

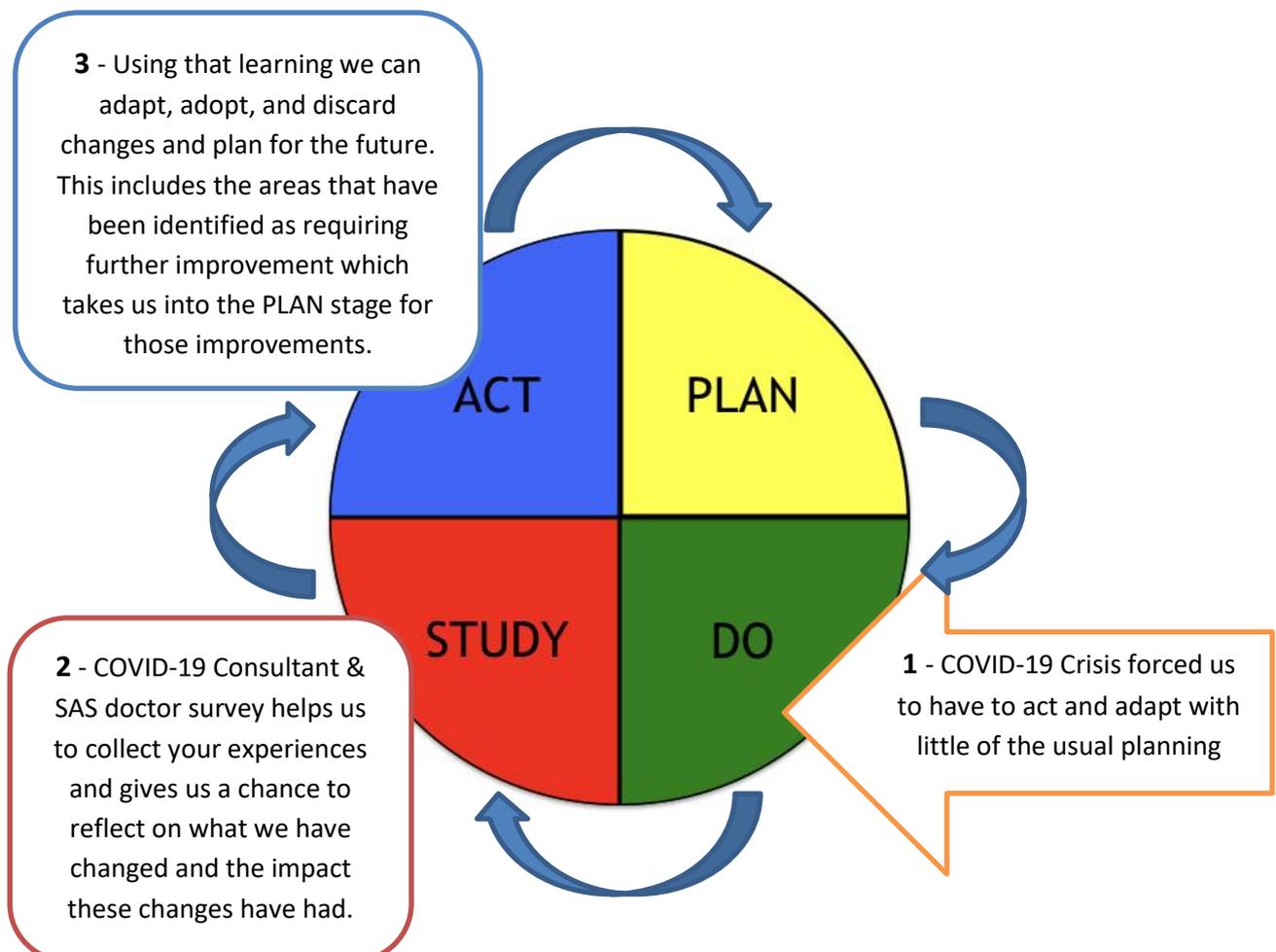
COVID-19 Survey of Consultant Psychiatrists' and SAS doctors' experience of changed working practices during the crisis.

Introduction

The COVID-19 crisis forced staff across the organisation to change their working practices. For many, this meant working from home and a greater reliance on the use of technology (eg. for virtual clinical consultations and meetings). For others, it required adapting to rapid service changes. To better understand how staff had adapted to the changes and the impact these had on productivity and wellbeing, a survey of consultants and SAS doctors across the Trust was carried out between 11/6/20 and 24/6/20 using SurveyMonkey. 80 participants completed the survey – 24 working in inpatient or liaison settings and 56 in community teams. This represents a response rate of 50% as there are approximately 160 consultant and SAS doctors in the Trust

This paper provides a summary of the results and highlights the changes consultants and SAS doctors would like to maintain and those areas that require further improvement. A content analysis methodology was used to analyse the text responses. This methodology helps to quantify the frequency that specific themes are mentioned and enables the presentation of the data graphically in frequency bar charts.

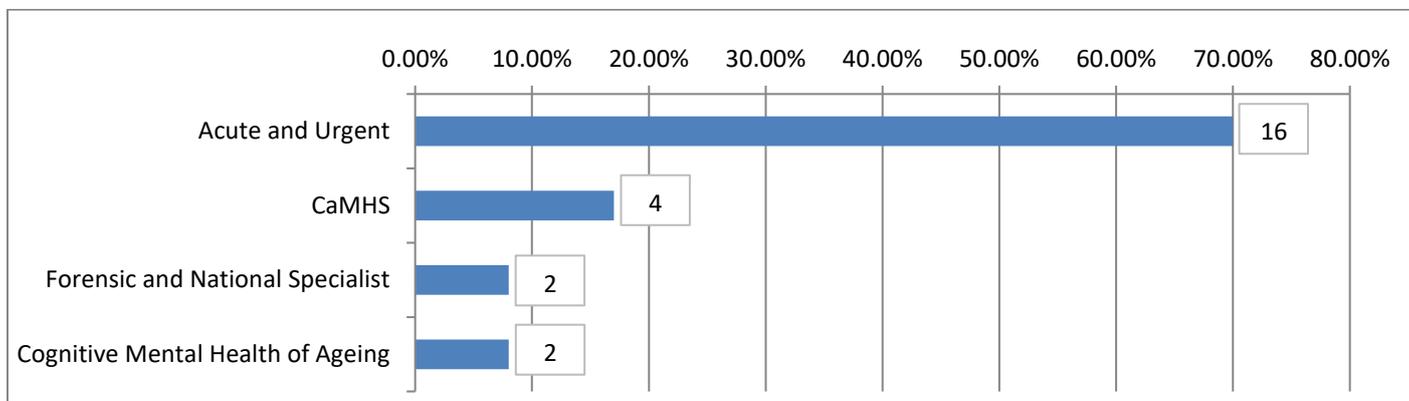
The PDSA cycle is a QI tool that provides a lens through which we can make sense of what has happened organisationally as a result of the COVID19 crisis and what we do next.



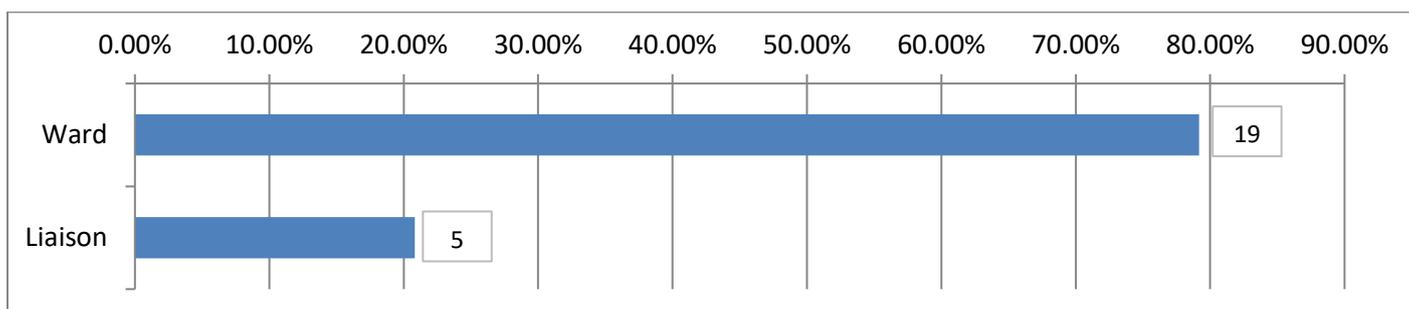
Results

Inpatient & Liaison Consultants and SAS doctors

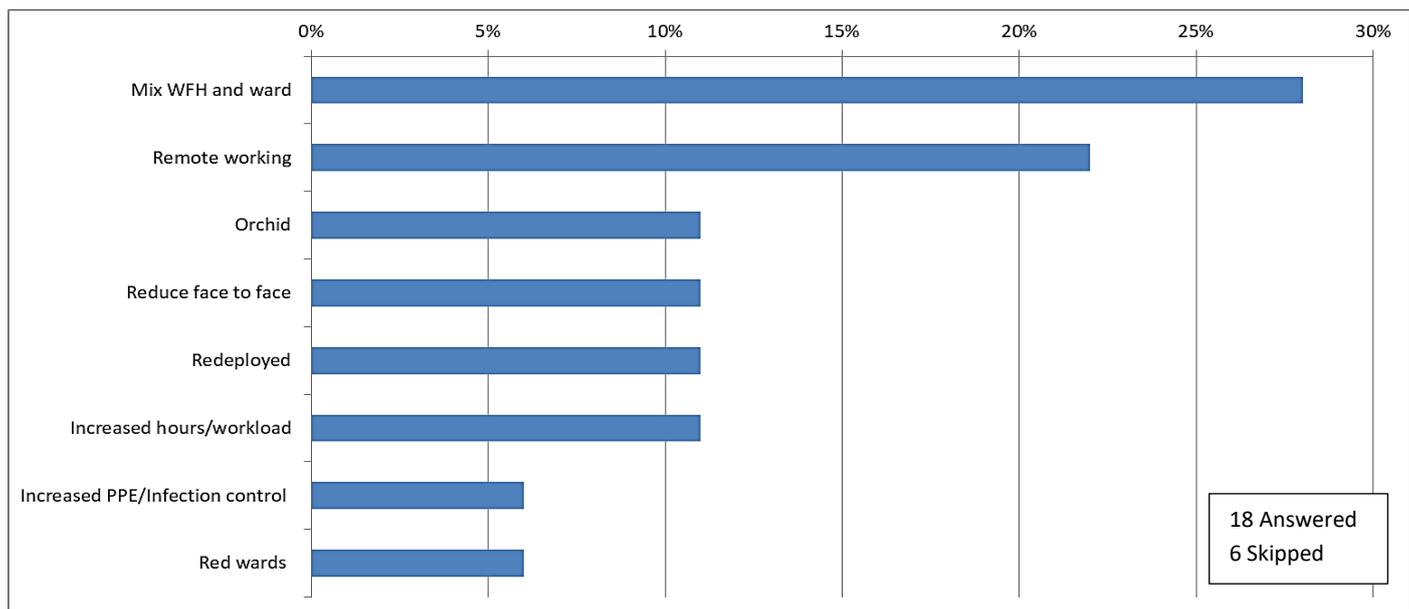
- Total of 24 people responded to the Inpatient and Liaison survey. The distribution across the Service Lines is outlined below.



- Distribution between Inpatient and Liaison was as follows:



- 85% agreed with the statement: **Since lockdown on 23 March 2020 my pattern of work has changed.** The graph below highlights the main change themes.
- Unsurprisingly, the most frequent change to the pattern of work was an increase in remote working and the accompanying reduction in face-2-face clinical contact.

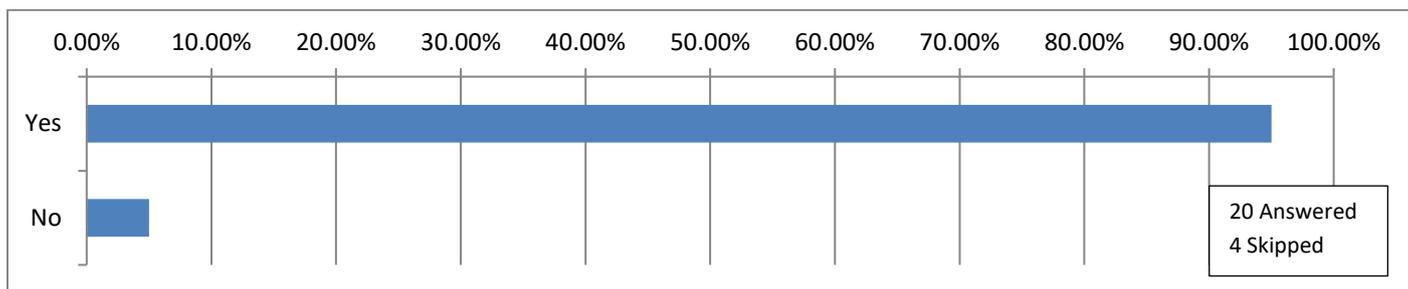


"I've had to change timings of ward rounds to accommodate some mornings working from home in order to accommodate need for childcare"

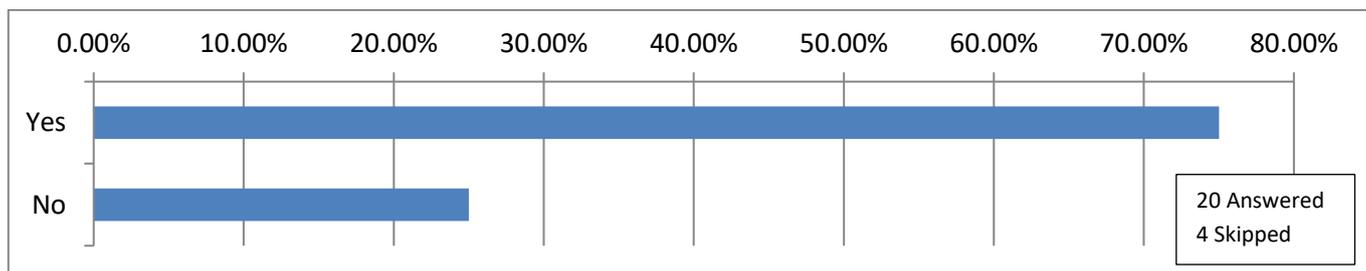
"I work on ward in AMs and WFH in PMs. All the important ward meetings were already pre 2pm"

"We reduce face to face patient contact and reserve face to face interview with patients based on clinical need than operational requirement....We keep the duration of patient contact to a minimum, avoid touching surfaces, have brightly visible Yellow badges for names that can be shown through PPE...We adopt remote testing such as using a modified version of Blind MOCA for cognitive testing."

