North and Mid Hampshire Integrated Care Partnership

Rapid Insight into the changes made to respond to the challenges of COVID-19

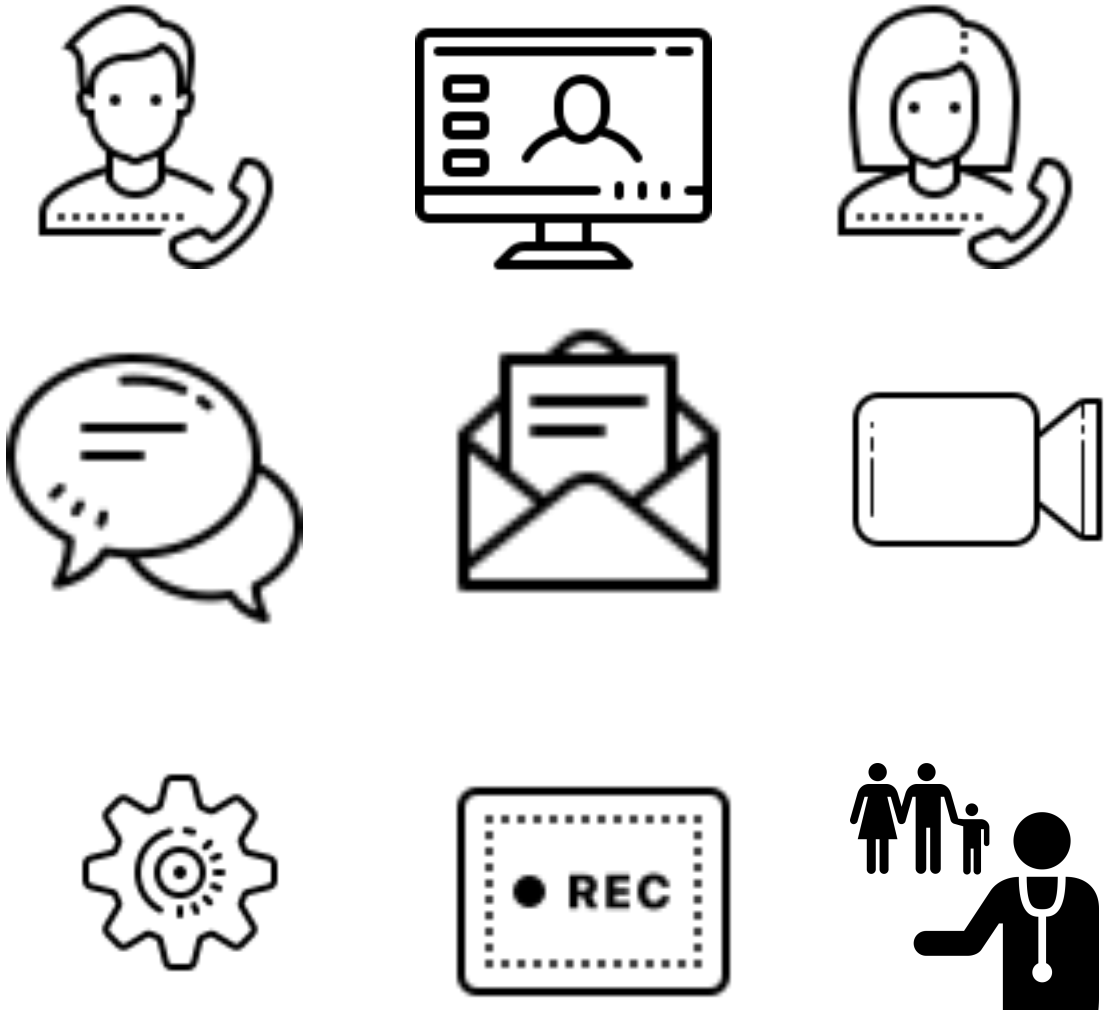
Remote Consultation Case Study

July 2020

The Rapid Insight programme is jointly funded through Q by the Health Foundation and NHS England and NHS Improvement

Contents

	Page
Insight summary	3
Introduction	4
The rapid shift to remote consultations	5
Focus group with patients	8
Focus group with clinicians	10
Clinician survey exploring when they pivot between remote and face-to-face consultations	14
Measuring changing perceptions to digital innovation in General Practice during the pandemic	18
Combining patients' and clinicians' insights	20
Acknowledgements	21
Limitations	21



Insight summary

In response to the challenges of covid-19 primary, community and secondary care services across N&MH moved in March to **rapidly implement and adopt ways to support patients remotely** (virtually) rather than through face to face appointments. The result was a **300% increase** in on-line consultations via eConsult and a **43% increase** in the use of text messaging via AccuRx over a 9-week period. Video consultations were also adopted across the wider-system.

In less than 2 months, the **workforce had to adapt** to remote consultations being a significant part of the clinical day. In addition, staff experienced benefits from using platforms such as MS Teams and Zoom to facilitate multidisciplinary and system communication.

In the samples interviewed for this rapid case study, the majority of clinicians, and the small sample of patients, value and **support the use of remote consultations** and have adapted well to their increased use.

Surveys of the attitudes of GPs towards digital innovation showed **significant improvements in their innovation readiness** (their and their practice's receptiveness to innovation) and their confidence in using telehealth platforms. Other staff in primary care showed small improvements.

A further survey was undertaken with 100 staff (Acute and Primary Care) to explore clinician's **decision making around the 'pivot points' between remote and face to face consultations**. This survey provides insights into what influences this decision, the perceived benefits of remote consultations, their concerns and what they think is important.

There is significant agreement between the groups of staff, and the small sample of patients, about **when remote consultations work well and less well**, and what needs to be considered in the future. They agreed that there are **some circumstances when seeing each other face to face** will continue to be important – these were when a physical examination is needed; there are difficulties using technology; complex needs; to build their relationship; to break bad news and when privacy can't be provided remotely. Clinicians talked about importance of 'cues and clues' that are easier to see face to face.

Patients and staff identified **scheduling of remote appointments** as important and challenging in different ways. There are different expectations from patients not wanting to wait for a call and clinicians wanting flexibility to manage their workload. They recognise that these different expectations need to be understood and reconciled.

Both groups strongly support the development of remote consultations in future with the necessary **infrastructure** (technology and administration) and **staff training** to support this. Clinicians wish to involve patients in co-designing this future. They recognise the value of **increasing the use of video-consultations**, but that this will require support and development.

