

West Sussex TEC Service

General frequently asked questions

1. What is TEC
2. What is the 'Technology First' approach?
3. Is the 'Technology First approach' consistent with strengths-based approaches (The WSCC Supporting Lives, Connecting People programme etc)?
4. Who provides the TEC for the West Sussex contract?
5. Does the Provider have to meet a set of standards to provide TEC?
6. Who are the TEC Champions?
7. What is the customer journey?
8. Can information leaflets regarding the TEC service be made available on the hospital sites?
9. Does my customer have to live in West Sussex?
10. Who can refer for TEC?
11. How do I refer?
12. What is the eligibility criteria of customers for TEC?
13. What happens after 6 weeks if they no longer need the equipment?
14. What if my customer wants to pay privately?
15. Do teams who do not have existing PIN holders able to access the Community Equipment Service iRIS system to order Key safes need to request a PIN?
16. Will it be possible to view your own TEC referrals via the portal? Will it be possible to view all the TEC referrals via the portal?
17. How can NHS staff refer to the Longer Term Need Customer group?
18. How would a joint visit with NRS Healthcare be arranged for customers who are awaiting discharge from hospital?
19. What if they can't afford to pay?
20. How can we find out the costs to share with customers including those Short Term Need Customers receiving six weeks of funded TEC, who would like to become private payers/customers of NRS Healthcare?
21. Will NRS support referrals to the Department of Work and Pensions and other benefits advice services for Attendance Allowance etc?
22. How do we access the referral portal?
23. Why do you need so much information about the customer?
24. Why do you need to know about the carer?
25. Can I refer for equipment that will support the carer?
26. Who decides what TEC is appropriate?
27. Who responds to an emergency?
28. Does my customer need a landline telephone for the equipment to work?
29. What happens if there is no mobile signal at the customer's home?
30. Why are you installing digital equipment rather than the traditional equipment we know?
31. Does my customer have to use the equipment provided by the contract?
32. My customer is not used to using technology. What help will they be given to use it?
33. I have a customer who likes to get out and about, is there equipment which would suit them?
34. Will there be a cost for Key safe-only orders?
35. TEC monitoring devices and linked smoke alarms have been provided as a package under the 13-week free trial model. Under the new NRS Healthcare Service would the customer have to pay extra for a linked smoke alarm?
36. Please can NRS clarify what the process is from receipt of the online referral i.e. do we receive an email with a unique referral number? How often do we receive email updates on each referral? How long after installation do we receive confirmation that equipment has been installed?
37. Please can you clarify who BDS (the Mobile Responders are) – what does BDS stand for?
38. Who will be responsible for carrying out the Care Act section 9 eligibility assessments for older adults, lifelong services customers and mental health service users respectively?
39. Where would the TEC demo area be and could OT staff go there to view it and also for training purposes?
40. We have demo equipment available in some hospitals at moment – can this be resupplied under the new contract?
41. Who should I contact if I have any questions?
42. How can I make a referral if I have no internet connection at the clients home or if the referral portal is not working?

43. With door sensors, there are examples where customers have pulled these off, when they have challenging behaviour, are there covert ones available?
44. How should children be referred for TEC? Children are not subject to Care Act legislation? In addition, Children's OT Mosaic recording does not use the Wellbeing Conversation paperwork. Should TEC referrals be recorded instead within children's OT Functional assessments, reviews, and case notes?
45. When would the 6 week Short Term Need customer group period start if the customer goes home following hospital discharge with an Ownfone and then needs an assessment for additional TEC solutions/devices at home?
46. Is the monitoring centre able to access specific customer protocols for responding when a customer's devices are activated based on their specific needs?
47. Do NRS Healthcare link with Epilepsy Nurses regarding the appropriate Epilepsy Monitors to prescribe to individuals on a case-by-case basis?
48. Is a 'Longer Term Need' customer the same thing as a customer with a long term need or a long term condition?
49. How would a customer who is deaf or has a hearing impairment be alerted/communicated with if they knowingly or unknowingly activated their TEC alarm/sensors?
50. Given the two day standard response time, how would NRS Healthcare gain prompt access to BSL Interpreters to support communication with a referred deaf customer (it is reported that on occasion external agencies have accessed the WSCC Interpreting contract to commission one-off BSL Interpreter support)?
51. What actions are in place with the Fire Service regarding the alerting for customers who are deaf related to carbon monoxide/smoke alarms?
52. Is the Signolux Pager Systems that the Deaf Service Teams prescribe compatible with NRS Healthcare prescribed devices?
53. How English/text heavy are the Brain in Hand responses? If it is text heavy this could make it difficult for customers with hearing impairments.
54. Do Appello have any specific plans to introduce video call technology for deaf customers they monitor (could be linked to remote signing or pre-set videos with BSL Interpreters)?
55. When should we use the standard and urgent referral options and who can use the 'Fast Track' options listed on the referral form?
56. What support can the Appello Monitoring Centre provide for those customers with other spoken languages?
57. What would BDS do if a customer has a different spoken language? Would they just have to respond if urgent, and then contact a pre-arranged person/named contact who can liaise/communicate directly with the customer?
58. What happens to existing WELbeing customers - do we review and request NRS liaise to change over to them or can they remain with WELbeing?
59. If I refer a customer to NRS Healthcare under the Short Term Need customer group are they able to keep stand alone TEC equipment after the 6 week period free of charge period at no further cost? For example can a customer in the Short Term Need customer group who has been issued with a chair sensor/bed sensor with a pager that is held by a friend or family carer who lives with them (rather than there being a link up to the NRS Healthcare/Appello Monitoring Centre) keep this equipment at no cost at the end of the 6 week period?
60. What is the Fast Track referral option in the Priority of Referral section on the Technology Enabled Care (TEC) online Referral Portal?
61. We have experienced difficulties in completing the TEC Referral form using both Microsoft Edge and Google Chrome, some of my colleagues have found that they only discover after completing the form that they are using the incorrect browser, if they are using the incorrect browser, the TEC Referral doesn't save the details populated on the form, so effectively, we have to go and re-submit the form again, which is time consuming for us as a team. Is there any function envisaged to be able to save the document before submitting, so that we are able to minimise this issue?
62. If I refer a customer to NRS Healthcare under the Short Term Need customer group are they able to keep stand alone TEC equipment after the 6 week period free of charge period at no further cost? For example can a customer in the Short Term Need customer group who has been issued with a chair sensor/bed sensor with a pager that is held by a friend or family carer who lives with them (rather than there being a link up to the NRS Healthcare/Appello Monitoring Centre) keep this equipment at no cost at the end of the 6 week period?

