West Yorkshire and Harrogate
Health and Care Partnership

Reset and Recovery Programme

Rapid Insights Report

June 2020

In partnership with

Background

Foreword

The COVID-19 pandemic has had a profound, immediate impact upon the UK's health system. Individual trusts and the system as a whole have responded at pace, significantly transforming during a very short period of time through implementing technologies and processes to ensure continued delivery of care - where possible - throughout the crisis.

The UK's health and social care system 'as we knew it' is unlikely to be seen again, and as we start to emerge and recover from the pandemic we will be faced with a 'new norm'. This will be driven by behaviours, learnings and changes which have arisen in response to the COVID-19 pandemic. We have an opportunity to capture important learnings from the crisis. To support the implementation of a health and care system that can look and feel very different, to drive new ways of working and deliver significant positive benefits.

Therefore, it is important we take the time to understand what and how we can learn from the COVID-19 crisis and determine what it means for the way health and care may be delivered and services may be organised in the future.

We also need to take the time to better understand which of the changes being rushed into practice are no longer needed, which are likely to continue delivering value after the crisis is over, and which practices we would like to return to.

We are delighted that the West Yorkshire and Harrogate Health and Care Partnership have worked alongside the Yorkshire & Humber AHSN to deliver this rapid insights programme of work to generate essential learning on how we have responded to the COVID-19 challenge, and how we can take that learning forward.

For more information on the programme please contact the YH AHSN programme team on info@yhahsn.com.

Jo Farn
Programme Director for Systems & Leadership Development

Richard Stubbs
CEO, Yorkshire & Humber Academic Health Science Network

Executive Summary

This report discusses the initial findings from our rapid insights programme and makes recommendations for enhancing and sharing our learning across West Yorkshire and Harrogate (WYH) and beyond. It provides high level insights and learning from an extensive engagement exercise with teams and individuals from across WYH and has consolidated some of the key learning.

The work takes information collated from the comprehensive rapid insights activity delivered by the AHSN and colleagues from WYH. In addition, it includes insights from external reports and complimentary literature produced by Healthwatch and other research including Yorkshire Ambulance Service insights, lessons learnt World Café event, and through attendance and involvement in the Nightingale Hospital based in Harrogate.

This work has been undertaken from mid-May to mid-June 2020 and is intended to be the first stage in a continual improvement approach to inform the partnership of best practice, insights and embed learning.

The key findings from this report have been separated into the following themes:

- **Communications:** How we have shared key information and messages
- **Community:** How communities have acted differently
- **Patient Experience:** What impact has this had on those who use our services
- **Access to Healthcare:** What changes have we seen in how our services are used
- **Vulnerable & Protected Groups:** Including the BAME community and staff
- **Personal Change and Development:** What are the individual change and development
- **Team Change and Development:** Relationships, systems and ways of working
- **Digital Changes and Innovation:** How we have embraced new technology & innovation

A full list of process change to stop, start and continue is included in the supporting documents.

Setting the Scene

Setting the Scene

Policy Context and Governance

The programme of work across WYH forms part of a wider, region-wide programme across North East and Yorkshire.

The Yorkshire & Humber AHSN have led the coordination of the regional activity in partnership with the NHS England and Improvement regional team.

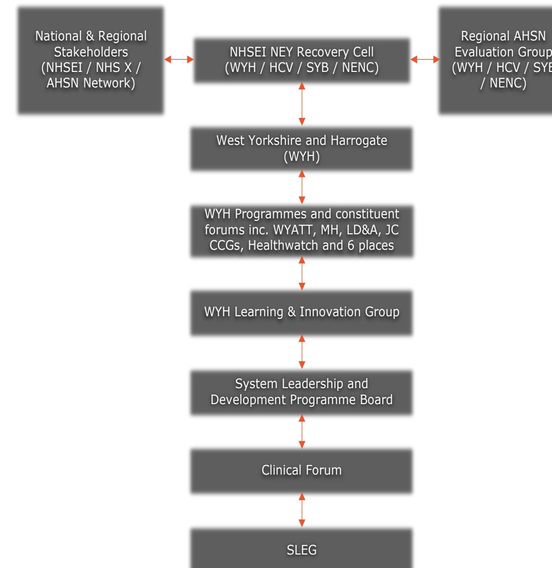
Jo Farn, Programme Director for Systems & Leadership Development has led and driven the work on behalf of WYH with programme management support being provided by the YH AHSN and WYH teams.

All activity has been aligned to a governance structure that mirrors the WYH internal governance structure with a flow of communication through to the NHSEI regional team and other ICSs across the North East and Yorkshire geography.

Our work has been aligned to the phases of NHSEI response to COVID-19.

Our approach has been to bring together the findings from this activity with other research and synthesise the findings to help develop a series of key themes, aligned to the WYH priority areas.

This work has then fed into the work being undertaken across the North East and Yorkshire region to support cross-pollination of learning across the systems.



Approach and Methodology

The overarching approach to the completion of this work was to capture the learning and innovation happening across West Yorkshire and Harrogate. The programme, mirrored across other areas of the North East and Yorkshire Region, aims to:

- Identify themes of learning and innovation
- Plan for embedding and sustaining changes we want to maintain, exploring alternatives and planning for what we want to return to
- Implementation of the learning and innovation locally and regionally
- Share and spread case studies of learning and innovation

From the outset, the work has been focused on capturing intelligence that will both provide insights into behavioural and culture change as much as identifying specific innovations or new ways of working.

To achieve this we have adopted a mixed-methodology of:

- Surveys
- Semi-structured interviews
- Facilitated sessions
- Secondary research

This research has been compiled and grouped into the themes set out in the key findings. Criteria for inclusion has been based on alignment with WYH, Long Term Plan and the frequency and intensity of similar feedback.

Throughout, we have adopted an appreciative approach; based on trust, openness and honesty.

Key Findings

Communications
Community
Patient Experience
Access to Healthcare
Vulnerable & Protected Groups
Personal Change and Development
Team Change and Development
Digital Changes and Innovation

Key Findings

Communications

How we have shared information and maintained relationships.

With so much fast change and an uncertain climate communication has been key. Organisations have been required to quickly use new tools and be transparent in their messaging.

Positive Insights - What has Worked Well

Communications around staff goals and COVID information for the public were perceived to be clear with 53% of public respondents finding it easy or very easy to find clear information and advice. There has been a focus on making data available quickly and willingness to share. Examples of this are: waiting list management, volunteer contact points and innovations for priority population groups.

What Could have been Done Differently

Although 53% of respondents said they felt confident or very confident when accessing support for COVID-19 symptoms, one in five were unsure or very unsure. There is an opportunity to improve this messaging.

Building on our Learning - Our Recommendations to Take Forward

- To build on the change in public behaviours, produce a new communication plan for the public around the services available by different means (face to face/ digital) and how to access these.
- To understand the implications of plans and how these can impact on other areas of the system such as logistics and workforce.

"I have been part of a working group brought together to support the shielding patients.

This group involved representatives from CCG teams, IG, Data Quality, BI, Primary Care, transformation medicines optimisation - various Council and public health teams and the voluntary sector.

This work has moved at pace dictated by government requirements around COVID19 but has been an immensely successful collaboration producing a very effective process for the prioritisation, contact and support of this vulnerable group.

We have found this group particularly supportive and innovative in the way they have approached the need to share data and support different sections to enable this collaboration".

Vanessa Costello
Data Quality Manager
NHS Calderdale CCG - shared service across Calderdale, Greater Huddersfield, North Kirklees and Wakefield

"I do not feel confident that I have always had sufficient information to make informed decisions regarding my health and treatment options."