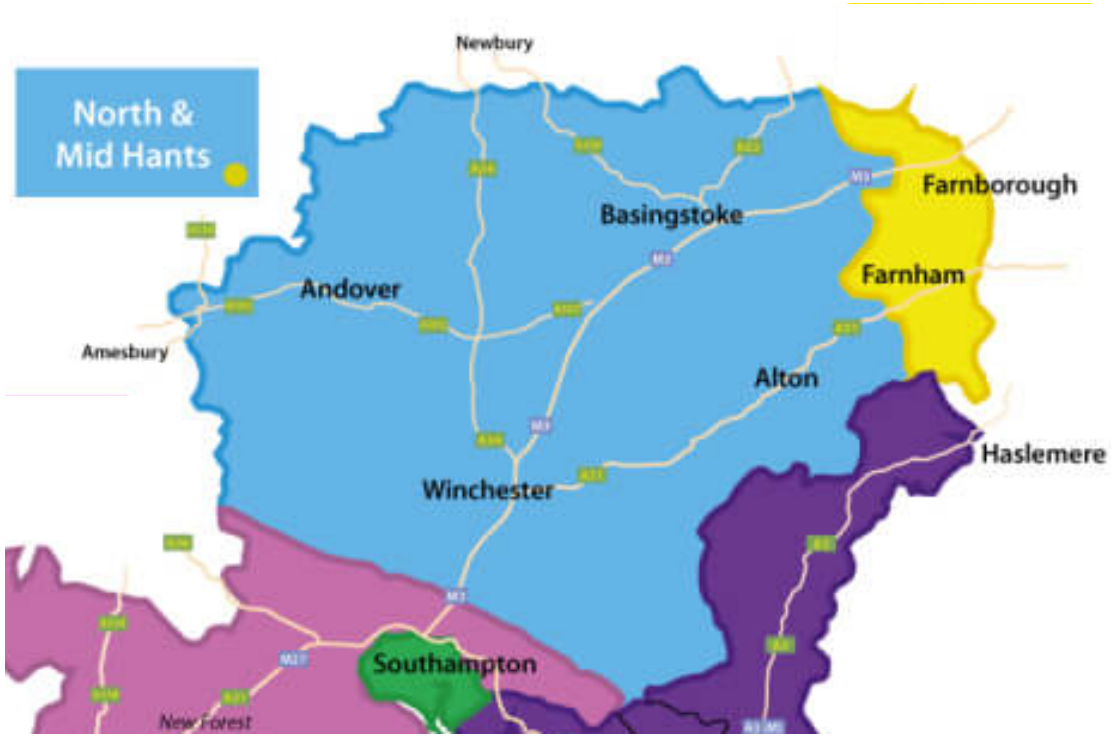
Introduction

North and Mid Hampshire (N&MH) is a large Integrated Care Place (ICP) with a population of 570,000. The key partner organisations are:

- Hampshire Hospitals NHSFT
- Southern Health NHSFT
- Hampshire County Council
- 10 Primary Care Networks
- West and North Hampshire CCGs
- South Central Ambulance Service
- 3 District and Borough Councils

Responding to the challenges of covid-19 has required the system to make **rapid decisions about reconfiguring how health and care is provided and to implement these quickly**. From the outset the system partners recognised that the way they were working together and the rate at which change was happening was unprecedented and the leaders wanted to capture the **learning so they could maintain the improvements**.

Wessex AHSN established a new **rapid insight** approach to work alongside the system to capture and play back their learning as they continued to respond to covid-19. The AHSN has a lot of experience in undertaking formal evaluations of new care models and the challenge here was to be able to design a new approach that could offer useful insight much quicker.



Two large virtual workshops for systems leaders (28 participants) and clinical leaders (55 participants) were held at the end of April to explore the changes they would want to maintain and develop. From these, **two case studies** were identified for further exploration – **discharge** and **remote consultations**.

The rapid shift to remote consultations

In March 2020, responding to the challenges of covid-19 resulted in primary, community and secondary care services across N&MH to all rapidly implement and adopt ways to support patients remotely (virtually) rather than through face to face appointments.

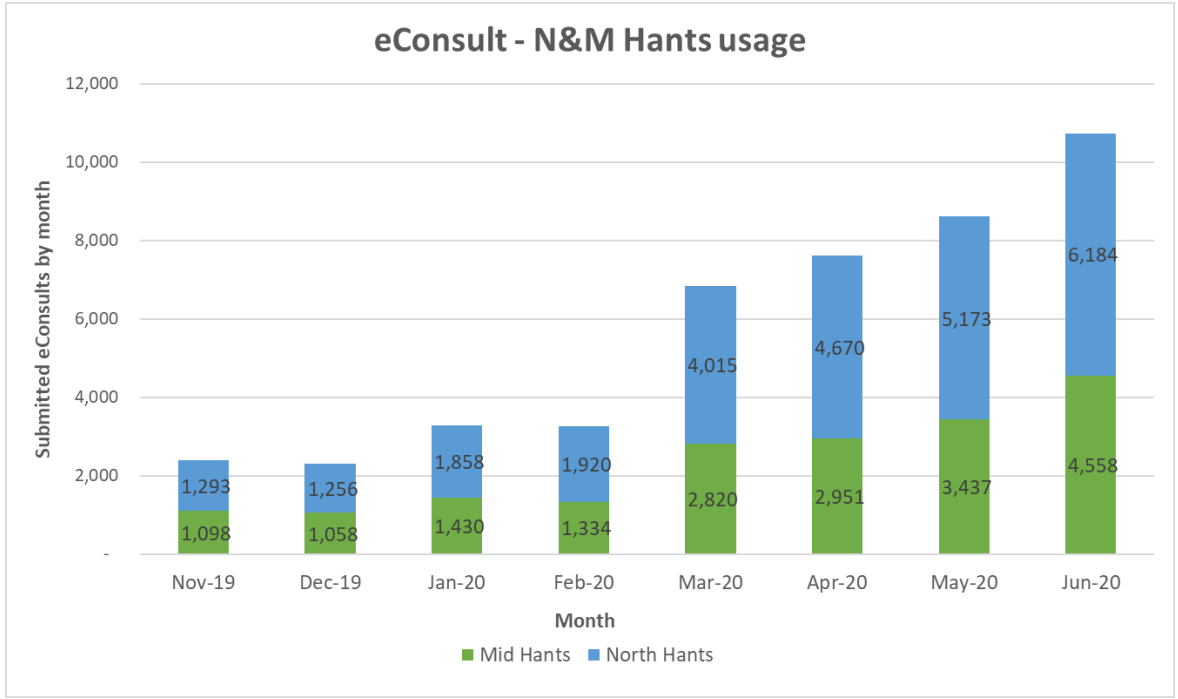
In 2019 the NHS Long Term Plan described digitally enabled and fundamentally redesigned primary and outpatient care becoming mainstream over the coming 5 years. One year later, a few services in N&MH had experimented with remote consultations but with limited spread or adoption. When covid-19 hit, the system faced a steep learning curve.

For this case study, Remote Consultations include the following ways that health services in N&MH replaced face to face consultations:

- Phone calls
- Video consultations (AccuRx in primary care; Teams in HHFT and Visionable in SHFT)
- SMS text messages (AccuRx, MJog)
- Online consultations (eConsult)
- Virtual MDTs (Zoom and MS Teams)

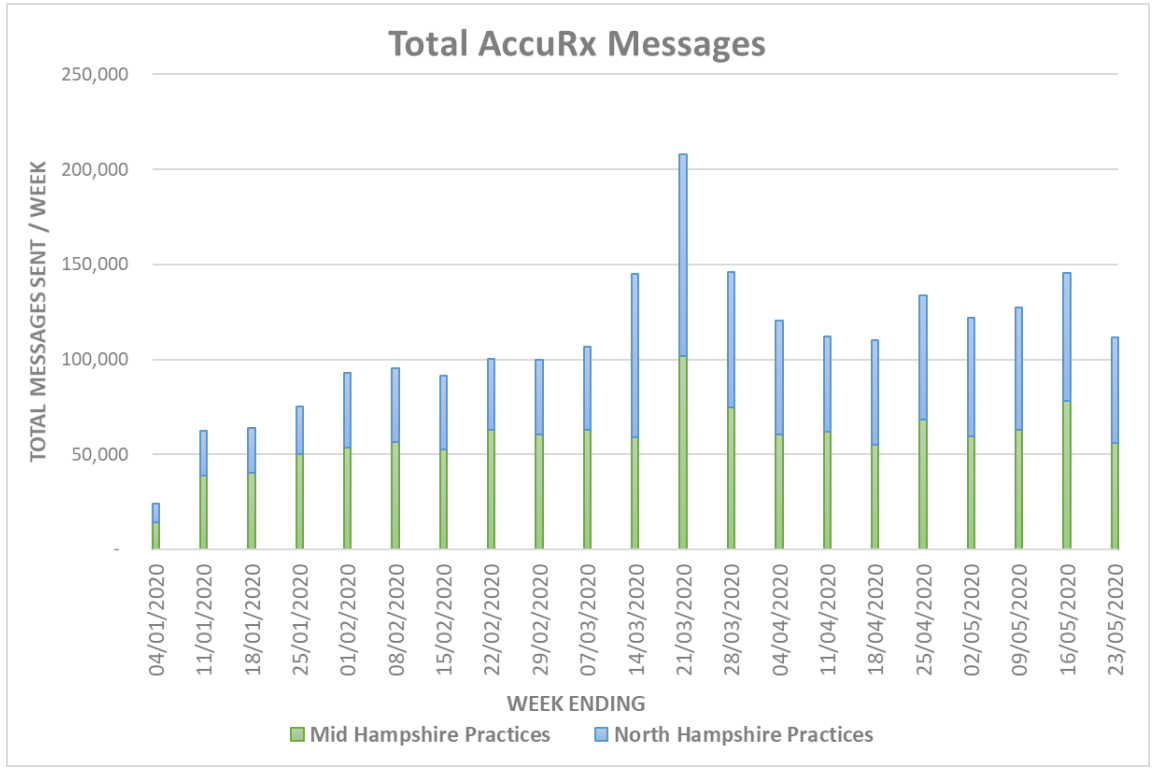
In General Practice the first change was to move from face to face to telephone appointments for the vast majority of patients.

