Appendix 1: HSS Virtual Care guidance - Gap analysis and implementation planning template

Acute trust teams can use this template when creating or improving the safety and effectiveness of existing virtual clinics.

Changing a service model from predominantly face to face to a hybrid model with virtual clinic appointments may involve a series of incremental service improvement changes and larger step changes.

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|  | **1** | **2** | **3** | **4** |
|  | **Service inserts description of current digital care offer** | **Service’s aim for its future care offer** | **GAP between current position and future aim** | **Actions to close gap (then review cross-cutting themes)** |
| **1 Be accessible****Action**: Consider ‘digital poverty’ that is the physical or geographical access barriers for people who are accessing some elements of a service virtually.(worked example) | Service covers three counties and includes an area of deprivation with low levels of access to smartphones or laptops in some cases and poor internet connectivity. Part of it is rural with infrequent transport links. There are some safeguarding cases spread across the area and some patients with very complex care needs.  | To be able to offer routine use of virtual follow up appointments to patients and their families for this condition, alternating with face-to-face appointments or with nurse led catch up calls in between clinic appointments.  | Lack of smartphones or laptops in some families.Transport can be infrequent in some parts of the county.Patient needs to be reviewed regularly to ensure medicines compliance.People with complex care presentations need additional monitoring   | Area 1: Look at charitable funds and national schemes for access to laptops for specific families; work with charities for this condition on care co-ordinating appointment times and advice on how to access virtual clinics.Action: 1Action: 2 Area 2: Can some of the monitoring be done more locally and the results fed through to this service.Action 1: Action 2:Area 3: Consider for each patient the appropriate frequency of face to face and virtual calls. Can they alternate?Action 1: Action 2: |
| **2 Be flexible****Action:** Consider options for local testing; diagnostics, monitoring and medicines at home or in primary care; in new diagnostic hubs; and local hospital units as well as in national HSS units. |  |  |  |  |
| **3 Be informed –****Action:** Consider widening the membership of the MDT to include members of relevant regional specialty clinics and local clinicians who are managing a patient’s care. |  |  |  |  |
| **4 Be present****Action:** Ensure that patients and families/cares follow the virtual clinic planning guidance provided by the clinical team including: ‘Be ready, Be timely, Be present; Be charged up and ready to go; Think small’. |  |  |  |  |
| **5 Be safe and governed****Action**: Consider how to improve safeguarding in virtual clinics, safely manage complex cases and to bolster clinical governance processes. |  |  |  |  |
| **6** **Be a listening team****Action:** Give the patient the opportunity to speak and raise any questions/issues, as well as listening to parents or carers who may also be in the room and who may want to lead the conversation. |  |  |  |  |
| **7 Be equitable Action:** Promote health equality, not worsen health inequalities when offering virtual clinic appointments. |  |  |  |  |
| **8 Be compassionate Action**: Consider the options/ best ways to break difficult news when there are difficulties for patients to travel to clinic.  |  |  |  |  |
| **9 Be co-ordinated and share patient management and care plans****Action:** Clarify who is co-ordinating each element of the patient’s care plan through written shared care agreements and communicate these to key clinical staff in the patient’s network of care. |  |  |  |  |
| **10 Be prepared: Action:** Add emergency management escalation plans information to existing hand-held Patient-held Alert Cards. |  |  |  |  |
| **11 Be collaborative**. **Action:** Consider ways to collaborate more with leads across NHS pathways, social care, charity and education teams.  |  |  |  |  |
| **12 Be innovative Action**:Consider making changes to people, process and technology functions within the care pathway to increase the successful implementation of these as part of virtual clinics. This includes planning to adopt new technological systems; digital tools; increased use of artificial intelligence (AI), big data and machine learning to improve the use of data in clinical practice and to maximise use from existing systems such as clinical registries.  |  |  |  |  |
| **13 Be consistently engaged** **Action**: Schedule regular virtual meetings with charities and stakeholder groups to agree audits, engage with patients to develop joint service improvement programmes or improve the effectiveness of virtual clinics.  |  |  |  |  |
| 1. **Be allied**

**Action**: Engage with key strategic partners and programmes to support adoption of new virtual and digital initiatives, funding streams and identify new care models. |  |  |  |  |