Conference Abstract

Young people with long term conditions: the role of digital clinical communication in improving health care engagement and health outcome

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Abstract

Introduction: Young people with long term health conditions tend to disengage from health services resulting in poor health outcomes and associated additional cost for the NHS. There is
potential to improve communication between patient and clinician through the use of digital media and so improve health outcome. Examples of clinical communication include: adjustment of medication, monitoring health conditions and providing test results. Young people are prolific users of digital communications. As such, young people using the NHS present the best current opportunity for understanding how, why and with what effect, digital clinical communication can be used by NHS providers. Clinicians and young people are already informally using digital clinical communication and so we can learn from these innovators.

**Aims:** Funded by the UK National Institute of Health Research this project will

1) evaluate the impacts of digital clinical communications for young people living with long term conditions,

2) analyse critically the provision and use of digital clinical communications by NHS specialist care providers.

**Methods:** We are studying digital communication between NHS clinicians and young people (age 16-24 years) with long term conditions, who require specialist health care for their condition. We do not specify digital communication technologies as these are rapidly changing and we will study what is in use. Current examples are email, Voice over Internet Protocol (e.g. Skype), text messages, patient portals and social media. We are first consulting with young people through school based activities about why young people want to contact their clinicians digitally and why they choose a particular medium. We are then undertaking case studies of approximately 20 specialist clinics from across the UK. Our data collection aims to understand what works for whom, where, when and why, how much does it cost, what is the impact and what are the ethical and safety issues. Data is being collected through observation, interviews with staff, patients and carers, and examination of clinic policy and guidelines. Clinics provide summary data on health outcomes such as emergency admissions and cost data.

**Results:** Results of our consultation with young people will be presented. This will be a synthesis of the results of surveys and interviews undertaken by young people among their peers in ten schools. Case study results will be presented from the first four specialist clinics: diabetes, sickle cell anaemia, mental health and liver disease. These clinics are using digital clinical communication. Our initial analysis will include: data on patient views of clinical communication, examples of use, its value to the patient; incorporation of digital communication into clinician work patterns, types of communication initiated by clinicians; trends in health outcome relevant to digital clinical communication.

**Conclusions:** We expect this research will prompt a rethink in the NHS about the way digital communication is used for clinical communication and the implications of this for information governance including clinical data security and confidentiality.

**Keywords**

clinical communication; long term conditions; young people; digital communication