

Supporting Scotland's Workforce

TECHNOLOGY ENABLED CARE

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EXECUTIVE SUMMARY >

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COMMISSIONED BY

Scottish Government

- > Technology Enabled Care (TEC) Programme

NHS Education for Scotland

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Designed and distributed survey.

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Contributed to report.

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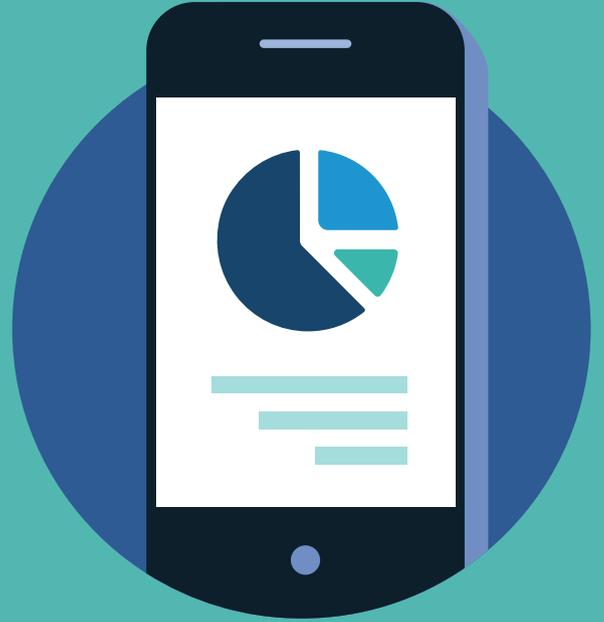
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Analysed survey data and wrote the report.

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- > Staff and managers in health, care, housing and other sectors
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- > Tommy Marshall, NHS Education for Scotland



SECTION 1 EXECUTIVE SUMMARY

SECTION 1

EXECUTIVE SUMMARY

Over the last ten years, digital technologies have revolutionised the way we access and deliver services and the growing impact on health and care services is evident.

With the ongoing transformation and integration¹ of health and social care services, partnership working across acute care, community care, and third and private sectors is increasing. Innovative models of care – with increased access to information, advice, care and support – further empower people to self-manage their own health and wellbeing and live well and safely at home or in the community.

2014 witnessed the launch of the **Scottish Government's Technology Enabled Care (TEC) Programme²** to deliver digital transformation of health and care services at-scale, and improve health, care and wellbeing outcomes. With investment at around £30 million for three years³, initial objectives were around the expansion, integration and sustainable use of TEC within health, housing and care services.

At a national level, the TEC Programme Board oversees the development and delivery of the TEC Programme and TEC services throughout Scotland. At an operational level, the Scottish Centre for Telehealth and Telecare (SCTT)⁴ (embedded within NHS 24⁵) drives transformational change and service redesign to improve outcomes for the people of Scotland, through the promotion and use of technology enabled care.

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 2. Hodgson, A. (2015). TEC Programme - Overview of Year One Activity. Available at: <http://www.jitscotland.org.uk/resource/tec-programme-overview-of-year-one-activity/> [Accessed 21 July 2017].
 3. TEC Board (2016). Technology Enabled Care: Annual Report 2015-2016 Available at: <http://www.ehealth.nhs.scot/wp-content/uploads/sites/7/2016/11/Technology-Enabled-Care-Annual-Report-2015-2016.pdf> [Accessed 13 July 2017].
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 5. NHS 24 (2017). NHS 24 Explained: NHS 24 Services. Available at: <http://www.nhs24.com/explained/services/> [Accessed 23 August 2017]. (NHS 24 is an online and out-of-hours phone service that offers access to health advice and information throughout the year).
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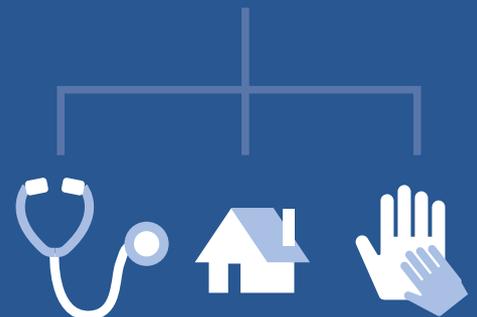
2014

LAUNCH OF THE
SCOTTISH GOVERNMENT'S
TECHNOLOGY ENABLED
CARE (TEC) PROGRAMME

INVESTMENT AT AROUND
£30 MILLION
FOR 3 YEARS

INITIAL
OBJECTIVES

EXPANSION, INTEGRATION
AND SUSTAINABLE USE OF TEC
WITHIN HEALTH, HOUSING
AND CARE SERVICES.





1.1 Workforce Questionnaire

Given the Scottish strategic landscape around the integral role that technology is expected to play in the delivery of safe, high quality and cost-effective care, there was a need to understand current and future workforce knowledge, confidence, experiences and learning needs around using technology in health, care and support services.

A questionnaire was therefore distributed by NHS Education for Scotland to a wide range of social care, housing and health stakeholders across Scotland. It was informed by a series of one-to-one interviews and focus groups with a range of participants from across health, care and support services.



The aim of the questionnaire was to gain an understanding of any learning, development and support needs around technology enabled care.

Specifically, the objectives were:

- How technology is currently used in delivering health, social care, and housing care and support and how this may change in the future.
- Current confidence in using technology to deliver care and support.
- Current access to learning and support in technology enabled care.
- Insights into future learning opportunities and support that would be helpful in the future to deliver technology enabled care.
- Insights into any challenges which may impact on abilities to embed technology enabled care into everyday practice.



Views were welcomed from all staff cohorts, including from those who did not use technology enabled care.

