

YOUNG PEOPLE'S PREFERENCES TOWARDS THE FUTURE OF HEALTH AND SOCIAL CARE SERVICES IN SUSSEX - FINDINGS DURING THE CORONAVIRUS PANDEMIC

YOUTH SURVEY
NOVEMBER 2020



YMCA RIGHT HERE

Young people promoting health and wellbeing
through education, campaigning and influencing



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Executive Summary

What did we do ?

Young Healthwatch has worked alongside Healthwatch Brighton and Hove to explore young people's experiences of Sussex health and social care services during the coronavirus pandemic (including phone, video and online appointments). We have also asked young people about their preferences towards the future of health and social care services (including specific preferences for GP appointments), what have been the biggest challenges faced during the pandemic and how these have affected their life.

The Young Healthwatch team have consulted a total of 146 young people through an online survey.

What did we find out?

- The majority of young people who needed health and social care support during the pandemic have booked appointments. Only a minority who needed support decided not to book an appointment.
- The main reasons for delaying appointments were: *'feeling that my condition wasn't serious enough'*; *'getting information online'*; *'not wanting to burden the NHS'* and *'thinking I'd wait until the pandemic is over'*.
- **Phone appointments** were more than twice as common as video call and online appointments.
- The most common types of remote appointments were: **'GP appointments'**, **'Emotional and mental health support'**, **'social worker appointments'**, and **'Online questions from a health professional (e.g. Receptionist, NHS 111) to guide you to the right service'**.
- Levels of **satisfaction for remote appointments were high** (78.18%, 88.89% and 79.59% of young people being satisfied/very satisfied with phone, video and online appointments, respectively). The main advantages were around saving time and money for travel and shorter waiting times.
- When young people were given space to reflect on the appointments they had and express their views further, however, **specific concerns** were raised around remote appointments, including: **anxiety** and difficulty to express oneself through phone or video appointments; issues with **technology** during video calls; remote appointments not being appropriate when **prescribing a new medication or treating specific conditions** that require face-to-face assessment.
- Most young people said they were happy with future appointments to be remote, with **'Triage'** and **'Medication or a repeat prescription'** being the services with the highest preference for remote appointments versus non-remote (e.g. 80% and 79.84% happy with future appointments to be by phone for Triage and Medication/repeat prescription, respectively). Majority of young people were also happy with future phone appointments for **'GP'** and **'Outpatient'** (64.49% and 53.78%, respectively).

What did we find out? (continued)

- Notably, a high proportion of young people, were not happy to receive mental health support remotely.
- When given space to express their views via open-ended responses, some young people voiced their **preference for face-to-face appointments** (particularly regarding mental health support) with the main reasons being:
 1. Not being able to **establish rapport and communicate effectively** with the health or social care professional remotely.
 2. **Anxiety about phone and video calls.**
 3. **Issues with privacy** (e.g. being overheard by family members during phone/video appointments) and **confidentiality** of data.
 4. **Issues with clinical assessment** via remote appointments and risk of misdiagnosis or treatment.
- Regarding managing future GP appointments, young people rated as important to '*be given the choice between having a phone or video appointment*', '*be able to upload photos of my condition to a GP*', '*be able to book a phone/video appointment via an online booking system rather than by phone*'.
- Further recommendations from young people were:
 1. Allow patients to **choose the type of appointment** they feel most comfortable with.
 2. Use **patient's type of condition and severity** to decide the most suitable appointment type.
- When asked about the main challenges faced during the coronavirus pandemic and how these have impacted their life, the following themes emerged:
 1. Not being able to **see friends, family and loved ones.**
 2. **Issues with mental health** due to lack of social interaction and isolation.
 3. **Difficulties accessing Mental health support** for pre-existing conditions during the lockdown.
 4. Difficulties in **managing school/college/university work** and keeping a work-life balance while not being able to go out.
 5. **Boredom** and lack of routine.
 6. **COVID-related fear**, including the fear of being in public spaces and others not respecting safety measures.
 7. **Financial health** and future work opportunities.
- Young people also recognised some **positives about the coronavirus pandemic** that they hope will change society for better in the future. These included:
 1. **More kindness** towards others and a greater sense of community.
 2. **A positive impact on the environment** and greater effort towards sustainable lifestyles.
 3. A greater **focus on funding health and social care services** and a better recognition of keyworkers.
 4. A greater **focus on hygiene.**
 5. A greater **appreciation of the 'simple things'** we may take for granted.
 6. **Improved communication with loved ones.**

Background and Aims

YMCA Right Here began operating in 2010 and is YMCA DownsLink Group's flagship youth involvement and influencing project. Right Here promotes the health and wellbeing of 11-25 year olds, with a particular focus on mental health. YMCA Right Here has won awards for good practice and innovative approaches and has been delivering Young Healthwatch provision in Brighton and Hove for the past 3 years, ensuring the voice of young people is heard and influences decision making around local health and social care services.

Given the experience that YMCA Right Here has with engaging and involving young people regarding Health and Wellbeing in Brighton and Hove, Young Healthwatch was commissioned by Healthwatch Brighton and Hove to explore young people's experiences of health and social care services during the coronavirus pandemic (including remote appointments via phone, video or online) as well as their preferences for future appointments. This was part of a bigger re-engagement project supported through grant funding from the NHS Brighton and Hove CCG, East Sussex CCG and West Sussex CCG.

The young people consulted were aged 13-25 and living in the Sussex area.

The aim of this re-engagement process was to investigate young people's:

1

Experiences accessing health and social care services during the Coronavirus pandemic (and whether they have delayed this as a consequence)

2

Experiences of using 'remote' (e.g. phone, video and/or online) consultations with health and social care services during the Coronavirus pandemic

3

Preferences for future use of these media for appointments beyond the pandemic

4

Specific preferences towards future GP consultations

YMCA Right Here was also interested in learning what challenges young people have faced during the Coronavirus pandemic and how these have impacted their lives; as well how young people think society might change for the better as a result of the pandemic.

Methodology

An online survey was the only method we could use to gather young people's voice during the Coronavirus pandemic, as we were not allowed to conduct face-to-face consultations or use more creative methods for data collection.

We ran a survey consisting of mainly closed, fixed-response questions, interlinked with occasional free-text, open responses. Some of the exact same questions were used in an 'adult version' of the survey run by Healthwatch Brighton and Hove; allowing most questions to be combined and analysed in its entirety.

The survey ran through July 2020 and was promoted to different projects and services including mailshots to local networks, youth groups and youth services in the area, various YMCA and Healthwatch Brighton and Hove contacts, 10 Brighton and Hove schools/colleges, Facebook, Twitter and Instagram. YMCA Right Here volunteers also promoted the survey to their own social media networks.

The flyer on the right was used to advertise this study online.

The survey was designed on Survey Monkey and took an average of 10 minutes to complete. It had 3 main sections:

→ **Section 1:** explored young people's experiences of using health and social care services through phone, video and online appointments during the Coronavirus pandemic.

→ **Section 2:** explored young people's future preferences for accessing various services (e.g. GP appointments, mental health support, eye care etc.) through different types of appointment (e.g. phone, video, online or face-to-face).

→ **Section 3:** encouraged young people to reflect on the pandemic, including the main challenges they have faced during the government mandated lockdown and how these have affected their lives. Participants were also asked how they hope society as a whole will change for the better when the pandemic is over.

→ **Section 4:** gathered equality and monitoring data.



A copy of the Young Healthwatch questionnaire, including all questions, is found in Appendix B. Overall, YMCA Right Here consulted a total of 146 young people via survey.

Demographic data is included in Appendix A. Young people who wanted to participate in the prize draw were asked to leave their email address at the end of the survey. 6 winners were randomly picked and each of them received a £20 Amazon voucher.

Findings

The Young People consulted

Average age of respondents was 18 years old, with the highest percentage of participants being 17 (27.64%). Total sample for the age question was 124 respondents.

58.54% (72) of respondents were female, 31.71% (39) were male, 5.69% (7) were non-binary and 3.25% (4) preferred not to say. One respondent chose 'other' and specified 'genderqueer'. Total sample for the gender question was 123 respondents.

Age	Percentage respondents
13	8.13%
14	8.13%
15	4.07%
16	4.88%
17	27.64%
18	8.13%
19	1.63%
20	4.88%
21	8.94%
22	3.25%
23	4.07%
24	6.50%
25	6.50%
Prefer not to say	3.25%

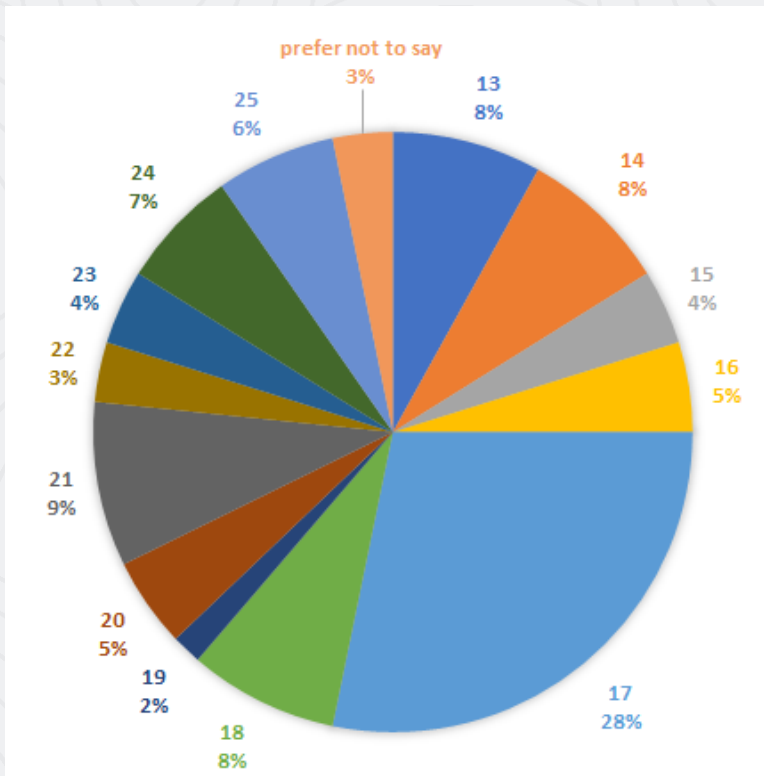


Table 1: Participants' Age

Figure 1: Participants' Age

Young people choosing to delay appointments

Young people were asked if they have needed any health or social care support during the pandemic (after March 11th, 2020) and whether they have accessed any health or social care services (including phone, video, or face-to-face appointments) during this time. A clear definition of social care with relevant examples was given to avoid confusion.

The young people who said they have had at least one appointment (39.73%, 58) were asked further questions on the type of appointment and their personal experience of the service (see following section of this report).

Participants who said they needed support with their health and social care but had not made an appointment (7.53%, 11) during the pandemic were asked '**What stopped you from making an appointment?**'. The top 4 reasons for delaying appointments were (please note each respondent could pick more than one option):

'Felt that my condition wasn't serious enough'
picked by 45.45% of respondents

'I got information online' -
picked by 45.45% of respondents

'Thought I'd wait until the pandemic was over' -
picked by 36.36% of respondents

'Didn't want to burden the NHS' -
picked by 45.45% of respondents

Remote appointments during the pandemic: type and satisfaction

As you can see from Figure 2 below, most young people who made an appointment during the pandemic received one by phone call (94.83%, 55 out of 58). Video calls and online appointments were half as common (46.55%, 27 and 29.3%, 17, respectively).

