



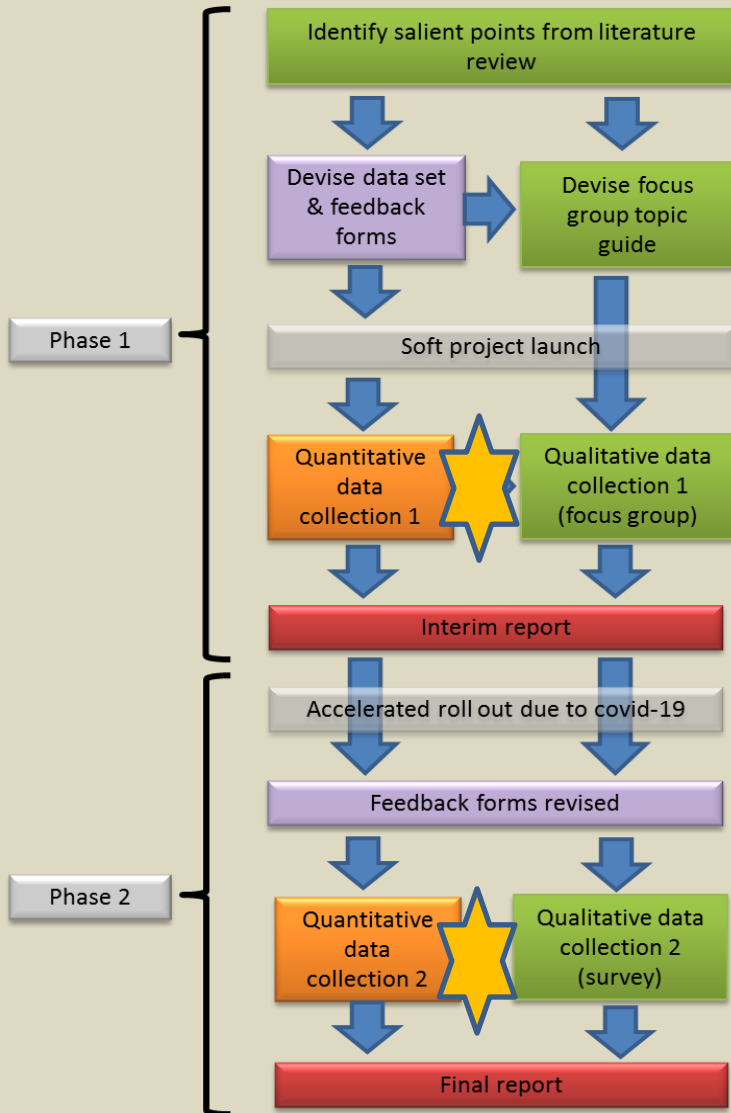
When there's something strange in your neighbourhood, who you gonna call?

Staff perceptions of patient suitability for video consultations

Dr Jon Painter

Senior Lecturer in Mental Health Nursing

Evaluation of a large scale Video Consultation (VC) Project



- 1 MH & disability trust
- 100 clinical teams
- 7,552 VCs over 6 weeks
- Sample of 345 staff
- Sample of 850 patients



No brainer

Saving estimates for:	Staff mileage saving	Staff travel time saving	Value of staff travel time saving	Trust's total emissions (CO2e) saving	trust's CO2 saving	Value of trust's CO2 saving	Patient travel time saving	Patient's cost saving (excluding time)
The sample of 843 calls with feedback & postcodes	12,078 miles	349 hrs	£7,995	3,332 Kgs	3,307 Kgs	£228		
Each call (average)	14.3 miles	24.8 mins	£9.48	3.95 Kgs	3.92 Kgs	£0.27	0-60 mins	£0-£6:00
All 7,752 calls during 6 week data collection period	111,066 miles	3,210 hrs	£73,525	30,636 Kgs	30,412 Kgs	£2,098		
One year	962,572 miles	27,820hrs	£637,254	265,512 Kgs	263,571 Kgs	£18,186		

