

DIGITAL CARE SUMMIT

Remote health monitoring: what is it, and could it work for you?





Creating a future where radically better health and care is possible

- Care City is a Community Interest Company based in Barking.
- We work as a partner to health, local government, the care sector, communities and charities to implement and spread innovation of local benefit and national significance.
- Our work combines research, design, workforce development and digital innovation.



Remote monitoring in health and care is the use of digital devices and technology to track a patient's vital signs, symptoms, or daily activities **outside a traditional clinical setting.**

“They're not quite themselves today.”

- Care workers see people regularly, and know what normal looks like.
- They notice the small changes first.
- They hear what people and families are worried about.

What if we gave them better tools to act on what they notice?



HOW IT WORKS

Two ways to use it

REACTIVE CARE

Assessed when a carer has a concern.

01

Notice

Something doesn't seem right.

02

Check

Take observations with the kit.

03

Understand

Identify a potential risk.

04

Escalate

Share structured vital signs with 111 or the GP.

05

Act earlier

Reassurance, or support before a crisis.

PROACTIVE CARE

Assessed routinely, at least every 4 to 6 weeks.

01

Baseline

Establish what normal looks like for this person.

02

Repeat

A check at least every 4 to 6 weeks.

03

Track

Readings build into a trend over time.

04

Spot changes

A chronic condition worsening shows up in the pattern.

05

Act days earlier

Intervene before an avoidable exacerbation.

LODGE GROUP CARE

Meet the team who've been using remote monitoring and will help demo and share their perspectives...



Carly Rochester

Home Care Manager



Kasia Goska

Supported Living Service Operations
Manager



Bartosz Goska

Apprentice Nursing Associate



LIVE DEMO

What does it actually look like?

We've been working with care professionals carrying out proactive health checks for people they already support, using Feebris remote monitoring technology.

- 1 What's in the bag
- 2 Taking a set of observations
- 3 Seeing the results
- 4 Deciding what happens next

ON THE DEVICE

What a care worker sees

Prompted, picture by picture

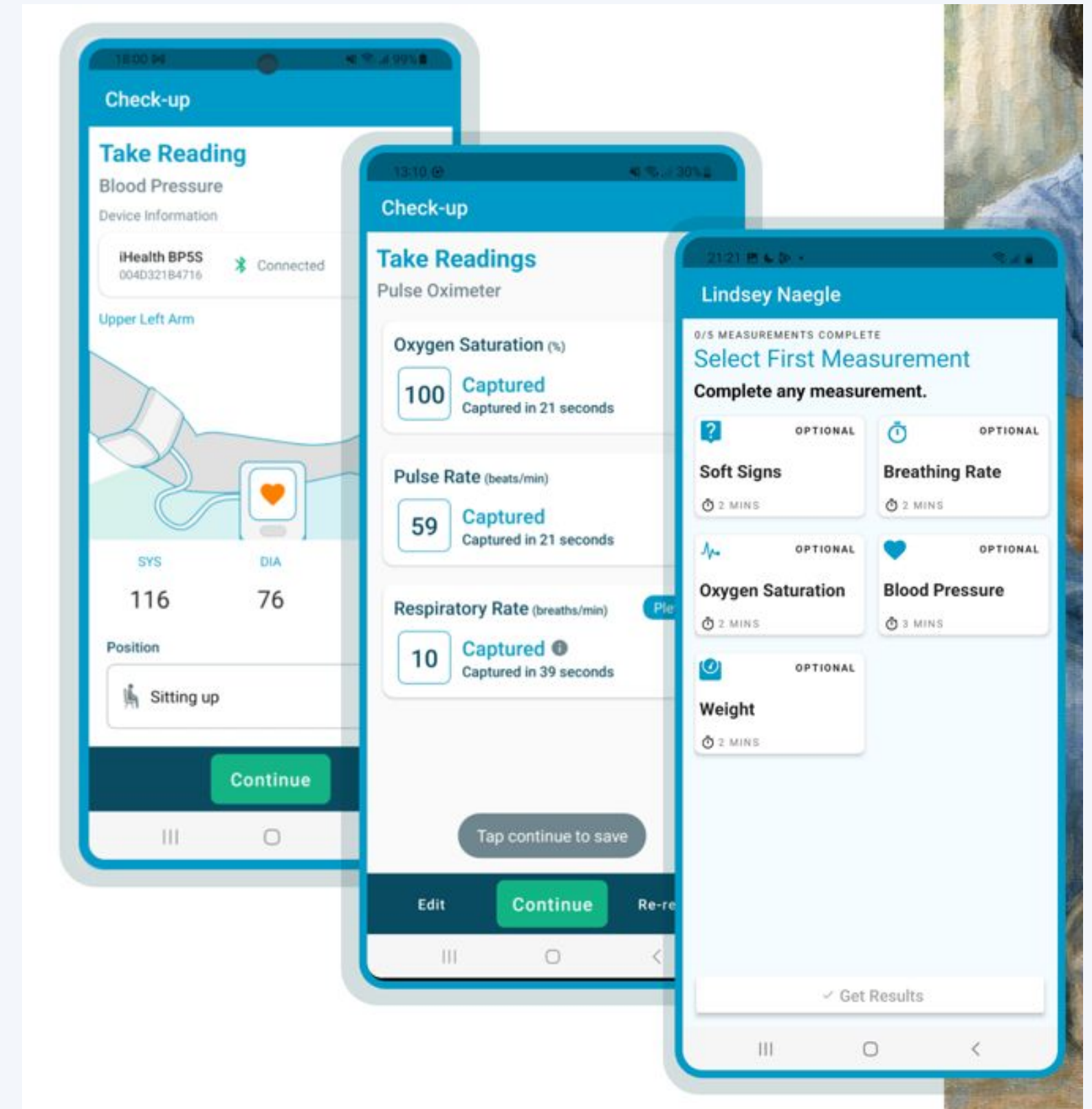
Connected sensors and a step-by-step screen. No clinical training assumed.

