

West Berkshire Neurological Alliance

Focus group

Held on Monday 21st November 2016

'Technology in the NHS: patient views on how best to support the over 75's'

A discussion about individuals over the age of 75 and their likely needs, wants, acceptance and concerns.

Conducted by

West Berkshire

Neurological Alliance

Funded by

healthwatch
West Berkshire

Community 
Engagement
Programme

Purpose

The purpose of the focus group was to discuss the likely needs, wants and concerns of people over the age of 75 regarding the future use of technology in health and social care.

Background

The subject is one that has been raised at the Berkshire West CCG Federation Long Term Conditions Board as requiring more information to help determine ways forward for Commissioners and others. West Berkshire Neurological Alliance took the independent initiative to hold a Focus Group. Healthwatch West Berkshire provided funding, imposing no constraints on methods, approach or content.

Findings

Those taking part in the focus group discussed and considered a wide range of matters, recognising that 'technology' has meant very different things over the generations and this phenomenon is likely to continue.

Those over the age of 75 tend to develop increasingly and in various, unpredictable combinations;

- physical, mental and social frailty,
- loss of energy, loss of interest in care or self-care,
- the need for simplified information and explanations that may need to be repeated.
- age-related, sometimes inconsistent or difficult to comprehend responses, including technophobia.

This would indicate that health and social care that might be delivered to individuals with such problems, through the increasing use of 'technology', should best be provided to the following twelve **principles**:

- **Holistic, individual care based on individually assessed needs,**
- **Compassionate care covering service design, service delivery and patient experience,**
- **Patient friendly care, simple to understand,**
- **Care that is quickly in place and visibly working as and when expected,**
- **Care that is effective in achieving beneficial results from the patient's perception / perspective,**
- **Reliable and trustworthy services, fully quality assured.**
- **Secure care in the senses of physical security, data transmission & storage, etc.,**
- **Not technology for technology's sake,**
- **Not change for change's sake,**
- **Change because it is genuinely better for individual patients,**
- **Technology fronted by caring health and social care staff rather than 'faceless technology',**
- **Cost-effective systems and care.**

Due to the short time available the Focus Group did not discuss cost-effectiveness in any detail or other matters that may be relevant to the subject. Therefore the above is not an exhaustive list of principles, rather it is one arising from the time-limited Focus Group discussion. In general this list is little different to checklists that might or should apply to the principles of health and social care services required by all patients of all ages and frailties.

Recommendations

Noting that:

- 'Technology' comes in many forms and has moving boundaries
- The 'over age 75' boundary is not in itself a universally relevant trigger point for a different approach to health and social care delivery.
- The general principles of good health and social care remain the same regardless of when, where and how technology options may become available.
- Not everyone has or can use a computer or other modern technologies.
- Individual frailty levels can vary at any time.

1. Health and Social Care Commissioners, clinicians and others should have in place effective and efficient systems for evaluating all new ideas, including technological developments, to improve health and social care provision and should adopt technological and other changes only provided they meet all the twelve principles of good health and social care provision listed above (and in line with comparable recommendations made by others).

2. The technology used to communicate between different parts of the NHS needs to be upgraded, working towards a single, high quality, reliable system.

3. The use of wearable health and social care technology is likely to be relevant and welcomed.

4. Given that resources are finite, technology within the NHS and the wider health and social care setting should be better used to improve quality of life rather than to extend poor quality life span.

About the focus group attendees

The event was publicised widely through the voluntary sector, seeking people over the age of 75 or their advocates with experience of the subject. Seven individuals responded of which one was over the age of 75.

Format of the Focus Group

A WBNA Trustee (J1) led the discussion. There were two note-takers, (S1 and J2). Attendees were provided with a written agenda, shown in **Appendix 3**.

Limitations of this Focus Group.

The experiences raised at a two-hour focus group with only a small number of participants cannot cover comprehensively the needs and views of those over age 75. The themes identified should not be taken to represent the full extent of the subject covered. This report provides pointers for reflection and further work.

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Appendix 1

Transcript of proceedings WBNA Focus Group on

'Technology in the NHS: patient views on how best to support the over 75's'

J1 welcomed everyone to the meeting. He explained that the topic for the Focus Group had been a concern of some local GPs who are interested in how best to support the over 75s in using technology and which technologies might best be used in connection with this age group. The report from the Focus Group meeting will be presented to the Berkshire West CCG Federation Long Term Conditions Board to further its understanding of the problems and opportunities surrounding the future use of technology in health and social care provision.

