

Remote Consultations in Mental Health - Learning from Evaluation South London

Webinar 2 December 2020

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Digital transformation of mental health services and the impact of Covid-19



Hilary Tovey

Deputy Head of Mental Health & Digital Mental Health Programme Lead NHS England and NHS Improvement

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Mental health response to COVID



NHS mental health services remained open throughout the pandemic.

SUPPORT FOR CHILDREN AND YOUNG PEOPLE



Mental health support teams in schools shifted to delivering services by telephone or digital methods. Work is now underway to support children with their mental health as they prepare to return to school.

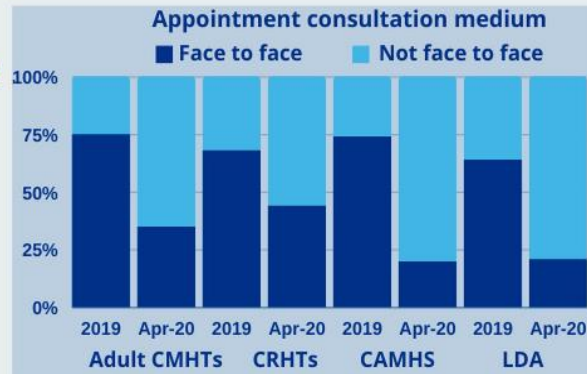
ROLL OUT OF 24/7 CRISIS LINES



We accelerated the deployment of 24/7 mental health crisis lines to offer urgent telephone support to people of all ages. These are accessible via local trusts and on the NHS.UK website.

NEW WAYS OF WORKING

Services developed new ways of working to support patients, many involving digital innovations. There was a significant shift away from face to face to online and phone contacts (see graph).



CASE STUDY

Sussex Partnership rolled out virtual consultations using the Attend Anywhere platform and carried out over 5,000 consultations within the first month of the pandemic.

RESPONDING TO INCREASE IN CONDITIONS

In response to the expected increase in common mental health conditions, the IAPT programme created and delivered a series of webinars to support IAPT services to adapt to the pandemic.

- Webinars aimed to increase understanding of impact on specific populations including BAME and people with long term conditions
- Content includes delivery of IAPT interventions remotely for specific conditions.
- Feedback shows it has improved therapist confidence with remote delivery.

Reached audiences' of up to
1800
people

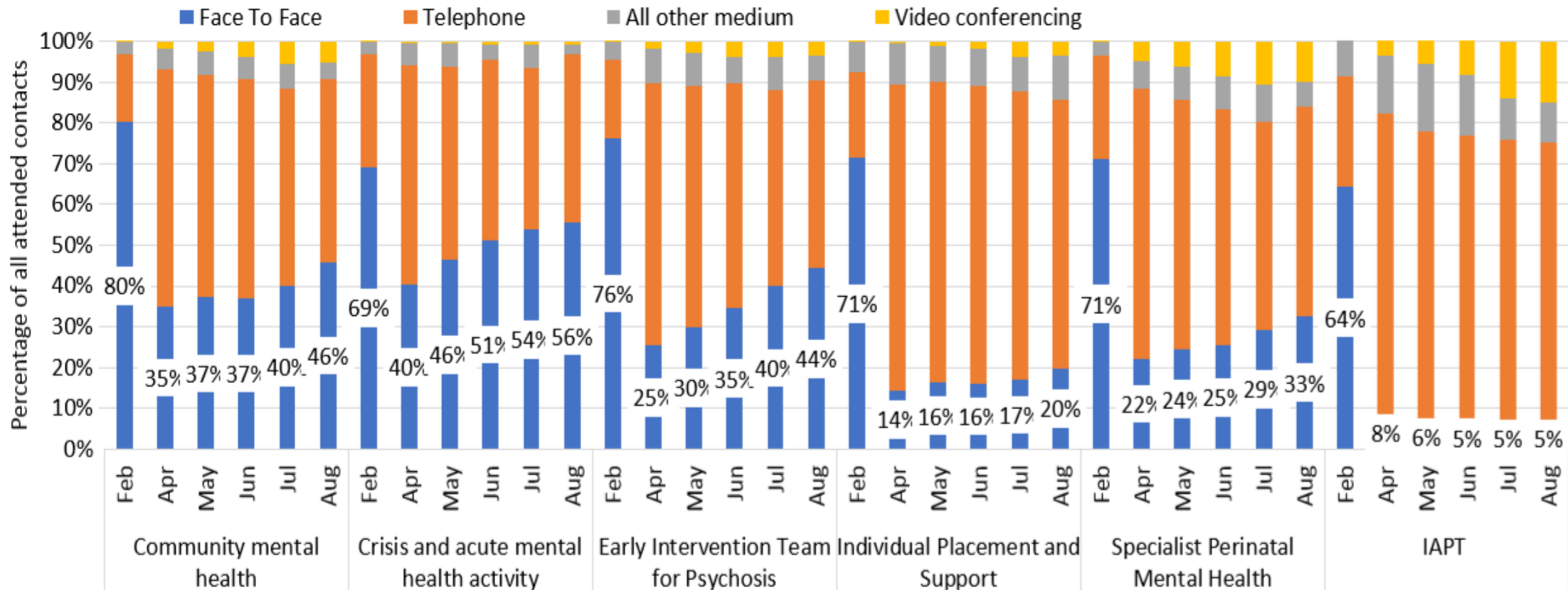
*“Our priority is to support mental health services to **operate as effectively as possible**...I would encourage you to **maximise opportunities to use digital technologies** to support your staff and services.”*

Claire Murdoch, April 2020

Digital and COVID: what have we learned?



- Services are capable of implementing rapid digital change.
- The need and opportunity for digital solutions is better understood.
- There is no one perfect 'one size fits all' digital solution for mental health.
- Users express a preference for combined digital and traditional delivery.
- We need to build digital skills and confidence across all staff groups.
- Digital inclusion is a complex problem, which needs addressing.

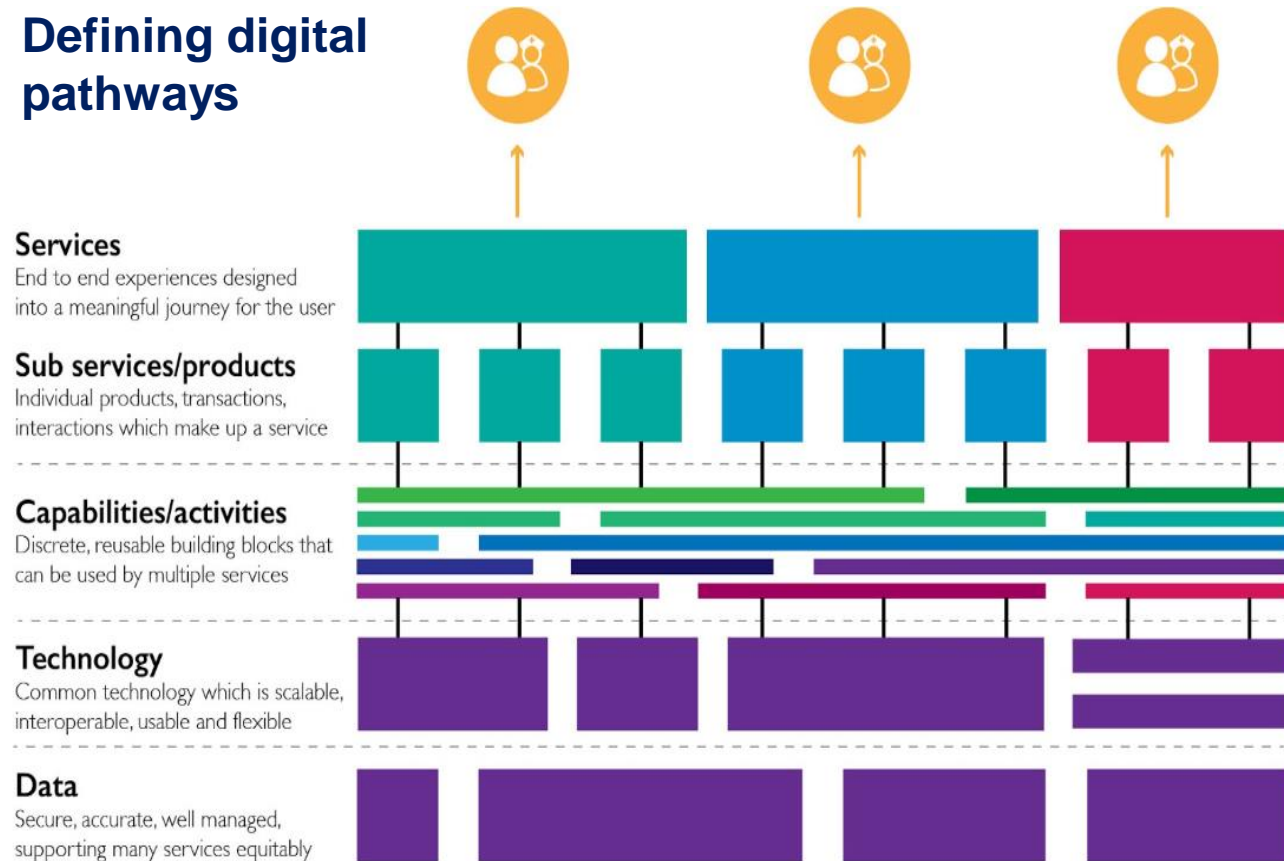


Next steps for digital transformation



- Lock in beneficial change:
 - Capturing best practice and the impact of digital and remote working.
 - Identifying digital skills gaps and developing learning resources.
- Build core digital capabilities across the mental health pathway.
- Improve choice and outcomes through user-centred digital pathways.
- Demonstrate value in using technology.

Defining digital pathways



Building core capabilities

Self-management tools, digital consultations and therapy

Digital options for accessing care to support swifter referral and improve signposting

Digital assessment and records that are interoperable and enable user access

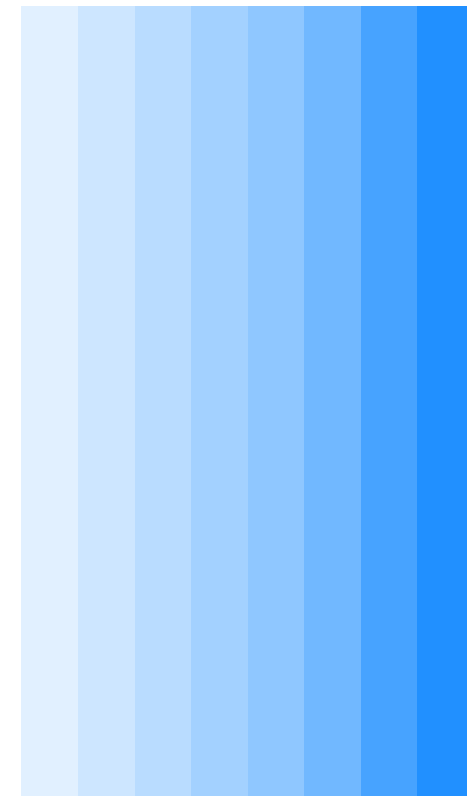
Tools to support decisions on care including caseload management and understanding risk

Electronic prescribing and medicines administration to improve safety

Clinical and business intelligence to support innovation and inform planning

Tools to make best use of resources to support bed and OAP management

Developing Embedded



The South London Story - An Introduction



Professor Fiona Gaughran

Lead Consultant Psychiatrist, National Psychosis Service and Director of Research and Development in SLAM, Professor of Physical Health and Clinical Therapeutics in Psychiatry, Kings College London, Applied Informatics Theme lead NIHR ARC South London

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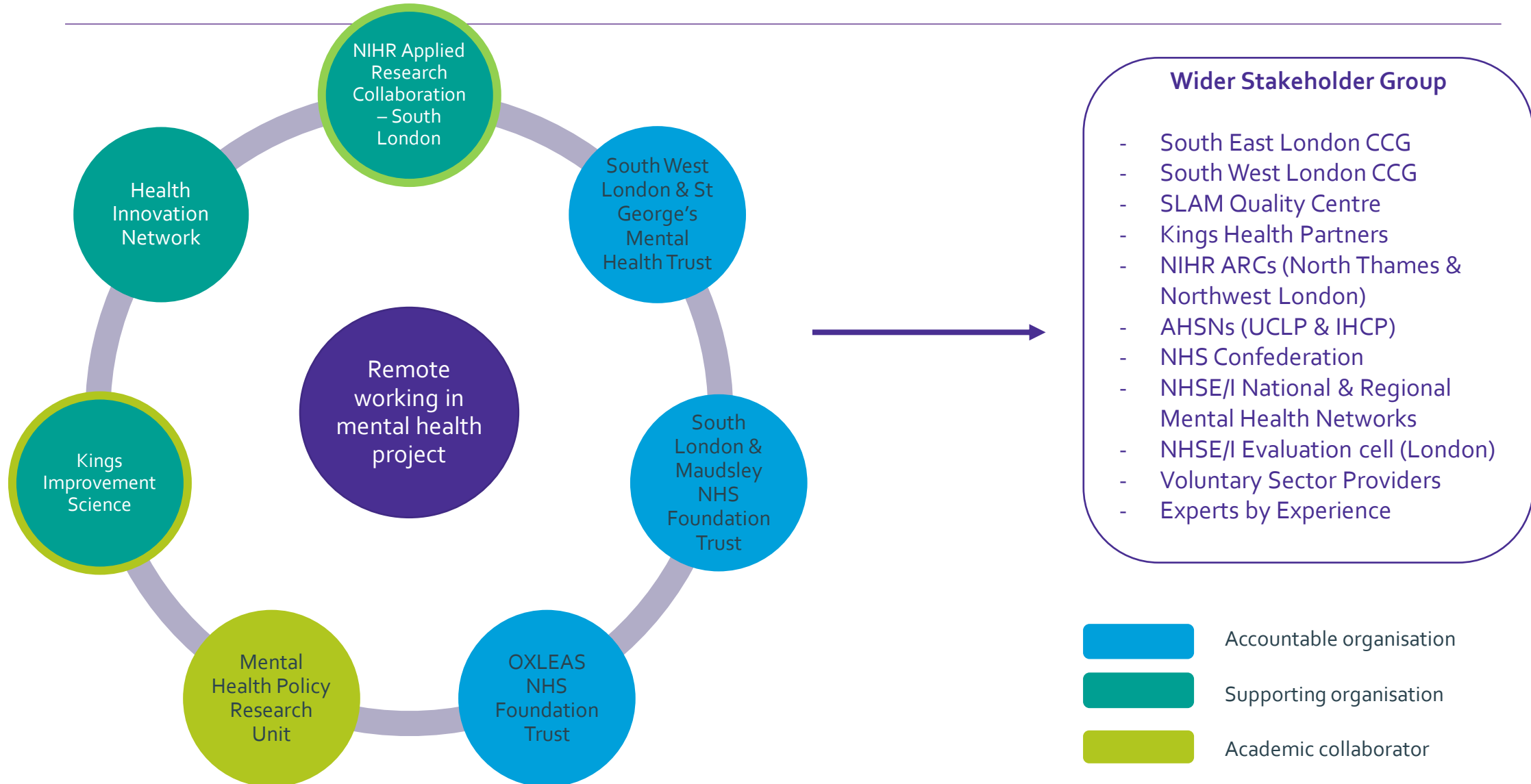
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Working in partnership across South London and wider



