**Employee Voices**

**Single Point of Request (SPR)-Emma Cavanagh, AHP Team Lead/Physiotherapist**

Single Point of Request (SPR) receives referrals for the community AHP Rehab teams. We telephone triage our referrals as close to point of referral as possible, to identify the wishes and needs of our patient population. After this, we offer support and advice, signposting to appropriate services or to intervention at the community rehab team.

We were a largely paper based system, with referrals and paperwork completed for each patient. When Covid became more prevalent, we changed our systems to be fully electronic, with e-triage forms and the use of Morse/email to electronically save our referrals. This streamlined our processes and dispensed with the need for paper, printing and scanning therefore reducing the risk of cross contamination.

We switched from a traditional Monday-Friday model to a 5/7 model for a short period, staffing SPR over the weekend to spread the workload and ensure adequate social distancing in the office. This meant that urgent referrals sent in at the weekend were dealt with efficiently and passed through to our community teams in a timely manner.

The biggest change came from staff working from home. SPR has been an office-based team with staff shared between SPR and the community teams for the most part. This had to be adapted quickly when staff who were unable to be patient facing or shielding had to change their roles. It allowed SPR to have an increase in consistent staffing levels although the challenges that came with managing staff working from home were difficult at times.

There was a rapid learning curve for both the team and the new staff at home who had not been permanently based in SPR before. We had regular communication via Teams, set up a WhatsApp group to keep in contact with each other and the staff working from home liaised with each other for support. There were regular contacts via phone and email to check in on how people were managing, personally and professionally, to ensure as far as possible everyone was coping with the changes. We all pulled together as a team to support each other, making time to chat and have some fun in our day in between our work.

*“There have been a lot of changes in my Rotation due to the Coronavirus epidemic and finding out I was pregnant during this time. I was quickly moved to SPR full time as I was classed as higher risk for Covid 19. As a bonus, I was able to work from home for a short time. This really developed my organisational skills, self discipline and independent thinking. It was still nice to be able to speak to colleagues in the office to do some ad hoc clinical reasoning with more complex patients or with situations that has not arisen whilst I was working in the office.*

*I have really enjoyed my time in SPR and am grateful to have been able to work in a safe and supportive department at a difficult time”*

Given that I normally work as part of a large team, my new work environment was hugely different. Overall the emotional challenges were greater than the professional challenges. After MS team meetings there was no alternative but to return to my home office with no opportunity for informal conversations, reflections or to share thoughts on decisions made. WFH during a period of immense change in which there are regular discussions and decisions to be made, highlights the key importance of this style of communication. I think it is invaluable in helping to consolidate new learning”.

I was reassured by initial conversations from Emma (Team lead SPR) that the SPR Morse process was digitally documented and accessible on the shared drives. The whole process from receipt of referral through to intervention/signposting to teams was now paperless. This was new for all SPR staff. It was good to know that this was not any different for WFH staff and that these SPR skills would then be transferrable when returning to the office. There were no expectations that I should be performing at the same speed as other experienced SPR staff and that I would be given time to learn the processes with a team of experienced staff to assist with any questions I had. There was recognition given to my skills as an experienced band 7 OT and this how this could be utilised within SPR which I appreciated.

SPR team communications were welcomed and different streams of communications were set up for all SPR staff (Whats app group chat, regular SPR team meetings, shared telephone numbers). Staff were encouraged to contact SPR or each other to ask questions.

Negotiations were held with regards to the number of referrals WFH staff may be able to process in a day. There were no preconceived expectations that WFH staff should be as quick to process referrals as work based SPR staff and there was appreciation for the IT challenges that can occur. Admin staff forwarded a set number of referrals daily so not to feel overwhelmed with the number required to work through on a weekly basis.

Part of the triage process is to investigate previous interventions and clinical investigations. I felt this was a useful opportunity to investigate more fully specific physical conditions that patients reported with. I found a large majority of referrals required Domi Physio input. Given that I had no Physio to consult during the triage process; this helped me prepare for what I might be presented with during good conversations with the patient or NOK and to be able to offer some therapy solutions. Within ReACH Falkirk there is not always the opportunity to do this due to the high turnover of referrals and face past of work. I think this also highlights the importance of having a clinical skill mix in SPR.

SPR were also aware of my continuing ReACH Falkirk team commitments and the need to stay in touch with staff for when I was due to return to my team. Time was given from SPR to allow these communications/meetings.

I was aware of the staff that were working from home which reassured me that I could contact them to share experiences and I did use this opportunity on a few occasions. It was reassuring to know that other staff WFH could relate to my work experiences.

I am pleased to have had the opportunity to have worked within SPR when working from home. Regardless of what role I could have had while working from home, I appreciate that there would be challenges. There are massive challenges for staff in the NHS as a result of this global pandemic regardless of working environment. I can take forward the learning I have gained within SPR and use this in my role as REACH Falkirk band 7 OT. I am also reassured that should I have to WFH again I can be part of the SPR team with good insight into what my role would entail. I have both the challenges and the opportunities to reflect upon, learn from and share with colleagues.”

*“A positive part was it is more productive being at home which I feel I have brought to my new normal now at work. I’m still in isolation, working in the room and have social distancing and protection measures in place as my risk has now increased to the highest risk unfortunately. If I were to return to working at home I could hit the ground running, providing the IT systems were in place and resume the service I provided as before. I would be working at the same level and that is thanks to the support of my Team Lead”.*

