



Hampshire, Southampton and
Isle of Wight
Clinical Commissioning Group

Care Home Telemedicine Listening Event: Summary Report (Summer 2021)



Hampshire Care
Association

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Why did we have Listening Events and what we wanted to achieve?

- The Hampshire and Isle of Wight (HIOW) Telemedicine Service (TMS) for care homes launched - 14th April 2020, accelerated by 6 months due to COVID-19.
- So much had been achieved in a very short space of time:
 - The service supports 228 care homes (with/without nursing, inc. learning disability homes)
 - A total of c.8,300 care home beds - 49% of care home beds & 36% of care homes within the Integrated Care System (ICS)
- Held three Listening Events: 18th June, 22nd June and 13th July 2021
- The Aim of the Listening events was to create an opportunity to:
 - To reflect and think about how the service is performing and what we want this services to look like in the future
 - To create an environment to listen and hear – in order to gather intelligence

Summary of partners/people involved



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- **Speakers**

- Dr. Nicola Decker, Clinical Leader - NHS Hampshire, Southampton and Isle of Wight CCG. Hampshire and Isle of Wight Integrated Care System (HSI CCG)
- Dr. Adrian Hayter, National Clinical Director for Older People and Integrated Personal Centred Care, NHS England
- Jane Sproat, Assistant Director, Digital Community Health Services. NHS England

- **Facilitators**

- Una Davey - Head of Service, Hampshire Age Concern
- Karen Ashton - Assistant Director, Adults' Health and Care, Hampshire County Council (HCC)

- **Break Out Rooms Facilitators**

- Shivani Nagpal, Strategic Lead, Hampshire Care Association
- Phil Conway - Senior Consultant, Transformation, Adults' Health and Care, HCC

- **Rooms Scribes**

- Bev George, Chris Gunner, Nicki Rogers, Susan Richardson - Nurse Facilitators, HSI CCG
- Anita Harmon, Htwe Armitage, Jane Walker - Telemedicine Project Team, Hampshire Hospitals NHS Foundation Trust

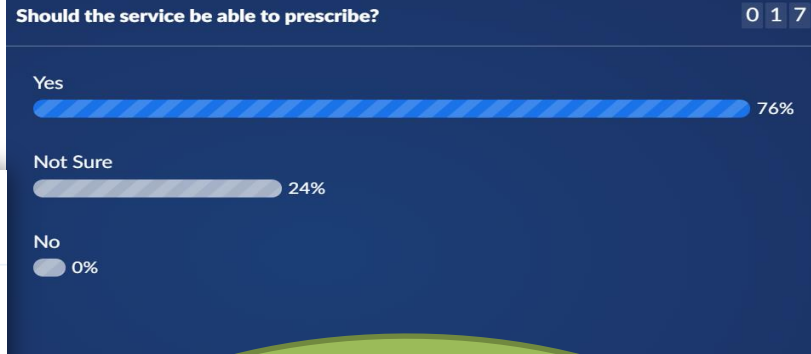
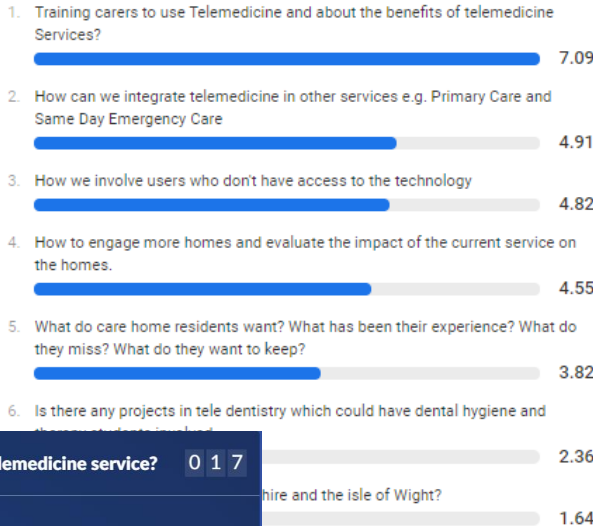
- **Event Coordinator**

- Rebecca Wheeler, Senior Transformation Manager, HSI CCG

Methodology

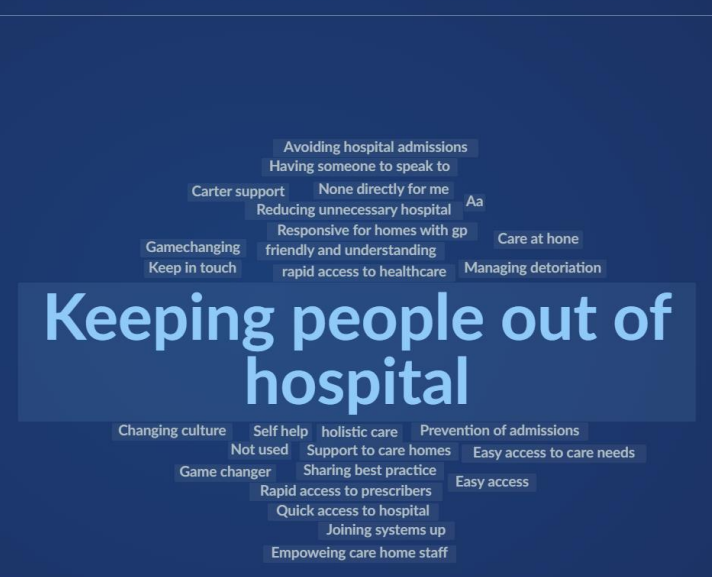
slides

These are your 'Crowd Sourced Questions'. Please rank them in priority order for discussion. 0 1 1



