

**LIVE ON
FACEBOOK**

**ENSURING CONTINUITY
OF LEG CARE THROUGH
VIRTUAL VISITS**

19 **MAY** **7:30**
PM



REBECCA ELWELL

The slide features a white central area surrounded by a border of red and white diagonal stripes. The text is centered within the white area.

Ensuring continuity of leg care through virtual visits

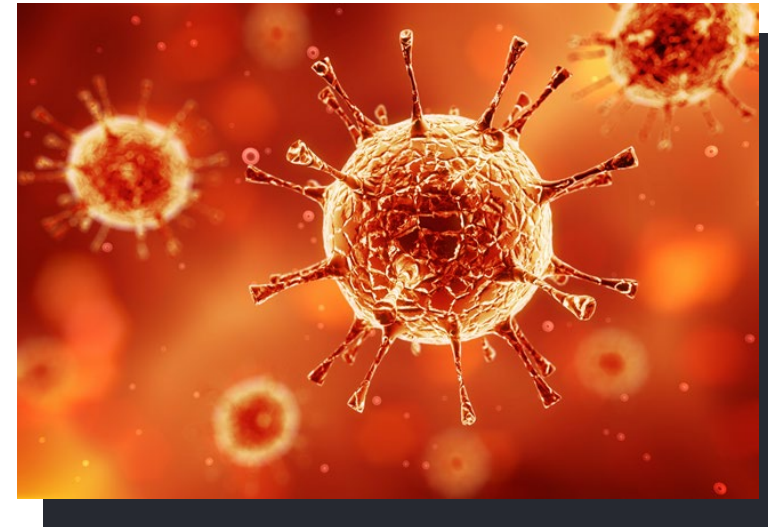
Rebecca Elwell

Key learning outcomes

- What virtual health care is and the terminology used
- The opportunities and challenges
- How this relates to managing conditions of the lower limb
- The security issues to be aware of
- The importance of a clear, accurate wound and/or limb digital photograph

Introduction

- There are constant changes that represent new challenges for the NHS and other healthcare systems (Moore et al, 2015)
- Current challenge is Covid-19 pandemic
- Need for patients to engage and adopt a self-management routine is more important than ever
- Need to deliver health interventions in a different way



Information Technology

- Information technology (IT) has:
 - Transformed our society and presented one of the greatest opportunities
 - Created some resistance or reluctance (QNI, 2018)



We are Primary Care @PrimaryCare... · 1d ▾

A big shout out to [#generalpractice](#) who have recently moved to providing the majority of services to patients remotely with video and online consultations available in 97% and 75% of practices respectively 👍 [@rcgp](#) [#CCGs](#) [#primarycare](#) [@NHSEngland](#) [#primarycarenetworks](#)

Total triage and remote consultations



General practice has rapidly moved to triaging patient contacts and remote management of patients' needs in response to COVID-19



Another **20%** of practices are currently implementing an online consultation solution and we expect them to be live in the next couple of weeks.

Data accurate as of 7 May 2020

[#primarycarenetworks](#)

[#generalpractice](#)

So what is virtual healthcare?

Terminology lacks standardisation:

- Technology enabled care (TEC) — shared care patient and clinician
- Telemedicine — remote exchange of data, e.g. wound assessment using photographs

DEFINITION

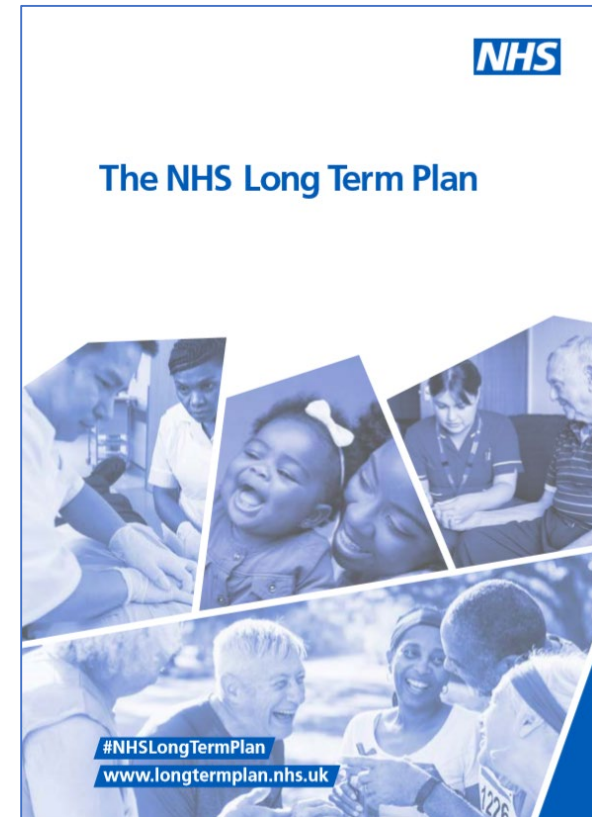
Technology used by both patients and healthcare professionals to improve delivery of patient care

So, what is virtual healthcare?

