

**Recording HC04**

**I: Fabulous. Okay. So my first question is just can you tell me a bit about yourself and your role, please?**

R: Yeah. So I'm a GP, and I work two days a week in a GP surgery and then two days with a [NHS Trust] , is my role within frailty. So, at the moment, I'm spending one day a week, so two of half sessions doing care home ward rounds. So we've taken over seven care homes from a PCN in XXXX, and we cover those seven care homes. And then my other sessions are sort of non-clinical regarding frailty education and management of the Prevention of Admission Team. So I do quite a bit.

**I: Oh, thank you. And with this role, what is your experience using video technology, such as Zoom, AttendAnywhere, WhatsApp for Consultations?**

R: Yes. So we do all our ward rounds over Teams.

**I: Oh wow! Okay.**

R: Yeah. So all our care home ward rounds. I also worked in the Prevention of Admission Team, and we do a lot of WhatsApp for Consultation, video consultations with patients using that as well. And then also as a GP, we do a lot of AccuRx consultations in GP, so I've been using them quite a lot.

**I: Wow! So had you used it before the pandemic?**

R: No.

**I: No?**

R: Not at all. Never. So yeah.

**I: So it's definitely changed then?**

R: Absolutely, yeah.

**I: And what do you find are the advantages of using the video-conferencing technology?**

R: I mean, it's significant. So before the - before Covid, I used to go out with the district nurses physically in the car. And that was lovely, and I had a lovely time. But, essentially, I probably only saw about four patients the entire morning, because you'd spend so much time driving between patients. So it's significantly more efficient, and it means that you can offer your services to a much wider area. So I could only go and see patients in XXXXX on a morning, whereas now a nurse from anywhere in XXXX can call me, and we can do a video call. So you can offer your services in a much wider range, which is really good. And also as well, I have to say, sometimes having - when you're out and about, you don't often have the internet access to look at patients' records. So quite often you're in people's houses and, yes, you can see them, but you make a plan and you go back, and you go actually we can't do that plan, you're allergic to this and you've had this before. And sometimes actually being able to

consult with your notes in front of you, is a lot more efficient as well. So there have been some really good things about it.

**I: And the disadvantages maybe?**

R: Yeah, disadvantages are that ultimately it isn't as good, in terms of the examination. You miss out on things, you miss out on that, especially in the care homes, or especially if the internet access isn't very good. You can get a lot from just seeing people, and being in the same room with them that you sometimes struggle to get over video. And just being able to lay your hands on a patient and if they've got a sore wrist, or a sore... And just being able to move it and touch it, it's part of the examination and you do miss out on that a lot. And I think another thing I found really difficult, is especially in the care homes, we do a lot of advanced care planning, end of life discussions, those, I have to say, are awful. Not awful, they're doable, but they're not ideal, because they're the situation where you want to be able to hold someone's hand, you want to be able to kneel down by their bed and have the conversation face-to-face. And they're often deaf, and shouting at people over Zoom, 'I think you're dying', 'you have cancer', just doesn't seem right.

**I: Yeah, I know.**

R: And that's the issue that I really have with it, is those kinds of conversations; they're the main issue [unclear 03:39] I have.

**I: So when you arrange these calls, do you schedule particular times with people then, and does it work better that way?**

R: So for the care homes, we have set times, so we have an MDT. So we start at, say, 2 pm on a Tuesday, we do the do the MDT, and what happens is we talk... So we talk through all the patients first with the team, and then we go and visit and see patients that we actually need to see afterwards. And the district nurses, when they call, they just call up and we do ad hoc reviews with them over WhatsApp. So they're not normally set times, but that's normally through the district nurses work phones. And then as the GP, obviously, I do it with patients during their appointments as well.

**I: And have you had any communication issues?**

R: Yeah, yeah.

**I: Yeah, I can imagine.**

R: The care homes especially, some of their signal is terrible. Saying it's more efficient; it's not always more efficient, because sometimes you're waiting 20 minutes to try and join the call. It drops out, and trying to see things over blurred... A lot of time is wasted because of poor internet signal.

