

Introducing mobile, flexible
working to rescue frontline
community healthcare

Banishing bureaucracy to save community healthcare



Vodafone
Power to you

In association with

Circleresearch

Foreword



Tony Bailey

Acting Head of Public Sector, Vodafone UK

Over the last few years at Vodafone, we've been fortunate to work with a large number of community healthcare organisations as they strive to become more efficient with limited resources. At the heart of this drive has been a desire to truly empower frontline staff; to liberate them from the seemingly unsurmountable piles of paperwork and instead allow them to spend maximum time visiting and treating their patients.

Building upon our strong heritage in delivering real-time, reliable, mobile solutions, we've worked together with community healthcare organisations to develop new, innovative and cost-effective systems. From digital pens that automatically read, understand and electronically process patient forms, to tablets that constantly communicate with backroom systems, we've been delighted to witness first-hand how these technologies are transforming the efficiency, productiveness and sustainability of community healthcare up and down the country.

And so going forwards, as part of our long-term commitment to community healthcare, we want to help share learnings from across the sector. Working together with our independent research partner, Circle Research, we recently reached out to community healthcare leaders across the UK to gather their thoughts on the challenges they face and the role that they see technology playing in the future of their organisations. Conducted online in September 2014, the research comprised a survey of 45 senior decision-makers, from Director to CEO.

This research has raised a number of key themes – from the challenges of balancing bureaucracy with quality, to the selection of technologies to provide synchronicity, and the need to overcome IT skills gaps – there's a lot for the present day community healthcare leader to think about.

We hope you find these reports useful in planning the future direction of your organisation.

45 **senior
leaders
within
frontline**
community healthcare
organisations interviewed

Introduction

The rise of mobile synchronicity in community healthcare

For many people, the National Health Service (NHS) is the pride of Britain – an emblem of care and equality that we proudly present to the world. It is a fundamental part of UK society and one which provokes very strong emotions.

Over the years, our society has become so accustomed to the NHS that people no longer see access to services as a privilege, but as an absolute right. At the same time, with funding coming directly from the tax-payers pockets, it is subject to continuous scrutiny.

As the strain on centralised NHS services grows, care is increasingly being turned away from hospitals (the more traditional point of treatment) and instead transferred to community healthcare organisations.

In this research, we discovered just how much community healthcare organisations are struggling to cope with the increased demands. Far from obtaining additional resources to help provide the extra services, the community healthcare leaders we interviewed instead pointed to a lethal combination of severe budget cuts and staff exoduses. With high levels of stress and paperwork, nurses are struggling to cope. For the leaders of these organisations, ensuring that their frontline staff remain motivated, enthused and efficient in their jobs must be a top priority.

As a result, our research identified a clear emphasis on introducing additional technologies (a high priority aim for 78% of community healthcare leaders) that enable productive, flexible working.

78%
**healthcare
leaders**
looking to introduce
new technologies

“ The potential for
technology to
revolutionise frontline
practices is significant ”

Key to this will be implementing technologies that embody the principles of ‘mobility’ and ‘synchronicity’. Community healthcare leaders recognise that in order for their staff to be able to meet the needs of the community, they must be allowed to spend as much time as possible in the community (mobility) with access to real-time, accurate information (synchronicity). As a result, smartphones, tablets, unified communications and cloud solutions are firmly on the agenda, with an anticipated increase in adoption amongst community healthcare organisations of 10-20% over the next 24 months.

In implementing these technologies, by far the biggest barrier is expected to be a lack of budget; but with the recently released Nursing Technology Fund, assistance is at hand to provide financial backing. Beyond this, community healthcare leaders identify dealing with data security issues and plugging internal skills gaps as key barriers for them to overcome in order to successfully implement new technologies.

Of course, technology investment and skills gaps are not themes that any organisation wants to manage simultaneously; so with a strong focus on the need for immediate investment, the large majority (70%) are turning to outsourcing to provide the solution.

Overall, this is an exciting time in community healthcare. This report has found that whilst the challenges facing the industry are significant, so is the potential for technology to revolutionise frontline practices. Overcoming the hurdles along the way may not be easy, but there is a commitment to do so amongst community healthcare leaders.

To find out more about how technology can enable frontline mobility in community healthcare organisations, please visit the [**Total Workforce Mobility website.**](#)

70 %
**healthcare
leaders**
looking to outsource
technology solutions

1

Banishing bureaucracy to save community healthcare

We are facing huge health challenges across the UK as the effects of modern-day living lead to increases in a range of illnesses from obesity to type 2 diabetes, mental illness to addiction, ageing populations to chronic diseases.

In this fight, community healthcare organisations have a vital role to play as patients are increasingly diverted away from hospitals into the community. As the Royal College of Nursing reported in 2013, the sharp rise in the number of old, vulnerable and chronically ill patients is further piling demands onto the frontline.

