



# Remote Mental Health Services in Wales UK: One Year of Data

In March 2020 NHS Wales observed a significant decrease in face-to-face appointments & an increase in remote services – especially via video consulting (VC). VC within MH services has been internationally utilised for decades, yet the pandemic led to widespread use in the UK.

## **Previous literature told us...**

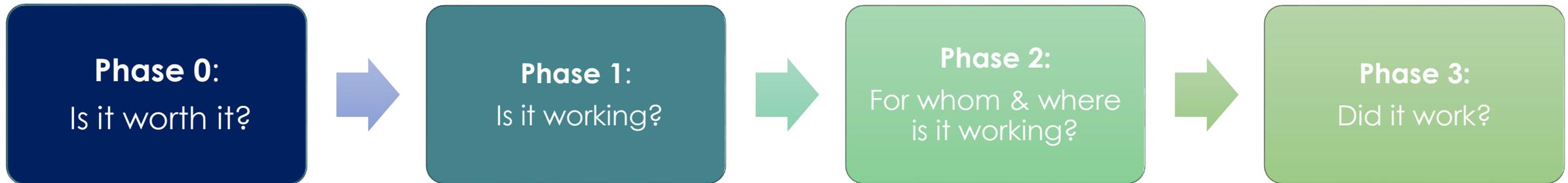
- VC is nearly comparable to face-to-face contact
- VC is a preferred method to face-to-face for many.
- Considered more suitable for some reaching underserved and isolated populations.
- Allows access to range of MH conditions, appointment types, & sociodemographic groups.
- Provide quality ensured, cost-effective MH support, care and treatment.
- Reduce patient waiting time
- Likelihood of reduced DNAs
- Lower stress & anxiety for some patients & MH conditions.

# CWTCH to TEC Cymru

# One Year of National VC Evidence

- March 2020 a significant decrease in face-to-face & an increase in remote services e.g., VC
- An opportunity to test VC on a representative level (no carefully selected sampling).
- An opportunity to conduct an All-Wales evaluation.
- Using a Quality Improvement approach, TEC Cymru sought to capture as much data as possible, using a wide range of mixed methodologies.

