

Written evidence submitted by Nuance (WBR0087)

Nuance survey report: The impact of Covid-19 on clinical administration and clinician burnout

Assessing results of the Nuance UK online survey conducted in September 2020 with over 900 NHS healthcare professionals from primary and secondary care.

Topline Results:

October 6th, 2020.

Total survey responses: 936

- **Primary Care:** 793 (survey emailed to UK GPs and Practice Managers)
- **Secondary care:** 143 (survey emailed to UK NHS c-suite and management level)

Our survey indicates....

1. Working patterns are still disrupted by the pandemic in primary and secondary care and the pandemic is adding to the feelings associated with clinician burnout

- Only ¼ of primary care and 1/3 of secondary care respondents said their working pattern has returned to be what is was before the pandemic
- Just over half of all respondents have increased home working because of the pandemic
- The majority of respondents said the pandemic has made their work/life balance worse (69% of primary care and 61% of secondary care)
- 75% of primary care and 60% of secondary care respondents have felt more anxious/stressed at work during the pandemic

2. Remote consultations are the 'new normal', but this is increasing workload

- Nearly all survey respondents said their hospital/practice is providing remote consultations (only 1% of primary care and 1% of secondary care said that they were not)
- The majority of remote consultations are conducted from work, not at home (87% of primary care and 78% of secondary care said they conduct 75-100% of remote consultations from their place of work)
- In primary care 78% think remote consultations have increased the general workload at their practice and over half of these respondents (58%) said this increase is significantly more

3. There is a backlog of work in secondary care and it is going to take a long time to catch-up

- Almost half (49%) of secondary care respondents said that some services at their hospital were still on-hold due to the pandemic
- 71% of secondary care respondents said they have a backlog of work and it will take a long time to catch up

4. The COVID-19 pandemic has increased the amount of clinical administration and this significantly contributes to clinician burnout

- Most primary care respondents (67%) think COVID-19 has increased the amount of clinical administration at their practice and half of secondary care (49%) respondents think it has increased at their hospital (45% were not sure)
- 87% of primary care and 70% of secondary care respondents think the administrative burden of clinical documentation significantly contributes to clinician burnout

Sample of free text answers

Q. Has the COVID-19 pandemic increased the amount of clinical ADMINISTRATION at your GP practice?

Yes because...

- **Approx. 1/3 mentioned secondary care/hospitals**

A few quotes from survey:

- Increased transfer of work from secondary care
- More requests from secondary care to action investigations etc. that they would normally carry out
- Vast amount of Inappropriate work being sent to primary care from secondary care clinics
- Increased workload from patients experiencing delays in secondary care
- secondary care not acting on their responsibilities, so leaving GP to follow up blood results, action referrals, prescriptions etc despite changes to their contract
- OFF LOADING FROM SECONDARY CARE

- **Approx. 1/3 mentioned remote/e-consults and phone/video appointments e.g.**

A few quotes from survey:

- Processing of online consultations has increased admin burden
- Contact with patients has increased from phone only to phone, online emails and e consults which need to be dealt with on the day.
- bombardment of econsults, queries etc documentations , reports.
- Far more letters / admin / econsults
- massive explosion in e-consults. Increase in email correspondence in general

- consulting remotely is higher risk, more time consuming, complex and so requires more careful "safety netting" and documentation
- Double the paperwork as calls to triage patients and set them up for the remote consultation is required prior to consultation
- it's just added a whole new layer of bureaucracy, the admin staff have to man the phones and also struggle with econsults. Just more, double the morning work for them. For clinicians everything takes twice as long on the phone/by video, if video works.
- we are now doing almost 300+ telephone consultations a day compared to 100-150 pre-covid and many need to be seen or further investigation. Options of what we can offer are limited, pain clinics cancelled and still not restarted, prolonged MSK and mental health waiting times. Massive shift in how people are accessing us.
- The practice has turned into a call centre. The phones do not stop ringing which is preventing the admin team do their normal jobs.

Many respondents also mentioned Covid specific information and procedures e.g.

A few quotes from survey:

- The amount of COVID related information received daily is overwhelming. Most emails have large attachments with often complex information contained. This has to be read/actioned and shared with colleagues who are already working flat out. Unsustainable!
- The volume of information and e mails received and having to be assessed/implemented relating to all matters Covid has been huge
- lots and lots of emails re covid, constant changes in services,
- Just general covid rules and regs and information that needs to get to patient and the amount of calls we get regarding the rules and regs.
- So much stuff to read, guidelines emailed from different sources, repetition, duplication. I generally just ignore most of it, especially if there is an attachment that needs to be opened.
- People seem to either ignore everything and then don't know what's going on, or read everything and get bogged down. Its stressful either way, and not really sustainable. It was like this before covid but way worse since the covid shenanigans all started.
- As a Practice Manager I have dealt with an abundance of COVID related emails and changes. I receive approx. 150 emails per week with approx. 40% being COVID related additional workload.
- Extreme amount of emails and instructions to read every day

Q. Has the COVID-19 pandemic increased the amount of clinical ADMINISTRATION at your Hospital?

Yes because...

- **As with primary care, secondary care is experiencing more admin due to remote consultations e.g.**

A few quotes from survey:

- Many more virtual meetings for which no time has been given.
- virtual consultations take more clinical time to sort
- "Work moving patients to telemed and virtual appointments. Setting up video consultations. Re-booking cancelled appointments. Inevitably some patient confusion over whether face to face or Telemed appointment"
- Preparing reports Initial phone consultations and then face to face if required has increased documentation
- Video and remote appointments markedly increase administration
- More time to do telephone clinics as have to review alot of electronic systems before speaking to each patient in telephone consultations.

- **There have been changes in procedures and processes due to Covid-19 that increase admin e.g.**

A few quotes from survey:

- Every patient attending ED needs verbal screening for Covid and documenting whether they are red or amber on a covid admission document. Every inpatient needs swabbed and every discharge to a care facility needs swabbed within 72 hours of discharge.
- reclassification of waiting lists , more admin re Covid
- Endless stratifying risk of waiting lists and additional contacts with distressed and delayed patients.
- Re-triaging all clinic referrals. Assessing harm of any delayed tests. Reprioritising follow-ups in order to try and see in terms of need rather than time only.
- Significant amount of changes to procedures and paperwork needed. Also decrease in office staff has led to a significant increase on the workload for those still in office as hospital has not stopped at all during lockdown
- Everything takes longer due to non-availability of other resources or related staff to take it to the next step.
- as a manager my admin work load appears to have massively increased especially in relation to emails begin sent and requiring responses

- A few respondents also mentioned workflow issues with primary care e.g.

A few quotes from survey:

- I am working in emergency department; more and more patients are finding difficult to access the GP services
- increased referrals with limited information as patients not seen in the community FTF
- More time needed to respond to GP letters asking for advice instead of being referred. More patients & GPs phoning and asking to be seen earlier as long waiting times.

General comment on admin burden:

- The administrative burden has always been too high in my view. it's all about counting beans and we spend more time recording what we are doing than actually doing it.

Note: The full report and survey results will be published on the nuance.co.uk/healthcare website in December 2020.