DRAFT
EUROPEAN CODE OF PRACTICE FOR TELEHEALTH SERVICES

DECLARATION

I, the undersigned

a) **acknowledge receipt of this copy of the Draft European Code of Practice for Telehealth Services;**

b) **understand that the copyright associated with the Draft Code is shared between the TeleSCoPE project partners, is regulated by TeleSCoPE consortia agreements and ultimately by the contractual arrangements that pertain to the EU Health Programme;**

c) **undertake not to distribute or copy the contents of this Draft Code excepting with key staff of my organisation who may have a legitimate interest in it; and**

d) **will ensure that those staff with whom this Draft Code is shared are fully aware of the contents of this declaration.**

Signed ……

Organisation …….

Organisation Address ……

……

Website

…….

Contact Details ……..

DRAFT
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PRELIMINARY NOTES

This Draft European Code of Practice for Telehealth Services ('the Draft Code') will be subject to validation during the summer and autumn of 2012. The validation will be supported by a checklist of actions and questions and is taking place in the context of telehealth services in at least 20 services across Belgium, Hungary, Italy, Slovenia and the United Kingdom.

A signed declaration that may have been removed from this numbered copy of the Draft Code (or other written declaration provided to Coventry University Enterprises, the TeleSCoPE project lead partner) states that the signatory

a) acknowledges receipt of this copy of the Draft European Code of Practice for Telehealth Services;

b) understands that the copyright associated with the Draft Code is shared between the TeleSCoPE project partners, is regulated by TeleSCoPE consortia agreements and ultimately by the contractual arrangements that pertain to the EU Health Programme;

c) undertakes not to distribute or copy the contents of this Draft Code excepting with key staff of the organisation who may have a legitimate interest in it; and

d) will ensure that those staff with whom this Draft Code is shared are fully aware of the contents of this declaration.

ACKNOWLEDGMENTS

The work undertaken by all partners to the TeleSCoPE project that has contributed to the Draft Code is acknowledged. This relates, in addition, to the contents of the project's Foundation Papers that are available on the TeleSCoPE website at www.telehealthcode.eu . The TeleSCoPE partners and their contact details are listed on page 34.

In addition the Draft Code has benefited from the support and guidance of a range of 'critical friends' in different parts of the European Union and feedback through consultation with many key stakeholders.

AN INVITATION

You are welcome to evaluate the Draft Code against the criteria specific to your service area or your professional or personal expertise. We invite you, in any case, to inform us of your comments and suggestions regarding the Draft Code. These comments and suggestions will be taken into account as further validation and finalisation of the Draft Code takes place prior to its completion and launch at Medetel in April 2013.

A proforma is appended at the end of this document to assist you in making your comments and suggestions. You are free, of course, to add further comments. These should be sent electronically, by June 30th 2012, to Dr Malcolm Fisk at Coventry University [mfisk@cad.coventry.ac.uk]. Exceptionally, written (non-electronic) comments may be sent for his attention at the

Health Design and Technology Institute
Coventry University Technology Park
Puma Way
Coventry, United Kingdom
CV1 2TT

PREAMBLE PRÉAMBULE EINLEITUNG PREAMBOLO

The successful development of telehealth services necessitates a high level of trust among clinicians, healthcare and support practitioners, service users and carers. The need for such trust has repeatedly been called for by the European Commission, governments in member states and both patient and service user representative organisations.

This is the first draft of the European Code of Practice for Telehealth Services. In addressing telehealth *services*, it complements emerging guidance that focuses on technological and legal requirements. Crucially, as well as providing a benchmark against which telehealth services will be able to be measured, the Code will guide service developments and support the necessary paradigm shift by which more people will be able to take greater responsibility for their own health. In so doing, health, in both its clinical and wellness senses, will be addressed and will be seen as relevant to people of *all* ages.

Le développement couronné de succès des services de télésanté nécessite un haut niveau de confiance entre les cliniciens, les praticiens de télésanté, ses utilisateurs et soignants, ainsi que pour le support en lui même. Le besoin de ce sentiment de sécurité est régulièrement exprimé par la Commission Européenne, les gouvernements des États membres, les patients, ainsi que les organisations d'utilisateurs.

Ceci est la première ébauche du Code Européen de Pratiques pour les Services de Télésanté. En s'adressant aux *services* de télésanté, le Code complète la nouvelle orientation qui met l'accent sur les exigences technologiques et juridiques. Fondamentalement, il fournit également une référence à laquelle les services de télésanté pourront se comparer. Le Code guidera le développement des services, et supportera le changement de paradigme nécessaire, grâce auquel plus personnes seront aptes à prendre des plus grandes responsabilités vis à vis de leur santé. De ce fait, la santé, d'un point de vu clinique, et bien-être, sera adressée et perçue comme étant pertinente pour des personnes de *tous* âges.

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Die erfolgreiche Entwicklung von telemedizinischen Dienstleistungen erfordert ein hohes Maß an Vertrauen zwischen Klinikern, Pflegepersonal, Benutzern und Betreuenden. Die Notwendigkeit dieses Vertrauens wurde wiederholt von der Europäischen Kommission, den Regierungen der Mitgliedstaaten und von Patienten und Anwendern repräsentierender Organisationen verlangt.

Dies ist der erste Entwurf einer Europäischen Leitlinie für Telehealth Dienstleistungen. Indem sich diese Leitlinie auf telemedizinische *Dienstleistungen* konzentriert, ergänzt sie neue Richtlinien, die sich auf technische und rechtliche Anforderungen fokussieren. Diese Leitlinie bietet Vergleichskriterien für Telehealthdienste, unterstützt so die Entwicklung neuer Services und führt zu einem notwendigen Paradigmenwechsel durch den Menschen in die Lage versetzt werden, mehr Verantwortung für ihre eigene Gesundheit zu übernehmen. Dabei wird die Gesundheit aus der klinischen wie aus der Wellness-Perspektive betrachtet und als relevant für Personen *aller* Altersgruppen angesehen.

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Lo sviluppo efficace e riuscito dei servizi di telesanità necessita di un elevato livello di fiducia tra personale medico, professionisti del settore sanitario, utenti e personale di assistenza. La necessità di tale fiducia è stata ripetutamente sottolineata dalla Commissione Europea, dai governi degli stati membri e da organizzazioni rappresentative sia di utenti che di pazienti.

Questa è la prima stesura del Codice di Pratica Europeo per i Servizi di Telesanità. Nel rivolgersi ai *servizi* di telesanità, il Codice integra le direttive emergenti incentrate sui requisiti tecnologici e legali.

Fondamentalmente, oltre a fornire un banco di prova per poter valutare i servizi di telesanità, il Codice guiderà lo sviluppo dei servizi e offrirà supporto per operare il necessario spostamento di approccio tramite il quale un numero maggiore di persone sarà in grado di assumersi più responsabilità rispetto alla propria salute. In tal modo, la sanità, intesa sia nella sua accezione clinica che di benessere, sarà affrontata e considerata come rilevante per persone di *ogni* età.

