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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 13 November 2020

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 23 November 2020** virtually; the agenda for which is set out below.

Yours faithfully

Simon Hobbs
Director of Legal Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Apologies for absence (if any)

2. Declarations of Interest (if any)

3. Minutes - to confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 14 September 2020 (Pages 1 - 4)

4. Public Questions (30 minutes maximum in total) (Pages 5 - 6)

   (Questions may be submitted to be answered by the Scrutiny Committee,

or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure for the submission of questions at the end of this agenda.)

5. CCG Update - Services impacted by the response to COVID-19 and the Financial Recovery Plan (Pages 7 - 34)

6. Healthwatch Derbyshire - Experiences of Virtual Appointments during Covid-19 (Pages 35 - 56)

PUBLIC

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held remotely on MS Teams on 14 September 2020

PRESENT

Councillor D Taylor (Chairman)

Councillors D Allen, R Ashton, S Bambrick, S Burfoot, R George (substitute), L Grooby, G Musson and A Stevenson

Apologies were received from: Councillor S Blank

16/20 MINUTES RESOLVED that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 13 July 2020 be confirmed as a correct record and signed by the Chairman.

17/20 PUBLIC QUESTIONS There were no questions from the public however Councillor Ruth George asked:

"Please would the committee look into the cancellation of mobile breast screening units in High Peak and any other areas this has been done, with residents from High Peak facing journeys of almost 3 hours each way by public transport to attend a screening appointment in Chesterfield?

Committee members are concerned that this will lead to significantly fewer women getting screened, and more cases of breast cancer being detected at a later stage.

With the screening programme in High Peak already experiencing considerable delays, with women well over 50 still not having received their first appointment, please could the CCG be asked to provide their plans for reducing these waits and ensuring that there are local and accessible breast screening facilities in every district?"

RESOLVED – that the Scrutiny and Improvement Officer for the Health Committee contact the CCG for their response.

18/20 SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE REVISED TERMS OF REFERENCE The Committee was informed of the revised Terms of Reference of the Joint Health Scrutiny Committee (JHSC) and approval was sought for the amended Terms of Reference (ToR); approval for which had been previously delegated to the County Council's Health Scrutiny Committee. The ToR had recently been revised to reflect some changes to the operation of the Joint Committee and were attached at Appendix A. In summary, the required changes to the ToR were:

- Wakefield CCG was no longer a part of the commissioning arrangements - Wakefield MBC had therefore withdrawn from the scrutiny arrangements;
- Hardwick CCG and North Derbyshire CCG had merged to become Derby and Derbyshire CCG.; and
- to provide continuity and consistency, one local authority should chair and host: that was Sheffield.

RESOLVED – that the Committee agree the amended Terms of Reference of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee.

19/20 SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE – CURRENT WORK PROGRAMME The Committee was informed of the current work programme of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee (JHSC).

Children's Surgery and Anaesthesia - In June 2017 the JCCCG agreed that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield.

A new recommendation had been put forward by local clinical experts for three of the conditions previously covered by the decision to continue being provided in the local District General Hospitals, with the fourth condition (for children aged under 8, and for children with complex needs) should be conducted at Sheffield Children's Hospital. This would affect around 45 children a year from across the region.

A comprehensive consultation process was held with all stakeholders across South Yorkshire and Bassetlaw on potential changes to children's surgery, over a four year period and, at the meeting of the JHSC on 28 July 2020, it was recommended that, due to the significant efforts that had been made to hear the public's views on the changes, a further full public consultation on the proposed change was not necessary.

There was clear consensus around the need for children to receive safe, caring, quality care and treatment; to be seen and treated by knowledgeable staff; for there to be great communication (between children, parents, carers and their clinicians) and in the speed of appointments. The most recent engagement showed the majority of respondents were in favour of the change.

The Joint CCGs sought the views of the South Yorkshire, Derbyshire and Nottinghamshire JHSC and it was agreed that there was no further requirement to consult with the relevant Local Authorities under the s244 regulations.

Hyper Acute Stroke Unit - After a comprehensive review of hyper acute stroke services across South Yorkshire and Bassetlaw, a strong clinical case for change underpinned the development of a new model to improve access to high quality urgent specialist stroke care. This included a Stroke Managed Clinical Network to support the development of networked provision and the consolidation of hyper acute stroke care at Doncaster Royal Infirmary, Royal Hallamshire Hospital (Sheffield) and Pinderfields Hospital (Wakefield). It also included the continuation of existing provision at the Royal Chesterfield Hospital.

The South Yorkshire and Bassetlaw (SYB) model of hyper acute stroke unit (HASU) care was successfully enacted in 2019 and was being delivered in accordance with the HASU service specification. Highpoints included:

- Close monitoring by all partners, with support from the newly established South Yorkshire and Bassetlaw Stroke Hosted Network, was being done.
- 590 Rotherham and Barnsley stroke patients had received their HASU care in Sheffield, Wakefield and Doncaster. Patients were moving through the agreed pathway as expected and all partners were working together to support seamless transfer of care.
- Feedback from patients and their continued to be positive. All partners remained committed to realising the full benefits for patients.
- The latest Sentinel Stroke National Audit Programme (SSNAP) report suggested that all HASU's were offering high quality services to patients and achieving A and B SSNAP level scores.
- The SYB Stroke Hosted Network was launched in January 2020 and would continue to support and monitor the HASU Pathway as part of its work programme.
- During the COVID-19 situation the pathway had been sustained and delivered in line with the HASU service specification. There had been some reduced demand for stroke beds but this was returning to normal levels. Strong links had been established between the Network and national stroke leaders which ensured stroke services during COVID-19 had been followed within SYB.

RESOLVED – that the Committee note the recent work of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee.

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Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12noon three working days before the Committee meeting (i.e. 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.
Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:
• Exceeds 200 words in length;

• is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;

• is defamatory, frivolous or offensive;

• is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or

• requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (i.e. 5pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).
It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.

The impact of Covid-19 upon NHS services in Derbyshire

Improvement and Scrutiny Committee – Health
Derbyshire County Council

23 November 2020

Overview of current position

- Derbyshire was escalated to Tier 2 on 31 October 2020 followed by national lockdown from 5 November
- Nationally we are in wave 2 of the pandemic.
- NHS nationally is at EPRR Level 4 (Emergency Preparedness Resilience and Response).
- CCG is at Level 3 currently but awaiting national guidance.
- Health and social care system under increasing pressure due to the convergence of significantly accelerated COVID-19 demand and winter which we must balance with restoration and recovery plans.

Examples of trends across the pandemic

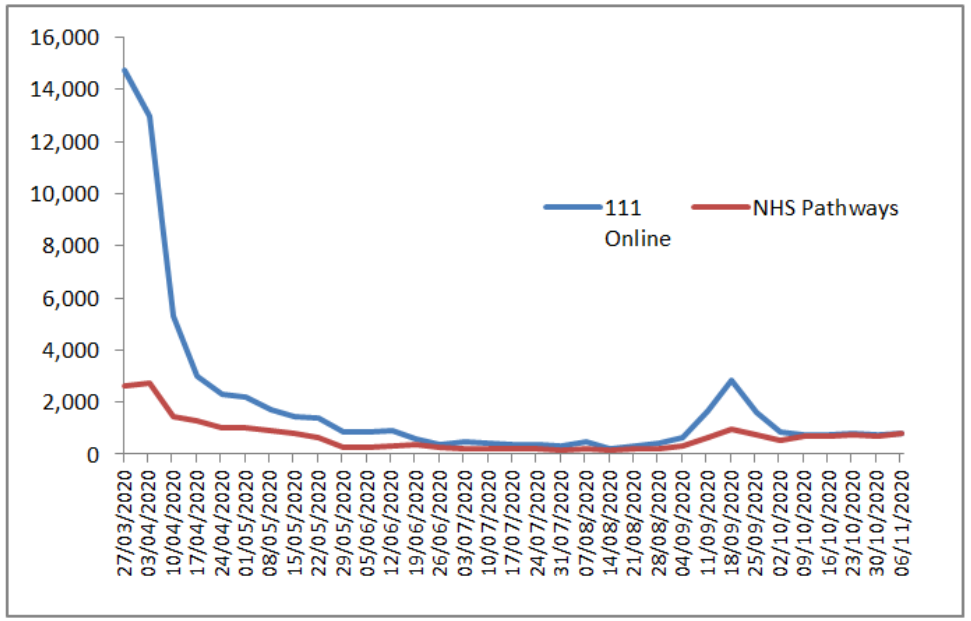
Please note that latest figures provided are subject to validation .

Covid-19 incidence – NHS 111

At the beginning of the COVID-19 Pandemic the 111 service experienced a high demand, resulting in the weekly publication of activity for the service in terms of these calls. As this table & graph show, the initial demand had reduced but peaked again during September, reaching similar levels to those experienced in April. Although now reduced the numbers are still high.

Week Ending	111 Online	NHS Pathways
27/03/2020	14,716	2,627
03/04/2020	12,989	2,728
10/04/2020	5,303	1,462
17/04/2020	2,978	1,294
24/04/2020	2,297	1,011
01/05/2020	2,194	997
08/05/2020	1,706	922
15/05/2020	1,445	813
22/05/2020	1,374	644
29/05/2020	865	242
05/06/2020	866	260
12/06/2020	934	324
19/06/2020	589	384
26/06/2020	371	248
03/07/2020	457	220
10/07/2020	423	202

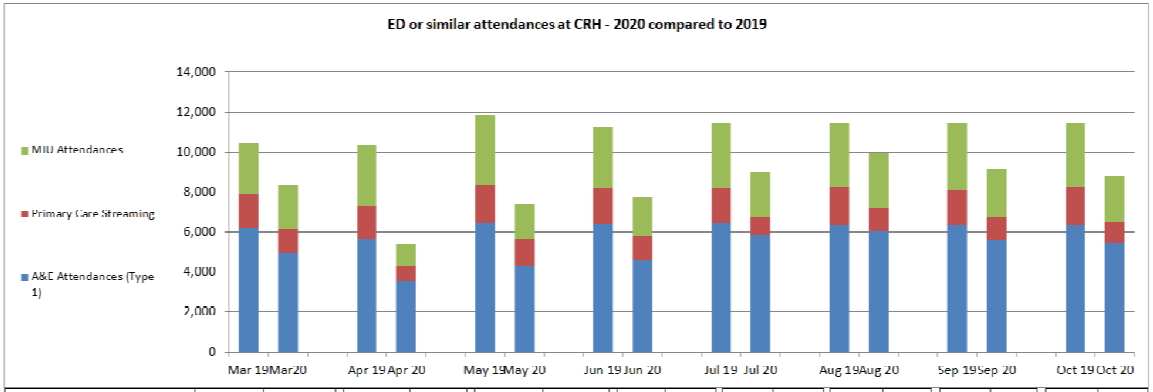
Week Ending	111 Online	NHS Pathways
17/07/2020	360	201
24/07/2020	396	186
31/07/2020	324	155
07/08/2020	457	218
14/08/2020	217	185
21/08/2020	338	229
28/08/2020	441	238
04/09/2020	625	317
11/09/2020	1,662	641
18/09/2020	2,843	965
25/09/2020	1,624	763
02/10/2020	855	558
09/10/2020	764	696
16/10/2020	747	685
23/10/2020	800	762
30/10/2020	761	701
06/11/2020	782	788



