Healthwatch in Sussex and Sussex NHS Commissioners

Accessing health and care services – findings during the Coronavirus pandemic:

Interviews with 104 respondents to the original survey.

November 2020

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Introduction

The conversations outlined in this report were with a sample who completed the 'Accessing health and care services: findings during the Coronavirus pandemic' survey. This survey included a final question about people's interest in taking part in a phone call to talk more about their experiences. To read about the findings from this survey please see: https://www.healthwatchbrightonandhove.co.uk/report/2020-10-14/accessing-health-and-care-services-%E2%80%93-findings-during-coronavirus-pandemic).

From all those that agreed to a phone call (240) this paper reports findings from 104 interviews that subsequently took place. The interviewees provided an opportunity for people to talk more about their experiences of accessing health and care services during the pandemic and **to provide deeper exploration into some of their survey responses**. In particular, the conversations served to help explain and understand more about some of the survey responses.

Methodology

As a **pan-Sussex survey**, Healthwatch Brighton & Hove, Healthwatch West Sussex and Healthwatch East Sussex agreed to divide up the interviews between them. Each team took responsibility to interview approximately 30-35 residents from their geographic area.

The **demographic profile** of interview participants was known from the survey. Therefore, we were able to reach a maximum variation sample of people to call in terms of their age, gender, sexual orientation, disability and ethnicity. Participants were first selected to be representative of all age groups (from our youngest respondents in their 20s to our oldest participants in their 80s). We then selected participants who were representative of the following demographics: gender (both male and female); sexual orientation (LGBTQ+ as well as heterosexual); Ethnic background (to include BAME groups and White-British groups); and disability (those with and those without disabilities[1]).

Our volunteers collectively attempted to contact 134 people, and from the people who were available and who were still willing to be interviewed, **a total of 104 interviews** were conducted.[2]

The demographics of the 104 interviews were:

Sample profile	
Age	Mean age 61, Age range from 19 to 85
Gender	21% men, 79% women
Sexual orientation	8% LGBTQ+
Disability	44% with disability
Ethnicity	6% BAME (Black, Asian and minority ethnic)

[1] A person with disability was defined in the survey as a person having day-to-day activities limited by a health problem that has lasted or expected to last for at least 12 months. This included people with one or more of the following: physical impairment, long standing illness, mental health condition, sensory impairment, autism spectrum disorder, learning disability/difficulty, other developmental condition.

[2] Volunteers attempted to contact each person a maximum of three times (either by telephone or email, depending on the contact details provided by the person), leaving a message where possible. Where an interview did not take place, either the contact number was incorrect, or the person had changed their mind about talking to Healthwatch or the person did not respond to the volunteer's message. Two interviews were unusable as had not progressed to any answers.

Phone calls were carried out by Healthwatch staff and volunteers and took place over a five-week period (9th August – 16th September 2020). Each interview took between 20 minutes and one hour, depending on how much the interviewee had to say. Each person was asked the same core set of questions which covered the following areas about patient experience of remote appointments (although interviews were adapted according to people's responses):

- Delayed appointments – whether the interviewee had experienced a delayed appointment during lockdown, and the effects of this.
- Experience of remote appointments during lockdown.
- Views on remote appointments in the future – remote appointments in general and specifically those by phone, video and online relative to face-to-face.

Interview responses were recorded on an online platform (SNAP Surveys) and downloaded into Excel for analysis. Each question was analysed separately. However, the findings shown below group together questions where it made sense, for example, grouping together all the positive responses about each appointment method and then grouping all the negative responses together. Where possible, we have shown links to the findings made in the original survey report, and where the interviews compared or contrasted to those findings.

In addition, given the survey found **links between certain characteristics** of people and views about remote appointments, separate analysis was undertaken to compare views from: people who defined themselves as living with a disability; people who defined themselves as LGBTQ+ and people aged 60 years or older.

Findings are presented around the following themes:

- Delayed appointments and the effect
- Positive aspects of remote appointments
- Negative aspects of remote appointments
- Comparing remote options – phone, video and emails/online forms
- "When only face-to-face appointments will do"
- Additional questions to specific groups – how did the findings differ by disability, sexual orientation and age?
- Acceptance and choice.

Findings – from interviews with 104 people

F1: Delayed appointments and the effect

The survey found that 37% of people chose not to make an appointment during the pandemic despite having a need to access health, social or emotional care. During this survey we did not ask people about the effect of delaying an appointment on their health condition and hence this became a focus of these interviews.

During the interviews 41 (40%) of the people we spoke to had either chosen to delay an appointment or had an appointment delayed for them by the NHS during the pandemic. **The majority said there was little or no negative effect on their health.** This ties in with the survey findings where the most common reason for delay was 'felt that my condition wasn't serious enough' (reported by 41.5% of those that delayed appointments). However, eight people we spoke to felt their health was negatively affected by the delay. Comments around the detrimental effects of the delay were centred around increased pain, wounds that needed attention and, in one instance, the delay resulted in emergency intervention.

Seven out of the eight people who felt the delay was detrimental to their health condition, had a disability. In the case of three of these people, they had multiple disabling conditions e.g. physical and sensory disabilities or mental health and physical disabilities.

The effects of delaying appointments:

"…increased pain and limited movement without full recovery." Woman, 50s, with disability

"The wound has healed incorrectly…[causing] pain and frustration…and is likely to need further treatment." Woman, 80s, with disability

"Delay resulted in emergency surgery." Woman, 30s, with disability

F2: Positive aspects of remote appointments

The main survey found that most people had experienced a remote appointment during the pandemic (for example, 63% had a phone appointment). During the follow-up phone interviews, we spoke to 75 people who had experienced a remote appointment (either phone, video or online). These included appointments related to cancer, diabetes, cardiology, joints, asthma, skin conditions including rashes, and disability.

Preferences for remote appointments included reflections from those who had experienced a remote appointment (75 people) as well as people's thoughts about how they would like to receive appointments in the future.

Two-thirds (51) of the people who had experienced a remote appointment found the experience to be a positive one. There were a variety of reasons as to why they felt the appointment was successful. Reasons included **less (no) travel involved**, therefore no "stress-related travel", no waiting around for the appointment and "no waiting in a room with other sick people". Some of the people we spoke to said how much **easier (and quicker)** it was to get an appointment and one person mentioned being phoned on time was helpful. These reasons concurred with the open-ended comments in the survey.