Project over-arching objectives: a pan-London approach to establishing a 'learning healthcare system' across health and care

Identification of current service / academic evaluations of remote working

Adapt outcome measures to maximise robustness of collected data

Identify Digital Inequalities

Create a learning system on remote consultations in mental health

Robust evidence to inform service development & new models of care

Ensure that service development is appropriately informed by emerging evidence – offering access to the best possible models of care post-pandemic

Share best practices and evidenced tools for use as part of rapid evaluations which are still at planning stage – thereby improving comparability and generalisability of collected data

Guide future research priorities

The Importance of Experts by Experience



Lana Samuels & Melanie Getty
Experts by Experience

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Experts by Experience

Who we are



The importance of involving Experts by Experience

- Share lived experiences
- Represent the voice of service users, carers, families and friends
- Able to help shape services so they are fit for purpose and meet community needs
- Can support driving change and service improvements and policy

Our contribution to the project so far



Input at Core Group Meetings



Engagement Strategy & patient and public communication material



Literature Review

Uptake of remote consultations over time: The South West London and St George's Experience



Dr Stuart Adams

Consultant Psychiatrist and Chief Clinical Information Officer,
South West London & St Georges Mental Health Trust

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A young boy with short dark hair, wearing a blue and white plaid shirt, is smiling broadly while working in a greenhouse. He is holding a dark-colored tool, possibly a trowel, and is surrounded by vibrant red and pink flowers. The background shows the white structural elements of the greenhouse. A large, stylized blue arrow graphic points from the top right towards the bottom left, partially overlapping the text and the image.

Uptake of remote consultations over time

The SWLSTG experience

Dr Stuart Adams
Consultant Psychiatrist and CCIO



Background



Respectful



Open



Collaborative



Compassionate



Consistent



Attend Anywhere Evaluation

- The Attend Anywhere evaluation survey was completed by **929** patients.
- Survey was live between the 17 June 2020 and the 24 August 2020.
- **445** service users who responded were using Attend Anywhere for the first time.
- **114** patients were directed to the financial and environmental impact questions.
- All patients were directed towards the quality of the consultation question bank and had the opportunity to leave free text comments.
- **258 (28% of survey respondents)** service users provided free text comments.



Respectful



Open



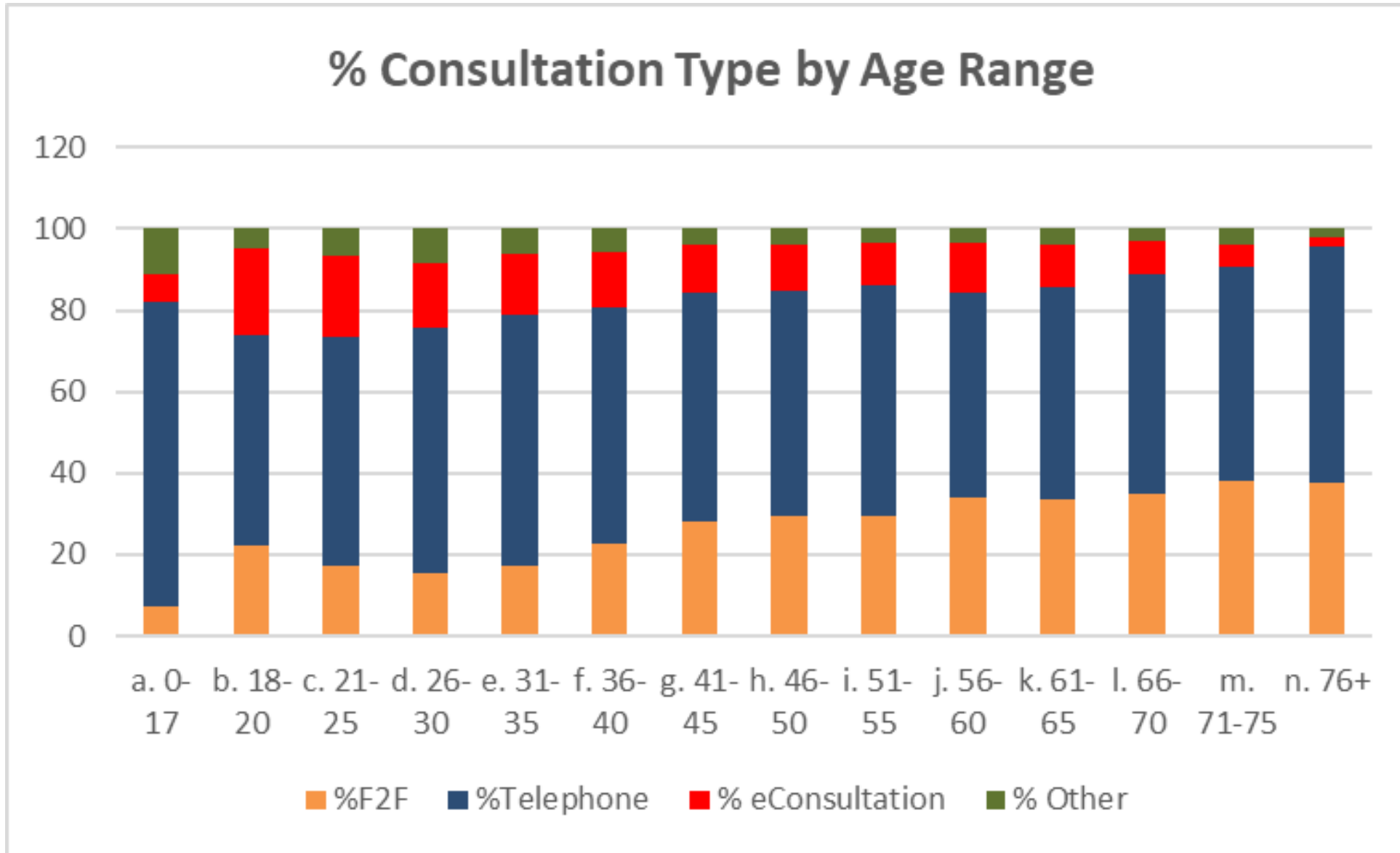
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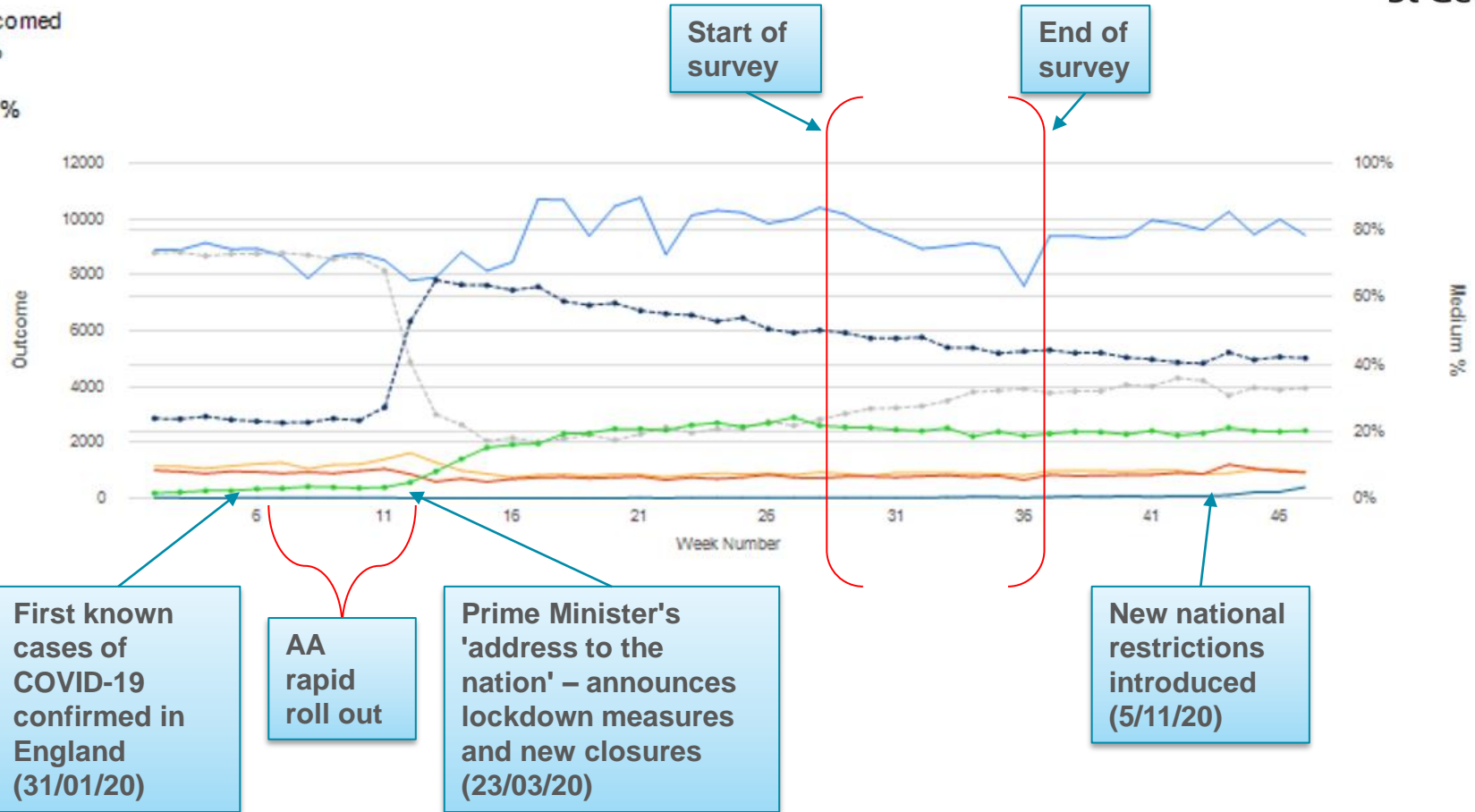
Compassionate



Consistent



- Contact Seen
- Contact Cancelled
- Contact DNA
- Contact Unoutcomed
- - - Face to Face %
- - - Telephone %
- E-Consultation %



Access and Productivity SWLSTG



Respectful



Open



Collaborative

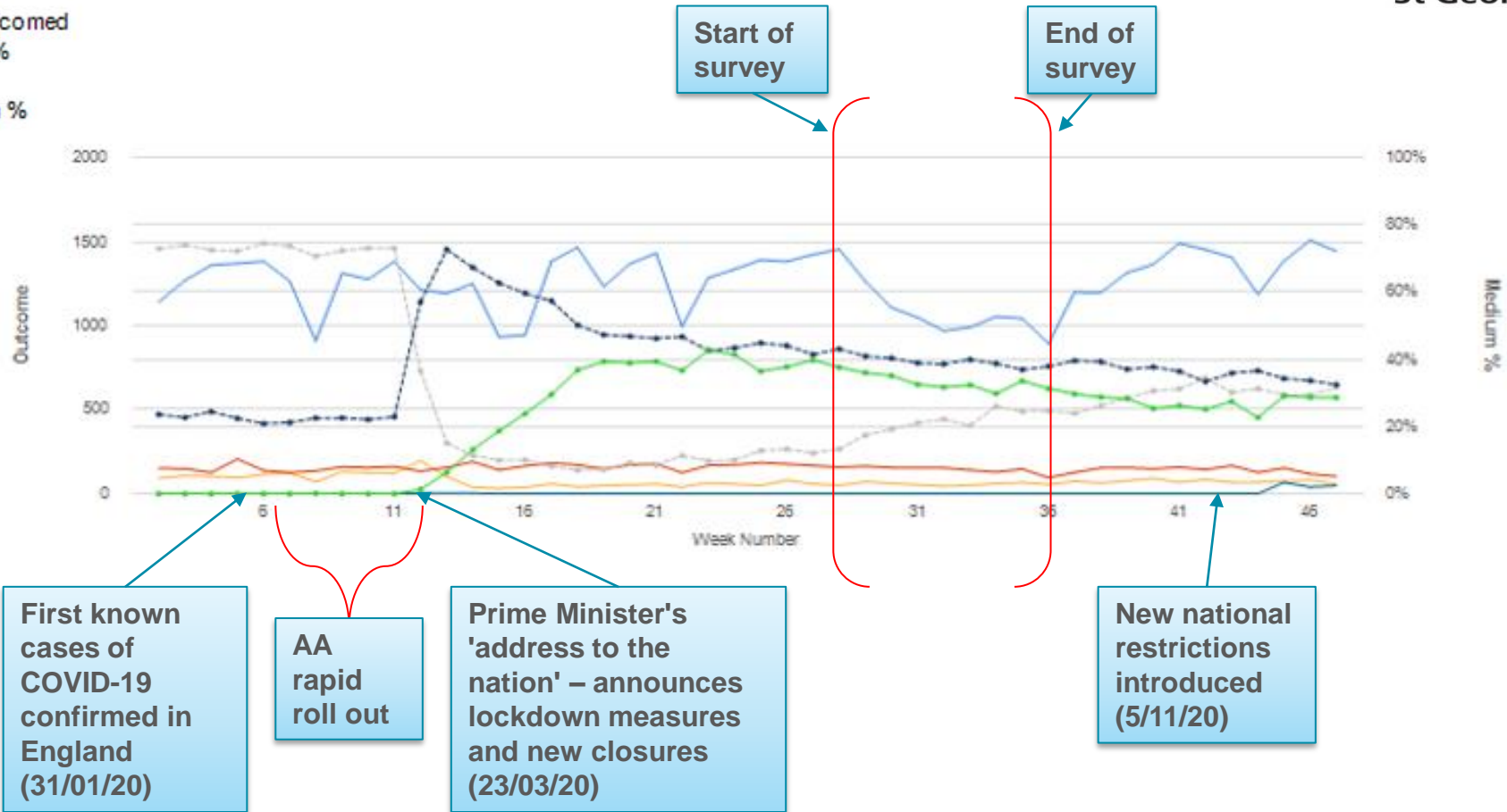


Compassionate



Consistent

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- - - Telephone %
- E-Consultation %



