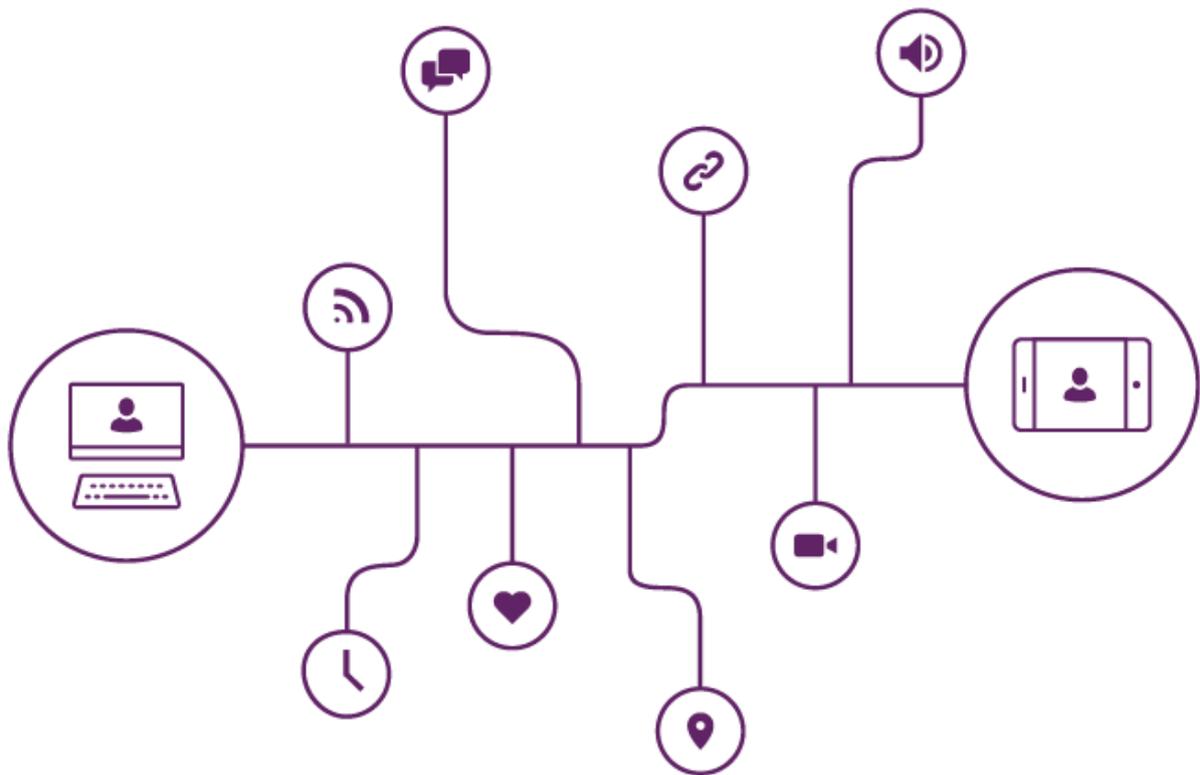


Person-Centred Virtual Visiting

Scoping Exercise Report

March 2021



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1. Background

During the lockdown periods of the COVID-19 pandemic visiting to all hospitals has been suspended, except in end-of-life and other exceptional circumstances. This has meant many patients and service users have no access to family and friends throughout their stay in hospital. Some patients may also be without access to a mobile phone or other device which could enable them to stay in touch with family and friends virtually.

NHS boards have been introducing Person-Centred Virtual Visiting to address this, assisting patients and service users to keep in touch with family and friends.

In May 2020 Healthcare Improvement Scotland – Community Engagement were commissioned by the Scottish Government to undertake a scoping exercise to understand how Person-Centred Virtual Visiting was being rolled-out across all in-patient facilities in NHS Scotland and to ensure this was equitable.

