Frontline insights on the rapid implementation of video consultations

What's needed now?

The Health Foundation

Q is led by the Health Foundation and supported by partners across the UK and Ireland

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Introduction

The rapid implementation of video consultations has been one of the stand-out stories of NHS innovation during the early stages of the Coronavirus (COVID-19) pandemic, with promising signs for how video can be used to deliver health and care long term. But there is a lot more to do to build on where we've got to.

The Q community, with its unique reach across borders, specialisms and systems, has gathered insight from practitioners as they've rapidly rolled out video consultations. Here we share what we heard through our collective insight project.

Through fortnightly learning logs and reflective webinars from March to July 2020, we heard from 50 participants, all of whom were implementing video consultations in response to COVID-19. We share what we've learned has enabled rapid progress in the roll out of video consultations, and what more needs to be done to scale and embed these changes.

Our findings are relevant to anyone with an interest in video consultations at an organisational, system or national level. We believe these lessons apply more broadly too. Getting the approach right for this flagship service change can help pave the way for large scale, sustainable and rapid change in other areas.

Want to know more?

You can find out more about this project and our methodology by reading the fortnightly blogs we shared throughout the process.

As you take on the hard work to respond to the impacts of COVID-19, Q is here to help you navigate the complex challenges and opportunities ahead, build on the successes of rapid improvement to embed positive changes, and boost your and your teams' skills and resilience to lead the change our health and care system needs. Find out more: https://q.health.org.uk/news-story/video-consultations/

Follow us: @theQCommunity

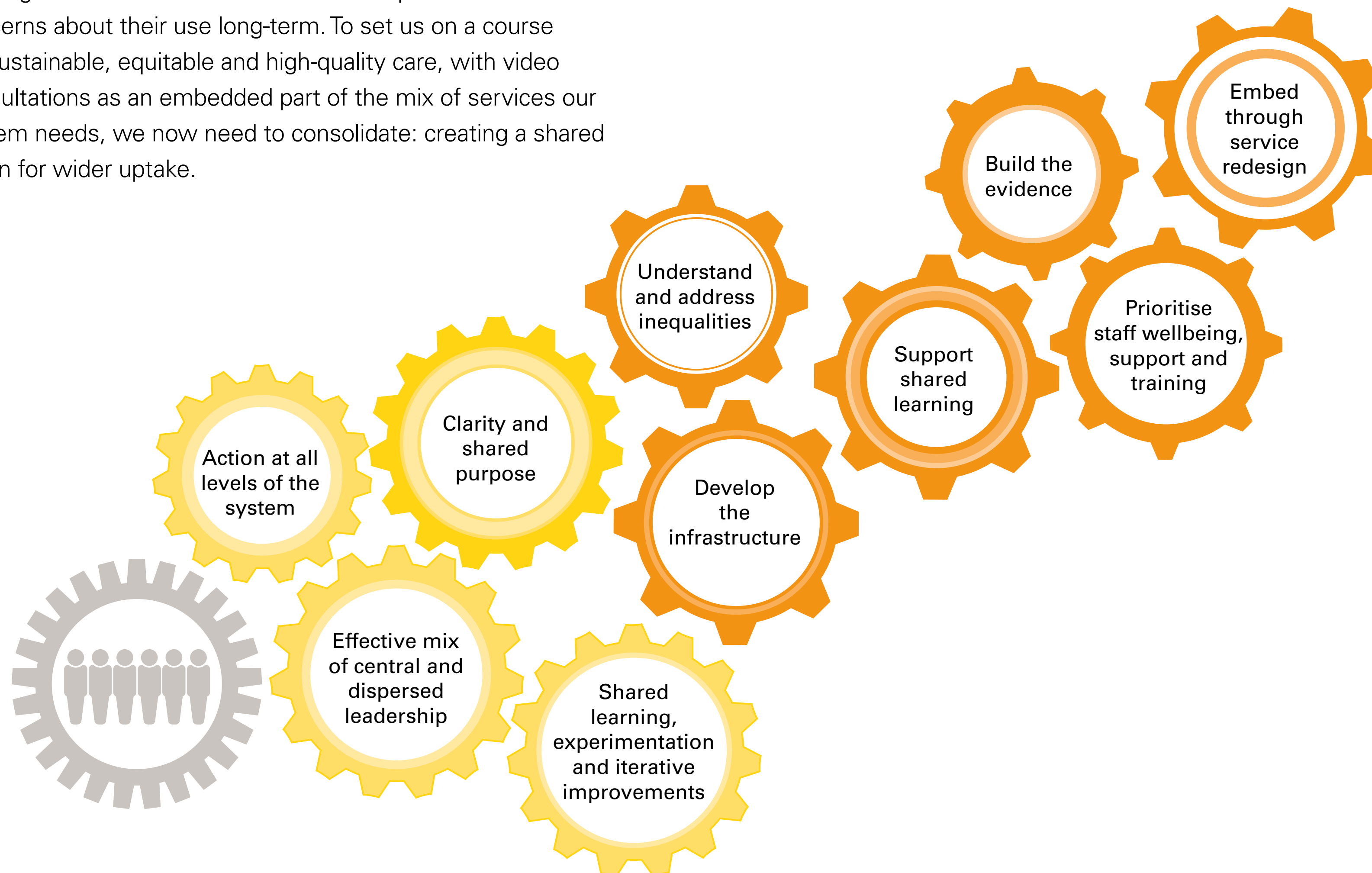
With thanks

We are enormously grateful to all the participants in this project. They have generously shared open, honest and thoughtful insights to enable us to capture and take stock of the ups and downs of this work despite having incredibly demanding workloads.

