LYNC Feedback Brief

June 2017

This research is part of the LYNC study, which explored the use of digital technologies in clinical communications between health professionals and young people receiving specialist care for a range of long-term health conditions - a group at risk of disengaging from health services yet prolific users of digital communication including for healthcare.

Led by researchers from Warwick Medical School and Kings College London, in collaboration with University Hospitals Coventry and Warwickshire, NHS Digital and King's Health Partners, the LYNC study was funded by the UK National Institute of Health Research Health Services and Delivery Research (HS&DR) Programme.

NHS
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Health Research

Improving health outcomes for young people with long term conditions: The role of digital communication in current and future patient-clinician communication for NHS providers of specialist clinical services.

Background

Between 2015 and 2016, we engaged with 20 clinical teams from across Britain about their use of digital technologies (email, text messages, Skype, mobile phone calls) for clinical communications with young patients. Nearly 200 staff and over 150 patients were interviewed, and clinical policy and guidelines were reviewed.

One participating team was the Leicestershire Partnership NHS Trust. The Trust provides the ChatHealth school nurse messaging service to young people of secondary school age. We interviewed nine managers and school nurses about their experiences. We also job-shadowed four participants to observe their daily use of the messaging service, and reviewed documents about ChatHealth. We then analysed the data for what works for whom, where, when and why, and also for ethical and safety issues.

Following our research, we were invited to give feedback to the Trust. In this Brief, we have analysed and mapped the ChatHealth data against the broad themes of the overall study.

A "really positive story"

In a nutshell, ChatHealth was seen as a user-friendly, safe and responsive platform for digital clinical communication. Everyone we interviewed spoke highly of the service and identified a number of benefits, including:

- **An acceptable mode of communication**

ChatHealth was established in direct response to a request from secondary school teenagers and school nurses for *digital* clinical communication: "[we realized that] young people could bank online and they could shop online and they could speak to their friends online, [… administer] their whole lives through their mobile devices in their pockets, yet if they wanted to see a

school nurse, they needed to turn up to a clinic in a school" (02).[1] As a digital platform, ChatHealth has enabled better alignment of school health services with the communication culture of their target user group. Staff have seen this in the immediate uptake of the messaging service by young people.

- **Bringing credibility to school health services**

The technology has also assisted with changing and updating perceptions of school health services: away from "Nitty Nora" towards a connected and relevant service, responsive to the concerns and issues of a young generation (04).

- **A gateway into the NHS**

For many young people, ChatHealth is "their first contact individually with a health professional" (07). Unlike face-to-face consultation, digital communication offers some protective distance for shy or anxious users: serving as the "ice breaking bit" that facilitates broader dialogue with health services and gives users confidence to enter services in person (08). The ChatHealth platform also allows school nurses to rapidly assess and triage cases, and refer patients onwards within the system.

- **Improving equity in access: reaching vulnerable groups**

Bridging physical distance and improving rural access: For school nurses, ChatHealth and Skype (also under experimentation within the Trust) have facilitated a more responsive and efficient form of engagement with young people located a "long way" away (10). The technology has enabled more regular contact between school visits and is helping to bridge distance and alleviate travel and access issues in remote areas.

Engaging teenage boys: Many participants spoke of the success that ChatHealth has had in reaching "probably twice as many boys as we would have done face-to-face" (04). The anonymity afforded by the platform, coupled with the digital mode of communication, is seen to appeal to teenage boys, who are often more reluctant than young women to enter traditional school health services in person.

- **Addressing "awkward issues"**

The main health issues raised through ChatHealth are "emotional difficulties and self harm", as well as sexual and reproductive health queries (04). The team also uses online web chats to deliver education and information about topics such as stress, anxiety, and sleep. School nurses are able to extend health education through these platforms by drawing on mental health services and dieticians, as well as each other.

- **Safeguarding for staff and patients**

Prior to the implementation of ChatHealth, some participants had been using mobile phone text messages to communicate with patients (and sometimes patients' parents). As with others in the LYNC study, school nurses expressed safety concerns and anxieties about texting: How to ensure privacy and confidentiality? How to protect patient safety? How to retain professional boundaries? "…this isn't really ideal because I'm texting them, they might text me back; I might be off sick; how do we record this; how do we save it?" (07). ChatHealth has developed a number of safety elements to reduce and manage risk (02). All participants found value in the safeguarding afforded: "it makes me cringe when people message service users from a phone now because we've got so many safety features within ChatHealth" (04).

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[1] To protect participants' confidentiality, we have anonymised their words using unique study numbers.

- **Empowering school nurses**

Formal training, ongoing mentoring and guidance

Similar to their colleagues in the broader LYNC study, most Trust participants said that prior to their induction into ChatHealth, they had been apprehensive about using digital technology itself: "I am a bit technophobic. I worry about if I do something wrong what will the implications be? I wasn't brought up in the computer world, you know, it was typewriters when I was at school" (11). Yet, with training and practice, all of the school nurses we interviewed said that they feel empowered and capable of using ChatHealth technology. This confidence was further cemented by the ongoing provision of support for staff and the availability of standard operating procedures to guide digital communication.

