Welcome to the:

RCSLT East Midlands Hub Day:  
*Let’s get digital*

22\textsuperscript{nd} May 2018  
#LetsGetDigital
Digitally Savvy SLTs

Della Money
RCSLT Deputy Chair
Nottinghamshire Healthcare NHS Trust

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@dellamoney
I’m not a digital native
In 1986 ...
AHPs into Action 2017

4 Priorities:

1. AHP’s can lead change
2. AHP’s skills can be further developed
3. AHP’s evaluate, improve and evidence the impact of their contribution
4. AHP’s can utilise information and technology
@RCSLTeastmidhub @RCSLT @weAHPs @NHSDigital

#LetsGetDigital
RCSLT East Midlands Hub Day: Let’s get digital

22nd May 2018
#LetsGetDigital
By initiating an organisation-wide digital transformation, we aim to improve the benefits we offer our members and position the RCSLT as the go-to authority on matters relating to SLT in the UK.

There are two main areas we want to focus on:

• improving the service we provide to members
• digitally enabling the organisation
Current Status

- **Discovery**: Complete
- **Design**: Complete
- **Development** – ongoing improvements such as:
  - Better Search
  - Single sign on
  - Easier Navigation
  - Better Community and CPD
Personalised Home Page

- Contingent upon completion of Member Profile
- CPD Diary progress dashboard
- Articles based upon your clinical interests / expertise
- Events near to you
## Communities - Key Features

<table>
<thead>
<tr>
<th>Basecamp</th>
<th>Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not all members registered</td>
<td>All members will be given access to the community and can self register for groups</td>
</tr>
<tr>
<td>Separate login to website</td>
<td>One password for all areas of the new website and community; self management to reset this if needed.</td>
</tr>
<tr>
<td>Not GDPR compliant</td>
<td>Public and Private Groups</td>
</tr>
<tr>
<td>Not user friendly</td>
<td>Make the group relevant by adding a description, logo and cover image</td>
</tr>
<tr>
<td>Notifications sent to all members of the group</td>
<td>Notifications when you are messaged directly and / or a summary of weekly activity.</td>
</tr>
</tbody>
</table>
Discussion forum

Upload and comment on files

Ability to link events direct to the community
## New CPD Diary

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Login once</td>
<td>Login once to access the CPD diary</td>
</tr>
<tr>
<td>Outcome related</td>
<td>Outcome related CPD diary. Summary of hours logged in diary.</td>
</tr>
<tr>
<td>Reminder notifications</td>
<td>Reminder notifications can be set up by members</td>
</tr>
<tr>
<td>Upload files and URL links</td>
<td>Upload files and URL links as evidence</td>
</tr>
<tr>
<td>Mobile ready</td>
<td>Mobile ready</td>
</tr>
</tbody>
</table>
Any questions?
More information and materials on the digital project:
Digital Blog:  www.rcslt-digital-project.org

CRM Manager: james.broomfield@rcslt.org
RCSLT East Midlands Hub Day: *Let’s get digital*

22\(^{nd}\) May 2018

#LetsGetDigital

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
Overcoming barriers to technology use in Speech and Language Therapy
Who am I?
Steve Naylor
steve.naylor@globalaccounts.com
Computers in Therapy
Clinical Excellence Network

The CIT CEN Toolkit

@CITCEN
CITCEN toolkit

**Aim:** provide speech and language therapists with the **tools to use technology in their practice**
What is in the toolkit?