THE TELESCOPE PROJECT

The TeleSCoPE project is developing a European Code of Practice for Telehealth Services. It includes 13 partners from 7 Member States of the European Union (EU). These comprise 4 service user representative bodies, 2 academic institutions and 7 SMEs and other institutions. The partners are listed on page 34.

Telehealth relates to those aspects of telemedicine and telecare that are delivered in people's homes and mediated through ICT. The highest profile attaches to those services that offer vital signs monitoring for people with long-term, notably chronic heart and respiratory, conditions. Other services are emerging, however, that are concerned with medication compliance, health training and activity monitoring. Established services that also fall within the ambit of telehealth are those that relate to social alarms and telecare. The TeleSCoPE project and *ipso facto* this Code embraces all of these. It reflects, therefore an 'integrated vision' that embraces health and wellness.

The TeleSCoPE project will, through the Code, help to establish quality service standards (thereby enabling regulation) and will build trust between service users, patients and providers. In so doing it will contribute to people's health and wellness. The Draft Code references or complements other standards that relate to service quality, technical (including interoperability) and information (privacy, etc.) issues. It references, therefore, various ISO (International Standards Organization) standards by which telehealth services can be guided and it is anticipated that, with further development, the Code will be harmonised with the quality standards for Ehealth that are envisaged as emerging from the second Phase of the eHealth-INTEROP (Mandate 403) project.

The Communication COM(2008)689 of the European Commission on 'Telemedicine for the Benefit of Patients, Healthcare Systems and Society' and the ensuing Staff Working Paper SEC(2009)943 are touchstones for the TeleSCoPE project. These was explicit in calling for building 'trust and acceptance' of telemedicine (arguably embraced within telehealth) - seeing these as helping to overcome the barriers to its wider use.

The context is one where there is a rapid emergence of telehealth services that respond to recent advances in information and communications technologies; and are also, in part, driven by the imperative to change some of the ways in which health and support services are proffered. The level of trust that is needed for telehealth services is, of course, necessarily high in view of many being focused on the needs of people who are vulnerable and/or have long term conditions. Particularly stringent criteria must apply, therefore, to devices and their usage in order to safeguard patients and service users against any harm. However, such safeguards also need to be in place with regard to the reliability and integrity of the communications networks; and the ethos, skills and abilities of service staff.

The release of the Draft Code has been presaged by work set out in three Foundation Papers FP1 Glossary of Terms; FP2 Ethics and Good Practice; and FP3 Overview of the Literature (see www.telehealthcode.eu). A fourth Foundation Paper, styled as FP4, brings together key themes and helped the project move from an exploratory approach to setting out of the Draft Code.

The TeleSCoPE project fits with EU initiatives that promote healthy lifestyles, healthy workforce and healthy life years, social inclusion and engagement, economic and social development, ICT applications

and the co-ordination of policies and programmes. The context embraces the Digital Agenda for Europe - with key actions that include the 'achievement by 2020 of widespread telemedicine services`', with recent consultation on the eHealth Action Plan 2012-2020 finding that over two thirds of respondents support the need for development of guidelines / codes of conduct; and the Innovation Union that includes the European Innovation Partnership on Active and Healthy Ageing whose strategic implementation plans reference telehealth and call (more broadly) for appropriate regulatory frameworks.

The main output of the TeleSCoPE project is the Code of Practice and associated plans to facilitate its continued development and its adoption by member states. The final version will be launched at Med-e-Tel in April 2013. No such service code currently exists. The Code developed by the TeleSCoPE project will, therefore, fill a void. And, while it is not its primary role, it is expected that the Code will help to guide the way in which telehealth services develop in the European Union.

TeleSCoPE
EUROPEAN CODE OF PRACTICE FOR TELEHEALTH SERVICES
DRAFT – APRIL 2012

Introduction

Telehealth services will increasingly support the health and wellness of people of all ages in the European Union. The necessity for such services and some of the associated benefits, are clear from successive documents issued by the European Commission – notably the Communication COM(2008)689 and the associated Staff Working Paper SEC(2009)943 on 'Telemedicine for the Benefit of Patients, Healthcare Systems and Society'.

This Code of Practice (hereafter, the Code) provides a framework by which service providers in all 27 member states of the European Union can aspire to or ensure the maintenance of minimum standards for telehealth services; and, through appropriate monitoring and auditing, be regulated. In so doing the Code helps to nurture trust in a context of high quality telehealth service provision. The definition of telehealth set out below derives from the work of the TeleSCoPE project (see www.telehealthcose.eu).

> *Definition of Telehealth*
>
> *Telehealth is …the means by which technologies and related services concerned with health and wellness are accessed by or provided at a distance in order to facilitate the empowerment, assessment or the provision of care and/or support for people and/or their carers (at home or in the wider community).*

The Code endeavours to support the firm EU policy direction relating to health and wellness which calls for the empowerment of and, wherever possible, self-support by service users and carers. It helps, therefore, to promote service frameworks that are significantly different from those that, in the past, have been *delivered to* patients according to medical models of care and are sometimes associated with tele*medicine*. Instead the Code promotes a model that, as well as facilitating service delivery is sufficiently broad to *enable access by* people who seek to use telehealth services. It, therefore, is more tuned to meet needs associated with both health and wellness rather than specifically focusing on medical conditions and clinical outcomes. The approach always includes the service user or patient; and is underpinned by an ethos that is concerned with people's autonomy and choice.

The Code, therefore, has a 'dual focus'. It embraces services that are concerned with, on the one hand, personal wellness (well-being), lifestyles and preventative health; and with, on the other hand, health in its more clinical sense. It offers an integrated vision that draws from different professional perspectives. Its purview, therefore, is much wider than would be suggested by some other interpretations of telehealth – where these have been based more narrowly on the provider perspective; or have focused on the technologies and services that are simply associated with vital signs monitoring. This means that the Code is not only of the utmost relevance to clinicians, allied health and social care professionals; it is also important to a broad range of practitioners, home support and advisory workers; and, of course, to service users and, sometimes their informal carers. And insofar as wellness has an impact on people's

engagement in the economic and social lives of their communities, the Code also carries great relevance for employers, planners and politicians.

The Code, in being focused on telehealth *services*, is less concerned with the technologies that are either provided or offered. Reference is made, however, to the necessity for services to (a) use and, where appropriate, procure and offer technologies that meet necessary technical regulatory criteria; and (b) for those technologies to afford a high degree of interoperability. This reflects a perspective in the Code that is concerned with people's choices - since interoperability offers the means by which these can both be increased and changing needs more readily accommodated.

The Code derives directly from work undertaken by the EU funded TeleSCoPE project (www.telehealthcode.eu). Its adoption within appropriate guidelines or regulatory frameworks within member states will support progress towards appropriate service quality standards.

Before setting out the detail of the Code, it is necessary to affirm that no presumption is being made regarding any superior nature of telehealth services vis-à-vis other services that relate to people's health and wellness. Telehealth services are an option that people may choose and which may stand alone or be accessed (or delivered) alongside other services.

