

Sutton and Merton Complex Needs Service (SMCNS) response to moving to remote consultations during the Covid Pandemic.

SMCNS is a Tier 3 service for people with complex needs who meet criteria for a diagnosis of Emotionally Unstable Personality Disorder. When the lockdown came we decided quickly that we could not risk stopping services as our clients can find withdrawal of care difficult and are in treatment with us for self-harm and suicidal feelings and actions.

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Introduction:

It was very helpful that at the time NHS Digital issued guidance that we could use commercial products designed specifically for video conferencing to carry out consultations with patients and service users, and that the requirements set out by in the Information Standard 'DCBo16o: Clinical Risk Management: Its Application in the Deployment and Use of Health IT Systems' were suspended during the initial phase of the COVID-19 pandemic. The team decided to adopt the platform 'Zoom', and over the next few days wrote a protocol to cover confidentiality and how to protect from 'Zoom bombing'. We then tested it with each other and learned quickly what to do and how to use it.

We decided to use the concept of moving quickly, whilst being careful, we also wanted to ensure our services continued. We considered the risk of not offering services was higher than moving to a new system quickly.

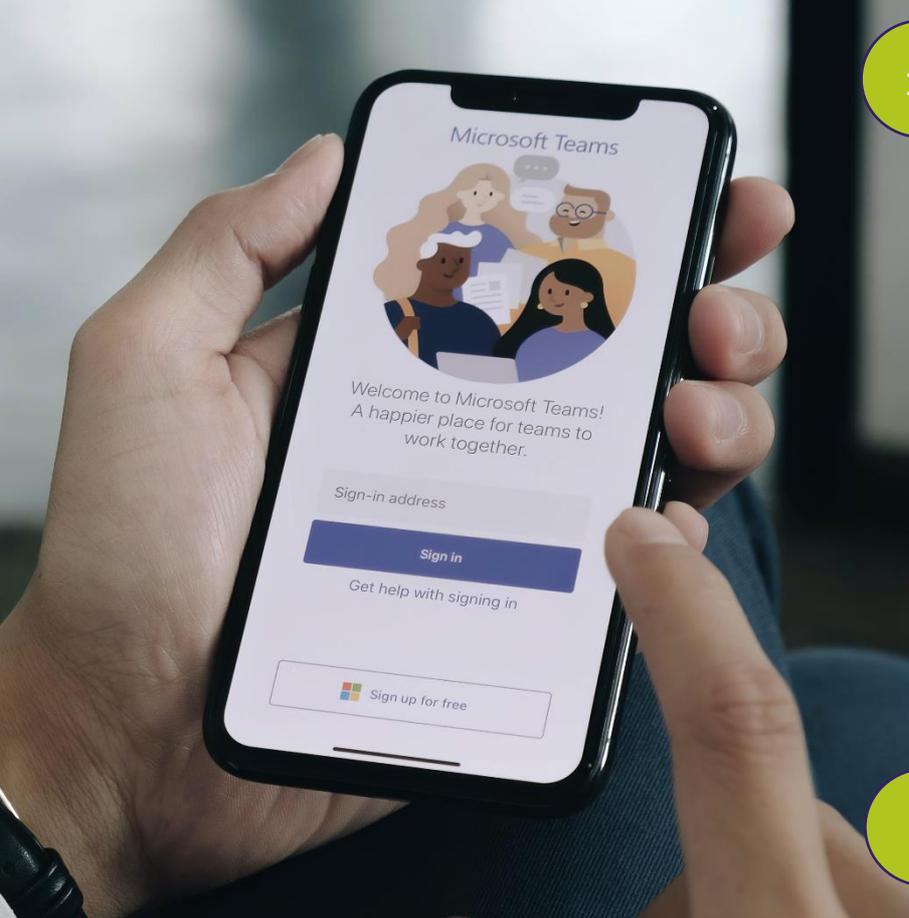


1.

Dialectical Behaviour Therapy (DBT) Groups :

We continued individual work immediately either by Zoom or by phone. When clinically needed we continued with face to face appointments. With our groups we needed to take a step back and so had a 2 week break for the Dialectical Behaviour Therapy (DBT) Groups to plan the move on-line. This included preparing materials and rehearsing / role playing with each other. We also booked a technical rehearsal with our clients so that all would feel ok to join. We also did some one to work regarding this with staff and clients so we were all able to feel confident. For DBT we were also supported by the Trust to buy the manuals, as in the past we had printed out worksheets each group. Clients have told us that this has been so helpful to have all the sheets together to work through them. For the most part it worked well, we also developed ground rules for on-line group work and discussed these with participants so all would feel comfortable in the work. We did have some people who took a therapy pause due to various reasons and we had agreed as a team that we would accommodate this. All people who did that came back and completed treatment. This principle of assuming all are doing the best for them and their situation guided us during this time.





2.

Mentalisation Based Therapy Groups (MBT):

For our Mentalisation Based Therapy Groups (MBT) we took a 6 week break as MBT is a group therapy rather than teaching group and we needed to consider thoroughly how this could work on-line. We approached a leader in the on-line field and arranged a training on working on-line. This was so helpful in terms of thinking about how to create a safe on-line space and also to consider practicalities. Again we were well supported by SWLSTG to do this and they agreed to funding this. We added this time back on to the end of the therapy for both MBT and DBT.

3.

Attend Anywhere and Microsoft Teams:

Over a year on, we have adjusted and the groups are working well. We are seeing clients face to face and on-line for individual therapy. Groups are still on-line, we plan to move to face to face at some point. However, we are also considering keeping some of our offering on-line as some people have told us they prefer it. Of course since then we have had other platforms such as Attend Anywhere and Microsoft Teams. The direction for the Trust at the moment is to use Attend Anywhere for individual appointment and MS Teams for group work as both of these systems are now being managed under the DCB0160 standards.

4.

Envoy Trust Messenger system:

Other things we did in the move to on-line was to use the Envoy Trust Messenger system to communicate links to appointments and also to send blanket texts to assure our clients we would continue to offer a service when lockdown announcements were made. Of course we also called people and use the phone while we were developing our on-line capabilities. We also developed an on-line Introduction Group for people to find out about our service and what we offer to help with engagement. The feedback from this via a recent survey has been positive.

Conclusion:

Overall, it was a very busy time where the needs of clients and continuing the service were a priority. However, to do that we all had to quickly learn new digital skills and move fast to continue provide support and therapy. It was so helpful to have the overarching support of NHS Digital to use new technology. Some regulating bodies also supported quick action. We also had the support of SWLSTG to agree to our protocols and support our quick action, as well as funding the training and the materials that we needed.

I'm sure we could continue to improve and we need to find ways to keep what worked well and look into what we can do to ensure we can provide equally to those who may not have the privacy for on-line or who find it too difficult or who do not have access to technology. We need to assume that people are trying their best with these new ways of working and continue to learn.

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