General frequently asked questions

1. What is TEC?

The use of convenient, accessible and cost-effective technological and/or digital products or services that allow people to monitor their own (or someone else's) health and wellbeing, better self-manage their own health including long-term conditions, perform tasks they would otherwise be unable to do and/or increase the ease or safety with which tasks can be performed. You can find details of the service and products being offered in West Sussex here www.nrshealthcare.com/professionals/westsussex

2. What is the 'Technology First' approach?

The Council/CCG want to move to a 'Technology First' culture and approach and use technology as a default option (rather than potentially being seen as an 'add on') playing an active role in more customers care and support to enhance user's strengths and achieve better outcomes as well as prevent, reduce or delay the need for more formal and costlier health and social care support.

3. Is the 'Technology First approach' consistent with strengths-based approaches (The WSCC Supporting Lives, Connecting People programme etc)?

Yes. It is probably useful to describe two aspects of the 'Technology First approach':

- The 'Technology First' approach fits within the wider strengths-based approach. Through strengths-based practice customers are supported to maximise their own strengths and assets (skills, abilities and resources and what people around them can do) to maintain their independence as far as possible. This includes using technology/knowledge e.g. their own existing devices, commercial technology or self-funding care technology.
- Once a practitioner has decided that statutory support is necessary and appropriate for a customer to support short or longer term needs/outcomes they will take a 'Technology First' approach and consider whether technology could support the customer (through either the Short Term Need or Longer Term Need customer groups), perhaps meaning that less intensive and potentially costly care and support services are needed.

4. Who provides the TEC for the West Sussex contract?

NRS Healthcare are the new Development Partner and their service began on 19th May 2020.

5. Does the Provider have to meet a set of standards to provide TEC?

Yes. NRS Healthcare has membership of the Telecare Services Association and is a TEC Quality Certified Organisation.

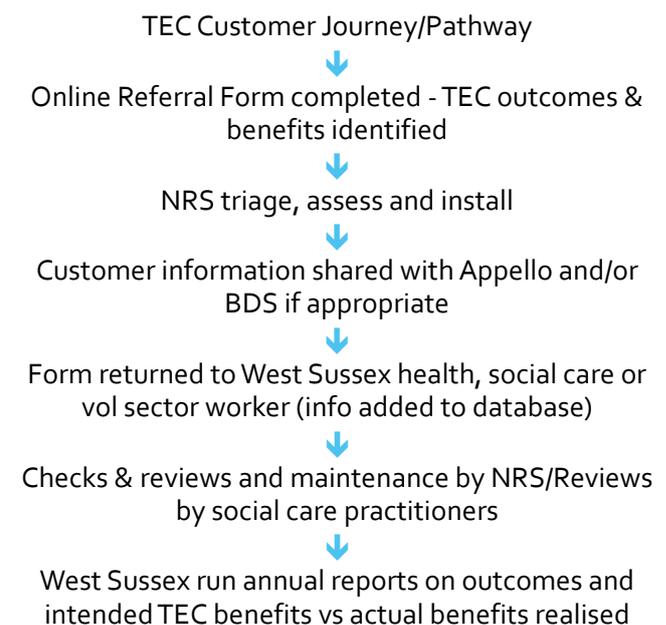
For further information about these organisations please see here:

TSA - <https://www.tsa-voice.org.uk/> and TEC - <https://www.tecquality.org.uk/>

6. Who are the TEC Champions?

The TEC Champions represent all the health and social care professional teams who refer for TEC, including from CSWS. The TEC Champions cascade information about new products, policy, processes for referral and assessment to members of their teams and colleagues. They are the ones that team members can go to for support about referring or advice about equipment and are one of the most important channels for ensuring referring practitioners are up-to-date.

7. What is the customer journey?



8. Can information leaflets regarding the TEC service be made available on the hospital sites?

Stocks of information leaflets will be made available across the hospital sites.

9. Does my customer have to live in West Sussex?

Yes, customers have to be resident in West Sussex.

10. Who can refer for TEC?

Approved health and social care professionals within the County Council, the NHS and Carers Support West Sussex.

11. How do I refer?

All TEC referrals are to be made via new NRS TEC online portal (includes Key safe-plus TEC referrals). The form can be found here www.nrshealthcare.com/referralswestsussex and a guide to completing it here www.nrshealthcare.com/professionals/westsussex.

You will need to go through a self-registration process the first time you use the form. This means that your details will be automatically completed each time you log on. If you experience any difficulties in registering, please contact the NRS TECS Team on 01903 948200. We have made the form as brief as possible, whilst ensuring that we obtain all the information required, we hope this will result in less queries back to you, from the TECS team. Once you send the form - this will go directly to the TECS team at NRS.

