Virtual Consultation

Situation

Attend Anywhere (AA) is used across Wales to provide virtual consultation functionality for patients. TEC Cymru informed all Health Boards on 7th March 2024 that funding would cease for the system from September 2024 and another system will not be procured, nor will funding be received for video conferencing going forward. TEC Cymru proposed MS Teams basic be considered as a replacement system for video conferencing, however there are a number of useability, patient safety and information governance concerns around using this as a platform and there is currently no budget allocated for a video platform within SBUHB. AA funding has also been used to employ a full-time band 3 virtual receptionist in the booking office, and a full-time band 7 business change manager within the business change team.

A funding extension was confirmed by Welsh Government to 31st March 2025 for AA platform costs only. Further funding for Attend Anywhere post March 2025 is not expected, therefore if the services wish to retain the platform, they will need to take on the costs.

Background

AA was procured nationally and rolled out during the COVID-19 pandemic to allow continuing care to patients via video consultation where appropriate. The contract has been managed and paid for nationally since rollout, SBUHB has never paid towards AA and was given funding annually to support it locally. Initially, AA was used extensively during the pandemic, however as face-to-face consultations restarted, the use of the system has significantly declined. In October 2023, TEC Cymru informed the Health Boards that Welsh Government would not fund AA past the contract which was due to end 31st March 2024 due to the decline in usage across all Health Boards. Due to challenges agreeing an alternative solution, a 6 month extension was granted from Welsh Government, securing the platform's availability until 30th September 2024. Following further concerns from all Health boards, WG further extended funding until 31st March 2025 however the funding is for the platform only.

BCUHB completed a significant piece of work around the usability of MS Teams as a replacement system, including process maps and distributed to other Health Boards (Appendix 1), however it is important to assess their findings in the context of how our clinicians currently use the system.

Work has commenced to increase the use of Attend Anywhere across SBUHB, by publishing a communication with a questionnaire on the intranet for all staff to access and provide feedback.

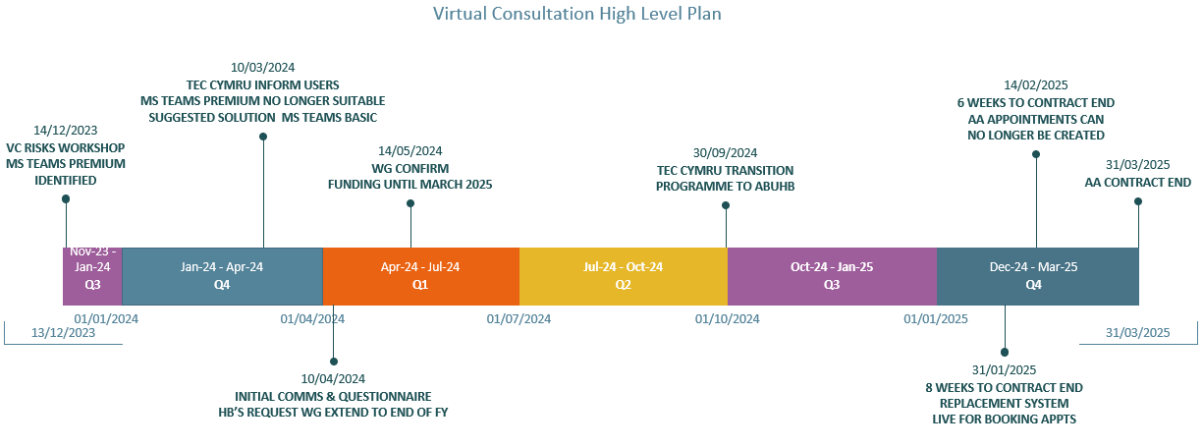
In addition, the Transformation Team are undertaking work to increase the number of virtual appointments within the health board with the aim to reduce the outpatient waiting list. We are now liaising with the Transformation Team to ensure a joined-up approach to increase usage where possible. An assessment being carried out by the team will help inform which services to target, however the timescale for completion is by March 2025, and would therefore not align with the requirement to secure a replacement system by March 2025. Table 1 identifies the key lead for the project.

Table 1 : Key Service Leads

Name	***Title***
Anjula Mehta (SRO)	Acting Executive Medical Director

Assessment

The AA contract is due to expire on 31st March 2025. SBUHB users currently forward plan appointments by 6 weeks and will be required to cease booking these appointments on AA after **31st January 2025** (a grace period to the deadline of 18th Feb, which is 6 weeks prior to the contract end) when a replacement will need to be identified and ready to use for any appointments due after 31st March 2025. The below plan illustrates the current timeline: -



Benefits

Virtual consultation capability benefits have been identified in Table 2.

