



# REMOTE CONSULTATION EXPERIENCES

Engaging with hospital outpatients about  
their experiences of remote consultations

July 2021



## Contents

About Healthwatch Together	3
Rationale for research	4
Methodology	5-6
Executive summary	7-8
Individual experiences	9-10
Summary of experiences	11
Technology	11
Things to celebrate	12
Things to improve	13-14
Communication	15-16
Privacy and security	17
Standard of care	18-19
Healthcare professional experience	20
Using remote consultations in the future	21-22
Additional comments	23
Conclusion	24-25
Recommendations	26-27
Appendices	28
Appendix A: Online survey questions	28
Appendix B: Focus group/1-1 conversation questions	29



## About Healthwatch and Healthwatch Together

Healthwatch was established in April 2013 as part of the implementation of the Health and Social Care Act 2012.

Healthwatch England acts as the national consumer champion for all local Healthwatch organisations, enabling and supporting individual Healthwatch to bring important issues to the attention of decisions makers nationally.

A key role of Healthwatch is to champion the views of people who use health and care services in their area, seeking to ensure that people's experiences inform the improvement of services. Healthwatch listen to and report the views of local people on a wide range of health and care issues, ensuring that people are able to express their views and have a voice in improving their local health and care services.

Healthwatch Together consists of Healthwatch Cumbria, Healthwatch Lancashire, Healthwatch Blackpool and Healthwatch Blackburn with Darwen, working in collaboration together.



## Rationale for research

The Covid-19 pandemic has expedited a significant increase in the use of remote consultations in outpatient settings across the North West Coast. Variation in adoption exists between specialties and Trusts, some having higher levels of remote consultation activity than others. Many services have not maintained increased levels of use, or use has declined whilst in some services adoption rates are still growing.

It has been discussed by the North West Adopt and Adapt programme that an Appreciative Inquiry into the usage of remote consultations across Trusts and specialties will help identify what is working well and the reasons for success. These principles can then be built upon and distributed across the system. Barriers will be identified and overcome to enable increased adoption and reduce unwarranted variation between Trusts where appropriate.

Conversations, feedback, and next steps proposals will be facilitated by the Innovation Agency on behalf of the Adopt and Adapt programme. The role of Healthwatch Together is to support the patient engagement component of this project to gather views and experiences of patients who have had experience of remote consultations in outpatient settings.



## Methodology

In total, Healthwatch Together (HWT) engaged with 50 individuals who have had an experience of a remote consultation as a hospital outpatient. Of these, 26 completed an online survey and the rest engaged in focus groups or 1-1 conversations.

For those who participated in focus groups, these took place on Zoom and a PowerPoint Presentation was shown on screen displaying the questions asked. Participants were briefed beforehand and consented to being recorded for research purposes. After the workshop, they were emailed the PowerPoint slides and the contact details of the HWT staff member who conducted the workshops, so they could contact them if they had any questions or forgot to mention something/were not comfortable mentioning in the workshop.

The online survey was made live on 4<sup>th</sup> June 2021 and closed 5<sup>th</sup> July 2021. This was advertised through each respective HWT social media channels and emailed out to relevant networks and contacts. An Easy Read version of the survey was requested from an external professional and so this was created and advertised.

- 25 participants were from Lancashire (15 survey responses and 10 conversations. These conversations were done through two focus groups: one with visually impaired participants, and the second with individuals with a learning disability).
- 15 participants were from Blackpool (3 survey responses and 12 conversations).
- 2 participants were from Blackburn with Darwen (conversations).
- 8 participants were from Cumbria (all survey responses).

Participants spoke about their experiences of remote consultations from the following departments:

- Ophthalmology
- Dermatology
- Cardiology
- Gynaecology
- Rheumatology
- Physiotherapy
- Gastroenterology
- Oncology
- Endocrinology
- Respiratory
- Mental Health
- Gender identity services

Questions were slightly different for the online survey, with more in-depth questions asked in the focus groups. Questions asked on the online survey can be found in Appendix A. Questions asked in the focus groups/1-1 conversations can be found in Appendix B.



