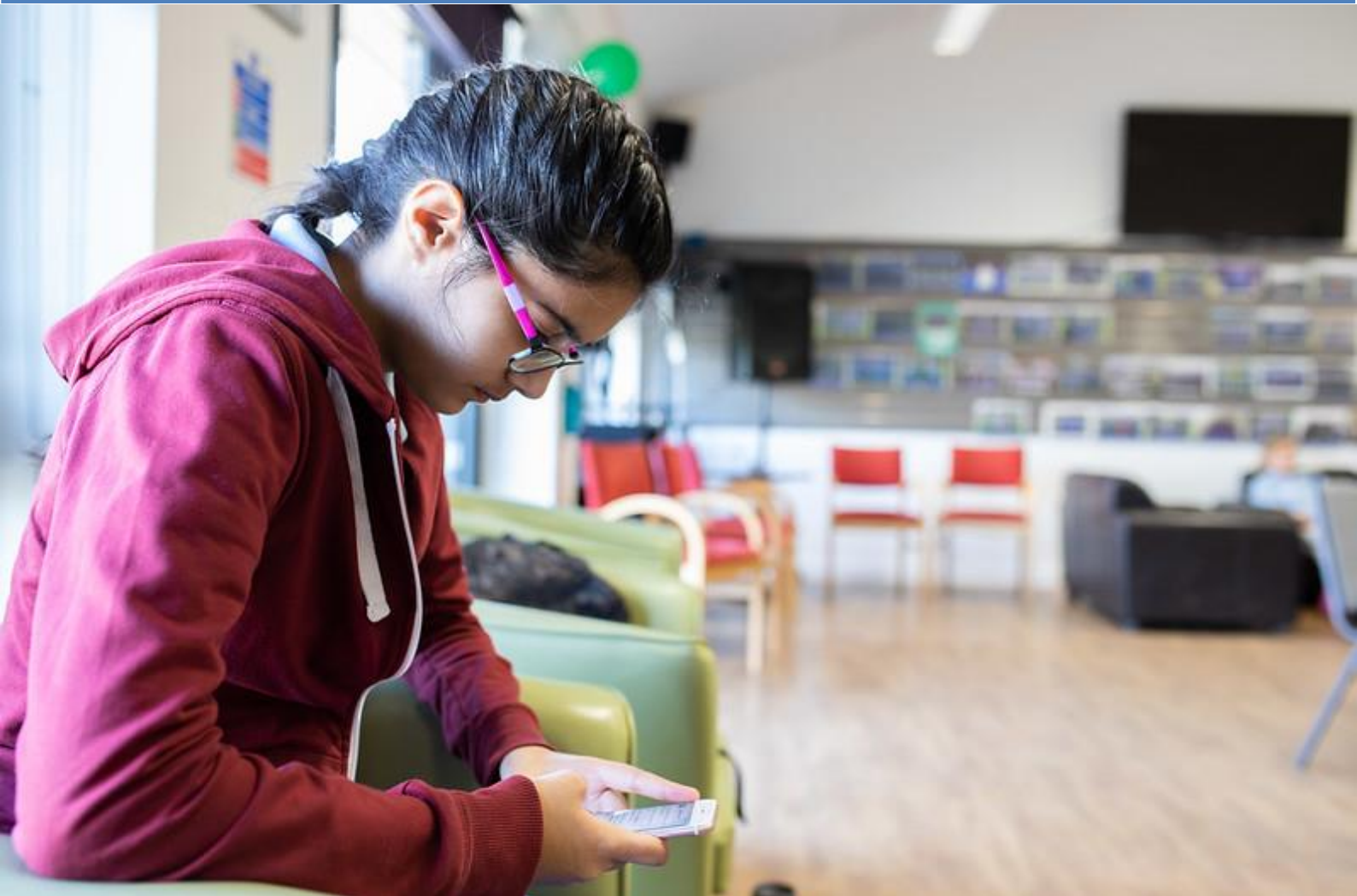# healthwatch
Brighton and Hove

People's views about remote access to appointments during the Covid-19 pandemic – compilation of evidence

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Introduction:

Below is a brief compilation of engagement and research activities that have provided insight on remote (not face-to-face) access to health and social care. Specific publication dates are provided where known, alongside links to the full reports. Those projects completed and ongoing are outlined as evidence, in chronological order with the most recent presented first.

Summary - What the evidence tells us:

Benefits:
- There are mixed views about remote (not face-to-face) consultations – for most they are beneficial (more convenient) and satisfaction is high. Some people find remote consultations a less stressful experience than visiting their GP, easier to share information, and a simpler and quicker route to care.
- Most people accept the inevitability of remote appointments becoming 'normal'.
- Most patients say they are happy with the care and treatment received in their remote appointment and would like to be able to have remote appointments in future.

