



Accessing remote doctor's appointments

A patient experience project

May 2021



What was the project about?

We wanted to hear from people in certain groups about their experience of remote appointments with a doctor in general practice. We focused on telephone, video, or other online appointments.

We identified three groups most likely to have difficulties with remote appointments. These were:

- those aged 65 or older
- people with disabilities - especially people with sensory impairments, learning difficulties, or dexterity issues
- those who had language barriers (people who speak English as a second language or users of British Sign Language).

We spoke to individuals and worked with local organisations who had relationships with people in the groups we wanted to hear from. We asked people a general set of questions in the interviews. These focused on:

- whether they'd had a remote appointment since March 2020 and how this had taken place
- their experience of remote appointments
- whether this type of appointment had any further impact on their health and well-being
- how they thought remote appointments could be improved.

We also sent a short questionnaire to general practices to tell us about:

- how they were delivering remote appointments
- any changes they had made to improve the patient experience.

We hoped to hear from pharmacists, practice managers and practice nurses as well as doctors.

The national practice appointment data shows there were over 2.3m appointments in Bucks general practices between April 2020 and March 2021, of which approximately 1.1m were remote consultations.

Why did we do the project?

During the first lockdown in 2020 we carried out a project ([Open for Business](#)) to find out about people's experience of general practice and hospital appointments. For this project we wanted to hear from those most likely to have difficulties in accessing or taking part in remote general practice appointments.

Our aims were to:

- better understand the reasons for the perceived or real exclusion
- better understand the impact of this exclusion
- inform ways to overcome, or to work with, this exclusion in future.

What did we do?

We based our approach on Healthwatch England's ['Digital Exclusion Research'](#). Our project was separate from theirs but ran to a similar timeframe.

Due to the ongoing pandemic we had to carry out this project remotely. We accept that this will have limited who we were able to reach.

Patient feedback

We developed a set of questions to use for our interviews.

COVID-19 restrictions meant we were unable to conduct face-to-face interviews or focus groups. We assumed most people would have access to a telephone so did interviews over the telephone.

We contacted local Primary Care Networks (PCNs), Patient Participation Groups (PPGs) and organisations to help us reach people in our target groups.

Despite asking over 30 organisations we found only nine people willing to be interviewed. Due to these low numbers, we changed our approach. We asked specific organisations if we could talk to their existing focus groups or service users. This resulted in:

- attending two 'Mind the Gap' sessions run by Buckinghamshire Mind
- attending a dementia focus group run by The Alzheimer's Society
- Talkback (an autism charity) interviewing five people on our behalf.

General Practice staff feedback

A PCN lead advised us that the best way to hear from them was through an online survey. At the time NHS staff were under considerable pressure and unlikely to have time to do a telephone or video type of interview. We created a short online survey (using SurveyMonkey) and sent the link to PCNs and PPGs asking if they could send these out to staff in their practices.

Who did we speak to?

We were able to speak to, and hear from 28 people, about their experience with remote appointments. A further two people sent us e-mails.

We spoke to 30 people:

- 17 were female and 13 were male
- Their ages ranged from early 20s to late 70s, with 17 people over 65
- Where known, or stated, all were White British. When we were not able to ask, we observed that all were White British, except for 1 who identified as White Other
- 23 had at least one developmental or mental health condition. Where known these were dementia (7), autism spectrum disorder (ASD) (8), schizophrenia (2), bipolar (3), brain injury (1), depression and anxiety (2). Excluding those with dementia, most of the remaining 16 people have other conditions such as mild learning difficulties, dyslexia, depression, and anxiety. One of this group is also a wheelchair user.

We did not specifically ask any questions about socio-economic status. Through our conversations we knew we covered a wide range. Most people we spoke to were not working. They were either retired or receiving benefits due to their health conditions.

Roughly two thirds were reliant on carers for some or all their needs. This included professional carers or family members.