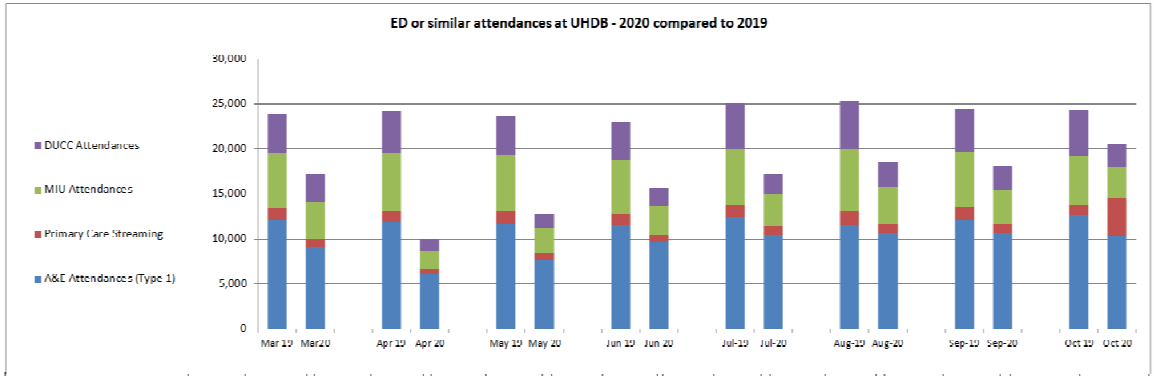
- *These count the number of contacts with potential COVID-19 symptoms reported by members of the public to NHS Pathways through NHS 111 or 999 and 111 online - not based on the outcomes of tests for coronavirus.*
- *111 Online: Online assessments in 111 online which have received a potential COVID-19 final disposition.*
- *NHS Pathways: The number of NHS Pathways triages through 111 and 999 which have received a potential COVID-19 final disposition.*

A&E demand

The overall volume of presentations to both EDs has increased since the April 2020 low, in October we saw around 82% of what we would have 'expected' based on a like-for-like analysis.



	Mar 19	Mar20	Apr 19	Apr 20	May 19	May 20	Jun 19	Jun 20	Jul 19	Jul 20	Aug 19	Aug 20	Sep 19	Sep 20	Oct 19	Oct 20
A&E Attendances (Type 1)	6,229	4,960	5,678	3,545	6,451	4,322	6368	4634	6481	5865	6,349	6033	6,334	5600	6,349	5478
Primary Care Streaming	1,661	1,176	1,629	754	1,878	1,362	1818	1195	1711	933	1,920	1150	1,771	1161	1,920	1031
MIU Attendances	2,540	2,250	3,058	1,099	3,535	1,728	3043	1967	3290	2174	3,220	2766	3,366	2355	3,220	2294
Total Attendances	**10,430**	**8,386**	**10,365**	**5,398**	**11,864**	**7,412**	**11229**	**7796**	**11482**	**8972**	**11489**	**9949**	**11471**	**9116**	**11489**	**8803**

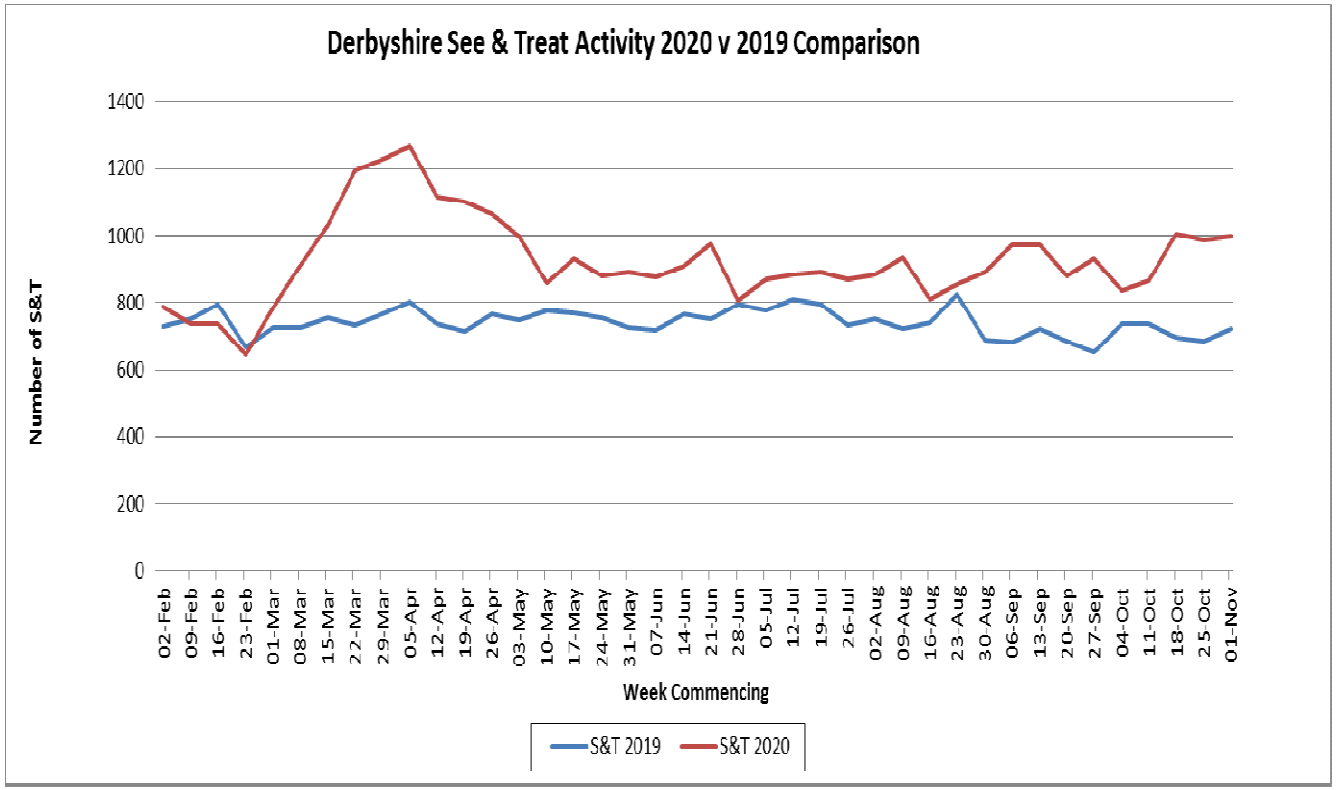


	Mar 19	Mar20	Apr 19	Apr 20	May 19	May 20	Jun 19	Jun 20	Jul-19	Jul-20	Aug-19	Aug-20	Sep-19	Sep-20	Oct 19	Oct 20
A&E Attendances (Type 1)	12,129	9,094	11,823	6,213	11,761	7,682	11,540	9,710	12,447	10461	11,586	10684	12,130	1066/	12,644	10385
Primary Care Streaming	1,319	939	1,302	495	1,344	689	1,222	699	1,369	969	1,498	1012	1,356	944	1,123	4167
MIU Attendances	6,109	4,075	6,431	2,027	6,248	2,973	6,060	3,177	6,170	3539	6,881	4013	6,195	3776	5,490	3390
DUCC Attendances	4,343	3,094	4,580	1,256	4,276	1,532	4,140	2,073	5,084	2284	5,281	2836	4,792	2710	4,981	2559
Total Attendances	**23,900**	**17,202**	**24,136**	**9,991**	**23,629**	**12,876**	**22,962**	**15,659**	**25,070**	**17,253**	**25,246**	**18,545**	**24,473**	**18,097**	**24,238**	**20,501**

March – October 2020 A&E attendance volumes vs. 'Expected'

	CRH	UHDB	Total
March	80%	73%	75%
April	52%	42%	45%
May	62%	55%	58%
June	69%	68%	69%
July	78%	69%	72%
August	87%	73%	78%
September	79%	74%	76%
October	77%	85%	82%

