

Digital Exclusion: Patient Experience of Video Consultations

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Introduction

Engaging Communities South West (ECSW) is a not-for-profit organisation offering a range of services, including community voice, facilitation of engagement events, data capture and analysis, report writing, communications support, training and service/project evaluation and review. We provide these services to advance three key areas: Community Voice, Access & Empowerment, and Strategic Support.

ECSW also manage the contract for award-winning independent health & social care community champion Healthwatch Torbay and run a number of different projects in the community, including their flagship e-learning project, Digital Health Devon.

South West Academic Health Science Network (South West AHSN) is one of 15 AHSNs set up by NHS England across the country in 2013. Their purpose is to transform lives through healthcare innovation and generate economic growth as part of the national AHSN Network.

South West AHSN's approach is built on three core capabilities that they have developed since they were founded:

- **Identifying and spreading innovative practice** - their practical experience and techniques that support health and care systems to identify, adopt and spread innovative practice to improve health and care services.
- **Building capability** - using their knowledge and experience of the conditions required to build the capability of partners to spread innovative practice and improve quality.
- **Evaluation and application of learning** - using their experience evaluating improvements and testing innovation to support partners to evaluate the impact of changes and capture learning.

South West AHSN have a strategic focus on health inequalities in Cornwall, Somerset and Devon and wish to better understand the experiences of those people who face barriers to digitally enabled healthcare and who might be deemed 'digitally excluded'. As implementation of video consultations grows, South West AHSN are particularly interested in understanding the experiences of and effects upon those invited to use remote and video consultations who feel unable to effectively. NHS England (NHSE) are also seeking to better understand the implications of digital exclusion on service provision in order to support future service model development within the South West region.

ECSW were commissioned by South West AHSN to deliver a research project in Devon to investigate the impact of digital exclusion on health outcomes for patients who have been offered video consultations. The research was to show the factors and barriers to access, motivation, capability, confidence, and experience of digital services and the influencing factors of digital exclusion. This report builds on experience and insights from previously producing a report on Digital Inclusion in Torbay.



Executive Summary

The focus of this report is to better understand what the experiences and factors of digital exclusion are in Devon for those patients specifically trying to access healthcare via online video consultations (e.g., hospital video consultations), and how digital exclusion affects health outcomes of a patient or group of people. Digital exclusion covers a range of circumstances, all relating to unequal access to the use of digital tools.

To gain an in-depth, qualitative understanding of the impact of digital exclusion on health outcomes, a survey, focus groups and guided conversations were conducted. The latter two focused on the four patient cohorts selected by the South West AHSN: children and young people's mental health, chronic respiratory disease, perinatal, and carers and the cared-for. In total, 59 people contributed to this consultation from across Devon, 21 via Focus Groups and guided conversations, 38 via the survey itself.

Key Findings

- Of the survey respondents, the majority (55.17%) were aged over 55, female (68.97%), and White British (86.21%). 36.67% of respondents identified as having a disability and 20% said they were carers.
- Barriers to accessing virtual appointments did not appear to be related to confidence, capability, or motivation to use the internet. Unreliable internet connection, poor digital infrastructure and incorrect links caused problems for some people. Lack of privacy in the home was a particular concern for young people, carers, and the cared-for.
- Focus group participants who experienced difficulties using video consultations said it negatively affected not only their physical health, but also their mental wellbeing, as difficulties and delays accessing virtual appointments caused stress and anxiety.
- Among focus group participants, the most common suggestions to make virtual consultations more accessible was to provide better guidance on how to use video call software and for more consistency in the software used across different services (e.g. hospitals, surgeries, etc).
- The findings of the online survey showed that less than a third of respondents (28%) described themselves as “not very” or “not at all” confident, capable, or motivated to use technological devices or internet services.
- 55% of respondents who were offered a video consultation said they were “unhappy” or “very unhappy” about the offer. 20% said they were “happy” or “very happy” about it.
- 48% of respondents said they were “satisfied” or “very satisfied” with their video consultation, while 38% said they were “extremely” or “slightly” dissatisfied.
- 60% of respondents who experienced difficulties using video consultations said it negatively affected their confidence or willingness to use digital services in the future, 53% said it negatively affected their confidence in the healthcare service they were using, and 50% said it affected their mental health.
- There was also no significant difference in the feedback collated related to either primary or secondary care. The general consensus from participants was that a video consultation is good for certain reasons (e.g. discussing test results) but anything that would benefit more from a physical examination (e.g. checking a rash) should be done face-to-face.



Summary

Overall, the patients taking part in this consultation understand the benefits of using virtual appointments and there is some willingness to use them in the right context for certain conditions or types of consultation.

However, experiencing barriers such as technical issues, a lack of skills, knowledge or support, and concerns over privacy means that some patients are having a poor first experience using video consultations, which is leading to a reluctance in patients to use them in future. Much of people's experiences may be related to personal preference or the effect experiencing these barriers has on their ability to use a video consultation.

Patients taking part in this consultation indicated that their experiences are having a negative effect on both their mental and physical health, and also their confidence or willingness to use digital services in the future.

Recommendations

Due to the relatively small sample size, analysing trends, patterns and issues has been challenging and great care needs to be taken when drawing conclusions from this data. The trends or issues raised in this report may not represent the entire population. However, based on the patient feedback gathered in this report, 8 recommendations were made:

1. **Support digital infrastructure** - poor digital infrastructure or unstable internet connection in rural areas needs to be addressed by NHS England.
2. **Engage with patients and staff to improve functionality** - ICS and Health Trusts, supported by NHSE and working with technology providers should engage with patients and staff to improve functionality of the platforms and resolve users' issues.
3. **Review current information available** - a complete audit by NHSE programme leads of the current information, advice and guidance on video consultations available to both patients and NHS clinical and operational staff is needed.
4. **Improve skills, knowledge and support for patients and staff** - Health Trusts, with support of the ICS should develop improved staff training and patient guidance.
5. **Ensure Alternative Communication Mechanisms** - alternative communication arrangements should be provided by Health Trusts, with support of the ICS for when a patient experiences difficulty in setting up appointments.
6. **Privacy Concerns need to be monitored** - patients should be assessed thoroughly beforehand by the individual healthcare provider to ensure that there are no privacy concerns or safeguarding implications, and effective staff guidance on how to deal with these issues produced.
7. **Further consultation work is required by NHSE** - there is scope for further work and more understanding about the impact of digital exclusion on health outcomes for patients who have been offered video consultations.
8. **This report should be shared with all relevant stakeholders** - We recommend NHSE SW sharing this report, so healthcare providers can gain a valuable public insight into impact of digital exclusion on health outcomes.



Background

What do we mean by ‘Digital Exclusion’?

Digital exclusion is where ‘a section of the population have continuing unequal access and capacity to use Information and Communications Technologies (ICT) that are essential to fully participate in society’.¹

Research for the [UK digital strategy](#) suggests that there are a number of important barriers, and more than one may affect individuals at any one time. This can include access, skills, confidence and motivation.

According to [Catalyst](#), a collective of organisations working to help transform the charity sector’s approach to digital, there are five types of digital exclusion. Each one prevents some people accessing the same online services and opportunities as others. All of these issues “existed long before Covid”, but the pandemic has “made them more visible and impactful on people”:

1. “As someone living in poverty I can’t afford data - whether phone data or home broadband”
2. “As someone living in poverty I can’t afford a reliable device with internet access”
3. “As someone with low digital, or other type of literacy, I struggle to use devices and the internet”
4. “As someone with a disability or impairment I struggle to use devices and the internet in the same ways as others”
5. “As someone who is resistant to using the internet I am unable to access services and opportunities”²

Another form of Digital Exclusion not specifically mentioned here is the digital infrastructure of the local area, including fast Broadband availability or an unreliable internet connection, particularly in rural or remote areas. A 2021 research study by marketing experts [N.Rich](#) - which used ONS and Ofcom data to rank areas based on how many people had been online in the past three months and the number of premises with access to superfast broadband - found that Devon has the worst digital access in England, and was also ranked as the UK’s sixth worst place for digital connectivity.³

Digital Exclusion in relation to Health Outcomes

A health outcome can be defined as the “change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions”⁴. Health outcomes or changes in the health of a patient or group of people could include:

¹ Source: Schejter, 2015; Warren, 2007 <https://eprints.gut.edu.au/86701/>

² Source: [What is digital exclusion?](#)

³ Source: [Digital access in Devon 'worst in England'](#)

⁴ Source: <https://www.publish.csiro.au/NB/pdf/NB92067>



- Outcomes by medical condition (e.g. effect on Depression & Anxiety)
- Intervention based outcomes (e.g. effectiveness of digital access advice & guidance)
- Long-term patient outcomes (e.g. effect on those patients with chronic conditions)⁵
- Population-based outcomes (e.g. effect on general wellbeing of a group of people)⁶

A 2021 report by the Good Things Foundation on digital exclusion & health inequalities states that digital exclusion impacts on people's health - individual health outcomes, healthy lives, and healthy communities - in three main ways:

1. **Directly on health outcomes with regard to healthcare access.** People experiencing digital exclusion are locked out of using digital health tools and services.
2. **On the broad range of factors which shape people's chances of a healthy life and good health outcomes** - the wider determinants of health. Internet access and use have become essential across all five domains: economy and employment, education and lifelong learning, social participation and community life, housing and the built environment, and access to health and healthcare.
3. **Digital exclusion raises questions for equalities in a data-driven health system.** Digital exclusion is a risk factor where certain groups have a very low digital and data footprint, compounding the risks of algorithmic bias with impacts on targeting and allocation of resources.⁷

The 2022 NHS Digital Guide '[Digital inclusion for health and social care](#)' states that "In an increasingly digital world, people who are digitally excluded are at risk of worse access to services and worse health outcomes."⁸

Previous Learning in the Region

In April - August 2021 South West AHSN undertook two linked pieces of work around remote and video consultations:

1. Understanding how video consultations are taking place, how they can be optimised within ophthalmology, and the scope for expanding their use.
2. A rapid review of literature on the barriers to digital access, seeking to understand how the increased use of video consultations had impacted on the health outcomes of digitally excluded groups.

The implementation and use of remote consultations and barriers to digital inclusion were highlighted in the above reports, and it was identified that limited material had been published on how digitally excluded groups have been impacted by the increasing provision of digital first options.

In June 2021, Engaging Communities South West (ECSW) was asked by the local Public Health Team and Council to conduct a public consultation in Torbay, South Devon to find

⁵ This could also include the high acuity patients referred to Virtual Wards, as some will make use of video consultation.

⁶ Source: [introduction-to-health-outcomes \(hfma.org.uk\)](https://www.hfma.org.uk/introduction-to-health-outcomes)

⁷ Source: [Digital exclusion & health inequalities](#)

⁸ Source: [Why digital inclusion matters to health and social care](#)



out more information about their experiences with using digital or internet services during the COVID-19 pandemic. ECSW produced a [Digital Inclusion feedback report](#) after reaching over 200 local residents, which found that:

- Although just 9% of the people consulted had actually received an online GP video appointment, 45% said they would be willing to use a service like this. Similarly, whilst 12% of respondents said they have had an online Hospital Video Appointment, 33% said they would be willing to use a service like this.
- 46% of respondents cited barriers to using the internet that stopped them from using services like this, including data protection and internet security concerns (17%), lack of IT knowledge or skills (17%), lack of confidence (13%), lack of motivation to use the internet (11%), and not feeling safe using the internet (9%). Just 7% said they didn't have an internet enabled device available to them. These people that experienced barriers to using online services or devices were deemed to be 'Digitally Excluded'.

This project builds on these three previous pieces of work.

There are some related patient studies specifically on remote consultation, and they vary in findings. For example, a [national paper](#) about telemedicine in rheumatology found that 90% of patient had concerns about remote consultation. This was mainly related to service model implementation failure (e.g. inappropriate triage, no safety-netting protocol for patients who lost connection, lack of virtual receptionist, etc.), but telemedicine was also perceived to have increased misdiagnoses, inequalities and barriers to accessing care.⁹

In contrast, Northern Devon Healthcare NHS Trust found that patients were overwhelmingly positive about video consultation, with 92% who had one saying they would like one in future. Other benefits reported were: less anxiety by not having to attend hospital; not having to find childcare or take siblings; much easier to talk from the comfort of home; more convenient and better use of time; avoiding mobility issues and reliance on others for transport.¹⁰

Project Overview

South West AHSN commissioned ECSW to deliver a research project in Devon to understand the impact of digital exclusion on health outcomes from the perspective of patients/users who have had video consultations offered to them as part of their engagement with secondary care. The project is funded by NHS England South West.

Due to the narrow focus of this area of research, no one specific type of digital exclusion mentioned previously on page 6 will be fixated on. A more general approach incorporating all types of digital exclusion will be adopted in order to yield a greater response.

This work aligns with population health management, one of the key strategic aims for Integrated Care Systems (ICSs), as it aims to support a better and deeper understanding of the local health and care needs. These insights can aid organisations to put in place measures and pathways to enable marginalised communities to access appropriate health care and alleviate health inequalities.

⁹ Source: <https://pubmed.ncbi.nlm.nih.gov/34698822/>

¹⁰ Source: <https://devonccg.nhs.uk/news/remote-hospital-appointments-are-miles-better-say-devon-patients>



Methodology

To gain an in-depth, qualitative understanding of the impact of digital exclusion on health outcomes, focus groups and guided conversations were conducted, focusing on the four patient cohorts selected by the South West AHSN: children and young people's mental health, chronic respiratory disease, perinatal, and carers and the cared-for. An online survey was also created with printed surveys available upon request. In total, 59 people contributed to this consultation from across Devon, 21 via Focus Groups and guided conversations, 38 via the survey itself.

Focus Groups

Participants were recruited via ECSW's established networks in the statutory and voluntary sector. 168 different support groups or organisations related to the four key patient cohorts throughout Devon, Plymouth and Torbay were approached to gather feedback from the people they support via both email and telephone. These were mainly from the voluntary sector and allowed us to reach digitally excluded Devon residents by non-digital means to discuss their experiences of digital exclusion. Where online methods such as a Zoom or Microsoft Teams meeting were used, this was done with the support of a representative from each organisation, to allow for those digitally excluded people to contribute.

