

Annual Event 2020: Digital Access to Health and Social Care Services Workshop

Context

This document provides a summary of the discussion which took place during the workshop on Digital Access to Services held as part of the Healthwatch East Sussex Annual Event 2020.

Workshop outline

This workshop will look at how the sudden increase in the use of digital services (e.g. online appointment systems and virtual consultations with a doctor) has impacted East Sussex and how this can retain the benefits whilst ensuring services work for everybody.

The workshop was attended by approximately 15 people, consisting of Healthwatch East Sussex staff and Board members, volunteers, members of the public and representatives from health and care service providers.

Introduction

During the introduction, by a show of hands, just under half of the delegates indicated that they had accessed a health or social care service during the pandemic, with the majority indicating that this had met their expectations.

Through the ensuing discussions and invitations to provide feedback, points were raised relating to access to remote services, infrastructure, patient choice and quality of care.

The conversation also explored the communication from health services, and the guidance needed in order to adequately prepare patients for digital or remotely accessed services.

Themes and services were also highlighted where remote access was not deemed to be appropriate.

Key points from the discussion:

Access to services

- Possibility that contact with older patients could be lost or reduced due to potentially lower levels of digital literacy.
- No set telephone appointment time can lead to patients waiting by their landline phone for a call from their GP.
- Issues with broadband and/or mobile signal affects ability to access remote services reliably and regularly.
- GP requests to take a photo of health concern and email to surgery; potential issues around digital literacy and equipment to fulfil the request.
- Hearing issues can make telephone appointments challenging where the patient relies on lip reading and visual cues.

- Digital and remote access has the potential to enable more inclusivity if used appropriately, but there are exceptions.
- It was noted that the use of remote service delivery for patients who are able to accommodate these methods could free up face-to-face appointments for those who cannot.

Infrastructure and a standardised approach

- There is currently significant variation between appointment options offered by GP surgeries in East Sussex, e.g. use of Engage Consult not available across the county - this limits scope for uniform guidance to users on how to access and use remote tools.
- Is there scope to standardize systems between service providers to simplify the process?
- Is the infrastructure in place for hospitals or other providers to offer appointments by video call?

Patient choice

- Fear that GP practices could decide on preferred method of delivery on behalf of the patients.
- Concern that communication could be one-way rather than interactive as a face to face appointment would be - some users find it more challenging to engage or get their point across using remote means. Similar issues in interpreting health professionals messages.
- Patients could be saving on travel time and cost with telephone appointments.
- Routine follow-up appointments with hospital departments may be better delivered by telephone when physical examination not required.
- It was noted that people can make assumptions about digital literacy based on disability and age - there is a need to treat people as individuals and ask the patient.
- Inclusivity is important - patient needs may not be immediately obvious when discussing by phone/email.

Quality of care

- Concern about missing out on personal connection with health and care services
- Loss of face to face contact seen as possible negative repercussion of remote appointments
- Relationship with GP practice could be affected negatively by remote access
- Digital / remote appointments could facilitate a quick turnaround time for access to appointments
- Mental health telephone appointment experience felt like a tick box exercise rather than receiving the understanding which may be better achieved face to face
- Patient felt the GP was disinterested or even abrupt over the telephone
- Questioned whether a photo gives the GP adequate information for diagnosis.
- Where there is no existing relationship between GP and patient, establishing good communication can be more difficult remotely
- Concerns raised about non-medical staff e.g. receptionists, triaging or prioritising patients
- 'Engage Consult' allows professionals to give a considered answer with time for research if needed before going back to patient
- Could email be used to benefit patient communication, particularly where more than one medical professional is involved?

- Awkwardness with communication by telephone or video - not a natural rapport like face to face contact, potentially resulting in impact on clear communication, relationships and trust, patient giving sufficient information, and feeling able to ask questions.

Communication, guidance and preparation

- Could services give patients more information about what they need to prepare prior to appointments - what to ask and how to record it?
- Communication setting expectations could be better, e.g. finding out that all appointments are telephone triaged from the pre-recorded message on the GP telephone line not ideal.
- Security fears expressed about use of email and confidentiality - thinking also about how/where the patient is accessing the appointment from.
- Some patients may need guidance about how the video call with a GP would work.
- Raised importance of patients feeding back to services about their experience - what worked well and what could be improved.

Occasions when remote access should not be used

- Mental health specifically highlighted as an area that is thought to be better treated in person than remotely
- When a medical professional needs to physically examine a patient for diagnosis
- Where digital literacy and/or equipment does not allow patient access
- When communicating significant messages such as treatment results
- When it is possible to accommodate patient choice and that preference is an appointment in person

Key learning

Feedback suggests that health and care commissioners and providers should:

1. Maximise awareness of the use of digital and remote tools - enabling those well placed to use them to make use of the benefits they offer.
2. Set and clearly communicate expectations around digital or remote platforms and how to prepare for engagement - both for patients and professionals e.g. sticking to appointment times.
3. Clearly and proactively communicate to patients any changes in methods used to access services and advise them of any method which is temporarily unavailable.
4. Develop and implement strategies for keeping in touch with those who are at risk of being excluded through the increased use of remote access to services.
5. Take into account patient choice and preferences wherever possible - providing a 'person-centric' approach and tailoring the communication methods to needs and preferences. There is no 'one-size-fits-all' approach.
6. Seek to explore standardised approaches to delivering remote access in East Sussex, both in terms of platforms used and corresponding guidance offered.
7. Be aware of the value patients place on building rapport and relationships with medical professionals, something some find easier to achieve face-to-face.
8. Aim to discuss and treat sensitive themes such mental health issues in person or provide this as an option.
9. Ensure that staff responsible for triaging how patients access to services are adequately trained and supported to respond to patients' individual needs.

10. Proactively encourage patients to feedback on methods used to access to services and ensure that professionals/providers regularly monitor, interrogate and react to it.

Next steps

The anonymised feedback from the digital access workshop will be shared with workshop participants, and with health and care commissioners and providers.

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