In case of any internet connection issues there is also a secure referral PDF which you can complete and save to your laptop before submitting (this can be downloaded here – www.nrshealthcare.com/professionals/westsussex

It is important to complete all the questions to ensure the referral has the relevant information - please be aware there is a time limit on the form as per the guidance at the start. Rather than receiving a confirmation email, you will be advised on the referral portal screen that you 'have successfully completed a referral'. An opportunity to save/print a PDF of the referral will be provided, enabling you to upload this to the customer's record on Mosaic. If you do not receive this message please check that you have completed all the mandatory fields and re-submit.

If you experience any difficulties in registering/using the portal please contact the NRS TECS Team on 01903 948200 / tecs@westsussex.nrs-uk.net

Following the referral, NRS will contact the Customer:

- When a Referral is marked as 'urgent' and received before 1pm Mon-Fri - on the same day as the Referral (or if received after 1pm before 12pm the next day); or
- When a Referral is marked as 'standard' – within two (2) days of the Referral Mon-Fri.

Practitioners to have single PIN no. for 'view only' access to NRS iRIS system to view customer TEC orders and the TEC catalogue. The TEC catalogue can also be viewed here (and is updated nightly so any new TEC devices can be added in a timely way): www.nrshealthcare.com/professionals/westsussex

Key safes where TEC is not also required need to be ordered via the existing NRS Community Equipment Service contract through existing iRIS PINS - PIN access has been arranged for those social care teams previously without access.

12. What is the eligibility criteria of customers for TEC?

Two types of customers can be referred:

'Longer Term Need' Customers

1. Will be Customers who have undergone a formal social care assessment (being either an assessment of an individual's need for care and support or an assessment of a carer's needs for support) under section 9 or section 10 of the Care Act 2014 and are eligible to receive social care services.
2. Will have their TEC needs provided by the Council during the period which they are deemed to be eligible. The TEC products or services to be provided in these situations will likely be focused on a range of innovative solutions that promote and enhance a Customer's independence and wellbeing and reduce or delay the need for more intensive forms of care and support. This would be in addition to those solutions that support safety and security e.g. solutions that assist an individual in a timely and appropriate way by providing monitoring or a response to an episode/incident where assistance is required.
3. Included in this category are Care Act 2014 eligible "Family and Friends Carers". These will be Customers who are unpaid or informal carers, resident within West Sussex, who are referred to NRS.
4. Carers Support West Sussex currently undertakes the majority of statutory carers' assessments on behalf of the Council and will be a key referrer/ stakeholder.

'Short Term Need' Customers

1. Will be Customers who need TEC to support them to respond to a crisis or some other urgent or short term requirement. The three specific criteria for a referral to be accepted against this customer group will be:
 - a. being assessed to require TEC to support their timely discharge from hospital,
 - b. being assessed to require TEC to avoid a hospital admission, due to recovering from illness or an operation, or to prevent inappropriate use of primary care services, and
 - c. demonstrable evidence that referral will delay/reduce a more costly intervention. The TEC products or services to be provided in these situations will for the majority of these Customers be focused on lower tech solutions that support safety and security e.g. solutions that assist an individual in a timely and appropriate way by providing monitoring or a response to an episode/incident where assistance is required.
2. It is proposed that TEC would be funded by the Council and will be free of charge to the Customer for up to a maximum of six weeks but in many cases less.

3. If it is perceived that the Customer may be eligible for ongoing support an assessment under section 9 of the Care Act 2014 will be required. If the Customer is assessed as eligible, TEC would then be provided as per the 'Longer Term Need' Customer group.
4. If a Customer wishes to continue to use the TEC service after the Maximum Six Week Service Period and they are not eligible under the Care Act 2014 the Customer could enter into a private arrangement with NRS or another supplier as per the 'Private' Customer group.
5. The Maximum Six Week Service Period will begin from the date when all TEC has been delivered and set up as required by the Customer.
6. It is not the case that all 'Longer Term Need' Customers would begin as 'Short Term Need' Customers.

Plus 'Private paying Customers'

1. NRS will also be available to offer TEC services to 'Private' Customers - these will be individuals who are not 'Longer Term Need' Customers or 'Short Term Need' Customers but who could benefit from the prevention, safety, security and enhancements in independence and wellbeing that TEC brings.
2. These customers would be given information and advice about TEC services available (through a vendor-neutral approach) and should they choose to, would pay for these services under a private arrangement with NRS or other suppliers.
3. These 'Private' Customers could of course become 'Longer Term Need' Customers or Short Term Need' Customers at a later stage if they develop care and support needs or experience a short term crisis.

The private pay website, listing the benefits of TECS for customers and their family and friend carers can be viewed here www.nrstelecare.co.uk/westsussex.

13. What happens after 6 weeks if they no longer need the equipment?

The equipment is removed, with the exception of a key safe that will be left in situ.

If a monitored smoke alarm is removed, then a standalone smoke alarm is put in its place.

During the 6-week period, NRS Healthcare will contact the client to arrange transfer to a private pay arrangement if they would like.

The benefit to the client of transferring straight to a private pay arrangement rather than having equipment taken out and potentially reinstalled, is that they don't pay for the cost of installation.

14. What if my customer wants to pay privately?

NRS Healthcare have a private pay website – www.nrstelecare.co.uk/westsussex offering a wide range of products, they also have a dedicated TECS team who can advise what will be best to allow the customer to achieve their desired outcomes.

15. Do teams who do not have existing PIN holders able to access the Community Equipment Service iRIS system to order Key safes need to request a PIN?

No, we are making arrangements for teams who do not have existing PIN holders (including Trusted Assessors/Community Equipment Prescribers) to have access to a team PIN to order Key safes-only.

16. Will it be possible to view your own TEC referrals via the portal? Will it be possible to view all the TEC referrals via the portal?

No, but you will be able to see which equipment has been provided via the NRS iRIS system. If there is a development need after go-live for reporting out of iRIS we can look at that.

