



# Experiences of digital and telephone appointments

## Summary

### Background:

As a result of the coronavirus pandemic, many health and social care services have had to switch to using working remotely. Healthwatch Wandsworth and NHS Wandsworth South West London Clinical Commissioning Group (CCG) wanted to hear about people's experiences of accessing and using digital and telephone appointments. We used a variety of methods and over 570 people contributed their views.

### What we did:

An anonymous survey was developed to ask people who live in Wandsworth to share their views and experiences on how digital and telephone appointments with GPs and other health and care services them since the start of the coronavirus pandemic. This included asking about what they think worked well and less well about booking appointments, availability, their actual appointment, and the options given.

We also worked to reach a wider community via 1 to 1 interviews and online forums for further insight. This included groups with special educational needs, faith groups and different age groups.

### What we were told:



Views and experiences of using digital and telephone appointments were mixed, even amongst different sections of the community. Some praised and preferred telephone appointments, particularly for routine checks. Common reasons included needing less time to go to the surgery and not having to wait in the waiting room and for those who may have difficulty leaving home.

However, some fed back negative experiences of digital and telephone appointments. They most often referenced long waiting times to speak to healthcare personnel, unhelpful first points of contact, rushed calls and feeling that they did not provide the same level of care as face-to-face appointments.

### Recommendations:



Patterns of experience and preferences often depended individual need and circumstance, sometimes even varying for a person depending on the need at the time, as well as variation in what services to offered and how services were administered. Our full list of recommendations at the end of the report summarises considerations for a consistent level of service throughout the system to respond to need and circumstances of the patient and the appointments.

Digital and telephone appointments can work well for straightforward appointments such as check-ins and repeat prescriptions. They work less well for more complex or sensitive issues or when physical cues or examinations are important.

Communication needs, mobility and travel needs, privacy and access to technology are important themes, but digital and telephone appointments could work better than face to face appointments for some, or less well for others according to these themes.

Many people we spoke to recognised the challenge health and care professionals faced and valued attempts to do things differently during the pandemic. Many seemed happy with their experience identified a value in continuing digital and telephone appointments. A blended approach to appointments could harness the benefits and avoid the drawbacks people described to us. Appointment booking and scheduling system are an important part of this.

**Thank you to all staff and volunteers involved in this research and writing this report.**

## Background

In response to the coronavirus pandemic, health and care services have had to speed up the pace of digital transformation in health and care. To continue to protect patients from the virus, GP practices and other health and care services have been working remotely, offering appointments in ways that were not face-to-face, including via email, apps, telephone and video appointments. Access to appointments is crucial to ensure people get the health and care support they need.

Healthwatch Wandsworth and NHS Wandsworth South West London Clinical Commissioning Group (CCG) jointly identified a need to explore virtual access to healthcare as a result of COVID-19. Working together, we developed an anonymous survey that asked people who live in Wandsworth to share their views on how digital and telephone appointments with GPs and other health and care services were working for them since the start of the coronavirus pandemic. We also worked together to reach a wider diverse community via online forums to gain further insight into virtual healthcare access resulting in over 570 people contributing views that are captured in this report.

We wanted to understand from people about how they can have equal access to health and care - especially those who are more vulnerable or may not have access to technology.

By working together with the NHS reaching and collecting insight from communities, draft insight reports were shared with people in charge of services to make sure participant responses have already helped local health and care services understand how their services are working, where things can be made better and to inform their ongoing recovery planning for health and care in Wandsworth. Once published the NHS will consider the report's recommendations and will provide us with information about completed and ongoing work in response which will be published and updated alongside this report on our website. This final report will shape the future of services in Wandsworth.

## What we did

We used various methods to collect experiences including online and paper surveys, targeted 1:1 interviews and community group discussions. This report summarises findings from our targeted work on this topic. The experiences contained in this report relates to appointments from March 2020 to January 2021. As a result of new safety measures needed because of the global pandemic, this period saw a rapid change in access to health and social care therefore attention is paid in this report to the changing nature of the experiences over time.

We took early findings to understand the perspective of GPs in Wandsworth at a clinical oversight group. We have incorporated some of the themes raised by GPs in our recommendations.

### Online and paper survey

An online survey was created to ask residents about their experiences. The structure of this report focuses around the responses to the online survey, similar themes emerged in our other work on the topic outlined below, and we have woven in findings from our other work where they add additional insight.

The survey ran from June 2020 and the survey closed at the beginning of January 2021. All survey data was submitted anonymously. People were also offered the opportunity to call us to complete the survey on the telephone or request a paper copy of our survey. We also sent paper copies to Healthwatch Wandsworth Members (around 120 people). In total 23 people responded by post and these people are included in the 135 total of people who completed the survey.

### Who was involved?

A total of 135 people completed the survey of which 103 completed it as the respondent. 32 entries were completed by someone on behalf of another person. Not all respondents answered each question in the survey, particularly if they did not feel it was relevant to them.

**Age range:** 133 people provided information about their age range (2 respondents skipped this question). 69% of respondents were within the age range of 55 - 75 or over. 13.5% were within the age range 45-55, a further 7.5% within the age range 35-44 and 7% were within the age range of 25-34. Two respondents were within the range of 18-24 years old and a further two respondents were under eighteen.

**Location:** We wanted to better understand what area of Wandsworth respondents were participating from. Of the 135 respondents, 44 people answered the question about which ward of Wandsworth they lived in. This question was added to the survey after it had been launched, which contributed to the low answer rate. Of the 44 people who completed the question, the highest number of respondents lived in Furzedown (18), 4 from Nightingale (4) and Tooting (4). There were various other responses throughout the Borough.

**Risk of coronavirus:** Respondents were asked if they are considered to be at high risk of coronavirus. This question was answered by 133 respondents and skipped by 2. (Respondents could identify as being in more than one category).

- 73 respondents reported not being at high risk of coronavirus
- 38 respondents reported having a pre-existing health condition
- 17 respondents identified as having asthma or breathing difficulties
- 8 respondents identified their age as being considered at higher risk
- 8 respondents identified themselves as having existing health conditions (representing a broad range including Parkinson's, diabetes, having a pace-maker and cancer)
- 7 respondents identified as being from a BAME (Black, Asian, and Minority Ethnic) group
- 2 respondents identified as having a learning disability
- 2 respondents identified as being house and bedbound
- 2 respondents identified their ethnicity as a reason why they feel at high risk of coronavirus **“I am South Asian not BAME” and “Jewish community have seen a disproportionate death rate but this seems to have been ignored.”**

**Access or communication needs:** We asked if respondents have any access or communication needs. Of the 135 respondents, 132 people answered this question. Most people (117 people, 88.6%) identified as not having any access or communication needs. 8 respondents identified as having a physical disability and 4 respondents as having a learning disability or difficulty. 1 respondent identified as having autism, 1 needed information in British Sign Language (BSL) and 1 needed information in another language. 3 other respondents identified as having other needs not categorised in the survey. These included being housebound, having type 2 diabetes and being neuro divergent. One respondent commented that information over the phone does not meet their additional needs, **“I like easy read, am neuro-divergent-Info over phone not easy to absorb.”**

## Targeted 1-1 interviews

The respondents to the survey were likely to be a self-selected sample rather than a representative sample of Wandsworth residents. We interviewed individuals or spoke to community groups to hear views we might not hear via the online survey.

We recruited participants to take part in 1-1 interviews with us to target groups protected under the Equalities Act who were possibly more likely to face barriers with online access; Elders, people who usually had support to access mental health services, people with a learning disability and people with Autism. In total 19 people participated and of these, 2 people completed the interview with assistance (i.e. support workers) whilst 3 people took part on behalf of someone else.

Age range of people we interviewed varied:

- 5 people were aged 75 and over
- 4 people were aged between 65 and 74

- 4 people were aged between 45 and 54
- 2 people were aged between 55 and 64
- 2 people were aged between 35 and 44
- 1 person was aged between 25 and 34
- 1 respondent did not disclose their age.

The majority of people we interviewed considered themselves to be at high risk from COVID-19:

- 14 people told us that they had pre-existing health conditions
- 10 people told us that they had a learning disability
- 5 people told us they had asthma or a breathing condition
- 4 people were from a BAME background.

### Community group discussions

To increase the reach and diversity of voices represented in the report, we spoke to the community groups listed below about the topic. Most of these sessions were held online and members of the groups were supported by their group leads. To support the involvement of those for whom English was not their first language, we arranged Somali and Urdu interpreters to join the calls to facilitate communication and understanding. In total we reached a further 377 people however some of these were groups we returned to so the same person may have contributed twice over the duration of this project.

