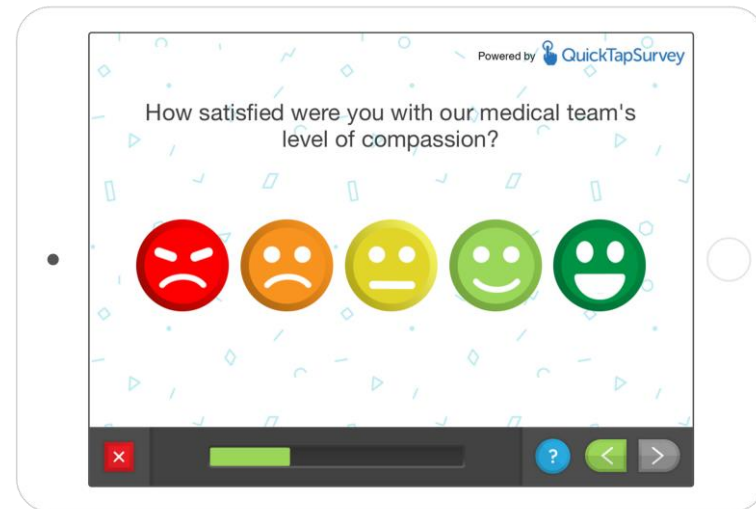
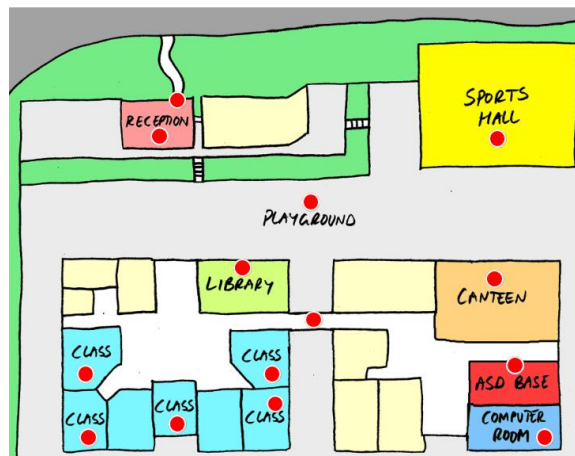
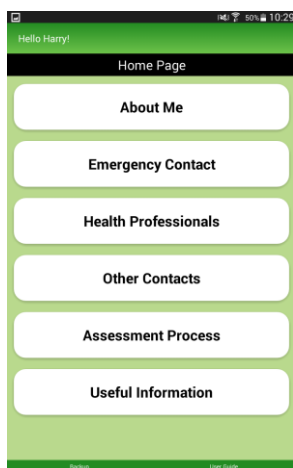