17. How can NHS staff refer to the Longer Term Need Customer group?

To access the Longer Term Need customer group – customers need to have had an assessment of eligibility under section 9 of the Care Act completed. For customers not already known to West Sussex Adult Social Care they would need to be referred and they would therefore come into contact with WSCC Adults Care Point (01243 642121 / socialcare@westsussex.org.uk) in the first instance.

18. How would a joint visit with NRS Healthcare be arranged for customers who are awaiting discharge from hospital?

Joint visits at the best location can be arranged by selecting the option on the online referral form and NRS Healthcare will then respond to arrange. NRS Healthcare are also very happy for referrers to contact them directly between 8am and 6pm Monday to Friday to speak to a Triage Officer to make arrangements or to be contacted by email. The NRS Healthcare TECS team can be contacted on 01903 948200 or by email on tecs@westsussex.nrs-uk.net.

19. What if they can't afford to pay?

Customers can be directed to advisors to support their ability to privately pay if they choose to, by helping to optimise their income/benefits.

20. How can we find out the costs to share with customers including those Short Term Need Customers receiving six weeks of funded TEC, who would like to become private payers/customers of NRS Healthcare?

The latest rental prices for monitored TEC provided by NRS Healthcare to private payers can be found at www.nrstelecare.co.uk/westsussex. NRS Healthcare will also have information leaflets available that can be given out or located on information stands providing information on their private pay services. In addition to the rental fee there is a one-off installation fee for new private pay customers. Where someone already has equipment in their home provided by NRS Healthcare, the ongoing cost will simply be the monthly rental fee (i.e. no installation fee is required).

because the installation has already been funded by the Council/CCG through this contract. The cost of the ongoing service will depend on the types and number of devices the person chooses to have.

NRS Healthcare will fit digital TEC equipment by default. This is more expensive than the analogue devices previously installed but is an improvement in terms of connectivity and reliability and also ensures that the customer's equipment is not redundant (requiring replacement) when the Digital Switchover takes place in 2025.

The private pay cost for a basic package e.g. a pendant and monitor with NRS Healthcare is £7.22 per week/£31.30 per month, please see link:

https://www.nrstelecare.co.uk/westsussex/telecare-equipment?&prod_cats%5b%5d=1&sort_by=title

21. Will NRS support referrals to the Department of Work and Pensions and other benefits advice services for Attendance Allowance etc?

Longer Term Need (Care Act eligible and financially eligible) customers will be able to access TEC to meet their needs via council funding during the period on which they are deemed to be eligible. Short Term Need customers will have their 6-week period of TEC funded by the Council/CCG. Private paying customers can be directed to access advice to maximise their income/financial resources through benefits optimisation etc to self-fund TEC. Short Term Need customers who become private payers will have had the initial equipment and installation costs paid already by the Council/CCG but will potentially need to pay the ongoing monthly rental/monitoring service fees and can also be directed to access advice to optimise their income/financial resources.

22. How do we access the referral portal?

The referral portal address is www.nrshealthcare.com/referralswestsussex.

23. Why do you need so much information about the customer?

It is important that the monitoring centre has enough information about the customer to make appropriate contact with them or their carer and to make an informed decision regarding the customer's equipment needs.

24. Why do you need to know about the carer?

There may be an opportunity to support the role of an unpaid family and friends carer with TEC. It is also an opportunity to provide specific advice and guidance to support the carer through signposting to Carers' Support West Sussex (CSWS).

It may be that the carer is the main contact for installation or a contact for the monitoring centre.

25. Can I refer for equipment that will support the carer?

Yes, and it is helpful to work with CSWS who will also offer support for the carer.

26. Who decides what TEC is appropriate?

Once the referral is received by NRS, they will triage and if necessary, arrange a visit by a specialist OT. Following triage and a possible visit an appointment will be made to install the appropriate equipment. The OT might also suggest that the customer could use existing technology in their home ie Alexa.

If the referrer is confident with the technology they can stipulate what equipment should be installed, otherwise the requirements will be assessed onsite by the assessor at installation. NRS reserves the right to change requested equipment if it is considered inappropriate for the customer.

27. Who responds to an emergency?

The NRS Healthcare monitoring centre is run by a company called Appello and their named/community responder service is run by BDS.

The monitoring centre will assess the situation and call out the appropriate carer/relative/friend or emergency contact i.e.: fire, ambulance, police, if needed.

As a result, the emergency services respond quicker than if 999 were called.

If the customer doesn't have an emergency contact and they don't need the emergency services to attend, the responder service may be asked to visit the customer. All council funded customers have access to the responder service. Private pay customers only have access to the responder service if they have selected and paid for this option.

28. Does my customer need a landline telephone for the equipment to work?

No, NRS are installing digital equipment which can be connected to the digital network via broadband and/or GSM/GPRS.

If you are interested in the digital switchover you can read more here - <https://www.tsa-voice.org.uk/campaigns/digital-shift/>

29. What happens if there is no mobile signal at the customer's home?

The equipment picks up the best mobile signal and can move across providers as signal strength varies. Emergency calls such as those from TECs equipment are given a priority above other calls on networks.

30. Why are you installing digital equipment rather than the traditional equipment we know?

All telephone lines are going to be switched over from analogue to digital by 2025, this process is happening gradually in different areas.

This means that we're ready for the future and have the right equipment in place when the time comes.

Digital equipment is newer and because of the way it works is more reliable and the calls to the monitoring centre connect more quickly. It can also be used in homes which don't have a fixed telephone line, this is becoming more common.

31. Does my customer have to use the equipment provided by the contract?

No, the customer can choose to privately purchase TEC equipment outside of the contract.

32. My customer is not used to using technology. What help will they be given to use it?

The NRS Technician will provide detailed information to the customer about the equipment they are installing and will make sure the customer is happy with the equipment before they leave.

