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Case Study: Implementing Digital Care Homes in County Durham

County Durham Care Partnership

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Background

Durham County Council and County Durham & Darlington NHS Foundation Trust have, over the last 27 months, been working together to support local care homes with technology adoption – particularly technology which would help facilitate integration with the NHS and wider care system and support remote monitoring approaches for residents.

Health Call Digital Care Home was rolled out as a system to support electronic referrals into community health and primary care services - but also remote monitoring of residents. Furthermore, it permits the creation and sharing of baseline observations to develop a record of what is 'normal' for each resident and also identify signs of deterioration. Resident information is then pulled through to the electronic patient record. Subsequent developments have included the addition of wound care and undernutrition services for residents. The ability to use the system for video consultation is being explored as well.

Care homes receive a pack with tablet and medical equipment to use for remote monitoring plus training and technical support. It is funded through iBCF with the council as the lead commissioner.

However, the council and health partners have a track record of working together in County Durham and in April 2020, an integrated commissioning function was introduced to formalise this.

COVID-19 has accelerated the roll out of Health Call Digital Care Home which is now live in 94 older people care homes, two specialist (Learning Disability) care homes and seven extra care establishments and is targeting the following:

- Enabling access to remote health support
- Reducing footfall in older people care homes and extra care - reducing exposure and spread of infection by enabling remote monitoring
- A process for COVID-19 resident testing through the Trust where they make referrals through Health Call Digital Care Home
- Submitting weight of residents going to dietetics services that will be able to trigger necessary responses from the service
- Sharing securely photographs of wounds to seek remote advice and also to create a record of wound progression on the electronic patient record.
- Video consultation – especially where care homes have struggled with other software such as MS Teams or AccuRx
- Video consultation that enables MDTs

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The impact

- Easier for care providers to make quality referrals
- Reduced time for care staff spent on the telephone, frees up their capacity to deliver direct care
- More effective and efficient use of local health staff resource, with better prioritisation of workloads
- Improved care for the resident / service user
- Establishing a baseline of what is normal for the resident / service user
- Identifying early signs of deterioration
- Care Providers and residents can continue to access remote health support
- Reduction in the spread of infection
- Reduction in unnecessary admissions to hospital - pre-COVID-19 it was found that the system led to a reduction of 2 hospital admissions per care home per month

The challenge

The COVID-19 pandemic has meant care homes need to maximise staff capacity and streamline all opportunities to connect with health services whilst minimising the risk of infection. Where this can be done virtually is critical.

Where there are COVID-19 outbreaks, care homes are limiting visitors to professionals from essential services only, meaning that system professionals also need to find ways to connect with care homes virtually too. The original ambition of Health Call Digital Care Home was to support all older people's care homes across the County with technology adoption over a two-year period. When the COVID-19 pandemic hit, activity accelerated and achieved this within 14 months whilst opening up a wealth of opportunities because virtual care was already well established in many care homes thanks to this roll out. The roll-out has been achieved almost a year sooner than the original timescale for the work.

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How is the new approach being sustained?

- Joint engagement sessions in the early phase of implementation between the council and NHS before the pandemic was key to raising awareness of the programme and enable providers to express an interest and ask questions.

- Co-production and direct feedback from care homes meant they worked as a partnership throughout to solve a shared problem and develop the right local solution. The digital solution has been developed using feedback from partners. For instance, concerns about being unable to send referrals through the app if connection unexpectedly dropped. The solution has been designed so that if this happens and the app is refreshed, no data inputted is lost. Instead, it will be held and uploaded once the signal or connection is available.

- The council commissioned the local NHS Foundation Trust to manage the project implementation which included providing ongoing training and support – from training on the device to follow up technical queries.

- Partnership informed continuous product development, working directly with:
  - 94 Older People Care Homes
  - 7 Extra Care Establishments
  - County Durham and Darlington NHS Foundation Trust
  - GP Federations
  - Health Call Solutions (technology provider)

- More recently, the Council and local NHS Foundation Trust have developed video tutorials on how to use Health Call Digital Care Home on both the app and web portal to supporting ongoing training needs.

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Feedback

A senior carer using the service said: "When one of our residents was ill, I was able to reassure him and his family regarding his observations. Once I have uploaded these and provided some background on how he was feeling.
I received some feedback instructing me to take his temperature again and when to do this. He has recently finished a course of   antibiotics for a chest infection, and I thought it was starting again. The nurse came and   prescribed a further course. Before Health Call Digital Care Homes, I would have had to   call his GP, or send him to hospital. This way, he was kept at home, where he and his family wanted him to be."

Sandra Smyth, a district nurse who has used the service said: "We will wonder why we did it any other way. The SBAR is effective for nurses to prioritise where they need to attend to ensure the best patient outcomes.

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