Our vision: Helping health and care practitioners develop digital skills and confidence so they can make things better for people who access their services.
Summary

This report summarises findings and recommendations of the Digital Practitioner Programme to develop digital skills in health and care.

Our vision for the programme is to help health and care practitioners develop digital skills and confidence so they can make things better for people who access their services.

The Digital Practitioner programme forms part of our Local Digital Roadmap.

In the discovery phase, we heard from the following people in Leeds:

• People accessing health and social care services (“citizens/the public”): we ran an online survey and conducted face to face interviews with patients, carers and service users at a range of settings in the city
• Health and care practitioners in the third and public sectors: we ran an online survey, one to one interviews and group sessions in Beeston and Harehills
• We also conducted an evidence review, attached as appendix along with some accompanying slides as a summary of main points.

Our remit was to focus on publicly available online services, not work provided IT systems. However we found that those things were hard to separate.

Both the public and practitioners can see the potential for digital in the health and care system.

Sally\(^1\), a social worker told us how she could use a smartphone or tablet to find information for her client while on a visit, instead of waiting until she was back at the office and sending a letter.

Older people’s service user Anthony’s son lives an hour’s drive away. He would like to involve his son more in his care by using Skype in consultations.

Some practitioners are already using the internet, social media and apps for work. Meanwhile many of them live more digital lives outside work than in work. Of 51 practitioners in our survey who have direct patient/service user contact:

• 42 have their own personal smartphone, but only 11 have a smartphone provided by work
• 43 used apps outside work, but only 16 used apps for work.

Only a minority of citizens have been recommended digital tools by practitioners.

Digital is changing the relationship between citizens and practitioners and both groups are still understanding the positive and negative impacts.

In particular, practitioners tend to think about digital information in a practical, functional way. But to some patients, service users and carers it can be much more than that:

“I have OCD and wish more things, even accessing care, was available online or through an app as I find phone calls very difficult and sometimes cannot leave the house. Without Internet I would be dead.” Service user, female.

\(^1\) All names and some other details have been changed to preserve confidentiality.
Some barriers stand in the way of building workforce digital capability and putting it to work for patients, service users and carers:

- Both public and practitioners, have been burned before by technology that promised to make things easier but actually got in the way.
- Practitioners raise concerns about digital excluding people, in particular their most vulnerable service users.
- Safety is a concern for many. Confusion and concern about information governance and risk can mean lead people to assume paper or telephony are the only safe or permitted options for health and care communication.
- Digital confidence in one context does not automatically translate into another. A confident user of social media and apps in everyday life may still need support to apply them specifically in health and care.
- There’s a circle of silence in which digital tools are neither asked for by service users nor suggested by practitioners - even though both groups could use them to make a positively for health and care.

**To develop digital skills and confidence among health and care workers we must:**

- Fix the basics: practitioners need confidence in their IT kit, connectivity, services and policies.
- Help practitioners reflect on the relevance of digital to their role this needs to be service specific, not one size fits all.
- Enable teams and individuals to pull support when, where and how they need it.
- Signpost the many good quality resources available before making new ones.
- Offer a range of learning opportunities, a mix of online, face to face, and blended learning.
- Consider specific support for line managers and team leaders so they can enable their teams to make the most of digital.
- Recognise the role that senior leaders and decision makers play in creating the right environment and support their own knowledge and confidence.

**We recommend 6 key topics areas to be developed as a priority and present a model for a digital learning hub.**

As appendices to this document, we attach a series of how to guides and example assets to be used in helping practitioners become more digitally confident.
Evidence review

We reviewed existing evidence around digital in health and care, focusing on the opportunities for using digital, the issues around digital exclusion, and digital skills in the health and care workforce. The evidence review is attached in full as an appendix. In summary existing evidence indicates that:

- Half the population with long term health needs would benefit from finding support in accessing information online and yet those with navigational needs are less likely to be digitally literate.
- Apps have much potential in helping young people self manage their long term health conditions.
- 81% of people over the age of 55 years say that being online helps them feel less lonely and more connected to society.
- Real time reporting of data, integration of health and care records and assistive technology are priority areas for digital in social care.
- Many health and care practitioners are not using digital tools to support service users, and have concerns about data security and confidentiality.

