



## NHSmail for Social Care: Benefits across Health and Social Care



## Background

Social care providers have often been left feeling isolated from their health sector colleagues when working to deliver the best possible care for their residents. Information flow between health sector organisations (such as hospitals, GPs, pharmacists, dentists) and social care providers (such as care homes and domiciliary care organisations) can be challenging, particularly thinking about:

- **Lack of access to information when it's needed:** A care home will frequently have individuals discharged from hospital into their care with minimal information to help the care home know best how to look after them. To get hold of this necessary information the home needs to phone the hospital, attempt to get through and arrange for a suitable discharge summary to be sent. It is not unusual for the chosen method to be a taxi.
- **Time taken away from caring for residents:** Social care providers work closely with GPs. Staff will have questions about a resident that are not always urgent, but still require an answer. Staff spend considerable time waiting on phone lines to get through to the GP because they have no other way of getting their question across. Often, homes will fax documents over to a GP surgery, and then phone to see if the fax has been received.

## Collaborative support

A collaborative project between Healthy London Partnership, NHS Digital and Accenture set out to work with the social care sector – empowering a digitally connected social care workforce, in a way that really mattered to them. Not just to give them the technology that we thought was best.

We worked closely with care providers that ranged from digitally savvy to entirely paper based and large provider site to family run to:

1. Learn what really mattered to the staff working in social care organisations
2. Understand how care providers currently communicate with health sector colleagues
3. Gain a greater understanding of the types of training materials and resources that would be most useful and engaging

Importantly, our sessions always involved representatives from social care alongside hospitals, GPs, community service teams, pharmacists and others to facilitate a whole new conversation. **We gave the social care workforce the opportunity to have their voice heard in a way they had not previously had the chance to do.**

## Seeing the benefits

Through spending time with the social care workforce, we gained an understanding of what they need and care about. These insights and relationships helped us to co-develop support material and a marketing campaign that reflects that. We helped to build strong relationships and can see care provider staff beginning to feel a greater sense of respect, inclusion and collaboration with the wider health community.

With some local areas now having had time to embed NHSmail across health and social care, we've been able to go back and see where there has been a measurable impact in time and money saved as well as relationships developed across the sectors.

By using NHSmail to improve communication between health and social care, care homes have the potential to save:

**260 hours**

&

**£5,564**

Each year



### Pharmacies

Receiving just 2 prescriptions electronically every week reduces chances of errors, saving:

Care Homes:

**52 hours**

**£988**

Pharmacies:

**9 hours**

**£500**



### Working with GPs

Being able to communicate and send remote decisions by email saves:

Care Homes:

**95 hours**

**£2, 500**

GPs

**60 hours**

**£2,100**

Annual time savings in areas where NHSmail is already being used by social care:



**12,600 hours**



**60,000 hours**



**73,000 hours**



**84,000 hours**

# NHSmail for Social Care



### Hospital teams

Being able to communicate ahead of appointments and send discharge letters by email saves:

Care Homes:

**61 hours**

**£1,092**

Hospital teams:

**43 hours**

**£6,700**



### Community Services

Speaking to care homes directly when arranging appointments saves:

Care Homes:

**52 hours**

**£468**

Community Services:

**52 hours**

**£1000**

Annual productivity gain in areas where NHSmail is already being used by social care:



**£700k**



**£2.9m**



**£1.4m**



**£2.9m**



## How it works for Social Care

**Faxes, phone calls & hand deliveries:**

15 – 20 minutes for this initial contact either walking to the GP, or phoning to check if a fax has been received.

**Follow up call:** With no feedback loops, another 15 minutes are spent calling to check that a fax has been actioned. Often happens twice if nobody picks up (or if the fax has not been actioned)

**Calling the pharmacist:** Another 15 minutes can be spent calling the pharmacy to check if they have actioned what the GP has sent.

**If the medication is not as expected:** Back to the beginning – having seen no feedback, it's difficult to know where it went wrong.

## Challenges in numbers...

**45 minutes on the phone**

**3+ unnecessary follow-ups**

**£14.25 staff cost per prescription**

## Impact on patients and residents...

**55+ minutes away from care of patients & residents**

## Challenges across Health and Social Care...

### **Care Home Nurse**

*"We received medication for a resident from the pharmacist, but it did not match the prescription. We had to spend over 3 hours on the phone to both the pharmacist and the GP trying to work out where it had gone wrong so that the correct medication could be arranged."*

## How it works for the GP & Pharmacy

**Faxes, phone calls & hand deliveries:**

GPs might be interrupted to take phone calls or go to the fax machine. The issues do not always need responding to right away, but it's not possible to tell without checking.