They will also leave behind an installation pack including details of the equipment they've installed and how the service works, details of other relevant services and partners such as Carers Support, Fire and Rescue, and other materials including a card reminding the customers to test their equipment, a card to provide feedback about the service they've received. All of these include contact details for the NRS TECS team.

If your customer is still unsure about how the equipment and service work, they can press their button/contact the monitoring centre who will be able to explain more.

33. I have a customer who likes to get out and about, is there equipment which would suit them?

Yes, there is a range of equipment which allows people to go out and still be safe and contact the monitoring centre or their family and friends carers if necessary.

If you would like further information you can see some of the products at www.nrstelecare.co.uk/westsussex or you can call your local TECS team on 01903 948200.

34. Will there be a cost for Key safe-only orders?

Key safe-only orders will be made through the NRS Community Equipment Service and will not incur any charges to the customer.

35. TEC monitoring devices and linked smoke alarms have been provided as a package under the 13-week free trial model. Under the new NRS Healthcare Service would the customer have to pay extra for a linked smoke alarm?

Monitored smoke alarms/detectors will be part of the new contract and will be included where a monitored service is installed. The customer will not pay any extra for this.

36. Please can NRS clarify what the process is from receipt of the online referral i.e. do we receive an email with a unique referral number? How often do we receive email updates on each referral? How long after installation do we receive confirmation that equipment has been installed?

The process is that once you send the form – this will go directly to the TECS team at NRS. Rather than receiving a confirmation email, you will be advised on the referral portal screen that you 'have successfully completed a referral'. An opportunity to save/print a PDF of the referral will be provided, enabling you to upload this to the customer's record on Mosaic. If you do not receive

this message please check that you have completed all the mandatory fields and re-submit. If the referrer would like to be kept up to date with progress the best way of doing this will be to make a note on the referral so NRS Healthcare can update using a manual process.

If you experience any difficulties in registering/using the portal please contact the NRS TECS Team on 01903 948200 / tecs@westsussex.nrs-uk.net (Monday to Friday 8am-6pm).

All standard referrals will be assessed and installed within 2 working days anyhow and urgent referrals will either be same day (if received before 1pm) or next day before 12 if received after 1pm. Emails will automatically be generated when the installation has been completed.

37. Please can you clarify who BDS (the Mobile Responders are) – what does BDS stand for?

Here is a link here to information about BDS:

<https://bdsrecruitment.co.uk/mobile-response/>.

They will have local responder teams which will grow as the service grows.

Their Mobile Responder service is available where a customer has TEC with a linked monitoring service provided by NRS Healthcare funded by WSCC. Their service is also available via a private payer arrangement with NRS Healthcare.

BDS Mobile Responders respond to the following:

- No response calls – this is where a trigger is activated and the Appello Monitoring Centre cannot speak to the customer via the system or on the phone. Basically a check call to see if all is okay.
- Fallen uninjured – this is where the customer has fallen and is not bleeding or complaining of any severe pain. BDS will attend, use lifting equipment to get the customer up from the floor and will then make sure that they are okay and do not need further help i.e. paramedics, if they do they will then call 999.
- They will not attend planned care, however if the customer does require some "cleaning up" following an uninjured fall then they will help to the best of their ability.

38. Who will be responsible for carrying out the Care Act section 9 eligibility assessments for older adults, lifelong services customers and mental health service users respectively?

This will be a combination of Care Point 2 and the relevant hospital and community social care teams.

39. Where would the TEC demo area be and could OT staff go there to view it and also for training purposes?

The demo room will be at NRS Healthcare's new TEC Service offices and it will be open to health and social care professionals for demonstration purposes and training. Due to the COVID-19 situation there have been delays with the building and refurbishment work but we

are hopeful, depending on any restrictions in place, that the facilities will be available this summer. In the interim, and available on an ongoing basis, NRS Healthcare do have a mobile demonstration van that can be made available, for example for team training sessions or other events. This is also kitted out with the latest TEC solutions linked to Wi-Fi so that full demonstration is viable.



40. We have demo equipment available in some hospitals at moment – can this be resupplied under the new contract?

Yes absolutely, practical arrangements for this can be made with key NRS Healthcare colleagues.

41. Who should I contact if I have any questions?

Please contact the NRS TECS Team on 01903 948200 (Monday to Friday 8am-5pm), you can also email them on tecs@westsussex.nrs-uk.net

Or you can refer to the dedicated web site page for West Sussex professionals at www.nrshealthcare.com/professionals/westsussex

42. How can I make a referral if I have no internet connection at the clients home or if the referral portal is not working?

Wherever possible please use the referral form, this makes tracking referrals much easier and more efficient for NRS Healthcare TECS Team and it also the most secure way. However, if you can't access the internet or the referral form is not working for some reason, you can make a referral using a back-up PDF.

You will need to have already downloaded the PDF which you can find here www.nrshealthcare.com/professional/westsussex. This form is password protected with a generic password. You will need the password to open the form to complete it. The password can be found on the portal here – www.nrshealthcare.com/referralswestsussex, so you will need to keep a note of it somewhere.

Once you have opened and completed the form, please save a copy (for your own records or if you need to update to Mosaic) and submit, this will then be sent to the TECS team at tecs@westsussex.nrs-uk.net.

If you have any questions about the secure PDF please contact the NRS TECS team on 01903 948200 or tecs@westsussex.nrs-uk.net.

43. With door sensors, there are examples where customers have pulled these off, when they have challenging behaviour, are there covert ones available?

Use of infra-red devices is another option for door sensors that can be used.

44. How should children be referred for TEC? Children are not subject to Care Act legislation? In addition, Children's OT Mosaic recording does not use the Wellbeing Conversation paperwork. Should TEC referrals be recorded instead within children's OT Functional assessments, reviews, and case notes?

