

# **My Health My Tech - how can digital technology help people with their health and social care needs?**

## **Engagement report – March 2019**

### **Background**

A strategy called My Health, My Tech is being developed by the North Yorkshire Health and Wellbeing Board. It will provide a ten-year plan of how technology can be used to help people to live well, receive information, support and treatment when they need it and make choices about how their care services are provided. The plan will also look at how developing technology can be used to help organisations to work together to provide an integrated approach to health and wellbeing services.

To inform the strategy, a series of informal open door drop-in workshops were held in March 2019. Interested individuals and organisations were invited to come along and share their ideas on how My Health, My Tech can be developed. Attendees could also watch demonstrations of some of the technology solutions available and try them out for themselves. In addition, a short survey was developed to give people another way to feed in their views.

This report has been prepared for Board members to provide an overview of the workshops and survey results, and highlight any emerging trends and issues that can help inform work going forward.

### **Engagement approach**

The Health and Adult Services Participation and Engagement Team supported the Health and Wellbeing Board to develop an engagement plan.

Key planning considerations for the engagement plan included the challenge of engaging communities with the high-level nature of the draft strategy, and practical considerations such as timescales and colleague capacity and availability. It was therefore agreed in discussion with the Board leads for this activity that the aim of the engagement would be to start a conversation about the digital strategy which could then be built on as the strategy develops.

It was decided that a short series of drop-in workshops would be a practical way for people to share their experiences and feelings about health and technology. By running open workshops, people would be free to engage in a way that suited their levels of

understanding and engagement in the topic. This was complemented by a short survey to provide another way for people to feed in their views.

Both the drop-ins and the survey were shaped around edited versions of the case studies in the draft strategy, to help people understand the aims of the strategy on a practical, everyday level. This was based on the understanding that people generally find it harder to relate to high level strategies where it is not clear what the impact would be on them – in other words, where it is hard to identify ‘what it means for me’.

The drop-in events were designed around the idea of short, chatty interactions with lead officers and accessible materials to allow people to engage with the aims of the strategy and feed in views in an accessible and friendly manner. Refreshments were provided at each event to add to the welcoming environment that we wanted to create.

## Communication

A landing page for the engagement was developed, and located on the North Yorkshire Partnerships website. The webpage included an overview of the strategy, the edited-down case studies, information about the drop-in event and a link to the survey:

<http://www.nypartnerships.org.uk/myhealthmytech>

The engagement was publicised via a press release on 11<sup>th</sup> February, social media activity before each drop-in event, email bulletins to community groups and organisations such as carers’ centres, and via Healthwatch North Yorkshire and Community First Yorkshire networks.

Press release: <https://www.northyorks.gov.uk/news/article/share-your-ideas-future-health-services>

Example of tweet about event:



The Harrogate event was also publicised via the HaRD CCG patient network and some interest was generated this way; patient networks are a valuable resource and should be seen as a key communication route for any future engagement activity for the digital strategy.

## Drop-in events

Dates and locations:

Location	Venue	Date
<b>Scarborough</b>	The Street (Hall B), 12 Lower Clark Street, Scarborough	25 February 2019, 1-3pm
<b>Northallerton</b>	Allerton Court Hotel, Darlington Road, Northallerton.	1 March 2019, 10.30am - 12.30pm
<b>Harrogate</b>	Cedar Court Hotel, Park Parade, Harrogate.	Tuesday 12 March, 1-3pm

Despite the short time frames to organise and publicise the events, they were relatively well attended with approximately 90 people participating across the three workshops.

Location	Attendance (estimated)
<b>Scarborough</b>	12
<b>Northallerton</b>	30
<b>Harrogate</b>	49
<b>TOTAL</b>	90

