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

Project description

Background

In mid to late March 2020, video consultations were 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 video consultations highlighted 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 had two main objectives:

- **To support individual learning**. We aimed to support the reflective practice of improvers who are implementing video consultations at speed and scale by supporting their own insights and to learn from peers;
- **To share learning with a wider audience.** We aimed to draw out insights related to implementing video 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 did taking part involve?

We were aiming to recruit a small group of improvers currently implementing video consultations as a response to COVID-19. This included both Q members and non-Q members. Participation was designed to be light-touch and flexible between April and June 2020. It included:

- Participants were asked to complete **six fortnightly learning logs** (either individually or with members of their team) and join **two webinars** to explore some of the common themes together over the 12 week period.
- The learning logs captured reflections on what had been happening in their organisations/service, what was going well, what they were finding hard, what they were learning, and what they were feeling. We explored specific issues in depth (around sustainability, quality and inequalities).

- The Q team analysed and summarised the themes from each learning log and published this within a week of the logs being received. The intention behind the quick turnaround was so that the learning could inform ongoing implementation for participants, and to inform wider policy and practice response by sharing and publicising the emerging findings with external stakeholders. The analysis was driven by the content in the learning logs, but the team triangulated the findings with learning from other external and internal work on video consultations and the NHS COVID-19 response, including those involved in leading this work at a national system level.
- Further information about the project and the confidentiality, ethics and consent procedures are included in the information sheet.

Who has taken part?
- 50 participants took part over the course of the project (35 participants submitted at least three learning logs).
- 28% of participants were Q members. They were recruited via Twitter, the Q website, an email to participants who joined a Q webinar on video consultations, and recommendations from colleagues.
- 70% of participants were based in England, with participants from all nations in the UK.
- There was a bias towards people in secondary care settings (70% of participants), although there was some representation from people working across primary care, tertiary care and social care settings.
- 38% of participants were in non-clinical roles (such as project management, QI leads) bringing the perspective of organisation-wide roll-out.
- Just over half (54%) were implementing at service-level; and 10% were working on nation-wide programmes.
- The majority (60%) had no or very little prior experience using video consultation services before COVID-19.

Limitations and learning on the process
By sharing the emerging learning and publishing a summary of the fortnightly logs, we captured an interesting story of the changes that individuals and services were going through during an unprecedented period of change and uncertainty. In terms of limitations:
- The speed at which we were working has meant there are some limitations to the depth of analysis or opportunities to follow up with participants to explore specific cases in more detail.
- The relatively light-touch demands on participants meant that we had a higher response rate than initially anticipated, which meant there was less time to support shared reflection and learning which is usually encouraged within reflective practice.
- The project design was led by the Q Insight team. This wasn't a process 'owned' by participants or Q members.
- Because of how they were recruited, the participants are likely to be proactive, reflective individuals, that are more in favour of video consultations. Their views may not represent the majority experiences or perspectives of those in their organisations and teams, and there was no patient perspective included.

Further information
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