

TECHNOLOGY ENABLED CARE



Chapter 6: Care Homes

Interview Data with Care Home Staff

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Owners & Authors of the Data

Owners:

This Data Is the Ownership of Technology Enabled Care Cymru and their Funders The Welsh Government.

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Referencing the Data:

When using the data as a source please reference the authors and main owner (TEC Cymru) of the data appropriately.

For example:

Johns et al (Dec, 2020) End of Phase 1 Report: Care Home Data. The NHS Wales Video Consulting Service, Technology Enabled Care (TEC) Cymru. Cited at (add the website or other source that this document was retrieved, plus date retrieved)

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The Use & Value and Benefits & Challenges of Video Consultations in Care Homes in Wales during COVID-19 Pandemic

Aim of this study

In March 2020, when The NHS Wales Video Consulting (VC) Service started rolling out the 'Attend Anywhere' (AA) video consulting platform across Wales, early interviews and discussions with NHS AA users (e.g., GPs and Mental Health clinicians) identified a need to link in with care homes (e.g., ward rounds and mental health assessments), but reported that many care homes were experiencing difficulties with accessing VC, such as poor or no Internet connectivity, a lack of available resources/devices, or technological literacy of staff, thus ultimately impacting on the uptake of VC.

TEC Cymru (the team rolling out and evaluating the NHS Wales VC Service) were keen to explore this gap further in order to enable better understanding and provide additional support to care homes if needed. As part of the NHS Wales VC Service, TEC Cymru obtained service evaluation approval from all Health Boards & R&D departments to evaluate patient's, families and clinicians post-VC (care homes fell under the definition of NHS patients). Therefore, a master list of all care home telephone numbers who were believed to be using NHS Wales VC services were provided to TEC Cymru to contact the relevant care homes.

Summary of Data Collection & Analysis

Over an 8-week period between September and November 2020, data was collected from a total of 101 care homes across Wales, from each of the Health Boards, displayed in Table 1. The method of data collection was a short and structured telephone call interview, which consisted of the interviewer (3x Research Assistants) from TEC Cymru randomly calling telephone numbers off a master list of care homes across Wales. Upon phoning the care homes, the

interviewer asked to speak to the manager (or other member of staff if deemed more appropriate) - which is referred to as a 'respondent' in the current section. Once gaining their consent to take part, they were asked a series of structured questions regarding their experience of VC amongst themselves, their staff/colleagues, and residents.

A structured interview guide was developed, with questions including “Are you currently using VC?”, “What are you using VC for, and does it offer value to the care home?”, “What are the benefits and challenges associated with using VC?” as well as asking for details regarding the types of devices and platforms that the care homes were using. Additional questions were asked where it was deemed appropriate to obtain a full understanding of the experiences with VC. A mixed-methods approach was used to analyse the data to capture quantifiable and narrative data, and this is detailed in the current section.

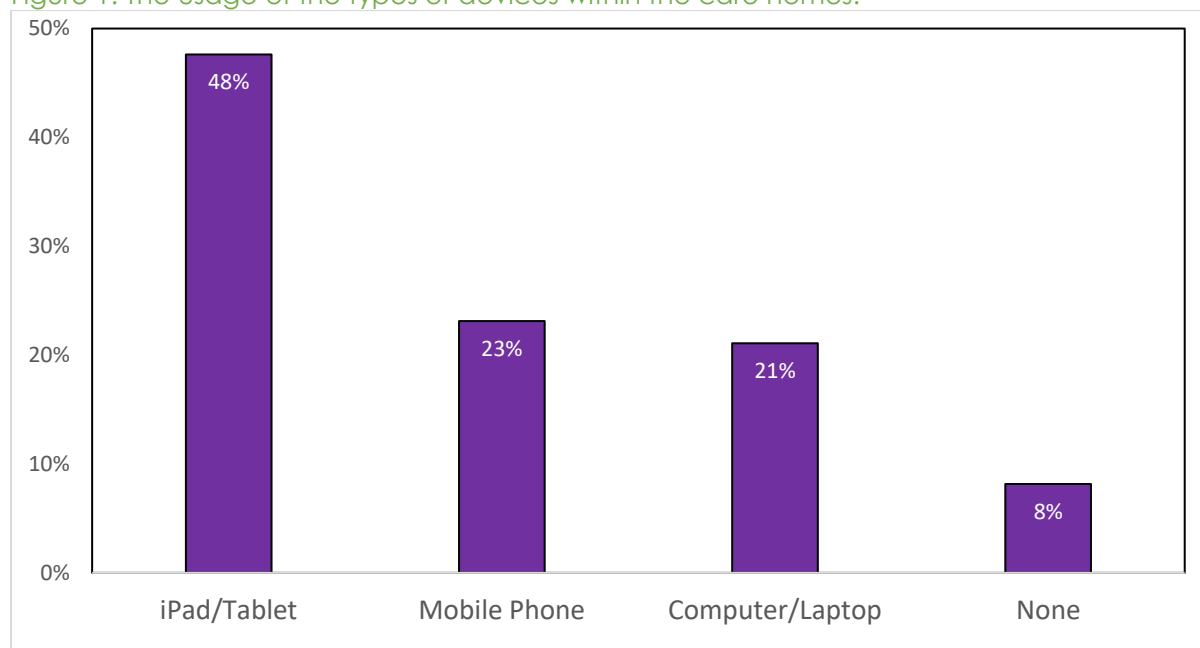
Table 1. The number of interviews conducted in each Health Board

