

You too can be a digital practice nurse champion

Among the aims of the Ten Point Action Plan for general practice nursing was to develop 'digital nurse champions' to expand and support the use of digital technologies in patient care. The due date for this work was April 2018, so what has been happening and what does it all mean?

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Developing confidence, capability and capacity in the general practice nursing workforce is vital if individual practice nurses and teams are to cope with the challenges ahead from the ever increasing number of people with long term conditions (LTCs), and greater public expectations of general practices and the NHS in general. Practice nurses need to be able to work more efficiently and productively and help to minimise demand by encouraging patients to take more responsibility for the care of their own health condition(s), by enabling their self care and agreeing shared management plans.



Digital healthcare is becoming the new normal

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Technology enabled care services (TECS) have got to be the answer. Great examples are springing up across health and care settings, such as telehealth for medication reminders and adherence, video

consultation for asthma reviews, and closed Facebook groups for invited patients focused on a clinical purpose. These reduce clinician workload and support greater efficiency across the whole system. But



TABLE 1. SELF RATING OF DIGITAL LITERACY (ABBREVIATED)

1. Which of the following statements most closely describes how you feel in relation to using digital technology as part of your delivery of care in your practice?	'Digitally Lost'	'Digitally Worried'	'Digitally Ready'	'Digitally Leading'	
2. To what extent do you agree that: 'My practice supports its nurses to be proficient in, and make good use of, all digital care services.'	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree
3. To what extent do you agree that: 'I can see the benefit of using technology-enabled health care for my patients and my fellow practice nurses/GPs'	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree

adoption of TECS at scale in a general practice or across treatment pathways is a complex process. So we need to identify barriers that impede the deployment of technology by practice nurses for the many opportunities that there are for digital delivery of care and overcome such challenges to speed dissemination and adoption of TECS.¹

practice nurses these three 'Cs' need to be widened to the following seven 'Cs' as in Box 1.³ This fits with Health Education England's (HEE's) General Practice Nursing (GPN) Workforce Development Plan to maximise the professional development of the workforce and 'respond to the population's health needs in the 21st century.'⁴ The Ten Point Action Plan for GPNs specifically

Benner used this model to define levels of skill acquisition in nursing practice that can be individualised for the adoption of TECS in everyday practice:

Novice: The novice nurse has no background understanding of the types or use of technology for healthcare.

Advanced beginner: The advanced beginner nurse has enough background experience to recognise aspects of a situation for which TECS might be used.

Competent: The competent nurse has considerable conscious, deliberate understanding and is able to use one or more modes of digital delivery of care effectively for example, for patients with long term respiratory conditions.

Proficient: The proficient nurse has an intuitive grasp of TECS based upon a deep background understanding of the range of TECS and how it can be delivered by themselves and team members in efficient, effective and productive ways.

Expert: The expert nurse tests and refines theoretical and practical knowledge in actual clinical situations, having a deep background understanding of clinical situations based upon many past paradigm cases.

DIGITAL EXPERIENCE AND EXPECTATIONS

With pilot funding from NHSE Nurse Transformation, we have introduced action learning for practice nurses across Staffordshire in relation to digital delivery of care. In terms of who is the ideal nurse to become a digital nurse, it seems that there are few pre-requisites, as the makeup of the programme's participants neatly illustrates.

Why not self rate your own digital literacy? Complete the three questions in Table 1

So to achieve this digital transformation in general practice TECS we need to:

- Shift towards digital delivery being usual care – via use of Patient Online, Online Consultation triage, and make a range of apps, Facebook, telehealth and videoconsultation available – in every practice
- Involve general practice nurses and all practice staff at every level to ensure that such change works in practice
- Use TECS that are affordable and doable – in relation to equipment, staff training, WiFi connectivity, computer infrastructure, sharing of patient records and staff confidence, capability and capacity (3 'Cs').²

WHAT IT MEANS TO BECOME A DIGITAL NURSE

We shouldn't expect that a practice nurse would immediately be able to pick up on how to use new technology and be enthusiastic about doing so. For individual

included the evolution of digital nurse champions (by April 2018) and improved health literacy.⁵ HEE's and the Royal College of Nursing (RCN) guide to Improving Digital Literacy⁶ builds on the RCN's 'every nurse an e-nurse' vision and the NHSE's plan to build a digital ready workforce.

And it is not just about being competent to use or set up TECS. Nurses need to understand the extent and purpose for which technology can be applied. They must become increasingly aware of what the range of modes of TECS is capable of and how this can enhance clinical practice at scale, whilst at the same understanding the limitations and governance requirement. Benner's novice to expert model sums this up well in which she identified five levels of proficiency:

1. Novice
2. Advanced beginner
3. Competent
4. Proficient
5. Expert⁷

Perhaps surprisingly, having little prior experience with technology was not a barrier, as nearly all of the 27 practice nurses who have enrolled in a three-session learning set reported at the first session that they had 'Never' used TECS in their current practice. This is perhaps to be expected, given that the shift to using technology in primary healthcare settings is still in its infancy. Neither was having low confidence about the incorporation of TECS in their practice prohibitive; despite being able to see the benefits of TECS, almost half felt 'Worried' and 'Nervous' about adapting to the changes that it brings.

