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.
**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

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
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

3,459 mi
Distance from London to 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, Jacinta Tan, Anna Burhouse, Mike Ogornyk, Catrin Rees, Alka Ahuja

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' experiences of two medium to large 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 workforce systems and adhere to legal and ethical guidelines.

Keywords: Video consultations, COVID-19, telepsychiatry, mental health, digital health, mental health services
SUCCESS

Winner, Royal College of Psychiatrists Sustainability Award
Mary, do you accept John as your lawfully wedded husband? If you do press [ent]. If you don’t press [esc].

COVID-19
CORONAVIRUS DISEASE 2019

The most Negative word of 2020 is "POSITIVE"
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

- >94k patient consultations
- >92k patient consultations avoided
- 1.9k clinics enabled
- 28k Research Participants and 300 interviews
- > 30 Publications, presentations & awards
- >6 University collaborations

2. Increased Workforce Knowledge and Capabilities

- 12.2k users enabled
- > 25 “how to” videos, guides & toolkits
- >42 live specialties
- > 4.2k users trained by TEC Cymru

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

- 322k travel patient miles avoided
- 93 tonne Co2 saved
- 8.4k hours of travel time saved
- 53 mins saved per patient journey

Based upon data ~23k live surveys not all consultations

5. Improved Equity and Access to Care

- 92% of all patients rate VC as ‘Excellent, Very Good or Good’

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% number of clinicians working from home...

- >20% above 65 years

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

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,3  Mike Ogonowski,2  Catrin Rees,2  Alika Akuju

NHS Wales Video Consulting Service

Attend Anywhere: A Carer’s Story

Mrs George is worried about Calum. Her 16-year-old son who has autism with anxiety. Since the lockdown he has been snarling and worrying about his family. He is getting frequent panic attacks and has started talking incessantly about germs. He is not sleeping at night and seems too active at times. He was having regular episodes of anxiety and panic attacks daily. He has now had three episodes of anxiety attacks due to COVID. Mrs George contacts Sally, the CARE4MUMS carer for advice. Calum gets along well with Sally.

Sally has a chat with Mrs George and arranges to meet her and Calum virtually. Mrs George isn’t sure about this but agrees to try it. Sally then launches offering video consultations using Attend Anywhere to some of her patients if appropriate.

Calum is initially reluctant but joins the video call with his mother. He uses video calling when they call up his grandparents in Australia. He is happy to see Sally and they have a long chat. Sally is able to share some useful websites and resources with Mrs George and Calum by sharing her career on Attend Anywhere.

Sally arranges to see Calum in two weeks again on a video call and asks him to try the relaxation techniques she shared on the website. Calum agrees to try them, and his anxiety levels reduced.

Attend Anywhere: A GP Story

Dr Jones is a GP who works in a very busy practice in Wales. Due to COVID, he has started offering video consultations using Attend Anywhere to some of his patients if appropriate.

Dr Jones is contacted by Mr George who is 70 years old for advice about his blood pressure tablets monthly review. Mr George is anxious and wants to talk to Dr Jones, but his daughter wants to be there. She lives in London and cannot come as she is in self-isolation due to COVID.

Dr Jones offers Mr George an Attend Anywhere video consultation appointment and invites his daughter in London to join the virtual appointment.

Mr George gets his advice and is happy that his daughter was present for the appointment. Dr Jones is pleased that the appointment went well and glad that Mr George is doing fine.

CWTCH Cymru

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

- Deliver remote learning/online...
- Deliver healthcare services directly...
- Deliver social care services directly...
- Parental/carer support with education
- Parental/carer support with health and soci...
- Training for professionals

- Beneficial in Primary Schools
- Beneficial in Secondary Schools
- Beneficial in Primary & Secondary Schools
- NOT Beneficial
- Maybe/Unsure
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

if the Titanic was sinking today:

it's dry here, the sinking is a hoax

if I drink fuel, I won't freeze

nobody can force me to wear a life jacket

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 in-depth 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 rota

• 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