



Emerging insights from Q Lab UK

Exploring patient and staff trust and confidence in technology-enabled remote monitoring

June 2022

Led by



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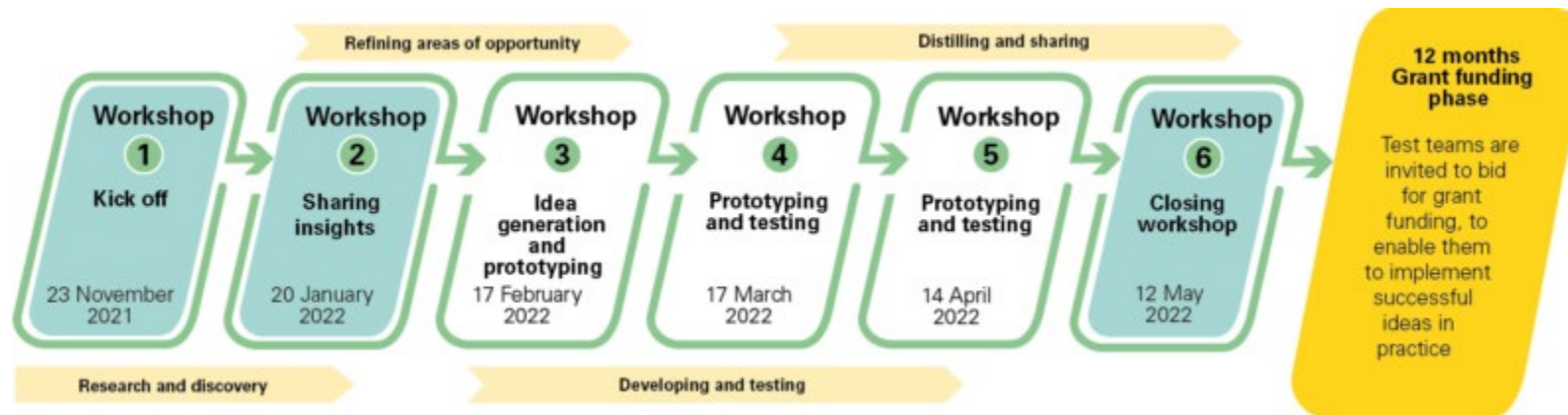


About this document

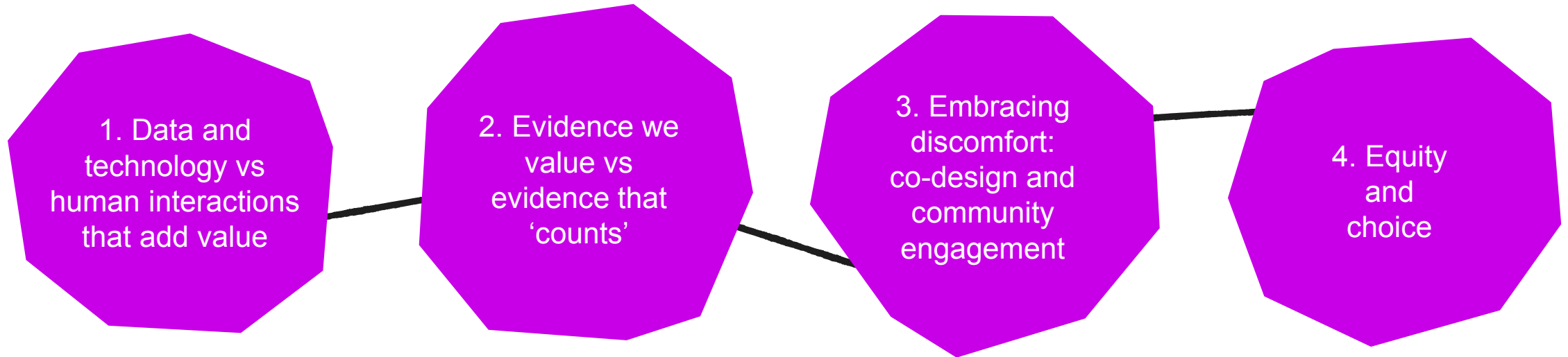
Since November 2021, Q Lab UK has been working on a project with the NHS, in partnership for digital health and care. Together we are exploring **how to build staff and patient trust and confidence in technology-enabled remote monitoring, so that it can be scaled across the health and care system.**

This document shares some of the emerging learning from the Q Lab UK process so far.