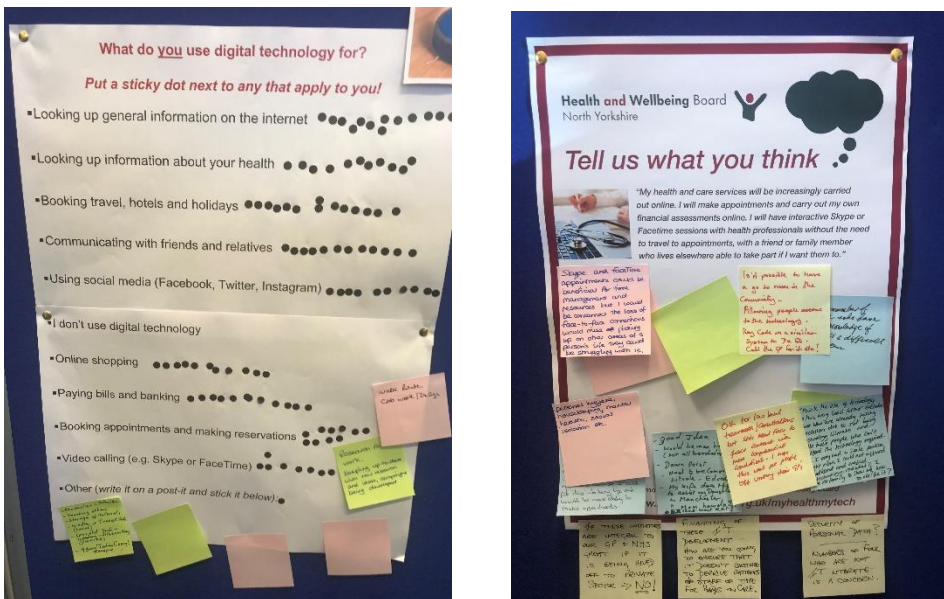
Scarborough's session was least attended, likely due to the shortest lead-in time. It was also the first day of the half-term holidays which meant that there were fewer casual drop-ins at The Street. Despite this most attendees were engaged and stayed for long chats, including the Chair of the Scarborough Over-50s forum who said he would be happy to promote My Tech, My Health with members.



Assistant Directors Louise Wallace and Dale Owen before the Scarborough workshop

Northallerton saw a marked increase in numbers, including representatives from the NHS, and the Churches Together Northallerton PC Group. Provision of refreshments created a relaxed and welcoming atmosphere where people felt comfortable and able to participate. Most participants stayed at least 20 minutes and fully engaged with the materials on display.

Despite initial concerns about the accessibility of the location of the venue at the edge of Northallerton, attendees mentioned that the availability of free parking on site had enabled them to come along easily.



Feedback boards from the Northallerton workshop

The Harrogate workshop was the best attended, with almost 50 people participating. The likely benefitting from a longer lead time, increased publicity, and momentum from the previous workshops. Attendees included a strong representation from the Harrogate learning disability self-advocacy group who also added useful perspectives regarding accessibility for people with a visual impairment.

Each venue was set up in the same way, using a combination of printed and visual materials mounted on boards and walls, and tables with come-and-try tech equipment. This included a Virtual Reality headset, an Amazon Echo 'Alexa' device and a PC for watching YouTube videos on technology and health. The demonstration of technology was well received and provided a practical demonstration of what could be achieved using technology. Participants appeared to respond positively and interacted with this fully.

The printed materials included posters of written case studies with examples of tech-assisted health services. Text from the posters was replicated on mounted boards, with Post-Its and pens provided for people to leave their reflections on each scenario. Rather than answering specific questions, participants were encouraged to reflect on a 'no wrong answers approach' and to share their experiences, opinions, ideas and apprehensions about the role of technology in health services. The full list of responses is attached at Appendix 1.

Attendees were also encouraged to participate in a visual survey on their digital habits by placing a dot sticker next to any examples of online activity they currently use, including:

- Looking up general information on the internet
- Looking for information about your health
- Booking appointments
- Booking travel, hotels, holidays
- Communicating with friends and relatives
- Using social media (e.g. Facebook, Twitter, Instagram)
- Shopping
- Paying bills and banking
- Video calling such as Skype or Facetime
- Other

There was also an option of 'I don't use digital technology', however notably all attendees used *some* form of digital technology. Respondents who picked 'Other' were asked to provide examples in their own words. Sample responses included:

- *Setting up regular alarms and reminders*
- *Fitness trackers such as Fitbits, Swift, Strava and My Fitness Poll*
- *Playing games*
- *Running a local group*
- *Listening to audio books, news programs, music, radio, downloaded programmes,*

- *Watching films and TV*
- *Watching You Tube tutorials*
- *Art activities with PhotoShop*
- *'Learning new things'*
- *Dropbox – cloud storage of docs & photos*
- *Ordering prescriptions, test results*
- *Photo sharing*
- *Online diary – shared with family*
- *Using WhatsApp to link with local Pilates group*
- *Work related CAD (computer aided design)*
- *Research for work*
- *Teaching others*
- *Weather and travel info*
- *A good Indian curry recipe!*

Harrogate participants were also given a paper flyer with details for the online address of the parallel online survey (see more below) to encourage people to complete at home.

