NHS
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Clinical Networks

Yorkshire & the Humber Dementia and OPMH Clinical Network

Supporting People Affected by Frailty during COVID – the Bradford Approach

Microsoft Teams Live Event, 22nd April, 2020

Webinar recording available at https://youtu.be/rqQiN73pc6g.

Question & Answer session

What type and range of clinicians are involved in the virtual hub?

The digital care hub has been running for about 13 years. We started with prison telemedicine, doing outpatient consultations and since about 2011 have been doing Goldline (our palliative and end of life care service) and Immedicare which is the care home service. We have Band 3 call handlers who take the call and take the demographics and the details at the beginning of the videocall and then pass the call into a queue for the Band 6's and Band 7's who are nurses and therapists. We've also had paramedics and other clinicians in the past. The nurses who man the hub have varied backgrounds - from palliative care to Emergency Department to critical care and from community to acute work so they have a vast array of experience and expertise. We find that as we develop our staff with non-medical prescribing and advanced skills, they tend to move into advanced practitioner training or advanced practitioner posts.

We also encourage any health care professional to come into the hub and support us. We utilise the skills of MH practitioners and palliative care consultants for the Goldline service in particular. We run lots of outpatient consultations remotely already, including a stammering service with our speech & language therapists. We also employ a team of admin staff with skills in using SystmOne and have a range of team leaders and managers working within the service, including our business manager who provides a range of business intelligence so that we can analyse our service provision and whether it's having an impact.

The Super-rota has enabled those staff who might need to be self-isolating or shielding to still provide frontline care. The Super-rota started with two CoE consultants and a GPwSI in care of the elderly and we then added some A&E consultant input and a rehab consultant. We have a range of GPwSIs – including EoLC, MSK and those who work into care homes already or otherwise very senior GPs. We asked for input from people who are used to dealing with complex decision making. We've got 24/7 support via our palliative care consultant rota and our MH liaison nursing are provide 8-8 input and they have direct access to consultant psychiatry support.

What's being done to ensure people are going to hospital if they need to?

The clinical decision tools have been designed to support clinical staff to consider the whole context for the individual they're assessing, including all their co-morbidities where appropriate. Also the service is designed to enable them to discuss each individual with care of the elderly (CoE) specialists to see if they would benefit from coming into hospital for example for oxygen or IV antibiotics. In Bradford we have bed capacity currently and we want to ensure that everyone has fair access to services. By the super-rota having CoE consultants and a GPwSI on it, this helps us to ensure that older people have the same access – it's not about excluding people, it's about ensuring that an admission to hospital is a considered decision. And if someone wants to be cared for at home rather than coming into hospital, we can put appropriate care into someone's own home.

Can people choose to see their own GP in normal hours, if they really want to?

Absolutely, lots of our GPs look after a care home. We really want as few people going into care homes as possible and GPs are cognisent of this but we have some practices who are keen to keep looking after their patients in normal working hours, so they just need to let us know and that's fine. However, many GP practices have high levels of sickness so actually the majority of practices have found it supportive that we're able to look after them via the hub.

How will people living with dementia and their carers without digital skills and those with additional language and communication needs be supported during COVID19 lockdown period?

We use digital translators so that people who can translate the conversation can dial into the consultation if needed.

Those with hearing difficulties can use text messages etc. Immedicare, the company that provide the digital platform for care homes, also have a contract with British Sign Language (BSL) so can access people who can provide BSL.

For those with visual impairment, they will be able to hear what is being said but obviously won't be able to see any visual content. But the team can still carry out assessments and provide good virtual support for the individual and their carers.

In some other organisations, the Buddy Approach is used. If someone who needs support to use a digital platform has a planned appointment, there is an arrangement with a VCS organisation whereby a member of their team will go to the person's property just prior to the appointment. They will get a tablet set up for them and ready to use and will wait in another room while the consultation takes place and then they'll take the tablet away afterwards. This same approach can also be used to support people to engage in activities which take place via a digital platform.

The process is as follows:

1. You establish a library of devices a little like a library - People loan a device from the local library, social care or health care services.
2. You set up an arrangement with local colleges, youth groups, schools etc. Age UK have some examples.

Other examples are:
https://www.goodthingsfoundation.org/news-and-blogs/case-studies/home-loan-library-ipads-help-people-disabilities-get-online

https://www.ukauthority.com/articles/leeds-city-council-launches-ipad-lending-scheme/

https://www.surreycc.gov.uk/libraries/volunteering-in-libraries/digital-and-technology-libraries-volunteering

Have Occupational and Physiotherapy assessments and interventions been delivered as part of this system?

We've just started to look at whether therapists could use the digital care hub as a way of delivering therapy. That would really complement the service, especially in relation to MyCare24 and Immedicare provision.

Can prescriptions be provided through the virtual consultations?

Yes, we have new pharmacy support into the service and clinicians can now prescribe as ETP has been switched on. Lots of barriers that existed previously which stopped the digital hub being able to prescribe have now been unblocked since the COVID outbreak.

Did GP services come on board straight away and has it reduced the number of patients who require GP consultations?

We were very careful to ensure that we went to our Primary Care Networks (PCNs) and our LMC to get them on board early on. I've then gone to several PCNs subsequently to talk to various GPs who were not in leadership roles to also hear their views. One of their biggest concerns was whether they would lose continuity of care for their own patients. But we've encouraged GPs to participate in the Super-Rota so actually it's been a partnership – we're all part of the same system approach to supporting care homes. So it's not an either or but we complement each other. So far it's been really well-received and having access to the Super-Rota hs been really positive.

Has it reduced GP contacts? Well so far, we've only rolled this out to a few care homes but we are collecting data and measuring impact as we roll out. We're rolling out to many other homes over the next 10 days and will be collecting data for those homes too. We are keen for this service to continue in the longer term so we will be supporting digital care hub to make the case for MyCare24 going forward and

obviously we want to get good value for money so will be monitoring impact carefully.

We do have some previous experience and data from the Immedicare telemedicine service that has been in place for some time. It has shown that particularly in those care homes with a large number of beds where it's been well utilised, it does prevent unnecessary calls to other healthcare services. Data from East Lancashire indicates around 40% reduction in GP calls and the aim of the service was to keep around 90% of people in their usual place of residence. Around half of those will be referred onto GPs and district nurses.

Has there been any push back from your local coroner on acceptance of remote verification of death?

No. He's been very supportive. We were hoping to have our funeral directors doing verification of death but that wasn't supported so we've parked that idea. The person doing the verification is not the care home staff but it's the nurse, sitting on the digital care hub.

A paper has just come out about GPs verifying death remotely: https://www.bma.org.uk/advice-and-support/covid-19/practical-guidance/covid-19-death-certification-and-cremation. So our next plan is to develop a pathway for GPs to verify death remotely for their own patients in their own home – the LMC will probably take this on and develop fully. We're also exploring how the police force might support verification of death, demonstrating the whole system working together to provide innovative ways of working.

What outcome measures would you recommend using with frail people? And is there a particular Frailty Scale that you favour?

I don't think it matters which frailty scale you use. Bradford is the 'home' of the eFI or electronic Frailty Index which is more of a population tool. All the practices in Bradford have used use the eFI, alongside clinical acumen, to determine which of their patients have frailty and whether its mild, moderate or severe. The eFI can't be used on its own as it's a population tool rather than an individual assessment tool – it must be with clinical acumen as well. Or alternatively another clinical frailty scale could be used.

Can mental health practitioners refer in to MyCare 24?

Yes, anyone can refer in but there must be a plan in place for that individual and an idea of what it is you want MyCare24 to do to support the person you're referring to us.

Are your care homes taking observations for COVID symptomatic patients and feeding these back to the digital hub?

Yes. We've bought kit for all 140 care homes out of our budget at the CCG – two pulse oximeters, thermometers and blood pressure machines and we're going to train them to use it so that they can take observations. Most homes already had thermometers and BP machines but not as many had pulse oximeters.

One reason why we wanted this kit in place was that we always work out a National Early Warning Score (NEWS) when we're doing an assessment so that we've got a baseline in place and we can see if someone's beginning to deteriorate.

I am really worried about the impact 12 weeks of shielding is having on older peoples cognitive and mobility abilities. How can we ensure we keep people safe but also do not impact on daily activities of living?

Bradford District Care Trust have developed a range of support materials for people living in their own homes and for care home and primary care staff. And now that we've got 8-8 input to the portal from the MH liaison team, they may use the digital portal as a way of enabling people to access support to help them cope with the mental health impacts of COVID. There is a debate around memory assessments and whether this can be done virtually and potentially via the portal. In relation to mobility, adding therapy into the digital support offer would really bring benefits in this area.

Previously, therapy staff in the digital hub have delivered virtual training to care homes including armchair exercises and cardiac rehab classes. Once the digital capability, the equipment and the technology and support is in place it's just a question of exploring what else might be of help to staff in care homes.

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