

**Northern Care Alliance**  
**Remote Appointment Report**

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# Executive Summary

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Healthwatch Oldham is an independent organisation that gives people a voice to improve and shape services and help them get the best out of health and social care services. In February 2021, we met with the Northern Care Alliance to look at how we could work in partnership to gather people's feedback on remote appointments (remote being either by telephone or video call). The insight collected has been summarised in this report to support the Northern Care Alliance to ensure remote appointments are accessible.

Given the challenges of the COVID-19 Pandemic over the last 12 months, the usage of remote appointments by health professionals have increased. A remote appointment is a meeting between an individual (patient) and an NHS Health Professional using a telephone or a video call via an App (where you have not been able to visit a service for a meeting in person). These could be any appointments, including hospital appointments, GP appointments, and community service meetings.

The Northern Care Alliance will be producing a guide to help patients get the best out of their remote appointments and the feedback obtained will help shape the content of this guide.

Healthwatch Oldham, the Northern Care Alliance and AQUA (Advancing Quality Alliance) have co-produced a survey to help identify how people have found the experience of a remote appointment, including what has gone well and any areas of improvement that may need to be considered. The survey also wanted to explore the reasons why some patients may not have engaged with the virtual appointments at all. The report also recognises where the needs of patients were met during remote appointments, and what type of remote appointments met people's health needs.

We circulated the online survey on our website from the end of March 2021. (See Appendix A for a full copy of the questions asked. The survey contained qualitative and quantitative questions and a space for free text.) We received 210 responses from the survey and held four face-to-face focus groups remotely via zoom. The focus groups were themed to include;

1. People from BAME communities
2. People with a Learning Disability
3. Open focus group
4. People living with cancer

29 people engaged in these focus groups. There were (10) people from the BAME communities, (9) people who have a learning disability, (7) people who attended the open (generic) focus group, and (4) people who are living with cancer.

## **Acknowledgement**

We would like to take this opportunity to thank the Northern Care Alliance for commissioning us to do this piece of research. We are grateful to Advancing Quality Alliance (AQUA), their lived experience affiliate and the Northern Care Alliance (NCA) for working with us to co-produce the survey which we published to obtain people's views on remote appointments. We would also like to thank KeyRing, BAME Connect and ABC Diagnosis for their support in the themed focus groups.

## **What's Next?**

Once this report has been acknowledged through the Northern Care Alliance structure, our findings will be used to help the Northern Care Alliance, produce a patient guide around remote appointments, intending to make this a more improved experience for patients and to learn from patient's experiences that have been shared with us.

# Key Findings

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## Communication

- Respondents to our survey told us where they were contacted on time, this worked well. However, where people were not contacted on time, this caused difficulty with personal and professional responsibilities. As a result, this had an impact on the quality of appointments offered. (79% (166 people) stated that they were contacted on time, 11% (24 people) stated that they were not and 8% (16 people) stated this question did not apply to them.)
- The feedback we received suggests that specific time allocated slots are important to patients, as some of the feedback suggested, where patients were not contacted during their allocated appointment time, this caused distress and considerable disruption to the patient.
- Some of the responses we received indicated that remote appointments by phone are not always appropriate for the type of care needed for a patient, e.g., physiotherapy or cancer diagnosis. One patient living with cancer shared their experience of a remote appointment and described that they were not prepared for the aggressive stage 3 diagnosis, and they were shocked by the news over the phone. The patient expressed that a face-to-face appointment would be a better environment to receive the news in, with a doctor or medical professional present.
- Those with learning disabilities shared with us the communication issues with remote appointments, due to health passport information not being reviewed or checked remotely. One person said, ***"needs were not met because they were not checking health passport info / and they can't check health passport info remotely. Are details of the health passport not recorded on the hospital system?"***

## Accessibility

- With preparation time for appointments, patients shared with us where they had time to prepare for appointments this was helpful. However, our feedback suggests where time slots were not adhered to, this had an impact on the level of preparation. (88% (185 people) stated that they did compared to 9% (19 people) who felt they did not.) The responses we received also suggests that where patients had prepared for remote appointments, this was not as useful as it may have been. This is because some patients shared with us what they prepared to discuss initially they could not as in some instances the appointments were rushed.
- From our respondents, those that have additional support needs (29 people) indicated that their needs were not met. During the pandemic it is those with additional support needs that have been classed as vulnerable and may need to shield, therefore there should have been a greater emphasis on addressing additional support needs.
- From those whose needs were not met, we received a lot of feedback from people with learning disabilities. The feedback we received suggests there is a gap in the provision, mainly this links to telephone remote appointments where respondents felt they were not able to fully express themselves. In addition, there were examples shared with us about accessibility issues to correct health records and healthcare passports, which are important for those with learning disabilities.
- One patient shared a difficult experience with their GP Practice, whilst trying to access a remote appointment. The patient suffered an injury, a remote appointment was arranged with the GP, they

tried to listen to their phone ringing whilst at work (in a prison) and they inevitably missed the call. They had to ring the surgery back to rearrange, when they rang the surgery the computer system for the GP Practice had gone down. This meant the pictures of the injury which were sent over by the patient to the GP Practice were never received, the patient summed up their frustration by saying, "*never again.*"

- Four respondents shared concerns around accessibility, and the impact of the appointment given they were not face-to-face and there was not any form of physical examination, which had an impact on the outcome of the appointment. Specifically, a repeated example that came out of the focus groups included dermatologists that were not able to see affected skins areas and hence make an accurate diagnosis, this can lead to the condition worsening and not being treated on time. Some responses have indicated this has inevitably led to a face-to-face appointment, with often worsening symptoms.
- From our survey responses, 3 patients raised the concern around privacy during the remote appointment. Two circumstances described included, firstly being at work and therefore surrounded by colleagues. This person said if they had a specific time allocated, they could have arranged a private room at work to speak from, but this was not possible due to the ad-hoc timing of remote appointment calls, which can vary greatly. Secondly, a patient described being out on an essential visit when they received the call, which severely limited any chance of privacy.
- It is important to consider the impact and concerns of those patients who may struggle with hearing, which can make a remote appointment difficult. A patient from one of our focus group's shared with us the difficulty they have hearing full and continued conversations on the phone. As they are dependent on hearing aids, this can limit the quality of conversation and the overall impact of the remote appointment. Both the patient and clinician may struggle to gain very little from the remote appointment. Another patient shared how they found hearing the health professionals difficult as acoustics within their setting was not very good. This also can have an impact on the quality of remote appointments and can affect important messages that need to be passed from health professionals to the patient or vice versa.

## **Patient experience**

- The feedback we received around concerns about remote appointments was (74% (156 people) stated that they did not have concerns in comparison to 23% (49 people) who stated that they did). Amongst those who did have concerns, this focused mainly on two areas. Firstly, patients fed back to us that the communication within the system internally whilst setting up the appointment was somewhat disjointed. Examples given included, the wrong appointment details being on appointment letters. This meant patients were preparing or turning up for appointments that were not necessarily taken place in the format stipulated on appointment letters. Secondly, people with learning disabilities shared with us difficulties they faced around remote appointments when they did not have the support of their carer or have the required technology to properly facilitate a remote appointment, or not have good acoustics to help with the quality of the remote appointment.
- Patients want data on their records to be kept up to date and for it to have reach across to other parts of the health system.
- In total 14 patients shared positive experiences they had, including appointments running on time, being able to communicate via a patient's app in advance. In addition, having the option to send any photographic material before the appointment, as well as the ease of following instructions for

the remote appointment that may have come through via text messages, as well as the option to have bloods done before the appointment. There was a general recognition that remote appointments were in response to the challenges that COVID-19 had placed on the health system, however, there was also an acknowledgement from several patients that there is perhaps more they could have got out of a face-to-face appointment.

- From those who had concerns about remote appointments, we would like to highlight experiences that were shared with us. One patient described their experience of carrying a pen, phone, and a notepad all day, as they were not sure when the GP was going to call, the call was made towards the end of the day at 5:05pm, whilst the patient was in a queue at the Pharmacy to pick up medication as the pharmacy was closing.
- Another example shared was a patient that had to take half a day off work, for a 5-minute phone call. This is because remote appointments were allocated for a morning or afternoon time slot.
- Similar themes and issues came through the BAME focus groups, around lack of choice or not having allocated appointment times. An example given during the focus group was, the appointment was fixed for the afternoon, the participant lives in an area where the internet connection is poor, and they had three children who were at home remote learning whilst schools were closed. The participant shared this meant there was a lack of privacy for the appointment.
- Although most people did state they had time to prepare for their appointment, if people did not have an allocated time slot for the consultation this meant people were not as prepared as they wanted to be.
- In terms of feedback relating to preparing for an appointment, many people take time out to make their own notes in advance of any remote appointments, including, questions, or queries they would like to raise to make the best use of their appointment time. Many patients told us they prepared for the appointment by ensuring they were in a quiet and discreet location so the appointment could be conducted smoothly and privately.
- From the Living with Cancer Focus Group two people shared they felt they had time to prepare for their appointment, one person said this was because they are *"fine with technology"* and the other though said *"though I had time to prepare I felt I was not given the chance to ask any questions."* Another person from this focus group shared they had difficulty preparing for the appointment because they were given a 10-hour window. This they felt meant they couldn't properly prepare for the appointment, as they did not have a definitive time. There was a feeling from the focus group if they had gone for a face-to-face appointment in normal times, they would have had preparation time.
- The feedback from patients who responded to our survey around whether health professionals understood the case history of individuals, 60% (127 people) said this was the case. Respondents spoke about being under the care of the same clinicians, which helped them greatly around continuity of care, and also prevented the need to repeat their case history or medical symptoms. Many of these health professionals patients said they had known for many years, so there was a mutual understanding on both sides.
- Whilst 30% (64 people) stated that they felt they somewhat understood their history. 6% (12 people) stated that they felt that the health professional didn't understand at all their patient's case history.

# Recommendations

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The following summarises recommendations for action and next steps. This is based on what local people have told us and summarised against the main themes of the findings from our survey.

## Communication

Our findings show that a communication breakdown can affect the quality of remote appointments for patients, particularly those that are vulnerable. Effective communication amongst professionals and services as well as external communications to patients are key factors in virtual appointments and meeting patient's healthcare needs.

- 1.** The team booking and arranging appointments should ensure the full information and details relating to the appointment are shared with patients, including, time, date, what type of appointment and what to expect from the appointment.
- 2.** The NCA should provide a clear explanation of their appointment process via their website, reception teams, and all written communications that are sent to patients.
- 3.** Services should make it a key part of their practice to acknowledge the receipt of data submitted by patients, especially for photographic images with information of where the images will be stored and how the patient will be contacted. This will give patients confidence in the remote system of appointments.
- 4.** All departments/ clinicians should give patients adequate preparation time. Before appointments, it will be beneficial to clearly communicate to patients the importance of preparing for an appointment. Specifically, by listing current medication, symptoms change in health and wellbeing and any other questions that they wish to ask during an appointment.
- 5.** When booking appointments, staff should take additional steps to ensure health passport information for those with learning disabilities is accessible by clinicians in primary and secondary care to improve communication and get the most out of remote appointments.

