

# Evaluation of Attend Anywhere video consultation platform. Service Users Feedback

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## Executive Summary

### Key findings

- Preliminary demographic data suggests that the uptake in video consultation was proportionally lower in the older adult population, BAME service users and people in a psychosis cluster. There appeared to be some correlation with measures of social deprivation.
- Attend Anywhere (AA) was positively received by patients, with 97% of survey participants reported that they would either or 'definitely' or 'probably' use the system again, were they to be offered the option, despite issues with video and audio quality reported in the survey.
- Patients reported significant savings in both time and money when given the option of attending appointments using Attend Anywhere. Patient estimates suggested that on average they saved £5 in travel costs and 40 min in time by not having to travel to their appointment. Carers who would have normally travelled to the appointment with the patient saved on average 33 minutes of time. 40% of people asked would have normally travelled to their appointment by car, suggesting a positive environmental impact with the use of video technology.
- Analysis of the free text comments using 'Sentiment Analysis' suggests an overall positive analysis, with a confidence rating of 95%. The themes raised within the free text comments were in keeping with a separate evaluation carried out as part of the SWLSTG Attend Anywhere qualitative evaluation.

### Suggested next steps:

- This was a survey of a self-selected sample of people who have access to the internet and a suitable device to engage with video consultations. The primary aim of the survey was to establish whether Attend Anywhere was a suitable platform for service users as an alternative to face to face appointments. However, the survey did not capture the experience of people offered group treatments, and this should be explored further.
- Demographic data suggests that factors such as age, gender, ethnicity and diagnosis may further influence uptake of video consultation. It is reported that in 2020, 98% of people aged 16-64 have access to the internet on their mobile phone, compared to 53% in people aged over 65. Demographic data collected suggests that there may be a correlation between measures of social deprivation and engagement in video consultations. Further work needs to be completed to understand the reasons behind digital exclusion.
- This was a survey carried out during the COVID-19 pandemic. The feedback needs to be seen in the context of this, and further evaluation may be required once the pandemic has passed.
- The funding of Attend Anywhere will stop in March 2021. The Trust will need to develop a business case to continue to support video consultations beyond this point; however this survey demonstrates that the patients surveyed value having access to a video consultation platform and we need to continue to offer patients the choice to see their clinicians using video consultation technology.

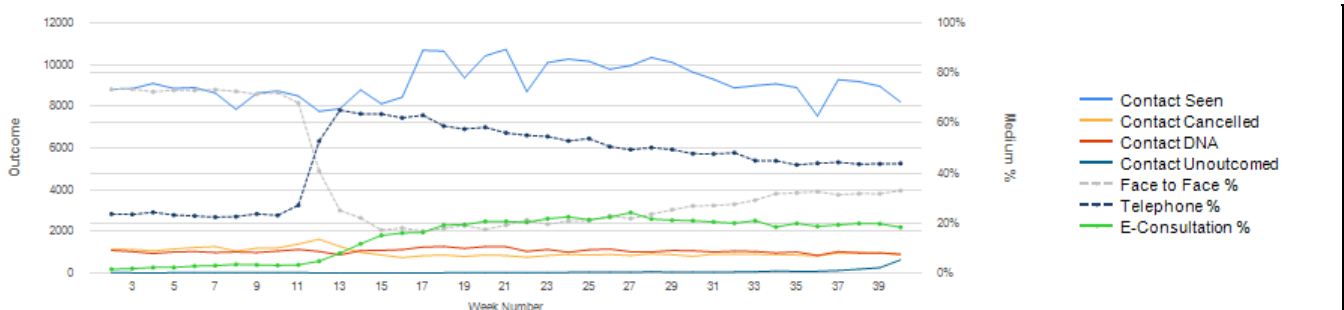
## Introduction

The incorporation of video consultation into routine clinical practice was a key element of South West London and St George's Mental Health Trust (SWLSTG) digital strategy before the COVID-19 2020 pandemic. The adoption of video consultation was included in the Trust Global Digital Exemplar plan and talks had already taken place with NHS England to take advantage of the Attend Anywhere video consultation pilot.

The Attend Anywhere video consultations solution was founded in Melbourne, Australia in 1998. Following its adoption and roll out by NHS Scotland, NHS England offered Trusts the opportunity to enrol as UK Pilot Sites. Attend Anywhere is a purpose-built suite of service, tools and resources. It is accessed via the web and can be used anywhere, on everyday devices with good internet connection (see appendix 1 for further information). The advantage that Attend Anywhere offers over some other video consultations solutions is that it offers a reception area function, allowing real world adoption, enabling clinicians to incorporate video consultations alongside traditional face-to-face appointments.

The progression of the COVID-19 pandemic led to a rapid roll-out of the Attend Anywhere platform across South West London and St George's Mental Health Trust (SWLSTG). A project group was established to support the rapid roll-out, meeting weekly from February 2020.

As the COVID-19 pandemic progressed, the Trust saw a rapid uptake of video consultation across all service lines. The graph below shows the change in consultation types across the Trust from 1st week in January 2020 (week 1) to the 1st week of October (week 40). Before the pandemic, approximately 70% of all contacts in the community were face to face, 20% were telephone and approximately 3% were via video consultation (E-Consultation). The third week of March (week 11) saw a dramatic decline in face to face appointments and a significant rise in telephone consultations, corresponding to the announcement made by Matt Hancock, Secretary of State for Health and Social Care, on the 16 March 2020 to the House of Commons, instructing that all unnecessary social contact should cease. The peak of video consultation across the Trust occurred on week 27 (the 3rd week of July 2020), reaching 25%. With the lessening of lock-down restrictions, the Trust currently see 1 in 5 of community patients using video consultation platforms. The number of successful contacts peaked at week 17 (3<sup>rd</sup> Week of April 2020) as community teams contacted vulnerable service users.



## Trust Wide Staff Activity

Graphs of the uptake of video consultations within service lines can be viewed in Appendix 2. The highest rates of video consultation were seen in the Forensic, Specialist and National Service Line, who reached 60% of all contacts using this medium.

In order to maintain contact with patients during the COVID-19 period and lock-down restrictions, advice was issued to staff in line with the guidance issued by NHS digital. Staff were told that to reduce the spread of COVID-19, pending the Trust wide roll-out of Attend Anywhere, all video consultation tools could be considered, including Skype, What's App and Face Time. Staff were however encouraged to use Skype, pending the roll-out of Attend Anywhere for individual consultation, as the Trust had already developed clinical guidance for this use.

Based on current estimates, between 50 – 60% of all video consultations within the Trust take place using Attend Anywhere. The majority of these are one-to-one consultations. Teams who primarily run groups have not found the Attend Anywhere platform suitable for this purpose. With the new features on Microsoft teams (including breakout room functionality), teams will be expected to transfer across to MS teams for group work.

All clinical staff from all disciplines were given the opportunity to sign up to the Attend Anywhere platform as part of the roll-out strategy. Borough based clinic areas were established, in addition to clinic areas for hospital-based services and CAMHS teams.

The COVID-19 crisis forced a rapid transition to a new way of working. For staff, this meant working from home and contacting patients by phone or video consultation. New guidance was issued and training was provided via an MS Teams webinar to support staff with this change. A survey of consultants was completed by the Qi Team seeking their views on the new way of working (Appendix 3).

## **Evaluation**

As part of the Attend Anywhere roll-out, a web link to a survey was embedded into the Attend Anywhere platform. Once a patient had finished their consultation with their clinician, they were directed to a web link and asked to provide initial feedback.

The main areas of focus of the evaluation were to ascertain the potential financial and environmental benefits to patients in order to support the development of a formal business case for video consultation, and to gauge patients overall experience using Attend Anywhere.

Conditional logic was used within the survey. First-time Attend Anywhere users who would have normally travelled to their appointment to see their clinician were directed to questions 3-8 below. All other people were directed straight to questions 9-16

An error was made in data collection for question 7, so this has been excluded from the analysis.

Question number	Question content
1	Was this your first-time using Attend Anywhere?
2	Was this your first appointment with this particular clinician?

**THE FOLLOWING QUESTIONS RELATE TO HOW YOU WOULD USUALLY ATTEND YOUR APPOINTMENT WITH THE CLINICIAN WHO YOU HAVE JUST SEEN USING ATTEND ANYWHERE:**

3	When you have met with this clinician in the past, how far do you have to travel to attend the appointment? (Please estimate)
4	If you usually travel to attend your appointment with this clinician, what is your main form of transport?
5	How much money do you save by not having to travel to your appointment?
6	How much time do you save by not having to travel to your appointment?
7	<del>How much money does the person who usually attends the appointment with you save by not having to take you to your appointment?</del>
8	How much time does the person who usually attends the appointment with you save by not having to take you to your appointment?

**THE FOLLOWING QUESTIONS RELATE TO YOUR OVERALL EXPERIENCE OF USING ATTEND ANYWHERE**

9	How helpful were the staff in answering any questions you had about using Attend Anywhere?
10	Thinking about the appointment itself, how would you rate your video consultation using Attend Anywhere?
11	How would you rate your personal comfort in using the system?
12	How would you rate the audio / sound quality during the consultation?
13	How would you rate the visual / video quality during the consultation?
14	Would you have preferred to see the clinician in person today?
15	Would you use this system again?
16	Do you have any other comments, questions or concerns relating to the use of Attend Anywhere?