Four groups in particular (one from each key area) were happy for the people they support to take part in this consultation, these were: **Exim Dance youth group** - who work across the most deprived areas of Plymouth with a high focus on mental health; **Plymouth Pulmonary Fibrosis Support Group**; **Devon Carers Ambassadors** and **Exeter Babies** mother and baby group.

In total, **21 people** participated in the focus groups between June and July 2022. Focus groups and guided conversations were conducted in-person, via telephone, and via Zoom¹¹:

Children and young people's mental health - Nine young people attended an in-person meeting in Plymouth, both male and female. The youngest person was 12 and oldest was 21, with most aged 15 or 16. Three of these came in and out of the room during the session sporadically but didn't actually sit in the room with us for the entirety citing learning difficulties and anxiety as the reasons.

Chronic respiratory disease - Five people who were members of a Plymouth-based Pulmonary Fibrosis Support Group took part in individual guided conversations via telephone or Zoom. All were males aged 70 or over.

¹¹ Where online methods such as a Zoom or Microsoft Teams meeting were used, this was done with the support of a representative from each organisation, to allow for those digitally excluded people to attend and contribute.



Perinatal patients - Five members of an Exeter-based mother and baby group took part in a focus group in person at an infant school in Exeter. All were women in their 20s with young babies.

Carers - Two participants attended a virtual focus group run via Microsoft Teams, with assistance from Devon Carers Ambassadors. These were a female carer in her 70s who lived in rural Devon and a male carer in his 60s who lived in Torbay. Three others due to attend were unfortunately unable to due to COVID.

Survey

ECSW also created an online survey from questions agreed by South West AHSN. This was done securely via the ECSW premium 'SurveyMonkey' account. This online survey was also used to gather feedback. The survey consisted of 11 questions (nine multiple choice, two open-ended), plus nine questions to gather demographic information.

The survey was live from Friday 1st April 2022 to Friday 1st July 2022, 13 weeks in total.

ECSW used their contacts with Healthwatch in Devon, Plymouth and Torbay and Digital Health Devon to share with 3,600 email newsletter subscribers and over 400 organisations in Devon to share with the people they support. ECSW also promoted social media posts through paid advertising to reach as many people as possible in the Devon area.

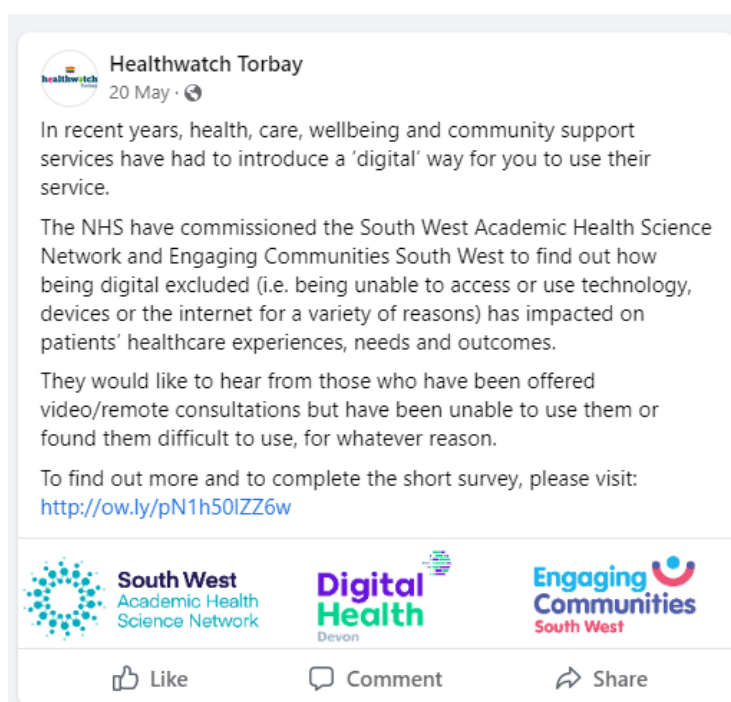
ECSW staff and volunteers were on hand to type up printed surveys delivered via the ECSW freepost addressed envelopes included with the printed surveys delivered to organisations.

There were 38 responses received to the survey in total. This included 3 printed surveys posted out to Devon addresses that were completed and returned to ECSW via a freepost addressed envelope provided with the survey.

Of the survey respondents, the majority (55.17%) were aged over 55, female (68.97%), and White British (86.21%). 36.67% of respondents identified as having a disability and 20% said they were carers.

COVID-19

At the time of consultation the ongoing COVID-19 pandemic and Government guidelines meant that the consultation approach needed to be adapted to limit social contact and to ensure people could express their views safely.



SCREENSHOT OF SOCIAL MEDIA POST



The pandemic meant we were unable to host public engagement events, face-to-face focus groups or forums, or create printed literature to promote the surveys in public venues. The latter was a particular concern with healthcare providers such as hospitals and GP Practices, who politely declined our offer to deliver batches of printed surveys for display in waiting rooms in order to better control the virus and the potential exposure to their patients from multiple people handling surveys.

It was therefore decided that the best approach would be to arrange Focus Groups, either online with the assistance of key support groups, or in person if COVID protocol allowed. It was also decided to host the survey online, promoting this via both the voluntary and statutory sectors via email to share with the people they support and their patients, alongside an offer to print and distribute paper versions of the survey upon request with freepost envelopes to encourage uptake.

It is important to highlight that positive tests for COVID-19 also affected Focus Group attendance. For example, three Focus Groups were either postponed or cancelled as a result of positive tests, with some participants also unable to attend pre-arranged groups.

Despite the expected small response, given the specifically small sector of the local community targeted here, we believe that many local residents across Devon had the opportunity to share their feedback about the impact of digital exclusion on health outcomes for patients who have been offered video consultations.



Focus Group Feedback

In total, **21 people** participated in the focus groups between June and July 2022. Focus groups and guided conversations were conducted in-person, via telephone, and via Zoom. The following section details the perception, experiences, feedback of these 21 people in relation to virtual consultations.

Overall themes

- The majority of participants described themselves as confident, capable, and motivated to use the internet, and most regularly used devices and internet services for socialising, shopping, work, and information. **The drawbacks of virtual consultations were mostly unrelated to confidence, capability, and motivation.**
- The young people's group recognised the fewest benefits of virtual consultations and unanimously expressed a strong preference for in-person appointments, despite all participants in this group being highly confident and capable of using various apps and services on a daily basis. This may well be due to some participants stating how issues with their mental health (particularly anxiety) meant that their parents/carers still had to book medical appointments and contact school for them, and that changing the way appointments are done (i.e. virtually) exacerbates their anxiety.
- Participants who had trouble accessing virtual consultations **mostly said this was due to technical issues out of their control**, such as poor internet connection in rural areas or video links being incorrect.
- Participants across multiple groups said they found it **difficult to be assessed virtually**; symptoms may not be possible to capture on camera, particularly if the image resolution is poor. Some symptoms need to be physically examined to be properly understood. Additionally, participants felt sensitive topics were easier to discuss face-to-face. Some participants felt that they could have received appropriate treatment quicker if virtual appointments were not the default. This was of particular concern to the perinatal group.
- There was no significant difference in the feedback collated on video consultations related to either primary or secondary care. The general consensus from participants was that a video consultation is only good for certain conditions or reasons (e.g. discussing test results with a GP/Consultant or having a mental health assessment) but anything that would benefit more from a physical examination (e.g. checking a rash or observing a child's behaviour during an ADHD assessment) should be done face-to-face.



- Many of the participants who experienced difficulties accessing virtual consultations said it negatively **impacted their mental wellbeing, physical health, and confidence** in the services they were using. Even participants who had positive experiences with virtual consultations said they felt anxious before appointments because of the possibility of technical difficulties.
- **Privacy** was a particular concern for carers and young people, who could not attend virtual appointments without being overheard. This could be a **safeguarding** issue as patients may be unable to disclose to clinicians if they are being neglected or mistreated. These groups expressed a strong preference for in-person appointments.
- The most common suggestion to make virtual consultations more accessible was to **provide better guidance and information** on how to use video calling software, and for **more consistency in the software** used across different services.
- Across all groups, participants recognised benefits of virtual appointments, saying it was cheaper and more convenient than travelling to an in-person appointment, reduced the risk of Covid transmission, and removed the need to arrange replacement care for a cared-for person.

Themes by Focus Group

Children and young people's mental health

- Nine young people attended an in-person meeting in Plymouth, both male and female. The youngest person was 12 and oldest was 21, with most aged 15 or 16. Three of these came in and out of the room during the session and sporadically but didn't actually sit in the room with us for the entirety, citing learning difficulties and anxiety as the reasons. This was with Exim Dance youth group - who work across the most deprived areas of Plymouth with a high focus on mental health.
- There were no problems with lack of confidence or capability in this group; all participants were confident using technology and the internet. All participants said they owned a smart phone and used multiple apps on a daily basis to communicate with friends and family. Three of the participants had been offered online appointments or consultations and three had not; the three participants who had not been offered an online appointment said they were not aware of this option.
- Participants were not generally enthusiastic about accessing healthcare services virtually. While one participant acknowledged the benefit of reduced Covid risk, and two participants said they "would consider" attending telephone appointments, all participants unanimously agreed that in-person appointments were preferred.
- This may well be due to some participants stating how issues with mental health (particularly anxiety) meant that their parents/carers still had to book medical appointments and contact school for them, and that changing the way appointments are done (i.e. virtually) exacerbates their anxiety.
- The biggest concern appeared to be **privacy**. Most participants were worried about their appointments being overheard, whether the appointment took place at home or at school.



- Some participants **felt they lived their “whole life” online**, and that the amount they do online is “too much.”
- Participants felt they “wouldn’t know who they were talking to” during an online consultation, leading to issues of **trust and credibility** towards clinicians.
- Two participants expressed that they already found it difficult to talk to medical professionals due to anxiety, but that **online communication methods would not make this easier**. When asked if they would be more comfortable communicating with clinicians via apps they already knew and trusted (e.g. messaging apps), they said they would still prefer in-person appointments.

Chronic Respiratory Disease

- Five people who were members of a Plymouth-based Pulmonary Fibrosis Support Group took part in individual guided conversations via telephone or Zoom. All were males aged 70 or over.
- All participants said they were confident and capable using computers, internet services, and other technological devices including mobile phones. Three respondents said they used computers as part of their job.
- The sentiment was generally positive; all participants reported that they had had at least one positive experience with virtual appointments. Three respondents explicitly praised the convenience of virtual appointments because it **saved them the time, money, or effort of travelling**. A fourth participant said they had “never experienced any problem with it” and the fifth said they were happy to use online services for straightforward appointments such as test results or routine check-ups.
- However, three participants said that not meeting in-person sometimes caused practical issues because **clinicians could not physically examine them**. For example, one participant struggled to take a photo of a rash on the back of their neck, and one participant said their pain made it physically difficult to show an injury on a video call. Another respondent felt that “a lot could be missed” if clinicians cannot physically see the patient.
- **Connection issues** caused problems for two participants. One participant had an appointment where the video call did not connect. The patient had no way of contacting the specific clinician they were due to meet; the appointment took place via telephone after the clinician phoned them to check they had remembered the appointment. Another participant missed an appointment entirely due to unstable internet connection.
- Patients said that services could be improved if there were **better guidance** on how to use virtual services (e.g. taking and uploading pictures, accessing video links) and if **more services used the same software** or IT systems. One participant said it should also not be taken for granted that everyone has a smart phone or tablet.
- Participants strongly felt that **virtual appointments should not always be the default**, for example where a physical examination is required. One participant felt that they could have been treated quicker if their clinician had been able to physically examine them at their first appointment.



Perinatal patients

- Five members of Exeter-based mother and baby group Exeter Babies took part in a focus group in person at an infant school in Exeter. All were women in their 20s with young babies.
- All participants felt confident, capable and motivated in using the internet, using it regularly to communicate, work, shop, and find information. Three of the four participants had used video consultations, while the fourth participant had not been offered one.
- The overall sentiment was positive; the three participants who had had virtual appointments (phone and video) **appreciated the convenience of saving time, money, and effort**. One participant also appreciated the reduced risk of Covid transmission during the pandemic. However, the participants also felt there were significant limitations.
- Three of the four participants expressed concerns about the **difficulties of being assessed virtually** and felt that **virtual appointments should not always be the default**. One participant pointed out that poor image quality made some physical symptoms difficult to pick up on (e.g. yellowed skin in jaundice). Another said that symptoms (e.g. fidgeting in ADHD) may not be noticed because the clinician can only see the patient's face and upper body during the appointment. A third participant said that physical injuries were difficult to examine during a video appointment, and that it was more comfortable to discuss sensitive and private topics in person.
- All participants who had used video consultations said it **negatively impacted their mental health**. Participants said they experienced stress and anxiety before their appointments due to the possibility of technical difficulties (e.g. links not working, internet connection issues). One participant attended a virtual appointment where the video link did not work, and she was very stressed about possibly waiting a long time for the next available appointment. Another respondent said that learning to breastfeed via video consultation was inadequate, affecting both her and her baby, which left her feeling "anxious and hopeless."
- Participants said **better guidance on using devices and software** (e.g. logging in, where and how to position the camera, whether it is appropriate to show certain body parts) and using **software that is simple, transparent, and consistent** across different services would make video consultations easier to access. Services should also ensure that software is compatible with multiple different devices (e.g. phones and tablets) as not everyone uses a computer.

Carers

- Two participants attended a virtual focus group run via Microsoft Teams, with assistance from Devon Carers Ambassadors. These were a female carer in her 70s who lived in rural Devon and a male carer in his 60s who lived in Torbay. Three others due to attend were unfortunately unable to due to COVID.



