



# *Positive service shifts accelerated by COVID-19: Lessons for leaders*

8 September 2020



Q is led by the Health Foundation and supported by partners across the UK and Ireland





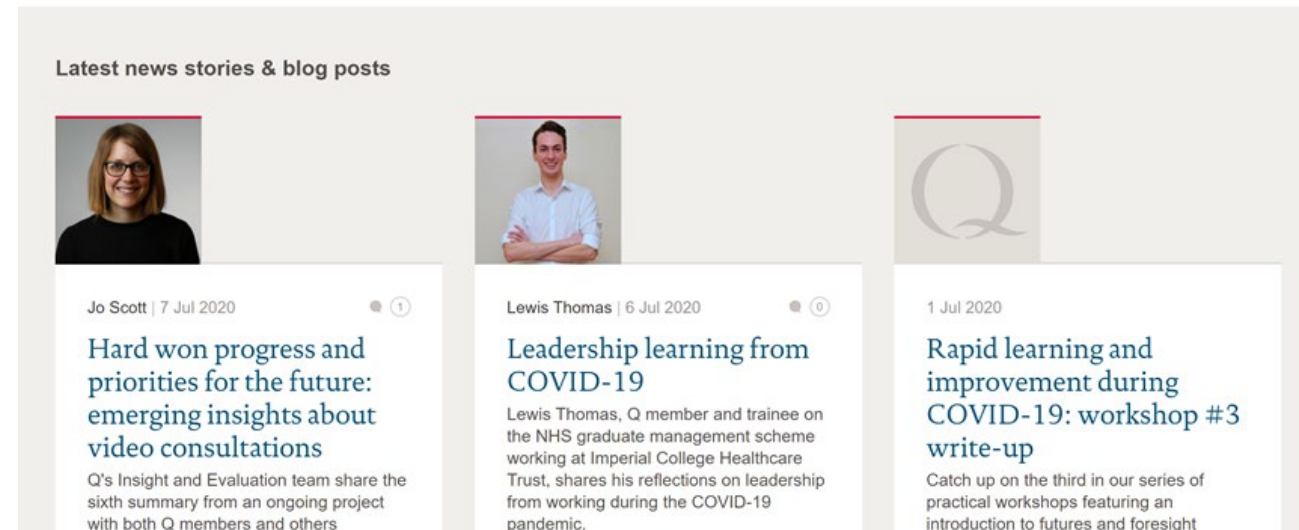
is a network of almost 4000 people working across the UK and Ireland to improve health and care



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# *Q helps you navigate the opportunities and challenges of COVID to lead the change needed*

- Resources and content on COVID-19 including blogs, tools, events and online groups
- More information the Q community and how to join
- [q.health.org.uk](https://q.health.org.uk)
- [@theQCommunity](https://twitter.com/theQCommunity)



*Welcome!*



*The***AHSN***Network*



# *The positive service shifts introduced or accelerated by COVID-19*

Webinar attendees identified positive changes in the following areas:

- Improved communications and collaboration
- Remote/online consultations
- Connections with and uptake of community services
- Reduced financial pressures, red tape and bureaucracy
- Provider influence
- Increase in online training opportunities
- Flexible and remote working
- Patient empowerment and self-management
- Increased focus on staff wellbeing
- Faster decision-making



*Gathered from attendees responses to slido poll*



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# *Agenda*

**Welcome and scene setting** 12:15 – 12:30

**What lies behind the service changes accelerating during COVID?** 12.45 – 13:15

**Video consultations: what will it take to make this a positive exemplar of sustainable change?** 13:15: 13.45

**Support and resources for the road ahead** 13:45 – 14:00

# *Meet the facilitators*



**Matthew Hill**

Insight, Evaluation and  
Research Manager



**Jo Scott**

Insight Manager



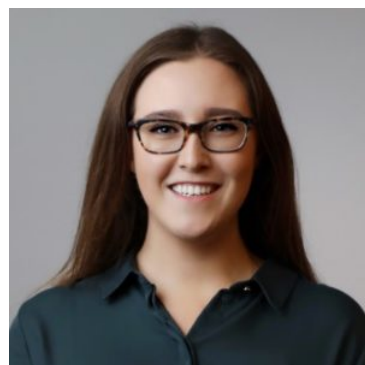
**Richard Lewis**

Independent consultant



**Jessica Shivji**

Marketing &  
Communications Manager



**Charlotte Bowden**

Programme Coordinator



**Fiona Conaty**

Executive Assistant

# *Meet the panel*



**Niall Dickson**

Chief Executive  
NHS Confederation

[@NHSC\\_Niall](#)



**Zoe Lelliott**

Chief Executive  
Health Innovation Network

[@Zoe\\_Lelliott](#)



**Raj Jain**

Group Chief Executive  
Northern Care Alliance



**Penny Pereira**

Q Initiative Director  
The Health Foundation

[@PennyPereira1](#)



**Hugh McCaughey**

National Director of  
Improvement  
NHS England and NHS  
Improvement

[@HughMcCaughey](#)





# *What lies behind the service changes accelerating during COVID-19?*

Summary of Health Foundation analysis

Penny Pereira, Q Initiative Director



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"There is a [...] once in a lifetime chance to change the way we deliver healthcare."

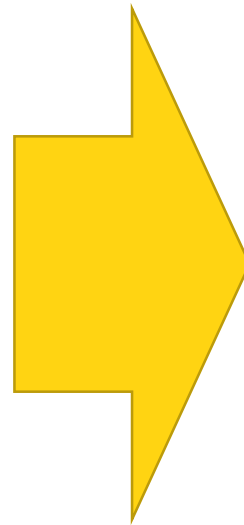
"[I fear we'll] revert back to heavy-handed structures and systems which once again restrict activity, flexibility and innovation"

## *Paying attention to the right things...*

Capture all the promising innovations

‘Lock in’ specific service changes

Roll out everywhere



Understand key shifts

Understand what’s enabled the changes

Understand what more is needed

Cultivate conditions for ongoing improvement

# Standing back: significant service shifts

	Promotion / Prevention / self-management	Primary and Community	Specialist diagnosis and treatment
<b>Patient-Clinician shifts</b>	<ul style="list-style-type: none"> <li>• Outreach from primary care and mental health for vulnerable groups</li> <li>• Online health promotion resources</li> <li>• Community support networks (health specific and general)</li> <li>• Remote self-monitoring and management tools</li> </ul>	<ul style="list-style-type: none"> <li>• 'Total triage' for general practice</li> <li>• Digital consultations</li> <li>• 'Discharge to Assess'</li> <li>• Electronic prescribing</li> <li>• Increase in referral thresholds</li> <li>• Increased skill mix within teams</li> <li>• Community admission avoidance and step down care</li> </ul>	<ul style="list-style-type: none"> <li>• Remote 'Advice and Guidance' for GPs</li> <li>• Virtual Outpatients</li> <li>• 'Discharge to Assess'</li> <li>• Specialist hubs for specific conditions (eg Cancer) or elective care</li> <li>• Enhanced 'Call Before You Walk' to A&amp;E</li> <li>• 24 hour telephone crisis care for mental health</li> </ul>
<b>System shifts</b>	<ul style="list-style-type: none"> <li>• Collaborative Hubs for locality services in primary care</li> <li>• Leadership roles for Community Trusts in discharge management</li> <li>• Specialisation of services across hospitals (eg hot / cold, specialist networks, downgrading of A&amp;E)</li> <li>• Centralisation of waiting lists across sSTP</li> </ul>		

"barriers are being shattered,  
[...] teams are linking and  
working well as they haven't  
done before"

"[We're seeing a] can do attitude:  
with high levels of flexibility,  
creativity and innovation"



