Healthwatch in Sussex and Sussex NHS Commissioners

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

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Contact – Dr Lester Coleman

Lester@healthwatchbrightonandhove.co.uk

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Introduction

This report, a collaboration between Healthwatch in Sussex[1] and Sussex NHS Commissioners, presents results of engagement carried out on people's preferences towards the future of health and social care services in Sussex. The analysis of 104 follow-up conversations is being undertaken at the time of writing and will be reported separately.

This engagement process looked at people's opinions about:

- Their access to health and social care services during the Coronavirus 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 the future use of these media for appointments beyond the pandemic; and
- Preferences towards future GP consultations.

Data on equality and diversity were also gathered. This project was supported through grant funding from the NHS Brighton and Hove CCG, East Sussex CCG and West Sussex CCG.

The engagement builds on two additional Healthwatch projects conducted across Sussex. Firstly, 970 responses from 11-18 year olds and 1209 responses to an adult survey is conducted by Healthwatch East Sussex and, secondly, findings from a number of young people interviewed about their experiences of digital/remote consultations during the pandemic undertaken by Healthwatch West Sussex[3].

Methodology and engagement

The principal method of engagement was a questionnaire consisting of mainly closed, fixed response questions, occasional free-text responses and some follow-up phone conversations for those who volunteered. Some of the same questions were used in a separate Sussex NHS Commissioners' survey, allowing the responses to these particular questions to be combined and analysed collectively.

In total, 2185 people responded to the two surveys as follows (an additional Young Healthwatch Sussex survey, with a total of 146 respondents aged 13-25 [average 18.33 years], will be published October 2020):

- 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).

[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://spark.adobe.com/page/bv91D8t1FSZ37/

The surveys were promoted in a number of ways including Healthwatch 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.

The data were analysed in SPSS (Statistical Package for the Social Sciences) exported from Survey Monkey. The Healthwatch and CCG data were merged where questions were exactly the same in both surveys. As shown above, the merged data had a sample of 2185; the data not merged between the two surveys had a sample of 1,406. The analysis consists 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 people having a GP appointment by phone would only apply to those that had any type of phone call appointment during the pandemic. Open-ended comments were analysed thematically and help to explain some of the quantitative findings.

Engagement findings

The people:

The location of respondents was broadly similar across the three Healthwatch areas: Brighton and Hove (32.2% [447]), 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).

Excluding 'prefer not to say', most people responding were women (75% [1448]) and the average age was 59.2 years.

Alongside age and gender, differences in the findings were examined across:

- people with disabilities (39.2%[4] [599] - 14.5% [222] 'a lot'/24.7% [377] 'a little') compared to those without;
- Black and Asian Minority Ethnic groups (comprising 10.9% [164] of the sample) compared to White British; and
- those who identified themselves as Lesbian, Gay or Bisexual (7.4% [107]) compared to those who identified themselves as heterosexual.

Where differences were revealed, those by disability and age were the most frequent and there were notably very few differences by ethnicity.

It should be noted that there were people and communities who were not represented in this work; further engagement will be carried out to establish views and experiences, which will be added to this intelligence.

[4] The precise question 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?'

Key headlines:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

People choosing to delay appointments:

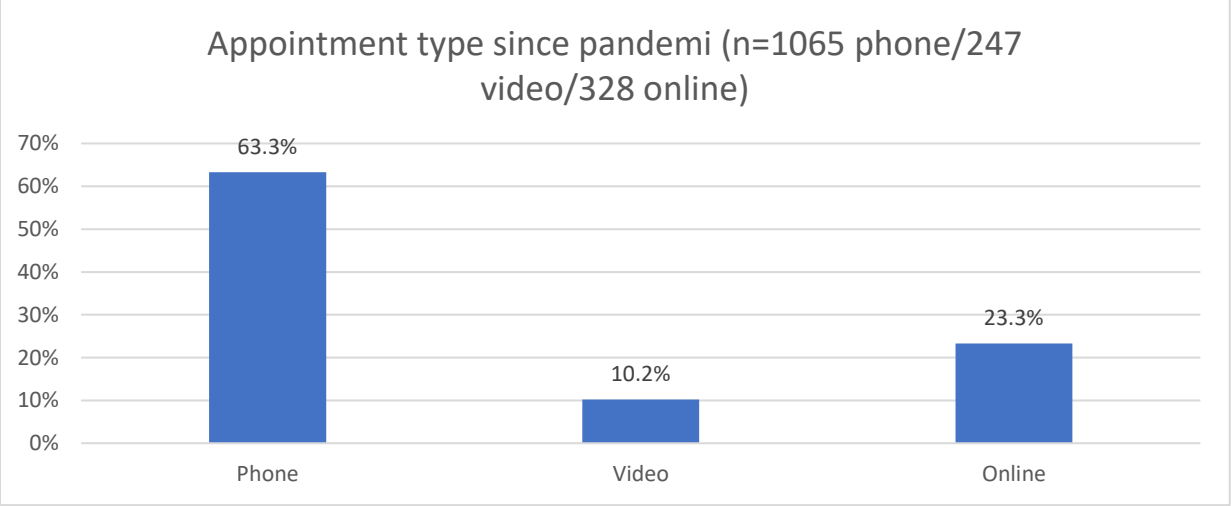
37.4% [806] chose not to make an appointment during the pandemic despite having a need to access health, social or emotional care. From all those that delayed their appointment, the top three reasons were:

- 'Felt that my condition wasn't serious enough' – 41.5% [396]
- 'Didn't want to burden the NHS' – 37.7% [360]
- 'Thought I'd wait until the pandemic was over' – 26.7% [255].

People with disabilities were more likely to delay making appointments relative to people without disabilities, independent of their age, gender, ethnicity, and sexual orientation ($p<0.001$)5. Also, women were more likely to delay making appointments compared to men ($p<0.05$), once ethnicity, age, disability, and sexual orientation had been taken into account.

Appointments during the pandemic – type and satisfaction:

During the pandemic, nearly two-thirds (63.3% [1065]) of people had a phone appointment, with lower proportions using online (23.3% [328]) and video (10.2% [147]). For interest, the CCG sample 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.