## Executive summary

50 participants took part in this project through online survey responses, focus groups and conversations. All participants have had a remote consultation as a hospital outpatient.

The different experiences reported have been analysed by the following:

### Technology

2 participants did not have the required technology. 2 participants had limited technology such as only a landline phone and so are excluded from the option of a video consultation. There were issues around poor sound quality and poor Wi-Fi connection.

### Things to celebrate

Good aspects of remote consultations which were mentioned were saving time, reduced travel inconvenience, more convenient, easier to access, saves money, safer (not exposed to Covid-19 in hospital), more suitable for the condition, everything was explained clearly, relatives/friends could join easily and receiving a better quality service.

### Things to improve

Poor aspects of remote consultations which were mentioned were the appointment feeling less personal, the standard of care wasn't as good, it wasn't suitable for the condition, the healthcare professional rang late, struggle with hearing and so cannot lip read if the consultation is over the phone, the consultation felt rushed, the healthcare professional had not checked their medical records and appointments for giving a new diagnosis or bad news should always be face-to-face.

### Communication

Communication during remote consultations had mixed experiences; with some experiencing no difference to face-to-face consultations and others struggling with hearing and understanding what the health professional was saying. Some participants shared that they were not comfortable asking questions, especially if they were speaking to the healthcare professional for the first time over the phone and they were struggling to collect their thoughts. Communication issues were particularly prominent for those with visual impairments and learning disabilities.

### Privacy and security

Views around privacy and security were mixed, with some participants having no concerns about privacy as they trust that the healthcare professional follows confidentiality rules and treats the consultation no differently to face-to-face. Other participants did have concerns about their privacy, particularly if they had their consultation at home surrounded by family who were not aware of any issues.

### Standard of care



Views were mixed regarding standard of care, with around half of participants receiving the same standard of care as face-to-face consultations and the other half of participants thinking the standard of care has not been as good when done remotely. Issues raised included the appointment feeling rushed, the consultant not being able to examine them and not being offered the choice of a video consultation which they would have preferred.

### **Healthcare professional experience**

Around half of participants felt that the healthcare professional preferred remote consultations because they were easier, with comments made around the professionals treating the consultation no differently to face-to-face consultations. The other half of participants believe that healthcare professionals find remote consultations frustrating and would much prefer to see their patients face-to-face.

### **Using remote consultations in the future**

The following recommendations were made by participants: being offered the choice of a phone or video consultation, only having remote consultations for routine check-ups and not for more serious consultations, knowing that you are going to be talking to a consultant who you have met before and training on how to use more modern technology.





## Individual experiences

On the online survey, 24 participants had experienced a telephone consultation, and 5 had experienced a video consultation. 22 participants had never used remote consultations prior to the Covid-19 pandemic, and 4 people had.

Set out below are a range of experiences of remote consultations with various departments

### Ophthalmology:

“I had one phone call with a consultant and I found it quite a strange experience really and I much prefer interpersonal face to face consultations. I just found it a bit difficult”

“When I went to the eye clinic to have an eye scan because my eyesight had dipped, I had to go to the eye clinic because the test couldn’t be done remote and then if there was a problem the consultant would ring me back. I never saw the consultant, that bit has been done remotely by telephone”

### Dermatology:

“It’s good for the environment! Really convenient and I could fit it around work...it’s not quite as good for looking at my skin but think with technology developments will improve”

### Cardiology:

“I had a telephone appointment with a cardiac consultant. It was on my landline, I didn’t know to expect it so I was really confused and didn’t know what the appointment was about. I don’t like talking about personal information anyway and this was harder when I didn’t know to expect the appointment. The consultant referred me for a memory test following the appointment, I don’t have a problem with my memory which the results of the test showed I just wasn’t expecting the appointment. I have raised this with my GP nurse practitioner she has been really helpful in helping me and offering me advice and reassurance.”

