

CASE STUDY: AHPs working differently.
Adult Community Speech and Language Therapy Team
Lancashire Care Foundation Trust

Summary: The team use the Lee Silverman Voice Treatment (LSVT) with patients with Parkinson's Disease; a standardised intensive programme of 4 one hour-long sessions per week for 4 weeks. Using new software introduced in the trust (Microsoft Lync) the programme is offered through a mixture of face to face and online webcam sessions (1 face to face and 3 online sessions per week).

Clinicians have to complete a course to become qualified in the technique which has to be updated every 2 years. Because of the intensity of the programme there are challenges in delivery related to geography (distance from clinic to patients home), room availability and staff availability. The training providers offer an online solution to clinicians, which is available through completing a further course.

Key Themes:

- ▶ Innovations

Which AHPs are involved? Speech & Language Therapists.

What setting does the service operate in? Community and clinics.

Does the service work with Older People? Predominantly - the programme is available for suitable patients with Parkinson's Disease.

How did you identify the changes that needed to take place? There were challenges to providing the LSVT programme via face to face sessions. The programme is intensive over a 4 week period requiring a significant commitment from both the patient and the clinician. Clinic rooms are in limited supply and the patient may have had to attend a different venue (across Preston, Chorley and South Ribble) each day for their sessions; this has implications on patient and staff travel time. The availability of the online programme meant that it was feasible to deliver the programme, using technology, more efficiently while maintaining clinical effectiveness.

When did you start making the change & how long did it take? Started working on the online course and with the IT department in February 2014. The programme went live from April 2014.

How did you go about making the change? The team already used LSVT and were aware of the online programme; attendance on this course was arranged through line management. Through serendipity, the trust was introducing the Microsoft Lync system at the same time and the connection was made that there was a possibility of using this to deliver the LSVT programme. This was investigated further with the IT department and, with a small investment for webcams and quality speakers (required to measure decibel levels in the sessions), a pilot

went ahead with the next suitable patient referred.

How was the change funded? The investment required was small so it was funded by the Speech & Language Therapy team and IT dept.

Who was involved in the consultation and process of change? Colleagues within the team and line management. Also the IT department were heavily involved in training the team and supporting them with the software needed.

What communication strategies were used to engage people in the change? As a small scale change within a small team all have been involved in the process and there have been no challenges.

The programme has been discussed within the team and trust - they have been shortlisted for the trust staff innovation awards.

They have also presented about the programme at regional professional and AHP network meetings.

Were changes needed to the existing skill mix?
No

Were any new roles developed? No

What have been the benefits?

- ▶ Outcomes have been comparable to the purely face to face programme.
- ▶ Significant savings on travel, staff and patient time and room availability.
- ▶ DNA rate has reduced.
- ▶ Not expensive to implement as the patient's own laptop / PC at home is usually suitable.
- ▶ Use of this software is now being looked at within the trust to deliver interventions in other areas e.g. to reduce visits to difficult settings such as prisons.

What has been the response to change?

- ▶ With patients suitable for the programme the response has been positive; they have had more free time and haven't had potentially long travel times to appointments.
- ▶ Team members have been positive due to the retention of some face to face element in the programme once they got used to the technology and trusted it.
- ▶ The organisation has been very positive and is looking to roll the use of the technology out to other areas.

What difficulties did you face?

Identifying the right patients to use the programme in this way; those who are cognitively impaired / unable to use a computer and have poor broadband reception aren't suitable for the online programme. If they do not have a suitable computer a laptop is available on loan as long as they have a broadband connection.

What have you learnt from this process?

- ▶ You need the staffing infrastructure to support the time for training and development.
- ▶ You need support from management regarding finance and the time to develop the programme.
- ▶ It was reasonably quick to implement once started but took months of thinking!
- ▶ It's been good experience for a self-confessed technophobe.
- ▶ You have to overcome the fear of starting something new.

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