## Emerging Themes

An overarching theme of the three sessions was '**cautious support**'. Perhaps understandably for a group who had chosen to attend a workshop on technology, there was a reasonable level of understanding and enthusiasm for the potential role of technology in supporting people to stay healthy. Some people are already using technology in life changing ways (see below) and were interested to hear about innovations for the future.

The key 'caution' people raised was with regard to the **ongoing importance of human contact**. Many people could see a place for online consultation and contact, and noted the benefits for patients (being able to choose their appointment times more flexibly, not having to travel) and the overburdened health system. However many observed that online contact alone should not replace all face to face interaction. Some noted that this would not allow practitioners to observe some symptoms or conditions with their own eyes. (*'Online contact as addition to face to face care would be more acceptable but not as sole means of communication'*). There was also concern about increasing social isolation, with some respondents believing that this would be one more reason for people to stay at home and not engage in the community as much.

*Story 1: One woman in her 60's showed particular interest in the use of technology to monitor health. She stated that she was a type 1 diabetic and had recently been issued with a device which allowed her to manage her diabetes without having to undertake numerous pin prick blood tests throughout the day. She demonstrated the device and showed how scanning the arm provided her with blood sugar readings. Additionally the data is regularly uploaded to the Diabetic nurse at her GP and this meant that should her blood sugar become uncontrolled her health professional could intervene and modify her*

*medication appropriately. The device also alerts her during sleep if her blood sugar drops below 6. She stated that this technology had transformed her life and made her diabetes much more manageable on a day to day basis. It also meant that her GP could be much more responsive and she received intervention earlier.*

Several respondents raised concerns about **the poor availability and speed of internet access across North Yorkshire, especially in rural areas.**

**Cost was also raised as an issue**, with fears that affordability of technology (including access to the internet) might preclude some people from accessing health services on an equitable basis with others in the community.

People also raised the issue of needing to be ‘tech savvy’ noting that whilst training is often made available for professionals, there would need to be **some level of training for the public** in the use of emerging technologies.

Some people raised issues regarding the **need for trust in the systems**. These included fear that something might go wrong with the technology that might lead to incorrect diagnoses and prescriptions. There were also concerns about **privacy**, and sharing of personal medical information. Some people felt that wearable devices equated to an Orwellian 1984/‘Big Brother’ future which they were uncomfortable with.

*Story 2: One woman was a committee member of a local group which supported people with heart disease. She felt very strongly that technology was extremely useful in a health context but that we had to recognise that technology should not be the only option especially for older people. She states that there were a number of people in her group who did not have computer equipment or wi-fi and that the council should always take this into consideration when introducing new technology.*

A general observation regarding attendees was that there was not as significant a gap between generations as might be assumed. Many older people (60+) were familiar with new and emerging technologies, and comfortable with tablets, smart phones and apps. This scenario was nicely illustrated by an older couple in Northallerton, one who was very wary of technology and felt things had gone too far, whilst the other felt that this was all ‘10 years too late’ and the council needed to ‘get on with it.’

## Survey Results

A short survey was developed to run alongside the events, publicised via the same routes. This allowed people who could not or did not want to attend a drop-in an alternative way of contributing. 43 respondents have completed the survey so far, up to 20<sup>th</sup> March 2019.

Unsurprisingly given that this was an online survey, 93% currently used digital technology, and 70% felt quite or very confident about using digital technology. 76% felt quite or very positive about the ideas for the future (the case studies).

The survey asked four narrative questions:

- What do you think is good about these ideas?
- What worries you about these ideas?
- What practical things do we need to consider so that these ideas work for people in their day to day life?
- Is there anything else you would like to tell us?