## Accessibility

- 6.** The NCA should work towards a more streamlined process for booking an appointment via apps or other tools, that make the overall process more efficient and user friendly. For example, an interactive tool that can help patients regularly filter through their issues and feedback on remote appointments so this can be reviewed and actioned where appropriate.
- 7.** Where possible there should be consistency across patient's appointments, staff booking appointments should ensure patients are permitted to submit relevant information remotely for those under 16. Our feedback suggests this is not currently possible.
- 8.** Ensure where possible remote appointments are appropriate for patient's healthcare needs, for example, they may not work well for physiotherapy, people with Learning Disabilities or ongoing cancer treatment. Staff responsible for booking appointments should carry out full analysis to ascertain what type of appointment will get the desired outcome for the patient and clinician.

- 9.** Clinicians should have an input to carefully consider whether a remote/ video or face to face appointment would be appropriate for each patient. Getting the format of appointments right is important to patients. For example, those with skin conditions have a more consistent approach to getting advice/ treatment by a dermatologist. It would be beneficial to have clearer expectations set with patients, if any part of their skin needs a physical examination, or whether issues can be talked through via a remote appointment. In some cases, there will be very little to get out of a remote appointment, therefore this should be carefully considered before an appointment. E.g., People with Musculoskeletal (MSK) or cancer told us they would benefit from a video appointment rather than a telephone appointment.
- 10.** When arranging appointments, the team responsible should give careful consideration, and where necessary action taken to ensure that those with learning disabilities can access services and are not disadvantaged. This will require the NCA to facilitate solutions as a key part of preparatory work for remote appointments. From amongst the feedback, we received there was a constant theme, that those with learning disabilities face a particular issue around digital exclusion. Many of our respondents shared that they are reliant on assisted technology and require input from support workers. However, they have told us this isn't always possible due to the fluid nature of remote appointments. We recommend the NCA looking into this, work in partnership with local Learning Disability Groups such as KeyRing and OPAL to help devise a better remote appointment offer.
- 11.** Health professionals and clinicians need to be made aware of the specific issues and barriers those with learning disabilities are facing in accessing remote appointments.

## **Patient experience**

- 12.** Provide more accurate time slots for remote appointments with GP Practices. Our responses show that this is a cause for concern for many patients. Patients need to have a reasonable time slot for their appointment. Where this does not happen, it leads to difficulty and challenges around missed calls, patients being frustrated, and ultimately a delay in being facilitated by a clinician.
- 13.** Across all services there needs to be more consistency around case management to make the remote appointment experience smoother and a better chance of outcomes for their ill-health, by ensuring there are joined up pathways to a patient's journey. For remote appointments to be a better experience, patients need to feel as the system is more responsive and joined up to their needs.
- 14.** The team's responsible for appointments should ensure there is a clear pathway for follow up's. Follow up appointments should be actioned and followed through, otherwise, there is additional pressure on the system where a patient's condition may worsen or cause delays, e.g., needing a physio, dermatologist, or follow-up blood test.
- 15.** Across all services there should be a named contact that patients can liaise with should there be any issues. Their contact details should be specific to them, making it as easy as possible to contact. This will ensure there is consistency within the system and encourage issues or problems raised to be followed up.
- 16.** Within the patient guide consider alternatives for those that are digitally excluded, and can't for example take pictures or access information electronically. From the feedback we received, people shared some of the difficulties, for example uploading pictures or accessing information relating to the appointment electronically.



- 17.** The new patient guide should have information for those with additional needs, so as many people as possible have the chance to access services and are not disadvantaged. This should include issues around accessibility, who people can contact for support and a clear explanation as to what to expect during a specific virtual appointment.
- 18.** The team responsible for arranging appointments should thoroughly assess whether a remote appointment or face to face appointment is best suited to the needs of patients with a learning disability diagnosis or a communication barrier. Virtual appointments have been highlighted as counterproductive for some patients and more so for patients with a Learning Disability diagnosis or communication barrier, e.g., through language or hearing impairment.

## **Disclaimer**

Please note that the feedback and comments within the report are subjective accounts by individuals given on the day they provided feedback and completed the survey, and do not represent the views of Healthwatch Oldham. Healthwatch Oldham carries out research in line with accredited guidelines set out in Healthwatch England's Research Framework. We aim to identify what matters most to people and use our findings to ensure that people's voices influence and improve the quality of local services. The responses in this survey are from a self-selected sample of local people and as a result, should be considered as indicators of local people's views and not as a robustly balanced statistical analysis.

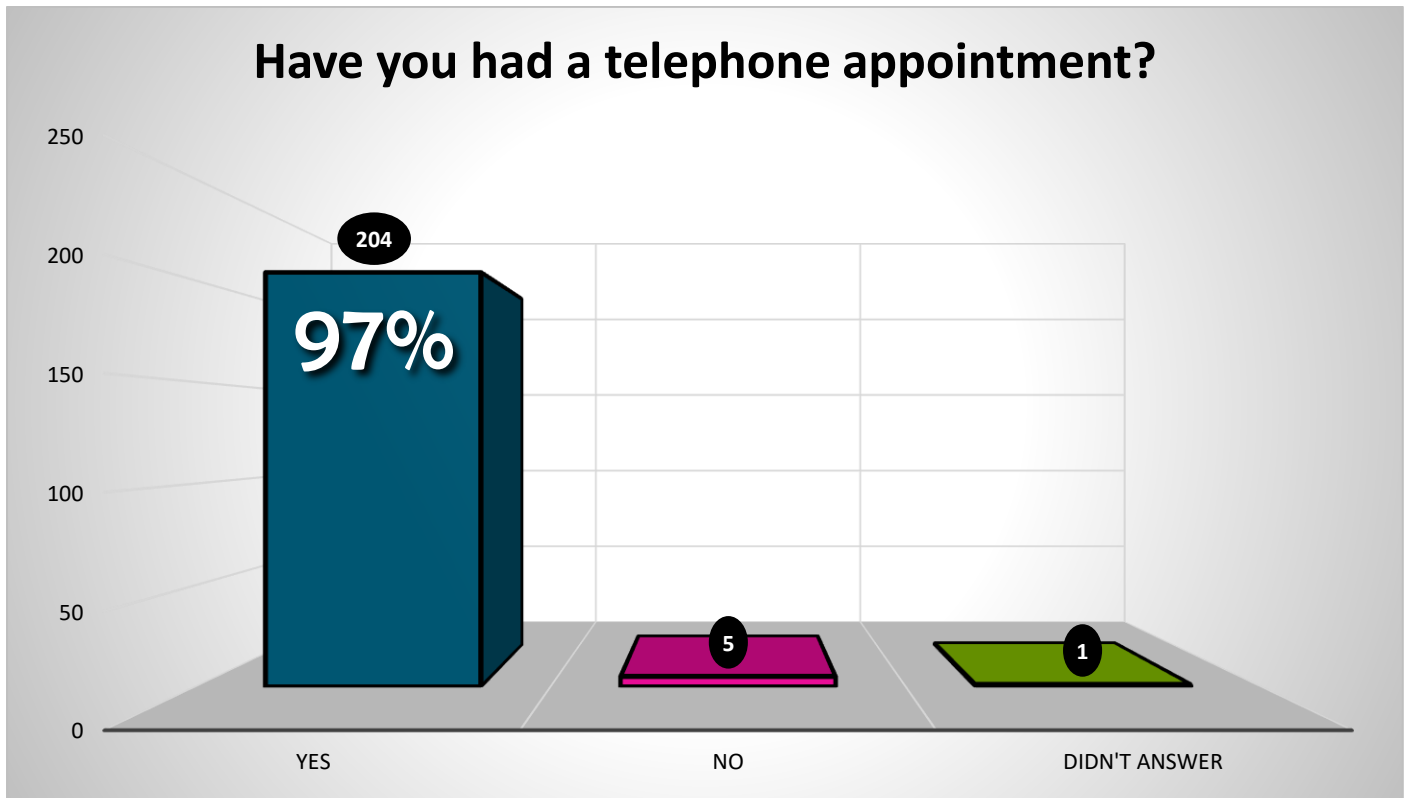
If anyone has any queries relating to the content of this report, please contact a member of the Healthwatch Oldham team via [info@healthwatcholdham.co.uk](mailto:info@healthwatcholdham.co.uk)

# Detailed findings

The survey included a mix of quantitative (tick box) and qualitative (free text) questions. The focus groups also covered the same topics.

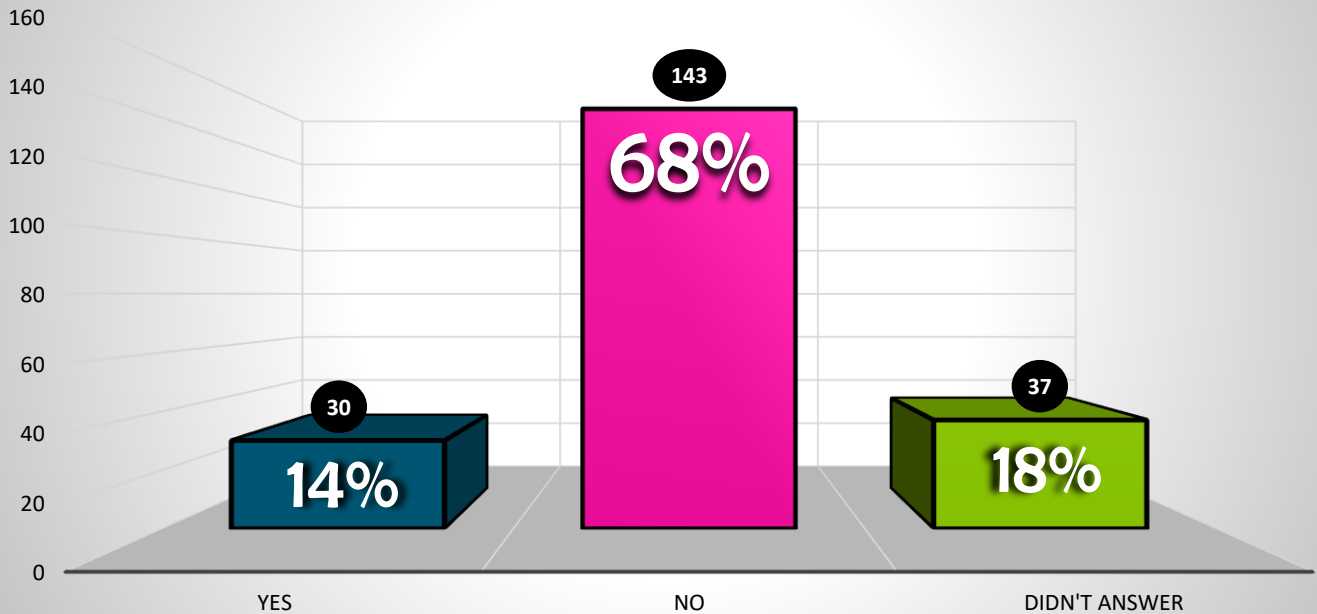
Where tick box and free text questions were closely related, we have grouped them below. Some questions were text box only and some were free text only.

## The type of appointment people had



Out of the 210 completed surveys, we asked whether they had a telephone appointment. 97% (204 people) stated that they had compared to 2% (5 people) who had not.

