecare users. Outlying characteristics included age, type of condition, and barriers to communication.

From our initial contact, we ran a total of five focus groups with around twenty-five users and their carers at a community centre in Birmingham. It is worth noting that recruitment and retention of service users for this exercise proved extremely difficult, and this is something that we will need to address in how we move forward with other aspects of user involvement. However, the groups that we ran demonstrated that service users (as well as voluntary sector advocates) are able to provide extremely powerful insights into the benefits of telecare, as well as highlighting areas where it is perceived to be doing less well. (It is worth noting that the majority of negative perceptions came from voluntary sector advocates rather than service users themselves, and were more likely to relate to perceptions and general concerns rather than actual experiences. That is not, however, to underestimate the significance of these perceptions, which an effective service must acknowledge and address.)

This work is now complete and we are now able to offer initial findings in the following areas:

- **Service awareness** – are users, carers, professionals and other key stakeholders receiving the support they need to access the service?
- **Referral system** – are referrers (statutory professionals, non-statutory professionals and non-professionals) receiving the support they need to make quality referrals
- **Assessment and installation** – are Tunstall operatives being empowered to ensure that users receive the best possible installation packages for their particular needs, delivered in the best possible way.
- **User experience** – are service users and their carers being given the support they need to gain maximum benefit from the equipment they have had installed?
- **Enhancement opportunities** – opportunities for enhancing the service through user and other stakeholder feedback within existing contractual parameters? What further enhancements could be costed into future contracts?

## Overall comments

This programme stands out in one very significant way: all those that used the service found it significantly beneficial. All valued the telecare service, and were able to tell us of the benefits it had brought to their lives. For this reason, it is important to dig ‘under the skin’ of the programme in order to identify tangible elements of the service users’ experience. This will enable quality to be measured in a systematic way, and improvement opportunities identified.

Taking the following areas, we can make an initial report of our findings which we will now use to identify specific quality measures around issues that are important to service users. This can then be built into a (qualitative and quantitative) service quality dashboard.



## Service awareness

“If assistive technology can help people to be more empowered, more independent, take more control, have more privacy, then I’m 100% behind it.” **Voluntary sector manager**

Do people generally know that the service exists, and how deep is their understanding of its scope? Although there was evidence of extensive work to raise awareness about telecare, several issues have emerged in this area.

Voluntary sector organisations did not have consistent awareness of the service, how to access it, what role they could play in promoting it or how to refer their users to it. We understand that this may be due to a phased roll out of the scheme, and that the situation is set to improve in the very near future. In terms of meeting the information needs of the voluntary sector in relation to telecare, we think it is worth noting that, of the twenty organisations approached in writing and then followed up by phone, several had not yet understood the relevance of telecare to them.

Training for organisations in these areas was generally considered to be good where they had received it, but accessibility to this training seemed to be patchy, even where organisations had proactively requested this. Similarly, service users were not always sure how to use the equipment they had and there was a great deal of confusion among both organisations and users about the differences between BTS and Careline.

It was interesting to note the difference between service user perceptions (universally positive) and a lingering perception among some voluntary sector interviewees that telecare might be an attempt to replace carers with machines in pursuit of cost reduction. This was the most thoughtful expression of that concern:

“There’s more to life than emergencies. And if somebody’s living on their own and isolated, they don’t have any other form of call network involved with them, and then their one carer is removed but replaced by a Telecare system, then who are they going to see? Who’s going to look at the wider picture to see if they’ve got food in the fridge, has it gone mouldy, are they getting dressed, are they incontinent and changing themselves? Are they – have they got warmth in the house in the winter? It’s very easy for somebody to say: oh no, thank you for calling, I feel fine. They don’t want to be a burden. They don’t want somebody to come in and say they’re not coping and risk losing everything, and they’re losing their independence.” **Voluntary sector manager**

We feel that it would be helpful to address this concern both in the training around the use of telecare and in its promotion, and particularly by highlighting any role that telecare can play in reducing social isolation.