- Participants described themselves as “reasonably capable [...] and motivated” but “not that confident.” Most, but not all, had smartphones. Those without smartphones were only able to use the internet at home, and unreliable internet connection could be an issue for those in rural areas.
- Participants had **major concerns about privacy**. While in-person appointments can be conducted privately, virtual consultations could be overheard by either the carer or the cared-for. Some cared-for people may not be able to access virtual appointments without help from their carer, meaning their carer may even be in the same room. This makes it difficult to share sensitive information with clinicians and could be a **safeguarding** issue, as patients may be unable to disclose if they are being neglected or mistreated.
- Some participants said that **unreliable internet connection led to them waiting longer for appointments**, which had a negative impact on their mental and physical health as they were in pain for “probably longer than I need to be.” One participant who had been offered a video consultation had problems with the audio during her appointment, and then had to wait longer for a telephone appointment. They were upset and frustrated by the delays, which affected their mental health and their confidence in their GP surgery.
- Participants without smartphones were concerned about being “left behind” or forgotten if more services are only accessible via phone or app.
- Participants were concerned about **internet safety and data protection**. One participant had recently had her computer hacked, which made her anxious to share personal information online.
- Although participants in this group preferred in-person appointments, they appreciated the convenience of not needing to arrange for replacement care for their cared-for person.
- Participants said that **better, more reliable internet connection** and more **guidance and support** on how to access video appointments would make virtual consultations more accessible. It was suggested that a helpline to walk people through the process instantaneously would be beneficial.



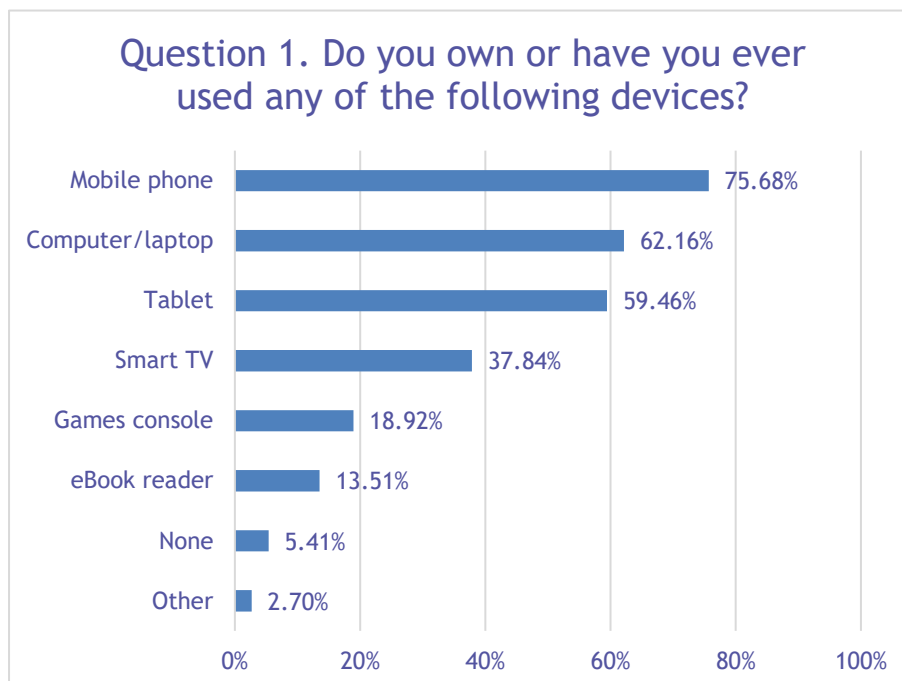
Survey Analysis

There were 38 responses received to the survey in total. This included 3 printed surveys posted out to Devon addresses that were completed and returned to ECSW via a freepost addressed envelope provided with the survey.

The following section provides a summary to the responses for each question, where relevant or statistically significant, segmentation of results has been performed by age, disability, carer status or type of appointment.

Question 1. Do you own or have you ever used any of the following devices or equipment?

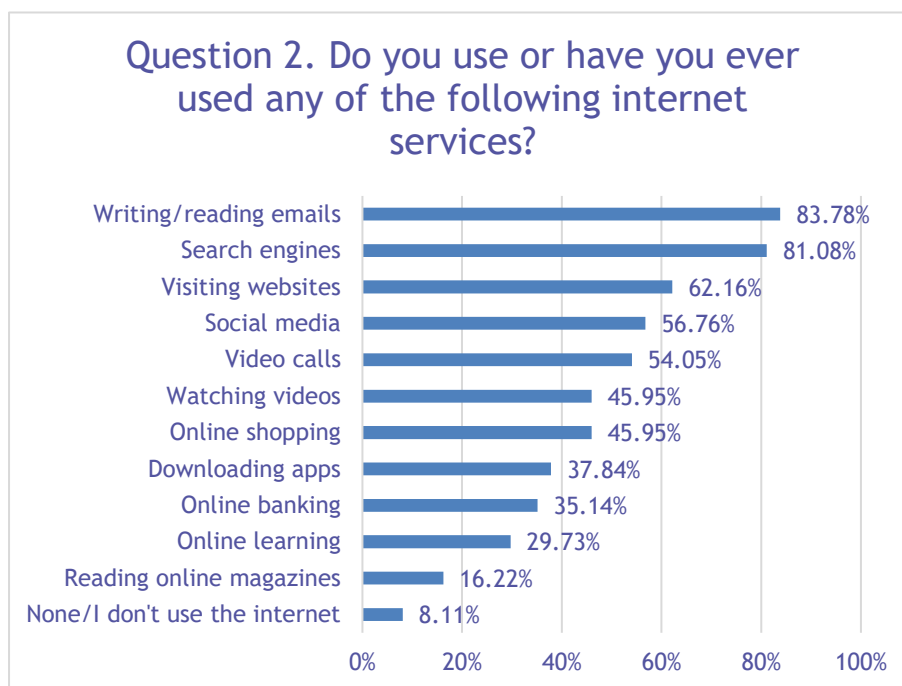
37 respondents answered this question and one did not. As respondents were able to select more than one answer, percentages may total greater than 100. 75.68% of respondents (28 people) used a mobile phone, 62.16% (23 people) used a computer or laptop, 59.46% (22 people) used a tablet, 37.84% (14 people) used a smart TV, 18.92% (seven people) used a games console, 13.51% (five people) used an eBook reader, 5.41% (two people) used none of the above. One person (2.70%) selected “other”; this person said they used a smart watch.





Question 2. Do you use or have you ever used any of the following internet services?

37 respondents answered this question and one did not. As respondents were able to select more than one answer, percentages may total greater than 100. 83.78% of respondents (31 people) wrote and read emails, 81.08% (30 people) used search engines, 62.16% (23 people) visited websites, 56.76% (21 people) used social media, 54.05% (20 people) made video calls, 45.95% (17 people) watched videos, 45.95% (17 people) shopped online, 37.84% (14 people) downloaded apps, 35.14% (13 people) used online banking, 29.73% (11 people) used online learning services, and 16.22% (six people) read online magazines. 8.11% (three people) said they did not use the internet.



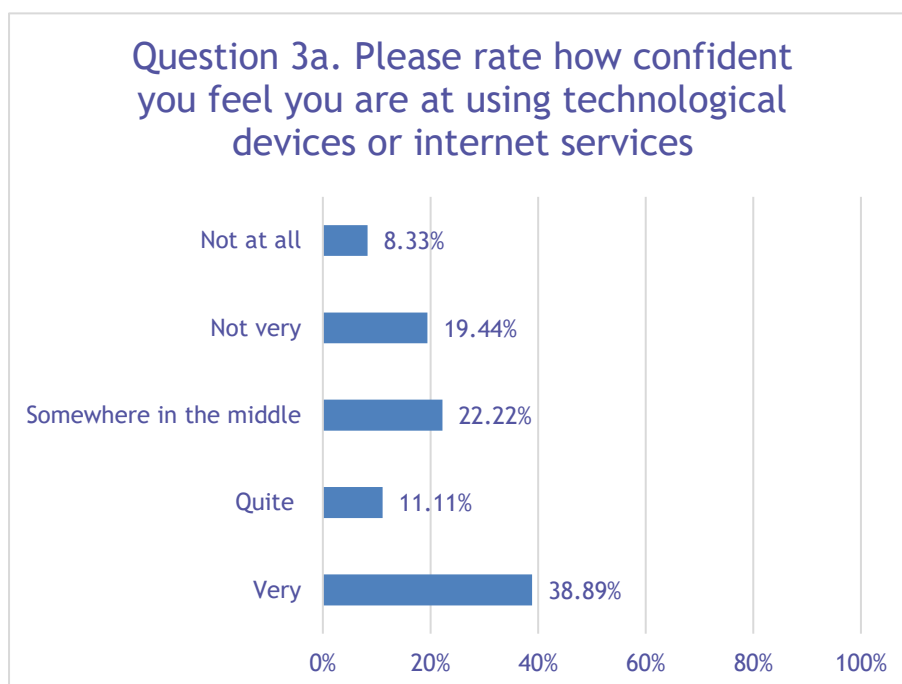


Question 3a. Please rate how confident you feel you are at using technological devices or internet services.

36 respondents answered this question and two did not. 8.33% (three people) were “not at all” confident, 19.44% (seven people) were “not very” confident, 22.22% (eight people) said their confidence was “somewhere in the middle,” 11.11% (four people) said they were “quite” confident, and 38.89% (14 people) said they were “very” confident.

There were some notable differences between the responses of different demographic groups.

- Age: 46.67% of respondents aged over 55 (seven people) were not very or not at all confident in using internet services, while none of the respondents aged 55 and under said they were not confident.
- Disability status: 36.36% of those with disabilities (four people) said they were not very or not at all confident, while 22.22% of respondents without a disability (four people) said they were not confident.
- Carer status: One carer (16.67%) said they were not very or not at all confident, while 30.43% (seven people) of non-carers said they were not very or not at all confident.



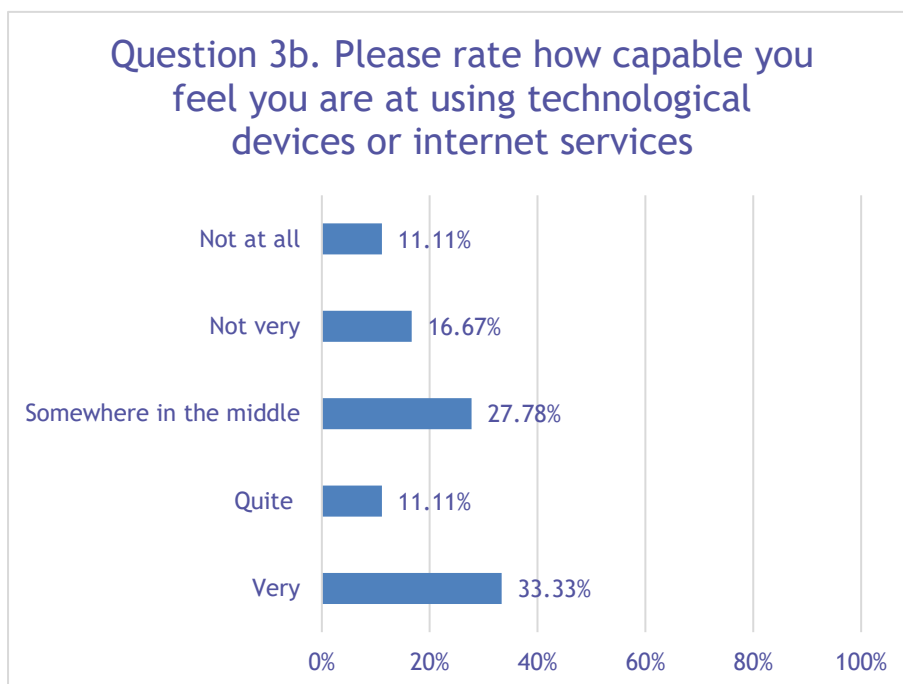


Question 3b. Please rate how capable¹² you feel you are at using technological devices or internet services.

36 respondents answered this question and two did not. 11.11% of respondents (four people) were “not at all” capable, 16.67% (six people) were “not very” capable, 27.78% (10 people) said their capability was “somewhere in the middle,” 11.11% (four people) said they were “quite” capable, and 33.33% (12 people) said they were “very” capable.

There were some notable differences between the responses of different demographic groups.

- Age: 43.75% of respondents aged over 55 (seven people) said they were not very or not at all capable of using internet services, while none of the respondents aged 55 and under said they were not very or not at all capable.
- Disability status: 40.0% of respondents with disabilities (four people) said they were not very or not at all capable, while 15.79% of respondents without a disability (three people) said they were not very or not at all capable.
- Carer status: None of the carers said they were not at all or not very capable, while 30.43% of non-carers (seven people) said they were not capable.



¹² What it means to be **digitally capable** will vary for each person. But generally we define digital capabilities as those which equip someone to live, learn and work in a digital society. (Source: [Individual digital capabilities - JISC](#))

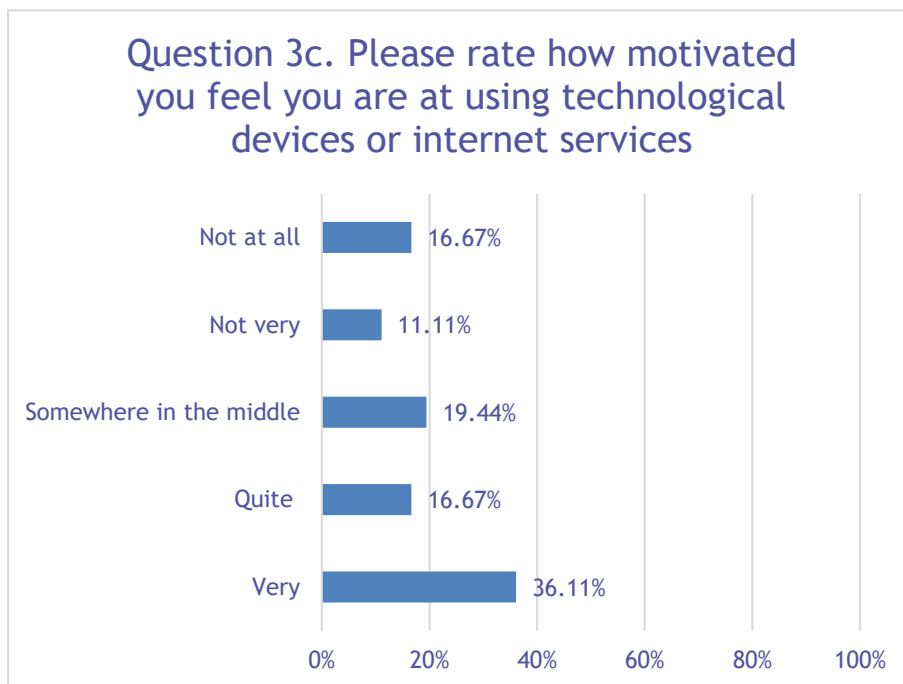


Question 3c. Please rate how motivated you feel you are at using technological devices or internet services.

