



INNOVATION AGENCY
Academic Health Science Network
for the North West Coast



DIGITALLY ENABLED MENTAL HEALTH SERVICES IN THE NORTH WEST COAST: AN APPRECIATIVE ENQUIRY

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INNOVATION AGENCY
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INTRODUCTION

Launched in July 2019, the five-year NHS Implementation Plan had at its core a plan for local systems to offer a range of self-management apps, digital consultations, and other digitally enabled models of therapy.

The plan's goals became even more urgent during the pandemic which threw up many trials and challenges for the NHS and the mental health sector.

Developments in technology meant that, during both national and local lockdowns, clinicians and staff could strive to provide almost all the care and services which they would have aimed for during non-pandemic times.

This Appreciative Enquiry investigates what worked, what didn't, what the barriers to success were, and looks ahead to which challenges need to be overcome to make the most of the technology available and the technology soon to be available.



EXECUTIVE SUMMARY

The Innovation Agency undertook an appreciative enquiry into the success or otherwise of the digital technology being used for remote consultation, digital intervention and remote monitoring in the local mental health sector.

The result is a report that blends of operational and strategic insights, drawn from a series of facilitated conversations with clinical and operational leaders from across the North West Coast.

This report is a snapshot of the three local trusts' most pressing mental health challenges, their priorities for the year ahead, the digital technology in place for remote consultation, digital intervention and remote monitoring, and the advantages and disadvantages of the technology. It is intended as a starting point for further discussion, research, and innovation implementation.

The **key findings** were:

Technology has been an enormous help during the pandemic

Software such as Attend Anywhere and MS Teams has been widely adopted and used by patients, clinicians and staff at a time when mental health help has been in huge demand.

Adoption of technology has helped staff work remotely

At times when the country was in lockdown and many patients and staff were being forced to isolate, remote consultation tech ensured those needing mental health care have been able to receive it and that clinical teams have been able to function.

The pandemic has forced the NHS to make long-awaited changes

The need to continue providing mental health support has broken a system inertia and brought in much-needed new ways of working. There is a desire for the system to continue to embrace and implement change more quickly than it did pre-pandemic.

Technology has its place – but it should not become the only solution

Mental health treatment is markedly different from physical health treatment and there is a widespread desire for face-to-face consultations, augmented by technology, to remain the gold standard of care.

Technology can improve care – and worsen it

Some patients are more comfortable with remote consultations and using technology, but others find them off-putting and may easily fall off the system due to discomfort with technology.

Hardware is a key factor in successful adoption

Hardware is an issue across the board. Some patients don't have smartphones or tablets capable of supporting remote consultation technology or apps such as Sleepio and Headspace; some staff face a similar problem. On site, too, a lack of available equipment can create its own issues.

Training and trust are key

Although MS Teams was introduced with very little training due to the intuitive nature of its operating system, thoroughly training staff is vital to the success of the technology. Equally, staff and clinicians must be able to trust new innovations to use them with patients.

Technology improves mental health offer through workforce benefit

The possibility of remote working widens the recruitment net enormously, enabling trusts to bring in specialists from outside their usual geographical boundaries and so provide a previously unavailable level of care

CURRENT MODELS

Overwhelmingly the reason for the increased use of technology has been COVID-19 and the need to:

- Support patients when traditional methods of support (home visits, face-to-face appointments) were no longer possible
- Support social distancing
- Support home-working – facilitating necessary team meetings when physical gatherings were impossible
- Free up limited face-to-face appointments for the most urgent

A summary of the biggest challenges and priorities:

- Supporting patients to access the right mental health treatment
- Helping staff deliver the best outcomes for patients
- Ensuring the system benefits the patients, rather than the patients falling victim to the system
- Improving access times – making it easy for patients to get the right help from the right people as swiftly as possible

The most common digital technology used by staff and patients in the North West Coast region are: Attend Anywhere and Microsoft Teams, apps such as Headspace, Calm, Sleepio, Stay Alive, My MIND, the Roche Diabetes Care Platform and the Dragon dictation platform.

Clinicians say that **COVID-19 broke an inertia in the system regarding change**, but in the main they advocate a blended method based on patients' **preferences**.

Some express concern that, while technology has been a huge benefit throughout the pandemic, it **should not be allowed to supersede traditional, established methods such as face-to-face conversations**. However, some patients – especially younger people and adolescents – **prefer remote consultations as they make them feel less anxious, less self-conscious and more comfortable**.

There are **a few issues with the reliability of the technology**, apart from hardware issues – staff and patients not having smartphones or laptops capable of supporting the digital platforms.

Clinicians and staff all showed a willingness and desire to use technology to the best of its ability but a **resolute determination that the patients' needs had to come first**. There was a shared insistence that **systems must be made to fit patients**, rather than patients being expected to be fit into whichever systems which worked best for the NHS.



APPRECIATIVE ENQUIRY FINDINGS

SECTION 1

Using technology for remote consultation: Advantages

Patients

- Able to attend appointments in any location
- Gives greater choice
- Makes some feel less self-conscious and more comfortable
- Enables patients to see clinicians even if either is isolating
- Enables patients to discuss aspects of treatment following a visit to A&E

Workforce

- Improves recruitment possibilities – enables trusts to employ specialists from outside a region
- Enables staff to attend meetings while working from home
- Isolating staff still able to work
- Staff not tied to one clinical site
- Encourages wider digital working
- Improves digital maturity of staff

Operational and clinical

- **More efficient.** Allows appointments that formerly took hours to be completed in a fraction of the time

Using technology for remote consultation: Drawbacks

Clinicians and staff felt that patients, especially **older adults, are less comfortable with software and technology** than younger patients. This is reflected by **higher did-not-attend figures in older adults virtually** than in face-to-face.

Some patients may be willing to use digital technology but do not have the hardware – laptops, smartphones and so on – needed to do so.

Clinicians warn against **patients being made to feel “neglected and ignored” by having virtual consultations** forced upon them and that patients may also lose out in another way: **home visits enable clinicians to understand how people are living**, which is of equal value to the conversations taking place during a therapeutic consultation.

One clinician pointed out that a **tell-tale sign in a patient’s home would reveal their state of mind**; this tell-tale sign would be **impossible to spot during a remote call**.

Appointments, when sent digitally, are often not picked up by patients, leading to confusion and rescheduling; there were also concerns that **staff must not rely too heavily on digital consultation** as face-to-face should always remain the gold standard.

Additionally, staff don't wholeheartedly welcome Attend Anywhere, with **many preferring Microsoft Teams**. Also, **hardware is an issue for staff and patients**, who may not have the smartphones or laptops needed to access help.

- Attend Anywhere widely used and accepted by patients – patient feedback is more positive than staff feedback
- Hardware can be a major issue for patients – their technology not always suitable for Attend Anywhere and other software
- Patients feeling uncomfortable with technology
- Patients feeling neglected by use of remote consultation
- Patients failing to receive appointment dates that have been sent digitally
- Virtual consultations mean clinicians are unable to assess patients' homes and spot key warning signs
- Patients can request virtual appointments – not always positive
- The choice of face-to-face as first line must remain the gold standard
- Conflict about the use of Attend Anywhere vs Microsoft Teams
- NHS hardware prevents multi-user availability at any given time

Quotes about remote consultation

“ Some people thought it was brilliant, some staff said it allowed for greater flexibility, greater availability and some patients said it makes you feel less anxious. ”

“ Some patients felt neglected and ignored. The conclusion was that we need to match patient experience and need to what we do. ”

“ Some people don't have access to wi-fi and phones or smartphones, so it does exclude some people, but when it works, it's great. ”

“ Going into somebody's home and understanding the context of where and how they're living is just as important as the conversation that happens during a therapeutic consultation. ”

“ People with severe mental health problems might want you to have a remote consultation, when actually it might not be clinically indicated. ”

SECTION 2

Using technology for digital intervention: Advantages

- Gives younger patients a format they are more comfortable with
- Security levels mean apps can be used safely
- Huge range of apps available
- Gives patients the option to access support they would not otherwise receive

Using technology for digital intervention: Drawbacks

Using technology for digital intervention is broadly seen as a positive idea – albeit **with some serious considerations**. Apps such as Headspace, Calm, Sleepio and Stay Alive have advantages but **rely on the patient to be in the correct state of mind** to use them. Patients struggling with overwhelming feelings are **likely to feel very challenged** by trying to understand apps designed to help them. Clinicians are also **unable to monitor how often patients are using software** without having to ask, which leads to **unreliable results about whether medication has been taken**, for example. Hardware is also an issue: one trust reported it was challenged by a **lack of screens** and some digital immaturity among staff. Another fear is that relying on technology too much may lead to **staff losing sight of mental health being about people**.

