

# **NHS Lothian and Health and Social Care Partnerships**

## **Digital Mental Health**

### **Vision and Initial Agreement**

**Draft Version 0.51**

**9 June 2020**

## Revision History

Version	Date	Source of Changes	Author(s)	Change Marked
0.1	03/05/20	Initial Draft	S Robertson	
0.2	07.05.20	Review by Digital Mental Health Working Group	S Robertson	No
0.3	11.05.20	Minor costs table updates	S Robertson	No
0.4	13.05.20	Further costs table changes	S Robertson	No
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## 1 Executive Summary

TBC

## 2 Introduction and Purpose

The recent Covid-19 physical distancing requirements have led to a rapid shift wherever possible (face-to-face has been retained for patients at high-risk and where physical examination or test samples are required) to delivering mental health services 'at a distance' through telephone and increasingly video-conferencing channels. A roll out of additional end-user equipment has been taking place together with configuration of 'online clinics' and creation of additional network capacity. Staff have moved rapidly and successfully to new working arrangements. Despite some initial disruption to activity levels these appear to be recovering although it is too early to draw any definite conclusions.

In many ways these developments represent a rapid acceleration of existing trends and digital initiatives that were being introduced, albeit at a relatively slow pace. Undoubtedly much assessment and research remain to be done on the impact of this on both patients and staff. Digital delivery is relatively new and developments need to be monitored and evaluated to assess outcomes and generate a sound evidence base. However, it can reasonably be expected that digital delivery will be a long-term fixture for a significant proportion of mental health services.

Within Lothian there already was a new focus on digital developments within mental health services with the recent establishment of a new Digital Mental Health Board and appointment of a senior clinician to lead new development. It is expected that this new focus together with recent events will increase the need for investment in digital services.

The purpose of this document is to set out a vision and high-level strategy for digital development in mental health services and provide an initial view of the likely type and scale of investment that will be needed. Individual investments will be supported by their own business cases which will follow in due course.

## 3 Strategic and Immediate Current Context

The Scottish **Digital Health and Care Strategy** and the Health Improvement Scotland **Making Care Better Strategy** set the principles and building blocks for wide digital transformation. The '**Making It Work**' report on the NHS England IT project (The Wachter Report) clarified the principles of digitisation and the need for staff engagement and training. A key Scottish Government principle is that services should be designed for digital delivery unless clinical or accessibility constraints require other approaches. In practice, digital delivery is often an adjunct to current service models providing accessibility and flexibility benefits, and in some cases alternative additional capacity.

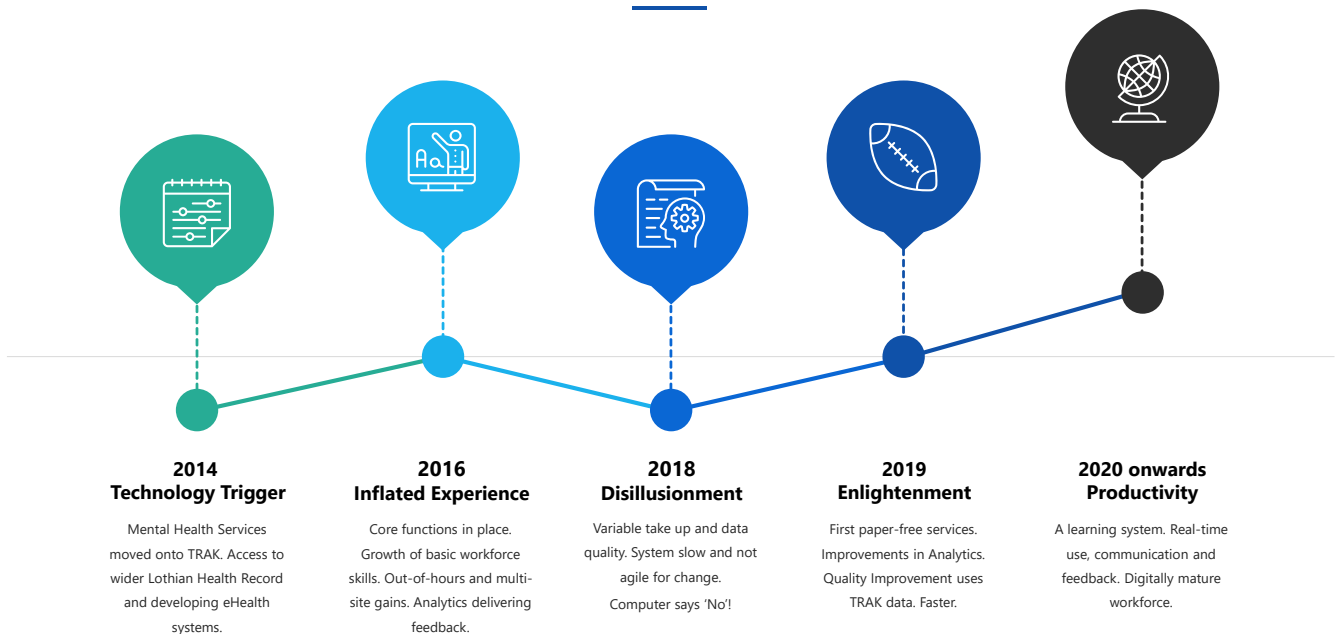
Mental health services are no different from physical health services in terms of their capability to benefit from digital technology. Within Lothian many functions in mental health already have digital support including:

- communication within the health and care services and with patients and carers;
- undertaking administrative tasks such as managing admissions, appointments and waiting lists;
- recording and retrieving patient information in electronic records, albeit typically with additional access restrictions given the sensitivity of the contents;
- producing management and performance reports and undertake analysis to support quality improvement initiatives.

The primary system that supports these functions in Lothian in both physical and mental health services in community and secondary care settings is TRAK. The history of TRAK and digital development in mental health is shown in the diagram below together with the aspirations for 2020 and beyond:

## TRAK and MENTAL HEALTH

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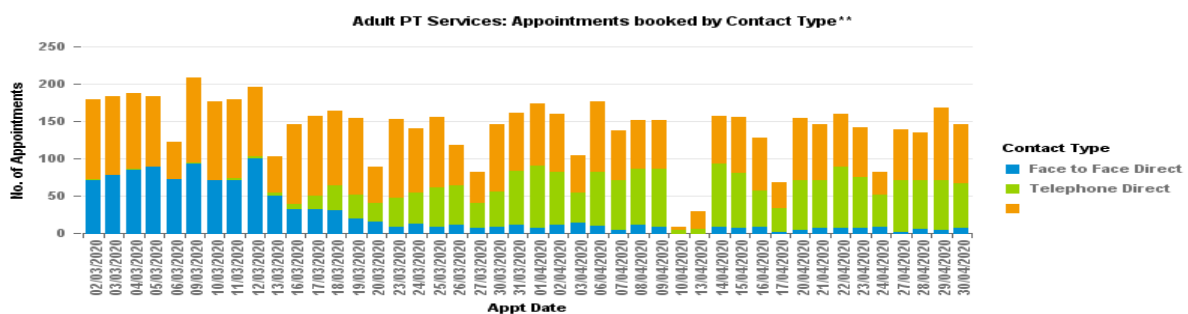
Digital development in mental health services has lagged behind the rest of the health and care system with the move to TRAK only taking place in 2014. Further development in terms of the scope and use of TRAK since then has been patchy with variances in its adoption by different services and teams and access to end-user equipment (laptops, tablets etc). Whilst some areas have become almost paper-lite, others still record long hand on paper. Some staff are highly skilled in the use of digital technology, but others are less familiar and comfortable with its use. There has been limited investment in hardware meaning that workstations are dated, clinical staff access to laptops is limited, and high-quality video conferencing setups are rare.

However, currently this is improving through ongoing additional investment to support service continuity whilst meeting Covid-19 physical distancing requirements.

More widely other more innovative developments are taking place, particularly in psychological therapies<sup>1</sup>. Powerful examples are available in areas such as self-care and self-monitoring<sup>2</sup> (free tools such as the PHQ9 graph, links to the NHSX App Library and proprietary systems<sup>3</sup>). Portals to access advice and services are increasingly common<sup>4</sup> and online therapy is expanding rapidly (e.g. computerised Cognitive Behavioural Therapy for Anxiety/Depression, Insomnia, Pain) with increasing evidence of its effectiveness<sup>5</sup>. Within Lothian some 600 patients a month are being referred for the online 'Beating the Blues' online course for depression.

At present, mental health services are undergoing radical change in delivery methods in order to accommodate the Covid-19 physical distancing requirements. The key priority is a rapid shift to new delivery channels as an alternative to face-to-face consultations. Initially, this has been a shift to telephone, however, increasingly it includes a shift to video-consulting via NHS Scotland's Attend Anywhere<sup>6</sup> video conferencing technology which is branded as 'Near Me'. This is a fundamental change in the way services are delivered, though it is not unprecedented. Other NHS Boards are already using Near Me significantly to overcome the geographical dispersion of their populations in rural areas.

Overall, since 16<sup>th</sup> March in areas such as Psychological Therapies and CAMHS face-to-face consultations have reduced to low levels with a major rise in telephone consultations as shown below. Patient acceptance of the new channel has been good, though it is better with patients already established in therapy whereas at present circa. 30% of new patients are electing to await the opportunity for a face-to-face appointment.



