



South Tyneside and Sunderland
NHS Foundation Trust



South Tyneside
Clinical Commissioning Group



Sunderland
Clinical Commissioning Group

Digital medical appointments

VCSO Focus Group Report V2

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Research conducted by:

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Executive summary

Background

NHS Sunderland CCG, NHS South Tyneside CCG, and NHS South Tyneside and Sunderland Foundation Trust commissioned some focus groups with Voluntary Community Sector Organisations (VCSOs) across Sunderland and South Tyneside to explore the use of GP and Hospital digital appointments and to contribute to a volume of work.

In total 7 VCSOs took part in 3 focus groups in August 2020, and 2 VCSOs contributed feedback independently.

Summary of findings

Each of the focus group sessions and feedback provided considered the use of GP and hospital digital appointments – discussing the benefits, the barriers that their service users face, and the support that may be required. In summary, the findings are:

Benefits

In general, for most service users

- Digital appointments save time on travel, parking and waiting times for the service user.
- Digital appointments would work well when a physical isn't required, such as follow ups or reviews.
- Medical professionals at the hospital or GP practice should be able to see more patients or have more preparation time.
- The cost saving to the NHS and patients.
- Digital appointments suggest access to GP or hospital appointments could be quicker.
- Digital appointments are currently safer due to Covid-19. Service users are concerned about attending face-to-face appointments and 'catching' Covid-19.
- Hospitals are more aware of service users' lack of access to the internet and data available.
- Digital appointments can fit in around service users' daily tasks.
- Family members who would normally not be able to attend appointments at the GP or hospital with the service user will now be able to do so.
- Pressure on patient transport will be relieved due to digital appointments.
- Increase in hospital site capacity.
- A holistic approach to health care is possible with group medical professional sessions, i.e. diabetes consultant and dietician in one appointment.
- Interpreting can be provided remotely.

Findings specific to priority sector

BAME

- Some service users find it easier to speak on the phone.

Physical disability

- Some service users with hearing loss would be happy with a video consultation and would benefit from them, if they can lip read.
- Telephone appointments are more appropriate and easier for the visually impaired.
- Younger, hearing loss service users will understand the technology.

Barriers

In general, for most service users

- General lack of choice, with the majority of service users not having the option of a face-to-face appointment.
- Lack of internet access or data.
- Lack of IT skills, potentially leading to disengagement.
- A lack of privacy with digital appointments, with some service users requiring help with technology.
- Concerns over confidentiality, community and voluntary sector organisations are unable to help their service users due to GDPR.
- Inability to read body language during a digital appointment.
- Anxiety and nervousness with attending a video appointment.
- Concerns over security when completing online forms.

Findings specific to priority sector

BAME

- Language barriers can make it difficult to speak on the phone
- Lack of access to interpreters for digital appointments.

Carers

- Some service users may ignore any current medical appointments if they cannot see a medical professional face-to-face.

Learning disability and autism

- Service users with a learning disability and autism may struggle holding a conversation on the telephone.
- Communication can be difficult for those with learning disabilities or autism; this will be even more difficult digitally.

Brain Injury

- Some service users are only offered a telephone appointment, which isn't suitable for certain disabilities, such as brain injury.
- Service users with brain injury would find it easier to remember a face-to-face appointment in comparison to a digital appointment.
- Service users with a brain injury may struggle holding a conversation on the telephone.

Physical disability

- Telephone appointments are not suitable for service users with hearing loss.
- Lack of privacy with family members required to help hearing loss service users with telephone calls.
- Visually impaired service users may struggle to use the technology.
- Inability to access interpreters for service users with hearing loss due to incompatible technology.
- Telephone appointments can be time consuming for older service users with partial hearing loss.
- Hearing Loss service users are often contacted by telephone even though their notes state that they are British Sign Language (BSL).
- BSL interpreters have different 'accents' depending on where they are from. This makes it difficult for service users to communicate when an interpreter isn't local.
- General lack of access to BSL interpreters for digital appointments.
- English is not the first language to some service users with hearing loss, so they often struggle with emails or online forms.

Support

In general, for most service users

- Provide training / support with technology and the platforms used. The CCGs and the hospital trusts could use the voluntary and community sector to provide this support. If training has been received, service users can be tagged as 'digital ready.'
- If the same platform for video calls is used throughout GP and hospital appointments, this will ensure usability for service users.
- Insure information on digital appointments is accessible to all, potentially produce a guide.
- Service users should be given the choice between all available appointments (face-to-face and digital). Face-to-face should be an option.
- Service users should be given the choice of platform used for video appointments (for example: Facetime or WhatsApp).
- Telephone appointments should be scheduled in the same way that face-to-face appointments are.
- The care provided digitally should be provided by the same medical professional the service user would see face-to-face. For example, a different GP would be allocated for digital appointments and another would be allocated the face-to-

face appointments, meaning the service user doesn't necessarily see their usual doctor.

Findings specific to priority sector

Learning disability and a¹autism

- Ensure medical professionals are still able to explain things when using digital platforms; for example, drawing diagrams for people with learning disabilities or autism.

Older people

- Older people will require more support with digital appointments.

Physical disability

- Offer a consistent text messaging service for users with hearing loss. Often GP practices still attempt to call services users with hearing loss, even though their notes state that they are deaf. Also, not all GP practices offer a text messaging service.
- Ensure that hearing loss service users have access to the same BSL sign language interpreter or they have the ability to choose their interpreter, including whether they are male or female. This will mean that their quality of care is improved as the interpreter has a relationship with the service user and can therefore provide added support. It also means that they are more comfortable if they need to discuss a sensitive issue.

To note,

- Service users would also be impacted with lack of privacy where face-to-face appointments are concerned as family members would need to help service users attend these appointments.
- Service users with hearing loss have also had difficulty communicating with face-to-face appointments during the Covid-19 pandemic. For example, a nurse refused to remove their face mask so that the service user could read their lips.

Introduction

NHS Sunderland CCG, NHS South Tyneside CCG, and NHS South Tyneside and Sunderland Foundation Trust commissioned some focus groups with Voluntary Community Sector Organisations (VCSO) across Sunderland and South Tyneside to explore and to contribute to a volume of work.

