



Care Home Telemedicine Service: Frequently Asked Questions

This is a live document and will be updated on a regular basis with frequently asked questions about the Hampshire Hospitals Foundation Trust Telemedicine Service.

TELEMEDICINE

1. What are the benefits to the system in using a telemedicine service?

For residents, the service will:

1. Enable them to stay at home and will reduce their likelihood of being agitated, disorientated and delirious
2. Reduce the risk of hospital acquired infections, falls and deconditioning
3. Enable them to die in their place of choice
4. Improve their experience and enhance their quality of life

For the Care Home, the service will:

5. Expedite access to secondary care professionals with experience of assessing and managing acute exacerbation for individuals living with frailty
6. Provide a real time, two-way discussion about deteriorating patients
7. Support the development of an agreed risk sharing plan about how to manage residents
8. Provide increased staff confidence and competence

For the NHS, the service will:

9. Support the appropriate utilisation of the workforce and resources
10. Improve bed flow, reduce the number of delayed transfers of care and reduce the length of stay of admitted patients, resulting in improved system resilience
11. Reduce demand on Out of Hours (OOH) services

TELEMEDICINE SERVICE PATHWAY

1. What number do I need to call to access the Telemedicine Service?

You can contact the service on 📞 0300 772 7765

2. When can I call into the service?

You can call the service 08:00 – 22:00 hours, seven days a week

3. Why isn't the service 24/7?

The service is new, and we are actively recruiting team members, once we have enough staff we'll work towards a 24/7 service incrementally.

4. What happens when I call the service?

Your call will be answered by an experienced and qualified health care professional. They will go through a series of questions with you to be able to offer you advice and support for your resident. The Telemedicine team works closely with the community teams (e.g district nursing) and will be able to co-ordinate with them when required. If during the consultation, the telemedicine team feels your resident requires a hospital admission, they will arrange this for you.

5. What types of things can I call in with?

Call the Telemedicine Service if your resident has a health event which is unexpected and/or sudden. For example:

- Higher than usual RESTORE2™ score
- General deterioration: The person is off food/drink, unable /unwilling to mobilise, not passing urine or opening bowels
- Any type of fall or trauma (incl. head and neck) or broken bone: including those on blood thinners
- Suspected infection (e.g. urine infection, chest infection)
- Symptom control
- Breathlessness
- New confusion / delirium
- Sudden and unstable diabetes management
- Swallowing deterioration
- Chest pain
- Suspected stroke
- Abdominal pain
- General pain management

6. What should I not use the telemedicine service for?

The service is not appropriate for routine and predictable care, such as those you would normally access via the GP or Community Pharmacy. For example:

- Repeat prescription
- Chasing a test result
- Routine blood tests
- Ongoing health conditions

7. How do I know when to call 999 and when to call the Care Home Telemedicine Service?

If a resident **does not** have an Advanced/Anticipatory Care Plan, and the resident experiences a life-threatening event e.g. **weakness down one side, crushing chest pain**

ACTION - RING 999

8. When should I call the telemedicine service?

- If a resident **does** have an Advanced/Anticipatory Care Plan stating not for hospital admission, and the resident experiences a life-threatening event e.g. weakness down one side, crushing chest pain
- If a resident is experiencing symptoms not thought to be life threatening

ACTION – RING THE TELEMEDICINE SERVICE

The service will not stop access to 999 services, but it may be able to offer more appropriate care in the care home environment

9. How is this service different to other services?

The Care Home can access from a GP or the Out of Hours Service.

You should call your GP surgery for 'Routine and Predictable' health needs; the Telemedicine Service is for 'Sudden and Unexpected' health needs i.e. sudden and unexpected deterioration. Out of Hours can only be accessed after the surgery is closed. The Telemedicine service once fully staffed will operate 24/7.

10. When should I call the 111 service?

Telemedicine is open from 8am until 10pm 7 days a week, and gives you instant access to clinicians avoiding any long triage process. Out of these hours you should call 111 for non-urgent health declines.

11. What care homes are covered?

The service currently provides support for 228 Nursing, Residential and Learning Disability homes across the North, Mid, South Eastern and South West of Hampshire.

12. What things does my care home have to have ready before they call the Telemedicine Service?

- If you are using RESTORE2 we recommend you take observations before calling and have access to the SBARD handover tool.
- If you are not using RESTORE 2 yet, then please have the soft signs of your resident's deterioration to hand.
- If your home is not trained to use either of these, it is crucial that your home becomes compliant at the earliest opportunity. This is important to enable the service to assess and advise appropriately.

See the Clinical Tools and Observation section

13. What about transport to and from the hospitals?

If during the consultation the Telemedicine team feel your resident needs to go to hospital, they will arrange the transport for you.

14. Can the Telemedicine Service support homes when residents are nearing the end of their life?


Yes. The telemedicine team can support you to care for end of life residents in the care home setting.