Initial questions to inform the development of quality metrics:

- What does telecare mean to you?
- What telecare services are available in your area?
- Who is responsible for providing telecare services in your area?
- Who is eligible to receive telecare services in your area?
- How are telecare services in your area funded, and what is the cost to the referring organisation and/or the end user?
- What information have you received about telecare?
- What did you do after receiving information about telecare?

- How would you go about finding out more about telecare?
- What could be done to make people (users and referrers) more aware of telecare?
- What are your concerns about telecare? How can these be addressed?

## Referral System

“I had a visitor from the Social Services and he came because I wanted a pole put out the back for me to get up the steps in the back garden. He put me down for telecare, but I didn’t know what it was until the chappies came. He wasn’t a very helpful fellow that put me down for it.” **User**

This emerged as an area requiring particular attention. There was a lack of clarity and consistency across organisations about who could refer, how they could refer and the difference between a referral and an assessment. Could people already on Careline be referred? Could carers make a referral themselves? Did the referral steer, dictate or confine the equipment plan or was it a trigger for a wide-ranging assessment that would look at all aspects of the user’s needs? Where and how is any rationing of equipment undertaken?

“I am concerned about how Telecare can assure in its assessment process that people are getting precisely the support that they need. That they’re not actually being either steam-rolled into having something that they might not really want, or indeed, conversely that they’re not getting something that they would really benefit from because it hasn’t been explained to them.” **Voluntary sector manager**

Although not considered unusual in social care generally, we thought it worth noting that voluntary organisations were not given any feedback on what had happened as a result of their referrals – the loop was not closed. This seemed to us to be an easy win in enhancing perceptions of telecare and creating the anecdotal stories that are so invaluable in raising awareness.

Questions emerging to inform the development of quality metrics:

- Are you able to make a referral to telecare?
- What is the process for making a referral?
- Have you been trained in how to make a referral to telecare?
- Who is eligible for a telecare referral?
- How do you go about making a referral?
- What happens when you make a referral? Are you kept up to date on progress?
- What information do you feel is most important in making a referral? Does the referral form allow you to pass this information on?
- How could the referral training/form/process be improved?

## Assessment and Installation

“If you do an appropriate assessment and you seek and gain the relative information from the carer and the cared for, then you can build on what needs to be in and what needs to be included in that package.” **Voluntary sector manager**

Some of the referral comments apply here, too. We found some confusion among both organisations and users about the difference between a referral and an assessment, and awareness of Tunstall’s role and expertise was particularly low among service users, who were likely to think that the assessment had been undertaken by their referrer.

“When I took him out to the back garden, he was more interested in my neighbour's next garden, what he'd got in it. He's from the Social Services, I think.” **User**

A concern also emerged that engineers, although generally extremely well reviewed by users, had on occasion been wrong-footed by a lack of time allocation for the visit. This might also explain why another user's carer thought ease and speed of fitting had trumped a proper health and safety assessment in a particular aspect of the installation.

Although installation engineers were helpful in showing how things worked, there was a feeling that this was not sufficiently reinforced for people who might struggle to comprehend or retain this information.

“Well, I have a pendant as well as a watch where you push the button. But I don't know whether it works upstairs or the other side. It only works if I stay in the living room.” **User**

We wondered if engineers had been trained to think outside the box and, for example, spot elder abuse or other problems that might become evident in the course of carrying out an assessment and installation in a user's home, and what protocols were in place for escalating any concerns that arose. From a user's perspective, we wondered what protocols were in place to ensure that only bona fide Tunstall workers could access people's properties, for example through the use of unique passwords to supplement ID cards.

