Introduction

A poll conducted in the phase of the pandemic, with responses from members collected between the dates of April 24th to May 6th 2020, following the lockdown that began in March of that year. Members were emailed and the survey was published using the associations website and social media platforms. At the time the Association had 411 full members and 238 responses were received.

The objectives were stated.

"BAPO would like to understand the services our members are currently running during the COVID-19 crisis. There is variation across the country and clarity is needed for our service users and profession. We would appreciate 5 minutes of your time to complete the below survey".

It was designed to get a perspective on members' experiences and, through comments, their views on the current Covid-19 crisis; providing the opportunity to explain how this has affected them, the services where they work and patients they treat. We envisage lessons learnt will be a useful point of reference for clinicians and managers, as services begin to restart their outpatient activity. We also hope this information will be of use to patients and the organisations which represent them.

BAPO sought to collate concerns raised by their members during the early stages of the pandemic, including: -

- How urgent care was being prioritised
- How services adapted to the needs of children as they grow
- What choices were available to patients not able to obtain a prosthesis or orthosis
- How can parents/users access advice (including access to remote advice and information)

The survey also asked about plans to manage access once services resume.

Approach

Questions and corresponding responses from the survey (Appendix 1) have been coded into 5 core themes and broken down into further sub-themes to group and explore more commonly presenting experiences.

Theme 1: Work Status

There has been a real mix of experiences regarding respondents' working situations in response to Covid-19. This ranges from no change at all, to partial redeployment, urgent/in-patient only service provision to no work at all (due to shielding, or lack of locum work for example). Whilst varied, responses largely fell into two 'sub-themes', as demonstrated below.

Urgent/in-patient care model

Of those still delivering face-to-face care, service provision seems to have been largely stripped back to an urgent/emergency and in-patient only model, with respondents working

split shifts or in skeleton crews on wards or in emergency/high-risk clinics ("skeleton staff, operating orthotic duties only on hospital wards"; "split shifts repair/urgent only clinics for prosthetics with Orthotics being more inpatient discharge priority service…"; "Working in current role as orthotist, but with all outpatient clinics cancelled, attending only to in-patients").

This has also meant a significant number of respondents reported working from home, both in addition to their limited on-call/urgent/in-patient clinic work, or instead of clinic work completely. This at-home work has included remote patient contact ("Working from home, completing patient apts (sic) remotely") and completion of administrative/CPD tasks (" Non clinic facing working on orthotic protocols etc"; "Operating as Emergency Orthotist and completing project work at home"; Prosthetist/Orthotist and admin/stock control/patient management duties").

Not working at all

A significant number of respondents reported they were "not working at all". Of those that gave context, this was due to a range of reasons including shielding, childcare responsibilities and lack of locum work. On locums specifically, respondents overwhelmingly reported there has been no work available ("Lost employment position as locum orthotist"; "No work available as locum"; "Locum – all days cancelled and closed my private practice").

Theme 2: Patient Experience

Face-to-face contact has been limited and restricted to urgent/emergency cases only, with care delivered by skeleton crews using appropriate Personal Protective Equipment measures. However, patients have been able to access information and advice via remote options. Rather than proactive communication outwards, patients have largely been expected to ring into services themselves for updates, advice and information.

Limiting face-to-face

Face to face contact has reduced significantly in line with a shift towards an urgent/in-patient only model of care and is being delivered by skeleton crews with appropriate precautions (PPE) in place. Most respondents reported that patients could only access face-to-face care if their case was deemed urgent at triage ("Face to face when absolutely essential using our department pathway for COVID"; "Only seeing urgent patients face to face, more phone advice given"; "Only face to face activity are urgent patients at risk of deterioration"; "Only face to face if emergency, for example bad wound, something broken. Prosthetist will wear PPE." This meant many respondents reported use of remote tools to support continuity of care and enable patient self-management, including telephone and video consultation (telephone reviews, advice and assessment).

Limited outbound communications

In terms of patients accessing advice on how services were responding to Covid-19, a number of respondents noted letters had been sent to those whose appointments had been cancelled/impacted ("letters to all cancelled patients"). With the exception of one ("we have contacted all service users by telephone"), it was largely suggested that no general outbound communications had been sent to advise on changes to the service. Patients could still ring

themselves however ("Normal phone line is operational, nothing changed regarding advice given"; "Phones manned as always nothing specific put in place"; "telephone contacts only no contact across all patients").