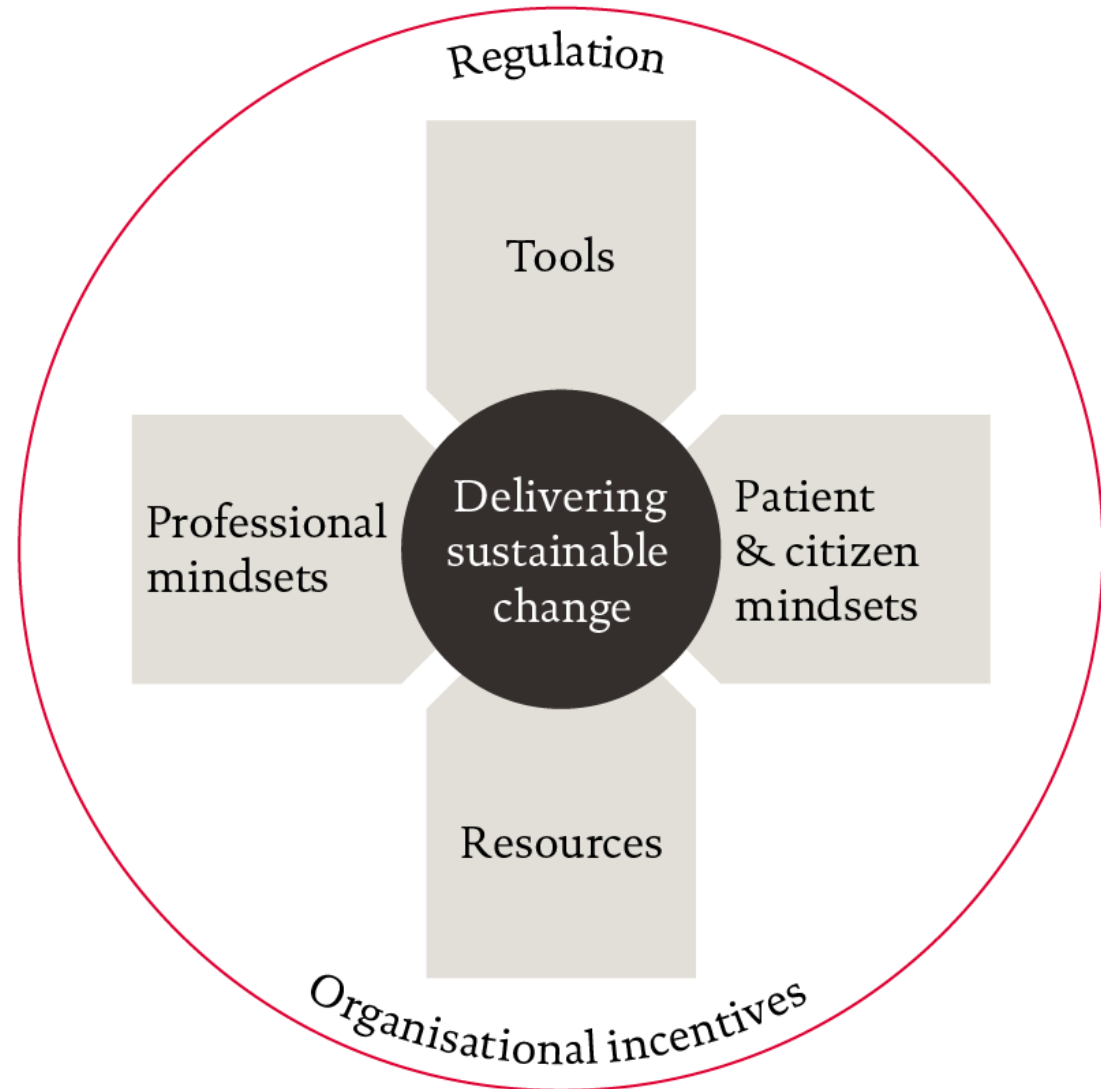
# *What's needed for sustainable change at the frontline?*



