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The Future of home based care: Technology, Policy and Practice Integration.

Key words

Digital Health. Telehealth. Telemedicine. Virtual Wards. Ambient documentation. Community Nursing

In the UK government's (2025) Fit for the Future 10-year Health Plan for England, there is a consistent focus on upgrading technology to meet the needs of the population, shifting from analogue to digital. They also consider it essential to ensure community-based services have the digital tools and capabilities to excel. The Health Foundation (2022) suggest that technology is widely recognised as a critical enabler of how health care can be delivered to support the challenges of an ageing nation with increasingly complex needs and often seen as a solution to the difficulties faced by the healthcare system (Mistry, 2024). However, there is some scepticism around whether technology can truly transform and enable care rather than disable and disadvantage those that are challenged by its implementation. What benefits will this have for community nursing and how easy will it be to integrate into practice alongside what is already in existence?

From a patient perspective, NHS England (2023) suggest that there needs to be a focus on ensuring everyone can access devices that are user-centred, that they are supported to develop the skills and capabilities required and develop trust in using these approaches. Until we have reached these goals, we will continue to have a society with marginalised populations who are digitally excluded, with a lack of connectivity and access to technology. Whilst there are many successful initiatives that have already been integrated in local communities across the country, expanding these to scale will not be easy and the commissioning processes are complicated and burdensome. The current government aims to fully incorporate digital tools and technology by 2035 (Gov UK, 2025); time will tell whether this a realistic target or not.

Even prior to the pandemic, nurse-led digital health services were in place across the UK, using technology to help provide faster care for patients and prevent hospital admission. Often these services were commissioned by the acute sector or were

embedded within Urgent Care or Rapid response Teams, often bridging the distance between care providers and patients, embracing the benefit of seamless access to healthcare (Beheshti et al, 2022). For the most part digital technology is firmly embedded across community nursing practice, the workforce has a high level of digital literacy, and it is highly beneficial for the healthcare provider to have a nurse who is skilled to lead on its application (QNI, 2023; Ramadan, 2024). Community nurses often cite barriers to use including authentication issues, repetition of data entry and laptops as a physical barrier to personal interaction (QNI, 2023). In addition, the devices and software need to be fit for purpose, designed for community use, with platforms that are integrated, to avoid duplication and promote workflow, all of which are currently limited by low investment and siloed approaches (Mistry, 2024).

Box 1**Definitions**

Telehealth-is an umbrella term that refers to all remote health related services, which may include learning platforms, wearable technology and remote monitoring services (Tan et al, 2021, Bitar & Alismail, 2021)

Telemedicine-distance-based clinical care delivered through web-based applications, multimedia or remote monitoring

Ambient documentation-systems that record and transcribe patient consultations and filter out the 'small talk', converting that dialogue into text and other outputs, requiring minimal user intervention (NHS England, 2025)

Telemedicine (Telehealth)

Telemedicine can often reduce the burden on the healthcare system and virtual clinics can save time and associated travel, although there can be issues with connectivity and the need to remodel services to enhance patient satisfaction (Alashek & Ali, 2024). For community nurses, who are often visiting patients in their own homes, the advances to digital health have already provided opportunities to enhance their patient care and will continue to do so if the resources are available and policy to govern it is robust. There

have been many successful examples of telemedicine supporting the needs of residents in nursing care homes particularly with hospital avoidance, mental health support, wound management and palliative care (Tan et al, 2021; Carpenter et al, 2025; Cooper et al, 2022). However, for community nursing to embrace these platforms fully, they need to be innovators for the digital world, having the underpinning knowledge to meet the needs of the communities in which they work (Mills, 2024). Prior to the pandemic, the Attend Anywhere video platform was utilised which was then rapidly rolled out due to the circumstances. During this time avoidance of face to face visits was the key driver and, in that sense, successful, but obstacles such as digital literacy, change management and morality concerns were evident (Grindle, 2021).