Remote appointments – positive comments – easier and quicker:

"We [the country] were in crisis, but seeing the Dr got easier!" Woman, 40s, without disability

"A better service than face-to-face appointments…same day appointment, received medication needed, no stress of leaving the house or of finding a parking spot." Woman, 30s, without disability

"Allowed me to get on with other things [while waiting for the phone call]." Woman, 30s, without disability

"With less stress of getting to the appointment, I had time to [calmly] get the questions ready and felt much more prepared with what I wanted to get out of the appointment." Woman, 40s, with disability

"I got an appointment within two hours of contacting the surgery. The doctor understood the problem and gave me a prescription which was emailed through to my nearest pharmacy. It was quick and easy and convenient." Woman, 50s, without disability

Extending this existing evidence, the follow-up interviews were useful in providing more nuanced accounts. Of those people who had experienced a remote appointment, some felt their positive experience was due to being **asked the right questions**, being offered a **thorough discussion** about the condition, **not being rushed** and **being involved in the decision** about what to do. One person mentioned the [doctor] gave them several follow-up calls after the appointment "as they had promised to do".

Additional reflections included **improvements to the condition**. One person mentioned that the prescription given was "good", and another person mentioned being sent equipment to do a test, which indicated what was wrong and resulted in a change of medication and a "problem solved".

Three people mentioned sending photos or videos of the condition and this resulted in **being prescribed medication** which helped solve the condition. Three other people mentioned the importance of the relationship with the doctor/nurse and where they already knew the practitioner, this helped them feel relaxed in the call.

Remote appointments – positive comments – practitioner interaction:

"It worked well with the GP having access to my notes, especially as they were not my usual GP." Man, 70s, without disability

"It worked well – we discussed my condition and what needed to happen next." Man, 80s with disability

"It went well, [...] everything was covered." Woman, 60s, without disability

"It was really good. I felt I had a thorough discussion with the GP on the phone." Woman, 30s, with disability

"The GP was thorough, and I did not feel rushed. The GP gave me the time to take my own decision and the space to take control of the decision." Woman, 80s, without disability

"[the practitioner] asked me all the right questions and asked me to move the limb in several different ways, that helped detect how it was progressing, so I guess it worked fine." Woman, 30s, with disability

"Had two phone appointments - one with a GP and one with a consultant - they were both very warm and reassuring." Woman, 70s, with disability

"The telephone appointment went very well and I received good services and outcome." Woman, 50s, without disability

"They sent me a machine to test my blood sugar and record the readings. [...] They followed up a few days later and the results showed the cause. My [medication] was altered and the problem was solved!" Woman, 70s, with disability

More specifically, three people commented that **being autistic** can cause anxiety about face-to-face appointments and especially where the relationship with the medical practitioner was new. Having a remote appointment in the first instance, to build the initial relationship, helped the patient to have the confidence to consider a face-to-face appointment with the same doctor in the future.

Remote appointments for people with Autism – positive comments:

"Now that we've had these remote appointments, I have a lot less anxiety about meeting up in future. The first stage of the relationship has been established." Woman, 50s, with disability

"Face-to-face appointments are very difficult for people with Autism, so remote appointments work well." Woman, 40s, without disability

"I would always prefer a remote appointment as it means I cope better because of my Autism" Woman, 50s, with disability

In addition to the questions posed to those people who had experienced a remote appointment, we also asked everyone we spoke to (all 104 interviewees) about their views on having remote appointments **in the future**. The findings generally concurred with the experiences noted above and the theme of **increased convenience** was evident. Of these additional comments, eleven were about **saving time and quicker appointments**; in the case of one person their diagnosis would also be quicker due to the appointment being remote. Three people also mentioned **remote appointments were less risky** for those patients with multiple conditions or conditions susceptible to infections (not just COVID), as there was no need to travel or wait for the appointment with other sick people.

Remote appointments – positive comments about future appointments:

"Good for working people who find it difficult to take time off work. A family member had not registered with a GP for years (no time). Due to an episode involving A&E, their GP is now in contact with them remotely on a regular basis to check on progress. They are happy to have this kind of appointment as they don't need to take time off work. There are many people like this for which remote works." Woman, 40s, with disability

"Being in a wheelchair and with a number of health problems, I [would] find it very convenient having a remote appointment as travelling and accessing appointments can otherwise be difficult and time consuming". Woman, 60s, with disability

"They save travel for the patient, sitting with others in a crowded waiting room, possibly catching infections and it frees up a lot of time for GPs and other staff so that more patients can be seen." Woman, 80s, with disability

"It is good when you are in college like me and don't have to take a day out just to see the doctor." Woman, 20s, without disability

F3: Negative aspects of remote appointments

Of the people who had had a remote appointment, approximately one-third (22 of 75) had some negative experience. These provide new insights given that around 80% of the survey sample were satisfied or very satisfied with their remote appointments, with little or no open-ended comments about the negative aspects.

There were various reasons for this. For one person, the **time given for the doctor's appointment was too vague** (a five-hour slot) and this caused anxiety about potentially missing the call and did not enable the person to plan their day. One person spoke about **English being their second language** and while their everyday English is good, they found that describing medical conditions was difficult and particularly when the communication was remote. Two people mentioned the **challenge of sending photos** of their condition to the doctor, "which was not an easy thing to do". For another person, despite asking for information to be sent in the post, this was sent by email which, due to poor eyesight, could not be read.

Remote appointments – negative comments – varied circumstances:

"English is my second language and I could explain the problem easier if I was sitting in front of him." Woman, 40s, without disability

"Involved phone appointment, emailing consultant with photos, then another follow-up phone appointment. The whole thing would have been quicker for all involved if I had had a face-to-face appointment." Man, 60s, without disability

"I was given a time slot from 8 to 1 so I didn't know exactly when the doctor would call which made planning anything difficult and caused a fear of missing the call." Woman, 60s, without disability

"I was going to be called back by a doctor but wasn't. So I had to spend time chasing this." Woman, 50s, without disability

"Not very satisfactory as I had to send photos taken on my phone which was not an easy thing to do." Woman, 30s, without disability

There were further comments about the practitioners, and it is not known from the following examples whether these concerns were more evident in a remote context. Four people we spoke to felt the appointment could have been better if the doctor/consultant had **paid them more attention**. Two people felt they were **being rushed** and not given enough time to explain the condition correctly. Two other people felt the **consultant was not listening** to what they were saying.