Children and young people have not previously been referred into the commissioned West Sussex Telecare/ TEC Service. However, there is a strong desire from all stakeholders to test the benefits of being able to refer children and young people. Therefore it has been agreed that this should be piloted for the remainder of the 2020/21 financial year for a specific cohort of children and young people (those open to the Children with Disabilities Teams or Intensive Planning Team) and for just one TEC solution only: Brain in Hand. This will enable a robust evaluation to be completed. These specific referrals can only be made once funding has been agreed by either Caroline Lees (Service Manager, Children's Disability Team) or Charlie Connor (Intensive Planning Team Manager). This small number of referral will not require submission via the NRS Healthcare TEC online referral portal but instead can be phoned or emailed through directly to the NRS Healthcare TECS team by completing the 'Children's Brain in Hand Referral Form' template and emailing it as an attachment to NRS Healthcare's secure email: finance@westsussex.nrs-uk.net. By sending it via a WSCC email address or an NHS.net email address you are ensuring that this is a fully secure email transfer.

45. When would the 6 week Short Term Need customer group period start if the customer goes home following hospital discharge with an Ownfone and then needs an assessment for additional TEC solutions/devices at home?

The 6 week period would start at the point of issue of the Ownfone (with access to the Appello Monitoring Service and the BDS Mobile Responder service also available from that day). In terms of any additional/alternate TEC solutions/devices being installed this would likely occur within the initial period of the service therefore there would be sufficient time to identify whether beneficial to the customer.

46. Is the monitoring centre able to access specific customer protocols for responding when a customer's devices are activated based on their specific needs?

Yes, a highly personalised response can be put in place, especially related to communication or behaviour that challenges in some way.

47. Do NRS Healthcare link with Epilepsy Nurses regarding the appropriate Epilepsy Monitors to prescribe to individuals on a case-by-case basis?

Yes, NRS Healthcare will link as appropriate with Epilepsy Nurses working specifically with individual when prescribing an Epilepsy monitor to ensure the appropriate device is prescribed.

48. Is a 'Longer Term Need' customer the same thing as a customer with a long term need or a long term condition?

No, a 'Longer Term Need' customer is a specific category of TEC referral to the NRS Healthcare TEC Service. Only social care practitioners can refer a customer to the Longer Term Need customer group because this category of referral is only for those customers who are eligible for care and support under the Care Act 2014 (section 9), who will be able to access TEC solutions to meet their needs using council funding (subject to financial eligibility).

49. How would a customer who is deaf or has a hearing impairment be alerted/communicated with if they knowingly or unknowingly activated their TEC alarm/sensors?

There are a number of relevant aspects:

1. Currently three family or friend responders can be listed for each customer with the Appello Alarm Monitoring Centre. Also BDS Mobile Responders are available for those customers with no one else or where an urgent response is needed.
2. Appello can arrange for text messages to be

sent to the customer. This would be reliant on them having their mobile device to hand and, preferably, switched onto vibrate mode to increase the likelihood that they would see the message. An Appello Supervisor would then be able to directly assist the customer using this communication method. Lighting or strobing can be used, but they would still require the customer to be able to communicate back to Appello via text to potentially avoid calling out the emergency services if an alarm has been activated accidentally. Whilst Appello also supports 'TypeTalk' within their Control Centre, the customer would need to subscribe to this service. In their experience they find that texts are quicker, easier and cheaper to use for the customer, offering more flexibility and a smoother customer experience.

3. Currently Appello don't have Text Talk but they are looking into this further.
4. At the present time if Appello receive an alert from a customer who is deaf or has a hearing impairment they are able to contact the customers named responder or BDS Mobile Responder for assistance – they will then be able to alert the customer using text messages or a pager system which could be carried by the customer. This pager will then vibrate to alert the customer that something is wrong and this can be specified at the time of install which item of TEC equipment it is connected to.
5. Sound activated transmitters can be fitted or placed next to smoke alarms or CO₂ monitors and these will send an alert to a vibrating pager or vibrating pillow pad which will alert the customer. These are stand alone items of equipment and are not monitored.

50. Given the two day standard response time, how would NRS Healthcare gain prompt access to BSL Interpreters to support communication with a referred deaf customer (it is reported that on occasion external agencies have accessed the WSCC Interpreting contract to commission one-off BSL Interpreter support)?

Currently letters or emails are sent. BSL Interpreters can be arranged for joint visits with Adult Services staff (NRS Healthcare are looking into developing direct relationships with BSL Interpreters).

Currently Appello do not have a working relationship with BSL services but, depending on demand, are always investigating new ways to support customers. Whilst they do not offer a sign language service at

present, they have reported that they will continue to review the demand and requirements for customers to see if this is something they could support in the future.

51. What actions are in place with the Fire Service regarding the alerting for customers who are deaf related to carbon monoxide/smoke alarms?

The West Sussex Fire and Rescue Service have provided the following information:

- The Fire Service are currently sent a list of customers with different needs and conditions each week by NRS Healthcare and this includes customers who are deaf or have a hearing impairment – this is to help them keep their database updated.
- To date NRS are not able to inform the Fire Service of specific equipment that has been installed. The Fire Service do have access to the Adult Services database and iRIS so can look up that information regarding equipment.
- The Fire Service are able to fit and install stand alone fire safety equipment including flashing or strobe light smoke alarms and these can be connected to a vibrating pillow pad.
- The Fire Service do not have access to BSL Interpreters at this time so all communications are through email or letter. Joint visits have been completed in the past with Adult Services staff and BSL Interpreters have attended but have been arranged through Adult Services not the Fire Service Team.

52. Is the Signolux Pager Systems that the Deaf Service Teams prescribe compatible with NRS Healthcare prescribed devices?

NRS Healthcare have confirmed that at present they don't provide the Signolux Pager System themselves but this is something that is being looked into.

