

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

July 2020
North East and Yorkshire



*Yorkshire
& Humber*
AHSN

Overall Summary

Background

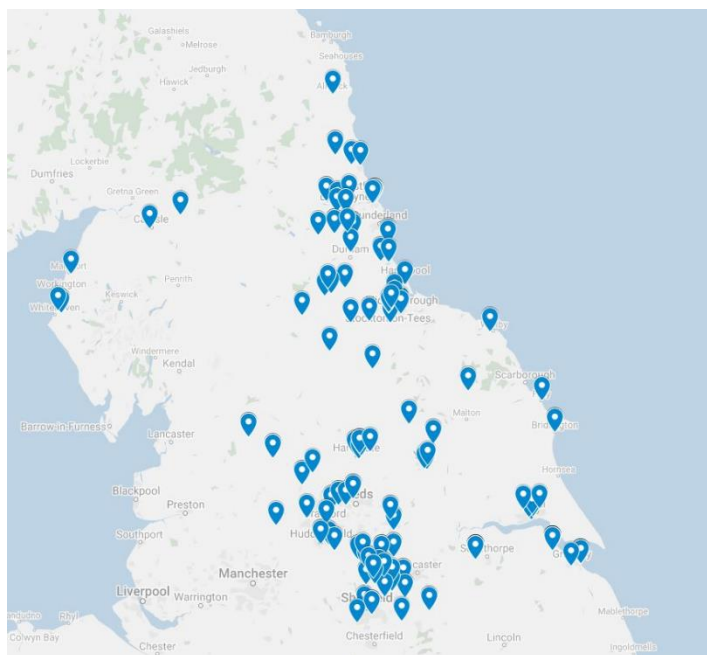
On behalf of the Independent Care Sector Workstream, part of the Out Of Hospital Response Cell, and Care Home Digital Transformation Oversight Group, North East and Yorkshire (NEY) a rapid insight survey was developed in partnership with the Academic Health Science Networks in North East & North Cumbria (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.

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.



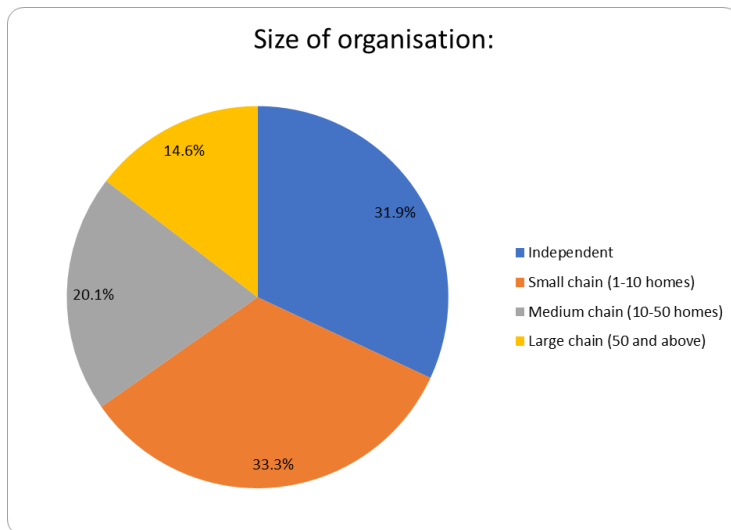
Context

144 Care Homes provided responses during the time that the survey was open (between 25th June to 9th 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 1

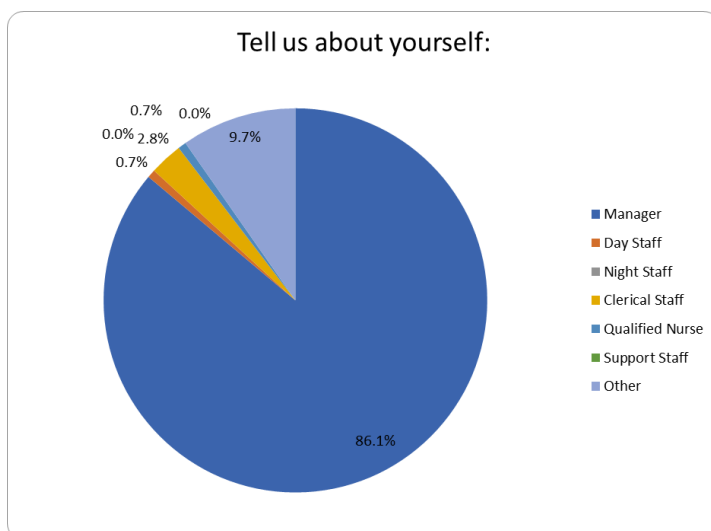
Of the 144 respondents, 37.5% were from Cumbria North east Integrated Care System (ICS), 20.1% (29/144) from South Yorkshire and Bassetlaw, 11.8% (17) from West Yorkshire and 16.7% from Humber, Coast and Vale (13.9% did not know which ICS). The size of the organisations are shown in figure 2.

Figure 2



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

Figure 3



Responses

Online consultation

Over half of respondents (136) had been using on line consultation.

| 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 |
| | | answered | 136 |
| | | skipped | 8 |

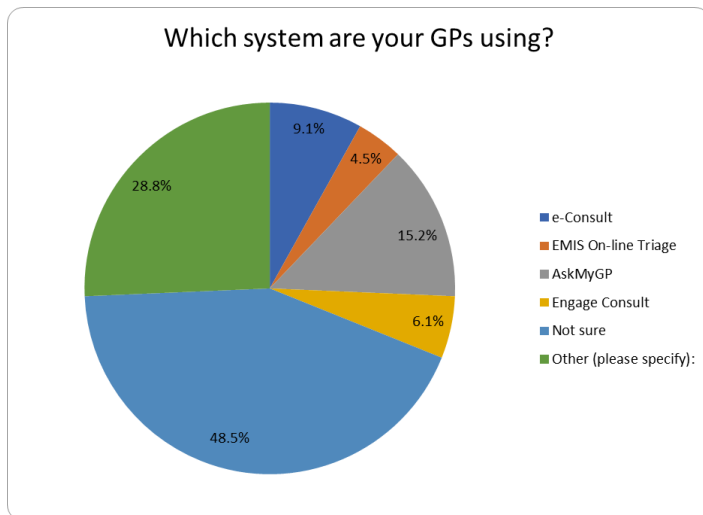
If no or not yet implemented please describe why:

| |
|--|
| Never been asked the GP makes video calls to us |
| Service users have severe Learning Disabilities. Some systems in place through NHS. GP's prefer to see service users in person due to complexities of health |
| We use Video calls which is much easier as the GP can see the resident from a phone using what's app |
| Not needed |
| IT WOULD NOT WORK FOR US AS A HOME |
| awaiting set up |
| UNAWARE |
| We have not had the opportunity to have this facility provided to our Home. |
| GP round has still gone ahead on a weekly basis we just adapted they way we did it |
| GP have been doing telephone consultations. |
| Doctors visit the Nursing Home |
| just began talks with medical centre |
| we use facetime, WhatsApp for video consultations and various web based things for conference calls and meetings etc |
| Weekly phone consultations taking place for all residents |
| Not sure what that involves |
| All consultations are done over the telephone |
| not implemented |
| Have not received device |
| We are in the process of arrange with family, residents to engage into his also change of GP is need. We hope to be completed by end of the month |
| we are awaitin the NEWS implementation from local commissioning and ccg |
| I dont know about it |
| STILL AWAITING IMPLEMENTATION AND ACTIVATION FROM NHS |
| Not been necessary |
| NOT SURE ABOUT THIS |
| NOT BEEN ADDRESSED WITH THIS HOME CURRENTLY HAVE VIDEO CALLS FROM THE GP |
| using video |

| |
|---|
| We have not needed it , we have done video consultations which have proved very good |
| we have commenced using the system from the ipad , but we are awaiting full implementation of the NEWS system , by south tyneside council |
| Not sure |

With primary care clinicians using a range of different systems (Figure 4)

Figure 4



Others

| |
|---|
| facetime |
| WHEREBY |
| ZOOM MEETINGS |
| Teled |
| Immediacare and also Whereby Video meetings |
| Video |
| WHEREBY |
| Teams, FaceTime |
| Virtual weekly video calls |
| nhs attend anywhere |
| inhealth care - ANP and DN video call - GP |
| florex.accur |
| accuRx |
| Telephone |
| Face Time |
| We have used WhatsApp to do video consultations |
| Accurx |
| N H S one point |

Of 55 who confirmed that they had been using online consultations with residents they described their experience as follows.