Anonymous Patient
Healthwatch, 2020

Key Findings

Yorkshire & Humber AHSN

West Yorkshire and Harrogate Health and Care Partnership

Community

How we have remained in contact and sustained relationships

Community spirit and work has been identified throughout this research as being prominent. The sense that everyone is going through this together. This is exemplified through Clap for Carers or the NHS volunteers.

Positive Insights - What has Worked Well

There was a recognition that organisations were not on their own and staff were given the flexibility to network in order to problem solve and provide mutual aid across the ICS. The sense of community was also seen in the public with 46% of respondents reporting that they had provided support to others as a result of the pandemic. Technology was an enabler for the public to access services and community groups as well as staff to meet with colleagues both locally and nationally.

Building on our Learning - Our Recommendations to Take Forward

- To use strong leadership, take every opportunity to strengthen relationships and dialogue; clinically, professionally, organisationally and with our communities.
- To develop leadership across sectors, relationships between nodes of care, work together in a planned and mindful way without artificial barriers and walls.

Patient Experience: What impact has this had on those who use our services

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) has collated feedback received from its partners including West Yorkshire Healthwatch organisations, Yorkshire Cancer Community, Carers UK and Bradford Talking Media regarding the impact of coronavirus on individual people and communities. Our big thanks go to all colleagues for sharing early findings to contribute to this important, timely piece of work. Findings from the report include the personal experiences of over 2,000 people across the West Yorkshire and Harrogate area. You can read the report here.

Access to Healthcare

What changes have we seen in how our services are used

Positive Insights - What has Worked Well

The changes made in both primary care and secondary care have been positively received with patients feeding back on the good experiences they have received. This has resulted in 60% of public respondents saying they felt confident or very confident seeking advice for treatment of non-COVID related needs. However, it is worth noting that a high number of respondents (25%) reported feeling unsure or very unsure to seek advice.

What Could have been Done Differently

There were public feelings of not wanting to overburden services or concerns around an increased risk of contracting COVID-19 if they interact with services. There were also concerns around PPE and access to testing for care home residents. Other programmes across the partnership have identified a dramatic reduction in patient admissions, this report will seek to collaborate with insights.

Building on our Learning - Our Recommendations to Take Forward

- To utilise a Population Health Management approach to identify members of the public who should have accessed care during the pandemic but did not.
- To continue to increase efficiencies of patient discharge process for patients who are safe to be discharged from the hospital to free up access to others.
- To continue to reduce inequalities in healthcare across the WYH HCP.
- To review the healthcare needs of Cancer, Stroke, Cardiovascular and Respiratory patients post pandemic and adjust pathways as appropriate.
- To review the waiting lists and diagnostics capacity for patients requiring endoscopy, CT and MRI Scans.
- Re-commence cancer screening and operating.
- Develop new ways of working within our elective, diagnostic and non-elective pathways within the requirements of any future social distancing measures.

Vulnerable Groups

Including BAME community and staff

Vulnerable groups have been disproportionally impacted through this pandemic. BAME and elderly patients as well as those with pre-existing conditions have been most at risk from the disease. This report also found that experiences of BAME staff have been especially difficult due to cultural issues in organisations, and carers have reported increased levels of mental health concerns.

Positive Insights - What has Worked Well

We heard that local and national guidance was developed for members of the Muslim community using WHO, NHS England, PHE, and CDC (Europe and USA) guidance surrounding last rites of deceased, suspension of services in Muslim religious institutions, surviving COVID-19 and preparing for life with COVID-19 for the months ahead.

Staff found that working with patients via Zoom, especially those in hard to reach groups from the BAME community worked well.

What Could have been Done Differently

There were cultural and behavioural challenges between the public and staff with people not understanding individual needs, for example people with “invisible disabilities”. Government advice was mis-interpreted from people with learning disabilities and autism causing them to stay in or out longer than recommended. Some communities with the greatest health inequalities had problems with accessing digital services due to cost, language, and accessibility.

Building on our Learning - Our Recommendations to Take Forward

- To undertake further investigations of the experiences of the vulnerable including the BAME community and staff working across WYH HCP to identify how we can best support their needs going forward.
- To continue to ensure that members of our local population particularly those who are vulnerable community who may have developed mental health issues because of the pandemic are aware of how to access support locally.

Case Study: Harnessing the Power of Communities Programme

The Ambition:

Harnessing the Power of Communities Programme aims to establish a new relationship with our communities built around good work on the co-production of services and care.

Their intention is to support people to greater self-care, prevent ill-health, and join-up our community services.

COVID-19 has reinforced the importance of this programme.

What They Did:

Worked in collaboration with the public sector and voluntary community services to support health and wellbeing of individuals and communities, particularly the most vulnerable members of our community including people autism and/ or learning disabilities, the homeless and travellers.

This included provided both emotional and practical support through the use of digital programmes.

Achievements:

The programme has seen a reduced level of mental health issues; experiences and feelings of isolation amongst most vulnerable members of our community.

Social Care and Carers

Positive Insights - What has Worked Well

The use of technology has enabled better access to social groups as well as other services such as online shopping. Technology has also been utilised in care homes and the ICS has been involved in its rollout.

Those needing care have received support not only from health and care services but from family, friends, neighbours and volunteers and flexible home working has been an enabler to support carers.

What Could have been Done Differently

25.4% of people who receive care or support have experienced a change in their care during the lockdown period and 73.5% of carers who responded said that their day to day life had been affected by lockdown. The challenges they had experienced negatively affected their wellbeing and included: finding time to shop, not being able to see their own family, difficulty maintaining a safe distance from clients and maintaining boundaries, as well as increased stress and anxiety. PPE was also a challenge, especially for those working in care homes.

> *"I feel anxious every day and fear the phone ringing as it might be bad news."*
> **Anonymous**

Building on our Learning - Our Recommendations to Take Forward

- As we move into winter, we will with review the priority population health outcomes for patients who are shielded and vulnerable including those who live in care homes and those who may suffer from the long term effects of COVID-19 and ensure the provision of support where required.
- To work with stakeholders to gain a better understanding of the challenges experienced within Social Care.
- To support a review of the infection control procedures across Care Homes and share good practice approaches across the region.
- To review of service delivery across all care homes and reconfiguration of services to meet community and acute demand.
- To review the specialist Palliative Care Nurse and Consultant capacity requirement in some Care Homes.
- To undertake a capacity and demand study across Care Homes and co-produce a long-term Care Home Commissioning Strategy considering it needs to be flexible and responsive to the new needs of our local population.

Case Study: Keeping Care Home Staff Safe

The Challenge:
Key workers in care homes were at risk of exposure to COVID-19.

What They Did:
A nurse from LTHT, worked with Leeds Community Health, Care Commissioning Group and Care Homes to provide virtual training to staff in 9 Care Homes in the use of PPE within 2 weeks.

Achievements:
Because of the training received care home staff reported that they had an increased awareness of how their practice can adversely affect their patients/ residents and that they would be better equipped to protect themselves and their residents during COVID-19.
The nurse involved in the delivery of the training felt it had helped to build positive relationships and hopes "the change in practice would help to save many lives".
Future plans include continuous awareness and training around the use of PPE.

Key Findings

Personal Change and Development

The impact this has had on our workforce

The experience of COVID-19 has impacted everyone in terms of work, home and social lives. It is an unprecedented situation and whilst has been very difficult has enabled personal change and growth through hardship and self-reflection.

Positive Insights - What has Worked Well

Respondents developed several key behavioural changes during the pandemic which included increased levels of patience, resilience, and self-determination.

The remote working helped staff to further develop their delegation and prioritisation skills, increasing productivity and enabling a better work life balance. It also enabled staff to have more time to focus on their relationships, create consensus, face "the hard stuff" and create opportunities for mutual aid with their colleagues and peers.