53. How English/text heavy are the Brain in Hand responses? If it is text heavy this could make it difficult for customers with hearing impairments.

NRS Healthcare are looking into Brain in Hand in more detail but the information they have received so far is that the Brain in Hand app can be tailored to the individual so doesn't necessarily have to be word heavy, the alerts and prompts can be pictures, colours, images that are meaningful to the customer and can all be added at the time of set-up.

54. Do Appello have any specific plans to introduce video call technology for deaf customers they monitor (could be linked to remote signing or pre-set videos with BSL Interpreters)?

There are future plans for Appello to do pre-programmed video calls with BSL Interpreters for different scenarios but this is not available at this time.

55. When should we use the standard and urgent referral options and who can use the 'Fast Track' options listed on the referral form?

Following the referral, NRS will contact the customer and attempt assessment / installation, either:

on the same day as the referral, if it is marked as 'urgent' and received Mon-Fri before 1pm (or if received after 1pm before 12pm the next day); or within two days of the referral (Mon-Fri) when it is marked as 'standard'.

It is anticipated that all referrals will be marked as 'standard' with the exception of those 'urgent' referrals related to urgent hospital discharge or admission avoidance.

In addition in response to feedback received to date, NRS Healthcare have introduced an additional set of 'Fast Track' options, these are only to be used by NHS staff to facilitate a straightforward hospital discharge / or a genuine prevention of admission (where TEC will present an admission to hospital).

If you are referring a patient due to be discharged from hospital under the 'urgent' referral option who is not currently medically fit, where possible please note on the online referral form "not currently medically fit but estimated discharge date of: ..." you can add this date in the "Hospital discharge date (if relevant)" box on the online referral form.

56. What support can the Appello Monitoring Centre provide for those customers with other spoken languages?

Please inform Appello of specific language needs. Appello currently use a system called Language Line across the control room for any customer which allows them to access an interpreter.

The only other alternative is that a customer would have a named contact who is able to liaise between the customer and Appello should Appello received a call. However, they would need to be available 24/7 in any situation.

57. What would BDS do if a customer has a different spoken language? Would they just have to respond if urgent, and then contact a pre-arranged person/named contact who can liaise/communicate directly with the customer?

BDS would respond as per the usual timescales because the assumption is that there is an emergency/urgent situation requiring an urgent response but they would then liaise with whoever the pre-arranged person is - be it an interpreter or named contact.

58. What happens to existing WELbeing customers - do we review and request NRS liaise to change over to them or can they remain with WELbeing?

Customers who have been referred to WELbeing under the 13-week free trial and are private payers with WELbeing do not have to be transferred to NRS. If a customer makes contact with Adult Social

Care who already has TEC/telecare equipment from WELbeing (or another local provider) but it is perceived they would likely benefit from further assessment/provision of TEC, then as per the strengths based approach the customer can in the first instance be redirected to their existing provider for reassessment through their private pay arrangement (they can of course be directed to access advice on optimising their income/benefits to fund this e.g. Attendance Allowance/PIP).

If this approach is not sufficient to meet their needs the social care worker can complete an assessment of eligibility under the Longer Term Need customer group criteria to determine if the customer is eligible under the Care Act (section 9) and if technology could partly or wholly meet the customer's needs/outcome(s), as well as identifying if the customer is under the national capital limit for funding. If both these tests of eligibility are met and if the customer is happy to give notice to their existing provider, they can be referred to NRS Healthcare under the Longer Term Need customer group. If the customer is eligible on both counts (and therefore eligible under the Longer Term Need category) but does not wish to give notice to their existing provider they would need to stay with their existing provider under their private pay arrangement.

If an existing customer has a review/reassessment during which it is identified that the TEC they self-fund through a private payment arrangement with another TEC provider e.g. WELbeing, is not just an 'add on' but does or could partly or wholly meet their needs/outcome(s), and the customer is happy to give notice to WELbeing, they could then be referred to NRS Healthcare under the Longer Term Need Customer group (social care workers would need to identify on the referral form the TEC Benefit e.g. 'preventing/reducing domiciliary care or preventing an increase' and estimate the number of hours per week etc). NRS Healthcare would potentially identify new/different TEC devices to meet the customers outcomes and would of course fit digital TEC equipment by default (an enhancement on the analogue devices currently in place). The worker will need to ensure that this is reflected in the customer's support plan and request a new financial assessment to ensure that the person does not have TEC included as part of a Disability Related Expenditure. The transfer from one provider to another would need to be managed in a timely way by NRS Healthcare to ensure that the customer did not have a gap in any vital TEC services. If such a customer did not wish to give notice to their existing provider e.g. WELbeing, they would need to stay with their existing provider under their private pay arrangement.

59. If I refer a customer to NRS Healthcare under the Short Term Need customer group are they able to keep stand alone TEC equipment after the 6 week period free of charge period at no further cost? For example can a customer in the Short Term Need customer group who has been issued with a chair sensor/bed sensor with a pager that is held by

a friend or family carer who lives with them (rather than there being a link up to the NRS Healthcare/Appello Monitoring Centre) keep this equipment at no cost at the end of the 6 week period?

No, as per the info provided in the 'Information about what happens once a client has been referred' leaflet that is available for customers and also located on the NRS Healthcare West Sussex professionals webpage [here](#). The TEC service/equipment is provided free of charge for a 6 week period only, to those customers who are referred under the Short Term Need customer group.

The Short Term Need customer group is ultimately only for customers who require access to TEC for up to 6 weeks only, irrespective of whether stand alone or monitored equipment is provided. This is because the TEC Service model is different to the Community Equipment Service model.

If a customer has a longer term need for TEC they would either need to make a private pay arrangement with NRS Healthcare or another supplier, or be assessed as eligible under the Care Act section 9 (and assessed as financially eligible to receive council funding) and then referred to NRS Healthcare under the Longer Term Need customer group.