Where mentioned, we established that people were patients at 12 general practices (of 48 in Bucks) in 5 PCNs (of 12 in the county). It is likely that more practices and other PCNs were represented.

Most of the people lived in towns in the south of Bucks based on the PCNs and practices mentioned.

We were unable to find people to interview who identified as Black, Asian or Minority Ethnic (BAME) or people who spoke English as a second language. This was despite engaging with organisations that represent these groups and a PCN with a high percentage of ethnic minority patients.

We received only two responses to our online survey from practice staff. One was from a doctor and the other had an unspecified patient facing role. They were from different practices within one PCN. Due to the low number of responses, we have not included them in our main findings. The survey responses are in Appendix 1.

What did we discover?

What did we hear in general across all groups?

Remote Appointments - how they were carried out

All those we spoke to had had a remote appointment at some point since March 2020. In many cases these were combined with face-to-face appointments where necessary and other health services (such as diagnostics and tests, secondary care etc).

Most appointments had been by telephone. In a few cases a video call had been used and the patient had been asked to upload a photo of part of their body.

Most were happy to receive a text but not happy that they could not respond by text.

Those who used e-mail were happy to receive e-mails but unhappy that e-mails were not being answered or took too long getting a response - this seemed to vary by the rules of each practice.

“During the Pandemic, I have contacted my GP using the telephone and emails. They contact me via phone and text message - patients can receive, but not reply to texts, which I find disappointing.”

Most were unhappy with the process of booking an appointment over the telephone, although the experience varied by practice. We also heard they had difficulty in contacting their practice by any means. This affected the patients' ability to access services like repeat medication and getting test results.

“I have called and waited in a queue to make an appointment then they have run out of appointments by the time I speak to them.
if you get a snotty receptionist, there's no hope.”

Some were unhappy that the online appointment booking system was no longer in operation. We are uncertain if this is consistent across all practices.

Many of those we heard from compared ease of contacting their practice with their experience of using other services. In these instances, most believed that it was easier to access secondary healthcare services, diagnostics services etc.

“I am sorry to say that, once referred or subject to long term monitoring, I find dealing with secondary care much easier than dealing with Primary care and this has become worse during the Pandemic. Hospital Consultants are going out of their way to still see patients face to face, somewhere other than in Acute Hospitals. This is not my GP experience.

I also find specialist 'condition related' Charity websites far more useful and better informed than anyone at my surgery.”

Digital 'Exclusion'

All those we spoke to had used the telephone for at least one appointment and were comfortable using this technology.

We found that certain groups eagerly embraced other technologies. A few (mostly in the over 65 age bracket) intentionally chose not to use any communication technology apart from their telephone - 'self-exclusion'.

We interviewed a 63-year-old, together with her son, who told us about her use of communication technology. She said:

“I am very dyslexic and [my son] is autistic and has learning difficulties. He can only ‘picture read’.

I do not use the internet and, although I have a mobile phone, I only use the calling and text features. I battle with written correspondence and don’t do e-mails. [My son] can take instructions over the phone but gets anxious if he doesn’t know who it is or they ask things he doesn’t know about.

If I can’t reach anyone by telephone, or see them face-to-face, I’d be stuck.”

A male, in the over 65 group, stated that he was happy with a basic mobile phone for voice and sometimes text. He did not want, or have any need for, a smartphone or computer.

What did we hear from the Over 65 age group?

We wanted to speak to people who were living in their own homes, rather than in care homes where staff might support the residents with their remote appointments.

Most of this group were able to use the internet, send and receive e-mails and texts, and to access their practice’s websites and health applications. The only true digital exclusion we came across was with those who, for various reasons, chose not to use certain technologies. However, even these people had access to, and ability to use, a landline or basic mobile phone.

Most of those we spoke to understand the need for remote appointments and had no specific problems with the actual appointments once they had been booked.