| |
|---|
| We have had a consultation to review a wound on a residents leg |
| facetime |

| |
|--|
| GP sends a like through to a smart phone inviting us to join |
| With the GP only |
| On line video apps Zoom, microsoft skype . conference calls |
| Face time with a smart device |
| Doctor uses mobile phone with video to visit the residents |
| With GPs so face to face with staff and can view and chat to resident |
| Zoom meetings arranged for residents on a weekly basis, d/n and community matrons are contacted via online system in place |
| Medication reviews live consultations |
| OT /Physio |
| Enquired about issues we have for example if a resident has a sore area of skin we have attached a photo for the GP's attention |
| Advice re symptoms |
| We use ASK MY Gp to order medication, we also report our residents who are unwell and ask for advice? We inform the GP of the resident's obs when they are unwell. This gives the residents the best support to be able to get the medication or support they require quicker. |
| Use of Telemed to access nurse led consultations only prior to GP intervention |
| IF ONE OF MY SERVICE USER NEEDS FACE TO FACE WITH A DOCTOR THIS IS DONE IN THERE ROOM IN PRIVATE WITH THE USE OF THE TABLET AND STAFF SUPPORT. |
| We have to use it to escalate concerns about a resident to the Online Telemedicine Hub and also we use the Whereby App for when a GP wants to view a resident |
| WE ARE USING IPAD AND FACETIME TO CONSULT WITH GP'S - 1 VIST A WEEK WITH NURSE PRACTIONER - ONLY 1 GP VISITS THE CARE HOME. |
| We have utilised zoom calls for consultation with professionals such as dietitians for some of the people we support. We have also used microsoft teams to consult with professionals, have best interest meetings and regular contact with management. DST has taken place on microsoft teams also and we have also had consultations with psychiatrist over the phone. |
| Surgeries contacted GP sends links on mobile phone |
| GP IS USING AN APP TO VIDEO CALL THE CAREHOME, THE DEVICE IS TAKEN TO THE PATIENT |
| Using the Home's iPad and Netbook |
| We have a weekly virtual surgery on a Tuesday with the GP. We also have end of life visits with the GP for them to review |
| Using tablets in rooms, at request of GP. They will often ask to consult via WhatsApp. |
| CHANGES IN MEDICAL CONDITIONS / ORDER MEDICATIONS |
| Via ipads. Most consultations are been done at present with 1 face to face consultation when nurses requested. we have sent pictures of residents, health issues where possible to health professionals, we have consultations, meetings and residents reviews on our provided tablet device. |
| GP Consultations using the Samsung tablets provided by the CCG |
| We have had individual appointments and whole home rounds to review residents |
| We have used attend anywhere for community mental health team appointments |
| We have used the Immedicare laptop for out of hours advice and support |
| Not myself, senior staff have used on line web face to face consultations. |
| Team and face time |
| Inhealth used for ANP and DN services |
| GP sends a secure link via text using florey accur for consultation for residents |
| we have used online consultation for residents who have required to be seen by a GP. We also have used it for our monthly ward round |
| Zoom calls, facetime calls |
| if we require a GP Visit or Advanced Nurse Practitioner we are currently using Zoom, Whatsapp, or Facetime |

| |
|--|
| The GP conducts an online consultation weekly to review the residents in the home and as necessary as issues arise. Information is forward online as the GP requests |
| Gave GP information on using tablet, GP surgery just used telephone. |
| SUBMITTING INFORMATION, THEN FACE TIME WITH GPS AS REQUIRED |
| We are able to request a doctors visit, order medication, inform the doctor of changing needs. |
| updating the GP, Consultant and Navigo |
| Zoom on ipads for inpatients. Zoom on remote devices for day hospice remote support. |
| Video calls |
| We have had a consultation for one service user |
| GP or practice nurse to observe clients area vis this to make a clinical decision from they evidence they have and we give them |
| Via Accurx for GP virtual visits. |
| GP will ring and invite us to attend with a link. We are also able to use the Health Call portal when needed. |
| Using a NHS I Pad |
| The GP is sending a link to the mobile number provided to reduce foot prints in to the home and will access the residents needs over video link |
| G.P. telephoned with details of requirements, follow up where necessary with pictures or patient conversation using tablet and secure e mail |

With the 59 respondants 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.

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 |
| <i>answered</i> | | 59 |
| <i>skipped</i> | | 85 |

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 |

| | |
|-----------------|-----------|
| <i>answered</i> | 59 |
| <i>skipped</i> | 85 |

Similarly there was a considerable spread of perceptions regarding whether residents enjoyed the experience of online consultations.

| 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 |
| <i>answered</i> | | | 59 |
| <i>skipped</i> | | | 85 |

Specific experiences are described below.

| |
|--|
| Very happy to not have to visit the hospital |
| they don't really understand what's going on |
| A few of my resident have dementia and appear slightly confused by it |
| They are old fashioned and what to be able to see the Doctor in person. |
| some find communication different - its not what we are used to. they neither like of dislike when asked |
| Some residents do not understand the procedure. |
| The older ones would like to see the doctor in person |
| At times some can not hear what is being said if hard of hearing and they do not understand it. |
| Residents in our care have varying degrees of dementia and very few have understanding of the concept |
| Most prefer to see a GP themselves (whom have capacity) they don't find it as personal |
| Te residents have had some interaction but it is minimal as a response to their learning disabilities and autism |
| One of my residents spoke to her consultant via Whatsap and she was very happy to talk to him. This saved her going to the hospital, saved her waiting on a long waiting list. She got the medication a lot quicker and resolving her condition a lot quicker. |
| THEY DONT LIKE IT THEY STATE THEY WOULD RATHER SEE A REAL PERSON |
| They have not responded to this question due to being too ill or to significant cognitive impaired |
| Some of the people we support were interested because it is something new, others lack capacity to understand the difference. |
| Dementia residents lack capacity and not able to understand |
| THOSE WHO HAVE HAS VIDEO CONSULTATION HAVE NOT BEEN WORRIED BY IT |
| Residents unable to communicate their preference due to advanced dementia. |

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|---|
| The residents have not stated but it is mainly through the nurse the contact is made unless the GP requires to see the resident |
| Given the age profile of the majority, they tend to prefer actual face to face contact rather than via a screen. |
| IT IS FAIRLY NEW TO US AT THIS TIME, BUT IT HAS BEEN USEFUL |
| Most residents prefer 1-1 face time. They find issues hearing on line and miss the personal touch. Nurses spend a lot of time repeating conversations |
| our residents do not seem to mind, however some of our residents with advanced dementia, do not understand the technology and often look around or distracted during calls. |
| Some find it difficult to understand the concept, especially those with dementia All need some form of assistance with using the tablets and understanding how it works and how they are communicating through the device, but most seem to really like it and prefer it to a telephone call. they say it is nice to see a face when discussing concerns or problems with the GP or other health care professional |
| One resident said she wasn't too keen on this and preferred a GP visit. She did say that she knew during the pandemic this was difficult but that once the GP was able to visit again she would much prefer this |
| Some of our residents feel ok with the experience, however some do not wish to sit and have a consultation via video consultation. |
| Where they have the capacity and can talk to the doctor it is fine. Obviously t cannot replace the physical presence but if the doctor can see their responsiveness through a video call it helps them to understand the situation. |
| Residents feel reassured that they can speak with the GP themselves and see her. |
| DO NOT LIKE AND THINK IT IS VERY POOR |
| We have used Whatsapp video for a doctor from Mental health Team (Navigo) |
| They happen at short notice, many of our residents have dementia there is no time to prepare resident. it can become distressing and create anxiety when they are not familiar with the phone |
| Service user was happy but had some difficulty in been able to hear correctly what was been said so the carer ensured all information was passed on |
| Clients not able to respond who have used this due to Dementia |
| It gives them piece of mind, its difficult for them to use as they have to have a care staff member with them as majority are hard of hearing via telephone/video calls |
| Service users don't seem to mind at all using on line consultations |
| Residents have dementia and cannot give a positive answer |
| It is difficult for residents to understand even with support from staff |

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 |
| answered | | | 56 |
| skipped | | | 88 |

| |
|--|
| They were able to have a conversation and could partake in the conversation better as they were in the comfort of their room. |
| Volume sometimes and issue |
| The residents that understand don't mind |
| Most residents I couldn't ask due to their dementia |
| My residents are happy with the outcome that they are getting treatment a lot quicker. |
| MOST PREFER TO ACTUALLY HAVE THE GP VISIT (THOSE SERVICE USERS WITH CAPACITY), IT DOES WORK BETTER WITH SERVICE USERS WHO LIVE WITH DEMENTIA - LESS ANXIOUS. |
| Yes, because they receive the same outcome as if they had visited a professional and the use of microsoft teams means they also get to see the professional. |
| Dementia residents lack capacity and not able to understand |
| ALL THAT HAVE USED IT HAVE BEEN HAPPY TO BE ABLE TO SEE AND SPEAK TO THEIR GP |
| If the resident understand the call they are happy with it |
| They are accepting of this, and they feel the outcomes are satisfactory but see answer to Q12 |
| Would rather see someone face to face |
| A few residents really not happy and have requested face to face time in person |
| they do not mind, some of them have no opinion. |
| Yes I think they seem happy with the outcome from using this new technology |
| Yes, the resident I spoke to said she was happy with the outcome of the secure consultation but when able would prefer to return to the GP visiting |
| Some do and some wish not to attend these. |
| Whilst they would prefer a face to face meeting they understand this is best at this moment in time. |
| MAJORITY IS HAPPY WITH ONLINE CONSULTATION, HOWEVER 1-2 HAVE MADE COMMENTS SUCH AS "NICE TO BE ABLE TO SEE A GP IN PERSON" |
| The lady that spoke to a Navigo consultant, felt very special that the doctor was checking up on her. She felt reassured. |
| Service users who were asked said they did not mind using an I-pad as they could see the GPs face and hear they clearly. |
| Those who are not technologically minded have expressed concern that they haven't physically seen the GP |

Reasons felt why on-line consultations were likely to be used in the future.