Questions emerging to inform the development of quality metrics:

- Who assessed you for the equipment that you have?
- Did they ask you if you agreed with their assessment?
- Who, if anyone, asked you what equipment you would like to have?
- How were you told about the visit by the installation engineer?
- Did the engineer arrive on time?
- How did you know it was him/her?
- Describe the visit by the engineer. Did s/he: talk to you; ask to look around the house; ask you about your condition; ask you what you thought you needed; ask you about where you spend most time in and around the house?
- Did the engineer ask you about any preferences you might have in terms of how things were to be installed?
- Did you feel that the engineer had enough time to do his/her job, or did you ever feel that s/he might be in a bit of a hurry?
- Did the engineer explain how the equipment worked? Did s/he give you any information to keep about this? Was this useful, or could it have been better?

## User Experience

“I feel it's a lifesaver. I'm in the country, more or less. It's a little estate with lots of fields behind you. And people are at work during the day or they're in bed at night time. We have had break-ins. So I feel a lot safer.” **User**

“The thing is that I was sort of scared to go out of the house, since my attack, because I don't know who the person was. They never got caught. So I'm literally scared to leave the house, or even to go to bed. I'm thinking, I don't know these people, they can find out where I live, they can come back, they can do anything. So, this thing sort of gives me a piece of mind. I can sleep easy and I know as soon as I hear any disturbance, I can just press a button and I get help.” **User**

“I had my mum living with me for a while and you’re just there lying thinking, oh gosh, can I hear something? Are they getting up? And you spend most of your time worrying about them getting up when, you know, they might be perfectly sound asleep.” **Carer**

This is the most crucial aspect of telecare - the difference that it makes to people’s lives – and generally the feedback was extremely positive. People who have the service love it.

“I’ve found since I’ve got this I’ve got more confidence to go out. And I’ve got more confidence to go out in my garden, sit out in my garden. Because at one time I wouldn’t go anywhere. I would just sit in the house and cry. But since I got – now I’ve moved near my family I’ll go out, I do my shopping.” **User**

However, there did seem to be discrepancies between the levels of equipment provided and the rationale for this was not always clear. This is a referral and assessment issue, but a creative focus on what will enhance the user’s overall life experience must be at the heart of the process.

Users were not always clear on how to use the equipment – for example, some did not understand that their pendant would still work out in the garden, which had been depriving them of a valuable benefit of the service.

We were told one story, by a voluntary organisation, of a user who was prone to triggering false alarms. We need to explore further what protocols are in place to deal with this scenario in a way that ensures response is not compromised in a genuine emergency.

While some users saw telecare as an opportunity to regain dignity, confidence and independence (with the companion benefit of offering respite and relief to their carers), some saw it as a step towards greater dependence and loss of freedom. We feel that support to users on how to approach receiving telecare might help here.

“I’ve got pride; we’ve all got pride in this room. But as you get older, I don’t care who it is, I don’t care how old they are, you’ve got to give sometimes. Because I’ve had to – I mean I’m very proud, and my husband was very – he’d got his pride. But since I’ve got older I’ve had to give in. Because, I wouldn’t have anyone looking after me at one time. I was very, very independent. But as I’ve got older, I’ve had to think, well I need a carer and that’s there – my pendant – I know I’ve got someone there if I need them. It’s there as my security blanket, in other words.” **User**

As well as the personal benefits to both users and carers, we also observed benefits to the relationship between them – both users and carers were relieved to feel a reduction in the pressure on this relationship, with greater dignity for the user and more respite for the carer.

“I’ve got reassurance now that if I fall, somebody’s there. That’s the main thing. I’ve got no – I’ve got three brothers and a sister in Australia and Yorkshire, so there’s nobody close to me. Now nobody has to feel bad about that.” **User**

“Not long ago, the early part of July, my son’s wife’s mother fell in the bathroom. She’d got that thing round her neck and she was able to press it. They rang my son and his wife and they were able to go there immediately. So that was one thing that stuck in his mind – he said, you’ve got it there, mum, should you need us.” **User**

An interesting insight emerged from a voluntary organisation. Some users perceived “Careline” as a more human service to “Telecare” based purely on the name. To them, Careline suggested a sort of telephone helpline, while Telecare sounded more remote and mechanistic. This prompts us to believe that we need to measure how users perceive telecare in this regard, and that all aspects of the service should emphasise the human dimension – that telecare equipment, like kitchen gadgets, is just a way to help *people* do things better.

