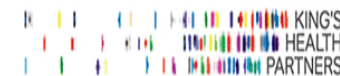


# Use of digital clinical communication for families and carers of children and young people with short or long term conditions: a rapid scoping review

Presenters: Xavier Armoiry and Frances Griffiths

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# Inclusion/exclusion criteria

- *Study type/language of publication:* All type of study design published in English language from January 2009 to August 2015 except conference abstracts and articles with fewer than 5 participants.
- *Participants:* Family members and/or carers of young people/ adolescents/ children aged between 0-25 years.
- *Condition/disease:* All type of acute, short and long-term conditions were included.
- *Intervention:* All forms of communication technologies which involve two-way communication between families (including child minders, babysitters, home care workers) and health professionals
- *Comparator:* None pre-specified
- *Outcomes: All outcomes such as :*
  - The attitude of families and carers
  - The quality of care
  - The organization of care
  - The capacity to achieve independence in the management of their condition
  - Emotional/functional outcomes
  - Patient outcomes

## Characteristics of populations

- Relationship of participants to children: mainly parents
- Main conditions of children/ young people:
  - Traumatic brain injury x 5 studies
  - Prematurity and/or consequences of prematurity x 3
  - Anorexia nervosa x 2, Atopic dermatitis x 2, Autism spectrum disorder x 2, Type 1 diabetes x 2, Palliative care x 2
- Range of mean age of children/young people , 24 days to 28 years

## Characteristics of interventions

14 studies: Video-conferencing or video-consultation x 14 studies  
13 studies: Emails or web-messaging systems  
3 studies: Web-chat or SMS

Aim of evaluated interventions	Number of studies
Consultation	7
Problem- solving training (CBT)	7
Communication	4
Communication + support	3
Access to medical record elements + communication	2
To improve parenting skills	2
Care coordination	1
Support + education	1
Education	1

## **Randomised Controlled Trials (n=10)**

- Limited duration of follow-up (24 days to 6 months)
- No difference between groups (no impact of digital communication) with respect to :
  - behavioural rating scales
  - satisfaction/acceptance
  - self-report instruments including HRQoL and visual analogic scale
  - biologic exam
  - clinical outcomes

## **Other Trial designs (n=22)**

- Cost saving for remote patients
- Complement to face to face meetings but concern for loss of interpersonal contact
- Increased sense of control and independence
- Increased sense of support
- Potential of risk to privacy

# In conclusion

Digital communication between patient and clinician has been developing alongside policy; governance remains unclear.

Digital clinical communication can usefully be an integral part of clinical care as a targeted response to a problem; consider why it is used, when, where and with whom?

Tracking the effect of the introduction of digital clinical communication demands attention to (among others): equality, efficiency, opportunity costs .

# Quick Reference Guides

For health professionals considering using digital clinical communication

- Hard copies available at our project stand
- <http://www2.warwick.ac.uk/fac/med/research/hscience/sssh/research/lynchs/>

### 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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### Department of Health Disclaimer:

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, NHS or the Department of Health.

### For further information contact:

Professor Frances Griffiths  
Warwick Medical School  
Warwick University  
[f.e.griffiths@warwick.ac.uk](mailto:f.e.griffiths@warwick.ac.uk)

Professor Jackie Sturt  
Florence Nightingale Faculty of Nursing & Midwifery  
King's College London  
[jackie.sturt@kcl.ac.uk](mailto:jackie.sturt@kcl.ac.uk)



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