The survey was live between the 17 June 2020 and the 24 August 2020.

An additional qualitative evaluation on video consultation took place within the Trust, led by Dr Sarah Cope, Principal Clinical Psychologist. In order to understand both staff members' and service users' experiences of virtual consultations during the COVID-19 pandemic, interviews were carried out in both adult and CAMHS teams to find out how they found the transition from 'in person' to video interview. Transcripts of these interviews were analysed, using thematic analysis, to draw out themes and subthemes. This is referenced in Appendix 5 below.

Demographic Data was collected as a separate process using PULSE data warehouse.

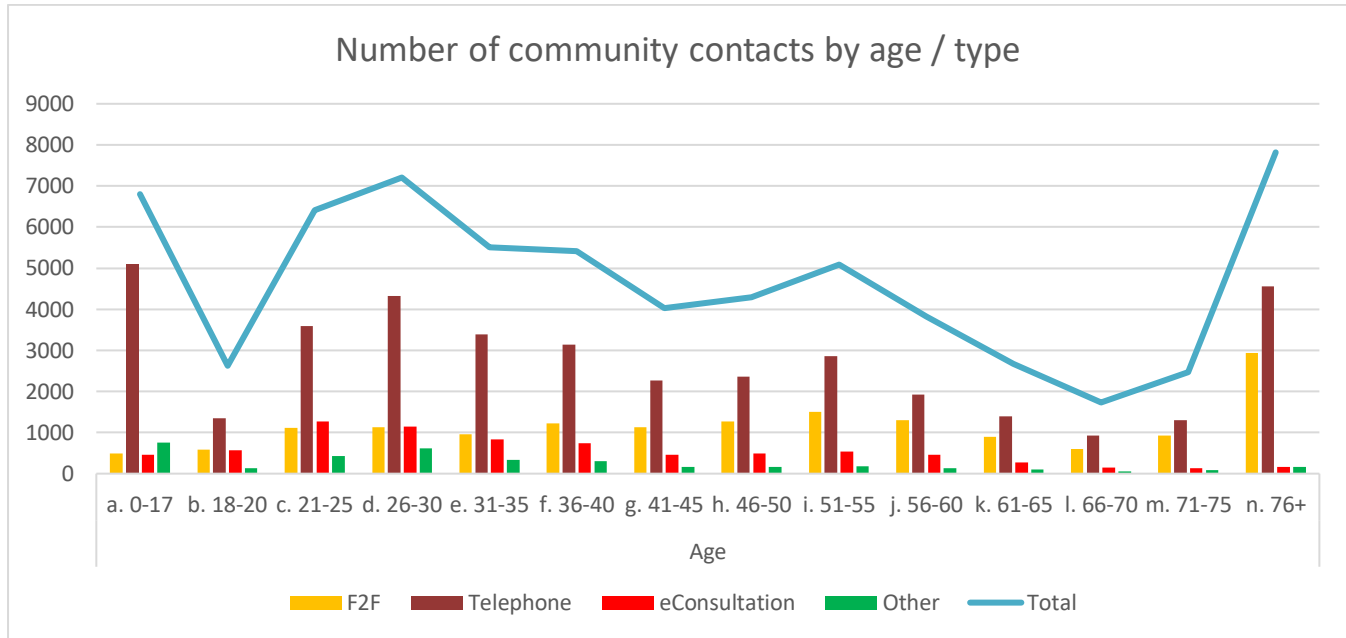
## **Results**

### **Demographic Data**

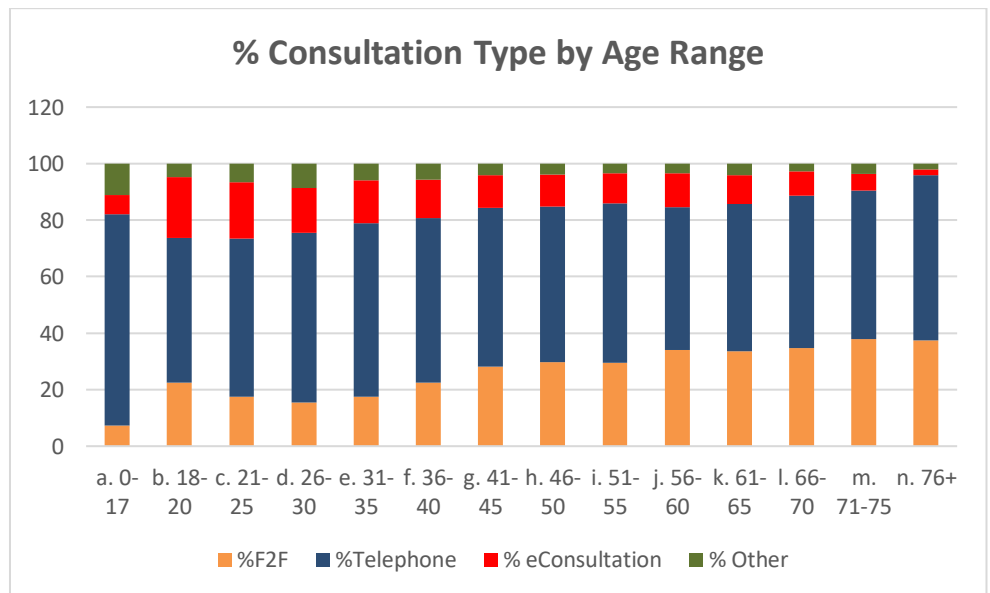
A total of 65,878 contacts were made during the period the survey was live.

**Age**

The majority of contacts (7818) occurred in the older adult, 75+ population, which was also the group least likely to have a video consultation (2%).

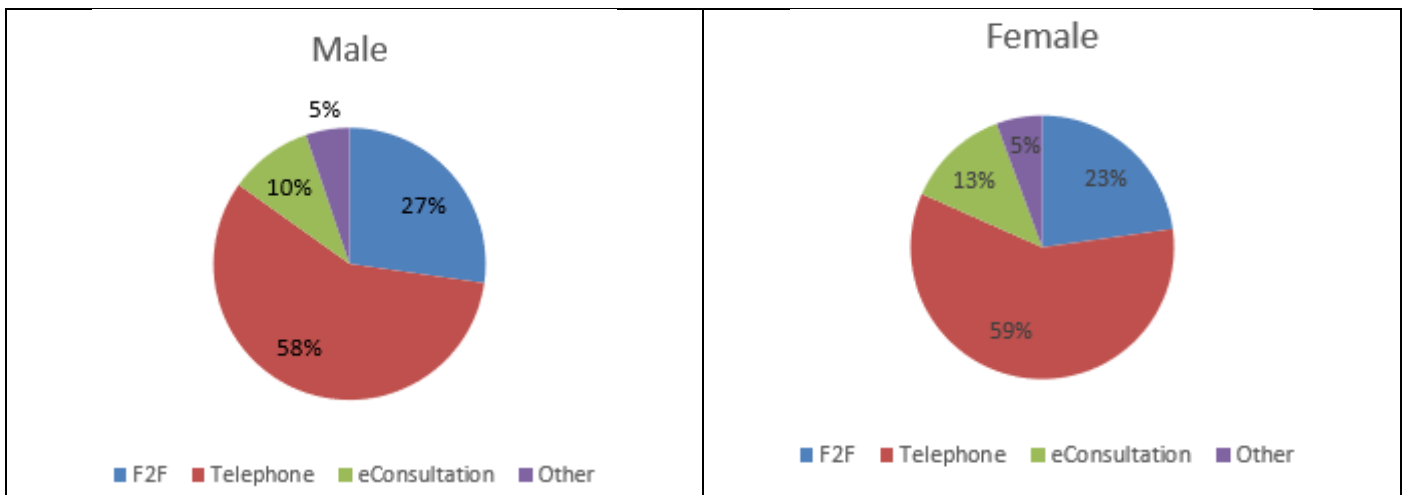
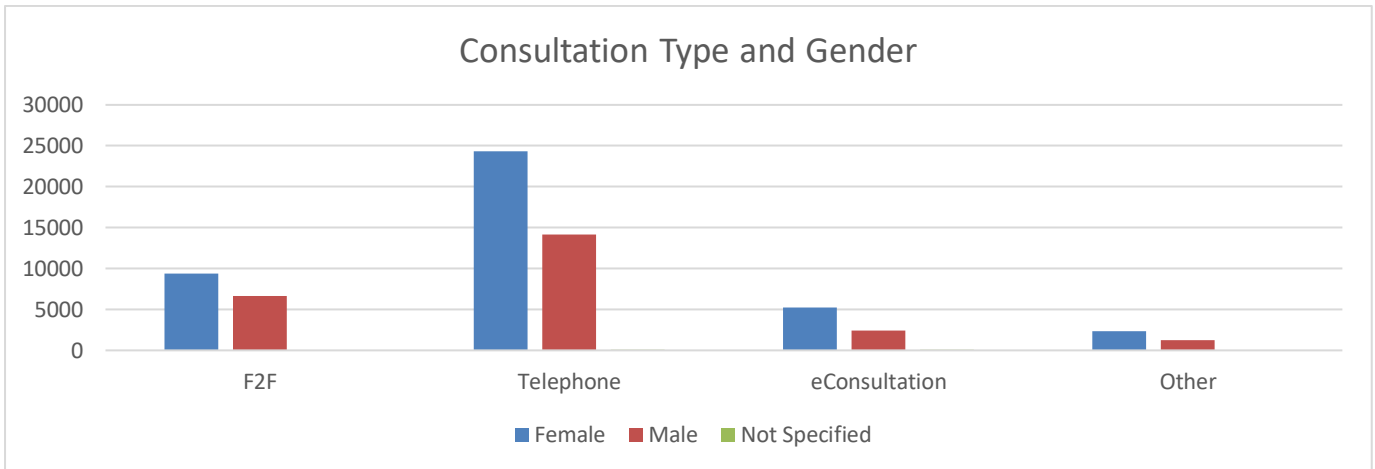


Age Range	Number of contacts
a. 0-17	6804
b. 18-20	2627
c. 21-25	6404
d. 26-30	7212
e. 31-35	5505
f. 36-40	5408
g. 41-45	4029
h. 46-50	4287
i. 51-55	5081
j. 56-60	3830
k. 61-65	2679
l. 66-70	1732
m. 71-75	2462
n. 76+	7818



**Gender**

Most contacts were with females (41,322 Female: 24523 Male: 33 Other). 13% of all 'female' contacts were video consultations, compared to 10% in 'males'.