Ambulance activity

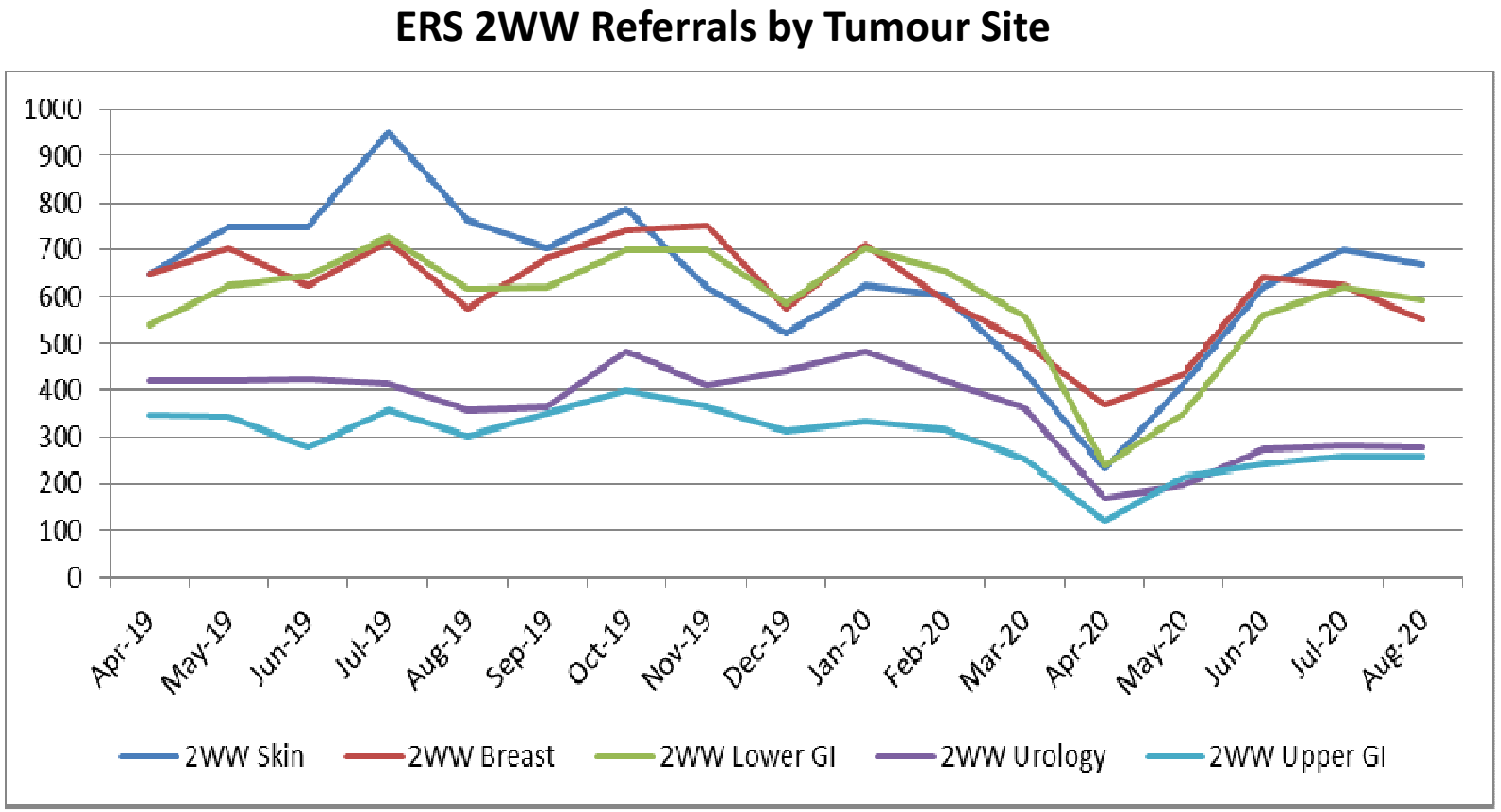


See & Treat saw a steady increase at the beginning of March before peaking at 1268 on WC 05/04/20, a 50% increase on pre-COVID levels. Since then, activity has declined but currently remains above the pre-COVID level.

Work is ongoing to safely reduce avoidable conveyances as part of a national programme.

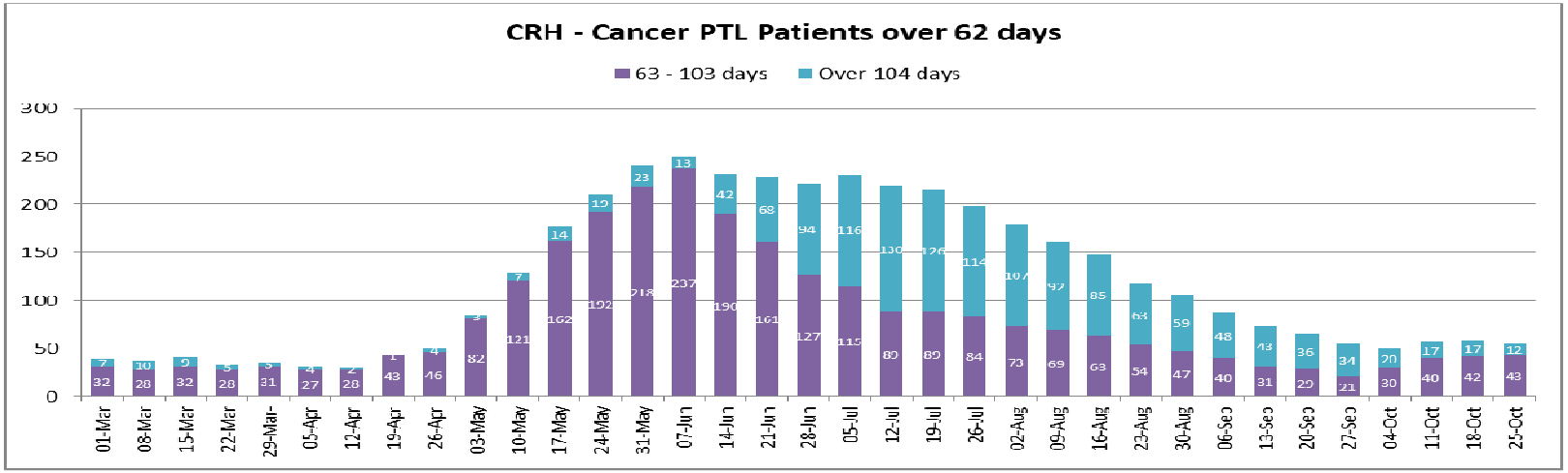
2 week wait referrals

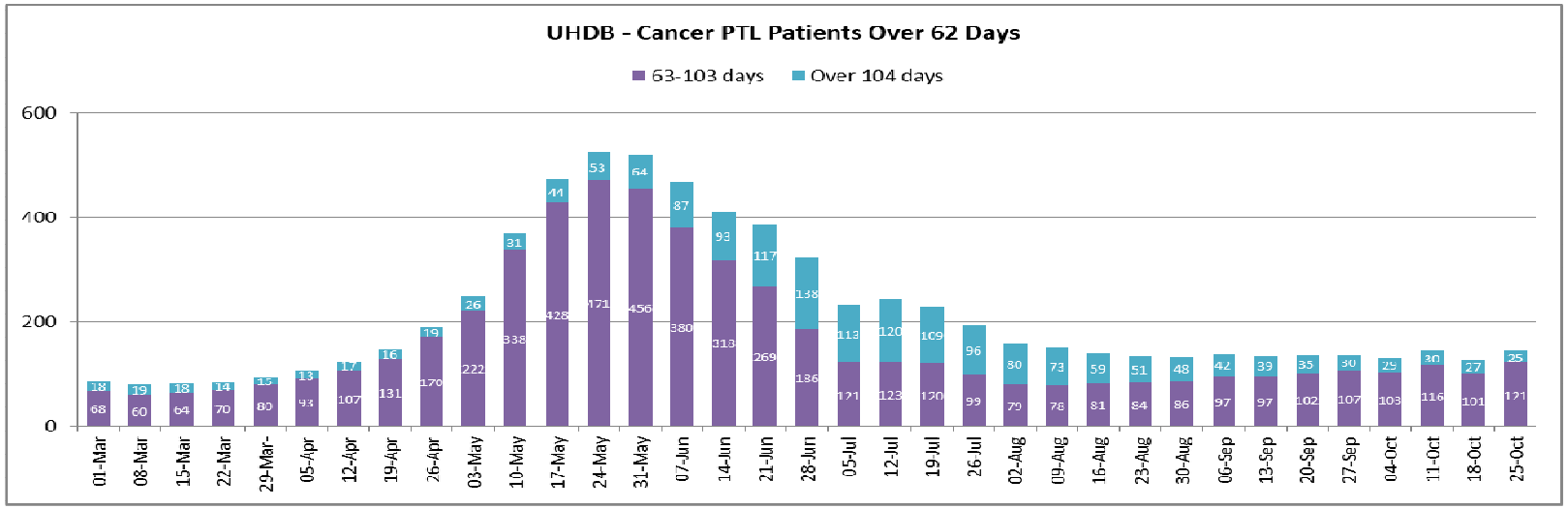
The graph below indicates the number of DDCCG ERS 2WW referrals by tumour site from April 2019 to August 2020. The top tumour sites by number of referrals are included in this chart:
Skin, Breast, Lower GI, Urology and Upper GI.



Cancer waiting times

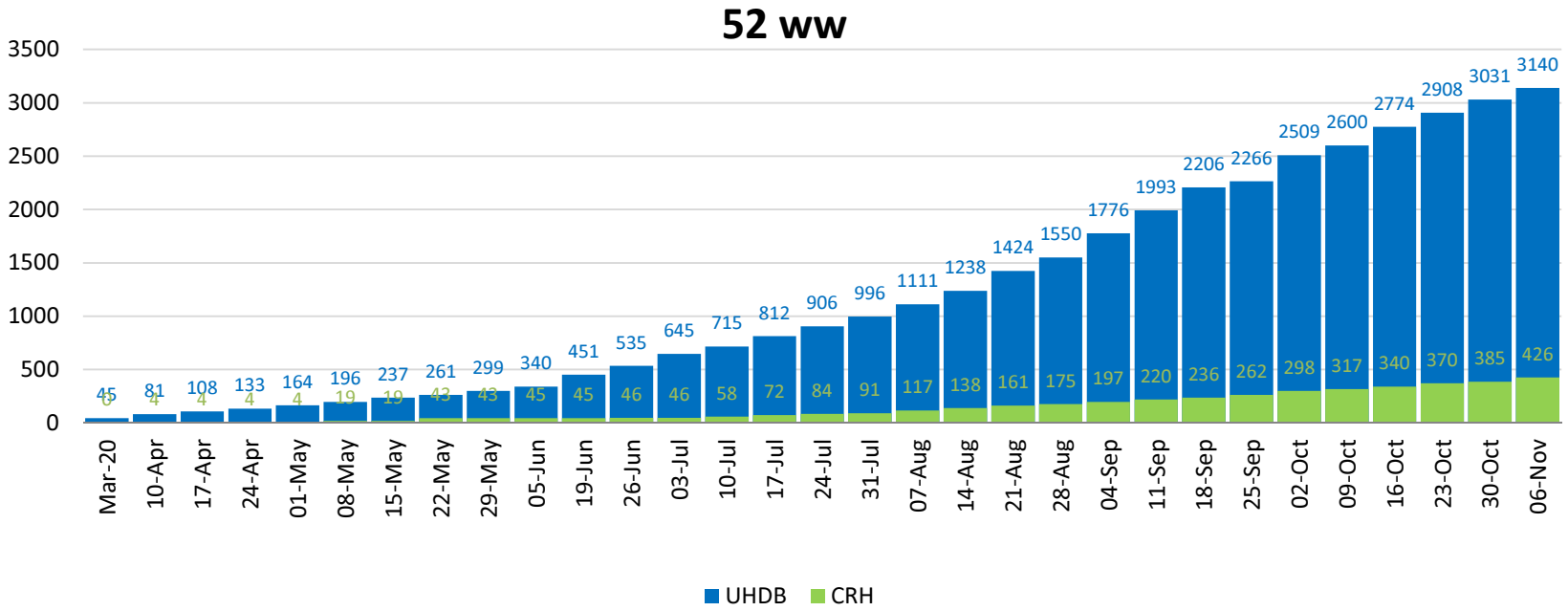
Whilst the long wait (62+ day) position is still slightly higher than at the beginning of the pandemic the situation is improving.