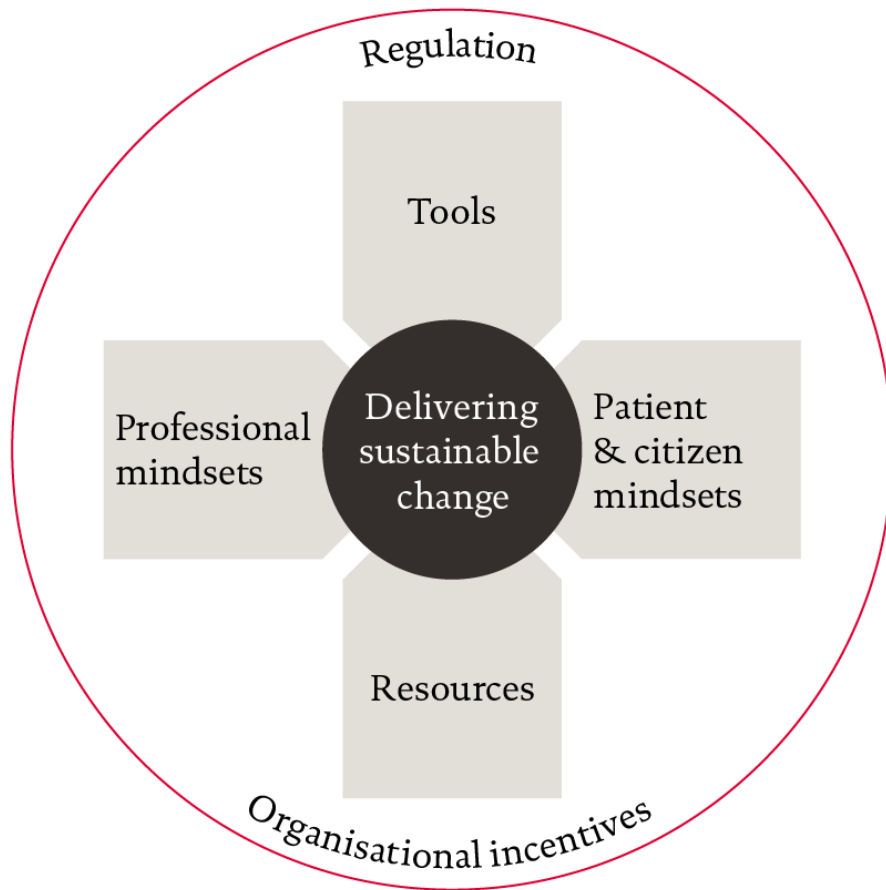
## *Illustrative COVID mindsets and beliefs*

	Likely largely in place	Likely still required
<b>Professional mindsets</b>	<ul style="list-style-type: none"> <li>Digital consultation can offer high quality clinical interaction</li> <li>More care can successfully be provided in community settings</li> <li>I can make and sustain service changes without unnecessary interference</li> <li>I can and will work collaboratively with clinicians in other organisations</li> </ul>	<ul style="list-style-type: none"> <li>Inequalities relating to digital access can be adequately addressed</li> <li>Demand can be managed if access to my service is improved</li> <li>My career will be fulfilling if I collaborate across organisations and go 'digital first'</li> <li>New expectations of my service will come with the resources required</li> </ul>
<b>Patient and citizen mindsets</b>	<ul style="list-style-type: none"> <li>Digital consultation can offer high quality clinical interaction</li> <li>Taking more control over my own care is safe, empowering and convenient</li> <li>I do not need to go to hospital to get the care I normally need</li> </ul>	<ul style="list-style-type: none"> <li>Sufficient flexibility exists if I do not believe digital consultation is appropriate for me</li> <li>New forms of community support will not disappear</li> </ul>