Three focus groups were convened, moderated, and reported on by an independent market research organisation (RLM Group Ltd). In addition to these focus group sessions, organisations were invited to contribute to the research by providing feedback independently.

The focus groups were held over the summer period, on Thursday 6th August, Friday 7th August, and Monday 10th August. Various time slots were available in order to give organisations the opportunity to take part. In total, 68 organisations were invited to take part in the focus groups. Seven VCSOs attended the focus groups and two groups provided independent feedback.

All efforts were made to achieve representation from all sectors (see below).

	Older people (Families and carers)	BAME (Race)	Women (Sex)	Long term health condition	Hearing loss (physical disability)	Blindness (physical disability)	Learning disability	Brain injury (physical disability)	Mental health	Carers (Families and carers)
Action on Hearing Loss				1	1					
Age UK – Essence	1								1	
Apna Ghar		2	2							
Headway Wearside								1		
ICOS		1								
Sight Service				1		1				
Sunderland Parent Carer Forum										1
Sunderland People First				2			2			
Sunderland RSB				1		1				

*As VCSOs can represent more than one category, these numbers will not add up 9 VCSOs. This does however demonstrate the broad range of service users that VCSOs will support.

Introduction to organisations:

Action on Hearing Loss: A UK Charity that supports deaf people and those with hearing loss and tinnitus.

Age UK – Essence: Support provided for people in Sunderland who have recently been diagnosed with dementia and those who care for them.

Apna Ghar: provides services for women from BME communities in South Tyneside.

Headway Wearside: Are a local independent group affiliated to a national organisation that provide support for people with brain injury. Headway Wearside support adults with an acquired head injury within Sunderland.

ICOS (International Community Organisation of Sunderland): exist to improve the quality of life of BME people in the North East and to enhance community cohesion and intercultural understanding in this area.

Sight Service: Support for visually impaired people living within Gateshead and South Tyneside.

Sunderland Parent Carer Forum: A group of parent carers or grandparents of children and young people who have a special education need and/or disability.

Sunderland People First: Sunderland People First is a Community Interest Company whose work is led by self-advocates with a learning disability and autistic people. The team have been working for over twenty-five years to promote inclusion and work with other organisations and services to achieve this aim.

Sunderland RSB: The promotion of independence and quality of life for visually impaired people in Sunderland.

Format of focus groups

Each of the focus groups ran for a maximum of 1.5 hours and were conducted against an approved semi-directive moderator's script - providing the main lines of enquiry, including prompting for in-depth responses.

A range of voluntary and community sector groups were invited to get involved with the sessions, if they were unavailable, they were given the opportunity to provide feedback on the sessions via email.

Since the pattern of discussion in the focus groups tended to be around general issues surrounding digital appointments in both a GP and hospital setting; the report presents

the results from these groups as a discussion of the broad themes around common issues for consideration by the representatives from the voluntary and community sector organisations. The themes reflect the diverse opinion and ability of the groups with the highest volume of consideration given to the common and general themes.

Key findings

Each of the focus groups considered the benefits of GP and hospital digital appointments, the barriers people may face, and support that could help people to use the service. VCOSs were asked to feedback from the perspective of service users, so these needs could be taken into consideration. There were differing opinions depending on the interest and purpose of the group / organisation being engaged, based on the social implications of digital GP and hospital appointments to the service users

These are discussed through each of the themes. However, it is clear from the review that there are several themes that are common to all groups.

The themes will now be discussed in the following chapters.

Patient choices and preference

The following VCOSOs discussed choice and preference:



Action on Hearing loss
Age UK – Essence
Apna Ghar
Headway Wearside
Sight Service
ICOS
Sunderland Parent Carer Forum
Sunderland People First
Sunderland RSB

Patient choice and preference were discussed by all nine of the VCOSOs. Discussions covered lack of choice, telephone appointments, face-to-face appointments and video appointments. These topics will be discussed independently below:

Lack of choice

In total, eight of the groups discussed lack of choice: Action on Hearing Loss, Age UK – Essence, Apna Ghar, Headway Wearside, ICOS, Sunderland Parent Carer Forum, Sunderland People First, and Sunderland RSB.

According to a representative for brain injury, some service users are only offered a telephone appointment (Headway Wearside). With some service users not being offered a face-to-face appointment at all (Headway Wearside, Action on Hearing Loss, Sunderland Parent Carer Forum).

VCOSOs stated that service users should be given a choice between face-to-face appointments and digital appointments (Action on Hearing Loss, Age UK – Essence, Apna Ghar, Headway, Sunderland People First, Sunderland RSB).

There were also suggestions that digital appointments should not be the only option available or even the main option available for service users representing BAME, Carers, long term disability or learning disabilities and autism (ICOS, Sunderland Parent Carer Forum, Sunderland People First).

"I'm sure it provisionally is something we should be doing, but it should not be the only thing, I don't see how this could become the only way, the default way."

[Representative from ICOS]

Questions arose over the decision-making process; who decides what options are available to patients? (ICOS, Sunderland People First)

A further question arose over the type of appointment offered to service users with head injury; would this be dependent on the service required?

"It's alright for a general hospital, but is it all hospital staff, who would be part of this? If you had to go see a diabetes specialist nurse for example, or you had to go see an outreach section of the hospital, would they then offer the same service as well."

[Representative from Headway Wearside]

Telephone appointments

In total, eight of the groups discussed telephone appointments: Action on Hearing Loss, Age UK – Essence, Apna Ghar, Headway Wearside, ICOS, Sunderland People First, Sight Service, Sunderland RSB.

Telephone appointments are the most appropriate for the visually impaired (Action on Hearing Loss). With VCSOs supporting visually impaired or BAME suggested their service users find it easier to speak on the phone (ICOS, Sunderland RSB). Representatives from Sunderland RSB noted that their visually impaired service users preferred telephone appointments as they had little success with video calls.

"We've found from a practical point of view our counselling service has found it much easier by telephone than video call. We did try it with a couple of clients and the feedback was no."

