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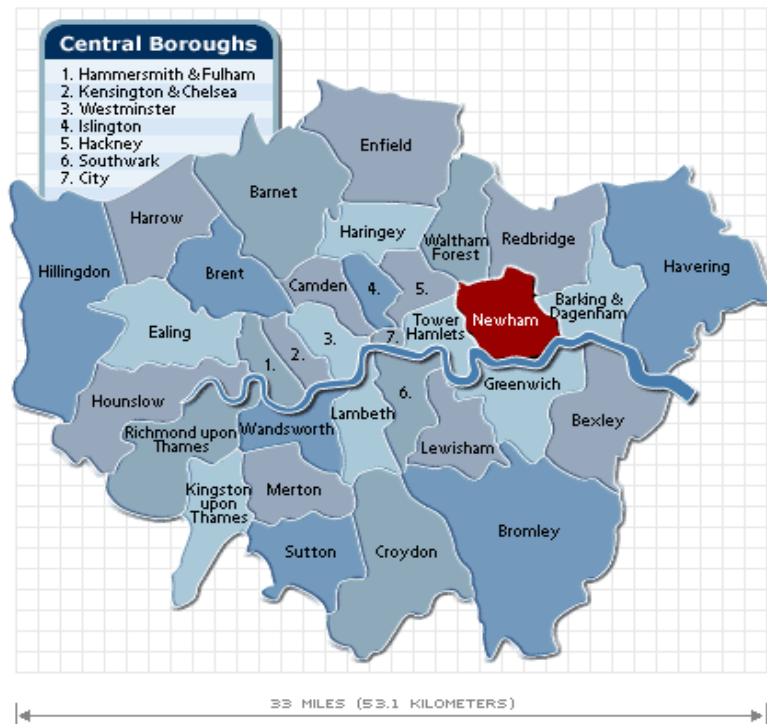
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# Scaling Up Online Appointments

# The Setting

## Borough of Newham (GLA data)



- Approx. 332,600 (2015)
- Approx. 70% from BME groups (South Asian ethnic groups being 33%)
- 6<sup>th</sup> most deprived borough in England
- Approx. 40% aged 25 and under (compared to 30% for London)
- Alarming rise in diabetes in the young, mainly associated with obesity
- Diabetes prevalence 10.4%, 2015 (compared to 7.6% for UK), NDIS 2010 prevalence model.