Staff preconceptions (focus group)

- 8 self-selecting early adopters

Cultural shift

Massive – use for non-patient activities 1st
(e.g. supervision / team meetings)

Risk

↓ need for two-staff visits (V&A)
↓ Covid transmission
Able to see home environment
Desire to see high risk patients

Time & financial savings

↓ Travel time
Shorter but more frequent sessions
B2B VC → burnout
↓ no. & size of staff bases
↑ isolation versus ↑ meeting attendance
↓ DNA

Therapeutic relationship

Better than phone calls
Difficulty developing rapport
Hard to pick up on NVC

Barriers

Private space for calls
Patient data allowances
Multiple practice changes

Functionality

Drawings, diagrams, Pt info leaflets

Training, technical and admin support

Need clinicians not just IT trainers
“How to” leaflets for patients and staff
Realtime IT support for patients and staff
Admin to book planned and urgent VCs

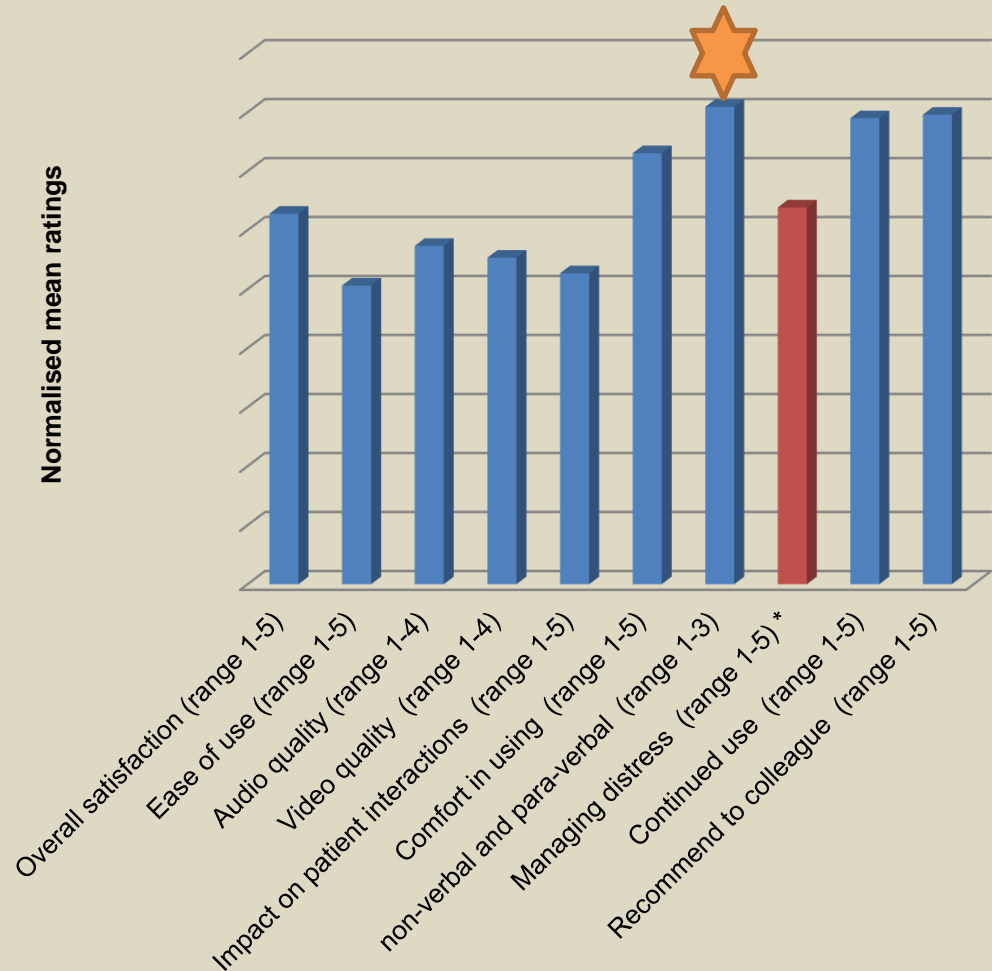
Definite desire to retain some in-person contacts