Remote appointments – negative comments – practitioner interaction:

"[In] the video consultation the consultant appeared to be distracted - a non face-to-face appointment does mean it is harder to tell if the clinician is paying attention." Woman, 60s, without disability

"Had several phone appointments - all with different doctors which was not ideal." Woman, 40s, without disability

"[The appointment was] very poor. Spoke on phone, felt I was being rushed. GP was very dismissive of my needs, I was not listened to, felt very minimised." Woman, 30s, with disability

"I felt the consultant was working to protocol - formulaic in his asking questions [...] rather than [me] telling the story, so I feel like there may have been things I missed out. I had to backtrack a number of times. It seemed obvious he was on a schedule - felt I was being rushed." Woman, 50s, without disability

"The consultant appeared to be distracted (some details in their follow-up letter were wrong to prove this point)." Woman , 60s, without disability

Additionally, there were specific instances of where the practitioner-patient interaction was considered to be less *effective* within the remote context. In the case of two people, they felt the **doctor did not prescribe medication correctly** due to the appointment being remote. One person suffered from a mental health condition, became anxious during the phone call and mistakenly said everything was 'ok' because they could not understand the doctor. Instead of the doctor picking up on this, they assumed all was ok and did not re-prescribe the person's medication.

Remote appointments – negative comments – perceived effectiveness of appointment:

"They prescribed the wrong medication - and in the end I had to ask to go and see a GP in person - finally I got a result." Woman, 70s, without disability

"During the call [the patient] became agitated and told the GP everything 'was fine' because [they] couldn't understand what the Doctor was saying. The doctor didn't prescribe [correctly] as they felt that it wasn't needed based on the phone chat." Woman, 50s, without disability

Some people explained their concerns about the effectiveness of appointments due to the **technological challenges** involved in video and email interactions. Some of these isolated comments were:

- The GP could not access the photos they had sent by the patient.
- The physio could not see the patient exercising clearly enough to advise correctly on positioning etc.
- The GP could not see the patient fully and was not looking in their direction.
- Another person commented that the NHS link they were sent did not work.

Remote appointments – negative comments – technological issues:

"The consultant had a picture of my shoulder up on his screen so that is all I could see - I had to ask him if he was still there when there were long pauses." Woman, 50s, with disability

"The disadvantage is that I have a Mac and this doesn't seem to work well with NHS 'attend' or Skype in my experience." Woman, 40s, without disability

We also heard from 13 people where the **remote appointment led to a face-to-face appointment**, as the condition required a physical examination. These people felt the initial phone appointment was often unnecessary.

In a particularly complicated case where a relative was in hospital for a long period, monthly phone meetings with all the consultants and several family members were arranged. While these worked well, the relative felt they would have benefited from short weekly updates from the consultant as the patient's progress changed daily. It was **left to the proactivity of the family member** who phoned the hospital every week and asked about progress.

Remote appointments – negative comments – phone communication:

"Had several phone appointments - all with different doctors which was not ideal. Needed face-to-face appointment as a [physical] examination needed to be done." Woman, 40s, without disability

"The telephone appointment was limited because the doctor needed to see me to make a decision. It really wasn't good." Woman, 70s, without disability

"Lessons could be learnt in keeping the communication going between the official [monthly] meetings. Could be 5-10 minutes a week with one of the medics to say all is on track. This would have made a difference to our family. The only feedback we got was due to [our family's] proactivity in phoning the ward and the kindness of one of the care assistants who answered the phone." Man, 60s, without disability

Additionally, **other isolated comments** about the challenges of using remote appointments included:

- the **difficulties of booking a remote call as a carer** who does not live at the same address as the person they care for.
- the **lack of continuity** for patients at one GP surgery which has been exacerbated by remote communication.
- Concern for **safeguarding issues** (including those of children) would be difficult to detect remotely.
- Certain specific conditions that could be **difficult to diagnose remotely**.
- The **impersonal nature** of the online form they were asked to fill out to secure an appointment.

As shown earlier, most people were in favour of remote appointments in the future. However, there were a number of negative opinions. Even where technology was not a problem, three people said they **did not want to communicate with their doctor in this way**. Six people felt they were being **"pushed into" accepting remote** appointments "becoming the norm". One person said online facilities would make getting an appointment a longer process and another person referred to things being missed with **over-reliance on remote** communication.

Negative comments about future appointments:

"They might work for some people but they are not for me." Woman, 70s, without disability

"I feel that there is a danger of remote appointments going too far and becoming too much of the norm, and I believe that this is totally unacceptable." Woman, 80s, without disability

"I don't like remote appointments. Doctors will misdiagnose a lot of illnesses by not physically seeing their patient. You often go to see your doctor with one problem and he picks up another!" Woman, 60s, without disability

"I use the internet and Zoom to keep in touch with family but wouldn't want to use them for my doctor." Man, 70s, without disability

"They have an e-consult service at the surgery. It is a long-winded way of getting to see a GP and therefore is quite frustrating because not all the questions are relevant to why you are visiting the GP." Man, 70s with disability

F4: Comparing remote options – phone, video and emails/online forms

Of the people we spoke to, who had experienced a remote appointment (75 in total), we asked whether they would have considered an alternative method for the same appointment (e.g. face-to-face instead of phone or phone instead of video). This enabled the interviewees to share their views about all types of remote appointments. In comparing remote alternatives (e.g. phone, video or online) there were **mixed views.**

F4a: Phone appointments

22 (out of 75) of the people we spoke to were happy with the phone call appointment and would not have chosen an alternative method for this appointment. Six of these people went further by saying they would *always* prefer a phone call over any other remote option.

The reasons given for the satisfaction with phone calls were varied. Several people made brief comments about how the phone was favourable such as "being seen on time" and the phone call being "fine". However, the main reason for preferring a phone call was the **discomfort of using video** (including technological difficulties) or not needing their condition to be seen.