“One issue is that some appointments can’t be done remotely and they have just been cancelled. I am pacemaker dependent and so during the pandemic these appointments have just been cancelled and it will be 18 months before I get to see the pacemaker technician again...when something is an important as a pacemaker there should have been something else available so I could still access that service”

“I had COVID last year and never got better. I rang and enquired about long COVID and they told me to come in and have my bloods done. In March, I had my bloods done and my doctor rang me and told me to come back in and see the nurse because my blood sugars were bad - referred me for an urgent appointment with the cardiac unit. I have had two cancellations since then and only got in to the cardiac unit last week for a scan. I have not heard anything since or no results.”



**Gynaecology:**

“I had a telephone appointment with the Gynaecology department at Blackpool Victoria about 2-3 months ago. It was a follow up appointment that was arranged to be had via telephone with the person who works alongside the consultant. The appointment was arranged by letter. The person on the phone told me that I had a 13cm cyst on my ovary and obviously I was concerned. The information given was wrong and I have since learnt that the cyst was 3cm following questioning the person on the end of the phone she went back to the consultant and rang back 3 hours later to tell me that she was wrong and the information was incorrect. Obviously I was worried.”

**Oncology:**

“My remote consultation was with my consultant at the MacMillan Windmill Unit at Blackpool Teaching Hospitals. The phone consultation was about results from my blood test and I feel as though it went well”

**Other:**

“Very positive experience, really great Consultant at Blackpool Victoria Hospital. Always listens to me, even when I didn't see him he made sure I got an appointment quick when we came out of lockdown. Got to see him straight away at the earliest opportunity and then he organised me to have a scan.”

## Summary of experiences

### Technology

Those who attended the focus groups/conversations were asked about whether they had suitable technology to attend their remote consultation. Two participants stated that they did not have the required technology. A small number of participants had limited technology; they only had a landline phone and so were limited to a phone call consultation, and so could not benefit from visually seeing the consultant on a video.

There were issues around poor internet connection (from both the participant and healthcare professional) and background noise.

One participant who is severely sight impaired shared that having poor sound quality when on a call, as well as poor Wi-Fi connection is a “nightmare scenario” as they cannot see the other person to try and lipread. Poor sound quality would also affect those who are hard of hearing.

One participant shared that the consultant had problems with their signal connection:

“Her signal was shocking and kept buffering going in and out”



## Things to celebrate

Both participants who completed the online survey and those who participated in conversations were asked what they liked about their remote consultation experience. The table below displays the most common responses.

Positive aspects	Number of participants
Saves time	19
Reduced travel inconvenience	14
More convenient	13
Easier to access	10
Saves money	3
Safer - not exposed to potential Covid-19 by going into hospital	3
It was more suitable for my condition	3
Nothing is good about remote consultations	7

Other comments: Everything was explained clearly (2), relatives/friends could join easily (1), better quality service (1).

“I felt as though it was far more relaxed because I was at home. The advantage is not having to travel to the hospital and find parking, pay parking charges etc... as this takes more time than just a phone call. The consultation literally takes 5 minutes so there is no need to come in to the hospital for it.”

“I didn't have to travel to Liverpool , the clinician sent me blood forms through the post so I didn't have to travel to Liverpool twice. The specialist gave me her sectaries number to call any time.”

“...Saved me a lot of time and travel costs because the journey to Manchester takes a long time and it means half a day off work.”

“I would use remote appointments post-pandemic for routine check ups - it really saves on time, travel and the environment! However I would not for anything more complicated.”



## Things to improve

Both participants who completed the online survey and those who participated in conversations were asked what they did not like about their remote consultation experience. The table below displays the most common responses.

