Session 1: Understanding the system

Our session today

This session will help us:

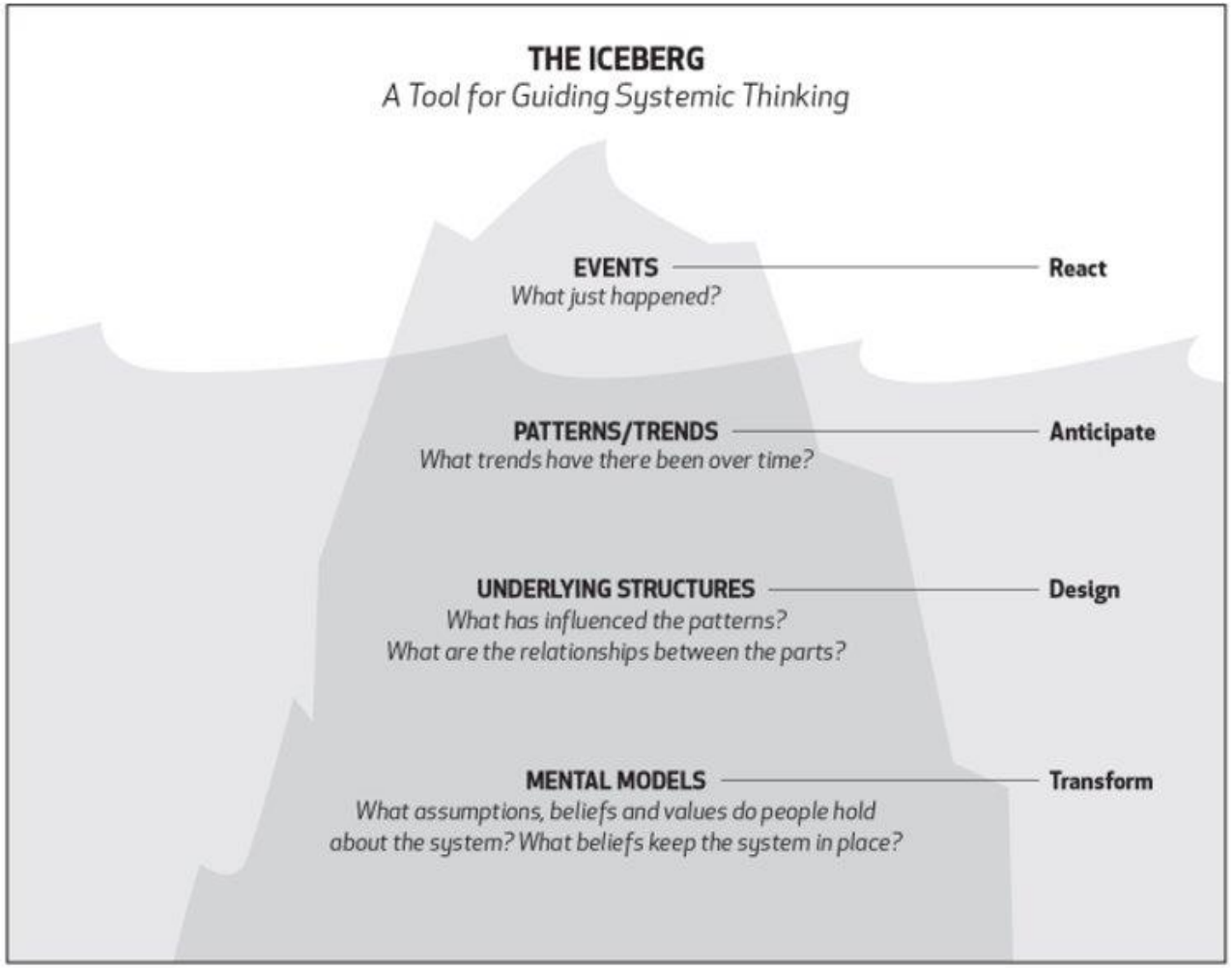
- Build a deeper collective understanding of the topic
- Identify areas of opportunity
- Hear diverse perspectives

Breakout group activity: Iceberg model

We spent time in breakout groups delving deeper into the underlying factors, structures and influences that affect patient and staff trust and confidence.

The questions loosely followed the pattern of the iceberg model. This model can help us to think about the systemic issues that are leading to the problems we are seeing – and in turn where we most need to be looking for innovation and change to take place.

We can use this to help get to a deeper level of understanding of some of the issues at play that affect trust and confidence.



Understanding the system

We used the following five themes (identified from our insights to date and explored in detail in a system map) to consider more deeply what events, structures, patterns and mental models would be evident if this theme was addressed affectively.

A summary of all breakout room discussions are shown on the following slides. The system map has been updated to reflect the conversations, and can be explored online here.

1. Workload and experience of work

2. Value and experience for staff, patients and carers

3. Attitudes to digital technology, data privacy and security

4. Evidence and appropriateness

5. Strategic alignment and priority

Events: What would you expect to see if we address issues successfully?

I'm supported to manage anxieties or over-reliance on technology

I have more time for myself. I feel in control of my health

Right care, right time, good experience

Staff and patients embrace remote monitoring and see the benefits for them

Improved wellbeing for whole family, improved quality of life

It's a seamless part of my normal care

Remote monitoring is accepted as part of the pathway

Fulfilment for health care professionals – more time for work that adds value

Happier workforce

Communities of practice (which include patients) to share learning on an ongoing basis

Patterns and trends: What would you expect to see if we address issues successfully?