*Wider context  
influences  
what's possible*



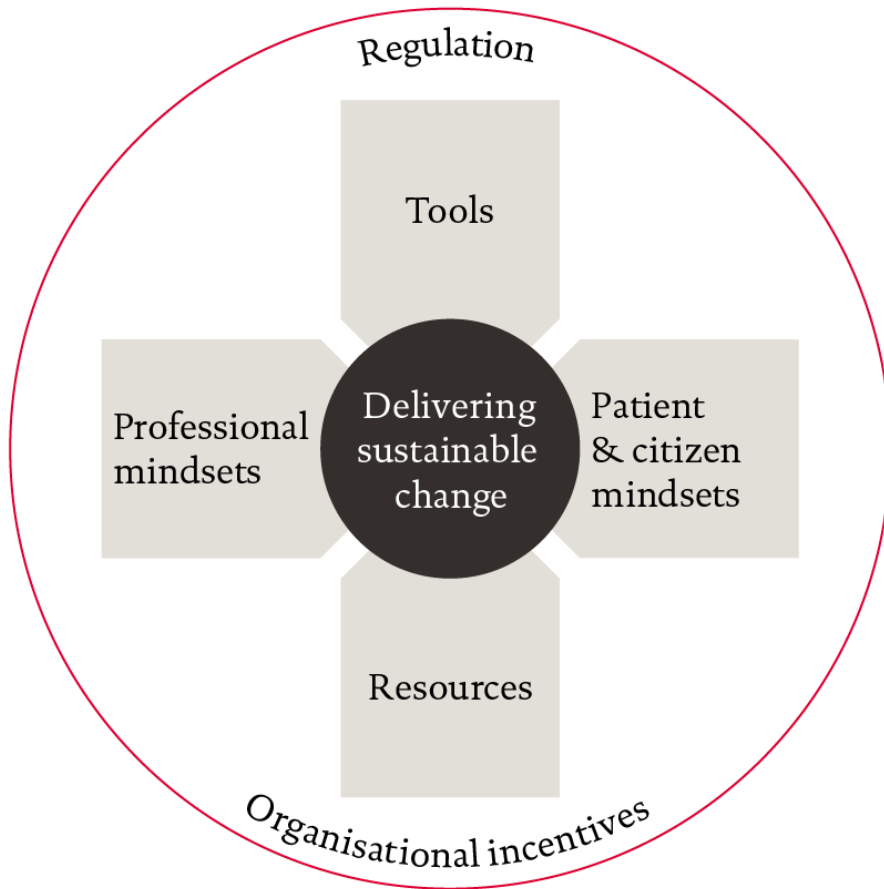
# *How did the context enable rapid change?*



## **Enablers:**

- Top down clarity and bottom-up agency
- Clinical perceptions of service quality
- Regulatory 'air cover'
- Financial incentives
- Enhanced clinical capacity for service change
- Awareness and appetite to tackle inequalities

# *What barriers might we anticipate?*



## **Barriers:**

- Concern about digital exclusion
- Limits to system-wider collaboration
- Maintaining community solidarity



## *Panel discussion*

- What are the key service shifts?
- What has enabled these shifts?
- What's needed now to maintain momentum?