Most practices already had the **eConsult** on-line consultation system and use of this has more than tripled, from an average of 1600 patient consults per month to 5000. It allows patients to submit their non-urgent symptoms for requests to their GP through the practice website.



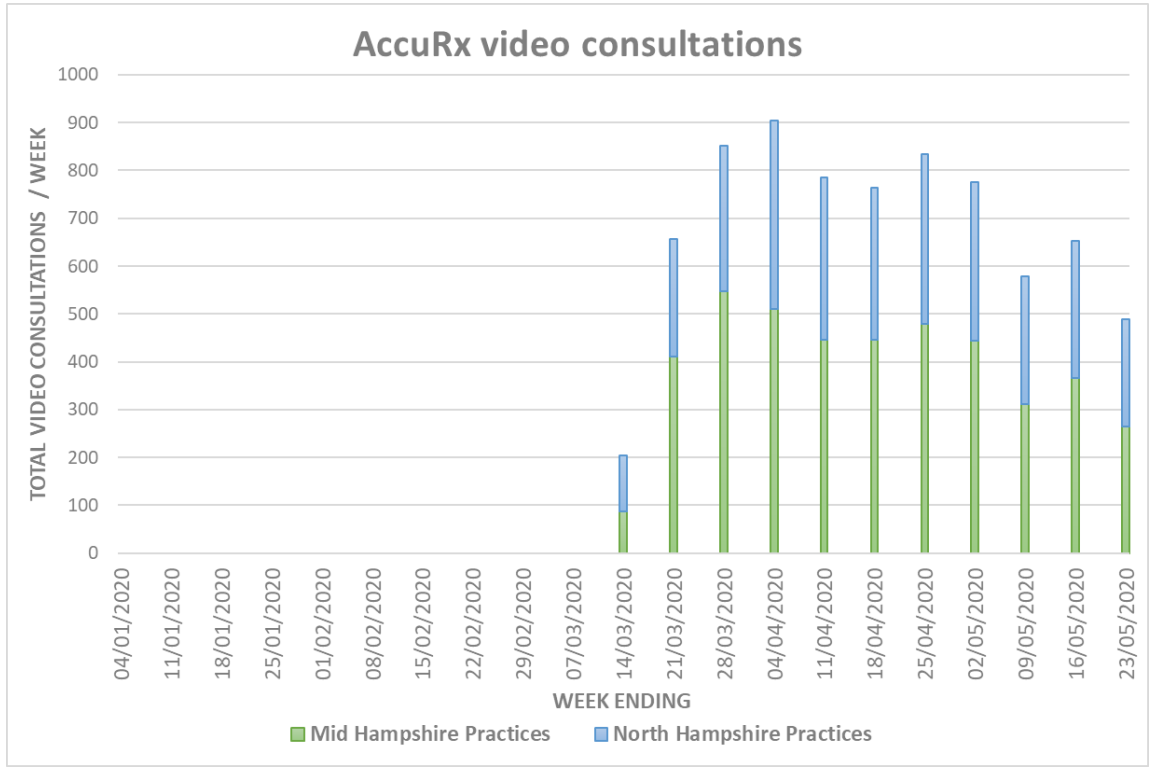
The rapid shift to remote consultations

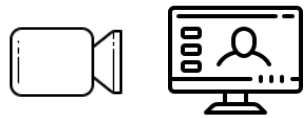
Practices also described a positive experience of adopting **AccuRx** for texting patients and video consultations. This chart shows a large increase in text messages to patients using AccurRx in mid-March and a 9-week increase from 87,000 messages per week to 125,000 (43% more). It can be integrated into EMIS/ SystmOne.



accuRx.
Powering Primary Care

Video consultations using AccuRx began in mid-March and have been averaging 730 per week.

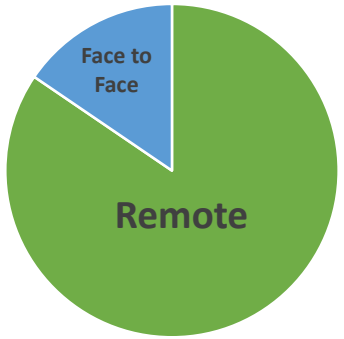




The rapid shift to remote consultations

One practice described the following typical day in May:

- 310 telephone appointments
- 12 video consultations
- 18 face to face GP appointments
- 18 face to face nurse appointments
- 3 GP home visits
- 8 nurse home visits



A typical covid-19 pathway was described as telephone triage first, then sharing on-line photographs if required followed by arranging a video-consultation if the clinician feels they need to see the patient.

In **Hampshire Hospitals** clinicians described a similar near wholesale switch to telephone appointments. Some have used MS Teams for video consultations with patients, but this doesn't appear to be widespread at this stage. In **Southern Health** the rapid switch to telephone consultations was supplemented with the Visionable video platform.

It sounds as though, in the main, **Multi-Disciplinary Teams** (MDTs) across the system were able to continue to meet and work together to develop and progress patient's treatment plans, using MS Teams and Zoom. There are also examples of joint video consultations between primary and secondary care and patients.

Services were faced with some **important barriers** that they had to overcome quickly. The most commonly reported being equipment, particularly web-cameras and headsets in General Practice. This took some time to resolve. In Southern Health, as staff moved to work remotely from home they were able to take their office equipment home with them. There is a general view that much of the local NHS is reliant on old versions of technology.

Another common issue described is around **interoperability** of remote consultations with existing patient record and booking/ appointment systems. In General Practice it sounds as though this was mostly overcome, e.g. EMIS interfacing with AccuRx. This hasn't been possible in Hampshire Hospitals or Southern Health.

Training and supporting staff to adopt very different ways of working was a major task and achievement.

In less than 2-months all parts of the N&MH system radically switched from a face to face to remote consultation model. All of the people that contributed to this case study feel that there are many positives from this that need to be built on and that **there is no going back**.

Focus group with patients

A virtual focus group was held with 5 members of local Patient Participation Groups (PPGs) to explore their experience of receiving care remotely.

They considered the following areas:

1. Their experience of receiving remote consultation support
2. Their opinion on the effectiveness of remote consultations
3. Their advice on how they should be developed for the future

The **key themes** from the participants' comments are summarised in this section.