36 respondents answered this question and two did not. 16.67% of respondents (six people) were “not at all” motivated, 11.11% (four people) were “not very” motivated, 19.44% (seven people) said their motivation was “somewhere in the middle,” 16.67% (six people) were “quite” motivated, and 36.11% (13 people) were “very” motivated.

There were some notable differences between the responses of different demographic groups.

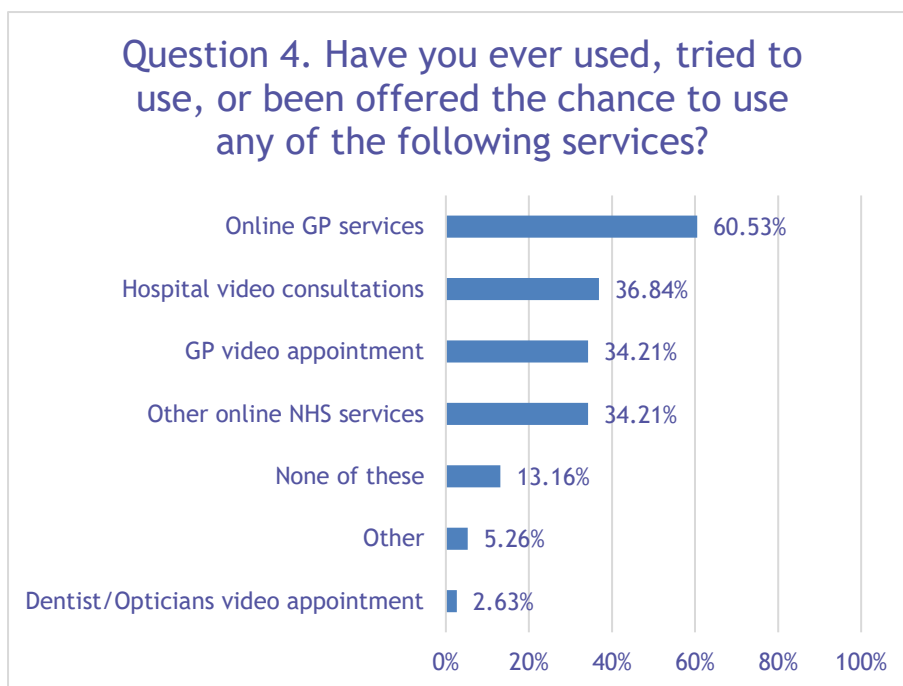
- Age: 31.25% of respondents aged over 55 (five people) said they were not very or not at all motivated, while only one person aged between 26 and 55 (9.09%) and none of the respondents aged 25 and under said they were not very or not at all motivated.
- Disability status: 30.0% of those with disabilities (three people) said they were not very or not at all motivated, while 21.05% of respondents without a disability (four people) said they were not very or not at all motivated.
- Carer status: 33.33% of carers (two people) said they were not very or not at all motivated to use internet services, while 21.74% of non-carers (five people) said they were not very or not at all motivated.





Question 4. Have you ever used, tried to use, or been offered the chance to use any of the following healthcare related digital services?

All 38 respondents answered this question. As respondents were able to select more than one answer, percentages may total greater than 100. 60.53% of respondents (23 people) had used or tried to use online GP services, 36.84% (14 people) had used or tried to use hospital video consultations, 34.21% (13 people) had used or tried to use GP video appointments, 34.21% (13 people) had used or tried to use other online NHS services, and one person (2.63%) had used or tried to use a dentist or opticians video appointment. 13.16% of respondents (five people) had not used or tried to use any services. Two respondents (5.26%) said they used “other” services; one did not specify a service and one said they had used or tried to use NHS counselling services.

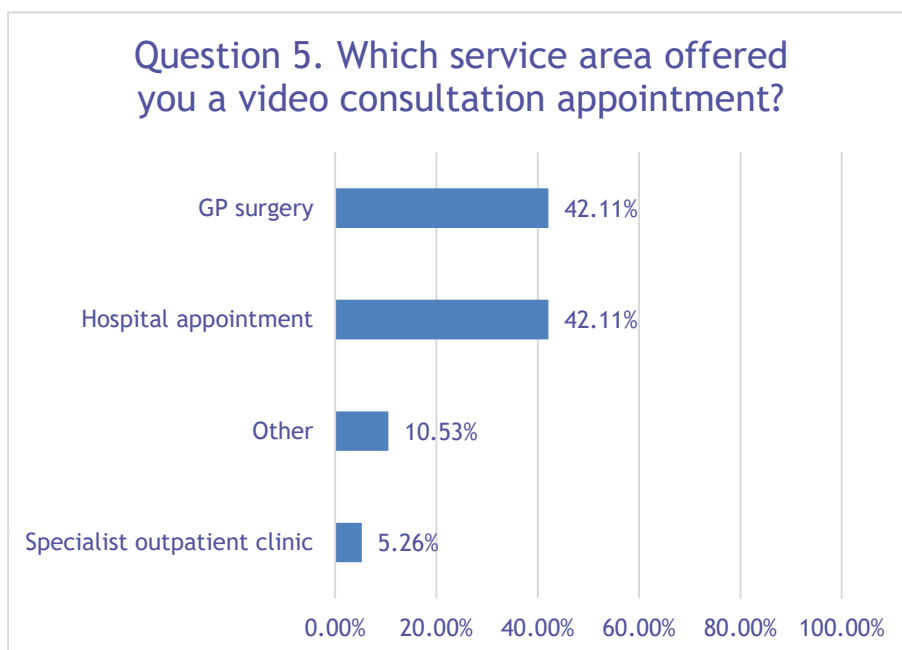




Question 5. Which service area offered you a video consultation appointment?

19 respondents answered this question and 19 did not. 42.11% of respondents (eight people) were offered a video consultation by their GP surgery, 42.11% (eight people) were offered a video consultation by a hospital, and one person (5.26%) was offered a video consultation by a specialist outpatient clinic. Two respondents (10.53%) had been offered video consultations from multiple departments; one respondent had been offered a consultation by both their GP and a hospital and one respondent had been offered a consultation by both their GP and a dentist or optician.

There were no statistically significant differences between the overall survey responses of those who had been offered a GP Appointment (Primary Care) and those who had been offered a Hospital/Specialist appointment (Secondary Care), however, the same points have been noted questions 7, 8 and 9 further in this report.



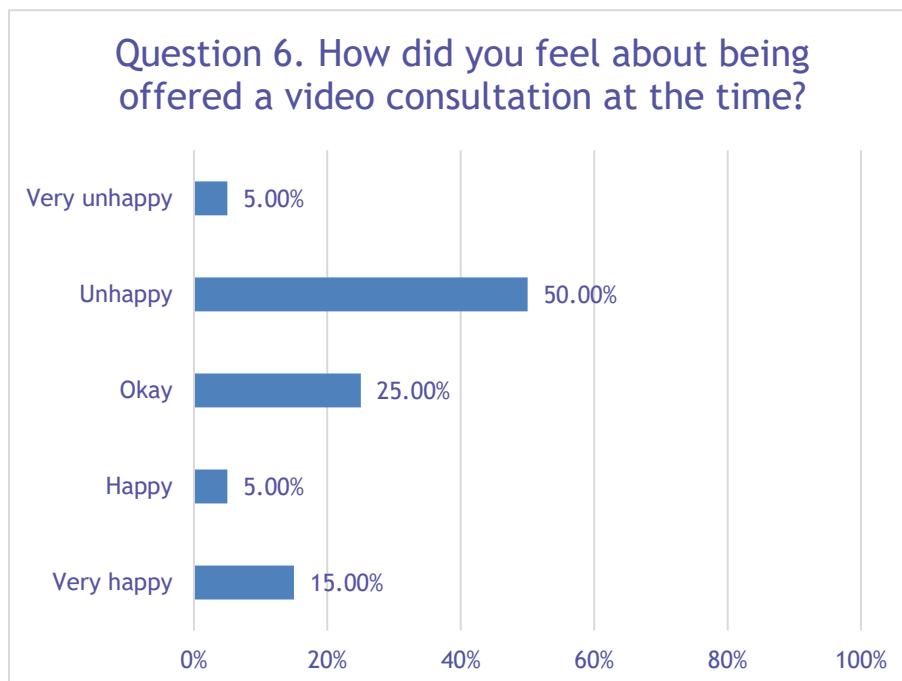


Question 6. How did you feel about being offered a video consultation at the time?

20 respondents answered this question and 18 did not. One respondent (5.0%) felt “very unhappy,” 50.0% of respondents (10 people) felt “unhappy,” 25.0% (five people) felt “okay,” one person (5.0%) felt “happy,” and 15.0% (three people) felt “very happy.”

There were some notable differences between the responses of different demographic groups.

- **Age:** 66.67% of respondents aged over 55 (six people) said they were unhappy to be offered a video consultation, and only one person over 55 (11.11%) said they were happy about it. For respondents aged 26 to 55, 50% (two people) said they were unhappy about being offered a video consultation and 50.0% (two people) were happy about it. For respondents aged 25 and under, none said they were unhappy, 25.0% (one person) said they were happy and 75.0% (three people) said they were okay with it.
- **Disability status:** 55.56% of those with disabilities (five people) said they were unhappy to be offered a video consultation, and none said they were happy, and 44.44% (four people) said they were okay with it. By contrast, 44.44% of those without a disability (four people) said they were unhappy, 44.44% (four people) said they were happy, and one person (11.11%) said they were okay with it.



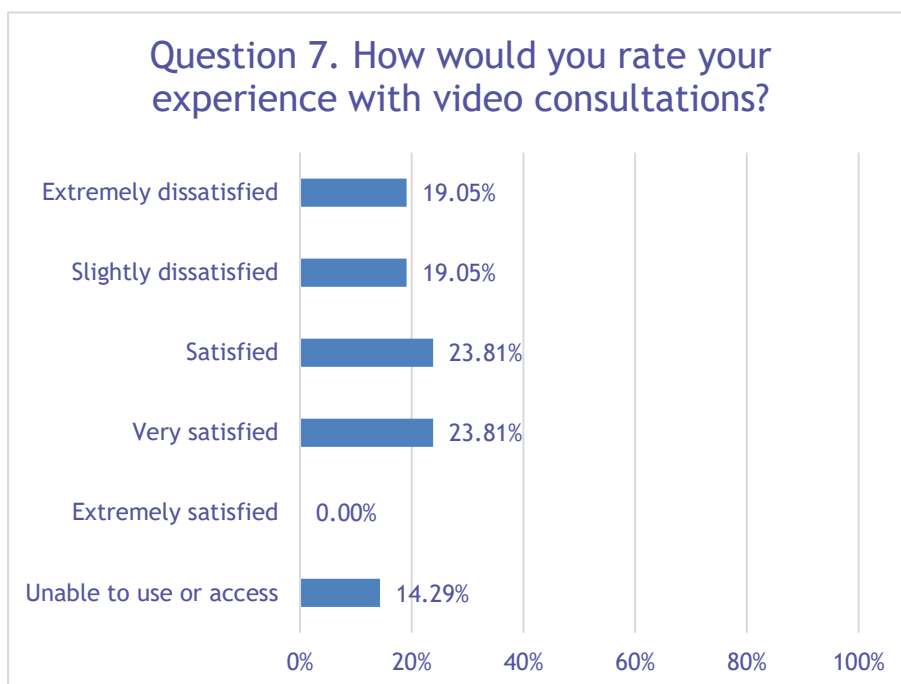


Question 7. How would you rate your experience with using video consultations?

21 respondents answered this question and 17 did not. 19.05% of respondents (four people) were “extremely dissatisfied”, 19.05% (four people) were slightly dissatisfied, 23.81% (five people) were “satisfied,” and 23.81% (five people) were “very satisfied.” None of the respondents said they were “extremely satisfied.” 14.29% of respondents (three people) said they were unable to use or access the video consultation.

There were some notable differences between the responses of different demographic groups.

- **Age:** 44.44% of respondents aged over 55 (four people) said they were dissatisfied with their experience of the video consultation, and 44.44% (four people) said they were satisfied with it. For respondents aged 26 to 55, 50.0% (two people) said they were dissatisfied with their experience and 50.0% (two people) said they were satisfied. For respondents aged 25 and under, none said they were dissatisfied, 80.0% (four people) said they were satisfied and one person (20.0%) said they were unable to use or access the video consultation.
- **Disability:** 20% of those with disabilities (two people) were dissatisfied with their experience and 50% (five people) were satisfied (30% or three people said they were not offered one). By contrast, 44.44% of those without a disability (four people) were dissatisfied and 55.56% (five people) were satisfied with their experience.
- **Appointment type:** More people who were offered a hospital appointment (5 people, 55.55% of respondents) stated they were either ‘slightly dissatisfied’ or ‘extremely dissatisfied’ with their experience with using video consultations than those offered a GP Appointment (3 people, 37.5% of respondents).