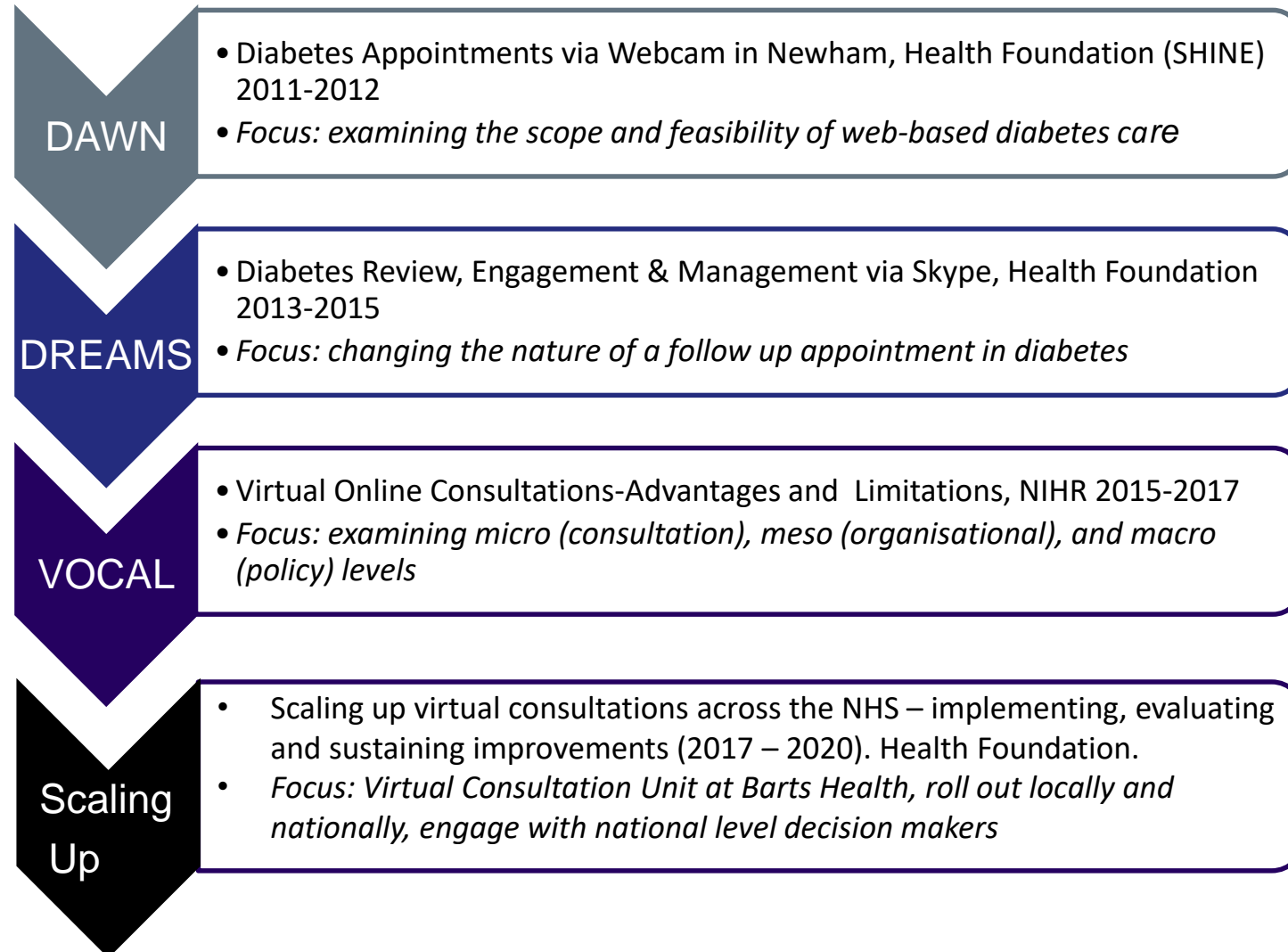


# The Problem

Newham Diabetes service exemplifies challenges within the NHS:

- Rising demand on services: estimated rise 13.5% in 2030
- Pressure to cut costs/ improve efficiency
- Inflexible and inaccessible services
- High non attendance rates: e.g. approx 50% in the Young Adult clinic
- Poor patient self-management, related to poor engagement with service and lack of flexibility of services (Local MORI survey '09)
- Poor health outcomes e.g.
  - Repeat admissions via the emergency department, particularly for young adults
  - Increased complications – cardiac, renal, foot disease
  - Poor pre-pregnancy care, late booking into antenatal services

# What have we done so far



# DAWN and DREAMS Findings

## Recruitment

- ‘Clinically unsuitable’ (need physical examination, complex comorbidity, lack of relationship) - approx. 20%
- 62% of those considered suitable agreed to participate
- Over 120 Skype users
- Ages of those who agreed to participate:

Patient ages	% agreed
Under 50	82%
50 -59	64%
60-69	29%
70-79	11%
Total	62%

Main reasons for NOT participating were: no access to the internet at home (52%), ‘prefer face to face contact’ (18.5%), not confident with the internet/computer (9%)

## 'Do Not Attend' (DNA) rates

Appointment type	Number appointments	Average DNA rate
Face to face and webcam	1644	28%
Webcam	480	13%

Plus, extra 152 'patient initiated' appointments (by the nurse). DNA rate zero!

