# Thank you for joining early

# Webinar starts @ 13:30- 14:45

***Please feel free to make yourself a drink***

***We will start at 13:30, it would be great if you'd add your name and organisation to the chat box though***

***Please note the session will be recorded***

Please ensure your microphone is muted

# Video Consultation in Wound Care Settings

15th July 2020

NHS England and NHS Improvement

# Agenda

- Start 13.30
- **Overview** – Yvonne Richards- Community Care Improvement Adviser- NHSEI
- **Remote Consultation and Support for Wound Care:**- Dr Una Adderley and Ann Jacklin, NWCSP

Questions

- **E-consultation in the context of day to day care: our learnings to date-** Christine O'Connor, and Anna Swinburn, Accelerate CIC

Questions

- **Using Attend Anywhere & Remote Consultation:** Jane Todhunter and Lesley Robinson North Cumbria Integrated Care

Questions

- **Supporting Self Care with Video Consultation-** Dr Leanne Atkin Phd MHSc RGN, Vascular Nurse Consultant -Mid Yorks NHS Trust

Chat box review – final questions?

- **Polling – for further engagement on Wound Care** - Kevwe Raleigh-Ekeke- Senior Project Manager
- Final reflections – Yvonne Richards
- Close 14:45

# Community Health Improvement team- Support Offer

**What we are trying to achieve…**

- Ensure adequate support to facilitate roll out of remote working and video consultation in Community Health, supporting patients and carers during and after the COVID pandemic
- To support sustained implementation and adoption of these methods across Community Health services.
- Share learning across the NHS and understand the impact of working this way on productivity and outcomes

**Why now...**

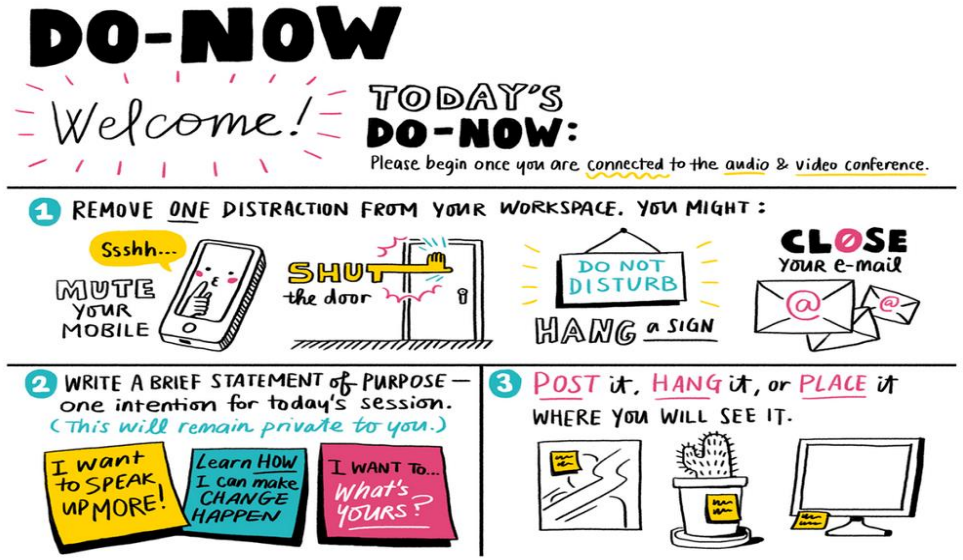
- Harnessing new ways of remote working which have been upscaled due to COVID
- Give further support to systems in managing capacity as activity shifts from Acute to Community settings
- Seize the opportunity presented through the Outpatient Transformation Programme

**What we`ve found out about utilising Video Consultation in Community Health from engaging with stakeholders…**

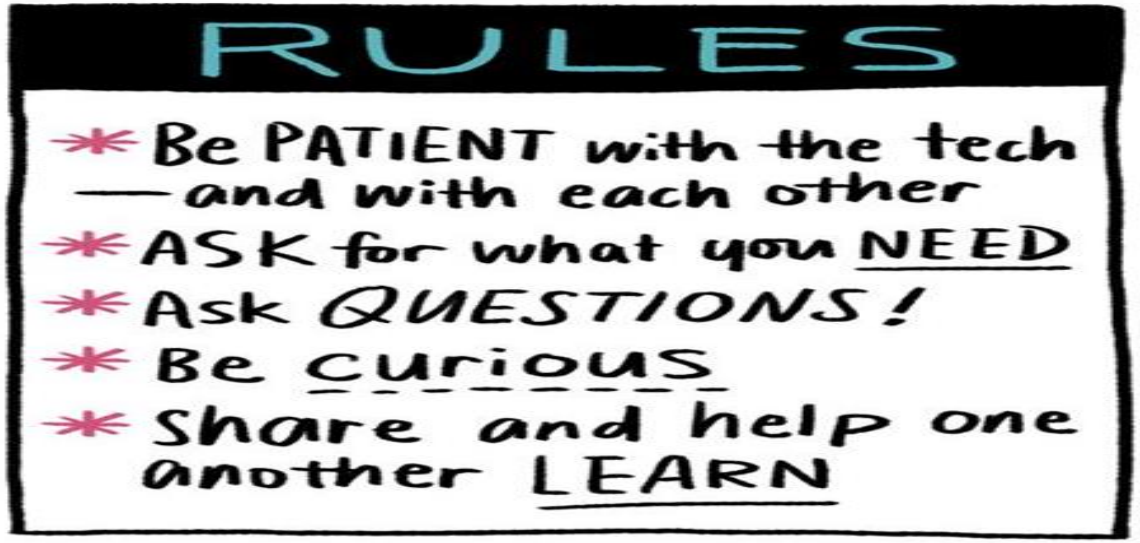
- Variation in approaches across organisations and services
- Significant enthusiasm for using remote working where it fits the service/speciality
- Good practice and opportunities to learn from other services is key, creating linkage
- More to be done.....

