Use of remote service delivery of health services for Children and Young People Buckinghamshire Local Area Position Statement February 2023

What is Telehealth?

Telehealth is defined as the "delivery of health care services, where patients and providers are separated by distance… (it) can contribute to achieving universal health coverage by improving access for patients to quality, cost-effective, health services wherever they may be" (World Health Organization, 2016).

Telehealth or digital health encompasses a broad definition of technology-enabled health care services, including telemedicine diagnosis and treatment of illness or injury, and services such as assessment, monitoring, communications, prevention, and education. It involves a broad range of telecommunications, health information, videoconferencing (such as Microsoft Teams), and digital image technologies.

National Drive

During 2020/2021 whilst delivery of face-to-face services was limited by the pandemic, many services moved to online or digital methods of delivery to continue to see children and young people. This approach was taken across education and health services in line with government guidance. Prior to this, some clinical services were being delivered via digital means, however the pandemic led to a swift transition to this mode of service delivery across a broader range of services.

Both the World Health Organisation (WHO) and Department of Health and Social Care (DHSC) have developed strategies in recognition of the role that technology can play in supporting the delivery of health and social care. With the DHSC stating:

"New and emerging technologies can support flexible, tailored services that promote people's health, wellbeing, and independence. They can tackle the huge challenges the sector faces by offering people timely access to physical and mental health services, helping them manage their own health and care. Digital technologies can reduce pressure on our overstretched workforce, giving them more time for the treatment and caring that only people can do, and help target disparities in access and outcomes. They can help to shrink the sector's carbon footprint and improve its resilience to the effects of climate change and future pandemics.[1]"

The Health and Care Professions Council (HCPC) who regulate a range of health professions including Occupational Therapists, Physiotherapist, Speech and Language Therapists and Clinical Psychologists state
"Remote working brings many opportunities and advantages for healthcare professionals, services, and service users. However, it also brings risks and new challenges for practice."

The HCPC emphasises the need to maintain the standards of conduct, performance, and ethics of registration with particular reference to communication, confidentiality and managing risk and this is central to the delivery of remote services in Buckinghamshire as it is to all face-to-face services.

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[1] https://www.gov.uk/government/publications/a-plan-for-digital-health-and-social-care/a-plan-for-digital-health-and-social-care

Service specific guidance

Speech and Language Therapy

The Royal College of Speech and Language Therapy (RCSLT) guidance[2] states the appropriateness for using telehealth should be **determined on a case-by-case basis**, with selections firmly based on the following:

- Clinical judgement
- The service user's informed choice
- Professional standards of care
- Telehealth being appropriate for your service user
- Access to technology by the service user and/or family

While there are positive benefits to the use of telehealth, it is essential that the following are taken into consideration to reduce the risks of health inequalities:

- Access to digital technology, including data usage (digital poverty)
- Difficulties accessing digital technology because of communication needs
- If there are literacy or language barriers.

The RCSLT have produced a document providing "a snapshot" of the evidence base[3] which suggests that whilst studies completed are showing some evidence of effectiveness comparable to face-to-face intervention, the evidence to date has been limited and mostly on a relatively small scale. It indicates that more research has been focused on treatment than assessment, with most early intervention studies focused on parent coaching.

Occupational Therapy

The World Federation of Occupational Therapists (WFOT) published their position statement on Occupational Therapy and Telehealth[4] in May 2021 which states:

"Telehealth is an appropriate and effective delivery model for occupational therapy services when in person services are not possible, practical, or optimal for delivering care and/or when service delivery via telehealth is mutually acceptable to the client and provider. Telehealth can also be part of a blended service delivery model wherein some occupational therapy services are delivered in-person, and some services are delivered at a distance.

….

Telehealth may be used in occupational therapy for evaluation, assessment, intervention, monitoring, supervision, and consultation (between remote practitioner, client, and/or local health-care provider) as permitted by jurisdictional, institutional, and professional regulations and policies governing the practice of occupational therapy."

Like the RCSLT guidance they conclude by saying:

"Telehealth can be an appropriate service delivery model for occupational therapy, and it improves access to occupational therapy services. Services provided through telehealth should meet the same standards of care as services delivered in-person and comply with all jurisdictional, institutional, and professional regulations and policies governing the practice of occupational therapy."

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[2] Telehealth | RCSLT

[3] https://www.rcslt.org/wp-content/uploads/media/docs/Telehealth/INFO09EBP.png

[4] Occupational Therapy and Telehealth | WFOT

Physiotherapy

The Chartered Society of Physiotherapy completed a national evaluation of remote physiotherapy during 2020/2021. The evaluation was based on 12 case study services and made the following recommendations:

- People are offered a personalized, equitable and flexible hybrid blend of in-person and remote physiotherapy, based on individual needs and preferences, purpose of the consultation and available resources
- People are given the choice, where appropriate, to receive physiotherapy in person, remotely or a combination of both
- Shared decision making determines how physiotherapy is delivered, considering a person's needs, communication needs and available resources
- The proportion of physiotherapy delivered in person and/or remotely is personalized and determined by local factors, including the patient population and available resources
- Physiotherapy services continue to develop methodologies and measures to evaluate the safety, equity, and effectiveness of their hybrid service delivery models

Psychology/Mental Health

In recognition of the increase in digital offers the British Psychologist Society developed a resource paper[5] relating to working with children and young people using online video platforms. The paper identifies the need for consent, confidentiality, structure, and consideration of support if the child becomes distressed. It also highlights the need to consider the needs of the child and their ability to benefit from this mode of treatment. They have also produced "Effective Therapy by video: Top Tips[6]." Similarly, to other professions all psychologists are expected to maintain the BPS Code of Ethics and Conduct.