Theme 3: Personal Protective Equipment (PPE)

Unsurprisingly PPE has been a challenge for participants in their response to Covid-19. Respondents frequently noted frustrations around the ongoing and often daily changes to PPE guidance by advisory bodies, or a lack of guidance altogether. Furthermore, significant delays on orders of PPE and challenges around stock levels were also commonly reported. This highlighted two clear sub-themes to be considered within PPE more broadly.

Ongoing changes

A commonly identified issue was the constant and notably daily changes to PPE guidance. This caused confusion within and between trusts, with ward staff unable to provide consistent advice ("too many changes"; "changes daily"; "changes daily and between Trusts. Ward staff confused"). One respondent pointed out BAPO guidelines were not clear. A small number of respondents also noted there was "no guidance" ("no contact"; "I had to push really hard to receive appropriate training"), suggesting access to information or proactive communication from guidance bodies was lacking.

Delayed/limited supply

A large proportion of respondents' patient facing duties had been suspended, so were unable to comment on access to/supply of PPE ("not in clinic to know"; "not working"; "N/A working from home"; "have not been to clinic, assume it will be available if required"). In terms of those still delivering direct care, PPE access has been challenging due to delays ("From this week yes. Prior to that no"; "It took a while to be delivered by NHS supply chain". This was also compounded by ongoing changes to guidance ("There was sometimes a delay in procuring PPE, following changes in PPE advice which led to us needing different levels of PPE"). Stock level issues were also noted ("At present, working on achieving more. Very challenged"; "Gloves ok, Facemasks low as well as gowns"), which almost impacted clinic scheduling ("we are scheduling clinics based on the availability of PPE"). Generally speaking, those still delivering clinics (urgent/emergency care) seem to have faced similar challenges to those reported more widely.

Theme 4: Growing Children

There appeared to be a range of approaches to accommodating the needs of growing children, ranging from no/minimal contact to partial measures and case-by-case assessment. The mix of responses suggested some consistency in approach could be beneficial. The more common responses were that children were either judged on a case by case basis or were automatically treated as an urgent/priority case ("Child patients are classed as urgent (within reason))".

Supporting parents

Some respondents reported measures had been put in place to support parents/carers to monitor children's needs ("But only if absolutely necessary. Parents can be instructed via

video link on how to measure any length discrepancy then the item can be adjusted without the face to face contact as previously described").

Theme 5: Repair and Maintenance

Like patient access to services more generally, repair and maintenance activity has widely been limited to emergency/urgent activity only, as respondents have been limited by service capacity, supplier dependency and the need to minimise patient contact wherever possible. As such, repair needs have been assessed by a telephone consultation with the patient to determine risk, access to spares etc, and a time is arranged for a remote drop-off of the device should need dictate.

Emergency only

Repair and maintenance activity, like the provision of care more generally, has been determined based on the urgency of the case, assessed by telephone consultation. Most respondents were therefore only carrying out emergency repairs (" Emergency repairs only"; "Case by case basis to determine risk and need") within skeleton crews or reduced capacity services. A notable number were not carrying out any repairs at all to minimise exposure ("no items being accepted"; "We are trying not to accept devices in, as we can't regulate what they have been exposed too"; "If no spare exists & following risk ax (sic)").

Drop-off procedures

Where repairs were deemed necessary, drop-off/collection point measures have been implemented to support distancing by a number or respondents ("Phone consultation and time arranged. Collection from carpark to minimise people coming into the building"; "Post goods in or handover at front door"; "Drop and collect for repairs"; "If no face to face contact is essential, then patients will wait in their cars and items left outside at a collection point".

Discussion

Generally speaking, respondents' experiences fall into either those delivering urgent and in-patient care (and working from home on non-ward days on patient management, remote consultation and service administration) and those who were not working at all (locum, shielding etc.).