So, if neither negligible prior experience with, nor low confidence were obstructive, what factors might predict of who is likely to put themselves forward as practice nurse pioneers of digital healthcare? Aside from being a general practice nurse (GPN), the common positive associations with TECS that the participants shared were evident in their aspirations and expectations about what they would be able to achieve and what the programme could deliver. The majority reported that if TECS were implemented more widely then this would make a 'large, positive contribution' to improving self-management of LTCs in the community. Furthermore, the same number felt either 'confident' or 'very confident' that they could share knowledge with colleagues to help them adopt TECS in the care they provide to their patients. Underpinning these attitudes is the view that all of the nurse cohorts strongly agreed with, that they 'can see the benefit of using technology enabled health services for both patients and colleagues'.

So while these nurses had negligible experience with TECS in their roles they were nonetheless enthusiastic and optimistic about the role and benefits of it for the future of primary and community healthcare. Furthermore, in spite of uncertainty about their confidence in using digital technology in their practice, the nurses were confident in their ability to share knowledge of TECS with their colleagues. Therefore, it seems that what is essential to becoming a digital nurse is being able to see past one's immediate doubts and inexperience, to the opportunities that TECS can deliver if brought to patients at the grassroots level. The nurses created individual action plans

BOX 1. KEY ELEMENTS FOR DIGITALLY ABLE PRACTICE NURSE – THE 7'CS' RELATING TO DELIVERY OF TECS FOR LONG TERM CONDITIONS/LIFESTYLE HABITS

1. **Competence:** nurse, manager & patient/carer/citizen – ability in relation to personal use of range of modes of delivery of TECS for agreed purpose and feeding in information/acting on advice & information
2. **Capability:** nurse, manager & patient/carer/citizen – actual best practice in use of range of modes of delivery of TECS for agreed purpose and feeding in information/acting on advice & information in daily professional/everyday life
3. **Capacity:** possess protected and prioritised time for initiating and participating in remote delivery of care, that is regarded as key element of work role (nurse/manager) or personal life (patient/carer/citizen) + the IT infrastructure and equipment is available and easily accessed by all service providers & users
4. **Confidence:** nurse, manager confident that organisational infrastructure is in place in line with code of practice including reliability & validity of equipment and its outputs. Patient/carer/citizen confident that usage of TECS is integral part of clinical best practice as agreed with clinician, and that their responsible practitioner will access/act on relay of TECS messages or interchanges.
5. **Creativity:** nurse/manager able to adopt and adapt agreed TECS for different purpose or patient/carer group in line with code of practice.
6. **Communication:** sharing and dissemination of digital modes of delivery and associated clinical protocols and evaluation of applications/outcomes/challenges etc with a team or organisation working together; and sharing what has worked well and what has not worked so well.
7. **Continuity:** nurse/patient able to interact via mode of TECS along one pathway for LTC/lifestyle habit; if nurse not at work cover arranged as appropriate and pre-agreed with patient in line with agreed shared care management plan.

for how they wanted to bolster the care they provide and who they can see gaining the most from it. Whether it be patients who are housebound, or those with specific LTCs such as hypertension, atrial fibrillation or diabetes, they decided to make use of available technology to make a difference to their patients' lives.

DIGITAL DELIVERY OF CARE

We need a change of emphasis in the NHS so that we really do provide patient-centric care. Helping a patient to understand more about their condition from accessing their medical records via Patient Online should help them to understand their health condition better and be more prepared to discuss their health and wellbeing when consulting their GP and/or practice nurse and more likely to agree and adhere to a shared care plan going forwards.

One good reason why a practice nurse would recommend a patient to access their records is to see their test results. General practice teams are gradually getting behind Patient Online as the current number of

patients in England – 14 million – already signed up to it shows. Practices tend to differ in the extent to which they enable or permit access to hospital letters or test results. Some practice nurses and GPs focus on the perceived risks rather than the obvious benefits of being able to book appointments, order repeat prescriptions and access their own records – see Box 2.

So practice nurses should realise that these perceived risks are the typical reactions of NHS staff when presented with change. Many of these potential risks will be overcome by:

- The patient being prepared and supported to use Patient Online – maybe the Practice Participation Group can take a lead and help?
- The practice team optimising access to Patient Online and promoting it via NHSE resources – posters, display stand, newsletter – see www.england.nhs.uk/materialsforpatient
- Reviewing any concerns or issues at practice meetings (three-monthly) to revise how the practice operates the



ESSENTIALS

Patient Online service, and improving approach.

PRACTICE NURSE FOCUS

Digital technology, in all its forms has made a huge impact on the way that health professionals approach managing LTCs such as asthma and COPD. All the modes of technology available are interchangeable, and can be used alongside each other, or as stand alone ways of delivery of care.

For example nurses are now able to recommend patient focused apps such as those relating to stop smoking or asthma support (e.g. Manage Your Health app which is freely available on the Google play, Apple and Amazon App stores or see www.clinitecs.uk for more information) that appeal to both young and old – especially with the avatar animation demonstrating how to use different types of inhalers. This results in reinforcement of standardised management advice given during an annual asthma review often avoiding the patient slipping into bad habits such as incorrect inhaler technique or inappropriate use of medication.