Challenges:
- However, for others there are concerns about remote access overlooking individual support requirements with some fears of misdiagnosis.
- Other concerns include not having a specific time for the appointment; not feeling able, or being too rushed, to fully explain their condition in a remote setting; lack of privacy; Wi-Fi and connectivity problems (including use of personal data allowance); and concerns over data security.
- There were technological challenges, especially for video appointments and for those with a cognitive impairment or other disability.
- People whose first language was not English find making appointments or speaking to a GP over the phone challenging, and for those with learning disabilities people feel that a face-to-face appointment is better especially as facial expressions are important to them.
- People who are deaf or who have hearing loss face additional difficulties making some remote appointments difficult to comprehend. Some report putting off appointments as a consequence. GP surgeries making conscientious adjustments to meet the patient's communication preferences, and the use of assistive technology are recommended.
- Wasting time for an initial phone call when the need for a face-to-face appointment is obvious, is a further concern.

- Some young people were particularly concerned that remote appointments did not allow people to establish rapport and communicate effectively with the health or social care professional remotely; that the remote appointment increased anxiety; raised worries over privacy; and a perception that this may increase the risk of misdiagnosis.
- For mental health remote consultations, some young people were worried about communication and trust; privacy and confidentiality; anxiety and lack of confidence; technology; and stigma and fear of being judged.
- There are common experiences of people having difficulties booking an appointment via e-consult; waiting in a queue when calling reception; and registering with a practice.

Differences in opinion:
- People with disabilities and Lesbian, Gay and Bisexual people were generally the least satisfied with their remote appointments during the pandemic.
- In general, older people and those people with disabilities were less happy to have remote consultations in the future.
- Some older people had difficulties explaining conditions over the phone or did not have the skills or technology to upload photos or have video calls. Some older people delayed or put off care as a consequence.
- There are access difficulties for those socially excluded as they are more likely to be digitally excluded (e.g. lack of money to afford the internet).
- Overall, those facing vulnerability and disadvantage are less able to access remote consultations including disabled people, people with long-term health conditions, people without access to the internet and for anyone whose first language is not English.
- However, evidence shows that motivation is three times higher than lack of skills and is the leading reason for not engaging digitally.

Future and beyond the COVID-19 pandemic:
- There is a preference for primary care to incorporate a hybrid system, doing everything possible to reduce barriers to accessing care remotely while giving people the agency to decide what kind of appointment is right for them. A blended offer, including text, phone, video, email, and in-person is thought to be the most favourable solution for patients.
- A choice of remote appointment, whether phone, video or SMS was also considered to be preferable.
- GPs highlight several functionality benefits of remote consultations that are likely to extend beyond the pandemic. These include smartphone compatibility; video calls auto-populating a patient name, phone number and other details; sending bespoke SMS; sharing attachments; and having a full audit trail of communication to and from the patient.
- In the long-term, improving digital skills is important to enable people to receive health and social care support online.

COMPLETED ENGAGEMENT PROJECTS

Published in 2021:

1. **Locked out: Digitally excluded people's experiences of remote GP appointments (Healthwatch England, June 2021)**
   https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Digital%20Exclusion%20v4.pdf
   - Sought views from people more likely to be digitally excluded: older people, people with disabilities, and people with limited English. 86 patients and 26 members of staff. More than a quarter of the patients (27%) were people from a minority ethnic background.
   - People can be digitally excluded for various reasons including digital skill level, affordability of technology, disabilities, language barriers or having no interest even if they had the access and skills.
   - The stories heard about using GP services during the pandemic were mixed. Some people who traditionally experienced barriers to accessing care, like carers or people with mobility issues, found the shift to remote care beneficial.
   - However, they found that services frequently overlooked individual support requirements, and digital health systems had little means of anticipating them.
   - Not knowing how to seek alternatives to remote booking systems or appointments meant some people became entirely reliant on their families for accessing healthcare, received poorer quality care, or abandoned attempts to seek healthcare altogether.
   - People experienced significant difficulties booking an appointment via e-consult or reception. This part of the booking process was by far the main point where people felt excluded and gave up trying to access care.
   - People who tried to call their GP instead frequently complained of long waits on phone lines or difficulty getting an appointment at all.
   - Also interviewed staff at GP practices as part of this project. While staff wanted to retain the added efficiency of remote care where possible, they acknowledged that the total shift to remote methods had excluded some people from care, and a better balance between face-to-face and remote methods is needed.
   - Identified five principles for post-COVID-19 care to ensure everyone has access to the appointments they need:
     - Maintain traditional models of care alongside remote methods (as a hybrid model) and support people to choose the most appropriate appointment type to meet their needs.
     - Invest in support programmes to give as many people as possible the skills to access remote care.
     - Clarify patients' rights regarding remote care, ensuring people with support or access needs are not disadvantaged when accessing care remotely.
     - Enable practices to be proactive about inclusion by recording people's support needs.
     - Commit to digital inclusion by treating the internet as a universal right.

2. MSK Patient Feedback about Virtual Appointments (David Gilbert et al. 2021)

Contacted 30 MSK patients by email who had had phone and/or video consultations during the first week of December 2020. These covered all pathways, a mix of first appointments and follow-ups. Sixteen people offered to give views on their experience.

- Most people talked to were very positive about their experiences with virtual appointments.
- A few people expressed surprise at how good it was – the consultation exceeded expectations.
- Overall, people were impressed about the smooth process of care. The timeline between initial consultation, time, and care to conclusion went very smoothly with most of the patients.
- They felt empowered as they felt involved in all their care and process throughout.
- Most of those who were satisfied, and a few of those who were not mentioned how competent and kind the practitioner was, regardless of whether it was a phone call or video consultation.
- Many also said that their practitioner went above and beyond, given the tricky context. For example, making doubly sure people had understood things, asking good questions that allowed proper assessments when patients thought this might be impossible, ensuring they could call back if the connection was poor, and explaining why this was what had to happen for the moment.
- The personal factor was backed up by the system's reliability – in terms of administrative functions (good information being sent out about what would happen, practitioners' ability to switch to video during a phone call, and appointments being punctual.
- However, out of the sixteen people interviewed, five reported negative experiences – either overall (two) or with critical aspects of the consultation (three).
- Other issues raised were technical problems of two sorts – either due to the connection not being good, or because of the difficulties of positioning the device to gain an accurate view of the assessment. In both latter cases, this was for foot and ankle problems, which understandably can be parts of the body more difficult to capture on a camera.

3. Exploring Young People's perceived barriers to accessing video/phone mental health appointments - a solution focused consultation (Young Healthwatch, June 2021)
https://www.healthwatchbrightonandhove.co.uk/news/2021-06-11/exploring-young-peoples-perceived-barriers-accessing-videophone-mental-health
- 'Ready, Set, Connect!' is a solution-focused, youth-led consultation of young people (aged 16-25) across Sussex. Exploring the barriers young people face when accessing remote mental health appointments.

- When young people were asked what could stop them from accessing remote (phone or video call) mental health appointments, the main barriers emerged were:
  1) Communication and Trust
  2) Privacy and Confidentiality
  3) Anxiety and Lack of Confidence
  4) Technology
  5) Stigma and Fear of Being Judged.

4. **Digital Exclusion Report 2021 - Understanding patient experiences when using primary care services (Healthwatch Darlington, June 2021)**
   https://www.healthwatchdarlington.co.uk/report/2021-06-16/digital-exclusion-report-2021-understanding-patient-experiences-when-using-primary

   15 interviews with patients from relative social deprivation in the community including older people (65+); people with disabilities (especially people with sensory impairments, learning disabilities or dexterity/mobility issues); and people with language barriers (whose first language is not English). Main findings:
- For the most part, remote consultations have worked well and have created some great opportunities for a different way of working for professionals, and a more convenient way for patients to access services.
- However this report also highlights some of the difficulties faced by local people especially those from socially deprived areas who may not have access to digital equipment such as laptops, tablets and smart phones, or who cannot afford the extra data needed.
- People whose first language is not English have found making appointments or speaking to a GP over the phone challenging, and for those with learning disabilities most felt a face to face appointment was better especially as facial expressions were important to them.

5. **Insight into remote healthcare appointments during the COVID 19 pandemic (Healthwatch Salford, May 2021)**
   https://www.healthwatch.co.uk/reports-library/insight-remote-healthcare-appointments-during-covid-19-pandemic

- Healthwatch Salford undertook research into the experience of people of remote appointments with their GP. They spoke to 23 people, including people over the age of 65, people with a disability, people whose first language is not English, autistic people and healthcare staff.
- None of the people spoken to had had a video call but some raised concerns about the cost of mobile data and broadband if this facility were to be available in future.

- People should be able to feel comfortable discussing personal matters from a private setting in their own home. Healthcare staff should be aware that the lack of privacy could reflect in the detail of information being discussed.
- Most people were able to access remote appointments but were not given a choice of phone or face to face. Some would have preferred a face to face appointment.
- Some people find remote appointments difficult to absorb. They cannot remember key points, resulting in them questioning their understanding after the appointment has ended.
- People whose first language is noy English said that it was important for them to see the person they are talking to. Visual clues, body language and lipreading all play an important part to communicating. When interpreters are used, they need to be punctual and reliable. Access to BSL users also needs to be improved with prompt answering of text services where provided.
- Some patients were not aware of support that is available to help them learn or improve their digital skills.

6. **Islington residents tell us what they think about remote health appointments (Healthwatch Islington, February 2021)**
   https://www.healthwatchislington.co.uk/blog/2021-02-16/islington-residents-tell-us-what-they-think-about-remote-health-appointments
   Opportunity for feedback is ongoing, but preliminary findings presented below:

Feedback on video appointments:
- Good communication skills from health professionals are even more important over a video link.
- It can be helpful not to have to travel to the appointment or sit for extended periods of time in waiting areas.
- Technical issues can have a negative impact on the patient experience.
- Video appointments are not appropriate for every patient or condition.

Feedback on phone appointments:
- Inability to phone your GP back if you miss the call causes anxiety.
- Problems with phone reception can make it hard to make yourself understood.
- Phone interactions can feel less complete than face to face appointments.