- Some software is paid-for so must be prescribed, with the perception they take up clinical time and increase the cost of provision
- Free alternatives are unavailable or haven't been made obvious
- Patients' conditions could be worsened by reluctance to use technology, so a method would need to be found to monitor patient feedback
- Certain patients are uncomfortable with the concept of using technology
- Uncertainty about whether tech has been used
- Asking "Have you used your app?" or "have you been taking your medication?" defeats the object of their use
- Lack of hardware to fully exploit technology
- Certain vital functions unavailable in certain EPR systems

Quotes about digital intervention

“ Apart from asking the patient how much you’ve used the apps and how much medicine you’ve taken there isn’t any other way for clinicians to get feedback. ”

“ The range of apps is great. ”

“ In terms of the uptake, it has probably been better for younger people. ”

“ It’s about understanding that we’re dealing with humans and not bits of their bodies. ”



SECTION 3

Using technology for remote monitoring: Advantages

- Certain apps remove the need for patients to attend clinics – for example, a sensor worn by patients provides remote blood glucose readings
- Monitoring apps such as this can increase speed of provision if help is needed urgently
- Certain apps remind people to record their state of mind at certain times of the week – more reliable than asking at the end of the week

Using technology for remote monitoring: Drawbacks

Although at least one trust reported that technology was not routinely used for remote monitoring, there was **broad agreement** across others that it certainly has advantages.

Certain trusts report being **unable to access the technology needed** to provide remote monitoring of medication, **leading to patients using beds which they could otherwise have vacated.**

There is also a fear that **technology could be embraced too zealously** in some quarters, and that too much credence could be given to AI in predicting situations and outcomes.

- **Software and technology are not integrated in the system; they can be seen as optional extras rather than valued necessities**
- **Convincing clinicians is a key task for those working on new innovations and staff training is a necessity**
- **Technology is not widely available across all trusts**
- **Concern that AI findings may sometimes be accepted too readily in diagnostic terms**
- **Success of appropriate technology and apps depends on evidence being made available so clinicians are confident to recommend**
- **Not all patients are confident to use technology and this is a barrier to further spread**

Quotes about remote monitoring

“Lack of remote monitoring is having an impact on some of our cohorts... and people remaining in hospital isn't a no-harm situation.”

“How does the clinician get confidence in the app being good and reliable?”

“Technology reduces the need for patients to attend regular clinics and enables them to be monitored remotely.”

“Assistive technology would help individuals to be discharged home because we could then monitor that medication remotely, rather than having to wait for a physical package of care.”

“Phone or watch apps that encourage people to think, at particular times of the day, how they are feeling then are more accurate representations of data than in a consultation when you ask 'How have you been feeling?'”



SECTION 4

Opportunities for innovation

Technology has many uses in mental health, and there are further opportunities for innovation which could make treatment still more effective for patients, clinicians and staff. Technology can help with:

Reducing wait times

Managing anxiety between diagnosis and treatment by a particular specialist through the use of technology, potentially artificial intelligence. Patients being given easily actionable routes into support groups and third sector organisations, such as MIND.

Consistently managing conditions

Helping patients with the manifestations of mental health conditions – such as self-harm – in the long-term following diagnosis and initial treatment.

Helping patients navigate resources

A system in which patients could easily see what resources are available to them would be a great help to patients and clinicians. There are many available services but it is not clear whether patients are aware of them all.

Efficient case load management and predictive analytics

Using workforce scheduling solutions, alongside EPRs, to minimise the time spent by mental health teams when travelling from one part of the area to another.

A bespoke electronic dashboard providing a helicopter view of bed stock, attendance figures and all care being accessed by patients would give all clinicians access to the same information. This would benefit both patients and professionals in sticking to individual treatment plans and reducing time being wasted going over old ground.

Enabling patients to access their records

Turning EPRs into an interactive system, where patients can add details and report symptoms without going through a care team.

Refining EPRs for clinicians

Reducing “clutter” in EPRs, with the same data being saved in different places by different clinicians. Potentially using AI to navigate to required information.

Medication and mental health condition monitoring as well as physical symptom monitoring

Putting technology in place, such as wristwatch-based ECG monitors and systems to monitor blood glucose levels, which enable patients to remain at home rather than taking up beds.