1. Key Legislation
2. List of Potential Funders
3. Things to consider when setting up a device
4. Glossary of technical terms
5. List of problems and solutions
What challenges does it address?
Challenge 1

No Access to Skype
Solutions

Other Users

Risk Reports
Challenge 2

Non-networked Devices
Solutions

Other Depts

External Funding
Challenge 3

Resistance from IT
Solution

Service Users

Legislation
Challenge 4

Things to consider when setting up a device (iPad)
Solution

User preferences

Confidentiality

Use of the Apple ID

Restricting access
User preferences

- Mostly accessed via Settings→General→Accessibility.
- Example uses:
  - Font size
  - Zoom
  - Speak/voice dictation function
  - Keyboard customisation
  - Brightness & display
  - Scanning
- Amending the Time/Lockout function
- DEMO with iPad/or Screen shots
Confidentiality and Security

- 3 passwords: System entry, Restrictions, Apple ID/iCloud
- Location Services – to ensure user confidentiality
- What the “iCloud” is and does
- Use of WiFi for Clients?
- Erasing an iPad on its return – go to:
  - Settings→General→Reset→Erase All Content and Settings:
    - Clears all user data
    - But not the Apps if you sign back in with the same Apple ID!
Use of the Apple ID

• Effectively your funding Account with Apple

• Access through: Settings → General → iTunes and App Store

• Each Apple ID retains your purchased Apps – irrespective of the machine they were purchased on.

• Each ID has an email account/passcode AND requires a source of funding:
  – Credit card
  – Vouchers

• The Apple ID and “Mail” account don’t have to be the same.
Unauthorised material and content

• You will need to access Restrictions
  Settings→General→Restrictions (Enter passcode)

• Use of “Restrictions” to
  – stop unauthorised purchases in iTunes/App Store,
  – Prevent accidental deletion of Apps
  – Use of the iPad for purposes that are not conducive to “SLT therapy”
Solution

User preferences
• Apple’s Accessibility option

Use of the Apple ID
• Payment system (vouchers)
• Allows purchased Apps to be restored after a “Reset”.

Confidentiality
• iPad password, Restrictions code and Apple ID
• Lack of control over the iCloud.
• Location Services

Restricting access
• For new purchases
• Deletion of Apps
• Restricting access to target Apps only
Reminder - What is in the toolkit?

1. Key Legislation
2. List of Potential Funders
3. Things to consider when setting up a device
4. Glossary of technical terms
5. List of problems and solutions
Where can I get it?

@CITCEN

CITCEN@gmail.com
CITCEN toolkit

There is a way to use IT in your setting

The CITCEN toolkit aims to help you find it
Computers in Therapy
Clinical Excellence Network

@CITCEN
Thank you
steve.naylor@globalaccounts.com

For more details:
https://citcentoolkit.wordpress.com/
RCSLT East Midlands Hub Day:

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22nd May 2018

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ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
Lightning talks
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ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
RCSLT Outcomes Project

RCSLT East Midlands Hub Day
22nd May 2018

Kathryn Moyse
Outcomes and Informatics Manager
Why outcomes?
Challenges for the profession and beyond

Outcome measures
The RCSLT Outcomes Project

- Initiated in 2013 to respond to drivers internal and external to the profession
- Comprises three key workstreams:
  - Influencing national (UK wide) developments
  - Phase 1: Identifying an existing outcome measure using ‘best fit’ criteria and proof of concept pilot
  - Phase 2: Identifying the gaps, how to fill them and look at other work to be undertaken
## RCSLT members’ ‘best fit’ criteria

### Table one: The 11 criteria agreed for existing outcome measures at the October 2013 and subsequent RCSLT Hub meetings

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is it reliable?</td>
</tr>
<tr>
<td>2</td>
<td>Is it valid?</td>
</tr>
<tr>
<td>3</td>
<td>Is it suitable across key client groups?</td>
</tr>
<tr>
<td>4</td>
<td>Is training available?</td>
</tr>
<tr>
<td>5</td>
<td>Is it easy to access?</td>
</tr>
<tr>
<td>6</td>
<td>Is it easy and quick to use?</td>
</tr>
<tr>
<td>7</td>
<td>Is it compatible with existing tools?</td>
</tr>
<tr>
<td>8</td>
<td>Can it work with the main areas of SLT practice and current priorities?</td>
</tr>
<tr>
<td>9</td>
<td>Can it capture long term/ultimate outcomes?</td>
</tr>
<tr>
<td>10</td>
<td>Can it take account of different stakeholders' priorities for outcomes?</td>
</tr>
<tr>
<td>11</td>
<td>Can it capture the range of service elements provided: interventions, training, adaptations to the environment, universal level etc?</td>
</tr>
</tbody>
</table>
Identifying an existing outcome measure

