

The Virtual Doctors Report

Insight & Update – Summer 2017



The Virtual Doctors has come a long way since its formation in 2009, thanks to the generosity of our supporters. It continues to be an exciting, albeit challenging, time for the charity as we push ahead to sustain existing, and develop new areas, where our service is delivered.

We continue to offer a telemedicine service which connects health centre Clinical Officers in rural areas of sub-Saharan Africa with volunteer medical professionals here in the UK and in Zambia utilising mobile technology. Our three pillars of purpose are to:

- Help Clinical Officers in rural areas to reduce unnecessary referrals to distant hospitals
- Offer advice to improve diagnosis of complex cases to improve outcomes for patients
- Provide a learning resource fully aligned with the local Ministry of Health guidelines and capabilities

We would like to share some highlights from the past six months with you, and, of course, we take this opportunity to thank you for your ongoing interest in our work.

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Update on Zambia Operations

Ongoing activity in Zambia

Our Memorandum of Understanding with the Ministry of Health has been signed off for a further five years during the reporting period.

We have always taken the view that ultimately this service has the potential to be integrated into the Ministry of Health Strategy and they will take a more proactive role in the service. Huw Jones, our Executive Director and one of our Trustee's James Phiri visited last week of June, touring clinics and giving COs immediate support.

Our Zambian NGO has been re-registered and our two Lusaka based office bearer's Dr B Fundafunda and Mr Muyunda Munyinda are playing an active role in helping to forge good relationships across Zambia. We continue to work with three in-country contractors – Dr Phallon Mwaba, Tyrell Junius and Stella Chilembo.

The Virtual Doctors opened its first office outside the UK in Lusaka at the end of April. We are fortunate to benefit from reduced cost rental on this small office and would like to thank Latitude 15 Degrees' Hotel for their support in this regard.



Our Country lead, Dr. Phallon Mwaba (far left) with our Luangwa Clinical Officers

Our expansion strategy

We have continued to remain true to our three-year strategy to this point and in line with our expansion plans to increase to 50 health centres in Zambia and scope out new countries we have expanded into two new districts in Zambia, Siavonga in January and Luangwa in March, with four and six clinics respectively. This brings the VDRs coverage to 29 Rural Health Clinics and 2 District Hospitals in Zambia.

Further expansion in Zambia

Funding has been slow to come in this year and as a result we have had to retrench on our ambitious plans make some hard decisions. Our Board of Trustees recently held a strategy day and concluded that we may not reach our target of 50 sites in Zambia by the end of the year and more work needs to be done to refine the existing model to increase usage. This may result in a strategy review but we will keep our existing supporters fully informed or any change to focus, particularly where donations have a restricted spend.

The new districts

The clinics at Luangwa Boma, Mandombe, Luangwa High School, Chicopee, Kasinsa and Sinyawagora have two nurses and a certified midwife as well as the Clinical Officers using the app. In its first month, this new district referred almost a case a day. Siavonga has been performing well, too.

However, usage levels do fall away after a “bedding in” period and we are spending time on trying to understand why this is happening. Some technical issues undoubtedly contribute to this, along with high workloads for the Clinical Officers. Motivation has been cited as the main issue however and so a decision has been taken to place more emphasis on the education element of the service and work more closely with Clinical Officers’ line management to introduce performance indicators into the appraisal process. Our service must be welcomed and beneficial to the users and from our follow up measures we know that it is making a difference to patients.



Matua RHC, Siavonga District

In the Field

Case study from Kafue District Hospital – Pellagra



During a busy clinic in November one of the Kafue based clinical officers saw a 42 year old lady. She had an itchy, painful rash around her neck and on her arms, hands and feet. This had been troubling her for 3 months and despite treatment was no better. The rash looked dry, peeling and was much darker than her normal skin. She was known to be HIV positive too.

The clinical officer sent off a patient file with some very helpful photos to Virtual Doctors. The Volunteer Virtual doctor felt this was likely to be a case of Pellagra. The reply was sent giving clear explanation and treatment advice. Education was also given to help with ongoing learning and to improve treatment of other cases.

Clinic profile from one of the new districts

Chaanga RHC in Siavonga District – CO: Innocent Mwale



Number of patients seen by the CO:

Daily	50
Weekly	650
Monthly	1,000+

Typical ailments treated:

Malaria, Respiratory tract and Diarrhoea

Special Clinics:

Under 5s every Thursday

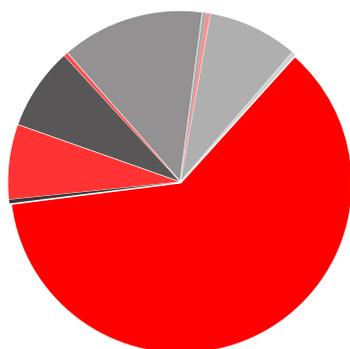
When asked, “How did you become a Clinical Officer?” – Innocent responded:

“In my journey as a Clinical Officer started just like any other journey with just one step. I had a lot of challenges of which most of them were during my first semester, I had allot difficulties in understanding what I was learning and I also had a lot of assignments of which I almost gave up on my professional life but thanks to my family and friends who always liked how I used to study and how I used to get the highest percentages. The other story is financial stability. Each time a semester ended I used to feel bad thinking of my mother how she will pay for my tuition fee, will she get another loan or what? Nevertheless, my mother did her level best to pay for my tuition fees and I worked really hard just to achieve my goal. And here I'm now a Clinical Officer just as I wanted to be.”