[Representative from Sunderland RSB]

In contrast, representatives from Action on Hearing Loss and Sight Service made it clear that telephone appointments were not suitable for their service users who are deaf or visually impaired.

"For our service users with hearing loss: it is probably the least preferable option."

[Representative from Sight Service]

Difficulties were also addressed with language barriers and the BAME community (Apna Ghar, ICOS). Whilst other service users with brain injury, learning disabilities or autism would struggle or feel uncomfortable holding a conversation on the phone (Headway Wearside, Sunderland People First).

“I think it would be a little bit hard for people with autism and disabilities because sometimes people with autism they struggle to use phones, the sensory issues, and I have had counselling through video call during lockdown and it was really, really, hard not being able to talk to some face-to-face.”

[Representative from Sunderland People First]

In order to improve the telephone appointment service, it was suggested that appointments should be scheduled similarly to face-to-face appointments with appointment times; also, GPs should call again if the appointment call is missed (Apna Ghar, Headway, ICOS, Sight Service).

“One of the other things about when you book a telephone consultation, you're given a time slot between 10 and 12, 1 and 3, if you are at work, it's not always possible to be by your phone for that length of time. So, I think to have an appointment system over the phone the same as you have an appointment system that you do face-to-face, so you have between 10 and 10:15.”

[Representative from Headway Wearside]

Concerns were also addressed over how difficult it currently was for older service users to actually speak to someone over the phone.

“You can telephone but sometimes you're in a tree system and it takes a long, long time.”

[Representative from Age UK – Essence]

Face-to-face appointments

In total, seven of the groups discussed face-to-face appointments: Action on Hearing Loss, Apna Ghar, Headway Wearside, Sight Service, Sunderland Parent Carer Forum, Sunderland People First, Sunderland RSB

It has been suggested that service users would prefer a face-to-face appointment (Action on Hearing Loss, Sunderland People First, Sunderland RSB).

Furthermore, it was suggested that service users with brain injury would find it easier to remember a face-to-face appointment, in comparison to a digital appointment.

“One other barrier that I didn't mention was remembering the appointment, so they might then go out shopping and forget. If they know they have to go and see somebody rather than just sitting waiting about, they might just think I'll go and do this, or I'll go and do that and just forget.”

[Representative from Headway Wearside]

Also, some representatives suggested the ability to read body language is an important part of a face-to-face appointment. This is not possible via a digital appointment (Apna Ghar, Sight Service, Sunderland People First). Stressing this, it was suggested that digital appointments 'don't feel human' according to VCOSOs representing BAME, women, learning disabilities and autism (Apna Ghar, Sunderland Parent Carer Forum).

"...there is a difference, for some I know a lot of people are, they don't find telephone or video conferences, it just doesn't feel human, for certain problems they just want someone there, to know that they're there."

[Representative from Apna Ghar]

Another representative recommended that a face-to-face appointment should be the first option for those with sensory loss.

" thinking about those with a sensory loss, and if a person is therefore hard of hearing, or even a dual sensory loss, deaf, blind, you must offer them a face-to-face appointment first off, that's the first option. I wouldn't even bother with the telephone or video interpreting, it's just not appropriate because of their disability, for deaf, blind people."

[Representative from Action on Hearing Loss]

However, concerns were also addressed with face-to-face appointments, service users with hearing loss have struggled to communicate with nurses, as they've refused to remove their mask so that the service user was able to lip read.

"For example, one case it was a profoundly deaf user, uses BSL... one of the nurses refused to remove her face mask so he could lip read, or try and understand what was being said, this person didn't have the confidence to challenge her so they just took it on the chin, and said OK and walked away."

[Representative from Action on Hearing Loss]

Video appointments

In total, five of the groups discussed video appointments: Action on Hearing Loss, Apna Ghar, Sight Service, Sunderland People First, Sunderland RSB.

Some service users with hearing loss have been offered video consultations and would be happy with this, even though they would prefer a face-to-face appointment (Hearing Loss).

Furthermore, some visually impaired service users would benefit from a video consultation because they would be able to lip read.

"If patients can see enough to lip read may be preferable to telephone."

[Representative from Sight Service]

In contrast, according to a representative for Sight Service, a video appointment would not be useful to the visually impaired.

Some VCOSOs implied their service-users had some concerns with video appointments, including feeling extremely anxious and nervous attending a video appointment (Apna Ghar, Sunderland RSB). One representative for learning disabilities and autism suggested that it could take time to build up the confidence to use the services (Sunderland People First).

“You see some people aren’t confident, or they’ve got low self-esteem. Especially if they’ve got mental health issues they won’t want to come in front of the video and explain, it’s hard enough. If they’ve got anxiety or depression or if they’re suffering from things like that. Those kinds of issues, then I don’t think it is possible at all.”

[Representative from Apna Ghar]

Privacy, confidentiality and safety

The following VCSOs discussed privacy confidentiality and confidentiality:



Privacy, confidentiality and safety was discussed by all nine of the VCSOs. Discussions surrounded privacy and confidentiality as well as safety. These topics will be discussed independently below.

Privacy and confidentiality

In total, eight of the groups discussed privacy and confidentiality: Action on Hearing Loss, Age UK – Essence, Apna Ghar, Headway Wearside, ICOS, Sight Service, Sunderland Parent Carer Forum, Sunderland RSB.

There were concerns that arose over the privacy with digital appointments. For instance, if a service user was holding a video appointment at home, other members of the family would be able to overhear the conversation (Age UK – Essence, Apna Ghar, ICOS, Sight Service, Sunderland RSB).

“There is also the issue of privacy, because I know where I am now, I’m at work and it’s all open plan, so if I had something that was quite personal I’d probably have to go outside in the car park, that’s nothing to do with the CCG that’s just taking into account people at work.”

[Representative from Age - UK Essence]

“I think you have to consider people’s privacy, that was a good point from Anthony, you have to consider victims of domestic violence where they might not necessarily want to

be at home at the same time as they're talking to their GP, it's not just privacy, it's safety. Privacy is important but, in some cases, it might even be safety."