Questions emerging to inform the development of quality metrics:

- How easy is the equipment to use?
- Do you think you have the right equipment? Is there other equipment you would like to have?
- What differences has having the equipment made to your day to day life?
- Has it enabled any major life changes? Or has it enabled things to stay the same? How?
- Do you feel more confident since the equipment was installed? How?
- Are you able to do anything now that you weren't able to do previously?
- Are you able to do anything by yourself now that you couldn't previously?
- What do(es) your carer(s) think about the service? Do you think it has changed things for them?
- Has the equipment lived up to your expectations? Has it made a bigger or smaller difference than you were expecting?

## A framework for excellence

“It doesn't go with my wallpaper, that all I'm saying.” **User**

While quality metrics rely on observing details to ensure that the best possible service is being delivered, it is of course important that we do not get lost in that detail. Drawing on the comments and feedback that we have received, we have been able to begin defining what excellence in telecare might look like. Users and their advocates have also given or inspired some creative suggestions on how the existing telecare service could be improved.

Our initial definition of a good telecare service is that it is:

- clearly understood as a care option by its potential users, their carers and their advocates
- widely and easily accessible through a straightforward and rapid referral, assessment and installation process
- a service that connects people, ensuring that users get timely assistance from the best possible people, whether carers, call centre staff or emergency services
- a friendly service that supports carers and the wider community by meeting very human needs with dignity and warmth.

Ideas on how to add value to the existing service in pursuit of excellence include:

- Unscheduled, ad hoc contact from Tunstall call centre workers to service users during any “downtime” they might identify.
- A network of service users prepared act as champions for telecare, sharing their experiences and perspectives with potential users either one-to-one or in group settings
- Using the Tunstall equipment to enable conference call conversations between service users, facilitated and monitored by Tunstall staff.

## Next Steps: continuing our direct work with service users and their carers

These initial findings have been crucial in establishing draft quality measurement tools, and we intend to embed service user engagement at the heart of the quality assurance process over the longer term – not just in identifying what makes a good service, but in the day to day work of measuring performance.

We are using quality data already collected as part of the management and delivery of the service, but it is crucial that an independent form of direct feedback from Citizens is central to this process. The programme is using a variety of approaches that have good social science rigour to deliver this. These potentially include:

- Focus groups convened throughout the programme
- Establishing a Citizens' Expert Reference Group (CERG)
- Semi-structured interviews with service users
- Survey approaches, including crucially an annual survey of service user experience
- Capturing in-depth, qualitative stories from service users
- Service user diaries

## Stage 2 Building on our initial findings

We started both the Citizens' Quality Advisory Group and the Citizens' Expert Reference Group, and are recruiting initial service users members in October. These groups will help us review our findings to date, and refine the user-driven quality metrics/process.

### **Citizens' Quality Advisory Group**

The initial remit of this group is to review the scoping work undertaken with service users, and to agree the ongoing approach to delivering quality assurance of the telecare service. Initially, the group is formed from stakeholders from health and social care. The group will need to agree a process for recruiting service users and carers onto itself, which GGI will then oversee in line with best service user involvement practice. The main deliverables for this group are thus:

- Initial review of scoping work, and development of outline assurance dashboard
- Recruitment of service users/carers onto the group
- Ongoing quality assurance review of telecare service, including a focus on key elements in the programme (assessment has been identified as one of these)

### **Ongoing direct work with service users and their carers**

The quality assurance process, when in steady state, will use quality data already collected as part of the management and delivery of the service, but it is crucial that an independent form of direct feedback from Citizens is central to this process. The programme will use a variety of approaches that have good social science rigour to deliver this. As we have identified these approaches will use techniques such as:

- Focus groups convened throughout the programme
- Establishing a Citizens' Expert Reference Group (CERG)
- Semi-structured interviews with service users
- Survey approaches, including crucially an annual survey of service user experience
- Capturing in-depth, qualitative stories from service users
- Service user diaries

In more detail, social science helps us understand that multi-faceted approaches are the best way to properly understand the experience of service users, and accordingly we will use both quantitative and qualitative approaches to gaining service user insight into the telecare service and the outcomes it achieves.

