ORCHA

REDUCING URGENT CARE PRESSURES WITH DIGITAL HEALTH

YOUR HOSTS TODAY

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URGENT CARE PRESSURES

Pressures:

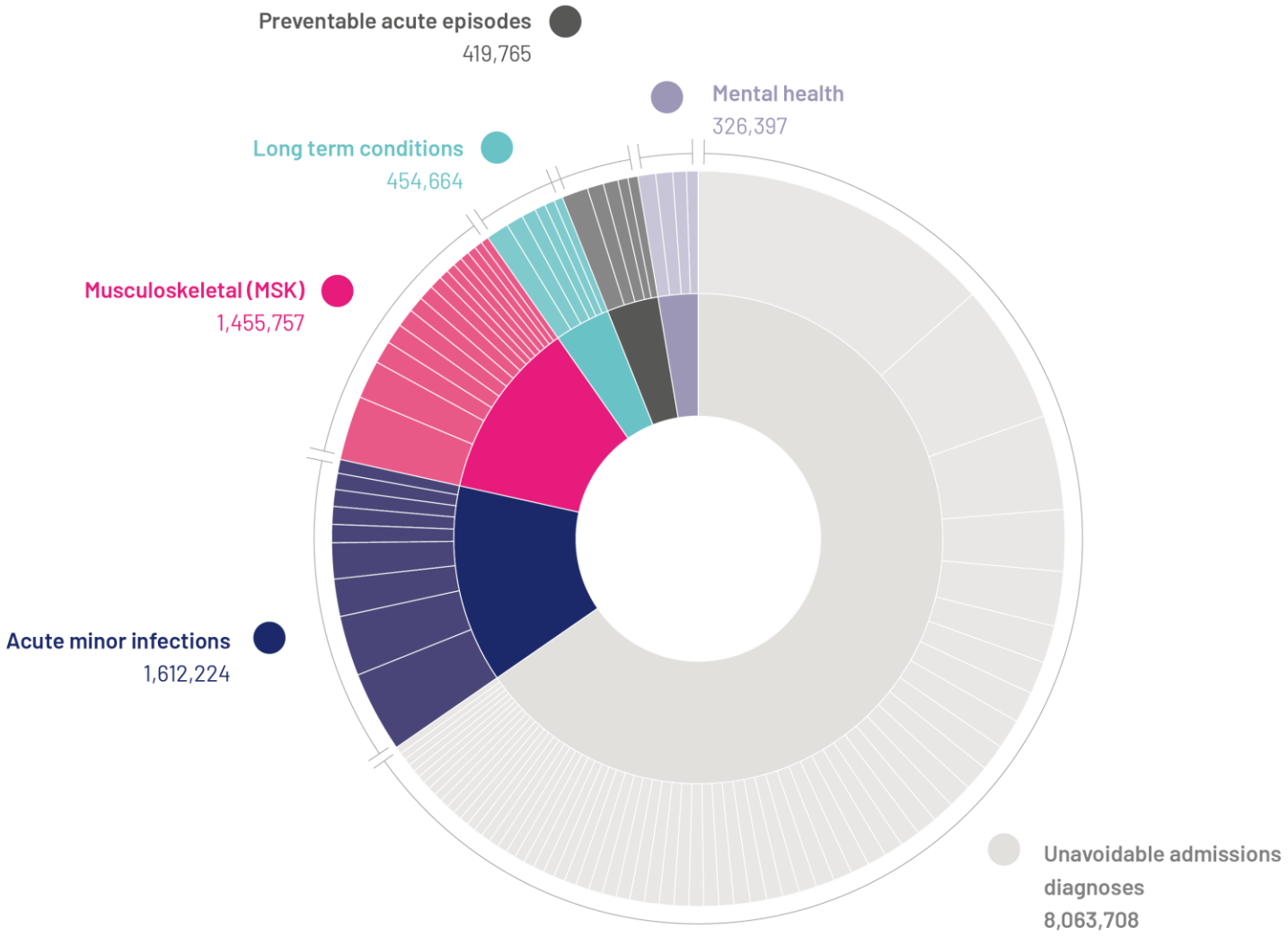
- Funding restrictions
- Increase in demand for services
- COVID-19 backlog
- Strep A
- Flu

Result:

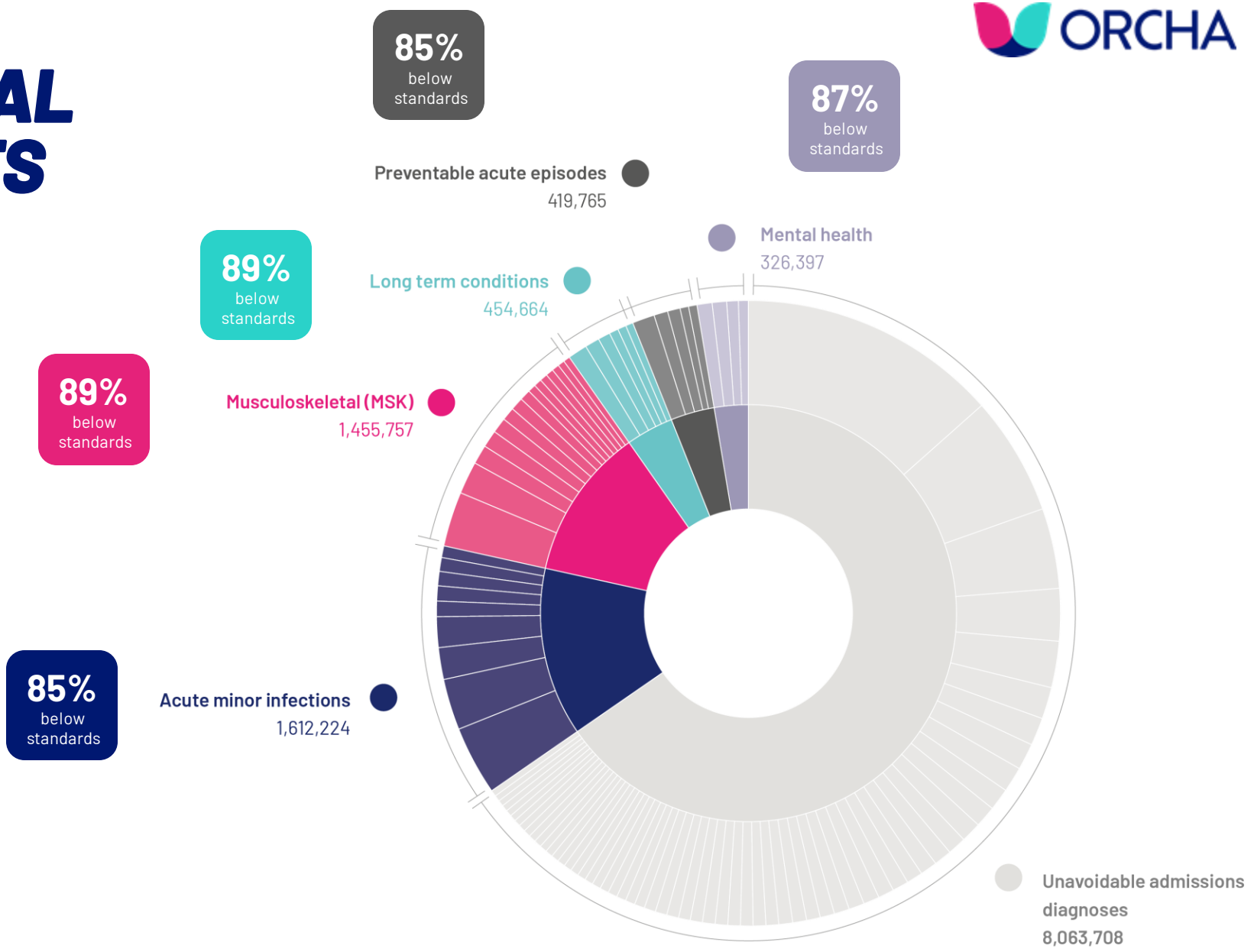
- The four-hour accident and emergency waiting time has been missed every month since July 2015

