

Telephones, tablets and technology

Hearing from people using digital
ways of getting health care



Accessible formats

This report is also available in Welsh.

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About the Board and Community Health Councils

The Board of Community Health Councils (the Board) has produced this report on behalf of Community Health Councils (CHCs) in Wales.

CHCs are independent bodies that reflect the views and represent the interests of people living in Wales in their National Health Service (NHS). CHCs encourage and support people to have a voice in the design, planning and delivery of NHS services.

There are 7 CHCs in Wales. Each one is made up of local volunteer members who live in the communities they serve, supported by a small team of paid staff. Each CHC:



Carries out regular visits to health services to hear from people using the service (and the people providing care) to influence the changes that can make a big difference.



Reaches out more widely to people within local communities to provide information, and to gather views and experiences of NHS services.

CHCs use what they hear to check how services are performing overall and to make sure the NHS takes action to make things better where this is needed.



Gets involved with health service managers when they are thinking about making changes to the way services are delivered so that people and communities have their say from the start.



Provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.

The Board of CHCs (the Board) exists to support, assist, advise and manage the performance of CHCs. It represents the collective views of CHCs across Wales.

Since the coronavirus pandemic, CHCs have been hearing from people in different ways. Whilst we cannot meet people on a face to face basis because of the restrictions in place, we have found that many people have learned new ways of communicating and doing things differently using technology.

We also know that this doesn't mean everyone has been able to do this and so we know that there may be people finding it harder to be heard.

Background & introduction

In March 2020, life as we know it in Wales changed significantly. The coronavirus pandemic meant that lockdown restrictions limited what we could do. Since then many people have felt that their lives have been on hold.

People have had to work from home, stay away from others, wear masks, socially distance, and limit travel. Our lives have changed considerably and quickly. Although there is hope on the horizon that life will soon resume because of the coronavirus vaccine, this will not happen immediately.

We will continue to live with coronavirus for a long time yet, and we may return to a very different and new kind of normal.

Some of the unexpected changes we have experienced may well stay with us for the foreseeable future and some may stay with us for good. Life will not get back to the way it has been in the past.

As far as health care is concerned, there have been many changes because of the pandemic. Going to see your doctor or to the local hospital or even your pharmacist is now very different. We've heard from lots of people about how they they have had to learn to use health services differently during the pandemic.

Our report reflects the views and experiences we've heard from people living in Wales during the pandemic. It does not reflect everyone's experience. We know that people's individual views and experiences are all different. What suits some people does not suit everyone.

What we did

We know that because of the pandemic, CHC members and staff haven't been able to speak to people on a face to face basis as we usually would in NHS hospitals or clinics. Neither have we been able to mingle with people in communities and local events.

Despite this, CHCs have still been able to find out about many people's views and experiences in other ways:

- through enquiries coming into CHC offices
- stories being shared with the complaints advocacy service
- contacts with local community networks
- information coming in to us from community representatives and groups
- social media discussions
- monitoring of health board activities and performance.

People from across the whole of Wales have also been able to share their views and experiences of NHS care with us by completing our national survey (<https://boardchc.nhs.wales/site-assets/coronavirus-survey>).

Links to this survey have been shared on websites across Wales, with community groups, with key partners and NHS providers to try to make sure that we have been able to hear from as many people as possible.

When lockdown restrictions have eased, we have also offered more traditional ways of responding, using paper forms and reply paid envelopes. If you would like some of our paper survey forms for your community, please let us know.

People can also share their stories with us by telephone.

During the pandemic, CHCs across Wales have also undertaken local surveys on a range of topics such as dentistry and GP access, as well as carrying out virtual visits and attending on-line events.

This has helped us hear from people in busy cities such as Newport and Cardiff as well as rural areas in Powys and North Wales, so that no area of Wales has been left unrepresented.

We share what we hear with NHS bodies and the Welsh Government every week to make it clear what is working and what isn't working - so that further action can be taken where it is needed, as quickly as possible.

We have heard regularly throughout the pandemic from people who have been asked to use technology to access health care.

We know that technology can make life easier. During the pandemic, the NHS in Wales worked fast to introduce new ways of getting to see a healthcare professional using technology.

Some people want to continue using technology as part of their health care after the pandemic as they have found it has a number of benefits. But we also know that new ways of doing things, using technology, is not always suitable for everyone or on every occasion.

We know that during locked down times, some ways of communicating have not been readily available to everyone. This means there may still be more for us to hear about.



Who we heard from

Here is a snapshot of the people who are sharing their views and experiences of NHS care during the coronavirus pandemic through our national surveys.

We do not always have the same kind of information about the people CHCs are hearing from directly because people do not always tell us everything about themselves when they come to share their experiences and views with us.

During the pandemic, up until May 2021 we have heard from over 5,500 people through our local and national surveys.

- Over 95% shared their views and experiences in English
- Over three quarters were women, and over 95% were cisgender¹
- The youngest person we heard from was 12 and the oldest was 94
- Around 85% identified as heterosexual
- Just over 90% were White (Welsh, English, Scottish, Northern Irish, British)
- Almost 40% were carers
- Around a quarter had a disability or long term health condition

You can find out in our Equality Plan what we are doing to hear from different groups of people so that we can better represent the diversity of the communities we serve. You can find our Equality Plan on our website - www.boardchc.wales

¹ Cisgender is a term for people whose gender identity matches their sex assigned at birth



What we heard

In the early stages of the pandemic people quickly understood that they would need to stay away from NHS settings as much as possible. This meant that people could no longer go down to their GP surgery as they had been used to.

People who were expecting first appointments with a hospital consultant, were no longer being called into hospitals and people waiting for follow up appointments were sat, waiting at home, rather than turning up in outpatient clinics to be seen.

Even before the pandemic struck, we know that it had already been challenging for many people to make a GP appointment:

“It’s so hard to get to see a doctor at all, even before COVID-19.”

People didn’t stop needing NHS services because of the pandemic and so, new ways of delivering health care have been introduced or have become more common place.

Lots of people we’ve heard from have shared what they thought about their experience using GP services and not just about using technology. So we will be sharing what we’ve heard about GP services in a separate report.

This report includes what we’ve heard about using technology to access all kinds of NHS services, including GP services.

Telephone consultations

One way that health services responded to the pandemic was by speaking to patients over the telephone instead of seeing them in person. Instead of turning up for an appointment, people would wait at home or in their workplace so that GPs and hospital doctors would phone them instead.

This meant that healthcare staff could discuss people's health problems without people having to take the risks of coming into hospital or a GP surgery. It kept the footfall in hospitals and health care premises lower and meant that we could stay safe from infection.

More use of telephones has been seen by many people as an efficient and effective way of managing their health care. In particular, situations where a physical examination was not needed were felt to be far safer if the appointment is done by telephone.

People often told us that having a telephone appointment or some other new approach was convenient, quick, more efficient and safer. It avoided time off work, trying to park or catching a bus, or sitting in a waiting room:

"...you get a call back off a Dr the same day if you have any problems and they talk it over with you"

"Telephone consultation was very good and had medication review at the same time would have needed two appointments before"

"On two separate occasions, I have had infected insect bites, something I have experienced in previous years. A phone call to the surgery, pictures sent by Whatsapp of the bites, phone call by a GP within 30 minutes in one occasion and 90 minutes in the second occasion. Antibiotics prescribed by phone and prescription ready to pick up immediately. Excellent service."

“I found the telephone appointment with my GP to be very good.”

“The Abercynon Health Centre have been amazing since the lockdown started. I am currently on long-term sickness leave and was originally very worried about seeing my GP for an update and to renew my sickness notes.

The GPs at my surgery have been very accommodating and I have received a telephone consultation, which worked really well. I often feel guilty taking up follow up appointments in order to renew my note, when my condition has not changed. These appointments could have been used for somebody with a new or serious condition.

I have also been issued my notes without any problems. I hope that the surgery will use telephone and online consultations in the future, it allows the GPs to work at their own pace and I prefer being dealt with at home, rather than sitting in a germ filled waiting room (especially in flu season).”

Most of us can access a telephone although this is not always a suitable way for everyone. Some people don't like using the telephone to communicate about certain matters.

Deaf people cannot always use a telephone successfully and people with hearing loss may find it a struggle to hear what is being said on the telephone if they cannot see someone's face at the same time.

People with limited hand movements may find it more challenging using a telephone. Trying to listen to what they are being told and to write it down at the same time can be particularly difficult, especially if they do not have phones with loudspeaker options.

People who speak languages other than English or Welsh may also find telephone discussions more difficult. It may not always be clear whether or not they have understood some parts of the conversation.

Other people may find the use of telephones challenging for other reasons:

"...little to no contact from my CPN², I went from having bi-weekly visits to none. My CPN has said that I should call her if I was in crisis but as I suffer from severe social anxiety and depression I find this very difficult"



² Community Psychiatric Nurses (CPN) work outside hospitals and visit people in their own homes, out-patient departments or GP services. They help talk through problems and give practical advice and support. You can find out more through this link [Mental health services and teams in the community | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/mentalhealthservicesandteamsinthecommunity)

We heard that people often knew that they did not really need an appointment to be seen in person. However, before the pandemic, that had sometimes been the only option available even if it meant using up an appointment slot that someone else needed.

People often recognised that this was not the best way of using the NHS. Many people told us they want to see telephone consultations being used after the pandemic.

“The telephone system for patients should continue and only see if necessary.”

“My GP telephoned me to find out more and agreed to prescribe anti-depressants. Being prescribed by telephone was convenient for me and I would like to use this again depending on the reasons I want to see a doctor...”

“I have received wonderful telephone consultations.... Communication between primary and secondary care via email and phone has been brilliant. As they don't see you physically, I think they actually listen to what you are saying.”

For some people, even where they were unable to receive the care or treatment that they wanted, using the telephone for an update during the pandemic made sure that they did not feel forgotten. Telephone contact or written updates giving people a telephone number to call has been reassuring for some people because they knew where they stood:

“I received a letter from the Physiotherapy Outpatient Department in Neath Port Talbot Hospital telling me about the impact of the situation on my referral. The letter says they are contacting all physiotherapy patients, and it includes a telephone number for urgent advice about muscle and joint problems. I have found this to be very helpful as I am now clear what is happening”

“My husband enjoys talking, so when all contact was moved to telephone contact during the lock-down, that was fine and my husband was happy talking through his problems.”



“I had to contact my GP about pain management. Instead of waiting 3 weeks for an appointment I got a call back an hour later and everything was sorted. This is a great system and I hope there's some way of holding on to it when the pandemic is over.”

For some people, telephone consultations were already part of their care before the pandemic. This meant that some services were already able to do telephone consultations well, as it had been part of their usual way of working.

Others were not used to this way of working and were not so good at providing a service in this way:

“our local GP pharmacy interaction poor poor levels of communication ... complete contrast to yearly CPAP machine service conducted over the phone through pre-arranged phone call”

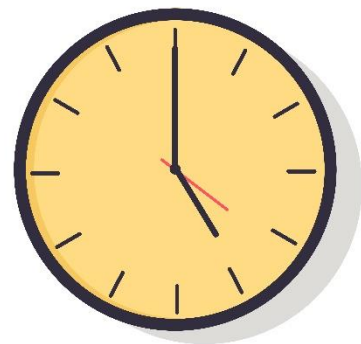
Where people were offered telephone appointments or consultations, we often heard that they could be a bit more organised:



“Can phone consultations specify a time?”

“... no specific time is given - sometimes the 'morning' or 'afternoon' is named, but not always. That means you have to wait by the phone until the doctor makes contact... Offer a specific time that the doctor will call, or say something like - 'the doctor will call you between 10 and 11'. Any such information would be beneficial.”

“Whilst maintaining the phone service, I suggest that surgeries at least give an A.M or PM appt time, as an indicator”



Timing is an important issue for many people. People want to be able to have their appointment in private rather than waiting for a phone call and having the phone ring at a really inconvenient time.

We heard that for some people, being able to make contact by telephone was more reassuring than receiving a letter. They worried that if they were going to have some bad news about their health, they could be left unsupported if there was no telephone contact available for them:

“I have had efficient service from GP when I attended with concerning symptoms. I was referred to hospital, had telephone consultation, and advised I needed a scan. All of this done quickly and efficiently and I did not mind telephone consultation. Since my scan 10 days ago I am waiting results. Scan department advised it would take two weeks.

After one week as I was scared and anxious to know I called consultant secretary. I was told I will find out at approximately 2 weeks by letter!! I explained my scan was to check for cancer- I have symptoms and a family history that makes it a possible diagnosis. I was told that a letter will come to me and my GP advising of results.

I don't know if this is the normal process for feeding back results or due to Covid but it shows no compassion. Every day I come home from work I dread there being a letter in case it's bad news but also wanting the letter in case it's good news. If it is bad news how will it be worded? Will it tell me what's happening next?

I always get home after 5pm so it will be too late to talk to anyone, clarify anything, be reassured. If you usually give scan results for suspected cancer by letter it needs to be reviewed. If it is only done this way due to Covid I think at very least a follow up telephone consultation is how results should be shared”

On the other hand, some people felt that telephone consultations didn't work for them. In particular, if they did not feel that they had been listened to properly during the telephone appointment, or if they had not been given any kind of alternative option or way of being seen:

"I have had a couple of instances when I have required non-Covid related health issues. On each occasion, I have only been offered telephone consultations and have been told that there are no face-to-face consultations."

"I called my gp practice on Monday and was told they would ask a nurse to call me on Tues or Wed. I phoned today (Friday) as I had not heard anything and was told someone had phoned. They hadn't called my number and had obviously only phoned once.

A gp called back today and I felt like he didn't listen to my symptoms and wouldn't let me explain what was wrong. I think I have red flag symptoms and he just didn't let me explain.

It took over half an hour to get through to anyone, which has used most of my call allowance for the month."

We heard from lots of people that although a telephone consultation would be suitable for some things, it might not work in all kinds of health situations.

Sometimes, especially when dealing with sensitive issues, face to face contact was seen as really important, even if it was virtual:

"...Speaking as someone with a background in mental health, e-consultations and phone consultations will not pick up the same cues as a face-to-face consultation would. I'm sure this is the case in other areas as well.,.,,"

"Face to face with a doctor is still the best way to tell the gp what is wrong with oneself. They can listen to the tone of your voice to hear if you are poorly or look at you at work out your ailments see your eyes, tone of your skin etc."



"On the phone, you miss a lot when you can't see someone's face, especially when you are struggling. It would be a fantastic idea to have Zoom contact."

For deaf people or those with hearing loss, telephone appointments could be a source of great frustration, even when any appointments were arranged in advance:

“I had an appointment arranged for assessment as arranged by cochlear implantation team at UHW Cardiff, this appointment was a day before an appointment with UHW for cochlear implantation testing and subsequent consultant review the following month.

The morning of my due appointment at audiology Neath Port Talbot hospital I was left a voice message on my mobile telephone cancelling my 3.30pm appointment. Bear in mind I am profoundly deaf I cannot hear the telephone also the department would have been aware the appointment was imperative for my C.I. review the next day and follow up...

My husband had to telephone on my behalf explaining to a hearing aid clinic department I cannot hear the phone...!!...after a couple of telephone calls and explaining about CI appointment I was told to attend at arranged time.

No other patients in the department at all and 3 members of staff all capable of dealing with my assessment...which didn't take longer than 5 minutes.....text or email and not leaving voice messages on mobile phones...for a department dealing with hearing impaired patients it's hard to understand they think it's acceptable!”

On the other hand, we also heard about excellent care over the telephone from the same departments:

“all my dealings with the C.I. TEAM have been efficient great communication via email or text messaging unlike other NHS services who despite knowing I am profoundly deaf insist on telephone communication.

All of my outpatient appointments have gone ahead including various tests. Temperature taken on arrival at clinic and staff are rigorous about ensuring I can understand the consultation... Better communication by text or email as they organise in above clinic”

In some cases, we heard that telephone consultations simply weren't readily available or if they were, people felt that they weren't the best approach:

“They suggested I exercise over the phone, which has been unhelpful, as I don't know how my leg should feel and how much I should push it without causing more damage... ”

“I'm pretty sure I could have had physio via video call or even regular conversation”

“My 15-year-old son has pulmonary stenosis. This year his cardiology check-up was undertaken by phone instead of in person at the POW hospital. We received no follow up letter despite expressing concern that a telephone call may not be adequate when he would normally receive an ECG and echo scan.

We have contacted the patient representative at the POW and have been told that this consultant is not undertaking face-to-face appointments... Carry on with face-to-face appts. Reallocate consultants where this isn't possible.”

“Telephone consultation for guessing diagnosis is ridiculous”



“My wife and I have tried to contact a Dr three times in recent months. They now not accept online contact whereby we have to fill in a lengthy form saying what we think is wrong and suggesting treatment! In effect diagnosing ourselves. We then have to wait for a next day phone-call response.

I missed the call and they never called back, so I had no medical opinion or support with my issue. My wife was called back while she was driving so couldn't answer, when she rang back she was on hold for fifteen minutes before being cut off. She now has to go through the whole process again.

Her issue is potentially serious, this lack of communication is very stressful for her and potentially putting her health at risk. I think many vulnerable people will not be able to access the surgery through this method and will have no medical support as a result.... appointment and drop in service as before. But with a limited drop in for genuine emergencies only.

A telephone drop in service could be established instead of a physical one. Video consultations should be introduced too. The elderly and vulnerable should be able to access the surgery as they always have.”



Email and websites

CHCs across Wales have heard in the past how people have been frustrated that some GP surgeries did not routinely use more modern or varied methods of communication. They felt that sometimes health services were behind the times compared to many other areas of day to day life.

Whilst you can order meals or gifts on line, arrange bank transfers and book holidays etc., it hasn't always been easy to do something like booking an appointment or getting a prescription.

The pandemic highlighted the issues more clearly because people have had to do so much more online during lockdown.

"Better use of email to ask doctors questions directly rather than having to wait for a return phone call."

"They also cannot reply to emails which is a waste of technology at a time when communication is so important."

"...Often departments set up a patient information website, but unfortunate and neglectfully do not keep it up-to-date."

"I would prefer to receive e-mail communications rather than letter"



“An email would have been helpful, something to show that you still know I am here....waiting”

“...begin using video calls. Use email and text messages to communicate with patients.”

“Just a general comment on the lack of information coming from the local GP surgery into the community during the corona virus crisis. We have an excellent community email newsletter keeping us up to date with local news and developments but the one thing that seems to be missing is anything at all from the local surgery.

I realise they must be really busy, but I would have thought an occasional news item to keep local people informed would be time well spent.... Many people are fearful of contacting health services, or don't want to bother them, and a direct comment from the local GP surgery would go a long way to ease those fears.”

My personal experience of a couple of telephone calls with healthcare professionals has been good. However, I am very concerned that the surgery has not publicised any information about how it is working now. This despite being asked on many occasions by a widely read community prepared online newsletter (which the town has found invaluable during the lockdown).

Requests have consistently been ignored and even one from the Town Council Clerk was similarly ignored, not even an acknowledgement was given, much to the Clerk's dismay. This is very poor practice, and is a cause of concern for many residents.

It has damaged our confidence in our health centre... More widely communicated changes to working practices, opening times, services offered, 'what to do if' suggestions."

We heard that emails are often more efficient ways of working and are also more cost effective. People feel that this can make better use of their time and that of health care staff:

“Why can't I send an email explaining what is wrong and then the most appropriate person could call patients back.”

