



Learning and sharing together: implementing virtual consultations as a response to COVID-19

Background

Virtual consultations are being rolled out at unprecedented speed and scale across the UK in response to the COVID-19 outbreak. Although still underdeveloped, the emerging evidence base on the potential, delivery and value of virtual consultations highlights the importance of framing implementation as an improvement project rather than a technical exercise. This includes the importance of staff buy in, cultural dimensions of change and ongoing measurement and iteration.

Purpose and aims of the study

Q has a distinct role and ability to support improvers to learn individually and together; to facilitate collaborations to enable spread of ideas; and to share learning to accelerate progress more widely. To that end, this project has two main objectives:

- **To support individual learning.** We aim to support the reflective practice of improvers who are implementing virtual consultations at speed and scale by supporting their own insights and to learn from peers;
- **To share learning with a wider audience.** We aim to draw out insights related to implementing virtual consultations in the current context to be shared with others currently doing this work, to inform the support offered by the Health Foundation and others, and to inform the sustainability of these changes in the longer term.

What will taking part involve?

We are aiming to recruit 8-12 improvers currently implementing virtual consultations as a response to COVID-19. This will include both Q members and non-Q members. Participation will be relatively light touch and flexible between April and June 2020. It will include:

- **Fortnightly learning logs.** This short log will include three to five open questions and we estimate they will take between 10-30 minutes. The questions will explore the work undertaken, the improvement approaches applied and the challenges and successes over the last fortnight. For flexibility, this can be completed via email, WhatsApp, audio or completed over the phone with a member of the Q Insight team.
- **Two reflective webinars.** These are for the whole cohort and will be facilitated by the Q team (with the option to involve expert speakers and facilitators as appropriate). The bulk of the webinar will be focused on facilitating the sharing of learning amongst participants. The Q team facilitators will also ask questions to draw out insight of wider interest. These will be conducted over **Zoom**.

To support your work the Q insight team will provide you with regular email summaries of key learning and resources from the group and more widely, connect you with others in the group facing

similar challenges and explore the possibility of learning visits to sites of good practice. Engagement with these mechanisms is optional.

Timeframe

The below sets out the initial timeframe but this will need to be monitored and adjusted. We are asking for an initial **12 week commitment** from participants.

Completed by	Activity
Friday 17 April 2020	Cohort recruited, briefed and consent given
Friday 17 April 2020	Learning log 1
Friday 1 May 2020	Reflective webinar 1 (with learning log 2)
Friday 15 May 2020	Learning log 3
Friday 29 May 2020	Learning log 4
Friday 12 June 2020	Learning log 5
Friday 26 June 2020	Reflective webinar (with learning log 6)

Confidentiality, ethics and data protection

How will the information be used?

Although the primary focus for participants will be sharing their learning with each other we also want to draw out this learning for a wider audience and therefore have given ethics and data protection careful consideration. Data from the learning logs and webinars will be treated confidentially and used anonymously unless consent is otherwise given. All data will be held securely in line with the Health Foundation's [data protection policy](#).

The data will be analysed by members of the Q Insight team (Jo Scott and Matthew Hill) and shared with participants. The analysis will be shared more widely through regular blogs on the Q website and via social media, and later compiled in a final report. Additional consent will be sought for any named use of the data. We plan to share learning widely with the Q community and others through blogs, presentations and reports.

What are the benefits of taking part?

The main benefit for participants is the individual learning and access to the experiences of, and support from, others doing similar work. We also hope this work can benefit the wider evidence base on implementing remote consultations, and the role of improvement in both the current crisis and the longer term.

What are the possible disadvantages of taking part?

Due to the topic, we recognise the sensitive and potentially upsetting nature of some of the discussions, especially if it relates to failings in care. Where needed some professional support can be provided.

Do I have to take part?

No, taking part is voluntary, and you have the right to stop participating and withdraw your consent at any time. Before taking part please complete the project consent form.

Further information

You can contact either member of the Q Insight team: Matthew Hill matthew.hill@health.org.uk 020 7664 4670 or Jo Scott Joanna.scott@health.org.uk 020 76644639