

## REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 9 December 2020

### CHIEF OFFICER'S UPDATE

#### **Digital Health & Care in Aberdeenshire**

The last nine months have seen the unprecedented need to adopt digital technology at considerable scale and pace, as we have looked to support our staff, patients and clients to safely work, collaborate, consult, and monitor remotely and virtually where this is appropriate, in circumstances which, until late March, would have predominantly been face to face.

There have been a range of digital initiatives already successfully delivered since March 2020, while others are just commencing or are still being explored for the immediate winter months ahead and beyond. A summary of the highlights is included here.

#### **Access to IT kit for NHS staff**

While the bulk of our social care staff were generally well resourced with digital devices to support their work prior to the current pandemic, the same could not be said for many of our NHS staff working in the community and from our community bases. However, since late March considerable effort has gone into identifying and meeting the needs of our NHS staff to enable them to work remotely, and also be able to offer remote consultations to their patients. To date, approximately 300 laptops, as well as similar numbers of headsets and webcams have been provided to enable NHS staff within Aberdeenshire Health & Social Care Partnership to work from home or more flexibly and safely from a range of bases and fixed office locations, and to be able to participate in video-enabled calls with staff or patients located remotely.

#### **Microsoft Teams**

Prior to Covid 19, Aberdeenshire Council staff already had access to Microsoft teams. Since the start of the pandemic, NHS Grampian was one of the first Scottish Health Boards to enable its staff with access to Microsoft Teams, and so with staff from both organisations all able to take full advantage of this technology early on in the current pandemic, has enabled Aberdeenshire Health & Social Care Partnership to quickly adopt a culture of digital and remote professional-to-professional meetings and collaboration as an almost seamless transition from what was previously a system very reliant on face to face meetings.

#### **Digital Devices for care home residents, hospital inpatients and social care clients in the community**

Our staff have not been the only ones to benefit from access to digital devices to keep connected. Through generous donations to both Aberdeenshire Council and NHS Grampian from local businesses, we have seen both organisations be able to purchase digital devices such as ipads, tablets and smartphones. These have enabled care homes in Aberdeenshire to be provided with tablets and smartphones so that residents can stay connected with family and friends, and also so that they can connect with healthcare staff for appointments remotely. The learnings from these early exercises and the benefits felt by care home residents and staff have led to Aberdeenshire currently being a test of change site to support the Scottish Government's recently announced initiative [Digital Inclusion - Connecting Residents in Scotland's Care](#)

[Homes](#) . That initiative has committed funding to ensure that all of Scotland's care homes have access to digital devices, connectivity and support to help their residents of online access, with a package solution to enable them to use digital devices to support their health, wellbeing and connection with family and friends.

Each of our community hospital wards has also been provided with an ipad by NHS Grampian, so that Virtual Visiting with family and friends can be enabled for inpatients despite restrictions on face to face visiting. In addition, we have been in a position to offer digital devices to some of our more vulnerable social care clients living in the community who may be otherwise digital disadvantaged, thereby enabling them to stay connected with family, friends and the health and social care services they access.

### **Near Me Video Consulting**

Perhaps one of our most significant achievements is the speed and scale with which our health and social care services have been able to adopt and offer Near Me video enabled appointments to patients and clients. Prior to March 2020, a handful of

video-enabled appointments were being delivered every month by a very small number of services. However, by late April that figure had grown to around 500 Near Me enabled appointments every week, spread across GP practices, Allied Health Professionals (AHP), Health Visiting and Nursing teams, mental health and learning disability services. In the six-month period March to August 2020 inclusive, some 9,983 Near Me consultations were recorded, with 5,497 of these by GP practice staff and a further 4,486 across a range of other services. As well as enabling patients and clients in the community to benefit to access to appointments virtually, from the comfort of their own home, many care home residents in Aberdeenshire have also benefits from continued access to healthcare staff using Near Me where this has been suitable. Not all appointments are suitable for a video call, but at a time where services have to follow much more stringent guidelines around infection control, and are therefore able to offer far less face to face appointments in a typical day in many of our service settings, by reducing unnecessary footfall using Near Me where this is safe and appropriate, this means that those that do need to be seen face to face can get seen.

### **Technology to support Operation Home First and Aberdeenshire's Frailty pathway**

A digital focus now over the winter months is how and where we can use technology to support our Operation Home First service pathways, be that within our hospitals, as patients transition from hospital to home, or for those living at home who need additional clinical observation and care support during periods of frailty and ill health. We will be expanding where appropriate the use of video consulting to ensure that teams in different physical settings can communicate seamlessly with patients. This is particularly important in an area such as Aberdeenshire with a considerable geography. Tests of change have already demonstrated for example that a GP can conduct a ward round remotely with patients in our community hospitals using Near Me, supported by the ward staff using ipads on ipad trolleys, in those circumstance where a GP cannot be physically present, or in circumstances where there is a desire to actively keep footfall to a minimum for infection control and patient safety. We will

also explore technologies that can assist staff to assess and monitor patients virtually or remotely within the community, such as technologies to enable care home staff to be supported to use digitally connected devices to take patient observations for a clinician during an appointment where the clinician is remote.

