



BACKGROUND:

In March 2020 when the COVID-19 outbreak emerged, TEC Cymru were funded by the Welsh Government to roll-out a National Video Consulting (VC) Service on an All-Wales NHS basis. The National VC Service is now available to all primary, secondary and community care services, care homes, dentistry, optometry and pharmacy across all health boards (HBs) in Wales.

PDSA CYCLES:

From initial roll-out, PDSA cycles have been guiding the process.

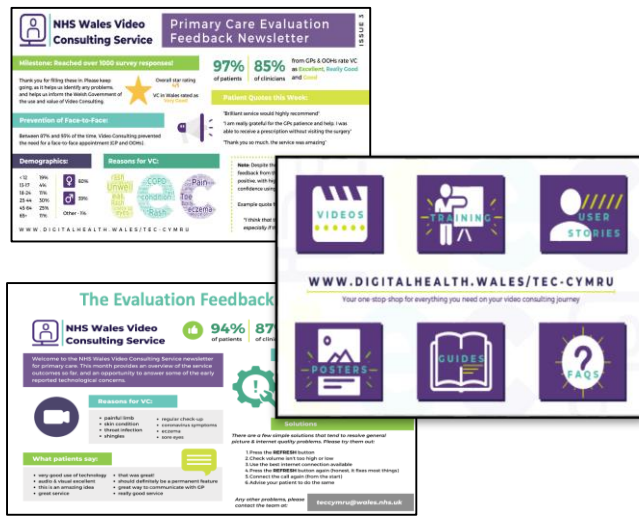
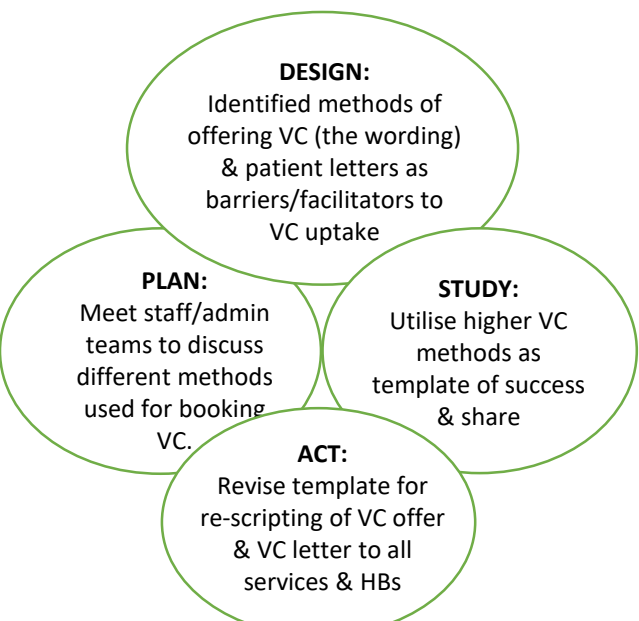


Figure: Example PDSA Feedback Newsletters

PDSA EXAMPLE:

ISSUE: VC uptake low in some areas.



SOLUTION: VC uptake starting to improve

Other PDSA examples include changes to training, early interviews/support, lessons on workflow, technical support feedback and much more.

QI METHODS & PDSAs:

Due to the emergency need and wide-spread use of VC in Wales during the first wave of the COVID-19 outbreak, there was an opportunity to capture this moment of change within the NHS, and evaluate VC use and value in real-time on a large-scale basis. A robust mixed methods evaluation framework was designed and applied using a Quality Improvement (QI) approach with regular Plan, Do, Study, Act (PDSA) cycles.

THREE STEP/THREE PHASE APPROACH:

Using a realist/iterative QI/PDSA approach for design, data collection, analysis & dissemination.

1. Evaluation of roll-out via end of VC survey 'does VC work?' and team retrospectives
2. Evaluation of implementation & follow-up via virtual interviews/focus support groups
3. Evaluation of performance/service metrics & case studies

All 3 steps continued over 3 phases (COVID-19, post-c19, and long-term).