Health Board	Frequency
Aneurin Bevan (AB)	42
Betsi Cadwaladr (BC)	11
Cardiff & Vale (CAV)	8
Cwm Taf Morgannwg (CTM)	11
Hywel Dda (HD)	8
Powys Teaching	14
Swansea Bay (SB)	7

Devices & Platforms Used

The respondents were asked questions regarding the types of devices and platforms they were using for VC. Considering the devices, the most commonly used were iPads or other types of tablets, followed by mobile phones and computer/laptops, although multiple devices were being used by the majority of care homes. The proportion of usage of each is displayed in Figure 1.

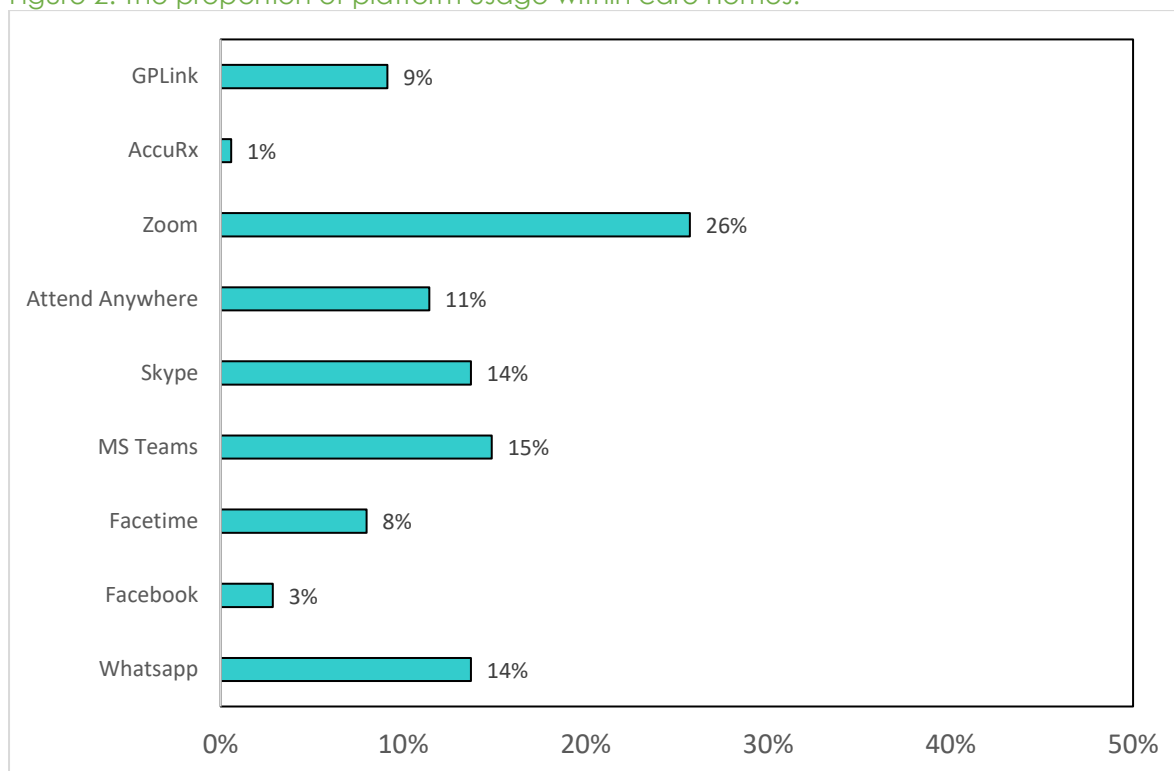
Figure 1. The usage of the types of devices within the care homes.



The care homes were also asked where they acquired the devices, finding that the majority were privately sourced (49%). Some were also given or loaned by the Welsh Government or local authorities (36%), as well as using personal devices belonging to the residents or staff members within the care homes (16%). The remaining 8% reported to have no device available to them to access VC.

In addition to this, the findings revealed that, although most were using multiple platforms, the most common platform utilised by the care homes was 'Zoom', reported by 26% of the total 170 responses. The 'GP link' was referred to by 9% of the respondents, and this indicates that the platform 'name' provided by the GP was 'unknown' to the respondent. The platform 'Attend Anywhere' was known of and reported to be used by 11% of the respondents and 'AccuRx' was known of and reported to be used by 1% of the respondents. Other platforms such as Microsoft Teams, Skype and WhatsApp were also commonly reported to be used by a total of 43% of respondents. Furthermore, Facebook Messenger and FaceTime were also used by the remaining 11% of respondents. The proportion of platforms being used is displayed in Figure 2.

Figure 2. The proportion of platform usage within care homes.



Narrative Data

Alongside the quantifiable data, additional narrative data was requested, and consent was obtained to use the narrative responses as direct quotes. To explore the perceptions of use and value that the respondents hold regarding VC, and the benefits and challenges that VC present, the responses were extracted and analysed to observe any commonalities between the care homes. Some of the direct quotes are used in the current section to provide context and understanding. Each direct quote is labelled with the relevant Health Board and type of platform(s) used.

Usage and Value of Video Consulting in Care Homes

Out of the 101 care homes, 90 homes reported to be 'using' VC for one or more reasons. The majority of these reasons included keeping residents in contact with their families; linking in with NHS and other professional services; and staff meetings.

Family Contact

Within the care homes, it was commonly reported that VC was being offered for the purposes of keeping residents in touch with family members that were not permitted to come and visit the care homes during the COVID-19 restrictions, which as a substitute, was reported to impact positively on their overall mental health and wellbeing of the residents.

“Brilliant. They love it and use it every day” (PTHB, GP Link [Unknown], Zoom).

“Gives residents a massive lift being able to see and talk to family members, which has helped with their mental health” (ABUHB, FaceTime, WhatsApp)

“Amazing for mental health of residents, and for boosting morale. We now use VC much more than the telephone” (H DUHB, WhatsApp)

“Really helpful... some residents talk in riddles, but they speak fully coherent to family via VC. Its brilliant mental stimulation” (PTHB, GP Link [unknown] & Zoom).

“It has been really useful for anxious and stressed residents, and has helped with their mental health” (PTHB, Zoom, Skype).

“Any new communication with residents is really valuable as it breaks up their day” (ABUHB, Attend Anywhere, Zoom, Skype, WhatsApp, Facebook).

“They feel much more supported... made a dramatic difference – amazing service” (BCUHB, AccuRx, Skype & WhatsApp)

Linking in with NHS Services

In addition, 67% of care homes reported to have been offered VC as a link to NHS services and local authorities. Some examples of these include VC links with General Practitioners (GPs), Mental Health teams and other services such as Dieticians, Speech and Language therapists, Physiotherapists, and social workers.

“Yes, the GP link is very very good, much better than Zoom and Skype” (BCUHB, AccuRx)

“Handy for appointments with the Psychiatrist, and reduces waiting times and the amount of people in the home” (ABUHB, Attend Anywhere)

"Beneficial for sending pictures e.g., with a rash to a GP and saves so much time" (ABUHB, Attend Anywhere).

"Very useful, especially for ward rounds" (ABUHB, Microsoft Teams)

Many of the respondents stated that they could see the use and value in having VC links with different NHS and local authority services that had *not* yet offered them VC, with examples including GPs, Mental Health, Speech and Language, Continence Services, Dermatology, Neurology, Diabetes, Dentistry, Optometry and Dementia care.