### **Supported Home Self-monitoring for people living in the Community**

There are also a small number of simple digital self-management technologies that we will pursue, to help people better manage their own health at home, with priorities including hypertension and Chronic Obstructive Pulmonary Disease (COPD).

Aberdeenshire Health & Social Care Partnership is the lead partner for a new programme - Scale up BP - about to launch, that will see all GP practices in Grampian invited to participate in an initiative where patients who need their blood pressure monitored can be offered the option to use an automated system which prompts them by text message to take their blood pressure at home and text in the readings. This option would be as an alternative to having to visit the clinic possibly multiple times to have their blood pressure checked, or to have to wear a 24 hour blood pressure monitor. Scale up BP is part of a national programme funded by the Scottish Government.

Meanwhile, for patients with COPD, many of who are amongst some of the most vulnerable within our community during the current Covid19 pandemic, and may be at a heightened risk of an unscheduled admission to hospital over the winter months, we are actively pursuing the possibility to offer an online self-management app for winter 2020/21 that has a clinical evidence base of helping people self-manage their condition and their symptoms at home.

More closely aligned to Covid19 itself, we anticipate the availability shortly for use in Grampian of an app developed in Scotland that healthcare teams would be able to prescribe for and use to monitor patients diagnosed with Covid19 and living at home. The app would centre around patients submitting daily self-reported physiological readings (eg oxygen saturation levels) and symptom checking into a system which can identify deterioration earlier and trigger appropriate response and support by clinicians

### **Scotland's refreshed Digital Strategy**

The Scottish Government is consulting on a new digital strategy for Scotland, to replace the current strategy first released in 2017. Public services are invited to comment on the [draft digital strategy](#) which has a bold ambition to respond to the profoundly different context we find ourselves in during 2020 within the impact of the coronavirus pandemic. The draft strategy has 6 key themes: No one left Behind, Services Working for all, Transforming Government, a Digital and Data Economy, a Vibrant Technology Sector, and an Ethical Digital Nation. Aberdeenshire Health & Social Care may opt to contribute as part of a combined response with NHS Grampian under the Digital Transformation Delivery Group that supports Grampian's new Digital Health and Care Strategy.

## Opiate Substitution Therapy in Prison

The Chief Medical Officer wrote to all Chief Officers and Health and Social Care Partnerships on 1st May issuing guidance on making Buprenorphine available as an alternative pandemic appropriate form of Opiate Substitution Therapy (OST) for prisoners during COVID-19. Buprenorphine is an OST which is given in an injection form on either a weekly or monthly basis.

Funding was made available where Buprenorphine was included as part of mobilisation plans and the Scottish Government have committed to providing funding until the end of this financial year, thereafter the expectation is that funding from 2021/22 onwards will come from the NHS board pharmacy budget.

In Grampian we have 25 prisoners who have transitioned to Buprenorphine and are currently assessing a further 28. Numbers may appear low in comparison to the prison population this is due to the criteria set out in the guidance issued by the Scottish Government which indicates that only prisoners serving 6 months or over are eligible for transition. At a recent visit from Health Improvement Scotland we received feedback that our approach to the implementation of Buprenorphine is seen as an example of good practice.

At a national level the Drugs Death Taskforce supports the prescribing of Buprenorphine in prisons and the wider community because it can provide a degree of protection against opiate overdose. Locally, we are seeing a positive impact on prisoners in terms of their general health and wellbeing in comparison to those taking other forms of OST and we are working with colleagues in the community in terms of the wider roll out of Buprenorphine across custody and the community.

## Frailty Pathway

As part of our Operation Home First, the work around the Frailty pathway driven by good evidence showing improved outcomes for individuals who are supported at home. The development of community based models of care is ongoing and there has been both good progress and work continuing in some areas. This work compliments the existing Virtual Community Wards across Aberdeenshire. However should an individual require support within a bedded base this will continue. We have developed a simplified light touch assessment to facilitate timely discharges out of secondary care back to individuals own community. This allows interim care at home to be put in place alongside a rehabilitation plan to support a return to an individuals home. Assessment then continues within the individuals own home with the benefits of being back within their own environment. Additional Care at Home resources for the winter are being recruited to, required equipment organised and plans for additional Aberdeenshire support from the Geriatricians put in place.

**Angie Wood**

**Interim Chief Officer**

**Aberdeenshire Health and Social Care Partnership**