Feedback on e-consult (e-consult is a digital platform that GP practices use to offer remote consultations to their patients. Patients use an online form to describe their symptoms. The GP surgery then decide on the appropriate response, which may be a text message, phone or video call, or face-to-face appointment):
- e-consult can work well but it does require a certain level of digital skill to use.
- The platform does not work so well for certain types of appointment.

7. **Digital exclusion in Brighton and Hove – National and local data (Coleman, January 2021)**
https://www.healthwatchbrightonandhove.co.uk/report/2021-01-29/digital-exclusion-%E2%80%93-briefing-report

- Accessing remote appointments depends on people's digital capabilities and extent of digital exclusion. Provides important context for remote booking and consultations.
- Digital exclusion operates over a spectrum of motivation, access, skills, and ability.
- The reasons for digital exclusion extend beyond access to digital devices and the skills to use them. Motivation and trust are important additional reasons. Evidence shows that motivation is three times higher than lack of skills and is the leading reason for digital exclusion.
- The importance of being digitally included, rather than excluded, is captured through social and lifestyle factors; financial rewards; health benefits; and cost savings for the health and social care service.
- 4.7 million (9%) of the UK adult population have no digital skills whatsoever; 11.7 million (22%) people in the UK are without the 'skills needed for everyday life' and nearly 3.6 million are 'almost completely offline'; 5.3 million adults in the UK, or 10.0% of the adult UK population have not used the internet in the last three months.
- Certain people are more prone to being digitally excluded than others. Older people and those with disabilities are more likely to be digitally excluded. Those who are vulnerable, and disadvantaged are the most likely to be digitally excluded.
- An estimated 8.6% of adult population in Brighton and Hove have either never used the internet or have not used it within the last three months; An estimated 16% of the adult population in Brighton and Hove lack the five 'Basic Digital Skills' (Managing information; Communicating; Transacting; Problem-solving; and Creating).
- There are 15 surgeries in Brighton and Hove where less than 30% of patients are using online services. Of these, there are three surgeries that are either in the fourth or fifth quintile for older people indicating a higher likelihood of digital exclusion.
- Based on different typologies on internet use, those people most likely to be digitally excluded in Brighton and Hove are found in three clusters: North-west Hangleton, Whitehawk and some central areas east of the pier.

8. **GP access during COVID-19 A review of our evidence: April 2019 – December 2020 (Healthwatch England, 2021)**
https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210215%20GP%20access%20during%20COVID19%20report%20final_0.pdf
- Large body of evidence - A thematic analysis of 10,089 people who have shared their experience of GP services via local Healthwatch or directly with

Healthwatch England between April 2019 and December 2020. A thematic analysis of the themes in 458 local Healthwatch reports about GP services during the same period, containing the views of 172,234 people. A representative poll of 2,431 people in England undertaken by Yonder Data Solutions between 22 – 24 January 2021, about their experiences of accessing GPs during the pandemic and attitudes to the COVID-19 vaccine.

- *Booking an appointment*: Before the pandemic, they repeatedly heard about the problems people faced when booking appointments, particularly for working people and parents of school-aged children. While they heard very little about problems people had when contacting their GP practice in the initial lockdown, by autumn 2020, people started telling them about long waits when phoning services. People also told them about problems booking appointments because of triage systems and not being sure when their GP or other healthcare professional will call back, leaving people feeling anxious.

- *Appointments not meeting people's needs*: Remote GP appointments have not met everyone's needs. While telephone appointments are convenient for some, others are worried that their health issues will not be accurately diagnosed. These problems were exacerbated for disabled people, people with long-term health conditions, people without access to the internet and for anyone whose first language is not English.

- *Access to regular treatment and medication*: People also struggled to get appointments for regular health check-ups, treatments and medication reviews. As a result, they were unable to get the medication and treatment that they need to manage their condition.

9. A Primary Care Survey on Virtual Consultation Technology (Sussex NHS Commissioners, 2021)

- A primary care survey on virtual consultation technology (including SMS, online consultation, and video consultation) was shared with Sussex GP practices to get their perspectives on using remote technology in primary care, and how this has changed since the beginning of COVID-19.

- 160 practice staff participated in the survey over three weeks in January 2021.

- Video Consultations (VC) Usage: 89% (143) of survey participants use a VC tool at their practice. AccuRx was the most popular VC tool, with 142 of the 143 practices currently using the AccuRx platform.