- **Contributing to thoughtful, quality care**

'Buying time' to enable a considered response

An important feature of ChatHealth is the automated 'bounce-back' message, which is sent in immediate response to incoming messages. The bounce-back confirms receipt to patients while affording providers time to consider their reply: "phone the safeguarding team, you can phone primary mental health workers, you can phone your manager, […] a colleague, so you've got time to think […unlike] when you're in school, somebody walks through the door and they say something to you and you think, oh heck, oh right, hang on I'll get back to you. Whereas [with ChatHealth], you've got that sort of time to think about it and give a really good answer" (03).

- **A centralized and coordinated system**

ChatHealth provides a single, integrated point of care for patients. Calls are logged and downloaded into a common "pot". These are then assigned to the duty ambassador (member of staff on duty that day) who either resolves and closes the case or returns it to the pot for further action by the next duty ambassador. Through shared action notes, the platform enables coordination and continuity across duty ambassadors and overtime. This results in the provision of "standardised advice from a professional source" for patients (04).

- **Nurturing teamwork and joining up services**

ChatHealth relies on good communication and engagement between duty ambassadors and within clinical teams. It is also an opportunity for school nurses to engage with the wider NHS and other sectors, for example, the police (in safeguarding cases) and social care services. These functions are not unique to digital school health communication but the technology seems to have assisted with "knowledge sharing […] and] working in partnership more rather than in silos" (04).

"Just another piece in the jigsaw" (07): the limits of ChatHealth

While valuing the "really positive story" of ChatHealth, participants also acknowledged that the platform has its limits. These can be found in the challenges of introducing a new service within a constrained environment, the mode of communication, and the technology itself.

- **"…another job for me to do" (11)**

Consistent with findings from the other LYNC study sites, ChatHealth was not seen as a substitute for face-to-face engagement but rather as complementary, "just another way for young people to communicate with us as school nurses" (12). In effect, ChatHealth is an add-on, a new communication service for patients. Yet, in the absence of additional resources, this has added to the duties of individual ambassadors and some reorganization of working practices: duty ambassadors now arrange their time around the duty roster and must ensure they have

regular access to a computer, even although a message notification system means that "they don't have to sit at their computers all the time" (04). Despite system gains in efficiency and responsiveness, indeed *because* most calls are resolved through ChatHealth, "colleagues aren't necessarily aware […] of the commitment [or that we are] a buffer for the rest of them"(07).

- **The human factor**

While ChatHealth technology is intended to complement the work of school nurses, and make digital communication safer and more efficient, "it still very much depends on human operation […and the] nurse actually taking action" (02). The human factor can lead to security breaches. This underscores the need for ongoing mentorship and support as digital clinical communication is normalized and integrated into the daily routines of school health services.

- **"They live in a more instant world, don't they?" (03): Managing the expectations of young users**

A common concern raised by staff across the LYNC study was that patients would expect instantaneous communication when using digital platforms. ChatHealth has sought to mitigate these expectations through the bounce-back message and clearly-stated 24 hour response time. However, some school nurses still expressed anxiety: "say I respond to a message at 9 o'clock in the morning, I don't want to be out all day […having them] wait until 3:30 in the afternoon before I then respond back" (07).

- **Keeping up with technology**

Although ChatHealth originated in response to identified communication needs of patients and staff, participants noted how difficult it is to keep pace with rapid technological changes in society. Service users are constantly changing how they communicate. When ChatHealth started, traditional text messaging was the social norm; now the use of instant messaging is much more prevalent. There is consequently a need for ongoing technical work to ensure that ChatHealth stays updated and relevant.

Reflections

Everyone we interviewed was highly enthusiastic and positive about ChatHealth. All were willing to go the extra mile to make it work. As an integrated platform, the service has grappled with and resolved many of the challenges now facing early adopters of digital clinical communication in the LYNC study and NHS as a whole. Yet new ethical, safety, and technical challenges must be anticipated; and we look forward to supporting and learning from ChatHealth's response as the platform is scaled-up.

A concluding question

In LYNC, we found that young people with *chronic* conditions value digital communication with a known and trusted clinician. ChatHealth can facilitate working in this way but many participants identified the value of a *system* response.

We would like to extend our gratitude to everyone at ChatHeath and the Leicestershire Partnership NHS Trust for giving so generously of your time and insights. Thank you.

Centralized team-handling of cases works well for triaging and referring patients onwards. It may also reassure shy patients seeking anonymity. But are there conditions under which ChatHealth teams might adapt their working practices to enable patient communication with a particular clinician over time? And if so, what might this mean for current ways of working?