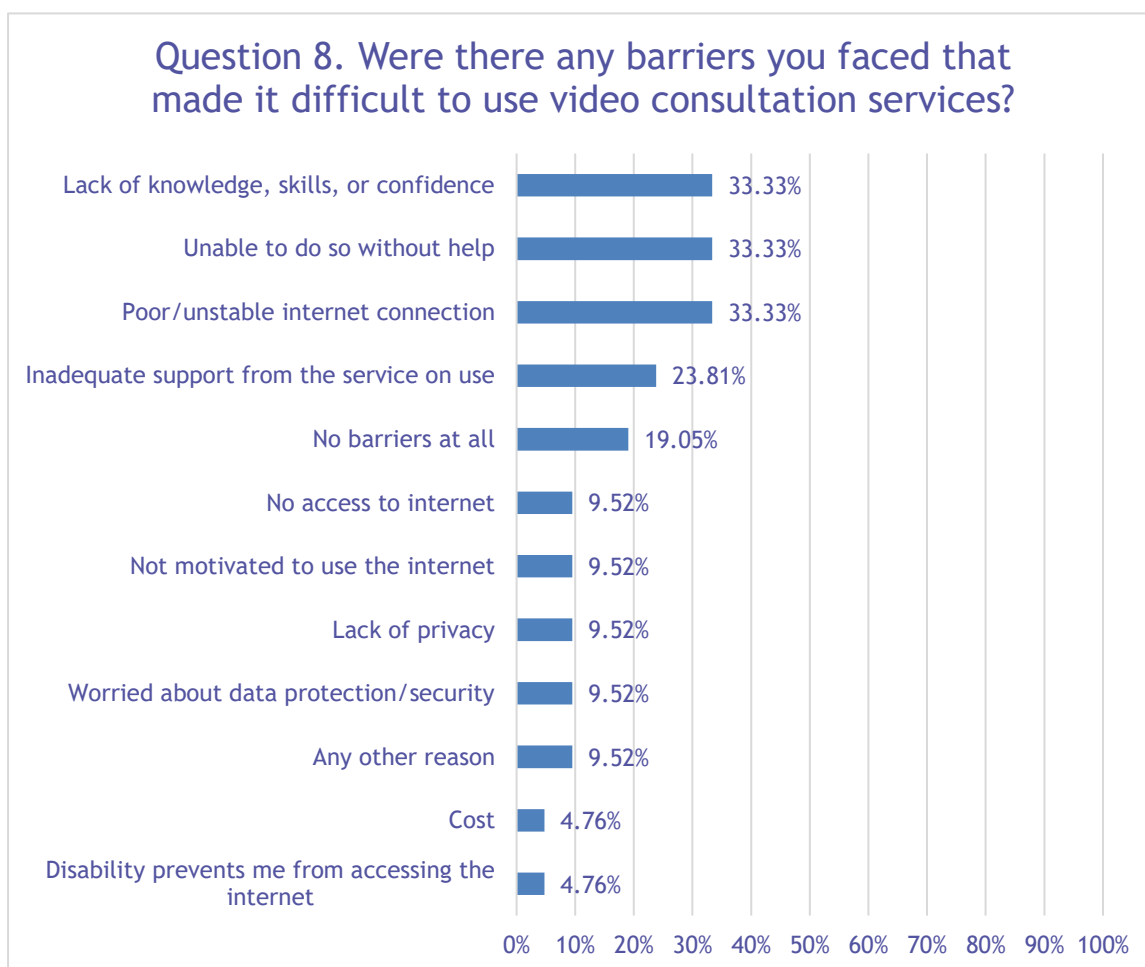




Question 8. Were there any barriers you faced that made it difficult to use video consultation services?

21 respondents answered this question and 17 did not. As respondents were able to select more than one answer, percentages may total greater than 100. 33.33% of respondents (seven people) said they lacked skills, knowledge, or confidence, 33.33% (seven people) said they were unable to do so without help, 33.33% (seven people) said they had poor or unstable internet connection, 23.81% (five people) said they didn't receive enough support from the service, 9.52% (two people) said they didn't have internet access, 9.52% (two people) said they were not motivated to use the internet, 9.52% (two people) said they lacked privacy, 9.52% (two people) said they were worried about data protection or security, one person (4.76%) said cost was a barrier and one person (4.76%) said their disability prevented them from accessing the internet. 19.05% of respondents (four people) said they faced no barriers at all. 9.52% of respondents (two people) said there was another reason; one said they had "no confidence" and one said the time of the consultation was an issue.

- More people who were offered a hospital appointment (3 people, 33.33% of respondents) cited 'Didn't receive enough support from the service on how to use it' as a barrier to using video consultation services than those offered a GP Appointment (1 person, 12.5% of respondents). More people offered a hospital appointment (5 people, 55.56% of respondents) also cited 'Poor or unstable internet connection' as a barrier to using video consultation services than those offered a GP Appointment (2 people, 25% of respondents).

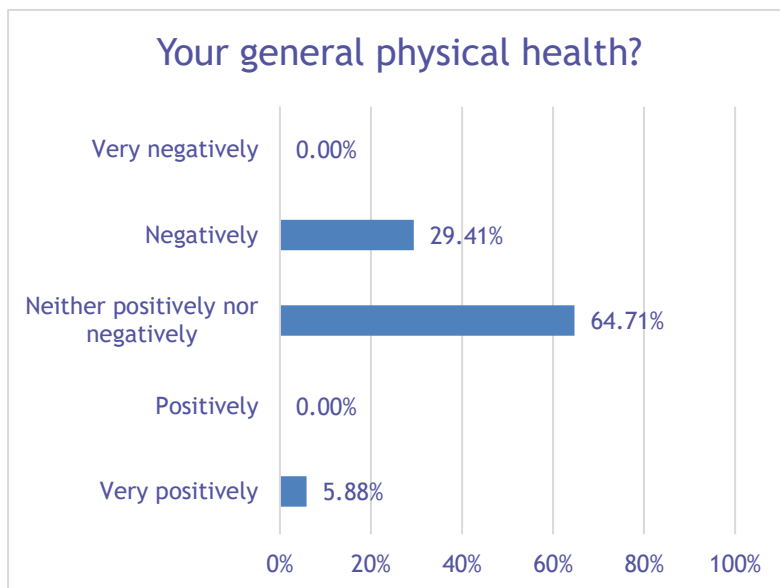




Question 9. If you had difficulties with using video consultation services, how did it affect...

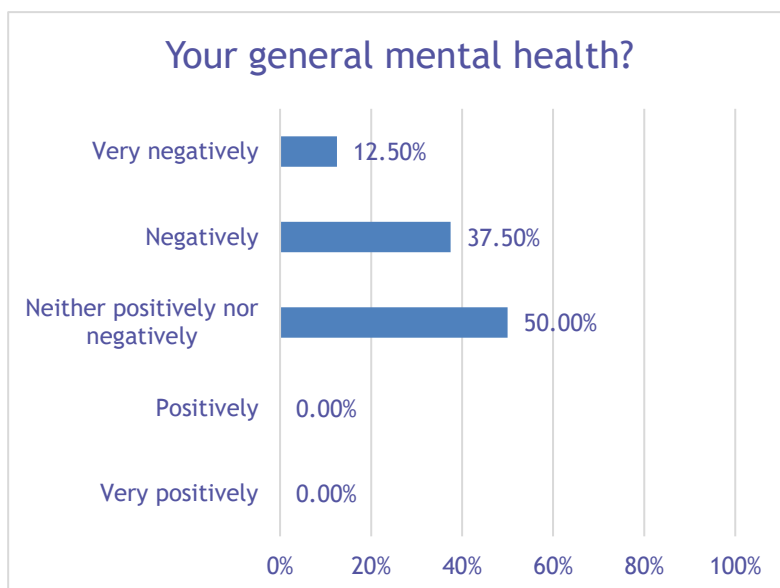
9a. Your general physical health?

Of the 17 respondents who answered this question, 29.41% (five people) were “negatively” affected, 64.71% were “neither positively nor negatively” affected, and one person (5.88%) was “very positively” affected. None of the respondents were affected “very negatively” or “positively.”



9b. Your general mental health?

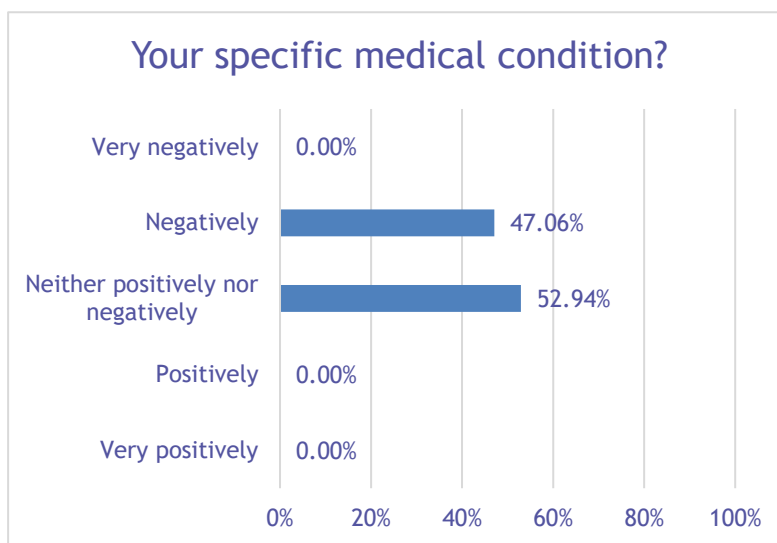
Of the 16 respondents who answered this question, 12.50% (two people) were “very negatively” affected, 37.50% (six people) were “negatively” affected, and 50.0% (eight people) were “neither positively nor negatively” affected. None of the respondents were affected “positively” or “very positively.”





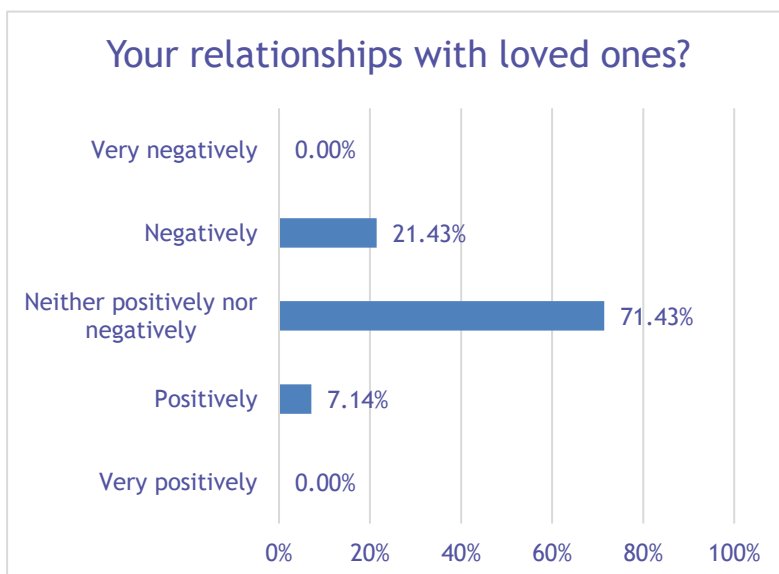
9c. Your specific medical condition?

Of the 17 respondents who answered this question, 47.06% (eight people) were “negatively” affected, and 52.94% (nine people) were “neither positively nor negatively” affected. None of the respondents were affected “very negatively,” “positively,” or “very positively.” Of those ‘negatively affected’ respondents, specific reasons mentioned included “my medical situation deteriorated as I was unable to see/talk to a doctor”, “The video didn't work properly and I had to wait even longer for a real appointment at the hospital” and “I felt ‘fobbed’ off throughout”. Majority of these cited ‘Poor or unstable internet connection’ and ‘Don't have the IT knowledge, skills or confidence’ as barriers to using video consultation services.



9d. Your relationship with loved ones?

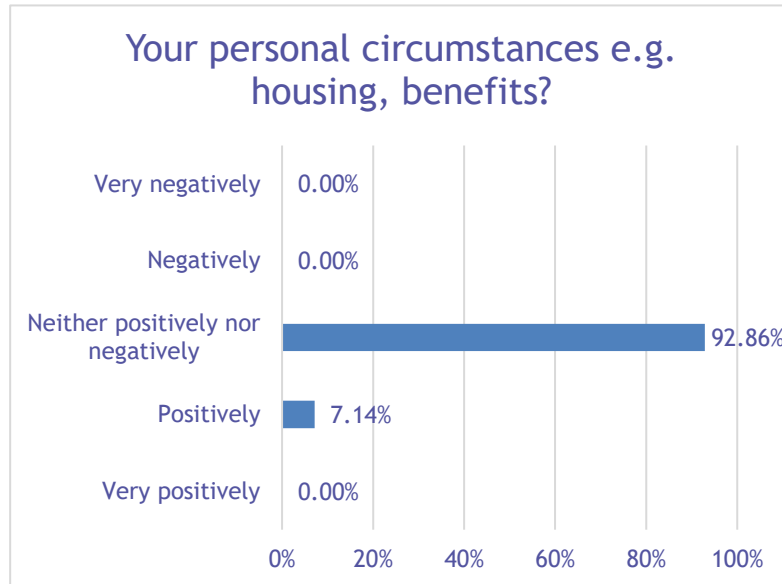
Of the 14 respondents who answered this question, 21.43% (three people) were “negatively” affected, 71.43% (10 people) were “neither positively nor negatively” affected, and one person (7.14%) was “positively” affected. None of the respondents were “very negatively” or “very positively” affected.





