

# Patient Experience Feedback Response to the Rapid Implementation of Virtual Clinics due to COVID-19

*A Joint Working Project between Weston Park Cancer Centre (WPCC) part of the Sheffield Teaching Hospitals NHS Foundation Trust and Bristol Myers Squibb Pharmaceuticals Limited (BMS)*

## Final Report Summary

### Project Background

In the current COVID-19 crisis, non-face-to-face appointments have been necessary. Evaluation is needed to establish the impact of these approaches for patients, healthcare staff and the safe and effective delivery of services

This 3-month project aims to evaluate this with patients who have experienced face to face and non-face to face consultations with medical and nursing staff with a focus on patients receiving SACT. Non face to face consultations will include by telephone and also video using “attend anywhere”

This will inform the WPCC strategic aim to optimise patients’ experiences and outcomes by delivering high quality personalised treatment in appropriate environments. It will also contribute to the development of an end-to-end process for the management of patient assessment using face to face and non-face to face approaches. This will support further innovative design and sustainable outpatient services for network SACT delivery

### Project Objectives

To identify a cohort of patients, who have received pre-SACT assessment consultations using through face to face and non-face to face approaches.

To capture perspectives of patients who have undergone at least 2 non-face-face pre-SACT assessments (>cycle 3 of SACT\_treatment) using a combination of a self-reported feedback both paper and online questionnaires given to patients who attend for SACT treatment (minimum of 100 patients)

The NHS will carry out non-face to face feedback interviews with patients to explore the benefits and potential challenges of the different approaches to pre-SACT consultations.

To seek NHS Staff experiences of the benefits and challenges associated with the different approaches to consultations using a face-to-face interview style

To complete a robust analysis of the qualitative and quantitative patient and staff feedback experience captured using online and paper questionnaires and staff face to face interviews.

To inform the development of a safe sustainable, efficient and integrated service model for both now and in the future

## Project Structure and Deliverables

### Project Workstreams

There are three key work streams that will support and advise towards the project's objectives.

- **Data Analysis Workstream:**
  - A comparison of data from 2019 to 2020 to assess/analyse the impact of COVID on both treatment numbers and follow up
- **Staff Perspective**
  - Interviewing the staff involved in the above changes and getting their feedback and ideas to help inform a post-COVID pathway A cross-section of staff medical and nursing will be surveyed across the network – this will be by teleconference as agreed by the Project Board.
- **Patient Experience**
  - To explore the patient perspective on the range of approaches to consultations, including face to face, by telephone and video. The patient perspective methodology will be processed via the defined approval protocols as per Trust and BMS requirements

### Project Benefits

Patient	NHS
<ul style="list-style-type: none"><li>• The project provides patients with the opportunity to share their perspectives on a significant change in service delivery and influence future service development</li><li>• The above feedback from the patients will help to ensure services are patient focused and meet their needs</li></ul>	<ul style="list-style-type: none"><li>• The NHS will gain an insight into both the patient's perspective as well as their staff's perspective of the recent changes in service delivery</li><li>• The NHS will be able to ensure that services are patient focused, and that staff have the necessary confidence and capability to use required technology as part of the service change</li><li>• The NHS will gain an insight into the change in patient numbers and how they were followed up comparing data from 2019 to 2020</li></ul>

### Project Outcomes

#### Facilitators (Service Design and Improvement)

- Risk stratified criteria for patients/consultations appropriate for F2F and NF2F approaches
- Patient and staff engagement to explore their perspectives, identify priorities and co-design future NF2F services
- Develop systems appropriate for NF2F services
- clinic nurse NF2F roles, administration processes, scheduling of pre-SACT tests
- referral and communication systems between clinic staff and CNSs/AHPs
- Identify and provide equipment resource needed for effective NF2F working

- Review and investigate errors to understand risks in practice
- Guidance for patients on NF2F clinics
- Managing expectations, answering with no caller ID
- Provide training and clinic support to implement and run video consultations
- Design and implement guidance for NF2F & F2F scheduling across the SACT pathway
- Develop services to support ad hoc assessment: e.g., physical assessment outside of the clinic
- Adapt and develop guidance for sensitive conversations, such as BBN, in NF2F consultations

## Project Proposals

### *Identify Characteristics and Attributes of the RIGHT Patient*

- Patient Segmentation
- Risk Stratification
- Patient Choice

### *Setting Up and Organisation of Future Clinics*

- Face to face Clinics v Virtual Clinics v Mix
- Use of Admin Support to Free Up Doctor/Nurse Time

### *Technology Solutions*

- Confidence/Competence
- Using Technology Texts etc to Communicate – Waiting Times etc

### *Disseminate Findings*

- UKONS Presentation 30<sup>th</sup> June
- UKONS Conference Poster (Nov 2021)
- Publication

## In Conclusion

- New measures were introduced rapidly with little time for planning and usual service improvement methods
  - No time to develop or test the support processes for implementing this change
  - No time for patient or staff engagement
- When asked what percentage of their caseload would be appropriate for Non-Face to Face follow up in the future 33 staff gave an average of 55% with a range from 10% to 92%
- Gains and losses, risks and safety outcomes have been identified
- Time to take stock and review to achieve a balance and decrease the tension
  - Work on the facilitators!
- Staff and patient engagement is fundamental to build on the positives and manage the risks