



EMBARGOED - The Doctor Will Zoom You Now: getting the most out of the virtual health and care experience.



Insight report

Key findings from research June-July 2020

healthwatch

 National
Voices

TRAVERSE


Supported by **PPL**





- Executive Summary and Top Tips
- 1. Why we did it
- 2. What we did
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Executive Summary and Top Tips



your

43 (86%)



Journal/diary

Jun 22 - Jul 1

23 43

Activity Sequence

View R



Activity 2: 'Preparing for your appointment'

Jun 24 - Jul 1



Activity 4: 'After your appointment'



Activity 4: 'After your appointment'



Activity 5: 'Your suggestions'



Executive Summary

Remote consultations and the use of technology offer some great opportunities to make significant improvements to general practice, hospital outpatient and mental health appointments, but making the most of this opportunity means understanding the patient experience.

In our research with patients we heard that, for many people, remote consultations can offer a convenient option for speaking to their health care professional. They appreciate quicker and more efficient access, not having to travel, less time taken out of their day and an ability to fit the appointment in around their lives. Most people felt they received adequate care and more people than not said they would be happy with consultations being held remotely in future.

However, there is no one size that fits all solution. Key to a successful shift to remote consultations will be understanding which approach is the right one based on individual need and circumstance. A blended offer, including text, phone, video, email and in-person would provide the best solution.

Through this sea change there is an opportunity to improve the quality of care. By focusing on the needs of people receiving care and using a combination of communication tools we can create a more equal space for health care providers and patients to interact.

Health and care providers will need to adapt to a more blended approach to communication with patients in order to meet the needs of patients. To do this they need to build on existing good practice, and look beyond healthcare to other industries that are successfully engaging people remotely. This work needs to be done by the health service, and not become the responsibility of the patient.





Background

The Doctor Will Zoom You Now was a rapid, qualitative research study designed to understand the patient experience of remote and virtual consultations.

The project was led in partnership with [Traverse](#), [National Voices](#) and [Healthwatch England](#) and supported by [PPL](#).

The study engaged 49 people over 10 days (June 22nd – July 1st 2020) using an online platform, with 20 additional one to one telephone interviews.

Participants were also invited to attend an online workshop on the final day of the study.

All participants had experienced a remote consultation during the lockdown period of the COVID-19 pandemic.

Remote consultations took the form of telephone, video or text-based communication.

Appointments were for GP, hospital outpatient, follow-up and mental health consultations.

Recruitment of participants for the online platform was achieved through the Healthwatch network and one to one interviews through National Voices as an extension to an existing study about improving our understanding of the experience of waiting for care.

Headline Themes

- **Boundaries** - respecting peoples' time and where the appointments fit in with their lives.
- **Quality personal communication** – no matter what!
- **Preparation and information** – providing guidance and setting expectations.
- **Choice** of phone, video or text/email and in-person, to meet the needs of people – what is right for the person and what is right for the situation.
- **Test, learn and improve** – designing the remote experience with patients and carers.
- **Being inclusive** - meeting the needs of people for whom remote is not possible or appropriate.
- **Opportunities** - such as interaction with patient notes, recording of appointments, education and training and the use of existing patient groups to provide local support networks to increase confidence and access.





Top Tips for getting the most out of the virtual health and care experience

For Patients

- Ask for a timeslot for when your remote consultation will take place.
- Let your health care provider know how you prefer to talk by phone, video or in-person.
- Find somewhere quiet and confidential and, if this isn't possible or is tricky, make this clear when you are making your appointment.
- Start with a phone call if you're not confident with video technology.
- Ask for help if you need it and, if possible, do a practice run with a friend.
- Take some time to prepare in advance, consider what you want to say and key questions you would like to ask.
- Ask your health care provider to summarise the next steps at the end of the appointment.
- Remote consultations can be useful for routine appointments or ongoing care with a health care practitioner.
- Not all appointments are suitable for remote consultations, if you would like to see someone in-person please say so.

For Health and Care Professionals

- Provide a precise time window for appointments.
- Check that the person is in a confidential and safe place to have the phone or video call.
- Understand the person's level of confidence using technology and give people a choice of how to communicate.
- Proactively check what the patient needs, clarify what is happening next and who is responsible for the next stages of care.
- Slow down the pace of the consultation, demonstrate active listening.
- Use the chat function in video calls to make the appointment more interactive, share links to information or summarise next steps.
- Don't ask people to provide information you already have access to.
- Give guidance about how the appointment will work, offer demonstrations, provide an opportunity for a test run/provide some training.
- Seek feedback about peoples' experiences and use this to improve the service.



1. Why we did it



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Activity 5: 'Your suggestions'



The size and speed of the transition

Social distancing and a restriction on in-person contact as a strategy to manage the spread of COVID-19 has led to a rapid increase in the use of digital technology for a large proportion of the UK population.