Respondents reported more appreciation of the importance of personal wellbeing and self-care and the wellbeing of colleagues, with many finding it much easier to connect with their peers across a large geographical area using digital technology. This enabled more cross-partnership communication to connect workstreams and makes things happen rapidly.

What Could have been Done Differently

When asked if the coronavirus had an impact on their mental health or wellbeing only 13.8% said 'No'. 34.1% said it had impacted significantly or very significantly.

However, 43% had accessed support, mainly from family and/or friends. 30% had not needed support but a concerning 19.8% had not accessed support. 85% of respondents said the lockdown has had an impact on their mental health – 1/3 marked it as 'significant' or 'very significant'.

Almost 1 in 5 say they haven't been able to access the mental health support they've needed during the lockdown.

> *"CAMHS support being withdrawn was tough, particularly at a time when families are under strain and young people's mental health could be suffering."*
>
> **Anonymous**

Building on our Learning - Our Recommendations to Take Forward

- To reinforce the wellbeing and support available to staff and their families across the WYH HCP.
- To provide more informal opportunities to network with colleagues via virtual coffee breaks, social activities to further enable peer support.
- To investigate whether WYH HCP could deliver OD interventions, leadership development; plus, any to further develop staff around creative thinking, networking and relationship building.
- To investigate opportunities for rotational working across the WYH HCP.

Key Findings

Leadership Change and Development

Rising to the challenge

Leaders have been required to step up and lead colleagues through change whilst dealing with the personal difficulties themselves. We've seen excellent examples of this and seen colleagues not in formal leadership positions take on roles themselves.

Positive Insights - What has Worked Well

Leaders told us they recognised they could not and did not have to do all the work during the pandemic, and that it helped them to gain clarity on the areas of work they needed to control, and which could be delegated to teams.

This resulted in more rapid decision making, with staff having the autonomy and trust to do what is needed, especially those ''in the thick of it at Nightingale and on the Front Line''.

Leadership have been more present and created connections with their immediate teams and colleagues.

What Could have been Done Differently

Some staff felt that their leaders, did not connect with them and did not feel engaged and motivated as a result.

Building on our Learning - Our Recommendations to Take Forward

- To utilise the extensive OD support and skills from within the WYH HCP to embed the strong leadership and behaviours across the system.

"Leadership team have been more present then pre Covid-19, however in context some Leaders have not been able to be around which gave staff the freedom to get on with what is essential"

Survey Response

Team Change and Development

Team development and systems working

Positive Insights - What has Worked Well

We heard that team meetings were chaired well, and that there was a significant improvement in the strategic direction of teams in recognition that team required a clear sense of purpose and objectives, as well as realistic expectations for themselves and others. Overall, this improved morale, trust, and wellbeing.

Despite working from home, it was felt that teams bonded well together, and held daily catch ups to keep the line of communication flowing. Teams received additional wellbeing support through digital morning and evening check-ins and welfare calls.

Remote working also reduced the number of meetings where the rationale for having a meeting is not there and involved unnecessary travel. In its place, staff increased opportunities for digital meetings, allowing greater open membership of meetings which would normally be restricted by physical meeting space.

There was a clear willingness of colleagues to step out of their comfort zone and having permission to do so, resulting in a greater use of skills, previously underutilised. This also allowed teams to work with new colleagues and in new programme/subject areas.

What Could have been Done Differently

Some teams experienced barriers due to a lack of understanding of each other personally and professionally in term of priorities. It was felt that these barriers could be overcome with commitment and appetite from everyone.

Some teams noticed an increase in the number of digital meetings taking place, leaving little time to do actual work.

Building on our Learning - Our Recommendations to Take Forward

- To embed the strong team leadership and behaviours, to avoid teams slipping back into old habits and ways of working.
- To build on workforce skills development undertaken during the pandemic response, to embed advances in system flow and quality.
- To use strong leadership and take every opportunity to strengthen relationships and dialogue; clinically, professionally, organisationally and with our communities.
- To encourage staff to build in "healthy commutes" where possible of a run or walk before or after work.

“There has been changes of attitude, a sense that there is no time or need for triviality”.

Ben Thompson
Digital Communications Manager
West Yorkshire and Harrogate Health and Care Partnership

Digital Changes and Innovation

How we have embraced new technology

In a world of remote working, digital change has been essential to respond to the challenge.

Positive Insights - What has Worked Well

We heard that many respondents welcomed the new homeworking arrangements supported by the use of Microsoft Teams with many seeing a reduction in travel time and meetings and an increase in terms of flexibility, improved childcare, family time and work-life balance.

"As a parent, it isn't necessarily the extra hours, it is unprecedented flexibility, and praised the current culture of allowing flexible work within the organisation"

Anonymous

What Could have been Done Differently

We heard that some respondents were attending more meetings than usual via Microsoft Teams. Often these were scheduled throughout the day, leaving little time to undertake essential tasks, resulting in additional hours worked.

Many GP practices have rolled out online GP consultation, utilising digital programmes made available free of charge during the pandemic such as "Attend Anywhere". This was because GPs had the headroom to reflect and be more experimenting with digital, and look into co-management options.

However, we heard there are still some GP practices in primary care who have been reluctant to adapt to the new digital changes, even though adopting digital would have helped resolve some of their challenges. It should be noted that some Primary Care Networks/ GP Practices were in the transitional phases which made it difficult for them to also adopt new innovations.

In terms of inclusion, we heard from those from Bradford City that there has been difficulty with the adoption of online consultation, which is low compared to other areas (e.g. Bradford District). It was suggested that this was because of the more negative perception of GPs to online consultations from the beginning. Some practices also believe that online is not appropriate for their area because many patients have English as a second language.

The team have been in post for 12 months to promote online, but primary care has also been going through changes and things have been running simultaneously. For example, the whole concept of triage is new to practices – and online promotes triage – and many are not happy about this.

Building on our Learning - Our Recommendations to Take Forward

- To review the estates and facilities available and consider how we can continue to maintain these whilst offering a flexible working package to staff.

- To continue to engage organisations across WYH HCP to adopt digital options to enable greater access from members of the public, particular those within hard to reach communities.

"I accessed the GP via 'Ask My GP' and the doctor was extremely responsive and brilliant. She called me back and issued a prescription within a very short time of my initial contact."

Anonymous Patient
Healthwatch, 2020

Key Findings

Respondents to the Rapid Insights Survey reported several changes has been implemented during the pandemic some examples below:

Digital

We heard there was a greater use of assistive technology to support practitioners and clients we have enabled more virtual communication to take place for example;

Communication Teams adapted their ways of working through use of Microsoft Teams to record podcasts and videos for both internal and external communications.

The provision of "online" counselling, was made available within the space of a couple of weeks which would have normally taken a year. At the same time, the development of virtual support groups and staff helpline was made available to staff working from home.

Staff was able to actively get involved with the Digital Inclusion Project which provides targeted digital solutions to patents who are non-internet users with long term conditions.

Researchers were provided with digital means to access and recruit participants to support their clinical trials and research as they could not use the usual routes such as outpatient clinics.

People

We heard that charities and voluntary community services had to develop and set up new financial systems to enable them to reimburse volunteers for shopping errands when their clients did not have access to cash.

"The new ways of working are working well with telephone and videos, pictures and emails I hope this continues into the future, saving time, environment."

Anonymous Patient,
Healthwatch, 2020

"I have learnt to be smarter with my equipment usage. I have developed the confidence to deliver Care and Education Treatment Reviews with multilingual families and an interpreter virtually - it worked extremely well.

Going forward…I would like to offer a choice of face to face and virtual education and treatment reviews for young people and accommodate the choice (where possible)".