**Writing up prescriptions:** Handwritten prescription requests need to be written up before being shared with the pharmacist. These are often received in the incorrect format.

**Pharmacists receiving phone calls:** Pharmacists openly admit they are not always in the habit of letting care homes know when to expect what.

**If the medication is not as expected:** Pharmacists might be told the home have received the wrong medication, but not know why.

**10 minutes on the phone**

**10 minutes spent transcribing**

**£12 staff cost per prescription**

### **Pharmacist**

*"It's not easy for us to talk to care homes about each prescription as they come in from the GP – there's no easy way for us to check in with the care home, or even just to let them know that we have actioned their request."*

## How it can work for Social Care

- **Communicating the prescription:** Quickly sending an email that you know will be received – no need to confirm receipt.
- **Follow up call:** As relationship builds, GP in habit of feedback loop to confirm progress. Perhaps one follow up call.
- **Calling the pharmacist:** As relationship builds, a regular feedback loop to care homes develops to confirm progress.
- **If the medication is not as expected:** Feedback loops will show where and why things went wrong, making problems less likely and easier to spot.

## The difference in numbers...

15 minutes on the phone

1 follow up contact

£4.75 staff time per prescription

## Where patients and residents benefit

30 minutes less spent away from care of patients and residents

## NHSmail stories in Health and Social Care...

### “ Care Home Nurse

*“The greatest benefit of NHSmail to us has been the work with the pharmacy, we constantly have new residents and prescriptions – it makes it quicker and easier for us both to respond. Historically we’ve had to use the fax machine.”*

## How it works for the GP & Pharmacy

- **Faxes/Phone Calls/ Hand Deliveries:** Communication received electronically in a way that is easier to handle and triage.
- **Writing prescriptions:** (Until there is a more efficient prescription route) this is an easier process for GPs to copy across prescription text into the prescribing system.
- **Pharmacist receiving calls:** A closer relationship will develop between pharmacy and care home - a more positive two way conversation to ensure the right things happen at the right time.

10 minutes on the phone

5 minutes spent transcribing

£6 staff time spent / prescription

### “ Pharmacist

*“Our relationship has been developing with NHSmail, and is helping us to keep up to date with what the care homes need and when. They appreciate the direct contact, and it’s easier for us.”*



## How it works for Social Care

**Non-urgent phone calls:** Having a question for the GP, but having no way to get the message across other than waiting on the phone. This takes around 15 minutes each time, and could take multiple attempts.

**Decisions about resident care:** There are issues where a GP will need to see what is happening to make a decision, meaning an extra visit to the home is necessary.

## Challenges in numbers...

**60+ minutes on the phone**

**3 Follow up contacts**

**£19 Staff time cost**

## Impact on patients and residents...

**1 hour away from care, and delayed decision making when it is needed**

## Challenges across Health and Social Care...

### Care Home Nurse

*"We have no simple way to talk to our GP other than by telephone. We do everything over the phone, but they are often busy. Sometimes I don't need a response to my question immediately – I just need to know that they will see my message and reply when they can."*

## How it works for the GP

**Receiving non-urgent phone calls:** GPs might be interrupted to respond to phone calls that do not need a response immediately – this is potentially time taken away from appointments.

**Decisions about resident care:** Depending on the set up at the GP, the GP may struggle to find the time to visit a care home as quickly as they want if appointments require them to be in practice.

**10 minutes on the phone**

**1 hour extra visit per week**

**£33 staff time cost**

### GP

*"Our care homes often communicate by fax and telephone. We try to keep on top of faxes, but don't always confirm we have seen something. Care homes will call us back to check we have seen the fax. It isn't even in the same room as the phone."*

## How it can work for Social Care

**Non-urgent phone calls:** It's far easier to send an email to a GP, know that they will see it, and wait for a reply. It means the conversation can be carried out at times convenient to both groups, with no time wasted calling (and missing) one another

**Decisions about resident care:** In some cases, it is now possible to share images or details over email that will help a GP to advise or make decisions without needing to arrange an additional visit to the home.

## The difference in numbers...

**10 minutes on the phone**

**0 follow up contacts**

**£3.17 staff time cost**

## Where patients and residents benefit

**Minimal time away from care – and faster remote decisions where possible**

## NHSmail stories from Health and Social Care...

### Care Home Nurse

*"We needed a decision from the GP, but he wasn't due to visit for a couple of days. I was able to send a photo to them by email and get a decision within minutes. We couldn't have done that before."*

## How it can work for the GP

**Replacing non-urgent phone calls:** No longer needing to be interrupted by a potentially non-urgent phone call – messages can now wait in the inbox for a free moment, and the GP knows to respond to messages that come through via phone as more urgent.