Usage Data & Impact of the Service

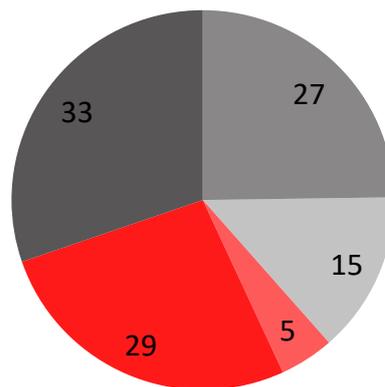
A total of 26 cases were processed in April usage levels are variable. Overleaf is a sample of some of the cases received over the past 12 months.

Cases by Specialties



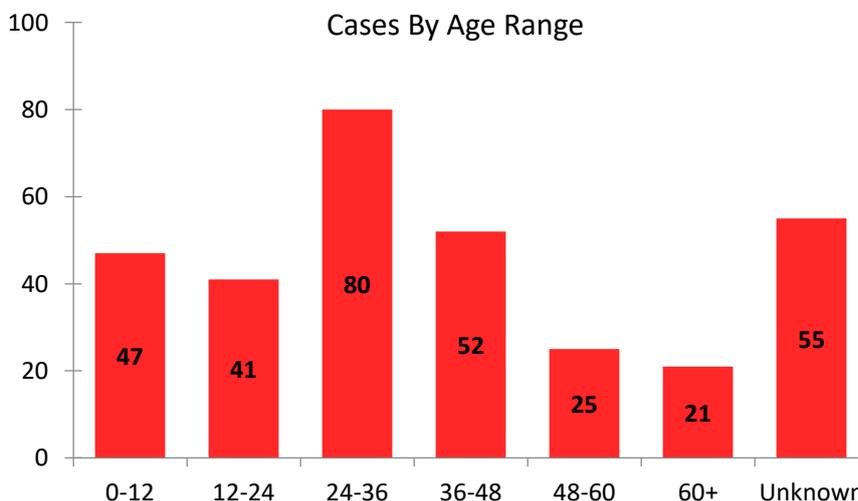
- Dermatology
- GP4
- MedicineGeneral
- GeriatricMedicine
- Gynaecology
- Paediatrics
- GP
- Infectious diseases
- RespiratoryMedicine

Cases By District

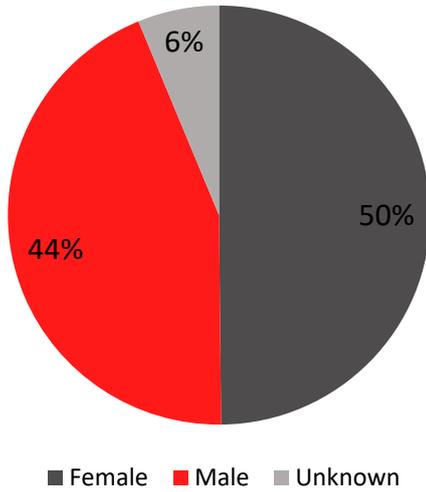


- Chongwe
- Kafue District
- Kazungula
- Luangwa
- Siavonga

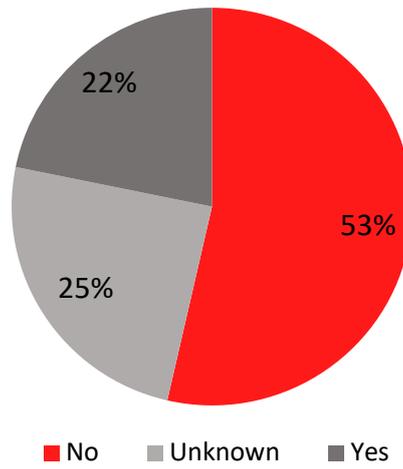
Cases By Age Range



Gender

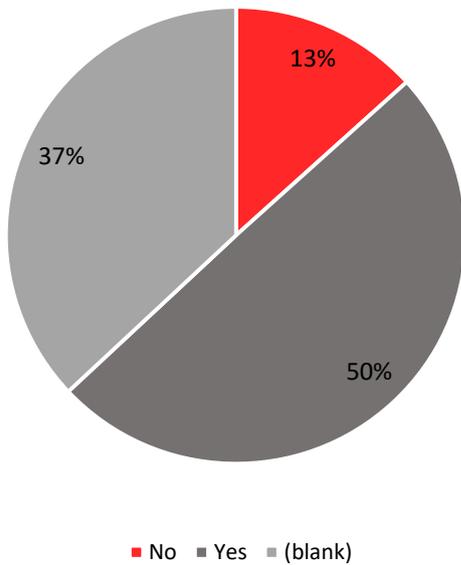


HIV Positive?