Negative aspects	Number of participants
The standard of care was not as good	13
It felt less personal	12
It wasn't suitable for my condition	10
Nothing was poor about the remote consultation	8
The healthcare professional rang late	3
I didn't have the required technology	2
My Wi-Fi connection is poor	2

Other comments: struggle with hearing and cant lip read if over the phone, felt rushed, the healthcare professional had not checked their records, appointments for giving a new diagnosis or bad news should always be face to face.

“I was told via telephone I would get an emergency scan and this took 2 months to come through in a letter. So felt on my own and in the dark.”

“Prefer face to face but I understood why I needed a remote consultation at the time. Struggled a little bit understanding him on the phone because I couldn't see his lips so I did have to ask a few times for him to repeat himself. Felt like it was more rushed than a face to face appointment and that I had less time over the phone. Forgot questions that I wanted to ask because it felt rushed.”

“I felt confident , I felt like the appointment was repetitive though and the professional hadn't read my information. I felt like she wasn't ready for my appointment. My appointment ran late and I didn't get an apology. I tried to answer questions and because of my disability felt like I was tricked a little , I have had to wait a long time for my hormone treatment.”

“The standard of care is just not the same as when you have a face to face appointment and I feel very strongly that bad news should not be given remotely. It's just far less personal on a remote appointment and I feel that certain conditions should not be treated remotely. I had an issue with one of the doctors not having checked my records so the appointment felt rushed and really insensitive. Remote appointments are absolutely fine for routine check ups but not for anything more complicated such as diagnosis or for discussing major changes in condition.”

One participant shared that remote consultations were not suitable for them and this led to them having to stop receiving care.

“I have a learning disability. The virtual session simply did not meet my needs. The hospital REFUSED my request to provide me with a face to face session. They said



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it was Covid restrictions. I asked why they couldn't wear PPE. They said they couldn't... so I had to stop getting the care. That was the end of it. My needs remain unmet.”



## Communication

Comments around communication during remote consultations was frequently mentioned, with mixed views shared. Some participants felt that they could communicate just as well as they could do at a face-to-face appointment, with others saying this was the main barrier to them having a successful consultation and that they would never choose to have one again.

For those who felt that communication was the same or not affected, it was shared that they felt comfortable to ask questions about their health issue just as they would face-to-face. It was apparent that people felt that they could communicate well and form a relationship with the healthcare professional if they had spoken and met them before. When the individual was speaking to someone new, this was when issues seemed to arise as they were less comfortable to ask questions. They may also forget to ask questions and have less time to collect their thoughts. Participants also felt that talking to a new consultant remotely made the consultation feel less personal and participants were unsure if the consultant had checked their medical records.

“You might forget things or be a bit nervous...being face to face gives you more time to gather your thoughts and don’t miss key things out”

“Less likely to ask a question about something over the phone.”

“I had an issue with one of the doctors not having checked my records so the appointment felt rushed and really insensitive.”

Most respondents who felt that communication was jeopardised during their remote consultation, shared that this was due to poor sound quality. 3 participants who took part in a focus group were severely sight impaired and there was large discussion around the importance of clear sound.

“The sound isn’t as muffled when its face to face...my mum is hard of hearing and she wouldn’t cope with a remote consultation in any way shape or form”

“I struggle with my hearing so I had a bit of a problem with asking her to repeat things as I couldn’t understand what she was saying. I prefer face to face appointments”

One workshop involved 5 individuals with a learning difficulty (including their group leader) and there was large discussion around the importance of face-to-face communication, particularly eye contact. One participant spoke about having a phone consultation for a follow-up appointment and found it “quite difficult” and further added that “it’s not the same...I prefer face to face, that’s how I communicate”.

The leader of the group also made the point that people with learning difficulties struggle to communicate if issues arise and so it is vital that their social worker/relative is present at the appointment. However, this often leads to

the consultant only speaking to the individual's support worker/relative on the phone and not the patient themselves which participants did not like.





