

*Summary Edition*

# **Rapid Insights into Digital and Technology Solutions in Care Homes during the COVID-19 Pandemic**

July 2020

**North East and Yorkshire**



## 1. Exec Summary

The COVID-19 pandemic has had a profound, immediate impact upon the UK's health and social care system. The system as a whole has responded at pace, significantly transforming during a very short period of time through implementing technologies and processes to ensure continued delivery of care - where possible - throughout the crisis.

As we emerge from the initial phases of the pandemic, our experiences and learning will enable us to embed new ways of working and behaviours that will deliver significant benefits as we reset our health and care system so it is fit for the future.

In response, North East and North Cumbria AHSN have worked in partnership with the Yorkshire and Humber AHSN to better understand the digital position within our care homes. Part of this was to undertake a rapid insight survey to determine what systems were in place, what was working well and what required further improvement/development. This report discusses the initial findings from the survey and provides high level insights and learning from care homes across the region.

Whilst the survey shows digital solutions are being utilised within our homes, more work needs to be done to understand why some of these are not currently been used to their full potential. Further training is one area that has already been identified as enabling these technologies and innovations to be used effectively. We will therefore be working with our Patient Safety Collaborative colleagues to develop training resources, to ensure outputs can be maximised and to provide support to our care home teams during these unusual times.

## 2. Background

On behalf of the North East and Yorkshire (NEY) Independent Care Sector Workstream, part of the Out of Hospital Care Cell and the Care Home Digital Transformation Group, a rapid insight survey was developed in partnership with the Academic Health Science Networks in North East & North Cumbria (NENC) and Yorkshire and Humber (Y&H). The survey was distributed to all care homes via the 'capacity tracker' (appendix 1). The purpose of the rapid insight was to build upon initial feedback from a generic NEY rapid insight performed with colleagues in primary care (appendix 2). This insight highlighted some preliminary findings from care homes which it was decided needed to be followed up from the care homes perspective.

## 3. Purpose

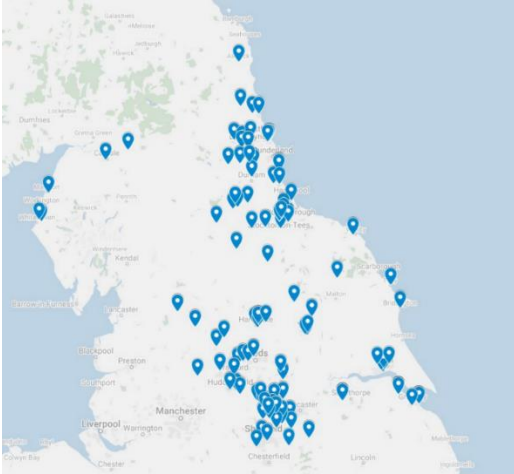
Over the last 3-4 months our system has rolled out, at scale, a range of digital technologies. Many of these were planned but their roll out accelerated. The purpose of this rapid insight was to understand which of these have helped care homes in their work, which might need refinement before they become mainstream and which have not worked.

The rapid insight set out to give us confidence that the digital solutions implemented over recent weeks are helpful, where more needs to be done and where there are gaps.