It can be beneficial to introduce the use of telehealth as a simple interactive texting service that requires only basic equipment and minimal knowledge of technology, to send text reminders to prompt the patient to use their inhaler on a regular basis. Table 2 describes how a practice team might plan



to use Florence (Flo) telehealth for patients with COPD. Flo telehealth has been recognised nationally as one of ten selected innovations that have 'helped change the face of healthcare.'⁸ See www.simple.uk.net or www.clinitecs.uk for more information about Flo telehealth or look at clinicians' case studies.⁹

With the ever increasing pressures to avoid unnecessary hospital admissions, technology provides practice nurses with tools to support excellent patient centred care which is often all that is needed to prevent exacerbation and possible need to attend emergency portals.

COPD patients are usually on a variety of medications to manage their condition including 'rescue medication' for use at home during an exacerbation. Patients typically have a COPD self-management plan, agreed with their clinician, advising them what action and/ or medication to take, according to their symptoms. Delay in identifying exacerbations and taking action, including using the correct rescue medication, can lead to emergency admission that might have been avoided with rapid treatment. As a consequence, patients often need to be seen in the primary care setting to have checks and to review their treatment along with seeking reassurance and advice. These visits can often be difficult for patients as their poor breathing can lead to reduced mobility and having to sit in waiting rooms can expose patients to the risk of further infection. Flo telehealth can be a valuable tool to help patients with COPD self-manage at home and can reduce the need for as many

BOX 2. PRACTICE REPORTED PERCEIVED RISKS OF PATIENT ONLINE

- Patient can see hospital letters which might contain text from a consultant writing to a GP with reservations about sharing their thinking with the patient 'Of course I haven't told the patient this...'
- Wrong person might be given access to someone else's medical record by an administrative mix up.
- Concern that an abusive partner might coerce a patient to give them direct access to their medical records so that the partner manages their health matters.
- An unmanageable workload registering patients' requests for access, especially if the practice expects to check through individual patients' record content before allowing such access to ensure that there is no content that they judge should not be released to the patient.
- Patient does not keep access to their medical records secure and an outsider of some sort gets access and does some unwarranted action.
- Consultations are more complex or difficult if the patient comes brimming with questions and challenges for their GP or nurse.
- Test result(s) might shock a patient if seen before going for their follow-up consultation, especially if the test result is badged as 'abnormal'.

TABLE 2. PRACTICE PLAN FOR FLO TELEHEALTH FOR PATIENTS WITH COPD CREATED BY DIGITAL PRACTICE NURSE

Questions	Practice response
1. Which long-term condition has the practice been preparing to implement?	COPD
2a. Has the practice identified the on-going tests or bodily measurements required to support on-going stable management of the condition?	Yes – SATS readings, temperature, self-rating of breathlessness and colour of sputum; frequency dictated by protocol (see agreed joint management plan)
2b. Has the practice identified how those tests and measurements will be accessed or fed in by patients with the condition?	Yes – patient texts in responses to questions describing the above sent to Flo website
3a. Please confirm the option(s) that will be available to participating patients for monitoring their results from on-going tests other than by face-to-face consultation?	Flo texting service – automated interactive messaging, information/advice and direct personal text messages as appropriate.
3b. Have the governance arrangements been considered to support the safe and confidential exchange of information under such options?	Yes – Flo texting service provides safe and secure messaging, only accessed by verified clinicians; patient signs informed consent form and verifies this consent by giving their mobile phone number to clinician and sending confirmatory text of willingness to participate.
4. What is the number/proportion of patient records updated to reflect the preferences of those with the chosen long term condition (including any updated contact details).	Practice managed 31 patients in this way during 2017–8. A practice generated report with anonymised patient details is available.
5. Does the practice have a plan for registering patients wanting to participate in remote care monitoring arrangements?	Yes – our plan is based on our practice protocol for COPD. This includes: patient leaflet describing how to use Flo texting/what it entails; practice protocol that describes selection criteria for patients/type & frequency of interactive messaging; associated shared management plan for nurse & patient to agree re COPD management goals & thresholds; underpinning clinical management pathway; protected clinician time for overseeing remote texts; justification for initiation of standby rescue medication.

surgery visits if the patient's texted responses trigger advice to take standby medication without delay, improves their compliance with medication, reduces overall anxiety and ultimately avoids hospital attendances or admissions.^{9,10}

CONCLUSION

So rather than seeing digital modes of delivery of care as a threat and burden on their time, practice nurses should see TECS as an opportunity to meet the changing needs and expectations of patients. Using Flo telehealth or video consultation for annual LTC reviews in well patients for instance, will enhance engagement as they are more likely to participate with these types of convenient care. Patients' use of

nurse recommended apps or being invited members of focused Closed Facebook Groups such as for diabetes or weight management should enhance adherence to

medication and other interventions as patients understand their condition better – making practice nurses' work easier and more fulfilling. ♦

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