They had experienced considerable problems in contacting their practice. This included difficulties with:

- setting up their appointments

“The GP Surgery has been kept locked. You cannot have a face to face conversation. You have to phone in. I have redialled over 30 times on a couple of occasions before my phone call has been answered/the line is not busy.”

“Allow patients to book online again. This will free up the phones and staff time for patients who are not online.”

- engaging in other ways such as ordering repeat medication or enquiring about test results

“I used to be able to book appointments online, both for a GP appointment and for a blood test. These options have been completely withdrawn. This is of no advantage at all to patients, so must be for the surgery’s convenience.”

“I receive a text telling me to book a blood test and then have to waste 30 minutes trying to make phone contact. When I was told to book an appointment within a week, the next appointment available was 29 days away!”

One person also commented on the need for patient involvement.

“I accept the need for minimising contact. I do not find the way in which this has been implemented acceptable. I am a member of the PPG but am not aware of any patient consultation about new arrangements.”

Another person had a problem with e-mails not being answered.

“Following my autumn surgery, I needed to make an appointment to have a surgical dressing changed. I scanned the hospital form, attached it to an email and sent it to the surgery. Please answer emails!! Or at least look at them, to see whether they might be urgent. I phoned after 48 hours of waiting for a response. I had to give the date and time of my email, so that it could be found in the backlog. A District Nurse appointment was made for me but no one told me. I had to phone the surgery to obtain the number of the nursing scheme, and then phone the scheme to find out whether I had an appointment. I had, and the nurse and the follow-up appointment were excellent. But why did I have to be sending emails and making 3 phone calls 7 - 10 days after major NHS surgery?”

One person offered the following comments on contacting a patient.

“When you phone patients, the call needs to display something better than ‘Private number’ or ‘Number withheld’. How about ‘GP’, ‘Surgery’, ‘Dr’ or some simple identifier, to ensure that the call is answered?”

“Ensure that records include prominent information about patient communication barriers, such as hearing or sight loss.”

What did we hear from those with ASD, mental health conditions and learning difficulties?

We heard from people with ASD or mental health conditions through individual interviews and as a group ('Mind the Gap'). We have summarised our findings under the main headings we asked people about.

Making an appointment during the pandemic

A person with learning disabilities told us that making an appointment was easy. They would have preferred a video appointment but were not offered that choice.

"It's nicer, face to face."

"At the surgery there are too many distracting noises."

Others said they had difficulties making an appointment

"It was very difficult to get an appointment in March. I kept calling and calling. Nobody said what was happening. I Received automated messages concerning Covid and messages like "don't come to the surgery". I got a call from the GP about a month later. Out of the blue. By then the issue had cleared up. Due to the surprise of the call, I forgot everything I wanted to say."

Fear of technology would stop one person making an online appointment...

"... no matter how worried/serious I felt the issue could be."

There was a mix of views about receiving texts from the practice. One autistic person did not like receiving texts because they were unexpected and create anxiety. Another said the nurses texted them about appointments and thought they work well for reminders. They did not mind receiving texts that they can look at in their own time and not under pressure.

Having a remote appointment during the pandemic

Experiences of person with learning disabilities

This person said they preferred talking to doctor on the phone. They also said:

- It was easier to understand and can listen to what is being said without interruptions.
- They thought that the doctor makes more effort to explain things clearly on the phone.

Having the same doctor for a long time helps. If given the choice they would choose to go and see the doctor as it is easier to explain where it hurts when in front of him:

"I'd prefer to go back to the old ways when I could show him, what was the problem."

Experiences of people with ASD

Of the eight people who had ASD, two people said they would prefer face to face appointments, whilst one person said they would always choose a face-to-face appointment.

"I would prefer face to face. She can't really see how I am over the phone."

They also felt that the lack of face-to-face contact with a new doctor made it difficult to build a trusting relationship, so they were less willing to go to see her.