Person-Centred Visiting is already in place across NHS Scotland. It is intended that the Virtual Visiting service will complement this and possibly be an important legacy of our response to the COVID-19 pandemic.

The scoping exercise was to consider the following:

- a) Current **demand** for Virtual Visiting capability across NHS Scotland, with consideration given to access and equality issues;
- b) **Requirements** for the purchase of electronic devices and other equipment to enable Virtual Visiting to take place;
- c) **Connectivity** capability within in-patient facilities (for example access to Wi-Fi, 4G, IT issues); and
- d) **Technologies, systems and procedures** already in place and being utilised to support Virtual Visiting. These may lend themselves to examples of good practice in areas such as infection control, training and security.

2. Approach

Healthcare Improvement Scotland - Community Engagement sought support from the Scottish Executive Nurse Director's group to undertake the scoping exercise and asked them to identify Operational Leads who would lead the project in each health board area. We also connected with the national NHS Scotland eHealth leads group to ensure that eHealth Leads would be involved in this project from the beginning. This had proven vital in areas where Person-Centred Virtual Visiting had already been implemented successfully.

We undertook an Equality Impact Assessment (EQIA) at the beginning of this project to ascertain any negative impacts that Person-Centred Virtual Visiting may present and ensure that we could develop solutions that mitigated these impacts. The EQIA has been updated

throughout the project with new and emerging evidence. This has helped us take account of new issues identified during the project.

We held an initial webinar for all Operational and eHealth Leads alongside staff from our own directorate. This enabled people to meet each other, hear the experiences of one NHS board who had already implemented Person-Centred Virtual Visiting extensively and systematically across their area, and have an opportunity to ask questions about the scoping exercise or other aspects of the project. All NHS boards were represented at the webinar - either by their Operational or eHealth lead, or both. We also asked for colleagues to help us to take forward the scoping exercise and gained support from three NHS boards (Dumfries and Galloway, Fife and Tayside).

Following the discussions during the webinar, we compiled a survey, with support and input from Operational Leads within NHS Dumfries & Galloway, Fife and Tayside. We aimed to ensure that the questions were understandable and would not be too burdensome for frontline staff and managers to respond to. Following agreement with these Operational Leads, we created an online survey and piloted it with their boards. Feedback confirmed that participants found the survey easy to use and of an appropriate length and that they had understood the questions posed.

A total of 17 NHS boards were contacted to participate in the scoping exercise via the Smart Survey. This included 14 territorial NHS boards and three national health boards – Golden Jubilee Foundation Hospital, the State Hospital Board for Scotland and NHS Louisa Jordan¹. Responses were received from all 17 NHS boards, and 16 wished to progress further with the project.

Healthcare Improvement Scotland – Community Engagement also developed a webpage to support this project,² share links to good practice and provide a Frequently Asked Questions section that was updated throughout the project.

3. Findings

Of the 17 NHS boards contacted, 16 surveys were returned. One NHS board reported they had already implemented Virtual Visiting and that capacity issues meant they were not able to complete the survey.

The NHS boards were initially asked about the current state of Virtual Visiting within their board area. We found that most NHS boards had implemented some form of Virtual Visiting across their services. Out of the 16 who replied to the survey, six reported that they had 'fully implemented' Virtual Visiting across all in-patient facilities. However, from other questions answered within the survey, we found gaps in provision within Maternity, Women and Children, Mental Health and Older People's services.

¹ NHS Louisa Jordan was included in scoping exercise and will maintain links to this work should in-patient facilities be utilised within this facility.

² www.hisengage.scot/virtual-visiting

It was encouraging to see that in some areas, Virtual Visiting project teams had been set up to support their service in response to the suspension of in-person hospital visiting.

In areas where some form of Virtual Visiting had been implemented, those NHS boards reported that Standard Operating Procedures had been produced as well as staff guidelines and training support. Some NHS boards also provided guides for patients and families via their websites.