“More virtual clinics where possible, online ordering with all GP's / pharmacies for repeat meds”

Many people told us that being able to send photos was helpful as it meant that people could show someone what their concern was and get rapid care, where it was needed:

“I sent a photo of a worrying mole to my GP. The GP viewed it, called me for a consult and referred me to dermatology. The dermatology department called just 4 days later with an appointment the next day.

I was viewed and confirmed the suspicious mole plus 2 or 3 more need to be removed and tested. I was booked in for minor surgery for 3 weeks after dermatology appointment, 5 weeks after me sending my GP the picture. Super quick service at a worrying time.

Excellent service at the hospital, masks, hand gel and temperature checks throughout. Happy friendly staff to put you at ease in scary moments”

We heard about the importance of NHS websites in providing clear, up to date and reliable information about healthcare.

Sometimes this worked really well but often these were not as up to date as they could have been. This was a frustration for people who regularly use websites/the internet as the first point of call to find out information for themselves.

Having information at their fingertips was something that many people wanted. Being able to access information helped them stop worrying and get some things sorted without waiting to be seen by someone:

“I think the care received from midwives has been fantastic. However, the lack of support & information when antenatal classes were cancelled has been poor. Many first time parents like myself have no basic information at hand & won’t be able to have family to help... Maybe just update the website with more information”

“I went on my GPs website to find out more. I was surprised to see it had changed such a lot since the last time I was on there. The information is up to date, it is easy to find things and I was able to find out about the staff, getting an appointment, finding out about getting a repeat prescription, using Ask My GP and getting more information on coronavirus in my area. It is great.”

“I applied for 3 covid testing kits through the government website,”

People are also frustrated when technology, intended to make life easier, just causes more complications. We heard of situations where people had to try to do things in several different ways:

“Turned up at surgery with prescription and was told they "don't accept paper" and that I was to phone up and register with MHO (My Health Online) to order prescriptions via the internet. The process was difficult as I am not good with computers.

I tried to phone the surgery for advice several times but could not get through, being met with an automated voice message, which advised 'emailing' enquiries to the surgery.

I sent an email and received an auto-response stating that I was to expect a call back within 24 hours. This did not happen. Having waited the 24 hours I rang again and spoke to somebody who apologised and talked me through filling in the MHO form so that I could order the prescription.

From start to finish, the whole process of ordering the prescription took a week. I then had to wait a further week for the prescription to be delivered.”

We saw that people often needed some kind of help when doing things online for the first time such as ordering prescriptions. This help has not always been readily available. This has created some worries for people who feel left out and left behind.

Video consultations & video conferencing

Throughout the pandemic many people have stayed in touch with friends and family using various types of video technology. For some people, learning to do this out of necessity has brought many benefits.

The use of video consultations as a way of having medical appointments, therapies and care has grown significantly during the pandemic. Whilst this is something that had been in development before the pandemic, eg., because it could avoid long journeys for very brief appointments, it was not widely available.

Although video consultations were not something people were used to, or for some welcomed (at least at the start), having tried it many people liked this approach and feel it could work well for them in the future.

Sometimes it was identified that a bit more thought is needed first:

“Been suffering severe eczema but didn't want to trouble GP. Ended up ringing twice in a month and had video calls both times...”

“...A telephone drop in service could be established instead of a physical one. Video consultations should be introduced too. The elderly and vulnerable should be able to access the surgery as they always have.”

“I had my diabetic review from home using video call this is all very new to me and I felt very uncomfortable about it before hand. After I was talked through everything and had the call I was left surprised on how well it worked...

Perhaps they could take a bit more time to talk you through what would happen with the remote review as it made me quite anxious, as I didn't know what to expect. Young person called who wasn't very helpful and just said the review will happen over the phone with video call or not at all”

“Video conferencing – need to make more use of this, a lot of service users prefer face-to-face conversations. Some people find telephone calls quite stressful, especially when dealing with anxiety”



“More consideration for Zoom or Skype appointments with patients”

“The care during the pandemic has been amazing. The team have kept in regular contact via email / text messages / phone calls with any updates & have been offering Zoom meeting & virtual clinic appointments, which have worked really well.

They have even set up a virtual leisure centre, which I’ve found so helpful during lockdown & shielding in order to maintain my lung health... More virtual clinics where possible, online ordering with all GP's / pharmacies for repeat meds”

Other people that we heard from felt that more of these opportunities could have been made available. This could have helped to overcome some of the gaps that people had experienced in their care during a time when health services were under pressure.



“The post-natal care and baby checks have been minimal following having my baby such as with health visitor appointments.

As a first time mum, I think it is important to have the regular normal contact from midwives and health visitors following birth.

We were discharged without the hearing check and this was not done until my baby was 6 weeks old following some conflicting communication by letter and telephone.

The care when we have received it has been brilliant however... Maintain regular contact via Skype or telephone or on person with social distancing measures followed and PPE.

If this is a long-term situation there needs to be a longer-term plan for maternity care. I fear that things will get missed if contact is not maintained.”

We also heard people tell us that using this kind of technology could help make better use of limited NHS resources:

“Almost everyone has a smart phone and this pandemic has made the NHS equip itself for zoom conferences and this could be used to actually speak face to face with patients before they become so ill that 999 intervention is required and they end up in an A&E and possibly exposed to a harmful virus”

Patients themselves also commented on the benefits of new technology when they were in hospital, particularly when patients were unable to have visitors during the pandemic:

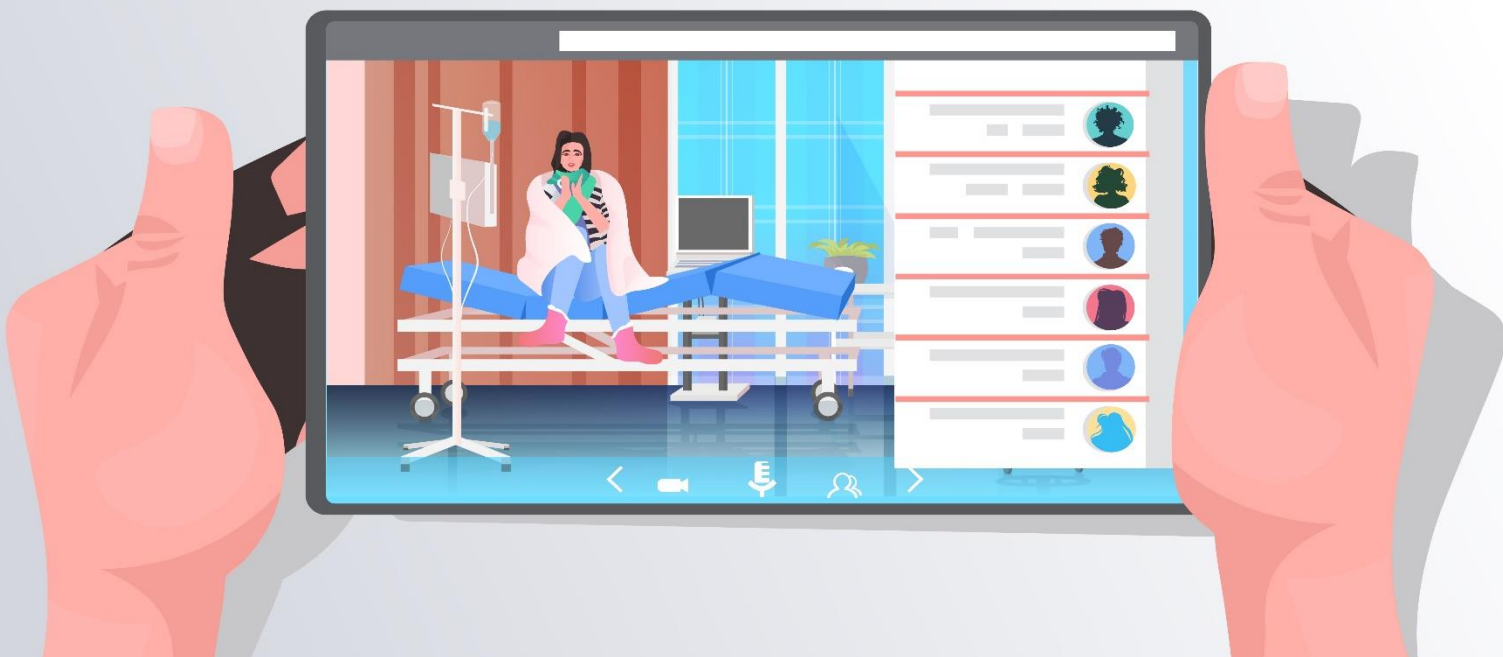
“I got set up on watts app to face time my husband, I was on the Gynaecology ward, the staff were fabulous, they was a senior lady in the next bed who hadn't spoken to her family, they had a young liaison lady come round and set up her tablet so the lady could speak face to face with her family, it made her day, it's a brilliant idea.”

“More liaison people to help connect people in hospital to their families, fantastic idea, many people are not savvy on phones and tablets so someone setting up face time for them and letting the family know when they will FaceTime is fab the liaison lady who set one up for ...who was in the next bed to me made the call set it up, told the family on the phone when she would set up the FaceTime and time, which on the time set it up she then she handed it over to ...her face lit up when she saw her daughters face. She managed to speak to all the family.”

However families were not always enabled to stay in touch easily during the pandemic despite having the technology available. This showed that the NHS was not yet able to support this way of communicating in all venues. More needs to be done to make this available to everyone.

"...Yet, despite us trying to use varying means of contacting him; phone, recorded video message, we are not receiving the support we need to pursue this. We feel totally reliant on staff to cooperate to help..."

".... During Covid, communication with the families of those who are either inpatients or have been admitted is key. Dedicated phone handlers would be helpful instead of incessant ringing and then hanging up because you don't want to appear insistent but especially within an A&E context where emotions and concern is running high...!"



Social media, communities and health care

As people have been compelled to stay at home and have become more isolated, they have often increased their use of social media. This has also meant that people have linked in more with communities who have an on-line presence and with health care providers via Facebook, Twitter and Instagram:

“My G.P surgery has been amazing; they set up a Facebook group to keep people informed on Covid19 and their new ways to help patients...”

“My GP surgery put regular updates on Facebook, which were really helpful... It felt good to know what was going on, even when I didn't need to use the surgery, their efforts gave me peace of mind, and prevented me getting in touch with them unnecessarily”

“I knew what I needed to do having read advice on health boards Facebook page.”

People recognise that online and virtual methods are not for everyone or that not everyone is able to access the same information:

“Keep the public informed. A special circumstances letter to all patients under care, those not computer/social media literate do not fall by the wayside...”

“I am part of a Facebook group for all Wales antenatal care and although I cannot fault the care I’m receiving from Swansea Bay, it seems that other mums to be are not receiving the information they need and there's a lot of confusion over when they'll be seen. I think there should be clear antenatal guidance from all health boards.”



There is also recognition that where new ways of using technology are being introduced, then these need to give consistent messaging across the whole system. If there isn't a joined up system, then different places can be giving different messages. This is not helpful:

“I think one of the things which causes so much frustration in our area is the disconnect between the team running the health board's social media and the actual services available.

This has been seen previously with the message that we should still contact GPs during lockdown about health problems when GPs actually haven't been able to provide services, but has also been seen a lot with the flu jab programme this year, too.

Since at least September, the ... Health Board has been pushing and pushing on Facebook for all eligible people to get flu jabs. It was only mid-October when Newport GPs began to book appointments for under-65s, and today ... was the first clinic available for my GP surgery.

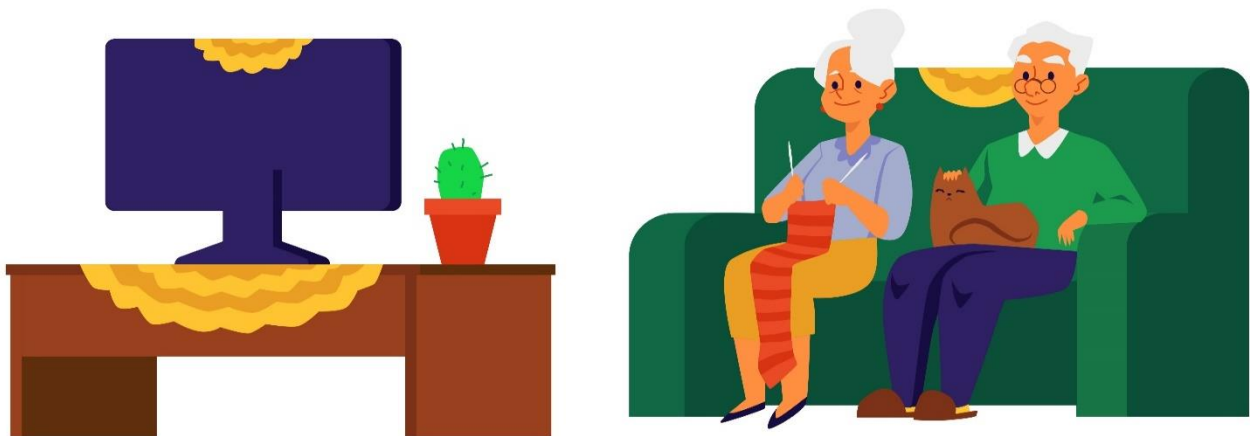
It's frustrating to see the message repeated on FB week after week after week to get my flu jab when it's been impossible to do so and I've often read the comments on those posts and seen a lot of anger and frustration directed at the social media posters.

