

Institution: Aberystwyth University		
Unit of Assessment: 4: Psychology, Psychiatry and Neuroscience		
Title of case study: Using telehealth to support the psychosocial needs of palliative care and cancer patients		
Period when the underpinning research was undertaken: 2014-2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Dr Rachel Rahman Dr Joseph Keenan	Senior lecturer Lecturer in Psychology	1 August 2007- present 14 September 2015- 1 April 2016
Dr Martine Robson	Lecturer	1 January 2018- present
Period when the claimed impact occurred: 2014-2020		
Is this case study continued from a case study submitted in 2014? Y/N		
1. Summary of the impact (indicative maximum 100 words) <p>Aberystwyth University's Centre for Excellence in Rural Health Research (CERHR) informed the development of a new innovative telehealth service from 2014 which has delivered support to palliative care patients in Mid-West Wales. This is significant for the region as it supports the Health Board's response to the recommendations set out on the Mid Wales Healthcare Study (Longley et al., 2014). Impact is evidenced by changes to the Health Board's palliative care strategy ensuring the ongoing delivery of telehealth services; personal testimonials from patients evidencing improvement in wellbeing and daily functioning; and evidence of improving efficiency and access to services for staff and patients.</p>		
2. Underpinning research (indicative maximum 500 words) <p>From 2014, Aberystwyth University's CERHR, led by Rahman, has examined the use of telemedicine to improve rural access to health services. Collaborating with Hywel Dda University Health Board's Palliative Care Team a telehealth psychosocial support service for rural palliative care patients was established. Prior to the Covid-19 pandemic, telehealth was not part of routine service provision and this was one of the first UK services to provide home based support for palliative care patients in this way. The service used video conference software Polycom, and later trialled other platforms such as Skype for Business.</p>		



Bronglais Hospital (marked 'X' on the adjacent map) services large areas of Hywel Dda (no.5 on the map), and the borders of Powys (no.6) and Bestsi Cadwaladr (no.2) Health Boards. With limited public transport and rural roads, patients often travel over an hour by car to attend appointments, with further full day trips to centres in Cardiff (no.3) or Swansea (no.7) for more specialised care. For patients (and their families) in receipt of palliative care and cancer treatments, this can pose significant financial, practical and emotional challenges. Psychosocial support as a component of palliative care is of critical importance (NICE; 2011, 2017). However, access to this service in Hywel Dda required additional travel to appointments or, in the case of chemotherapy patients and patients in neighbouring counties, no existing service

was available.

Two phases of research utilised qualitative methods to examine patient and professional experiences of using the telehealth service:

Using telehealth to provide psychosocial support for rural palliative care patients (between 2013 and 2016)

Patients received individual support, in the form of counselling and art therapy, from a specialist psychotherapist. Patients were interviewed monthly to understand their developing experience of accessing palliative care support using the technology. Health care professionals' views about using telehealth for palliative care were also examined to better understand the barriers to routine telehealth service provision. The findings supported the service, with patients reporting increased empowerment, improved focus and reflection during sessions and the ability to build good rapport with the therapist [3.1].

Telehealth to provide group psychosocial support for immunosuppressed patients in a rural setting (between 2015 and 2018)

Examined whether a similar positive experience could be achieved by linking multiple individuals to psychotherapists simultaneously, enabling professional and peer support in an economical way. The experiences of isolated immune-suppressed patients (following chemotherapy) who participated in telehealth art therapy in groups of two to three over eight weeks were examined. Patients were interviewed at monthly intervals and similar positive outcomes were described. Some patients indicated they would not have engaged in face-to-face group therapy, but the remoteness of the telehealth service gave them confidence to participate and benefit from the support provided by the therapist and each other. The art therapist involved also experienced positive changes in their attitudes towards telehealth implementation [3.2; 3.3].

Hywel Dda UHB later commissioned Rahman to develop promotional videos outlining the availability of telehealth services to health professionals and patients. These are being used to ensure wider awareness of telehealth opportunities for patients and professionals during the Covid-19 pandemic [3.4; 3.5] and have been viewed a total of 698 times (patients' film in English and Welsh). The current viewing figures for the internal staff video is unavailable due to Covid-19.