For those still delivering face-to-face care on an urgent and in-patient basis, the experiences reported were largely unsurprising given the general narrative around Covid-19 and its impact on capacity and access in the wider system. The sole focus on high-risk patients leads to key considerations looking forward:

- How is the backlog managed given the number of cancelled appointments, including supply issues given increased demand?
- How can advisory bodies better communicate with clinicians (with greater consistency and clarity) under these circumstances (e.g. around PPE guidance, or eligibility for repair/maintenance)?
- How do patients want to be communicated with/how do they want to receive advice where face to face is not an option?

- Should proactive communications be sent to all patients on how they should expect their services to change e.g. how can they access ongoing advice?
- Can more be done to support patient self-management at home, where they cannot access services face to face?
- How well did patients respond to remote consultation/how can this feed into post-Covid-19 service models?

It's important to note the frequency with which respondents commented 'not known' or 'unsure as furloughed' across questions. The not working/locum/furlough group presented as largely 'in the dark' about how services were responding. It could be worth considering potential learnings from this in terms of improved communications by BAPO and other agencies, to support clinicians' future preparedness and improve business continuity planning across the service landscape.

Responses across the sample were descriptive of situation rather than providing insight into opinion and personal experience. A follow-up survey could be used to invite more detailed commentary by framing questioning to elicit the experiences of surveyed Prosthetist Orthotists. This could be achieved with questions which probed "how did you feel about…", "what is your opinion on", "what were the challenges for you", "what worked well for you", "what would have changed/done differently" etc.

APPENDIX 1

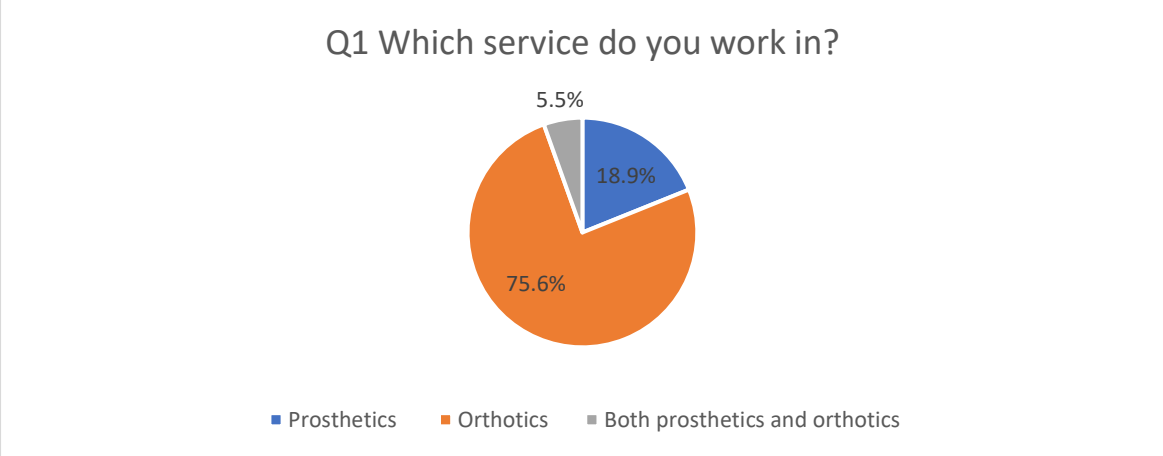
BAPO Workforce Survey

Survey Responses
238 responses were received. The results of the responses were collated and are presented, based on the percentage of response to each question.

Where questions requested comments, these were reviewed and responses which added further information are presented.

