

Royal College of Psychiatrists' briefing

Analysis of COVID-19 RCPsych member survey – other issues

July 2020

The Royal College of Psychiatrists issued a survey to its members working in the National Health Service across the United Kingdom. It was in the field from Wednesday 10 June until Monday 15 June.



468 completed responses were received from across the UK out of a total available sample of around 12,900, which equates to a response rate of 3.6%.

This summary will focus on the results regarding: the accessibility of personal protective equipment (PPE); availability of COVID-19 testing; Mental Health Act assessment delays; services' preparedness for lockdown easing; building impact and estates suitability for cohorting patients; format of consultations following the pandemic, training on digital tools and appropriateness of remote sessions. A separate summary report covers the findings on building impact and estates suitability for cohorting patients plus members' reports of changes in workload across a range of interventions.

Access to the correct level of personal protective equipment (PPE)

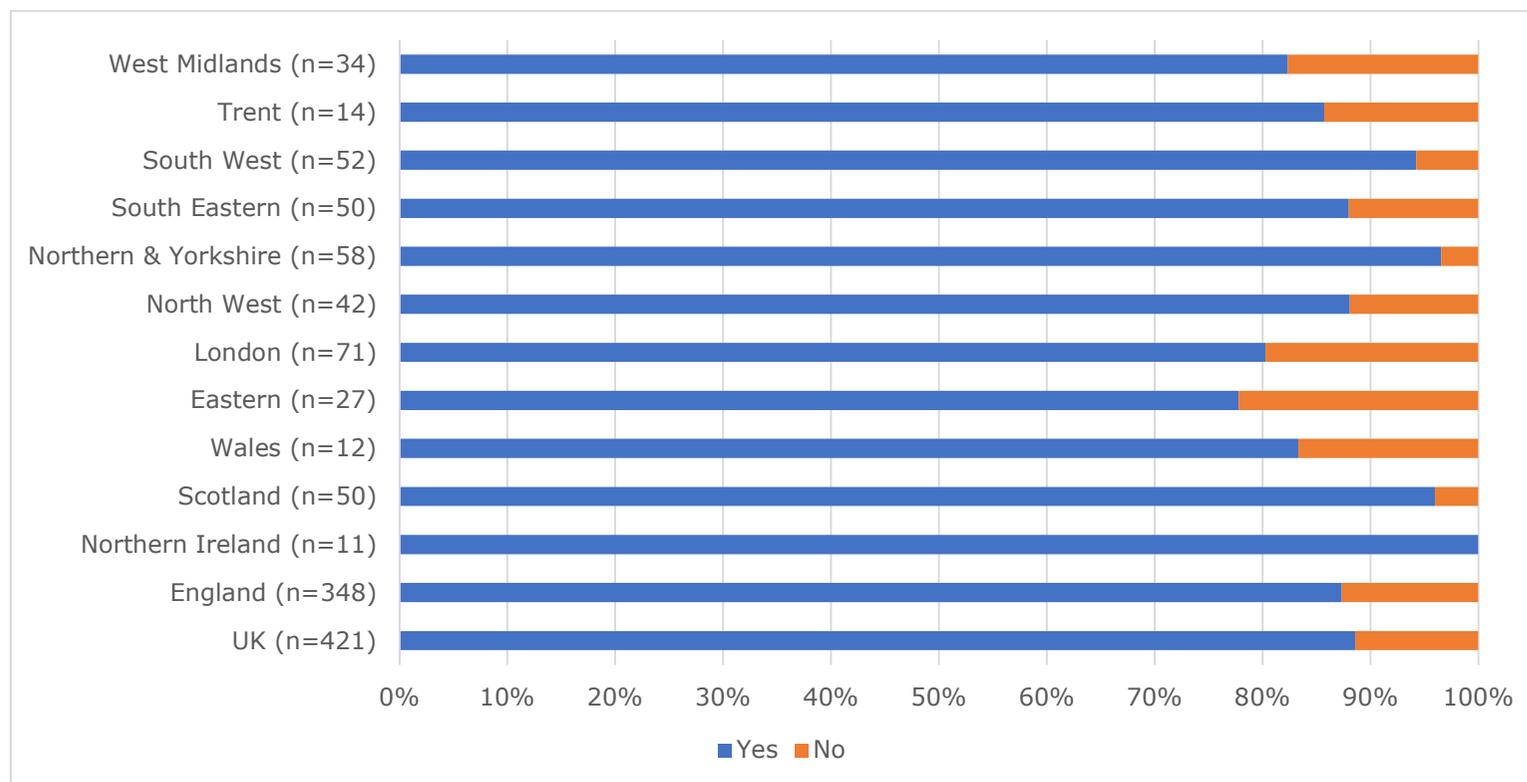
Across the UK, 79.7% of all respondents were able to confirm that they had access to the correct personal protective equipment (PPE), equivalent to 373 of 468 College members that answered the question (three responses were available – 'yes', 'no' or 'don't know'). If 'don't know' responses are excluded from the analysis, the percentage of 'yes' answers increases to 88.6% (373 of 421). These percentages compare to 75.9% and 86.0% respectively in the third survey (18-26 May), 73.0% and 84.0% respectively in the second survey (1-6 May) and 60.1% and 72.4% respectively in the first survey (15-17 April).

More than one in ten respondents confirmed they did not have access to the correct PPE, regardless of whether 'don't know' responses are included (10.3%, 48 of 468) or excluded (11.4%, 48 of 421). These results however can be compared to 12.3% and 14.0% respectively in the third survey, 13.9% and 16.0% respectively in the second survey and 22.9% and 27.6% respectively in the first survey.

Data was collected for each of the eight Royal College of Psychiatrists regions across England (Eastern, London, North West, Northern & Yorkshire, South Eastern, South West, Trent, West Midlands) to also identify whether there were more significant concerns in some areas more than others.

Chart 1 below illustrates the extent of the regional and nationwide variation. The proportion of affirmative responses, when 'don't knows' are excluded, ranged from only 77.8% in Eastern (21 of 27) to 100% in Northern Ireland (11 of 11).

