

Collated Feedback for National
Response

COVID 19 Response in the South West Capturing Beneficial Clinical Changes



South West
Clinical Senate



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Clinical Senate**

Prof Stephen Powis' Medical Directorate national team asked clinicians nationwide to respond to the following 4 question, to understand beneficial improvements and innovations to clinical pathways during the COVID 19 Response (March-June 2020) which have improved services and should be retained in the longer term:

- 1. What beneficial innovations/changes have occurred in your specialty and within patient pathways?**
- 2. Please describe the impact of these innovations/ changes (e.g. population health outcome, patient outcome, safety, wider system, efficiency, productivity). How did you measure the benefit?**
- 3. What is needed to sustain the change?**
- 4. What, if anything, hasn't worked so well?**

The collated response from the South West Clinical Senate follows.

Beneficial Changes

Telephone and Video Appointments

Online patient education platforms

Secondary care services at home

Better IT equipment for staff to enable efficient working

Public support/acceptance of virtual appointments

Valuing the workforce and its wellbeing

mobilisation of volunteers

improved scheduling of on site appointments

Common sense of purpose across the system

The NHS logo, consisting of the letters 'NHS' in white on a blue rectangular background.

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Beneficial Impacts

Reduction in travel for staff and patients

Release of clinical time

Reduce CO2 emissions

Reduced wait times in primary care

Reduced DNAs

Rapid approval of research trials

Improved shared decision making, particularly with relatives

improved collaboration across systems

Recognition of the contribution of health and social care staff

Raised profile of public health and infection control

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What will be needed to sustain change

Updated pandemic flu plans that incorporate the learning
Recognition of the benefits of this period and not just to 'go back to normal'
Faster universal broadband
investment in technology to support remote working
Funding to support new models of care
Governance structures the support and value collaboration
adequate funding of social care
Improved access to diagnostic tests between primary and secondary care
Evaluation of outcomes of face to face versus remote consultations
sustained increased interest from patients and public in health promotion and disease prevention
improved working environments for staff

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What has not gone so well?

Delayed initial response

Contradictory or confusing public messaging

Non-covid health outcomes

increase in mental health referrals with limited resources to respond

loss of oversight of vulnerable individuals

impact of face coverings on rapport with patients and communication with colleagues

Delayed resumption of services leading to extended wait times Nationally led initiatives poorly aligned to local responses eg, testing, PPE and critical equipment supply, shielding lists

Disproportionate focus on technology and Nightingale hospitals at the expense of focussing on the basics

Support for care homes

Difficulty mobilising volunteers

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Next Steps

Share National outputs if possible for 16th July Meeting.

Offer further detailed learning post 16th July to other Senates and national team.



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