## Privacy and security

Participants who attended the focus groups or had conversations with HWT staff, were asked about whether they felt safe discussing personal information virtually. 14 people answered this question; 9 said that they felt safe and were not concerned about their privacy, 4 said they didn't feel safe, with concerns that other people could hear the conversation. One participant was unsure.

“Perfectly private, felt safe sharing information over the phone”

“No I don't feel safe doing it but had no other choice”

“50/50 really , you hear of hackers and sometimes think there is someone else listening. I prefer face to face.”

In one focus group, there was discussion around confidentiality in a hospital setting if a consultant is on the phone to a patient and discussing their personal information. All 3 members of this focus group were not concerned about any privacy issues in this situation.

“In a hospital setting...you're used to other people in and out of the room anyway...that's just normality to me”

“Most GP's are phoning from their own homes...any family members know patient confidentiality and that is second nature to a GP...if consultants are working in the hospital they will phone from their own private office”

One participant shared that they would be concerned that other people that live in their home may be able to hear what they are talking about.

“I live in a house where 3 people live, if you are talking about personal issues that you didn't want your daughter or son to know then I wouldn't [feel safe]”



## Standard of care

13 respondents of the online survey shared that the standard of care was not as good as a face-to-face consultation. Through conversations, an additional 9 people said that they did not feel that their concerns could be taken care of properly during their remote consultation, with 6 people saying that they could. In addition to this, 16 respondents said that they would continue to use remote consultations if offered to them post-pandemic, with 10 saying they wouldn't.

“Left in limbo”

“Yes, the consultant had concerns and said she would be putting me forward for a bone scan, I have since received an appointment letter for this and had it done so this was taken care of properly and very efficient.”

“Not really no. I have had appointments before and never felt like that.”

When asked if the standard of care was as good as they receive at face-to-face appointments, responses were mixed. Some participants felt that the standard of care was the same as face-to-face, whilst others felt rushed and concerned that the consultant could not examine them in person.

“Because I was worrying at the time, I would have much preferred my consultant to have been able to listen to my chest in person as this would have provided me with more reassurance. Instead he heard my breathing over the phone. I was happy with the standard of care but it would have been better in person.”

“Yes because they can never do any more for me than what they always do”

“Virtual consultations are fine as long as they are appropriate. For example, a speech and language therapist can't fairly assess a child with disabilities virtually. However, a quick discussion with a consultant may be ok if a physical examination isn't required”.

Participants were also asked if visually seeing the clinician (i.e. video consultation) helped with feeling like you are receiving the same quality of care as face-to-face consultations. Views on this were also mixed, with some disliking video calls and others saying it would have been very helpful to have been given the option of a video call. Visually seeing the clinician is very important for those who rely on eye contact and facial cues to communicate (for example, those with learning difficulties) and so they should have the option of a face-to-face consultation, or at least be offered a video consultation (over a telephone consultation).

“Yes , its better face to face with people who have autism you can pick up on facial cues.”

“No because I don't like video calls and wouldn't be able to make it work. If I can't have face to face, the next best option would be a normal phone call.”

There was also an issue around people not having the required technology to be able to have video calls and so only had the option of a phone call consultation.

“I would never be able to do that as I don't have the technology and knowledge of using video calls”

“I would never be able to do this as I don't have the knowledge or the materials to be able to do this, I just have a landline and an old mobile”

In contrast, one participant shared their positive experience where the consultant always contacted the patient first, and tested the connection beforehand.

“There's no waiting and I was contacted by the department on all 3 occasions rather than me having to contact them and they tested my connection beforehand each time”



## Healthcare professional experience

Those who engaged through focus groups and conversations, were asked how they think the healthcare professional found their remote consultation. Again, views on this were mixed. 8 participants shared that they think healthcare professionals like remote consultations, or that they don't treat them any differently to a face-to-face consultation.

“She said you know if any problems arise you have our number to call which is reassuring. I think she found it ok.”