"We reached out to a dentist, but haven't heard back since" (ABUHB, Attend Anywhere)

"We have not been offered any other medical services via VC" (ABUHB, Attend Anywhere, WhatsApp)

"Services have offered VC, but then there are no VC options" (SBUHB, Microsoft Teams, Zoom, FaceTime).

"No offers of VC from GPs" (PTHB, Zoom, Facebook)

"GP doesn't offer VC as they don't have the facilities/platforms" (ABUHB, Zoom, Teams & WhatsApp)

"GPs prefer phone calls and visiting the home" (ABUHB, Attend Anywhere)

"We would like to use VC for extreme circumstances like for end of life or serious diagnoses... We have asked GP for this service but they never got back to us" (PTHB, FaceTime & Zoom)

Overall Use & Value of Video Consulting

Respondents were asked how they perceive the overall 'use and value' of using VC within care homes. Of the 89 responses to this question, 83% responded positively and believed that VC was very useful and valuable.

"Yes, massive value. Use it with 2-3 local GP surgeries. Really valuable for clinic rounds with GPs" (ABUHB, Attend Anywhere, Zoom, Skype, WhatsApp, Facebook).

"Yes, love it – Reduces face-to-face contact" (ABUHB, Attend Anywhere)

"Used widely with two GP surgeries. Very valuable and handy as residents feel they have been seen by a GP" (SBUHB, GP Link [unknown]).

"Yes, very valuable and have frequent use (CAVUHB, Zoom)

"Very valuable when the technology works, but it can be temperamental. A pleasant experience overall" (SBUHB, Skype, Zoom)

"Yes enjoying it and going well so far. Very helpful" (CTMUHB, GP Link [unknown], Skype).

"Works really well to resolve issues" (PTHB, Attend Anywhere).

"Really useful in emergencies and definitely useful" (BCUHB, Zoom, FT)

"Yes, very user friendly" (ABUHB, Attend Anywhere)

"Yes, very beneficial and feel very safe using it" (ABUHB, Attend Anywhere)

Furthermore, VC was often used and associated with being more convenient for the residents and staff, and therefore valuable in saving time and the need to travel to face-to-face appointments.

"Straight forward, families love it. Quicker and more convenient" (BCUHB, Zoom, FT).

"Families love it and have absolutely no reservations to use it, and they use it every day" (CTMUHB, Attend Anywhere, WhatsApp)

"Very easy to use platform. Saves time and increases access to support. Get more advice and guidance, and increases the speed of treatment such as medication reviews" (CAVUHB, Zoom).

"Very valuable especially during COVID. In fact, been more beneficial than face-to-face in some instances. There are some things that would've been impossible if not for video consulting" (ABUHB, Attend Anywhere, Zoom, Teams)

"More advantages than there are disadvantages and the whole purpose is brilliant" (SBUHB, Skype).

It was also reported that VC was used and valued for other purposes within the care home, such as for staff and professional group meetings.

"Find it very useful for staff meetings across different homes" (ABUHB, Zoom, Microsoft Teams).

"Good as you can involve the care home manager, healthcare clinicians, other care providers and the resident" (CAVUHB, Zoom)

"It's been useful for group meetings with CIW. The CIW inspector has now agreed to monthly meetings, so very convenient" (ABUHB, Zoom).

However, 3% of the respondents did not consider VC to offer them much use or value, and 13% were unsure, or highlighted its use and value only in specific circumstances, for example during the COVID-19 pandemic.

"[Its] alright, but don't have a huge use" (PTHB, Zoom; Skype)

"It's a small home, so limited use" (PTHB, Zoom; Skype; FaceTime)

"It's really good, but staff are unsure" (BCUHB, [GP Link (Unknown platform); Zoom]).

"Yes, it is necessary at the moment with COVID, as it keeps everyone safe" (SBUHB, Zoom, WhatsApp, FaceTime).

In addition, some care homes reported VC to have limitations on its use and value, and that it can be "hit or miss". Although limited, those who didn't use VC, expressed preferences in the use and value of telephone calls or face-to-face consultations.

"Yes [we see the value of VC] but many services i.e. district nurses or CPNs prefer phone calls still" (ABUHB, Attend Anywhere, Skype & WhatsApp User)

"They (the care home staff and residents) do see value, but are happier to just use the telephone. They like VC for CPN visits and they find it useful then" (ABUHB, Unknown platform).

