

CWTCH Cymru

Ready, Set, Go!

**A Step-by-Step Toolkit for Getting
Telepsychiatry Ready, Set & Go.**



Welcome from the CWTCH Cymru Team

Welcome to the CWTCH Cymru Ready Set Go Toolkit!
'Cwtch' is the Welsh word for 'hug' and stands for Connecting With
Telehealth to Communities and Healthcare

The team which developed CWTCH is:

Professor Alka Ahuja

Professor Alka Ahuja is the Project Lead for CWTCH and the Welsh National Clinical Lead for Technology Enabled Care in Wales (TEC Cymru). She is a Consultant Child and Adolescent Psychiatrist and the Lead Consultant for the Specialist Neurodevelopmental service at Aneurin Bevan University Health Board. She is also the Public Engagement lead of the Royal College of Psychiatrists in Wales, Treasurer of the Faculty of Child and Adolescent Psychiatry in the Royal College of Psychiatrists and a Visiting Professor at the Welsh Institute for Health and Social Care, University of South Wales.



Dr Jacinta Tan

Dr Jacinta Tan is the Project Manager of the CWTCH project. She is a Consultant Child and Adolescent Psychiatrist who is also a medical ethicist. Jacinta conducted the Welsh Government's Eating Disorder Service Review in 2018. She is the Welsh Chair on the Eating Disorder Faculty Executive Committee and also a member of the Professional Practice and Ethics Committee of the Royal College of Psychiatrists. She sits on the Stakeholder Reference Group of the Whole School Approach Joint Ministerial Task Force in the Welsh Government.



Dr Kavitha Pasunuru

Dr Kavitha Pasunuru is a Consultant Child and Adolescent Psychiatrist and the Clinical Director for CAMHS in Aneurin Bevan University Health Board. She has special interest in quality improvement projects and has implemented initiatives such as Single Point of Access and use of tele psychiatry for medication reviews in CAMHS.



Ms Gemma Johns

Gemma is the Research and Evaluation Lead for Technology Enabled Care, NHS Wales, and is currently working on the Welsh Government funded roll-out of video consultations across Wales in response to COVID-19. Gemma has research and quality improvement experience working in both the NHS in Child & Adolescent Mental Health Services, and as an academic researcher in Swansea University. Gemma is a PhD student at Bristol University, in the School of Social Sciences and Law.



CWTCH Cymru Base:

Ty Bryn Unit, St Cadocs Hospital, Caerleon, Newport NP18 3X
Contact Details: jacinta.tan@wales.nhs.uk; Telephone 01633 436831

Executive Summary

There is a great deal of international evidence to support the use of video consultations for healthcare, called ‘telehealth’. There is also a great deal of experience of using telehealth internationally and within the United Kingdom, particularly in Scotland. It remains however quite novel in the delivery of mental healthcare within the United Kingdom, and the psychiatric setting raises particular concerns around risk management.

CWTCH Cymru stands for ‘Connecting With Telehealth to Communities and Healthcare in Wales’. The CWTCH project was funded by the Health Foundation within the Innovating for Improvement funding scheme, to implement telepsychiatry in the CAMHS in Gwent, South Wales. It commenced in February 2019 and was intended to end in April 2020. However in the Covid-19 crisis the CWTCH project lead Prof Alka Ahuja and project research assistant Gemma Johns have been seconded to the Welsh Government and have been instrumental in the rapid rollout of the use of Attend Anywhere remote consultations to primary and secondary healthcare.

We have developed through our experience and evaluation a model of delivering telepsychiatry which we call ‘CWTCH Cymru’ – Connecting With Telehealth to Communities and Healthcare Wales. CWTCH Cymru, the general telepsychiatry concept which has emerged out of the original CAMHS-specific CWTCH project, has been endorsed by the Royal College of Psychiatrists in Wales and is currently being rolled out to secondary care across Wales.

This is the CWTCH Cymru Ready Set Go Toolkit, which is intended to provide a systematic way of approaching telepsychiatry, regardless of the video consultation platform used, in order to overcome potential barriers and enable successful implementation in the mental health setting in the United Kingdom. The purpose of this toolkit is to support mental health professionals to implement telepsychiatry in their own settings. Many mental health professionals are trained only in face to face patient contact and may experience anxieties and concerns about using telepsychiatry. Many mental health facilities, generally requiring less technology to run than acute care settings, may not have the necessary infrastructure to embrace telepsychiatry. In our experience, the biggest barriers and challenges are clinical and behavioural, not technological. We hope that you will find it useful, and will join with us in trying to build a robust evidence base to support excellence in telepsychiatry. All feedback is welcome, we are always trying to improve! @CWTCHGwent

The CWTCH Team, 19th April 2020

© Copyright CWTCH Cymru team, please request permission before reproducing or modifying anything from this toolkit

Contents Page

The CWTCH Team	1
Executive Summary	2
Contents	3
Ground Rules	4
What is Telepsychiatry?	5
Using a Communication Platform for a Host and Spoke Structure	7
Stage 1.1: Are you CWTCH Cymru Ready? - checklist	9
Stage 1.2: Are you CWTCH Cymru Ready? - checklist	10
Stage 2: Are you CWTCH Cymru Set?	11
CWTCH Cymru 10 Guiding Principles	13
Stage 3: Are you CWTCH Cymru Go?	34
Stage 3.1: Are you CWTCH Cymru Go? - checklist	36
Appendix 1: Consent form	38
Appendix 2: Attend Anywhere Patient Information Sheet	39
Appendix 3: CWTCH Cymru Attend Anywhere Clinician Handbook	40
Appendix 4: Copies of Evaluation Forms	45

Ground Rules:

- 1) The CWTCH Cymru concept is owned by the CWTCH Cymru team, if you wish to follow the concept, we need to ask you to sign up to it.**

A lot of time, money and effort has gone into creating it, so we would like to ask you to respect our investment. Please do not simply share it on with others or use it without letting us know, because we need to keep track of who is using it and in what settings.

- 2) When you sign up with CWTCH Cymru, we need to ask you to follow the entire concept and its guiding principles (no picking and choosing please!).**

This is because although we know CWTCH is not perfect and it will evolve, we need to ensure it evolves in a consistent way, for everybody's benefit, in a way that we can evaluate. Please do give us feedback to help us improve.

- 3) You must use the CWTCH Cymru logo for any use of telepsychiatry publication, promotion or presentation purposes, but also not to use it for anything else.**

This will ensure everyone understands that you are using CWTCH Cymru and not a different telepsychiatry concept.

- 4) The CWTCH Cymru concept is not to be modified in any way unless consulted with and approved by CWTCH Cymru.**

We understand that you may need to adapt it to fit your own setting and needs, but we would really like to understand what that means and to ensure that the whole CWTCH Cymru concept improves and can fit more settings and needs.

Also, we have staff to work with you to do that and will need to discuss with you how the modified CWTCH Cymru will be evaluated.

- 5) Evaluation of CWTCH Cymru telepsychiatry is essential in order to build an evidence base about whether it works, it saves resources and is eco-friendly.**

We need an agreement with you that we will receive anonymised evaluation data from your use of CWTCH Cymru so as to help build a larger nation-wide evidence-base. We have developed several evaluation methods which are built into CWTCH and have staff who will do the evaluation, so we would in turn support you by delivering evaluation reports about CWTCH Cymru in your setting.

What is Telepsychiatry, and How Can CWTCH Cymru Help Support Your Service?

What is Telepsychiatry?

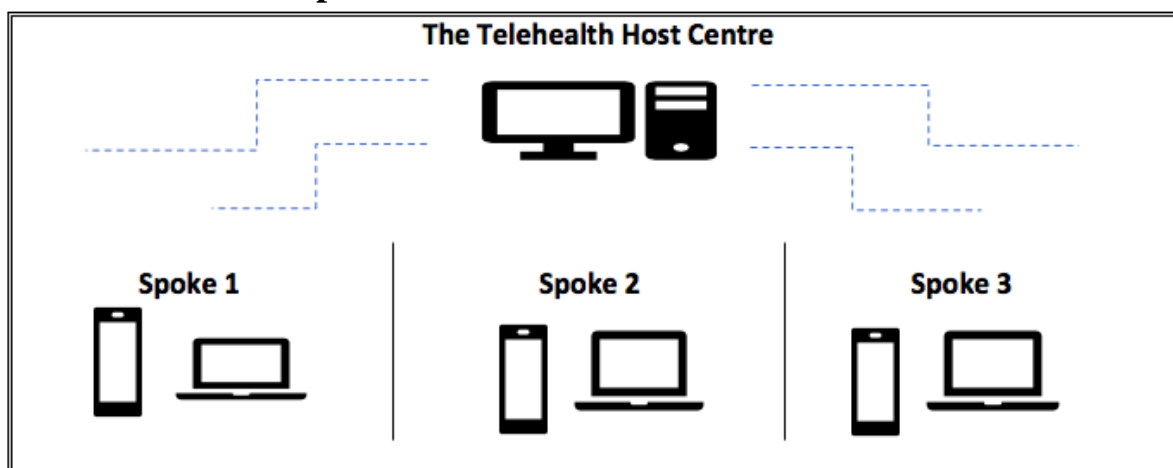
Telepsychiatry is the provision of remote healthcare by the means of telecommunication technology. In other words, healthcare can be delivered virtually, using a wide range of technology such as a PC computer, laptop, smart phone or tablet. At one end of the telecommunication line can be a Doctor, Nurse, Therapist and so on, and at the other end may be the patient, family member, carer teacher, or another health professional.

Introducing the Host & Spoke Structure

Telepsychiatry generally operates in a host (or hub) and spoke type structure. This means there is a host (or hub) which is the central component of the telepsychiatry service and the spokes which are the routes or links in and out of the host (or hub) centre.

In the case of delivering a service via telepsychiatry, the host is the overarching service that is delivering the remote service (e.g., your service that you are looking to set up) and the spokes are the services, places or people the host is delivering the service to. Below is a simple diagram of a host and three-spoke structure.

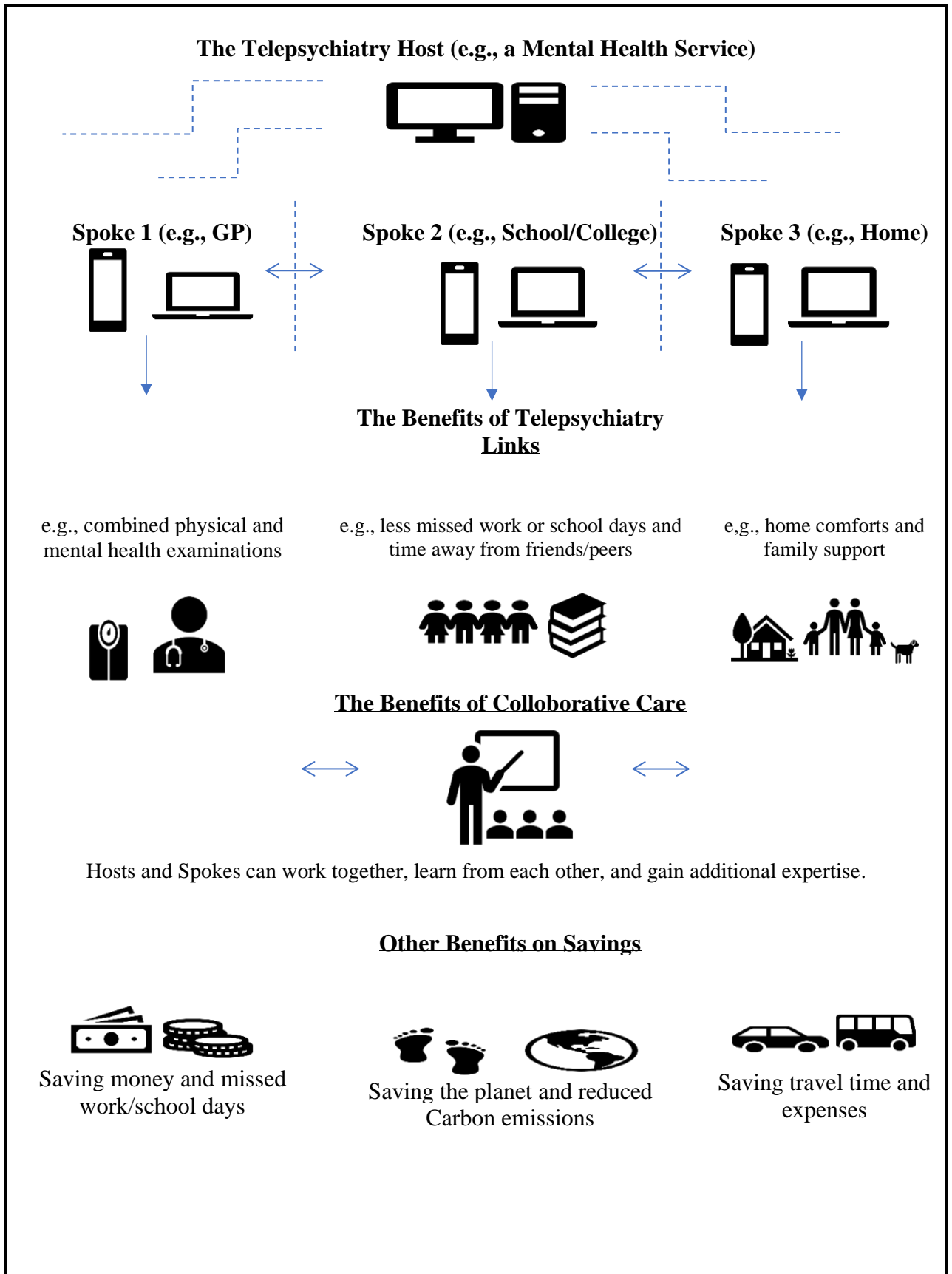
A Host and Three-Spokes Structure



Please note: There is no limit to the number of spokes a host service can deliver to, this is purely a three-spoke example.