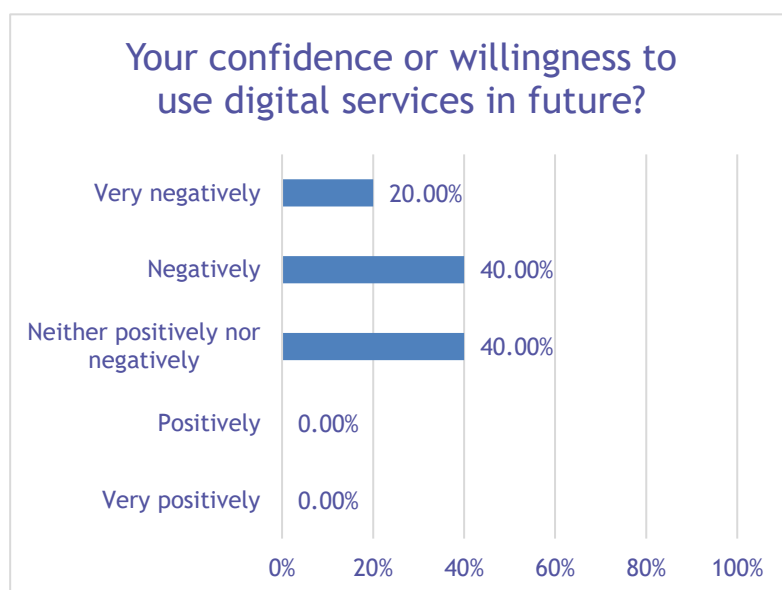
9e. Your personal circumstances (e.g. housing and benefits)?

Of the 14 respondents who answered this question, 92.86% (13 people) were “neither positively nor negatively” affected, and one respondent (7.14%) was “positively” affected. None of the respondents were “very negatively,” “negatively,” or “very positively” affected.



9f. Your confidence or willingness to use digital services in the future?

Of the 15 respondents who answered this question, 20.0% (three people) were “very negatively” affected, 40.0% (six people) were “negatively” affected, and 40.0% (six people) were “neither positively nor negatively” affected. None of the respondents were “positively” or “very positively” affected.





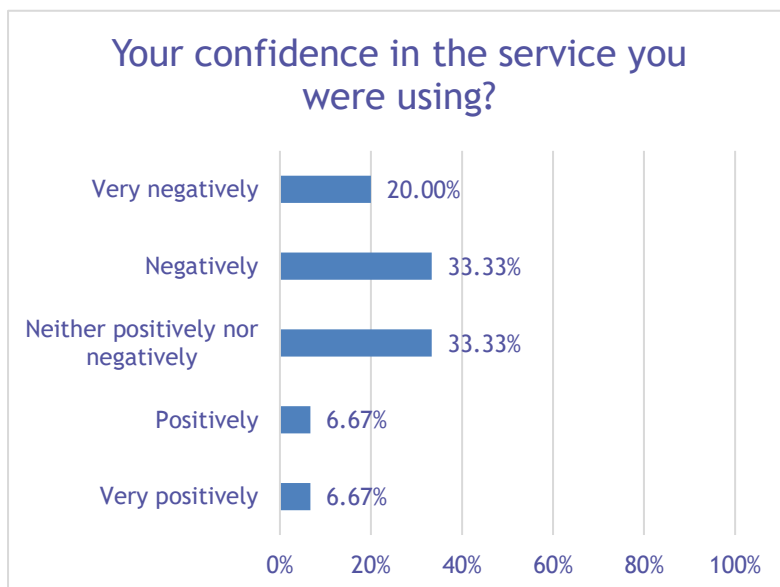
9g. Your confidence in the consultant you were meeting with?

Of the 15 respondents who answered this question, 26.67% (four people) were “very negatively” affected, 20.0% (three people) were “negatively” affected, and 53.33% (eight people) were “neither positively nor negatively” affected. None of the respondents were “positively” or “very positively” affected.



9h. Your confidence in the service you were using?

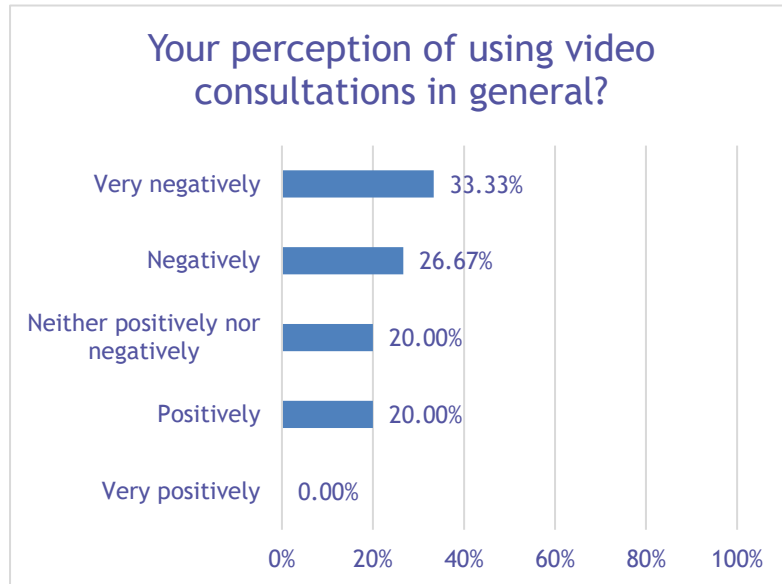
Of the 15 respondents who answered this question, 20.0% (three people) were “very negatively” affected, 33.33% (five people) were “negatively” affected, 33.33% (five people) were “neither positively not negatively” affected, one person (6.67%) was “positively” affected and one person (6.67%) was “very positively” affected.





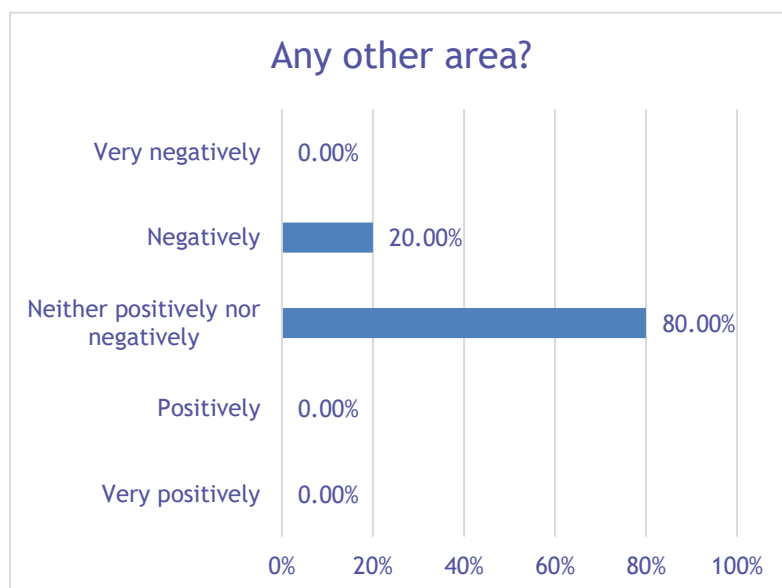
9i. Your perception of using video consultations in general?

Of the 15 respondents who answered this question, 33.33% (five people) were “very negatively” affected, 26.67% (four people) were “negatively” affected, 20.0% (three people) were “neither positively nor negatively” affected, and 20.0% (three people) were “positively” affected. None of the respondents were “very positively” affected.



9j. Any other area? (Please specify below)

Only two respondents left comments: one said they “don’t want to use the internet” and one said the process made them feel “stressed” due to inexperience using the service. Of the five respondents who answered this question, one person (20.0%) was “negatively” affected and 80.0% (four people) were “neither positively nor negatively” affected. None of the respondents were “very negatively,” “positively,” or “very positively” affected.





Question 9. Other comments / Reasons for answers to previous questions

- “It made me feel useless that it wouldn't work and quite low. I thought it would be good to speak to the doctor properly but I couldn't hear her and there was no one that could help me. Now I have to wait even longer to see someone at the hospital properly.”
- “Very anxious. Not had good experiences in past.”
- “I wouldn't have been able to do it without help from my next door neighbour but it worked quite well during the meeting. Was a bit uncomfortable having my neighbour in the room when I was talking about personal things with my doctor though.”
- “I don't like not being able to see my GP, I know the virus is horrible but I can wear a mask and see somebody. I don't want to go on the internet.”
- “I don't want to use the internet I want to speak to someone so I didn't do an internet appointment. I don't have any internet or computer either.”
- “It seemed okay when my son showed me how it works but I don't know if I'll be able to do it again without him. Made me feel a bit silly I was dependent on him to help me use the iPad he got me.”
- “The video didn't work properly and I had to wait even longer for a real appointment at the hospital. I felt stupid not being able to use the computer properly and would have liked more help doing this but I don't want to be a burden on the NHS.”
- “The whole process made me stressed, it wasn't easy to use without the knowledge of doing so previously. This has affected my feelings about using it moving forwards.”
- “It was a fob off and I had to argue strongly to get face to face appointment, but the outcome was evident from the first phone call, online and in the flesh. Fobbed off throughout.”
- “My medical situation deteriorated as I was unable to see/talk to a doctor.”
- “Cost of data I don't have.”

Notable Differences

- Type of appointment: respondents' confidence or willingness to use digital services in the future, confidence in the service they were using, and perception of using video consultations in general was marginally more negatively affected in those offered a hospital appointment as opposed to those offered a GP appointment. The main reasons for this appeared to be technical (e.g. couldn't get the video/sound to work properly).



Question 10. What could make it easier for you to use a video consultation appointment?

16 respondents answered this question and 22 skipped it, though six respondents gave answers that were not applicable. Six respondents said they would benefit from better assistance setting up and using the software or devices needed to access the consultation. One of these respondents also suggested it would be helpful to have a backup communication method, in case there are connection issues; another respondent also said that guidance needed to be consistent across services. Two respondents mentioned anxiety as a barrier; one said it would be helpful to have a person speak for them, while another did not specify how their anxiety could be reduced. One respondent said that it would be helpful to have video consultations held in a closer location, like a surgery or village hall, where patients can be assisted without having to travel to hospital. One respondent said better internet connection would make access easier and another said that a guaranteed, more convenient appointment time would make access easier.

Assistance setting up and using consultations (six respondents)

- “Someone to walk me through it, as I couldn’t get the microphone to work.”
- “A backup option in case you are unable to connect to the appointment.”
- “Clear instructions on how to use the service and [for this to be] mirrored across all services.”

Anxiety as a barrier (two respondents)

- “To stop my anxiety.”
- “Having someone with me so they could speak for me.”

Intermediary appointment location (one respondent)

- “If I could go somewhere safe near my house to do a video appointment with someone’s help, but not have to go all the way to the hospital. Like the village hall or my GP surgery.”

Reliable internet connection (one respondent)

- “Better internet and help using it from home.”

Guaranteed/convenient appointment times (one respondent)

- “Have a guaranteed time for the session that is not during school teaching hours.”



Question 11. Do you have any other comments about using digital technology or internet or services in relation to healthcare?

21 respondents answered this question and 17 did not, though four respondents left answers that were not applicable or irrelevant. Five respondents said that better guidance and assistance in using digital services was needed. Five respondents expressed a preference for in-person appointments instead of virtual consultations. Four respondents had complaints about eConsult, saying that the process is excessively long or laborious. Four respondents expressed positive sentiments towards video consultations, though one noted that the service needed to be “fit for purpose.” One respondent had concerns about patients that do not know how to use services being left behind, and one respondent said they had concerns about using their device due to data protection concerns.

Better guidance and assistance (five respondents)

- “I am very wary of doing anything important on the device, as if anything goes wrong I can’t sort it out.”
- “I think it is good when it works but a lot of people like me are not able to get it working without some help.”
- “I think it’s a great service once people have been shown how to use it.”

Preference for in-person appointments (five respondents)

- “I don’t want to use it.”
- “I think we should go back to seeing people properly.”
- “I would rather see a doctor in person.”

Complaints about eConsult (four respondents)

- “For contacting my GP I much prefer telephoning them rather than waiting for a response to an online request.”
- “The forms need to be streamlined. There needs to be a fast track for specific questions. At present I have to invent symptoms to get to the part of the form where I can ask a simple question. I would like to see a direct question line.”

Positive sentiment towards video consultations (four respondents)

- “It usually works well for me and I find it easy to access.”
- “I find it quite easy to access my appointments via video call”
- “I like it but it needs to be fit for purpose.”

Concern about patients being left behind (one respondent)

- “I think it is good for some people but others that don’t know how to do it will suffer more when they can’t do it.”

Data protection concerns (one respondent)

- “I get nervous using my tablet in case anyone hacks my details.”



Demographics information

Where fewer than five respondents belonged to a particular category, these categories have been combined and labelled as “other.”

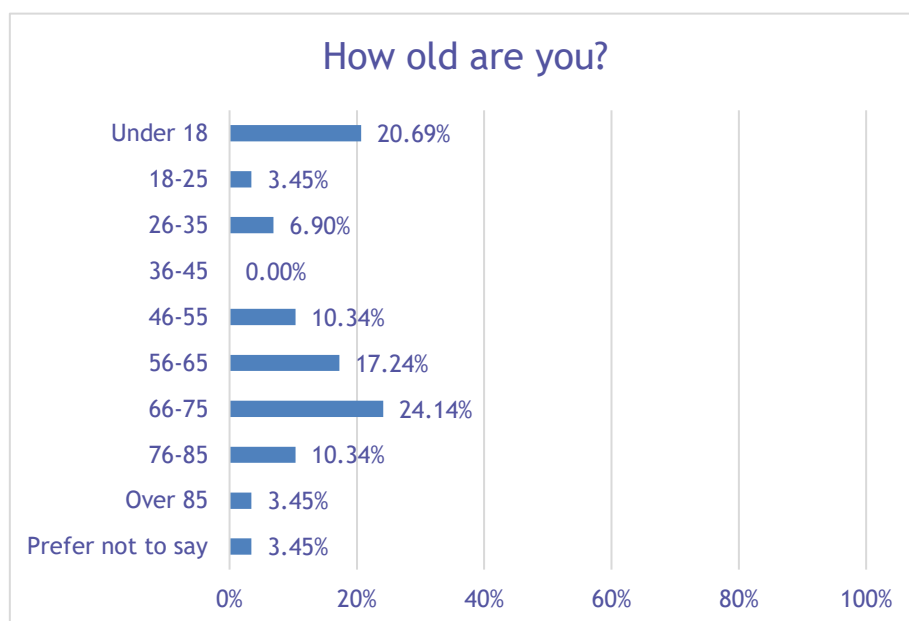
What is the first part of your postcode?