- They can organise for the Community Nursing Team to visit to put up syringe drivers
- They can help interpret, create and amend Advanced Care Plans in the best interests of residents.
- Ultimately, the service will be there to offer the team advice and support during

this time.

CLINICAL TOOLS AND OBSERVATIONS

1. Where can I obtain more RESTORE2™ booklets?

Please download resources from:  [RESTORE2™ official \(hampshiresouthamptonandisleofwightccg.nhs.uk\)](https://hampshiresouthamptonandisleofwightccg.nhs.uk)

2. What are soft signs?

You do not need to be a registered health care professional to notice a soft sign. Soft signs can be subtle changes that give you an early indication that a resident may not be well.

Soft signs fall into three categories: Physical, Mental and Behaviour.

Physical soft signs may include:

- shortness of breath and/or
- decreased urine production and/or unsteady on feet
- A sudden change in oral intake or mobility

Mental soft signs may be

- increased anxiety and/or
- agitation and/or
- withdrawal

Behaviour soft signs may include

- sleep disturbance and/or,
- tiredness and/ or
- Restlessness.

NHS Health Education England with other NHS collaborators have developed a YouTube video to explain more fully, which can be found here <https://www.youtube.com/watch?v=7gMo13z3BYI>

If your home is not trained to use RESTORE2 or recognise soft signs, it is crucial that your home becomes compliant at the earliest opportunity. This is important to enable the service to assess and advise appropriately.

3. What does SBARD stand for? (*This is relevant if you have completed your RESTORE2 training*)

SBARD stands for Situation, Background, Assessment, Recommendation and Decision

Situation	<ul style="list-style-type: none">•What's happened•How are they•NEWS2 score if available
Background	<ul style="list-style-type: none">•What is their normal•How have they changed
Assessment	<ul style="list-style-type: none">•What have you observed•What have you done
Recommendation	<ul style="list-style-type: none">•I need you to..e.g. I need the telemedicine service to prescribe pain relief for example
Decision	<ul style="list-style-type: none">•What have you agreed•Include any Treatment Escation Plan and further observations

4. What if I cannot take clinical observations e.g. blood pressure?

You can still use the telemedicine service; however it is strongly recommended you book onto the next available RESTORE2 and vital signs training being offered in your area.

When you call the Telemedicine service please explain that you are unable to take the residents' observations, but please have any soft signs of deterioration available for the team.

If you're unsure, the Telemedicine team can support you with taking the clinical observations by giving instructions, repeating the information and will calculate the RESTORE2 overall score for you.

5. Is there a website I can refer to?

- **RESTORE2 resources** – to access the workbook, training pack, awareness slides, competency documents and online videos, please visit:
🔗 [RESTORE2™ official \(hampshiresouthamptonandisleofwightccg.nhs.uk\)](https://hampshiresouthamptonandisleofwightccg.nhs.uk)

- **Telemedicine resources** - ahead of utilising the service. These resources can be found on:

🔗 <https://telemedicinehampshire.nhs.uk/>

- **Health Education England resources** – If you’ve been on the RESTORE2/RESTORE2 mini training you can access 14 short (2-3 mins each) videos, to help you improve the skills you need to use RESTORE2™. Videos 5-10 are particularly useful for staff who are new to taking clinical observations (please note, these videos do not prove competence – your Nurse Facilitator or Enhanced Health Care Practitioner can guide you through the competency assessment). Video 12 shows how to use the SBARD tool to communicate the relevant information to the Telemedicine Service. Titles of the videos are shown in the table below, and all videos are available on YouTube from: www.youtube.com/playlist?list=PLrVQaAxyJE3cJ1fB9K2poc9pXn7b9WcQg

1. Introduction to sepsis & serious illness	2. Preventing the spread of infection
3. Soft signs of deterioration	4. NEWS What is it
5. Measuring the respiratory rate	6. Measuring oxygen saturation
7. Measuring blood pressure	8. Measuring the heart rate
9. Measuring the level of alertness	10. How to measure temperature (ear)
11. Calculating and recording a NEWS score	12. Structured communications & escalation
13. Treatment escalation plans & resuscitation	14. Recognising deterioration in people with learning disabilities

6. How do I book onto the RESTORE2 and vital signs training?

To book onto the RESTORE2 or vital signs training please contact your Nurse Facilitator

DIGITAL

1. Why do I need an NHS.net generic email account?

After contacting the Telemedicine Service a summary of the consultation with an agreed action plan will be emailed to both the care home and GP service. It is very important that we have access to an email address that meets appropriate data protection standards.

If you have a verified secure e-mail then you do not necessarily need an NHS.net

account.

Telemedicine may ask you to send pictures or set up a Video consultation using Microsoft teams, we therefore recommended your secure e-mail account is set up on a portable device.

2. I need some guidance on how to use Teams, can you help?

Please contact your I.T support team for your care home

CONTACT INFORMATION

1. If I want more information on the service who can I contact?

- General enquires: hh-ft.telemedicineteam@nhs.net