



Llywodraeth Cymru
Welsh Government

Quality Improvement in Video Consulting: Phase 2 Findings of the Welsh National Evaluation.

Lees, M., Whistance, B., Johns, G., Ahuja, A



1. BACKGROUND

When the COVID-19 outbreak emerged in Wales in March 2020, TEC Cymru, funded by the Welsh Government, rolled out a National Video Consulting (VC) Service on an All-Wales NHS, all-speciality basis.

2. QUALITY IMPROVEMENT

Since the roll-out of VC in Wales, TEC Cymru have continually monitored the way they provide services, operating a quality improvement (QI) approach using PDSA cycles (plan, design, study, act).

EXAMPLE: LOW VC UPTAKE IN CERTAIN HEALTH BOARDS

PLAN
Team meeting to discuss different methods of booking VC.

DESIGN
Engage with teams to identify different barriers and facilitators to VC uptake.

STUDY
Utilise other VC methods as a template of success & share

ACT
Re-scripting how VC is offered & draft a new VC letter to all services & HBs

Find out more at:
www.digitalhealth.wales/tec-cymru/how-we-can-help/evidence/eval-reports/vc-phase-2a

3. QUALITY IMPROVEMENT METHODS

Aim:

Following on from our Phase 1 evaluation, the aim of Phase 2 was to robustly evaluate the 'use', 'value', 'benefits' and 'challenges' of Video Consulting Services across all primary, secondary and community care services in NHS Wales, including care homes, dentistry, optometry and pharmacy.

Method:

The service adopted a quality improvement approach to capture mixed methodology data (n = 52,000, P2a = 23,000) from surveys, interviews, focus groups, and more. The iterative quality improvement approach was invaluable as findings continually informed the approach and direction of the research.

4. PHASE 2a RESULTS

VC is consistently rated highly for satisfaction, suitability and acceptability across a range of patient demographics and clinical specialties in Wales. The key findings are:

- Large scale, national data over one year.
- High clinician satisfaction and even higher patient satisfaction (fig.1).
- Findings indicate that patients are eager to continue with VC use in the future (fig.2)
- Little evidence to suggest a digital divide regardless of age, gender, ethnicity etc.
- High patient empowerment indicated by positive responses to patient enablement statements (fig.3).

5. PHASE 2a DISCUSSION

Wales has a large appetite for VC, suggesting high sustainability for long-term use. The service is now working closely with local, national and international stakeholders, academics, clinical teams and policy makers to explore the long-term use and sustainability of VC in Wales, and will test its efficacy in their Phase 3 research.

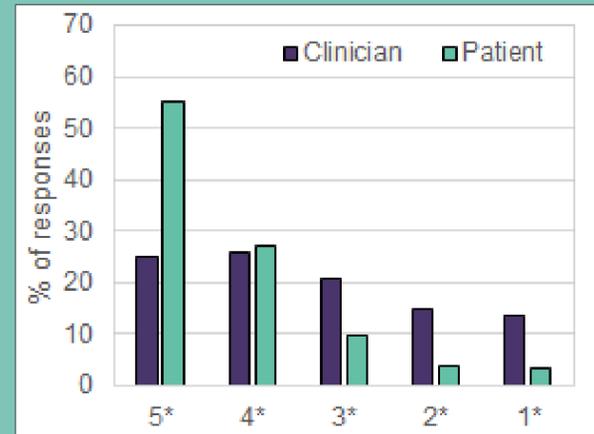


Figure 1 - patient and clinician ratings of VC

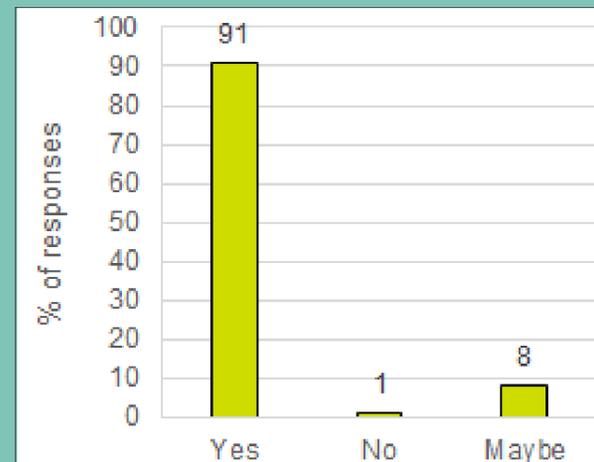


Figure 2 - percentage of patients who would use VC again.

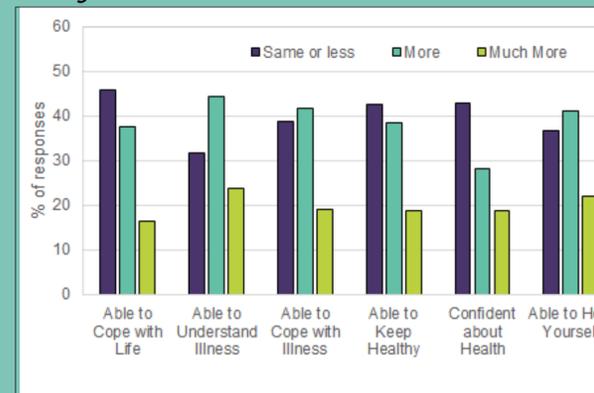
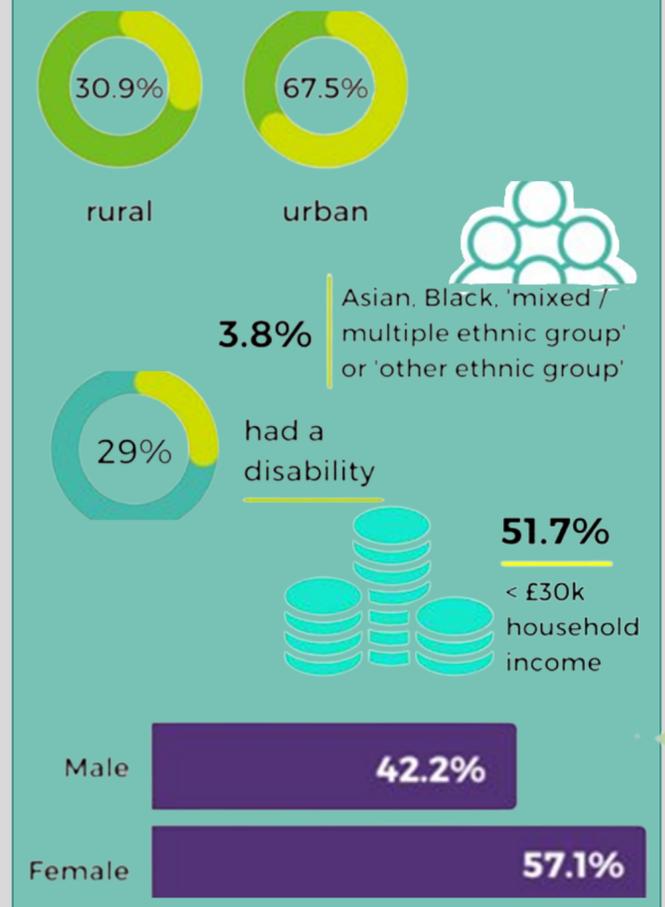


Figure 3 - Percentage of responses to VC patient enablement statements

6. PHASE 2a QI

Our phase 2 evaluation findings also considered patient demographics. Due to the PDSA approach, we noted a lack of knowledge and uptake based on patient demographics in the first phase, and so included these at the next available opportunity. Patient demographics highlight that VC is fairly consistent across all groups, including ethnicity, income, location and gender. Please see demographic sizes below.

7. PHASE 2a DEMOGRAPHICS



Going Forward...

Phase 3 seeks to evaluate VC performance, service metrics & case studies by continuing to use a realist/iterative QI/PDSA approach.