Adapting Time to Talk – Sussex Community NHS Foundation Trust

Overview

The COVID-19 pandemic meant that Sussex Community NHS Foundation Trust needed to change the way that patients accessed its community-based talking therapies service, Time to Talk. The trust used digital technology to move from predominantly face-to-face services to remote appointments. This new service provision led to higher attendance rates for clinical appointments, as well as an overall increase in staff productivity.

What the organisation faced

Prior to COVID-19, Time to Talk – a talking therapies service operating across West Sussex – offered patients appointments in various settings including health centres, community hubs or GP surgeries. At this time, 35 per cent of service activity was conducted remotely and the remaining 65 per cent took place with patients on a one-to-one basis or in groups. Following the COVID-19 lockdown, it was necessary to redesign the service to work remotely.

What the organisation did

Staff were advised and supported to work from home with guidance and training from operational and corporate teams. Good practice guidelines on remote working were also introduced by the national NHS England and NHS Improvement team.

Staff were provided with laptops, VPNs, tokens for the patient management software IAPTUS, and headphones. With support from the IT department, 140 laptops and associated equipment were provided to staff across all services.

For staff who were unable to work from home, social distancing arrangements were set up in various offices and hubs across West Sussex using digital investments funded by the central COVID-19 response allocations.

The trust shifted face-to-face therapy to phone appointments, and introduced video consultations. Currently, 18 per cent of all step 3 high intensity treatments are now video consultations. The use of digital interventions at step 2 (low intensity) was maintained.

The trust also introduced a waiting list initiative to take advantage of service-wide digital /phone delivery across a wide geography, which enhanced service resilience.

A data analyst supports the Time to Talk service to track progress relating to patients' preferred choice of service – i.e. phone, video or face to face. This means that outcomes data, including

engagement rates and the number of sessions, can be closely tracked and learning extracted to inform future service developments and the clinical evidence base.

Clinical leaders have encouraged a paced approach to the delivery of video conferencing for patients, which allows therapists to take the time to learn new skills, practice remote consultations in peer supervision and set appropriate and safe boundaries for patients in the context of ongoing psychological therapy.

The COVID-19 Silver and Gold command decision-making structures and incident response governance enabled decisions to be made at pace and within effective timescales, specifically around the additional resources needed to rapidly expand the software licence across the service.

Results

Calculations based on mean attended hours per week indicate a 9 per cent increase in productivity in the Time to Talk service. Factors that may have impacted this include:

- Lower sickness rates
- Reduced travel time for staff
- Reduction in other time demands such as travel time for meetings
- Higher attendance rates for clinical appointments (increased from 74 per cent pre-lockdown to 83 per cent post lockdown)
- Waiting list initiatives can now take advantage of service-wide digital /phone delivery across a wide geography.

Key Performance Indicators, such as recovery figures, have increased for clinical measures including symptoms of anxiety, depression and psychosocial functioning.

Recovery figures were 55.4 per cent before lockdown, increasing to 57.8 per cent after lockdown. Reliable improvement figures were 75.3 per cent before lockdown and have now increased to 77.8 per cent. This is against national targets of 50 per cent for recovery and 75 per cent for reliable improvement.

With such a fast pace of change in service delivery, it could be expected that both these measures would have been negatively affected. While these results are encouraging they may also reflect the fact that more patients are open to these types of interventions.

Challenges and lessons

The pace and scale of change has placed high demands on staff over a short period of time in terms of shifting to remote clinical delivery. Soft intelligence suggests that there are personal gains for some staff around home working, such as reduced travel time, although the demands of increased phone/digital work are higher, leading to higher levels of fatigue.

Staff have responded well to the challenge of home working, and service managers have worked hard to support those who need or prefer to work in a clinic or community hub, as not all staff or patients have the practical private space for therapy in the home setting.

There has been some caution in how staff have approached video conferencing due to early challenges in identifying an appropriate 'fit for purpose' platform, and issues relating to bandwidth and remote VPN use, which can be particularly stressful in the context of delivering therapy.

What's needed to sustain the change

The facility for staff feedback will need to be expanded, as some elements of home working are likely to be retained, with the potential for reduced demands on estates as part of the national IAPT expansion.

There will also need to be options for patients who prefer face-to-face work, and this cohort may well represent a more vulnerable group.

Contact

michelle.eades@nhs.net