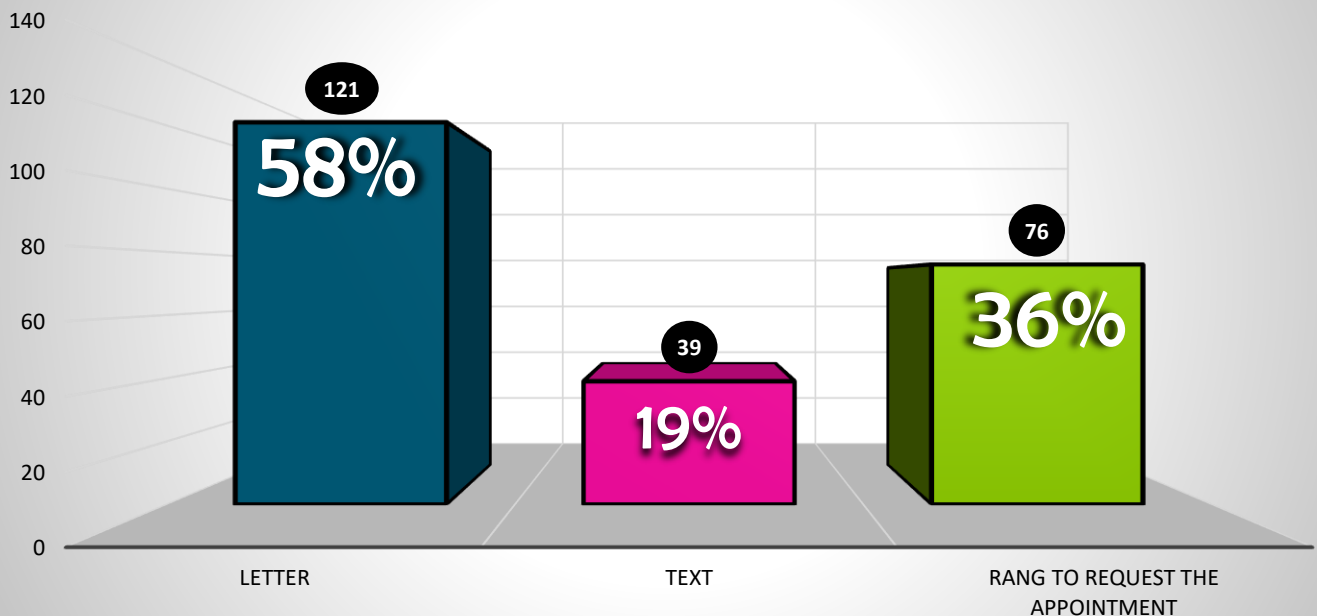
## Have you had a video call appointment?



Out of the 210 completed surveys, we asked whether the person completing had a video call appointment. 68% (143 people) stated that they had not compared to 14% (30 people) who stated that they had.

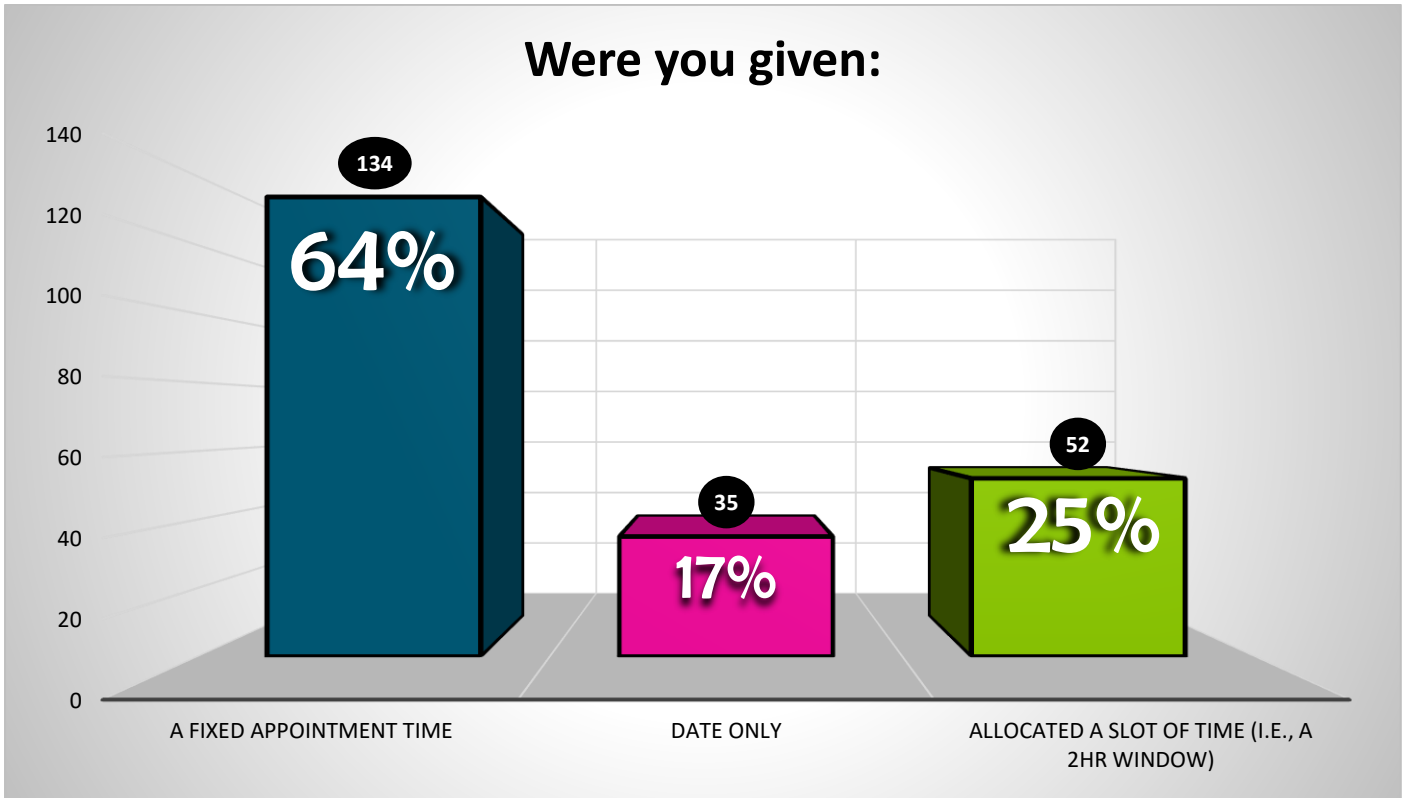
## Arranging the Appointment

### How was this appointment arranged?



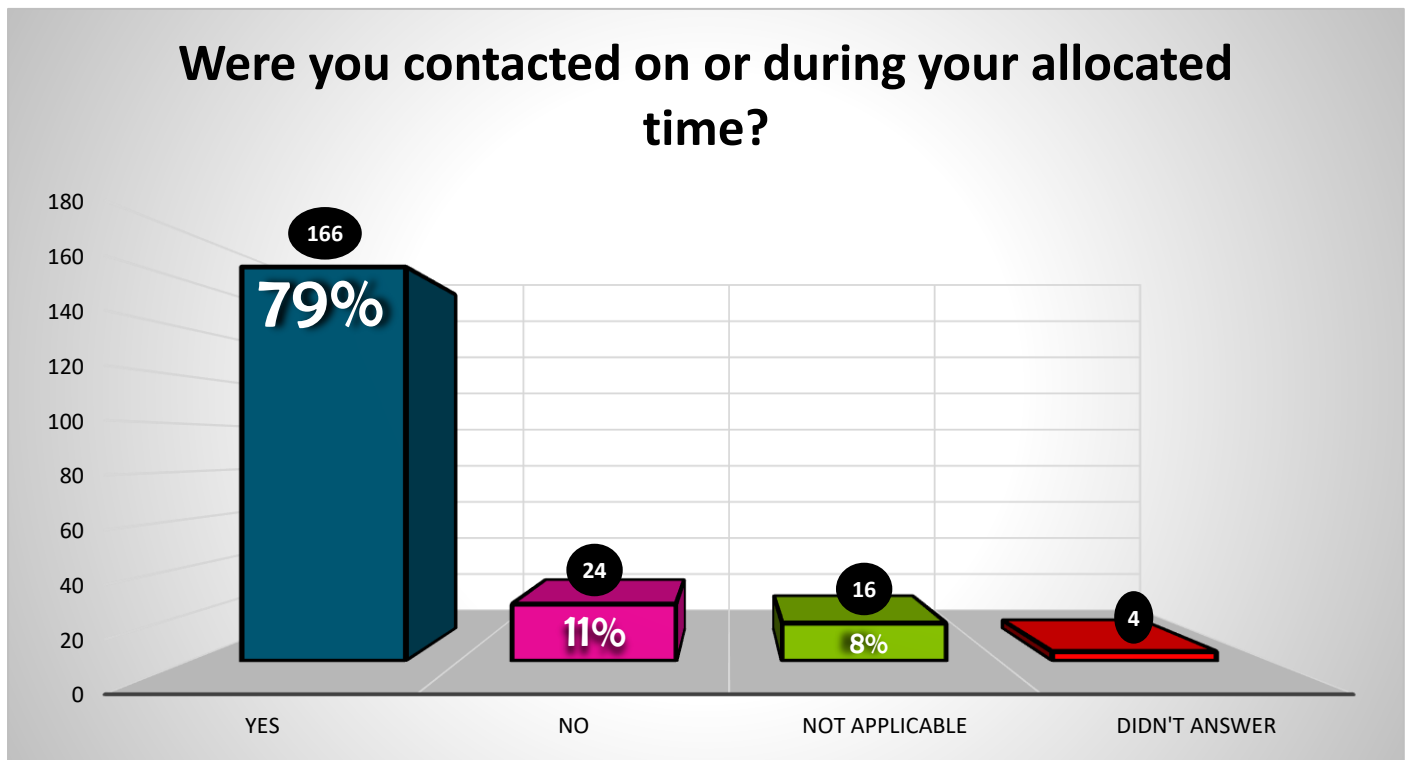
We asked respondents how their remote appointment was arranged. 58% (121 people) stated that it was arranged by letter, 36% (76 people) stated that they rang to request the appointment and 19% (39 people) stated that their appointment was arranged by text message. Please note, this was a question where respondents could give more than one answer, so the percentages stated are based on the number of completed surveys rather than the number of answers provided.