Ambient documentation

Whilst there is a great deal of enthusiasm around the benefits of digital technology, there have been some unintended consequences such as increased documentation burden and stress amongst clinicians (Balloch et al, 2024). Studies have concluded that staff spend twice as much time documenting as they do with their patients, which has increased the incidence of burnout (Albrecht et al, 2025; Stults, 2025). For these reasons there has been a need to explore other solutions such as speech recognition with ambient AI documentation platforms or ambient scribing products, including ambient voice technologies (AVTs). These are emerging into practice and pilot implementations both in practice and simulation are receiving positive feedback (Albrecht et al, 2025). If successfully implemented in the community, nurses would simply have to approve their entries, which will inevitably save time (Cahill, 2024).

Several trusts and regions have implemented the trial of ambient scribing products and utilising this mechanism of documentation has brought several benefits. These include decreased burnout, reduction in task load, ease of processes and less chance of having to complete notes after hours, increased face to face patient time, accurate documentation and operational efficiency (Stults, 2025; NHS England, 2025). However there is a need to integrate them with existing EHR systems, while fulfilling appropriate information governance and security requirements (Balloch et al, 2024). It is also important for clinicians to be fully trained and competent before use. There is a lack of research and study outputs at present relating to how community nurses might

embrace ambient documentation, but with their mobile nature and high workload, there should be a level of enthusiasm for the uptake of time-saving technology (Ramadan, 2024). Further research is required to focus on the potential long term benefits, particularly after widespread expansion.

Remote monitoring (Telehealth)

In some community areas patients can remain in their homes whilst being cared for in a 'virtual ward', which commonly involves patients using apps, websites or medical devices for monitoring vital signs to enable remote assessment of their conditions. Whilst the benefits to the patient and families are often without question, the clinician must review the risk involved and respect individual choice, equality and cost (National Institute for Health and Care Excellence, NICE, 2023). Many trusts have embraced Telehealth technology in order to sustain services to support their populations, which has enabled staff to provide timely responses to prevent deterioration and avoid the need of going to hospital (Penfold, 2020). This inevitably has a positive impact on the patient, supporting them to remain safely in their home, particularly for patients living in rural areas.

Challenges to effective implementation of technology

Whilst there is little ambiguity around the benefits that technology can bring in terms of supporting patients to self-manage and remain in their homes and enable individuals with complex needs across a range of conditions and age groups to have a better quality of life; challenges remain. There are often issues with usability, privacy and security, functionality of equipment and access to data from a clinical perspective and challenges for the patients to see the benefits to themselves (Galavi, Montazeri & Ahmadian, 2021). As technology evolves rapidly, there are also fewer studies that focus on patient outcomes, and therefore less incentive for nurses to change practice, and issues with exchange information between existing systems (Sitton-Kent, Humphreys & Miller, 2018). Although common challenges relate to technical problems such as internet access and access to devices and prohibitive costs; the bigger picture is more complex as implementation cannot be seen as linear. It is a multidirectional process

that must consider policy, compatibility and cognitive participation (Sitton-Kent, Humphreys & Miller, 2018). Inequalities in health must also be considered whilst exploring the benefits of digital technology. Digital inclusion and exclusion are considered important and recognised by the NHS in the Digital Inclusion Strategy (2021). The focus is on building skills and confidence for patients and staff, initiating partnerships to provide affordable devices and ensuring design is both accessible and inclusive (Kariwo, Gombedza & Mills, 2025)

Whilst the future is promising for technology to enhance care provided by community nurses, we must proceed with caution, so that the workforce is ready. The workforce is multidimensional, with different scopes of practice and includes teams with different remits; but there is scope to embed technology with the support of policy and research to understand the real benefits to patients. We need to explore the potential effects on personal relationships, individual roles and patient safety and how to support skill acquisition, all whilst balancing realistic expectations. What is clear is that community nurses need to be at the table when new innovations are being discussed. They need to be involved in co-design and adoption of technologies, and part of the planning so they are empowered to influence the implementation and drive forward models of care (Mills, 2024). Nurses need to be involved at every stage when software is being developed that will be part of their everyday work, so that designs are intuitive and fit for purpose (QNI, 2023).

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