Even though we have only had a small number of respondents to the survey so far, the narrative responses provide a rich source of information about people's feelings about digital technology.

Key themes for 'what is good about these ideas':

- Could improve accessibility for people with communication needs, including Deaf people – need to think about inclusivity
- Could improve access by reducing the need to travel; improving contact for people in rural communities
- Encourage self-management and resilience
- Better information-sharing
- Contact and help quicker and more responsive
- Could provide more individually tailored solutions for people
- Could help to support delivery/ reduce pressure on services and budgets that are already stretched

Key themes for 'what worries you about these ideas':

- Concern about rurality and poor broadband access
- Concern about proposals leading to poorer quality service, issues being missed if contact is not face to face
- Privacy and information security concerns; intrusive; not accurate
- Increased social isolation, loss of human contact
- Digital exclusion for those who lack technology skills, access to kit and broadband, cost
- Needs organisational resources, funding, skills to deliver

Key themes for 'practical things to consider':

- Think about practical aspects such as access to kit and internet, affordability
- Make sure everything is user friendly – language, usability, appearance, accessibility, availability of support, quick repairs
- Ensure security and reassure people about this
- Support for people - training, buddies, peer support, community support, community hubs
- Consider individual's capacity/ability to cope with new digital tools; check/re-assess regularly
- Cost/benefit of digital solutions (including comments about remembering low-cost tech solutions eg dosette boxes as well as more sophisticated)



- Ensure kit actually works, does what it is supposed to do and is reliable
- Importance of health and social care integration

Key themes for 'anything else you would like to tell us':

- Link in with existing services that use digital technology eg Assistive Technology
- Remember to look at / make use of readily available everyday technology eg tablets
- Pilot new ideas
- Importance of human contact, digital technology should not supersede or reduce this
- Be honest about reasons for change
- Importance of individual approach

See appendix 2 for all responses.

## Summary

Overall, the level of response for this engagement exercise was good, given that it was light touch and within a short timeframe.

There were similar themes emerging from the events and survey, with a general level of acceptance of the increased use of digital technology in future and with a number of useful practical considerations.

The Board is invited to consider the detailed feedback included with this report in the ongoing development of the My Health, My Tech strategy.

Next steps:

This engagement was envisaged as the beginning of an ongoing conversation, so the Board is invited to consider further opportunities for engagement.

In the meantime the survey can be kept open for an agreed period of time (eg until the next Board meeting) and we can continue to ask people to complete it, including via CCG patient networks.

The web page can also be kept live, with updates on progress of the strategy, video information about new digital solutions, mini-polls and so on – if the Board thinks that this would be useful, the development of a webpage on the NYCC website should be explored as the NYP website has limited functionality.

*Participation and Engagement Team  
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North Yorkshire County Council*

*20 March 2019*

## Appendix 1 – responses to case studies

**Case Study 1:** “My health and care services will be increasingly carried out online. I will make appointments and carry out my own financial assessments online. I will have interactive Skype or Facetime sessions with health professionals without the need to travel to appointments, with a friend or family member who lives elsewhere able to take part if I want them to.”

- *Will still needs things like reminder texts to patients which not all health providers use.*
- *Sometimes you will need to see a Doctor e.g. to listen to your chest.*
- *Don't forget the older generation who are not able [to do] anything like this.*
- *Need to ensure everyone has access to internet - some people who live in rural areas may not have access & some people may not want/be able to afford access.*
- *Brilliant for [use] in the Dales as long as the patient is honest.*
- *Online prescriptions not working for me.*
- *Concerns – increased social isolation potential for technology overload for individual called IT technology tempt criminals e.g. theft hacking etc.*
- *Very important that people who do not use technology aren't excluded from doing things. E.g. a client doesn't have a computer and struggles to speak to a health professional is constantly told “go on our website, send an email etc.”*
- *It would help for some conditions to always see the same Dr whether online or not.*
- *For those with access to the internet tech, will be really useful where face to face apt with health professionals can be done on Skype, sometimes option reduces stress disruption to day & costs of trying to make appointments etc.*
- *Having this as an option will be useful for some people, technology cannot replace human contact.*
- *Making appointments on my iPhone is brilliant - not sure how it will work for older folk?*
- *I have a visual impairment so I find Skype difficult to understand.*
- *Can patients who don't want to engage with nursing teams lie and submit false readings/data?*
- *70% of communication is non-verbal.*
- *Interesting concept with some positives but risk of not identifying subtle clues to what is actually going on.*
- *Sounds great but [humans are] social creatures and require contact with real people.*
- *Online contact as addition to face to face care would be more acceptable but not as sole means of communication.*
- *Already so some of this, I email GP and take photos for advice, [had] teleconference with OT, physiotherapists, GP and myself as advocate for person with learning disability.*