Group Name	Date	No	Description
PPI Reference Group, NHS Wandsworth	08/04/2020	19	Elders, Disability, Black African, Black Caribbean, Mental Health
Thinking Partners	22/04/2020	21	Wide range of community groups
PPI Reference Group, NHS Wandsworth	13/05/2020	13	Elders, Disability, Black African, Black Caribbean, Mental Health
PPI Reference Group, NHS Wandsworth	08/07/2020	23	Elders, Disability, Black African, Black Caribbean, Mental Health
Thinking Partners	12/08/2020	14	Wide range of community groups
PPI Reference Group, NHS Wandsworth	19/08/2020	15	Elders, Disability, Black African, Black Caribbean, Mental Health
Thinking Partners	23/09/2020	22	Wide range of community groups
PPI Reference Group, NHS Wandsworth	14/10/2020	12	Elders, Disability, Black African, Black Caribbean, Mental Health
Ahmadiyya Community	02/11/2020	100	Muslim families of all ages
A2nd Voice	03/11/2020	6	Autism, BAME, Mental Health
SEN Talk	06/11/2020	4	Parents of children with Special Educational Needs
KLS Love to Learn	13/11/2020	28	Refugees and Somali Parents of children accessing child and adolescent mental health services.
Pauls Cancer Support	19/11/2020	6	Staff group supporting people of all ages living with Cancer
Share Community	20/11/2020	8	Learning Disability, Autism
Share Community	24/11/2020	6	Learning Disability, Autism
Wandsworth Older Peoples Forum	01/12/2020	14	Elders
Battersea Zoomers	21/12/2020	6	Elders, Disability, Black British - African, Asian British - Indian, White British
Wandsworth Carers	07/12/2021	8	Elders, Carers, Dementia
Holy Trinity Vicarage	11/01/2021	30	Elders

We also took other opportunities to discuss digital and telephone appointments:

- An account of a Wandsworth resident who experienced many appointments in different settings (1)
- Health and Social Care Service Stories via the Healthwatch online feedback forms (1)
- Healthwatch Wandsworth Assembly event on 29 September 2020 (36 participants)
- Perinatal mental health survey (30 respondents)

Over time we hope to compare this data with other data available through other sources, and will publish any comparative reports alongside this report on our website.

## What we found

### Accessing services during Covid-19

Most survey respondents (78.5% of 135) reported being able to get a health or social care appointment during the coronavirus pandemic. Around 14% did not manage to and 7.4% said they were unsure.

We asked those respondents who did not manage to get an appointment to tell us more about what had prevented them from getting one:

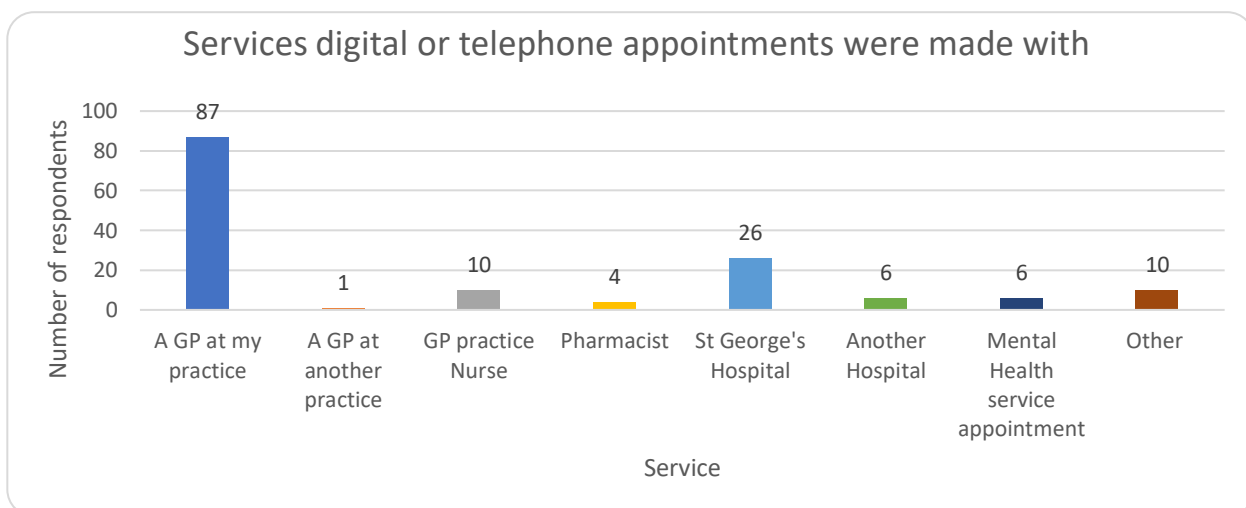
4 experienced cancelled appointments, appointments being rescheduled and planned or expected appointments not taking place. Communication issues around appointments reportedly caused unnecessary stress to patients. One respondent explained that after a few cancelled appointments and lack of options they had to pay for an osteopath to help with their ailment.

Two respondents reported not wanting to leave their home due to Covid-19. There also appeared to be a perception that GPs were busy, “I thought the practice would be too busy...”

Most respondents (102 of 135 respondents, 89,5%) accessed a digital or telephone appointment with a health, care or mental health service.

If they had accessed a service, respondents were asked which service they had made an appointment with. Of those who responded to the question (total of 135):

- 87 accessed a GP at their practice.
- 26 attended an appointment at St George’s Hospital
- 10 had an appointment with a GP Practice Nurse
- 10 people responded “Other”. Services mentioned under this category included physiotherapists, podiatrists, cancer psychologist, sexual health nurse, neurology, diabetic nurse and a rheumatology consultant.



Of the 16 people we interviewed:

- 14 people had a GP appointment
- 7 people had a hospital appointment with either a doctor (4 respondents), or another healthcare professional (3 respondents)
- 3 people had an appointment with a pharmacist
- 2 people had an appointment with a practice nurse
- 1 person had an appointment with a mental health professional
- 1 person had an appointment with a physiotherapist

Please note: some of the people we interviewed shared their experiences of multiple appointments.

Survey respondents were asked to select a service to complete the rest of the survey on. Of the 95 responses to this question:

- 69 people completed the survey in relation to a GP appointment
- 9 completed it relating to an appointment at St George's Hospital
- 3 relating to a physiotherapist appointment
- 2 relating to an appointment with their practice nurse
- 2 relating to a mental health service
- 9 relating to "Other" services. Some mentioned included a neurology service, Queen Mary's Hospital and specific referrals.

## Accessibility

We asked respondents if they felt their needs had been accommodated to enable them to access a digital or telephone appointment and if they have experienced any related problems. We received 130 responses (5 people skipped answering this question). Overall, most respondents felt their needs were accommodated (75 respondents, 57.7%). 23 respondents (17.7%) reported experiencing problems.

Only 5% of respondents reported any technical difficulties. Of those, the problems reported were:

- Phone reception
- Unacceptable software
- Need for a speaker phone (Hearing loss / mobile phone too quiet)
- Call was cut after one ring.

Most people asked (71.6% of 88 respondents) said they did not need any help with accessing digital appointments.

8% of respondents said training would make it easier for them to access digital and telephone appointments. Most people who said they would need training were in the over 55 age range (86% of respondents).

Other factors that were reported to impact people accessing digital or telephone appointments include:

- Needing help with equipment/ software
- Help with technology costs
- Communication issues.

One participant who works with elders in the community suggested that even if someone is previously shown how to use something, they might not remember later when needed.

One resident shared with us their account of trying to manage a variety of appointments surrounding an urgent health condition and treatment. Written appointment letters and communications did not arrive quickly enough. **"Clinic letters are very slow to arrive and are often out of date by the time that they arrive. Therefore, I have to pass on the information to my GP to implement changes in medication."** This meant

the person had to pro-actively contact healthcare professionals. At the GP surgery, communications were managed through reception, and although the GP responded quickly, there were delays in the GP receiving the messages. The person felt that **“The Macmillan Nurse has been the key person holding this together and I communicate with her by email and she either replies to my email or phones me. When she is away, the Macmillan support worker has been a good extra point of contact.”** This was particularly important when there was a system issue with text messages at the hospital which said appointments were by telephone, when in fact the appointment was face-to-face. **“If I had not contacted the nurse, I might have believed the text message and missed the face-to-face appointment.”**

## Booking appointments

### Booking experience

The majority of survey respondents (72 of 98 respondents) made the appointment via telephone with 11 experiencing proactive calling from the health care provider. Less utilised methods included booking appointments through email, the service’s website, or a digital app.

Of the 19 people we interviewed, 13 people had booked their appointment by telephone; one person had written a letter to their GP practice; one person had received a letter from the health care provider; and one other person had gone to A&E. Additionally, one person had booked their appointment through NHS 111.

Amongst the people we surveyed and interviewed, there were mixed views on the ease of arranging appointments.