This represents a key change in the way people are communicating with each other in their daily lives and a significant shift in the way services are being provided, moving from a traditional model of in-person care to a 'digital by default' approach as remote and virtual consultations and appointments become the norm.

[NHS Figures](#) suggest that 48% of GP appointments in May were carried out remotely compared to 14% in February and a [BMA survey](#) of GPs suggests remote consultations are likely to be a permanent feature of how health and care is provided in the future with 88% of those surveyed wanting greater use of remote consultations to continue in future.

It is now estimated that 85% of consultations are being done remotely. This means that services have been able to continue, offering care to millions of people whilst also maintaining social distancing. However, it doesn't really tell us whether these appointments are working for people.

Before the pandemic, [Healthwatch](#) received limited feedback about video and telephone consultations, except in relation to mental health talking therapies. They started to get feedback about the shift by GP surgeries to providing video and telephone consultations from early April onwards.

[Our Covid Voices](#) was set up by National Voices to collect first-person accounts of living through the COVID pandemic. It quickly became a shared reference point for how patients, carers and families were experiencing remote and virtual care and the Digital Divide webinar has provided additional information on digital inclusion and concerns about links to health inequalities.

The changes in the way care is being delivered have happened almost overnight, demonstrating how quickly the NHS has responded to the crisis. However, if remote consultations are to become the 'new normal', it is vital that the people using these services influence how they are delivered.





The evidence base pre-COVID

Prior to the pandemic public feedback suggested that very few people had direct experience of a digital appointment. Yet research by [Healthwatch](#) during 2019 – which saw 125,000 people views and experiences of care gathered to shape the NHS Long Term Plan – showed:

- There was significant appetite for greater use of technology to make care easier to access.
- People from rural communities (who may have long distances to travel to NHS services) and those with long term conditions particularly interested.
- People felt frustrated by the limitations of existing NHS online systems e.g. not allowing them to make different types of appointments.
- Clear concerns were raised about some groups of people being left behind and a need therefore to not be digital by default.
- Some evidence to suggest new exclusions could also appear – e.g. young people who might be comfortable with technology but not to use it for interactions with NHS.
- Technology is not as important to people as personalised care.

During the pandemic, Healthwatch have seen feedback about experiences rise significantly.

- Responses so far have been mixed, with responses about secondary care more positive than primary care.
- Some who were apprehensive before have been converted following a positive experience.
- Frustrations that the technology is not applied consistently or doesn't always work are coming through.
- People with learning disabilities, autism and some mental health conditions have raised particular concerns about the suitability of remote treatment for their needs.
- There has also been evidence of a shift to digital appointments becoming the default – in part because the pandemic response, but this has raised concerns.



A lack of patient involvement during the pandemic

In April, Traverse undertook a [rapid research study](#) that involved depth interviews with 12 people who had their care interrupted as a consequence of changing patterns of care due to the coronavirus pandemic. The aim of the rapid research was to understand the knock-on effects of COVID-19 on people with a wide range of conditions who had chosen not to seek care, as well as people whose appointments had been cancelled or postponed.

The findings of the report were presented by Traverse Director Lucy Farrow and discussed on a webinar hosted by [National Voices](#) Chief Executive Charlotte Augst, with panel members David McNally, Head of Experience of Care at NHS England and NHS Improvement, and Martin Marshall, Chair of the Royal College of GPs.

Attended by over 75 people, the webinar generated important debate about the implications of interrupted care and the effects on health outcomes.

One of the strongest themes to emerge from the webinar discussion was the increased use of virtual and remote consultations and appointments. Participants questioned whether video is always the right option with some outlining a preference for simple phone calls.

Some of the webinar participants expressed concerns about the rapid adoption of digital being seen by the system as a proxy that digital works better, or that the transition had been a success because of its scale and pace.

The reality is that for many, remote and virtual consultations are the only options at the moment so it is important we continue to hear from people about whether it is actually working for them or not and what support is needed to ensure people feel confident to receive healthcare in this way.




2. What we did



your

43 (86%)




Journal/diary

Jun 22 - Jul 1

23 43


Activity Sequence View R




Frequently asked Questions

Activity 2: 'Preparing for your appointment'

Jun 24 - Jul 1



Activity 4: 'After your



Activity 4: 'After your



Activity 5: 'Your



Research Methodology

Recollective, an online qualitative research platform, was used to host the Dr Will Zoom You Now research project. Participants who volunteered to join and met the screening criteria were invited to register for the platform and create a profile.

The research project ran for 10 days, during which participants were invited to complete a series of activities relating to their remote consultation experience.

The decision was made to use an online platform rather than a one-off questionnaire to give participants the chance to provide more details about their experience through a variety of different activities. The variety of activity types and the flexibility in design options on *Recollective* captured richer data, and also allowed the project team to quickly share insights as they emerged whilst the project was still live.

Traverse hosted an online workshop with 17 participants at the end of the 10 day period in order to thank participants, but also share the early insights and collect feedback on the experience.