- Therapy Outcomes Measure (TOMs) (Enderby, John and Petheram, 2006)\(^1\) was identified as the measure most fit for purpose

- It was acknowledged that:
  - The adoption of TOMs was a starting point for the profession’s journey on outcome measurement
  - TOMs would not be used as a ‘stand-alone’ option but employed alongside other outcome measures and other tools/frameworks
  - TOMs is not applicable across all clinical areas and settings (e.g. universal services/Public Health) and parallel RCSLT work-streams would be established to consider how to fill these gaps in Phase 2

\(^1\) Third edition now available (Enderby and John, 2015)
Therapy Outcome Measures
Enderby and John (2015)

- TOMs scales address four dimensions of an individual in line with the International Classification of Functioning, Disability and Health (WHO, 2007):
  - Impairment - the severity of the presenting difficulty/condition
  - Activity - the impact of the difficulty on the individual’s level of independence
  - Participation – impact on levels of social engagement and autonomy
  - Wellbeing – impact on mental and emotional wellbeing

- Each dimension is measured on an 11-point ordinal scale with six defined descriptors, ranging from 0 (worst case scenario), to 5 (best possible presentation).
The RCSLT Online Outcome Tool

- The RCSLT Online Outcome Tool (ROOT) is being developed to support practitioners with:

  - Collecting and collating outcomes data using two methods:
    - Direct data entry
      - Data is entered directly into the ROOT
    - Data upload
      - Data collected in local electronic systems is exported and uploaded to the ROOT

- Evaluating and reporting outcomes
Phase 1 pilot sites

Key
- Adult
- Paediatric
- Adult and Paediatric
Individual service user
Groups of service users
Case study: Sample report

Figure 1: Report showing the direction of change in TOMs between initial and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) for children with language disorder accessing speech and language therapy between July 2009 and July 2017.
<table>
<thead>
<tr>
<th>TOMs Scale</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aphasia/Dysphasia</td>
<td>867</td>
</tr>
<tr>
<td>Augmentative and Alternative Communication (AAC)</td>
<td>7</td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
<td>45</td>
</tr>
<tr>
<td>Challenging Behaviour and Forensic Mental Health</td>
<td>10</td>
</tr>
<tr>
<td>Child Language Impairment</td>
<td>82</td>
</tr>
<tr>
<td>Cognition</td>
<td>55</td>
</tr>
<tr>
<td>Dysarthria</td>
<td>528</td>
</tr>
<tr>
<td>Dysfluency</td>
<td>44</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>7485</td>
</tr>
<tr>
<td>Dysphonia</td>
<td>1033</td>
</tr>
<tr>
<td>Dyspraxia – Developmental Coordination Difficulties</td>
<td>1</td>
</tr>
<tr>
<td>Head Injury</td>
<td>1</td>
</tr>
<tr>
<td>Hearing Therapy/ Aural Rehabilitation</td>
<td>46</td>
</tr>
<tr>
<td>Laryngectomy</td>
<td>38</td>
</tr>
<tr>
<td>Learning Disability – Communication</td>
<td>143</td>
</tr>
<tr>
<td>Phonological Disorder</td>
<td>58</td>
</tr>
<tr>
<td>Tracheostomy</td>
<td>32</td>
</tr>
<tr>
<td>Core Scale</td>
<td>1560</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,035</strong></td>
</tr>
</tbody>
</table>
Phase 1 Evaluation Findings