Please note the percentages listed below are calculated using different sample bases for phone (N = 55), video (N = 27) and online (N = 17) appointments.

GP appointments were the most common appointment type linked to phone and online methods (63.64%, 35 and 52.9%, 9 respectively) but not video calls (7.41%, 2).

Emotional and mental health NHS appointments were more common by phone (41.82%, 23) compared to video (29.63%, 8) and online methods (29.42%, 5).

Appointments with the **NHS mental health support for longstanding and serious Mental Health conditions** were similarly popular for phone (21.82%, 12), video (18.52%, 5) and online (17.65%, 3).

Questions from a health professional (e.g., Receptionist, NHS 111) to guide young people to the right service were similarly popular by phone (32.73%, 18) and online methods (23.53%, 4).

Appointments with a social worker were more popular via video call (25.92%, 7) and online methods (23.53%, 4), compared to phone (16.36%, 9).

The most popular way of **Getting support from a local charity or community project** was via video call (18.52%, 5).

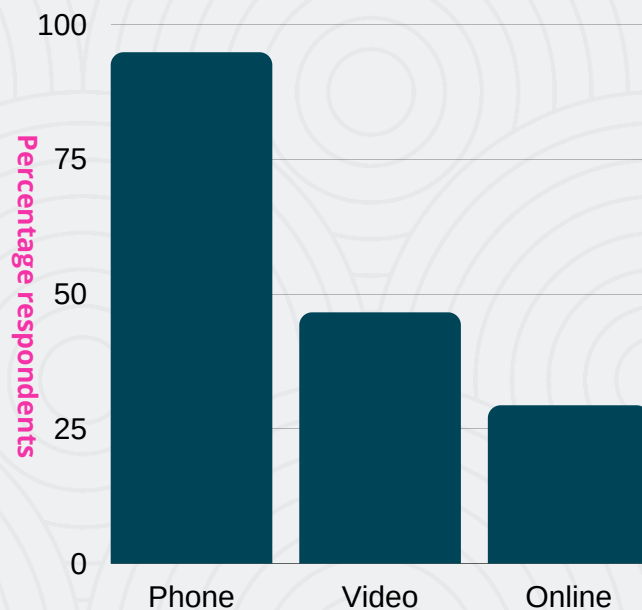


Figure 2: Appointment types during the pandemic

As you can see from Figure 3 below, satisfaction levels for phone, video and online appointments during the pandemic were high. Young people found that phone and video call appointments are positive because they have shorter waiting times and save time on travel.

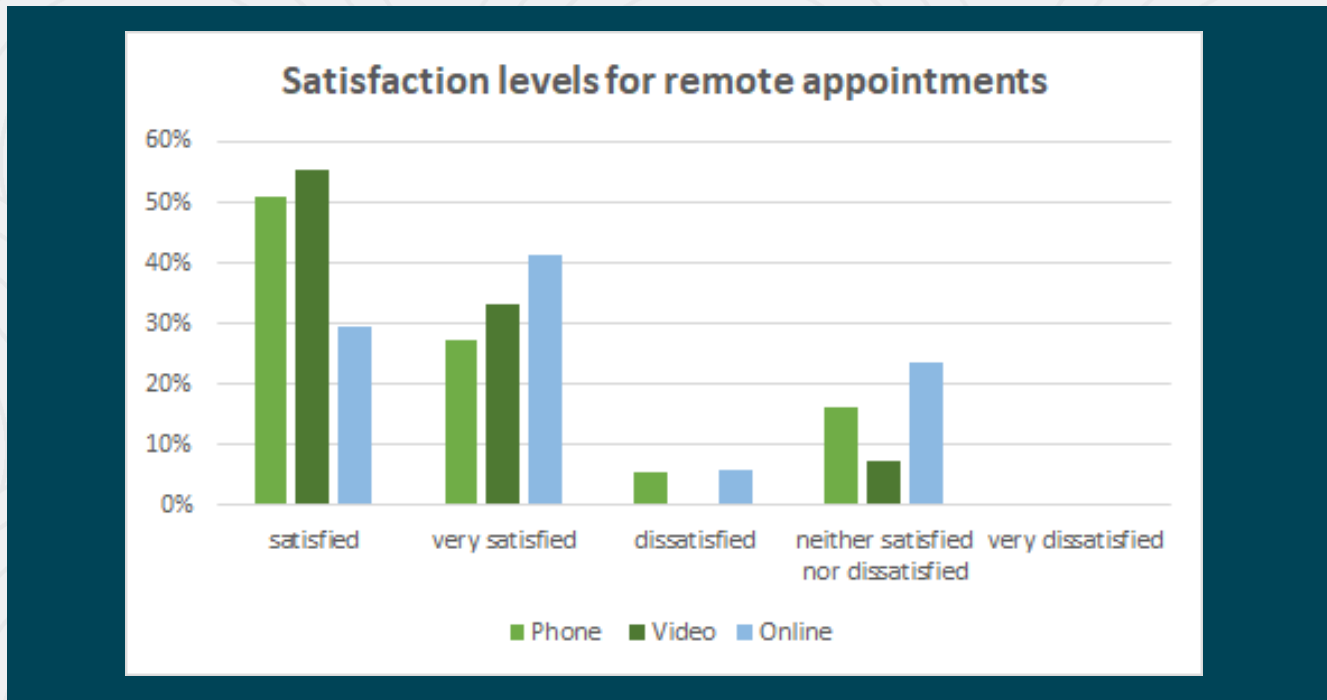


Figure 3: Levels of satisfaction with Phone, Video and Online format appointments

For example:

‘Phone and video consultations mean people are seen more quickly and so they can get the support they need efficiently: I called up my local surgery for an appointment and 2 hours later I had a phone call appointment, this usually would have been 2 weeks’.

‘Phone and video appointments have been good for me as I haven’t had to travel to the clinic, wear a mask and being paranoid about being safe all the time’.



Appointments by Phone

94.83% (55) of those who made a remote appointment received one by phone.

'**GP appointments**' were the most common phone appointments (experienced by 63.64%, 35 of respondents who made a phone appointment during the pandemic), followed by '**Emotional and mental health NHS wellbeing support including counselling and therapy**' (41.82%, 23), '**Phone questions from a health professional (e.g., receptionist, NHS 111) to guide you to the right service**' (32.73%, 18) and '**Getting medication or a repeat prescription**' (32.73 %, 18).

78.18 % (43) of young people were either very satisfied or satisfied with phone appointments.

For example:

'I really liked having the phone calls about anxiety at the start of the pandemic, I was struggling before so had the appointments booked in to be in real life but the coronavirus meant I had to take them over the phone. I think I would have struggled a LOT if I hadn't had these check-ups at the start as the coronavirus really impacted my motivation & anxiety. The ru-ok call I had more recently was really helpful too'



However, when given the option to voice any views or comments in an open-ended question, several issues emerged, including **anxiety and difficulty to express oneself in phone call appointments and automatic systems**. This was particularly evident for (but not limited to) mental health appointments. For example:

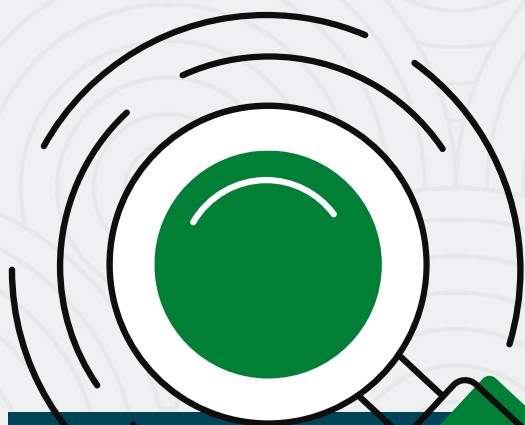
'Phone calls about mental health have proved challenging during covid- 19 as I feel I cannot express how I am feeling and if I was to be seen in person body language would help and conversations would be easier. It almost makes me feel I have been left behind or not being taken seriously as cannot express when I need help the most.'



'I find phone calls with my GP extremely stressful - the call-back system is very rigid and massively triggering for my anxiety as if you don't get the right result first time you have to start again and talk to a different person - and there are always issues getting my prescription on time and without having to make additional calls through this system. I am considering changing my GP because of this - I have anxiety attacks every time I try to get my medication'.

Young people also felt phone appointments may not be appropriate in certain situations, such as when **prescribing a new medication or treating specific conditions** which require face-to-face assessment.

For example,



'I was prescribed anti-depressants via phone which was initially ok but after struggling with negative symptoms I felt that maybe I wasn't prescribed the right amount for my size or the problems I was having which maybe with a face to face appointment could have been avoided. For emergency mental health support phone lines have been useful.'


'GP surgery appointments worked well over the phone. The Drs were very understanding of current situation and provides great care. Hospital telephone appointments were very different as although we tried to do them over the phone it wasn't realistic with my condition as I have to have many tests in person e.g. MRI, eye examinations, blood pressure checks, migraine treatment discussion'.



Those with **disabilities** expressed specific concerns around phone calls.

For example:

'Prefer video call or face to face as have hearing impairment'



'For those struggling with Autism sensory overload can be very much a barrier, and as such the high-pitched beeping noises on the phone can be unbearable. As such a more relaxed and soothing waiting sound would help the mind to be in a better place emotionally, and easier to focus upon the upcoming discussion'.

Appointments by Video

46.55% (27) of young people who have made an appointment received one by video call.

Emotional and mental health NHS wellbeing support were the most common (29.63%, 8), followed by **Social worker appointments** (25.92%, 7) and **NHS mental health support for serious mental health conditions** (18.52%, 5).

88.89% (24) of young people said they were very satisfied or satisfied with this service.

For example:

'Video call is the best for me as it is still like a human interaction and judging the persons reactions as well as their words'

'Video calls are much better than phone calls, I get a lot less anxious cause I can see the person on the other side and communication is just better, still not like face to face though, but there's the added bonus that you don't have to travel.

It works if you have a good connection I guess and a private space to chat'



As per phone calls, when given the option to voice any views or comments around video call appointments in a follow-up open-ended question, several themes emerged, including **issues with technology**.

The most common issue was around the quality of video calls.

For example:

'Counselling assessment was good, but the video quality was bad it kept cutting out'

'There should be better connectivity so less issues occur during video calls'

'Video calls for EMDR (Eye movement desensitisation and reprocessing) is amazing, and the staff have been highly trained. Only fault I would say is sometimes there are connection issues, lagging or audio issues but other than that, it's been great!'

Online formats

Only 29.31% (17) of young people who made a health and social care appointment during the pandemic received support via a type of online format. Among those who did, 52.94% (9) received **online forms or questionnaires**, 76.47% (13) received **text message appointments**, 52.94% (9) received **email appointments**.

GP appointments were the most common (52.9%, 9), followed by **Emotional and mental health NHS wellbeing support including counselling and therapy** (29.42%, 5), **Social worker appointments** (23.53%, 4) and **Online questions from a health professional (e.g. Receptionist, NHS 111) to guide you to the right service** (23.53%, 4).

70.59% (12) of those who have had online appointments were either very satisfied or satisfied with the service.

For example, one young person said:

'Appointments have been made via email with me from Assertive Outreach and that has been a big help since I find phone calls particularly anxiety inducing. I do not think that they require improvements, personally'



Young people recognised, however, that the use (and success) of online formats was mainly limited to appointment reminders.