Access and Productivity CAMHS



Respectful



Open



Collaborative

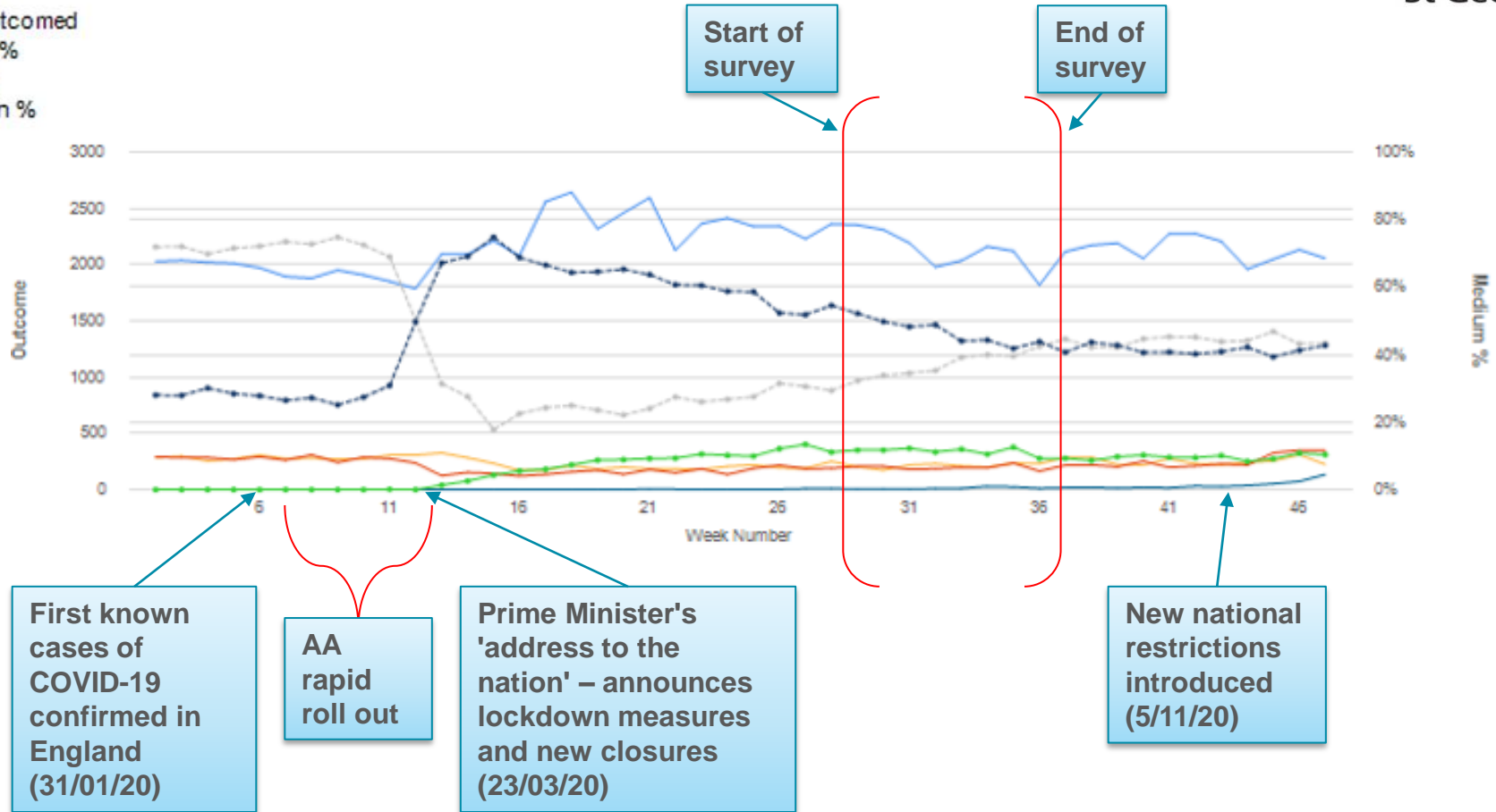


Compassionate



Consistent

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Access and Productivity RST/CMHT



Respectful



Open



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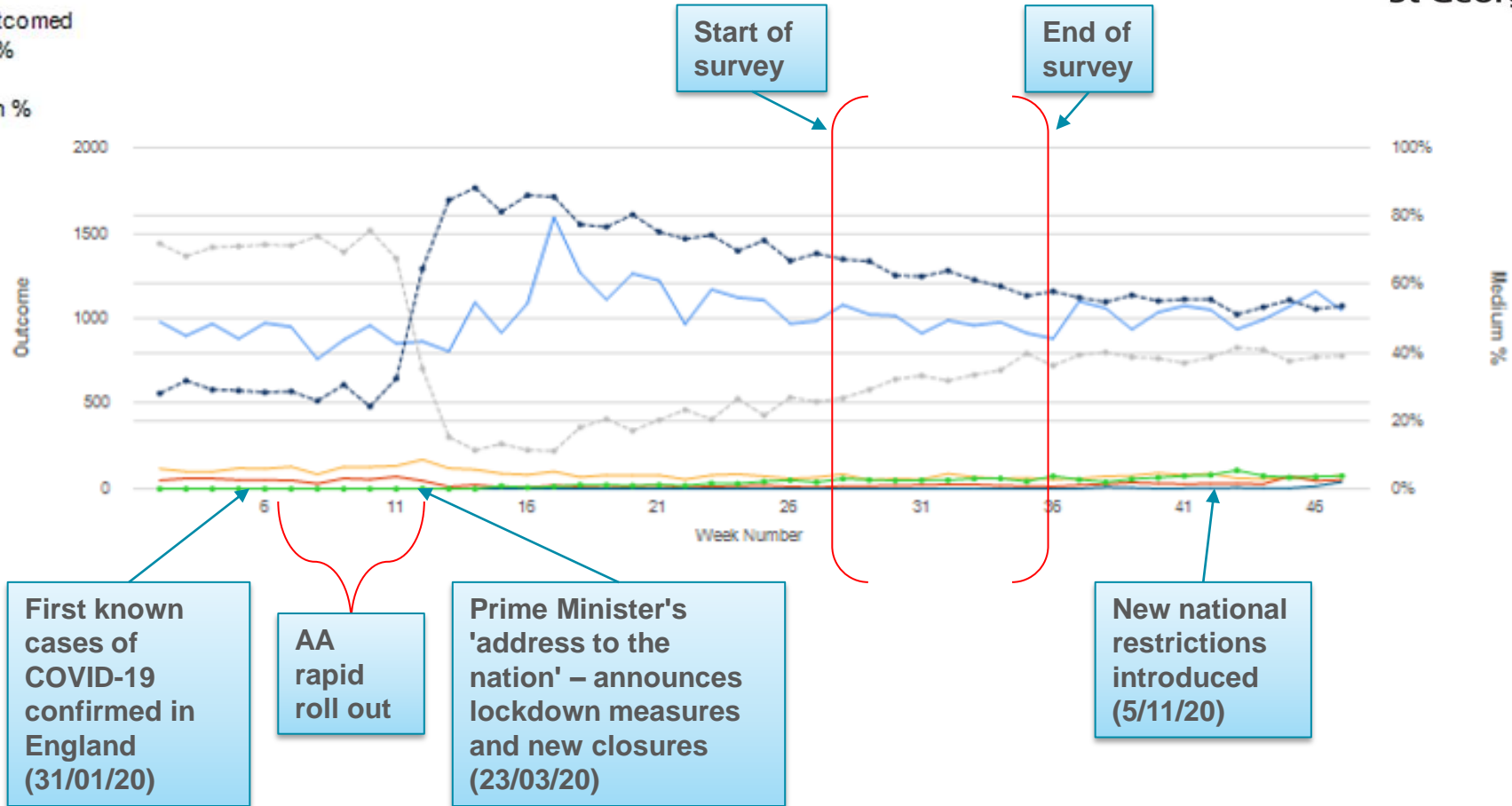


Compassionate



Consistent

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- - - Telephone %
- E-Consultation %



Access and Productivity Older Adult Teams



Respectful



Open



Collaborative

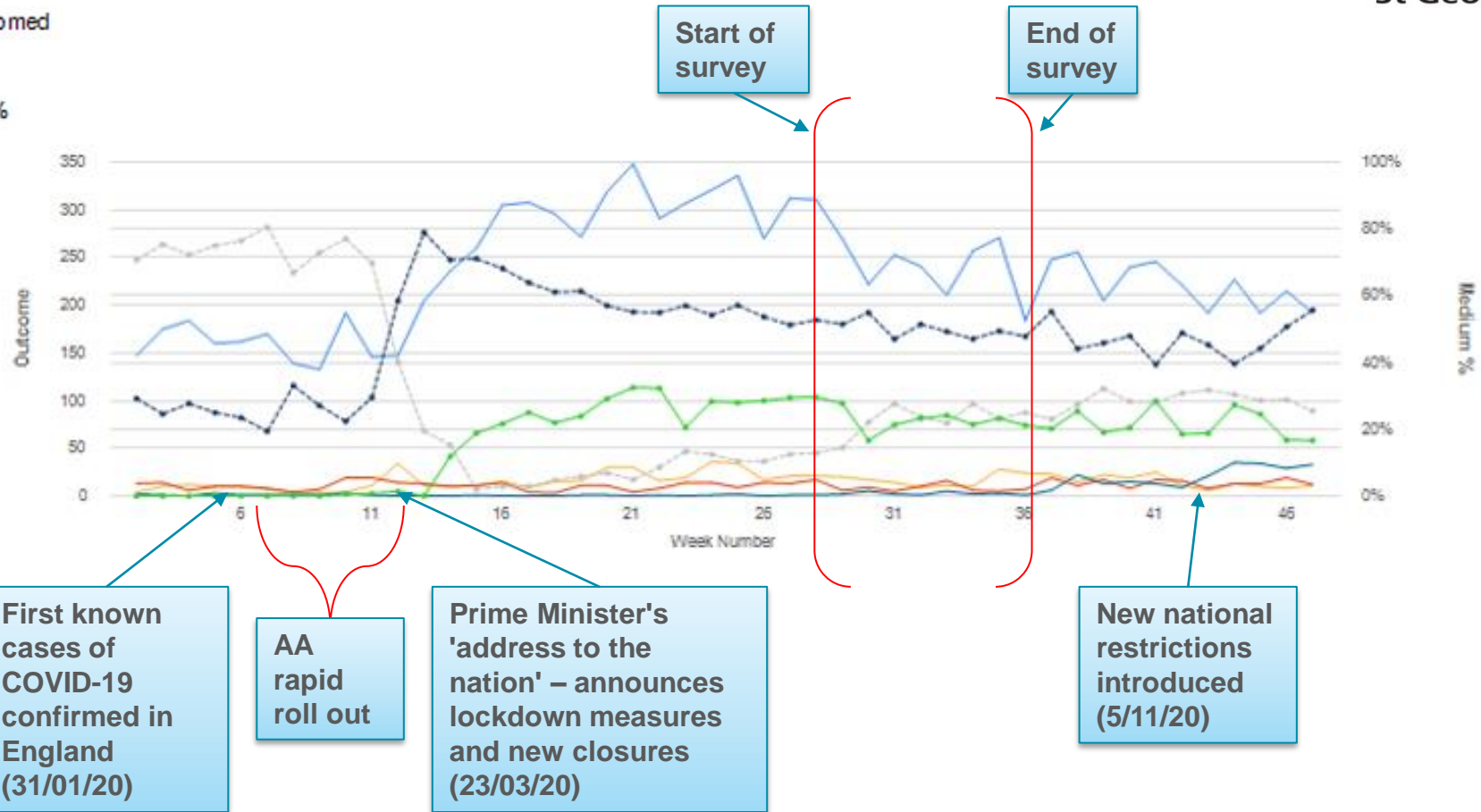


Compassionate



Consistent

- Contact Seen
- Contact Cancelled
- Contact DNA
- Contact Unoutcomed
- Face to Face %
- Telephone %
- E-Consultation %