### Positive experiences

Over half of survey respondents (38 of 72) reported having positive experiences booking an appointment. One respondent gave a very detailed account of their experience, **“The whole thing was very smooth. Clear process, clear information. The photo upload site seemed secure and gave the doctor what they needed to make a diagnosis. GP conveyed info clearly and made sure I had written down key information. I looked up the condition on the NHS website while I was on the call and when I mentioned that to the GP it was clear she was familiar with the page as she told me not to worry about the image on there because it was an extreme example. Very reassuring. Also, able to send photo of problem via email.”**

Some people interviewed also reported being satisfied; they were able to get through to their GP service and arrange an appointment, or, on the occasion that they could not get through on the phone, some people told us that the service phoned them back.

### Negative experiences

In contrast, other survey respondents fed back negative experiences in booking an appointment and not feeling like the process was straightforward.

**“Booking [an] appointment was a very distressing experience. I really did not know who was calling and from which hospital department (important information if I wanted to chase something up or seek clarification).”**

**“The really important thing is how you get received and advised when you get through to the health person you call. When you start seeking help you may have no idea that you could ask to just speak to a doctor and you can get channeled into the system that suits them. If there is a good understanding by the receptionist about access then it helps no end.”**

**“I am very concerned about the total lack of security surrounding phone and video calls. There was no effort made to verify my identity. No choice of who you [speak] to.”**

“I called in the morning at 8am as if at 8am you are guaranteed an appointment that day. However this system is unfair, as, regardless of how ill you are, you still have to go through this process. I have to call between 16-17 times before I can get through and there is no option to meet with your preferred GP. You can only have an appointment with who has appointments left.”

“It was impossible to book an appointment with the nurse for my injection that I receive every 2 months. No one was answering the phones at GP practice and there was no option on the answer machine for a nurse. I therefore had to write to the GP practice and the nurse called me at home to make an appointment to come into the practice for my injection.”

In addition to delaying access to care and treatment, **being unable to get through to services also prevented some of the people we spoke to from being able to get medication in a timely manner, compromising the management of their health condition(s)**. For example, one person told us they had tried to contact their GP to get a repeat prescription, but was unable to get through on the phone, and there was no option to leave a message. Consequently, they tried to go to the pharmacy next to the GP practice, who were unable to provide the medication without a prescription from their GP.

Additionally, 2 people told us the message on the service’s phone had either put them off from arranging an appointment or confused them.

One resident who shared experiences of managing multiple appointments pointed out that the online Patient Access System would only accept two appointments, so if there was a nurse appointment and a blood test were already booked then a GP appointment could not be booked.

Around 15% said that booking appointments should be easier with some suggesting it would be helpful to be able to book appointments online, **“It can be difficult to get an appointment in the first place. I prefer to book online rather than spend 20 minutes or so on hold before trying to explain something complex to the receptionist.”**, **“I would prefer to have the ability to book appointments online. It can take a long time to get through on the phone, even in so called quiet times.”**

## NHS 111

Views on the NHS 111 service are mixed. During our workshops, some people told us they were passed onto their GP or local hospital service in a timely manner and were pleased that NHS 111 had asked them an array of questions to make sure they would send them to the appropriate service and took a person’s contact details to ensure that they could follow-up with them where necessary.

**“I used 111. It was great, way better than years ago. Now they say they share information with GPs, before that wasn’t the case”.**

**“I have used 111 in this pandemic they were great and helped us a lot. Talked to me for half an hour over the phone”.**

However, some people told us they had experienced very long delays or were unable to get through to the service. Additionally, some participants were unaware they could book an appointment to A&E via NHS 111.

## Choice

Of 93 survey respondents, only 15 said they were given a choice of the type of appointment. 4 out of the 19 people interviewed were given a choice.

It is important to note responses received about choice were received in the months the pandemic began to impact services and therefore we would expect the level of choice to have increased over the timeframe of the survey. However, from June to December 2020 choice did not appear to increase over time in the sample. It will be important to further explore the factors enabling choice.

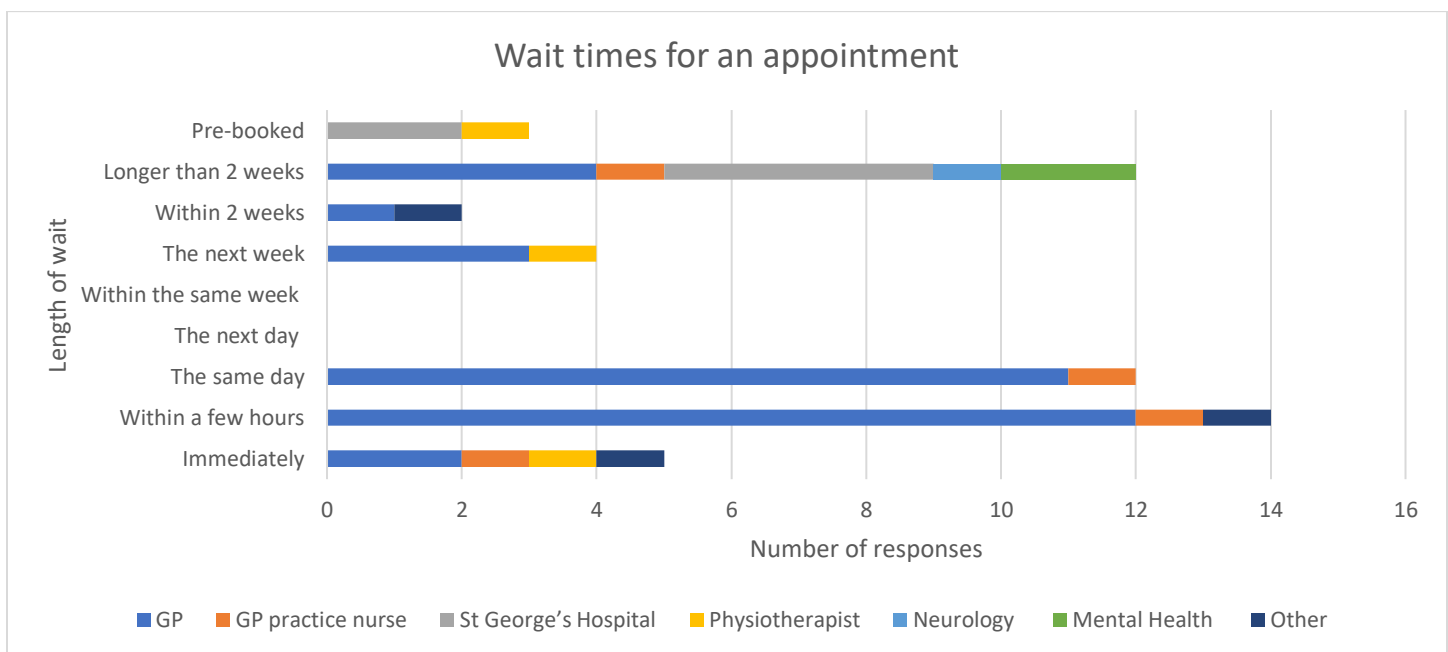


One person commented there are a lack of options on how to book appointments and this may deter people from contacting the GP. A further 2 respondents would prefer the choice of booking a face-to-face appointment and not having this option may prevent them from seeking diagnosis or treatment, “...my condition needed face-to-face interaction in my opinion so treatment has been delayed.”, “I am also put off by having to explain my mental health condition to the receptionist in order to get access to a GP. I find that the inability to book appointments online means I am just avoiding seeking care, even though I probably need to.”

Few people reported having a choice of the type of appointment, yet when expressing their preference and desire for different methods were various and related to their own circumstances and so having a choice of appointment may better ensure their needs are accommodated at any one time.

## Waiting times

After booking an appointment, more than 40% (43 of 95 survey respondents) were able to have their appointment on the same day (10 people immediately, 18 within a few hours and 15 on the same day). More than 80% of respondents had their appointment within 2 weeks of booking (see figure below).



The bar chart above highlights varied waiting times for different services. For instance, 78% of people booking a GP appointment managed to get one on the same day (25 out of 32 responses). Similarly, 75% of people booking an appointment with a practice nurse got an appointment on the same day. Hospital appointments had longer waiting times with everyone who gave feedback about an appointment at St George's Hospital (4 people), waiting more than a month or their appointment had been booked prior to lockdown.

Correlated with satisfaction levels, most respondents were happy overall with this experience. For example, 85% (78 of 92 respondents) considered this was a reasonable amount of time to wait for an appointment. Several mentioned that the time to wait for an appointment was significantly less than pre-COVID, “It was straightforward and seemed like I got an appointment much closer to the day I phoned than I would have done pre-COVID (before I have had to wait up to 3 weeks for an appointment!)”

However, there were some who felt they had too long to wait, particularly if they had an urgent concern, “Was concerned as had chest pains - would be better and less stressful to know when might be called back. No indication to call 999 if got worse”.