## Duration of appointments

Appointment type	Mean duration
Face to face with consultant / nurse	25 - 30 mins
Webcam with consultant / nurse	9 mins

NB: Clinical case mix different face to face

Increased productivity of 22% (average extra 2 patients) in consultant clinics and 28% in nurse clinics.

## A&E and Hba1c levels before and after

Promising but inconclusive –not a controlled trial, too many variables.

Average Hba1c pre-Skype 70 mmol/mol; post Skype 65 mmol/mol



# What do patients think?

- 1. Convenience; saves time, ‘better waiting experience’; saves money**

*Fitting appointments around every day lives*

- 2. More likely to keep webcam appointments**

*“Skype would have been really good when I was at Uni. I hardly came to appointments because I just wanted to forget I had diabetes. Diabetes is a looooooong journey! I use it a lot now as I can’t always get time off to come to my appointments and I need my job.”*

- 3. Quality of care same as face to face**

*“If you are not well and you are Skyping they can see you are not well”*

- 4. Prior relationship with the clinician**

Quality of the conversation via webcam attributed to quality of existing relationship

- 5. Feel more in control / ownership**

- 6. Need a balance of face to face & webcam**

- Examination
- Hands on assistance e.g. insulin pump
- Sharing of numerical or visual information easier
- Interpersonal interaction face to face

DAWN and DREAMS: 43 patient interviews, 4 patient focus groups, 28 completed on-line questionnaires

# SCALING UP VIRTUAL CONSULTATIONS ACROSS THE NHS

**Implementing, evaluating and sustaining  
improvements**



# The plan: technology enabled service re-design

## Work package 1

### Create Virtual Consultation Unit

- Cross-departmental support team to facilitate spread
- Online forum and resource directory
- Quarterly demonstration clinics
- Shared learning (knowledge exchange workshops)

## Work package 2

### Phased roll-out of virtual consultations

- *Locally:* Transforming Services Together (TST) Outpatient programme
- Integrate with eLPR (real time record sharing) and Population Health Informatics programmes
- *Nationally:* 60 expressions of interest; 2 services identified

## Work package 3

### Engage with national level decision makers

Align national policy, tariff, and governance, with:

- Local partners, and virtual consultation working groups
- Policymakers (e.g. NHS England, NHS Digital)
- Industry (e.g. Microsoft)
- Professions (e.g. GMC)

Ensure sustainability

Dissemination

# How are we doing?

1. Covid – national and local surge: 18 services set up within Barts Health; 13 waiting
2. Working with 3 main external partners and informally as part of a network of sites using online consultations
3. Widespread roll-out of Attend Anywhere, supported by NHSI
4. Resource material including patient and staff guidance, SOP, animation film for patients, publications, Information Governance incl. for working from home
5. Evaluation

For further information

<https://www.bartshealth.nhs.uk/videoconsults>

Twitter: @NHSBartsHealth @AliceMorrisey #videoconsultsNHS

“Interaction in Video Consultations: a linguistic ethnographic study of video-mediated consultations between patients and clinicians in Diabetes, Cancer, and Heart Failure services”. Sara Shaw, Lucas Seuren, Joseph Wherton, Deborah Cameron, Christine A'Court, Shanti Vijayaraghavan, Joanne Morris, Satyajit Bhattacharya, Greenhalgh Trisha. May 2020, JIMR.

## Summary: key points

- Patients like the convenience of webcam appointments, said it saved them money and they are more likely to attend; generalisable across age & ethnicity
- A flexible approach will maximise the potential of webcam consultations e.g. patient initiated' consultations, using video phone
- You need time to demonstrate hard quantifiable benefits
- Efficiency savings:
  - Quick wins: shorter focused consultations (increased capacity), patient savings
  - Longer term savings from reduction in DNAs and potential associated benefits from greater patient engagement
  - Greatest savings if you can release clinic infrastructure costs
- Complex challenges are faced
- Practical steps to consider:

