Using Technology in Health and Social Care: CQC Roundtable – 2 May 2018

Summary of Roundtable discussions

Technology is increasingly becoming part of how people and providers meet health and social care needs. CQC is committed to ensuring the public and providers can make informed choices about using technology to support care. This includes what 'good' looks like when technology is used to meet a person's health or social care needs. As part of this work we held a roundtable discussion to hear views and experiences of the use of technology across health and social care. The roundtable was attended by 50 delegates, including health and social care providers, Experts by Experience, voluntary sector organisations and other stakeholders. The outcomes of discussions from the roundtable will inform our work on supporting the use of technology.

Question 1: What does good look like in technology?

Key points from delegates:

- A person-centred approach should be taken when using technology in health and social care.
- Risk should be managed well and regulation should not stifle the ability to take positive risks.
- Integrate technology and people: technology should be outcomes-based for people who use services, carers and staff.
- Technology needs to be reliable, trustworthy and controllable.
- Independence should be encouraged through the use of technology and innovation.

What areas of technology do CQC need to consider?

The implementation phase for introducing new technology into an organisation was seen an important area for CQC to consider. Delegates felt CQC needed to look at:

- how an organisation prepares for the introduction of a new technology

- what an organisation's rationale for introducing a new technology is

- how lessons are learned from this implementation.

Another area flagged as important for CQC to look at was how people are engaged in the use of technology. This could include:

- looking at how people are trained and supported to use technology

- ensuring people are able to choose the right technology for them

- making sure that families and carers fully understand how to use the technology and the benefits it could deliver.

Managing risk was another important issue for delegates. Some attendees felt that CQC had a role to encourage organisations to take positive risks to use innovation to support people who use services and staff, although it was recognised that the protection of individuals needed to be paramount. For this to happen, it was suggested that CQC would need to find a balance between regulations that encourage innovation, while maximising the safety of people who use services. Delegates felt that for CQC to encourage positive risk taking, transparency would be vital and CQC has a role in ensuring all stakeholders understand the benefits and risks that come with different types of technology in health and social care.

The cost and funding of new innovations was another area delegates felt CQC needed to consider. For new innovations to be implemented effectively, organisations need an adequate amount of funding. Delegates recognised that services with insufficient funding may struggle to keep up with others that do. Delegates felt that CQC needed to consider this and that organisations needed to work together to ensure that resources are being used effectively to maximise potential innovation opportunities.

How will CQC know when technology is good?

Overall, finding the balance between technology and individuals was a common theme of the discussion. There was a general consensus that technology should only be used to empower individuals, staff and organisations.

Delegates felt that it was important that providers clearly define problems they are trying to solve through the use of technology and that service models were suitably adapted before attempting to innovate. Without this, there was a perceived risk that technology may be used for the wrong reasons – or just because it was a "shiny new

thing". Delegates in the room strongly felt that organisations, staff and people using services should not be afraid to say no if technology isn't right for them.

Using a person-centred approach was key to technology being used in a positive way. As one delegate said "Good is the right combination of technology and people." For attendees with experience of using technology to support their care, it was clear that choice was very important in them benefiting from different types of technology. It was also recognised that the same types of technology might be used differently by different organisations or individuals. Good use of technology should encourage flexibility as what may work for one, may not work for another. Delegates felt this meant CQC's approach for measuring the use of technology may also need to be flexible.

Delegates also highlighted the positive potential for technology to reduce inequalities. It was felt that careful consideration needed to be taken to ensure that technology didn't discriminate against anyone.

Delegates also spoke of the support that is required by all who may be in contact with the technology to ensure that it has a positive impact on individuals rather than creating an increase in workload or negatively impacting on someone's well-being.

What information do you need to know about technology?

There was some debate among delegates about whether it is CQC's responsibility to provide information about different types of technology, although many felt that this was neither possible nor productive: "It's not CQC's job to say what the technology is; it is CQC's job to facilitate it happening."

Instead, there was a general consensus that one of the most useful methods of support that CQC could offer would be signposting to organisations that are better equipped with sources of information relating to technology. To do this, some delegates felt that CQC would need stronger partnerships with these organisations.

One suggestion was that CQC may be able to set out what types of technology a service uses in inspections reports. This could be a way of sharing good practice, inspiring ideas for innovation in other services, and helping people to make informed choices about the types of technology that are available.

Some delegates felt it was possible that organisations may view CQC offering information on technology as an opportunity to market their products. It was felt that this is not appropriate and should be avoided.

Some had concerns that segregating information on technology and innovation away from other key principles may be counter-productive and that any guiding principles should be integrated with other principles that CQC sets. This view was echoed by other delegates who felt that technology and innovation are only part of a solution and should, therefore, be presented in this way.

Question 2: How can CQC deliver this information?

Key points from delegates:

- Multiple channels should be used to reach all stakeholders who may be affected by technology.

- Varied content will ensure accessibility for all audiences – i.e. web content, workshops, bulletins.

- Key principles should be developed that can be applied to all types of technology and remain relevant, regardless of the evolution of technology.

- CQC should empower people to make decisions.

What channels would you like to use to access information about technology in care?

While a variety of channels were suggested as ways in which CQC should communicate about technology in care, the group were largely in favour of online channels being the predominant way to communicate.

A variety of online methods were suggested as appropriate mediums for accessing information about technology in care. Many delegates felt that the CQC website would be one of the first places that they would be likely to go to seek information. However, some felt that CQC's website would need improving to increase usability to ensure that any such resource would reach its full potential. There was also some debate about whether the CQC website is the best platform to host information on technology; the NHS Digital website was suggested as an alternative host for this information.

Social media was considered by some attendees as a powerful tool in communicating messages to those who may be less likely to visit the CQC website. It was thought that Facebook would be more effective in reaching communities and families and friends, whereas Twitter should be used to reach other organisations. Some members of the groups also suggested webinars as useful ways to communicate information; these could provide regular updates on technology.

Despite all delegates being in complete agreement that any information that CQC provide should be primarily available online, it was highlighted that there will be individuals who may not be able to access online channels. Therefore, other methods and communication routes should be used and other organisations, such as local authorities, charities and support services should be empowered to support people to understand the risks and benefits of technology.

How can CQC make sure that the information it provides is up to date?

Rather than providing specific information on technology, many felt that CQC should signpost to other trustworthy organisations that have up-to-date information readily available, this would help avoid proving information that may quickly become out of date.

Delegates felt that sharing good practice or case studies could be used to demonstrate how technology can be used to benefit an organisation, individual or staff. Many felt this type of information would minimise the risk of information becoming out of date and would focus more on impact than the technology itself.

How can CQC make sure information is useful and accessible as possible?

Using a wide range of channels was seen as a way of ensuring CQC's different stakeholders had access to our messages on the use of technology in care. A few delegates suggested that CQC could tailor its information to its different audiences, for example, creating case studies of people using services using technology for the public, and case studies featuring providers using technology for providers. It was thought this approach would ensure CQC's content was relatable.

Delegates also suggested engagement events as another way of ensuring people have access to CQC's information. Some suggested inspectors be involved in these events so they could share knowledge and experience of good practice. It was hoped this would inspire new ways of working.

Next steps for CQC

The published information on surveillance will be updated and CQC will publish new information on technology in health and social care for the public and providers in summer 2018. This will be considered at the Board meeting in July.

CQC will develop a resource of people's experiences of using technology to support their health and care needs and case studies to share experience and learning.

CQC will be meeting with people and organisations to talk about technology in health and social care, which will help us to keep the information we publish up to date and relevant, keeping pace with the technology used and people's experiences.