The result – frontline healthcare organisations are being asked to do more and more.

““ The main change has come in the complexity and the volume of patients treated by community nurses. The focus is now on the prevention of hospital admission and early discharge from hospitals ””

““ There are an awful lot more services being accessed through the community from patients coming out of acute units. There would also appear to be an increase in mental health and drug addiction needs being sought in the community ””

Base: selection of answers given by community healthcare leaders

Service quality and real-time frontline information are the most common priorities, where do yours lie?

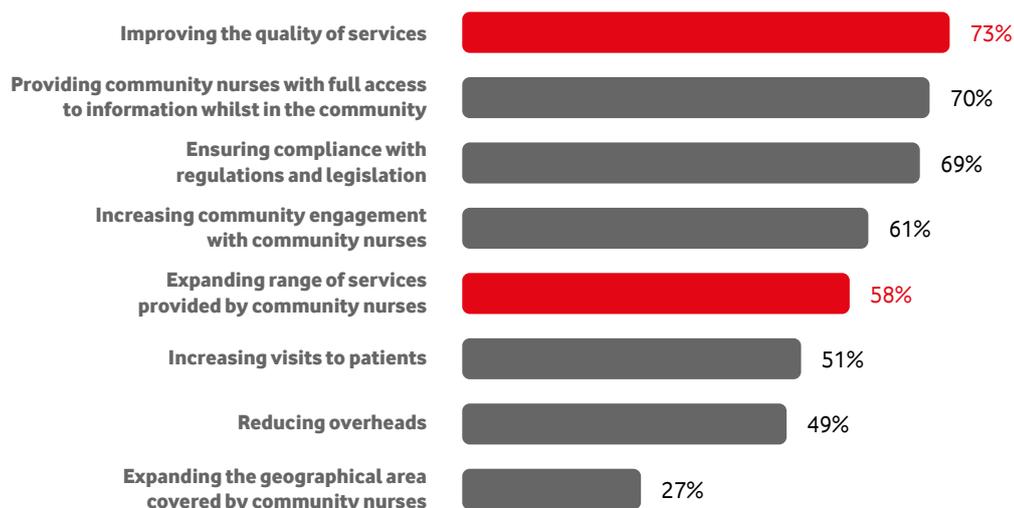
As needs grow, so must the scope and effectiveness of healthcare solutions provided. Over half of community healthcare leaders (58%) see expanding their range of frontline services as a high priority aim, with nearly three quarters (73%) seeking to improve the overall quality of services.



To what extent are the following priorities for your organisation over the next 24 months?

Percentages relate to responses of 'High priority'.

Base: all community healthcare leaders answering the question (43-45)



73% healthcare leaders seek to improve the overall quality of services

However, enhancing the range and quality of services provided is being hampered by an influx of legislation and regulation.

“ More regulations have come into force, leading to more work for the nurses and other staff... there's now too much paperwork ”

“ There has been a decrease in morale amongst the frontline staff, ending up with a decline in the quality of service offered to patients ”

Base: selection of answers given by community healthcare leaders

Whether the aims of improving service quality and complying with administration and regulations are complementary or at odds is an interesting question. At their core, the purpose of administration should be to ensure the provision of high quality, reliable services. However, when bureaucracy overtakes common sense, services can become bogged down in paperwork to the detriment of quality.

Unfortunately the latter would appear to be the case with nurses now spending an average of one day per week on administration, a burden that is leading to increased frustration, longer working hours and reduced time with patients.

Not only is this a problem in terms of time constraints, it is also contributing to reduced staff morale and a subsequent drop in service quality.

In fact, research by the Royal College of Nursing recently discovered that four in ten nurses would like to quit their jobs if they could, largely as a result of time pressures caused by excessive bureaucracy. As a result, over the past ten years the sector has seen a 47% drop in staffing levels, with many of the remaining community nurses swiftly approaching retirement age.

47%
**drop in staff
numbers**
within the NHS in the last decade

Employee training and new technologies are vital factors for enabling progress

With pressure growing on frontline community healthcare services, it is essential that these organisations attract and maintain the highest calibre, most capable staff. To do so, the problem of suffocating bureaucracy needs to be addressed head-on, with provisions made to enable more flexible, time-efficient working practices (see here how mobile, flexible working practices are seen as essential for maintaining a happy workforce).

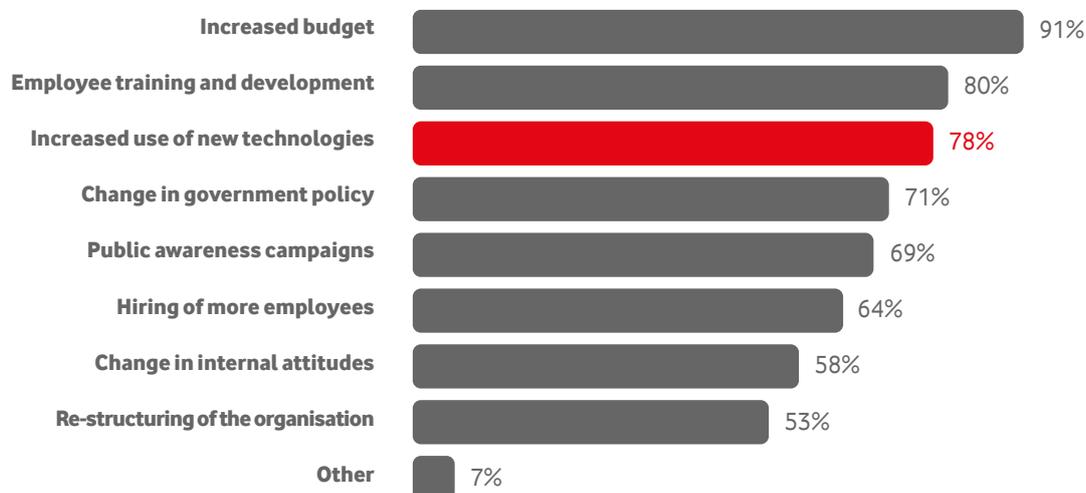
And if this wasn't already enough to contend with, community healthcare leaders are being tasked with doing all of this in the wake of successive years of budget cuts. Quite simply, they are being asked to do more with less – more care, more bureaucracy, fewer staff, less money – an equation that does not balance.

To correct the scales, one of two things must happen. Either, there must be an increase in resources – a budget increase is seen to be necessary by virtually all community healthcare leaders (91%) – and/or the efficiency with which services are provided must be greatly enhanced. To achieve this second objective, community healthcare leaders are looking towards the increased use of new technologies (78%).



Which, if any, of the following do you think need to happen to enable the changes you want to see in community healthcare?

Percentages relate to responses of 'High priority'.
Base: all community healthcare leaders answering the question (45)



NHS Western Isles use technology to enable over 5,000 additional visits every year

The need to reduce bureaucracy is commonly seen across the community healthcare sector. Take the NHS Western Isles as an example – it may come as a surprise that until recently more than 40% of their frontline staff time was being spent on inputting and processing the data from patient visits.

Managers at NHS Western Isles knew that if they could find a quicker and more efficient way of gathering and disseminating information from each contact with patients, staff would have more time available to carry out visits, to the benefit of all concerned. The solution arrived in the form of a revolutionary digital pen solution developed by Vodafone and our technology partner Anoto.

Nurses in the Western Isles now carry these digital pens with them wherever they go, using them to fill in forms on patient visits. As they write on the form, two built-in cameras read the pen stroke and the position of the dots. The pen then converts the information into coordinated data to recreate a digital version of the original handwriting and knows which form they have written on. Included in the pen is a Bluetooth transmitter, which means any written data collected by the pen is transferred securely to a smartphone for submission via the Vodafone network to the NHS Western Isles server.

As nurses no longer have to return to the office to fill in additional paperwork, this solution is expected to enable over 5,000 additional visits every year, with nurses spending more quality time with their patients.

Summary

The use of new technologies has the potential to revolutionise community healthcare.

By introducing solutions that allow service quality to rise whilst simultaneously reducing the burden of bureaucracy, time may be saved, job satisfaction increased and patient care improved.

As the criticality of technology becomes increasingly apparent, conversations amongst community healthcare organisations across the country will turn away from questions of 'should we be using more technology?' to instead, focusing on which technology solutions can provide the most benefit and how to implement them.

In the next part of this series, we take a look at how technology can deliver mobility in community healthcare. Then, in part three, we conclude the series by examining the challenges of implementing these new technologies.

To find out more about how Vodafone is supporting community healthcare organisations to become truly mobile, please visit our **Total Workforce Mobility** website at vodafone.co.uk/twm

The contributors

Circle Research

Circle Research is the B2B research specialist. Over the years, we've surveyed in excess of 100,000 B2B decision makers across hundreds of global projects.

We have been delighted to continue our excellent relationship with Vodafone on this latest fascinating research programme exploring mobility in community healthcare. The research was conducted online in September 2014, during which we surveyed 45 senior community healthcare decision-makers from Director to CEO across the UK.

If you have any questions on the research programme, please contact Graeme: graeme.cade@circle-research.com.

Power to the frontline



Vodafone
Power to you

© December 2014. Vodafone Limited.
Vodafone House, The Connection,
Newbury, Berkshire RG14 2FN
Registered in England No. 1471587

Research was commissioned by Vodafone UK. All
statistics are true according to our research, September 2014