More of the same or more with the same: Changing the way we deliver care

Alka S Ahuja and Gemma Johns

TEC in CAMHS



Co produced Apps

Sound walk for ASD

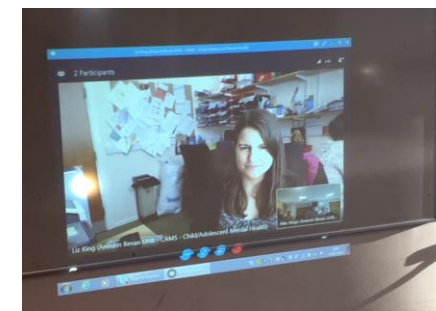
E- feedback



We're All Unique



Digital stories

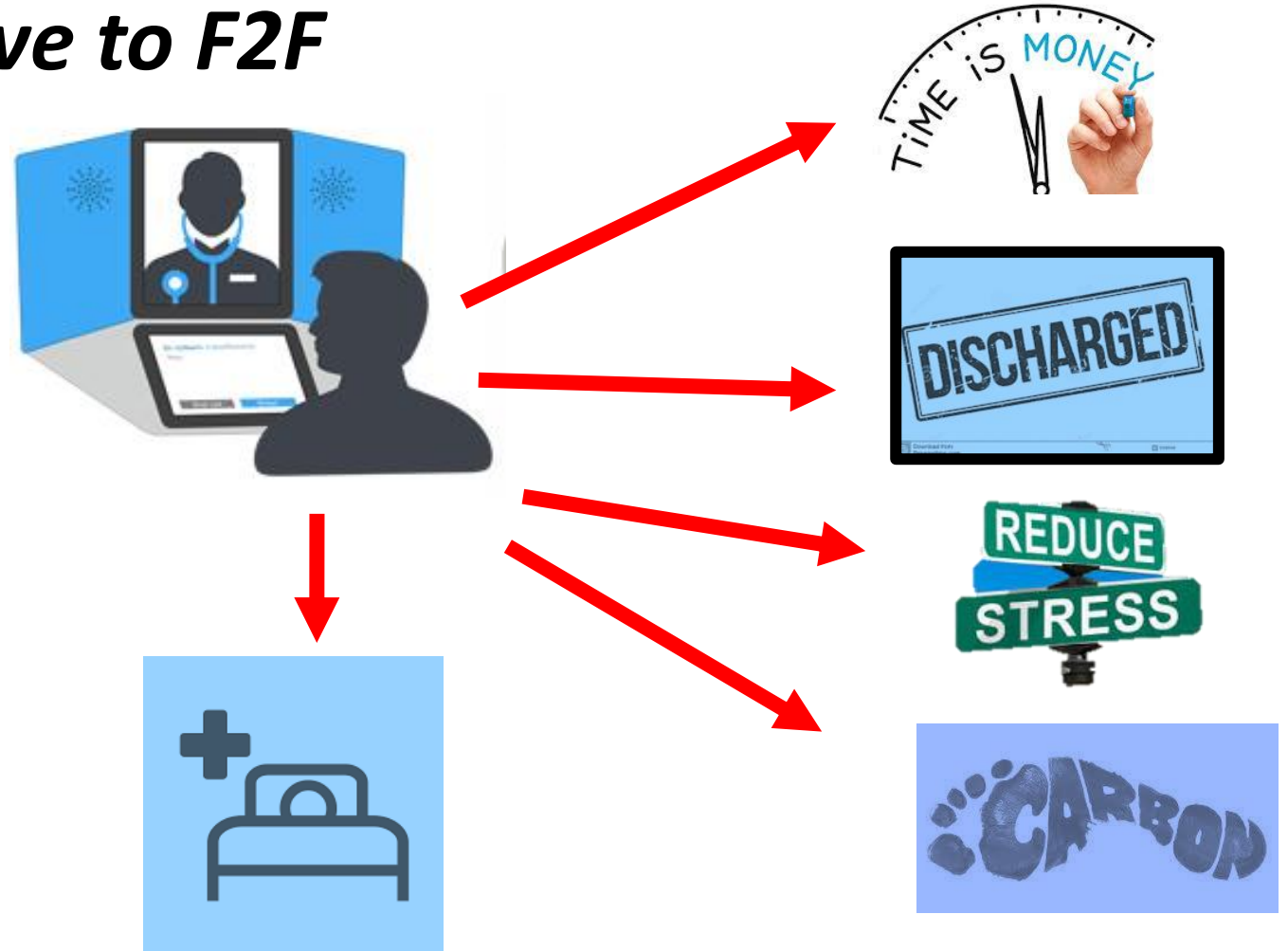


Virtual groups

CWTCH

Offer young people choice of assessment by CAMHS via video consulting as an alternative to F2F

2019 BC



What is the CWTCH Model?

- CWTCH (*Connecting with Telehealth to Communities and Hospitals for Healthcare*) funded by the Health Foundation
- Endorsed by the Royal College of Psychiatrists in Wales

Suitability, Safety, Scheduling, Satisfaction, Savings and Sustainability

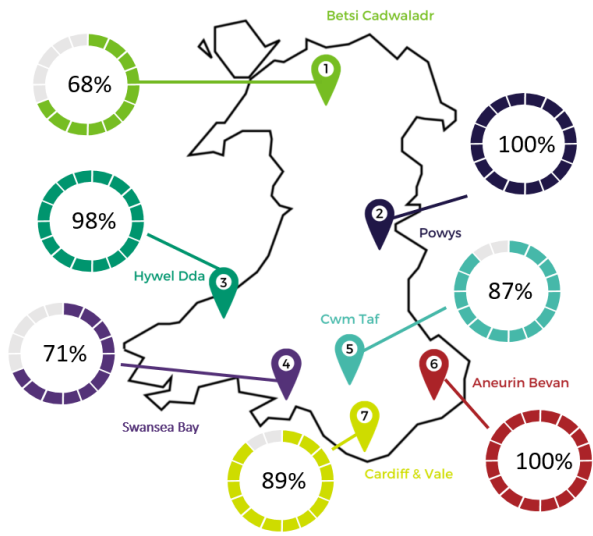


CWTCH Cymru

Ready, Set, Go!

A Step-by-Step Toolkit for Getting
Telepsychiatry Ready, Set & Go.





Primary care/OOH Service

> 19000 consultations



Dental
Optometry &
Pharmacy



Partnership with DCW



Schools



Virtual
Groups

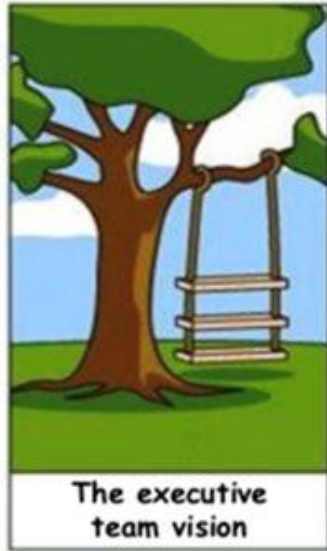


Secondary and Community care

40 specialities and services

> 340,000 consultations

“Would be great if these could be done more often once lockdown restrictions have been lifted. I didn't have to spend time away from work, I saved on fuel and time for travelling to the surgery”



Start with the Patient
And work backwards
Ray Wilby

EVALUATE

EVIDENCE

EMBED

As of today we have...

Rapidly innovated & scaled Digital Transformation

- Live across all Health Boards in 6 weeks
- Over 340k consultations
- 2.5k per week currently (5k at its highest)
- >2k virtual waiting rooms
- Used across variety of devices:



Laptops



Phones



Tablets

Enabled continuation of effective, high quality & sustainable healthcare

- Patients rating VC high at 92.4% of the time
- Live in > 50 specialties
- 90% of patients wish to use VC in the future
- Supporting a range of appointment types:



First appointment



Treatment



Reviews

Supported our health workforce to deliver care

- 10k users
- Over 7k users trained across 5 courses
- Used by > 20 professional groups
- Least reported clinician challenge is 'lack of confidence' at 2%



Contributed to a greener NHS Service

- 31% clinicians working from home
- 85% prevention of face to face
- Travel savings for patients:



9.8m miles



1.7m kg CO2e



329k hours



travel around the world 393 times

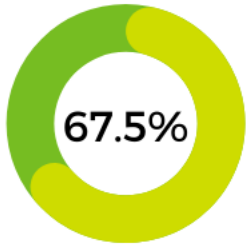
Promoted the use of evidence & data to deliver outcomes