The findings identified a number of factors to support a full implementation of Virtual Visiting in NHS Scotland:

- **Resource required:** A total of 1,079 digital devices are required to fully implement Person-Centred Virtual Visiting equitably across all in-patient facilities in NHS Scotland.
- **Delivery variations:** Due mainly to the urgency of set up in the early days of restricted access, NHS boards made pragmatic decisions to utilise different approaches. These variations will affect the resources required to allow a sustainable Person-Centred Virtual Visiting service for each NHS board.
- **Inequality issues:** Several assumptions were made in specific areas, including Maternity in-patient services, where staff presumed that birthing and new parents would have access to their own digital devices whilst in hospital. However, our EQIA identified important reasons that groups including women may lack access to a device and / or may need to be supported to use person-centred Virtual Visiting. Further work is required to support NHS boards to address these assumptions. It was also deemed “too difficult” to implement Person-Centred Virtual Visiting for people with Dementia or cognitive impairment in some inpatient areas.
- We held a joint webinar with colleagues from our Focus on Dementia team to address concerns here and learn about the therapeutic potential of Virtual Visiting. Further work to support this will be progressed during Phase 2 of the project.
- **Capacity:** Due to the timing and prioritisation of a COVID-19 response, a small number of NHS boards have limited capacity to implement a full Person-Centred Virtual Visiting service. This will be reviewed regularly, and all NHS boards will be encouraged to progress this further.
- **Best practice:** A number of NHS boards have identified pragmatic solutions to implementation that we will share across NHS Scotland during Phase 2 implementation.
- **eHealth involvement:** Operational leads have reported that this work is simplified and enhanced by direct involvement with their eHealth colleagues and leads to more integrated, sustainable provision for staff and patients.
- **Public information:** To better understand how families, carers and patients can access and use Person-Centred Virtual Visiting while in hospital, we asked our Public Partners to undertake a “mystery shopping” desktop exercise to review the information provided on each NHS boards website to find out how easy it would be to set up a Person-centred Virtual Visit. This work should be progressed to help NHS

boards develop their online information as well as access in other formats and languages.

- **Support to families/carers:** The provision of devices in hospital is only half of the issue if families or carers are digitally excluded themselves. If they do not have access to data or devices at home, they will not be able to connect to their loved one in hospital. Digital exclusion is most likely to impact groups who experience socio-economic disadvantage. Support could be provided by the Connecting Scotland programme to provide devices and support for patients, families and carers who may currently lack the ability to engage with Virtual Visiting.
- **Evaluation:** A small number of NHS boards have developed some approaches to evaluating the impact of Person-Centred Virtual Visiting. In order to understand the difference it makes, a further piece of national work would be required once Person-Centred Virtual Visiting is fully implemented across NHS Scotland.

From the 16 responses received we identified four key challenges that were apparent throughout the NHS boards. These were:

- IT capabilities and capacity
- Accessibility of devices, training and support
- Security and privacy for patients and their families
- Confidence of staff, patients and family, friends and carers to use the service

4. Good practice and solutions to challenges



In response to these challenges, local solutions and good practice were identified.

IT capability and capacity

- NHS Grampian have provided options for connectivity on their secure public Wi-Fi for patients and families including FaceTime and Skype and supported the use of these with useful visual guides.
- In NHS Fife, all iPads have FaceTime (for Apple devices) and Google Duo (for Android devices) which were configured by their eHealth team.
- As broadband speeds can vary significantly across the islands, NHS Orkney decided that using the existing NHS Near Me platform would enable a more sustainable IT connection for users. This was similar for other NHS boards who felt using Near Me prevented overloading other Wi-Fi systems.
- NHS Greater Glasgow and Clyde use vCreate in Intensive Care Units (ICU) and end of life care. If the Wi-Fi signal strength is inadequate in the ward/department, they arrange for a 4G enabled device to be made available.
- Within NHS Dumfries & Galloway they use a 'Facebook Portal' with WhatsApp preloaded, which is secure and easy for ward staff to manage. It can be used for up to four participants at a time.