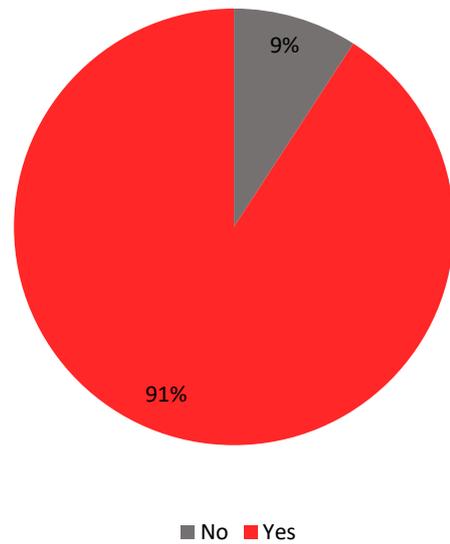


Outcomes from a recent patient survey

Did the service prevent referral to hospitals?



Were the patient symptoms improved?



Feedback from the Clinical Officers

“Very helpful, VDrs helps me gain confidence. Confident I have backup.”

“Working with VDrs helps not only on the particular consult but also on other condition related.”

“Virtual doctors ask me lots of questions and their responses are packed with a lot of information. This organisation has changed the way I work, because now I can invite questions from any specialist who trusts me to treat patients the same way they would treat them.”

Feedback from our Volunteer Doctors

The majority of Doctors found being a volunteer rewarding with 75% giving it 7-10 out of 10. Positive comments include:

- Finding the work challenging
- That it feels good to be sharing knowledge with health professionals and helping patients in a completely different clinical setting
- Enjoyment in the challenges of communicating effectively
- Enjoy using tech in such an ingenious way
- Find the cases interesting

Economic impact

Using the data we currently collect i.e. how many referrals we have prevented, a recent in-country study offers approximate estimation of the savings the Virtual Doctors service is enabling to the health system/per patient (in local currency: Kwacha)

- General or Walk In Consultation: K120 – K180
- Specialist Consultation: K250 – K380
- Visiting Doctor Consultation: K350

Other Activity

Governance

The Trustees have held two meetings since January.

In March the Board was increased in number from 6 to 8 members with the appointment of Mr James Phiri and Mr Naggib Chakhane, both who bring new expertise and knowledge to support and strengthen governance. The Board continues to be led by our Chair, Ian Kerr. Gavin Marsh, our Treasurer ensures that all our financial aspects are fully accountable.

Our 2016 Annual Report and Accounts was published recently and the accounts have been uploaded to the Charities Commission website. If you would like a copy please let us know.

Hong Kong Hospital Authority Annual Conference

In May, our Executive Director, Huw Jones and Medical Trustee Dr Mike Thompson presented at the Hong Kong Hospital Authority Annual Conference at the invitation and expense of the hosts and were among more than 6,000 doctors, nurses, IT experts and health service managers. The theme was *“Innovation in healthcare through technological development”* and their presentations were well received.

Not only did this bring about much needed income for the charity and raised the profile of the Virtual Doctors, but a lot of important networking opportunities emerged opening new avenues of dialogue with potential funders.

Forthcoming events

We have been fortunate enough to have been offered three venues for three separate events to raise awareness about our work and continue to engage with our supporters. All these events will be by invitation only and we may communicate in more detail with you about these shortly but if there is anything listed of particular interest, please let us know. We would be pleased to welcome you.

What & When	Where	Courtesy of/hosted by
Networking lunch Saturday 2nd September	Malawi High Commission in London	His Excellency Mr Kena Mphonda
Early evening awareness raising event Wednesday 20th September	Lancing College, Shoreham By Sea, West Sussex	Lancing College
Early evening awareness raising event Tuesday 31 October	House of Lords Westminster	The Lord Ramsbotham GCB CBE

Fundraising

Like all not for profit organisations who seek funding through the generosity of individuals and organisations, we are finding the current climate tough and some of our grant and foundation applications have not been successful. Our 2017 budget was adjusted to accommodate additional expenditure required to take our service forward. In this latest developmental stage we are fortunate to have core cost supporters giving over £100,000 per annum to make the vision a reality. In addition a major software firm is donating volunteer staff time to help with technical development and support, so we have no outlay on the technical side of the application currently. We may not be able to continue to rely upon this generosity and may need to bring this technical expertise in-house so our efforts to secure additional funding must intensify if we are to maintain a healthy cash flow.

On behalf of all those patients who have recovered as a direct result of your support, we would like to extend a heartfelt thank you. Your ongoing support is making a considerable difference and we could not do what we do without your support.

Thank you,



Huw Jones - Executive Director



Ian Kerr Chairman of Board of Trustees