Results of the information received from respondents

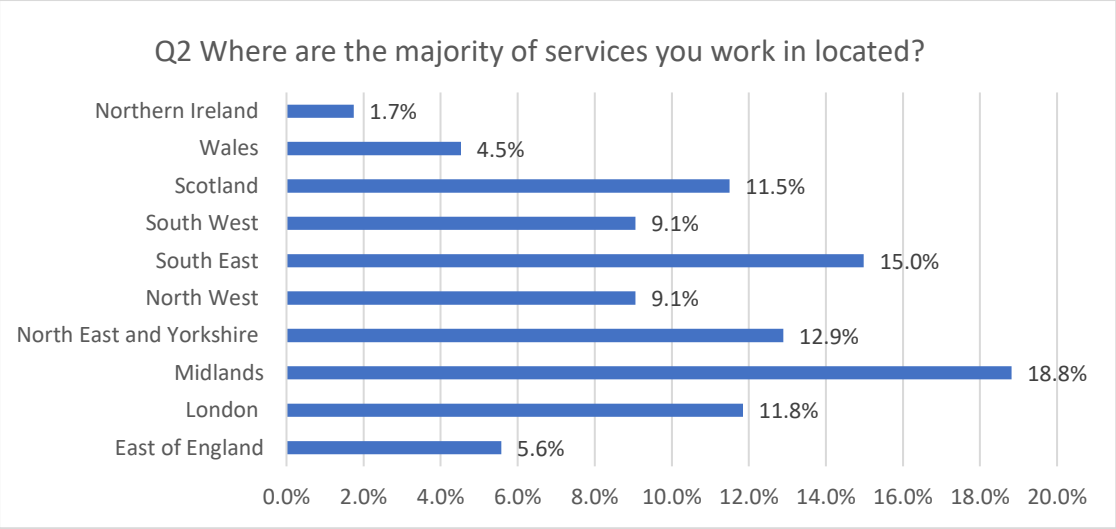
Responses



The distribution by area of practice was addressed in Question 1 and this showed that 81% were from Orthotists or working in both prosthetics and orthotics.

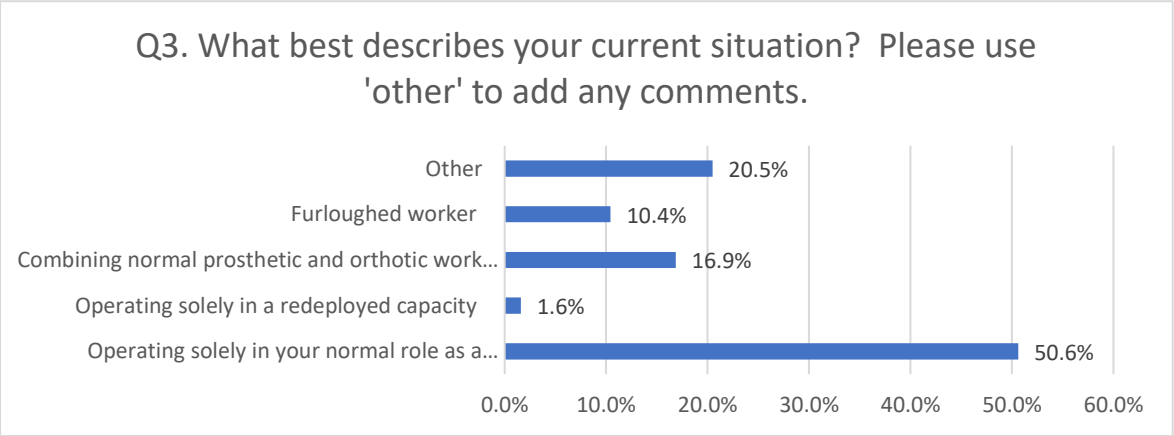
The response rates were closely reflective to the split of BAPO's membership.