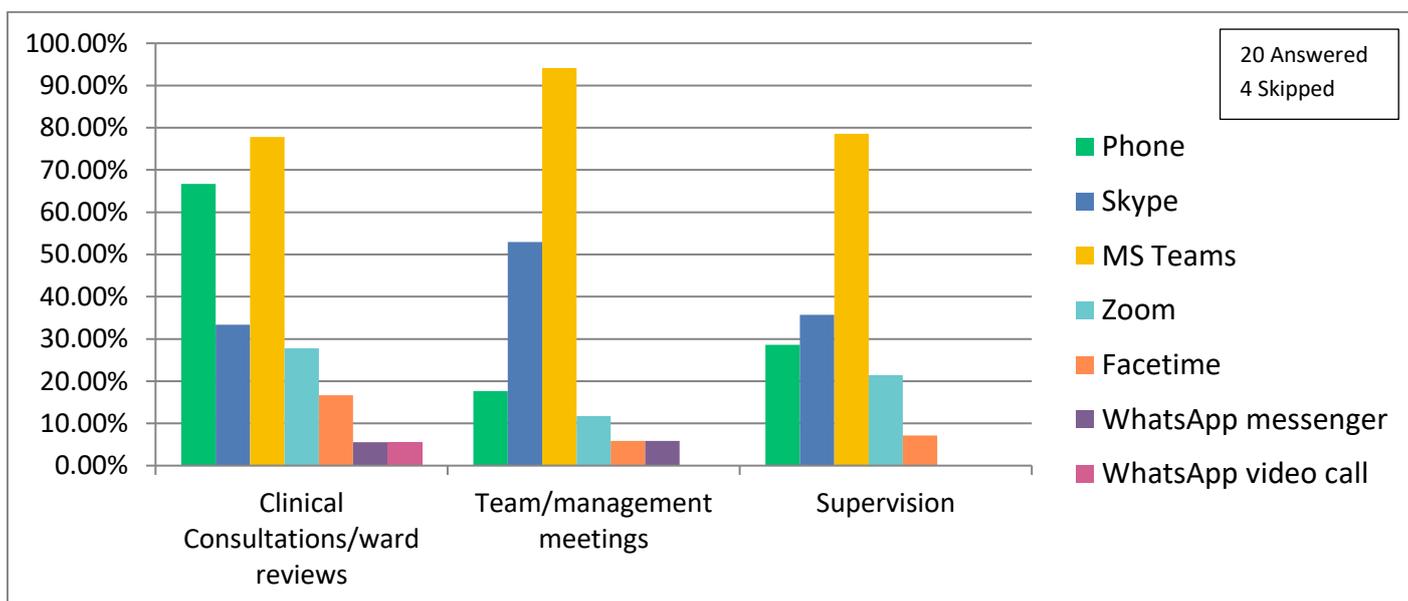
Q5 - Have you relied more on digital working during this time?



Q6 - Do you have video conferencing equipment on your ward or your team?



Q7 - Which platforms have you used for digital working?



Q8 - Provide comments about your experience of using these different platforms (challenges and benefits)

- The responses for this question are presented in the tables below grouping the benefits and challenges of using each platform. There were also more general comments on digital working which are captured in the last table. The numbers in brackets indicate the frequency that theme was mentioned.

19 Answered; 5 Skipped

<u>MS Teams</u>	
Benefits	Challenges
<ul style="list-style-type: none"> Excellent (2) Always works well - reliable (2) Works well for meetings (2) Widely used so easy to invite others (2) Success that we should continue (1) Works better from home (1) Best platform (1) Useful for clinical and non-clinical work (1) Enabled social workers and CMHTs to join MDT meetings (1) Better than Skype (1) Worked well for family meetings (1) Works well for educational supervision (1) Works well for teaching (1) Less travel time (1) Enables ability to multitask during meetings (1) 	<ul style="list-style-type: none"> Does not work with videoconferencing equipment (3) Let down by poor hospital Wifi (1) Cannot see multiple windows at once (1)

<u>Phone</u>	
Benefits	Challenges
<ul style="list-style-type: none"> Works okay for supervision (1) More reliable than technology (1) 	<ul style="list-style-type: none"> Teleconferencing cannot take more than 5 calls (1)

<u>Skype</u>	
Benefits	Challenges
<ul style="list-style-type: none"> Works with Videoconferencing equipment (3) Works well for educational supervision (1) Good when it works (1) 	<ul style="list-style-type: none"> Audio and Video quality sometimes poor (2) Not as good as MS Teams- would prefer to use Teams with Video conferencing equipment (2) Technically poor (2) Cannot be downloaded on my work phone (1) Should be abandoned (1) Do not have headsets (1) Room set up not private, so unable to use (1) Clunky (1)

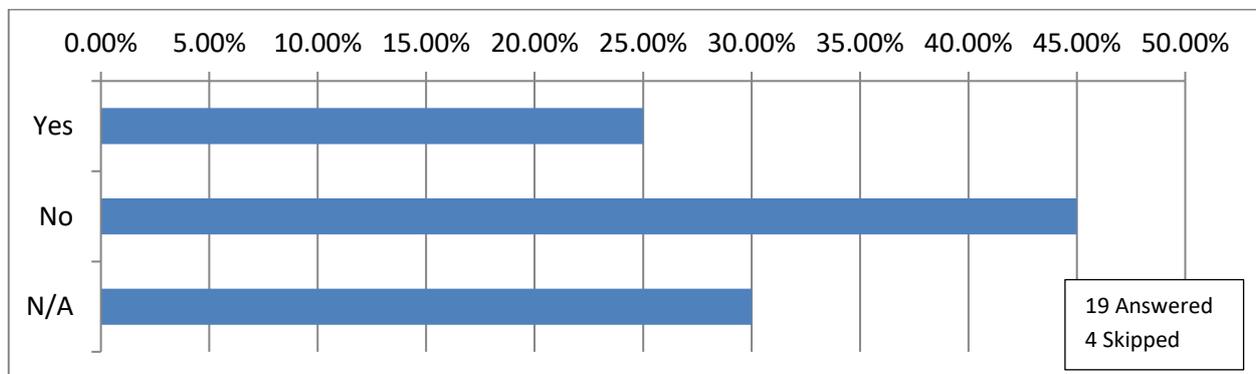
Zoom

Benefits	Challenges
<ul style="list-style-type: none"> • The best platform (1) • Useful for both clinical and non-clinical work (1) 	<ul style="list-style-type: none"> • Need subscription for longer calls (1) • Unsure of security / information governance status (1)

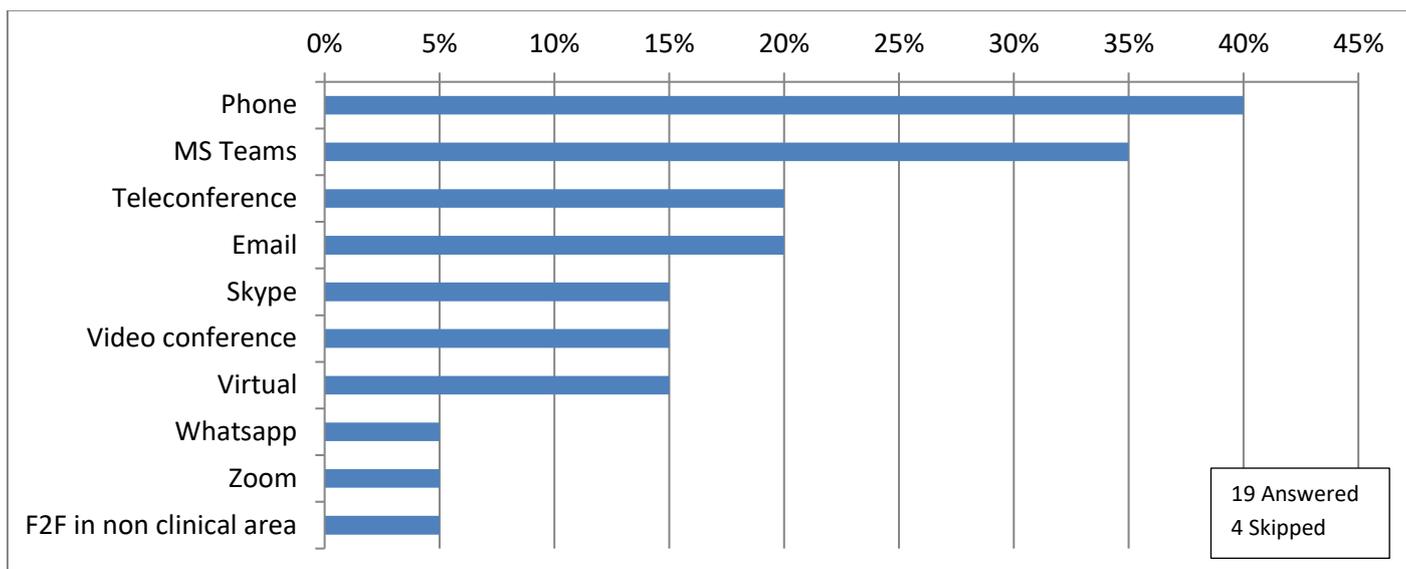
Generic comments on digital working

Benefits	Challenges
<ul style="list-style-type: none"> • Save time not having to physically attend meetings (1) • Better than expected (1) • Tolerable (1) 	<ul style="list-style-type: none"> • VC facility broken – hard to follow calls (2) • Reliance on home internet (2) • Sometimes hard to hear, especially on a noisy ward (1) • Tiring (1) • Meetings prolonged (1) • Frustrating to have to repeat yourself (1) • Delays (1) • Not as good as face to face communication (1) • Ward PCs do not all have cameras or microphones (1) • Cannot use multiple laptops in one room due to feedback – makes WR hard (1) • Would have been helpful if there was an early clear steer from the Trust re which platform to use (1)

Q9 - Does the video conferencing equipment work effectively?



Q11 - How are you enabling care co-ordinators, other professionals, family/carers to engage in ward reviews/clinical meetings?



“Using Skype/Teams/ speakerphone. Unfortunately on many occasions they do not respond to meeting invitations and sometimes seem unable to use the technology”
[not clear if this relates to staff or family and carers – possibly both]

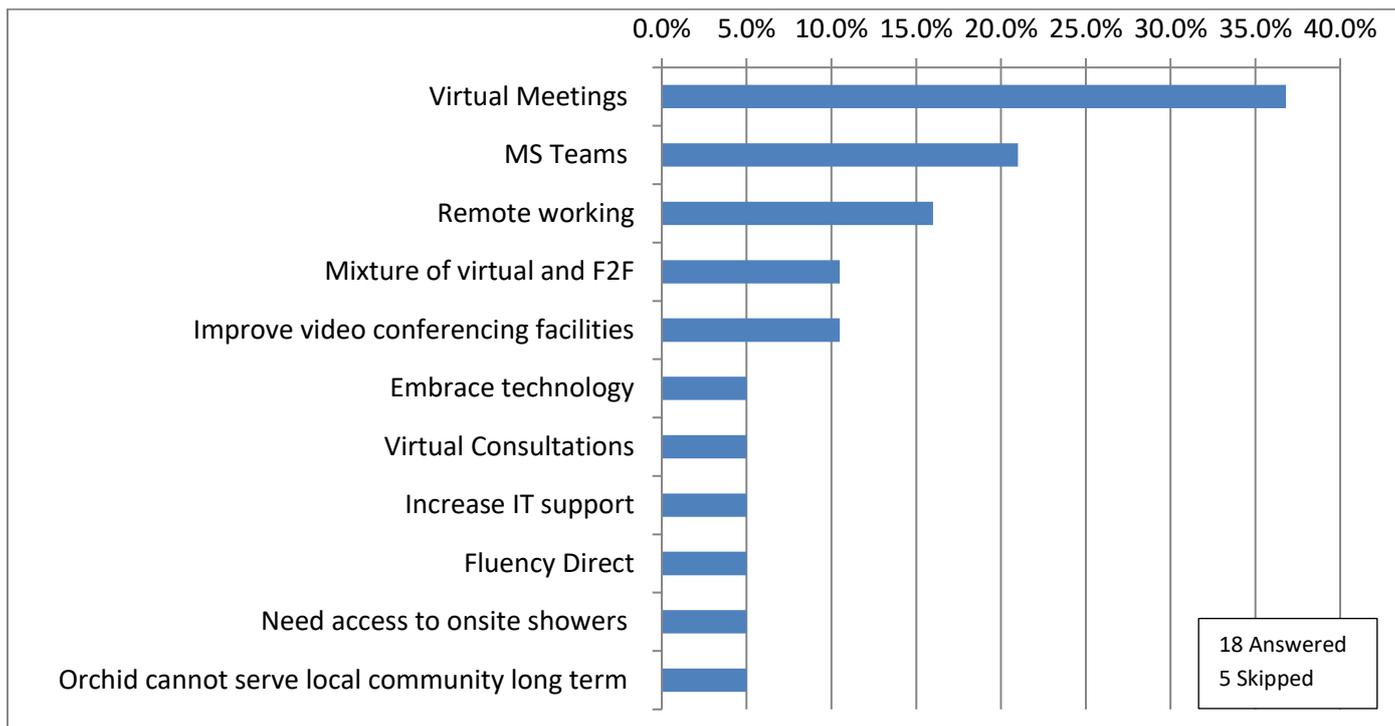
“Teams for professionals; Facetime and WhatsApp for carers”

“We invite them through sending those V/C links over emails, using whiteboard to aid simultaneous virtual working on collaborative documents, share files, etc.”