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|---|
| it increases productivity |
| Beneficial for some medical concerns, nurse should use clinical judgement and request Com. Matron or GP when needed. |
| I would like to think that this will carry on and not just be part of the pandemic |
| Likely GPs will want to continue instead of visiting. |
| This has worked really well, it saves time for everyone in a lot of cases this could be used in the future, there will always be instances when a face to face visit is required but we have demonstrated how we can replace a number of visits with video calls and it has worked well |
| NOT REALLY |

There was a large spread as to how many Online Consultations 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 online consultations software (39% felt they had not), with specific experiences described below. Few online consultations translated into face to face consultations with the majority reporting 0-20% (10.5% reported 81-100%).

| |
|--|
| I have had no training and if it is to continue with different equipment I would like to be using it correctly |
| Didn't have training, taught ourselves. |
| No training provided but was able to learn what to do |
| There are a lot of systems we are using and our area are being supported with all the new systems. |
| learning as we go |
| ONLY MANAGER RECEIVED TRAINING ON-LINE DUE TO THE PANDEMIC AND THE STATUS OF OUR CARE HOME - FURTHER ON-SITE TRAINING WOULD BENEFIT STAFF AND THE DEVELOPMENT OF THE SYSTEM. |
| Did not receive any formal training, but I am confident with using this software prior to the pandemic. The professionals who have used zoom to have consultations were very informative about what would happen and how it would work and the instructions were straightforward and easy to follow for people who may have not come across using it before. We have used zoom for training days and have found educating staff from our own knowledge simple in order for them to use this. |
| The staff in the Home had to learn while doing as not familiar with Teams prior to the pandemic. However, FaceTime required no training. |
| We have received no training with any software we have just used it and followed instruction |
| Face to face with someone being in the home and going through it |
| SENIOR CARE STAFF NEED TRAINING |
| We didn't receive any training at all. We were sent the devices with some written information and just worked it |
| For staff to have further knowledge in regards to using this type of technology |
| We did not have training, had a telephone call from the GP and then a text to access secure link for consultation |
| No training provided but very straightforward to use |
| It is a learning experience and one just has to download the application and self-teach the process. It is not hard but the care staff that will need to use it more often need to be given more training. They need to be able to use the iPad to make a call and to receive a call through one of these applications like Microsoft Teams or Zoom etc. |
| I don't feel that training is required to use online consultation software- it is relatively straightforward |
| MORE TRAINING BUT DO NOT AGREE WITH THEM AS RESIDENTS SHOULD SEE A DOCTOR |
| NO TRAINING RECEIVED AT ALL, WOULD BE HELPFUL FOR SENIOR STAFF |
| There have been a few systems that we have had to learn. |
| Linking up, our equipment it is not compatible with GP link sent |
| not so much the training that is needed but the tablet that we was supplied with has never worked properly, the issue is still getting resolved, we do have the NHS laptop but GPs are not keen on using that as they always ask for alternative when that is mentioned for a consultation. |
| no training given had to work it out ourselves |

The availability of training was felt to be a way to increase the use of Online Consultations

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|---|
| To invite the online consultation as the first option |
|---|

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|---|
| more equipment |
| Dont know |
| More training to be provided for staff |
| Only one surgery using it .the other do face to face and visit the home. |
| Make the use of the Tech steamlined. |
| the websites don't always work and the online consultation doesn't load so we have to phone the GP surgery |
| Our CCG has supplied us with a tablet and a laptop to ensure that we are able to communicate well with the equipment. |
| The implementation of SystmOne in all Nursing care Homes will ensure a more robust and collaborative approach in driving Care for all. |
| FURTHER ON-SITE TRTRAINING WOULD BENEFIT - ESPECIALLY FOR NIGHT STAFF AND WEEKEND STAFF - THESE ARE USUALLY THE STAFF THAT WOULD OTHERWISE TURN TO OUT OF HOURS SERVICES - WHO USUALLY ESCALATE TO 999 CALLS- UNESSESSARY HOSPITAL ADMISSIONS. |
| Continue as they are used now post pandemic status. I believe it has increased productivity and enables meetings to take place sooner |
| Only when needed do prefer face to face |
| Appropriate training and through effective triage. |
| It would be nice to have the online consultations 2 or 3 times a week |
| Not required |
| Customers at Claro will use it if and when required |
| more training |
| USING MORE REGULAR, STAFF TRAINING. |
| In our situation I think we need a mixture as I don't think on line always puts over the issue as older residents not very good with technology and have communication issues with hearing and understanding |
| I'm unsure maybe ensuring all health professionals have the contact numbers for each home. |
| Not all GP's have access to web cams so ensuring they all have technology available would be helpful when I have asked for a video consultation the surgery has to check who has the right equipment before booking the call |
| Promoting this option as the first point of contact |
| The more we use it the more familiar everyone will become |
| Not sure |
| Further training for those that don't understand, most services do not have enough digital devices to be able to facilitated. |
| Improve internet/wifi in the home as we have 2 separate buildings and the internet connection is stronger in 1 side of the building but cuts off when using online consultations in the other side of the building. |
| By more training and experience of staff to do them with ease and comfort. By having the right gadget, such as a mobile phone or a tablet or computer. By receiving training on how to set up a meeting. So far we have only responded to meetings set up by the GP or other organisations. We have not set one up ourselves. |
| Portable software provided by CCG with the APPs on it to enable us to complete online consultations, this reduces staff having to use their own devices |
| Ladyfield House has adapted well to online consultation |
| Ensure GP practices are willing to work and use them |
| KEYWORKER SYSTEM TO ALLOW CARE HOMES HAVE A DEDICATED GP FOR CONSISTENCY, THIS WILL ALLOW RESIDENTS TO BUILD UP TRUST AND A GOOD RAPPOR WITH THE DESIGNATED GP AND WILL ALLOW THE GP TO GET TO KNOW THE INDIVIDUAL BETTER TOO |
| We are more than happy for the online consultations. We are getting the advice we need and if we need further support we have community paramedics and matrons that support us and can be the eyes and ears for the Doctors. |
| We are happy to increase, the residents don't seem to have to wait so long to see a Doctor. |
| Giving training and have current equipment |
| The consultation we had on line resulted in the service user going to a face to face consultation |
| Community Matron will often assess Service Users, we feel the correct amount is appropriate at this time. |

I think there should be allocated days so the care homes no which days surgeries want to do the consultations for non urgent requests, this way this time can allocated and the GP and staff are available.

Further experience of Online Consultations

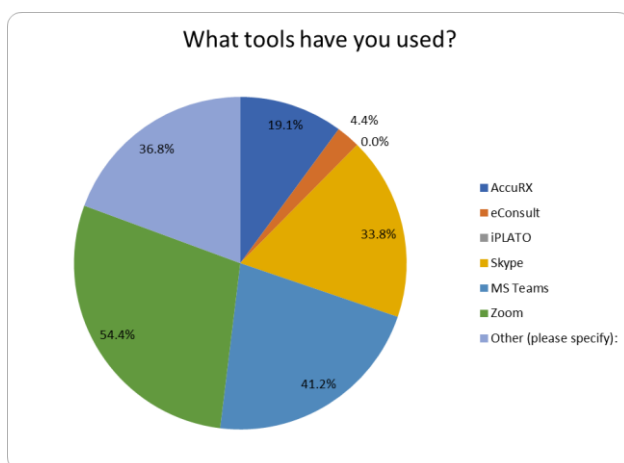
| |
|--|
| Very simple to use. Works better on a tablet as laptop has a larger view but too clumsy and phones are too small |
| This can result in a lack of confidence in the diagnosis. |
| They have been brilliant during the Pandemic, but can't ever replace bedside manner and the patient seeing the GP face to face. Not for the elderly anyway. |
| Person centred care is moving away |
| I have found that my GP and the community LD team use different providers for video calling. It would be better if everyone used the same ie microsoft teams. |
| Find it straight forward. Ease of not having to wait for a telephone call. Save's a professional needing to visit by being able to attach photos. |
| We would hope that in the future, we would prefer to have the online consultations. It is a lot easier for the resident rather than having to go to the hospital and wait for hospital transport. This can be very distressing for the residents especially the ones with dementia. |
| Requires full implementation as soon as possible using SystmOne |
| We have found the Telemedicines too onerous and time consuming. We have experienced Nurses on site that have to go through a triage which is very time consuming and patronising. We would be happy to continue with video consultations with our GPs from their practice as this is working well. |
| Yes, I have found my productivity has increased and I can fit more into my day when it comes to meetings. They haven't taken so much time and planning due to travel and they have been informative and just as good as face to face meetings. They are easier to arrange and simple to set up and follow. I hope this means of communicating with professionals is here to stay and that we can utilise this in the future. |
| Helpful during the Covid Virus |
| No apart from that they have been beneficial |
| It was difficult at first due to wi fi issues and no I pads so had to use staffs own phones but has improved now we have i pads. We required a visit to see a resident we had concerns over and as nurses felt a visit essential but GP was reluctant. As it turned out a visit happened which confirmed our nurses concerns. Not sure how residential homes manage without good trained staff |
| I hope we will continue to do more consultations in this way. If some hospital consultations could be done via video it would be really beneficial as for our elderly frail residents a hospital appointment can mean a full day. Journeys to hospital taking a minimum of an hour plus waiting times, consultation and return journeys. Some residents refuse appointments as they can't face the ordeal of a long journey for a short appointment. |
| I have found them a useful tool during this time and think that the way forward would to be able to keep a form of online consultation as they free up time and are much more streamline than GP, consultants making house calls this means that more time can also be freed for those visiting professionals. |
| No, just needing better quality internet and wifi connection/provider |
| I personally feel they are time saving for both parties, quick and effective. I feel that it saves on travel time and addresses all the other issues related to infection control etc. I feel that as more staff are trained and become slick on doing so, It will be the way forward. Having the technology to take temperature, BP and other basics by the care home staff, it can save a lot of time for the medical profession but increase the pressure on the care home staff. |
| IT DOES WHAT IT SAYS ON THE TIN. OUR RESIDENTS STILL GET MEDICAL ADVICE AND INPUT FROM THEIR GP/NP AND WILL VISIT WHERE DEEMED NECESSARY, HOWEVER POSITIVES ARE IT REDUCED THE VISITS FOR GP AND REDUCES THE RISK OF INFECTION |
| We feel when we are all very busy, it is enabling our residents to have support from their GP, the consultant and all other health professionals. Plus they are getting the support a lot quicker than waiting for them to visit. |
| It has reduced the number of visits happening around meal times and unsettling residents. |
| Video consultations are positive , I think they just need to be more structured for both parties. The residents on speaking with them find they are beneficial and so do staff. |

Video Consultations

Of 87 care homes who responded 73.6% had been using video consultations (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 video consultations (Figure 5).

| |
|--|
| connection very poor in the building |
| Systems in place do not have this capability. In our opinion, Service users could not participate as most cannot verbalise |
| Not required at present |
| No need as yet |
| WOULD NOT WORK FOR US AS A HOME |
| NO ACCESS |
| We do not have the equipment to support video calls |
| We have used video conference to keep in touch with relatives, and are looking to implement with Doctors and consultants. |
| still in talks with GP |
| WE ARE AN OLD VICARAGE AND WE HAVE VERY POOR RECEPTION SIGNAL WITHIN AND AROUND THE HOME AND THEREFORE USUALLY CAN NOT CONNECT |
| All consultations are done over the telephone |
| No devices have been received |
| Not required a video consultation as yet only Annual care plan reviews held on Microsoft Teams. |
| AWAITING ACTIVATION FROM NHS FOR IMPLEMENTATION |
| not necessary |

Figure 5



| |
|------------------------------|
| ??gp Anywhere |
| dont know what the system is |
| Mobile phone face time |
| Whereby |
| AccuRX didnt work |
| Whatsap |
| Teleded |
| NHS |
| Immediacare |
| GP Link |
| WHEREBY |
| FaceTime |
| Whereby |
| WhatsApp and FaceTime |
| WhatsApp |
| whats app |

| |
|-----------------------------|
| whatsapp |
| Attend Anywhere |
| Facetime |
| whatsapp |
| Facetime |
| whatsapp |
| NHS one point |
| Not sure specific programme |

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 video consultation (37/60;62%) with 6.7% not enjoying it at all.

| How easy are the solutions to use? [where 0 = not at all, and 5 = completely] | | | |
|---|---|------------------|----------------|
| Answer Choice | | Response Percent | Response Total |
| 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 |
| answered | | | 67 |
| skipped | | | 77 |

| 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 |
| answered | | | 67 |
| skipped | | | 77 |

| |
|--|
| When a GP intervention is required |
| OT APPOINTMENTS, SOCIAL WORKER REVIEWS |
| best interest meetings, dietitian consultations, management meetings, HR probation meetings, Team leader meetings, Training. |
| PALLIATIVE 2 WEEK REVIEWS |
| Minor ailments i.e. rash, woundcare, EoL to ensure GP has seen prior to RIP. |
| Consulting with professionals |
| FAMILY CONTACT |
| Activities |

Reasons why residents may not have enjoyed video consultation.

| |
|---|
| Volume can be an issue |
| A lot of my residents have dementia type illnesses and they look confused |
| they thought it was different - neither enjoyed or disliked |
| A lot of residents do not understand what is happening. |
| Found it strange to start with but easy enough |
| They have been unable to feed back. |
| It is something new and easy to access they can speak to professionals in the comfort of their own home and in environments which are less stressful. For example people we support who would not normally go to professional meetings due to their complex needs and anxiety around this have been able to participate due to use of online communication systems. |
| Dementia residents lack capacity and not able to understand |
| Residents unable to answer the question as they lack understanding due to severe cognitive impairment as diagnosed with advanced dementia. |
| Due to majority having dementia they do not really understand but those that do don't mind it. |
| Nothing compares to face to face |
| They prefer to see their GP |
| Prefer a person to be physically present rather than on a screen |
| The spent most of the time silent |
| They have found it difficult for communication and understanding. They miss the personal touch |
| they have no preference |
| Some residents struggle with the overall concept of video consultations, such as those with dementia, but most enjoy the experience. They like to see a face to speak to and can interact with. |
| resident stated ok for just now but would prefer a GP visit when able |
| Some residents don't understand the technology and get confused |
| Residents feel reassured that they can see and speak with the GP |
| THEY DO NOT UNDERSTAND |
| Confusing as residents have dementia |
| RESIDENTS UNABLE TO ANSWER DUE TO LACK OF UNDERSTANDING |
| I think some of them with hearing issues struggled to hear but the care staff ensured that they were informed of what was been said |
| clients unable to say |
| most service users have a varied cognitive ability and have not indicated a like or dislike to the use of video consultations. many are confused with seeing the doctor on the screen and not in person |

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

| 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 |
| answered | | | 61 |
| skipped | | | 83 |

| |
|--|
| The residents that understand don't mind |
| Y |
| Residents with dementia have found it confusing. |
| Yes, they get the desired outcome from the online consultations. |
| Dementia residents lack capacity and not able to understand |
| The video consultations which have taken place in the Home have been positive, with desired outcomes and treatments. |
| They do not really comment |
| We have a high volume of dementia residents who don't necessarily understand |
| Some are ok others find it difficult |
| They said they were satisfied |
| they have no preference |
| Yes they seem happy |
| clients not able to say |
| most of the service users i asked were unable to recall a video consultation |

Despite this, 34.4% were happy with the experience, however over half would prefer to see a doctor or professional in person. Few video consultations translated into face to face appointments and the consensus seemed to be that (42/63;66.7%) video consultations 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 |
| | | answered | 61 |
| | | skipped | 83 |

Is there an optimal approach/lessons you would like to share? If so, can you share it?

| |
|---|
| <p>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</p> |
| <p>We would like to continue with the video consultations.</p> |
| <p>Telemed is not an ideal product to drive Care in the future as it does not integrate into the GP system</p> |
| <p>We have learnt that these online sessions have successfully been incorporated into our working life. We were skeptical 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.</p> |
| <p>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</p> |
| <p>it is difficult for residents to understand that the Health Professional is there in a Video Consultation. There are limits to what can reasonably be diagnosed using Video consultations, especially where for example a Dr would normally perform a physical examination.</p> |
| <p>Some things can't be discussed over video conferencing</p> |
| <p>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</p> |

Is there anything else you would like to tell us about your experience of Video Consultation?

| |
|--|
| <p>Ensure all professionals have skype/zoom accounts</p> |
| <p>I prefer it and would like to see it utilised more after the pandemic.</p> |
| <p>It may have some use, however, I feel it is limited as Dr's do need to examine with their hands, and using their medical instruments, otoscope, stethoscope, their hands! It may be ok for "reviews" of medication etc, but for diagnostics i feel some residents may be losing out. It also puts pressure on us as a service to do baseline observations, try and describe things very accurately to GP, time. Video consultations take a lot of staff time. Then there are issues of residents with impaired hearing and sight, or cognitive impairments who really can not profit of a Video consultations. It has been helpful during the pandemic, to provide some "cover" but certainly in my opinion would never be an alternative to teh GP seeing their patient.</p> |
| <p>There's so many options that it is difficult to fathom out how to use the applications to their advantage</p> |

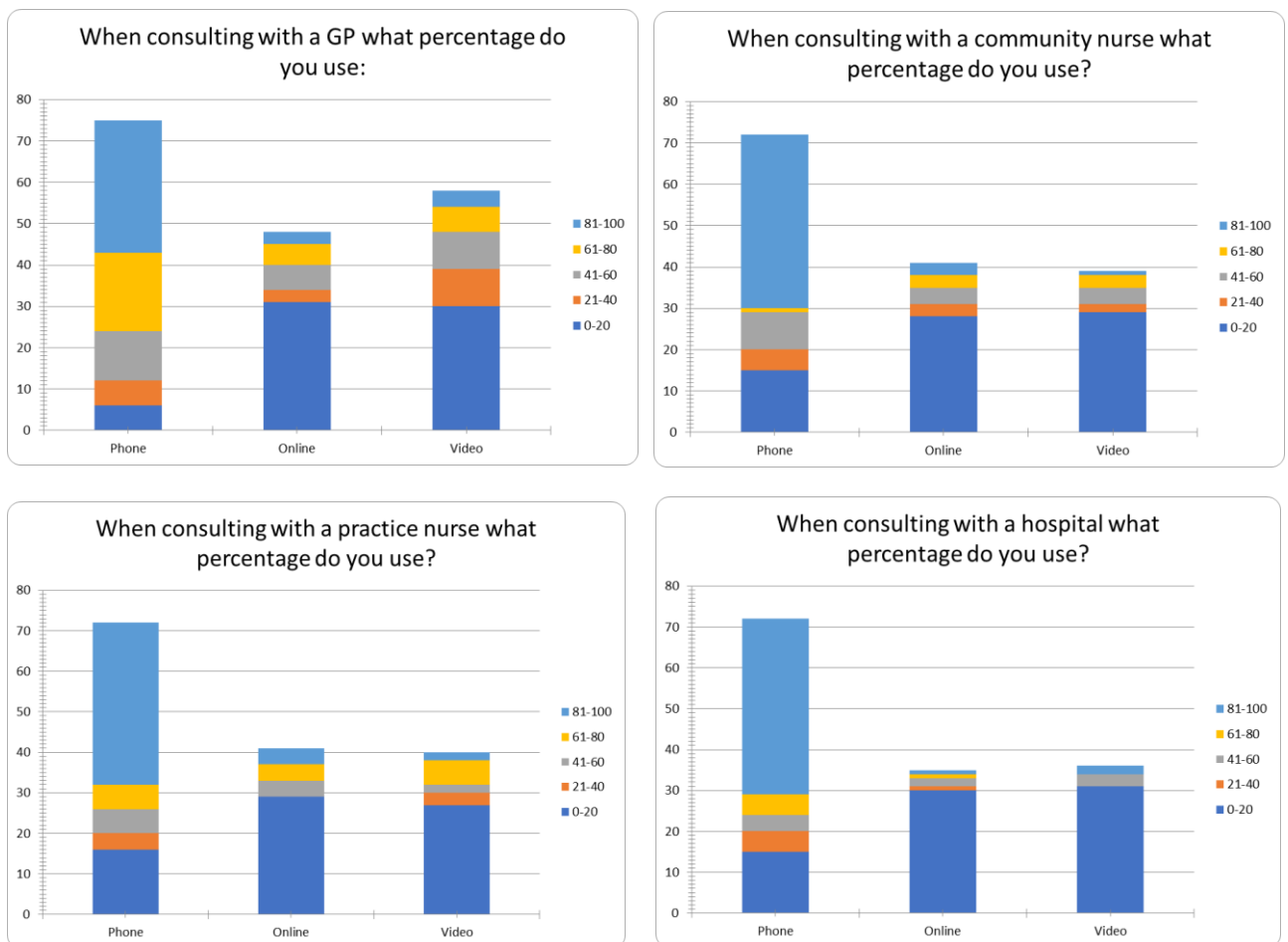
On the whole from staff point of view we have found it easier as time has gone on but feel GPs are now reluctant top attend even when we feel there is a need

WITHIN THIS HOME IT IS HARD DUE TO POOR SIGNAL AND CALL CUTTING OFF

the Video consultations often cut out due to design of our Building

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



| Do you have an NHSMail account? | | |
|--------------------------------------|------------------|----------------|
| Answer Choice | Response Percent | Response Total |
| 1 Yes | 86.7% | 65 |
| 2 No | 5.3% | 4 |
| 3 In progress | 8.0% | 6 |
| 4 Don't see the need | 0.0% | 0 |
| Please find any further information: | | 7 |
| <i>answered</i> | | 75 |
| <i>skipped</i> | | 69 |

| |
|---|
| 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. |
| JUST FINDING THE TIME TO SET UP THE SYSTEM - WE HAVE RECEIVED THE PASSWORDS. |
| WE HAVE NHS MAIL BUT CANNOT DOWNLOAD OR UPLOAD |
| This has been helpful in sending secured information |
| It has not been used since April |
| the admin has a NhS account however as I am the new manager I need my own individual account |

If you are using NHSMail how can we support you and your organisation? What can we do to help you use it well?

| |
|--|
| Not sure who I would contact if any problems |
| We can't open documents so have to forward it to a gmail account which doesn't make sense of what we are trying to achieve re security |
| more training |
| enable downloads which do not involve logging in with outlook as this hinders greatly and is very hit and miss as to whether one can actually get onto outlook |
| i'm not sure. I feel we do use it well. |
| We don't have any problems with the NHS Email. |
| I AM NOT SURE WHAT SUPPORT IS AVAILABLE TO ENSUBLE US TO USE NHSMail better. |
| All communication from ALL clinical settings should be via NHSMail and avoid the use of Fax's |
| We don't have any problems with it. |

| |
|--|
| NHS mail is used very little. Occasional email or sending/receiving of information. |
| much quicker |
| My NHSmail account is the best thing for helping me with my job role. I have received excellent support from Barnsley CCG in regards to this and I know who to contact if I have any issues. Upon setting up NHSmail I received a very informative email advising me of how to use it appropriately. |
| ENABLE US TO DOWNLOAD AND UPLOAD DOCUMENTS AND ATTACHMENTS |
| If you could show us the benefits of NHS mail as we already have and use office 365. |
| We are awaiting for help in setting another email address up |
| I really could do with help setting individual staff members up with their own NHS mail account, it is time consuming and something I would value support with |
| it is helpful and secure. |
| i would like more contact with Hospitals for Discharge advice etc. |
| Use limited so far as recent addition |
| Don't have access to open attachments |
| WE ARE FINE WITH USING IT AT THE MOMENT. BUT IT DOESN'T SEEM TO BE USED A LOT. |
| STILL NOT USING THIS SYSTEM HAS WE WOULD LIKE TO ,WE NEED MORE TRAINING BY SOMEONE COMING INTO THE HOME AND SHOWING US STEP BY STEP FIND NOT SUITABLE VIA HELPLINE |
| STAFF TRAINING IN THE USE OF THE NHS MAIL ACCOUNT |
| SENDING EMAILS, CHECKING EMAILS |
| extra training when new apps are put on laptop |
| Maybe making it mandatory for all providers to use NHS mail with all professionals and other providers in the area. |
| Getting use to using it |
| all working well |
| The whole of the organisation have been signed up to NHS mail. |
| Speak to Head Office, I have asked on a number of occasions to have NHS Mail |
| Information sent to nhs mail from Speech and language but I was unable to download/print, had to then be posted |
| Nothing at present, aware of how to use our mail account |
| Important and relevant emails only. |
| early days yet so will need to see benefits as we progress as other emails are more in use currently. Need to set a reminder to check the nhs email daily. |
| Ladyfield House has adapted well to using NHS mail |
| TRAINING OR GUIDANCE HOW TO AND FOR USING |
| Individual emails for seniors and managers. If safeguarding was to come through it would be preferable to go directly to the managers. Also when replying to emails, you would know who was answering the message. Other areas have separate NHS emails for the management team, |
| NOT YET ACTIVATED |
| HM needs assistance with setting her and deputy manager a NHS mail account please |

| 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 |
| | | answered | 58 |
| | | skipped | 86 |

| |
|---|
| Chiroprody 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. |
| |
| Any one requiring secured information |
| None at this time |
| ANY NHS SERVICE |
| CARE HOME TEAMS |
| |
| SALT |
| 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, |

Are you doing any physical health monitoring of your residents, i.e. taking blood pressures, pulse and blood oxygen levels (oximetry), temperature and respiration rates, (maybe NEWS2 scores)?

| Answer Choice | Response Percent | Response Total |
|-------------------------------------|------------------|----------------|
| 1 Yes | 95.6% | 65 |
| 2 No | 2.9% | 2 |
| 3 Not sure | 1.5% | 1 |
| If yes please describe what you do: | | 45 |
| answered | | 68 |
| skipped | | 76 |