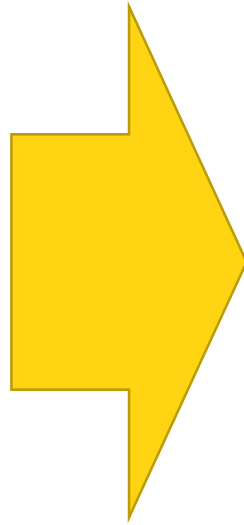


# *Video consultations: what will it take to make this an exemplar of sustainable change?*

Summary of Q insight project findings

Penny Pereira, Q Initiative Director

# *Video consultations*



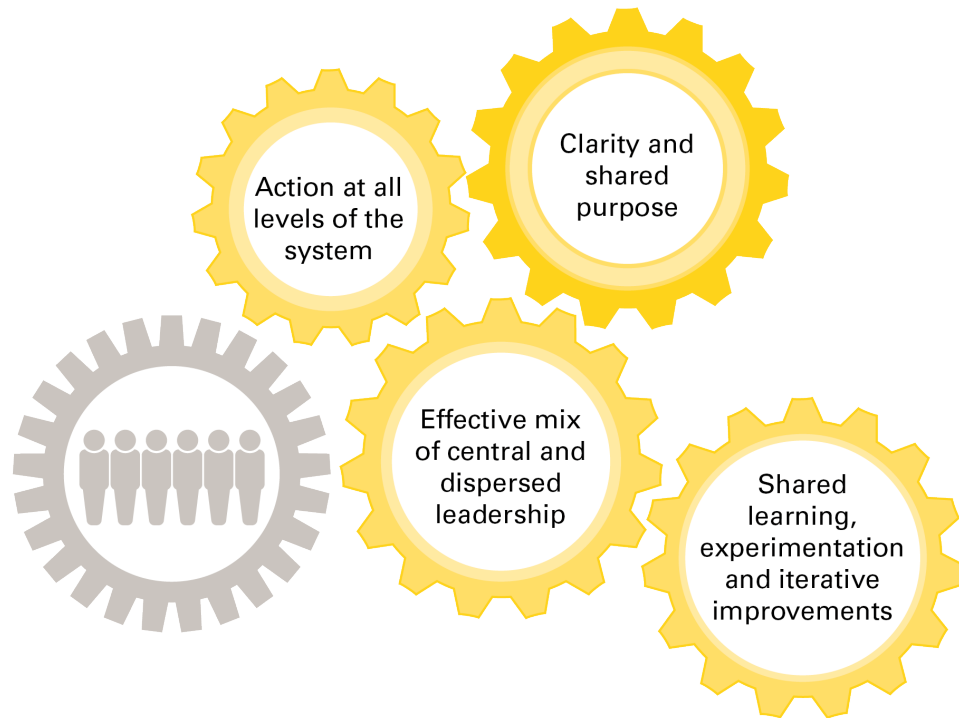
Understand key shifts

Understand what's enabled  
the changes

Understand what more is  
needed

Cultivate conditions for  
ongoing improvement

# *What's enabled rapid change to date?*



*“When there is clear direction from leadership, organisational buy-in and pressure to get a piece of work done, my NHS organisation can be agile, resolve governance issues quickly and move at a rapid pace”*

*Impressive rapid shift  
and further to go*

England: from 5% to 99% of GP  
practices equipped to deliver  
video or e-consultations