The National Institute for Health and Clinical Excellence NICE guidance for the care of children and young people with depression[7] recognises the use of digital CBT (Cognitive Behavioural Therapy) in the treatment of mild depression and provide the following description:

"Digital CBT is a form of CBT delivered using digital technology, such as a computer, tablet, or phone. A variety of digital CBT programmes have been used for young people aged 12 to 18 years with mild depression. …. Some digital CBT interventions are supported by contact with a healthcare professional but in other cases there may be no additional support.

Common components of digital CBT programmes include psychoeducation, relaxation, analysis of behaviour, behavioural activation, basic communication and interpersonal skills, emotional recognition, dealing with strong emotions, problem solving, cognitive restructuring (identifying thoughts, challenging unhelpful/negative thoughts), mindfulness and relapse prevention."

There are numerous national and international studies that have demonstrated the efficacy of digital CBT interventions for mild to moderate mental health presentations, with further evidence being published following data gathered through the pandemic.

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[5] Considerations for psychologists working with children and young people using online video platforms.pdf (bps.org.uk)

[6] Effective-therapy-via-video-top-tips.pdf (leeds.ac.uk)

[7] Overview | Depression in children and young people: identification and management | Guidance | NICE

The Oxford Academic Health Science Network (AHSN) published a paper in October 2022[8] following scoping of digital support for children and young people's mental health. The document provides links to the evidence base supporting the use of digital options.

Key Factors to consider when deciding whether remote therapy is appropriate for a child or young person

In December2021 the World Health Organisation (WHO) produced guidance [How to plan and conduct telehealth consultations with children and adolescents and their families](#).

It provides practical guidance regarding teleconsultations with infants, children, adolescents and their families or caregivers. The guidance is designed to be used by a wide range of Healthcare Professionals such as doctors, nurses, midwives, allied health professionals and community health workers and aims to encourage greater use and consistency in teleconsultations.

The guidance relies on the evidence gathered from reviewing 117 articles and 4 websites. This evidence is summarised as:

"Studies have shown that teleconsultations with children and adolescents are feasible for a wide range of conditions and that clients and caregivers are generally satisfied with remote health-care services, particularly via videoconference. Studies also show that clients' financial costs (for example, for transportation, parking, lost wages) are substantially lower for teleconsultations than for face-to-face consultations. Currently, the cost-effectiveness of paediatric teleconsultations for a health service is unknown, as the costs of setting-up and maintaining such service have not been sufficiently measured.

Evidence on the clinical outcomes of teleconsultations with children and adolescents is generally limited to small trials or case–control, cohort, and descriptive studies. The best evidence is from assessments of the treatment of psychological, sensory, neurological, and behavioural conditions and of the coordination and management of chronic diseases such as asthma and diabetes. For these conditions, studies indicate that teleconsultation can result in outcomes equivalent to those of face-to-face care. Good evidence is lacking on the use of teleconsultation for conditions that require or benefit from a physical examination and related investigations, most studies reporting only descriptive data. Evidence for use of teleconsultations for assessing and managing acute conditions is limited to descriptive reports of clinical practice during the COVID-19 pandemic, which, to date, have not reported client outcomes. There is very little empirical evidence on adverse effects of teleconsultations."

The guidance does reiterate the need for decisions to be made on a case-by-case basis with consideration of the risks and benefits. The guidance identifies three broad areas for consideration

- Client characteristics
- Technology
- Purpose of the consultation

To highlight this, the NICE guideline "Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education" states "There was no evidence on the effectiveness of telehealth or virtual platforms for supporting disabled children and young people with severe complex needs. Therefore, the committee made a recommendation for research in this area."

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[8] [Scoping-digital-support-for-children-young-people-mental-health-FINAL-REPORT2.pdf (oxfordahsn.org)](#)

Summary

In line with national and international strategies, Buckinghamshire healthcare professionals are offering telehealth as a mode of assessment and treatment intervention for children and young people. Decision making is on a case-by-case basis and is dependent on the needs of the individual, the most current evidence and progress towards outcomes. In addition to maintaining compliance with the standards of conduct, performance, and ethics of registration particularly communication, confidentiality and managing risk.

Any concerns with a child's ability to engage in assessment or treatment, raised by the child, parents, treating therapist or school will be reviewed by the relevant service and adjustments made as appropriate. This case review will also consider progress towards meeting outcomes and the most current evidence base for the type of provision.

If following review, tele-based consultation or therapy is not considered appropriate, the young person will be offered the next available opportunity for face-to-face delivery.

The local area recognises this is a growing area of development with new research emerging as a result to changes in working practice accelerated by the COVID-19 pandemic and in view of this propose to review this position statement in January 2024.

References and documents reviewed

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Effectiveness of Virtual Reality for Children and Adolescents with Autism Spectrum Disorder: An Evidence-Based Systematic Review

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Using telepractice in parent training in early autism - PubMed (nih.gov)

Comparing Traditional Service Delivery and Telepractice for Speech Sound Production Using a Functional Outcome Measure - PubMed (nih.gov)

Teletherapy in School-Age Children Who Stutter: A Controlled Before and After Study to Evaluate the Efficacy Of MIDA-SP - PubMed (nih.gov)

The Efficacy of Telehealth-Delivered Speech and Language Intervention for Primary School-Age Children: A Systematic Review - PMC (nih.gov)

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Providing care and treatment remotely | (hcpc-uk.org)

Covid-19 and early intervention: Evidence, challenges and risks relating to virtual and digital delivery | Early Intervention Foundation (eif.org.uk)

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How to plan and conduct telehealth consultations with children and adolescents and their families (who.int)

Scoping-digital-support-for-children-young-people-mental-health-FINAL-REPORT2.pdf (oxfordahsn.org)

Overview | Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education | Guidance | NICE