**Decisions about resident's care:** NHSmail is a helpful step in bringing the GP and care home closer together – they're able to have a more professional conversation about what to do, with the GP building confidence in the care home's ability to handle information.

**10 minutes on the phone**

**0 extra visits each week**

**£5.80 staff time cost**

### GP

*"We're setting up our primary care network – covering our pharmacies, GPs and care homes. We're really keen to get all of the care homes onto NHSmail so we can communicate with each other well, and share information without worrying."*



## How it works for Social Care

### Not having sufficient information:

Hospital appointment letters will sometimes not specify full details of the appointment (e.g. a stretcher being needed to lift a person on to a scanner).

### Information arriving too late:

Care homes only receive notification of appointment by letter – if this makes it to the care home rather than the family home. It could also arrive after the date of the appointment – or at too short notice to rearrange if inconvenient, with no obvious point of contact at the hospital known to the home.

## Challenges in numbers...

**30 minutes arranging transport**

**30 minutes follow up time**

**£19 staff time cost**

## Impact on patients and residents...

**90 minutes away from care, on top of stress from wasted appointment**

## Challenges across Health and Social Care

### **Care Home Nurse**

*"We've taken residents to appointments before where we haven't been informed that they'd need to be lifted onto a scanner at the hospital – so we didn't arrange a stretcher. We've also been left waiting at the care home when transport (which we arrange via the GP) didn't turn up."*

## How it works for the hospital

### Resident's coming for outpatient appointments unprepared:

Residents can arrive for appointments without having their accessibility requirements met – forcing the appointment to be rearranged.

### Resident's not turning up to appointments:

Likely because they just didn't know about it – but this doesn't make any difference to the hospital.

**10 minutes on the phone**

**20 minutes facilitating appointment**

**£120 per missed appointment**

### **Hospital Team**

*"Nobody is happy if the appointment is a wasted trip, or when somebody doesn't turn up because their transport wasn't arranged. It isn't always easy for us to know which special arrangements needs to be made for people, and don't have an easy way to ask"*

## How it can work for Social Care

### Not having sufficient information:

Care home staff can email ahead of the appointment and make sure they are as prepared as they can be for the day.

### Information arriving too late:

Care homes may still receive notification of appointment by letter – if it hasn't gone to the family. But as they will be expecting an appointment letter they can email the right hospital team and request a digital copy.

## The difference in numbers...

**10 minutes arranging transport**

**0 follow up required**

**£5.20 staff cost**

## Where patients and residents benefit

**Minimal time away from care, plus being better prepared for appointments**

## NHSmail stories from Health and Social Care...

### Care Home Nurse

*"It's so much easier for us to work with different teams in the hospital now. We're working particularly well with the dietetics team, which is important for a number of the people in our home."*

## How it can work for the hospital

### Resident's coming for outpatient appointments prepared:

Hospital teams are more able to respond to queries by care home staff on the appointment if they have been emailed, whereas a phone call may have been missed.

### Resident's not turning up to appointments:

Can still happen, but as care homes and hospital teams build better relationships, care homes are able to email ahead if they need to reschedule or cancel.

**10 minutes on the phone**

**0 time on wasted appointment**

**0 missed appointments**

### Hospital Team

*"It's frustrating for the care home and the hospital teams when appointments are wasted. The fact that the care home teams are learning who to talk to at the hospital about each issue and developing relationships is helping us work better together."*



## How it works for Social Care

### Admitting resident's with no summary:

If a current resident comes back from a stay in hospital, or a new resident arrives discharged from hospital – homes often struggle to get hold of the important information they need.

**Contacting the hospital:** With no regular email contact, it's not easy to know who to get in touch with. Homes spend time with switchboard or on hold with the ward trying to get through to the right person.

**Waiting for the information:** With nowhere to receive the information easily, homes might have to wait for this to be sent in the post. In some cases, we have seen it being put into a taxi.

## Challenges in numbers...

**60+ minutes spent by care staff**

**1 day + with insufficient information**

**£19 + per missing summary**

## Impact on patients and residents...

**100 minutes + away from care trying to get hold of necessary information**

## Challenges across Health and Social Care

### **Care Home Manager**

*"On one occasion, we had to wait almost 3 weeks to receive the discharge summary. It showed an increased dosage of medication that the GP wouldn't approve until we had received the information officially from the hospital."*

## How it works for the hospital

### Sending a discharge summary that doesn't make it to the care home:

Discharge summaries will leave the hospital with the patient as standard, and often sent to the GP. Often, the paper copy only gets as far as the resident's family and the care home never see it.

