



HSLI Funding Opportunity for Community Services Smartphones

Introduction

During the initial response to Covid, Gold Command approved a paper covering a pilot where Community Services would purchase 100 Smartphones to distribute amongst frontline staff (Appendix 1). They would provide additional functionality such as Video calling with GPs, transfer of digital images of wounds, and enable access to various apps including InHealthcare. Approval is noted under item 5di of the Gold Command Meeting Notes 2nd July 2020, ratified by Gold Command on 6th July 2020.

A letter has been received (Appendix 2) regarding an opportunity to bid for funds from the Health System Led Improvement funding that is directed specifically at Community Services digitization . It is proposed to submit an expression of interest aimed at securing the funding to purchase the 600 smartphones referred to as “Wave 2” within the original paper.

Further information is being sought from the HSLI lead for the north east on the format and content of that expression of interest; unfortunately they are on leave until 25th January with a submission dates of 26th January. Gold Command is therefore being asked to approve the submission based on this paper, with the contents then transferred into the relevant format for the submission.

Basis of Bid

The letter stipulates that funding must be used to enable the community health service response in at least one of the five current priority tasks (as identified in the 23/12/20 letter from Amanda Pritchard and Julian Kelly). The purchase of smartphones would, we believe, satisfy the following:

1. Responding to the needs of patients with COVID-19;
 - Enables interaction with positive patients without entering their premises
 - Where face 2 face contact is required, the nurse can be part of an MDT approach that minimises the number of clinicians who have to enter the premises
 - Supports the need for reducing Face 2 Face Outpatient appointments; Community Nurses can attend the patient home and take images of wounds etc that allow live discussion with hospital medical staff
2. Pulling out all the stops to implement the COVID-19 vaccination programme;
 - By reducing the need for face 2 face contact, it increases efficiency of Community Services staff, allowing others to support both the health and social care vaccination programme, and the housebound vaccination programme
3. Maximising capacity in all settings to treat non-COVID-19 patients;
 - By reducing the need to enter premises it reduces the risk of infecting non-covid patients
4. Responding to other emergency demand and managing winter pressures; and
5. Supporting the health and wellbeing of our workforce.
 - Reduces the need for entering patient premises, reducing the risk of infection for staff
 - Supports modern lone worker apps, that allow GPS tracking of staff to ensure their location can be rapidly confirmed

The letter then identifies three areas suggested for this funding:

1. Devices and peripherals to support remote/video consultations and virtual MDTs;
 - We would be purchasing the smartphones and the first year costs of the device management software
2. Software and licensing for communication tools (e.g. enabling MDTs); and
 - We would bid for funds to enable the further development of Inhealthcare apps such as the Wound Management and Dietetics apps currently in progress
3. Software and licensing for video consultations.

Finances

The finances consist of those that will be included in the bid, and an ongoing revenue impact that will need to be included within the budget of Community Services.

Bid

Cost or purchase of 500 Samsung Xcover 4s	[redacted]
Cost of installing MDM software for 1 st Year	[redacted]
Cost of Inhealthcare app development	[redacted]
Total	[redacted]

Revenue Impact

Year 1	Increased Vodafone charges	[redacted]
Year 2 +	Increased Vodafone charges	[redacted]
	MDM software	[redacted]
	Total	[redacted]

Recommendation

The original paper highlighted that Community Services needed to move to current telephony technology at some point. The use of “dumb phones” limits the potential for digital development, and the supply of them is becoming increasingly difficult. Moving to smartphones allows the use of mobile apps, and also may in the future enable a move away from having both sim enabled laptops and phones. There is no way to avoid the full costs of making this jump to current technology, and the longer it is left the higher that cost barrier will become. This funding opportunity would provide a significant boost, but it is recognized that there is no identified source of funding for the ongoing revenue costs.

On that basis, Gold Command is asked to approve the submission of the bid.

Malcolm Walker

ADO Community Services



APPENDIX 1 – Paper to Gold Command 2nd July 2020

Community Services - Smartphone Trial

1. Summary

With the close working now between the Community teams and PCN's and the importance of minimising footfall into people's homes from an IPC perspective it is becoming very apparent the missed opportunities of swifter, safer patient care because community staff do not have the technology to be able to have video consultations, receive photos or have access to a variety of clinical apps to aid decision making.

Whilst as a Trust we are adopting Attend Anywhere, there is an expectation from Primary Care and the CCG that our community nursing and therapy colleagues have access to platforms which they use.

Despite Community Services being at the fore-front of adopting mobile working and the deployment of laptops for all Nursing staff, the phone technology remained rudimentary Nokia 'dumb' phones.

Additionally now with the infection risk of COVID-19 and the inability to keep laptops 'clean' colleagues can no longer take these into people's homes for the foreseeable future.