Public and practitioner assets and needs for digital in health and care

Focus and scope of this study

When people talk about digital they mean (at least) two different things:

- Publicly available online services such as Google, Facebook and Twitter, along with other more task specific or community specific services these tend to be what the public think of first.
- IT systems used in the health and care system to organise care and communicate with service users and each other this tends to be front of mind for practitioners.

Our remit was to focus on publicly available online services, not work provided IT systems. However we found that those things were hard to separate and frequently needed to be addressed together.

Citizens

To reach people accessing health and social care services we used a range of online and offline approaches:

- We conducted an online survey promoted via social media and through health and social care organisations in Leeds, including the third sector. We received 32 complete responses between February 26 and May 9. 25 of these identified as “patient or service user”, one as a “carer, e.g. friend or family”, and six as “both patient/service user and carer”.
- We conducted 13 face to face interviews with patients, carers and service users at a range of settings in the city. These included drop ins for older people and mental health service users.

We found that there were many opportunities for health and care workers to better support their patients and service users through the use of digital tools and services.

In particular, access to information is highly valued by patients and service users sometimes in a more visceral way than the matter of fact manner it is approached by practitioners.

Service users and patients talked about digital communications as “a lifesaver”:

“Having online information and apps available helps me understand my conditions, helps me manage them and takes away the fear of conditions.” Patient, male.

Many found it frustrating when information is unavailable or fragmented:

“The biggest problem is that people don’t connect information.” Patient, mental health service user.

“It’s a real pain when information, tools and apps are located all over the place and not linked up.” Patient, male.

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3 ‘Apps and Adolescents: a systematic Review of adolescents use of mobile phones and tablet apps that support personal management of their chronic and long term physical conditions’, MayeedAmins et al, JMIR Publications, Vol 17, No 12, 2015
5 Digital Capabilities in Social Care, Skills for Care, 2014
6 Skills for Care
Even some of those who were not online were open to the potential benefits:

“If it helps my sons to help look after me and my wife then yes (digital) is a good thing.” Older people’s service user.

Only a minority of people had ever been recommended an internet service, social media or app to use in health or care.

<table>
<thead>
<tr>
<th>Has someone ever recommended an internet service, social media or app for you to use in health or care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes but I didn’t use it</td>
</tr>
<tr>
<td>Yes and I used it</td>
</tr>
<tr>
<td>19</td>
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<tr>
<td>3</td>
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<tr>
<td>8</td>
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</tbody>
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Generally healthy lifestyle/tracking tools were recommended.

In the absence of guidance from practitioners, many people used Google to search for things related to their health and care but did not necessarily trust the results.

“I tend not to Google my medication because there are so many side effects and inevitably it tends to be the people who have had a bad experience.” Patient, mental health service user.

“I would go online and hope a Google search would identify anything relevant. I would also expect to find this stuff on NHS Choices.” GP, male.

To meet this appetite for information among service users, practitioners need the skills to:

- select from a wider range of digital tools and choose the ones that work best within the context of their service
- find and evaluate online information sources to recommend with confidence to service users
- take a view on resources that service users find for themselves.

Health and social care practitioners

To engage health and social care practitioners from the public and third sectors we used a range of online and offline approaches:

- We conducted an online survey promoted via social media and through health and social care organisations in Leeds, including the third sector. We received 64 responses between February 3 and April 1. Respondents came from a range of NHS and social care roles. 51 of them were in roles with direct patient or service user contact
- We conducted group sessions in Beeston and Harehills. These were 2 hour workshops with a mix of discussion and activities to understand practitioners’ capabilities, needs and attitudes in relation to digital.

We found that while some practitioners are putting digital tools and information to good use for their patients and service users, others feel held back by the equipment they have to use, or find it problematic to include digital in their service delivery.

Many practitioners are already using the internet, social media and apps for work:

“I showed a patient useful self help websites during an outpatient clinic appointment.” Consultant Psychiatrist.

“Look up contact details for GP surgeries, information about benefits... contact details for therapeutic groups provided by third parties.” Medical Secretary.

“Google maps travelling to service users houses. Internet often to look up information or phone numbers for the service user. YouTube to show someone TED talks.” Healthcare Support Worker.

“Showing service users apps and videos around relaxation.” Occupational Therapist.

“YouTube for reminiscence for a patient.” Associate Practitioner.

Many practitioners live more digital lives outside work than in work.

Several showed us the difference between their own personal smartphones and the outdated devices they still had for work.
Sally, a social worker told us how she could use a smartphone or tablet to find information for her client while on a visit, instead of waiting until she was back at the office and sending a letter (see storyboard below).