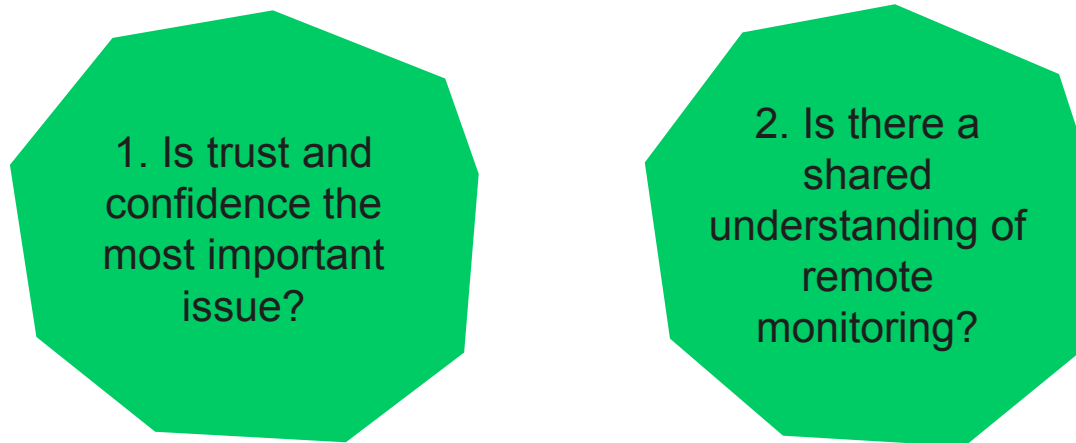
Find out more about [Q Lab UK on the Q website](#).



Tensions and challenges for teams doing this work



Broad learning about the topic



Four tensions and challenges for teams doing this work

Emerging insights from Q Lab UK



1. Data and technology vs human interactions that add value

- Technology-enabled remote monitoring offers the potential to enable a 'better model' of care.
- But there seems to be a tension between the level of focus and resource needed to optimise and implement specific technology, and the wider changes needed to realise technology's potential in enabling a person-centred model of care.

“No matter how smart or easy to use the device is, that will not determine whether such technology is going to be of value and enhance wellbeing for patients [...] We have to ensure that personalisation of care prevails.”

Q Lab UK participant



1. Data and technology vs human interactions that add value

We've heard from participants that:

- We need to focus the 'how': relationships and interactions and the processes and systems around that.
- It's not just about continuing as usual and adding technology.
- It's about behaviour change and culture change, to transform traditional power dynamics, ways of working and health behaviours.

The challenge for teams implementing remote monitoring technology:

- They have to consider what needs to be optimised.
- This means that it is important to consider what sits around the remote monitoring to address adherence, motivation and the wider determinants of health.

“We cannot optimise kidney care to be detrimental to holistic care.”

Q Lab UK participant



2. Evidence we value vs evidence that 'counts'

There seems to be a tension between:

- evidence that is needed to secure funding and meet governance and procurement requirements, and
- evidence that is valued and helpful for staff, patients and carers.

“There's so much around chasing targets that we count numbers, but we don't necessarily look at the patient outcomes. Let's make sure that we're doing this for the right reasons and make sure that we've got the right cohort of patients that are benefiting from it.”

Q Lab UK participant



2. Evidence we value vs evidence that ‘counts’

We’ve heard from participants that:

- We need to consider which ‘agenda’ is enabling this work.
- A shift is needed. Qualitative and more holistic quality of life measures need to be valued and enable funding.

The challenges for teams implementing in their service:

- Different evidence thresholds reinforce different attitudes to risk.
- The evidence for a business case vs evidence to engage staff and patients.
- This is a systemic issue – so individuals may feel they have limited power to change this.