Helen Shepherd
Senior Lead Nurse for Children & Young People / Designated Clinical Officer for SEND / CETR Chair

Many organisations expanded their programmes on health inequalities to include the direct and indirect impacts of COVID-19.

Process

We heard there was an extension of 7-day services across acute and community settings.

The overall discharge processes for patients who were safe to be discharged from hospital was streamlined to make this more efficient for example one organisation amended their discharge to assess form to facilitate transfers from hospital into the community more rapidly. This was a much more streamlined form than existing documentation, highlighting the essential information required for transfer and saving assessor time in terms of completion.

Key Findings

West Yorkshire and Harrogate
Health and Care Partnership

You Told us Innovation Was Able to Happen Because:

We heard there was a willingness to implement things quickly based on needs as a key enabler to change. This was because there was a clearer vision of what needed to be done, less conflicting priorities and more delegation of responsibility.

Decisions around the implementation of changes and innovations were mobilised quickly based on common objectives. Some of the traditional barriers such as risk aversion, funding levels, permission to act were removed.

Instead changes and innovations were subject to the right level of governance with leaders been able to make pragmatic decisions using their own judgement and take more personal responsibility for the decisions made. If there was a change and/or innovation required, a group decision was formed quickly and worries of quoracy went "out of the window".

"Going forwards 60-70% of outpatients will be undertaken digitally. We are now working to put in place robust leadership and governance frameworks to take across the organisation, so we do not go back to business as usual"

Lisa Williams
Assistant Director of Transformation and Innovation

"Electronic prescribing was implemented for us across out of hours services in under a week. This was on the "too difficult" list before this epidemic".

Dr Peter Davis
Royal College of General Practitioners ICS Representative

Case Study: WY Outpatients Transformation Project

The outpatients transformation project in West Yorkshire and Harrogate aims to combine innovation and improvement through the use of a 'think globally and act locally' approach. Through digital triage, restarting elective outpatient pathways and Patient Initiated Follow-Up (PiFU), this project will result in shared practices, learning and solutions into areas of need in Trusts across the region to develop a joint working approach across the network whilst also looking into restarting patients following the demand of the COVID-19 crisis period

The group received the instruction from NHS England to cancel outpatients appointments for non-essential services/treatments and realised they needed to expedite their plans to implement the digital outpatients programme within a short timescale.

What They Did:

- Used the relevant Medical Royal College/ Society patients risk strategy to identify patients from each of the 31 specialties who met the criteria for a digital outpatients appointment during the pandemic. These included for example antenatal patients and cancer patients.
- Worked with Microsoft to develop a virtual outpatient booking system.
- Found kit and rolled this out to enable staff to work from home.
- Telephoned patients to obtain their email addresses to enable them to receive a digital appointment.
- Provided training to clinicians on how to use the system via live webinars.

Achievements:

- Provided digital outpatient appointments to patients across WYH.
- Received 1200 responses from patients who have provided feedback around their experiences of attending a digital outpatients appointment.
- Helped changed the culture amongst clinicians and public around face to face appointments.

Summary

Key Findings
Recommendations
Next Steps

Key Findings

Yorkshire & Humber AHSN

West Yorkshire and Harrogate Health and Care Partnership

Key Findings Summary

There is a broad range of changes to behaviour, ways of working and personal impact. Through our work we have identified over 100 actions that we can follow up with and support, however, based on the findings of the research and West Yorkshire and Harrogate Health & Care Partnership the recommendations for focus are:

Communications: Some excellent examples of communication identify best practice across partnership and share.

Community: Recognise and capitalise on the brilliant work that's being done within the community. Feed into WY&H programme. Research further to identify communities that need additional support.

Patient Experience: Feed into the Trust work to support patients and service users restart services. Take lessons from Healthwatch data and communication approach.

Vulnerable Groups: This should be a prime focus to understand what can be learnt and what needs to improve to support the vulnerable groups affected by COVID-19. Particularly, BAME colleagues experience and support for carers.

Personal Change and Development: Recognise the journey that people have been on. Capture the new skills and support colleagues through robust health & wellbeing focus.

Team Change and Development: Capture the excellent systems working, "can-do" approach and iterative approach that have enabled such fast paced change. Spread this effort to have the most impact.

Digital Changes and Innovation: Capture and assess the innovation changes. Test the risk and benefits develop continuous improvement approach. Agree best practice in remote/digital working and embed this. Support innovative approach as business as usual.

The initial recommendations from the report can be split into the following five sections:

1. Specific process change: need to assess impact, capture and embed improvements
2. Behavioural change: capture best practice, encourage and facilitate change to embed
3. Focus on health & wellbeing: of our colleagues, patients and vulnerable groups
4. Identify training needs: with new ways of working, what do we need to have in place to support this.
5. Consolidate lessons learnt: to inform future work

Research Limitations

This research aimed to capture a broad range of experiences in a limited time. It must be viewed in context of the breadth of the partnership and is not intended to be fully comprehensive. It should be viewed as the initial phase to inform future research. Specifically, this report is missing experience from care homes and extensive health quantitative data. The next phase should seek to include further patient data and care home experience.

Next steps

- Report to be circulated across WYH to inform any immediate activity
- Priorities to be decided
- Output to be circulated with relevant programme leads and organisational partners to identify where it feeds in to ongoing work
- New workstreams and approach to be developed based on priorities of partnership and not covered through existing work

Case Studies

Electronic Prescribing for Out of Hours Service
Allied Health Professionals at Airedale Hospital
Discharge to Assess: Kirklees Council
West Yorkshire & Harrogate Health and Wellbeing
PPE Training in Care Homes
Using Technology to Continue Supporting Patients
Digital Change in the Voluntary and Community Sector: Harnessing the Power of Communities
Patient Transport Services
Remote BAME Patient Engagement
Delivery of Outpatients: Calderdale and Huddersfield FT
Outpatients Discharge: Leeds Teaching Hospital
Local Care Direct: Out of Hours Urgent Care

Electronic Prescribing for Out of Hours Service

Interviewee: Dr Peter Davies, Clinical Advisor, Local Care Direct

Local Care Direct (LCD) who provide the Out of Hours service for West Yorkshire have wanted electronic prescribing, but it had only been made available to in hours GP surgeries. LCD works across six CCG areas so commissioning this resource is complex. Most LCD GPs wanted this facility and were already used to using it in their daytime surgery. TPP, the developer of SystmOne, had a solution ready. The change hadn't been given the go ahead before COVID-19.

Approach/Methodology

The barriers preventing the implementation of electronic prescription for out of hours services were flattened by the COVID-19 crisis and consequently it was introduced at the end of March with relatively little hassle and over 90% of prescriptions are now issued electronically.

Impact

The implementation has been 99% successful. It has resulted in almost no faxes being sent (admin staff in the LCD call centre used to send one fax every 15 minutes or so, now it is rare to see one per day).

It has changed processes. Something that was predicted to take many months to implement was done in a week or two.

LCD clinicians are now able to work via the LCD Virtual Private Network and get prescriptions delivered accurately, quickly and safely direct to pharmacists wherever they are which makes processes of care more efficient, and safer and faster for patients. It's easier for clinicians to complete. It's a win for patients, clinicians and patient service and patient safety.

It has been seen as a successful innovation and the culture of LCD is now shifting towards embracing technology, for example, the use of MS Teams instead of face to face meetings and conference calls.

Next Steps

To be able to adopt more digital innovations that would result in improved workflows, time and cost efficiency, such as expanded use of MS Teams, video and online consultation.

Key Learning Points

Coronavirus enabled rapid change in processes and broke down the previous barriers that had prevented change.