"Yes, but phone calls suffice. Nothing detrimental happened, so no need for GP" (ABUHB, Zoom User)

as saving time that would be taken up by travel. Thus, it was more convenient for staff members and residents.

"Quicker and safer... Less formal than physical appointments and reduces the need for excess people in the home" (ABUHB, Attend Anywhere, WhatsApp)

"Easier to facilitate appointments and saves the nurses having to leave the home" (ABUHB/CTMUHB, Microsoft Teams, Skype)

"Useful for emergency admissions when residents didn't have time to talk to family, giving them chance to discuss with the family and to keep their spirits high" (ABUHB, Microsoft Teams).

"Good to replace daily visitors to help with the care" (BCUHB, GP link [unknown], FaceTime).

"Helps save time and monitor footfall for safety reasons. No cause for concern regarding privacy either" (CAVUHB, Zoom)

"Beneficial for appointments, makes residents feel safer" (ABUHB, Zoom).

"Helps reduce staff ratios needed for travel out of the home" (BCUHB, AccuRx, Skype & WhatsApp)

The respondents also reported VC as beneficial for specific appointment types, such as those with psychiatrists and GPs for less complex conditions such as skin rashes. For these situations, respondents praised the addition of a visual element to VC that would not have been available when using telephone.

"Reduces strain on the NHS. Much quicker for things like rashes, and easy for younger staff who are familiar with using the devices" (ABUHB, WhatsApp, Facebook)

"Especially useful to contact the Psychiatrist, and saves them the trip to the home" (ABUHB, Attend Anywhere, Zoom)

"A lot faster to diagnose non-fatal ailments" (ABUHB, Attend Anywhere)

"The visual element of VC is much more beneficial to provide clarity on what condition the resident has... very useful in the peak" (ABUHB, Attend Anywhere, Zoom & FaceTime)

"Yes, amazing, so much better than a phone call" (CTMUHB, WhatsApp)

Other appointment types were also mentioned as being beneficial to care home residents and staff, such as Art Therapy, Occupational Therapy, Pharmacy, Community Nursing, Mental Health Services, Dietetics, and Social Workers.

It was also reported to have other beneficial purposes, such as the ability to verify end of life certification via VC.

“No need for coroner to rule death of patient” (ABUHB, Attend Anywhere)

Respondents also stated that VC had allowed them to be in contact with services that would typically be unavailable, and they have observed a reduction in the waiting times, whereby they can be seen quicker by services.

“Useful for contact with specific services that are otherwise unavailable, for example audiology” (ABUHB, Attend Anywhere).

As mentioned previously, VC allows residents to link in with their families. This was reported as a significant personal benefit to the residents, in that it allowed them to keep in regular contact with family members during times of isolation, especially when the lockdown restrictions were first introduced. Examples were reported to include the ability to speak with and virtually see their family who live locally and abroad; to celebrate birthdays; meeting a new baby and to attend a virtual funeral. The ability to do some of these examples was regularly reported to reduce the stress and anxiety levels of the residents, specifically for those who were suffering from neurological disorders such as dementia.

“The residents are loving it, especially for families who live abroad” (PTHB, GP Link [unknown], Facebook)

“Really nice on birthdays” (PTHB, Zoom, Skype)

“One resident has a great great grandchild born during lockdown, so got to meet the baby via VC, which really boosted morale” (PTHB, WhatsApp & FaceTime)

Even allowed a resident to attend a funeral via video” (PTHB, GP Link [unknown], Facebook)

In addition, there were also additional benefits reported in residents being able to see a health professional on video, which was considered to have a calming effects for the residents on many occasions. Some respondents reported that the residents felt more open to speak on video compared with face-to-face, and that sessions were more private. Furthermore, the stress levels of nurses and staff were also reduced through VC usage, relating to the reduction of visitors within the homes, and the lower risk of transmission to their residents, as mentioned previously.

"VC has benefited anxious or irritated residents with dementia, and helps calm them" (CTMUHB, Zoom & Skype)

"The visual element is really nice and reassuring for residents and staff" (ABUHB, GP Link [unknown]).