Of the 16 respondents who chose to answer this question ‘other’, 6 of the respondents stated they were or have been waiting ‘months’ or ‘several months’ for an appointment. Notably, one of those participants

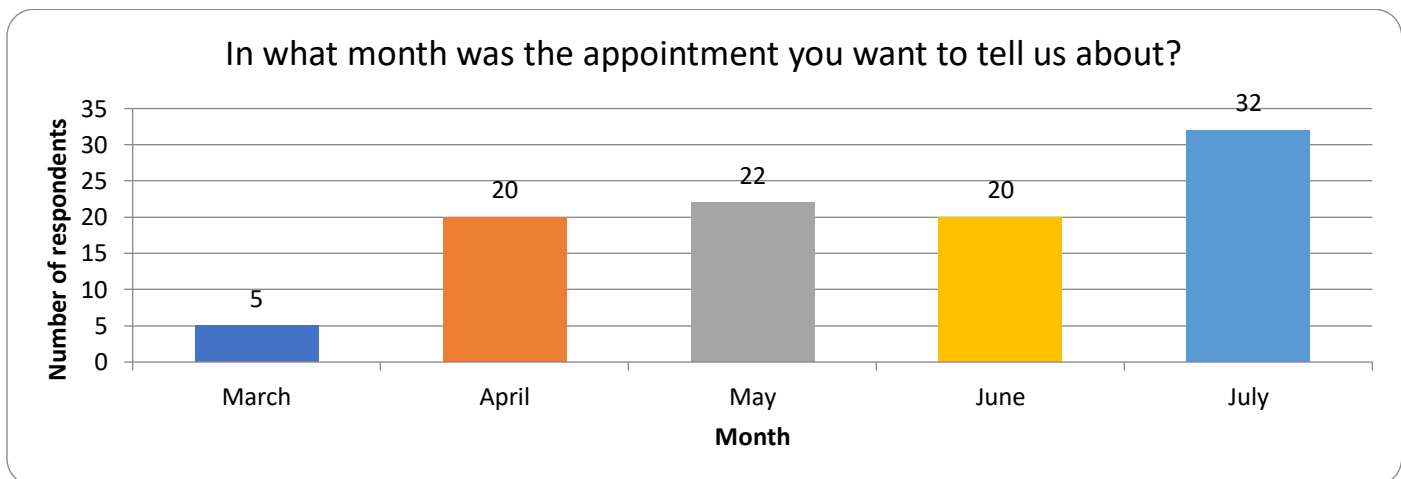
stated ‘[...] **not one person is there that you can trust.**’ Another shared that this delay might have been due in part to re-organisation due to coronavirus.

The above reflects much of what we were told during our interviews. Most reported having their appointment within a week of initial contact with the health care provider. 5 people reported same day appointments. Only 2 people told us they waited for 2 weeks. 10 people told us they felt the wait for their appointment had been reasonable, whilst 6 people felt it was not reasonable. As mentioned in the previous section, delays in access to appointments had a negative impact in some people’s ability to manage their health condition. One person told us it had taken 5 days to be seen by their GP, despite already having been without medication for their diabetes for a significant amount of time.

In an account of a number of appointments, one resident told us that their GP appointments and some hospital appointments did not happen at the time booked. The GP appointments could be earlier, later or even on a different day.

## Month of appointment

From a total of 99 responses to this survey question, there appeared to be an even spread of people having digital or telephone appointments during April, May and June. Only 5 people told us they had an appointment in March. This may have been due to services being less able to conduct digital and telephone appointments, as this was when the coronavirus first emerged in the UK. In contrast, 32 people had appointments in July. This greater number may reflect the time allowed for people and health and care workers to adjust to new ways of delivering services, greater efforts to reach patients with messages about the safety measures in place and encouragement to seek health help when needed. Feedback collected over a period of months via one of the regular workshop groups and other Healthwatch data revealed that in the first few stages of the pandemic (April and May 2020) patients had been resisting contacting health services. Contributing factors to this resistance included worry of being a burden if they felt their symptoms were not severe enough and/or worry about contracting COVID-19.



36 survey respondents skipped this question. This may have been due to the limited months offered as choices for selection in the question. For instance, one person mentioned their appointment had been in November.

During the interviews, we heard about the experiences of digital or telephone appointments that occurred between March and July. 8 people we spoke to had an appointment in June, 7 people in May, 4 in April and only 3 people in March or July.

## Overall booking experience

There have been mixed experiences of booking appointments. Some have found it much easier to book appointments than before the pandemic. However, others have struggled with being able to communicate with services and making their needs heard. This was illustrated in some feedback submitted by a Wandsworth resident, “I had a distanced gathering of local friends yesterday. Two of us, patients at 2 different surgeries, were extolling the virtues of the new arrangements. Go online in the morning, book a phone consultation on the same day with the/a doctor of your choice who rings at the appointed time: we were very satisfied. The other 2 reported completely different experiences; they are patients at the same Wandsworth surgery. Typically, very limited slots available, the first more than a week later and with a doctor not known to the patient. Come the appointed day, the expected call was 4 hours late, with no text or email to warn of a delay.”

## Appointment experiences

### Type of appointment

41 of survey respondents (43%) described their appointment ‘as routine’ and 28 as ‘urgent’ (29.5%). The remainder of people told us they had appointments for other types of issues that had to be addressed face-to-face, such as blood tests, CT scans, x-rays and physiotherapy.

Similarly during our 1-1 interviews, 16 people we interviewed had experienced a telephone appointment, whilst 2 people had face-to-face appointments. Of these, 5 people had required an urgent appointment, 4 had a routine appointment, and 3 people had both urgent and routine appointments.

It is worth mentioning that people left feedback about not being able to access normal services usually available on the NHS such as podiatrists and eye examinations.

### Telephone consultations

Overall, the majority of respondents (91.7% of 96 responses) experienced a telephone appointment with a healthcare service.

When we asked people if they felt their needs had been accommodated to enable them to access their digital or telephone appointment, a few survey respondents (6) reported **positive experiences**, particularly that the **appointments are more convenient and quicker**. One commented “I had two appointments where it wasn’t necessary to see a doctor and I liked the fact that I didn’t need to go to the surgery. It also meant I could schedule an appointment at a time that wouldn’t normally have been convenient and it meant I was able to speak to a doctor sooner than usual.”

However, some survey respondents (12) found telephone appointments **challenging**. Some challenges mentioned included **not having access to a phone** at certain times of day or **difficulty using technology**, **failure in confirming appointment times** and arranging callbacks. One respondent commented on the difficulty they have faced due to their workplace having a no phones policy in place, “I work in a school and we have a no phones policy during the working day. This makes it very difficult to access telephone appointments.”

10 survey respondents reported **difficulties getting through** on the phone to book an appointment or speak to someone, “Unable to get through to the surgery - ridiculously long waiting times on the phone. Telephone consultancies short and impersonal and not always at a convenient time for me.”

7 survey respondents compared them negatively to face-to-face consultations. One respondent felt that **not being able to physically examine** individuals could perhaps lead to misdiagnoses or inability to pick up on health issues, “I use the phone. So Dr could ask me things, but couldn’t see me, or examine me. If they had been able to do that, I think my problem would have been spotted much quicker.” A further respondent found these appointments do not offer the same convenience as traditional face-to-face appointments “I had to wait until the half term school holiday to be able to find a time when my son and

**I could actually talk to the GP over the phone. When face-to-face appointments were available, we were able to visit the surgery after school in term time and see a doctor more quickly.”**

Another 2 people described difficulties accessing telephone or digital appointments due to not having the **technology or ability to use equipment**. **“It was assumed I could cope with digital or telephone communication when making appointments, re-ordering prescriptions, self-referral to hospital - never asked if it was ok for me - huge assumption made. Only just learning to vocalise my ability.”**

At our Assembly event in September people said that telephone appointments can be useful. People said that the elderly people they work with love a phone call and most in their group can hear. However, some said there can be issues with phone calls as it can be difficult to get through to people. Someone pointed out that the use of text messages can be a problem because not everyone has a mobile.

## **Video appointments**

Compared to telephone appointments, **video calls were much less common** with only 3.1% of people who completed the survey saying they experienced one.

Some respondents would have preferred a video appointment to a telephone one and different methods to enable better understanding of their health concern and to reassure them.

**“I sent in photos of my wound. I never asked if it was possible to do a video appointment, but it would have been useful if it had been.”**

**“...a telephone appointment is appropriate in many cases, but in many [cases] I would consider it important for the Dr to be able to see what I was worried about, I offered to send a photo, but they did not want that or didn't have the facility.”**

Video appointments seemed to work well for those who did have one. An attendee at our Healthwatch Assembly had supported someone else to have a video appointment by taking them a tablet. They thought this helped the clinician to better understand the person's condition because they could see them.