*Break Out Rooms
Scribes identified for each phase of the event.
Briefed to capture quotes and chat bar dialogue.
Thereby enabling thematic analysis*

What have been the main advantages of there being a telemedicine service? 0 1 7



Keeping people out of hospital

- Multiple choice
- Word cloud
- Quiz
- Rating
- Open text
- Ranking

What other ways can telemedicine support residents? 0 1 1

- Emergency consultation
- In supporting loneliensss and a social context
- Specialist clinical services
- virtual wards oximeters etc
- Involving collateral family in collateral history
- Remote diagnostics ie USS ecg
- Specialist clinical services
- Calling back for update
- independence for them to speak
- Motivation connecting to communities reducing loneliness
- SALT SUPPORT
- self worth
- Safety netting
- Supportive clinical conversations
- Ringin back to check on progress
- Mental health
- Rehab and reablement



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Summary of Participation and Interactions

Main Room Summary

Live polls Audience Q&A **Analytics**

14 of the 97 who joined, did not actively participate

Event overview

Infographics Export

Active participants	83	Questions	0	Poll votes	265
Joined participants	97	Likes / dislikes	0 / 0	Polls with interaction	4
Engagement score	265	Anonymous rate	0%	Votes per poll	66

- Poll results
- * Let's get the dialogue going 41
 - What was your favourite movie as a child? 17
 - Using one word, give us ideas of what to do on a staycation? 15
 - Post Event Feedback 15



265 interactions / 97 joined participants = 3.2 interactions per person

265 interactions / 4 polls (*) = 66 interactions per poll

Care Home Break Out Room Summary

7 of the 33 who joined, did not actively participate

Event overview

Infographics Export

Active participants 26 Joined participants: 33 Engagement score: 119	Questions 0 Likes / dislikes: 0 / 0 Anonymous rate: 0%	Poll votes 119 Polls with interaction: 11 Votes per poll: 11
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Poll results

- * What have been the main advantages of having access to telemedicine (things you like)? 17
- Should the service be able to prescribe? 17
- Should the service operate 24/7? 15
- What have the main frustrations/challenges /barriers been when using the service? 11

What have been the main advantages of having access to telemedicine (things you like)?

N/A
I haven't personally used it

Accessible
Video Flexibility

speedy decisions and
prescribi

119 interactions / 33 joined participants = 3.6 separate interactions per person

119 interactions / 11 polls (*) = 11 interactions per poll

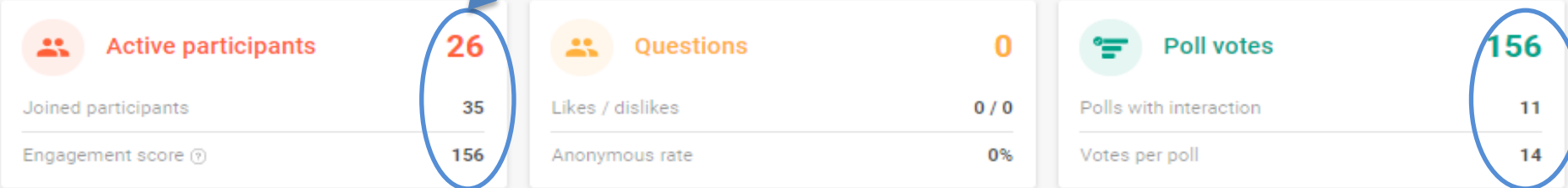
Non-Care Home Break Out Room Summary

Live polls Audience Q&A **Analytics** Settings

9 of the 35 who joined, did not actively participate

Event overview

Infographics Export



Poll results

- * These are your 'Crowd Sourced Questions'. Please rank them in priority order for discussion. 19
- If we were to collaborate across the patch, what do we need to understand? 18
- What have been the main advantages of there being a telemedicine service? 17
- Main frustrations/challenges/barriers about this type of service? 16

- These are your 'Crowd Sourced Questions'. Please rank them in priority order for discussion.
- 1. How we involve users who don't have access to the technology 8.16
- 2. What do care home residents want? What has been their experience? What do they miss? What do they want to keep? 7.58
- 3. How to engage more homes and evaluate the impact of the current service on the homes. 5.90
- 4. How can we integrate telemedicine in other services e.g. Primary Care and Same

156 interactions / 35 joined participants = 4.6 interactions per person

156 interactions / 14 polls (*) = 11 interactions per poll

Summarised Themes



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Scribe notes, coupled with the Sli.do findings enabled six salient themes to be identified

- 1. Co-design, collaboration and communication**
- 2. Access to other clinical services:**
- 3. Digital maturity**
- 4. Access and equity**
- 5. Training, advice and signposting**
- 6. Clinical governance**

Themes unpacked 1 of 2



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1. Co-design, collaboration and communication

- a) Care Home staff, residents and family members should be invited to participate in direct and design
- b) There is limited/variable knowledge and understanding of the TMS
- c) Communication is key, and it requires a lot of attention and improvement

