

Synopsis

Health Technology Assessment



Technology-enabled CONTACT tracing in care homes in the COVID-19 pandemic: the CONTACT non-randomised mixed-methods feasibility study

Carl A Thompson,^{1*} Thomas A Willis,² Amanda Farrin,² Adam Gordon,³ Amrit Daffu-O'Reilly,¹ Catherine Noakes,⁴ Kishwer Khalig,⁴ Andrew Kemp,⁵ Tom Hall,⁶ Chris Bojke⁷ and Karen Spilsbury¹

¹School of Healthcare, University of Leeds, Leeds, UK ²Leeds Institute of Clinical Trials Research, University of Leeds, Leeds, UK ³Academic Centre for Healthy Ageing, Queen Mary University of London, London, UK ⁴School of Civil Engineering, University of Leeds, Leeds, UK ⁵School of Electronic and Electrical Engineering, University of Leeds, Leeds, UK ⁶South Tyneside Council, South Shields, UK ⁷Academic Unit of Health Economics, School of Medicine, University of Leeds, Leeds, UK

*Corresponding author c.a.thompson@leeds.ac.uk

Published May 2025 DOI: 10.3310/UHDN6497

Plain language summary

Technology-enabled CONTACT tracing in care homes in the COVID-19 pandemic: the CONTACT non-randomised mixed-methods feasibility study

Health Technology Assessment 2025; Vol. 29: No. 24 DOI: 10.3310/UHDN6497

NIHR Journals Library www.journalslibrary.nihr.ac.uk

This synopsis should be referenced as follows: Thompson CA, Willis TA, Farrin A, Gordon A, Daffu-O'Reilly A, Noakes C, et al. Technology-enabled CONTACT tracing in care homes in the COVID-19 pandemic: the CONTACT nonrandomised mixed-methods feasibility study. Health Technol Assess 2025. https://doi.org/10.3310/UHDN6497

Plain language summary

Why did we do this study?

Care home residents and staff were at high risk during the coronavirus disease pandemic. Lockdowns had uncertain benefits and increased risks of isolation and loneliness. Traditional contact tracing is challenging in care homes due to residents' memory issues and staff's unavoidable contacts. We developed 'CONtact TrAcing in Care homes using digital Technology', a system using bluetooth-enabled wearables (BLE wearables) worn by residents and staff to collect data on who is most at risk, potential infection hotspots, and the effectiveness of infection control. For CONtact TrAcing in Care homes using digital Technology to be effective, it needed to be reliable and acceptable, with homes acting on the information. Before conducting a large study comparing homes with and without CONtact TrAcing in Care homes using digital Technology, we first assessed its feasibility and acceptability.

What did we do?

Between November 2021 and April 2022, 202 residents and 158 staff in four care homes in North and West Yorkshire, United Kingdom, wore bluetooth-enabled wearables for 2 months. We collected information on their perceptions of the technology, how they used it, infections in the homes, and changes in work practices. We simulated the technology's use to examine factors affecting performance, such as device usage and building materials. We also partnered with the PROTECT COVID-19 study to measure air quality in two homes.

What did we find?

CONtact TrAcing in Care homes using digital Technology was not ready to progress to a large randomised study. While effective in controlled conditions, implementation was too varied and unreliable. Trust issues and privacy concerns among staff reduced confidence in CONtact TrAcing in Care homes using digital Technology. The burden of participation outweighed the usefulness of the feedback provided.

What does this mean for people who live and work in care homes?

Bluetooth-enabled wearables for contact tracing could still be helpful but need to be more acceptable and provide more useful information. Researchers should collaborate with care homes to improve the experience of using bluetooth-enabled wearables, enhance understanding of infection risks, and minimise research burden.

Health Technology Assessment

ISSN 2046-4924 (Online)

Impact factor: 3.5

A list of Journals Library editors can be found on the NIHR Journals Library website

Launched in 1997, *Health Technology Assessment* (HTA) has an impact factor of 3.5 and is ranked 30th (out of 174 titles) in the 'Health Care Sciences & Services' category of the Clarivate 2022 Journal Citation Reports (Science Edition). It is also indexed by MEDLINE, CINAHL (EBSCO Information Services, Ipswich, MA, USA), EMBASE (Elsevier, Amsterdam, the Netherlands), NCBI Bookshelf, DOAJ, Europe PMC, the Cochrane Library (John Wiley & Sons, Inc., Hoboken, NJ, USA), INAHTA, the British Nursing Index (ProQuest LLC, Ann Arbor, MI, USA), Ulrichsweb™ (ProQuest LLC, Ann Arbor, MI, USA) and the Science Citation Index Expanded™ (Clarivate™, Philadelphia, PA, USA).

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

The full HTA archive is freely available to view online at www.journalslibrary.nihr.ac.uk/hta.

Criteria for inclusion in the Health Technology Assessment journal

Manuscripts are published in *Health Technology Assessment* (HTA) if (1) they have resulted from work for the HTA programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

Reviews in *Health Technology Assessment* are termed 'systematic' when the account of the search appraisal and synthesis methods (to minimise biases and random errors) would, in theory, permit the replication of the review by others.

HTA programme

Health Technology Assessment (HTA) research is undertaken where some evidence already exists to show that a technology can be effective and this needs to be compared to the current standard intervention to see which works best. Research can evaluate any intervention used in the treatment, prevention or diagnosis of disease, provided the study outcomes lead to findings that have the potential to be of direct benefit to NHS patients. Technologies in this context mean any method used to promote health; prevent and treat disease; and improve rehabilitation or long-term care. They are not confined to new drugs and include any intervention used in the treatment, prevention or diagnosis of disease.

The journal is indexed in NHS Evidence via its abstracts included in MEDLINE and its Technology Assessment Reports inform National Institute for Health and Care Excellence (NICE) guidance. HTA research is also an important source of evidence for National Screening Committee (NSC) policy decisions.

This article

The research reported in this issue of the journal was funded by the HTA programme as award number NIHR132197. The contractual start date was in October 2020. The draft manuscript began editorial review in January 2024 and was accepted for publication in December 2024. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

This article presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the NHS, these of the authors, those of the NHS, the NIHR, the HTA programme or the Department of Health and Social Care.

This article was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

Copyright © 2025 Thompson *et al.* This work was produced by Thompson *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: https://creativecommons.org/licenses/by/4.0/. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Published by the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), produced by Newgen Digitalworks Pvt Ltd, Chennai, India (www.newgen.co).