- Some hospitals in England experiencing over half their patients waiting more than four hours

WHICH A&E ATTENDANCES CAN DIGITAL HEALTH PROVIDE WIDER SUPPORT FOR?



WHAT IS THE QUALITY OF DIGITAL HEALTH PRODUCTS IN THESE AREAS?



WHAT IS THE APPETITE FOR DIGITAL HEALTH AMONG PATIENTS AND CLINICIANS?

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62% of people believe in the benefit of digital health alleviating the burden on the NHS.

So there appears to be a huge opportunity

People want to use digital health, but not everyone today receives a recommendation from their NHS service.

WHAT IMPACT CAN DIGITAL HEALTH HAVE ON NHS ADMISSIONS AND COST SAVINGS?

We have conservatively calculated what introducing safe and effective digital health for long-term conditions – a fraction of the conditions included in our clusters - can achieve across the NHS.

This work pinpoints that digital health can reduce pressure on the NHS and prevent annual attendances in:

- General practice by **5.9M**
- Ambulance journeys by **120,000**
- A&E by **600,000**
- Unplanned admissions by **127,000**

By removing these pressures, each year the NHS could gain:

- 106,000 surgical procedures in secondary care and the avoided GP appointments
- The equivalent of recruiting 590 more GPs - a good move towards the target 5,000 more needed.

These avoided attendances would save the NHS around **£553M annually**

ORCHA Webinar: Reducing urgent care pressures with digital health

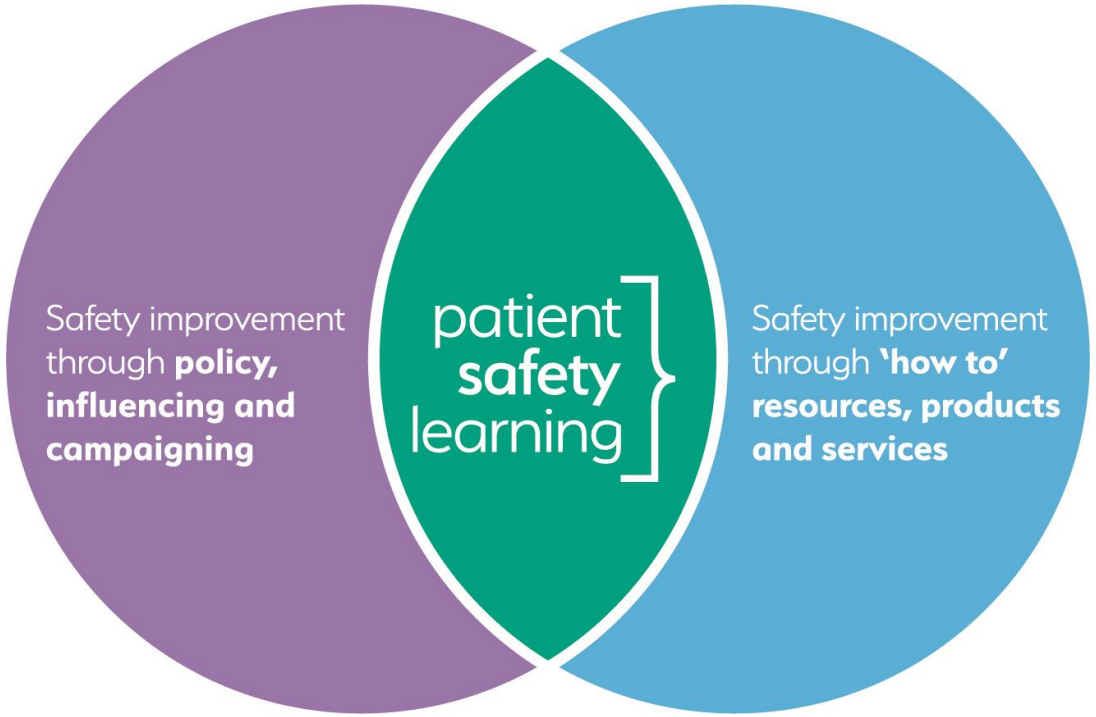
Helen Hughes

Chief Executive, Patient Safety Learning

1 March 2023

An independent charity for patient safety

An independent voice for transformational change in how health and social care organisations think and act in regard to patient safety.



Scale of avoidable harm in healthcare

Patients want safe and effective care and assume that patient safety is a priority. Yet despite the efforts and good work of many people to address patient safety issues, unsafe care continues to persist.

11,000	avoidable deaths annually due to safety concerns (UK)
3 million	deaths each year worldwide as a result of unsafe care.
15%	of healthcare costs attributable to unsafe care

Have we normalised an unsafe system?

Why does avoidable harm persist?