A host and spoke telepsychiatry structure, if set-up and managed well, can be offered to a wide range of services, which can provide excellent outcomes and benefits to all involved. An example of a host and spoke structure and its full functioning ability is outlined in a schematic diagram below. This adds in some additional context. The diagram provides a detailed example of a mental health service (as the host) with three spokes. Telepsychiatry with its ability of linking up, collaboratively working together and the additional benefits and savings using telepsychiatry.

Schematic Diagram of a ‘Host and Three-Spoke Structure and Functions’.



Using a Communication Platform for a Host and Spoke Structure

What is a Communication Platform?

A communication platform is a type of telecommunication that is used to connect people remotely using a video call. There is a wide range of video applications available such as Facetime or Messenger video, and all of these are types of communication platforms. These types of applications are often downloaded for free and intended for the use of social communication ONLY. In other words, they are not necessarily suitable for telepsychiatry as they are not regulated and nor secure to the standards required for clinical work. Please check with your own healthcare organisation about what is considered safe and acceptable to the use for the delivery of healthcare.

Attend Anywhere: An example of an NHS-Approved Communication Platform

There are some specific communication platforms that are approved for telepsychiatry. An example of one of these communication platforms is Attend Anywhere, a commercial secure clinical platform which is NHS-approved in Scotland and Wales (highly recommended by CWTCH Cymru) for which licences are purchased. In this toolkit we will use Attend Anywhere as our example but the CWTCH Toolkit can be used with any communication platform.

What is Attend Anywhere?

Attend Anywhere is a safe and secure web-based communication platform which allows a wide range of healthcare appointments, assessments and meetings to take place via a video call, with the added value of NHS approval due to its robust safety and security additions.

Virtual Waiting Rooms and Meeting Rooms

Attend Anywhere is an ideal platform for a host and spoke type structure. The platform comes equipped with a virtual 'Waiting Rooms' and 'Meeting Rooms'. This allows the virtual experience to feel more life-like, in that when a link is made from a spoke site, the person calling is placed in a virtual 'Waiting Room', and then a message is sent to the host site to inform them they are waiting, and for how long. The host site then enters the Waiting Room and joins the call. This is the same for Meeting Rooms, which are ideal for meetings such as Multi-Disciplinary Team Meetings (MDTs).

Getting Attend Anywhere for Your Service

To have access to the Attend Anywhere website, your service would be required to purchase a licence (more information about the licence can be found at www.attendanywhere.com).

How to make a video call

- ✓ **A good connection to the internet**
If you can watch a video online (e.g. YouTube) you can make a video call
- ✓ **A private, well-lit area where you will not be disturbed** during the consultation
- ✓ **One of these:**
 - 🌐 Google Chrome web browser on a desktop or laptop, or on an Android tablet or smartphone
 - 🍏 Safari web browser on an Apple iMac, MacBook, iPad, or iPhone
- ✓ **Web-camera, speakers, and microphone** already built into laptops or mobile devices

🔒 Is it secure?

Video calls are secure; your privacy is protected. You have your own private video room that only authorised clinicians can enter.

£ How much does a video call cost?

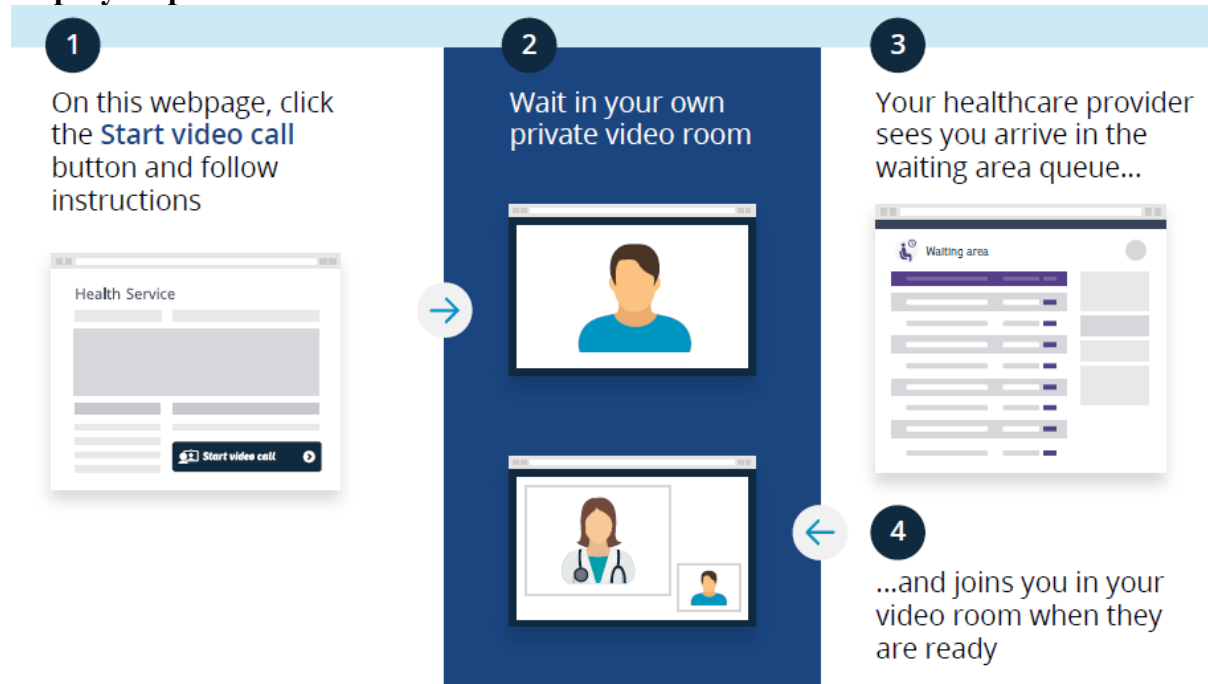
The video call is free (except for your internet usage).

↓ How much internet data will I use?

You don't use any data while waiting for a clinician to join you.

A video call uses a similar amount of data to Skype® or FaceTime®.

Step By Step Instructions:



Instructions:

Instructions for the use of Attend Anywhere and leaflets for patients and clinicians can be found in the Attend Anywhere website: https://nhs.attendanywhere.com/resourcecentre/Content/Resources/PDFs/NHS.AA_Fact_Sheet_Screen_FA.PDF

Stage 1.1: Are you CWTCH Cymru Ready? As the ‘Host’

	YES	NO	UNSURE
<p>Have you got Internet access in your service?</p> <ul style="list-style-type: none"> The internet connection can be through either an Ethernet port or Wi-Fi. For best possible connection we highly recommend using an Ethernet port, but this isn't always essential. 			
<p>Have you got a device which can be connected to the Internet?</p> <ul style="list-style-type: none"> In order to use telepsychiatry you will need a device such as a desktop computer, laptop, tablet or smart phone which can be connected to the Internet. 			
<p>Have you got a webcam, microphone, speakers connected to your</p> <ul style="list-style-type: none"> Telepsychiatry is a virtual appointment therefore it is essential that you have a webcam and microphone. If using a laptop, tablet or smart phone these are usually pre-installed/built-in to the device. For a desktop computer, you may need to purchase/connect these separately. It is common for most webcams to have a microphone built in, so please check this out before purchasing both. You may also require additional external speakers in some cases, e.g., outside noise. 			
<p>Have you got a suitable space within your service to run telepsychiatry?</p> <ul style="list-style-type: none"> A suitable room that is dedicated to telepsychiatry is needed, this needs to be a private confidential space, similar to a room that would be used for an in-person appointment. 			
<p>Is your service suitable to deliver telepsychiatry?</p> <ul style="list-style-type: none"> Is the service you offer suitable for telepsychiatry? Is the population your service sees suitable for telepsychiatry? 			
<p>Do you have an approved telepsychiatry app/platform to deliver telepsychiatry?</p> <ul style="list-style-type: none"> Is the software/platform you intend to use suitable for telepsychiatry? Is it approved by your healthcare provider? 			



IMPORTANT:

There are a wide range of available apps and online platforms available for video consultations. Information governance issues must be carefully considered by the healthcare providers before the most appropriate software or platform is used for clinical purposes. Please see the Set section for Information Governance considerations.

Stage 1.2: Are you CWTCH Cymru Ready?

As The ‘Spoke(s)’ (usually the patient)

	YES	NO	UNSURE
<p>Will the spokes have Internet access?</p> <ul style="list-style-type: none"> Will they have access to their own internet, or could they go somewhere to get access to the internet? For example, if a person doesn’t have home internet, could a local GP surgery or school provide this? 			
<p>Will the spokes have a device which can be connected to the Internet?</p> <ul style="list-style-type: none"> Will they have access to their own device, or could they go somewhere to get access to a device? For example, if a person doesn’t have their own device could a local GP surgery or school provide this? 			
<p>Will the spokes have a webcam, microphone, speakers connected to their device?</p> <ul style="list-style-type: none"> If using a laptop, tablet or smart phone these are usually pre-installed/built-in to the device. For a desktop computer, you may need to purchase/connect these separately. It is common for most webcams to have a microphone built in, so please check this out before purchasing both. They may also require additional external speakers in some cases, e.g., outside noise. 			
<p>Will the spokes have suitable space for telepsychiatry?</p> <ul style="list-style-type: none"> Is the spoke a suitable setting for telepsychiatry? Think about its layout, atmosphere, location and so on. Can the spoke provide a suitable space to set up telepsychiatry e.g., will it be safe, secure, private and accessible? If applicable, is the space likely to be available on short notice if needed, e.g., in an emergency? Are the spokes opening hours similar to the hosts to ensure a seamless link? 			
<p>Are the spokes likely to be suitable for the intended population?</p> <ul style="list-style-type: none"> Is the intended population suitable for telepsychiatry? Are the spokes in an easy to reach location for the intended population? Would the spokes require any additional requirements, monitoring or safeguarding for the intended population? 			



IMPORTANT:

To continue to the next section of this guideline you are required to answer ‘yes’ to all of the above questions in section 1.1 and 1.2. If any responses are ‘no, or unsure’ please speak to your service or department about this to discuss your options about moving forward or contact CWTCH Cymru if you have any questions or concerns.

Stage 2: Are you CWTCH Cymru Set?

Are you ‘set’ in terms of risk, governance and compliance for adopting telepsychiatry within your service? Not sure? Well, let’s explain this in some detail and help you decide.