“I’ve not got used to her properly because I haven’t been able to go regularly ... it’s put me off going.”

One person also had concerns about tests and monitoring they had been asked to do themselves, such as weighing themselves and taking their own blood pressure. They were worried about the expense of buying a blood pressure monitor. They also found texting the readings back difficult.

“It would be much easier if I just went in there.”

“I can’t be the doctor. She’s supposed to do the doctor stuff.”

Another person had not yet had an appointment but was expecting to have a face-to-face mental health appointment the next week. They had previously just popped into surgery to make appointments or ask questions. They told us that they:

- would prefer face to face contact. As this gave them an opportunity to leave the house and talk to someone and get some exercise.
- were only just feeling confident enough to use services like Teams or Zoom and did not like talking on the phone
- disliked dealing with telephone answering services (press 1 for appointment etc)
- would not cope with having to take photos to send electronically.

Another person said the telephone experience had left them:

“restricted, not safe, out of control (of appointment).”

Two people weren’t keen to have a video appointment.

- One commented that coping with the technology caused anxiety (e.g. loss of signal) and had bad experiences of Zoom meetings when people talk over each other.

Another said they would be very reluctant to hold a video appointment. They said:

“I’d be worried about getting the technology working (audio and camera) I’d worry if the GP could see/hear me.”

“I would prefer a phone call if given a time and date over Zoom if I can’t attend a face-to-face appointment.”

How has your experience affected your health and wellbeing?

One autistic person told us that the Doctor had referred them to the practice’s social prescriber, but she has refused the referral as she does not know the person:

“I can’t cope with another person at the moment.”

How could remote appointments be improved?

We heard a range of issues raised that could help to improve remote appointments for people with ASD. For example, some may need:

- longer appointments

One person explained that when doctor calls, there is not enough time to say everything.

“I find it really difficult; she doesn’t give enough time ... I’ve got to process stuff ... I’ve got a lot to say.”

- to be given a specific time and date

“I wasn’t given any preparation time. I wasn’t given a time and date. I just received a call out of the blue.”

- the phone appointment to happen at the agreed time

If the doctor didn’t call at exactly the right time for an appointment, there is a danger their anxiety levels would significantly heighten.

- to be given time to prepare for the telephone appointment

“After the call with the GP (due to how long it had taken for the GP to call) It was even more hard to explain the issue I wanted to call about (a month previous) I felt like I was a nuisance. At the time I thought I’d never ring the GP again. I simply wasn’t prepared.”

“... Autistic people need time to process and time to prepare what they want to say on phone appointments and time to organise the right environment in which to hold a telephone conversation (confidentially aspect)”

Another person offered some further insights into the aspects of remote appointments. These included:

- a possibility of information overload if having a telephone or Zoom appointment. If attending a face-to-face appointment, a person can ask the doctor to pause and write points down as the conversation develops.
- difficulties reading a doctor’s facial expressions and body language - obviously impossible on the phone but also difficult to read on a computer screen. People would wonder (worry) what the doctor is really thinking if not attending a face-to-face appointment.
- heightened anxieties if asked to upload/send a photo if person considers the issue ‘embarrassing’. People would especially worry on who else would see the image.

“I would express myself better face-to-face as to my needs and to clearly explain why I was at the appointment in the first place.”

What did we hear from those living with Dementia?

We attended an existing focus group for those living with dementia, run by the Alzheimer's Society. We spent almost an hour with the group getting their feedback. All those in the group had carers, in most cases a spouse.

All had had at least one remote appointment, mostly via telephone, but a few using video. Most had other conditions that were the reason for their appointments. A summary of relevant points raised is set out below.

All believed that, despite a preference for face-to-face, telephone appointments had worked for them.

“I had a telephone appointment and it was great service.”

“I miss face-to-face.”

“I prefer talking.”

The group mentioned some adjustments that practice staff could make when talking to people living with dementia. These included:

- being aware that the person is living with dementia and how this affects them

“Whoever contacts us should be aware that we have dementia and how it affects us and should know how to respond to us.”