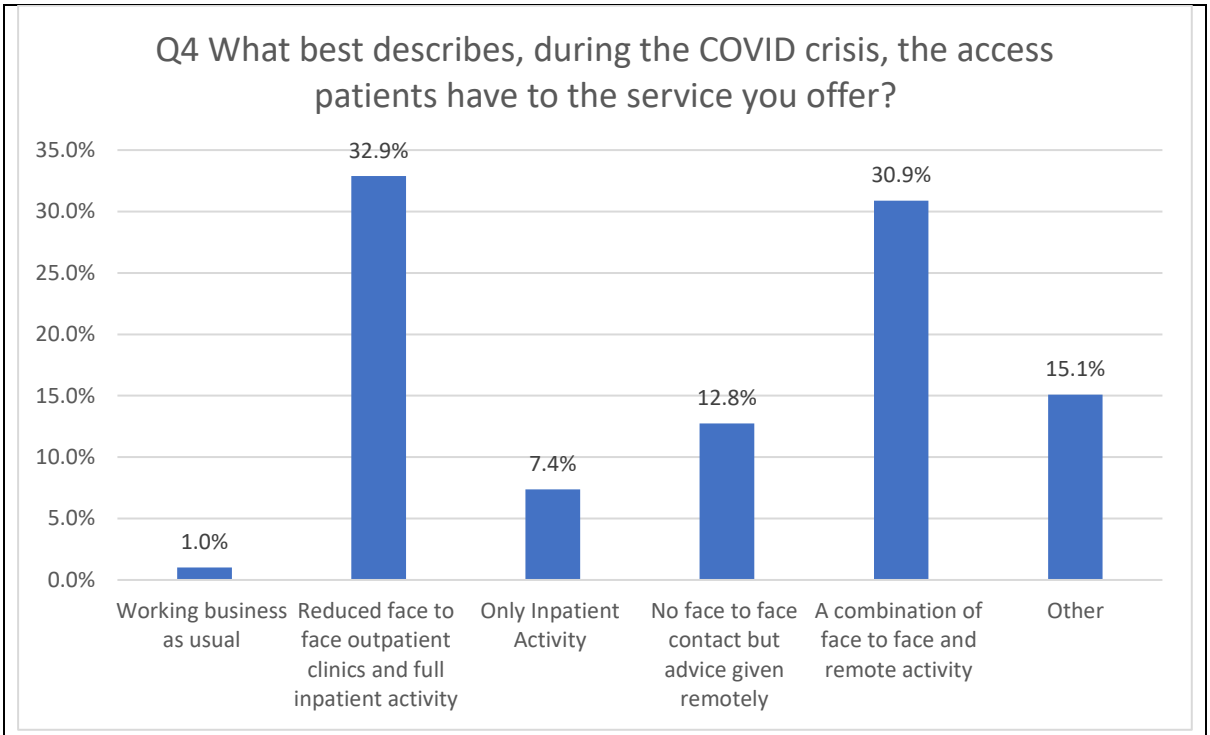
Membership split	Total	Percentage
Prosthetics	89	22%
Orthotics	298	73%
Both	24	6%

