

Spotlight on remote consultations

COVID-19 LEARNING AND EVALUATION

Data sources

- 1 Project documents from the ICT team.
- 2 Clinical record summary data on consultation type.
- 3 Surveys on the experience of use (375 staff and 495 patient respondents).
- 4 Interviews with patients and staff.

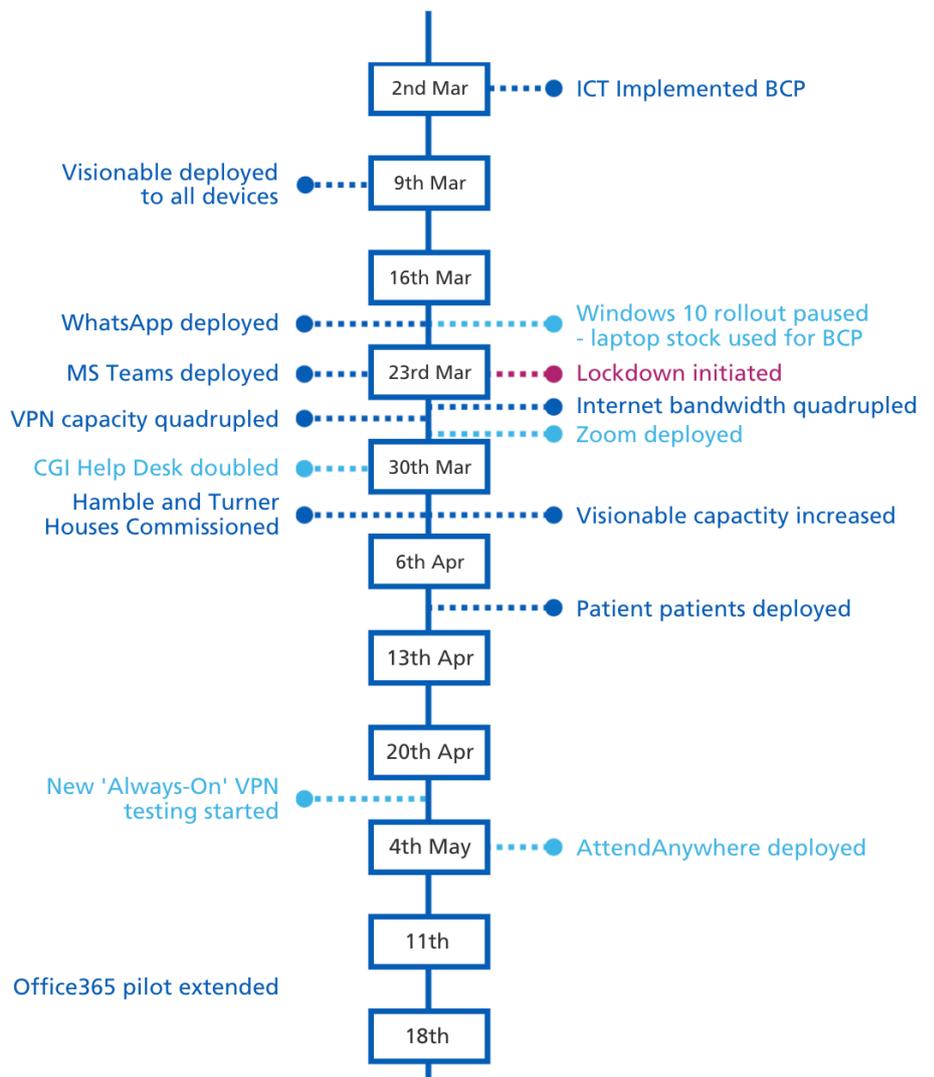


What happened in Solent?

Prior to COVID-19, Solent NHS Trust was undertaking an ambitious programme of digital transformation.

With the onset of the pandemic, it was clear that a large proportion of our workforce would have to work either from home or in different locations.

Solent ICT team rapidly mobilised a programme of equipment and software roll-out, and established connectivity in a number of new sites across Hampshire. Access to platforms such as Zoom and WhatsApp was approved, and additional video consultation software was made available, starting with Visionable, and then, AttendAnywhere after a few weeks).



This infrastructure enabled remote consultations with patients, even if clinicians were working at home. Patients could be contacted via a phone system or video link.



Rapid move to remote consultation



Face-to-face physical contacts dropped by approximately 50-75% at the end of March when lockdown came into force. Contacts fell to approximately 10,000 a week, then stabilised towards May at about 12,500 a week - this didn't change much between May and August.



Telephone consultations quadrupled from 500 to 2000 a week, over the course of March.



Video consultations saw a rapid and sharp increase as lockdown occurred from less than 10 to over 500 a week. The primary platforms used were Visionable, AttendAnywhere and Zoom.



Context

- 60% of clinicians were conducting remote consultations from home, 30% from their normal place of work.
- Of those working at home, 60% were using their home broadband rather than the Vodafone SIM.

Connectivity



There have been challenges with connectivity.



The responses from the survey data showed over 60% of the calls were reported as easy to connect to and successful.



A further 25% were reported to be relatively easy to get into but there were challenges with calls freezing or cutting off.



Very few reported severe connection issues.



There were some difficulties with a 'lag' or with delays with the video:

We could connect but there was always a 2-3 second lag between audio and video.

The sync was out so we kept talking over each other.



Some experienced challenges with the technology - training or information leaflets would be of benefit. Patients sometimes had to ask relatives to assist them.

The patient was on their iPhone and to get them connected they had to ask their daughter to help set up.

Effectiveness of the consultation

It is clear that remote/video consultations are an acceptable method of communication for most clinicians and could be used in combination with face-to-face sessions.

60% were concerned that remote consultations weren't as effective as a face-to-face session, but worked well enough given the circumstances.

20% of respondents thought they were either as effective or better than face-to-face.

96% said they would be happy to use remote consultations in some form post pandemic.

The needs of the individual patient are important in the type of consultation

What's missing?

A move to remote consultation is by no means a 'lift and shift' exercise, it is a unique type of communication between clinician and patient.

Elements of a traditional consultation that presented challenges were:

Not being able to do full assessments

We've been providing a service to the best of our ability. But we're all feeling uncomfortable that we're not providing the service that we'd like to.

Lacking non verbal cues

Missing the 'sense in the room'; "It's like two of our senses have been stripped away"

I miss the luxury of face to face. It's ok over the phone but the rapport with the patient is slightly blurred. No patients are complaining at lack of face to face but I think it would be better.

Patients being so grateful for the call, that they don't reveal all of the issues

Not having all diagnostic tests available

Missing a lot of non-verbal clues around mood, compliance. Plays a huge part in decision making.

Clinicians were also concerned that there was an impact on an ability to build good relationships with patients. Or to make a good human connection.

I think that the rapport I have built up over the months with patients has been interrupted by this. Over the phone is just not the same as face to face contact.

I wanted to hold her hand, I wanted to look in her eye when I told her diagnosis.

The client became tearful at one point – it's harder to show compassion and give comfort/ support over the video.

Remote consults miss the 'sense' you get about patients. It makes it so much harder to build trust and relationships.

I worry in case we are missing something that may be easier to pick up F2F, eg .domestic violence issues. People tend to be more open if there is rapport already. The subtle signs/holding back the truth might be missed; a learning disability is not always obvious over the phone.

What is gained?

The environment

There were many situations in which there was a reported advantage to remote consultations, in particular 'seeing' patients in their own environment:

- understanding a child's home environment has helped therapists to understand a family more broadly and often a child is more relaxed at home,
- seeing patients practice exercises in their home enabled therapists to adjust accordingly, which wouldn't be possible in a clinic,
- additional materials could be provided online to support consultations.

Parents have been able to record their children eating and drinking in a much more natural environment to what would normally occur when I do a home visit...it has allowed me an opportunity to get "inside" the home.

[Video provides] a great insight in to [the child's] natural environment. It helped me to understand Mum and the wider home/family dynamics.

Many multi-agency meetings have been facilitated via video call, often with more professionals and agencies attending than would have been possible in a face-to-face meeting. This has significant benefits for families, being able to access multiagency support and information in one space.

Inclusion

- Patients and families are now able to be included in multidisciplinary or multi-agency meetings.
- Relationships with stakeholders have improved.
- The patients have increased access in some ways, for example, reduced pain from travel (eg rheumatology patients).

Use of time

As clinicians adapted to remote consultations, they found that they were 'better' for many types of calls and they could make better use of their time.