There needs to be better communication between those delivering public health messages and those providing the services. And if the messages are correct and services aren't being provided correctly, the comments should be being listened to and the issues rectified. Otherwise, the messages will at some point begin to be ignored.”

We also know that some people and communities are more isolated than others in terms of technology. Not everyone can access a device that they can use regularly. Others may not know how to use one or where they can go to have beginner lessons.

Not everyone has access to Wi-fi, internet or email and even though they may understand that these things may make life easier for them, it may not be easy to achieve.

This means that there is a risk of some people becoming digitally disabled because they don't have the means or ability to get involved in this way.



E-consult/Ask my GP

Many people told us they liked using some of the new developments like e-Consult³ and Ask my GP⁴. These services mean people can ask for help and advice from their local GP using the internet.

People complete an online form and the GP practice gets back in touch to find out more and to decide on the right care and treatment needed.

³ eConsult - find out more <https://econsult.net/nhs-patients>

⁴ askmyGP - find out more <https://askmygp.uk/how-it-works/>

"I used e-consult for the first time last week. I answered all the questions and at the end, it told me to contact my practice, which I did. The receptionist told me that GP would ring be back, which he did within half an hour. I then had a video consultation with the GP, which was very easy. The whole process was very quick and I was very happy with the outcome. I think the use of e-consult and video consulting should continue"

"Used ask my GP to contact the surgery. GP got back by telephone within 2 hrs, discussed issue and set plan for pathway of care in motion. It will take longer than usual, but that is to be expected... Continue to use ask my GP at all surgeries when we go to the new normal"

"AskmyGp has worked really well for me. I work half an hour from home 9-5 and it is great to be able to email in, be emailed or phoned back and my other half then collects blood form or prescription for me and I don't have to miss work so don't lose pay..."

“Ask my gp messaging service - I think it’s a great way to access the care you need. I genuinely don’t think I would’ve been able to contact my doctors about the issues I’ve had, due to my anxiety around going to the doctors, but having this messaging service has helped greatly. I think it should continue once this is all over, for people like me that find it hard going to the doctors”

E-consult was a new experience for people. Not everyone had complete confidence that it was suitable for their particular needs.

“I badly burnt myself and wanted some advice on how to treat it. I did an online consultation via my practices website. Once completed it said I should have a response by end of close the following day. As the burn was so bad I couldn’t wait that long so I phoned them and they said to try a pharmacy to look at it.

I did & they said I would need to see a doctor. I phoned surgery back & they arranged for GP to phone me. Later that day that did & as he saw a picture that I took & attached in the online consultation, he said I would need to go to visit A&E. I did this and I’m now being treated every couple of days...

I actually think the online consultation is a good idea for the ones who are able to use it but it should be regularly checked and passed on to a GP to deal with when it could be an emergency and the patient needs a prompt diagnosis or treatment.”

Many others told us some of these new ways of working were better because they allowed them to have appropriate conversations about their health problems in ways that they preferred.

“I have used the online *Ask your GP* service several times in the past 6 months. I have found it much more convenient and better for my privacy. I often missed callbacks from the doctor or was forced to have private conversations somewhere in my place of work”

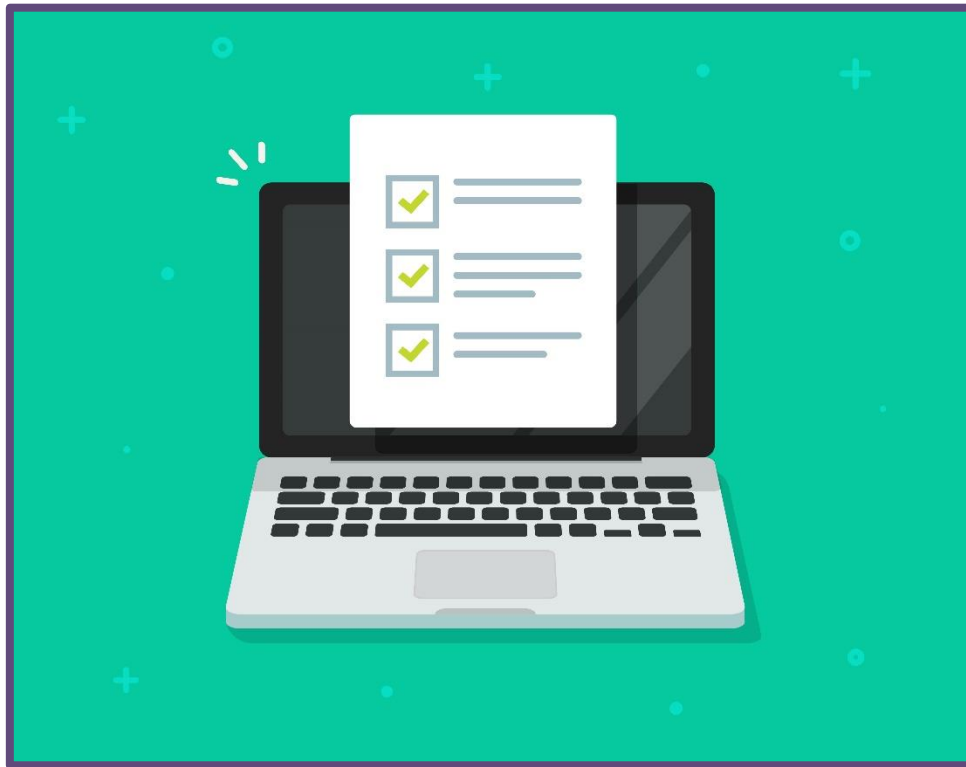
“....The online process was straightforward, fast and secure.”

For some people, the online systems didn't meet all their needs.

“Unfortunately, the online system was all in English and there was no option to communicate my problem in Welsh.”

“It is stressful for the older generation & it assumes everyone can read & write.”

“...I felt some of my queries could have been addressed if the receptionist had just sought advice e.g. necessity for a blood test. Instead, I was told to fill in an e-consultation form...”



“Sometimes you just [want] to explain to someone what's wrong, not wonder if everyone in the practice is going to see what you've written”

“People assume that everyone has basic reading & numeracy skills and that is not the case. Not everyone will be forthcoming with letting others know this either.”

“It should be optional, I think most people would use [it] but that percentage that can't wouldn't have to disclose the reasons should they not wish too. That goes for anyone not being able access the service or anyone that feels it is not private enough for their needs.”