For example:

'Worked well for appointment reminders but that's the extent of usefulness'

'I feel it is fine for reception tasks - ordering a prescription, getting advice, getting results etc. But for appointments I think a face to face element would be more important'

'I like receiving email and text updates and reminders, but wouldn't want to have a GP appointment online!'

Preferences towards future appointments during 'life after the pandemic'

In the second part of the survey, young people were asked to tell us their preferences towards future health and social care appointments. Specifically, they were asked, for each appointment type (e.g., triage, GP appointment, medication or a repeat prescription etc) whether they would be 'happy' with phone, video and online appointments, or not happy for any type of such appointments.

The most common types of appointment have been compared, including those focusing on mental health support provision (See Table 2 below).

For nearly all appointment types, majority of young people were happy with remote appointments. **Triage** and **Medication or a repeat prescription** were the services with the highest preference for remote appointments versus non remote, with only 5.7% (8) and 7.3% (9) of respondents, respectively, not being happy with any remote version. This again supports the notion that there is a perceived limitation to online appointment formats, which should only provide basic information, appointment reminders or a repeat prescription.

GP happy by phone	GP happy by video	GP happy by online	GP not happy for any remote	Sample Base
64.49% (89)	46.38% (64)	42.75% (59)	19.56% (27)	138
Outpatient happy by phone	Outpatient happy by video	Outpatient happy by online	Outpatient not happy for any remote	Sample Base
53.78% (64)	36.13% (43)	41.18% (49)	33.61% (40)	119
Triage happy by phone	Triage happy by video	Triage happy by online	Triage not happy for any remote	Sample Base
80% (112)	40% (56)	65% (91)	5.71% (8)	140
Medication/ repeat prescription happy by phone	Medication/ repeat prescription happy by video	Medication/ repeat prescription happy by online	Medication/ repeat prescription not happy for any remote	Sample Base
79.84% (99)	45.97% (57)	67.74% (84)	7.26% (9)	124

Social Worker happy by phone	Social Worker happy by video	Social Worker happy by online	Social Worker not happy for any remote	Sample Base
54.84% (51)	45.16% (42)	44.09% (41)	29.03% (27)	93
Emotional and mental health NHS wellebing support including counselling and therapy happy by phone	Emotional and mental health NHS wellebing support including counselling and therapy happy by video	Emotional and mental health NHS wellebing support including counselling and therapy happy by online	Emotional and mental health NHS wellebing support including counselling and therapy not happy for any remote	Sample Base
60.46% (78)	50.39% (65)	41.08% (53)	26.36% (34)	129
NHS mental health support for longstanding and serious mental health conditions happy by phone	NHS mental health support for longstanding and serious mental health conditions happy by video	NHS mental health support for longstanding and serious mental health conditions happy by online	NHS mental health support for longstanding and serious mental health conditions not happy for any remote	Sample Base
54.46% (61)	43.75% (49)	41.07% (46)	33.04% (37)	112

A high proportion of young people did not want to receive any form of remote appointment for **Eye care** (46.55%, 54) or **Dentist** (48.06%, 62).

For example, one respondent said:

'Video or phone appts with GP, nurse or Dr all good and avoids travel but some things need examinations eg dentist or optician need face to face contact in my opinion'

A high percentage of respondents also did not want to receive mental health support remotely (26.36%, 34 did not want to receive remote **Emotional and mental health NHS wellbeing support including counselling and therapy**; 33.04%, 37 not happy with **NHS mental health support for longstanding and serious mental health conditions**).

When given the possibility to express their views further through extended responses, some young people had strong opinions about their preference for face-to-face appointments. This shows that preferences are hard to generalise and that different groups of young people hold different views according to their personal experiences, health requirements etc.

The main reasons young people gave for preferring face-to-face appointments over remote versions are outlined below.

1

Not being able to establish rapport and communicate effectively with the health or social care professional remotely.

'Good in some circumstances- saves travelling/ back log. However, sometimes I think it is important to see someone face to face to connect which is especially important for mental health services'

'All these methods lack emotional sympathy and being able to connect to and open up to whoever is conducting the service'

'What a let-down. The idea of healthcare is as much about making people feel listened to and comforted with a face to face meeting as it is about fixing a problem. What a shame we have decided to go down such an impersonal route. If only medicine was as much about people as it was about making money'

'These services are less personal and it is harder to connect to people meaning emotions are not as easy to be read. It also lacks comfort'

'Sometimes it's hard to convey your symptoms or how you're feeling over the phone. Seeing healthcare professionals in person reduces ambiguity in discussions and in my opinion would make me feel more satisfied with the service'

'It lacks personal touch, especially phone conversation/ email you cannot read facial expressions'

'I think face to face is much more beneficent and better than over the phone or email, so that you get a much personal and greater second perspective on your mental health more effectively'

Anxiety about phone and video calls

'I think while these mediums are great, but I prefer to have face to face contact otherwise it makes me nervous. I can't see the other person. It triggers my trust issues and makes it harder for me to convey my problems and seek proper help'

'I get anxiety on phone/ video calls and seeing someone in person is more personal'

'If the matter is serious, a patient might feel safer, more assured if the doctor is in the same room as them; as opposed to being alone at home, ten minutes of a doctor discussing what's wrong with you, and then leaving you alone with your anxiety slowly festering your thoughts'

'I think it could be more convenient but also talking over the phone can cause anxiety for many young people so it may not be as effective for all problems'

'Everyone is different. For some phone appointments are easier as the anxiety of leaving the house can be too much but for some the phone call itself is anxiety provoking and makes it hard to communicate. I personally find it easier to see someone face to face'



3

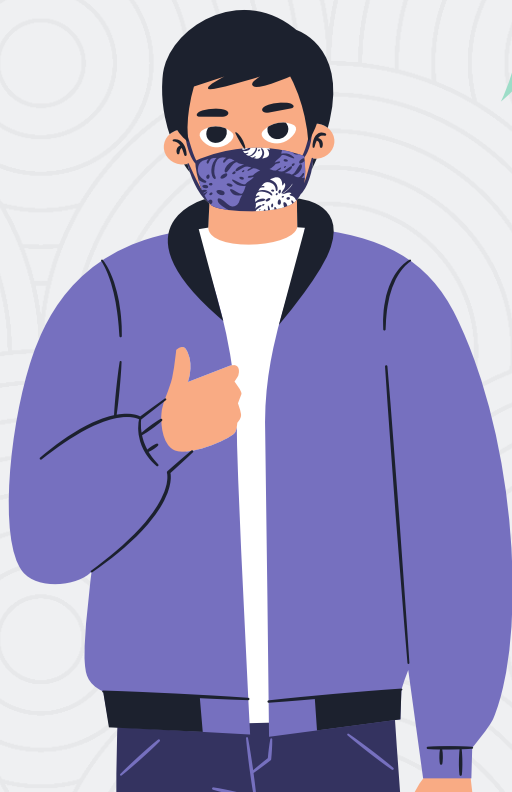
Issues with privacy and confidentiality

'As a young person, I am living with my parents. I would assume that for appointments of a more sexual nature e.g: contraception) most young people (including me) would rather have that appointment in the privacy of my local GP, as opposed to my living room or park etc.'

'It is easier to communicate on video, but sometimes makes anxiety worse as it is stressful when family members may be able to overhear. Would rather be in a room with a person and be in a private and safe space'



'I think the ability to use phone calls has been really useful for me but sometimes it's uncomfortable to feel like I can talk somewhere without people listening in so I have to go out to the park or something; in real life it feels a lot more protected when it's one on one and they are directly in front of you'



'...also, if on the phone, it can be difficult to have a private setting for sensitive topics (e.g. at home parents can hear and it's too private to talk about on the streets. I like the confidentiality of being face-to-face)'

4

Issues with clinical assessment via remote appointments and perceived risk of misdiagnosis or treatment

'I think for GP and community services, phone calls are good but for hospital usage it would not be useful as many people would have to go in anyway for tests and if you have a chronic ongoing condition or acute it could really slow down your treatment'

'Some things a doctor would have to see clearly to prescribe for or they might give the wrong medication'

'I think it is better to either have online appointments or face to face as over the phone/video it is harder to assess the problem and diagnose also I am camera shy'

'There's a reason why most things involve you going in and actually seeing someone... it allows the doctors and nurses etc to do their jobs more effectively and also won't produce as much anxiety for people as they may think they've been misdiagnosed due to the fact that it's done online or over the phone'

'...additionally I feel for some things it is necessary to speak to someone in person to get an accurate diagnosis and I don't think care work could be substituted over the phone'

'If you're sure of your illness and what you need for it then phone is fine. It's harder if you need something looked at/don't know what you require'



Future GP appointments by phone, video and online

In this section of the survey, young people were given a range of statements around phone, video and online GP appointments and were asked to state whether they agreed or disagreed with them, on a sliding scale.

Table 3 below shows percentages of people agreeing and disagreeing with each sentence.

	AGREE + STRONGLY AGREE	DISAGREE + STRONGLY DISAGREE	NEITHER AGREE NOR DISAGREE	Base Sample
b) only having phone or video appointments with my GP would put me off from getting support	37.5% (51)	32.35% (44)	30.15% (41)	136
e) Phone appointments would be more convenient for me compared to face-to-face appointments	41.91% (57)	27.94% (38)	30.15% (41)	136
d) I think you can get just as much advice from a GP by phone or video compared to face-to-face appointments	44.12% (60)	33.82% (46)	22.06% (30)	136
f) I would prefer a phone call with my GP rather than a video appointment	44.12% (60)	27.94% (38)	27.94% (38)	136
c) Overall, I would be happy to have a phone or video appointment with my GP	60.29% (82)	17.65% (24)	22.06% (30)	136
a) i prefer face-to-face appointments with my GP rather than phone or video appointments	66.18% (90)	7.35% (10)	26.47% (36)	136

The responses show that young people had mixed views about the statements, but more polarised views were shown for sentence a) and c). This may suggest that although the majority of young people 'overall would be happy to have a phone or video appointment with my GP' (60.29%, 82), when given the choice, they would 'prefer face-to-face appointments with my GP rather than phone or video appointments' (66.18%, 90).

As described in the previous section of this report, some of the young people consulted said that face-to-face appointments are vital to establish a positive relationship with the health and social care professional. Face-to-face appointments were purported to reduce a young person's anxiety, optimise communication, and avoid misdiagnosis and treatment, which are important aspects of a GP appointment.

Managing & arranging future GP appointments

In this section of the survey, young people were asked further questions about how important certain aspects of managing and arranging a GP appointment would be, including things like 'being able to book a phone/video appointment via an online booking method rather than by phone' or 'being given the choice between having a phone or video appointment'. Statements to be rated are show in Table 4 below. Figures 4 to 9 visually show the responses for each statement.

The majority of young people rated most of the statements as *important* or *very important*, with the highest levels of importance given to '**being given the choice between having a phone or video appointment**' (90.91%, 120 rated this as important or very important), followed by '**being able to upload photos of my condition to a GP**' (81.82%, 108 rated this as important or very important).