**Ward being contacted by the care home team:** Ward teams will receive telephone calls directly from care home managers and nurses who have a resident with no summary – the ward is busy and not set up to receive these calls.

**Struggling to discharge residents on Fridays:** In extreme cases care homes are not willing to accept residents on Fridays as they won't be able to get the information they need over the weekend.

**20 minutes on the phone**

**20 minutes locating and sending the missing summary**

**£14 staff cost**

### **Discharge Team**

*"From the hospital – this is frustrating for us too. We want to be able to communicate important information with the right people, but there isn't always an easy way to do it – and sometimes the relationship breaks down between us and the home."*

## How it can work for Social Care

### Receiving residents with no summary:

It's still often the case that a resident comes back from a stay in hospital and homes don't receive the vital information they need to care for them.

**Contacting the hospital:** With a secure email now available to them, homes are able to phone the hospital team and offer this email address as a quick way to send over the missing information.

**Receiving the information:** This has resulted in hospitals being far more willing and able to quickly share this information – so while it's not perfect, it's a step in the right direction.

## How it can work for the hospital

**Sending a discharge summary that doesn't make it to the care home:** Discharge summaries will leave the hospital with the patient, and often sent to the GP. Frequently, the copy doesn't go beyond the resident's family and the care home never see it.

**Communicating with the care home:** The phone call from the care home may still come at a challenging moment, but homes are able to offer a solution for where to send the information helps the hospital team.

**Improving relationships:** While from the outside this still looks like a slightly disjointed process, the fact that hospital and care homes have a mechanism to reliably share this information when it goes missing is incredibly positive for their working relationship.

## The difference in numbers...

30 minutes spent by care staff

0 days with insufficient information

£9.50 staff cost

20 minutes on the phone

5 minutes locating and emailing information

£6 staff cost

## Where patients and residents benefit

**Less time spent making calls and waiting for necessary information**  
**NHSmail stories from Health and Social Care...**

### “ Care Home Nurse

*“This does not fix all of our problems with getting hold of discharge summaries. But, just being able to tell the discharge team that they can email us any missing information has made the relationship we have with them so much more positive!”*

### Discharge Team

*“We've always struggled with the best way to send any missing information to a care home when the patient has already left. As we move towards more integrated systems, this is a helpful start that means the patient is well cared for.”*



## How it works for Social Care

**Not knowing who to talk to:** The majority of appointments and conversations with community service teams are arranged via a central system – homes will phone that team, and then follow up with a faxed referral.

**Not knowing who will turn up for the appointment or if they will come at all:** The home will be left to chase the appointment – likely only ever receiving verbal confirmation, and limited confidence that somebody will come when they say that they're going to.

## How it works for the community services team

**Receiving referrals from social care:** Referral requests come in to a central system via telephone and fax.

**Arranging appointment schedules with social care:** There's no easy way to share and confirm the appointment time with care homes. There could be misunderstanding or miscommunication meaning that homes are not expecting the team when they arrive, or expect them at a different time.

## Challenges across Health and Social Care...

### Care Home Nurse

*"We have had to wait 3 months for a Mental Health Assessment for a resident. All we could do was chase the GP to chase the MH team. We can book in these appointments, but we never really know if they're going to turn up and have no direct contact."*

### Community Dietician

*"From our perspective, arranging everything via the GP or via the hospital can be challenging. We might miss some detail that the care home wanted to communicate – but we have no easy way to talk to them, and they have no easy way to talk to us."*

## NHSmail stories from Health and Social Care...

### Care Home Nurse

*"It's so much easier being able to talk directly to the community teams we work with. We can arrange appointments directly with the dietician, they share information with us in a way they couldn't before, and they let us know of any changes to help plan our schedules!"*

### Discharge Team

*"Our teams are out and about often, so it's worked really effectively for us to have care homes communicate with our central team, via our shared mailbox, who can keep us updated with news from the care home and vice versa."*



## How it works for Social Care

- Non-secure emails:** The most common current process that we see to deal with any safeguarding issues being raised is that the social care organisation is told to raise the issue via email. When they don't have an NHSmail account to make this secure, it is either via an organisation's own email, by something like Gmail, or in some instances by the organisation using an add-on service such as egress.