## Were you given:

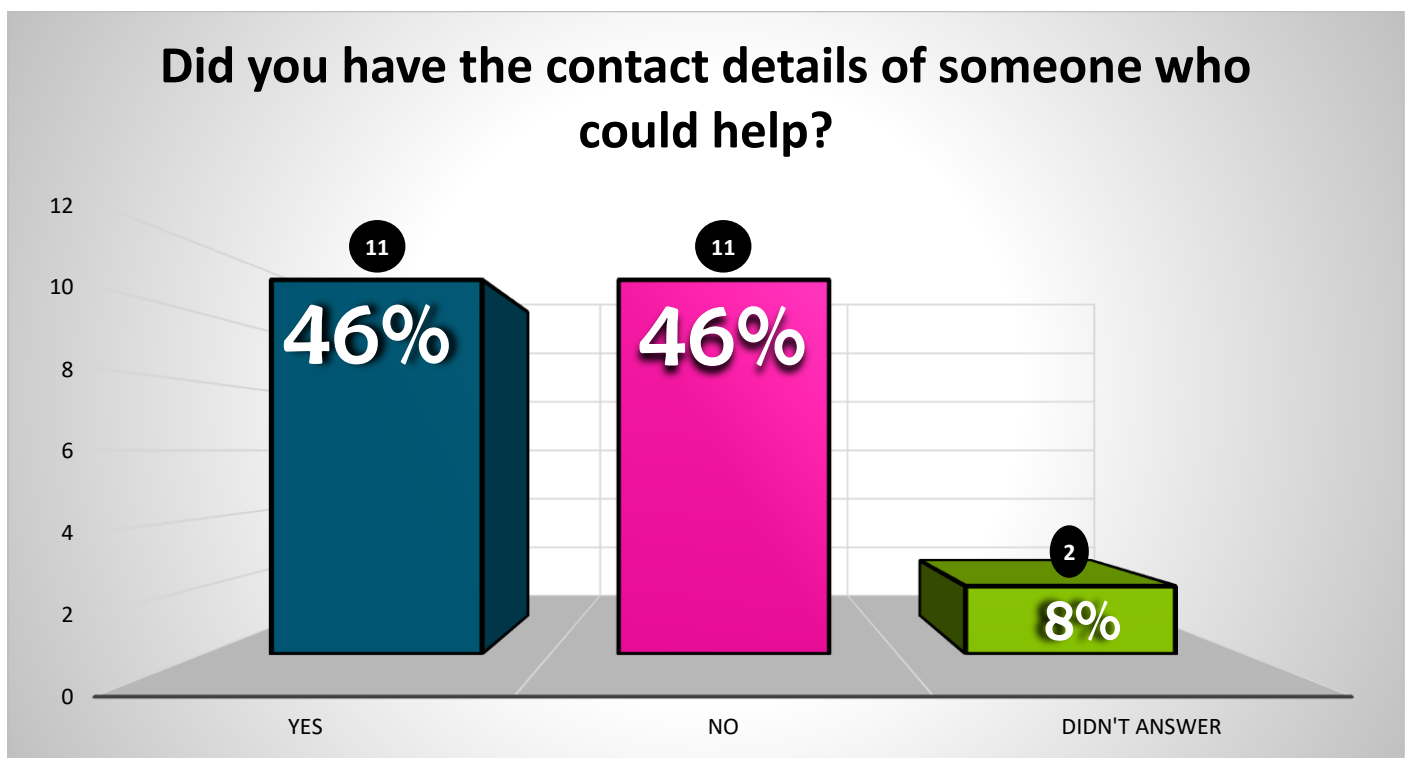


We asked respondents how they were allocated a timeframe for their remote appointment. 64% (134 people) stated that they were provided with a fixed appointment time, 25% (52 people) stated that they were provided with a timeslot where they could be contacted anytime between and 17% (35 people) stated that they were only provided of a date of when they would have their appointment. Please note, this was a question where respondents could give more than one answer, so the percentages stated are based on the number of completed surveys rather than the number of answers provided.

## The timing of the appointment

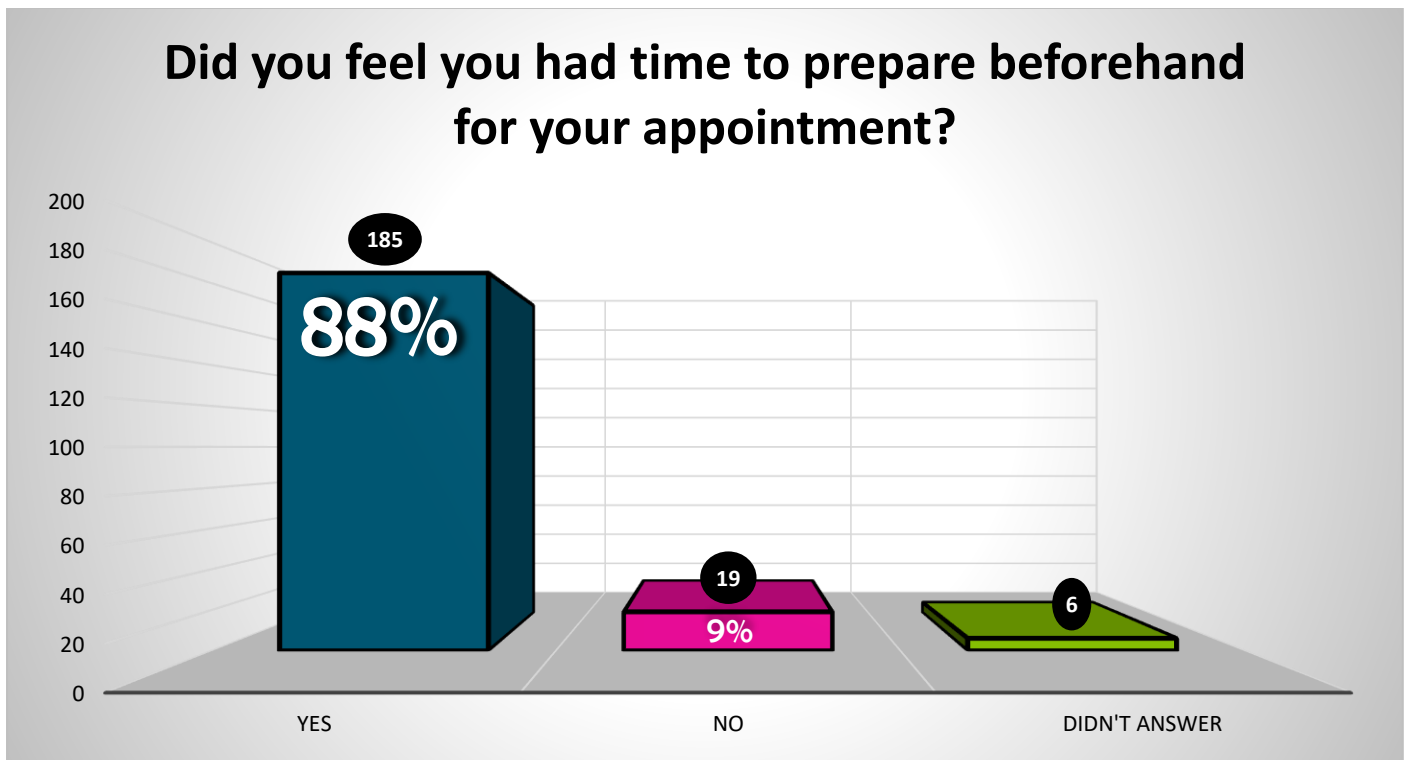


We asked respondents whether they were contacted on or during their allocated appointment time. 79% (166 people) stated that they were, 11% (24 people) stated that they were not and 8% (16 people) stated this question did not apply to them. 4 people chose not to answer this question.



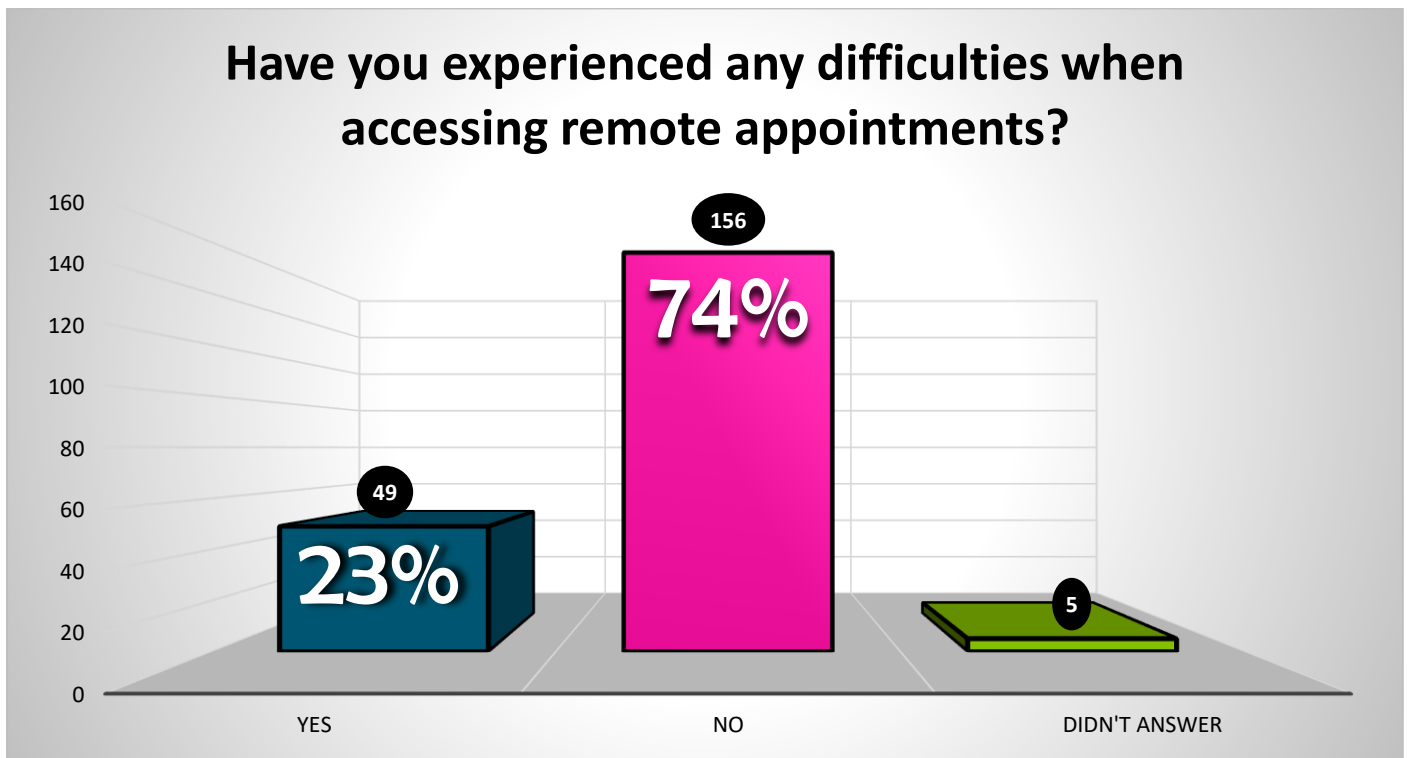
We asked the 24 respondents who stated that they were not contacted on their allocated time whether they had contact details of someone who could help them. The answers were equally represented with 46% (11 people) stating that they did and did not have someone they could contact.

## Preparing for the appointment



We asked respondents whether they felt they had time to prepare for their appointment. 88% (185 people) stated that they did compared to 9% (19 people) who felt they did not.