Chart 1 – Can you currently access the correct level of PPE? All responses from across the UK and each of the RCPsych regions when 'don't know' is excluded



Access to COVID-19 testing

College members were also asked to confirm the availability of testing for three specific groups: patients, as per current testing guidance; members of their household with COVID-19 symptoms; and themselves if they developed COVID-19 symptoms.

With all responses factored in, 76.1% of members (354 of 465) across the UK were able to confirm that their patients could access COVID-19 tests when required, ranging from 37.5% in Wales (6 of 16) to 92.3% in Northern Ireland (12 of 13). Alternatively, if 'don't knows' are excluded, 94.1% of members (354 of 376) that were able to confirm whether tests for patients were available indicated that they could. Percentages varied from 54.5% in Wales (6 of 11) to 100% in Scotland (44 of 44) and Northern Ireland (13 of 13).

The headline percentages compare to 71.3% and 91.4% respectively in the third survey, 67.6% and 89.2% respectively in the second survey and 53.6% and 75.2% respectively in the first survey. Full results are illustrated below in Charts 2 and 3.

Chart 2 – Are you able to access COVID-19 testing that you need for your patients, as per current testing guidance? All responses from across the UK and each of the RCPsych regions

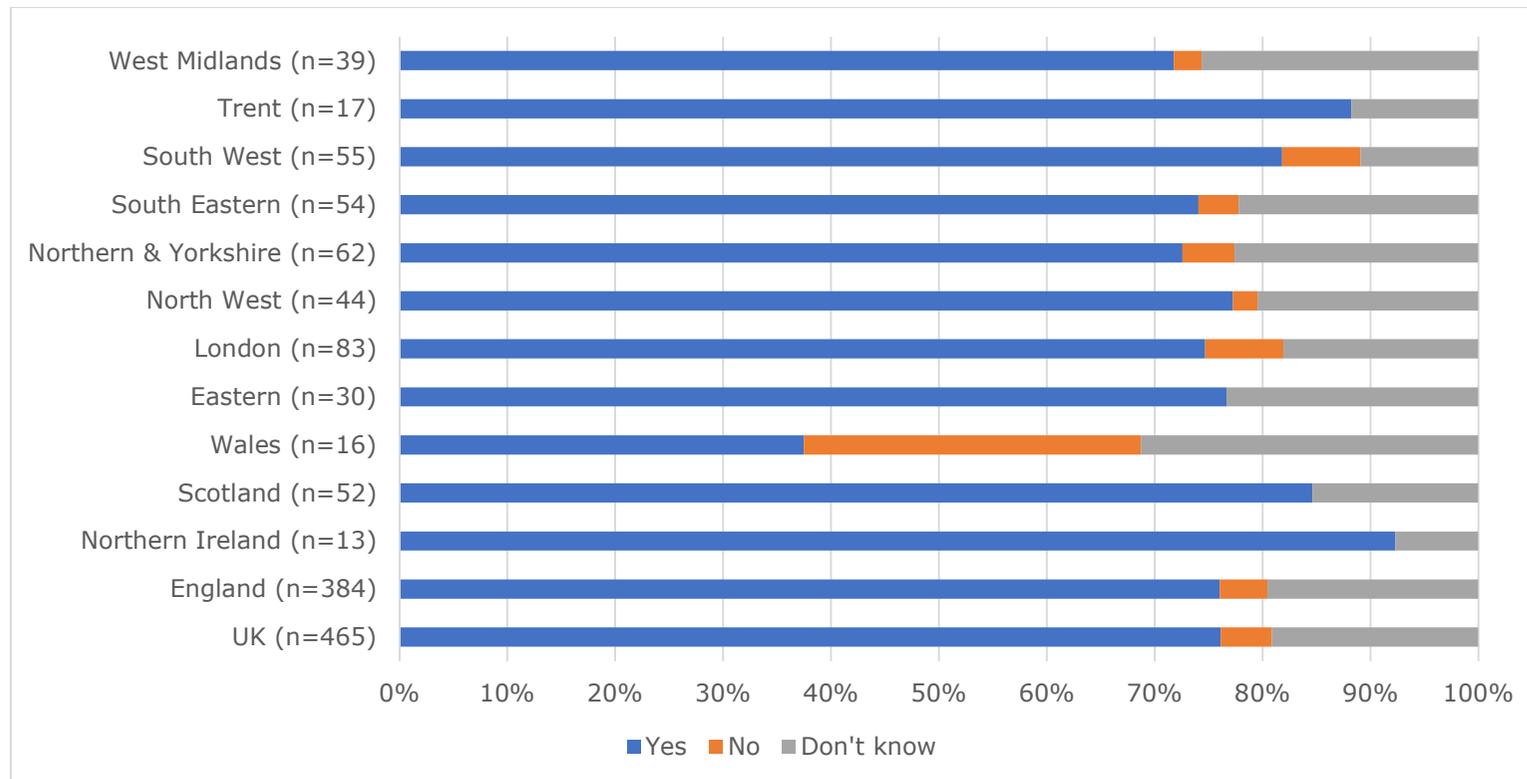
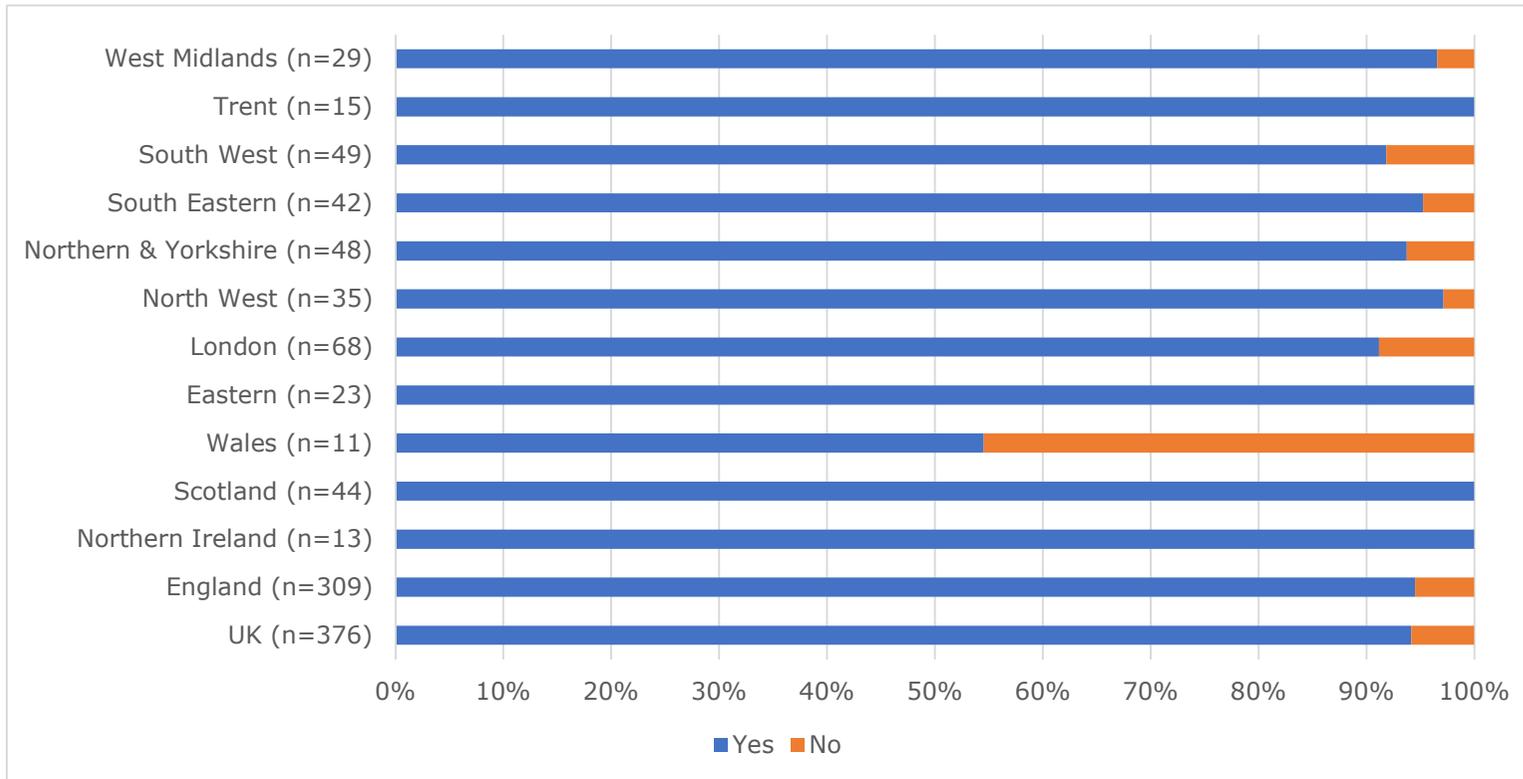


Chart 3 – Are you able to access COVID-19 testing that you need for your patients, as per current testing guidance? Definitive responses only from across UK and each of the RCPsych regions



A mere 64.6% of respondents (299 of 463) were able to confirm that members of their own household with symptoms had access to tests, with percentages of 'yes' responses varying from 40.0% in Eastern (12 of 30) to 92.3% in Northern Ireland (12 of 13). When 'don't know' responses are excluded, the overall percentage of positive answers to this question nationwide rose up to 84.2% (299 of 355), ranging from 70.6% in Eastern (12 of 17) to 100% in Trent (14 of 14).

The headline percentages can be compared to 57.7% and 84.0% respectively in the third survey, 55.9% and 78.9% respectively in the second survey and 30.0% and 44.0% respectively in the first survey. The full set of results are captured in Charts 4 and 5 below.

**Chart 4 – Are you able to access COVID-19 testing that you need for members of your household with symptoms?
All responses from across the UK and each of the RCPsych regions**

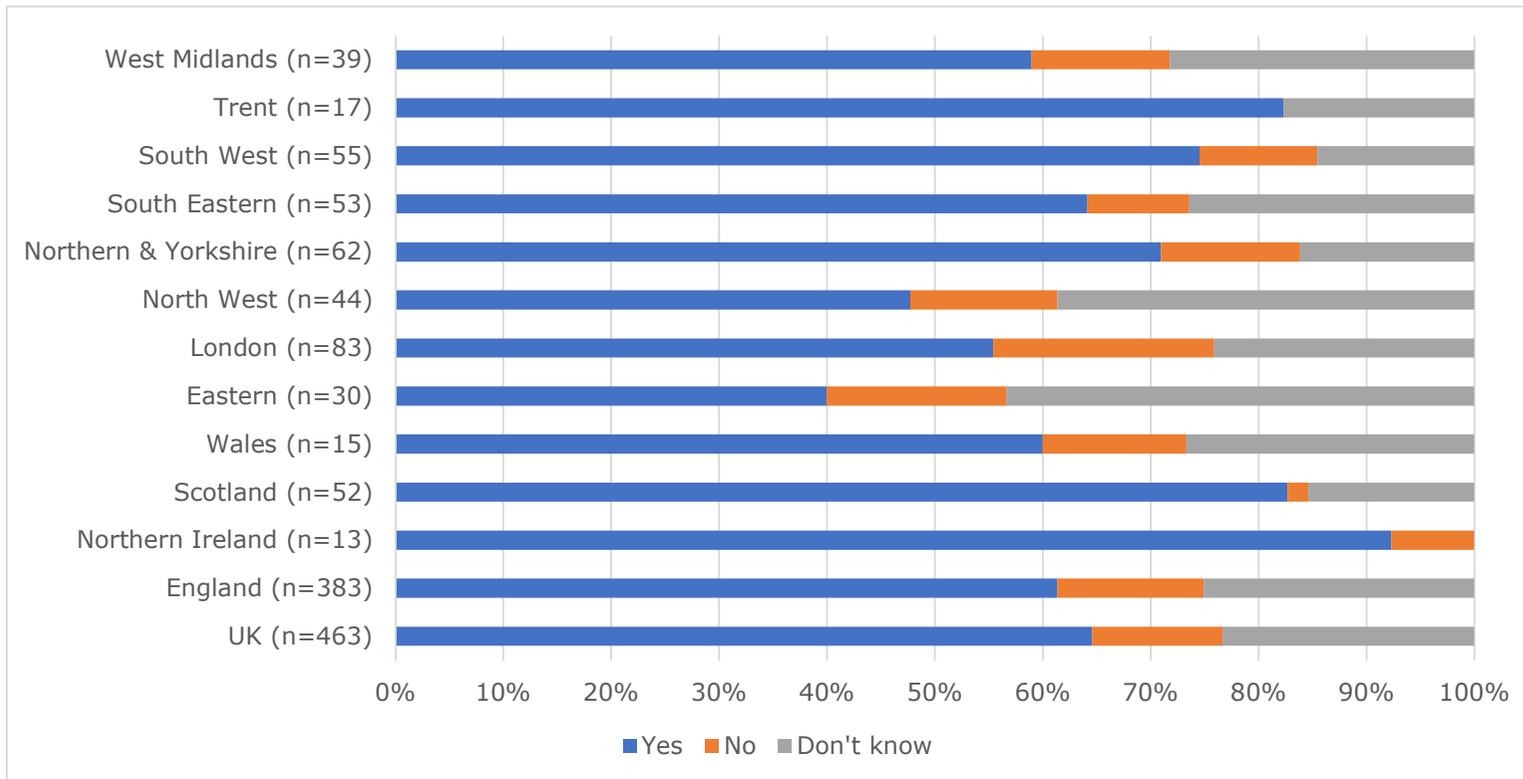
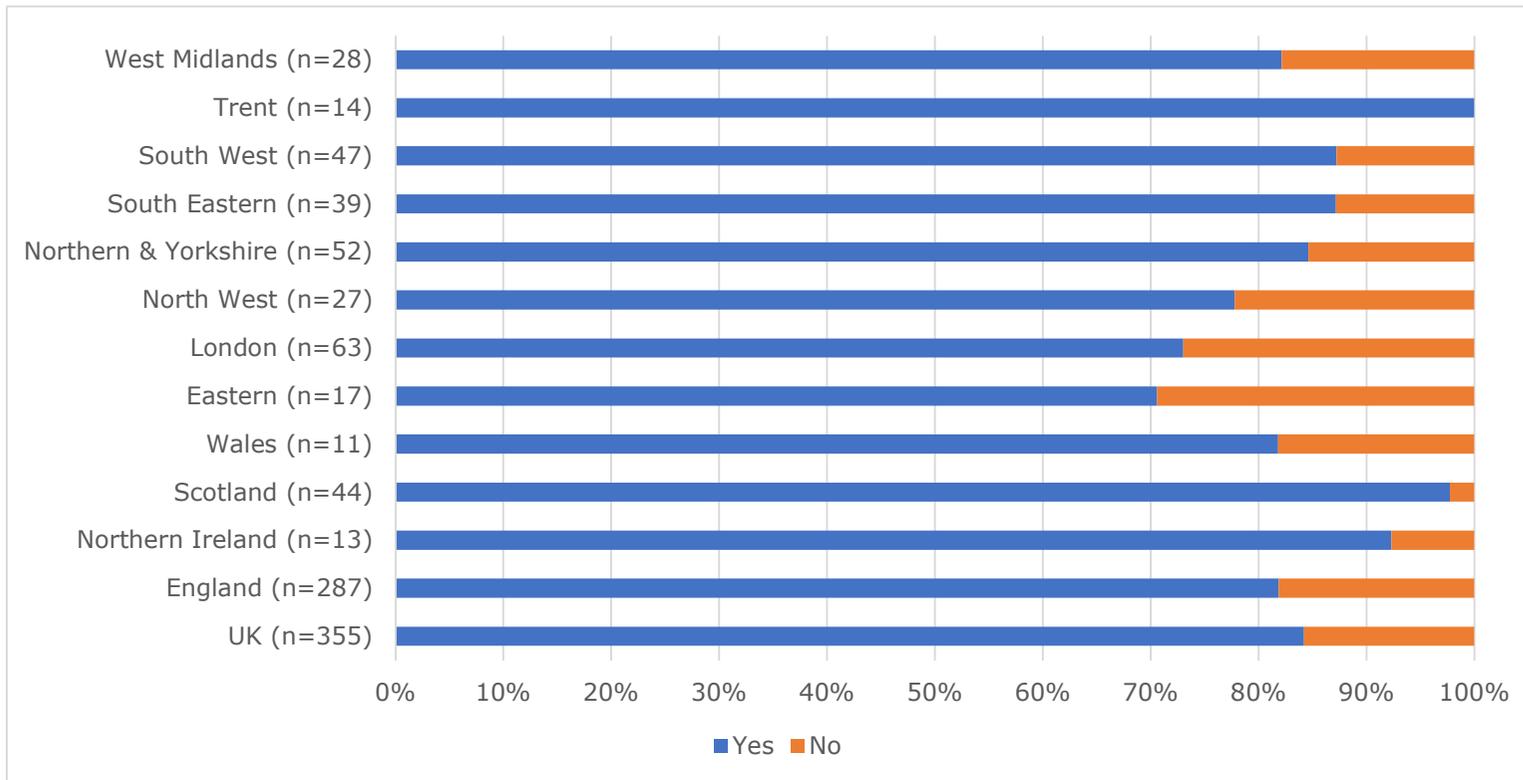


Chart 5 – Are you able to access COVID-19 testing that you need for members of your household with symptoms? Definitive responses only from across the UK and each of the RCPsych regions



A substantial majority of all members across the UK that responded were able to confirm that they themselves had access to a test if they had symptoms (85.6% or 399 of 466), with rates of 'yes' answers varying from 70.4% in South Eastern (38 of 54) to 100% in Northern Ireland (13 of 13) and Trent (17 of 17).

This question had the smallest number of 'don't know' responses, but it remained around one in 11 (9.2%). Once these are excluded from the analysis, 94.3% of the members providing definitive responses nationwide confirmed they could access tests in such circumstances (399 of 423), with a discrepancy found between the region with the lowest percentage of 'yes' responses (Wales at 85.7%, or 12 of 14) and the highest (Northern Ireland and Trent at 100% or 13 of 13 and 17 of 17 respectively).