NHSX and RCGP data

...but proportion of consultations  
using video remains low

NHS Scotland: Near Me

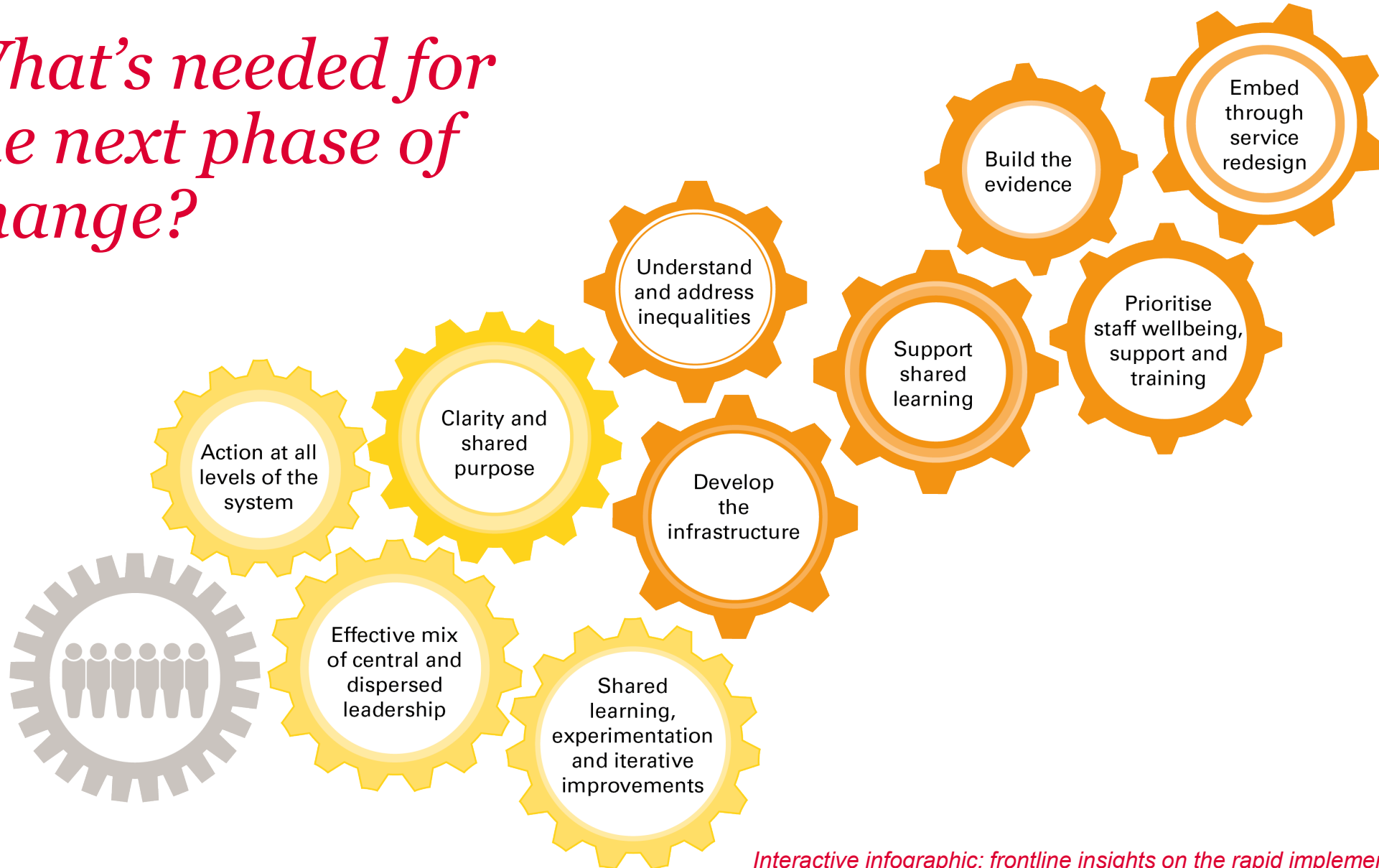
Total Consultations

16,122

Total consultations conducted  
over Near Me system since  
the start of March: all settings



# *What's needed for the next phase of change?*



## *Panel discussion*

- What lessons do you draw from the rapid adoption of video consultations?
- Which are the most important enablers?
- What are the biggest challenges ahead?
- What does this mean for leaders, locally and nationally?





# *Support and resources for the road ahead*



## *Positive service shifts – what you said*

- Specific service shifts – virtual clinics, remote monitoring, community pharmacies
- (re)new(ed) priorities – focus on inequalities, empowering patients
- Ways of working – collaboration, reflective practice, faster decision making, agile working, reduced red tape

*Staff more willing to believe patients can do things remotely.*

*Better joined up working across the system to tackle issues collectively rather than individually.*

# *What do you need to make the most of positive service shifts?*

What do you need to make the most of the positive service shifts that have been accelerated by COVID-19?

- National incentives and awards
- Shared learning, networking
- Regulatory changes (e.g. to allow 'failure' and learning, and to balance safety with risk and innovation)
- Reduced bureaucracy (e.g. IG barriers)
- Clinical engagement, time and capacity
- Infrastructure to optimise changes
- Reduced barriers to integrated working/collaborating across patient pathways
- Investment in staff capability
- Pragmatic use of evidence and evaluation – to understand if innovations are improvements, and to build on what is uncertain



*Gathered from attendees responses to slido poll*

# Information and support

- Visit [www.nhsconfed.org/NHSReset](https://www.nhsconfed.org/NHSReset) for more information
- Access campaign reports and resources from [www.nhsconfed.org/supporting-members/nhs-reset/publications](https://www.nhsconfed.org/supporting-members/nhs-reset/publications)
- Save the date for our NHS Reset webinar, bringing together key insights from the campaign: **Monday 28 September**
- Catch up on the latest commentary and thought leadership on health and care in the aftermath of COVID-19: [www.nhsconfed.org/supporting-members/nhs-reset/blogs](https://www.nhsconfed.org/supporting-members/nhs-reset/blogs)
- Email us at [NHSReset@nhsconfed.org](mailto:NHSReset@nhsconfed.org)