	VERY IMPORTANT	IMPORTANT	NOT IMPORTANT	Base sample
a) Having a phone and/or video appointment with my regular GP	24.24% (32)	42.42% (56)	33.33% (44)	132
b) Having the phone and/or video appointment as soon as possible (with any GP)	27.27% (36)	50% (66)	22.73% (30)	132
c) being able to book a phone and/or video appointment via an online booking method rather than by phone	37.4% (49)	38.93% (51)	23.66% (31)	131
d) being given the choice between having a phone or video appointment	51.52% (68)	39.39% (52)	9.09% (12)	132
e) having the option to text, email and other online appointments	37.88% (50)	40.91% (54)	21.21% (28)	132
f) being able to upload photos of my condition to a GP	36.36% (48)	45.45% (60)	18.18% (24)	132



Figure 4

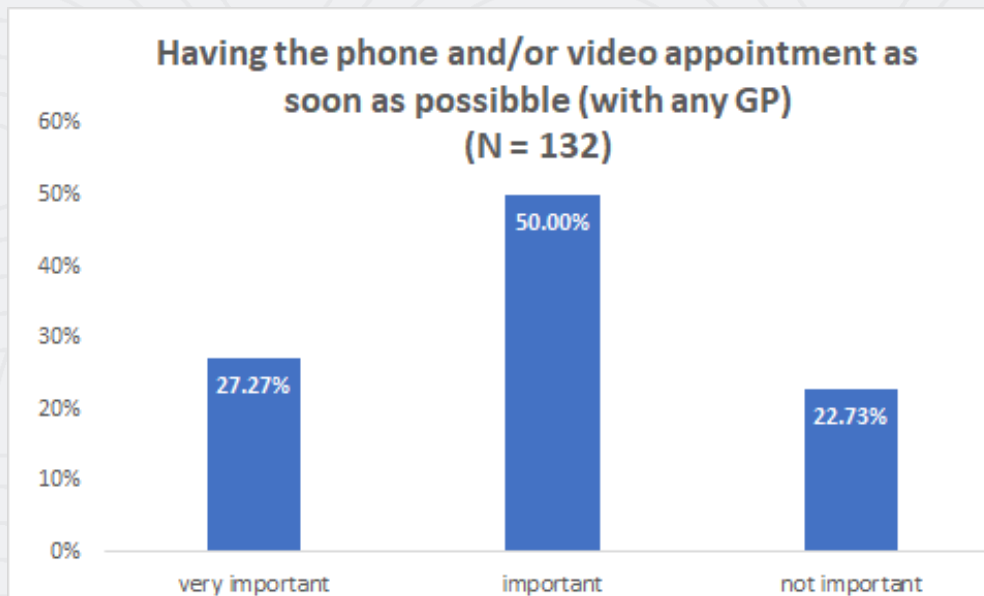


Figure 5

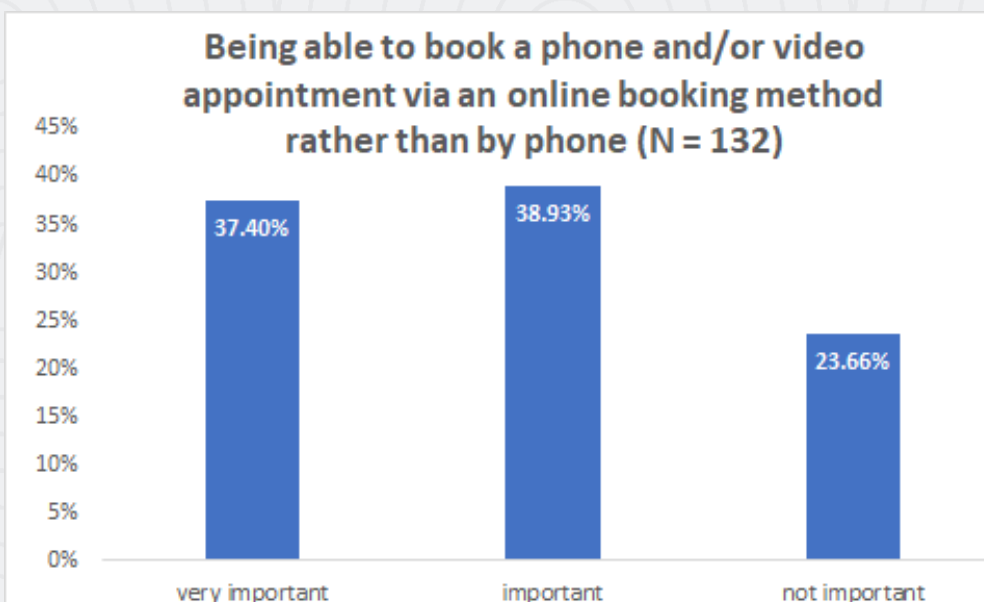


Figure 6

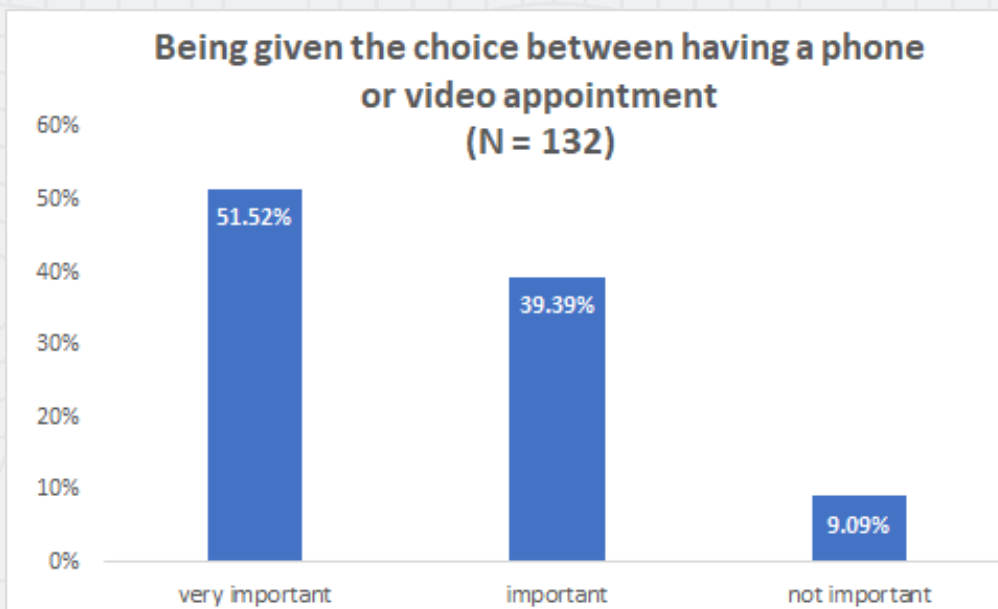


Figure 7

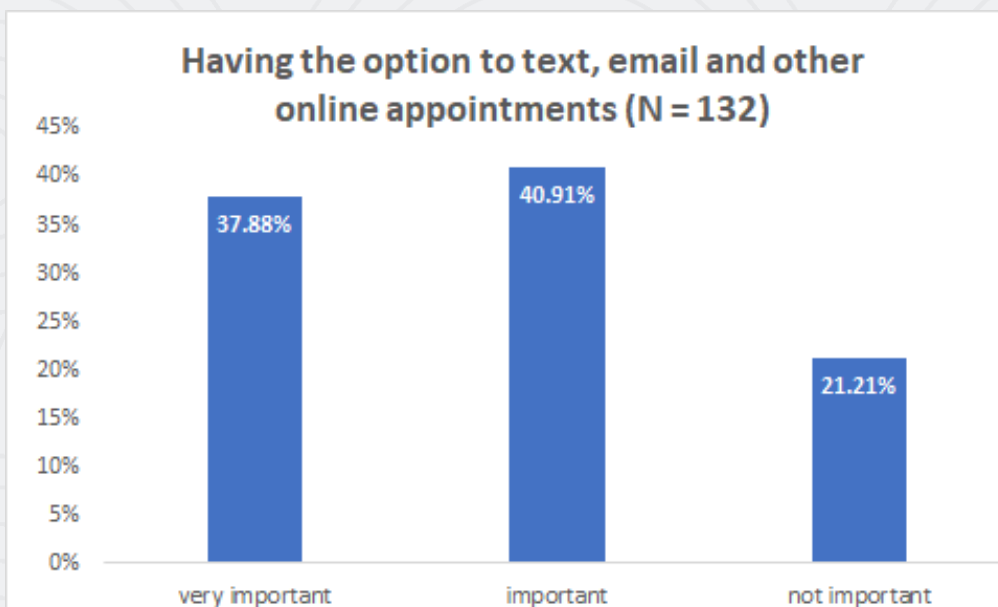


Figure 8

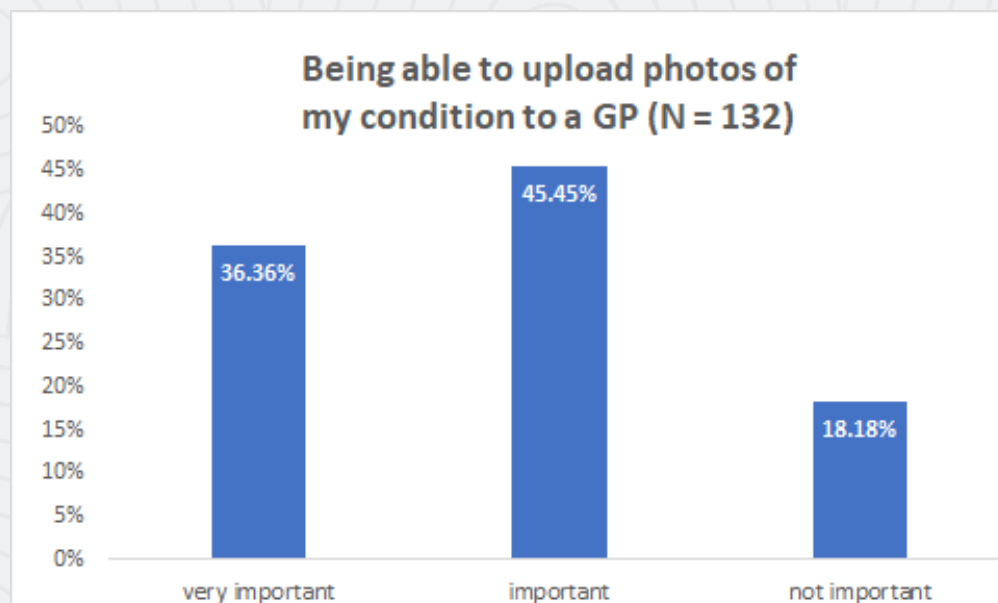


Figure 9

When given space to express themselves about how services could be improved in the future several recommendations emerged:

1

Provide patients with masks when accessing a service in person

18.94% (25) of respondents expressed the need for services to provide face masks to patients upon arrival to a clinic/service/youth club etc.

For example:

'Being given face masks and other products to keep ourselves safe is very important, especially because not everyone can afford to have fancy masks made for them....'

2

Give patients the chance to choose appointment type when possible

6.5% (9) of respondents recommended giving young people the option to choose the appointment type that suits them. This referred specifically to being given the **choice between remote and non-remote appointments**, so not fully aligned to statement d) above '*being given the choice between a phone and video appointment*'.

For example:



'I think everyone is different and have different views on phone/video appointments, it also depends on what support you need (mental health, physical health etc).

Personally, I think I'd like to be given the choice....as for example I am okay with GP appointments on the phone but can't face doing my counselling online in the future'

When given space to express themselves about how services could be improved in the future several recommendations emerged:

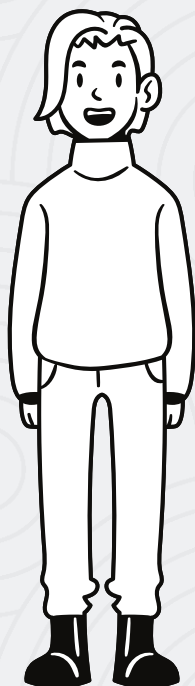
3

Use type of condition and severity to decide which appointment type is suitable for each patient

5.8% (8) of respondents said appointment type should be chosen according to the patient's condition and severity.