- *One of the biggest problems of mental health is lack of physical meeting, Technology is killing people, phone especially, young & old isolated.*
- *All well and good for me who is more tech-savvy but my mother could not even think of this. The elderly are being marginalised for much already,*
- *Diabetes readings – food monitoring.*
- *FaceTime etc good for [British Sign Language] - need to consider interpreting use by person or team.*
- *For some cases this may be very useful, however, I believe there is nothing better than personal appointments at a surgery for the GP to assess a person's health*
- *Skype sessions are good, can these people be convinced, useful not to be sat in waiting room for nurses/GP to be available.*
- *Good for some who are happy to communicate by Tech*
- *Skype consultations will free up time for professionals, saving money. Tech already in place for NYCC – [should there be tech training for clients?]*
- *Voice control good for visually impaired [people]*
- *Ask SARA – online assess, equipment, adaptations.*
- *Skype & FaceTime appointments could be beneficial for time management and resources but I would be concerned the loss of face to face connections would miss picking up on other areas of a person's life they could be struggling with.*
- *Is it possible to have a Go-To room in the community, allowing people access to the technology?*
- *The number of people who have no knowledge of IT is a difficult problem.*
- *[Concern about] personal hygiene, housekeeping, mental health, social isolation etc.*
- *OK for low level treatments/consultations but still need face to face contact with more comprehensive conditions – I hope this won't put people off using their GP's*
- *Great for those with reduced mobility or reluctant to go into surgery. I commute to work so GP appointment in the middle of the day is difficult. If a Skype app was available I could fit this into busy life and would be more likely to make appointments.*
- *Good idea, would be healthier (not all herded up in a surgery).*
- *[Need to be] computer literate / educated*
- *I think the use of technology in this way could further exclude those who are already facing exclusion due to not being technology literate and also those people who can't afford the technology required. If I only had a state pension right now, I could not afford broadband and enabled technology. And what if I have no family to show me how to use/fix it?*
- *If these initiatives are integral to our GP & NHS great, if it is being hived off to private sector NO!!*
- *Financing of these IT development – how are you going to ensure that it doesn't continue to deprive patients of staff of time for hands and care*
- *Security of personal data?*
- *Number of folk who are not IT literate is a concern*

**Case Study 2:** “Healthtech products, like digital scales and Fitbits, will allow me to monitor my activity and weight better. If I can’t get outside, I will be able to exercise in a Virtual Reality outdoor environment, where I will be able to compete against other people, or try to improve on my personal best. This will help and encourage me to meet my health objectives.”

- *Having accurate (immediate) details/records on our health does seem to help focus my attention on my health e.g. how much water I am drinking/sleep/heart beat/weight.*
- *Fitbits great for getting people to exercise*
- *Use QR locks on meds so that patients can check details or how to do something e.g. how to clean an inhaler.*
- *Could really motivate people to be more active / take greater ownership of their health*
- *What happens if there’s a power cut? How joined up will the different technologies do?*
- *Technology risks removing the importance of face to face social activity and perception of reality.*
- *Research has shown that sportsmen’s performances improve when competing against real people.*
- *How will people afford these items?*
- *Good in principal but much better to get out, meet people and not exercise on your own. A healthy balance would do it.*
- *Good use of technology but it could stop people going out.*
- *Good that it saves GP & nurses from more unnecessary cases.*
- *Good for people with social anxiety/personality disorders/mental health. Confidence building, stepping stone.*
- *I used a Fitbit and it is a great tool for setting goals & improving awareness of own health. However, it does start to control your life and can distract from exercise if you’re not wearing it.*
- *How much of the extra NHS money that has been promised by government will be diverted to developing IT? The balance between manpower to “do” the job & IT funding needs to be right.*
- *Rurality and decent internet coverage. What about mobile units covering the areas i.e. blood / breast screening.*
- *Good idea unless there are further underlying factors that stop people getting out.*

**Case Study 3:** “I will keep track of my health using wearable technology. Continuous monitoring through an implanted device will remove the need for frequent blood tests, improving my quality of life. The technology will remind me when I need to take my medication and allow my GP to change my prescription without the need for an appointment at the surgery, and check that I am using my medication safely.”