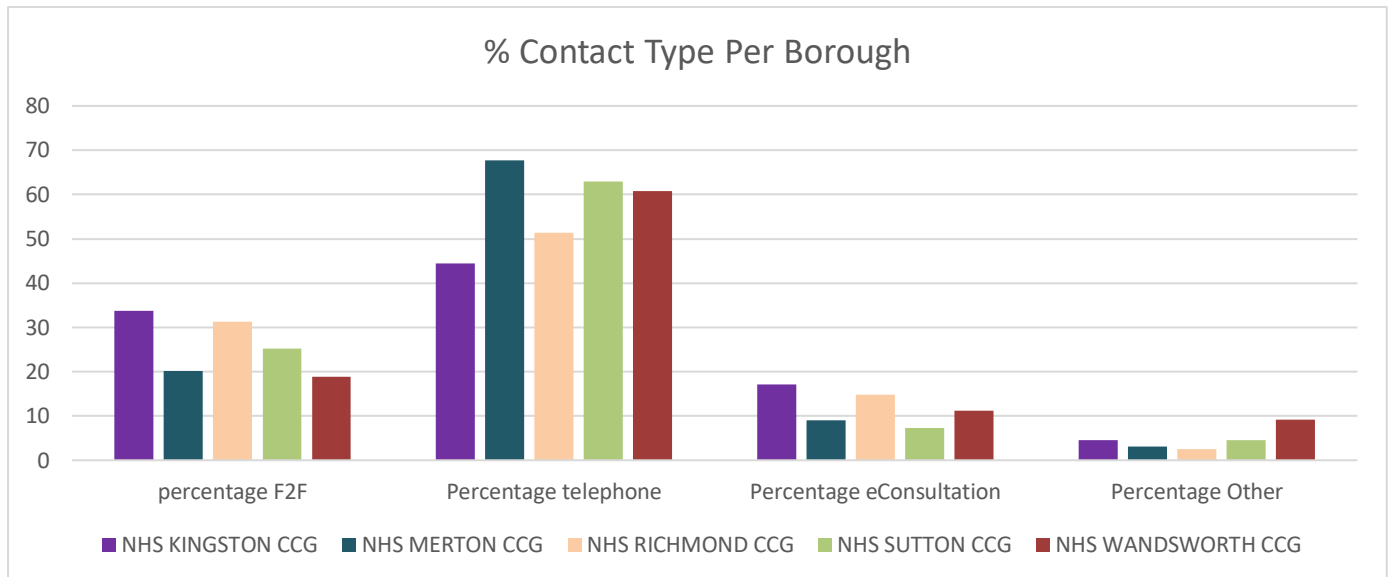
**Borough**

The Local Authority 2019 Indices of Deprivation are designed to measure multiple forms of deprivation at the small spatial level across England on a relative scale. It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10 per cent, 20 per cent or 30 per cent of all small areas in England (although there is no definitive cut-off at which an area is described as 'deprived').

While primarily designed to be a small-area measure of deprivation, they are commonly used to describe deprivation for higher level geographies, including local authorities, by aggregating LSOA data. Authorities with lower tier responsibilities (which include London boroughs) are ranked between 1 and 317 (1 being the most and 317 the least deprived district in England).

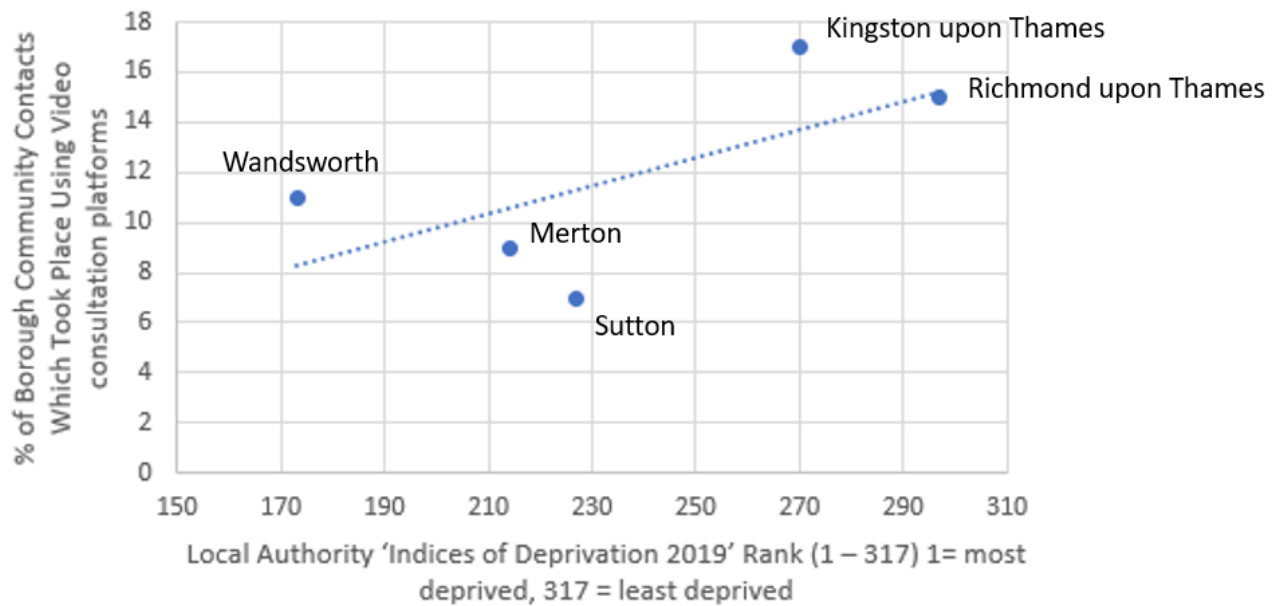
South West London and St George's Mental Health Trust (SWLSTG) serve 5 Boroughs (Kingston, Richmond, Sutton, Merton and Wandsworth). The Borough of Kingston completed the highest proportion of contacts

during the survey period using video consultation technology (17%); the Borough of Sutton recorded the lowest proportion (7%).



Local Authority	Local Authority 'Indices of Deprivation 2019' Rank (1 – 317) 1= most deprived, 317 = least deprived
Wandsworth	173
Merton	214
Sutton	227
Kingston upon Thames	270
Richmond upon Thames	297

If we plot 'LA Indices of deprivation' against '% of borough contacts which took place using video consultation' during the survey period, there is a suggestion that the uptake of video consultation is greater in areas of low social deprivation.