Access and Productivity Learning disabilities



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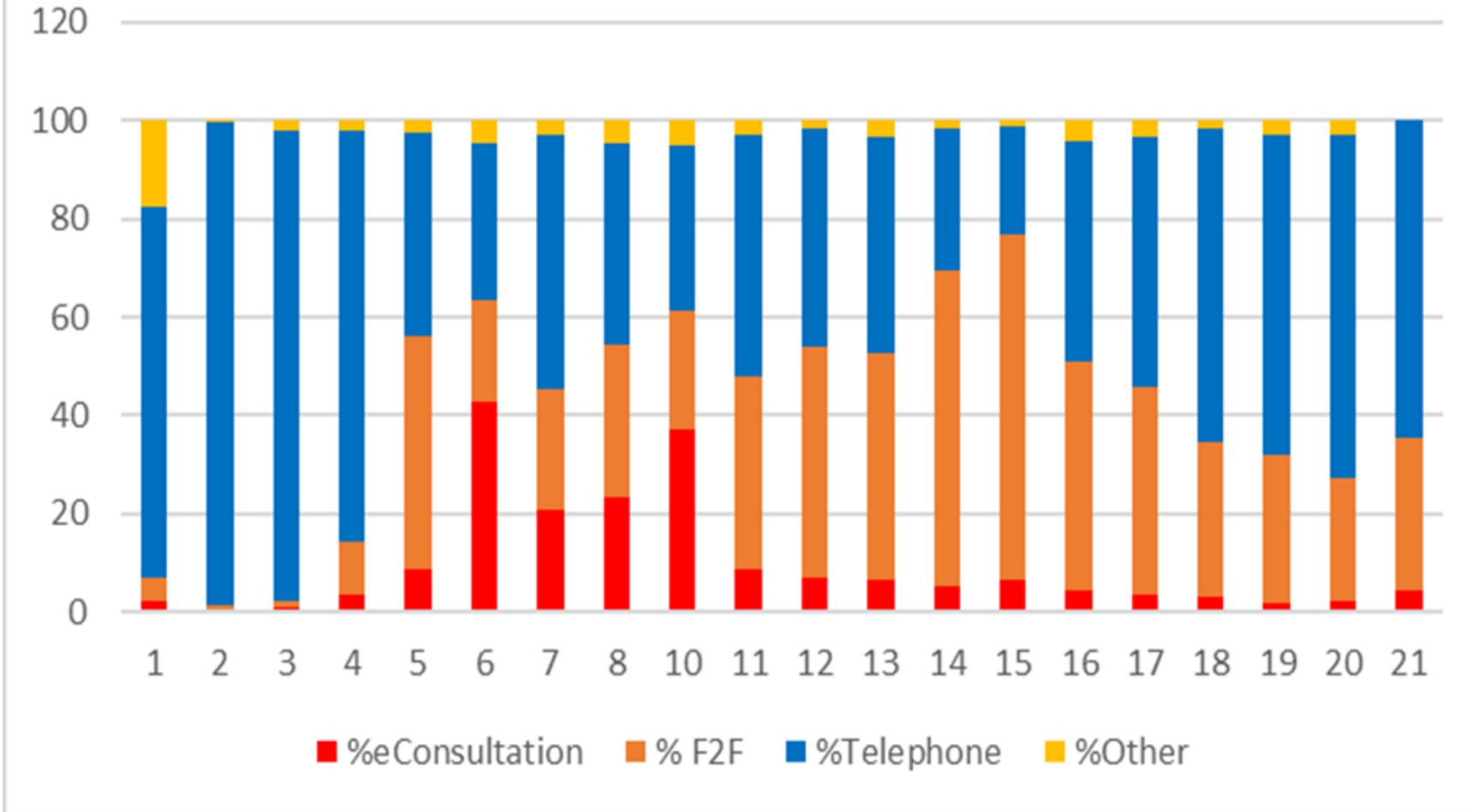
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Consistent



Percentage Contact Type by Cluster



Respectful



Open



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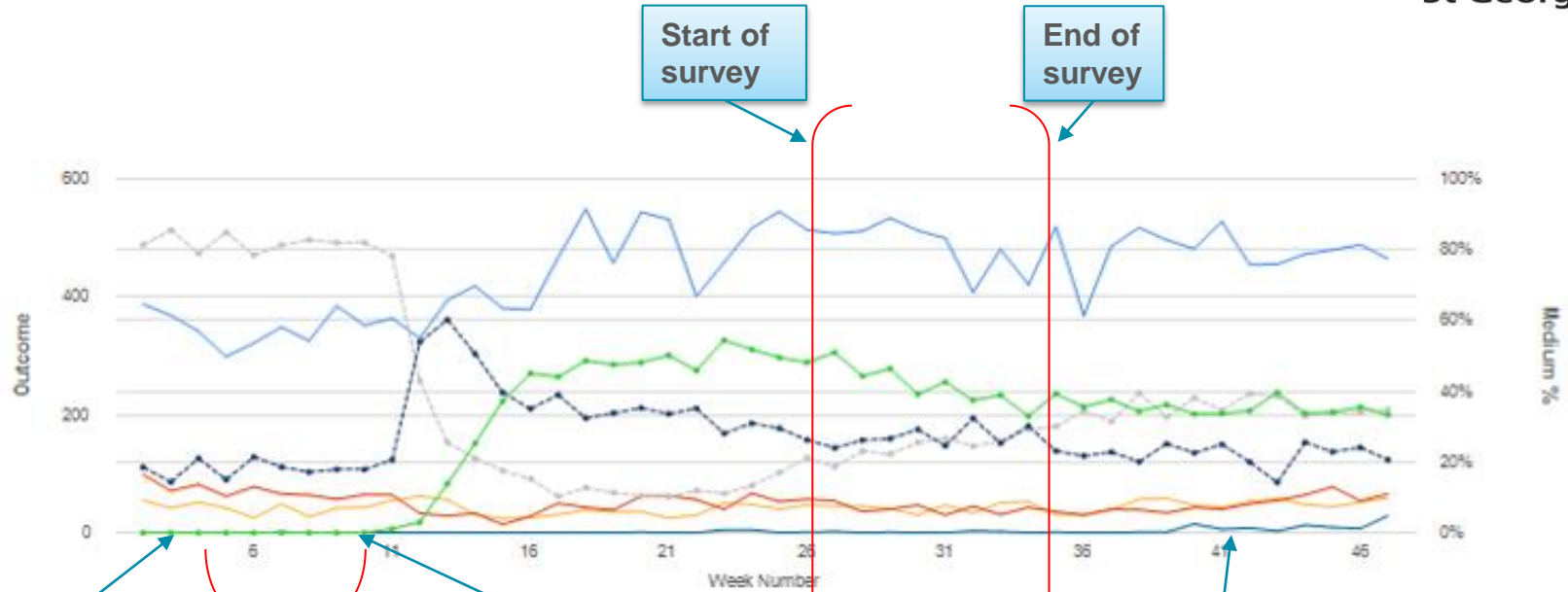


Compassionate



Consistent

- Contact Seen
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- Contact Unoutcomed
- - - Face to Face %
- - - Telephone %
- E-Consultation %



First known cases of COVID-19 confirmed in England (31/01/20)

AA rapid roll out

Prime Minister's 'address to the nation' – announces lockdown measures and new closures (23/03/20)

New national restrictions introduced (5/11/20)

Access and Productivity Early Intervention



Respectful



Open



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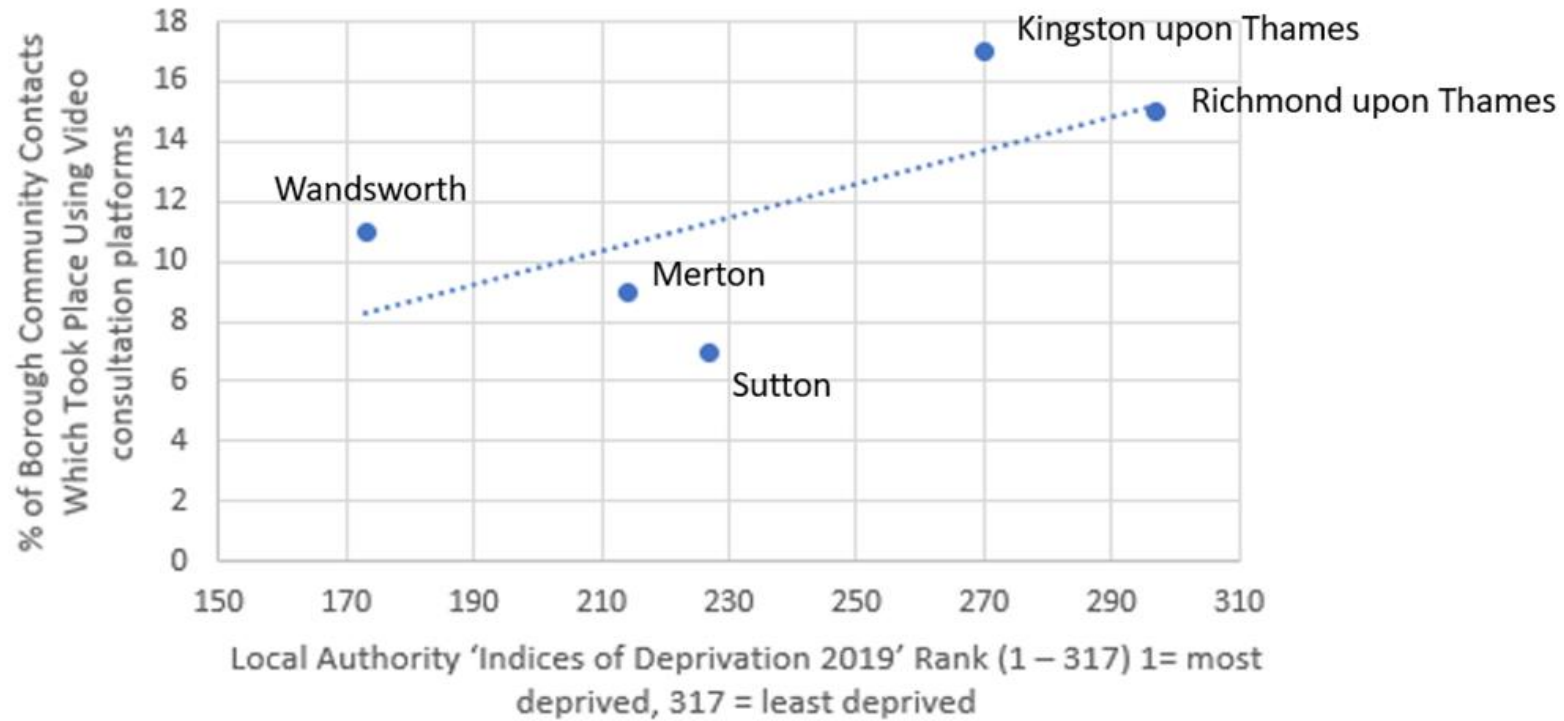
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Demographics - Borough



Respectful



Open



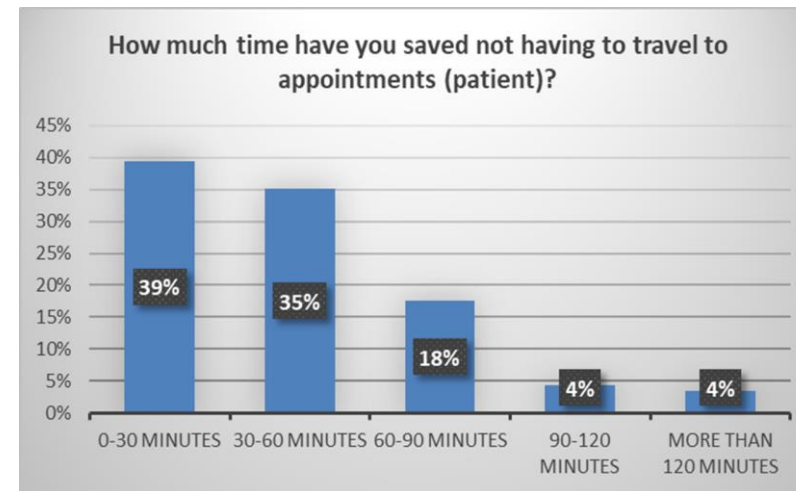
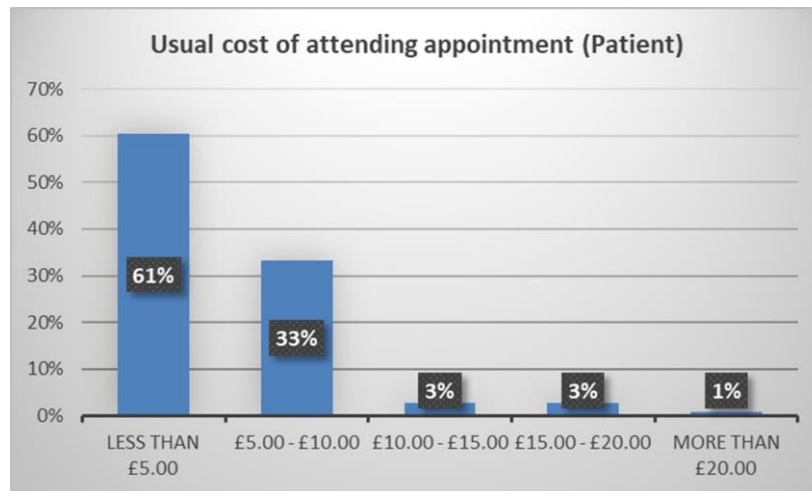
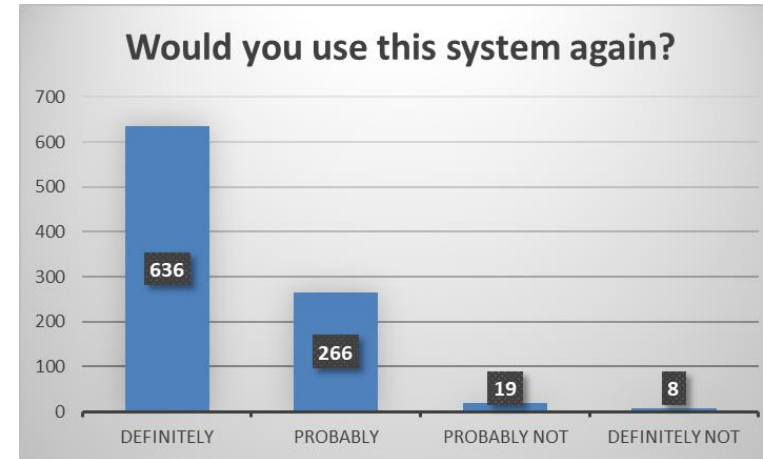
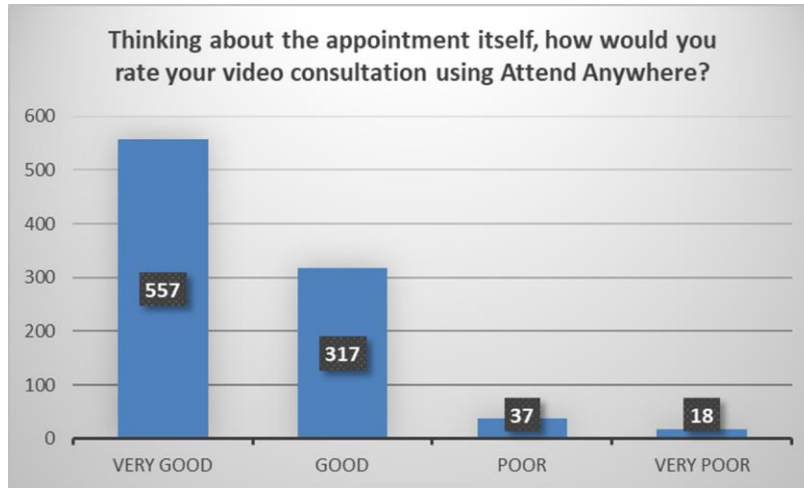
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Consistent