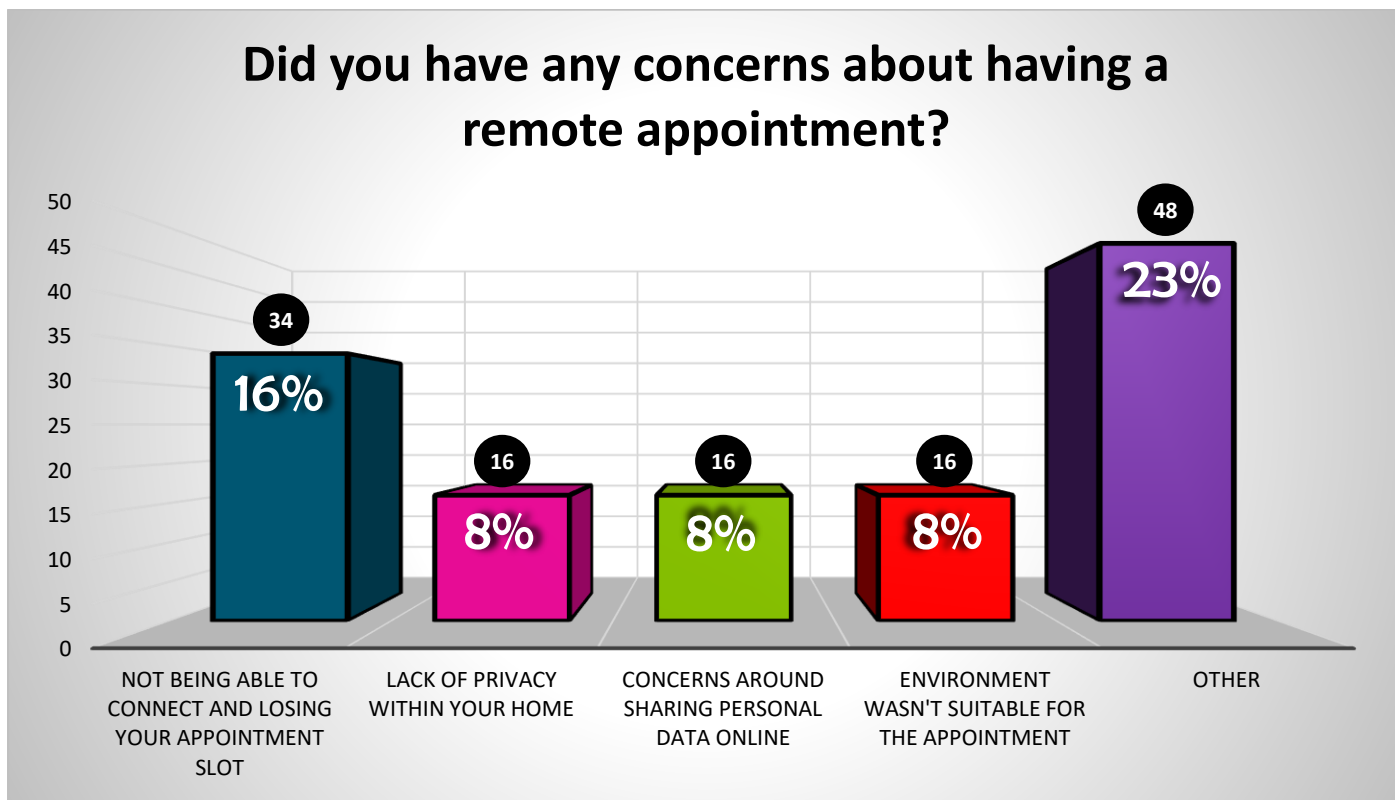
## Difficulties and concerns



We asked respondents whether they had experienced any difficulties when accessing their remote appointment. 74% (156 people) stated that they did not in comparison to 23% (49 people) who stated that they did.

As part of the feedback people shared with us the challenges, they faced around accessing a remote appointment. One example of a difficult experience a patient had when accessing remote appointments, is part of a case study towards the end of the report. (Case Study 1, page 25)

From the learning disability focus group, the feedback indicated there can be additional barriers to remote appointments. This can be due to the need for support from their carers in preparing for appointments, and the availability of carers to accompany a person when there isn't an allocated time slot. In addition, where needed carers will take technology to clients to help facilitate remote appointments, this is the type of support those with learning disabilities may need, which cannot always be guaranteed for every appointment.



This multi-choice question asked respondents whether they had any concerns about having a remote appointment. 23% (48 people) stated other and explained further about their concerns. The next highest answer was 16% (34 people) who stated they were concerned about not being able to connect and losing their appointment slot.

Similarly, another patient shared their experience of having two good doctors, one a GP, the other a consultant. The patient felt the doctors were aware of the complex situation and felt they were **"incredibly supportive."** The patient, however, had a different view of another GP who they had the remote appointment with, who did not know about or understand the patient's complex condition, the patient felt the time taken to inform this GP of the situation caused some confusion on the doctor's part and the doctor became impatient as a result.

Furthermore, those respondents with complex issues had concerns. For example, a patient who is a regular attendee at the neurological clinic shared ordinarily there were tests carried out at regular appointments. With things changing to remote appointments the patient felt concerned, that there was not much to get out of remote appointments if tests were not going to be carried out similarly.

The four focus groups raised their concerns relating to remote appointments.

A participant from the BAME focus group (BAME Connect) raised concern about their daughter having to take part in a remote appointment alone at the age of 16 years old, the participant said, ***"my daughter found it very hard explaining very personal things."***

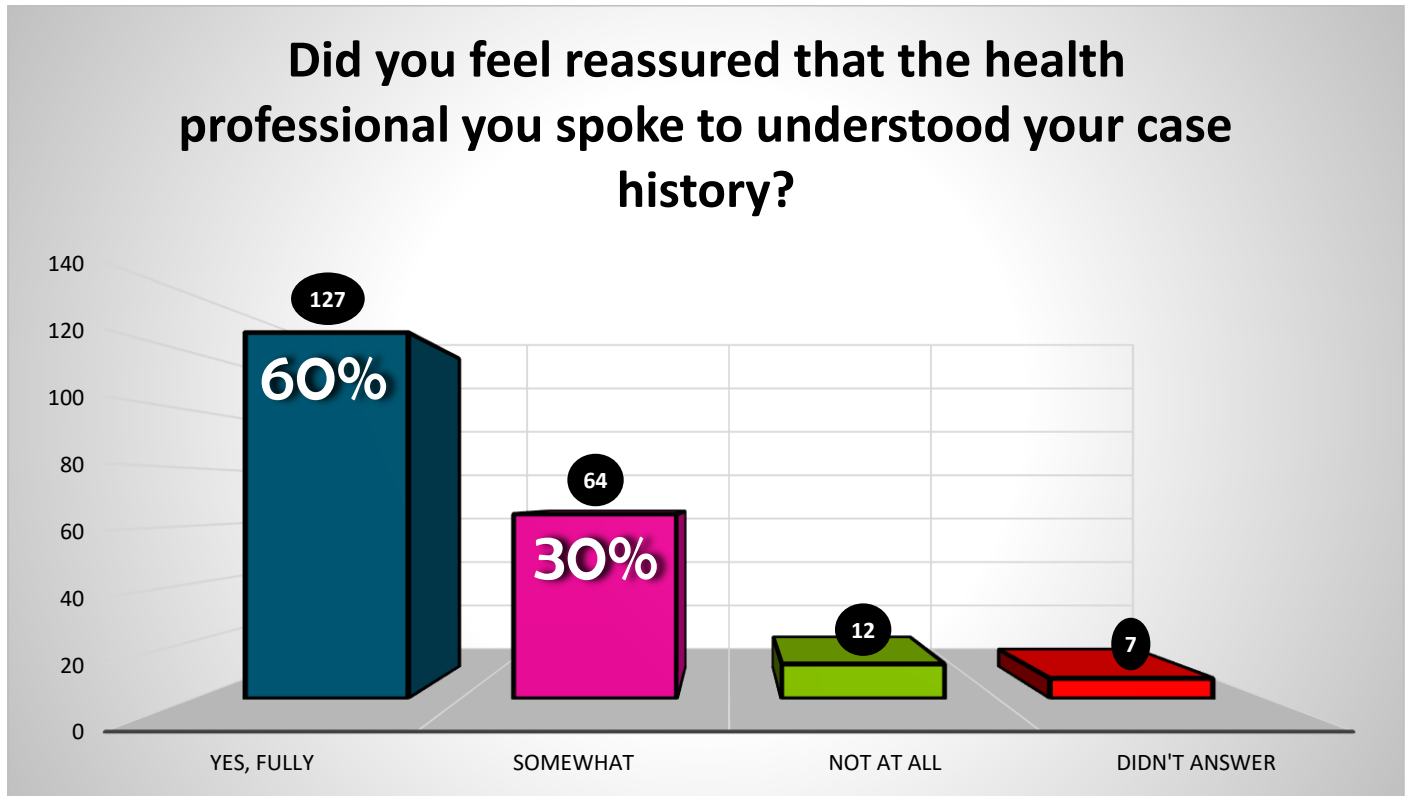
From Learning Disabilities focus group (Key Ring), 4 participants shared their concerns around the impact of technology and being able to facilitate remote appointments. One person had an issue around access and said, ***"not everyone has access to technology."*** Given people with learning disabilities are dependent on support workers at times, for some people remote appointments cannot take place without the support being on hand. A participant said, ***"had to be told and shown how to use zoom and Whatsapp with KeyRing support worker as didn't have a clue."*** Similarly, another person said, ***"technology - tried to set up health appointment - I couldn't do it."***

Within the generic focus group, a participant shared, ***"on the patient app's you can't put information in for under 16's and have to do it yourself and then need to note that it is not you and put the information into a free text."*** Participants from this focus group felt there needs to be more of a joined approach across the system if remote appointments are going to get their desired outcome, ***"the system seems to have expanded rapidly it doesn't seem to be joined - somehow the fact the consultant has spoken to me hasn't registered so now getting letters telling me I need to book this appointment - for the patient it feels confusing."***

Moreover, the Living with Cancer Focus Group shared concerns that were pertinent to them around remote telephone appointments. One participant said, ***"Can't pick up on my facial expressions – often being given difficult news and they can't see how I am responding to this."*** This is important to those living with cancer, giving the consequences bad news can have, the medical professional must be able to have a full understanding and appreciation for the patient's wellbeing.



## Continuity – understanding your medical history and arranging follow-up actions



We asked all respondents whether they felt reassured that the health professional they spoke to understood their case history. 60% (127 people) stated that they felt the health professional fully understood their history whilst 30% (64 people) stated that they felt they somewhat understood their history. 6% (12 people) stated that they felt that the health professional didn't understand at all their patient's case history.