Digital innovation has been seen to support system change resulting in greater efficiency in working practices.

Testimonial

“Every time you hear someone telling you it's too complex, too difficult, remember that in Covid time, you just did it.”

“Crises create leverage … it's a time of crisis, but also opportunity.”

Allied Health Professionals at Airedale Hospital

Interviewee: Freya Sledding, Interim Chief AHP, Airedale Hospital Trust

West Yorkshire and Harrogate
Health and Care Partnership

Due to acceleration of the COVID-19 Pandemic, and following on from Government advice, it became necessary to suspend some usual activity and concentrate on urgent / priority work within both community and acute settings.

Approach/Methodology

Staff from within the therapy teams were quickly redeployed into areas requiring additional support. This resulted in several services being temporarily suspended to give priority to urgent work for example new referrals and triage. Non urgent outpatient activity was halted resulting in many services being given a virtual option via attend anywhere.

Staff were pulled from the large musculoskeletal service team, into an acute patient team, allowing a seven-day footprint, also enabling extended working days (8am-8pm). This change enabled an increase of therapy on the wards resulting in speedier discharge.

Prior to COVID-19, there had been a lack of multi-disciplinary input within critical care areas, but the rapid changes put in place supported the Doctor / Nurse workforce thus enabling safer staffing, and implementation of therapies which traditionally had little input (dietetics / speech and language etc.).

Support was also given on acute wards for proning of patients. 3-4 therapists supported a proning team, providing 24-hour support to Doctors and Nurses who would otherwise have not had capacity.

Impact

The workforce was dramatically affected in the early weeks, sometimes reduced by approximately 25%, due to shielding, testing and self-isolation.

Work teams were split into ‘Hot’ and ‘Cold’. Many of the cold team caught COVID-19 because initial advice was to use PPE in hot areas, resulting in major learnings.

Increased resources within teams (i.e. discharge teams, nursing teams) improved the diversity of the workforce and feedback indicates this skill set has made a huge impact, providing additional capacity and improvements to the discharge process.

Changes have enabled more involvement in a multi-disciplinary capacity, for example social care, and a virtual MDT for people with complex needs. Teams from different organisations have been able to pull together to solve issues and meet patient needs in a coordinated way.

Allied Health Professionals at Airedale Hospital (cont.)

Next Steps

The seven-day service during COVID-19 has worked well by providing support to enable patients to be discharged quickly and enabling the follow up of a cohort of patients with post-COVID needs. There is keen interest to maintain this but will require planning and investment to make this a normality.

Some key learnings were made around PPE which will require follow up.

Significant changes and improvements have been made within the acute team and one of the challenges will be how to move this forward.

Resource requirement has been highlighted within the Emergency Department, minor injuries were separated out. An example of this is a seven-day physiotherapy service, providing a 'one stop shop' for treatment and follow up care, reducing footfall in hospitals. Providing shared skills enables a thought process around what the workforce requires moving forwards and potential remodelling of services.

Key Learning Points

Having a motivated workforce with a 'can do' attitude is essential to cope at unprecedented times. They have enjoyed the challenges they have faced and the ability to support in other areas.

Clinicians have welcomed therapist support on wards and want to keep this service.

Staff levels require a reassessment and a baseline requirement

Discharge to Assess: Kirklees Council

Interviewee: Anita Mottram, Principal Occupational Therapist, Adult Services, Kirklees Council

There was a need to find a way to facilitate discharge from hospital to home that was both safe and timely. The previous decision-making process was slow and drawn out but COVID-19 necessitated quick responses to client's needs.

Approach/Methodology

There was an immediate core change in practice. The Principal Social Worker and the Principal Occupational Therapist (OT) developed a new Discharge to Assess (DtA) referral form in 5 hours. The responses were intuitive, highlighting essential information required for transfer, looking at what was needed from a health and social care perspective in terms of a care plan.

Daily DtA meetings were implemented with the local health providers. This meant that rapid decisions could be made involving secondary care, social care, the accessible homes team and occupational therapists.

The new system was operational in the first week of the crisis.

Impact

Feedback received is that the form is so much simpler than the previous assessment form and the social care teams want to adopt this in the longer term. The usual form took 30-40 minutes to complete whereas the new one takes 8 minutes, thereby freeing up capacity.

Partners in other local authorities adopted the form which is in a shared word document that is populated with the required information and used as a rolling document, open to update as more information is obtained. It has resulted in inter-organisational collaboration, especially with the VSC sector which has been a huge learning experience.

Next Steps

There is a common desire to maintain this procedure. There is a plan to assess the changes against the RSA's "understanding crisis response measures" framework.

Key Learning Points

18 months had been spent analysing the DtA process where there was no consensus. The pandemic forced their hand as they realised the need to act fast.

The need to meet the requirements of COVID-19 enabled autonomy to change pathways and streamline assessment procedures.

The system will need to be flexible to respond to ongoing changes as the pandemic situation changes. For example, families have been able to support relatives as they were confined to their homes. As people return to work there will be a growing demand on services. There will be an increasing focus on the use of assistive technology / devices to maintain people at home.

Testimonials

"The collaborative practice has resulted in a staggering learning experience about how people can pull together in the community".

"Don't be afraid to stand up for what you believe in or challenge if you feel something won't work in the best needs of the clients."

"Look at the value of working together for the benefit of the good, the synergy of the whole system approach rather than little pockets working differently and going down their own route."

West Yorkshire & Harrogate Health and Wellbeing

Interviewees: Dawn Clissett, WYH OD Network, Jo Farn, WY&H HCP,
Maureen Goddard, Workforce / HR Specialist

As soon as COVID-19 was recognised as a pandemic, West Yorkshire & Harrogate Health and Care Partnership (WY&H) recognised effect this would have on the healthcare sector and the need for a pre-emptive piece of work optimising the health and wellbeing of employees to ensure resilience during the pandemic. A health and wellbeing offer for the HCP was developed.

Approach/Methodology

Action was taken immediately, supported by the Chief Officer of Bradford District and Craven CCG. A core group was quickly co-ordinated to support staff wellbeing and this work was then shared across the Partnership, enabled by WY&H's System and Leadership Development Programme.

As the project had already started in Bradford and Craven, this was used as a blueprint to build upon in order to scale up across the WY&H footprint.

From week one of lockdown, a weekly meeting of the Bradford District and Craven core group – known as the Workforce Health and Wellbeing Knowledge & Intelligence Sharing Team (KIT) was convened. There was an open-door policy so anyone with an interest in the health and wellbeing of the workforce could contribute, regardless of their job. The group also included experts such as psychologists and therapists.

The focus was on all sectors: Voluntary, Local Authority and NHS. All suggestions were considered ranging from prevention and self-management to therapeutic interventions.

A subgroup sifted through the resources to select the most appropriate interventions which encompassed local, regional, and national ones. They were reviewed for evidence-based practice and a repository was developed.

Draft terms of reference were drawn up in week six to provide an audit trail. The enablement of a webpage was supported to provide front door access across the six Places. The website was launched on 28 May.

Impact

The footfall on the Partnership website will be measured for usage which will be done by Place.

COVID-19 has created an openness to talk about mental health and brought key values, such as genuine caring to the core.

There has been a refocus on the emotional and psychological health of staff which is now a priority of the partnership and will be key to the retention of staff.

This model can be used in another context.

West Yorkshire & Harrogate Health and Wellbeing (cont.)

Yorkshire & Humber AHSN

West Yorkshire and Harrogate Health and Care Partnership

Next Steps

Phase one is complete with resources having been brought together to support the health and wellbeing of the workforce. Bradford District and Craven KIT is continuing to work together on its phase two, with outcomes to be shared across WY&H. Longer term, there is a desire to sustain the support beyond COVID-19 with a focus on all areas of life, care and work.