So, your service have identified a keen interest or need for telepsychiatry? Great! ☺ But, before you leap in, it is important to recognise that there are some key components that **MUST** be considered before attempting to implement telepsychiatry, and to ensure that it is an acceptable and suitable option, and that it is likely to deliver safe and successful outcomes.

How does risk, governance and compliance apply to telepsychiatry?

Risk, Governance and Compliance are defined as:

Risk is a “situation involving exposure to danger”

Governance is “the systems, processes and relationships through which an entity is directed and controlled”.

Compliance is “the action of complying with this command”

Risk is a “situation involving exposure to danger’

In the case of using telepsychiatry, a virtual mode of care, there are likely to be many types of situations where there may be an ‘exposure to danger’. It is therefore absolutely crucial to ensure that all is done to avoid such exposure.

Governance is “the systems, processes and relationships through which an entity is directed and controlled”.

In the case of using telepsychiatry, telepsychiatry itself is the entity. It is this entity that is being directed and controlled by your entire service, and every system, process and relationship existing within it. Therefore, to ensure a good telepsychiatry service, it is important to ensure a good governance within your service.

Compliance is “the action of complying with this command”

CWTCH Cymru believe that the action of complying with specific commands particularly those relating to risk exposure and safeguarding against risk are held together by a well-built governance. CWTCH Cymru have carefully designed this guideline to ensure that your service meets the eligibility criteria for a safe and structured telepsychiatry service. In order for your service to be eligible and

supported by CWTCH Cymru, it would need to become CWTCH Cymru compliant.

The telepsychiatry platform or software used must be approved by the relevant healthcare provider, after careful consideration of information governance issues.



Information governance considerations include:

- Whether the clinician's personal phone number or device IP is visible to others;
- Whether data about the clinician and patient are stored in servers, particularly servers outside the European Union or United Kingdom where data protection laws may be weaker;
- Whether the communication itself is sufficiently encrypted and secure;
- Whether video or audio recordings can be made, or screenshots taken of the encounter, either by patient or clinician, either covertly or overtly;
- Whether patients can see and/or communicate with each other while waiting to be seen by the clinician;
- Whether the patient can use the information given for one encounter to intrude upon, communicate with or potentially stalk the clinician and/or other patients afterwards.

CWTCH Cymru have developed an eligibility checklist which is based on 10 Guiding Principles. To check your eligibility, please read the next section of this chapter carefully, and complete the eligibility checklist at the end.

CWTCH Cymru Eligibility Criteria: Risk, Governance and Compliance

CWTCH Cymru 10 Guiding Principles

Ground Rules	To follow CWTCH Cymru ground rules at all times. Any modifications would need consultation and approval.
Appoint Team Members	To set up a team, and to advise and involve all members of the team on the strategy and value of telepsychiatry within your service.
Define and Plan	To define a strategic plan of setting up telepsychiatry within your service – developing a ‘host and spoke’ structure.
Agree & Document	To agree on and formally document all telepsychiatry goals, strategies and procedures to ensure that telepsychiatry practice is CWTCH Cymru compliant at all times.
Ensure Safety, Risk, Ethics	To ensure that safety, risk and ethical guidelines are formally agreed to and properly documented, such as safeguarding, conducting risk assessments, data sharing, informed consent and confidentiality issues.
Support and monitor	To provide ongoing support and monitoring of telepsychiatry procedures and strategies to ensure its integrity and structure
Provision	To provide all telepsychiatry infrastructure needs, equipment, licence, and technical support and training.
Communicate and Promote	To provide continuous communication and promotion of telepsychiatry with staff, patients and families, and other services.
Evaluation	To agree on providing evaluation and report anonymised copies to CWTCH Cymru.
Patient-Centred	To ensure that telepsychiatry care is tailored to the patient/family best interest and care.






Guiding Principle 1: CWTCH Cymru Ground Rules

The CWTCH Cymru guidelines are based on the ground rules of using and agreeing to their concept. To be supported by CWTCH Cymru, your service would need to agree to the following ground rules shown on the next page.

Guiding Principle 2: Appoint Telepsychiatry Team Members

As part of their support and evaluation service, CWTCH Cymru come equipped with a team who have a wide range of experience and expertise in setting up, running and evaluating a telepsychiatry service in the NHS. CWTCH Cymru team are here to help and support your service with the set-up, maintenance and evaluation of your telepsychiatry service.

Ground Rules:

- The CWTCH Cymru concept is owned by CWTCH Cymru, if you wish to follow the concept, we need to ask you to sign up to it. 
- When you sign up with CWTCH Cymru, we need to ask you to follow the entire concept and its guiding principles (no picking and choosing please!). 
- You must use the CWTCH Cymru logo for any use of telepsychiatry publication, promotion or presentation purposes, but also not to use it for anything else. 
- The CWTCH Cymru concept is not to be modified in any way unless consulted with and approved by CWTCH Cymru. 
- Evaluation of CWTCH Cymru telepsychiatry is essential in order to build an evidence base about whether it works, it saves resources and is eco-friendly. 

Please see page 4 for full version of the ground rules

However, only you and your service really know what works best for you, your staff, your service and its overall needs, and therefore there are some important roles and responsibilities needed from your own team (or what we like to call ‘councils’) to ensure the service runs to its best ability. CWTCH Cymru suggest that your service would need to nominate members of staff within your existing service to help support telepsychiatry roles and responsibilities (preferably at both host and spoke ends).

CWTCH Cymru have provided a list of possible roles and responsibilities that could help set up and run your telepsychiatry service. This list is purely suggestive and can be adjusted to match the size and need of telepsychiatry within your service.

CWTCH CYMRU RECOMMENDATIONS FOR TEAM MEMBERS (OR ‘COUNCILS’)

ROLES:

The Lead

RESPONSIBILITIES:

To lead, monitor and report evaluations

A lead within your service who understands the overall functioning of your service (organisational and clinical) and can take full responsibility of the telepsychiatry service and would be the main contact for your telepsychiatry service, and to CWTCH Cymru.

Champions or ‘Councils’ in Host & spokes

To encourage & push vision within departments

Members of staff within each department or section of a service (host and spokes) would be ideal to help encourage and push the vision and goals within their departments. These champions or ‘councils’ would be central to the service, and its likelihood of sustainability.

Management/ Administration

To define, promote & gain buy-in

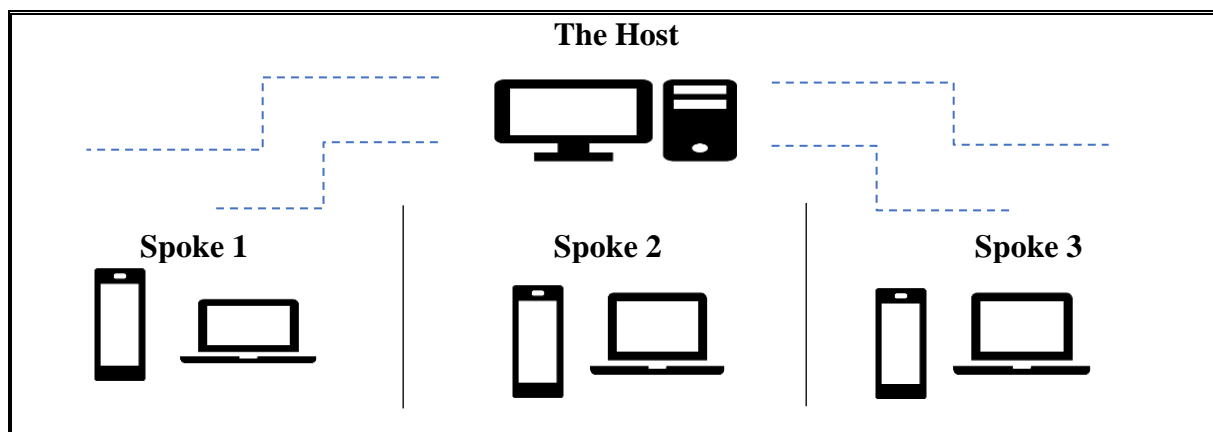
Senior management involvement and support is needed to help define and promote the value of telepsychiatry and encourage buy-in from others. To ensure telepsychiatry operates smoothly, administrative support is also needed for roles such as sending out virtual appointment letters, booking telepsychiatry rooms and other relevant documentation.

Guiding Principle 3: Define a Strategic Plan of Using Telepsychiatry

When setting up your telepsychiatry service it is important to consider how best to plan and integrate it into your existing systems, and at what levels this will be defined and established. For example, who and what is involved, what specific roles and responsibilities would look like, the method of referral procedures and so on.

To help you think about this, imagine your telepsychiatry service as a host and spoke structure (as explained in the introduction chapter). Remember: the host is the place/setting/people where the service delivery is coming from (e.g., your service), and the spokes are the places/settings/people where the service is being delivered to.

A Telepsychiatry Host and Three-Spoke Structure



Population Selection Within Your Spokes

Selecting the patient population within your spokes is the next step of defining a telepsychiatry plan, and how best to fit this into your existing systems.

There are different ways to select your population for telepsychiatry. This would need to depend on the needs and circumstances of your service.

‘Cherry Picking’

Cherry picking a population for telepsychiatry would generally involve the professional perspective of ‘who fits best’ for telepsychiatry.

Pros: By allowing your service to ‘cherry pick’ the ideal population to use telepsychiatry, this is likely to involve a careful selection of specific clinical and demographic characteristics that are deemed suitable, and therefore more likely to succeed, proving that telepsychiatry is very effective and suitable for your service.

Cons: However, cherry picking can result in a very specific type of population being nominated for telepsychiatry appointments, and these are more likely to be those who are deemed as low-risk, low-threshold, or those unable to attend in

person, and telepsychiatry is offered as an ‘only option’. Whilst this can be a very good use of telepsychiatry for this type of population, it most certainly wouldn’t be representative of the whole population who access your services, and then difficult to determine its actual effect.

Things to think about...

Who is involved, and who is responsible?

The delivery of care (virtual vs. in-person) should be no different in both the involvement and how ‘responsibility’ works.

A shared-care approach would be ideal, which includes the referrer (e.g., spoke number 1, 2, or 3), the referee (e.g., the patient, families) and the service being referred to (e.g., the host) and any other spokes/people involved.

How would the appointment take place?

Depending on the preferred location of the virtual appointment e.g., the spoke choice, a virtual link could be sent to them, from the host centre (e.g., via letter, text, email or verbally).

An example:

If using a communication platform similar to Attend Anywhere, the link would be a hyperlink, and this would be typed into the spokes’ internet

How would the referral from a spoke to a host work?

An example may involve...

Step 1) A referrer (e.g., spoke 1) calls a duty line telephone number (to the host)

Step 2) A triage assessment is made (by the host)

Step 3) If appropriate, a telepsychiatry appointment offered (by the host) to the referrer (spoke 1) and a virtual appointment is scheduled to take place (e.g., spoke 1, 2, 3).

Choice Appointments

A choice appointment would involve the ‘choice to opt in or out of telepsychiatry’ and this choice would be made by the user (e.g., patient or family member).

Pros: If everyone within a service was offered a telepsychiatry appointment, and then had the choice to opt in (receive telepsychiatry) or opt out (receive in-person care) it would be considered as a much fairer and more patient-centred approach to the users.

Cons: However, telepsychiatry should remain a shared-care approach, and by allowing users only to make the final choice on their care package may not always be in their best interest, as professionals should always be part of this.

Random Selection

Randomisation is one of the most trusted selective processes to ensure validity and representativeness.

Pros: By offering telepsychiatry using a randomisation process e.g., appointments being selected at random and double-blinded (host and spokes unaware/blind of the selection), this would allow a more credible and representative picture of successes or failings within your service.

Cons: However, randomisation may cause some concerns around safety and risk for some populations, so this would need to be considered within the context of your service. Also, not everyone is suitable for telepsychiatry, and regardless of your type of service, there may need to be some level of choice or selection.

CWTCH Cymru Advice.

There seems to be no perfect way to select a telepsychiatry population. It is therefore suggested to combine the selection processes as needs be to allow them to match the needs of your service.