Table 2 : Benefits

Benefits	

	• Frees up treatment rooms
	• Speeds up waiting lists (provided by physiotherapy service)
	  ○ Adult MSK Physiotherapy - Waiting times reduced by at least **10 weeks** on every site.
	  ○ Paediatric Physiotherapy - Waiting times reduced by at least **2 weeks** on every site.
	• Frees up clinicians from home visits
	• Supports net zero carbon emissions target
	• Supports visual assessment in comparison to telephone

	• No travel time to appointments for patients • Decreased time lost at work or school • Patients who are physically unable to attend appointments • Enables patient choice • Reduction of waiting time at appointments • 58% of clinicians feel patients are less anxious in their own environment

It is important to note that SBUHB did not actively encourage further sign up to AA during the period of uncertainty with regards to the contract. It is reasonable to assume similar benefits could be replicated in other services. If additional services are added to AA and SBUHB subsequently source

an alternative solution, this could cause disruption to the services as they would be required to transition to a new system within a short period of time.

System Support

Attend Anywhere has been supported by a Product Specialist since implementation. Welsh Government funding provided the support of a Business Change Manager and a Virtual Receptionist, funding for both has now ceased.

There is no specific support currently available for AA with the Product Specialist unavailable due to long term sickness. In the Product Specialist's absence, support was being provided by a Digital Project Support Officer who has since left post. Due to the current vacancy freeze, the Digital Project Support Officer post cannot currently be filled.

The Business Change Manager, although no longer funded through the project, continues to provide some support and training where capacity allows. The AA contract is due to transition from TEC Cymru to ABUHB from 30th September 2024. Health Boards will be individually responsible for AA training after this date.

Current usage

As of April 2024, there were 214 active users of AA within the health board.

SBUHB's booking office previously employed a virtual receptionist, funded by TEC Cymru, who worked as a key support contact for patients to assist in accessing their appointment and overcome any technical difficulties. The virtual receptionist monitored all virtual waiting areas, informing patients of delays and ensure patients are in the correct waiting room. The booking office is responsible for plastics therapies and gynaecology appointments. The remainder of the services book their own appointments either in advance or on an ad-hoc basis. The virtual receptionist post is currently vacant and due to lack of funding there is no plan to recruit.

Individual Consultations

Between 1st January and 31st March 2024 AA was utilised by 30 different services. There are a number of services who provide regional or all Wales services as shown in Table 3.

Table 3: Regional Services

Service provided	Service
All Wales	Welsh Fertility Institute Veterans Lymphoedema
Regional	Burns & Plastics CAMHS Cardiac Surgery Cleft Lip & Palate Forensic Mental Health Medicine (neuro inflammatory & neurophysiology) Mental Health & Learning Disability Occupational Therapy

	Oncology Nutrition & Dietetics

The below graph depicts use of individual consultations using Attend Anywhere from January to March 2024:-

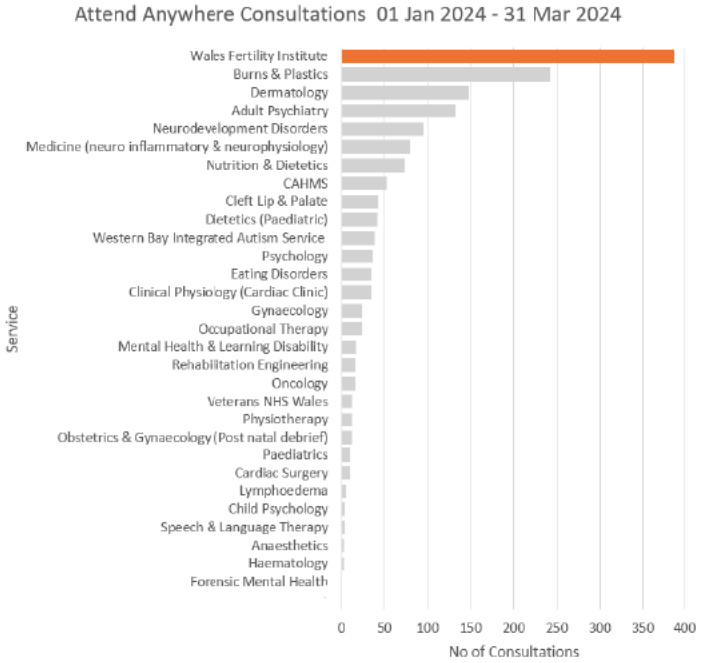


Table 4 further details the number of users per service and the number of consultations undertaken between 1st January and 31st March 2024.