- Telecare — using alarms and sensors, e.g. in social care
 - Telehealth — using equipment to monitor health in own homes, e.g. blood glucose, heart rate
 - eHealth — changes to the way health care is organised
 - mHealth — the use of mobile devices
- (Moore et al, 2015; Hatfield et al, 2020)

The NHS Long Term Plan

- *Five Year Forward View* — ‘exploit the information revolution’ (NHS, 2014)
- *NHS Long Term Plan* (2019)
 - The NHS will offer a ‘digital first’ option for most people
 - We need to change to address changing population needs
 - Empowering patients to manage their own health



What are the benefits?

- Efficiency
- Sustainable
- Equitable
- Empowerment
- Convenience
- Potential improved outcomes
- Address frontline clinical shortages

(George and Davies, 2017; QNI, 2018; Hatfield et al, 2020)



What are the challenges?

- Do we have what we need?
 - Multiple different and outdated systems
 - Not tailored to community nursing
 - Poor connectivity
- Frontline healthcare staff will need:
 - The IT systems
 - Digital skills
 - Training on safety, security and clinical governance
 - To engage positively (Hatfield et al, 2020)



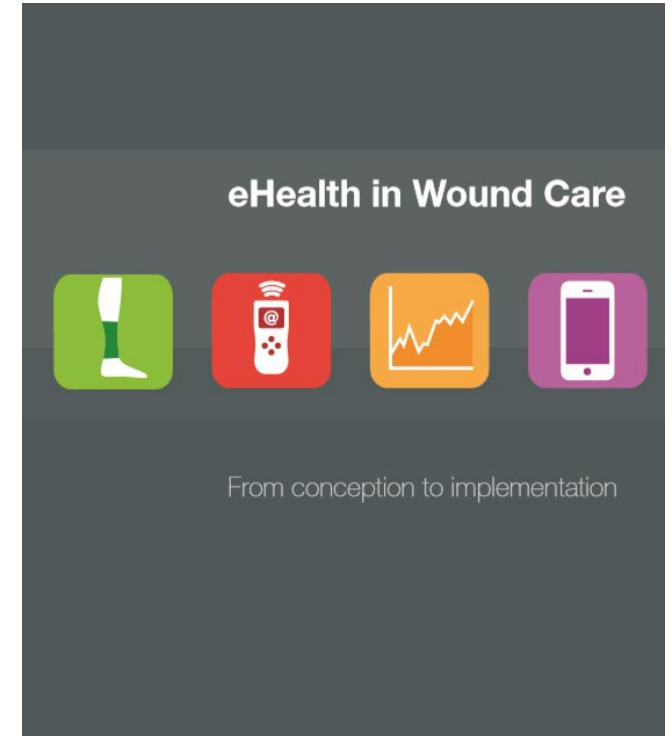
Leg care: oedema and wound management

Meeting the challenges in wound care

- The NHS needs to improve productivity, eliminate waste and maintain quality
- Wound care has failed to meet the challenge (Stanton et al, 2017):
 - Escalating prescription costs
 - Rising nursing costs
 - Poor outcomes for patients (Guest et al, 2017)

European Wound Management Association

- eHealth in Wound Care (Moore et al, 2015)
 - Four aspects of implementation:
 - Technical — equipment and support
 - Safety — data, patients, staff
 - Care pathways
 - Education — patients and staff
- Opportunities in wound care (Téot, 2020)
 - Covid-19 has redefined the relationship between caregivers and patients



British Lymphology Society

- Lymphoedema services have already been affected by social distancing measures
- Lymphoedema practitioners are now prevented from treating patients face to face to reduce the risk
- Their condition may worsen
- Hospital admissions and visits to A&E may increase, e.g. for cellulitis



Best Practice Statement: Improving holistic assessment of chronic wounds

- Using telecommunication technology has the potential to:
 - Improve patient care
 - Reduce costs
 - Should be used according to local policy
 - Particularly useful when the patient lives in a remote area
- (Wounds UK, 2018)



