

GUIDANCE, RESOURCES AND TOOLS FOR IMPLEMENTING AND EVALUATING REMOTE SUPPORT OR VIRTUAL HEALTHCARE¹

Below is a selection of resources and templates to assist you when thinking about evaluating new remote or virtual ways of working in response to COVID-19 – and possibly beyond. This document is also available in the Evaluation section of the HIT Operational Guide.

As new COVID-19 evaluation resources are appearing daily I will attempt to update and add to this guidance over the coming weeks.

1. East London NHS Foundation Trust (ELFT) have developed useful resources including:
 - [Quality impact assessment for service change during COVID-19](#) form that can be used to describe the change that has taken place, and to identify likely impact, mitigations put in place, alternative service models developed and how this may impact the future shape of the service.
 - [Shaping our future](#) a framework for learning about changes that have taken place during Covid-19 (what has worked, and what has not) and to help describe what future services might look like. This takes a population health and equity lens from the outset. It builds on the initial Quality Impact Assessment.
 - The Quality Improvement webpages on [virtual working](#) offer a collection of stories, learning and recommendations from ELFT's experience of practising virtual working methods since the outbreak of the pandemic, along with further guidance from others working virtually.
2. South West Evaluation Community of Practice Evaluation Online Network recently offered a posting by Kathy Pollard, Evaluation Lead, Centre for Health and Clinical Research at UWE on 'Collecting data remotely'. This is reproduced in Appendix 1 below. It provides helpful guidance on:
 - Collecting qualitative data remotely through conducting and recording phone or online interviews
 - Collecting quantitative data remotely through using an online questionnaire or survey
3. [Evaluation Support Scotland](#) offers 'top tips' for evaluating at a distance and includes a range of useful downloadable resources for capturing evidence including:

¹ For example, online and video consultations/therapist sessions, telephone support, digital health apps, information and guidance sent by letter or email

- Ideas for evaluating support now being provided over the phone or by internet (eg developing a simple template to fill in online or on paper) [Contact forms](#) for gathering evidence during a call
- Ideas for evaluating the process of change and capturing key evidence, learning and actions [Taking stock in a time of change](#)

These tools and other resources on the COVID-19 webpage can be adapted for your own use. However, Evaluation Support Scotland ask that you reference them when doing so.

4. Evaluation Support Scotland also provide a useful case study about the steps taken by the organisation, Pain Concern, to capture the difference their telephone helpline makes for people living with chronic pain [Evaluating a helpline Case Study – Measuring the impact of a remote service \(Pain Concern\)](#)
5. Collaborate CIC have designed a free, open-access tool for capturing learning during the pandemic [Learning from Covid-19: A tool for capturing insights](#) It offers 8 questions which can help you identify how you, your organisation, and the system are thinking and working in new ways, and further questions to help reflect on the learning
6. This blog [Evaluation Implications of the Coronavirus Global Health Pandemic Emergency](#) by evaluation specialist, Michael Quinn Patton, examines the implications for evaluations under COVID-19 and offers 14 different points on how we can approach evaluation at this time
7. A recent Health Foundation Q Community virtual workshop also looked at approaches to capturing the learning and innovations that are taking place during the pandemic [Learning from rapid innovation and improvement](#)
8. You may find it helpful to look at these local NIHR studies on the use of digital health tools in primary care as the findings offer relevant learning for the current situation. The interview topic guides for the first two studies are available on request - please email Trish.Harding@bristol.ac.uk
 - [Evaluating an online consultation system in GP practices](#) Findings and recommendations from a study by researchers at CLAHRC West and the University of Bristol Centre for Academic Primary Care in collaboration with the One Care Consortium. The study evaluated the effectiveness, acceptability, and impact of implementing eConsult (a platform that patients access via their GP practice website) in local GP practices. Evaluation methods included use of website analytics, interviews with practice staff and a patient survey.
 - [DECODE: unexpected consequences of digital health](#) This ARC West study is ongoing. It aims to improve how digital health tools are used in primary care by investigating the unintended and unexpected consequences of these technologies for patients, GPs and practice staff for three popular applications in GP practices: smartphone apps that support

Bristol Health Partners

patients to monitor and self-manage long-term conditions with their GP; online GP consultations, online patient access to medical records.

- The [Rapid COVID-19 intelligence to improve primary care response \(RAPCI\)](#) is a new project looking at the demands on GP practices, the challenges, and the creative solutions practices have developed in response to COVID-19. A collaboration between the University of Bristol, NIHR ARC West, Bristol North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) and One Care, the research will include interviews with practices about how they are dealing with the demands and the information will then be used to support GP practices more effectively.
9. Trisha Greenhalgh's [NASSS Framework and NASSS-CAT tools](#) were developed to analyse complexity in the use of health and care technology and to provide a practical complexity assessment tool (CAT) to understand, reduce and manage this.
 10. The NHS England [Using online consultations in primary care implementation toolkit](#) (updated January 2020) is an interactive document that provides a comprehensive view of what to think about before, during and after implementation of online consultations. It includes a tools library and shares case studies and evidence. The toolkit was informed by a [NIHR ARC West/One Care Consortium project](#) (see further details in Item 8 above). Whilst the toolkit has been designed for use by GP practices*, it offers a useful [online consultations evaluation form](#) template for measuring the impact of online consultations from both a clinical and patient perspective, which can be adapted for other services.

Also see 'Top tips on online consulting' in Appendix 2 of a recently published NHS England and NHS Improvement [guide](#) to support GP practices with the rapid implementation of a remote 'total triage' model using telephone and online consultation tools in response to COVID-19.