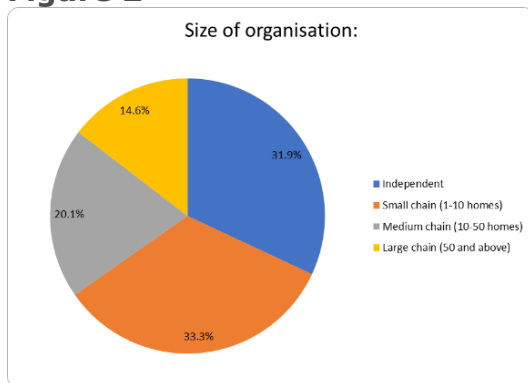
## 4. Setting

**Figure 1**



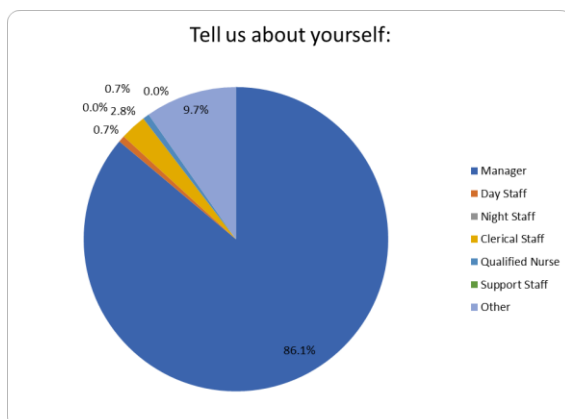
144 Care Homes provided responses during the time that the survey was open (between 25<sup>th</sup> June to 9<sup>th</sup> July 2020). These care homes were from a wide geographical area (Figure 1). 37.5% were Care Homes with nursing, 58.3% (84) Care Homes without nursing and 9% (13) were described as specialist care homes.

**Figure 2**



Of the 144 respondents, 37.5% were from Cumbria North East Integrated Care System (ICS), 20.1% (29/144) from South Yorkshire and Bassetlaw, 11.8% (17) from West Yorkshire and 16.7% from Humber, Coast and Vale (13.9% did not know which ICS). The size of the organisations are shown in figure 2.

**Figure 3**



The professional completing the survey on behalf of the care home was predominantly the manager (Figure 3).



## 5. Responses

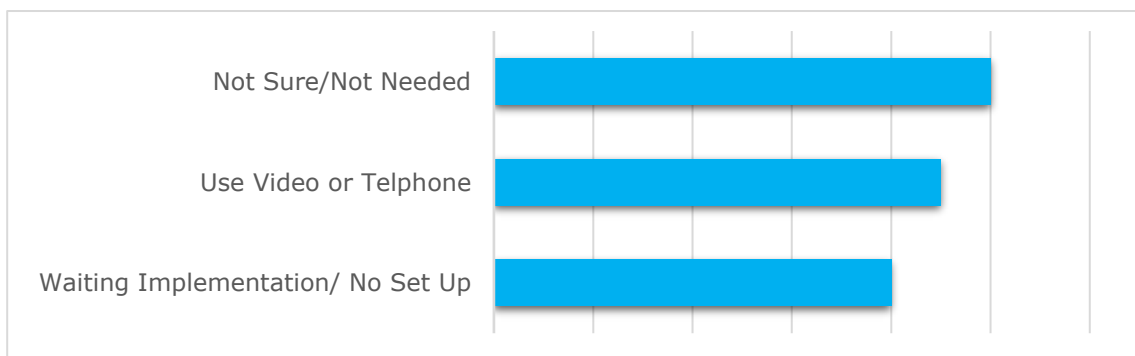
### 5.1. Online Consultation

Over half of respondents (136) had been using on line consultation (OC). The reasons for not using OC were predominantly related to the technology not being implemented and are described below.

**Are you using On Line Consultation for your residents? If your answer is Yes/Tried but not yet fully implemented please continue to the next question.**

Answer Choice		Response Percent	Response Total
1	Yes	50.7%	69
2	No	13.2%	18
3	Tried but not fully implemented	22.1%	30
4	Not yet implemented	14.0%	19
		<b>answered</b>	<b>136</b>
		<b>skipped</b>	<b>8</b>

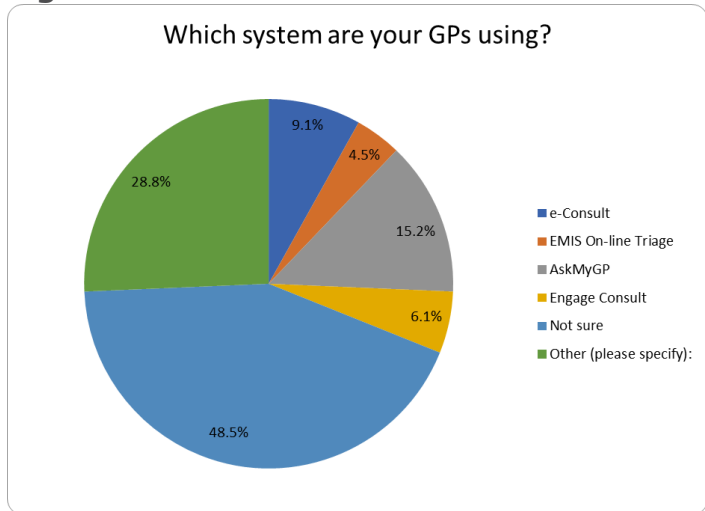
### Common Responses



Primary care clinicians were asking care homes to use a range of different systems (Figure 4)



