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Supporting people to manage their long-term conditions at home

Adult Social Care Digital technology and skills review

Ipsos MORI, Institute of Public Care and Skills for Care

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Supporting people to manage their long-term conditions at home

This case study supports a review of technology and digital skills in adult social care, undertaken by Ipsos MORI, the Institute of Public Care (IPC) at Oxford Brookes University and Skills for Care on behalf of NHSX. Further information is available on the study webpage.

Problem to be solved

Care City - a community interest company in east London – worked with four homecare agencies to bring together health and social care organisations and commercial providers of 'market ready' digital innovations to test new ways of delivering care, with the potential for improving people's care experiences and outcomes. The aim was to help people who receive homecare, in particular those with high-frequency hospital use, to manage their long-term conditions through regular 'health and wellbeing checks', as well as when there was cause for concern.

The intention was also to upskill homecare workers and increase confidence among both care staff and the people they supported.

The project

"Care workers… saw it as a wonderful opportunity to upskill… sometimes they can feel the undervalued part of health and care" Manager, Homecare agency

Frontline homecare staff were trained to monitor vital signs using technology. Two types of remote patient monitoring technologies were chosen to spot deterioration in patients and better manage medication:

- digital measurement of vital signs using software and instruments connected via Bluetooth to a tablet – to calculate a National Early Warning Score (NEWS2[1]).
- digital urine analysis (ketones, leukocytes, nitrites, glucose, protein, blood, specific gravity, bilirubin, urobilinogen and pH – markers that span pathologies from urinary tract infections to ketosis, kidney disease, pregnancy ill-health and bladder cancer) through use of a urine pot, a 10-parameter dipstick and a colour board, which requires a smartphone and internet access to function.

The digital technologies were selected for the pilot as they provided early detection of health problems and clinical information that would improve communication with health professionals. The chosen innovations were also intended to upskill homecare workers into 'expert carer' roles[2] by giving them the tools to contact the most appropriate health professionals and, it was hoped, this would empower care workers through more responsibility and confidence.

[1] NEWS2 is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

[2] 'Expert carer' was the term used in the project for those care workers who were trained and participated in the pilot project.

Implementation

"The kit was more simple and straightforward than they anticipated." Project Manager, Care City

The homecare agencies' initial task was selecting and recruiting people with care and support needs to participate. Approaches varied, though overall they focused on older people with long-term conditions and regular hospital use.

Implementation involved three roles within the homecare agency: agency managers, office staff and care workers. Agency managers were usually assigned as lead implementers, with oversight of key implementation activities. Office staff, where used, acted as liaison between care workers and health personnel and collected readings for the evaluation team. The 'expert carer' homecare workers were responsible for undertaking the monitoring checks and escalating results where necessary to the appropriate office staff or healthcare personnel.

Each agency received an initial training session organised by Care City and delivered by the innovators. Most agencies also organised follow-up training, during which staff were invited to practise using the digital kits on each other.[3]

Outcome and impact

"…just having those tests… would make someone feel more well." Manager, Homecare Agency

The training led to a greater sense of empowerment among care staff, and the upskilling of homecare workers into 'expert carers' was achieved and observed through increased:

- digital capability and ability to use digital healthcare tools
- proficiency in understanding and interpreting health information
- confidence in communicating information to other health and care professionals
- status of care workers among people with care needs and their families
- ambition to progress into other more senior or better paid roles and opportunities in the health and care sector.

As the Test Bed has progressed, one of the participating Councils has been particularly engaged around the homecare cluster, and has drawn on the programme's learning to develop, in conjunction with a local Further Education College, the 'e-Care' app[4]. The app supports 'expert carer' homecare workers to enhance their understanding of anatomy and physiology, and introduces them to digital tools which are being used to monitor vital signs such as blood pressure, heart rate and blood oximetry and to spot deteriorating health. It also features interactive activities and case studies.

People with care and support needs perceived the main benefit of the checks to be having a tool for reassurance that their health was stable and well managed and to spot deterioration early: they felt 'well looked after' by the care company.

[3] 'Evaluation of the Care City Wave 2 test bed - Final report' The Nuffield Trust, 2021

[4] https://www.barkingdagenhamcollege.ac.uk/about/news/college-apprentices-help-develop-new-app-to-help-carers

Lessons learned

"Initially we had a team trained … but people move on … and we've had to retrain our senior carers." Manager, Homecare Agency

The following lessons were learned from this project:

- Turnover of care staff can have an impact on project delivery. Regular training is needed for new staff.
- Staff appreciated the availability of online video content and generally reported feeling confident that they could stay up to date with their content, and could receive refresher training if needed.
- There is a need for app-based programmes to be translated into languages other than English.
- Some of the kit was felt to be too cumbersome for homecare workers in its current form due to its size and weight, and the shoulder strap nature of its carrying case, particularly for those who travelled by public transport. Going forward, equipment should be selected or designed with care workers in mind.
- Good communication with health professionals is a key factor in successful implementation
- Integration of budgets to support the rollout of similar technologies would be beneficial when benefits (for example, avoided hospital visits) are felt across the health and social care system.

To find out more about this project see https://www.nuffieldtrust.org.uk/news-item/implementing-technology-in-health-and-social-care-lessons-from-the-care-city-test-bed

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com
http://twitter.com/IpsosMORI

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