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|  | Face to face is preferred when … | Either Face to Face or virtual may be appropriate when … | Virtual contact maybe preferable when…. |
| **Safety** | * Urgent and complex * Risk assessment is not possible or accurate by virtual assessment. * Safeguarding or child protection issues are present. * There is a risk of domestic violence or coercive control. * Where home visits are required. * Mental Health Act (MHA) work * People with a risk of self-neglect who have not been seen face to face recently * Family expressing concerns and have not been able to make contact * Risks escalating/ mental health deteriorating | * Urgent but less complex. * Review of patient where risk is understood * To facilitate closing of cases. * Where patient has difficulty travelling due to physical illness / disability; the most effective option should be agreed with the individual. * History of neglect and evidence this could be escalating | * Patient choice * Routine review * Patient known by clinician * Clinician feels risk assessment accurate by phone / digital. * Remote contact would facilitate more prompt assessment or intervention * For carrying out routine staff safety huddles. * For carrying out regular zoning meetings * The patient or a member of their household has symptoms or is having to self-isolate due to contact with someone with confirmed Covid-19 \* this decision will need to be made based on the presenting risks/needs . |
| **Clinical Need** | * when ~~evidence base~~ clinical presentation suggests remote / virtual working unlikely to be effective * Clinical need/ judgement outweighs patient preference * Level of distress or paranoia makes digital assessment less likely to be accurate * Medicines administration needed e.g. depot given * Substance use may affect efficacy of digital assessment * Presentation likely to have significant physical component that cannot be undertaken digitally * Presentation means face to face is likely needed due to social communication issues e.g. some people with Autistic Spectrum condition (ASC) | * Clinical need/ judgement and patient preference are aligned * Professional preference * Monitoring medication adherence * Innovation & thinking required e.g. team formulation | * When evidence base suggests remote working can be effective * Patient choice outweighs clinical need/ judgement * Community Team Staff attending Ward reviews * Routine Team meetings * Staff have the skills/ confidence to use digital platforms |
| **Assessment/**  **Interventions** | * 1st appointment unless patient preference to be digital * Contact involves assessment of functioning or self-care that cannot be done remotely * Physical health observations may be needed as part of assessment e.g. bloods or ECG prior to initiating anti-psychotic medication * Significant family / carer input is required and not possible digitally * For people who have been stable with a low level of community input but have recently gone into a significant crisis that will need more intensive ATS support to avoid further deterioration or acute care * Crisis such that CRHTT or admission is the likely outcome of the assessment. This includes all priority appointments - such as those requiring a 4 hr or 5 day priority assessment. * Remote contact is likely to lead to requirement for face to face contact afterwards * MHA assessment | * Group work * Medication review may require physical assessment / observations. * Prescribing controlled drugs dependent on risk assessment * Significant family / carer input is required and may be possible digitally | * In preparation for intervention or allocation (psychoeducation) * To enable timely access to relevant clinician e.g. specialist assessment or staff not available locally * Online peer support drop-ins * Virtual / telephone to support triage screening (to filter referrals) |
| **Individual Factors** | * Patient's functional ability or disability makes phone or digital difficult to use. * Specific face to face assessment required e.g. identification of facial tics, need to be weighed etc. * Face to face needed as part of staff induction or teaching and patient has been informed and supports this approach. | * Staff member is completing induction, patient should be informed * Patient is recovering however face to face required for effective discharge or handover. | * Patient choice * Where engagement or attendance may be increased digitally or by phone * Where intervention may be effective delivered remotely * Patient finds staff use of PPE significantly distressing |
| **Environment/Technology** | * Digital platform is known to be unstable from work base * Patient does not have access to suitable technology. |  | * Where there is confidence system-wide that the technology works * Email communications with GP is effective * Docman is in use to enhance communication |

* ***Note*** 'virtual' means any contact other than F2F; this may be telephone or a range of video based systems.
* Clinical records including decision-making must be completed in a timely fashion in CareNotes whichever type of contact is used.
* All activity must be coded using the most relevant of the below codes:

TBA Event codes