# Virtual Consultations
# Service User and Carer Engagement Event
# Feedback Report

Northern Health and Social Care Trust

Personal and Public Involvement (PPI)

Involving you, improving care

## Background

The COVID-19 pandemic has resulted in Trust staff, across most settings, considering alternative methods of service delivery where face to face consultations is high risk for both service users and staff.

Communication and engagement with service users has been maintained via telephone and video consultations. This way of working has been described as remote consultation, video consultation, videoconferencing, telehealth, telecare, telemedicine, and teletherapy. For the purpose of this report it will be referred to it collectively as 'virtual consultations'.

On 23 October 2020, the Trust held an engagement event with service users, carers and representative organisations to gather their experiences and views on the effectiveness and accessibility of virtual consultations. This report provides a summary of the feedback we received.

## Acknowledgement

We would like to extend our sincere appreciation to everyone who participated in the engagement event. Your valuable contributions will help to shape virtual consultations going forward. We believe that virtual consultations will be much more meaningful and effective as a result of your input.

## What we know already

A Survey "Virtual Clinics: a Service User and Staff Review" was undertaken in August 2020 by IQI Staff Northern HSC Trust and some of the feedback from this indicated:

- 79% of people attended appointments by phone
- 29% by video

- 56% were happy with their experience
- 40% of people who replied had a disability
- 47% stated they liked attending clinic at home
- 18% commented that they liked not making the journey
- 39% stated they still preferred face to face

The following feedback was provided by members of the Trust's Disability Consultation Panel at a meeting held in August 2020.

- Limited access - not everyone has access to Wi-Fi/technology
- Poor broadband/telephone connection in rural areas
- Dependant on the nature of the appointment. Examination would be limited if you had a sore knee for example. A face to face consultation would be preferred
- Needs of service user/patient would need to be considered – would be difficult for a deaf person
- If telephone appointment, will it definitely take place on the date/time, otherwise the patient will have to sit at home all day waiting on the call

The following is a summary of findings and recommendations from virtual consultations research articles.

**Webster,P.** "Virtual health care in the era of COVID-19" at *www.thelancet.com Vol 395 April 11, 2020*.

- Virtual Health can be rapidly implemented and larger volumes of clinical appointments can be completed
- There is however a risk of diminishing quality of clinical care
- Virtual clinics are not the same as a physical examination with its human qualities of judgement and communication
- There may be a lack of necessary hardware/technical resources to enable virtual clinics
- There may be a risk of IT burnout for staff and this report proposed that psychological support may be needed

**Gilbert AW, Billany JCT, Adam R, et al**. "Rapid implementation of virtual clinics due to COVID-19: report and early evaluation of a quality improvement initiative", *BMJ Open Quality 2020;9:e000985. doi:10.1136/bmjoq-2020-000985*

- This article emphasised the need for a multidisciplinary team approach to virtual working – senior leadership team, IT team, information governance team, administrative teams and clinical staff all having a role to ensure success
- It noted that virtual consultations can be rapidly implemented and largely acceptable with patients indicating benefits such as reduced travel cost and time and reduced wait times
- It suggests that virtual consultations were better if the patient and clinician already knew each other from previous appointments
- It recommended the screening of clinical lists in advance to identify patient suitable for virtual consultation either by telephone call or video link
- The use of technology was an issue when there were low user confidence levels, problems could be created by outdated software and patients sometimes were left in virtual waiting areas
- There was a preference for telephone calls over video calls

**Dunkerley S, Kurar L, Butler K et al**, "The success of virtual clinics during COVID-19": A closed loop audit of the British orthopaedic association (BOAST) guidelines of outpatient orthopaedic fracture management, *Injury, https://doi.org/10.1016/j.injury.2020.09.012*

- This report suggested that telephone consults were easier for patients than video consults due to data reception adequacy and level of technological ability
- Virtual working reduced communication ability due to lack of visual cues especially in those with hearing impairment or where English is not first language
- Full clinical assessment could be difficult where there is inability to touch the patient

## Engagement event

An engagement event took place, using ZOOM technology, on 23rd October 2020 with over 20 service users, carers and representative groups including people with hearing loss, sight loss, those from ethnic minorities, older people and people living in rural communities.

The session involved a presentation of the main findings from the September 2020 survey and the viewing of the NI HSCQI video (link to video:   https://vimeo.com/467291235/0c7bd3adaa) Feedback was gathered from participants via breakout groups, chat room comments and from a Citizen Space Survey.

## What you told us

There was a general view that virtual appointments are an appropriate method of communicating with service users and carers particularly in the current circumstances where face to face appointments are not always possible.  Some participants were very positive about virtual appointments with one participant describing them as 'truly life changing', avoiding travel, car parking and the stress associated with attending several appointment each year.

> *"This is something which is really important to consider keeping post-Covid"*

Participants provided a number of considerations for the Trust to ensure virtual appointments are as effective as possible.  These have been summarised in the key themes below.

### 1. Choice

- Choice should be provided for service users to have the first appointment face to face when future virtual consultation can be discussed.