Table 4: Individual Consultation Usage

Service	No of Users per service	No of Consultations (Appointments)			
		Jan	Feb	March	Total
Adult Psychiatry	7	45	42	45	132
Anaesthetics	2	2	1	0	3
Burns & Plastics	17	96	78	68	259
CAMHS	7	13	22	18	53
Cardiac	2	7	1	2	10
Child Psychology	2	3	1	0	4
Cleft Lip & Palate	8	20	13	9	42
Clinical Physiology	2	9	13	12	34
Dermatology	6	44	54	50	148
Dietetics	8	17	10	14	41
Eating Disorders	5	13	9	12	34
Forensic Mental Health	1	0	1	0	1
Gynaecology	2	4	7	13	24
Haematology	3	1	2	0	3
Lymphoedema	2	2	3	0	5

Medicine	7	26	21	32	79
Mental Health & Learning Disability	3	5	6	6	17
Neurodevelopment Disorders	9	43	34	18	95
Obstetrics & Gynaecology	1	4	5	3	12
Occupational Therapy	12	9	5	10	24
Oncology	6	5	7	4	16
Paediatrics	4	4	0	6	10
Physiotherapy	3	1	7	4	12
Primary, Community & Therapies	10	27	23	23	73
Psychology	3	10	10	16	36
Rehabilitation Engineering	3	5	2	9	16
Speech & Language Therapy	2	2	1	1	4
Veterans NHS Wales	1	4	5	3	12
Wales Fertility Institute	7	166	103	119	388
Western Bay Integrated Autism Service	1	14	16	8	38
TOTAL	146	601	502	505	1608

We have been actively engaging with other options for video consultations. The use of WPAS within services may impact our decision making.

Group Consultations

Between 1st January and 31st March 2024 Attend Anywhere was utilised by 2 services in 3 separate wating areas as shown in Table 5.

Table 5: Group Usage

Waiting Area	No of Consultations	No of Patients
Neuroinflammatory Groups	9	22
Radiotherapy Prehab Group	5	13
Radiotherapy Open Evening	3	10
Total	**17**	**45**

Monthly usage of Attend Anywhere remains consistent with between 500-600 appointments per month.

Attend Anywhere usage for OPD appointments

A total of 235,591 outpatient appointments were attended within SBUHB between 1st January and 31st March 2024. Table 6 breaks down the appointment types per month.

Table 6: OPD Appointments

Appt Type	Jan 2024	Feb 2024	March 2024	Total
Face to Face	62,318	58,682	51,921	172,921
Notes review	10,866	10,210	9,318	30,394
Virtual Appt	11,537	10,823	9,916	32,276
Total	**84,721**	**79,715**	**71,155**	**235,591**

Virtual appointments include phone consultations and virtual consultation platforms. It is not possible to clearly identify services using MS Teams as this is reliant on the naming convention used when clinics are created. Table 7 displays the usage from Attend Anywhere data.

Table 7: Virtual Appointments

	Jan 2024	Feb 2024	March 2024	Total
All Virtual Appts (Phone, AA, MS Teams or any other VC platform)	11,537	10,823	9,916	32,276
AA appts	601	502	505	1608
% of AA Virtual Appointments	5.20%	4.63%	5.09%	4.98%
% of AA usage for all OPD appts	0.71%	0.62%	0.79%	0.68%

Questionnaire User Feedback Summary

125 responses were received from approximately 250 users contacted (Full details available in Appendix 2). Table 8 provides the key findings from the responses.

Table 8: Key Findings

Question	Key figures
1. How often are video consultations used?	41% used in a certain circumstance on a patient-by-patient basis 21% more than 1 clinic a week
2. Do you use the group consultation functionality?	22% said yes
3. How would you best describe the value of holding a 'video' consultation over a 'phone' consultation?	52% said the visuals better support BOTH clinical decisions for treatment and discharge. 4% felt there was no additional value
4. How important are video consultations to manage waiting lists?	77% felt it was important with 34% of those users saying it was very important. 9% felt there was no impact.
5. If a video platform was no longer available…	55% would convert to a mix of phone and face to face 32% would convert to face to face 12% would convert to phone

The following key themes were identified from the 89 comments received: -

- VC is beneficial to the service and patients – important for mental wellbeing
- It allows users to access services when unable to attend in person
- Children are more comfortable in their home environment with VC than a hospital setting
- Engagement is improved specifically within mental health services and the Familial Hypercholesterolaemia Service
- More patients can be seen
- There is a time and travel saving for both patients and clinicians
- Some services are already using teams or would like the opportunity to do so.

- There are concerns over the confidentiality aspect of teams and clinician information being available
- There are some usability issues with the current AA functionality
- There is a lack of clinical space
- Several users prefer using teams
- AA has the ability to send leaflets and to provide services safely, without patients having access to email addresses.

Health Board wide questionnaire

An additional questionnaire was made available across the health board (via intranet communications), with the aim to identify new users/services and by asking those who no longer use it, to try again. 22 responses were submitted (details available in Appendix 12).

