

Connecting the continents - TelePsychiatry in the NHS

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Abstract Introduction

- Over the years NHS providers have repeatedly been forced to adapt to meet the changing demands of the populations they serve and the contexts within which they function.
- With the COVID pandemic many services as well as patients have suffered.
- Herefordshire and Worcestershire Health & Care NHS Trust, like elsewhere, rapidly moved to teleconsultations over a variety of formats and platforms.
- Psychiatric services in the NHS predominantly function in a multidisciplinary model and audio-visual telecommunication platforms have enabled this to continue in teams.
- Most MDT staff working within the United Kingdom are based in the UK.
- The first author of this article previously worked as a substantive consultant in Herefordshire for six years; across a number of services. He since relocated to India during the CoVID pandemic.
- With international borders closed he subsequently rejoined the trust but as a trust locum consultant psychiatrist; this time working entirely remotely from his base in Chennai (Southern India).

Setting the service

In this poster the authors discuss their experience of setting up a locum consultant post in psychiatry working entirely remotely from outside the UK; including the medico-legal, information governance, risk, safety, quality and patient experience processes and considerations.

Initial Experience

- The first author has been working remotely for more than three months with the Neighbourhood Mental Health services as well as an Eating Disorder service in Herefordshire. These services are part of the NHSEI first wave Community Transformation Project.
- He has provided 185 consultations; more than 150 of these through telephone software installed on a laptop (Cisco Jabber); the remaining were video consultations.
- He has also actively participated in MDTs, managerial meetings contributing to service development, SI review processes, peer groups and CPD activities.

Guidelines and Resources:

The authors have discussed guidelines and useful reference documents from the GMC & Royal College of Psychiatrists.

References

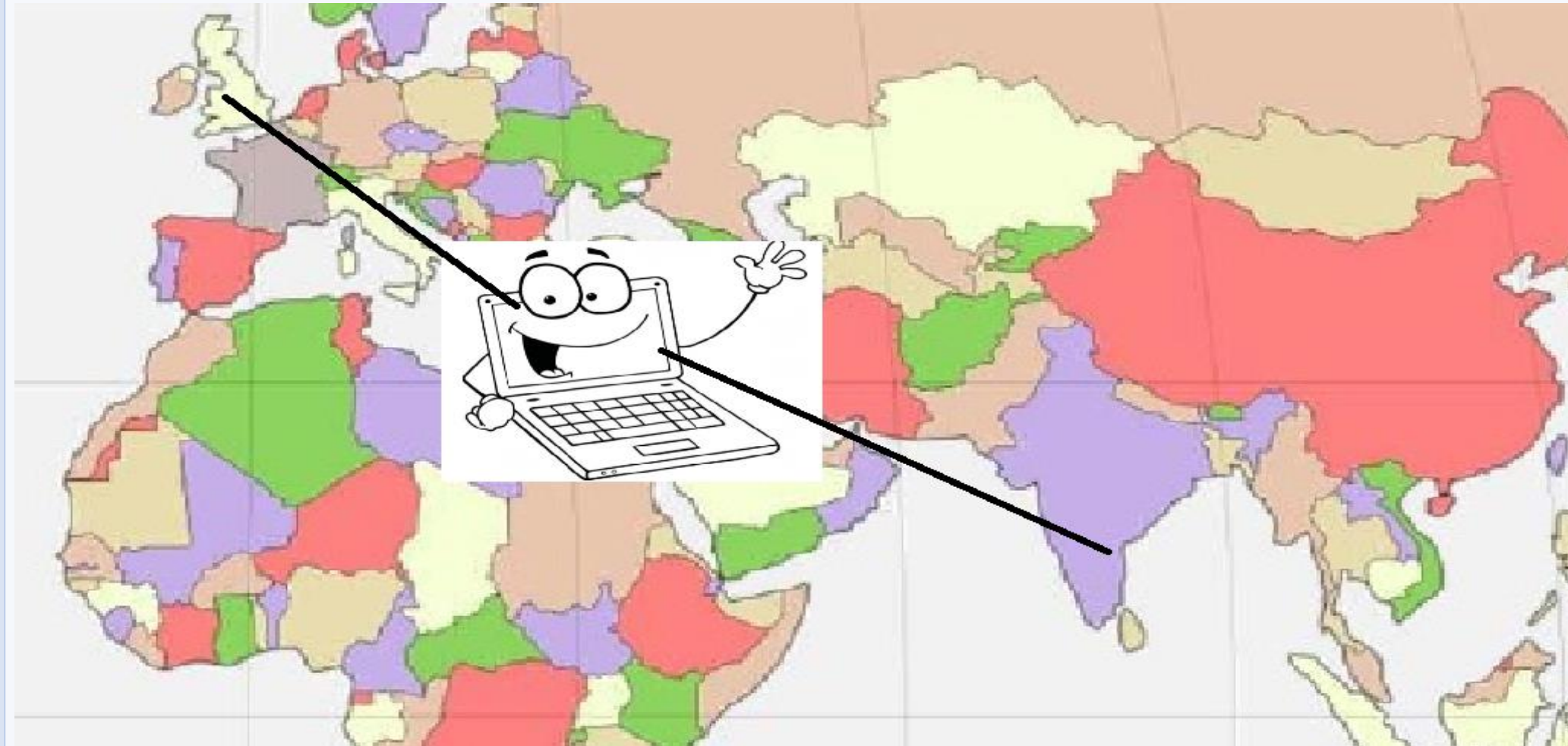
- Remote Consultations- GMC U.K. <https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>
- Remote prescribing- GMC U.K. <https://www.gmc-uk.org/ethical-guidance/learning-materials/remote-prescribing-high-level-principles>
- Guidance on Remote Consultations: Royal College of Psychiatrists, U.K. <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians>

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Role: Locum Consultant – Community Mental Health (NMHT) & Eating Disorder (EDS) Services



Background

- The CoVID-19 pandemic led to lockdown in the U.K. and various parts of the world in March 2020.
- As part of infection prevention control remote consultations became a new normal way of working.
- The First Author relocated back to India in August 20.
- With international borders closed he rejoined the trust as an NHS locum working entirely remotely from his base in Chennai (Southern India) in April 21.

Planning & Considerations

- Approval from Trust Board
- GMC & Royal College of Psychiatrists Professional standards
- Information Governance risk assessment
- NHS standard Terms & Conditions contract
- Indemnity cover
- Use of Trust-approved web-based platforms for communication, consultation & record keeping
- Availability by phone & other means of communication
- Safe prescribing
- Patient experience & outcomes

Preparation

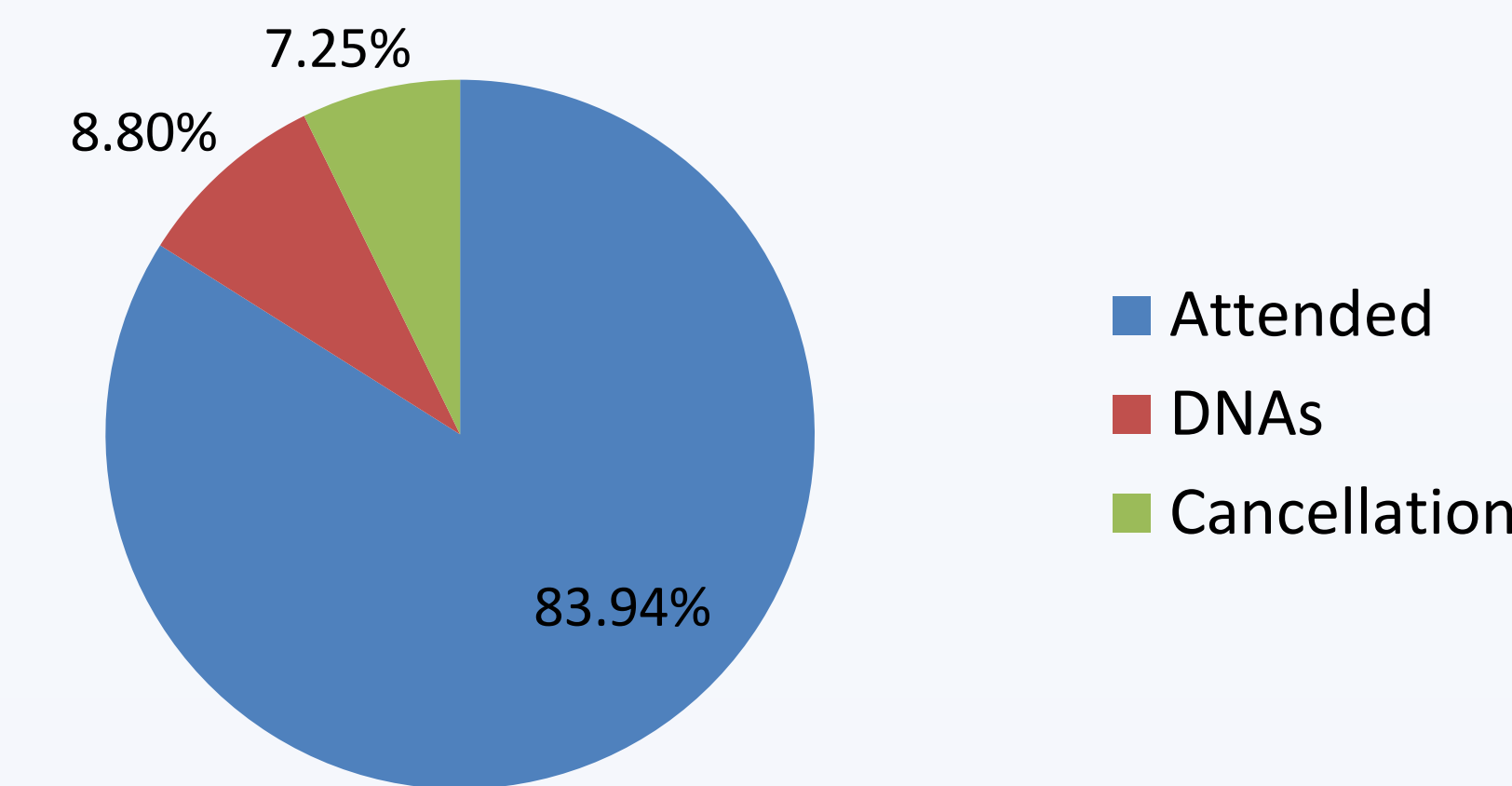
- Trust laptop with audio visual platforms and access to secure patient records sent to the overseas doctor.
- Locum consultant and AMD provided background support to MDTs if face to face consultations were needed.
- Responsible Clinician responsibility for CTO patients allocated to another on site consultant.
- Appointment letters to patients contained full explanation of context and overseas consultant plus option for alternatives if preferred.
- Engagement with GPs and support for prescribing.
- UK Mobile phone number used with international roaming.
- Working to UK (GMT) time zone.

Limitations of remote working (overseas)

- Prescribing medication including drug charts
- Unable to implement most aspects of MHA

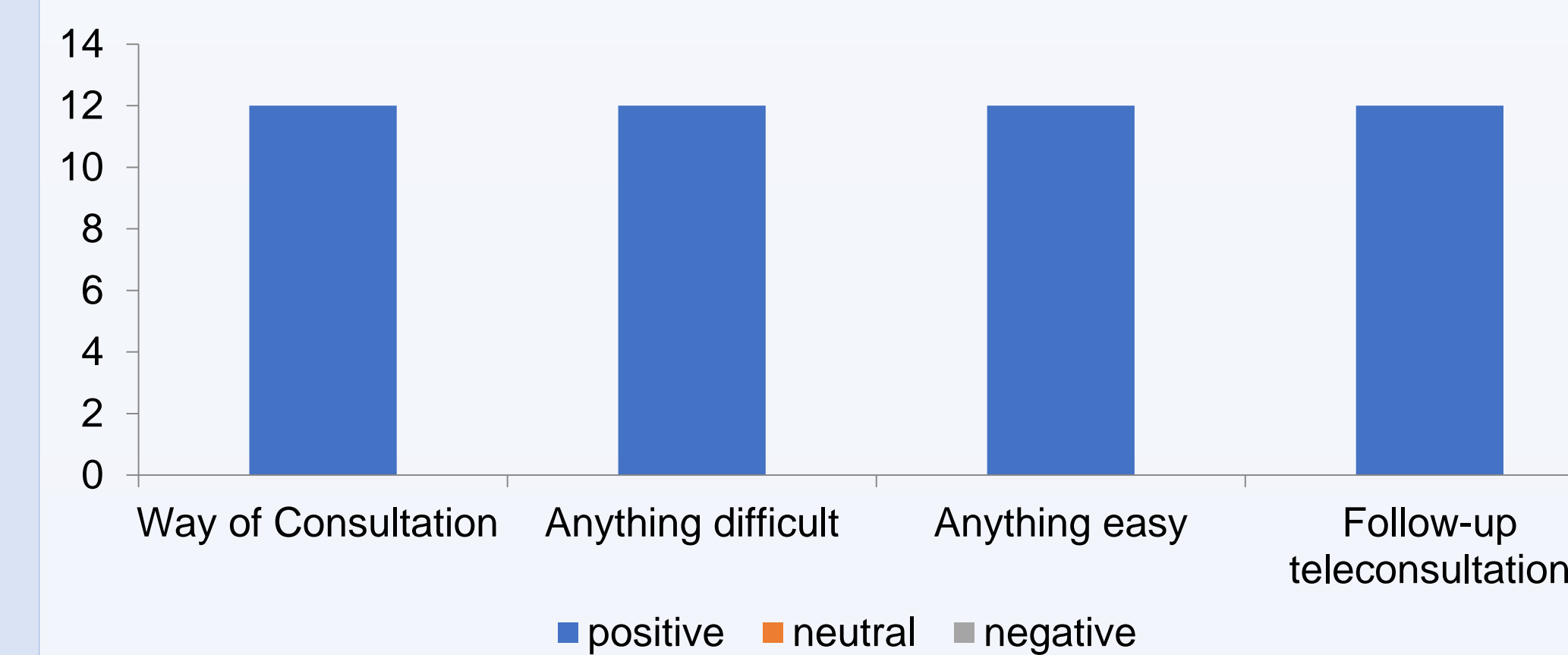
Findings

Number of Appointments 193 (April 21 -September 21)



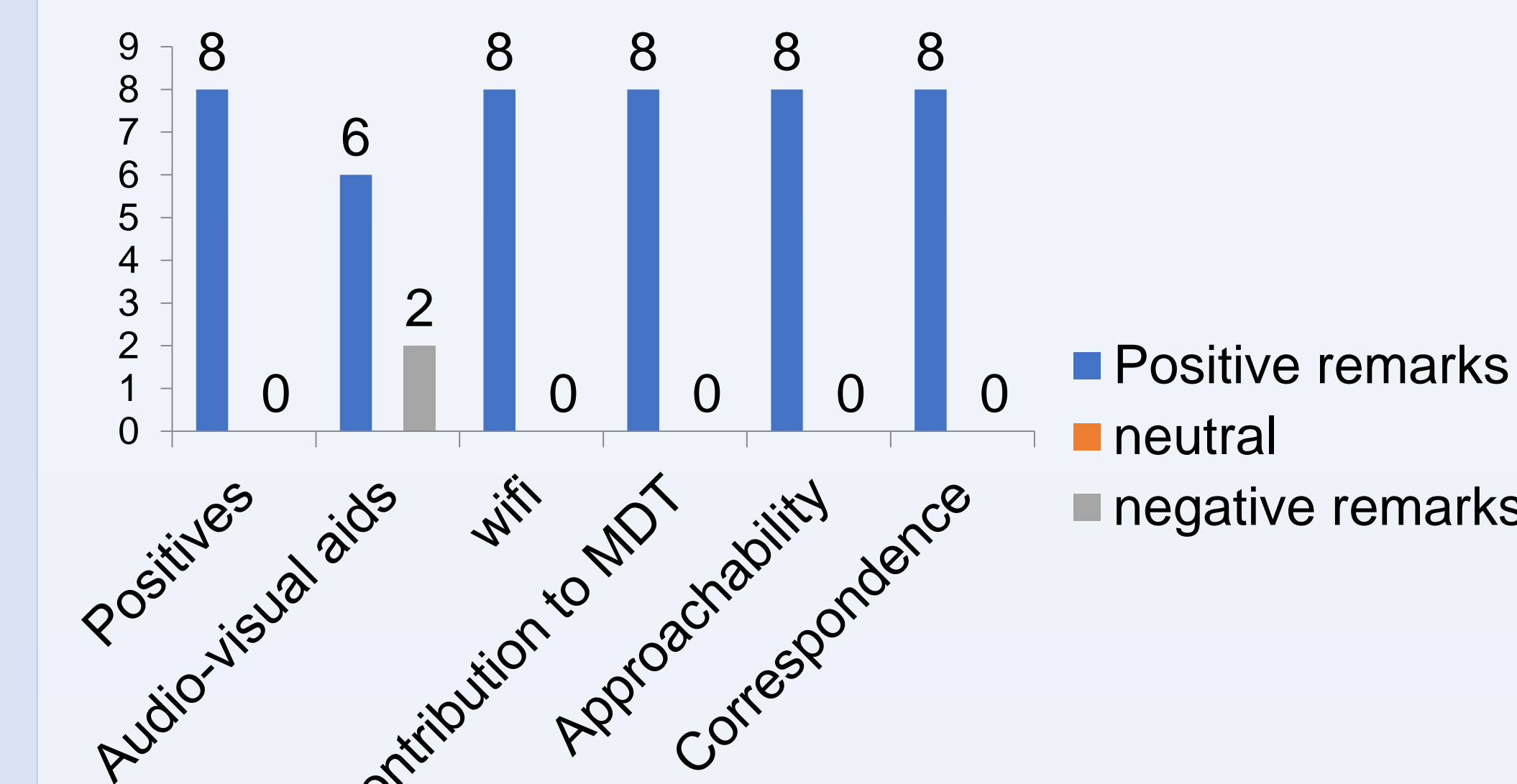
Medium of Consultation
Telephone >90%; Webex video <10%

Patient feedback (n=12)



- Patient feedback (n=12) was 100% positive.
- Three patients felt that teleconsultation was easy & convenient (& preferable to attending clinic in person).

Staff Feedback (n=8)



Areas for further development

- Additional leadership roles
- Medical secretarial and admin support
- Very infrequent failed or poor quality connection issues

Additional work done

- Senior input into SI reviews
- Clozapine operational policy reviews
- Physical health operational policy reviews
- EDS work stream meetings
- Liaison meetings with General Practitioners