For example:

'I think phone and video calls could be utilised to handle less urgent issues to save the NHS time. It should be triaged based on urgency and offered to non-urgent queries'



'I think health conditions which tend to worry people more should be discussed in person, whereas important, but not so scary things (e.g. gum pain, nausea due to pregnancy etc.) should be left to video calls'



Challenges faced during the Coronavirus pandemic

In the last section of the survey, we were interested in learning what major challenges young people have faced during the pandemic and how these have affected their lives.

Young people were asked "What has been the most challenging thing for you during the pandemic? What impact has this had on your life?".

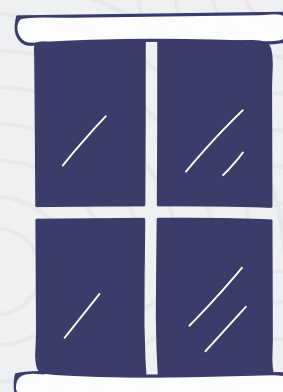
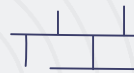
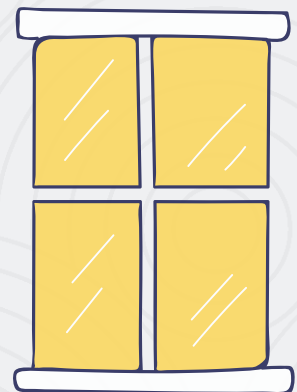
1

40.8% (51) of young people who answered this question (N=125) said the most challenging thing throughout the pandemic was **not being able to see family, friends and loved ones**.

'No doubt the most challenging thing was to be away from my friends for what felt like a life time, we tried to keep in touch via WhatsApp and Insta, but it's just not the same when you can't hang and stuff'

'The hardest has been being away from my girlfriend, like it felt like a proper long-distance relationship and I hated that' my mental health suffered a lot from lack of social interactions in general'

'The lack of social contact, as getting to know others and positive interactions are extremely important for me to balance out the trauma, thus the social isolation and to an extent social distancing greatly diminishes that positive closeness and interaction. Thus, negative effects of trauma have remained as strong while the balancing positive influences have decreased, leading into my overall wellbeing suffering significantly'



'Sadly, my relationships with friends have gone a lot worse during the pandemic, like it's so much easier to argue for nothing when you're texting and stuff, so many mis-understandings'

Another major challenge identified was **mental health** (24.8%, 31).

Many factors seem to have contributed to deteriorating young people's mental health during the pandemic, including: **lack of social interaction**, difficulties **accessing mental health support** for pre-existing conditions during the lockdown, and **maintaining a routine** while schools/colleges/universities are closed.

For example: **'Being totally isolated while living alone, with mental health conditions. Having all my therapy appointments and referrals put on hold and not being able to access face-to-face appointments with a therapist. It would have been a great help to have been able to access these services but with screens and PPE in place. Mental health is still massively overlooked and not seen as important as other health conditions. Nor are there enough services and therapy available to those with long-term conditions'**

'I feel my mental health has suffered greatly. I have been close to breakdowns multiple times. It prevented me from being referred to the services I needed and set my mental health back by months. It can take so long to access these services to begin with, I waited months for them to start and now I will have to start over again. It is crushing'

'My mental health has suffered as have not been able to receive in person support and feel like I am almost left behind'.

'My entire life stopped. All the progress I might have made in regard to my mental health is disappeared. I adopted a cat, so that was a positive'

'The impact of the worsening state of my mental health and emotional health, has been firstly insomnia going from a few days a month, to more than half of the month, where sleeping at regular intervals becomes impossible'



3

16% (20) of young people also mentioned managing school/college/university work while being at home and **keeping a work/study-life balance** while not being able to go out as much proved very difficult.

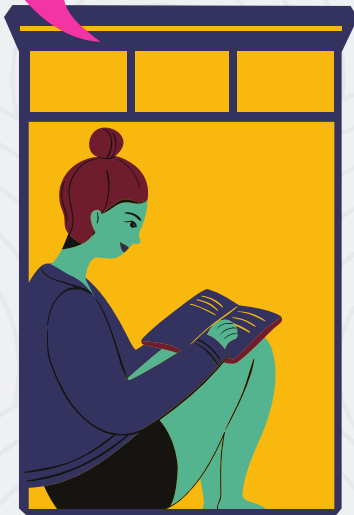
For example:

'Maintaining a positive mental health and balancing online work with downtime whilst remaining in the same space'

'Struggling with school-work, felt like I have been left alone'

'Missing out on school, especially because I am about to start my GCSEs'

'Keeping up with my college work at home with no teachers to support you and not being able to go out, every day being the same has been challenging as it gets very tiresome and lonely'



There was also some concern around not **receiving a 'proper education'** with schools being closed and education delivered online.

'...it just wasn't the same. Teachers gave us work to do online, but you get no real-time feedback, you don't even know if you're learning the right thing. For me, this meant I have had a lot less motivation to get work done properly and in the end of the day, we are the ones affected as I will have to sit my GCSEs next year with some massive gaps in knowledge'

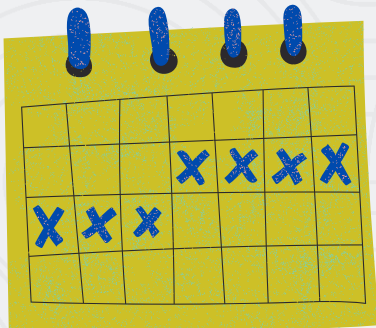


4

12% (15) of respondents reported struggling with **boredom and lack of routine**.

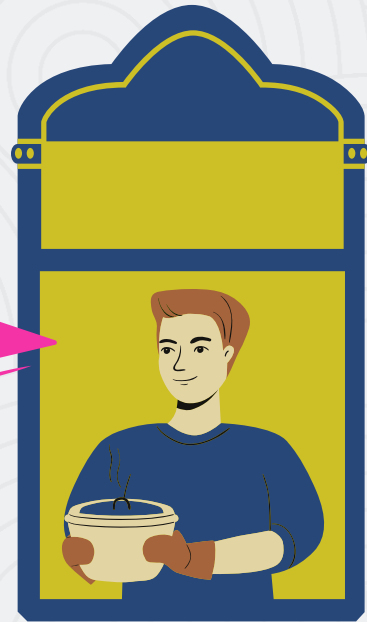
For example:

'I was very bored and felt quite down on some days as I ran out of things to do'



'At the beginning it was nice to slow down and spend more time with my family, I was cooking more, reading more but I soon started missing my day-to-day life and activities, like going to college, seeing people, doing sports, hanging out...these are so important to keep you sane and a sense of normality in your life'

"The loss of routine has heightened my anxiety levels"



5

An interesting finding was that only a relatively small proportion of young people (5.6%, 7) mentioned **COVID-19-related fear** as a challenge during the pandemic. The few who did spoke about the fear of going out in public spaces and other people not respecting lock-down measures appropriately.

'Not being able to leave the house due to public's inability to follow simple instructions and knowing the public doesn't care about the health of others enough to take simple measures, I preferred to stay home as far away as I can be from the outside, but of course that means I haven't left home in months, I miss outside and I miss simple freedoms'

'The strong sense of anxiety you can feel in public spaces and being cautious to follow rules correctly at all times'



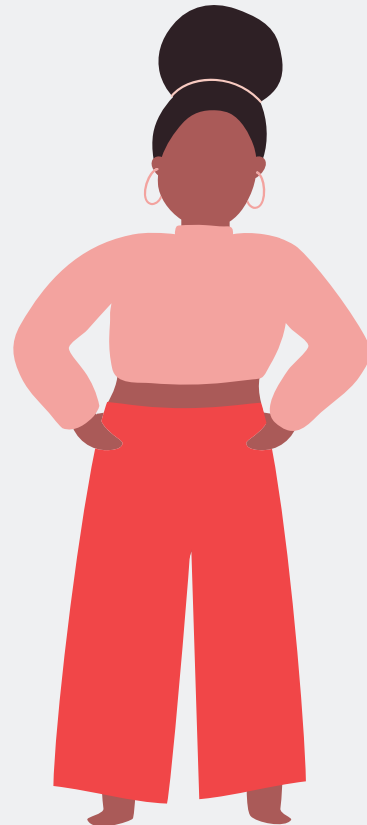
6

4% (5) of respondents said worries about **money and future work opportunities** have been most challenging.

'Stress, worrying about my future and financial health: that I will not be able to make opportunities for myself If the current financial burden will impact my financial health moving forward due to having to worry constantly about money'

'The government providing 0 support to 99% of people outside of saying to apply for universal credit. What on earth are taxes for if not to support the people? What's the point of having a state that just takes and takes and never gives back? An absolute sham really'

'Money! Not being able to find work or access universal credit as a student, thus having to tread the line with my overdraft'



Hopes about society changes after the Coronavirus pandemic

The last question of the survey asked: "Given the pandemic has affected how we live our lives (e.g. lockdown and social distancing), how do you hope society as a whole will change for the better when the pandemic is over?". Different themes have emerged, which are outlined below.

1

Greater Kindness and sense of community

30.4% (38) of young people hope society will develop a greater sense of **kindness, empathy** and **community**.

'I hope as a whole we will all come together and work together and make each realise life is too short, we need to be there for our loved ones'

'Maybe understand that we all have a responsibility to protect each other and those who are vulnerable. Also to appreciate our friends and teachers'

'I think after the pandemic many people will be friendlier and helpful to one another and more selfless'

'It's been wonderful to witness some community spirit and neighbours finally getting closer (albeit mostly virtually on WhatsApp and messenger groups). I am sure it's raised our perception on one another for the better compared to pre-COVID times. I certainly see my neighbours as a friendly bunch, I wouldn't have had an ice breaker chance to have gotten to know them beforehand'

'I hope this has a positive effect on the way society is run and the importance of community and helping each other'

'People will have more empathy for those who are going through hard times'

'I hope we have learnt valuable lessons of being selfless and taking care to distance or generally be good citizen when interacting in public/around other people'

'I think society should think community and keep up the kindness that has been shown in lockdown'

'I hope the society learns that we rely on each other for our health, for our mental wellbeing, to take care of each other. I just hope people don't forget what it means to care for something more than yourself'

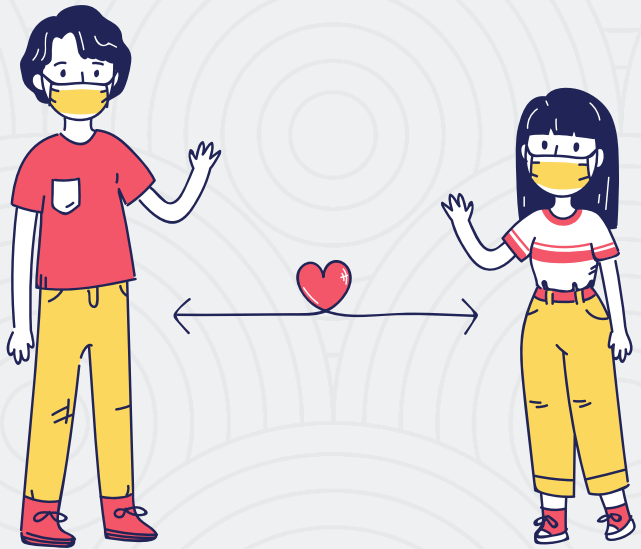


Greater appreciation of the 'simple things' that are normally taken for granted

13.6% (17) of young people said they hope '***we will appreciate the simple things more***' and '***not take anything for granted***', including the ability to go out, see loved ones, travel and access education,

For example:

'I hope we won't take shopping or seeing friends for granted and appreciate just going out for 2 walks a day. I hope we will continue to enjoy the simple things which we didn't realise were so necessary in everyday life'



'people will be more grateful for everyday things that were banned during lockdown'

'...to be more grateful for things and realise how lucky a lot of us have it while acknowledging how much harder it is for some other people'



Greater focus on climate change and achieving sustainable lifestyles

Another theme that emerged from the consultation was **sustainability**. 10.4% (13) of young people said they hope the pandemic will make decision makers realise what a huge effect our changed lifestyle during the lockdown has had on pollution levels and the environment; and use it to make more conscious and sustainable choices in the future.