This was a review that I would have normally gone into school to complete however, I was able to see the child complete a couple of tasks and talk to mum about any other concerns. This then led to discharge. Time-wise it was really useful; no travel to the school, talked to mum and didn't have to play telephone tennis with them. It was nice to round it up in one go as well being able to see parents and them to see me.

One other positive example was an experience I had of a child being discharged from Southampton. It has always been extremely difficult to organise attendance of appropriate staff at MDTs. They were able to set up a remote MDT meeting on Zoom and this was fantastic. It was great to have everyone in the hospital, along with community therapists, a parent at the home and also a parent at the hospital. It worked so much better and it enabled staff to attend, as otherwise they would have had to take the time to drive over to Southampton when it was much easier for them to spare an hour on Zoom.

One thing that surprised me was how many patients you can manage doing remote phone calls in both my job roles. You can manage less complex patients well with a telephone call.

Less faffing around... more time engaging with the patient... that's got to be better value.

I think the remote consults will help with waiting lists and may help with better assessments at speed, rather than always visiting people's homes.



Peer support - the importance of team



COVID has strongly highlighted the importance of team and peer support, particularly for clinical decision.



The 'quick question', or 'head around the door to check something' way of working was made very difficult for clinicians as most remote consultations happened from their home.



This increased autonomy came with a sense of increased risk for some.



Additional supervision and support measures have been implemented to try to counteract isolation, including daily check-ins, more supervision, buddy systems and closed WhatsApp or Facebook groups.

You underestimate the support you get from your colleagues where you can quickly go into the next cubicle and speak to a colleague for another opinion about your patient. Personally I like to ask questions and to chat through a patient's condition so as to learn how to manage these things. You can still call people but it doesn't happen as easily as people are busy so this has become more difficult.

What has been challenging is not having those ad-hoc conversations that you would usually have when something is playing on your mind.

You ask yourself "am I taking too much of a risk here?" When you are in a face-to-face team you usually have colleagues around you or with you. There is immediate support. This isn't the same way when working alone at home.

We were taking calls from people at real crisis level. It definitely helped having the psychologists alongside us on the calls.

The change was especially difficult for those who are less experienced clinicians or are more risk adverse and they would normally be able to constantly check with colleagues and pull back the curtain to ask someone's advice. Now they are suddenly at home with no sense checking and no corridor consults. It is a big ask.

It was down to our judgement, which was tricky at times.



Wellbeing

Fatigue

The act of carrying out consultations remotely feels more tiring for clinicians. Many reported increased fatigue - both from increased concentration but also from worry about others.

I have to work harder to pay attention to the cues that I can get, so I'm more exhausted after a clinic.

It is much harder to read body language remotely. This is perhaps why, despite my commute shortening from 20 miles to one staircase, I am feeling really tired.

Being out of the way and upstairs is much better, but it has been difficult to juggle with no childcare support. It has also been difficult to hold confidential conversations at home too.

I don't want to have to shut my child in a bedroom while I make a phone call and it's hard for him to understand why. I can't concentrate properly.

Invasion of personal space

Where consultations were carried out from home, clinicians struggled to find adequate 'space' between work and home. For some this was challenging for confidentiality but also a sense of personal space and safety – a split between the emotive work environment and home.

Patients' view point

Patients were sent the survey either via an automated system following a remote consultation with Visionable and AttendAnywhere, or manually via email or text link by clinicians. They were able to volunteer for a telephone interview at the end of the survey.

How willing would you be to use remote consultation (either instead of, or alongside face-to-face appointments) in the future (n=488)?



Connection

The most common device used by patients for calls is a smartphone (45% overall, and 55% in those aged under 55), followed by either a laptop or tablet. Only 10% used a telephone.

76% used a link provided by the service and 17% used Zoom.

Very few reported having major problems connecting to the call; 76% reported that it was very easy, with a further 18% saying it 'was okay'. Only 5% reported having difficulty.



Acceptability

When asked about preference in comparison to face-to-face, respondents state the following about remote consultations:



Acceptability of this type of consultation is high - a third reported 'loving it' and another 43% 'liked it'. Only 4% reported not being happy about their experience.