Finally, while it is recognised that telehealth is used by people of all ages (and who are normally able to manage their own health), a sizeable number of those who access such services are substantially disabled, frail, or have chronic conditions. Their vulnerability means that the Code recognises that the modes of provision of some telehealth services where more limited choices may be offered to those who are less able, unable or choose not to exercise service choices that might otherwise be available to them. Following from this is the need for a mix of means by which services are delivered and/or can be accessed and, therefore, can meet the needs of a diverse range of service users with changing needs and choices.

Code Content

The headings by which the content of this Code is set out are indicated in the 'doughnut' diagram overleaf. [Note: These headings will be set out in more detail and amended, if necessary, prior to the launch of the Code in April 2013.] This shows a division of the Code into three sections:

A. General Considerations
B. Service Location and Technological Considerations
C. Service Operational Requirements

The person who accesses telehealth services is represented by the figure at the centre. Their position symbolises the paramount importance of service users being focal, normally able to exercise choices about the services they access; owning the data held by the service regarding themselves and their service usage; and with their views and opinions (and, where appropriate, the views of their informal carers) taken into account by service providers.

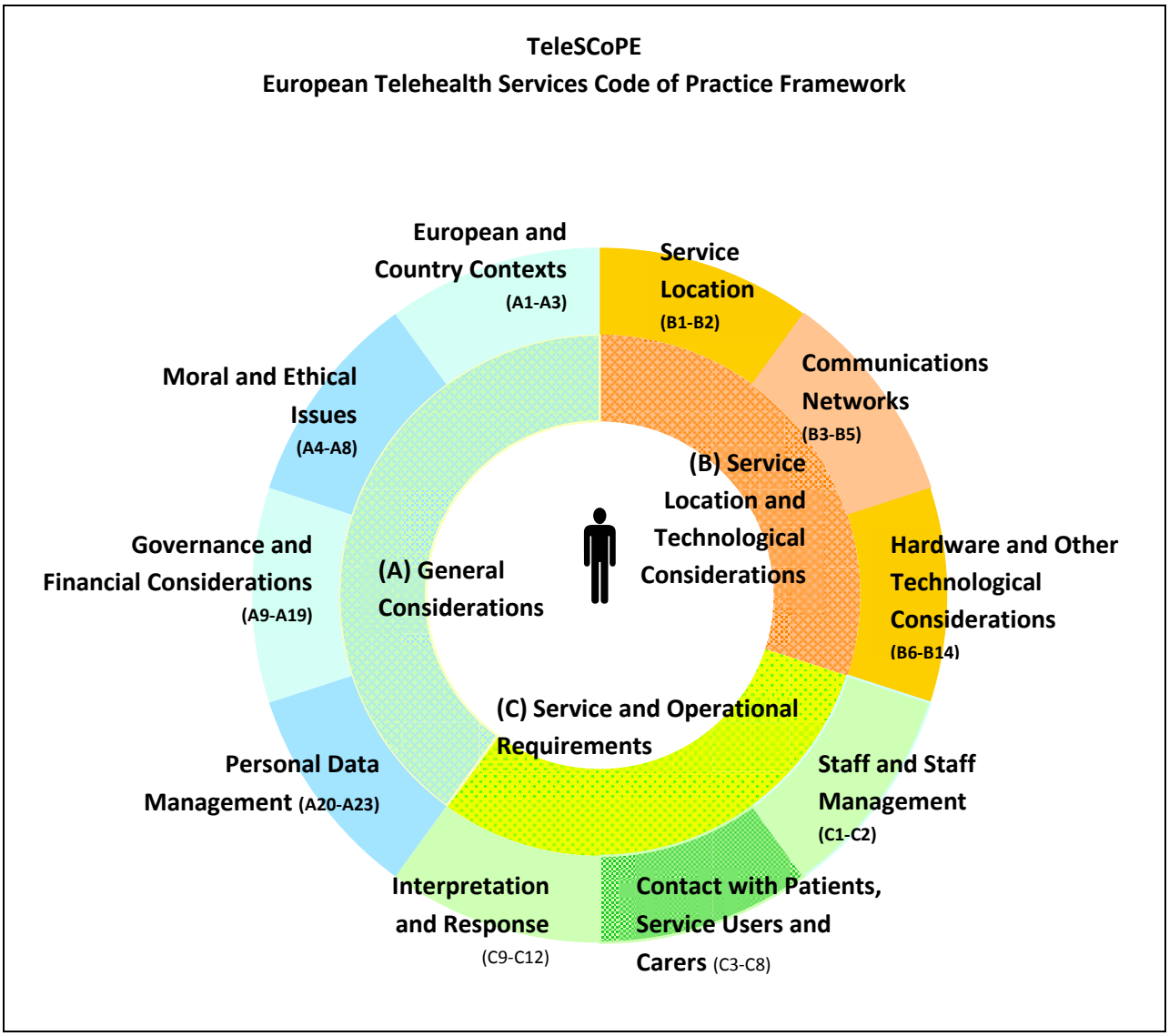
Code Applicability

Telehealth services will be accessed by a range of people of all ages in relation to different needs, conditions and circumstances. Such needs, conditions and circumstances may, furthermore, be the subject of frequent change. In their varied range of applications, the roles of telehealth services may

relate, therefore, to needs from the beginning to the end of life – extending from pregnancy to palliative care; and may include a wide range of needs in between.

Examples of service roles include the following:

- activity and gait monitoring (with or without tracking);
- health (or motivational) coaching;
- lifestyle monitoring (including nutrition, exercise and sleep);
- monitoring of and support for medication or therapy compliance;
- monitoring for falls and seizures;
- point of care testing;
- provision of health information, advice and guidance;
- social alarms (safety alarms, personal response systems); and
- vital signs monitoring.



These embrace several of the roles currently recognised within telecare services. Each may mediated by telecommunications technologies that include e.g. fixed phones, mobile phones, smart phones, tablet PCs and interactive television; and operate via wired, mobile, terrestrial or satellite networks.

It is considered that the relevance of telehealth (and *ipso facto* this Code) has particular applicability in the context of ongoing / long-term and more episodic contact between services and service users; and also in relation to

(a) long-term conditions – mainly focused on older people who have left the workforce and have needs around the management of their condition(s); and

(b) lifestyles and preventive agendas – with a broader focus by which better health is both maintained and the management of any long-term condition is achieved at the same time as people (of all ages) have high levels of continuing involvement in work, home and community life.

There is, of course, a blurred boundary between the two. But for both there is applicability for agendas relating to more person-focused services, service user empowerment, their dignity and the respect afforded to them.

Code Terminology

The meaning of terms included in this Code is, wherever relevant, as set out in the applicable statutory requirements and regulatory frameworks. Those definitions take precedence over the ones set out in the Glossary of Terms (FP1) used for the TeleSCoPE project (www.telehealthcode.eu) which otherwise apply.