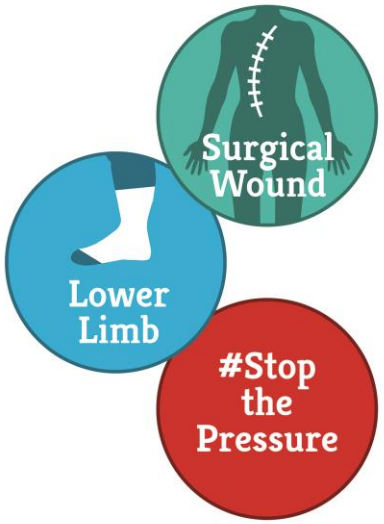
# Welcome – How the session will work

Please ensure your microphone is muted







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# Remote Consultation and Support for Wound Care

Dr Una Adderley: Programme Director

Ann Jacklin: Lead – Data and Information Workstream

Interested in wound care? Sign up at: www.nationalwoundcarestrategy.net

Twitter: #NatWoundStrat

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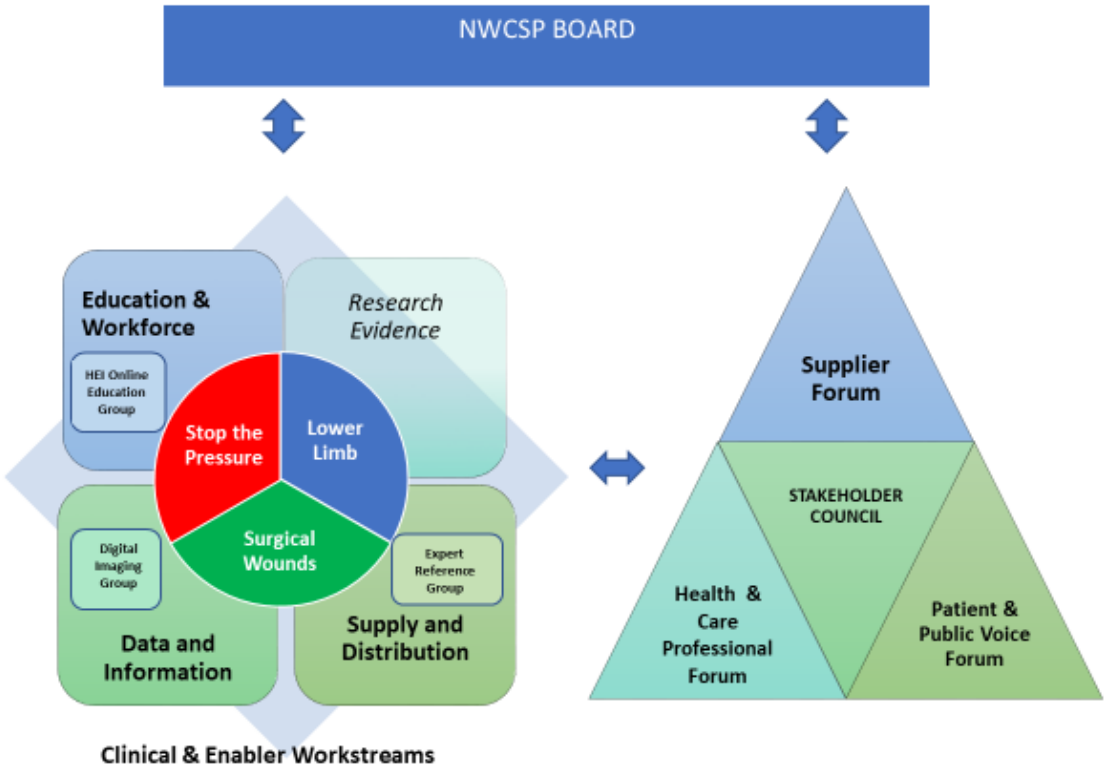


**Purpose:** To scope the development of a national wound care strategy for England that focuses on improving care relating to:

- Pressure ulcers,
- Lower limb ulcers, and
- Surgical wounds.

**How:** To work with key partners to:

- Establish the underlying clinical and economic case for change.
- Identify the desirable improvements in patient care.
- Describe the necessary changes and interventions required to deliver these improvements.

**Vision:**

To develop recommendations which support excellence in the standards of care that relate to preventing, assessing and treating people with chronic wounds to optimise healing and minimise the burden of wounds for patients, carers and health and care providers.