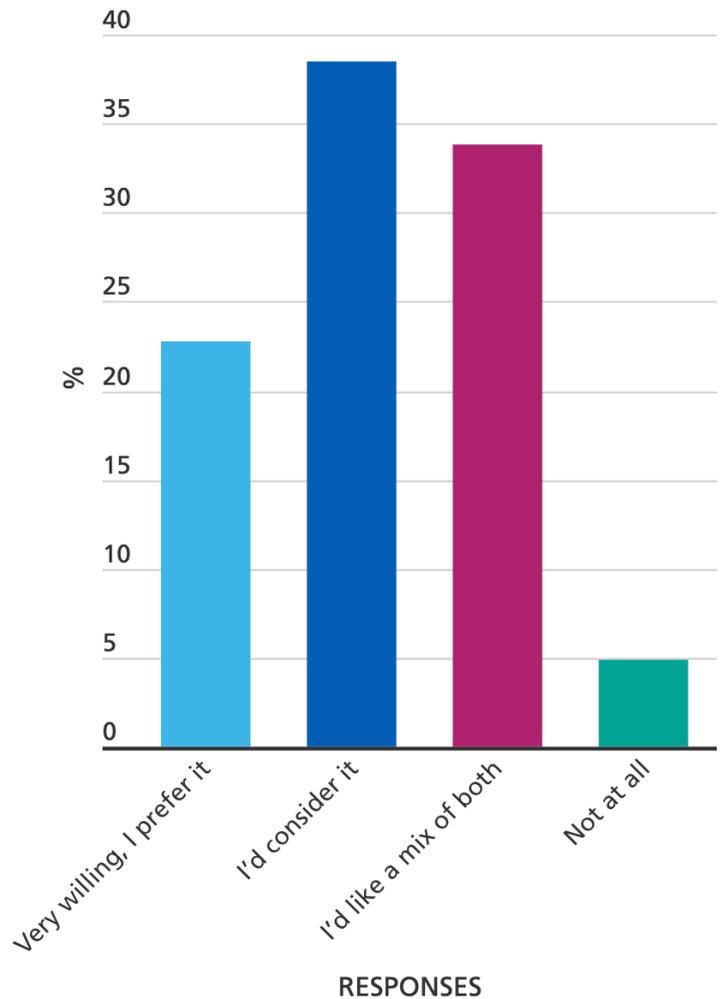
Just over 10% said they preferred remote consultation, and 55% said they thought they were more or less the same. The remaining 30% said they preferred face-to-face but understood why a remote consultation was necessary.



Overall, 85% said that they were able to get all or most of what they needed to achieve during the consultation.



95% of respondents reported that they would be happy to have some degree of remote consultation going forward.



The benefits



Convenience



Comfort



Safety



Self care

Easy, and think of the time and money saved by not having to take time off work to drive to the surgery and sit and wait. This is the way forward I think.

Quick and simple.

Made it easier to arrange a time and logistics; it meant that M could run off and play whilst we went over more things.

The ease of being in my own home and not having to travel with a young child is very convenient.

Being in my own surroundings made me feel more at ease.

Very relaxing being able to be in my home environment.

Less hassle than going in in person.

The challenges

There were very few challenges reported, those issues that were mentioned centred on connectivity and communication.

The video screen froze making it tricky to see what the consultant was showing me.

The lag meant we were talking over each other.

He couldn't physically examine me so that diagnosis was likely limited.

Connection problems, screen freezing and the sound is poor.

Can be challenging to see what movements I'm doing.

Trying to show a dentist a child's back tooth isn't easy.

The exercises are sometimes difficult to understand – this is where a hands on approach might be better.

Just difficult for the nurse to see my stoma up close...I worry something could be missed as it's hard for her to see it.

Personalised Care

The findings from this evaluation show overall that there is a high level of acceptability for remote consultations by both staff and patients, even when COVID doesn't necessitate them. The vast majority of respondents have felt that there is a place for them in the future and in some settings these do improve the care that is given, and even the interaction with patients.

It is interesting that the concerns felt by clinicians weren't mirrored by patients – and that the period of lockdown demonstrated a willingness and an ability of many to take control of more aspects of their health and self manage more of the conditions that they had. It would suggest from both sides that this is an opportunity for 'handing some control' back to patients and allowing a more personalised approach to interventions and care.

Remote consultations are obviously not suitable for everything, and have their limitations. But they are preferred by many patients and so the opportunity to increase choice for patients about types of consultations has presented itself.

It feels like patients are starting to take more responsibility for their own health.