2. Ambition and Benefits

There is an opportunity to rapidly purchase ~100 Samsung Xcover 4s rugged smartphones. These phones would be used in a number of different scenarios to trial the various digital solutions immediately available to the Trust and our significant stakeholders (e.g. AccuRx, Microsoft Teams, Healthcall, Nutricia Clinical Care etc) which are not available for use on the basic mobile phones currently in use. They will be configured so that new and alternate apps can be installed to trial different capabilities and workflows. The various platforms and solutions would then be analysed so to then inform the wider longer term Community Services digital strategy.

'Technology is part of everyday life. Most people have mobile phones, use the internet, and have gadgets around the house. Many people are used to booking

travel or holidays online, communicating with friends and family by text, taking their child's temperature at home, or monitoring their household's energy usage.'

Ambition

- 'Digital first' - NHS England
- Our patients expect it, our GPs expect it and our other stakeholders expect it
- New ways of working (virtual consultations, less travel, less PPE, Healthcall apps etc)
- More autonomous and skilled staff
- Resilience and future proofing patient choice and delivery of quality care
- Reduction in the need for urgent visits and admissions through smarter more effective ways of working supporting the reduction of demand required at the acute site for non-elective activity

Trial

- To supply 2 full Team Around Patient (TAP) team(s) with the smartphones to evaluate different staff needs and uses with complete exposure (~80 staff)
- To supply one phone to every TAP team to evaluate different aspects of geography and cross team/stakeholder connectivity including a different lone worker option (~15)
- To supply smartphones to the Home Enteral Feeding (HEF) - part of dietetic service - building on recent Covid opportunities in the therapies team utilising the clinical app from Nutricia Clinical Care (~5)

Benefits

- Community staff will be able to conduct some patient contacts using the ACCURX platform with patients – imports directly into SystemOne & Emis
- Allows 3 way consultation with patient/GP and/or Consultant
- Supports newly qualified staff in preceptorship, enable video calls with mentors and senior staff to support autonomous working in community – reducing foot fall into people's homes whilst continuing to provide essential training and supervision
- Enables prescribing support using digital apps
- The smart phone will also allow us to install Health Call platform
- Allows care home consultations remotely with senior carer – a recommendation in the COVID-19 support to care home guidance
- Using video and photography to support 'bench marking' the trajectory of wounds or even enable a clear pathway of the patient's general conditions
- Visual records of wounds and pressure damage, live consultation with TVN, evidence for RCAs would be invaluable.
- Enable inter-professional working across all services, for example a podiatrist visiting a patient known to several services such as DN could undertake video call

with the nurses to guide other interventions which could well minimise the need for further visits or even hospital admission

- Allows DNs to participate in TAPS MDTs where Accurx or healthcall is the platform of choice
- Scope for visiting health professionals to video link with NEAS and utilise 'pathfinder' to deliver more appropriate outcomes for patient other than a hospital visit to A&E or admission.
- Supports good information governance keeping work and personal phone separate
- Benefits of Satnav/ GPS location/ personal safety for and remote and lone working
- Utilise clinical app from Nutricia Clinical Care (3rd party company we've got a contract with) – GDPR and IG certification available from company
- Negates need to attend outpatient appointments with HEF, reducing footfall on site and need for estates
- Ability to see patient stand on weighing scales – critical for those with active Safeguarding concerns (both adults and paed)s)

Measures

- TAPs
 - Log the number of times video/photo features utilised by the pilot users.
Such metrics would demonstrate an unmet need. *Data collection*
 - Has being able to use video/photo improved communication between GP and community teams? *Staff Survey* If yes we can make a cautious assumption this will translate to better care and outcomes and thus overall reduced costs
 - Has being able to use video/photo reduced the need for GPs to visit? *Data collection* Reduced visits frees up primary care capacity as well as making access easier to a senior clinical decision maker earlier in the patient pathway which may translate to reduced ED/OOH attendances
 - Has being able to use video/photo improved safety of consults? Safer care=better outcomes=reduced system costs
 - For nurses: do they feel better supported to do your job being able to access GP/specialist advice via video/photo/App? Better supported staff will be happier in their work. Increases retention and associated costs
- Home Enteral Feeding
 - Anticipated reduction in numbers of patients with complex tube requirements presenting at ED Monday-Friday
 - Reduction in the number of patients attending outpatients
 - Count of safeguarding assessments for patients weight assessments

Case example

A nurses did a telephone call on a post-operative patient with a wound. The patient said the wound was a bit red and sore, but did not want a visit as they were shielding. The patient offered to send a picture, but the nurse could not accept the picture. Being able to take a photograph or have a video consultation would have resolved the issue. Instead the nurse completed a visit, potentially putting the patient and themselves at increased risk, used PPE and travelled – all of which could have been safely avoided had the nurse had access to a smart phone. Equally, had the patient been more unwell and the nurse had a smart phone they could have liaised with the GP, shared pictures of the wound enabling earlier senior advice, preventing deterioration and a possible hospital admission.