Participants had experienced the following types of remote consultations:

- Experience of **phone calls/texts/emails – no video consultations in NHS** but one participant had experience of a consultation via Zoom in private healthcare.
- Purpose of consultations – **new problems and follow ups, results from tests.**
- Consultations experienced from **primary and secondary care.**

1. Their experience of remote care

The experiences of this small group of patients were mixed and identified the following key messages:

- Many positive experiences: Faster than face to face, receptive, follow up actions happened quickly, uploaded photos successfully
- But also less positive: Confusion over cancellation or re-arranged time due to post being delayed, initial communication with practice was intrusive in response to query, question remained unanswered after the call

The timing of the remote consultation matters. Two of the group were kept waiting for up to 2 hours for a call

Confidence in the security of remote consultations matters – for example telephone caller ID is withheld increasing concerns that it might be a scam

The people in this group were less happy with interactions with hospital specialist departments than their practice. Issues described with organisation, communication and variation.

- Multiplicity of on-line services is frustrating and disjointed; "most people don't know what eConsult is"

Recognise advantage of video consults but requires more technology and know-how for the patient

Focus group with patients

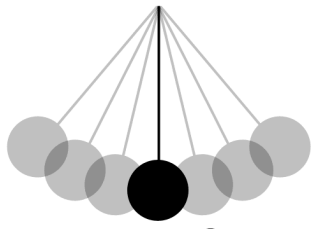
2. The effectiveness of remote consultations

They are effective for:

- Routine problems
- Follow-up appointments
- When physical examination isn't needed
- The patient/ clinical relationship is already established and trusted
- The patient can articulate their symptoms
- Privacy isn't an issue

Less or not effective for:

- Delivering 'bad news' or sensitive news
- Complex problems
- This is their 1st contact with the clinician
- They aren't able to describe their symptoms
- The patient isn't able to use the technology
- The patient lives alone and has no support after consultation



3. How it should be developed in the future

- **Positive** about virtual consultations being used in the future
- Recognised their contribution to managing demand for health services and **improving access to health professionals**
- Requires an **improved supporting infrastructure** including admin support in practices and hospitals to manage and standardise good practice
- **Potential to extend** use through patients taking home readings of blood pressure and other measures, then exchanging and discussing findings with clinicians
- Should be well publicised and **clear communication** about their use, avoiding professional jargon
- Give patients 'time to catch up' after a period of rapid change in primary care and **let current methods bed-in**
- Further development should be **considerate of the needs of particular groups** e.g. Mental Health, Learning Disabilities
- Need to ensure the system can **deliver the technology** and the infrastructure

Gathering the insight from clinicians in N&MH – 1. The Clinical Focus Group

We gathered the insight from the clinicians in N&MH in 3 ways:

1. **A clinical focus group**
2. **A survey of 100 clinicians exploring 'pivot points'**
3. **A survey measuring changes in attitudes to digital innovation during covid-19**

1. The Clinical Focus Group

A virtual focus group was held with 7 clinicians representing different professions and sectors across N&MH to explore their experience of providing care remotely.

From their responses we identified the key themes using the following method:

- 7 participants attended the on-line workshops
- Participants contributed responses via 'Chat' (large volume)
- Analysed by two AHSN staff
- Systematic process of thematic analysis including:
  - → Familiarisation with the chat transcript
  - → Describing the responses (coding the content)
  - → Searching for themes in the codes (interpreting the data)
  - → Reviewing and defining the themes (both analysts)

The next 3 pages describe the themes from this focus group

Photo and video capabilities [are] revolutionary in helping remote assessment and discharge

Some elderly patients would have preferred to come and see us but …they have been very quick to adapt to the 'new normal'

We are working hard on 'continuity' as we are all sharing lists now and that means people lose that personal relationship

[patients] seem pleasantly surprised that it can be done and reassured by face to face element

Most patients are willing to use virtual consultations – they accept it is now the normal way of operating in covid

What clinicians told us about their experience of working with remote consultations

What went well?	What didn't?
• **Adoption of AccuRx and eConsult –** clinicians were positive about these platforms in particular: • **Comprehensive histories** provided in eConsult have enabled patients to be triaged based on need • **Prescription changes** are emailed securely to pharmacies and recorded in the patient notes • Test results or prescription changes can be sent via **text message to patients** • **Images** can be received during a consultation, easily stored and sent on as required • **Patients can send** in their results of tests at home (BP, wt., etc.) avoiding the need for GP review • Patients are given links to **self-management information** • **Use of MS Teams to support integrated working** – including virtual MDTs for complex patients and nursing home patients, paediatric hubs, CHAT team assessments, daily well-being One Team huddles and Friday system Zoom calls • **Staff increasing their capability** in using remote consultations • Enabling **staff who are shielding** to work from home	• **Not appropriate for some patients** – the very complex, those with sensory deficits, gynae consultations • **Safeguarding risks and issues** – non-engagement (e.g. in Mental Health); cues and clues missed in a remote consultation e.g. signs of domestic abuse, home environment • **Scheduling** "We can't always commit to a specific time and we need to be ready – both parties to" • **Declined** by some patients (some with Mental Health issues) • **Impact on staff satisfaction and well-being** – missing face-to-face contact, 'humanness' of that experience, mental fatigue from continual phone calls • **Duplication of work** - unable to save information from eConsult into patient notes • Some staff needed **training and support earlier** • **Advice and Guidance** facility – slow, impersonal, phone better • No **OOH options for 'hot' patients** – only ED • **Technological issues:** Emailing community nursing through AccuRx; occasional connection issues • **Security concerns** – unknown people may be present in consultations

What the clinicians thought about the patient experience and how their use affects the patient-clinician interaction

Clinicians thought that the majority of patients highly valued and supported the use of remote consultations and had adapted well to their increased use over the last few months. Remote consultations have been particularly well received by many people with children and those working from home, and work well out-of-hours. Clinicians observed that it is more difficult to establish and maintain rapport with patients and to pick up on 'cues and clues,' than when face to face. They think that this may have an impact on the patient-clinician interaction, particularly over time, and when compounded by fewer direct booking appointments.

Highly valued and supported

Particularly liked by those with children and working from home

More convenient – no driving, parking, waiting in waiting rooms

Easy to use and willing to try

Works well for OOH consultations

Some reluctance at first but quick to adapt

Positive about AccuRx and use of images

✗ A minority objected (including some Mental Health patients)

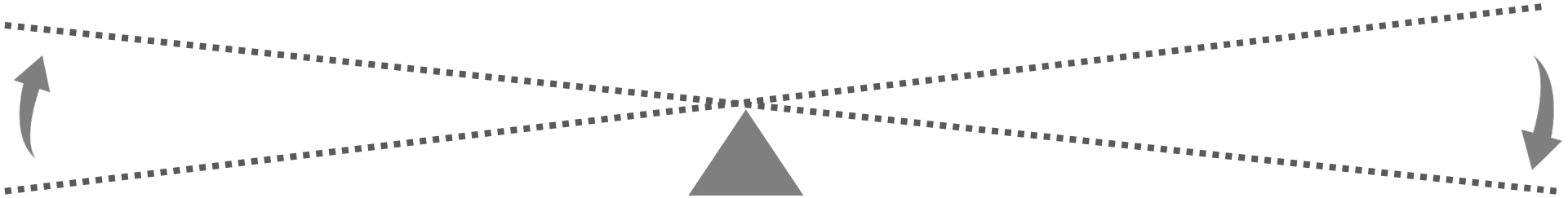
✗ More difficult to establish and maintain rapport remotely, and because fewer direct bookings with chosen GP

✗ More difficult to undertake a holistic assessment

✗ Becomes a 'task based relationship' over time

✗ Less familiarity can make it harder to detect changes

✗ Phone calls more readily accepted than text or video



How should remote consultation in N&MH be developed?