- Some boards reported using their corporate Wi-Fi instead of patient/public Wi-Fi to support Virtual Visiting as this had more capacity and ensured greater security for people and devices.
- In some areas, NHS boards purchased 4G devices to overcome their Wi-Fi problems.
- The use of NHS Near Me platform is being tested in one board area to minimise the number of visitors within the ward during the times when appointed visitors are allowed.

Accessibility of devices, training and support

- In NHS Forth Valley, it was felt that portable stands to hold devices were helpful for some patient groups. Individuals with cognitive impairment were supported by clinical staff, based on whether the staff member and patient agreeing it would be helpful for the patient.
- Staff within NHS Grampian feel that the carts make it possible to leave patients knowing the equipment is safe and they are not required to handle it. This enables the device to be used hands free and kept at eye level.
- Virtual Visiting is included as part of NHS Grampian's care plan conversations. Upon admission they immediately establish if a patient has access to their own device, if not, an iPad is offered. More meaningful conversations can take place between staff and family members.
- Covers have been procured in many areas to enable devices to stand independently.
- In areas where some older patients found iPads too small to operate, staff linked them up to the larger television to enable them to see.
- Some remote and rural board areas have explored the availability of resources within community buildings to support family, friends and carers who have no access to devices or Wi-Fi at home.

Security and privacy for patients and their families

- NHS Shetland can provide a quiet space for privacy and allow flexible use of devices to enable patients to, for example, chat over a meal.
- Staff within NHS Dumfries and Galloway have used a Virtual Visiting Waiting Room for consultants to have private conversations with relatives about organ donation.
- NHS Lanarkshire have produced an EQIA on an Information Security Policy for Digital Visiting.
- One board is planning to keep family members updated by using the vCreate platform to film and share therapy sessions.

Confidence of staff, patients and family and friends to use the service

- Ward staff within NHS Greater Glasgow and Clyde identify patients who do not have their own device. They then support the use of the hospital iPad. All patients who require support to make/receive a Virtual Visiting call are also identified by ward staff and support needs put in place pre, during and post call.

- NHS Ayrshire & Arran staff support patients with the use of Zoom and vCreate. All devices within NHS Fife have been installed with a translator app ‘Language Line’, which provides every ward with 24/7 access to interpreter services.
- Support has been given to patients in most board areas, with help to use equipment from volunteers. Healthcare support workers are also being utilised to help patients make calls.
- Staff training, including ‘how to’ guides and leaflets for users, have been produced in many areas.
- NHS Greater Glasgow and Clyde use various communication support tools which are preloaded onto the iPad:
 - a. ‘Interpreter Now’ app for deaf patients using British Sign Language. This provides a quick link to an online BSL interpreter who can support communication with a deaf patient, available 24/7.
 - b. ‘Contact Scotland’ app for BSL users wishing to receive a call from a hearing family member, available 24/7.
 - c. ‘Capita’ app for patients who don’t have English as a first language, provides interpreter support 24/7.
 - d. ‘AVA’ app for patients with hearing loss who normally lip read but who can no longer do so with the introduction of masks.
- Staff have been promoting the Connecting Scotland³ project to families and friends to enable them to access devices and support should they require it.

5. Recommendations

Given some of the gaps and challenges identified in the Phase 1 scoping exercise, a number of further areas of work have been identified that would enable two further phases of this project to be undertaken by Healthcare Improvement Scotland - Community Engagement. These are offered as recommendations:

Phase 2: Supporting further implementation

- **Funding** – funding should be sought to provide additional devices to support the further rollout of Person-Centred Virtual Visiting and ensure the service is provided equitably across all in-patient facilities in NHS Scotland.
- **Promote equality of access** – the national EQIA process identified a number of areas for consideration. In particular, we noted people in hospital living with dementia, and patients on maternity wards who may have been assumed to have access to their own devices. Although some NHS boards have implemented Person-Centred Virtual Visiting, further work is required to improve equality of access and encourage local EQIA processes which will support this in practice. More information about the equality impacts of Virtual Visiting can be found on HIS – Community Engagement’s website [here](#). We specifically recommend that any NHS board who has decided to

³ Connecting Scotland – supporting everyone in Scotland to get online: <https://connecting.scot/>

exclude areas from Virtual Visiting undertake an EQIA process to understand the potential impacts this may have and how these could be mitigated.

