Chapter X

Mobile Supported Patient Care: The Dichotomy of National and Local Needs

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Abstract

Community health care seems to many governments to be an ideal arena for mobile technological support. Community health care professionals work within the community, visiting people within their own homes or at local health centres. Mobile technologies offer much potential to support these professionals in provision of patient and care information, access to other professionals and services, and overall improvement of patient care. However, there are several challenges to be met before the full benefits can be achieved. At a system level, community health care has many tensions, particularly between national direction and associated funding, and between local needs and practicalities. In addition, technology is not always used and applied as initially expected. This chapter explores some of these tensions by examining an example of community health care support in the South of England.
Introduction

This chapter examines issues in providing mobile support to community health care professionals. Its focus is on the apparent problems of flexibility to meet the local needs yet, at the same time, aiming to meet consistency of standards at a national level. The chapter also covers practicalities of mobile support within a complex work environment, where the initial identified benefits and uses do not always turn out as expected.

Mobile support, through powerful multimedia and communication devices, offers much potential to enhance the working and operating environment for community health care professionals. The full infrastructure of health information systems can be deployed to support the patient, irrespective of location. The capabilities of the evolving mobile devices will potentially enable seamless access to patient records and allow communication with other health and community services, a key aspect of community health care provision. The role of community health care professionals could be considerably enhanced, enabling a wider range of patient care to be provided in the home or local community.

In addition, mobile support without mediation from community health care professionals may support community care through the use of monitoring and communication equipment, in conjunction with allied patient practices. This supports many governments’ desire to move away from traditional acute hospital-focused provision to self-help and independence for patients. Governments have thrown money, political will, and corresponding technology programmes at addressing health care needs. Much of this is focused on community health care. For mobile service developers and providers, this is likely to be a lucrative market, but their systems will have a clear, social benefit as well. So for developers of mobile systems, supporting community health care professionals will be a doubly attractive business area.

However, there are some considerable challenges ahead. Developing such enhancements will require significant changes to existing infrastructure and working practices both within community health care and between health care professionals and other support services. Changes will also be required from patients, to encourage self-reliance and independence. The relationship between patients and health care professionals is likely to be re-defined, as more patients develop self-reliance practices and community health care professionals provide a wider range of support services, some of which were traditionally within the confines of a hospital environment. Both patient and community health care professionals will be supported and reliant upon a range of monitoring and communication devices.

In addition, as with any change and new technology, there are likely to be challenges in applying consistent coverage and quality of service on a national level. For instance, in the UK, with the National Health Service (NHS), there are already challenges in providing consistent and comparable service across the country. This
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