Providing a dashboard to oversee all relevant information

Creating new bespoke systems for each patient

Taking the burden of creating individual packages of care away from managers, with systems tailor-made based on patient need and choice. This could speed up the response.

Abolishing divisions between Mental Health Teams

As patients in mental health often display symptoms crossing team borders – substance abuse, self-harm, hallucinations – technology could give them access to clinicians with expertise in all areas, rather than to teams focusing on one field. The initial assessment administration would be ideally placed to discuss innovations which could address issues and challenges in this area.

Quotes about innovation

Ease of use is key

“ Something like a nice little SatNav that helps people navigate because we’ve got this wonderful NHS but it’s even complicated for medics to navigate. Something that would say ‘Well, if you have this problem, there’s this’.”

“ A way for people to see very easily the services that are by them and how they can access them.”

“ Having interactive records that patients can access – so if they’re experiencing some particular symptoms then they can go in and monitor and rate it.”

SECTION 5

AI and technology: Ethical and cultural issues

Establishing trust is key

Trust is key to whether apps, technology and especially AI is adopted on a large scale by patients and clinicians. Proof that algorithms behind AI tools are not biased in any way is essential. But AI is seen as a way of helping clinicians make better decisions at speed.

Guaranteeing data safety

Possibly due to well publicised data leaks across various organisations, there is widespread concern among patients that their data may be at risk; it is vital to assuage these worries and provide assurance to all patients.

Ensuring that adoption is driven by results

There is a concern that the “seductiveness” of AI in predicting outcomes could lead to use beyond its capabilities; it should not be given power beyond its capacity.

Fear of failure affecting adoption

New systems need to be learned; clinicians and staff need to be given time to make mistakes to use them efficiently

Learning from progress made during the pandemic

There is a widespread agreement that the pandemic forced the NHS to adopt systems and move forward quickly in a way it had struggled to in the past. This should not be allowed to revert to pre-pandemic ways of implementing change.

Engaging staff and patients

Technology should not be allowed to make staff feel undervalued; conversely, technology can ensure that this is not the case. There is an acceptance that good care cannot be delivered by staff who feel undervalued or not trusted.

Need for change should be the driver

The technology should serve the trusts’ needs, rather than changes being made because technology makes them possible.

Quotes about AI and culture

Innovation must be evidence-driven and unbiased

“ AI has got a lot to offer but I don't think it has been able to offer anything of any utility yet. Let's find the evidence before we are driven by that sort of seductiveness of AI. ”

“ How do we validate that the algorithms are not biased or unbiased and cater to the needs of the multi-cultural population? ”

“ If you constantly monitored the data, could you predict when people were likely to harm themselves? I'm very sceptical about whether that could ever work. ”

“ You're more likely to fail than succeed and that fear is always there – that failure is not tolerated that easily in the NHS. ”

“ If people feel more engaged and the exec team is listening and changing, then it all helps with the innovation. ”



SECTION 6

Trusts' mental health priorities for the year ahead

Speeding up access times and keeping patients in area

The pandemic has led to a "mental health pandemic", with demand for beds exceeding supply, leading to patients being treated out of area.

Streamlining systems for patients

Helping patients receiving care from PCNs to navigate between networks – or into the care of community mental health teams. Ensuring that the system does not become a barrier to care for patients already struggling with mental health issues.

Putting patients first – not efficiencies

Relationships matter, in mental health especially – keeping the number of clinicians and staff working with an individual to a minimum.

Quotes about priorities and challenges

“ We have seen some of the biggest spikes in demand nationally – it's up by something like 30 per cent. ”

“ Understanding and signposting individuals to that local community support which might enhance their uptake of more formal interventions. ”

“ Reducing the complexity of the system; the process which patients who have mild to moderate mental health problems may go through, to get to the help that they need, is particularly unsuited to better outcomes. ”

“ It would be great if we could use the digital technology available and look at the system and come up with some kind of modelling process to change the system before change management. ”

The appreciative enquiry would not have been possible without the substantial contribution from the clinical and service teams in the North West Coast who gave significant time in sharing their experiences.

A huge thank you to all of you.

Their quotes are anonymized and this is intended as a tool for further discussion and strategic planning only.

The Innovation Agency team noted similarities in the feedback from another appreciative enquiry, completed in 2021, on outpatients. This report can be viewed here [Remote consultation report final November 2021 \(2\).pdf](#) (innovationagencynwc.nhs.uk)





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