Which of the following do you use?

<table>
<thead>
<tr>
<th></th>
<th>Own personal device</th>
<th>Provided by work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smartphone</td>
<td>49</td>
<td>15</td>
</tr>
<tr>
<td>Tablet</td>
<td>36</td>
<td>6</td>
</tr>
<tr>
<td>Used outside work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social media</td>
<td>47</td>
<td>25</td>
</tr>
<tr>
<td>Apps</td>
<td>50</td>
<td>19</td>
</tr>
</tbody>
</table>

While some practitioners embraced digital, others found it problematic.

“Patients now use digital media to communicate their despair/self-harming/suicidal intent and this adds to the complexity of managing them.” Consultant psychiatrist.

“It can give them information. But could also be used by some in an abusive manner.” Social work team manager.
There is an appetite to learn about digital and people are looking for something simple and practical.

Common words used by practitioners in answer to the question “What would you most like to learn more about?”

Any learning will need to fit around practitioners’ busy schedules. They will only prioritise it when they see a specific need.

When time is limited, remote online training is seen as an option, especially by people who already rate themselves as “extremely capable” in digital. Those who felt they were only slightly or moderately capable were more likely to prefer face to face. 29 of the 49 respondents who expressed a preference asked for a blend of both.

Fitting into existing team meetings was suggested as a way to reach groups of practitioners without asking them to find additional time in already packed agendas.

For the more confident, social learning across a community of practice can become second nature. These practitioners say they regularly use Twitter communities such as WeNurses, Facebook groups and other tools to stay up to date and grow professionally.

Barriers to building workforce digital capability and putting it to work for patients and service users

We identified a number of barriers that apply across both the public and practitioners. These must all be addressed so that both groups can make the most of digital together in health and care.

Past experiences of technology that promised to make things easier but actually got in the way

IT equipment and network frustrations were by far the most common barriers cited by practitioners. Further, this led to a perception that everything digital would be clunky or a step backwards from face to face, phone or paperbased communications.

“By the time you’ve blown the dust off the iPad to use the BNF app, another person can just flip through the physical book in 10 seconds.” Medical Secretary, Leeds.

“Too much computer use, less time spent with clients.” Support Worker.

Patients and service users also highlighted the impact from their point of view.

“Doctors don’t listen, they only give you 10 minutes and they rely too much on technology. Digital blocks the process of communication.” Service user with Type 2 Diabetes.

Part of the solution to this barrier is not to do with learning. We need to fix the basics of IT kit, connectivity, services and policies. Whatever we do, we should avoid “overclaiming” about the potential of digital as this risks a further cycle of hype and disappointment for public and practitioners alike.

Nevertheless there are learning interventions that could help practitioners to:

• reflect on the good and bad things that come with IT in health and care
• consider how they will use digital to reinforce the patient/service user relationship
• make a business case for better digital kit or tools to improve a service.

These interventions could be especially powerful at a time when a team or service is introducing new digital kit or tools. For example, if a team has just been issued with smartphones, they could spend time considering how best to integrate them into their work and what new skills they might need to do so.
Concerns about digital excluding people, in particular the most vulnerable service users

A number of practitioners were concerned that their service users would be unable to use digital, or even if they could use it, would not want to and would get a worse quality of service.

While some of these concerns are well founded, others seemed to be assumptions based on the age or status of their current service users.

“To overcome this barrier practitioners need to:

• be clear and feel well supported by their organisations in information governance good practice

• see examples of practitioners like them who safely use digital tools to make things better for patients or service users

• consider data risks proportionately and sensibly the same way they manage many other risks in clinical and frontline service environments

• know how to talk to people about digital without inadvertently scaring them or undermining their independent use of valuable digital tools and information.

Digital confidence in one context does not automatically translate into another

A confident user of social media and apps in everyday life may still need support to apply them specifically in health and care. For example we heard from Jacqueline, a retired professional, living with Type 2 diabetes...

“I Skype my sister in Mumbai and keep in touch by email.”

“I use the internet for online shopping, booking flights and hotels for holidays.”

...but...

“Paper systems are often simpler than over complicated methods of recording on a computer.”

As a result of this, Jacqueline’s digital confidence may not be apparent to her health and care practitioners, and their attitudes may reinforce her reluctance. In this “circle of silence” digital tools are neither asked for by service users or suggested by practitioners - even though both parties could use them positively for health and care.