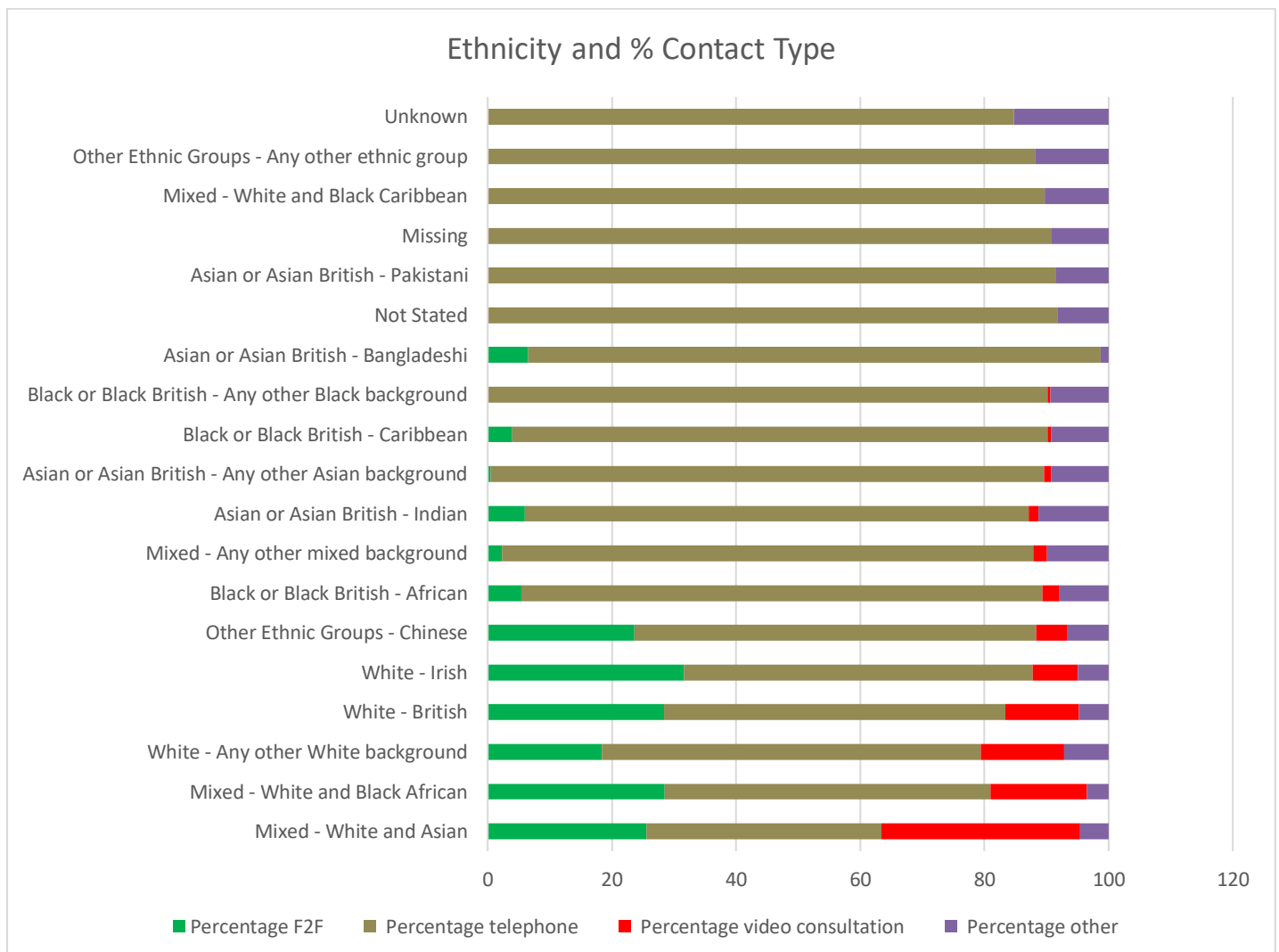
## Ethnicity

The ethnicity breakdown of all community contacts is shown below.

Column1	F2F	Telephone	eConsultation	Other	Total
White - British	12828	24776	5328	2161	45093
White - Any other White background	934	3101	683	362	5080
Mixed - White and Asian	848	1253	1061	151	3313
Mixed - White and Black African	795	1461	434	96	2786
Black or Black British - Caribbean	42	907	5	98	1052
Black or Black British - African	53	817	27	77	974
Asian or Asian British - Any other Asian background	4	712	9	74	799
Asian or Asian British - Indian	42	569	11	79	701
Mixed - White and Black Caribbean	0	549	0	63	612
Mixed - Any other mixed background	14	516	13	60	603
Asian or Asian British - Pakistani	0	509	0	47	556
Other Ethnic Groups - Any other ethnic group	0	467	0	63	530
Not Stated	0	471	0	42	513
Other Ethnic Groups - Chinese	79	216	17	22	334
Unknown	0	222	0	40	262
Black or Black British - Any other Black background	0	230	1	24	255
Asian or Asian British - Bangladeshi	10	142	0	2	154



Most of the contacts took place with people who were White British (45,093 in total). If we look at percentage of contacts which took place using video consultation technology during the survey period, we can see that the majority of these occurred in the Mixed - White or White ethnic groups and that the proportion of video consultation was low in BAME groups, also noting the relatively low contact numbers within these ethnic groups which makes drawing firm conclusions difficult. The data also suggests relatively a low proportion of F2F contacts in BAME groups.



**Mental Health Cluster**

A mental health cluster is a global description of a group of people with similar characteristics as identified from a holistic assessment and then rated using the Mental Health Clustering Tool (MHCT).

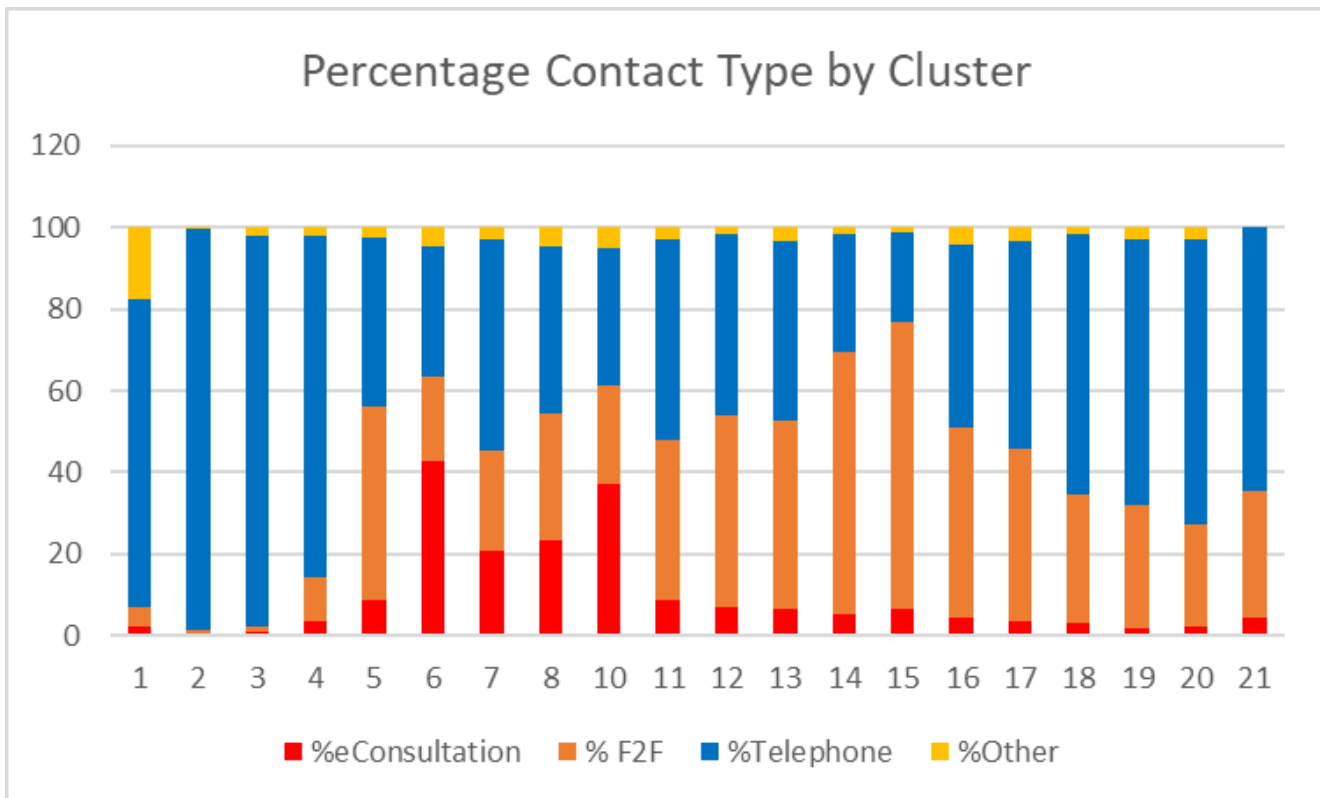
Cluster Activity during the survey period is as follows:

Cluster	Description	Count	Percentage	Percentage	Percentage	Total
<b>1</b>	Common mental health problems (low severity)	25	389	11	90	515
<b>2</b>	Common mental health problems (low severity with greater need)	9	1282	10	8	1309

<b>3</b>	Non-psychotic (moderate severity)	38	2698	27	63	2826
<b>4</b>	Non-psychotic (severe)	154	1168	51	33	1406
<b>5</b>	Non-psychotic disorders (very severe)	1268	1119	237	65	2689
<b>6</b>	Non-psychotic disorder of over-valued ideas	191	291	393	44	919
<b>7</b>	Enduring non-psychotic disorders (high disability)	866	1847	746	103	3562
<b>8</b>	Non-psychotic chaotic and challenging disorders	1505	1990	1144	222	4861
<b>10</b>	First episode psychosis (with/without manic features)	345	478	535	75	1433
<b>11</b>	Ongoing recurrent psychosis (low symptoms)	279	346	61	20	706
<b>12</b>	Ongoing or recurrent psychosis (high disability)	1425	1350	219	53	3047
<b>13</b>	Ongoing or recurrent psychosis (high symptom and disability)	1505	1440	221	113	3279
<b>14</b>	Psychotic crisis	1098	498	91	30	1717
<b>15</b>	Severe psychotic depression	63	20	6	1	90
<b>16</b>	Psychosis and affective disorder (high substance misuse and engagement)	121	117	12	11	261
<b>17</b>	Psychosis and affective disorder – difficult to engage	142	174	13	11	340
<b>18</b>	Cognitive impairment (low need)	467	946	46	25	1484
<b>19</b>	Cognitive impairment or dementia complicated (moderate need)	602	1300	42	64	2008
<b>20</b>	Cognitive impairment or dementia complicated (high need)	285	797	29	32	1143
<b>21</b>	Cognitive impairment or dementia (high physical or engagement)	84	174	12	0	270

Most contacts took place with people placed in Cluster 8 (Non-Psychotic Chaotic and Challenging Disorders)

If we look at the percentage contact type by cluster, the highest proportion of video consultations took place with people in cluster 6 (non-psychotic disorder of overvalued ideas) and cluster 10 (1st episode psychosis). People in the psychosis and organic clusters had a greater proportion of contacts either face to face or by telephone.



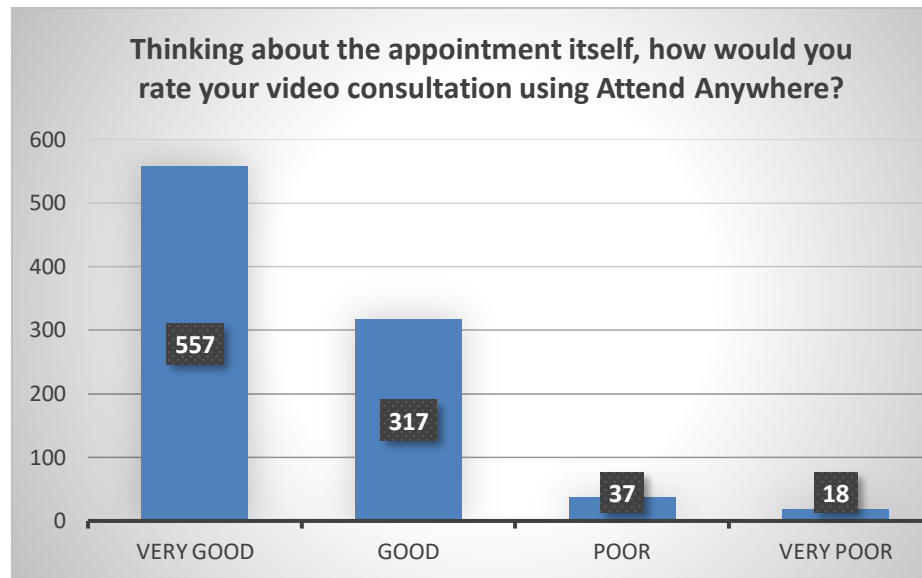
**Survey evaluation results**

The Attend Anywhere evaluation survey was completed by **929** patients. **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.

**Overall rating of video consultation**

94% of service users rated their overall experience of using Attend Anywhere as either good or very good.

Rating	Number of responses
Good	317
Poor	37
Very Good	557
Very Poor	18
<b>Grand Total</b>	<b>929</b>



Some of the comments made by people who rated the overall experience as good or very good included the following:

- *I prefer video consultation as it saves a lot of time. thank you*
- *Much better than using Zoom web confidence.*
- *Brilliant system happy to use in future. Thank you*
- *Thank you for your time and help!*
- *Great. I think most appointments should be done like this. Impressed*
- *I see the use of Attend Anywhere as necessary during the current situation.*
- *Efficient and easy to use saves lots of time and safer*
- *It was very nice*
- *There were no technical difficulties during the appointment, although I just find face to face appointments much easier terms of my anxiety.*
- *This is a very good way to keep appointments when physical examinations ie blood pressures, height & weight are not required. Also no need to cancel appointments if you are unwell and can't leave the house.*
- *The occasional face to face would be useful.*
- *Although this system of consultation works well, it is no substitute for face to face discussion with the consultant. Without my assistance my wife would be unable to contact and talk to my doctor via this computer link, she is not computer literate or competent and lacks the understanding needed.*
- *Mark was amazing and very helpful*
- *This is a very good way to keep appointments when physical examinations ie blood pressures, hight & weight are not required. Also no need to cancel appointments if you are unwell and can't leave the house.*
- *Would be difficult to use on my own, but with support worked well.*
- *even though using the system was efficient, when talking about your child's sensitive information and challenges its much nicer to be in person with the assessor*
- *Video next time*
- *With the number of people desperate to see a clinical for mental health issues, if this service can be used to ensure higher levels of people accessing the treatment they need, it should continue to be an option even once the pandemic is over. Making it possible to speak to a clinical remotely also helps the accessibility of a service massively.*

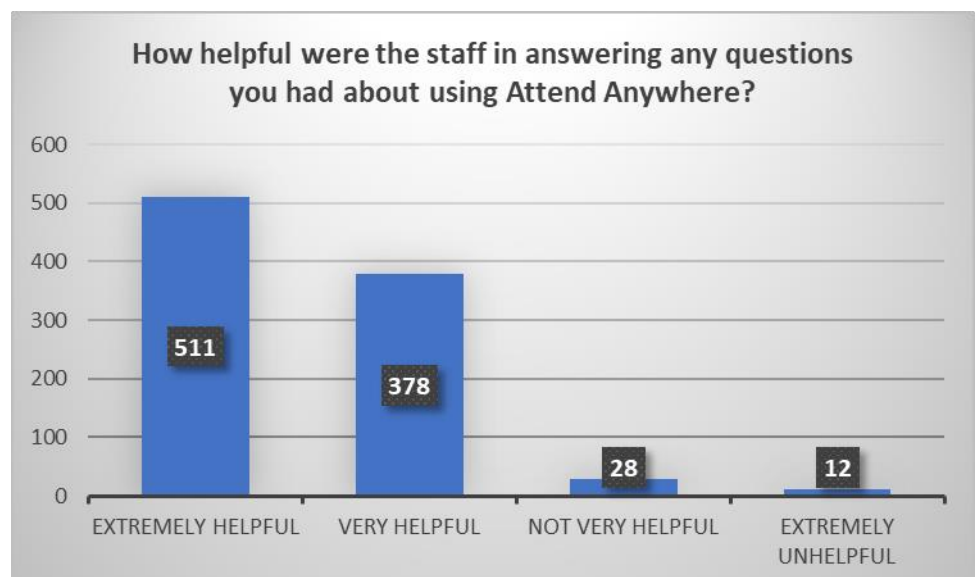
- *Would prefer to use this system rather than face to face. It is more convenient for me as i work full time and means i do not have to leave work early.*
- *Very good, helpful & calming being at home. No stress getting to hospital & getting home again.*
- *I am really thankful that I have been allowed and able to use this service for keep receiving medical treatment. To help with environmental issues I think this system could be used more often.*
- *A record feature would be really useful.*
- *Online consultations are brilliant for us, ADHDers. If we forget about them (which we very likely will), were a phone call away and will be able to take the appointment, instead of missing an in-person appointment because were 10 miles away. Its a brilliant system, please keep using it.*
- *It would be nice to share documents as I was asked to supply my dyslexia report and it would have saved time, if I could have done this immediately like Zoom.*
- *Flawless system - well done*
- *Thank you for all the support and kind help that is given through this easy to access and use system.*

Comments made by people who rated the overall experience as either poor or very poor included the following:

- One member of my team could not use the software, so we had to use the phone as well.
- Its is a great tool, but the video and audio quality were poor. The audio lagged and jumped around and the visual froze a few times
- Video call was very bad quality, clinician called me on the phone instead.
- I didn't actually have my appointment with the doctor; I was on hold for 1 hour from 10am to 11am. Please can another appointment be sent to me?

96% of people using Attend Anywhere reported that staff were either very helpful or extremely helpful in answering questions they had about using Attend Anywhere.

Rating	Number of responses
Extremely helpful	511
Extremely unhelpful	12
Not very helpful	28
Very helpful	378
<b>Grand Total</b>	<b>929</b>



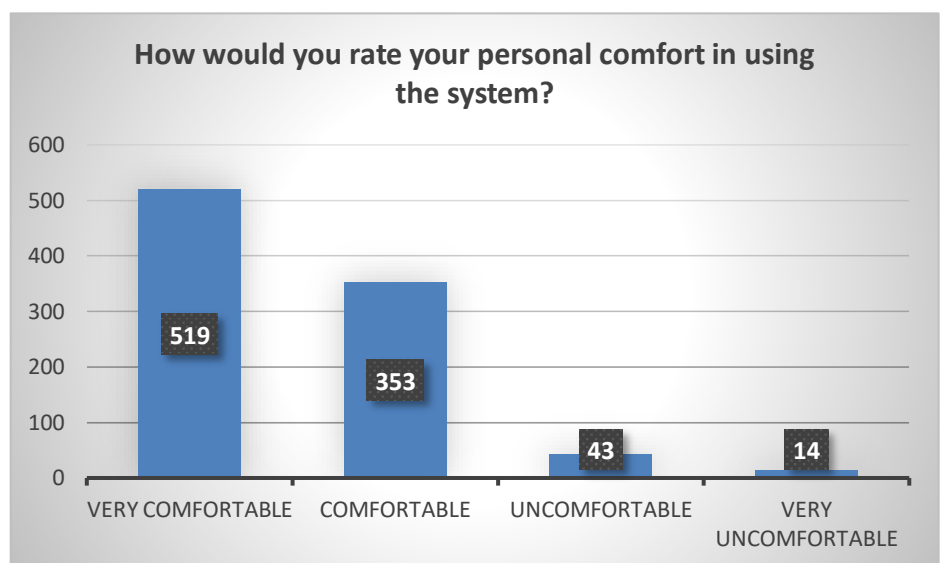
The following comments were received from people who rated the staff as unhelpful.