Elective waiting times

The effect of the pandemic on the waiting list position has been significant. Across both Providers the unvalidated data is showing that we have 3,566 patients waiting over 52 weeks for their substantive treatment. About 40% of these waits sit within the T&O service line.



The 5 specialties with the largest numbers waiting over 52 weeks at UHDB are Trauma and Orthopaedics, Opthalmology, General Surgery, Spinal Surgery, and Hand Surgery.

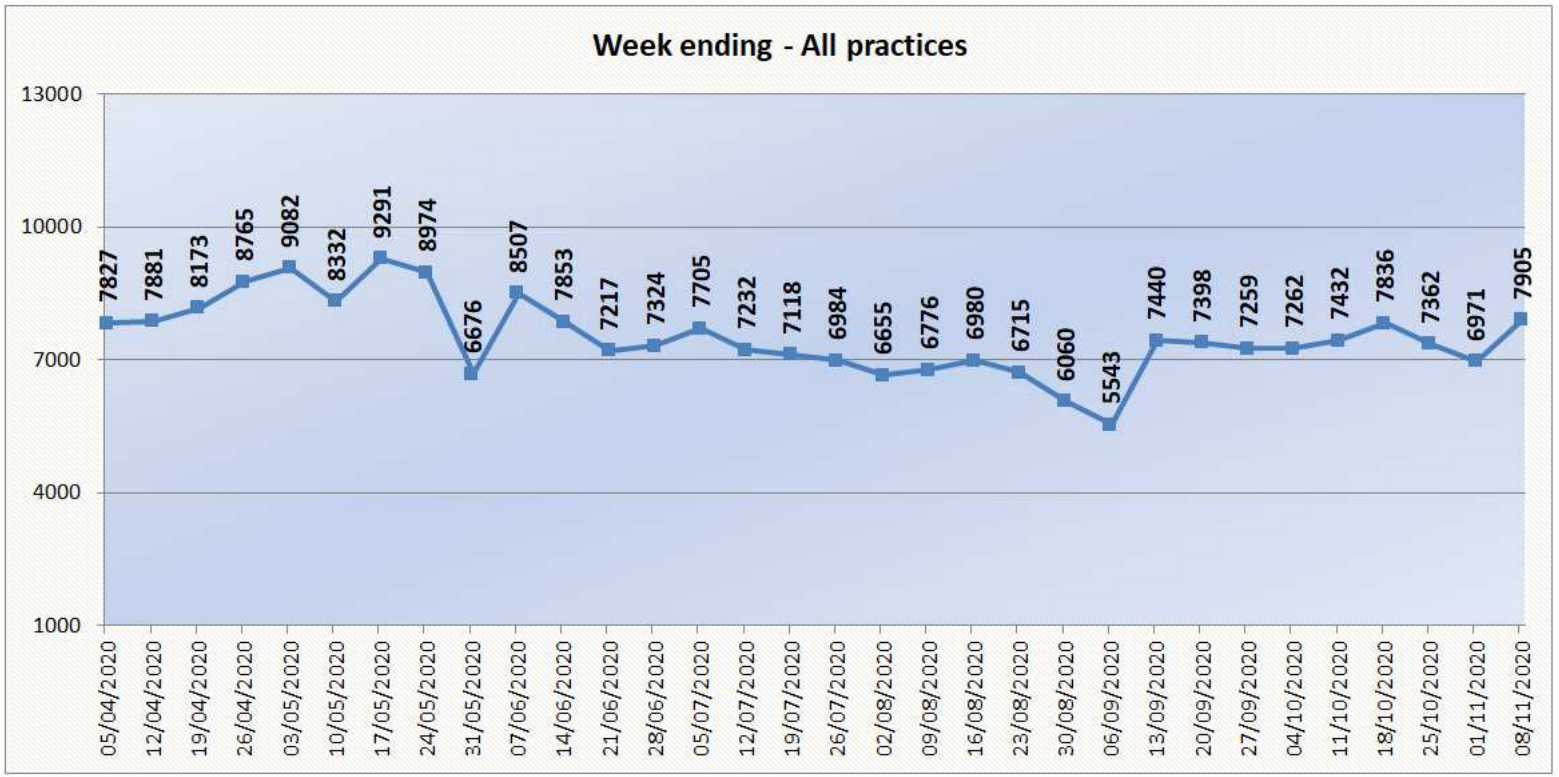
The charts here are showing validated data at the end of each respective month in relation to the number of patients who had been waiting over 52 weeks at that time.

CCG Patients – Trend – 52 weeks								
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
DDCCG	0	1	27	103	242	527	934	**1,519**

Provider Patients – Trend – 52 weeks								
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
UHDB	0	0	45	138	298	580	1,011	**1,667**
CRH	0	0	0	4	17	53	117	**212**

The impact of Covid-19 on General Practice

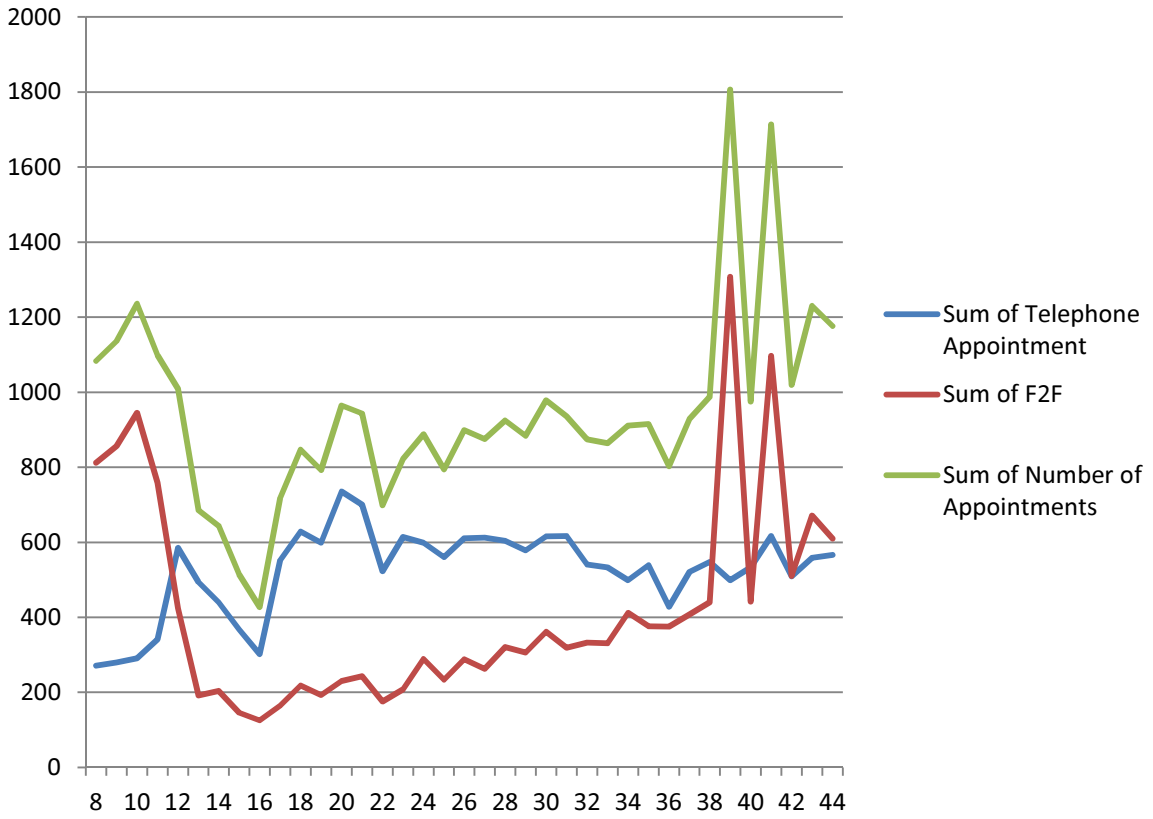
Covid-19 incidence - GP



COVID-19 related activity in general practice decreased during the summer months but is now back to June 2020 levels.

*The low activity for week ending 31/05/20 was due to missing a significant amount of activity on the 25th May Bank Holiday

Telephone appointments - GP



COVID-19: what did General Practice do?

- Stayed open and moved the service **online**
  - Telephone triage and treatment
  - Virtual appointments
  - Face to face for those who need it most
- Practices worked together in their Primary Care Networks, to help each other and to set up **local hubs** to see patients with suspected Covid
- Set up a county wide **home visiting** service for people with Covid
- **Prioritised** those most at risk, or who most needed care: e.g. cancer referrals and people with long term conditions or at the end of their life
- Provided extra support to **care homes** including a weekly check in
- Directly contacted patients who needed to **shield**
- **Re-organised** sites so that they were Covid secure, and agreed and implemented new ways of working, with distancing & PPE
- Distributed **laptops** so staff could work from home if necessary
- Set up a **leadership team** to co-ordinate work county wide, with daily county wide calls and regular bulletins

The impact of Covid-19 on mental health

What happened in mental health?

COVID has resulted in an increase in mental ill health and has impacted in a variety of ways. There is a strong correlation with mental ill health and the following groups:

- Those with socio-economic challenges
- People with pre-existing poor mental health including learning disability and autism
- Children and young people where the family unit goes into crisis and normal circles of support via schools are removed

In addition:

- Activity linked to high acuity went up by 34% over the lockdown period
- Admissions due to psychosis increased significantly.

What happened in mental health?

- The use of psychiatric intensive care beds has increased and female occupancy in these beds has almost doubled

- There has been an increase in children and young people with emotional issues going into A&E

Work to help offset these issues includes:

- A 24/7 mental health helpline was introduced during the pandemic

- Mental health and wellbeing resource packages were developed and continue to be extensively promoted

- Increasing investment in mental health services in line with the Mental Health Investment Standard.

Recovery and restoration of services

Context

On 31st July 2020, Sir Simon Stevens and Amanda Pritchard, in a letter to all Health and Social Care Systems across England, detailed the objectives for the third phase of the NHS' response to Covid-19. In summary, the priorities of the next phase (Phase 3 - September 2020 to March 2021) are to:

1. Accelerate the return of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter;

2. Preparation for winter alongside Covid resurgence; and

3. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, action on inequalities and prevention.