“Easier on their part”

6 participants shared that they think healthcare professionals find remote consultations as “frustrating” as some patients do. In one focus group, there was discussion around medical professionals doubting if they have provided the best care that they could virtually, and whether they could have missed something because they cannot see them in person. Participants also shared that medical professionals are in this career because they want to help people and so they would rather see patients face-to-face.

“They feel like they are being accused of abandoning patients...but no they haven't”

“Why would you study medicine if you don't want to get involved with people, doesn't make sense...its like wanting to be a vet but you don't like animals”

“They have probably found it very frustrating...is there a feeling of have I missed something, could I have done this better, was I right.”

One participant shared that healthcare professionals need training on how to use remote consultations, more than patients do.

“Doctors and consultants need as much if not more training than members of the public! They need to adapt to this new way of working as part of the restoration plan to deal with the backlog of appointments.”



## Using remote consultations in the future

Those who completed the online survey, were asked to rate on a scale of 1-10 (0 being very poor, 10 being very good) how they found their remote consultation overall. 26 respondents answered this question and the average score was 5.4, suggesting that most respondents think remote consultations could be improved in some way. These respondents were also given a list of possible improvements and asked to tick the options which they think would benefit them. The results can be found in the table below.

Improvement	Number of participants
I would like to be offered more choice	8
I would like to be offered remote consultations more	7
I would like the option of a video call	6
I would like the option of a phone call	3
I would like to test my connection in advance	1
I would like more support in using remote consultations	1
None of the above	11

### “Having a choice of phone or video each time would be good”

A large number of participants shared that they would be happy having a remote consultation if it was for a follow-up appointment or a check-up. However, if the consultation was to discuss a change or deterioration of their health issue, or about a new health issue then it should be a face-to-face consultation as it offers reassurance.

It was further discussed that patients need to be seen as individuals with individual needs and therefore, it should not be assumed that remote consultations suit everyone’s needs. They should be optional and not enforced, so that patients do not feel pressured to have a remote consultation if it is not right for them.

“If you are just checking up on someone, has anything changed, is everything ok, you want to give blood results...you don’t need to see someone face to face ,as long as its good news. If its something significant...then you would expect they would want to see you face to face.”

“I don’t think they will enforce them , I hope patients don’t feel pressured in to using them...as part of a toolkit to have a consultation with that patient to work out how best to treat them...I hope people don’t feel forced into this, as long as people have freedom of choice”

Participants also shared that they would use remote consultations more if they knew the consultant and had met them before. Participants have shared that remote consultations can feel less personal than face-to-face consultations and so

knowing you are talking to someone who knows your medical history may help with this problem.

“Knowing who you are speaking too and making sure the person on the end of the phone knows me and my situation before they ring me up.”

A small number of participants stated that to use remote consultations more, they would need help or training on how to use the technology. This appears to be a barrier to video remote consultations. Individuals who do not have up to date technology and do not know how to use video calls, are limited to phone consultations and so are excluded from having video consultations and being able to visually see their clinician. This further effects their communication and relationship with their consultant.

“Somebody to teach me to read and write and to use technology. I wouldn't use video calls because I don't know what I'm meant to be clicking on and I'm frightened of clicking on the wrong thing.”



## Additional comments:

Below are additional comments which participants made about their experiences and views about remote consultations.

One participant, who has a severe sight impairment, shared that he would prefer to travel to hospital rather than having a remote consultation, despite the challenges he faces when doing so.

“I am 100% dependent on public transport or family and friends..so it’s a bit of a chore...but we [those registered blind] don’t mind ...it might take a whole day to go into hospital, have your appointment and come back....but we will do it”.

