NHSmail

Skype for Business

Virtual Multi-Disciplinary Teams
Leeds City-Wide

NHSmail is provided by NHS Digital in partnership with Accenture

Working together in partnership
The organisations below work together to ensure the effective co-ordination and movement of patients across Leeds between community care, hospital care or social care.

**Leeds Community Healthcare NHS Trust**: provides a range of community-based health services across the Leeds area and offer the most appropriate setting for patients care.

**Leeds City Council**: is the local authority of the City of Leeds and it provides local government services in Leeds notably in this case Social Services.

**NHS Leeds North Clinical Commissioning Group**: NHS Leeds North CCG is made up of 26 GP practices in North Leeds.

**NHS Leeds West Clinical Commissioning Group**: NHS Leeds West CCG is made up of 37 GP practices in the west and parts of outer north west and south west Leeds.

**Leeds Teaching Hospital NHS Trust**: one of the largest NHS acute hospitals in the UK.

**Leeds and York Partnership NHS Foundation Trust**: provide specialist mental health and adult learning services across Leeds and York.

This group of organisations agreed to partner with NHS Digital and Accenture to piloting Skype for Business (SfB) Audio and Video Conferencing (A&VC) under the use case of Virtual Multi-Disciplinary Team (vMDTs) meetings. The pilot’s objectives, observations and outputs are outlined throughout this document.

**NHSmail Skype for Business**

The NHSmail service provides the technology to enable communication and collaboration within, between and outside of NHS organisations. Under the national NHSmail contract, SfB A&VC is available as a top-up service that organisations can purchase.

**SfB A&VC provides users with the tools to:**

- Connect instantly with colleagues via an audio or video call whether that be peer-to-peer or in a large conference up to 250 people.
• See the availability of colleagues via a “presence” indicator e.g. available/busy/in a meeting as informed by Outlook calendar status or in a call/in a conference call as informed by Skype for Business usage.

• Share live images of desktop content e.g. Clinical Systems, PACS Images, Electronic Medical Records, Pathology.

Identification of travel inefficiencies, lack of team capacity and inconsistent engagement

Multidisciplinary teams (MDTs) are groups of healthcare professionals of different medical disciplines (e.g. Matrons, Mental Health Workers, Social Workers etc.), who assemble on a regular basis to discuss patients within their remit. MDTs are hugely beneficial and an integral component of modern co-ordination of care.

However, MDTs are costly both in terms of time and money in their current form. Healthcare professionals are required to take significant time out of clinical care for MDT preparation, travel and attendance in-person, often inflicting associated financial costs and causing disruption to delivery of care.

Current process at Yeadon Community Health Centre

Bi-weekly, neighbourhood teams across Leeds travel (up to 1 hour) to physically meet for 1-2 hours to discuss the management of approximately 3-4 patient cases across the community. It is currently attended only by the community teams (Community Matrons, Therapists, Social Workers) with no input from the patient’s General Practitioner (GP) and intermittent attendance from other healthcare professionals (e.g. District Nurse).

Inconsistencies or missed attendance is often a reflection of the requirement to travel to the Yeadon Community Health Centre and/or capacity issues.

Linking GP practices and Neighbourhood teams: Introducing Skype for Business

“Can neighbourhood teams better co-ordinate care of patients with the use of SfB video conferencing?”

Accenture, NHS Digital and Leeds City-wide associated organisations partnered to investigate whether the features of SfB A&VC could provide a viable technology solution to host vMDTs. Community teams, including GP practices in the area, were briefed on the project’s objectives and were given the opportunity to shape the intended vMDT process.
**vMDTs Process**

**vMDT Preparation**

- Complex patient cases to be discussed are identified by healthcare professionals one week before the vMDT. GPs of the patients in question are contacted and informed that they have the opportunity to join a MDT virtually via SfB.

- Clear roles and responsibilities for the vMDT are outlined for key meeting contributors. These consist of a meeting facilitator, scribe and chair. Responsibilities include timekeeping, documenting notes in the patient’s record and setting up and managing the SfB call (e.g. virtual lobby).

- The Neighbourhood Team Coordinator (NTC), as the meeting facilitator, is responsible for sending out the Skype for Business joining details via a NHSmail meeting invitation prior to the vMDT with an agenda attached detailing time for the GPs to join the meeting.

- Yeadon Community Health Centre is prepared with a large screen, desktop computer and a webcam with integrated audio and microphone. GPs are set up with a free-standing webcam and headset.

- All involved receive high-level training guidance on how to create and join conference calls and all clinical risks are outlined prior to vMDT piloting.

**Day of vMDT**

- The Meeting Facilitator joins the video conference and in turn, each GP joins to contribute to the management of the patient case. (GP access into the conference is managed via a virtual lobby to ensure appropriate identification of each GP, at the correct timeslot and whilst the correct patients are in discussion).

- 15 minutes is allocated for each patient, 10 minutes for discussion and a 5 minute slot to allow the meeting scribe to document patient plans, actions and outputs of discussions.

- Desktop sharing can be used to allows meeting participants to share their full desktop or specific programs e.g. SystmOne patient record

**Pilot Observations**

Yeadon Community Healthcare Centre consistently established contact with each of the GPs during the allocated time slots. Each time, video calling was utilised whilst discussing patient cases in turn. Collaborative decisions could be made regarding patient case management and outputs were documented real-time by the meeting scribe into the patient record.

The community teams and the GPs were highly complementary of the service and commented that the audio and video quality went beyond their expectations and was appropriate for supporting clinical communications. Having GP input allowed for a holistic view of patient case and informed plans for community-based care in the best interest of the patient.
What did we learn?

What went well:

• SfB can provide an outlet for time-strapped clinicians to join the meeting remotely. Often it is the travel time / inconvenience of a meeting location that puts individuals off attending MDTs. By allocating a specific time slot and allowing the GPs to join only for patients they manage, this reduces committed time from up to 3 hours down to as little as 15 minutes.

• SfB allows for mobile conversations. Clinicians are quite often on the move across the community and may not always be at a base with a desktop computer. Being able to take a call on the move is likely to increase meeting attendance.

• When making important clinical decisions about a patient case, having access to patient notes is imperative for holistic understanding. Across the Leeds neighbourhood teams the majority of sites use SystmOne, hence there is already good visibility of patient notes across the team. However, there is one GP site that use EMIS as their patient record provider. The opportunity to desktop share these patient record cases from the GP to the neighbourhood teams allows for enrichment of clinical conversations.

• Pilot activities allowed for evaluation in of participant roles and responsibilities during the MDT. One aspect that worked very well was the scribe role taken on by the Community Matron. In each 15 minute consultation, 10 minutes were allocated for patient case discussion and 5 minutes were taken at the end for the scribe to document case management actions, plans and summarising points in the patient record. Any actions that were raised from the meeting were sent in a task via SystmOne to respective clinicians and all documentation was completed within the session, thus freeing up time where documentation would have previously happened post session.

• SfB conferencing is extremely easy and intuitive to use. Very light touch training was given to the clinicians and neighbourhood team coordinators prior to piloting. It was commented that this would help with product adoption and training could be covered off in a short amount of time.

What needs to be considered in future?

• The clinicians did comment that it is still hugely important to consider the dynamics of the rooms (groups of individuals) that join the SfB conference call. A presentation lay out, e.g. line of chairs in front of the screen reduces collaboration within the in-person group. Going forward, a board-style room lay out has been advised so all involved can be seen in the webcam view and so that everyone in
the room can actually see one-another. Body language can then be inferred within the room and via the video.

What is next for Skype for Business in a community setting?

More virtual attendees: we only piloted the approach with the patients’ GPs dialling in. To move this forward, we are looking to encourage more healthcare professionals to join via the Skype for Business link. This may include district nurses, hospital staff or anyone who has had contact with the patient recently.

Pilot Scaling: Steps need to be taken to continue work with Yeadon to modify the virtual MDT process, allowing the site to become an exemplar of how other neighbourhood teams should work going forward.

• One of the key things identified through the pilot activity is the need to iron out, and streamline the scheduling of patients for each MDT. Clinicians need to work further in advance to identify the highly complex patients that require discussion to allow for enough time to schedule in the required GP input.

• There is a dependency for local organisations to equip clinicians with the correct hardware to support SfB conference use. For example, the GPs commented that without a 360 audio sensitive panning webcam, it was often difficult to know who was speaking at a certain time and body language could not be understood.
Further Information

Skype for Business Audio & Video Conferencing (A&VC) is now available to purchase from the NHSmail catalogue. It is provided as a top-up service under the national NHSmail contract. This means that local NHS organisations must procure and pay for these services under a commercial arrangement directly between Accenture and the Customer Service Recipient (NHS organisations procuring the services). If your organisation is interested in purchasing NHSmail SfB A&VC, please contact nhsmail.development@accenture.com for further details.

Partners

Thank you to all partners in delivering the Virtual MDT Pilot at Yeadon:

Leeds North
Clinical Commissioning Group

Leeds West
Clinical Commissioning Group

Leeds Community Healthcare
NHS Trust

The Leeds Teaching Hospital
NHS Trust

Leeds and York Partnership
NHS Foundation Trust