- Using the ROOT to record and report on TOMs data is easy and efficient
- The data reports generated by the ROOT offer added value at a number of levels, including:
  - Monitoring outcomes for individual service users and across specific clinical groups
  - Evidencing the impact of SLT interventions
  - Supporting service planning and quality improvement
  - Providing intelligence to and influencing key stakeholders
- The ROOT has the potential to support with benchmarking
Applications of the reports

**Individual clinicians**

“Easy to see patterns and where we are actually having an impact on our clients’ lives”

“It all makes doing TOMs more worthwhile for everyone”

**SLT teams/services**

“enabled quicker analysis and a greater range of information and detail”

“We are starting to look at how/what area therapy benefits the clients”

“able to demonstrate to directorates and management more detail regarding clinical outcomes and value of SLT”
Phase 1 Evaluation Findings

- The pilot sites identified additional areas for development of the ROOT (e.g. additional core data fields in the ROOT to record data related to activity)

- Involvement with the pilot has had wider benefits for those taking part, including:
  - a greater focus on outcomes from the start of the patient journey
  - a greater appreciation of the value of data collection
  - facilitating a shift away from the historical focus on inputs and outputs
Val and les could see a fork in the road
but they weren’t expecting a dip
What have we learnt?
Where next?
Phased approach to implementation

Are you ROOT-ready?

- Are the QUTs in your team/service trained or familiar with using TOOL?
- Do you undertake regular reliability checks in your team/service?

- Have you begun the process of engaging key stakeholders in your organization to discuss the possibility of using the ROOT?
- Will you be using the “ideal data entry method” or the “data entry” method to share your data with the ROOT?

- Did you check that your database is compatible with the ROOT?
- Have you completed any documentation required by your organization or other stakeholders?
- Did you submit all required documentation to the ROCS to request access to the ROOT?
Are you ROOT-ready?

START

Are the SLTs in your team/service trained in or familiar with using TOMs

No

The minimum standard of TOMs training required for access to the ROOT is specified below:

- Completed formal TOMs training course, or have access to local colleagues that have completed a formal TOMs training course and to have provided local training/support and practice

- Are familiar with the principles and scales of the TOMs (Enderby and John 2015 published by J&R Press) having scored up patients regularly using this approach.
Are you ROOT-ready?

Do you undertake regular reliability checks in your team/service?

- Yes
  - Consult chapter 3 (pp56-68) of the third edition of the TOMs manual, which contains specific information about how to address the inter-rater reliability across the team.

- No
  -
Are you ROOT-ready?

Have you begun the process of engaging key colleagues in your organisation to discuss the possibility of using the ROOT?

Yes

No

SLT teams/services interested in potentially using the ROOT will need to secure approval from their organisation before using the tool. The RCSLT have developed an information pack to support conversations with relevant IT and information governance personnel.
Are you ROOT-ready?

Direct data entry: Entering service user data directly into the software system
Data upload: Uploading data from an existing local database (e.g. a local IT system such as SystmOne, RiO) to the ROOT
Are you ROOT-ready?

Have you completed any documentation required by your organisation, where appropriate, and been approved to use the ROOT?

Yes

No

The documentation that you will be required to complete will depend on your organisation and local policies. These may include, but are not limited to, privacy impact assessments, data processing agreements, information sharing agreements. The RCSLT Information Governance Resource Pack has been developed to support with this.
Are you ROOT-ready?

Have you submitted all required documentation to the RCSLT to request access to the ROOT?

- **Yes**
  - A member of the ROOT team will be in contact with information about:
    - Accessing ROOT training
    - Gaining access to the ROOT
    - Setting up users on the ROOT

- **No**
  - To request access to the ROOT, send your completed documentation to ROOT@rcslt.org.
What are the gaps?
Phase 2

- Initiated in December 2016 to run in parallel to Phase 1:
  - Framing TOMs as part of other resources available
  - Identifying the gaps and how these might be filled
- Developing approach to data collection in universal/targeted children’s SLT services
- Supporting ALD leads network to develop approach to capturing impact of work conducted outside the referral process (e.g. environmental work)
- The Phase 2 workstreams link to a number of other RCSLT workstreams (e.g. Children’s SLT Services Strategy, digital transformation)
Opportunities to get involved