People worrying about others

We often heard from people who were concerned about their elderly relatives or people they knew who didn't traditionally use technology. Some were worried that people might be left behind and whose health or care might suffer because they would struggle with technology.

They told us that sometimes telephone conversations could be a problem, especially if this involved speaking to many different people about the same thing. We heard that booking on line was really worrying for people with limited IT skills:

"I have elderly parents with multi health conditions. This time has been particularly frustrating for them, as they have struggled to get GP Appointments. They are not good at conversations on the phone due to memory and hearing difficulties and conveying information to clerk then practice nurse then GP has been difficult for them..."

Going through multiple people means they do not get the answers to their questions...Multiple calls to sort it out and worry for them that they won't have the correct medications delivered. Signposted to on line information when they are not IT literate and don't have a computer or on line access.

GP surgery should know patients who need to go straight to GP for consultation based on existing health conditions..."

“Maybe look into online access for everyone?”

“You do need to have access to a computer and be reasonably confident online which probably puts many patients at a disadvantage...”

“...not everyone has a mobile phone for the app... concerning for those of us without a mobile phone or the app.”

“Obtain the required technology to do this by whatever means, video, calls, but also by simply relaying messages. Do not underestimate the impact of doing this (and not doing this) on both the patient and the family. Make time for it,”

“...I think more needs to be done in person (all be there risks) with the elderly or non- digitally literate”

“In August, my Gran complained of a left swollen calf. We made an appointment with the GP who requested a photograph to be emailed. My Gran was unable to do this and unable to email therefore family members had to do this on her behalf... I do think that more patients can have telephone consultations but a photograph isn't always an appropriate way to assess somebody.”

“My dad is elderly and has been told by a friend that at his age he is eligible for aortic aneurism screening and a shingles jab and that he needs to contact the surgery to arrange for this to happen.

He can't hear properly on the phone and struggles but won't admit it and he doesn't want anyone else to do this for him - at his age he is trying to hold on to as much independence as he can and he feels feeble if people have to do this for him all the time and it makes him cross that he cannot sort things out for himself. He does not do internet at all.

The phone is a problem because of his hearing. He cannot go and stand for ages in the rain or cold to go to see the receptionist, (even if they let him in the surgery) but this is how he wants to do it, so he can see her face to face to find out how he organizes these things.

So he isn't getting these things done because it is too hard. He really resents so much being on-line because he feels he is being forced into it. He is technologically disabled and no one seems to recognise the impact of this on his self-worth and independence... Find ways for our older people to be able to talk to real people.”

“My Surgery doesn't use this yet (Ask My GP)... but I think they will soon do so. My parents GP uses it, and it causes a huge amount of anxiety and stress every time my parents (both in mid 60s) have to use it.

I think it's awful that surgeries insist on this, even though our older generation can't use the internet as easy as the rest of us.”

Communication in general...

Whatever hi tech or traditional means are being used to deliver healthcare, communication has and always will be at the heart of good quality health care. It is a real cause of concern when it is lacking:

"We have stopped receiving text reminders for appointments and we are not getting phone calls either so we are reliant on the post arriving timely to ensure we don't miss appointment. We nearly missed one appointment as we only received a letter on the morning of the appointment."

"...I fear that things will get missed if contact is not maintained."

"...many first time parents like myself have no basic information at hand & won't be able to have family to help."

“At the end of March, just after lockdown was announced, I found a suspicious mole on my arm that had changed quickly and dramatically.

We couldn't get through to the GP on the phone and by this point, they had locked the doors of the surgery for anyone except emergency appointments.

Eventually my partner had a routine nurse appointment, which she was allowed to attend and broke down in tears trying to get someone to give me even a phone consultation.

Finally, a doctor called, asked some questions, told me to take photographs of the mole and email her. We sent photographs.

I had a reply saying the email had been received and someone would get back to me.... This was in March... it's now August. Was my mole nothing to worry about or is it something sinister and now it's too late?”

If you do have to attend in person...

Finally, whilst there is a drive to increase the types of communication and ways of having appointments which may involve technology, there will always be times when people need to be seen in a doctor's surgery, a dental clinic or hospital setting.

At these times, we heard how the NHS has helped people feel safe:

"...If you have to visit the surgery, they take your temperature on arrival and have adjusted the waiting area in line with guidelines"

"...A visit to hospital was also very good. I felt very safe and cared for"

"...Excellent service at the hospital, masks, hand gel and temperature checks throughout..."

"When I've had to visit the clinic for blood tests, the staff have been really reassuring, wearing full PPE with robust procedures in place.

I have been able to maintain access to all my medication that comes from the hospital & the Nurses were even bringing this to my car to prevent me having to enter the hospital.

The hospital has dedicated 2 parking spaces to CF patients, which are by an entrance that's very near to the clinic, when I've needed to visit. Couldn't have asked for better care during a challenging time!"



Learning from what we've heard

People's experiences of getting NHS care using digital technology during the pandemic vary.

For many of us, using digital technology to get their NHS care has made things much easier. It means we can get the care we need, when we need it, and in a way that suits us.

But for others, it has meant another hurdle to overcome.

The pandemic has changed us all and changed the world we live in. Over time, some things may go back to the ways we were used to and were comfortable with, but not everything will.

We know that the NHS was not consistently using a wide range of different communication systems before the pandemic. Putting these in place, very quickly, during a pandemic has been a challenge and there have been some significant issues to overcome.

Despite this, new ways of working have in many instances been well received. Whilst further work and development needs to take place to make this effective for more people, any future expansion in these systems needs to be built on what people have to say about their experiences so far.

Not all change is an improvement for everyone. Health and care services need to make sure that change is not forced upon people so that they become alienated from the care they need when they are

feeling vulnerable. New ways of delivering health care need to embrace everyone rather than leave anyone out.

On the other hand, all improvements require some change.

Changes in the way we do things are often unsettling. But it isn't just people using health care services that have needed to change.

Access to devices, technology and wifi needs to increase. Support and help to use technology needs to be readily available in a user friendly way. Health care staff need to re-consider how they work and sometimes modify their ways of communicating so that it suits the new ways that emerge of organising and delivering care.

For many people being able to get health care advice in different ways has made it easier and more convenient. People have told us that they want these new styles of working to continue as the world slowly returns to normal.

They have told us that more traditional ways such as booking an appointment, taking time off work, travelling and waiting for an appointment that often may be running late, is not something that they want to go back to.

Other people have said that they need help to learn about getting healthcare using devices and screens instead of seeing someone on a face to face basis. They understand that there are disadvantages to some traditional ways of having health care.

But many people aren't convinced that the new ways of working will be suitable for them. This may be because they do not have the devices or internet connections that are needed or because they don't know how to interact on screens or use the various apps and systems that they keep hearing about.