Another participant voiced their concerns about who makes the decision about the seriousness of a health concern to determine whether the consultation is remote or face-to-face:

“You speak to the receptionist, so who makes the decision for the remote consultation with the GP who takes you to the hospital...does every doctor look at every case...do the receptionists pass on everything to the doctors who make the decision”

There was also discussion about people who are nervous to leave the house due to the Covid-19 pandemic and so remote consultations work well for them:

“Some people are absolutely terrified of venturing out again, so they may continue to be in that frame of mind once things are back to some degree of normal...some people may not want to go out...for them if they have the means, its [remote consultations] ideal”



## Conclusion

HWT spoke to 50 participants through an online survey, focus groups and 1-1 conversations. Participants reflected a diverse range of backgrounds including those with a range of health conditions, learning disabilities and severe sight impairments.

Views were mixed regarding remote consultations, with a wide range of views shared. The following themes were found:

- Technology
- Things to celebrate
- Things to improve
- Communication
- Privacy and security
- Standard of care
- Healthcare professional experience
- Using remote consultations in the future

### **Participant views who like remote consultations**

Some participants liked having remote consultations as it saves time and the need to travel to the hospital. This makes it easier and a lot more convenient. Participants also mentioned that they feel safer having a remote consultation during the Covid-19 pandemic as they did not have to travel to a hospital and potentially be exposed to the virus.

The participants who liked remote consultations said that they were comfortable speaking with the consultant and felt like they could ask questions. Most participants felt safe using remote consultations and were not concerned about their privacy as healthcare professionals would follow confidentiality. Several respondents felt that their concerns could be taken care of properly and didn't think there was any difference to face-to-face consultations regarding standard of care.

### **Participant views who do not like remote consultations**

The participants who did not like remote consultations said that the consultation felt a lot less personal than face-to-face, and it also wasn't suitable for their condition (for example, one participant had a problem with their breathing and the consultant had to listen to their breathing over the phone). As a result of this, participants felt that the standard of care was not as good. Some participants shared that the consultant rang them late and so they had to keep their phone nearby all day which was not convenient. A large proportion of participants shared that they did not think that the standard of care was as good as face-to-face consultations.

Problems were prominent for those who rely on facial cues and eye contact to communicate, for example individuals with learning disabilities. Those who have



visual impairments and/or hard of hearing also struggle with remote consultations if the sound quality is poor.

Many participants mentioned that remote consultations are not appropriate if patients are receiving significant news about their health issues, for example if they are deteriorating or they are receiving a new diagnosis. Also, participants did not like to have a remote consultation with a consultant that they have never met or spoken to before and this often made participants feel rushed and unable to collect their thoughts and ask questions.

Only a small number of participants were concerned about their privacy and security. Interestingly, this was mainly regarding household members hearing the conversation, rather than healthcare professionals not following confidentiality.

### **Healthcare professional experience**

In regards to the healthcare professionals experience of remote consultation, views were mixed with some participants thinking that healthcare professionals prefer remote consultations as they are easier and not much difference to face-to-face consultations. However, some participants believed that healthcare professionals do not like remote consultations and find them “frustrating” and would much rather see patients in person.

### **Improvements for the future**

Participants were asked what would enable them to use remote consultations more in the future. The following recommendations were made:

- Offer people remote consultations more
- Offer people more choice - the option of a phone or video consultation
- The option to test your connection in advance
- Offer people support and training in using technology and remote consultations
- Have remote consultations for follow-up consultations but never for more serious consultations like a new diagnosis or change/deterioration in health issue
- Not having a new consultant for a remote consultation - being able to speak to a consultant who you have spoken to and met before.

Finally, we would like to thank the individuals who spoke to us and provided us with invaluable feedback.



## Recommendations

The following recommendations have been made, taking into consideration the themes and feedback received from participants.

### **Only use remote consultations for less serious matters**

Feedback suggests that face-to-face consultations should be used if patients are receiving a new diagnosis or receiving bad news about a deterioration or change in their health issue/s. Anything which may cause the patient distress or shock should be done face-to-face so the consultant can offer advice and information and reassure the patient.

### **Build a relationship with the patient before using remote consultations**

Participants who had a remote consultation with a new consultant stated that they did not always feel comfortable asking questions. Patients may be more willing to use remote consultations if they know that it will be with a consultant that they have spoken to before.