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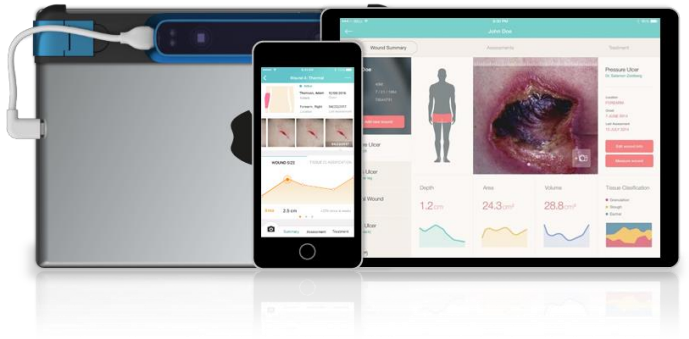
# Results of COVID Wound Care Survey – June 2020

**Response:**

- 314 respondents
- Feedback from all 7 NHS England regions
- 75% response from acute and community settings.
- Very limited from mental health, general practice, independent sector and hospice settings.

**Results**

- Increase in use of virtual approaches to care (i.e. telephone/ video )
  - Greater use of images in virtual clinics
  - Some limited use of apps for communication
  - Development of on line/ virtual training
  - Use of virtual meetings for running the service/ working from home
  - Reach out to care homes to provide remote clinical input
- Significant reduction in face to face visits



| Wound Care Data Domains | |
|---|---|
| Patients | Diagnosis |
| Referrals | Activity volumes |
| Staff involved | Outcomes |
| Treatments used | Equipment |

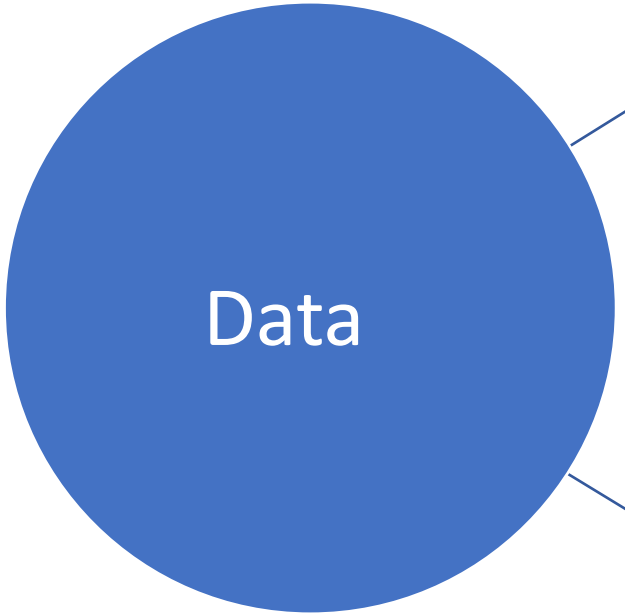
| Patient data | Product data | Workforce data |
|---|---|---|
| Patient age, gender | Wound care products | Staff involved |
| Referrals | Equipment | |
| Diagnosis | | |
| Activity volumes | | |
| Outcomes | | |

# Use of Data (including digital images)

| Patient data |
| --- |
| Patient age, gender |
| Referrals |
| Diagnosis |
| Activity volumes |
| Outcomes |

| Workforce data |
| --- |
| Staff involved |

| Product data |
| --- |
| Wound care products |
| Equipment |




## Business

- Commissioning & contract management
- Service Management
- Business case development
- Performance management

Appointment scheduling
Patient prioritisation
Remote consultation

## Clinical

- Point of Care
  - Continuity of care
  - Decision support
- Audit
- Improvement
  - To identify unwarranted variation
  - To support improvement programmes

# Issues with wound care data

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- Wound Care data poor and too little detail for clinical use
  - especially in community services
  - Needed at national, regional, STP/ICS & local level
- Data collection time-consuming
  - Quality improvement often depends on time consuming audit
- Lack of data and digital images lead to problems with:
  - Continuity of care
  - Tracking progress of healing
  - Identifying patients for review/referral
  - Remote consultation
    - support and review (eg TVN, GP, surgical MDT))
- Inconsistent and incomplete clinical coding across sectors

# This leads us to the need for mobile digital data capture

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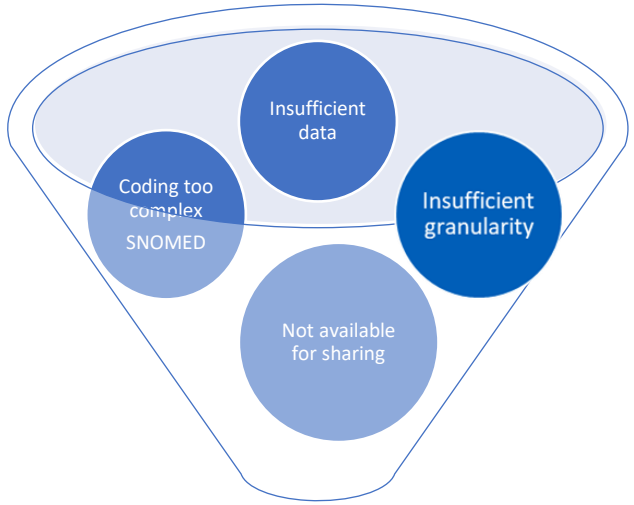
*Underpinning principle:*
*Data collection to be secondary to operational practice*




Point of Care, mobile digital data capture

Data fed though local IT systems

Data uploaded to national datasets
- Reporting to drive improvement
- RightCare/ Model Hospital / GIRFT

Reporting to drive improvement at local level
- Organisation
- Primary Care Network
- STP / ICS
- Region