[Representative from ICOS]

Linked to this, service users are heavily reliant on family members to help them access digital appointments, with some service users with hearing loss requiring help with telephone calls (Hearing Loss). Other service users identified a need for help with technology and language barriers (Age UK – Essence, Apna Ghar respectively).

However, service users would also need help from family members to access face-to-face GP or Hospital appointments (Sunderland Parent Carer Forum, Sunderland RSB).

"there's also the issue that they're having to ask family to take them and drive them around. Obviously, hospitals are very confusing places, I can speak from experience on that, I have to take my wife with me when I go."

[representative from Sunderland RSB]

Concerns also addressed confidentiality and the inability to support their users due to GDPR (Action on Hearing Loss, Age UK – Essence, Headway Wearside, Sunderland Parent Carer Forum).

"So basically, I rang the hospital myself for this person but they won't talk to me because of GDPR, I gave them all their personal details, their name, their address, where they live. I know you won't talk to me about the patient, but please will you just send a letter or contact this patient please, because this person is still in pain and they don't have full mobility of their arm."

[Representative from Action on Hearing Loss]

Furthermore, some service users with hearing loss and brain injury were concerned over the use of online technology, completing forms online, etc, and questioned if their personal information would be secure (Action on Hearing Loss, Headway Wearside).

Safety

In total, four of the groups discussed safety: Age UK – Essence, Sunderland Parent Carer Forum, Sunderland People First, Sunderland RSB.

Currently, digital appointments are beneficial to service users as many have concerns over attending a face-to-face doctor's appointment or hospital appointment for fear of catching Covid-19 (Age UK – Essence, Sunderland People First, Sunderland RSB).

"You'll have some that are actually quite scared about going into a GP to see the doctor. So, around all of those challenges around access, there could be some positives in

terms of how they're feeling and not having to put themselves at risk for going in a potentially dangerous place."

[Representative from Age - UK Essence]

In contrast, it was also suggested that some older service users may indeed ignore any medical needs they have as they would not use the digital appointments available.

"My dad has really struggled with the GP telephone appointments. He's been more inclined to ignore health issues and I've had to nag him to contact the GP."

[Representative from Sunderland Parent Carer Forum]

Technology

Technology was discussed by the following VCSOs:



Action on Hearing loss
Age UK – Essence
Apna Ghar
Headway Wearside
ICOS
Sight Service
Sunderland Parent Carer Forum
Sunderland People First
Sunderland RSB

Technology was discussed by all nine of the VCSOs. Discussions covered access to technology, provision of support and the digital platform. Each topic will be discussed independently below.

Access to technology

In total, seven of the groups discussed access to technology: Action on Hearing Loss, Age UK – Essence, Apna Ghar, ICOS, Sight Service, Sunderland People First, Sunderland RSB.

VCSOs representing BAME and hearing loss suggested that some service users struggle to access remote interpreters. For instance, the app they are advised to use isn't compatible with their mobile phone (Action on Hearing Loss, ICOS).

"...so, he is saying to me 'what can I do, what can I do in this situation, how do I contact the hospital', and I said do they use Sign Live which is a system, an interpreting agency, but he said they can't access Sign Live through his mobile."

[Representative from Action on Hearing Loss]

Lack of internet access or data was also addressed (Action on Hearing Loss, Age UK – Essence, Apna Ghar, ICOS, Sight Service, Sunderland People First, Sunderland RSB).

"I think video calling might be an issue where people might not have enough data, even for the elderly people, a lot of elderly people don't actually have contracts where they have so much data, to use one hour, or half an hour video calls."

[Representative from Apna Ghar]

However, it was also suggested by a representative for Action on Hearing Loss that hospitals are more aware of the lack of internet access compared to GP surgeries, suggesting that GP surgeries are forcing patients into using technology.

“The hospitals are perhaps more aware that not everyone uses the internet. They are kind of discriminating against, it's kind of ageism in a way, they're trying to force people to use it, and when they've got an additional issue of being, for example, hard of hearing, it can be really damaging to their confidence.”

[Representative from Action on Hearing Loss]

The Provision of Support

In total, seven of the groups discussed the provision of support: Age UK – Essence, Apna Ghar, Headway Wearside, ICOS, Sight Service, Sunderland People First, Sunderland RSB.

VCSOs suggested that support to use digital services needs to be provided (Sight Service, Age UK – Essence, Apna Ghar, Headway Wearside, ICOS, Sunderland RSB).

Two representatives suggested the CCGs and Hospital Trusts could use their services to provide this support (Headway Wearside, Sunderland People First).

“You could work with particular service cohorts if you like, and again then they're ready enough to go to their GP and say "ooh yeah, I've done this training", so to make it a standardised training of what's required that you can give out to charities, or a not for profit, or whatever.”

[Representative from Headway Wearside]

Furthermore, it was suggested that support was required, more so, for the older generation.

“The older people's age group I've heard is the biggest group in terms of take up of online so how the CCG could support that.”

[Representative from Age UK - Essence]

Digital platform

In total, five of the groups discussed the digital platform: Action on Hearing Loss, Age UK – Essence, Headway Wearside, ICOS, Sunderland RSB.

One representative for hearing loss, suggested that service users should be given the choice on the platform used for their GP or hospital appointment for video calls - such as Facetime or WhatsApp (Action on Hearing Loss).

With service users with hearing loss, blindness, brain injury and BAME benefiting if the same video platform was used throughout appointments at the GP practice, as well as the hospital. This would ensure confidence in usability (Action on Hearing Loss, Headway, ICOS, Sunderland RSB).

"...decide on what platform you're going to use. Because if the hospital is going to use, for example Teams, and your local GP is going to use Zoom, you've got training issues then of getting people to remember which one they're using, which keystrokes."

[Representative from Sunderland RSB]

Also, the benefit of training on using the platforms to service users that are older or with brain injury was discussed. Once they received training this would show up in their notes – that they were now trained and capable of engaging in digital appointments (Age UK – Essence, Headway).