2. Access to other clinical services: Number of specialties that Care Homes would value having access to, notably:

- a) Speech and language therapy
- b) Expansion of tele-rehab services
- c) Older person mental health
- d) Oral and dental services

3. Digital maturity

- a) In order to progress TMS within the ICS, the service needs to consider how to support homes to engage with digital to better effect
- b) Digital maturity was found to be an issue in regards to competence, confidence, infrastructure and hardware
- c) In regards to digital competence of staff, this will be an ongoing endeavour due to the turnover of staff within this sector

Themes unpacked 2 of 2



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4. Access and equity

- a) 24/7 service offer - 60% of attendees said yes. 30% of attendees said no/not sure. Many people suggested an offer between 0800/0700 – 2200/2359 – no clear view
- b) It was very clear that all care homes across the ICS should have access to a TMS.
- c) There was no clear rationale as to why the service should be bespoke to certain areas within the ICS
- d) In order to increase equity, residents in their own homes, learning disability homes and mental health homes should have fair access to this service
- e) The vast majority of attendees wanted the service to have a prescribing function

5. Training, advice and signposting

- a) There was a strong theme about supporting homes to improve their knowledge regarding task based skills and competence
- b) There was a theme around a 'Virtual Training Offer' e.g. wound care, skin tears, RESTRORE2
- c) Care home staff need to navigate the local health and care system. This can be problematic with high turn over

f) Clinical governance

- a) This was an unexpected theme, and was described in a number of different ways '**safety netting**', '**supportive clinical conversations**', '**follow ups**', '**ringing back to check on progress**' and '**more support in decision making**'
- b) It is important to note that care home staff work very autonomously. Without easy access to very senior clinical oversight. As such, this was interpreted as a means to access enhanced clinical support, thereby improving clinical governance arrangements

Post Event Feedback (1 of 2)

What did you like about the event?

Inclusive and participative approach

Informative and enabled the participants to hear diverse views and perspectives

Well executed

What did you dislike about the event?

Participants were new to Zoom and Sli.do, impeding full participation

Needed a greater number of Care Home participants

- **What did you find useful about the presentations?**

- The speakers were informative and the presentations were useful as they offered the strategic view and used examples to show what this meant for patients
- Really helpful to hear about the regional and local context side by side

Post Event Feedback (2 of 2)

Anything else you like to tell us?

Great approach and insights

More of the same – need ongoing conversations



- **How did you find your break out room? What was good, not so good?**
 - They were well received
 - Facilitation helped the discourse
 - They could have been longer
 - A good place for discussions. However, the people in the room were strangers and this may have impeded participation

Limitations



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- **Number of attendees and active participation**
 - The speakers could only speak at times that coincided with school pick up time
 - Participant attrition after the speakers presented, ahead of the breakout rooms
 - Due to these limitations there may be questions about external validity
 - However, the qualitative themes were consistent. Thematic saturation was achieved
- **Virtual Listening**
 - The event was held virtually due to COVID restrictions. People were in a virtual space and they had never met before (*'strangers'*). This inhibited participation in the break out rooms
- **Technology**
 - Zoom and Sli.do utilisation was new to the attendees. This had an impact on participation
- **Care Home Engagement**
 - The event needed more care home attendees and the ones that did attend, did not consistently participate

Next steps



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These Listening Events are the beginning of a longer term approach to consistent and regular Communication, Engagement and Participation with care home partners, families and residents. This approach will be vital to develop action plans against the six identified themes.

- **Communication**

- Found to be a significant area for improvement. This needs immediate and non-clinical expertise to plan and perform on a consistent and systematic basis

- **Engagement**

- More smaller, regular and routine opportunities to engage with homes independently of wider system
- Engage care homes in a forum they are familiar with to enable great confidence to participate
- Utilise mixed methods of engagement: virtual, in-person, surveys, focus groups...

- **Participation**

- Identify a consistent number of care home staff/residents/family members to actively participate and work within wider working groups to work through the intelligence identified within each of the six themes. A consistent team will create a sense of cohesion and psychological safety

This will be achieved in a working group format where the themes will be unpacked into specific actions with associated timeframes for achievement. Of which will be regularly feedback to the wider care home sector.

Appendices



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- 1. Appendix One: Care Home Break Out Room Findings By Question**
- 2. Appendix Two: Non-Care Home Break Out Room Findings By Question**
- 3. Appendix Three: Post Event Feedback Findings By Question**