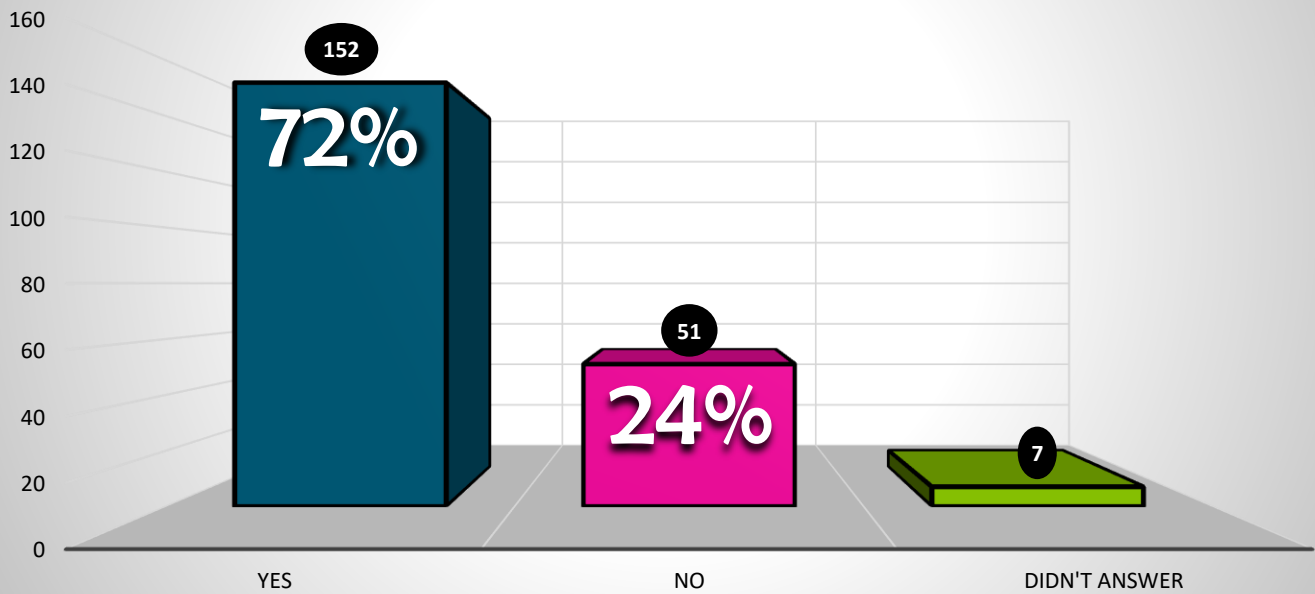
It is clear from the survey we facilitated there was strong recognition, that remote appointments in some cases didn't have an impact on the regular health professional patients saw. Therefore reassuring them at a time when appointments have had to change and adapt due to the challenges of COVID-19.

The feedback from the focus groups about health professionals was particularly poignant from the Living with Cancer Focus Group. One participant shared their experience; ***"I am but quite long in the process and have a good relationship with the oncologist."***

***Another said;***

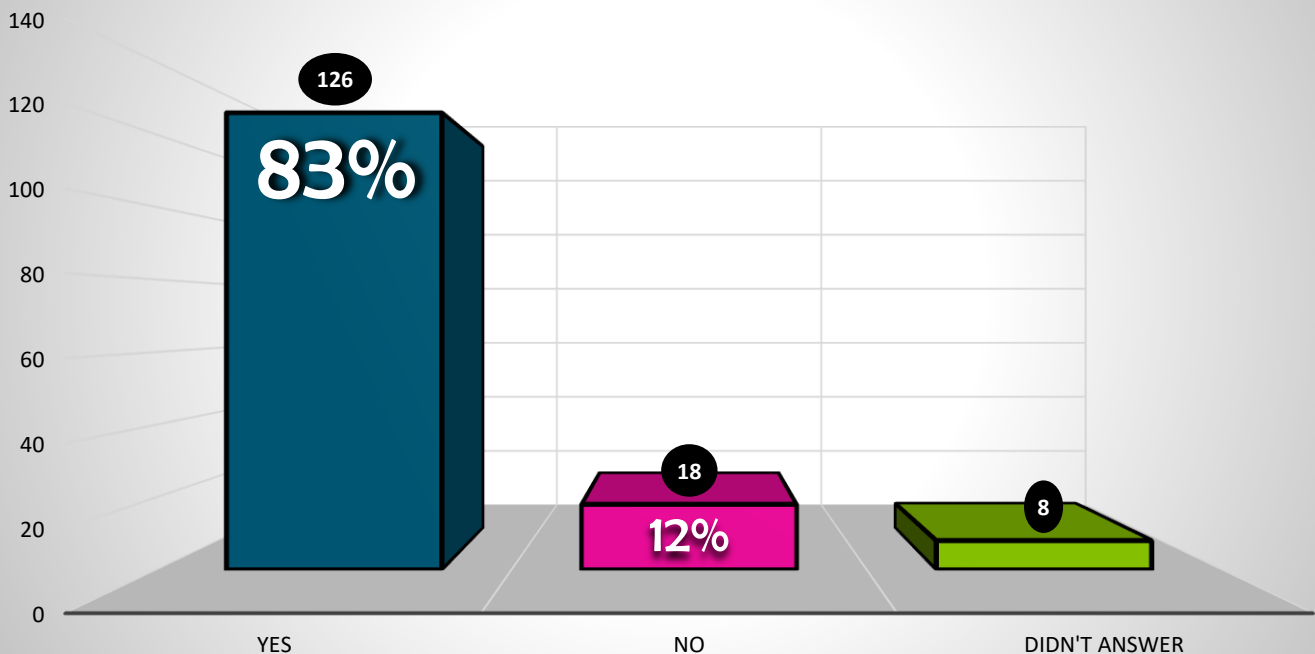
***"Not sure whether they do or don't - still struggling to know if my oncologist knows my case history as I am still unsure whether I have spoken to the person - after surgery I had to go and sign all papers alone. I only remember a few things from my remote appointment, I couldn't remember anything that the consultant said. I left thinking it all through, and then had a load of questions, I had got it totally wrong and misunderstood what I had been told about the treatment. One week later had to go back and then asked questions, it was a long time to worry."***

## After your appointment, were any follow-up actions required?



We asked respondents whether there were any follow up actions required to their remote appointment. 72% (152 people) stated that there was in comparison to 24% (51 people) who stated that there was not.

## Were these follow-up actions carried out?

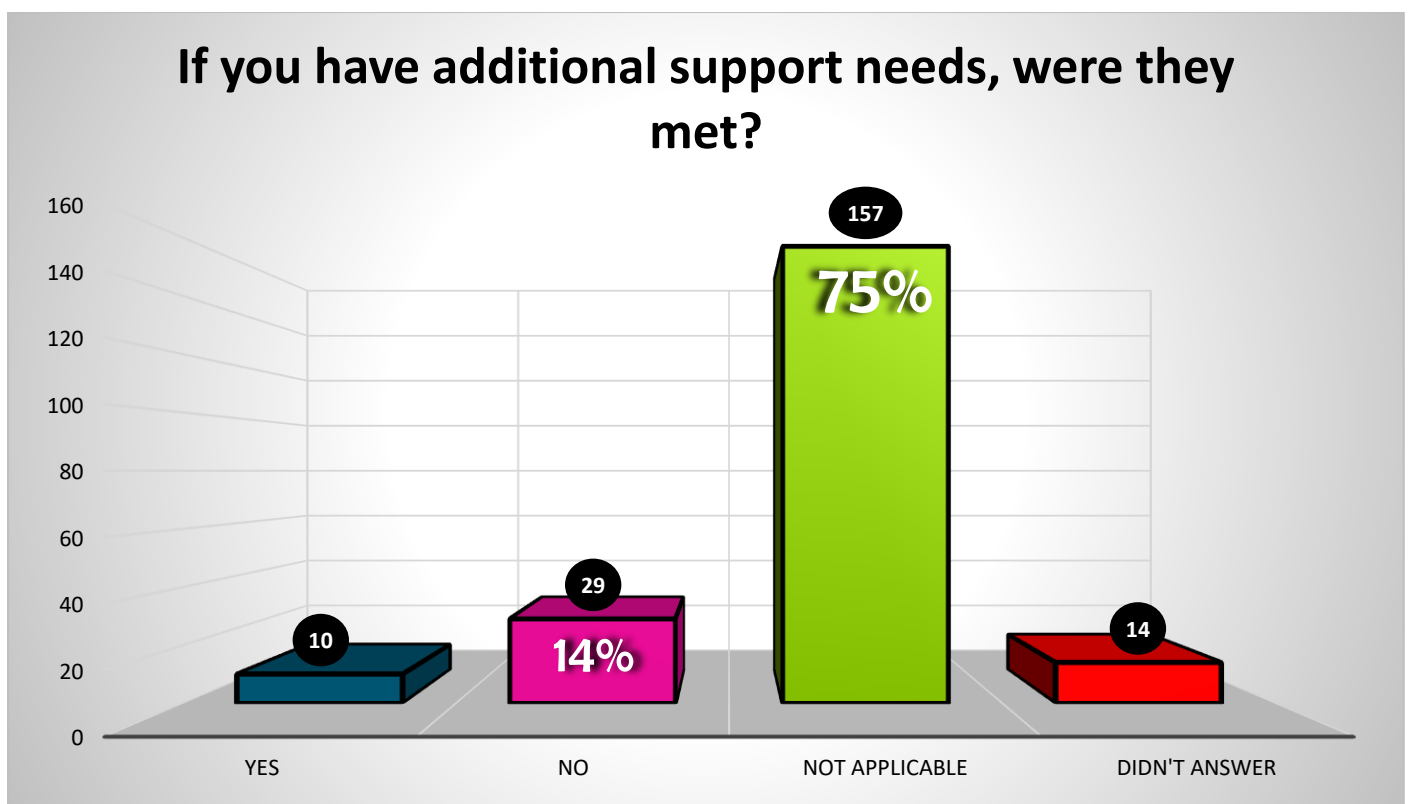


Of the 152 people who stated that they had follow up actions required, we asked whether they were carried out. 83% (126 people) stated that they were compared to 12% (18 people) who stated they were not carried out.

Though there are a large number of responses (126 people) that indicate follow up action was carried out, from the comments provided by patients within our focus groups it is notable the sorts of experiences people have shared and the possible effect it can have on people's health some time after their appointment or consultation.

From our focus group representing the BAME community, a participant shared how their GP did not action what they needed so they ended in hospital, with the hospital instead actioning what the GP should have done. This is an example of the importance of following through on actions, especially via a remote appointment, as this can put pressure on another part of the health system. Another example from this focus group is a patient highlighting miscommunication between dermatologists and consultants, as this was meant to be a face to face appointment but they were sent a remote appointment slot. This would have an impact on the overall outcome of the appointment, as a physical examination seemed the most appropriate given the circumstances.

### Access and support needs



We asked all respondents whether their additional support needs were met. 75% (157 people) stated that this question did not apply to them. The next highest response was 14% (29 people) who felt that their additional support needs were not met compared to 5% (10 people) who stated that they were.

It is somewhat concerning that those that have additional support needs (29 people) have indicated that their needs were not met, during the pandemic this carries risks.

A patient shared their concerns about needs not being met, ***"No - Need carer with me for appointments and because appointment call was late, I missed appointment, as carer had to go so, didn't get my appointment which was very upsetting (a regular occurrence which carers can't plan for)."***

## General feedback

In total 14 patients shared positive experiences they had, including appointments running on time and being able to communicate via a patient's app in advance. In addition, having the option to send any photographic material before the appointment, as well as the ease of following instructions for the remote appointment that may have come through via text messages, as well as the option to have bloods done before the appointment.