Lived experience

Scenario 1 – telephone consultations

- Incidence of leg oedema 28.6 per 1000 in over 85s
- Current caseload 65% over 70, so shielded
- Success rate of calls – 89%
- No new technology to get used to
- Nurse practitioner triage has been excellent – reduces anxiety, enables data collection and demographic check, initiates basic measures immediately – may be enough in minimal cases, prioritise
- Enables self-care, patient empowerment, allows self-measuring

Scenario 2 – video consultations

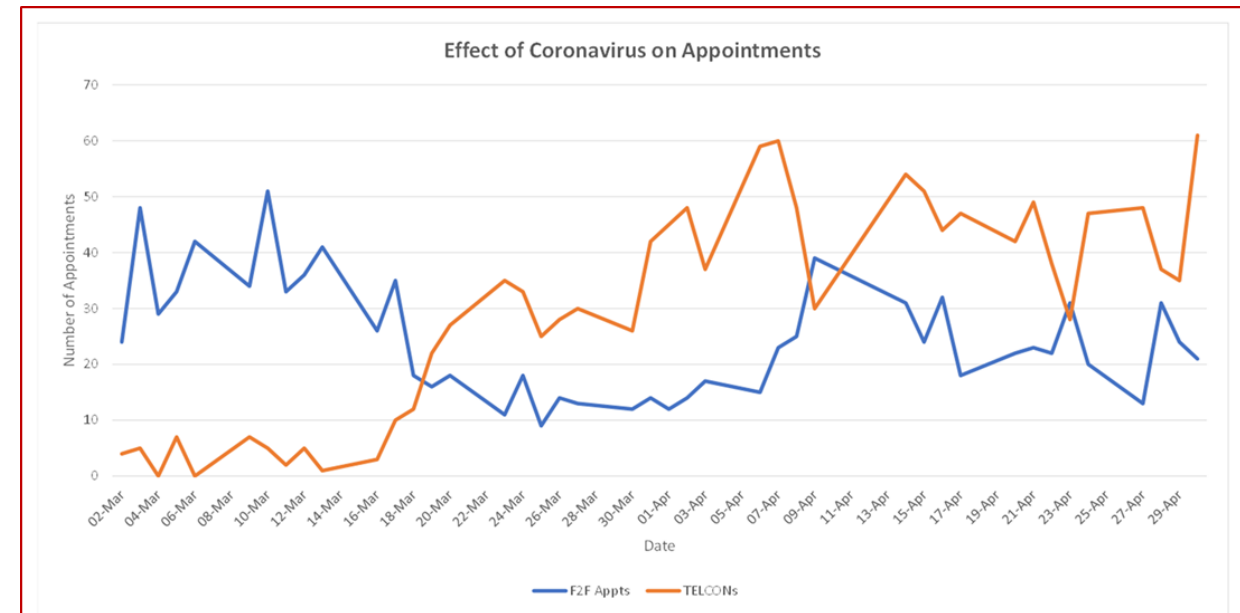
- Patient visits hospital website and clicks on Attend Anywhere, selecting community waiting area and entering their name
- I then see them in my waiting area, click on their name and we are connected. So far, everyone with internet access has been able to successfully use it. I have found it helpful for all patient groups. I've used it for new and follow-up consultations. I've got patients to measure their own limbs and taught simple lymphatic drainage
- 'Fairly straightforward'. We have had a few patients who have not wanted to use it, or not had the technology to facilitate it, but they have been a minority

Scenario 2 – video consultations

- While not the same as seeing patients face to face, it is a step up from phone calls that are being used to manage the majority of our caseload at the moment. I have had some great examples of reviewing patients within 24 hours of referral using Attend Anywhere
- Allows joint consultations — bringing specialist centres to the patient for those unable to travel, or for case conferences in complex cases or for a second opinion
- Going forward, I hope to continue to use Attend Anywhere. Alternating this with face-to-face consultations will help with social distancing in waiting areas, as well as reducing traffic and problems with parking at hospitals

Scenario 3 – teamworking

- Identify those at low, medium and high clinical risk (cellulitis, lymphorrhoea and palliative)
- Over 70s (shielded), converted to HV
- Direct care from specialist team for a proportion of the community patients — effective management and better outcomes



Scenario 3 – teamworking

- All pending assessments pre-assessed, which diminishes assessment time. Effective layer of triage and more detail gained and time-saving (expected Discharge to Assess Model to help with capacity)
- Direct garment order — patient choice (Daylong)
- Self-management component online
- Early focus on a move from face-to-face to telephone consultation
- Increase in activity! Waiting list has reduced and all risk assessed
- A time for mentorship in the redeployment

Scenario 4 – how can industry help?