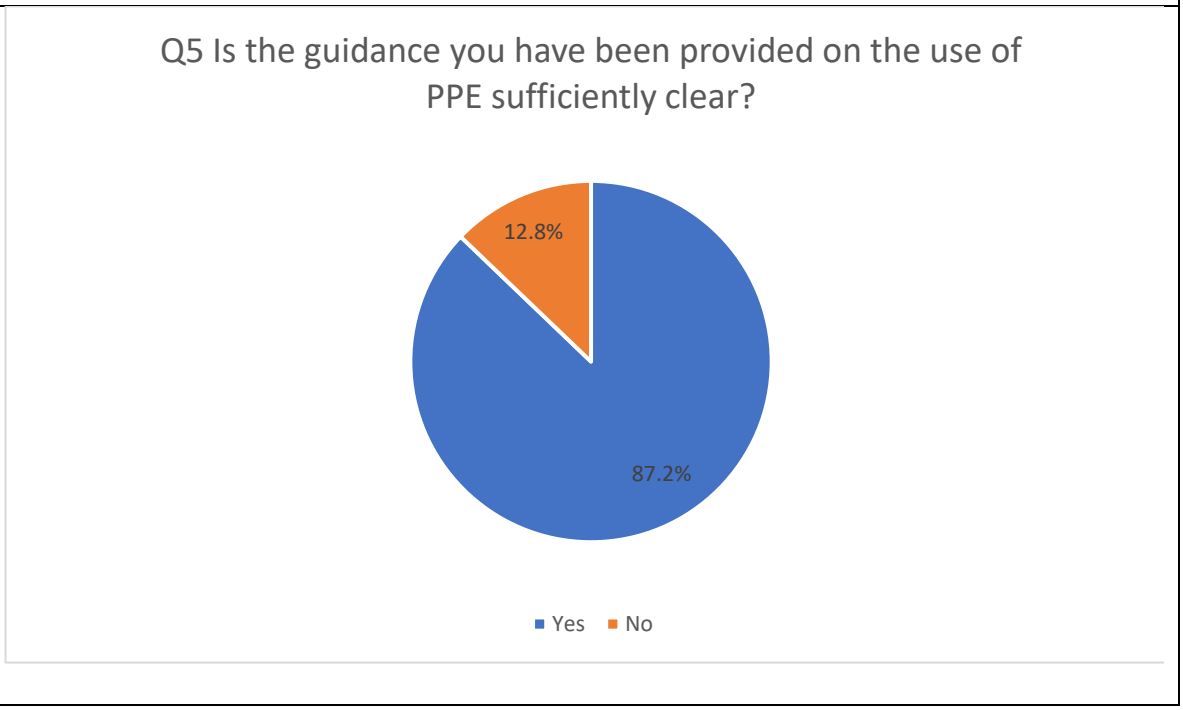


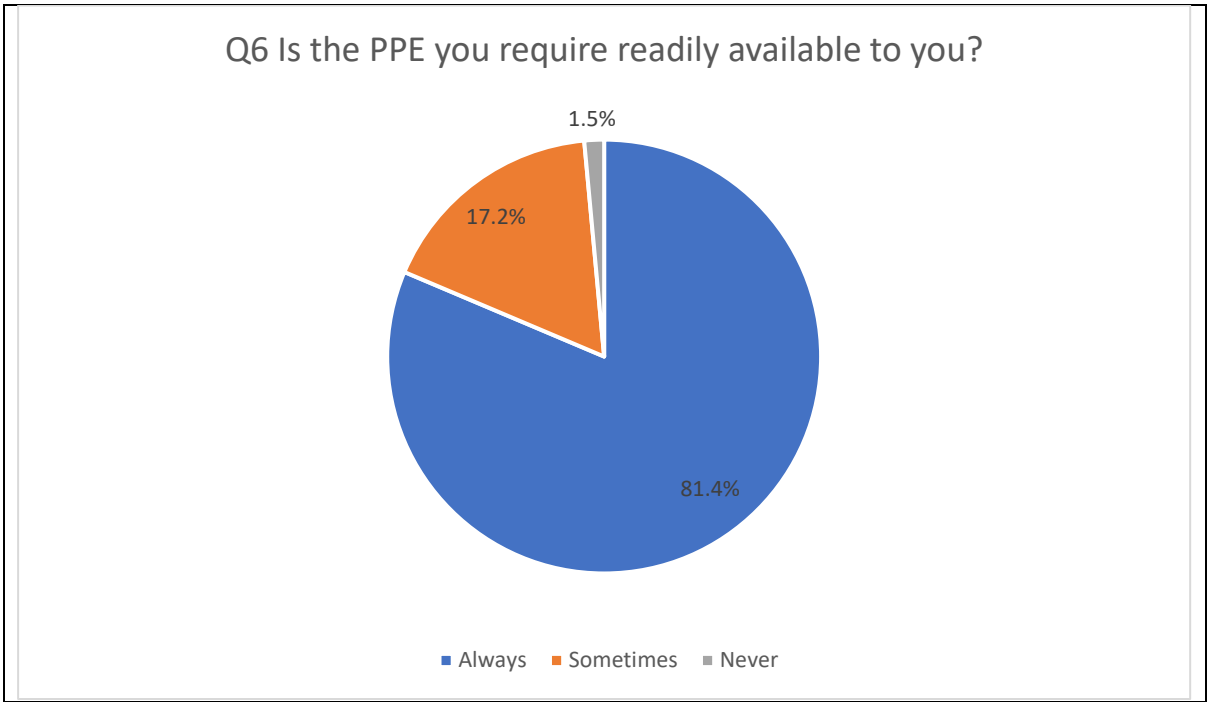
The distribution by nations/devolved administrations showed that the split of respondents was broadly in line with our membership, the exception being a higher level of response from England, and slightly lower from Scotland.