Clinicians identified a number of ways in which the use of remote consultations could be further developed to benefit patients, staff and the health and care system.

How they should be developed:

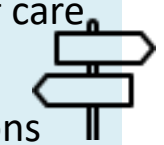
- A hybrid of remote and F-2-F care according to which is most appropriate to meet patient needs
- Training for staff to ensure confidence in use of the technology and ability to support patients
- Increasing capability for video-consultations
- Bringing in carers/distant relatives into one conversation avoiding multiple conversations
- To identify investigation needs then co-ordinate a 'one hit visit'
- Support for self-care through the on-line tools

What needs to be done to support this further development:

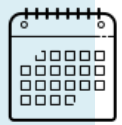
- Co-design with patients and informed by 'What matters most to Esther' principles
- 'Help' guides for patients e.g. to explain use of videos, what to expect, how to take readings at home
- Review of scheduling of appointments to suit both clinicians and patients
- Support to staff wellbeing – the need for appropriate breaks in use
- Consider how to maintain the patient-clinician relationship over time
- Studies to understand the impact on patient experience and outcomes

How their use will impact clinicians or the system:

- Support the balance demand and access in primary care



- Connect staff along pathways of care to integrate care
- Enable wider inclusion of opinions and discussion – levels access
- Support proactive interdisciplinary care planning/align specialists with PCNs

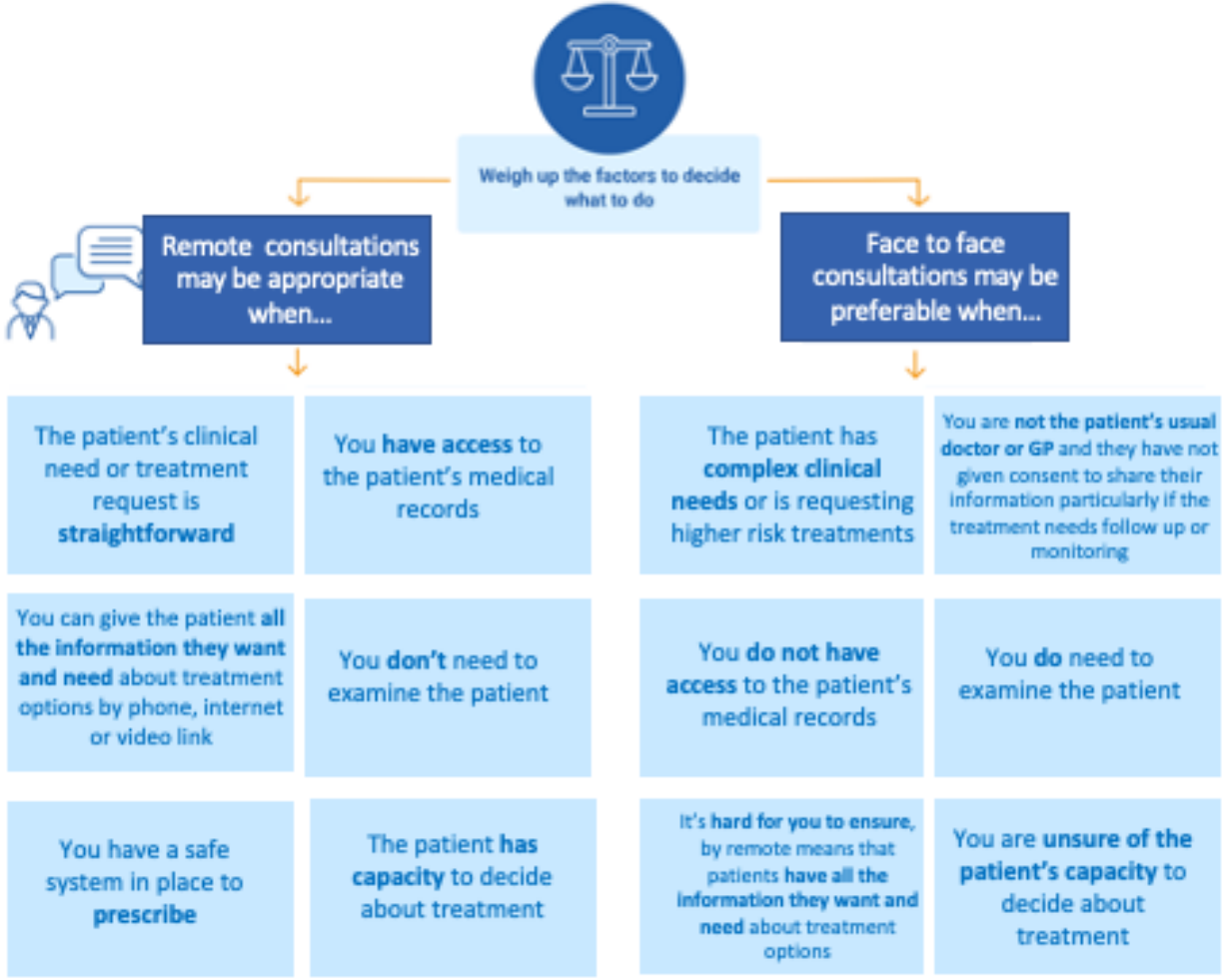


- Provide more flexibility and capacity to offer a choice of appointments

> From where we sit, the desire to change the way we deliver care is huge – for sustainability [of primary care] and user experience

2. Clinician survey exploring 'pivot points' between remote and face to face consultations

This survey aimed to explore clinician's decision making around the 'pivot points' between remote and face to face consultations. It invited them to 'use their experience of working remotely during covid-19 and look forward to a time when the prevalence is lower and under control.' It used this framework developed by the GMC:



100 responses

Consultant	60
GP	17
Nurse	15
Specialty and Associate Specialist (SAS)	5
Other	3

T&O	9
General Surgery	7
Haematology	6
Gastroenterology	5
Oncology	5
Colorectal Surgery	4
Respiratory	4
Rheumatology	4
Women's Health/Gynaecology	4
Cardiology	3
Geriatric Medicine	3
Radiology	3

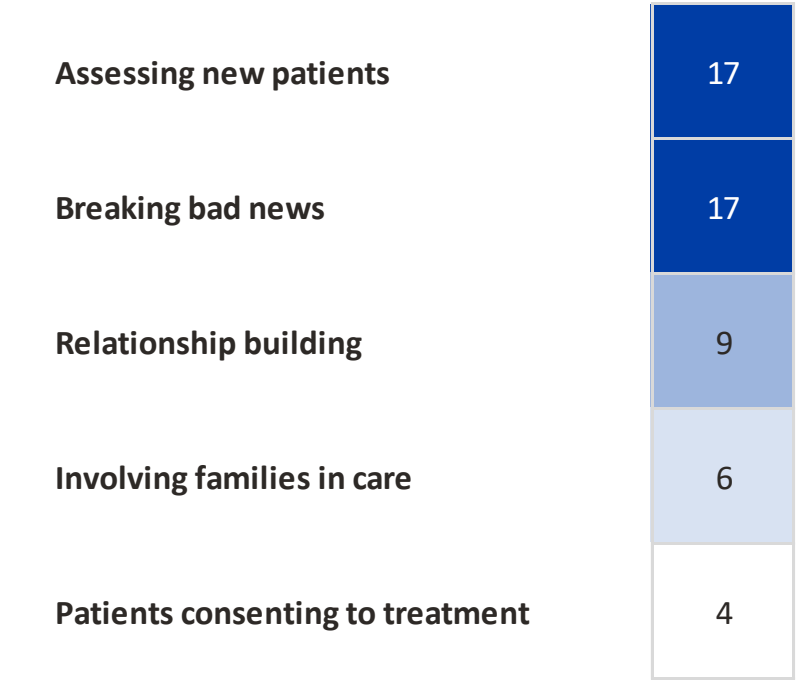
Covering 31 different specialties, including:

When do N&MH clinicians ‘pivot back’ to face to face consultations?