Analysis of the questionnaire was undertaken via descriptive statistics and free text responses were grouped into themes.



1.2 Results

Respondents' demographics:

- 635 individuals responded to the questionnaire, and a range of roles were represented from across primary, secondary and community sectors.

Current use of technology for health and care:

- The cited technologies were used infrequently, with approximately 29% of the sample using telecare daily.
- Main reasons highlighted for not using the presented technologies were centred around workplace availability, lack of opportunities and no perceived requirements for job roles.
- Lack of technology knowledge also hindered use. However, there was an appetite to learn more about the area.
- Approximately, 2% of the sample had no interest in using technology enabled care resources.

Confidence and learning:

- Confidence in using the resources was somewhat varied. However, in the main this could not be sufficiently attributed due to lack of use or access.
- In the same vein, most of the sample had not participated in learning or training in the area (and for some, it simply was not applicable).
- However, from the resources presented, respondents positioned telecare the highest in their confidence rating (very confident 23%, confident 25%), and approximately 44% of the sample had participated in telecare learning or training.

- Of those having participated in any type of learning or training, face to face (75%) and 'learning on the job' (61%) were the most commonly cited approaches.

Anticipated future use of technology for health and care:

- Future intentions towards using technology for health and care were somewhat varied. Expected daily use of telecare was rated the most likely (37%), followed by health and care apps (25%), and home and mobile health monitoring (21%).
- Once again, main reasons for not expecting to use digital technologies were around lack of relevance for day to day work roles.
- However, there was much interest in taking up further learning and training and a variety of learning approaches were viewed positively (including learning in situ, job shadowing, online simulations and e-learning).

'Championing' technologies and further engagements:

- Approximately 50% of respondents were not interested in becoming a TEC 'champion' or in engaging further⁶.
- However, a large minority reserved judgement, noting that they were open to discussion.
- Additionally, they were open to the usefulness of a national technology enabled care champions network (over the next three years) to offer workforce support and guidance.



In summary, whilst there is enthusiasm towards learning more about technology enabled care to improve knowledge, skills and confidence in the use of technology within health and care, there currently appear to be some perceived challenges and barriers that need to be addressed.

6. Via potential future workshops or focus groups.

1.3 Recommendations

Technology has the potential to transform the way people engage and control their own health and wellbeing, empowering them to manage it in a way that is right for them.

For this ambition to reach its full potential, it is imperative that people are supported by a knowledgeable and skilled workforce who can work confidently with technology to support health, wellbeing, choice and independence.



Based on this study, recommendations for moving forward focus on workforce upskilling, learning and development, and in building confidence around the use of technology within health and care. Other aspects involve leadership and management, and a consideration of finance and resources (Table 1).



| ASPECTS | RECOMMENDATIONS |
|--|---|
| <p>A1. Workforce Knowledge, Skills and Confidence</p> <p><i>Knowledge gaps, lack of confidence, and poor awareness of services available across the workforce need to be addressed.</i></p> | <ol style="list-style-type: none"> 1.1. National awareness raising programme and promotion of digital technologies for health and care. This should demonstrate the benefits and advantages for the workforce and generate increased knowledge and understanding of using such technologies in everyday work. 1.2. Develop a national online learning resource to cover the various aspects of digital technologies for health, care and housing. 1.3. Implement a national online learning resource and ‘face to face’ (live) learning networks for ongoing support, learning and development. 1.4. Consider a national stepped learning framework such as informed, skilled, enhanced and expert. |
| <p>A2. Leadership and Management</p> <p><i>At-scale change in culture is required to facilitate ‘new ways of working’.</i></p> | <ol style="list-style-type: none"> 2.1. Support a national shift to ‘new ways of working’ and promote a ‘culture of readiness’ for a mainstreamed future digital health and care service. 2.2. Support a national drive to alleviate concerns around the use of digital technology in health, care and housing services. 2.3. Develop national strategies and measurable objectives for the deployment and mainstreaming of digital solutions for health, care and housing services. 2.4. Consider further developing organisational partnerships and work with a range of stakeholders to drive forward a national approach to digital health and care. |
| <p>A3. Finance and Resources</p> <p><i>Visibility and deployment of technology enabled care should be encouraged.</i></p> | <ol style="list-style-type: none"> 3.1. Support a ‘digital by default’ ethos and back the mainstreaming of digital technologies for health and care. 3.2. Encourage and promote the necessary deployment of a digital infrastructure and IT investment to support Scotland’s ambitions for digital transformation of health and care services. |

Table 1: Suggested recommendations for supporting workforce development in Scotland.

1.4 Conclusion

In conclusion, the results suggest that further work is required to drive forward nationally the ambitious digital vision for health and social care services in Scotland.

However, the mere provision of technologies alone will not drive transformative change. The development of the workforce is at the very heart of delivering high quality health and care services.

Building workforce skills and confidence, and changing workforce perceptions, are required to maximise effective and at-scale use of technology in health and care services. In turn, a confident and knowledgeable workforce could empower the people of Scotland to harness the power of digital technologies and further embed preventative and self-management measures to health, wellbeing and care.



It is hoped that the accompanying report provides the insight to support the critical role the workforce plays in meeting Scotland's ambitions for delivering digital transformation and in supporting an ongoing focus and investment in the workforce development agenda.



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TECHNOLOGY ENABLED CARE

NHS Education for Scotland (NES) is a national health board working to provide education, training and workforce development for those who work in and with NHS Scotland. Our aim is to provide excellence in health and care for the people of Scotland through high quality education, training and development. We provide an extensive educational infrastructure that supports learning and workforce development across all Scotland.

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Scottish Government Technology Enabled Care Programme



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