## Challenges across Health and Social Care...

### **Care Home Manager**

*"If we have to raise a safeguarding issue relating to a specific resident or member of staff, the Local Authority requires us to send this by email even though we have no secure method. In some cases we use egress – but staff don't always know how to use it."*

### **Local Authority**

*"We have a real mix of care homes using egress for securing their emails, and other care homes just with generic Gmail accounts. We don't have a way to receive this information other than by email."*

**Moving this process from potentially non-secure email, to a guaranteed secure email system means both groups are comfortable sharing the information that they need to.**

## NHSmail stories from Health and Social Care...

### **Care Home Nurse**

*"It's much better now that when I need to raise a safeguarding issue, I know that it is definitely okay for me to send it via email. If I needed to send it by email before, I wasn't always sure if it was correct."*

### **Local Authority**

*"With care homes getting access to secure email, when they raise safeguarding concerns with us we can continue to communicate by email and safely share information without having to lose time sending letters or making calls."*

# National Benefits

## Time & money saved in social care organisations each week

Speed up prescriptions

60 minutes  
£19

Smoothen hospital appointments

40 minutes  
£12

Enable 2 non-urgent GP contacts

80 minutes  
£24

Receive 1 remote GP contact

30 minutes  
£24

Assist 1 discharge summary

30 minutes  
£9

Arrange 2 community service slots

60 minutes  
£9

Weekly total per care home

5 hours

£107

Annual total per care home

260 hours

£5,564

## The potential national annual benefit

1,400

care providers already use NHSmail...

Lost time cost saving

£7.8m

Annual time saving

364, 000 hours

>3,000

care providers expected to use NHSmail by October 2020 at current growth rate

Potential lost time cost saving

£16.7m

Potential annual time saving

780, 000 hours

## Time & money saved by the NHS every week

Speed up 2 prescriptions



Prepare for a hospital appointment



Provide a remote GP decision



Send 1 discharge summary



Arrange 2 community service slots



### Annual benefits for NHS organisations, per care home that they work with:

Prescription Services	35 hours	£1,248
Hospitals	43 hours	£6, 700
GP Practices	60 hours	£2, 100
Community Services	52 hours	£1, 000

### Annual benefits, working with the providers already using NHSmail....



**Time saving 12,600 hours**  
**Lost time cost saving £700k**



**Time saving 84,000 hours**  
**Lost time cost saving £2.9m**



**Time saving 73,000 hours**  
**Lost time cost saving £1.4m**



**Time saving 60,000 hours**  
**Lost time cost saving £9.4m**

With potential for up to 9x as many care homes to join NHSmail

## Beyond NHSmail

The most powerful anecdotal benefit of social care staff using NHSmail has been the importance of the NHS identity that comes with it. Having an email address ending in “nhs.net” is giving credibility to social care staff when working with health sector colleagues that they didn’t have before.

In all cases, local systems are aiming for far more digitally integrated systems across health and social care –NHSmail is proving to be a very useful starting point to enable all of this. It’s empowering the social care workforce to ask for the information they need confidently, and giving the health sector confidence that social care can appropriately handle the information.

In some places, we can already see systems working together with Advanced Care Planning, access to GP systems, Summary Care Record and telemedicine.

### Care Home Manager – Summary Care Record

*“SCR has allowed us to ensure we have all the information about our residents to look after them safely and correctly by having all of the information available. It is also very time saving for us when we have a new admission as we can check all the information that they come in with and saves us having to ring the surgeries.”*

## Methods

Through our discovery work, we built relationships with the homes that we worked closely with, as well as the health care networks around them. For this follow up work we went back to 5 of those care homes across London and Surrey, as well as spending more time than previously with the GPs, hospitals and pharmacists that they work with. Using the processes that we had identified with the care home teams as areas where NHSmail could have a positive impact, we were able to directly compare before and after timings and experiences. A consolidation of what we saw across each of these settings has provided the numbers given in this document. The assumptions made have been cross-checked with those teams, and the benefits calculated per care home align with another social care benefits analysis carried out within NHS Digital.

- An average hourly wage of £19 for a registered nurses working at the homes we spent time with has been used to calculate cost saving have been taken as an average of those provided from the care homes we worked with.
- Average NHS hourly wages have been taken as average of salaries for currently advertised job roles (e.g. GP salary of £30-40 per hour)
- The average cost of missed hospital outpatient appointment was taken from NHS England figures at £120
- Frequency of tasks, time taken to complete tasks and person doing each task was determined through conversations and observations with care home teams, and conversations with NHS teams.