"Increases patient comfort when they may not feel able to say certain things face-to-face" (SBUHB, Zoom & Skype)

"Families can book appointments to see the residents, which is very comforting for the family and for the resident too" (ABUHB, Attend Anywhere, WhatsApp & Skype)

"Keeps the residents feeling as if they have had a family visit, so aids in loneliness" (BCUHB, GP Link [unknown] & Skype)

It was also reported in some instances that the VC services were offered at a much faster speed compared to face-to-face and telephone consultations, which ultimately lowers stress and anxiety of staff and residents.

"Generally, residents really enjoy it. It allows for smaller ailments to be seen quicker, and in certain instances VC is much better" (ABUHB, Attend Anywhere, WhatsApp, FaceTime & Facebook)

"Seemed to be quicker by GP, and this lowered stress for nurses and patient. Also, very beneficial in reducing travel time and costs" (SBUHB, unknown).

"Faster response time with GP" (SBUHB, Teams, Zoom & FaceTime)

"Prior to lockdown, phone calls took up to 6-hours wait, but since VC it has reduced waiting times and increased contact capacity, which prevents the GPs coming into the home" (SBUHB, WhatsApp, Teams)

However, the care homes had positive responses in terms of resolving these. For instance, a common issue addressed was the utilisation of VC by residents with dementia and learning difficulties, in that it was reported that they needed constant supervision and support when using the technology. However, the majority of respondents stated that their members of staff were equipped with adequate knowledge and skills to make this process as easy as possible for these residents. Thus, although these were expressed as difficulties, the majority of homes had procedures and systems in place to alleviate these issues and make VC experiences more positive.

“Technology is new to the elderly, but the home has allocated time within the nurse’s shifts to allow VC. Nurses are able to teach them how to use it” (ABUHB, Attend Anywhere, Zoom, Skype, WhatsApp & Facebook).

“Residents with learning disabilities require constant supervision from care staff, but it is easy to do as it’s easy to use” (ABUHB, Attend Anywhere, Zoom, Teams, WhatsApp)

“Some residents with hearing difficulties struggle to understand how to use it, but if the resident wants someone in the room with them, then we have someone in there to help them” (CTMUHB, Attend Anywhere & WhatsApp)

“Dementia patients need staff support, but the younger staff are brilliant with technology” (PTHB, FaceTime & WhatsApp)

The majority of care homes report that their staff have adequate skills to use VC technology, and for others it was reported that this was achieved after receiving sufficient training.

“All staff are well trained, so it is very straightforward” (PTHB, Attend Anywhere)

“Staff here are all good with this type of software” (PTHB, Skype & FaceTime)

“Some problems with older staff to start with, but no issues after they are shown how to use it” (H DUHB, Zoom & Teams)

"Connectivity for us is the biggest concern as it loses its appeal to staff members when it keeps dropping off" (SBUHB, Zoom & Skype)

"The WiFi here is not strong enough for Attend Anywhere, so we use 4G for WhatsApp & Facebook instead" (ABUHB, WhatsApp & Facebook)

"Sometimes we can't send pictures on devices because the link connection drops off" (SBUHB, Skype & Zoom)

"Rural area, so general WiFi is poor" (SBUHB, Skype)

"The WiFi is poor and doesn't provide strong enough connection throughout the home" (ABUHB, GP Link [unknown])

"Not the strongest WiFi here as it's an old building with thick walls... but it works fine" (BCUHB, AccuRx, Skype, WhatsApp)

"Slow WiFi, and our staff don't know how to remedy this" (BCUHB, GP Link [unknown] & Zoom)

"No issues in the office and lounge, but WiFi doesn't reach elsewhere in the home" (CTMUHB, Zoom & Teams)

"WiFi is poor, so we need to move residents to a specific room in the house to use it" (ABUHB, WhatsApp & FaceTime)

However, the remainder of respondents stated no difficulties, or that multiple care homes had installed (or plan to install) WiFi boosters to increase the access to internet within the home and increase the usability of the platforms and devices.