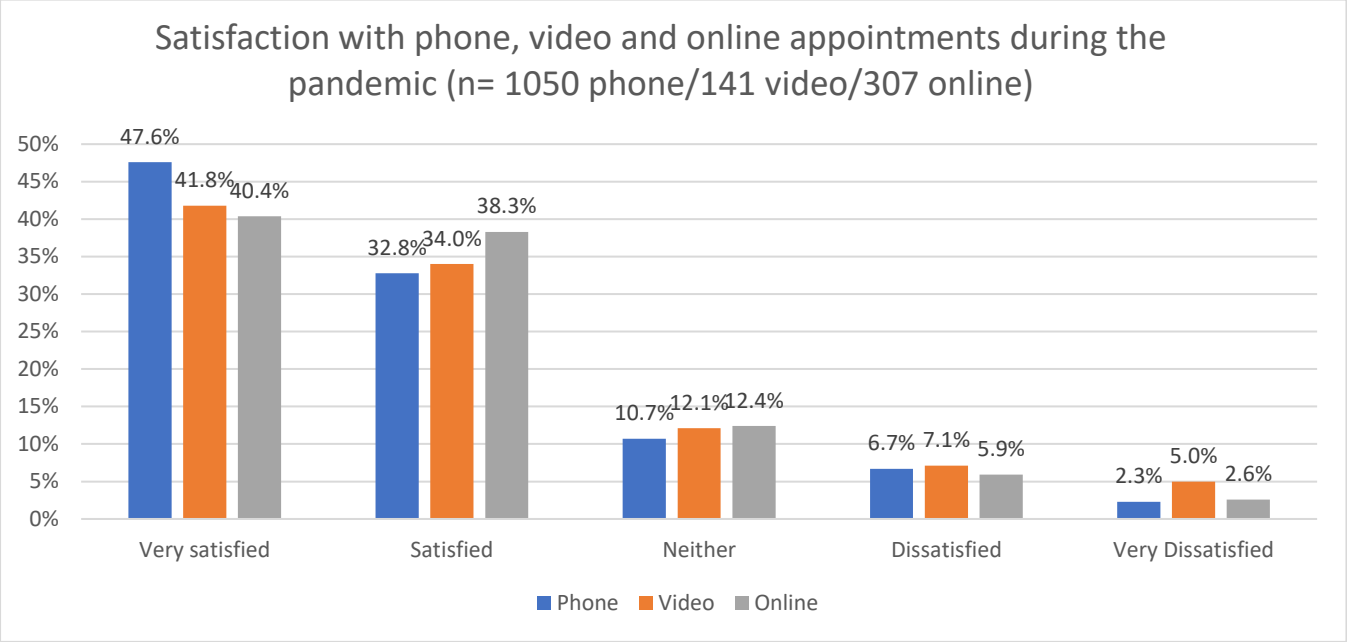


The most common appointments attended remotely, for all three formats (phone, video or online), in decreasing order, were with a GP, as an Outpatient, and phone questions from a health professional (e.g. Receptionist, NHS 111) to guide people to the right service. Appointments with a GP were twice as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

For those that had phone, video and online appointments during the pandemic, satisfaction levels were high. For example, 80.4% [844] were satisfied or very satisfied with phone appointments. This may show that if those people who were putting off appointments were encouraged to use this alternative provision, they may be more

[5] Where p values are shown this means the results are statistically significant – that means there is a high probability (99% in this instance) that the differences are not due to chance.

satisfied than they would initially expect to be. Nonetheless, around 10% were also not satisfied (for phone, video and online). The analysis reveals that people with disabilities and Lesbian, Gay and Bisexual people were generally the least satisfied with appointments during the pandemic.



"[Phone appointment] 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.**

"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.**

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

In terms of future appointments, people were asked to say whether they were 'happy' with phone, video, and online appointments, or not happy for any type of such appointments. Not happy with any form of remote appointment would suggest greater happiness for face-to-face appointments. The most commonly used services have been compared as well as two focusing on mental health.

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

An interesting finding was the high proportion of people who were not happy to receive any form of remote appointment for their mental health - 29.7% [298] were not happy for any type of remote emotional and mental health NHS wellbeing support, including counselling and therapy; 43.6% [378] were not happy for any type of remote NHS mental health support for longstanding and serious mental health conditions).

GP, happy by *phone*	GP, happy by *video*	GP, happy by *online*	GP, *not happy for any remote*
70.9%	60.7%	34.8%	19.1%

Outpatient, happy by *phone*	Outpatient, happy by *video*	Outpatient, happy by *online*	Outpatient, *not happy for any remote*
52.6%	54.2%	28.5%	30.1%

Triage, happy by *phone*	Triage, happy by *video*	Triage, happy by *online*	Triage, *not happy for any remote*
87.0%	48.9%	54.2%	6.5%

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*
77.9%	45.9%	71.0%	2.7%

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*
71.5%	49.7%	50.6%	13.1%

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*
52.9%	50.7%	27.0%	29.7%

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*
42.0%	42.2%	23.2%	43.6%

In general, most differences in preference towards remote appointments were shown in terms of disability and age. For the two most common services (GP and outpatients' appointments) there are some differences by disability and age.

- People with disabilities were significantly less happy ($p<0.005$) to have any type of remote (phone, video or online) GP appointments, independent of their ethnicity, gender, sexual orientation, and age.
- Likewise, when controlling for the effects of other factors, younger people were generally happier to receive an outpatient appointment by video ($p<0.001$) compared to older people. Similar age patterns emerged for GP appointments.