The headline percentages can be compared to 79.1% and 95.1% respectively in the third survey, 76.2% and 90.7% respectively in the second survey and 50.9% and 67.0% respectively in the first survey. Full results are illustrated in Charts 6 and 7 below.

Chart 6 – Are you able to access COVID-19 testing that you need for yourself, if you have symptoms? All responses from across the UK and each of the RCPsych regions

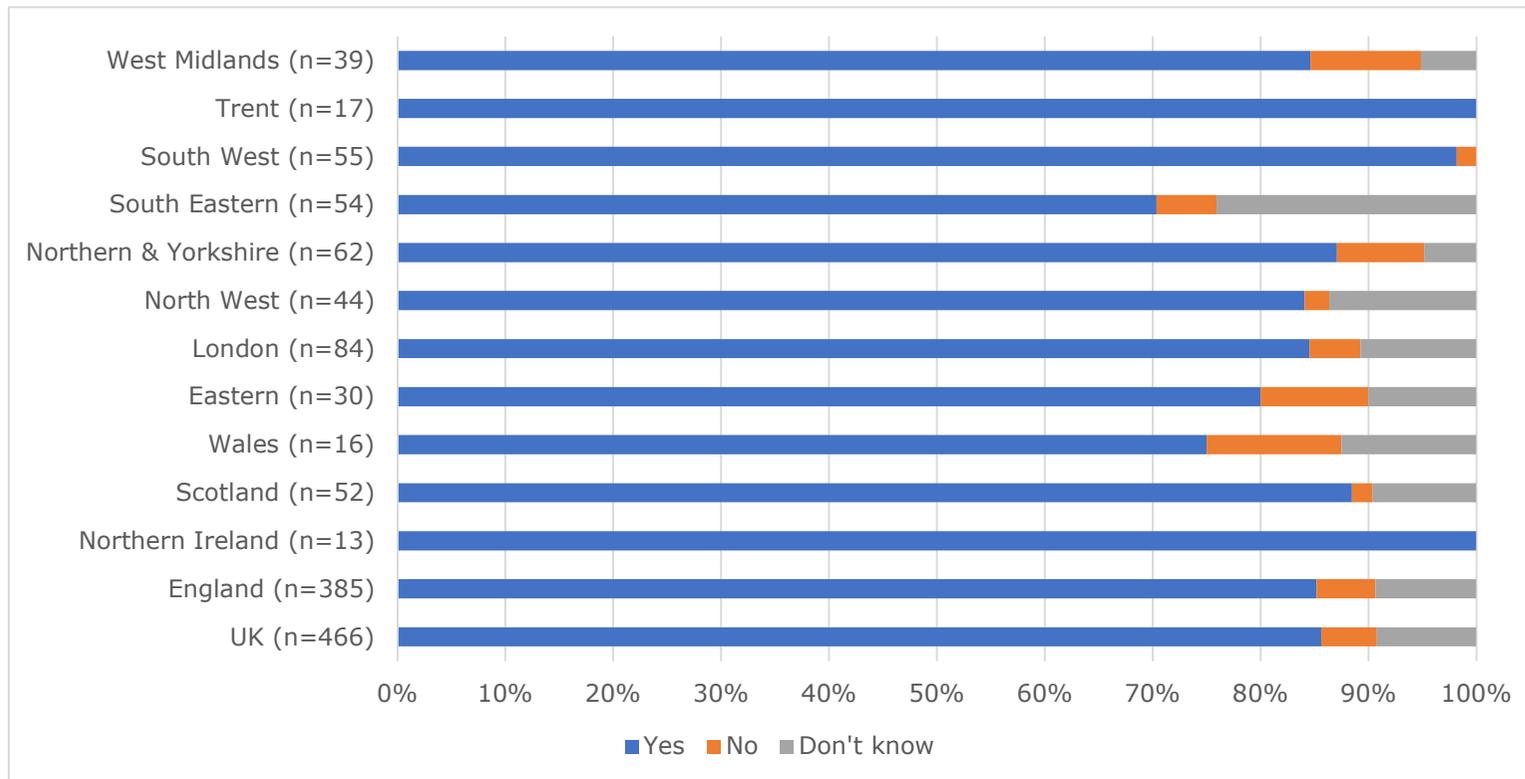
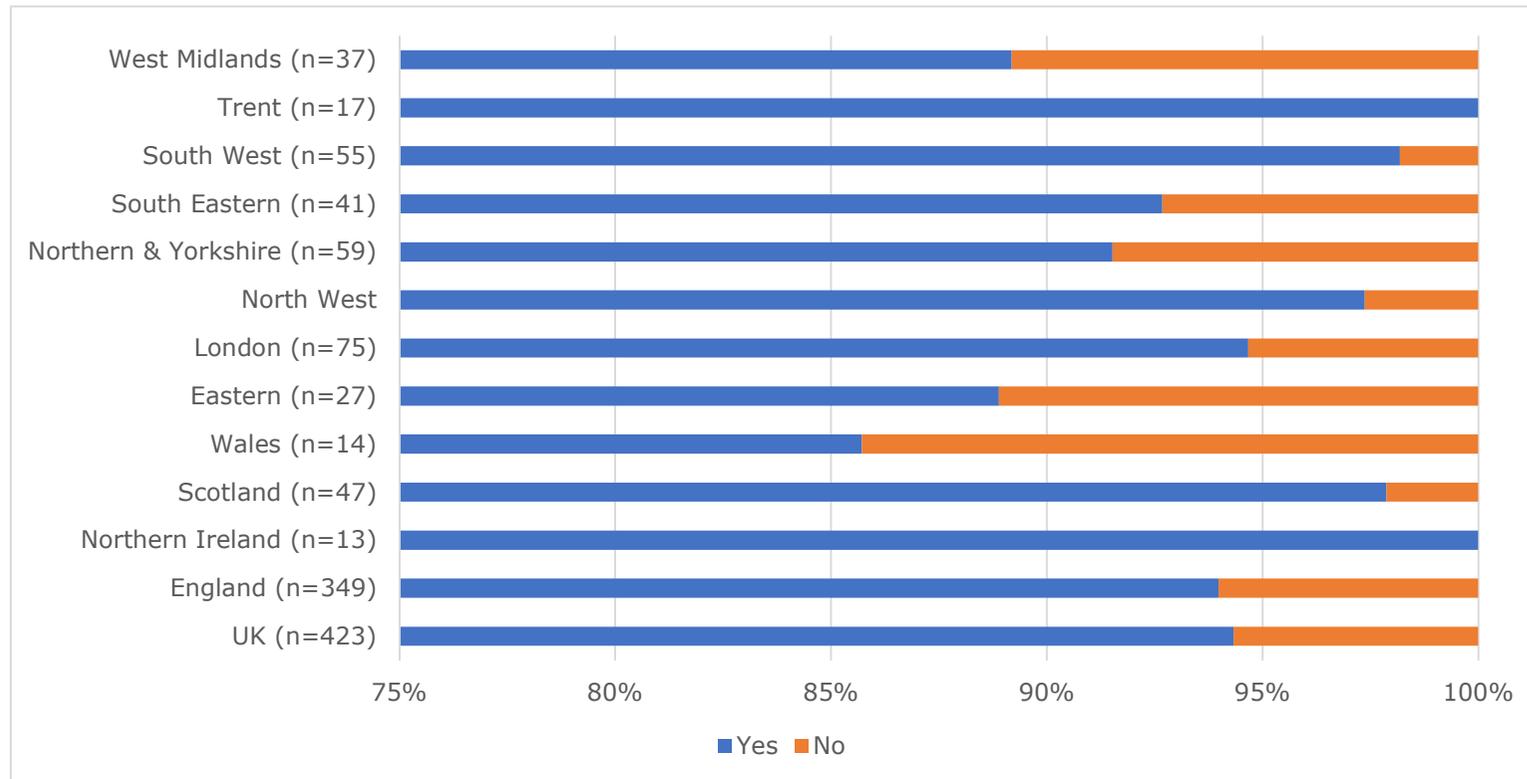