Phone as preference for remote appointments:

"I have a very basic phone, no camera or internet. […] Leave that stuff for the young people." Woman, 80s, without disability

"I wouldn't have preferred a video appointment in this situation - not necessary- I didn't have to show anything." Woman, 70s, with disability

"I can't use video technology because of my eyesight - I find the bright screen uncomfortable to use." Woman, 50s, with disability

"Although I use a computer I do not have the technical know how / confidence for this." Man, 70s, with disability

"I preferred [a phone call] to a video call - I would be worried that there might be distractions or that the video link might not work." Woman, 80s, without disability

"It wasn't necessary to have this team meeting by video - more NHS security and their technology tends to lag behind." Man, 60s, without disability

"[Phone works better for me because] I'm a bit shy so would be uncomfortable with [video]." Woman, 40s, without disability

F4b: Video appointments

In support of the mixed findings, a further 18 people explained their preference for video over phone calls or emails as a remote alternative to face-to-face. Perhaps unsurprisingly, the main reason that people gave for this was the ability of the doctor to **see the patient**. Four people spoke about the need to **show the condition** (rash/lump etc.) to the doctor for them to be able to make a correct diagnosis. Another three people spoke about the benefit of the doctor **seeing the patient's body language and facial expressions**. Four other people also mentioned the importance of the patient seeing the doctor, **to gain reassurance and improve communication**. Video was seen as preferable to a phone call in which the patient would have to explain the condition in greater detail. Likewise video was preferred to email which may have involved a number of emails back and forth between patient and doctor in order to clarify all the details of the condition.

This preference for video consultations, out of all the remote options, is particularly interesting as only 10% of the survey participants had such an appointment compared to 63% having a phone appointment. This disparity may be due to lack of technology for some services, or preference among practice staff, but evidently not due to lack of patient interest given some of the positive responses. However, in consideration of the preference for video appointments, it must also be remembered that they may be more susceptible to connection issues or lack of confidence compared to a phone call (as shown in the survey open ended comments).

Video as preference for remote appointments:

"You tend to minimise problems/issues on the phone, whereas body language [seen by video] indicates anxiety/worry that might not be verbalised." Woman, 70s, with disability

"I think [a video appointment] would be easier for both the doctor and the patient to gauge the situation and what needs to be done." Woman, 70s, without disability

"I would have preferred a video call with the other person actually on the video - not just a still picture on the screen!" Woman, 50s, with disability

"With video, you can see facial expressions and body language better. Make a better judgement on pain and posture when practitioner can see you and how you move." Man, 60s, with disability

However, and unlike the consistently positive comments about using the phone, there were 12 people who raised concerns about video appointments. In more detail, some people **struggled with the technology** (using the camera for example), others were provided with a link which did not work and others found their computers were not compatible with the meeting platform used by the NHS (for example, Mac computers).

A further eight people explained to us that **video was not possible for them**. Either they did not have the technical "know-how" or their computer/device did not allow the possibility of video consultations. This resonates with some of the research around digitally excluded communities that has been highlighted by the pandemic.[3] Two people mentioned the **challenges of using NHS video** technology – one saying they felt it was unreliable and the other person talked about the forms and the process of connecting being a "faff". One person mentioned their **eyesight preventing them from using video** communication altogether, and another person was **uncomfortable with being seen** by the doctor, unless it was necessary (in this case it was not). A handful of people did not mention video as an alternative and one person said there was "no choice" in any case to use video instead of the phone.

Problems using video appointments:

"I have a Mac and this doesn't seem to work well with NHS 'attend' or Skype in my experience." Woman, 40s, without disability

"It started as a video appointment but the link didn't work so someone called me eight hours later." Man, 60s, with disability

"If it is done over Zoom then that's fine, however if its done over any other kind then I will struggle." Woman, 60s, with disability

"It may be better [if] next time the camera is turned on. It was so frustrating. I didn't know how to sort it and neither did the doctor." Woman, 70s, without disability

"I can't use video technology because of my eyesight - I find the bright screen uncomfortable to use." Woman, 50s, with disability

"When they say 'upload' something my heart sinks." Woman, 80s, without disability

[3] For further information see the NHS website: prohttps://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is.

F4c: Emails and online forms

Emails and online forms were considered by most people to be the **least preferred option** compared to phone and video, as they were considered **'time-consuming [and] you don't get immediate feedback'**. However, there were some advantages of using email. For example, **flexibility to respond** when convenient for the patient and doctor and by way of **initial communication** to set out information prior to a phone call or video appointment. Contrasting comments are shown below.

Contrasting views about email appointments:

Positives

"In a way email could have worked better. If he had sent me his questions, I could have answered these and then had a follow-up conversation in a phone call." Woman, 50s, without disability

"Advantage of email is the flexibility to respond in my own time." Woman, 40s, without disability

"I tend to use email to briefly describe what I need in the appointment before the phone call. Email to request [re-prescriptions or] a change to the dosages saves time and effort." Man, 60s, with disability

"Email is good for information you've forgotten to say in the call." Woman, 50s, with disability

Negatives

"Phone would have been more descriptive with me providing more explanation. Email would have been a bit of back-and-forth." Woman, 30s, without disability

"The disadvantage of email is needing to and fro to include 'probing questions' as a result of initial responses." Woman, 40s, without disability

"Email would have been worse as I couldn't explain [the condition] as well." Woman, 40s, without disability

F5: "When only face-to-face appointments will do"

In the survey, we had lots of interesting information about people's views about remote appointments with GPs and other health professionals. However, we did not ask people whether their views would change according to either the reason for the appointment or the type of service needed.

The phone interviews gave us this opportunity to ask whether any of these factors would affect their view on the necessity of a face-to-face appointment in the future.

F5a: Reason for appointment - Does the nature of the condition determine whether a face-to-face appointment is necessary?

We first asked people to tell us if there were certain reasons for an appointment or certain medical conditions for which ONLY face-to-face appointments would be suitable. All except for one person gave us an answer to this question. Their responses are combined into the need for physical examinations and non-physical reasons.

Physical examinations

The most common reason people gave where they felt there was a need to see a medical practitioner in person (55 people out of 104) was the need for a physical examination "because you can't do that over the phone or on a video". Fifteen of the 55 people who mentioned physical examinations talked about the need for the doctor to **give the patient a test**. For example, carrying out urine or blood tests, hearing or eye tests, scans and x-rays or taking the patient's blood pressure. One other person mentioned the need for the doctor to listen to a patient's chest and another person talked about giving the patient an injection.