This positive innovation needs to be sustained and spread further to reach everyone in all sectors including care homes, carers, volunteers.

There is a need to keep the energy and momentum generated from the initial response to the pandemic, to sustain positive learning.

Key Learning Points

"Design once and spread" – the toolkit worked with Bradford and Craven, so adapt, spread and adopt across the whole region.

A common purpose and camaraderie - "it just happened" because people got involved who wanted to with no barriers of bureaucracy and governance. New relationships were formed as a result.

The 'open door' approach enables people to engage in meetings according to relevance of the latest piece of work, without becoming a 'permanent' core member of the group. This has led to different people joining in different weeks to contribute their knowledge, intelligence and expertise.

PPE Training in Care Homes

Interviewee: Ashhita Xavier, Leeds Teaching Hospitals

Due to acceleration of the COVID-19 Pandemic, it became apparent that rapid delivery of training was necessary across the care home sector, regarding the use of PPE. Leeds Teaching Hospitals were tasked with this delivery across care homes within the Leeds area.

Approach/Methodology

Leeds Teaching Hospitals requested volunteers to deliver PPE training sessions across the locality with each volunteer being allocated ten care homes. The deadline for delivery of all sessions was just two weeks.

Sessions were coordinated by the Community Infection Prevention Control team. This bridged the gap between community and hospital staff, which, prior to the pandemic, had never experienced this level of integration and collaboration.

Reluctance from care homes posed the biggest challenge for delivery of face to face training, due to fears relating to the spread of COVID-19. One trainer, from a BAME background, recognised she was disproportionately at risk, and shared her concerns with the care home staff. She advised that she would ensure all necessary precautions would be taken to reduce infection risk and ensure safe delivery of the training. Face to face rather than virtual training was the preferred method of delivery to achieve improved results.

Trainers felt they would not have been able to deliver this level of training in such a short timeframe had they not been released from current roles, due to the time required for preparation and delivery.

Impact

Care home staff reacted positively to the training received and agreed the face to face delivery was the correct method to ensure success.

Next Steps

Some evidence of poor practice regarding the use of PPE was identified in some care homes which has highlighted the need for increased requirement of inspections by infection prevention teams. This will ensure compliance is within the recommended guidelines.

Key Learning Points

Care Home Staff expressed they would have much preferred training to be delivered at the start of the pandemic but instead had to wait until much later on.

When delivering training within the care homes, it is important to ensure sessions are delivered in areas where residents do not enter to minimise the risk of infection.

Training sessions can often result in increased admin work. To avoid care homes having increased admin, prepare required resources and ensure any requirements are emailed ahead of training.

Using Technology to Continue Supporting Patients

Interviewee: Petra Bryan, Assistant Director of Transformation, Locala Community Partnerships CiC

National Guidance required community services to deliver digital-first services. Locala utilised available technology to enable continued delivery of service and support to patients.

Approach/Methodology

Locala were able to build on systems and technology already available within their organisation to enable video consultations and phone consultations. Training was provided by the Transformation Team to frontline staff which enabled them to use the technology to its best advantage. Team members embraced the new technology once they were shown how it worked and that it helped patients.

The adoption of the technology available was discussed with each individual service to optimise service delivery and patient satisfaction. Patient pathways were re-designed using phone and digital approach, with face to face services provided based on patient risk and need, in line with national guidance.

In May 2020, the Transformation Team hosted a series of workshops, each containing a mix of staff from the various services provided by Locala. These sessions allowed staff to share positive impacts and patient stories as well as share concerns and issues and work together to resolve them.

Impact

Patients continued to be cared for through less traditional, more digital platforms which were generally well received.

"Initially, my appointment was cancelled because of COVID-19. I was very surprised to get a phone call instead, so we could discuss what we felt was wrong with my foot. I am now testing out some insoles for my condition. A phone call was much better than waiting for hospitals to be up and running again." **Anonymous Patient on Podiatry Services.**

Next Steps

The Transformation Team are working with each service to develop reformation plans. These include how to embed the technology and service changes going forward as well ensuring 'digital inclusion' e.g. not all patients are comfortable or able to use the technology.

Locala also want to start piloting and scoping for remote monitoring for some patients.

SystmOne have recently introduced a feature for patients to input readings and for these to be flagged up to staff if needed.

Key Learning Point

Staff training and peer support were important to improve staff confidence in delivery of services.

Using Technology to Continue Supporting Patients (cont.)

Testimonial

"Thank you to for your video calls whilst we've been in lockdown. It was great that I could see what [my husband] was doing wrong when you told me and gave me instructions. I've been able to continue helping him with the exercises at home and he has made great improvements. As a result of video calls and the instructions, he is now doing 14 reps of all the exercises and he has lost about three stone in weight. The exercises have given hm great motivation and it's been with your help that this has been achieved. Without the video calls, he would probably have stopped doing the exercises or would have done them quickly and not properly, which wouldn't have achieved anything." **Anonymous Carer on Adult Therapy**

Digital Change in the Voluntary and Community Sector: Harnessing the Power of Communities

West Yorkshire and Harrogate Health and Care Partnership

Interviewee: Jo Baker, Programme Lead: Harnessing the Power of Communities

The Ageing Well programme team at West Yorkshire & Harrogate Health and Care Partnership saw there was a need to support the frail and elderly without digital skills / access to digital to communicate with families and friends during the coronavirus.

Approach/Methodology

Kirklees were already testing a digital approach. Systems were in place and when an opportunity arose to trial "portals" it was seized as a comparative study. Facebook who produced them, were approached to donate some for a pilot in Kirklees care homes and supported housing. One hundred devices were provided within three days. This was a simple solution to keep people connected though face to face calls, who have no access to digital technology and also those with learning disabilities. A portal is shared by residents and sessions are booked to use the portal.

Impact

People have really taken to using it, so much so that slots get quickly booked up each day.

Relationships and connections have really improved. Something that would have taken six months to set up was done in two weeks.

Next Steps

The Digital Programme Survey that was undertaken to identify the needs of the Voluntary and Community Sector (VCS) showed a huge number of needs from small church and faith groups to larger organisations.

An investment in digital hubs in communities is being looked at. They could also have the potential to deliver healthcare services.

Infrastructure leads who connect with smaller community groups and Health Watch are to be invited to sit on the WYH board to find a model that will support people to access technology and digital innovations.

A business case is being submitted for the NHS, CCGs, LAs to each commit to a budget specifically for the VCS for a minimum of five years.

Key Learning Points

The importance of making links. Partnership working in trying to find solutions. A common purpose made things happen quickly.

Online community events have gone a long way towards filing the gap of social interaction and can have a huge positive impact but there must be a more inclusive approach to the use of technology particularly amongst older people and those from black and ethnic minority groups.

Testimonial

"I'm a real believer in working alongside people… you listen to what they need, you talk about solutions and then you try and make that solution happen"

Yorkshire & Humber AHSN

West Yorkshire and Harrogate Health and Care Partnership

Patient Transport Service (PTS)

Interviewee: Jordan Wall, Yorkshire Ambulance Service

Prior to the COVID-19 pandemic, there were a number of variations to booking a Patient Transport Service journey across Yorkshire and North Lincolnshire:

- **In some areas, patients were able to book their own transport.**
- **In others, healthcare representatives (HCRs) predominantly booked transport for patients**
- **Across some hospital sites, bookings were made through a patient administration system (PAS)**

With ambulance services experiencing an overwhelming number of transport requests, all existing PTS contracts and national eligibility criteria were suspended during the pandemic, online booking was postponed and all journeys were to be booked by a healthcare representative, to focus on discharging patients or providing transport for essential appointments.