**I: Is it?**

R: A significant amount of time. I mean, we could do a ward round that lasts two and a half hours, and I could spend at least 45/50 minutes of that calls dropping in and out.

**I: Wow!**

R: Like it's I would say at the moment, like sometimes we're losing half of the time just on speed of internet, essentially.

**I: Gosh!**

R: It's - if that could be sorted, it would be significantly more efficient.

**I: That's really good.**

R: Yeah.

**I: So, I mean, that kind of answers some of my next ones, like what helps you using this technology and then what hinders it? And that kind of answered the hindered bit, but anything - so, yeah, better internet connection.**

R: And it really - yeah, a better internet connection would make a huge difference, and also training for the staff that are using the other end. And also - because also the bigger screens as well, so we often do phone calls with people's phones, and a lot of our patients are elderly with very poor eyesight and they can't see us. But if you have a big iPad, it's better, so that kind of thing. And a huge - a huge impact of it is I'm relying hugely on the person on the other end of the call. So their expertise and their confidence is so important, because if they're someone who will actually be able to do the examination for me with my direction, and feels confident to do that, as opposed to somebody that really doesn't have a clue what's going on, that becomes a very different consultation. And you really rely on the person at the other end of the phone to be able to give you the right information, and their impression. And that can be really variable, especially when you don't know the person. If you know them, and you've got a relationship with them, it's really good. But if you're just having as someone ring up, you don't know who they are, you don't know if you can actually trust - not trust - that's the wrong word, but how reliable, what the information they're giving you is.

**I: I was going to ask you, actually, so are care home staff joining the calls then?**

R: Yes. So it's all led by one of them, either one of the nurses in the nursing homes, or the managers in the residential homes. And they leave the calls and we go through all the patients together that we need to discuss, and then they take us to each patient. Because often they're needed as well to translate, to be honest, because the patients often can't hear us on the... When we're talking, so they often need to be a three-way. So it's almost like working through a translator, which again, has its own challenges.

**I: Is that purely for video conferencing, or would that normally happen in a face-to-face when you see someone, that the care home...**

R: No, no.

**I: No. So that's a new thing?**

- R: No, you'd normally - they'd be able to hear, it's just that they find hearing from the iPad more difficult.
- I: **Of course, yeah.**
- R: Because they can't really lip-read, they can't really see you. It's more tinny - I think they just really struggle to hear.
- I: **Yeah. So that brings up new challenges, doesn't it, having somebody else in the room as well when you're trying to...?**
- R: Yeah, exactly. And then you say something, and then the care home manager tries to translate it to the patient. It becomes a different question, and then the patient is telling you back, and you can't quite hear the patient, so they translate it back to you. And there's many potential ways for this to - for it to get lost en route.
- I: **So, I mean, I think that actually goes on to my next question: the patient's understanding and participation in the conversation, like how is it impacted? And I guess you've just covered that.**
- R: It's definitely less, and we definitely make more decisions on behalf of patients, when we do virtual calls, because it's so difficult to actually... And it's more difficult to involve the patient, so it's easier... It's easier sometimes not to. Whereas if I was there physically, I would probably pop into the patient's room and go, 'Just to let you know, we're thinking of doing this. Is that all right?' and that takes quite a lot of effort virtually. You've got to make sure that the thing is charged, that the signal is going to reach there. We get in and we've got to get in the right position. We've got to make sure the volume is on, or shout at the patient and they're like, what? What's going on? They get distressed, because they don't know what's happening. And actually that becomes quite a big event. So actually seeing a patient and involving a patient in their care, becomes more an event than it would have been. So I definitely think we're making more decisions on behalf of patients, and not involving them as much, which probably isn't as good.
- I: **I mean, that's a shame, isn't it?**
- R: Yeah.
- I: **What - how is the information recorded and shared, like do you record these consultations? No?**
- R: No, so they're not recorded. So as we go through we record on our system - the GP system - what we're doing, and the care home managers will record their...will record what we've said in the patient's notes as well. So it's recorded in two places. If we're speaking to nurses, we both share a system, so we will both document our end of the conversation on the same system.
- I: **Yeah. Okay, thank you. We're whizzing through these questions. Thank you. So, I mean, you've touched on this already, but just like how did the consulta-...the video consultation**