National Voices simultaneously ran a series of telephone interviews as part of a separate, but related, listening exercise to understand the experience of waiting for care before and during Covid-19.

In addition, participants who could not engage with the research platform for other reasons such as time restrictions were sent a list of research questions to complete in a suitable format for their needs.



Activity and Question Design

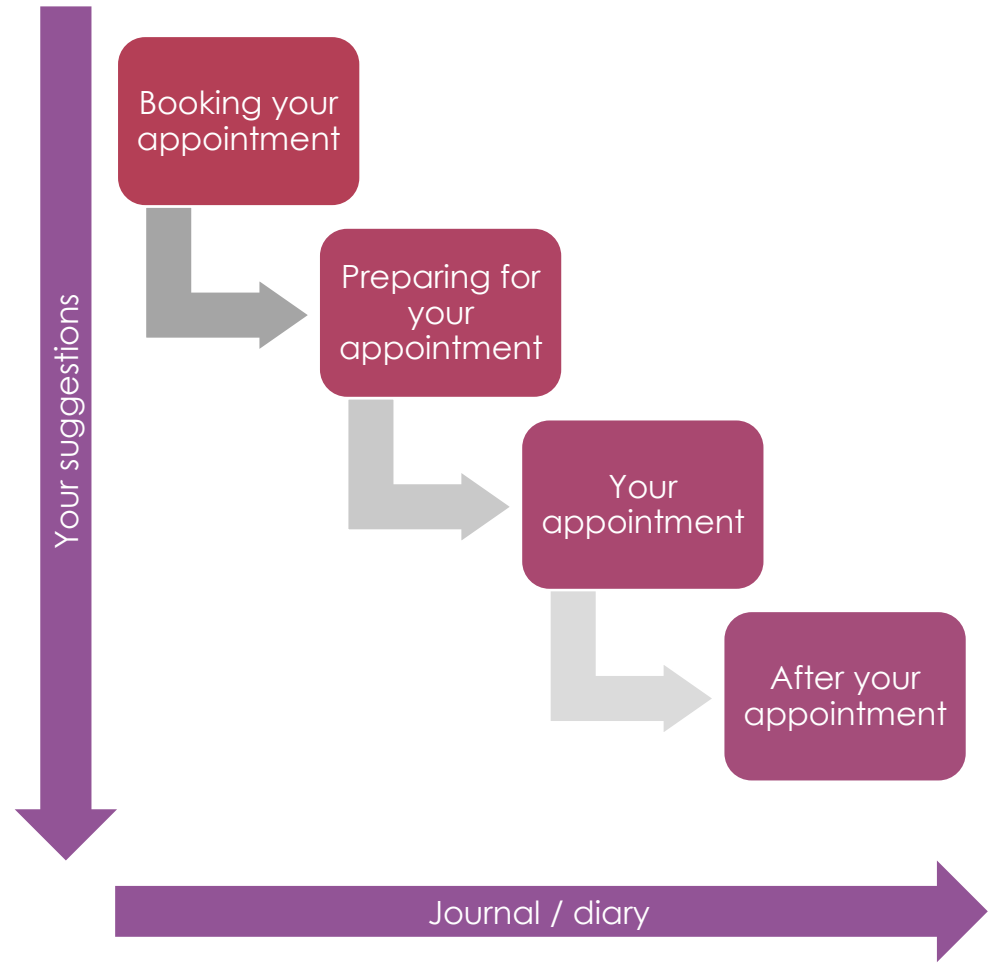
The activities were designed to replicate the different steps that participants might have gone through in their remote consultation experience. Each activity corresponded to a 'phase', and was designed to answer a set of research questions.

We used a journey style of questioning to ground participants in the experience of their appointment, taking a chronological approach encourages recall. We also provided space for participants to share content that was relevant to them, outside the questions, for example in the suggestions phase.

The final version of the platform consisted of six activities – four activities covered the process of having a remote consultation from booking to follow-up, one activity was a journal/diary and an opportunity for participants to build their ideal remote consultation experience.

Participants were asked to complete approximately three tasks per activity.

Steps and Activities




3. Who we spoke to



Activity 1: [Title obscured]

43 (86%)




Journal/diary

Jun 22 - Jul 1

23 43


Activity Sequence View R




Frequently asked Questions

Activity 2: 'Preparing for your appointment'


Jun 24 - Jul 1



Activity 4: [Title obscured]



Activity 4: 'After your appointment'



Activity 5: 'Your suggestions'



Recruitment process

The project partners developed a questionnaire designed to collect information on potential participants. The questionnaire included demographic questions, as well as questions designed to find out:

- The type of remote consultation a participant had completed.
- Their level of digital competency and confidence in using the internet.