Contact kathryn.moyse@rcslt.org - RCSLT Outcomes and Informatics Manager to:

- Find out more about the phased roll-out of the RCSLT Online Outcomes Tool and what you will need to do to be “ROOT-ready”
- Receive RCSLT Outcomes Project updates for more information and future opportunities to get involved
- Share your experiences of using outcome measures and local projects on outcomes and outcome measurement
ANY QUESTIONS?
For more information, please contact:
Kathryn Moyse
RCSLT Outcomes and Informatics Manager
kathryn.moyse@rcslt.org

https://www.rcslt.org/members/outcomes/RCSLT_outcomes_project
RCSLT East Midlands Hub Day:

Let’s get digital

22\textsuperscript{nd} May 2018

#LetsGetDigital
AHPs into Action: Digitally Mature and outcome focused AHP services

#AHPsIntoAction
What are the core ambitions for SLT services?

#AHPsintoAction
Introduction

AHP’s into Action sets out a blueprint for local and regional decision making about AHPs, the services they offer, how they can be most efficiently and effectively utilised and to assess areas requiring action to enable the change required to deliver future care across the system. This ambition has an explicit dependency on the intelligent capture of data at the point of care and intelligent use of that data for both direct care and for purposes beyond direct care (i.e. clinical audit, research, commissioning).

Digitally mature AHP service – Framework for Action sets out 2 core ambitions and a blueprint to support AHP services to digitise their services and use data to inform direct care provision, clinical audit, research and commissioning.

**Ambition 1: Digitally mature AHP Services**

- Effective use of core digital capabilities
- Effective integration and interoperability with shared services and partner organisations
- Evidence of service USP

Focus on **Digital Pathways of care**

**Ambition 2: Data enabled AHP services**

AHP services can demonstrate that digitisation leads to improvements in:
- Safety & Quality
- Clinical Outcomes
- Staff & Patient Experience
- Resource Sustainability

Focus on **Outcome measures**

The first ambition is dependent on the technology and business/process change required to digitise services effectively. It requires an investment of time and cost from AHP services. However on its own this will not demonstrate enough value to prove that the cost and effort to digitise their services has delivered a positive impact the impact on clinical care and operational delivery, and the contribution this makes to the aspects of sustainability defined in the 5yfv delivery plan (Better Health, Better Care & Financial Sustainability), reducing unwarranted variance (NHS RightCare) and improving clinical quality (Getting it Right First Time).

To reflect this, the rest of the document is split into two parts: the first provides additional detail on the level of digitisation AHP services are encourage to achieve; the second provides a summary of some of the key outcomes this will enable.
Ambition 1 - What are Digital Capabilities?

#AHPsIntoAction
As an AHP in a digitally mature service I can

- **Records, Assessments and Plans**
  - Capture information electronically for use by me and share it with other professionals through the Integrated Digital Care Record

- **Asset & resource optimisation**
  - Increase efficiency to significantly improve the quality and safety of care

- **Medicines Management and Optimisation**
  - Ensure people receive the right combination of medicines every time

- **Transfers of Care**
  - Use technology to seamlessly transfer patient information at discharge, admission or referral

- **Orders & Results Management**
  - Use technology to support the ordering of diagnostics and sharing of test results

- **Decision Support**
  - Receive automatic alerts and notifications to help me make the right decisions

- **Remote Care**
  - Use remote, mobile and assistive technologies to help me provide care

Transforming the people, their work, their relationships and the outcomes
Ambition 1 - Core Digital Capabilities

AHP services are expected to be working towards the deployment of the following core digital capabilities across all or part of their service/departments:

- **Records, Assessments & Plans**
  - Including: clinical notes, therapy observations, clinical assessments, care plans. Captured and available digitally to whoever needs them.