Chart 7 – Are you able to access COVID-19 testing that you need for yourself, if you have symptoms? Definitive responses only from across the UK and each of the RCPsych regions

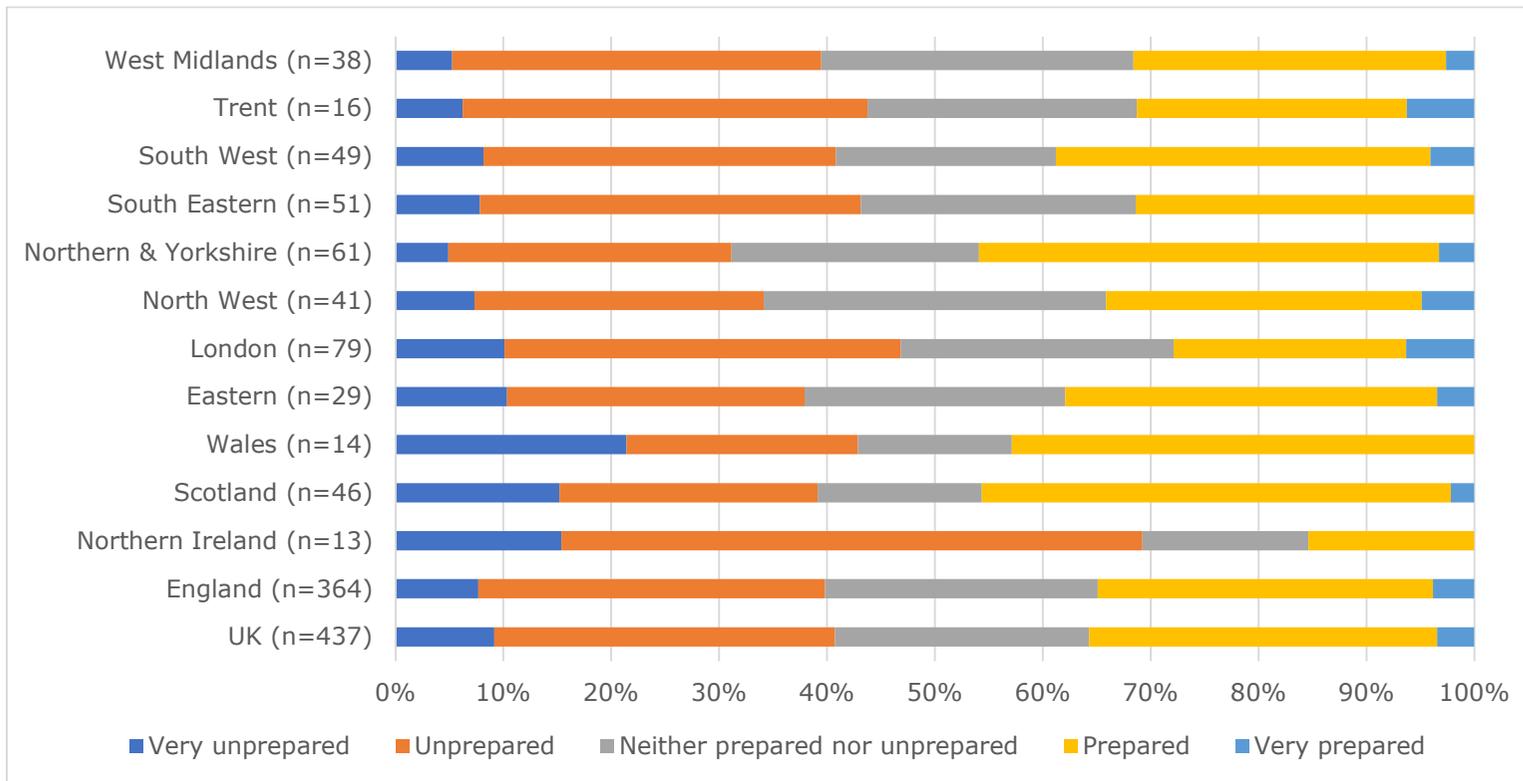


Mental health services' preparedness to meet the needs of patients

Members were asked, as lockdown eases, how prepared they feel mental health services in their area are to meet the needs of patients as services remobilise. Six responses were available – 'very unprepared', 'unprepared', 'neither prepared nor unprepared', 'prepared', 'very prepared', or 'don't know'. 'Don't know' responses have been excluded from the analysis. Across the UK, 35.7% of all respondents feel mental health services are either 'prepared' or 'very prepared' (156 of 437 of College members), compared to 40.7% of respondents who feel services are either 'unprepared' or 'very unprepared' (178 of 437).