Checks its own quality

Each reading is assessed as it's captured, so the data can be trusted.

Works anywhere

Full offline functionality: flats, rural rounds, poor signal.



Reactive care in practice: 111 received a reliable 24-hour picture, not a description

WHAT HAPPENED

- Friday: care staff were concerned and carried out an assessment. It found a fast pulse and low oxygen saturation, medium risk. The GP was called.
- Saturday: pulse and oxygen saturation worsened to 91%. The carer escalated to 111 with two complete, time-stamped observation sets showing how the condition was progressing.

WHAT WOULD USUALLY HAVE HAPPENED

- A carer calls the GP on a Friday afternoon to say the resident is not themselves.
- With no actionable information and the weekend ahead, the GP advises watching overnight and calling an ambulance if things worsen.
- The carer calls an ambulance and the resident is conveyed.

	Friday 29 May 16:13	Saturday 30 May 13:03	Change over 21 hours
Pulse	106 bpm 1	128 bpm 2	▲ 22 bpm worse
Oxygen saturation	92% 2	91% 3	▼ 1 points worse
Blood pressure	115/82 mmHg 0	130/82 mmHg 0	▲ 15 mmHg higher
Temperature	35.0°C 3	36.0°C 1	▲ 1.0°C warmer
NEWS2 total	6	6	■ same total, different cause

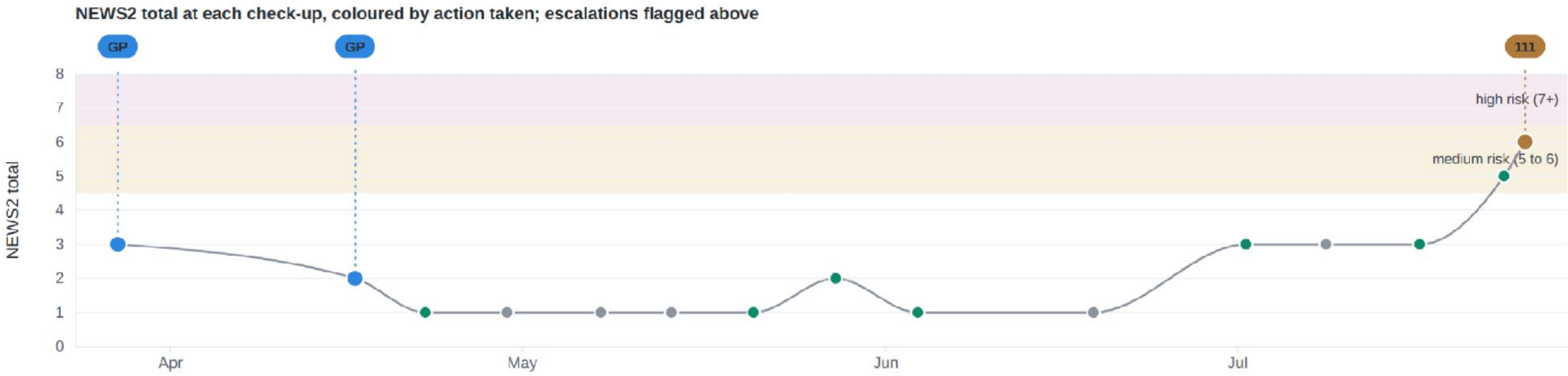
Proactive care in domiciliary care, averting a crisis