- Most popular VC features: of the 23 VC features listed in the survey, the following three features were rated highest by participants:
  1. Patient can connect to video consultation calls via their smartphone and computer (96% found this feature either extremely useful, very useful or somewhat useful)
  2. GP can make video consultation calls via their smartphone and computer (94% found this feature either extremely useful, very useful or somewhat useful)
  3. When the 'video call' icon is selected, the system auto-populates patient

name, phone number and other details (91% found this feature either extremely useful, very useful or somewhat useful)

- SMS Usage: 99% (158) of survey participants use an SMS tool at their practice.
- Most popular SMS features: of the 17 SMS features listed in the survey, the following three features were rated highest by participants:
  1. Single messaging including sending bespoke SMS (98% found this feature either extremely useful, very useful or somewhat useful)
  2. Attaching documents to SMS text messages sent to patients (96% found this feature either extremely useful, very useful or somewhat useful)
  3. Requesting documents/ photos from patients via SMS (94% found this feature either extremely useful, very useful or somewhat useful)

- Online consultation (OC) Usage: 80% (128) of survey participants use an OC solution at their practice.
- Most popular OC features: of the 21 OC features listed in the survey, the following three features were rated highest by participants:
  1. Redirects the patient to the most appropriate local urgent care services where online consultation is not appropriate (82% found this feature either extremely useful, very useful or somewhat useful).
  2. Full audit trail of communication to and from patient (84% found this feature either extremely useful, very useful or somewhat useful).
  3. Ability for patients using the system to share attachments with their GP practice in a secure way (86% found this feature either extremely useful, very useful or somewhat useful).

- Overall, key takeaway from the Remote Consultation Survey is that these digital tools are now fundamental to the day-to-day delivery of primary care services in Sussex. While not all GP practices have installed or are fully utilising all three of these technologies, those for which this is the case have reported tangible benefits that overall improves patient experience when interacting with primary care.

Published in 2020:

10. **RNID (Royal National Institute for Deaf People) Access to remote GP appointments during COVID-19 (RNID, November 2020)**
Access-to-remote-GP-appointments-during-COVID-19-report_FINAL.pdf (rnid.org.uk)

A survey was completed by 384 people across the UK, who self-identified as being deaf or having hearing loss. Headline findings:

- More than 7 out of 10 (71%) of respondents felt that their communication needs would not be met during a remote appointment.

- More worryingly, nearly 60% of respondents admitted they had 'put off' seeking medical advice from their GPs since the introduction of remote appointments, leaving them at risk of not receiving vital medical care.
- Of the respondents who described positive experiences accessing remote appointments they identified two consistent themes: 1. GP surgeries making conscientious adjustments to meet the patient's communication preferences. 2. The use of assistive technology
- The experiences shared about how GP surgeries met their patients' communications needs, varied from having the whole consultation in an accessible text format (such as email or SMS) or adopting a blended approach which included audio or video calls with a follow-up email outlining key advice.

11. **Accessing health and care services – findings during the Coronavirus pandemic (Coleman, October 2020)**
https://www.healthwatchbrightonandhove.co.uk/report/2020-10-14/accessing-health-and-care-services-%E2%80%93-findings-during-coronavirus-pandemic

- An online survey with 2185 people responding across Sussex.
- 37.4% chose not to make an appointment during the pandemic despite having a need to access health, social or emotional care.
- People with disabilities were more likely to delay making appointments. Women were more likely to delay making appointments compared to men.
- For those that had phone, video and online appointments during the pandemic, satisfaction levels were high.
- People with disabilities and Lesbian, Gay and Bisexual people were generally the least satisfied with appointments during the pandemic.
- For triage, GP appointments, getting medication or a repeat prescription, receiving test results and appointments for emotional and mental health NHS wellbeing support (including counselling and therapy), people were mostly keen for phone appointments relative to video and online.
- For the two most common appointments, 71% were happy to have a GP appointment by phone, 61% to have this appointment by video and 35% online. 19% were unhappy about either a phone, video or online GP appointment. For outpatients, 53% were happy to have this by phone, 54% by video, 29% online. 30% were unhappy to have an outpatient appointment by phone, video or online.
- A high proportion of people were not happy to receive any form of remote appointment for their mental health.
- People with disabilities were significantly less happy to have any type of remote GP appointment, independent of their ethnicity, gender, sexual orientation, and age.
- When controlling for the effects of other factors, younger people were generally happier to receive an outpatient appointment by video compared to older people.

- Older people showed strong agreement to preferring face-to-face appointments with their GP. Younger people were happier to have a phone or video appointment with their GP.
- People with disabilities were more likely to agree with statements that reflected this groups overall dissatisfaction towards remote appointments with their GP.
- Older people showed more importance towards having a phone and/or video appointment with their regular GP.
- Younger people showed more importance to being able to book a phone and/or video appointment via an online booking method rather than by phone; being given the choice between having a phone or video appointment; and being able to upload photos of their condition to a GP.
- People with disabilities showed more importance towards phone or video appointments with their regular GP and less importance towards phone or video appointments as soon as possible with any GP.
- People with disabilities showed less importance towards being able to upload photographs of their condition.
- Women showed more importance towards phone or video appointments with their regular GP. Women showed more importance towards being given a choice of phone or video appointments with their GP.
- People describing their day-to-day activities as being limited 'a lot' were more likely to delay their appointments; more likely to have appointments during the pandemic but also found them the least satisfying; and particularly disinterested in remote appointments (more interested in face-to-face).

