

How things have changed: The rapid adaptation of mental health services to the Covid-19 pandemic and the wins and losses

Alka S Ahuja

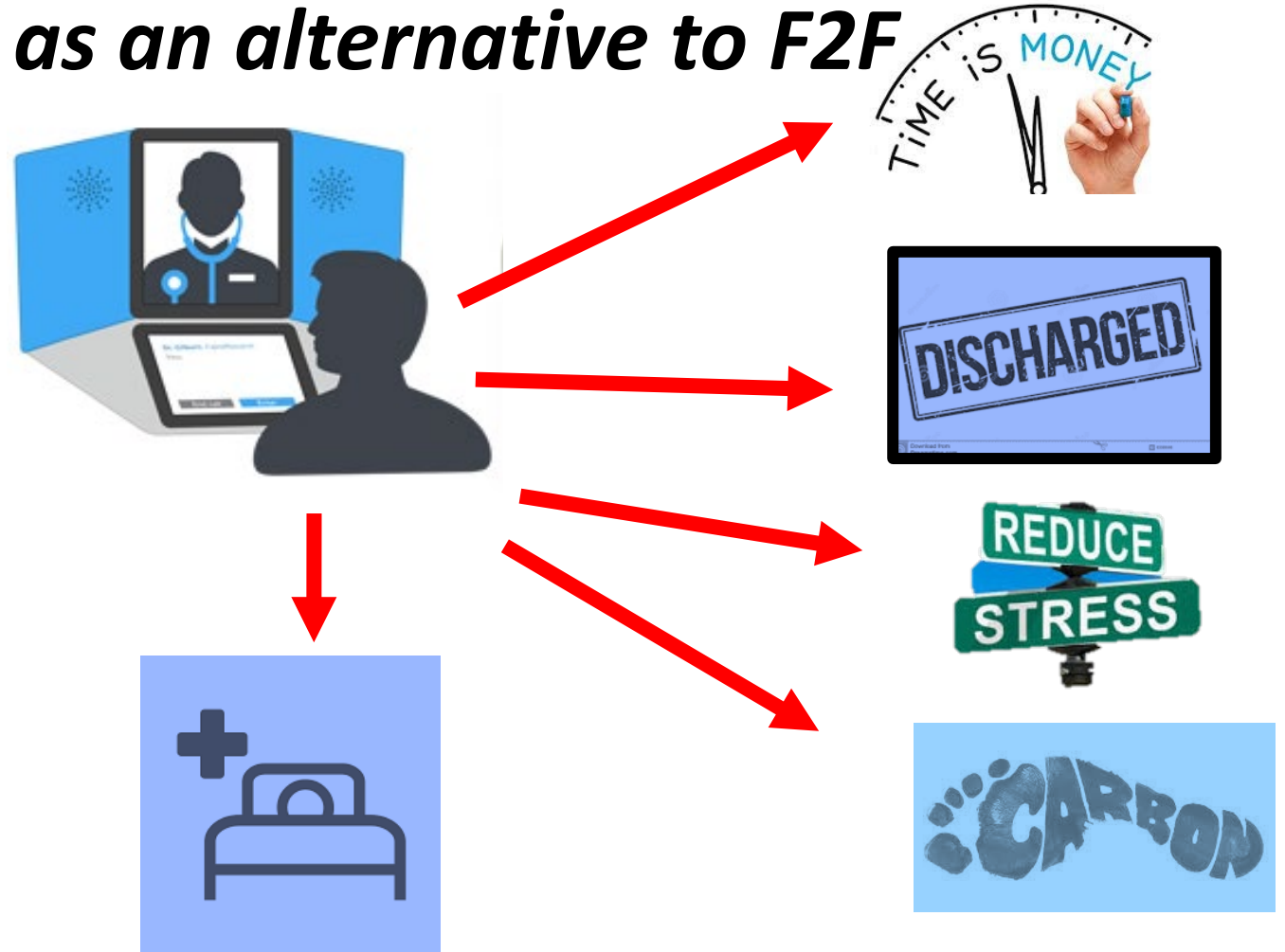
Format

- Connecting with Telehealth to Children in Hospital (CWTCH)
- COVID & how MH services adapted to provide care
- Sharing good practice
- Future direction

CWTCH

Offer young people choice of assessment by the mental health team via video consulting as an alternative to F2F

2019 BC



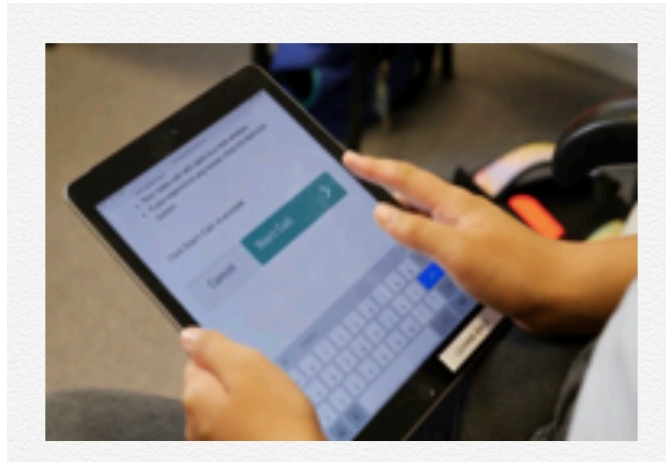
SUITABILITY

- Emergency assessments
- Follow up clinical contact
- GPs
- Schools
- Groups and multiagency meetings



SAFETY

- Secure platform- Attend Anywhere
- Consent (verbal)
- CWTCH Champions- training & support
- CWTCH friendly secure rooms



SATISFACTION

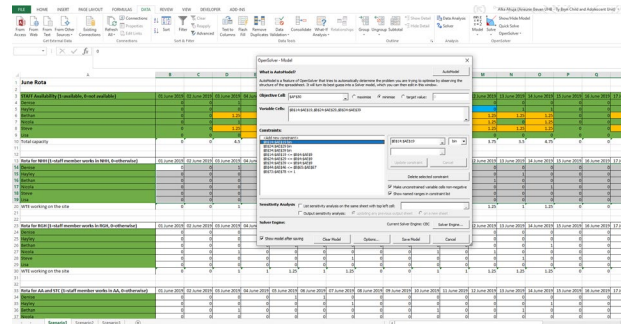
- Baseline measures
- Parent/Carer and Young person
- Professionals and Public



CWTCH (Connecting With Telehealth to Children in Hospital) Young Person's Survey

Introduction

The Child and Adolescent Mental Health (CAMHS) Team is about to trial psychiatry to see young people. You need to have an appointment with a member of the CAMHS Team. The CWTCH Project (Connecting With Telehealth to Children in Hospital) gives young people in hospital, clinics or other healthcare setting option to have a video appointment (via phones, tablets or laptops) with members of the CAMHS team.



79% of users describe using CWTCH as **'really good'**
Over 80% of users say they are **'very satisfied'**

SCHEDULING

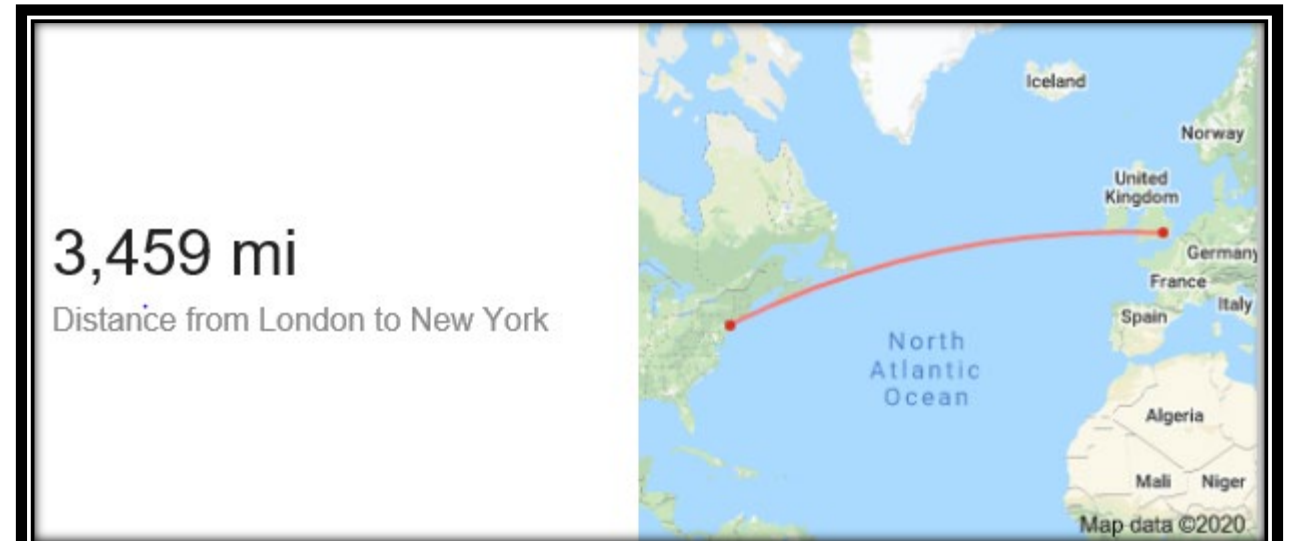
- Mathematical Modelling
- Supercool rota
- Demand and capacity
- Staff preferences and work balanced equally

	Monday	Tuesday	Wednesday	Thursday	Friday		Total Weekly Hours
	13.05.19	14.05.19	15.05.19	16.05.19	17.5.19		
	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00		
	8.30-4.30	8.30-4.30	8.30-4.30	8.30-4.30	8.30-4.30		
	LD	LD	LD	LD	LD		
		LD	LD	LD	LD		
	LD	9-3PM					
	Monday	Tuesday	Wednesday	Thursday	Friday		
	20.05.19	21.05.19	22.05.19	23.05.19	24.05.19		
	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00		
	8.30-4.30	8.30-4.30	8.30-4.30	8.30-4.30	8.30-4.30		
	LD	LD	LD	LD	LD		
	LD	LD	LD	LD	LD		
				LD	LD		
	Monday	Tuesday	Wednesday	Thursday	Friday		

SAVINGS

- Over **250 people** used telehealth for **more than 66** appointments, assessments and meetings
- By using telehealth this has saved:
 - 129.6 hours of clinician time
 - 6,232 miles of travel
 - £2,804 in travel expenses
 - 1.65 tonnes CO₂ saving
 - 8.6 hours of parking

Distance not travelled (miles saved) = 2 X Distance between London and New York



SUSTAINABILITY

CWTCH CYMRU

→ COVID-19

→ All Wales VC

EDUCATION AND TRAINING

A visual step-by-step guide for clinicians to use video consultations in mental health services: NHS examples of real-time practice in times of normal and pandemic healthcare delivery

Gemma Johns,¹ Jacinta Tan,¹ Anna Burhouse,² Mike Ogonovsky,¹ Catrin Rees,³ Alka Ahuja¹

BJPsych Bulletin (2020) Page 1 of 8, doi:10.1192/bjps.2020.71

¹Anaclin Bevan University Health Board, UK; ²Northumbria Healthcare NHS Foundation Trust; ³Life Sciences Hub, Welsh Government

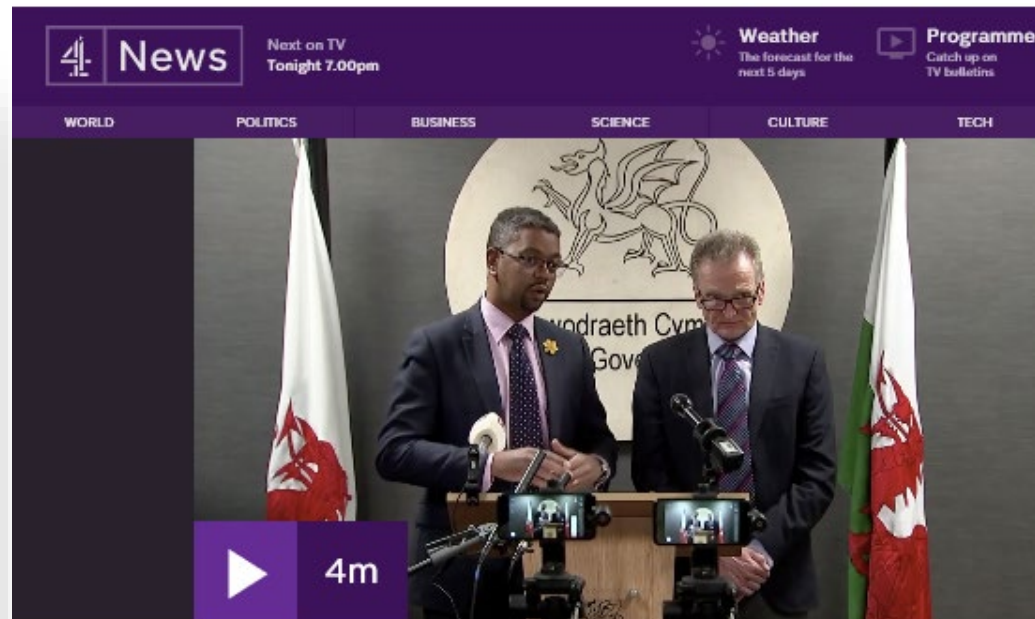
Correspondence to Gemma Johns (gemma.johns@wales.nhs.uk)

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Despite the increasingly widespread use of video consultations, there are very few documented descriptions of how to set up and implement video consultations in real-time practice. This step-by-step guide will describe the set-up process based on the authors' experience of two real-time National Health Service (NHS) examples: a single health board use (delivered in normal time), and an All-Wales National Video Consultation Service roll-out (delivered during an emergency pandemic as part of the COVID-19 response). This paper provides a simple visual step-by-step guide for using telepsychiatry via the remote use of video consultations in mental health services, and outlines the mandatory steps to achieving a safe, successful and sustainable use of video consultations in the NHS by ensuring that video consultations fit into existing and new NHS workflow systems and adhere to legal and ethical guidelines.

Keywords Video consultations; COVID-19; telepsychiatry; mental health; digital



12 Mar 2020

Wales rolls out video consultations to help people self-isolating



SUCCESS

Winner, Royal College of Psychiatrists Sustainability Award

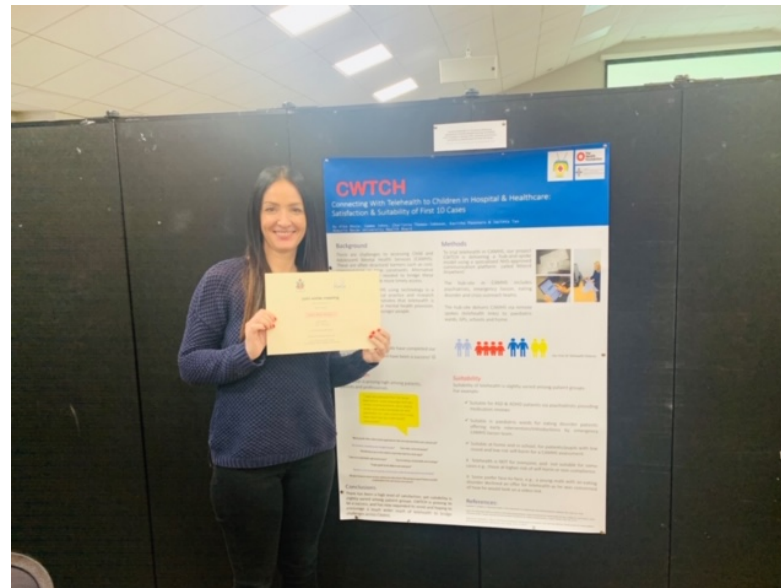
18:13

All

Mentions



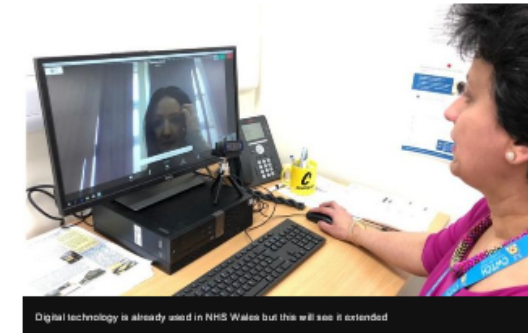
ABCi - Aneurin Bevan Continu... · 5m
Congratulations to today's #AMA2019 presentation winners, in joint first position! @kiti700 & @SamHBooth and @AlkaSashin



Coronavirus: Video-link roll-out for patients to see GPs

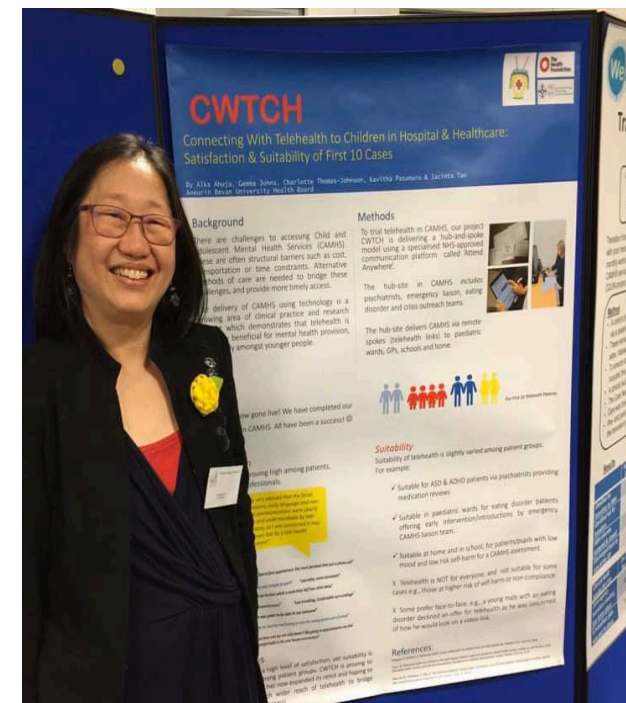
13 March 2020

Coronavirus pandemic



Digital technology is already used in NHS Wales but this will see it extended

A roll-out of video health consultations across Wales, in response to the outbreak, has been given the go-ahead.



News

26th June 2019

A virtual 'cwtch' for the young is aim of innovative Gwent child and adolescent mental health project

By Andy Rutherford | ArgusRutherford Multimedia Reporter

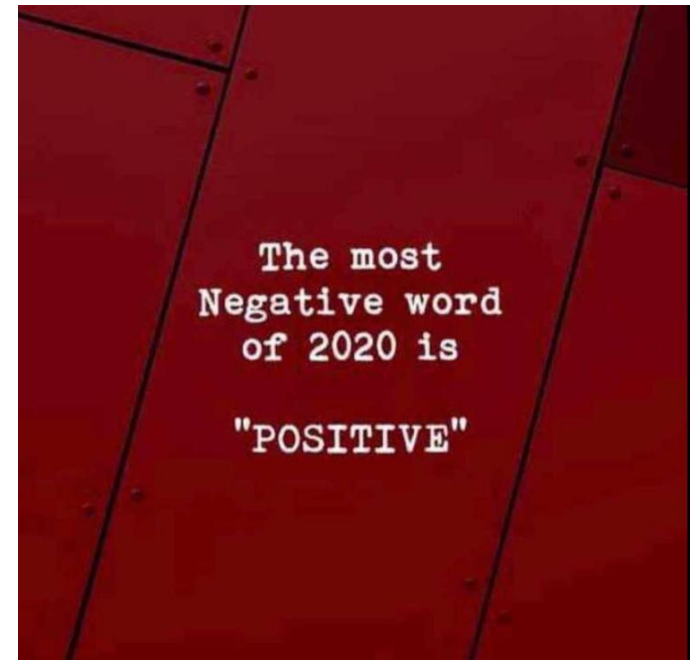
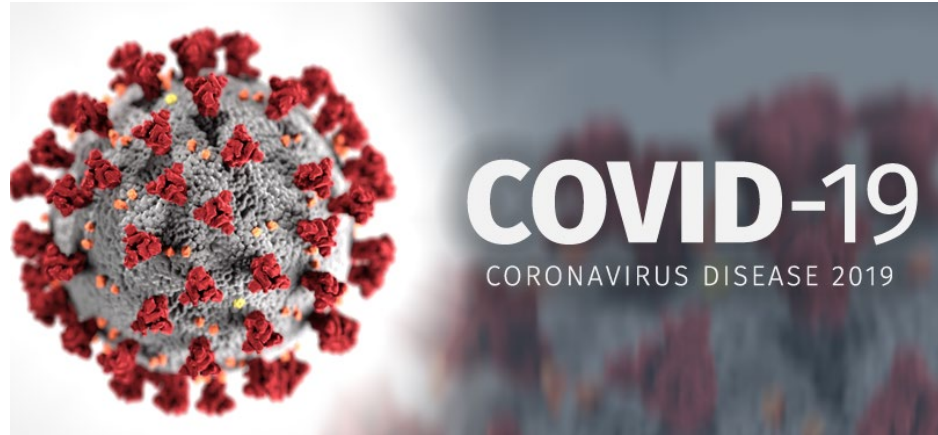
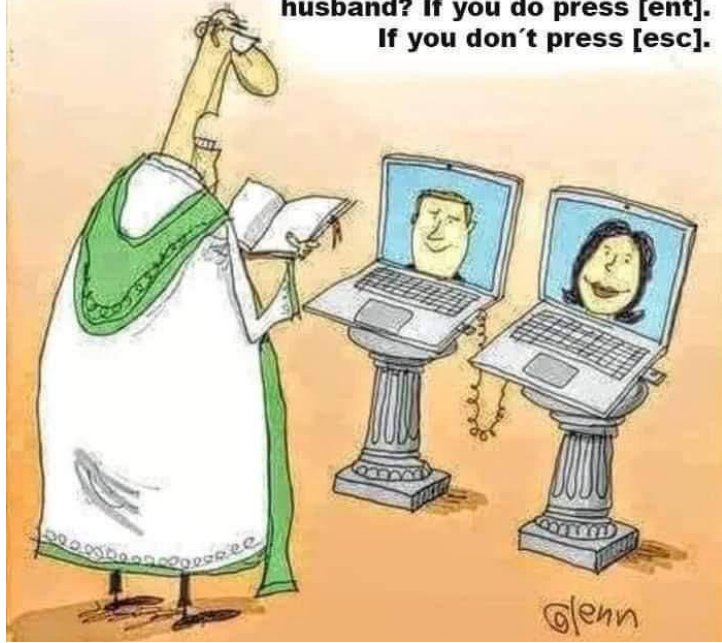


Project lead Alka Ahuja at the launch of the CWTCH programme at Nevill Hall Hospital, Aberystwyth

Most read Commented

1 These are the five best chip shops in Gwent according

Mary, do you accept John as your lawfully wedded husband? If you do press [ent]. If you don't press [esc].





FEATURE

MENTAL HEALTHCARE

How mental health services are adapting to provide care in the pandemic

BMJ: first published as 10.1136/bmj.m2

*For mental health services the rapid adoption of video and phone consultations..... where **relationships** and **trust** between clinicians and patients are vital, and where **body language** and **eye contact** are a key part of assessment*

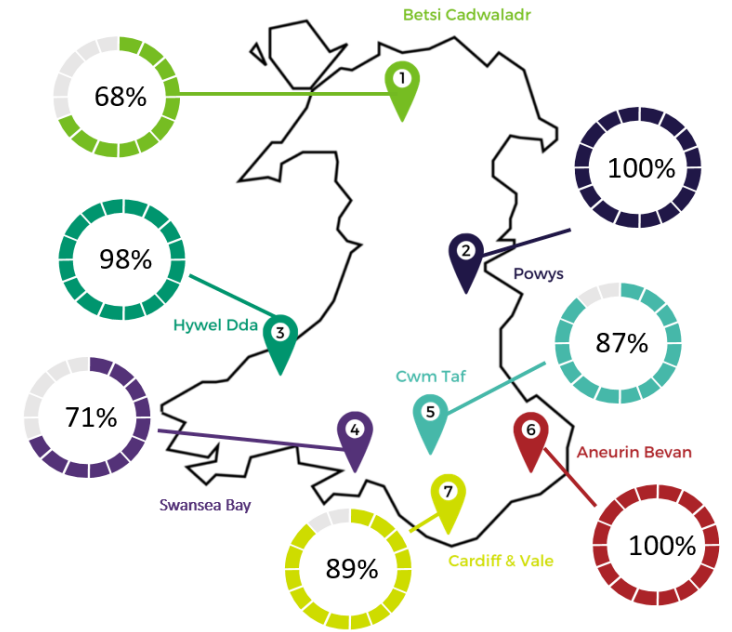
What's Occurring in Wales?

- Nat VC service funded by Welsh Government
- Accessible across health and social care
- A Healthier Wales
- TEC Cymru hosted by ABUHB
- “CWTCH” as an exemplar
- Safe and secure way to see patients via a video appointment- **‘Attend Anywhere’**



Primary care/OOH Service

- Almost 90% of GP surgeries live
- More than 8600 consultations
- Out of hours service **(MH)** and 111 service



“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”

Secondary and Community care

- Secondary Prioritisation tool
- COVID wards, Palliative care, Hospices, Frailty, Haematology, ITU, Therapies, **Mental Health, CAMHS/ND....**
- 50 specialities and services
- More than 90000 consultations

“Our first VC was with a couple in their 70’s....His wife expressed huge relief that we saw the foot wound and guide her with his care”.

Care Homes



- Partnership with Digital Communities Wales
- Training and equipment to care homes
- Vulnerable, high risk and isolated individuals
- Virtual ward rounds by GP
- Ask us about Dementia & Digital Cwtch

“It was easy and I’m not the most tech savvy. The GP sent the link which is now saved onto the tablet.....it was all seamless.”

Other settings

- Prisons
- **Schools- postvention clinics**
- WAST
- Police/MHA assessments
- Dental, Optometry, Pharmacy

“Using this technology in schools following a serious incident allowed young people to receive almost immediate access to CAMHS”

Groups

- Running groups for more than 5 years
- SALT, Dietician, OT, Education, Psychologist etc.
- Support parents/carers of children and young people with autism
- Post COVID groups in new normal
- EIP, ED, Perinatal, ASD....

“People able to ask questions”

“Excellent opportunity for parents”

“Time saving and access to busy people”



The Evaluation: Three Step Cycles

Evaluation of Roll-Out (live data):

- 🔑 Taking a realist & iterative approach throughout - **QI/PDSA** with data collection, analysis and dissemination.
- 🔑 Collecting end of VC **live data** via survey monkey – ‘**does it work?**’ – explore the use and value of VC.
- 🔑 Other surveys – **public and professional**, and additional (why the drop-out?)
- 🔑 **Team retrospectives** – continuous reflection, analysis and improvement among the team.

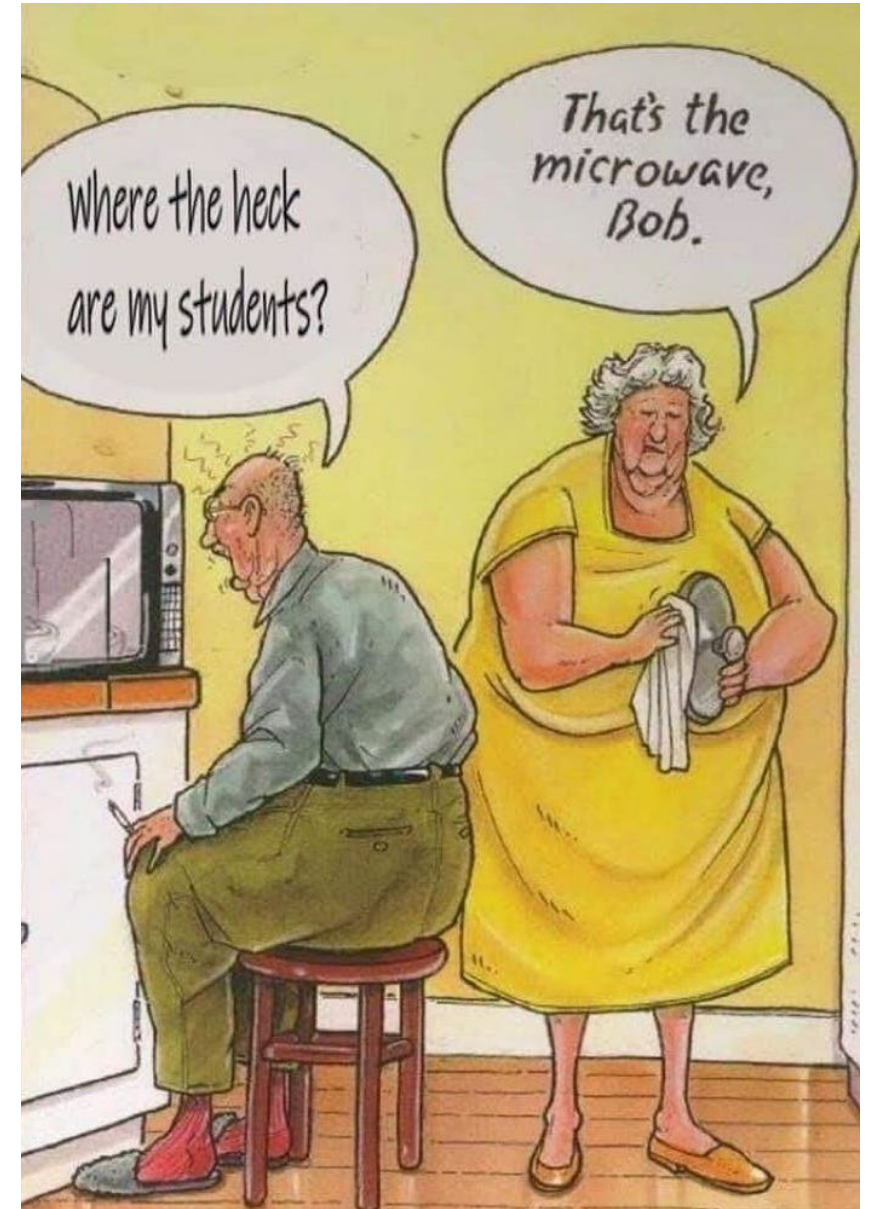
Evaluation of Implementation (follow-up):

- 🔑 Interviews with patients, clinicians and stakeholders
- 🔑 **Collaboration** with University of Oxford, Cambridge, Barts and many more – compare/contrast.
- 🔑 **Open days and public engagement**

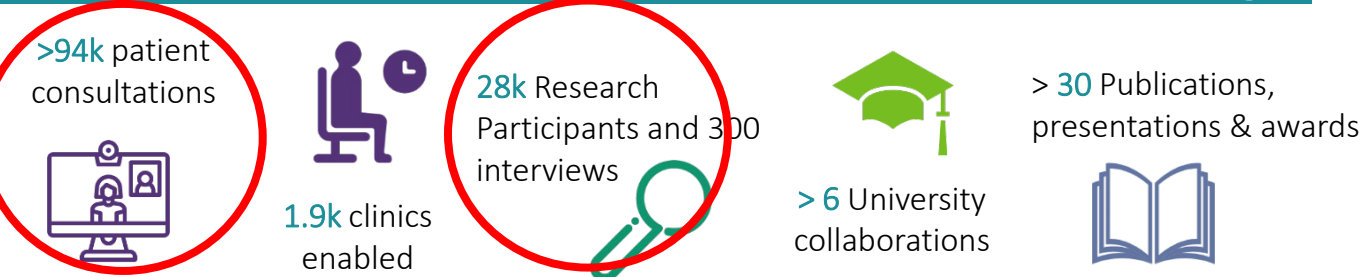
Evaluation of Performance/Service Metrics

- 🔑 Case studies
- 🔑 Performance metrics

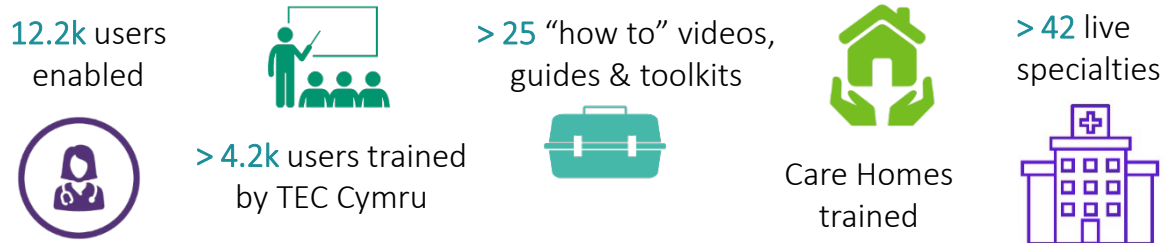
All steps continued over 3 cycles (COVID/Post/Long-Term).



1. Rapid Improvement, Innovation and Continuous Learning



2. Increased Workforce Knowledge and Capabilities



3. Better Coordinated Care and Clinical Outcomes



91% patients answered Yes to 'Would you use VC again?'

75% prevention of face to face



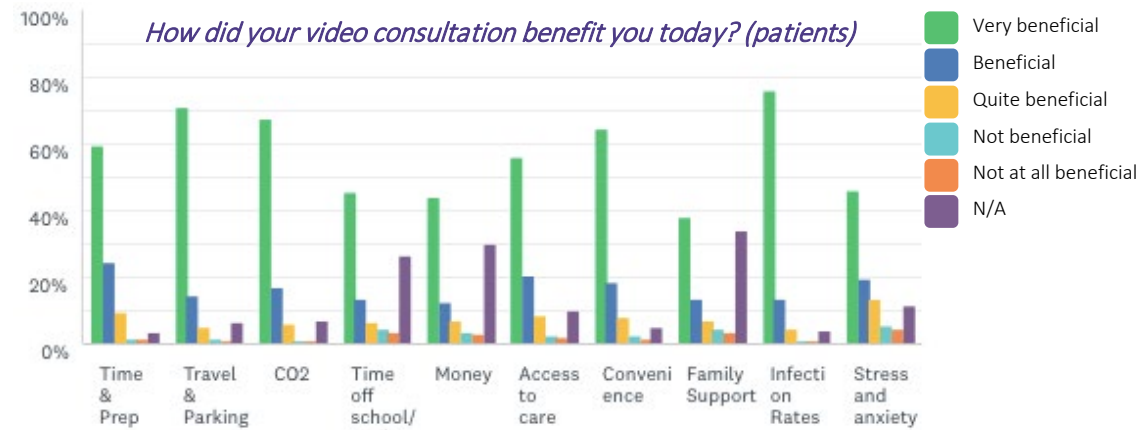
Most frequent appointment types – First Appointment 23%, Follow up 38% and 20% Therapy.

4. Reduction in travel time, costs and CO2



Based upon data ~23k live surveys not all consultations

5. Improved Equity and Access to Care



6. Improved use of resources

Up to 50% professionals perceive a reduction of waiting times and DNAs

60.2% professionals believed VC to be 'very beneficial' or 'beneficial' in terms of saving time, space, and preparation

7. Improved Patient and Staff Experience



92% of all patients rate VC as 'Excellent, Very Good or Good'

Quality of experience consistent across patients age ranges, gender or location.



30% number of clinicians working from home...



>20% above 65 years

“New Normal in Mental Health” and Video Consultations



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



CWTCH Cymru

Ready, Set, Go!

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



<https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians>

CWTCH Principles

- Setting a team
- Co production
- Safeguarding
- Suitability
- Safety
- RISK
- Confidentiality
- Informed Consent
- Infrastructure- equipment, platform
- Technical support
- Communication
- Branding
- Satisfaction/Evaluation
- Patient centred
- Role of social media
- Sustainability

COVID and Mental Health- Our Learning

- Outpatient, Community teams, inpatient, crisis teams, MDT and multi agency meetings
- 1028 (640 C and 388P) survey responses (Psychiatry, Psychology or MH counselling)
- 82.5% rating VC excellent, very good, and good.
- Face-to-face (FTF) prevented for 87.7% (anxious, fear of PPE)
- Significant difference between patients and clinicians on quality rating for VC (U = 102849.0, $p < .001$ with patients rating VC more positively)

“It was very good to be able to see the other person and actually feel that it was a therapy session. I found it extremely helpful and certainly see it as a way forward for times when people are unable to physically get to places.”

Care homes and COVID

- VC enabled delivery of care to the most vulnerable
- Virtual links with families to combat isolation and “promote well-being “
- 101 interviews with care home staff
- Understand use, value, benefits and challenges of using VC with healthcare
- Emerging findings
 - a) More responsiveness and greater acceptability
 - b) Awareness and better training about VC platform needed
 - c) Support in accessing healthcare e.g. primary care and **mental health**
 - d) Issues around connectivity, lack of equipment and technical literacy not highlighted as barriers

“Gives residents a massive lift being able to see and talk to family members, which has helped with their mental health”

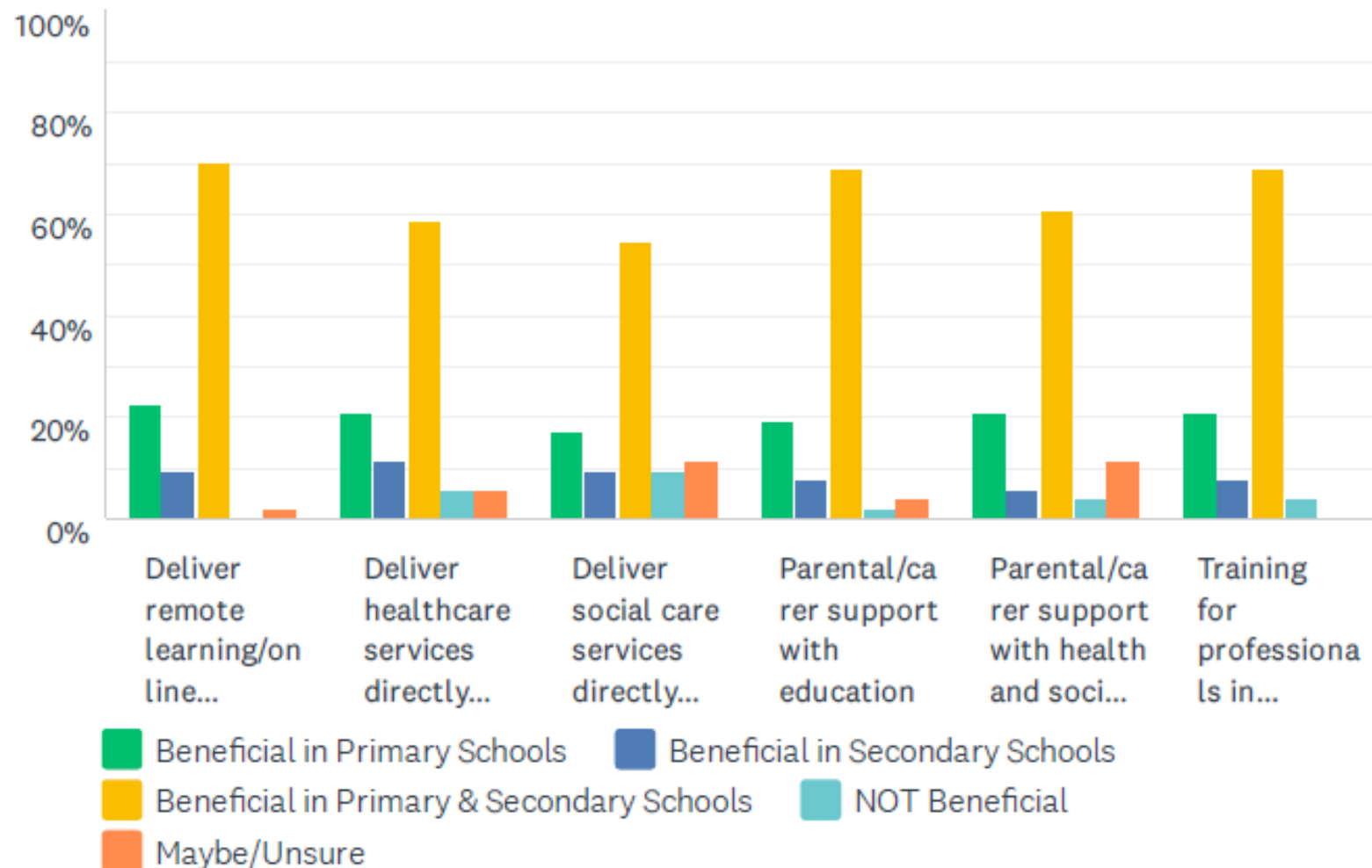
“Amazing for mental health of residents, and for boosting morale. We now use VC more than the telephone”

Schools and Mental Health

- The Whole School Approach
- Bring health and social care and support for pupil wellbeing into schools and thereby the communities
- Governance pathway and protocols, Guidance (safeguarding, consent, confidentiality etc.)
- TLC model
- Proof of concept- Panel of experts , 1:1 care, ND digital tool, parent groups
- Intergenerational work, DOE, Scouts
- Community hubs
- School survey

How do you think remote technology would be beneficial to schools?

Answered: 53 Skipped: 0



Ask us about Dementia – a pilot study

- Provide timely access to expert advice and signposting on dementia care using telehealth
- Support peer learning between health and social care practitioners
- Opportunity to work differently with video consultation technology
- 1:1 conversations with practitioners and potential pilot sites
- Outcomes
 - a) Shared learning across disciplines
 - b) Quick access to advice
 - c) Equity of access to specialists
 - d) Collaboration and joint working

Sharing good practice



it's dry here,
the sinking is
a hoax

if the Titanic was
sinking today:

nobody can force me
to wear a life jacket

if I drink fuel
I won't freeze

My friend had diabetes so
technically that killed her,
not drowning

only elders
and non swimmers will die.

The lifeboat industry
funded this

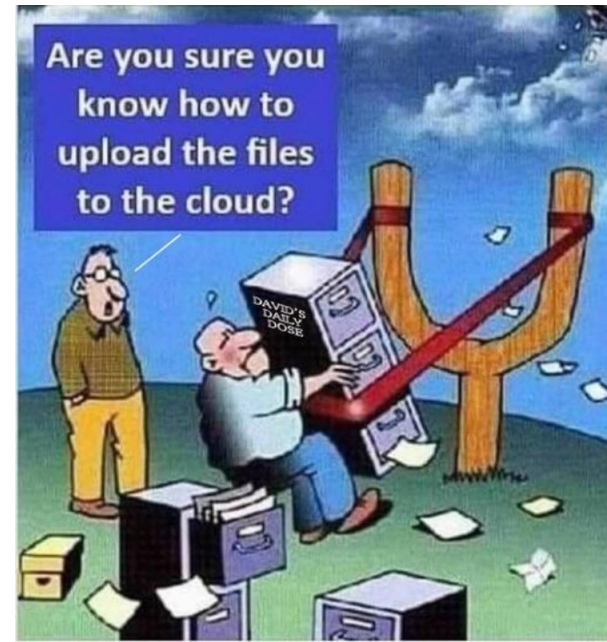
1500 dead? More people die
from heart disease every year

Sharing good practice

- VC for appointments in OAP- pilot in South and North Wales. Investment in hardware, connectivity and training
- Research with UCL - providing psychological therapy to people living in their homes with depression and dementia
- Discharge/Care planning meetings with families and social workers
- Neurodevelopmental assessments, memory clinics, medication follow up
- Psychological therapies
- Virtual ward rounds, MH triage teams/OOH
- MHA assessments?

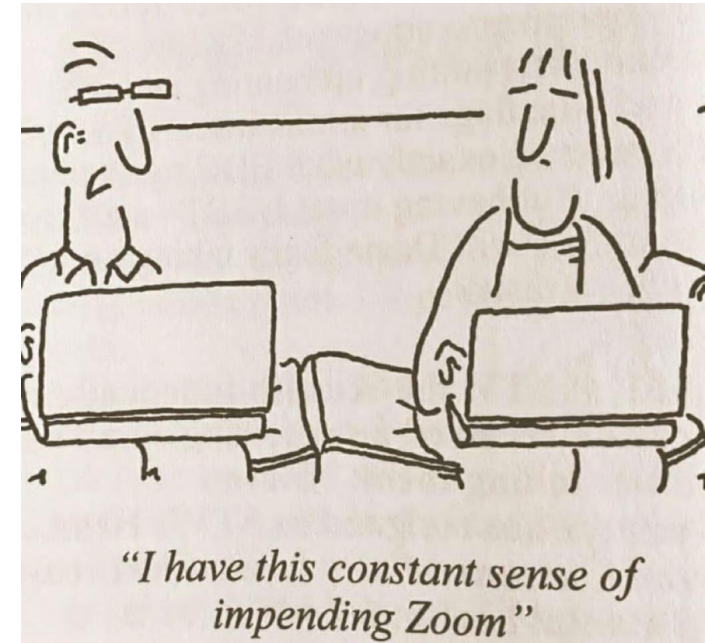
“More of the same or More with the same”

- Online self-assessment tools -identify patients who need more indepth assessment – better use of resources and capacity
- Use of online resources/ apps - deliver simple interventions to boost resilience during the pandemic
- COVID-19 - opportunity to use technology to improve NHS and expand capacity in MH services
- Modelling- forecasting, supercool rotas
- Shaping as we move forward

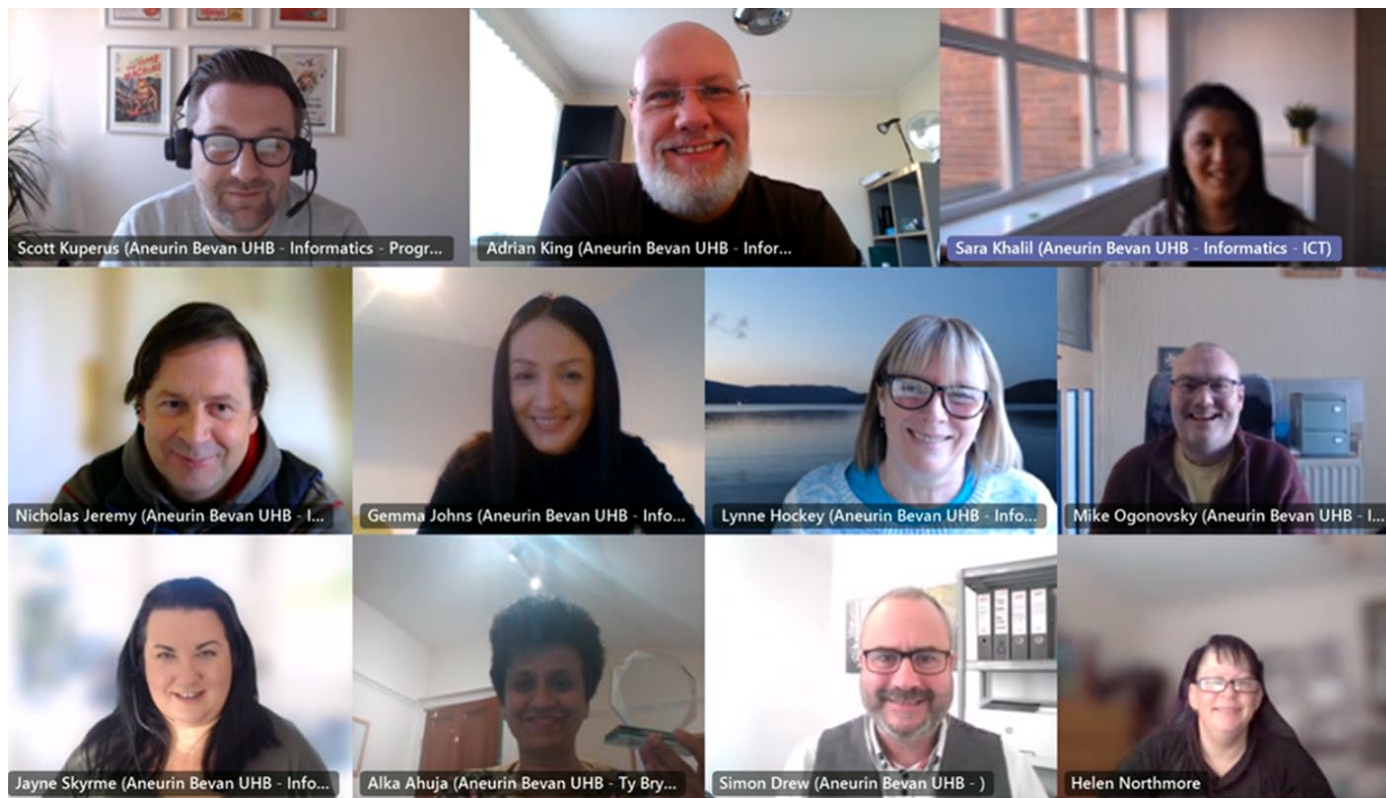


Future Direction

- Suitability – follow up , medication review, MDT, psychotherapy....
- Equality impact assessments- LD, older age, ethnicity etc.
- VC vs F2F- time, zoom fatigue, appropriateness, allow input from carers/families (abroad), second opinions, loss of networking
- Recent studies- VC can be as empathetic as F2F (online specific skills)
- Preferences/ Choice e.g. delivering sensitive messages remotely
- Training- supervision, webinars, international conferences
- Strong relationship - clinical and digital leadership
- Technical and clinical toolkits







<https://digitalhealth.wales/tec-cymru>



@cwtchgwent
@teccymru



Cwtch Gwent

