

Recording HC05

- I: Okay. All right. So just to start, can you tell me a bit about yourself and your role, please?**
- R: Yeah, I'm trained as a GP, and I'm doing some extra-care home work as part of a new-ish project for the [NHS Trust] . I think the local - one of the local GP surgeries has handed over their care home work to the community team, so I'm doing one day a week for that, basically.
- I: Oh okay. And what's your experience using video technology, like Zoom or Teams for consultations?**
- R: So, yes, since mainly - in fact, wholly, really, since lockdown in March, really, we've only been... Well, we haven't only, but we've been predominantly using video technology for the majority of our communication with care homes. And we try, where possible, to use video generally through Teams at the moment. We've also used AccuRx in my previous role, and we sometimes use WhatsApp, as a last resort, when somehow the wi-fi often, well, not often, but not irregularly, we have issues with connection. So we end up just using our mobiles for WhatsApp, and we're not supposed to do that, I don't think, but that often is backup.
- I: It happens thought sometimes, doesn't it?**
- R: Yeah.
- I: Yeah. So you kind of said, but you hadn't - you weren't really using this technology before then? Before Covid, I mean?**
- R: No. No, I can't say I was using any video consultations before, no.
- I: And so have you found any advantages to using this with care homes?**
- R: Yes, definitely. It's not perfect, but there's definitely more efficiencies within using it. You can connect with, I think, more patients and more carers in a shorter space of time. I think that's probably unquestionable, so there are definite benefits. And the care homes that we've recently started looking after are really - I think they feel connected even though we're not physically there.
- I: Oh, that's good.**
- R: And we do go in sometimes, but when we're not there, we still feel that it's an extra connection, which they weren't particularly getting before from the previous service. And I'm sure part of that is because we're able to do video conferencing with them.
- I: That's good. And the disadvantages of using...?**
- R: So this week, for example, I was getting a bit frustrated with trying to assess, say more personal questions. So I was trying to assess some people's memory, for example, and that's often quite a sensitive area, and so I find it harder to perhaps engage with the patients on those kinds of areas. I think the very frail or very elderly patients struggle a bit to understand

that as... That I am, as a doctor, trying to speak to them through the medium of phone or through a screen, or an iPad or whatever, and when they're more confused, it's a less good communication tool. It's sort of good for me to see them on the screen, but it's less good for them in terms of obviously that contact that you get, which you wouldn't... You'd get compared to being there in person.

I: Yeah, exactly.

R: Some of the ones that are a bit more au fait, and a bit more used to using their iPads, I think it's a reasonably good substitute. But for those who perhaps are either more confused or have no background of using more technology, it's more problematic for. And then, obviously, there's the sort of internet issues, so depending... Some are better than others, and I think there is work going into improving that, and they've got iPads now. So I think it's okay, so we often do a meeting with the care manager, which is really...which works really well, and they're sat down in their office, so often the internet isn't such an issue. But then when we then take the iPad around the different people, that's when the sound doesn't come through, or we cut out and then we start again. So then the efficiencies become less, because you end up just spending quite a lot of time trying to sort that out, so there are pros and cons.

I: Do you schedule particular times to call people, or for the care homes, or is it spontaneous?

R: So we have a weekly round at one o'clock, yeah, but not specifically for individual people. We have it as a kind of time that's dedicated to the care home, rather than the individual patients.

I: So you said you conduct like assessments and you do rounds, do you do anything else with the video technology as well, or any technology in general?

R: So I use AccuRx to message and receive photos, and we do a lot more of, so that's really useful. And also I think more we're sort of just using messaging, rather than just to sort of catch up and reply, than we would have done before. In terms of, yes, medication queries or following up, and, say, I've seen them on the video and then they've sent me a photo, and I'll be like, fine, yeah, let's do that. So that - if that answers the question a bit more?

I: Yeah, yeah. And what have you found helps when using this technology? I mean, you've kind of already discussed the advantages and disadvantages, but I'm wondering what would help it go smoother? I mean, you've already mentioned internet connection...

R: Yeah.

I: ...like an even stronger internet connection.