One person described a positive experience with a speech therapist, who phoned first, sent information by email along with contact details and then discussed exercises by a video consultation. It happened at a booked time and was described as **“very satisfactory”**. The person has over time experienced more online appointments around decisions about treatment, online follow ups for surgery as well as lots of phone calls and exchange of photos to work out whether the person needed to be seen again. However, they felt that **“They really have not made enough effort to get video calls”**. Speakerphone was used to include a partner in calls when they were not allowed to be present.

## **Face-to-face appointments**

A significant amount of people responding to our survey (57.9% of 95 survey respondents) said they would still prefer a face-to-face appointment. Reasons why included feeling they are **more personal** or that **specific conditions benefited** from being seen face-to-face. A higher percentage of people in the age range of 55 and over said they would prefer face-to-face and would not choose any other appointment type. Several people mentioned **not feeling they got adequate attention or care over the phone**, **“It is only by seeing the person face-to face is missed, especially your physical & mental capacity is overlooked. The GP Practice have let us down badly.”** **“I could be sure that I was being properly examined and diagnosed. I felt fobbed off on the phone.”**

Several people mentioned that the **concern they made the appointment for would affect whether they would want a face-to-face or remote appointment**. Many preferred the option of having a physical examination so they would get a **more accurate diagnoses**, particularly for **physical conditions and injuries or new health issues**. This was mentioned in 12 out of 82 feedback responses.

“How can a GP make an accurate [assessment] of someone’s health when not looking at them nor observing their physicality. Also many people cannot accurately describe their own body e.g., ‘tummy’ - could mean up to seven/eight distinct areas Someone could say they feel fine but have a tremor or are pale or have watering eyes etc.”

“Whilst I totally understood the reasons for this, it was frustrating and far from ideal. I live alone and to have a telephone assessment for all my physio following bilateral knee replacements was really difficult.”

“I prefer face-to-face appointments where I can talk properly to the doctor about my various physical problems and be properly examined if necessary.”

“My previous telephone appointments have been with GPs and the practice pharmacist. I am generally satisfied that this can be a useful way to obtain urgent advice about an ongoing health condition without the need for a face-to face surgery appointment. If a health problem is new I would always prefer to attend the surgery for a face-to face consultation.”

“It would depend on my illness. For the arthritis, I prefer to be seen face-to-face.”

Another factor contributing to people’s preference of face-to-face appointments was **privacy**. Not conducting appointments in a specific setting (such as a GP’s office) may mean they can be overheard. This can be a concern for patients. For instance, for LGBT young people were concerned about ‘outing’ themselves when there isn’t privacy for appointments. One person told us that their shared space with other tenants in supported housing was not appropriate, they had found it difficult to find staff to support their appointment as they had not been pre-warned when to expect the call.

## Seeing a familiar face

Only 2 people we interviewed told us that they were given a choice regarding who their appointment was with, whilst 14 people told us that they were not given a choice - 5 of whom were unhappy about this. Conversely, one person we spoke to told that they had not expected to be given a choice, and that, at their GP practice “**you never see the same doctor twice**”.

Most survey respondents felt it did not matter if their appointment was with someone they had not met before (69.5% of 82 respondents). Some reasons for this included their notes being available to everyone at the GP office.

For those respondents who stated it did not matter if the appointment was with a clinician previously unknown to them, there were descriptions of feeling reassured that medical records were available **and for some “background knowledge” was not needed for routine issues whereas some expressed for particular long-term conditions and sensitive issues it would be helpful to have a doctor known to them and that they could have the ability to see the doctor.**

“**Friendliness and professionalism meant it didn’t matter that I hadn’t met this GP before. May have been more important if the reason for the call was embarrassing or related to a particular health history.**”

However, for some seeing a health professional they had not met before was concerning. The main reason reported was not knowing the health background of the patient and it being distressing or difficult to explain multiple times.

“**I never know which psychiatrist will see me. Its stressing but I only see them yearly. I see my gp doctor regularly out of covid times and she is the same dr which make me much less stressed and agitated.**”

Some suggested it impacted them feeling able to share their health concerns.

“Could not tell person how mentally ill I feel she obviously didn't know my past history. Prescribed antidepressants I couldn't take due to other drugs I'm on & told me to ring back in 2 weeks. Took all my mental energy to make that call couldn't call back. Remain with suicidal thoughts.”

“My symptoms were serious and could have been dealt with better by someone who knew me.”

One participant told us that they have a complex set of problems and “found it much easier talking to people they have met as it is hard to talk about really difficult subjects with someone that you have never met.”

## Appointment follow-up

A high percentage of survey respondents were issued a prescription following their appointment (38 of 89 respondents, 42.7%). A significant number were offered a further appointment (28, 31.5%) or were referred to another service (16, 18%). No respondents mentioned being tested for coronavirus.

Corresponding with this, 15 of the people we interviewed told us that they were issued a prescription following their appointment. Likewise, 7 people we interviewed told us that they were offered further appointments for tests/diagnostics.

## Satisfaction levels

When asked to comment on how satisfied they were with the outcome, 67% of people who answered the survey question (66 respondents) said yes, 23% said no and 11% said they were somewhat satisfied.

Feedback from satisfied patients included:

“Yes very. It was a great way to have an appointment without the need to go into the surgery. It would be fantastic if these appointments could continue once life gets back to normal.”

“I was delighted with the outcome. I wanted a repeat prescription of my contraceptive pill. Normally I have to take time out of work or find childcare to make this appointment and it can take an hour out of my day to travel there and back, wait for the appointment, and have the consultation. The telephone consultation meant this took only 5 minutes out of my day and the prescription was ready at a pharmacist at the end of my street the next day. I would much prefer to continue doing this. I understand blood pressure should sometimes be measured but, in my experience, this hardly ever happens in a face-to-face appointment.”

Most of the people we interviewed were **happy with their appointment and the outcome**, satisfied with the contact that they had with their GP or hospital doctor, and **felt reassured**. Some people also praised services for **addressing their needs in a timely manner and for making follow-up contact to check in** with them. For example, one person told us that they called their GP, who returned the call and arranged a face-to-face hospital appointment for them, and a week after the appointment, had called the person to check how they were. Another person who had been experiencing pain linked to their arthritis had called their GP, who, after proceeding with a telephone consultation, had arranged an appointment with a nurse.

**23% respondents to the survey were not satisfied with the outcome.** One common source of dissatisfaction was **not receiving a prescription**. “no, I was told I would get a prescription but never received it”, “No, the prescription is still not available because the GP is waiting for a hospital letter, and it's difficult to check because there are three or four people at the surgery who might have access to the paperwork.”

Similar feedback was received by some people we interviewed. For instance, one person told us that the GP suggested they collect their prescription at the practice, despite the fact they were shielding, which would have put them at unnecessary risk, causing much stress. As they were on regular medication, they felt they should have not been required to contact the GP, and instead the medication should have automatically been issued to them. Another person, who does not have a mobile phone, told us that when they had gone

to their GP practice for a prescription, they found the entrance was closed, and had not been warned of this beforehand. In this instance, they went to the nearest pharmacy for assistance. **This demonstrates the challenges to accessing services when digitally excluded.**

Another common topic was **not getting a physical examination**. Even some respondents who reported feeling satisfied with their telephone GP appointment mentioned they felt **a face-to-face appointment would have been more thorough**, offering the **opportunity to bring up other issues** or to have a physical examination.

“As above for what I needed it was fine but I don't think I would be happy with a telephone consultation for a more difficult issue. I can imagine that generally telephone appointments are ok but that they run the risk of missing serious issues. It doesn't feel like very safe medicine to be reliant on remote appointments.”

“In an ordinary appointment I would have added more concerns I was worried about.”

## Specific Audiences

### Appointments for mental health and wellbeing

There were **mixed views** on whether there were benefits of having a digital or telephone appointment for those looking for mental health support.

Some mentioned it made the appointment **easier** as it removed factors that can make going to an appointment in person stressful, “**I was less agitated and my anxiety levels was bearable unlike when I need to get out the house and physically mix with people**”.

On the other hand, others felt that a **face-to-face appointment** would be more beneficial and provide a **better level of communication**.

“**Phone appointments can be convenient. However, face-to-face contact means I'm far more likely to feel able to be completely honest with my psychiatrist than over the phone.**”

“**You cannot discuss mental health issues over a telephone.**”

“**It is harder to have a detailed and thorough conversation over the phone.**”

This mirrors what we were told by someone who had accessed an appointment for their mental health concerns. They told us they would have preferred a face-to-face appointment, as their mental health condition was brought about by lack of human contact.

Out of the 79 survey responses received about people's overall experience of contacting a service, 3 reported a **negative experiences** of trying to **access treatment** for their mental health via virtual means.