3. References to the research (indicative maximum of six references)

- 3.1 Rahman, R., Keenan, J., Hudson, J. 2020, 'Exploring rural palliative care patients' experiences of accessing psychosocial support through telehealth': A longitudinal IPA study, *Qualitative Research in Medicine and Healthcare*, 4(1): 31-42. DOI: [10.4081/qrmh.2020.8821](https://doi.org/10.4081/qrmh.2020.8821)

3.2 Jones, G., Rahman, R., Robson, M. 2019, 'Group art therapy and communication through technology', in Malchiodi, C. A., (ed.), *The Handbook of Art Therapy and Digital Technology*, (London: Jessica Kingsley Publishers). ISBN-10: 1785927922

3.3 Jones, G., Rahman, R., Robson, M. 2018, 'Group art therapy using telemedicine technology for immunosuppressed patients undergoing chemotherapy', in Wood, M., Jacobson, R., & Cridford, H., (eds.), *Art therapy in hospice/palliative care and bereavement around the world* (New York, USA: Routledge). DOI: [9781138087330](https://doi.org/10.1080/09638237.2018.1538087)

Associated research funding

3.4 Marketing telehealth services in Hywel Dda: Hywel Dda Health Board: (1 April to 31 December 2018): Award GBP 4,295.10: Rahman (PI).

Dissemination material

3.5 Telehealth marketing films for Hywel Dda UHB. Available:

<https://hduhb.nhs.wales/healthcare/services-and-teams/art-therapy/>;

<https://biphdd.gig.cymru/gofal-iechyd/gwasanaethau-a-thimau/therapi-celf/> [Language: Welsh]

4. Details of the impact (indicative maximum 750 words)

Aberystwyth University informed the set-up and evaluation of a novel telehealth service offering psychosocial support to rural palliative care and cancer patients that was otherwise unavailable. Hywel Dda UHB services an estimated population of 384,000, it covers a quarter of the landmass of Wales and is the second most sparsely populated Welsh health board. There has been a steady rise in the number of patients recorded on its' Primary Care Palliative Care Register with figures more than trebling between 2009 and 2019, from 517 to 1726 [5.1]. The telehealth service was provided in collaboration with the Palliative Care Team at Bronglais Hospital who delivered the psychosocial support.

The research demonstrates impact in three key ways:

Shaping policy, strategy and the implementation of telehealth for palliative care

The research influenced the Health Board's telemedicine manager to recommend incorporating telehealth into the Health Board's palliative care service. In 2015, this proposal was presented to, and supported by, Hywel Dda's palliative care strategy group [5.2] and subsequently supported by the Committee who agreed to include telehealth as part of the Health Board's strategy for service delivery [5.2]. The service continued with laptops provided by the project on long-term loan. In 2017, Hywel Dda UHB applied to and transferred some of its Integrated Care Fund allocation (GBP13,560) to purchase i-pads enabling the service to continue in a flexible way, and to commission AU to develop promotional films to market the service more widely to patients and staff [3.4; 5.3]. Subsequently, the use of telehealth was extended to other multidisciplinary team staff including consultant services, nursing, occupational therapy, and to allied services (e.g., mental health services) with common patient cases [5.4]. The commissioned films are embedded on the Hywel Dda UHB website and were sent to Palliative Care Teams across the Health Board and health professionals involved in oncology and palliative care across Wales. They have been used by the Health Board to highlight as an example of an innovative community care treatment pathway with a view to encouraging wider patient and staff uptake during the Covid-19 pandemic [3.4].

Improving patients' access to psychosocial support and supporting access to care closer to home

The telehealth service provided vital psychosocial support for palliative care and cancer patients and enabled convenient access to multidisciplinary staff; including, consultant led services, nursing, and occupational therapy. The Health Board's General Manager for Primary and Community Care reports the telehealth project was '*of great of benefit to patients, families, carers and staff working in rural Communities*' [5.5]. Frontline staff highlighted how telehealth can '*enable patients ... [to] ... see each other [...] and still feel*

part of a supportive group' [5.6]. Patients reported how the service improved their ability to manage their daily lives and adapt to a terminal diagnosis, and minimised the need to miss appointments. The ability to access support from a familiar home environment supported good quality professional interactions and freedom of discussion through which patients felt their health professionals developed a holistic understanding of their needs [5.7; 5.8].

