|  |  |  |  |
| --- | --- | --- | --- |
|  | 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)
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| **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
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* ***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