- **Support staff** - share good practice examples and support staff to understand how to undertake Person-Centred Virtual Visiting, and the importance of it for their patients. We should also aim to develop best practice guidance for areas where particular challenges for Virtual Visiting exist.
- **Improve the family and carer experience** – the scoping exercise focused on the staff perspective of Person-Centred Virtual Visiting. Further work is required to understand and, if needed, to improve the experience of patients, families, friends and carers. This will include improving awareness and information provision in accessible formats. We would recommend undertaking an early gathering views exercise to capture the experiences of patients, family, friends and carers in using Person-centred Virtual Visiting.
- Link to the **Connecting Scotland programme** to allow staff, families and carers to access equipment to enable Person-Centred Virtual Visiting at home whilst a patient or someone they know is in hospital. We should also develop capacity and capability across the NHS, including via the establishment of a network of digital champions to support Person-Centred Virtual Visiting.
- **Communications** - Develop a communications plan to raise awareness of Person-Centred Virtual Visiting as part of Person-Centred Visiting to ensure that patients and their friends and families are aware of the service.
- **Webpage** - Healthcare Improvement Scotland – Community Engagement to continue to develop their webpage as a centralised hub for NHS boards to share and learn from good practice.

Phase 3: Evaluation

As the work is implemented in the first half of 2021, a full national evaluation will be required to understand the impact of Person-Centred Virtual Visiting across NHS Scotland. An evaluation plan will be developed for autumn 2021 and will be carried out by HIS – Community Engagement.



6. Conclusion

The survey results show that Person-Centred Virtual Visiting is continuing to evolve in each board area with new practices, procedures and guidelines being produced and updated.

Most NHS boards have indicated that they wish to develop and progress their Person-Centred Virtual Visiting further and have shared many examples of current good practice.

“This has opened up so many opportunities for efficient and effective working, for example, Stroke ward A21 are using these (iPads) to take clinical photographs and e-mail direct to the receiving ward.”

NHS Forth Valley

“The opportunity to work with our social care partners and new colleagues in care homes has also provided us with opportunity to share best practice and supportive help to ensure they are best positioned to keep connections with care home residents and their loved ones.”

NHS Forth Valley

“Reduced footfall is important for infection control and enables us to make better use of staff who would otherwise be transporting visitors around the site.”

State Hospital

“The use of the Facebook Portal ensures confidentiality of recent calls and contacts.”

NHS Dumfries & Galloway

“The iPad was used in ICU to allow the medical/nursing team to connect with family at home to update on the condition of the patient. This allowed face to face connection rather than over the telephone – it was reported this supported meaningful connection and helped to build relationships with visitors who were not allowed to visit.”

NHS Fife

Many challenges have been overcome so far and there is an obvious willingness of staff to support, adapt and develop in order to move forward and sustain this vital Person-Centred Virtual Visiting service post COVID-19 pandemic. Of 16 NHS boards who completed the survey, 13 require additional equipment and a total of 1,079 additional devices have been requested as well as the provision of carts and covers to ensure accessibility for everyone.

Healthcare Improvement Scotland – Community Engagement will work with NHS boards and Scottish Government to consider the findings and recommendations of the scoping exercise. This will include consideration of the funding required, and explore all avenues to secure this funding, to allow adequate devices and training and support to be provided. This will ensure an equitable roll-out of Person-Centred Virtual Visiting across NHS Scotland and enable this to be a legacy of the COVID-19 pandemic in support of Person-Centred Visiting.