**Memorandum of Understanding (MoU)**

**GP IT Programme**

**between**

**Stoke-On-Trent and North Staffordshire CCGS**

**and**

**XXXX Care Home**

**I. PURPOSE AND SCOPE**

The purpose of this MoU is to set out the nature of the partnership between your Care Home and the GP IT Programme which is connecting GP Practices to care homes via Skype.

This MoU is not legally binding and shall not give rise to any rights or liabilities for any party. We recognise that each practice and care home may adapt the protocols to reflect their relationship but that key outcomes outlined in this document will underpin each programme.

**II. BACKGROUND**

The GP IT Programme is a nationally funded programme whereby practices are connecting to care homes via Skype. This is a pilot programme which is designed to evaluate whether the introduction of video consultations can improve patient outcomes through better medicine adherence and reduced A&E attendances and non-elective hospital admissions. It will also review whether the introduction of video consultations will reduce demand on services in the practice.

The NHS needs to be able to deal with challenges ahead, such as an ageing population, a rise in the number of people with long-term conditions, and greater public expectations. Combined with rising costs and constrained financial resources, these trends threaten the long-term sustainability of the health service.

There are clear protocols in place in how Skype can be used safely and these have been agreed by the CCG and the Staffordshire Digital Design Authority. It is important that care homes have confirmed they have read and understood the PIA, SOP and protocols before starting to use Skype.

The GP IT Programme **cannot be used to support Discharge to Assess patients.**

**III. UNDER THIS MoU, THE CARE HOME WILL:**

* Confirm it has read and understood the governance documents which will have been sent by the team at Redmoor Health and that they are adhered to
* Commit to collecting the qualitative data questionnaires which have been circulated outlining the experience of the patients and care home staff
* Ensure Skype is not used for Discharge to Assess patients
* Understand that the care home is responsible for the safe keeping of the equipment that has been provided
* Register any training needs with Redmoor which can be scheduled as part of the programme
* Liaise directly with Redmoor around any technical problems being experienced
* Ensure that any skills developed in the care home will be shared across the wider team
* Attend any learning workshops set up as part of the programme

**IV. UNDER THIS MoU, THE CCG AND ITS DELIVERY PARTNER REDMOOR HEALTH COMMITS TO THE FOLLOWING:**

* Provision of all training necessary to use Skype
* Onsite and telephone technical support
* Provision of equipment – Tablet device, tablet stand and mobile wifi device with pre-loaded wifi data
* Support with completing governance documents
* Support with ensuring the care homes receive all the training, equipment and guidance on governance to enable them to use Skype safely
* Provide any necessary marketing materials to help support the programme

**V. SHARED OBJECTIVES UNDER THIS MoU**

* Support the evaluation with the development of clear outcomes which will be reported on a monthly basis
* Sharing learning from the programme for the benefit of all practices and care homes
* Explore where the programme can be improved such as connection to other health professionals eg dementia specialists
* Ensure the equipment is suitable and resolve any technical problems that may arise
* Complete the programme with the development of a lessons learned workshop

**VI. TIMESCALES**

Wave 1 care homes will run for six months from 1 June 2018 with Wave 2 running from 1 September 2018.

**VII. EVALUATION**

Evaluation of the programme will be undertaken through the collection of data on a monthly basis. It is important that all Skype consultations are logged by the GP practice and the questionnaire data reported by the care home to the CCG. This will enable the CCG and colleagues to assess whether the introduction of video is a viable solution to improving medicine adherence and reducing unplanned admissions. Failure to provide data to the CCG on a monthly basis will result in the practice and care home being removed from the pilot.

Name:

Position:

Date: