

Remote Consultations in Mental Health - Learning from Evaluation

Webinar 9 March 2021

Please engage with us on Twitter using the hashtag **#RemoteConsultation** and tag **@SLPMentalHealth** & **@HINSouthLondon** so we can share your tweet!



Welcome from the Chair



Dr Stuart Adams

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

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Learning from South London Trust surveys and evidence reviews



Dr Julie Williams

Post Doctoral Research Worker

Centre for Implementation Science

Institute of Psychiatry, Psychology and Neuroscience

King's College London

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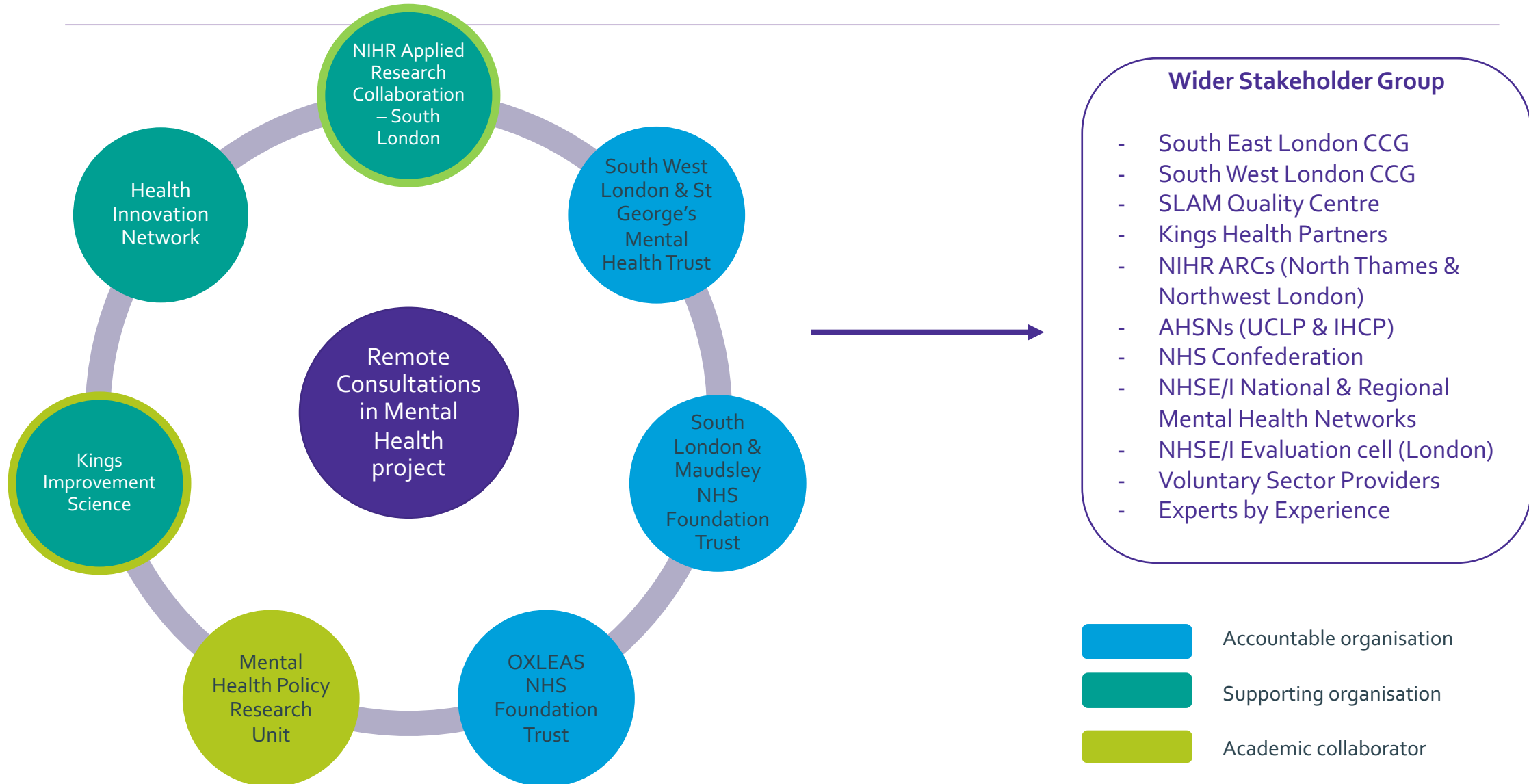
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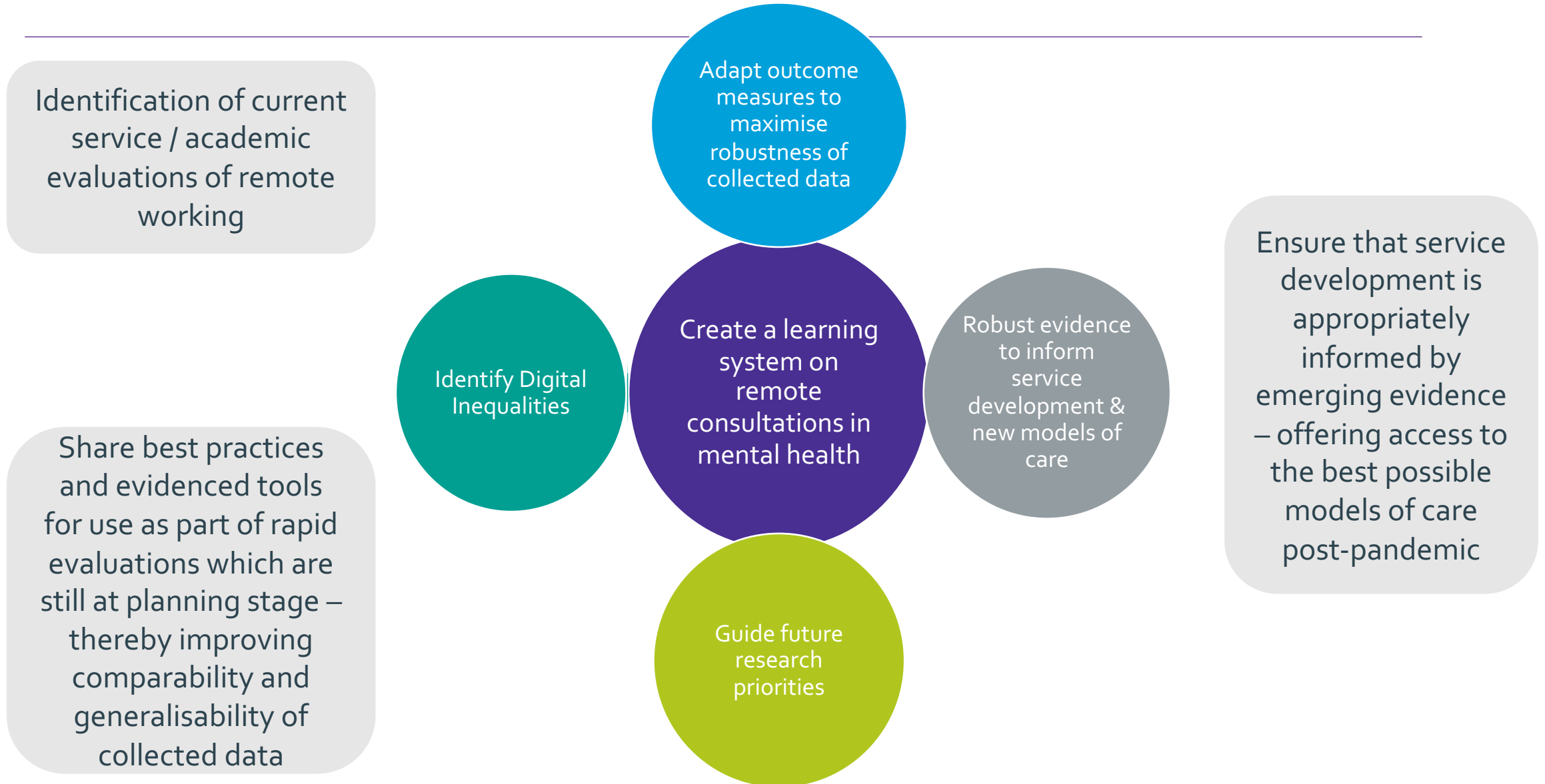
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Working in partnership across South London and wider



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



Three Workstreams

Workstream 1 – Evaluation Survey

- Evaluation e-survey across all providers of mental health services
- Map the different evaluations (and research projects or surveys) taking place about any aspects of remote working (both client-facing and interprofessional)

Workstream 2 – Patient and Staff Surveys

- Review current patient and staff surveys already completed in each Trust

Workstream 3- Rapid evidence review

- Understand the existing evidence on the effectiveness and implementability of remote consultations
- (1) Umbrella review of pre-COVID-19 literature (2) a rapid review of COVID-19 specific literature in mental health settings

Trust surveys

Trust	Aim	Numbers	Dates
SLaM	Survey experience of virtual appointments-staff, service users and carers	474 staff, 47 service users, 24 carers responses	June-Aug 2020
OXLEAS	Survey service user experience of remote consultations	5054 responses	March-July 2020
SWLSTG (1)	Survey service user experiences of Attend Anywhere	929 responses	June-Aug 2020
SWLSTG (2)	Survey of Consultant and SAS doctors views on remote working	80 responses	June 2020

Trust surveys

Patient experience of remote appointments

OXLEAS

90% of patients responded “Yes” or “*Somewhat*” when asked if they were happy with the care and treatment received in their remote appointment.

79% of patients responded “Yes” or “*Maybe*” when asked if they would like to be able to have remote appointments in future.

SWLSTG

97% of survey participants reported that they would either ‘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.

Trust surveys

SLaM

From responses to a question on experience and one on future intent, three profiles of virtual contact users was constructed.

- **resistant** (n=84): those who reported that their virtual contact experience was “worse/ much worse” than that in face-to-face contact, and they are “somewhat/ very unlikely” to want it in the future
- **ambivalent** (n=338): those who did not find virtual contact experience better than that in face-to-face contact, yet they showed no intention to reject it in future
- **receptive** (n=123): those who found virtual contact “better/ much better” than face-to-face contact and are “somewhat/ very likely” to want it in future

Trust surveys

Service user themes identified:

Convenience

'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 ' (SWLSTG)

"Logistically more convenient, no travel expense and in an era of COVID-19, feels safer." (OXLEAS)

"I get very anxious going out and even more so now with COVID-19. A phone call does not present me with these challenges." (OXLEAS)

Trust surveys

Service user themes identified-continued:

"It 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." (SWLSTG)

"I prefer face-to-face just because of trust I can't see who I'm talking to so it's really uncomfortable sharing my personal issues with this person." (OXLEAS)

"The person I spoke with was very nice and informative. I do however feel though that it's probably not good for everyone as it would be easier to play down how you really feel over a phone call..." (OXLEAS)

"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." (SWLSTG)

Trust surveys

Service user themes identified-continued:

- Importance of choice
- Longer-term use
- Resources required

A range of opinions were expressed in relation to each theme

Trust surveys

Staff themes identified:

- Benefits: less travelling time, more productive

'Easier to manage work life balance, less tired as reduced travel' (SWLSTG)

- Challenges: lack of contact with team, poor internet connectivity, blurring of work/home

'stress as less opportunities to bounce ideas with colleagues, prefer face to face interaction as you get more understanding and sense of urgency' (SWLSTG)

- Need for clear guidelines and support

- Which platform? e.g. MS Teams, Zoom, Skype, phone-pros and cons for each

Trust surveys

Overview:

- All surveys a 'snapshot' so don't know about change over time
- Trusts used different data collection methods
- Did not always collect demographic details
- Survey participants may not be representative

Themes:

- Similar themes across the surveys
- Difference of views for each theme- shows different people having different experiences

Gaps:

- Digital exclusion

Evidence reviews

Pre-COVID Umbrella review 'review of reviews':

- Aim: Identify the pre-COVID literature on guidance, effectiveness, implementation and economic effectiveness of remote working in mental health
- 19 reviews met our criteria reporting on 239 studies and 20 guidance documents
- Studies on telephone counselling, videoconferencing for diagnosis, therapy and education
- Range of diagnoses

Evidence reviews

- Some evidence that outcomes (depression, anxiety, PTSD) were similar using videoconferencing – at least in short term
- Service users generally satisfied with video consultations, staff more mixed views
- Mixed views on relationship between service users and clinicians (therapeutic alliance)

Evidence reviews

- 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
- There was limited evidence on the impact of large-scale implementation - most studies were research
- Review of evidence during the pandemic ongoing

Mental health appointments: are phone or video consultations as effective as face-to-face?

The use of technology has suddenly become much more important due to the Covid-19 pandemic.

Evidence of how these changes affect service users and health professionals is still being collected. This document summarises key themes from a review of research conducted into remote consultations before Covid-19.

Research in this area is ongoing. Service users and mental health services in south London are collaborating on a project to understand the impact of remote consultations. We would like you to be involved:

<https://bit.ly/MH-Remote-Consultations>



Technical challenges

Some technical issues (eg connection problems) have been experienced, but overall these do not seem to have a significant negative impact on services or users.



Patient outcomes

Both video and telephone consultations were found to result in significant reductions in symptom severity, with outcomes comparable to face-to-face. These results were consistent for service users experiencing many different conditions.

Therapeutic relationships

Most service users felt that remote appointments were about as good for building relationships with therapists, although medical professionals had more reservations.



Convenience & cost-effectiveness

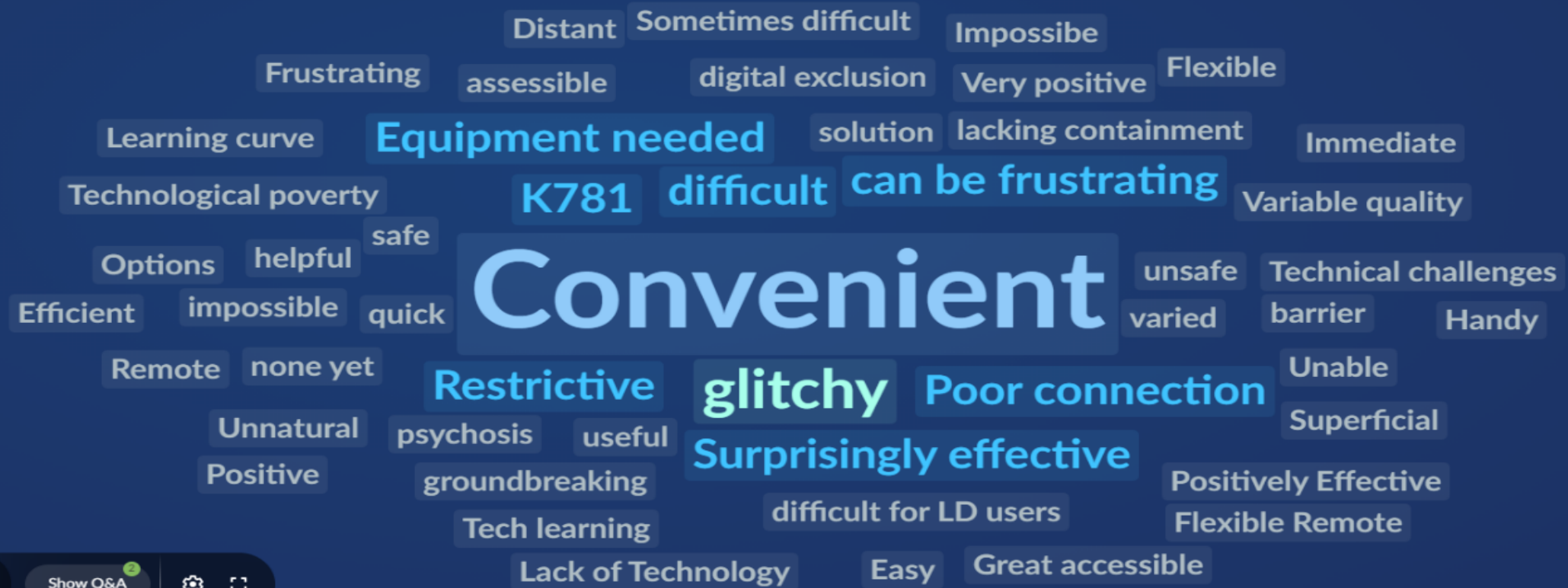
Many service users find remote consultations convenient, saving money and time (especially in rural areas) and helping more service users attend consultations. Set-up costs can be high.

Final work – Triangulation of evidence from the three workstreams

- To bring together the findings from the workstreams
- To identify commonalities and areas of difference
- To highlight gaps in the evidence base around remote working in mental health services which may need to be addressed in future research

Slido Q1-

You've heard the evidence - please use two words to describe your experience of video consultations. 0 4 4

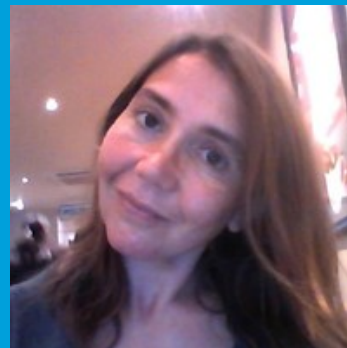


Video consultations – how does it feel from a service user perspective?

Experts by Experience



Lana Samuels



Sarah Markham



Melanie Getty



Paul Lennon

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Start of Covid-19



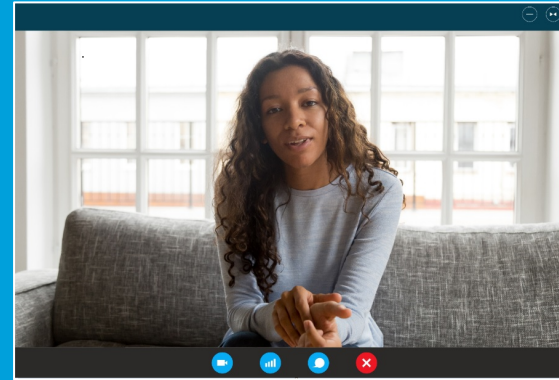
Challenges

- Discomfort and anxiety around remote / video appointments
- Mistrust of technology
- Unable to access remote options
- Digital inequality and mixed tech capability
- Work, clinical appointments and personal time all at home – no buffers
- Less privacy at home

Benefits

- Access to some services remain despite lockdown

Now - One year on



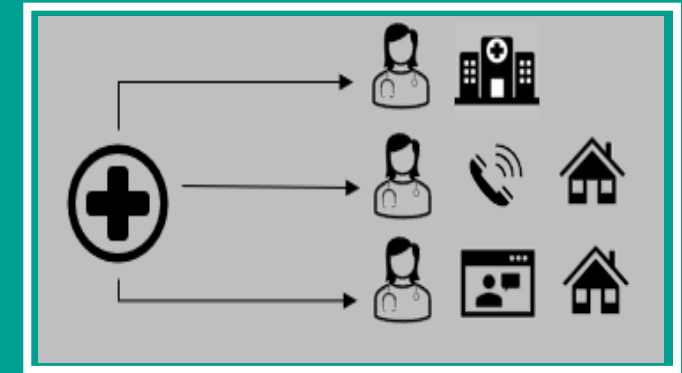
Challenges

- Discomfort and anxiety remains for initial appointments
- Mistrust of technology remains – peer support and choice improves this
- Digital inequality and mixed tech capability remain but improvements made
- Work, clinical appointments and personal time all at home – no buffers
- Less privacy at home

Benefits

- Improved access to suitable remote options
- Convenience and reduced cost
- Sense of control in own environment

Future Vision



- Focus on positives – beneficial changes and learnings
- Inequalities around digital inclusion addressed
- Continue to offer video consultations (with option of initial face-to-face)
- Continue to provide reassurance around video consultations
- Continue offering choice of face-to-face, phone and video call
- Be mindful of language used, stigmas and assumptions

Shift in attitude & experience

Improved options & capability

Digital exclusion remains

Opportunities for virtual working at South London & Maudsley NHS Foundation Trust



Noushig Nahabedian

Head of Quality Improvement & Slam Partners
(Improvement, Evaluation and Governance)

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Opportunity

Physical



Social



Physical opportunity: Staff

- Hardware provisions
- Teams license
- Digital coaches
- Staying connected dashboard



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.

Financial Year: Month:

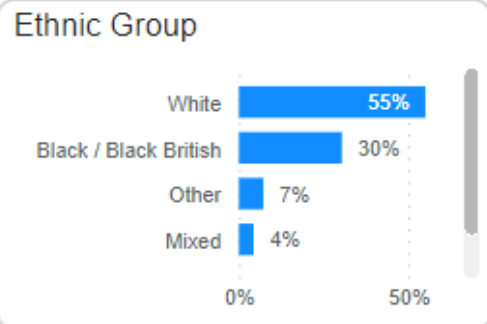
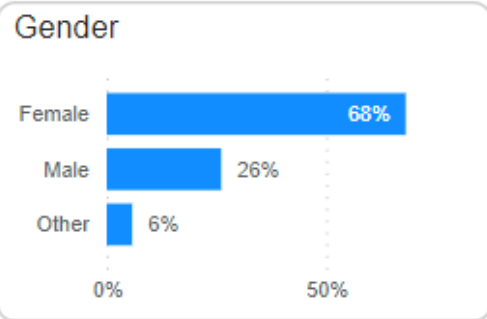
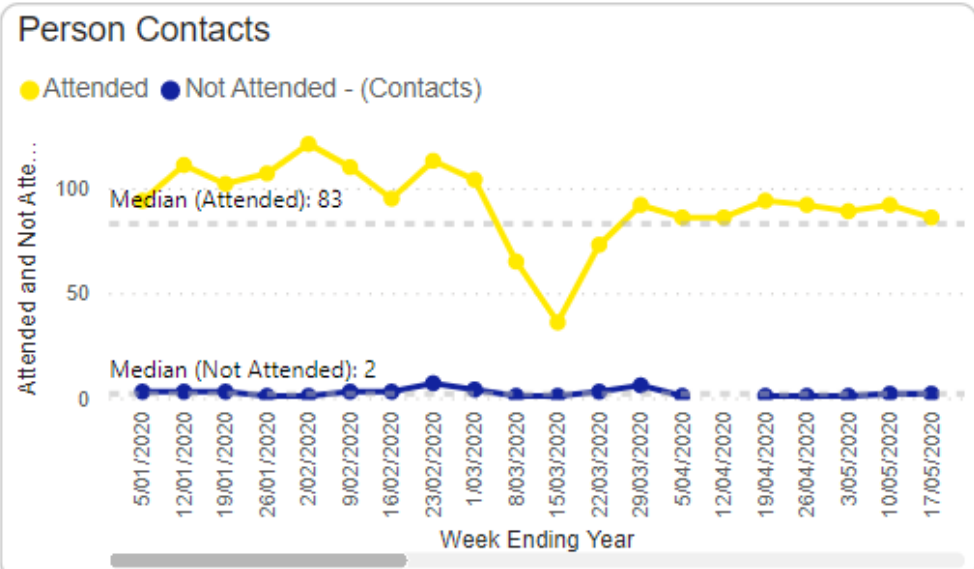
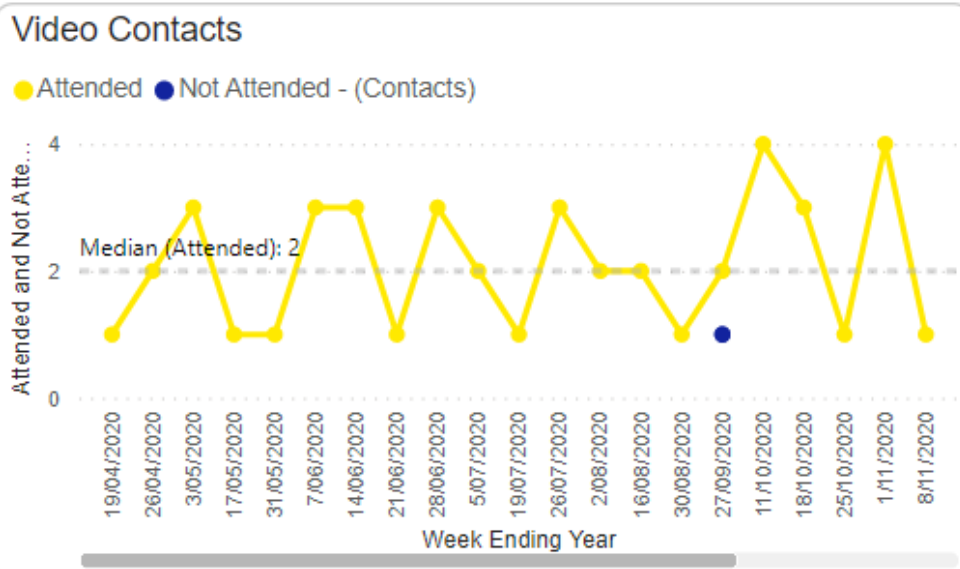
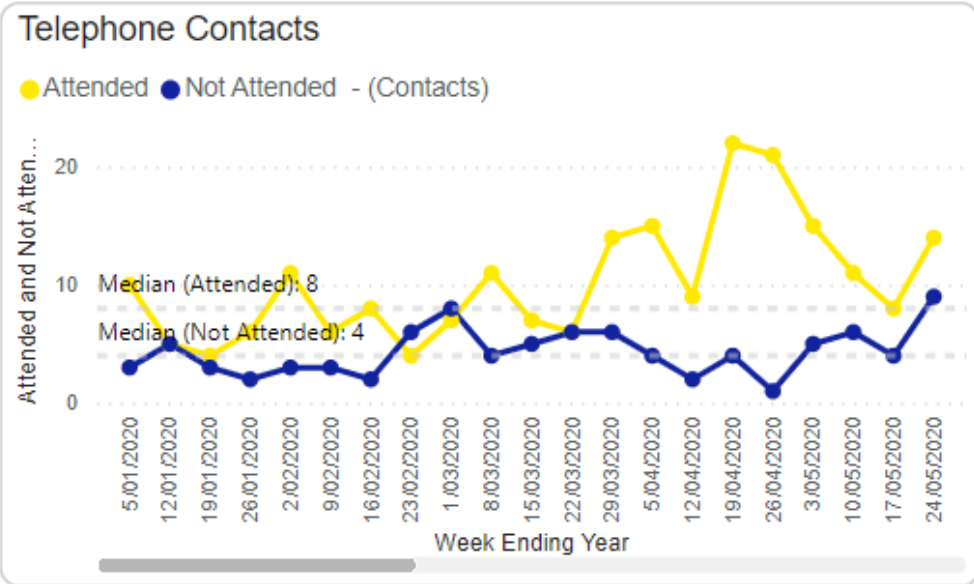
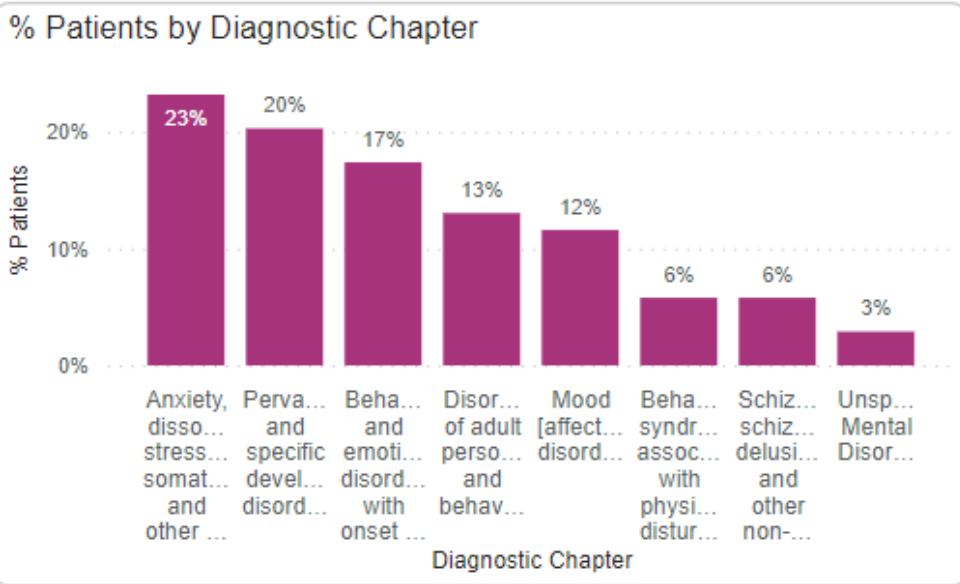
Active/Inactive:

Contract Service Live:

Sub Service Line:

Directorate, Division:

Team Name:



Physical opportunity: Service users

1. Digital exclusion dashboard
2. Community Calling

Digitally Excluded Patients (Patient Level)

Team Level

Admitted Patients

32,871

Total Patients

1,742

Shielded Patients (CCG)

Phone Contacts*

Video Contacts*

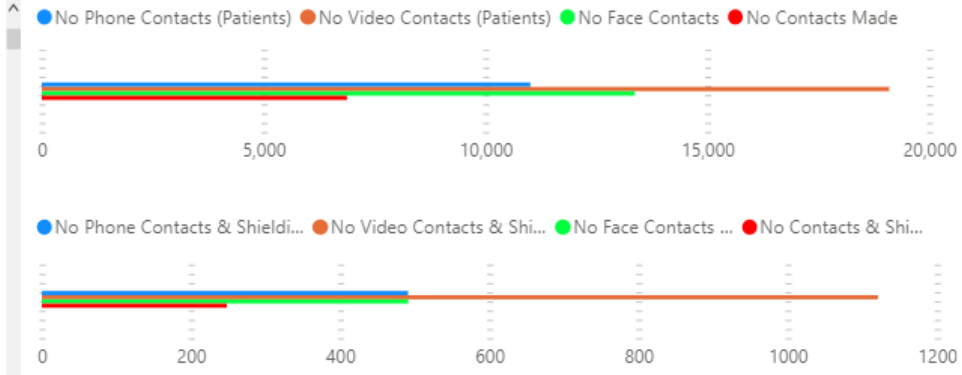
Face-To-Face Contacts*

No Contacts*

Phone Contacts (Patients)	No Phone Contacts	No Phone Contacts & Shielding	Video Contacts (Patients)	No Video Contacts	No Video Contacts & Shielding	Face Contacts (Patients)	No Face Contacts (Patients)	No Face Contacts & Shielding	No Contacts Made	No contacts & Shielding
21,862	11,009	491	13,778	19,093	1,121	19,510	13,361	491	6,876	248

*Contacts made since January 1st 2020

Trust ID	Phone Contact	Video Contact	Face-to-Face Contact	All Contact	Patient Shielding
	Contacted	Not Contacted	Not Contacted	Contacted	Not Shielding
	Not Contacted	Not Contacted	Contacted	Contacted	Not Shielding
	Contacted	Not Contacted	Contacted	Contacted	Not Shielding
	Contacted	Contacted	Contacted	Contacted	Not Shielding
	Contacted	Contacted	Contacted	Contacted	Not Shielding
	Contacted	Not Contacted	Contacted	Contacted	Not Shielding
	Contacted	Not Contacted	Not Contacted	Contacted	Not Shielding
	Not Contacted	Not Contacted	Not Contacted	Not Contacted	Not Shielding
	Not Contacted	Not Contacted	Not Contacted	Not Contacted	Not Shielding
	Contacted	Not Contacted	Contacted	Contacted	Not Shielding
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	Contacted	Contacted	Contacted	Contacted	Not Shielding
	Contacted	Contacted	Contacted	Contacted	Not Shielding



The Patient Is Referred To The Following Services:

- 3B Medication Service
- 3B Psychology Service
- 3DLC Service
- ADD-Alcohol Assertive Outreach Team

Current accepted caseload with any contacts made since January 1st 2020.

Phone Contacts: phone calls. **Video Contacts:** video calls. **Face-to-Face Contact:** Any contact made face-to-face. **All Contact:** phone, video, and face-to-face contact.

Not Contacted: Not contacted since January 1st 2020.

Filters

Search

Filters on this page

- Trust ID is (All)
- Phone Contact is (All)
- Video Contact is (All)
- Face-to-Face Contact is (All)
- All Contact is (All)
- Patient Shielding is (All)
- Directorate is (All)
- Division

Digitally Excluded Patients (Patient Level)

Team Level

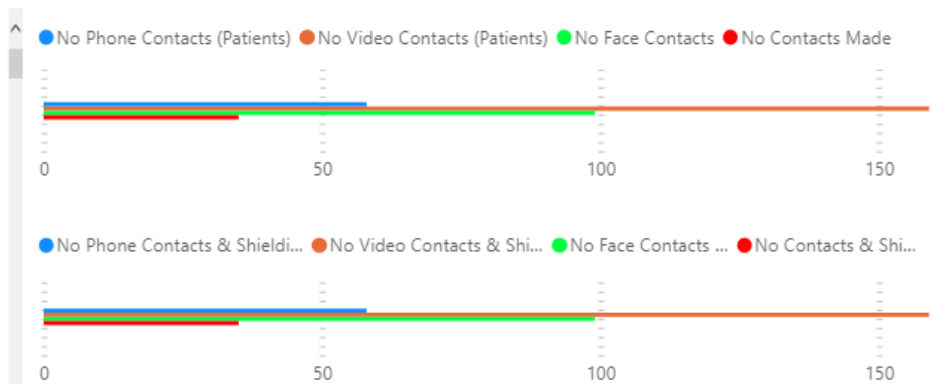
Admitted Patients

351 Total Patients
351 Shielded Patients (CCG)

Phone Contacts*			Video Contacts*			Face-To-Face Contacts*			No Contacts*	
Phone Contacts (Patients)	No Phone Contacts	No Phone Contacts & Shielding	Video Contacts (Patients)	No Video Contacts	No Video Contacts & Shielding	Face Contacts (Patients)	No Face Contacts (Patients)	No Face Contacts & Shielding	No Contacts Made	No contacts & Shielding
293	58	58	192	159	159	252	99	99	35	35