Other key terms, are defined below:

- Carers:
  Carers are individuals or agencies who provide formal or informal support for service users.
- Recognised Carers:
  Recognised carers are those individuals or agencies recognised as able to make decisions on behalf of the service user in the event of the latter being a child or having a permanent and serious mental impairment.
- Service Providers:
  Service providers are formally constituted organisations, in the public, private or third sectors, that provide telehealth services.
- Service Users:
  Service users are individuals who access and/or use the telehealth service. Some are self-supporting service users who exercise choice in accessing and using services in accordance with their needs

Code Compliance

Compliance of telehealth services is required to *all* applicable clauses of the Code, except where indicated otherwise. [Note: Within the framework to be put forward in 2013 (the date for the launch of the Code), it is anticipated that compliance (whether determined via self-certification or an external auditing or certification body) will confer the right to display a logo affirming the same.]

TeleSCoPE
European Telehealth Services Code of Practice Framework
PART A:
GENERAL CONSIDERATIONS

European and Country Contexts

The strategic and policy direction being taken by the European Commission is echoed in the approach taken within this Code. The Europe 2020 Strategy and the Horizon 2020 Framework Programme for Research and Innovation represent two key 'touchstones' for the Code with their commitment to actions and initiatives that will

- expand Internet access to at least 50% of households by 2020;
- promote active ageing (improved health status and quality of life);
- increase the engagement of disabled and older people in the workforce;
- foster resource efficiency, smart and sustainable growth; and
- reduce poverty and social exclusion of at least 20 million people by 2020.

A1 Services shall operate in accordance with the following:

A1.1 The principles set out in the Charter of Fundamental Rights of the European Union (http://www.europarl.europa.eu/charter/pdf/text_en.pdf).

A1.2 The requirements and associated regulatory frameworks as set out in relevant European Commission directives and key legislation adopted in the member states within which the services are operative. Commission Directives that specifically apply in the context of telehealth are noted as including

- Directive 2011/24/EU on Patients Rights in Cross-Border Healthcare
- Directive 2009/136/EC on Service User Rights
- Directive 95/46/EC on Data Protection
- Directive 98/79/EC on Medical Devices

Other Directives that apply include

- Directive 2001/95/EC on General Product Safety
- Directive 1999/34/EC on Liability for Defective Products
- Directive 1999/44/EC on the Sale of Consumer Goods
- Directive 2000/31/EC on eCommerce
- Directive 2002/96/EC on Waste Electrical and Electronic Equipment (WEEE)

Note: This is not an exhaustive list. Other statutory requirements and regulatory frameworks will also apply e.g. with regard to quality standards, the recording and the sharing of medical data. A new Directive on Data Protection is likely in 2012.

A1.3 Statutory requirements and associated regulatory frameworks as set out in legislation in the member states within which services are operative (including those relating to European Directives) and in respect of relevant matters pertaining to telehealth services including

- accounting and auditing
- checks regarding the registration of employees
- consumer rights
- employment
- equal opportunities
- financial management
- health and safety
- insurances
- reimbursement of clinicians and other health practitioners

Note: Checks regarding the registration of employees includes undertaking the procedures required to ensure the currency and appropriateness of staff skills, knowledge and their ability to practice; also their suitability for the work in question where they have contact with service users or carers; or access to information regarding them. Note that this is not an exhaustive list. Other statutory requirements and regulatory frameworks will also apply.

A1.4 Where relevant, the statutory requirements and associated regulatory frameworks for non-EU member states within which the service is operative.

Note: Services operative wholly within the EU need to be able to meet the requirements of this clause if personal information regarding service users or carers is stored or transferred to or from such non-EU countries.

A2 Statutory requirements and regulatory frameworks change during the course of time. Services will be required, therefore, to amend their practices, reconfigure or replace their service approaches or technologies as necessary when new requirements or regulatory frameworks come into force.

Note: Such changes will necessitate information regarding the same to be provided, and timely and relevant training given, where appropriate, to service users, carers, staff and contractors.

A3 Whilst recognising and according with the European Commission directives relating to environmental issues (and, therefore, operating practices that facilitate the recycling of telehealth technologies) services shall have an environmental policy and shall demonstrate how, in their procedures and practices, proper endeavours are made to minimise their carbon footprint without compromising service quality (e.g. by attention to recycling of devices and batteries; or the use of video-consultations that obviate the need for travel).

Moral and Ethical Issues

Telehealth services shall be founded on moral and ethical principles that are commensurate with objectives concerned with service quality and the nurturing of trust. Relating to these are European Union goals concerned with building citizenship, improving lifestyles, extending people's healthy life years, and engaging people more fully in the economic, social and political life of their communities. Services shall, therefore, offer choices and ensure that people are, in normal circumstances, properly informed regarding service options and, for instance, the safeguards regarding the storage and use of their personal data.

A4 Services shall have clear values and a mission that is founded on sound moral and ethical principles, and operate in a way that (wherever possible and appropriate) empowers service users. Both the values and the mission shall be prominent in the service literature, on the website and in other information accessible to people, carers and others who access or may wish to access it.

A5 Services shall be made available to people who wish to access them in a manner that, wherever possible, offers free and informed choice. This shall be achieved by:

A5.1 The provision of comprehensive and honest information, where appropriate in different formats (such as Braille) or in different languages , about the service, service options, the manner of their operation, termination (by the provider) or withdrawal (by the service user or carer) arrangements, and all applicable charges.

Note: Service users and carers shall have the right to be informed, in broad terms (though not in a manner that would infringe Intellectual Property or might be reasonably regarded as commercially confidential), about the devices, sensors and communications methods by which the service operates. They shall have the right to be informed of the country in which his/her data is stored.

A5.2 Ensuring that all staff who have written, verbal or face to face (personal or virtual) contact with people (service users, potential service users or carers) who access their services, demonstrate good, empathetic and informed approaches.

A5.3 Ensuring that service user and carer obligations and the costs to them are clear in respect of e.g. equipment (or software) supplied or obtained by them that enables them to use the telehealth service.

Note: This includes the cost of replacement batteries, servicing, etc. It also includes e.g. the cost of (and network charges relating to) smart mobile devices that require charging and/or may not function in areas of poor or absent network coverage.

A6 Services shall in all aspects of their operation, give precedence to the views, opinions and choices of service users except where those services provide for the needs of a dependent child

or a severely incapacitated adult who is unable to communicate his/her view. Exceptions will apply where reference can be made to (prior and properly recorded) clear instructions from service users (including advance directives e.g. for people with degenerative or a seriously disabling condition) who access the services.

Note: Where a service user is a dependent child or is severely incapacitated and unable to communicate his/her view, the views, opinions and choices of recognised carers, normally close relatives, shall be taken into account. Where a service user has a known degenerative condition that will affect his/her ability to express a view about the service and the manner of its provision, his/her view shall as far as is reasonable be sought in advance, with sensitivity to the particular circumstances.

A7 Services shall, in the manner of their operation, take cognisance of recognised guidance, emanating from the European Commission or its agencies, regarding good practice for telehealth services.

Note: Good practice is driven by values. This Code seeks to support the development and recognition of good practice in telehealth services that is reflected e.g. in the pursuit of appropriate goals that relate to people's wellness, empowerment and inclusion; and the proffering or use of technologies that facilitate access and usage by people who may have different physical or sensory impairments.

A8 Service providers shall not knowingly market or make available their wares inappropriately e.g. by preying on the fears of vulnerable people; promoting the service in areas where the network infrastructures lack the capacity for effective operation; or making false or unsubstantiated claims.

Note: The reputation of telehealth services, in part, hinge on full compliance with this clause.

Governance and Financial Issues

Operation in accordance with statutory and regulatory requirements helps to ensure that quality standards are met and that services are financially robust, legally constituted and have appropriate governance frameworks in place. Conformity with the same can mean that appropriate levels of trust will be nurtured in telehealth services among all stakeholders (including relevant regulatory, auditing and inspection bodies).

A9	Services shall be appropriately resourced and operate with sufficient reserves to ensure sustainability and/or managed cessation or transfer with minimal disruption, and with minimal additional risk, to service users or carers. This shall be achieved by:
A9.1	Generating sufficient net income (including any subsidies received from statutory, charitable or other sources) or having sufficient capital reserves to meet all contractual requirements fully for individual (or corporate) service users over a sustained period.
A9.2	Maintaining additional reserves that are sufficient to enable continued full operation of the service to take place for a minimum period of 3 months in the event of a planned or forced closure.
A10	Services shall employ a range and number of staff commensurate with the number and needs of, and the frequency of interaction with, service users. Key staff will have up to date and valid qualifications relating to their professional competences. The latter will include business management and relevant and recognised professional knowledge and expertise directly concerned with people's health and wellness. All staff shall have, or quickly be able to, acquire adequate knowledge and understandings of telehealth. *Note: Having adequate knowledge and understandings presupposes that attention is given to relevant staff training that is specific to telehealth. Where this is provided or accessed in-house, this shall be delivered by a suitably skilled and knowledgeable person or team.*
A11	There shall be one person, with adequate knowledge and professional training and expertise, who carries overall legal responsibility for the telehealth service.
A12	Services shall be clear and open regarding any interests that arise (including the personal interests of senior staff) on account of shareholdings or official positions held, etc. in companies that are closely associated with the service or with which the service has significant dealings.
A13	Staff shall not be employed, either directly or indirectly through sub-contractors, where their background is likely to undermine the credibility and integrity of the service. This shall be achieved by at least precluding the appointment of staff (at any level) and facilitating

their dismissal, should they acquire or have unspent criminal convictions. It requires that appropriate vetting procedures for staff are applied in the context of recruitment and, periodically, for existing staff.

A14 Services shall carry up to date professional indemnity, public and product liability insurances at a level appropriate to the associated level of risk.

A15 Services shall maintain comprehensive records and operate in a way that demonstrates, unequivocally, the way in which the requirements of this Code are being met and will continue to be met.

Note: Such records shall include recordings of all data, images and voice information received directly via or initiated through the technologies that underpin the telehealth service. In respect of all service users they shall be held for the period of service plus a further two years. Service providers shall be cognisant of developments in application programming interfaces (API) that may facilitate interoperability of their records with electronic patient records and offer frameworks whereby service users can have access to the same. With regard to records relating to communication via the website and those telephone lines used for e.g. fault reporting or receipt of enquiries, they shall be held for a period of two years.

A16 Services shall review, at least annually, their compliance with all clauses of this Code and shall be audited periodically by an authorised external auditing or certification body against the same. Outcomes from the reviews shall be properly documented.

Note: The framework to be put forward in 2013 is envisaged as requiring initial and three yearly audits by an authorised external auditing or certification body, with self-certification during the intervening period along with the potential for 'spot' audits being undertaken.

A17 Services that comply with this Code shall be able to declare such compliance in their literature, publicity material, website, etc. They shall, however, be absolutely clear (in e.g. any of their marketing material, website and contract documents) about any aspect of the telehealth service or any other service they proffer that either is not-compliant or is not telehealth.

A18 Services that no longer comply with this Code shall be required to remove any logo or indication of compliance that is evident in literature or on the website. They shall not promote their service in any way that affirms or implies compliance.

A19 [Not mandatory] As telehealth services develop it is necessary to evaluate their efficacy in relation to the objectives recognised in this Code around e.g. new ways of service delivery; lifestyle change and people's self management of their health; and service user empowerment. In order to help facilitate evaluation, telehealth services are invited to include a clause within their contracts with service users that seeks their consent for the

sharing of anonymised information (with suitable health care and social care bodies, academic institutions or private bodies) for the purposes of research. The sharing of anonymised information shall only be undertaken with *bona fide* organisations with appropriate expertise in appropriate fields of research and in project evaluation. It shall only relate to information gathered that is necessary for service operation.

Personal Data Management

Telehealth services are increasing in their ability to gather personal data. Some such data relate to people's activities (or lifestyles) as well as their clinical health. There is an imperative, therefore, that appropriate protection is provided for personal data. As a consequence, especial attention is given in this Code to the gathering, storing, sharing and the use of such data. Personal data, according to a recent European Commission press release (Memo 12/41), is 'any information (relating) to an individual whether it relates to his or her private, professional or public life.' It includes health data.

A20 Services shall recognise that the data gathered (by whatever means and including personal data) regarding personal circumstances, health and lifestyles, are owned by the service users. Such information is, therefore, entrusted to the telehealth service for the contracted period. It must be released by the service to e.g. a new service provider, if they are formally requested to do so by the service user (or carer, where appropriate).

A21 Services shall have in place appropriate protocols that ensure a high level of confidentiality is maintained regarding the gathering or receipt, storage, sharing and use of quantitative and qualitative data (and regarding service usage) for all service users and carers. Service providers shall be guided by the provisions of ISA 27001 regarding data security, integrity (accuracy and consistency of data), availability and confidentiality. This shall be achieved by:

Note: Reference to 'receipt' reflects recognition that data can be obtained informally i.e. not as part of the normal operation of a telehealth service (as with smart metering).

A21.1 Ensuring that information about service users or carers that is unnecessary for service operation is neither gathered nor stored.

A21.2 Ensuring that information about service users or carers is appropriately safeguarded.

A21.3 Ensuring that only authorised staff within the service, or exceptionally, authorised persons outside the service, are able to access or alter information held on potential service users, service users and carers and their service usage.

Note: Authorised staff shall include those with relevant health, health-related or social care qualifications. Authorised persons outside the service would be likely to include doctors and other health and social care practitioners in the presence of the service user at home or hospital.

A21.4 [Not mandatory] Ensuring that provision is made, where appropriate, for service users or carers to access or alter information regarding their circumstances or service choices.

A21.5 Ensuring that an audit trail is provided whereby it can be established where, when and which staff accessed and/or altered the personal information of service users or carers.