To help you do this, CWTCH Cymru have developed a Population Selection Checklist. This simple checklist allows your service to combine the selection processes in a way that can provide a shared-care approach to selection (all involved). This approach is intended to prevent the overuse of cherry picking, but at the same time it ensures that high-risk factors are considered for immediate exemption at selection. It also allows for a patient-centred ‘choice’ to be considered but encourages an ‘informed choice’ to be made (between the service and the user) For example, by having the service ask the user questions regarding ability to use it, rather than ‘would you like it, or not’. This selection process can also be offered additional power, by adding a randomisation component to, for example by placing all ‘NO’ responses from the checklist into a semi-blinded randomisation selection process.

Population Selection Checklist for Population Selection:

Population Selection

SELECTION: (based on risk, rather than cherry picking)

If yes to any of the following, a telepsychiatry appointment may NOT be suitable, or may require additional measures.

1. Does the person NEED to be physically assessed on the day of the virtual appointment? (but can't go elsewhere for this, e.g., local GP).
2. Does the person present with any high-risk concerns that a virtual appointment may worsen?
3. Are there any safeguarding issues that may be made worse by having a virtual appointment?
4. Is the person likely to get more distressed or upset than would do in-person?
5. Is the appointment likely to involve a difficult or distressful conversation which would be better delivered in person ? e.g., delivering bad news
6. Does the person lack capacity to provide informed consent?

If all answers are no, then please proceed to the **INFORMED** choice element of the checklist

INFORMED CHOICE: (rather than personal choice)

If yes to any of the following, a telepsychiatry appointment may NOT be suitable, or may require additional measures.

Guiding Principle 4: Agreement & Documentation of Goals, Strategies and Procedures

It is important to ensure that everyone involved in the telepsychiatry set-up and usage (at both host and spoke ends) are not just physically involved but strategically involved too – in that, they are all on the same page with regards to how to set it up, how to run it, and how to maintain it.

To ensure that this strategic agreement among all involved is understood, accepted and maintained, it is advised to formally agree upon and document all telepsychiatry specific goals, strategies and procedures, and monitor them throughout.

Helpful Tips...

- *Consider developing what we call councils. These can be specific groups of people from both the host and spokes who meet regularly to discuss the functions (and challenges) of the telepsychiatry service, and best ways forward.*
- *To ensure that everyone involved is on the same page, define the purpose and value of telepsychiatry from the start.*
- *Allow everyone involved to have a voice to express their concerns and attempt to resolve these concerns as a team (or council).*
- *Set out realistic goals and initial steps, with the intention to re-group, and re-step if needed.*
- *Reach a group consensus on all goals to avoid staff reluctance, concerns and risks.*
- *Document and monitor everything that is said and done and share these documents among the team (or councils).*
- *Meet up regularly as goals may need to change to suit needs.*
- *Don't assume that everyone in your service will 'want or need' telepsychiatry but do continue to push the vision towards positive*

Guiding Principle 5: Risk, Safeguarding & Ethical Guidelines

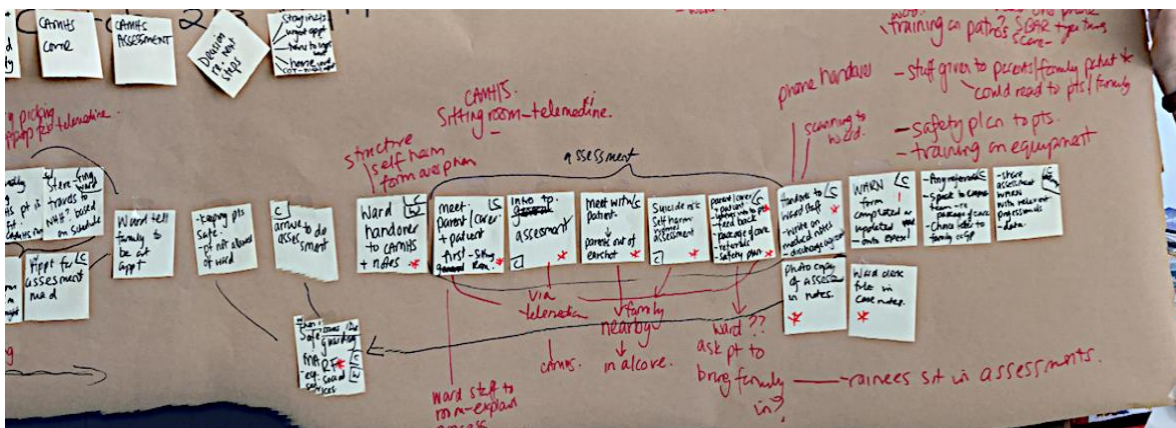
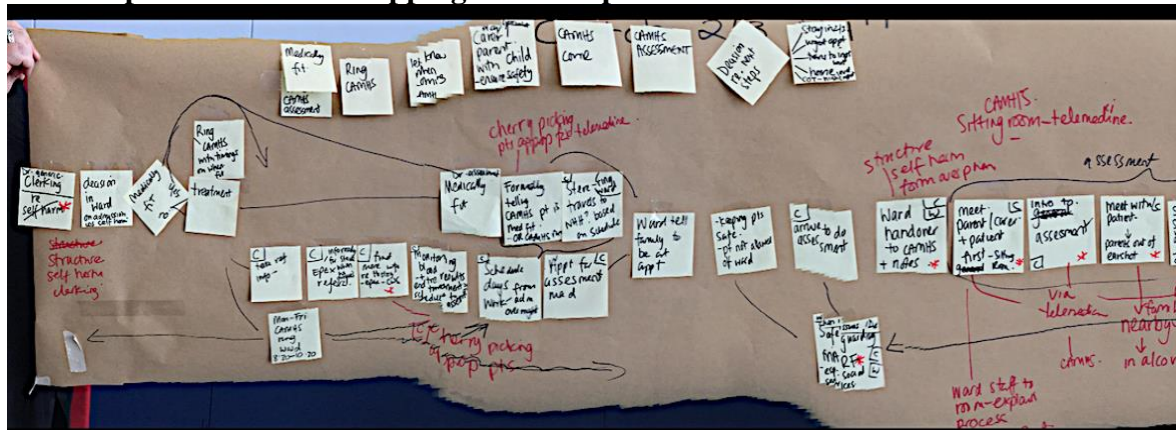
CWTCH Cymru is based in a Child and Adolescent Mental Health Service, and as part of their telepsychiatry service, appointments and assessments can be with very high-risk young people, and therefore are required to undergo rigorous risk assessments and process mapping procedures to ensure their absolute safety and protection.

CWTCH Cymru believe that all types of services, regardless of their level of risk, should consider all types of safeguarding principles, conduct risk assessments and abide by ethical guidelines. These are outlined below.

Risk Assessments & Process Mapping

To start thinking about the population your service will deliver telepsychiatry to, and the risk exposure that may arise, it is advised to conduct an initial 'process mapping' of your service. Process mapping will help your team define telepsychiatry in the context of your service, understand who is responsible for what and where, and to flag up any potential concerns or risk exposures.

An Example of a Process Mapping Workshop



Process mapping and risk assessing will help your team to start thinking about and understanding what types of risks may arise in specific situations, and possibly how to avoid them.

Things to think about...

- Would using telepsychiatry instead of in-person care increase risk in any way?
- If so, what are these risks, and can they be resolved?
- Is the risk of using telepsychiatry greater than not seeing them at all (e.g., if unable to see them in-person)
- Would these risks be the same if the service was delivered in-person?
- Think about other types of risks there may be such as the setting, environment, the clinical outcome or even other methods to use alongside telepsychiatry.

The setting

Is it safe for your population?
e.g., are there any potential harms in the telepsychiatry room? Or outside of it?

The Clinical outcome

Is it safe for your population?
e.g., is a virtual appointment likely to impact on a clinical outcome?

The environment

Is it safe for your population?
e.g., in a home setting, is it likely to be a confidential or a safe space?

Think...

- 1)carefully select spoke rooms, e.g., away from windows, exit or stairs
- 2)Have somebody sit-in, or monitor
- 3)remove potentially harmful items
- 4)have a speed dial number for immediate contact

Alternative methods

If for example, a physical test was required alongside a virtual appointment e.g., measure weight or blood pressure, would a request to attend an alternative service (e.g. to visit a GP) impact clinically?

Think...

Home spokes may require additional thought and safeguarding. If concerned, offer an alternative setting, such as a school or GP surgery.
Remember confidentiality, safety and privacy: Ask who else is in the room

Safeguarding:

On completion of process mapping and initial risk assessments, the next step would be to start thinking about, and formally agreeing to and documenting clear and concise safeguarding contingency plans for your telepsychiatry service.

This would involve a 'what to do' plan in the event of an emergency or concern arising during a virtual appointment. It is advised to list a wide range of scenarios, ranging from low-to-high risk possibilities. Make it as specific to your service as possible to make potential scenarios relatable to your staff.

Remember:

- When developing the contingency plan, think about who is best suited to develop it, and who will be following it, and consider a wide range of opinions and possibilities.
- Develop a list of all possible scenarios and all levels of risk exposures and make them specific, applicable and relatable to your service.

Develop a Safeguarding Plan

There are many ways safeguarding and contingency plans can be designed and followed within your service. Use easy to follow methods and instructions, such as using a flowchart or clear and concise written descriptions of 'what to do'. This will help direct and inform the person responsible for safeguarding.

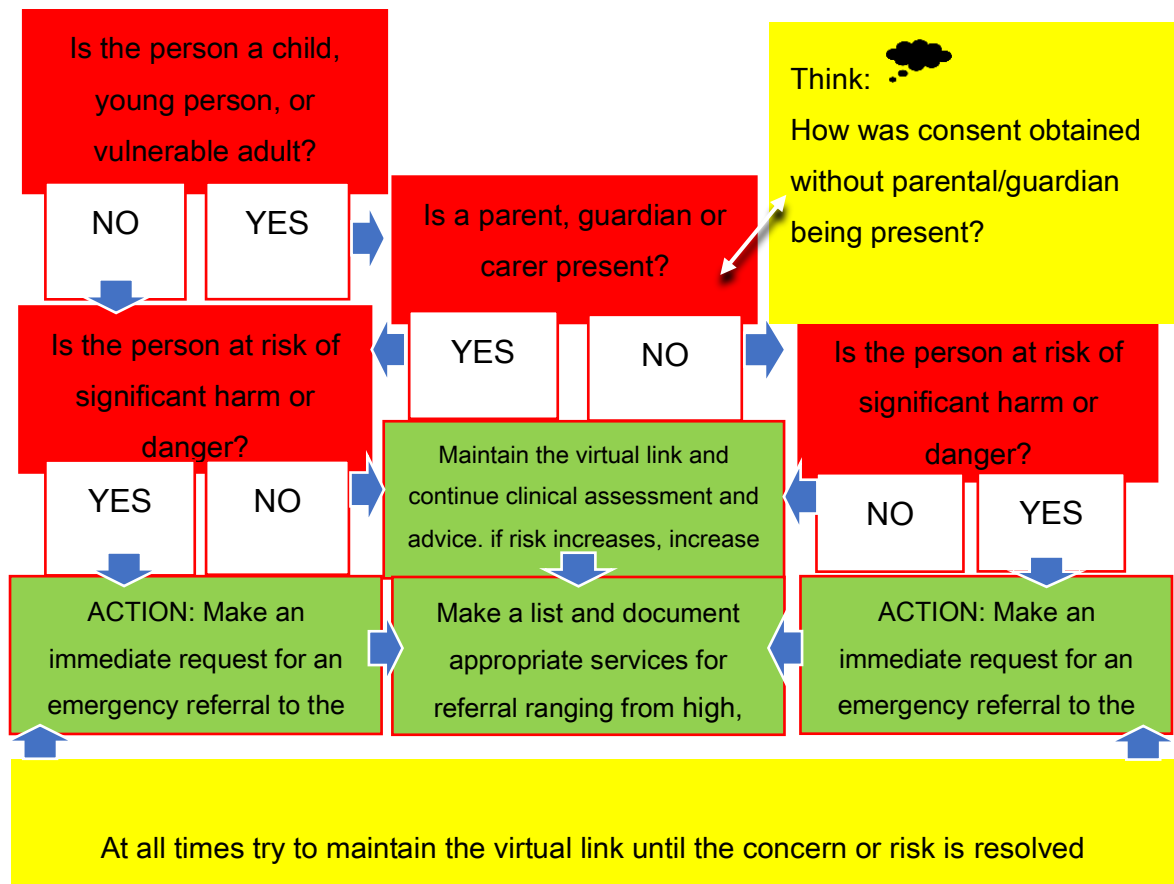
When the patients are children, young people or vulnerable adults, or where there are children, young people or vulnerable adults in the family or being cared for, safeguarding is an important consideration. Depending on the mental health issues and setting, a safeguarding plan should be developed by the service and be available for clinicians to use as needed.