- *Could be open to abuse by criminal practitioners changing prescriptions of vulnerable patients who aren't able to understand their condition and medication (like the doctor who murdered all his elderly patients).*
- *I agree that once your blood test results are downloaded by your health care expert ... would DVLA be able to access their records & take my driving licence away? Big Brother watching me!!*
- *Reduce the cost of equipment required to obtain blood tests.*
- *How many smart-watches are registered as medical devices? Not very many.*
- *[It would] reduce anxiety to the person caused through constant blood tests – allows person to be in control of their own life.*
- *Remember need to use sensitively e.g. [if giving] diagnosis by Skype.*
- *Impact on driving licence, home insurance, life insurance – GP in control not individual*
- *What happens if tech goes wrong? Doctor needs to check before prescription changes.*
- *Will allow more control and promote independence*
- *Who is running monitoring the implant readings?*
- *Not happy at the thought of implanted advice, prefer face to face experience*
- *Use technology to remind me of appointment times.*
- *This feels a bit 'Big Brother' - what happens when the tech fails?*
- *Sounds similar to a “smart meter”, not sure how I'd feel about this.*
- *Are individuals able to know what readings should be?*
- *“1984”*
- *Helpful for people with long term illness i.e. diabetes*
- *Need a simple & friendly interface with whatever app is used.*
- *Useful to use as a baseline to formulate face-to-face discussions with [professionals]*
- *Need to start early with wearable devices. Many people feel this is too Big Brother.*
- *Would it be a GP who checks or would it be a lower paid health provider, be realistic?*
- *As a type 1 diabetic for 44 years a recently fitted sensor enabling me to monitor my insulin & food intake is proving transformational. My clinician can download my results instantly & advise me on how to improve my control.*
- *Great that the blood monitoring sensor enables family members to read results long distance via a phone app and enables them to remind diabetics to do blood tests (take insulin) eat food etc.*
- *You need to ask residents with and without disabilities to be mystery shoppers and check out your products and feedback what works well and what needs to change.*
- *Mixture, prefer to have phone call & follow up with hard copy, needs to be future prepped*
- *Heart rate monitoring useful biometric, positive re care record.*

- *People with a learning disability and autism would benefit from digital training especially the use of Alexa, Skype and other internet services. The more that technology develops the more need there is for events like these.*
- *Every little bit helps as long as it doesn't cost me extra money which we don't have, make sure apps are simple to use for people with disabilities and or learning difficulties and autism. But need to be monitored to make sure information is of benefit & correct or might do more harm than good.*
- *Don't like this idea as I need one to one personal care. Only when they examine you do they know if you are worsened and need more treatment. Also some treatment needs to be done [by humans] like dressing changes ... Some don't see anyone other than the people who care for them.*
- *Agree, so all hospital get the information and talk to one another. Blogging is good for they can keep an extra eye on you, hopefully see if you get worse or not. Because under hospital they don't have the same computer systems I have to carry notes. It has delayed me and made me have wrong treatment.*
- *Seems to ... give individuals more control and ownership of their health but losing human contact with health & social professionals. Could miss changes to a person's mental health.*
- *How reliable is this technology? Can it be adjusted by well-meaning family / friends / workers? Could again be socially isolating,*
- *I have a relative who has an implant to monitor and control diabetes. This has had a large impact on his life as he sometimes forgets he has the illness. Reduces impact on everyday life.*
- *I would always prefer a face to face experience but realise that wearable technology is very useful for certain people. What about the price of these watches.*

**Case Study 4:** *“To help me stay in my own home for longer, connected devices like fall detection mats and acoustic monitoring systems will send alerts to a warden or to the emergency services if I need assistance. Smart kettles and fridges will monitor that I make drinks and eat meals regularly. Smart heating controls will check that my home is warm enough and alert a care worker or a member of my family if there is a concern about my welfare.”*

