Healthwatch in Sussex and Sussex NHS Commissioners

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

October 2020

Contact – Dr Lester Coleman

Lester@healthwatchbrightonandhove.co.uk

Contents

Accessing health and care services – findings during the Coronavirus pandemic – Full report

Introduction

Healthwatch's core work is to gather people's opinion on health and social care services from across the community and to use this information to recommend improvements. With the onset of the Coronavirus pandemic (formally from March 11th, 2020) Healthwatch is playing a key role in sharing relevant information across Sussex on a weekly basis and also seeking the views and opinions of the community.

This report, produced by Healthwatch in Sussex[1], in collaboration with the Sussex NHS Commissioners, outlines the following:

- People's opinions about their access to health and social care services during the pandemic (and whether they have delayed this as a consequence).
- Their use of 'remote'[2] or phone, video and online appointments with health and social care services during the pandemic.
- Preferences for future use of these media for appointments beyond the pandemic; and
- Specific preferences towards future GP consultations.
- Data on equality and diversity were also gathered.

This engagement was supported through grant funding from the Sussex NHS Commissioners (NHS Brighton and Hove CCG, NHS East Sussex CCG and NHS West Sussex CCG).

The decision to explore these areas was based on a number of reasons:

- The understanding that many services have reduced their face-to-face consultations as part of the 'lockdown' and social distancing measures imposed during the Coronavirus pandemic. NHS data showed that 48% of GP appointments in May 2020 were remote, compared to 14% in February 2020[3]. A Royal College of General Practitioners' report also shows a reduction in face-to-face appointments with GPs (in England) from over 70% prior to the Covid outbreak to 23% within a matter of weeks[4]. The NHS advice at the time of writing is 'Only visit a GP surgery if you have been told to'[5].

- In terms of the future, the NHS Phase 3 response highlights that "Digitally enabled services provide an opportunity to create a more inclusive health and care system, creating more flexible services and opening up access for people who might otherwise find it hard to access in person, for example due to employment or stigmatisation" (pg.6)[6].

[1] Healthwatch in Sussex is Healthwatch East Sussex, Healthwatch West Sussex and Healthwatch Brighton and Hove working in collaboration.
[2] 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).
[3] https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/march-2020
[4] https://www.rcgp.org.uk/-/media/Files/News/2020/general-practice-post-covid-rcgp.ashx?la=en
[5] https://www.nhs.uk/using-the-nhs/nhs-services/gps/gp-online-and-video-consultations/
[6] https://www.england.nhs.uk/wp-content/uploads/2020/08/C0716_Implementing-phase-3-v1.1.pdf

- The understanding that as part of the 'restoration and recovery' phase, following the April 2020 peak of Coronavirus hospitalisations in the UK, the NHS in Sussex is interested in knowing people's opinions and preferences towards phone, video and online consultations should they continue (at comparable levels to now) in the future. This is particularly pertinent in the case of a 'surge demand'[7] as people return to using frontline services. For example, as numbers of people attending Emergency Departments increase to their former levels and the numbers waiting for appointments and treatments return.

- For the views of the people across Sussex to complement the preferences reported by some health professionals towards remote consultations. For example, a recent (2020) BMA survey[8] showed that 88% of GPs would like to retain the use of remote consultations in the future.

- To inform decisions across health and social care about future investments in IT infrastructure to support remote consultations[9] and types of remote/digital consultation offers, including providers such as e-consult and Livi.

- This engagement will also help to inform the NHS Long Term Plan's commitment for patients to be offered digital-first primary care by 2023/2024[10]. To achieve this commitment, all GP practices will ensure at least 25% of appointments are available for online booking and that all patients will have the right to online consultations by April 2020 and video consultation by April 2021. It is anticipated that senior NHS leaders will be looking to retain much of the capacity for digital appointments as we transition out of the acute phase of the pandemic[11].

In reviewing a number of surveys, both local and national, there a few surveys that cover future preferences towards health and social care services in such detail and at such scale. Most of the Coronavirus-related surveys, to date, have covered people's experiences during the pandemic including ease and understanding of sources of information and advice, difficulties and coping and sources of local support.

There are, however, a few exceptions that have contributed valuable evidence. Healthwatch East Sussex engaged 970, 11-18-year olds and 1209 adults[12]. From the young people's survey, the study showed that 11.3% had used a video-link or mobile app to access health or care services. Of these:

- 49.1% indicated that 'It met my needs, but I would prefer to see someone face-to-face in the future'
- 26.4% indicated that 'It met my needs, and I would be happy to use it as my main means of using this service in the future'
- 12.7% indicated 'I didn't feel that it met my needs, and wouldn't wish to use it again'

---

[7] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf

[8] https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-analysing-the-impact-of-coronavirus-on-doctors

[9] From the BMA GP survey, over 50% said their ability to provide remote consultations had been limited by internet speed/bandwidth, hardware and software, and IT infrastructure.

[10] https://www.england.nhs.uk/gp/digital-first-primary-care/

[11] https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20200904%20Digital%20Exclusion%20Project%20Brief.pdf

[12] https://healthwatcheastsussex.co.uk/news/east-sussex-people-in-the-coronavirus-crisis-first-findings-released/

- 11.8% indicated 'I used it, but neither liked nor disliked the experience'.

From the adult survey 17.4% indicated had used a video-link or mobile app to access health or care services. Of these:

- 43.3% indicated 'It met my needs, and I would be happy to use it as my main means of using this service in the future'
- 33.8% indicated 'It met my needs, but I would prefer to see someone face-to-face in the future'
- 12.4% indicated 'I didn't feel that it met my needs, and wouldn't wish to use it again'
- 10.5% indicated 'I used it, but neither liked nor disliked the experience'.

In addition, Healthwatch West Sussex[13] interviewed a number of young people about their experiences of digital/remote consultations during the pandemic. This engagement revealed mixed feedback suggesting that digital consultations will not be a quick fix or panacea for managing future health and social care demand for young people.

A further notable exception to the above evidence is a report by Traverse and National Voices published in July 2020[14]. This study engaged 49 people (over 10 days) via an online platform and a further 20 through individual interviews. All had the experience of a remote consultation via telephone, video or text-based communication. Appointments were for a GP, hospital outpatient follow-up and mental health conditions. The Healthwatch network supported the recruitment of participants. Findings were centred around:

- Limited choice over the date or time of appointments.
- Convenience of appointments.
- Having a choice over phone, video, text and in-person appointments (and appointment-types appropriate for condition).
- Understanding that remote access is not possible for all.
- Mixed responses about people's satisfaction with remote consultations.
- Useful tips for patients and Health and Care professionals to get the most out of 'virtual health and care experience', such as 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.

A further exception is an equally scaled project by Surrey, Surrey County Council and Surrey Heartlands Clinical Commissioning Group (June 2020)[15] that engaged 51 people from 56 different organisations. The key findings were that 75% of residents/groups/networks had responded positively to the new virtual methods of engagement. Also, 39% feel that the new virtual engagement methods are as effective or more effective than traditional methods. However, 27% were unsure. Some concerns were raised about people with no digital skills or access to digital services, with a hybrid model of service delivery recommended (physical and

[13] https://spark.adobe.com/page/bv91D8t1FSZ37/

[14] 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.

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

virtual). Indeed, a recent article in the Health Services Journal[16] is headlined as NHS trusts have "sometimes lost focus" on people who do not have access to the internet during the recent rapid rollout of online appointments.

Although not direct engagement, a report from Healthwatch Leeds[17] explored the area of digital exclusion in relation to health and social care services. The findings were derived from a Digital Inclusion Subgroup that had reviewed a number of reports produced nationally and in the city of Leeds. Of relevance to this report, they identified eight factors which make people particularly likely to experience digital exclusion (not in any particular order). They are:

- Poverty
- Age
- Literacy and communication preferences
- Skills and motivation
- Precarious lifestyles
- Privacy
- Disability and specific conditions
- Trust in IT.

Relative to these studies, this current engagement project, from a larger sample, is able to extend the evidence and help to identify and explain why some groups may be less likely to use remote appointments during the pandemic and in the future.

Methodology and analysis

The principal method of engagement was a questionnaire consisting of mainly closed, fixed response questions, occasionally free-text responses and 104 follow-up phone conversations for those who volunteered[18]. Some of the exact same questions were used in a Sussex NHS Commissioners' survey, allowing these particular questions to be combined and analysed in their entirety. In total, 2185 people responded to the surveys as follows:

- Healthwatch in Sussex survey – 1406 respondents (June 16th to July 15th 2020).
- Sussex NHS Commissioners' survey across Sussex – 779 respondents (June 23rd to July 10th 2020).

An additional Young Healthwatch Sussex survey (146, 13-25-year olds) will be published in October 2020 although some relevant comparable findings will be included in this report.

The surveys were promoted in a number of ways including mailshots to local networks and contacts, Brighton and Hove City Council COVID-19 briefings, by the three CCGs via their public bulletins and their websites, Facebook communities, other social media, and supported by a high visibility on the websites of the three Sussex Healthwatch organisations and email signatures.

[16] https://www.hsj.co.uk/technology-and-innovation/trusts-have-lost-focus-on-patients-who-cannot-use-the-internet/7028152.article?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11713721_NEWSL_DHD_2020-08-05

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

[18] A total of 104 follow-up conversations were undertaken and will be published in October 2020.

The questions were structured around the following themes, with optional open-ended comment boxes interspersed throughout to provide more evidence:

- Where people lived – Brighton and Hove, East Sussex excluding Brighton and Hove, West Sussex and prefix of postcode.
- Delaying appointments during the pandemic, despite need, and reasons for this delay.
- Experience of phone, video or online appointments during the pandemic, services engaged, and satisfaction.
- Preferences for future use of these remote appointments beyond the pandemic – providing options for phone, video, online (text, email and other online), and a preference for no remote appointments. Preference provided for a number of different health and social care services.
- Preferences specifically for remote appointments with GPs, including attitudes towards effectiveness of remote appointments relative to face-to-face.
- Managing and administering appointments with GPs remotely, such as preference for regular GP, and being able to book time slots for phone calls.
- Equalities data including age, gender, gender assigned at birth, disability, ethnicity, religion, and sexual orientation.

The time taken to complete the Healthwatch Sussex survey (including those questions in the same Sussex NHS Commissioners' survey) was averaged at nine minutes.

The data were analysed in SPSS (Statistical Package for the Social Sciences) exported from Survey Monkey. Data from the Healthwatch and Sussex and NHS Commissioners' survey were merged where questions were exactly the same in both surveys. The analysis consisted of 'valid cases' i.e. derived from all those that replied to a question (excluding missing cases) and where questions were applicable. For example, the proportion of having a GP appointment by phone would only apply to those that had any type of phone call appointment during the pandemic.

The analysis focuses on frequencies, cross-tabs (with Chi square significant tests) to compare differences for categorical data (such as gender differences), non-parametric tests[19] (for age and mean satisfaction differences), and logistic regression to see the independent influences of certain factors when others are controlled for. The latter is the most powerful of tests as it accounts for the effects of other factors. For example, it may be shown that there are men/women differences in satisfaction of GP appointments by phone – however, this effect may be in fact due to the age differences between men and women in the sample. The logistic regression, in this example, is able to detect which of several factors are independently significantly related to the satisfaction levels.

Given the sample numbers, most questions were compared by gender, age, disability, sexual orientation, and ethnicity. The analysis focused on recoded binary comparisons above (e.g. gender: male versus female; ethnicity: White British versus BAME [Black, Asian, and Minority Ethnic groups]). The equalities data was insufficiently diverse to compare beyond these binary statistics e.g. by all ethnic groups. Age was recorded by precise age. Given the average age (59.2 years), the younger age groups were less represented in this engagement and it is considered that the Young Healthwatch survey mentioned previously will provide valuable evidence in this regard.

[19] Non-parametric tests (such as the Spearman's rank correlation and the Kruskal-Wallis H test for differences) are used where the data is not normally distributed - in this survey, satisfaction and agreement ratings and age were not normally distributed. Full details of the rank differences and statistical significance are shown in Appendix 1.

For these comparisons the way the results are written are varied and it is important to know how to interpret them. If, for example, a finding shows that 'women were *more likely* to delay an appointment than men' this also this also means that men were *less likely* to delay an appointment.

Statistical significance levels are provided where identified (at less than the 0.05 level, or a 95% probability the observations were not due to chance)[20]. Appendix 1 includes further details of the comparative tests, number of responses, levels of significance and effect sizes. A copy of the Healthwatch questionnaire is attached in Appendix 2.

After the following section which outlines the main findings, the report will conclude by distilling the learning and recommendations which arise towards the future of health and social care services in Sussex.

Findings

The survey findings are presented in the same order as that of the survey. The exception is this first section which presents an important context by outlining the profile of people who responded to the survey. At the end of each set of findings a summary section outlines the main observations.

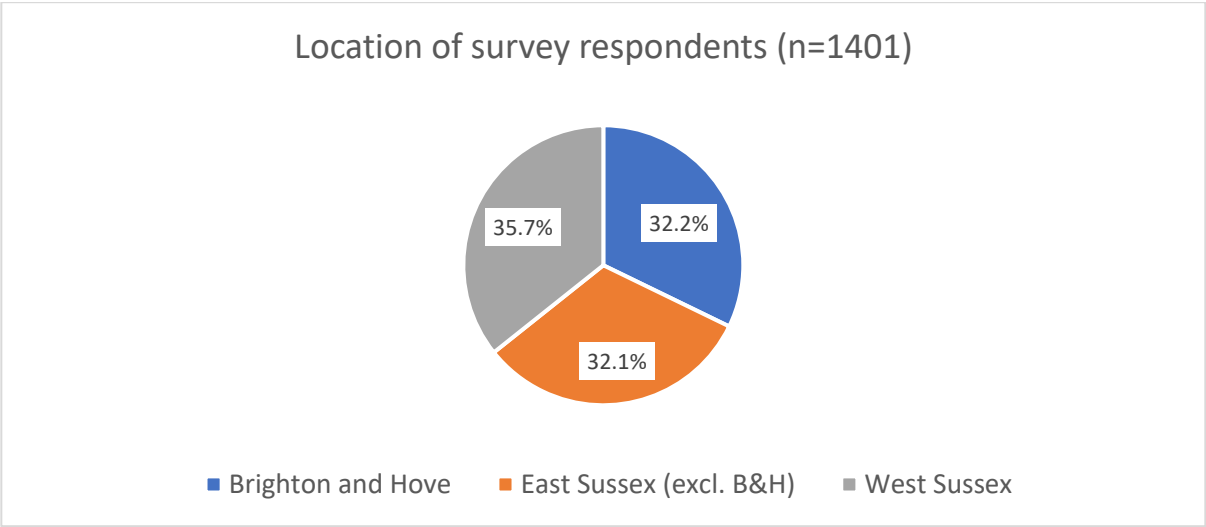
1. The people responding to the engagement survey:

This section describes the people who responded to the survey. This is important context as most of the questions used in the survey will be compared across these groups, for example, to see if responses difference by gender, age, or disability.

The location of respondents was broadly similar across the three Healthwatch in Sussex areas: Brighton and Hove (32.2% [447[21]]), East Sussex excluding Brighton and Hove (32.1% [445]), and West Sussex (35.7% [495] - less than a four percentage-point difference across the three areas). In the tables, 'n' denotes the number of responses to the question.

[20] The p or probability value at the level of significance (<0.05) should not be used to indicate the strength or extent of significance – for the extent of the significance, it is more appropriate to look at effect sizes, such as Odds Ratios in the logistic regression.

[21] For headline findings sample sizes are provided. For the comparisons, sample sizes are provided in Appendix 1.



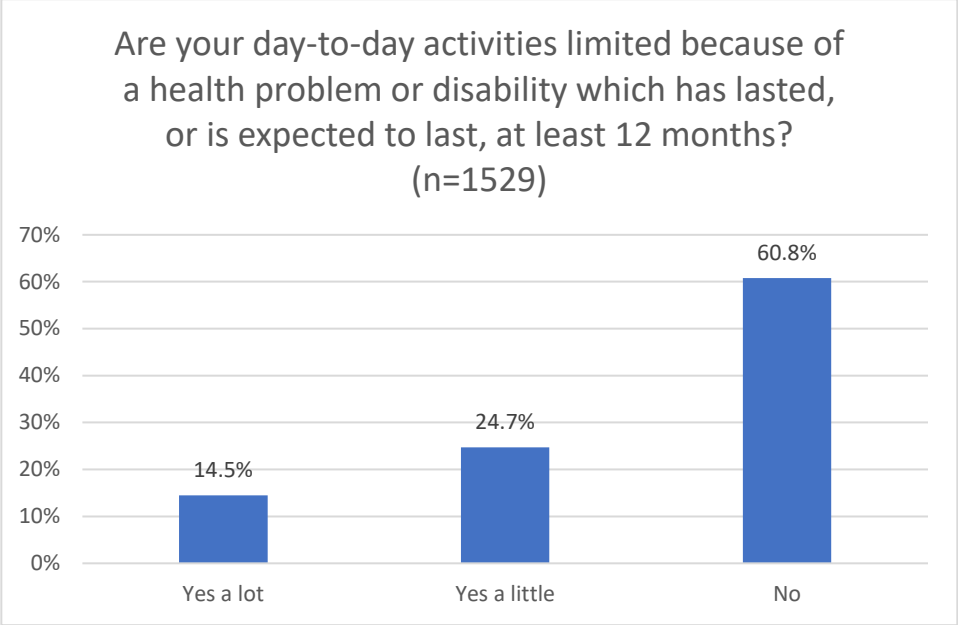
The prefix of postcodes shows the diverse locations across Sussex with people responding from 70% of the possible postcode prefixes (67 out of the possible 96). A notable 35% were from BN1, BN2 or BN3. Appendix 3 shows differences in headline findings comparing Brighton and Hove, East Sussex (excluding Brighton and Hove) and West Sussex. The overall differences by location were minimal.

Most people responding were women (75% [1148]) and the average age was 59.2 years, ranging from age 15 to 95 years. This gender and age profile is a common trend in healthcare research[22]. When considering age differences, 'younger people' in this survey is used as a relative term within a middle to older aged sample (only 5% were aged 30 or under). The Young Healthwatch survey (due October 2020), capturing the views of 146 13-25-year olds allows extra insight into what would more conventionally be known as young people.

A total of 39.2% [599] have some form of disability, defined as having day-to-day activities limited by a health problem that has lasted or expected to last for at least 12 months. The 39.2% is comprised of those that reported this as occurring 'a little' (14.5% [222]) and 'a lot' (24.7% [377]), as shown below.

For the purposes of the comparative analysis in this report, disability was mostly recoded as a binary variable (i.e. a people with disabilities and people without disabilities). However, some further analysis, in the final set of findings, was also undertaken comparing those affected 'a little' and 'a lot'.

[22] 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.



From all those with disabilities, the conditions were described as follows (multiple responses allowed):

Physical impairment	62.4% [378]
Long standing illness	36.1% [227]
Mental health condition	17.9% [109]
Sensory impairment	12.2% [75]
Autistic spectrum	3.3% [20]
Learning disability/difficulty	1.8% [12]
Other developmental condition	1.5% [10]

For additional equalities data, Black and Asian Minority Ethnic groups comprised (10.9% [164]) of the sample, and the remaining (89.1% [1338]) classified as White: English/Welsh/Scottish/ Northern Irish/British). The most common BAME groups were any other White background at 6.1% of the total sample (not White British or White Irish), White Irish at 1.7% and all other groups less than 1%.

Those who identified themselves as Lesbian, Gay or Bisexual were 7.4% [107][23] compared to those who identified themselves as heterosexual. For religion, the most common responses were Christian (all denominations) (45.7% [455]) and no particular religion (33.6% [518]).

Of the differences revealed in this report, those by disability and age were the most frequent compared to the other groups shown above.

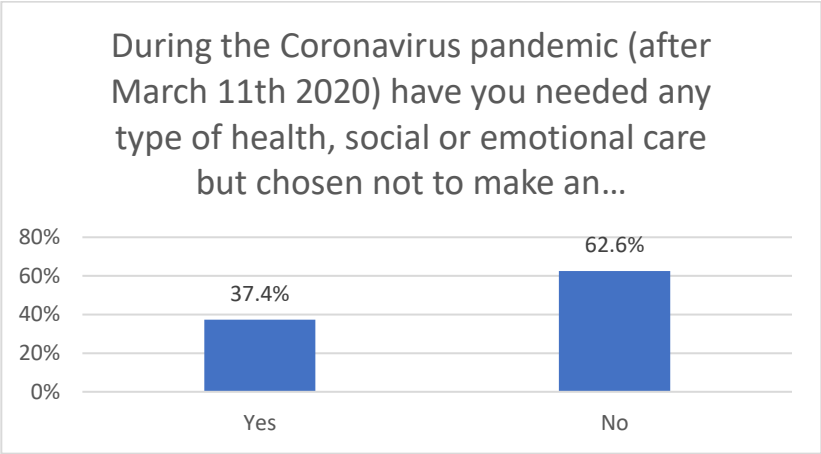
[23] Including 13 people who defined themselves as 'other'.

Summary

Aside age (average 59.2 years) and gender (mostly women), the sample was effective in reaching out to a diverse sample in terms of location, disability, sexual orientation, ethnicity (proportionate to Sussex) and religion. This diversity, along with the sample size, supports the numerous comparative tests to see, for example whether a finding varied by age or disability.

2. People choosing to delay appointments:

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



Those more likely to delay their appointments were as follows:

- **Lesbian, Gay or Bisexual people** relative to heterosexual people ($p<0.05$)[24]. To illustrate, of the Lesbian, Gay or Bisexual people, 47.7% delayed their appointment relative to 36.6% of heterosexuals[25].
- **People with disabilities** were also more likely to delay appointments relative to those who did not ($p<0.001$). Of those people with disabilities, 55.9% delayed their appointments relative to 26.4% of those people without disabilities.
- Also, **younger people** were also more likely to delay an appointment relative to older people[26] ($p<0.05$).

These tests above are based on looking at a 2x2 table e.g. disability (yes/no) versus delayed (yes/no). A logistic regression extends this analysis by accounting for the influence of other factors. The logistic regression revealed that people with disabilities were more likely to delay appointments relative to people without disabilities *independent of their age, gender, ethnicity, and sexual orientation* ($p<0.001$). Those people with disabilities were nearly four

[24] Analysis using cross-tabs and Chi Square unless stated.
[25] For all % used in differences, the literal explanation using this example is: 'Of those people that delayed their appointment, 47.7% of Lesbian, Gay and Bisexual people had done this compared to 36.6% of the heterosexual people that had done this' (either side of the overall figure of 37.4% who had delayed).
[26] Kruskal-Wallis non-parametric tests are used for age and satisfaction ratings that were not normally distributed and use mean ranks to compare findings.

times more likely (Odds Ratio of 3.67) to delay their appointment compared to those people without disabilities. Also, women were more likely to delay their appointment compared to men ($p<0.05$), *once ethnicity, age, disability and sexual orientation had been taken into account* (Odds Ratio of 1.39).