The group discussed what is meant by technology. This included how technology has progressed from the invention of the wheel to modern electronic technologies and the importance for any new technology to be user friendly in that very often it can serve its purpose without the user having any significant knowledge or concerns about how it works.

E1 pointed out that there are problems with electronic health records as *'not all health Boards use the same systems and so different health areas cannot talk to each other, e.g. between the West Berkshire and Basingstoke Hospitals. This sometimes means duplicate tests and appointments for patients involved with more than one health authority'*.

J3 stressed the need for secure systems. Making systems easier to access can compromise security. People's home computers may not be compatible with security. *'If the NHS installs a new system we expect it to be secure, but this isn't always the case.'* *'A lot of people are thought to be technophobic, but how to get over this problem?'*

It was also discussed why the NHS is still using faxes rather than e-mails. *'The Wheelchair Service apparently does not accept email referrals'*. It was suggested that more of the NHS needs to move from Faxes to emails, but there have been instances when emails referring people to specialists have got lost and long delays in getting appointments have resulted. *'There should be an easy way to 'ping back' to the referrer that a referral has been received.'*

J2 reported on a meeting attended where a GP had explained how the use of technology in China meant that *'consultations could confer entirely electronically without patient and doctor meeting'*.

There was discussion as to which types of problems could be seen as age related. These were seen to be related to the current generation of over 75s being less used to electronic technology. **T1** said *'these problems would become less with*

time as future generations would be accustomed to using such systems throughout their lives'. E1 added that, 'due to staff and financial pressures on NHS services, these problems would need to be addressed and the current generation of over 75s would have to be shown how to use the new technologies'. He suggested that systems may need a simple script to make them more accessible, understandable and acceptable although this might not work for everyone. For some people, 'their personality prevents them from even trying'. 'This is not necessarily an age problem but one of lack of confidence. Some people can't access a computer because they are forgetful, blind, hearing impaired, lacking strength in the hands or for many other reasons.'

'Another problem is related to when things break down. You have to go to a Helpdesk where they follow a script and can't, apparently, deviate from it. It can be hugely frustrating and if you are old, ill, tired or disabled and it takes so much time and energy this can lead to exhaustion. There need to be situations where a human being is available to sort out problems.'

It was agreed that any technology used by the NHS for patient care should be and in future would need to be:

- User friendly
- Quick and timely
- Effective
- Reliable and quality assured
- Trustworthy
- Secure
- Not just technology for technology's sake
- There is also the need from time to time for human intervention that goes beyond the script, with staff who are able to understand how to bypass the system when necessary.

'This checklist is not unique to meeting the needs of those over the age of 75, applying to the majority if not all health and social care services.'

S1 stated that *'what is needed is technology that appeals to people with neurological impairments and to older people who lack the confidence to use it – they need encouragement'*.

E1 pointed out that of 145 members of the local Branch of Parkinson's UK, *'about half do not own computers and of those, half were over the age of 75'*.

There are problems where people don't have suitable broadband (e.g. can't get text messages because of no signal or the broadband is so slow, it is too cumbersome to use). *'Connection and availability are the critical things if technology is going to be useful. Alternatives need to be available for those without computers or unable to use them for whatever reason.'*

T1 suggested that *'there should be dedicated lines for over 65s in GP surgeries'*.

S1 thought there should be *'multi ways of communication'*.

J1 pointed out that there is technology you can wear on your wrist e.g. Fit bits and **S1** said that wearable technology is the biggest thing with pharmaceutical companies at the moment.

Prompts:

- *Which are the types of technology that may prove most beneficial?*
- *What is the importance of human contact in healthcare? and*
- *how will the over 75s perceive technology in healthcare?*

J3 *'Technology should be helping us to take more care of our own health but some people won't take responsibility for themselves if they know the NHS is there.'*

'If technology is to help it needs to be cost effective and the majority of people are likely to need evidence or reassurance that the system is secure.'

It was considered by the group that *'wearable technology could be very useful for the over 75s'*. *'A wrist-worn device could be programmed to alert you when to see your doctor, but older people with long term conditions should be seen on a regular basis anyway.'* Diabetic pumps, glucose sensors and fit bits could help monitor conditions, also doctors could download data to improve treatment. It was felt that this would also improve patients' feeling of responsibility for their own health. Such technology would need to be backed up by human contact due to the need to trust the people behind the technology.