Observations - temp bp respiration count

We use our electronic care plan to log our residents normals

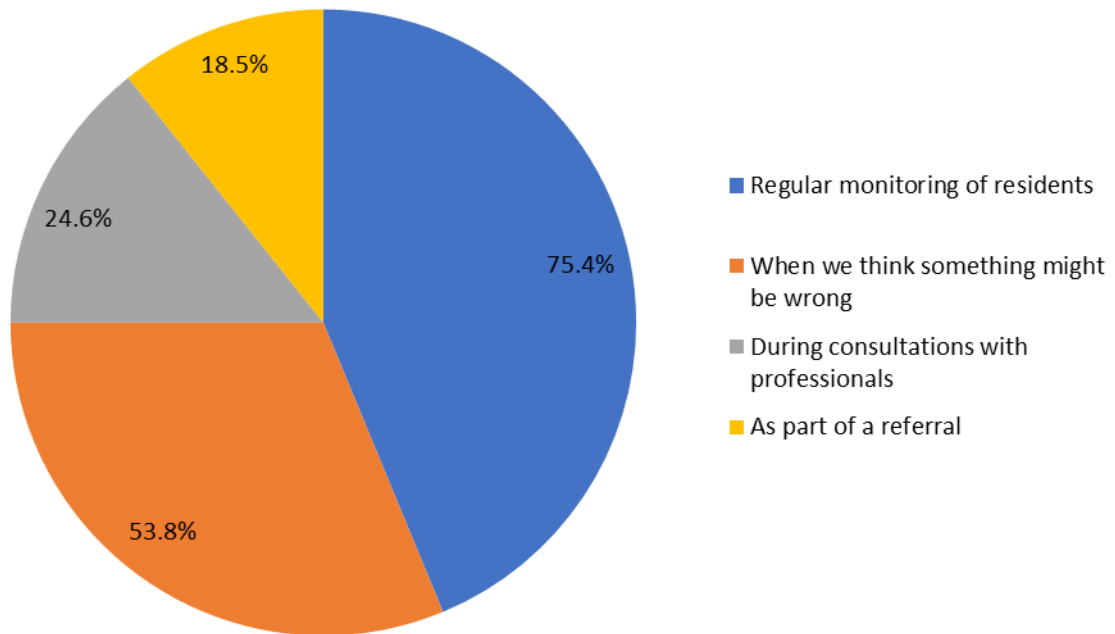
Weights

Falls and pressure recorded on electronic care plan

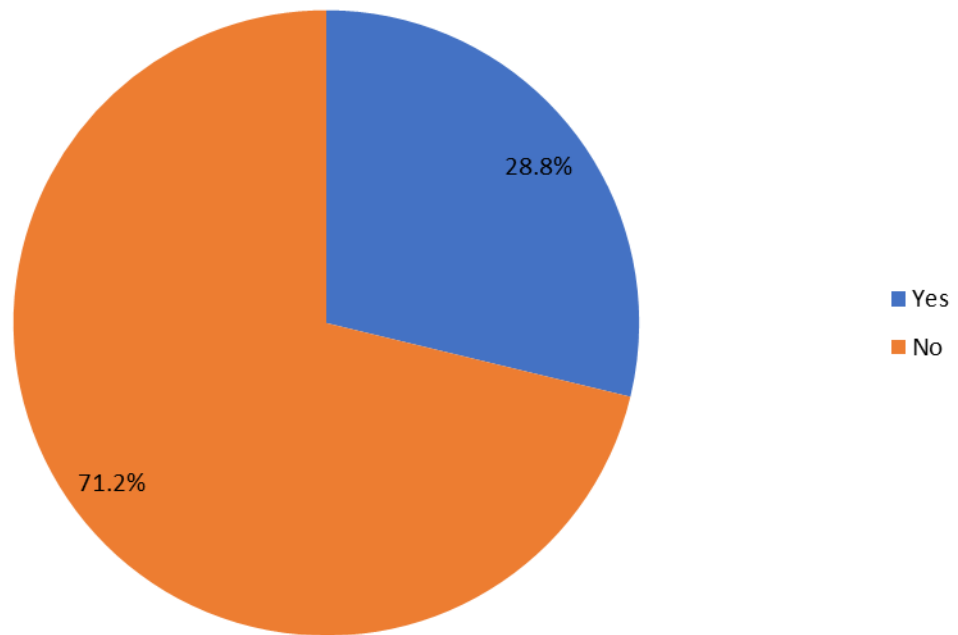
| |
|---|
| Fluid ins and outs recorded. |
| all of the above |
| All of the above |
| BP - resp - temp - o2 sats |
| Oximetrey and temps |
| daily temperature and COVID screening using a specific chart |
| All of the above also residents BM |
| when needed all monitoring can be carried out |
| temperatures |
| Temperatures twice daily. |
| We are able to do B/P, SATS, TEMP, Blood sugar monitoring, We also do insulin for our 2 residents. |
| We do obtain Oxygen levels and temperature only but this is only when a service users presents as unwell. |
| BLOOD PRESSURE,PULSE,OXIMETRY,TEMPERATURE,NEWS2 |
| BLOOD PRESSURE, OXYGEN LEVELS, TEMPERATURE, |
| We use the NEWS 2 Score |
| Monitoring is only done if resident consents. Residents at Durham House have advanced Dementia and are not always compliant with health monitoring interventions. |
| we already had news kits here |
| Temps are taken on a daily basis NEWS is used if health changes however we do NEWS on a monthly basis in conjunction with resident of the day so we have a base line |
| TEMPERATURES X2 DAILY |
| Daily temperature check son people we support and staff and if any emergency contractors need to visit. |
| Currently using NEWS kit daily (the NEWS2 was due to be rolled out with training to our Home, however had to be postponed due to the Covid-19 pandemic). Whzan system. |
| Tempertures daily |
| We undertake all of the above |
| Temps twice daily and weekly weights |
| Temperatures, Sats, BP, Pulse, BM's, resp rates |
| Twice daily Temperatures and Oxygen saturations for all Residents, residential and nursing. Also other baseline obs for any "poorly" residents as GPs are not coming on site. |
| Checking temperatures of each resident morning and evening |
| Temperature checks every day |
| TEMPERATURES |
| PULSE AND OXYGEN LEVELS OXIMETER |
| aLL OF THE ABOVE |
| ON REQUEST WE ARE TAKING BLOOD PRESSURES, PULSE, BLOOD OXYGEN LEVELS, TEMPERATURES DAILY |
| All of the above as we are a nursing home |
| temperatures at present |
| We complete temperatures on a twice daily basis due to COVID-19 |
| We routinely complete a full set of observations on each resident as part of a monthly review (BP Pulse Temperature, Oxygen saturation, Weight) |
| We record observations when asked to do so by another health care professional |
| We have just implemented the use of RESTORE2 and record NEWS scores |

| |
|--|
| Regular observation and baseline checks. We also do NEWS2 score for all our residents. |
| temperature and blood oxygen levels daily and all other observations weekly |
| All stats, body temperature 2x daily |
| Currently trying to access NEWS2 training |
| News scores |
| We take monthly baseline observations |
| Temperatures if any individual shows any symptoms of the COVID-19 |
| Check everyone's NEWS score every month or more often if not well. Since the pandemic, temperatures are taken daily. |
| This is carried out daily Temperature ,respiration etc |
| We are taking the temperatures twice daily , we have the equipment for blood pressure and pulse and oxygen but would only use this if needed |
| Observations for varied professionals, news not implemented fully by south tyneside council |

When do you use this monitoring?



Do you use a digital system for monitoring?



If yes please tell us which system you use?

| Answer Choice | Response Percent | Response Total |
|---------------------------|------------------|----------------|
| 1 Health Call | 20.0% | 4 |
| 2 Whzan | 40.0% | 8 |
| 3 TeleHealth | 10.0% | 2 |
| 4 Other (please specify): | 40.0% | 8 |
| answered | | 20 |
| skipped | | 124 |

care docs

At times i.e. where a resident is non-concordant with BP we use 'wrist BP machine' which does not connect with NEWS kit. The information has to be entered manually and with notes stating other equipment used.

Person Centred Software

ICare

N/A

M- finger pulse oximeter/ Digital blood pressure monitor/No touch infrared forehead thermometer

I am not sure as I am filling this

Do you use a tool to think about the 'soft signs' of someone becoming unwell?

| Answer Choice | Response Percent | Response Total |
|-----------------|------------------|----------------|
| 1 Yes | 33.8% | 22 |
| 2 No | 52.3% | 34 |
| 3 Unsure | 13.8% | 9 |
| <i>answered</i> | | 65 |
| <i>skipped</i> | | 79 |

If yes please tell us which one:

| Answer Choice | Response Percent | Response Total |
|---|------------------|----------------|
| 1 Is my Resident Unwell? | 33.3% | 7 |
| 2 Restore2 | 19.0% | 4 |
| 3 Stop & Watch | 14.3% | 3 |
| 4 Other | 33.3% | 7 |
| If "other" please give further details: | | 9 |
| <i>answered</i> | | 21 |
| <i>skipped</i> | | 123 |

EWS - Early Warning Scores tool

NHS check

care docs

mews

Pending receipt of the NEWS2 kit we have been using the forms 'Is My Resident Unwell?'

The documentation charts on our I Care electronic system

We also use the Capacity Tracker

We are planning to inbed REstore 2 into our practice

Our Nurses check and take appropriate action

Finger pulse oximeter

digital blood pressure monitor

forehead body temperature

Have you received any training on the digital solutions

| Answer Choice | Response Percent | Response Total |
|---------------|------------------|----------------|
|---------------|------------------|----------------|

| | | | |
|-----------------|-----|-------|-----------|
| 1 | Yes | 42.4% | 25 |
| 2 | No | 57.6% | 34 |
| answered | | | 59 |
| skipped | | | 85 |

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 |
| | | answered | 35 |
| | | skipped | 109 |

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 |
| | | answered | 33 |
| | | skipped | 111 |

Safety checks could be done by bar code scanning

Clocking in system

Stock control

Audit reminders

Pharmacy/controlled drug counts - currently all paper records

We feel, what we are doing is correct as our service users are safe and we have not had a single case of Covid19 at our care home.

We were instructed to use the Telemeds/Immediacare that is linked to our Hospital Hub and not to contact our GPs. This has proved very time consuming for our Home. It is a really useful tool for out of hours ONLY but we are a 114 bedded Home with at least 4 Nurses on any one shift who are all very experienced practioners. We worked really well with our local practices and would have been much happier continuing video calls and telephone consultations with them 9and discussing this with them, they were too!)

ELECTRONIC CARE PLANNING SYSTEM

The questions I have marked yes to in question 46 I feel confident in using these myself but I believe my staff team would greatly improve with this training being available to them.

BE ABLE TO LINK INTO AUDITING

I have found the virtual meeting to be very beneficial it gives opportunity for you to connect with other managers and professionals and gaining more knowledge. It helps in discussions when you can discuss what other people are experiencing but I also gives you the opportunity to discuss good points as well sharing is part of improving

there is always room for improvement and I envisage that using these types of systems are the way forward

Video consultation do have a role and may save GP time and time of referral for other services. They can be helpful, but we do find them limited.

tHIS WOULD ENABLE US TO HAVE DIRECT INFORMATION ABOUT A RESIDENT STRAIGHT AWAY. KNOWING THEIR NEEDS TO BE ENABLE TO TREAT AND KEEP SAFE.

All of the above would impact on the way in which we work and deliver care

we already use digital technology to monitor our service users and all medication and care plans are electronic

A stronger internet connection in 1 side of the building.

Keeps visitors away and hence safer for the residents

Time saving because it reduces travel time

However reception should be good. Sometimes the sound can be crackly and very low when the other person is not using the mic properly

Appendix 1: Survey

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

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. We would now like to understand which of these have helped you in your work, which might need refinement before they become mainstream and which have not worked.

It is really important for us to understand your views and opinions on how it has impacted on your work. We have also included some questions about how your residents feel, please take the time to ask if you can.

Together with the Academic Health Science Network (AHSN NENC) we are keen to gain a rapid insight into what we need to look at more closely in order 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.

We hope that this will take only 5-8 minutes to complete. Please fill in all or as many sections as you feel able.

We are looking to get a broad spectrum of responses, so please distribute widely across your teams so we get individual responses rather than just one per setting.

We are very grateful for your support with this.

