Frailty and technology

Focus group engagement report

In May 2018, Leeds and Bradford CCGs worked with research colleagues to develop a proposal to be a 'test-bed site' to research new technologies which might support frail, older people to live independently at home. This research aims to help people play a more active role in their own care through the use of three smart devices combined with carer and professional involvement. Together they remotely monitor health, wellbeing and a person's living environment round the clock and in real time – learning a person's normal patterns and alerting carers, clinicians and care workers when something is wrong.

The easy-to-use devices include:
1. A pioneering system with voice control technology to adapt a person's home – lighting, heating, security - to their needs.
2. A system that provides a shared care plan which encourages simple physical activities to help mobility and general wellbeing.
3. A device that enables a person to safely and securely see their care records and allows them to communicate via video with care professionals.

To support our application, we wanted to learn more about what people thought about using technology in this way. In Bradford, the CCG engagement team brought together a group of eight older people from different backgrounds to talk about this. The session was facilitated by two members of staff; we shared information about the research proposal and then led an informal discussion about people's current experiences of technology and their thoughts about how they felt about using technology in the future.

Our key findings

Overall, people in the discussion group described a lack of confidence in using technology. Although many of the older people were using smart phones or tablets to keep in touch with friends and family, they had worries about 'being left behind' as technology continues to develop.

When we described the digital solutions being explored in the test-bed application, people could see the benefits and how it could help people to maintain their independence. None of the participants had experience of this kind of technology, but most were quick to understand how it could benefit frail older people. However, people wanted reassurance that digital solutions would be used alongside face-to-face care and support, rather than replacing human interactions.

People felt that if they couldn't use digital technology, they were potentially at a disadvantage. They felt that more could be done to help older people learn about the digital world and get support to access it.

There was a perception from people in the group that digital technology would be costly, both for the people using it and for the NHS.

Detailed notes from the discussion group

What did people think about the word 'frailty'?

We had a brief discussion about the term frailty, initially none of the participants felt that they were frail. 'I feel quite the opposite'. After explaining the 'don't bounce back quickly' definition, people understood it more and talked about how they could see themselves fitting into that definition either now or in the future. One participant who had epilepsy and other long term conditions said 'that will be me soon' and talked about a recent illness which took a long time to recover from.

What technology do people currently use?

People offered up the following as examples of their current use of technology:

- Tablet– with help of grandchildren – to read the news
- Laptop computers
- Use smart phone to keep in touch
- Audio recording for a community radio programme
- Basic mobile phone used for calls and texts
- iPad or android tablets – currently attending classes to learn how to use – also use to look up information and listen to music, and social media
- Ordering prescriptions online using laptop

Only one participant didn't use devices like ipads/laptop/smart phone at all. Most used this technology to a varying degree – but only one person said they felt confident doing so.

Three of the participants lived in an assisted living setting and during the conversation they began to identify the way technology was being used there:

- Wear personal alarm around neck and wrist, to call for help is unwell or have a fall
- Remote security door – can open remotely to allow visitors in from their room. Also have fobs to access only their floor in the building which helps them to feel safe.
- Have a digital panel in their room, so that when they get up they press the 'ok' button to indicate to staff that they're up and all is well. If you don't press the button at your usual time, staff will check on you. However, some residents refuse to use this system.

One of the participants told us about her grandson's wedding in Cornwall the previous weekend. It was too far for her to travel, but her grandson said he'd send her some photos. She doesn't use email herself, and was surprised and delighted that the staff in the care home were able to show her the photographs on the day of the wedding.

Asked specifically about fitbit type devices and smart home technology, some participants had seen them or heard of them but none used this kind of technology.

What are the barriers/opportunities with technology?

Most people in the group agreed that if you don't try to use technology you 'get left behind' or can feel isolated.

"It feels like I'm not part of this world, it's all changed so much and so fast."

They felt that technology offers lots of opportunities but that older people, who haven't; grown up with computers need support to get used to it. They pointed out that for many of them even having a telephone in your house wasn't the norm when they were young.

Several people in the group were getting support and attending classes from a local VCS project Worth Connecting which was helping them to understand technology and begin to use it and grown confidence.
https://www.ageuk.org.uk/bradfordanddistrict/ourservices/worthconnecting/

People had heard about services where you can get video consultations with health professionals, and we talked briefly about the telemedicine hub at Airedale which people felt was a very good idea, although couldn't replace face to face care http://www.airedale-trust.nhs.uk/services/telemedicine/

One person talked about a friend who has a pacemaker fitted which connects through a device like an iPad to upload all his heart readings directly to the hospital, and if there is a problem the doctor can ask him to come in.

Someone else had read about a toilet which has technology built into it so that it can detect changes in your urine or faeces.

People talked about the potential for devices to remind people to do things they might otherwise forget – from putting the bins out to taking medication.

Opportunities

People's main reason to start using technology was to keep in touch with relatives.

"It's amazing with a touch of a button you can see people there!"