Face-to-face appointments are needed for tests:

"Anything that needed a physical examination, for example blood pressure (home machines are not reliable), [also] urine tests." Woman, 40s, with disability

"If I needed to have urine tested or they needed to see how I was walking. Blood tests or any one who has multiple conditions." Woman, 80s, with disability

"[For] blood tests and scans you need face-to-face." Man, 60s, with disability

"When you have a hand's on thing. My ear is blocked and a doctor could not look at this over video. Also for testing e.g. eye or hearing test." Woman, 40s, without disability

"If it is a [...] CT or X-ray then you couldn't have that as a remote appointment." Woman, 60s, without disability

Eleven of the 55 people who mentioned physical examinations, spoke of the need for the doctor to **see how the patient moved or hearing how the condition affected the patient.** Six of these people talked about the need for the doctor to see how the patient moved due to a broken or sore limb (e.g. hip, shoulder, leg etc). One other person said a face-to-face appointment would be important to provide physiotherapy or orthopaedic care. Three people mentioned the importance of the doctor "hearing" how painful the condition was and that this would be better done in person.

Face-to-face appointments are needed for movement and pain:

"Broken limbs or soreness where you need a health person to touch and feel the body. Also to hear how painful /feel how hot/swollen etc. Better face-to-face." Woman, 50s, with disability

"If [...] they needed to see how I was walking." Woman, 80s, without disability

"I would prefer a 'real' appointment, to examine where the pain is and to check movements and difficulties [in my shoulder]." Woman, 70s, with disability

"If you have something like a dodgy hip you need to be physically examined." Woman, 60s, with disability

"I think if I had pain or something like that then I would need to see the GP and he would need to see me." Woman, 70s, without disability

"The doctor can't touch or examine the wound [during a remote appointment]." Woman, 80s, with disability

"It would have been good to have a face-to-face consultation so that I could have been properly examined and shown exercises that I could do which might have helped." Woman, 70s, without disability

Ten of these people (ten out of 55) mentioned specific **skin-related conditions** that the doctor would need to see, for example a rash, mole, or lump (whether cancer-related or not). One person mentioned a facial injury that "can only be resolved by face-to-face assessment".

Face-to-face appointments are needed for skin examinations:

"When it is physical things like checking and removing moles." Woman, 30s, without disability

"Having a rash on a sensitive place, I would prefer to see a doctor [of the same gender as me]." Man, 70s, without disability

"If I found a lump somewhere or had a rash or lesion, I would want it looked at for sure!" Woman, 70s, with disability

"[It is] easier to talk over the phone unless it is a bad rash which needs to be seen." Woman, 50s, with disability

Seven out of the 55 people who mentioned physical examinations, talked about seeing a doctor where the condition was of a **personal nature** (for example gynaecological) or in a hard to reach area (either personal or otherwise) which would be more difficult to examine remotely.

Face-to-face appointments are needed for conditions of a personal nature:

"Well clearly there are some circumstances where it is difficult to take photos and a video appointment would be wholly inappropriate so a face-to-face appointment is necessary sometimes." Woman, 50s, without disability

"I had blisters on my back - I couldn't show these very easily remotely and need[ed] a face-to-face appointment." Woman, 70s, with disability

"Anything gynaecological . These need to be seen at the surgery." Woman, 50s, without disability

"Anything that is [physically] intimate." Woman, 60s, with disability

Non-physical conditions requiring a face-to-face appointment

Interviewees talked about **non-physical conditions** that they felt required seeing a doctor in person. Nine out of the 104 people mentioned **conditions of a private or emotional nature** including where a doctor would need to give the patient "bad news".

Face-to-face appointments are necessary where the condition is of a private or emotional nature:

"Some health issues are private when a face-to-face appointment would be preferred." Woman, 40s, without disability

"If I was seriously anxious or I thought something serious was going on." Woman, 70s, without disability

"It would be difficult to try to explain something embarrassing when talking on the phone about it." Man, 80s, without disability

Six of these people mentioned that **where mental health conditions were involved**, face-to-face worked best. Four people (out of the 104) clearly preferred face-to-face appointments, with two of these people explaining that remote appointments were only suitable for "minor ailments".

Face-to-face appointments are necessary when dealing with mental health conditions:

"Phone or video would not work with [my relative] with dementia. They can't comprehend the screen or phone, so [they] need a face-to-face appointment." Woman, 40s, without disability

"If things need to be explained, mental health for example, seeing the body language is very important. Show is easier than explaining." Woman, 40s, with disability

"Maybe a mental health issue could be better supported in a face-to-face meeting." Woman, 70s, without disability

"Certainly anything to do with mental health and emotional conditions." Woman, 50s, with disability

F5b: Type of service - Are face-to-face appointments necessary for particular services or types of medical practitioners?

After asking people about whether there were certain conditions that would ONLY be suitable for face-to-face, we then asked them if their answer would change depending on the medical practitioner or service they were seeing (GP, hospital doctor, nurse etc). 98 of the 104 people we spoke to, provided us with a response to this question.

Overwhelmingly, most people (85 out of 98) felt **the type of practitioner or service did not make a difference**. If our interviewees felt that they needed to see a practitioner face-to-face rather than remotely, consideration of who or what service they were seeing, did not make a difference to this preference.

In most cases, **the reasons for the appointment was felt to be more important** than who they were seeing or for what service, e.g. hospital versus GP surgery. As with answers to previous questions we had asked, one person mentioned "If the person is able to [use technology then] it should work with any health professional". Another person "expected the health professional to guide" them as to whether the appointment was suitable for remote or better to be in person.

The need for face-to-face appointments is NOT associated with the type of service or medical practitioner the patient sees:

"Its more about the condition than the person you are seeing – it's about doing the appointment the right way for the condition." Man, 70s, without disability

"Everything depends on what the condition is." Man, 50s, without disability

"It wouldn't make any difference to me - it should be a clinical decision - and it would depend on the condition and whether they thought they needed to see you." Woman, 70s, without disability

"At 76 years old it's all the same - you want an appointment that's best for the situation." Woman, 70s, without disability

"My answer is more driven by type of intervention rather than profession. e.g. a routine appointment with a secondary care psychiatrist could be done over the phone but a primary care appointment to check a blocked ear would need to be face-to-face." Woman, 40s, without disability

While the majority did not think it made a difference, seven of 98 people felt the decision over whether to attend in person or remotely, was **at least partly dependent on who or what service the patient was seeing**. For most of these seven interviewees, **different practitioners were associated with certain types of care** which required a face-to-face appointment. For example, nurses and physios were associated with blood tests, injections, and physical exercises, that "you have to be there" for. One person gave an opposing view to this, explaining that unlike nurses, you needed to see a GP in person "as they offer the full examination, and you need physical contact". One person mentioned their preference for face-to-face generally, except when it came to "a psychiatrist or therapist appointment."