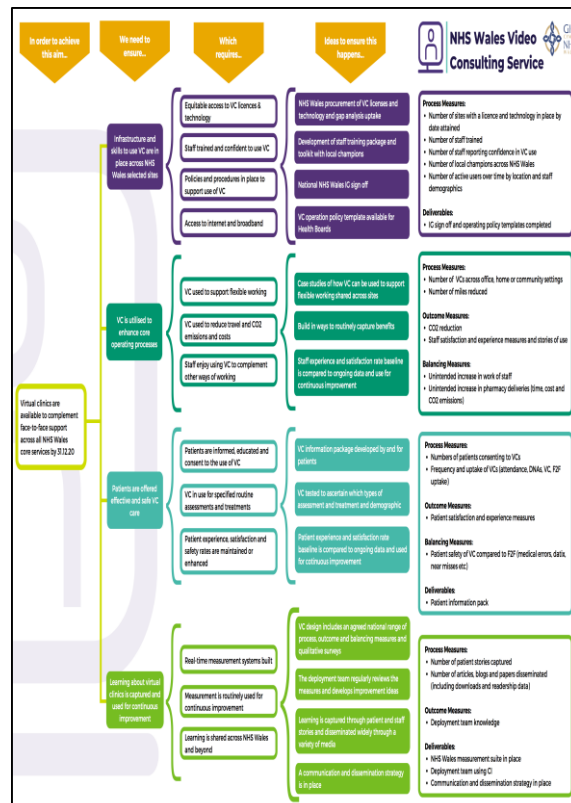
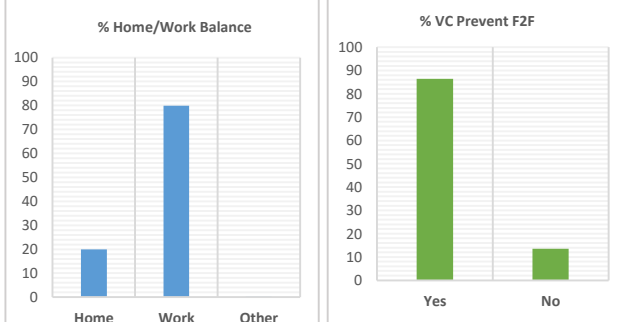
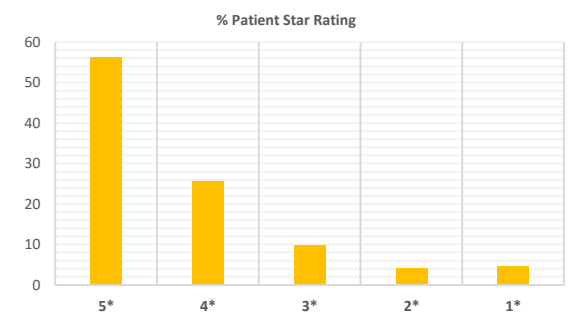


Figure: Driver Diagram

RESULTS:

Phase 1 evaluation (March 16th to September 1st 2020) captured over 13,000 Welsh research participant (clinicians, patients and families) VC experiences across live (end of VC survey) and retrospective data (virtual interviews and focus support groups).

Phase 1 data demonstrates that VC is highly satisfactory for patients and families; it can successfully prevent the need for a face-to-face appointment, and already suggests potential for improved clinician home/work balance.



TRAVEL SAVINGS:



CONCLUSIONS & NEXT STEPS:

VC in Wales is highly satisfactory and suitable, comparable to F2F and provides savings. Phase 2 evaluation will seek to measure more in-depth benefits and challenges of VC and explore potential long-term sustainability in Wales.

To date, Phase 1 and Phase 2 has over 22,000 research participants, with some very exciting outcomes.

Find out more at:
www.digitalhealth.wales/tec-cymru/vc-service