### **Offer training on remote consultations**

For those who have never used a video call, they are limited to phone consultations. Feedback suggests that those who benefit from eye contact, lipreading and facial cues for communication, will continue to struggle with remote consultations if they can only have phone consultations because they do not know how to use video calls. Training and support on how to use video calls would benefit such people.

If official training cannot be done, allowing the patient to practice and test their connection beforehand may help. Alternatively, consider the use of third sector support who offer training on technology (for example, Age UK offer IT training courses) and signpost patients to these services.

### **Offer more video consultations**

As well as offering training for video consultations, consultants should offer video consultations more. Only 5 participants shared that they had experienced a video consultation. Patients may be more willing to have a remote consultation, if they are offered a video consultation as it will help with some of the identified barriers including the need for eye contact, being able to lip read if the sound quality is poor, consultations feeling more personal and feeling comfortable to ask questions.

### **Give patients the option**

Remote consultations are not for everyone, especially those who have additional needs and those who do not have up-to-date technology. There is the concern that



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if patients think that their consultation must be virtual, they may not ever make an appointment if they are worried that it will be a struggle. To ensure that people are seeking help for their health concerns, patients need to know that face-to-face consultations are still an option.



## Appendices

### Appendix A: Online survey questions

1. What kind of remote consultation have you experienced? (*telephone consultation, video consultation, online form, none of the above, other*)
2. What department have you had a remote consultation with? (*orthopaedic, ophthalmology, dermatology, cardiology, gynaecology, haematology, other*)
3. How would you rate your experience of remote consultations? Please rate out of 10, 0 being very poor and 10 being very good
4. What was good about using remote consultations? Please tick all that apply (*More convenient, easy to access, saves time, Relatives/friends could join easily, saves money, better quality service, reduced travel inconvenience, more suitable for my condition, none of the above, other*)
5. What wasn't so good about using remote consultations? Please tick all that apply (*It wasn't suitable for my condition, I didn't have the required technology, My Wi-Fi connection is poor, It felt less personal, I was concerned about my security/privacy, I didn't feel that the standard of care was as good, I wasn't shown or told how to take part, none of the above, other*)
6. What would help improve your experience of a remote consultation? Please tick all that apply (*I would like to be offered remote consultations more, I would like more support in how to use the technology, I would like to be offered more choice, I would like the option of a phone call, I would like the option of a video call, I would like to test my connection in advance, none of the above, other*)
7. Did you encounter any problems during your virtual consultation? If so, what?
8. Did you feel like you could communicate as effectively as you would at a face-to-face appointment?
9. Would you like to add anything else about this?
10. Would you continue to use virtual consultations if offered to you post-pandemic?
11. Is there anything else you would like to tell us?
12. How old are you? (*Under 18, 18-24, 25-34, 35-44, 45-54, 55-64, 65+, prefer not to say*)
13. Where do you live? (*Lancashire, Blackpool, Blackburn with Darwen, Cumbria*)
14. Are you: (*Male (including trans men), female (including trans women), non binary, prefer not to say, other*)
15. What is your ethnicity? (*White, Black, Mixed, Asian, prefer not to say, other*)
16. What sexual orientation do you identify as? (*Heterosexual, bisexual, gay, lesbian, pansexual, prefer not to say, other*)



## Appendix B: Focus group/1-1 conversation questions

1. Can you tell us about the remote consultation you have experienced?
2. Did you feel you had the right equipment to have a remote consultation?
3. What was good about the remote consultation?
4. What wasn't so good about the remote consultation?
5. Did you feel that your concerns could be taken care of properly?
6. Did you feel that you received the same standard of care?
7. Did you feel safe discussing your medical condition or personal information on a digital platform?
8. How do you think your healthcare professional found the remote consultation?
9. What would enable you to use remote consultations more?