Data was again collected for each of the eight Royal College of Psychiatrists English regions and devolved nations to also identify whether there were more significant concerns in some areas more than others. Excluding 'don't know' responses, there were variations regarding 'very prepared' and 'prepared' responses, from only 15.4% in Northern Ireland (2 of 13) to 45.5% in Northern & Yorkshire (28 of 61). Chart 8 below shows the variation between nations and regions.

Chart 8 – As lockdown eases, how prepared do you feel mental health services in your area are to meet the needs of patients as services remobilise? Responses from across the UK and each of the RCPsych regions, excluding don't know answers



Format of consultations following the pandemic

Members were asked about the preferred format of consultations following the pandemic. Three responses were available – ‘following the pandemic, I would like to return to face-to-face consultations as default, but would like to have continued recourse to digital tools where appropriate’, ‘following the pandemic, I believe we should move to a new approach of using digital tools as default and only seeing patients face-to-face when completely necessary’ or ‘following the pandemic, I would like things to return to exactly as they were’. Across the UK, 80.9% of all respondents would like to return to face-to-face contact but would like to have continued recourse to digital tools, equivalent to 377 of 466 of College members.

Regional percentages for that latter option varied from 74.1% in South Eastern (40 of 54) to 88.2% in Trent (15 of 17). On the other hand, Wales was the nation with the highest number of respondents who would like to move to a new approach of using digital tools as default (31.2% or 5 of 16). Chart 9 below shows the variation between nations and regions.

Training on digital tools and appropriateness of remote sessions

Members were asked how they you found the training provided to support the use of digital tools to conduct remote consultations and therapy sessions with patients. Six responses were available – ‘very poor’, ‘poor’, ‘neither good nor poor’, ‘good’, ‘very good’ or ‘not applicable’. ‘Not applicable’ responses were excluded from this analysis. Across the UK, 41.9% of all respondents found the training provided to be either ‘good’ or ‘very good’ (179 of 427 members), compared to 30.7% of respondents who found this to be either ‘poor’ or ‘very poor’ (131 of 427).

Regional percentages for ‘good’ and very good’ responses combined varied from 30.1% in London (22 of 73) to 50.0% in Trent, South Eastern and Northern & Yorkshire (8 of 16, 24 of 48 and 29 of 58, respectively). Chart 10 below shows the variation between nations and regions.

Chart 9 – Which of the following statements do you most agree with? Responses from across the UK and each of the RCPsych regions