- An initial face to face appointment could provide the opportunity to 'pick up some very simple things which could change the whole treatment '.
- There was some concern that telephone appointments could result in 'something being missed'
- On initial contact, choice of phone or video consultation should be discussed. This would provide the opportunity to find out how comfortable the service user feels about virtual appointments and to discuss any concerns.
- Choice important as some situations were described where service users would prefer a face to face consultation such as a potential cancer symptom, something that would require access to a treatment room, skin conditions that need to be viewed or a gynae appointment.
- Service users should have some choice re: date, time and practical arrangements for the virtual consultation

## 2. Preparation

- For some people the use of technology would be a 'very steep learning curve'.
- Service users may have mobile phones but important to check if they are 'smart phones' and if use of technology is possible.
- There may be a cost associated for service users with getting technology to access appointments virtually.
- Service users should be told the time to expect the call to ensure they are available.
- It is important for service users to know who the virtual consultation will be with.
- As virtual consultations are a 'whole new way of working' so training should be provided to health and social care staff.
- An initial letter could be sent to check if virtual consultation is appropriate, for example to ask the patient if they have access to a PC.
- Some people do not know what a video consultation means so an explanation should be provided in the initial contact.

- It is often the service user's responsibility to download the 'app' before the virtual consultation and guidance should be provided.
- The most appropriate method should be agreed between Trust and service user before the virtual consultation i.e. phone or video call.
- Important for health and social care professionals to note that the first virtual appointment service users may be 'very reserved' or 'emotionally heightened' and 'not be as forthcoming' as in a face-to-face consultation.
- No caller ID number may put people off from answering the call
- A dedicated phone number to identify who is calling should be used

### 3. Accessibility

*Sensory Disability*

- Many older deaf people do not have expertise with technology.
- Deaf people who are not comfortable with technology unable to download the 'Interpreter Now' app for remote sign language interpreting support.
- HSC professional should have 'Interpreter Now' app on their devices to be able to contact service users directly.
- Important to be aware that many deaf people do not understand written English – as it isn't their first language – so important to check if information can be sent in this way. More accessible information should be provided.
- Suggest services should also ask the patient if they wish to have a friend or advocate join them at the virtual appointment.
- For people who are non-verbal a chat text service would be useful and that also goes for replying to confirm appointments and an email response option should always be offered to patients who are have a sensory disability to enable independence.
- A letter should be sent first to offer virtual appointments - a telephone call first would exclude non-verbal people.

- Letters notifying service users of a virtual appointment will not work for those with sight loss

*'....telephone or text calls might work better for those
with visual impairments…'*

- People with a visual impairment need a telephone call first.
- People with visual impairment might need support to prepare for the appointment i.e. if they are going to be asked questions like; 'What is your weight?' Let them know this in advance.

*Older People*

- There are still a lot of people (especially in older age groups) who use their phones for calls and texts only.
- Suggestions that people should upgrade devices could lead to 'technology panic'.
- Many older people don't want to appear too vulnerable and may be reluctant to discuss symptoms during a virtual consultation – suggestion that people should be encouraged to prepare for virtual appointments, such as writing down what they want to discuss.
- People didn't want to be alone when they received bad news
- It is important that people are not rushed to answer questions

*People whose first language isn't English*

- Concern about accessibility for newcomers, Roma families and black and minority ethnic people who have language barriers
- Many will not have the technology or smart phone
- Using an interpreter can pose difficulties with privacy/confidentiality when exploring sensitive health issues
- Appropriate interpreters need to be available to support appointments
- A dedicated timeslot should be allocated to ensure service user and interpreter would be available for the appointment
- Telephone interpreting service must be available for all telephone appointments with people whose first language isn't English

*People living in rural areas*

- Cost and access to bandwidth could be prohibitive
- Some people live in wi-fi 'black spots' where even mobile phone connection is poor.
- Older people who live rurally may need support to access virtual consultations

## 4. Communication

- Even if services users are sitting in their home, they are 'still entering another environment and another realm' which can be intimidating.
- Virtual Consultations should be as informal as possible to put service users at ease.

> *"…picking up in chat on a common interest and talk about that a minute or two. That gives you time to relax and helps you maybe give more information during your appointment …"*

- During an appointment for people who are nonverbal, it is helpful to reiterate the chat function and also that questions in advance can be useful for communication device users. It gives them time to type at least some answers in advance.

Service user and carer engagement feedback report
*"entering into another realm"*

## Choice

**Virtual or face to face**
**Date and time**
**Length of appointment window**
**Phone or video call**

## Preparation

**Access to technology**
**Confidence to use technology**
**Financial costs**
**Agree best method**

**Summary of Key Themes**

## Accessibility

**Sensory disability**
**Older people**
**English not a first language**
**Rural communities**

## Communication

**Regonise service users can be apprehensive**
**Put service users at ease**
**Make use of the chat function**

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## What we will do

We will ensure that the feedback you have provided is shared across the Trust and the Trust's Virtual Consultation Operational Protocol is reflective of the issues you have raised.
In addition to this we will:

- Develop an information leaflet for service users on virtual consultations
- Develop easy to access staff guidance on preparing for virtual consultations
- Continue to work with the Health and Social Care Board (HSCB) to ensure a remote sign language interpreting service is available for health and social care staff to contact Deaf service users.
- Engage with the contracted telephone interpreting service to ensure availability of and accessibility to interpreters
- We will continue to engage with service users over the coming months to make sure any barriers to virtual consultations are identified and mitigated

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