

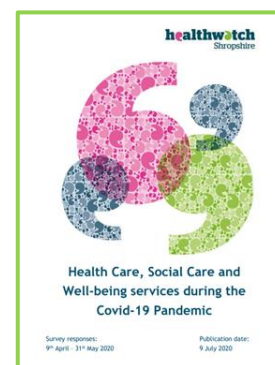
Healthwatch Shropshire Spotlight Report

Phone, video and on-line appointments during the Covid-19 Pandemic

The context of the report

The work of Healthwatch Shropshire during the Covid-19 Pandemic

From 9th April to 31st May 2020, Healthwatch Shropshire ran a public survey to find out what impact the Covid-19 pandemic and national lockdown was having on their health care, social care and general wellbeing. We received 568 responses:



'40% of people told us that their healthcare had been affected by the pandemic. 62% of these were concerned about secondary care (e.g. hospital services), 23% primary care (e.g. GPs) and 17% wanted dental services.

While many people understood why appointments had been cancelled, delayed or changed to a phone or video appointment during lockdown those people requiring check-ups, diagnostic tests or treatment were upset and worried, many reporting a deterioration in their condition or increased pain. This was made worse by the fear some people were experiencing about leaving the house or going to the hospital because they were concerned about catching the virus. Some people who were offered a face-to-face appointment had refused.'¹

The report highlighted that many people believed that only a phone appointment was available, and some people had decided not to contact their GP at all believing that was the case, for example one person told us:

- **'I have not followed up on recurring symptoms requiring further investigation at present as I don't think this could be done without a face to face GP appointment.'**

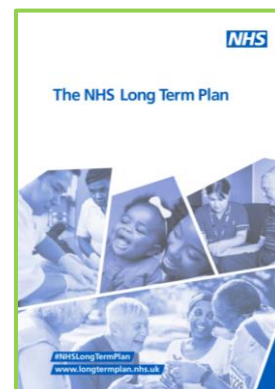
¹ Healthwatch Shropshire report: 'Health, care and well-being services during the Covid-19 pandemic'
<https://www.healthwatchshropshire.co.uk/report/2020-07-07/health-care-and-well-being-services-during-covid-19-pandemic>

We made five recommendations to the health and social care system, including:

Recommendation 1: 'Provide the population with clear information about the services available and what is being done to make sure services are safe to ensure people feel confident to use them (e.g. GP practices – people will be offered a face-to-face appointment if necessary).'

The Shropshire, Telford & Wrekin Sustainability & Transformation Partnership (STP) response to the NHS Long Term Plan

As the country moved out of lockdown the NHS and social care was tasked with working towards returning to delivering 'normal' services as far as possible within the national restrictions, e.g. social distancing. This has coincided with health and care systems across the country being tasked with starting to implement the NHS Long Term Plan published in 2019 by producing their own local long-term plan and starting to make changes to how services are delivered.



This has been difficult because the Shropshire, Telford & Wrekin Long Term Plan has not yet been published. Despite this the local STP decided that when bringing back services they would return to the 'normal' way of delivering services *if* that was best for the population and in-line with the priorities of the long term plan. When things had already changed to a way of working that supported the national NHS and local plan it would be kept or allowed to continue to develop, for example changing the way people access appointments.

The NHS Long Term Plan states:

'GP practices and hospital outpatients currently provide around 400 million face-to-face appointments each year. Over the next five years, every patient will have the right to online 'digital' GP consultations, and redesigned hospital support will be able to avoid up to a third of outpatient appointments - saving patients 30 million trips to hospital, and saving the NHS over £1 billion a year in new expenditure averted.'² (p.6)

The ambition being that:

'Digitally-enabled primary and outpatient care will go mainstream across the NHS - Digital technology will provide convenient ways for patients to access advice and care. [] Then, building on progress already made on digitising appointments and

² NHS Long Term Plan: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

prescriptions, a digital NHS 'front door' through the NHS App will provide advice, check symptoms and connect people with healthcare professionals – including through telephone and video consultations. Patients will be able to access virtual services alongside face-to-face services via a computer or smart phone.