### **Focus groups**

These are an invaluable way of understanding the perceptions of service users, and to find out what the focus of other approaches to enquiry should be. Focus groups are a qualitative approach that can be used to identify priorities and concerns, and highlight issues to investigate using other methods (eg, interviews, surveys). We are also using focus groups to test service users appetite for further involvement (eg, CQAG and CERG). The focus groups run in Birmingham to date have used an adapted appreciative enquiry method. One output has been the material to base the first annual survey of service user experience on.

### **Citizens' Expert Reference Group (CERG)**

Focus groups bring together a group of individuals once to work through one particular issue. An expert reference group is an ongoing group of the same individuals to provide a longer-term view. An ERG has the advantage that over time one can build confidence and knowledge around the issue concerned, however ERG members tend to become socialised into the issue/organisation and therefore become atypical of the group they represent. Good social science practice is to run a series of focus groups alongside an ERG to gain the benefits of both approaches.

### **Semi-structured interviews**

Focus groups and ERG approaches favour those able to attend group meetings, and those with confidence to participate in group events. It is important to hear the views of others, for example individuals who are house-bound and those who do not use English as their first language. Semi-structured interviews will allow us to reach these individuals, and we intend to use both face-to-face and over-the-phone approaches.

### **Survey approaches, and annual survey of patient experience**

Qualitative techniques are helping us to understand the issues that Citizens using telecare are concerned about. Survey techniques can help us establish a broader picture and provide hard data that can be used for both service improvement and review. From the first interviews and focus groups we are now developing a first annual patient experience survey, which we are developing to test both experience and outcome. The latter we will most probably test using an adapted SF36 approach without comparator (see Coulter et al).

### **In-depth, qualitative stories**

Patient and service user stories (often captured on video) have proved powerful improvement tools. Increasingly, top-teams within the NHS are using patient stories as a means of understanding the quality of care, as well as a means of engaging all involved in care to work towards better outcomes. For example, patient stories have proved useful to helping to engage with non-clinical, non-front line workers (eg administrative staff) to better understand care outcomes. We intend to identify how this approach can be used in telecare services.

### **Service user diaries**

Service user diaries are an invaluable tool to help understand the lives and experience of those using care services. Diaries may not be in the traditional form – for example, disposable cameras have been used to good effect as have Dictaphone recordings. This provides a user-directed approach to gaining insight into services.

Those involved will receive regular feedback on this work via a simple newsletter to service users.



## Stage 3 Systematic quality programme (January 2013 to contract end)

- Quarterly reporting to CQAG
- CERG and other quality measurement with service users (focus groups, semi-structured interviews, surveys) and third sector
- Continued use of quality assurance data from programme management and delivery
- Focus on key topic areas (assessment as first example)
- Annual service user experience surveys

## Stage 4 Legacy (final six months of contract)

- Summary of quality reports to date
- Succession plans for CQAG and CERG
- Open event to draw out key themes and lessons learnt
- End of term report and formalised succession plan

### Independent partner for this work

The Good Governance Institute has been engaged as the independent partner to deliver this work and ensure the programme successfully is informed by the Citizen's voice. GGI is an independent reference centre well-known for its work with Statutory and Third Sector organisations and knowledgeable about telecare services. GGI has a specific programme of work around stakeholder engagement and has developed a series of tools for gaining insight from stakeholders which range from traditional 360 reviews through to focus groups and observational studies.