- *Nobody answered my call!*

- *I have spent two sessions waiting 30mins and 15mins waiting to be dialed into the call and have not been. It is very frustrating as this is a huge waste of time.*
- *No one turned up, sat here for an hour. Sent an email to the person that set up the appointment but no reply - difficult to know if anyone knew I was waiting. Not great*
- *Doctor did not attend*
- *The Dr hasn't turned up on the call. No indication of how long I should wait. It's uncomfortable sitting here waiting with my phone looking at me. So I'm leaving to try and get on with my day.*
- *The sound alters from being very quiet to very loud all through a 90 minute video call! This makes it extremely difficult to hear professionals speak.*
- *This appointment was awful. The doctor was not helpful at all. In fact her persona and tone is nothing but unhelpful for someone who is already depressed. She was abrasive, rude.... This person should not be working in mental health. On the phone call, i could not name any triggers, now i can.. .*

94% of service users reported that their personal comfort in using the system was either comfortable or very comfortable.

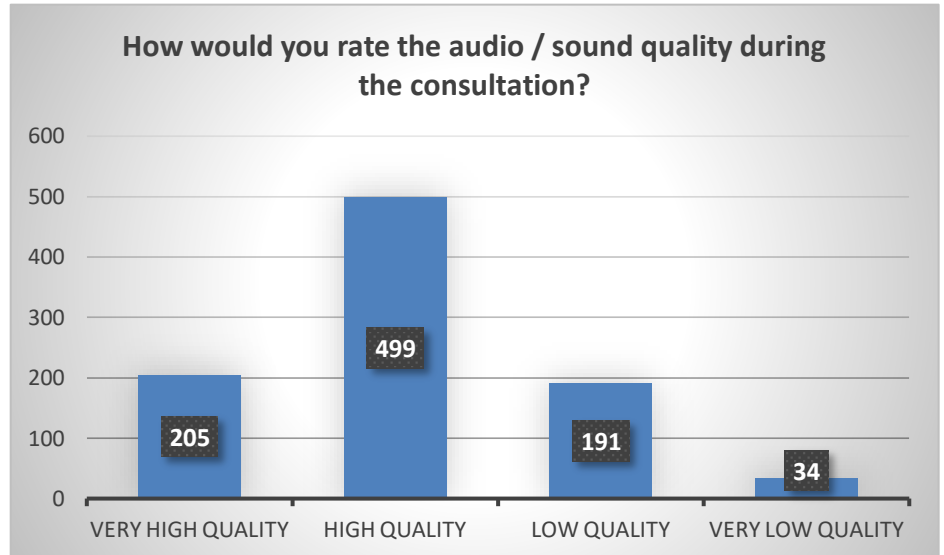
Rating	Number of responses
Comfortable	353
Uncomfortable	43
Very comfortable	519
Very uncomfortable	14
<b>Grand Total</b>	<b>929</b>



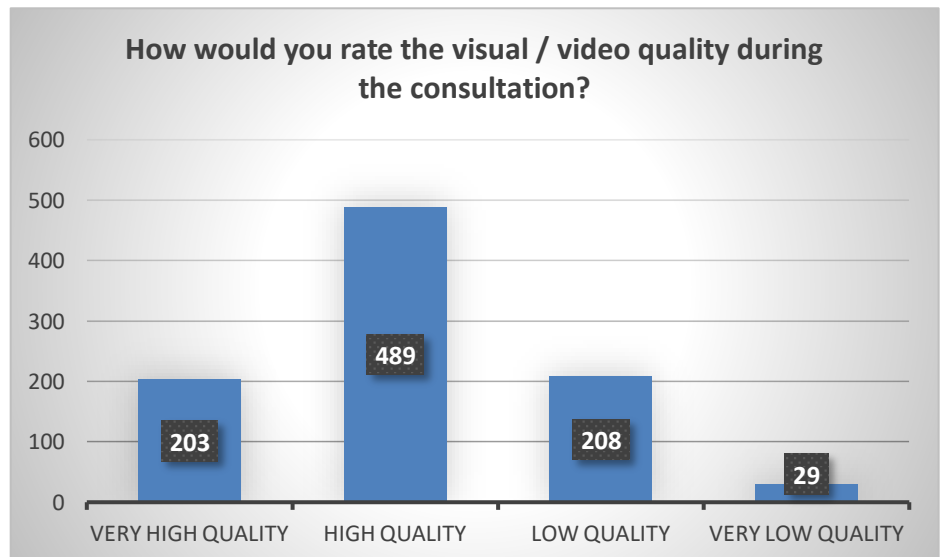
Of the people who found the experience either 'uncomfortable' or 'very uncomfortable', eight people (14%) reported that they would 'definitely not' use the system again; ten people (18%) reported that they would 'probably not' use the system again. The remainder (68%) reported that they would 'probably' or 'definitely' use the system again, suggesting that most people would persevere with using video consultation technology even if they found their first experience uncomfortable.

76% of people responding to the survey reported that the audio quality was either high or very high. 75% of people responding also reported that the video quality was either high or very high.

Rating	Number of responses
Very high quality	205
High quality	499
Low quality	191
Very low quality	34
<b>Grand Total</b>	<b>929</b>

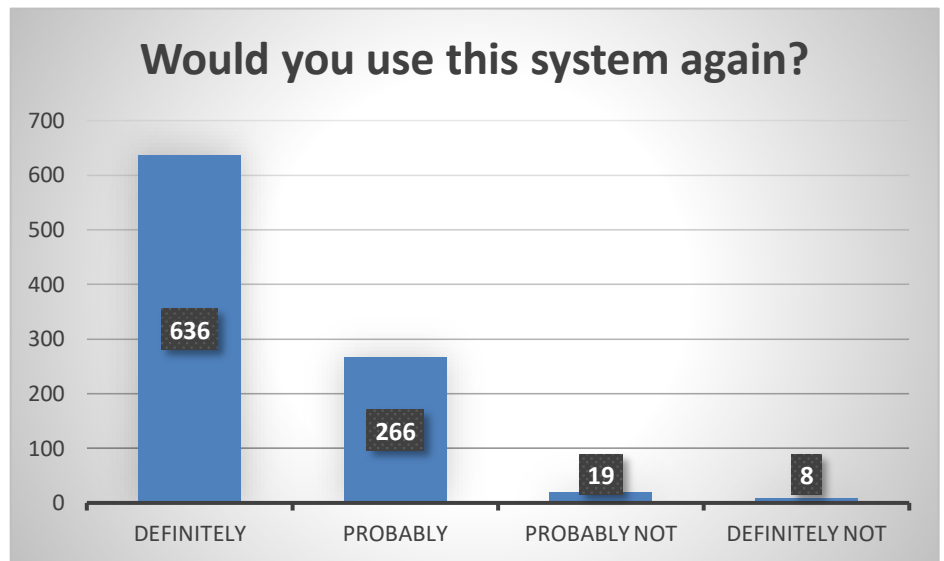


Rating	Number of responses
Very high quality	203
High quality	489
Low quality	208
Very low quality	29
<b>Grand Total</b>	<b>929</b>



97% of survey participants said that they would either or 'definitely' or 'probably' use the system again, were they to be offered the option.

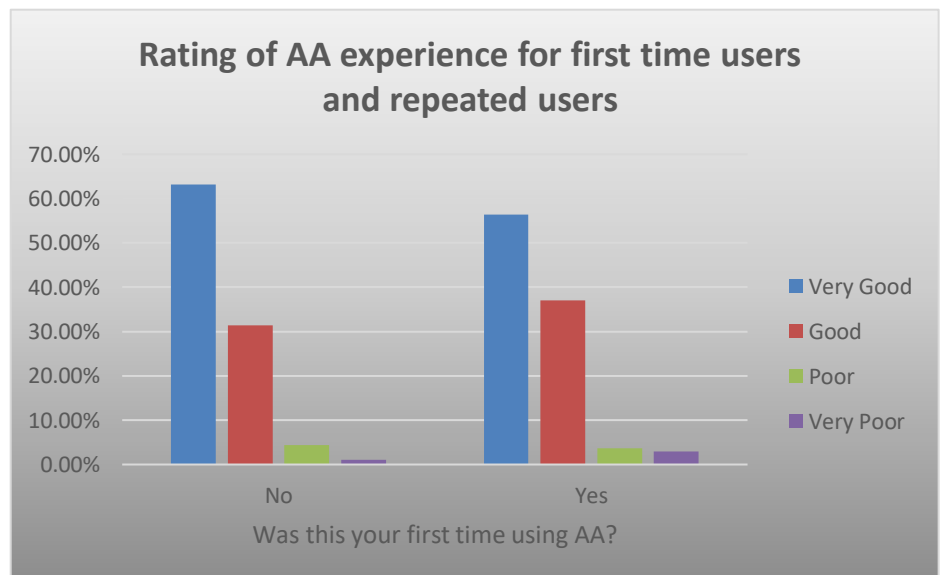
Rating	Number of responses
Definitely	636
Probably	266
Probably not	19
Definitely not	8
<b>Grand Total</b>	<b>929</b>



48% of survey responders were first time users and 52% of responders had used Attend Anywhere previously. There were no observable differences between the experience of people using Attend Anywhere for the first time and repeat users, suggesting that the information provided to patients before their appointment was adequate and that the system was easy to use for first time users.