"...make it a standardised training of what's required that you can give out to charities, or a not for profit, or whatever, saying this is the training you need to be able to do that, so everyone is receiving the same level of training to get them to a certain standard so they can do it... you've got a 'ticky' sheet for example, can they do this, this and this, it means they can do all of those things, then this is how they should be able to access Zoom etc."

[Representative from Headway]

In support of this, representatives discussed concerns over the lack of IT skills with regards to some of their service users (Age UK – Essence, Apna Ghar, ICOS, Sight Service, Sunderland People First, Sunderland RSB). With a representative supporting hearing loss indicating that digital appointments may be more viable for some of their younger service users.

"Maybe for young deaf BSL users this system might work because they know about technology, they're using technology, you could offer them that option. It becomes a little bit ridiculous when somebody from the 50s upwards, up to 100 years of age, who isn't used to using technology, and they're offering them video consultations for their medical appointment."

[Representative from Action on Hearing Loss]

Linked to this, visually impaired service users may struggle, in general, to use technology (Action on Hearing Loss, Sunderland RSB).

"I think that part of the issue for the visually impaired community has been struggling with technology, whether they're using magnification or a screen reader... Some of it is because people are struggling with technology, whether it's their phone or tablet or laptop, and Zoom, Skype."

[Representative from Sunderland RSB]

Efficiency

Efficiency was discussed by the following VCSOs:



The efficiency of digital appointments was discussed by eight of the VCSOs. Discussions covered the topics of: time, access to hospital appointments and patient transport as well as the hospital site. Each topic will be discussed independently below.

Time

In total, nine of the groups discussed time: Action on Hearing Loss, Age UK – Essence, Apna Ghar, Headway Wearside, ICOS, Sight Service, Sunderland Parent Carer Forum, Sunderland People First, Sunderland RSB.

The benefit of saving time on travel and parking was discussed (Age UK – Essence, Apna Ghar, Headway Wearside, ICOS, Sight Service, Sunderland Parent Carer Forum, Sunderland People First, Sunderland RSB).

"Some of our patients have to go as far as Walkergate Park, for their services, which is in Newcastle because the specialist neurological services which aren't on offer within Sunderland or South Tyneside, that's the nearest place. So, to be able to see the consultant without having to trek up to there, because it is a long way, would be better for them."

[Representative from Headway Wearside]

Also, digital appointments could save service users time waiting for their appointments at either the GP practice or hospital (Apna Ghar, Sunderland Parent Carer Forum).

"if they're late I don't need to wait another 45 minutes to get that, I can just get on with my normal day to day routine."

[Representative from Apna Ghar]

Furthermore, it was indicated that the use of digital appointments could mean that access to appointments would be quicker (Age UK – Essence, Headway Wearside, Sunderland People First).

Whilst the time saving would mean that medical professionals at either GP practices or the hospital would be able to see more patients or have more time to prepare for appointments (Apna Ghar, Headway Wearside, ICOS, Sunderland People First, Sunderland RSB).

“it's better for time for them so they'll be able to see more patients and more people within a certain timeframe.”

[Representative from Headway Wearside]

Another positive discussion was surrounding the convenience of the digital appointments; service users could fit them around work and school pick-ups etc, they would also not need to take time off work (Apna Ghar, Sunderland Parent Carer Forum).

However, telephone calls can also be very time consuming as there is a lot of repeating required for service users with partial hearing loss.

“A lot of patients that I work with, especially the elderly, when we've been doing the befriending calling, I think we're having to repeat ourselves a lot on the phone, so with elderly patients you need a lot of patience because it takes a lot of time, it's not as easy. There is a lot of repetition, you're having to repeat everything over and over.”

[Representative from Action on Hearing Loss]

Access to hospital appointments and patient transport

In total, two of the groups discussed access to hospital appointments and patient transport: Age UK – Essence, Sight Service

Digital appointments are a benefit to older service users that would like their family members at hospital appointments. For example, during diagnosis appointments.

“What we've started offering is Zoom appointments, I sat in on one when we had a person with a diagnosis, the partner, the son and his wife, the daughter who lived down south, and the granddaughter who was at Uni but came back for lockdown to live with the gran who had the diagnosis. We had them all on a meeting like this, everyone could input, so if you've got a patient, where you've got a number of significant others who are involved, we would have never have even thought of offering that before, and you can get so much done in one appointment that would normally take you ages.”

[Representative from Age UK - Essence]

Furthermore, according to a VCSO supporting blindness, digital appointments will relieve the pressure on patient transport with less patients requiring the service (Sight Service).

Hospital Site

In total, one group discussed the hospital site: Headway Wearside.

According to a representative for brain Injury digital appointments will mean that hospitals will have more site capacity as the need for waiting rooms, etc. is reduced (Headway Wearside).

"I think that's more beneficial because you don't have the have the space for example... You don't need a separate room to do that service and then you don't need a waiting area for them first, then you don't need something else. So, more people can access the hospital for other things, takes the strain off it."

[Representative from Headway Wearside]

Quality and Continuity of Care

Quality and continuity of care was discussed by the following VCSOs:



Quality and continuity care were discussed by eight of the VCSOs. The discussions addressed the care received from medical professionals and interpreters. These topics will be discussed independently below.

The care received from medical professionals

In total, seven of the groups discussed the care received from medical professionals: Action on Hearing Loss, Age UK – Essence, Apna Ghar, Headway Wearside, ICOS, Sight Service, Sunderland Parent Carer Forum, Sunderland People First.

Representatives for brain injury and learning disabilities and autism felt that service users would benefit from building a relationship with doctors and nurses, that they should receive care online from the same doctors and nurses that they would see face-to-face (Headway Wearside, Sunderland People First)

“I just think if they are contacting someone that is familiar to them so if they’re going to get an appointment and they know it is going to be with their GP with a person that they know, not a locum, not a stand in and they have got the technology, that might be better for them than trapesing out to the doctors.”

[Representative from Headway Wearside]

Some service users from the deaf community often receive inappropriate telephone calls from medical professionals even though their notes state that they are deaf. It is recommended that text messaging be used as a mode of communication. Currently there is no consistency in this approach. Sometimes service users will receive a text

message and then at other times they will receive a telephone call. Also, not all GP practices offer this service.