# Beneficial Changes Network



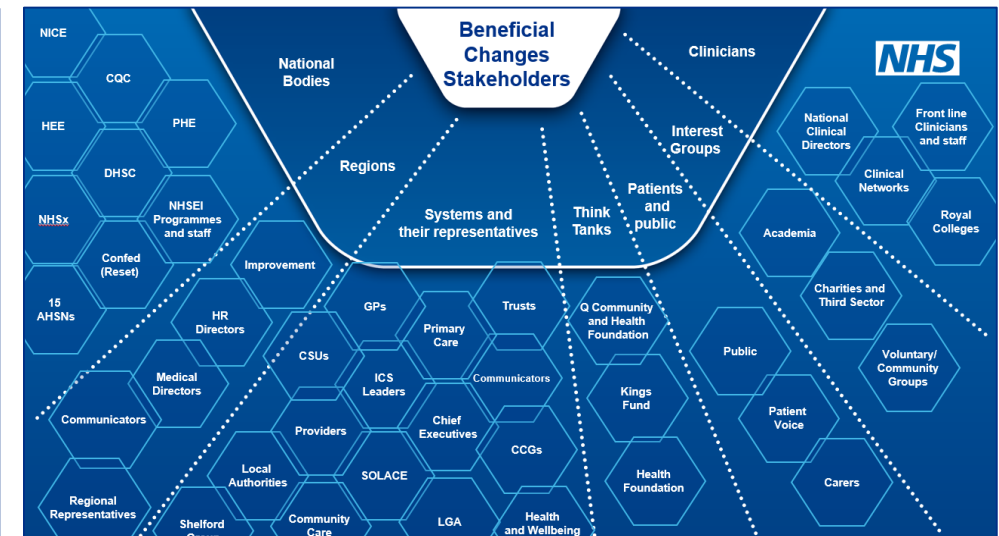
- The Beneficial Changes Network has come together to build on the incredible ways in which people and systems have responded to COVID-19 through innovation and collaboration, whilst safeguarding effective health and care delivery.
- We are a collaborative group of health and social care stakeholders and people with lived experience who want to harness and capture the benefits, evaluate these changes, to share the knowledge and embed the learning across the entire health and care sector.
- This encouraging and supportive alliance will help facilitate the cultural change to ensure these benefits are felt by all.

## 16 workstreams from the Beneficial Changes Network have identified key aspirational and cross-cutting benefits to sustain and spread during and beyond the recovery phase.

These benefits have been gathered through engagement events, meetings with workstream leads and through brief surveys.

The cross-cutting aspirational themes are:

- Retain flexible working arrangements for staff and new, digital solutions accelerated or implemented during Covid especially virtual consultations where suitable
- Enable staff to be confident in using technology and to build relationships in non face-to-face settings
- Remove/reduce barriers to innovation by changing the regulatory environment and rigid governance processes
- Share patient and other information more freely across organisations and between primary, secondary and community care. Communicate and collaborate across these boundaries at both national and local level
- Take the opportunity to embed true coproduction with people with lived experience as beneficial changes are identified and implemented and as services restart



## Five consistent pillars of change

- Patients, Carers & Communities
- People & Culture
- Clinical & Service
- System & Partnerships
- Digitally-enabled Care



### From the AHSN Network

- A range of publications and webinars highlighting lessons from rapid service changes (w/c 7 Sept)
- For the latest information check out our website and social media channels:
  - [www.ahsnnetwork.com/contact-the-ahsn-network](http://www.ahsnnetwork.com/contact-the-ahsn-network)
  - Twitter: @AHSNNetwork
  - LinkedIn: The AHSN Network

### From your local AHSN

- **Sourcing and selecting innovations** - e.g. remote consultations - with free provision now ending, value has been demonstrated - AHSNs can help find the right local solutions and products
- Support for **pathway redesign** – e.g. taking a more fundamental look at patient pathways where there may have been a simple substitution of digital instead of face-to-face.
- **Evaluation** – AHSNs can deliver rapid, pragmatic evaluation to understand the impact of changes. We have strong academic relationships where it is identified that further research is required.
- **Creating learning systems** – facilitating communities of practice and collaboratives across organisational boundaries, to facilitate rapid learning and adoption.



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# Thank you



A recording, slides and links to resources will be available next week

Share your thoughts on Twitter  
[@theQcommunity](https://twitter.com/theQcommunity) [#NHSReset](https://twitter.com/NHSReset)

Check out resources on this topic:

- Out next week: *Understanding and sustaining the shifts in practice accelerated by COVID-19*
- *Interactive infographic: frontline insights on the rapid implementation of video consultations*

## *After action review*

### Zoom poll

Please share your feedback on the session in the chat box:

- ✓ What went well? (start your comment with **WWW**)
- ✓ What would be even better next time (start your comment with **EBI**)



*Thank you*