Respectful



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- *Online consultations are brilliant for us, ADHDers. If we forget about them (which we very likely will), we're a phone call away and will be able to take the appointment, instead of missing an in-person appointment because we were 10 miles away. Its a brilliant system, please keep using it.*
- *I find the sessions still helpful but I feel I have more privacy in person at the clinicians meeting room . I feel more vulnerable in my own home because other people can hear me when I'm talking.*



Respectful



Open



Collaborative



Compassionate



Consistent



Qualitative Evaluation

- Holly Tallentire (Trainee Clinical Psychologist) and Dr Sarah Cope (Principal Clinical Psychologist)
- Six themes:
 - **Exceeds Expectations**
 - Surprised how well it worked! Better than telephone
 - **Flexibility**
 - Increased engagement; more comfortable; more convenient
 - **Technical difficulties**
 - Frustration; digital exclusion
 - **Differences to 'in-person'**
 - Non verbal cues; 'exhausting' for staff; preferred by CAMHS
 - **Barriers**
 - Disruption; confidentiality; isolation; working longer hours
 - **Managing Risk**
 - New patient appointments; risk management; managing distressed clients



Respectful



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Peri-COVID Evaluation, Improvement & Research Projects on Remote Working: E-survey Snapshot Evaluation survey findings



Professor Nick Sevdalis

Professor of Implementation Science and Patient Safety, Director of the Centre for Implementation Science, Deputy Head of the Health Service & Population Research Department, King's Improvement Science



Dr Lucy Goulding

Programme Manager, King's Improvement Science

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Rationale, objectives and method

Rationale

- First step in creating a learning healthcare system: understand what data are collected and available
- Avoid duplication of effort and share learning

Objectives

- Record and describe projects and identify synergies and gaps
- Enable information sharing and inform ongoing service planning, research, and evaluation efforts

Method

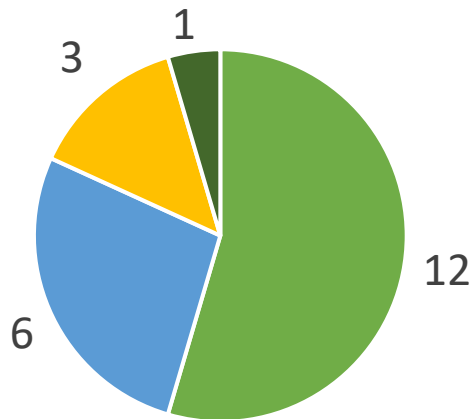
- E-survey
- Snowball + purposive sampling across South London MH services
- Capture projects areas and focus, methods, outcomes/metrics, and frameworks used



Projects characteristics

22 Projects

- SWLSTG=8, SLaM=8, Oxleas=4; SWLSTG, Oxleas, Kent & Medway=1, International=1
- Service evals=11, research=5, QI=4, service evals+QI=2



- Survey
- Mixed methods
- Qualitative (interviews/focus groups)
- Quantitative (analysis of routine data)

Project Areas

- Aging / older people's services
- Child and adolescent
- Forensic
- Integrated Psychological Therapy Team
- Learning disability
- Memory services
- Personality disorder
- Psychosis
- Some projects span multiple services, others are organisation-wide

Participants

- 8 out of 22 projects stated intention to involve patients/public members within the project team
- 7 clearly demonstrated intention to collect some demographic information from their participants



Projects Focus



Strong shared theme: Perceptions and experiences of remote service delivery and/or **access** to remote service delivery explored in 19 projects. Feedback sought from staff and/or patients



1 research project on implementation, effectiveness and cost-effectiveness of **'health champions' to support people with severe mental illness to improve their physical health**. Intervention delivered remotely driven by pandemic, and compared to care as usual. Health champions trained remotely



1 evaluation of the Orchid Mental Health Emergency Service – launched in response to the pandemic. Operates a **24-hour telephone screening line that people experiencing a mental health crisis must call before they can be cared for by the service**



1 analysis of electronic patient record data to assess the **rates of remote consultation and psychiatric medication prescribing before and after the pandemic**



Technologies, their use and outcomes

Technologies assessed

- Typically multiple technologies assessed: Attend Anywhere; FaceTime; Microsoft Teams; Skype; Telephone; Zoom
- 10 projects assessing users' preferences for the above

Remote working used to facilitate

- Individual assessments
- Routine clinical appointments
- Individual psychological therapies
- Group psychological therapies
- A listening service
- Patient reviews
- Interprofessional communication and administration, including meetings

Outcomes measured

- Overarching focus on processes (how remote working is being done and its perceptions)
- Implementation outcomes (e.g. acceptability) assessed in 9 projects unclear if validated scales used
- Only 2 projects examine outcome data; and another 2 projects estimate travel cost savings
- Service outcomes mostly unclear (1 projects reports DNA rates)

Our question about unintended consequences was not easily comprehensible – change in future iterations

- Theories and frameworks
- Digital exclusion/CFIR/PDSA – mostly no theory/framework reported

Gaps identified

OUTCOMES?

- **Effectiveness** studies looking at clinical outcomes
- **Cost effectiveness** of remote working

WHAT WORKS FOR WHOM?

- Digital **exclusion / inequities**: for which groups of people remote working does not work?
- Understanding impact on **staff interprofessional working**

HYBRID WORKING & SERVICE OUTCOMES?

- Evaluating implementation of **new pathways including hybrid/blended approaches** to service delivery (a mix of face-to-face and remote delivery) and **de-implementation** of old ways of working
- Longitudinal data collection to demonstrate: numbers of patients in contact with services; the proportion of contacts delivered remotely versus face to face; the characteristics of patients accessing services in different ways; and **how these variables are changing over time**

HOW TO IMPLEMENT?

- Different **support offered** to facilitate remote working (e.g. training, webinars, patient leaflets)?
- Use of **frameworks / theories / models** to understand and contextualise project findings: more engagement from academic units?

Recommendations and next steps for South London

- Create a core set of recommended questions to ask within future surveys – potential pan-London application
- Consider developing links with academic units to improve methods and expand resource
- Find a mechanism for information sharing on ongoing basis
- Plan system-wide approach to introducing and evaluating changes, using a learning health system approach

Remote working in mental health services: Two rapid reviews



Dr Julie Williams

Post-Doctoral Research Worker, Integrating our Mental and Physical Health Care Systems, Centre for Implementation Science Health Services and Population Research Department Institute of Psychiatry, Psychology and Neuroscience King's College London

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Remote working in mental health services: Two rapid reviews

Partnership working

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Umbrella review

Protocol registered on PROSPERO

https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=208085

Objectives

To identify, appraise and synthesise systematic reviews of literature on:

- **Guidance** for remote working in mental health
- **Effectiveness** of remote working in mental health
- **Implementation** of remote working in mental health including acceptability
- **Economic effectiveness** of remote working in mental health

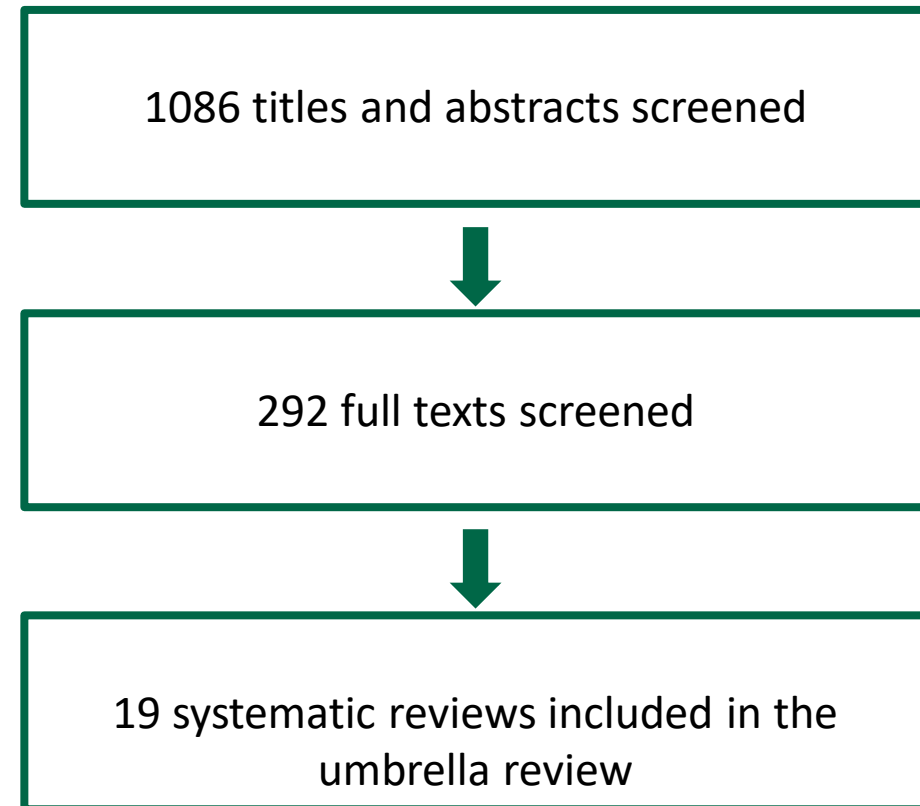


Approach

Methods

- Followed agreed umbrella review methodology
- Three databases searched: PubMed, PsychINFO and COCHRANE Database of Systematic Reviews
- The Assessment of Multiple Systematic Reviews (AMSTAR) used to assess quality
- A narrative synthesis undertaken
- PPI group will do a lay summary

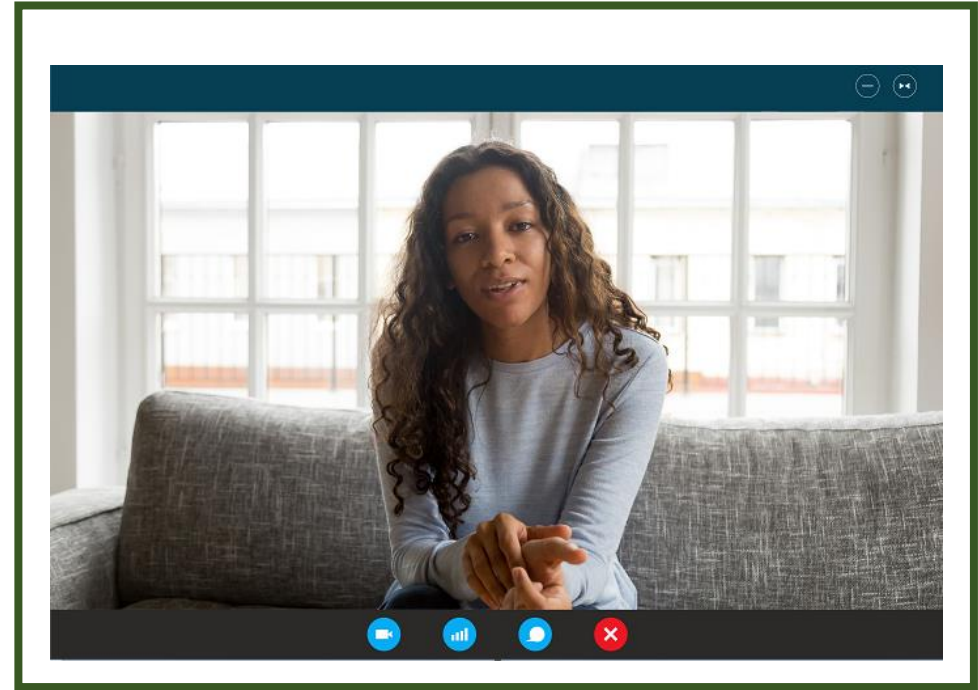
Flow diagram



Results

Types of remote working

- Telephone counselling
- Videoconferencing for diagnosis
- Videoconferencing for education
- Videoconferencing for therapy
 - e.g. CBT, behavioural activation, exposure therapy, problem solving therapy, eye movement desensitisation and reprocessing, anger management



Diagnoses in studies

- Largest number: Depression and PTSD
- Also: anxiety disorders, eating disorders, panic disorders, social phobia
- Smaller number: GAD, OCD, Autism, schizophrenia, substance use disorders

Results



One paper reported on guidance



Fifteen papers examined clinical effectiveness



Eight papers reported on aspects of implementation



Ten papers reported on acceptability to service users and clinicians



Two papers reported on cost-effectiveness

Results - continued

- Findings suggested that video-based communication in particular could be as effective and acceptable as face-to-face communication, at least in the short-term
- Evidence was lacking on extent of digital exclusion and how it can be overcome, or on particular aspects such as children and young people and inpatient settings
- Most reviews were assessed as low quality

Conclusions

- This umbrella review suggests that remote working in mental health has potential to be an effective and acceptable form of service delivery
- There was limited evidence on the impact of large-scale implementation across catchment areas
- Combining previous evidence and COVID-19 experiences may allow realistic planning for future implementation of remote working in mental health

Review of remote working during the COVID-19 pandemic review

- This is ongoing
- This will also look at published literature during the pandemic on effectiveness, implementation and cost effectiveness
- This will focus on individual studies as no systematic reviews yet



Acknowledgments



- Cecilia Casetta, Lucy Goulding, Harriet Jordan, Julie Williams, Fiona Gaughran



- Phoebe Barnett, Luke Sheridan-Rains, Tom Steare, Lisa Woods, Sonia Johnson



- KIS Patient and Public Involvement Group

Patient Experience of Remote Consultations During the COVID-19 Pandemic



Dr James Woollard

National Speciality Advisor for Digital Mental Health, NHS England and NHS Improvement, Consultant Child and Adolescent Psychiatrist, Oxleas NHS Foundation Trust