- **Transfers of Care**
  - Including: incoming and outbound referrals, discharge notes and outpatient letters.

- **Orders & Results Management**
  - Including: laboratory, radiology and cardiology orders & results, with decision support for duplicate or conflicting requests.

- **Medicines Management & Optimisation**
  - ePrescribing decision support for safety & conflict checking.

- **Decision Support**
  - Including: automatic detection & escalation of high risk patients (e.g. High falls risk), best practice clinical pathway guidance & compliance alerts.

- **Remote & Assistive Care**
  - Including: (where appropriate/relevant) ability to hold virtual consultations with patients and other clinicians, remote monitoring of high-risk patients.

- **Clinical & Business Intelligence**

- **Asset & Resource Optimisation**
  - Including: patient flow, staff rostering, bed management, and asset tracking (devices & equipment).

Expect deployment & use across AHP services.

Expect at least partial coverage (e.g. some AHP specialties, sites/services/departments or clinical conditions/pathways) and/or reflect AHP practitioners working in extended scope.
Ambition 1 - What does Integration and Interoperability involve?

#AHPsintoAction
Ambition 1 - Interoperability, Data & Standards

AHP services should strive to meet core national standards, system-wide interoperability and integration across specialties and care settings.

<table>
<thead>
<tr>
<th>Local Data-Sharing</th>
<th>Open APIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Including common data-sharing agreement and consent across the health and care economy. AHP services will have access to and share data in real-time with primary care and other care settings.</td>
<td>• Key clinical data fields available via open interfaces for structured content as per CareConnect specification (FHIR resources for items such as current medications &amp; procedures).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structured Data</th>
<th>SNOMED CT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clinical data recorded in a structured format aligned with PRSB clinical record headings where appropriate to support more effective re-use of data for primary and secondary purposes.</td>
<td>• Used as the standard clinical terminology for the direct management of care. Mandatory for all providers by 2020.</td>
</tr>
<tr>
<td>dm+d</td>
<td>• Priority data items: diagnoses, procedures/interventions, allergies, adverse drug reactions and medications</td>
</tr>
<tr>
<td>• A subset of SNOMED CT, to be used as the standard terminology for describing medicines &amp; devices in prescriptions, orders and patient records.</td>
<td>Data Quality</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Assets - eReferrals</th>
<th>Cyber Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>• AHP referrals to utilise eReferral capabilities and meeting local and national targets.</td>
<td>• Complies with the 10 data security standards described in XX.</td>
</tr>
<tr>
<td></td>
<td>• Undertaken and independent assessment through CareCert Assure.</td>
</tr>
</tbody>
</table>

*Including use of the NHS Number, Summary Care Record and implementation of Child Protection Information System.
Ambition 1 - What would evidence a Unique Selling Point (USP)?

#AHPsintoAction
AHP services should also strive to demonstrate a unique selling point (USP) that goes beyond the core scope of digitising their records and correspondence. In most cases these represent an extension to the core capabilities described in section 1.1, with the difference being how the USP enables a more fundamental transformation of the way in which care is organised and delivered. They include, but are not limited to, using digital services to support:

**Integrated Care Pathways**
- Using digital systems to support the seamless flow of information across organisational boundaries and deliver coordinated, patient-centred care across a whole population or geography
- Supports end-to-end redesign & improvement of patient pathways

**Advanced Data Analytics & Population Health Management**
- Advanced data analysis at scale to deliver targeted care for high-risk & high-use groups of patients (e.g. Frailty pathways, Diabetes, across a population or area
- Shifts activity from reactive to proactive care & reduces overall demand on the system

**Patient Activation & Self-Management**
- Digital technologies to help people manage their own care & conditions more effectively
- Mobile technologies support delivery of care outside traditional settings and closer to home
- Promotes better outcomes for patients, and channel shift reduces demand on health & care services

**Reducing Unwarranted Variation**
- Digital systems guide AHP clinicians along defined clinical pathways, standardising practice and reducing unwarranted variation
- Delivered at scale across a single organisation, health economy or provider chain to improve quality of care and reduce unnecessary activity
Ambition 2 – How can we use to Data to demonstrate the impact of AHP services?

