Appendix 4

Comments from Psychological Therapists who used Attend Anywhere:-

1.What area do you work into?

JCUH psycho-oncology

2. Have you used AA or another video platform or Telephone with inpatients, outpatients, as part of an MDT?

AA with outpatients on 3 occasions unsuccessfully after booking appt and tech failing, and 2 times successfully, although mostly remote by telephone.

3.What are the benefits to and impact upon services for your patients, staff and NHS as a whole?

Providing them with an option to be able to speak if they feel comfortable. Seeing who you are for new patients. Allowing visual aids and drawings as part of therapy.

4.What are the disadvantages or challenges for yourself, the Service, NHS and patients?

Platform is difficult to access as patients I called had the 'wheel of doom' on their screen. Tried to access help services and nobody returned my call. Frustrating at first but would get more proficient if used every day. Need to ensure patients have the IT necessary and also have a quiet space to engage. Tiring to engage on screen when unfamiliar. Patients need time to adjust to the technology.

5.How do you feel this could be further developed in the future, and what would help you in your own role or department to do this?

Advertised more widely as an option and opportunities to have AA clinics that patients can choose to sign up to initially. Dedicated support and more interactive training than was offered initially. Potentially Emma (with most experience using) could offer a Dept training session showing all the stages with a dummy patient (another member of the team) via a recorded session that is then placed on vimeo or Teams. Good to retain as an option in the future and will be used more with staff and patients becoming more familiar.

1.What area do you work into?

Neuropsychology-MND, General Neuro and Neuro-Oncology services

2. Have you used AA or another video platform or Telephone with inpatients, outpatients, as part of an MDT?

Used AA since July for variety of tasks-mostly outpatient clinics but also MDT clinics (requiring to move between clinicians) and also to facilitate joint sessions in order to facilitate shadowing/ supervision for supervisees

3.What are the benefits to and impact upon services for your patients, staff and NHS as a whole?

I have found it hugely beneficial 1) it has enabled me to maintain contact with many patients who otherwise would have not been able to speak with during the pandemic 2) enables observation of behavioural cues/ observations of peoples wellbeing 3)have found it to be able to work well when patients use assisted technology such as eye gaze (although one limitation is being unable to directly log into the system using eye gaze so assistance is required to log in which may be an area for improvement in the future).Carers particularly have reported it being so beneficial-because of geographical area covered these patients could previously travel up to over an hour and this has avoided that and there's relief knowing they can remain home for their loved one. As I only have small provision into one service cannot do home visits and this technology has enabled me to connect with them

4.What are the disadvantages or challenges for yourself, the Service, NHS and patients?

I have experienced technical challenges often without pattern-sometimes saying cannot access my camera but then I am visible, other times not. Sometimes it appears to not work on one computer but then does another-once it took me four different laptops/ipads to log on and I am still unsure whether this is a hardware or software issue.
Of course there's the obvious challenged of it not being as therapeutic as face to face and I would always choose this but it provides a safety net in these exceptional times that has undoubtedly been practice changing for me,
I must say. However, times when it has been troublesome has been the minority and overall its vastly improved my practice.

5.How do you feel this could be further developed in the future, and what would help you in your own role or department to do this?

To be able to accessed directly for patients who may use eye gaze-I am not sure what the barrier is but it may well be with the eye gaze technology.
To be able to have multiple clinicians in the same session

1. What area do you work into?

Pain & Renal

2. Have you used AA or another video platform or Telephone with inpatients, outpatients, as part of an MDT?

I use AA as part of a Pain Therapy MDT with a physio colleague. My 1:1 pain and renal work are almost all phone appointments. I have one face-to-face pain patient. Pain spinal cord stimulator clinics have been face-to-face though think they are meant to be changing to AA. All work has been with outpatients.

3.What are the benefits to and impact upon services for your patients, staff and NHS as a whole?