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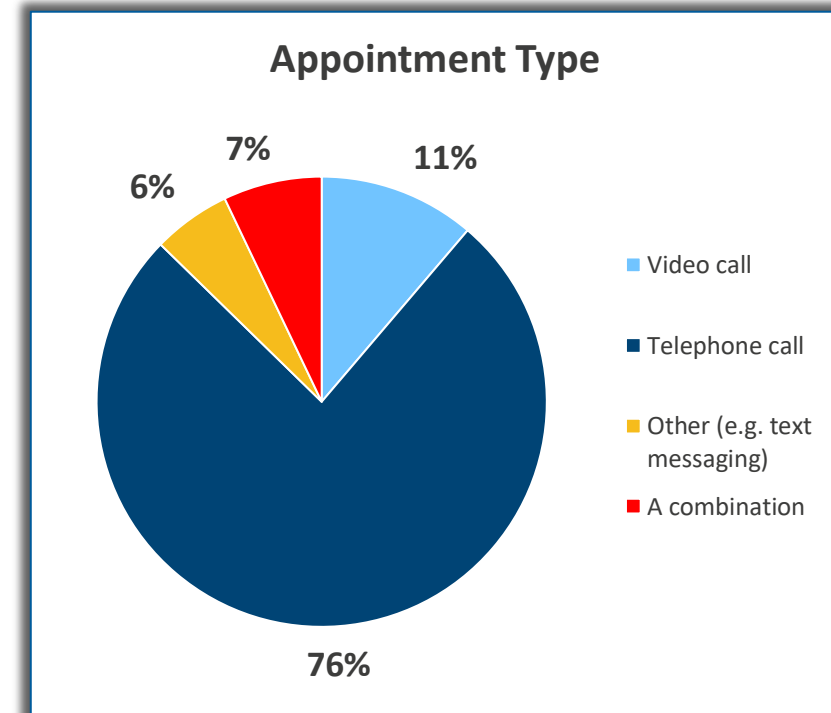
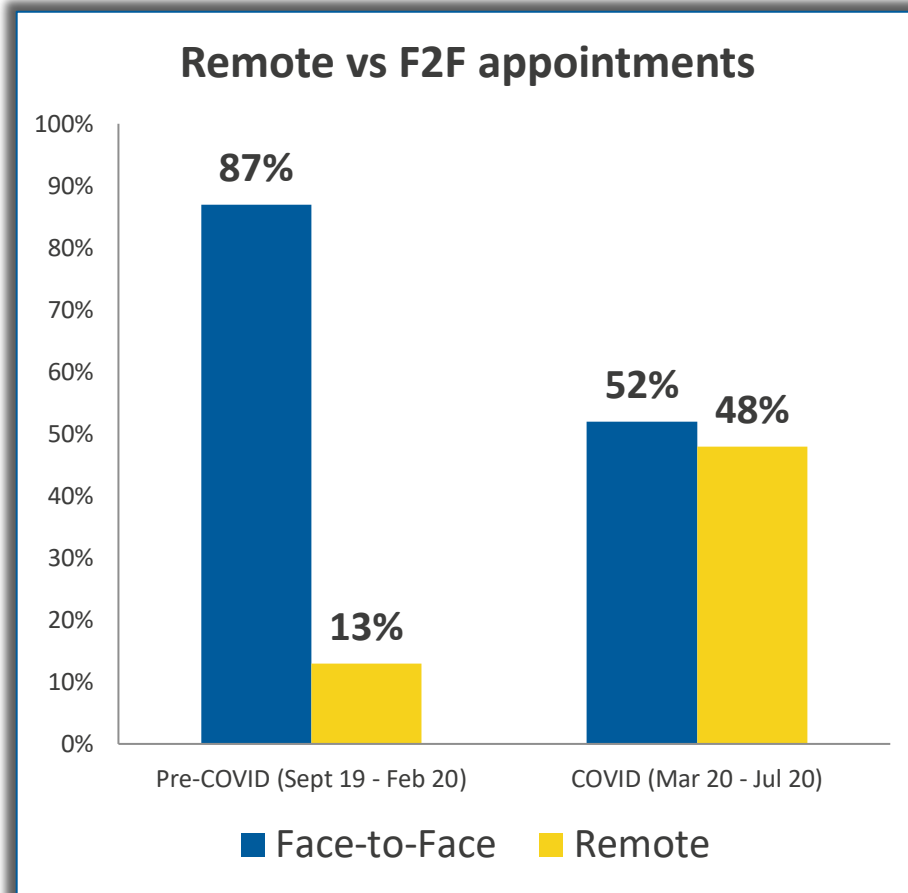
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Background - Pre and Post COVID appointment delivery



Survey Methodology

Electronic survey administration: The Business Intelligence team extracted patient details from RiO:

- Telephone, SMS and/or video appointments
- Appointments dates: 15th March 2020 - 31st July 2020

We delivered over **35,900** survey invitations to patients via SMS or email using the Patient Experience tool, **SmartSurvey**.

The main delivery method was via SMS. For patients with no mobile number on record, the survey was delivered via email.

Methods to increase response numbers:

1. Reminder survey invitations
2. Consideration of survey fatigue
3. Clinicians encouraging feedback

Non-electronic survey administration: Telephone calls were made to patients seen in the Older Adults Mental Health and the Adult Learning Disability services.



Quantitative survey results

- **5,054** patients responded – giving a response rate **14%**.
- The majority of the responses were from patients seen in in Adult Community Health (n=1,473), Adult Mental Health (n=1,523) and Children’s Services (n=2,013)

‘How did you find using video, phone calls or text messaging rather than meeting in person?’

77% of patients said *‘better for me’* or *‘ok’*

‘Were you happy with the care and treatment you received in video, telephone or text messaging appointment?’

90% of patients across our services said *‘Yes’* or *“Somewhat”*

‘Would you like to be able to use video, phone calls or text messaging for future appointments?’

79% of patients said *‘Yes’* or *‘Maybe’* when asked:

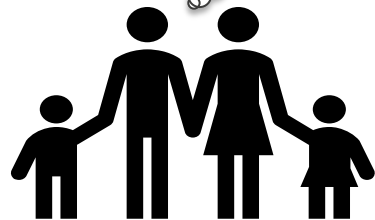
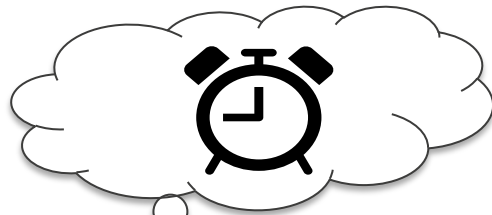
Themes of experiences



Depends on the problem!



Same outcome or level of care



Convenience



Preference for face-to-face -
particularly for first
appointment

Comments on Video Appointments



- Patients who had video appointments reported positive feedback
- Many patients commented that they would have preferred video appointments:

“Whilst having a video call you can still see each other.” IAPT (Female, 25-34)

“Video would have allowed me to see or use body language to communicate.” IAPT (Female, 25-34)

“... If I have a video chat they could have seen lots of symptoms possibly??” Bromley East ADAPT (Male, 25-34)

The best of both worlds...

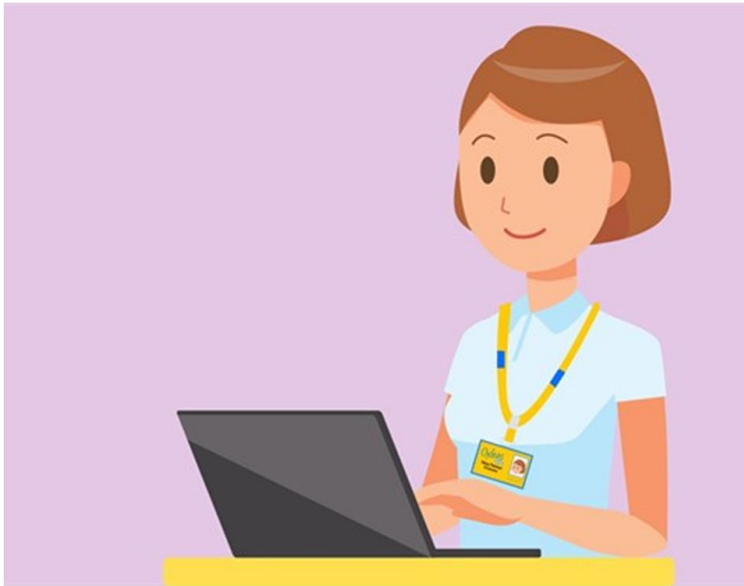


Key conclusions:

- Continue to offer a range of remote appointments
- Consider face-to-face for initial appointments
- Support patient choice
- Recognise the benefits of using video

“Effective communication relies heavily on body language therefore verbal/written communication is totally insufficient and can easily be misinterpreted. Mental health, in particular, is about building trusting relationships; therefore this is much harder using online communication.” Greenwich West ADAPT (Gender and Age Unknown)

“They are so convenient and with times being so uncertain and my daughter having an underlying neurological condition she is best to have limited contact for some time anyway but into the future the video calls are very easy to access quick less stressful for the child because they are in their own environment no problems parking etc.” Bexley CAMHS - Acorns QMS (Parent/Carer – Female, 35-54)



Actions:

- Continue to develop confidence of staff in using video for clinical encounters
- Finding out more about digital literacy and access of patients
- Building in flexibility into service design
- Support with good infrastructure

"...At the Choose and Book stage it would be lovely for patients to make a choice about what style of appointment they are most comfortable with and communication styles, the needs and skills of each patient will vary on an individual basis." Greenwich MSK (Female. 25-34)

Oxleas

NHS



Thank you to Aisha
Abdullah, Senior Patient
Experience Coordinator!

James.woollard1@nhs.net

Improving lives



South London and Maudsley NHS Foundation Trust: Changing Lives, Staying Connected.



Noushig Nahabedian

Principal Consultant, Slam Partners, South London and Maudsley NHS Foundation Trust

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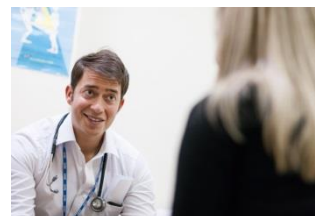
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Staying Connected

Remote consultations



Objectives

Through our time together today we would like to share:

- Our response to virtual working within context of pandemic
- Our learning from the different surveys
- The work and outputs from the remote working workstream
- Next steps and our future aspirations

Context

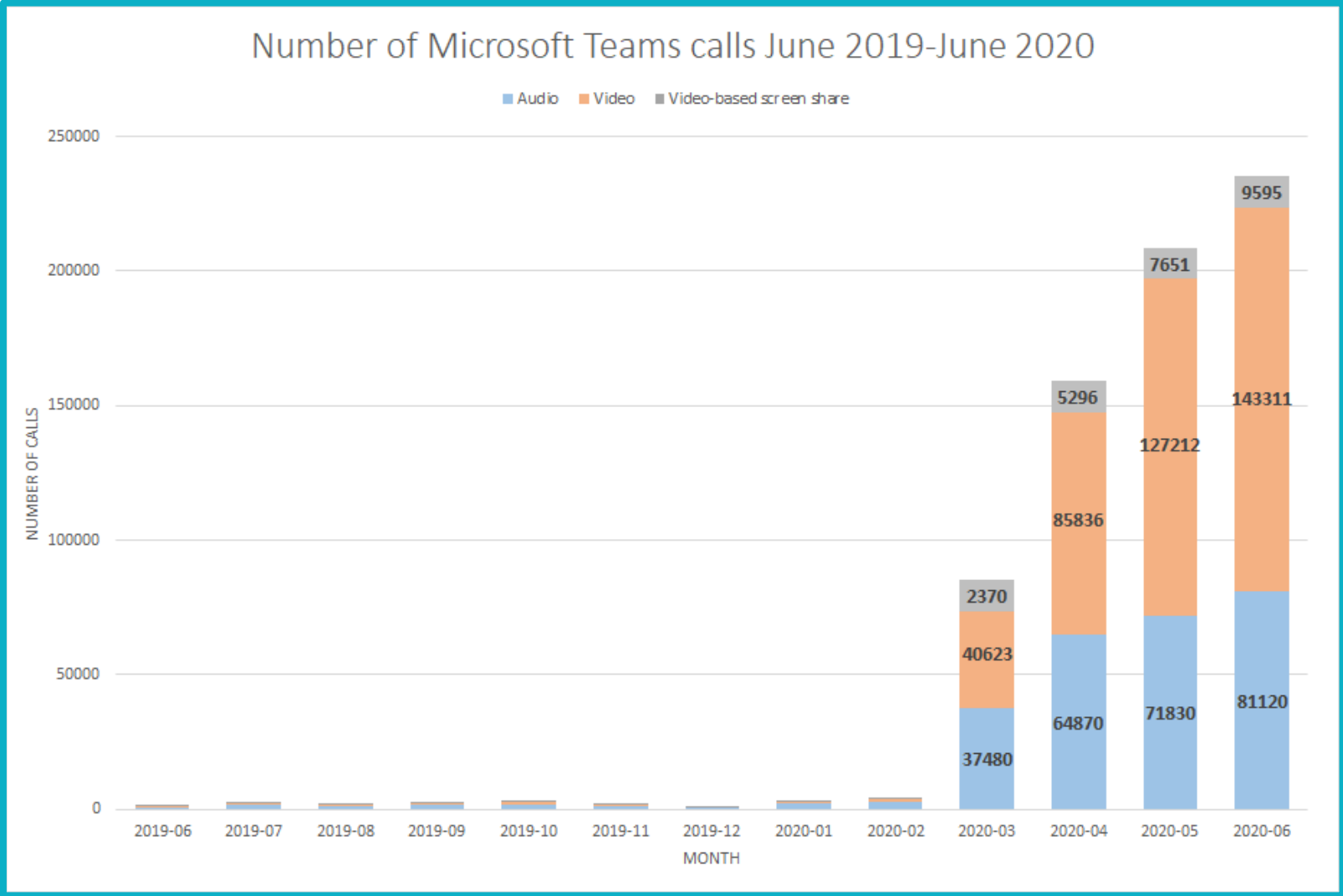


- As with most of the country, by 23rd March most of us were working from home
- Variable quality of and access to hardware and software to enable remote working and consultation
- Rapid influx of national and local policies and information (which also changed rapidly)
- Patient care standards and access to services was non-negotiable
- Modality of service provision changed without using QI methodology (no co-production, small scale tests and learns, no data)

Our response



- Introduction of quality centre work streams
- Work streams focused on priority areas to ensure continuity of services (e.g. **remote working**, crisis, right care, enablers etc.)
- Work streams met weekly to share learning
- Remote working brought together multidisciplinary staff with a core purpose of helping people stay connected



Work stream outputs



- Co-produced trust wide survey (over 500 responses from staff, service users, carers and wider community)
- Brought together all local surveys to share learning
- Developed remote working guidelines
- Developed dashboard
- Developed flow chart to support decision making
- Compiled case studies/ examples from across organisation
- Working with south London partners with HIN to join up research and evaluations

Learning from projects across the Trust



A number of local and organisation surveys have been completed to better understand staff, service users and carers views and experience of remote working

From a **trust wide survey**, where over 500 people (staff, carers and service users) responded, the results showed that people have had variable experiences of working virtually, with associated advantages and disadvantages. The analysis also identified five key contributors to successful virtual working which generated ideas of change, namely: access to equipment/hardware, technological support, guidance for virtual working, choice in contact type and having the adequate environment.