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Current position in key areas

The following are the key areas but it is important to note that these are based upon outputs and projections pre Wave 2 of the Covid-19 pandemic and the current escalation in hospitalisations and acuity levels in conjunction with winter will impact upon Quarter 4 delivery:

Primary care

- Practices are physically open for business and appointments are above previous years – September 2020 appointments were 6% higher than the same time last year.
- 50% of appointments were offered the same day or the next day (compared to 43% in September 19).
- 59% face to face (compared to 82% September19) with telephone making up the difference
- 30% increase in appointments in September compared to August

Current position in key areas

Other areas

- Elective activity – 80.9% against the plan 81%. Day case - 67.4% against plan for 68.4% (please note these are September figures).
- Slowing the growth in the number of patients waiting longer than 52 weeks for their treatment and aim to at least stabilise the position over the next 6 months.
- Developing the community capacity required to sustain discharge performance during the pandemic, during the winter.
- NHS 111 First programme underway to reduce ED attendance.
- Increasing investment in mental health services in line with the Mental Health Investment Standard.
- 24/7 mental health crisis helpline operational.

Learning from Wave 1

Examples of learning points

- A cohesive and collaborative system is vital
- Rapidly established, senior level escalation processes facilitate decision making and enacting change at pace.
- Mutual aid has been a critical factor in various scenarios.
- Constant communication with patients in a targeted way that resonates with them and answers concerns and reassures is critical.
- Protecting the workforce from infection is fundamental to system capacity.
- More clinical work can be done remotely than projected pre-pandemic.
- Digital capability and capacity is key to continuity for individual organisations and the system.
- Continuing to engage with public and patients through virtual channels is important to service change and future developments.

Financial impact of Covid-19 on the NHS in Derbyshire

Key background context

- Months 1-6 (H1)

- NHS Provider contracts block values
- Covid response expenditure was reclaimable
- This included hospital discharge programme (HDP) with CHC suspended
- Every NHS organisation's bottom line brought to break-even through "top-up" payments

- Months 7-12 (H2)

- Block values adjusted
- System control total
- System allocations include:
  - Baseline CCG allocation
  - Prospective Covid
  - Prospective top-up based on H1
  - Growth funding
- Expectation of break even
- Some Covid remains retrospective

Financial impact

- System broke even in H1
- H2 resource available c. £15m higher than H1

- Planned c. 5% increase in substantive staffing for recovery @ c. £30m
- Assumed c. £18m increase in CHC costs from H1 to H2
- Prescribing, Primary Care, non-NHS cost & volume expenditure uplift
- Net impact a planned £43m system deficit

- £25m mitigations identified including:
  - Planned substantive workforce not available
  - CHC assumptions overstated OR retrospectively claimable if they materialise
  - Allocations to come for flu; primary care
  - Options to control mental health investment expenditure

Longer term financial impact

- System control totals have accelerated collaborative working
- Removing barriers between NHS organisations created by the purchaser-provider split
- Underlying position no longer clear in absence of recurrent allocations
- System focus is therefore shifting to the cost of capacity to meet demand
- National focus on technical efficiency needs to be supplemented by local focus on allocative to embrace opportunities in wider determinants

Questions

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healthwatch Derbyshire

Experiences of Virtual Appointments during Covid-19

Authors:
Chloe Cannon & Lee Mellor
October 2020

Contents

1. Executive summary

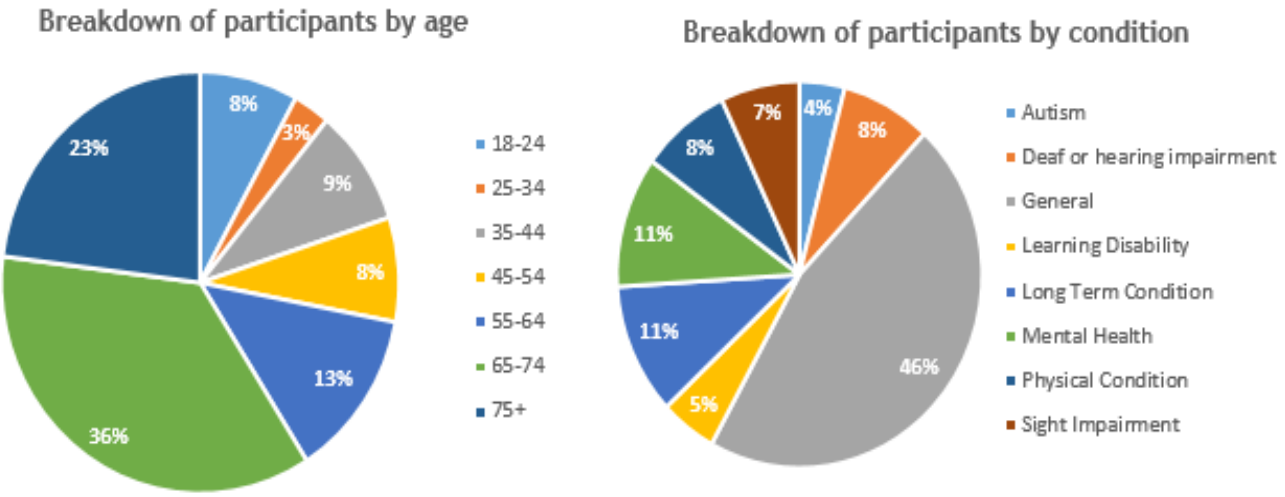
During the COVID-19 pandemic, there has been a significant rise in the use of digital services in place of face-to-face services, such as telephone appointments, video consultations, text messaging and others.

This project was conducted to help provide an understanding of where virtual appointments may not have met the needs of patients and shine a light on the reasons as to why people may not have engaged with appointments virtually. The report also includes where appointments did meet the needs of patients and the key areas in which virtual appointments met people's healthcare needs.

Methods of engagement

From August to September 2020, we conducted 118 telephone interviews with residents from both Derbyshire and Derby city who had experienced virtual appointments, as well as those who hadn't accessed this type of appointment. We asked people about their access to and confidence with technology, their experiences of booking a virtual appointment and if the method of appointment suited their needs.

We also gathered individual experiences through methods such as social media, virtual engagements and via health professionals that have been added into the report.



What will we do with this information?

We will share this report with our stakeholders across Derbyshire including Joined Up Care Derbyshire, the NHS Derby and Derbyshire Clinical Commissioning Group, Derbyshire County Council, NHS services and voluntary sector colleagues, to highlight what has worked well during the pandemic and what could be improved.

The information collated will be used to help inform the decision-making process on how best to operate services in the future. Once a response to the report has been received it will be available to view on the Healthwatch Derbyshire website. Hard copies will be available upon request.

2. Conclusions & recommendations

- Virtual appointments did not work for many participants for a variety of reasons and at times were inaccessible to participants in specific groups who are digitally excluded. Careful consideration will need to be given, and actions taken, to ensure that these groups can access services and are not disadvantaged

- Participants that faced barriers during their attempt to access an appointment were less likely to have a positive perception of virtual appointments, even if the method of appointment was suitable for their needs. A seamless process for patients booking virtual appointments is vital to meeting people's healthcare needs

- Effective communication amongst professionals and services as well as external communications to patients are key factors in virtual appointments meeting patients' healthcare needs. Health providers should provide a clear explanation of their appointment process via their website, reception teams, and written communications

- Whilst there are some important considerations for people who might receive lesser-quality care because they don't have access to technology, for others there were benefits of appointments being held virtually. For many people, it was far more convenient to access services virtually than having to attend in person and was felt to be the safest way to access services during the pandemic

- The option of patient choice regarding the type and method of appointment would have been desirable for many participants. Assessing a patient's capability to access different types of virtual appointments would be a positive step in helping find an appointment format that suited their needs

- Services to acknowledge receipt of data submitted by patients, especially for receipt of photographic images with information of where the images will be stored and how the patient will next be contacted

- Services to allow for patient feedback to enable patients to suggest continual and ongoing improvements to the software and technology involved in virtual appointments. Online booking systems were seen as an effective way to book an appointment by many participants but there were areas for improvement that the option for patient feedback could help to address.

3. People who haven't accessed a virtual appointment

Whilst the majority of participants had accessed a virtual appointment, the thoughts and experiences as to why people may not have been willing or were unable to access an appointment in this format identified two key areas:

Virtual appointments not being suitable due to a desire for in-person human interaction

This was evident in certain responses from people with a learning disability, mental health condition, or aged 75+.

Sample of comments:

- "Not been able to access my GP since March lockdown. Virtual is no good to me. In my seventies, I want to see healthcare specialists face-to-face."
- "I have no wish to do virtual appointments. I do not possess a mobile phone.
- "I have not needed to access one and I would not want to have a telephone or video appointment. I have the technology but I don't wish to use it to access health appointments."
- "The Government is saying that video appointments are the norm. This doesn't suit me. I am lucky that I have not needed an appointment for anything else but I don't feel that I can see my GP anymore, I feel like I am too much of a bother. I don't feel that I can just go in anymore to see my GP to chat about my mental health. I am worried that if others feel like me then their mental health will suffer."
- "I like face-to-face appointments. I am able to express myself better with people face-to-face. My support worker sometimes comes with me in case I need help explaining or understanding. I am worried that if I had a telephone consultation, I would not understand what is being said on the phone or be able to say what is wrong with me. I might need my support worker more than usual. I would need my support workers to help with any video."

Being unable to access a virtual appointment

Participants unable to access a virtual appointment sought care elsewhere or did not receive the healthcare they may have required.

Sample of comments:

- "Very early in lockdown, both of my front teeth came out as they are crowns. I rang the dentist but they said there was nothing that they could do. I have had to manage for nearly five months and this has been hard to eat and speak and has made me very self-conscious and lose confidence."
- "I have had a text saying I need to book a flu jab, I have rung the GP on several occasions and I have not been able to get through, so I have been to my local Boots and booked one."

4. Access to technology

4.1: What did not work well?

Virtual health appointments rely on patients having access to technology. Depending on the method of appointment this ranged from needing a telephone to requiring a device with a camera and access to the internet of sufficient speed to be able to live-stream video. Participants that did have access to technology also needed to be confident on how to operate it for their appointment to take place.

Access to technology

Many participants did not have the requisite access to either technology or the internet. This was a particular issue for participants aged 75+.