"WiFi is a bit slow, but it is better now we have purchased 'boosters'" (H DUHB, Skype, Zoom & WhatsApp)

"WiFi was terrible, but they have installed a booster to improve the quality of the call" (ABUHB, Attend Anywhere, Teams & WhatsApp)

"We 'boosted' our WiFi so no issues now" (PTHB, WhatsApp & FaceTime)

"No WiFi in the home, so we use 4G. But we are making headway on WiFi installation" (CTMUHB, Zoom & Skype)

"WiFi is slightly slow, but it is being updated soon" (PTHB, GP Link [unknown] & Zoom)

“WiFi is slow, but they are getting faster WiFi put in place here soon” (ABUHB, Attend Anywhere, Zoom & Teams)

General Concerns

Although VC was viewed positively overall, it still had its limitations according to the respondents, and concerns with its use, other than the technological limitations, were expressed. One example where VC was not suitable was for end of life/death verification, respondents noted that doing this virtually was rather “undignified” for the deceased person.

“Manager feels like verifying death over VC is undignified for deceased who deserve human touch for verification” (PTHB, Zoom & FaceTime)

Other concerns were introduced for different demographics of residents, such as those who were deaf and relied on lip-reading, as well as different pathologies. In particular, conditions where physical details needed to be examined were deemed unsuitable for VC, and issues with accuracy in diagnoses were reported, as the method of consultation was unreliable in giving doctors the full picture of what the problems were.

“Nurses are concerned about the accuracy of VC when diagnosing and reviewing more serious illness – but often due to picture quality” (ABUHB, GP Link [unknown])

In addition to this, respondents also noted a reduction in personal contact for residents, and that face-to-face was beneficial for this aspect. They expressed a preference for “real-life contact” with people outside of the home, and that this external contact was good for improving their mental health.

“Loss of personal touch” (ABUHB/CTMUHB, Teams & Skype)

“No substitute, as soon as face-to-face visits are allowed, we will be back to that” (ABUHB, Zoom, Teams & FaceTime)

“My concern is it needs to be reduced a bit to ensure residents have a good relationship with their GPs, but also keen to increase use when needed for convenience” (ABUHB, Attend Anywhere, Zoom & Skype)

Another concern was that some care homes could not cope with the usage of VC, as they needed to provide constant support to their residents, thus increasing the time taken “off the floor”, according to respondents, while increasing the need for more staff to be available when necessary.

“Using VC takes the staff off the floor in order for them to supervise” (ABUHB, Attend Anywhere, Zoom, FaceTime)

“VC does withhold who would be otherwise be available on the floor, and then we have to call in extra staff to do more hours to cover” (ABUHB, Teams)

In terms of technology, not all staff were comfortable with using VC, as stated previously, thus causing negative feelings with regards to VC. Some respondents reported a lack of training with using VC to begin with, causing confusion and difficulty when using the equipment and platforms often caused by the multitude of platforms on offer.

“Not had any training on how to use it, so it’s confusing for us” (GP Link [Unknown])

“Too many platforms, so confusing, so we need prior notice to prepare to use different ones” (BCUHB, GP Link (unknown), Zoom, WhatsApp & Skype)

“They aren’t allowing WhatsApp here, but are allowing FaceTime” (SBUHB, Teams, Zoom & FaceTime)

Video Consultations Post COVID-19

Of 87 responses, 74% of these stated that they would use VC once COVID-19 had passed. There was no case where VC was completely rejected, however, some respondents stated that it would be used in specific circumstances or only when necessary.

"We weren't using it before lockdown, but will definitely use it now and after"
(HDUHB, Zoom & Teams)

"Yes, definitely, especially for staff interviews and GP ward rounds" (ABUHB, Attend Anywhere, WhatsApp)

"Yes, will use for families and GPs post-COVID" (ABUHB, FaceTime & WhatsApp)

"Will use after COVID, as it makes residents feel a lot safer and it's easier"
(ABUHB, Attend Anywhere & WhatsApp)

"Yes, will continue to use after COVID due to time saving and convenience"
(PTHB, FaceTime & WhatsApp)

"Will definitely use it afterwards, as it's really good" (BCUHB, GP Link [unknown])

"Will use it after as it gives peace of mind and safety" (BCUHB, AccuRx, Skype & WhatsApp)

However, one respondent stated that the GP was next door to their care home and would not have been necessary to continue VC use for those situations where the GP is needed.

"Probably not, as prefer face-to-face, and the GP is next door" (ABUHB, Attend Anywhere, Teams & WhatsApp)

Another stated that there was a preference for face-to-face consultation that made them consider their continued use of VC further, as they perceive more benefits of a face-to-face consultation than VC.