"I'll text my GP, then the GP will ring me. And I think "what are you doing, why are you ringing me", they know that I'm deaf, they know that I'm a deaf patient... Text me back directly, use text messaging, simple."

[Representative from Action on Hearing Loss]

According to a representative for brain injury, digital appointment could mean that service users can have group sessions with different specialists all at once i.e. diabetes consultant and dietician all in one appointment. Therefore, providing a holistic approach to care.

"...you can have, especially if you have multiple things going on with you, a group session would be really good, if you had your diabetes consultant, then your dietician for example, if they had a holistic meeting about your health, I think that would work really well."

[Representative from Headway Wearside]

Furthermore, it was suggested that digital appointments would work well for follow ups, or reviews, or when a physical is not required (Action on Hearing Loss, Age UK – Essence, Headway Wearside, Sight Service, Sunderland Parent Carer Forum, Sunderland People First).

"I think if it's a follow up for something, if you've had a procedure done in the hospital and they just want to find out how you are, how things are progressing for you, I think that's an excellent way to do things if you've got the technology right."

[Representative from Headway Wearside]

Interpreters

In total, three of the groups discussed interpreters: Action on Hearing Loss, Apna Ghar, ICOS.

The importance of ensuring service users can use the same BSL sign language interpreter was addressed for hearing loss. It was suggested that there are regional differences in sign language and that it is important that deaf people are supported properly with the same interpreters - not just someone from a bank of interpreters, as this can cause miss-interpretation of conversations.

"Sometimes you get interpreters from Birmingham, London, all over the country, and that presents communication difficulties because of regional differences in the sign language, it's like accents. So, it's proving very difficult for the deaf patients to try and

work out even what the interpreter is saying to them, and it's the same with the interpreters, they're also trying to work out what the deaf person is saying because they're not from that area."

[Representative from Action on Hearing Loss]

Linked to this, it was also suggested that using the same interpreter for hearing loss may improve the quality of care received; the interpreter builds up a relationship with the service user and is able to offer more support.

"British Sign Language users often go to the same interpreter regularly... the doctor could ask a deaf person a question, and the interpreter would be able to interpret that information perfectly because they know the history and that helps the translation process..., say if it was an elderly person who forgot something, they would then be able to prompt them."

[Representative from Action on Hearing Loss]

Furthermore, using the same interpreter can help service users with hearing loss immensely, and quite often they will contact their interpreter first in order to organise the appointment on their behalf.

"There's a lot of deaf people that usually contact the interpreter first, then the interpreter will contact the GP and make the booking for them, that's what we're doing at the moment... the interpreter has their diary there and then, so the interpreter knows when they're free, so they can put it straight in their diary when they contact the GP."

[Representative from Action on Hearing Loss]

However, it was also suggested that since the introduction of digital appointments, hearing loss and BAME service users were finding interpreters unavailable for both digital GP and digital hospital appointments (Action on Hearing Loss, Apna Ghar).

With some BAME service users finding they are not allocated an interpreter because they can speak 'some' English. These service users can still struggle to understand during GP and hospital appointments (ICOS).

It is also important to note that service users with hearing loss would like the choice on which interpreter they are provided with. In certain circumstance they would also like to choose whether the BSL interpreter is male or female. Currently they are given no choice, they are not even provided the name of the interpreter before a hospital appointment.

"For example, I wouldn't want to go to a smear test with a male interpreter... I would prefer a female interpreter, but we don't have that choice a lot of the time."

[Representative from Action on Hearing Loss]

Finally, it was indicated that interpreting can be provided remotely, with video appointments provided for hearing loss service users and telephone appointments

provided for people with language barriers. Both representatives indicated that interpreting does not need to be during a face-to-face appointment (Action on Hearing Loss, Apna Ghar).

“I think interpreting can be done over Zoom because interpreting doesn't actually require physical presence, over the phone or over Zoom.”

[Representative from Apna Ghar]

Communication

Communication was discussed by the following VCSOs:



Communication was discussed by five of the VCSOs. Topics discussed covered accessible information and the impact of digital appointments. These topics will be discussed independently below.

Accessible information

In total, four of the groups discussed accessible information: Action on hearing Loss, Headway Wearside, Sunderland People First, Sunderland RSB.

Information on digital appointments should be accessible to all, whether it be in braille, easy read format, BSL etc (Action on Hearing Loss, Sunderland People First).

“The accessible information standard is designed to help people who have disability and to make sure they receive the information in a format that they understand, so any information that is either easy read for those who may have learning difficulties, or braille for people who are blind. Obviously if you're a deaf BSL user then you receive that information in BSL.”

[Representative from Action on Hearing Loss]

They should produce a guide on digital appointments to take service users through the process (Action on Hearing Loss, Headway Wearside, Sunderland People First, Sunderland RSB).

It was also noted that English is not necessarily the first language of service users with hearing loss. British Sign Language is usually their first language, so often when they receive emails or forms to be completed from the GP Practice or Hospital it is difficult.

“I think consultations via the website, by the form, a lot of people are having problems with that because of the language, it's not in their first language. Written English is not their first language, their first language is a visual, British Sign Language, their first

language isn't English. So, the structure of the languages is completely different, the grammar, some of the words on the form that the service users aren't understanding, they don't fully understand what it means. The medical jargon, if they see that, they'll not compete it."

[Representative from Action on Hearing Loss]

Impact of digital appointments

In total, one group discussed the impact of digital appointments:
Sunderland People First.

One VCSO supporting learning disabilities and autism identified that some of the people that use their services currently struggle to communicate face-to-face with medical professionals; and will therefore find communicating even more difficult digitally (Sunderland People First).

Linked to the above, some people with learning disabilities or autism prefer face-to-face appointments because the medical professionals at either the GP or hospital can explain medical issues easier by using diagrams or notes. If the same methods can be used digitally, it would benefit service users.