A21.6 Ensuring that, on cessation of the service (not by death) and unless otherwise formally notified by the service user or a recognised carer, all personal data is held securely for a minimum period of 26 weeks in order to facilitate full transfer (of data for the whole period of service) to a new provider. The service shall undertake to use their best endeavours to make such transfers in a timely fashion subject to a formal request being made by the service user or a recognised carer and/or (new) service acting with their consent. Subject to the nature of the initial consent provided in relation to any service user, personal data held by the service relating to the service user shall be fully erased 2 years after service cessation or retained only in an anonymised form.

A21.7 Ensuring that, on cessation of the service (by death of the service user), all personal data is held securely for a minimum period of 26 weeks. Subject to the nature of the initial consent provided in relation to any service user, personal data held by the service relating to the service user shall be fully erased 2 years after service cessation (i.e. the date of death) or retained only in an anonymised form.

A22 Services shall ensure that all staff have the highest possible level of awareness regarding the importance of confidentiality regarding the personal data of service users and carers, and that sanctions (including dismissal) are recognised as applicable in the event of any serious breach regarding the same.

A23 Services shall make service users and carers aware of the importance of their timely reporting of changes in their personal circumstances – in view of these potentially affecting the way in which interpretation of and responses to information received are made.

TeleSCoPE
European Telehealth Services Code of Practice Framework
PART B:
SERVICE LOCATION & TECHNOLOGICAL CONSIDERATIONS

Service Location

The service location will frequently be within a building. Therefore, any premises used for the operation of a telehealth service shall provide a safe, comfortable and healthy working environment for staff. The premises shall be suitably secure in light of the work undertaken or services operated therein, the nature of the technologies and devices used (or stored) and the extent of personal information that is held. The requirements for a safe, comfortable and healthy working environment for staff also applies to office, workshop, vehicle or other premises or for services that operate virtually (e.g. with home- or remotely-based staff).

B1 Services shall make appropriate provision for the health, comfort and security of staff, equipment and the related physical and communications infrastructure that underpins service provision. This shall be achieved by:

B1.1 Having an up-to-date health and safety policy that is compliant with the requirements of the country in question.

B1.2 Undertaking, at a minimum, annual risk assessments within an up to date risk management plan, in relation to service operation (in respect of the buildings and communications infrastructure) for staff, service users and relevant others (including risks that attach to home visits); and reviewing both procedures and insurance levels regarding the same.

Note: Services shall be guided by ISO 27005 regarding such matters.

B1.3 Having insurances to protect the premises used, equipment and other property therein - to a level appropriate to the assessed risks.

B1.4 Having insurances to provide cover in respect of employer's liability - to a level appropriate to the assessed risks.

B2 Services shall make appropriate provision to ensure the integrity of their service locations through both preventive and responsive measures. Preventative measures shall, where appropriate, include security provision including lighting, controlled access and CCTV. Responsive measures shall include arrangements with contractors for incidental repairs relating to locks, glazing, etc.

Communications Networks

The very essence of telehealth services is concerned with personal communications. Given the needs of service users and carers, substantial attention must, therefore, be given to the reliability of the communications networks utilised. This Code, therefore, references appropriate regulatory standards that relate to telehealth technologies and the efficacy of telehealth services.

B3 Services shall make appropriate provision to ensure the integrity of their communications networks through both preventative and responsive measures. A business recovery plan shall be in place and its procedures regularly tested. The nature of the required provision shall be commensurate with the levels of the risk that arise for people who use the service when disruption occurs, through e.g. sustained loss of power and/or a communications failure (however caused). The measures adopted shall ensure that, barring exceptional circumstances, the core functions of the service can be re-established within 8 hours (from the time of initial failure); with full service being resumed at the earliest juncture and, in any case, within 48 hours.

This shall be achieved by one or more of:

B3.1 Ensuring sufficient bandwidth (for data, video and information transfer, as appropriate, in both directions) in relation to service requirements (see B9).

B3.2 Providing at least one alternative method of communication between service users and providers.

B3.3 Having an adequate and fully operational back-up power supply for all communications and related computing technologies.

B3.4 Switching the service provider site to an alternative location.

B3.5 Switching the service provider site to that of an alternative provider equipped to undertake the same.

Note: Where this approach is adopted, a formal agreement will be in place with such an alternative provider that shall include procedures whereby transfer can take place regarding e.g. personal data; and with an adequate level of interoperability for the telehealth technologies of both providers. Sustained use of an alternative provider shall not be countenanced for an extensive period where compliance with this Code may be compromised. That alternative provider shall, in any case, satisfy relevant statutory requirements and regulatory frameworks.

B3.5 Maintaining alternative procedures for basic service operation – not mediated via communications technologies.

B3.6 Having a contract in place with network service providers or their agents that will ensure swift service re-instatement in the event of network faults or breakdowns affecting the service location(s) or service users.

B4 Where no information has been received from, or no calls made to service users via the primary communications medium in a period of one month (or less where a higher frequency is justified in light of the needs or vulnerability of the service user), services shall check the functioning of communications link in question. Where breaks in the communications links are identified or there is suspect reliability, appropriate action shall be taken to remedy the same.

B5 Services shall have specific written policies for data management and security (in electronic or other form) whereby there is appropriate protection of personal data of people who use the service, the history of communications, service operation, equipment deployed, etc. A review of such provision shall be undertaken on an annual basis and in response to any breach in relation to the same. This shall be achieved by:

B5.1 Real time or, at the minimum, daily data transfers (as appropriate to the service) to a suitably secure, clearly identifiable and auditable environment (not cloud-based).

B5.2 Ensuring that where personal information is transferred over the publicly accessible networks, suitable protocols (such as transport layer security, TLS) are used.

B5.3 Ensuring that recognised software from trusted sources, relevant to the function being performed, is used, updated and maintained as appropriate.

B5.4 Restricting access to data and information (by means of confidential passwords or other measures) to staff that have the proper authority and clearance; and to service users and carers where appropriate.

Hardware and Other Technological Considerations

Technological developments present both challenges and opportunities for telehealth service providers, people who wish to access them and to carers. The provision of services of high quality depend, in part, on harnessing such technologies in appropriate ways to support the delivery of real health and wellness gains for people throughout the European Union. The following considerations will apply to telehealth services eligible for full accreditation.

B6 Services shall provide or operate only using technologies (including software and communications networks) that are fit for purpose, conform to relevant European regulatory standards and, where necessary, operate in accordance with universal design principles. The technologies (including medical devices where utilised) shall carry a CE mark to demonstrate their conformity with essential requirements of applicable European Commission directives.

Note: Fitness for purpose includes consideration of the reliability and clarity of data, voice, audio or video data, together with the ability to adjust volumes, focus, etc. It may be considered desirable to source and supply equipment that incorporates automatic self-testing in order to be alerted more speedily to faults. Universal design principles are those which render devices as usable by the widest range of people, including those with physical and sensory impairments.

B7 Services shall only effect or permit links (for the technological and communication systems that they use) to devices or sensors that carry up to date approvals with regard to their electrical safety; and operate on radio frequencies approved by the European Commission or one of its agencies.