**Figure 4**



**Other**

Facetime	<b>3</b>	Microsoft Teams	<b>1</b>
Whereby	<b>3</b>	NHS AttendAnywhere	<b>1</b>
Zoom	<b>1</b>	inhealth care - ANP	<b>1</b>
Telemed	<b>1</b>	florey.accur	<b>1</b>
Immediacare	<b>1</b>	accuRx	<b>2</b>
Video	<b>3</b>	Telephone	<b>1</b>
NHS one point	<b>1</b>		

With the 59 respondents who described using online consultations with residents 1/3 described no impact upon workload (35.6%) with almost equal proportions of 1/3 feeling it reduced workload and 1.3 feeling it increased it. Similarly there was a considerable spread of perceptions regarding whether residents enjoyed the experience of online consultations.

**Do Online Consultations reduce or increase workload/consultation time?**

Answer Choice	Response Percent	Response Total
1 0 (significant reduction)	11.9%	7
2 1 (slight reduction)	16.9%	10
3 2 (no impact)	35.6%	21
4 3 (slight increase)	32.2%	19
5 4 (significant increase)	3.4%	2
<b>answered</b>		<b>59</b>
<b>skipped</b>		<b>85</b>

**Do you like Online Consultation? [where 0 = not at all, and 5 = a lot]**

Answer Choice	Response Percent	Response Total
1 0	3.4%	2
2 1	1.7%	1
3 2	11.9%	7
4 3	37.3%	22
5 4	22.0%	13
6 5	23.7%	14



<b>answered</b>	<b>59</b>
<b>skipped</b>	<b>85</b>

**Do you think your residents enjoy the experience (please ask them if you don't yet know)? [where 0 = not at all and 5 = completely]:**

Answer Choice	Response Percent	Response Total
1 0	10.2%	6
2 1	18.6%	11
3 2	20.3%	12
4 3	18.6%	11
5 4	18.6%	11
6 5	13.6%	8
Please provide further details if appropriate:		37
	<b>answered</b>	<b>59</b>
	<b>skipped</b>	<b>85</b>

**Specific experiences are described below**

<b>Older generation prefers seeing a doctor in person, they feel reassured and miss the face to face</b>	<b>Doesn't work well for patients with dementia, struggle with the concept</b>	<b>All need some form of assistance with using the tablets, understanding how it works and how they are communicating through the device</b>
<b>They don't find VC to be a personal experience</b>	<b>Can cause anxiety when they don't see a familiar face</b>	<b>Nurses spend a lot of time repeating conversations</b>
<b>Given the age profile most have trouble with hearing online</b>	<b>Some lack capacity to understand what is going on</b>	<b>The technology can be distracting</b>

Despite this, the perception was that the majority of residents felt satisfied with the outcome. However, there were some specific concerns expressed regarding those residents who had memory problems such as dementia and whether this was an appropriate system to use with that group. Despite this, the majority of respondents felt that on-line consultations were a technology that was going to be used in the future and not just in the COVID pandemic (36/61; 59%).

**From your perspective do you think residents feel satisfied with the outcome (please ask them if you don't yet know)? [where 0 = not at all, and 5 = completely]**

Answer Choice	Response Percent	Response Total
1 0	7.1%	4





2	1	5.4%	3
3	2	16.1%	9
4	3	28.6%	16
5	4	25.0%	14
6	5	17.9%	10
Please add further details if appropriate:			22
<b>answered</b>			<b>56</b>
<b>skipped</b>			<b>88</b>

The following reasons were felt to be why on-line consultations were likely to be used in the future.

This has worked really well, it saves time for everyone in a lot of cases this could be used in the future how we can replace a number of visits with video calls and it has worked

Likely GPs will want to continue instead of visiting. It increases productivity.

