Introduction

Due to the current COVID-19 crisis it was important to find new digital ways to provide care to our patient while still maintaining high quality interactions and focussing on both patient and staff safety. Attend Anywhere was introduced as a solution that ticked many boxes that could provide the trust with a solution that was accessible, scalable and flexible. First introductions highlighted features including a range of methods of contacting patients, potential for multi-service integration across booking systems, ease of use for clinician and patient as well as corporate customisation options. In a relatively short timeframe of just 6 days we have gone from clinics with patients attending everywhere, to patients accessing Attending Anywhere. Feedback collated to date is extremely positive with recognised benefits of patient and clinician safety, flexibility, same service quality and ease of use being amongst this.

Attend Anywhere has allowed TRFT to rapidly roll out video consultation within both acute and community services. The ability to reach vulnerable and isolated patients alongside reducing standard outpatient appointments is significant to enhancing safety of staff and patients during a time of clinical change and uncertainty. A significant focus has been on creating a digital network to support the 36 care homes. By onboarding the technologically anxious care home team, used to face to face interventions and wondering how on earth remote swallow assessments were going to work, we have supported them integrate video consultations into therapeutic interventions.

Resistance and uncertainty had the potential to delay rapid deployment but as with any changes there are challenges to rise to and with creative solutions offered to reassure, encourage and support. Attend Anywhere has allowed for the transformation of clinicians to deliver services remotely.

Implementation

- A very small core team of 2 with additional support from an IT colleague and Contact Centre Manager
- Core team both working remotely from home accessing the trusts intranet
- Microsoft Teams for engagement with NHS Digital and training purposes
- Initial Training to first patient 27th March -8th April
- Adapted User Guides for quick reference and signposting for clinicians

Challenges

- Providing hardware in a timely way to allow services to access
- One of our EPR systems requires separate virtual clinics to be built prior to these services seeing patients with Attend Anywhere.
- Meeting time pressures from services to offer rapid solutions for video consultations whilst being ethically driven to provide an outcome that offered a quality clinical experience and a long term digital solution not necessarily what was the quickest.
- Staff resilience, not only in how they work but also in having to adopt technology to facilitate
- Levels of varying digital literacy
- Reduced confidence using technology

Overview of Process

Once initial training had been completed and NHS Digital granted access to the platform we began onboarding services and addressed and assessed the following:

- Which Electronic Patient Record system the services used, i.e. SystmOne/EPR
- List of users, including administrators.
- Dates and times of current clinics they intended to use for digital consultations.
- Ensuring that staff members had the correct hardware to carry out video consultations was essential to the roll out being a success.
- We had worked with the contact centre to build video clinics within MEDITECH & this from we have now set a Trust standard for future builds future proofing for such events and making it easier for them to be transferred from face to face to video consultations.
- Minimal staff deployment has been involved ( see implementation )
- Limited time frame to respond to the increasing need for clinicians to quickly access video consultations
- Services have been onboarded with the new way of working with service leads helping to promote and facilitate digital health solutions.
- Most onboarded services have now contacted patients already with telephone clinics set up and offered the alternative of video consultations or have had their first consultations!

Impact

Although we are still in the implementation stage, our predicted benefits are reduced foot traffic into the Hospital therefore safeguarding both the patient and our frontline staff from the risk of spreading the COVID-19 infection.

Patients have already given very positive feedback directly about their Attend Anywhere experience. Vulnerable and isolated patient groups have benefited from access to the same high quality therapy and nursing as they would have been face to face. Flexible appointments, continuity of care and effective signposting to additional services are additional patient benefits. Ability to input directly into care homes as well as patients own homes for remote swallow and communication assessments for elderly, stroke and cancer patients, seating and positioning assessments, wound care advice and supporting remote prescribing. No new way of working is achievable overnight but, from initial training, to in house training and building first clinics to our ‘go live’ with first patients it took just 8 working days! We now have the ability to quickly onboard new services with rapid waiting room builds.

Since onboarding our first service in late March, we now have 8 Clinical Waiting Rooms and 1 clinical test Waiting Room, a total of 93 clinicians have been invited, 52 consultations have taken place and amassed 81 hrs of calls.

Continuation of care for patients during this difficult time. Over 90% of patients so far would recommend the service to friends and family.

Positive impact on the Trust reputation as we are seen to be looking for ways to still provide care to our patients for those who have outpatient appointments booked.

Trouble Shooting

- We have been supported by IT to deploy devices including iPads, webcams, laptops and headphones across acute and community services.
- We are now working with our outpatient and call centre manager to address clinic builds in one of our EPR systems.
- Using interim measures with other ‘quick fix’ NHS supported projects to bridge the gap and allow patients to be seen whilst focussing on the longer term implementation
- However technologically confident staff particularly within multi disciplinary teams such as care homes service, have become natural trainers and trouble shooters.
- We would encourage their colleagues to register and trial the platform with each other enough to arrange joint appointments to give confidence and technical support if needed.

Table 1. Table to Show Current Reporting Stats

<table>
<thead>
<tr>
<th>Training to Go live</th>
<th>Waiting Rooms</th>
<th>Clinicians (service)</th>
<th>Calls</th>
<th>Total Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 days</td>
<td>8</td>
<td>93</td>
<td>35</td>
<td>52</td>
</tr>
</tbody>
</table>

Summary

There is still much to do and much to achieve but, considering we have achieved this with a core team of just two, in less than 2 weeks from start to patient consultations, we have been able to evidence that, it’s not only achievable in the current climate but also beneficial to both clinicians and patients. We are firmly on our digital journey. If we are able to continue to not only build waiting rooms as more services onboard but, also build on our positive experience, we can harness this experience to support our colleagues in other trusts as we continue preparing our NHS workforce to deliver the digital future of health care by digitally empowering and transforming their clinicians to use video consultations via Attend Anywhere.

Acknowledgements & Further Information

NHS Long Term Plan
https://www.england.nhs.uk/long-term-plan/

The Wachter Report
ter_Review_Accessible.pdf

The Topol Review

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