Health Watch England shared the questionnaire with 16 local Healthwatch in order to recruit participants. The regional Healthwatch networks were chosen to achieve a geographic spread, and to reach traditionally under represented groups. Around 18 locations were represented in the final sample, covering all regions of England.

In total Healthwatch England recruited 80 volunteer participants through their networks. Of those, 9 participants did not pass the screening questionnaire as they had not had a remote consultation since the lockdown started. The final number of active participants on the platform was 49. A breakdown of participant engagement and drop-out rates is below, this is fairly consistent with other research which is not incentivised.

Completed initial questionnaire	Disqualified by screening questionnaire	Invited but never registered to join	Dropped out	Actively participated
80	9	17	5	49

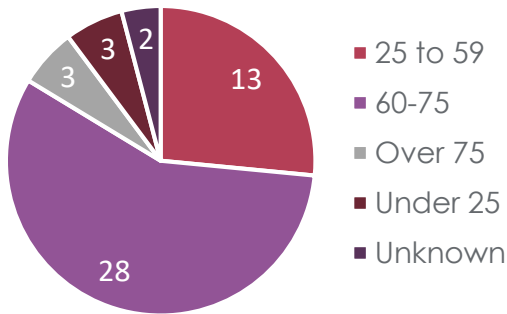




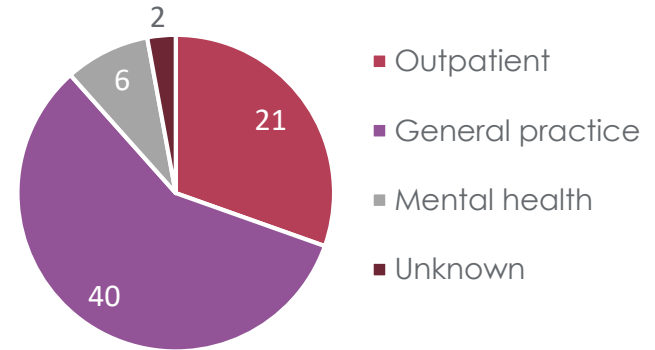
Participant profiles

Across the 49 people who took part there were more women than men, and a high number of people between the ages of 60 and 75, both common trends in healthcare research. There was a good spread of appointment types represented. We were pleased that around 20% of the people who took part identified as BAME, recognising the important health inequalities which Covid-19 has brought to the fore.

Age (n=49)

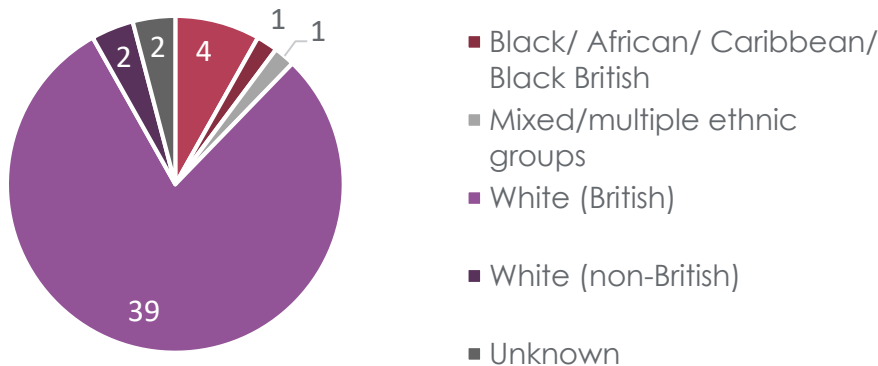


Remote consultation type (n=49*)

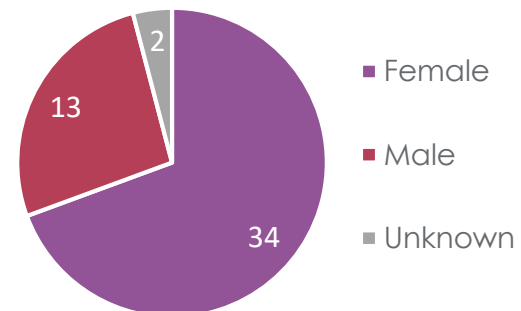


* respondents were able to pick more than one option.

Ethnicity (n=49)



Gender (n=49)



4. What people said

6



your
43 (86%)



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Activity 5: 'Your suggestions'



Boundaries - respecting peoples' time and where the appointments fit in with lives

One of the strongest themes participants raised was the timing of appointments. Most people weren't given a choice of date or time. In particular, participants spoke about:

- Needing appointments to fit in to their lives.
- Being given a clear time window to avoid waiting around all day and to be in the right place at the right time.
- Enabling people to find a comfortable, quiet and confidential place for the consultation.
- The importance of being able to get into the right headspace before a remote consultation.
- The opportunity to know how long a consultation might last in order to plan effectively.
- Being aware of any delays in advance.
- Frustration with missed calls, no message left and nowhere to phone back.
- Remote consultations as more convenient for some people, taking less time out of their day and easier to attend without having to travel.