R: I think - and it is hard to know whether it's their wi-fi, as such, or if it's the building. Yeah, so the current care home is kind of up and established with Teams, which does seem to work well. There are different platforms which I haven't had much experience with, other than AccuRx. There's one where everyone kind of joins into a room, which there was talk about

an NHS sort of service using that. So I don't know whether different platforms would be would be better. And also, obviously, the - I'm aware of, but not very hot on the data and the data sharing implications of using different platforms. So that makes things complicated, and makes you more cautious. What would make things smoother though, and that's a bit more difficult, I suppose. Yeah, I don't know, I think they've got an iPad and it does work as well as - I think on the whole - as well as it can, and in terms of... Yeah, in terms of considering - perhaps considering where are the good places within the home to actually see people? But, often, if they're just in their - well, as a proportion of patients, will just be in their own room, so obviously there's little you can do about that.

I: You mentioned about data sharing and stuff, do you record any of these conversations, or store them?

R: No, no.

I: No. And when you talk to people in the care home, so like patients, are the care home staff in the conversation, too, and do they sit in on some of the calls?

R: Yeah. So almost all of them, the carer will be there while they're having that conversation, and that's pretty typical, yeah, in care homes, I would say, even when I went into care homes, when I go in there tends to be a carer there. So whose - it's just helpful, and we can then communicate things often through them if they're better at communicating with them than we are, because they know them better and things.

I: Would they - and before Covid, would that, would they normally be in the room when you had an appointment?

R: Yeah.

I: Oh okay, yeah. So it's not changed?

R: I mean, if someone - I would obviously check if someone was [unclear 09:20] they weren't there, but, on the whole, yes.

I: And I guess it's helpful as well, technology-wise, having them there.

R: We would not be able to do it without them. It's, yeah, it would just - often, not infrequently, I'll ask the question on the video, but then the carer will then repeat it to them, so all that fits. It's not exactly a seamless two-way conversation, and it's often like a disjointed three-way conversation, yeah.

I: So it's kind of the opposite of the help in question, like what have you found, and you can give specific situations have hindered using it?

R: So not just patients, but also - well, this... What I mentioned before, really, the disadvantages about older people, or perhaps confused people who find it hard to grasp the concept that this is essentially a consultation and that's, and it's very new to them.

I: Yeah, of course.

R: But also if I'm not chatting to a staff member that I know well, they then have to get used to the system as well. So it's they - we always have to try and remind them to try and stay in one place, and even like she was trying her absolute best, the carer that was helping me this week, but she kept sort of angling the camera at the patient's forehead, and that's like very limited in how you can... I want to try and see their whole face and, ideally, you'd look at their chest, so often you'd... I often might try and assess someone's breathing just by looking, pointing the video at someone's chest. And you can get a reasonably...

I: **Really?**

R: ...kind of feel if they're very short of breath by doing that.

I: **Wow!**

R: But it's surprisingly difficult for some carers to just hold the camera still, and look at the chest, which it seems so straightforward, but somehow it's not and I don't know why. And, yeah, obviously the limitations of examination, you can do some reasonable examination, like increasingly they're able to take the observations in the care home and give them to us, so that's...

I: **That's good.**

R: ...evolved with Covid. And then - and that, and measuring their heart rate and just giving a general appearance of someone's face. And if they're in pain, you can get quite a good idea from just looking at how comfortable they are on the video, but you obviously can't actually feel a tummy, an abdomen, or an obviously more intimate exam is more difficult. And there are definitely limitations to looking at skin, and I will often find photos, we end up having to use instead of the video, for skin, because the quality, the focus isn't quite there, yeah. But I think everyone's surprised at how much we can manage, and how much...

I: **Oh, that's good, yeah.**

R: ...[unclear 12:34] put a bit of thought into it, you can get out of it.

I: **That's good. You've kind of touched on this question already, but how did it...? How does it feel doing a consultation with assistive technology compared to face-to-face? Like, how do you find it?**

R: We're growing to accept it more.

I: **To accept it.**

R: I'm always someone that would rather see someone in person, and I, as a... Personally, you don't get such a reward by doing it remotely, and you don't get that kind of personal contact. And even just placing your hand on someone is often very powerful and useful, and being...showing empathy is harder. So, I mean, there's no doubt that there's always a place to see people sometimes in person, which, yeah, both for them and for me, I think, personally, and my kind of fulfilment in my job. But I think also for the kind of - so like the non-verbal skills and the non-verbal communication, is it's more difficult on video, definitely.

But then there's definitely a place, and I think definitely even without Covid restrictions, I imagine we'll still continue using it, because it is efficient. And, on the whole - and not always, but a lot of the time it's definitely good enough, I would say.

I: That's good. And do you find - have the relationships between yourself and the care home staff, has that been impacted by using this technology at all?