Name of care home, free text optional response

Which CCG area are you in, drop down box (maybe by ICS for ease?)

Type of care home, drop down box, allowed to tick more than one

Care home with nursing
Care home without nursing
Specialist

Size of organisation, drop down box

Independent
Small chain (1-10 homes)
Medium chain (10-50 homes)
Large chain (50 & above)

Tell us a few things about yourself

Manager / Day staff / Night staff / clerical staff / qualified nurse, support staff

Thinking about Online consultations

Are you using On Line Consultation for your residents (tick box) Yes / No /

If Yes please complete the questions below (or go to question x – or can you it as Yes or tried but not fully implemented)

If no or not yet implemented please describe why FREE TEXT – set this as logic to capture this as only popping up if you click on no or not yet implemented?

Which system are your GPs using – Drop Down or tick box e-Consult / EMIS On-line Triage / AskMyGP / Engage Consult /not sure/ other (free text) (need to be able to tick more than one to get an idea of being asked to use multiple solutions from different Gps)

- Are you using online consultations for your residents? Yes no unsure
Please describe how you have used online consultation FREE TEXT
- Do online consultations reduce or increase workload/consultation time? (where 0 - significant reduction / 1 - slight reduction / 2 - no impact / 3 - slight increase / 4 - significant increase) 0-4
- Do you like Online Consultation? (where 0 is not at all to 5 a lot) 0-5
- Do you think your residents enjoy the experience, please ask them if you don't yet know, (where 0 is not at all and 5 completely ? 0-5 – Free Text to add any detail
- Do residents feel satisfied with the outcome ? (where 0 is not at all to 5 completely) 0-5 Please add any details (if applicable)
- Do you envisage Online Consultations being used in the future or is it a tool for use in the pandemic ? NOW / IN THE FUTURE / BOTH /OTHER (TEXT box) – tick box
- Approximately how many Online Consultations do you do per week? ADD A NUMBER
- Do you feel you had sufficient training in managing the Online Consultation software ? YES / NO – IF no what further training would you like (text box)
- Approximately what proportion of online consultations translate into a face to face consultation ? 0-20, 21-40, 41-60, 61-80, 81-100 %
- How could we increase the use of online consultations? FREE TEXT

Is there anything else you would like to tell us about your experience of online consultations ?
FREE TEXT

Thinking about Video consultations

Are you using video consultations (VC) Yes / No / Tried / Not yet implemented

If Yes please complete the questions below (or go to question x – or can you it as Yes or tried but not fully implemented)

If no or not yet implemented please describe why FREE TEXT – Emma can you set this as logic to capture this as only popping up if you click on no or not yet implemented?

- What tools have you used? DROP DOWN BOX- AccuRX / eConsult / iPLATO /Skype/Teams/Zoom Other (free text)
- How easy are the solutions to use (where 0 is not at all to 5 completely) 0-5
- What are you using VC for? Acute or urgent consultations / Planned Reviews / Long Term Condition reviews / Prescribing / Care home MDT Other (Free Text)
- If you have used video consultation – did you enjoy the experience ? (where 0 is not at all and 5 completely ?) 0-5 / N/A
- To what extent do you think your residents enjoy video consultations, please ask them if you don't know yet? (where 0 is not at all and 5 completely) 0-5 – Please add any details (if applicable)

- Do residents feel satisfied with the outcome, please ask them if you don't know yet ? (where 0 is not at all to 5 completely) 0-5 Please add any details (if applicable)
- How did your residents find video consultations?:
 - They didn't like them
 - They would prefer to see a doctor/other professional in person
 - They were happy with the experience
 - They preferred video consultations
 - Not applicable – we didn't have any video consultations
- How many cases then result in face to face appointments? % 0-20/21-40/41-60/61-80/81-100%
- Do you envisage video consultation being used in the future or is it a tool for use in the pandemic ? NOW / IN THE FUTURE / BOTH/ Other (Free TEXT)
- Is there an optimal approach / lessons you would like to share? If so can you share it? FREE TEXT

Is there anything else you would like to tell us about your experience of video consultation ?
FREE TEXT

Thinking about the ways you consult with the system

- When consulting with a GP what percentage do you use
 - Phone 0-20, 21-40, 41-60, 61-80, 81-100 %
 - On line
 - video
- When consulting with a community nurse what percentage do you use
 - Phone 0-20, 21-40, 41-60, 61-80, 81-100 %
 - On line
 - video
- When consulting with a practise nurse
 - Phone 0-20, 21-40, 41-60, 61-80, 81-100 %
 - On line
 - video
- When consulting with a hospital
 - Phone 0-20, 21-40, 41-60, 61-80, 81-100 %
 - On line
 - video

Thinking about NHS Mail

Do you have an NHS Mail account? (yes, no, in progress, don't see the need – free text for reason they may want to share)

If using NHS Mail, how can we support you and your organisation, what can we do to help you use it well? (free text)

I'm using NHS Mail to communicate with (multiple choice)

- Communicating with GP's
- Communicating with CCG/LA
- Communicating with Pharmacies
- Communicating with hospital discharge teams

- Other – Please list (Free text)

Not using NHSMail and would like to!

If you're a CQC registered organisation and would like access to NHSMail, please use the link below to create an account:

<https://www.digitalsocialcare.co.uk/covid-19-guidance/covid-19-quick-access-to-nhsmail/nhsmail-fast-track-how-to/>

Thinking about monitoring

Are you doing any physical health monitoring of your residents, i.e. taking blood pressures, pulse and blood oxygen levels (oximetry), temperature and respiration rates, (maybe NEWS2 scores)? yes no not sure.

If yes please describe what you do, free text.

When do you use this monitoring, drop down tick more than one

- Regular monitoring of residents
- When we think something might be wrong
- During consultations with professionals
- As part of a referral

Do you use a digital system for monitoring, yes no

If yes please tell us which system you use, Health Call, Whzan, TeleHealth, other

Do you use a tool to think about the 'soft signs' of someone becoming unwell? Yes no unsure

If yes tell us which one, drop down box, Is my Resident Unwell, Restore2, Stop & Watch Other

Thinking about Education and Training

- Have you received any training on the digital solutions, yes no
- Would you like additional training on, drop down box, tick more than one
 - Online conversation software (for residents to families/friends)
 - Video consultations (for residents to clinicians)
 - Using secure accredited email, including NHS mail
 - Using the hardware (tablets, laptops or mobile phones)
 - Boosting the connectivity in your home
 - Doing remote monitoring (taking physiological measures)
 - Ordering medicines using digital systems (Proxy Ordering)
 - Capacity Tracker

Is there any other areas of your work where you think a digital or technology solution could help you:

To keep people safe YES / NO / IF YOU ANSWERED YES PLEASE TELL US MORE FREE TEXT

To make your work more efficient YES / NO / IF YOU ANSWERED YES PLEASE TELL US MORE FREE TEXT

To improve your work life YES / NO / IF YOU ANSWERED YES PLEASE TELL US MORE FREE TEXT

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’

More perceptions of the use in Care homes from primary care are below

| |
|--|
| good but technology and wifi limits access= staff not allowed to use own phones |
| Pretty good |
| Positive |
| tablets were provided. No comms re how to use by the care team. ?availability of Skype on practice IT. Moved to accrux |
| Limited my the technology available at the care homes, needed to use staff members own phones if happy to |
| Very limited due to the care homes facilities and lack of capable WiFi connections |
| absolutely fine, if there is a member of staff with the technology to accept |
| good but technology and wifi limits access= staff not allowed to use own phones |

| |
|---|
| Excellent. Already have working relationships |
| Good |
| has worked really well |
| GPs reports it works well however some care homes have poor internet connection. Staff at the homes seem to use their own phones too. |
| Good - once they got the technology |
| ok |
| The care homes themselves have been very accommodating but they are not always geared up , internet can be a problem . |
| At first we had to rely on staff using their i-phones but our PCN/CCG is arranging for care homes to be supplied with tablets or some other form of equipment to allow video consultations. |
| Feedback has been good |
| We have always had very good experiences with our care home |
| I don't look after the nursing home but my colleagues have moved more to a virtual ward round from the home's nurses' stations, and video consultants where appropriate |
| The care homes aren't really geared up and using personal mobile phones isn't really appropriate |
| Not all have ipads etc. or they haven't got them out of the box. Having to use personal phones. |
| Ok - fit for purpose |
| great! saves GP wardrounds F2F and home visits |
| Fine from our end but they need support around network connections |
| Useful on some occasions. |
| Weekly contact made to our primary care home |
| SADLY NOT ALL HAVE A PHONE THAT THEY CAN USE FOR VIDEO AND STAFF ARE UNWILLING TO USE THEIR OWN PERSONAL PHONES |
| Varied |
| Variable- as staff using their own mobile phones to perform video consults |
| Excellent |
| sporadic |
| 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. |
| Took quite a long time but process will become easier |
| Not a personal experience, but appears to have gone down well with the GPs and the patients. |
| Issues with internet/wifi access at some homes makes remote triage difficult. |
| Weekly check ins are a great idea |
| Video consultation once the hardware was sent to the homes has been easy & an advance in efficiency of General Practice. We wasted a lot of valuable primarily GP time visiting for v minor issues. Patients & staff have appreciated this, feel more secure in our clinical judgement. Broadband is an issue- for picture & audio quality. Resorted back to telephone. |
| Hindered due to lack of technology until the last week (mid-May) when CCG have provided tablet devices for all. |
| Good |
| Great |
| very good |
| Feedback from our Care Homes has been very positive, it is saving time and means we are striking up relationships. It is early days but definitely something we will continue to use in the future |
| very helpful with the COVID situation, some teething problems with the homes and the IT. |
| a colleague has been doing this so hard for me to comment |
| Good |