“**It can be difficult to get access to CMHTs at Springfield at the best of times. The operators will not transfer calls once they are aware you are a patient. They send emails to the CMHT but a call back can take a week or more. This makes it harder to seek help in the first place. My experience of trying to get hold of my CMHT since April is that it now takes even longer, this dissuading me.**”

“**I received the letter. First appointment I was not informed about and I missed their call. Second they made with me and I had a chat with psychiatric dr. It was stressful but was better experience than face-to-face because I do not have to interact with anyone on the way there and my social anxiety didn't play up its usual levels when I need to leave the house.**”

“**This was an appointment arranged by my doctor before she went on maternity leave. It was arranged by her with another GP to review my medication. I was waiting for hours but had no call. I contacted the surgery and was told that the doctor would phone me later. Still no-one phoned. My wife phoned the surgery and explained I am on psychiatric medication and urgently need review. Another GP phoned**

immediately and said the doctor's clinic had been cancelled but no-one had phoned to let me know or deal with my problem."

These findings suggest that whether telephone or digital appointments work for mental health and wellbeing concerns depends on personal preference or circumstances.

## Appointments for perinatal care

From a survey we carried out on perinatal care, 13 out of 30 experienced **difficulties in accessing services** and only 1 mother had been able to attend a support group (in person or virtually). Services that people struggled to access included:

- GP for antenatal/ postnatal checks
- Feeding teams
- Health visitors
- Baby weighing clinics.

One respondent mentioned how she had difficulty accessing any services on the phone and this would impact her reaching out for other needs she may have, **"Very hard to get through to the midwife team to get blood results, so would not be confident calling for other things especially when i have not met anyone still because of covid changes. Lockdown meant it was more difficult to meet people and talk...Can't get through on the phone, mixed feedback on my blood results, unable to get clarity. I have not been able to get my free prescription certificate and not been able to get my Mat B1 form."**

While 12 out of the 30 respondents gave positive feedback on their experience, having no face-to-face visits during the perinatal period has left some new mothers feeling unsupported, especially if this is their first baby. A need for weighing clinics and 6-week checks to happen in person was mentioned by 5 of the mothers.

**"6 and 8 week checks should be done face-to-face not remotely. After day 6 my son has not been seen by any physician and I was also not properly checked which was important given that I had had a c section, I instead ended up paying for a private appointment to check my physical health."**

**"From my experience... I've used my own networking and mummy friends for knowledge. There aren't health professionals available to speak to. My baby is 8 months old and has never been weighed!"**

**"More frequently contact calls. Even home visits. I don't understand how a whole group of mothers and babies have been left out. Most family centres are shut and the health teams told to only do video consultations."**

**"Face-to-face appointment would be nice. Links to online videos would be good. they only have a twitter account but not everyone is on twitter. None of the leaflets are available online feel quite unprepared and forgotten about."**

**"Excellent care from homebirth team however once discharged there was minimal support. 6-week GP check was a 2-minute phone call where he congratulated me on my baby and that was it. One health visitor visits which I had to request as I was concerned about my baby's weight gain and had no way of weighing them. No follow ups from health visitor. Whilst I know I can contact them if needed, I worry for parents who may not feel confident accessing support and feel the whole post-natal period was extremely isolated with no spontaneous or professional led follow up."**

Regarding their mental health during the perinatal period, many mothers mentioned feeling it was not something that could easily be discussed in a digital or telephone appointment.



“I felt a complete lack of care. There was one fleeting question in early pregnancy prior to the pandemic but since I feel it's been a tick-box question on the phone and it's easy to hide at the end of a phone.”

## Appointments for people with additional needs

Arranging appointments and issues around communication has been particularly difficult for people with additional needs. For example, one person experienced difficulties when they had contacted NHS 111. They told the call operator that they have autism, but the call operator did not understand what this meant. Despite asking the call operator to speak slower, they did not, resulting in the person's boyfriend taking the call on their behalf. However, they told us that the ambulance service had recognised their autism and had communicated in an appropriate way. Likewise, someone else told us that despite disclosing to the receptionist that they had learning disabilities, the receptionist did not adjust their communication to their needs when asked to as they did not have much knowledge about learning disabilities. Both examples demonstrate some of the challenges that people with additional needs face when engaging with services.

One person with autism, told us their appointment did not take place because the receptionist had provided the wrong information to both them and their support worker. They were supposed to have a face-to-face appointment, but upon arriving at the practice, found that the practice was closed, leaving them distressed and confused. This is similar to what we were told during a workshop with adults with learning disabilities. One person told us they had an unsatisfactory experience during a face-to-face GP appointment, because the GP had spoken too fast and did not use visual aids, making it more difficult for them to understand. As a result, they walked out of their appointment.

At one of our workshops, someone brought up that they felt that some of the social distancing provisions could be difficult for more vulnerable people to adhere to, especially if having to attend an appointment in person. For example, at face-to-face GP appointments, people have been required to wait outside of the practice and call the reception - using their phone - who would let them in. This, they felt could be a challenge for vulnerable and elderly people to do.

Similarly, to feedback about making appointments for mental health concerns, some respondents said that telephone appointments were a positive change as they removed additional stressors, **“My daughter has autism and finds going to the surgery very stressful. The phone call appointment removed that barrier.”**

One interviewee had sight problems. They said they use the computer and email, but they were not keen on online but felt that appointments using the telephone meant there were no barriers with the process.

At our Healthwatch Assembly event it was mentioned that having downloadable and printable information can be helpful, particularly for people with autism who find it useful to have information as a PDF.

## Digital exclusion

Virtual appointments can work well for people who are competent and can afford technology. However, people suggested there needs to be support for those who are not.

An attendee at the Healthwatch Assembly in September reported they had conducted interviews at a local foodbank with around 94 households. One in five had no internet access and one in four said it is difficult to use as they do not have the skills needed. Some individuals cannot access the internet or struggle to. Needing internet or phone access can be costly for some people, for instance if they have a small data allowance, and therefore hanging on to wait for an appointment is not always possible. A major issue with using libraries is that people are limited to 15 minutes.

It was mentioned at the Healthwatch Assembly that being able to download and print information following the appointment is helpful. However, having to download information can be a struggle for some.

## People's overall experience and future appointments

When we asked people to tell us about their overall experience of using a service for their health and care needs, they mentioned a wide array of points that factored into whether their experience was positive, negative or something in between.

There was no obvious correlation between age and how satisfied a person was with their healthcare experience. For instance, there were 7 respondents in the 35-44 age range. 86% reported having a positive experience and 14% a negative experience. This is similar to responses in the 75 and above age range where 83% of 18 responses fed back having a positive experience and 17% having a negative experience.

**Around half of respondents (49.5% of 95 respondents) said they would be happy to have telephone appointments in future.**

### Positive experiences of digital and telephone appointments

**A high number of patients who gave feedback about their overall experience gave positive feedback (67% of 82 responses). The feedback was mostly regarding GP appointments (61%).**

Some people said they preferred the option of telephone appointments, particularly for routine checks. Common reasons included needing less time off to go to the surgery and they liked that the convenience of these appointments which allowed them to avoid spending time in a waiting room and they felt that they were able to cover the same amount, if not more, information than in a usual face-to-face appointment. Promptness and efficiency in dealing with issues was a common theme in people preferring digital and telephone appointments. Some felt they were given more time.

**“They responded very promptly and set up an appointment schedule. They followed up with another appointment every 2 weeks. It was fantastic. My daughter was able to speak to the doctor on the phone and the continuity of care was fantastic.”**

**“Great service, quick and easy and I was able to speak a doctor and obtain advice and a referral quicker than usual, with a greater level of convenience and at a time that wouldn't have been suitable if I had to visit the surgery. Also the telephone appointment meant I could keep working until the GP actually called.”**

**“Excellent, they contacted me first to arrange appointment. They called when they said they would and I had a detailed consultation in comfort of X home without fear of travel, waiting time and C19 worries. We covered more than normal in our call according to the consultant.”**

Significantly, people who suffer from anxiety or mental health issues said they preferred the remote appointments as it removed stressful factors they preferred the digital and telephone appointments as they could receive care while not having to endure social contact.

**“Because it saves me from being extremely agitated, restless and stressed due to my anxiety and as well because of my PTSD and depression”. “Quicker, no travel time, less social anxiety. My issue is acid reflux and I was scared they would tell me to lose weight instead of prescribing medicine (it has happened to me before). As the doctor couldn't see me he couldn't comment on my weight”.**

For some of the people we spoke to, remote appointments better accommodated their needs. For instance, one person told us they would want a telephone appointment initially to assess whether they then need a follow-up face-to-face appointment, as they find it physically difficult to get to appointments.

If necessary, people sent photos to their GP for assessment, although this proved a bit difficult for people living alone as they could not easily take photos of inaccessible areas. People told us that GPs either sent prescriptions directly to the chemist or sent prescriptions through email. This proved helpful for some people, though technical difficulties sometimes posed an issue as several people mentioned not receiving their prescription.

“Very smooth. Automated information on the phone made sense, call answered quickly, receptionist sent through the link for photo uploads within a few minutes and a GP returned my call an hour or so later.”