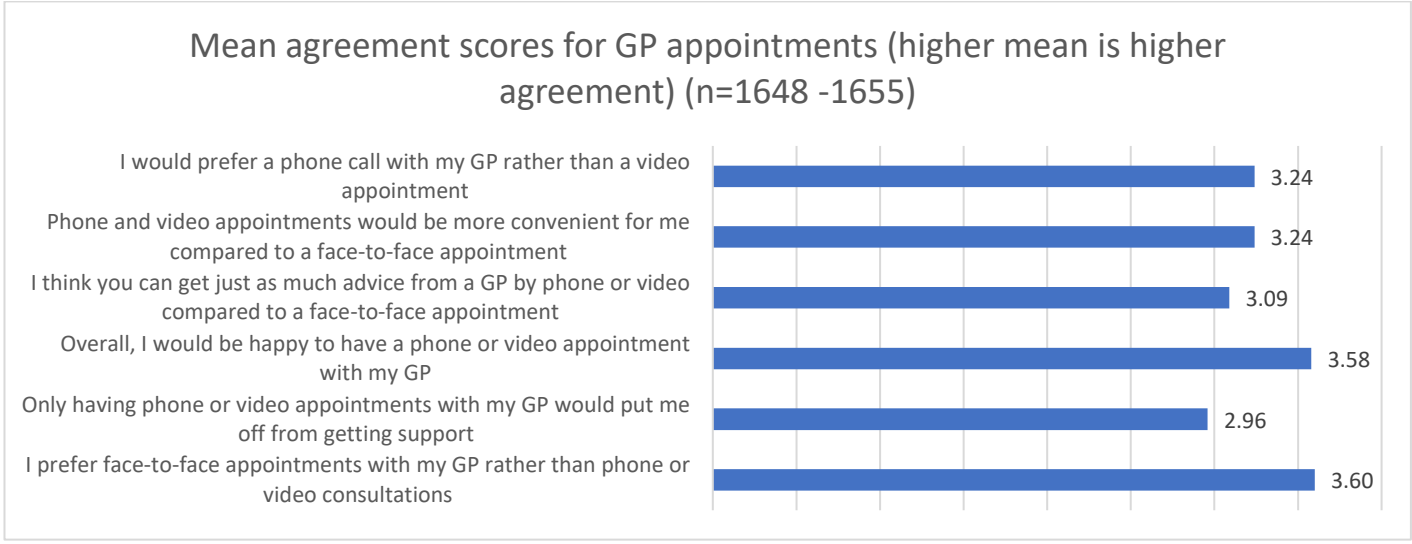
There were very few differences in the findings identified by gender, ethnicity, or sexual orientation.

"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.**

"I don't think it appropriate to deal long term with matters relating to mental health by phone, video or other remote means. It's 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.**

Future GP appointments by phone, video and online:

People were provided with a range of questions about phone, video, and online GP appointments. From a five-point scale of agreement, the following mean scores show how this varied (from a minimum of 1 (strongly disagree), maximum of 5 (strongly agree), with higher scores indicating higher level of agreement). There are polarised views (see below) 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'.



These polarised viewpoints suggest different preferences across the sample. There were notable differences by age and disability:

- Older people showed stronger agreement to preferring face-to-face appointments with their GP ($p<0.001$).
- Younger people were happier to have 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. younger people were more in agreement to these statements.

People with disabilities, as opposed to those without disabilities, were more likely to agree with statements that reflected this groups 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 higher agreement towards preferring a face-to-face GP appointment ($p<0.001$) (relative to those without disabilities).
- People with disabilities showed higher agreement that only having phone or video appointments would put them off from getting support ($p<0.001$).
- People with disabilities showed less agreement towards happiness to have a phone or video appointment with their GP ($p<0.005$).
- People with disabilities showed less agreement that they can get just as much advice from a GP by phone and video (compared to face-to-face) ($p<0.005$).
- People with disabilities showed less agreement that remote appointments are more convenient than face-to-face ($p<0.01$).

Managing and arranging future GP appointments:

Further questions were asked about how important certain aspects of managing and arranging a GP appointment would be. These findings again show different preferences towards remote appointments by age:

- 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 ($p<0.001$).