24 respondents answered this question and 14 did not. The number of respondents living in each postcode area is listed in brackets below. This equates to 7 from Torbay, 6 from the wider South Devon area, 5 from Plymouth and its surrounding areas, 4 from the Exeter, North, East and West Devon areas and 2 from West Somerset and Taunton.

- TQ12 (4)
- PL1 (2)
- PL2 (2)
- TQ1 (2)
- TQ2 (2)
- EX4 (1)
- EX14 (1)
- EX20 (1)
- EX31 (1)
- PL19 (1)
- TA1 (1)
- TA24 (1)
- TQ3 (1)
- TQ4 (1)
- TQ5 (1)
- TQ9 (1)
- TQ14 (1)

How old are you?

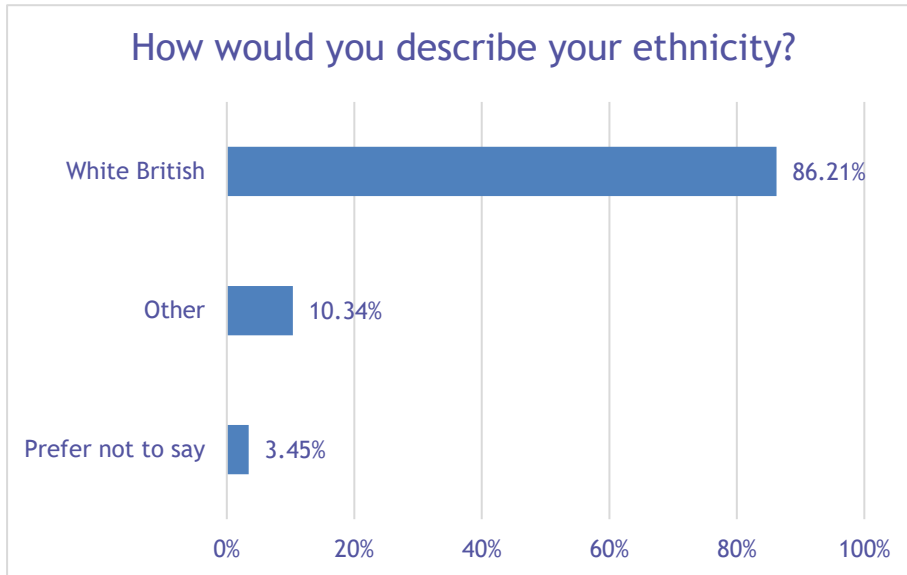
29 respondents answered this question and nine did not. 20.69% of respondents (six people) were under 18, one person (3.45%) was 18 to 25, 6.90% (two people) were 26 to 35, 10.34% (three people) were 46 to 55, 17.24% (five people) were 56 to 65, 24.14% (seven people) were 66 to 75, 10.34% (three people) were 76 to 85, one person (3.45%) was over 85, and one person (3.45%) answered “prefer not to say.” None of the respondents were 36 to 45.





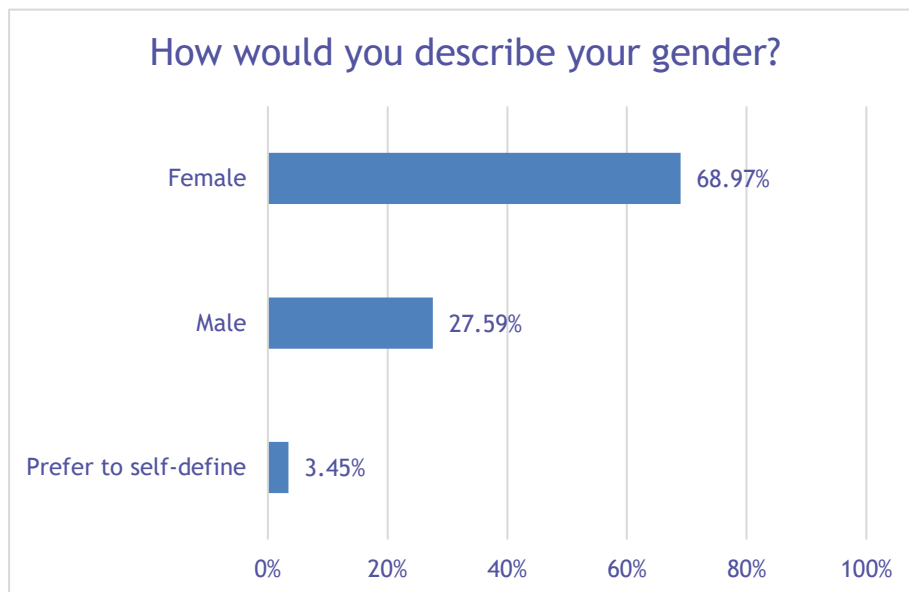
How would you describe your ethnicity?

29 respondents answered this question and nine did not. 86.21% of respondents (25 people) were White British, 10.34% (three people) were of another ethnicity, and one person (3.45%) answered “prefer not to say.” As fewer than five respondents belonged to other ethnicities, these ethnicities will not be identified.



How would you describe your gender?

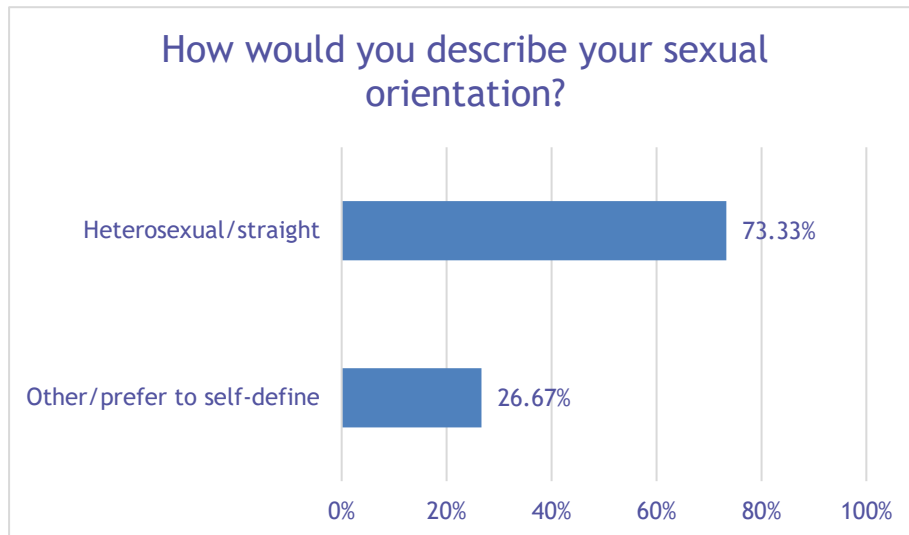
29 respondents answered this question and nine did not. 68.97% of respondents (20 people) were female, 27.59% (eight people) were male, and one person (3.45%) answered “prefer to self-define.”





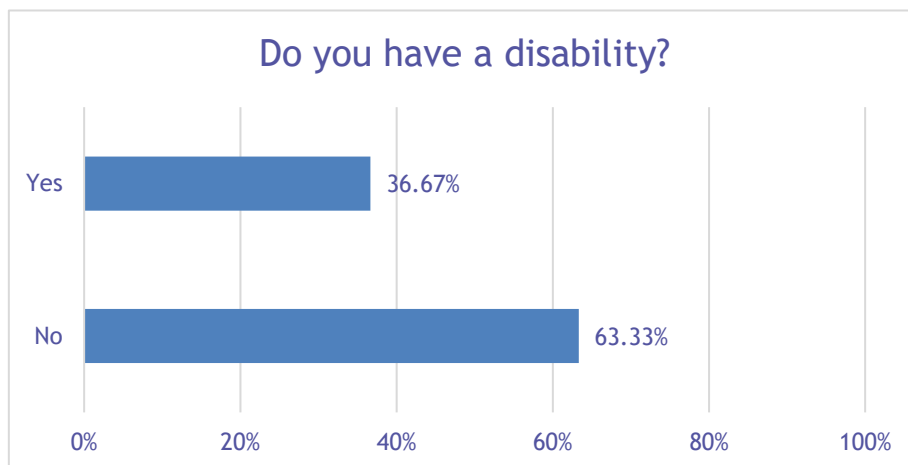
How would you describe your sexual orientation?

30 respondents answered this question and eight did not. 73.33% of respondents (22 people) were heterosexual/straight and 26.67% (eight respondents) were of other orientations or preferred to self-define. As fewer than five respondents were of other orientations, those orientations will not be identified.



Do you have a disability?

30 respondents answered this question and eight did not. 36.67% of respondents (11 people) said they had a disability and 63.33% (19 people) said they did not.



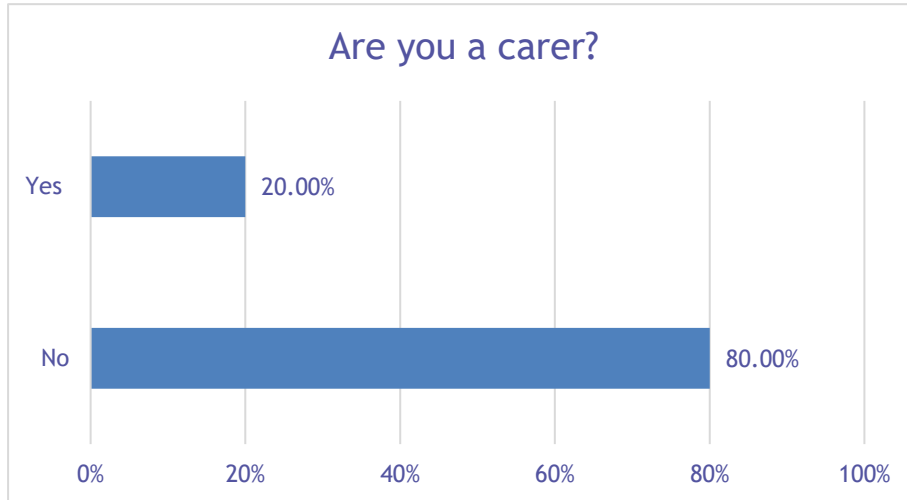
If so, what type of main disability do you have?

The 11 respondents who answered "yes" to the previous question also answered this question. As fewer than five respondents belonged to each category, they will not be identified.



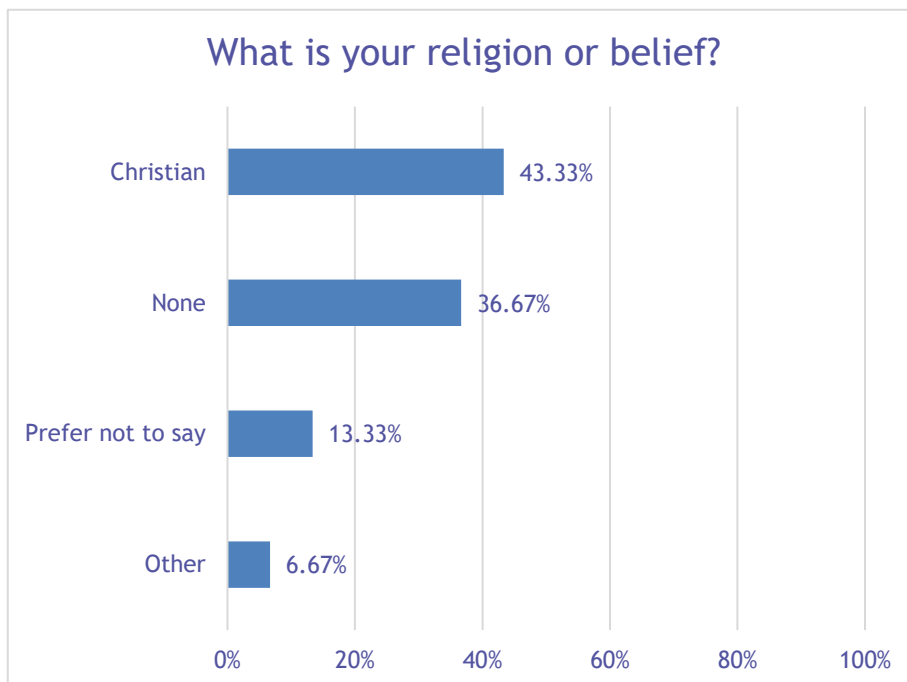
Are you a carer?

30 respondents answered this question and eight did not. 20.0% of respondents (six people) said they were a carer and 80.0% (24 people) said they were not.



What is your religion or belief?

30 respondents answered this question and eight did not. 43.33% of respondents (13 people) were Christian, 36.67% (11 people) had no religion, 13.33% (four people) answered “prefer not to say,” and 6.67% (two people) answered “other.”





Evaluation & Limitations

COVID - 19

At the time of consultation the ongoing COVID-19 pandemic and Government guidelines meant that the consultation approach needed to be adapted to limit social contact and to ensure people could express their views in a safe manner.

There were, however, limitations with both the approach used and the survey response, not least due to the impact of COVID-19.

The pandemic meant we were unable to host public engagement events, face-to-face focus groups or forums, or create printed literature to promote the surveys in public venues. The latter was a particular concern with healthcare providers such as hospitals and GP Practices, who politely declined our offer to deliver batches of printed surveys for display in waiting rooms in order to better control the virus and the potential exposure to their patients from multiple people handling surveys.

It was therefore decided that the best approach would be to arrange Focus Groups, either online with the assistance of key support groups, or in person if COVID protocol allowed. It was also decided to host the survey online, promoting this via both the voluntary and statutory sectors via email to share with the people they support and their patients, alongside an offer to print and distribute paper versions of the survey upon request with freepost envelopes to encourage uptake.

It is important to highlight that positive tests for COVID-19 also affected Focus Group attendance. For example, three Focus Groups were either postponed or cancelled as a result of positive tests, with some participants also unable to attend pre-arranged groups.

It should also be noted that there is no way of knowing for certain whether findings in this report reflect the impact on patient experience of new ways of working introduced during the pandemic or reflect wider issues in patient experience.

Limited Sample Size

In total, 59 people contributed to this consultation from across Devon, 21 via Focus Groups and guided conversations, 38 via the survey itself.