There was a general recognition that remote appointments were in response to the challenges that COVID-19 had placed on the health system, however, there was also an acknowledgement from several patients that there is perhaps more they could have got out of a face-to-face appointment. A patient with a very severe and complex condition accepted they were not going to get too much out of a remote appointment, but it served them well as a **"welfare conversation."** The surgeon facilitating the call picked up on the complex nature of the condition and felt that a face-to-face appointment was the most appropriate as a follow up in those circumstances, and the patient felt this was **"excellent service."**

The feedback from across our survey responses was positive, there are many things to recognise that have gone well and been acknowledged by patients whilst they have been experiencing remote appointments. It has been encouraging to see that 45 responses indicate calls were made within the allotted time scale, and this view is supported by the views of a patient who summed it up well, when they said, **"The call came at the correct time and was not hurried in any way. The consultant spent the time asking the questions he would have asked face to face and gave me all the time I needed plus he went beyond what I expected regarding something I wanted to ask about. I was very happy. It was good not to have to worry about travel or parking."**

Furthermore, whilst looking at what worked well it is important to recognise that the feedback we have collated whilst rightly praising the things that have gone well, is also realistic in the view that remote appointments work well depending on the type of issue/ and or appointment, and in some instances, for more pressing matters a face-to-face appointment will be appropriate. This is how one patient shared their experience, **"Contacted on time. When I did speak to my GP it was quick and easy to address the problem I was having. I think not being face to face can have its drawbacks especially when you do not know the person you are talking to. In the future telephone, consultations could be useful especially when a need is non-complex, or you just need a little reassurance in a health matter."**

From the focus groups, there were several things to acknowledge in terms of what has worked well. In the BAME focus group (BAME CONNECT), participants shared how the remote appointment experience made other commitments and responsibilities more manageable. One participant said, **"they called promptly on time and it was good not having to worry about childcare for other children whilst in lockdown."** There was a theme from this focus group around how remote appointments made things easier.

Here is a summary of comments;

*"I have a young family it makes things much easier"*

*"No need to travel, can multitask and make phone call to doctor at the same time."*

*"I have not had any bad experience. I would much prefer video or phone calls with GP because sometimes you can't leave kids anywhere."*

*"Not having to travel with child to the clinic."*

*"No waiting time."*

From the Learning Disabilities Focus Group (KeyRing), there was recognition though it was easy not having to go anywhere, there were other issues that are unique to the learning disability community when it comes to accessing remote appointments. One participant said, ***"it is easy in some ways to have an appointment at home but did not outweigh the bad experiences."*** Another person shared how they, ***"like the phone calls as don't have to go in for appointments"***, however, the challenge with this is, ***"don't have support there so don't understand what is being said."*** Therefore, it is clear more support for these appointments is needed for those living with learning disabilities. Everyone from this focus group fed back those remote appointments by telephone were difficult.

The Generic Focus Group had some concise and simple feedback on their positive experiences. Below is a summary;

*"Time saving"*

*"Being in the comfort of your own home"*

*"Phone calls more efficient, freeing up more time."*

*"Feel GP remote appointments are safe regardless of COVID"*

*"Hospital appointment more problematic but overall, you get to speak to someone faster."*

*"Any letter that came from the hospital always provided info around support offered."*

From the Living with Cancer Focus Group, there were a few notable comments around what had worked well. Participants felt there were

*"Face-to-face video calls work well"*

*"No traffic issues getting to Christie."*

## Is there anything that could have improved your experience?

A constant theme running through the survey responses was the need to have standard time slots for remote appointments, as opposed to the broader morning or afternoon slot which in many cases has proved impractical because of people's personal and professional competing priorities. A patient summarised their frustration about the impact on the rest of the day, ***"Appointment timeslot should be given as it was a long day for them to call, constantly checking my phone. If it is face to face you are given an appointment time."*** Another patient expressed a similar view when saying, ***"not being kept waiting for nearly an hour on the phone."*** This can have an impact on patient experience, if the call is made outside the allocated time slot, or several hours later, it will be totally on chance as to whether the patient may not be available or in a suitable setting where they can take a confidential call.

Another patient described it as, ***"No specific time given or during a time window and not feeling as much in control, I worry about what to do if they do not call. As I am not being seen in person and having to be very articulate about my issues over the phone as a clinician cannot see nonverbal signs. All clinicians checked my DOB to ensure it is me. Felt strange and a bit uncertain to rely on the clinician to call me."*** Based on the feedback from this patient and others it would be helpful if patients were given the information about who to contact should a remote appointment not take place. In addition, where there may be perceived to be barriers, between clinician and patient, it may be advisable for the clinician to put the patient at ease, to get the most out of the appointment. This could form part of training for clinical staff if they are going to regularly be involved in remote appointments in one way or another.

Fourteen of our responses from the survey responses indicated that a video format appointment may be the next step to help bridge the gap between face-to-face appointments and remote appointments could be video calling appointments. One of the patients view on this is, ***"Video calling is better. Cannot always hear clearly if the doctor is quietly spoken. Also, you and the doctor are inclined to speak over each other because you cannot see when the other person is speaking."*** This may also encourage mutual respect during the appointment, as patients have felt the current telephone remote appointments can be very quick and rushed and often it is the clinician taking the lead, with little focus on the needs of the patient. A patient summed this up well, when they said, ***"Yes, a face-to-face meeting even if it has to be virtual."*** Both the patient and clinician can pick up more via body language, and as one patient expressed, ***"It would be good to be able to have a video call, to show and describe a physical problem."*** There will often be a need for a patient to be able to visibly show a clinician an issue, injury or swelling and this can be efficiently and easily done via a video format appointment, which will ultimately speed up diagnosis.

From the learning disability (KeyRing) focus group participants shared their concerns about remote appointments not being the best to meet their needs. To improve the remote appointment experience, this

is what one participant said, ***"Remote video calls could work but need to look at carer support timing and services that support having access to the Video call platform and look at set up for client own platform - KeyRing service have access to a platform for clients so can check if there any concerns re links etc before appointments."***

Moreover, the (Living with Cancer) focus group had several notable suggestions to help improve the remote appointment experience for those living with cancer. One participant said, ***"I would suggest is making sure you have someone with you - so a prompt to prepare for someone to be with you."*** These appointments for cancer patients can be difficult and traumatic and it seems a remote appointment can come across as a lonely experience at times, clinicians need to be sensitive to this before and during the appointment. Another person said, ***"getting bad news over the phone alone does not work well and lacks empathy."***

## **Is there anything else you would like to share with us about your remote appointment experience?**

From the feedback we have received, it is apparent that bits of communication that are sent out to patients, detailing appointment dates and times, often have crucial information linked to the appointment missing. One example is where a patient said, ***"I received a letter to attend an outpatient's clinic and wasn't sure what this was for? I tried to ring the clinic, but no answer so went along and felt embarrassed. Would have been nice if I had known this was happening."*** This relates to gaps in follow up appointments that need to be addressed so the patient can have more trust and confidence in the system and ultimately get better health outcomes and reduce the risk of missed appointments across the health system.

A patient shared the experience of rebooking a cancelled appointment, and how this proved difficult doing, they said, ***"We had to initially try to rebook the appointment due to a conflict which changed again and meant we could keep the original appointment. The automated messages didn't respond after we selected to rebook but the person on the phone said that they couldn't see us trying to rearrange the appointment. Worked out in the end but could have caused some concern if was unable to confirm the appointment via phone."*** If remote appointments are to work moving forward, patients must have easily accessible information about appointments but also be able to in a short space of time, change, adjust or cancel their appointment, so the whole appointment system can operate as efficiently as possible.

Clinicians should try their best to understand the case history of the patients they are due to speak with. This includes, their case notes and medical history so it saves time during the appointment. This is well summarised by a patient who said, ***"I perhaps felt that case notes were not read beforehand - doctor under too much time pressure? I would have liked the original doctor who sent me for a test to have a repeat appointment to discuss my tests rather than a secretary."*** Patients value a consistency of care wherever feasible and where this is not possible, that case history is known which helps to ensure patient confidence and that the patient does not need to repeat their story.

In the feedback we have received it is apparent that patients are developing a perception of remote appointments which is very different for GP Practices and Primary Care, as opposed to Hospitals and Secondary Care. A patient summarised this in their own way, ***"The consultant did all in his power to provide treatment in the somewhat difficult and confusing period of the COVID epidemic. As events have now stabilised and hospitals understand the issues, I hope patients can return to normal consultations. I feel the 'remote' patient regime works well in most GP Practices but not in the hospital environment where physical intervention and highly specialised clinicians/equipment and analysis of condition is required."***



## Guidance for patients

The Northern Care Alliance (\*NCA) are producing a guide to help patients get the best out of their remote appointments. Is there anything you would like to see included in this guide?

- There is a need to inform patients on what a remote appointment is and the ways they can facilitate around this for their appointments in the future. A patient has described this as the following suggestion, ***"Criteria for using remote appointments needs to be outlined. What a remote appointment can deliver. What the patient needs to have access to make a remote appointment. Expectations of what can be achieved using a remote appointment. Requesting who you want to have a remote appointment with i.e., your doctor, specialist etc, by name. All contactable staff regarding using the remote service need to know all about it --- i.e., training! Glossary of commonly used NHS acronyms."*** This will help both patients and clinicians get the most out of the appointment and ensure from both sides there is an understanding as to how remote appointments are going to work, and a guide to seek help and advice, which is currently a gap in the offer around remote appointments.
- It would be helpful for there to be a mechanism where patients can communicate concerns, issues, or questions in advance of the appointment. This will be helpful to patients where they will have a chance in advance to reflect on their needs and wants for the appointment, but also a good opportunity for the clinician to consider any wider issues or concerns that can help with the appointment or possible diagnosis. This is how a patient summarised it, ***"Being able to email in concerns and things you wish to discuss so that you don't feel rushed. Having time to talk properly. Being prepared with notes in bullet point for."***
- There should be scope to see in what circumstances video appointments can be phased into the remote appointments set up, as to give patients the widest possible opportunity to engage with the clinician and have the chance to show anything appropriate for examination for video footage. ***"When face to face doctors can see if you get upset or are frustrated, over the phone, this may not be an option. Also, some people may need visual cues to be able to tell how the call is going. I would like to see video calls being given as an option rather than just a telephone appointment being booked in."***
- A patient has suggested, ***"a step-by-step guide how to prepare, what information to have to hand, having relevant information leaflets about the condition and treatment options, being able to choose an appointment date and time rather than being given one or being given a time range as waiting for a call is stressful, names and contact details of departments and clinicians and their secretaries."*** This is important and goes to the heart of a lot of feedback we have received from our focus groups, there is a gap in the information provided to patients currently.
- A patient has suggested, ***"Before the appointment ask patients to have a list of medications they are currently taking and say what dosage they are taking. Be specific about symptoms and list them so nothing is being missed. Explain to patients what safeguards are in place to protect sensitive data."*** This is important to understand the previous history of the patient and can help in processing the right referral and or medication.
- ***"Maybe when the consultant/doctor rings he could outline the protocol for the consultation for example review the last appointment by the consultant, then update from the patient and then actions agreed (just as a guide). This may reassure the patient, but they will be allowed to speak at the right time."*** This can be important in setting the scene and removing any form of uneasiness and or tension and help the patient to settle into the appointment a lot better and get the most out of the allocated appointment slot.