“Innovating is about making it safer. It’s riskier not to innovate.”

Q Lab UK participant



3. Embracing discomfort: co-design and community engagement

- We've heard how participants recognise co-design and community engagement as an essential component. Clinicians hearing first-hand the experiences of different people is also important.
- Yet health and care professionals are not always trusted or are not best-placed to engage different communities.
- Necessary skills and ways of working may be unfamiliar, or we may not be confident in these areas. We often gravitate to the familiar or easy options, rather than embracing discomfort.

"We heard from one group member that ran patient engagement activities by doing surveys in the clinic. When they observed the staff doing this, they noticed they were approaching people who were regular to the service and people who were smiling."

Q Lab UK participant



4. Equity and choice

- Some people will choose not to use remote monitoring.
- But if remote monitoring enables a better model of care, how do we ensure that this is not creating new, or exacerbating existing, equity issues?
- Unless we give it attention, remote monitoring will only be a choice for those already well-served, who have the means and skills.
- The challenge for teams implementing in their service:
 - Is a 'hybrid' offer (which is needed if patients have a genuine choice) feasible?
 - Interventions are required that are not the traditional remit of health and care organisations.

“How do we enable choice but prevent a two-tier health system?”



“It’s not actually about ‘for all’ because some people will choose not to use remote monitoring.”