Mapping to the GMC framework, this is how clinicians described **when they would ‘pivot’ towards seeing the patient face to face**.

The patient has **complex clinical needs** or is requesting higher risk treatments **50 responses**	You are **not the patient's usual doctor or GP** and they have not given their consent to share their information particularly if the treatment needs follow up or monitoring **8 responses**
You **do not have access** to the patient's medical records **12 responses**	You **need to examine** the patient **77 responses**
It's **hard for you to ensure**, by remotes means, that patients **have all the information they want and need** about treatment options **37 responses**	You are **unsure of the patient's capacity** to decide about treatment **22 responses**

They also described the following reasons that are important when deciding to see people face to face

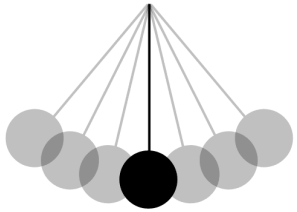


“By coming to the hospital the [patient] has an important opportunity to meet our breast care nurses and begin that relationship. Importantly, their family have the opportunity to attend clinic with them. The patient’s family is a very important part of their treatment and recovery”

When do N&MH clinicians ‘pivot back’ to face to face consultations?

Their key concerns about remote consultations are:

IT Issues	38
Lack of quiet space	17
"More appointments in the long run"	15
Loss of 'cues and clues'	12
Increased risk to patients	5
Less support for patients	3
Less support for staff	3



While the key benefits regarding remote consultations are:

Ability to work collaboratively with colleagues eg. MDT	9
Potential for use as a triage tool	8
More efficient use of time	3
Ability to work flexibly	1

“Actually, in my experience, this has made my life easier, as I am not waiting for a secretary to make a call and book an appointment. I call the patient as soon as I get a result and things move forward quicker than it has ever done.”

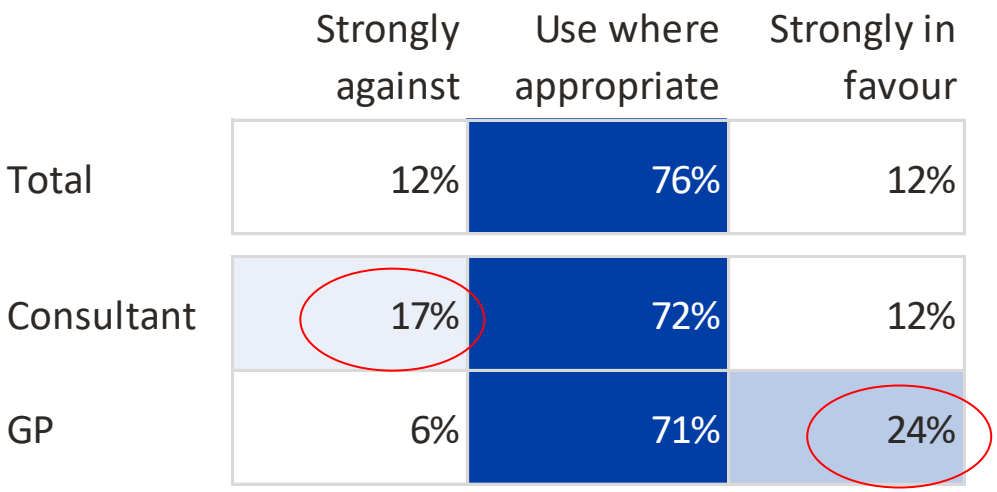
“Being able to read body language, facial expression and inaudible responses to pertinent questions is just as valuable now as it always has been. Telephone consultations dilute the ability to read someone.”

“I have found that my remote follow up consultations have been surprisingly beneficial. Making several shorter follow up phone calls has meant that I am not overloading my patients with multiple interventions at their initial assessment. “

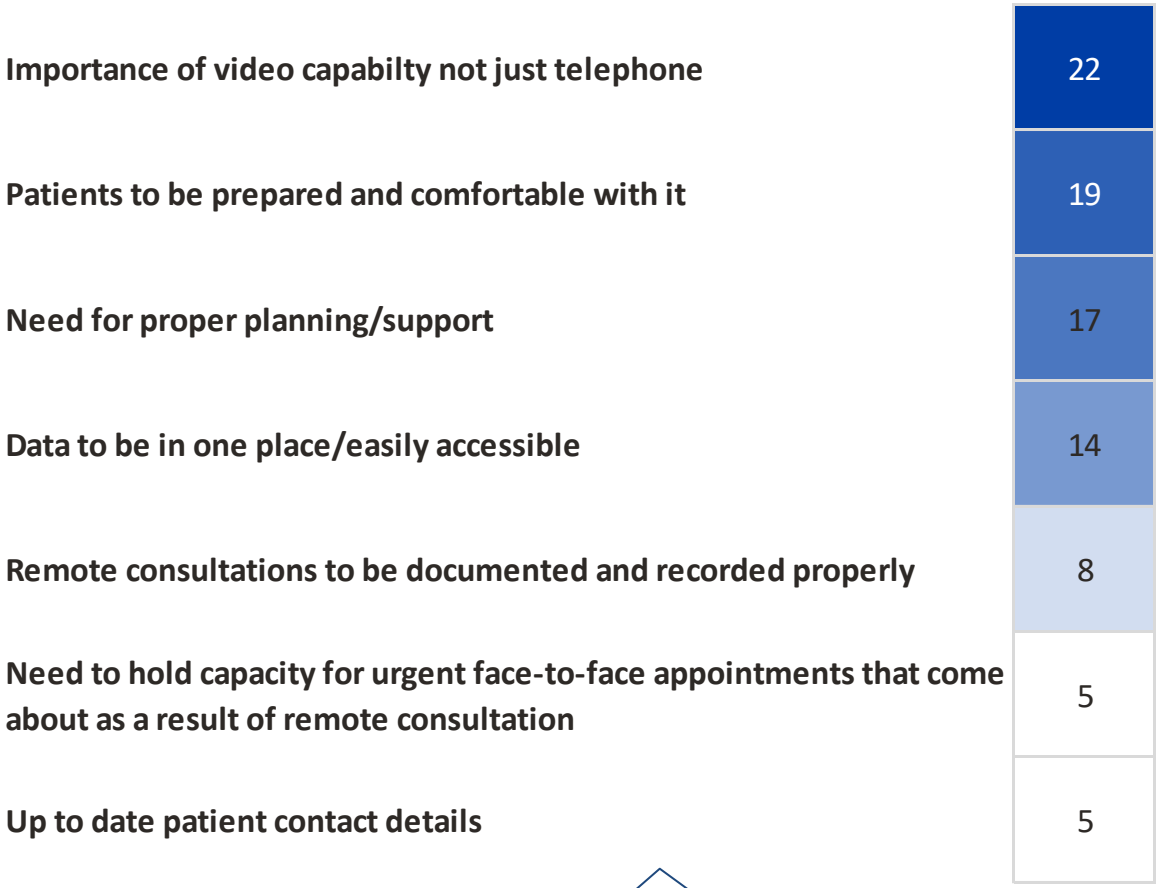
Clinicians views on the future of remote consultations

Feelings towards remote consultations:

"Most clinicians were in favour of the use of remote consultations in certain settings. However, a difference can be seen between GPs and Consultants in the proportion of respondents who felt strongly for or against."