“The GP rang me back. She then sent an app for me to submit photos. I was not able to take all necessary photos as I live on my own & areas inaccessible- back, top of head etc.”

“I had a leg wound caused by an accident which needed stitching at A&E. The wound had to be regularly checked and dressed, so I saw the GP practice nurse every week and in between these appointments I changed the dressing myself, taking photos of the wound and sending them to the surgery for the nurse to check and she then rang me for a treatment discussion.”

“Booked my appointment using the app. Doctor called me on time. Discussed my prescription and she had it sent directly to the chemist. Very efficient.”

“I called to get help with my hay fever, need a prescription. The doctor called me the next day, helped me with my concern (speedily) and recommended the right medicine. I never received the prescription by email though so have not managed to get the medicine.”

There was also suggestion about using a **combined approach** of digital and **face-to-face** appointments in the future “The combination of face-to-face and telephone appointments worked very well, meaning I felt very well supported and able to address any changes to my wound quickly. The treatment lasted four months and it meant I could get on with my life rather than spending all my time going to the drs surgery. It also meant I could go on holiday.”

“Phone/video call is more personal, and this appointment was routine. For new diagnosis, obviously face-to-face is essential.”

## Negative experiences of digital and telephone appointments

Just under a third of respondents who provided feedback (32% of 82 respondents) reported not being satisfied with their overall experience. 13 people reported being unsatisfied with their experience of a GP at their practice and 7 of their experience with St George’s Hospital. 5 people who reported being unhappy with the service had a combination of a GP appointment and hospital care. 2 people unhappy with their experience had accessed care for their mental health.

Some felt the experience was **less personal and felt detached** with one respondent saying, “**Everything has been different, relating to new people all the time, lacked face-to-face appointments, symptoms overlooked and proper care missing.**”

For those who reported on a negative experience, they **most often referenced long waiting times** to speak to healthcare personnel, **unhelpful first points of contact, and rushed calls**. This was also brought up by a participant at our event in September who highlighted they found that the moment they rang off they realised they had forgotten to ask questions and they weren’t able to go back and ask them because the call had ended, “**As soon as you put the phone down you remember all the things you wanted to ask.**”

People told us that extremely **long wait times just to schedule appointments** made them **discouraged to seek help**, while others said that encountering **unfavourable attitudes about their concerns was upsetting**. For example, one person told us they were placed in a virtual waiting room for 2.5 hours for a video consultation that subsequently did not occur. The GP called the next morning to apologise and arrange a telephone appointment instead. Another person told us that after waiting 30 minutes to speak to their GP, they felt their GP had not listened to them, having asked standard questions before then passing the person onto the reception staff to arrange their medication. They felt this was confusing and not well explained and that the GP did not accommodate their needs. We were also told about the need for follow-up, both in trying to secure appointment slots as well as trying to get in contact with GPs for already scheduled appointments.

“No option to speak to my preferred GP and this is important to me. Having to call at 8am is an issue and the lack of time you have to speak with GP - they stick to strict 10-minute slot and only want to deal with immediate issue and nothing else and tell you that they are in a hurry, but I have multiple health issues not just one to discuss.”

“Receptionist totally unwilling to listen to my concern about testicular cancer.”

“Very very poor - I had to try for weeks logging on every day to see if the online telephone triage appointments would appear and then they would not.”

“Extremely difficult to get through to my surgery. I have waited up to 35 minutes before my call has been answered. Receptionist unhelpful, call back short and hurried, felt totally unable to go into detail and discuss my concerns without being felt as if I was a nuisance.”

Whilst acknowledging that for some people digital and telephone appointments can be straightforward and provide immediate actions (e.g., referrals and prescriptions), as well as reassurance, a few people we interviewed highlighted some of the challenges to digital and telephone appointments, including:

- **Not being familiar with technology:** only one person mentioned that they were provided with information about how to use technology to access their appointment, and 10 people felt that they would need help with training (e.g. IT skills)
- **Verbally describing symptoms** over the phone can be **difficult** for service services (especially those with learning disabilities)
- **Being digitally excluded** - one person told us that they do not have a mobile phone or computer, and at their age, thought it was unlikely that they would find them easy to use even if provided. Another person told us that whilst they know how to use the internet, they do not have internet access they cannot afford it. As such, whilst 10 people felt they would need help with equipment (using/access to digital devices), 9 people wanted help with the costs.

Many people told us that they would still prefer face-to-face appointments:

“I would like to know when doctors are going back to normal. It would be awful if this is the new way forward as it is not a service. If the NHS are going to change doctor appointments, then they need to come clean and let us know what is happening.”

## Conclusions and recommendations

Responses provided throughout our conversations and from survey participants showed a mixed picture of experiences. The move away from face-to-face to digital and telephone appointments has been a positive experience for some, negative for others and a learning curve for many as they had more appointments. The key variation depended on the complexity of appointment or needs. On the following pages we have listed some themes that impacted whether an experience was positive or negative.

We found variation within sections of the community that might challenge assumptions about who might find digital or telephone appointments easier and who might not. For example, a higher percentage of people in the age range of 55 and over said they would prefer face to face and not choose any other appointment type. However, a significant number of people in the older age groups did not report difficulties and others preferred telephone appointments as it saved them having to leave home. Additionally, while some patients with mental health conditions felt a telephone appointment reduced the stressful factors they might experience when visiting a surgery, others said they did not feel they might be as honest in their discussion, or that the professional might not be able to pick up on other physical cues.

Through the pandemic services had to change rapidly and there has been a lot of pressure on services to continue and adapt quickly. However, variation in experiences highlight areas for consideration to ensure that as many people as possible are able access the support they need.

Our findings suggest that a blend of methods of appointments could work, utilizing digital and telephone appointment benefits to suit the needs of the individual and the particular appointment.

### **Digital and telephone appointments reportedly worked well for more straightforward appointments including:**

- ✓ Check-ins and follow ups
- ✓ Prescriptions and managing repeat medication
- ✓ Advice or reassurance
- ✓ Saving transport costs and time
- ✓ Allowing contact when face-to-face is not possible (including a safe appointment during a pandemic).

### **The need to demonstrate and describe issues and conditions**

- ✓ Some felt that visual technologies (video appointments and photograph sharing) could help to show what they wanted to talk about. Many said it was difficult to describe some things over the phone.
- ✗ Others felt that in some circumstances a face-to-face exam was most needed or would have been more thorough, offering the opportunity to bring up other issues and have a physical examination.

“I think a telephone appointment would be fine for very routine problems. It is not very nuanced and I could imagine it would be very easy for a GP to miss health issues over the phone. A GP would be unable to pick up on cues they may detect in a face-to-face appointment. A telephone appointment seems to rely heavily on the patient self-diagnosing and requesting what they need.”

“Many service users cannot accurately describe their own body e.g. 'tummy' - could mean up to seven/eight distinct areas. Someone could say they feel fine but have a tremor or are pale or have watering eyes etc.”

“I asked for a referral for some cysts but was unable to photograph them all so the referral was not detailed enough and subsequently got dismissed by St George's as I did not meet the criteria”.

### **A need for reassurance and rapport**

- ✗ Some reported a concern about rapport when an appointment was not face-to-face, describing some telephone appointments as impersonal.
- ✗ Some said that they may not feel able to discuss what they needed to or that they would be able to hold things back, this was mentioned by a number of people relating to mental health appointments.

“It is very difficult to talk about matters that might be highly sensitive and confidential in the environment one is in for a phone appt (e.g. Work, where they may not know about a diagnosis, or home, where you may not wish family members to overhear the conversation).”

- ✓ On the other hand, there were some respondents who felt they had received better care via telephone.

### **Complexity, sensitive issues and serious diagnoses**

- ✗ There was a theme amongst responses that, while digital and telephone appointments may be convenient, it is not suitable for all conditions and sometimes made it difficult or distressing to discuss what they needed. This included:
  - conditions that require physical examinations
  - serious diagnoses
  - sensitive conversations
  - a new diagnosis
  - blood tests
  - pre-operative assessments/discussions with surgeon's
  - discussing mental health
- ✓ When multiple appointments, treatments and tests were needed digital and telephone appointments were described as an advantage to save time, if the appointment was straight forward and able to meet the need.