"Everything went well... I was offered a choice of both day and time."

"It was a follow up appointment, I was working from home and the appointment was convenient, no travel time and also although there was a waiting time, I could continue working, whilst waiting for the call."

"Having more choice in the date/time rather than just being given the booking and having to book time off work."

"As I was told by the receptionist that the Doctor will call me sometime today. Not knowing when that 'sometime' will be. I was constantly looking at my phone, making sure I will not miss the Doctors call. However, after one hour of waiting, I stopped paying so much attention to my phone as I had to do something else. Unfortunately, I missed the call from the doctor and had to wait another hour to be called back."

"I was simply told to expect a call. I wasn't given a time slot or indication of whether it would be morning, afternoon or evening."

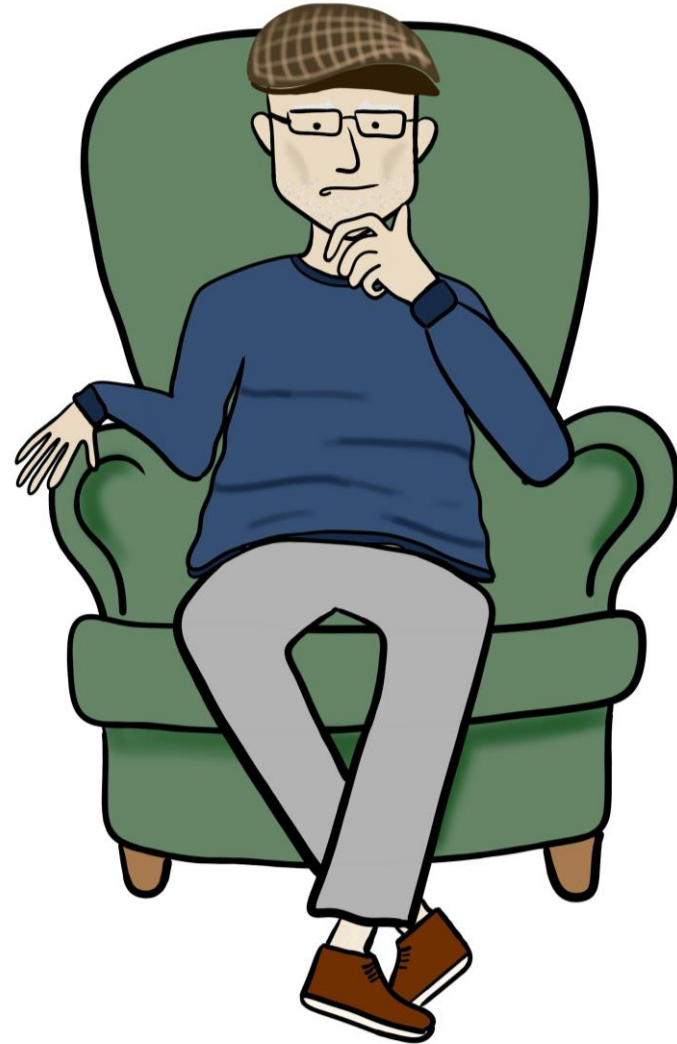


Henry's experience

Henry has struggled with scheduled phone call appointments with no time window, missed calls when no message is left, or a message with no number to call back.

He has had a number of phone call appointments during Covid-19. Often a phone call is arranged, but no specific time-frame is given. Once or twice he was not given the name of the person who will be calling. On a couple of occasions he has, despite sitting anxiously with his phone beside them, missed the call, other times the call hasn't arrived at all.

"It's surprisingly easy to miss a call, especially on modern phones that only ring a couple of times. Also, I am in a wheelchair and have mobility issues so it's difficult to take my phone everywhere with me, if you get my drift. The frustration is immense and often followed by frantic calls to hospital switchboards and multiple departments only to find an answering machine, or phone that rings out. The service rarely calls again, so I am left wondering what to do next. Anything that helps to put me in control helps. It's the not knowing that makes things unnerving."





Quality personal communication matters – no matter what!

The importance of quality communication came through all steps of the appointment process, with a clear message that going virtual shouldn't mean a compromise on the quality of interaction. This is regardless of whether the appointment was by phone, video, text or email.

The interpersonal skills that are expected in-person are just as important remotely, and in some cases, more so, for example on the phone where there are no visual cues.

Getting the best remote consultation experience means:

- reading non-verbal cues,
- time for additional questions,
- active listening, and,
- space to build rapport with the health professional.

Specifically, participants were frustrated when they had to 'tell their story' multiple times or fill in lengthy forms with information that seemed to be irrelevant or repetitive. The role of the receptionist was key, with people wanting a non-intrusive experience (polite and not asking for too much information).

“that the Doctor was listening to what I was saying. I liked the simple advice the Doctor gave me and I also liked that the Doctor explained very well what the next steps will be and when they will take place”.