- >50k participant data set and >500 interviews
- ~ 10 concurrent VC research studies
- > 35 Journal & Peer-Reviewed Publications
- > 6 University collaborations
- Quarterly Community of Practices





rural



urban

(c.f. national population:
64.9% = urban &
35.1% = rural)



51.7%

< £30k
household
income

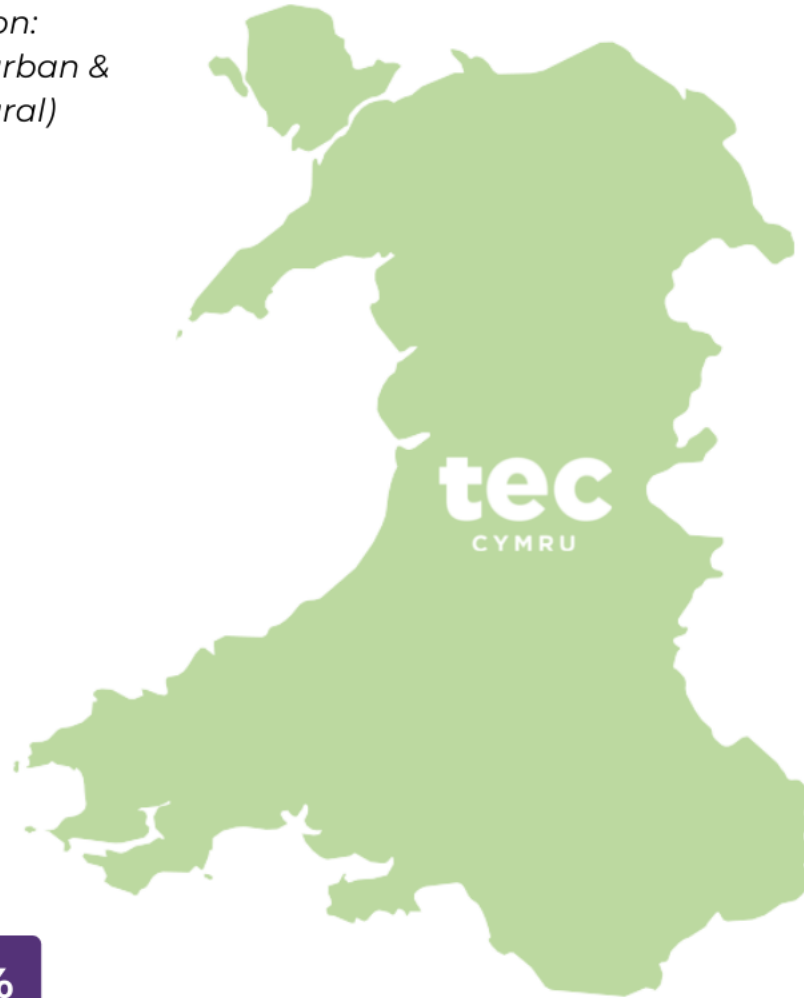
Male

42.2%

Female

57.1%

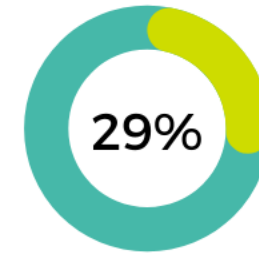
(c.f. national data: 49% = Male & 51% = Female)



20.7% > 65 years



(0.1% less than national
population total of > 65 years)



had a
disability

3.8%

Asian, Black, 'mixed /
multiple ethnic group'
or 'other ethnic group'

Findings - the impact of Video Consultation

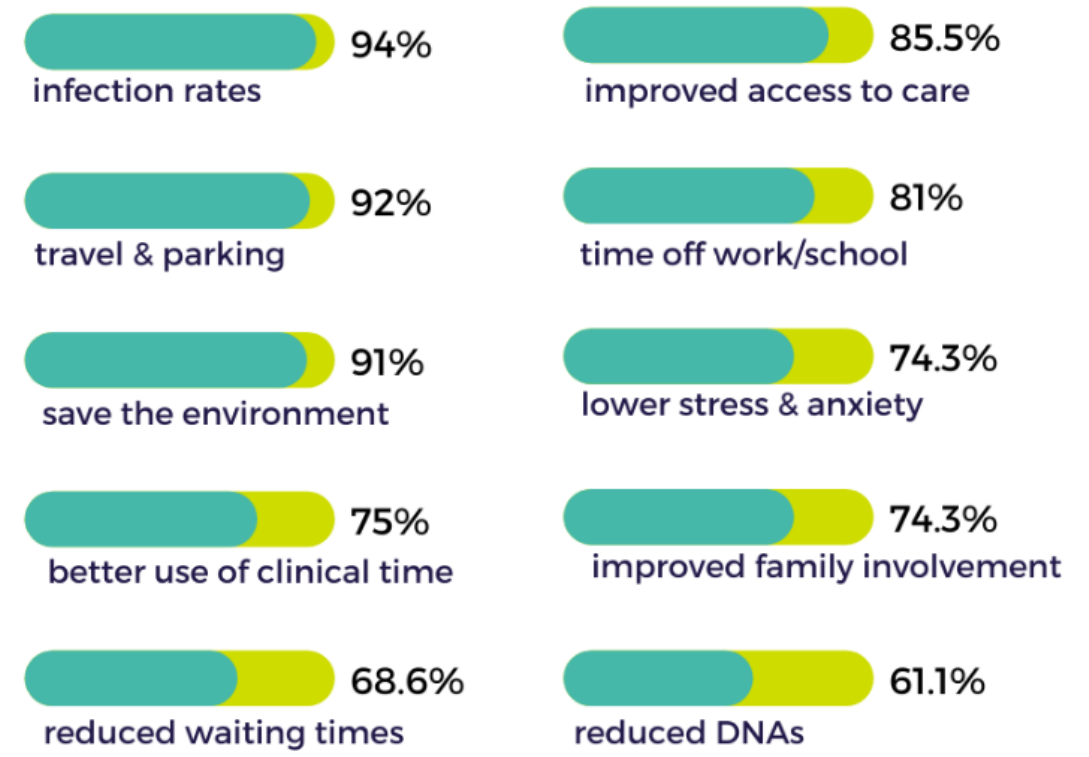
- Used across all gender, ages, ethnicities & incomes
- Highest VC users report to be on the lowest household income (34% under 19k a year)