**feel compared to a face-to-face encounter, or a phone call? I know you've kind of touched on this already, but how does it feel compared to it?**

R: The thing is, it completely depends, I think, on the ability and the age of the patient. In GP, obviously, a lot of my patients are a lot younger, and I have to say for a lot of them, we can have really good video consultations, and really successful. Everyone's really happy with them, and there's no problems. I think video consultation is really good in that it's let me into a lot more people's homes with the nurses, and from that point of view, it's been really helpful, but I think for our older patients we do lose, they lose something really from it. So - and I just don't think it's... I think, going forwards, I think it would be better to be going back, more back into care homes more. But I think that the virtual consultations will definitely stay for community support, and younger patients, but I'm not sure in terms of the long-term longevity of it in care homes, really.

I: **Yeah. So my next question was like, what would you change going forward? Which is kind of... So yeah.**

R: Yeah. So, really, I mean, I think that it's - I don't... I can understand the - I know a lot of people are pushing for virtual care home ward rounds, and I think at the moment they're perfectly appropriate, and we shouldn't be going into care homes unnecessarily. But I don't - I think in the long-term, really, what we should be doing is we should be going back into care homes. And I think that patients are missing out on certain aspects of care by us not going in. So I think from a care home point of view, I don't think that it should be something that we should be looking to be a long-term... As a regular thing, I think if you have a patient who's unwell, potentially you could do a virtual consultation first for the patient. There be no reason why not, because you might be able to avoid a visit and it would save time, but it shouldn't be the only, or the default option, I don't think.

I: **Yeah. So one of the questions is, how confident are you that you were able to pick up on any potential safeguarding issues, so when you're doing it virtually?**

R: That's really tricky, because...

I: **I know.**

R: ...I don't see these... Like I would say on a ward round I'll probably talk about... We're probably talking about 25 people maybe in a ward round, and I'll probably see three or four, like that's how few that I actually see. So there are people on my list who I talk about every week, and we discuss, we make plans, especially... And especially in some of our care homes with patients with dementia, there was almost you feel that you can't really have a conversation with them, so you just don't see them. So I suppose, yeah, I probably wouldn't.

I: **Whereas if you were doing ward rounds face-to-face, you'd see the person, wouldn't you say?**

R: Yes, you'd see the person. Even if you felt that they probably wouldn't be able to contribute to their care, you would at least have seen the people, and you would...which you just don't do virtually.

**I: In situations where there have been potential safeguarding concerns, are you able to discuss them and share with your colleagues about them? Because were you able to discuss and share about safeguarding concerns and issues? I guess have you had any that have come up?**

R: Yeah, we've not had any, to be honest.

**I: Oh okay.**

R: I've not had anything significant that's been raised. But, yeah, I mean, we could and we do go into the care homes, so if there was a concern we could go in.

**I: Oh okay.**

R: It's not that we can't. But, yeah, I've not actually had one to deal with.

**I: Oh, that's good. But, yeah, I mean, we've kind of whizzed through these questions! And just - can I just double-check that we've covered everything, if that's okay?**

R: Yeah.

**I: And then if you do have anything else you think that we would like to hear that maybe we haven't discussed, that would be really useful. Yeah, you've discussed everything. I mean, have you found that your relationship with the care home staff has changed, as a result of doing video conferencing?**

R: Yeah, we did actually - I have to say, we did actually go in in the end to begin with, physically, before we started, because we felt that that wouldn't, that needed, you needed... We needed to have met them to really start the project going. So we did physically meet them, and I think that they really want us to go in, and they're desperate for us to go in. And I think that they feel that the GPs should be going in more than they are doing. And I think they feel that over the pandemic that we haven't been going in enough. So I think that they definitely have struggled a bit with it. I think - I do think the MDT, the discussion around the patients is quite helpful, as I say, over video, because of the fact that you've got all the access to all their data. Because I used to do ward rounds pre-Covid, and I used to go to the care home, I used to trundle around with my trolley and see everyone physically. And it was lovely, but I didn't have access to a laptop because, again, there was no internet, and you didn't have access to anyone's notes. So the MDT, yes, seeing the patients, I think that care home staff and the GPs think it would be better in person.

