Accessing health and care services – findings during the Coronavirus pandemic: what this means for decision-makers

Evidence underpinning these recommendations:

- Healthwatch in Sussex – Survey evidence from 2185 respondents; Young Healthwatch survey of young people aged 13-25; 104 telephone interviews (Appendix 1).
- Healthwatch East Sussex – 970, 11-18-year olds and 1209 adults (Appendix 2).
- Healthwatch West Sussex – interviews among young people about their experiences of digital/remote consultations during the pandemic (Appendix 3).
- Additional studies outside Sussex e.g. Healthwatch England, Healthwatch Leeds, Surrey, Surrey County Council and Surrey Heartlands Clinical Commissioning Group (cited in text).

Key message:
Remote appointments are well received by some people, groups and communities, but for some they make service less accessible and may lead to a delay in access. Ongoing models need to be a hybrid of remote and face to face appointments, which needs to be made clear to patients, carers and the public.

1. **Reduce the proportion of people who delay appointments during the Coronavirus pandemic:**

- To further and strengthen the message that the NHS is 'open for business' and the 'Help Us Help You' campaign. There is a particular need to share these campaign messages among people with disabilities and women who are more likely to delay appointments when needed, and to ensure that the mode of communication is appropriate.

- Make the public aware of the positive satisfaction ratings for phone, video, and online appointments, to encourage people not to delay appointments when in need, including those who may be shielding.

2. **Install a hybrid model (partially remote[1] and face-to-face) of health and care provision:** Although the majority of people were generally happy to receive remote appointments, from a range of different services, they are not suitable for everyone and face-to-face options must continue. This is particularly necessary for:

- Certain health conditions where a face-to-face examination is required, or a where a health need is described as 'serious' (a term used by respondents in the surveys).

- Outpatient appointments and mental health support areas where there this research indicates a strong preference for face-to-face support (between 30-50% preferring 'no

[1] The term 'remote' is used interchangeably with 'digital' and refers to non-face-to-face appointments. This is either phone, video or online (text, email or other online).

remote') – recognising the need for further work relating to different types of outpatient appointments. By comparison, 19% of people were not happy to have remote appointments with their GP.

- People with disabilities and especially so for those affected 'a lot'. Understand that people with disabilities are less satisfied with remote appointments and are less happy to have remote appointments in the future, and that for some the practicalities of remote appointments – especially those by phone – make this mode of consultation less effective.

- Those people who are digitally excluded who lack either the access, skills, confidence, or motivation to use remote technology, or who may have beliefs that such appointments are less effective than face-to-face. This is more common, but not exclusively so, among older people, those in some remote rural areas where signal is weak, and those unable to communicate by such means through, for example, a reduction in hearing.

- Where individuals, such as young people, are unable to secure a private space to hold confidential conversations with health and care professionals. This will create reluctance in using digital solutions.

- GP appointments - The polarised opinions towards preferences for both face-to-face appointments *and* remote appointments with a GP show a need for both options in future service delivery[2]. Amongst older people, those with disabilities and for Lesbian, Gay and Bisexual people, there is a stronger preference shown for face-to-face GP appointments.

- Consider how the preferred choice (between remote and face-to-face) can be recorded on patient records, so all staff understand the need for flexibility.

3. Increase the uptake of digital solutions for health and care provision:

- Familiarise some older people, in particular, in how to use video and online services. Promote videos or other media to show the processes involved in having phone, video or online appointments to encourage their future, and work closely with VCS organisations that can – or already do – provide support to get online.

- Liaise with organisations that provide community development support in more deprived areas, in order to support residents to access remote appointments effectively.

- Consider how social prescribers and the voluntary and community sector can support people to grow their confidence and skills in this area.

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[2] These polarised opinions were also seen a recent small-scale study (39 people) of older people conducted by Age UK in Brighton.

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- Health and care services to arrange remote appointments for specific times, rather than patients having to wait for a call-back at an unspecified time.
- Allow patients to choose a remote appointment with their regular GP where this is possible.

- Share useful tips for patients and health and care professionals to get the most out of 'virtual health and care experience'. These include receiving information in advance about what to expect, preparing what to ask in advance, finding somewhere quiet and confidential and, for Health and Care professionals, to set a precise time for an appointment and use active listening[3].

- Promote information about telephone interpreting of remote access BSL interpreting is available for many NHS services and free of charge to patients.

- Raise the skill levels of some health professionals in using technology for remote appointments (especially those via video) as well as increase the ability to build rapport[4] and two-way communication where face-to-face is not possible.

4. **Encourage men to seek mental health support when needed, to break down the perceived stigma and reluctance to open-up about mental health.**

5. **Further engagement is required to understand:**

- Preferences of particular groups are not represented in research thus far. Further engagement with groups experiencing health inequalities, including Gypsies and Travellers, carers, BAME communities, Trans people and D/deaf people to understand their access issues and preferences.
- Further exploration with people with physical and learning disabilities to understand issues in more depth.
- Why people with disabilities and women, and potentially other groups are more likely to delay remote appointments.
- Work to further understand reasons for delay in specific communities and develop solutions.
- Why people with disabilities and Lesbian, Gay and Bisexual people appear to be less satisfied with remote appointments during the pandemic. For the former, we know that communication is enhanced in a face-to-face appointment among people with learning difficulties.
- The nuances of service use and preference to see if and how this varies by demographic profile (e.g. social deprivation), type of condition and type of service.
- How the preferences for future appointments vary within the younger age groups (e.g. secondary school age, college age, 18+ etc).

[3] Healthwatch, National Voices and Traverse (2020). The Doctor Will Zoom You Now: getting the most out of the virtual health and care experience. Insight report, June – July 2020.
[4] This is currently being explored with young people and Healthwatch in Sussex will be able to provide clearer guidance in the future.

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- To reduce the prominence of digital exclusion by understanding more about the causes and how these link to poverty; age; literacy and communication preferences; skills and motivation; precarious lifestyles; privacy; disability and specific conditions; and trust in IT[5].Further exploration with older people in particular to ascertain whether there are issues of confidence with, and access to, IT which could be supported though existing means such as Community Development support.
- Review the qualitative analysis from the follow-up interviews to add intelligence and depth to this data, and further interrogate for trends.

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[5] https://healthwatchleeds.co.uk/wp-content/uploads/2020/07/Digitising-Leeds-Risks-and-Opportunities-For-Reducing-Health-Inequalities-in-Leeds.pdf

Appendix 1 - Healthwatch in Sussex – Survey evidence from 2185 respondents; Young Healthwatch survey of 146 young people aged 13-25; 104 telephone interviews

Survey headlines (2185 respondents):

37.4% [806] chose not to make an appointment during the pandemic despite having a need to access health, social or emotional care.

People with disabilities were more likely to delay making appointments. Women were more likely to delay making appointments compared to men.

For those that had phone, video and online appointments during the pandemic, satisfaction levels were high.

People with disabilities and Lesbian, Gay and Bisexual people were generally the least satisfied with appointments during the pandemic.

For triage, GP appointments, getting medication or a repeat prescription, receiving test results and appointments for emotional and mental health NHS wellbeing support (including counselling and therapy), people were mostly keen for phone appointments relative to video and online.

A high proportion of people who were not happy to receive any form of remote appointment for their mental health.

People with disabilities were significantly less happy to have any type of remote GP appointment, independent of their ethnicity, gender, sexual orientation, and age.

When controlling for the effects of other factors, younger people were generally happier to receive an outpatient appointment by video compared to older people.

Older people showed strong agreement to preferring face-to-face appointments with their GP. Younger people were happier to have a phone or video appointment with their GP.

People with disabilities were more likely to agree with statements that reflected this groups overall dissatisfaction towards remote appointments with their GP.

Older people showed more importance towards having a phone and/or video appointment with their regular GP.

Younger people showed more importance to being able to book a phone and/or video appointment via an online booking method rather than by phone; being given the choice between having a phone or video appointment; and being able to upload photos of their condition to a GP.

People with disabilities showed more importance towards phone or video appointments with their *regular* GP and less importance towards phone or video appointments as soon as possible with *any* GP.

People with disabilities showed less importance towards being able to upload photographs of their condition.

Women showed more importance towards phone or video appointments with their *regular* GP. Women showed more importance towards being given a choice of phone or video appointments with their GP.

People describing their day-to-day activities as being limited 'a lot' were more likely to delay their appointments; more likely to have appointments during the pandemic but also found them the least satisfying; and particularly disinterested in remote appointments (more interested in face-to-face).

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Survey headlines (146 young people aged 13-25):

To be added

Follow-up interviews (104 people):

To be added

Appendix 2 - Healthwatch East Sussex (970, 11-18-year olds and 1209 adults)

Healthwatch East Sussex headlines ( ):

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Appendix 3 - Healthwatch West Sussex – interviews among young people about their experiences of digital/remote consultations during the pandemic

Healthwatch West Sussex headlines ( ):

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