“With difficulty. In general we can only phone patients and their relatives. This works fairly well, but could be better. In the longer term we will need to have better access to a clinic room and skype hardware we can then use to conduct outpatient-like appointments.”

“I explained the reason for it but my experience is that clients were very immediately understanding and collaborative in the use of technology. In fact most of them appreciated not to have spend money on travelling (by car) even as the lockdown eased.”

Q14 - What different ways of working would you like to sustain or develop further?



"I would like MS Teams to work on the videoconferencing equipment!"

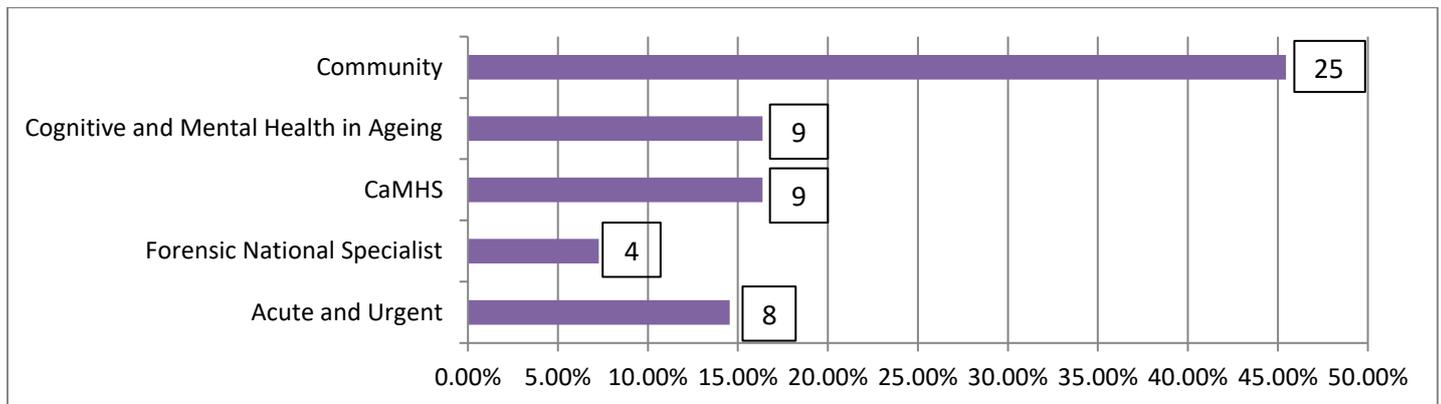
"Using microsoft teams has meant we have more involvement from community staff"

"Virtual meetings, consultations and CPD sessions are all very useful fallouts of the Pandemic. Knowing the inertia of the NHS, it would have taken decades to embrace the technology that we managed to embrace in a matter of a few days."

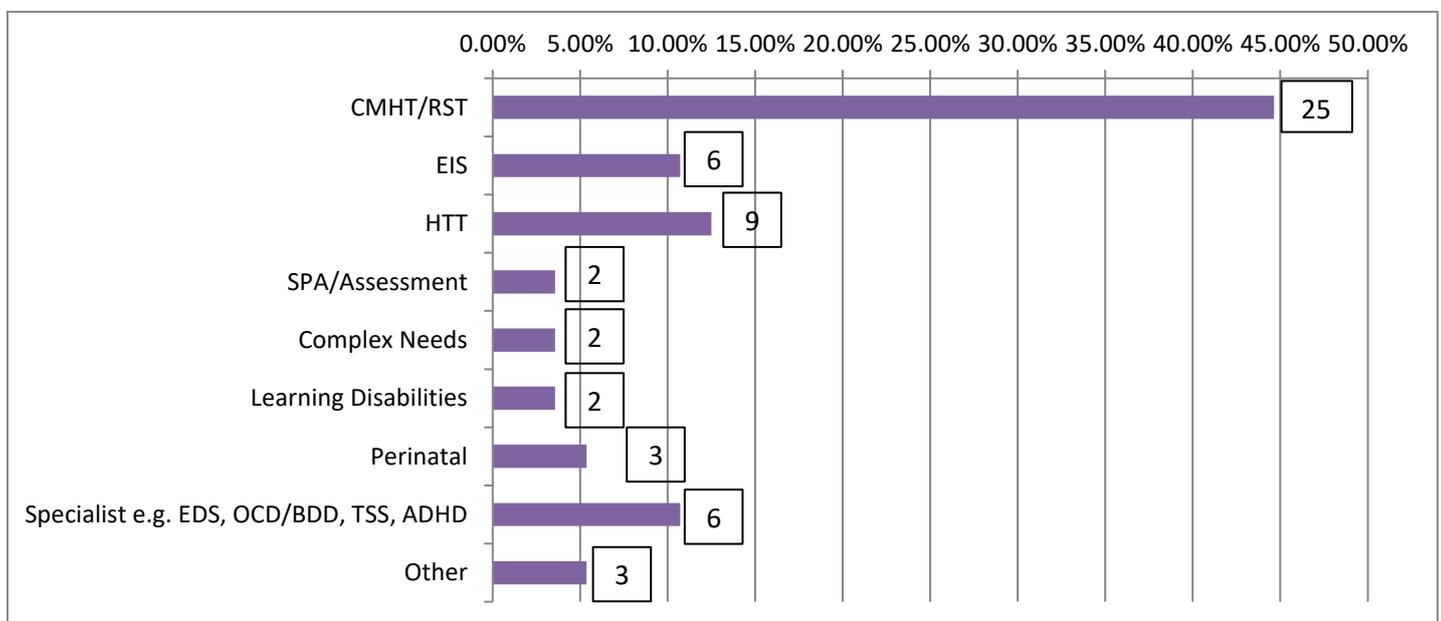
"Use of Teams for meetings- particularly ones that have to be convened in a hurry, such as virtual risk/professionals' meetings has been really useful and has saved a lot of time and improved attendance."

Community Consultants and SAS doctors

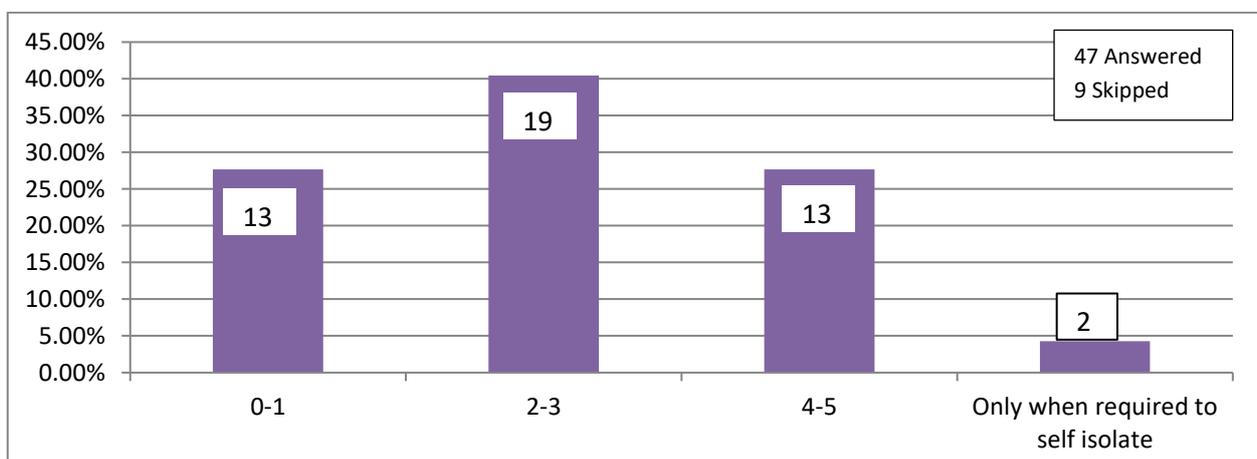
- Total of 56 people responded to the Community Consultant and SAS doctor survey. The distribution across the Service Lines is outlined below.



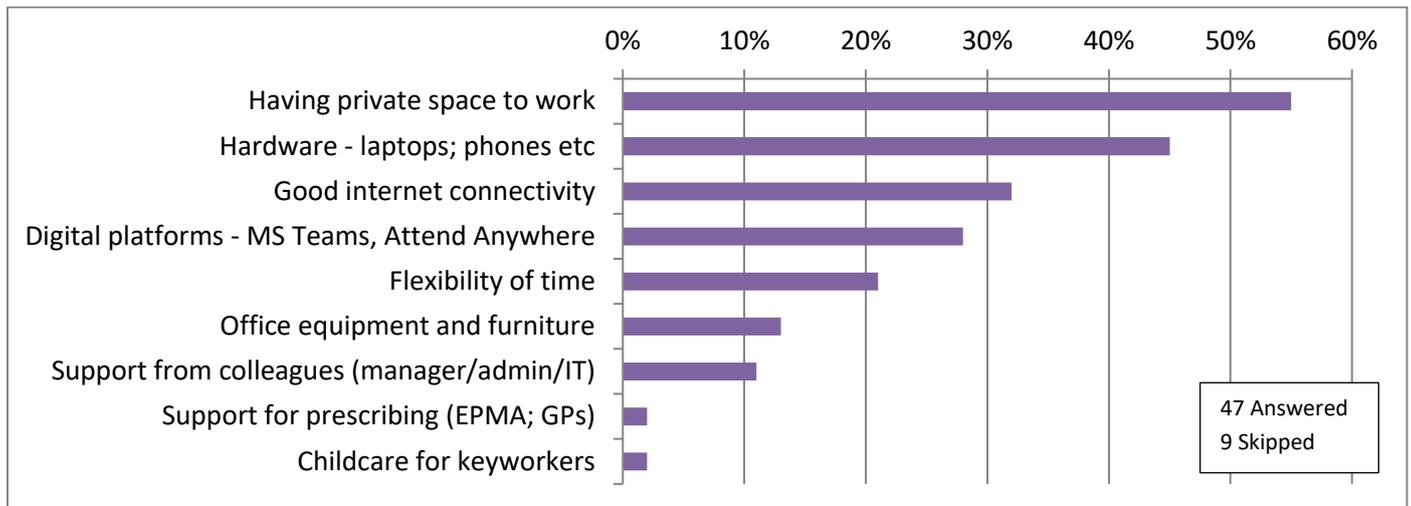
- Distribution in terms of team type:



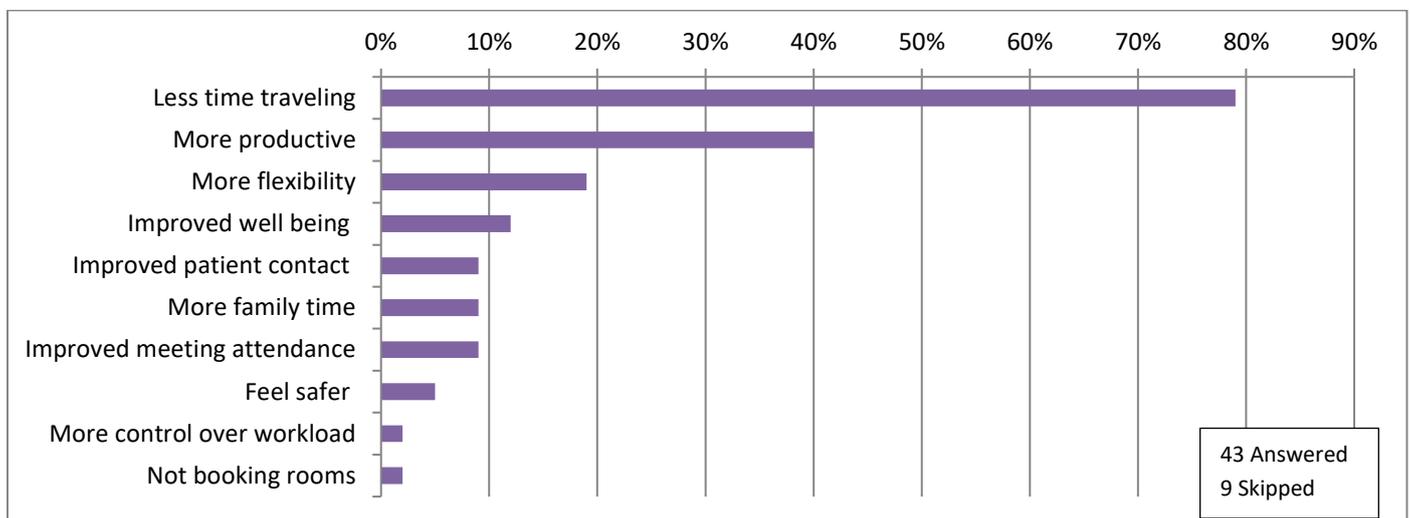
- Q3 - Since the lockdown on 23 March 2020, how many days per week on average have you worked from home?



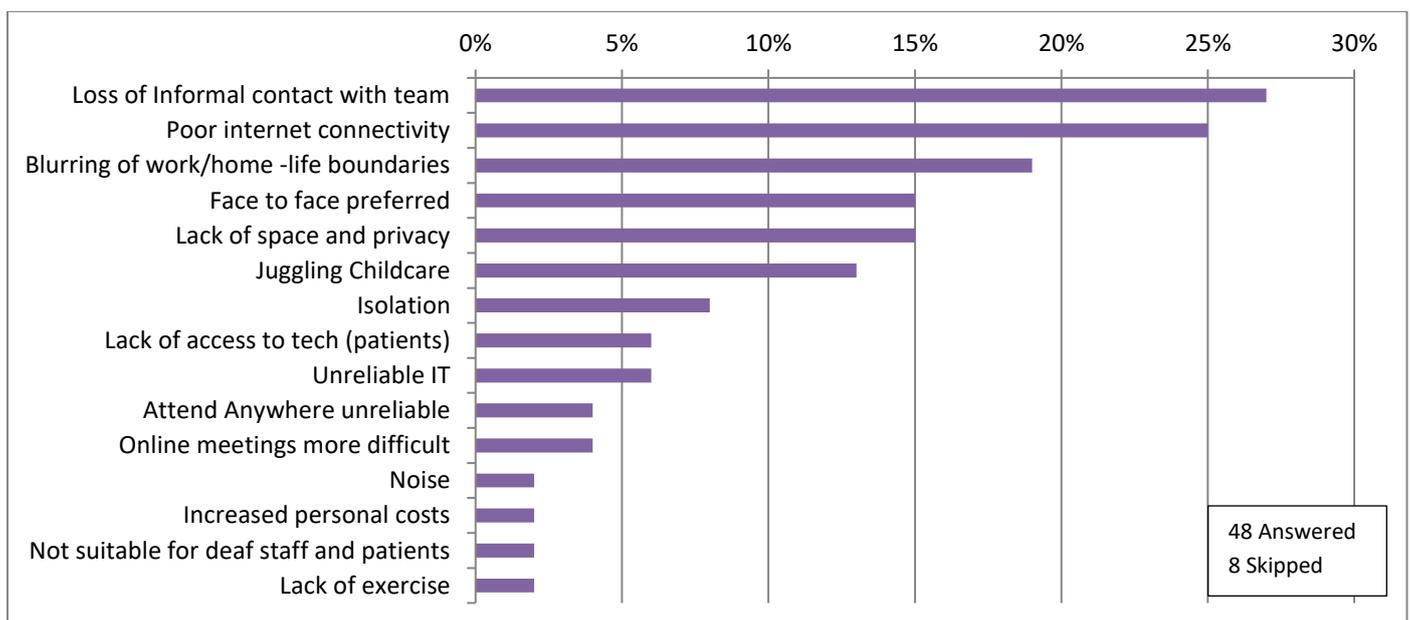
Q4 - What has helped you to work effectively from home? [eg own space, hardware, flexibility, office equip.]



Q5 – What have been the benefits of working from home?



Q6 - What have been the challenges of working from home?



“Not on site with the team; more emails /phone up team members to check in.
 Video - meetings often platforms do not work at times.
 Meeting with new pts /new assessments is a challenge on video platforms. To gain a rapport with a pt.
 Video appts very challenging with interpreters.
 Lack of separation life/work balance.
 Increased time to do home visits in relation to home address/ vs location in Wandsworth.
 Sitting at a table for hours - backache issues.”

“Loneliness causing stress, feeling permanently on call, blurring of boundaries between clinical and admin duties, switching in and out constantly to respond to calls and emails”

“Main challenge is assessing new patients by telephone, whom haven’t assessed previously. Ideally all assessments (especially new ones) should be by Attend Anywhere.”

"2 small children being at home does not help. Also another adult already WFH so not so much space. For this reason I have mainly been travelling to SPH and finding an empty office even when I am technically scheduled to wfh. Team members rely on people present in the office for support and advice, even when the patient is primarily the responsibility of someone wfh"

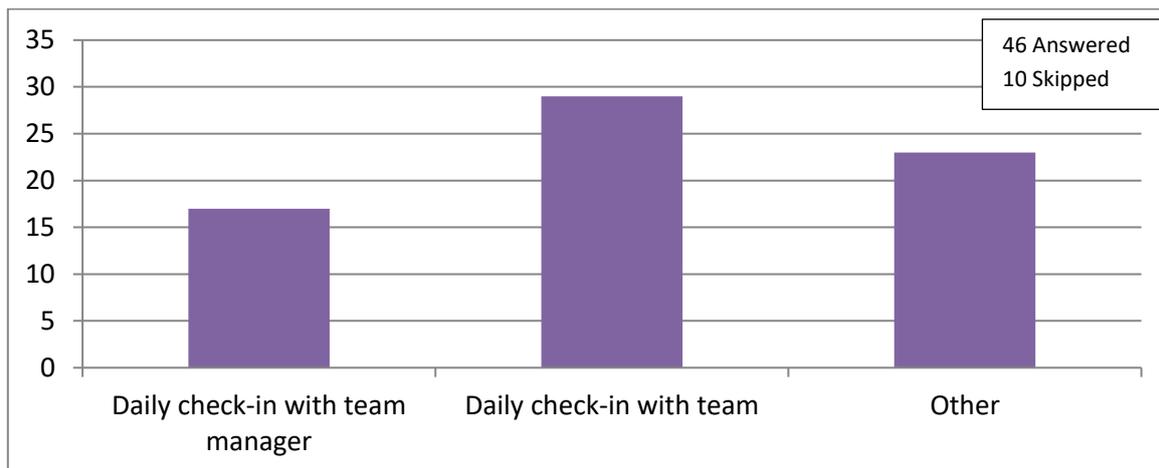
“Face to face is more comprehensive assessment/review than telephone or e-consultation.”

“Everything that we would normally discuss with colleagues in passing or easily in the course of a day, now requires a meeting. AA is poor in quality, Microsoft teams is a poor second best as it takes more time and can be frustrating to use. More care is needed to ensure that important conversations happen. Consultations are more time consuming via video and more tiring”

“Pretty much everything. Having appropriate working place in a busy household; creating work/life balance; lack of day today networking opportunities with the colleagues as well as offering informal support to team members.”

"Emails from team to phone patients/carers when might have been managed easier in team base. Missing 'corridor' conversations & quick (informal) decision-making"

Q7 – How have you maintained connections with your team when working remotely?



Team WhatsApp groups

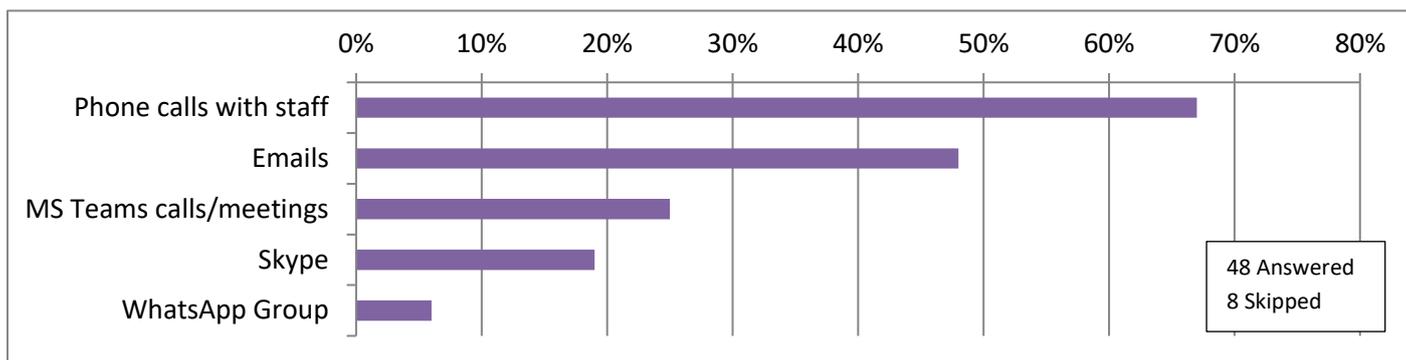
Daily team huddles

Twice weekly team meetings

Weekly check in with the other consultant in the team

“I personally find maintaining connections remotely difficult and very much miss face to face interaction with the colleagues. “

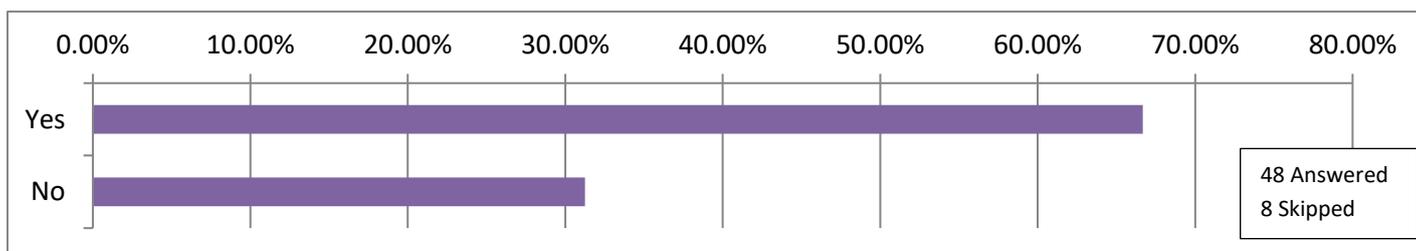
Q8 - While working remotely, how have you enabled those ad hoc clinical discussions with team members that are needed for advice on clinical matters to take place?



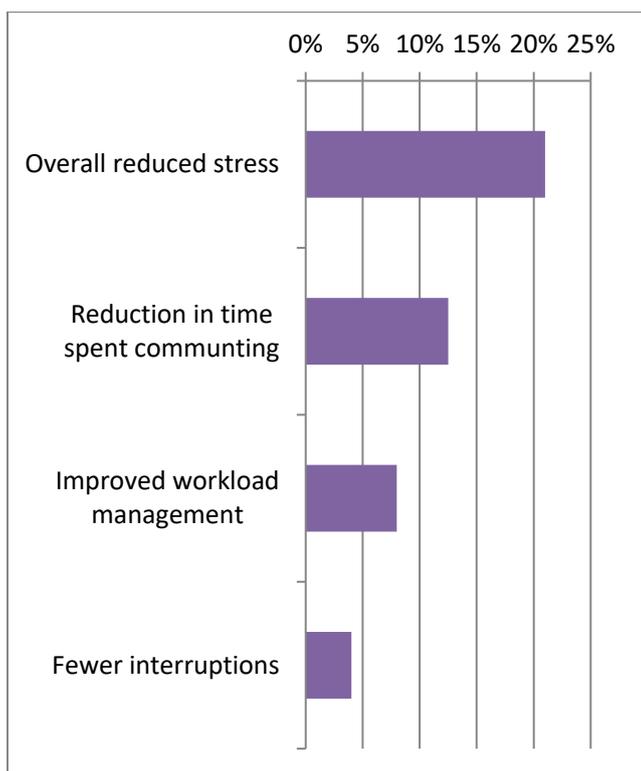
“I have tried to encourage it but to be honest team do not seem to contact when am at home. Hence having time in office is important.”

“with difficulty - they tend to have to be arranged rather than ad hoc, sometimes during weekly team meeting.”

Q9 - Has there been any impact of working remotely on your work-related stress and wellbeing?



Positive Impact (emergent themes):



“Much reduced stress and better well-being”

“I feel less stressed when working from home.”

“I am more relaxed and have own space to work. i did not have designated space at work”

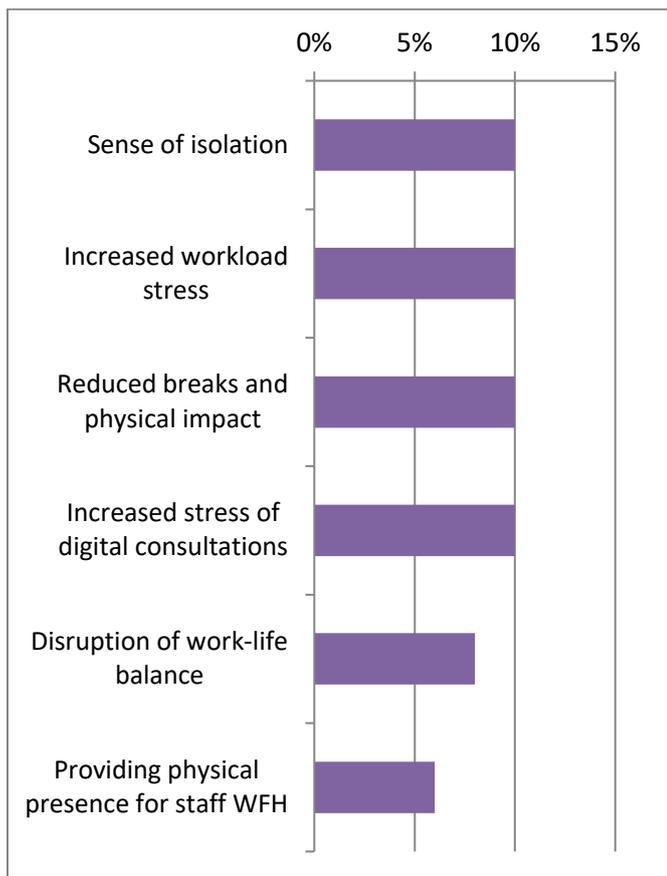
“Easier to manage work life balance, less tired as reduced travel.”

“Improved time management and flexibility”

“It's been less stressful because I found interruptions and prolonged idle chat stressful because they hinder my plan for completing tasks.”

“Spending less hours at the wheel and in traffic is a plus, and on the whole more work is done especially in terms of reports and KPIs”

Negative impact (emergent themes):



“Stress has more been around uncertainty of shielding and duration of this. Of feeling not pulling weight or increasing clinical burden on consultant colleague.”

“It has been more challenging in sense that if any face to face medical reviews are required I need to do all of these.”

“stress as less opportunities to bounce ideas with colleagues, prefer face to face interaction as you get more understanding and sense of urgency.”

“Neck ache from looking at laptop all day- resolved when obtained docking station. Non stop videoconferencing is tiring. Boundary between home and work becomes blurred so more difficult to switch off.”

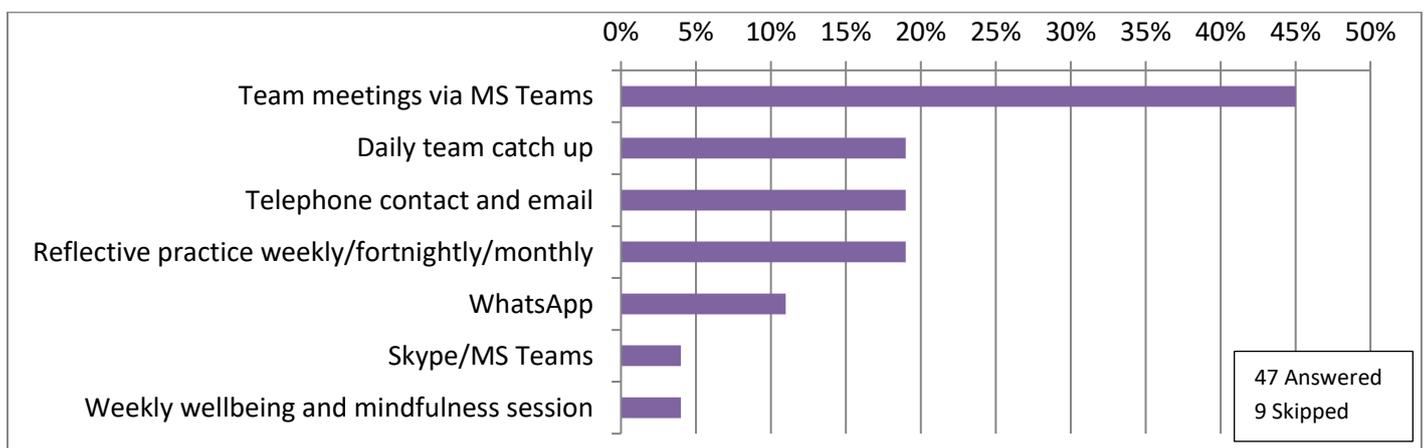
“I feel a bit sad that I don’t ever see lots of nice colleagues any more. Meetings are more tiring by video conference compared to real life.”

“Work takes longer because of learning new ways, problems w internet and things not set up for work this way. More communication needed to support young people. Concern about families has lead to more calls.”

“I am more stressed at work than usual. It is difficult to say whether this is due to working remotely or to the impact of COVID-19 generally. It is more challenging working from home when your family is also at home.”

“I generally found my timetable much busier to the extent of often not leaving time for lunch or a brief break. I wonder whether it is through the immediate availability of people for meetings when working remotely and therefore removing mini natural breaks it takes to move from one meeting/office/trust site to another.”

Q10 - In what way(s) have you and your team ensured opportunities are available to provide support and check on each others’ wellbeing?



47 Answered
9 Skipped

"Much increased opportunity for handover morning and evening, team meeting allows reflection on impact on staff, monthly facilitated systemic therapist team meeting group allows reflection on team wellbeing."

"Team have twice weekly MDT. They have a weekly, coffee and catch up to stay connected but not talk shop. Reflective practice has continued on a monthly basis"

"We have organized a weekly meeting to discuss about how people were feeling and coping"

"Informal support by email and phone, also good support through monthly remote peer group meeting to discuss challenging cases and do case presentations."

"Increased the number of phone check-ups; increased the numbers of daily virtual catch-up meetings."

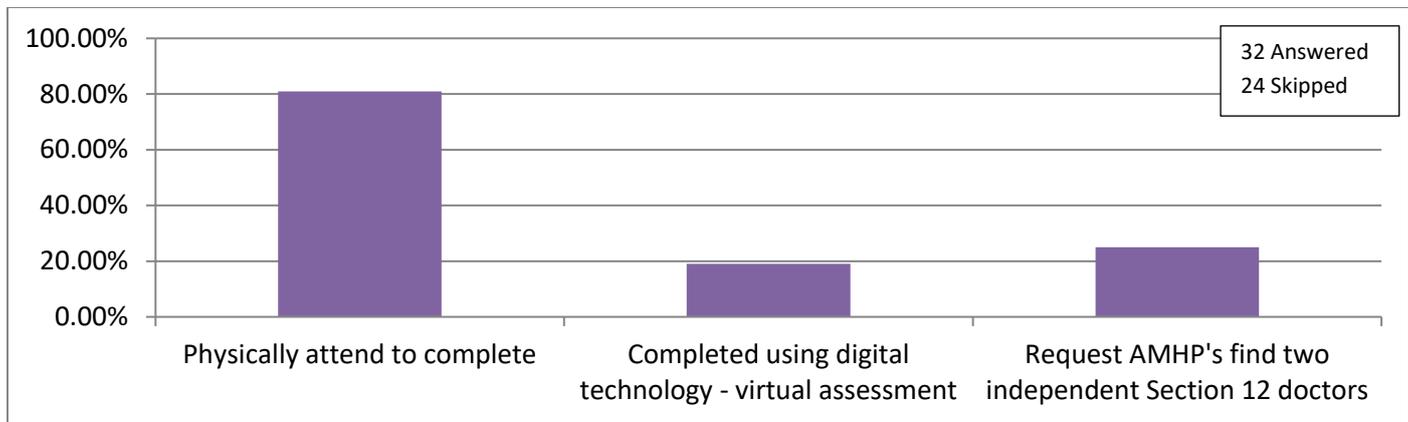
"We are in constant communication through Microsoft teams, group emails, WhatsApp, and telephone calls. Its 2020 and this is a totally normal way to communicate. Face to face can be nice but it is overrated."

"We have developed weekly Covid checks on the caseload and we are doing daily safety huddles."

"Team WhatsApp group has been really helpful"

Carrying out duties under the Mental Health Act

Q11 – Mental Health Act Assessments



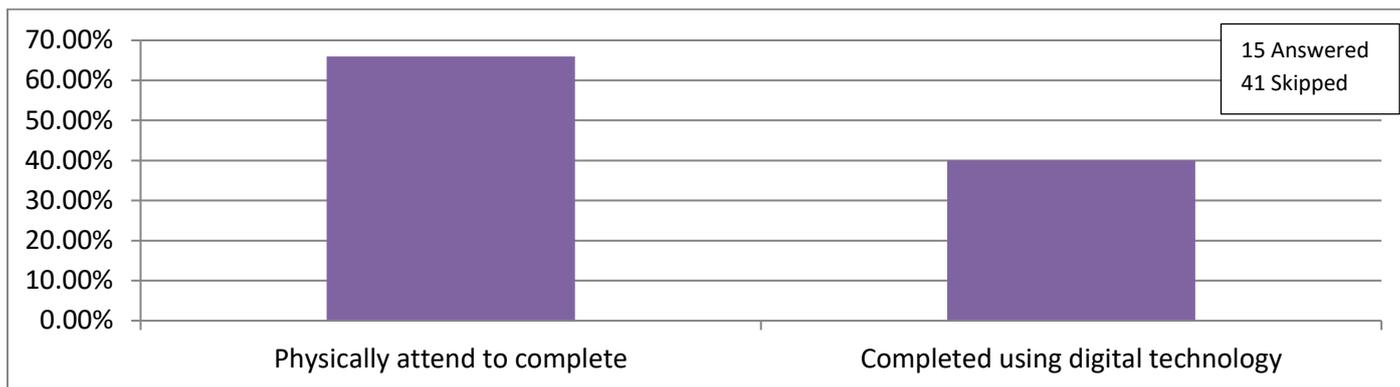
"Sometimes, it took longer than 5 days for AMHP to arrange an assessment and it that case I normally ask the AMHP to look for two independent section 12 doctors, given that an MHA is time consuming and my views are already known."

"Only request AMHPs find 2 doctors when I did not have the availability. No different to normal practice before covid."

"Only one example where I used video assessment to make recommendation."

"I have not been required to undertake MHA assessment however ...within team another colleague has requested MHA with two independent doctors- patient was not detained and on another occasion CT2 colleague has done face to face (with supervision) and undertaken first recommendation."

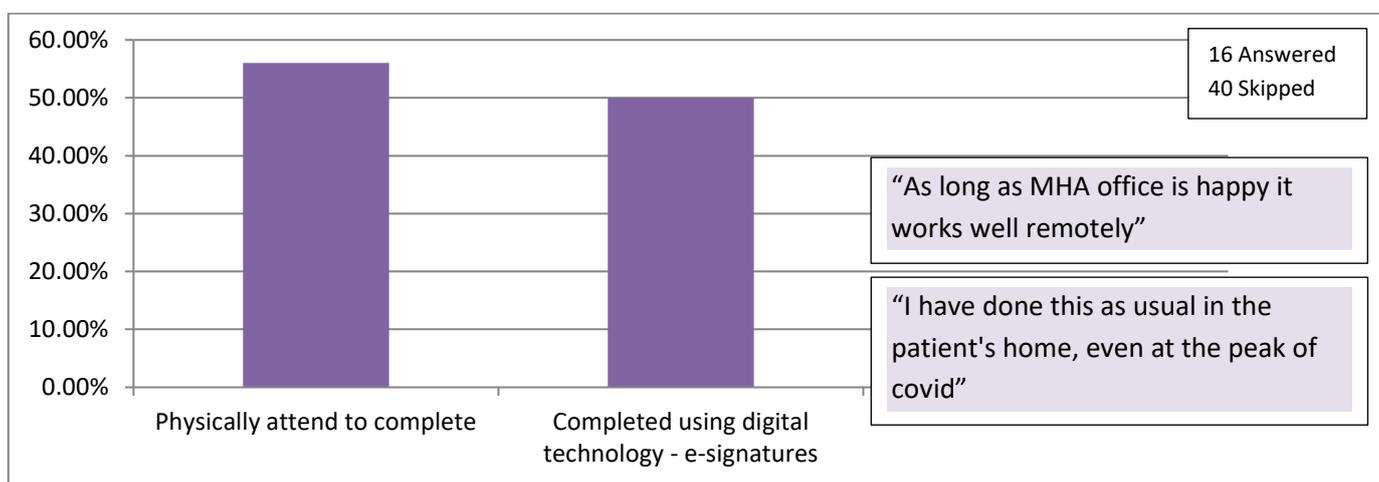
Q12 – CTO reviews



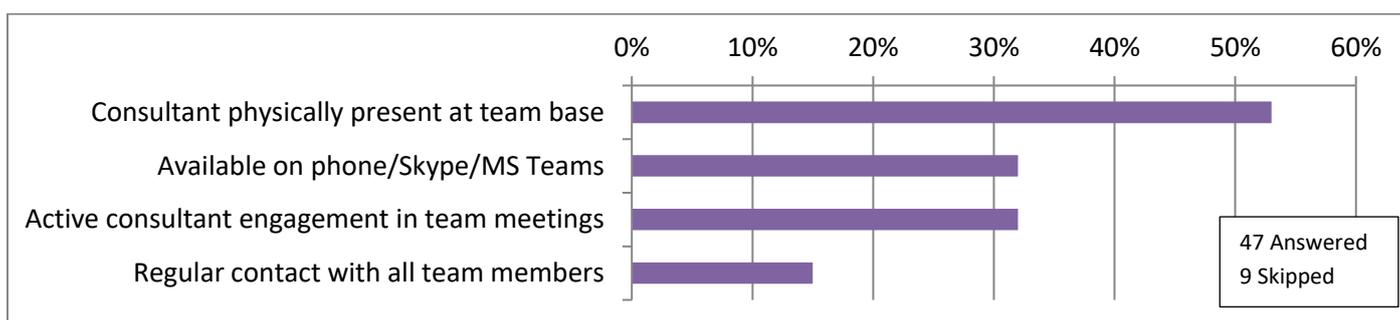
“Had two CTO tribunals remotely”

“AMHP attended via telephone but I saw patient in person for CTO renewal.”

Q13 – MHA paperwork (eg. CTO recalls)



Q14 - How have you ensured there is visible medical leadership in your teams?



“Agreed a daily rota with medical colleagues - physical availability of a psychiatrist daily at the Unit.”

“Being present in all MDT meetings via Skype and Teams. Multiple daily catch-up calls with the team manager and the ACP; Available for phone support throughout the day for all team members.”

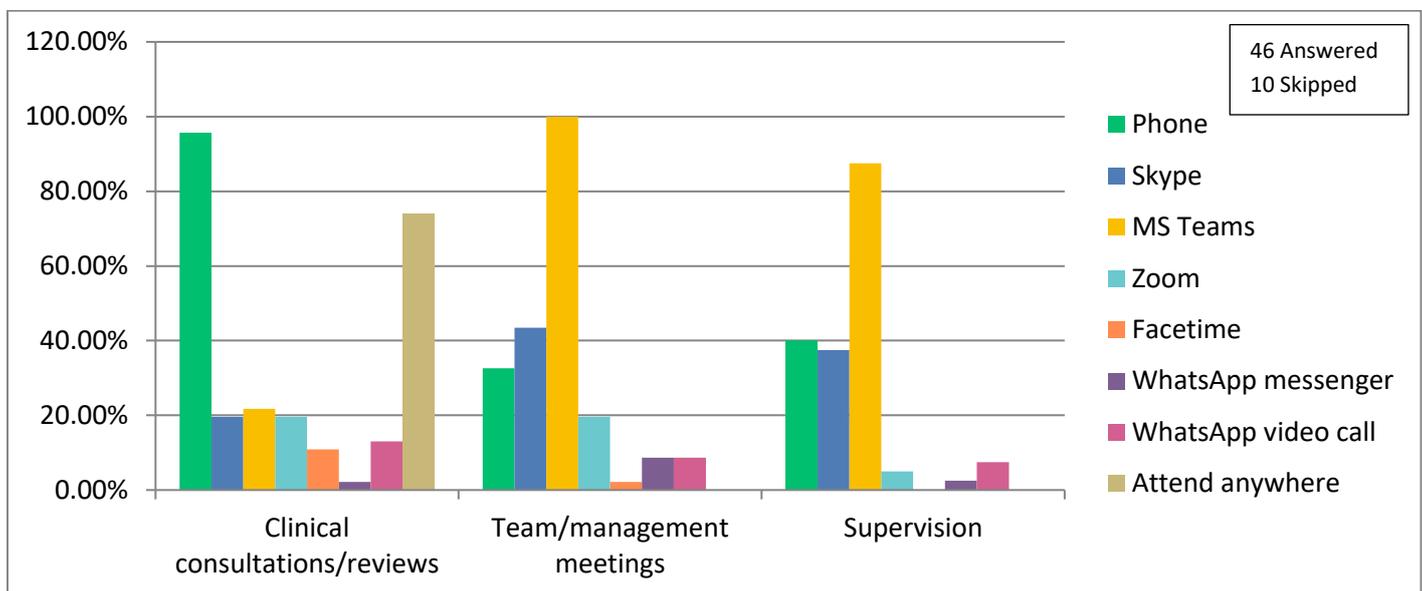
“We are always accessible by the team members. We attend the MDT meetings. We alternate our physical presence at the team base.”

“Being visible is about so much more than being physically seen in the flesh but I do come into the office roughly once a week and often more. I am responsive on all of our virtual communications.”

“Overall there’s been virtual medical leadership and I am more available for individual care coordinators. There’s been some disquiet regarding consultant working from home as being 'privileged' or 'lazy' with staff who don’t quite understand the nature of what I do. There has to be some face-to-face medical supervision/leadership but it’s not something that’s required on a daily or even weekly basis for CMHT. MS Teams is usually as good as face-to-face, with perhaps monthly fact to face MDTs.”

“Being available physically- this may be obvious, but the feedback from my team, and other teams I have supported, overall during the first 4-5 weeks of lockdown, has been that having medical leadership available was of great benefit for them to reduce the degree of uncertainty about mental health-related aspect of care, but also about how to develop care in the pandemic setting. Staff have appreciated medical leadership that is accountable and reliable.”

Q15 - Which platforms have you used for digital working?



Q16 - Provide comments about your experience of using these different platforms (challenges and benefits)

- The responses for this question are presented in the tables below grouping the benefits and challenges of using each platform. The numbers in brackets indicate the frequency that theme was mentioned.

<u>Attend Anywhere</u>	
Benefits	Challenges
<ul style="list-style-type: none"> Good when it works – network problems (4) Good for clinical consultations/reviews (3) User Friendly (2) Good reputation (1) Patients favourite (1) Improves DNA rates (1) 	<ul style="list-style-type: none"> Crashes / connection problems (unreliable) (16) Frozen / audio or video poor (2) Not good for large handover (pts have trouble accessing) – need to define protocol for sending pts link following professional meeting (2) Do not like it (1) Patients choose not to use video (1) No admin support to help patients ‘Trial run’ (1)

43 Answered
13 Skipped

- Not good for deaf people (1)
- Challenging when interpreters are involved (1)
- Takes a while to set up (1)

MS Teams

Benefits

- Good for supervision and team meetings (better than Skype) (12)
- Reliable (3)
- Great (2)
- Reducing travel time between sites (2)
- User friendly (2)
- Good when using headsets / mute to stop audio feedback (2)
- Good for remote working – flexibility
- Best platform
- Reduce meeting time
- Secure
- Like use of 9 screens in a meeting

Challenges

- Video problems (4)
- Audio problems (3) – people have to mute
- Not as good when people have to share laptops (2)
- Minor connection issues (1)
- Not convenient (1)
- Not good for deaf people (1)
- Meetings take longer (1)
- No access (1)
- Not user friendly (1)

Phone

Benefits

- **Works well (2)**
- **Ease**
- **Patients request phone over video**
- **Most used by patients**
- **Allows for good structured assessments**
- **Good for patient reviews**

Challenges

- Hard to do assessments (no visuals) (3)
- Hard to develop pt rapport (1)
- Limited for those with impaired hearing (1)
- Challenging when interpreters are involved (1)
- Takes longer (1)

Skype

Benefits

- **Good for 1:1 supervision (1)**
- **Good for team meetings (1)**
- **Works better for those with a common mental disorder (1)**

Challenges

- Audio feedback (3)
- Not as good as MS Teams (2)
- Patients cannot log in (1)
- Staff do not use video (1)
- No admin support (1)
- Only adequate for 1:1 supervision (1)
- Annoying (1)
- Bad connection (1)

Facetime

Benefits

- Worked well

Challenges

- I don't have access

Whatsapp Video

Benefits

- Used by most patients (1)
- Use when Attend anywhere is down (2)

Challenges

- Hard to see people on small screen (1)
- Hard when interpreters are involved (1)
- I don't have access (1)

Zoom

Benefits

- User friendly (2)
- Second best to MS Teams
- Good for webinars
- Don't have to share email addresses
- Good quality – sounds / visuals
- View lots of people in one meeting
- Good for interpreters
- Best platform for deaf people

Challenges

- Not secure (4)
- Not encouraged for team meetings (1)
- Not easy to set up calls (1)

Virtual/digital working – generic

Benefits

- Good for supervision (2)
- Convenient for childcare arrangements (1)
- Acceptable for pt reviews (1)
- Better for academic meetings (1)
- Reduces travel time (1)

Challenges

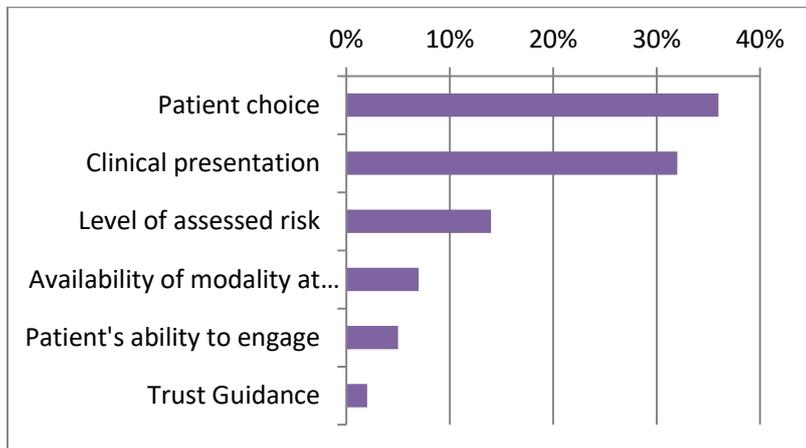
- Patients do not like video / tech (2)
- Connection issues (2)
- Patients do not have access to the technology (2)
- Staff sometimes dressed casually (1)
- Not all can find a private space to take a call (1)
- Cannot compare to Face to face contact (1)
- Concern it doesn't not satisfy clinical supervision (1)

Q17 - What criteria have you applied to determine suitability of patients for e-consultation, phone or face-to-face modality?

- Respondents offered generic criteria that would need to be taken into consideration and then more specific criteria for each of the listed modalities.

44 Answered
12 Skipped

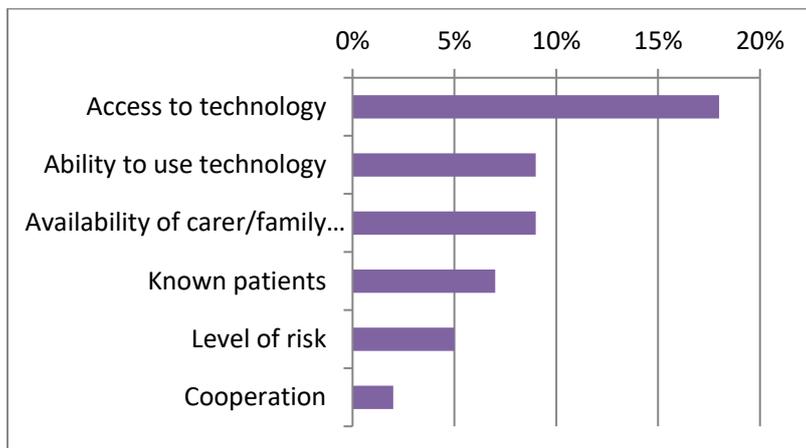
Generic Criteria



Factors noted in terms of clinical presentation:

- clinical complexity
- clinical need
- degree of cognitive impairment
- presence of thought disorder
- severe psychosis
- patients executive abilities
- patient’s communicative abilities
- neurodevelopmental difficulties

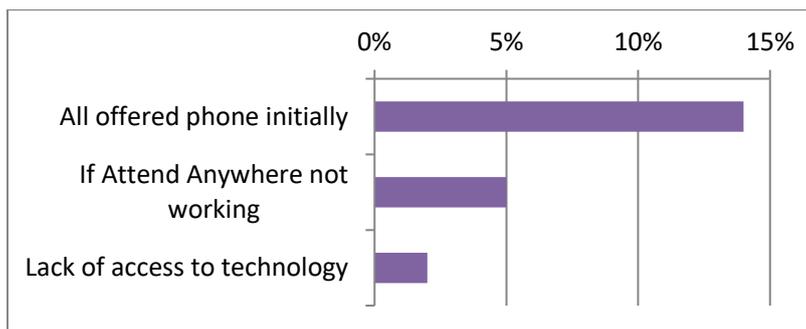
e-Consultation (digital/video)



“Dependent on risk assessment and patient preference. It has been good to be able to offer patients a range of options. Initially when patients were automatically sent a text message with attend anywhere link they were anxious as unsure how to use and many did not want a video consultation. It would have been better initially to have had better communication to patients about this.”

“E-consultation - if I think that they are able to cope with the technology. Many of our older patients don't even have the basic set up to use Attend Anywhere.”

Phone

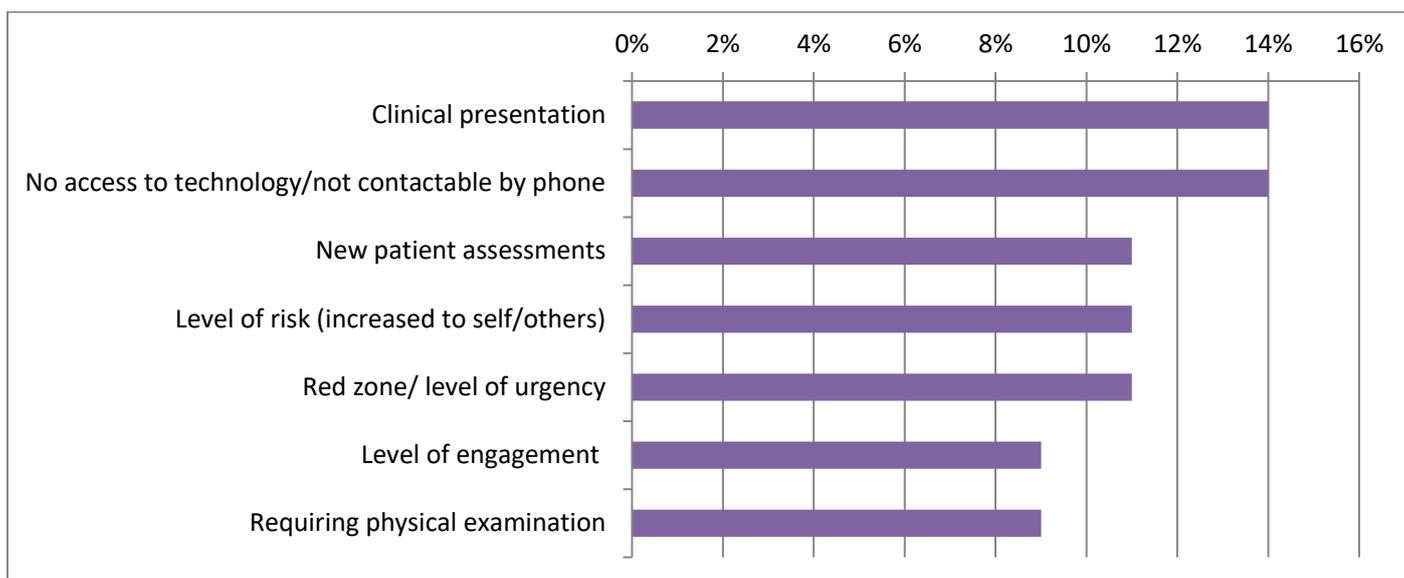


“Patient choice. Initially everyone was by phone. Patients I know well are best "seen" by phone.”

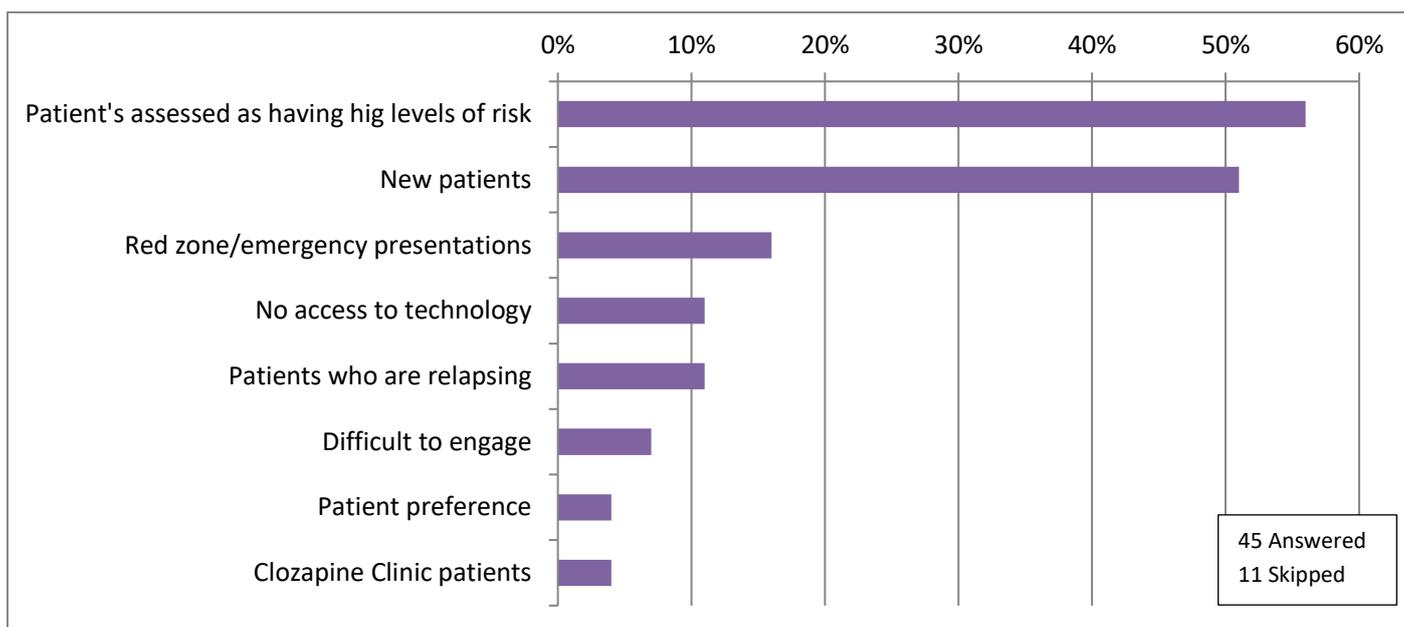
“We offer all routine follow-up outpatients Attend Anywhere appointments. However most will then contact the team asking for telephone consultation.”

“Phone assessment might be suitable for functional disorders but not really for dementia.”

Face-2-Face



Q18 - Which cohort of patients or clinical presentations require face-to-face contact (eg newly-referred and requiring an initial assessment)?

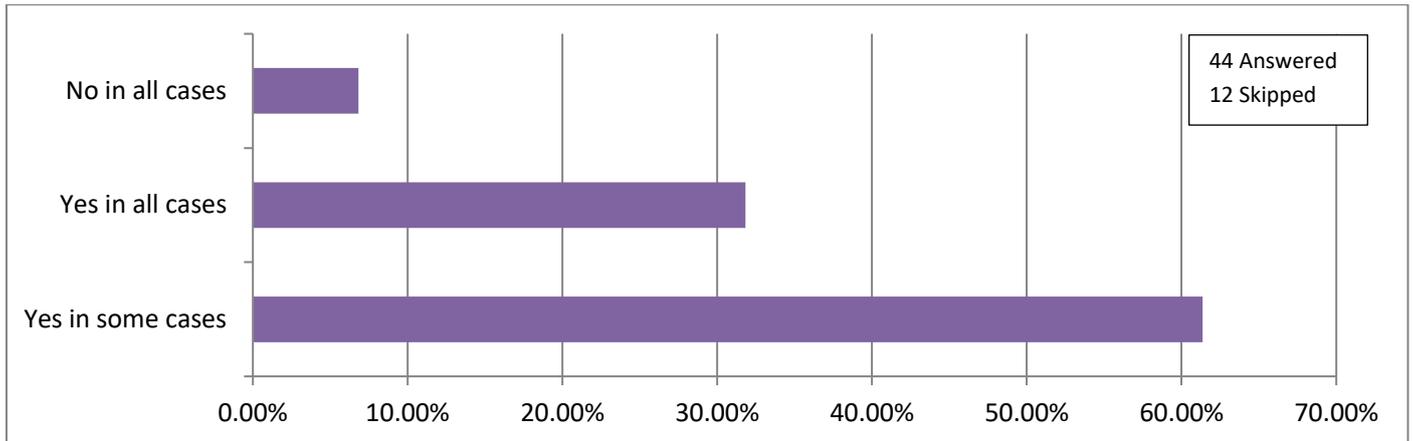


Additional factors that would necessitate F-2-F consultation:

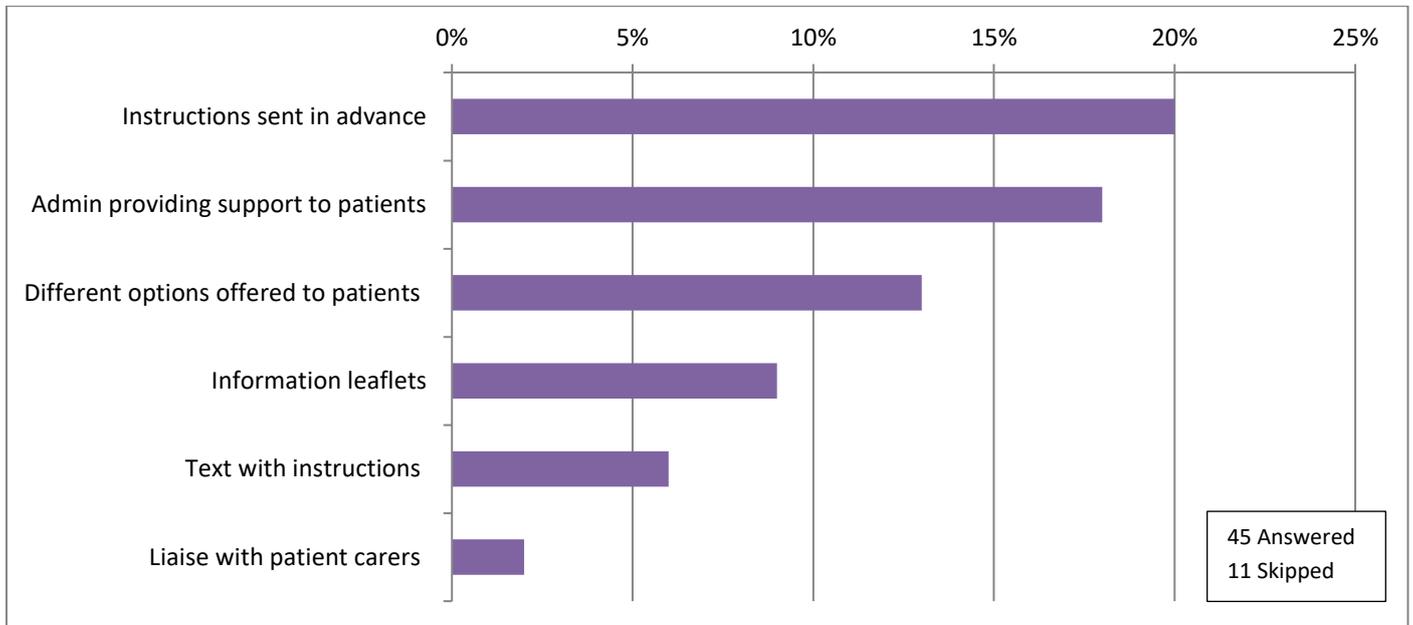
- Assess medication side effects
- How patients has previously been seen
- Covid Status
- Language issues
- MHA Assessment Considered
- Safeguarding Issues
- New patients – BPSD
- Patients on depots
- Patients with complex families
- Cognitive assessment
- Physical Health problems
- Memory Assessment
- Autism assessment (ADSO)
- Confusion (dementia)
- Appointments for diagnostic feedback
- Those with support to facilitate an E-consultation
- Elderly/Frail Patients
- Patients in Care homes
- Living alone
- Family intervention work (hard to read dynamics)

- Those with communication difficulty

Q19 - Have service users been given a choice of their preferred modality?



Q20 - How has your team supported your service users to access e-consultations (digital)?



“We send a letter with the link and the instruction of how to use it.”

“This has improved over time but initially there was little communication about attend anywhere before text messages were sent to patients.”

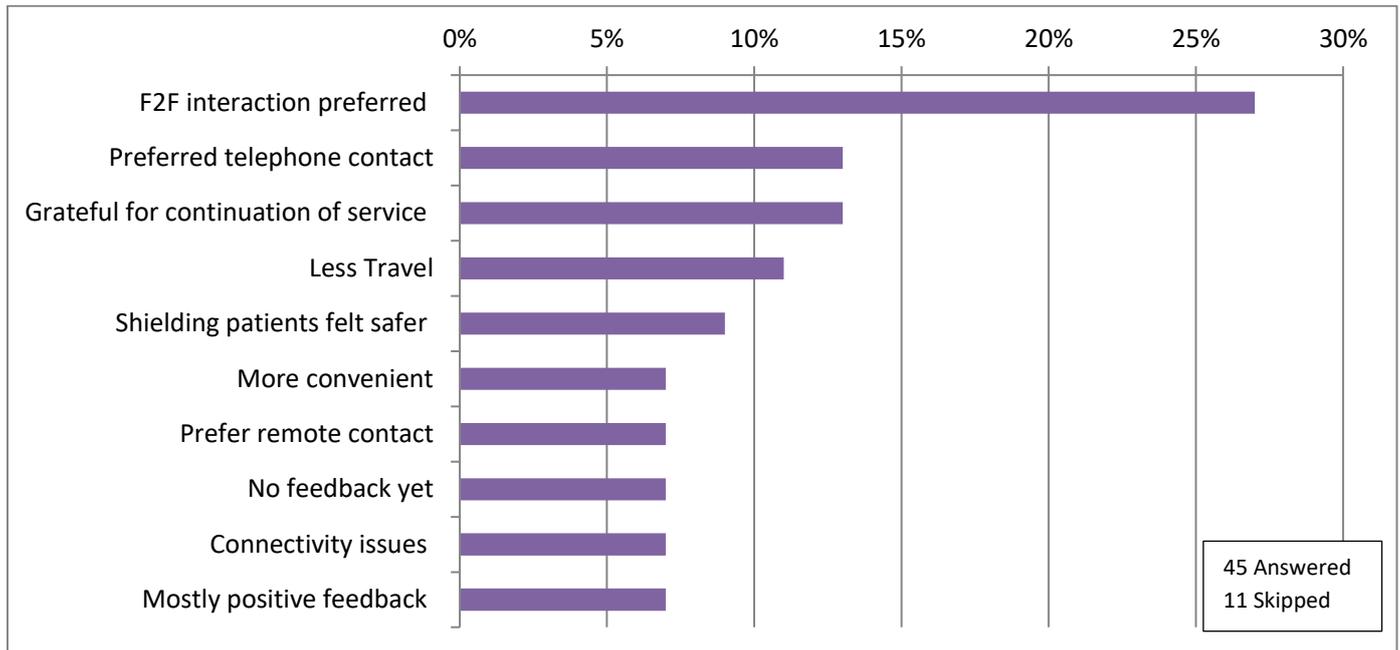
"Admin support- asking if hey are happy to use their data/ wi fi. 'Guide to' in email / letter sent prior to appt"

“Provided info and support but they have not been keen. PD patients struggle with interpersonal issues and remote is UNHELPFUL. It encourages them to dysfunctionally retreat to self isolation.”

“They are teenagers so usually know better than us!”

“Initially was challenging however our admin support is now providing enough advice ad support to patients in order to use digital technology.”

Q21 - What feedback have you received from service users about their experience of remote engagement, both positive and negative?



"Many families have liked it. People with autism have reported that they sometimes prefer to talk via video link than have the stress of the direct social interaction.

Parents of children with a disability are relieved that they do not have to negotiate the journey of coming to clinic.

We are seeking feedback more formally"

"We have had one complaint from, a family member where someone who ultimately needed to be sectioned was not seen face to face initially during the height of the pandemic."

"Quite variable: some like not having to come into OPD. Some worried about Covid-19 so do not want to see you in person; others prefer to see health care professionals in person"

"Positive: they have been very happy to continue having appointments and contact throughout the whole lock down period. In a minority of cases they found easy then coming in.
Negative: it is not the same as face to face. Vast majority of patients prefer face to face appointments. Do not like video consultation"

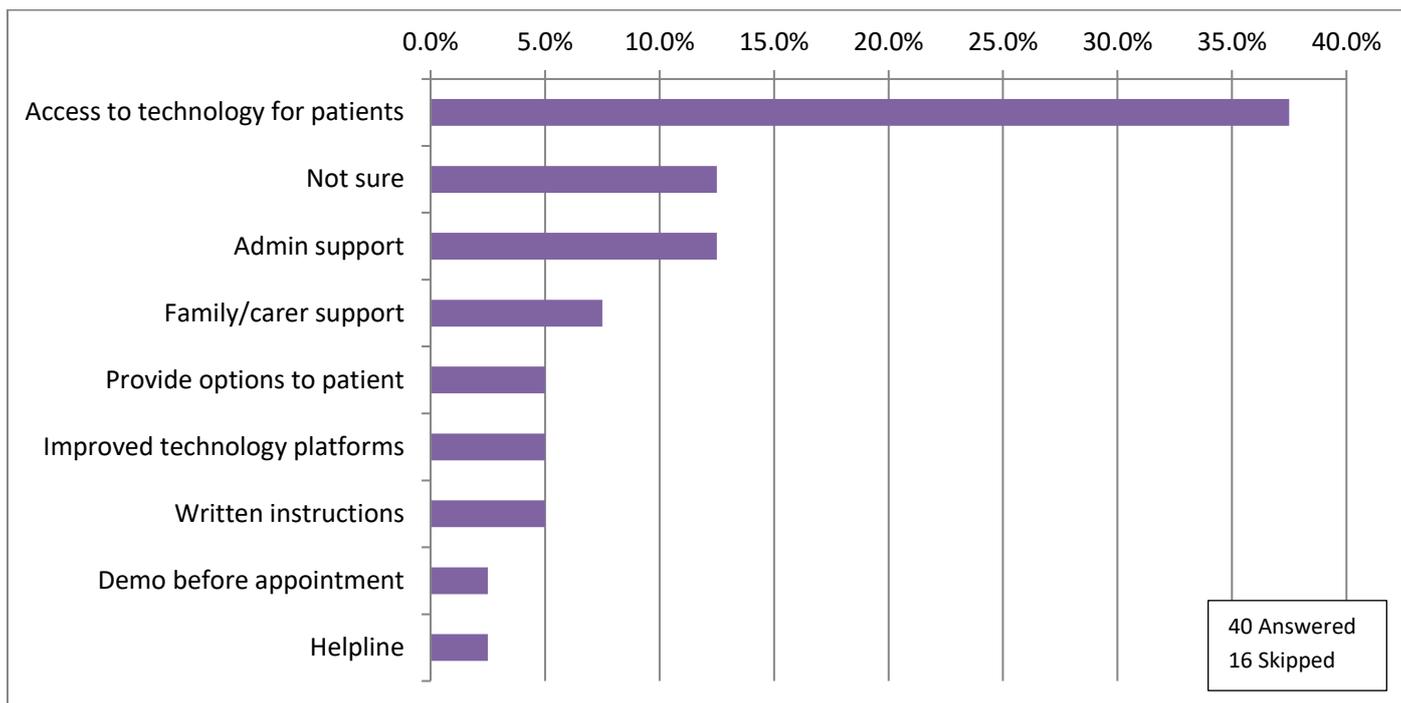
"Most feedback was positive as they appreciated the flexibility."

"This has been positive. Patients appreciate not having to travel to appointments in the current climate."

"More convenient. Difficult to do discharges by econsult- patients have delayed and then gone with Econsult Discharge CPAs but expressed dissatisfaction. Overall patients have been very willing to go with the changes. A positive has been doing DIALOG on share screen and asking question and entering data simultaneously in the appointment- def win. "

"Mainly positive - people prefer not to have to travel and can be assessed in comfort of own home. Can be challenge for people in poor/ unstable housing as there's a lack of space/ privacy. Some people (fewer than I expected) prefer face to face as default."

Q22 – What additional support should be offered to enable service users to engage with e-consultation?



“Some service users do not have internet at home and do not have a smartphone, and on some occasion this is for financial reasons. The trust could consider providing this to service users.”

“Assisting some of the service users who are not tech savvy in down loading various Apps to facilitate E- consultations.”