Difference by disability were again evident, by comparing people with and without disabilities, in terms of:

- People with disabilities showed more importance towards phone or video appointments with their *regular* GP ($p<0.001$).
- People with disabilities showed less importance towards phone or video appointments as soon as possible with *any* GP ($p<0.01$).
- People with disabilities showed less importance towards being able to upload photographs of their condition ($p<0.05$)

There were also a number of gender differences:

- Women showed more importance towards phone or video appointments with their *regular* GP ($p<0.05$).

- Women showed more importance towards being given a choice of phone or video appointments with their GP ($p<0.001$).

Further subgroup analysis by disability:

The majority of the differences observed across the results were by disability. To examine this further, the data was analysed to look at differences in terms of whether people's day-to-day activities were affected 'a lot' or 'a little'; however it should be recognised that we cannot identify the 'type' of disability, which may be physical, sensory, learning or mental health related.

The overall pattern was that those affected 'a lot' showed stronger differences compared to those affected 'a little'. Nonetheless, responses from those with any type of disability were still different to those without any disabilities (whether higher or lower according to the above findings). For example, people describing their day-to-day activities as being limited 'a lot' were:

- Most likely to delay their appointments compared to those limited 'a little' and to those people without disabilities ($p<0.001$);
- More likely to have appointments during the pandemic but also found them the least satisfying; and
- Particularly disinterested in remote appointments (more interested in face-to-face services) suggesting face-to-face appointments are not only important for people with disabilities as a whole, but especially so for those affected 'a lot'.

Qualitative engagement:

Healthwatch in Sussex contacted 104 people who volunteered for a follow-up conversation about the survey (from the 213 who volunteered). Although some of these findings are presented in this report, the majority are due to be published in October 2020.

The purposive[6] selection ensured a varied sample in terms of the response to survey questions (in particular, preference towards and against remote appointments and for those who delayed appointments); location (across Sussex); age; gender; disability; ethnicity; and sexual orientation. Topics explored included whether the medical condition or need changed among those who delayed seeking health or social care services, and also understanding whether phone, video or online appointments may be more acceptable for certain medical conditions over others. A further theme explored what would help people seek help if some of the remote options were not preferable.

Conclusions and recommendations:

Based on the analysis of whole sample frequencies and differences across age, gender, disability, sexual orientation and ethnicity, this engagement proposes a number of evidence-based recommendations for the Sussex NHS Commissioners, as follows (more detail in the main report):

[6] A sampling technique to deliberately (or purposively) chose to include certain characteristics. This interview sample ensured the inclusion of those with different preferences for remote appointments, and variations in location, age, gender, disability, ethnicity, and sexual orientation. This contrasts to a random sample of interviewees where such variation may not be selected.

1. To further and strengthen the message that the NHS is ‘open for business’ and the ‘Help Us Help You’ campaign. There is a particular need to share these campaign messages among people with disabilities and women who are more likely to delay appointments when in need.

2. There is a need to ensure that communication is in appropriate formats, is received and understood.

3. Engage people with disabilities and women to better understand why they are more likely to delay remote appointments.

4. 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.

5. Engage people with disabilities and Lesbian, Gay and Bisexual people to better understand why they are the least satisfied with appointments during the pandemic.

6. Offer a range of remote appointments, by phone, video and online (email, text and other online) given the public preference for a choice of remote appointments. Allow the patient to choose their preferred remote option.

7. Although the majority of people were generally happy to receive remote appointments, from a range of different services, they are not suitable for everyone and face-to-face options must continue. This is 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 the 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.

8. Allow patients the opportunity to choose a remote appointment with their regular GP if this is preferred.

9. Reduce the proportion of people who are digitally excluded and who will not use remote options, on the grounds of insufficient technology, internet connection or inability to communicate by such means.

10. 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.

11. Health and care services to arrange remote appointments for specific times, rather than patients having to wait all day for a call-back.

12. Raise the skills of some health professionals in using the technology that is required for remote appointments.

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