12. **Accessing health and care services – findings during the Coronavirus pandemic - follow-up interviews (Kay, November 2020)**
https://www.healthwatchbrightonandhove.co.uk/report/2020-11-27/accessing-health-and-care-services-interviews-104-respondents-full-report

- Followed up 104 people who were happy to talk about their questionnaire responses.
- Of those that delayed appointments, the majority said there was little or no negative effect on their health.
- For those where there was a detrimental impact, there were instances of increased pain and wounds needing to be dressed and in one instance, the need for emergency medical attention.
- Two-thirds of the people who had experienced a remote appointment found the experience to be a positive one.
- Positive reactions included less travel, less time in the waiting room and being quicker to get an appointment.
- In more detail, some people also said they felt they had the opportunity to ask the right questions, being offered a thorough discussion about the condition, not being rushed, and being involved in the decision about what to do. Some

had sent photos or videos of the condition, and this resulted in being prescribed medication which helped resolve the condition.

- Around one-third of people they spoke to who had experienced a remote appointment had some negative experience. These included not having a specific time for the appointment and generally not feeling able, or being too rushed, to fully explain their condition in a remote setting. Technological challenges and wasting time for an initial phone call when the need for a face-to-face appointment was obvious, were other concerns.
- Phone appointments were seen as favourable when a face-to-face was not necessary and generally more reliable than video appointments.
- Nonetheless, video was seen as an effective way for the patient and doctor to see one another, supported by the viewing of body language and facial expressions.
- However, of all the remote options, those by video were particularly susceptible to technological problems. Some computers were not compatible with the meeting platform used by the NHS, others had camera problems and some people were not comfortable or able to connect remotely.
- People accepted the inevitability of remote appointments becoming 'normal'. However, the need to ensure that patients had a choice about using them as an alternative to face-to-face, was considered important.

13. **Young People's Preferences Towards the Future of Health and Social Care Services in Sussex – Findings during the Coronavirus Pandemic (Young Healthwatch, November 2020)**
https://www.healthwatchbrightonandhove.co.uk/report/2020-11-03/young-peoples-preferences-towards-future-health-and-social-care-services-sussex

- Online survey completed by 146 young people aged 13 to 25.
- 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%, 89% and 80% 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:
  1. Anxiety and difficulty to express oneself through phone or video appointments.
  2. Issues with technology during video calls.
  3. Remote appointments not being appropriate when prescribing a new medication or treating specific conditions that require face-to-face assessment.

- Majority of young people were happy with future phone appointments for 'GP' and 'Outpatient' (64% and 54%, respectively).
- Notably, a high proportion of young people, were not happy to receive mental health support remotely (*see additional report*).
- 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.

14. **Communications technology in healthcare – the impact of Covid-19 on public perceptions (Visionable, September 2020)**
https://visionable.com/wp-content/uploads/2020/09/CommunicationsTechInHealthcare_WhitePaperSept2020_final.pdf

- Fieldwork was conducted in two phases across the UK, from 14th – 21st February 2020 (1516 interviews) and 18th - 21st May 2020 (1,520 interviews).
- 73% now agree that you do not always need to see a doctor in person to receive appropriate care.
- Four out of five people see communications tech as vital to the future of the NHS.
- More respondents now cite technology as an important way to improve access to doctors.
- Communications technologies still seen as a way to enable faster treatment/diagnoses.
- Their research also showed a significant growth in confidence in telephone and video consultation for the future. A total of 83% of respondents were now happy with phone consultations to consult with their GP, compared with an already strong 73% in the February round of questions. Three quarters of

patients were now happy to use video to engage their GP, compared with 62% previously.

15. Patient Experience of Remote Consultations during the COVID-19 Pandemic (Oxleas, September 2020)
https://healthinnovationnetwork.com/wp-content/uploads/2020/12/MH-Remote-Consultations-Patient-Experiences.pdf

- Responses from 5,054 patients,
- Across all services, a total of 90% of patients responded "Yes" or "Somewhat" when asked if they were happy with the care and treatment received in their remote appointment.
- In total, 79% of patients responded "Yes" or "Maybe" when asked if they would like to be able to have remote appointments in future.
- The main theme that arose in the thematic analysis was convenience; the respondents commented on how convenient the remote consultation experience was for various reasons (i.e. saving on travel time).
- Patients in some services reported that they received the same level of care and treatment in their remote appointment as they would in a face-to-face appointment.
- A common theme was that respondents had a preference for being seen face-to-face, but patients do note that the method of treatment delivery would vary according to the symptoms and/or nature of the appointment. For example, patients have commented that remote appointments would be a suitable option for follow-up appointments where they do not need to be physically examined.

16. Opinions and Lifestyle Survey (Office for National Statistics, August 2020)
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/21august2020

- 68% of people said they would be 'comfortable' or 'very comfortable' attending an online appointment.
- This decreased for people aged 70+ (61%) and for those with a specific health condition (62%).

17. Doctor will Zoom you now (Traverse and National Voices, July 2020)
Version Control (traverse.ltd)

- This study engaged 49 people (over 10 days) via an online platform and a further 20 through individual interviews. All had the experience of a remote consultation via telephone, video, or text-based communication.