We do not operate as an effective safety management system with patient safety at its core purpose

- Safety is one priority of many
- Few safety standards
- Not designing safe systems
- Blame culture and fear
- Patients not engaged
- Lack of leadership
- Failure to learn and act

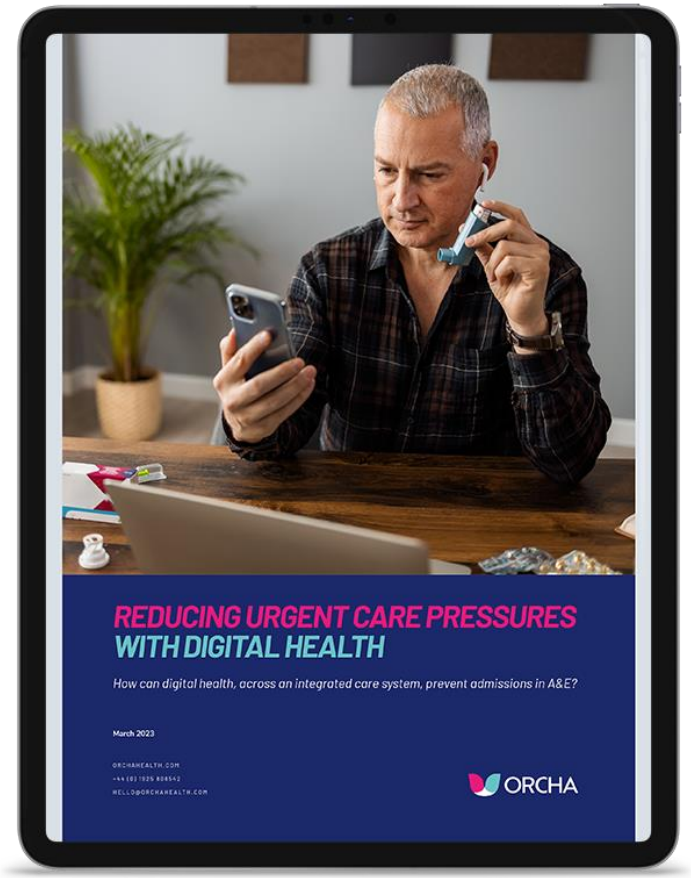
We need to design for safety, not just address harm

- Safety is a core purpose
- Leadership commitment to safety
- Organisational safety standards
- Design safe systems with safety
- Safety comparison data to drive out variation
- Competency framework for all staff
- Patient safety and human factors expertise
- Engage patients
- Learn from errors and act
- A Just Culture; psychologically safe

patient safety learning

New ORCHA report: Reducing urgent care pressures with digital health

- Extreme pressures faced by A&E in the NHS, particularly over the current winter period.
- Longer waits and absence of spare bed capacity significantly impacts the ability to provide safe and timely care.
- Failing to meet the four-hour waiting time target has knock on effects on other parts of the health system and increases the risk of avoidable harm.
- As the report notes, digital health cannot prevent all attendances, but integrating it into wider pathways can make a potentially positive impact and reduce pressures.



Key issue: Awareness and engagement

- As noted by the report there is significant variation in how likely a patient is to recommend a health app, or be recommended this by a healthcare professional.
- What are the barriers for patients
  - Digital literacy
  - Knowing what apps to trust
- What are the barriers for healthcare professionals?
  - Unconscious bias: Not suggesting due to assumptions regarding someone's age, ethnicity etc
  - Knowing what apps to trust
  - Reluctance to cede responsibility, becoming further removed from patients

Key issue: How are adverse interactions monitored?

- Even in well-developed areas of healthcare, such as medicines and medical devices, reporting of adverse events and serious side effects can often fall far short of what is needed, e.g. patients harmed by mesh, sodium valproate and hormone pregnancy tests.
- How do we meet this challenge to patient safety when it comes to health apps?
- How do apps address changes in patient acuity?

E.G. A diabetes app that helps people to manage their dietary restrictions for that condition. However, how this accounts for other conditions can have potentially serious consequences, for instance if the person using this has severe hypertension too, then the recipes in the Diabetes app may have too much salt in them. How do we ensure such tools follow the patient, not the condition?

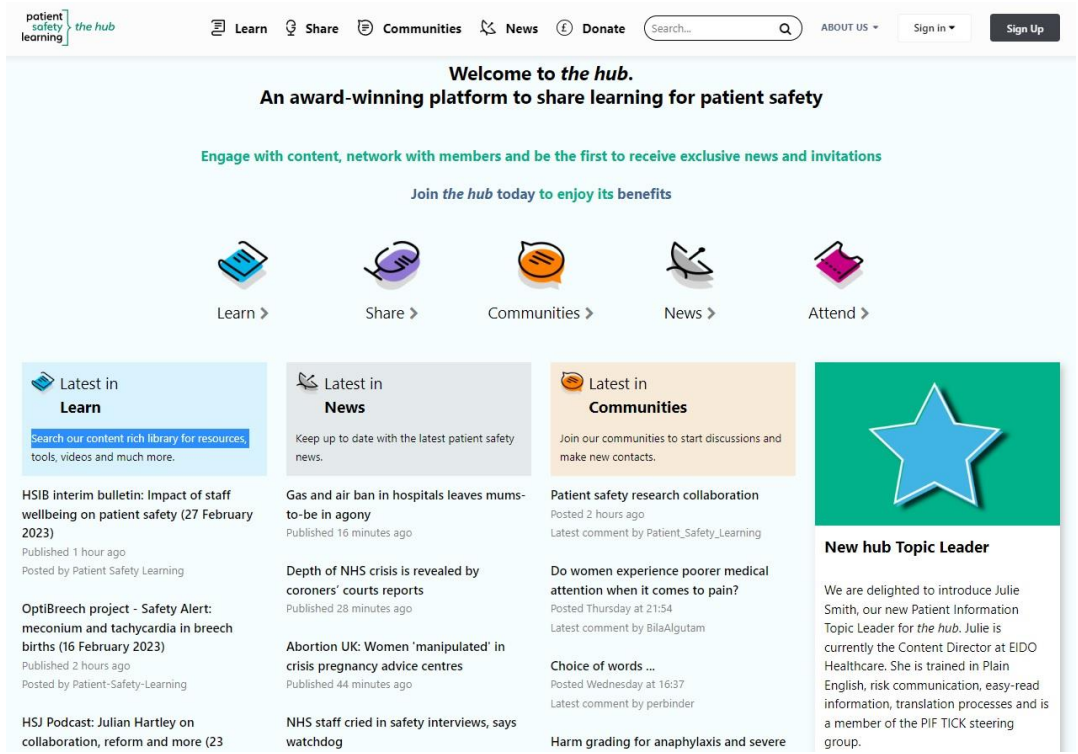
Key issue: When we talk about the safety of health apps, what do we mean?