| |
|--|
| mixed, some care home staff are not confident to use video calls |
| My colleague has done most of this work - initially they didn't have the hardware |
| I've used for acute consultations in care home and found it useful in conjunction to care home staff helping with measurements of vital parameters. |
| Care homes need to upgrade to using work owned products and need support to get a supportive infrastructure |
| Helpful and reduced need to visit home. |
| Initially they stopped contacting us at all which meant some sick patients were being missed. Now with the video links we are improving our links with homes and are gaining better relationships with them. This can be home dependent. |
| Good |
| Good |
| better now they have designated tablet computers rather than having to use their own mobiles |
| good |
| very bad. insufficient hardware and poor internet connection. Had to resort to use staff mobile and their personal data. |
| Much better if we can move to Microsoft teams and do a virtual ward round by scheduling video ward rounds with calendar function. |
| I have had limited contact and have not done any virtual ward rounds |
| Overall successful although early days yet. |
| I haven't used as no telemedicine but my colleague did |
| main issue was having a phone/hardware to allow us to see the patient |
| Really helpful during COVID pandemic to be able to video consult with the nursing homes. |
| I would perhaps caution that it is not "best practice" medicine, but needs must at the current time. |
| The technology, however, would support a greater MDT approach to care, enabling AHPs to attend patients and call for real-time advice, with ability of senior clinician to visualise the patient and situation. |
| Very useful |
| Excellent, facilitating "ward rounds" performed remotely using digital tablet device. |
| Very hard - our linked care home has been hit very hard with Covid-19 |
| Their IT is patchy, relies on nurses there having good 4g on their phones |
| Very receptive. A challenge with signal within the buildings and access to devices - tend to use care's own. |
| video consultation working |
| Adds to stress of care team trying to manage IT and patient care and consultations can be disrupted due to internet difficulties. On the positive side, has allowed a great deal to be done in avoiding face to face contact and risk during pandemic. |
| Good |
| Very good |
| Very good |
| We continue to have an exceptional working relationship with our local care homes. |
| As long as the home has an Ipad or tablet they generally seem able to walk the GP round the building doing a video ward round. |
| Seen a dramatic downturn in their contact |
| We have a named GP who does a weekly virtual ward round and who has also done ward rounds in person. |
| Excellent. Equipment access dependant. |
| Varied. Some homes reluctant to use this. but it is a very beneficial tool for GPs |
| Good |
| positive |
| Only just got running |
| Great |

| |
|---|
| Okay although often we use the mobile devices of the care home staff to see patients which is perhaps not ideal |
| Offering very different care, hard to establish rapport with new demented patients via links. Works ok for those we already know well. |
| Slow to adapt to new technology |
| Positive experience Weekly ward rounds and acutely unwell patients |
| Generally very good. Any issues have been to do with care home staff having poor wifi. |
| The staff have taken well to it as one would expect although I expect they will wish to go back to physical visits once the COVID crisis has passed. It has surprised me how well the residents engage with it, considering I look after a dementia home. |
| Very good feedback from GP's & Care Home staff while using AccuRX. Very simple and user friendly. |
| Brilliant when they have good band width otherwise can be a bit jumpy and difficult to use |
| Very good. Have used to do patient reviews successfully |
| Video consultations used ++ Staff have used their own mobile phones. Been useful to use video |
| Effective once you get set up |
| Useful and enable faster reviews /triage rather than acute visits. |
| difficult for deaf residents to hear but remains useful |
| Positive so far but we have a nurse dedicated to care homes who checks in with them each week. GP's also do a virtual ward round at all of them on a rotational basis |
| working ok |
| Useful, but poor sound quality at times. Allowed us to assess covid patients and support staff. |
| The use of ceilings of care if helping when speaking to the care home |
| reasonable |
| very good - staff are keen and willing to try to make it work |
| Excellent. Some patients are bemused by it but has ensured I can physically see all patients without exposing them to the risk of c19 |
| Depends on home and GP. One GP has great success doing rounds in care home via video. Another has given up and reverted to visits with PPE. |
| Excellent, AccuRx has been a life saver! It's opened up care homes to use, allowed us to do clinical examinations and reassure staff etc. Significantly reduced the need for home visits. |
| They have used their own mobiles which is difficult. |
| Can be difficult for patients to hear GP |
| care homes have adapted well methods put in place should be continued staff can manage many more problems than they thought |
| Hard they don't have the platforms or equipment |
| good |
| A much-needed tool in the COVID pandemic. however, I don't believe this type of consultation would be useful after the pandemic |
| good |
| Good |
| Good but could improve with dedicated mobile phones or alternative video/tel systems |
| very good. Care home staff are also on board and very proactive in doing the video consults. It has provided prompt and appropriate care |
| Useful but only again used for a very small number so far |
| Good, except many care homes don't or didn't have access to iPads and are having to use staff mobiles. Care homes need a few iPads to make the system work |
| Brilliant. Care home staff have excelled themselves in making themselves available with their personal mobile phones in order to connect to the video consultation. At our request and in response to the pandemic, the staff have been ready with vital obs in readiness for the call (Temp, BP, Pulse, Ox Sats and respects rate). I have been very impressed with their willingness to cooperate. |

| |
|--|
| They have gone very quiet |
| Ok. Connection generally not good. Very confusing and unsatisfactory for the elderly or dementia patient. However it's quick for us & keeps our bugs out! |
| Care homes do not have technology so we have to ring them first and obtain a staff mobile number. Care homes should have a minimum of a care home smartphone to be used for video consultations. |
| We have not quite started this however will be soon, it appears so far the issues will be down to the care home having to use the staff members phone and wifi not being effective enough. |
| Well received |
| Very frustrating for them & us as some have very bad wifi & we cannot connect to them. They state that their mobile phones won't even connect while at work. |
| Mixed. We have used the video consultation to consult with care home patients once every 28 days to ensure that the clinician does not have to visit to certify death. This has been extremely useful and safe practice during COVID19. There are problems which need to be addressed at the care homes, i.e., carers using their own personal mobiles, not having sufficient battery life or signal to some care homes. Video consultations has been extremely beneficial to the practice and we would like to progress this - work needs to take place with the care homes to offer them support in terms of equipment to further this |
| under the circumstances very positive although the care homes are using their own mobile technology as they apparently don't have the equipment in place! It can be time consuming - phoning them first to find who to connect to and then contacting them again to link up video consultations. |
| Mixed |
| I believe was issue with care home staff needing to be trained and initial resistance. I have not had feedback recently from GPs as isolating and working from home |
| Often disorganised & poor wifi coverage in homes leads to many dropped connections. Also elderly patients do not understand what is happening. |
| satisfactory |
| Very poor our technology wont allow this at present, we are hoping to receive monitors at our branch site to operate this. |
| most are amenable to use the technology but only one has been reluctant to use this |
| Mixed - some geared up for it quickly with obtaining ipad/laptop, others very obstructive! |
| Connections with care homes not always good quality |
| I personally have not used but my colleagues have and found it excellent |
| I do not work directly with care homes |
| Not a huge care home patient population. PCN does a lot of work with care homes and have carried out video consultations with all care home residents |
| Very good |
| Godd |
| Very good - works well, patients and staff like this method of keeping in touch |
| Technology can be a problem and poor Wifi connection so not always successful . |
| It doesn't work very well because they have a poor wifi signal in the residents' rooms. |
| positive! staff and patients understand the need to work remotely at the moment and seeing patients gives both them and us reassurance. This then makes it easier to continue to use this method of assessment in the future. |
| We have been aligned and had a weekly ward round in place for 15 years or more. The relationship is therefore already there and transitioning to telephone and video ward rounds has been easy. |
| Mixed - dementia patients often confused. Good for liaising with staff and doing 'ward-round' though |
| Some difficulty with accessing appropriate technology at their end |
| Good but not as good as an actual ward round |
| ok |
| mixed - not all care homes have had technology in place, and some staff were unsure how to work the technology. Once a good connection was established it worked well. |
| excellent if call is planned |

Great engagement with the care home that i manage - monthly video consultations to r/v all patients and ad hoc reviewed as needed for more acute issues.

Good

Challenging

This is related to the clinicians more than myself but they tell me that initially it was difficult as the homes did not have the gadgets to enable video consultation and once obtained there was a period of instruction and getting to grips with how it worked. For us it was essential so that we could care for our patients timely and appropriately and keeping everyone at reduced risk of spreading covid19.

Much better using video consultations particularly during the pandemic

None personally

Very good - although we don't have many patients in care homes

Ok

Small experience. It has worked well

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

It relies upon individual staff using their personal phones so not ideal

Very useful in order to meet new death cert requirements during this pandemic

not done by me

satisfactory- care home staff are using video consultation well

I have not been involved directly but feedback has been good

worked very well

great

it's been fine. Or clinical lead does however do weekly ward rounds at the care home so the video is more for any acute on the day problems.

fine. doing most consultations remotely using video.

Good

Biggest challenge is care homes not having adequate wifi/equipment to be able to carry these out

Seems to be working ok multiple patients booked in planned way to allow reviews of patients in a structured manner

I personally haven't used

use of video consults great during covid

The care homes themselves appear to have little resource and inadequate internet systems

As I work in reception, I have no direct experience with Care Homes other than when a staff member rings or queries a medication.

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.

They adopted well to both eConsult and video consultation for the "ward round"

Good uptake on video consultations