Rating of first-time users	Number of responses
Very good	251
Good	165
Poor	16
Very poor	13
<b>Total</b>	<b>445</b>

Rating of repeat users	Number of responses
Very good	306
Good	152
Poor	21
Very poor	5
<b>Total</b>	<b>484</b>



We asked service users who would have normally travelled to a clinic setting to see their doctor / therapist / nurse a series of further questions, in addition to the questions noted above. 114 people completed this part of the survey.

The average distance travelled to the appointment was estimated by respondents to be approximately 4 miles.

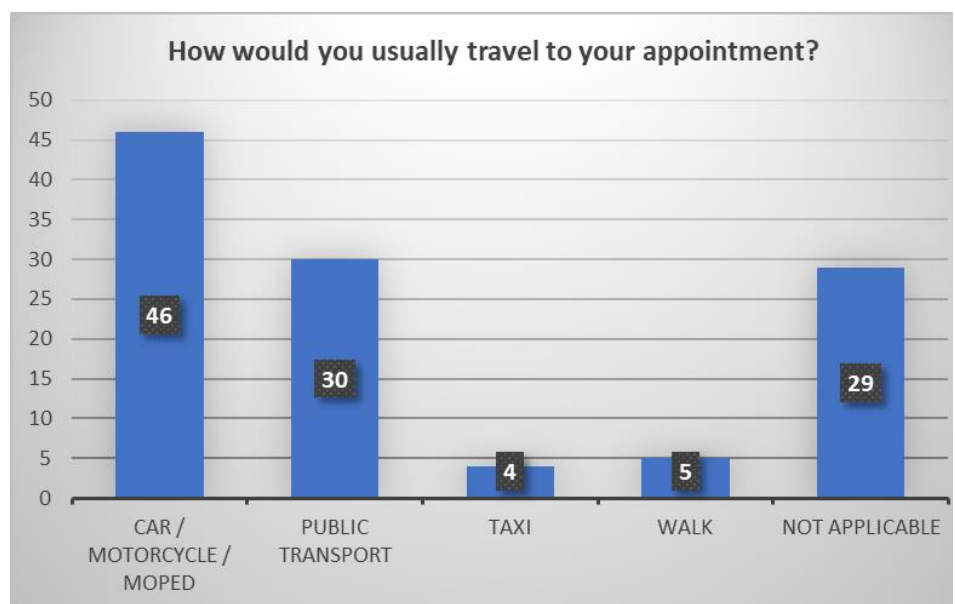


Distance travelled to appointment	Number of responses
0-2 miles	34
2-4 miles	25
5 miles and above	15
I am usually seen at home for a face to face assessment, so I don't have to travel at all	1
I usually have video consultations / telephone consultations so I don't have to travel at all	39
<b>Total</b>	<b>114</b>



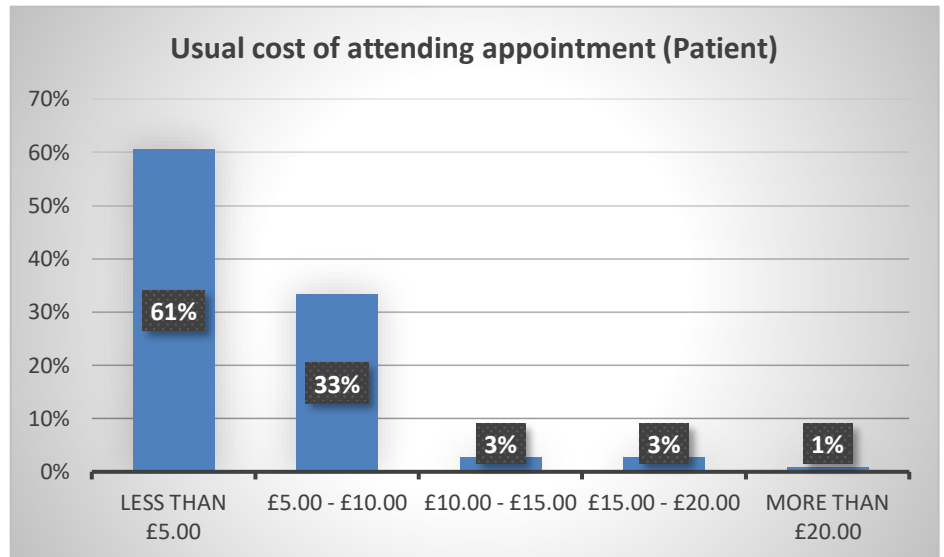
The majority of people would have normally driven to their appointment. The minority of people would have either walked or used public transport to attend their appointment.

Mode of transport	Number of responses
Car / Motorcycle / Moped	46
Public Transport	30
Taxi	4
Walk	5
Not Applicable	29
<b>Total</b>	<b>85</b>



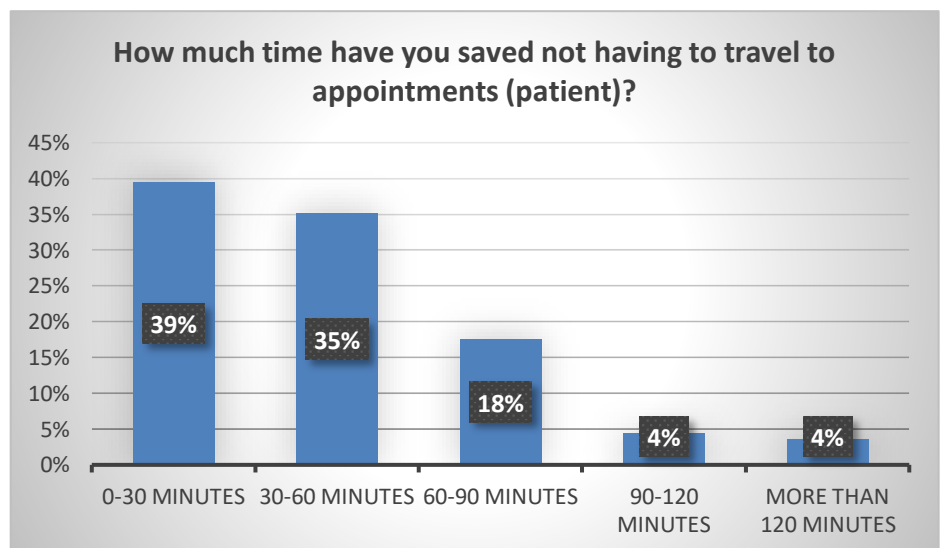
We asked patients to estimate the usual cost of attending appointments. On average, each patient saved approximately £5 in travel costs using Attend Anywhere.

Cost of attending appointment	Number of responses
less than £5.00	69
£5.00 - £10.00	38
£10.00 - £15.00	3
£15.00 - £20.00	3
More than £20.00	1
<b>Total</b>	<b>114</b>



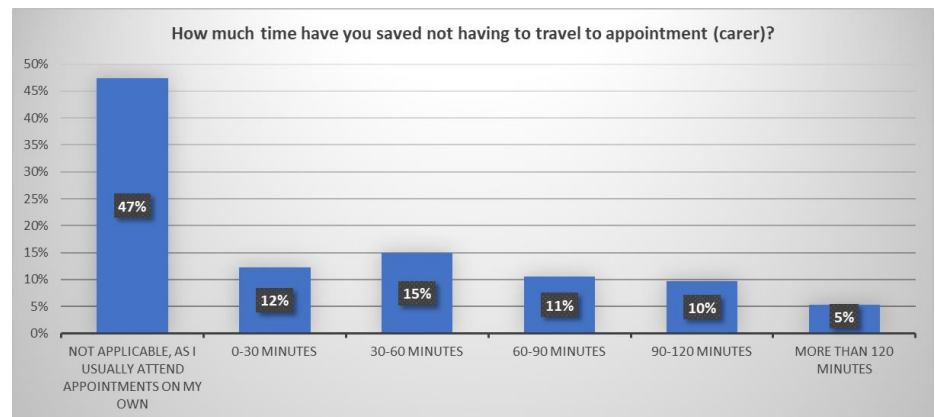
The average time saved by patients not having to travel to their appointment was 40 minutes,

Time saved	Number of responses
0-30 minutes	45
30-60 minutes	40
60-90 minutes	20
90-120 minutes	5
More than 120 minutes	4
<b>Total</b>	<b>114</b>



We were also interested in estimating the impact on carers in supporting people to attend their face to face appointments. Approximately 50% of people surveyed reported that they would normally be accompanied when attending their appointments. Unfortunately, the data related to the financial impact on carers was incomplete, so conclusions could not be drawn. However, on average it was estimated that carers would save 33 min of travel time by not having to accompany their friend / relative to the appointment.

Time saved	Number of responses
0-30 minutes	14
30-60 minutes	17
60-90 minutes	12
90-120 minutes	11
More than 120 minutes	6
Not applicable, as I usually attend appointments on my own	54
<b>Total</b>	<b>114</b>



### **Free Text Feedback**

Two hundred fifty-eight people provided free text feedback / comments during the survey. These have not been formally analysed but are available to read in Appendix 4 below.

