

Video consultations for speech therapy appointments

Initiated April 2020

Context

The Northern & Yorkshire Cleft Lip & Palate service covers the whole of the north of England. The team in Newcastle covers from North Yorkshire to West Cumbria and the Scottish Borders & consists of surgeons, Nurses, Speech & Language Therapists (SLT), Psychologists, Dentists and Orthodontists.

Babies born with cleft palate are at high risk of speech problems due to either ongoing difficulties with palatal function or with articulation of sounds or both. Our role involves close monitoring of development through out childhood, including liaison with other SLT colleagues and educational staff. We carry out specialist assessments and therapy with patients of all ages and we are an integral member of the multidisciplinary team attending all clinics across the region.

The large geographical area and diversity of groups involved led to a desire to explore the use of telehealth in the service in order to offer more sessions and reach more patients.

In March 2020 during the first lockdown of the COVID-19 pandemic video consultations were initiated to continue delivering the service.

An evaluation was undertaken to gain the opinions of parents, patients, SLTs and other users into the viability of using video consultations in speech therapy for people with cleft palate.

What we did

- Survey Monkey questionnaire (10 questions) sent to all those who had a video appointment between 23/3/20 and 22/7/20
- SLT contacts analysed from SystmOne data
- Travel miles and expenses analysed from Sel-expenses

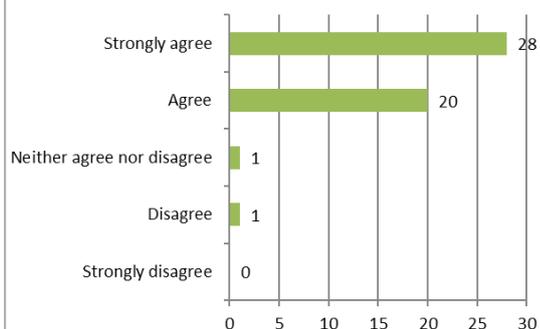
The outcome

- 55 responses from parents/carers (80% return rate)
- 8 SLT responses
- The range of patients seen by video corresponded to the range seen face to face.
- Most appointments were for assessment or review, again reflecting the main focus of the usual workload.



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Results—opinion of video consultations



Parents and carers had very positive opinions of the video consultations, with only one having a bad experience.

SLTs had experience of a range of platforms, including Zoom and Teams for meetings that they were invited to. StarLeaf was the preferred option during this period with 95% rating this a good or very good. Attend Anywhere was mixed, and it was noted that this especially poor when using it with multiple professionals.

Other results

- SLTs found the video consultations most useful for providing advice and support to parents and schools, routine review of patients over 8 years old, & therapy and somewhat useful for the assessment of younger children.
- We asked the parents for their opinion on how they felt discussing their child's needs and progress over a video link. 100% agreed or strongly agreed that this was a method that was ok for them.
- We asked if this was a convenient method of being seen. 62% strongly agreed.
- 92% agreed or strongly agreed that they and their child enjoyed the video sessions.
- Then we asked if they would be happy to use this method of consultation in the future, or would rather be seen face to face. The results of these questions appear to contradict each other with 88% saying they would be happy to use video again, but 58% saying they would rather be seen face to face.
- 508 contacts were registered, compared to 299 patients in the same period in 2019
- 0 miles were travelled compared to 4154 miles travelled in the same period in 2019.
- 1.14 tonnes carbon dioxide equivalent were saved during the 12 month period.

Conclusions

In conclusion, we found that we were able to reach all the age groups we would normally see and to offer the range of assessments and therapy we normally would. This method of consultation works for us particularly with older children and for advice and support. This in itself has proven to be a useful addition to our clinical pathway.

However, there are some families for whom this is not a viable option. Inequity of access due to internet connection or access to hardware which was adequate was of concern, and young children with attention problems were not possible to engage in this way. From work carried out by colleagues in other cleft centres it is estimated that 30% of the caseload are not able to access services via video consultation.