**Q&A - 17 September - Better Data, Better Care: what does data tell us about mental health services during COVID-19?**

**Question:** Will we be getting presentation slides e mailed?

**Answer(s):** Yes, you will receive the slides and a copy of the webinar recording after the event.

**Question:** What about LD unit beds?

**Answer(s):** Similar experience in LD care as in Adult acute - enhanced discharge levels in late March and April, beds now filling again. This is covered in the NHSBN reports sent to Trusts. Community based LD / ASD services doing well with digital, especially for children's services

**Question:** What about LD Team referrals?

**Answer(s):** Same story really as for Adult CMHT care - volumes reduced especially from primary care, referrals now picking up. Big issue in LD / ASD services is longer waiting times than in mental health services.

**Question:** Should covid lockdown period manner of care delivery with video links should become the new normal? To reduce risk of infection to doctors and nurses and for other reasons?

**Answer(s):** Trusts are working towards incorporating digital means of caring for patients allowing patient choice wherever possible.

**Question:** Are there higher detention rates in July due to large discharge of patients in late March and early April. I note crisis team referral rate dropped in late March and April so the discharges would not have necessarily gone to crises teams.

**Answer(s):** Good point - readmissions of patients discharged in late March may account for some of the increased use of MHA for patients admitted in June and July.

**Question:** Where figures are cited as 'adult', is this inclusive of older adults?

**Answer(s):** Yes, just adults. OA are separate and have separate benchmarking data.

**Question:** Could it be younger patients in CAMHS are more inclined/comfortable to use digital platforms. And the inverse for older/elderly patients?

**Answer(s):** Good point - age parental responsibility seems to be a big driver in embracing digital.

**Question:** Would be good to get accurate figures for older adults (65+) receiving 'digital care'.

**Answer(s):** Thanks - we'll look into this.

**Question:** You mentioned the variability in the use of digital methods (from ~20% to ~60%). If we break down the use of digital methods by region, does it provide any insight? Are there more affluent regions using more digital methods of engagement for example?

**Answer(s):** Wide variation in digital use which doesn't support any wider narrative, neighbouring Trusts can be at opposite end of the scale. England's use of digital is much wider than Wales. So, national differences are evident more than regional differences.

**Question:** Any evidence digital contacts better for people with ASD?

**Answer(s):** Research is this area is still poor.

**Question:** Why is Zoom not used as it is much more reliable than Microsoft Teams for example?

**Answer(s):** Zoom is used for CPD and training. It is not as used in clinical work. Other health providers use Zoom.

**Question:** Thanks - we'll look into this.

**Answer(s):** Yes - aggregated for this presentation. Detailed reports sent to each Trust do though segment. Other Adult data.

**Question:** NHS is worried about safety of Zoom and so use AA or Teams. Other health providers use Zoom.

**Answer(s):** Thanks - we'll look into this.

**Question:** They must at least to us! and the College!

**Answer(s):** Totally agree.

**Question:** Are we collecting patient experience data for this reason and find the feelings are about it are broad. We offer a blended approach depending on what is preferred by the patient.

**Answer(s):** Sounds amazing.

**Question:** Can anyone comment on several pertinent issues: need for physical examination (e.g. for EPSiA) performing a cognitive examination, developing a rapport, being able to see the whole patient (and vice versa) not just the face.

**Answer(s):** Good point - there are benefits of the digital platform. Perhaps the key point is optimising a mixed economy in future of face to face, digital and phone - as long as all options are available.

**Question:** Can someone comment on several pertinent issues: need for physical examination (e.g. for EPSiA), performing a cognitive examination, developing a rapport, being able to see the whole patient (and vice versa) not just the face.

**Answer(s):** This is certainly an advantage - I would ask patient their choice - ID, telephone or e-consultation.

**Question:** Do psychiatric patients matter as much as covid patients to the brave new NHS?

**Answer(s):** They must at least to us! and the College!

**Question:** Can anyone comment on several pertinent issues: need for physical examination (e.g. for EPSiA) performing a cognitive examination, developing a rapport, being able to see the whole patient (and vice versa) not just the face.

**Answer(s):** Yes, not everything can be done digitally. We do see people face to face when needed and have done so throughout the lockdown.

**Question:** On the situation and current climate and the pressures of the pandemic, maybe research in the quality of discharges is also something that needs to be research. MH is challenging in a normal period; in these unprecedented times, we need to ensure discharges are reaching the correct goals for the patients and their care and equally the standards set by regulators and governing bodies. Has there been any research into how effective or the quality of these increased discharges?

**Answer(s):** Agree - evaluation of discharges and availability of comprehensive data on outcomes would be helpful. Acute readmission rate is 9% but wide variation across the NHS.

**Question:** Thanks Stephen any data in relation to Personality Disorder type presentation in CAMHS?

**Answer(s):** Not a lot of detail. Nisha sorry. Unfortunately CAMHS ICD10 coding doesn't tend to be granular enough - and at the risk of annoying people who don't like clustering, we don't have an equivalent methodology for CAMHS so measurement of caseload and acuity becomes difficult.

**Question:** What about primary care and IAPT inputs for KO - triage / screening etc.

**Answer(s):** They have always used phone triage etc more than secondary care.

**Question:** I don't know if there have been studies comparing digital platform with face to face assessment for both diagnostic accuracy and efficacy of treatment plans and also for uptake rates. Surely, this is an area worth exploring. I know this approach has been used in other countries where either there is a shortage of psychiatrists or where large rural areas are covered.

**Answer(s):** Yes, seems a must.

**Question:** What about LD Team referrals?

**Answer(s):** Good point - readmissions of patients discharged in late March may account for some of the increased use of MHA for patients admitted in June and July.

**Question:** Are there any NHS studies/trials using VR goggles for mental health services?

**Answer(s):** Some info from Oxford.

**Question:** Are there any NHS studies/trials using VR goggles for mental health services?

**Answer(s):** CAMHS remains interested as the fastest growing specialty in healthcare. 15% background annual growth in referrals. This growth is also evident now under Covid with caseload volumes higher in July 2020 than July 2019.

**Question:** Find remote consultation using IT very useful. It saves time, see a patient in his home environment where he is most comfortable. Eliminates a lot of the anxiety coming into a psychiatric hospital to attend OPAs

**Answer(s):** This is certainly an advantage - I would ask patient their choice - ID, telephone or e-consultation.