Following the reinstatement of health and care services, patients in all parts of Yorkshire and the Humber as well as North Lincolnshire are being encouraged to self-book their transport using the Single Point of Access (SPA) telephone line.

Approach/Methodology

From Monday 22 June 2020, all patients requiring transport with PTS were encouraged to phone the SPA on 0300 330 2000. All patients are screened to confirm that they have a medical or mobility need for transport. HCRs are still able to make bookings, but self-booking is encouraged where possible.

Due to this approach, early analysis of aborted journeys show positive trends. Further analysis is required to confirm the reasons for this change, however, the booking information received from patients appears to be of greater quality and it is thought that patients are more likely to provide updates on their need for transport, or their transport arrangements when arranging it themselves.

Impact

Patients have been empowered to self-book transport which has provided them with the opportunity to make choices about their care.

Booking details are more accurate and appropriately triaged in line with national guidance, and HCRs are able to spend less time booking transport on behalf of patients.

Some challenges were encountered by acute providers who had to adjust their processes with little notice, but work has taken place to collaboratively produce patient and staff information materials.

Positive feedback from patients shows they have responded well and complemented the service, given they have direct influence over their transport as an element of their care.

As part of YAS evaluation from PTS business intelligence analysis, data shows increasing numbers of patients self-booking transport in West and South Yorkshire areas – 3.9% of journeys booked by patients had to be aborted, compared with 7.6% of journeys booked by HCRs.

Patient Transport Service (PTS) (cont.)

Next Steps

Patient self-book has proved beneficial and, going forward, YAS will be looking at an analysis of cost savings, operational efficiencies and charting the numbers of patients booking their own journeys. Further development of communication will be required to ensure system partners, outpatient departments and acute trusts support and encourage patients to adopt this practice where appropriate.

Key Learning Points

YAS have grasped opportunities for innovation and change as they occurred and continue to evaluate progress to ensure it is the right change. The sudden need to provide single-occupancy journeys and act as a regional co-ordinator for all PTS providers in response to the COVID-19 emergency placed significant pressure on the Trust. The aim is that patient self-book will improve operational efficiencies and improve the patient experience.

Testimonial

“I think that patients self-booking in the West and South Yorkshire has absolutely had an all-round positive impact.

Self-booking for patients means that they are able to make choices about their own care (i.e. what would be best for them, their needs and preferences) I believe this makes our service more personalised, patients are able to put a voice to the YAS name and directly tell us what would be best for them. Feedback that we have received has also shown that the majority of our patients prefer to manage their own transport bookings.”

Senior Call Handler, PTS Reservations for YAS

Remote BAME Patient Engagement

Interviewee: Safya Khan, WYH Cancer Alliance

West Yorkshire & Harrogate Cancer Alliance were keen to continue engagement with patients and the public, especially those in Black and Minority Ethnic Groups (BAME) during COVID-19 and were able to do this virtually by utilising Zoom.

Approach/Methodology

A meeting with the Cancer Alliance's patient panel was planned for April with the Living with and Beyond Cancer programme to discuss why the BAME community may not access services.

The programme team decided that it was valuable to keep this meeting in the diary but changed the format from face to face to a virtual meeting using Zoom.

A trial meeting was established before the workshop to train the panellists with using Zoom and to build their confidence with using the technology.

The Cancer Alliance staff also engaged with patients to inform the tumour specific Optimal Pathways Groups (OPGs) on changes made during COVID-19 to cancer service delivery. The OPGs were suspended during COVID-19 due to staff being redeployed and this work will support the OPGs when it starts up again.

Impact

After the training the panellists felt comfortable to use Zoom for the focus groups and felt like they were doing something productive during a difficult time. They also found it was good for their wellbeing as they developed confidence in using the technology and used it to keep in touch with others such as family members, which they may not have done without the training.

More work was needed upfront to explain to the panellists why the Cancer Alliance were needing patient and public engagement, and how their feedback will feed into the work being managed by the Cancer Alliance and the wider picture. It had to be clearly articulated to the patient panel members that their feedback would be used to inform clinicians before any changes to pathways are made and that providing feedback doesn't mean that the participants will be moved onto a different clinical pathway to the one they were currently on. However, the patient insight will shape the service delivery for a whole population of patients.

Next Steps

The Cancer Alliance are looking into whether they need to maintain patient engagement virtually. Though face to face engagement is the preferred model of delivery, the safety of panellists and staff need to be considered.

Remote BAME Patient Engagement (cont.)

Key Learning Points

It is more challenging to pick up on subtle body language cues you would get from facilitating a face to face focus group, especially while discussing challenging subject matters.

It is important to get to know the panellists and have empathy when talking to the patient groups. Don't do everything by email, keep engaged by having virtual conversations and should training need to be delivered, then this will have to be managed to support the participants needs.

Testimonial

"In a normal meeting sense, you can talk with people for 10/15 minutes afterwards, but in this situation [video calling] it feels like you press the button, and everybody's gone"

"It definitely brought out a human element in people, where we were all reaching out to each other and trying to keep contact in any shape or form."

Delivery of Outpatients: Calderdale and Huddersfield FT

Interviewee: Lisa Williams, Assistant Director of Transformation, Calderdale and Huddersfield Hospital

Calderdale and Huddersfield NHS Foundation Trust's (CHFT) Outpatient Transformation Programme had plans to expand the number of virtual consultations undertaken in Outpatient appointments. The COVID-19 pandemic accelerated these plans and the training programme for clinicians was redesigned.

Approach/Methodology

The team worked closely with Microsoft to trial their applications such as the Booking App. This relationship enabled the process to be refined and amended as they went along.

When the guidance from NHS England was released regarding cancelling outpatient appointments for all but essential care, the Trust were in a position to be able to convert a number of essential appointments into telephone or video consultations.

This was particularly important for cancer appointments where patients were immunosuppressed, and where infection risks were high in the hospital setting. The use of video / telephone triage for cancer pathways was also valuable for first appointments in specialities such as respiratory as it enabled the streamlining of patients and a straight to test approach.

The trust quickly developed online training and webinars for clinical staff on delivery of video consultations. This training reached specialties wider than the traditional outpatient services and included some care homes and many community-based services.

Impact

The implementation of these technologies was rapid and what was planned a 1-2 year project was condensed to a few weeks. This led to a challenge in changing culture and behaviour, especially for the use of video consultation, as some staff were anxious around their skills to use the technology and felt more comfortable using telephone consultation.

There were also a significant number of colleagues working from home during this period which presented a challenge for the trust to ensure teams had the appropriate equipment and environment to work in, and that the Trusts IT infrastructure was able to facilitate such a move in demand.

Feedback from clinicians highlighted the benefit of not travelling between clinics and the more efficient use of clinical time through remote and virtual working.

Patient feedback is vital to the ongoing development of virtual care. All patients who had a video consultation were sent a survey to understand their experience. Overall, the feedback has been positive, that it is simple to use and that patients would use it again. The survey also highlighted that people's perceptions and acceptance of digital technologies has move during COVID-19.

Delivery of Outpatients: Calderdale and Huddersfield FT (cont.)

Next Steps

Large engagement with the public around their attitudes to health during COVID-19.

To utilise remote prescribing during remote consultations and send prescriptions directly to community pharmacies.

Evaluating how the future of outpatients will run and what proportion of consultations will be remote and face to face.

The Trust is undertaking a wide engagement process to understand what has worked well during this period that needs to be embedded into future models, and what could be improved upon to develop new ways of working across the system, building upon the partnerships and pathways that have strengthened over recent months.

Key Learning Points

Engaging with clinical teams across the system and learning from each other.

Identify people who will champion the technology, listen to people, and help address any concerns that colleagues may have.