I've been able to offer input to patients who would normally struggle to attend for input (especially patients that dialyse away from JCUH). The phone input is more private for dialysis patients who would normally have face-to-face input while having treatment (often on a bay and with interruptions from medical staff).
With remote work I've felt some patients may have told me a little more than they might have if they were in person. Particularly some shame based aspects of their experience I think they have opened up a little easier over the phone.
The AA in pain has helped us observe some pain behaviours (calls taken from bed) and some other coping behaviours!
It's been really helpful to have remote working as an option so that I can feel as if I'm still doing my job.

4.What are the disadvantages or challenges for yourself, the Service, NHS and patients?

AA often lags. Seeing myself on screen is just horrible. I really struggle to learn new technology and so AA does make me anxious and it's been very helpful to have my MDT colleague alongside me. The sound quality on the laptop is not good so we have to pass it between us which is awkward. The AA appointment letters don't specify that are booked in for a pain clinic appt and so our DNA rate has been very high.

With phone work sometimes I think patients have multi-tasked a lot (putting shopping away during one call!). Sometimes I think it's easier to forget or take seriously if its "just a phone call". DNA policy for missing a call can also feel a bit harsh.

I do my renal calls from the renal office and very rarely see staff. I wondered about the impact of this on colleagues perceptions.

I find remote team meetings very draining! I'm not totally sure why, I'm just aware I am using a lot of energy to hear and process information so it seems harder for me to engage.

5.How do you feel this could be further developed in the future, and what would help you in your own role or department to do this?

I really think I could do with some IT training! Hospital appointments need to add more info to their AA appointment letters. It would be incredibly helpful to have my own laptop to avoid having to pass a machine around for MDT. A standard therapy contract for phone/remote work may help engagement.

1.What area do you work into?

Adult Neuropsychology

2. Have you used AA or another video platform or Telephone with inpatients, outpatients, as part of an MDT?

I have used AA and telephone mediate therapay with outpatients and in MDT meetings

3.What are the benefits to and impact upon services for your patients, staff and NHS as a whole?

AA has led to a better experience of neuropsychological therapy for some patients who were able to access the platform. It seems to give an added layer of communication which seems to improve the therapeutic relationship when compared to what would be possible from telephone alone. Therapy via telephone consultations has meant being able to offer helpful courses of intervention at a time when face to face therapy was not possible for some COVID-19 vulnerable patients. AA and telephone mediated interactions are a helpful possibility yet do not in any way compare to what is possible from face to face mediated therapy. The patient feedback I have had echoes the above.

4.What are the disadvantages or challenges for yourself, the Service, NHS and patients?

Some patients find it very difficult to access AA as a result of poor tech skills or tech access. AA and telephone mediated therapy does not seem well suited to those with moderate or above cognitive impairments. I have found that AA frequently glitches with some patients being willing but unable to access AA as a result of a technical problem with their equipment.

5.How do you feel this could be further developed in the future, and what would help you in your own role or department to do this?

AA needs to be improved so it is a more reliable and better accessible platform (i.e., from any mainstream browser)

1.What area do you work into?

Clinical Psychology Cancer Services & Community Specialist Palliative Care Team.

2. Have you used AA or another video platform or Telephone with inpatients, outpatients, as part of an MDT?

I have used telephone and face to face consultations, but not AA.

3.What are the benefits to and impact upon services for your patients, staff and NHS as a whole?

The benefits of using telephone include flexibility, privacy, good signal and simplicity for both patients and clinicians. The benefits of face to face include the therapeutic value (e.g. another setting, analysis of body language) and connectivity with colleagues (e.g. whilst completing ward work).

4.What are the disadvantages or challenges for yourself, the Service, NHS and patients?

The disadvantages of telephone may include a reduced sense of connectedness with patients and colleagues. The disadvantages of face to face may include a reduced sense of flexibility and privacy for both patients and clinicians. I prefer telephone or face to face contact over AA however, as I feel that they help me to be more present with patients, via a medium that I feel comfortable with. I feel that I may find AA a little exasperating and intrusive, particularly if I keep losing signal, struggle to get access to room space with the correct equipment or need to use this in my own home. Telephone therefore gives the added element of flexibility and privacy for me. I fully understand why other clinicians might like to use AA though and feel that in this unusual situation with COVID-19, patients and clinicians should act in a way that feels "right for them".

