

The Dr Will Zoom You Now Webinar – Questions raised by participants

Date of webinar: 24 July 2020

#	Questions	Answers
1	How does the range of views about the virtual consultations compare to satisfaction / dissatisfaction generally with the face to face appointments?	The ways in which we asked people to share with us their satisfaction / dissatisfaction with remote consultations are not comparable with existing data on this as our research asked people to share with us their experience journey. Therefore drawing comparisons in this way wouldn't be useful. There are other sources of data about satisfaction / dissatisfaction, such as the GP Patient Survey .
2	Did you confirm what people preferred to use (phone / Tablet / PC)?	We didn't ask for preference specifically but people spoke about their preferences for different types of appointment. 46 out of 49 participants had phone appointments though many told us they would have liked the option for a video appointment.
3	Did you speak to anyone who had also used virtual interpreters during their video consultation?	We didn't speak to anyone who had specifically used visual interpreters but would love to explore this more in terms of improved access.
4	Was any data collected about different systems for remote consultation? There is a wide variety of tools and they are very different. There is no single model being tested.	We asked people to tell us if they knew which platform they were using. The majority of participants had had phone appointments 46 of the 49. Of the three that had video appointments 2 identified Zoom and the third person did not know what system it was.
5	Some systems for remote GP access offer multiple methods of contact: text messages, phone, video etc. Do we know which patients prefer?	We heard that people want a range of ways to communicate depending on their needs and their preferences - no one size fits all! People did tell us that they would have liked the opportunity for video consultations.
6	Were there any particular findings regarding people from BAME communities and virtual consultations?	Our study had 20% responses from BAME participants, but given the small sample size we wouldn't feel comfortable drawing any conclusions from this. Follow-up work from Healthwatch intends to do a deep dive into the experiences of groups more at risk of digital exclusion, with BAME communities one of the target groups for this work, so watch this space!
7	Did people talk about having previously used NHS or health digital or online services?	We met some of the people who took part in the interactive platform at a webinar at the end of the survey phase. It was a fantastic session and many of them are here today. One of the many things that was fascinating and I found this in the phone call interviews as well, was the level of ambition expressed by people once they have had a couple of virtual experiences. They like the idea of multi-team video calls, with notes, results - everything! One of the problems for people

		who are waiting for care is that they are often connected to multiple services - what if there was a way to use virtual to bring the clinicians together in one appointment?
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8	Do GP surgeries actively give these tips to patients?	We would like to encourage everyone in the NHS to share these tips with patients. The research and tips were shared in Simon Steven's 'Phase 3' letter to all leaders across the NHS so it is already being well shared.
9	Has anyone studied the impact on people with poor online access caused by giving online access to those who do?	It is very much dependent on the care provider and if they have skills in place to use digital.
10	David Waller: Do any / many practices have technical problems that hinder video consultations? What's the lowest broadband speed that gives a satisfactory video call?	We are not able to answer this question as we only spoke to patients about their experiences. For technical issues like this we suggest you contact NHSX for advice - Nicola.fulton@nhsx.nhs
11	Why the focus on video consultations? Few patients choose them when offered alternatives.	Yes WhatsApp has been really well used in our communities in Leicester, especially faith communities. much of the feedback in the research is from phone appointments but people reflected on the fact that video would provide additional opportunity to communicate well.
12	Can we arrange an informal networking event to continue the discussion?	Not at the moment but Healthwatch will be pursuing a follow-up piece of work on digital consultations and groups at greater risk of digital exclusion, so we will look to have another event at a later stage when we can report some insight from this work.
13	Great presentation and speakers but a little frustrating not being able to interact with others at this event other than via chat room (I understand why).	Thank you for your feedback on this. We were overwhelmed with the response to the webinar and with over 250 people in the 'virtual room' it was impossible to open up the floor more widely. We share your frustrations but hope you found the session useful anyway.
14	Did you consider the therapeutic advantages of the appointment?	We're unsure what's meant by this question. If anyone wants to get in touch to clarify then we can try and answer.

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15	Be interested to hear more about the social prescribing report	For social prescribing to fulfil its potential, there needs to be strong relationships and close collaboration between the Voluntary, Community and Social Enterprise sector (VCSE) and local health and care systems. There is still more to do to build these partnerships consistently across the country.

		<p>National Voices has been commissioned by the NHS England Personalised Care Group (PCG) to work with the VCSE to explore the critical issues that need to be addressed to enable effective social prescribing and to develop suggested solutions with the VCSE sector.</p> <p>This project will explore the local conditions that enable social prescribing to happen at scale. It will explore the issues that need to be addressed at a whole system level and it will identify what is needed to build community assets and capacity.</p> <p>There will be a launch event for the report, written to disseminate the findings of this project on the 9th September 10-11.30. We don't have an Eventbrite yet but subscribe to this mailing list https://www.nationalvoices.org.uk/news/newsletters to get a notification.</p>
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16	<p>Stephen black: The Health Foundation published a report last week on the experience of GPs with existing online tools and how they adapted to COVID-19? How do these results compare to their experience?</p>	<p>It looks like this is the report being referred to here. The Health Foundation conducted primarily a statistical analysis looking at consultation rates at 51 practices which were all using the same remote consultation supplier prior to March 2020. Their conclusions are about the numbers of consultations conducted, showing that practices which had already embedded remote consultations were able to maintain the same level of consultations as pre-pandemic and concluding that remote consultations are therefore a valuable tool allowing services to retain capacity under difficult circumstances. However the Health Foundation report did not look into patient experience and acknowledges that “further research is required to answer questions about the impact of remote consultation on the quality of care, patient experience and access, and workload.” So the results of their study are not comparable to ours but hopefully our work and follow-on work of patient experience of remote consultations can add to the growing body of research on this topic to build a consensus on embedding capacity for remote appointments while also giving patients a choice over what platform they use and attending in-person appointments if necessary.</p>

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17	<p>Daniela Rodrigues: It would be helpful to get more details (if possible) about the evaluation of digital care services being planned at national level that Dr Nikki Kanani mentioned.</p>	<p>NHS England have commissioned an evaluation to look at the adoption, implementation and impact of different online consultation models in primary care. This will be conducted by an independent research organisation with an oversight group made up of key stakeholders from the sector.</p> <p>This evaluation will evidence impacts on patients, GP practices and the wider health and social care system of the shift towards a ‘digital first’ primary care system to date. Feedback from GP practices will be captured to inform future digital first primary care policy and other digital initiatives within primary care. The evaluation will make recommendations which can be used by NHSE AND NHSI and providers to refine online consultation solutions and improve their effectiveness in the primary care settings.</p> <p>The evaluation will look at a range of online solution models (automated, templated and free text) and will segment primary care providers into three groups (early adopters, Covid-adopters and non-adopters). It will explore the differences in perception of these solutions across practices with different levels of digital maturity, as well as provide insights into how to drive improvements in the system.</p> <p>The evaluation will be split into two phases:</p> <ul style="list-style-type: none"> • Phase one is focused on the accelerated implementation of digital triage, online and video consultations during the Covid 19 pandemic. • Phase two is to be agreed later, on completion of the phase one report. <p>Contact person for further details is Valerie Dez La Lour (v.dez-la-lour@nhs.net).</p>