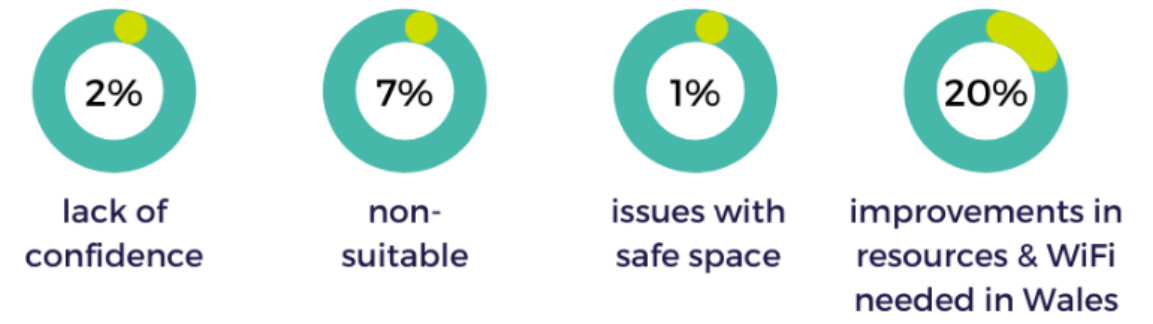
After VC, % of patients felt more able to...



Benefits



Challenges



- Between March 2020 and March 2021 more than 130,000 VCs
- 21% = mental health appointments and data from >35,000 VC patients & clinicians
- Patient preference to use VC again **91.2%** CAMHS & **94%** Adult MH
- **90%** of MH patients rate VC 'Excellent, Very Good or Good'
- **PTSD RCT study** in War Veterans comparing F2F with VC
- ***Clinicians WFH rate VC higher and Adult MH Clinicians rate VC higher***

Changing the way we deliver care

- Workforce- challenges and opportunities
- Digital empowerment and competency
- Sustainability and net zero NHS
- Managing increasing demand and backlog



GENIE IS OUT OF THE BOTTLE NOW!!

Workforce- Challenges and Opportunities

- Staff wellbeing - creativity in crisis e.g. mindfulness in conferences, fika, Balint groups
- Recruitment and Retention: work life balance, super cool rotas (mathematical modelling), Summer school
- Leadership and engagement: increased sense of purpose, sense of connection, resilience, digital champions/digital fellows, Canadian collaboration
- DILO study and TEC Clinical leadership forum
- Virtual jobs- Solent study and creating a dynamic workforce (WFH)

Virtual Consultations -Reflections



I would not normally be that close to a person's face so watching some patients eyes and where they look when they are distressed is key factor in the supportive process.

Also patients don't usually see themselves cry, now they can in the corner of the screen (suggested to put a post-it).

Virtual Consultations -Reflections



Some patients who are working from home have tried to squeeze in a counselling or consultation session in between meetings , they are distracted and hold back or they have used the session to debrief a work situation before talking about their fertility journey.

Interruptions to the session from pets, partners, delivery drivers have meant we have been a witness to parts of the person's life not ordinarily see.

Etiquette: Patients wearing pyjamas, eating breakfast; in bed half naked; Hoovering whist holding the phone; sitting on the toilet because is the only quite place where they can have some privacy.....and so on.

Virtual Consultations -Reflections



When the patient closes down when a partner interrupts particularly if the couple are having difficulty.

If the partner takes over the session is controlling and dismissive, I start looking for signs of domestic abuse.

I feel I have to be cautious and respect the safety of the patient. I would follow up with a text and arrange a Face to Face session alone with the patient.



Virtual Consultations -Reflections

Body Mass Index (pear-shape; obese; criteria for IVF funding)

Signs/smell of smoking (criteria for IVF funding)

Signs/scars of self harm (criteria for IVF treatment as impact the welfare of the child)

Partner is often upstairs or busy (unavailable)

The most hilarious scenario



A transgender patient having a consultation for fertility preservation at the hairdresser while having the dye put on wearing the gown

He then moved to his car with the dye and the gown on to discuss the intimate details of his treatment

BEREAVEMENT SUPPORT VIA TECHNOLOGY

Discussing Death Differently



Preparation

- Training and knowledge
- Reduces tech anxiety (for us)
- Teamwork / Support
- Planning



Environment

- Setting the scene
- Room (workspace, not home)
- Cuppa
- Extras (headphones, prompts)



Engagement

- Setting the scene (telling the story)
- Presence
- Body language
- Silence
- Responses



Realism

- Your audience (literacy and tech skills)
- Self care (both ways- pace, frequency, no. of appointments)
- Signposting & appropriateness / timeliness of referral



Sustainability

- Resources
- Best fit for both parties
- Valued addition to the service
- Feedback



"Bereavement support
via technology –
Discussing
death differently"

Jonathan Pearce
Family Support Team Lead
Hospice of the Valleys

For more information please contact Jonathan Pearce
Jonathan@HospiceoftheValleys.com

Working From Home (WFH): Ideal Model for Wales

Purpose & Method

In March 2021, an all-Wales study was initiated to explore the pros and cons of WFH and to workshop an 'Ideal WFH Model'.

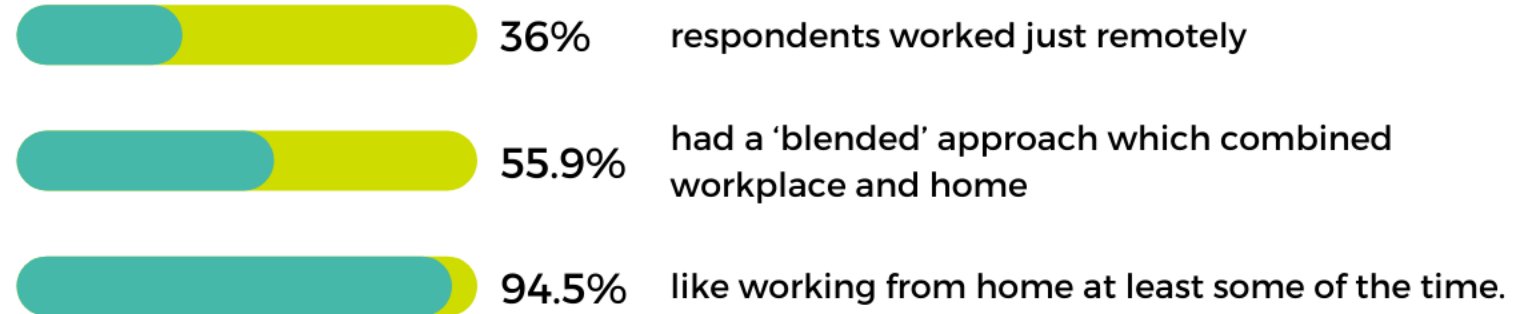
Mixed methodology- 21 virtual focus groups (138 NHS clinical and non-clinical staff) & 396 surveys,

There were a total of 999 participants across part 1 & 2 of the study, with a robust peer review process conducted with 465 participants.

Analysis

A summary of findings...

Working styles & preference



'Liking' and 'Disliking' Remote Working



Benefits of Remote Working - Convenience, flexibility, less distractions, increased productivity, improved work-life balance, less time and money travelling.



Disliking: Reduced Social Contact - Feeling isolated, missing professional support and social contact with colleagues, less motivated, less clear boundaries between work and home life.



'Dislike' or 'Difficulties' - Dislike of WFH was sometimes related to a lack of resources at home e.g. technology, no electronic records.

Digital empowerment and competency

- Cultural shift and positive approach to digital divide
- Incorporating digital skills in curriculum
- Competency framework and skilling the workforce- Digital nursing study
- Empowering patients and public- patient choice and patient centred care
- Young peoples advisory panel and lay person representatives
- Clinical and digital leaders

| | | |
|--|--|---|
| <p>Background</p> <p>To understand the impacts of the COVID-19 pandemic, scientific evidence alone isn't the only reliable source to inform public and policy. In the United Kingdom (UK), a country where the pandemic has had hit, the experience has been a time unlike no other for our younger population and an opportunity for them to voice their opinions on a subject that concerns them greatly – the environment.</p> | <p>Results and Quotes:</p> <p>The views of young people, ranging between 2 to 23 years old across Wales UK, shared comparable observations of environmental impacts to that of world-wide experts. The emerging themes were</p> <p>a) Travel, Emissions and Air Pollution. <i>"Well, there's less cars, buses, trains boats and all vehicles around..."</i> (Female, 9 years old, Cwm Taf Morgannwg UHB) <i>"...so it reduces the gases in the air"</i> (Male, 8 years old, Cwm Taf Morgannwg UHB)</p> | |
| <p>Aims</p> <p>At the start of the pandemic, Technology Enabled Care team (TEC Cymru) identified environmental impacts as a significant benefit to remote healthcare – a service that dominated much of NHS Wales patient care during the pandemic</p> | <p>b) Water Pollution and Beaches. <i>"It's good, because now there's less plastic in the sea because nobody's allowed out"</i> (Female, 10 years old, Cwm Taf Morgannwg UHB)</p> <p>c) Protection of Animals and Wildlife. <i>"Wildlife are probably roaming in new areas... and less being knocked over on main roads"</i> (Male, 10 years old, Swansea Bay UHB)</p> | <p>https://vimeo.com/489439721/b1cb6f702c The video above summarises the perspectives of young people in Wales with regards to the impact of COVID-19 on the environment.</p> |
| <p>Method</p> <p>TEC Cymru were keen to learn more about environmental impacts beyond that of remote healthcare, especially from younger people, by generically asking 'how has the COVID-19 pandemic impacted on the environment'. Video clips were used to gather the data. Full ethical permissions and consent were granted.</p> | <p>d) Recycling and Plastic Waste. <i>"We all need to really focus on making sure we're disposing this plastic waste correctly otherwise it's going to end up in our eco-systems"</i> (Female, 21 years old, Aneurin Bevan UHB)</p> <p>e) Food and Energy Waste. <i>"As people are home, they're wasting less food and also in light of the recent free school meals campaign I think people are more aware and conscious of their food waste"</i> (Female, 17 years old, Cardiff & Vale UHB)</p> | <p>Conclusions</p> <p>The young people present a well-balanced debate, reflecting on both positive and negative environmental impacts, with common-sense recommendations. The combined themes were translated into a short video that was developed along with the TEC Cymru Young Peoples advisory panel.</p> |

Young Peoples Voice



Children, Young People and Education Committee
 Thursday, 4 March 2021
 09.15-11.00
 Watch live on Senedd.tv

COVID 19: Evidence session - mental and physical health
 09.15 - 10.45

- Professor Ann John, Professor of Public Health and Psychiatry at Swansea University Medical School and Chair of the National Advisory Group to Welsh Government on the prevention of suicide and self-harm
- Dr Alka Ahuja, Consultant Child & Adolescent Psychiatrist & National Clinical Lead, TEC (Technology Enabled Care) Cymru and Public Engagement Lead, Royal College of Psychiatrists Wales
- Professor Adrian Edwards, Professor of General Practice at Cardiff University, Director of the new Wales COVID-19 Evidence Centre, Director of PRIME Centre Wales (all-Wales centre for primary and emergency care research) and part time GP
- Dr David Tuthill, Consultant Paediatrician and Officer for Wales at the Royal College of Paediatrics and Child Health

Senedd Cymru
Welsh Parliament



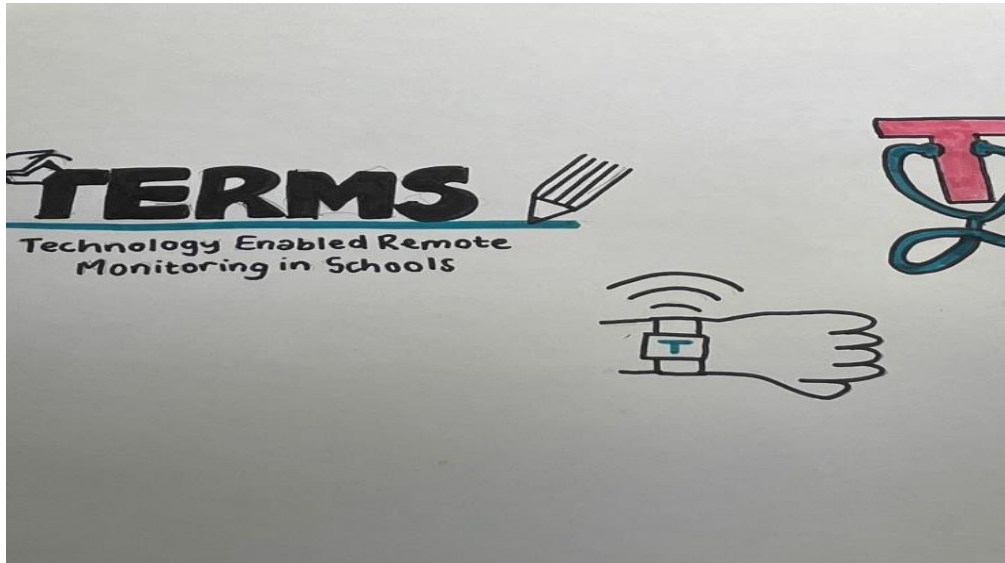
DOE, SSC modules, Digital fellows, HEIW digital trainee, 6th form placements

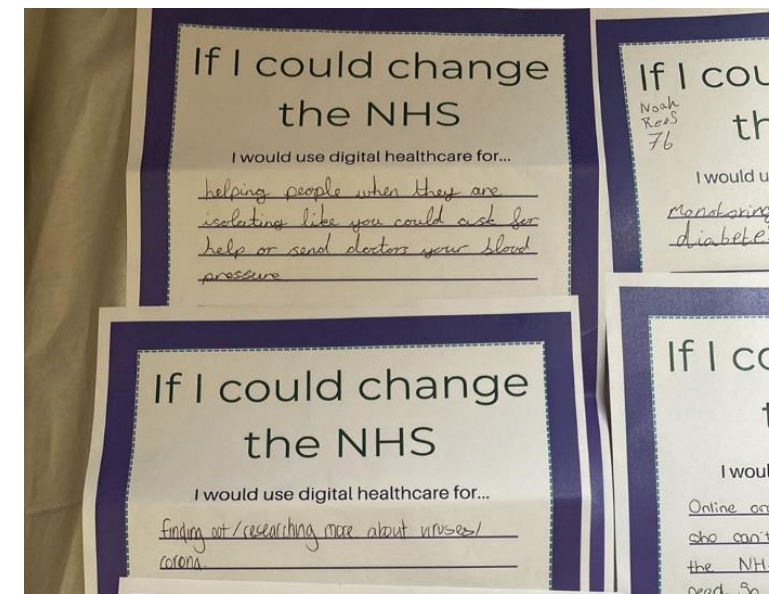
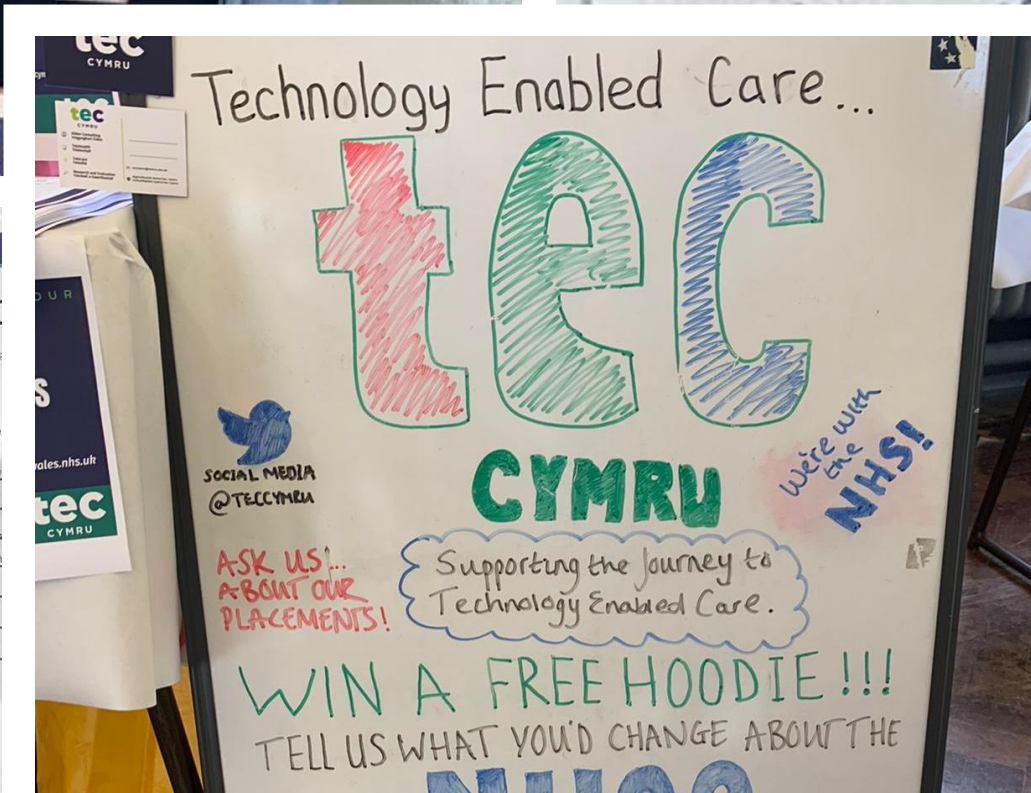
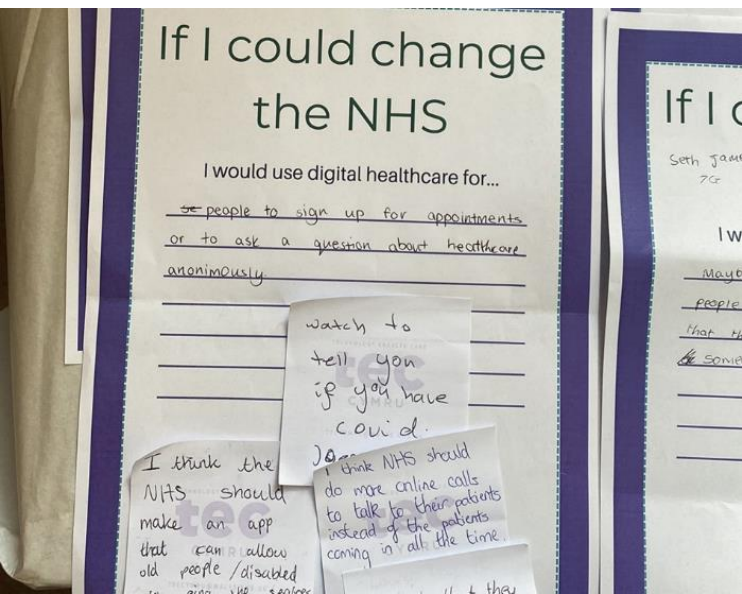
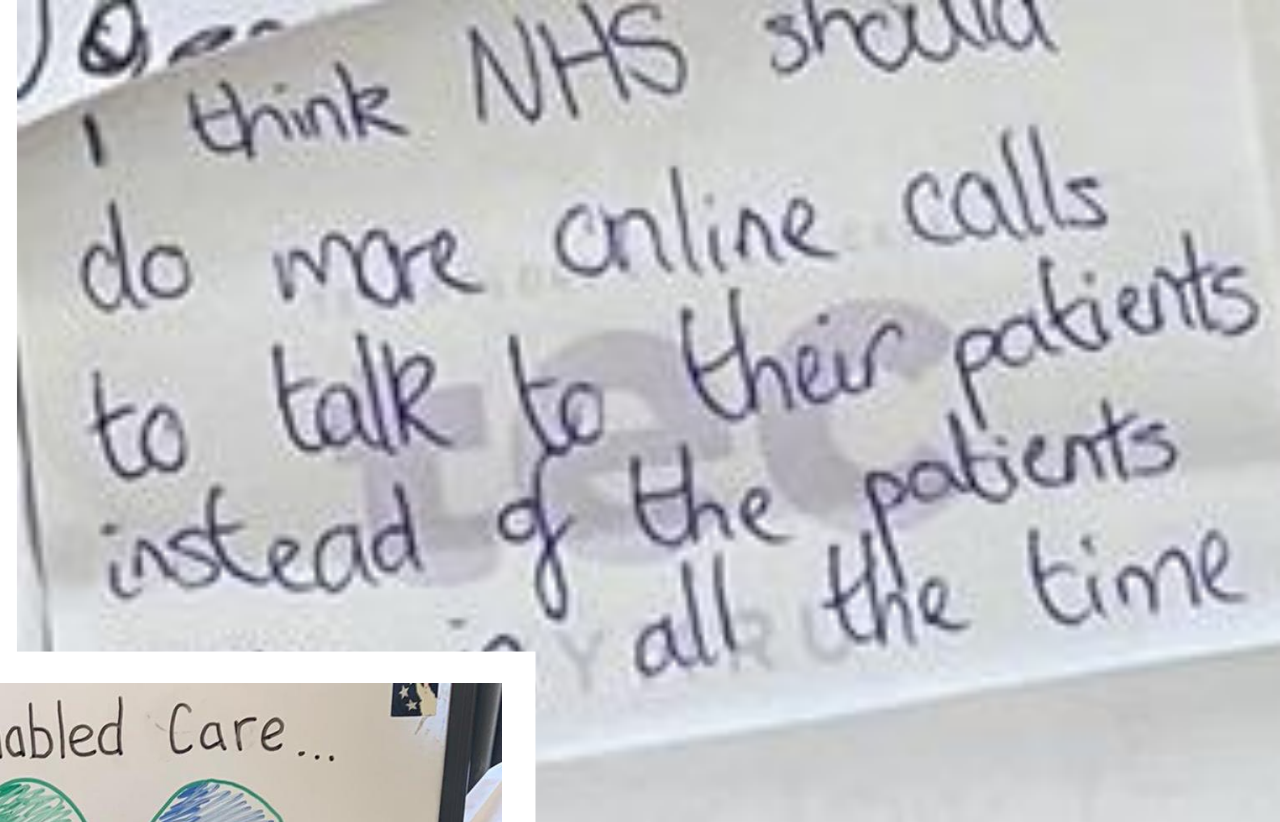
- COVID and impact on environment
- Remote working/WFH
- Travel savings and carbon footprint- 85% prevention of face-to-face consultation during the pandemic period, 5.8 millions miles of travel saved, 193k hours of travel time, and 1.7 million kg CO2e reduced
- New care pathways and healthcare delivery- Infertility and Sexual health
- Prevention and promoting healthier lifestyle