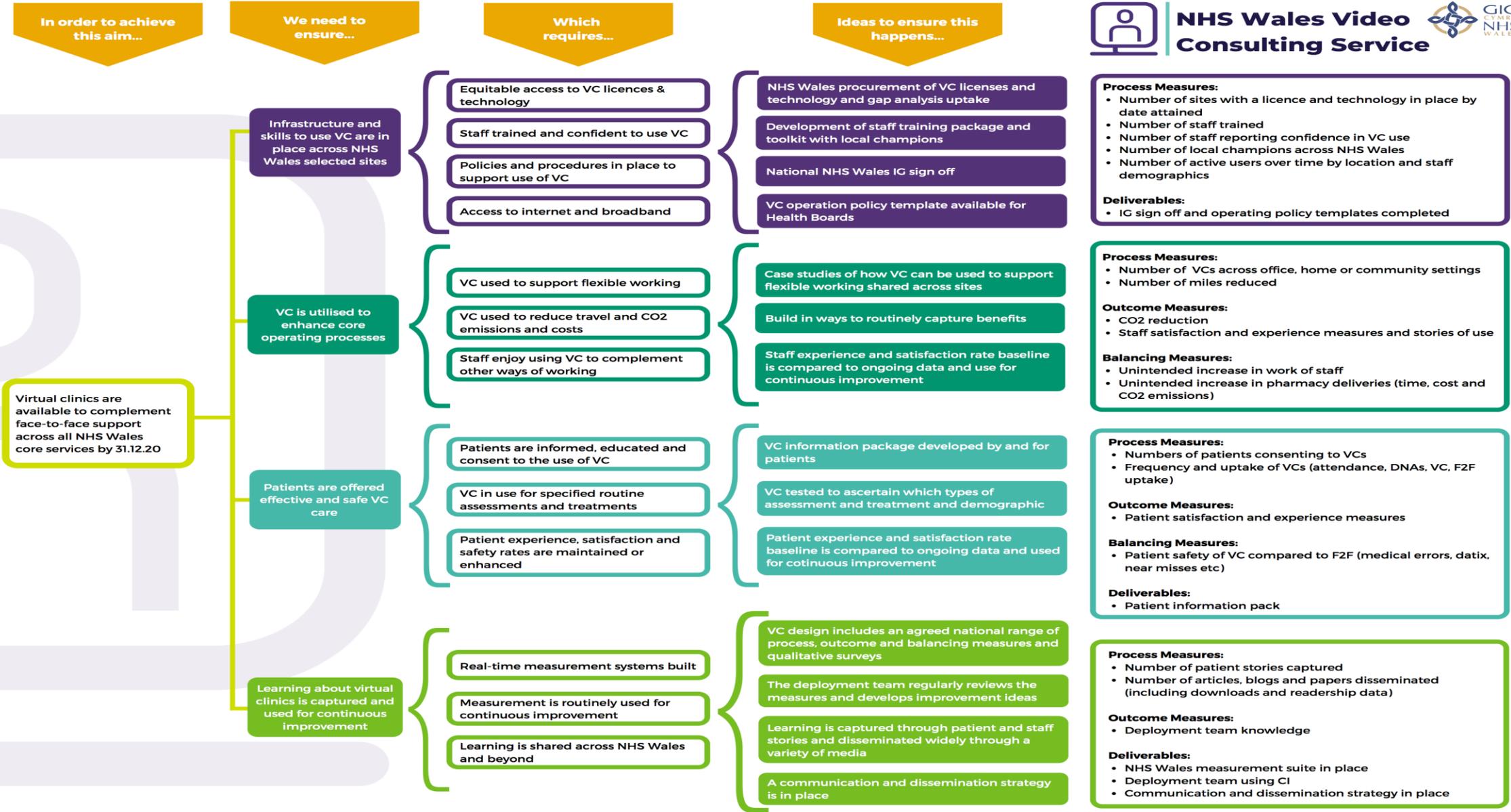
TEC Cymru use a 4-Phase approach for all of their Research & Evaluation



Measures on 'use & value'; 'benefits, challenges & sustainability'; and 'clinical & cost effectiveness'.

# Quality Improvement

- Quality Improvement is central to TEC Cymru
- Our QI mentor supports us throughout
- Using approaches such as driver diagrams to help the team stay on track
- Using PDSA Cycles e.g., problems that comes through the data is a good example of this and how we make immediate changes
- Developing a framework that outlines TEC Cymru's QI/4-Phase Approach discussing importance of mixed methods, PPI approaches – will be available for public use soon.



## Issue 1:

Requests for additional training needs e.g., reminders of use after training

## Issue 2:

Some clinicians unable to attend virtual training

## Solution

Develop a 'webinar' on YouTube & Programme Website replicating the full training session along with a test at the end