# Mobile apps next steps

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1. National high level specification - in progress
    - Wound Assessment Form capability
    - Wound Type and Location (multiples of each if required)
    - Photograph of wound(s) (for each visit/assessment)
    - Measurement of wound by area (of each individual tissue type within the wound)
    - Care Objectives and Outcomes
    - ‘Off-line’ Working enabled
    - Instant comparison reports (against previous visits)
    - Web enabled access to ‘live’ data to support team input
    - Ability to upload data into current IT systems
    - Ability to upload data to national data sets
    - Compatible with relevant NHS standards
        - Data
        - Intra operability
        - Coding
2. Stakeholder engagement
3. Identifying major barriers to widespread use

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# Questions Please……

Interested in wound care? Sign up at: www.nationalwoundcarestrategy.net

Twitter: #NatWoundStrat

# Questions?

Accelerate

Transforming wound and lymphoedema care

# *E* consultation in the context of day to day care: our learning to date

Christine O'Connor: Commercial, Business and Ops Director

Anna Swinburn: Managed Care Clinical Lead


COVID enabled our journey of realisation/transformation: this was not a time to stand still and think for too long: JUST DO IT…. And WE DID!

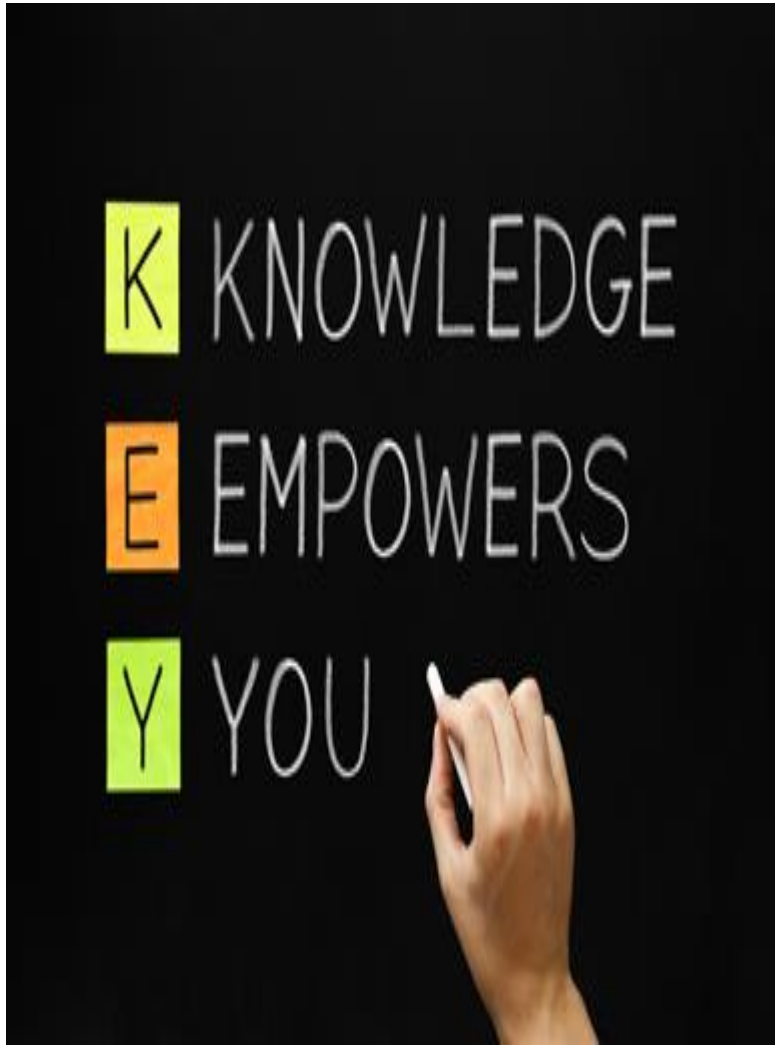

‘E consultation
Involves remote communication between patient and clinician or between clinician and specialist’
The Art of the Possible

# What did the change look like?


- **All patient appointments changed to telephone consultations**
- **All referrals and first assessments to receive a telephone preassessment**
- **All over +70 and shielded to be identified and receive a call to ascertain status**
- **Introduce self management for patients and clinicians via our website and set up chat box for engagement [2 weeks]**
- **All clinical staff equipped to work from home as necessary to conduct remote consultations**
- **Enhancement of our Accelerate Intelligence Management System [AIMS] to be fit for virtual working and patient engagement**
- **Development of a virtual teaching session to support Primary Care Nurses in early intervention strategies**

# What did we learn?

- We had to keep ourselves at the forefront of people's minds
- To do that we needed to stretch beyond our traditional thinking
- We needed to capture the learning and modify as we went along
- We needed not to assume that video consultation was the panacea because it isn't
- We had to recognise the importance of skilled clinicians in remote consultation and not assume it can be done by anyone
- We needed to remember that 85% of the time our patients manage their condition and that we are a part of their solution not THE solution
- Productivity increased significantly in terms of activity: we killed our waiting list and enhanced our understanding of our patients
- That whatever way we interface with our patients/ customers we wanted them to feel that it was still a uniquely satisfying experience…and it was!