## Case Studies

### Case Study 1

#### Difficulties and Concerns around Remote Appointments

A patient had an appointment at the chest clinic at Salford Royal, they were not aware this was a telephone / remote appointment. Just two days before the appointment, the patient called the booking team and asked if it was a face-to-face appointment or a telephone appointment, the patient was told it was an appointment they should attend at the hospital. When the patient arrived at the hospital their partner called them to say the doctor had called, on the partners mobile asking for the patient, it was then that the partner explained they were at the hospital. The patient made their way to the relevant department in the hospital, which was busy, they waited to be seen, then they were weighed. Once this was done the consultant came through to explain they were running late. The patient then explained to the consultant they would rather not be there as they were shielding; the patient then went home and got a call sometime later. In this case, there is some inconsistency, firstly the patient was not informed when they received the date and time of the appointment what sort of appointment it was. Secondly, the booking team either had inaccurate information, or passed on the wrong information, and as a result, a vulnerable patient who was shielding found themselves in a hospital setting, which they ended up leaving and had a remote appointment from home.

### Case Study 2

#### Follow Up Actions- were they carried out?

From the responses we have received, remote appointments can only work for people if there is a natural way that actions can be followed through, otherwise, it can lead to serious complications. One patient told us their experience which leads to further complications, they said, *"Medication wasn't changed as discussed, there was continuation without notification when I arrived on the unit. Staff were spoken to but not by me regarding the further scan. Waited 4 months for the scan had to call to see when it would be, wasn't even on the system. No follow up for further 6 months had to call in to see what was happening with treatment. Had scan took 9 weeks for results after calling again to ask where they were. It was a complete shambles. Impersonal, uncaring, patients in distress, left to self-care. Remote appointments are cold, strangers involved, they do not see body language or the whole person. They just want a quick 5-minute call and move on, you get forgotten"*

This patient's experience is concerning in total it seems to have taken over 11 months for the scan and for the results to have come back, and in between the reason for the delay is because it wasn't put through or recognised on the system. This has left the patient feeling demoralised with the remote appointment set up, and illustrated how the system can be disjointed where simple follow ups aren't taken up. It shouldn't take a patient to continually chase things to get the desired outcome, this should filter through the process to ensure a reasonable outcome for the patient.

### Case Study 3

#### Timing of appointments

One patient described their experience of carrying a pen, phone and a notepad all day, as they were not sure when the GP was going to call, the call was made towards the end of the day at 5:05pm, whilst the patient was in a queue at the Pharmacy to pick up medication as the pharmacy was closing.

Another example shared was a patient that had to take half a day off work, for a 5-minute phone call. This is because remote appointments were allocated for a morning or afternoon time slot.

Similar themes and issues came through the BAME focus groups, around lack of choice or not having allocated appointment times. An example given during the focus group was, the appointment was fixed for the afternoon, the participant lives in an area where the internet connection is poor, and they had three children who were at home remote learning whilst schools were closed. The participant shared this meant there was a lack of privacy for the appointment.

## **Accessibility**

Difficulty in accessing remote appointments for those with learning disabilities. An example of the experiences we heard from the learning disability focus group was, A patient had to use the 111 non-emergency number when they may have otherwise had an appointment with their GP. The patient said, ***"I made a call to 111 and they sent out ambulance when not needed – they thought that what was normal for me was a serious health problem so I ended up with ambulance at the house - If carer had not been there as a support worker, then I would have ended up in the hospital and that was not needed and could have been more risky and distressing."***

A participant said, ***"it is really hard with Learning disabilities for me to understand, when I need help – they can't see me – it felt uncomfortable over the phone. I did not know the answers to the questions they were asking. I was being asked to do things I couldn't do, I have a problem with my speech and they were asking me lots of questions which I didn't know the answers to."***

From our generic focus group, a patient described that there are some circumstances where a remote appointment with no face-to-face visibility is not as appropriate, this example was for physiotherapy. The patient shared that the ***"hospital remote telephone appointment with a physiotherapist didn't go as well, it was very difficult to describe in language which would normally be demonstrated. It felt really unsatisfactory, then I was told I needed an x-ray and told that I had missed an appointment which I had not been given an appointment for, so had to go back which delayed the process, was eventually referred for an MRI followed by appointment which there was loads of confusion around, it was cancelled then it was not, and then changed to a different day but not sure who it was with. I eventually had a consultant video call which went better. I feel that anything MSK (Musculoskeletal) should be via video rather than a telephone call."***

## **Understanding Case History**

One respondent gave positive feedback about their experience of having an appointment with a doctor they didn't know, they said, ***"Although I hadn't met the consultant he was very helpful and informative."*** This is a good example of personal relationships and history not being important, rather the time a health professional takes to understand the case history of a patient can be invaluable and key to a good remote appointment.

Some patients told us that their experiences of remote appointments were such that they weren't able to have a fuller discussion as they would have liked about their case notes because the culture of remote appointments in their view doesn't allow for a protracted discussion. One respondent said, ***"It's easier to have a quick run through your history when you are face to face. I find when you are on the phone that you are more under pressure to get to the point of where you are now and where you are going to be sure the specialist knows what you have been through before !"***

From our survey, we were also able to pick up the concerns that patients raised about their experience of health professionals not understanding their case history, which shows there can be more done to ensure remote appointments are a better experience for patients, but also that they are efficient for the maximum benefit of patients as well as health professionals. The first example is where a patient said, ***"So many***

***different people. Who was I speaking to? I need assurance.***” This shows the potential for delay and confusion and not a clear pathway for where patient issues are dealt with or actioned.

Similarly, another patient shared, ***"I am seen regularly in Salford Royal Liver Clinic but over the last 4 appointments I have been 'seen' by 4 different professionals - I feel that I have to re-explain my medical history on each occasion."***

Stronger care management is needed to ensure patients and clinicians get the most from appointments. One patient said, ***"No one person who looks after you has access to your entire health history. The service is not joined up and that is the biggest problem."***

### **Were follow up actions carried out?**

A patient shared their experience in response to this question, they said, ***"I had a telephone appointment with a GP in December 2020 and was advised I would be referred to MSK. I had heard nothing so this week, 22.03.21 I rang to ask about it. The person I spoke to checked what had happened and then said the secretary would call me the day after. The day after I received a text to say 'we have arranged a referral to the MSK clinic for you' and gave me a telephone number. The message advised that I allow 5-10 working days before contacting them which obviously meant it was a new referral made that day and not in December 2020 like it should have been."***

Though this action was eventually carried out there was over 3 months time delay, which is a long period, when the patient is suffering from peripheral soft tissue or joint problems. There seems to be a gap and no firm mechanism in place to track or implement actions following an appointment. Thereby, possibly leading to long term pressure and consequences for the patient and the local NHS system.

Other examples include a patient telling us that, ***"I was told I would be referred to physio not heard anything yet."*** Someone needing physio may be at risk of further injury, therefore action must be taken up and or followed through to ensure the patient can recover at the earliest opportunity. If there is pressure on the physio service, this is something that should be shared with the patient at the earliest opportunity.

### **If you have additional support needs, were they met?**

From those who felt their additional support needs were met (10 people), respondents were able to share the following with us about their experiences, ***"It was excellent in every respect."*** Someone who recently had their appointment sounds optimistic about their needs being met, they said, ***"RE: Follow up actions...only had the appointment yesterday so haven't had time to set something up yet. I trust it will come through."*** Another patient expressed appreciation for their experience during the pandemic, they said, ***"I am just very grateful for my appointment and the doctors time, and for the CT Scan still happening despite the pandemic, thank you."*** It is good to hear patients express enthusiasm for the additional support needs that have been put through during this challenging period.

Feedback from the learning disability focus group illustrates some of the difficulty there is around additional support needs being met, and the experiences of patients in this category. One participant shared their experience in the following way, ***"have kept being fobbed off - had to demand treatment -for ear infection plus other ongoing issues kept putting me on tablets which made me poorly by having lots of problems, 4 telephone appointments and had to say I don't express the same as others and also had deafness in the right ear, medical professionals have no access to records so I am having to explain and keep explaining myself - all health care should have access to all records."*** There is a gap when it comes to addressing issues for those with additional needs.

# Appendix A

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## Survey and Focus group questions

1. Have you had either:

A telephone appointment  Yes  No

A video call remote appointment  Yes  No

2. How was this appointment arranged?

Letter

Text

Rang to request the appointment

(2a) Were you given:

A fixed appointment time

Date only

Allocated a slot of time (i.e., a 2hr window)

(2b) Were you contacted on or during your allocated time?

Yes

No

Not applicable

(2c) If you were not contacted during your allocated time, did you have the contact details of someone who could help?

Yes

No

(2d) If no, what happened? i.e., The service called me back

3. Did you feel you had time to prepare beforehand for your appointment?

Preparation could include checking your internet connection, making notes and questions, making sure background lighting is suitable, and/or having a quiet environment for the appointment.

Yes

No

Please use the space provided below if you would like to explain anything further about your preparation for the appointment:

4. Have you experienced any difficulties when accessing remote appointments? e.g., trying to show an area of the body/sending a photo of your medical complaint, accessing a quiet space, childcare responsibilities, privacy and/or poor connection.

Yes

No

(4a) If yes, please can you describe the difficulties you faced?

5. Did you have any concerns about having a remote appointment?

Not being able to connect and losing your appointment slot

Lack of privacy within your home

Concerns around sharing personal data online

Environment wasn't suitable for the appointment

Other, please give more details in the space below:

6. Did you feel reassured that the health professional you spoke to understood your case history?

- Yes, fully
- Somewhat
- Not at all

If you would like to explain anything further about this, then please use the space provided below:

7. After your appointment, were any follow up actions required? i.e., Further tests booked, follow up appointment sent, referral to another department, forms/paperwork required.

- Yes
- No

(7a) If yes, were these follow up actions carried out?

- Yes
- No

If no, please use the space below to tell us more about your experience:

8. If you have additional support needs, were they met? Additional support could include a language translator, a British Sign Language signer, support with hearing loss, blindness and vision loss, a mental health condition, a learning/physical disability, and autism.

- Yes
- No
- Not applicable

If you would like to explain anything further about this, then please use the space provided below:

9. Thinking about your remote appointment experience, please tell us...

What worked well?

i.e., Was called on time, connection worked well, not having to worry about travel and parking.

Is there anything that could have improved your experience?

Is there anything else you would like to share with us about your remote appointment experience?

10. The Northern Care Alliance (\*NCA) are producing a guide to help patients get the best out of their remote appointments. Is there anything you would like to see included in this guide? \*NCA is an NHS Group formed by bringing together two NHS Trusts, Salford Royal NHS Foundation Trust and The Pennine Acute Hospitals NHS Trust. The Group provides a range of healthcare services including four hospitals and associated community services - Salford Royal, The Royal Oldham Hospital, Fairfield General Hospital in Bury and Rochdale Infirmary.

11. If you would like to review the draft guide before it is published, please provide your email address below:

12. During April, we will be undertaking several focus groups looking at how to get the best out of remote appointments. If you would like to be involved with these, then please provide us with your email address below: