

Royal College of Nursing (RCN) submission: to the House of Lords Inquiry: *Is life online damaging our wellbeing?*

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The RCN is the largest professional body and trade union for nursing staff in the world. We represent 450,000 members who are registered nurses, midwives, students, and nursing support workers.

COVID-19 has completely changed the ways in which we live, work and communicate.

The transition to digital appointments and the use of telemedicine has accelerated at pace and scale during the pandemic. There have been extensive efforts by staff and employers to maintain access to health and care services in the context of heightened restrictions and social distancing. However, not all health and care services can be delivered online or with the support of technology which led to many treatments and care being postponed during the peak.

It is important to remember that the health and wellbeing of a population is not solely dependent on access to acute hospital care. The pandemic has highlighted how important it is for people to be able to access a wide range of health and care services including care in general practice, the community and in care homes.

This submission focuses on the lived experience of RCN members, working in this new environment and describes the ways technology has impacted the way they're delivering care during the COVID-19 pandemic. The content in this submission focuses on England to meet the scope of the Inquiry, but many of the points are applicable across the UK. For ease, we have themed our response across three key considerations:

1. The impact of technology on how patients, clients and residents access health and care services
2. The challenges and opportunities using technology has on the relationships nursing staff build and maintain with the people in their care
3. The experience of nursing staff around the increased use of technology and what training and support is required in order to effectively maximise its use.

Our recommendations

- Health and care system leaders and managers need to recognise that online education for health care staff will not negate the need for face-to-face teaching. Simulation learning is critical to continued professional development and cannot be replaced by technology alone.
- As the use of technology in health and care continues to evolve, the government and system leaders must consider and evaluate the cost effectiveness, safety and impact of technology on patient care and outcomes.
- Employers have a responsibility to ensure that all staff are adequately trained to use technology in the workplace and that they feel confident and able to do so.

1. The challenges and opportunities using technology has on the relationships nursing staff build and maintain with people in their care

1.1 Despite the challenges outlined above, remote consultations can also be an enabler to individuals accessing and utilising health and care services. They support greater flexibility, making it more convenient for an individual to access health care, in particular general practice appointments and follow up consultations.

1.2 Before the pandemic, insufficient and inadequate digital technology was in place to support health and care system delivery. Many staff, especially those working in community nursing struggled with inadequate WIFI to be able to update patient records in a timely manner. However, the adopting of digital technologies at scale since March 2020 has enabled care to be delivered when physical contact is not possible and although still in the early stages of roll out, there are opportunities to develop this further. Digital technology has the ability to modify care, particularly through establishing effective teamworking across professional boundaries, health care settings and geographies thus empowering patients and communities.

1.3 The debate on technology and issues of artificial intelligence has been moved forward by several years as a result of this pandemic. While there do remain pockets of challenges for staff who have been concerned about the quality and appropriateness of remote consultations for the people in their care. Anecdotally however, many of our members report the experience of using technology in their work, especially during the pandemic, to be good and better than expected.

1.4 Technology can support the development of more responsive services that enables multidisciplinary team working, improved communication between patients, carers and different teams within the health care team. This is particularly relevant and beneficial for people who have a long-term condition which can be easily managed at home. An example of this can be demonstrated in the “Patients Know Best” portal/app which gives patients full and immediate access to all information contained in a portal on their health and care.

1.5 In addition, online and video consultations can enable people for example with long term conditions to contact their specialist nurse or practice nurse, which is useful for reporting symptoms, asking questions, uploading images and seeking initial advice. However, the use of apps may be more challenging particularly where a physical assessment is required. For example, it is important to smell wounds if infection is suspected and, in some instances, being able to use touch to see what pressure elicits pain helps staff to adequately ascertain the problem.

2. The impact of technology on how patients, clients and residents access health and care services

2.1 Technology brings both benefits as well as limitations for patients, clients and residents’ access to health and care services, across the system. The impact of technology, and whether it supports or hinders access to health care, also depends on many different factors, primarily the clinical needs of the person and how able they are to communicate virtually. For example, it is easier for someone with a single healthcare need and no sensory or cognitive loss to access an effective health consultation virtually than it is for an individual requiring any form of diagnostics or someone who has complex interrelated health care needs.

2.2 Across the life course, we have all experienced differing issues and concerns linked to how we have coped during the pandemic. The extended periods of heightened restrictions, including national lockdowns have impacted on children and young people’s social interaction and education which have had mental health consequences. Many children and young people struggled to cope during the initial peak of COVID-19 as they were forced to stay at home without support to manage with the loss of routine, social isolation, worries that family or friends might get sick, as well as potential exposure to increased domestic violence and child abuse. The pressure of intense academic focus after an extended period away from regular attendance at school has further impacted on children and young people’s wellbeing.

2.3 Throughout the pandemic, children have lost the support from school nurses and have had decreased contact with other health and care professionals who provide support, not just with medical needs, but also with safeguarding and wellbeing. Many school nurses were redeployed to support the fight against COVID-19 and this left many children, who may already be vulnerable, in an even more at-risk position.

