

# Video consultations – from workarounds to scale up

Implementing, evaluating and sustaining improvements.

## Authors

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## Background

Barts Health NHS Trust is a group of five hospitals covering a diverse population of 2.5million people across East London.

Barts Health has pioneered video consultations in Newham since 2011. We have tested and evaluated video consultations systematically over time with our academic partners at Oxford. We have contributed to a significant amount of the literature in the area.

However this work had been on a small scale using Consumer Skype, which it became clear would not be a scalable tool. After investigation, the team have opted to use Attend Anywhere which has achieved scale up and roll out in NHS Scotland and has since been offered as a national solution by NHS Improvement.

## The problem

Traditional models of outpatient services are outdated, inconvenient to patients and inflexible. We have shown video consultations improve patient experience and support better disease management; however we have identified that only a small group of our patients had benefitted. We recognised that implementing at small scale with many workarounds is a different challenge to scale up and embedding in to business as usual[1]. The Health Foundation awarded us a Scaling Up Improvement grant in March 2018 to address the challenge of scale.

## Assessment of the problem and analysis of its causes

We assessed the data and found that there were just one or two clinicians in a team running a small number of video consultations. These appointments were delivered in mixed clinics alongside face to face appointments.

Working with teams we found that Consumer Skype, the video tool we had used so far, was not well integrated with clinical pathways and required additional admin workarounds. We also recognised the need to create organisational systems that made online consultations “business as usual”.

## Interventions

- We found a tool more fitting with the clinical pathway, opting to use Attend Anywhere as part of a national pilot.
- We process mapped the outpatient pathway to understand the steps, engaging with admin staff, clinicians, patients and operational managers, as well as considering the wider organisational processes for new clinic set-ups.
- Key requirements to make video clinics “business as usual” were configuration of EPR (Electronic Patient Record) letters and clinic templates, setting up text message reminders for video appointments & creating ICT service desk protocols to provide support;
- We published guidance for setting up video clinics on our Trust intranet.

## Measuring improvements

We looked at number of new services starting video consultations, activity data collected in our EPR alongside patient experience data. Our evaluation team are also collecting staff feedback due to be published in an evaluation report at the end of the year.

## Results

1. In the first six months we saw a steady increase of 7 services using video clinics. The Covid 19 pandemic hit in March 2020 and there was an urgent need for rapid roll out. To date we have 57 services set up (Fig 1.)

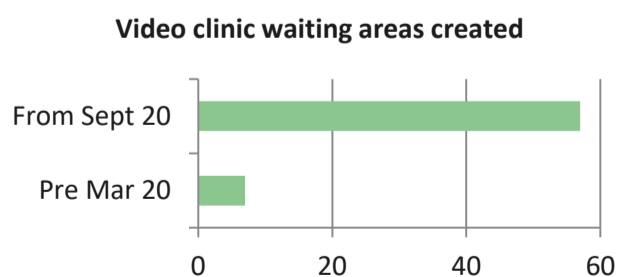


Fig 1. Services set up with video clinics

Further work is now needed to increase activity within some of the services.

2. The patient experience survey had 2133 responses providing valuable insight and some really positive feedback (see Fig 2.).

## Would you use video consulting again in the future?

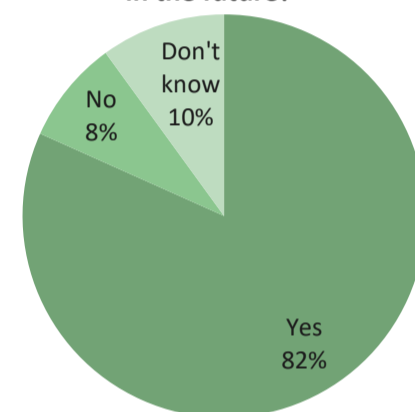


Fig 2. Patient survey response

3. We have developed business as usual processes within the organisation so that new services can develop these models of care. We are confident our work to embed processes in the organisation supported us to scale quickly in the pandemic.

## Key messages

- Moving from a small scale delivery of an intervention to organisation wide roll out requires significant work, where many workarounds have previously supported the service.
- Spending time to build processes to allow scale will mean much wider access is possible
- Patient engagement is key to avoiding digital inequality

## Further information

<https://www.bartshealth.nhs.uk/video-consultations>

## References

[1] Shaw S, Wherton J, Vijayaraghavan S, Morris J, Bhattacharya S, Hanson P, Campbell-Richards D, Ramoutar S, Collard A, Hodkinson I, Greenhalgh T. Virtual Online Consultations: Advantages and Limitations (VOCAL). A mixed-method study at micro, meso and macro level. *Health Serv Deliv Res* 2018; 6: 21.