"It was really, really, hard not being able to talk to some face-to-face because whereas if we don't understand something and they have to draw any diagrams, or anything like that it's better for us to see someone face-to-face and see documents face-to-face."

[Representative from Sunderland People First]

Finance

Finance was discussed by the following VCSOs:



Finance was discussed by four of the VCSOs. Discussions covered the topics of cost saving and the expense of digital appointments. Each topic will be discussed independently below.

Cost saving

In total, four of the groups discussed cost saving: Headway Wearside, ICOS, Sight Service, Sunderland People First.

The cost savings to the NHS from using digital appointments was discussed by four groups (Headway Wearside, ICOS, Sight Service, Sunderland People First). It was suggested that it is part of a long-term plan to reduce costs.

"I think it's part of a long-term plan to keep the costs down."

[Representative from ICOS]

Another discussion by a VCSO representing learning disabilities and autism, surrounded the savings on buildings and the savings incurred from using interpreters digitally (Headway Wearside).

The savings to patients were also discussed, as travel would not be required, an increase in attendance at appointments was also addressed (Sight Service, Sunderland People First respectively).

"Our service users spend a lot of money getting to appointments and as a lot of them are elderly and on limited budgets this is unreasonable; less trips to the hospital would be better for them."

[Representative from Sight Service]

Expense of digital appointments

In total, one group discussed the expense of digital appointments:
ICOS.

It was suggested that digital appointments could in fact end up costing the NHS more when you factor in all the extra resources and time it would take establishing whether an appointment should be face-to-face or online for each service user.

"The resources put into the triangulation to decide where to have an online appointment or an in-person appointment might also prove more costly because of having to make an extra decision along the line, whether it's going to be an online appointment or not."

[Representative from ICOS]

Conclusion

In total, nine VCOSs throughout Sunderland and South Tyneside were involved with the focus groups. The focus groups covered the benefits and barriers to GP and hospital digital appointments, and what support could be provided.

Benefits

The benefit of saving time on travel and parking was discussed by seven of the groups (Age UK – Essence, Apna Ghar, Headway Wearside, ICOS, Sight Service, Sunderland Parent Carer Forum, Sunderland People First, Sunderland RSB). With one representative from Headway Wearside indicating that service users with brain injuries would no longer have to travel a large distance to appointments with services that aren't available within Sunderland or South Tyneside.

As a result of this, it was noted by a representative from Sight Service that there would be savings to service users as they would need less trips to the hospital.

It was suggested by six groups that digital appointments would work well for follow-ups or reviews, or when a physical is not required (Age UK – Essence, Headway Wearside, Action on Hearing Loss, Sight Service, Sunderland Parent Carer Forum, Sunderland People First). One representative from brain injury indicated that digital appointments to follow up after a procedure would be an excellent idea.

Five groups indicated the time saving would mean that the medical professionals at either the GP practice or hospital would be able to see more patients or have more time to prepare for appointments (Apna Ghar, Headway Wearside, ICOS, Sunderland People First, Sunderland RSB).

The cost savings to the NHS from using digital appointments was discussed by four groups (Headway Wearside, ICOS, Sight Service, Sunderland People First), with one representative from ICOS suggesting that it was part of a long-term plan to keep costs down. Another representative for brain injury suggested that savings could be made by downsizing buildings, with appointments being held digitally, an example being there would be less of a need for waiting areas. The same representative went on to suggest savings could be made by using interpreters remotely rather than having them be physically present.

It was indicated by three groups that the use of digital appointments could mean that access to appointments would be quicker (Age UK – Essence, Headway Wearside, Sunderland People First).

Three groups suggested that digital appointments are beneficial to service users as many have concerns over attending a face-to-face doctor's appointment or hospital appointment in the current climate for fear of catching COVID-19 (Age UK – Essence,

Sunderland People First, Sunderland RSB), with one representative from Age UK – Essence describing a GP surgery as a “potentially dangerous place”.

It was also mentioned by a representative from Sight Service that if some visually impaired service users can see enough to lip read they may benefit from a video consultation.

Three groups indicated that digital appointments could mean service users could get access to appointments quicker than a face-to-face appointment (Age UK – Essence, Headway Wearside, Sunderland People First).

Two groups suggested that digital appointments could also save service users time waiting for their appointments at either the GP practice or hospital (Apna Ghar, Sunderland Parent Carer Forum), with one representative for women and BAME suggesting that if the appointment was running late, they can just get on with their day to day routine.

Similarly, two groups discussed the convenience of the digital appointments; service users could fit them around work and school pick-ups etc, they would also not need to take time off work (Apna Ghar, Sunderland Parent Carer Forum).

Two groups suggested that some service users find it easier to speak on the phone (ICOS, Sunderland RSB), with one group suggesting that telephone appointments are the most appropriate for the visually impaired (Sight Service).

Furthermore, it was suggested by a representative that service users with brain injuries would find it easier to remember a face-to-face appointment, in comparison to a digital appointment.

Another benefit involves the attendance of family members at the GP or hospital appointment for older service users; with a representative from Age UK – Essence suggesting family members who would normally not be able to attend now have the ability to do so.

A representative from Sight Service noted that the pressure on patient transport will be relieved due to less face-to-face appointments taking place.

It was also suggested by a representative for brain injuries, with some appointments being moved to digital, it would increase the hospital site capacity.

Finally, a representative from Headway Wearside suggested a holistic approach to health care is possible with digital group sessions. i.e. diabetes consultant and dietician all in one appointment.

Barriers

The biggest barrier that was identified by the groups was the lack of internet access or data; this was identified by seven of the groups (Action on Hearing Loss, Age UK – Essence, Apna Ghar, ICOS, Sight Service, Sunderland People First, Sunderland RSB). However, a representative for hearing loss suggested that hospitals are more aware of service users' lack of internet access compared to GP practices as patients are not 'forced into using it.'

Similarly, six groups expressed concerns over the lack of IT skills with regards to some of their service users (Apna Ghar, ICOS, Age UK - Essence, Sight Service, Sunderland People First, Sunderland RSB), with one representative from Age UK – Essence suggesting that because of the lack of skills, some service users would disengage. However, it was suggested by a representative for hearing loss that digital appointments may be suitable for younger hearing loss service users as they will understand the technology.