# Translating learning into part of the daily activity

- Recognise there are at least 4 ways to interface with patients: community home visit, clinic visit, telephone consultation and video consultation
- Understand that there is a need to implement the correct option for both the patient and the clinician and that this is not always about patient expectation but about limitations of equipment, WIFI, skill, comfort level, physical capability
- Listen to your team and what they are sharing with you about what works and what doesn't: don't assume you have all the answers because you absolutely do not
- Build what works into the new normal so that you maximise the benefits that have accrued from what has been a significantly challenging time
- If you haven't used this period of time to improve data collection then you have missed a fantastic opportunity!
- If you are going to do virtual learning make sure you equip your nurses/health professionals with the wherewithal to participate and get value out of the experience

# What did our nurses say… SKILL, SKILL,SKILL

Accelerate

Good way of routine monitoring particularly patients who are engaged and proactive with their care Supportive and reassuring for the lonely and isolated.

Cons: not seeing the patient in person thus not to feel the leg, not to fully assess the leg but to be only depending on photos

Allows the assessor to be very focused on the questions that need to be answered. This is important from a risk assessment point of view as the assessment allows at risk patient to be identified before placing them at risk of being bought into clinic.

Allows the patient to have tasks set for them e.g. getting into bed to sleep allow patient ability to be involved in their care by showing before assessment they they can be compliant

*Telephone reviews are good but can be challenging and not all patients want and I have found that some of the patients are happy to carry on caring for their wounds but it's the thought that if they need help that they have the reassurance that they can contact someone, who knows what they are doing. As care/advice within the community setting for leg ulcers seems a little nonexistence.*

*For me personally I find it hard with wound patients trying to get a picture in my mind of there wounds as sometimes you have to see it face to face and smell oedema etc.*

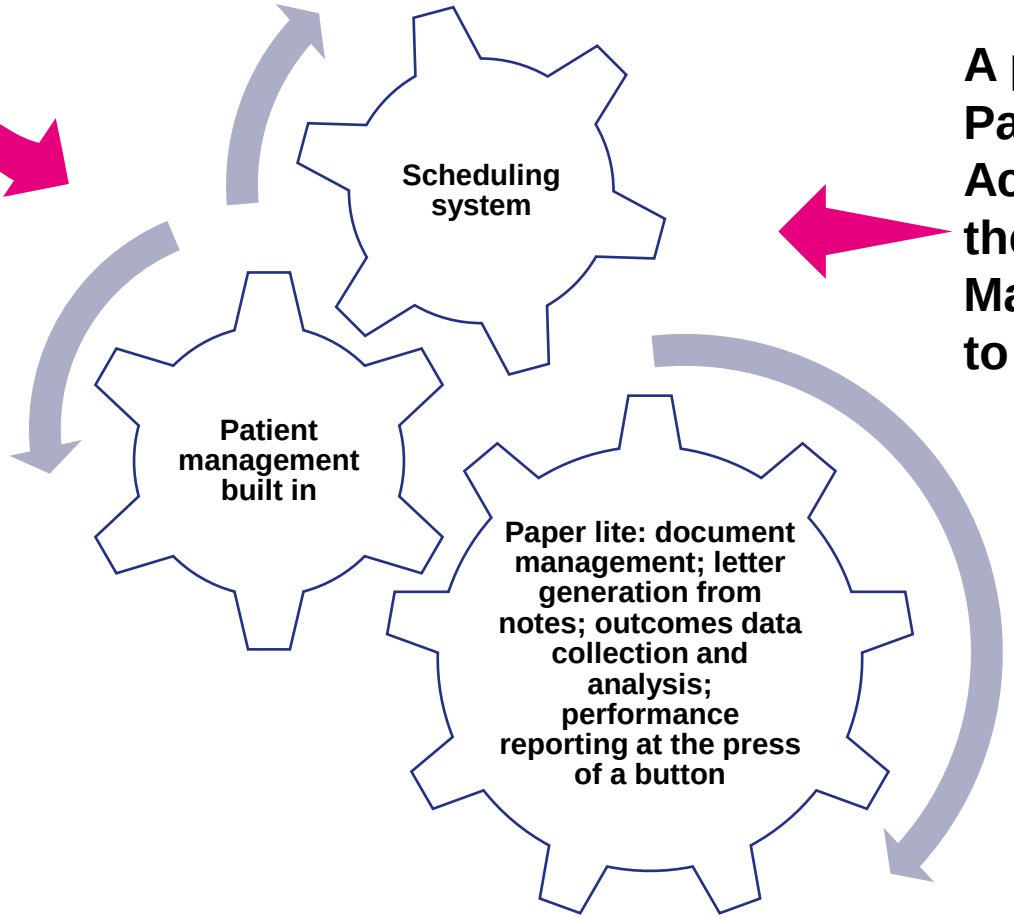
*Some of our older patients cant send pictures via email and don't want /have family members to take pictures and send which can be difficult when assessing.*

*Overall it's been good, as lots of patients like to chat (not always about wounds )but are happy that you have called small things can make a big difference in this strange time .*

# Mobile digital data capture: AIMS [plus enhancements] it works!

Accelerate

**Our own inbuilt video Consultation facility In addition to commissioning Attend Anywhere**




**A patient portal to facilitate Patient usage for those patients Actively able to demonstrate their drive towards self Management and wanting to engage through this route**

Make it cost effective
Demonstrate healing rates
Ensure it can talk to other systems
Make it cloud based and super secure: works on all mobile equipment