#AHPsintoAction
Ambition 2. Evidencing impact on Care & Operational Delivery (Summary)

AHP services should aim to demonstrate the value of running highly-digitised clinical and operational services. We can do this by focusing on the impact it has within four main outcome categories*:

- **2.1 Safety & Quality**
  - Reducing number of deviations in care among individuals, e.g.:
    - Care compliance
    - Unwarranted variation
    - Avoidable errors
    - Complications

- **2.2 Clinical Outcomes**
  - Improving overall health & outcomes for a population or groups of patients, e.g.:
    - Population health
    - Diagnosis rates/times
    - Morbidity & mortality rates

- **2.3 Staff & Patient Experience**
  - Interactions and perceptions, e.g.:
    - Level of satisfaction
    - Waiting times
    - Accessibility
    - Distance travelled
    - Ease of use

- **2.4 Resource Sustainability**
  - Delivering healthcare in a manner which maximises resource use and avoids waste, e.g.:
    - Reducing unnecessary activity
    - Reducing costs
    - Reducing avoidable A&E attendances

Some examples of the specific outcomes & benefits that can be delivered within these categories are provided in the next section below. It highlights some of the common, high-impact opportunities and their relationship (through the Enablers column) to the capabilities and other requirements described in Part 1.

*This approach aligns with the definition of value adopted in the Best Possible Value Framework (used as the basis of the Sustainability & Transformation Fund process) – that value in healthcare is defined as the health outcomes achieved per unit of cost spent.*
How can AHP services collaborate to deliver those ambitions?

#AHPsintoAction
Working collaboratively we can:

- Create a network of digitally mature AHP services which support high quality care with digital technology
- Develop a digitally literate and digitally empowered AHP workforce
- Demonstrate how we can transform care with digital technology
- Share learning between AHP services, collaborate across clinical specialties and increase awareness of wider digitisation and data agenda’s
- Create best practice blueprints that can be adopted by other AHP services
- Improve efficiency, productivity and quality through optimising working practices
RCSLT East Midlands Hub Day: 

*Let’s get digital*

22\textsuperscript{nd} May 2018

#LetsGetDigital
Welcome to Recap Health

Recap Health allows NHS patients to view, rate and comment on healthcare information sent by local NHS professionals.

Log in to your account

- Email address
- Password

- Remember me. Do not check this if you are using a shared or public computer.

Log in

Forgot your password?

Knowledge
Become more knowledgeable about your condition.

Self care
Learn self care strategies that will work.

24/7
Access accurate healthcare information 24/7 sent to you by your local NHS professionals.

Secure
Keep sensitive information protected using a personal password.
Recap Health: prescribing digital information for health, wellbeing and recovery
What is Recap? Why?

Quality assured information within 3 clicks
secure digital accounts for staff, patients/service users, carers and supporters

Library of content available for you to browse and use with your clients

Shared resources available across services and treatment pathways breaking down traditional service boundaries

Health hubs including Care Home, School, Self Help Support and General Practice Health Hubs

Trusted, targeted information relevant to the person and their treatment, care or support

Self care and recovery: empowering people to take control of their own health and wellbeing

Scope and development for how you choose to deliver services

Star rating for patients/carers and staff
‘How to’ Recap?

Health Worker ‘Kate’
⇒ Discuss in consultation/visit
⇒ Prescribe information
⇒ Follow up at next visit

Service User ‘Clara’
⇒ Information prescribed from health worker(s)
⇒ Accessible at any time
⇒ Read onscreen or print out
⇒ Read/complete activities
⇒ Discuss during next appointment

Multi-media content
See it live!