“My appointments were follow up and I felt the same rapport and engagement with the consultants as the in-person ones, I believe this was down to the Dr's using a good questioning technique and making sure I was understanding during the whole appointment. At the end of the phone call, they explained what would happen next and advised another appointment would be made and we discussed it may be a telephone call, which I advised I would be happy with”.

“Having to talk through complex issues and not getting a sense I was being listened to.”

“Having never met or spoken to my counsellor, it feels a bit cold and impersonal.”



Maria's Experience

Maria had a physiotherapy appointment by telephone.

She was given a specific time and date, but with only two days warning, which was difficult because of work commitments.

The phone rang at the allotted time and the session was 30 minutes.

"I didn't know what to expect. The physio created space to ask about how I was doing. I felt heard and was able to ask questions. It was refreshing.

There was no physical contact and of course she couldn't see me, no visual, but we were able to conduct a shared examination.

A normal physio session would be in a crowded room, five minutes instructions, you practice the movement, they pop back after seeing other people and ask you how you are getting on, it's rushed.

I see about 15-20 health professionals a year and this is the most person-centred session I have had."





Preparation and information – providing guidance and setting expectations

- Receiving information in advance was important for participants to make sure they were prepared and knew what to expect, they felt it was reassuring.
- Patients and providers alike need to be well prepared ahead of the consultation. This includes guidance about how the appointment will work, how long it will take, clear joining instructions, how to use any technology and what to do if something goes wrong, such as technology not working.
- Most people said they hadn't received any information in advance and that they didn't feel supported in the lead up to their appointment. Some people felt they were being asked to provide information that the health care professionals would already have and found this frustrating.
- Just under half of the participants did some of their own preparation in advance and spoke of how useful it was to know your own history and think of questions in advance. A number of people spoke to friends or relatives to help prepare.

"While not strictly prep, the online form I filled in before the call helped to collect my thoughts"

"A telephone call would have resolved the issue and provided me with the opportunity to discuss time options".

"A guide to how it all works and how to resolve issues if they occur."

"I prepared myself in writing down the most important issues to me about my condition as it was going to be on the phone."

"My son helped set up the Zoom platform for me"

"Had a chat with a friend to feel less nervous about the appointment/words of advice."

"A little explanation on how the online appointment was going to work as I was quite nervous and not knowing what to expect, also worried about the thought of video conferencing and being blind - How it was going to work independently."

"I found completing the on-line consultation very lengthy and I felt somewhat frustrated that many of the questions regarding my medical history should have been clearly accessible from my notes."





Choice of phone, video or text/email and in-person – what is right for the person and what is right for the situation

- Many people would have liked the ability to choose which type of remote appointment was most suitable. Their choices were informed by the nature of the appointment and by preference or confidence with different formats.
- Taking the time to assess a patient's level of digital literacy and offering a way to communicate that reflects this would help match the type of appointment with the needs of the person.
- Whilst most participants had telephone appointments, a significant number felt that video would have been a better option and that this should be offered. People felt that seeing the health care professional would help. Video was also suggested as a useful way to share information on the screen.
- Not all appointment types were felt to be appropriate for remote consultations. An in-person appointment was felt to be best for communicating bad news, where a physical examination or test is required and where confidentiality is essential.

“Having e mailed my surgery the response was fast.”

“It was much easier than going to have a face to face with the doctor”

“It was unbelievably straightforward and speedy! Signed up to some new scheme on the surgery website, reply within a couple of minutes saying gp would call that day. I messaged back saying not urgent. Phoned a couple of hours later.”

“My consultation was via the telephone. In both of my consultations, it would have been better if a teleconferencing platform was used, like Zoom or MS Teams.”

“As it was a regular phone call it was more difficult to explain/demonstrate the physical difficulties I was experiencing”

“I also believe that where a patient is going to given information about the seriousness of their condition and/or treatment these should be in person.”

“There will be occasions when a patient cannot openly discuss personal health matters in a home they share with others.”





Salima's experience

Salima had an issue with swollen red painful legs.

She phoned her GP and explained the problem to the receptionist.

A link was sent, via text, to her mobile phone and she was told that the GP would phone.

With her son's help, the woman was able to take part in a video call on the mobile phone, using the link sent by text.

The GP was able to examine her, identify Cellulitis which is a skin infection and prescribe antibiotics. The woman was asked to draw a line on her leg to track whether the condition was spreading further.

The GP called back two days later to check progress and new medications were given.

"I felt confident in the diagnosis but needed my son there to help me."





Test, learn and improve – designing the remote experience with patients and carers

- Most participants weren't asked for feedback about their remote consultation experience. As with any significant change it is important to seek feedback and to learn from what works and what needs improvement.
- Participants liked that it was quick, easy, effective and informal. Many of the participants felt that there was a useful role for video consultations. Not in every case, but for those who feel confident and comfortable with the idea, it provided an opportunity for flexible appointment times, without the travel, and to still be able to see a health care professional face to face.
- There is an opportunity to build on good practice in this area without having to re-invent the wheel. The health and care system should work in partnership with industry and to engage in further research to understand the user journey.
- Participants also felt there was a useful role to be played by patient groups to help with seeking feedback and with training and guidance in how to get the most out of remote consultations.

"I like the idea of a YouTube link or teaching how it will be."

"Though the phone consultation went well I would have maybe preferred a video consult as it would have been nice to have face to face contact."

"It would have been better if the consultation allowed you to attach photos."

"I would rather know when it will take place or a time slot as the fear of missing the phone call or being busy at the time creates a lot of anxiety and stress for me which is unnecessary for me and due to having health conditions implicated by anxiety and stress it's isn't always the best way to go about it."

"To have had some form of visual consultation. Also it would be beneficial to know that the Dr had access to my notes and was able to have good knowledge of my medical history."

"I would suggest training be made available to the patients to enable them to use whatever equipment they have. This could be undertaken by technically savvy volunteers."





Joyce's experience

Joyce was offered therapy by video call during Covid-19. A link arrived with the date and time for the session (from a no-reply email address). The message indicated that there would be a question form sent separately, when it didn't arrive the woman tried to contact the service to no avail.

She logged on just before the allotted time and was in a waiting room. At the allotted time nothing happened, so she logged off and looked at her emails to check that she had the correct details. She logged in and out of the waiting room a few times and eventually connected with the therapist ten minutes later.

The therapist said that there had been lots of technical difficulties and apologised for her poor broadband. The session took place, but there was a great deal of background noise throughout and it was difficult to hear everything.

"It will definitely take a bit of getting used to, but it's better than nothing. I don't think I said everything that I would have said in person, there's no relationship. I did like being in my own space though. It was better than travelling for an hour on the bus, being in a new building, taking time off work."





Being inclusive - meeting the needs of people for whom remote is not possible or appropriate

- It is important to recognise the limitations of this study in that most people were engaged through an on-line platform and most indicated that they were confident with using technology for a range of different tasks.
- The one to one interviews allowed us to include the voices of some who are less confident online.
- However, further work is required to engage people who may not be confident with technology, don't have access to it or who don't want to receive remote care.
- We know that a significant proportion of the population is digitally excluded because they don't have access to the internet and/or have low levels of digital literacy.
- We also know that this exclusion isn't equally distributed. There are people who are less likely to be online for a range of reasons. Older people, people with disabilities, specific communities, and those on low incomes.
- It is essential that this imbalance is proactively addressed so that as services shift to being more predominantly delivered online people are not left behind, perpetuating and compounding existing factors that lead to health inequalities.

"Anything that helps to put me in control helps. It's the not knowing that makes things unnerving."

"I'm blind and my mum had dementia so there was no choice but a visit to the GP."

"I can't use the symptom checker my GP sent. My condition can result in a range of symptoms, so a normal day for me, with dizziness, pins and needles, headaches is likely to trigger an alert unnecessarily."

"My mum was called by her GP reception to say that there would be a video consultation the next day. She has dementia and no digital life, so this was impossible. There was no follow up."





Information from National Voices Digital Divide Webinar

We sought to surface both positives and negatives - the ways in which people feel digital health services are improving their lives and enhancing their experience of care, but also what the barriers to access and use are, and what needs to be done to overcome those barriers in order to improve the experience and ensure as many people as possible can engage digitally.

The main discussion points which arose from the webinar:

- **Technology can be a real enabler of better engagement and inclusion** – there are lots of great examples of how digital has made it possible to bring together care home managers and GPs, people attending a peer support group for the first time, or adapting messages on WhatsApp to reach people who don't speak English as a first language.
- **This enabling function of technology cannot be taken for granted.** We need facilitators who can bridge between people and technology, we need community support, volunteers, carers to reach people who don't just 'wash up' by themselves.
- **We need better data on inequality in the digital and tech space** – who is using it, how, who isn't and why. Inequality data needs to be collected throughout all public sector activity.
- **The barriers to better inclusion and equality are many and manifold:** skills, trust, access, money. Some of this will require centrally sourced and sustained investment. All of it will require local, and tailored leadership, including from the Voluntary Community Social Enterprise sector.