There was recognition of the need to ensure that technology development and use is for all health care professionals, not just GPs, as nurses, physiotherapists, occupational therapists etc are an integral part of health care especially for older people.

J1 observed that he has experienced seeing lots of people in hospitals *'wired up to all sorts of machines with nurses ignoring the various beeps emanating from them. Can we trust the technology and the people running it? At the end of the day, people are the most important'*.

GPs want to understand how technology impacts on patients. Could technology dispense with some GPs? Is the technology there or do GPs need to spend more on technology? *'A shortfall in GPs could lead to a need for more technology.'*

Prompt *'Should the future use of technology be aimed more at extending people's lives or at improving quality of life?'*

The general consensus of the focus group was that *'technology within the NHS should be better used to improve quality of life rather than to extend life span'*.

The overriding feeling of the group was that although there was an important place for technology in healthcare and it was necessary for the over 75s to be given support to use it, it was vital that human contact and care was not lost.

Prompt *'Would it matter to you if you rarely saw an HSCP?'*

It was agreed that *'Yes, it definitely would matter'*. Talking to a person, be it doctor, nurse or other HSCP, can make all the difference to someone's sense of well being. The example was discussed of a nurse who *'spent a whole day just listening to patients and had the most successful professional day ever'*.

T1 The key thing that everyone wants is CARE. *'We would like technology to put us in touch with a doctor who knows and understands our condition.'*

J1 stated that in general District Nurses appear to be up to date with the latest technology, but *'their hands-on approach was what was most appreciated'*.

Having reflected on the subject of the over 75s, those present felt that the use of age barriers in determining health and social care provision is arbitrary and what is most pertinent is that sensory and other losses can occur at much younger ages. It was felt that technology must be one of the vehicles to keep costs down but that the human side should not be neglected. Technology has to be user-friendly and there should be options for people who cannot use technology in its current guise.

The discussion closed with those attending considering that although some technology is used a lot and can be very helpful, there is much technology in existence that is of no use at all.

Appendix 2

'Technology in the NHS: patient views on how best to support the over 75's'

Agenda

1. Welcome and introductions

2. Brainstorming for five minutes: What is technology? :

- Are ambulances and paramedics preferable to horses, carts and witchcraft?
- Why does the NHS still use fax machines for internal communications?
- What have been the most useful or concerning recent technology advances in health care management?
- Should doctors and nurses be replaced by portable black boxes?

3. Open discussion

- What new technology are we aware of in healthcare provision?
- How has health and social care technology impacted on you and others, physically, mentally or otherwise over time?
- Which types of technology help or hinder patients to get what they need?
- With what would you replace existing technology if anything?
- Would it matter to you if you rarely saw any health and social care staff and most things were done using technology?
- Are older people techno-geeks or techno-phobic and what trends do you envisage in how the over-75's will perceive technology in health care?

4. What recommendations do you have for clinicians, social services, the voluntary sector and others regarding how technology is used in future to help YOU?

Appendix 3



The funding for this research report has been provided by Healthwatch West Berkshire's Community Engagement Programme (CEP) grant scheme. The CEP grants ranged from £500-£3000, and were specifically reserved for research relating to vulnerable, hard-to-reach groups or where there is a health or social care issue that is problematic, or not working as it should. The research had to be evidence based, with outcomes that can be used to highlight and develop suggestions for service improvement.

Healthwatch seeks to understand and represent the needs of everyone and recognises the importance of getting to the voice of those who can be considered 'hard to reach'. The over 75's section of the population contains a higher than average proportion of socially isolated individuals, making them in part a 'hard to reach' group.

*You can view Healthwatch West Berkshire's priorities and current work plan, which have been developed through our Champions board, local feedback and other local Clinical Commissioning Group (CCG), Local Authority and NHS priorities on our website:

<http://www.healthwatchwestberks.org.uk/publications/>

Appendix 4

About West Berkshire Neurological Alliance

This is the Alliance's sixteenth Focus Group report.

The Alliance is an umbrella organisation for neurological voluntary groups, patients and carers covering the Local Authority areas of Reading, West Berkshire and Wokingham, an area also known as NHS Berkshire West. The Alliance conducts research using a range of methodologies into the experiences of local people living with or affected by neurological conditions. The UK's ageing population means that the number of older people is increasing rapidly, and with many neurological conditions having a late onset, the proportion of over 75's with a neurological condition is expected to rise significantly.

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