A customer who has been referred under the Short Term Need customer group and who has monitored equipment that they wish to keep beyond the 6 week period would need to make a private pay arrangement with NRS Healthcare to pay the ongoing monitoring costs and similarly a customer that has stand alone equipment that they wish to keep using would also need to arrange to pay NRS Healthcare directly to facilitate keeping this at the end of the 6 week period.

Therefore the options for Short Term Need customers coming to the end of their 6 week free of charge period (irrespective of whether they have stand alone or monitored TEC equipment) are to:

- End their TEC Service/return the equipment to NRS Healthcare;
- Arrange to pay NRS Healthcare directly to continue their access to the TEC Service;

Alternatively a small number of customers may transfer across from the Short Term Need customer group to the Longer Term Need customer group if it is identified that they actually have longer term need for the TEC Service (either monitored or stand alone equipment) and they are assessed as eligible under the Care Act section 9 and meet the financial eligibility for council funding (if they do not meet this financial eligibility they would need to arrange to pay NRS Healthcare directly as a private payer).

NB. There is no ongoing cost for Key safes and no requirement for them to be returned at the end of the 6 week period if the customer is ending their TEC Service.

60. What is the Fast Track referral option in the Priority of Referral section on the Technology Enabled Care (TEC) online Referral Portal?

In response to feedback received NRS Healthcare have added an additional 'Fast Track' option to the Priority of Referral section on the Technology Enabled Care (TEC) online Referral Portal. This is only to be used for urgent situations related to hospital discharge or prevention of admission. Please refer to the screenshot below:

The screenshot shows two sections of the referral form. The first section, 'Type of Referral', has a dropdown menu set to 'Short Term Need'. Below it is a note: 'Maximum six week service period to provide support in a crisis or some other urgent or short term requirement e.g. discharge from hospital, avoiding a hospital admission, delaying/reducing a more costly intervention'. The second section, 'Priority of Referral', has radio buttons for 'Standard' (selected) and 'Urgent'. A 'Click for info' link is present. Below the radio buttons is a note: 'Fast Track basic telecare package option: ONLY to be used for hospital discharge or prevention of admission. NRS Healthcare will only install and not complete a further assessment unless you indicate the need for this below. The responder details must be completed in full to prevent delay to installation.' There are several checkboxes: 'Telecare home unit with pendant' (unchecked), 'Telecare home unit with fall detector' (checked), 'Wrist worn' (checked), 'Neck cord' (unchecked), 'Smoke alarm(s)' (checked), and 'Keysafe' (unchecked).

61. We have experienced difficulties in completing the TEC Referral form using both Microsoft Edge and Google Chrome, some of my colleagues have found that they only discover after completing the form that they are using the incorrect browser, if they are using the incorrect browser, the TEC Referral doesn't save the details populated on the form, so effectively, we have to go and re-submit the form again, which is time consuming for us as a team. Is there any function envisaged to be able to save the document before submitting, so that we are able to minimise this issue?

For security purposes there is no plan to allow users to save the document before referring, this would change the security levels required and would make it more onerous to refer. The referral form is designed to work on all modern browsers so anyone using their work computer shouldn't experience difficulties as these are regularly updated.

If you do find that you are experiencing difficulties on a particular browser please let us know – mtownsend@nrs-uk.co.uk or 07713507925, with the details of the browser you're using and we can make sure it works in the future.

62. If I refer a customer to NRS Healthcare under the Short Term Need customer group are they able to keep stand alone TEC equipment after the 6 week period free of charge period at no further cost? For example can a customer in the Short Term Need customer group who has been issued with a chair sensor/bed sensor with a pager that is held by a friend or family carer who lives with them (rather than there being a link up to the NRS Healthcare/ Appello Monitoring Centre) keep this equipment at no cost at the end of the 6 week period?

No, as per the info provided in the 'Information about what happens once a client has been referred' leaflet that is available for customers and also located on the NRS Healthcare West Sussex professionals webpage [here](#). The TEC service/equipment is provided free of charge for a 6 week period only, to those customers who are referred under the Short Term Need customer group.

The Short Term Need customer group is ultimately only for customers who require access to TEC for up to 6 weeks only, irrespective of whether stand alone or monitored equipment is provided. This is because the TEC Service model is different to the Community Equipment Service model.

If a customer has a longer term need for TEC they would either need to make a private pay arrangement with NRS Healthcare or another supplier, or be assessed as eligible under the Care Act section 9 (and assessed as financially eligible to receive council funding) and then referred to NRS Healthcare under

the Longer Term Need customer group.

A customer who has been referred under the Short Term Need customer group and who has monitored equipment that they wish to keep beyond the 6 week period would need to make a private pay arrangement with NRS Healthcare to pay the ongoing monitoring costs and similarly a customer that has stand alone equipment that they wish to keep using would also need to arrange to pay NRS Healthcare directly to facilitate keeping this at the end of the 6 week period.

Therefore the options for Short Term Need customers coming to the end of their 6 week free of charge period (irrespective of whether they have stand alone or monitored TEC equipment) are to:

- End their TEC Service/return the equipment to NRS Healthcare;
- Arrange to pay NRS Healthcare directly to continue their access to the TEC Service;

Alternatively a small number of customers may transfer across from the Short Term Need customer group to the Longer Term Need customer group if it is identified that they actually have longer term need for the TEC Service (either monitored or stand alone equipment) and they are assessed as eligible under the Care Act section 9 and meet the financial eligibility for council funding (if they do not meet this financial eligibility they would need to arrange to pay NRS Healthcare directly as a private payer).

NB. There is no ongoing cost for Key safes and no requirement for them to be returned at the end of the 6 week period if the customer is ending their TEC Service.