The need for face-to-face appointments IS ASSOCIATED with the type of service or medical practitioner the patient sees:

"It would really depend on what it is and what service. Some services need to be there in person to see the situation rather than just what they're being told". Woman, 60s, without disability

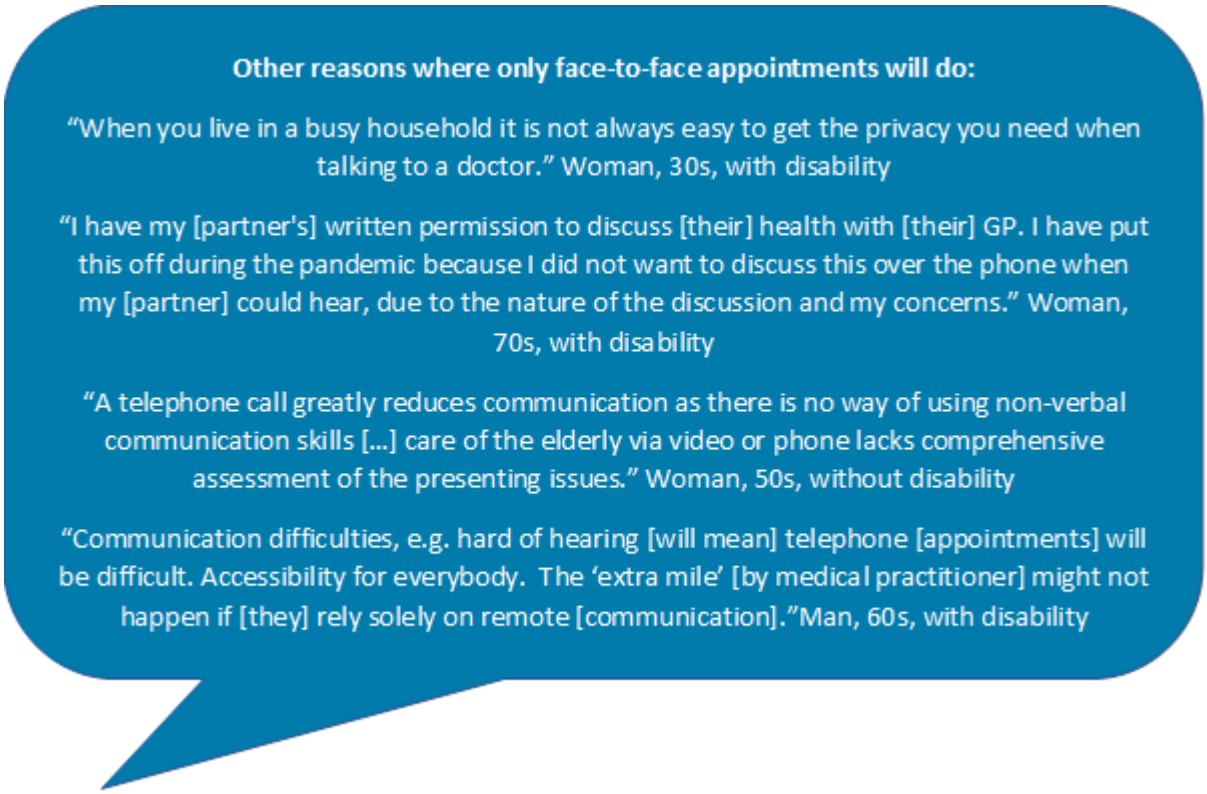
"Nurse triage over the phone works well for GP appointments. [With] hospitals, the initial consultant appointments would need to be face-to-face. Some follow-up appointments could be done remotely." Woman, 60s, without disability

"If it was a psychiatrist or therapist appointment, then I would prefer a phone appointment as you can speak more freely because they are not looking at you." Woman, 30s, with disability

"Nurses - most of what they do you have to be there. No different for the others." Woman, 50s, with disability

F5c: Other reasons where face-to-face appointments are necessary

Some people gave us further circumstances where a face-to-face was preferred, principally because of **situations where remote appointments would not be suitable**. Two people mentioned the difficulty of conducting a remote appointment in privacy at home. Two people mentioned that communication was more difficult by remote means for example, **non-verbal communication was missed and people who were hard of hearing would find it more difficult** to use remote methods. One of these two people also mentioned the extra effort often made by doctors to understand the patient's situation might be lost via remote.



F6: Additional questions to specific groups – how did the findings differ by disability, sexual orientation and age?

Looking at the responses we received from the original survey, we found a link between some groups of people and their viewpoint about remote appointments. To explore this further, we asked additional questions to these three groups – those with a disability, those defining themselves as LGBTQ+ and those aged 60 or over.

F6a: People who defined themselves as having a disability:

The survey findings showed that people with disabilities (compared to those without disabilities) were **less satisfied** with any remote appointments they experienced and also **less happy** about remote appointments in the future (preferring face-to-face).

If an interviewee had defined themselves (in the original survey) as having a disability, we asked them what they thought might be the reasons for such opinions and whether it applied to them. From 18 people who had defined themselves as having a disability, 16 of these provided us with a response.

Six people **DID NOT identify** themselves with the findings borne out from the survey, explaining how they were happy or preferred remote appointments. One person described a situation in which they were made to go into the surgery when a remote appointment would have been preferable; another person explained how their mental health condition made remote appointments easier.

People with disabilities – preference for remote appointments:

"I've had the same amount of care contact as usual, am highly satisfied and like remote appointments." Woman, 70s, with disability

"I can understand [why people with disabilities were not happy with remote appointments] but it doesn't apply to me." Man, 70s, with disability

"Speaking as a manager of a care home for people with disabilities, remote appointments have worked well for our residents." Woman, 40s, without disability

"Sometimes it's easier to talk on the phone; It's easier to talk about [mental health] stuff more freely as you don't have anyone staring at you." Woman, 30s, with disability

Ten people could empathise with or **DID identify** themselves with the survey findings (lower satisfaction with remote appointments and less preference for remote appointments in the future). Four people felt that people with disabilities were m**ore likely to have medical conditions that needed to be seen in person** e.g. mental health conditions, physical conditions where the doctor would need to see movement etc. Two people also felt that people with disabilities were **more likely to have more than one health condition** and this made the situation more complicated to deal with in a remote appointment.

People with disabilities – less preference for remote appointments:

"This applies to my [relative]. I am not happy that any of their appointments are remote. I absolutely want all their appointments to be face-to-face. It's safer." Woman, 40s, with disability

"More likely people in that group find it difficult to speak over the phone/video - they need eye contact (even video is not the same)." Woman, 50s, with disability

"If [the disability is due to] physical ailments, changing shape of the person can not be seen properly over remote." Man, 40s, with disability

"If you are disabled you are likely to need more support and if you have physical ailments you are more likely to need / want to be seen - examined, cared for and a comforting presence preferred." Woman, 20s, with disability

"If someone has lots of different things wrong with them, it could be easy to miss something if it's just a phone or video appointment. I have several health conditions." Woman, 80s, with disability

There were other reasons suggested that might shed light on the **lower preference for remote appointments**. One person spoke about the **social aspect of visiting a doctor** in person and the opportunity to see a medical practitioner without the presence of their carer; the same person also spoke about being **taken more seriously in person** and this resonated with another interviewee's comments. One person mentioned that with long-term conditions, a patient will have built up a **relationship with the doctor** and there would more likely be a preference for face-to-face appointments with the same doctor. This same person also drew out the links between people with disabilities and other circumstances which may affect their lower preference for remote appointments, such as being older or more likely unemployed etc.

People with disabilities – less preference for remote appointments:

"Not speaking for myself, but others, [reasons why people with disabilities are less keen for remote appointments are] when really ill and not able to go out much, a GP appointment might give you something to do. [A face-to-face appointment] provides access to the medical profession without the carer there. Some people [with disabilities] are used to not being listened to even face-to-face and now remote, this could be worse." Man, 60s, with disability

"There are several reasons I can think as to why this would apply:

- If disabled, you are more likely to have regular appointments before lock down and these would continue. Having so many, you are more likely to see a regular GP, have built up a relationship. If the same GP is not available via remote, this could be a reason for dissatisfaction.
- If disabled, unfortunately more likely that you are unemployed. [On the one hand] you don't need to consider taking time off to see a GP, therefore one of the benefits of remote do not apply. However, with less money to spend on technology some of the remote offers will not be available to you.
- If disabled, you are more likely to have experienced the patronising side of the health services - "you are a medical condition with legs" rather than a person with disability. There is a potential for worst treatment remotely as less personal touch.
- Older people are more prone to long-term conditions and if older, you are less likely to be comfortable with technology.
- As part of a support group for the condition I have, which is more about making social connections than how to cope with the disability. This interaction face-to-face with the health professional and group) can not be underestimated." Woman, 50s, with disability

F6b: People who define themselves as LGBTQ+ (lesbian, gay, bisexual, trans, queer etc.)

In the survey, we found that people who defined themselves as LGBTQ+ (compared to those who did not) were **more likely** to have had a remote appointment in the pandemic but were the **least** likely to be satisfied with them.

If an interviewee had defined themselves (in the original survey) as LGBTQ+, we asked them whether they knew any reason why someone in this demographic group might be more likely to have had a remote appointment but least likely to be satisfied with it.

From six people who we spoke to who had defined themselves as LGBTQ+, four people provided us with a response. One person felt there was no reason why this demographic group should feel any different to any other group. Only one person specifically spoke about their own circumstances and they did not feel they identified with the findings from the survey. However, this person, along with the two-remaining people in this group, provided us with reasons why this viewpoint may have applied to others. Reasons ranged from **general prejudice** that could be exacerbated by the remote setting to more nuanced reasons such as **reduced access to support**.

People who define themselves as LGBTQ+ and reasons why this group may have been more likely to have had a remote appointment and/or least likely to be satisfied with them:

"Most people living with HIV are likely to fit into this group and therefore they would have regular appointments. Non-face-to-face appointments might not pick up on the nuances of how they are really getting on with living with HIV. If there is a younger demographic of LGBTQ+ then they might be more demanding of the health services and therefore more likely to say they are least satisfied. If you are LGBTQ+ you have had to fight for your rights most of your life. Therefore, as a fighter you are more demanding and have higher expectations." Woman, 50s, with disability

"I don't really understand this - I have never felt discriminated against - I've always faced a very positive attitude from my surgery - but perhaps in some surgeries LGBTQ+ people might feel prejudiced against." Woman, 70s, without disability

"The transitioning gender community were unable to get access to medication during the pandemic. They were left without any help, or counselling." Woman, 50s, with disability

F6c: People aged 60 or older

The survey findings showed that people who were aged 60 years or older (compared to younger age groups) were generally **less happy** about having remote appointments.

If an interviewee was aged 60 years or older we asked them what they thought might be the reasons for these viewpoints and whether it applied to them. The 41 people who are in this age group provided us with a response.

23 of these people **DID NOT identify** themselves with the findings, explaining how they were **comfortable with using online technology**, remote appointments were **more convenient** and being older should not prevent a person from engaging with online health services.

People aged 60 or older – happy with remote appointments:

"Doesn't apply to me as I do a lot online and am confident." Man, 60s, with disability

"Age is no excuse. Just because you get to 70 doesn't mean you're not on a computer." Man, 70s, with disability

"I think it can save time if you are feeling unwell, you don't want to go down to the surgery. I'm happy to use remote appointments." Woman, 70s, without disability

"Its horses for courses. There is massive paranoia around technology and COVID – [I have] neither." Man, 70s, without disability

"I have access to the internet and am articulate! What planet are these people on!" Woman, 60s, without disability

"Spend a lot of time on Zoom and have no issues. Most of the people [I] know are in a similar position." Man, 70s, with disability

"There are people who are not internet savvy. Its NOT age-related as such, some younger people [are] not great with computers." Man, 70s, without disability

"I'm 70+ and happy to adapt." Woman, 70s, without disability

However, more in tune with the survey findings, 18 people gave a number of reasons why they were **less happy about remote appointments**. **Technology was considered to be a barrier** for some, again resonating with the research around digitally excluded groups. Even where people were comfortable with using online technology, they **did not consider this the way to access their doctor**. Some people felt that certain **conditions associated with an older age group** would make accessing remote appointments more difficult such as hearing loss and physical disability. Others referred to **remembering how personal medical services used to be** and how this might make it difficult to accept remote appointments.

People aged 60 or over – less happy with remote appointments:

"Older people find it difficult to adapt to new things. I have the internet but would still want a face-to-face appointment with the Doctor." Woman, 70s, without disability

"Older people tend to want to see a person rather than talk to them through technology, they want that human contact." Woman, 80s, without disability

"An expectation of a continuity of care. There are loads of reports on continuity of care - its just a sick joke." Woman, 80s, without disability

"I remember [the] days [when] the doctor saw you in your house [and] when you had your own doctor." Woman, 80s, without disability

"Some older patients just like to see their doctor for reassurance and in some cases for the company." Woman, 70s, without disability

"[Technology can be] noise rather than meaningful communication. [...] Older people addressing isolation and loneliness and with disabilities. These need health services more than anyone else." Woman, 60s, without disability

"It's not just access to the technology but also confidence and competence in using it. They [people in this age group] are more likely to have multiple and complex health problems [and would find it harder to use remote methods]." Woman, 80s, without disability

"The phone can be challenging as you get older because of hearing." Woman, 80s

F7: Acceptance and choice

In this final set of findings, it was apparent that people felt there was **an inevitability of remote appointments becoming 'normal'**. However, most people we spoke to were clear that in using remote methods, there were factors that should be taken into consideration. In addition, most people we spoke to recognised that while it might work for them, remote appointments do not work for everyone and therefore **remote appointments should be a choice not a requirement**.

Even where there was an acceptance that remote appointments were inevitable, the view was that these should remain as **an alternative rather than a replacement** for face-to-face appointments, supporting the preference for a hybrid model of service delivery (remote *and* face-to-face).

The inevitability of remote appointments:

"We may all have to adapt a little to using the new technology, but we will get used to it. I think it's a good idea." Woman, 70s, without disability

"A vast amount of people don't actually need to see their GP in person and a quick phone call can answer all their questions." Woman, 60s, without disability

"As the GP often just has to triage you to a secondary service there is no need for an actual appointment." Woman, 50s, without disability

"Not everyone has the capacity or is able to use technology for remote appointments but those who can, should use it. The system was already at breaking point before COVID. Remote appointments are the new norm and we just have to get on with it." Woman, 60s, without disability

"The technology bit could be difficult for some people but if we are looking at the long term planning, school children today are taught technology, so we will [have] a tec savvy generation and technology will also improve." Man, 70s, without disability

When the survey asked about GP appointments and the degree to which aspects were important, the highest level of importance was for having a choice between phone and video appointments. 41% of survey respondents rated this as important, and a further 45% rated it as very important, while 14% rated this as not important. When we spoke to people in the follow-up interviews, the majority of **people felt choice was also important**.

Remote appointments should be a choice not a requirement:

"I think it is very important that a patient is allowed to see their doctor if they wish to do so…in a post COVID-19 situation that is." Woman, 30s, without disability

"My personal view is that this period should be seen as an experiment for alternative appointments. But not as an excuse to rush into implementing permanent changes. Anything moving forward should be on a trial basis only. It requires deeper delving to find out real effectiveness and patient satisfaction." Man, 60s, with disability

I have one concern. I don't want the COVID situation to be used purely to save money. Use technology for what it is best for NOT for rationing face-to-face time. If using a lot of [remote] contact, each contact point should be reassuring including the receptionist and the automatic dialling system." Man, 60s, without disability

"I think it should be offered as an option. It would suit some people but others will be disadvantaged by it." Woman, 30s, without disability

"A hybrid model of old and new is the way forward." Woman, 30s, without disability

Even where their own preference was for one method, they recognised this might not be suitable for all. Some people specifically stated that patients (and doctors) should **have a say in what method is used** for each appointment and which method is most appropriate. Equally important, even where there was an acceptance that remote appointments were inevitable, the overall view was that these should remain **an alternative rather than a replacement** for face-to-face appointments.

Hybrid Model would be best:

"You could have degrees of different uses. Whatsapp, zoom providing people have the technology and the knowhow to use it." Woman, 60s, without disability

"I feel the GP is in the best place to judge how to see the patient. I see the digital option as a step in the right direction." Man, 70s, without disability

"Video appointment is obviously better for the doctor to see the person. Some [people] might be ok with phone appointments, but it needs to be flexible to the needs of the individual patient." Woman, 40s, without disability

"It is personal preference – I have a friend who always prefers face-to-face as it's 'nice to meet a friend in person'. I get that but it doesn't apply to me. However, having the same GP is key to ensuring some appointments work, particularly where the condition is a rare one like mine." Man, 60s, with disability

"Whilst I am comfortable with using IT as a method of communication, I know lots of people who are not and would want to discuss their problems with their doctor face-to-face. In such circumstances it would be completely wrong to force those individuals to use other methods to talk to their doctor, which in some cases could be detrimental to their health." Man, 60s, with disability

Conclusion

Within most of the interviews we conducted, there rang an underlying tone about the need for choice. While most people accepted the inevitability of remote appointments becoming 'normal', the need to ensure patients had a choice about using them as an alternative to face-to-face, was considered important.

While most people could see a benefit in remote appointments, there were some conditions that were considered necessary to be seen in person. This was especially true where a physical examination was required or where personal and sensitive conditions were being dealt with (including personal physical conditions and mental health issues). This clearly shows there is no single preferred option, rather that different conditions are likely to affect people's preference for type of appointment.

Where remote appointments could be used, people gave several factors that needed to be taken into consideration when using this method. For example, additional training may be required for some health professionals to help identify nuances, body language and facial expressions that are harder to recognise remotely.

There will always be people who need and want to access services in person. Reasons for the appointment were more important than type of service in influencing people's preference for face-to-face appointments. The challenge will be to successfully ensure that these people are able to fully access the health services they need. The preference for choice and "inevitability" of changing methods of delivery indicates a recommendation for a hybrid (remote *and* face-to-face) model of service delivery.