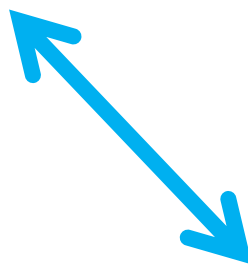
Beneficial for some medical concerns, nurse should use clinical judgement and request Com. Matron or GP when needed

There was a large spread as to how many OC care homes performed per week from 0-100 with an average number in respondents of 5 per week. 61% of respondents (36/59) felt that they had received enough training in managing the OC software (39% felt they had not), with specific experiences described below. Few OC translated into face to face consultations with the majority reporting 0-20% (10.5% reported 81-100%).

**The availability of training was felt to be a way to increase the use of OC**

#### Further experience of OC

- **Increased productivity**
- **Saved time**
- **Quicker support**



- **Reduced visits**
- **Reduced planning**
- **Reduced risk of infection**



## 5.2. Video Consultations

Of 87 care homes who responded 73.6% had been using video consultations (VC) (n=64), 10 had not (11.5%), 6.9% (n=6) had tried it and in 8% (n=7) it had not yet been implemented. In these cases the reasons why are described below. Care Homes had been asked to use a wide range of different systems for VC (Figure 5).



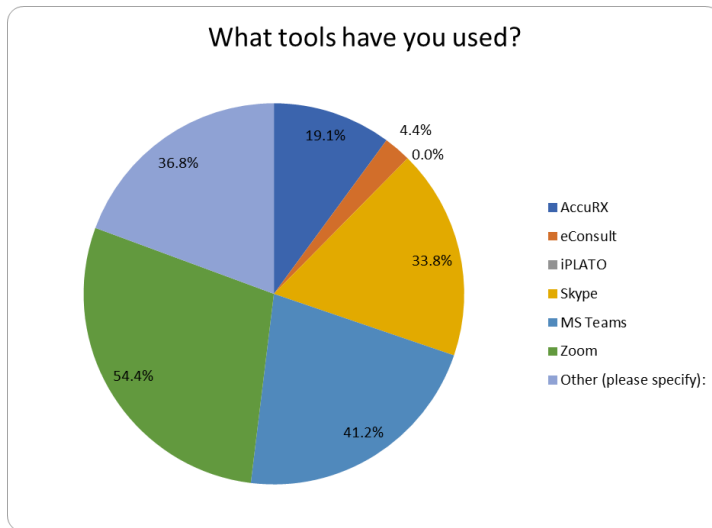
**POOR CONNECTION**

**NO ACCESS**

**OLD BUILDING**

**NO DEVICES**

**Figure 5**



**Other**

- WhatsApp **7**
- Facetime **5**
- Unsure **3**
- Whereby **2**
- NHS one point **2**
- Attend Anywhere **1**
- Telemed **1**
- Immediacare **1**
- GP Link **1**

The majority of care homes felt that the solutions were easy to use and were using the technology for a range of different uses. 84% of those who had used video technology had enjoyed the experience (54/64) with 4/64 (6.3%) not enjoying it at all. This paralleled the belief that the majority of residents had enjoyed the experience of a VC (37/60;62%) with 6.7% not enjoying it at all.

<b>How easy are the solutions to use? [where 0 = not at all, and 5 = completely]</b>			
<b>Answer Choice</b>		<b>Response Percent</b>	<b>Response Total</b>
1	0	1.5%	1
2	1	3.0%	2







3	2	7.5%	5
4	3	25.4%	17
5	4	29.9%	20
6	5	32.8%	22
<b>answered</b>			<b>67</b>
<b>skipped</b>			<b>77</b>

### What are you using Video Consultation for?

Answer Choice		Response Percent	Response Total
1	Acute or urgent consultations	67.2%	45
2	Planned Reviews	74.6%	50
3	Long Term Condition Reviews	61.2%	41
4	Prescribing	34.3%	23
5	Care Home MDT	35.8%	24
6	Other (please specify):	13.4%	9
		<b>answered</b>	<b>67</b>
		<b>skipped</b>	<b>77</b>

The majority of residents appeared to be satisfied with the outcome of a VC.

### From your perspective do you think your residents feel satisfied with the outcome (please ask them if you don't yet know)? [where 0 = not at all, and 5 = completely]

Answer Choice		Response Percent	Response Total
1	0	3.3%	2
2	1	9.8%	6
3	2	18.0%	11
4	3	26.2%	16
5	4	29.5%	18
6	5	13.1%	8
Please add any details (if applicable)			16
		<b>answered</b>	<b>61</b>
		<b>skipped</b>	<b>83</b>

Despite this, 34.4% were happy with the experience, however over half would prefer to see a doctor or professional in person. Few VC translated into face to face appointments and the consensus seemed to be that (42/63;66.7%) VC were likely to be used in the future not just in the pandemic.