- Speaking to a familiar person was also important in these circumstances, however, many mentioned the importance that the person knew the background and were pleased when they felt this was done in telephone or digital appointments.
  - For some, a point of contact to steer them through a variety of needs or appointments may be needed. For example, one person felt that their Macmillan Nurse had played an important role:  
 “Being in direct email contact with both the Macmillan Nurse and the consultant at St Hellier has been invaluable. The tortuous route of contacting the GP by email via Reception works much less well.”
  - ✓ Some people felt they benefited from reduced social contact when having digital or telephone appointments, including not needing to wait in a waiting room. This was particularly mentioned in relation to autism and people with anxiety and mental health conditions.
  - Mental health: there were mixed views about whether mental health support benefited from digital or telephone appointments:
    - ✓ some found the appointments easier for reasons mentioned elsewhere
    - ✗ some felt they were less comfortable discussing mental health issues over the phone
    - ✗ some felt they might not be completely honest over the telephone
    - ✓ one person who had supported people with mental health conditions to have virtual appointments said the technology added to anxiety
- The reduction in face-to-face contact in support services had an impact on people’s mental health (e.g., perinatal services and support groups).
- *When we spoke to a group of GPs in August they were also worried that younger callers may be disproportionately getting appointments than older, more complex patients and were concerned that more vulnerable groups may be negatively affected.*
  - *They also highlighted that language line had been very useful to support people when interpretation was needed and some practices have a dedicated phone number for people with learning disabilities.*
  - *They highlighted challenges in time to proactively contact vulnerable patients but recognised it was important.*

- **Recommendation 1:** Offer of a blend of methods of appointments considering the advantages and disadvantaged summarised here. As an example, one resident described a positive experience with a speech therapist, who phoned first, sent information by email along with contact details and then discussed exercises by a video consultation.
  - Video appointments /photo sharing could be offered more widely, for appointments where there would be a benefit to see a physical problem or the patient.
  - Face-to-face appointments to be offered when visual examination is needed if visual technologies (photo sharing and video appointments) are not adequate or suitable for the patient.
  - Video or face-to-face appointments to be offered when needed to build rapport / when clinicians need to pick up on physical clues.
  - All appointments for an individual may not need to be face-to-face, particularly for straight forward aspects of their care, but overall oversight of a person’s care may need to ensure there is a visual appointment as a part of care if they have ongoing care needs.
- **Recommendation 2:** For people with complex or sensitive conditions or issues, consider a navigator role or support service to help people navigate the health and care system, including help with any additional needs to ensure they have a familiar and consistent point of contact.
- **Recommendation 3:** Where possible people with complex conditions or sensitive issues would benefit from continued contact with a specific person. If this is not possible, staff need the tools and time to familiarise themselves with the background information.

### Communication needs

- ✗ People who work with older people in the community told us that elderly residents have difficulties if they cannot see or hear well.
- ✓ One person said that online appointments would be difficult but telephone appointments reduced barriers relating to their sight problems
- ✗ Interviewees with learning disabilities reported difficulties being understood, having their needs dealt with appropriately and understanding the process or who was calling.

- ❑ **Recommendation 4:** Consider how support could be given to people with communication needs and utilise telephone or digital opportunities where they can remove barriers.
- ❑ **Recommendation 5:** Ensure staff are briefed on dealing with patients with communication needs and recognise that it can be more difficult to be understood or understand others over the phone.

#### Mobility issues and reduced need to travel

- ✓ Many reported positively on the reduced need for travel if:
  - they had a disability or social anxiety or were not able or preferred not to leave the house
  - they had other commitments and restrictions on their ability to travel, such as work and childcare.
  - it saved financial costs and time costs (e.g. transport costs and childcare costs)
- ❑ **Recommendation 6:** Patients should continue to be offered remote appointments for appropriate issues where the convenience can help them seek support sooner.

#### Privacy needs

- × Having to have appointments at home, work or other space was reported as being a negative change to their appointments if:
  - they did not have a private space at home to discuss private issues
  - they did not have private access to private use of equipment
- ❑ **Recommendation 7:** Ensure the booking process checks if a person has sufficient privacy and offer an alternative if not.

#### Access to equipment, digital literacy and information:

- ✓ Most people said they did not need any help with accessing digital appointments and only a small number reported technical difficulties, however most of our feedback was about telephone appointments.
- × Nevertheless, some people did report lack of access to equipment and the internet.
- Suggestions for support to help people make use of telephone and digital appointments included:
  - information about the new processes including choice of type of appointment and technology available
  - for there not to be an assumption if they can or cannot use various methods
  - information and help using the technology / equipment
  - help and guidance accessing apps or digital platforms
  - access to an IT support desk to troubleshoot problems - prior to an appointment, possibly with remote access to a computer
  - encourage support from others in the community (intergenerational teaching)
  - help with the cost of equipment
  - training, such as IT skills (Most people who said they would need training were in the over 55 range).
  - information about how their information and data will be used and protected.
- *When we spoke to a group of GPs in August they described a number of issues with wifi/signal/time it takes to manage the system for both the patient and the clinician.*
- ❑ **Recommendation 8:** Consider if the above support and information can be provided to support with technology.

#### Reluctance to access healthcare services:

Around a fifth of people said that they had not managed to get an appointment.

- × For some this was due to cancellations and then a lack of communication
- × Some were reluctant to 'bother' busy services or wanted a face-to-face appointment which they did not think they would get.
- ❑ **Recommendation 9:** Since we started the survey, South West London and many providers have increased communications to reassure people about how to access support and availability of appointments. This should continue.



- ❑ **Recommendation 10:** If an appointment is cancelled attempts should be made to ensure contacts details for queries are clear, signpost to alternative support and arrange an appropriate check-in date or expected date to receive further information.

#### **Choice of appointments and services available:**

Few people **reported** having a choice of the type of appointment.

- Sometimes it seemed that this was limited by what was on offer from an organisation.
- Very few people reported having a video appointment, yet a number said that they would like this. NHS data about the number of video and online appointments across South West London shows there were relatively few appointments online or via video conference (see <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/november>).

- ❑ **Recommendation 11:** System leaders to consider how to ensure availability of choice and options for appointments, including support for service providers.

#### **Appointment Booking**

- ✓ Many people reported getting GP appointments more quickly than usual.
- ✗ However, many people who attended community group workshops highlighted delays to booking appointments. Our findings showed that:
  - many of the issues were at the triage and reception stage (across services)
  - long answer machine messages put people off
  - being able to get through on the phone was an issue across services
  - online booking was not something that had supported many
  - hospital appointments involved longer waits for bookings“It can be difficult to get an appointment in the first place. I prefer to book online rather than spend 20 minutes or so on hold before trying to explain something complex to the receptionist.”
- ✗ Interviewees with learning disabilities described reception as a barrier to appointments when their needs were not understood.
- ✗ Difficulty getting through for some had led to an impact on getting timely medication, management of health conditions and stressful situations. “... to get access to CMHTs at Springfield ... The operators will not transfer calls once they are aware you are a patient. They send emails to the CMHT but a call back can take a week or more. This makes it harder to seek help in the first place.”

- ❑ **Recommendation 12:** Further to Recommendation 13, consider reviewing online booking provision across services and telephone booking support.
- ❑ **Recommendation 13:** Consider/review a system to understand failure to book and waiting times for appointment confirmations e.g. monitoring unanswered/missed calls.

#### **Scheduling:**

- ✓ There were mixed experiences of scheduling appointments, many people said that they happened quickly.
- ✗ However, many reported delays to the start of an appointment (sometimes they happened on a different day).
- ✗ This was highlighted as especially important for people with learning disabilities, as many require assistance with appointments.
- ✓ Many people found GP phone calls prompt and efficient with some saying it enabled continuity of care. “Being kept up-to-date with timing. I've experienced sitting around all day for GP to call, because GP was called away for emergency and no update was given from the surgery.”
- ✗ One person at our Assembly event said they got to the online appointment page where it was about to start but it took about 50 minutes on this page before it was clear the appointment was not going to happen.
- ✓ While some felt they had more time during their appointment a number of participants described their appointments as rushed and difficulty discussing everything needed.

“As soon as you put the phone down you remember all the things you wanted to ask.”

- × There were some people who felt that referrals were not detailed enough.
- *When we spoke to a group of GPs they also described issues with managing timeslots and patients not answering phone calls, possibly due to lack of clarity when they would receive the call or they were out and not ready for the call. It was proving difficult ensuring specific time slots.*
- Recommendation 14:** Review good practice and systems for ensuring scheduling and understanding the issues causing delays.
- Recommendation 15:** Ensure longer appointments are available if needed and advise patients to consider keeping notes before an appointment. At our Assembly event participants said that making notes before an appointment can help if an appointment is delayed and you decide ‘to go off to do something else’ because the notes can remind you about what you wanted to ask and talk about.
- Recommendation 16:** Updates (and visual progress bars on video appointment systems) could help people manage their appointment delays.
- Recommendation 17:** When information is provided during an appointment, include signposting to written information (downloadable or printable). One participant said this could be particularly useful for autistic people.

#### Communications between services

- ✓ Where prescriptions were sent directly to the chemist or by email, many people said this was useful
- × The above was not available to everyone (and some people said the reason they were dissatisfied with digital and telephone appointments was because they did not receive a prescription)
- × Letters and communications between services can be out of date quickly
- Recommendation 18:** Review digital methods for communication between services, and consistency across services.