

How to get the best of benchmarking guides

Community Services – using technology to boost productivity

How to get the best of benchmarking guides show how data from NHS Benchmarking Network projects can help identify service improvement opportunities and track transformation.

Each guide highlights how Network members are tackling key Long Term Plan transformation priorities and using evidence from NHSBN projects to demonstrate the positive impact of these initiatives on service delivery.

Use of technology in Community Services

Expanded use of digital technology has been promised for community services within the NHS Long Term Plan through increased access to mobile digital services, with an aim to increase patient facing time. However, a recent survey carried out by [Queen's Nursing Institute \(Nursing in the Digital Age\)](#) found that many nurses in the community had concerns about the use of technology when delivering services. 85% of community nurses cite poor connectivity in patients' homes as a barrier to using digital technology. One third of community nurses highlight that using multiple systems can lead to duplication of data entry. To overcome these barriers, the Queen's Nursing Institute recommends appropriate levels of funding need to be ringfenced to help improve digital technology access. They also advise that systems used should be specifically developed for staff who work in the community setting, to ensure they are fit for purpose.



As a result of the Covid-19 pandemic, services have rapidly moved to virtual ways of working. NHS England issued [guidance](#) in March 2020, encouraging remote consultations, where possible, during the pandemic. Advantages include preventing the transmission of infection by reducing need for patients to travel to appointments, allowing clinicians to keep appointments with those unable to travel and assisting providers to support increased demand. Prior to the pandemic, data from the 2019 Community Services project shows that less than 1% of District Nursing contacts were delivered non face-to-face. Typically, 9% of contacts delivered by adult physiotherapy services were non face-to-face.

In light of the pandemic, the [Royal College of Nursing](#) have advised that the need for increased use of virtual consultations is likely to continue for some time. They offer guidance on when virtual appointments may be appropriate, such as straightforward, follow up appointments. Virtual appointments may not be suitable for those with more complex care needs or where physical examination or treatment is required. Other bodies, such as the [Chartered Society of Physiotherapists](#), have also issued guidance on appropriate use of remote consultations. The Health Foundation highlight [three key quality considerations for remote consultations](#). Their recommendations cover privacy and confidentiality of appointments, continuity of the clinical staff delivering the care and ensuring empathy and person centred communication.

To enable organisations to track the impact of Covid-19 on service provision, the Network has launched a Community Services Covid-19 dashboard. In addition to tracking the volume of patients who are Covid-19 positive and the impact on workforce, the project tracks the proportion of contacts carried out using virtual methods. In May 2020, 17% of contacts delivered by district nursing and other specialist nursing teams were non face-to-face. Therapy services appear to have rapidly transitioned to virtual ways of working, with 57% of contacts delivered in May 2020 being non face-to-face.



Did you know
Outputs for the
Community Services
Covid-19 tracker can
be found in the
[members' area](#).

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Case study 1 - Barnet, Enfield and Haringey Mental Health NHS Trust Roll out of mobile device to the District Nursing Team

Barnet, Enfield and Haringey Mental Health NHS Trust recently rolled out the use of a Total Mobile device to their District Nursing teams. Using an app, the workforce can access patient information, record patient notes and note the outcome of the visit in real time. The aim of the initiative was to increase staff productivity, ensure a consistent approach to patient care and improve the quality of care delivered. It also eliminates the need for paper records and reduces the number of visits required to the staff base.

What were the challenges?

One of the biggest challenges in implementing mobile working was concern from members of the team who were not as confident using technology. There were also concerns that the app could be used as a monitoring tool for staff. Staff needed to be trained to use the device, and it took some time for all staff to feel confident. Also, a senior member of staff needed to be on hand to help with issues at all times, such as resetting passwords. However, staff who were at first hesitant about the use of the mobile device are now positive about the impact on service delivery. Recently, when the devices needed to be reconfigured, staff were reluctant to be without their devices.

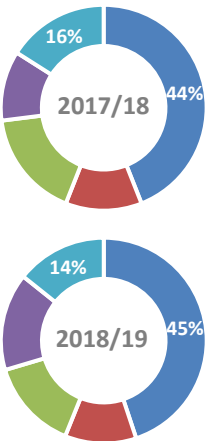
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Did you know
In addition to District Nursing, analysis of patient facing time is available for 25 different community services.

The app is able to work offline and sync when there is a connection, which helps to alleviate some of the concern raised in the survey carried out by the Queen’s Nursing Institute on barriers to using digital technology in community services.

Impacts on the service

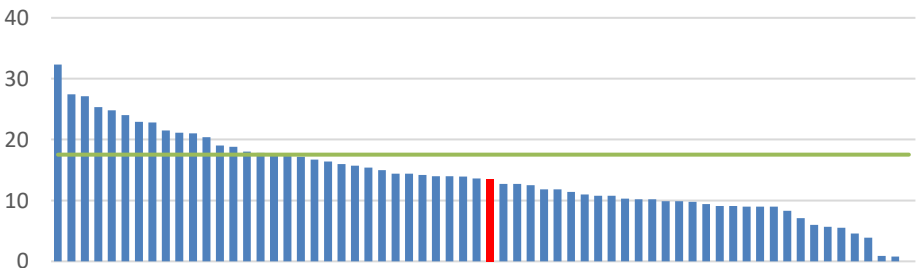
- Overall, the service has seen a decrease in travel time, as staff no longer have to visit base in the morning before starting home visits, as the day’s schedule is available on the app. With less time spent on travel, this has helped to increase the proportion of patient facing time.
- Members of the team state they have more time to spend with patients and, as a result, have noticed an increase in the quality of care they are able to provide.
- The service has reported an improvement in staff morale and a fairer distribution of workload across the team. Staff turnover rates have decreased from 17.5% in 2017/18 to 13.5% in 2018/19 (highlighted in red).



Analysis of patient facing time

Patient facing time	
Patient non facing time	
Indirect patient specific activity	
Non patient specific activity	
Travel time	

Staff turnover (%) – 2018/19



Trust 2017/18 position

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- Staff handovers have become more efficient. Instead of regular two-hour handovers, handovers now occur once or twice per week, as all essential information is stored on the app.
- Improved staff safety, as the app is able to track staff locations.
- The picture functionality on the app helps to evidence patient improvement. For example, staff are able to take pictures of pressure ulcers to track the healing process, which can be shared with patients.
- Despite initial concerns about patient opinion, due to the older average age of service users on the district nursing caseload, the service has received positive feedback from patients on the use of the mobile device. Patients certainly agree, with an average Friends and Family Test score of 98.0% (compared with a national mean position of 96.7%).



are likely or extremely likely to recommend the service to others



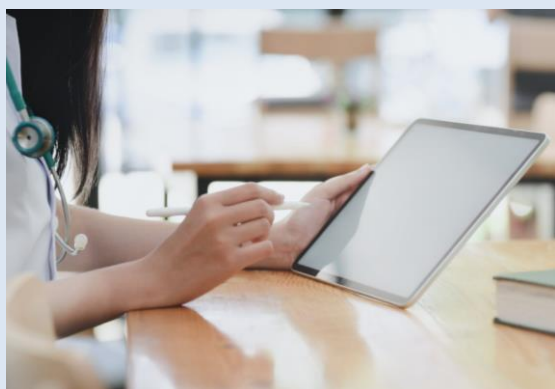
Did you know

You can use the Knowledge Exchange forum to ask questions to other members.

What next?

The Trust has continued to roll out the use of the app across several teams, including therapists and mental health crisis teams, with currently around 700 users on the system. The use of the app also continues to evolve, for example, services are starting to record mileage on the app.

Although the use of mobile devices was only implemented part way through 2018, the impacts can already be seen in data submitted for the Community Services 2019 project (collecting 2018/19 financial year data). The service will be able to continue to track progress using outputs from the 2020 iteration of the project, when the mobile working system will have been in place for the whole financial year.



Why Community Services matter

Community services represent over £10 billion of NHS expenditure, playing a key role in supporting service users at home and reducing unnecessary hospital admissions. The [NHS Long Term Plan](#) sets out to boost out of hospital care, promising an additional £4.5 billion in funding for primary care and community services.

With additional investment outlined for community services, it is vital that providers and commissioners

have visibility on their services. The Network's Community Services project aims to fill the information gap on these services, providing insight on access, activity, workforce, finance and quality. Outputs from the 2019 iteration of the project cover 25 different services, including district nursing, specialist community nursing teams, therapy services and children's services.

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Case study 2 – North Tees and Hartlepool Hospital NHS Foundation Trust Introduction of virtual telephone clinics in children’s dietetics services

The North Tees and Hartlepool children’s dietetics service, led by Rachel Wray, introduced virtual telephone clinics in 2018. The aim was to provide a central point of contact for parents, patients, carers and healthcare professionals, where queries can be dealt with in a fast and efficient way. Queries are initially screened by the admin hub before deciding whether dietetic input is required. The admin hub have a decision grid to follow, which helps prioritise the calls and filters queries.

What were the challenges?

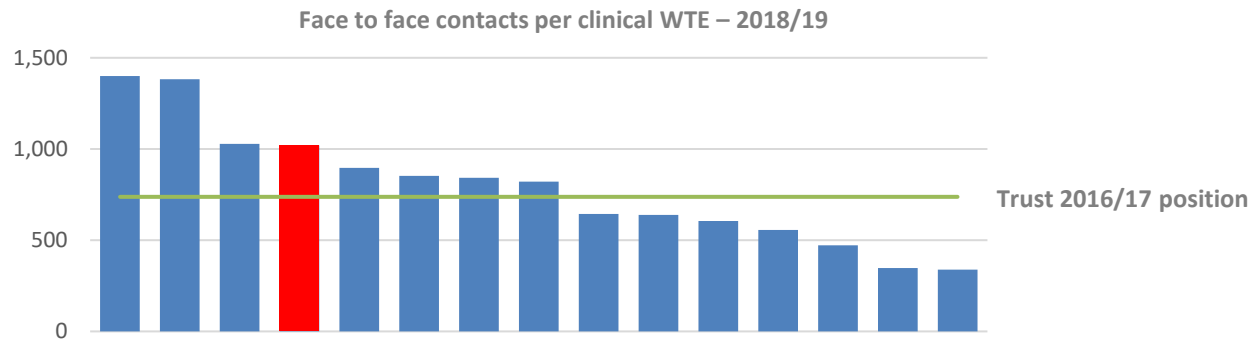
Staff felt uncertain about sometimes not knowing what the query was about before speaking with the parent/professional and also having to ask other colleagues for advice. However, this has since resulted in expanding clinicians’ knowledge base and has built resilience within the paediatric dietetic team.

Initially, the 10-minute clinic slot length was found to be too short. This was increased to 20 minutes, after an audit showed that this was the typical time being taken by paediatric clinicians.

Impacts on the service

- Introduction of virtual telephone clinics have had a positive impact on the paediatric team. Staff feel that they are more responsive and accessible than ever before, being able to provide specialised advice in a friendly, well informed way, with a team approach.
- Historically, patients and parents would try to make contact with the dietetic department to ask about appointment times, dates and locations. The calls were either answered by a dietitian or dietetic assistant in the office, taking them away from their clinical duties. These type of queries are now dealt with by the admin hub. This now allows more time for staff to carry out their clinical duties, which has increased staff productivity. In 2018/19, staff typically delivered 1,020 contacts per clinical WTE (highlighted in red). This is an increase from 737 face to face contacts per clinical WTE reported in 2016/17 by the service.

Did you know
More examples of innovation can be found in the Community Services [Good Practice Compendium](#).



Average waiting time (days)

60
2016/17

34
2018/19

- In addition to increased productivity, access into the service has also improved. Average waiting times for the service has decreased by 26 days between 2016/17 and 2018/19.

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Further resources

The Community Services [outputs](#) contain detailed information on 25 different services, including:

- Cardiac community team
- Children’s community nursing
- Community/ District Nursing
- Community dental service
- Community Integrated Care teams
- Community matrons
- Community paediatrics
- Continence community team
- Diabetes community team
- Dietetics (adult)
- Dietetics (child)
- End of Life Community Team
- Health Visiting
- Integrated sexual health
- Musculoskeletal
- Occupational therapy (adult)
- Occupational therapy (child)
- Physiotherapy (adult)
- Physiotherapy (child)
- Podiatry
- Respiratory community team
- School nursing service
- Speech & Language therapy (adult)
- Speech & Language therapy (child)
- Wheelchair services

In addition to metrics featured in this guide, there is a range of information to track service development within community services teams, including:



Did you know

Bespoke reports are available for all participants, highlighting performance on a range of key metrics.