- Safe in the way that clinical recommendations are made?
- Safe in the way that patients' data is stored and used?
- Safe in the way that patients interact with the tool?
- Safe in the way that clinicians can use them to monitor and track their patient's progress?
- Safe and effective in the way apps support patient behavioural change?

Patient safety needs to be at the heart of the design, development, deployment and monitoring of health apps, not an additional bolt on.

the hub www.pslhub.org

- Sharing knowledge for learning and action through our free patient safety platform
- Publishing and promoting high quality content that can be shared to improve patient safety
- Promoting patient safety good practice and policy



Work with us to create a patient-safe future

- Learn and share
- Join a community
- Become a topic expert
- Share your experiences
- Patient Safety: a social movement

Email: helen@patientsafetylearning.org
Website: www.patientsafetylearning.org
Twitter: @ptsafetylearn
LinkedIn: Patient Safety Learning

NHS Dorset

Engaging Workforce with the ORCHA App Library

Experiences and strategies used in Dorset

Version: 01 Date: 23/02/23 Author: CE

Contents

Introduction

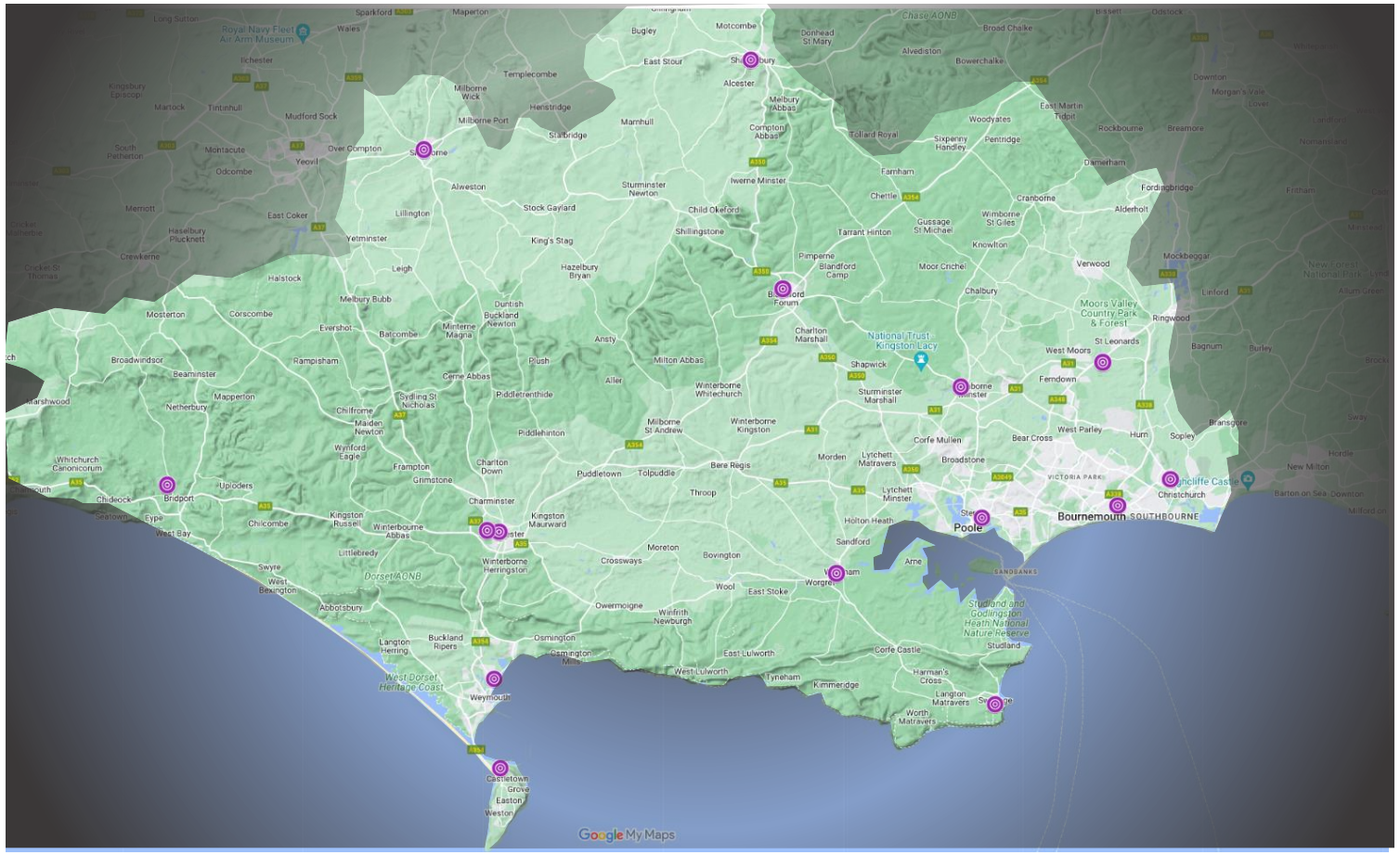
NHS Dorset

- Previous good engagement – public health
- 9 – Month funded project
- 2 Clinical Digital Fellows
- Series of targeted engagement events
- Aiming to maximise engagement of clinicians with ORCHA app library.