Sentiment Analysis (monkeylearn.com) using AI software of all the text suggests an overall positive analysis, with a confidence rating of 95%.

There was a broad mix of both positive and negative comments. Many people reported that they found the technology and experience positive and were thankful to have the opportunity to remain in contact with their clinician using this video consultation platform.

Several people thought that the quality of the consultation was adversely affected using video technology as the clinician would have been less aware of the body language of the patient, suggesting that a face to face contact is preferable despite the convenience of video consultation.

Most negative comments were in relation to technical difficulties, or problems with streaming of the audio or video feed, causing intermittent broken connections, leading to frustration. Also people made reference to the lack of privacy, as they were unable to identify a private safe space to speak to the clinician away from other people.

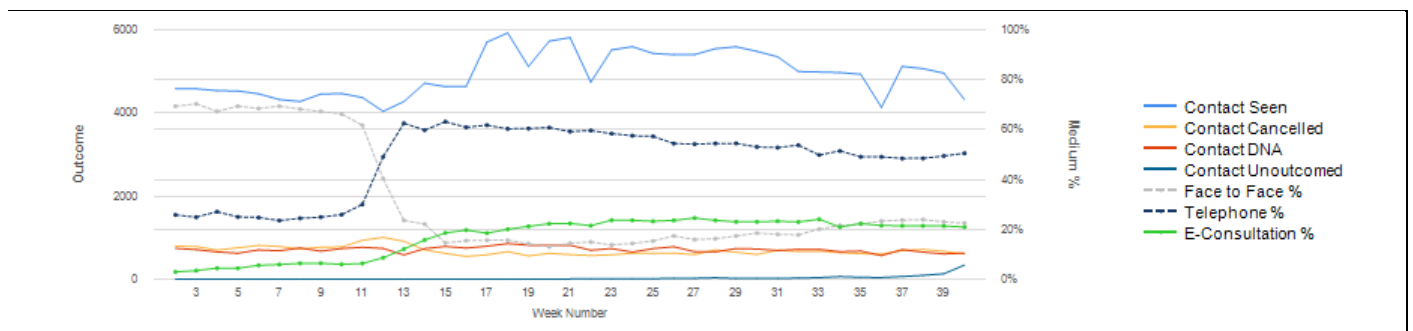


## Appendix 1

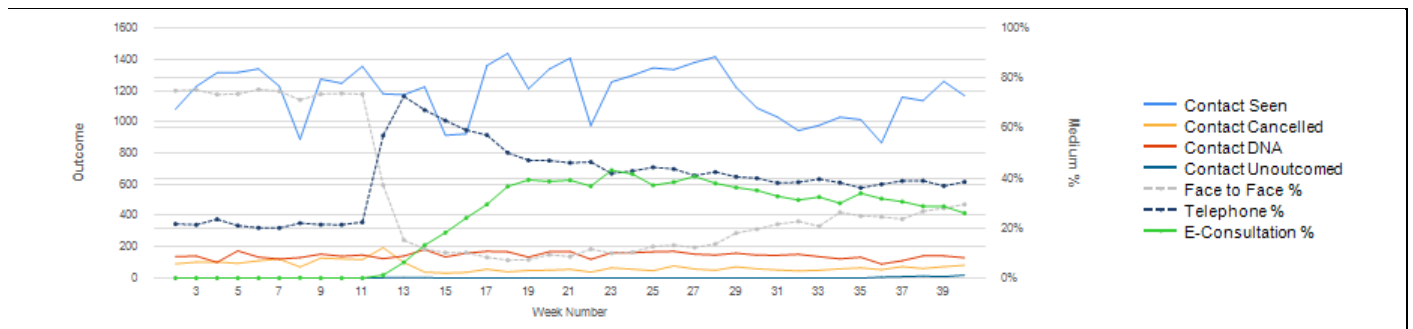


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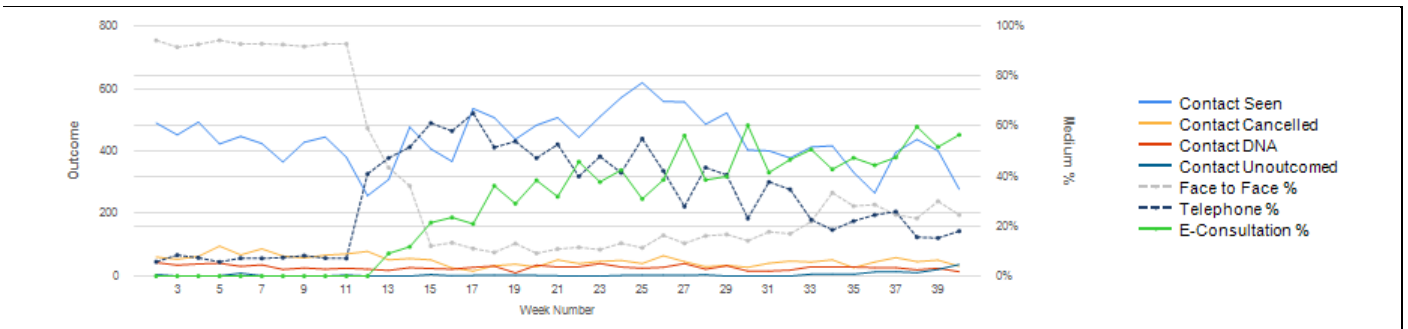
## Appendix 2. Staff Activity Reports from January 1 2020 (week 1) to October 6, 2020 (week 40)



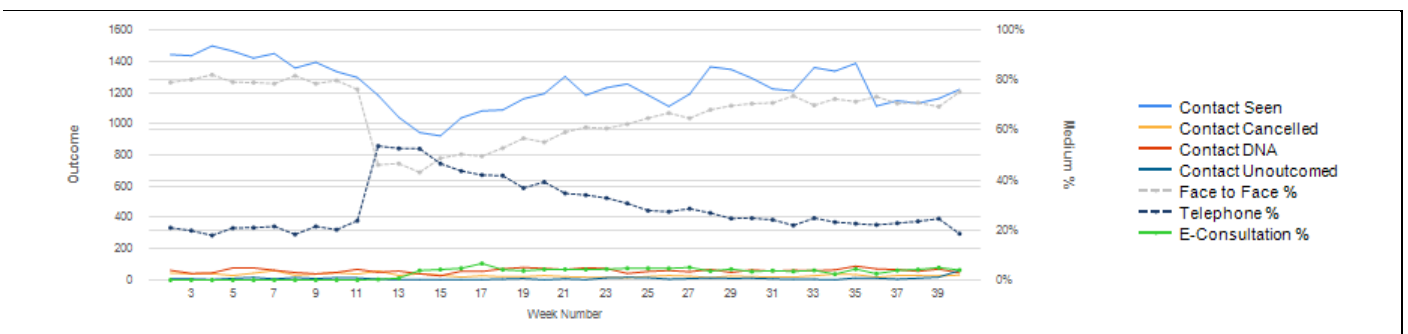
**Figure 2. Community Service Line Staff Activity**



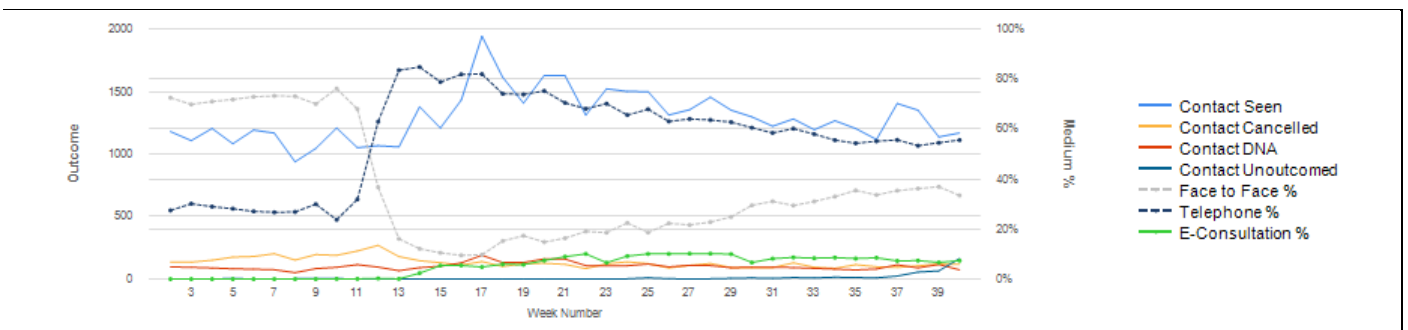
**Figure 3. CAMHS Service Line Staff Activity**



**Figure 4. Forensic, National and Specialist Service Line Staff Activity**



**Figure 5. Acute and Urgent Care Service Line Staff Activity**



**Figure 6. Cognition, Mental Health in Aging Service Line Staff Activity**

### **Appendix 3. Consultants and SAS Survey on Remote Consultation**



SWLStG COVID19 -  
Consultant and SAS d

### **Appendix 4. Free Text Comments received during the survey (Names of clinicians removed)**



AA%20Free%20Text  
%20Comments.docx

### **Appendix 5. Qualitative evaluation of Attend Anywhere**



Staff and service  
users' experiences of