# DISRUPT

By Luke Williams

Think the Unthinkable to Spark Transformation in Your Business

# Questions?

NHS
North Cumbria Integrated Care
NHS Foundation Trust

# Attend Anywhere / Remote Consultation

Lesley Robinson
Jane Todhunter
Vascular Nurses Practitioners
North Cumbria Integrated Care

NHS
North Cumbria Integrated Care
NHS Foundation Trust

# Background (pre-COVID)

- Increased demand on OPD / reduced space
- Inappropriate triage of appointments
- Reduction in staff
- Patients travelling long distances  to attend
- Community staff – lack of experience and expertise to manage leg wounds
- Needed to come up with an innovative solution

# Improving accessibility

- Began to ask community nurses to email photos of wounds/legs
- Discussion  with deputy manager contact centre
- Feb 2020  right person /right place and right time

-  lets take it to the patient and upskill community nurses

North Cumbria Integrated Care NHS Foundation Trust

# Driving forces

- Can do attitude: North England Commissioning Support Unit
  Cumbria Health On Call
- COVID-19
- Embraced by community nurses

# First month
# What has worked well

**Patient**

- Not having to leave home

**Community nurses**

- Learning from the consultation
- Reinforce their good practice
- Timely appointments

**Vascular Nurse Practitioner**

- Reducing waiting lists
- Easy system to use
- Created an extra clinic in the absence of space in OPD

# First month -challenges

**Patient**

- Not able to hear so well and follow the conversation

**Community nurses**

- Hitches with technology
- Staffing levels to facilitate the time and date

**Vascular nurse practitioner**

- Organisation of appointments
- Lack of rapport with patient
- Doesn’t feel like an in-depth assessment

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# What next?

- Increase number of appointments and shorten duration
- Improve communication re appointment times
- ? direct access for patients / empower self-care
- Build up an evidence base

A useful adjunct but does not  replace face to face

# Questions?

The Mid Yorkshire Hospitals NHS
NHS Trust

# Supporting Self Care with Video Consultation

**Dr Leanne Atkin PhD MHSc RGN**

Lecturer Practitoner/Vascular Nurse Consultant, University of Huddersfield/Mid Yorks NHS Trust

**Email:** L.atkin@hud.ac.uk

# Burden of Wounds

- **18.6 million** practice nurse visits
- **10.9 million** community nurse visits
- **7.7 million** general practitioner visits
- **3.4 million** hospital outpatient visits
- Estimated **cost of £5.3 billion**
  - Continues to rise annually
- 730,000 patient with leg ulceration
- 1.5 – 3% adult population
- 70% of these venous ulceration

Open Access Research

BMJ Open

**Health economic burden that wounds impose on the National Health Service in the UK**

Julian F Guest,[1,2] Nadia Ayoub,[1] Tracey McIlwraith,[1] Ijeoma Uchegbu,[1] Alyson Gerrish,[1] Diana Weidlich,[1] Kathryn Vowden,[3] Peter Vowden[3]

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CrossMark

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ABSTRACT

**Objective:** To estimate the prevalence of wounds managed by the UK's National Health Service (NHS) in 2012/2013 and the annual levels of healthcare resource use attributable to their management and corresponding costs.

**Methods:** This was a retrospective cohort analysis of the records of patients in The Health Improvement Network (THIN) Database. Records of 1000 adult patients who had a wound in 2012/2013 (cases) were randomly selected and matched with 1000 patients with no history of a wound (controls). Patients' characteristics, wound-related health outcomes and all healthcare resource use were quantified and the total NHS cost of patient management was estimated at 2013/2014 prices.

**Results:** Patients' mean age was 69.0 years and 45% were male. 76% of patients presented with a new wound in the study year and 61% of wounds healed during the study year. Nutritional deficiency (OR 0.53; p<0.001) and diabetes (OR 0.65; p<0.001) were independent risk factors for non-healing. There were an estimated 2.2 million wounds managed by the NHS in 2012/2013. Annual levels of resource use attributable to managing these wounds and associated comorbidities included 18.6 million practice nurse visits, 10.9 million community nurse visits, 7.7 million GP visits and 3.4 million hospital outpatient visits. The annual NHS cost of managing these wounds and associated comorbidities was £5.3 billion. This was reduced to between £5.1 and £4.5 billion after adjusting for comorbidities.

**Conclusions:** Real world evidence highlights wound management is predominantly a nurse led discipline. Approximately 30% of wounds lacked a differential diagnosis, indicative of practical difficulties experienced by non-specialist clinicians. Wounds impose a substantial health economic burden on the UK's NHS, comparable to that of managing obesity (£5.0 billion). Clinical and economic benefits could accrue from improved systems of care and an increased awareness of the impact that wounds impose on patients and the NHS.


**Strengths and limitations of this study**

- This study estimated the health outcomes, resource implications and associated costs attributable to managing wounds in 2012/2013 using real world evidence obtained from The Health Improvement Network (THIN) database (a nationally representative database of clinical practice among >11 million patients registered with general practitioners in the UK).
- The estimates were derived following a systematic analysis of patients' characteristics, wound-related health outcomes and all community-based and secondary care resource use contained in the patients' electronic records.
- Computerised information in the THIN database is collected by general practitioners (GPs) for clinical care purposes and not for research. Additionally, prescriptions issued by GPs and practice nurses are recorded in the database, but it does not specify whether the prescriptions were dispensed or patient compliance with the product.
- The analysis does not consider the potential impact of those wounds that remained unhealed beyond the study period. Nor does it consider the potential impact of managing patients with wounds being cared for in nursing homes. The THIN database may have under-recorded use of some healthcare resources outside the GP's surgery. However, the impact of this was addressed in sensitivity analyses.

