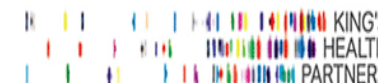# Using digital clinical communication to support young adults with long-term conditions: lessons from the LYNC study

The Team

Frances Griffiths, Xavier Armoiry, Helen Atherton, Jack Barker, Carol Bryce, Abigail Buckle, Jonathan Cave, Kathryn Dennick, Melina Dritsaki, Joe Fraser, Caroline Huxley, Agnieszka Ignatowicz, Sung Wook Kim, Peter Kimani, Jason Madan, Harjit Matharu, Mike May, Luhanga Musumadi, Moli Paul, Gyanu Raut, Sailesh Sankaranarayanan, Anne-Marie Slowther, Mark Sujan, Paul Sutcliffe, Frances Taggart, Alice Verran, Leigh Walker and Jackie Sturt.

Introduction

Research aims

- To evaluate the impacts and outcomes of digital clinical communications for young people living with a long term condition

- To provide a critical analysis of the use, monitoring and evaluation, of digital clinical communications by NHS providers.

Research question

- What are the effects, impacts, costs and necessary safeguards for digital clinical communications for young people living with long term conditions and engaging with NHS providers?

Digital Clinical Communication
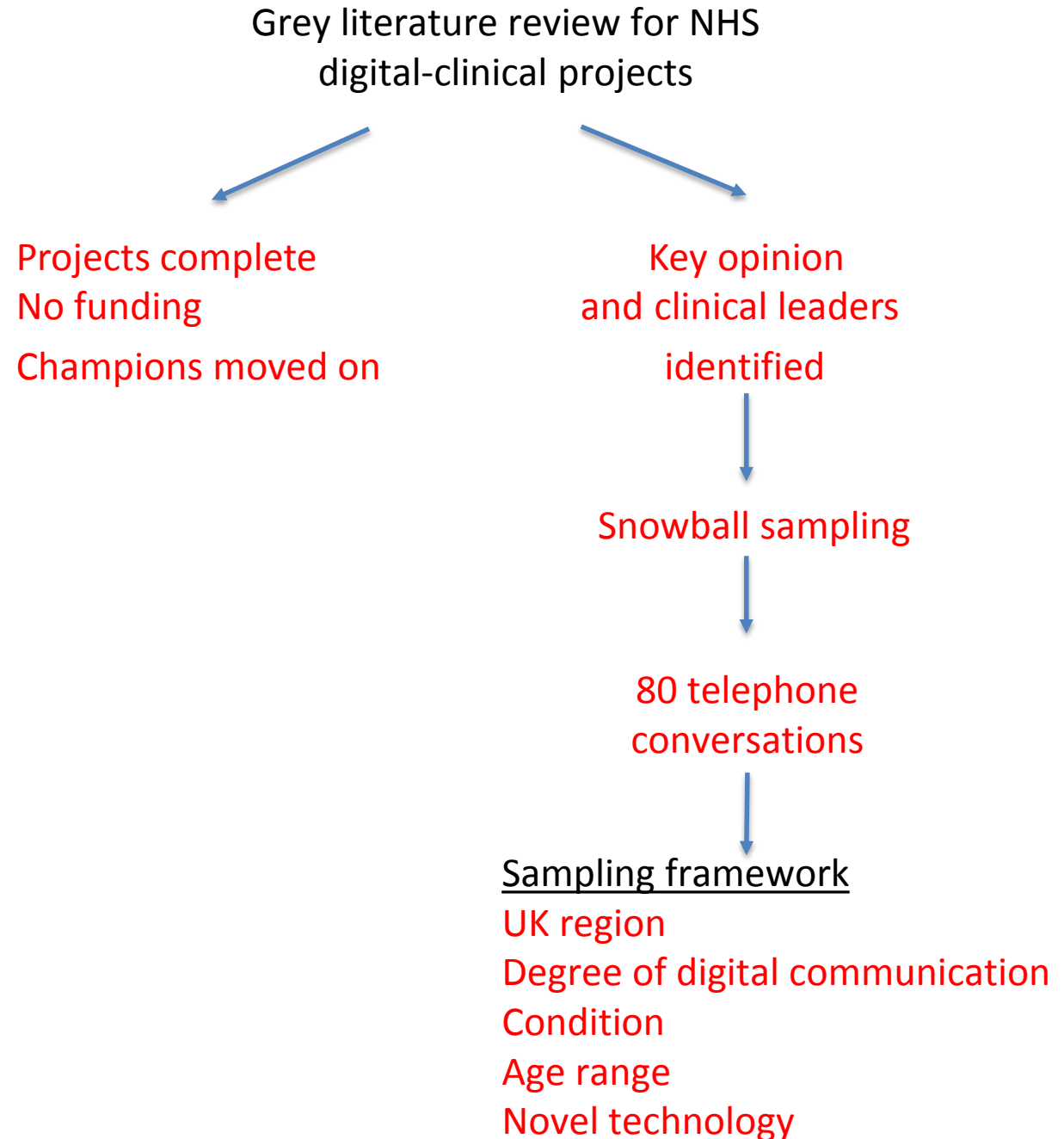
DCC definition