Mr GS, vascular consultant contacted Essity to enquire about having a compression garment measured and prescribed for a patient.

Due to the current climate it was unsafe to invite the patient into hospital – was it possible to do a virtual measuring session?

Following discussion with the account manager and strategic healthcare partner and consultant a call was made to the patient.

The patient was given instructions on how and where to measure and the garment was delivered directly to the patient's home.



Scenario 5 – how can industry help

- District nurse contacted Essity about a complex patient
- Having gained patient consent, a WhatsApp video call was arranged between Essity, district nurse and patient, where the decision was taken to measure the patient for a custom-made FarrowWrap via the WhatsApp call
- Both the patient and district nurse were happy with this service through the WhatsApp call. The patient expressed how he felt involved in his care and how the approach was so personal yet professional. He further voiced how because he was housebound, he often felt forgotten from additional services

What did we learn from the scenarios?

- How empowered the patient felt
- How supported the clinician felt
- The importance of security
- The importance of a good quality digital image

Security

- Any exchange of confidential information must be carried out on a secure platform
- Faxes are no longer acceptable — information should be conveyed via an NHS email address
- Care homes can now obtain an NHS email, which means they are Caldicott and GDPR compliant
- Be alert to potential exposure to hackers
- Professional solutions to teamworking, e.g. Microsoft Teams, Hospify App, pando



Photography

- Check your organisation's medical photography policy
- Signed consent from patients
- Use a digital camera/mobile device owned by work — simple to use, with at least a 4GB card
- It is important to set the date and time
- Take before and after images, e.g. when debriding
- When the images have been downloaded back in the workplace, delete the images from the camera/mobile

(Sperring, 2013; Sperring et al, 2014; Estocado and Black, 2019)

Improving the quality of photographs

High-resolution

Include a paper measure
in the photograph

Standardise the image
(look at others)



Uncluttered background

Good lighting

Using the macro function
(close up)

Wound photography

- Always take two wound images — one close up and a second for orientation
- Images of swollen limbs can be used to aid clinicians in understanding progression



What support is available?



BLS @BritishLymph · 17m

We know that many lymphoedema services have been discontinued or reduced in the response to the pandemic, @BritishLymph are capturing the impact on patients and services. UK followers, please take part and share this with your contacts: ow.ly/Z3U130qG1tM #lymphoedema

**COVID-19
IMPACT:**



**Capturing the
Impact on
Lymphoedema
Patients and
Services**



**National Wound Care
Strategy Programme**
Excellence. Every Patient. Every Time.

What support is available?

Essity's team of strategic healthcare partners/clinical consultants have many years of NHS experience and are on hand to support you, your services and patients at this difficult time with:

- Development of virtual clinics
- Service expansion business support
- Pathway development
- Bespoke training programme
- Health economics

JOBST Is Your Patient Able to Self-Manage Effectively?

For patients with chronic oedema, it is crucial, where possible, that they engage in their care. Self-care can offer a means to maintain or even improve the capacity to live well over time.

Patients Need to Be

- Willing
- Health literate
- At the centre of your decision making and care delivery
- Supported



© Grady and Cough, 2014

Measuring for the JOBST FarrowWrap

INTRODUCTION
Two measurements required.

FOOTPIECE

Length  Circumference 

FOOT LENGTH
Right measurement from back of heel to base of the little toe.

This is measurement X.



e.g 22cm

Motivation
Weight, nutrition, smoking, drinking etc? How might influence how well they cope?

Reduce nursing workloads. Patients support available as needed.

For more information, contact: conclerage.service@essity.com
Compression Therapy Helpline: 0800 389 8424

JOBST Chronic Oedema Assessment
A six-step checklist

Story

Self-care

Site

Size

Skin

Shape



To request a copy of the new Best Practice Statement for Chronic Oedema, contact: conclerage.service@essity.com
Visit our website for more information www.bsnmedical.co.uk Compression Therapy Helpline: 0800 389 8424

Conclusion

- The NHS is changing and we need to deliver health care in a different way
- A digital option has been encouraged in the *Long Term Plan* for the NHS
- It has the potential to empower patients and deliver cost improvements
- IT systems need to be improved and clinicians need training
- A partnership approach with industry will benefit both patients and clinicians

Call for action

If anything in this presentation has inspired you to look at new ways of working, please contact Essity via:

Concierge.service@essity.com

01482 670177

TO ACCESS YOUR CERTIFICATE VISIT:



www.jcn-live.co.uk/certificate

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