What is important for the future of remote consultations?



"My main comment is that just because we can now do all of this clinical work remotely, doesn't mean we should - we still have no idea of the impact on outcomes for patients."

"Technology needs to be at the forefront of the CCGs planning moving forward."

3. Measuring perceptions of digital innovation in General Practice during the pandemic

Practices matched before and after lockdown

Before covid-19 Dr Matt Hammerton a local GP, had started using the R-Outcomes digital innovation measures[1] to understand perceptions and attitudes of staff in General Practice in N&MH. The first 4 practices responded in early March and then again in late April/ early May. There are now more than 350 staff responses, but these charts focus on the first 5 practices, to show a pre- and post-covid position. Matt is writing a paper describing the findings from this larger dataset.

The digital innovation measures

Innovation Readiness measures how much they are open to and up to date with new ideas and whether their practice is receptive.

Digital Confidence measures peoples' digital literacy and confidence

The **Capability** measures explored confidence with using their EPR (e.g. EMIS, systmOne) and Telehealth (e.g. **text and video consultations**)

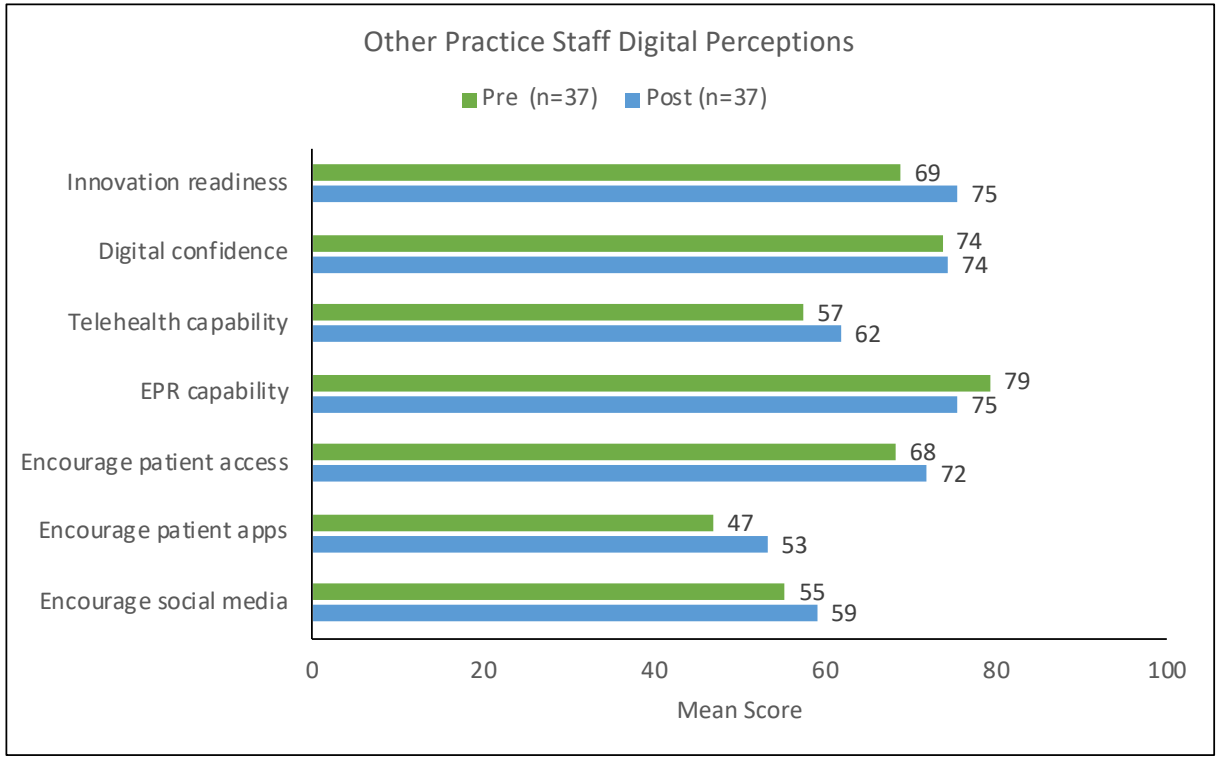
The **Encouragement** measures explored their confidence in recommending patients to access on-line information (e.g. eConsult); patient apps (e.g. MyCOPD) and social media (e.g. long-term condition Facebook groups).

The higher the score the more positive the response

The results for the 'other' staff in General Practice

37 'other' staff (e.g. nurses, receptionists) completed the surveys in early March and then again in late April/May.

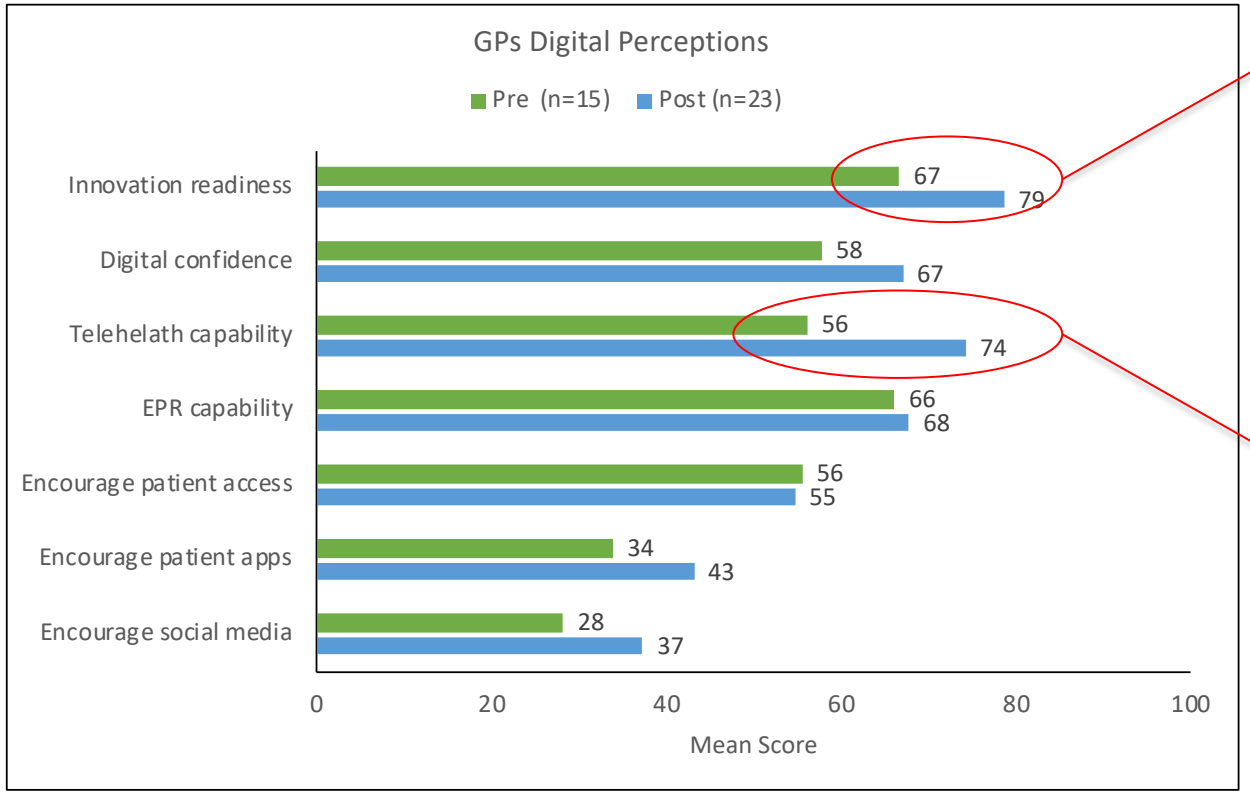
They reported **small improvements** in their perception of digital innovation in all measures apart from their capability to use the EPR (e.g. EMIS). None of the changes were statistically significant, and the largest improvement was in their and their practice's Innovation Readiness (p=0.165). The scores for GPs changed much more and are on the next page.