"My grandson's wedding was in Cornwall – my family felt I shouldn't attend as the journey would be too much for me. But I had pictures sent to me straight away – amazing!"

- Use Facebook Messenger to stay in touch with family members.
- It's too good to be true – it's (technology) has moved so fast.
- Can use GPS tracking tech for people with dementia – this could help find people that get lost – fit-bit maybe can be used here
- Could use fit-bit as a reminder to take meds, physical activity etc.
- Use mobile phones to remind them to take their medications
- Can use computer to diagnose illnesses by googling symptoms
- Support system in your home can help you access help – you can recover faster in your own home
- Support in your home – alert button you can press if not feeling well and help will be sent

People did express worries about over-reliance on technology 'it's not foolproof and can go wrong'. Participants discussed an example at their care home where the door security system had stopped working, so all the doors had to be left unlocked for a time – something which had made them feel safe (fob access system) then made them feel vulnerable when it went wrong.

A smaller number of participants expressed worries about the information that might be held about them from their use of technology. They were worried that if the information got into

the wrong hands it could be used to break into their homes, or steal personal information like bank accounts.

Overwhelmingly the biggest barrier was a lack of confidence. People talked about how much fear there is about making a mistake when using new technology.

"It's so expensive, what if I press the wrong button and break it."

People also talked about the speed at which technology has moved.

"It's all about things doing more and more, and getting faster and faster all the time – I can't keep up. I just want it to be simple, I'm not interested in all the latest things just the basics."

Barriers

The biggest barrier that people described was a lack of confidence. The group included people from South Asian backgrounds who felt that their community in particular had little experience or confidence in using technology.

"I get confused when I get on a computer."

"Makes me feel stupid when I see my grandchildren using it."

- South Asian elderly lack tech know how – therefore use tech less – some cannot read and also there are language barriers.
- Technology can be very discriminatory
- At our age we are afraid to use tech – in case we press the wrong button and break it.
- Fear of personal data being hacked – also fear that individual's movement can be tracked – such as going for a walk – criminals can be alerted who can rob the person's house whilst they are out.

People told us that to overcome these barriers, they needed someone to show them how to start accessing technology, and that this needed time and patience.

- Discounted training courses for elderly on how to use technology should be offered
- Can you simplify tech for people – simpler version – easier to use

Anything else?

We asked people about what would be most important to them, when recovering from illness or surgery:

- Knowing support is there when I need it, and getting an instant response from services.
- Keeping social connections.
- Being at home in a familiar environment.
- Not being on my own.

"I dread losing my freedom and independence."

We touched briefly on the Bradford District & Craven vision for people to be 'happy, healthy, at home' – people felt that this was a good ambition, and agreed that most people would prefer to be at home if possible.

Information about the project given to participants

NHS Clinical Commissioning Groups (CCGs) in Bradford and Leeds, the organisations responsible for planning and funding health care for local people, are jointly applying for a major NHS research project.

The research will test the impact of technological devices, which will be offered via local GP practices and are designed to help older people to continue to live happily, healthily and independently at home.

The project will particularly focus on supporting people who have a range of health conditions which may hinder their ability to live independently or to overcome problems, however small.

Health conditions vary from person to person. Factors such as a person's social connections, their home environment, how they feel, their long term and their acute health problems can all play a role in how vulnerable they may be.

This research aims to help people play a more active role in their own care through the use of three smart devices combined with carer and professional involvement. Together they remotely monitor health, wellbeing and a person's living environment round the clock and in real time – learning a person's normal patterns and alerting carers, clinicians and care workers when something is wrong.

The easy-to-use devices include:

1. A pioneering system with voice control technology to adapt a person's home – lighting, heating, security - to their needs.

2. A system that provides a shared care plan which encourages simple physical activities to help mobility and general wellbeing.

3. A device that enables a person to safely and securely see their care records and allows them to communicate via video with care professionals.

As well as assessing how these devices help people continue to live happily, healthily and independently at home, the research will look at how these devices change the way those people use health and care services, such as GPs, district nursing, hospital attendances and admissions, home care packages and care home admissions.

This will inform what might need to be developed for the future across all areas of Bradford and Leeds, and beyond.

If funding is secured, the project aims to start recruiting patients in October 2018 and will run for approximately 12 to 18 months.

The care pathway has been designed by GPs and other local health and care professionals, and most importantly with input and engagement from potential participants and their carers.

Facilitators: Victoria Simmons & Saeed Khan

Date: 30 May 2018

Number of participants: 8

Participant Data

Total participants: 8 (only 7 monitoring forms completed)

Gender:

Female:	5
Male:	2

No participants identified as transgender

Age:

56-65:	3
66-75:	1
76-85:	1
86+:	2

Sexuality:
4 identified as heterosexual, others declined to answer

Religion:

Christianity: 4
Islam: 1
No religion: 2

Ethnicity:

White British: 6	Pakistani: 1

Disability:

Long standing illness: 3	Physical disability: 2

Carer:

Yes: 4	No: 3