Summary

The scale and pace of the roll out of video consultations in the immediate crisis response to the pandemic was remarkable. Despite the extraordinary momentum of change, uptake is still low, and the people delivering this work – while committed to the greater use of video – have a lot of questions and concerns about their use long-term. To set us on a course for sustainable, equitable and high-quality care, with video consultations as an embedded part of the mix of services our system needs, we now need to consolidate: creating a shared vision for wider uptake.

Insights from participants highlighted four factors that enabled such rapid progress in the first few months of the pandemic and six areas for action to build on that progress (click the titles below for more information):



What enabled rapid progress?

Effective mix of central and dispersed leadership

There was a productive balance between clear prioritisation, attention and resources at national and organisational level, and autonomy to implement change at the local and service level. The increased autonomy and agency that teams were given has encouraged and enabled initial uptake, clinical ownership and innovation.

"When there is clear direction from leadership, organisational buy-in and pressure to get a piece of work done, my NHS organisation can be agile, resolve governance issues quickly and move at a rapid pace"

Action at all levels of the system

Public awareness campaigns, patients and clinicians being prepared to 'give it a go', and the alignment of local and national efforts, priorities and resources unblocked many previous barriers. Change would not have been possible had it not been for simultaneous action and attention to video consultations being taken at all levels of the system.

"I've been able to put key things in place in a very short space of time which were off the table before."

Clarity and shared purpose

A resolute focus on patient and staff safety and wellbeing, and converging on a limited number of priorities, created unity to support service change. Shared purpose led to new collaborations and motivated extraordinary, discretionary (but likely unsustainable) efforts and commitment from staff.

"The drive to care for patients is overcoming technological concerns."

Shared learning, experimentation and iterative improvements

Teams responded to the many unknowns of this new way of working by experimenting and learning by doing. Seeking and acting on regular feedback from patients, staff and tech providers, and dedicating time to structured improvement cycles or more informal shared learning and reflection was important.

"I feel lucky to work with colleagues who always go the extra mile for their clients and are open and keen to share ideas and resources. I would have previously considered us to be a relatively cautious group, but this has shown that we have been agile enough to change quickly and effectively."

What's needed now?

Understand and address inequalities

We need to understand more about and address issues around digital and health inequalities that affect access or health outcomes. The future model of care must ensure equitable and consistent access to high quality video consultation services or alternatives, informed by patient choice and regardless of where they live or what specialty they are accessing.

At a national and organisational level:

Leadership is needed to ensure services are collecting and using data to build our understanding on who is and isn't accessing video consultation services and why, and the implications for people that experience the worst health outcomes.

At an organisational and local system level:

Support and resources are needed for partnership working with community and voluntary groups to improve access and engagement.

Embed through service redesign

Much more transformational work is needed to understand population and service needs, and how and when different remote care models can and should be appropriately used. This requires substantial investment in the redesign of pathways, processes and ways of working, making the most of digital capabilities, and ensuring video consultations are systematically embedded.

At a national and local system level:

Work collaboratively with organisations to review existing tariffs, data and measurement to better support a blend of face to face and remote care pathways. Provide resources and support for pathway redesign and transformation, so that all services meet a minimum level of digital and improvement capability and are supported to join up and improve over time.

At an organisational level:

Prioritise and resource this work to better embed, integrate and / or transform existing pathways and ways of working, involving both patients and commissioners through co-design. Ensure consistency in capabilities and delivery across all services.

"I'm beginning to see real […] concerns about how we get the right balance in the future."

"[People will] follow the path of least resistance [which is] face-to-face consultations and phone calls."

What's needed now?

Develop the infrastructure

We need to continue to develop the infrastructure to meet the needs of different consultations. Access to high quality and appropriate equipment and platforms will be essential.

At a national and organisational level:

Develop platforms to improve quality and performance when there is high demand on the system, and to ensure integration with existing processes and outcome monitoring. Work to improve infrastructure within organisations to support digital services – including wi-fi connectivity, access to quality computers, webcams, headsets, and appropriate spaces for consultations to take place.

Prioritise staff wellbeing, support and training

If video consultation services are offered at scale, this will transform the roles of many clinical and support staff. We need to prioritise staff wellbeing, support and training, given potential implications on professional competence and identity, role changes and ways of working.

At a national level:

Change how the workforce is trained, and the clinical guidance and support provided by national bodies.

At a national, organisational and service level:

Work collaboratively and compassionately to understand the implications for staff in terms of scheduling, workload and satisfaction. Recognise the time needed for change to embed, and ensure staff have access to support, training and the resources needed.

"[What's hard is] videoconferencing fatigue – physical fatigue [as well as the] emotional fatigue of having to work in a way that none of us trained for and most do not wish the job to become."

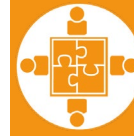
What's needed now?

Build the evidence

We need to build evidence of the long-term impact of the use of video consultations on clinical and health outcomes. This should inform targets and expectations.

At a national, organisational and service level:

Ensure teams are collecting the appropriate evidence, and this data is shared and applied to support service improvement and adoption. Conduct and support further research.



Support shared learning

We need to support shared learning, co-design and improvement to increase confidence, ownership and clinical leadership, and translate good practice into a workable, sustainable model for each setting.

At an organisational and service level:

Support staff – upskilling where necessary – to work collaboratively to co-design future changes and to develop learning skills to support reflective practice. Provide space and opportunity for shared learning and reflection across boundaries.

"This has been a great opportunity to put video consultation out there at large. Now we get to prove its concept and improve it as we go to ensure sustainability."