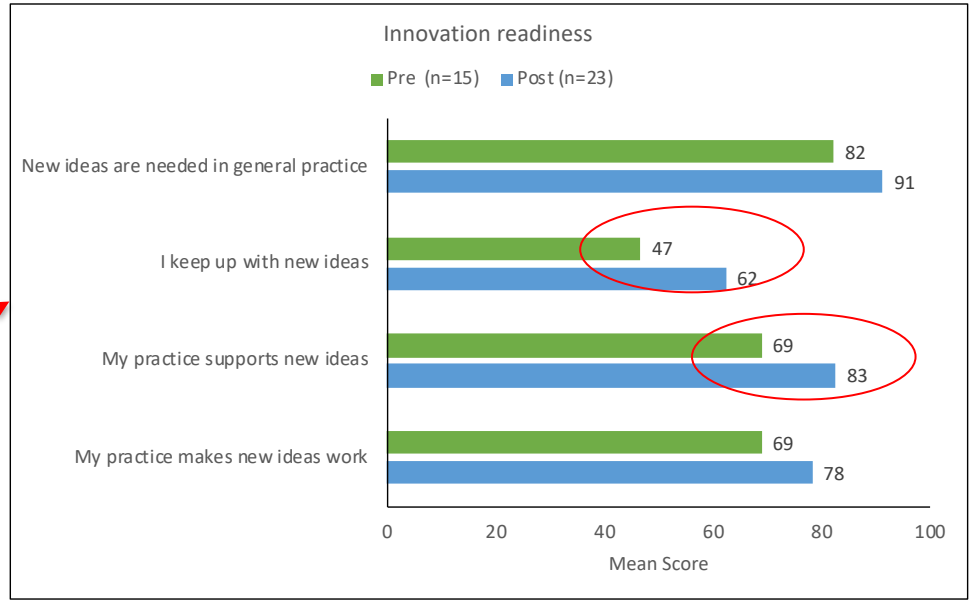


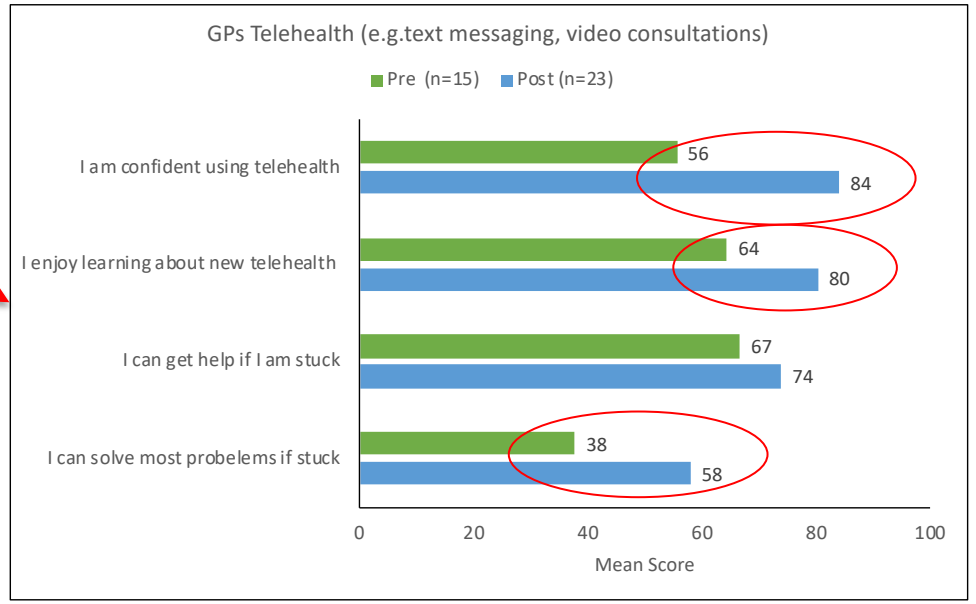
Significant improvements in GP perceptions of digital innovation

The results for GPs

15 GPs completed the surveys in early March and 23 in late April/ early May. The chart below shows **significant improvements** in their **Innovation readiness** (p=0.053) and **Telehealth capability** (p=0.017) (e.g. text and video consultations). The charts opposite show the detail of how these perceptions changed.



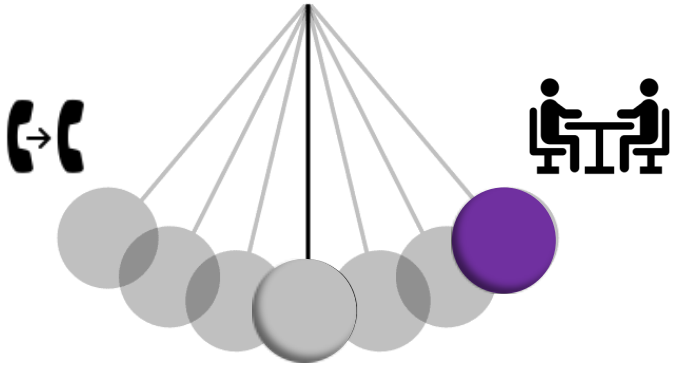




The higher the score the more positive the response

Combining patients' and clinicians' insights

By combining the themes from the patient focus group, clinician focus group and clinician survey we can identify 6 factors **where there is agreement over when they should see each other face to face**:



Patients and clinicians agree they should see each other face to face when:

1. A physical examination is needed
2. There is difficulty using the technology (e.g. sensory deficits or lack of equipment)
3. Patients have complex needs
4. It is important to build a relationship – particularly for a first contact
5. Breaking bad news
6. Remote options can't provide the privacy needed

Both patients and staff identified that **scheduling appointments is important** – challenging in different ways. Patients are unsettled by not knowing when they will be called and having to wait. Clinicians have to balance responsiveness with flexibility to manage their workload. The **'new normal'** for remote consultations should include agreed expectations on the needs of patients and clinician's on scheduling their appointments.

Patients and clinicians recognised the **advantages of video** over other forms of remote consultation. However, for uptake of video consults to increase there is a need for greater IT, patient and staff capability. **Support and development is required to achieve this.**

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HHFT Ethics Committee provided advice to the AHSN about what to consider when engaging with service users.

This report was produced by Andrew Liles and Philippa Darnton, Wessex AHSN.

Limitations to this work

This work describes the outputs of a Rapid Insight project, designed to capture the experiences and learning from the client's response to covid-19 and their views about what to maintain and develop in the future. The outputs are intended to inform future planning locally, and with the client's permission, will be shared with others with an interest in the learning from covid-19.

The findings are not conclusive but indicative of a complex landscape of interacting health services delivering high quality patient care at a certain time, within a certain region, and with a group of informed system leaders. Indicative findings are drawn from a limited set of data that was collected and analysed over a short timescale to enable rapid learning.

The findings cannot be extrapolated to a broader population of users and/or applied to settings or contexts other than that described here. Nor can it be assumed that the findings are applicable to a similar setting or context. Participants in the study were not randomised. Any participants who were service users did not receive any changes to treatment, care or services as a result of their participation. The impact of potential conflicts of interest within participant groups was considered by the project team.

For the purposes of service delivery decisions, these indicative findings should be used alongside other learning obtained from available service evaluation and research.