- Clinician and/or young person is (or could be) mobile when sending/receiving the communication
- Two-way
- Synchronous or asynchronous
- For clinical care purposes

Example of DCCs

- Email
- Text
- Mobile phone
- Web portals
- SKYPE/FaceTime
- Social Media (e.g. Facebook/Twitter)

Methods

- 20 case studies (mixed methods)
- Clinics supporting 16-24yr olds with a long term condition
- Conditions which are most expensive to the NHS
- Interviews with patients, parents/NOK and clinicians & Information Governance Manager and clinician observation
- Rapid evidence synthesis and PPI work streams

Grey literature review for NHS digital-clinical projects

Projects complete
No funding
Champions moved on

Key opinion and clinical leaders identified

Snowball sampling

80 telephone conversations

Sampling framework
UK region
Degree of digital communication
Condition
Age range
Novel technology

Participants			
	Midlands	Mental health	Children and adolescents (< 18 years)
	Midlands	Mental health	≥16 years
	South/South East	Mental health	Children and adolescents < 18 years
	East	Mental Health	14-25 years
Interviews HCPs n= 185	Midlands	HIV	All ages
	Midlands	Diabetes	11- 18/19 years
	South/South East	Diabetes	Transition/adolescent & young adult patients
Young people n= 159	South/South East	Cancer	Paediatric including young adults (<18 years)
	North/North East	Cancer	13-24 years
	South/South East	IBD	All ages
Parents/NOK n= 11	South/South East	IBD	Adolescent/young adult clinic (13-24 years)
	North/North East	Cystic Fibrosis	≥16 years (~80% population 16-24 years)
Clinic observations	West	Cystic fibrosis	≥16 years (Adult service but most are under 30)
	Midlands	Renal	Young adult (16-21/22 years)
	North/North East	Rheumatology	Transition/adolescent & young adult patients
	South/South East	Haemoglobinopathy	All ages (inc transition clinic)
	South/South East	Liver	Transition/adolescent & young adult patients
	South/South East	Dermatology	All ages
	Midlands	Sexual health	14-20 yrs
	Midlands	Various	14-19 years in community (School Nurse)

Engaging young people with long term conditions through digital communication (the LYNC study): timely communications and managing the patient-clinician relationship.

Carol Bryce and Frances Griffiths

The Team

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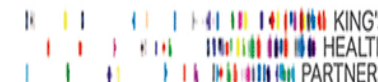
What works for whom, where, when and why?

➢ **Timeliness of communication: patients**

Like because obviously I have my phone on me most of the time, and like say I'm at college and something has gone wrong then I could text them then I suppose rather than having to probably get their number and that.

*(*Young person) Diabetes

What works for whom, where, when and why?

➢ **Timeliness of communication: clinicians**

It does give you, as a clinician, a luxury that you don't normally have because normally your communication is face to face or over the phone and therefore it's very instantaneous. [...] Whereas email does give you that breathing space and that thinking space so that you can formulate a really strong response.

*(*Physiotherapist) Cystic Fibrosis

What works for whom, where, when and why?

➢ **Managing the patient-clinician relationship: clinician**

I've got one person, young person that I've been working with for quite some time now and I know he's more likely to respond to a text than a phone call. I'm not really sure why, but if I text him he normally comes back within a couple of hours or so, but if I try and phone and leave a message [...] sometimes I don't get a reply at all.

(Senior Mental Health Practitioner) Mental Health Outreach Team

What works for whom, where, when and why?

➢ **Managing the patient-clinician relationship: patient**

I think it improves my relationship because if I [...] went away for three months at a time and came back, and then they'd have to ask me again about what I'd been doing (...). But if I'm constantly, keeping them up to date, then we're all on the same page and everybody's clued in as to what's going on and how I feel. And then it can be straight down to, well this is what I think we should do.

I think it does improve my relationship with them. I've built more of a rapport I think, by doing that. And it's more, kind of like a, maybe not like a friend level, but (...) it's more than just a doctor and patient, probably.

(Young person) Renal

What works for whom, where, when and why?

➢ **Different technologies are useful for different things**:

- Telephone used for urgent communication
- Text used for appointment reminders or to ask quick questions
- Email is more formal and used for giving more complex or lengthy information and links to resources
- VOIP less frequently used
- Face to face appointments for giving bad or upsetting news

Collaborating Organisations:

University of Warwick, King's College London, University of Oxford, University Hospitals Coventry and Warwickshire NHS Trust, King's College London NHS Trust, Guy's and St Thomas' NHS Trust

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