*Contacts made since January 1st 2020

Trust ID	Phone Contact	Video Contact	Face-to-Face Contact	All Contact	Patient Shielding
	Contacted	Not Contacted	Not Contacted	Contacted	Shielding
	Contacted	Contacted	Contacted	Contacted	Shielding
	Contacted	Not Contacted	Contacted	Contacted	Shielding
	Contacted	Contacted	Contacted	Contacted	Shielding
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	Contacted	Contacted	Contacted	Contacted	Shielding



The Patient Is Referred To The Following Services:

- [3B ADHD Service](#)
- [3B ASD Service](#)
- [3B Medication Service](#)
- [3B Psychology Service](#)
- [Adult ADHD](#)

Current accepted caseload with any contacts made since January 1st 2020.
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Not Contacted: Not contacted since January 1st 2020.

Filters

Phone Contact is (All)

Video Contact is (All)

Face-to-Face Contact is (All)

All Contact is (All)

Patient Shielding is Shielding

Directorate

Division is (All)

Team is (All)

Social Opportunity: Staff

- Mandate from Executive
- Live broadcasts
- Remote working guidance
- Shared learning
- Decision making tool

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

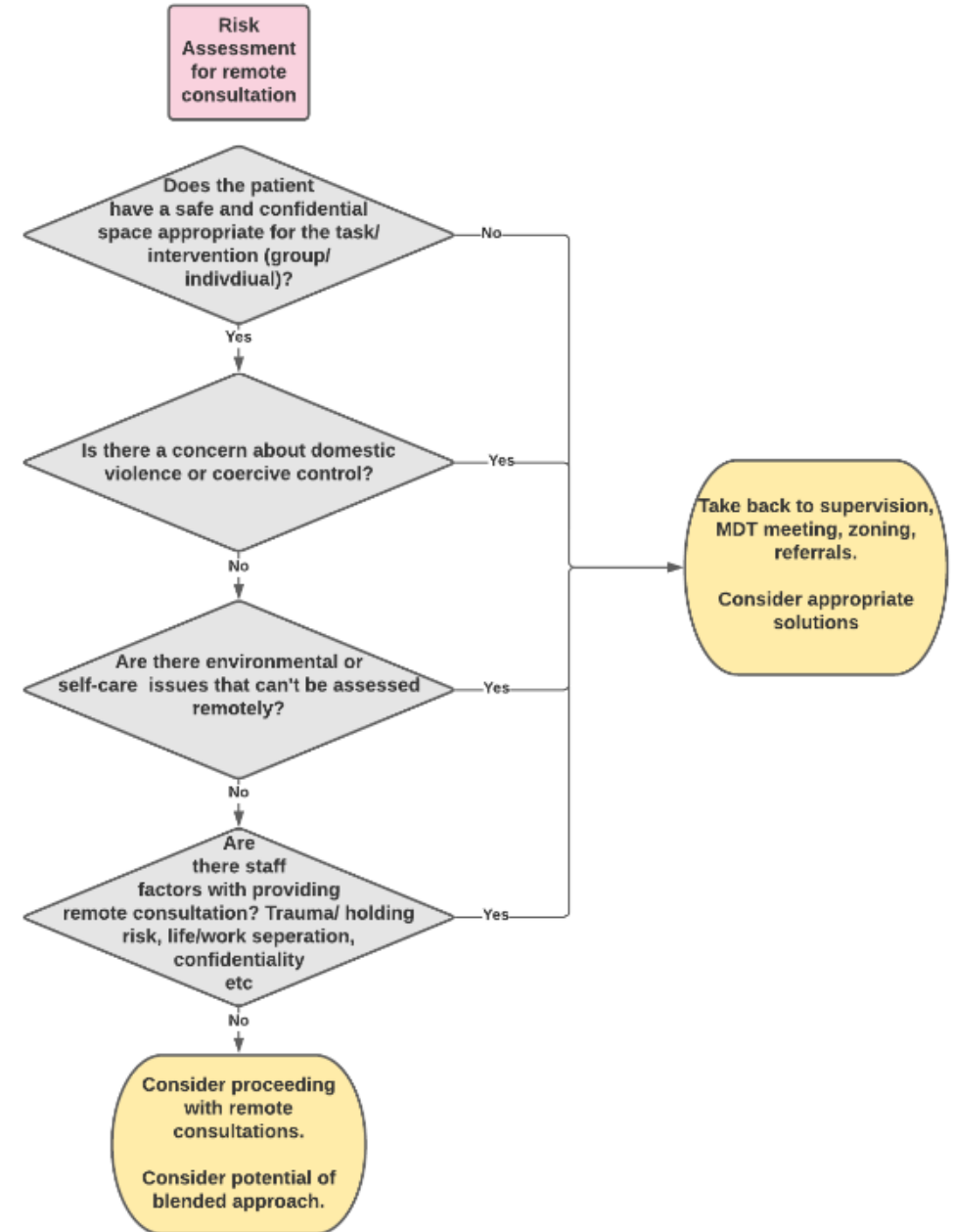
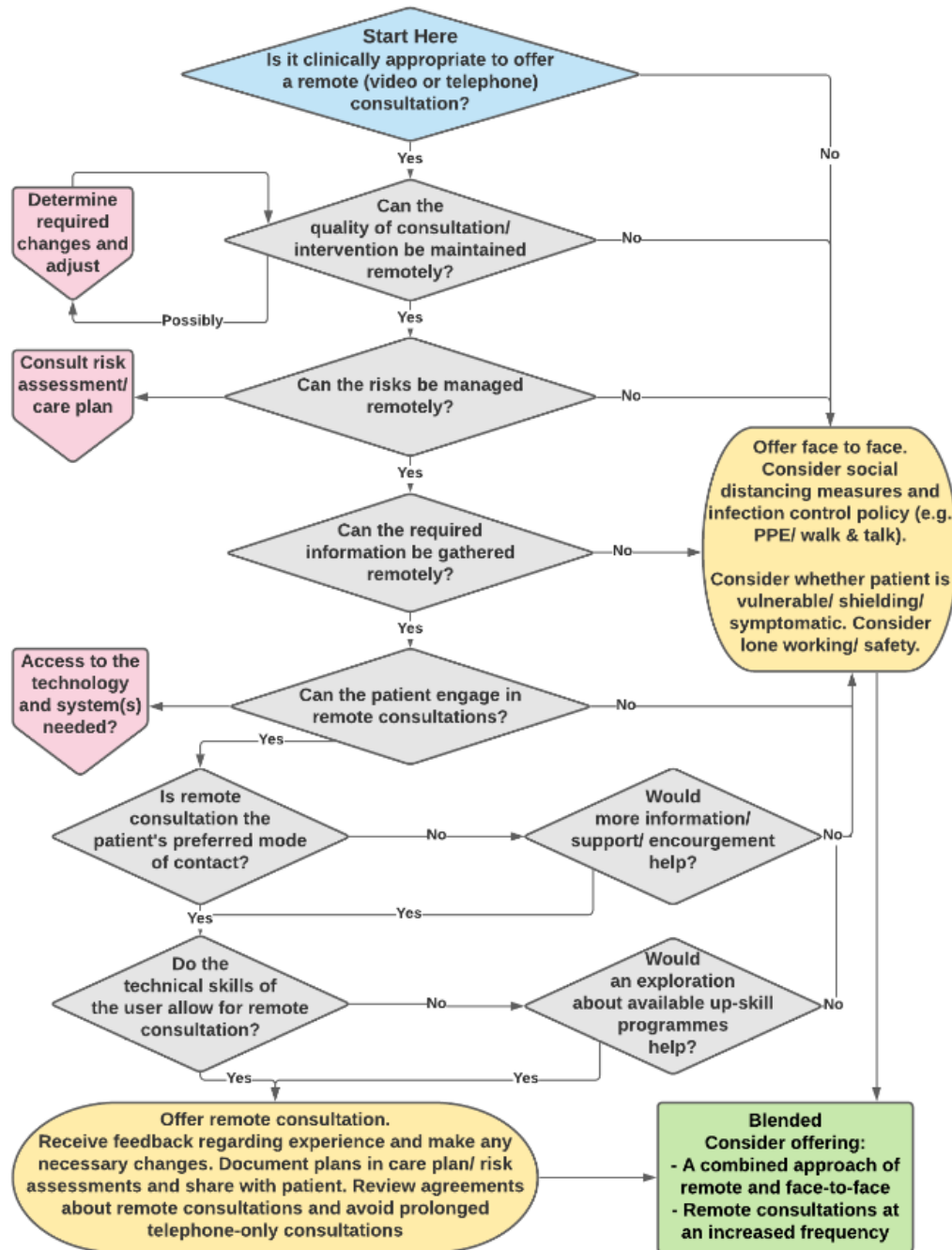
Consider the impact of disabilities, especially in the context of covid19. These include but are not limited to hearing and visual needs, as well as (for example) possible autism related needs.

