

Does REMote CARE work?

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Introduction

Remote care delivery remains a priority in policy beyond the pandemic to reduce health disparities and improve experience of care

Little is known about the views and experiences of remote care among people with COPD, their carers and health care professionals

We present preliminary findings from interviews with professionals.

Methods

In-depth interviews with 18 health care professionals to explore:

- type of remote care offered
- experience of care delivery & challenges
- preferences for future care delivery
- ways to improve delivery of care remotely

Preliminary results

- Telephone mode mostly used followed by combination of telephone and video.
- Delivery of care by telephone was *'transactional'* and deemed more suitable for triage. The *'therapeutic connection was lacking'*.
- Some professionals used video to deliver e.g. pulmonary rehabilitation but experienced issues with Attend Anywhere platform. Some would have preferred to have the video option to offer to patients but it was unavailable.
- Professionals called for training and guidance to deliver care safely by telephone

Views and experiences of professionals on remote delivery of types of care recommended for optimal management of COPD

Inhaler review

What worked well?

...in terms of the patients that I ...knew well ...it was quite easy to have those telephone calls. I can remember enough about a lot of my patients that you you get an idea of how they are and how they're feeling and their mood just by the telephone conversation.. (Respiratory Consultant)



Challenges: *You know, you're not fully assessing them... I mean main thing as well...we can't see their inhaler technique. ...how can you adjust medications when you just don't know if they're taking it properly... (Practice nurse)*

Preferences: *So I'm triaging and see who needs home visit, who needs face to face. And sometimes after going through the phone consultation, I don't need to do that visit. ...(Case management lead)*

Improvements: *rewriting and reframing [learning] so that we can ...see what can be done safely over the telephone...things you now musn't (GP)*

Symptom management

What worked well?

... So the patient that I knew before she was out in the Caribbean, ...When we got to ...discussing breathing exercises, she [daughter] asked if she could record that bit so she could play it back to her mother at another time. So that worked really well. (Specialist respiratory physiotherapist)

Improvements: *If we are going to roll out video clinics I think ...there needs to be training for admin staff to understand who is going to be able to use a video platform and who isn't (Respiratory Consultant)*



Access to pulmonary rehabilitation

Challenges: *I think the NHS Attend Anywhere software itself was really, ...bad (to deliver virtual exercise class). ...but our trust policy was that we'd have to stick to Attend Anywhere and problem is that you get more than sort of five people in and it (software) then starts lagging and then you have to turn off other people's screens. ...(Physiotherapist)*

Preferences: *...to do virtual rehab, I need a better platform than NHS Attend Anywhere ... I'd preferably also like a way to kind of troubleshoot patients connectivity issues, probably remotely as well (Physiotherapist)*

