

USING YOUR HEAD

RealWear headsets, which beam live video of patient appointments to other clinicians, are being trialled in acute and community NHS settings across Essex.

This project came about from attending the College's leadership course in June 2022. As part of the course, I needed to develop a project within our team that looked at service improvement. While I was considering options I read the Saks report, which recommends: 'Podiatrists need to make better use of technology in areas ranging from keeping records to the employments of telemedicine and virtual consultations' (RCPod, 2021). I decided to focus my project on technology to try to help our service meet this recommendation.

I spoke to the digital innovation lead for Provide CIC, a social enterprise delivering a range of health and social care services across Mid Essex. They had received funding from NHS England for a year's trial of RealWear headsets within its district nursing team. I instantly saw the potential benefit of introducing them in podiatry.

Changing times

Our service has changed significantly within the past few years. We now only see patients who are at high risk of ulceration or who have active ulcers. Therefore, newly qualified podiatrists (NQPs) who join our team are working in a high-risk environment from the start. Things are different from when I joined the service 11 years ago: we used to see



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Julie Brennan-Gracie, podiatrist at St Peter's Hospital in Maldon, using the headset for clinical support

low- and moderate-risk patients, as well as patients with biomechanics issues. This provided a different, low-risk skill mix compared with what NQPs now face within NHS-commissioned services.

Another change in the past few years is that the podiatry team is no longer commissioned to do any home visits. The district nursing team is responsible for all wound-care patients who cannot attend a clinic; as a result, there is health inequality

across Mid Essex. To try to bridge this gap, I started a multidisciplinary team meeting via Microsoft Teams for one hour a week to discuss patients. Staff can discuss different cases and share knowledge and ideas for patients. However, a negative is that there is a lack of assessments and photos in real-time, and often a delay in care because the advice cannot be implemented straight away. This was something we aimed to improve by implementing RealWear headsets.

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CHALLENGES

The major challenges of using live video have been:

- Technology can let you down (for instance, the internet not working or the headsets resetting).
- If not used regularly, people can lose confidence in how to use the devices.
- Difficulties engaging with the district nursing team due to high vacancies

The nursing team, though large, is currently understaffed. This made staff engagement on a large scale challenging. Staff were trained initially and issued with headsets; however, they found it difficult to use the headsets a lot because of their workload. To overcome this, I linked with a few key nurses who were engaged in the project and we set up some initial visits.

TOP TIPS

- Start small
- Work on staff engagement
- Seek support from IT teams
- Link with key stakeholders.

What are RealWear headsets?



RealWear headsets are voice-controlled, wearable tablets that allow clinicians to virtually review patients together in real-time.

COSTS TO PROVIDE CIC

2 × RealWear headsets	£3,197.64*
2 × LTE 4G dongles	£214.12**
2 × Flexband three-point silicon bands with chin strap	£67.07
2 × spare batteries	£83.13
2 × unlimited data SIM cards	£350 (based on £25/month for 7 months)
1 × Simply Video licence	£600

* Funded by NHS Digitisation Fund

** Funded from IT budget

RealWear in podiatry services

Initially, we trained the podiatry team and designed an information leaflet to inform patients of the new technology, so they were prepared to see the equipment in clinical settings. We set up a WhatsApp group where the service and team leads were active. Whenever an NQP required assistance with a patient and wanted to use the RealWear headsets, they sent a WhatsApp message. The first available senior colleague connected with them via a video assessment on a secure system called Simply Video.

Joint working with district nurses

We also worked with Provide's district nurses to see how we

could best join up the RealWear consultations with their services. We set up a video consultation slot on our electronic record system, so nurses could book patients in with podiatry, and a senior member of the podiatry team could join the virtual appointment at that time.

Using the headsets on district nursing home visits has enabled joint multidisciplinary visits in real-time. This is of great benefit to staff and patients: there is less delay in care, with patients getting access to recommended assessments or treatments the same day, and more specialist advice can be given to support staff.

This technology enables us to support our colleagues from anywhere: a clinic, from home or on the move. We even had one instance where we were travelling

to a course and used the app on our phones to connect remotely.

Outcomes

Working with Provide's head of digital innovation, we have quarterly outcome measures, which we report back to NHS England. Within the first three months, NQPs had access to remote support through headsets for just over 90 hours. Prior to the trial, these 90 hours of clinics would have been cancelled or staff moved in location as NQPs cannot be unsupported in wound-care clinics.

Around 15 to 20 consultations are taking place each month with NQPs, and in the majority of these the care plan changed because the senior clinician was on the consultation. Some consultations were simply to give reassurance to the NQPs, increasing their confidence in treating high-risk patients.

We also designed a staff satisfaction survey around usage of the headsets. This was a simple survey that asked if staff previously felt supported at all times within their clinical environment, and how confident they felt using the technology. This was conducted both at the start of the project and four months later, and a great improvement was reported over this time.

It feels great to see the idea of supporting NQPs in this way come to life. I have enjoyed the whole project, and am excited to see where we go from here. I hope this success continues and that we can use this model of support for any podiatry staff in similar situations when they may need a second opinion. 🗨️

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