B8 In order to help maximise choice for service users (and the potential ability to transfer to a new service provider) services shall normally operate with technologies (including software) that maximise the potential for interoperability.

Note: Interoperability is the ability of two of more devices or systems to interact with one another and exchange information in order to achieve predictable results. It can help avoid situations where service users are locked-in to a single service provider or single range of technologies. Greater interoperability may result from outcomes that relate to the European Commission's Digital Agenda that seeks EU-wide standards by 2015.

B9 Services shall operate on networks that have sufficient bandwidth, commensurate with the nature of the service, to facilitate reliable, round-the-clock uploading and transmission of data, images, video, audio and voice communication to and from the service location(s). The only exception shall relate to peripheral networks to which home or mobile devices are initially linked, in which case, this will relate to the choices available to people who use the service and be supported by clear and written disclaimers in the service contract (should the communication link be considered unreliable).

B10 Services shall ensure that the delivery, installation, programming and calibration of

	technologies supplied by them to people who access their services is undertaken by staff whose skills and knowledge are commensurate with the nature of the service; or, with guidance, by suitably able service users themselves or, with the service user's consent, other responsible persons. The intrusiveness of the technologies and any risk to the service user (through the location of any equipment) shall be minimised.
B11	Services shall have contracts in place, or robust internal procedures, to enable (through use of appropriately qualified persons) the maintenance, servicing, repair or replacement of obsolete or faulty devices or sensors supplied by them within 14 days. Repair or replacement will take place within 24 hours where this relates to devices or sensors within parts of the service that are life-critical. *Note: Devices or sensors that relate to life-critical aspects of the service will relate to e.g. the occurrence or recognition of preconditions for hypoglycemia, pulmonary exacerbations, epileptic or other seizures, falls, heart attacks, strokes or other events.*
B12	Services shall ensure that the devices or sensors supplied by them are checked and serviced in accordance with the recommendations of the manufacturer. This shall take place in person or virtually with guidance by appropriately skilled and knowledgeable persons. Such checks shall include, as appropriate, battery replacement, cleansing and decontamination, (re-) calibration and functional checks.
B13	Services shall ensure appropriate battery replacement, cleansing and decontamination, (re-) calibration, functional checks and erasure of any data pertaining to previous users, for any devices and sensors that are offered for re-use (i.e. after service cessation for a prior service user).
B14	Services shall make service users and carers aware of the importance of their reporting any intention (or desire) of making changes in the network provider – in view of this potentially affecting the way in which responses to information received are made.

TeleSCoPE
European Telehealth Services Code of Practice Framework
PART C:
SERVICE OPERATIONAL REQUIREMENTS

Staffing and Staff Management

The purpose of telehealth services is such that, in addressing health and wellness, both clinical and non-clinical issues are considered. This has substantial implications for the way in which services are provided or offered. Of importance is the relationship between staff, service users and carers. For many telehealth services that relationship is characterised by ongoing contact - both in the contexts of routine enquiries, service reviews or responses to circumstances of particular need. Hence, the importance of qualifications, skills and experience of staff is emphasised in a service context where personal values accord with the service mission.

C1 Services shall employ staff in sufficient number with skills and knowledge that relate to the needs of people who use them and ensure that they are deployed appropriately in relation to the needs and choices of service users. The level of sufficiency shall vary according to the type of telehealth service, the extent of interaction with service users and the associated level of risk to them. This shall be achieved through:

C1.1 The employment of a range of clinical and non-clinical staff commensurate with service size, service objectives and operational practice.

C1.2 Ensuring that clinical and non-clinical staff have necessary skills and training (reflected, where appropriate, through qualified membership of a recognised professional association) whereby the needs of service users and other stakeholders are met.

C2 Services shall ensure that all staff are aware of their responsibility to report, without prejudice to themselves, where elements of the service may have fallen or be at risk of falling below the required standards. Staff shall be made aware that such reporting shall, in normal circumstances, be to a more senior (or a designated) staff member, but that in exceptional circumstances, he or she may in full confidence, contact the appropriate registration or certification body for the country in which he/she resides.

Contact with Patients, Service Users and Carers

The level of contact with service users (patients) within telehealth services will vary considerably but is likely to be greatest where provision is made or access is afforded to people with the greatest care and support needs. In any case, the choices of service users regarding the level and frequency of contact will be taken into account. As set out in the introductory statement, however, the ethos that underpins such contact, whilst including approaches that deliver to 'patients' must be balanced, where appropriate, with more empowerment oriented approaches.

C3 Services shall engage (including through home or virtual visits) with service users and, where appropriate, carers regarding their enrolment in the service, the obtaining of consent regarding the same, service and payment options, and the necessary arrangement for gathering personal information, determining response protocols, etc. The determining of response protocols shall normally be linked with the written, informed consent from service users or, in the event of serious cognitive impairment, from a recognised carer.

C4 Services shall inform potential service users, service users and carers (and make it clear in their contract documents) that there is a cooling-off period whereby service users or a recognised carer can decide to withdraw from the service within the first 14 days.

Note: This cooling off period echoes legislation that relates to the sale of goods and services. It is important in view of the extent to which some service users may have high levels of need and may also have had to have made decisions about enrolling with a telehealth service at a time of stress.

C5 Services shall provide appropriate and timely training, instruction and guidance to service users and carers in order to enhance their understanding of the service and their ability to interact appropriately with service staff and the technologies.

C6 Where services are provided following an assessment of needs, such assessments shall be undertaken by appropriately qualified or able persons taking a partnership approach that seeks outcomes that represent the best interests of the (potential) service user and respect both their needs and choices. Service users or, where appropriate, a recognised carer shall give consent for the same.

Note: An assessment of needs is likely, though not exclusively, to be undertaken for service users and carers who have particular needs and for whom the service is paid for, in part or in whole, through public money. That assessment will normally have been undertaken in the person's home. Assessments shall include the determination of protocols to be followed by staff in the event receipt of information relevant to the health or wellness of the service user. The foregoing does not preclude self-assessment undertaken by service users themselves.

C7 Periodic or on-going reviews, commensurate with the needs and circumstances of service users and, where appropriate, carers, shall be undertaken in accordance with the approach signalled in C6. Such reviews may require interpretation of information gathered regarding the service users and his/her circumstances on a continuous or intermittent basis (depending on the nature of the service). Such reviews shall periodically take account of home circumstances of service users. Self-supporting service users shall be prompted at least annually regarding the same.

Note: A review of needs is likely, though not exclusively, to be undertaken for service users and carers who have particular needs and for whom the service is paid for, in part or in whole, through public money. Reviews shall include the adjustment, where necessary, of protocols to be followed by staff in the event of receipt of information relevant to the health or wellness of the service user.

C8 Services shall ensure that where calibration of the technologies specifically relates to functions associated with a service user's health and wellness, that healthcare practitioners are engaged where applicable (both initially and at the point of any review).