From the **PICuP service survey**, service users are likely relatively well compared to other psychosis services within SLAM.

Only 76% of service users have access to the internet. Of these, less than 60% have access to the gold standard (a large screen device with fast enough internet for video and access to a private space) for accessing remote therapy. 1/3 of PICuP's service users do not have a private space for therapy.

To provide effective therapy service users need a choice:

- To do remote therapy:
 - To be provided with, and trained in, the use of technology that will enable the gold standard for remote therapy.

OR

 - To have access to safe private space with the technology to do therapy over video link.
- To be offered Face to Face. In a way that is safe for the service user and staff member.

Learning from projects across the Trust



- The Sun Project is offered to people who struggle to safely manage their emotions. Members universally feel isolated, unable to cope are often live situations where they are not safe, the idea of not running the group was not an option.
- Attendance on the Saturday morning group was the least attended so it was temporarily stopped. The week before the official lockdown members of the Sun Project were prepared for working online. For members who could not master the IT they were called into the group by phone so they could be heard but not seen.

Positives	Difficulties
Continuing to feel connected and supported when world is crazy and lack of support from other services	Poor connection/Wi-Fi problems
Not having to travel both better for anxiety and cost	Confusing to get online
Able to join from anywhere	Prefer face to face so you can pick up on emotional cues
When there are difficulties between members it feels safer online	Hate seeing face on camera – it is distracting
Being able to turn the camera off	Socialising in the tea break is missed
Able to search/access information to help members quicker	
Easier to talk online	
Don't have the hurdle of getting dressed and out by 10 am for Friday group	

Clinical Consultations Decision Tool

Choosing between Remote, In Person and Blended Consultations

Summary

- Choosing remote Vs in person contact requires a risk/benefit analysis.
- Maintaining contact is the priority. **Dropping contact for not clinical reasons is not acceptable.**
- Each option has different risks/benefits and contributes to the clinical picture in unique ways. One approach does not work for all situations, people and tasks and so clinical judgment is required.



To aid in making team decisions, we have prepared a tool to guide decision making.

All disciplines and staff should:

- In discussion with their MDTs
- **And** for each clinical task/ intervention (individual and group)
- In zoning, referrals meeting and supervision

Use this tool as an asset to help consider carefully what option is most appropriate.

Further considerations.

In addition to the considerations built into the tool, we ask you to also consider:

Learning and Teaching Needs.

SLAM is a trust that is very much invested in teaching new generations of mental health professionals, as well as the CPD of our workforce.

Students **will not** be able to learn the full range of clinical skills from remote consultations only. Within the risk/benefit analysis, please consider the learning needs of each student and professional.

Disability and Accessibility Needs

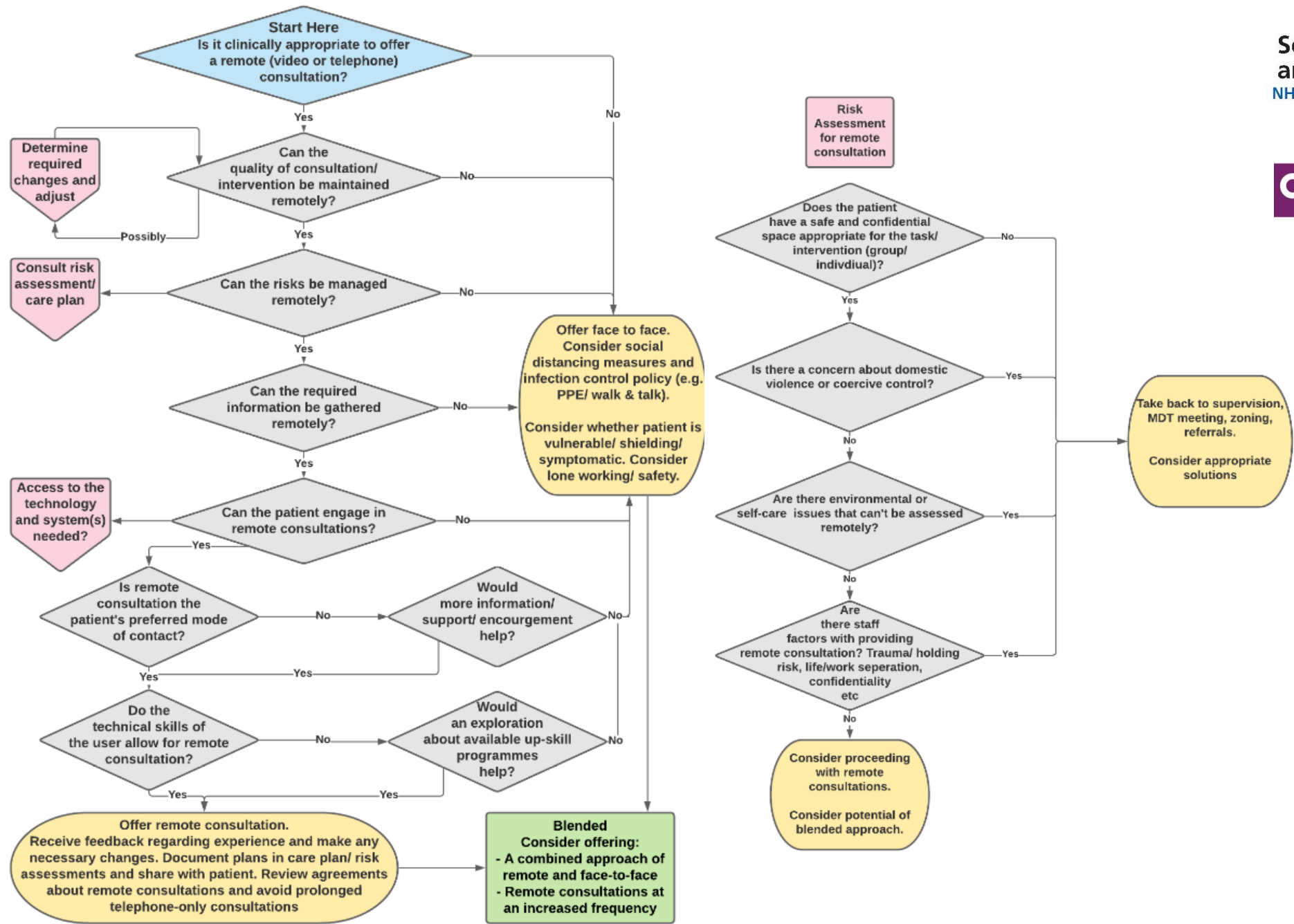
Consider the impact of disabilities, especially in the context of covid19. These include but are not limited to hearing and visual needs, as well as (for example) possible autism related needs.

This must be assessed for. Accessibility assessments are found on the Core Info Section of ePJS

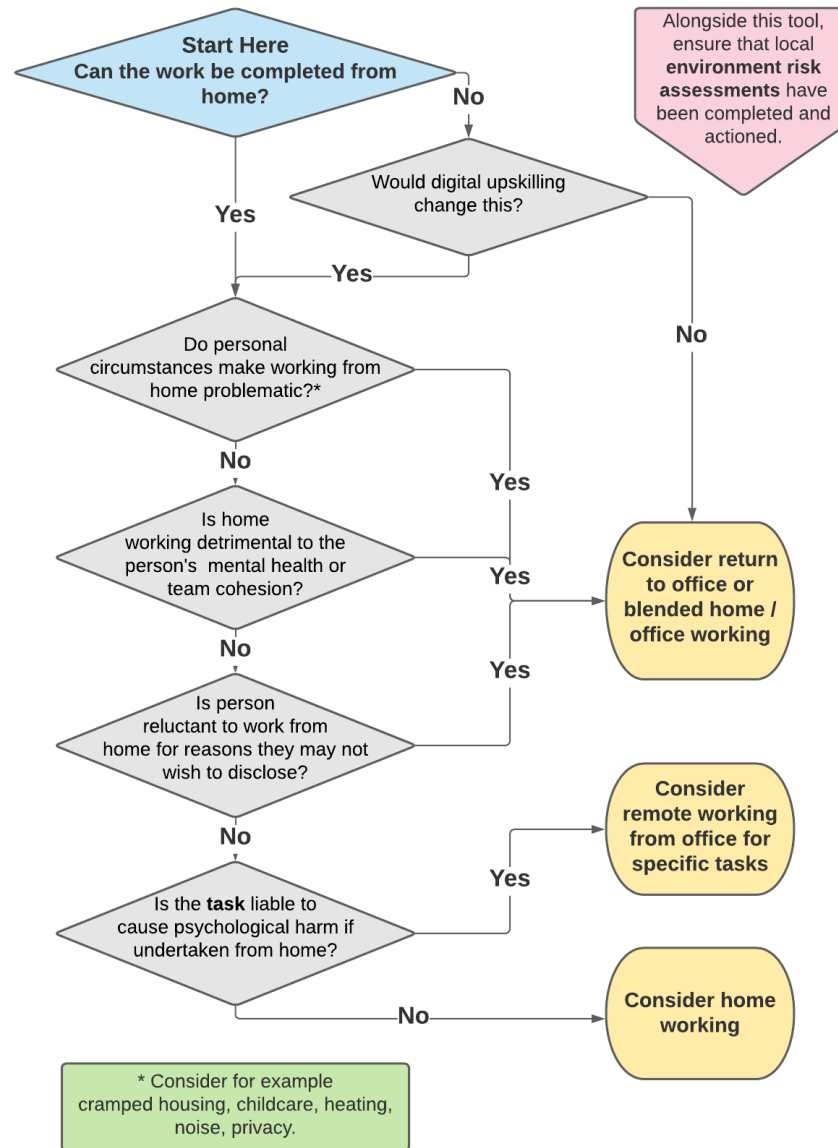
Staff Wellbeing

There may be important reasons for which staff may not feel able to work from home. Staff may not feel able to discuss these reasons in detail. Please see the return to workplace decision tool.

Decision Tool: Remote / In Person / Blended Consultations



Decision Tool: Return to Office / Remote Working





Activity Over Time

This dashboard page shows the volume of attended contacts between patients and staff. Additionally the proportion of contacts are shown for In Person, Telephone and Video. This report uses ePJS activity data.

Financial Year Month

All

All

Active/Inactive

All

Contract Service Live

All

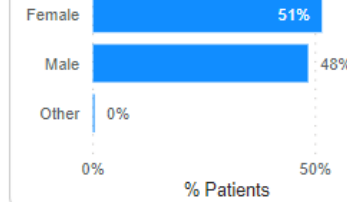
Directorate, Division

All

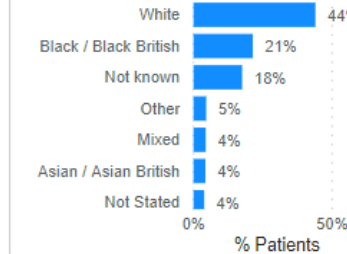
Team Name

All

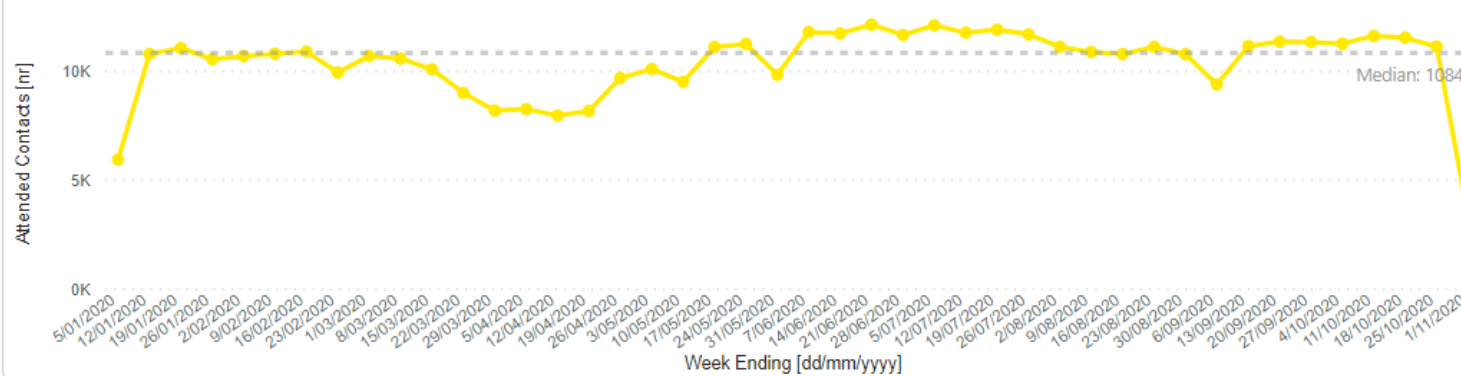
Gender



Ethnic Group

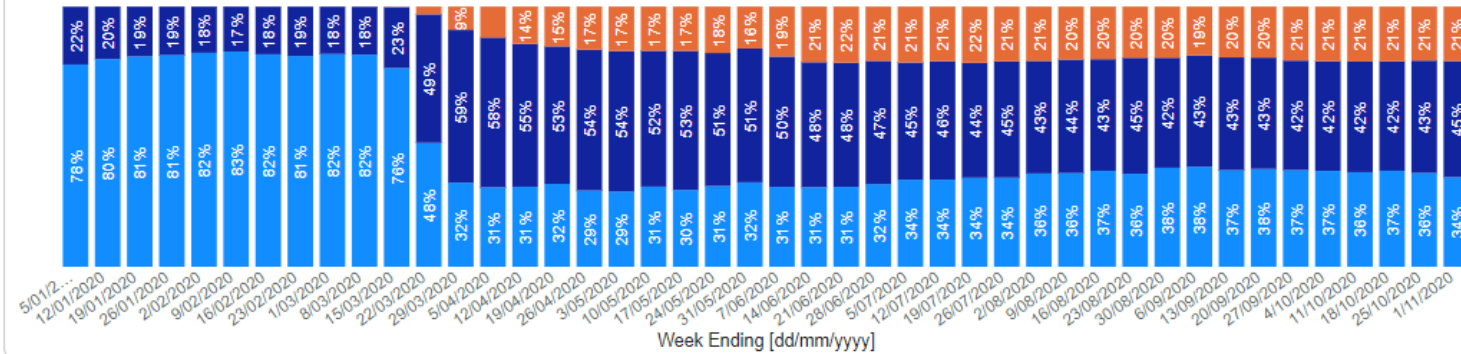


Attended Contacts per Week



Contacts by Consultation Medium (Type)