# PDSA Improvement Cycle #1



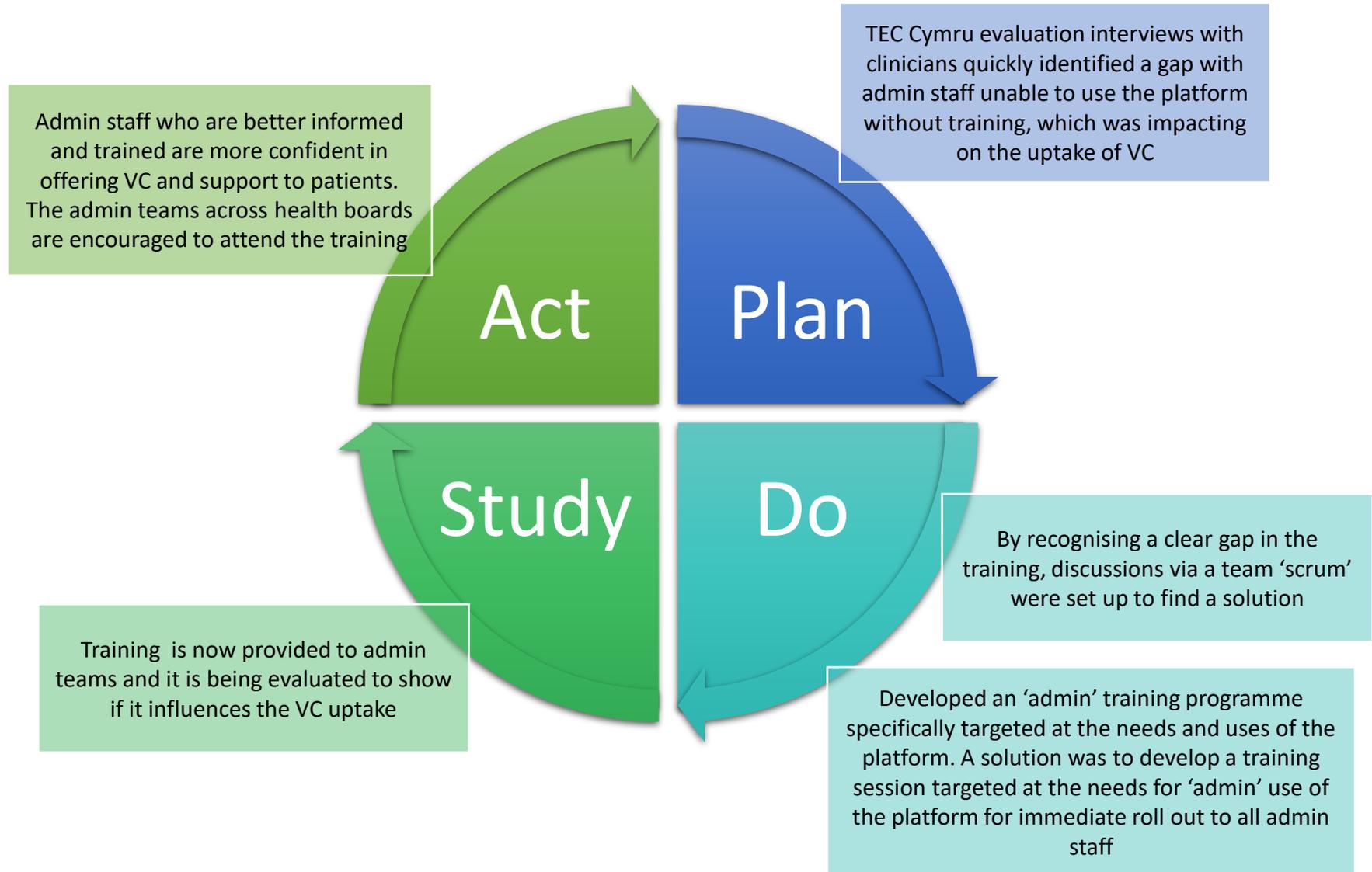
## Issue 1:

Administration staff are often the first port of call for VC, yet National VC training wasn't targeted at them.

## Solution

Develop a training session targeted at 'admin' use of the platform

## PDSA Improvement Cycle #2



# Welsh Mental Health Data

- Data from Phase 1 & 2
- Between March 2020 and March 2021 more than 130,000 VCs
- 21% = mental health appointments
- Data from >35,000 VC participants (patients & clinicians)
- Total n=3,561 (10%) participants extracted as mental health data
- n=3,480 mixed methods online data capture (quantitative, qualitative & photo data).
- n=81 semi-structured video & telephone interviews