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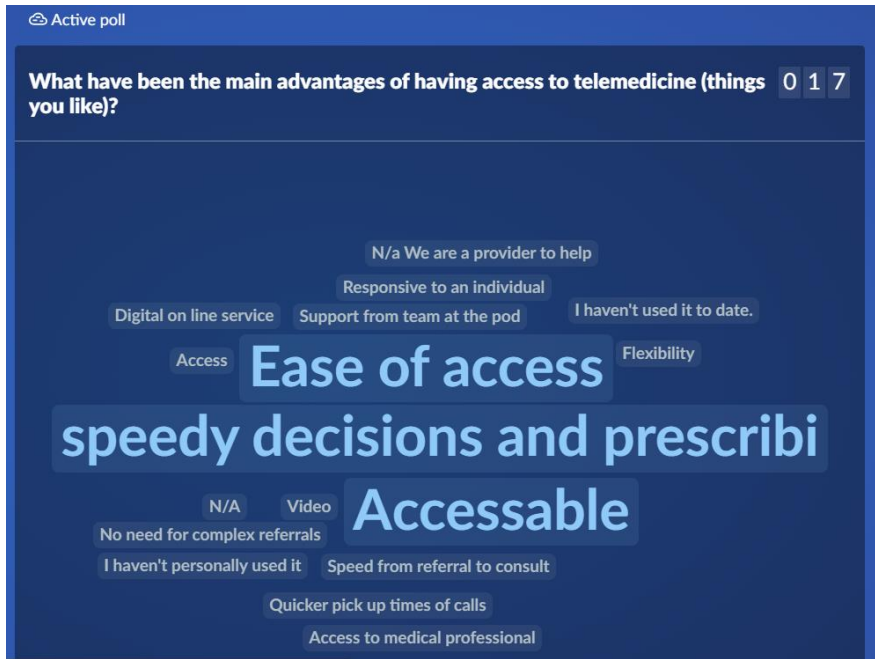
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**Appendix One:
Care Home Break Out Room Findings
By Question**

Care Home Break Out Room – By Question



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Themes identified by scribes:

- Speed to a consultant
 - Access
- RESTORE2 enables a common language for communication, escalation and decision making

Main advantages:

Access – 6
Speed - 6

What have the main frustrations/challenges /barriers been when using the service?

0 1 1

Confidence in using technology
Homes not engaging
Disruptive wireless
So many priorities some feel o
Technology not working

Oral health care not part of t

Connectivity
some desicions made seem rush
Engagement from homes
Should be fitting in with
Firing in with other services
Connection poor

Main frustrations:

Digital access in homes -5
Homes having the capacity
to engage - 4
Oral Health - 2



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Themes identified by scribes:

- *Care Home staff are not confident to use the*
- *They do not have good access to equipment*
- *There is connectivity issues*

How could it be improved?

010

- Longer sessions to cover out of hours
- Prescribing over all areas
- Support now and for the future
- Involvement of service user
- Family input
- Supporting user involvement
- devices for service users
- family involvement
- Smaller device
- Prescribing across all areas
- Continue to provide plus rehab and dentistry
- Longer session to cover out of hours
- Providing feedback to the homes

Number of times:

Co-design with service users and family – 5

Prescribing – 2

Hours of access – 2

Devices - 2

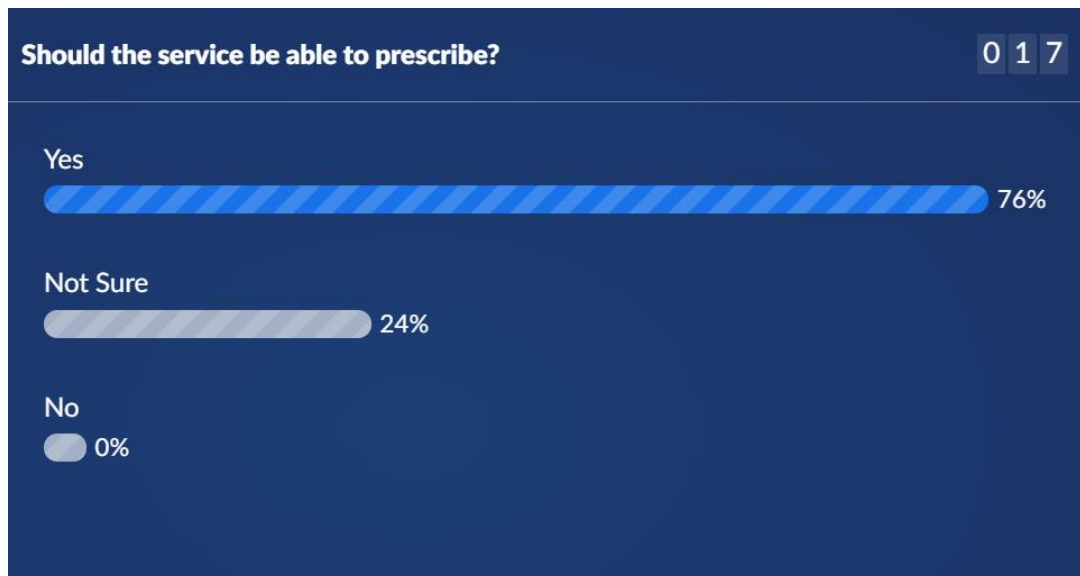
Yes, No, Not Sure...



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Scribed dialogue

- All dialogue consistent, that this is a 'must do'
- However, there was a suggestions about how to use existing system pharmacists? Rather than recruit our own

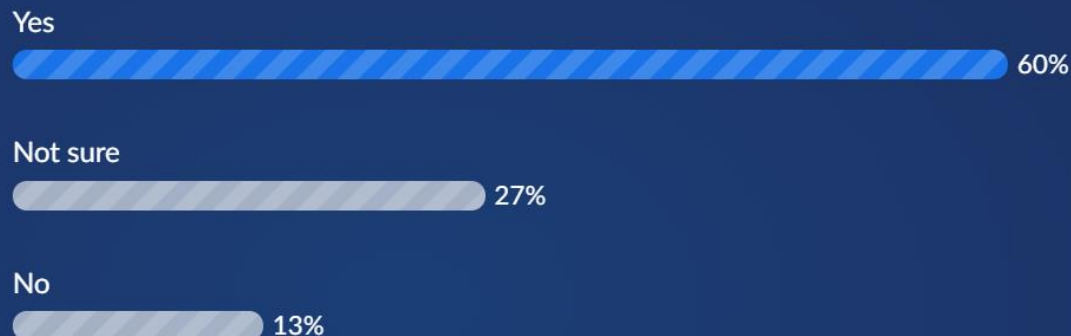




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Should the service operate 24/7?

