Flexible Service Adaptation in an Older Adults Community Mental Health Team (OA CMHT) in Response to the Covid-19 Pandemic – a Case Study

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Aims

A case study to review and discuss the various service adaptations made in the Westminster Older Adults Community Mental Health Team (OA CMHT) during the first wave of Covid-19 in March-August 2020.

Introduction

Covid-19 has had a significant impact on mental health services, which had to adapt quickly to changes in order to cope with the effects of the pandemic. In the Westminster OA CMHT, ways of working were adjusted to ensure effective, safe and continuous service delivery to a cohort of highly vulnerable service users.

Methods

Spontaneous and reactive as well as more gradual changes were implemented at the onset of the pandemic in March 2020, mainly focussing on two areas:

- Patient care and service delivery/contingency
- Operational changes to work processes and staff wellbeing

Changes are presented in the 'Results' section in a retrospective, descriptive and qualitative case study style. Qualitative feedback on the introduction of a virtual MDT (multi-disciplinary team meeting) was gathered informally via email in a separate project, and will also be described below.

Results

a) Introduction of a virtual, daily MDT instead of weekly meetings

- On a user-friendly video platform that can be navigated and accessed by all staff
- Every day at the start of the working day, lasting 15-60 minutes depending on caseload
- All colleagues attend, plus external health care professionals (up to 30 participants)
  - ⮡ Sharing initial assessment feedback and conducting MDT case discussions
  - ⮡ Place for other announcements and staff to keep in touch, especially for those working remotely, shielding or self-isolating
  - ⮡ Checking that colleagues were at work and safe according to the Trust's lone working policy

b) Introduction of remote working and staff rotas

- 50/50 ratio of on-site and remote working, with core services like Home Treatment Team (HTT), medical and managerial cover always on site
  - ⮡ Allowing for shielding, self-isolating and family commitments (as much as practically possible)
  - ⮡ Allowing for spacing out of desks/work stations 2m apart
  - ⮡ Reducing the risk of infection due to a reduced number of colleagues in the office, and less use of public transport to commute

Results (continued)

c) Exploring safe ways of reaching out to vulnerable service users

- One of the most vulnerable service user groups, even before the pandemic: Complex physical and mental health presentations incl. cognitive impairment, multifaceted social care needs, social isolation and lack of support with activities of daily living (ADLs) are among the main risk factors of this cohort. Covid-19 has increased these even further
- The service needed to ensure patients' mental and sometimes also basic physical health needs were being met during these challenging times
  - ⮡ This included phone calls when these could be accessed by service users, and were sufficient in terms of care and risk management
  - ⮡ For very unwell or risky service users where phone calls were not sufficient, face-to-face contacts were facilitated safely, using PPE and individual risk assessments

d) Adapting Memory Services

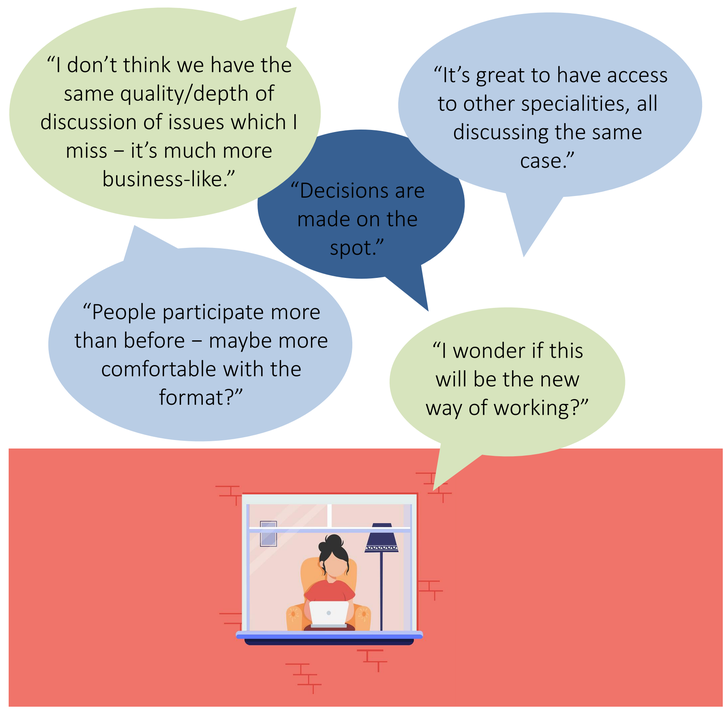
- When Memory Clinics/Services closed down in the first wave of the pandemic, one Specialist Memory Nurse and one Admiral Nurse were redeployed to the OA CMHT. Together with the Consultant Psychiatrist and Specialty Doctor, a memory subgroup was set up within the team
- This subgroup held weekly virtual review meetings for six weeks during the first wave, and reviewed approximately 25 patients
  - ⮡ Allowing for completion of assessments for patients on the existing caseload of the Specialist Dementia Nurses that either required a plan following initial assessment, or a diagnosis and management plan following MRI/CT scans
  - ⮡ Balancing patient care and safety: Some plans had to be made on history and cognitive assessment alone, as patients and/or carers had not wished to attend hospital for a scan due to Covid-19 risks
  - ⮡ Anti-dementia medication, carer support via Admiral Nurse, and/or a referral to Social Services were recommended as appropriate, and communication with patients, carers and GPs continued
- ⮡ The subgroup was also able to undertake new patient assessments via OA CMHT referral, and conducted assessments and consultations via telephone, using the MoCA-Blind scale to conduct cognitive assessments to guide diagnosis and management
- ⮡ Positive informal feedback from carers and patients: They appreciated having their concerns addressed in spite of local Memory Services being closed due to Covid-19

Results: Staff feedback on virtual MDT

Qualitative staff feedback regarding virtual MDTs [see Results subsection a)] showed the following:

- ⮡ Team members appreciate the virtual format for its provision of speedy case feedback
- ⮡ The virtual nature increases accessibility: More professionals are able to attend, including office-based, remote-working, part-time and full-time staff, resulting in broader professional diversity
- ⮡ Aspects requiring improvement were described by staff as an occasional lack of depth in discussions compared to in-person meetings, and that the daily calls could be reduced to several appointments per week

Some statements made by staff members are displayed below.



Conclusions

Implementing the service changes presented in this poster, the team was able to uphold service delivery during the Covid-19 pandemic and support one of the most vulnerable cohorts with several beneficial outcomes:

1. Patient care and service delivery/contingency
   - More effective and efficient patient care due to daily MDTs: Any assessments, incidents and risks are discussed daily, improving efficiency and responsiveness of the service, and more team members are able to join, broadening the MDT's professional diversity
   - Safer patient contacts: Possibility of offering telephone appointments, and using PPE and thorough risk assessments to facilitate necessary routine and emergency face-to-face visits
   - Providing basic memory services: Ensuring that the most urgent patients in need of memory assessments were still reviewed during closure of Memory Clinics
2. Operational changes to work processes and staff wellbeing
   - Remote, virtual and rota working: Implementing Covid-19 regulations like reducing face-to-face contact of colleagues and patients, and ensuring social distancing in the office, thereby minimising risk of infection for staff and subsequently patients
   - Improving agile and flexible working: Working remotely allows for shielding, self-isolation and combining family commitments with work (as much as practically possible)
   - Staff wellbeing: Virtual MDTs offer shielding and self-isolating colleagues to keep in touch with the team during challenging times
   - Learning new skills: The whole team learned new ways of working, e.g. infection risk management, use of PPE, virtual and remote working, some of them likely to remain in place beyond the pandemic (e.g. virtual daily MDTs)

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