Click link to see it live -

http://recap.nottinghamshirehealthcare.nhs.uk
Recap in MSK: Physio

- Identify most frequent activities
- Gather content, identify gaps and create e.g. short films
- Therapy advice – what to do/expect during treatment, support, rehab activity
- Self care advice e.g. looking after yourself, lifestyle choices
- Shown at visit, and prescribed for future viewing, also other media support e.g. leaflet, tracker etc.
- Integrated working e.g. physio and pulmonary rehab – shared and additional content

Benefits
Targeted activity
Prompts discussion – real time
Informed, shared decision-making
Promotes self care
– client, carer, family
Peer support - shared experience

Outcomes
Focused health outcomes
Improved recovery
Effective and efficient discharge
Recap for Health Visitors

Health Visitor ‘Jo’

Key contacts:

▷ Birth Visit (e.g. 6 days)
▷ 6-8 week check
▷ post-natal visit (e.g. 6-8 months)

Bundle of content

▷ Key word: e.g. Birth-Pack
▷ Consistency
▷ Meeting SLA requirements
▷ Standardised, plus additional for individualised care

Time taken to prescribe digitally: Less than a minute

Time taken to prepare for giving leaflets: ???
Recap for Podiatric Surgery

Specialist Podiatrist ‘Chris’

Most frequent procedure = Bunions - Pathway:

- Pre-op assessment
- Bunion op
- Post-op recovery/follow up
- Shared experience

Benefits

- Reduced anxiety
- Shared decision making
- Improved recovery
Recap for COPD/ Pulmonary Rehab

Shared patient pathways:

- Acute
- Rehab
- Home

Benefits

- Shared care/treatment
- Continuity, consistency
- Self care and recovery
- Better take up of referrals/reduced DNA
Recap for Sure Start, Speech and Language Therapy

- Language Skills for Life
- Sing-a-long Rhymes
- Co-production: services, families, education

Benefits

- All working to same aim
- Accessibility
- Engagement with children
- Positive use of screen time
- Long-term emotional health and wellbeing
Future development of Recap

**Shared treatment pathways** incorporating services across the health and social care community

**Recommended for me** staff to staff recommendations, across service boundaries

**Screencast** – remote consultations with a shared screen to enable real-time conversations and sharing of content

**E-learning** – platform to deliver more interactive e-learning and education supporting packages of care

**Commercial opportunities** content, development and delivery

**Activity and outcomes** capture and recording of interventions or treatment using digital technology
Remote consultation: the future...? Or now...?

Connection, Information, Motivation

Recap Health
Any questions?
Recap sign in page (website):
https://recap.nottinghamshirehealthcare.nhs.uk

Contact:
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Call/text: 07595 091803
charlotte.wood@nottshc.nhs.uk
Call/Text: 07854 057692
RCSLT East Midlands Hub Day: 
*Let’s get digital*

22nd May 2018
#LetsGetDigital

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
Next steps
Get involved!

Be brave – If you don’t already use social media- do it!

• Promote the Hub in your service and across your CENs
• Check out the next #ResNetSLT Tweet Chat (30th May 2018)
• Follow the East Midlands Hub Twitter Feed @RCSLTTeastmidhub
• Join the Hub steering group
@RCSLTeastmidhub Tweetchat
Tuesday 19th June, 13.00 – 14.00

• #LetsGetDigital
• Topics up for debate!
• Quick way to sneak in some lunchtime CPD
What next?

• What activities would you like the East Midlands RCSLT Hub to lead on?
• What could you do to engage more with the hub?
• What could you do to promote the hub across your working environment?
• What could you do to foster two way communication with RCSLT?

There are proformas on your tables to help capture ideas
Get involved!

RCSLT Purpose:
RCSLT is the professional body that promotes excellence in speech and language therapy.

Many ways to get involved: from face to face to virtual

East Midlands SLTs can be key!
RCSLT Conference 2019 – 25th- 26th September in Nottingham
Incoming Deputy Chair- Mary Heritage, Derbyshire Community Health Services NHS Trust