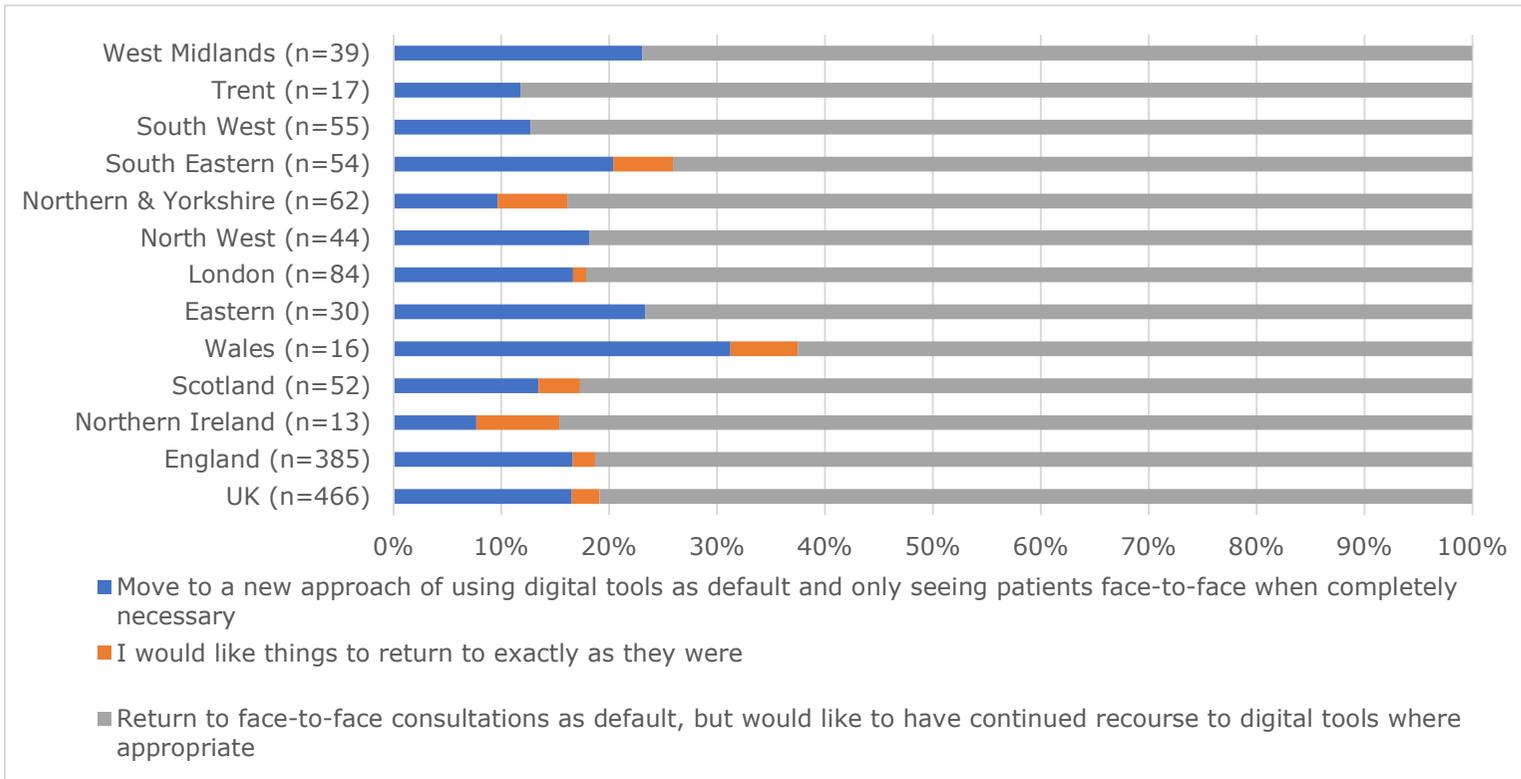
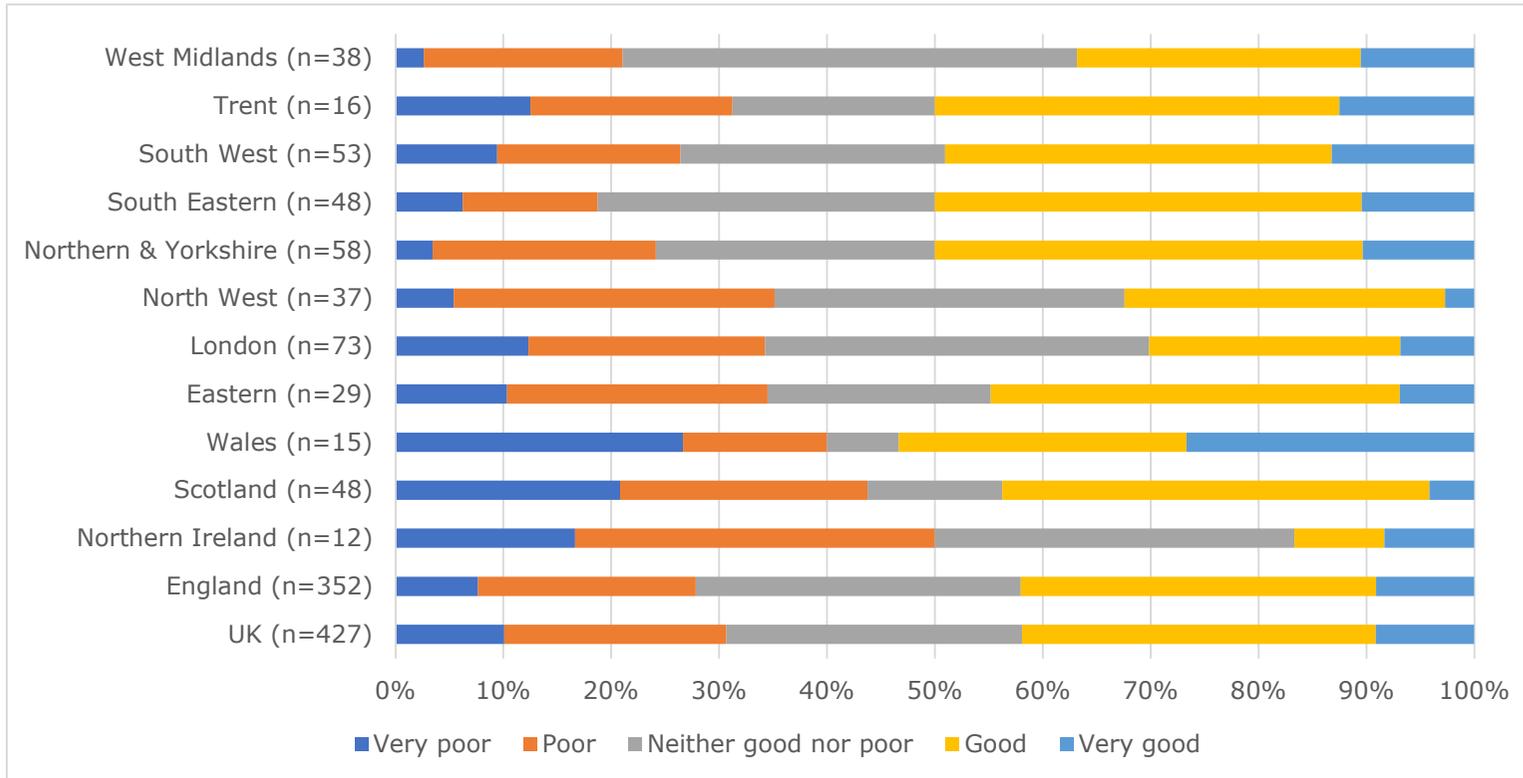


Chart 10 – During the pandemic, how have you found the training provided to support use of digital tools to conduct remote consultations and therapy sessions with your patients? Definitive responses from across the UK and each of the RCPsych regions



Appropriateness of remote sessions

Members were also asked whether they agree or disagree with remote sessions being clinically appropriate and therapeutic. Six responses were available – ‘strongly disagree’, ‘disagree’, ‘neither agree nor disagree’, ‘agree’, ‘strongly agree’ or ‘don’t know’. ‘Don’t know’ responses were again excluded for this analysis. Across the UK, 58.8% of all respondents ‘agree’ or ‘strongly agree’ that remote sessions are clinically appropriate and therapeutic, equivalent to 267 of 454 of College members, compared to 16.1% of respondents who ‘disagree’ or ‘strongly disagree’ (73 of 454).

Regional percentages for 'agree' and 'strongly agree' responses combined varied from 51.6% in Northern & Yorkshire (32 of 62) to 66.7% in Eastern (20 of 30). Northern Ireland was the nation with the lowest combined 'agree' and 'strongly agree' percentage (50.0% or 6 of 12) and Wales had the highest (81.3% or 13 of 16). Chart 11 shows the full results.

Chart 11 – Do you agree or disagree with the following: remote sessions are clinically appropriate and therapeutic? Definitive responses from across the UK and each of the RCPsych regions