### How did your residents find Video Consultation?

Answer Choice	Response Percent	Response Total
1 They didn't like them	4.9%	3
2 They would prefer to see a doctor/other professional in person	54.1%	33
3 They were happy with the experience	34.4%	21
4 They prefer Video Consultations	4.9%	3
5 Not applicable - we didn't have any Video Consultations	1.6%	1
	<b>answered</b>	<b>61</b>
	<b>skipped</b>	<b>83</b>

### Optimal approach/lessons for sharing

*It is difficult for residents to understand that the Health Professional is there in a Video Consultation.*

*Practice so we can become slicker.*

*A phone call or a meeting time so residents can be seen in their rooms for privacy. Some have been done in the lounge with residents consent but not ideal*

*We would like to continue with the video consultations.*

*Telemed is not an ideal product to drive Care in the future as it does not integrate into the GP system*

*We have learnt that these online sessions have successfully been incorporated into our working life. We were sceptical about completing a full days training on zoom, but this ran smoothly, was very simple to join and all people thoroughly enjoyed the experience and said they preferred it. They still had interactions with professionals and trainers.*

*There are limits to what can reasonably be diagnosed using Video consultations, especially where for example a Dr would normally perform a physical examination.*

*It has worked really well.*

*But it does require to be organised and times agreed so that it does not interfere with busy times or other things*

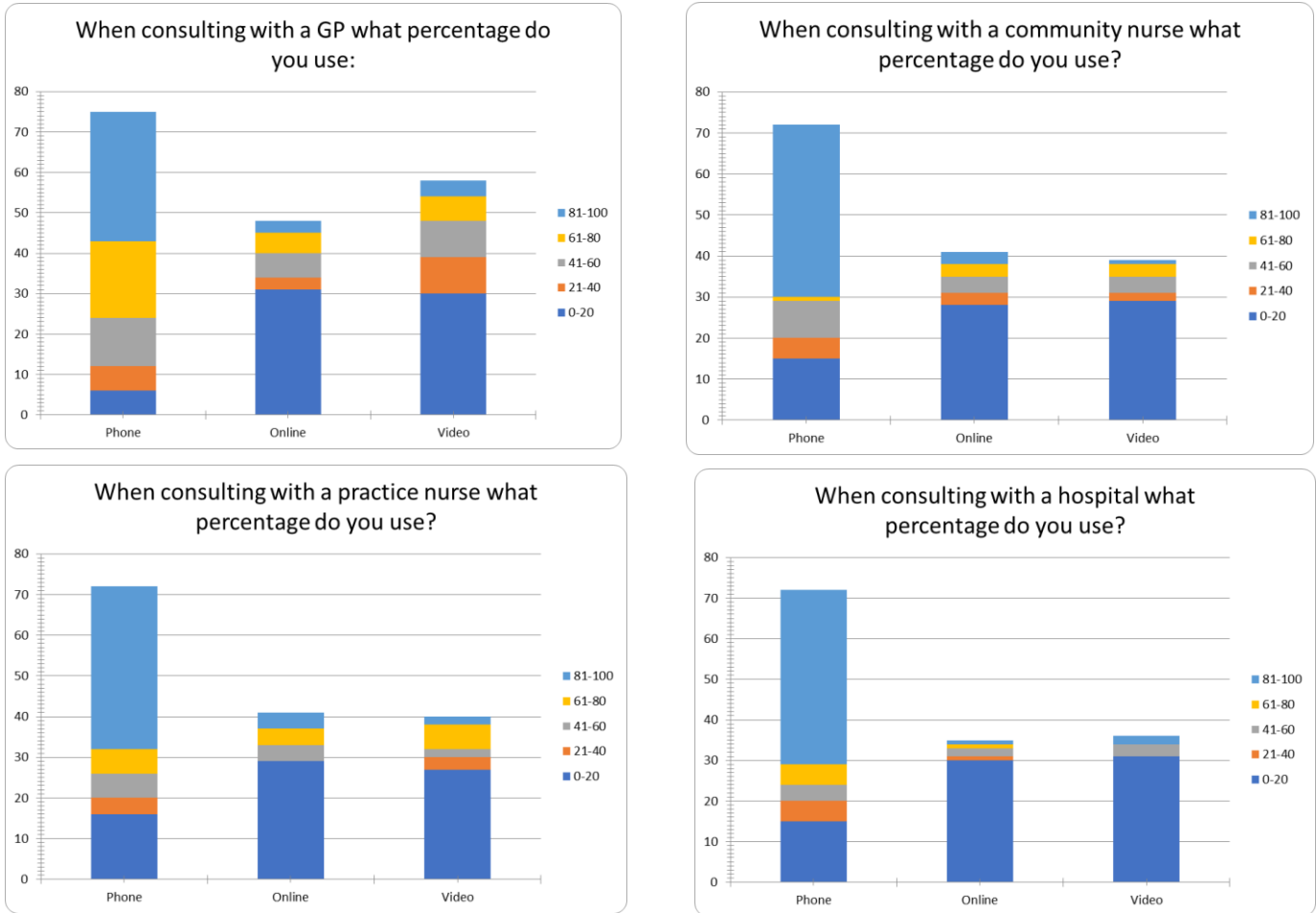
*Some things can't be discussed over video conferencing*