To address this barrier, practitioners’ learning objectives might include the need to:

• consider their current and future service users, and occasionally challenge assumptions about what older or poorer service users will and will not do given the opportunity

• be assured that no one will be forced to use digital unsupported if they lack the confidence or capability to do so

• be able to deliver “light” digital inclusion support to their service users where appropriate, e.g. showing them the NHS Choices website or how to use a tool such as Skype

• know where to point patients and service users for more formal digital inclusion and support, e.g. Leeds City Council Libraries Service, Goon UK, Tinder Foundation.

Confusion and concern about information governance and risk

Many practitioners seem comfortable recommending general information and “low risk” tools such as fitness trackers. But their lack of understanding around information governance and data risks can be a real or perceived barrier to using more personal or sophisticated tools which might have even greater benefits for service users.

Some service users are also nervous about committing personal information to digital for security reasons:

“I have a computer but I prefer not to use online stuff at all for my health or care. My data is not secure and I’ve had a friend who had a bad experience, got caught out by a con and lost a lot of money. He was very embarrassed, he is an intelligent man.” Diabetes service user.

Confusion and myths about data risks can lead both the public and practitioners to assume paper or telephony are the “safe” options for health and care communication.

To overcome the circle of silence, practitioners need to:

• think about their own and their service users’ general, everyday use of digital and translate that into specific opportunities for it in health and care

• find ways of integrating discussion of digital tools and services as a normal part of their consultations.
In this final section of the report we consider how to develop digital confidence and skills in the sector, and what modules must be prioritised.

**Implementation recommendations**

We recommend that any initiative to develop workforce digital capability should, as a minimum, do the following:

**Fix the basics**

Practitioners need confidence in their IT equipment, connectivity, services and policies. When we talk with practitioners about the potential for digital in their work, many of them share their frustration at out of date equipment, difficulty getting online, lack of access to services, and policies that block or create uncertainty around what they can do. While these are not training issues per se, they need to be addressed before a team can move forward with wider digital opportunities for citizens.

**Help practitioners reflect on the relevance of digital to their roles**

Health and care workers won’t adopt digital for it’s own sake and neither should they. But...  

...they will take it up enthusiastically if they can see how it makes things better for their service users and themselves as practitioners.

Health and care workers won’t adopt digital for it’s own sake and neither should they. But they will take it up enthusiastically if they can see how it makes things better for their service users and themselves as practitioners.

The wide range of professions and skills involved means this will be servicespecific, not onesizefitsall. Sometimes people and teams need prompting to question their own assumptions about their service users. Using personas like the example attached as an appendix can be a useful tool for this.
Enable teams and individuals to pull support when, where and how they need it

We should offer a suite of learning resources for use when, where and how teams and individuals need them. Triggers for this could include a service review, a team getting new tools or technology, or demand from one or more patients or service users. Dedicated development support for teams to develop a coherent approach to use of digital tools should also be available. Resources should be made available on a hub accessible across the whole health and care system, and linked from organisational intranets.

Keep a constantly updated and easily accessible set of resources

There are many good quality resources available covering topics such as social media, data and privacy, and online safety for the public. In the appendix to this report we have begun a collection of links and resources. In line with the fast-moving nature of the field, this list will need to grow and evolve. We recommend that a team or organisation take responsibility for keeping it up to date.

Offer a range of learning opportunities to fit the time available

Practitioners asked for a mix of online, face to face, and blended learning. The less digitally confident favoured face to face learning, so we propose that this should be offered to get people and teams started. Finding time to embed something new is hard fitting in with existing opportunities such as team meetings could increase take up. We attach a discussion guide that a team might use as an example in the appendix.

Support managers to enable their teams

Digital capability is no respecter of hierarchies or grades. In many teams the most junior member of the team can be the most knowledgeable about digital and this can be seen as a problem for managers and team leaders. We therefore recommend particular support for line managers and team leaders so that they can enable their teams to make the most of digital.

Recognise the role of senior leaders

Senior leaders and decision makers must create the right environment across their organisations. We recommend that senior leaders and management teams consider how they can enable and empower better use of digital tools and information across their organisations. In order to do this, some may also need to develop their own digital knowledge and confidence.