“Please speak slowly and repeat what you say.”

- prompts to help patients remember what was discussed, forthcoming appointments etc.

It would be good to follow up the call with an e-mail with a summary and any advice.

The group were concerned about taking calls that they had not planned or from unfamiliar numbers or where the number is withheld. Some of the group said that they preferred that their carer or spouse took calls.

“There are a lot of scam callers ... How do I know, if I get a call or a text ‘out of the blue’ whether it is my doctor if I don’t know the number?”

“It should be a planned call and maybe we could agree to use a password so that I know it is genuine.”

“I’m not sure how anyone with dementia can manage if they don’t have a spouse or carer.”

“The GP should be proactive in contacting people with dementia.”

Our conclusions

We found that the people we spoke to accepted that appointments were being carried out remotely given the situation with the Coronavirus pandemic. They recognised that this would be a way of having certain types of appointments in the future.

We found that:

- + there is still a preference for face-to-face appointments where possible.
- + telephone appointments were mostly preferred, especially when there was a lack of facilities, desire or skill to use other forms of technology.
- + those who were dependant on carers were more likely to be happy to use any method of contact. This was as long as it had been organised and set up for them, and they had help if needed.
- + some people choose to 'self-exclude' from certain methods of communication, but everyone had access to at least a landline or mobile phone.

Overall, we found that:

- + many patients understood the need for remote appointments and generally accepted them.
- + many in more vulnerable categories still preferred face-to-face appointments.
- + with few exceptions, most of our respondents were unhappy with the process of booking appointments, especially over the telephone.

It is disappointing that despite our efforts we were not able to reach more ethnic minority groups. As we noted above, we know that our research methods will also have limited who we were able to reach. There is a strong need for further work on digital inclusion. Using appointment data from the last year, we could now target groups that we know are less likely to have a remote appointment. It is likely that this work would need to be carried out face-to-face.

Our recommendations

Good communication

We recommend that Buckinghamshire Clinical Commissioning Group (BCCG):

- encourage general practice staff to follow the core principles laid out in 'Good Communication with Patients'. This can be done through their communications with general practice and practice staff training programmes (for example practice learning time).

Patient-centred - All clinical communications to patients should centre around their specific care, not internal NHS processes or systems (NHS, 'Good communications with patients: core principles')

Booking remote appointments

We recommend that Buckinghamshire Clinical Commissioning Group (BCCG) work with practices to:

- ensure that the appointment booking process is as easy and as quick as possible to minimise stress.

Communications Method - Ensure an inclusive communications method for each patient, taking into account their personal circumstances. Ensure there is a method for the patient to get back in touch if required (NHS, 'Good communications with patients: core principles')

- ensure that, when working with patients with disabilities, mental ill health or age-related conditions:
 - remote appointments are offered with consideration of the patient's individual preferences, circumstances and abilities.
 - face-to-face appointments are offered as a reasonable adjustment (under the Equalities Act 2010)
 - they understand all their options for face-to-face or remote appointments and are given a choice (where practical)
- ensure that any changes to guidance about the patient's right to choose the type of appointment are communicated to all patients and practice staff in a clear and timely fashion.
- maintain notes on the reasons for a preferred communications method for each patient, not just the method. If this is prominent in the patient notes, then all staff will be aware of HOW to communicate more effectively with patients who have difficulty in remote appointments.
- ensure that where contact with a patient is through another person (such as a carer or family member), that their relationship to the patient, communication preferences and contact details are also clearly noted.

- ensure a suitable follow-up method has been agreed with patients with memory difficulties or for reference by a carer, to record/confirm what was covered in any remote contact.
- ensure that withheld numbers are not used when doctors and practices contact patients.
- to introduce a 'safe word' or password with patients to ensure that they know that a call from their practice is genuine.