*A mixture of visits and video consultation may assist staff and residents. Staff feel sometimes the video does not allow them discussion time and residents unsure its the same as physically seeing a doctor. Some mistrust*

Considering the digital technologies available for GP's, community nurses and practise nurses, the hospital the 'go to' communication system remains the phone (Figure 6).



**Figure 6**



### 5.3. NHS Mail

The majority of care homes had an NHSMail account (65/75; 86.7%) with a further 8% having an application for this in progress and only 5.3% of respondents not having an account (n=4). With those care homes using NHSMail the following were described as ways that they could be supported to help them use it well.

#### Comments

We applied for it but have never used it and don't see the need

It would probably better if the managers had a private NHS Email. Have we have one for the care home and all the seniors have access to this. If it was a private matter such as; safeguarding this would be better if the Manager had a private NHS email.

This has been helpful in sending secured information

the admin has a NHS account however as I am the new manager I need my own individual

has not been used since April



Care homes were using NHSMail in a range of different ways to communicate with primary, secondary and community teams.

I'm using NHSMail to communicate with:		
Answer Choice	Response Percent	Response Total
1 GPs	75.9%	44
2 CCG/LA	63.8%	37
3 Pharmacies	39.7%	23
4 Hospital discharge teams	48.3%	28
5 Other (please specify):	25.9%	15
	<b>answered</b>	<b>58</b>
	<b>skipped</b>	<b>86</b>

### Other

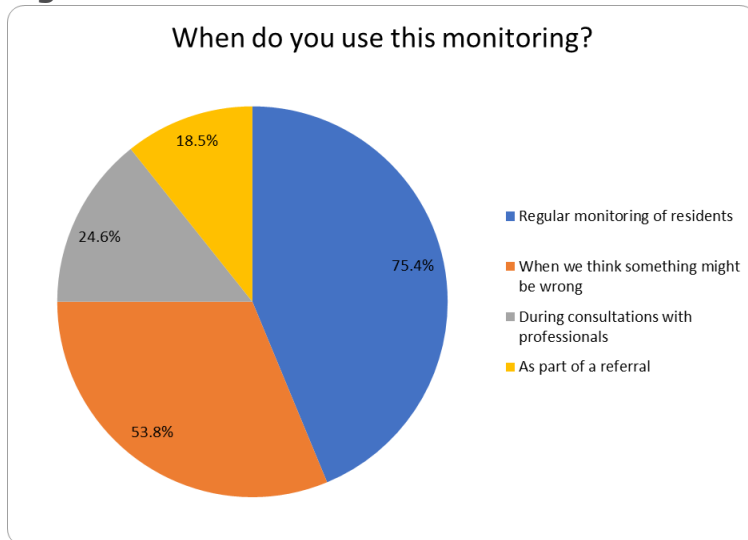
Chiropody AHPs
SALT, OT, Physio, Community Nurses, Community Matron, Community Paramedics, Gold Line, SALT, Physio, Dieticians
None of the above. occasionally used for support care plans from CHC, social workers continuing health, internal management, safeguarding, Barnsley council, DOLS team, local authorities for new placements. I use this as my main email address.
Anyone requiring secured information
ANY NHS SERVICE
CARE HOME TEAMS
not used much really. Only once to check send and receive success with CCG.
Community Nurses capacity tracker
SALT, MENTAL HEALTH, OT, SAFEGUARDING, DOLS, INFECTION CONTROL, SOCIAL WORKERS