0 1 5



Scribed dialogue

24/7 – split decision

0800-2200

0700 - 2200

Close at midnight, thereby
enabling night staff access

If not 24/7, what would be key timeframes that it should be open?

0 0 4

7-10

night staff may be busy until 10

7am -10pm

up until midnight? Night staff to access?

8am to 10pm

8-10pm

Themes identified by the scribes:

- *Telemedicine should not be an exclusively videoconferencing solution.*
- *Telephone calls should remain an option for homes with poor digital capability*
- *Should not replace face to face care*
- *Digital should improve care and not direct care*
- *In some cases, it might not be appropriate to use digital or continuous monitoring*

What should not be a telemedicine service?

008

Emergency care
Possible cardiac
emergency

Routine prescription issues

Ongoing treatment plan

Not a substitute for face to face

A replacement for face to face

Summary

Emergency Care – 2

Routine Care – 2

Replacement for in person care delivery - 2

Lots of fantastic ideas, three main themes:

Access to specialist services e.g. SALT, Rehab, OPMH, diagnostics – 7
Support with **Social Isolation** and Mental health - 5
Follow ups and Safety netting, to support **Clinical Governance** - 4

What other ways can telemedicine support residents?

- Emergency consultation
- In supporting lonelienssss and a social context
- Specialist clinical services
- virtual wards oximeters etc
- Involving collateral family in collateral history
- Remote diagnostics ie USS ecg
- Specialist clinical services
- Calling back for update
- independence for them to speak
- Motivation connecting to communities reducing loneliness
- SALT SUPPORT
- self worth
- Safety netting
- Supportive clinical conversations
- Ringing back to check on progress
- Mental health
- Rehab and reablement

011

Themes identified by scribes:

- *Domiciliary Care support for carers*
- *Oral Health*
- *Expansion of tele-rehab services*
- *Mental health support*
- *Night shift workers – feel vulnerable. This service offers safety netting*

Care Homes would value access to:

Therapies – 3

OPMH – 3

Social Support – 2

Dentistry – 1

Domiciliary Care – 1

SALT – 1

If telemedicine offered access to other services. What should they be?

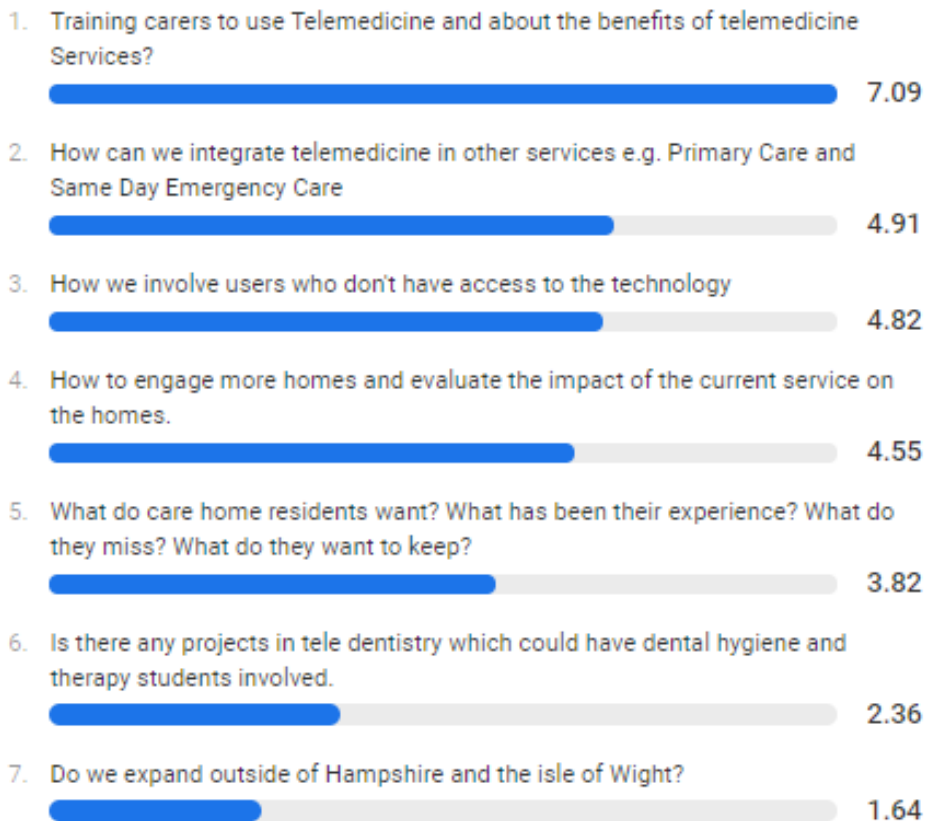
009

SALT? Dom care
Voluntary connections
Dentistry
Opmh mental health
counselling OT/physio
Social support/ befriending
Rehabilitation

Themes identified by scribes:

- *Restorer Training*
- *Virtual Clinical Supervision*
- *Virtual training packages for care homes*
- *Outpatient Parenteral Antibiotic Therapy with remote monitoring*

These are your 'Crowd Sourced Questions'. Please rank them in priority order for discussion. 0 1 1



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What conversation went on here?