INTRODUCTION

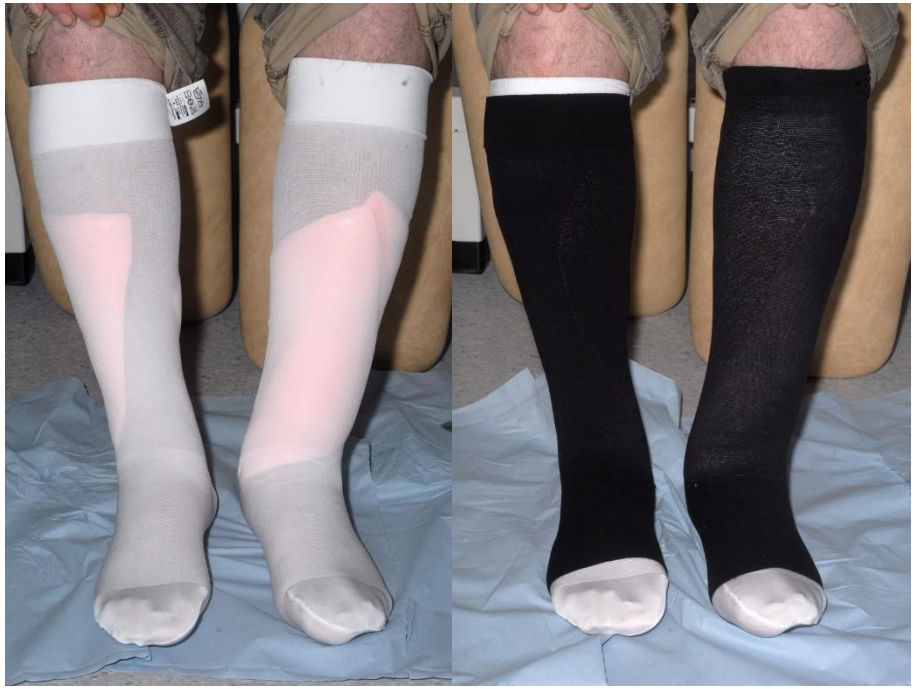
Patients requiring wound care can be found in the community, secondary care and in long-term care institutions and range from infants to the elderly. The patient population with wounds is managed across the spectrum of different healthcare disciplines that includes general practice, specialist physicians, surgeons, nurses and allied healthcare practitioners, such as podiatrists.[1–3]

Wound care should be viewed as a specialised segment of healthcare that requires clinicians with specialist training to diagnose and manage appropriately.[4 5] However, the evidence suggests this is not the case.[1–3] Moreover, it has been suggested that better wound care, such as effective diagnosis and treatment and effective prevention of wound


1. Guest JF, Ayoub N, McIlwraith T, Uchegbu I, Gerrish A, Weidlich D, Vowden K, Vowden P. Health economic burden that wounds impose on the National Health Service in the UK. *BMJ* Open 2015; 5(12).

# Venous Ulceration

- Compression therapy is key
- Dressing selection less important
- Hosiery kits ‘gold standard’



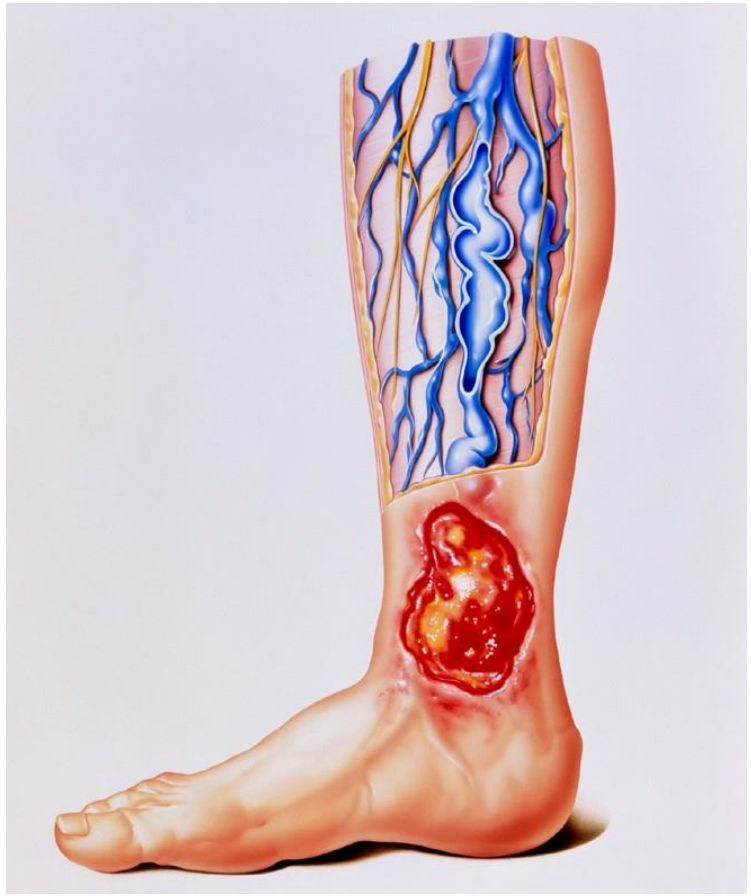
Articles

**Clinical and cost-effectiveness of compression hosiery versus compression bandages in treatment of venous leg ulcers (Venous leg Ulcer Study IV, VenUS IV): a randomised controlled trial**

| | 4 -layer bandage | 2-layer hosiery kit |
|---|---|---|
| Median time to healing | 98 days | 99 days |
| Ulcers healing | 70.4% | 70.9% |
| Ulcers recurring | 23% | 14% |
| Mean annual cost | £1,795 | £1,494 |