- For many people, remote consultations can offer a convenient option for speaking to their health care professional. They appreciate quicker and more efficient access, not having to travel, less time taken out of their day and an ability to fit the appointment in around their lives. Most people felt they received adequate care and more people than not said they would be happy with consultations being held remotely in future.
- However, there is no one size that fits all solution. Key to a successful shift to remote consultations will be understanding which approach is the right one based on individual need and circumstance. A blended offer, including text, phone, video, email, and in-person would provide the best solution.
- Through this sea change there is an opportunity to improve the quality of care. By focusing on the needs of people receiving care and using a combination of communication tools they propose a more equal space for health care providers and patients to interact.

18. **Phone, video and on-line appointments during the Covid-19 Pandemic (Healthwatch Shropshire, July 2020)**
    HWS Spotlight Report Remote Appointments October 2020.pdf (shropshire.gov.uk)

Spoke to 61 people.
People reported a number of advantages to being able to speak to a Dr/Consultant or other specialist over the phone, including:

- ✓ Avoiding an unnecessary appointment (including follow-up outpatient appointments).
- ✓ Avoiding a long or difficult journey.
- ✓ Saving time (more efficient).
- ✓ Being referred to the most appropriate professional.
- ✓ Reduction in anxiety.
- ✓ Avoiding going into an environment where you might catch Covid-19 or another disease.

People expressed a range of concerns about the move to phone appointments, including:

- Difficulties getting through on the phone, including the cost of the phone call when waiting in a queue
- Difficulty in getting to speak to a doctor or receive appropriate treatment.
- Difficulty in arranging an appointment at a convenient time/not knowing when the call will happen.
- Receptionists being seen as 'gate keepers'.
- Concern that some patients do not want to discuss symptoms over the phone, with the receptionist (e.g. worries about confidentiality) but also the doctor or nurse due to embarrassment.

- Concerns that receptionists do not have the experience or training to respond appropriately to patient concerns, particularly around mental health, or take down patient information correctly.
- Concern that some patients would be disadvantaged because of their lack of access to the internet and technology, particularly older patients.
- Difficulties that some people have with using the phone, including people with hearing impairments or communication difficulties.
- Concerns that staff do not have the skills to have an effective telephone consultation.
- Lack of time, feeling rushed and unable to ask questions.
- Concerns about making a diagnosis without seeing the patient and relying on the information given by the patient.
- Patients not receiving the support of a family member, friend or carer when the appointment is over the phone, e.g. to explain symptoms.

As regards online consultations (such as using e-consult), positive comments were around the speed in which a GP responded to a message, while negative comments were around lack of familiarity with the technology, or lack of access or necessary permission to use the service.

As regards video consultations, the main concern they heard from people, including professionals, was that many people do not have the technical skills necessary to make use of these kinds of appointments. They also heard that video appointments can be particularly challenging from people with a cognitive impairment such as Dementia or other disability.

19. **Keeping our Networks Alive (Surrey, Surrey County Council and Surrey Heartlands Clinical Commissioning Group, June 2020)**
https://www.surreysays.co.uk/adult-social-care-and-public-health/keeping-our-networks-alive/

- Engaged 51 people from 56 different organisations.
- 75% of residents/groups/networks had responded positively to the new virtual methods of engagement.
- 39% feel that the new virtual engagement methods are as effective or more effective than traditional methods.
- However, 27% were unsure. Some concerns were raised about people with no digital skills or access to digital services, with a hybrid model of service delivery recommended (physical and remote).

20. Improving patient communication/involvement and the role of technology in local NHS services (Healthwatch Coventry, March 2020)

[Improving patient communication/involvement and the role of technology in local NHS services | Healthwatch Coventry](#)

469 people took part in the survey to find out how people would like to access NHS service using technology, book appointments and get test results, and what people think about communication from and feedback to GP practices.
Overall what people would like to see:

- Flexible methods of accessing services to take into account individual needs and circumstances.
- A focus on the outcome for patients when putting in place digital methods and not a focus on the technology.
- Full consideration of security.
- Equity/fairness - no preferential access for those who have digital access over those who do not.
- Good information about new methods and the option to learn how to use them.
- More regular communication from GP practices reaching those who do not go to the practice often as well as those who do.
- Clearer and more ways to give views and feedback to GP practices using different methods (after using services and/or annually; paper and online).

21. Healthwatch East Sussex
https://healthwatcheastsussex.co.uk/news/east-sussex-people-in-the-coronavirus-crisis-first-findings-released/

This study engaged 970, 11-18-year-olds and 1209 adults.
From the young people's survey, the study showed that 11.3% had used a video-link or mobile app to access health or care services. Of these:

- 49.1% indicated that 'It met my needs, but I would prefer to see someone face-to-face in the future'.
- 26.4% indicated that 'It met my needs, and I would be happy to use it as my main means of using this service in the future'.
- 12.7% indicated 'I didn't feel that it met my needs, and wouldn't wish to use it again'.
- 11.8% indicated 'I used it, but neither liked nor disliked the experience'.
- From the adult survey 17.4% indicated had used a video-link or mobile app to access health or care services. Of these:
- 43.3% indicated 'It met my needs, and I would be happy to use it as my main means of using this service in the future'.
- 33.8% indicated 'It met my needs, but I would prefer to see someone face-to-face in the future'.