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

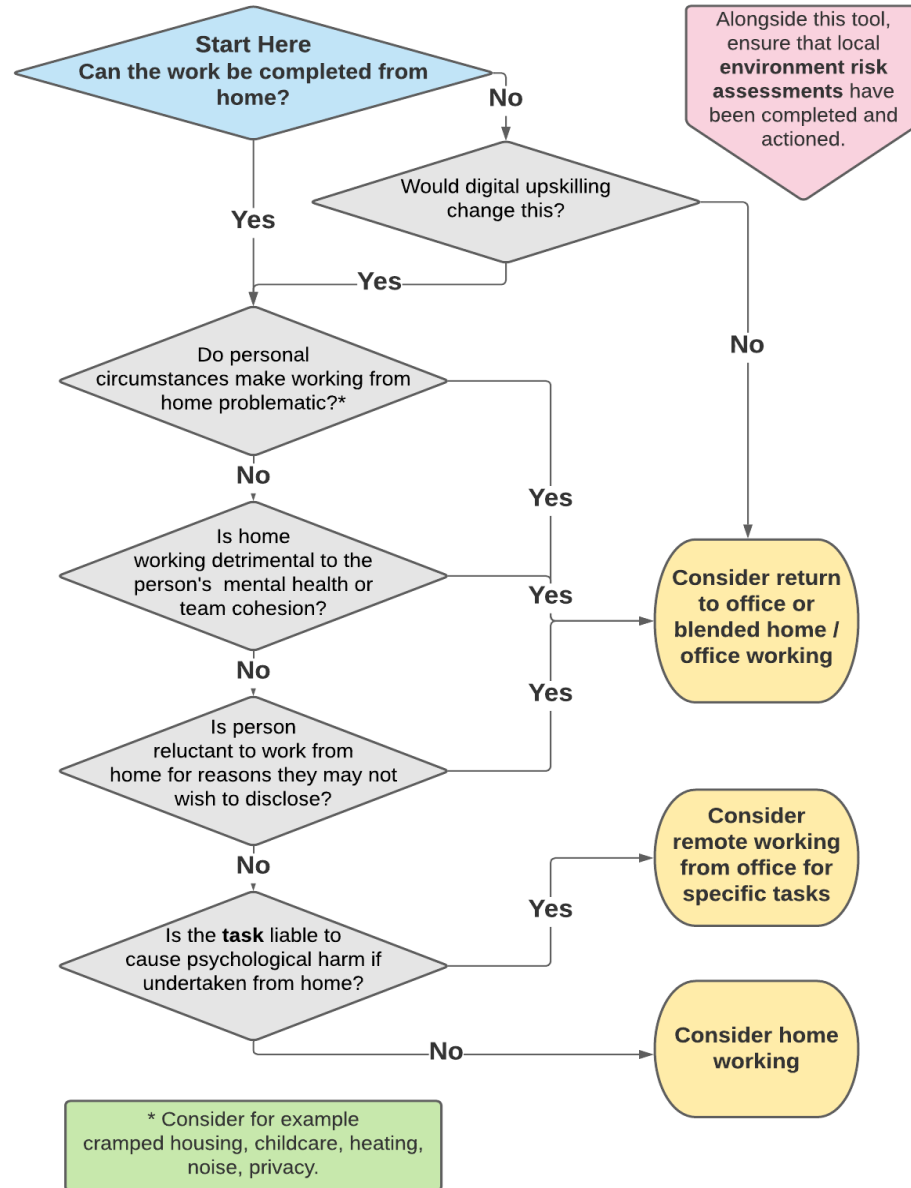
Staff Wellbeing

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



Social Opportunity: Service users

- Choices and agreements
- Decision making tool (in progress)

Capacity – Oxleas experience



Dr James Woollard

Chief Clinical Information Officer, Consultant Psychiatrist, Oxleas NHS Foundation Trust
National Specialty Advisor for Digital Mental Health NHS England,

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**Video consultations:
*Growing capability in
ourselves and our
teams***