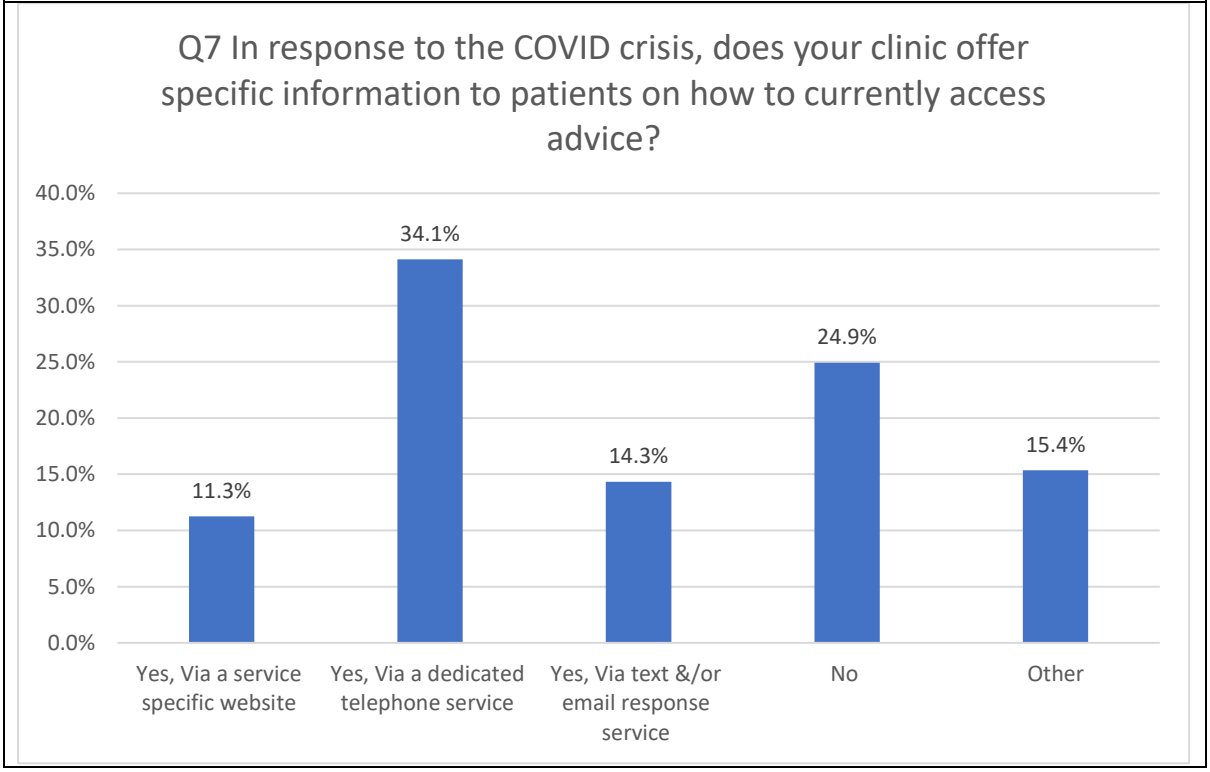
Location	Survey response	Membership split
England	82%	76%
Scotland	11%	17%
Wales	5%	6%
Northern Ireland	2%	2%



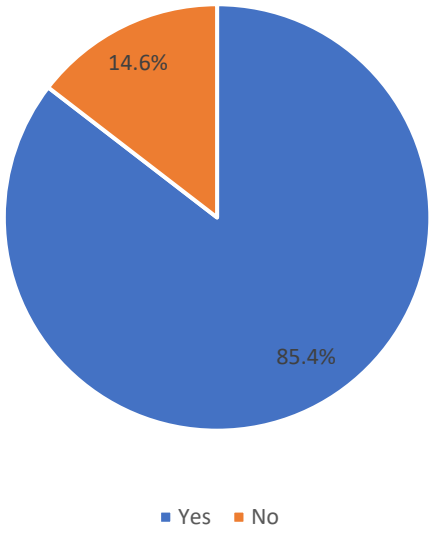

Q4 What best describes, during the COVID crisis, the access patients have to the service you offer?
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
1.0%
32.9%
7.4%
12.8%
30.9%
15.1%
Working business as usual
Reduced face to face outpatient clinics and full inpatient activity
Only Inpatient Activity
No face to face contact but advice given remotely
A combination of face to face and remote activity
Other


Q5 Is the guidance you have been provided on the use of PPE sufficiently clear?
12.8%
87.2%
Yes
No