For example:

'I hope that society as a whole will really start to be a bit more environment conscious, a bit more conscious of others around them and will make an effort to be a lot more cleaner in the streets etc'

'...and perhaps we will finally see more large-scale green action, because the way in which emissions plummeted during lockdown goes to show that large scale, sweeping change can happen very quickly'.

'Hopefully, the use of online services such as zoom to enable more contact and reduce traffic on roads'

'The climate crisis needs to be addressed and we have seen that radical change is possible when necessary, however world leaders are unlikely to get their act together in this regard. However, hopefully things like remote working will be prioritised for the sake of the environment and for people's mental health. Hopefully, society will be better equipped for the next pandemic and leaders will know what to do and how to act quickly'



4

Greater focus on funding health and social care services

9.6% (12) of respondents hope the pandemic has shown how important the healthcare system is and that **more funding** will be put in place to sustain and improve services and the quality of life of key workers working within them. A specific focus was on improving funding for mental health services.

For example:

'I hope that there will be more kindness and realisation that mental health and social care are key and should have more funding'

'I hope people will be more respectful towards the NHS and key workers and respect the instructions set up by the NHS/government to keep us safe'

'I hope more funding is put into community support projects by the CCG that provide that vital emotional support to people'



5

Improved communication with loved ones

Finally, and related to 'appreciating the simple things more', a few young people (4%, 5) said they have greatly **improved communication with their loved ones** since they have spent so much extra time together over the pandemic and hope this will continue in the future resulting in stronger and deeper interpersonal relationships.

For example:

'I hope people especially family households keep talking to each other more and don't revert back to not talking and being antisocial in technology'

'It's been weirdly nice to spend all this extra time with my family, I don't normally open up to them too much, mainly cause I am never home, always at college, work, out with friends. But my relationships with my parents has greatly improved during the lock-down, less arguments, really interesting chats... I hope we are all a bit more appreciative of having people we love around us'

One young person mentioned being at home during the pandemic meant they have had more time to **keep in touch with people they wouldn't normally talk to on a regular basis.**

For example:

'I have taken the pandemic and all the time at home as an opportunity to pick up the phone and speak to people I haven't spoken to in ages and it was really cool. I hope people will still have all this communication with family and friends that we installed during the lockdown'

If on one hand some young people have enjoyed '*spending lots of time with the people you live with*' as a positive, others have found '***being stuck at home 24/7 with your parents with nowhere to go has really been a nightmare***'.

In some rare cases (2.4%, 3), respondents even said the lockdown has made things extremely difficult with flatmates and/or parents.

For example:

'I bet some people loved having extra time at home with parents who usually work long hours etc, but personally I normally have a decent relationship with them, like no major arguments etc. But the lockdown has really challenged us all in the house, there were times in which we were all tensed and had big fall outs and went for days without speaking with each other. This wouldn't normally happen as we all have our space, being at work, school etc'

'I have spent the lock-down with my flatmates and we really struggled as we were constantly in each other space and we ended up having lots of arguments over silly things and it was hard because you couldn't really go out and ventilate'



Reflections

We originally collected 178 responses in our survey. However, when analysing individual responses, we had to delete everyone who accessed the survey but left without answering any questions, reducing the number of total responses to 146.

Only about 124 young people completed the Demographic section, so equality and monitoring data do not entirely reflect the young people sample for this survey. On the other hand, this was to be expected as the survey had a variable length depending on whether respondents had experienced remote appointments with health and social care services during the lock-down. In this case, the extra questions assessing respondents' experiences of remote appointments meant the survey took approximately 15 minutes to complete, which is substantially longer than what young people are generally willing to contribute. This could explain why some young people may have decided to leave the survey early.

Furthermore, as you can see from the Demographic section in the Appendix, the sample was not as diverse when it comes to Ethnic backgrounds, with most respondents being White. As we have learnt from our recent Young Healthwatch consultation with BAME young people around their experience of sexual health services in the city (read the report here <https://www.healthwatchbrightonandhove.co.uk/sites/healthwatchbrightonandhove.co.uk/files/Young-Healthwatch-BAME-Sexual-Health-report-April-2020.pdf>), engaging BAME young people in research studies is way more effective when employing face-to-face methods for collecting data, including focus groups, interviews and 'on-the-spot' street consultations. Because of the pandemic, however, these were not an option.

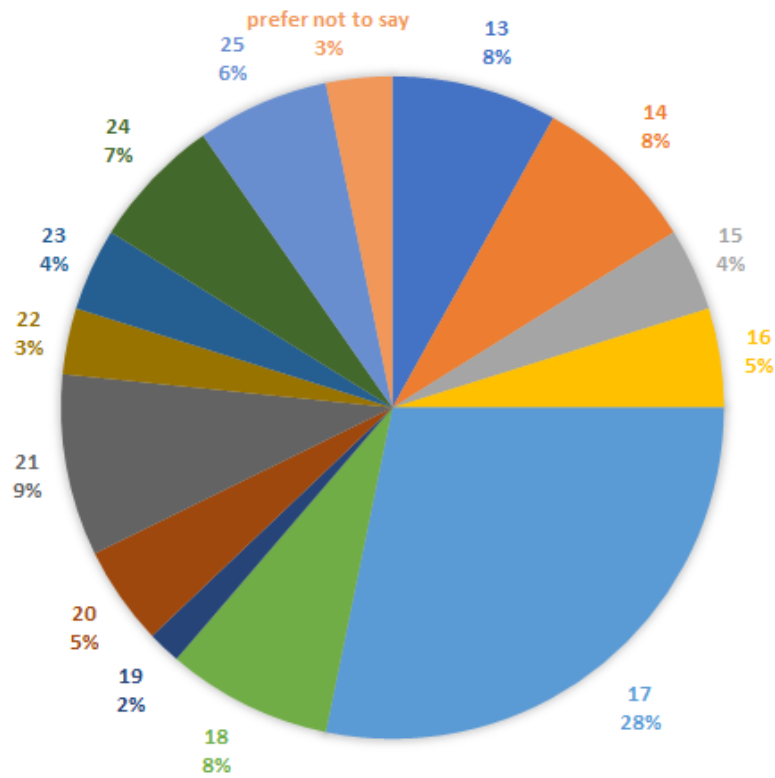
Furthermore, with the lock-down and schools/colleges/universities/public libraries being closed, some young people may have not had access to a computer or a stable internet connection, making it impossible for them to receive information about, and completing, our survey. This issue may have been particularly salient for young people from socio-economically deprived backgrounds.

Next Steps

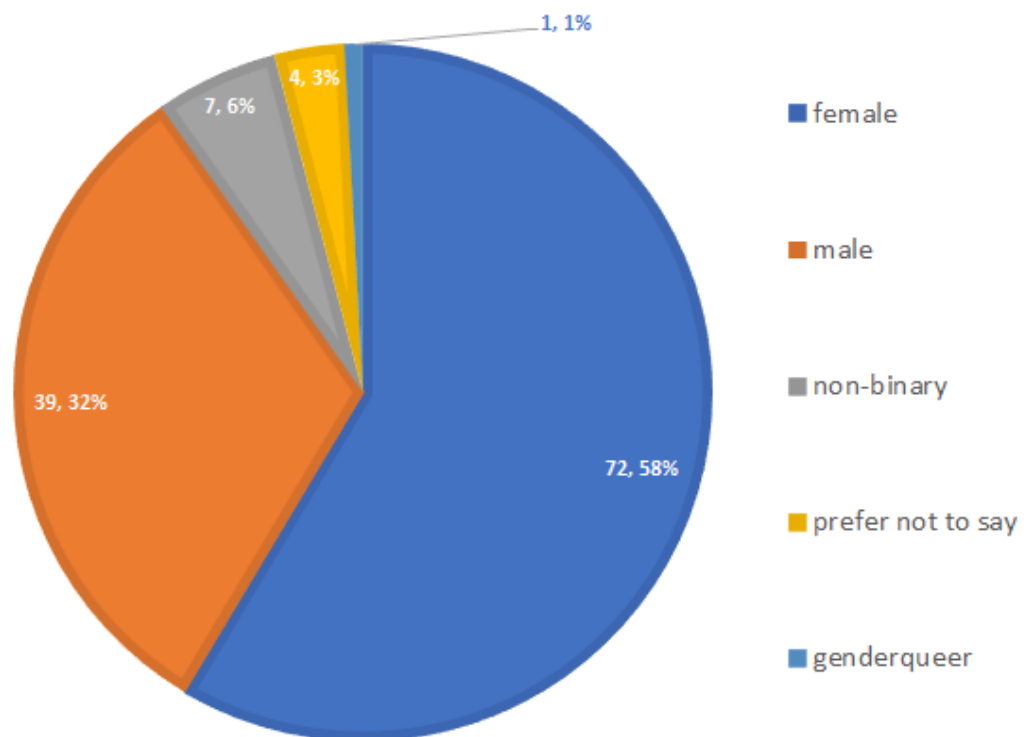
This report will be submitted to commissioners and any next steps will be discussed regarding which of the young people's recommendations will be taken forward and what resources will be required for this to happen. Furthermore, the report will be shared with all the young people involved in this project, including YMCA Right Here and Healthwatch Brighton and Hove volunteers.

