

CASE STUDY: AHPs working differently.

Teleswallowing Project

Blackpool, Fylde and Wyre Hospitals NHS Trust

Summary:

The project aimed to:

- ▶ Use teleswallowing to link to and provide input to nursing homes remotely.
- ▶ Secondary aim was to provide SLT communication therapy using computer technology

Using iPads, laptops and 'video as a service (VaaS) technology Speech & Language Therapy assessments / interventions for dysphagia are provided remotely into 8 selected nursing homes. Nurses in the selected nursing homes were trained to assist the Speech & Language Therapists to deliver dysphagia assessments to patients within their homes and the therapists were trained on the use of the technology to use in the hospital.

Key Themes:

- ▶ Innovations

Which AHPs are involved?

- ▶ Speech & Language Therapy

What setting does the service operate in? Staff are based in the Acute Hospital (their office and

staff base). The patients involved in the pilot are all nursing home residents. It is envisaged that this method of assessment could be rolled out to other patient groups and settings.

Does the service work with Older People?

Predominantly.

How did you identify the changes that needed to take place?

There was a long dysphagia waiting list and only a limited number of Speech & Language Therapists - the balance of clinical need vs clinical skill needed to be matched. In her role as Principal SLT for research & effectiveness at Blackpool Hospitals Trust, Veronica identified that there may be a use for technology.

When did you start making the change & how long did it take?

The initial concept was agreed in September 2012, funding was granted in February 2013 and the project ran 01/10/13 to March '14. Evaluation released April 2014. Extension to project (secured with Research Innovation Fund (RIF) funding) started July 2014.

How did you go about making the change?

- ▶ Looked for funding sources - no separate funding received from the trust (except for staff participation).
- ▶ Ensured that there was a clear purpose aligned with the trust's vision.

- ▶ Worked with software providers to establish the capacity of the software; in turn linked with the trust's IT dept.
- ▶ Training delivered to Speech & Language Therapy and Nursing Home staff.
- ▶ Reviewed and constantly adapted according to feedback and issues that arose.

How was the change funded? The NHS England Regional Innovation Fund and NHS IT Innovation Programme.

Who was involved in the consultation and process of change? The Speech & Language Therapy and IT Departments were involved in the process; as a pilot study there was no need for a consultation. Following the pilot the project was set up as a full study therefore evaluation was included in the bid.

What communication strategies were used to engage people in the change?

- ▶ Clear communication between all involved groups.
- ▶ When writing the funding proposal, time and resources were specifically allocated to the evaluation of the project.

Were changes needed to the existing skill mix?
No

Were any new roles developed? No

What have been the benefits?

- ▶ There is the potential for significant decrease in waiting times and lists, increase in staff productivity and reduction in travel time/expenses. Previously a home visit assessment could take 90 minutes including travel time; using the teleswallowing method, assessment takes 30 minutes.
- ▶ There has been an upskilling in the staff in the nursing homes along with an increased

awareness in the management of dysphagia and more appropriate referrals.

- ▶ The patients have all complied with the treatment using iPads and webcams in the nursing homes.
- ▶ The SLT Team maintain an attitude of creative clinical inquisitiveness regarding service delivery.

What has been the response to change?

- ▶ Some members of the clinical Speech & Language Therapy team have found the process challenging to their perceived ways of delivering service.
- ▶ The nursing home staff support the process and one nursing home group has asked that three of their other nursing homes be involved.
- ▶ It's been a challenge to find the balance between investing the time in the new way of working and getting on with the work that there is especially in a time of staffing crisis.

What difficulties did you face?

- ▶ Securing funding
- ▶ Getting agreement from clinical leadership
- ▶ Starting the project on time due to delay in starting the clinical backfill therapist
- ▶ Upscaling – muted response to roll out approach within the trust
- ▶ Dissemination - need to get the knowledge out to other trusts and organisations.

What have you learnt from this process?

- ▶ Need clinical leadership and clinical staff to all be behind the change and say 'let's do things differently'.
- ▶ Need the right purpose which is aligned to the trust's strategic vision as the starting point.

- ▶ The purpose needs to be developed by the team/ department to achieve staff engagement.
- ▶ The workforce has to be fit for purpose i.e. have IT training to use the equipment.
- ▶ Know about what funding sources are available - read all emails you get!
- ▶ Make sure you have enough backfill.
- ▶ Include evaluation - and support to do this - within your funding application
- ▶ Make sure you have people with the relevant skills around you e.g. know your strengths and get support for things you can't do.
- ▶ Make sure you disseminate your findings widely - beyond your trust and the NHS.
- ▶ Look at challenges as learning points not failures or stresses.

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