**I: Yeah.**

R: It's also quite hard as well to have conversations with families about people that you've never seen, because you call families to discuss, say, your mum is deteriorating, and she's getting worse. And, actually, when - if you say to them, I've never actually seen your mum, [unclear 14:58], even if I feel I can make quite a confident assessment over video, families find that difficult to understand as well.

**I: Yeah. And also especially now the families aren't really going in either, are they?**

R: Yeah. No, so they're sort of asking us how is mum? And I'm like, well, over video she looked fine.

I: **Which is kind of what they know already, if they were already talking to her on video, because...**

R: Yeah.

I: **No, it is, it's difficult. Well, you're doing a great job.**

R: Well, I mean, you can do - you can do... What I didn't realise before Covid, is you can do a huge amount of video that I never thought you could do. Like we - there's actually not... In terms of examining people, I mean, you can do most things over video by if you've got someone else there to press or prod or move things, you can do the majority of the examinations. The only things we've not really been able to do is obviously sort of intimate examinations, so anything that you wouldn't want to do in video, that obviously needs in-person. But, generally, other than that, I mean, the care homes have all been trained to do observations, which is fantastic. Our nurses can listen to chests, they can feel tummies, they can do all sorts of examinations. You can do neurological examinations over video, like we've really... And that's one thing I've been really impressed by, and I never thought you could manage as much as you could with video.

I: **So you're not just doing video conferencing, you're also doing, as you say, like hearing the heartbeat and using other technology?**

R: Yeah, depending on obviously who's on the other end of the line, but our nurses will do... We've examined people and started them on IV anti-...intravenous antibiotics over video. They've shown us cellulitic legs, DVTs, heart failure management and we can manage the lot over the camera. So I think...

I: **It's impressive.**

R: ...for our patients at home, I do think it's we can do a lot over video and it's been really good. So for them, I think it's great. I know [unclear 16:54] quite a lot of the care homes, because that's where I don't think it's so great, but for the patients at home it is really... I think it has been really good.

I: **Yeah, and as you said with the care homes, it really depends on who is on the other end to help you, doesn't it? It does, so...**

R: Yeah. Yeah, because our nursing homes, it's easier because, obviously...

I: **The nurses.**

R: ...we've got a nurse on the end of the phone, and we can get a lot more information from them. Whereas our residential homes, understandably, they don't have any medical background, so it's a lot more difficult.

- I: Is there anything else you think that would be useful for me to know about your experience of video conferencing in the care homes?**
- R: No, I don't think so. It'd be interesting to know what the care homes think of it. I don't know whether you're speaking to any care homes?
- I: I think at the moment we're focusing on the difference between NHS staff and social care staff, and how they...**
- R: Okay.
- I: Yeah. But, yeah, there probably will be scope to take it forward. Yeah, because I would be interested. And we're also - we're doing a scoping review that is... It's in parallel to this, and we're doing a review of video technology in care homes, so we're kind of getting... Yeah.**
- R: Okay, that's [?so overlapping there 18:00].
- I: But, obviously, yes, Covid has definitely sped up the use, hasn't it?**
- R: Oh, I mean, in GP, we're definitely going to keep using it.
- I: Yeah.**
- R: And we're planning to potentially set up frailty clinics as well, which are going to be virtual.
- I: Okay, oh, that's good.**
- R: So there is going to be a lot of use for it, and I think that we've just got to be careful that we don't sort of think of it as the solution to everything.
- I: Yes. Yeah, no, I think that's important.**
- R: Because we have a risk of GPs becoming people that live in offices, and never, never actually go out and see anyone, which I don't think is good for anyone.
- I: No.**
- R: So, yeah, that's my worry.
- I: Oh, thank you so much. Thank you for your time. I know you're really busy.**
- R: No, that's all right.
- I: I will just quickly end the recording. I'll just make sure I do it right.**

**End of Transcription**