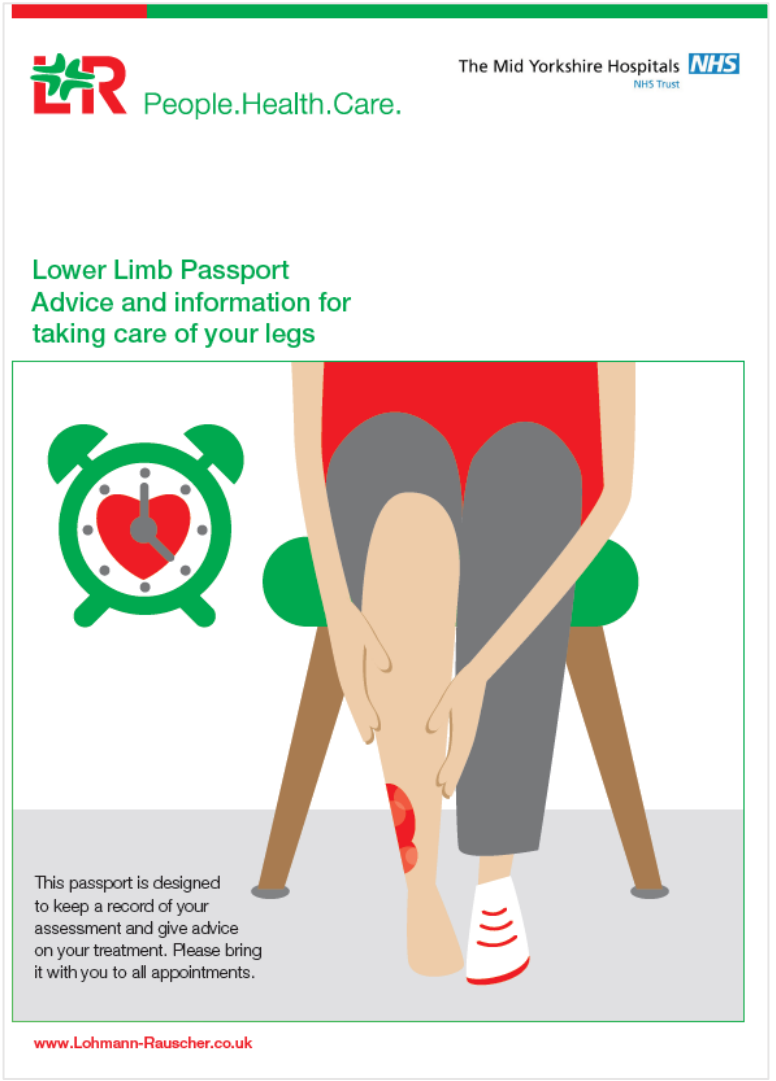
*“Increased use is likely to result in a substantial saving for the NHS with improved quality of life for people with venous ulcers.”*

# Chronic Venous Disease



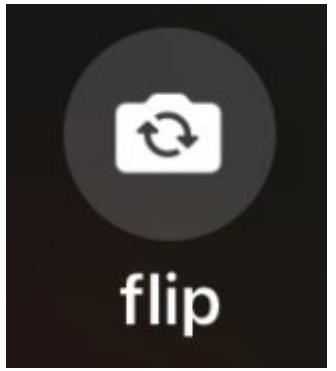
# Self Care Enablers

- Leg ulcer passports
- Patient information
- Guides to washing hands/changing dressing
- Dressing logs
- Exercise logs
- SOS facilities
- Provision of equipment



# Video Consultations

- More important to see patient face than wound
- Simple questions can ensure appropriate care
- Flexible approach
- Patients measuring own legs
- Empowerment of patients
- Reassurance
- Ensuring they don't feel abandoned
- Providing a 'shared care' approach

# Summary

- Chronic disease – patients need to be able to self care
- Supported care solution to NHS wound burden
- Reduction on clinic appointments and clinic rooms
- Great patient feedback
- ?Telephone alternative/easier for some???
- More admin time but less clinician time
- Provided safety net around most vulnerable
- Prescriptions services essential

# Polly- Further engagement on Wound Care

# Reflection……


Feedback
What did you think of the session?

Would you be happy to contribute to a Webinar?

What would you like us to explore in wider conversations with systems and feedback that might assist you further?

Would you be happy to work with us on a case study?

Email – nhsi.sectordevelopment@nhs.net

# Thank you & Next Steps !

Please email ageing-manager@future.nhs.uk to request access to our space on Future NHS.

Once registered you can access-Video Consultation in Community Health workspace

https://future.nhs.uk/Ageing/view?objectId=19974288

Past and future presentations/resources will be uploaded here