Problems with, or developing during, the telepsychiatry encounter should also be anticipated. Contingency plans should always be drawn up by each service to deal with this problems.

Ethical Guidelines:

Telepsychiatry, like any other form of healthcare delivery will need to be treated the exact same way as in-person care with regards to ethical guidelines and procedures. However, due to the obvious remoteness of a virtual appointment, there are also additional ethical considerations which also need to be considered and applied.

An Example of a Safeguarding Flowchart



Confidentiality & Privacy

It is essential that a telepsychiatry service replicates an in-person appointment or assessment as much as possible. For example, the setting of an appointment room would ideally need to be the same as an in-person appointment room, e.g., if your service would normally use a private room for an in-person appointment, then a virtual appointment would also need this.

Remote Working:

In the Covid crisis or due to other constraints, clinicians using telepsychiatry may be doing remote working either from home or other settings. There are issues that need to be considered if not using a dedicated, private telepsychiatry room or standard clinic room.

Example of Contingency Plans in Written Format

A Contingency Plan for Mental Health Assessment

*Child/young person, vulnerable adult?

Yes/no

**Parent/guardian/carer present? Yes/no

Scenario 1: Patient is causing low-risk concern, e.g., patient gets distressed and upset during appointment

ADVISED ACTION: Maintain the virtual link and continue clinical assessment and advice.

Scenario 2: Patient is causing moderate concern, e.g., patient expresses past thoughts about suicide, but has no intent or plan to do so.

ADVISED ACTION: Maintain the virtual link and continue clinical assessment and advice and explore options to refer patient for further support or help.

Scenario 3: Patient is causing high-risk concern, e.g., patient expresses active thoughts about suicide, and .

ADVISED ACTION: To make an immediate request for an emergency referral to the appropriate services.

A Contingency Plan for Physical Health Assessment

*Child/young person, vulnerable adult?

Yes/no

**Parent/guardian/carer present?

Yes/no

Scenario 1: Patient is of low-risk concern, e.g., need for physical examination or blood tests

ADVISED ACTION: Maintain the virtual link and continue clinical assessment and advice. Make arrangements for examination at previously agreed location and place e.g. hub for phlebotomy

Scenario 2: Patient is causing moderate to severe concern, e.g., appearing physically unwell

ADVISED ACTION: Make an immediate request for an emergency referral to the appropriate services, inform patient of actions.

If you cannot resolve the situation, escalate response to emergency services e.g., call 999

Preparing the telepsychiatry space:

- Use a dedicated space which is private and confidential.
- To protect privacy, think about avoiding rooms that have a lot of windows, or use blinds or curtains.
- Use a space that is quiet without excessive distractions, disturbances or interruptions.
- Use a space that is not harmful in any way to your intended population, for example, if a person is likely to be at risk of self-harm or is a young child, e.g., think about things like computer wires and sharp items left in the room.
- To protect what people can see or hear at all times, for example patient

Remote working: Things to think about...

- Would using telepsychiatry from home or a non-standard clinical setting increase risk in any way?
 - o Would your platform or app reveal your location?
 - o What is in your background – are there things in your background or surroundings visible to the person you are doing telepsychiatry with which may be too personal such as family photographs, or otherwise inappropriate to show your patients?
 - o We recommend a very neutral background
- Is there sufficient privacy for the telepsychiatry appointment? Are you likely to be interrupted by family members, particularly children? What have you done to ensure there are minimal interruptions?

Informed Consent

Informed consent is the process of seeking agreement from a person before taking a course of action that requires consent. For telepsychiatry, informed consent is required from any person who is on the receiving end of the telepsychiatry communication platform (e.g., the spokes) and this is required to be obtained for every telepsychiatry session.

There are two types of consent:

- **Implied consent** (or tacit consent) which is signalled by the behaviour of an informed person in agreement. This type of consent is typically used in the delivery of ‘in-person’ healthcare.
- **Explicit consent** is when a person actively agrees, either verbally or in writing. This type of consent is highly recommended for telepsychiatry as signalled behaviour (implied) may be more difficult to capture remotely.

Children and Vulnerable Adults Lacking Capacity

To obtain consent, the person giving it would need to have a full understanding of the process. A person with incapacity would not be able to give fully informed consent, but it is good practice to obtain their agreement (known as assent) as well as parental or guardian consent.

The process of obtaining consent involves the person (prior to the video call) who is hosting the telepsychiatry service and therefore deemed ‘responsible’ for ensuring that the person receiving the call has fully understood and consented to taking part in a telepsychiatry appointment. Remember that obtaining consent is more than just agreeing to take part, it is in fact a continuous process throughout the delivery of healthcare.

Guiding Principle 6: Support & Monitor

Setting up and preparing a telepsychiatry service is all well and good, but to maintain its functioning within your service, and to ensure its integrity and structure remains intact, it is important to ensure that the telepsychiatry service continues to receive adequate support and monitoring beyond its introductory phase. The CWTCH Cymru team will be available for ongoing help and support, but your service will also need to provide the same level of commitment. This commitment would need to come from all levels of the service, and at both host and spoke ends.

How to Obtain Telepsychiatry Consent

- Prior to obtaining consent, have the host identify themselves, and anyone else in the room. Ask the spokes to do the same. To provide additional assurance, virtually present the room e.g., moving webcam around to show the room layout and who is present.
- Explain the reason for the telepsychiatry appointment and its process and advise them what is likely to happen during and after the appointment.
- Describe what both the host and spokes are likely to see and hear during the appointment.
- Assure them that the session is safe and secure, and that the video call is not being recorded at any point.
- Agree between yourselves that no other type of recording of the video call will take place (e.g., using a personal device to record and share).
- Assure the spokes that nobody else is watching apart from the people who have identified themselves in the room, and that nobody else can hear into the conversation (only if this is the case, if not, explain the exact situation).
- Explain their rights as a telepsychiatry recipient and explain how they can withdraw from the video call at any point.
- Ask the person who is providing consent (or parental/guardian assent) if they are happy to proceed and have understood and provide consent to all of the above?
- If the person does not consent, arrange an alternative appointment, and end the call.
- If the person does consent, continue with the video call.

Guiding Principle 7: Provision

For a telepsychiatry to become part of your service's existing systems, it needs to meet the basic requirements of telepsychiatry service provisions.

Provisions Needed for Telepsychiatry

Infrastructure

This would include all the organisational structure and set-up needs, such as provision for dedicated rooms and spaces, and the use of facilities within that organisation.

Technology

This would include all technological needs and equipment for both the host and spokes to be purchased or made available. This would include technology such as laptops or computers with webcams and speakers, and other devices such as tablets or smartphones if required, and perhaps headphones (depending on type of setting).

Internet

A good strength internet would be needed at both the host and spoke ends. This should include a strong broadband connection at the host end (preferably connected via an Ethernet lead (e.g., fixed internet into the wall socket) and preferably a broadband connection at the spokes end, but WiFi (if its strong) can work fine too.

Training

Your service would need to ensure that sufficient training is allocated to all members

Guiding Principle 8: Communicate and Promote

CWTCH Cymru found that much of their success was down to how well they communicated and promoted their telepsychiatry service. They found that this method helped their service develop in a variety of ways. For example, it helped show people who were not yet engaged with telepsychiatry how important and valuable it can be, and how well accepted it was by those using it. It also helped people feel like they were doing something important and were part of something new. Whilst each service is different, in that what may work for one, may not work for another, there are a variety of ways to engage with others and to communicate and promote your service. CWTCH Cymru have identified a few helpful hints and tips to promote and communicate your telepsychiatry service.

Hints & Tips.

- Informally/casually Communicate with your telepsychiatry service (host and spokes), and check-in regularly to find out how people really feel about the service e.g., something that gets said or agreed to in a formal meeting may be different to how they really feel – yet both perspectives count when attempting to change or apply something new.
- To communicate with a wider audience, gain a social media presence and regularly publicise your outcomes, milestones and accomplishments.
- Start a regular telepsychiatry-specific newsletter and send this out e.g., via work emails.
- Print off copies of your newsletter and social media posts and leave them around common rooms or at reception for people to see.
- Provide contact details on all of your promotional documents.
- Ask your service (host and spokes) to promote the telepsychiatry service on their media channels, e.g., their Intranet, website or homepage.
- Keep an updated tally of your outcomes (e.g., cost savings) and achievements (e.g., improved care) and publicise these at events, on social media, in your newsletter and around your service. These types of figures really do capture peoples interests.
- Keep the public updated e.g., run local events letting people know what you are doing in your service, how they can get involved and how to support each other.
- Have special days, e.g., a telepsychiatry coffee and cake day, and welcome people from around and outside of the service.
- Attend conferences and workshops showcasing your work. If you're doing something impressive, let others know about this!

Guiding Principle 9: Evaluation

There is a strong consensus of high satisfaction, acceptability, suitability and effectiveness of using telepsychiatry for a wide range of healthcare services. However, it is absolutely crucial to evaluate telepsychiatry in the context of 'your service' to test and evaluate whether telepsychiatry 'works' for your service, 'for whom', 'under which circumstances' and 'to what extent'.

CWTCH Cymru Evaluation Service

CWTCH Cymru are a support and evaluation service and will conduct this evaluation on your behalf. As part of the CWTCH Cymru support and evaluation service, CWTCH Cymru will provide your service with templates to help you set up an evaluation process and will advise your service how best to collect the data and report it.

However, for them to do this, they would need your investment and commitment to obtaining the robust data from the very start of your telepsychiatry vision and continue this throughout your telepsychiatry use. CWTCH Cymru would then request an anonymised copy of your evaluation to be sent to them at regular intervals. CWTCH Cymru will evaluate this data for your service and return on completion and will use and compile the data to build a larger evidence-base for telepsychiatry across services.

CWTCH Cymru wish to obtain a detailed evaluation of the following:

Evaluation Data:

- Host and Spoke Baseline data
- Host and Spoke data (e.g., setting type, population type, uptake/rejection numbers)
- Host and Spoke experience and satisfaction outcome data
- Clinical outcome data
- Financial and efficiency outcome data

All data would be requested as an anonymised copy ONLY

Baseline Data:

At the beginning of your service's vision of using telepsychiatry, it is requested by CWTCH Cymru to start collecting early baseline data. This would need to include:

- A baseline questionnaire for potential spoke users (to capture 'want')
- A baseline questionnaire for host service users (to capture 'need')

Host and Spoke Data:

Throughout the gathering of both baseline and outcome data, CWTCH Cymru would also request a tally of host and spoke data. This would need to include:

- The number of, and types of spokes using the service
- The role/responsibility of the host and spokes service
- Both accepted, completed and rejected appointments (in numbers, types)

Experience and Satisfaction Outcome Data:

For every telepsychiatry appointment or assessment conducted by your service, both the host and spokes would need to complete a satisfaction survey. This could be set-up to appear as a pop-up at end of the video call to encourage completion. This would need to include:

- Experience and satisfaction questionnaire for spoke users.
- Experience and satisfaction questionnaire for host service users.

Clinical Outcome Data:

An anonymised log form would need to be completed by the host site for each completed telepsychiatry appointment. This would need to include:

- Short description of background of user/spoke site
- Demographic information (age, gender, diagnosis/treatment/referral)
- Video call success or failing?
- Any problems to report, or improvements to be suggested.

Financial and Efficiency Outcome Data:

An Excel form would need to be completed by the host site to include all telepsychiatry uses. This would need to include all appointments, assessments and meetings, and to include:

- Number of people involved (both host and spokes)
- Postcode of both host and spoke
- Travel time, parking and miles

Templates for ALL required baseline and outcome data is provided in the Appendix Section of this toolkit

Guiding Principle 10: Patient Centred

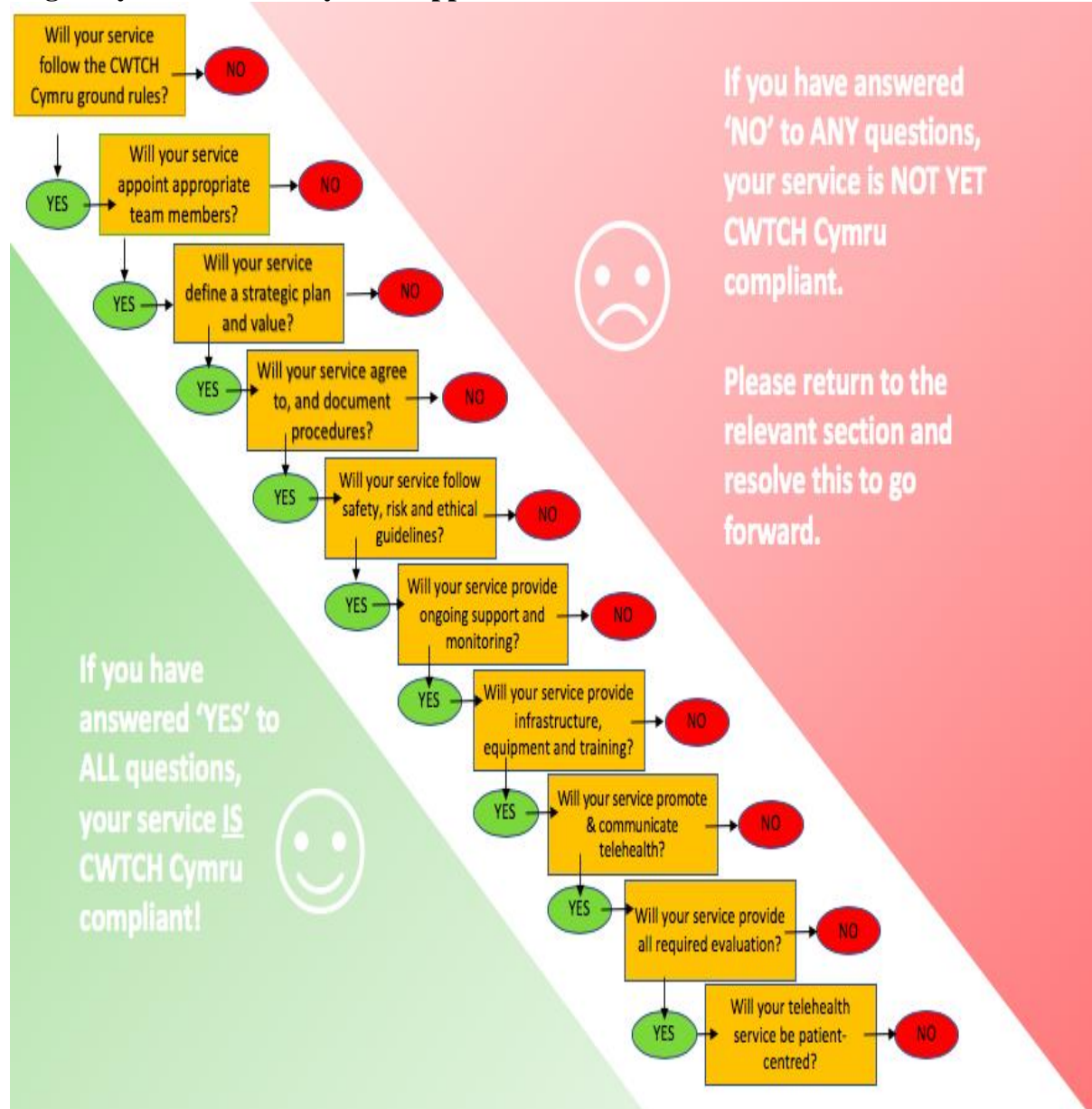
Bottom line – patient care needs to be the centre of any delivery of care, particularly for telepsychiatry!

Final Eligibility Checklist:

Are you 'Set' in terms of Risk, Governance and Compliance?

Do you think your service is set in terms of risk, governance and compliance?
Please follow the eligibility flowchart below to make some final checks.

Eligibility for CWTCH Cymru Support





Stage 3: Are you CWTCH Cymru Go?

Are you confident that your service is prepared to ‘go’ ahead and implement telepsychiatry? If so, let's prepare to ‘go’.

Service Capacity

Service capacity is about how ‘ready and set’ your service is to ‘go’ on to implementing telepsychiatry. Service capacity is the centre of a successful telepsychiatry program. It is essential this is firmly in place before proceeding to the implementation phase.

		No, not even close	A little there	Nearly there	Yes, we are there!
To what extent do you think:					
A	Your service is 100% READY to deliver telepsychiatry*				
B	Your service is 100% SET to deliver telepsychiatry**				
		Please Return to stage 1 & 2 		Please Continue to the next step 	

Notes:

*You have ticked all the boxes in Stage 1, to include suitable technology, reliable internet connection and a safe environment to deliver telepsychiatry. You are confident you're CWTCH Ready!

**You have ticked all the boxes in Stage 2, including following risk, governance and compliance to delivering telepsychiatry. You are confident you're CWTCH Set!



Important:

If you ticked ‘no, not even close’, or a ‘little there’ PLEASE RETURN to Stage 1 and/or 2 and resolve the gaps identified within your service/department before proceeding. If you ticked ‘nearly there’, or ‘yes, we are there’ on both questions, PLEASE CONTINUE to the next checklist (below). If you have any questions or concerns, please contact CWTCH Cymru.

Organisational Capacity

Organisational capacity is about how ready and set your service is to ‘go’ forward and implement telepsychiatry based on organisational features such as management support, change and commitment.

		No, not even close	A little there	Nearly there	Yes, we are there!
To what extent do you think:					
A	Your service has management or leadership support for telepsychiatry				
B	Your service has administrative support for telepsychiatry				
C	Change (of service delivery) at this time is appropriate and feasible for your service and its staff				
D	Your service and staff are convinced of the purpose and value of telepsychiatry and are committed to implementing it.				
Total:					

Notes:

Any type of service change (in this case, using telepsychiatry in place of an in-person practice) requires considerable time, commitment and perseverance from all members of staff working within the telepsychiatry service, and outside of it. It is important to ensure that this is accepted at all levels of the service including managerial, policy, clinical and administrative.

Staff Capacity & Culture

Staff capacity and culture is about how ready and set your staff members are to ‘go’ forward and implement telepsychiatry based on staff features, and the culture within your service.

		No, not even close	A little there	Nearly there	Yes, we are there!
<i>To what extent do you think:</i>					
A	Your service has a team of staff recognised and available to deliver telepsychiatry, with intent to provide adequate training and support needs.				
B	Staff within your service understand the purpose, procedure and evidence-base of using telepsychiatry.				
C	Your staff hold a positive attitude about telepsychiatry and committed to engage with ‘change’ in practice.				
D	Staff within your service have high levels of autonomy, an open line of communication to discuss telepsychiatry matters and voice their concerns and can seek support when needed.				
Total:					

Notes:

Change needs time, commitment and perseverance, and this needs to come from all levels of management and all other staffing involved. The most challenging event among staff is likely to be ‘changing the culture’ in which staff are previously part of and comfortable in. It is important to recognise this, and approach change with respect to these cultural norms, but at the same time to push the vision of change.

It is recommended to carefully select staff members who are more likely to be committed to adopting telepsychiatry in the early stages of change. Identify telepsychiatry champions within the service who are onboard. These champions can effectively set the stage for others to learn from and follow.

Functional Capacity

Functional capacity is about how ready and set your service is to ‘go’ forward and contribute to the evaluation process of telepsychiatry and to follow guidelines.

		No, not even close	A little there	Nearly there	Yes, we are there!
<i>To what extent do you think:</i>					
A	Your service is both able and willing to aid in the evaluation of telepsychiatry and provide outcome data on reasonable request.				
B	Your service will contribute to improving and revising telepsychiatry on reasonable request.				
C	Your service will follow the guidelines, policies and procedures set out in this package, at all times and will not modify the concept without permission.				
Total:					

Notes:

Evidence is an important marker of service improvement. To ensure that telepsychiatry is improving the service you offer within specific populations and settings, it is essential that the use of telepsychiatry is continually monitored, recorded and reported.

Telepsychiatry MUST to be considered as ‘the same’ to in-person care on every level, excluding its geographic remoteness. Therefore, similar guidelines and procedures should be adhered to when using telepsychiatry, in particular to risk exposure, safeguarding and ethical guidelines. By attempting to ‘run with your own approach’ may do harm to patients and clinical practice. Please ensure to follow correct procedures at all times.

Stage 3.1: Are you CWTCH Cymru Go?

Time for final checks now..

	YES	NO	UNSURE
<p>Is your equipment and access all set?</p> <ul style="list-style-type: none"> • Have you got secure access and logins for all clinicians? • Have you got clinical workstations set up for telepsychiatry? • Will the workstations enable confidential secure communication? • Have you ensured the visible backdrop is appropriate? 			
<p>Will the spokes have a device which can be connected to the Internet?</p> <ul style="list-style-type: none"> • Will they have access to their own device, or could they go somewhere to get access to a device? For example, if a person doesn't have their own device could a local GP surgery or school provide this? 			
<p>Are the clinicians in your service all primed, ready and trained?</p> <ul style="list-style-type: none"> • Have the lead and champions elicited the support and agreement of management and clinical staff? • Are the clinicians delivering the telehealth trained by someone familiar with the software or platform being used? • Do the clinicians have any concerns, have these been answered? • Is there support on hand for clinicians using this for the first time? • Have clinicians practised before they see their first case? • Is there a pack next to the telepsychiatry devices with consent forms and step by step sheets for clinicians to use? 			
<p>Is the service set up for information and data evaluation?</p> <ul style="list-style-type: none"> • Is there an administrative system in place to send out patient appointments and information of how to access the telepsychiatry? • If patients have a choice of telepsychiatry versus face to face, have they been offered a choice and how do they respond? • Are there patient information documents sent out or available online? • Is there a system to promptly and routinely gather both baseline and satisfaction data from patients? • Is there a system to immediately and routinely gather data of clinician use and problems encountered? 			
<p>Is there a process in place to enable further development?</p> <ul style="list-style-type: none"> • Have the champions the ability to gather feedback and suggestions to feed back to CWTCH? • Is the evaluation from both clinicians and patients fed back to the CWTCH project to build the evidence base? 			



IMPORTANT:

To be sure you are ready to **Go** you are required to answer 'yes' to all of the above questions in section 3.1. If any responses are 'no, or unsure' please ensure you deal with them or contact CWTCH Cymru for support.

Congratulations!

You're CWTCH Cymru **Ready, Set, Go!**

Appendices:

- Appendix 1: Template for Informed Consent
- Appendix 2: Patient Information for Attend Anywhere (please adapt to your telepsychiatry software/platform)
- Appendix 3: Clinician Step by Step Handbook for using Attend Anywhere (please adapt to your telepsychiatry software/platform)
- Appendix 4: Copy of Evaluation Forms (baseline attitudes mapping, patient satisfaction, log forms for calculating cost, time and carbon savings)



Appendix 1: Template for Informed Consent

READ BEFORE CONDUCTING APPOINTMENT!

VERBAL CONSENT MUST BE TAKEN

Please read this out to the patient:

- I understand that this is a tele-psychiatry appointment and will be conducted in the same way as a face-to-face appointment.
- I understand that this is voluntary and can stop at any time.
- I understand that this appointment is confidential to [name] services.
- It is an agreement by both [name of service] and yourself that this appointment will NOT be recorded with any type of device. We request that neither parties record the appointment using another device.
- I hereby provide verbal consent to participate in this appointment.

- You will also be asked to complete a satisfaction survey at the end of your appointment, we would really appreciate your feedback.

If patient consents, please document in case notes and continue conducting your assessment/appointment.



Appendix 2: Attend Anywhere Patient Information

Example: NHS ATTEND ANYWHERE

PATIENT INFORMATION SHEET:

NHS Attend Anywhere ensures an easy service which offers video call appointment to patients.

What do I need to use it?

You can use your own personal devices such as a laptop, PC, tablet or smartphone. *Android Tablet/Smartphone users* – you will need the Google Chrome app installed on your device.

Apple iPad/iPhone users – you will be able to use Safari.

Desktop/Laptop users – you will need the Google Chrome web browser installed on your device. Please ensure that you have a webcam and microphone on your device.

****All users, you will need a reliable internet connection preferably Wi-Fi and a private, well-lit area where you will not be disturbed during the call****

What about my personal details?

Security, privacy and data protection are essential to the system:

- When in the waiting area, you will wait in your own private video room.
- There is no possibility of another patient being able to enter our room by mistake.
- The video room is deleted following your appointment.
- There will be no digital footprint left by any patients. No information which is client specific will remain in the system after your appointment.

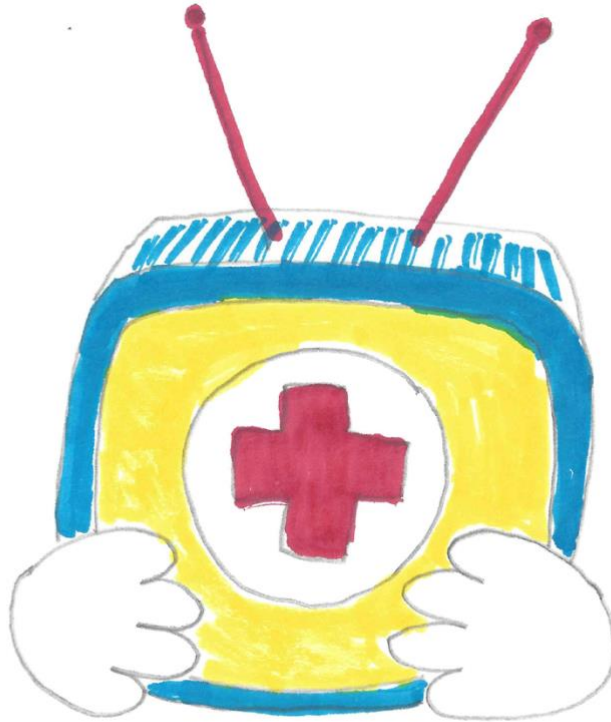
How much will the video call cost me?

If you are using your mobile data, please ensure you have enough to cover the call otherwise a fee may occur. We recommend using Wi-Fi

- Data use increases when there are more than two participants in the call.

Experiencing issues? Please contact your clinician and we can discuss your options.

Appendix 3: CWTCH Cymru Attend Anywhere Clinician Handbook (resource for clinicians using Attend Anywhere)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Aneurin Bevan
Health Board

CWTCH Cymru Attend Anywhere Clinician Handbook

NHS ATTEND ANYWHERE CWTCH INFORMATION SHEET:

NHS Attend Anywhere ensures an easy service which offers secure video call appointment to patients. It will allow remote use without the risk of revealing your personal details.

What do I need in order to use it?

You can use an NHS desktop or laptop with AA already installed which will open into Chrome. If needed, you can use your own personal device because NHS devices automatically block Chrome or Safari (even if installed) from using AA, unless AA has been installed as an App. We recommend you use a laptop or PC with a webcam and microphone, but you can also use a tablet or smartphone.

If using a personal device – you will need the Google Chrome or Safari browser installed on your device. Please ensure that the browser is up to date and you have a webcam and microphone on your device.

****All users, you will need a reliable internet connection preferably ethernet, Wi-Fi or 4G and a private, well-lit area where you will not be disturbed during the call.**

****Be mindful of what your patient will be seeing through your webcam behind you and plan your background carefully. For example ensure there is no confidential patient information visible if in a clinic, or an overly personal backdrop if you are connecting from your home or other non-clinical setting.****

What do I tell my patients?

If you have the time – eg pre-booked meeting in advance – you could post the patient the Patient's Step by Step Guide. Alternatively you could email it to them, or tell them how to do it over the telephone and carefully read them the following link:

<https://nhsattend.vc/XXXXXXXX>

This is what is given in your licence

The patient can type in/click to open this link on a smartphone or tablet using an up to date Chrome or Safari browser – this will take your patient to the waiting room after they have entered their (child's) name, date of birth and their mobile number. When they enter the waiting room you will see them there. Suggest to them they should test it before your appointment with them so they can call if there are any problems.

How much will the video call cost my patient?

If your patient is using your mobile data, please ensure they use 4G and have enough to cover the call otherwise a fee may occur. We recommend using Wi-Fi.

- Data use increases when there are more than two participants in the call.

What about if I am joining a meeting?

The meeting room is a secure place where multiple users can enter to have a meeting.

Note that clicking the link will take someone straight into the meeting room and they can reuse the link indefinitely to enter at any time. As a result it is not advisable to give this to patients or use it for patient contact. We suggest the

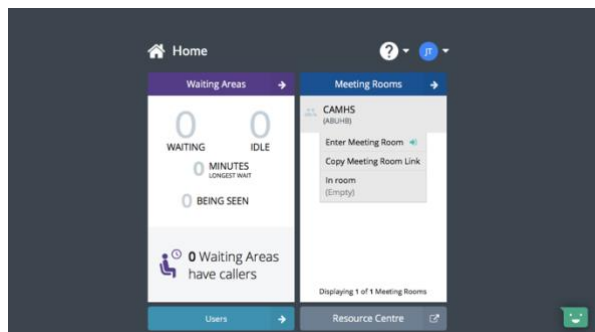
meeting room is more suitable for professional meetings. The link which you can copy and send to other professionals joining the meeting is:

<https://nhs.attendanywhere.com/start/XXXX>

This is what is given in your licence

To enter it on the clinician login side, you will see the meeting room waiting area on the right next to the clinic waiting area. If you click on that you can then see who is in the meeting room and click to enter the meeting room.

We recommend up to 6 separate devices joining.



Please also note that [service] has the licence for a single waiting room and single meeting room. While a single waiting room will still enable multiple registered clinician logins to see multiple cases simultaneously, exactly like physical waiting rooms serve multiple clinicians, the single meeting room can only host one meeting at a time. We suggest that as volume increases that the AA meeting room should be pre-booked to prevent multiple meetings attempting to take place at the same time.

What about my personal details?

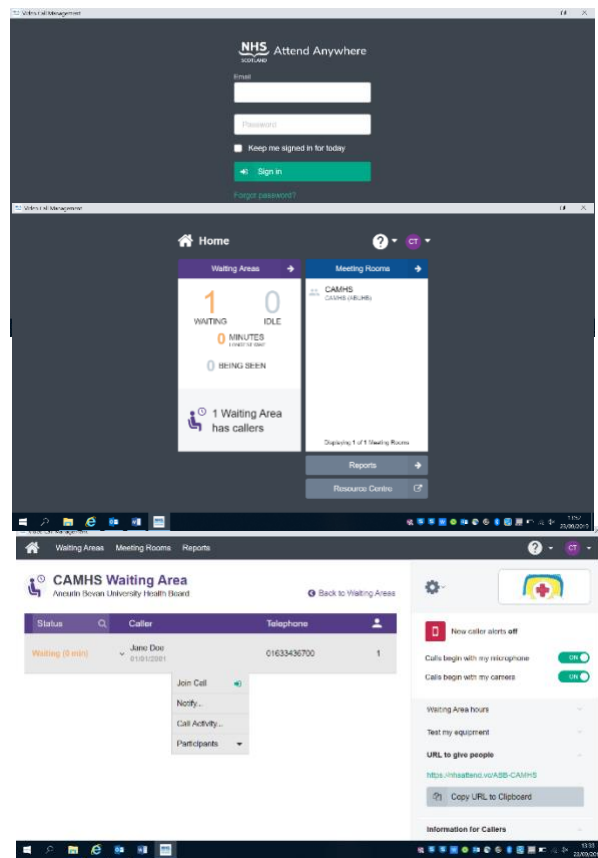
Security, privacy and data protection are essential to the system:

- There is no possibility of another patient being able to enter your clinical room by mistake; you have full control over when you see your patient.
- The video clinic room is deleted following your appointment.
- There will be no digital footprint left by any patients or the clinician. No information which is client specific will remain in the system after your appointment.

NHS ATTEND ANYWHERE

4 STEP HOW TO GUIDE:

7. If you are using your own device, type in or click on the following URL:
<https://nhs.attendanywhere.com>
 Enter the email and password you have been given.
8. Once logged in, click on the **Waiting Areas** arrow to access the waiting area. This is where you will find your patient.
IMPORTANT: make sure you jot down their contact number they have provided prior to joining the call in case of any problems.
9. Single click on your patient's name, and options will appear. To see the patient click **Join Call**. Alternatively if you are running behind schedule you can write them a message which will appear on their screen, to do this click **Notify**.
10. Once you are in the call, you can start.
****Please remember to read the patient the consent form statements and document this has been done, in the case notes.****



Tips and tricks:

- If the patient gets disconnected for any reason, they will have entered a contact number for you to call them on. (Take note of this before you join the call).
 - If you have any problems with sound/connection, simply click **Refresh** in the top right hand of the screen and you can ask your patient to do the same if they experience problems. You may sometimes have to do this 2-3 times before the problem corrects.
11. ****Just before you end, please remind the patient that as they exit a satisfaction survey will pop up and it would be very helpful for them to give us feedback.**** To end the call click **End** in the top right hand of the screen.
 12. Please fill out the evaluation form for each use after you finish, so we can record any difficulties, keep track of usage and calculate carbon footprint.

NHS ATTEND ANYWHERE PROBLEMS AND SOLUTIONS

PROBLEM	SOLUTION
CONNECTION PROBLEMS	<ul style="list-style-type: none"> REFRESH THE CALL BY PRESSING THE REFRESH BUTTON IN THE TOP RIGHT HAND OF THE SCREEN. IF THERE ARE STILL PROBLEMS, IT MAY BE WORTH RESTARTING THE CALL FROM THE BEGINNING.
AUDIO PROBLEMS	<ul style="list-style-type: none"> REFRESH THE CALL BY PRESSING THE REFRESH BUTTON IN THE TOP RIGHT HAND SIDE OF THE SCREEN ENSURE THAT ONCE THE CALL HAS CONNECTED THAT BOTH YOU AND YOUR PATIENT HAVE TURNED YOUR VOLUME UP ON THE DEVICE. YOU MAY NEED TO TURN DOWN THE VOLUME IF THERE IS A LOT OF FEEDBACK.
BACKGROUND NOISE/ROOM PRIVACY ISSUES	<ul style="list-style-type: none"> SUGGEST USING HEADPHONES FOR BOTH YOURSELF AND THE PATIENT IF AVAILABLE AND APPROPRIATE.
GREY BAR DOWN THE RIGHT HAND OF THE SCREEN	<ul style="list-style-type: none"> THIS IS DEPENDANT ON THE DEVICE THE PATIENT IS USING. SOME DEVICES DO NOT HAVE WIDE LENS CAMERAS WHICH CAUSES IT TO NOT APPEAR FULL SCREEN ON YOUR SIDE. THIS IS NORMAL AND WILL NOT AFFECT THE QUALITY OF THE CALL.
LINK NOT WORKING	<ul style="list-style-type: none"> MAKE SURE THAT THE PATIENT HAS TYPED THE LINK INTO THEIR BROWSER OR CLICKED IT AND NOT SAVED IT AS A FAVOURITE/BOOK MARKED THE WEBLINK.
BATTERY	<ul style="list-style-type: none"> MAKE SURE BOTH YOURSELF AND THE PATIENT HAVE GOOD BATTERY AND ARE CLOSE TO A CHARGING CABLE/SOCKET IF NEEDED.