<sup>1</sup> <https://www.sciencedirect.com/science/article/pii/S0005796716301371?via%3Dihub>

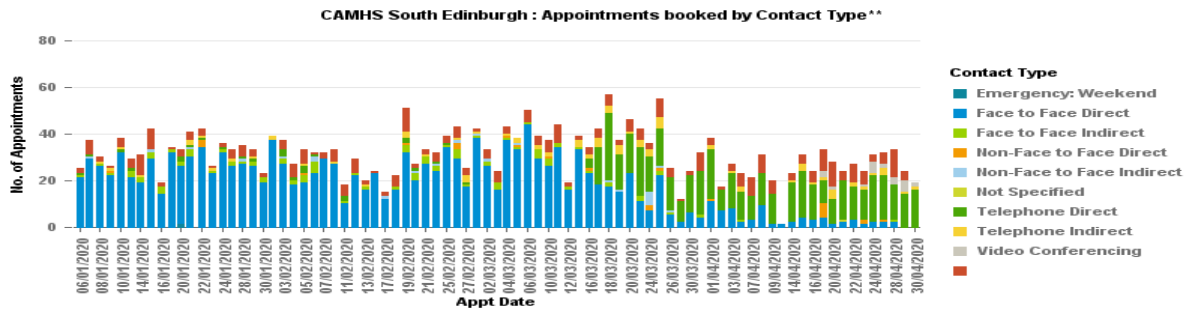
<sup>2</sup> Self-monitoring is a validated means of improving mental health and recovery. Technology allows for enhanced self-monitoring [e.g. generating reminders, apps]. For an overview see DOI: <https://doi.org/10.1192/bjb.2019.92>

<sup>3</sup> One such example is 'True Colours' developed by Oxford NHS - <https://oxfordhealth.truecolours.nhs.uk/www/en/>

<sup>4</sup> <https://www.accesstherapiesfife.scot.nhs.uk/>

<sup>5</sup> Computer-delivered therapy has improved a lot since first launch a decade or so ago. Newer versions include reminder emails/texts, gamification to encourage engagement, bots to personalise, etc. For an overview see DOI: <https://doi.org/10.1192/bjb.2019.66>

<sup>6</sup> <https://tec.scot/wp-content/uploads/2020/03/Greenhalgh-2020-Interim-summary-of-key-literature-and-our-empirical-work-on-video-consultations-1.docx>



Note: Above contacts without a classification on TRAK are expected to be telephone contacts.

However, it is now becoming apparent that the longer-term impacts of Covid-19 are likely to include:

- an ongoing requirement for physical distancing to protect both patients and staff and to contribute to wider transmission suppression measures. The detailed parameters of this are unknown and will be determined by government guidelines and also by the attitudes and approaches adopted by individuals;
- an increase in the need for mental health services arising from the widespread trauma resulting from people’s experiences during the pandemic.

The particular value of face-to-face consultations in mental health, which relies to a significant extent on the establishment of trust and an effective relationship between the patient, and perhaps their family, and the practitioner, needs to be recognised. The current patients electing to await a face-to-face consultation are a concern. It is probably reasonable to expect that acceptance of digital channels will increase as the ‘new normal’ environment becomes increasingly recognised. However, notwithstanding this there will also remain the need to address the needs of those citizens who are not digitally enabled. Digital delivery remains at an early stage, however, opinions have been sought from individual services as to what proportion of their work might be delivered digitally in the longer term. The results are shown in Appendix 1 and suggest that locally it is viewed by staff as suitable for a significant proportion of existing service delivery.

Meeting additional need for mental health services is likely to prove demanding. Waiting lists and times for some services are already significant and these are not expected to be fully resolved to target levels for some time. However, there are various existing ongoing developments that can be built on to address this, including:

- support within primary care and in the community through the expansion of staff and programmes such as Thrive Edinburgh;
- improved and more easily accessible online information. This includes self-assessment, self-monitoring and self-help material published online as well as guidance on accessing services available through the third sector;
- online delivery of courses such as cCBT for a range of conditions, in particular as an alternative to referral to NHS Scotland secondary care services. Increasingly,

this is likely to include patient self-referral as opposed to requiring referral by a general practitioner;

- use of online material as a supplement to practitioner delivered therapy to increase both efficacy and efficiency;
- use of online portals to enable patients to self-refer to local NHS Scotland and third sector run group courses.

More widely UK<sup>7</sup> and International experience<sup>8</sup> shows an immense range of initiatives from which Lothian and more widely NHS Scotland can benefit across a range of areas. Primarily these involve online services and more advanced digital tools and analytical capabilities. Further research will be needed to select exemplars that Lothian may wish to emulate and for some developments a national approach may be more appropriate. The types of functionality that these involve include:

- tracking patient symptoms;
- streamlining the assessment and triage process;
- helping practitioners to draw on research and best practice and make better decisions;
- bridging gaps in service provision, in particular where patients need more than primary care can provide but do not meet the threshold for secondary care services;
- averting crises through earlier identification of deterioration in a patient's condition;
- facilitating self-management;
- supporting research to better understand the causes of poor mental health;
- improving outcome measurement and monitoring.

Children and young people appear to be a particular group who are subject to a significant burden of mental ill-health but can be supported in innovative ways through digital channels.

Further innovative development<sup>9</sup> is also ongoing albeit in the early stages of development and evaluation:

- trials of Chatbots<sup>10</sup> developed in conjunction with UK clinicians are underway, example areas being male suicide and supporting GPs and mental health professionals to triage patients in areas such as depression and anxiety. It allows remote administration, reduces time on paper-based questionnaires. Evidence suggests that patients may feel more comfortable disclosing information to an automated agent;

<sup>7</sup> <https://reform.uk/sites/default/files/2019-07/Using%20data-driven%20technology%20to%20transform%20mental%20health%20services.pdf>

<sup>8</sup> [www.nhsconfed.org/-/media/Confederation/Files/Networks/MentalHealth/Technology-and-mental-wellbeing-V4-web-i.pdf](http://www.nhsconfed.org/-/media/Confederation/Files/Networks/MentalHealth/Technology-and-mental-wellbeing-V4-web-i.pdf)

<sup>9</sup> [www.mentalhealthtoday.co.uk/innovations/technology-will-revolutionise-mental-health-care-but-only-if-we-put-people-at-the-centre](http://www.mentalhealthtoday.co.uk/innovations/technology-will-revolutionise-mental-health-care-but-only-if-we-put-people-at-the-centre)

<sup>10</sup> <https://code4health.org/chat-bot/>



- digital phenotyping involves collecting and assessing data from people’s personal devices (smartphones and wearable devices) to learn about behaviour and monitor their state of health. Research in the US<sup>11</sup> is looking at platforms smartphone based apps for this, including areas such as monitoring schizophrenia patients to identify those at higher risk of relapse so as to allow earlier intervention<sup>12</sup>

In conclusion, at a strategic level mental health services lag behind other parts of the health and social care system in exploiting digital technology but there is great scope to innovate and derive greater support and benefit. At a more immediate level recent events are driving rapid adoption of digital capabilities and have great potential to help services manage an expected significant increase in need.

At present, a number of rapid, relatively piecemeal investments are being undertaken at speed to respond to immediate circumstances. However, it is important that there is a wider strategic plan and framework that provides the basis for a coherent programme of investment that takes advantage of the experience that is currently being gained and prepares mental health services to operate effectively in the ‘new normal’ environment.

## 4 Vision and Strategy

The Vision that will drive this investment in technology for mental health services is as follows:

*To support and deliver a modern mental health service, making use of the latest advances in digital technology, resulting in safer services, improved clinical outcomes and better patient and staff experience. This will be achieved through:*

- *making full use of digital technologies to support, deliver and record mental health interventions;*
- *supporting multi-site working across an inter-agency pan-system environment;*
- *improving clinical care – information sharing, patient safety, clinical outcomes;*
- *improving patient experience – more options and personalised care, less travel, better attendance rates;*
- *improving staff experience – flexible working, improved efficiency, decision making support.*

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<sup>11</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4873624/>

<sup>12</sup> <https://www.buamplab.com/research-projects.html>

The strategy that will underlie achievement of this vision will reflect the following principles:

- **Patient-centered:** any health service must have the patient at the center. Digital approaches maximise this by enabling choice, self-monitoring and self-care and the availability of support and advice;
- **Accessible:** Services can be progressive, but must also be accessible by the majority, with alternatives available for those who cannot use digital channels. This applies to both clinicians and service users;
- **Tailored:** there is no 'one size fits all', there must be a varied landscape to support service delivery and offer interventions;
- **Efficient:** digital services should enable care that is timely [they avoid queues and are often scalable], local [they can be delivered at / from home] and empowering [people able to monitor their own health];
- **Interoperable:** data entered on a health platform can be shared safely with relevant systems, subject to appropriate security and confidentiality;
- **Data-driven:** allows for the automated collection of data to drive and inform service improvement and ensure repeatable and sustainable outcomes.

It should be noted that digital transformation is not just about the hardware or the main clinical and patient care systems, it is also about a way of working that is more flexible, patient-centred, and joined-up. This involves a significant change in culture and working practices, for example delivery of patient care from therapists' homes is a recent new practice involving a different location, a degree of professional isolation and only remote access to the support of colleagues, and changed supervision arrangements.

Additionally, a common perception is that mental health patients cannot or will not access technology due to lack of equipment or as a result of their mental state. Whilst there has been some recent evidence of new patients' preferring face-to-face consultation for a first appointment, broadly this suggested problem is not born out by national and international experience.

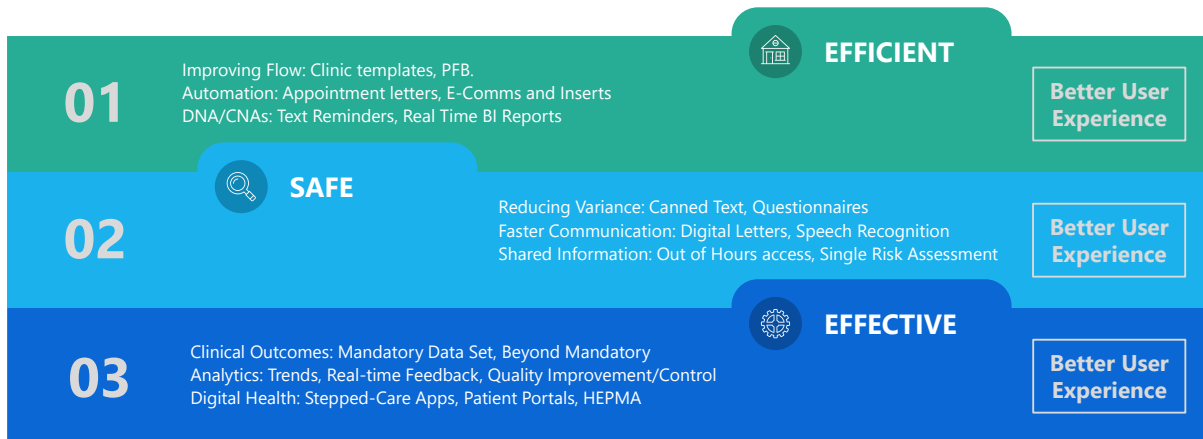
The types of changes that are sought from the main technology systems are shown in the diagram overleaf. However, it is to be expected that there will be a range of innovative patient-facing services provided by a wider range of specialist functionality, including the new national digital platform, that will complement existing service delivery approaches.

## IMPROVEMENTS FROM DIGITAL TECHNOLOGY

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MAKING IT EASIER TO DO THE RIGHT THING [Bromiley]

Whilst going digital does not always mean faster or cheaper, there are benefits that can be realized. These are around efficiency [especially of automated tasks], safety [as good processes reduce risk] and being able to measure clinical outcomes. There are also increasing difficulties arising from using paper and legacy systems, as well as the 'pain' of being out of line with the main eHealth system.



## 5 Investment Scope

The full investment scope and the specifics of individual initiatives will be finalised in business cases with associated implementation plans. The anticipated profile of investment is shown below.

### 5.1 Immediate COVID19 Related Response (May-August 2020)

- completing the roll-out of end-user equipment (primarily laptops) and refining the configuration of Near Me to ensure all services and practitioners are fully equipped to deliver remote teleconsultations, including from home. This will include various evaluation work to assess the acceptability of this mode of working and delivery to patients and to staff. In addition, further development of operational policies, principles and working arrangements for digital delivery will be undertaken to refine those that were put in place rapidly to address the Covid-19 requirements;
- putting in place a patient-facing website for psychological therapies to provide easy access to self-help material and provide booking (supporting GP and self-referral) options for digital interventions such as computerized CBT. This will be modelled on the [www.accesstherapiesfife.scot.nhs.uk/](http://www.accesstherapiesfife.scot.nhs.uk/) website. The structure and management of this website will be complex given the multi-organisational delivery across Lothian. The immediate priority will be to get it set up and operational quickly given the potential demand. However, over time it will need to dovetail with the iTHRIVE initiative in Edinburgh and similar developments in the other HSCPs, and with other existing sites listing local services such as EdSpace;
- as rapidly as possible those key services that are not fully exploiting TRAK will be supported to make full use of the currently available functionality, in particular to

support the remote recording of progress notes to complement Near Me based delivery of consultations. This will also include improved integration of Near Me and TRAK booking and appointment arrangements;

- develop a digital mental health risk assessment and make it available within the TRAK 'clerking' functionality to support both scheduled and unscheduled care pathways, but in particular the IHTT and MHAS services;
- expanding the use of the extended range of Silvercloud online products (which now include a Covid-19 related anxiety module) which have been procured by Scottish Government and are funded until at least March 2021. In addition, the IESO (Internet enabled CBT) procurement has been completed and will also be available, initially until March 2021.

## **5.2 Embedding Digital as 'Business as Usual' (Post August 2020)**

- further development of the patient-facing website to provide self-monitoring tools and to provide the capability to request (self-referral) a booking onto psychological therapy group courses provided by the HSCPs. Exploration of the potential and value of delivering group courses online. Consideration of the expansion of online support to other services based on the experience gained and the potential for reuse of existing platforms. Also included will be ensuring appropriate co-ordination and integration with other related websites and, possibly, with operational systems;
- developing TRAK for full use by mental health services including digitising key processes and scanning some notes in order to enable a move to a paper-lite environment as currently adopted across most primary and secondary care physical health services. A separate business case is in preparation to assess the options for the extent of, and process for, scanning of existing manual mental health records that is required to enable paper-lite working. Other TRAK developments will need to secure priority within the wider TRAK development programme managed by the TRAK Board. A summary document of the developments required for mental health services for TRAK and wider digital infrastructure from the most recent evaluation in December 2019 can be accessed at Appendix 2 and can also be found on the Digital Mental Health Website on the NHS Lothian intranet;
- assessing any changes that are required to the physical clinic accommodation, recognising that whilst the need for standard interview style rooms will remain there may be a requirement for a cohort of rooms suitable for digital Near Me consultations that are suitably equipped with terminals and screens.

## **5.3 Developing Digital Maturity (longer-term)**

- set up a skilled and trained digital mental health team to support main services and develop new interventions – composed of Clinicians, Super Users, Trainers and Analysts – supported by the Digital Mental Health Board (the first meeting of the Board will be on 15 May 2020);
- make use of new advances (artificial intelligence, decision support, links to other databases) to enhance clinical care and the options available to patients.

## 6 Financial and Economic Case

Detailed financial estimates will be provided in business cases. At this stage to inform deliberation on scope and financial planning and affordability the main categories of investment that will be required to realise the vision and strategy are shown in the table below.

**NOTE: FIGURES ARE DRAFT AND TO SHOW SCALE OF COST AT THIS STAGE. THEY WILL NEED CONFIRMATION AND FUNDING APPROVAL THROUGH INDIVIDUAL BUSINESS CASES**

COST CATEGORY	CAPITAL INVESTMENT	ONGOING REVENUE
<b>Immediate COVID19 Related Response (May-August 2020)</b>		
<p><b>End-User Hardware</b> to equip or upgrade all staff delivering patient consultations with mobile, work anywhere capability, plus remote access to health systems (TRAK). Whilst Wyse machines work well in ward areas, different solutions are needed for community and other mobile clinicians, including probable continuance of more home working. In addition, the current Dell machines are ageing.</p> <p>It is suggested community staff and those working in multiple locations need allocated personal equipment. This will primarily be laptops equipped with remote, secure access capability. (Circa. £780 each (laptop, dock, headset, webcam).</p> <p>Presently a rapid roll-out of equipment is taking place, and a further inventory position and survey will be needed when this has stabilised to establish further needs.</p> <p>A three-year replacement cycle will need to be budgeted by REAS and the IJBs. This is tentatively budgeted at replacement of circa. 350 machines per annum (NEED A BETTER INFORMED FIGURE HERE BASED ON CURRENT INVENTORY AND SURVEY OF STAFF IN EACH SERVICE).</p> <p>Revenue is £150 per machine p.a. Tentatively budgeted at 1,000 machines. (NEED TO RECONCILE WITH EXISTING LICENSING AND MAINTENANCE EXPENDITURE).</p> <p>Funding Stream: Core REAS and IJB budgets.</p>	<p>£273,000 p.a (350 machines for replacement cycle)</p>	<p>£150,000 p.a. (1,000 machines, substantial proportion may be already funded)</p> <p>(Additional comms. Costs may be incurred for circa. 10% of mobile machines)</p>
<p><b>Psychological Therapies Patient Facing Website</b></p> <p>Initial Development for self-help material and online course bookings (GP and self-referral). Costing includes:</p> <ul style="list-style-type: none"> <li>• Project management (3 months)</li> <li>• Professional psychology staff time for design and content</li> </ul>	<p>£31,700</p>	<p>£95,000</p>

COST CATEGORY	CAPITAL INVESTMENT	ONGOING REVENUE
<ul style="list-style-type: none"> <li>• Website design services and ongoing support</li> <li>• Website hosting</li> <li>• Online therapy licensing costs (currently SG funded)</li> <li>• Website administration for online therapy (2 staff)</li> <li>• Additional post for website administration</li> </ul> <p>Funding Stream: REAS core budget (possibly Covid-19 support or PT access improvement funding).</p>		
<p><b>Additional licensing of on-line courses</b> to increase the range of conditions that are included (Silver Cloud: LTCs, Social Anxiety, Health Anxiety, Stress, Sleep Problems).</p> <p>Licensing of IESO online CBT.</p> <p>Inclusion of 2 additional administration staff for management of online course applications and GP liaison.</p> <p>Funding Stream: Licensing by Scottish Government until at least March 2021</p> <p>Funding Stream: REAS staffing budget</p>	tbc	£54,000
<p><b>TRAK development</b> to meet specific Mental Health Services requirements, including digital mental health risk assessment (to be available shortly).</p> <p>Funding Stream: eHealth TRAK development budget</p>		£20,000
<p><b>Embedding Digital as 'Business as Usual' (Post-August 2020)</b></p>		
<p><b>Psychological Therapies Patient Facing Website</b> – Further Development for Group Course self-referral and bookings. (ongoing revenue includes administration resource to support group bookings).</p> <p>This stage of development will also address co-ordination and integration with other related websites (iTHRIVE, EdSpace) and operational systems in relation to booking.</p> <p>Additional funding for 1 administrator to manage course bookings (may be existing resource in IJBs).</p> <p>Funding Stream: REAS core budget (possibly Covid-19 support or PT access improvement funding).</p>	£20,000	£29,500
<p><b>Further TRAK development and record scanning</b> including move to paper-lite operation including record scanning (initial load and ongoing short notice scanning service).</p> <p>eHealth Officer to develop business case (4 months)</p>		£20,000

COST CATEGORY	CAPITAL INVESTMENT	ONGOING REVENUE
<p>Costs will include:</p> <ul style="list-style-type: none"> <li>development work by eHealth (4 staff / 2 years);</li> <li>ongoing scanning service (equipment and staff though may be able to build on existing service). Likely to be scan of OPEN cases followed by scan on-demand;</li> <li>staff training in advance use of TRAK: classes, online sessions. (2 trainers for 1 year).</li> </ul> <p>Funding Stream: Separate business case for investment funds.</p>	<p>Separate business case for detailed costs (suggested scale circa. £500k)</p>	<p>tbc</p>
<p>Reconfiguration of clinic space to provide specialist digital service delivery accommodation. This will need to be part of an overall strategy for face-to-face clinic space and space for digital consultation, in the context of possible increased home working.</p> <p>Funding Stream: REH Phase 2 Development, Estates Capital Budget.</p>	<p>tbc</p>	<p>tbc</p>
<p><b>Developing Digital Maturity (longer term)</b></p>		
<p><b>Digital Mental Health Support Team</b> (allocated time from mental health professions to support digital development – 5 staff, 2 sessions).</p> <p>Digital Development Project Manager</p> <p>Funding Stream: Core Mental Health Funding</p>		<p>£80,000</p> <p>£70,000</p>
<p><b>New advances and Innovation</b></p> <p>Funding Stream: eHealth Budget for core infrastructure (core systems, network capacity etc)</p> <p>Mental Health funding for specialist MH development</p> <p>(note: overall target of 4% of Lothian budget for digital expenditure)</p> <p>Funding stream: Investment funds, R&amp;D / Innovation Budget, Bid to Digital Health Institute / SG Digital / TEC</p>	<p>tbc</p>	<p>tbc</p>

The economic case is relatively undeveloped at this stage. However, it is apparent there is a strong case related to both the quality of service delivery and the sustainability of services that can be expected to be subject to significant additional demand over the next several years.

An effective high-quality digital delivery capability, with staff suitably trained and supported, is clearly going to be an essential component of providing comprehensive and safe mental health services in future.



Benefits will be realised in the following areas:

- upgraded end-user equipment providing a more effective and less frustrating experience for staff and greater flexibility of work location commensurate with the 'New Normal' environment and the expectation that in future where possible more people will work from home;
- much improved training and support for staff to enable them to secure maximal use of the digital capability with which they are equipped;
- improved online support for patients and primary care services regarding self-care, self-monitoring, and self-referral to NHS Scotland and third sector services including expanded online courses and HSCP provided group courses. This will provide clearer and easier access to alternatives to scarce secondary care services, and will also provide options for patients whilst they may be waiting for treatment;
- more comprehensive digital mental health records as more services move to paper-lite operation. This has many advantages in terms of standardisation of recording and structure of information, its legibility, and its scope to be analysed, for patient care and research, including in future by decision support functionality;
- ease of access to, and sharing of, patient records, with appropriate confidentiality, which supports team-based care for patients, including supporting continuity across the hospital and community interface. This should improve the personalisation of care and, in particular, avoid patients having to repeatedly 'retell' their story;
- better mental health specific functionality in TRAK to support staff in carrying out their daily work with the aim of improving efficiency and care delivery;
- alternative digital channels of service delivery within a framework of effective policies and processes and appropriate IT and physical infrastructure. Recent experience of telephone delivery, and increasing Near Me delivery, is suggestive of a positive impact on DNAs and short term cancellations. Ongoing evaluation and research will be required to monitor these developments and their impact on efficacy of treatment and care;
- capability for staff to deliver a higher quality care experience from home via. Near Me. This will allow more flexibility in working locations and may even result in opportunities for more flexible hours should that suit staff and their patients. This may also be an advantage in relation to recruitment and can also reduce the pressure on NHS site physical accommodation requirements, in particular demand for clinic rooms.

## **7 Management and Commercial Cases**

Digital development is a component project within the recently established Lothian-wide Mental Health and Learning Disabilities Programme. The Programme Board



includes senior leaders from REAS and the HSCPs who will have oversight of all digital development.

The recently established Digital Mental Health Board will provide governance for digital development. Its membership includes widespread representation from across the clinical professions and from both the NHS Board and the HSCPs.

On a day-to-day basis digital development will be led by Dr Rob Waller, Consultant Psychiatrist and Clinical Lead for Digital Mental Health<sup>13</sup>.

With regard to the commercial case, at present there are no major procurement implications that fall outside of NHS Lothian's existing supply arrangements managed through eHealth.

## **8 Appendix 1 – Future Digital Delivery by Service**

The table overleaf shows preliminary views on the potential to expand video delivery of consultations for individual mental health services.

Note that these are estimates based on recent experience so they are indicative and provide guidance but they are not targets.

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<sup>13</sup><http://intranet.lothian.scot.nhs.uk/Directory/eHealth/Training/TRAKCourses/TrakMentalHealth/DigitalMentalHealth/Pages/default.aspx>

NearMe - Digital First Approach							
What percentage of clinical work <b>could</b> be managed by good quality video call (BI shows 468420 appointments in 2019)							
Exec	Team	Appointment Type			[2019]	VC-able	
		Face-2-Face	Video	Phone	Count		
		<i>People who need to be seen in person for clinical reasons</i>	<i>People who could be seen just as well over a good quality video</i>	<i>People who don't need video and phone is fine / or don't have access to video</i>			
Summary	All Teams		54%	32%	13%	468122	135443
<b>Adult</b>		<b>TOTAL</b>	<b>The three columns below should = 100%</b>				
Edinburgh	OPDx4	100%	60%	30%	10%	21237	6371
	CMHTx4	100%	60%	30%	10%	32341	9702
	PCMHTx4	100%	60%	30%	10%	33111	9933
	Rehab	100%	60%	30%	10%	2284	685
	IHTT-Ed	100%	40%	50%	10%	5835	2918
	MHAS	100%	60%	30%	10%	7530	2259
East	Clinic-East	100%	50%	40%	10%	4977	1991
	JMHT-East	100%	50%	40%	10%	11782	4713
	Therapy-East	100%	50%	40%	10%	7048	2819
	IHTT-East	100%	50%	40%	10%	4173	1669
Mid	JMHT-Mid	100%	50%	40%	10%	10763	4305
	Therapy-Mid	100%	50%	40%	10%	6585	2634
	IHTT-Mid	100%	50%	40%	10%	2700	1080
West	Clinic-West	100%	50%	40%	10%	11180	4472
	CMHT-West	100%	50%	40%	10%	22694	9078
	Therapy-West	100%	50%	40%	10%	19849	7940
	Group Service	100%	50%	40%	10%	5403	2161
	ACAST	100%	50%	40%	10%	3643	1457
Forensic	Clinic-Forensic	100%	80%	10%	10%	2061	206
	Teams-Forensic	100%	80%	10%	10%	4214	421
CAMHS	Outpatient-CAMHS	100%	30%	40%	30%	29477	11791
	NeuroDev-CAMHS	100%	30%	40%	30%	10325	4130
	Tier 4 CAMHS	100%	60%	30%	10%	20144	6043
	On-call CAMHS	100%	40%	40%	20%	119	48
OPMH	Clinic-OPMH	100%	70%	20%	10%	7919	1584
	Teams-OPMH	100%	70%	20%	10%	43755	8751
	Psychology-OPMH	100%	70%	20%	10%	4521	904
RRT	RTT	100%	70%	20%	10%	6421	1284
LD	Clinic-LD	100%	70%	20%	10%	1573	315
	Teams-LD	100%	70%	20%	10%	29493	5899
	Liaison-LD	100%	70%	20%	10%	349	70
SMD	Team-SMD	100%	80%	10%	10%	47433	4743
	Psychology-SMD	100%	40%	50%	10%	3651	1826
	Other-SMD	100%	80%	10%	10%	10763	1076
Specialist	Perinatal	100%	60%	30%	10%	1934	580
	Deaf	100%	10%	80%	10%	853	682
	Psychotherapy	100%	30%	10%	60%	5006	501
	Cullen	100%	40%	50%	10%	8637	4319
	Rivers	100%	30%	10%	60%	5613	561
	Art	100%	50%	40%	10%	1495	598
	ADHD-REH	100%	50%	40%	10%	215	86
	Psychol Med	100%	50%	40%	10%	5178	2071
	Physiotherapy	100%	70%	20%	10%	3838	769

## 9 Appendix 2 – Summary of Required TRAK and Other Digital Development

A document prepared by Dr Rob Waller, Chair of the Digital Mental Health Board, which summarises a wide range of possible developments to TRAK to support mental health services and also wider infrastructure developments can be accessed at the Digital Mental Health website on the intranet. [link](#)