Cost

From a finance perspective it is calculated to be £24k for the purchase for the Samsung xcover phones, with a further ~£24k annually for the MDM and the Vodafone data sim.

If successful we would then be looking to purchase and deploy a further ~600 devices across the teams which would equate to a further purchase cost of ~£144k and revenue of ~£145k. Wave 2 roll out would also require £2800 for staffing to install, configure and distribute the devices.

In Summary

The NHS's health and care services are dependent on people, processes and information technology (IT) systems, but most of these IT systems are outdated and inefficient. The Department of Health (& Social Care) and NHS England & NHS Improvement (NHSE&I) believe that it is essential to implement new ways of working and that improved digital services are central to this. In other words, the NHS will need to undergo a **digital transformation!**

There is now universal acceptance that this is an unprecedented opportunity to change the way we work: driving efficiencies and saving money, while at the same time improving patient care and being cognisant of the first pillar of reset/restart – *Infection Prevention and Control is the centre of all we do*

We believe that community staff having smartphones will enable improved quality, real-time interactions with both primary care and acute medical staff, resulting in reduced attendances to ED and home visits from GPs and other specialist clinical staff. Particularly in relation to developing wound issues, enteral feeding / PEG issues, and

safeguarding we know that our staff currently have no other option but to direct patients to emergency services or ask other professionals to visit the patients home, which in the Covid situation is increasing risk to both those staff and the patients.

With the above in mind, Gold Command are requested to approve the investment to enable testing and then wider deployment of smartphones the in the community care group.

Malcolm Walker Associate Director of Operations

Steven Curry Business Manager

Andrew Izon Chief Information Officer

Jen Steel Medical Director

APPENDIX 2

Briefing: Q4 (20/21) capital funds identified for community health provider digitisation

Dear colleagues,

Capital funds to support community health provider digitisation in Q4 (2020/21) have been identified. The purpose of this funding is to increase provider digitisation with an emphasis on levelling up digital capabilities in the community health sector (not acute or primary care providers). Both NHS trust and non-NHS trust organisations will have access to funds. These funds must be committed by 31 March 2021, with organisations able to demonstrate how the investment adds value by mid-2021/22.

Timeline and process –

Providers are expected to submit an outline of the funding requirement to their regional lead for HSLI by 27 January. A streamlined Health System Led Improvement (HSLI) funding agreement will be completed at a later date (further information will be provided after 27 January).

Regional leads for HSLI:

- London- Nina Schmidt-Marino nina.schmidtmarino@nhs.net
- South West- Darrien Bold darrien.bold1@nhs.net
- South East- Dhana Lamer dhana.lamer@nhs.net
- North West- Vinder Notay vinder.notay@nhs.net
- North East- Vinder Notay vinder.notay@nhs.net
- Midlands- Foyzal Miah foyzal.miah@nhs.net
- East of England- Anita Patel anitapatel2@nhs.net

Funding purpose –

The funding must be used to enable the community health service response in at least one of the five current priority tasks (as identified in the 23/12/20 letter from Amanda Pritchard and Julian Kelly):

1. Responding to the needs of patients with COVID-19;
2. Pulling out all the stops to implement the COVID-19 vaccination programme;
3. Maximising capacity in all settings to treat non-COVID-19 patients;
4. Responding to other emergency demand and managing winter pressures; and
5. Supporting the health and wellbeing of our workforce.

Three areas suggested for this funding are:

1. Devices and peripherals to support remote/video consultations and virtual MDTs;
2. Software and licensing for communication tools (e.g. enabling MDTs); and
3. Software and licensing for video consultations.

Expressions of interest will be assessed based on alignment to the above priority areas and tasks, in addition to demonstrating how funds will:

- Feasibly deliver benefits to support the five priority tasks;

- Deliver impact and sustainable change; and
- Support current and future efforts towards provider digitisation with a view to enabling integrated care and system working.

Those approved will be expected to provide updates on project outputs and outcomes to national/regional teams. This requirement will be managed with consideration of COVID-19 pressures and is expected to include a support offer of virtual sharing session/s on:

- Lessons learned from implementation;
- Insights into transferability of the project to other places or settings of care;
- Case studies on patient and staff experience; and
- Contribution to future guidance to promote digital delivery within community health.

We recognise this funding opportunity comes at a time when the NHS is under huge pressure, but we hope a range of providers will be in a position to develop their capabilities based on their own strategies and the above national priorities.

Thank you,

Dermot Ryan
Director of Access to Clinical Information, NHSX

Matthew Winn
Director of Community Services & Ageing Well, NHSEI