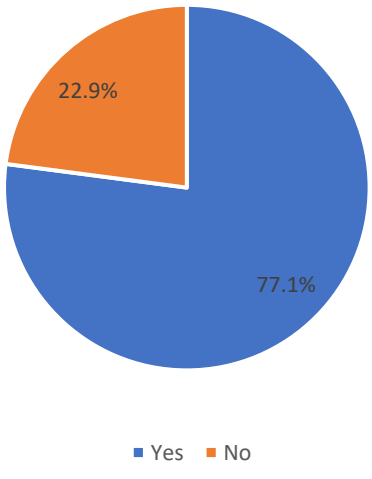

Q6 Is the PPE you require readily available to you?
1.5%
17.2%
81.4%
Always
Sometimes
Never

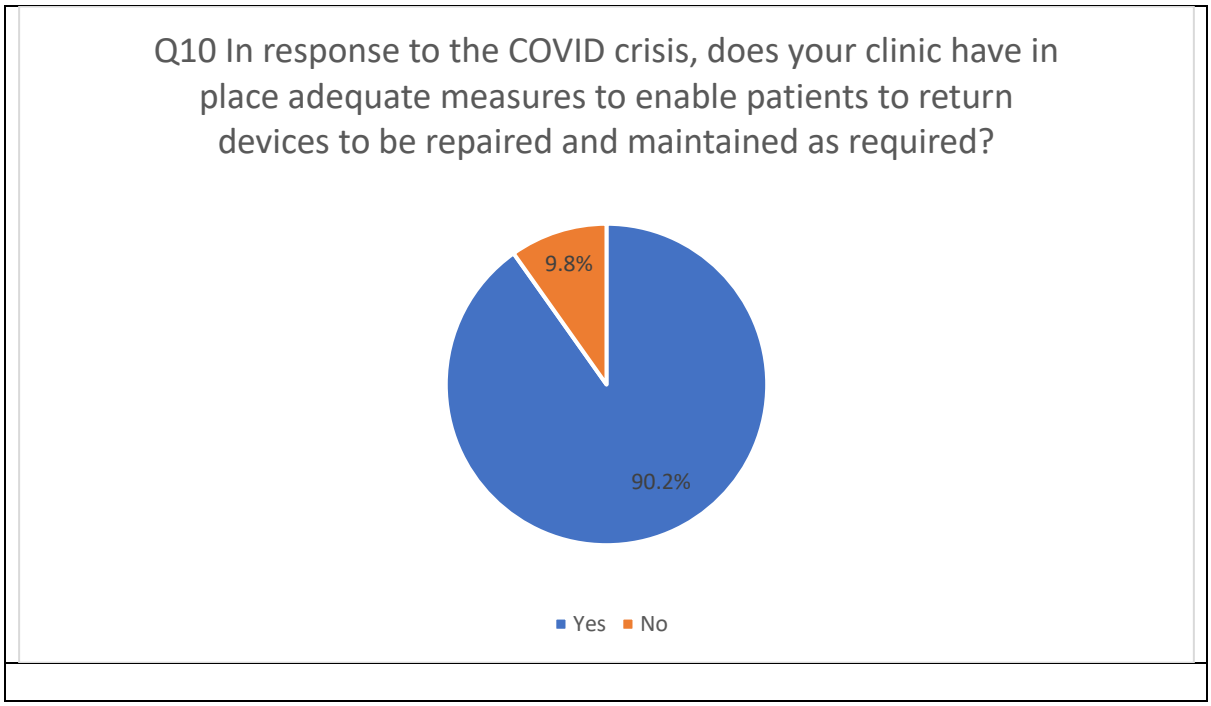

Q7 In response to the COVID crisis, does your clinic offer specific information to patients on how to currently access advice?
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
11.3%
34.1%
14.3%
24.9%
15.4%
Yes, Via a service specific website
Yes, Via a dedicated telephone service
Yes, Via text &/or email response service
No
Other

Q8 In response to the COVID crisis, does your clinic enable patient access to equipment via remote consultation with a prosthetist or orthotist (e.g. liners or stock orthoses)?



Q9 In response to the COVID crisis, does your clinic have in place specific measures to accommodate the needs of growing children, dependant on their orthosis/prothesis, by replacing or adjusting those devices?




Q10 In response to the COVID crisis, does your clinic have in place adequate measures to enable patients to return devices to be repaired and maintained as required?
9.8%
90.2%
Yes
No