- *Good idea but could be confusing for elderly or infirm, keeping check on everything.*
- *This technology exists but would be very expensive for e.g. a dementia user kept at home who pays?*
- *Who (company or council) will service equipment? Will it be leased, is there a charge to the individual?*
- *Is internet connectivity suitable across North Yorkshire?*
- *When Health & Social Care decide who is responsible for meds in medication dispenser we might move forward in care & health services.*
- *This kind of technology is essential.*

- *Great agree that technology is very useful but as a base line to but as a base line to formulate discussions about goals.*
- *May be excellent for monitoring but this can be a steep learning curve for older folk.*
- *Technology is brilliant and may well help to integrate health personnel but we need contact with each other to avoid loneliness, use tech but keep stronger communities etc.*
- *Provided technology is accessible to people with dementia or disabilities technology can be great but depending upon the person being able to understand how to use it, it can be really useful, possibly life savvy.*
- *Technology is good and how we can make sure this is affordable for those in receipt of benefits.*
- *Vulnerable people worry about internet safety and concerns about hacking into their personal data.*
- *Would monthly subscriptions to an internet server be affordable to all?*
- *Brilliant! Who assesses for this? How to refer? Who provides if client is unable to self-fund? Light touch approach is very good results, perfect for living well clients.*
- *Peace of mind for family members*
- *Seems like a good idea – for the future – maybe takes the worry away for families*
- *Good idea, really helpful if you don't have relatives living nearby, would be good for dementia sufferers*
- *Easier access to GP's/health professionals, ease frustration of arranging & attending appointments*
- *These items are useful again how much of the cost will be passed on.*
- *Good for med prompts dates, day & time calendar, social interaction.*
- *Yes great. Already in use but need to develop these types of technology further*
- *Would help people to maintain their independence in their own homes but could be isolating.*
- *My concern would be for those whose only social interaction is with workers, how isolated they would become without human contact. How would this affect their wellbeing? At what cost to their quality of life.*
- *People living alone need human contact, what percentage of elderly people who do live alone are unable to use IT?*
- *Technology to prompt with medication is useful, but the argument of who is responsible & will fund (health vs social café) needs resolving.*
- *What is the mechanism for checking the medication is actually taken, and what next actions are taken if not*

**Case Study 5** *“I will have a single health record which is accessible across the health and care system. I will decide which professionals have access to each part of it, and what information they can see. I will be able to add video diaries and blogs to my own care plan to give health and care workers a full understanding of my condition. If I am diagnosed with dementia, I will be able to record my story and capture my personality while I am still able to communicate effectively.”*

- *Would be really useful as long as they all speak from the same page.*
- *Concerns about assessment of individuals to assess suitability. Could someone infuse technological assistance? Will it reduce activity (eg Alexa) and encourage sedentary life.*
- *Absolute must! A single health/and care record accessible in proportional parts must be our aim. Avoid duplication from clients and assist multi-disciplinary approach will reduce hours of work, save money and facilitate communication WIN WIN WIN.*
- *Yes good idea, if it can save money for the NHS as well fine but wasn't this tried before it didn't work. What went wrong, wasn't that the computer system wasn't up to the job?*
- *Putting all your eggs in one basket – [there is a] risk that you lose everything.*
- *A single health record which is accessible across health & care system would be wonderful. Are there resources to put this in place, not everyone has access to a computer/iPad, so?*
- *Been waiting a long time for this*
- *Already use doctors' system with summary care record however, extension with more info on care would help also palliative care.*
- *Agreed this was proposed about 20 years ago.*
- *This would be great but seems unrealistic as the government has failed to deliver this through NHS*
- *Great idea. I would be in charge of my healthcare.*
- *This would be wonderful. From the perspective of a professional I would love to have a more holistic and well-rounded record of the person.*
- *Single health record is good as long as patients allow all health professionals access*
- *This didn't happen after an enormous cost to the tax payer, years of waste getting it off the ground, great idea but it needs to work.*
- *I cannot see this system working unless proper setting up is in place, idea good.*
- *Fantastic idea. Not have to tell the same story to many different professionals, easy frustration. Also ideal for clients with anxiety around professionals who are unable to communicate effectively.*
- *Good idea not sure people would want to add video diaries & blogs unless they are tech savvy.*
- *I am diabetic and already have this with the doctors*
- *A computer can't do all the senses, e.g. touch and smell*
- *[there is a risk of] social isolation [if] everything online*