Still experiencing issues? Please contact Dr Jacinta Tan: jacinta.tan@wales.nhs.uk

- Appendix 4: Copies of Evaluation Forms

Clinician Log forms

Appointment date and time	Clinical setting	Background (especially reason for telepsychiatry)	Outcome (success/failure)	Technical problems	Patient reaction	Any issues - e.g. difficult environment	Learning Points

Appointment date and time	Hub postcode	Spoke postcode	Journey saved in miles (distance between postcodes)	Carbon footprint	Total journey time saved (travel, looking for parking etc)	Journey cost savings (e.g., transport cost claims)

Calculating Carbon Footprint of cars

Find total fuel usage. The amount that you drive your car each year can also have an effect on your carbon footprint. You will have a larger carbon footprint if you drive your car frequently. Check your vehicle's mileage and miles per gallon and then plug these into a simple equation.

- Use the equation: total miles driven / miles per gallon = total fuel usage.
- For example, 8,000 / 40 mpg = 200 gallons of fuel used

Multiply fuel gallons by a conversion factor. To convert the total gallons of fuel you have used driving your car into CO2 emission, you will need to multiply the total by a conversion factor of 22.

- Use the equation total fuel used X 22 = CO2 emission.
- For example, 200 gallons X 22 = 4400 pounds of CO2

Telepsychiatry baseline attitude survey for staff, patients & families

1. How would you describe yourself?

- Young Person in CAMHS (now or recent)
 Person in CAMHS (in the past)
 Young Person NOT in CAMHS (now, or in the past)
 Family or Friend of person in CAMHS (now or in past)
 Professional
 None above applicable, general opinion

2. What is your age?

- | | |
|--|---|
| <input type="checkbox"/> 12 years or under | <input type="checkbox"/> 25-44 years |
| <input type="checkbox"/> 13-17 years | <input type="checkbox"/> 45-64 Years |
| <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 65 years or over |

3. If applicable, how satisfied are you/have you been with the appointments you (or somebody you know) have had with the CAMHS team?

- | | |
|---|--|
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Somewhat satisfied |
| <input type="checkbox"/> Somewhat dissatisfied | <input type="checkbox"/> Very satisfied |
| <input type="checkbox"/> Neither dissatisfied nor satisfied | <input type="checkbox"/> Don't know/not applicable (e.g., never been in CAMHS) |

4. If applicable, did you (or somebody you know) have to wait for a CAMHS appointment(s)?

- Yes – if yes, for how long?
 No

5. What type of healthcare setting do you think tele-psychiatry would be useful for having CAMHS appointments?

- | | |
|--|--|
| <input type="checkbox"/> Paediatric ward | <input type="checkbox"/> School / College |
| <input type="checkbox"/> Outpatient clinic | <input type="checkbox"/> Home |
| <input type="checkbox"/> GP surgery | <input type="checkbox"/> Other (please specify): |

6. How satisfied do you think you (or a young person/family/friend) would be (or had been in the past) if offered a tele-psychiatry appointment instead of a face-to-face appointment?

- | | |
|---|--|
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Somewhat satisfied |
| <input type="checkbox"/> Somewhat dissatisfied | <input type="checkbox"/> Very satisfied |
| <input type="checkbox"/> Neither dissatisfied nor satisfied | <input type="checkbox"/> Don't know/not applicable |

7. How concerned would you be about how you look / come across on the video-link?

- | | |
|---|--|
| <input type="checkbox"/> Not at all concerned | <input type="checkbox"/> Concerned |
| <input type="checkbox"/> A little concerned | <input type="checkbox"/> Extremely concerned |
| <input type="checkbox"/> Moderately concerned | <input type="checkbox"/> Don't know/not applicable |

8. How concerned would you be about how the staff member would manage the situation if you/the patient became upset?

- | | |
|---|--|
| <input type="checkbox"/> Not at all concerned | <input type="checkbox"/> Concerned |
| <input type="checkbox"/> A little concerned | <input type="checkbox"/> Extremely concerned |
| <input type="checkbox"/> Moderately concerned | <input type="checkbox"/> Don't know/not applicable |

9. How concerned would you be about the quality of the image/internet connection?

- | | |
|---|--|
| <input type="checkbox"/> Not at all concerned | <input type="checkbox"/> Concerned |
| <input type="checkbox"/> A little concerned | <input type="checkbox"/> Extremely concerned |
| <input type="checkbox"/> Moderately concerned | <input type="checkbox"/> Don't know/not applicable |

10. How concerned would you be about the quality of rapport (feeling comfortable) between the staff member and self/patient?

- | | |
|---|--|
| <input type="checkbox"/> Not at all concerned | <input type="checkbox"/> Concerned |
| <input type="checkbox"/> A little concerned | <input type="checkbox"/> Extremely concerned |
| <input type="checkbox"/> Moderately concerned | <input type="checkbox"/> Don't know/not applicable |

CWTCH Cymru Toolkit: Ready, Set, Go!

11. How concerned would you be about the staff member's ability to pick up on non-verbal cues?

- | | |
|---|--|
| <input type="checkbox"/> Not at all concerned | <input type="checkbox"/> Concerned |
| <input type="checkbox"/> A little concerned | <input type="checkbox"/> Extremely concerned |
| <input type="checkbox"/> Moderately concerned | <input type="checkbox"/> Don't know/not applicable |

12. Please list any concerns or disadvantages of having CAMHS appointments via video:

13. Please list any advantages of having CAMHS appointments via video:

14. How confident do you think you would be that the staff member could gather the necessary information from a video appointment, as compared to a face-to-face appointment?

- | | |
|---|--|
| <input type="checkbox"/> Not at all confident | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Slightly confident | <input type="checkbox"/> Very confident |
| <input type="checkbox"/> Quite confident | <input type="checkbox"/> Don't know/not applicable |

15. How likely are you to use this sort of video technology to friends and family, or would be willing to use it again?

- | | |
|--|--|
| <input type="checkbox"/> Very unlikely | <input type="checkbox"/> Likely |
| <input type="checkbox"/> Unlikely | <input type="checkbox"/> Very likely |
| <input type="checkbox"/> Neither unlikely nor likely | <input type="checkbox"/> Don't know/not applicable |

16. Any other comments, please add below:

Thank you very much for your time and effort.

Best Wishes,
The CWTCH Team

Patient and Family Satisfaction Survey

1. How was your experience using telepsychiatry (e.g., video consultation appointment) today?

1 smile = Awful

2 smiles = Not Very Good

3 smiles = Okay

4 smiles = Really Good

5 smiles = Fantastic



Information Sheet & Consent

This is a satisfaction survey asking you a few questions about your recent experience about using telepsychiatry (e.g., video appointment) in Child and Adolescent Mental Health (CAMHS) services.

Why have I been invited to take part, and what will it involve?

You (or your child or patient) have recently taken part in a tele-health research project trial (CWTCH) using tele-psychiatry (e.g., by using technology for a video appointment). We want to know about your recent experience and your level of satisfaction using this technology. This survey will include questions regarding your experience, how you feel about it, and if you would be interested in using it again in the future.

Will my personal details be confidential, and can I leave the study at any time?

All personal information will be confidential and anonymous throughout and after the study. Your responses, and any personal information (e.g., your email address if this was sent via an email link) will be securely protected using an encrypted device.

Please only answer the questions you feel comfortable with, it is absolutely fine to skip questions. If at any time you wish to remove yourself from the research findings, you can do this prior to publications, by contacting the team (details below).

Are there any risks?

Thinking about illness and treatment can be upsetting. This survey is a satisfaction survey only, and no questions about your health-related experiences will be asked. This is just about your recent experience using tele-health.

Any questions or concerns?

This project is funded by the Health Foundation and has approval from the Aneurin Bevan Health Board Research & Development Department.

If you have any questions or concerns, please contact Jacinta Tan the Project Manager:

Jacinta.tan@wales.nhs.uk or 01633 436831

2. Please tick the box if you have read the information sheet, and you agree to provide your own consent to participate (and if you are under 16 years old, you also have your parent/guardian permission to participate).

- Yes
 No

3. How would you describe yourself?

- A Young Person/Patient
 A Parent/Guardian of a Young Person/Patient
 A Health Professional

4. What type of setting are you in at the time of this questionnaire?

- Paediatric ward
 Outpatient clinic
 GP surgery
 School / College
 Home
 Other (please specify):

5. What is your age?

- | | |
|--|---|
| <input type="checkbox"/> 12 years or under | <input type="checkbox"/> 25-44 years |
| <input type="checkbox"/> 13-17 years | <input type="checkbox"/> 45-64 years |
| <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 65 years or over |

6. How satisfied are you about your video appointment with the CAMHS team today?

- | | |
|---|--|
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Somewhat satisfied |
| <input type="checkbox"/> Somewhat dissatisfied | <input type="checkbox"/> Very satisfied |
| <input type="checkbox"/> Neither dissatisfied nor satisfied | <input type="checkbox"/> Don't know/not applicable |

Please provide any additional information below:

7. How concerned were you (or the patient you were with) about the way you looked or came across on the video-link?

- | | |
|--|--|
| <input type="checkbox"/> Not at all concerning | <input type="checkbox"/> Concerning |
| <input type="checkbox"/> A little concerning | <input type="checkbox"/> Extremely concerning |
| <input type="checkbox"/> Moderately concerning | <input type="checkbox"/> Don't know/not applicable |

8. Did you have any concerns or problems with how the staff member managed certain situations? (e.g. if you got upset)

- | | |
|--|--|
| <input type="checkbox"/> Not at all concerning | <input type="checkbox"/> Concerning |
| <input type="checkbox"/> A little concerning | <input type="checkbox"/> Extremely concerning |
| <input type="checkbox"/> Moderately concerning | <input type="checkbox"/> Don't know/not applicable |

9. Did you have any concerns or problems with the image, quality or internet connection?

- | | |
|--|--|
| <input type="checkbox"/> Not at all concerning | <input type="checkbox"/> Concerning |
| <input type="checkbox"/> A little concerning | <input type="checkbox"/> Extremely concerning |
| <input type="checkbox"/> Moderately concerning | <input type="checkbox"/> Don't know/not applicable |

10. Did you have any concerns or problems with the quality of rapport (feeling comfortable) with the staff member or self (or patient)?

- | | |
|--|--|
| <input type="checkbox"/> Not at all concerning | <input type="checkbox"/> Concerning |
| <input type="checkbox"/> A little concerning | <input type="checkbox"/> Extremely concerning |
| <input type="checkbox"/> Moderately concerning | <input type="checkbox"/> Don't know/not applicable |

11. Did you have any concerns or problems with the staff member's ability to pick up on non-verbal cues?

- | | |
|--|--|
| <input type="checkbox"/> Not at all concerning | <input type="checkbox"/> Concerning |
| <input type="checkbox"/> A little concerning | <input type="checkbox"/> Extremely concerning |
| <input type="checkbox"/> Moderately concerning | <input type="checkbox"/> Don't know/not applicable |

12. Please tell us about any other concerns, disadvantages or problems you had using the video appointment today:

13. Please tell us about any advantages of having the video appointment today:

14. How confident are you that the staff member gathered the necessary information using the video appointment? (e.g., compared to a face to face appointment)

- | | |
|---|--|
| <input type="checkbox"/> Not at all confident | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Slightly confident | <input type="checkbox"/> Very confident |
| <input type="checkbox"/> Quite confident | <input type="checkbox"/> Don't know/not applicable |

15. How likely are you to recommend using this sort of technology to friends and family, or would be willing to use it again?

- | | |
|--|--|
| <input type="checkbox"/> Very unlikely | <input type="checkbox"/> Likely |
| <input type="checkbox"/> Unlikely | <input type="checkbox"/> Very likely |
| <input type="checkbox"/> Neither unlikely nor likely | <input type="checkbox"/> Don't know/not applicable |

17. How long in total did you need to allow yourself to attend the video appointment today (e.g., travel, preparation, waiting time, other):

18. Did you have to take any time off work/study to attend this video appointment?

- Yes
 No

19. Apart from yourself, did anyone accompany you to the video appointment today? _____

20. What is your home postcode? (or work postcode for health professionals) _____

This is so we can calculate the mileage you would have travelled to CAMHS if you hadn't used a video appointment.

21. Please comment below if you would like to add any more information about your experience with your video appointment today:

Thank you very much for completing this satisfaction survey.

Best Wishes,

The CWTCH Team

If you have any questions or concerns about this survey or the research project, please contact Jacinta Tan the Project Manager: Jacinta.tan@wales.nhs.uk or 01633 436831