Self-care is better and my time is saved if people are doing more self-care... that doesn't have to change after COVID...[I noticed] changing attitudes about risk and self-care... less ownership of other peoples' feet... we can't afford to go backwards.. It's an opportunity to change how we work.

For patients, it has made us give people responsibility for self-management. We've been giving people their own things to do and be responsible and then we monitor them. This is something that we've wanted to do for a long time and it has forced that issue forward which is good.

It's forced us to push forward with the self-management idea that we've had for a long time and not acted on, and it is going well for a lot of patients.

Acceptability



Before COVID, as an organisation, Solent was on an ambitious journey of digital transformation.



A number of factors made this challenging, not least the hesitancy of clinicians who were concerned about the impact on their care and how patients would perceive it.



COVID took this decision out of many people's hands, and enabled a revolution in the perception of different types of consultation.



Many reported how positive this felt, and that there was a chance to rethink many of the ways in which clinical interactions could take place.

From a professional point of view, exploring how we can do things remotely and have good therapeutic connection - perhaps (we should) offer more choice in the future as some people prefer to communicate remotely we have recently discovered.

We have been forced to think more creatively in our offer of support.

The current situation has forced us to innovate, an innovation I hope we will keep.

Hugely happy and I have to ask myself "why haven't we done this years ago?" I guess the answer would be lack of time, sometimes it takes something drastic to make things happen that you've thought about for years.

I would not have agreed with that change but now (reluctantly!) I agree that maybe 80% of work can be done by phone.



Feels like the NHS is in a period of 're-set' for example moving to use virtual consultations/ appointments. No waffle, things just get done and implemented quickly. When forced into rolling things out or making changes, it has gone really well.

Remote consultations have worked very well for lots of things and have given us an opportunity to rapidly pilot things we were hoping to start but we're struggling to get all the ducks lined up.

Consultations now done over the phone, it has been revolutionary; I can't believe we didn't do more of this before lockdown.

We historically tend to do practices a certain way because that's how they have always been done and it never gets looked at. Telephone consultations and chlamydia treatment by post has revolutionised that.

Liked that we have embraced the digital revolution! We want to keep them and develop them... WhatsApp and Zoom. We could use these lots as they meet the needs of our clients. Possibly more inclusive e.g. for teenagers.

As we get better I think for a lot of people it will be as good as a face to face consult if they are able to use it

Learning for improvement

Remote consultations are not ideal for all episodes of care, and the absence of non verbal cues, and the inability to do full physical examinations have an impact on care.



The technology or internet connections aren't yet stable enough. The 3G connection for home working doesn't work well enough for many, and so they use home broadband – the quality of connectivity is often limited.



Remote consultations require new clinical skills, and dedicated supervision. Many staff felt that they were holding additional risk that they were uncomfortable with.



Clinicians were worried about the quality of care that they were giving, and the possible impact on building relationships and rapport with patients. This was particularly problematic when delivering difficult news.



The remote consults felt more tiring for clinicians, many reporting being 'exhausted' at the end of the day.



If people are working at home, there are issues of feeling that personal space and privacy are compromised, and there is a lack of access for peer and colleague support.



The importance of team and the support of colleagues is particularly applicable where clinicians feel they are more isolated or are holding more risk.



Learning from excellence

Solent was able to rapidly enable remote consultations in a short time period, enabling people to work from home and continue to provide care.



Remote consultations are highly acceptable and successful for many types of consultations.



In some cases they improve access and the quality of the interaction. They have been used widely across the Trust, both for individuals and groups.



Innovative solutions such as providing additional online material to support consultations have helped improve the quality of remote consultations.



The ability to see patients or families in their home environments has led to an improved quality of care.



Remote consultation has enabled more effective multidisciplinary and agency working, allowed patients to attend and improved working relationships.



Over 95% of patients and clinicians would like to see remote consultations continued in some form.



Key learning take-aways; what you need to know



The pandemic has resulted in a 'digital revolution' in Solent, with the rapid acceptance of remote consultations as an acceptable element of clinical care.



The delivery of care remotely isn't a 'lift and shift' exercise. Consideration needs to be given to both technical and emotional factors.



Training in IT skills is necessary and there are additional training needs in communication and other clinical conversations when working remotely.



Remote consultations are highly acceptable to patients, and should be considered by all clinicians. There is a significant opportunity to further personalise care by discussion remote options for patients rather than assuming 'clinician knows best'.