

Using remote or virtual tools to access health or care services

15%

Nearly one in six people had used remote or virtual tools to access health or care services.

41%

Nearly two out of five adults felt it met their needs and would be happy to use it as their main means of accessing the service in the future.

26%

Over a quarter of children and young people felt it met their needs and would be happy to use it as their main means of accessing the service in the future.

49%

Nearly half of children and young people would prefer to see someone face-to-face, even where virtual mechanisms met their needs.

The Covid-19 outbreak has seen a rapid transition of many health, care and other services to remote digital and telephone access in order to overcome the issues around the lockdown and social distancing guidance. At the time of the surveys, this process was in its relatively early stages.

Nearly one in six of those responding to the surveys (14.6%) indicated that they had used remote or virtual mechanisms (phone, video, app) to access health or care services.

Across both surveys the most common response (from over 4 out of 10) indicated that remote or virtual forms of access met respondent's needs, but that they would prefer face-to-face services in the future.

However, there is an interesting difference between the responses provided by adults and by those aged 11 to 18. Whilst the greatest response amongst adults (41.4%) indicated a happiness in using virtual or remote mechanisms and a desire to use them moving forwards, only 26.4% of those aged 11 to 18 responded in this way.

"The GP was good with diagnosis and the appointment was carried out well virtually."

The most common response from 11 to 18 year old's (49.1%) was a preference for face-to-face engagement in the future, a preference which only 32.3% of adults indicated.

"Doctors can explain things better face to face and make you feel more comfortable."

"I have phone call anxiety and struggle with phone appointments, I also don't take in enough information from online formats and work better when in a face to face type situation."

The open-ended comments received on this theme may provide more insight into these trends. Whilst certain benefits associated with accessing services remotely, such as speed of access, time saved and no necessity to travel were identified by those of all ages, this was more common amongst adults than those aged 11-18, perhaps reflecting differing priorities between the two cohorts.

Other themes identified in the comments focused on the suitability of different remote mechanisms for different functions (e.g. phone vs video), such as booking appointments, receiving test results or undergoing examinations, and that there was no one-size-fits-all solution for all users of all services.

“I would prefer a mixture of the two. It was nice to speak to the two consultants by telephone, and met my needs at that time, to discuss options and arrangements. But I would like to speak to them face to face to get results of scans, tests etc.”

Those aged 11 to 18 identified a number of factors to support their preference for face-to-face engagement. Common reference was made to concerns about confidentiality and the availability of secure or private space in which to hold a virtual or remote appointment.

Children and Young People also indicated that they felt more comfortable in a face-to-face engagement with a health professional, and that communication was potentially easier and clearer in these circumstances.