Some people have told us that the existing traditional ways of working suit them well already. They want to carry on having appointments in the ways that they are used to and don't want to

feel forced to change. They feel worried that they may be left behind, unable to get the care they need if technology becomes the only way of doing things.

Overall, people tell us that a range of new ways are needed along with some of the traditional ways of working. They want to know that when they need to, they will still be able to sit down with a real person in a room rather than using a phone, screen or camera.

People want to have choices about how they get the care they need. People will have different needs and sometimes their needs will vary, depending on the kind of health care problem that they have. They want to know the NHS in Wales will meet their individual needs and circumstances and will not become a “one size fits all” service.



Summing up

In March 2021 the Welsh Government launched a new Digital Strategy for Wales. In launching that strategy, it said

“digital change isn’t just about technology, it’s about a change of culture. It’s about being open..... Instead of designing services from the viewpoint of what organisations think a citizen needs, a digital approach involves designing services that meet the needs of the end user”.

We agree.

Lots of people in Wales have taken the time to share their views and experiences about using digital technology to get NHS care and treatment during the coronavirus pandemic.

Health services **MUST** engage with people and communities when it is thinking about introducing new ways for people to access their healthcare using technology.

Their views and experiences **MUST** be heard and acted upon by the NHS in Wales as it shapes the way services are designed and delivered now and in the future.

The Welsh Government needs to make sure that people aren’t left behind and unable to access NHS services delivered in new ways because of a lack of broadband connection or support to build confidence in using digital technology.

Technology should be an effective tool that enables the people who provide care in the NHS to do it in a way that meets everyone's needs, wherever they live in Wales and whatever their personal circumstances.

Learning from what people have said, staff providing NHS care need to think about the following key areas when using technology for healthcare appointments:

- ✚ Does the person know the current options available to them for their consultation, including telephone and video consultations?
- ✚ Do you know the person's communication and language needs? Will a telephone or video consultation meet these needs, or do you need to make any other arrangements?
- ✚ Thinking about the things that may be discussed during the consultation, can this can be done effectively and appropriately by telephone or video consultation? Is the person confident of this?
- ✚ Communication involves talking and listening. Can you hear and can you be heard or can you see and be seen?
- ✚ Does the person need help and support to access care virtually? Have a wide range of sources of support been identified? Has the person been able to get the help they need?
- ✚ Might the person need to be supported after the consultation? How will this be managed?
- ✚ How will you reassure the person about confidentiality?
- ✚ Can you provide a reasonable time slot for the consultation to avoid the person waiting around? If this isn't possible, explain why.

Thanks

We thank everyone who took the time to share their views and experiences with us about their healthcare services and to share their ideas.

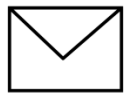
We thank the healthcare staff who are working so hard to care for people and their loved ones during the pandemic.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

Contact us



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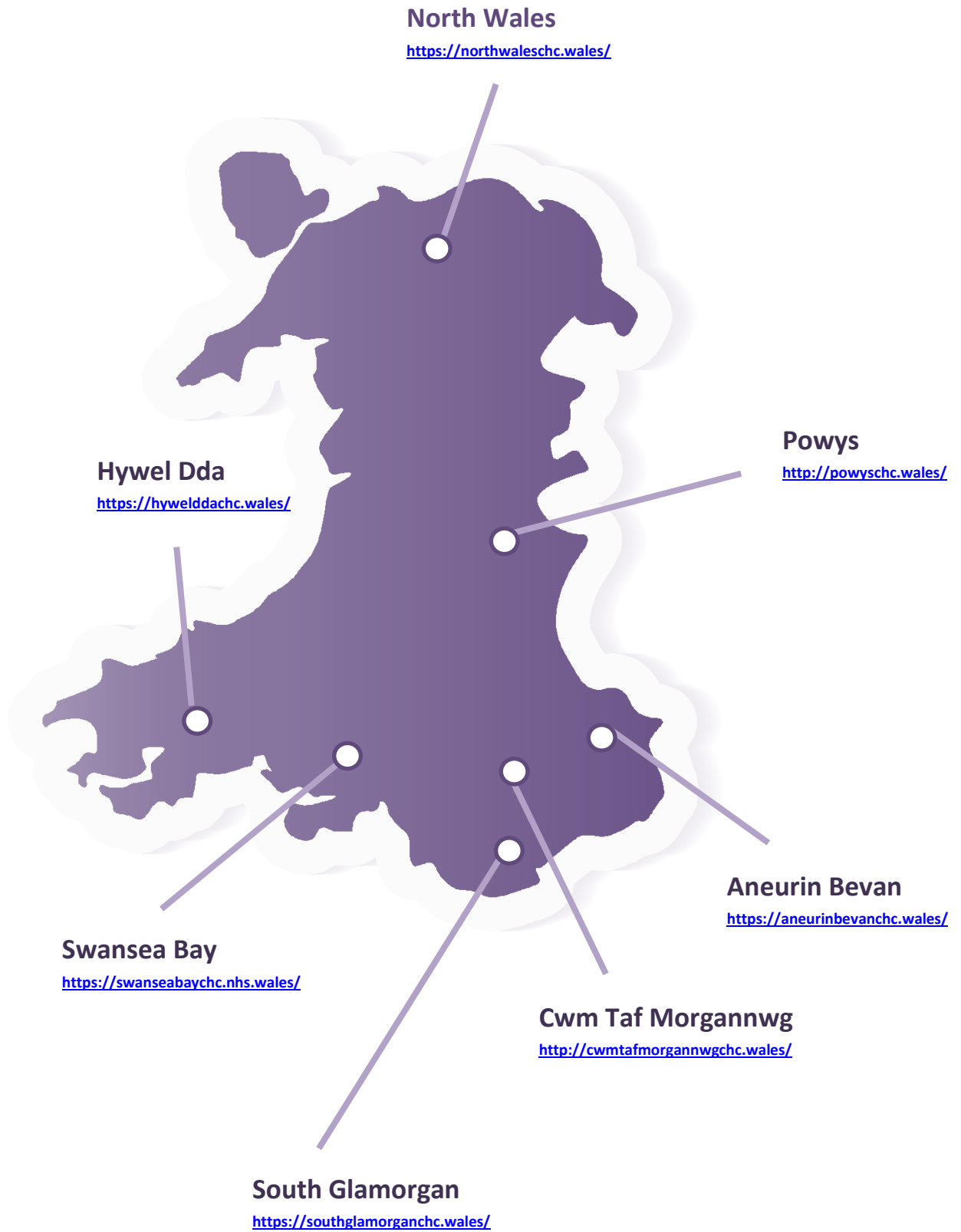


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