Managing increasing demand and backlog

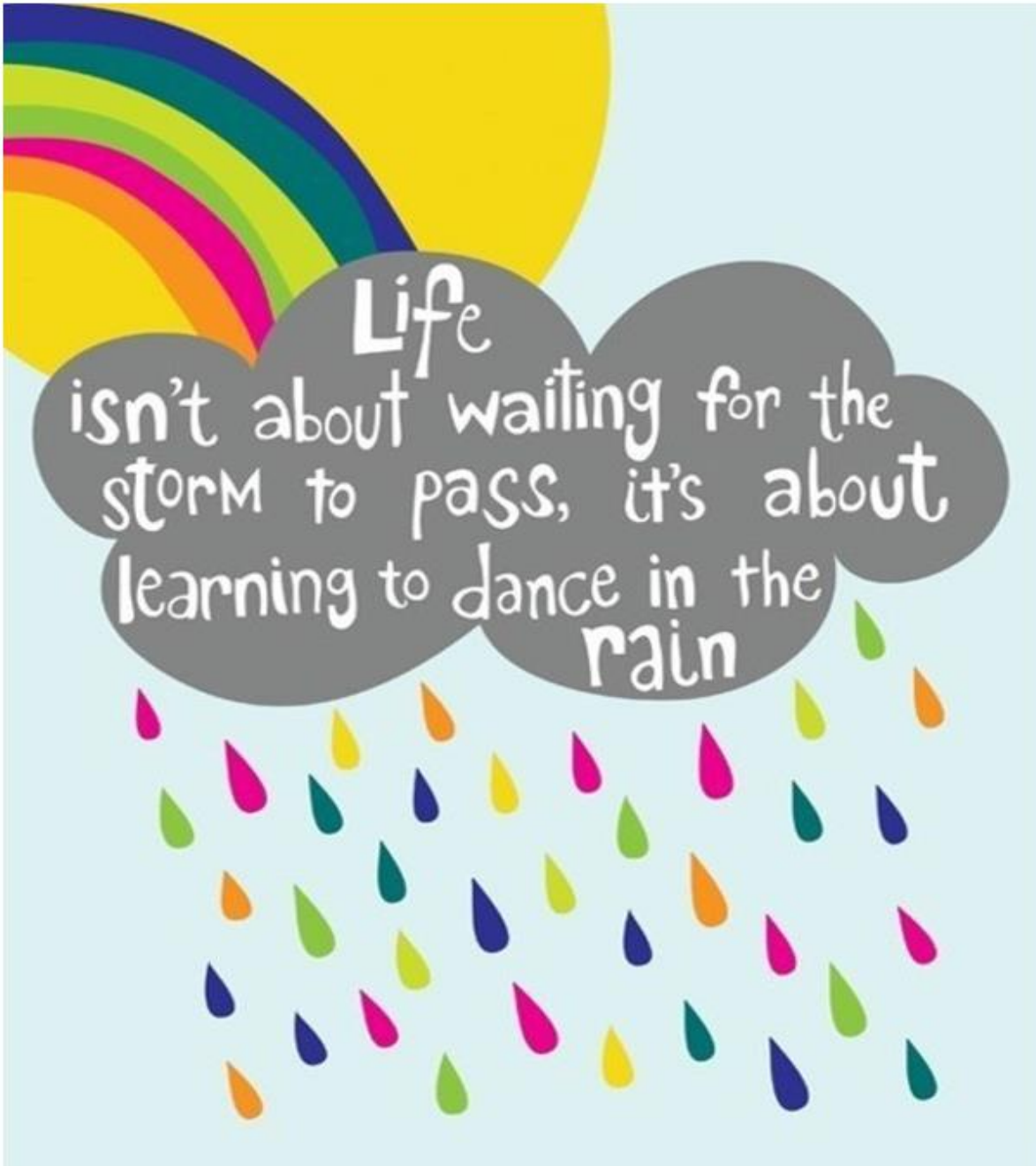
- Remote monitoring/virtual wards e.g. TERMS, medication monitoring, chronic illness management
- Apps and online psychological therapies e.g. silver cloud
- Telecare- remote real time monitoring, addressing isolation (HUGS), reduce hospital admissions e.g. falls
- AI and MH triage teams/OOH/MHA assessments
- **“More of the same or More with the same”**

KEEP GENERATING EVIDENCE









Diolch Thank you

Cadwch mewn cyswllt...
Stay in touch...

 teccymru@wales.nhs.uk

 digitalhealth.wales/teccymru

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