Appendix a: Demographics

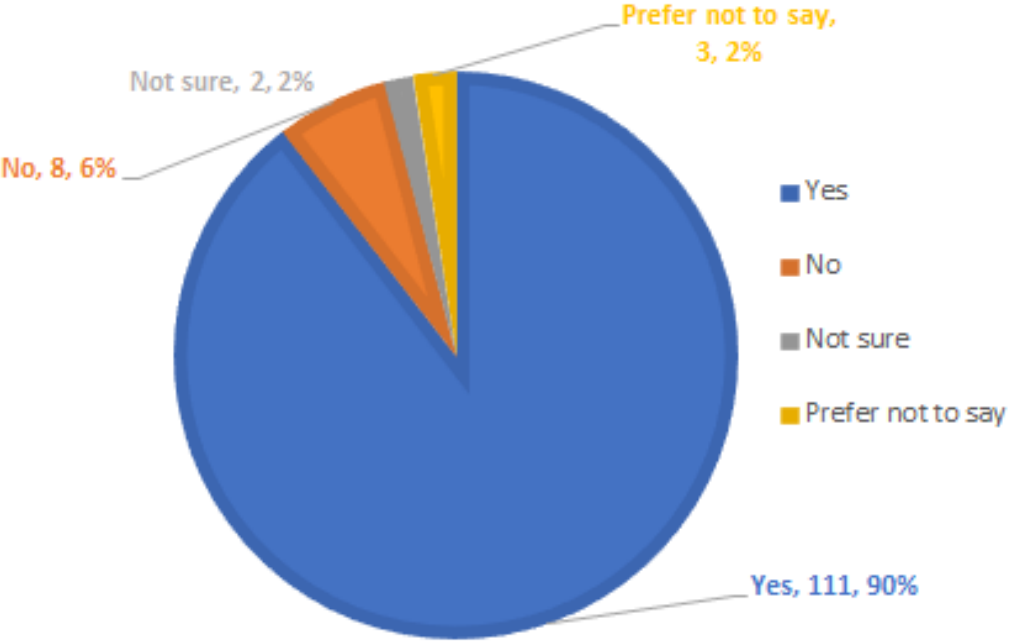
Participants' Age (N = 124)



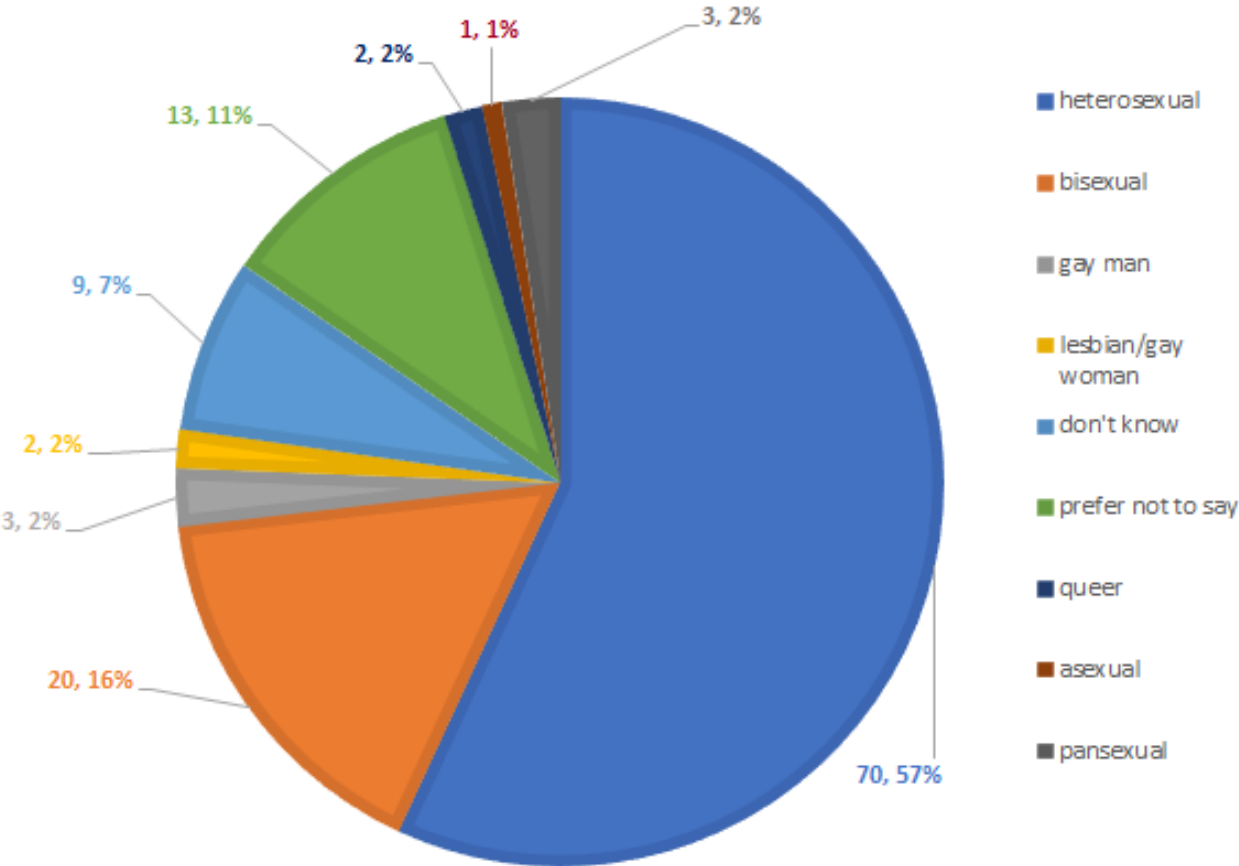
Participants' Gender (N = 123)



Is your gender identity the same as the gender assigned to you at birth?
(N = 124)



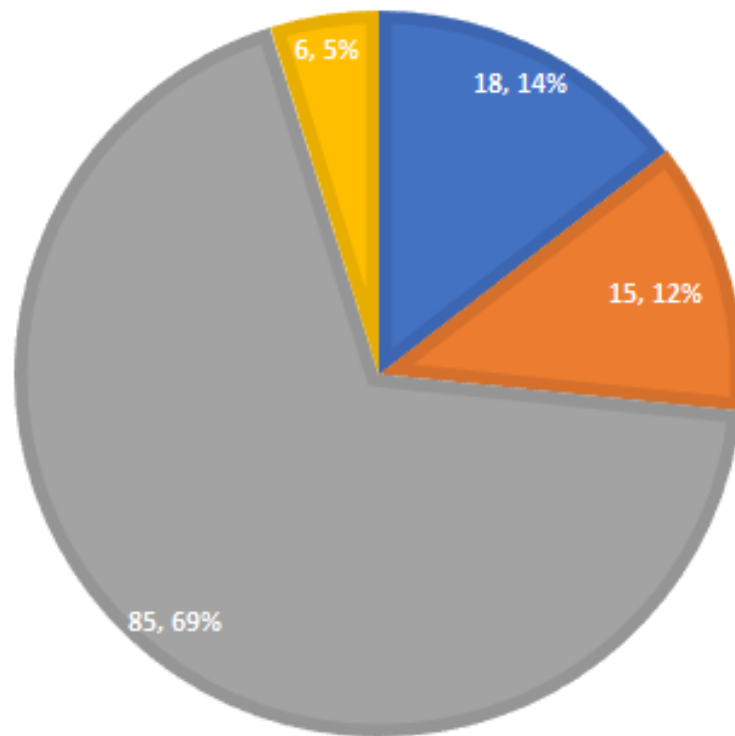
Participants' Sexual Orientation (N = 123)



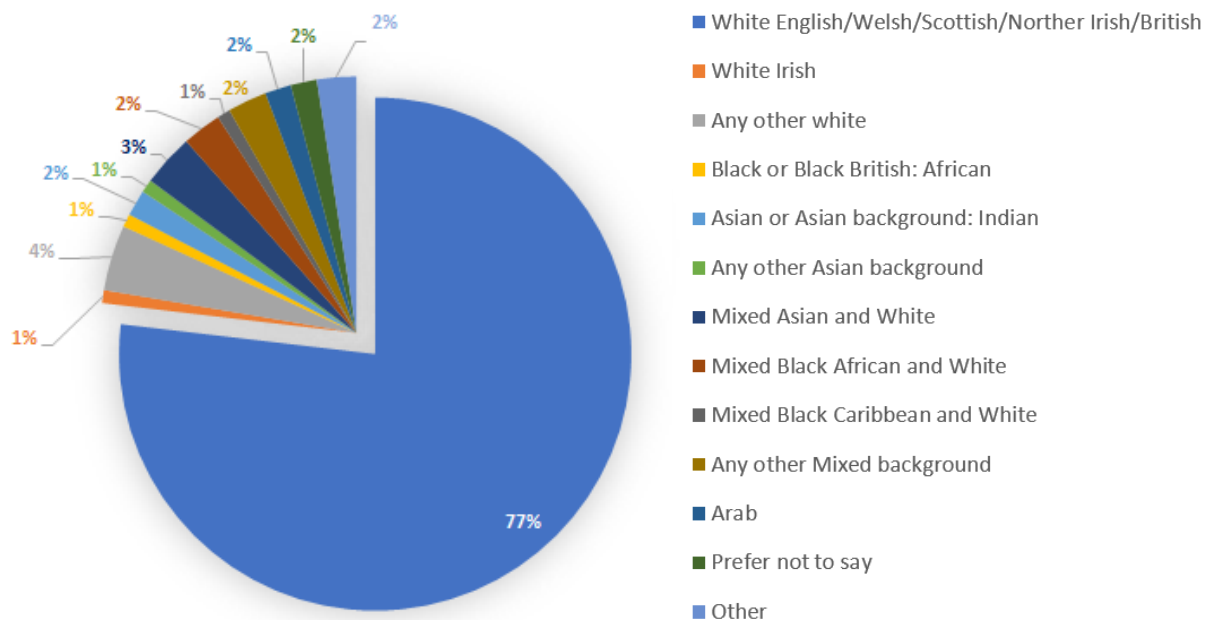
Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

(N = 124)

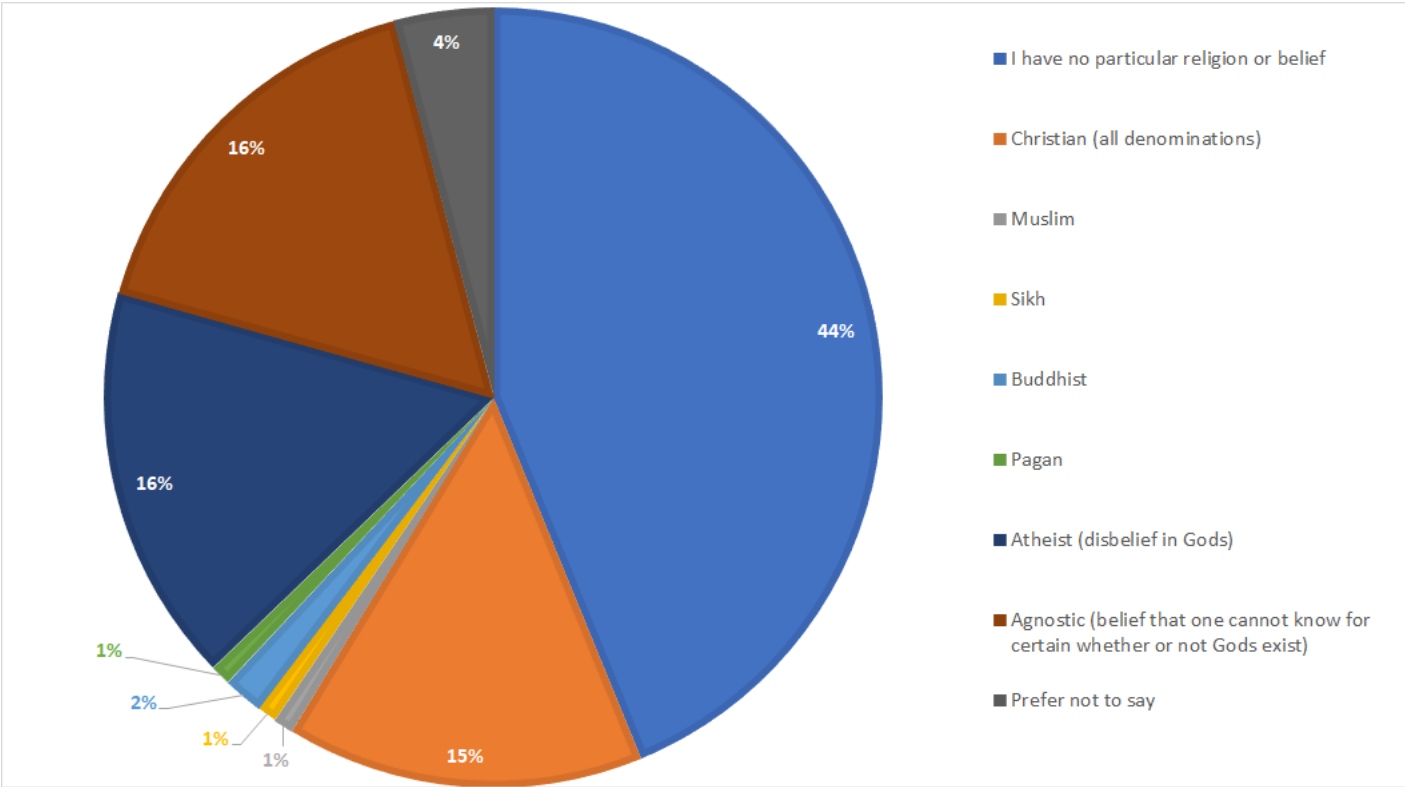
■ Yes a little ■ Yes a lot ■ No ■ Prefer not to say