When collecting patient contact data, an email address should be a default just like a telephone number to enable virtual consultations to take place. We need to think differently from first contact with patients.

Work closely with all teams across the pathway – it's often a complex journey that spans primary, secondary and community care.

Ask people to try virtual – they may be surprised!

Testimonial

"We are now looking at the governance framework to take this learning forward and how we provide some strong leadership in a similar way to what we've done in the past with our Outpatient Transformation Programme, ensuring we embed the learning and we don't just go back to 'business as usual', it's 'business better than usual'"

Outpatients Discharge: Leeds Teaching Hospitals

Interviewee: Dawn Marshall, Leeds Teaching Hospitals

As Coronavirus cases accelerated, instruction was given from NHSE / NHSI to discharge all medically fit patients from hospital settings to enable acute hospitals to be ready and fully prepared for the anticipated influx of COVID-19 patients.

Approach/Methodology

The initial numbers quoted were extremely high and therefore the requirement was to empty as many beds as possible.

To enable this to happen effectively, Leeds Teaching Hospital worked with other parts of the system, including community providers and Local Authority, with a policy of discharge to assess.

The first tranche of patients was discharged to their own homes as this is recognised as the best setting, however, for some patients an alternative pathway was required, and consequently, additional beds in care homes were commissioned.

On 19th March 2020, a lengthy document appertaining to patient discharge was released detailing 'must do's' to be implemented for each organisation. A key objective of this was for patients to move within an hour of a decision to discharge to a discharge lounge prior to going home / into a care home.

On 2nd April 2020, further guidance was issued relating to issues around the care home community and care homes needed to be comfortable about taking patients back into care. This was mitigated with a new requirement to test all patients 48 hours prior to discharge and development of a step-down service for patients until care homes were happy to take them.

Patients have understood and positively accepted / engaged with the changes surrounding discharge.

Impact

Some issues were identified around testing capacity; however, this was seen to be a priority by the pathology department who gave the go ahead to test all prior to discharge.

The loss of specialist beds due to conversion to COVID-19 beds have resulted in generic care / minimal specialist care. This has had an impact in geriatric care, for example.

High pressure and intensity of work has left many colleagues fatigued; this combined with lengthy shifts wearing bulky PPE and dealing with high mortality rates (particularly in geriatric wards) will undoubtedly have an impact on staff wellbeing and mental health. Plans on how to support these staff members will need focus.

Outpatients Discharge: Leeds Teaching Hospitals (cont.)

Next Steps

A post COVID-19 action plan is in progress, with the aim of it being robust, in order that patients spend the minimum time possible in the acute sector. The discharge to assess model used during COVID-19 ideally needs to be continued to ensure patients are having an optimum assessment.

The community bed offer has been successful and ideally should continue.

Rehabilitation for frail, elderly patients will become essential as a COVID-19 diagnosis can alter their previous needs.

COVID-19 is being included in this year's Winter Planning; management of patients and potential second wave.

Key Learning Points

There is a need for standardisation of systems around discharge due to the complexity of it.

To ensure the system keeps moving forwards, a COVID-19 action plan is required.

Cross system working has been essential and successful. Relationships between the acute hospital, community health, third sector, local authority and Age UK has enabled a smarter way of working and has provided a better understanding surrounding the services and recognition of their barriers.

Local Care Direct: Out of Hours Urgent Care

Interviewee: Andrew Nutter, Local Care Direct

West Yorkshire and Harrogate
Health and Care Partnership

With the rapid escalation of COVID-19, it became apparent that there was an urgent priority to assess how out of hours urgent care could continue to be accessed by patients in a safe way, whilst minimising infection risks to them and to staff.

Approach/Methodology

Following National guidance to maintain patient safety, there was an urgent requirement to minimise the number of face to face appointments and ensure any which occurred were appropriate.

Considerations needed to balance minimising the risk of infection within a health care setting as well as the need to maintain access to these services (e.g. travel) for patients.

Pre-COVID, patients could be directed to a face to face appointment, if deemed necessary in a centre or by a home visit, directly and without prior assessment.

COVID-19 accelerated the principal of 'talk before you walk'. This allows assessment prior to confirming the requirement for a face to face appointment. Historically many patients have not required a face to face appointment to be safely dealt with.

Changes made to the urgent care/out of hours pathway resulted in all cases transferred to Local Care Direct (LCD) by NHS111 being remotely assessed by the West Yorkshire Urgent Care Hub first. This resulted in a 45% reduction in the need for face to face appointments. Remote clinical assessment via telephone or video increased from 52% to 78% with a closure rate increase from 42% to 87.5%.

The Hub utilised AccuRx for video consultations which was well received. After remote assessment, any patient who urgently required a face to face appointment was seen whether COVID-19 symptomatic or not.

Impact

There has been extensive auditing throughout the system where protocols have changed, checking on patient outcomes to ensure no adverse consequences.

To date there is no evidence of any adverse effects from the increased use of remote consultations to reduce face to face interactions or the higher rate of closure. The use of video has proved beneficial and also appears to have resulted in a reduction in overall prescribing when compared with pre-Covid levels. COVID-19 has also initiated the use of electronic prescribing which has proved extremely beneficial in support the *left shift* to greater use of remote consultation.

Historically there has been a challenge in meeting KPI's within the urgent care pathway, with the principal reason being capacity and demand not being aligned. The response to Covid has seen significant additional resource in LCD's hub operation, which has led to the gap between demand and capacity narrowing substantially. Consequently, from May, there has been a substantial improvement in response times for patients.

Local Care Direct: Out of Hours Urgent Care (cont.)

West Yorkshire and Harrogate
Health and Care Partnership

Challenges

There was conflicting guidance around the correct PPE which proved problematic at the outset, but LCD followed national guidance throughout.

A wide range of infection control measures were required to address concerns around safety from staff, and there is ongoing risk assessment.

This is important because there are a high number of staff working in the LCD Hub which plays a key role in the local health system and needed to be maintained throughout. LCD put safety measures in place such as screens, spacing of working positions and strict IPC regimes to protect staff. LCD is conducting a post-incident review which indicates support / positive feedback for the safety measures taken.

Next Steps

A post COVID-19 action plan will be developed from the review and from engagement with partners in West Yorkshire health systems and will define how out of hours urgent care will be delivered going forwards. Face to face consultations are now increasing again slightly (from 10%-15%) over recent weeks, as the situation resets to the "new normal" however there is still a requirement for as much remote assessment as possible whilst the threat of COVID-19 remains.

Areas for further discussion include the impact of COVID-19 on the ability of LCD to accept direct booking of face to face appointments by third parties such as NHS111 as this constrains LCD's ability to control the face to face environment and manage patient expectations.

Similarly, at a time when face to face responses are constrained by infection control measures, the role of walk-in services such as Urgent Treatment Centres needs to be reviewed to ensure that new ways of working do not result in patients simply taking their problems to the Emergency Department (ED), adding to their workload. LCD and Leeds Hospitals are piloting a scheme where some patient care is transferred from ED to local Urgent Treatment Centres where this is safe and appropriate and in accordance with agreed protocols developed jointly by the two organisations.

Key Learning Points

The use of major incident mode to manage the organisation's response, and record actions and decisions taken has been extremely beneficial and supported effective change control.

LCD saw an influx of clinicians during COVID-19, many of whom lacked experience in virtual consultations, resulting in a need for clear guidance and expectations. A COVID-19 weekly bulletin was created as a result to ensure the whole team were kept informed at all times.

The early establishment of the key principles which would underpin the response to COVID-19 was also key. Chief among these was that patient care had to be maintained appropriately and safely and this needed to be balanced with the requirement to keep staff safe.