"Not really, as they prefer face-to-face" (BCUHB, GP Link [unknown], Zoom)

For others, the future of VC was still undecided.

"Maybe, that's a big question" (CTMUHB, GP Link [unknown])

"Not sure, as will play it by ear as to whether it will be useful in the future"
(CTMUHB, Attend Anywhere & WhatsApp)

“One resident was extremely unwell, and being able to see family on VC brought the family and the resident a lot of comfort” (ABUHB, Zoom)

“Our local council have been extremely active with VC, and call in often to make sure there is enough of everything we need e.g., PPE and to check we are up to date with guidelines” (ABUHB, Attend Anywhere, Zoom, WhatsApp & Teams)

“One resident has family in Canada, so it has been brilliant to keep them all in touch” (CTMUHB, Zoom & Skype)

“One gentleman passed away, and the GP was able to help at the end of life which brought some comfort and made it easier” (CTMUHB, Zoom & Skype)

“A resident had an 18-month long lasting rash and was in agonising pain, but VC allowed the Doctor to medicate with antibiotics which really help, and got an immediate referral to dermatology” (BCUHB, AccuRx, Skype & WhatsApp)

Summary

A large proportion of respondents perceived the use and the value of VC for themselves, their staff/colleagues and their residents, and there were many advantages of this. For instance, VC meant that the number of visitors coming to the care homes was greatly reduced, minimising risks of viral transmission and making appointments with health services more convenient by reducing the need for travel. Also, it allows residents to stay in contact with their families, boosting morale and decreasing levels of stress and anxiety they were experiencing.

On the other hand, there were issues with the residents and their ability to use VC, although with the help of staff, this was successful the majority of the time. There were still concerns, however, such as VC was difficult for residents needing attention for specific pathologies, for instance conditions that required physical examinations, and was deemed unsuitable for individuals who had limited communication abilities. VC also affected the staff of the homes, as an increase in support meant that the number of available staff at one time was decreased, introducing management struggles.

Regardless of the difficulties, the majority of respondents stated they would continue to use VC after COVID-19 had passed, and there were no responses stating that it would be completely rejected, and that it would be used for specific circumstances where it was deemed suitable. Thus, overall, VC seemed to be accepted by care homes across the different Health Boards in Wales.

Limitations & Recommendations

However, it is important to note the limitations of the data. Although an attempt was made to collect data from a variety of different Health Boards, Aneurin Bevan UHB was the most common responder, suggesting that this does not fully capture the view of each Health Board. Future research should aim to further explore VC across a larger and more representative sample of care homes in Wales.

Furthermore, the interviews were not transcribed verbatim due to the short and structured approach taken to collect the qualitative data via a telephone call method, thus the data is solely based upon hand-written notes taken by the interviewers whilst speaking to the respondents on the telephone. Therefore, it may be that specific aspects of their experiences with VC were missed, making conclusions of the data difficult to interpret. It is recommended that more in-depth and observational research is needed to offer a more comprehensive understanding of VC use and value.

Nevertheless, based on this dataset of 101 interviews, it is clear across the data that regardless of the device used or VC platform type, the use, value, benefits and challenges are relatively comparable across care homes and Health Boards, and therefore this would suggest that the use of VC in care homes in Wales is generally acceptable, and more work can be done to continue supporting them going forward – particularly beyond COVID-19.

It is also clear however, that there is a lack of communication regarding the use of VC in that some respondents were unsure of the name of the 'GP link' they were using, but also the majority of care homes were using a large amount of platforms at one time, which may be contributing to the confusion of VC for residents and staff, but also the relationships with external VC users such as NHS clinicians and local authorities. It is therefore recommended that more work needs to be done with care homes in Wales to ensure that a better and more consistent line of communication is offered to care homes, to provide better awareness of the most appropriate and accessible platform to use, particularly in order to take advantage of the NHS services that are available to them, which many seem to be currently unaware of.

It is therefore recommended that a single platform is offered to all care homes across Wales, with a single method of training and support to ensure that all NHS and local authority services are made aware of this uptake to encourage a more collaborative approach between these services.

Furthermore, it would also be recommended to encourage future uptake on a long-term basis to support the mental health and well-being of staff and residents beyond COVID, and to continue supporting the additional benefits VC can offer, such as improved convenience, reduced waiting times, and travel savings.