Contact has been made with 5 users who felt there are other areas that could benefit from VC or would be willing to try using AA, however none are yet live with AA. One member of staff who had a personal experience of using the service provided the following comment in their response: -

> *"Wanted to provide information from a service user perspective. My daughter is under SBUHB CAMHS (child and adolescent mental health) and has severe social anxiety to point that does not physically see anyone other than her mother. CAMHS use Attend Anywhere to be able to speak to her (one way video, but two way audio) for therapy Sessions. Without Attend Anywhere or another video service it would be even more difficult to get our child to engage with mental health services. However, strong believer that virtual should be an option if mutually convenient – better for mental health engagement if physically seen."*

Therapies Patient Feedback

Recent discussions with leads in therapies, mental health and outpatients have been positive around the need for virtual consultation. Kath Bester within Therapies devised a patient questionnaire to capture their thoughts on virtual consultations. The key findings from a total of 48 patients are detailed below: -

- 0 patients were offered the option of a virtual consultation.
- 21 patients responded yes or maybe that they would consider a virtual appointment.
- 46 answered they felt it was essential they went to the hospital for their appointment.
- 28 patients spent 20 minutes or longer travelling to their appointment.
- Many patients identified the benefits of VC could mean less travelling and waiting time.

Full details of the patient feedback are available in Appendix 13. Work is being undertaken to provide similar questionnaires for Mental Health and Outpatient Department patients.

Video Consultation Platform Options

The scoping of potential alternative systems was initially limited to companies SBUHB have existing contracts with, due to both time constraints and within the context of the digital strategy which seeks to rationalise the number of contracts and suppliers. However, further suppliers have since been identified and demonstrations have been provided to all Health Boards. An impact assessment has been completed and shared by Cardiff and Vale Health board which is available in Appendix 7. Table 9 provides a comparison of the suppliers contacted with further information available below and within the appendix.

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]
Senior Project Manager
10 April 2024

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]		[redacted]	[redacted]	[redacted]

Renewal of Attend Anywhere Licence

Procurement have confirmed there is an opportunity to direct award against the G-Cloud framework agreement.

Attend Anywhere calculate their quote based on ASU's (Active Service Users), these are the users who have actively participated in AA consultations. There are a significant number of users such as Administration staff who access the system but do not partake in consultations and are not classed as an ASU, therefore the provider does not charge a licence fee for them.

Table 10 displays the number of ASU's in the last 6 months with their associated service delivery unit (SDU), where the ASU's have used the system on more than 3 occasions.

Table 10: ASU's per speciality

Speciality	No of ASU's	SDU
Anaesthetics	2	NPTS
Burns & Plastics	3	MORR
CAHMS	7	MHLD
Cardiac Surgery	1	MORR
Child Psychology	1	MHLD
Cleft Lip & Palate	5	MORR
Dermatology	4	MORR
Dietetics (Paediatric)	5	NPTS
Gynaecology	1	NPTS
Mental Health & Learning Disability	17	MHLD
Neurodevelopment Disorders	5	NPTS
Women & Child	1	NPTS
Occupational Therapy	7	PCCS
Oncology	2	NPTS
Paediatrics	2	NPTS
Physiotherapy	4	PCCS
Nutrition & Dietetics	14	PCCS
Psychology	1	MHLD
Rehabilitation Engineering	4	NPTS
Speech & Language Therapy	1	PCCS
Wales Fertility Institute	8	NPTS
Western Bay Integrated Autism Service	6	MHLD
Neurology	7	MORR
Burns Psychology	2	MORR
Burns Psychology (Paediatrics)	1	MORR
ALAS	2	MORR
Cardiology	2	MORR

Table 11 displays the cost per SDU according to the number of ASU's identified.

Table 11: Cost per SDU

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

Option 1 (preferred option)

Renew Attend Anywhere licence.

Requirements

- Cost to be shared across all specialities who currently use the system.
- Ability to direct award to Attend Anywhere

Option 2

Commence procurement activities for a replacement system.

Requirements

- Costs would still need to be shared across all specialties, however as outlined in table 9, there are alternative solutions available at a lower cost.
- An alternative solution would need to be in place by the end of January 2025. This is a challenging deadline for procurement activity to be completed.

Recommendation

Senior team are asked to:

1. Note the content of this paper.
2. Consider all potential options.
3. Approve Option 1.

Appendix

Appendix No	File	Appendix No	File
1	MS Teams Process Risks_Booking Team	8	OX.DX Cost.msg
2	AA Feedback from Questionnaire.xlsx	9	HCC_SBUHB_Instant Connect_Proposal (2
3	Attend Anywhere - NHS Wales Costings	10	Visionable Quote.pdf
4	VC RAIL.xlsx	11	TEC Cymru Teams Premium RAIL
5	Virtual Clinics and Intouch upgrade.ms	12	VC HB Wide Questionnaire.xlsx
6	T-Pro eCM Proposal - Swansea Bay UHB.p	13	Patient Attend Anywhere Question
7	CAV Impact Assessment		