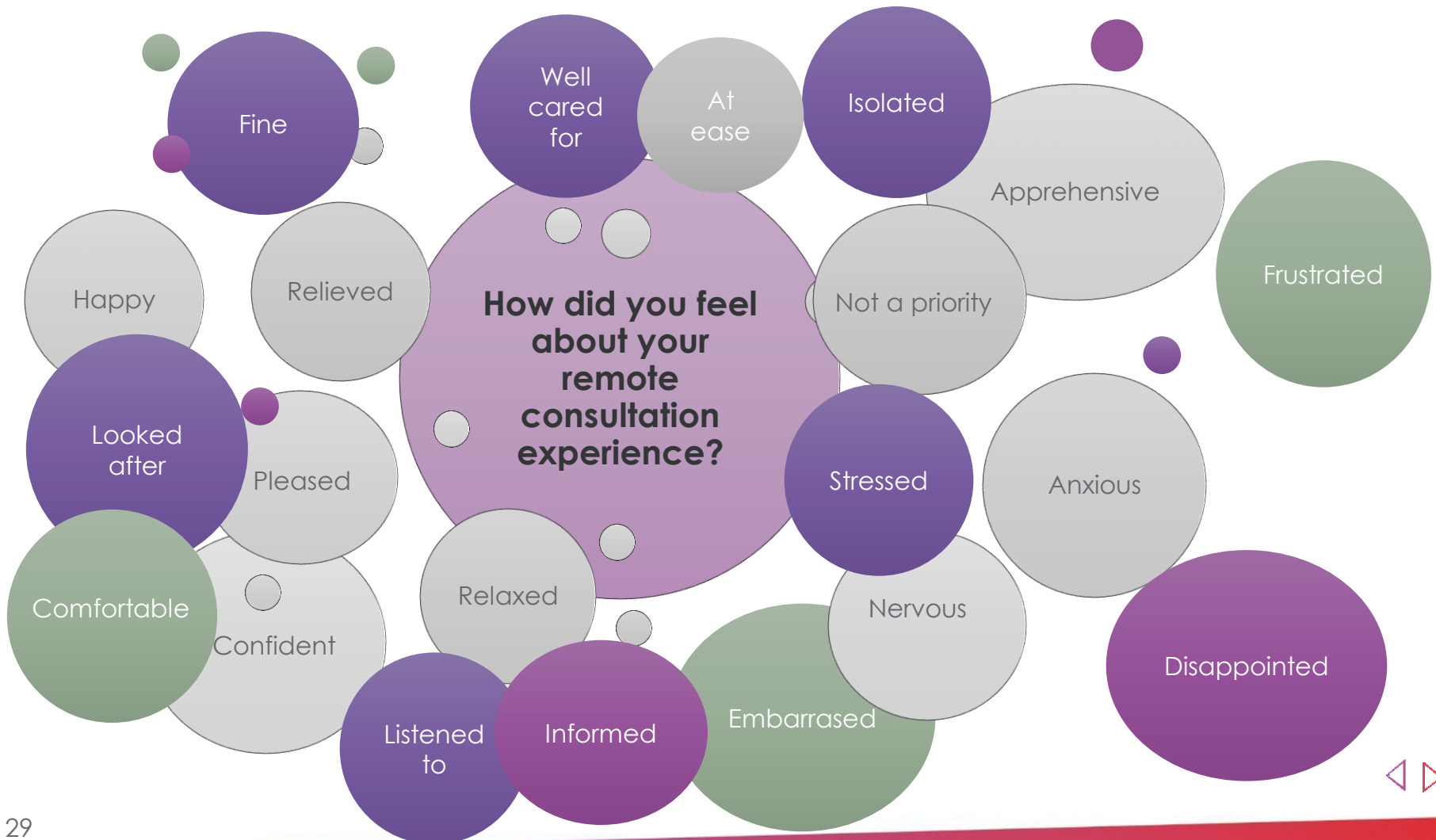
A link for the webinar is available here: [Is Covid widening the digital divide?](#)





How did you feel about your remote consultation experience?

When we asked people to tell us how they felt about their experience we heard a wide range of emotions, positive and negative.





Opportunities

Remote consultations provide a useful opportunity to reflect on the changing dynamics of communication. Whilst some people felt it was less helpful, others were keen to embrace what this new type of consultation had to offer.

People spoke of greater flexibility and convenience and the opportunity for greater information sharing during appointments. For example using the chat function to share links to articles and to look at and discuss those together. Others spoke of how the appointment often led to what felt like a more personal experience. The process for some also felt less rushed because of the absence of a distracting waiting room or other patients.

Whilst there are some important considerations for people who might receive less good care because they don't have access to technology, there are some important opportunities to consider when it comes to access too. For those who are less physically able, being able to engage with a health care practitioner from home is a huge benefit. For those who have hearing impairments to be able to view subtitles on the video platforms is really helpful. The ability to bring people together without bringing people to one room also provides a greater opportunity for multi-team appointments.

One of the unintended consequences of remote consultations may be in the opportunity for the format to prompt us to think differently about how we communicate. Patients having more control over the environment, being able to engage with their health practitioner from a safe and familiar place. The option to be able to record appointments so that information or instructions given can be reviewed at a later date or more proactive sharing of patient records, so that patients take a more active role in their health history all have the ability to create a more equal partnership of care.

Introduced with care and with patients needs at the centre of innovation, virtual and remote consultations have the ability to make a positive and well received contribution to the way patients and health care practitioners communicate.





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