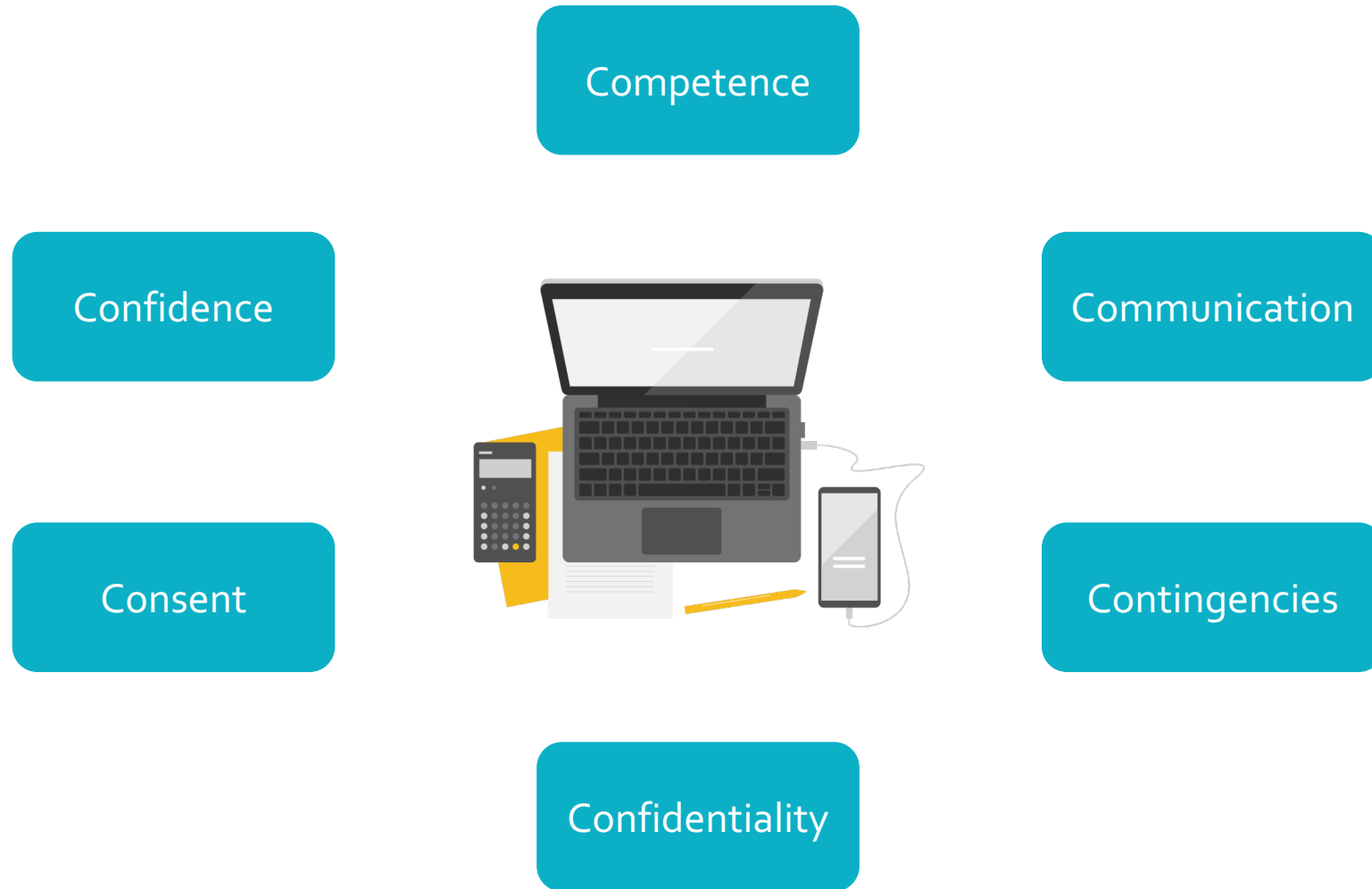
Dr James Woollard
Chief Clinical Information
Officer

Dr Phoebe Collins, Digital Rep,
Core Trainee in Psychiatry

Improving lives

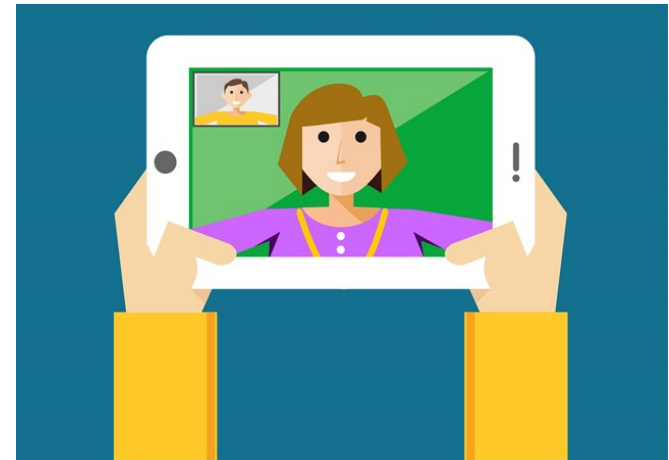


6 Cs to consider



Getting started

- **Reflecting on your skills and the limitations of video**
 - Technical
 - Clinical
 - Communication
- **Shadowing others**
 - Specific types of appointments
 - Debrief around communication adjustments
- **Simulation**
 - Practice with a colleague



Making it work

Set up

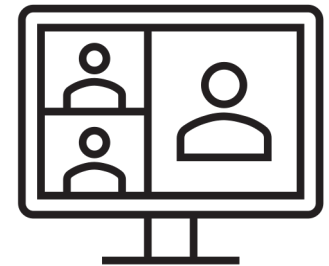
- Case selection
- Digital literacy and access
- Added value of video

Practicalities:

- Space – background, lighting, privacy
- Technical – connectivity, passwords
- Organisation – checklist, information for patients, organisation on the screen
- Cover the self-view image

Safety:

- Technical
- Clinical – escalation/escape plan



Helping others develop

Video consultation peer supervision

- What went well?
- How did you manage things when things went wrong?

Make it work as a team

- Identify how best manage and arrange video appointments
- Leadership from senior clinicians

Digital “first aiders”

- Those who are in the team who are happy to support others and have more skills

Digital navigators

- Roles to support patients/families to make the best use of technology





Slido Q2

What's important for you to hear about in the next webinar?

0 2 8



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

Professor Fiona Gaughran
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Noushig Nahabedian
Dr Cecilia Casetta
Dr Jacqueline Philips Owen
Professor Peter Fonagy
Dr Kia-Chong Chua
Dr Robert Lawrence

Dr Juliana Onwumere
Lana Samuels
Melanie Getty
Paul Lennon
Sarah Markham
Alison White
Harriet Jordan
Len Demetriou
Alex Lloyd
Elizabeth Graham
Dr Barbara Grey
Andrew Walker

Aileen Jackson
Dr James Woollard
Dr Gabriella Wojewodka
Dr Justin Earl
Aisha Abdullah
Dr Stuart Adams
Dr Sarah Cope
Dr Phoebe Barnett
Rebecca Appleton
Professor Sonia Johnson
Nina Pearson

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Thank You & Next Steps

Contact us

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

Please visit our webpage [here](#) to find information on the project and resources.

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