Staff satisfaction

N=480 comments
N=337 staff
N=97 teams

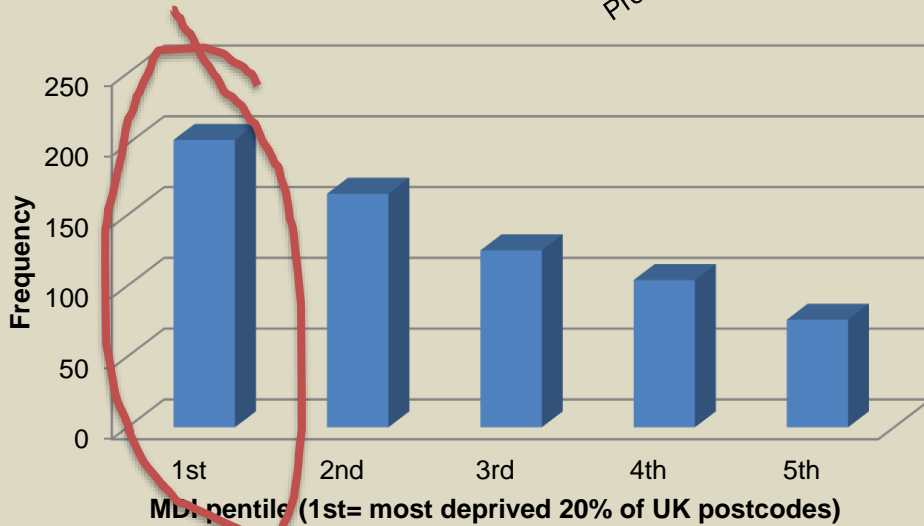
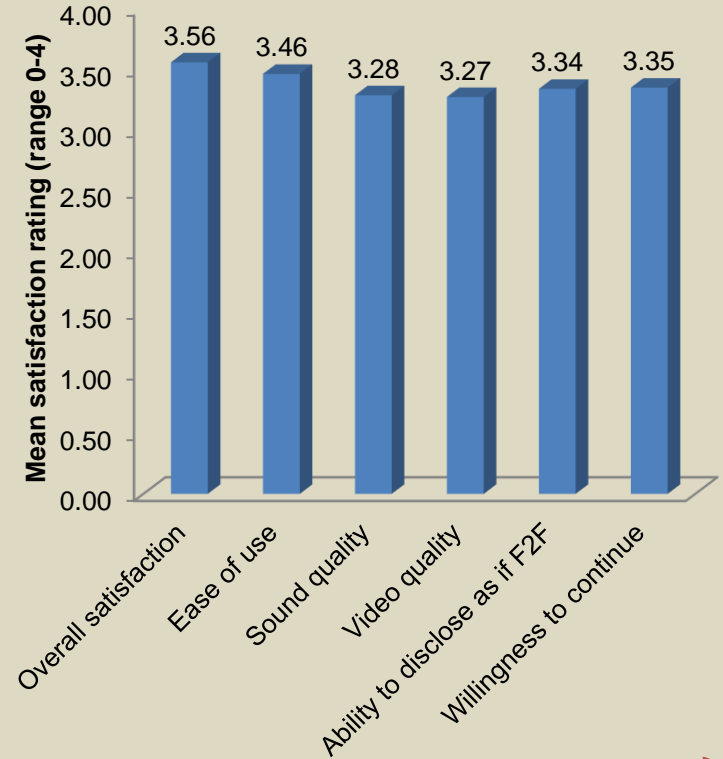
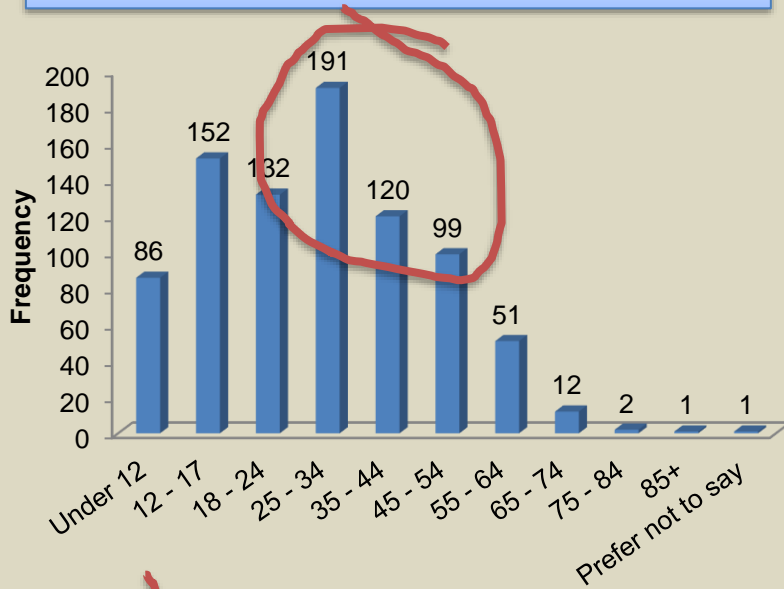
Question & range	Mean(SD)
Overall satisfaction (1-5)	3.14 (SD 1.14)
Ease of Use (1-5)	2.53 (SD 0.87)
Sound quality (1-4)	2.29 (SD 0.78)
Video quality (1-4)	2.21 (SD 0.77)
Impact on interactions (1-5)	2.64 (SD 1.0)
Comfortable using VC (1-5)	3.65 (SD 0.96)
Non & para-verbal comms (1-3)	2.42 (SD0.)
Managing distress (1-5)	3.19 (SD 0.)
Likelihood of continued use (1-5)	3.95 (SD 1.1)
Likelihood to recommend (1-5)	3.98 (SD 0.97)

Normalised mean ratings for staff survey questions



Patients & patient feedback

N=847 (63% Female 33% Male)



Treatment modality	Ranking	Frequency	Percentage
Video calls would be my:	1 st choice	355	41.9
	2 nd choice	360	42.5
	3 rd choice	132	15.6
Outpatients clinics would be my:	1 st choice	377	44.5
	2 nd choice	259	30.6
	3 rd choice	211	24.9
Home visits would be my:	1 st choice	149	17.6
	2 nd choice	235	27.7
	3 rd choice	463	54.5

Staff vs patient satisfaction

49% of variation in patient satisfaction due to:

1. Feeling able to share info as if in-person
2. Ease of use
3. Sound quality
4. Picture quality

61% of variation in staff satisfaction due to:

1. Ease of use
2. Picture quality
3. Sound quality
4. Feeling comfortable with VCs
5. Similarity to in-person consultation

For 31 matched pairs of ratings....

Significant +ve correlation between staff and patient ratings of:

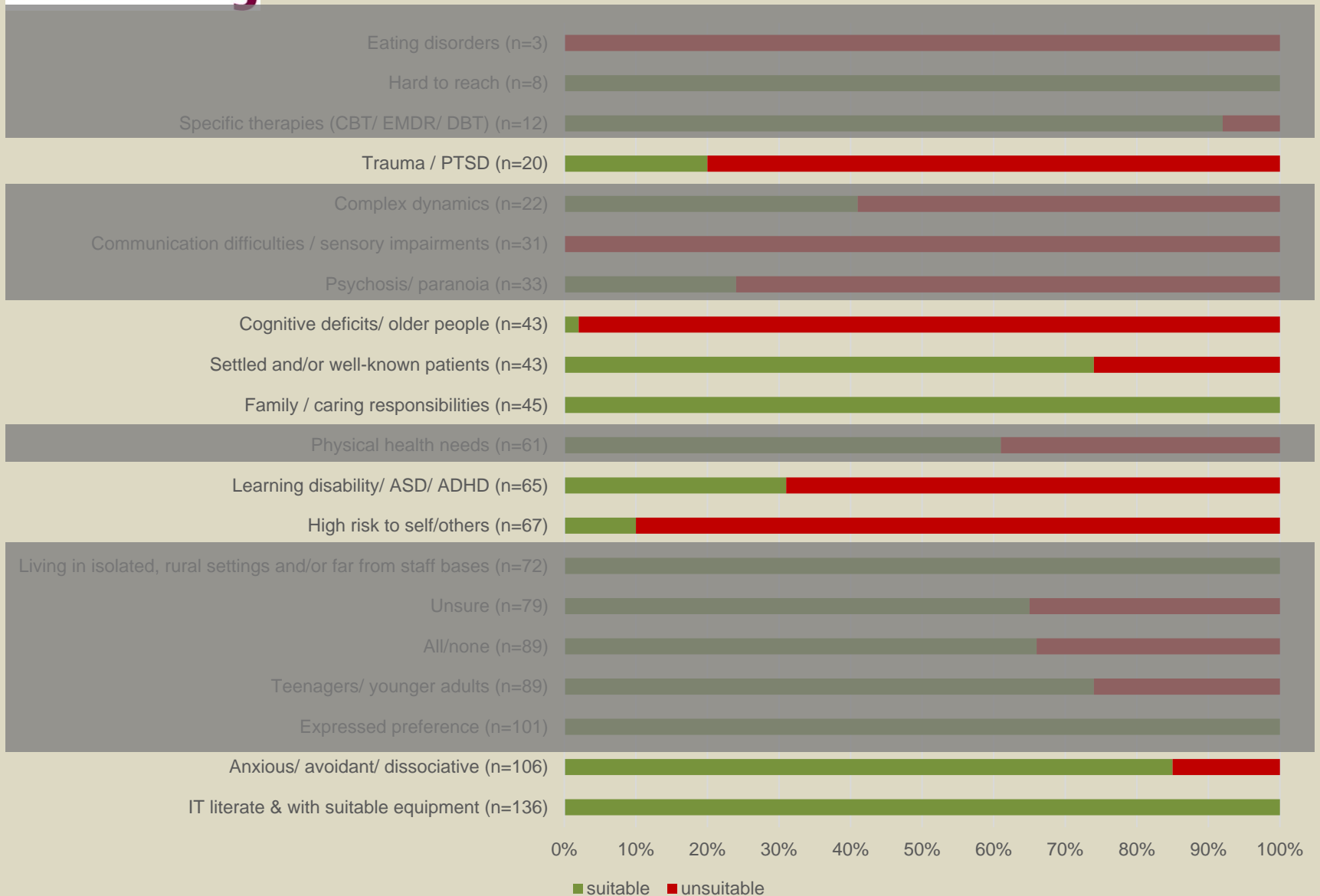
- Overall satisfaction
- Ease of use
- Similarity to in-person interaction
- Sound quality

But **NOT** between ratings of:

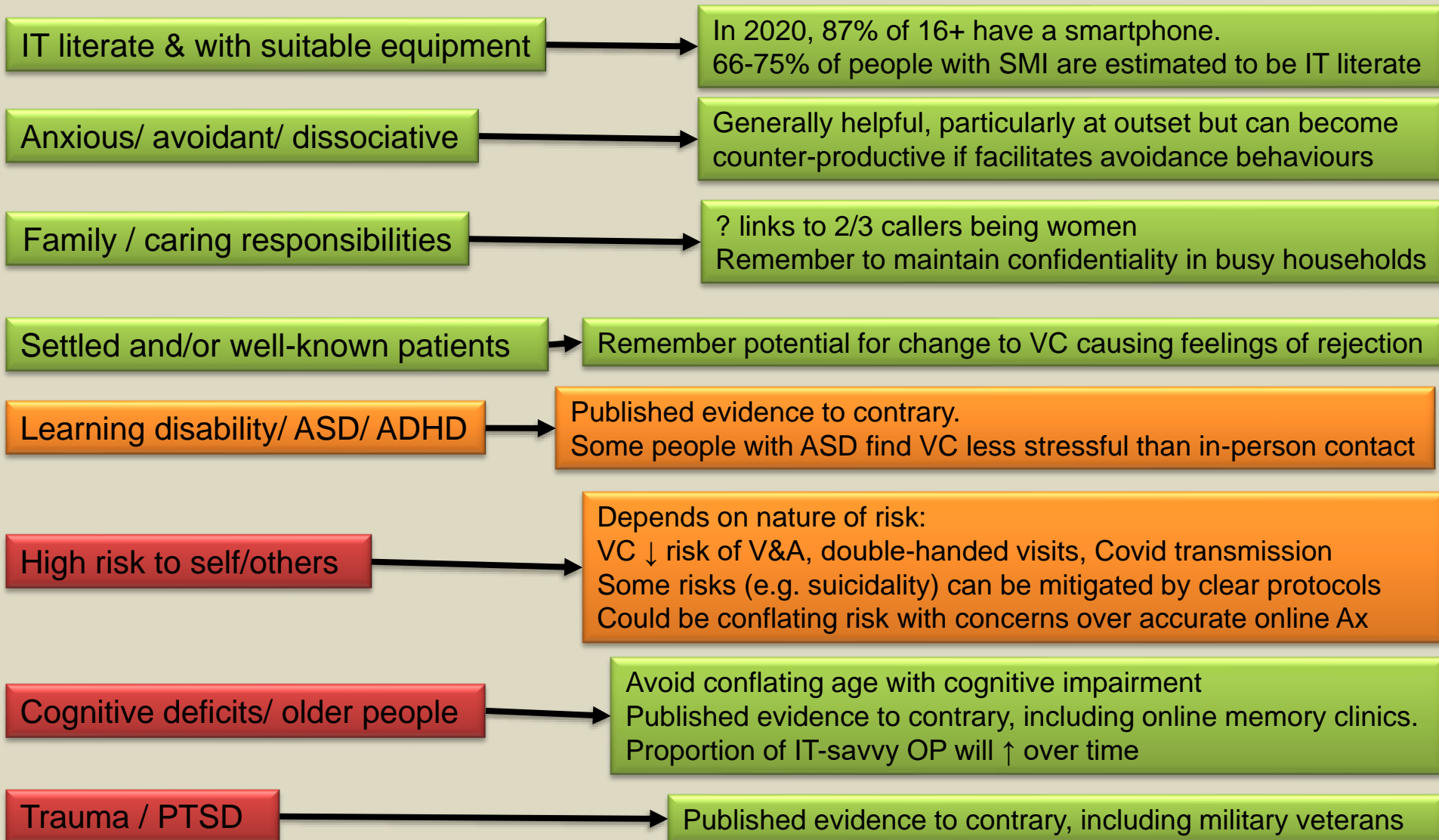
- Picture quality
- Likelihood of making/accepting future VCs

In general, patients were more satisfied than staff

Staff perceptions of suitability for VCs



Perceptions Vs the evidence



Conclusions:

- VCs offer significant efficiencies and may be one way to meet the current, and predicted increase in demand for mental healthcare
- Staff have legitimate concerns about VC for some, or all of their patients
- Covid has forced them to overcome their reticence
- Time and experience have resolved some, but not all, of their anxieties
- Unless staff's continued concerns are addressed, once choice returns, staff will revert to traditional ways of working
- Not all of their residual anxieties and opinions are evidence-based
- This provides a potential way to challenge misperceptions in a supportive manner
- As with all decisions in healthcare, the decision to offer VC should be made collaboratively, and on an individual basis wherever possible.