Broad learning about the topic

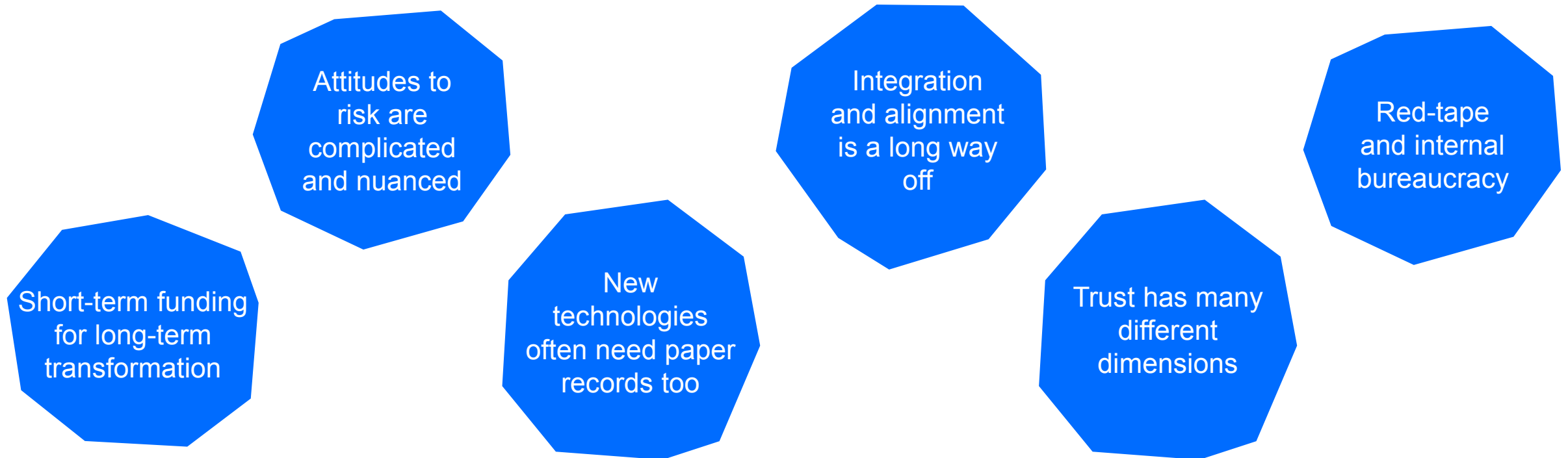
Emerging insights from Q Lab UK



1. Is trust and confidence the most important issue?

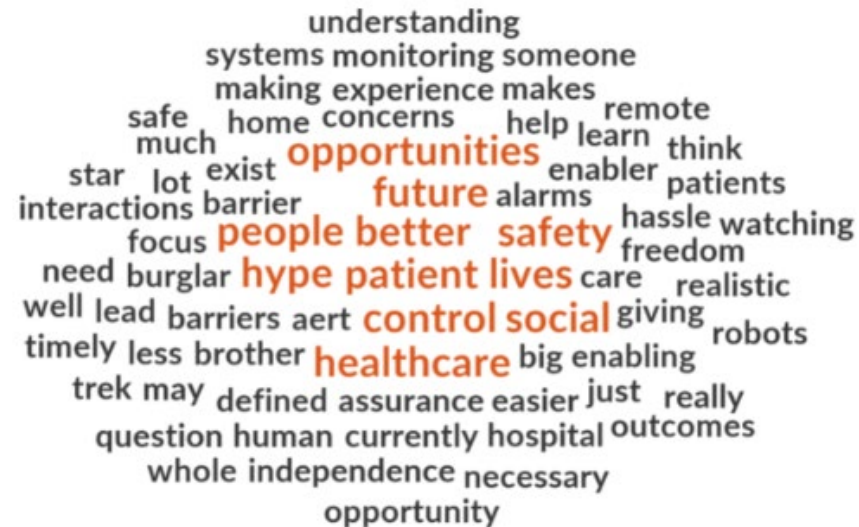
Trust and confidence are an important barrier, and it is often not fully addressed during implementation of technology-enabled change. But it may not be the main issue for some teams.

We're hearing that the following areas potentially carry more weight for some team.



2. Is there a shared understanding of remote monitoring?

- ‘Remote monitoring’ is not understood well and means different things to different people. For some, it means surveillance and robots, for others it means safer, personalised care and a better experience.
- If people hear the word ‘remote’ and do not understand this potential, it makes our job harder.

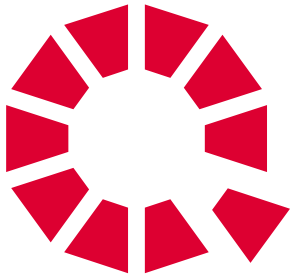


“The remoteness brings to the front individual circumstances [...] so it becomes almost inevitable to see a patient as a person full of hobbies, a particular lifestyle. It is something that changes the way we see this relationship between clinicians and patients.”



Word cloud from workshop 2. Participants' response to the question:
When I hear the phrase 'remote monitoring technology' it makes me think...

About Q Lab UK



Q Lab UK offers a bold new approach to making progress on health and care challenges. Working on a single challenge, we bring together organisations and individuals from across the UK to pool what is known about a topic, uncover new insights and develop and test ideas. Previous projects have focused on peer support, and mental health and persistent back and neck pain.

Q Lab UK is part of Q, a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care. Together, we make faster progress to change health and care for the better.

@theQCommunity

About NHS England and NHS Improvement and the NHS Transformation Directorate



NHS England and NHS Improvement leads the National Health Service (NHS) in England.

The NHS Transformation Directorate drives innovation at scale in order to improve health and care for people and support staff.

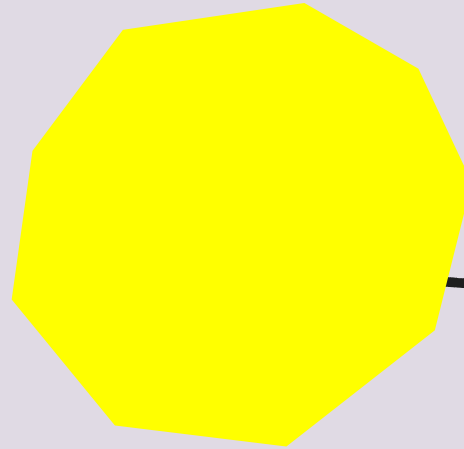
We will give a voice to front line staff, patients and service users. We will make their great ideas a reality; we will test pilot new ways of operating that can support them, and we will spread the learning by scaling the adoption of successful pilots at a sustainable pace.

@NHSTransform

About Q

We are a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care. We share our knowledge and support each other to tackle challenges. Together, we make faster progress to change health and care for the better.

@theQCommunity



Thank you

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