'New digital-first primary care is proving convenient and popular and is bound to grow.'
(p.25-26)

When the country went into lockdown the need to quickly move towards 'virtual' appointments became one way that health and social care services could continue to try to meet the needs of the population. For example, all GP practices moved to offering phone, video or online appointments as a way of triaging³ patients and making sure only those patients who needed to be seen face-to-face would come into the practice. However it was also acknowledged that at this time, in this rural county with an ageing population, not everyone has reliable access to the internet and a mobile phone signal and many people do not have the necessary technology (e.g. a smart phone) or want to use it. Despite this the NHS Long Term Plan and local plan means there is pressure to continue with the 'digital first'⁴ approach as we move out of the Covid-19 restrictions.

What we did

We decided to ask the public to share their views and experiences of phone, video and online appointments during the pandemic. We expected to receive a range of responses including positive experiences and hear about some of the barriers that people face when moving to virtual appointments. We hoped that by highlighting this issue we could also help to make people aware of how these appointments should be being used by services, e.g. not replacing face-to-face appointments when a person needs to be seen.

The responses we report on here were received between 18th June and 1st October 2020.

The full comments will be shared with providers.



If you have a view or experience of phone, video or online appointments that you would like to share with Healthwatch Shropshire please go to our website at:

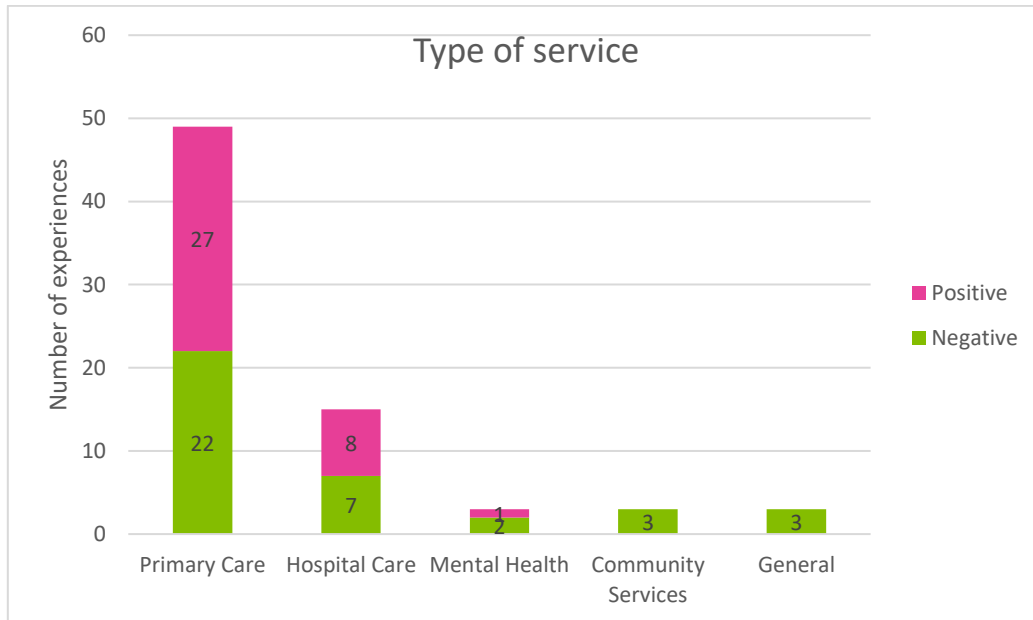
<https://www.healthwatchshropshire.co.uk/telephone-and-online-appointments-here-stay> Or see the Contact details on page 14 of this report.