Sample of comments:

- “I have a mobile phone of my own, not a smartphone, which I can use by myself for calls. It does not have a camera.”
- “Sometimes the connection can be a bit hit and miss. Sometimes on video calls, the sound can be distorted and I lose connection.”
- “My mobile reception is so poor this side of the village I often have to go into the road to speak, I have changed network once already. The internet is not yet fibre, it’s really slow and freezes very often, it’s not reliable at all.”
- “I can only access the internet on my phone. I do not have broadband.”
- Upon arrival, she was asked whether she had booked an appointment online. Her mother does not have a computer so could not do this. She was told that they are not accepting drop-ins. She was sent away and told to book online.
- “I have used MS teams and Zoom on a laptop at work but not on my IPad at home as I do not have an internet connection.”
- My phone isn't a smartphone I can only use it for texts and calls.”
- “I don't have the technology, my phone is not a smart one and my laptop is old. I don’t have the know-how or desire to have a video appointment.”
- “I suspect my internet or mobile reception would not allow me to have video consultations.”

Confidence in ability to operate technology

Some participants had access to technology but lacked confidence in their ability to use it. Others expressed that they would be unwilling to learn how to operate technology that was new to them.

Sample of comments:

- “I'm ok on basic things but I'm not good with things like downloading apps so I avoid anything having to use these. I'm not confident because I haven't been taught and unsure how to work it out for myself, I'd need someone to show me.”
- “I have never been interested in it, I'm too old to learn and not interested. I understand the benefits, but it is something new to learn and I don't have the energy. The stress of learning would outweigh the benefits.”

- “I do not embrace new technology.”
- “I can do a few bits on my own but if anything happens that I am not expecting I have no idea.”
- “Not that confident but I think I have learnt everything I want to know.”
- “It would have to be a video call on the phone as I don't have any other technology and I don't think I could manage it anyway.”

Privacy and data protection

Issues regarding privacy and data protection were a key theme when discussing the use of technology to access appointments virtually. Participants, many aged 75+, expressed worries over being scammed and questioned the security of the data being shared digitally.

Sample of comments:

- “I do not like the idea that you are being watched and observed in what you are doing.”
- “I wouldn't be confident in the security of the internet, for example, making payments or the idea of using it for video appointments. I'd be worried if anyone could access it and was recording it and where it would end up. I hear a lot on the news about hackers and I have concerns.”
- “I believe in contact with a human not a machine and I do not trust the technology.”
- “I do not like the idea that you are being watched and observed in what you are doing.”
- “I have concerns over security and getting scammed so I don't want to use it for personal things.”

4.2: Support and assistance required to operate technology

Many participants needed support and assistance in operating the technology needed for a virtual appointment, and would not have been able to do so independently. This was a particular concern expressed by participants with health conditions such as a sensory impairment and for those with a learning disability.

Sample of comments:

- “I cannot use technology without the help of my support worker. It is too complicated to use myself, it is too complicated. I live in supported accommodation so my support worker helps me. I get confused using it on my own so always need my support worker’s help.”
- “Technology needs to be more accessible for people with additional communication needs, I don’t always understand.”
- “I cannot text due to my sight impairment. I have access to my husband's computer but am not able to use it on my own due to my sight impairment, I would struggle. I also cannot use a mouse due to disability and instructions on the screen are often too small which prevents me from using it.”
- “It was getting the appointment the hardest part - I could not email, text or use online services to make that initial contact. It was done by my hearing husband on the telephone which is not good at all. It was all reliant on other parties to help me out.”

- "It was the booking of the appointment that did not meet my needs. The only way you can book an appointment at my practice is online, there is no option to call the practice and book. I struggled using the online system and got very frustrated, eventually, the practice agreed to help me register and book online."
- "Things change so quickly and it is harder to learn when you are older and have ME and CFS. I have to spread out what I am doing so I do not get overtired. My son does things for me but does not show me."
- "I can only do certain things and I have been shown this by my son. Do not know how to send photos or how to do a video call."

5. Process of appointment

5.1: What did not work well

Many participants experienced issues in the process leading up to the virtual appointment taking place. Communication breakdown and a lack of patient input as to when appointments took place were key themes that caused issues for patients accessing virtual appointments.

Communication breakdown amongst professionals and services

A breakdown in communication amongst staff within provider organisations meant patients were contacted unexpectedly, often leaving them without time to prepare for their appointment.

Sample of comments:

- "The phone call was actually from the cardiology consultant to have a phone consultation. The person explained the cancellation letter and the consultant had no idea what had been put in the letters as they are done centrally. This meant the patient thought the appointment was cancelled and had not time to prepare."
- "A telephone call from a consultant came through the day before the date given on the appointment letter."
- "There was an issue around communication between the letter sent out and hospital staff. I went to the hospital for my early morning appointment and the doctor had not been told that the appointment had been changed from telephone consultation to face-to-face."

Video appointments

- "I am confident using IT I was happy to be having a virtual appointment, I felt there is still room for improvement on the system as I was shut out of the system several times. At one point for a few seconds, I was briefly able to see and access another person's consultation. This felt very odd and I was concerned about the security of the system. It was soon recognised by the professional and I was blocked out of the consultation. Overall it took over 30 minutes to access my consultation and involved several going round in 'virtual circles'."
- "I am used to having a face-to-face appointment with the psychiatrist and was anxious about having it over a video link. I received a letter with an appointment date and time and a web link to sign into. On the day I went to the website but found it extremely difficult to navigate, there were lots of links to click and got

very anxious and couldn't find the room I was supposed to log in to for my appointment. I found it very stressful. When I didn't login the psychiatrist called me to see what was wrong and offered to talk me through login in, but in the end, we decided to have the appointment over the phone instead. I felt a little more comfortable doing this than having it over video link."
- "Patient does not like these as she does not like people looking at you directly on screen with just their face. Finds it overpowering and scary. She forgot to say lots of things that she wanted to say as she felt quite intimidated."

Scheduled telephone appointments

Telephone appointments comprised the majority of virtual appointments with 77% of respondents accessing their appointment this way. In many instances, patients were told they would receive a telephone call for their appointment but were not given a specific timeslot in which to expect the call. This resulted in missed appointments or patients becoming anxious about missing a call.

Sample of comments:

- "I telephoned at 8 am and was told someone would call me back later in the day. I did actually miss the telephone call as I was away from the phone for a few minutes. This meant I had missed the appointment."
- Patient worried that they will miss this phone call and have been waiting six weeks to hear when their appointment might be.
- "I rang the surgery and was just told that a doctor would call me later that day. No time was given, not even an approximate one."

Patient input regarding appointment times

Sample of comments:

Patients being given a specific timeslot for their appointment, and having some input as to when it took place, would be particularly helpful for people in full-time education, work or that had specific health conditions.

Sample of comments:

- "I am in sixth-form at school so had to ask permission to leave my phone on which was awkward, but I was told that I had to answer otherwise it would be classed as a missed appointment and I could be struck off the list. The call was 40 minutes late and I left the classroom to take the call in the corridor."
- "I phoned GP for an appointment, telephone appointment was booked for a date but no timeframe." [The patient missed the call due to being a work].
- "I rang the surgery and I had to wait for three days for a doctor to call-back. I was not given a choice in which GP I had and was just told it would be 'sometime after 2 pm, this was hard as I have a rest every day in the afternoon because of my ME and CFS."

Information before and after virtual appointments

Patients expressed a desire for clear information on what to expect ahead of a virtual appointment taking place and afterwards detailing the next steps in their care. A lack of communication left some patients unsure as to what was happening with their appointment.

Sample of comments:

- "The information the patient received was minimal which led to multiple calls to the practice as the pain increased. The patient understood the restrictions but was looking for the information on the next steps which didn't happen. The patient sought private treatment."
- "I asked the doctor when I would get the letter from the surgery about this and all he said was there was an IT issue and it would be sent 'at some point."
- "I understand the service has had to cancel face-to-face appointments, which they did by letter, but I have not been offered an alternative such as a virtual appointment and no further letters or communication."
- "Having been told it would be four to six weeks before surgery I waited for a confirmation letter or email. I did not receive this so, after three weeks, I rang the hospital. The appointment/reception assistant told me that I would receive a phone call to make an appointment as they are not sending letters. Now five weeks and nothing."
- Advised by the consultant they would receive an appointment by letter for a treatment date to remove the lesion in four to six weeks. After three weeks of not receiving a letter, the patient rang the hospital who advised that they are not sending out appointment letters but are ringing people instead.
- "Not a lot of information was given in preparation for the (video) appointment – luckily I am a regular user/fixer/builder of tech so I would've had no issues here but I can see if anyone else was in this situation they wouldn't be 100% sure of what to prepare."

Need for technical support

The need for assistance with certain technical elements, such as the ability to send photographs, was necessary for certain virtual appointments to take place. People in need of this assistance without family or friends to rely on would find this a barrier to accessing appointments. This was a particular area of concern identified in responses for participants aged 75+.

Sample of comments:

- "The doctor rang me back and told me to send photos. I had no idea how to do this and all the doctor said was that it was easy to do. I was worried and luckily I was able to ring my son who was at work and he was able to come home and do it for me. As he is leaving home soon I do not know what will happen if I need to do anything like this again."
- "I had to access a link to send a photo via my phone. The link didn't work and I became frustrated and upset."
- "Difficulty getting online, arrangements were made, but needed to be over the phone in the end."

- "My son had to book this for me online as I had no idea how to do it and no help was offered by the surgery."
- "There was no offer of help from the receptionist of how to do this even though I said I was not sure how to do it. The health staff need to be checking that people understand what has been told to them and what needs to be done and how to do it if they need help to do so. Luckily my son was not at work and so I rang him and he was able to work out how to email it to them."

5.2: What worked well

Participants that had a positive experience of booking their virtual appointment often found it met their needs and was a more effective process than they had experienced when accessing healthcare services before the pandemic.

The time between booking an appointment and the appointment taking place

The quick turn-around time between booking the appointment and the virtual appointment taking place was a significant plus for participants.

Sample of comments:

- "I was able to speak to a doctor the same day as requesting an appointment."
- "I need regular blood tests, carried out at my GP surgery. I made the appointment at reception by telephone and was able to go into the surgery and be seen by the practice nurse. Happy with the service I received, it all felt safe and went fine."
- "I rang GP and was booked for a telephone appointment, I described the growth on my face. I sent, as requested, a picture and the GP gave me a diagnosis."
- "In February I had a check-up at my dentist and they found a loose wisdom tooth. They said it would need removing soon. I asked that my telephone call and my concerns about my loose tooth be put on my records. After another couple of weeks, I had to ring them again. When I rang they said they could see my records and so agreed to let me go in to have the tooth removed."

Information before and after virtual appointments

Participants that received effective communication from services regarding their appointment, especially when clear information before and after appointments was communicated, left participants receptive to the process of booking appointments virtually.

Sample of comments:

- Telephone consultation with cancer team at CRH. "I have an ongoing series of appointments, previously face-to-face until the pandemic. I am always given the date for my next appointment at the time of attending the clinic, this is followed by a letter from the hospital at a later date, confirming the appointment and specifying a time."
- "My outpatient appointment was sent to me by letter for a telephone appointment, my first assessment. I also received a follow-up email. The appointment happened within 10 minutes of the time on the letter and was adequate as a first assessment. I have been referred for an MRI and have been offered a face-to-face appointment to go through the results."

- "I was sent a structured information pack with details of how to access the video call and a link to test the video call prior to attending the appointment to ensure that it was working."
- "I got a letter about my cardio rehab (video) appointment. It was very easy to follow. There was a web address that I typed into my computer. I was told to log in before my appointment time."

Pro-active communication and response to individual patient needs

Services that were pro-active in their communications and provided a degree of flexibility towards individual patient needs gave participants a positive perception of the virtual appointment process.

Sample of comments:

- "Before COVID I would have had to chase the surgery for the results but this time they rang me to tell me the results had come and they had found signs of severe arthritis on my knee. The receptionist asked if I wanted to talk to a doctor about the result and I said 'yes'."
- "It has been fantastic as they have supported me throughout with a phone call weekly always calling when they said they would."
- "My GP told me the process that a GP would have to ring me first. Outpatients were great, they cancelled my appointment due to COVID, then they rang me to make my clinic appointment and discussed with me why the follow-up appointment with the consultant would be by phone. I then received a letter with a date and time when the consultant would ring me."
- "My pharmacy has been excellent. At the start of all this they contacted me, I did not have to ring them, and they told me that volunteers would be bringing my medication for me to my home. This was very good and continued up until the end of August when I started to go out and collect it myself."

Online booking systems

Many participants that experienced online booking systems stated booking healthcare appointments in this way was their method of choice.

Sample of comments:

- The patient has been using e-consult to contact their GP. They have found this is the best way to contact their GP and has been getting really good timely responses to their requests. They have found that the form you complete doesn't have a large enough free text box initially, but has realised that there are further opportunities when you progress through the form to enter content which they feel could be improved to help patients using the forms for the first time.
- "Booked appointment online and was given a call-back the following day advising me to send photos of the problem which I did. Fifteen minutes later I had a call-back with diagnosis and prescription. I also used Swiftqueue to book a blood test and found this very easy to do."
- "Booked via GP website; had a GP call-back less than an hour later, followed by face-to-face appointment later in the afternoon and a scan booked for two days later."

- "I was invited in for a face-to-face appointment, following which I was advised to book a blood test via Swifqueue. Registering for Swiftqueue was a long process, but once registered it was easy to book and I would be comfortable doing it again."
- "Patient has successfully used the online consult option at their surgery for the last two years and believes that this option works well for getting a timely response back from the practice."

6. Method of appointment

6.1: What did not work well

The method of virtual appointment was not always deemed as being appropriate for meeting the healthcare needs of participants. Assessing certain physical conditions and relaying diagnosis or advice to patients virtually were issues, whilst reservations around security and privacy were also highlighted.

Health issues being missed via non-visual virtual appointments

Participants expressed worries about health issues being missed via telephone appointments where the patient cannot be seen and visibly assessed by a healthcare professional.

Sample of comments:

- "It is simply not the same talking on the phone as talking in-person to a doctor. I am very concerned that this is going to be the future. I think doctors will miss vital signs and I think people's health will suffer. I have never been so concerned about accessing medical care as I am now."
- "I don't feel comfortable on the phone, would much sooner see the doctor in person as I also think some health issues could be missed."
- "How can they examine you over the phone? They cannot see you, you don't always get your thoughts clear over the phone and things can get missed. The nature of the conversation is confidential and I don't like having those discussions over the phone."

Continuity of healthcare professional

Continuity of healthcare professional was a significant factor in ensuring people felt the method of appointment met their needs. Whilst this is not exclusive to appointments being held virtually, for many participants a lack of in-person face-to-face interaction emphasised the importance of being able to build a relationship with an individual. This was particularly pertinent for patients with long term conditions and complex health needs.

Sample of comments:

- "I would rather have spoken to a doctor who knows about me and so this would have saved time. I don't always feel able to share things with people who I have not met. It saves having to repeat things. I find the telephone quite impersonal."
- "The first appointment was hard as I had never spoken to or heard of the doctor before. They were polite but when you have a complex condition is it much better

to see someone who knows you and your condition. I would have liked more time to discuss my concerns and I felt I could not ask questions. With someone who I know, it would have been an easier conversation as the rapport is already there."

- "A GP did call later in the day. It was someone who I had never met or spoken to before. It was an uncomfortable discussion as the first thing they said was, 'What are you expecting from this phone call?' I think this is a strange thing to ask and puts the patient in a difficult position."
- "I did not like just talking to someone on the phone as it was not possible to make a connection or feel any empathy or concern from them. I found the whole experience of the call very upsetting. I did not feel able to open up about things and ask questions. I felt somewhat rushed."

Sensitive healthcare issues

Sensitive issues relating to physical conditions were also an area of concern and something participants expressed they would have felt more able to address in-person.

Sample of comments:

- "I think when your condition is something very personal to do with your skin on your genitals as a woman in your 70's it is very hard to deal with and talk about so just doing it over the phone made it even more upsetting. I still get upset thinking about the appointment now about the questions I should have asked. For me, it did not feel right and it has put me off the idea of having more appointments like this in the future."
- "GP telephone appointment about gynaecological pain following a 'traumatic gynaecological procedure' was difficult to explain on the phone. The patient rang again and received a telephone appointment, they found it hard to as the discomfort was getting worse they said that they felt 'vulnerable' and that 'the GP didn't understand me'."

Privacy

Privacy concerns were two-fold both from the perspective of worries around security, such as phone conversations being recorded or overheard and the lack of neutral space for which conversations were able to take place. This was a particular issue for younger participants and people with a mental health condition.

Sample of comments:

- "Don't have a private space where they feel confident enough and worry that parents and other members of the household will overhear the conversation."
- "Don't like inviting people into their personal space, the space is not neutral, the person is seeing their home, bedroom etc."
- "I am less confident on the phone and things I may have discussed face-to-face I may not have on the phone. I worry about it being recorded and who else may listen. It's easy to hide how you are feeling over the phone."

Inappropriate method for health concern

Virtual appointments often failed to meet the needs of participants with physical ailments for which a visible examination was deemed to be the most appropriate course of action.

Attempts to address this by getting patients to send pictures of the issue were considered inadequate.

Sample of comments:

- “Later in the day, the GP rang to say that we needed to draw around the cellulitis to see if it spread. Things did not improve and after a couple of days, I had to ring for an ambulance as I was not getting anywhere with the GP. When the paramedic arrived they looked the original pictures I had on my phone that had gone to the GP and they said that I should have been told to go straight to A&E.” If the GP had asked to see their leg in a face-to-face appointment then they may have been directly referred to the hospital and so may not have had to get in such a poor condition.
- “I felt this was a waste of time as I was supposed to be having a 'swallow test' - how on earth can that be done on the phone? It was a waste of time for me and the consultant.”
- “I found it limiting in what I could tell them about my eye health as normally I am examined and they can see any changes that way.”
- “I called the GP and had a phone consultation about concerns over my young child having a high temperature. I had to really push for a video call with the GP so they would have a better understanding of being able to see my child what my concerns were. The GP still didn't understand and then requested that I send photos. In the end, I came to the conclusion that my child had oral thrush and called 111. This would have been so much less stressful and could have been sorted much quicker if GP had just seen my child.”
- The patient requested a GP face-to-face examination for daughter aged 11 with abdominal pain. Offered a video call, the parent did express that this was not adequate but no choice given. Doctor asked a series of questions that the parent did not feel was thorough, the doctor was unable to diagnose the patient. Rang 111 later that night, was advised to seek examination at A&E.

<u>Physiotherapy appointments</u>

Physiotherapy appointments were a specific area of treatment where virtual appointments were found to be inappropriate and unable to meet the needs of patients.

Sample of comments:

- “I was given a further telephone consultation with a physiotherapist. This I considered to be a waste of everyone's time.”
- “Telephone physio appointments do not work they tried to talk and explain exercises to me after a general chat about my health. I didn't really understand what it was they needed me to do over the phone especially with squats. When I saw the physio face-to-face as I wasn't improving he told me I was doing them all wrong. I really needed someone to show me and to watch me doing the exercises.”
- “It was pointless talking to me on the phone as they needed to see me to see how I have changed and gauge my movement etc.”

Sensory Impairments

People with sensory issues such as being deaf or having a hearing or sight impairment often found the method of a virtual appointment difficult or unviable.

Sample of comments:

- "I have hearing difficulties so speaking on the telephone is not always easy for me, it is better when I can see someone."
- "The appointment was quite difficult due to my hearing problem, the doctor was quite understanding. I have mixed feelings about the appointment, as it was quite a serious medical problem I would have preferred to see the doctor face-to-face."
- An audiologist rang to speak with me, via my mum, as I can't always hear clearly on the phone."
- "The appointments went well as my wife was with me - I would have floundered as there was no opportunity to lip read."

Issues around not being able to communicate effectively over the phone and needing support from someone arose especially from participants with autism or that had a learning disability.

Sample of comments:

- "The doctor called back the same day and spoke with my support worker, I didn't speak to the GP my support worker did. I would have liked to talk to the GP but didn't feel I could over the phone, difficult to communicate and needed support."
- "It is very difficult for people with communication difficulties to talk to people on the phone, I like to see the person talking to me."
- "My support worker called GP for me. I didn't speak to them because I was anxious. I would have liked to talk to GP but didn't feel comfortable doing it on the phone."
- "I need someone with me to help me understand when I go to the GP. This is difficult over the phone."
- Feedback from a carer: "People with LD are mainly not able to use the internet for online meetings and they often live with their parents who are in their 80s and so do not know how to use the technology. People with LD cannot have virtual help they need face-to-face and actual physical help."

Diagnosis of serious conditions

Appointments regarding the diagnosis of a serious condition, be it physical or mental health, often led participants to express a desire for in-person human interaction as being the most appropriate method of appointment.

Sample of comments:

- "The GP did ring back having reviewed the images and diagnosed skin cancer on the call and referred me to hospital (I have had a lesion removed in the past). Perhaps that's why he was so confident to diagnose but I was shocked that he told me this on the phone."
- Patient has found it hard to express himself during calls. He also struggles to fully understand what is being said to him and finds it hard to remember what he has been told. He finds it easier to remember advice being offered face-to-face. The

commentator is seen by lots of different teams i.e. GP, social services, Rethink, psychiatrists, P3, pharmacists etc. There have been times when he has received multiple calls but has been unable to work out who has called him, where they are from or what they have said. This confusion has never happened face-to-face.

- "Many have experienced significant trauma and talking about something so sensitive and not having a clinician in the room can be very difficult, the physical presence and support is so important."
- "I found the mental health appointment quite difficult because I found it difficult to stay focussed for the whole session and felt the conversation did not flow as well as face-to-face appointments."
- "Mental health appointment would have been better face-to-face I would have felt more confident discussing things in more detail."

6.2: What worked well

Whilst virtual appointments may not have met the needs of all participants there were many positives experienced that were preferable to patients accessing healthcare services in-person.

The convenience of virtual appointments

For many participants, the method of a virtual appointment was more convenient than having to travel to a specific location to get their healthcare advice.

Sample of comments:

- "Very convenient. Was pleased not to have to travel to doctor's surgery and wait around. I could do what I wanted at home until I was phoned. Although the appointment was running late, it was more pleasant to be waiting at home that in a surgery waiting room."
- The patient had a telephone consultation instead of going to the hospital for their appointment. At the start of the conversation, they were asked if this would meet their needs. The patient agreed to the phone consultation. The patient felt this went very well as they, "Did not have to get two buses then sit and wait for several hours before seeing the doctor for five minutes."
- "Absolutely, worked for me, video appointments are the way to go and more patients to be seen so freeing up doctors' time."
- "More than happy to have my periodic hospital consultation done over the phone. It saves me traipsing 20 miles there and back for a five-minute, 'hello, how are you? I'm fine thanks, good, OK bye, see you in three months then visit.'"
- "I am in my 70s and was invited to come in to view the results of a hospital examination which took place in November. The consultation would need to be visual, i.e. by Skype or Zoom. I am enjoying the peace of distancing myself from them (the GP practice)."

Continuity of healthcare professional

When people were able to speak to a specific healthcare professional participants often found the method of appointment met their needs.

Sample of comments:

- "I was able to speak to a doctor the same day as requesting an appointment."

- "I rang the surgery and asked to speak to a specific doctor as they knew about my knee. I felt this went well as the specific doctor rang me later the same day."
- "He [the doctor] called at about 6 pm but I was glad that someone had called. He knows all of my medical history. He asked my lots of questions and gave me lots of time to clarify things. I did not feel rushed at all. I was happy with this consultation as he was able to diagnose gout and thought it may be due to the different medications I am on."
- "Digital appointments worked for me, this was because the GP and consultant the appointments were with were professionals I knew and who knew my medical history. This should always be the case with a digital appointment when you cannot see the patient to aid clear and accurate communication."

More time to discuss health issues

Participants that had accessed virtual appointments over the phone often found they had more time to discuss their health care issue than they would have had for an in-person face-to-face appointment.

Sample of comments:

- "It was better than a face-to-face appointment as I never felt rushed and that I only had 10 minutes to talk to him."
- "The consultation with the doctor was very good. I did not feel rushed and was able to ask questions. For me, I found this better than going into the surgery and would like this to continue. It would be even better if the surgery offered video appointments as this would mean you would be able to see the doctor or nurse you were talking to and this would make it even better."
- "The patient had more time to talk with the consultant."

Video appointments

- "I initially saw a receptionist and she marked me as having arrived and sent an email to the consultant team that I was online. It was the same as face-to-face when you give your date of birth and address on arrival. I was then put in a waiting area. The consultant then appeared. I did not have to wait that long. I would like to keep this system in the future and for me it was 'absolutely ideal'. All the instructions I felt were easy to follow. It felt just like a face-to-face appointment for me."
- "They checked me in just like you would when you go to the hospital in person. I was then waiting for no longer than three or four minutes before I could see the two clinicians in front of me on the screen for my cardiac rehab appointment. I felt completely engaged in the process and it was much better than a telephone appointment."
- "Worked very well once I found out how to do the video call."

Safety

The element of people feeling safer accessing healthcare services virtually during the COVID pandemic and that precautions had been put in place for when appointments in-person were necessary was a factor acknowledged by participants.

Sample comments:

- "I explained that I did not want to risk going into the pharmacy to collect my items, I asked if I could knock on the door when I got there and they would leave it outside for me to pick up. They agreed to do this and they have continued to do this each month as I am still not going into shops. They were very flexible to meet my needs and requests."
- "Arranged for me to have an appointment with a nurse so that it could be dressed. I had to go several times. Each time it worked very well. When you go to the surgery it is locked so you ring the bell."
- "I rang the surgery to arrange my annual health check-up. It still went ahead as before face-to-face so I was happy. It was good to go into the surgery with not many people being there and you felt safe."
- "It was very straightforward but I had no problems to discuss. I'm in good health but if I'd have had something to discuss I may have found the telephone appointment less successful. I felt it was the right way to do it during the pandemic.

7. Appointments that should be conducted in-person

Participants also shared their thoughts on appointments that they felt should always take place in-person for which a virtual appointment would not be a suitable alternative.

People needing support to access appointments

Participants recognised that some people may not have access or confidence to use virtual appointments and suggested the following patients be seen in-person.

Sample of comments:

- "Anyone who needs an advocate or support to access/attend appointments as this could be difficult to do over the phone/video."
- "People who are not OK with technology. GPs should seek to establish who is capable and confident having digital appointments."
- "Elderly people who may not be at ease with technology will need face-to-face appointments to communicate effectively."
- "The ageing community who don't have access or confidence to access digital appointments."

Complex health concerns

Participants suggested that appointments regarding complex health concerns or those with limited knowledge of their condition or how to manage it should be seen face-to-face, particularly in instances when it was a newly arising condition for the patient.

Sample of comments:

- "I think first-time appointments, especially for a new or more serious condition should be face-to-face."
- "New diagnostics where you have not built up a relationship with the medics or an understanding of the language or terminologies."
- "Complex health issues, especially if the appointment is with a doctor new to the patient."

- "People who are less competent in managing their conditions for whatever reason should have their appointments in person so that there is no confusion."

8. Suggestions for improvement

Participants shared their thoughts on what they felt could have improved the experience of a virtual healthcare appointment. Whilst many suggestions correlated with issues already highlighted in the report additional areas for consideration were raised.

Managing expectations

With the pandemic causing lots of change to services, timely communication keeping patients informed of changes that may affect their appointment is key to managing what people may expect from their appointment.

Sample of comments:

- "Clearer communication about expectation levels of waiting times especially as there may be longer waiting lists due to COVID-19."
- "Better communication with patients on changes to appointments and to use email or text messages as letters are soon out of date."
- "I think people should be able to send information in the best way for them.
- "I was given no information prior to the arrangement of this appointment so I was very clueless as to how effective it would be."

As well as managing expectations for the patient, it also felt important to manage the expectations for the health professional, especially for those with extra communication needs.

Sample of comments:

- "If the person you were speaking to understood that it might be difficult for someone with a learning disability to have an appointment over the phone as they may have difficulty processing the information and may need the support of someone else."
- "The person speaking needs to be aware of any hearing problems."
- "GP/nurses need to calm and speak slowly and clearly, especially when you cannot see the person you are talking to."
- "They ask too many questions I don't understand. Need to ask less and more simple questions."

Acknowledging data submitted by patients

Patients said it would be useful to receive an acknowledgement for receipt of data requested from services where information such as images was sent.

Sample of comments:

- "When we send an email it would be good to receive an auto-reply to indicate receipt and maybe what the next step is in the process."
- "Clearer communication about what happens next at each stage of a consultation."

- "To have acknowledgement/confirmation of receipt of emails when you send in images."
- "It would be useful to receive an acknowledgement email back from the practice after submitting photo images for consultation."

Improvements to online booking systems

Participants that struggled to use online booking systems suggested improvements to make them more user-friendly.

Sample of comments:

- "The options on the online consult could merit some adjustments as the patient often cannot locate the appropriate section to use so instead uses the free format text box. The system doesn't link to the practice email address so upon prompts to email the practice the patient had to then search for the practice email separately."
- "Online consult form to have a clearer introduction about when you enter the details about your condition."
- "The booking process was not easy. I had to book via the GP website, it was not easy to navigate, the process was unclear and long, this needs to be made much simpler and clearer to follow through."

9. Methodology

Healthwatch Derbyshire conducted telephone interviews to gather Derbyshire residents' experiences of virtual health appointments during the COVID-19 pandemic. The engagement ran from 17/08/2020 to 18/09/2020 and was promoted through various channels and with the help of various community engagement groups.

We explored the experiences of both residents who had and had not accessed virtual appointments to find out what barriers to accessing virtual appointments people may have faced. We also explored why people may be put off accessing appointments and identified areas where virtual appointments did meet the needs of patients.

The reasoning for conducting telephone interviews was predominantly to get the views of people that may not be able to use or prefer not to use, the internet to ensure their voices were heard. We were keen to focus on methods of feedback for those unable to use online as a way of sharing their views.

In addition to telephone interviews, we also collected various comments via other sources such as through social media channels and via health professionals. These comments were incorporated into the report to help support the themes identified in the interviews.

10. Thank you

Healthwatch Derbyshire would like to thank all participants who gave their time to talk to us about their experiences of virtual health appointments. We also extend our thanks to

the many groups and services who supported and cooperated with this engagement activity.

11. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all patients, family, friends and carers who have experienced health and social care services about virtual appointments but never the less offer useful insight.

It is important to note that the engagement was carried out within a specific time frame and therefore only provides a snapshot of patient experience collected then. They are the genuine thoughts, feelings and issues participants, carers and healthcare professionals have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

12. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012 and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who builds a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

13. Appendices

A full list of participant responses that contributed towards this report is available to view at: https://bit.ly/33YJg4m headings are representative of commentator characteristics. The key below outlines the category headings included in the appendices:

- **Autism**
- **Children and Young People (25 and under)**
- **Deaf/Hearing impairment**
- **Learning Disabilities**
- **Long Term Conditions**
- **Mental Health**
- **Physical Condition**
- **Sight Impairment**
- **75+**
- **General**