Note: Different models of telehealth service provision mean that the involvement of healthcare practitioners is not always necessary or appropriate. In contracts with service users, therefore, there must be absolute clarity regarding such matters and the service must be clear regarding their liability regarding the same.

Interpretation and Responses

Responses to information gathered by telehealth services in the course of their operation can take a variety of forms. Unlike for telecare or social alarm services, many 'responses' will simply relate to noting information that may be within acceptable parameters but will be used to consider e.g. trends in vital signs or patterns of behaviour. Immediate responses may, however, in other cases be required. Interpretation, in this context, may follow a process of triage (determining priorities in relation to the needs of different service users) and/or triangulation (drawing together different information sources available to the service).

C9 Services shall ensure that proper and timely action is taken on receipt of information or in the event of other contact (e.g. an alert call) with a service user or carer. This shall be achieved through:

C9.1 Ensuring that the technologies utilised to receive information facilitate the presentation and display of the same in a timely manner, and that the service user and/or carer as appropriate is fully aware of how this aspect of the service operates.

C9.2 Ensuring that information received is interpreted in a timely manner (in person or using automated verification procedures) in order for necessary for action to be taken that is commensurate with the circumstances.

Note: Interpretation shall only be done by authorised staff and/or be based on clear procedures and protocols normally agreed with health professionals. Such procedures shall point to the use of technologies, the configuration of which shall be determined with guidance from relevant professionals.

C9.3 Ensuring that the context in which personal information is received (via fixed or portable devices) does not permit it to be viewed, overheard or copied by any unauthorised person.

Note: Services must be satisfied, therefore, that when information is passed to a staff member or contractor who operates e.g. with a smart mobile device, that they are fully aware of and adopt work patterns that accord with the needs associated with the confidentiality of personal data.

C9.4 Ensuring that where information indicates any urgent or necessitous circumstances relating to the service user, that appropriate action is taken in a timely manner.

Note: Whilst generic and specific (individual) protocols shall be in place, this shall not obviate the need for staff to use their judgement and discretion in order to take or initiate actions to further safeguard the health and wellness of service users. It needs to be considered that urgent or necessitous circumstances do not, necessarily, relate to 'events', but may arise from changes in activity or behaviour that arise from errors in treatment, changes in medication, infections, etc.

C9.5 Ensuring that where information received points to a significant change in health, wellness and/or personal circumstances, that a review of protocols is undertaken within the ensuing 3 working days.

C10 Services shall undertake or facilitate, where included as part of the service, in-person or virtual visits to the home or other service user location. Such visits might be undertaken by service staff or by e.g. home care workers, doctors, nurses and paramedical staff, ambulance staff; or visits from nominated contacts and/or informal carers. These visits shall be achieved through:

C10.1 Having in place protocols, agreed with service users (or carers, where appropriate), for in-person visits that shall ensure that such visits are only undertaken by authorised staff or trained persons following appropriate procedural guidelines. For such visits there shall be reliable systems in place to effect access to properties. Staff undertaking such visits shall be first aid trained (with valid and up-to-date certification), be equipped with appropriate means of communication; and, depending on the nature of the service, carry (and be trained to use) relevant medical (e.g. defibrillator) or non-medical equipment (e.g. equipment for lifting) and medication for emergency application (e.g. diazepam).

C10.2 Having in place reasonable procedures and practices that help to safeguard staff when undertaking in-person visits (or when such staff are travelling on behalf of the service). These procedures and practices shall include ensuring that staff are aware of the needs regarding their own personal safety. Services shall ensure that staff itineraries associated with in-person visits are known to other service staff and that action is taken (where other contact has not been made) to ensure staff well-being at different points in the day.

Note: Services may choose to operate automated active or passive lone-worker monitoring to assist in the task of safeguarding staff.

C10.3 Having in place protocols for virtual visits that recognise the potential presence of other persons (e.g. off-camera). The dialogue pursued may need to be adjusted in light of this so that personal information regarding the service user is not divulged.

Note: No requirement is included here for a prior face-to-face relationship between staff of the service provider and the service user or carers. Services may give consideration to the need for more than one camera or a 'steerable' device for installations in the service user's home.

C10.4 Services being able, in a timely manner, to properly record immediate or deferred actions taken, together with follow-up action that relates to the service objectives.

Note: The desired objective is one where such information may be placed directly into the service user's health record, subject to such records being accessible to relevant agencies and services and, where appropriate, to service users; and with clear audit trails to enable service users to identify by whom and in what circumstances access to his/her record was made by others.

C10.5 Services having clear arrangements in place, as appropriate, to enable contact to be made with and guidance obtained from relevant healthcare and other professionals on a 24 hour 7 day a week basis in relation to information received or circumstances encountered.

C10.6 Services (and their staff) recognising the extent of their responsibility for the service user's health and wellness after receipt of information that indicates a response is required. That responsibility continues until such time as there are no urgent or necessitous circumstances or responsibility is taken by responsible others.

C10.7 Services, where appropriate, engaging the support of or work with carers and others to facilitate responses that are commensurate with the needs identified and the urgency that pertains.

C11 Services shall ensure that, in relation to frail, cognitively impaired or otherwise especially vulnerable service users or carers, that staff are aware of the potential for them to be the victims of abuse. Procedures for dealing with any actual or suspected abuse, and the recording or sharing of relevant data, shall be agreed with locally-based statutory or appropriate third sector bodies that have the necessary knowledge and expertise on these matters.

Note: Abuse is the violation of an individual's human and civil rights. It can be manifest through neglect or in emotional, physical, sexual or financial ways.

C12 Services shall provide service users and carers with an easy means of reporting faults or failures; and obtaining advice or guidance regarding the service, their proper use of the

technologies, etc. This means that services shall include a facility from the web-site for online contact or reporting at any time; and at least daytime reporting by telephone on a seven day a week basis.

Note: The use of equipment that incorporates built-in self-test provision and automated reporting reduces the need for action by service users and carers.

TELESCOPE PARTNERS

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FEEDBACK FORM

Please complete and return this form electronically by June 30th 2012 (or sooner if possible) and with supplementary information if necessary, to Dr Malcolm Fisk at Coventry University [mfisk@cad.coventry.ac.uk]. Exceptionally, written comments may be sent for his attention at the

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General Feedback (Please tick or add information as appropriate)	**Yes**	**No**	**Unsure / Partly**
Q1. Is this type of Code needed for telehealth services?			
Q2. Broadly speaking is this Draft Code likely to be acceptable to			
a) clinicians?			
b) other healthcare workers?			
c) social care workers?			
d) service users and carers?			
e) public sector service providers?			
f) private sector service providers?			
g) third sector service providers?			
h) regulatory or certification bodies?			
i) governments / government agencies?			

Q3. If you said 'no' to any of the above, please explain your reasons

Q4. What are your broad suggestions for improving this Draft Code?

Specific Feedback (Please insert clause number and add your comment)	
Clause Number:	
Clause Number:	
Clause Number:	
Clause Number:	
Clause Number:	
Clause Number:	
Clause Number:	
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