³ 'Triage is the process of quickly examining sick or injured people [] so that those who are in the most serious condition can be treated first.' <https://www.collinsdictionary.com/dictionary/english/triage>

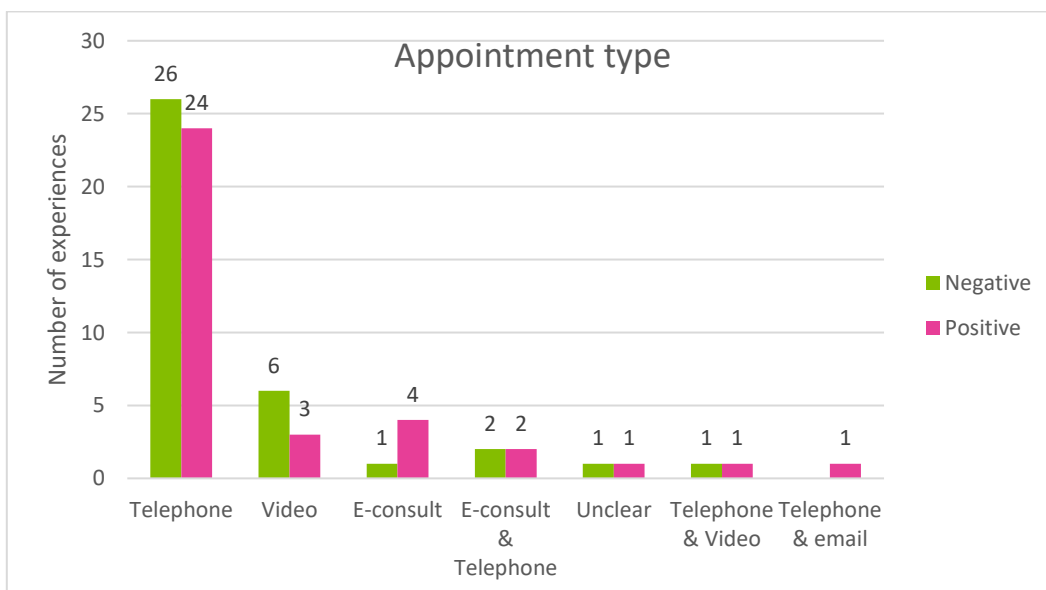
⁴ NHS Long Term plan, p.26

What people told us

This report summarises 73 experiences from 61 people. The experiences relate to primary, secondary and community services with the majority (67%) relating to GP practices.



People shared views and experiences of different types of 'virtual' appointment. The majority (68%) had been telephone appointments. Nine experiences related to when people had spoken to a doctor, nurse or other professional using more than one method, e.g. e-Consult⁵ followed by a telephone call.



⁵ 'e-Consult is a way to contact your own NHS GP practice online' <https://econsult.net/nhs-patients>

Phone appointments



- **The positives**

People reported a number of advantages to being able to speak to a Dr/Consultant or other specialist over the phone, including:

- ✓ Avoiding an unnecessary appointment (including follow-up outpatient appointments)
- ✓ Avoiding a long or difficult journey
- ✓ Saving time (more efficient)
- ✓ Being referred to the most appropriate professional
- ✓ Reduction in anxiety
- ✓ Avoiding going into an environment where you might catch Covid-19 or another disease

Sample positive comments:

- **'The telephone appointment with the doctor before an appointment at the surgery resolved if there was a need to see a doctor without wasting time and also immediately put my mind at rest. Excellent service when you really don't feel well.'**
- **'I had a consultation and MRI just before lockdown. Because of the lockdown I had a telephone appointment booked with the consultant and he talked me through the outcome of the MRI. This saved me a two hour round trip and was excellent.'**
- **'Physio was great. Spent 30 minutes on the call and great videos sent by email to follow. Had a fall, initial telephone assessment then a visit to the doctor – very thorough.'**
- **'I had to have two telephone consultations with my GP for my children. It was fast and very efficient. Living rurally, it was good not to drive and wait days for an appointment.'**
- **'GP call back via phone calls has been positive and resolved issues. Obviated need for visit to the surgery as I am shielding.'**

- **The concerns**

People expressed a range of concerns about the move to phone appointments, including:

- Difficulties getting through on the phone, including the cost of the phone call when waiting in a queue

- Difficulty in getting to speak to a doctor or receive appropriate treatment
- Difficulty in arranging an appointment at a convenient time/not knowing when the call will happen
- Receptionists being seen as 'gate keepers'
- Concern that some patients do not want to discuss symptoms over the phone, with the receptionist (e.g. worries about confidentiality) but also the doctor or nurse due to embarrassment
- Concerns that receptionists do not have the experience or training to respond appropriately to patient concerns, particularly around mental health, or take down patient information correctly
- Concern that some patients would be disadvantaged because of their lack of access to the internet and technology, particularly older patients
- Difficulties that some people have with using the phone, including people with hearing impairments or communication difficulties
- Concerns that staff do not have the skills to have an effective telephone consultation
- Lack of time, feeling rushed and unable to ask questions
- Concerns about making a diagnosis without seeing the patient and relying on the information given by the patient
- Patients not receiving the support of a family member, friend or carer when the appointment is over the phone, e.g. to explain symptoms

Sample comments about difficulties getting an appointment or speaking to a GP:

- **'The receptionist said that they would get the doctor to call me back. I had to phone again three times as I heard nothing, and the doctor still wouldn't speak to me. The next day I had to call an ambulance.'**
- **'Every time I ring I have to wait about 20 minutes to get through. When I do get through the receptionists are a little terse and sound stressed (understandably) and they say I have to go through e-Consult to get an appointment. I tried to do this but I couldn't do it. I rang back and they agreed to arrange a phone call but they asked an awful lot of questions which I feel is overstepping the mark for triaging, they are the things I want to talk to my GP about, not the receptionists. I asked to speak to a GP but didn't get a call back. I ended up in hospital with a life-threatening condition.'**
- **'It was hard to get an appointment before the pandemic, now it's nearly impossible having to ring every morning to get an appointment is hard if you have to work for a living. How can a GP diagnose your condition over the phone?'**

Some people described their anxiety about having to explain symptoms over the phone and not being seen and the impact of this on their confidence in the treatment given:

- **'Hard to express over the phone how ill someone is when they are so ill they haven't got the energy.'**
- **'You explain best you can but you should have an investigation, they should say 'pop in to put your mind at rest'. Examination is not just verbal should be physical as well for my problems.'**
- **'Needed physical therapy during Covid, they were polite and helpful, but I feel they are unable to diagnose properly and effectively to target treatment. My information given may not be correct in diagnosing. I am assuming I'm doing it correctly. Confidence level low to medium.'**

A number of people who had not needed to use services since the start of the pandemic were concerned that the move to phone, video or on-line appointment would put people off contacting their GP at all and increase the risk that conditions will become more serious before people seek treatment, for example:

- **'There are issues I might have made an appointment to discuss if I was assured of a face-to-face appointment, as in the past. Many people have various worries and concerns about something which is not acute, and consequently are reluctant even to contact a GP for fear of the issue being deemed "trivial". Of course the problem is that many trivial symptoms may have an underlying more serious cause. There will be many serious health problems missed if there is no alternative to "virtual" consultations.'**
- **'I don't like the idea of telephone and online appointments as I feel it shuts out the elderly patients. I have a neighbour who is 92 and she is too afraid to phone the doctor and have an appointment over the telephone so if she gets ill then she has isolated herself from the doctor.'**

- **The challenges for people with communication needs and mental health difficulties**

We heard from people with a range of communication needs including hearing impairment and Autism who described how challenging phone appointments can be. These experiences highlight the need for

services to meet the requirements of the NHS Accessible Information Standard⁶ and ask all patients and carers about their communication needs and preferences, record these and take them into account when offering appointments.

Sample comments from people who are deaf or have a **hearing impairment**:

- **'I am concerned that as a deaf person it is difficult enough having to contact services you require as I can't hear on the phone unless there is a mobile number you can text to or email address at the very least. I feel that deaf people and others with any type of disability are being forgotten. People are not Deaf Aware. I'm one of the lucky ones but my confidence is slowly being worn down. I speak for my deaf peers, those that can't speak, those that sign, those that only lipread, what about our rights, what about our mental health – this will get worse and the sad thing is no one really cares.'**
- **'I am deaf and even with two hearing aids telephone conversations are very difficult. I ended up writing to my doctor so I could mention all the things I wanted to know. The outcome was satisfactory eventually.'**
- **'I don't like to speak over the phone because I'm hard of hearing. I tried to get a GP appointment they said I would have to have a phone appointment but my son rang and told them that it would not be suitable for me and they agreed to give me a face-to-face. It would be better if my son didn't have to call about it.'**

A person with **Autism** told us:

- **'As I am autistic I don't like using the phone, this matter caused me major problems in getting to see a doctor. It took a long time to have access to the medical practice NHS email address then they did not respond, just kept sending me to 'askmyGP'⁷ without giving any help to set up.**

I am learning disabled, things that I would like to see – all doctors, consultants and nurses to have public NHS email accounts and have a NHS directory of email addresses (controlled by the NHS), have a learning disabled ambassador (single point of contact, primary, community and hospital care) that will help to get the

⁶ 'The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs by NHS and adult social care service providers.' (p.14) <https://www.england.nhs.uk/wp-content/uploads/2017/08/accessible-info-specification-v1-1.pdf>

⁷ <https://askmygp.uk/>

disabled person the right care or the right response, have an open marker⁸ on all NHS files to say how a person wishes to be contacted, marker to say the person has extra medical needs when contacting the person (me).'

We also heard from people whose anxiety or mental health means they find using the phone difficult putting them at risk of not asking for help when they need it, for example:

- **'Very hard to ring because of anxiety. Subsequently put it off for ages and have also ignored other issues to avoid the phone.'**
- **'A family member has been suffering with her mental health for a number of months now and today gained enough courage to call for an appointment with a GP to start getting help she desperately needs. After the way [they] were spoken to and made to feel by the receptionist it is making seeking help hard for someone who is already struggling with their mental health. When you are faced with barriers such as unhelpful receptionists who are untrained it can actually cause harm to patients, make them feel like there is no help available to them or even that they are not worthy of help, which in turn could lead to undesirable consequences.'**

- **The views of carers**

A number of carers described the challenges their loved one faces when only being able to have an appointment over the phone and their own frustrations and concerns, including:

- **'She said she is not happy about having a doctor's appointment over the phone, she wants to sit and see her doctor face to face, she cannot read someone's facial expression or body language over the phone.'**
- **'My parents are both in their 90s; Dad has terminal lung cancer and Mum is partially sighted with mild dementia and a history of falls. They have had very little input from their GP during lockdown and it has all been done over the telephone – as they are both hearing impaired this has not been easy. I appreciate that telephone / video appointments are much more convenient for GPs but I don't feel they always meet the needs of frail, elderly patients.'**

⁸ For more information about the NHS Accessible Information Standard please see the Healthwatch Shropshire report about how it has been implemented in GP practices published in 2018: <https://www.healthwatchshropshire.co.uk/report/2018-10-01/accessible-information-standard-summary-enter-view-report-2018>

- **'Absolutely shocking that my daughter who suffers from anorexia and has lost over 18kgs in under 4 months has not been seen face to face or monitored properly. Just a phone call a week telling her to weigh herself and check her BMI on the NHS website. No care plan, no bloods forms sent even though she is meant to have weekly blood tests. Given a number to ring if daughter is desperate but informed it might not be answered as there might not be anyone there.'**
- **'My husband is diabetic. As the consultant can't see the patients how does he know they are being honest when asked about their weight, etc.? Surely half the diagnosis is a doctor picking up on things he sees when he has a face-to-face consultation with someone. How much is being missed because it's all done over the phone?'**

Some carers highlighted the importance of them being able to take part in the consultation to support their family member or loved one:

- **'My daughter had a telephone appointment with her Psychiatrist and it was an unmitigated disaster. The psychiatrist wouldn't speak to me although he has met me before. My daughter can't do talking on the phone, she has communication difficulties. There was no information sharing on the phone. I felt that she needs her medication altered but he refused to do this. I feel that there is a training need in how to have an effective consultation on the phone – it is a different skill.'**
- **'Another dreadful experience for my adult daughter with complex needs. I am a carer. GP triage appointment very difficult. Daughter does not do well on the phone. Most people are not trained to be experts at detailing all their symptoms clearly. Often the first cause is not the real issue. Phone/video triage may work for some but less helpful for the vulnerable.'**
- **'Patients unable to convey how bad symptoms are. Need someone with them.'**

Video and on-line appointments

- **On-line appointments**



Very few services give the public access to the email addresses of professionals and instead they might give them a general email address (e.g. for the GP practice) or permission to use a piece of software that allows them to message the service (e.g. e-Consult, askmyGP). The message is then passed on to

the appropriate professional (e.g. physiotherapist, GP, social worker) who will arrange either to phone the person back or offer a video appointment.

People reported a range of experiences of using this technology, mostly positive.

Positive comments were around the speed in which a GP responded to a message, while negative comments were around lack of familiarity with the technology, or lack of access or necessary permission to use the service.

Examples of positive comments:

- **'e-Consult is excellent – quick and efficient and much better than waiting for an appointment to get a question answered.'**
- **'I used e-Consult and got a phone call from my GP later that say and had an appointment with him in the car park a few hours later. Very efficient.'**
- **'A bit long winded forms to complete and navigate to get onto the site for the not so regular user or non-smartphone/internet users. Very good that the doctor rang back promptly within 24 hours but you need to keep your phone on you and about you as it is not time specific when they call.'**
- **'e-Consult worked well. If I was unfamiliar with IT this would not have been possible.'**
- **'I used the online consultation facility. I received a phone call from a GP within 15 minutes of me submitting the form which led to blood tests and an ultrasound scan. I would certainly have waited longer without the option of the online/phone consultation.'**
- **'I used e-Consult to inform my doctor about a skin problem. I was able to attach a photo and answer a range of questions which narrowed down my condition. I was informed I would be contacted within 48 hours. I was given an appointment to visit a GP within 2 days.'**
- **'Doctor called and asked me to take a photo, said he would email me the link with a data sharing agreement form for the picture. Email arrived in 5 minutes with clear instructions about how to email the surgery back securely. 10 minutes later doctor phoned me back. Nothing to worry about. Really efficient and quick.'**

Example of a negative comment:

- **'Upon trying to book an e-Consult it became apparent the permissions or account setting weren't in place, even if I wanted to I could not (and cannot) book through this system.'**

- **Video appointments**

Video appointments need both the doctor or other professional and the patient to have access to a computer, laptop, tablet or mobile phone with a camera and sound so they can see and hear each other. The equipment also needs to be able to connect to the internet and have a strong signal so the connection does not break or become too slow. They will need access to the same software, e.g. Zoom, MS Teams, Skype, FaceTime.

The main concern we heard from people, including professionals, was that many people do not have the technical skills necessary to make use of these kinds of appointments, e.g.:

- **'There seemed to be a massive gap between those who could use technology and those that could not. The lack of technical skills came to the forefront. There is a need for assistance to use remote appointments and a need to help someone learn the skills. We often found that as volunteers visited so these situations were identified and people assisted.'** (Shropshire Council Food Parcel Coordinator)
- **'I'm over 90 and I don't like it. I do not like Zoom it doesn't feel suitable for older people. I don't like to speak over the phone because I'm hard of hearing. Face-to-face is better. They wanted me to take a picture of my nose. I can't do that myself, no phone or camera. I can't do digital and computers without the help of my family so it's not suitable for older people like me.'**
- **'Many elderly who are managing alone are unable to use email or websites. Many find it difficult even to get through on the telephone. True, some 90-year old's are computer literate but the majority I believe are not. Not only the elderly are having problems, I know off many younger people who are just giving up contacting their local surgeries. I hope the planned way forward is not just a huge cost cutting exercise.'** (Age UK Volunteer)

We also heard that video appointments can be particularly challenging from people with a cognitive impairment such as Dementia or other disability and staff would appreciate training into how best involve them in these discussions:

- **'I have been helping to run Zoom meetings for people living with Dementia and their carers. I have noticed that carers have to work particularly hard to help their loved one engage with a screen. We need to understand how to facilitate involvement. Some people are disadvantaged by the use of technology while others can benefit.'**
(Professional from The Alzheimer's Society).

A deaf professional told us:

- **'I work in social care and I have to do video calls to clients – let me tell you what it is like for me. I have to put up with fuzzy pictures, tell the client to lift their head so I can lipread, tell them to stop walking around, etc. You are now looking to see whether this is a way forward for future appointments? Not only do we have to struggle with technology that is at best poor quality, but users are not Deaf Aware.'**
(Social care worker)

Some people who had received a phone appointment told us a video appointment would have been better to help with their diagnosis if the technology had been available and the necessary arrangements made, for example:

- **'I love the idea of video consultancy, but I would need to have a fixed time and date, so the doctor, nurse would need to prearrange this by email.'** (Person with Autism)

Some recognized they would need help to make this work for them, e.g.:

- **'RSH Dermatologist did outpatient clinic reviews by phone. Video calls in future might be helpful to see skin conditions. Would be able to use video contact as long as technology was compatible and clearly explained, e.g. apps to download, etc.'**

We heard from one person who felt that systems were not yet in place for 'virtual' appointments to work well:

- **'I think the triage process loses things in translation and the system is not quite there yet.'**

Recommendations to health and social care services:

1. Inform the public that phone, video and on-line appointments are being used to triage patients and make sure people receive a face-to-face appointment if it is necessary and with the most appropriate professional, e.g. doctor, nurse, social worker.
2. Fully implement the NHS Accessible Information Standard to make sure the communication needs and preferences of all people and their carers (if relevant) are known, recorded, shared across services and acted upon.
3. Provide the public with clear information and instructions about how to set up and use the software needed to access video appointments and electronic consultations (e.g. e-Consult, the NHS App). This information should also be available in Easy Read.
4. Provide training for professionals about how to manage a phone or video consultation/meeting to make sure people have the opportunity to share any concerns and ask questions.
5. Share the Healthwatch England guidance on 'Getting the most out of the virtual health and care experience' which gives tips for the public and professionals. The guidance is available at <https://www.healthwatchshropshire.co.uk/advice-and-information/2020-08-03/getting-most-out-virtual-health-and-care-experience>

Response from Shropshire Clinical Commissioning Group (CCG)

Shropshire CCG welcomes this Healthwatch report on phone, video and on-line appointments during the Covid-19 Pandemic in Shropshire and would like to thank all patients and professionals who provided valuable feedback.

The report offers an insight into the good work being done across the county and highlights the benefits of using innovative Digital Transformation Solutions within general practice during the pandemic. It also helps to identify ways in which we can improve the service we provide to our patients, particularly around ensuring the public are well-informed of the current triage process that has replaced traditional patient appointments, and educating patients on how to use the digital technologies that are currently being used.

We will continue to encourage GP practices to access training for clinicians providing digital consultations and to share good practice. We have shared national resources including the top tips from the Healthwatch England guidance on getting the most out of the virtual health and care experience, and will continue to encourage learning in this area. The CCG has also reminded practices of the legal requirement to follow the NHS Accessible Information Standard, in order to support the needs of all patients, service users, carers and parents with a disability, impairment or sensory loss.

Ensuring patients have access to high quality care is at the forefront of everything we do and our practices work hard to provide a safe service that patients feel confident to use. Virtual appointments

have helped general practices to meet the needs of the population during this challenging time, allowing patients to access advice and care whilst staying safe in their homes. Despite this, we do recognise some of the challenges surrounding the use of digital technology for patient care and would like to assure you that all comments and concerns received from this engagement exercise have been taken on board. The CCG will work with practices to carefully consider ways of addressing these issues.



About Healthwatch Shropshire

Healthwatch Shropshire is the **independent health and social care champion for local people**. We gather people's experiences of services and share them with local providers, the organisations who pay for services (e.g. Shropshire Council, Shropshire Clinical Commissioning Group) and regulators (e.g. the Care Quality Commission, NHS England/Improvement) to highlight where things are working well and ensure **your voice counts** when it comes to shaping and improving services.

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