**HTAS Webinar – Responding to COVID-19**

Tuesday 07 April 2020

16:00-17:00

**Q&A Session Summary**

Q What are peoples thresholds for initiating direct face-to-face contact rather than telephone or video call?

* *Triage and screen and see people face-to-face, only if it cannot be done on the phone/via video conference.*
* *Use PPE when conducting face-to-face visits.*
* *We are only seeing those face-to-face where the person cannot access virtual platforms either due to access, ability to engage or where the identified risk is of an immediate nature.*

Q Have people seen an increase or decrease in referrals

* *We’ve seen a decrease*

Q About phone/video support: has there been feedback from patients about their views on phone/video support? And are there opportunities to provide more contacts albeit on the phone/video, if teams aren’t driving around as much to do home visits + staff from other service who are isolating might be able to add capacity

* *New software also used by some GPs with good feedback from patients.*
* *May need to spend more time on video conference calls than face-to—face.*

**Supporting staff wellbeing**

* The team are conducting lots of home working.
* We have daily reviews and MDTs via Skype.
* Shift coordinator is office based and will contact relevant clinicians. Some visits will be remote, some face-to-face using PPE
* Rota for senior managers so someone is always available
* Staff are working longer shifts to reduce amount of time needed in the office.
* Weekly tele-conference across teams within the trust.
  + Care plans for someone with coid-19.
* Asking for feedback from patients and carers – meet with coproduction group who produced new surveys.