*(Johns et al., 2021 (BMJ) Submitted)*

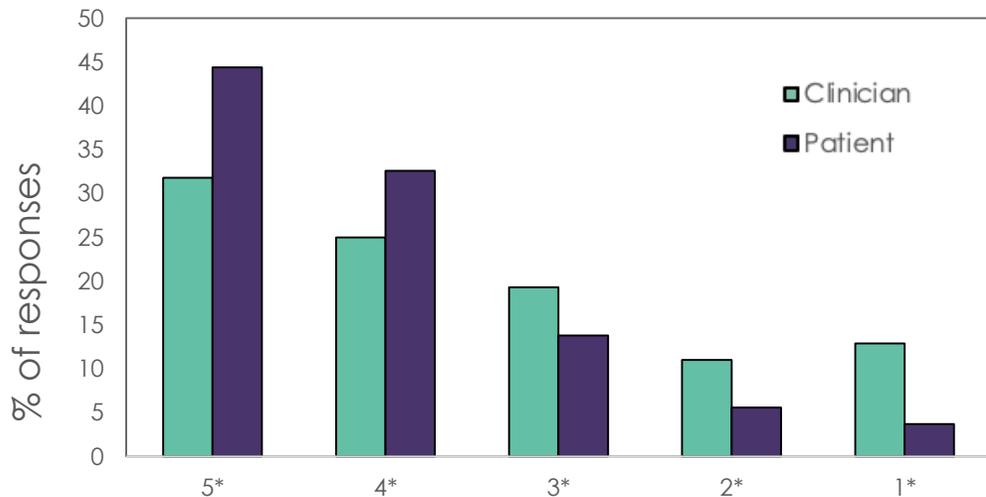
# Patient and Clinician VC Experience



90% of all MH patients rate VC as 'Excellent, Very Good or Good'

## A digital divide in MH?

Uptake of VC & quality of experience consistent across patients age, gender, ethnicity, income and location. No evidence of a definitive divide in Wales.



The difference between clinician and patient VC quality rating.



38% Male



60% Female

2% Other



- Face-to-face prevention due to VC **88%** of the time
- Patient preference to use VC again **91.2%** CAMHS & **94%** Adult MH
- Patients used VC in CAMHS mainly 'once' (**53%**) & Adults mainly 'three or more' (**51.4%**)
- Clinicians WFH **52%** & Office/Clinic **48%**

**Clinicians WFH rate VC higher**

**Clinicians working in Adult MH rate VC higher**

- Appointment Types – Therapy/Treatment **48%**; Follow-up **23%** & First Appointment **14%**

# Patient Benefits of VC

## Highest rated benefits

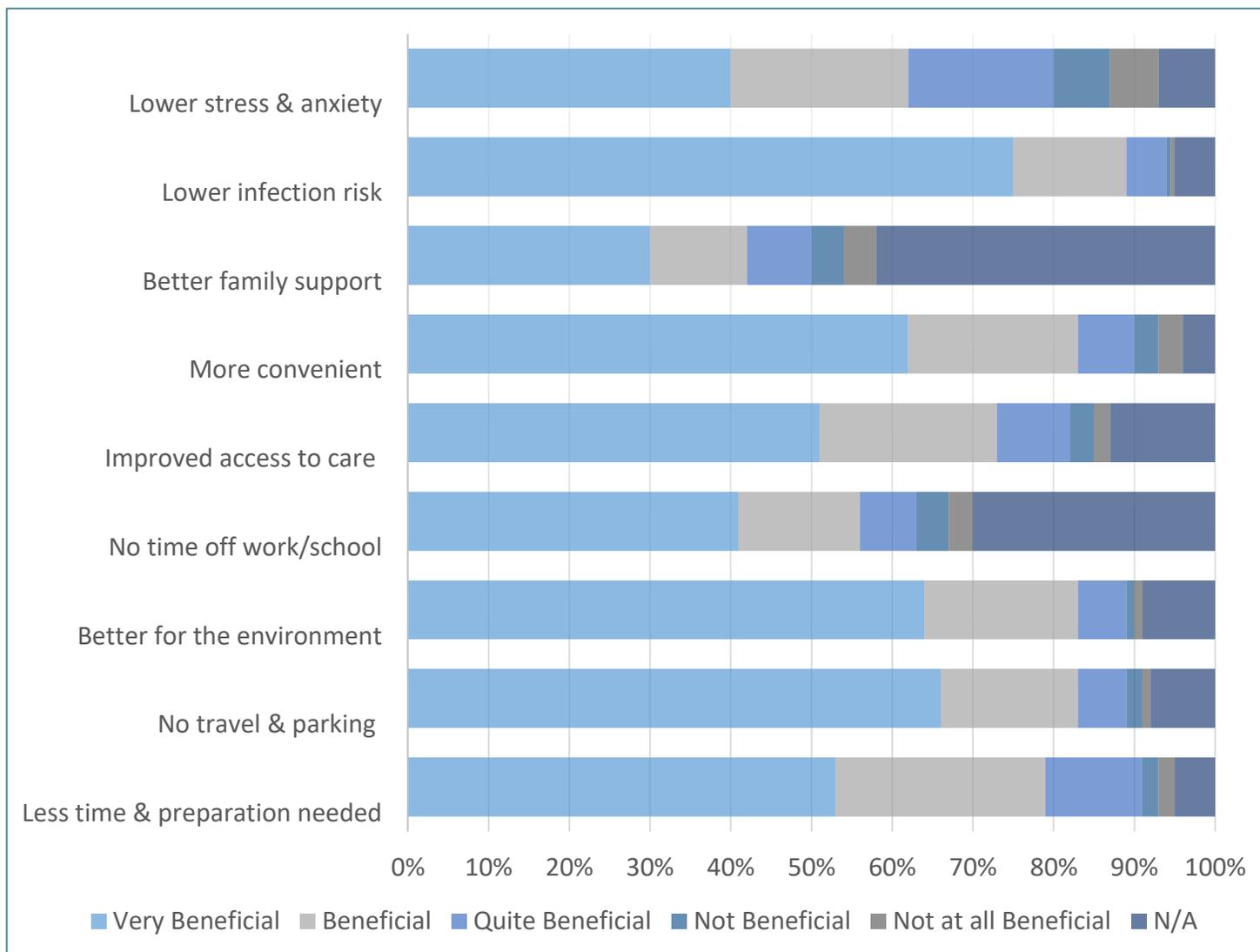
- Lowered risk of infection (89%);
- No travel or parking (83%)
- Better for the environment (83%)
- More convenient (83%)

## Lowest rated benefits:

- Better family support (42%)
- No time off work/school (56%)

## Travel Savings

- 1,254 hours of travel saved by patients
- Saves approximately 51 minutes per MH NHS appointment



# Clinician Benefits of VC

## Highest rated benefits:

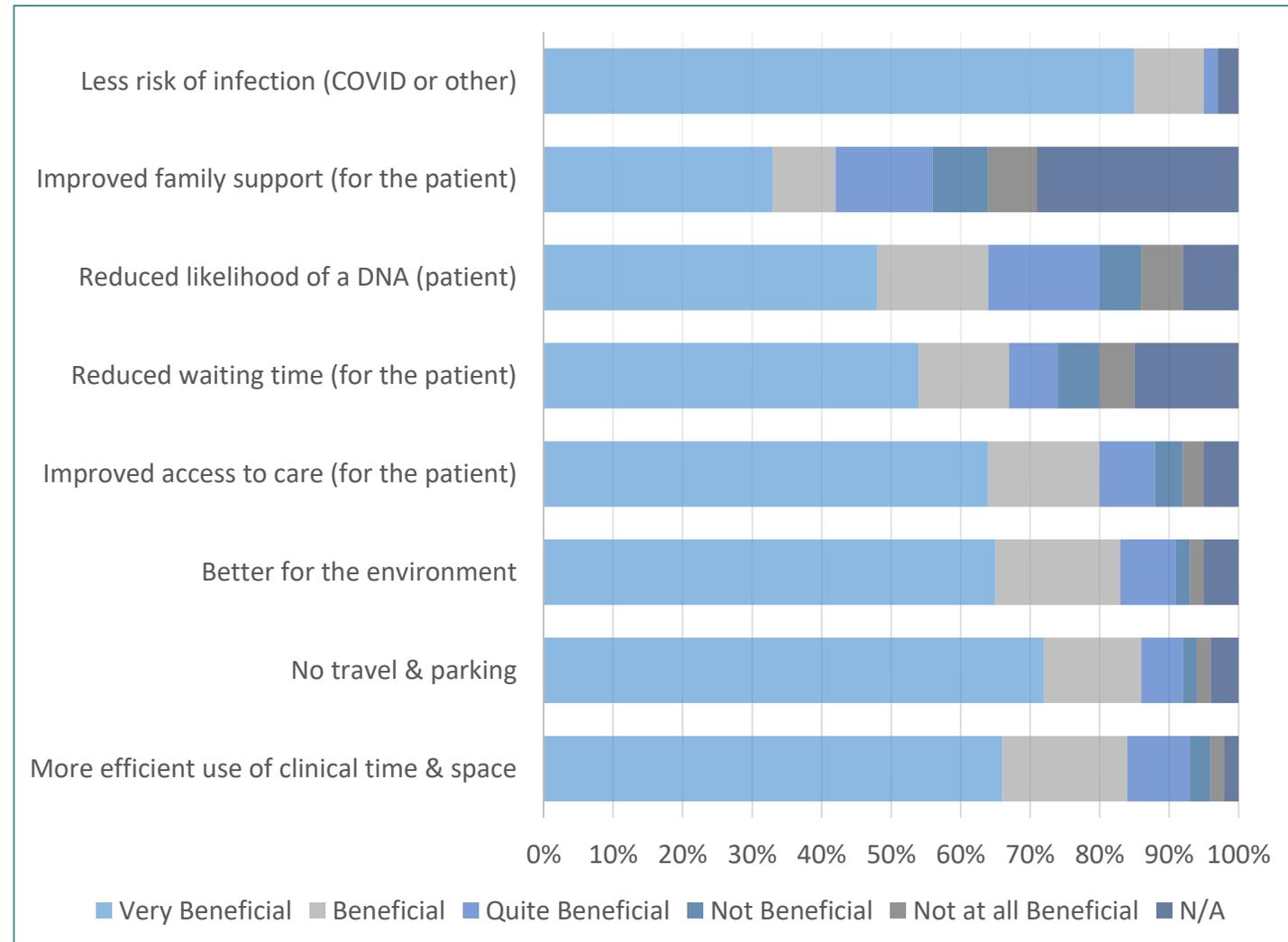
- Lowered risk of infection (95%);
- No travel or parking (86%)
- More efficient use of clinical time/space (84%).

## Lowest rated benefits:

- Patient-related benefits
- Improved family support (42%)
- Reduced likelihood of DNAs (64%)
- Reduced waiting times (67%)

## Travel Savings

- 608 hours of travel saved by clinicians
- Saves approximately 77 minutes per day



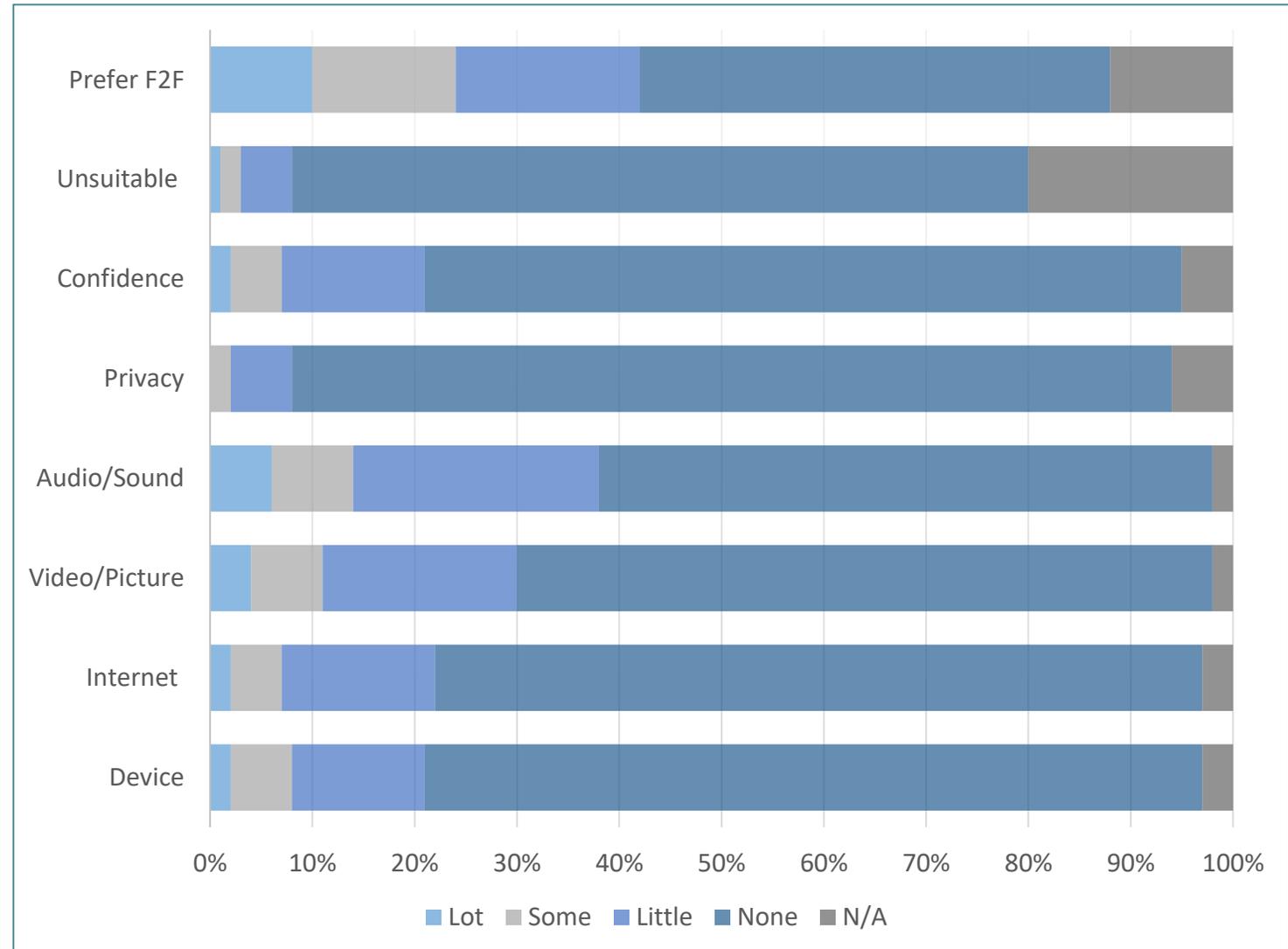
# Patient Challenges of VC

## Highest rated challenges:

- Preference of F2F (25%)
- Audio/Sound (14%)

## Lowest rated challenges :

- Lack of privacy (2%)
- Clinically unsuitable (3%)



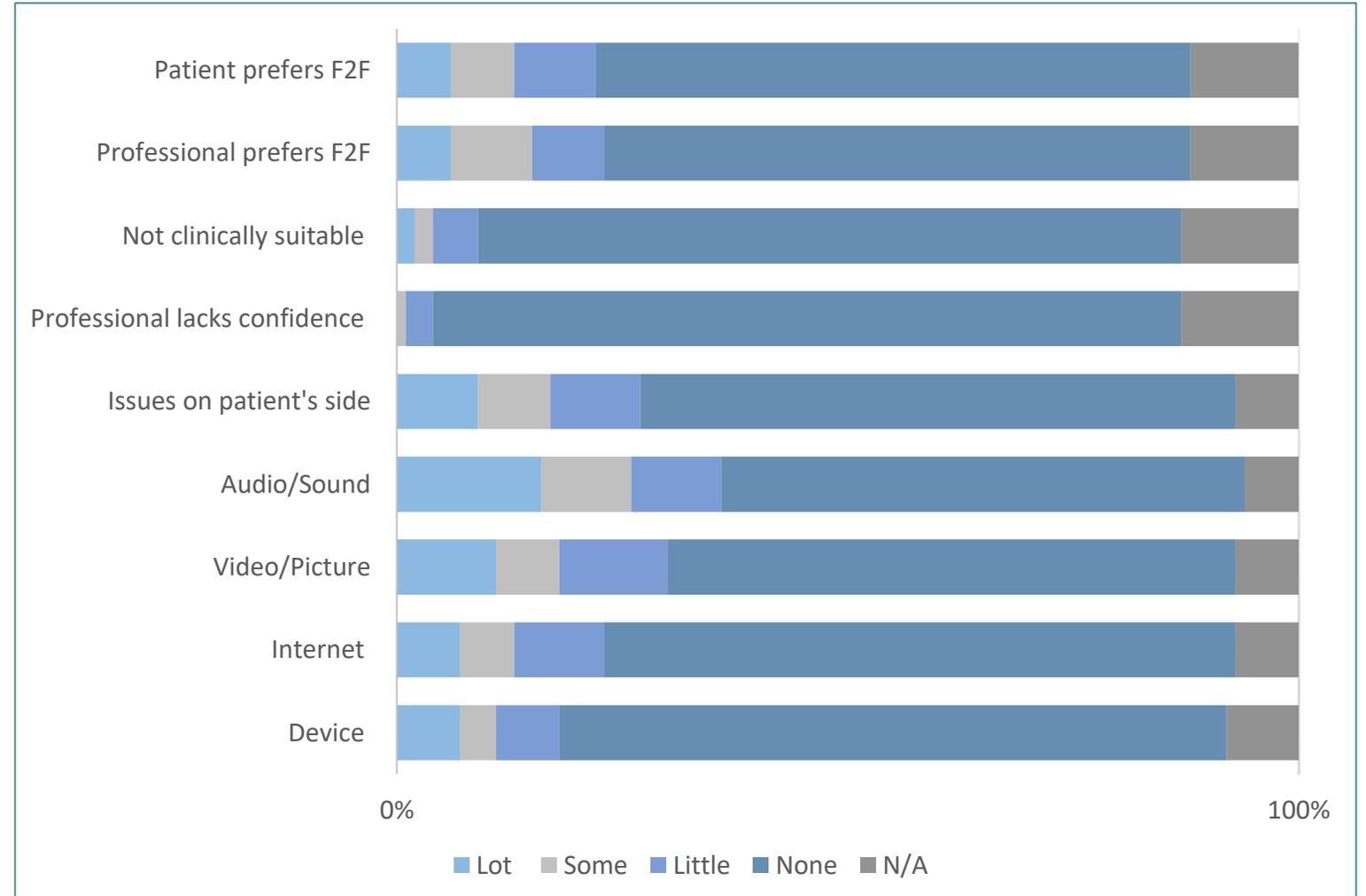
# Clinician Challenges of VC

## Highest rated challenges:

- Poor Audio/Sound (26%)
- Poor Video/Picture (16%)

## Lowest rated challenges:

- Clinician confidence (1%)
- Patient clinical unsuitability (4%)



# Qualitative Themes

## **Ease & Convenience**

*"Having a video consultation is so much easier for me. I have epilepsy and suffer from stress seizures too, so travelling is always a risk"*

## **Flexibility**

*"I like the flexibility of the video consultation, suits my lifestyle perfectly."*

## **Less Stress & Anxiety**

*"It's much easier for a veteran not to attend, or stress about finding parking space or waiting with strangers in a waiting room"*

## **Savings of Time & Money**

*"It seems obvious that this would save NHS and patients a lot of time"*

## **Independent Care**

*"Gives significant insight to patient symptoms and behaviours... a more agreeable and clearer understanding"*

## **Visual Aids**

*"Able to make a good connection with the patient, able to pick up non-verbal body language and facial expressions"*

## **Technological Restraints**

*"Unstable internet";  
"Audio stalling";  
"Glitchy video"  
"Frozen screen"*

## **Blended Approach**

*"I like face-to-face, however the fact you don't need to get somewhere is also nice, so maybe a mix of the two"*



## For more information

See our website at

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

See our Twitter page

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