- 12.4% indicated 'I didn't feel that it met my needs, and wouldn't wish to use it again'.
- 10.5% indicated 'I used it, but neither liked nor disliked the experience'.

22. Healthwatch West Sussex
https://spark.adobe.com/page/bv91D8t1FSZ37/

- Healthwatch West Sussex interviewed a number of young people about their experiences of digital/remote consultations during the pandemic.
- This engagement revealed mixed feedback suggesting that digital consultations will not be a quick fix or panacea for managing future health and social care demand for young people.

23. Mental health service us in Brighton and Hove (Community Roots, 2020)

- 251 people responded to an online survey.
- Phone call support was the preferred alternative to face-to-face, followed by email and video.
- A blended approach could be incorporated into future service delivery.

24. Remote hospital appointments are miles better, say Devon patients (NHS Devon CCG, no date)
https://devonccg.nhs.uk/news/remote-hospital-appointments-are-miles-better-say-devon-patients

Initial results of a survey by Northern Devon Healthcare NHS Trust showed that:

- The vast majority of telephone appointments were positive experiences.
- Face to face appointments were well managed, including use of PPE.
- The vast majority who had video appointments said it was easy to connect and 92 per cent said they would like their consultation by video in future.
- Doctors and clinicians connecting with patients remotely also say it works well.
- Other benefits reported were less anxiety by not having to attend hospital; not having to find childcare or take siblings; much easier to talk from the comfort of home; more convenient and better use of time; avoiding mobility issues and reliance on others for transport.

25. Digital First remote consultation survey (Digital First Programme, 2021 – provisional findings)
https://yoursaysussexhealthandcare.uk.engagementhq.com/digital-first/survey_tools/remote-consultation-survey

- There are two projects in the Digital First Programme:

1. Remote Consultation - digital technology options to access GP appointments – text messages, online form to request an appointment, video consultation.
2. Digital Skills Inclusion - aim is to provide training and resources to raise awareness & support access to digital tools like the NHS App & remote consultation.

- The current survey explores three types of consultations: video, online and SMS. It asks about their usefulness, appointment appropriateness, barriers and enablers, and support options to facilitate use.
- Project timeline:
  - Engagement: March – July 2021
  - Procurement: August – November 2021
  - Implementation: December – April 2022,

Provisional findings:

Positives:
- Less stressful experience using digital vs. attending GP practice.
- Easier to share information between me and GP.
- Simpler and quicker to access care.
- GP practice is not very accessible, so it is easier vis digital technology.

Problems:
- Lack of privacy at home to do a virtual appointment.
- Lack of Wi-Fi/equipment makes it hard to access digital technology.
- Concerns over data security.
- Terminology needs to be user friendly.
- Do not feel confident in using laptop or mobile phone.
- Difficult to communicate on digital technology.

Suggestions:
- Keep it simple, easy to use and understand.
- Be good t have standardised GP websites.
- Need to have allocated timeslots for video or phone calls.
- Can fit an online appointment in via routine.
- Digital technologies should be standardised across the NHS.

26. AgeUK – report on digital exclusion and older people's access to health services – early results (report not published) – contact: Charlotte.Lynch@ageuk.org.uk

14,840 older people spoken to. Early findings:
- Some report benefits of having remote appointments in terms of convenience and having a phone appointment was quicker than having to wait for a face-to-face one.
- Some had difficulties as follows:
    - navigating online forms;
    - the costs of waiting on the phone for long periods of time;
    - difficulties explaining conditions over the phone;
    - phone calls not happening at the agreed time (or not happening at all);
    - fears of misdiagnosis or prescribed the wrong medication;
    - taking and sending photos and video calls were difficult for those with limited digital skills;
    - particular struggles for those with hearing or communication difficulties;
    - difficulties for those socially excluded who were also more likely to be digitally excluded (e.g. lack of money to afford the internet);
    - some people delaying or putting off care as a consequence.

27. DeafCOG – survey open – contact: richardfrance@deafcog.co.uk

Looking to see what barriers were encountered during the lock down periods from March 2020 to May 2021, for those with hearing loss, through four open-ended questions:
1. Did you experience difficulties in accessing NHS services or GP?
2. Was communication an issue for you?
3. Did the required wearing of face masks impact your communications?
4. Was it difficult to access medical appointments?

28. Have your say about Healthcare in East Brighton - survey not reported (closed June 30th) - (The Trust for Developing Communities and Wellsbourne Healthcare CIC) – contact: Kalishia Davey, Community Learning and Equalities Development Worker.

General feedback on positive or negative experiences of accessing health services (local GP's, Clinics and Pharmacies) in Whitehawk, Bristol Estate and Manor Farm or have other ideas around healthcare in the BN2 5 area you would like to share.

https://www.surveymonkey.co.uk/r/accesstohealthservices

Used services in last year, what went well/less well, overall satisfaction, choices about how to increase feedback between health services and community.