



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
Cwm Taf Morgannwg  
University Health Board

## Keep Calm and Don't Just Carry On- Are Advanced Nurse Practitioners the missing piece for Old Age Psychiatry Inpatient Units?

Dr Grace Goss (CT1 Psychiatry), Dr Priya Gowda (Consultant-Old Age Psychiatry) and Dr Danika Rafferty (Consultant-Old Age Psychiatry)

Cwm Taf Morgannwg University Health Board

Contact- [grace.goss@wales.nhs.uk](mailto:grace.goss@wales.nhs.uk)

### Introduction:

One junior doctor (CT1 or equivalent) is allocated to cover the ward whilst balancing their other training needs and clinical commitments. The inpatient ward is based in a community hospital with no onsite medical team. The patients mostly have complex medical needs and multiple comorbidities.

### Objectives:

1. This project aimed to review the medical cover available to an Old Age Psychiatry inpatient ward.
2. To discuss with ward staff their view for potential improvements and areas of clinical development.
3. To review the potential of a Full Time Nurse Practitioner role on the ward.

### Methods:

The Junior Doctor's timetable and the time allocated to the ward was reviewed.

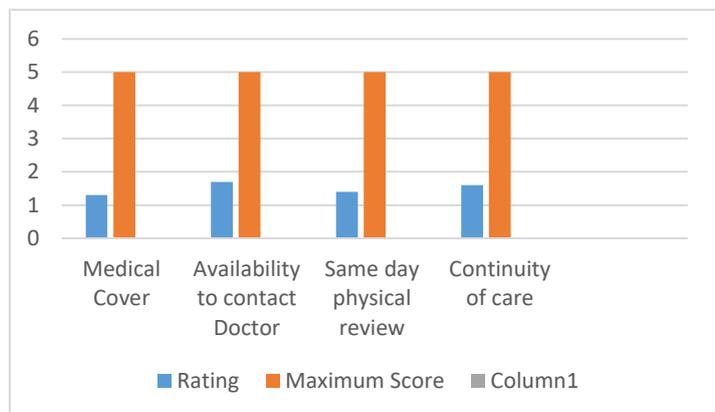
Questionnaires were conducted with nursing staff to assess their views on the support of physical health cover.

The patient notes were analysed for the time taken to review patients after falls over a one month period.

### Results:

There were 14.5 hours allocated to ward cover. An additional 4 hours was provided by another visiting junior doctor totalling **18.5 hours per week- 11% of the time.**

A short survey completed by ward staff showed- (1=Very Poor/Difficult 5=Excellent/Easy)



The patient case files reviewed over a one month period showed **x8 falls**. These took on average **14 hours before having a review.**

### Limitations:

Analysis of ward cover does not account for annual leave, on call commitments or study days whereby there was no additional cover.



### Conclusion:

Medical cover for the old age psychiatry inpatient ward was inconsistent and a challenge for a single trainee to manage alongside their other clinical commitments and training needs. A case was proposed to management with an SBAR for a Full Time Advanced Nurse Practitioner which has been approved and a candidate appointed. This role should provide patients with appropriate cover of their physical health needs. It will allow the junior doctor to work alongside them on the ward supporting each other to provide optimal care for the inpatients.

# The Use of Video Consultations and Digital Innovations in CAMHS: A Patient and Clinician Perspective.

## Background:

COVID-19 rapidly altered the way in which healthcare is delivered across the National Health Service (NHS) and there has been a rise in the use of digital innovations e.g., video consulting (VC). Child and Adolescent Mental Health Services (CAMHS) adapted VC to maintain connection between clinicians and patients during this unprecedented time.

## Research Aim:

To understand the perceptions, usage, and acceptability of VC as an alternative to face-to-face in the future of CAMHS.

## Method:

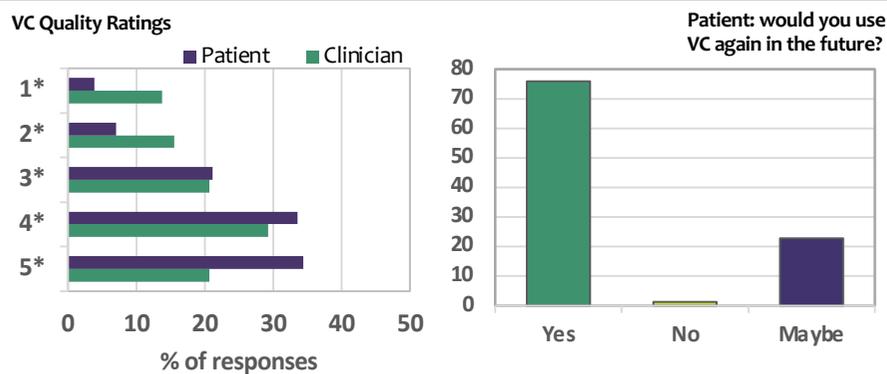
- Technology Enabled Care (TEC) Cymru's service evaluation, collected over 20,000 survey responses across NHS Wales (September 2020 - March 2021).
- Sample: There was a total of 188 clinicians (n=58) and patients (n=130).
- A mixed-methods approach was used to analyse data.



Find out more at:  
[www.digitalhealth.wales/tec-cymru/vc-services](http://www.digitalhealth.wales/tec-cymru/vc-services)

## Results:

- VC quality was rated positively, with 83.4% of the respondents stating it was **excellent, very good or good**.
- Patients were more positive in these ratings than clinicians (displayed in the figure below).
- 64.9% (89.7% of clinicians) stated that face-to-face was prevented by VC.
- The most common types of appointments conducted using VC were **therapy** (31.7%) and **first appointments** (29.0%). Other appointments included **reviews** (19.1%), **advice** (10.4%), and **follow-ups** (7.1%).
- 98.7% of patients would consider using VC again in the future.



## Qualitative Findings:

The main themes that emerged from the qualitative data were:

- **Performance:** how well the VC performed, relating to visuals, connection, sound, and software.
- **Assessment:** the ability to appropriately assess the patient and the situation.
- **Perception of VC:** patients were grateful for the opportunity to see the clinician using VC. Clinicians also described VC outcomes positively.
- **Challenges:** challenges, such as technical issues, were prevalent across patients and clinicians.

*All worked well - good quality video and sound – Patient*  
*Kept glitching, but apart from that very good - Patient*  
*Helpful that parent and young person could both be included in consultation – Clinician*  
*Essential for me as only able to work remotely - enables me to continue working – Clinician*

## Conclusions:

Despite a focus on technical limitations, VC is positively viewed by CAMHS patients and clinicians. The general acceptability of digital innovations in these services suggests the possible use of such in the future, post-pandemic, and questions the possibility of introducing a blended-approach to care as the new 'normal' in CAMHS.



Travel savings: 10030 minutes  
 (167.17 hours)  
 Patients: 119.83 hours  
 Clinicians: 47.33 hours

# Video Consultations in Psychiatry and Mental Health: The Second Phase of a Mixed Methods Evaluation.

## BACKGROUND

The last year has seen an extraordinary shift in working practices and workplace environments within the National Health Service (NHS). This shift has occurred with advancements in digital interventions including the introduction of Video Consulting (VC). Clinicians and patients within the NHS had to adjust to VC at pace; challenging the culture witnessed within Mental Health and Psychiatry which typically utilised face-to-face consultations to facilitate therapeutic relationships and observe body language.

## RESEARCH AIM

To investigate the benefits, challenges and sustainability of VC, while exploring the VC experience from patients, families and clinicians.

## METHOD

Over **20,000 respondents** from **50 specialties** have participated to date in the 2nd Phase of the Technology Enabled Care (TEC) Cymru evaluation of 'Attend Anywhere' within the NHS.

The current analysis includes data from Phase 2 of the evaluation (Sept 2020 - March 2021) with the use of regular **PDSA** cycles and mixed methods to analyse results.

There was a total of **2,798 survey responses** specific to Psychiatry and Mental Health, with **1,074 clinicians** and **1,724 patients**.

## RESULTS

All respondents rated VC positively (N = 2759), with **85.2%** rating VC **excellent, very good, and good**.

Patients rated the quality of VC higher than clinicians (see Figure 1).

Face-to-face (FTF) was **prevented** for 72.7% of respondents (N = 2753).

Clinicians (N = 1054) rated **FTF prevention** as more frequent (**90.7%**) than patients (**61.9%**, N = 1705).

**94.6%** of patients (N = 1495) and **91%** of clinicians (N = 984) said that VC was **very beneficial, beneficial or quite beneficial** for **increasing access to care** (see Figure 2).

## QUALITATIVE THEMES

- Patient autonomy
- Comfort
- Healthcare continuity
- Therapeutic relationship
- Convenience

"I have nothing other than thanks for this service. Trying to get my daughter out of the house is hard so a video appointment was perfect"

"Patient feels confident and a sense of achievement"

"It has prevented a patient deterioration and possible hospital admission and maintained crucial support for mental health patients"

"I think this is a valuable resource not to be lost but to be invested in for future clinical excellence, service improvement"

"I do not feel it should completely replace face to face contact as there is still a need for this, especially in terms of risk assessment"

"I am so glad to be able to see my therapist and vice versa. It certainly helps with the work that we are doing and our therapeutic relationship"

"This is the way forward in healthcare when there is no need to see someone in person. Very efficient, no wasted time"



## TRAVEL SAVINGS

**2,182.78 Total Hours**

**669.05 Clinician**

**1,513.73 Patient**

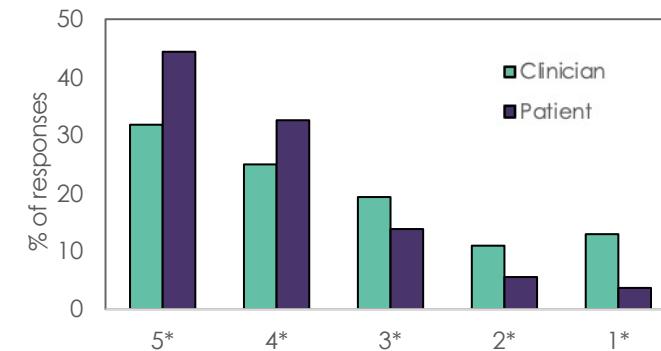


Figure 1. The difference between clinician and patient VC quality rating.

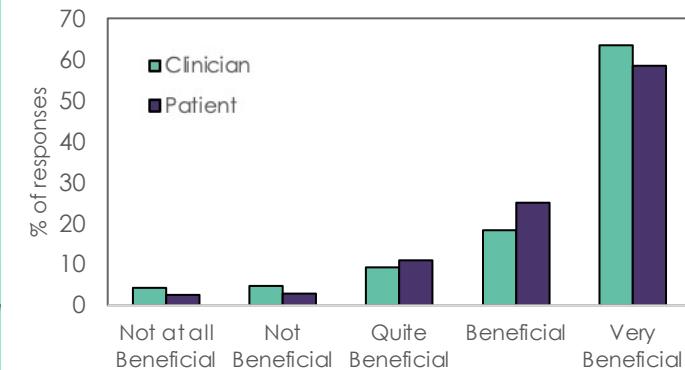


Figure 2. The difference between clinician and patient VC access to care

## CONCLUSIONS & NEXT STEPS:

VC has helped to provide sustainable Mental Health care within the NHS over recent months and has demonstrated sustainability in being a suitable method of consultation for clinicians and patients. Future research into VC should aim to measure **efficacy and effectiveness** of VC using **randomised controlled trials** within this speciality.



# An Innovative Approach to CASC Practice

Dr Jennifer Rankin ST5, Aneurin Bevan University Health Board

## Background:

As a result of Covid-19 restrictions, junior doctors working in psychiatry have struggled to facilitate CASC practice. Traditionally, trainees would arrange face-to-face groups to practice simulated scenarios. However, the pandemic has limited these opportunities. Therefore, an evening Zoom CASC practice group was developed to address this need. Junior Doctors across Wales signed up to practice via a Whatsapp group. Practice groups ran Monday-Thursday from 8pm. This was supervised by a small group of senior doctors who volunteered their time. One higher trainee co-ordinated the sessions via an online spreadsheet to co-ordinate trainees, supervisors and topics for practice. This group ran for August 2020, January 2021 and May 2021 CASC sittings. This method of practice was subsequently evaluated using an online questionnaire.

**Method:** All trainees who had joined the whatsapp group were invited to complete an online survey.

Did you pass CASC after practising with this group?

11 responses

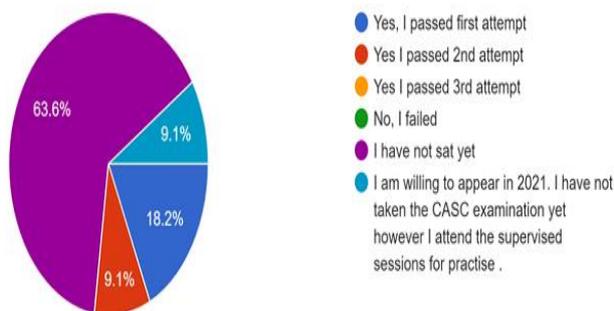


Figure 1: Graph to show pass rates following virtual practice

**Results:** There was a response rate of 44%. 90% of respondents viewed the sessions as very helpful or helpful towards CASC preparation. 100% of responses rated the quality of CASC supervision as excellent. All trainees who practised in the group were successful in their exam.

There was space on the survey for trainees to leave free text feedback. There was overwhelmingly positive feedback for this scheme. Trainees found the session high value and appreciated that Seniors were giving up free time to support them. Trainees found constructive feedback useful and some commented that a non-judgemental space to practice reduced their anxiety. Suggestions for improvement for these sessions included more supervisors to allow for smaller group practice. Others suggested increasing practice sessions to 6 times a week.

## Feedback:

*"It provided a platform to work on communication style. The mock exam was very useful for practising in a similar setting as that of the exam. Listening to other people practice also helped to imagine what the examiner is looking out for".*

*"I really value the constructive feedback. I fully appreciate that the examiners, despite various commitments are using their personal time to help us".*

**Conclusion:** A regularly organised virtual CASC practice appears to have adequately replaced face to face practice sessions. Furthermore, it afforded trainees the opportunity to practice with other doctors across Wales rather than those within their place of work. It also allowed supervisors to join from across Wales and gave the trainees greater opportunities to practice with experienced CASC examiners. Therefore, this innovative scheme has enhanced CASC practice for trainees across Wales. It could further be improved with increased availability of practice sessions and supervisors. Further data could be collected on the impact of this scheme on pass rates.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# A New Brain Scanning Technique to Aid Diagnosis of Dementia

Prof Christopher Marshall, Director Wales Research and Diagnostic PET Imaging Centre, Cardiff University, UHW

Dr Brian Huey, Consultant Radiologist, Aneurin Bevan University Health Board

Dr Patrick Fielding, Consultant Radiologist, Cardiff & Vale University Health Board

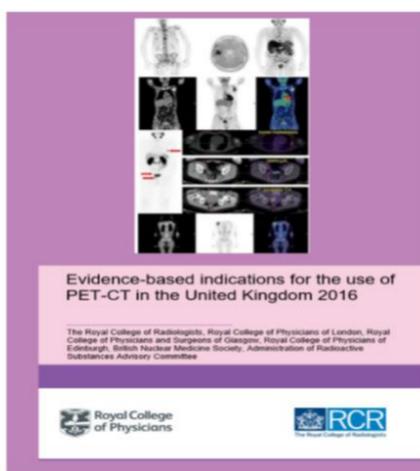
Dr Rui Zheng, Consultant Old Age Psychiatrist, Aneurin Bevan University Health Board

Dr Chineze Ivenso, Consultant Old Age Psychiatrist, Aneurin Bevan University Health Board



## Introduction to the ABUHB PET scan Initiative

- Key aspirations for the **Dementia Action Plan Wales** to increase number of people formally diagnosed with dementia by 3% points annually to improve early diagnosis and timely interventions
- Traditional diagnosis of dementia aided by CT/MRI scan
- NICE Guidelines for Dementia 2018** recommend if diagnosis is uncertain and AD is suspected, consider FDG-PET (or perfusion SPECT if FDG-PET is unavailable) or examining CSF if the diagnosis is uncertain and FTD is suspected consider FDG-PET (or perfusion SPECT if FDG-PET is unavailable)  
Do not rule out dementia solely on normal imaging
- Evidence based indications for the use of PET-CT in the UK 2016** recommends use of PET scans in the evaluation of memory loss/neurological signs suggestive of dementia and differentiation of types of dementia

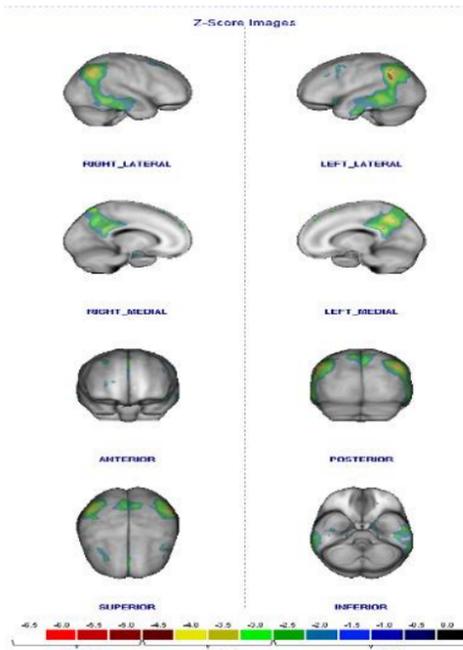
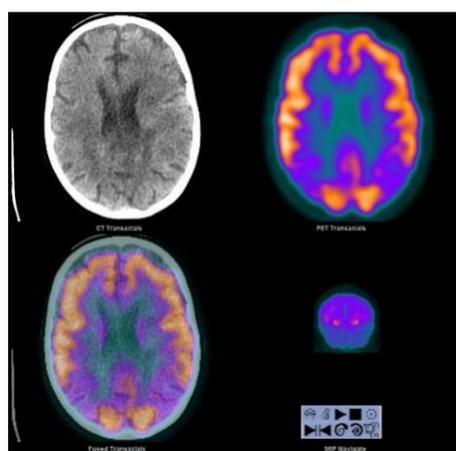


## PET scan Initiative

- Patient and carer idea
- Working with ABUHB Older Adult Mental Health Directorate, ABUHB Radiology Directorate in partnership with Wales Research and Diagnostic Positron Emission Tomography Imaging Centre (PETIC) and Royal College of Psychiatrists in Wales
- Gwent Regional Partnership Board commissioned independent review of Dementia Services 2019 identified commissioning priorities, included priority around improved diagnostic pathway and rate by widening access to diagnosis
- ICF Project cost £100,269, (60FDG PET scans and 20 Amyloid PET scans)
- Targeted at patients in Memory Assessment Services in ABUHB for whom the standard memory assessment pathway does not clarify diagnosis.
- Trained psychiatrists, neurologists and geriatricians around the neuroimaging needed for diagnosis of early or uncertain dementia
- Developed operational policy
- Benefit to patients in Gwent area; increase earlier diagnosis and increase diagnostic rate for dementia, achieve more reliable diagnosis of dementia subtype, enable earlier disease specific treatment and access to psychosocial support and reduce carer burden

## Patient Story

- Short term memory loss over 3 years
- Equivocal neuropsychological testing
- FDG PET aided early diagnosis of AD



## Results

- ABUHB PET scan initiative has so far evaluated the clinical impact of FDG PET-CT brain imaging in patients with cognitive impairment, who did not have a clear diagnosis after initial expert assessment and standard neuro radiological examinations in a routine clinical setting.
- Funding was obtained to undertake sixty FDG PET-CT scans during the pilot period, however due to the ongoing COVID 19 pandemic scanning was suspended for a period of time. However fifty two FDG PET-CT scans were completed by September 2020. Feedback for analysis from referring Consultants has been received for 23 patients.
- The initial findings from the ABUHB pilot study suggest that FDG PET-CT brain imaging has a significant clinical impact when performed selectively in patients with cognitive impairment and shows high accuracy in the diagnosis of AD in real-world clinical practice in Wales.
- The ABUHB pilot study showed that use of FDG PET-CT led to a change in the pre-test clinical diagnosis in 61% of cases, it was striking that 100% of clinicians using FDG PET-CT reported an increased confidence in their diagnosis following receiving FDG PET-CT results. This finding compares favourably with the results obtained by R Ossenkoppele et al (R Ossenkoppele, 2013) which showed that 18 F-FDG uptake patterns matched the clinical diagnosis in 58% of AD patients and in 33% of FTD patients, in this study PET results led to a change in diagnosis in 23% of patients. This change in diagnosis only occurred when prior diagnostic certainty was less than 90%. Diagnostic confidence increased from 71+or- 17% to 87+or-16% after PET (P less than .001). In the ABUHB pilot study patients were selected rigorously to include those with most diagnostic uncertainty which may have contributed to the high percentage with change in clinical diagnosis as well as the 100% increased confidence in diagnosis.
- In the ABUHB pilot use of further investigations was cancelled in 91% of patients who underwent an FDG PET-CT, these include 52% of patients having booked neuropsychology testing cancelled, 43% of patients had their watchful waiting and associated repeat ACEIII appointments cancelled, 8.3% of patients had booked speciality appointments (e.g. neurology) cancelled. Of the patients who had FDG PET-CT scans 91% of the patients had their therapy changed, including commencement of antedementia medication in 52% of cases and discontinuing or avoiding of antedementia medication in 35% of cases, proposed Electroconvulsive Therapy was cancelled in 13% of cases. This compares favourably with a previous study by A Elias et al (A Elias, 2014) which showed that FDG PET-CT changed prescription of cholinesterase inhibitors (antedementia medication) in 17% of patients in their study.
- Overall in the ABUHB pilot clinical management was changed in 91% of cases, this demonstrates the huge clinical utility of FDG PET-CT imaging in selected patients with difficult to diagnose dementia.
- In partnership with the Royal College of Psychiatrists in Wales, we were successful in proposal to the Welsh Health Specialised Services Committee for the commissioning of FDG PET nationally. The case was made based upon the findings of this project in addressing the local and national need and as part of the 2020 Review of the WHSSC Specialised Services Policy CP50.
- The new PET indications will become available once the revised WHSSC PET policy is published post consultation (April 2021)