WHAT HAPPENED

- A personalised baseline was established over three months, NEWS2 of 1.
- Deterioration developed from July and prompted escalation to 111.
- Because the baseline existed, the deterioration was visible as a trend rather than one alarming number.

WHAT WOULD USUALLY HAVE HAPPENED

- The carer has no indication that deterioration is developing.
- The client deteriorates further, most likely ending in a 999 call and a hospital conveyance.



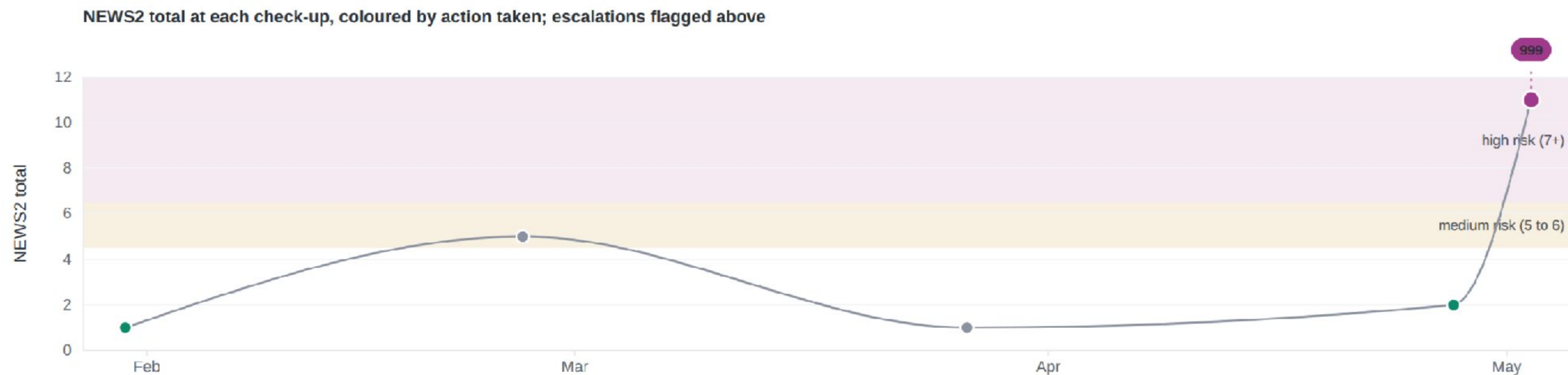
Proactive care in a care home, catching severe deterioration

WHAT HAPPENED

- A carer carried out monthly assessments to check for early signs of deterioration.
- On 30 April the routine check found a NEWS score of 2.
- That prompted a repeat assessment on 2 May rather than waiting another month.
- The May assessment picked up severe deterioration and supported a 999 escalation with precise information, showing this was abnormal for that resident.

WHAT WOULD USUALLY HAVE HAPPENED

- The deterioration is most likely missed altogether, because there are no obvious signs.
- The 999 call comes too late.



02

What does this mean for care providers?

Over to Carly, Kasia and Bartosz, to hear what it's like adopting remote monitoring within both home care settings and Assisted Living residence.

01 Why did you get involved?

02 What has it meant for your staff and residents?

03 What has been harder than expected?

04 Would you do it again?

Care providers aren't at the edge of neighbourhood health. You're already in the neighbourhood.

- You see people regularly.
- You know what normal looks like.
- You notice small changes.
- You have trusted relationships with people and families.

What if the wider neighbourhood could make better use of that?



AN OPPORTUNITY

What could a different relationship look like?

CARE PROVIDER → HEALTH

“Something has changed. Here are the observations.”



HEALTH → CARE PROVIDER

“Could you check this person today and send us their observations?”

From referral pathway to partnership.