Virtual consultations for people with learning disabilities, their families and healthcare providers: A co-design study.

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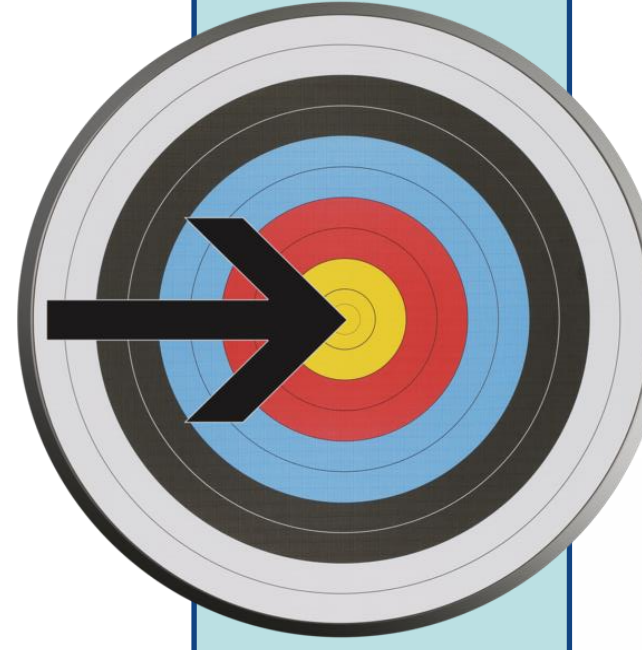[2] Kings College London – UK, [3]Brighton & Sussex Medical School – UK

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Link to Audio Version:

UNIVERSITY OF SURREY Digital Health

What to know more? Please come and talk to me.

Background

- Video call/telephone consultations offer **convenience and flexibility** (1).

- The **impact on specific groups** is less researched (2-3).

- This research is an opportunity to **support accessibility** for users; by understanding their needs/preferences (4-6) to support wider **digital inclusion** (7).

Project Aim: To support People with Learning Disabilities (PwLDs) and their families to access and benefit from virtual consultations (VCs).

Setting: Primary & community care, UK. Start/End: Nov2021/April 2024

Participants: People with mild/moderate Learning Disabilities, family members and healthcare staff (Doctors, Nurses, & Allied Professionals).

START

Objectives

1. **To explore views & experiences of People with Learning Disabilities** of video/telephone calls to access care.

2. **To explore professionals' views & experiences of delivering care virtually** to understand opportunities, challenges and approaches to risk mitigation.

3. **To co-design resources** for all to support choice & use.

Methods & Stages of Work

This study used an experience-based co-design (EBCD) approach (8).

click

1. **Rapid review** of current VC guidance

2. **Observations** (n=3) & semi-structured **Interviews** (n=34)