*NHS England and NHS Improvement have recently published a [Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic, 27 March 2020 Version 1](#) as part of their specialty guides for patient management during the coronavirus pandemic. This offers guidance for clinicians and managers in secondary care. Although there is nothing specifically on evaluation.

When thinking about evaluation of remote support it is important to address the potential for widening health inequalities. As well as issues of access to technology, many people have social or cultural factors that affect their ability to benefit from remote support. If possible, evaluation should include an attempt to understand which groups may be struggling to engage (eg people with low health literacy, low socioeconomic status, people in marginalised groups). Similarly, it would be useful for evaluation to consider the impact of context (eg are the benefits and challenges specific to the COVID-19 pandemic or would these occur regardless of this?).

Trish Harding, Evaluation Officer (May 2020)

APPENDIX 1 – South West Evaluation Community of Practice EVALUATION ONLINE NETWORK- WEST POSTING ON 4 MAY 2020

Dear members,

Hope you are all keeping well. This week I am going to post some info about collecting data remotely. Firstly, let's think about qualitative data. Obviously, if the data you need don't involve talking to people directly (e.g. documentary data), then as long as the documents you want are accessible electronically, you shouldn't have any problems. However, what if you want to collect people's views about something? Firstly, I'd avoid trying to set up a focus group on-line, unless you absolutely need to do one. Once you are working with different people in different places, you are far more vulnerable to software/hardware/connectivity problems – difficulties with any one of these aspects can cause havoc with your data collection!

So, I think that the most practical way to collect data remotely is through phone or online interviews with one person (or one or two people using the same device). Remember that you do need to think about obtaining consent in this situation – I have found the easiest method to do so is to start recording as the call starts, and ask your interviewee to confirm consent for the interview; once they've done that, and you have a record of it, tell them that you are recording (they have usually been informed about this by the software) and ask them if they are happy for you to continue doing so. If they say 'yes', then you can start the interview; however, if they say 'no', you are going to have to stop recording and rely on your memory or try to take notes as you talk!

Here are a few options for conducting and recording interviews remotely:

1. You can use a smartphone to record: it looks pretty simple on an iPhone; on an Android, you apparently have to download an automatic call recorder from Playstore, as the existing option on the phone itself only records incoming calls; however, there seems to be some debate about the quality of the apps available.
2. Zoom is being widely used at the moment – there is no need for the other person to have Zoom installed, you can simply send them a link; but this does suppose that they're computer literate and have the hardware available (PC, laptop, tablet, newish smartphone); no need to enable video, you can restrict yourself to audio calls. Recording calls is very simple. Zoom offers free accounts, which carry some minor restrictions to use. <https://zoom.us/pricing>
3. Calling and recording through Skype is also an option but can only be used to connect to someone who is also using Skype; again, there is no need to enable video. Using a free Skype account also entails some minor restrictions to use. <https://support.skype.com/en/faq/FA12395/how-do-i-record-my-skype-calls>
4. If you have access to Skype for Business, this works really well for conducting and recording 1-1 phone interviews. The person you are phoning does not need to have SfB installed, and there is no need for them to have any computer equipment at their end, only an ordinary phone (mobile or landline). However, SfB seem to have been replaced by Microsoft Teams – I don't know if this is as easy to use as SfB for this purpose and couldn't find any useful information about this.

I must stress that I have only limited/no experience with some of these platforms, so any input from anyone who is really familiar with them would be more than welcome. It would also be good to hear about any other platforms out there, especially free ones, that members have found useful.

Secondly, quantitative data. The most common way of collecting quantitative data remotely is through using an online questionnaire or survey. The normal rules of questionnaire design apply:

1. Keep it short and simple – most people simply won't take the time to answer a long questionnaire!
2. Make sure that you are asking only one question at a time – it's impossible for someone to answer accurately if you don't do this.
3. Avoid leading and biased questions – if you lead your respondents, the answers you get won't tell you anything useful.
4. Speak your respondents' language – make sure that the questions make sense to members of your target group; involve someone from that group in the question design.
5. Pilot your questionnaire before releasing it widely – try the questionnaire out with a few people from your target group to ensure that the questionnaire is asking what you think it is asking!

The blog at the link below has some useful ideas in it – it's obviously designed for a business/corporate setting, but the suggestions in it can apply to any setting. <https://www.satrixsolutions.com/blog/top-ten-common-problems-designing-effective-survey-questions/>

Here are a few suggestions for online survey software; they all offer free versions, albeit with some restrictions:

Qualtrics[™] <https://www.qualtrics.com/uk/free-account/>
SurveyMonkey https://help.surveymonkey.com/articles/en_US/kb/SurveyMonkey-Plans
esurveycreator <https://www.esurveycreator.com/>

Again, I have only limited/no experience with some of these survey packages, so any input from anyone who is really familiar with them would be more than welcome. It would also be good to hear about any other software packages out there, especially free ones, that members have found useful.

Do be aware that there may be security issues with some of the above software options, whether for recording interviews or distributing an online questionnaire. Your organisation may have policies about which software they are happy for employees to use, so it is always worth checking this out with the appropriate parties.

Despite the restrictions with which we're currently working, it remains as important as ever to include service users, patients and/or carers appropriately in evaluation. Next week, Jo Bangoura will be posting about this issue.

I do hope life is not proving too difficult for you all, regards

Kathy

Katherine Pollard PhD
Senior Research Fellow
Evaluation Lead, Centre for Health and Clinical Research
Faculty of Health and Applied Sciences
Tel: 0117 328 1125
e-mail: Katherine.Pollard@uwe.ac.uk