- *Training of care home staff was mentioned +++ times. This is in relation to high staff turnover who are not familiar with 'our' health and care system. ? Opportunity around 'on boarding' and signposting*
- *Discussion that a 'Relationship' manager would support this. Who can support with all questions. "There are no silly questions".*



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Appendix Two: Non-Care Home Break Out Room Findings By Question

Summary of Key themes

Access – 9

Caring for people at home (out of hospital) – 6

Innovative - 3

What have been the main advantages of there being a telemedicine service?

0 1 7

Keeping people out of hospital

Avoiding hospital admissions
Having someone to speak to
Carter support
None directly for me
Reducing unnecessary hospital
Responsive for homes with gp
Care at home
Gamechanging
friendly and understanding
Keep in touch
rapid access to healthcare
Managing deterioration
Aa
Changing culture
Self help
holistic care
Prevention of admissions
Not used
Support to care homes
Easy access to care needs
Game changer
Sharing best practice
Rapid access to prescribers
Easy access
Quick access to hospital
Joining systems up
Empowering care home staff

Summary of Themes:

GP endorsement (lack of) – 3

Care Home Digital Infrastructure - 3

Equity of geographical access & prescribing – 2

Ability to access right person first time – 2

Care Home Engagement – 2

Being referred back to GP (comms?)- 2

Main frustrations/challenges/barriers about this type of service?

0 1 6

Double appt, phone then
video
Hard to reach the right people
Not spoken to us in hospital
Slow to implement everywhere
Duplication with
gp
Connectivity
WiFi dependant technology
cannot prescribe
not as quick as my GP
Documentation
Behaviour changes
People's buy in

GP not wanting to use Engagement

Using the technology wi fi

Possible loss of human co

Not equitable across the patch

Getting the right
professional

Being referred back to GP

Themes identified by Scribes: Communication & Engagement

- *“The pandemic made everyone set up things quickly without speaking to one another”*
- There is uncertainty that the pilot will continue. As such engagement from the CH sector is a barrier. Care Homes are very busy and have limited capacity to invest energy with a service that may not exist in the future
- *“I didn’t actually know we had Telemedicine in our area and I work at Lymington Hospital. I’ve not had any interaction with them and unsure whether that’s because they’ve been very effective or maybe it’s not working so much in our area. I talk to care homes often and I didn’t know there was another route we could have been using”*

- Able to see and trust good advanced care plans
- interact more with residents not carers
- More support in decision making
- Compliment not replace F2F care.
- Having a prescriber all the time
- Information sharing
- help support to get face to face reviews when needed
- Support for care homes to use confidently
- Increasing PT confidence in service
- Ensure all care homes take part
- able to prescribe in my area
- better information sharing with GP's
- Supporting care homes to use well
- To someone provide care homes in confidence of using the service
- More engagement with care homes and GPs
- Not through GP
- Not used yet so cannot comment
- More intuitive
- Single clinical communications centre for the region
- To be used more

Summary of Themes

Train and Support homes to use – 4
Improve communication and Engagement with homes – 2
Equity across the area – 2
Effective information sharing, to support decision making - 2

Identified Scribe Themes: Clinical Governance

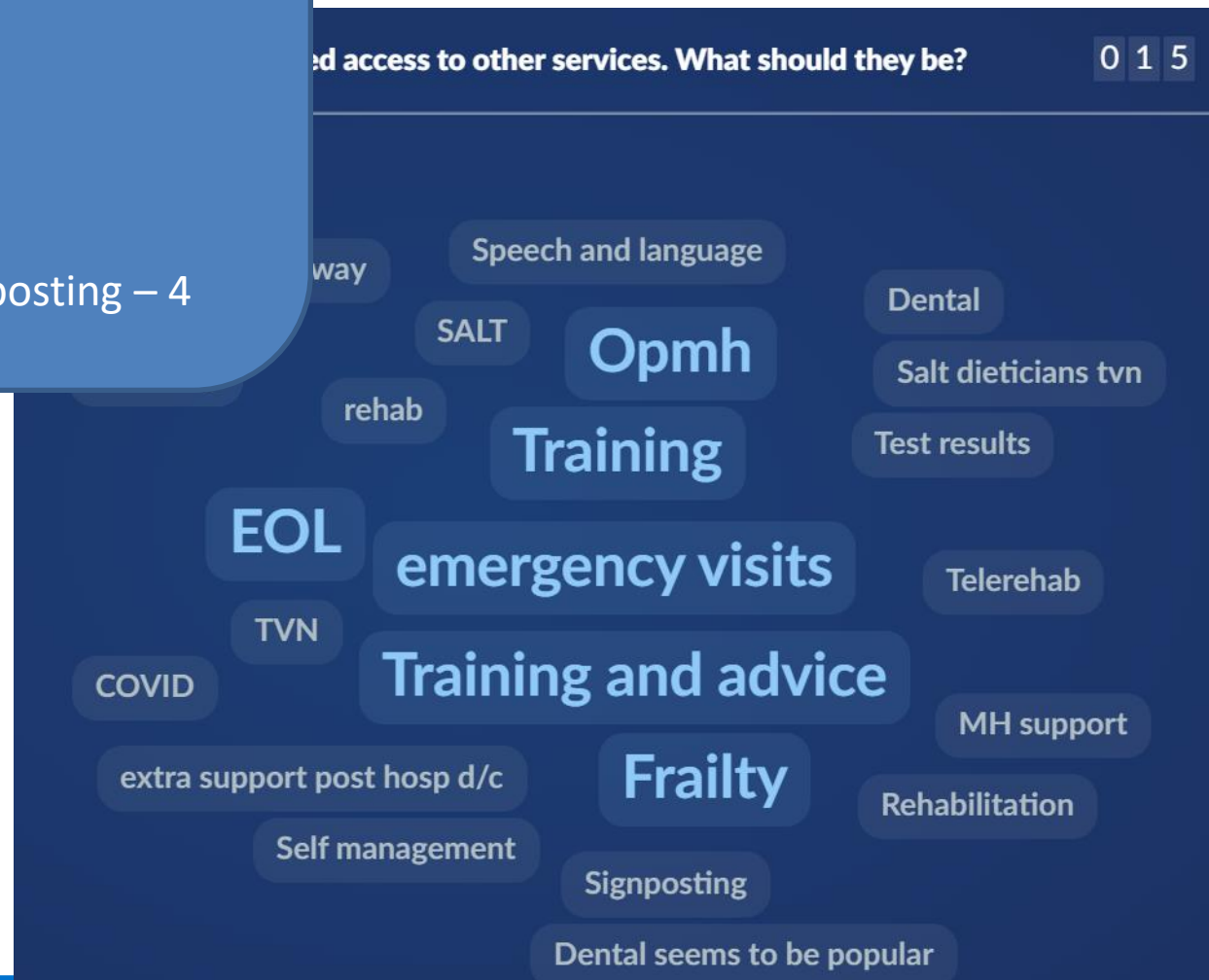
- *Night workers feel vulnerable – they have limited safety netting*
- *How could risk be shared*

Summary of Themes

- Access to specialties – 20 inc.
 - Frailty Services – 3
 - SALT – 3
 - OPMH – 3
 - Rehab - 3
 - EOL – 2
 - Respiratory – 2
 - Dental – 2
 - Tissue Viability - 2
- Training, Advice & Signposting – 4

Themes identified by Scribes:

- *Mental Health and Loneliness Support*
- *What non-medical support could we offer homes? To help reduce demand on clinical services?*
- *Care needs, not just health needs*
- *Can we support carers in people homes?*



Summary of Themes

Routine GP type Care – 8

End of Life Care – 3

Bad News Diagnosis – 3

Long Term Condition Management – 2

What should not be a telemedicine service?

0 1 4

Any other service already avai

long term condition mangement

Long term condition management

?mi

Bad news diagnosis

Routine carw

End of life

GP service

Abdominal pain

Routine gp care

Routine GP review

routine GP or hospital care

GP type services

GP management cases

- What is currently being run across patch
- Upskilling
- How to engage local clinicians
- Accessible
- Nursing Homes need GP advice the most
- Set up and running cost
- Existing services to support the model
- Agree a standardised approach
- What is available in the locality (different in each area)
- Infrastructure requirements
- local vision for care provision
- What care homes want
- local services
- Digital readiness
- How to add value
- What Care homes want
- Unmet need
- Different systems in use
- What care home residents want
- Commonalities and differences
- Skill of workfroce
- What services are commissioned in community
- Differences in models of care
- Comparison of similar services
- Barriers to a single CCC
- Better understanding of each other's area
- Pathways
- Who is using what, where and how
- Existing services -community
- Barriers to standardisation

Summary of Themes

Scope existing provision in each area – 13
Understand what care homes and residents want – 3
Digital Infrastructure Requirement – 3
Understand workforce competence and learning needs – 2

Themes identified by Scribes:

- In regards to prescribing. Consider what existing services you can tap into to improve the wider service. You might not need a prescriber in your service, but it's important to access*

- One telemedicine hub
- digital solutions
- Competency framework for staff to use telemedicine.
- Training
- Documentation
- advanced care planning
- Information sharing
- remote monitoring
- Documentation
- Documentation
- Central OOH
- Documentation
- Primary care and secondary care information sharing
- Central/OOH monitoring that can cope with multiple tech systems
- Flagging frailty interventions
- Data sharing agreements
- Sharing care records
- Documentation
- Support levels
- For all deterioration in all community settings
- One model of care rather than silos
- Networking
- Single CCC in region

Summary of Themes

One Telemedicine hub – 5
Documentation – 5
Information Sharing – 5
Competency Framework and Training – 2
Remote Digital Monitoring solution - 2

Theme identified by the scribe:

There should be a regional approach

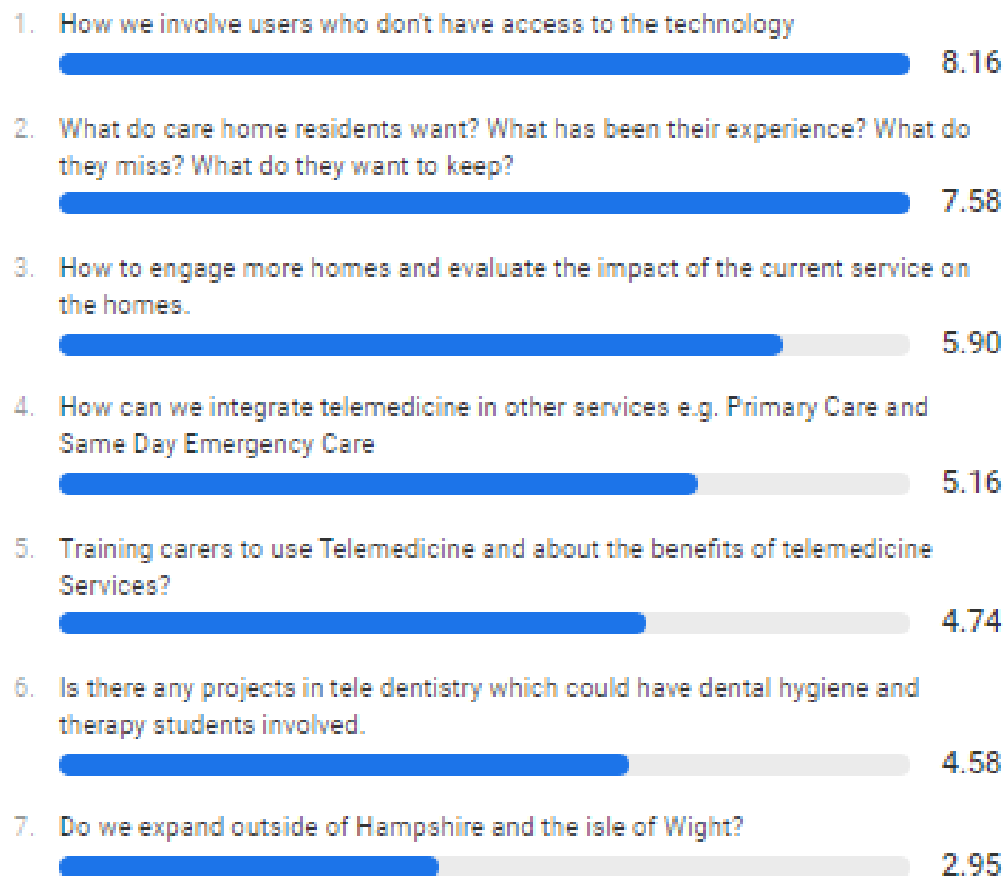
- Relationships
- Provision and support
- Social prescribing
- Pathways
- Pathways
- What matters to individual
- local charity/care providers
- Understand local stakeholders and services
- Pathways
- Place based. Best use of skills and resource.
- Align with local service provision and support
- Services for different demographics
- What matters to the individual
- Because of our client group and facilities
- Local flavouring - affluence
- Geography may dictate
- Pilots
- Comms can be handled distally
- Digital access and readiness
- No reason why we need to remain in small silos
- Demographics

Summary of key themes

Local Provision and Partners – 6
Identified Individual need, Epidemiology and Demography – 6
Pathways - 3

These are your 'Crowd Sourced Questions'. Please rank them in priority order for discussion.

0 1 9





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Appendix Three: Post Event Feedback Findings By Question

Post Event Feedback and Limitations

What did you find useful/not so useful about the presentations?

0 1 0

- Strategic view, good slides, personal experience.
- Catching up
- Great to have the local and regional context side by side. Really supportive and inspiring environment
- Informative
- Interactive using slido
- Just understanding what it offers
- Enjoyed presentations especially patient story
- The two case study speakers
- Adrian was very good
- All of it was useful

Post Event Feedback (2/7)

0 1 4

What did you like about the event?

- Different views of speakers and other participants
- Like slido, enjoyed the presentations
- open minded and inclusive attitude of everyone
- Informative, I'm new to my role so good to get an insight into what people are seeing and feeling
- Good to see and hear different perspectives
- Interactive participation
- Asked to attend as speaker
- I liked how many thought provoking questions there were.
- Excellently facilitated by Una
- Slido worked really well
- Informative & well run
- To know so much is happening in tele world was good

Post Event Feedback (3/7)

0 0 6

What did you dislike about the event?

- Slido questions too quick
- nothing
- No care home resident voice to my knowledge
- Getting used to Zoim
- Due to some attendees not knowing about telemedicine. Maybe a high level overview of what it is and what it does would be helpful!
- I am new to telemedicine but I did not learn anything about the basics of how it works to my team

How did you find your break out rooms? What was good, not so good?

- Questions were leading.
- excellent
- More time to go through feedback
- Having facilitator helped
- Many were completely new so difficult to discuss with strangers
- Yes it was good to speak with others
- Interesting
- Good
- Tech hitch at the start but got off well. facilitator joined late.

Is there anything else you'd like to tell us about the event?

005

Pre event warning re questions might have elicited more helpful responses

No

Great approach, thank you. More of the same. Great insight.

Great engagement could have more people participating

Great coming together, ongoing conversations will be good

Overall, how would you rate this event?

015