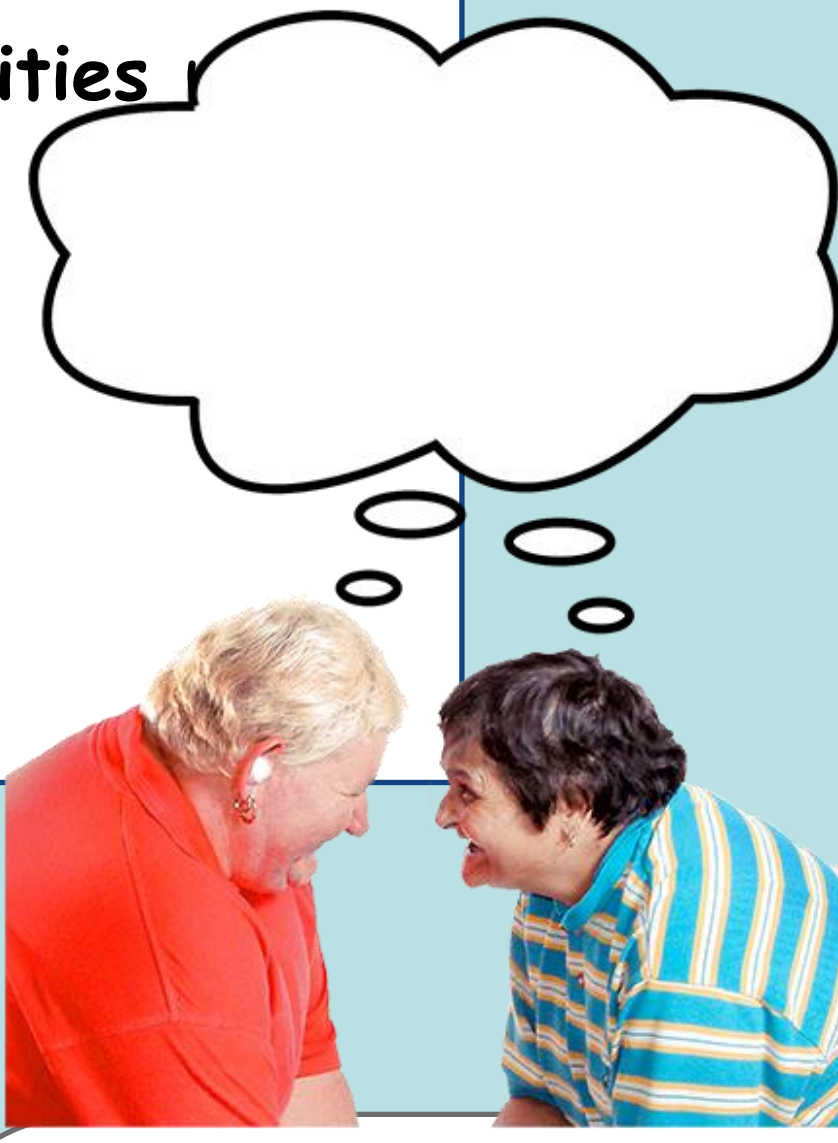3. **Film Creation & Co-design Events**

Co-design Events

- Narrative film was created from interview data then presented/discussed at events.

- 4 hybrid, group/individual online co-design events undertaken, lasting 30 min-2 hours. n=16 participants

Film Analysis, Creation & Lessons Learnt

- Thematic analysis: "think visually". Informed by visual analysis insights (9-10).

- Film iterations/Stages of film development
  - 8 iterations from >7 hours of film footage to final 23 min film

- Considerations about film production:
  - Patient groups more willing to be filmed
  - Support workers concerns about being seen/heard on camera
  - Time taken to ensure clip consent
  - Managing personal items in view
  - Adapted Experience-Based Co-design film style

1. Having choice

"I always have a support worker with me because, it's more better... I have my support with me and they talk for, on behalf....They know more inside out how I am." PwLD

"I can't correlate how you can really check up on somebody like virtually or over the phone as you can in person". FM

2. Convenience & Comfort

"You don't have to deal with all the travelling. You can do it in your own home." PwLD

"It's more convenience for a like a busy home. It's more convenient because he hasn't got to leave the house." SW
"I like a second person to be with me. ..I forget things quite easily." PwLD

3. Building online relationships and feeling connected

"Just explain what you're going to be talking about. And make sure that we, they can easily explained everything." PwLD

"We've never met (name) in person, but yeah, I feel we've got a good relationship with her." SW

4. Healthcare professionals being prepared

[It] "...help[s], what their needs are. And trying to find a bit of knowledge, a bit of trust in them, and know all about their needs and dislikes and do like." PwLD

"I go into some of my appointments and they know I never go in by myself, because of my issues and they look at me... like, hang on. "What's he [FM] doing here?" PwLD

5. Confidence in using technology

"I knew what I was doing." PwLD

"I do it myself, I'm really good that I'm good at computers..." PwLD

"I think some of the older staff ...are still not so good with the computer. I think they're a little bit scared of them still..." SW

Resource... Coming soon

For healthcare professionals
- **Best Practice Guidance** & Toolkit elements
- **Resources Guide** of existing links/tools to support VCs

For people with learning disabilities/families
- **A VC Passport** to support choice & preferences
- **Advice & Top Tips Sheet** to support VC communication.

Available via the project website or by emailing Freda (freda.mold@surrey.ac.uk).

Project Website QR Code

Relevance & Impact

- Potential to **improve digital inclusion**, access to and integration of care.
- **Improve quality of interactions**.
- **Complements existing in-person care** between multiple providers.
- Offers further **innovative opportunities to provide routine, non-urgent care,** support parts of annual Health Checks and health care interactions generally.

Our Research Collaborators:

your healthcare

PRO ACTIVE COMMUNITY

the Coalition Surrey Coalition of Disabled People

Active Prospects People leading aspiring lives

halow nurturing independence

thank you

- Our Experts-by-Experience (EbE) Group
- Educators: Angela Kubacki (St. George's) & Susan Brooks (UoS)
- Primary Care GP Contacts & Project Advisory Group

References: [1]Mold F et al. 2019. doi: 10.2196/13042 [2]Mold F et al. 2021.doi:10.1136/bmjhci-2020-100256) [3]Neves AL et al. 2024. doi:10.1177/1357633X211066235 [4]Haymes LK et al. 2015. doi:10.3109/17518423.2013.850750 [5]Oudshoorn CEM 2018. doi:10.1111/jar.12758, [6]Selick A et al. 2023. doi:10.1186/s12875-023-02055-z [7]Chadwick D et al.2022. doi.org/10.1111/jppi.12410 [8]Bate S, Robert G (2007) [9]Gleeson K. 2021 Polytextual Thematic Analysis, [10]Pink S. 2007 Visual Ethnography

Ethics Ref:303071

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