## 5.4. Physical Health Monitoring of residents

Almost all care homes were using physical health monitoring of their residents. (65/68; 95.6%), describing their use below with the majority performing physiological monitoring regularly (Figure 7).



Figure 7



Mostly used for temperature checks, blood pressure and oxygen.

NEWS2 SCORE

Despite this, only 28.8% of care homes who responded were using a digital system for monitoring. Most of which were using Whzan (8/20;40%), 4 (20%) Health Call and 2 (10%) TeleHealth. Only a third were using a tool to think about 'soft signs' for residents becoming unwell (22/65;33.8%), with a third using 'Is my resident unwell' with 2/3 of care homes describing 10 other approaches/tools.

## 5.5. Training

25/59 (42.4%) of respondents confirmed that they had received training on the digital solutions with a large number of respondents requesting further training on a range of other digital systems.

Would you like additional training on any of the following? (please select all that are applicable):			
Answer Choice		Response Percent	Response Total
1	Online conversation software (for residents to families/friends)	48.6%	17
2	Video Consultations	57.1%	20
3	Using secure accredited email, including NHSMail	34.3%	12
4	Using hardware (tablets, laptops or mobile phones)	34.3%	12
5	Boosting the connectivity in your home	48.6%	17
6	Doing remote monitoring (taking physiological measurements)	45.7%	16
7	Ordering medicines using digital systems	48.6%	17
8	Capacity tracker	20.0%	7
		<b>answered</b>	<b>35</b>
		<b>skipped</b>	<b>109</b>



## 5.6. Other digital or technology solutions

There were a range of responses when care homes were asked whether there were other areas of their work that could be helped by a digital or technology solution.

Are there any other areas of your work where you think a digital or technology solution could help you?		
Answer Choice	Response Percent	Response Total
1 To keep people safe	63.6%	21
2 To make your work more efficient	90.9%	30
3 To improve your work life	51.5%	17
Please tell us more about any of your selections:		14
	<b>answered</b>	<b>33</b>
	<b>skipped</b>	<b>111</b>



## APPENDIX 1: Survey

### RAPID INSIGHTS INTO DIGITAL AND TECHNOLOGY SOLUTIONS IN CARE HOMES DURING THE COVID 19 PANDEMIC

## APPENDIX 2

### Responses from the Primary Care Digital Rapid Insights that related to Care Homes

Experience with care homes was generally positive in the 177 who responded with 1/3 of those who responded saying they had used different solutions in care homes.

*'GPs reports it works well however some care homes have poor internet connection. Staff at the homes seem to use their own phones too. '*

*'Excellent, facilitating "ward rounds" performed remotely using digital tablet device.'*

A common issues seemed to be related to availability of equipment

*'Very good experience - care home staff receptive to this. Some staff have taken some encouragement to go actually get the tablets and try the video consultations but once used they are happy with the process and solution proposed'.*

*'Generally very good. Any issues have been to do with care home staff having poor wifi'.*

*'Good but could improve with dedicated mobile phones or alternative video/tel systems'*

*'Very good, able to carry out video consults and manage 'ward rounds'. should be a better experience now that care homes have the tablets with sim cards'*

and the ability for care home staff to use their own equipment.

*'Very difficult. There are 6 wards and often they don't answer phone to enable us to set up the calls. There is one iPad in use but only one carer seems to use it - not sure why. Other nursing home staff have to use their own phones so we have to keep putting different mobile numbers in. There are huge technical problems.'*

*'Limited my the technology available at the care homes, needed to use staff members own phones if happy to'*

*'good but technology and wifi limits access= staff not allowed to use own phones'*