2.4 COVID-19 has also had a disproportionate impact on people with learning disabilities. Many young people with learning disabilities have smaller social networks than other young people without special education needs and disability (SEND). Accessing school is a key part of learning social skills, making and maintaining friendships, and being part of a community, having self-value and confidence. These children may not be able to use technology to stay in contact with friends and are less likely to take part in online social activities which their peers have used to maintain social contacts.

2.5 Many people with learning disabilities will struggle to independently use technology for online/distance learning. Virtual calls and video presentations may present a challenge and these methods of teaching cannot be easily adapted to cater for different learning styles, preferences and needs. Children and young people with SEND are therefore less likely to benefit from online learning resources and in turn, will have less access to education, leaving the burden of teaching to parents and guardians in order to ensure their children do not fall behind in their attainment.

2.6 There are an estimated 4 million older people that do not have access to the internet.ⁱ Older people's use of technology can also be influenced by both sensory and cognitive impairment. Older people who live in areas of deprivation and in poverty are less likely to access remote consultations or health information which can further increase health inequalities. Clearly there is a need to assess the impact of technology for people from ethnic minority groups, who are homeless may not be able to benefit fully from technology.

2.7 Older people with cognitive impairment, or illnesses including dementia, may not be able to access remote consultation without help. In consequence there are issues of maintaining confidentiality and privacy during examination. For practitioners gaining consent remotely, it can be difficult if the person needing an assessment is unable to engage meaningfully or provide prompts or clues using body language. In addition, there is concern amongst nursing and midwifery staff that remote assessments are not able to adequately pick up and identify where there are issues relating to safeguarding, including domestic violence.

2.8 Before the COVID-19 pandemic there had already been a targeted effort to use online platforms to deliver certain services to help improve accessibility. There were some concerns presented across the health and care sector about how technology could lead to missing important safeguarding signals, leaving vulnerable people at risk. The Faculty of Sexual and Reproductive Health have attempted to tackle these concerns and in 2019, published guidance for health care staff outlining key principles about providing remote consultations in sexual health settings.ⁱⁱ The RCN contributed to this resource which included some key principles and best practice to help make sure cues and potential safeguarding risks could be picked up during remote and online consultations. This is now more relevant than ever within the context of social distancing and online outpatient and clinic appointments become commonplace.

3 How nursing staff feel about the increased use of technology and what training and support is required in order to effectively maximise its use.

3.1 In an increasingly digital world, people who are digitally excluded are at risk of limited access to services and poorer health outcomes. The increased use of digital technologies across health and care is also dependent on ensuring that staff feel

confident in the skills and knowledge required to use new systems, and that they are able to use the equipment in the community as well as in social care settings.

3.2 In 2018, the RCN conducted a member survey into the digital future of nursing. Whilst this survey pre-dates the COVID-19 pandemic, it highlighted that digital readiness is not the same as digital literacy. Digital literacy focuses on the skills of nurses and midwives and may also encompass attempting to change underlying attitudes to data and technology; a quarter of respondents felt that their organisation did not do enough to develop their digital skills.ⁱⁱⁱ

3.3 Following this engagement, we launched our campaign *Every Nurse an E-nurse* which seeks to promote the importance and need to build confidence and skills in nursing staff to use technology to maximum benefit. While the RCN can support our members, we're clear that employers have a responsibility that staff can access and attend training on any technology that they are required to use as part of their role.

3.4 The use of technology in health care is not new, many nursing staff already use Electronic Patient Records (EPR) and the expanded use of technology in this way has been welcome. However, the growth of digital services in health and social care has further exposed inequalities including rural health, generational differences as well as socio-economic inequalities. These are fundamental issues which the government should look to address as part of its 'Levelling Up' agenda so that problems including access to digital equipment and broadband connection in rural areas do not act as barriers to individuals and staff using digital technology in the delivery of care.

3.5 It is important to remember that technology does not work for everyone in all circumstances, it is not a universal panacea in healthcare and despite being affordable, it may not be available for all. That is not to say that issues with digital exclusion shouldn't be tackled, the option and choice to engage in technology must be equally available to all. This requires investment in knowledge, skills and training as well as in digital technologies and roll out across all health and care settings. As the government and system bodies continue to digitise health care, they must consider and evaluate the cost effectiveness, safety and impact on patient care and outcomes.

3.6 We recognise the benefits in online training offers and how this encourages and supports staff to participate in professional development. Online training and better technological formats for education can be beneficial for staff working across a whole range of nursing fields and help expand access to everyone who needs it and access to experts. There is a recognition across the entire health and social care system that a blended approach to education optimises discussion and debate around complex areas of practice and sensitive or values-based issues and ethics.

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ⁱ Age UK, *Report on Active Communities; older people and internet use*, 2016. Available here: Age UK 2016 https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_july16_older_people_and_internet_use_stats.pdf

ⁱⁱ Faculty of Sexual and Reproductive Healthcare, *Standards for online and remote providers of sexual health*, 2019. Available here: <https://www.fsrh.org/standards-and-guidance/documents/fsrhbashh-standards-for-online-and-remote-providers-of-sexual/>

ⁱⁱⁱ RCN, *Every Nurse an E-nurse*, 2018. Available here: <https://www.rcn.org.uk/clinical-topics/ehealth/rcn-digital-ready>