More holistic KPIs – the evidence that is valued by patients, carers and staff matches what is needed by regulators, funders, clinical governance	Pilots focusing on long-term (not just short-term) potential and benefits	Value of receiving/managing care at home counts	Regular, reliable data enabling earlier intervention (picking up issues that wouldn't be picked up without RM	Supported self management; social prescribing	Motivation, confidence, knowledge, skills to manage health ("activated" patients)
Data is secure and being used effectively	Seamless, smooth process (automated, not trying to manage two systems; embedded ways of working and pathways)	Health professionals only seeing people that need to be seen. Unscheduled check-ups, acute exacerbations, unnecessary hospital visits reduced	Staff are proactive in showing patients how data is used	Full picture of patient's health and wellbeing	Streamlined between different health and care organisations
Better consultations, more informed and satisfied patients	Information flow within and between organisations; between staff and patients	Burden placed on patients and carers understood and active on (e.g. benefits and disbenefits of coming to clinic v remote monitoring)	Patients and staff co-design and engagement	Workforce models keep up with demand (e.g. if workload increases)	Staff patients and carers "want to" rather than "have to" use remote monitoring – not limited to a small group of enthusiasts
		Continual learning and networks of support (open to what is and isn't working)	Continued investment and innovation: maintenance to keep up with the technology and innovating for the future		

Underlying structures: What would you expect to see if we address issues successfully?

Quant and qual data valued. Evidence for economic /business cases don't just focus on productivity and clinical outcomes	Person-centred investment	Procurement and contracting processes don't inhibit innovation and risk appetite	Proactive role of national and local organisations to support innovation and risk (AHSN/ICS/NHSEI)	Innovators/private organisations and NHS work together	NICE evidence thresholds reflect potential contradiction of what evidence is needed and what exists	Evidence and guidance to show fit in pathways
Devices and wearables that are usable, compatible with different everyday devices	Relationship and communication between patients and clinicians reflect more equal power dynamic	Parity of esteem	No disadvantage to those not finding remote monitoring beneficial or possible	IT systems work as they should/as they need to (interface and interoperability)	Systems talk to each other	Accessibility and availability for the technology – it's not just serving the already well served
No one excluded due to a digital divide (due to literacy or infrastructure)	Patient and staff co-design and engagement	Patient-entered data valued / remote monitoring comparable or better to in-clinic measurement	Technical support and guidance is provided	Staff across departments and disciplines working together (IT, clinical teams, improvement)	Staff are trained and confident (professional education focuses on digital literacy and security)	No need to sabotage or subvert the process
	Workforce models –adapted as skillsets are different	Public trust of government technology / use of AI and tec elsewhere in their lives	Culture of openness/sharing between organisations (no perverse incentives leading to competition)	Affect of pandemic – firefighting/backlogs	Data sharing process and agreements – patients own data; transparency and mutually beneficial arrangements if technology and data is not owned by the NHS or the person receiving care.	

Mental models: What would you expect to see if we address issues successfully?

Security and safety for patients	I'm getting all the information I need to manage my health	People take an active role in health and decisions about health and care	I understand when I will hear from my health care professional / how to contact them. I feel well looked after
Benefits of the technology are understood by all	Embracing attitude – advocates for tech-enabled remote monitoring	Culture and openness to change	Feel involved in the process of change; consulted; able to influence change
I'm getting all the information I need to deliver care / to do my job well	Fulfilment for staff; reduced sickness absences; greater job satisfaction	Value different skills needed and investing in staff skills	Confidence in data security and that data will be seen and acted upon

Discussion: How does our vision of success compare to what is currently happening?

- **Patient and clinician communications**. Participants reflected that the relational and continuity aspect is often missing, or not systematic. There are assumptions/fears that patients will want/need more communications from health professionals than can be accommodated.
- **Building capabilities across different healthcare roles.** An issue participants shared is how staff are pigeonholed and not given opportunities to expand their roles. However, there are good examples of how teams are working with more recently created health care roles (e.g. health coaches), and evidence of the benefits of remote monitoring for the skills and confidence of care home teams.
- **Motivation to change.** The affect of COVID-19; change fatigue and poor experiences of digital change in the past has negatively affected staff motivation to change.
- **Current evidence-base.** Many shared concerns that we are not measuring what matters (what matters for an economic case/NICE is at odds with what value patients want demonstrated). Participants reflected on issues with a lack of 'robust' evidence leading to risk aversion. This is described as a 'catch-22' situation: evidence needed but innovations at early stages.
- **Current levels of patient involvement**. There was dismay at how little patient involvement, from the early stages, is happening.

Discussion: what could be different and where are the areas of opportunity?

- **Stop developing technology solutions in silos.** Suggestion to consider more nationwide commissioning and cross-organisational partnerships to develop technologies outside of team or organisational silos.
- **Risk appetite.** Role of organisations that can bridge between clinical management and innovators (e.g. role of AHSNs/CCGs/NHSEI).
- **Evidence.** Move from operation KPIs to more emphasis on experience, quality of life, and equity.
- **Opportunity to focus on prevention and more person-centred care.** How remote monitoring and the data it generates can lead to a better understanding of health, more holistic care.
- **Equity-focus**. Extent to which equity is driving the motivations for improvement and how that can help develop ideas for more inclusive services (e.g. using hubs).
- **Staff roles.** Giving staff more opportunities to develop in their roles, shape the new roles needed. Address retention issues by letting staff reshape their current roles.
- **Co-production and community engagement.** Doing more proactively to reach into communities; recognising staff also represent local communities.

Did the iceberg model help broaden your perspective?

"It is more that it gives a structured way of thinking about things I am already aware of. This is a helpful way of ordering concepts and could be helpful in developing proposals for future work."

"Yes, it was helpful, as puts elements that need addressing into context (and obtain deeper understanding of them), plus sequences them. Also helps to understand how current work may be generalised."

"The iceberg supported very interesting and thoughtful discussions."

"Visual aspect makes it easy to map opportunities and challenges although it can be fluid."