Consultation Medium ● In Person ● Telephone ● Video



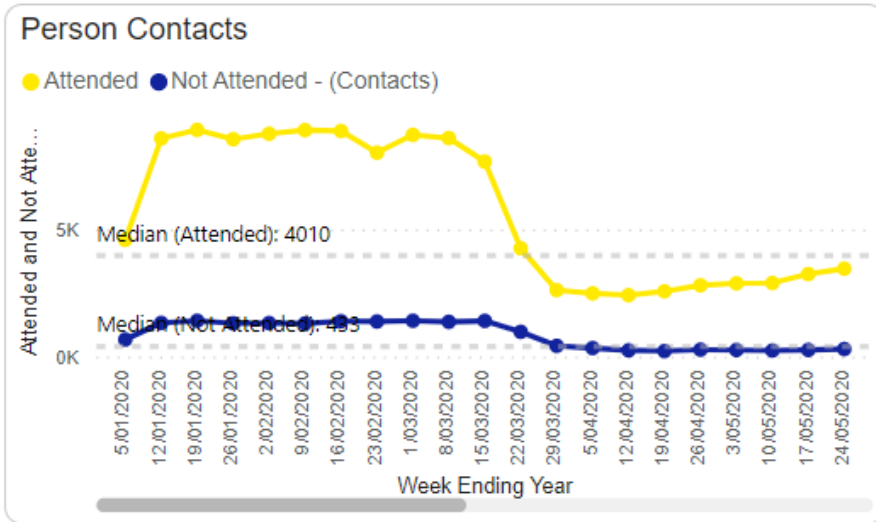
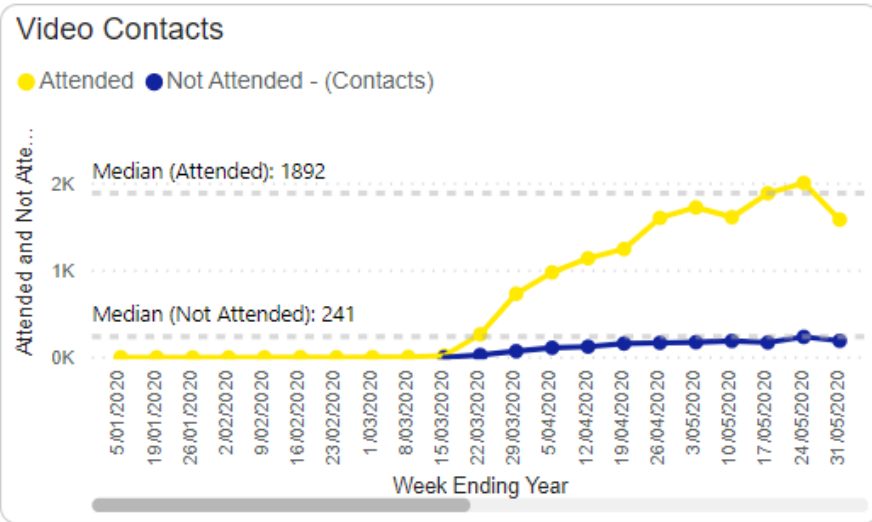
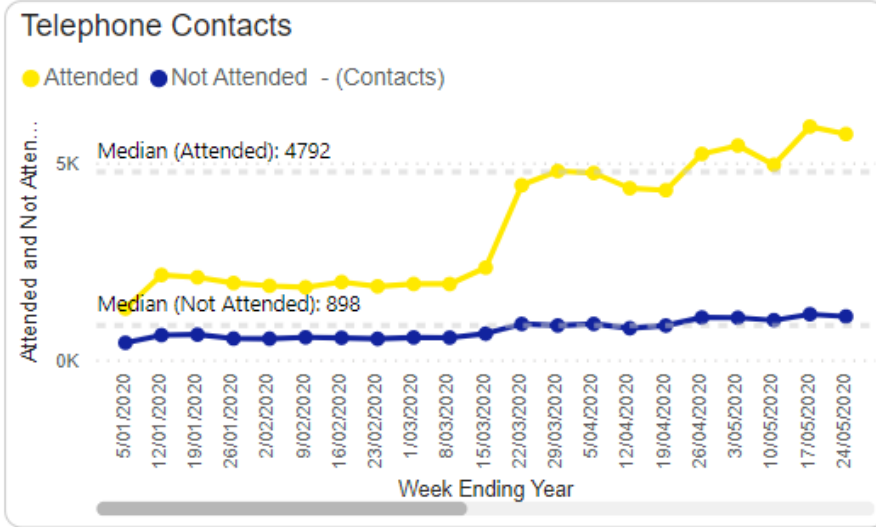
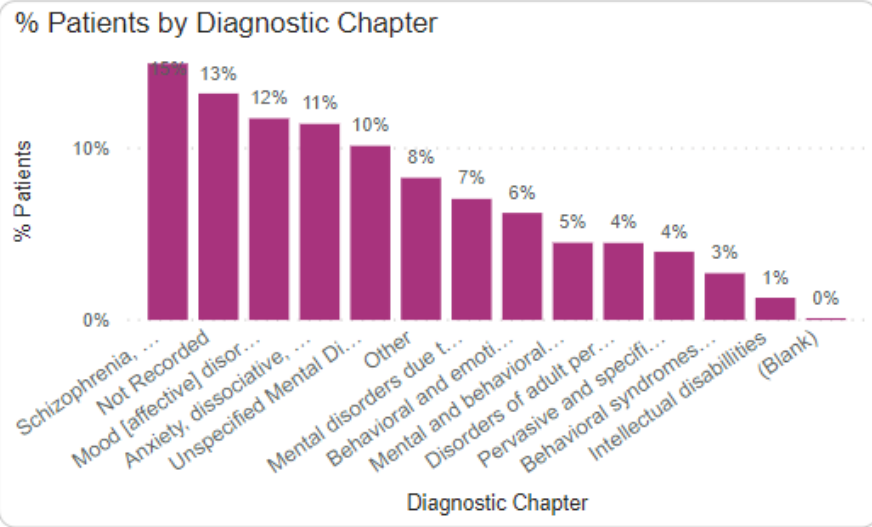


Activity by Consultation Type

This dashboard page shows the volume of patients with latest diagnosis together with the age categories. Additionally the days since last attended contacts are shown.



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Work stream ambition

- Work creatively and innovatively to reduce digital exclusion and increase digital literacy and access
- Work alongside and with other organisation, local and national services to provide staff with the best technology and skills of staying connected one another, service users and carers
- Exploring ways in which teams work together to deliver services
- Help teams to use Staying Connected dashboard to promote consistency in provision of remote consultations
- Support staff working from home

Staff support

Themes			
Global Theme	Organising Theme	Basic Theme	Comments
Mental Health	Feeling overwhelmed and overworked	Difficulties balancing work and personal life.	Difficulties of working from home when also being responsible for looking after children were discussed. Staff also shared that when working from home their hours actually increase and this can be very tiring. Emphasised the importance of having boundaries.
	Guilt	Feeling guilty when working remotely	Staff communicated feeling guilt over frontline colleagues still having to go in physically during the pandemic and put themselves at risk, whilst they worked remotely. Also expressed struggles with feeling like they haven't done enough, or that their work could be better.
	Loneliness	Feeling isolated and missing colleagues	Expressed missing the social side of going to work and the ability to bounce ideas off of one another. Some staff have experienced greater pressure as they have to make more decisions alone than ever before.
	Coping	Finding ways to cope	Group emphasised the importance of routine when working from home and for down time e.g. going for walks, having lunch with a family member or making time for self-care. Voiced the importance of finding the positives when working from home
Home Environment	Work vs Home Persona	Discomfort presenting work self at home	Group expressed feeling uncomfortable when those they live with see their 'work persona' at home e.g. being dominant or authoritative. Staff experienced a loss of privacy.
	Change in family dynamics	Family tensions	Difficulties of working from home with other family members, due to limited work-space availability and differing needs.
Staff Support	Support from SLaM	Positives of SLaM support when working from home	Staff emphasised feeling very lucky that SLaM offers so many avenues of support when working from home and that this makes them feel part of a larger community.
		Negatives of SLaM support when working from home	Because there is so much support on offer, it can sometimes be overwhelming and cause confusion about what is appropriate and what isn't. Information overload is experienced.

Patient digital access

Patient digital access

- Digital coach (charity bid)
- Recovery college courses
- Tablets on wards and in teams
- Work with digital services to provide "free kit"
- ? Provide extra data – enabling video calls.

Summing up.....



Zoe Lelliot

Chief Executive, Health Innovation Network,
Academic Health Science Network for South London

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Summing up

➤ **System collaboration**

- An exemplar project, the challenge now is to build a lasting “Learning Healthcare System” approach, which is sustainable

➤ **Keen to share generalisable learning and prevent duplication**

- What are the best channels to support shared learning across the country: e.g. NHSE/I Clinical Networks, Academic Health Science Networks (AHSNs) and NIHR Applied Research Collaborations (ARCs)

➤ **Many areas require further exploration and research**

- We will work with NIHR ARCs and academic communities to inform prioritisation of further studies and research, that can inform practice

Acknowledgments -A big thank you the Mental health Trusts and to everyone working on this project

Dr Cecilia Casetta
Dr Jacqueline Philips Owen
Professor Peter Fonagy
Dr Kia-Chong Chua
Dr Robert Lawrence
Dr Barbara Grey
Andrew Walker
Nina Pearson
Aileen Jackson

Dr Juliana Onwumere
Paul Lennon
Sarah Markham
Alison White
Harriet Jordan
Len Demetriou
Alex Lloyd
Elizabeth Graham

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Thank You & Next Steps

- Please provide feedback on the session [here](#)
- A recording will be circulated to attendees

Contact us

FAO: Mental Health Team at hin.southlondon@nhs.net

Feedback survey QR code below:



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Remote Consultations in mental health - learning from evaluation

summary of chat 2nd Dec 2020

- with the accelerated provision of the 24/7 crisis line that have utilised digital platforms has any work been undertaken to assess the impact on 999 providers who may be seen as the default service as they are still providing a face to face response?
- may be worth looking at NHS ambulance Trust as we are seeing increase in contacts at present
- How can you measure the real value of the interventions as they are far more than numbers that are easy to measure?
- "I think as an individual we can experience good and bad aspects! We've been around most community teams in my area and had similar mixed answers."
- My experience of remote consultations have been good. I sometimes want more !!
- <https://www.nationalvoices.org.uk/publications/our-publications/dr-will-zoom-you-now-getting-most-out-virtual-health-and-care-useful-user-insights-here>
- I would love to see the research base in relation to remote consultations for autistic people and those with learning disability...My understanding is that MIND are also planning some work with users in the new year
- Is any work being done about outcomes for service users?
- How to optimise inclusion and access is an important issue we are interested in at the RNOH (Royal National Orthopaedic Hospital)
- National Voices and Healthwatch are both researching digital health exclusion.
- Hi I'm the Lead MH participation youth worker @ Speak up Cornwall @Young people Cornwall. I facilitate a youth voice group of 14 to 25 yrs. who have experienced issues with theirs and others MH. We gather to discuss priorities in improving services for CYP in Cornwall by delivering ideas to the commissioners and other service partners. currently its all about how difficult engagement is in rural Cornwall. ATM all engagement is frustrating for YP. One of main issues with using digital for young people is using digital...On a survey the YP prefer face to face engagement so they can build a trusting working relationship ZOOM cant offer this... Please see our Website.

Remote Consultations in mental health - learning from evaluation summary of chat 2nd Dec 2020

- Could I plead for an approach that takes place in routine practices which other countries are aiming for e.g. a modified perfect ward, MHact processes
- "Adams, Stuart Thank you all for the questions! Regarding IAPT Services, we did not evaluate these separately, so the feedback is included in the wider report. We are using Attend Anywhere for IAPT Services, for all one-to-one appointments, but not for group work, so we do not have any feedback for people attending online groups Qualitative evaluation - there were 21 participants in total, and a mix of staff and service users from CAMHS and Adult teams. Sarah.Cope@swlstg.nhs.uk would be happy to answer any specific queries Regarding access for people without a webcam - We did not survey people who used telephone rather than face to face. The qualitative survey highlighted that the participants thought video was better than telephone Regarding using the routine questionnaire - We are now directing service users to our patient feedback survey at the end of their appointment, but happy to look at this!"
- "Williams, Julie HI Rahul, I don't think there were enough studies in different patient groups to be able to clearly understand variation and little on crisis reviews"
- Thanks Adams, Stuart I'd be very interested to know if anyone has data for their IAPT services on % video vs phone vs F2F appts since covid please
- I think we also need to include consideration of digital literacy and digital estate for the workforce as well as service users x 3 people agreed
- Agreed re video - using it much less than the phone as a GP. My main feedback is that I am much more organised re agenda setting, more thoughtful and compassionate and use more precise language when not consulting face to face
- Great to see focus on patient voice x3 agreed
- Listening to the evaluations of different services of the NHS has broadened my understanding of how service users and staff view remote and f2f consultations. Thank you.

Remote Consultations in mental health - learning from evaluation

summary of chat 2nd Dec 2020

- I think we also need to include consideration of digital literacy and digital estate for the workforce as well as service users x 3 people agreed
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 - Listening to the evaluations of different services of the NHS has broadened my understanding of how service users and staff view remote and f2f consultations. Thank you.
 - Is any group evaluating MH act use & renewals of sections and impacts on access to Rights based practices (IMHAs, Information, MH tribunals, managers hearings that are only desktop paper based, inclusion of SUs and families that has occurred with digitalisation
 - This paper (currently under review) includes some data on service user experiences of remote working.
- <https://www.medrxiv.org/content/10.1101/2020.11.03.20225169v1>
- Great to see strong service-user input on these projects x 5 people
 - Would love to see the literature reviews x 5 people
 - Do you have any data for IAPT services?
 - Qual evaluation-who were these data collected from? w there differences between staff and patient perspectives?
 - How did you reach those clients who don't have a webcam as Attend Anywhere needs a webcam to work?
 - Stuart have you considered using the routine questionnaire after each video consultation promoted by the Australian regulatorat Slam we would like to do this for MH act processes to give every patient, family member and staff a voice