KIT
Keeping in Touch: Speech and Language via Skype

Helen Poole
Reader in Applied Health Psychology

Sheena Round
Consultant SLT/Network Manager
Outline

• Background to KIT Project
• Evaluation
• Implications
• Recommendations
Evaluation: what’s already known?

• ‘Remote’ delivery of health care increasing

• Clinical use of Skype reviewed (Armfield et al 2013)

• In Speech and Language Therapy (SLT)
  – Videoconferencing review (Theodolos & Hill 2002)
  – Range of disorders, e.g. stuttering, dysphagia, Parkinson’s disease
  – Variety of purposes, including: screening, assessment, and review. Limited for therapy
  – Predominantly adult populations and case series
Evaluation: Rationale & Aims

• Data on use in UK NHS context sparse

Aims
• To evaluate use of Skype to deliver SLT to children within an NHS context
• To determine acceptability and engagement
• To evaluate any resource implications
Evaluation: Methods

• Prospective study using mixed methods
• Purposive sample
  – 7 Speech and Language Therapists (SLTs)
  – 9 Clients: Children aged between 3 ½ years and 14 years and their parents/carers
• SLTs and clients provided with Tablets to Skype
• Variety of session types
• SLTs and clients completed
  – On device questionnaire (N=49 sessions)
  – Interviews at end of study period (N=11)
Evaluation: Findings

Sessions and Resources

- Duration (N=49) between 15 & 45 minutes, Mean=27.8 (SD9.9)
- Mileage saving per session, mean=8.2 (SD10.1), range 0-50 miles
- Travel time savings per session M= 26.6 (SD13.2), range 15-60 minutes

Table: Percentage agreement with statements

<table>
<thead>
<tr>
<th>Online questionnaire</th>
<th>SLT</th>
<th>Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to connect</td>
<td>84%</td>
<td>93%</td>
</tr>
<tr>
<td>No difficulty with visual display</td>
<td>80%</td>
<td>93%</td>
</tr>
<tr>
<td>No difficulty with sound</td>
<td>80%</td>
<td>93%</td>
</tr>
<tr>
<td>Successful interaction</td>
<td>87%</td>
<td>93%</td>
</tr>
</tbody>
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Projected Savings

- Travel ~ £87,000
- DNAs ~ £27,000
Evaluation: Clients' Experience

Convenience and Satisfaction

Acceptability Evaluation: Clients' views

"I think the technology of it is brilliant. It's such an advancement. To be able to just use a screen and a call...I mean it's really come along..." she showed us initially. But after that you didn’t really need any help setting it up. Did you? You knew what you were doing...I think she enjoyed it. And she could stay focused. Because it was only about twenty minutes.

Like 'C' says, it...is just easier 'cos she doesn’t have to miss any of her lunch hour. Or she doesn’t have to miss an art lesson...

...it is very much like, having her [child] sit on the rug. And doing everything...As you’re having a therapy session in your living room.

When you’re on the Skype you sort of have everything ready. You’re a little bit more organised I think.
In their own words
Evaluation summary

Findings
• Positive response to use of Skype
• Connectivity, need for planning
• Increased engagement
• Resource efficient

Limitations
• Sample, potential bias
Provider Benefits

- Quality Service Provided
- Equality of Access
- Low Risk
- Cost Savings From Time & Travel
- Skype is Free
- Increased Productivity
- RIF study provides an evidence base
- Patient Centred
- Links with remote mobile working
- NHS protocol for Skype
How many people does it take...

To make a change in the NHS?
Challenges

• Confidentiality of data
  – Agreement to implementation for clients
  – Risk assessment in NHS
  – Different way of working for SLTs
• New processes needed for loan tablets
• Activity data changes
• Estate considerations
Future

• Trust Support
  – Trust wide survey based on results of evaluation (staff and service users)

• Implementation across SLT
  – All therapists a possibility

• Apps
  – Procurement process, development
The KIT team

Sheena Round, Helen Poole, Ricky Wallace, Paul Fergus, Carolyn Lees, Ursula McCormick, Catharine Barley, Pam Monti, Louise Simcock, Claire Bimson, Lois Hatfield, Catherine Webb, Claire Hanlon, Chelsea Dobbins, Chris Wright, Caroline Rand

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References