Strategies to Maximise Uptake

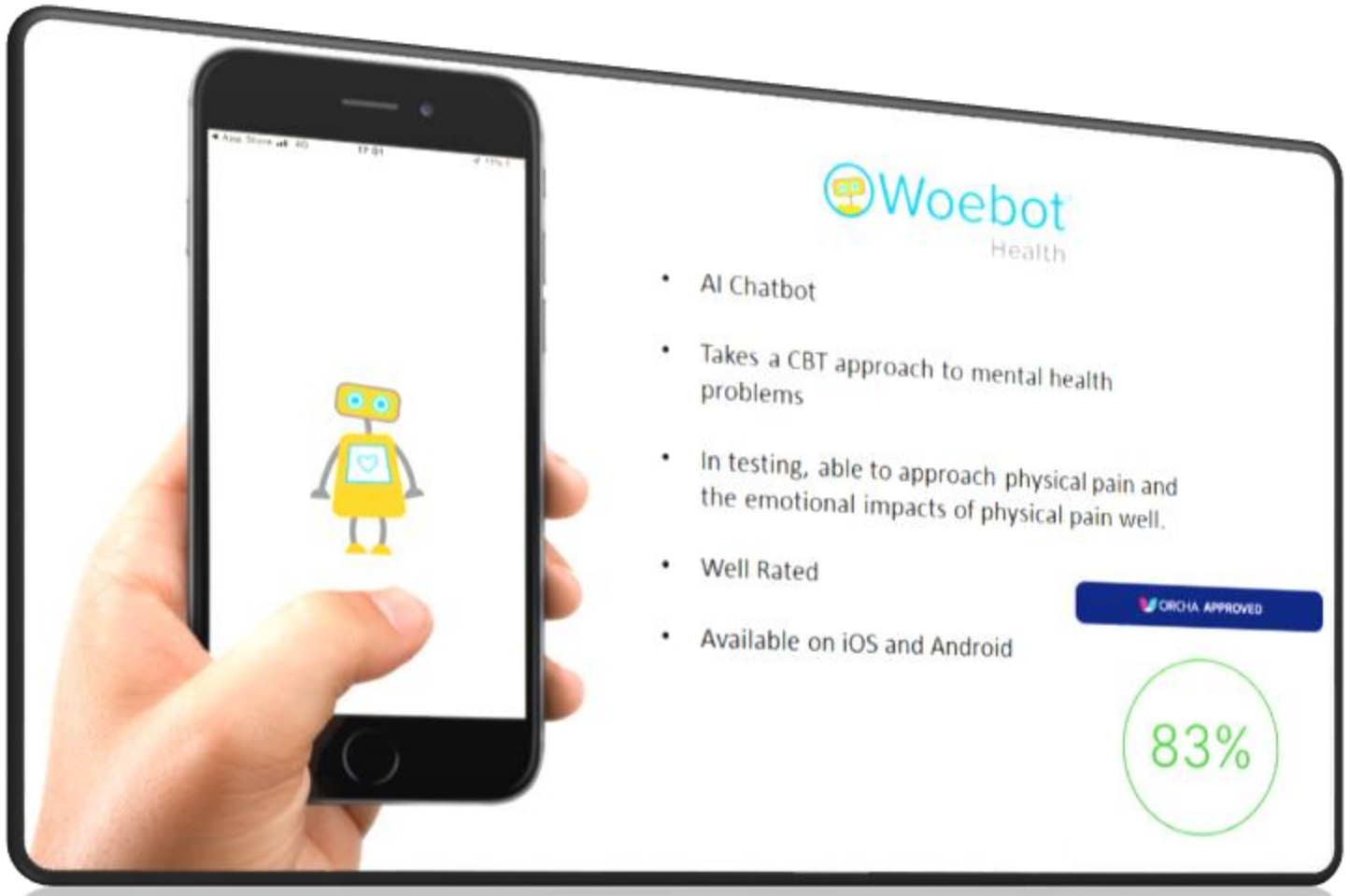
NHS Dorset

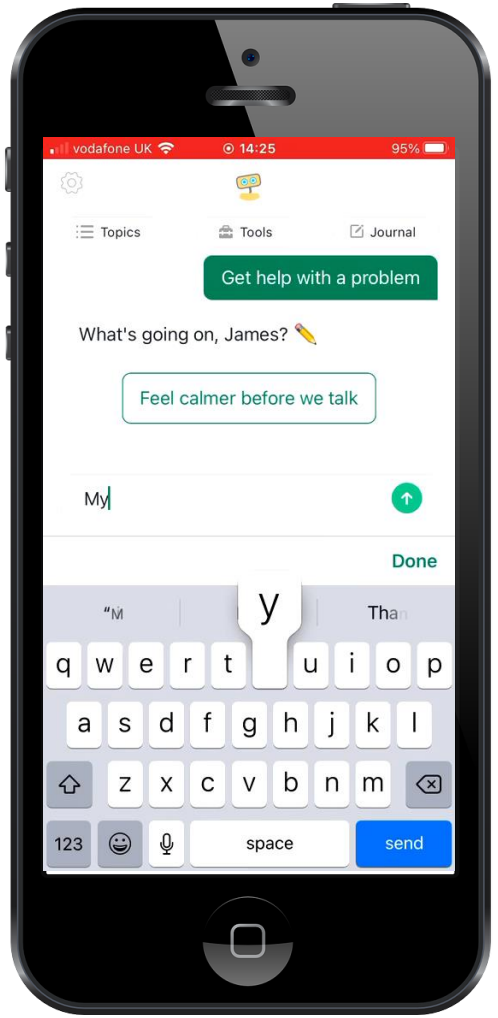
Face to Face Engagement



- Geographical spread
- Aligned with clinical service training
- Advance booking

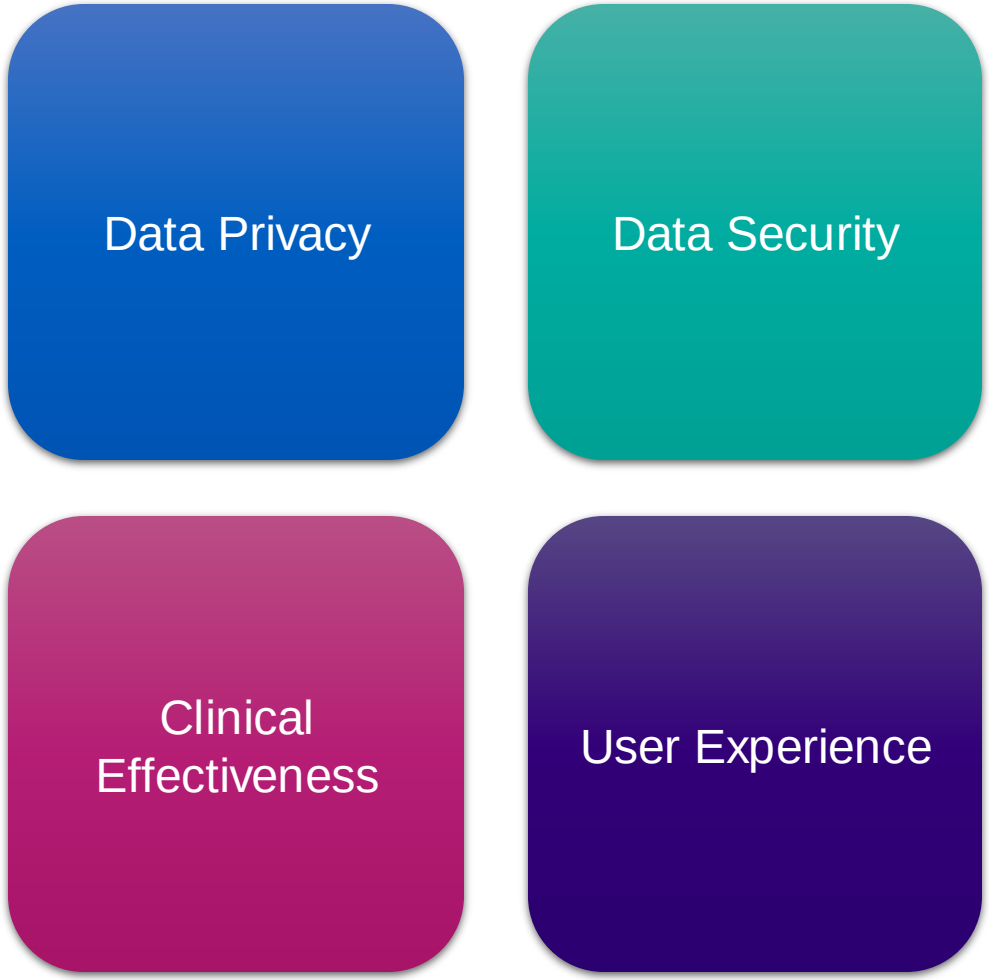
App Showcase



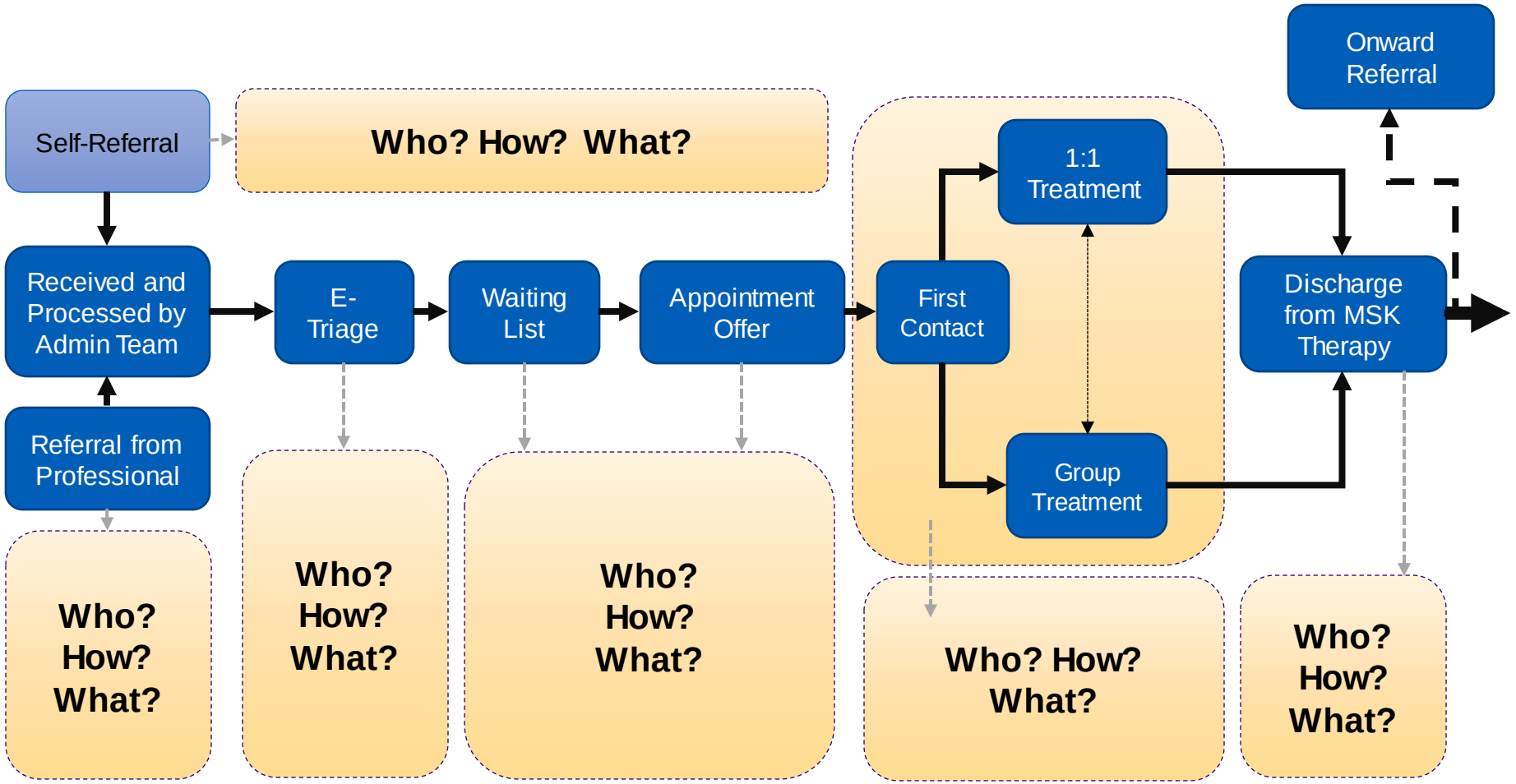


Introduction to Digital Safety

- Domains of health app quality
- Signposting to ORCHA foundation modules
- Apply this thinking to existing app recommendations they make



Mapped to Pathways



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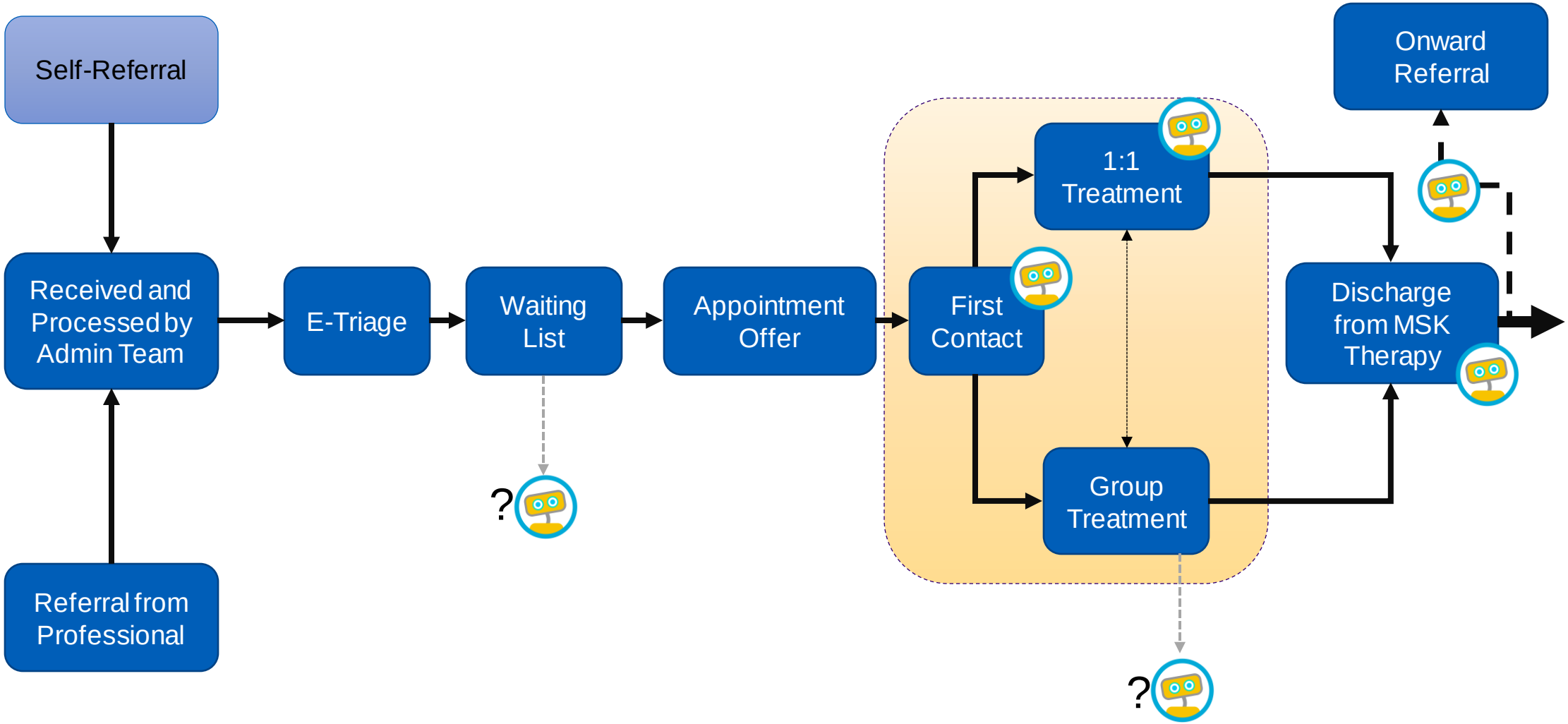
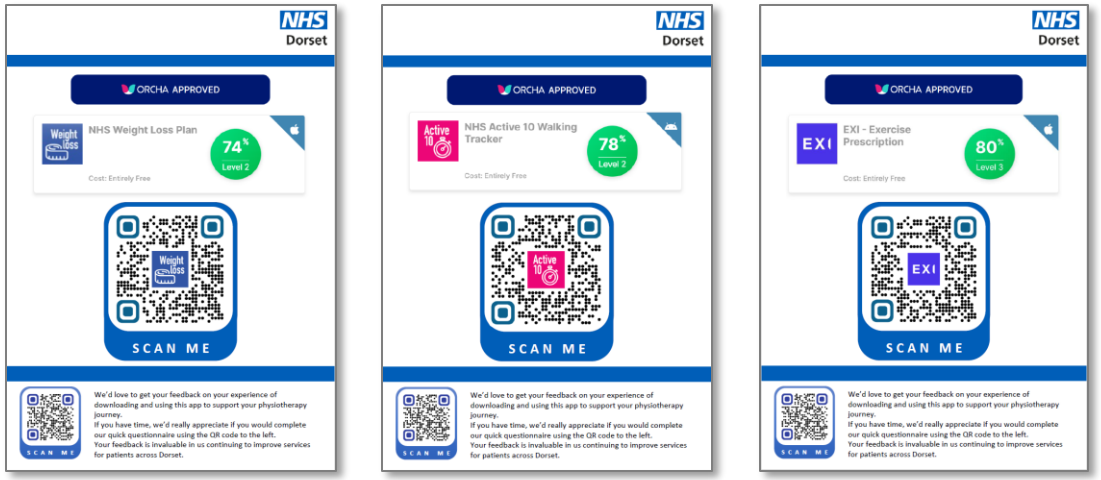


Reducing Burden on Clinicians

- Patient facing suitable apps
- Waiting room posters
- Waiting room displays
- QR code scanning

Reducing Burden on Clinicians



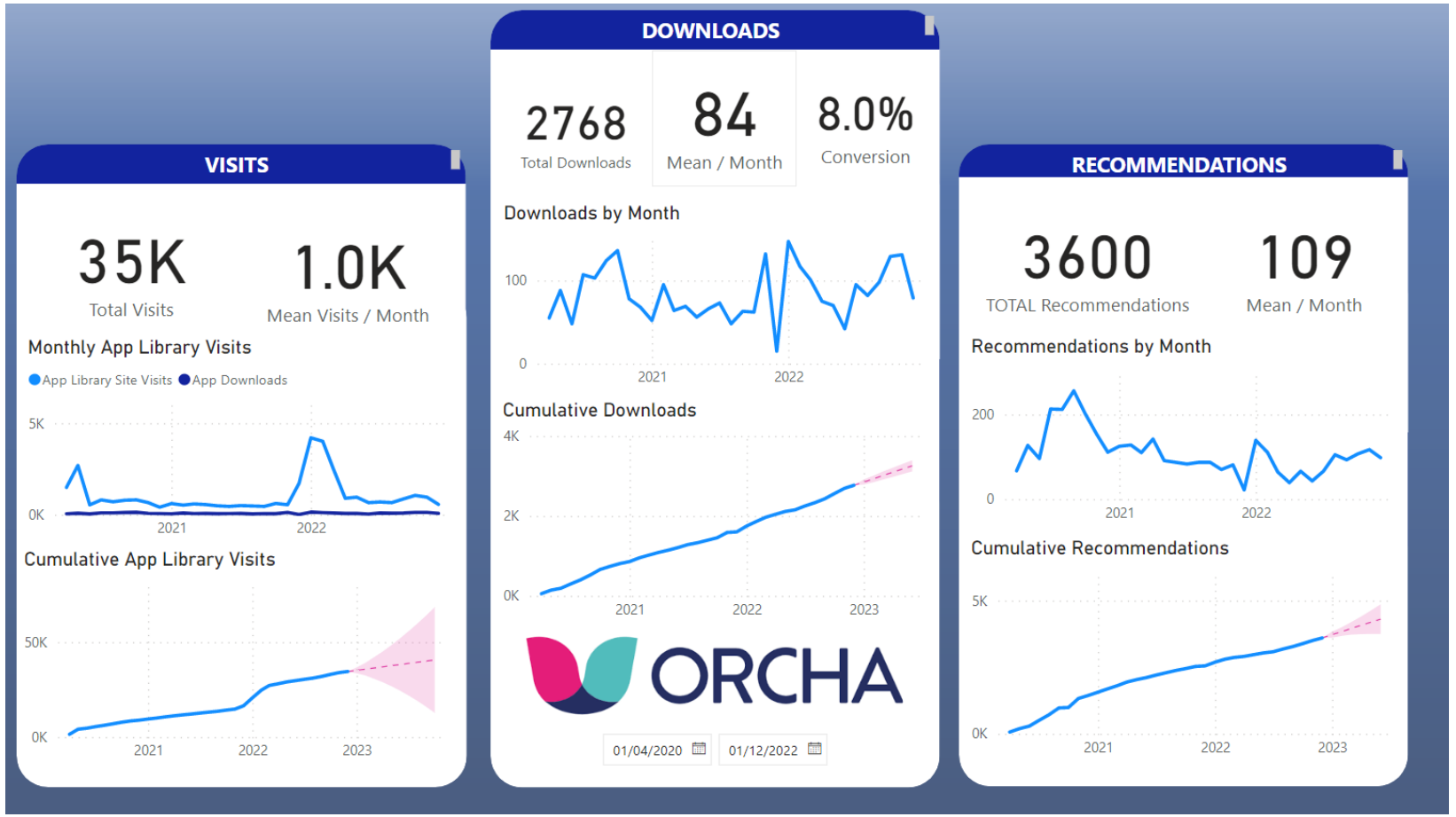
- Specifically targeted apps
- Printed handouts
- QR code scanning

Learning from Successes – Focus Groups

- Focus group feedback
  - Successful groups
  - Struggling Groups

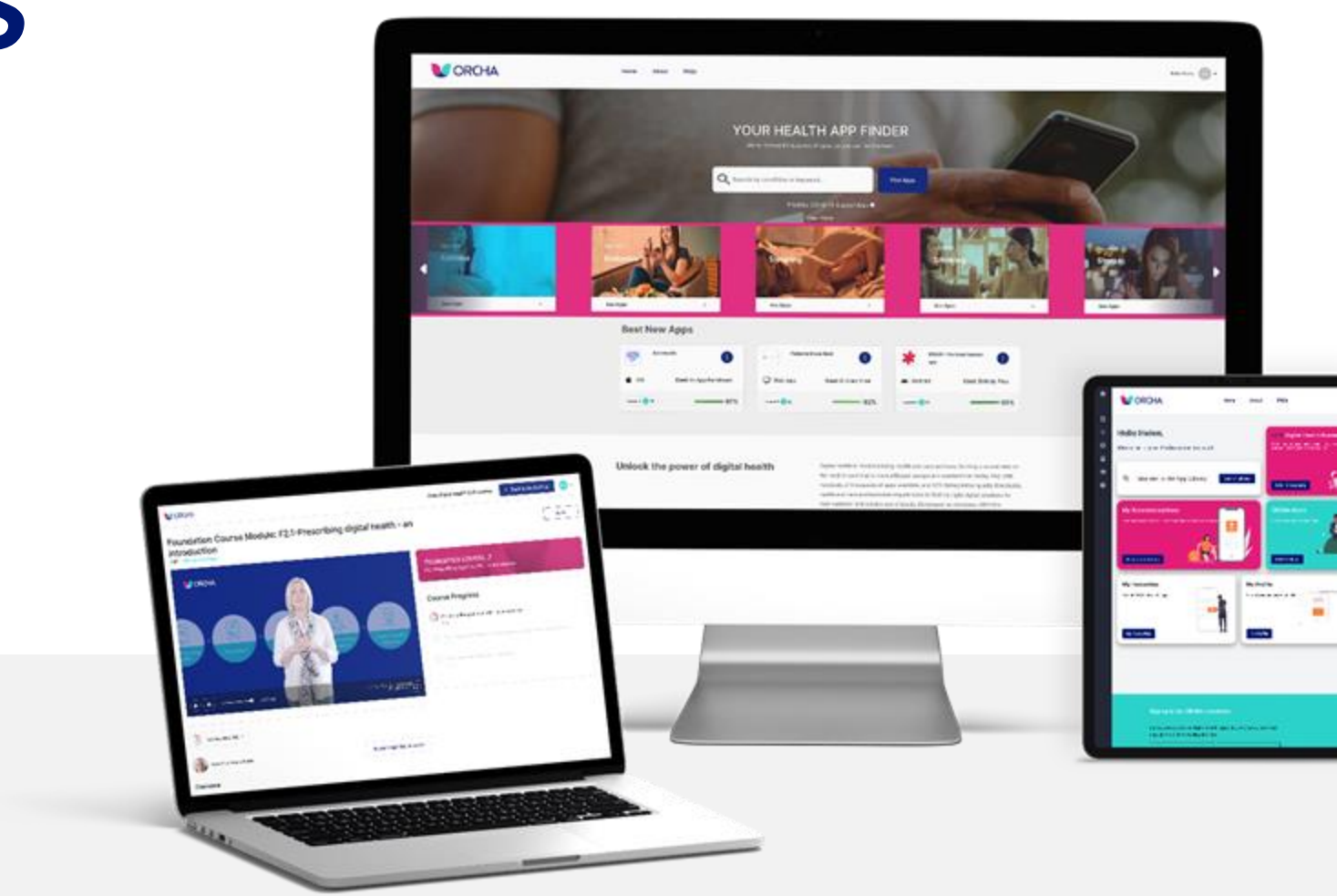
- Patient Trust
- Clinician awareness

Evaluation and Monitoring



ORCHA FOR HEALTH SYSTEMS

- Digital Health Formulary
- Health App Library
- Digital Health Academy
- Digital Health Toolkits
- DTAC Assessments



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or email hello@orchahealth.com
to request further information.

ANY QUESTIONS?

Please use the questions box to ask the panel

Get in touch: hello@orchahealth.com