During remote appointments

Deliberate Language - Language should be clear, simple and easy to understand, and tone should be active. Avoid turns of phrase which patients themselves may not identify with ... If required, handle compassionately (NHS, 'Good communications with patients: core principles')

Patients with ASD, learning difficulties, mental health or age-related conditions may find remote appointments more stressful or become anxious during an appointment.

- Depending on a patient's needs, clinicians should:
 - stick to agreed times for contact.
 - stick to the agreed method of contact.
 - speak slowly and be prepared to repeat information.
 - ask the patient to repeat what you have said rather than just asking if they have understood.
- Considering the above factors, ensure the length of the appointment is appropriate.

Safety Reassurance - All clinical communications to patients should re-enforce that the NHS is safe and is here to care for all patients who need it (NHS, 'Good communications with patients: core principles')

- At the beginning of a remote appointment, the patient should be asked if they feel that they are in a safe and private environment, and that they are comfortable with using the technology in use.

Appendix 1

Practice Staff survey responses

Responses from the survey are set out below.

What was your practice's approach to remote consultations before COVID-19 hit, and how has it changed during the pandemic?

(Other patient facing role) There has been a somewhat negative response, from patients, in regards to remote consultations and the provision of appointments, especially with concern to keeping the Surgery Premises within a Covid-19 Safe Environment. This has resulted in a number of sometimes unnecessary complaints, from a small minority of patients in order to, I believe, circumvent Covid-19 Restriction in an attempt to expedite their own treatment at the expense of others.

(GP or Lead GP role) We were already doing telephone triage and operating this as our primary system so that hasn't changed. We are utilising more IT e.g. offering video consults, photos via text, documents via text etc

Have there been any unexpected positive or negative effects of the shift to remote consultations on the way your practice operates more broadly - e.g. finding new ways to reach out to or monitor patients with digital tools?

(Other patient facing role) A small minority of patients have bypassed our Complaints Procedure and instead vented their frustrations on Public Forums, such as Nextdoor.co.uk and Facebook. As the Practice Senior Management Team do not always have access to the same Social Media Platforms, it has become increasingly difficult to monitor issues, which has resulted in an unfortunate increase in complaints, which then causes unnecessary distractions from us providing a professional service. There has also been an increase in the number of complaints against our Reception Team/Call Takers, especially when we are unable to allocate appointments, due to Coronavirus Restrictions. Furthermore, our Reception Team is consistently being accused of being "rude and obstructive" especially when patients make demands and/or answers to enquiries that the call handlers are not always in a position to answer, as information can change at a moments notice.

(GP or Lead GP role) Positive for the most part. Patients still criticise and want to come into the surgery for what is deemed not essential.

Do you feel that any groups of patients have been particularly positively or negatively impacted by the shift to remote consultations, and what is the impact? Do

you think there been any knock-on effects of this shift outside of people's immediate acute needs - e.g. on preventative medicine, screening programmes?

(Other patient facing role) The two main negative difficulties we have identified have surrounded the allocation of face-to-face appointment and the provision of routine Smear Tests. This has resulted in yet another myriad of threads, on Nextdoor.co.uk, bypassing our Complaints Procedure and allowing the proliferation of false and sometimes borderline slanderous comments being made. It was only thanks to our PPG that we have been made aware of these posts, which has then allowed us to implement the necessary actions to prevent an avalanche of complaints. However, once we have been made aware of these patient's concerns, we have been able to resolve the patient's concerns, to the satisfaction of both the patient's and our team, in the main. Unfortunately, other patients have then taken the opportunity to use these inaccessible Public Forums to make further consistent and unnecessary remarks. about the Practice, mostly historically, in addition to comparing us to other surgeries, within our PCN who, in the main, have a totally different patient demographic and also, sometimes, able to provide additional services due to the resources they have available.

(GP or Lead GP role) Positive impact of utilising IT. We still continue completing all essential services - we have never stopped patient facing essential reviews. Positive impact of patients managing minor illnesses on their own - which is how it should always have been

How have you or your practice identified and supported those patients who are unable to access remote consultations? What changes or processes have been put in place to help patients access these, and how effective do you feel these have been?

(Other patient facing role) We have tried, to the best of our abilities, to provide the best levels of services, that we made available pre-pandemic. We have opened up numerous new ways in which patients are able to contact us, utilising constant updates to our main website, as well as a total reformatting of our social media presence. However, this has not always proved advantages, as there is still a majority of patients who have chosen to use the new forms of communication to bombard and abuse our Practice Team with sometimes unnecessary complaints. Fortunately, we have now started to begin networking, with the other Surgeries and PPGs, from within our PCN, only to find that they are also receiving the same concerns from patients as we are. Hopefully, once the network is up and running, we will all be in a better position to provide a more joined-up response. When complaints are received, some patients are the utilising the opportunity to cascade the information, to their fellow patients, which isn't always advantages, when they then go on to elaborate our responses with negative comments and misinformation. This has also raised concerns when some of the patients then start to publish confidential emails, sent to the by the Practice, sometimes in their entirety, onto public forums, like Nextdoor.co.uk.

(GP or Lead GP role) Our patients are all very familiar with our telephone triage set up

Do you feel there is any further support that could be provided (either by yourselves or by regional/national actors) to help prevent negative impacts on patients or to implement the approach more effectively? What do you think would be necessary to make this possible?

(Other patient facing role) It would be advantageous, to all of us, if firstly the government was more consistent with their advice, guidance and regulations in order to prevent unnecessary misunderstanding by patients, It is also increasingly important that PHE, our CCG and Local Health Bodies provide us with clear and transparent information, that doesn't constantly change at the drop of a hat, although we're aware this is not always possible. The keyword here is 'consistency'.

(GP or Lead GP role) Unsure

What do you feel the impact of the shift to remote consultations has been on your ability to perform your own role effectively?

(Other patient facing role) The main impact has been the ability for Reception Teams/Call Handlers to manage the expectations of a growing number of patients, which then gives rise to accusations and complaints of our staff being "rude" and/or "unhelpful and obstructive", when they're unable, for whatever reason, to provide the services or answers to questions that patients are, sometimes aggressively, demanding. This situation is not assisted when patients then starting a myriad of posting on public forums, like Nextdoor.co.uk, as well as the inaction of that site's moderation team to remove posts, at our request, which then requires us to firefight issues rather than being able to manage them.

(GP or Lead GP role) We were already doing it pre-covid

How much of the approach to digital/remote consultations would you like to keep in a post-coronavirus world, and how do you feel these changes fit with the overall direction of change in the health system?

(Other patient facing role) We feel that the provision of digital/remote services could become extremely advantageous, to a growing number of our patient demographic, but only if they're able and willing to access our services in this way. However, some downfalls, of this approach, is mainly surrounded by the expectations of patients and other service users to actively engage with us, when a number of them are still in a pre-pandemic mindset of having face-to-face consultations as well as expecting the same level of service they've come to appreciate pre-covid.

(GP or Lead GP role) All of it

Do you have any other comments on remote appointments?

(Other patient facing role) Remote appointments are all well and good, however, unless additional time is made available, to patients and practitioner, to sometimes deal with issues more holistically, ie more than one connected issue per appointment, then we may find ourselves in an untenable position.

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- [The Alzheimer's Society](#) for allowing us to engage with people with dementia through their 'Focus on Dementia' focus group.
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References

Digital Exclusion Research Methodology - Issued by Healthwatch England for those Healthwatch who took part in their Digital Exclusion project (November 2020 to March 2021) as the basis for our own project scope and approach.

Good communications with patients: core principles 21 January 2021, Version 1

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Good communication with patients 21 January 2021, Version 1

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