5.How do you feel this could be further developed in the future, and what would help you in your own role or department to do this?

I actually feel that AA, telephone and face to face do not need to be developed further. These three mediums work well for different people at different times. I feel the key is for the NHS to be flexible, as the systemic environment is rarely conducive to "one way of working". I have personally been very happy with telephone and face to face contact, as have my patients. However, I understand and fully respect that other colleagues may be very fond of AA. I feel the key is flexibility and a range of options, then, patients and clinicians can focus upon what is truly important: the quality of their therapeutic time together.

1.What area do you work into?

FHN Medical Psychology.

2. Have you used AA or another video platform or Telephone with inpatients, outpatients, as part of an MDT?

We use AA and telephone review regularly to provide support to outpatients.

3.What are the benefits to and impact upon services for your patients, staff and NHS as a whole?

For patients it has meant that they have been able to continue to be seen for assessment and psychological treatment throughout the Pandemic, when access to NHS premises has been restricted to patients.

It has enabled staff to be based at home when required and to continue to undertake their clinical role. It has also allowed greater flexibility as when patients were not available the time could be used to speak to another patient or catch up with Staff Support or Admin work. It is cost effective as it is possible to run clinics from non NHS premises and for staff to work from home, with the correct Governance procedures in place.
It also enables MDT to be run from different locations and for Trainees to observe treatment sessions.

It enables family members to be involved in treatment sessions.

Beyond the Pandemic, patients attending the FHN have often to travel long distances with a very poor transport infrastructure and very limited Public Transport. AA and telephone support enables patient's access to Services which may otherwise because of this, be inaccessible to them. Many patients have commented that it has given them greater privacy to attend appointments, as they are not dependent upon others to get them there.

4.What are the disadvantages or challenges for yourself, the Service, NHS and patients?

At first, I felt very strange as a psychologist not being in the same room as my patients and feared it would really affect the dynamic/therapeutic relationship, but I have been very pleasantly surprised that for me, and from feedback from patients on our satisfaction questionnaires that this has not been the case for most patients. Whilst there is clearly a case for face to face work to continue, many patients have asked to continue to be followed up this way beyond COVID19 for the reasons outlined above. IT is at times an issue, in a rural environment broadband speeds are very variable and this can cause issues at times. If patients were reluctant, I would suggest that I telephoned them and whilst on the telephone, we went through the steps of them connecting to AA and this enabled some previously anxious patients to use the AA system.

5.How do you feel this could be further developed in the future, and what would help you in your own role or department to do this?

I would like to see the development of this resource in the future, to occupy the waiting rooms with psychoeducational and self-care material, to attach specific outcome data and psychometrics to the final screen (rather than just collecting data on the use of AA) and to

occupy the Medical Psychology part of the AA with leaflets and you tube and other online resources that psychological therapists could use in the session.

Further training for staff would enable this. I think the Service should be advertised outside of an NHS setting to encourage patients to know there are safe ways for them to discuss their psychological and medical concerns.

I have used Attend Anywhere in spinal cord injuries services for inpatients, outpatient appointments and to allow families to join patient meetings when no visitors have been allowed. It was really helpful for the inpatients because I could do psychology assessments with them whilst they were on the ward and in isolation for COVID reasons thereby meaning I didn't have to risk sitting in with them for an hour and we could do a video call without the need for PPE to get in the way! It has allowed access to all patients on the ward. Disadvantages- sometimes it doesn't work and seems to rely on a good wifi connection so it can be temperamental.

In terms of patients/ families calling in, there has been at times some confusion about which waiting room for them to be in so I have actually missed some calls because of that. There have also been an array of technical glitches such as the camera/ sound not working which weren't straightforward to resolve so have at times, resorted to calling on the telephone instead.

Overall thought, it's been really useful and has allowed better access to my spinal outpatients who have historically found it difficult to attend because of their medical conditions.