Recommended modules

We propose the following topics should be prioritised as health and social care organisations look at their digital maturity:

Social media

Many practitioners are already making good use of social media. Social media guidance has been developed jointly by health and social care organisations in Leeds. Making this more widely known and offering simple, practical tips for using social media seems an obvious step.

Video calling, video conferencing and online consultations

As connection speeds and technology improve, both the public and practitioners can benefit from video calling technology. Possibilities include:

- video online consultations between public and practitioners
- video calling to keep in touch and include remote family members
- video conferencing for practitioners’ professional development and meetings.

Provided the right equipment and connectivity is in place, practitioners would benefit from hands-on sessions to try out these services for themselves and iron out any technical issues before using them for professional purposes.

Relevant digital tools and information sources

Given patients and service users’ insatiable appetite for information, and the confusing picture of tools and information to choose from, we recommend curating a list of suitable tools and resources as a starting point for practitioners to choose the ones that work best within the context of their service. An underpinning policy and process is required to evaluate digital tools for their safety and effectiveness.

Finding and evaluating information online

Beyond a shortlist of curated services, a core skill for digital practitioners is finding and evaluating digital tools that they can recommend to service users. They also need to take a view on resources that service users find for themselves, in a way that supports their independence and personal responsibility for their health and care.
Information governance and managing risk
Practitioners need to be clear and feel well supported by their organisations in information governance good practice. Training should enable them to consider data, security and privacy risks proportionately and sensibly the same way they manage many other risks in clinical and frontline service environments.

How patients/carers keep themselves safe online
Patients and carers are already choosing to engage with other internet users about their health and care, and sharing their own data online. Practitioners need to know how to support people to do these things safely, without scaring them or undermining their independent use of valuable digital tools and information.

Learning hub
A digital learning hub should include topic guides against the high priority content areas, along with specific information for individual practitioners, teams and leaders.

Glossary
Terms used in this document:

Discovery phase
A short phase, in which we start researching the needs of our service’s users, find out what we should be measuring, and explore technological or policy-related constraints Source: Government Service Design Manual

Citizens / the public
All people who access health and social care services in Leeds, as patients, service users, or carers (whether or not they are related to or live with the person they care for.)

Practitioner
Any member of the health and social care workforce employed in the public and third sectors in Leeds

Digital information
Any knowledge, guidance or advice provided online, whether by health and care services, by other citizens, or by any other third party service provider

Personal information
Data relating to a living individual, whether it is held by health and care services or any other third party service provider full definition from Information Commissioner’s Office

Digital tool
Any service, tool or app that uses digital to achieve a user’s goal over and above simply accessing nonpersonal information

Digital inclusion
Making sure people have the capability to use the internet to do things that benefit them day to day whether as individuals or in organisations Source: Government Digital Inclusion Strategy

Digital maturity
The level of capability and capacity to use digital tools and information across an organisation, sector, or local area see discussion from the National Information Board

Local Digital Roadmap
Leeds is the agreed footprint for the Local Digital Roadmap and provides a consolidated view of the plans required to become as close as possible to ‘paper free at the point of care’ and to support the delivery of integrated health and care services
Appendices

Additional material created during the programme.

Evidence review

- Appendix 1: Evidence review

Recommended model for developing a digitally confident workforce

- Appendix 2: Rich picture of developing digital health & care practitioners
- Appendix 3: Design for digital practitioner start screen

Example assets for workplace learning and development

- Appendix 3: Example links and assets
- Appendix 4: Example exercise persona
- Appendix 5: Example team meeting discussion guide

Programme team

The Digital Practitioner report and model was sponsored by Leeds City Council and directed by mHabitat. The discovery work was undertaken by Matt Edgar, Kathryn Grace and Sharon Dale of Stick People, working with Vanessa Garrity of Sociable Angels. The steering group comprised:

- Julie Oxley, Head of Information Management & Technology, Adult Social Care, Leeds City Council
- Victoria Betton, Director, mHabitat
- Gill Crawshaw, Development worker, Volition
- Wayne Dobson, Training Manager, Information Management & Technology, Adult Social Care, Leeds City Council
- Richard Hart, Head of Library Services, Leeds City Council
- Jane Stageman, Head of Service, Strategy & Organisational Development, Corporate HR, Leeds City Council

This study was conducted for Leeds City Council and mHabitat by Matt Edgar, Kathryn Grace and Sharon Dale of Stick People, working with Vanessa Garrity of Sociable Angels.

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