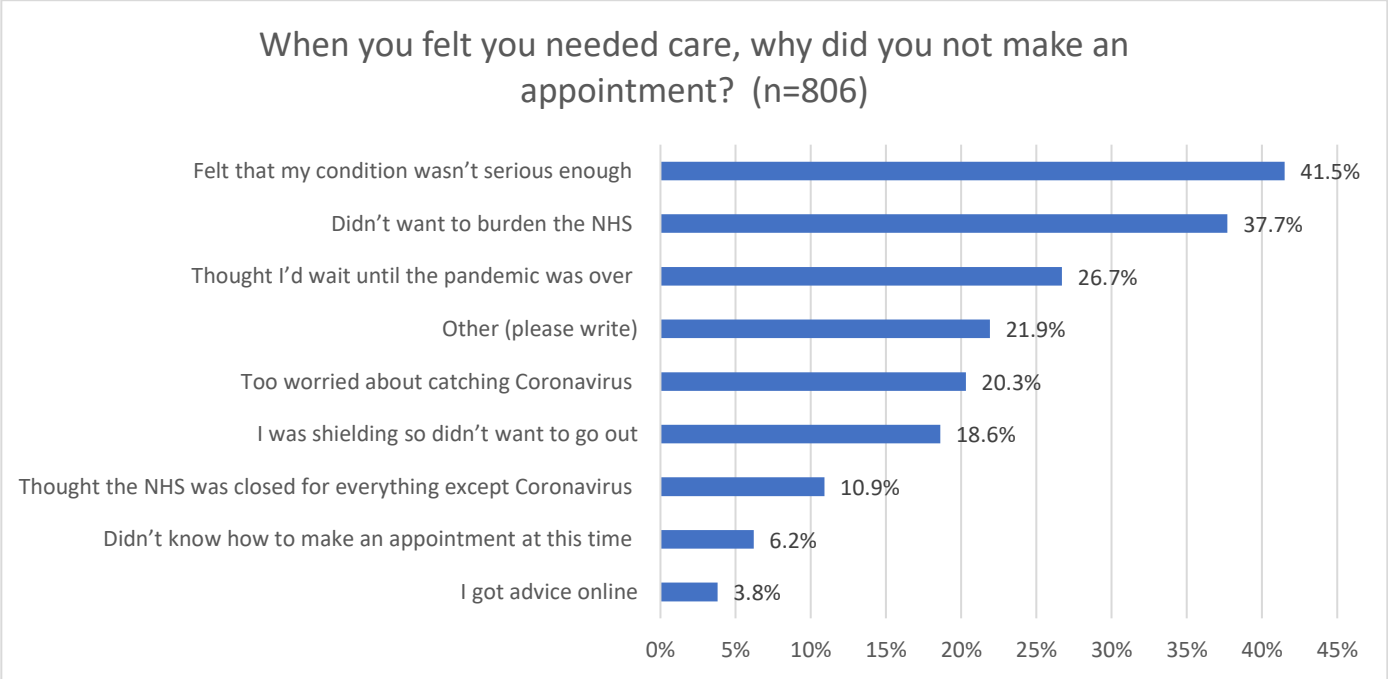
Summary

Considering the greater power of the logistic regression relative to 2x2 cross-tabulations (given the former explores the independent predictive effects when controlling for the effects of other variables), the conclusive evidence is that people with disabilities (in particular) and women to a lesser extent are more likely to delay their appointments. At this stage, it is not possible to know why this is the case, but later findings on preferences towards the types of appointments available during the pandemic may help to explain the choice to delay appointments.

3. Reasons for delaying appointment:

From all those that delayed their appointment, the top three reasons were:

- 'Felt that my condition wasn't serious enough' – 41.5%
- 'Didn't want to burden the NHS' – 37.7%
- 'Thought I'd wait until the pandemic was over' – 26.7%.



To examine any differences, it was appropriate to compare the top two reasons which were 11 percentage points different to the third ranked reason. This provided a sufficient sample size to create meaningful comparisons. The comparisons were as follows:

'Felt that my condition wasn't serious enough'

41.5% of those who delayed their appointment reported this reason. People who said this as a reason were statistically significantly more likely to be from BAME groups, those without disabilities, women, and younger people.

- People who were **BAME** were more likely to say they waited because their condition was not serious enough relative the White-British sample ($p<0.05$) – 55.8% of BAME people cited this reason compared to 43.8% of the White-British sample.
- People **without disabilities** were more likely to say this same reason (condition was not serious enough) relative to those with disabilities ($p<0.05$) – 49.2% cited this reason compared to 40.7% those with disabilities.
- **Women** were more likely to say their condition was not serious enough as a reason to delay their appointment ($p<0.005$) – 48.0% of women cited this compared to 34.7% of men.
- **Younger peopl**e were more likely to say they did not think their condition was serious enough to warrant an appointment, compared older people ($p<0.05$)[27].

'Did not want to burden the NHS'

37.7% of those who delayed their appointment reported this reason. The only difference for this reason was by gender:

- **Women** were more likely than men to cite not wanting to burden the NHS ($p<0.001$) – 44.1% of women who delayed their appointments said they did not want to burden the NHS relative to 28.4% of men.

Summary

The reasons for delaying an appointments are varied, but the top two reasons that predominate, 'did not think condition was serious enough' and 'not wanting to burden the NHS', suggest that there is a need to further and strengthen the message that the NHS is 'open for business' and the 'Help Us Help You' campaign.

The concern that a sizeable proportion have delayed the appointment could mean people are not able to get treatments early enough, people struggling to manage health and social care concerns, and people planning appointments at a time that could increase extra pressure on services.

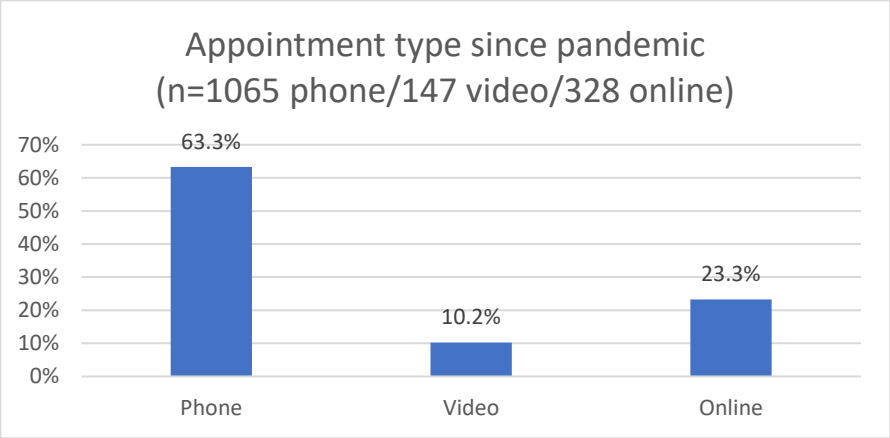
Looking at the two groups more likely to delay appointments (people with disabilities and women), both said that this was due to their 'condition not being serious enough'. How this is interpreted is complex as it could be a genuine need that could be delayed with no impact on the individual or it could be a condition that could worsen if help is not sought. The interviews

[27] As this was a mean rank comparison from a Kruskal-Wallis test, percentage comparisons are not provided. For mean ranks, see Appendix 1.

that followed the survey looked to explore the impact of delay in further detail. We also do not know whether a lack of suitable appointments or postponements were reasons.

4. Appointments during the pandemic – types of contact - phone, video and online (text, email and other online):

During the pandemic, nearly two-thirds (63.3% [1065]) of people had a phone appointment, with lower proportions using online (23.2% [328]) and video (10.2% [147]). The Sussex NHS Commissioners' survey showed that 35.4% [297] had experienced a face-to-face appointment during the pandemic, the majority of which were at a GP surgery or at hospital.



There were some notable differences in type of appointment as follows, exclusively among people with disabilities (proportions based on all those having an appointment during the pandemic).

- **People with disabilities** were more likely to have a phone appointment during the pandemic compared to those without disabilities ($p<0.001$) – 77.4% of people with disabilities compared to 53.4% of those without.
- **People with disabilities** were also more likely to have a video appointment during the pandemic ($p<0.001$) – 18.0% of those with disabilities had a video appointment compared to 5.4% of those without disabilities.
- Similarly, the proportion of **people with disabilities** having an online appointment was greater ($p<0.001$) – 33.4% of those with disabilities had an online appointment during the pandemic compared to 15.1% of those without disabilities.

There were no differences in the type of appointment by ethnicity, sexuality, gender, and sexual orientation.

Summary

Some of these differences may reflect demand for health and social care support so, for example, it may not be surprising that people with disabilities were more likely to have a phone, video and online appointment compared to people without disabilities. However, this is

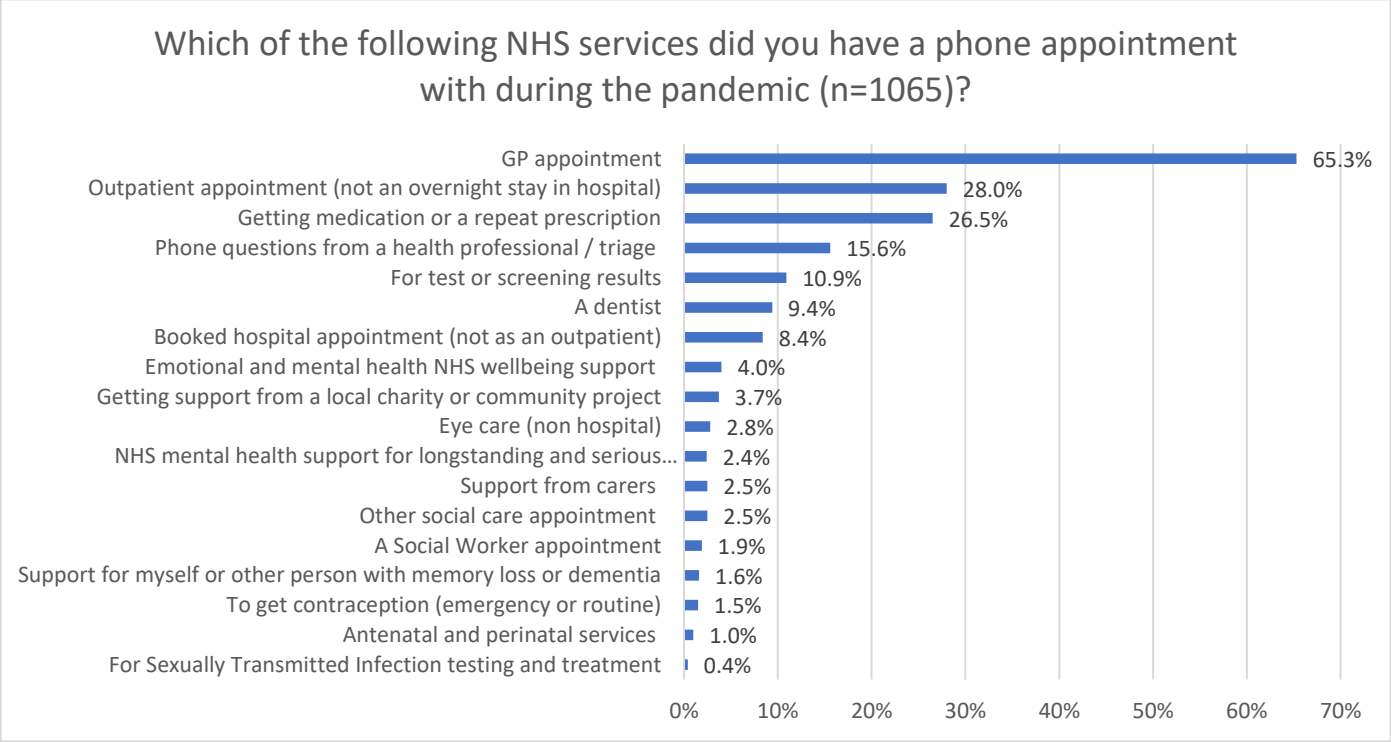
particularly interesting because people with disabilities were also more likely to delay an appointment and less likely to prefer remote appointments (see later). Undoubtedly some of these opinions are likely to include those who had a remote appointment during the pandemic and that this experience is shaping their views and disapproval towards remote appointments in the future.

Also, although phone appointments are the most popular, it is not known whether people were only offered this option by a service, or whether people chose phone when other options may have been available (preferred means of appointment are outlined in a later section).

5. Phone appointments during the pandemic:

The most common appointments, for all three formats (phone, video or online), were with a GP, as an Outpatient, and phone questions from a health professional (e.g. Receptionist, NHS 111) to guide people to the right service. Appointments with a GP were approximately twice as common to other appointments.

With reference to those having a phone appointment during the pandemic, nearly two-thirds (65.3%) were with a GP, and just above one quarter as an outpatient (28.0%) and getting medication or a repeat prescription (26.5%). Note the less than 5% receiving mental health services via phone which is unlikely to be proportionate to the need.



Based on the three most common phone appointments, there were interesting differences according to sexual orientation and disability as follows:

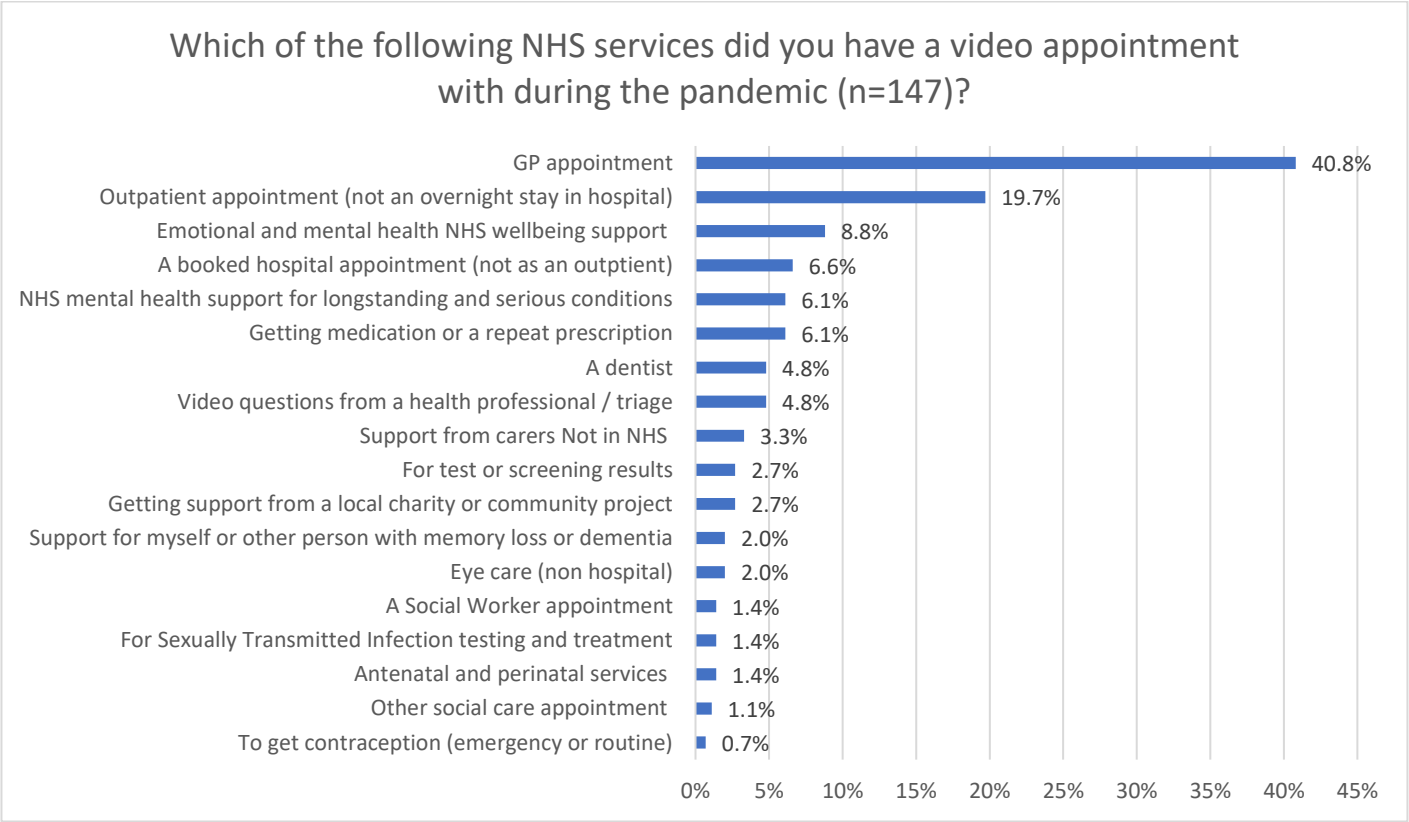
- **Lesbian, Gay or Bisexual** people were more likely to have phone questions from a health professional to guide them to the right service, compared to heterosexual people ($p<0.001$) – 31.1% compared to 14.9%.

- **Lesbian, Gay or Bisexual** people were less likely to have had a phone-based appointment with their GP compared to heterosexual people ($p<0.05$) – 52.5% compared to 66.8%.
- **People with disabilities** were more likely to have had a phone-based outpatient appointment during the pandemic ($p<0.001$) – 37.3% compared to 22.3% of people without disabilities.
- **People with disabilities** were also more likely to have a phone appointment to request medication or a repeat prescription ($p<0.001$) – 33.3% compared to 21.8% of those people without disabilities.

There was no relationship observed by gender, ethnicity, or age with these most often used phone appointments.

6. Video appointments during the pandemic:

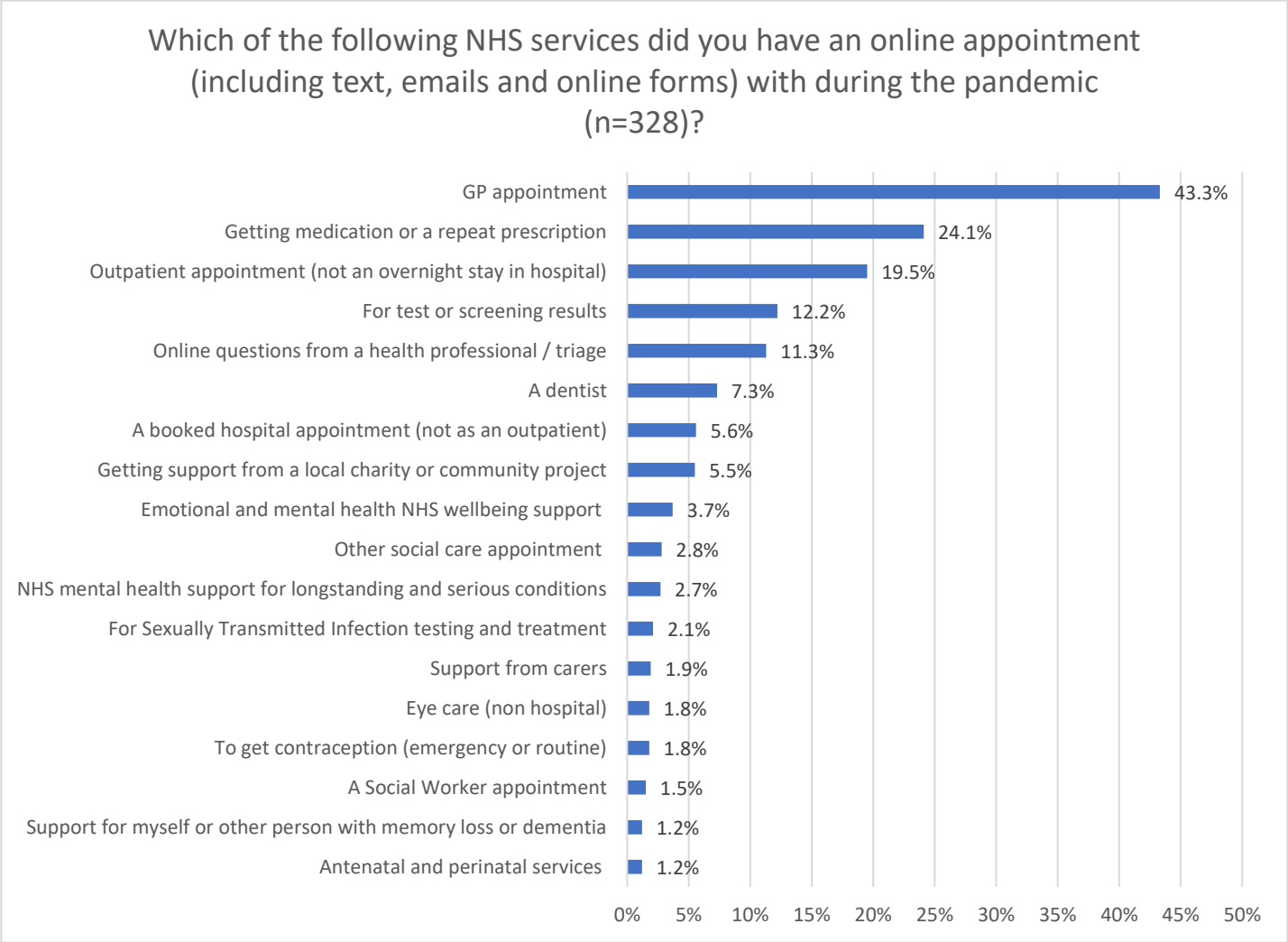
As with phone appointments, the most common video appointment was with a GP (40.8% of those having a video appointments) followed by an outpatient appointment (19.7%). Interestingly the proportion of patients receiving mental health support via video was slightly higher than phone (up to 8.8%).



For GP and Outpatient appointments (the most common video appointments), there were no statistically significant difference in use by gender, ethnicity, sexual orientation, disability, or age.

7. Online (text, email, and other online) appointments during the pandemic:

Again, appointments with a GP were the most common – 43.3% of those having an online appointment had this with a GP. This was followed by getting medication or a repeat prescription (24.1%) and an outpatient appointment (19.5%).



For the two most common online appointments (online GP appointment and getting medication or repeat prescriptions online), there were no differences by age, gender, ethnicity, disability, or sexual orientation. For an online outpatient appointment, however, people with disabilities were more likely to access this online during the pandemic ($p<0.001$) – 28.4% compared to 7.0% of those without disabilities.

Summary for all appointments

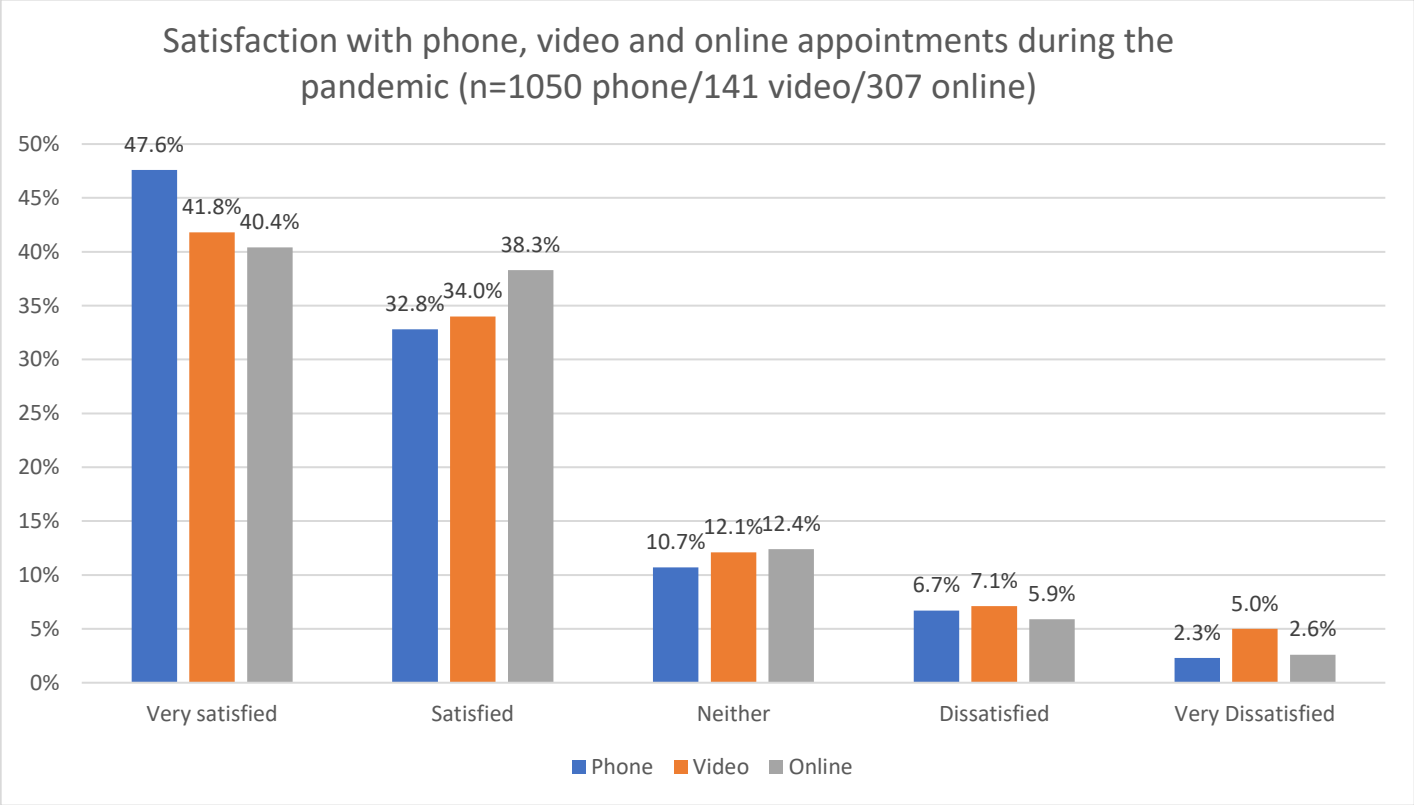
Building on the earlier point about greater demand for health and social care appointments, it is perhaps unsurprising that people with disabilities showed a greater use of remote appointments compared to those without disabilities (for a phone- and online-based outpatient appointment, and phone-based requests for medication).

As a further conclusion, Lesbian, Gay or Bisexual people were more likely to have a phone conversation with a health professional to guide them to the right service compared to heterosexual people and also more likely to have a phone-based appointment with their GP.

There were no further differences in type of appointment held during the pandemic by gender, age, or ethnicity.

8. Appointments during the pandemic – satisfaction including open-ended comments:

For those that had phone, video and online appointments during the pandemic, over three-quarters of the sample were satisfied. For example, 80.4% were satisfied or very satisfied with phone appointments. This may show that if people who delay appointments were encouraged to use this alternative provision (phone, video or online) they may more satisfied than they would initially expect to be.



In more detail, people were slightly more satisfied with phone appointments (80.4%), relative to online (78.7%) and video (75.8%). These slight differences were reflected in the mean satisfaction scores (ranging from 1 to 5, with higher figures indicating higher levels of satisfaction) which give a more accurate result as they account for all five satisfaction responses per appointment type:

Appointment type	Phone appointment	Video appointment	Online appointment
Mean satisfaction rating (out of 5)	4.1	3.7	3.9

Based on these mean satisfaction ratings[28], the only statistically significant differences were:

- **People with disabilities** were less satisfied with their phone appointments during the pandemic compared to people without disabilities ($p<0.05$).
- **People with disabilities** were significantly less satisfied with online services compared to people without disabilities ($p<0.005$).
- **Lesbian, Gay and Bisexual people** were significantly less satisfied with online services compared to heterosexual people ($p<0.05$).

The open-ended comments provide extra detail behind these findings. Indicative of the high satisfaction with phone-calls, some people mentioned the increased **convenience** saving them time and money, for example:

"A great idea for people who can't get out and have no access to transport other than taxis. A round trip to my surgery and back home costs £15:00." Man, aged 72, with disability[29].
"I actually prefer a telephone appointment, if appropriate, for instance I had a hospital appointment follow up appointment after a scan, and rather than commuting over 2 hours to London I was able to discuss everything on the phone. The Drs I've spoken to have been amazing on the phone and I have had the time to ask anything associated without feeling rushed. I feel it would perhaps save waiting times of this practice could be implemented in future clinics should the patients be happy with this." Woman, aged 43, without disability.

"A lot easier than travelling to the hospital. It was quick and easy to arrange a phone appointment with my GP and I preferred it. It saved me time and money and I felt less anxious." Man, aged 55, with disability.

Comments also showed how the phone-based appointments had been **efficient and effective**, not only in treatment and advice but also with follow-up support, for example:

"Efficient focussed and effective Liked not having to travel." Woman, aged 71, with disability.

"I cannot fault them [phone appointments]. I have had super experiences and such efficiency, and they have all been followed up with an email confirming the arrangements." Woman, aged 72, without a disability.

"I found telephone appointments good. Had supplied photos as requested prior to telephone appointment. This helped, as did follow up/ output letter, confirming discussion, treatment etc. Text beforehand to remind me of telephone appointment. All helpful and supportive. Good active listening skills utilised by doc. Much appreciated." Woman, aged 54, with disability.

[28] Figures not provided as means as a non-parametric test based on ranked data.
[29] Aside to gender, age and disability are noted given the greatest differences across the data were shown for these characteristics.

Nonetheless, not everyone was satisfied, with frequent requests for a **specified time for a phone appointment** being preferred to save the waiting time and to prepare a private space to take the call, for example:

"It would be useful if phone appointments had time slots – it's not always possible to wait all morning or all afternoon for a call and sometimes (if at work or commuting) it's not possible to take a personal call without planning/preparing in advance and the patient needs notice." Woman, aged 49, without a disability.

"There must be an agreed date and time. Patients should not be expected to walk around all day with their phone in their hand just in cases they miss the call." Woman, aged 62, with disability.

"I found having to wait for a GP call difficult because I wanted it to be private and not knowing when the call would come, I was told after 11am, was frustrating as I didn't want my family to know." Woman, aged 55, without disability.

It has been noted previously that **people with disabilities** were less satisfied with phone appointments and there may be several reasons for this. The reasons for this may also explain why they were more likely to delay their appointments during the pandemic. Firstly, was the importance of having an appointment with their *regular* GP, for example:

"You nearly always end up with someone who does not know your case or what you are being treated for." Man, aged 61, with disability.

Secondly, was the need to see someone face-to-face for certain conditions affecting their disability, for example:

"Most patients need to be seen, i.e. skin cancer, maxi facial women's problems, cancer. I could go on!!!!" Women, aged 80, with disability.

"It would be preferable to have face to face [for test results and screening] and be shown areas and problems as its difficult to imagine on the phone." Female aged 65, with disability.

Thirdly, dissatisfaction was seen among those people with disabilities who had problems communicating remotely, and who showed distinct preferences for face-to-face appointments, for example:

"A good system [phone appointments] but would have preferred a call to my mobile (as requested) so as to use speaker. I have hearing difficulties, and this could be an issue for a lot of people." Woman, aged 65, with disability.

"I am partially deaf as well so I have found the phone calls extremely hard." Male, aged 19, with disability.

"They used a script but being autistic, I struggled to understand the answers they wanted. I hate telephone appointments. I can't see the other person so it reduces my ability to interpret what they mean." Woman, aged 52, with disability.

Relative to the comments about phone-calls, comments regarding video-based appointments were less common as only 10.2% [147] had had such an appointment during the pandemic relative to 63.3% [1065] of those over the phone.

There was a stark contrast in opinion when it came to videos. For those commenting on a positive experience, typical responses were "*very satisfactory*", "*excellent*" and "*fantastic*". In more detail, some noted the **effectiveness of video appointments**, for example:

"Spoke with GP and condition was serious enough that she needed to see me for herself, but as I am immunocompromised and shielding I could not see her in person. I received a text with a link to click and that took me straight into a video chat with her all-in seconds. Easy, convenient and highly effective." Woman, aged 36, with disability.

This next example compared video calls with phone calls, noting how the video appointment could offer additional interaction through **body language**. Also, tying into the satisfaction ratings, this example shows how a person was pleasantly surprised about the outcome despite feeling initially sceptical:

"Unfamiliar with this method yet worked well via zoom. An hour-long appointment, good to see acknowledgement, body language etc. Felt non-judgemental, better than telephone appointment as had human feedback as could see counsellor. Nervous initially yet felt it went very well and helped me a lot." Woman, aged 54, with disability.

Specifically, for a mental health appointment, this person found the video appointment not only **more convenient, but also less intimidating** than a psychiatrist appointment in this instance. This finding is noteworthy as, to be shown later, significant proportions of people were not 'happy' for future mental health appointments to be held remotely.

"Brilliant experience of using Attend Anywhere to see psychiatrist for follow-up appointment. Much better than phone, as good as face to face and saved travel time and expense and better to be in own territory. Less intimidating than psychiatrist office." Woman, aged 54, with disability.

As mentioned previously, there were an equal number of comments regarding the less than positive experiences of having video appointments. Some were adamant that they disliked video appointments to the extent of wanting a return to face-to-face as soon as possible. In the second example, **video calls were not seen as suitable when needing a physical examination**:

"Therapy – improve by scrapping and going back to face to face as soon as possible." Woman, aged 36, without disability.

"Needed a physical examination, couldn't be done over video." Woman aged 32, without disability.

A further explanation for not liking video appointments was the discomfort people had in **using the technology**. This comment illustrates the problem faced by some older people in particular and may explain their dislike of remote appointments relative to their younger counterparts (see later in future preferences):

"It was my fault not being phone savvy to show problem on video link, my age and not good on iPhone." Woman, aged 59, with disability.

These less than positive video-experiences, compared to phone calls, were compounded by any **connection issues**. These were mentioned by a number of people:

"There were minor transmission/connection problems." Man, aged 72, with disability.

"Signal lost which has happened 3/4 times, which was during a counselling appointment so therefore made me feel unsupported." Woman, aged 42, with disability.

"I ended up having a phone call instead of a video call, I do not like video calls as the video can freeze and it's not natural." Woman, aged 56, with disability.

The final comment for video appointments was that **some health or social care professionals were not always comfortable either**, with some not using them correctly, for example:

"The consultant hadn't quite got the hang of this – as we only really saw the top of her head and the sound was a little quiet." Woman, aged 54, without disability.

Although nearly one-quarter of the sample (23.3%) had used online services during the pandemic, comments were limited. There was a mixture of positive and less than positive comments. Positive comments were in relation to the ease of **getting medication** and also **getting an appointment when in a wheelchair**:

"I ordered my repeat prescriptions via EMIS and a text message from the surgery tells me when it is ready. This works very well and avoids wasted trips to the surgery, a bit hit and miss. Though my local pharmacy is brilliant, I email them to ask for a repeat prescription by email they contact the surgery and then they deliver to me, excellent service and prescription service improved during pandemic as medication easier to order and collect." Woman, aged 73, without disability.

"Being wheelchair dependent and shielding, these appointments have really worked well for me." Woman, aged 67, with disability.

In contrast, one person noted the arduous task of **completing an online form** which was blocked by key words and a limit on word count:

"I had to mention suicidal thoughts as this was part of what the doctor monitors for my medication so the website flagged up the key word, wouldn't let me go through to the next page, deleted everything I'd taken half an hour to write (explaining feelings and situation in under 800 character is a challenge), blocking the page only to call the practice. But the reason I was doing it online was because their phones were down. It took 10 days before I was finally able to speak to my doctor." Woman, aged 26, with disability.

In terms of improvements for online appointments, people were very positive about the idea on **Apps to access health and social care**, for example:

"As I have said I feel that being able to make online apps is a great idea. The only problem is that if one wanted to visit the doc usually every appointment on the list is fully booked so then you have to wait until the next block of apps are posted but they get fully booked in the blink of an eye." Man, aged 72, with disability.

"If the systems [Apps] can be developed to become more targeted to different reasons for engaging in the health service, I think there is potential to be a great step forward into the digital age for the healthcare industry." Man, aged 31, without disability.

Summary

With satisfaction levels universally positive (less than five percentage point differences between phone, video and online) it may be the case that people having these appointments were pleasantly surprised, even if some were initially skeptical about having this for the first time. Also, for many of those delaying their appointment, if they had opted for a remote appointment, they may have found this more satisfying than expected. Indeed, sharing these positive ratings more widely may well reduce the proportion of people delaying their appointment.

Comments around convenience, efficiency and effectiveness were noted as supporting the satisfaction for phone, video, and online appointments. There were, however, areas of concern, most notably from people with disabilities over a lack of face-to-face appointments.

Interestingly, those most likely to use the appointments – people with disabilities and Lesbian, Gay and Bisexual people – were also the least satisfied. Both groups, and especially those with disabilities (from the earlier logistic regression) were also more likely to have delayed appointments and it appears that their lower satisfaction could influence their decision to not make an appointment when they normally would. Comments about waiting too long for a call-back were made. For those with disabilities, the sources of the lower satisfaction for their phone appointments were around the importance of seeing their regular GP, and the need to be seen face-to-face for certain conditions such as skin cancer and to overcome communication difficulties. These findings from people with disabilities may well be reflected in the future preferences for appointment type in the next section.

9. Preferences towards future appointments during 'life after the pandemic':

With the expected use of phone, video and online health and social care appointments to continue beyond the pandemic, a key feature of this engagement exercise was to see patient and public appetite for such options in the future.

Per service, people were asked to think about appointment preferences in 'life after the pandemic'. They had the options (more than one response possible) to say whether they were 'happy' with phone, 'happy' with video, 'happy' with online appointments, or 'not happy' for any type of such appointments. There was also a not applicable option which has been excluded from this analysis. These 'happiness' tables for the five most commonly used services (in light of the services most commonly used *during* the pandemic) are shown below. The findings from the Young Healthwatch survey have been added as a further row:

GP, happy by *phone*	GP, happy by *video*	GP, happy by *online*	GP, *not happy for any remote*	Sample base
70.9%	60.7%	34.8%	19.1%	1162
64.5% (89)	46.4% (64)	42.8% (59)	19.6% (27)	138 (Young Healthwatch: 13-25-year olds)

Outpatient, happy by *phone*	Outpatient, happy by *video*	Outpatient, happy by *online*	Outpatient, *not happy for any remote*	Sample base
52.6%	54.2%	28.5%	30.1%	1139
53.8%	36.1%	41.2%	33.6%	119

Triage, happy by *phone*	Triage, happy by *video*	Triage, happy by *online*	Triage, *not happy for any remote*	Sample base
87.0%	48.9%	54.2%	6.5%	1180
80.0%	40.0%	65.0%	5.7%	140

Medication or a repeat prescription, happy by *phone*	Medication or a repeat prescription, happy by *video*	Medication or a repeat prescription, happy by *online*	Medication or a repeat prescription, *not happy for any remote*	Sample base
77.9%	45.9%	71.0%	2.7%	1151
79.8%	46.0%	67.7%	7.3%	124

Test results or screening, happy by *phone*	Test results or screening, happy by *video*	Test results or screening, happy by *online*	Test results or screening, *not happy for any remote*	Sample base
71.5%	49.7%	50.6%	13.1%	1101
65.5%	39.8%	58.4%	20.4%	113

Overall, people were generally happy for remote appointments, although not exclusively so.

From *the larger (older) sample (first row in tables)*, for triage (being guided to the right service), GP appointments, getting medication or a repeat prescription, and for test results or screening, people were mostly keen for phone appointments relative to video and online. These preferences ranged from 87.0% for phone-based triage to 70.9% happy for a GP appointment by phone. Nonetheless, for these services, preferences for video and online were still notable (34.8% to 71.0%), implying people were happy for more than one option.

Open ended comments explained some of the **preferences for remote appointments** and included comments around savings costs and time:

"Very happy to use any technology to gain access to health services. Very comfortable with digital communication." Man, aged 66, with disability.

"Use of email/phone/text will save vast amounts of money. 3 way email communication between patient, GP and hospital would improve the chaotic referral system where you turn up to a hospital appointment where the consultant has not prepared for the appointment." Man, aged 63, with disability.

"I think [remote appointments] are a brilliant way forward. So much time wasted in past going to hospital & waiting." Woman, aged 63, without disability.

"Fantastic way [remote] of working, less contact, less germs spreading, quicker access, less time off work to attend appointments, all good." Woman, aged 54, without disability.

Those least happy for any form of remote appointment were for outpatients (30.1%) and the two mental health appointment-types mentioned below (29.7% not happy for remote emotional and mental health NHS wellbeing support, including counselling and therapy; 43.6% for NHS mental health support for longstanding and serious mental health conditions).

For outpatient appointments, phone was slightly less preferred (52.6%) relative to these other services and also slightly less preferred to video based outpatient appointment (54.2%)

Additional interesting preferences were for GP appointments by video (60.7%) and getting medication or repeat prescription online (71.0%). Also, nearly one-fifth of the sample said they were not happy to have any form of remote appointment with a GP (19.1%) – these polarised opinions about GPs are covered in more detail in later results.

Although not the most frequently used services during the pandemic, a notable observation was the high proportion of people who were not happy to receive any form of remote appointment for their mental health (29.7% not happy for remote emotional and mental health NHS wellbeing support, including counselling and therapy; 43.6% for NHS mental health support for longstanding and serious mental health conditions). Nonetheless there was some interest for about 40-50% of those who answered these mental health questions to receive this support by phone and video.

Emotional and mental health NHS wellbeing support including counselling and therapy, happy by *phone*	Emotional and mental health NHS wellbeing support including counselling and therapy, happy by *video*	Emotional and mental health NHS wellbeing support including counselling and therapy, happy by *online*	Emotional and mental health NHS wellbeing support including counselling and therapy, *not happy for any remote*	Sample base
52.9%	50.7%	27.0%	29.7%	1002
60.5%	50.4%	41.1%	26.4%	129

NHS mental health support for longstanding and serious mental health conditions, happy by *phone*	NHS mental health support for longstanding and serious mental health conditions, happy by *video*	NHS mental health support for longstanding and serious mental health conditions, happy by *online*	NHS mental health support for longstanding and serious mental health conditions, *not happy for any remote*	Sample base
42.0%	42.2%	23.2%	43.6%	868
54.5%	43.8%	41.1%	33.0%	112

Some open-ended comments help to explain this **preference for face-to-face rather than remote mental health appointments**, in terms of being more personal and valued:

"I think it's important that people still have face to face contact. It's far more personal and especially when it comes to mental health issues, people can already feel isolated in their situation. I think it's important that people still have face to face contact. It's far more personal and especially when it comes to mental health issues, people can already feel isolated in their situation. On the other hand, some people with agoraphobia or difficulty accessing services in person, online/by phone or video might be preferable for them." Man, aged 34, without disability.

"It's [remote] less personal and as an autistic person adds an extra level of stress to the interaction. It's harder to read body language over video and also on phone/'video it's harder to follow the conversation and know. when it's my turn to speak." Woman, aged 44, with disability.

"Video and phone calls are OK in non-serious situations. But for serious or complex mental health issues it definitely needs to be face to face." Woman, aged 65, with disability.

"I don't think it appropriate to deal long term with matters relating to mental health by phone, video or other remote means. Its fine for arranging and confirming appointments. But people suffering from mental health related matters need to now they are valued and their health issues and problems are being taken seriously." Man, aged 71, without disability.

Similar comments were apparent in the Young Healthwatch survey, where face-to-face appointments were often preferred for mental health appointments.

In terms of these future preferences, the results from the *Young* Healthwatch survey were broadly similar to the larger (older sample), although the younger sample tended to show an overall greater preference for online appointments and slightly less for video appointments. Similarities persisted when compared to the proportions of those 'not happy' for any remote appointments. The exception was regarding the NHS mental health support for longstanding and serious mental health conditions, where the larger sample were more likely to not be happy for any remote appointments of this nature. Arguably more applicable to young people, remote appointments were also generally favourable, with only 16.3% not happy to get contraception remotely (83.7% were happy to get contraception by phone, video or online); and 27.3% not happy to get help for Sexually Transmitted Infections remotely.

The Sussex NHS Commissioners' survey asked this future preferences question in a different manner referring to their *most preferred* medium for various appointments (from a total of 100%). As shown in the table below, phone was the preferred medium for most services (between 29.4% and 70.3%). The exceptions were an online preference for getting medication or a repeat prescription (47.1%) and emotional and mental health NHS wellbeing support including counselling and therapy showing equal preference by phone and not happy for any remote service of this nature (24.1%). The findings broadly corroborate with the previous tables in terms of preferred means of having appointments.

	Happy by *phone*	Happy by *video*	Happy by *online* (email, text, online forms etc)	*Not happy by phone, video or online option*
Phone questions with a health professional (e.g. receptionist, NHS 111) to guide you to the right service	70.3%	6.7%	11.6%	6.1%
GP appointment	44.0%	23.7%	10.4%	19.9%
Outpatient appointment (not an overnight stay in hospital)	29.4%	29.0%	8.0%	29.0%
Getting medication or a repeat prescription:	42.2%	4.44%	47.1%	2.2%
For test or screening results	48.0%	14.9%	19.4%	11.8%
Emotional and mental health NHS wellbeing support including counselling and therapy[30]	21.4%	17.0%	4.2%	21.4%

Finally, and echoing the findings above, several open-ended comments gave further detail around these preferences and in particular how remote and face-to-face appointments were important depending on context. The **need for a face-to-face appointment** appeared to be a product of the seriousness of the issue, the need for a physical examination and the needs of the individual (such as social isolation). For example:

"Depends on the circumstances, whether its face to face or not". Woman, aged 48, without disability.

"I do not wish to have virtual consultations with my doctor except for non-serious issues. Seeing a person in the flesh is extremely important to me." Woman, age prefer not to say, without disability.

"Face to face consultation must still be an option. Some conditions need to be seen and sometimes the clinician needs to appraise the patient in person." Man, age prefer not to say, without disability.

"To assess someone without actually seeing them doesn't allow you as a professional to see little details that may impact the diagnoses or the plan needed." Woman, aged 41, without disability.

"Completely dependent on the context of the appointment and the individuals involved. Where it can facilitate greater engagement with health and social care services then it should be an option. However, it should not be seen as a sufficient and total replacement of face to face contact which is vital for some people for a host of different reasons (social isolation, inability to access digital communication, importance of non-verbal communication, etc.)." Man, aged 36, without disability.

Others were more adamant that face-to-face would always be their preference, for example:

"I feel that online/phone appointments, e.g. with a GP, are not as satisfactory as face to face. They don't give you the 'space' to interact and think like you do in person." Woman, aged 52, without disability.

[30] 'NHS mental health support for longstanding and serious mental health conditions' was not included in NHS CCG subsample.

"Please do all you can to maintain face to face services. Don't allow the fear of a virus with over 99% survival rate guide your better judgement. People need to see their health professionals face to face. Anything else us a dereliction of duty." Man, aged 39, without disability.

"I want to have face-to-face appointments whenever possible." Man, aged 82, without disability.

Summary

Overall, people were 'happy' to have most of the remote appointments on offer, with a preference for those over the phone. For triage (being guided to the right service), GP, getting medication or a repeat prescription, and tests results or screening, people were mostly keen for phone appointments relative to video and online. However, a notable proportion were also happy with video and online for some services, implying people were happy for more than one option.

These variations may reflect the experience people have had during the pandemic. People being more likely to have a phone appointment may have an actual experience to reflect back on, remembering how satisfied they were and therefore happier with this option in the future. With video and online showing less prior experience, even with equivalent satisfaction, there may be a case that these preferences would increase through time as more people use them.

However, there were instances where people preferred face-to-face appointment. The areas of exception are least happy for any form of remote appointment - outpatients and the two mental health appointment-types. These may reflect specialist advice that may be perceived as being less effective or engaging if performed remotely.

The open-ended comments also showed, for some, how the preferences were dependent on the type of condition whereby some may require a face-to-face appointment whilst other needs could be met remotely.

10. Comparing preferences towards specific appointments in the future:

The most commonly used services (Triage, GP, Outpatients, getting medication or a repeat prescription and test results or screening) have been compared across equalities data (age, gender, ethnicity, disability and sexual orientation) in addition to the two questions on mental health. GP appointments and outpatients, being generally the most common appointments experienced during the pandemic are subject to some further analysis as to be detailed.
In general, most differences in service delivery preference were shown in terms of disability and age. There were comparatively very few differences by gender, ethnicity, and sexual orientation.

In detail, the statistically significant differences per service will be outlined below (non-significant results are not presented). All results referred to 'in the future, after the pandemic' and have been grouped into equality measure to ease navigation:

GP appointments

- People with **disabilities** were less happy to have a GP appointment by phone ($p<0.005$) – 65.2% were happy, compared to 74.4% of people without disabilities.
- People with disabilities were less happy to have a GP appointment by video ($p<0.001$) – 53.4% were happy, compared to 67.3% of people without disabilities.
- People with disabilities were more likely to say that they were not happy to have phone, video or online options (in the future, after the pandemic) for a GP appointment by ($p<0.001$) – 24.8% were not happy to have such appointments compared to 15.1% of people without disabilities.

- People who were **Lesbian, Gay or Bisexual** were less happy to have a GP appointment by video ($p<0.05$) – 51.2% were happy, compared to 63.8% of heterosexual people.

- **Younger people** were happier to have a GP appointment by phone ($p<0.05$) and video ($p<0.001$). Older people were less likely to prefer any phone, video or online appointment with their GP ($p<0.01$).

To explore the independent predictive influence of happiness towards different forms of remote consultations a logistic regression analysis was performed. This assessed the influence of disability, gender, ethnicity, sexual orientation and age on GP and Outpatients' appointments (for the latter findings see the Outpatient's section). These appointments were selected as they were generally the most commonly experienced appointments during the pandemic. For GP appointments, the results show:

- People with **disabilities** were significantly less happy ($p<0.005$) [31] to have GP appointments by phone, independent of their gender, ethnicity, sexual orientation, and age.
- People with disabilities were significantly less happy ($p<0.01$) to have GP appointments by video, independent of their gender, ethnicity, sexual orientation, and age.
- People with disabilities were significantly less happy ($p<0.05$) to have any type of remote (phone, video or online) GP appointments, independent of their ethnicity, gender, sexual orientation, and age.

- **Lesbian, Gay and Bisexual** people were also significantly less happy ($p<0.005$) to have GP appointments by video, independent of their age, ethnicity, gender, disability, and age.

- **Older people** were significantly less happy ($p<0.001$) to have GP appointments by video, independent of their ethnicity, gender, disability, and sexual orientation.

Overall, when controlling for the effects of other factors, younger people were generally happier to receive GP appointments by video online compared to older people. In contrast, people with disabilities were less happy with any of the remote options for GP appointments.

[31] Effect sizes from logistic regression tests can be viewed in Appendix 1.

Outpatient appointments

- People with **disabilities** were less happy to have an outpatient appointment by video ($p<0.001$) – 46.4% were happy, compared to 60.1% of people without disabilities.

- **Younger people** happier to have an outpatient appointment by video ($p<0.001$) compared to older people.

From the logistic regression, the findings were as follows:

- People with **disabilities** were significantly less happy ($p<0.01$) to have an outpatient appointment by video, independent of their gender, ethnicity, sexual orientation, and age.

- **Lesbian, Gay and Bisexual** people were also significantly less happy ($p<0.05$) to have an outpatient appointment by video, independent of their age, ethnicity, gender, disability, and age.

- **Older people** were significantly less happy ($p<0.001$) to have an outpatient appointment by video, independent of their gender, ethnicity, sexual orientation, and age.

As for the GP appointments, older people and those with disabilities do not appear to favour the remote options for outpatient appointments especially regarding those by video.

For the remaining most often used services the statistically significant differences are shown below:

Triage - Phone questions with a health professional (e.g. receptionist, NHS 111) to guide you to the right service

- People with **disabilities** were less happy to have a phone triage ($p<0.05$) – 84.1% were happy, compared to 89.3% of people without disabilities.
- People with disabilities were less happy to have a video triage ($p<0.001$) – 42.7% were happy, compared to 54.4% of people without disabilities.
- People with disabilities were less happy to have an online triage ($p<0.005$) – 48.8% were happy, compared to 58.9% of people without disabilities.

- **Younger people**, compared to older people, were happier to receive triage by phone ($p<0.001$), video ($p<0.001$) and online ($p<0.001$). Older people were less likely to prefer any phone, video, or online triage ($p<0.001$).

Getting medication or a repeat prescription

- People with **disabilities** were less happy to receive medication or repeat prescriptions by phone ($p<0.05$) – 74.2% were happy, compared to 79.5% of people without disabilities.
- People with disabilities were less happy to receive medication or repeat prescriptions by video ($p<0.001$) – 38.7% were happy, compared to 51.8% of people without disabilities.
- People with disabilities were less happy to receive medication or repeat prescriptions online ($p<0.05$) – 68.1% were happy, compared to 74.9% of people without disabilities.

- **Younger people** were happier to receive medication or a repeat prescription by phone, video, and online ($p<0.001$) compared to older people.

Test results or screening

- People with **disabilities** were less happy to receive test results or screening by phone ($p<0.001$) – 64.8% were happy, compared to 75.9% of people without disabilities.
- People with disabilities were less happy to receive test results or screening by video ($p<0.001$) – 43.2% were happy, compared to 55.0% of people without disabilities.
- People with disabilities were less happy to receive any forms of remote test results or screening ($p<0.01$) – 16.6% were not happy to receive any form of remote test results or screening, compared to 10.7% of people without disabilities.

- **Younger people** were happier to receive test results or screening by phone ($p<0.001$) and video ($p<0.001$).

- **Men** were less happy to receive test results or screening by phone ($p<0.05$) – 66.7% were happy, compared to 73.5% of women.

Emotional and mental health NHS wellbeing support including counselling and therapy

- People with **disabilities** were less happy to receive emotional and mental health NHS wellbeing support by video ($p<0.01$) – 46.2% were happy, compared to 55.1% of people without disabilities.

- **Younger people**, compared to older people, were happier to receive emotional and mental health NHS wellbeing support by phone ($p<0.05$) and video ($p<0.001$). Older people are less likely to prefer any phone, video or online mental health appointment ($p<0.05$).

- **Men** were less happy to receive emotional and mental health NHS wellbeing support by phone ($p<0.01$) – 45.9% were happy, compared to 56.3% of women.
- Men were less happy (in the future, after the pandemic) to receive emotional and mental health NHS wellbeing support by video ($p<0.05$) – 45.9% were happy, compared to 53.6% of women.
- Men were more likely (in the future, after the pandemic) to not want any form of remote emotional and mental health NHS wellbeing support ($p<0.05$) – 34.9% were opposed to this compared to 27.4% of women.

NHS mental health support for longstanding and serious mental health conditions

- People with **disabilities** were less happy to receive NHS mental health support for longstanding and serious mental health conditions by video ($p<0.05$) – 38.2% were happy, compared to 45.5% of people without disabilities.

- **Younger people**, compared to older people, were happier to receive NHS mental health support for longstanding and serious mental health conditions by phone ($p<0.01$), video ($p<0.005$) and online ($p<0.05$).
- **Older people** were less likely to prefer any form of remote NHS wellbeing support for longstanding and serious mental health conditions ($p<0.05$).

With the evident differences shown by age and disability, the open-ended comments offer some explanation. **Digital exclusion** was evident among some of the older people, who showed preference for face-to-face appointments as a consequence. Lack of technological skills, access or motivation to use remote appointments were apparent, for example:

"My 90-year old father can't cope with the telephone answering service at his GP, it confuses him. Myself, when I was really ill, the last thing I wanted to do was fiddle round with IT equipment etc." Woman, aged 63, without disability.

"I am 73 and reasonably tech savvy (although progressively becoming less so!). I have friends who have not the slightest idea of how to send a text message, download an app, send an email, so how would they cope?" Woman, aged 73, without disability.

"I do not have the technology or ability to conduct an online video nor would I want to for security and personal reasons. I am old, ugly and hate cameras." Woman, aged 70, with disability.

"My friends doctor asked him to send a picture to him at the surgery. My friend doesn't have a phone with a camera, or another camera and didn't know what to do." Man, aged 55, with disability.

"I do worry that this [remote appointments] will exclude the already marginalised either because of poverty, age, mental health issues or other disabilities. If this frees up time for these people to have face to face services then I may be convinced." Woman, aged 69, without disability.

For people with disabilities, the type of condition often explained their greater preference for face-to-face appointments (or 'not happy for any form of remote'). The preferences for face-to-face mental health support have been shown earlier, with the following examples showing the frequent comments around **people with dementia**. For example:

"I know how important it is that routine visits can be lifelines for escaping abuse or for being able to help someone with human contact with dementia as unless they have someone with them to help them access the phone and video it's very difficult to get a real picture of their needs and any risk factors they may not bring to your attention as they are unaware." Woman aged 46, without disability.

"Happy with alternative contact methods for most circumstances but having been a carer for someone with dementia, I know that what I needed was face to face interaction with external carers, social care etc. I felt I was only taken seriously by the authorities when they actually came to the house (or at an in-person appointment) and could see with their own eyes what I was having to deal with (alone) 24 hrs a day. It cannot properly be conveyed via a phone or video call." Woman 80, with disability.

"[Remote appointments] Not acceptable in a modern first world country. Just money saving. Not accessible to dementia or elderly patients." Woman, aged 59, without disability.

Summary

Several clear patterns emerge from these comparisons. Firstly, younger people were generally happier than older people to have phone, video and online appointments for the services reviewed. This may well reflect age differences in access to remote services or ease of use, or indeed perceptions as to how effective these remote appointments could be. Younger people may also be more aware of data security and privacy issues. In support of this finding, the Young Healthwatch survey of 13-25-year olds showed strong preference for remote appointments for several services as shown in the previous section. The open-ended comments showed how older people were often the more digitally excluded and, partly as a product of this, were generally happier for face-to-face appointments.

As younger people age, it may be the case that remote appointments become more favourable through time. Nonetheless, there is still a need to familiarise some older people in how to use video and online services in particular, convey how satisfied people are with these appointments, but also importantly recognise that remote appointments are not a preference for everyone.

Secondly, people with disabilities were also generally less happy with any of the remote options. For GP appointments and getting medication or repeat prescriptions, people with disabilities were not happy for any remote options. For all other services, there was at least one reference to where people with disabilities were less 'happy' for either a phone, video or online appointment. Given the likely demand for services, as seen in the use of appointments during the pandemic, alongside their lower satisfaction of remote appointments, it appears that face-to-face appointments are most important for this group. Earlier comments about needing to be seen for certain conditions and to overcome communication difficulties may help to explain this preference for face-to-face over remote methods, alongside specific reference to people with dementia.

As a third point, it was clear that men were particularly resistant to having any form of remote emotional and mental health NHS wellbeing appointment. This may reflect the general use of health services with men less likely to use than women and perhaps heightened by a perceived stigma or reluctance from men to open up about mental health[32,33].

It is worth mentioning that for all these questions there was a 'not applicable' response. This means that these views reflect services that either people currently use or potentially could see themselves using in the future (as phrased in the question).

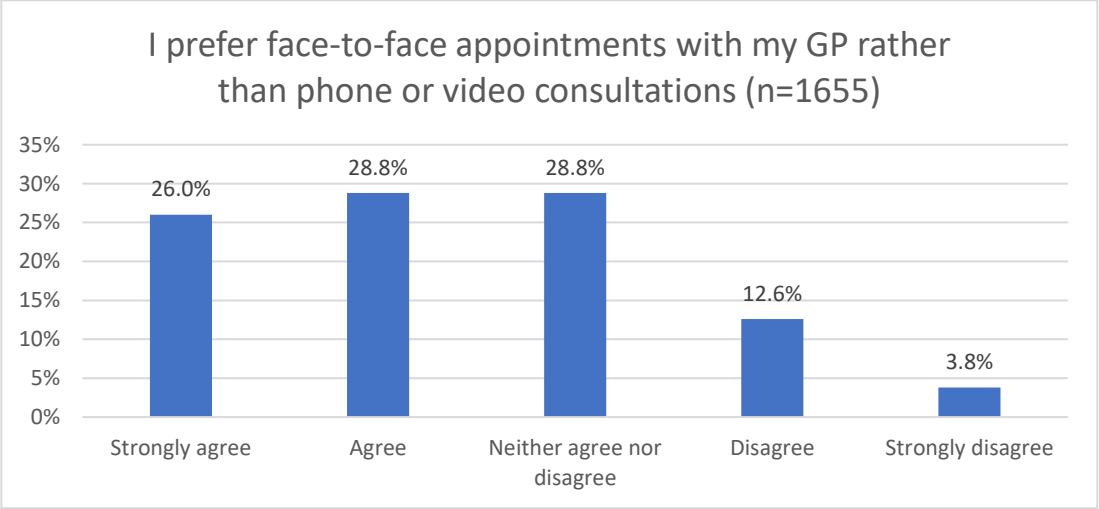
[32] Wang Y, Hunt K, Nazareth I, et al Do men consult less than women? An analysis of routinely collected UK general practice data. BMJ Open 2013;3:e003320. doi: 10.1136/bmjopen-2013-003320

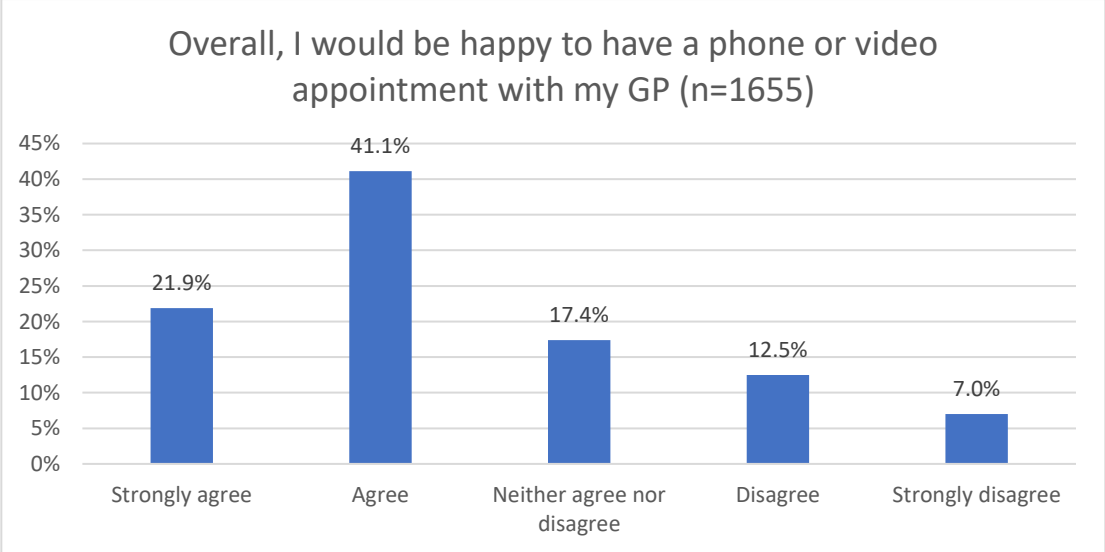
[33] https://www.bmihealthcare.co.uk/health-matters/mens-health/men-and-mental-health-a-damaging-stigma#gdpr-out

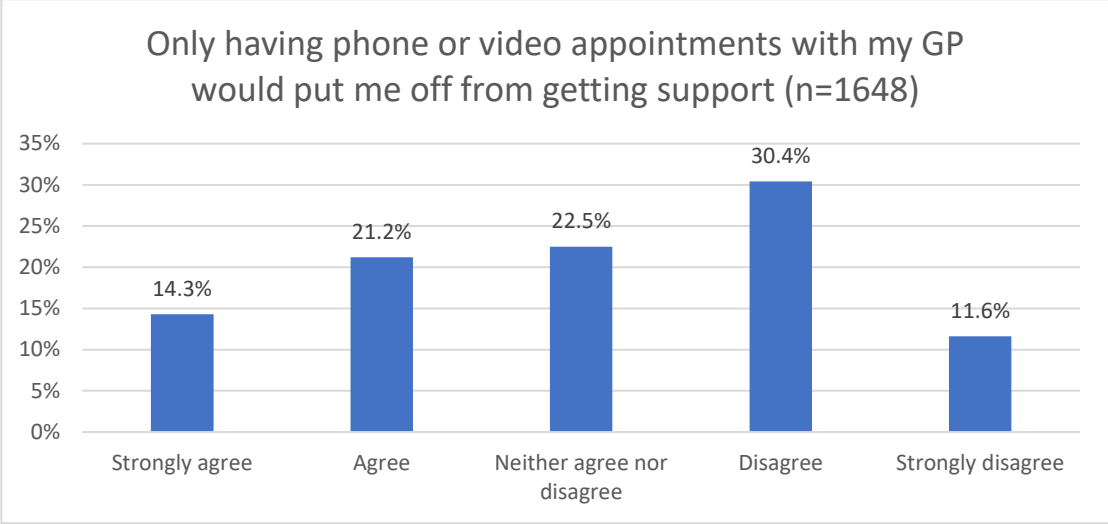
11. Future GP appointments by phone, video and online:

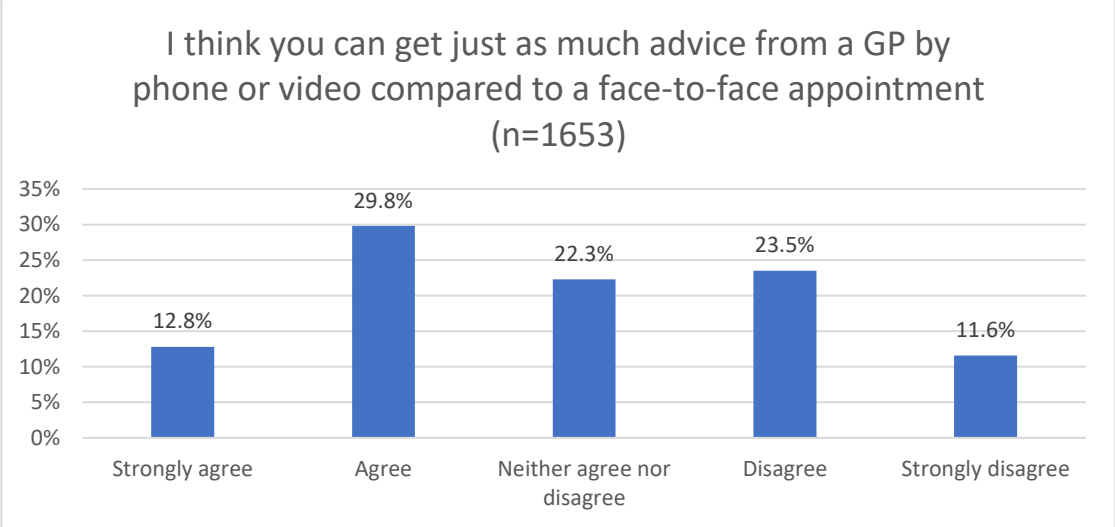
People were provided with a range of questions about phone, video and online GP appointments. The levels of agreement to the six statements were fairly even on initial inspection with no dominant area of agreement or disagreement.

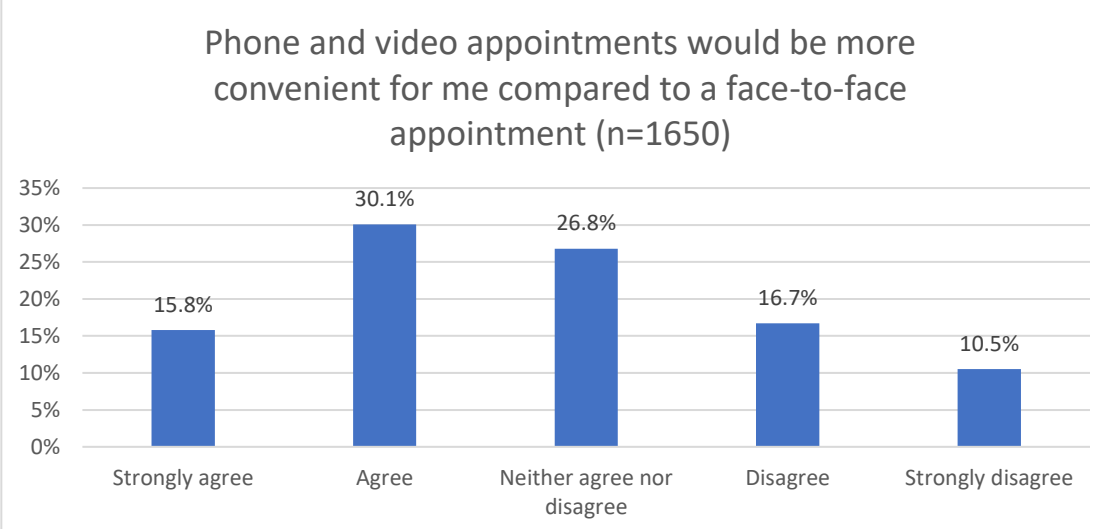
Interestingly, there was similar agreement (54.8% strongly agreed or agreed) with a preference for face-to-face appointments with a GP (rather than by phone or video), and overall happiness to have a video or phone appointment (63.0% agreement) with a GP (the first two charts). The mean variations revealed later will explore these contrasting views in greater detail. The extent of agreement, per question, is shown as follows:

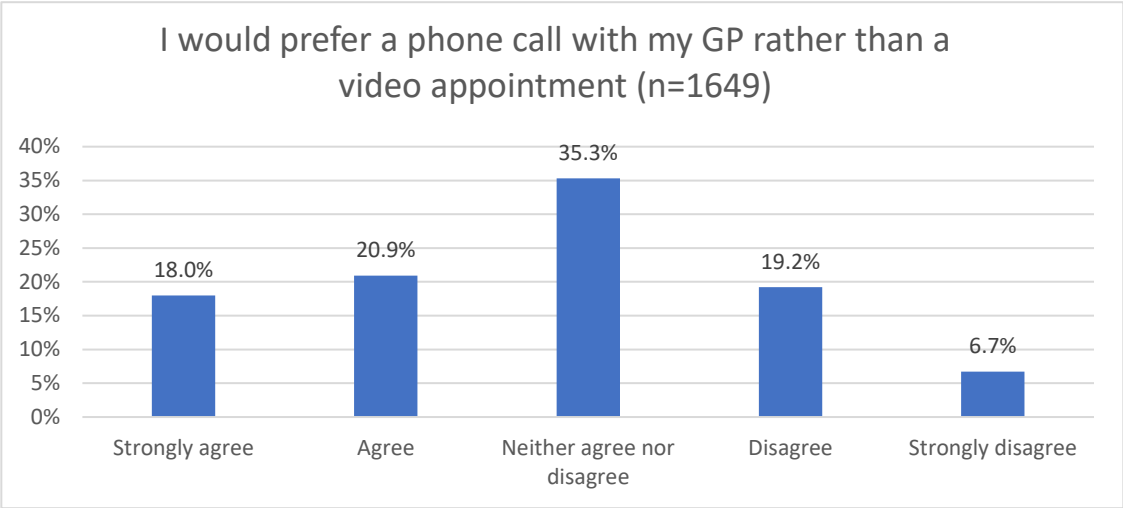




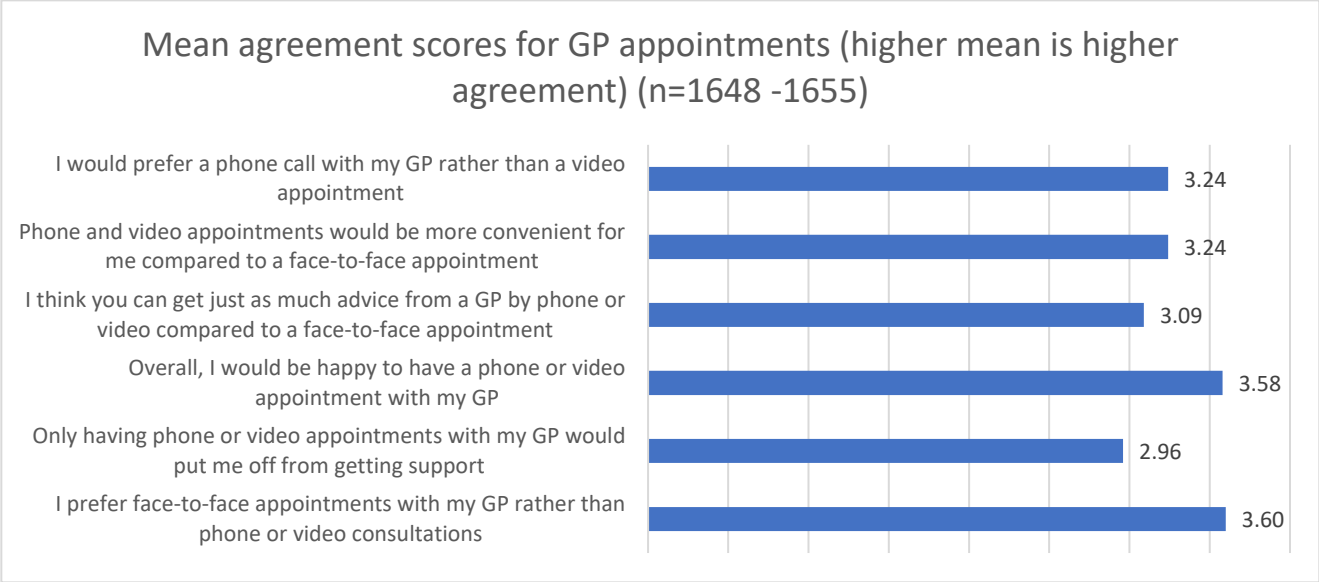

Only having phone or video appointments with my GP would put me off from getting support (n=1648)
35%
30%
25%
20%
15%
10%
5%
0%
14.3%
21.2%
22.5%
30.4%
11.6%
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree


I think you can get just as much advice from a GP by phone or video compared to a face-to-face appointment (n=1653)
35%
30%
25%
20%
15%
10%
5%
0%
12.8%
29.8%
22.3%
23.5%
11.6%
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree


Phone and video appointments would be more convenient for me compared to a face-to-face appointment (n=1650)
35%
30%
25%
20%
15%
10%
5%
0%
15.8%
30.1%
26.8%
16.7%
10.5%
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree



From a five-point scale of agreement, the following mean scores from the same questions above show how the responses compared to each other (from a minimum of 1, maximum of 5, with higher scores indicating higher level of agreement).



These mean scores demonstrate a clear polarised view, with the highest levels of agreement being ‘happy to have a phone of video appointment with my GP’ and preference towards ‘face-to-face appointments with my GP rather than phone of video consultation’.

This polarised viewpoint suggests different preferences across the sample. There were notable differences by disability and age:

People with disabilities were more likely to agree with statements that reflected the overall dissatisfaction towards remote appointments with their GP. This may explain their greater likelihood of delaying appointments shown earlier:

- **People with disabilities** showed significantly high agreement towards preferring a face-to-face GP appointment ($p<0.001$) (relative to those without disabilities).
- Agreement that only having phone or video appointments would put them off from getting support ($p<0.001$).
- Significantly less agreement towards happiness to have a phone or video appointment with their GP ($p<0.005$).
- Significantly less agreement that they can get just as much advice from a GP by phone and video (compared to face-to-face) ($p<0.005$).
- Significantly less agreement that remote appointments are more convenient than face-to-face ($p<0.01$).

- **Older people** showed more agreement to having face-to-face appointments ($p<0.001$) compared to younger people[34].
- Younger people showed more agreement to having a phone or video appointment with their GP ($p<0.001$); thinking you can get just as much advice from a GP by phone or video compared to a face-to-face appointment ($p<0.001$); and increased convenience towards phone and video appointments ($p<0.001$) i.e. older people were less in agreement to these statements.

Additional statistically significant differences were as follows:

- **Men** were more likely to agree to a preference for face-to-face GP appointments ($p<0.005$), whereas women were more in agreement to a phone rather than video call with their GP (<0.005).
- **BAME** people showed significantly less agreement towards wanting a phone rather than video call with their GP ($p<0.05$).
- **Lesbian, Gay and Bisexual** people were significantly more likely to agree that only having phone of video appointments would put them of from getting support from their GP ($p<0.05$).

The open-ended comments showed how the issue of **planning in advance to ensure consultations were private** was important in determining preference for remote GP appointments, for example:

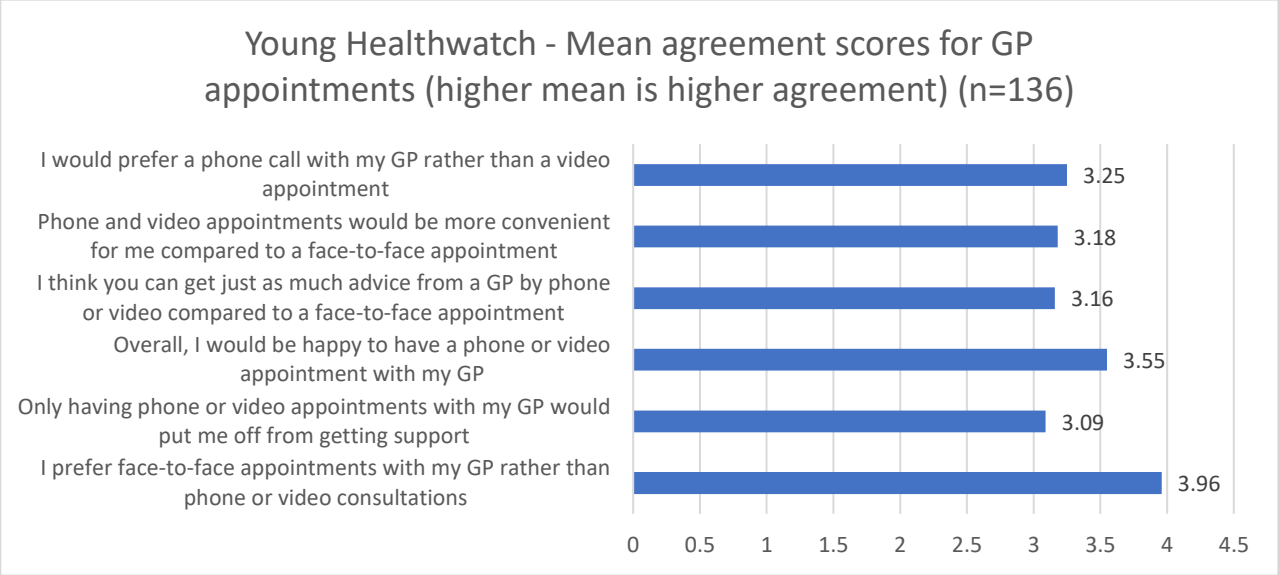
"These are all fine provided I have been given advanced notice of the call. I need to be in a safe place, be uninterrupted, have my phone or ipad charged, etc." Woman, aged 70, with disability.

"It depends on what I wish to discuss. My adult son lives with me and there might be things I would only want to discuss via email for reasons of confidentiality." Woman, aged 68, with disability.

"Video only suitable if your house has private areas." Woman, aged 59, with disability

[34] Age and satisfaction from a Spearman's rank correlation.

The equivalent findings from the Young Healthwatch sample of 13-25-year olds are shown below, and are generally similar to the larger sample above. This shows that young people also have strong preferences for face-to-face *and* remote GP appointments. Further analysis revealed that there were no discernible differences by age, gender or disability from this young people's sample. A reluctance to have remote mental health appointments, concerns over privacy (away from parents or others) and inability to build rapport remotely were prominent comments made in the open-ended responses.



Summary

The polarised opinions towards both a preference for face-to-face appointments and remote appointments suggests a place for both in future service delivery. It is clear that there is not a universal opinion towards remote appointments with a GP. Similar to the preferences for services in the previous question, there was a clear age pattern that helps to explain these contrasting opinions, with younger people preferring GP appointments by phone, video and online routes and older people preferring those face-to-face.

These polarised findings may also be explained by people with disabilities preferring face-to-face appointments with their GP. This question was able to clarify why this was the case. People with disabilities agreed that they would not be able to get the same level of advice through a remote appointment. Earlier comments showing a need for a face-to-face appointment for particular conditions and to overcome communication difficulties support this finding, alongside concerns over having private conversations that may not always be possible at home.

Importantly, people with disabilities agreed that only having remote appointments would put them off having an appointment with their GP, which helps to explain their greater likelihood of delaying appointments (shown earlier). The reluctance to see a GP remotely is also a concern as people with disabilities may be having to self-manage conditions where they would normally have support. This reinforces the point that although the focus of the survey is on digital support services, there are distinct groups where this is not preferable to the extent of not seeking support when needed.

The same applies to Men and Lesbian, Gay and Bisexual people (latter agreed that only having the option of remote would put them off from getting support) as regards a preference to face-to-face GP appointments.

12. Managing and arranging future GP appointments:

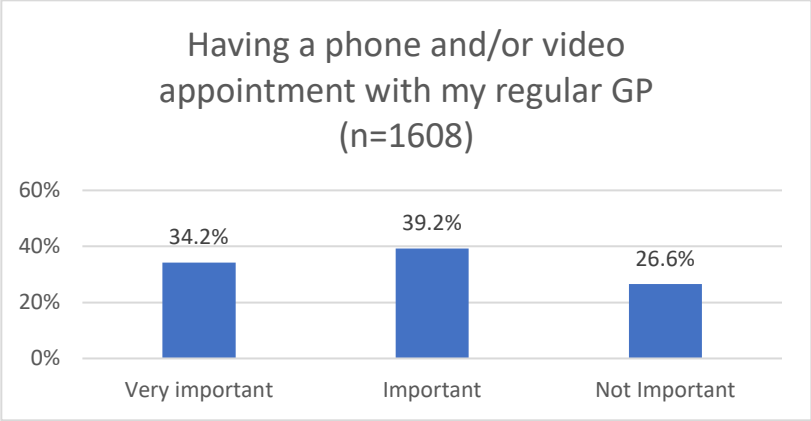
The next set of questions asked about how important certain aspects of managing and arranging a GP appointment would be. A total of 45.4% (highest value) described 'being given the choice between phone and video appointments' as very important. This reflects the point that some people prefer different types of ways to contact GPs. Open-ended comments showed this **preference for choice**, but was extended to having a choice for remote versus face-to-face:

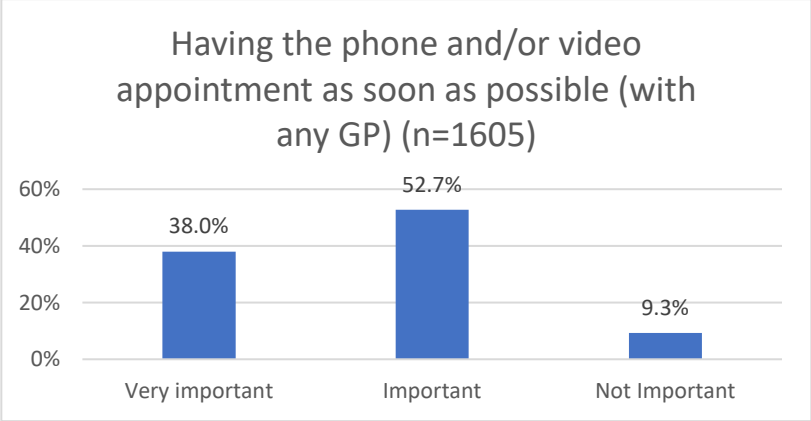
"I would like the option of choosing how I have appointments. Many times phone or video could suffice, other times this wouldn't work." Woman, aged 54, without disability.

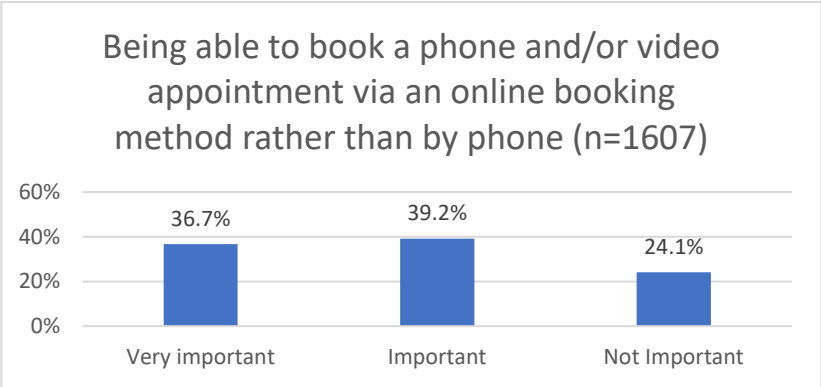
"I think it would be good to be offered all the options and given the choice of preferred method - for every contact / appointment." Woman, aged 45, with disability.

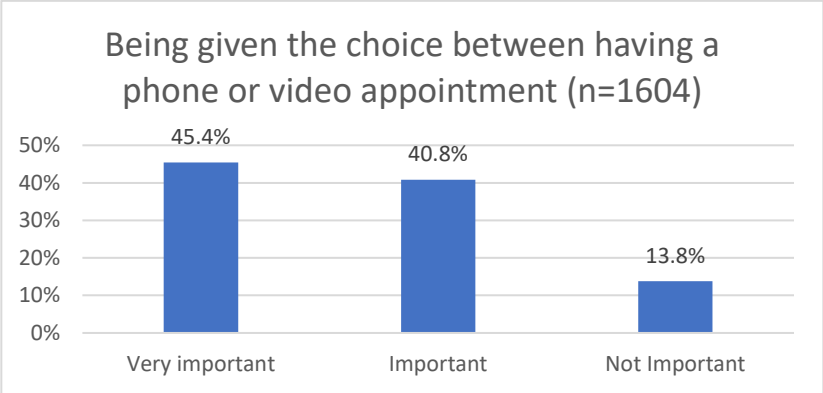
Having the option of text, email and other online appointments was the least area of importance, concurring with the lower satisfaction for these appointments relative to phone-based ones held during the pandemic (as shown earlier).

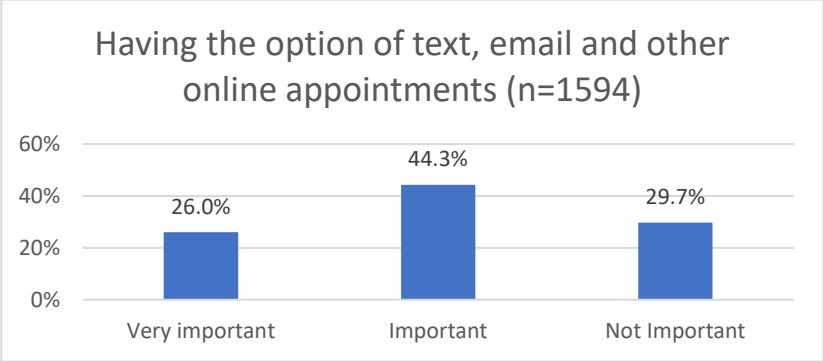
The results are shown below:

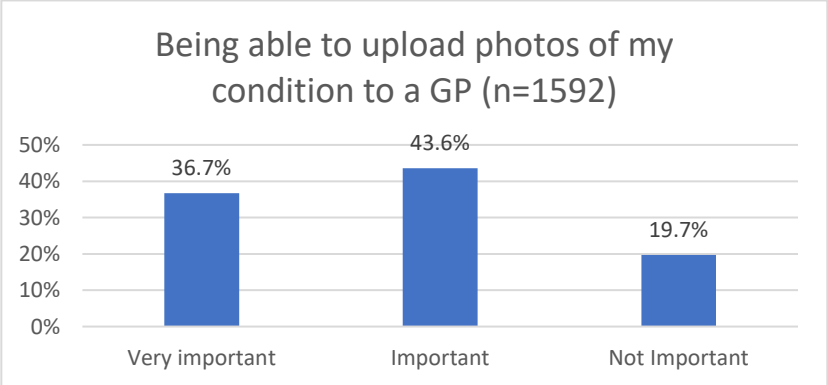





Being able to book a phone and/or video appointment via an online booking method rather than by phone (n=1607)
60%
40%
20%
0%
36.7%
39.2%
24.1%
Very important
Important
Not Important


Being given the choice between having a phone or video appointment (n=1604)
50%
40%
30%
20%
10%
0%
45.4%
40.8%
13.8%
Very important
Important
Not Important


Having the option of text, email and other online appointments (n=1594)
60%
40%
20%
0%
26.0%
44.3%
29.7%
Very important
Important
Not Important


Being able to upload photos of my condition to a GP (n=1592)
50%
40%
30%
20%
10%
0%
36.7%
43.6%
19.7%
Very important
Important
Not Important

These findings again show different preferences towards remote appointments by disability and age. People with **disabilities**, compared to people without disabilities, showed significantly different levels of importance in terms of:

- More importance towards phone or video appointments with their *regular* GP ($p<0.001$) - 43.7% rated this very important compared to 27.9% of those without disabilities.
- Less importance towards phone or video appointments as soon as possible with *any* GP ($p<0.01$) - 34.2% rated this very important compared to 40.7% of those without disabilities.
- Less importance towards being able to upload photographs of their condition ($p<0.05$) - 35.2% rated this very important compared to 38.4% of those without disabilities.

- **Older people** showed more importance towards having a phone and/or video appointment with their *regular* GP ($p<0.001$).
- 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 ($p<0.001$); being given the choice between having a phone or video appointment ($p<0.01$); and being able to upload photos of their condition to a GP ($p<0.001$).
- These findings were supported by the Young Healthwatch survey of 13-25-year olds – 33.6% found the online booking system as 'very important', as did 46.6% regarding having a choice between a phone and video appointments; and 32.9% being able to upload photos of their condition.

There were also a number of gender differences with **women** showing:

- More importance towards phone or video appointments with their *regular* GP ($p<0.05$) - 36.1% of women rated this very important compared to 29.7% of men.
- More importance towards being given a choice of phone or video appointments with their GP ($p<0.001$) - 47.5% of women rated this very important compared to 38.1% of men.

Summary

Moving beyond the preference towards remote or face-to-face GP appointments, this question explored how the remote GP services could be delivered. As shown in additional surveys, the results show how having a GP appointment as soon as possible was of clear importance[35]. GP closures/mergers and the increasing number of patients per GP in Brighton and Hove will make this a challenge. Nonetheless, a greater proportion of remote GP appointments may make more immediate GP appointments achievable.

This question also shows that although people were open to different types of remote appointments with a GP (as seen earlier: 70.9% happy by phone and 60.7% happy by video), people showed they would like a choice between having a phone or video appointment. This was the case for younger people and women. Having this choice may well increase the likelihood of using remote appointments with a GP and possibly reduce the proportion of delayed appointments.

[35] https://www.healthwatchbrightonandhove.co.uk/wp-content/uploads/2020/07/2020-GP-Report-FINAL-2020-05-06-with-foreword.pdf

The findings also affirm that having text, email and other online appointments with GPs was the least area of importance, concurring with the lower satisfaction for these appointments relative to phone-based ones held during the pandemic (as shown earlier).

It may well be the case that seeing a *regular* GP is important for those with long-term health needs, and this may be the reason for why older people and those with disabilities viewed this as particularly important. This stresses the point that the preference towards remote appointments may vary according to whether this is with a regular or another GP.

Finally, echoing the theme throughout this survey, younger people were more likely to embrace the potential of remote appointments by showing the importance of using an online booking system and being able to upload photos of their condition.

13. Group profiles

This final set of findings outlines the statistically significant differences observed by disability (including some further analysis), age, gender, ethnicity, and sexual orientation. These will be of value to organisations and decision-makers who are working with particular groups of people.

Age

Out of the total of 98 reported differences[36], 41 were showing differences by age. Age differences were the most frequently reported differences across the sample. With an average age of 59.2 years, it is important to recognise that younger and older people are relative terms surrounding this average age, rather than what is usually considered as a 'young' or an 'old' person. The Young Healthwatch survey, with an age range of 13-25 offers unique engagement and adds clarity to some of the differences observed.

Overall, the main differences, at the level of statistical significance, are shown below:

Young people are more likely to delay appointments:

Younger people were more likely to delay an appointment relative to older people and were more likely to say they *did not think their condition was serious enough* to warrant an appointment.

Younger people show greater preference for phone, video and online appointments:

- Generally, younger people were happier to have future appointments by phone, video or online, compared to older people. This was also found in the Young Healthwatch survey of 13-25-year olds who all generally more supportive of remote appointments.

- Compared to older people, younger people were happier to be triaged or have 'contact with a health professional (e.g. Receptionist, NHS111) to guide you to the right service', by phone, video and online. Also, happier to have GP appointments by phone, video and online; outpatient appointments by video; to get medication or a repeat prescription by phone or video; test results or screening by phone or video; phone and video appointments

[36] Excluding the extra 31 differences comparing those affected by disability 'a little' and 'a lot'.

for emotional and mental health NHS wellbeing support including counselling and therapy; and phone, video and online appointments for NHS mental health support for longstanding and serious mental health conditions.

- In complete contrast, older people showed they were not happy for any remote (either phone, video or online) options for triage, GP appointments, emotional and mental health NHS wellbeing support including counselling and therapy; and appointments for NHS mental health support for longstanding and serious mental health conditions.

Explaining young people's preference for phone, video and online

Older people, compared to younger people, preferred face-to-face appointments with their GP and also that it was important to see their *regular* GP.

In explaining young people's preferences for remote appointments, younger people were more likely to agree that you can get just as much advice from a GP by phone or video compared to a face-to-face appointment and that such appointments were more convenient. Younger people also 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.

Younger people, compared to older people, generally show more happiness to have remote appointments in the future. They find these more convenient and believe they are equally effective to face-to-face appointments. These findings are supported by the Young Healthwatch survey of 13-25-year olds, although young people did raise concerns over remote mental health appointments and the need for privacy during remote consultations.

Older people are far more likely to say they are unhappy about remote options for a number of different services, including those most frequently used such as the GP and outpatients.

Evidence from the previously cited Government report[37] of digital exclusion supports this evidence with over 53% of people who lack basic digital skills aged over 65, whereas only 6% of people who lack digital skills are between 15 and 24 years.

Disability

Second to the differences showed by age were those shown by disability. Of the 98 reported differences, 38 were in relation to disability. Overall, the main differences at the level of statistical significance were seen by people with disabilities showing (relative to those people without disabilities):

Greater likelihood of delaying an appointment:

- Greater likelihood of choosing to not make an appointment despite having any type of health, social or emotional care.
- More likely to say their condition was not serious enough as a reason for this delay.

[37] https://www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy#those-who-may-never-go-online (2014)

Greater likelihood of taking up appointments during the pandemic, but had lower levels of satisfaction as regards those held by phone and online (also reflected in future preferences):

- More likely to have a phone, video and online appointments during the pandemic.
- More likely to have a phone-based and online outpatient appointment during the pandemic.
- More likely to have a phone appointment to request medication or a repeat prescription during the pandemic.
- Lower levels of satisfaction as regards phone and online appointments during the pandemic.

Future preferences for services – least happy with the remote options and more likely to say 'not happy for any remote options':

- Less happy with a phone, video, or online triage.
- Less happy to have a GP appointment by phone and video.
- More likely to not want any GP appointments remotely.
- Less happy with an outpatient appointment by video.
- Less happy to receive medication or repeat prescriptions by phone, video or online.
- Less happy to receive test results or screening by phone or video.
- Less happy to receive any forms of remote test results or screening.
- Less happy to receive emotional and mental health NHS wellbeing support by video.
- Less happy to receive NHS mental health support for longstanding and serious mental health conditions by video.

Particular disagreement towards the prospect of remote GP appointments:

- Higher agreement towards preferring a face-to-face GP appointment.
- Higher agreement that only having phone or video appointments would put them off from getting support.
- Less agreement towards happiness to have a phone or video appointment with their GP.
- Less agreement that they can get just as much advice from a GP by phone and video (compared to face-to-face).
- Less agreement that remote appointments are more convenient than face-to-face.

Importance of seeing a regular GP:

- More importance towards phone or video appointments with their *regular* GP.
- Less importance towards phone or video appointments as soon as possible with *any* GP.
- Less importance towards being able to upload photographs of their condition.

People with disabilities, and particularly those affected 'a lot', face a real conundrum over the offer of digital support services. Compared to rest of the sample, people with disabilities are unique in being more likely to delay appointments when needed; nonetheless tend to have more appointments compared to people without disabilities; are less satisfied with these appointments; and consequently less happy for phone, video and online provision for the most often used services. They are therefore facing a need to use services but find face-to-face provision more appealing than remote offers.

The preference for face-to-face appointments is compounded by the digital exclusion experienced by some people with disabilities, as cited in a Government report[38]: 33% of people with registered disabilities have never used the internet, which is 54% of the total number of people who have never used the internet.

Respondents to the survey reported a range of disabilities. A total of 39.2% [599] had some form of disability, defined as having day-to-day activities limited by a health problem that has lasted or expected to last for at least 12 months. The 39.2% is comprised of those that reported this as occurring 'a little' (24.7% [377]) and 'a lot' (14.5% [222]). The differences above have been showed between those people with disabilities and those without. As an extension to this analysis, a further 31 statistically significant differences were evident between those being limited 'a little' and 'a lot'.

The overall pattern was that those affected 'a lot' showed stronger views to the majority of the above differences compared to those affected 'a little'. Nonetheless, both types of disability were still different to those without disabilities (whether higher or lower according to the above findings). For example, a typical pattern would be a those affected 'a lot' would have a greater likelihood of delaying appointments compared to those affected 'a little' (and all people with disabilities being more likely to delay than people without disabilities). These differences, at the level of statistical significance are shown in Appendix 1.

Gender

The third most common source of differences in responses was by comparing men and women. Even though 75% of the sample were women, there were sufficient numbers of men in the sample that allowed 10 differences to be observed. Differences at the level of statistical significance were as follows:

From a logistic regression analysis, women were more likely to delay an appointment and explain why this was the case:

- Women were more likely to delay their appointment compared to men, once ethnicity, age, disability, and sexual orientation had been taken into account.
- Women, compared to men, were more likely to say *their condition was not serious enough* as a reason to delay their appointment.
- Women were also more likely than men to cite not wanting to *burden the NHS* as a reason to delay their appointment.

Men were less 'happy' to receive test results or screening by phone and were particularly reluctant for remote mental health support:

- Men, compared to women, were less happy to receive test results or screening by phone.
- Men, compared to women, were less happy to receive emotional and mental health NHS wellbeing support by phone or video, and more likely to not want any form of remote emotional and mental health NHS wellbeing support.

[38] https://www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy#those-who-may-never-go-online (2014)

Men were less likely to agree to remote appointment from their GP:

- Men were more likely to agree to a preference for face-to-face GP appointments, whereas women were more in agreement with preferring a phone rather than video call with their GP.

- Women showed more importance towards phone or video appointments with their *regular* GP and also having a choice of phone or video appointments with their GP.

Women were likely to give more reasons to delay their appointments suggesting campaign messages around the NHS 'being open' would be most useful for them. There is also evidence that men and women were fairly similar as regards their preferences for remote appointments, with the notable exception that men were less keen to have any remote emotional and mental health NHS wellbeing support health support. This supports the earlier cited literature showing men being more reluctant to speak out about mental health issues compared to women. There is also evidence that women, especially, prefer to have a choice over phone or video appointments, with greater preference towards those over the phone.

Sexual orientation

A total of 7.4% described themselves as Lesbian, Gay or Bisexual. Differences according to sexual orientation were the fourth most likely source of comparison across the data, with seven out of 98 occasions apparent. These statistically significant differences are shown below, comparing Lesbian, Gay and Bisexual people to heterosexuals:

Lesbian, Gay and Bisexual people were more likely to delay appointments:

- Those more likely to delay their appointments were Gay, Lesbian and Bisexual people relative to heterosexual people.

Lesbian, Gay and Bisexual people showed differences in two types of appointments during the pandemic, with dissatisfaction with online appointments:

- Lesbian, Gay and Bisexual were *more likely* to have phone questions from a health professional to guide them to the right service compared to heterosexual people.

- Lesbian, Gay or Bisexual people were *less likely* to have had a phone-based appointment with their GP compared to heterosexual people.

- Lesbian, Gay and Bisexual people were significantly *less satisfied* with online services compared to heterosexual people.

Minimal difference in preferences for appointment-types in the future, with three exceptions relating to being less happy to have remote appointments:

- Lesbian, Gay and Bisexual people were significantly *less happy* to have GP appointments by video, independent of their age, ethnicity, gender, disability and age (logistic regression).

- Lesbian, Gay and Bisexual people were also significantly *less happy* to have an outpatient appointment by video, independent of their age, ethnicity, gender, disability and age (logistic regression).

- Lesbian, Gay and Bisexual people were also significantly more likely to agree that only having phone of video appointments would put them of from getting support from their GP.

These differences show that Lesbian, Gay and Bisexual people were less likely to a phone-based GP appointment during the pandemic, which was the most common type of appointment across the sample (65.3% of those having a phone appointment during the pandemic had this with a GP, relative to 52.3% of Lesbian, Gay and Bisexual people).

There was some dissatisfaction with remote appointments, with Lesbian, Gay and Bisexual people being more likely to delay appointments; less satisfied with online appointments during the pandemic; less 'happy' to have a GP or outpatient appointment by video; and agreeing that 'only having a phone or video option would potentially put them off from getting support from a GP' (possibly explaining their greater likelihood of delaying appointments).

Ethnicity

The final group where comparisons were made was regarding ethnicity. The comparison was between Black and Asian Minority Ethnic (BAME) groups and White British. BAME groups comprised 10.9% of the sample. Differences by ethnicity were only evident on two occasions which itself is an interesting finding. Both findings were unrelated and did not allow any inference to be made, for example, whether they showed less or more use of appointments during the pandemic, happiness to certain types of appointments, or contrasting opinions towards GPs. In this manner, BAME groups showed the same opinions as the overall sample, for the vast majority of findings.

The only statistically significant findings by ethnicity were as follows:

- Although BAME people were not more or less likely to delay their appointment relative to White-British people, they were more likely to say they delayed an appointment because their condition was not serious enough.
- BAME people showed significantly less agreement towards wanting a phone rather than video call with their GP.

These latter set of findings have extended the analysis in the rest of the report by showing how the findings vary by age, disability, gender, sexual orientation, gender, and ethnicity. These findings show contrasting preferences towards remote appointments, with older people and those with disabilities (and especially those affected 'a lot') preferring face-to-face contact. Also, while the differences will be of value for organisations working with these groups, the lack of difference (between the BAME and White-British population) is a further insight.

Conclusion and recommendations

With evidence from up to 2185 respondents, the Healthwatch in Sussex and Sussex NHS Commissioners' surveys provide valuable insights into people's use and preferences of remote/digital appointments during the pandemic.

Gathering people's views about such options is timely. Until the pandemic is truly over, we will not know the extent that remote appointments will continue, but it is safe to say that they will continue as a major option for receiving health and social care. Where some health professionals have shown support for remote options[39], this report complements the evidence by including views of the public across Sussex.

The survey was effective in reaching out to people throughout Sussex, including people with disabilities, BAME groups and those who are Lesbian, Gay or Bisexual. Proportions are broadly similar to the profile across Sussex[40],[41],[42]. Age, however, was skewed towards those in middle to late age although this is countered by the evidence from Young Healthwatch gathering the views of 146 young people aged 13-25 years. In terms of least diverse category, it is important to note that three-quarters of those responding were women.

Nonetheless, given the number of people engaged, the analysis has allowed both ov*erall frequency responses* (i.e. proportion of everyone responding to a particular response option) and *frequency differences* (how the frequencies differed by age, gender, disability, ethnicity and sexual orientation) to be calculated. This is a key strength of the survey as smaller responses would not allow meaningful comparisons across these groups to be performed.

This final section outlines a number of recommendations for the Sussex NHS Commissioners. They are set within the context of these findings, including those derived from the survey fixed response questions and open-ended questions.

Key findings and recommendations

1. In general, differences by disability and age were the most common across the sample. There were comparatively less differences by sexual orientation and gender, and very few differences by ethnicity.

Recommendation:

- Share these findings across those working with different sub-groups of the population, in particular those working with people with disabilities and older age groups given the clear differences observed.

2. A total of 37.4% chose not to make an appointment during the pandemic despite having a need to access health, social or emotional care. People with disabilities and, to a lesser extent women, were more likely to delay appointments once other characteristics of the sample were controlled for (from the stricter logistic regression analysis). Although not evident through the regression analysis, younger people and Lesbian, Gay and Bisexual people were also more likely to delay appointments.

Recommendations:

[39] https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-analysing-the-impact-of-coronavirus-on-doctors

[40] http://www.eastsussexinfigures.org.uk/webview/index.jsp?catalog=http%3A%2F%2Fwww.eastsussexinfigures.org.uk%3A80%2Fobj%2FfCatalog%2FCatalog246&submode=catalog&mode=documentation&top=yes

[41] http://www.bhconnected.org.uk/content/needs-assessments

[42] https://jsna.westsussex.gov.uk/reports/jsna-reports/

- Given the top reasons for delaying an appointment ('did not think condition was serious enough' and 'not wanting to burden the NHS'), there is a need 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 that are needed.
- Engage people with disabilities and women to better understand why they are more likely to delay remote appointments.
- There is a need to ensure that communication is in appropriate formats, is received and understood.

3. The sample as a whole was similarly satisfied with phone, video or online appointments. On this evidence, there is a potential to offer a range of remote formats.

Recommendations:
- 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.
- Engage people with disabilities and Lesbian, Gay and Bisexual people to better understand why they are the least satisfied with appointments during the pandemic.
- Offer a range of remote appointments, by phone, video and online (email, text and other online) given the public preference for choice of remote appointments.
- Allow the patient to choose their preferred remote option.

4. In terms of future appointments, the majority of people were generally happy to receive remote appointments from a range of different services. However, outpatients' appointments and the two mental health appointment-types (remote emotional and mental health NHS wellbeing support, including counselling and therapy; NHS mental health support for longstanding and serious mental health conditions) showed the highest level of people not wanting any form of remote appointment. People with disabilities and older people were also generally less keen on remote appointments, compounded by issues of digital exclusion.

Recommendations:
Remote appointments are clearly not suitable for everyone and face-to-face options must continue. This is necessary for:

- Certain health conditions where a face-to-face examination is required, or a where a health need is described by survey participants as 'serious'.
- Outpatient appointments and mental health support areas where there is a strong preference for face-to-face support.
- People with disabilities and especially so for those affected 'a lot'. Understand that people with disabilities are the least satisfied with remote appointments and are less happy to have remote appointments in the future.

- Older and digitally excluded people who lack either access, skills, confidence, or motivation to use remote technology with beliefs that such appointments are less effective than face-to-face.
- Where individuals, such as young people, are unable to secure a private space to hold confidential conversations with health and care professionals.
- The polarised opinions towards preferences for face-to-face appointments *and* remote appointments with a GP show a need for both options in future service delivery. Amongst older people, those with disabilities and for Lesbian, Gay and Bisexual people, there is a stronger preference for face-to-face GP appointments.

5. Although there were a few exceptions, younger people were generally happier to receive future appointments by phone, video and online compared to older people, for a range of different services. This also applied when exploring levels of agreement towards remote GP appointments. This may well reflect age differences in access to remote services or ease of use, or indeed perceptions as to how effective these remote appointments could be. This finding was supported by the Young Healthwatch survey whereby 13-25-year olds were generally in favour of remote appointments.

Recommendations:

- Reduce the proportion of people who are digitally excluded[43,44] and who will not use remote options, on the grounds of insufficient technology, internet connection or inability to communicate by such means.
- 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 use as well as 'tips' for effective engagement.
- Raise awareness of digital security and privacy issues to boost confidence in using technology.
- Health and Care services to arrange remote appointments for specific times, rather than patients having to wait all day for a call-back.
- Raise the skills of some health professionals in using a range of technology required for remote appointments.
- Allow patients the opportunity to choose a remote appointment with their regular GP if this is preferred.

6. People with disabilities were generally less happy with any of the remote options. For GP appointments and getting medication or repeat prescriptions, people with disabilities were not happy for any remote options. For all other services, there was at least one reference to where people with disabilities were less 'happy' for either a phone, video or online appointment.

People with disabilities, and particularly those affected 'a lot', face a real conundrum over the offer of digital support services. Compared to rest of the sample, people with disabilities are unique in being more likely to delay appointments when needed; nonetheless tend to have more appointments compared to people without disabilities; are less satisfied with these appointments; and consequently less happy for phone, video and online provision for the most often used services.

Recommendations:

- Provide face-to-face appointments for people with disabilities. Given the likely demand for services for people with disabilities (as seen in the appointments during the pandemic)

[43] Recent ONS data shows that virtually all adults aged 16 to 44 years in the UK were recent internet users (99% 'used in the last three months') in 2019, compared with 47% of adults aged 75 years and over. https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2019

[44] A Government report shows that digital exclusion affects some of the most vulnerable and disadvantaged groups in society, including those in social housing and those on lower wages, or unemployed. This same report highlights barriers to using digital services as access (inability to connect to the internet); skills; confidence (including lacking trust); and motivation. https://www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy

alongside their lower satisfaction and preferences towards remote appointments, face-to-face appointments are particularly important for people with disabilities.
- It is essential that face-to-face appointments are available for those who are affected 'a lot' by their disability.

7. It was clear that men were particularly resistant to having any form of remote emotional and mental health NHS wellbeing appointment.

Recommendation:
- Encourage men to seek mental health support when needed, to break down the perceived stigma and reluctance to open-up about mental health[45,46].

[45] Wang Y, Hunt K, Nazareth I, et al Do men consult less than women? An analysis of routinely collected UK general practice data. BMJ Open 2013;3:e003320. doi: 10.1136/bmjopen-2013-003320
[46] https://www.bmihealthcare.co.uk/health-matters/mens-health/men-and-mental-health-a-damaging-stigma#gdpr-out

Appendix 1 - Complete statistics – showing level of significance and effect sizes for differences in response by disability, age, gender, ethnicity, and sexual orientation

Introduction:

All responses are derived from valid data i.e. did not include missing data and on some occasions not applicable responses were removed.

When knowing when to select all those that provided a valid reason e.g. preferences for phone, video, online etc. must select only those that gave at least one response to remove missing data (otherwise missing data could be included as 'not happy' as this was a tick box question). Also applies after filter questions when only some responses will apply.

When to use full age (2185) or 1401 age – depends whether a question applies in both surveys. It does for example in the attitude of GPs, but not in preferences for triage, GP etc. as this question was used differently in the Sussex NHS Commissioners' survey.

Recoded several questions to remove spurious responses e.g. location included a small number of those outside of Sussex and were removed rather than added as 'other'.

Preference for services questions allowed people to pick all options including not happy for anything as well as happy for phone, video etc. Needed to remove these very small number of cases to identify where this occurred and excluded these from the analysis.

Chi-squares within cross-tabs were used for categorical comparisons e.g. delayed appointment by gender.

Satisfaction and age were not normally distributed – used spearman's rank for correlations between age and satisfaction for example, and Kruskal-Wallis for mean rank differences in age or satisfaction per characteristic e.g. disabled, male/female etc.

The difference in findings by age, gender, ethnicity, disability, and sexual orientation are based on having sufficient numbers to support meaningful analysis. This was not possible, for example, to compare across specific religious groups or specific disabilities as the numbers were not able to support the analysis.

The differences were presented in arbitrary order. For example, if people with disabilities are more likely to strongly agree to a viewpoint, then this can be reversed to mean that people without disabilities were less likely to strongly agree to this viewpoint.

Where there are no statistically significant findings, these are not specified.

The findings are now outlined following the order of the survey.

Delayed appointments:

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

Those more likely to delay their appointments were Lesbian, Gay and Bisexual people relative to heterosexual people ($p<0.05$)[47]. To illustrate, of the Lesbian, Gay and Bisexual people, 47.7% [51] delayed their appointment relative to 36.6% [491][48] of heterosexuals. X^2 (1, N = 1449) = 5.19, p = *0.023*.

People with disabilities were also more likely to delay appointments relative to those who did not ($p<0.001$). Of those people with disabilities, 55.9% [334] delayed their appointments relative to 26.4% [245] of those people without disabilities. X^2 (1, N = 1527) 134.32, p = *0.000*.

Younger people were also more likely to delay an appointment relative to older people (mean age rank 320.61 [558] for delayed and 370.49 [97] for not delayed) ($p<0.05$) ***H* (1) = 5.75, *p* = .017.**

A logistic regression test [1211] revealed that people with disabilities were more likely to delay appointments relative to people without disabilities independent of their age, gender, ethnicity, and sexual orientation ($p<0.001$). Those people with disabilities were nearly four times more likely (Odds Ratio of 3.67) to delay their appointment compared to those people without disabilities, 95% Confidence Interval (CI) [2.84,4.74]. Also, women were more likely to delay their appointment compared to men ($p<0.05$), once ethnicity, age, disability, and sexual orientation had been taken into account (Odds Ratio of 1.39), 95% CI [1.03, 1.87].

Reasons for delay:

People who were BAME were more likely to say they waited because *their condition was not serious enough* relative the White-British sample ($p<0.05$) – 55.8% [43] of BAME people cited this reason compared to 43.8% [259] of the White-British sample. X^2 (1, N = 669) = 4.03, p = *0.045*.

People without disabilities were more likely to say this same reason (*condition was not serious enough*) relative to those with disabilities ($p<0.05$) – 49.2% [152] cited this reason compared to 40.7% those with disabilities [153]. X^2 (1, N = 685) = 4.96, p = *0.026*.

Women were more likely to say *their condition was not serious enough* as a reason to delay their appointment ($p<0.005$) – 48.0% [245] of women cited this compared to 34.7% [61] of men. X^2 (1, N = 686) = 9.48, p = *0.002*.

Looking at mean (rank) differences in age[49], younger people (mean age rank 309.04 [280]) were more likely to say they *did not think their condition was serious enough* to warrant an appointment, compared older people (mean age rank 342.99 [376]) ($p<0.05$). H (1) = 5.15, p = .023.

[47] Analysis using cross-tabs and Chi Square unless stated.

[48] Respondent number in square brackets.

[49] Kruskal-Wallis non-parametric tests are used for any age and satisfaction ratings that were not normally distributed.

Women were more likely than men to cite not wanting to *burden the NHS* (p<0.001) – 44.1% [225] of women who delayed their appointments said they didn't want to burden the NHS relative to 28.4% of men [50]. X^2 (1, *N* = 686) = 13.44, *p = 0.000*.

Appointment types during the pandemic:

People with disabilities were more likely to have a phone appointment during the pandemic compared to those without disabilities (p<0.001) – 77.4% [408] of people with disabilities compared to 53.4% [435] of those without. X^2 (1, *N* = 1340) = 81.07, *p = p0.000*

People with disabilities were also more likely to have a video appointment during the pandemic (p<0.001) – 18.0% [72] of those with disabilities had used the video compared to 5.4% [38] of those without disabilities. X^2 (1, *N* = 1108) = 45.62, *p = p0.000*.

Similarly, the proportion of people with disabilities having an online appointment was greater (p<0.001) – 33.4% [138] of those with disabilities had an online appointment during the pandemic compared to 15.1% [110] of those without disabilities. X^2 (1, *N* = 1142) = 52.08, *p = p0.000*.

Phone appointments with a GP, outpatient and getting medication or a repeat prescription:

Lesbian, Gay or Bisexual were more likely to have phone questions from a health professional to guide you to the right service compared to heterosexual people (p<0.001) – 31.1% [19] compared to 14.9% [113]. X^2 (1, *N* = 819) = 11.01 *p = 0.001*.

Lesbian, Gay or Bisexual people were less likely to have had a phone-based appointment with their GP compared to heterosexual people (p<0.05) – 52.5% [32] compared to 66.8% [506]. X^2 (1, *N* = 819) = 5.12, *p = 0.000*.

People with disabilities were more likely to have had a phone-based outpatient appointment during the pandemic (p<0.001) – 37.3% [157] compared to 22.3% [98] of people without disabilities. X^2 (1, *N* = 861) = 23.28, *p = 0.000*.

People with disabilities were also more likely to have a phone appointment to request medication or a repeat prescription (p<0.001) – 33.3% [140] compared to 21.8% [96] of those people without disabilities. X^2 (1, *N* = 861) = 14.14, *p = 0.000*.

There were no statistically significant differences in use of **video appointments** during pandemic.

Online appointments with a GP, outpatient, and getting medication or repeat prescriptions online:

People with disabilities were more likely to access have an outpatient appointment online during the pandemic (p<0.001) – 28.4% [42] compared to 7.0% [8] of those without disabilities. X^2 (1, *N* = 263) = 19.88, *p = 0.000*.

Satisfaction with appointments during the pandemic:

People with disabilities were less satisfied with their phone appointments (mean rank 406.65 [418]) ($p<0.05$) compared to people without disabilities (mean rank 443.74 [432]). No further differences in satisfaction with phone appointments. *H (1) = 4.25, p = 0.039.*

No significant differences in satisfaction with video appointments.

People with disabilities were significantly less satisfied with online services (mean rank 112.13 [138]) compared to people without disabilities (mean rank 141.00 [111]) ($p<0.005$). *H (1) = 11.39, p = 0.001.*

Lesbian, Gay and Bisexual people were significantly less satisfied with online services (mean rank satisfaction 91.14[50] [22]) compared to heterosexual people (mean rank satisfaction 120.77 [213]) ($p<0.05$). *H (1) = 4.39, p = 0.036.*

Preferences for future appointments 'after the pandemic':

GP appointment

People with disabilities were less happy to have a GP appointment by phone ($p<0.005$) – 65.2% [242] were happy, compared to 74.4% [502] of people without disabilities. X^2 (1, N = 1046) = 9.74, p = 0.002.

People with disabilities were less happy to have a GP appointment by video ($p<0.001$) – 53.4% [198] were happy, compared to 67.3% [454] of people without disabilities. X^2 (1, N = 1046) = 19.67, p = 0.000.

People with disabilities were more likely to say that they were not happy to have a phone, video or online option for a GP appointment by ($p<0.001$) – 24.8% [92] were not happy to have such appointments compared to 15.1% [102] of people without disabilities. X^2 (1, N = 1046) = 14.87, p = 0.000.

People who were Lesbian, Gay and Bisexual were less happy to have a GP appointment by video ($p<0.05$) – 51.2% [42] were happy, compared to 63.8% [577] of heterosexual people. X^2 (1, N = 986) = 5.11, p = 0.024.

Younger people were more happy to have a GP appointment by phone (mean rank happy 513.49 [747] and not happy 555.10 [303])($p<0.05$) ***H* (1) = 4.061, *p* = .044** and video (mean rank happy 483.92 [653] and not happy 593.90 [397]) ($p<0.001$) ***H* (1) = 32.49, *p* = .000**. Older people are more likely to not prefer any phone, video or online appointment with their GP (mean rank not happy for any remote 577.33 [198] and happy for some type of remote 513.45 [852])($p<0.01$) ***H* (1) = 7.13, *p* = .008.**

[50] Higher satisfaction scores mean higher levels of satisfaction.

Logistic regression assessing the independent influence of disability, gender, ethnicity, sexual orientation and age on GP appointments:

People with disabilities were significantly less happy (p<0.005) to have GP appointments by phone, independent of their gender, ethnicity, sexual orientation, and age. (Odds Ratio of 1.55[51]), 95% CI [1.15, 2.08] [951].

People with disabilities were significantly less happy (p<0.01) to have GP appointments by video, independent of their gender, ethnicity, sexual orientation, and age. (Odds Ratio of 1.46), 95% CI [1.10, 1.94] [951].

People with disabilities were significantly less happy (p<0.05) to have any type of remote (phone, video or online) GP appointments, independent of their ethnicity, gender, sexual orientation, and age. (Odds Ratio of 0.58[52]), 95% CI [0.41, 0.82] [951].

Lesbian, Gay and bisexual people were also significantly less happy (p<0.005) to have GP appointments by video, independent of their age, ethnicity, gender, disability, and age. (Odds Ratio of 2.16), 95% CI [1.32, 3.53] [951].

Older people were also significantly less happy (p<0.001) to have GP appointments by video, independent of their ethnicity, gender, disability, and sexual orientation. (Odds Ratio of 1.02[53]), 95% CI [1.02, 1.02] [951].

Outpatient appointment

People with disabilities were less happy to have an outpatient appointment by video (p<0.001) – 46.4% [168] were happy, compared to 60.1% [400] of people without disabilities.
X^2 (1, *N* = 1028) = 17.67, *p* = *0.000*.

Younger people happier to have an outpatient appointment by video (mean rank age happy 468.99 [569] and not happy 574.90 [463]) (p<0.001) ***H* (1) = 32.25, *p* = .000**.

Logistic regression assessing the independent influence of disability, gender, ethnicity, sexual orientation, and age on outpatient appointments:

People with disabilities were significantly less happy (p<0.01 or 1.45 times less happy) to have an outpatient appointment by video, independent of their gender, ethnicity, sexual orientation, and age. (Odds Ratio of 1.45), 95% CI [1.09, 1.93] [932].

Lesbian, Gay and bisexual people were also significantly less happy (p<0.05) to have an outpatient appointment by video, independent of their age, ethnicity, gender, disability, and age. (Odds Ratio of 1.88), 95% CI [1.15, 3.08] [932].

Older people were significantly less happy (p<0.001) to have an outpatient appointment by video, independent of their gender, ethnicity, sexual orientation, and age. (Odds Ratio of 1.02), 95% CI [1.01, 1.03] [932].

[51] 1.55 means the odds are 55% more likely, 0.58 means 42% less likely.
[52] Less than 1 and negative Exp B, because the dependent variable in this instance was 'happy for some form of remote option' whereas other dependent variables were 'not happy for phone'.
[53] Every unit of year increases the odds by 2% in this example.

Triage – contact with a health professional (e.g. Receptionist, NHS111) to guide you to the right service

People with disabilities were less happy to have a phone triage (p<0.05) – 84.1% [317] were happy, compared to 89.3% [611] of people without disabilities. X^2 (1, N = 1061) = 6.09, p = *0.014*.

People with disabilities were less happy to have a video triage (p<0.001) – 42.7% [161] were happy, compared to 54.4% [372] of people without disabilities. X^2 (1, N = 1061) =13.26, p = *0.000*.

People with disabilities were less happy to have an online triage (p<0.005) – 48.8% [184] were happy, compared to 58.9% [403] of people without disabilities. X^2 (1, N = 1061) = 10.05, p = *0.002*.

Younger people, compared to older people, were more happy to have a triage by phone (mean rank age happy 524.74 [929] and age not happy 589.43 [136]) (p<0.05) ***H* (1) = 5.25, *p* = *.022***; video (mean rank age happy 483.85 [533] and age not happy 582.24 [532])(p<0.001) ***H* (1) = 27.25, *p* = *.000***; and online (mean rank age happy 509.62 [583] and age not happy 562.52 [472]) (p<0.01) ***H* (1) = 7.81, *p* = *.005***. Older people are more likely to not prefer any phone, video or online triage (mean rank not happy for any remote 660.97 [68] and happy for some type of remote triage 524.27 [997])(p<0.001) ***H* (1) = 12.58, *p* = .000.**

Getting medication or a repeat prescription

People with disabilities were less happy to receive medication or repeat prescriptions by phone (p<0.05) – 74.2% [270] were happy, compared to 79.5% [536] of people without disabilities. X^2 (1, N = 1038) = 3.87, p = *0.048*.

People with disabilities were less happy to receive medication or repeat prescriptions by video (p<0.001) – 38.7% [141] were happy, compared to 51.8% [349] of people without disabilities. X^2 (1, N = 1038) = 16.14, p = *0.000*.

People with disabilities were less happy to receive medication or repeat prescriptions online (p<0.05) – 68.1% [248] were happy, compared to 74.9% [505] of people without disabilities. X^2 (1, N = 1038) = 5.48 p = *0.019*.

Younger people were happier to receive medication or a repeat prescription by phone (mean rank age happy 497.67 [814] and not happy 606.57 [228]) (p<0.001) **H (1) = 23.33, p = .000** and video (mean rank age happy 456.43 [491] and not happy 579.48 [551]) (p<0.001) **H (1) = 43.43, p = .000.**

Test results or screening

People with disabilities were less happy to receive test results or screening by phone (p<0.001) – 64.8% [234] were happy, compared to 75.9% [498] of people without disabilities. X^2 (1, N = 1017) = 14.21 p = *0.000*.

People with disabilities were less happy to receive test results or screening by video (p<0.001) – 43.2% [156] were happy, compared to 55.0% [361] of people without disabilities. X^2 (1, N = 1017) = 13.01 p = *0.000*.

People with disabilities were less happy to receive any form of remote test results or screening (p<0.01) – 16.6% [60] were not happy to receive any form of remote test results or screening, compared to 10.7% [70] of people without disabilities. X^2 (1, N = 1017) = 7.39 p = *0.007*.

Younger people were happier to receive test results or screening by phone (mean rank age happy 496.69 [735] and not happy 544.45 [284]) (p<0.01) ***H* (1) = 5.39, *p* = .020** and video mean rank age happy 455.47 [519] and not happy 566.60 [500])(p<0.001) ***H* (1) = 36.33, *p* = .000.**

Men were less happy to receive test results or screening by phone (p<0.05) – 66.7% [158] were happy, compared to 73.5% [574] of women. X^2 (1, N = 1018) = 4.19 p = *0.040*.

Emotional and mental health NHS wellbeing support including counselling and therapy

People with disabilities were less happy to receive emotional and mental health NHS wellbeing support by video (p<0.01) – 46.2% [156] were happy, compared to 55.1% [326] of people without disabilities. X^2 (1, N = 930) = 6.84 p = *0.009*.

Younger people, compared to older people, were more happy to receive emotional and mental health NHS wellbeing support by phone (mean rank age happy 450.32 [504] and not happy 485.55 [428]) (p<0.05), **H (1) = 3.99, p = .046** and video (mean rank age happy 428.74 [484] and not happy 507.30 [448]) (p<0.001), **H (1) = 19.83, p = .000**. Older people are more likely to not prefer any phone, video or online mental health appointment (mean rank not happy for any remote 497.58 [268] and happy for some type of remote 453.96 [664]) (p<0.05) ***H* (1) = 5.01, *p* = .025.**

Men were less happy to receive emotional and mental health NHS wellbeing support by phone (p<0.01) – 45.9% [100] were happy, compared to 56.3% [399] of women. X^2 (1, N = 927) = 7.23 p = *0.007*.

Men were less happy to receive emotional and mental health NHS wellbeing support by video (p<0.05) – 45.9% [100] were happy, compared to 53.6% [380] of women. X^2 *(1, N = 927) = 3.98 p = 0.046*.

Men were more likely to not want any form of remote emotional and mental health NHS wellbeing support (p<0.05) – 34.9% [76] were opposed to this compared to 27.4% [194] of women. X^2 (1, N = 927) = 4.53 p = *0.033*.

NHS mental health support for longstanding and serious mental health conditions

People with disabilities were less happy to receive NHS mental health support for longstanding and serious mental health conditions by video (p<0.001) – 38.2% [113] were happy, compared to 45.5% [234] of people without disabilities. X^2 (1, N = 810) = 4.14 p = *0.042*.

Younger people, compared to older people, were more happy to receive NHS mental health support for longstanding and serious mental health conditions by phone (mean rank age happy 379.51 [348] and not happy 423.40 [460]) (p<0.01) ***H* (1) = 7.01, *p* = .008;** video (mean rank age happy 374.53 [345] and not happy 426.83 [463]) (p<0.005) ***H* (1) = 9.93, *p* = .002**; and online (mean rank age happy 368.98 [192] and not happy 415.57 [616])(p<0.05) ***H* (1) = 5.84, *p* = .016**.

Older people were more likely to not prefer any phone, video or online NHS mental health appointment for longstanding or serious mental health conditions (mean rank not happy for any remote 424.06 [349] and happy for some type of remote 389.63 [459]) ($p<0.05$) ***H* (1) = 4.31, *p* = .038**.

Future GP appointments by phone, video and online:

Older people showed more agreement to face-to-face appointments ($p<0.001$) compared to younger people[54]. Spearman's rank coefficient 0.128 [1381].

Younger people showed more agreement to having a phone or video appointment with their GP ($p<0.001$) Spearman's rank coefficient -0.108; negative correlation or less agreement with increased age [1382]; thinking you can get just as much advice from a GP by phone or video compared to a face-to-face appointment ($p<0.001$) Spearman's rank coefficient -0.110 [1382]; and increased convenience towards phone and video appointments ($p<0.001$) Spearman's rank coefficient -0.194 [1379] i.e. older people were less in agreement to these statements.

People with disabilities were more likely to agree with statements that reflected the overall dissatisfaction towards remote appointments with their GP. This may explain the greater likelihood to delay appointments among those people with disabilities shown earlier:

People with disabilities showed significantly higher agreement towards preferring a face-to-face GP appointment (mean agreement rank 850.67[55] [597]) ($p<0.001$) (relative to those without disabilities) mean rank 704.83 [926]). ***H* (1) = 42.76, *p* = .000.**

People with disabilities showed significantly higher agreement that only having phone or video appointments would put them off from getting support (mean agreement rank 807.94 [592] disabled and 725.97 [923] not disabled) ($p<0.001$). ***H* (1) = 13.39, *p* = .000.**

People with disabilities showed significantly lower agreement towards happiness to have a phone or video appointment with their GP (mean agreement rank 717.51 [595] disabled and 788.16 [925] not disabled) ($p<0.005$). ***H* (1) = 10.32, *p* = .001.**

People with disabilities showed significantly lower agreement that they can get just as much advice from a GP by phone and video (compared to face-to-face) (mean agreement rank 715.72 [595] disabled and 788.52 [924] not disabled) ($p<0.005$). ***H* (1) = 10.54, *p* = .001.**

People with disabilities showed significantly lower agreement that remote appointments are more convenient than face-to-face (mean agreement rank 723.35 [593] disabled and 781.88 [924] not disabled) ($p<0.01$). ***H* (1) = 6.84, *p* = .009.**

Additional statistically significant differences were as follows:

Men were more likely to agree to a preference for face-to-face GP appointments (mean agreement rank 823.01 [381] for men and 743.01 [1144] for women) ($p<0.005$) ***H* (1) = 10.10, *p* = .001**, whereas women were more in agreement to preferring a phone rather than video call with their GP (mean agreement rank 778.98 [1142] for women and 704.67 [378] for men) (<0.005) ***H* (1) = 8.73m *p* = .003**.

[54] Age and satisfaction from a Spearman's rank correlation.

[55] Higher value means higher level of agreement.

BAME people showed significantly less agreement towards wanting a phone rather than video call with their GP (mean agreement rank 680.41 [164] for BAME and 754.11 [1327] for non-BAME) ($p<0.05$) ***H* (1) = 4.59, *p* = .032.**

Lesbian, Gay and Bisexual people were significantly more likely to agree that only having phone of video appointments would put them of from getting support from their GP (mean agreement rank 803.77 [107] for Lesbian, Gay and Bisexual people and 712.33 [1331] for heterosexual people) ($p<0.05$) ***H* (1) = 5.04, *p* = .025**.

Managing and arranging future GP appointments:

Different preferences towards remote appointments by age:

Older people showed more importance towards having a phone and/or video appointment with their regular GP (mean age rank for very important as 719.73 [448] compared to age rank of 612.73 [367] for not important) ($p<0.001$). ***H* (2) = 16.97, *p* = .000**

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 (mean age rank for very important as 611.46 [501] compared to age rank of 777.38 [321]for not important) ($p<0.001$) ***H* (2) = 35.63, *p* = .000**; being given the choice between having a phone or video appointment (mean age rank for very important as 647.90 [612] compared to age rank of 741.98 [181] for not important) ($p<0.01$) ***H* (2) = 10.38, *p* = .006**; and being able to upload photos of their condition to a GP (mean age rank for very important as 610.92 [495] compared to age rank of 812.78 [247] for not important) ($p<0.001$) ***H* (2) = 43.81, *p* = .000**.

People with disabilities, compared to people without disabilities, showed significantly different levels of importance in terms of:

More importance towards phone or video appointments with their *regular* GP ($p<0.001$) - 43.7% [257] rated this very important compared to 27.9% [256] of those without disabilities. X^2 (2, N = 1507) = 64.45 p = *0.000*.

Less importance towards phone or video appointments as soon as possible with *any* GP ($p<0.01$) - 34.2% [200] rated this very important compared to 40.7% [375] of those without disabilities. X^2 (2, N = 1506) = 10.67 p = *0.005*.

Less importance towards being able to upload photographs of their condition ($p<0.05$) - 35.2% [206] rated this very important compared to 38.4% [349] of those without disabilities. X^2 (2, N = 1495) = 7.49 p = *0.024*.

Gender differences with women showing:

More importance towards phone or video appointments with their *regular* GP ($p<0.05$) - 36.1% [410] rated this very important compared to 29.7% [111] of men; X^2 (2, N = 1510) = 6.13 p = *0.047*.

More importance towards being given a choice of phone or video appointments with their GP ($p<0.001$) - 47.5% [537] rated this very important compared to 38.1% [142] of men X^2 (2, N = 1504) = 21.58 p = *0.000*.

Further analysis comparing those people affected by disabilities 'a lot' and 'a little':

As a reminder, the precise question to people was: 'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?'

Delay – disability 'a lot' and 'a little':

People describing their day-to-day activities limited 'a lot' [61.5%, 136] were most likely to delay their appointments compared to those limited 'a little' [52.5%, 198] and those people without disabilities [26.4%, 245] ($p<0.001$). X^2 (2, N = 1527) = 139.13, $p = 0.000$.

Use of appointments during pandemic – disability 'a lot' and 'a little':

People describing their day-to-day activities limited 'a lot' [86.7%, 176] were most likely to have phone appointments during the pandemic compared to those limited 'a little' [72.0%, 232] and those people without disabilities [53.4%, 435] ($p<0.001$). X^2 (2, N = 1340) = 92.52, $p = 0.000$.

People describing their day-to-day activities limited 'a lot' [21.1%, 34] were most likely to have video appointments during the pandemic compared to those limited 'a little' [15.9%, 38] and those people without disabilities [5.4%, 38] ($p<0.001$). X^2 (2, N = 1108) = 48.54, $p = 0.000$.

People describing their day-to-day activities limited 'a lot' [40.6%, 67] were most likely to have online appointments during the pandemic compared to those limited 'a little' [28.6%, 71] and those people without disabilities [15.1%, 110] ($p<0.001$). X^2 (2, N = 1142) = 60.43, $p = 0.000$.

Specific appointments during pandemic – disability 'a lot' and 'a little':

People describing their day-to-day activities limited 'a lot' [43.5%, 77] were most likely to have had an outpatient appointment by phone during the pandemic compared to those limited 'a little' [32.8%, 80] and those people without disabilities [22.3%, 98] ($p<0.001$). X^2 (2, N = 861) = 28.93, $p = 0.000$.

People describing their day-to-day activities limited 'a lot' [35.6%, 63] were most likely to have had a phone appointment to request medication or a repeat prescription during the pandemic compared to those limited 'a little' [31.6%, 77] and those people without disabilities [21.8%, 96] ($p<0.005$). X^2 (2, N = 861) = 14.98, $p = 0.001$.

People describing their day-to-day activities limited 'a lot' [16.4%, 29] were most likely to have received test results or screening by phone during the pandemic compared to those limited 'a little' [14.3%, 35] and those people without disabilities [8.9%, 39] ($p<0.05$). X^2 (2, N = 861) = 8.61, $p = 0.013$.

People describing their day-to-day activities limited 'a lot' [7.2%, 16] were most likely to have had a GP appointment by video during the pandemic compared to those limited 'a little' [4.2%, 16] and those people without disabilities [1.8%, 18] ($p<0.001$). X^2 (2, N = 1529) = 17.24, $p = 0.000$.

People describing their day-to-day activities limited 'a lot' [31.0%, 22] were most likely to have had an online outpatient appointment during the pandemic compared to those limited 'a little' [26.0%, 20] and those people without disabilities [7.0%, 8] ($p<0.001$). X^2 (2, N = 263) = 19.89, $p = 0.000$.

Satisfaction with appointments during the pandemic – disability 'a lot' and 'a little':

People describing their day-to-day activities limited 'a lot' [71.0%, 125] were the least positively satisfied with phone appointments during the pandemic compared to those limited 'a little' [77.7%, 188] and those people without disabilities [85.0%, 367] X^2 (8, N = 850) = 22.47, p = *0.004*.

People describing their day-to-day activities limited 'a lot' were the least positively satisfied with online appointments during the pandemic [66.2%, 45] compared to those limited 'a little' [78.6%, 55] and those people without disabilities [90.0%, 101]. X^2 (8, N = 249) = 27.27, p = *0.000*.

Future preferences after the pandemic – disability 'a lot' and 'a little':

People describing their day-to-day activities limited 'a lot' [76.2%, 115] were less happy to have a phone triage (p<0.001) compared to those limited 'a little' [89.2%, 202] and those people without disabilities [89.3%, 611] (p<0.001). X^2 (2, N = 1061) = 20.52, p = *0.000*.

People describing their day-to-day activities limited 'a lot' [38.4%, 58] were less happy to have a video triage compared to those limited 'a little' [45.6%, 103] and those people without disabilities [54.4%, 372] (p<0.005). X^2 (2, N = 1061) = 11.04, p = *0.004*.

People describing their day-to-day activities limited 'a lot' [45.7%, 69] were less happy to have an online triage compared to those limited 'a little' [50.9%, 115] and those people without disabilities [58.9%, 403] (p<0.005). X^2 (2, N = 686) = 9.48, p = *0.002*.

People describing their day-to-day activities limited 'a lot' [15.2%, 23] were less happy to have any form of remote triage compared to those limited 'a little' [2.7%, 6] and those people without disabilities [5.0%, 34] (p<0.001). X^2 (2, N = 1061) = 28.85, p = *0.000*.

People describing their day-to-day activities limited 'a lot' [61.6%, 90] were less happy to have a GP appointment by phone compared to those limited 'a little' [67.6%, 152] and those people without disabilities [74.4%, 502] (p<0.005). X^2 (2, N = 1046) = 11.25, p = *0.004*.

People describing their day-to-day activities limited 'a lot' [43.2%, 63] were less happy to have a GP appointment by video compared to those limited 'a little' [60.0%, 135] and those people without disabilities [67.3%, 454] (p<0.001). X^2 (2, N = 1046) = 30.37, p = *0.000*.

People describing their day-to-day activities limited 'a lot' [30.8%, 45] were less happy to have any form of remote GP appointment compared to those limited 'a little' [20.9%, 47] and those people without disabilities [15.1%, 102] (p<0.001). X^2 (2, N = 1046) = 20.65, p = *0.000*.

People describing their day-to-day activities limited 'a lot' [41.0%, 59] were less happy to have an outpatient appointment by video compared to those limited 'a little' [50.0%, 109] and those people without disabilities [60.1%, 400] (p<0.001). X^2 (2, N = 1028) = 20.54, p = *0.000*.

People describing their day-to-day activities limited 'a lot' [38.9%, 56] were less happy to have any form of remote outpatient appointment compared to those limited 'a little' [30.7%, 67] and those people without disabilities [27.5%, 183] (p<0.05). X^2 (2, N = 1028) = 7.49, p = *0.024*.

People describing their day-to-day activities limited ‘a lot’ [60.7%, 85] were less happy to have test results or screening by phone compared to those limited ‘a little’ [67.4%, 149] and those people without disabilities [75.9%, 498] (p<0.001). X^2 (2, N = 1017) = 16.12, $p = 0.000$.

People describing their day-to-day activities limited ‘a lot’ [37.9%, 53] were less happy to have test results or screening by video compared to those limited ‘a little’ [46.6%, 103] and those people without disabilities [55.0%, 361] (p<0.001). X^2 (2, N = 1017) = 15.63, $p = 0.000$.

People describing their day-to-day activities limited ‘a lot’ [22.9%, 32] were less happy to have any form of remote test results or screening compared to those limited ‘a little’ [12.7%, 28] and those people without disabilities [10.7%, 70] (p<0.001). X^2 (2, N = 1017) = 15.37, $p = 0.000$.

People describing their day-to-day activities limited ‘a lot’ [40.6%, 54] were less happy to have emotional and mental health NHS wellbeing support by video compared to those limited ‘a little’ [49.8%, 102] and those people without disabilities [55.1%, 326] (p<0.01). X^2 (2, N = 930) = 9.55, $p = 0.008$.

People describing their day-to-day activities limited ‘a lot’ [32.5%, 40] were less happy to have NHS mental health support for longstanding and serious mental health conditions by video compared to those limited ‘a little’ [42.2%, 73] and those people without disabilities [45.5%, 234] (p<0.05). X^2 (2, N = 810) = 6.89, $p = 0.032$.

Future of GP appointments – disability ‘a lot’ and ‘a little’:

People describing their day-to-day activities limited ‘a lot’ showed higher agreement to preferring a face-to-face GP appointment [64.4% agreed or strongly agreed, 143] compared to those limited ‘a little’ [60.8%, 228], compared to those people without disabilities [48.7%, 451] X^2 (8, N = 1523) = 48.55, $p = 0.000$.

People describing their day-to-day activities limited ‘a lot’ showed higher agreement that only having phone or video appointments would put them off from getting support from their GP [46.6% agreed or strongly agreed, 103] compared to those limited ‘a little’ [34.6%, 143] and those people without disabilities [31.4%, 290] X^2 (8, N = 1515) = 32.94, $p = 0.000$.

People describing their day-to-day activities limited ‘a lot’ showed least agreement towards happiness to have a phone or video appointments with their GP [53.0% agreed or strongly agreed, 117], compared to those limited ‘a little’ [63.3%, 237] and those people without disabilities [64.0%, 618] X^2 (8, N = 1520) = 26.12, $p = 0.001$.

People describing their day-to-day activities limited ‘a lot’ showed least agreement towards thinking they can get just as much advice from a phone or video GP appointment as they could face-to-face [36.7% agreed or strongly agreed, 81] compared to those limited ‘a little’ [40/9%, 153] and those people without disabilities [43.4%, 660] X^2 (8, N = 1519) = 22.72, $p = 0.004$.

People describing their day-to-day activities limited ‘a lot’ showed least agreement towards remote GP appointments being more convenient [40.7% agreed or strongly agreed, 90] compared to those limited ‘a little’ [45.9%, 171] and those people without disabilities [47.1%, 715] X^2 (8, N = 1517) = 17.56, $p = 0.025$.

People describing their day-to-day activities limited ‘a lot’ felt it very important (50.2%, 110] to have phone or video appointments with their *regular* GP compared to those limited ‘a little’ [39.8%, 147] and those people without disabilities [27.9%, 256] (p<0.001). X^2 (4, N = 1507) = 71.48, $p = 0.000$.

Appendix 2 – Survey questionnaire

Healthwatch in Sussex are committed to protecting and respecting your privacy and security, and will process any personal data in accordance with the General Data Protection Regulations and the 2018
Data Protection Act. See: https://www.healthwatchbrightonandhove.co.uk/privacy-

policy/ You have a chance to win one of five £25 Amazon vouchers for taking part.

The survey will take around 10 minutes.

About you

* 1. Where do you live?

- ☐ Brighton and Hove
- ☐ East Sussex (not including Brighton and Hove)
- ☐ West Sussex
- ☐ Other (please specify)

2. To match your answers to services in your local area, please select the first part of your postcode from the list below (they are in alphabetical order)

Your use of Health and Social Care

* 3. During the Coronavirus pandemic (after March 11th 2020) have you needed any type of health, social or emotional care but chose not to make an appointment?

- ☐ Yes
- ○ No

Service use

4. When you felt you needed care, why did you not make an appointment? Please tick all that apply

- [ ] Thought the NHS was closed for everything except Coronavirus
- [ ] Didn't know how to make an appointment at this time
- [ ] Didn't want to burden the NHS
- [ ] Felt that my condition wasn't serious enough
- [ ] Thought I'd wait until the pandemic was over
- [ ] Too worried about catching Coronavirus
- [ ] I got advice online
- [ ] I was shielding so didn't want to go out
- [ ] Other (please write)

Phone appointments during the pandemic

* 5. During the Coronavirus pandemic (after March 11th 2020), have you had any health or social care appointments by **phone**?

- ◯ Yes
- ◯ No

6. Which of the following NHS services did you have a **phone** appointment with during the pandemic? Please tick all that apply

- [ ] Phone questions from a health professional (e.g. Receptionist, NHS 111) to guide you to the right service
- [ ] GP appointment
- [ ] Outpatient appointment (not an overnight stay in hospital) Booked
- [ ] hospital appointment (not as an outpatient)
- [ ] Antenatal and perinatal services (before and after pregnancy)
- [ ] To get contraception (emergency or routine)
- [ ] For Sexually Transmitted Infection testing and treatment
- [ ] Getting medication or a repeat prescription
- [ ] A dentist
- [ ] Eye care (non hospital)
- [ ] Emotional and mental health NHS wellbeing support including counselling and therapy
- [ ] NHS mental health support for longstanding and serious mental health conditions
- [ ] Support for myself or other person with memory loss or dementia
- [ ] A Social Worker appointment
- [ ] Other social care appointment
- [ ] Getting support from a local charity, community project or a community hub
- [ ] For test or screening results
- [ ] Support from carers
- [ ] Other (please write)

7. Thinking about the overall experience of your **phone** appointments(s), how satisfied were you?

- ○ Very satisfied
- ○ Satisfied
- ○ Neither satisfied nor dissatisfied
- ○ Dissatisfied
- ○ Very dissatisfied

8. Please tell us your views about **phone** appointments and how we could improve them.

Please refer to your type of phone appointment(s) if you make a comment.

Video appointments during the pandemic

* 9. During the Coronavirus pandemic, have you had any health or social care appointments by **video**?

- ◯ Yes
- ◯ No

10. Which of the following NHS services did you have a **video** appointment with during the pandemic? Please tick all that apply

- ☐ Video questions from a health professional (e.g. Receptionist, NHS 111) to guide you to the right service
- ☐ GP appointment
- ☐ Outpatient appointment (not an overnight stay in hospital)
- ☐ A booked hospital appointment (not as an outpatient)
- ☐ Antenatal and perinatal services (before and after pregnancy) To get
- ☐ Contraception (emergency or routine)
- ☐ For Sexually Transmitted Infection testing and treatment
- ☐ Getting medication or a repeat prescription
- ☐ A dentist
- ☐ Eye care (non hospital)
- ☐ Emotional and mental health NHS wellbeing support including counselling and therapy
- ☐ NHS mental health support for longstanding and serious mental health conditions
- ☐ Support for myself or other person with memory loss or dementia
- ☐ A Social Worker appointment
- ☐ Other social care appointment
- ☐ Getting support from a local charity, community project or a community hub
- ☐ For test or screening results
- ☐ Support from carers
- ☐ Other (please write)

11. Thinking about the overall experience of your **video** appointments(s), how satisfied were you?

- ○ Very satisfied
- ○ Satisfied
- ○ Neither satisfied nor dissatisfied
- ○ Dissatisfied
- ○ Very dissatisfied

12. Please tell us your views about **video** appointments and how we could improve them. Please refer to your type of video appointment(s) if you make a comment.

Online, text and email appointments during the pandemic

* 13. During the Coronavirus pandemic, have you had any of the following **online** appointments? Please tick all that apply

- ☐ Online forms or questionnaires
- ☐ Text message appointment
- ☐ Email appointments
- ☐ Other online messages
- ☐ None of the above / no online appointments

14. Which of the following NHS services did you have an **online appointment** (including text, emails and online forms) with during the pandemic? Please tick all that apply

- [ ] Online questions from a health professional (e.g. Receptionist, NHS 111) to guide you to the right service
- [ ] GP appointment
- [ ] Outpatient appointment (not an overnight stay in hospital)
- [ ] A booked hospital appointment (not as an outpatient)
- [ ] Antenatal and perinatal services (before and after pregnancy)
- [ ] To get contraception (emergency or routine)
- [ ] For Sexually Transmitted Infection testing and treatment
- [ ] Getting medication or a repeat prescription
- [ ] A dentist
- [ ] Eye care (non hospital)
- [ ] Emotional and mental health NHS wellbeing support including counselling and therapy
- [ ] NHS mental health support for longstanding and serious mental health conditions
- [ ] Support for myself or other person with memory loss or dementia
- [ ] A Social Worker appointment
- [ ] Other social care appointment
- [ ] Getting support from a local charity, community project or a community hub
- [ ] For test or screening results
- [ ] Support from carers
- [ ] Other (please write)

15. Thinking about the overall experience of your **online**, text or email appointments(s), how satisfied were you?

- ○ Very satisfied
- ○ Satisfied
- ○ Neither satisfied nor dissatisfied
- ○ Dissatisfied
- ○ Very dissatisfied

16. Please tell us your views about **online**, text and email appointments and how we could improve them.

Please refer to your type of online appointment(s) if you make a comment.

* 17. **After the pandemic**, would you be happy to have appointments by phone, video or online with the following? **Please reply as if you were needing to access these services.**

If you are not happy to have a phone, video or online option for a particular service, please tick the last box only.

	Happy by Phone	Happy by Video	Happy by Online (email, text, online forms, etc.)	Not happy by phone, video or online option
a) Contact with a health professional (e.g. Receptionist, NHS 111) to guide you to the right service:	☐	☐	☐	☐
b) GP appointment:	☐	☐	☐	☐
c) Outpatient appointment (not an overnight stay in hospital):	☐	☐	☐	☐
d) A booked hospital appointment (not as an outpatient):	☐	☐	☐	☐
e) Antenatal and perinatal services (before and after pregnancy):	☐	☐	☐	☐
f) To get contraception (emergency or routine):	☐	☐	☐	☐
g) For Sexually Transmitted Infection testing and treatment:	☐	☐	☐	☐
h) Getting medication or a repeat prescription:	☐	☐	☐	☐
i) A dentist:	☐	☐	☐	☐
j) Eye care (non hospital):	☐	☐	☐	☐

* 18. **After the pandemic**, would also you be happy to have these appointments by phone, video or online?

Please reply as if you were needing to access these services.

If you are not happy to have a phone, video or online option for a particular service, please tick the last box only.

	Happy by Phone	Happy by Video	Happy by Online (email, text, online forms, etc.)	Not happy by phone, video or online option
a) Emotional and mental health NHS wellbeing support including counselling and therapy:	☐	☐	☐	☐
b) NHS mental health support for longstanding and serious mental health conditions:	☐	☐	☐	☐
c) Support for myself or other person with memory loss or dementia:	☐	☐	☐	☐
d) A Social Worker appointment:	☐	☐	☐	☐
e) Other social care appointment:	☐	☐	☐	☐
f) Getting support from a local charity, community project or a community hub:	☐	☐	☐	☐
g) For test or screening results:	☐	☐	☐	☐
h) Support from carers:	☐	☐	☐	☐

Other appointment and preferred type (e.g. online, video, etc.)

19. Please add any views you may have towards using phone/video/email/text/other online/App oriented services

GP services

* 20. To what extent do you agree or disagree with the following statements about phone, video and face-to-face appointments with a GP?

Please assume these options apply to conditions that do not require a face-to-face appointment

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) I prefer face-to-face appointments with my GP rather than phone or video consultations:	○	○	○	○	○
b) Only having phone or video appointments with my GP would put me off from getting support:	○	○	○	○	○
c) Overall, I would be happy to have a phone or video appointment with my GP:	○	○	○	○	○
d) I think you can get just as much advice from a GP by phone or video compared to a face-to-face appointment:	○	○	○	○	○
e) Phone and video appointments would be more convenient for me compared to a face-to-face appointment:	○	○	○	○	○
f) I would prefer a phone call with my GP rather than a video appointment:	○	○	○	○	○

* 21. Thinking about phone and/or video appointments with a GP (rather than face-to-face), how important are the following for you?

	Very important	Important	Not important
a) Having a phone and/or video appointment with my **regular** GP:	○	○	○
b) Having the phone and/or video appointment as soon as possible (with any GP):	○	○	○
c) Being able to book a phone and/or video appointment via an online booking method rather than by phone:	○	○	○
d) Being given the choice between having a phone or video appointment:	○	○	○
e) Having the option of text, email and other online appointments:	○	○	○
f) Being able to upload photos of my condition to a GP:	○	○	○

22. Please add any further comments about how the services mentioned in this questionnaire could be improved for the future.

e.g. being given a face mask when visiting a GP; having more live video consultations, etc.

Some final questions about you

We are committed to ensuring our services are accessible to everyone regardless of ethnicity, race, gender, gender identity, ability, religion, belief, sexual orientation or age. The details you give help us to assess equality in our services, and to meet our equal opportunities and diversity commitments.

* 23. How old are you?

* 24. What is your gender identity? (This is your personal sense of your own gender. This may or may not correspond to your assigned sex at birth)

- ○ Female
- ○ Male
- ○ Non-binary
- ○ Prefer not to say
- ○ Other (please specify)

* 25. Is your gender identity the same as the gender assigned to you at birth?

- ○ Yes
- ○ No
- ○ Not sure
- ○ Prefer not to say

* 26. Sexual orientation (please tick the box that you identify with)

- ○ Bisexual
- ○ Gay man
- ○ Lesbian/Gay woman
- ○ Other (please write)
- ○ Heterosexual/straight
- ○ Don't know
- ○ Prefer not to say

* 27. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes a little
- Yes a lot
- No
- Prefer not to say

* 28. Please state the type of impairment. If you have more then one please tick all that apply. If none apply
please mark 'Other' and write an answer

- Physical
- impairment
- Sensory
- impairment
- Learning
- disability/difficulty
- Long standing
- illness Mental
- health condition
- Autistic spectrum
- Other developmental condition
- Prefer not to say
- Other (please write)

* 29. What is your ethnic background?

* 30. What is your religion?

Interested in the prize draw or a short phone call?

* 31. Are you interested any of the following?

- [ ] Entering a prize draw to win one of five £20 Amazon vouchers?
- [ ] Having a short phone call to hear more about your views?
- [ ] Neither a phone call or entry to prize draw

* 32. If you have chosen to enter the prize draw or a phone call (or both), please add your name and your preferred mode of contact - either email or phone.

If you do want to enter the draw and/or opt for a phone call, your contact details will be stored separately to the remaining data and the responses will not be traceable to you.

Please note we may be able to phone all those people who agree.

Name:

Email or mobile number:

If you want to know more.....

If you want to find out more about this survey or receive our news bulletins in relation to Covid-19, please visit: https://www.healthwatchbrightonandhove.co.uk or contact office@brightonandhove.co.uk.

Please also see the work of Young Healthwatch as a source of advice for young people aged 11-25 on
Instagram @ymcarighthere and at: https://ymcarighthere.com/

For information, the Sussex Mental Healthline (0300 5000 101) is a telephone service providing 24-hour support and information to anyone experiencing mental health problems including stress, anxiety and depression. The service is also available to carers and healthcare professionals.

Many thanks for having your say - your views are invaluable.

Appendix 3 – Headline findings by location

The three geographical areas were split as follows: Brighton & Hove (32.2%, 447 people)[56]; East Sussex excluding Brighton & Hove (32.1%, 445); West Sussex (35.7%, 495).

When comparing by location, only those respondents that provided a location *and* the factor you are comparing to, are included. This differs for the whole sample data. For example, the whole sample data shows that 37.4% (806 people) delayed their appointment. However, a proportion of these may not have added their location, hence the figures across the 3 areas may be slightly different – using this example, 481 people who delayed their appointment also provided data on location. This difference is compounded by delayed appointments being recorded in both the Healthwatch in Sussex and NHS CCG survey, whereas location was only recorded in the Healthwatch in Sussex survey.

Identified below are differences of more than 5 percentage points by location.

People:

	B&H	**East Sussex excluding B&H**	**West Sussex**
Mean age	55.8 years	58.9 years	55.7 years
Gender	74.8% female	77.5% female	76.3% female
With disability	37.5%	35.8%	32.2%
Sexual orientation	14.5% Lesbian, Gay or Bisexual	6.2% Lesbian, Gay or Bisexual	4.6% Lesbian, Gay or Bisexual
Ethnicity	15.1% BAME	11.1% BAME	9.1% BAME

Brighton and Hove have greater proportions of people with disabilities, those who are Lesbian, Gay or Bisexual and those from Black and Asian Minority Ethnic groups.

Delayed appointments:

	B&H	**East Sussex excluding B&H**	**West Sussex**
Delayed	32.9%	35.5%	37.2%
Reason: Did not want to burden NHS (of those that delayed)	45.1%	35.8%	44.4%
Reason: Condition was not serious enough (of those that delayed)	51.4%	41.7%	46.2%

People from Brighton and Hove, who delayed their appointments, were more likely to explain this by not wanting to burden the NHS and that their condition was not serious enough.

[56] Location was asked in the Healthwatch in Sussex survey, not in the NHS CCG survey.

Appointments had during pandemic:

	B&H	East Sussex excluding B&H	West Sussex
Phone	56.0%	53.8%	51.1%
Video	7.4%	6.4%	7.5%
Online	19.3%	19.5%	17.1%

No notable differences in appointments made during the pandemic.

Satisfaction with *phone* appointments during pandemic:

	B&H	East Sussex excluding B&H	West Sussex
Satisfied or very satisfied	77.4%	84.4%	77.5%
Mean satisfaction (higher value = more satisfied)	4.04	4.23	4.01

Residents in East Sussex (excluding Brighton and Hove) are more satisfied with their phone appointments during the pandemic.

Satisfaction with *video* appointments during pandemic:

	B&H	East Sussex excluding B&H	West Sussex
Satisfied or very satisfied	72.4%	77.0%	71.0%
Mean satisfaction (higher value = more satisfied)	3.97	3.88	3.94

Based on mean satisfaction, which includes values from all five satisfaction ratings, residents in Brighton and Hove were more satisfied with their video appointments during the pandemic.

Satisfaction with *online* (text, email and other online) appointments during pandemic:

	B&H	East Sussex excluding B&H	West Sussex
Satisfied or very satisfied	76.1%	82.3%	76.5%
Mean satisfaction (higher value = more satisfied)	3.96	4.12	4.03

Residents in East Sussex (excluding Brighton and Hove) are also more satisfied with their online appointments during the pandemic.

Most frequent *phone* appointments during pandemic (from all those having a phone appointment):

	B&H	East Sussex excluding B&H	West Sussex
GP	68.7%	64.9%	61.4%
Outpatient	25.1%	28.4%	27.5%
Phone questions from a health professional (e.g. Receptionist, NHS 111) to guide you to the right service	18.1%	18.9%	24.0%
Getting medication or repeat prescription	22.9%	30.6%	27.0%

Of the most commonly experienced phone appointments during the pandemic, people from Brighton and Hove were more likely to have a GP appointment by phone; people from West Sussex more likely to have phone questions from a health professional to guide them to the right service; and people from East Sussex (excluding Brighton and Hove) were more likely to get medication or a repeat prescription over the phone.

Most frequent video appointments during pandemic (from all those having a video appointment (note small numbers here as only 31 of those providing location also had a video appointment during the pandemic):

	B&H	East Sussex excluding B&H	West Sussex
GP	41.4%	37.0%	48.4%
Outpatient	17.2%	22.2%	9.7%
Emotional and mental health NHS wellbeing support including counselling and therapy	20.7%	3.7%	6.5%

Of the most common video appointments, people from West Sussex were more likely to have a GP appointment by video; people in East Sussex were more likely to have an outpatient appointment by video; and people in Brighton and Hove were more likely to have emotional and mental health NHS wellbeing support including counselling and therapy by video.

Most frequent *online* appointments during pandemic (from all those having an online appointment):

	B&H	East Sussex excluding B&H	West Sussex
GP	37.1%	29.2%	47.1%
Getting medication or a repeat prescription	27.1%	25.0%	21.4%
Outpatient	21.4%	20.8%	20.0%

Of the most common online appointments, people from West Sussex were more likely to have an online GP appointment; people in Brighton and Hove were more likely to get medication or a repeat prescription online.

Future preferences during 'life after the pandemic' for the most frequently used appointments during the pandemic (triage, GP, outpatient, getting medication, and test results or screening) and mental health:

	B&H	East Sussex excluding B&H	West Sussex
Triage[57], by phone	74.7%	73.7%	72.5%
Triage, by video	43.6%	37.5%	42.4%
Triage, by online	47.0%	45.2%	45.1%
Triage, no remote	5.1%	6.5%	5.3%

People from Brighton and Hove were happier to have questions from a health professional (e.g. Receptionist, NHS 111) to guide you to the right service' by video.

	B&H	East Sussex excluding B&H	West Sussex
GP, by phone	73.8%	70.1%	69.7%
GP, by video	61.0%	56.6%	64.5%
GP, by online	37.1%	33.9%	34.0%
GP, no remote	17.4%	20.9%	19.0%

People from West Sussex were happier to have a GP appointment by video.

	B&H	East Sussex excluding B&H	West Sussex
Outpatient, by phone	57.3%	51.8%	50.2%
Outpatient, by video	55.9%	50.4%	56.7%
Outpatient, by online	30.4%	27.0%	28.6%
Outpatient, no remote	26.5%	32.2%	31.3%

People from Brighton and Hove were happier to have an outpatient appointment by phone; people in West Sussex were happier to have an outpatient appointment by video; and people from East Sussex excluding Brighton and Hove were unhappy about any form of remote outpatient appointment.

[57] 'Questions from a health professional (e.g. Receptionist, NHS 111) to guide you to the right service'.

	B&H	East Sussex excluding B&H	West Sussex
Medication or a repeat prescription, by phone	82.4%	70.7%	80.6%
Medication or a repeat prescription, by video	48.9%	38.2%	50.2%
Medication or a repeat prescription, by online	71.4%	68.3%	73.9%
Medication or a repeat prescription, no remote	1.6%	5.6%	1.5%

People in Brighton and Hove were happier to have medication or a repeat prescription by phone whereas people in West Sussex were happier to receive medication or a repeat prescription by video.

	B&H	East Sussex excluding B&H	West Sussex
Test results or screening, by phone	72.4%	69.2%	73.4%
Test results or screening, by video	51.7%	44.4%	53.0%
Test results or screening, by online	51.4%	48.6%	50.0%
Test results or screening, by no remote	11.6%	16.4%	11.7%

People in West Sussex were happier to have test results or screening by video.

	B&H	East Sussex excluding B&H	West Sussex
Emotional and mental health NHS wellbeing support including counselling and therapy, by phone	52.6%	53.9%	53.0%
Emotional and mental health NHS wellbeing support including counselling and therapy, by video	56.0%	48.9%	48.4%
Emotional and mental health NHS wellbeing support including counselling and therapy, by online	26.6%	29.0%	25.9%
Emotional and mental health NHS wellbeing support including counselling and therapy, no remote	27.5%	29.7%	32.6%

People in Brighton and Hove were happier to receive emotional and mental health NHS wellbeing support including counselling and therapy by video. People in West Sussex were unhappy to have any remote emotional and mental health NHS wellbeing support including counselling and therapy.

	B&H	East Sussex excluding B&H	West Sussex
NHS mental health support for longstanding and serious mental health conditions, by phone	40.2%	43.9%	42.5%
NHS mental health support for longstanding and serious mental health conditions, by video	43.4%	42.1%	42.1%
NHS mental health support for longstanding and serious mental health conditions, by online	23.8%	23.0%	22.7%
NHS mental health support for longstanding and serious mental health conditions, no remote	43.4%	41.7%	45.5%

There were no notable differences by location in terms of remote NHS mental health support for longstanding and serious mental health conditions.

Future GP appointments by phone, video and online:

	B&H, agree[58] (mean)[59]	East Sussex excluding B&H, agree (mean)	West Sussex, agree (mean)
I prefer face-to-face appointments with my GP rather than phone or video consultations	51.7% (3.49)	53.6% (3.62)	54.3% (3.59)
Only having phone or video appointments with my GP would put me off from getting support	34.3% (2.89)	38.0% (3.02)	36.5% (3.02)
Overall, I would be happy to have a phone or video appointment with my GP	66.2% (3.64)	59.3% (3.48)	65.2% (3.62)
I think you can get just as much advice from a GP by phone or video compared to a face-to- face appointment	44.4% (3.13)	41.5% (3.03)	42.8% (3.09)
Phone and video appointments would be more convenient for me compared to a face-to-face appointment	54.5% (3.41)	42.6% (3.17)	46.6% (3.29)
I would prefer a phone call with my GP rather than a video appointment	37.3% (3.17)	39.1% (3.24)	36.5% (3.20)

People in Brighton and Hove were more likely to agree that, overall, they would be to have a phone or video appointment with their GP. People from Brighton and Hove were also more likely to agree that phone and video appointments would be more convenient for them compared to a face-to-face appointment.

[58] % who either 'strongly agree' or 'agree' from a five-point scale.

[59] Mean agreement scores from a minimum of 1 to 5, with a higher mean indicating higher agreement. Takes into account all five responses for agreement so more accurate comparison than percentage.

Managing and arranging future GP appointments:

Figures refer to 'very important' / 'important'	B&H	East Sussex excluding B&H	West Sussex, agree
Having a phone and/or video appointment with my *regular* GP	33.0%/39.1%	39.5%/38.1%	28.6%/39.1%
Having the phone and/or video appointment as soon as possible (*with any GP*)	39.9%/51.8%	34.9%/55.9%	39.3%/52.9%
Being able to book a phone and/or video appointment via an online booking method rather than by phone	41.8%/37.0%	33.2%/44.1%	36.6%/40.0%
Being given the choice between having a phone or video appointment	47.9%/38.4%	43.7%/43.9%	44.5%/43.0%
Having the option of text, email and other online appointments	29.4%/40.3%	24.7%/47.5%	22.6%/46.2%
Being able to upload photos of my condition to a GP	41.0%/44.4%	36.5%/46.3%	36.8%/46.8%

More people from East Sussex said it was very important to Have a phone and/or video appointment with their regular GP. Those from Brighton and Hove were more likely to say it was very important to being able to book a phone and/or video appointment via an online booking method rather than by phone.