Participants' Ethnic Background (N = 121)



**Participants' Religious belief
(N = 121)**



Appendix b: Survey Questions

- **Where do you live?**

- Brighton and Hove
- East Sussex (not including Brighton and Hove)
- West Sussex
- Other (please specify)

- **To match your answers to services in your local area, please select the first part of your postcode from the list below (they are in alphabetical order) *drop down menu***

- **During the current Coronavirus pandemic (after March 11th 2020) have you needed any support with your health or social care?**

Note: Social care might include things like a key worker/support worker/social worker (including those from a local charity)

- yes
- no

- **During the current Coronavirus pandemic (after March 11th 2020) have you made an appointment (e.g., phone, video call or face to face) with a health or social care provider (e.g., NHS, social workers, charity)?**

- yes
- no

- **What stopped you from making an appointment? Please tick all that apply**

- Thought the NHS was closed for everything except Coronavirus
- Didn't know how to make an appointment at this time
- Didn't want to burden the NHS
- Felt that my condition wasn't serious enough
- Thought I'd wait until the pandemic was over
- Too worried about catching Coronavirus
- I got information online
- I was shielding so didn't want to go out
- Other (please write)

- **During the current Coronavirus pandemic (after March 11th 2020), have you had any health or social care appointments by phone?**

- yes
- no

Appendix b: Survey Questions

- **Which of the following health or social care services did you have a phone appointment with during the pandemic? Please tick all that apply**

- a. Phone questions from a health professional (e.g. Receptionist, NHS 111) to guide you to the right service
- b. GP appointment
- c. Outpatient appointment (not an overnight stay in hospital)
- d. Antenatal and perinatal services (before and after pregnancy)
- e. To get contraception (emergency or routine)
- f. To get free condoms through the C card scheme
- g. For Sexually Transmitted Infection testing and treatment
- h. To get a pregnancy test
- i. Getting medication or a repeat prescription
- l. A dentist
- m. Eye care (non hospital)
- n. Emotional and mental health NHS wellbeing support including counselling and therapy
- o. NHS mental health support for longstanding and serious mental health conditions
- p. Support for myself or other person with memory loss or dementia
- q. A Social Worker appointment
- r. Getting support from a local charity, community project or a community hub
- s. For test or screening results
- t. Other (please write)

- **Thinking about the overall experience of your phone appointment(s), how satisfied are you?**

- a. very satisfied
- b. satisfied
- c. neither satisfied nor dissatisfied
- d. dissatisfied
- e. very dissatisfied

- **Please tell us your views about phone appointments and how we could improve them. Please refer to your type of appointment(s) if you make a comment**

- **During the Coronavirus pandemic, have you had any health or social care appointments * by video?**

- a. yes
- b. no

Appendix b: Survey Questions

- **Which of the following health or social care services did you have a video appointment with during the pandemic? Please tick all that apply**

- a. Video questions from a health professional (e.g. Receptionist, NHS 111) to guide you to the right service
- b. GP appointment
- c. Outpatient appointment (not an overnight stay in hospital)
- d. Antenatal and perinatal services (before and after pregnancy)
- e. To get contraception (emergency or routine)
- f. To get free condoms through the C card scheme
- g. For Sexually Transmitted Infection testing and treatment
- h. To get a pregnancy test
- i. Getting medication or a repeat prescription
- l. A dentist
- m. Eye care (non hospital)
- n. Emotional and mental health NHS wellbeing support including counselling and therapy
- o. NHS mental health support for longstanding and serious mental health conditions
- p. Support for myself or other person with memory loss or dementia
- q. A Social Worker appointment
- r. Getting support from a local charity, community project or a community hub
- s. For test or screening results
- t. Other (please write)

- **Thinking about the overall experience of your video appointment(s), how satisfied are you?**

- a. very satisfied
- b. satisfied
- c. neither satisfied nor dissatisfied
- d. dissatisfied
- e. very dissatisfied

- **Please tell us your views about video appointments and how we could improve them. Please refer to your type of appointment(s) if you make a comment**

- **During the Coronavirus pandemic, have you had any of the following online health or social care support? Please tick all that apply**

- a. Online forms or questionnaires
- b. Text message appointment
- c. Email appointments
- d. Other online messages
- e. None of the above

Appendix b: Survey Questions

- **Which of the following health or social care services did you have an online appointment (including text, emails and online forms) with during the pandemic? Please tick all that apply**

- a. Online questions from a health professional (e.g. Receptionist, NHS 111) to guide you to the right service
- b. GP appointment
- c. Outpatient appointment (not an overnight stay in hospital)
- d. Antenatal and perinatal services (before and after pregnancy)
- e. To get contraception (emergency or routine)
- f. To get free condoms through the C card scheme
- g. For Sexually Transmitted Infection testing and treatment
- h. To get a pregnancy test
- i. Getting medication or a repeat prescription
- l. A dentist
- m. Eye care (non hospital)
- n. Emotional and mental health NHS wellbeing support including counselling and therapy
- o. NHS mental health support for longstanding and serious mental health conditions
- p. Support for myself or other person with memory loss or dementia
- q. A Social Worker appointment
- r. Getting support from a local charity, community project or a community hub
- s. For test or screening results
- t. Other (please write)

- **Thinking about the overall experience of your online appointment(s), how satisfied are you?**

- a. very satisfied
- b. satisfied
- c. neither satisfied nor dissatisfied
- d. dissatisfied
- e. very dissatisfied

- **Please tell us your views about online, text and email appointments and how we could improve them. Please refer to your type of appointment(s) if you make a comment**

Appendix b: Survey Questions

- **After the pandemic, would you be happy to have appointments by phone, video or online with the following? Please respond to each appointment type, even if you tick not applicable.**

If you are not happy to have a phone, video or online option for a particular service, please tick 'Not happy by phone, video or online option'.

	Happy by Phone	Happy by Video	Happy by Online (email, text, online forms, etc.)	Not happy by phone, video or online option	Not Applicable
a) Contact with a health professional (e.g. Receptionist, NHS 111) to guide you to the right service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) GP appointment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Outpatient appointment (not an overnight stay in hospital):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) A booked hospital appointment (not as an outpatient):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Antenatal and perinatal services (before and after pregnancy):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) To get contraception (emergency or routine):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) For Sexually Transmitted Infection testing and treatment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Getting medication or a repeat prescription:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) A dentist:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Eye care (non hospital):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix b: Survey Questions

- After the pandemic, would you also be happy to have these appointments by phone, video or online?

Please respond to each appointment type, even if you tick not applicable.

If you are not happy to have a phone, video or online option for a particular service, please tick 'Not happy by phone, video or online option'.

	Happy by Phone	Happy by Video	Happy by Online (email, text, online forms, etc.)	Not happy by phone, video or online option	Not applicable
a) Emotional and mental health NHS wellbeing support including counselling and therapy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) NHS mental health support for longstanding and serious mental health conditions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Support for myself or other person with memory loss or dementia:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) A Social Worker appointment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Other social care appointment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Getting support from a local charity, community project or a community hub:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) For test or screening results:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Support from carers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other appointment and preferred type (e.g. online, video, etc.)

- Please add any views you may have towards using phone/video/email/text/other online/App oriented services

Appendix b: Survey Questions

- To what extent do you agree or disagree with the following statements about phone, video and face-to-face appointments with a GP?

Please assume these options apply to conditions that do not require a face-to-face appointment

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

a) I prefer face-to-face appointments with my GP rather than phone or video consultations:

b) Only having phone or video appointments with my GP would put me off from getting support:

c) Overall, I would be happy to have a phone or video appointment with my GP:

d) I think you can get just as much advice from a GP by phone or video compared to a face-to-face appointment:

e) Phone and video appointments would be more convenient for me compared to a face-to-face appointment:

f) I would prefer a phone call with my GP rather than a video appointment:

Appendix b: Survey Questions

- **Thinking about phone and/or video appointments with a GP (rather than face-to-face), how important are the following for you?**

	Very important	Important	Not important
a) Having a phone and/or video appointment with my regular GP:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Having the phone and/or video appointment as soon as possible (with any GP):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Being able to book a phone and/or video appointment via an online booking method rather than by phone:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Being given the choice between having a phone or video appointment:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Having the option of text, email and other online appointments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Being able to upload photos of my condition to a GP:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- **Please add any further comments about how the services mentioned in this questionnaire could be improved for the future.** e.g. being given a face mask when visiting a GP; having more live video consultations, etc.

Appendix b: Survey Questions

We would like to ask you 2 more questions around what impact has COVID-19 had on your life and the world....

- **What's been the most challenging thing for you during the Pandemic?**
- **What impact has this had on your life?**
- **Given the pandemic has affected how we live our lives (e.g. lockdown and social distancing), how do you hope society as a whole will change for the better when the pandemic is over?**

We are committed to ensuring our services are accessible to everyone regardless of ethnicity, race, gender, gender identity, ability, religion, belief, sexual orientation or age. The details you give help us to assess equality in our services, and to meet our equal opportunities and diversity commitments.

- **How old are you? (drop down menu)**
- **What is your gender identity? (This is your personal sense of your own gender. This may or may not correspond to your assigned sex at birth)**
 - a. Female
 - b. Male
 - c. Non-binary
 - d. Prefer not to say
 - e. Other (please specify)
- **Is your gender identity the same as the gender assigned to you at birth?**
 - a. Yes
 - b. No
 - c. Not sure
 - d. Prefer not to say
- **Sexual orientation (please tick the box that you identify with)**
 - a. Bisexual
 - b. Gay man
 - c. Lesbian/Gay woman
 - d. Heterosexual/straight
 - e. Don't know
 - f. Prefer not to say
 - g. Other (please write)

Appendix b: Survey Questions

- **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**

- a. Yes a little
- b. Yes a lot
- c. No
- d. Prefer not to say

- **Please state the type of impairment. If you have more than one please tick all that apply. If none apply please mark 'Other' and write an answer**

- a. Physical impairment
- b. Sensory impairment
- c. Learning disability/difficulty
- d. Long standing illness
- e. Mental health condition
- f. Autistic spectrum
- g. Other developmental condition
- h. Prefer not to say
- i. Other (please write)

- **What is your ethnic background? (choose an answer from the drop-down menu)**
- **What are your religious beliefs? (choose an answer from the drop-down menu)**
- **Any final thoughts/comments/feedback about the survey? Please comment below.**