“Many of our patients don't even have the basic equipment for e-consults.”

“Recovery College should offer digital courses for service uses who lack confidence with technology, to get them started. Socioeconomic deprivation is a big factor in preventing some of our service users from using technology. “

“The possibility of tutoring them to access eConsultations doesn't seem compatible with the actual social distancing requirements that have led to eConsultations themselves. Also, I don't see how the trust can support those without enough money to acquire a device/internet. The main option may be: to make use of platforms that are easy or can be answered with a button. For example, to make WhatsApp really an option for staff (not all staff have access to this) or to use Zoom, which is more reliable and easier to use”

“Forming a good rapport over the telephone and explaining to them how attend-anywhere works could be a good way to make patients less anxious about e-consultations.”

“Education and provision of equipment. However, some people with more severe learning disability have struggled with (faceless) audio and (2D) video calling.”

“young people generally good with it”

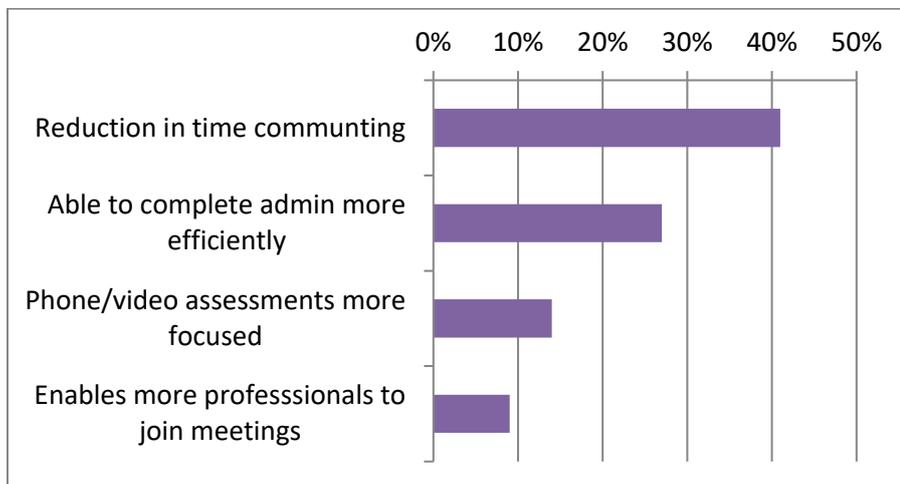
“video tutorials”

“Ways of accessing appropriate hardware (smart phones) and connectivity (high speed broadband).”

Q23 - In what way has your changed pattern of working and use of digital technology impacted on your productivity?

44 Answered
12 Skipped

Positive impact on productivity (most common themes)



"It has cut on the travelling time, but liaison with members of the multidisciplinary team in regards to patient care takes longer to arrange. A major benefit has been having GPs join professional meetings on Microsoft Teams."

"I think I have been more productive as I spent less time moving around and was able to see regular appointments mainly as video-calls and emergency appointments mainly as Home visits. I was able to do more multi-professional meetings. I think digital technology make it easier for the different professionals to join in. Working from home some days gave me more time to be able to focus on some admin tasks"

"More clinical time but less effective support."

"Less time commuting - saves me about one hour; being able to type whilst talking on the phone when using a headset. Not having to wonder around a building seeking out a person to have a face to face discussion. "

"Productivity has gone through the roof: meetings end at the click of a button , notes get typed, no travel, no chatting with colleagues."

"I think I am still having the same number of patient contacts overall (which is a lot). I think I am completing my admin at a faster rate as I am completing all admin tasks on the day whereas before I am finish off admin tasks the next morning at the latest."

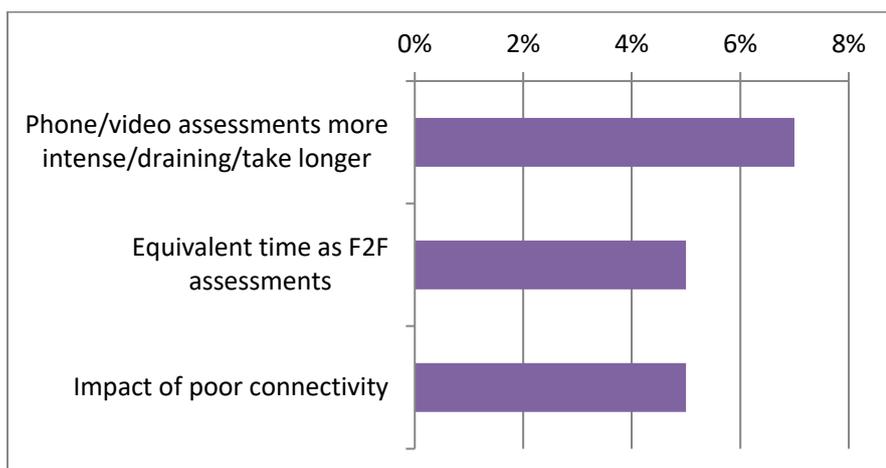
"Overall I can more quickly document patient assessments, outcome appointments and deal with targets; so in all areas both productivity and efficiency has increased. Its crucial that the technology is working remotely and we need to have fast reliable RiO access and an up-to-date laptop."

"Cutting down on driving times - allowing more patients to be seen. Better timed team meetings."

"I believe my productivity has improved, in fact the hours I would have been driving have been used to clear work timely leaving relatively less backlog."

"Combination of remote working and Big Hand has been transformative. From having a delay in approving letters, I am now checking and approving letters from the morning's clinic by the end of the same day. Telephonic/ videostream appointments seem more focused and problem solving than face to face as there is no expectation to use time beyond sorting the issue. Whereas patients who have travelled an hour or two to get here want full 30 minutes irrespective. Means time can be apportioned according to need as some consults take a bit longer as appropriate. It feels easier to liaise with GPs during clinic as already on the phone, so prescribing issues addressed immediately rather than waiting."

Negative impact on productivity (most common themes)



"I find it is more draining to do assessments and some appts via video- it is intense using the screen to focus and I feel you have to work harder to compensate for the platform to make rapport. With pts you know it is much easier. The other things people do not realise you are also making notes. Less likely to have breaks or fill these with emails/ phone calls (increased due to remote working and not just accessible via the team base)"

"It varies - however overall I am not sure the technology saves time / increases productivity. Not commuting does save time however"

"Marginal gain from not travelling, but e meetings are very tiring. E-consultations LESS efficient due to communication difficulties."

"Not much - productivity is much the same as we ensured our patients were not disadvantaged by the pandemic and continued with the same level of contact so we have not had COVID related relapses for example"

"The quality of CPA reviews has been lower unfortunately. For patients with changing c-cs (lots of change in this team) - doing a CPA review using technology is limiting if c-c and doctor do not know patient. Also less access to blood tests and ECGs for physical health monitoring. Delaying of physical observations as non-essential 'contact'."

The quantity of work and patients seen has not reduced however. Nor does it have scope to increase. Telephone and video consultation take similar length of time to face to face and can be more draining."

"No change to my productivity with the uptake of video consultation - appointments take me the same time. I am more productive with telephone consultations, as I am able to type my letters during the consultation, rather than after the consultation. I can't do this with face to face (yet) until my touch type ability improves!"

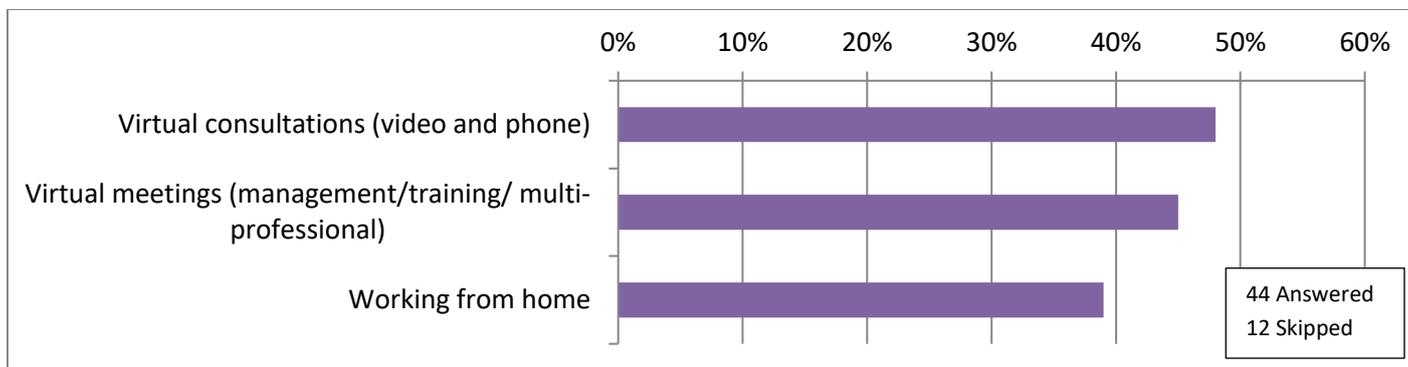
"Remote trust connection has been problematic and decreased productivity. Difficulty with young family at home."

"Some days very productive, some days not! Depends on whether technology is working, and if I have to deal with the kids!"

"It all takes a lot longer. Normally we would have the family in the room. Now we have to make several different phone calls."

Q24 - What changes have you made to your own and your team's working practices that you want to continue?

- The changes mentioned most frequently are captured in the graph below.



“Use Virtual meeting for multi-professional team meetings; offer some virtual clinics especially for routine appointments; working 1-2 days per week from home with availability for home visits”

“If possible I think it would be helpful to have protected SPA time for Consultants where could even be half a day (not full day) where away from team base with other Consultant covering. “

“Ability to offer some patients Attend Anywhere reviews. Ability to attend Trust meetings via Microsoft Teams - particularly valuable if you are not based at main site (SPH).”

“Remote attendance to Trustwide, Service Line meetings and educational meetings. E-consultations with some patients who would otherwise require home visits.”

“Achieving a balance of remote and face to face working. We had already thought of similar changes due to:
1. Patients travelling long distances so only some accessing service;
2. Limitations on available clinic space with the trust.
We feel really confident these changes can be embedded for team and patients' benefits.”

“Virtual team meetings are working well and can continue, as can 1 2 1 supervision.”

“I think working 1 day a week at home would be reasonable. I do understand the reasons for working remotely but I do miss the structure of actually being at work and seeing my team and patients face to face. It has been easier to speak to GP and have them join meeting virtually which has been very useful.”

“All meetings should continue with Teams and agile working practices should continue. Face-to-face should be reserved only if remote working is not possible on an on going basis.”

“The possibility of remote appointments is excellent for some families. It is really helpful to have the opportunity to work from home sometimes especially when there is a risk of contracting the virus.”

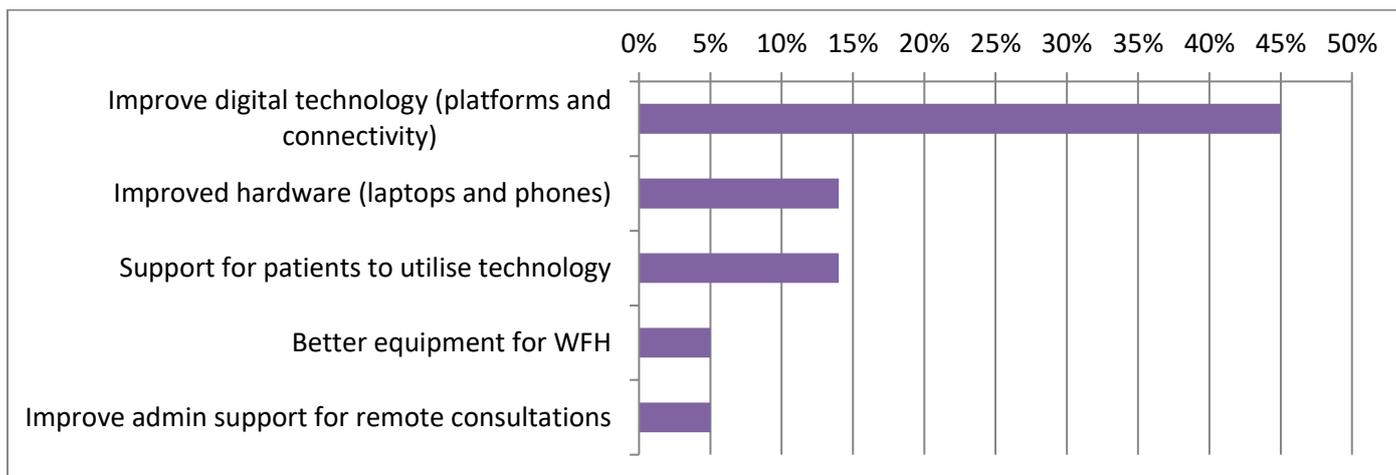
“We should have more autonomy in how we work. If we want to work from home - why not?”

“I want to keep the possibility of meeting remotely with MS Teams and have the option to use e-consultations with a fraction of patients.”

Dialog online. End of day verbal check-in.

“Allowing people to work remotely on a more regular basis.”

Q25 - What changes require further improvement?



"More reliable platforms; better chairs and tables at home; more evaluation of the team's functioning in these changed time"

"More support from senior management in using technology for both clinical and managerial meetings as a matter of routine rather than just during COVID pandemic."

"Attend Anywhere is not great - very patchy connection; easier to do telephone so a better video calling system would be nice."

"Improved use and familiarisation with platforms."

"Better admin work flows for Attend Anywhere appointments."

"Monitoring of teams' remote working activity and productivity, to avoid disparities in activity levels and clinical accountability across the team."

"How are we remunerated for using our heating, home electricity and wi fi. "

"Attend Anywhere needs improvement but even with that is not clinically indicated for PD team"

"Implementation of WhatsApp for all staff. Implementation of a different platform that is superior to attend anywhere in terms of user experience."

Dr Justin Earl
Acting Deputy Medical Director and Lead for QII
September 2020

Thank you to the QII Team for their support. Richard Edgeworth for his help in formulating the survey questions; Sarah Galloway for creating the survey in SurveyMonkey; and Hannah Pearson and Dee Myles who provided a significant amount of support in carrying out the analysis of the free text responses.