Despite approaching 168 different support groups or organisations in Devon related to the four key patient cohorts selected by the South West AHSN, only four responded positively and agreed to host a Focus Group with the people they support. Some of these 21 people couldn't attend a Focus Group so were contacted separately by phone to take part in a guided conversation. Where online methods such as a Zoom or Microsoft Teams meeting were used, this was done with the support of a representative from each organisation, to allow for those digitally excluded people to contribute. We are confident that despite the small sample size with focus group participants, the feedback gathered is absolutely from patients who have been offered video consultations and had difficulty using them.



Key feedback gathered by some of those organisations who didn't take part in Focus Groups suggests that the people they support simply didn't meet the sample criteria or that the people they support would 'not be interested' in anything digital-related.

We received similar feedback from some of the 400+ organisations contacted to share the online survey with the people they support and offer to have surveys printed out and sent directly to addresses with accompanying pre-addressed freepost envelopes. Only three printed surveys were requested, with some feedback suggesting that the subject of the survey (gathering feedback from patients who have been offered video consultations and had difficulty using them) was too 'niche' for their audience.

The survey was also shared with Healthwatch in Devon, Plymouth and Torbay, their 3,600 email newsletter subscribers and thousands of their followers on social media, but just 39 responses were received overall.

Our intention was to further segment the data in order to potentially map against wider determinants such as socio economic or protected characteristics. For example, segmented by postal areas where deprivation is more prominent or internet connectivity is poor could have provided more extensive analysis and commentary. However, it was decided that the limited number responses when segmenting may not be perceived as 'statistically significant' or therefore representative of the wider population in those areas.

It is also important to highlight that as the vast majority of respondents classed themselves as 'White British' there was no real opportunity to draw out any challenges associated with ethnicity/ethnic origin. For example, those who have English as a second language may have greater difficulty following instructions associated with the platforms, with no avenue for additional support.

Although the response was relatively small, which was expected given the specifically small sector of the local community targeted here, we believe that many local residents had the opportunity to share their feedback about the impact of digital exclusion on health outcomes for patients who have been offered video consultations.

Results Analysis

Due to the relatively small sample size of 59 people in total, analysing trends, patterns and issues has been challenging and great care needs to be taken when drawing conclusions from this data or making recommendations based on the feedback of such a small cohort of people. The trends or issues raised in this report may not represent the entire population.

For example, it was particularly difficult to draw conclusions and report on GP and secondary care separately, as the sample size for this was extremely limited and there were no statistically significant differences between the responses of either cohort of respondent.

Although this consultation provided a wealth of valuable public feedback, it is clear there is scope for further work and understanding more about the impact of digital exclusion on health outcomes for patients who have been offered video consultations.



Allowing more time for the consultation, with a more targeted approach using more of the engagement methods unavailable due to COVID and with the support of healthcare providers and commissioners, would yield a much larger and wider-ranging response.

Other Factors for Consideration

These findings - whilst aimed at understanding the impact of patients' digital exclusion when offered a video consultations - offer a broader insight into the experience of video consultations of those who decided to take part in this consultation.

As mentioned in the background section, socioeconomic factors and literacy generally (not only digital) can lead to digital exclusion too, and this report doesn't fully address the potential widening of health inequalities created by a move to digital and technology-enabled healthcare and population health management initiatives. An additional consideration is that socioeconomic and literacy barriers to remote or digital healthcare overlap with those who do not engage with healthcare and screening generally, even when delivered by more conventional, in-person, means.

An additional factor not covered in this consultation could also be those clinical staff deemed to be digitally excluded (e.g. related to the purchase, adoption and training needs of new technology), and the impact of that on patients - i.e. if staff are resistant or poorly trained this may impact on the digital exclusion of patients.



Discussion

The focus of this report is to better understand what the experiences of digital exclusion are in Devon for those patients specifically trying to access healthcare digitally via online video consultations (e.g. Attend Anywhere hospital video consultations), and how digital exclusion affects health outcomes or changes in the health of a patient or group of people.

This report therefore points to a type of digital exclusion which relates to access to primary and elective healthcare and whether a move from face to face to video consultation is appropriate for a certain cohort or condition. As such, the findings relate to personal preferences and appropriateness of video consultation. Combining the data gathered from the 38 survey results with the data gathered from the 21 focus group participants and the following themes, trends and areas of concern emerge.

Barriers to Access

Feedback shows that the drawbacks of virtual consultations were mostly unrelated to confidence, capability, and motivation, with many people regularly using devices for surfing the internet or reading/writing emails, but a much lower proportion using them for video calls. This is despite the significant majority of participants recognising the benefits of virtual appointments. This could suggest that the appetite for video calls is overestimated, but more likely here is that the following key barriers being experienced are off-putting to patients.

Technical Issues

By far the most frequent barrier cited throughout the consultation, participants who had trouble accessing virtual consultations mostly saying this was due to technical issues out of their control, such as poor or unstable internet connection in rural areas or video links being incorrect. The digital infrastructure in Devon could be being overestimated and there are legitimate fears from participants being digitally excluded from healthcare that they will be 'left behind' because of this.

Lack of Skills, Knowledge or Support

Many participants said they lacked the relevant skills or knowledge to use a video consultation service, with some saying they didn't receive enough support from the service itself. Indeed, the most common suggestion to make virtual consultations more accessible was to provide better guidance and information on how to use video calling software, and for more consistency in the software used across different services.

Privacy Concerns

Privacy was a particular concern for carers and young people, who could not attend virtual appointments without being overheard or without the help of someone else. This could be a safeguarding issue as patients may be unable to disclose to clinicians if they are being neglected or mistreated. These groups expressed a strong preference for in-person



appointments, suggesting that access to a private space is a barrier to effective therapeutic support.

Experiences Using Video Consultations

There was a split in how people rated their video consultation, with many people satisfied and many people dissatisfied with their experience, suggesting much of people's experiences may be related to personal preference or the effect experiencing the barriers previously mentioned have on their ability to use a video consultation.

Participants across multiple groups said they found it difficult to be assessed virtually; symptoms may not be possible to capture on camera, particularly if the image resolution is poor. It was felt some symptoms need to be physically examined to be properly understood. Additionally, participants felt sensitive topics were easier to discuss face-to-face. Some participants felt that they could have received appropriate treatment quicker if virtual appointments were not the default. This is a crucial point to raise as virtual appointments are NOT the default, but the perception that they are or the fear that they will be very soon is present in patients. This further highlights the need for improved communication with patients around the use of video consultations.

There was also no significant difference in the feedback collated on video consultations related to either primary or secondary care. The general consensus from participants was that a video consultation is only good for certain conditions or reasons (e.g. discussing test results with a GP/Consultant or having a mental health assessment) but anything that would benefit more from a physical examination (e.g. checking a rash or observing a child's behaviour during an ADHD assessment) should be done face-to-face.

Implications of Digital Exclusion on health

Due to the relatively small sample size of 59 people in total, analysing trends, patterns and issues has been challenging and great care needs to be taken when drawing conclusions from this data. The trends or issues raised in this report may not represent the entire population, but the following are the most frequent health implications or effects of digital exclusion in relation to healthcare:

Mental Health

Many of the participants who experienced difficulties accessing virtual consultations said it negatively impacted their mental wellbeing and even participants who had positive experiences with virtual consultations said they felt anxious before appointments because of the possibility of technical difficulties. There were also stress and anxiety caused when video links did not work and patients were worried about possibly waiting a long time for the next available appointment. Another respondent said that learning to breastfeed via video consultation was inadequate, affecting both her and her baby, which left her feeling "anxious and hopeless."

Some participants also stated how issues with their mental health (particularly anxiety) meant that their parents/carers still had to book medical appointments for them, and that changing the way appointments are done (i.e. virtually) exacerbates their anxiety. The feedback would suggest that anxiety is related to uncertainty of technology working and its



capability, as well as perceptions on increased time to receive assessment or support. This is a very significant effect to note, as those people receiving mental health support are among the greatest user specialties of virtual consultations.

Confidence

Many respondents who experienced difficulties using video consultations said it negatively affected their confidence or willingness to use digital services in the future and it negatively affected their confidence in the healthcare service they were using. Many participants were put off by their first experience using video consultations, and a less than positive first experience impacts future engagement, extra support should be put in place to ensure this does not happen.

Interestingly, respondents' confidence or willingness to use digital services in the future, confidence in the service they were using, and perception of using video consultations in general was marginally more negatively affected in those offered a hospital appointment as opposed to those offered a GP appointment. The main reasons for this appeared to be technical (e.g. couldn't get the video/sound to work properly). This could suggest further work and better guidance on using devices and software is needed in hospitals and secondary care.

Physical Health

Some participants who experienced difficulties using video consultations said it negatively affected their physical health, mainly as they found it difficult to be assessed virtually and had to arrange a further face-to-face appointment. In some cases, this meant longer periods with pain and waiting for support.

Summary

Overall, patients understand the benefits of using virtual appointments and there is some willingness to use them in the right context for certain conditions or types of consultation.

However, experiencing barriers such as technical issues, a lack of skills, knowledge or support, and concerns over privacy means that some patients are having a poor first experience using video consultations, which is leading to a reluctance in patients to use them in future.

Much of people's experiences may be related to personal preference or the effect experiencing these barriers have on their ability to use a video consultation.

These personal preferences and barriers to digital inclusion are having a negative effect on both the mental and physical health of patients, and their confidence or willingness to use digital services in the future.



Recommendations

Due to the relatively small sample size of 59 people in total, analysing trends, patterns and issues has been challenging and great care needs to be taken when drawing conclusions from this data. The trends or issues raised in this report may not represent the entire population. However, based on the feedback gathered in this report, the following recommendations can be made to improve the experiences of Devon patients specifically trying to access healthcare digitally via online video consultations whilst also limiting the negative effects on health previously mentioned in this report.

1. ***Support digital infrastructure*** - Although issues related to poor digital infrastructure or unstable internet connection in rural areas are hard to combat in local communities, the issues remain and could lead to a poor equity of service provision across these rural areas in Devon. **These need to be considered at a national level by NHS England as a priority concern in relation to delivery of video consultations.**
2. ***Engage with patients and staff to improve functionality*** - Participants in this consultation highlighted the need to use software that is simple, transparent, and consistent across different services - whether primary care or secondary. They also highlighted that services should ensure that this software is compatible with multiple different devices and that it is fully accessible (e.g. for people with a visual impairment). We recommend continued engagement with patients on the specific issues related to video consultation software design, including the highlighting of technical glitches and potential poor application of the technology. We also recommend continued engagement with NHS clinical and operational staff, whose selection, buy-in, adoption, training and utilisation of any new technological healthcare approaches are the foundation to any technology-enabled service. This could help limit some of the negative effects occurring in patients either experiencing or worrying about experiencing technical issues. Technical issues such as broken video links or issues with service design should be addressed by those providing the care such as ICS or **Health Trusts**, with support from **technology suppliers**. **These same groups should lead on the overall engagement, with support from NHSE.**
3. ***Review current information available*** - a complete audit by NHSE programme leads (working with providers) of the current information, advice and guidance on video consultations available to both patients and NHS clinical and operational staff is needed, including a review of the current training on offer to staff. **This should be led by NHSE.**
4. ***Improve skills, knowledge and support for patients and staff*** - New staff training is recommended to ensure it addresses key issues such as embedding an understanding of the breadth of digital exclusions and their impacts, the use of remote consultations and the onboarding of patients. Both patients and staff need to know the specific criteria for when a virtual appointment is both appropriate and inappropriate, with patients needing reassurance that their issues will be addressed during a video consultation and that they will not have to wait longer for an in-person appointment if it isn't possible via video link. Extensive individual marketing campaigns aimed at both patients and staff should



be used to complement this new and improved guidance. **This should all be led by Health Trusts, with support of the ICS.**

5. **Ensure Alternative Communication Mechanisms** - alternative communication arrangements should be provided for when a patient experiences difficulty in setting up appointments. This includes a dedicated ‘technical support’ number to call for help and a contingency plan put in place beforehand by the healthcare provider should digital exclusion barriers prevent the video appointment taking place (e.g. a safety netting protocol for patients with lost connection). **This should be led by Health Trusts, with support of the ICS.**
6. **Privacy Concerns need to be monitored** - patients should be assessed thoroughly beforehand by the individual healthcare provider to ensure that there are no privacy concerns or safeguarding implications to them taking up a remote appointment, particularly young people, carers and their cared for, or older people who may require help to take part in a video consultation. Potential alternative healthcare provision should also be explored. *(For example, one participant suggested their digital exclusion barriers would be non-existent if there was a private room available at their local GP Practice with the right equipment and support on offer to enable patients to attend a virtual hospital appointment).* Effective guidance for staff on how to deal with these issues should be produced and **implemented by the Health Care provider with support from ICB** to ensure consistency across their health system.
7. **Further consultation work is required by NHSE** - Although this consultation provided a wealth of valuable public feedback, it is clear there is scope and need for further work and understanding more about the impact of digital exclusion on health outcomes for patients who have been offered video consultations. A more targeted approach using more of the engagement methods unavailable due to COVID-19 over a greater time period would yield a much larger and wider-ranging response. The findings of this report could form the foundation of **further work by NHSE SW to inform patient assessment in remote technology pathways.**
8. **This report should be shared with all relevant stakeholders** - We recommend sharing this report with local health, social care and wellbeing providers and commissioners involved in the delivery of video consultations, so they can gain a valuable insight into some of the comments received from the public around the impact of digital exclusion on health outcomes. **This should be led by NHSE SW.**

Thanks & Recognition

Engaging Communities South West (ECSW) would like to thank the South West Academic Health Science Network (South West AHSN) for their help and support creating the survey and also all the members of the public, carers, friends and family in Devon who shared their valuable feedback in this report, especially those four groups whose members attended our Focus Groups, Exeter Babies Group, Plymouth Pulmonary Fibrosis Support Group, Devon Carers Ambassadors and Exim Dance.

Our Mission is to transform the way local services are designed and delivered: we help make communities heard and enable responsive, person-centred solutions for providers.

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