The GGI team working on this programme include:

- Andrew Corbett-Nolan, Chief Executive of GGI and a Fellow of the Chartered Quality Institute. Andrew is a Chartered Quality Professional and has specialised in scientifically sound approaches to working with 'hard-to-reach' groups
- Lesley Pattenson, Associate, GGI who has over 20 years experience of working with service users and community groups to evaluate services
- Angus Malcolm, National Lead for Patient and Public Involvement, GGI whose work with service users and community groups covers both health, social care and education

In addition, the GGI telecare clinical advisory group has been reviewing progress with this programme to date and will continue to provide independent clinical oversight of the work. Other GGI associates will be deployed as and when required to provide specific expertise or experience.

### Immediate next steps

The immediate next steps in rolling this programme are covered in greater detail elsewhere. In summary, we plan to:

- Recruit to the Citizens' Expert Reference Group. Draft up terms of reference, invite from those suitable who have attended focus groups, organise and run first meeting. Develop next CERG meeting and recruit further members
- Organise, recruit to and run two further focus groups to look at critical areas (assessment and confidence)
- Meeting of the Citizens Quality Advisory Group
- Update submission for BCC ethics committee
- Design and set up a series of interview sessions with service users from hard to reach groups to start to explore specific quality issues to feed into CERG and first quality dashboard
- Design and test first quality dash-board with CERG. First meeting of CERG
- Interviews with service users from hard to reach groups

- Analyses and write up of focus groups and interviews. Development of next stage report and newsletter
- Meetings with BCC around project and preparation of briefings as required. Liaison with appointed Cabinet Member
- Briefing meetings with key stakeholders (NHS, CCGs, third sector)
- Design and test next stage of interventions for 2013 (diaries, semi-structured telephone interviews)

Andrew Corbett-Nolan  
Angus Malcolm  
Good Governance Institute  
October 2012

# ANNEX A Letter to Voluntary Sector Organisations

Dear Title Surname

I would be very grateful if I could come and speak to you later this month to find out what you think about the new Birmingham Telecare Service.

The Good Governance Institute (GGI) is an independent reference centre promoting better governance in health and social care. We have been asked by Birmingham City Council and delivery partners Tunstall to talk to a range of stakeholders about how well the new telecare service being offered across Birmingham is performing, and how it could be improved.

In our conversation, I will be seeking to find out:

- What information you have received about the telecare service
- Whether your organisation has had any direct experience of the telecare service, or received any anecdotal feedback from users
- How you think the service could be improved.

Our session can be one-to-one or, if you feel there are more people within your organisation who might want to have a say, I can talk to a group of up to around five.

The session will be recorded on audio to make sure that we have an accurate record of what was said. However, we will always maintain your confidentiality. If we use any quotations, these will be anonymised to ensure that you are not identifiable as the source.

This will be an opportunity to influence how care is delivered to vulnerable groups across Birmingham, including the groups you support, so I would really appreciate it if you could spare half an hour for me to come and see you.

My colleague Martin Allen will be in touch with you shortly to check your availability, or please contact him at/on...

Yours sincerely

**Angus Malcolm**  
National Lead on Engagement

## Annex B Letter to Service Users

Dear Title Surname

I am writing to you from the Good Governance Institute, an independent body that has been asked by Birmingham City Council and its partners to find out what people think about the new telecare service.

Birmingham Telecare Service particularly wants to make sure that it is meeting the needs of its users. We would very much like to talk to you as a user of the service, and are hosting events on 6 and 7 September in central Birmingham.

We hope you might be able to attend one of these events, and will provide all necessary transport and support to make it as easy as possible. We will also be serving refreshments.

You will be part of a small group of people, and we will have a conversation about your expectations and experience of telecare. We have already run one group, and participants found it an enjoyable opportunity to meet fellow users and share experiences.

If you would like to take part, please write to (ADDRESS) or call (NUMBER). One of our team may also call you in due course to see if you have got this letter, and to find out if you would like to take part in one of our groups.

We want to emphasise how important your help is to us. Your thoughts and comments over the next few months will ensure that both you and all future users of telecare get the best possible service over the years to come.

Thank you for taking the time to read this, and I hope that we will be able to include you in one of our groups on 6 or 7 September.

Yours sincerely

**Angus Malcolm**  
National Lead on Engagement