This service has been a vital part of my treatment... The introduction of the face time service has been amazing... This service... has enabled me to keep appointments that may have been missed due to my physical mobility problems and inability to travel. [5.7]

[S]ince the surgery I've obviously felt a lot more tired and physically as well initially I couldn't drive... So to do a session yesterday was good because ... I sort of got up, had breakfast, did a few things and then did that... [telehealth consultation] ... And then as soon as you sign off the rest of the day is your own. But if I'd gone to Aber it's pretty much the whole day really... [5.8]

Well, it's just nice to have somebody to talk to. I think the most important thing is it's nice to have someone that cares, what you think and how you're feeling which because obviously my family are all away, I don't have anyone to ask how I am or what you're feeling. Everybody is too busy. [5.8].

Well she might even know me more from doing it like that [telehealth] from face to face really... [S]o probably I've just disclosed or talked about more than I would have done in real life, really. [5.8]

Benefitting the working practices of healthcare staff

Research findings were presented and disseminated to the Welsh Gerontology Society in 2016 where 80% of attendees agreed that information about the telehealth research was of use to their clinical work [5.9]. Health board staff who used the telehealth service also saved travel-time which increased the efficiency of their clinical work [5.4; 5.10]. The service also improved staff access to patients, who were otherwise hard to reach either because of geography or psychological barriers [5.4; 5.10]. Additionally, the technology supported the inclusion and supervision of other psychotherapists working separately in other rural hospitals, enabling increased professional support, and inclusion within the multidisciplinary team [5.11]. Specialist Health Board staff using the service report explain:

This lady lives so far away that I might have been able to see her only once a month in person, now we are using the ipad I am able to contact her weekly, or more often if there is a need. [5.4]

This patient is a highly anxious lady ... she's very cautious about letting people into her own home and she can't come to me, so to be able to communicate in this way it's meant that I am available to her in ways that I wouldn't have been able to because she sometimes doesn't allow me into her home because of her anxiety levels... [I]t's made a big difference to her care [5.10].

Over the last six months I've been able to save just in terms of travel just over a thousand miles, and in hours something like five days. [5.4]

Because of geography in rural wales sometimes I've got to drive over an hour to see a patient and that isn't always achievable by using the ipad it can mean I don't have to travel 2-3 hours just to see one patient so I can make better use of my clinical time. [5.10]

Since Covid-19, the Palliative Care teams' experience of, and ready access to telehealth equipment, meant that despite initial delays in setting up remote working for health board staff, the transition away from face-to-face clinics to remote support was able to happen seamlessly and rapidly for the Palliative Care team. The online service was able to facilitate pain management advice from consultants supporting specialist nurses in the community. It enabled therapies to continue with a non-verbal patient with multisystem atrophy where telephone consultation was not viable. It also supported staff wellbeing by enabling supervision and practical solutions during the transition [5.11].

Similarly, in response to the Covid-19 pandemic, a hospice charity, Hospice at Home Aberystwyth Volunteers, used the research findings to develop a new virtual strategy, securing National Lottery funding to develop 'a virtual hospice at home service' for use during and beyond the pandemic [5.12]. This service will dovetail with the palliative care telehealth service to deliver an online suite of supportive therapies such as, counselling, art therapy, and relaxation sessions, whilst enabling befriending volunteers to maintain contact with their clients [5.12].

5. Sources to corroborate the impact (indicative maximum of 10 references)

- 5.1 Welsh Government, Statistics, Patients on Quality and Outcomes Framework (QOF) disease registers by local health board. Available at:
<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/GMS-Contract/patientsonqualityandoutcomesframework-by-localhealthboard-diseaseregister>
- 5.2 Emails, Hywel Dda UHB, staff, August 2015. [Language: English & Welsh]
- 5.3 Email, Hywel Dda UHB, 31 January 2021; see also 3.4.
- 5.4 Transcript and interviews for Hywel Dda UHB telehealth marketing films, between August and September 2019.
- 5.5 Letter, General Manager Primary & Community Care Hywel Dda UHB, 17 December 2020.
- 5.6 BBC article, Remote art therapy session for cancer patients, 11 June 2020. Available at:
www.bbc.co.uk/news/uk-wales-53006595
- 5.7 Email, Art Therapist, Hywel Dda UHB, 30 April 2019.
- 5.8 Patient feedback between March and December 2014.
- 5.9 Email, Conferences and Events Organiser, Welsh Gerontology Society, 1 June 2016.
- 5.10 Editing cuts of individual interviews for Hywel Dda UHB telehealth marketing films, between August and September 2019.
- 5.11 Letter and emails, Hywel Dda UHB staff, between November 2019 and October 2020.
- 5.12 Letter, Trustee, Hospice at Home Aberystwyth Volunteers, 29 September 2020.