R: Well, luckily, I think that they had very little contact with [unclear 14:35] with some of their previous healthcare workers. I don't - I don't know, and they seem very grateful.

I: Oh, that's good.

R: I think they seem grateful, and they've - and I get the feeling they feel they're having a good service, despite it being remote, the majority of the time.

I: Oh, so that's good, so actually you've been in contact more.

R: And I feel that we're doing good job, if you know what I mean?

I: Good. And what would you change, going forward? I mean, you've already said you think that you'll probably continue using it in some way?

R: It's a tricky one, because the other problem is if you try and do both, that almost takes more time. So I would probably want to go - I would probably want to go into the home more than we are now, so it's going to be finding a new balance, isn't it, I think?

I: Yeah.

R: But remaining as efficient as we can. But one thing, hopefully both sides, to need that kind of contact and so, yeah, it will be - I imagine, like what we've done this year - it will be sort of trial and error a bit, and finding our feet and seeing what works best for us, but also, obviously, them.

I: Yeah.

R: And, ultimately, there's always pressure on us being more efficient, and never enough time. So it's getting the balance, isn't it?

I: Yeah. Oh, do you know what? We've whizzed through these questions. I'm just going to see if there's any that I didn't ask, and I'm just having a look. Oh, just one other - a couple of questions. So when you speak to somebody via video conferencing, how confident are you that you're able to pick up any potential safeguarding issues? Because that can obviously probably be an issue, being virtual.

R: Yeah, I think it's a good question, and there's always in the back of... Well, not always, but not infrequently, a question for me is, what are we missing that we're not seeing? What are the unknown unknowns? And safeguarding comes into that, doesn't it?

I: Yeah.

R: I think - I mean, with a lot of safeguarding, it's around trust, isn't it, and your communication with the carers and with the patients. And I feel that - and I think, on the whole, the... Well, I don't know whether it's - I think that the staff in the home I'm working at are excellent, and I've never had any concerns. So I think, well, where I'm working, I think that risk is very low, because I feel they report any concerns promptly, and because I will go in occasionally, I think the feel and the communication is very open, and that doesn't need to necessarily be in person. And also, other healthcare professionals are going in, so like the nursing team are going in, and the blood-taking people are going in. I don't know what the social work side are doing, and I think they're doing more remote, aren't they, probably?

I: **I believe so.**

R: But, yeah, I don't think, but, you don't - that's the thing, you don't know what you're missing always, so that's... You have to be wary of that, I think.

I: **I guess when you went in physically, you saw other people around while you were visiting a certain patient, so...**

R: Exactly.

I: **And that's probably something that - yeah.**

R: So that's what you won't get on a visit, and you only see the ones, the people you are there to see, or you've been asked to see. So, in theory, you're not - you get a bit more by going in, because, as you say, I went in, I went to the communal area and saw quite a few other residents who... Not formally, but say hello to, and you miss that sort of informal contact, don't you, I think?

I: **Yeah.**

R: So there is a benefit in that, which we're missing out on.

I: **Is there any other information that you think might be useful for me to know for this project, about your experience of video conferencing with care homes?**

R: I don't know, I think, obviously, this isn't part of your project, per se, but it'll be interesting to have the feedback from the carers or relatives, I suppose, and that would feed into. Because, obviously, we think we're doing okay, but... And I think, ideally, they - well, it's all... And that's the other challenge as well with Covid, is getting the balance. Some people are - would be much, would be more... Would appreciate more face-to-face time, but some are very, very cautious of that and don't want you anywhere near them. So it's always difficult to know what the right thing is for each individual. What else would you - might be helpful for you to know? Again, a bit about the - I've definitely wondered and thought about looking into, or I think hopefully research will come out about what we're missing. We don't know what we're missing. We're - it's still early stages, isn't it?

I: **Yeah.**

R: Next year, are we going - is it going to come out that we might have missed something serious, and we might have missed a safeguarding issue, or someone who's got some preventable condition that we've missed? And so I guess we've got to keep open-minded about things. [Unclear 21:00] it's okay, are things that we're missing that we don't know about, and only time will tell, but yeah.

I: **I know. Well, thank you. You've been really helpful today. Thank you so much for the interview.**

R: Okay, and I hope I've been helpful.

I: **I will just stop the...**

R: I would be interested to know, hear your outcomes.

I: **Oh, good.**

End of Transcription