- *Complexities of sharing data*
- *Red tape across organisations is an issue*
- *When a social worker needs information from mental health, community matron, district nurse, GP etc. we still have to call, leave message, await return call, miss it because out on another home visit, have to call back again. This chasing of information is so time consuming.*

#### **What else do you use digital technology for?**

- *Apps for anxiety, mental health.*
- *Setting up regular alarms*
- *Fitness trackers such as Swift, Strava and My Fitness Poll.*
- *Playing games*
- *Running a local group*
- *Use Fitbit to monitor exercise.*
- *Audio books*
- *Reminders re drinking/eating.*
- *Signature app on smart phone to reduce paperwork.*
- *Listening to news programs, music, radio, downloaded programmes, watching films/TV*
- *You Tube tutorials for DIY etc. reading books, downloading music, hobbies photography*
- *Art activities with PhotoShop.*
- *Learning new things.*
- *Emails, storing photos, my health matters is a good idea, needs plenty of thought before being put into use.*
- *Dropbox – cloud storage of docs & photos*
- *Ordering prescriptions, test results, photo sharing, online diary – shared with family*
- *Everything I can do online I do online - where I can't I get frustrated.*
- *Using WhatsApp to link with local Pilates group*
- *Work relate CAD work/design*
- *Research for work, keeping up to date with new research and ideas, campaigns being developed.*
- *Teaching others, storage of tutorials, weather & travel info (local), specialist info, lapidary, silver-smithing (You Tube)*
- *A good Indian curry recipe!*

#### **What else do we need to think about?**

- *Annoys GP's when you look things up for yourself, can become worried call.*
- *System will lack personal face to face care until a person presents with the patient & knowing something about them.*
- *Please don't lose the humanity with all this tech, not everyone has friends and family*

- *How are you going to obtain financial resources to pay for this. Are you going to provide the general public with training to use the devices*
- *Technology will get better but need to consider people with visual and speech impairments.*
- *Sounds useful for taking meds & changing prescriptions but wariness of Big Brother body being messed with in case something goes wrong, no interaction might mean isolation.*
- *I think it is an exciting time to be in this field of health care, I look forward to seeing how we can make it work better for all. I am excited about opportunities opening up (especially as this is my 2nd career after 30 years in catering.*
- *Can we raise the profile & awareness of this kind of tech now? Try to encourage more people to get used to tech before crisis occurs,*
- *Continuing to establish the infrastructures hubs to support this.*
- *Not to lose sight of the importance of human contact*
- *Really important for the staff across sectors and professionals, to have access to databases that contain relevant and up to date information for the people they are providing support with both health and social care.*
- *I am a Babylon sceptic. Asset stripping the NHS.*
- *Systems must be integrated across systems – must talk to each other.*
- *Think about getting people motivated now, this project is at least 10 years to late! Tec moves on face to face.*
- *Great to help keep people stay at home for as long as it is safe but there needs to be steps put in place to ensure their vulnerability isn't made "public" or get into the wrong hands.*
- *Visual alerts would be useful, visual reminders.*
- *Make sure the surgeries are aware of the need to EDUCATE people FIRST.*
- *What help will be offered to those who struggle with using technology? For staff and those they support.*
- *This survey could have been done online.*
- *This would be an invaluable way of giving back control to those who access mental health services. Part of an advanced directive created when well. Empowering those to have access to what is written about them.*
- *Blood pressure, epilepsy, sleep disorders, info sent without the need for formal consultation. Good idea, saves time & money.*
- *Good idea, will people want to use the system, what cost, to consider.*
- *There is definitely a place in society for these technological advances but can we please be mindful not to forget the importance and value of human contact for creating and maintaining relationships especially when body language is our biggest form of communication.*
- *People need to build trust with tech, if more courses to teach & inform the more comfortable they'd be.*