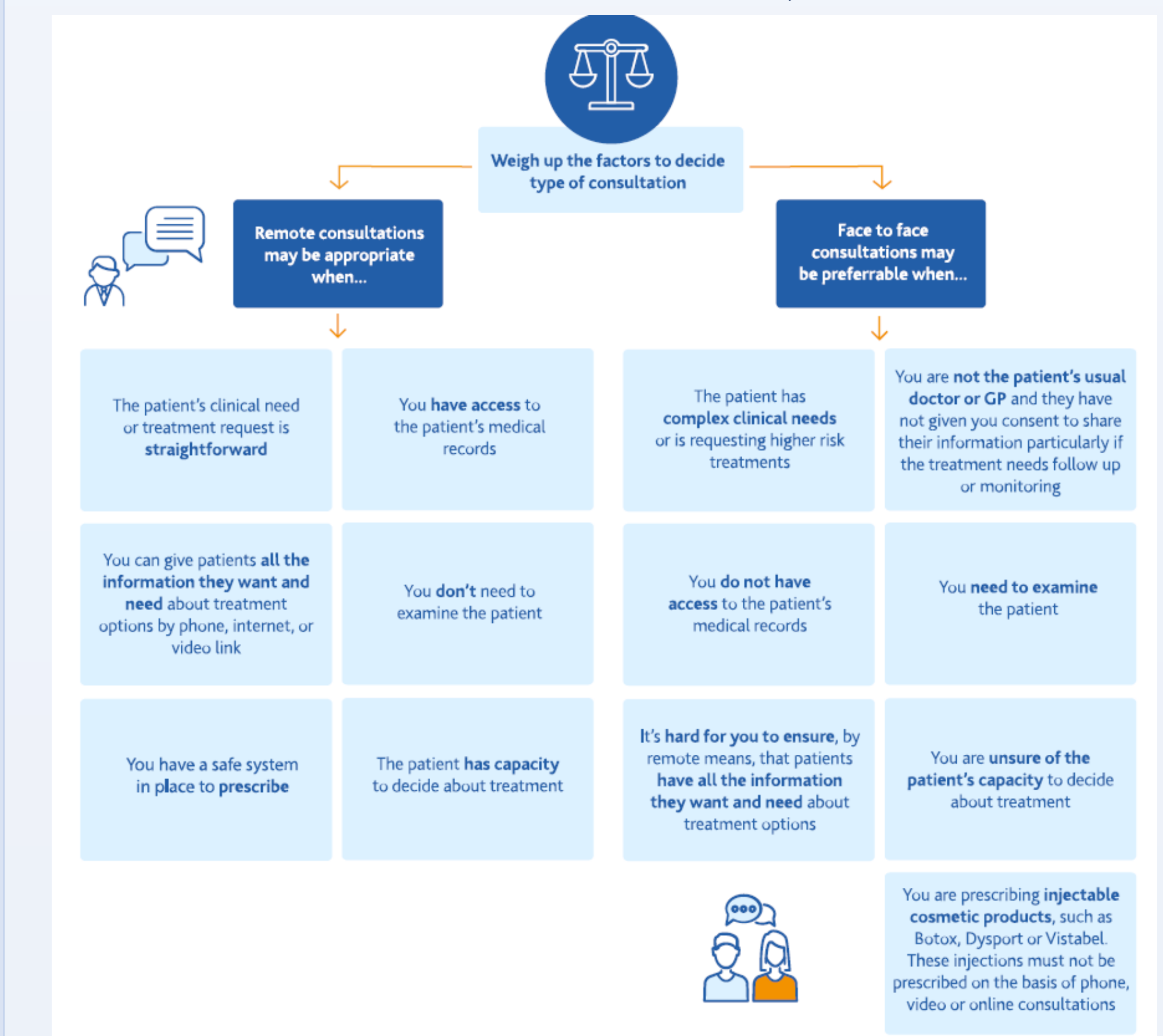
Patient Preferences

- None of the patients objected to remote overseas consultation in theory.
- One patient preferred face to face consultation.
- Two patients preferred Webex over telephone consultation due to hearing impairment.
- Two patients preferred telephone consultation over Webex consultation due to anxiety.
- One patient expressed a wish for a female consultant.

Royal College of Psychiatrists recommendations

- During the COVID-19 pandemic, remote consultations should be encouraged where safe and appropriate.
- We recommend that initial remote consultations go ahead where possible.
- Clinicians and professionals to show sensitivity to patient's comfort level with technology
- Use of telephone consultations may be sufficient for lower risk conversations or to ensure engagement with those who lack digital technology or skills.

Deciding Whether to perform remote consultation: GMC, U.K.



Conclusion

- Remote consultations are now part of routine clinical practice.
- Carefully planned remote overseas consultant posts may be a safe and viable alternative to traditional on site jobs; with some minor hurdles to overcome.
- Patients do not object to overseas remote consultations and patient experience may be at least equivalent.