Five groups had concerns over the privacy with digital appointments. For instance, if a service user was holding a video appointment at home, other members of the family would be able to overhear the conversation (Age UK – Essence, Apna Ghar, ICOS, Sight Service, Sunderland RSB).

With four groups also indicating they had concerns over confidentiality and the inability to support their users due to GDPR (Action on Hearing Loss, Age UK – Essence, Headway Wearside, Sunderland Parent Carer Forum).

Three groups indicated reading body language as an important part of a face-to-face appointment and that this is not possible via a digital appointment (Apna Ghar, Sight Service, Sunderland People First). Stressing this, it was suggested by two groups that digital appointments 'don't feel human.' (Apna Ghar, Sunderland Parent Carer Forum)

Another three groups indicated that their service users had not been offered a face-to-face appointment at all (Action on Hearing Loss, Headway Wearside, Sunderland Parent Carer Forum), with a representative for brain injury suggesting that service users had only been offered a telephone appointment.

There were some concerns with video appointments by two groups, suggesting some service users would feel extremely anxious and nervous attending a video appointment (Apna Ghar, Sunderland RSB). With one representative for learning disabilities and autism suggesting that it could take time to build up the confidence to use the services (Sunderland People First).

Linked to this, two groups indicated that visually impaired service users may struggle to use technology (Sight Service, Sunderland RSB). Two other groups, representing BAME and women indicated that there would be issues with language barriers during telephone appointments (Apna Ghar, ICOS).

Furthermore, representatives from two groups, representing brain injury, learning disabilities or autism indicated that their service users would struggle or feel uncomfortable holding a conversation on the telephone (Headway Wearside, Sunderland People First).

Two groups suggested some service users struggle to access remote interpreters with one representative indicated their service user's mobile phone was not compatible with the required app (Action on Hearing Loss, ICOS). It was also suggested by two groups that since the introduction of digital appointments, hearing loss & BAME service users were finding interpreters unavailable for both digital GP and digital hospital appointments (Action on Hearing Loss, Apna Ghar).

Representatives from two groups representing brain injury and hearing loss indicated that some of their service users would be concerned over the use of online technology and completing forms online. Concerns arose over whether their personal information would be secure (Action on Hearing Loss, Headway Wearside).

One representative from Sunderland RSB indicated that they had tried video calls for their counselling sessions, however, these digital appointments were not well received by their service users.

A representative from Sunderland Parent Carer Forum when discussing her father suggested that some older service users may ignore any medical needs they have, as they would not use the digital appointments available.

One group indicated that telephone appointments can be time consuming for older users with partial hearing loss as things may need to be repeated several times to be understood (Action on Hearing Loss).

Support

Representatives from six groups suggested that support to use the digital services needs to be provided (Age UK – Essence, Apna Ghar, Headway Wearside, ICOS, Sight Service, Sunderland RSB), with four groups suggesting they should produce a guide on digital appointments to take service users through the process (Action on Hearing Loss, Headway Wearside, Sunderland People First, Sunderland RSB).

Four groups suggested that the same video platform should be used throughout appointments at the GP practice, as well as the hospital (such as Facetime or WhatsApp). According to VCSOs this would ensure confidence in usability (Action on Hearing Loss, Headway Wearside, ICOS, Sunderland RSB). One representative from Sunderland RSB suggested that if multiple platforms are used, there will be training issues with service users forgetting how each platform works.

Four groups indicated that telephone appointments should be scheduled similarly to face-to-face appointments, with more specific time slots being given (Apna Ghar, Headway Wearside, ICOS, Sight Service). A representative for brain injury suggested that timeslots should be a 15-minute window rather than hourly.

Two groups suggested that the CCG uses their services to provide this support (Headway Wearside, Sunderland People First), with one representative from Age UK – Essence indicating that the CCG use the links and networks already in place to consult with patients.

A further two groups representing older people and people with brain injury suggested service users would also benefit from receiving training to use the platforms. Once they received training this would show up in their notes - they were trained and capable of engaging in digital appointments (Age UK – Essence, Headway Wearside).

Two groups suggested that information on digital appointments should be accessible to all service users, whether it be in braille, easy read format, BSL etc (Action on Hearing Loss, Sunderland People First).

One representative supporting hearing loss suggested that all GP surgeries consistently offer the ability to hold conversations via text message, this would reduce the need for phone calls which are unsuitable for service users with hearing loss, resulting in them having to rely on family members.

A representative from Sunderland People First indicated that having the ability to send diagrams and notes with digital appointments would benefit people with learning disabilities or autism.

Two groups supporting representatives with learning disabilities, autism and brain injury also suggested that service users should receive care online from the same doctors and nurses, the same doctors and nurses that they would usually see face-to-face (Headway Wearside, Sunderland People First).

Similarly, it was suggested by a representative from Hearing Loss that the same interpreter should be used for both face-to-face and digital appointments. The representative also suggested that service users with hearing loss should be able to choose the interpreter for their appointments, giving the example that female users would feel more comfortable discussing sensitive topics with a female interpreter.

Feedback on draft report

The VCSOs who took part in the focus groups were offered the opportunity to review the transcriptions of the sessions, and also to comment on the draft report. No VCSOs requested to review the transcriptions from the session. Three VCSOs provided feedback on the draft report.

Two VCSOs stated that they thought the report was a true and accurate reflection of discussions, and that the report reflects the comments made by individual groups rather than just generalisations. Comments received suggest that VCSOs feel that the time they spent taking part in the focus group was worthwhile and that they value the comprehensive report that has been provided.

One VCSO asked for some minor amendments to be made to the report. This included an updated description of their organisation, a change from the term 'learning difficulties' to 'learning disability and autism' in the main body text (quotes remain verbatim), a change of the term service user to 'people with learning disabilities who use the service'. Finally, suggestions were made to amend three sentences slightly, which did not impact the overall meaning of that sentence.

These changes were incorporated into the report before being finalised.