

TECHNOLOGY ENABLED CARE

tec

CYMRU

NHS Wales Video Consultation Service
Phase 2a Evaluation

Introduction

In the [Phase 1](#) evaluation during March and August 2020, looking at the 'use and value' of the NHS Wales Video Consulting (VC) Service, it was concluded that there was a large appetite for VC across a wide range of specialities and patient types in Wales. However, it was recommended that more evaluation and dedicated research was needed to understand and plug some of the identified gaps. This led to additional resource for Phase 2 (further evaluation) and Phase 3 (research). Phase 2 continued to explore the 'use and value' of VC, but in more depth, with the addition of measuring 'benefits, challenges and sustainability' of the NHS Wales VC Service.

Phase 2 consisted of a mixed methodology approach, and includes end of VC surveys and semi-structured interviews. The phase 2 data collection went live on 1st September 2020 and closed 28th February 2021. The sampling approach used during Phase 2 was opportunity sampling (due to access of the intervention and ability to attach a survey, and access to clinicians contact information to invite for an interview). Snowballing sampling was also explored, such as the use of social media platforms (@teccymru Twitter) and through personal or professional networks to recruit for additional retrospective surveys, and recruitment for interviews. For the data discussed in this section of the report, a total of 22,978 surveys were analysed. The survey participants include 8,694 NHS Wales clinicians and 14,384 NHS Wales patients. The analysis was carried out using both excel and SPSS for descriptive statistics and then exported for its main analysis and tests of significance.

Please note: This section of the report is only the quantitative data from Phase 2 surveys. Other datasets will follow soon.

Overview of Data Capture

Health Board & Trust:

All patients and clinicians using VC across Wales were asked to state their local Health Board or Trust. These include:

- Aneurin Bevan University Health Board (ABUHB),
- Betsi Cadwaladr University Health Board (BCUHB),
- Cardiff and Vale University Health Board (CAVUHB),
- Cwm Taf Morgannwg University Health Board (CTMUHB),
- Hywel Dda University Health Board (HDUHB),
- Powys Teaching Health Board (PTHB),
- Swansea Bay University Health Board (SBUHB),
- Velindre Cancer Centre (VCC).

Specialty and Profession:

Clinicians were asked to state their specialty and professions, and patients were asked "For your video consultation today, what type of healthcare speciality and professional did you see?" with the option to state both speciality and profession separately.

Clinicians were given the option to choose from 27 previously identified professions (e.g., doctor, nurse, physiotherapist), and 65 different specialties (e.g., otolaryngology, psychiatry & mental health, cardiology). Patients selected from a total of 27 professions and 40 specialties.

Respondents could also state "Other" and provide their specialty and/or profession in an additional text box that followed the question. Due to the free-text nature of this question, and large number of "Other" responses, some respondents had to be manually categorised into specialties/professions. Additionally, there were some differences between the patient and clinician options, and thus some specialties were combined to account for this (e.g.,

cancer services were separate for clinicians but not patients, and were therefore combined for both). The result of this was 50 specialties and 28 professions. There was a number of respondents who could not be arranged into a specialty/profession, or simply did not give a response, these were categorised as “Unknown”. Additionally, there were a number of responses that were too general to be placed in a pre-existing category, so were grouped into either “Other Hospital” or “Other AHPs” (See below).

Care Sector & Care-Categories:

Respondents were categorised into Primary Care and Secondary Care, depending on their response to the specialty/profession question. General Practice (GP), Dental Health & Orthodontics, Optometry, Primary Care (general), Pharmacy, and Urgent Primary Care were all specialties classified as Primary Care, and these formed the care-categories of Primary Care. The remaining respondents who were not in Primary Care were counted as Secondary Care. Secondary Care was further split into three care-categories: Hospital/Other, Allied Healthcare Professionals, and Mental Health (MH) & Psychiatry. Allied HealthCare Professionals (AHPs) are defined by an official list of thirteen professions provided by the NHS. In Wales, these include:

- Art therapists
- Music therapists
- Drama therapists
- Dieticians
- Occupational therapists
- Orthoptists
- Orthotists
- Paramedics
- Physiotherapists
- Podiatrists
- Psychologists
- Prosthetists
- Speech and Language therapists.

Thus, all respondents who gave one of the above professions as their response were categorised as AHPs under Secondary Care, regardless of which specialty they were. Alternatively, “Mental Health (MH) & Psychiatry” addresses all respondents who gave their specialty responses as “Psychiatry and Mental Health” but does not include any of those considered to be AHPs (i.e., psychologists). Finally, all other respondents who were in Secondary Care, and not classed as AHPs or MH & Psychiatry were grouped into “Hospital/Other”.

Activity of the Video Consultation:

This question was asked to measure which types of consultations/activities were being conducted using VC. Patients were asked, “*What was your video consultation related to today?*”, and were given the following response options:

- Advice & Support
- Review of my health
- Final appointment
- First time appointment
- Therapy or treatment session
- Other (option to specify).

Clinicians were asked, “*What do you consider was the primary activity of this video consultation?*”, with the response options:

- Advice & support
- First appointment
- Follow-up
- Discharge
- Therapy session
- Review
- Feedback / outcomes
- Other (option to specify).

Upon analysis of the “Other” options, three more appointment types were identified: Supervision, Assessment, and Discussion. Additionally, as different options were given to patients and clinicians, some responses were combined, these were: final appointment (patient) and discharge (clinician), and therapy (clinician) and therapy or treatment (patient).

Local Area & Authority:

In order to examine respondents' location, patients and clinicians were asked to state their local area type (city, town, village, country, or other) and local authority (e.g., council), to obtain an awareness of what type of area (rural versus urban) they lived in or conducted their VC in.

Face-to-Face Prevention:

Patients and clinicians were asked to state whether or not the VC had prevented the need for a typical face-to-face (FTF) appointment. For patients, they could respond “yes”, “no”, or “I don't know”. A “yes” responses suggests that face-to-face had been prevented, and there was no need for the patient to be seen by the clinician. Clinicians, however, were given five response options to choose from: “Prevented the need for a face-to-face”, “Enhanced the clinical session by adding a visual”, “Both”, “Neither (needed to do a face-to-face), or “Unable to say”.

For the purposes of the current evaluation, and to ensure comparisons between patients and clinicians were possible, these responses were recoded. “Prevented the need for a face-to-face”, “Enhanced the clinical session”, and “Both” were recoded to “Yes (face-to-face was prevented)”; “Neither” was changed to “No (face-to-face was not prevented)”; and “Unable to say” remained the same.

Video Quality Ratings:

To measure the quality of the VC, respondents were asked to rate this on a Likert scale ranging from 1-star (Poor) to 5-stars (Excellent).

Travel Savings

Patients were asked how long it would typically take them to travel (one-way) to their appointment (that was conducted by VC) in minutes. Clinicians were asked to state, only if they were working from home, how long (in minutes and miles) it would typically take for them to travel to work and/or to see the patient. For clinicians in particular, those respondents who gave a response for this question were counted as “home workers”. Those who did not give a response were assumed to be working at work/clinical base.

Benefits and Challenges of VC:

Clinicians and Patients were asked whether or not they experienced any difficulties with their video consultation. They were given a series of challenges, to which patients responded according to whether they had experienced the difficulties, on a Likert scale from 1 (“not at all”) to 4 (“a lot”). Clinicians responded on a Likert scale from 1 (“not at all relevant”) to 4 (“very relevant”). Respondents were also asked to state whether their VC was beneficial to them for a range of possible reasons. They rated these, on a Likert scale from 1 (“not at all beneficial”) to 5 (“very beneficial”). Respondents could also respond “N/A” to these questions, however, these were excluded from the analysis and included within the missing data, as those who did not respond may have also not found these statements applicable to their experiences.

Patient Questions:

There were a series of questions that were unique to patients and were only included in this survey (not the clinician survey).

Device usage:

Patients were asked to provide information on the device used to carry out their VC. This question provided respondents with types/brands of phones, tablets, laptops, and computers, which they could select to highlight their

device. However, due to the nature of the survey, respondents were able to select a device in more than one category (i.e., the same respondent could select “iPhone” and “Samsung Tablet” in the phone and tablet categories, respectively). Those respondents who selected ONLY ONE device from ONE category were extracted and grouped as one of the following: “Phone User”, “Tablet User”, “Laptop User”, or “Computer User”. Those who selected more than one device were grouped into “Multiple Device User”. Multiple Device Users are assumed to be individuals who had to ‘swap’ devices during their VC, or those who misunderstood the question and simply selected more than one.

How Many Times Have you used VC before today and would you use it again?

Patients were asked how many times before their appointment had they used VC previously, with the response options “Only today”, “Once before today”, “Twice before today”, and “Three or more times”. They were also asked about the future of VC, and if they would consider using it again for healthcare consultations. They could respond with “Yes”, “No”, or “Maybe”.

Whose Choice was VC:

Patients answered a question regarding the choice to do a VC, with the response options: “Given the choice”, “Informed by their service”, “VC was the only option”, or “Not known”.

Patient Demographics:

Patients provided their age group, gender, ethnicity, and approximate annual income as demographic measures.

“Able to” statements:

Patients were given the Howie Patient Enablement Instrument (Howie, 1999) in order to measure personal outcomes resulting from their appointment. Patients were asked whether they felt different as a result of their VC in response to a series of statements. They rated how different they feel on a Likert scale ranging

from 1 (“Same or Less”) to 3 (“Much More”). Responses across the questions were added for each patient, and a total score was given (max score = 12). The proportion of responses (for each statement) will also be displayed.

All-Wales Data

In total, there were 22978 survey responses collected between September 2020 and March 2021, with 8694 clinicians and 14384 patients.

Specialty and Profession:

Table 1 displays the lists of professions and specialties that respondents stated they were or were receiving care from, and Figure 1 and Figure 2 displays the distribution of responses for the professions and specialties.

Table 1. The lists of each profession and specialty.

Professions	Art Therapist; Chiropracist/Podiatrist; Counsellor; Dentist / Dental Nurse; Dietitian; Doctor; Drama Therapist; Family Therapist; Health Visitor; Management; Midwife; Multi-disciplinary Team; Music Therapist; Nurse; Occupational Therapist; Optometrist; Orthoptist; Osteopath; Paramedic; Pharmacist; Physiotherapist; Prosthetist and Orthotist; Psychologist; Radiographer; Senior Executive; Social Worker; Speech and Language Therapist; Unknown / Not Stated / Not Explicit Enough; Specialty Only
Specialties	General Practice (GP); Primary Care; Urgent Primary Care; Dental Health & Orthodontics; Academic Medicine; Acute Medicine; Anaesthetics; Audiovestibular Medicine; Cancer Services; Cardiology; Clinical Genetics; Dermatology; Diabetes & Endocrinology; Gastroenterology; General Internal; Medicine; Genitourinary Medicine; Geriatric Medicine; Haematology; Health Visiting; Infectious Diseases; Intensive Care Medicine; Medicine; Neurology & Neurosurgery; Obstetrics & Gynaecology; Occupational Medicine; Ophthalmology; Oral & Maxillo Facial; Oral Surgery; Otolaryngology (ENT); Paediatrics & Child Health; Paediatrics Other; Palliative Medicine; Pharmacy; Pathology; Plastic Surgery; Psychiatry & Mental Health; Public Health; Rehabilitation; Renal Medicine; Respiratory Medicine; Restorative Dentistry; Rheumatology; SAS Doctors; Special Care Dentistry; Specialty Training in Dentistry; Surgery; Trauma & Orthopaedics; Urology; Other Therapies (AHP); Other Hospital; Unknown / Not Stated / Not Explicit Enough; Profession Only

The most common types of professional using VC were **Physiotherapists**, **Doctors**, and **Speech and Language Therapists**. Additionally, **Paediatrics & Child Health** and **Psychiatry & Mental Health** specialties were also using VC the most when compared with the others, and **Other Therapies**, **Trauma and Orthopaedics** and **Neurology & Neurosurgery** were also common users.

Figure 1 and Figure 2. The distribution of responses for each profession (1) and specialty (2).

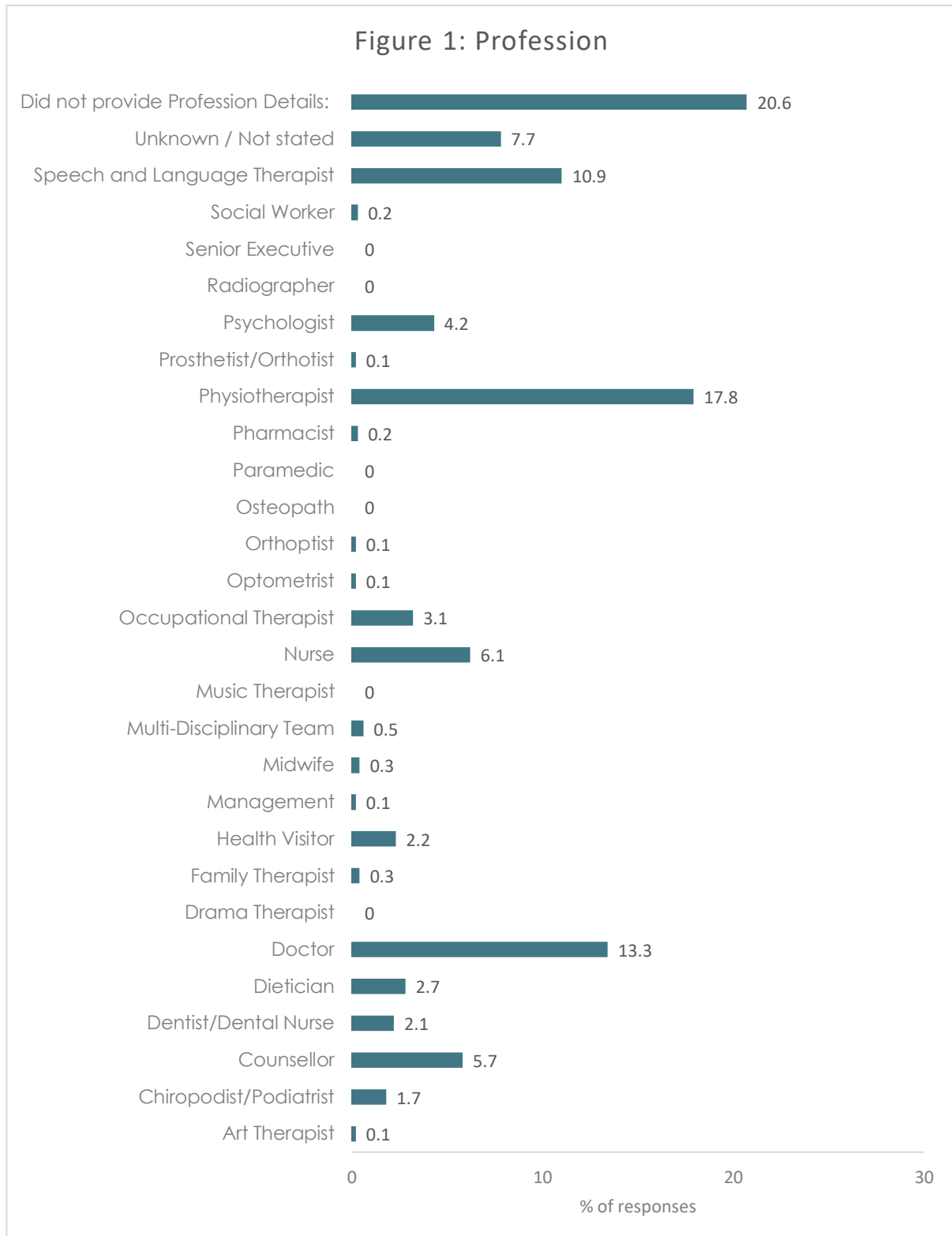
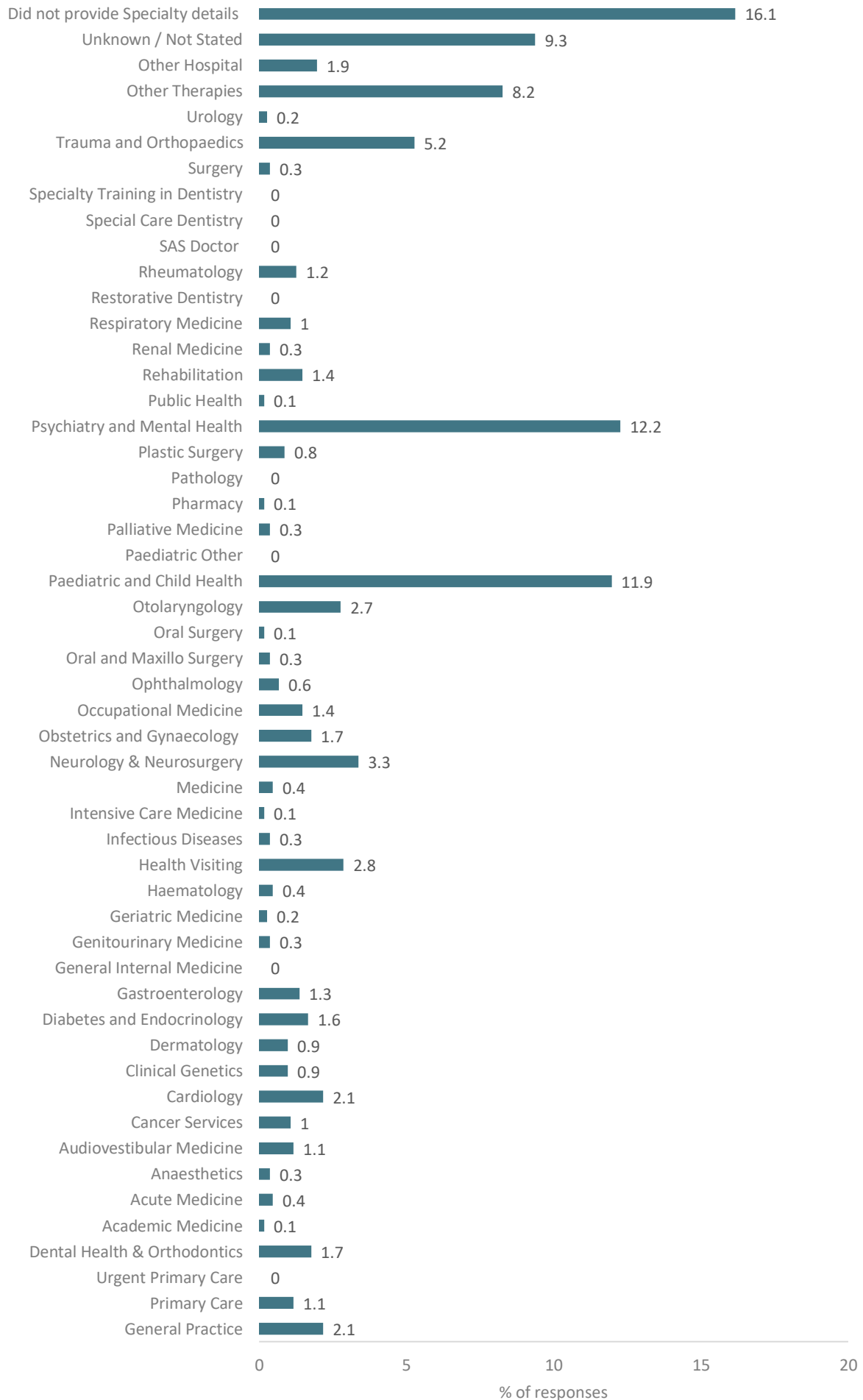


Figure 2: Speciality

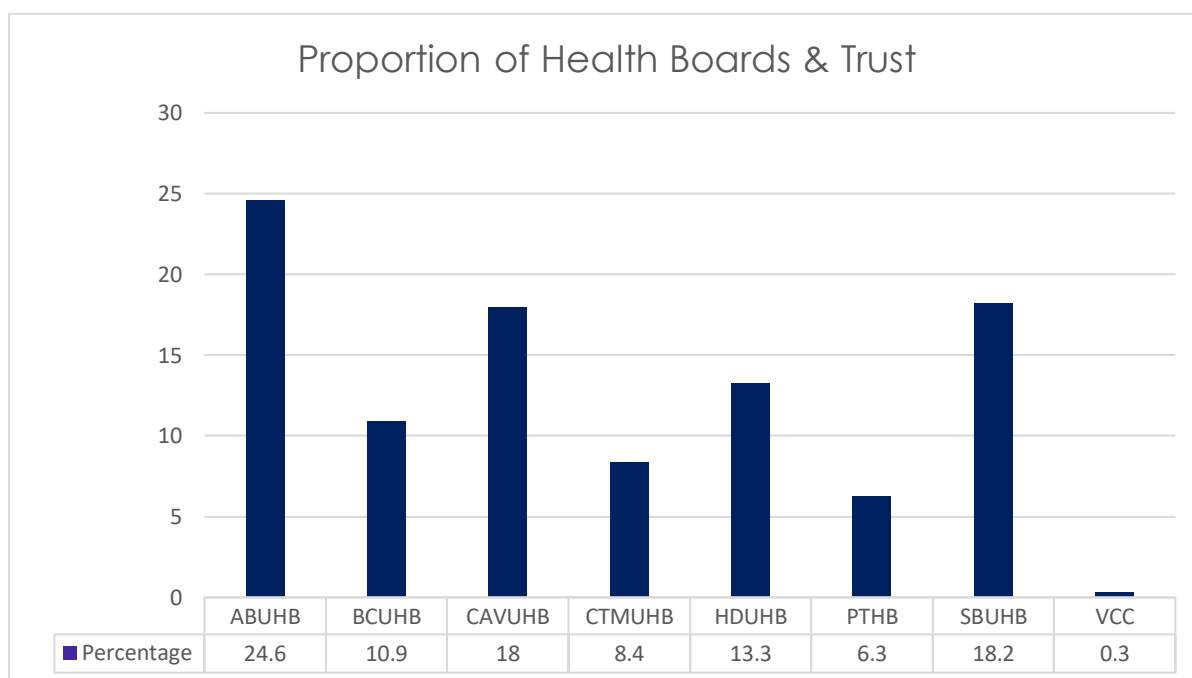


Health Board and Local Area:

The local health board with the most responses was ABUHB (24.6%), followed by SBUHB (18.2%) and CAVUHB (18.0%). These responses are displayed in Table 2, demonstrating the distribution of responses across Wales.

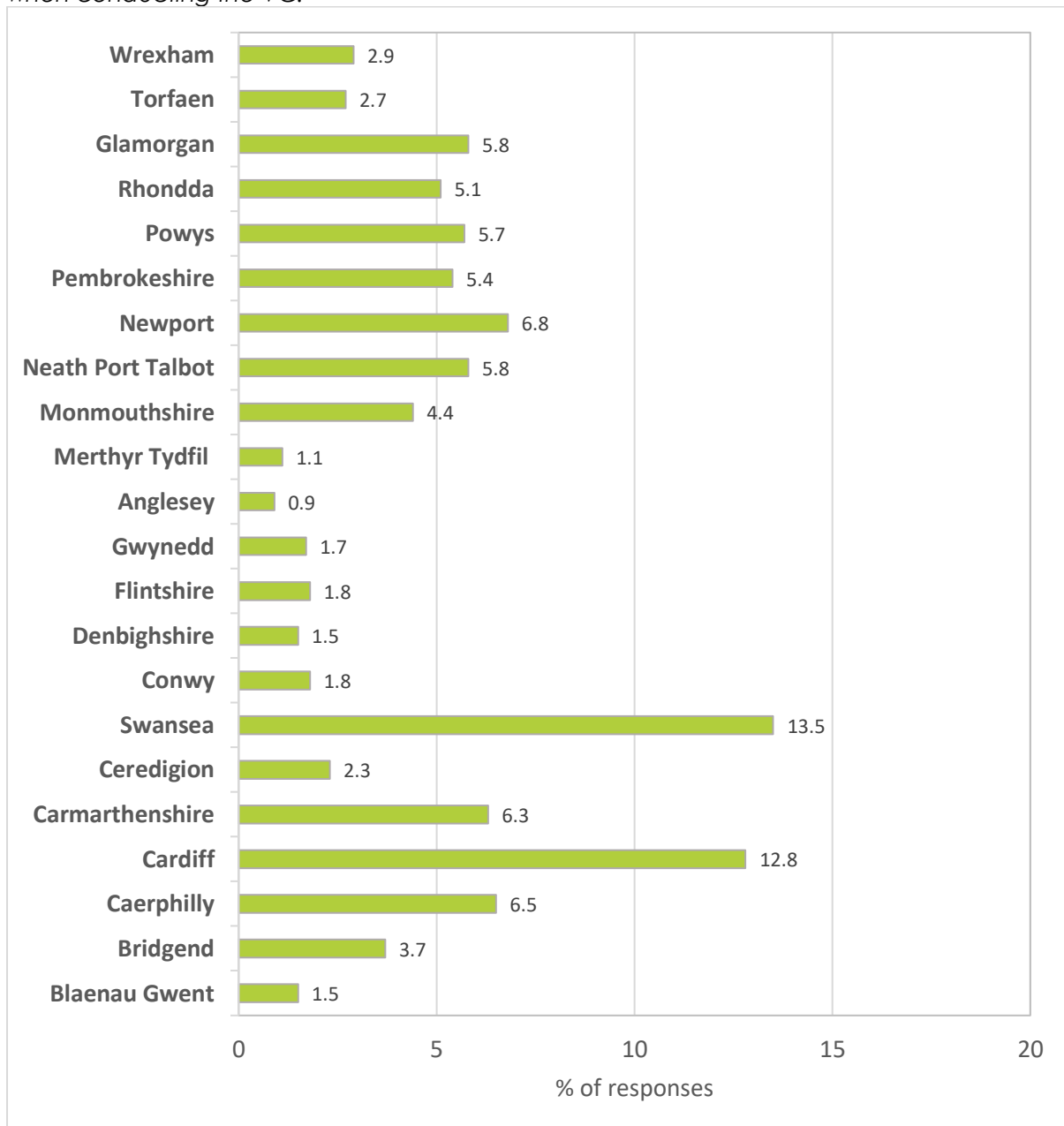
Table 2. The frequency and percentage of responses per local health board in Wales.
Note: 1213 respondents did not provide an answer

Health Board / Trust	Number of Responses (Freq)	Percentage of Overall Responses (%)
ABUHB	5345	24.6
BCUHB	2372	10.9
CAVUHB	3928	18.0
CTMUHB	1824	8.4
HDUHB	2900	13.3
PTHB	1376	6.3
SBUHB	3951	18.2
VCC	69	0.3
Total Responses	21765	



As an indicator of the location and demographics of respondents across Wales, information on local authority demonstrates that the majority of responses were from the City and County of Swansea (13.5%). The least number of respondents, on the other hand, were from Isle of Anglesey County Council (0.9%) (Figure 3). Considering the area in which the VC was being conducted, 42% were located in towns, 25.5% in cities, 24.6% in villages, and 6.3% in the countryside. However, there were only 2816 responses to this question, and only 3996 for local authority, as these were most recent to be added to the survey.

Figure 3. The distribution of responses for which local authority the respondents were located when conducting the VC.



Face-to-Face Prevention and VC Quality Ratings

VC quality ratings and face-to-face prevention responses are displayed in Table 3. The quality of VC was rated positively by respondents, with 84.7% stating that it was **Excellent**, **Very Good**, or **Good**. However, it seemed as if clinicians were more negative in their responses when compared with patients (Figure 4). This difference was revealed as significant by a Mann-Whitney statistical test ($U = 36013700.0$, $p < .001$), commonly used to test statistically significant differences between two groups of respondents. The reason as to

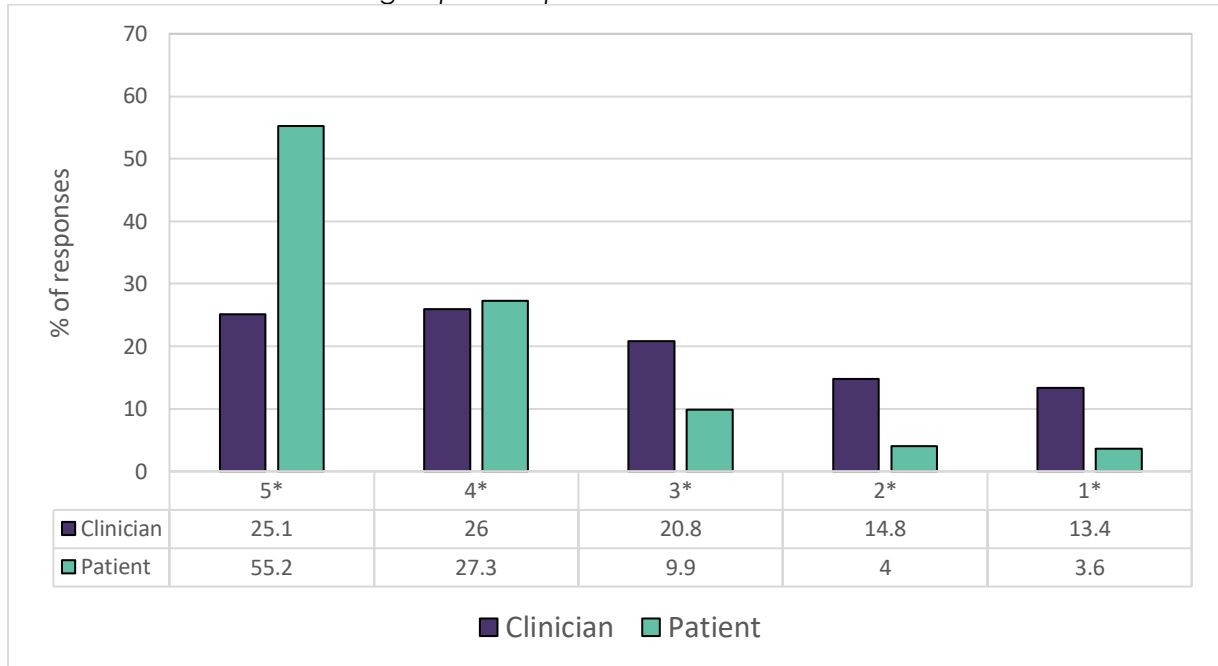
why clinicians are more negative in their responses is unknown, perhaps this is because patients tend to rate their **overall** experience with VC (i.e., positive as they get to see their clinician) and clinicians emphasise the **technical aspects** of the consultation and experience.

Similarly, there also seemed to be a difference between the perceptions of face-to-face prevention of patients and clinicians, whereby patients (60.8%) seem to report a lower proportion of prevention than clinicians (85.3%). Perhaps this is due to patients not understanding the true meaning of face-to-face prevention, and that they believe VC is 'face-to-face'.

Table 3. The proportion of responses for quality ratings and face-to-face prevention

VC Quality Ratings	Overall Sample	Clinician	Patient
5*	43.9	25.1	55.2
4*	26.8	26.0	27.3
3*	14.0	20.8	9.9
2*	8.1	14.8	4.0
1*	7.2	13.4	3.6
Total Responses	22674	8500	14174
Prevention of Face-to-Face			
Yes	69.4	85.3	60.8
No	21.1	9.9	27.2
Unable to say	9.5	4.8	12.0
Total Responses	21740	7660	14080

Figure 4. The distribution of quality ratings for patients and clinicians, demonstrating the difference between the two groups of respondents.



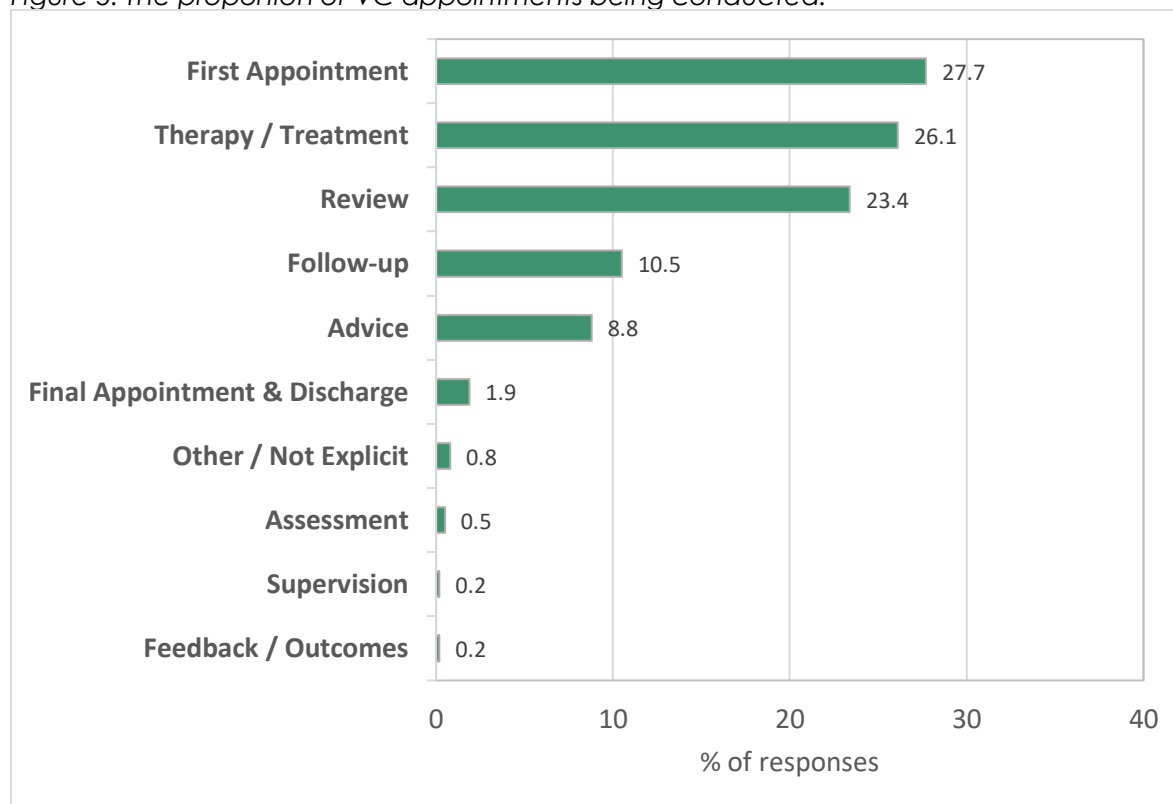
Clinicians' Prevention of Face-to-Face:

Overall, face-to-face was prevented according to 85.3% clinicians. 46.6% reported that face-to-face was simply prevented, 16% stated that it enhanced the clinical session by adding a visual element (e.g., compared with telephone that has no visual). 27.7% stated that it both prevented face-to-face and enhanced the clinical session.

Activity of the Video Consultation:

Figure 5 displays the types of appointments being conducted over VC. The results revealed that first appointments (27.7%), therapy/treatment (26.1%) and reviews (23.4%) were most common.

Figure 5. The proportion of VC appointments being conducted.



Challenges and Benefits of VC:

Tables 4-7 display the most relevant challenges according to patients (Table 4) and clinicians (Table 5), as well as the beneficial aspects of VC (Table 6, patients; Table 7, clinicians).

Considering patient challenges, issues with space was the least relevant challenge, with only 1.1% of respondents stating they encountered “some” or “a lot” of this challenge. On the other hand, the challenge with the most negative responses was having a preference for face-to-face or telephone. For clinicians, technical issues were more prevalent, according to the relevancy ratings, when compared with patients. The benefits of VC were also viewed positively by patients, in particular, VC was seen as “Very Beneficial” for lowering rates of infection by 80.5% of respondents. Lowering stress and anxiety and improving family involvement seemed to be the least beneficial aspects of VC according to patients, although these were still highly rated by the majority. Lowering rates of infections was also the highest rated benefit for clinicians, with 78% of the responses for “Very Beneficial”. However, it is

important to note that not all respondents found VC beneficial, and some did encounter challenges, regardless of the positive rating.

Key for Benefits & Challenges Tables

Green – Highest rated scores (darker > lighter as numbers reduce)

Red – Lowest rated scores (darker > lighter as numbers reduce)

Table 4. Patient ratings for the potential challenges of VC encountered.

Patient Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues with Safe Space	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone
Not at all	82.9	85.2	82.4	73	96.6	85.3	87.2	54.2
A little	10.8	9.8	11.1	16.8	2.3	10.7	7.6	19.8
Some	4.5	3.5	4	4	0.8	2.8	3	13.5
A lot	1.8	1.6	2.5	4.2	0.3	1.2	2.1	12.5
Total Responses	13658	13501	13681	13677	13395	13490	11352	12081

Table 5. The relevancy ratings for the potential challenges that clinicians could have faced during their VC.

Clinician Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues on Patients side	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone	Patient's Preference for FTF
Not at all	77.4	73.2	64.8	63.5	67.4	94.3	83.2	65.2	70.7
Quite	7.1	10.2	12.8	11.1	11.9	3.7	9.9	13.5	12.7
Relevant	7.1	8.1	9.8	9.7	10.4	1.4	4.2	12.5	9.7
Very Relevant	8.5	8.5	12.6	15.7	10.2	0.6	2.6	8.8	7
Total Responses	6893	6857	7039	6968	6882	6543	6573	6669	6355

Table 6. Patients' ratings for each potential benefit of VC.

Patient Benefits of VC	Saved Time & Preparation	Saved Travel & Parking	Saved Environment	Saved Taking Time Off	Saved Money	Improved Access to Care	Improved Convenience	Improved Family Involvement	Lowered Risk of Infection	Lowered Stress & Anxiety
Not at all	1.9	1.3	1.3	4.4	4.4	2.5	2	5.3	1	4.8
Not Quite	1.5	1.6	1.2	5.7	4.8	2.6	2.4	6	0.8	6
Beneficial	9.3	5.1	6.4	9	9.8	9.4	8.1	10.2	4.1	14.9
Very beneficial	24.8	15.1	17.8	17.7	17.7	22.5	19.2	20.1	13.7	21.8
Very beneficial	62.5	76.9	73.3	63.3	63.3	63	68.4	58.5	80.5	52.5
Total Responses	13602	12910	13069	10237	9884	12538	13400	9232	13451	12385

Table 7. Clinicians' beneficial ratings for each potential benefit of using VC.

Clinician Benefits of VC	More Efficient use of time/space	Saved Travel & Parking	Saved Environment	Increased Access to Care	Reduced Wait Times	Reduced DNA	Improved Family Involvement	Lowered Infection Rates
Not at all	2.4	2.4	2.9	3.1	5.8	6.6	8	1.3
Not	6.4	3	5.3	8.7	12.6	13.8	14.5	1
Quite	16.4	10.5	12	16.2	13	18.4	18.5	5.5
Beneficial	26.1	24	24.6	25.2	23	22.5	22.1	14.3
Very beneficial	48.7	60.1	55.2	46.8	45.6	38.6	36.9	78
Total Responses	7384	7263	7263	7216	6652	6766	6080	7412

Minutes Saved by Using VC:

An average saving of 59 minutes of travel per person, per day was calculated for all respondents. This calculation was based on a total of 15,612 respondents providing information on the minutes it usually takes them to travel one-way to work (clinician) or to their appointments (patient). In total, 460945.15 minutes (7682.42 hours) were recorded as saved due to the use of VC (Mean = 29.52, SD = 22.00). To account for a return journey this total was doubled, and calculated as a final sum of 921,890.3 minutes (15364.84 hours) of travel saved (Mean = 59.04 minutes).

For patients only, based on 13,023 responses and 758,664 minutes saved, it suggests that on average a patient saves 58.2 minutes per appointment.

For clinicians only, based on 2589 clinicians (30.1% of total) stating they were working from home, they report a total of 163,226.3 minutes (2,720.43 hours) of travel was saved. On average, this suggests clinicians save 63 minutes of travel per working day.

Patient Demographics:

42.2% of patients were Male, 57.1% Female, 0.3% Non-binary, 0.3% Prefer not to say, and 0.1% stated Other. Figure 6 demonstrates the distributions of responses from each age group, with patients aged 45-64 making up the highest proportion of the sample (29.7%) and Over 80s the least (2.6%). Additionally, 95.3% of patients were White or British (English, Welsh, Scottish, Irish (displayed in Figure 7), and annual income is shown in Figure 8.

Figure 6. The percentage of patients in each age group.

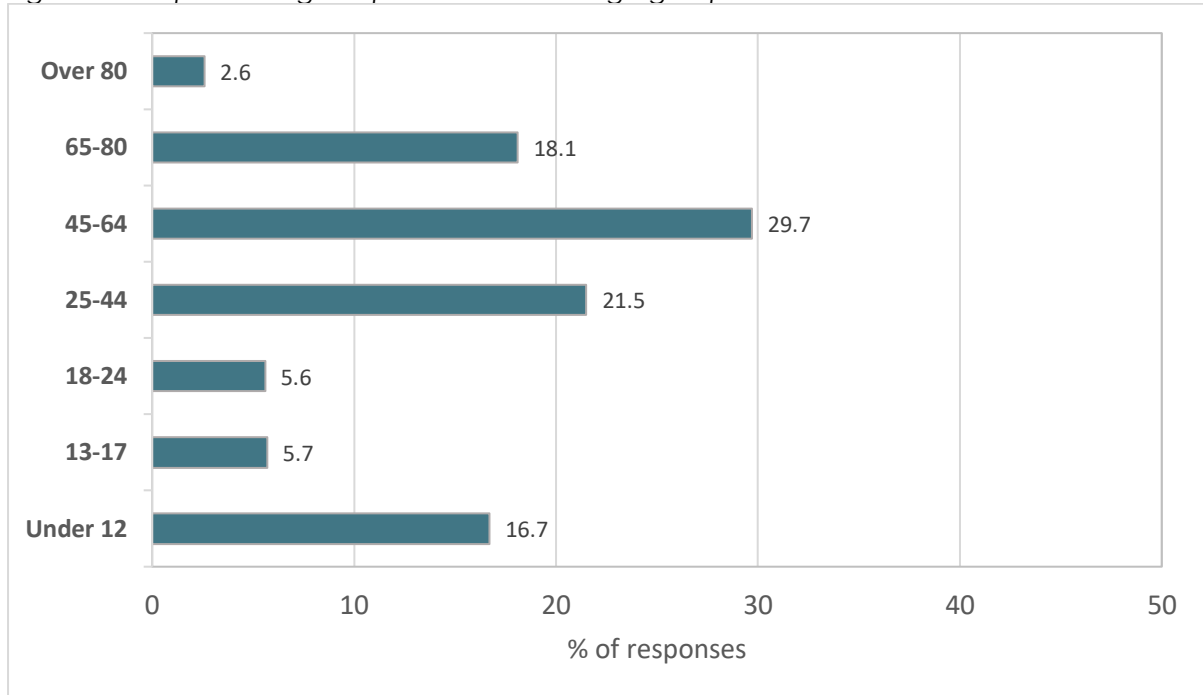


Figure 7. Ethnicities of patients in the current sample.

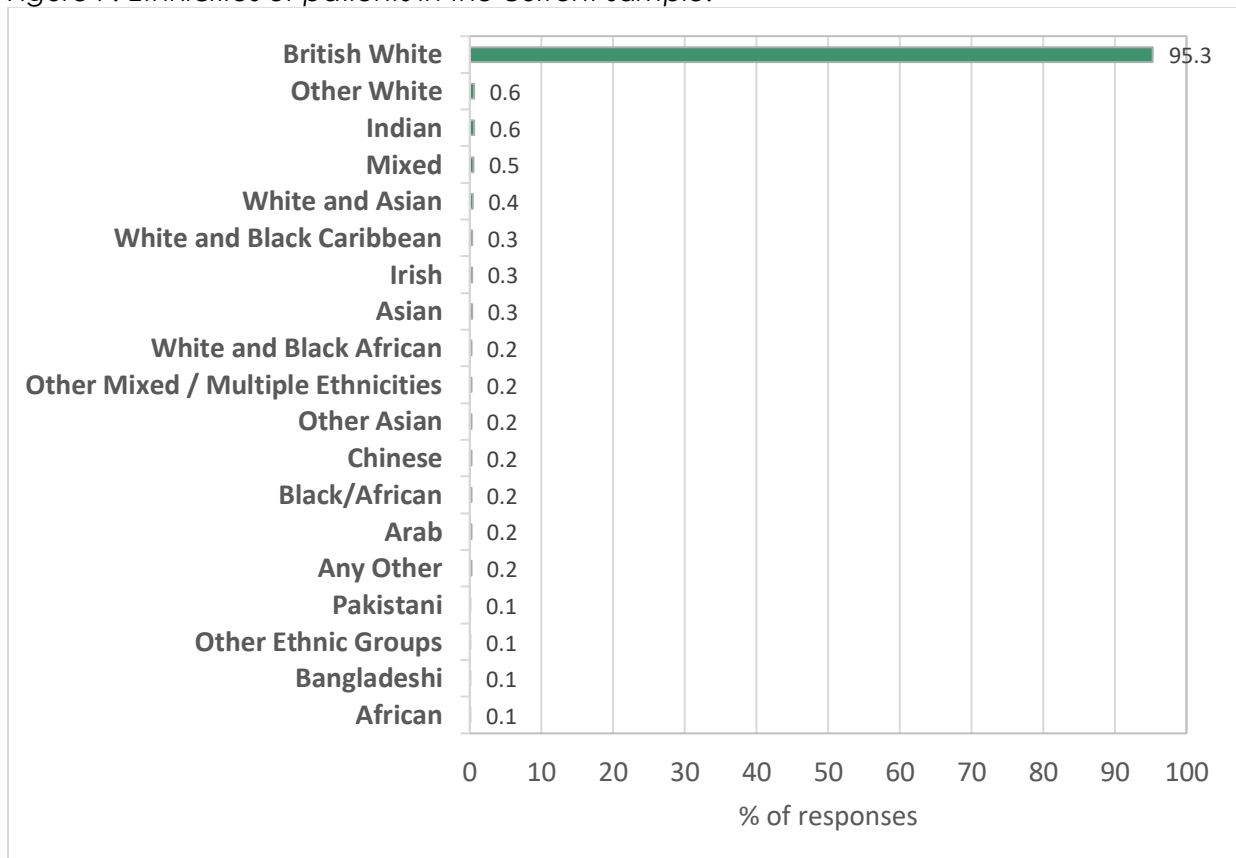
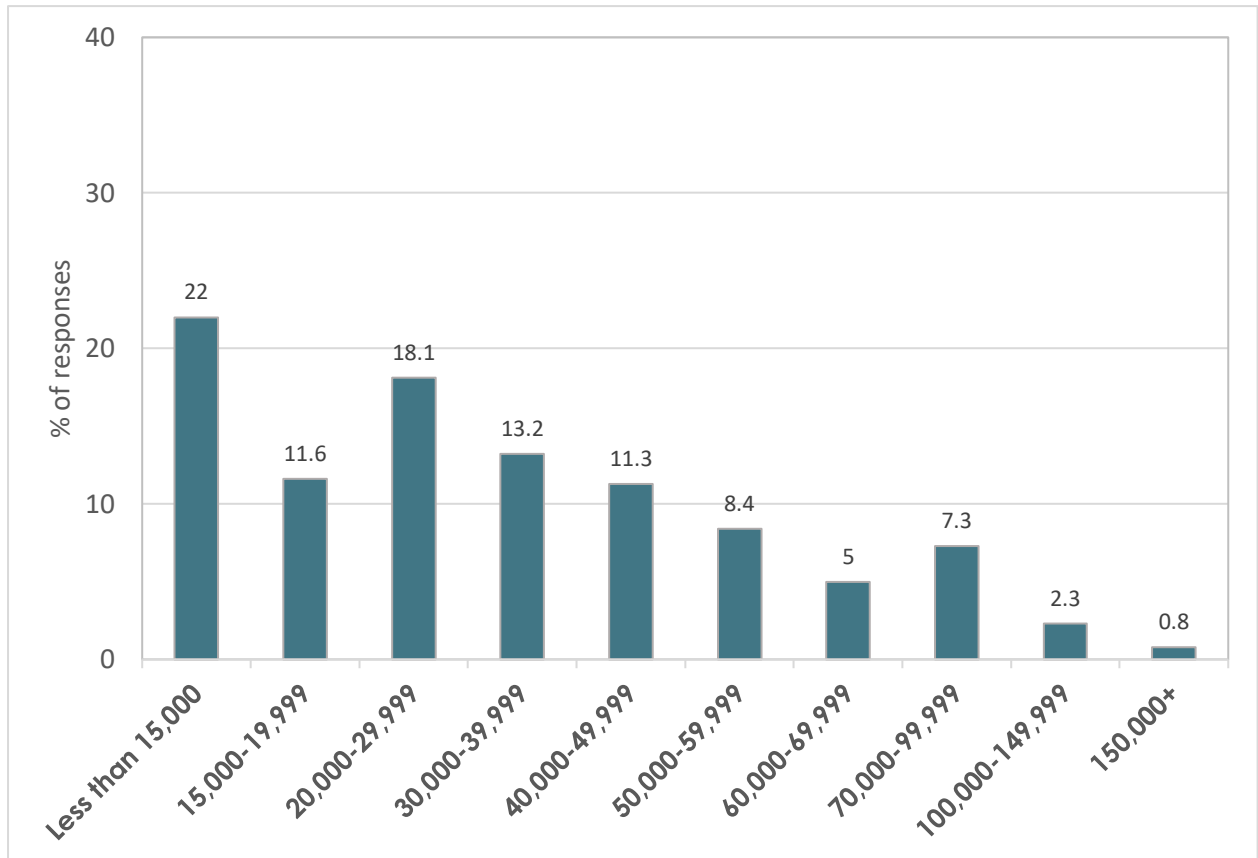


Figure 8. Patient household annual income by percentage



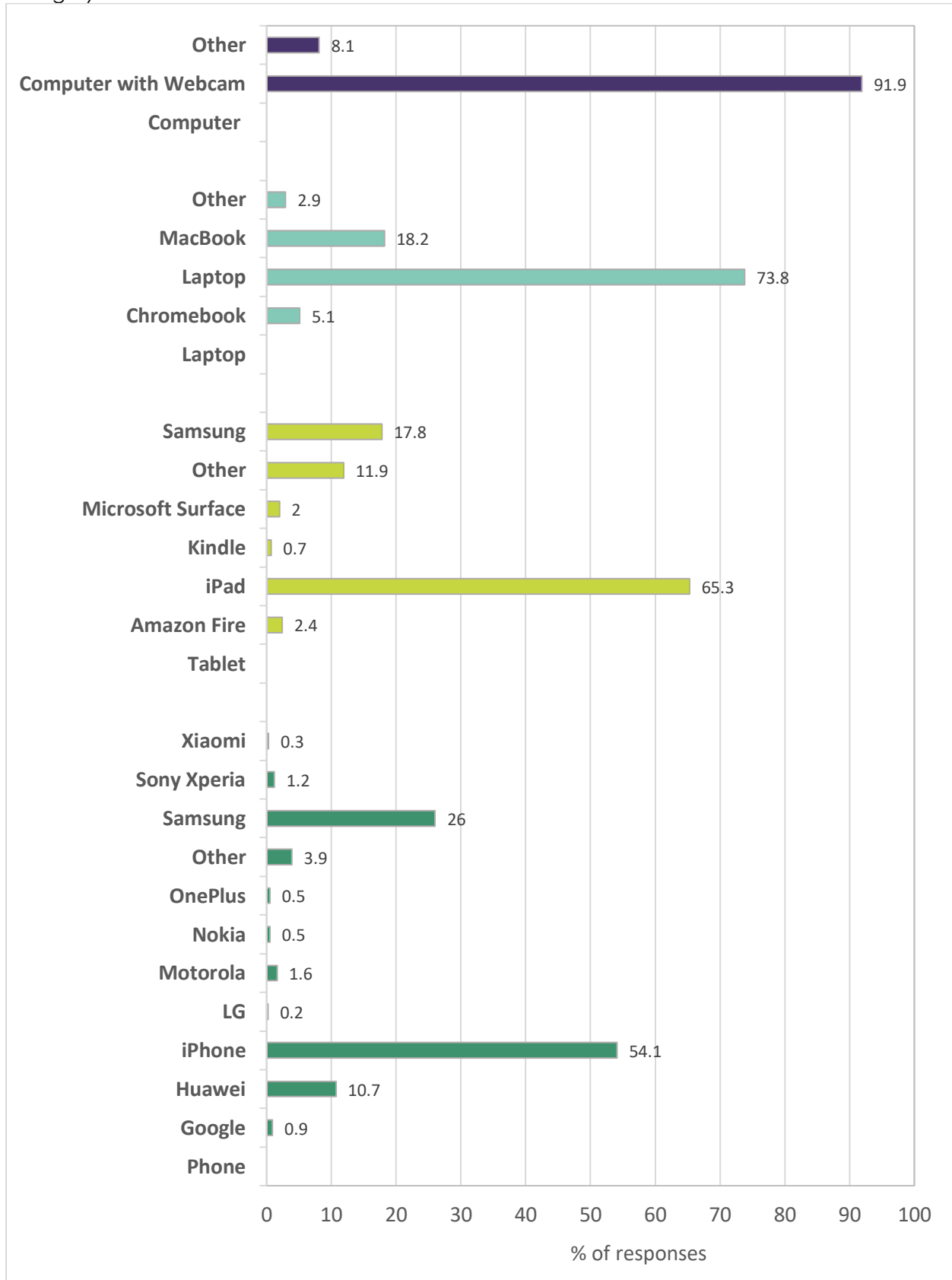
Patients’ Disability

29% of the patients reported ‘yes’ to having a disability, and 71% reported ‘no’.

Patients’ Devices:

The most common device used to conduct a VC were laptops (38.9%), followed closely by phones (33.4%), and tablets (20.4%). Also, 7.2% reported using more than one device (e.g., a combination of a phone and tablet), which may suggest that some patients had to switch devices during the VC, perhaps due to technical issues. However, this is speculation, it is unknown as to why patients reported more than one device. Figure 9 demonstrates the types/brands of devices being used, per device category.

Figure 9. The types/brands of devices being used by patients, considering each device category.



How Many Times and Would You Use Again?

58.3% reported that they had only used VC on the day of their appointment. The remaining patients had used it once, twice, or three times or more prior to their consultation. Positively, 91.1% would use VC again in the future, only 0.8% said they would not. These responses are displayed in Table 8.

Table 8. The number and percentage of responses for how many times patients had used VC prior to their appointment, and if they would use VC again.

Previous and Future Use of VC	Number of Responses (Freq)	Percentage of Overall Responses (%)
How many times have you used VC before?		
Only Today	8113	58.3
Once before today	2343	16.4
Twice before today	1172	8.4
Three or more times	2288	16.8
Total Responses	13916	
Would you use VC again?		
Yes	8560	91.1
No	77	0.8
Maybe	761	8.1
Total Responses	9398	

The Choice to Use VC

According to 64.8% of patients, the choice to use VC was made by the service, and they were informed of this decision. Similarly, 13% stated that it was the only option, and there was no alternative. On the other hand, 20.5% of patients were given the choice and opted to use VC. This suggests that patients are open to using VC and make the decision to use it when faced with additional options.

“Able To” Statements:

Patient responses to the “Able To” statements are displayed in Figure 10.

Figure 10. The distribution of responses for each “Able To” statement.

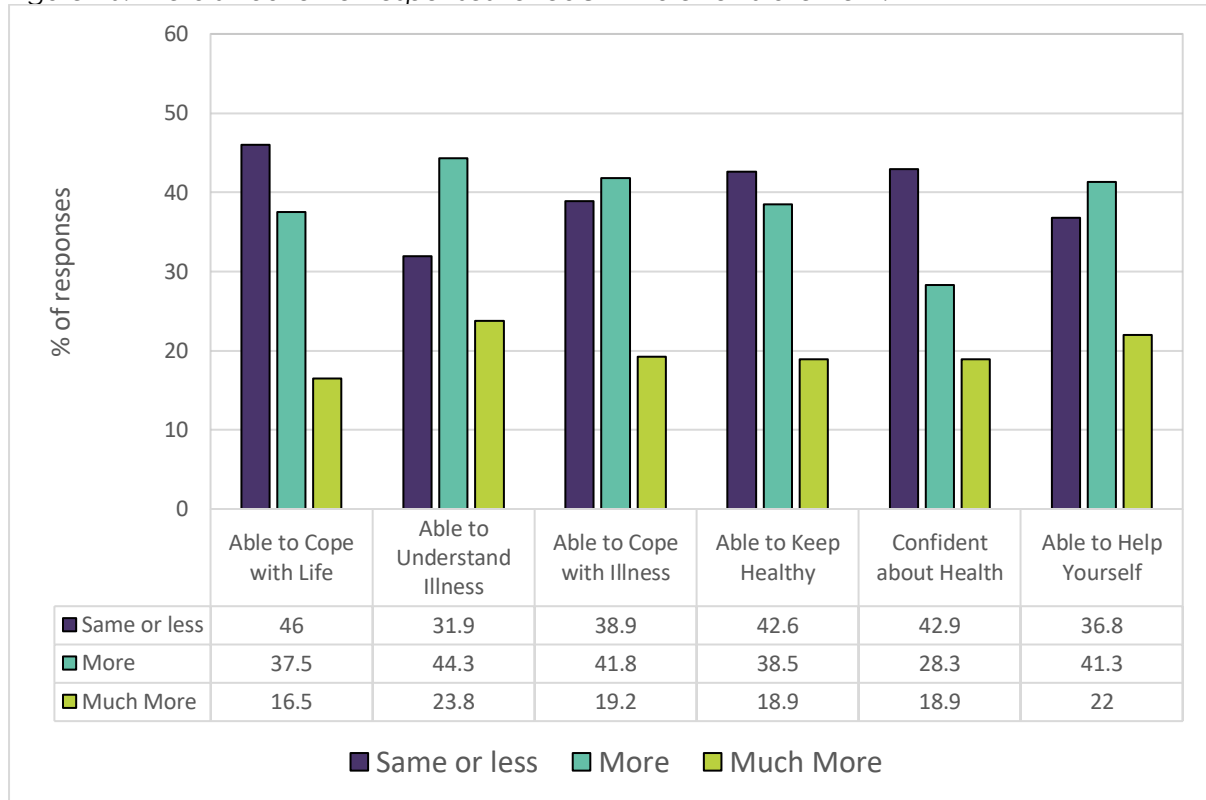


Table 9. The descriptive statistics for the “Able To” scores, including mean (standard deviation), minimum, and maximum. Total number of responses is also displayed.

“Able To” Scores	Number of Responses	Mean (SD)	Min	Max
	6305	4.79 (3.99)	0	12

Primary Care Data

There were a total of 1116 Primary Care responses, with 695 clinicians and 421 patients. Primary Care contributes to 4.6% of the overall sample of responses.

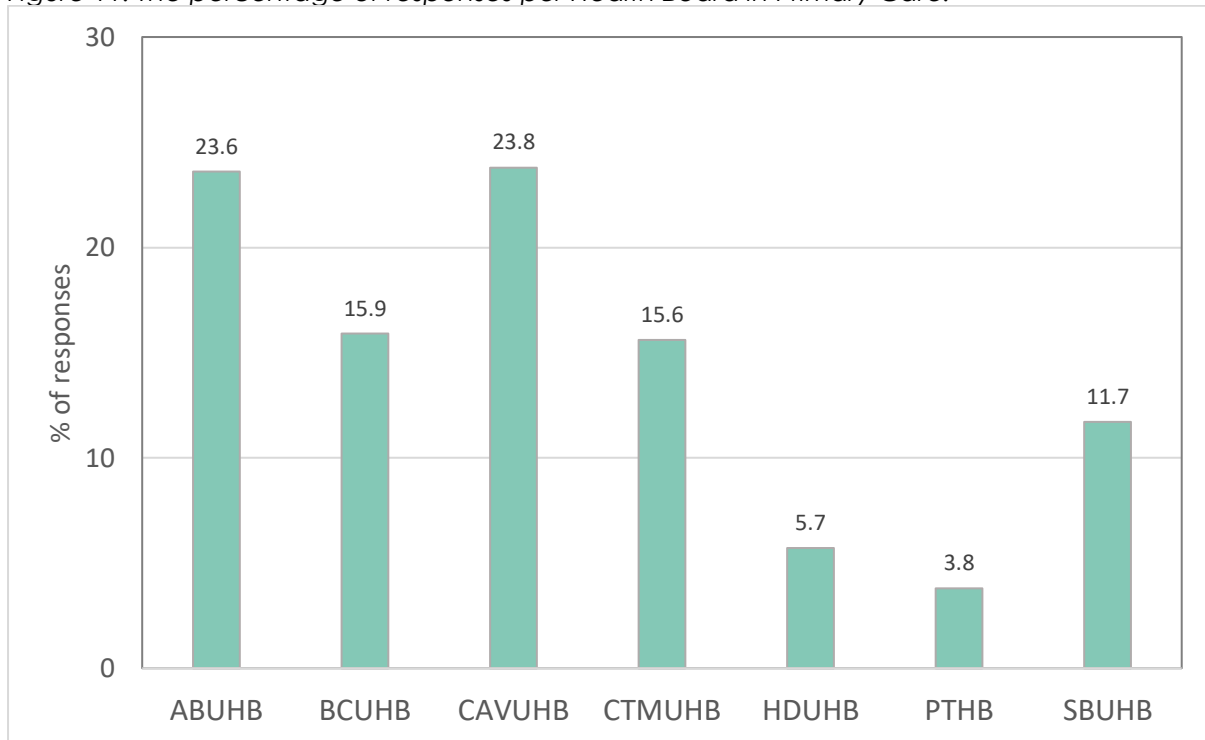
Health Board

ABUHB and CAVUHB were the local health boards with the largest proportion of responses in Primary Care. These responses are displayed in Table 10 and visualised in Figure 11.

Table 10. The frequency and percentage of responses per health board. Note: 26 respondents did not provide a response.

Health Board	Number of Responses (Freq)	Percentage of Overall Responses (%)
ABUHB	257	23.6
BCUHB	173	15.9
CAVUHB	259	23.8
CTMUHB	170	15.6
HDUHB	62	5.7
PTHB	41	3.8
SBUHB	128	11.7
Total Responses	1090	

Figure 11. The percentage of responses per Health Board in Primary Care.



Face-to-Face Prevention and VC Quality Ratings

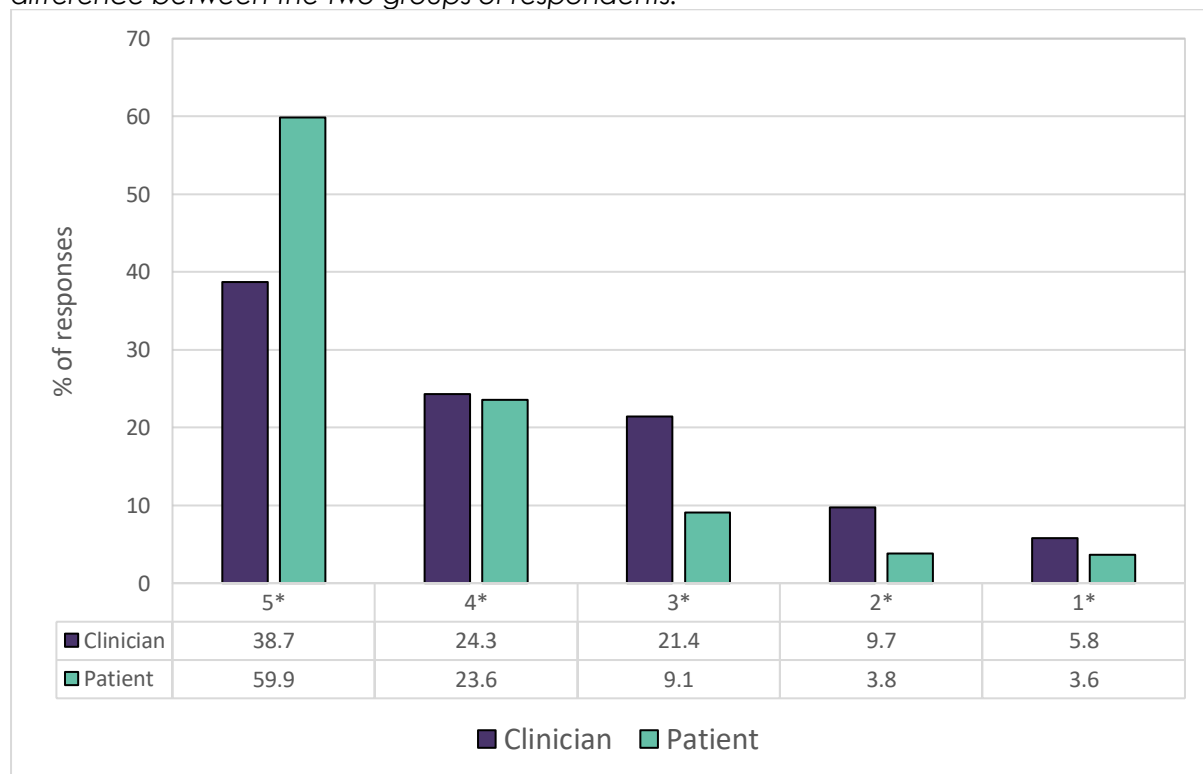
VC quality was rated positively by both patients and clinicians, with 87.8% stating that it was Excellent, Very Good, or Good. However, patients seemed to rate VC more positively than clinicians, and this was demonstrated using a Mann-Whitney U test, revealing a statistical difference between groups of respondents ($U = 107513.50, p < .001$). This is displayed in Figure 12.

In addition, face-to-face prevention was high (76.1%), although the perceptions seemed to differ between patients and clinicians once again, with a lower rate of prevention for patients. This information, as well as VC Quality Ratings, is demonstrated in Table 11.

Table 11. The distributions of responses for Quality Ratings and face-to-face prevention, according to the entire sample, and patients and clinicians separately.

VC Quality Ratings	Overall Sample	Clinician	Patient
5*	46.7	38.7	59.9
4*	24.1	24.3	23.6
3*	16.8	21.4	9.1
2*	7.5	9.7	3.8
1*	5.0	5.8	3.6
Total Responses	1109	690	419
Prevention of Face-to-Face			
Yes	76.1	84.5	62.9
No	19.1	11.7	30.9
Unable to say	4.8	3.9	6.2
Total Responses	1090	669	421

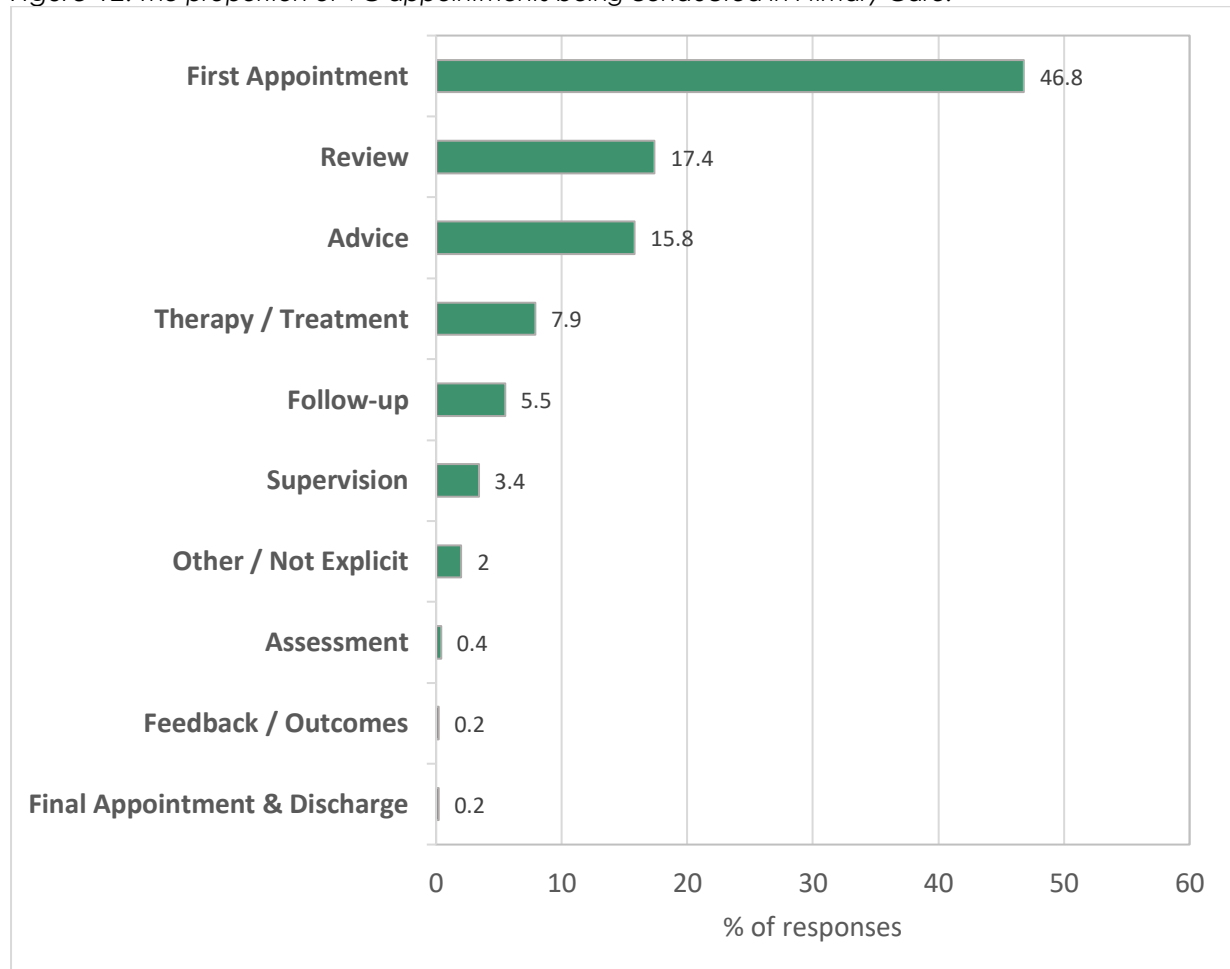
Figure 12. The distribution of quality ratings for patients and clinicians, demonstrating the difference between the two groups of respondents.



Activity of the Video Consultation

Figure 12 displays the types of appointments being conducted using VC. In particular, first appointments were the most common in Primary Care (46.8% of total responses). The least common, on the other hand, were final appointments & discharge, feedback/outcomes, and assessments.

Figure 12. The proportion of VC appointments being conducted in Primary Care.



Challenges and Benefits of VC

Tables 12-15 display the most relevant challenges according to patients (Table 12) and clinicians (13), and the beneficial aspects of VC (Table 14 patients, Table 15 clinicians).

Table 12. Patient's ratings for the potential challenges of VC encountered.

Patient Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues with Safe Space	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone
Not at all	83.5	90	87.4	78.5	97	83.4	85.2	48.7
A little	8.9	5.5	7.7	14.1	1.5	12.4	8.7	22.7
Some	5.2	3.5	2.2	4	1.5	3.2	3.6	15.9
A lot	2.5	0.7	2.7	3.5	0	1	2.4	12.7
Total Responses	405	401	405	405	396	403	332	353

Table 13. The relevancy ratings for the potential challenges that clinicians could have faced during VC.

Clinician Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues on Patients side	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone	Patient's Preference for FTF
Not at all	80.6	82.7	76.3	77.7	73.1	95.3	90.8	75.5	81.4
Quite	6.1	6.5	8.7	6.5	9.5	2.4	5.1	8.6	8.9
Relevant	6.4	4.5	7.8	5.3	9	1.4	1.7	9.3	5.7
Very Relevant	6.9	4.5	7.2	10.6	8.4	0.9	2.4	6.6	4
Total Responses	592	583	599	587	592	579	573	592	576

Table 14. Patients' ratings for each potential benefit of VC.

Patient Benefits of VC	Saved Time & Preparation	Saved Travel & Parking	Saved Environment	Saved Taking Time Off	Saved Money	Improved Access to Care	Improved Convenience	Improved Family Involvement	Lowered Risk of Infection	Lowered Stress & Anxiety
Not at all	1.5	1.6	1.1	2.7	3.5	1.3	1.8	3.7	1.8	3.2
Not	2	4	2.7	4.8	3.5	2.4	2.3	3.7	0.5	4.6
Quite	8.4	2.9	4.8	4.5	5.3	8.8	5.8	9.2	4.3	17
Beneficial	23.4	14.7	15.7	19.6	18	24.6	17.8	20.2	13	21.9
Very beneficial	64.8	76.7	75.8	68.4	69.6	62.8	72.4	63.2	80.5	53.2
Total Responses	406	373	376	332	283	374	398	257	399	370

Table 15. Clinicians' beneficial ratings for each potential benefit of VC.

Clinician Benefits of VC	More Efficient use of time/space	Saved Travel & Parking	Saved Environment	Increased Access to Care	Reduced Wait Times	Reduced DNA	Improved Family Involvement	Lowered Infection Rates
Not at all	1.2	2.7	3.5	2.3	4.2	4.7	8.7	3.1
Not	5.3	4.2	5	7.2	8.3	11.1	16.3	2.6
Quite	13.8	7.5	14.9	14.2	12.4	11.4	14.3	4
Beneficial	33.8	33.2	27.2	31.5	29.5	28.8	30.4	21.9
Very beneficial	45.9	52.4	49.4	44.8	45.5	44	30.4	68.3
Total Responses	647	624	624	639	613	570	484	643

Minutes Saved by Using VC

On average, primary care patients save 43 minutes of travel time per appointment, and clinicians save on average 48 minutes of travel per working day. This was calculated based on a reported total of 26,972 minutes (449.53 hours) were saved due to the use of VC. For 394 patients, VC saved 17,058 minutes (284.3 hours), and for 208 clinicians, 9,914 minutes (165.2 hours) were saved.

Home Workers (Clinicians)

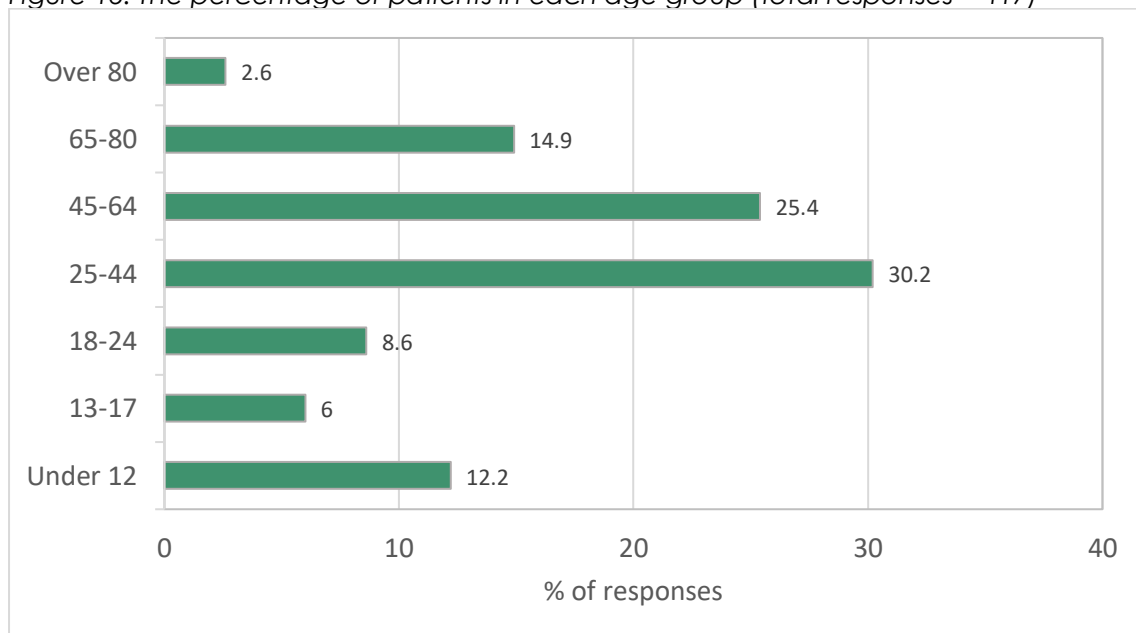
The data provided on minutes travelled also suggests that 208 clinicians (30.3%) in Primary Care were working from home, and 487 (69.7%) were working from their work/clinical base.

Patient Questions

Patient Demographics

44.0% of patients in Primary Care (total number of responses = 234) were male, 55.3% were Female, and 0.8% stated Non-Binary or Other. The majority of patients were between the ages of 25-44 (30.2%), and Over 80s were the least common age group in Primary Care (Figure 13).

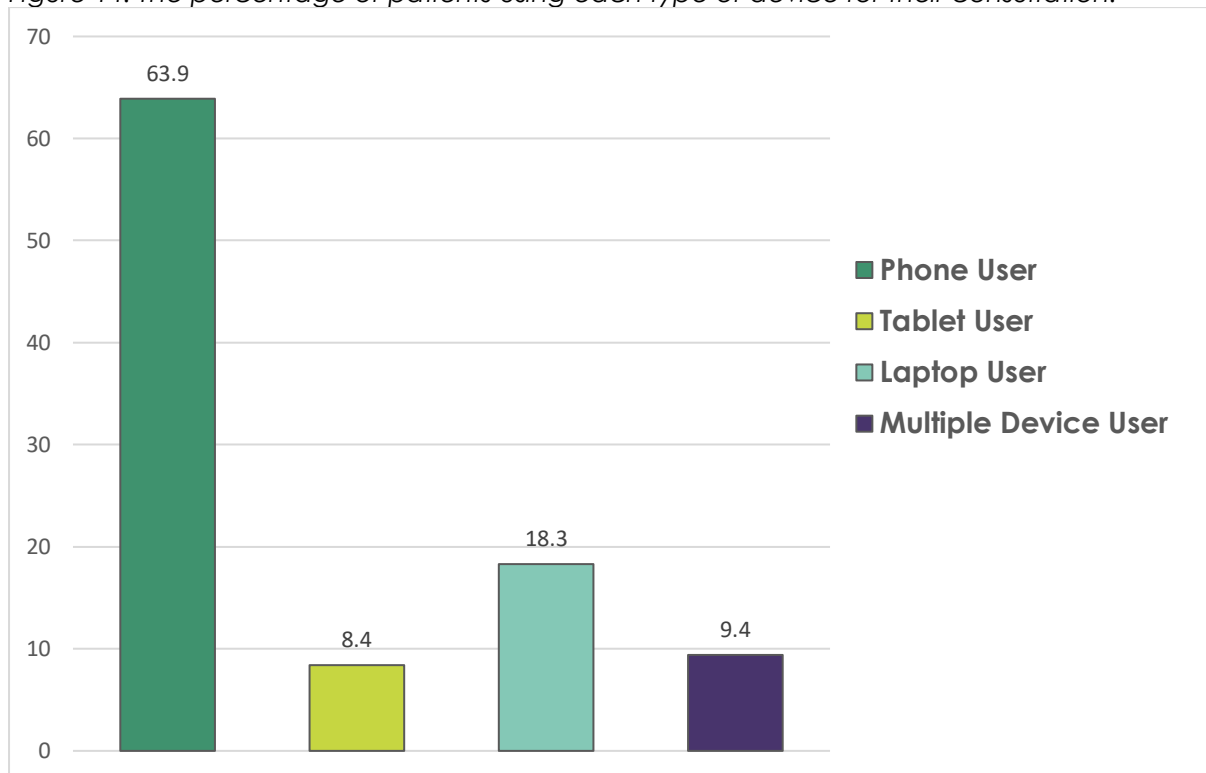
Figure 13. The percentage of patients in each age group (total responses = 417)



Patients' Devices

A total of 398 patients reported which type of device they were using to conduct their VC. Phones (62.3%) were being used by most of the patients in Primary Care, followed by laptops (18.8%), and tablets (8.8%). 10.1% reported using more than one device, suggesting that these individuals may have had to switch devices during their consultation. Figure 14 displays these values.

Figure 14. The percentage of patients using each type of device for their consultation.



How Many Times and Would You Use VC Again?

Table 16 demonstrates that most patients (82.6%) had only used VC once, on the day of their consultation, and there were small proportions of respondents who had used VC prior to their appointment. However, positively, 89.7% of patients said they would consider using VC again in the future, although there was a lower number of responses for this particular question in Primary Care compared with the overall sample size.

Table 16. The number and percentage of responses for how many times patients had used VC prior to their appointment, and if they would use VC again in the future.

Previous and Future Use of VC	Number of Responses (Freq)	Percentage of Overall Responses (%)
How many times have you used VC before?		
Only Today	341	82.6
Once before today	40	9.7
Twice before today	13	3.1
Three or more times	19	4.6
Total Responses	413	
Would you use VC again?		
Yes	157	89.7
No	5	2.9
Maybe	13	7.4
Total Responses	175	

The Choice to Use VC

62.6% of patients (total responses = 412) stated that they were informed by their service that their appointment would be using VC. A further 8.3% reported that it was the only option, and 26% opted for VC after being given a choice.

“Able To” Statements

The responses to the series of statements are displayed in Figure 15, and Table 17 provides information on the overall scores on the scale.

Figure 15. The distribution of responses for each “Able To” statement.

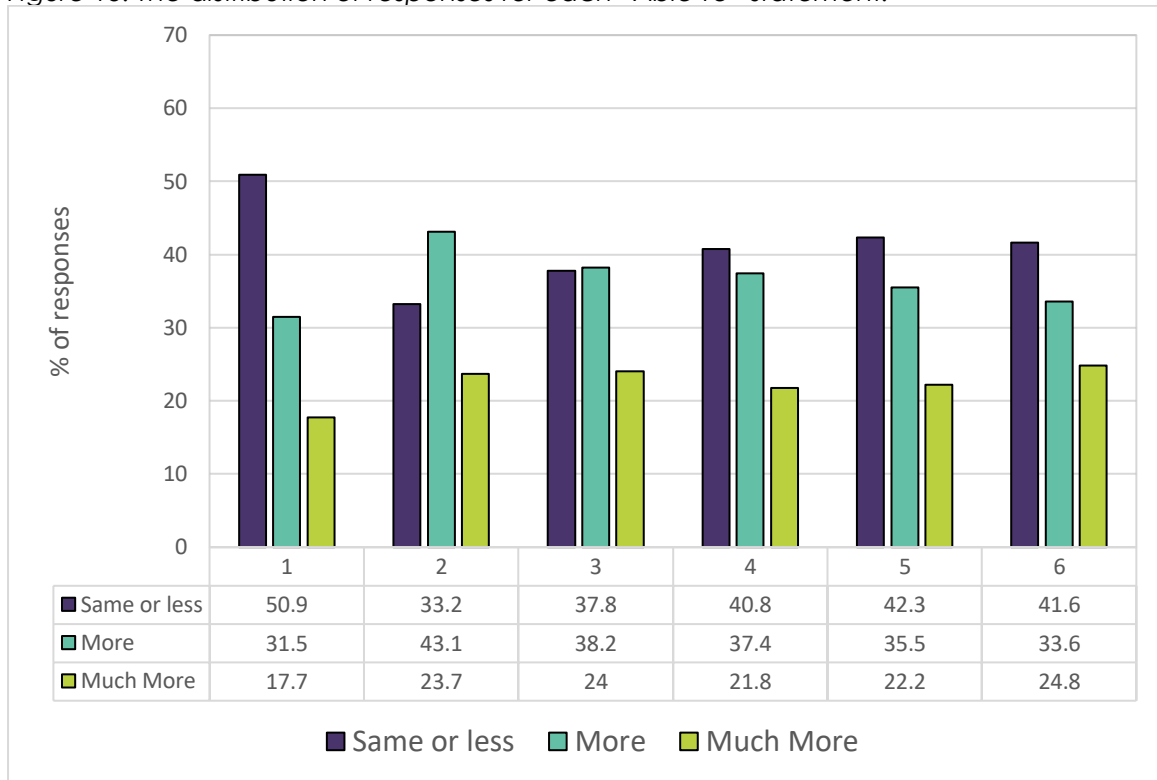


Table 17. The descriptive statistics for the “Able To” scores, including mean (standard deviation), minimum, and maximum. Total number of responses is also displayed.

“Able To” Scores	Number of Responses	Mean (SD)	Min	Max
	188	5.02	0	12

Care Categories of Primary Care

There were six sub-categories of Primary Care. These were General Practice (GP), Dental Health & Orthodontics, Optometry, Pharmacy, Urgent Primary Care and Primary Care. The sub-category “Primary Care” includes individuals who stated their specialty as “Primary Care”, but what aspect of care they provide is unknown and will thus not be considered in this section. All the additional categories will be detailed alone below, except for Urgent Primary Care, as there were only four responses in this care category. The number and percentage of responses in each care category of Primary Care are displayed in Table 18.

Table 18. The frequency and percentage of responses in each care category of Primary Care.

Care Category	Number of Responses (Freq)	Percentage of Overall Responses (%)
Primary:		
General Practice	394	35.3
Primary Care	178	15.9
Urgent Primary Care	4	0.4
Dental	459	41.1
Optometry	29	2.6
Pharmacy	52	4.7
Total Responses	1116	

General Practice (GP)

There were 394 responses from GP services, including 232 clinicians and 162 patients.

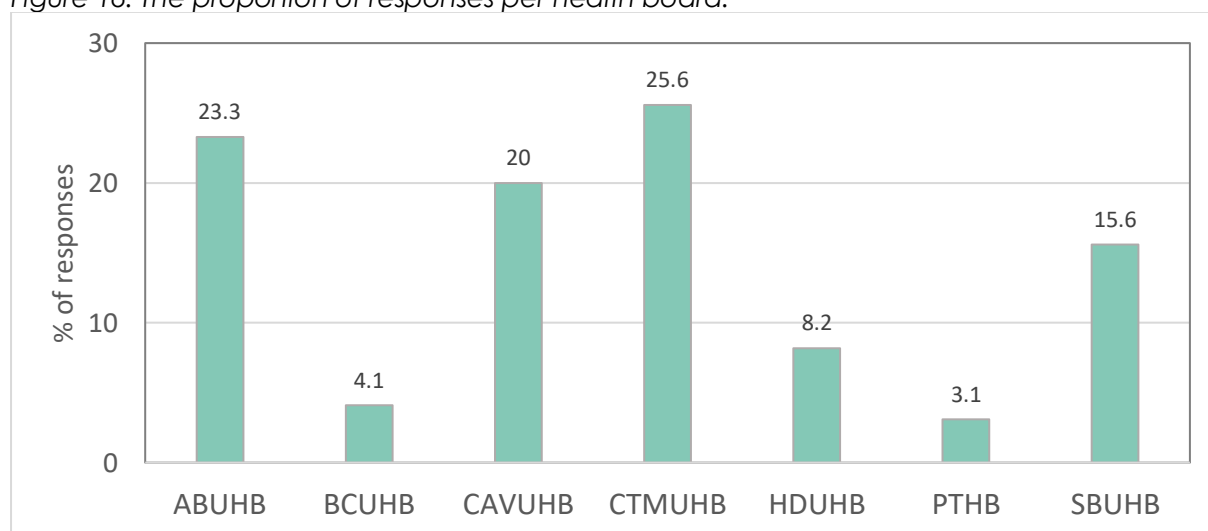
Health Board

The number of respondents from GP services from each health board are displayed in the Table 19 and visualised in Figure 16. The majority of responses were from CTMUHB (25.6%), followed closely by ABUHB (23.3%).

Table 19. The frequency and percentage of responses per health board. Note: 4 respondents did not provide a response.

Health Board	Number of Responses (Freq)	Percentage of Overall Responses (%)
ABUHB	91	23.3
BCUHB	16	4.1
CAVUHB	78	20.0
CTMUHB	100	25.6
HDUHB	32	8.2
PTHB	12	3.1
SBUHB	61	15.6
Total Responses	390	

Figure 16. The proportion of responses per health board.



Face-To-Face Prevention and VC Quality Ratings

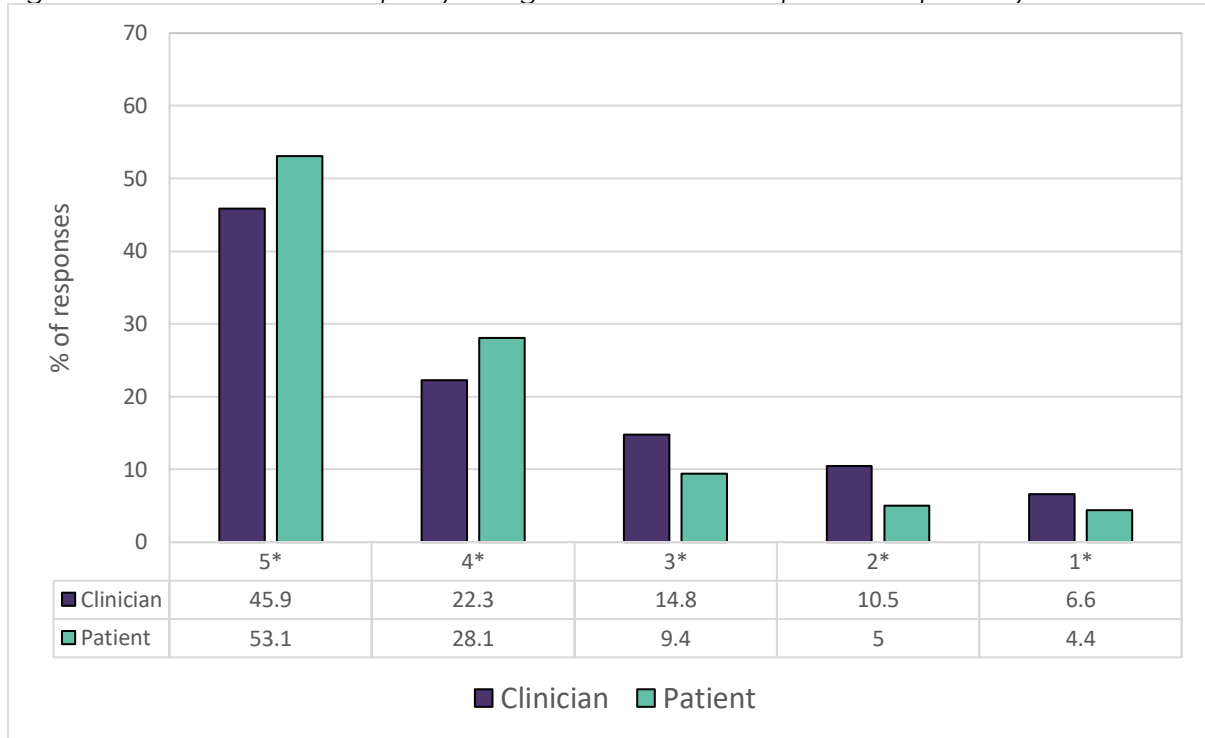
Overall, VC quality was rated positively by respondents in GP services, such that 86.1% of responses were Excellent, Very Good, or Good. Patients rated VC more positively than clinicians, revealed by a Mann-Whitney U test of statistical difference ($U = 16096.50, p = .029$) (Figure 17).

In addition, face-to-face prevention was high (80.7%), although as stated previously, patients' perceptions of face-to-face prevention differed from clinicians. This is demonstrated (as well as VC Quality ratings) in Table 20.

Table 20. The distributions of responses for Quality Ratings and face-to-face prevention, according to the entire sample, and patients and clinicians separately.

VC Quality Ratings	Total Sample	Clinician	Patient
5*	48.8	45.9	53.1
4*	24.7	22.3	28.1
3*	12.6	14.8	9.4
2*	8.2	10.5	5.0
1*	5.7	6.6	4.4
Total Responses	389	229	160
Prevention of FTF			
Yes	80.7	91.2	66.0
No	14.4	5.3	27.2
Unable to say	4.9	3.5	6.8
Total Responses	388	226	162

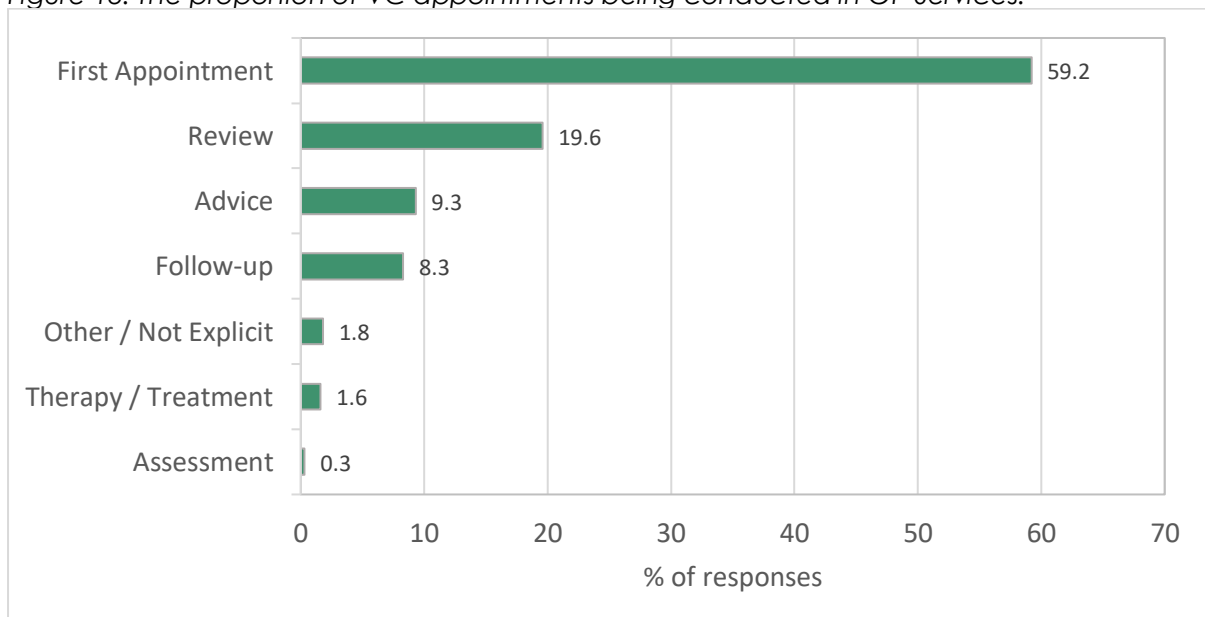
Figure 17. The distribution of quality ratings for clinicians and patients separately.



Activity of the Video Consultation

Figure 18 displays the types of appointments being conducted using VC in GP services. First appointments were the most common activity (59.2%), and assessments the least common (0.3%). However, there were no responses for supervision, feedback/outcomes, and final appointments & discharge.

Figure 18. The proportion of VC appointments being conducted in GP Services.



Challenges and Benefits of VC

Tables 21-24 display the challenges and benefits of VC according to patients and clinicians.

Patients' responses to the challenges that they may have encountered while using VC were positive. The least relevant challenge associated with VC was issues with safe space, suggesting that 94.8% did not encounter this, and only 3.2% experienced "some" challenges. On the other hand, the most common challenge according to patients was having a preference for FTF or telephone. Clinicians were also positive, challenges including lacking confidence and VC not being suitable seemed to be the least relevant, whereas the most relevant was the patient experiencing issues with VC and experiencing visual issues. Considering the benefits of VC, 94.2% of patients viewed VC as being very beneficial or beneficial for lowering the risk of infection. From the distributions of responses, lowering stress and anxiety was the least beneficial aspect of VC from the patient' perspective. For clinicians, the most beneficial was also for lowering risks of infection, and the least was reducing the likelihood of "Did not Attends" (DNA).

Table 21. Patients' ratings for the potential challenges of VC.

Patient Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues with Safe Space	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone
Not at all	78.1	87.9	83.9	75	94.8	80.8	80.5	48.6
A little	13.5	7	10.3	16	1.9	13.5	10.9	23.2
Some	3.9	3.8	3.2	4.5	3.2	4.5	4.7	15.9
A lot	4.5	1.3	2.6	4.5	0	1.3	3.9	12.3
Total Responses	155	157	155	156	154	156	128	138

Table 22. The relevancy ratings for potential challenges that clinicians could have faced during VC.

Clinician Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues on Patients side	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone	Patient's Preference for FTF
Not at all	80.1	81	73.1	80.2	66.7	98.3	95.3	86.3	86.6
Quite	6.6	6.1	11	6.8	13.9	0.6	2.9	6.3	6.4
Relevant	8.3	4.4	7.1	3.4	8.9	1.2	1.2	4.5	4.7
Very Relevant	5	3.3	8.8	9.6	10.6	0	0.6	2.8	2.3
Total Responses	181	181	182	177	180	172	171	176	172

Table 23. Patients' ratings for each potential benefit of VC.

Patient Benefits of VC	Saved Time & Preparation	Saved Travel & Parking	Saved Environment	Saved Taking Time Off	Saved Money	Improved Access to Care	Improved Convenience	Improved Family Involvement	Lowered Risk of Infection	Lowered Stress & Anxiety
Not at all	1.9	2.1	0.7	3.9	3.8	2.8	2	3.8	0	6.2
Not	2.5	5.7	3.6	6.3	6.7	4.3	2	2.9	2.6	4.8
Quite	10.8	5	6.5	5.5	4.8	8.5	6.6	8.6	3.2	20
Beneficial	22.8	12.9	11.6	18.9	17.1	19.9	19.9	18.1	12.8	15.2
Very beneficial	62	74.3	77.5	65.4	67.6	64.5	69.5	66.7	81.4	53.8
Total Responses	158	140	138	127	105	141	151	105	156	145

Table 24. Clinicians' ratings for each potential benefit of VC.

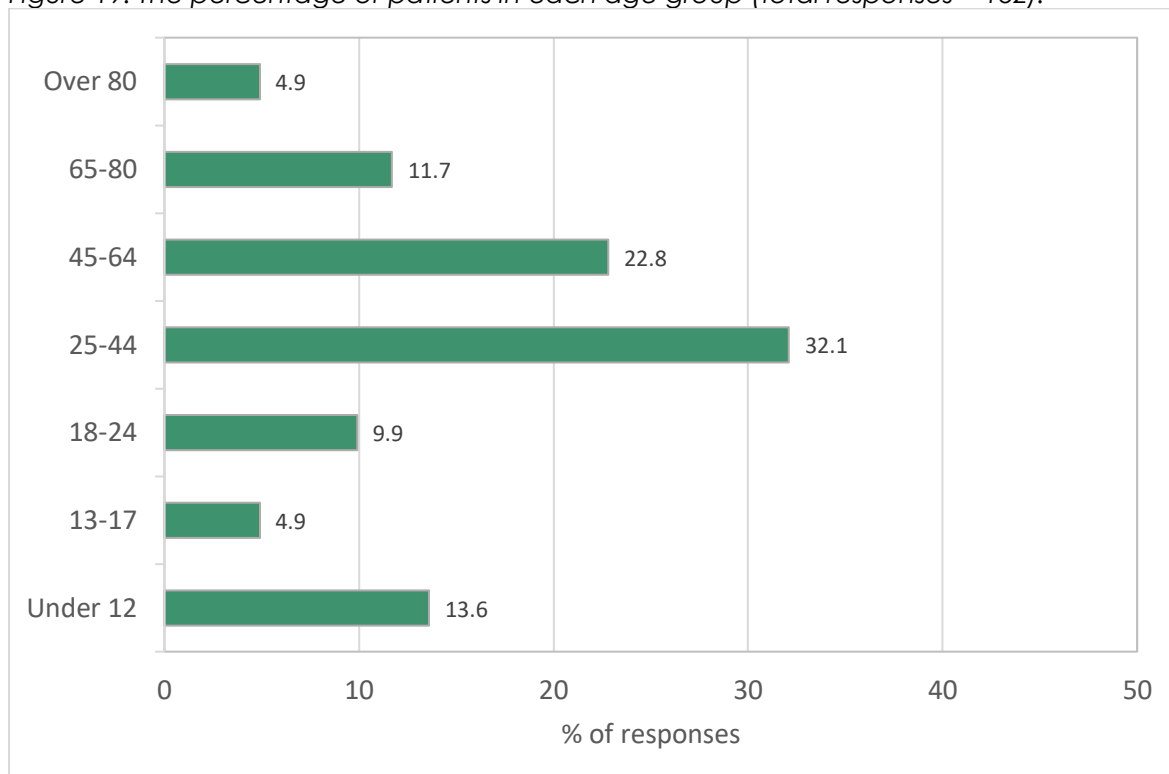
Clinician Benefits of VC	More Efficient use of time/space	Saved Travel & Parking	Saved Environment	Increased Access to Care	Reduced Wait Times	Reduced DNA	Improved Family Involvement	Lowered Infection Rates
Not at all	0	0	1.4	0.9	2.6	4.2	4.1	0.9
Not	5	1.4	3.8	9.9	11.8	24	25	1.4
Quite	18.7	11.9	31.3	24.5	19.5	7.8	12.8	2.3
Beneficial	32.9	34.3	19	21.7	24.6	22.2	20.3	12.4
Very beneficial	43.4	52.4	44.5	42.9	41.5	41.9	37.8	82.9
Total Responses	219	210	211	212	195	167	172	217

Patient Questions

Patient Demographics

46.2% of GP services patients were Male, 51.6% were Female, and 2.2% stated Non-Binary or Other. Also, 32.1% were between the ages of 25 and 44. The distribution of responses per age group is displayed in Figure 19.

Figure 19. The percentage of patients in each age group (total responses = 162).



Patients' Devices

155 patients reported the devices that they used to conduct their VC. Phones were the most common type of device (68.4%), followed by laptops (12.3%), and then tablets (7.7%). In addition to these, 11.6% stated that they had used more than one device during the consultation.

How Many Times and Would You Used VC Again?

Table 25 demonstrates that most patients (83.9%) had only used VC once, on the day of their consultation, and there was only a small proportion of respondents who had used VC once, twice, or three times or more prior to their

consultation. However, positively, 88.7% of 62 patients would consider using VC again in the future.

Table 25. The number and percentage of responses for how many times patients had used VC prior to their appointment, and if they would use VC again in the future.

Previous and Future Use of VC	Number of Responses (Freq)	Percentage of Overall Responses (%)
How many times have you used VC before?		
Only Today	135	83.9
Once before today	13	8.1
Twice before today	9	5.6
Three or more times	4	2.5
Total Responses	161	
Would you use VC again?		
Yes	55	88.7
No	3	4.8
Maybe	4	6.5
Total Responses	62	

The Choice to Use VC

59.2% of patients (total responses = 157) stated that they were informed of the decision to use VC by their services, as well as 8.9% stating it was the only option. 28% were given the choice, and they opted for using VC.

“Able To” Statements

The responses to the series of statements are displayed in Figure 20 and Table 26 provides the descriptive statistics of the scores.

Figure 20. The distribution of responses for each “Able To” Statement.

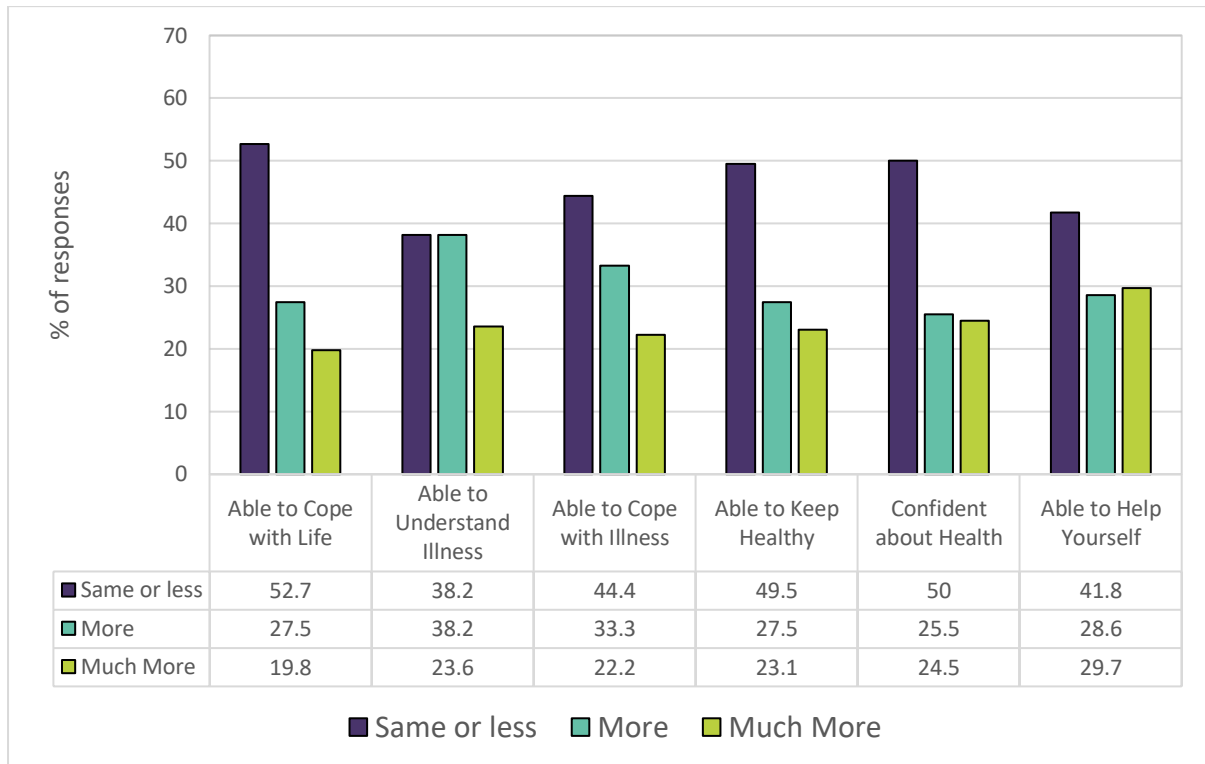


Table 26. The descriptive statistics for the “Able To” scores, including mean (standard deviation), minimum, and maximum. Total number of responses is also displayed.

“Able To” Scores	Number of Responses	Mean (SD)	Min	Max
	74	4.69 (4.47)	0	12

Dental Health & Orthodontics

Respondents in Dental Health were patients who stated they had a VC appointment with the healthcare specialty “Dental Health & Orthodontics” or stated in a free-text box that their appointment was related to dental. For clinicians, respondents were those who stated their specialty was Primary Care, and they were a “Dentist/Dental Nurse”, as well as all respondents who stated they were a “Dentist/Dental Nurse” but did not state a specialty. “Orthodontics” were also considered in this category, as Dentists and Orthodontists were grouped together for patient selection and could therefore not be differentiated for consideration elsewhere.

Overall, there were 459 respondents in Dental Health & Orthodontics, including 293 clinicians and 166 patients.

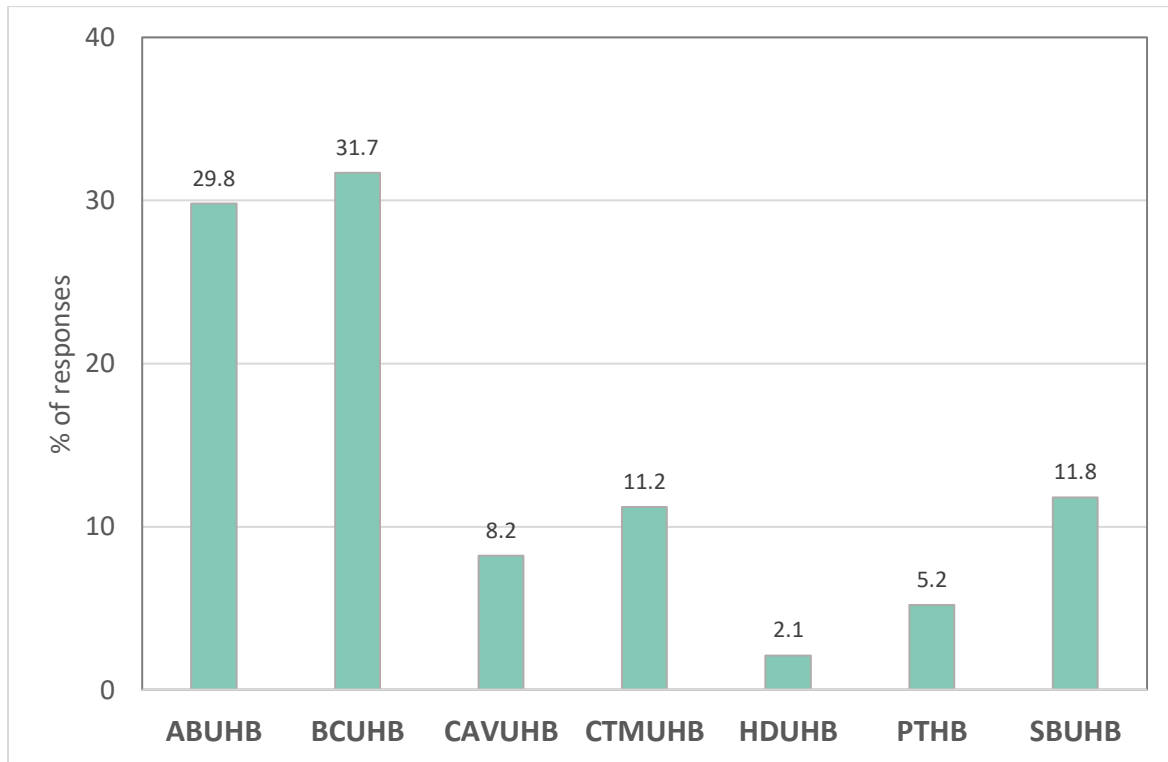
Health Board

The number of responses from Dental Health & Orthodontics from each health board are displayed in Table 27 and visualised in Figure 21. ABUHB and BCUHB were the most common health boards selected by respondents in this care category.

Table 27. The frequency and percentage of responses per health board. Note: 20 respondents did not state their health board.

Health Board	Number of Responses (Freq)	Percentage of Overall Responses (%)
ABUHB	131	29.8
BCUHB	139	31.7
CAVUHB	36	8.2
CTMUHB	49	11.2
HDUHB	9	2.1
PTHB	23	5.2
SBUHB	52	11.8
Total Responses	439	

Figure 21. The proportion of responses per health board.



Face-To-Face Prevention and VC Quality Ratings

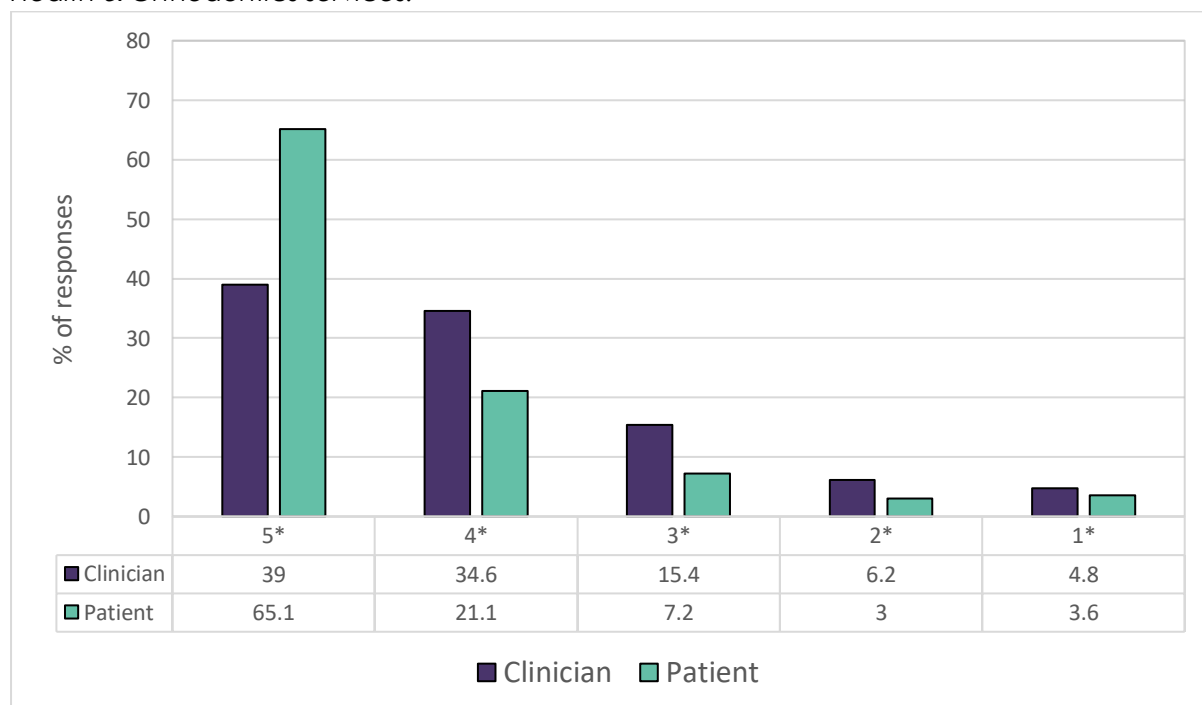
VC was rated positively by respondents in Dental Health & Orthodontics services. 90.6% stated that VC was Excellent, Very Good, or Good. Patients were very positive in their responses, and there was a statistical difference between patients and clinicians, revealed by a Mann-Whitney U test, $U = 17818.5, p < .001$. This is demonstrated in Figure 22.

Face-to-face prevention was moderate, with 68.3% of responses stating that it had been prevented. However, only 57.2% of patients stated it was prevented, and 74.9% of clinicians. This is the lowest face-to-face prevention across the entire Phase 2 Data. Information regarding quality ratings and face-to-face prevention is displayed in Table 28.

Table 28. The distributions of responses for Quality Ratings and face-to-face prevention, according to the entire sample, and patients and clinicians separately.

VC Quality Ratings	Total Sample	Clinician	Patient
5*	48.5	39.0	65.1
4*	29.7	34.6	21.1
3*	12.4	15.4	7.2
2*	5.0	6.2	3.0
1*	4.4	4.8	3.6
Total Responses	458	292	166
Prevention of FTF			
Yes	68.3	74.9	57.2
No	26.5	20.1	37.3
Unable to say	5.2	5.0	5.4
Total Responses	445	279	166

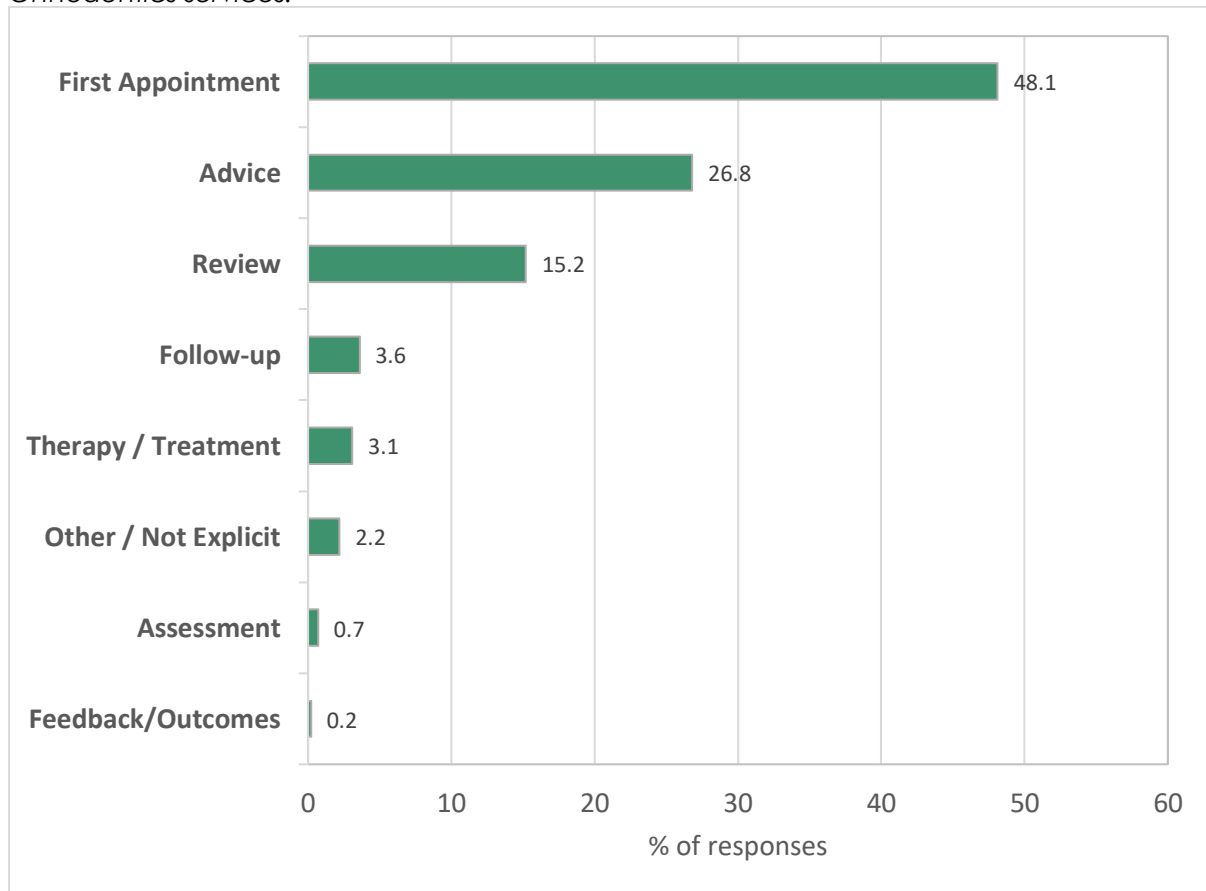
Figure 22. The distributions of quality ratings for clinicians and patients separately in Dental Health & Orthodontics services.



Activity of Video Consultation

Figure 23 displays the types of appointments that were being conducted using VC in Dental Health & Orthodontics services. First appointments were the most common (48.1%), followed by advice (26.8%) and reviews (15.2). Feedback/outcomes were the least common (0.2%), although there were no responses for final appointments & discharge or supervision.

Figure 23. The proportion of VC appointments being conducted in Dental Health & Orthodontics services.



Challenges and Benefits of VC

Tables 29-32 display the challenges and benefits of VC according to patients and clinicians.

Patients responded positively to the potential challenges that could be encountered when using VC, with the least relevant being issues with safe space. It seemed that a preference for face-to-face or telephone introduced challenges for a larger proportion of patients when compared with the others. On the other hand, patients also rated the perceived benefits of VC positively, the most beneficial aspect of VC was lowering the risk of infection, and the least was lowering stress and anxiety. For clinicians, the most challenging aspect of VC was also having a preference for face-to-face and telephone, whereas the least was lacking confidence (suggesting that clinicians do not lack confidence using VC). Clinicians' perceptions of the benefits also revealed that lowering rates of infection was the most beneficial aspect of VC, and the least was improving family involvement and support.

Table 29. Patients' ratings for the potential challenges of VC.

Patient Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues with Safe Space	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone
Not at all	88.9	92.5	90.8	80.2	99.4	87.6	87.8	50.4
A little	6.2	3.8	4.9	13	0.6	10.6	7.6	18.7
Some	3.7	3.8	0.6	3.7	0	0.6	3.8	17.3
A lot	1.2	0	3.7	3.1	0	1.2	0.8	13.7
Total Responses	162	159	163	162	157	161	131	139

Table 30. The relevancy ratings for potential challenges that clinicians could have faced during VC.

Clinician Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues on Patients side	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone	Patient's Preference for FTF
Not at all	82.1	84	82.2	77.4	77.9	93.7	85.3	72.7	77.2
Quite	4.3	6.8	7	6.5	7	2.8	6.7	10.8	10.8
Relevant	5.5	3.6	4.7	4.6	7.4	1.6	2.8	6.2	6
Very Relevant	8.2	5.6	6.2	11.5	7.8	2	5.2	10.4	6
Total Responses	256	251	258	261	257	253	252	260	250

Table 31. Patients' ratings for each potential benefit of VC.

Patient Benefits of VC	Saved Time & Preparation	Saved Travel & Parking	Saved Environment	Saved Taking Time Off	Saved Money	Improved Access to Care	Improved Convenience	Improved Family Involvement	Lowered Risk of Infection	Lowered Stress & Anxiety
Not at all	1.9	2	1.9	2.9	4.2	0.6	2.5	5.4	1.9	2.1
Not	2.5	4	3.2	3.6	2.5	1.9	3.2	5.4	1.3	3.4
Quite	5	2	4.5	5.1	5.8	7.1	5.7	11.7	3.8	15.9
Beneficial	23.3	15.2	16.9	17.4	17.5	27.9	17.1	18.9	14.6	25.5
Very beneficial	67.3	76.8	73.4	71	70	62.3	71.5	58.6	78.3	53.1
Total Responses	159	151	154	138	120	154	158	111	157	145

Table 32. Clinicians' ratings for each potential benefit of VC.

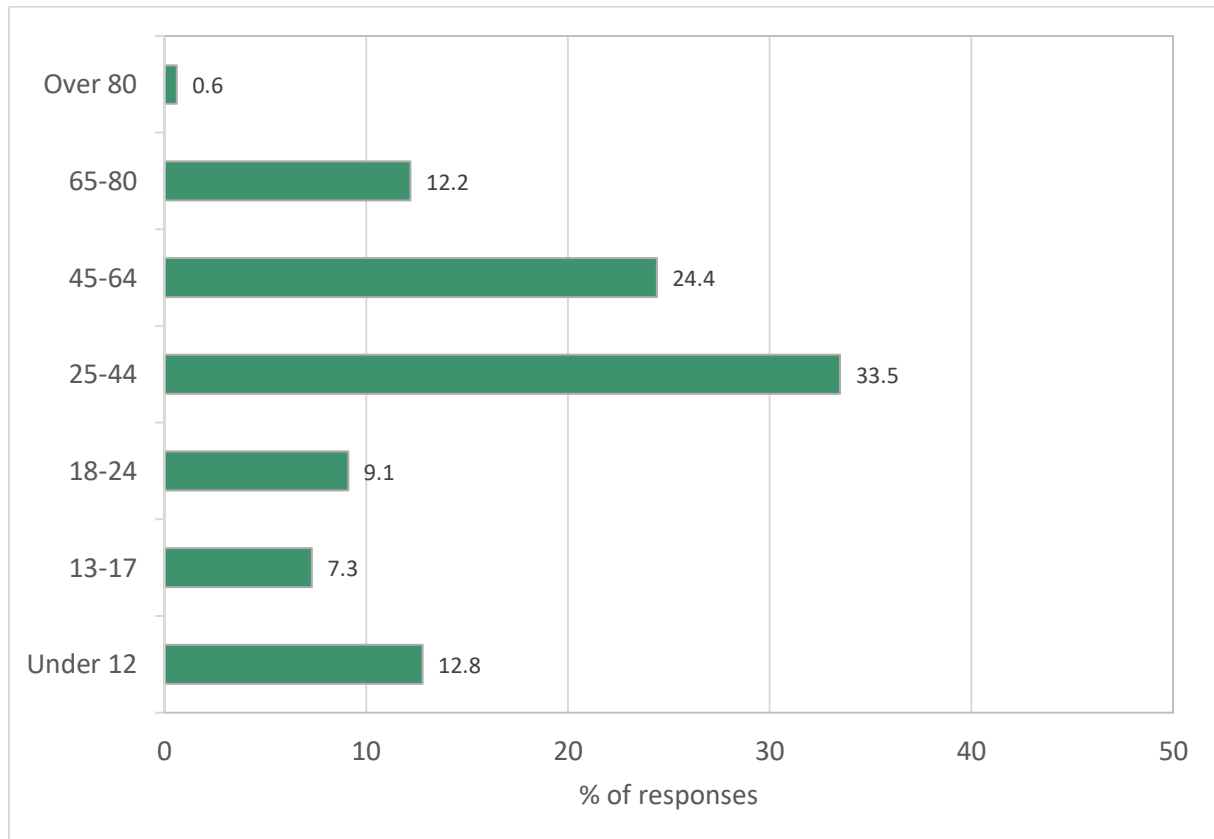
Clinician Benefits of VC	More Efficient use of time/space	Saved Travel & Parking	Saved Environment	Increased Access to Care	Reduced Wait Times	Reduced DNA	Improved Family Involvement	Lowered Infection Rates
Not at all	3	6.5	6.9	4.1	7.2	7.5	14.6	6.4
Not	7.4	7.3	6.9	7.8	9.1	7.9	16.8	4.5
Quite	13.8	6.9	7.3	13	10.6	15	19.5	7.2
Beneficial	22.3	18.8	17.8	24.5	18.5	17.3	16.8	13.6
Very beneficial	53.5	60.4	61	50.6	54.7	52.4	32.4	68.3
Total Responses	269	260	259	269	265	254	185	265

Patient Questions

Patient Demographics

31.5% of the patients in Dental Health & Orthodontics services were Male, and 68.5% were Female. The most common age groups were 25-44 (33.5%) and 45-64 (24.4%) (Figure 24).

Figure 24. The distributions of responses per age group (total responses = 164).



Patients' Devices

157 patients provided the type of device they used to conduct their consultation. Phones were the most common device type (63.1%), 22.9% used laptops, and 6.4% used a tablet. 7.6% also stated that they had used more than one device during the VC.

How Many Times and Would You Used VC Again?

Table 33 demonstrates that 90.2% of patients had only used VC on the day of their appointment, only a small percentage (9.8%) had used VC prior to their

consultation. However, 90.7% of 75 respondents stated that they would consider using VC again in the future.

Table 33. The number and percentage of responses for how many times patients had used VC prior to their appointment, and if they would use VC again in the future.

Previous and Future Use of VC	Number of Responses (Freq)	Percentage of Overall Responses (%)
How many times have you used VC before?		
Only Today	147	90.2
Once before today	14	8.6
Twice before today	1	0.6
Three or more times	1	0.6
Total Responses	163	
Would you use VC again?		
Yes	68	90.7
No	1	1.3
Maybe	6	8.0
Total Responses	75	

The Choice to Use VC

64.5% of patients (total responses = 166) were informed by their service that they would use VC. A further 9.6% reported that it was the only option given to them, whereas 22.9% had been given the option to use VC and they opted for it.

“Able To” Statements

The responses to the series of statements are displayed in Figure 25 and Table 34 provides the descriptive statistics of the scores.

Figure 25. The distribution of responses for each “Able To” Statement.

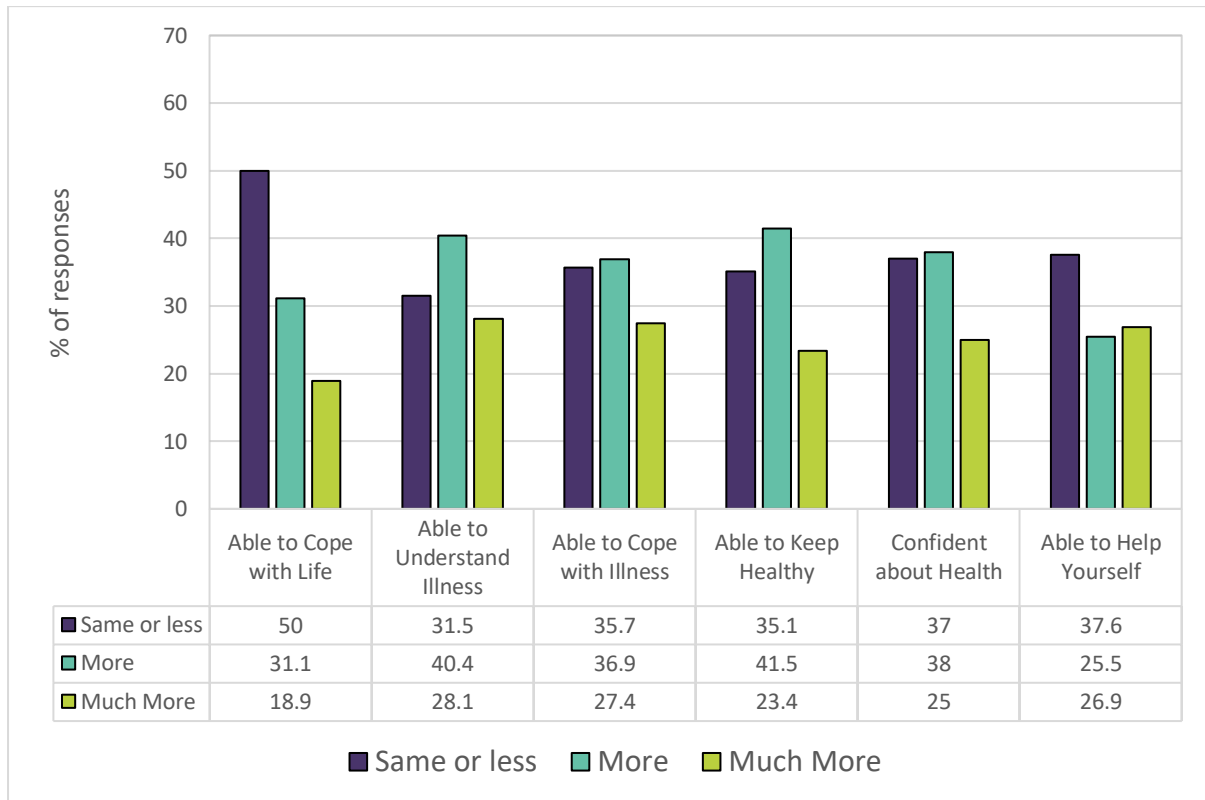


Table 34. The descriptive statistics for the “Able To” scores, including mean (standard deviation), minimum, and maximum. Total number of responses is also displayed.

“Able To” Scores	Number of Responses	Mean (SD)	Min	Max
	69	5.54 (4.28)	0	12

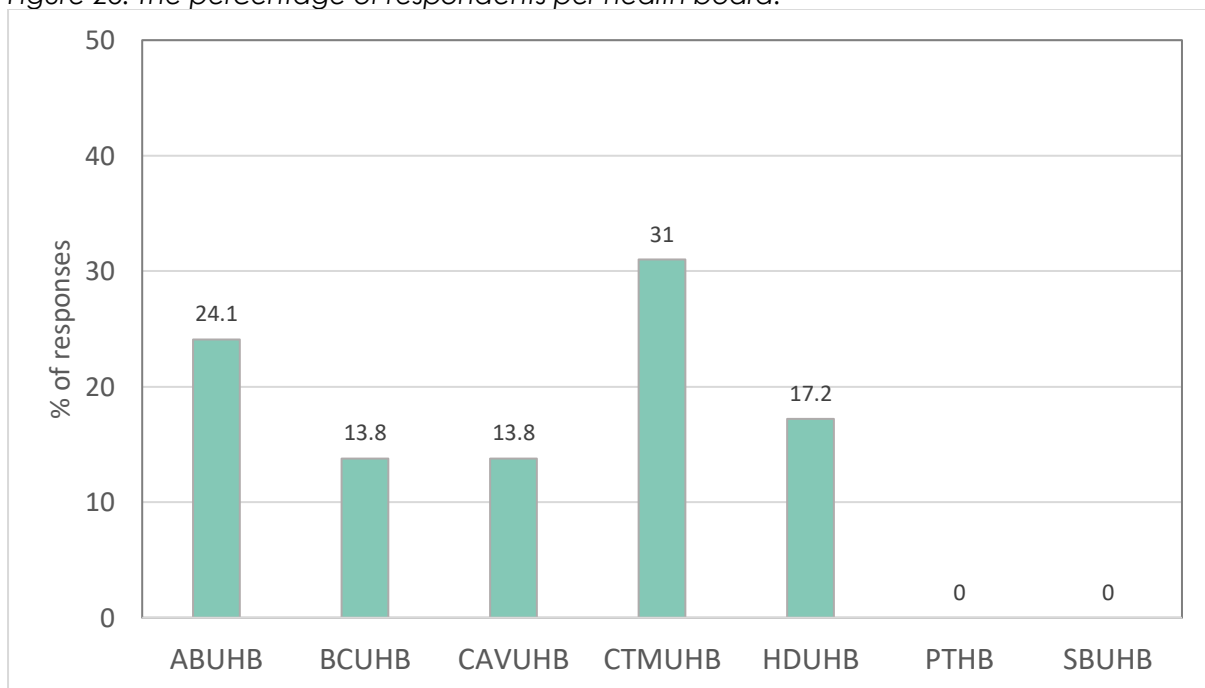
Optometry

There were only 29 responses from Optometry services (18 clinicians and 11 patients).

Health Board

All respondents stated their local health board, displayed in Figure 26. The most common were CTMUHB and ABUHB. There were no responses from PTHB and SBUHB.

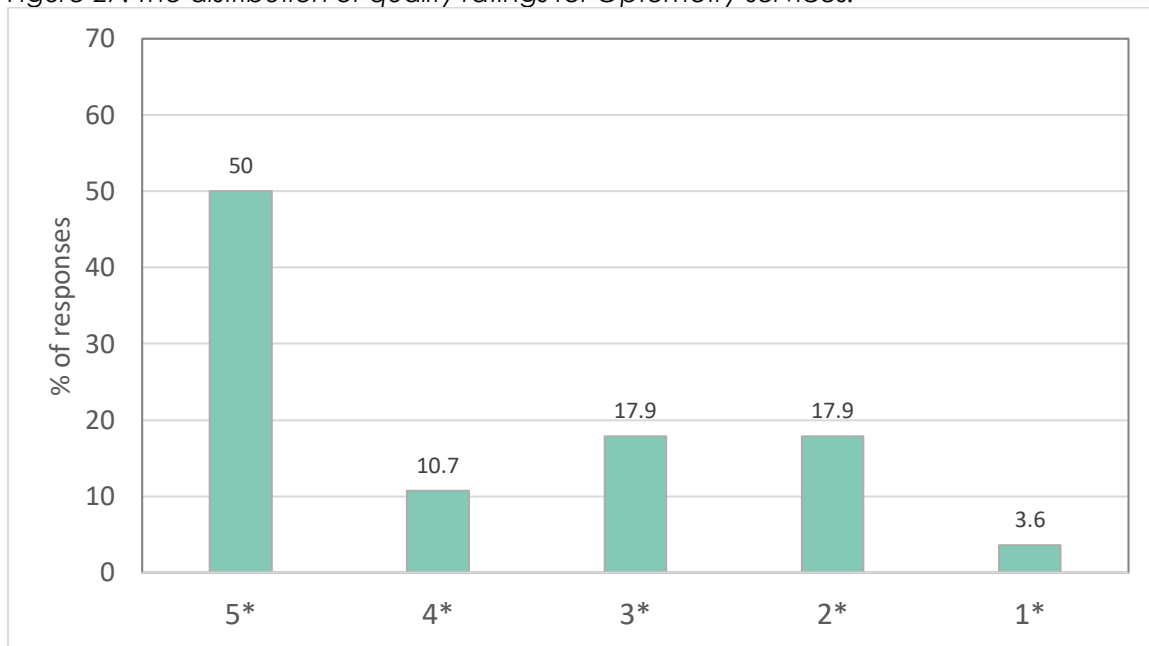
Figure 26. The percentage of respondents per health board.



Face-to-Face Prevention and VC Quality Ratings

78.6% rated VC Excellent, Very Good or Good (Figure 27). Face-to-face was prevented for 75.9% of all respondents in Optometry services, however, 20.7% stated that it was not prevented.

Figure 27. The distribution of quality ratings for Optometry services.



Patient Questions

Patients' Devices

11 patients provided the type of device they were using for VC. Of these, 6 were using phones (54.5%), 3 tablets (27.3%), and 2 laptops (18.2%).

How Many Times and Would You Used VC Again?

There were 8 responses for how many times the patients had used VC before, and 6 for if they would consider using again. 7 patients had only used VC on the day of their consultation, and 1 person had used it three or more times. All 6 patients would consider using VC again in the future.

The Choice to Use VC

Of 11 patients in Optometry services, 3 (27.3%) of these were given the choice and opted to use VC. 7 (63.6%) were informed of the use of VC, and 1 did not know.

Pharmacy

There were 52 responses from Pharmacy, including 21 clinicians and 31 patients.

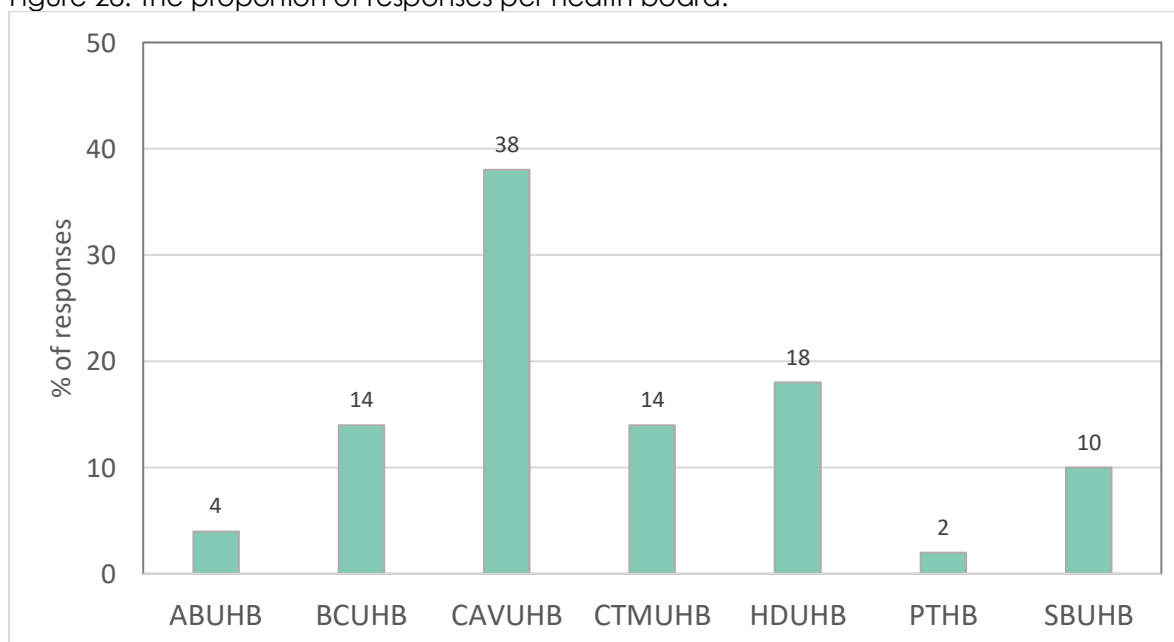
Health Board

The number of respondents in Pharmacy from each health board are displayed in Table 35 and visualised in Figure 28. The majority of responses were from CAVUHB (38%).

Table 35. The frequency and percentage of responses per health board. Note: 2 respondents did not state their health board.

Health Board	Number of Responses (Freq)	Percentage of Overall Responses (%)
ABUHB	2	4.0
BCUHB	7	14.0
CAVUHB	19	38.0
CTMUHB	7	14.0
HDUHB	9	18.0
PTHB	1	2.0
SBUHB	5	10.0
Total Responses	50	

Figure 28. The proportion of responses per health board.



Face-To-Face Prevention and VC Quality Ratings

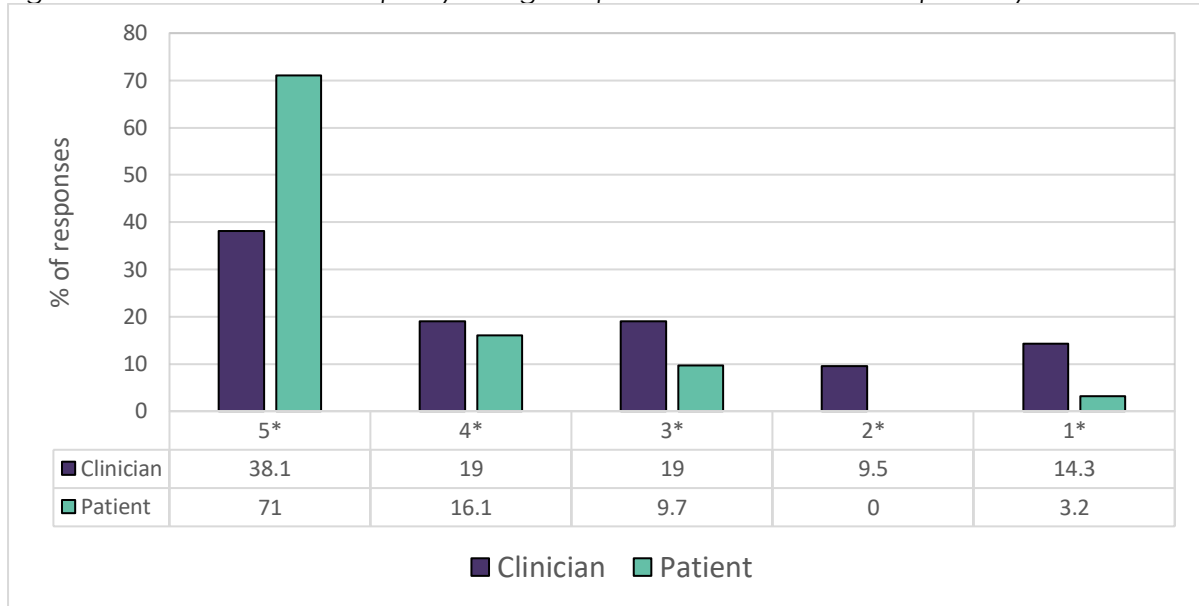
Overall, VC was rated positively by respondents in Pharmacy services. In particular, 57.7% stated that VC quality was Excellent, Very Good, or Good. There was a difference, however, between the ratings of clinicians and patients, in that patients were more positive in their responses than clinicians (Figure 29). This was revealed by a Mann-Whitney U test, $U = 199.50$, $p = .009$.

In addition, face-to-face was prevented for 81.6% of respondents, although this seemed to be lower for patients than clinicians. These responses, as well as VC quality, are displayed in Table 36.

Table 36. The distributions of responses for Quality Ratings and face-to-face prevention, according to the entire sample, and patients and clinicians separately.

VC Quality Ratings	Total Sample	Clinician	Patient
5*	57.7	38.1	71.0
4*	17.3	19.0	16.1
3*	13.5	19.0	9.7
2*	3.8	9.5	0.0
1*	7.7	14.3	3.2
Total Responses	52	21	31
Prevention of FTF			
Yes	81.6	88.9	77.4
No	12.2	5.6	16.1
Unable to say	6.1	5.6	6.5
Total Responses	49	18	31

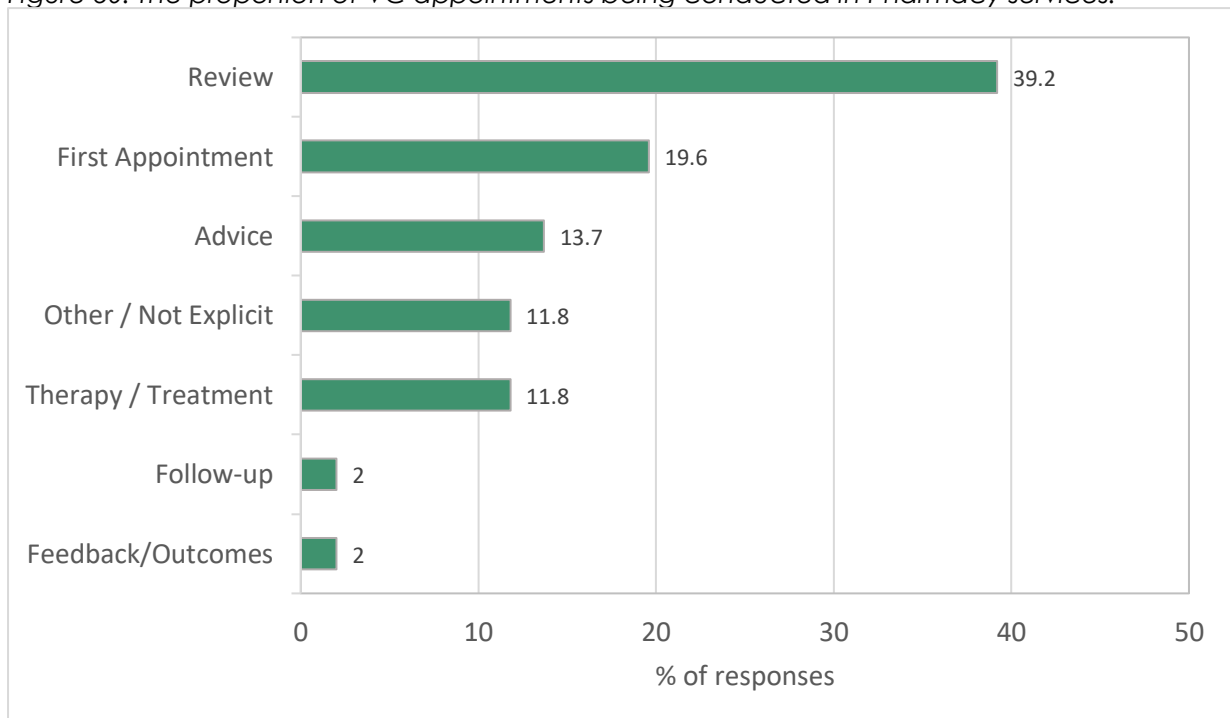
Figure 29. The distribution of quality ratings for patients and clinicians separately.



Activity of Video Consultation

Figure 30 displays the types of appointments being conducted using VC in Pharmacy services. Reviews were the most common types of appointments (39.2%), whereas feedback/outcomes and follow-ups were the least. There were no responses, however, for final appointments & discharge, supervision, or assessments.

Figure 30. The proportion of VC appointments being conducted in Pharmacy services.



Challenges and Benefits of VC

Tables 37-40 display the challenges and benefits of VC according to patients and clinicians.

Patients' responses were positive, and the majority did not encounter most of the potential challenges associated with VC. However, a preference for face-to-face or telephone was the most relevant challenge for patients. The most beneficial aspect of VC was saving the environment, and the least was lowering levels of stress and anxiety. Considering clinicians, the technical challenges seemed to be most relevant, specifically issues with visuals. The least relevant challenge was that VC was not suitable for their clinical needs. In terms of benefits, the most beneficial for clinicians was lowering rates of infection, and the least was improving family involvement.

Table 37. Patients' ratings for the potential challenges of VC.

Patient Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues with Safe Space	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone
Not at all	88.9	92.3	92.3	82.1	92	88.5	95.5	52
A little	3.7	7.7	3.8	14.3	8	3.8	4.5	24
Some	7.4	0	3.8	0	0	7.7	0	12
A lot	0	0	0	3.6	0	0	0	12
Total Responses	27	26	26	28	25	26	22	25

Table 38. The relevancy ratings for the potential challenges that clinicians could have faced during VC.

Clinician Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues on Patients side	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone	Patient's Preference for FTF
Not at all	84.6	100	66.7	76.9	75	85.7	100	92.9	100
Quite	0	0	13.3	7.7	8.3	7.1	0	7.1	0
Relevant	0	0	6.7	0	16.7	7.1	0	0	0
Very Relevant	15.4	0	13.3	15.4	0	0	0	0.0	0
Total Responses	13	12	15	13	12	14	14	14	12

Table 39. Patients' ratings for each potential benefit of VC.

Patient Benefits of VC	Saved Time & Preparation	Saved Travel & Parking	Saved Environment	Saved Taking Time Off	Saved Money	Improved Access to Care	Improved Convenience	Improved Family Involvement	Lowered Risk of Infection	Lowered Stress & Anxiety
Not at all	0	0	0	0	0	0	0	0	0	0
Not	0	0	0	0	0	0	0	0	0	0
Quite	7.1	3.8	0	4.8	5	11.5	6.9	0	10.7	14.8
Beneficial	17.9	7.7	10.7	19	10	23.1	17.2	20	7.1	25.9
Very beneficial	75	88.5	89.3	76.2	85	65.4	75.9	80	82.1	59.3
Total Responses	28	26	28	21	20	26	29	15	28	27

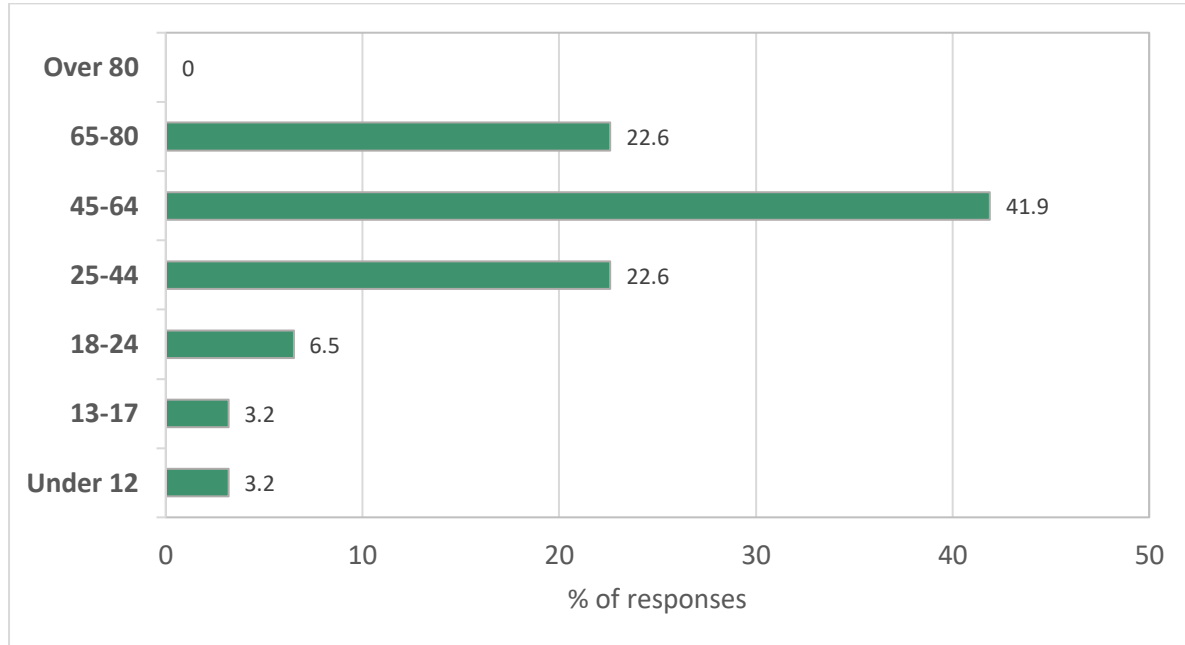
Table 40. Clinicians' ratings for each potential benefit of VC.

Clinician Benefits of VC	More Efficient use of time/space	Saved Travel & Parking	Saved Environment	Increased Access to Care	Reduced Wait Times	Reduced DNA	Improved Family Involvement	Lowered Infection Rates
Not at all	0	0	0	0	0	0	7.7	0
Not	0	6.3	6.3	5.9	0	0	15.4	0
Quite	12.5	0	12.5	0	23.5	46.7	23.1	6.3
Beneficial	43.8	37.5	37.5	35.3	35.3	20	30.8	18.8
Very beneficial	43.8	56.3	43.8	58.8	41.2	33.3	23.1	75
Total Responses	16	16	16	17	17	15	13	16

Patient Questions

73.9% of patients in Pharmacy services were male, and 26.1% were Female. The most common age group was between 45 and 64 (Figure 31).

Figure 31. The proportion of patients per age group in Pharmacy services.



Patients' Devices

27 patients provided the type of device they were using. Of these, 40.7% were using phones, 25.9% laptops, and 14.8% tablets. An additional 6 patients (18.5%) stated that they had used more than one device.

How Many Times and Would You Used VC Again?

Table 41 displays that most patients (61.3%) had only used VC on the day of their consultation. Additionally, 88.2% of 17 patients in Pharmacy would use VC again in the future.

Table 41. The number and percentage of responses for how many times patients had used VC prior to their appointment, and if they would use VC again in the future.

Previous and Future Use of VC	Number of Responses (Freq)	Percentage of Overall Responses (%)
How many times have you used VC before?		
Only Today	19	61.3
Once before today	6	9.7
Twice before today	3	9.7
Three or more times	3	19.4
Total Responses	31	
Would you use VC again?		
Yes	15	88.2
No	1	5.9
Maybe	1	5.9
Total Responses	17	

The Choice to Use VC

58.6% of patients (total responses = 29) stated that they were informed by their service of the choice to use VC. 34.5% were given the choice and had opted to use it. 1 patient (3.4%) stated it was the only option, and another person did not know (3.4%).

“Able To” Statements

The responses to the series of statements are displayed in Figure 32 and Table 42 provides the descriptive statistics of the scores.

Figure 32. The distribution of responses for each “Able To” statement.

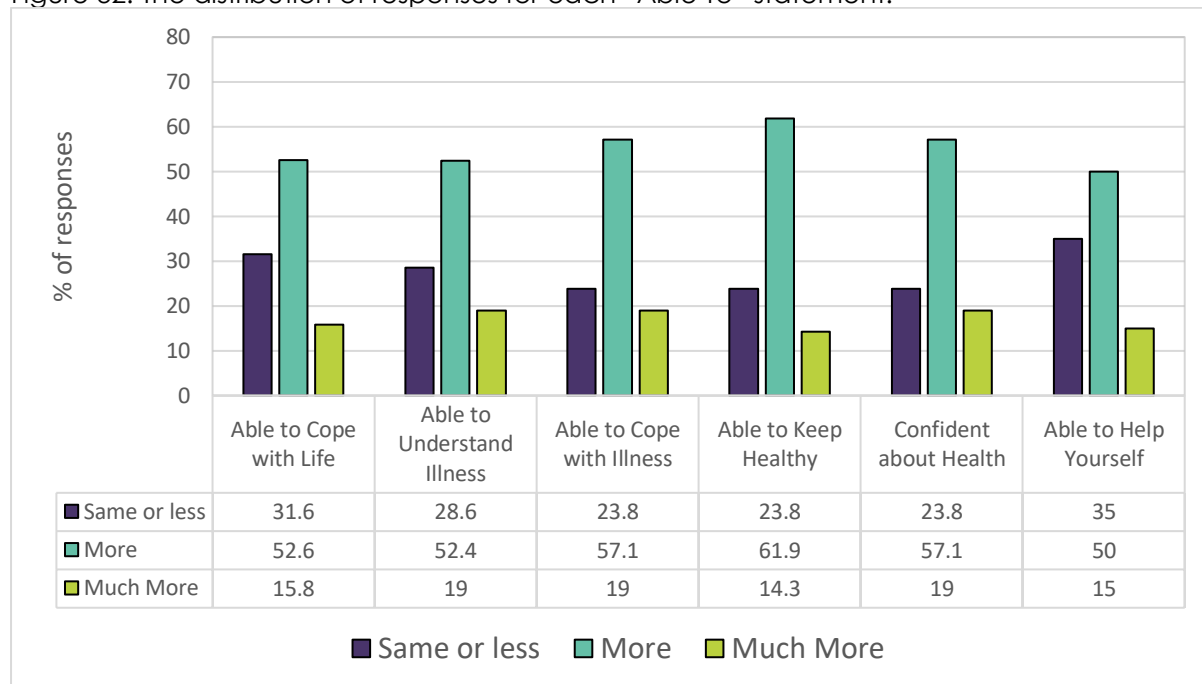


Table 42. The descriptive statistics for the “Able To” scores, including mean (standard deviation), minimum, and maximum. Total number of responses is also displayed.

“Able To” Scores	Number of Responses	Mean (SD)	Min	Max
	17	5.59 (3.73)	0	12

Secondary/Community Care Data

There was a total of 20020 responses from Secondary and Community Care, with 7205 clinicians and 12815 patients. This constitutes 87.13% of the entire sample.

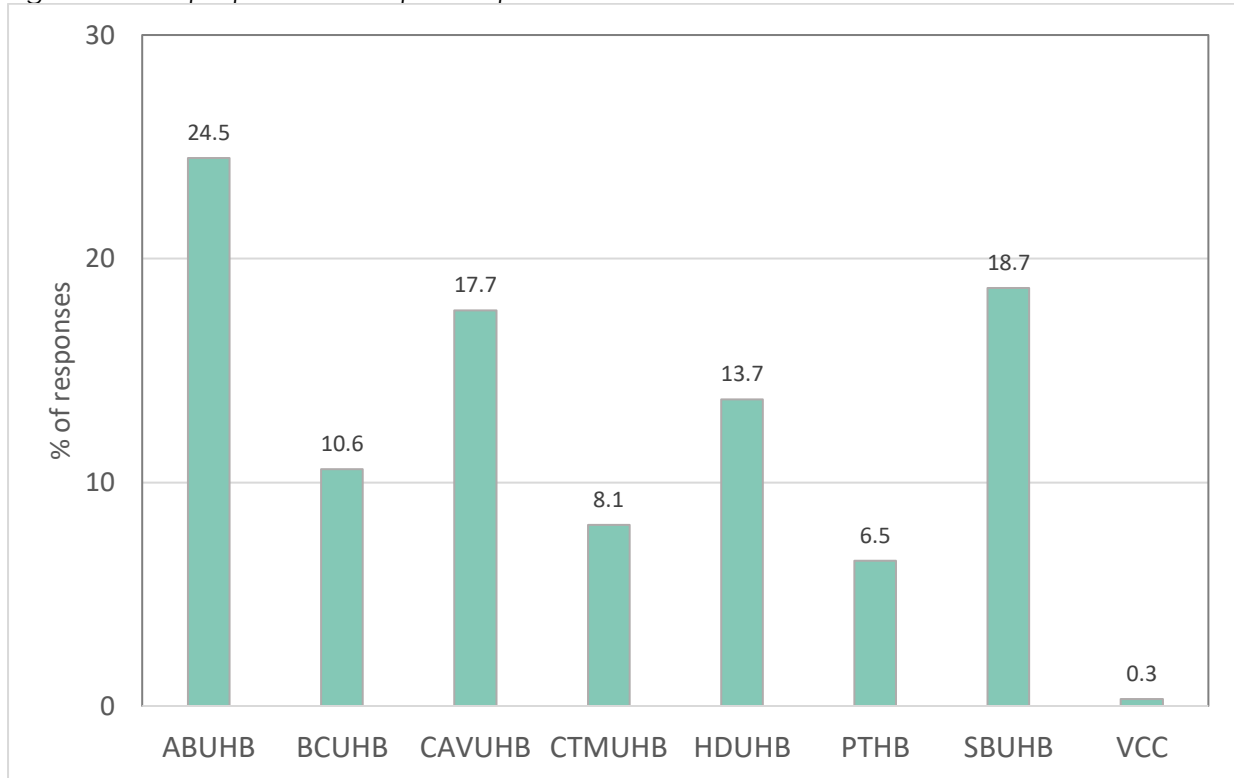
Health Board

The most common health board was ABUHB (24.5%), followed by SBUHB (18.7%), and CAVUHB (17.7%). The least number of responses were from PTHB (6.5%) and VCC (0.3%). This is displayed in Table 43 and Figure 33.

Table 43. The frequency and percentage of responses per health board. Note: 337 respondents did not state their health board.

Health Board	Number of Responses (Freq)	Percentage of Overall Responses (%)
ABUHB	4819	24.5
BCUHB	2078	10.6
CAVUHB	3486	17.7
CTMUHB	1596	8.1
HDUHB	2692	13.7
PTHB	1273	6.5
SBUHB	3672	18.7
VCC	67	0.3
Total Responses	19683	

Figure 33. The proportion of responses per health board.



Face-to-Face Prevention and VC Quality Ratings

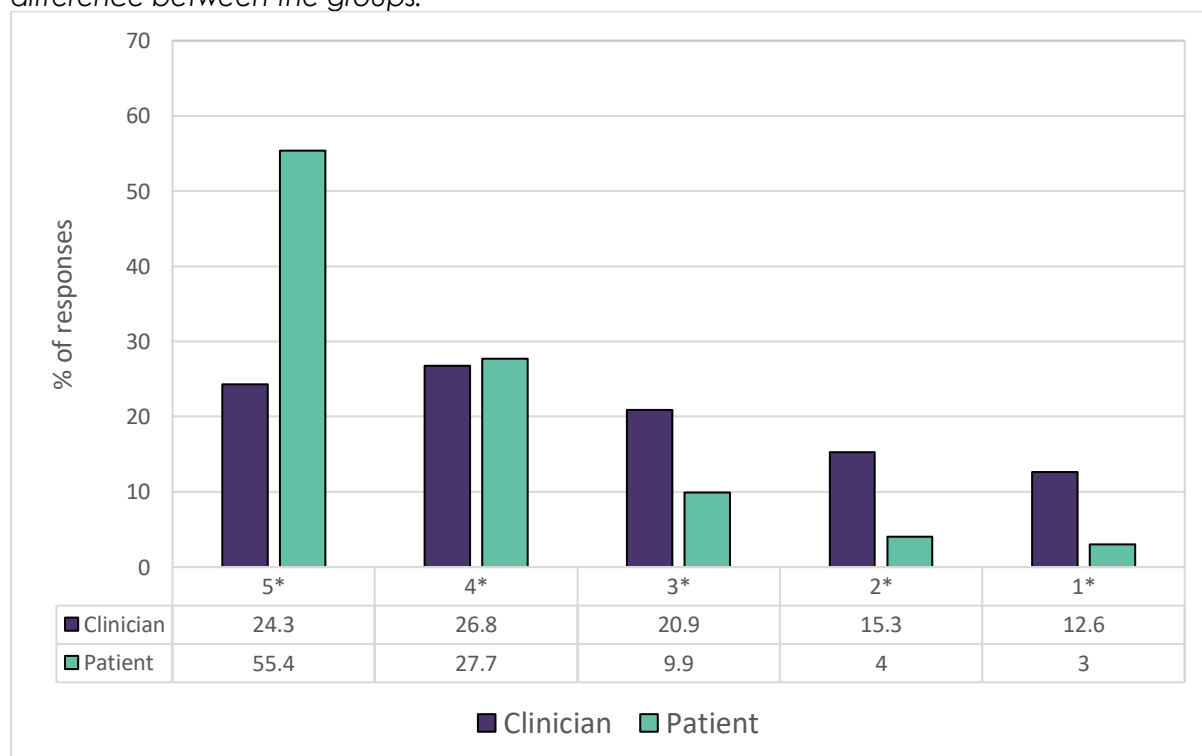
VC quality was rated positively by respondents in Secondary care, such that 85.4% stated it was Excellent, Very Good, or Good. However, patients in their ratings were more positive than clinicians, displayed in Figure 34.

Face-to-face was also prevented for 69.7% of the sample, although patients' perceptions of face-to-face prevention was lower (61.2%) than clinicians (85.5%). This could possibly be due to patients' understanding of "face-to-face", they may have believed VC constituted a face-to-face appointment. This information, as well as VC quality ratings, is displayed in Table 44.

Table 44. The distributions of responses for Quality Ratings and face-to-face prevention, according to the entire sample, and patients and clinicians separately.

VC Quality Ratings	Overall Sample	Clinician	Patient
5*	44.2	24.2	55.4
4*	27.4	26.8	27.7
3*	13.8	20.9	9.9
2*	8.1	15.4	4.0
1*	6.5	12.6	3.0
Total Responses	19829	7127	12650
Prevention of Face-to-Face			
Yes	69.7	85.5	61.2
No	20.9	9.6	27.0
Unable to say	9.4	4.9	11.8
Total Responses	19649	6891	12758

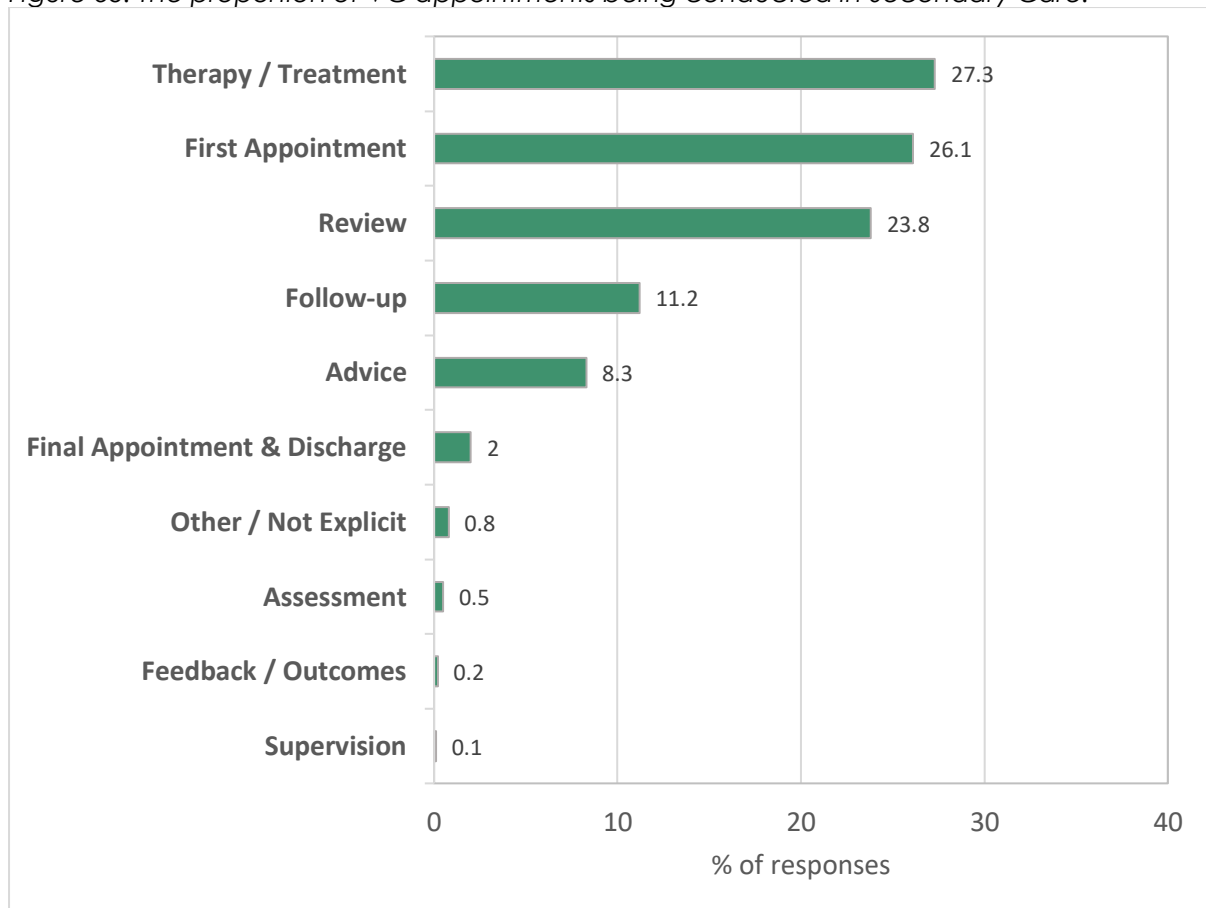
Figure 34. The distribution of quality ratings for patients and clinicians, demonstrating a difference between the groups.



Activity of the Video Consultation

Figure 35 demonstrates the types of appointments being conducted using VC. Therapy/treatment appointments were the most common in Secondary Care (27.3%), followed closely by first appointments (26.1%), and reviews (23.8%).

Figure 35. The proportion of VC appointments being conducted in Secondary Care.



Challenges and Benefits of VC

Tables 45-48 display the most relevant challenges and most beneficial aspects of VC according to patients and clinicians. Patients provided overall positive responses to the potential challenges of VC. In particular, 96.7% of Secondary Care patients stated that issues with a safe space was not at all relevant to their experience, and the technical limitations were relevant to small proportions of respondents. However, the most relevant technical challenge was audio issues, and the preference for face-to-face or telephone introduced challenges for a larger number of patients. The beneficial aspects

of VC were also rated positively by patients, with the majority of responses for all benefits being Very Beneficial or Beneficial. The most beneficial aspect seemed to be lowering the risk of infection, whereas the least was lowering stress and anxiety.

Considering clinicians, challenges seemed to be more technically focused than patients. For instance, there were more Relevant and Very Relevant responses for issues with visuals, audio, and patient issues. A personal preference and the patients' preference for face-to-face and telephone was also relevant. However, 82.6% of clinicians stated Not at all Relevant for being unsuitable for clinical needs, suggesting the suitability of using VC. The most beneficial aspect of VC for clinicians was lowering infection rates and saving travel and parking. The least beneficial, on the other hand, was reducing DNAs and improving family involvement.

Table 45. Patients' ratings for the potential challenges of VC encountered.

Patient Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues with Safe Space	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone
Not at all	83.1	85.1	82.3	72.9	96.7	85.7	87.4	54.9
A little	10.8	9.9	11.3	16.8	2.3	10.5	7.6	19.8
Some	4.5	3.5	4.1	6.2	0.7	2.7	3	13.3
A lot	1.6	1.6	2.4	4.1	0.2	1.2	2	12
Total Responses	12314	12170	12350	12343	12106	12175	10305	10936

Table 46. The relevancy ratings for the potential challenges that clinicians could have faced during VC.

Clinician Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues on Patients side	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone	Patient's Preference for FTF
Not at all	77.4	72.4	64	62.5	67	94.3	82.6	64.3	69.6
Quite	7.1	10.5	13.2	11.6	12.1	3.8	10.4	13.9	13.1
Relevant	7.1	8.4	10	10.1	10.6	1.4	4.5	12.9	10.1
Very Relevant	8.4	8.7	12.8	15.8	10.4	0.6	2.6	8.9	7.2
Total Responses	6206	6179	6341	6276	6201	5882	5915	5994	5704

Table 47. Patients' ratings for each potential benefit of VC.

Patient Benefits of VC	Saved Time & Preparation	Saved Travel & Parking	Saved Environment	Saved Taking Time Off	Saved Money	Improved Access to Care	Improved Convenience	Improved Family Involvement	Lowered Risk of Infection	Lowered Stress & Anxiety
Not at all	1.7	1.2	1.2	4.3	4.3	3.4	1.9	5.2	0.8	4.7
Not	1.5	1.5	1.2	5.7	4.9	2.6	2.3	6	0.8	6.1
Quite	9.3	5.1	6.3	9.2	9.9	9.4	8.1	10.4	4	14.8
Beneficial	24.8	14.9	17.8	17.5	17.7	22.4	19.1	19.9	13.6	21.9
Very beneficial	62.7	77.3	73.6	63.3	63.3	63.2	68.6	58.5	80.8	52.6
Total Responses	12315	11744	11880	9250	8983	11390	12175	8366	12231	11253

Table 48. Clinicians' beneficial ratings for each potential benefit of VC.

Clinician Benefits of VC	More Efficient use of time/space	Saved Travel & Parking	Saved Environment	Increased Access to Care	Reduced Wait Times	Reduced DNA	Improved Family Involvement	Lowered Infection Rates
Not at all	2.5	2.4	2.9	3.2	5.9	6.8	7.9	1.1
Not	6.6	3	5.3	8.9	13.1	14.2	14.4	0.8
Quite	16.6	10.8	11.8	16.4	13.1	19	18.9	5.6
Beneficial	25.4	23	24.3	24.5	22.3	21.9	21.3	13.6
Very beneficial	48.9	60.8	55.7	47	45.5	38	37.4	78.9
Total Responses	6647	6551	6551	6486	5959	6114	5523	6681

Minutes Saved by Using VC

On average, secondary/community care patients save 64.8 minutes of travel time per appointment, and clinicians save on average 64.4 minutes of travel per working day. This is based on a total of 845,924.3 minutes (14,098.73 hours) reported to have been saved due to the use of VC. For 11867 patients, 769,908.15 minutes were saved (12,831.8 hours) and for 2360 clinicians, VC saved 152,032.3 minutes (2,533.87 hours).

Home Workers (Clinicians)

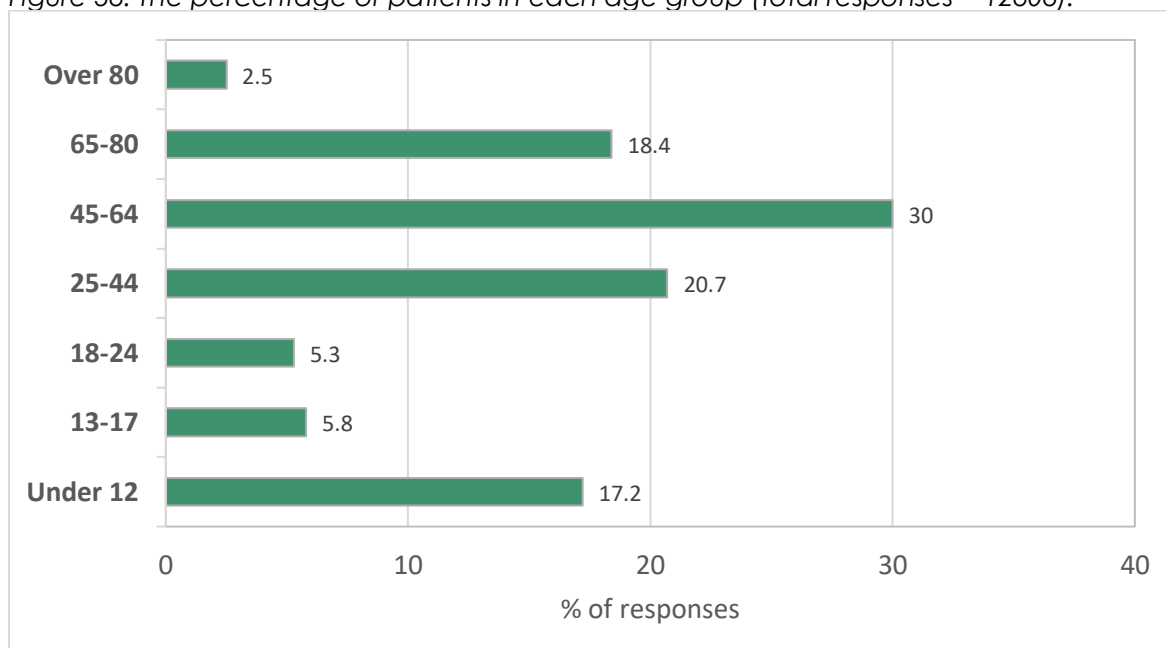
The data provided on minutes travelled also suggests that 2360 clinicians (32.8%) in Secondary Care were working from home, and the remaining 4845 (67.2%) were working from work/clinical base.

Patient Questions

Patient Demographics

42.3% of the patients in Secondary Care (total responses = 10475) were male, and 57% were Female. An additional 0.7% stated Non-Binary (0.3%), Prefer Not to Say (0.3%) or Other (0.1%). The most common ages of patients were between 45 and 64 (30%), and the least common were Over 80s (Figure 36).

Figure 36. The percentage of patients in each age group (total responses = 12606).



Patients' Devices

A total of 11647 patients stated the type of device they had used for their consultation. Laptops were the most common device (40.9%), followed by phones (30.9%), and tablets (21.4%). A further 6.9% reported using more than one device, suggesting that these individuals may have had to switch devices during their consultation.

How Many Times and Would You Used VC Again?

Table 49 demonstrates that over half (57.2%) of patients had only used VC once, on the day of their consultation. Positively, 91.3% of respondents would consider using VC again in the future, and only 0.7% (64 patients) would not.

Table 49. The number and percentage of responses for how many times patients had used VC prior to their appointment, and if they would use VC again in the future.

Previous and Future Use of VC	Number of Responses (Freq)	Percentage of Overall Responses (%)
How many times have you used VC before?		
Only Today	7211	57.2
Once before today	2152	17.1
Twice before today	1093	8.7
Three or more times	2161	17.1
Total Responses	12617	
Would you use VC again?		
Yes	8102	91.3
No	64	0.7
Maybe	705	7.9
Total Responses	8871	

The Choice to Use VC

65% of patients (total responses = 12717) stated that they were informed by their service that they would use VC for their appointment, and 13% stated it was the only option. Also, 20.4% reported that they were given the choice to use VC and they had opted to do so.

“Able To” Statements

The responses to the statements are displayed in Figure 37, and Table 50 provides information on the patients' scores.

Figure 37. The distribution of responses for each “Able to” Statement.

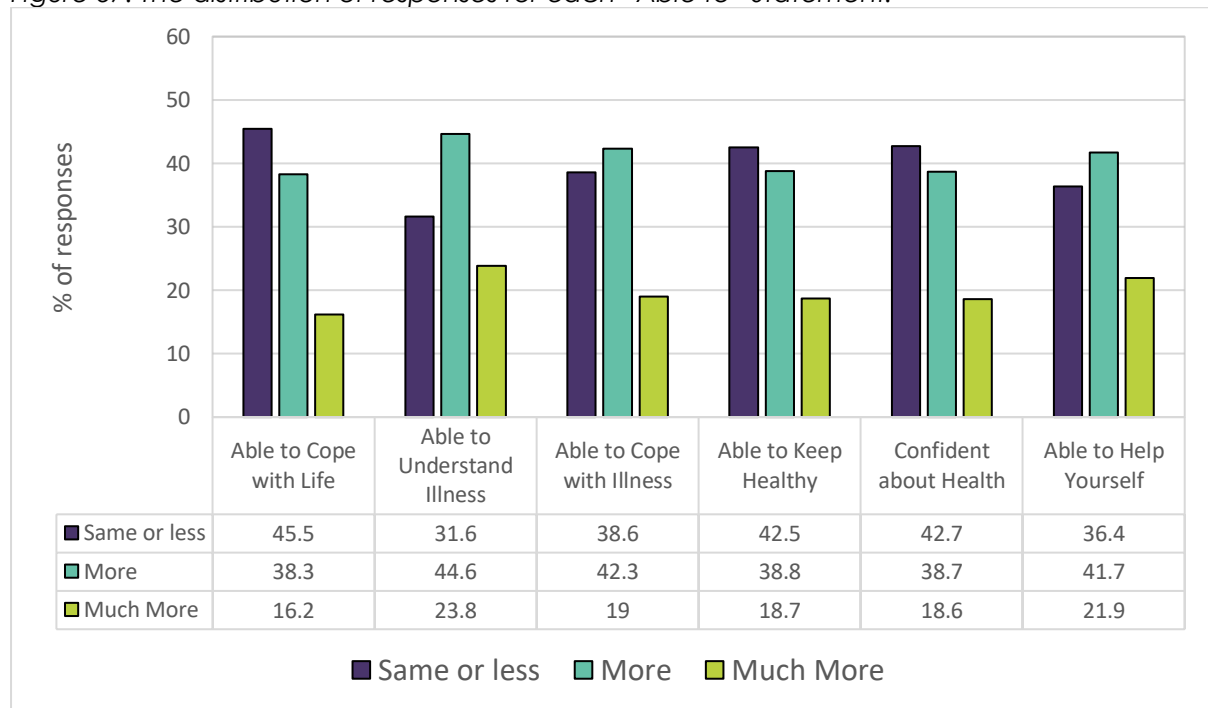


Table 50. The descriptive statistics for the “Able To” scores, including mean (standard deviation), minimum, and maximum. Total number of responses is also displayed.

“Able To” Scores	Number of Responses	Mean (SD)	Min	Max
	5801	4.81 (3.97)	0	12

Care Categories of Secondary Care

There were three sub-categories of Secondary Care, these were Hospital/Other, Therapies (Allied Healthcare Professionals (AHPs)), and Mental Health & Psychiatry. The number and percentage of responses in each care category of Secondary care are displayed in Table 51.

Table 51. The frequency and percentage of responses in each care category of Secondary Care.

Care Category	Number of Responses (Freq)	Percentage of Responses (%)	Overall
Secondary			
Hospital/Other	8519	42.6	
Therapies (AHPs)	9541	47.7	
Mental Health & Psychiatry	1960	9.8	
	20020		

Hospital/Other

There were 8519 responses from Hospital/Other, including 2662 clinicians and 5857 patients.

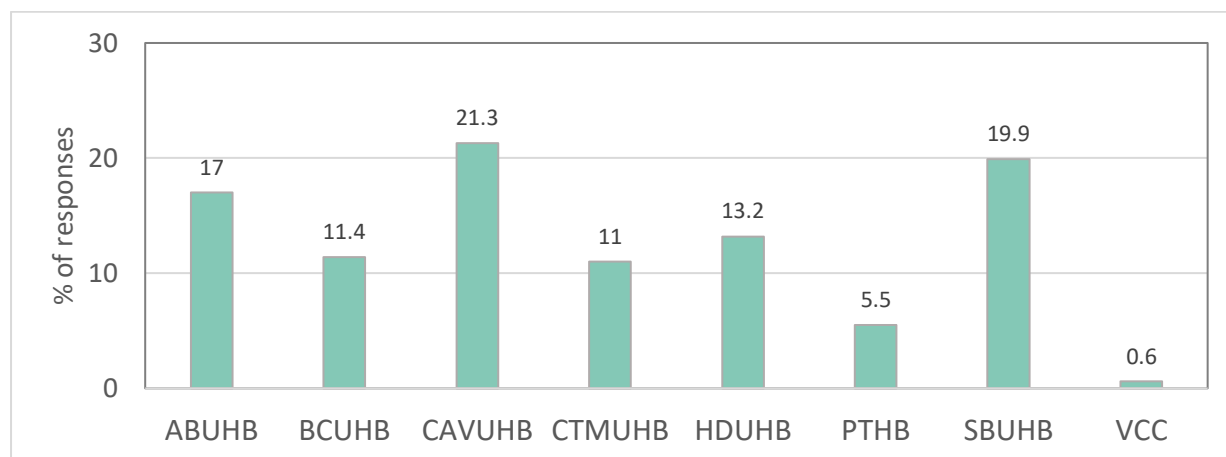
Health Board

The number of responses from Hospital/Other services from each Health Board are displayed in Table 52 and visualised in Figure 38. The majority of responses were from CAVUHB (21.3%) and SBUHB (19.9%), and the least from PTHB (5.5%) and VCC (0.6%).

Table 52. The frequency and percentage of responses per health board. Note: 149 respondents did not state their health board.

Health Board	Number of Responses (Freq)	Percentage of Overall Responses (%)
ABUHB	1427	17.0
BCUHB	957	11.4
CAVUHB	1785	21.3
CTMUHB	919	11.0
HDUHB	1101	13.2
PTHB	464	5.5
SBUHB	1663	19.9
VCC	54	0.6
Total Responses	8370	

Figure 38. The proportion of responses per health board.



Face-to-face Prevention and VC Quality Ratings

VC quality was rated positively by respondents in Hospital/Other services. In particular, 87.6% of responses were for Excellent, Very Good or Good. However, patients were more positive in their ratings than clinicians, and they were statistically different revealed by a Mann-Whitney U ($U = 4943329.5$, $p < .001$) (Figure 39).

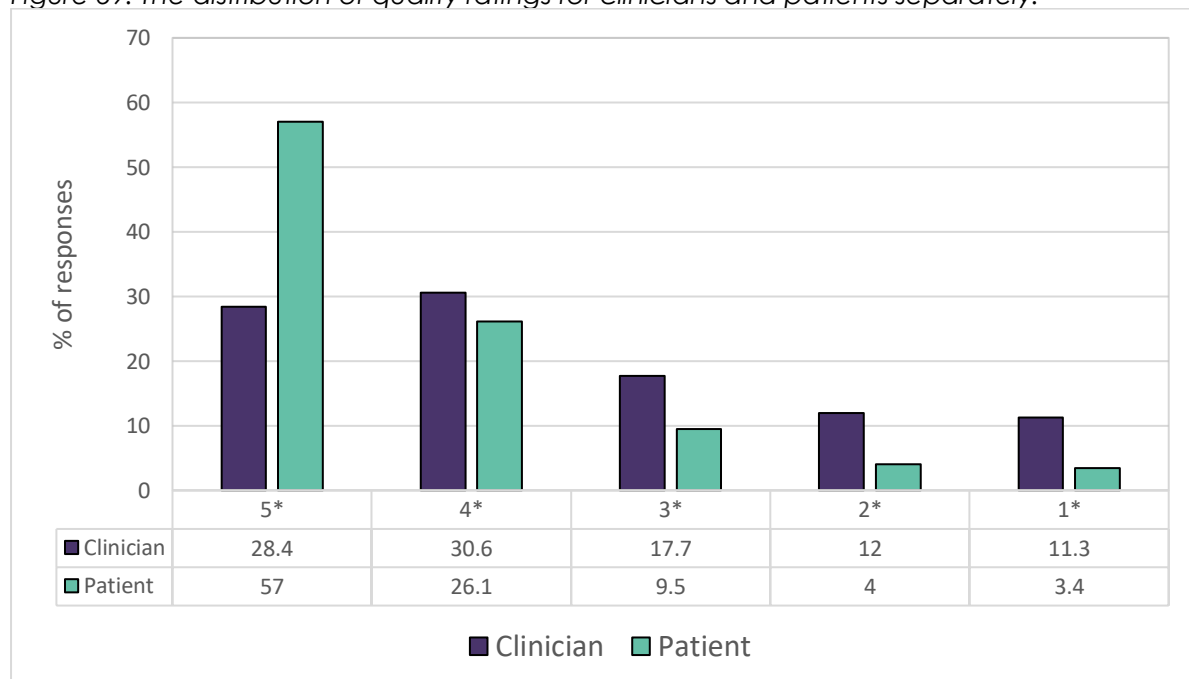
In addition, 70.7% of respondents stated that face-to-face was prevented, although for clinicians, this was higher (89.8%) compared with patients (62.4%),

suggesting the perceptions of face-to-face prevention is different according to respondents. This is demonstrated, as well as VC quality ratings, in Table 52.

Table 52. The distributions of responses for Quality Ratings and face-to-face prevention, according to the entire sample, and patients and clinicians separately.

VC Quality Ratings	Total Sample	Clinician	Patient
5*	48.0	28.4	57.0
4*	27.5	30.6	26.1
3*	12.1	17.7	9.5
2*	6.5	12.0	4.0
1*	5.9	11.3	3.4
Total Responses	8409	2631	5778
Prevention of FTF			
Yes	70.7	89.8	62.4
No	21.2	6.8	27.5
Unable to say	8.1	3.4	10.1
Total Responses	8361	2528	5833

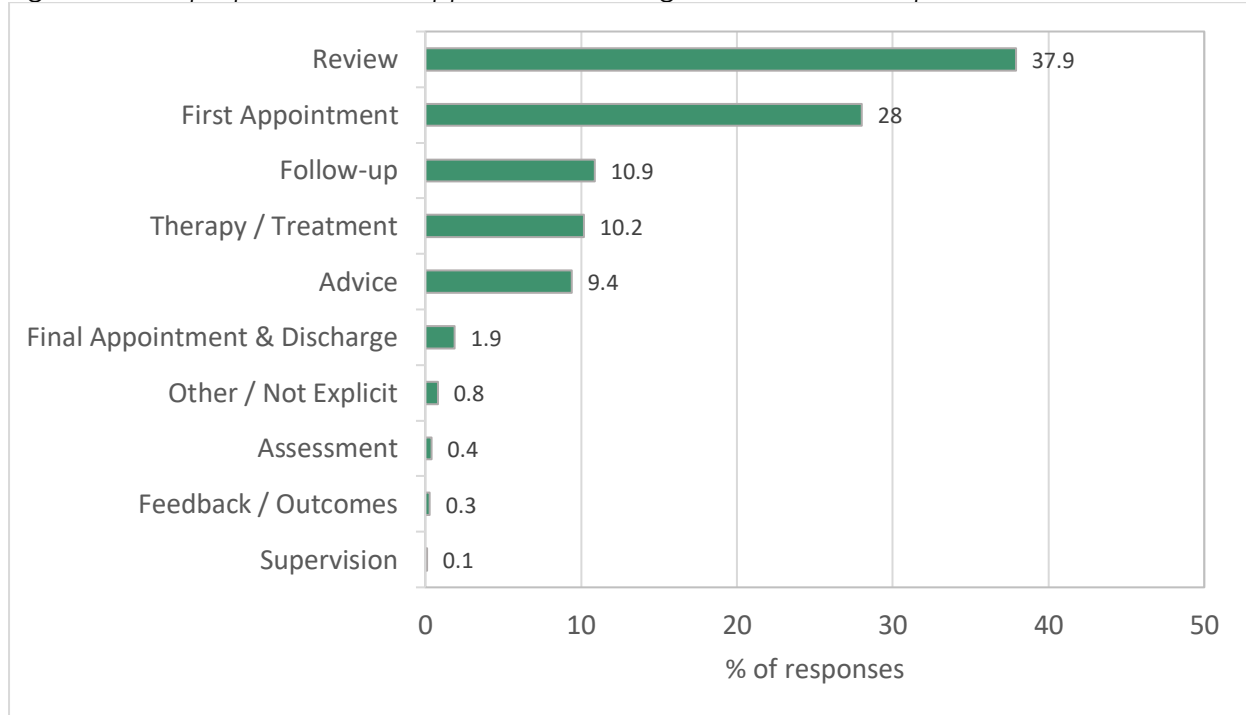
Figure 39. The distribution of quality ratings for clinicians and patients separately.



Activity of the Video Consultation

Figure 40 displays the types of appointments being conducted using VC in Hospital/Other services. Review appointments were the most common (37.9%), as well as first appointments (28%).

Figure 40. The proportion of VC appointments being conducted in Hospital/Other services.



Challenges and Benefits of VC

Tables 53-56 display the challenges and benefits of VC according to patients and clinicians.

The least relevant challenge associated with VC according to patients was issues with having a safe space, whereby 97.7% responded Not at all. On the other hand, the most relevant challenge was having a preference for face-to-face or telephone. Considering the benefits of VC, the most beneficial for patients was lowering the risks of infection and saving travel and parking. The least beneficial was lowering stress and anxiety. For clinicians, the most relevant challenge was having issues with audio. However, the majority of clinicians did not find lacking confidence or VC not being suitable for clinical needs challenging.

Table 53. Patients' ratings for the potential challenges of VC.

Patient Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues with Safe Space	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone
Not at all	84	87.4	85.4	74.6	97.7	85.9	87.7	54.9
A little	10.3	8.5	9.5	15.5	1.7	10.5	7.3	20.2
Some	4	2.8	3.1	5.8	0.5	2.3	2.8	12.7
A lot	1.7	1.3	2	4.2	0.2	1.3	2.3	12.2
Total Responses	5630	5564	5619	5635	5533	5556	4683	4999

Table 54. The relevancy ratings for the potential challenges that clinicians could have faced during VC.

Clinician Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues on Patients side	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone	Patient's Preference for FTF
Not at all	78.8	77.6	70.9	67.4	73.4	95.4	90	77.3	81.6
Quite	5.7	9.1	10.2	9.7	9.2	2.7	6	9.3	7.7
Relevant	6.9	6.2	8.9	8.3	8.1	1.2	2.4	7.7	5.5
Very Relevant	8.6	7.2	9.9	14.6	9.3	0.8	1.5	5.7	5.2
Total Responses	2238	2209	2275	2250	2219	2120	2130	2165	2074

Table 55. Patients' ratings for each potential benefit of VC.

Patient Benefits of VC	Saved Time & Preparation	Saved Travel & Parking	Saved Environment	Saved Taking Time Off	Saved Money	Improved Access to Care	Improved Convenience	Improved Family Involvement	Lowered Risk of Infection	Lowered Stress & Anxiety
Not at all	2	1.2	1.3	4.5	4.1	2.4	1.7	4.1	0.9	4.1
Not	1.3	1.3	1	5.5	4.3	2.8	1.9	5.5	0.7	5
Quite	8.1	4.3	5.8	8.4	9.4	8.7	7.3	9.4	3.1	13.6
Beneficial	23.3	14	16.8	16	16.7	21.1	18.4	19	12.7	21
Very beneficial	65.2	79.3	75.2	65.6	65.5	65.1	70.7	62	82.5	56.3
Total Responses	5660	5380	5446	4418	4225	5234	5566	4121	5592	5175

Table 56. Clinicians' ratings for each potential benefit of VC.

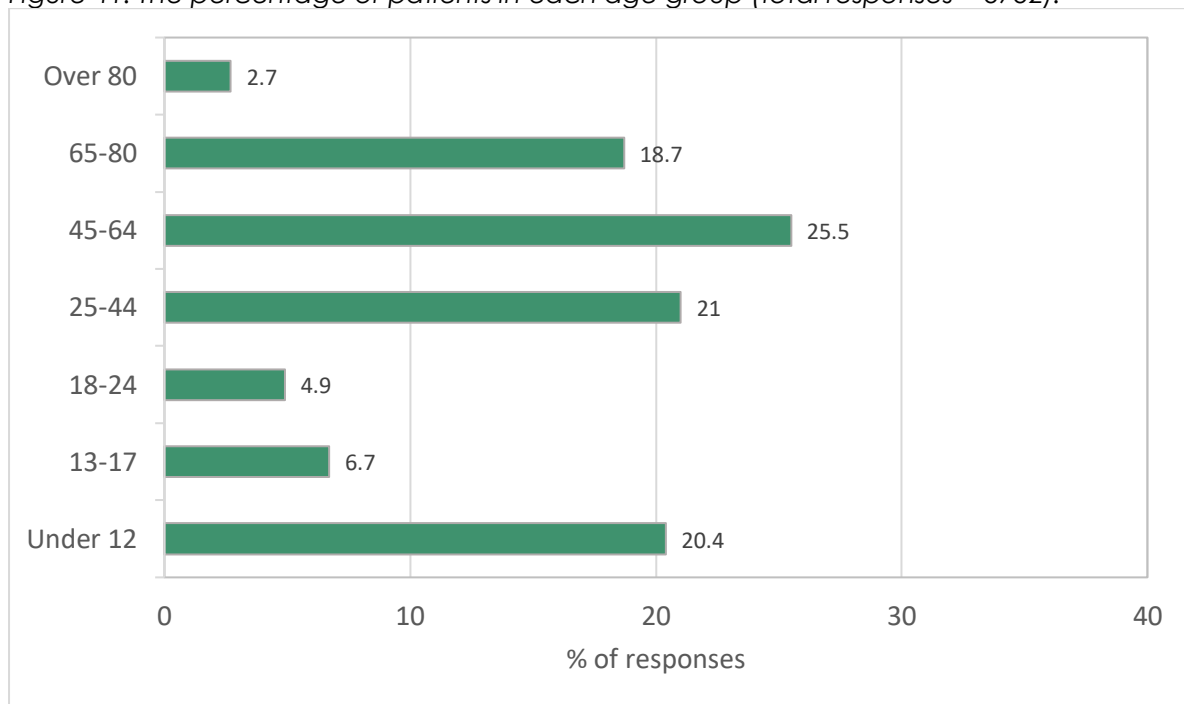
Clinician Benefits of VC	More Efficient use of time/space	Saved Travel & Parking	Saved Environment	Increased Access to Care	Reduced Wait Times	Reduced DNA	Improved Family Involvement	Lowered Infection Rates
Not at all	1.1	1.2	1.6	1.7	3.2	4.2	6.5	0.7
Not	5.7	3.1	6	6.5	9.1	11.6	12.7	0.8
Quite	11.5	7.4	9.7	12.4	10.9	12.6	13.9	5.6
Beneficial	21.6	19.7	20.1	21.1	20.1	22.3	17.2	15.1
Very beneficial	60.1	68.5	62.6	58.2	56.9	49.3	49.6	77.8
Total Responses	2403	2376	2376	2351	2253	2238	2036	2439

Patient Questions

Patient Demographics

43.7% of patients in Hospital/Other services were Male, and 55.7% were Female. 0.3% were Non-Binary and 0.3% stated Prefer Not to Say. 25.5% of respondents were between the ages of 45 and 64, 21% between 25 and 44, and 20.4% were under 12 (Figure 41).

Figure 41. The percentage of patients in each age group (total responses = 5752).



Patients' Devices

5372 patients provided the type of device they had used to conduct their VC. Phones were the most common (39.0%), then laptops (34.1%), and tablets (18.8%). A further 8.1% of patients stated that they had used more than one device during their consultation.

How Many Times and Would You Used VC Again?

Table 57 demonstrates that the majority (67.7%) of patients had only used VC on the day of their appointment. However, 90.4% stated that they would consider using VC again in the future, and there were only 40 (1.1%) patients that would not use it again.

Table 57. The number and percentage of responses for how many times patients had used VC prior to their appointment, and if they would use VC again in the future.

Previous and Future Use of VC	Number of Responses (Freq)	Percentage of Overall Responses (%)
How many times have you used VC before?		
Only Today	3895	67.7
Once before today	852	14.8
Twice before today	390	6.8
Three or more times	614	10.7
Total Responses	5751	
Would you use VC again?		
Yes	3231	90.4
No	40	1.1
Maybe	304	8.5
Total Responses	3575	

The Choice to Use VC

71.4% of patients (total responses = 5811) stated that they were informed by their service that they were going to use VC, and 9.3% stated it was the only option. Only 17.6% were given the option to use VC and opted for it.

“Able To” Statements

The responses to the series of statements are displayed in Figure 42 and Table 57 provides the descriptive statistics of the scores.

Figure 42. The distribution of responses for each “Able To” statement.

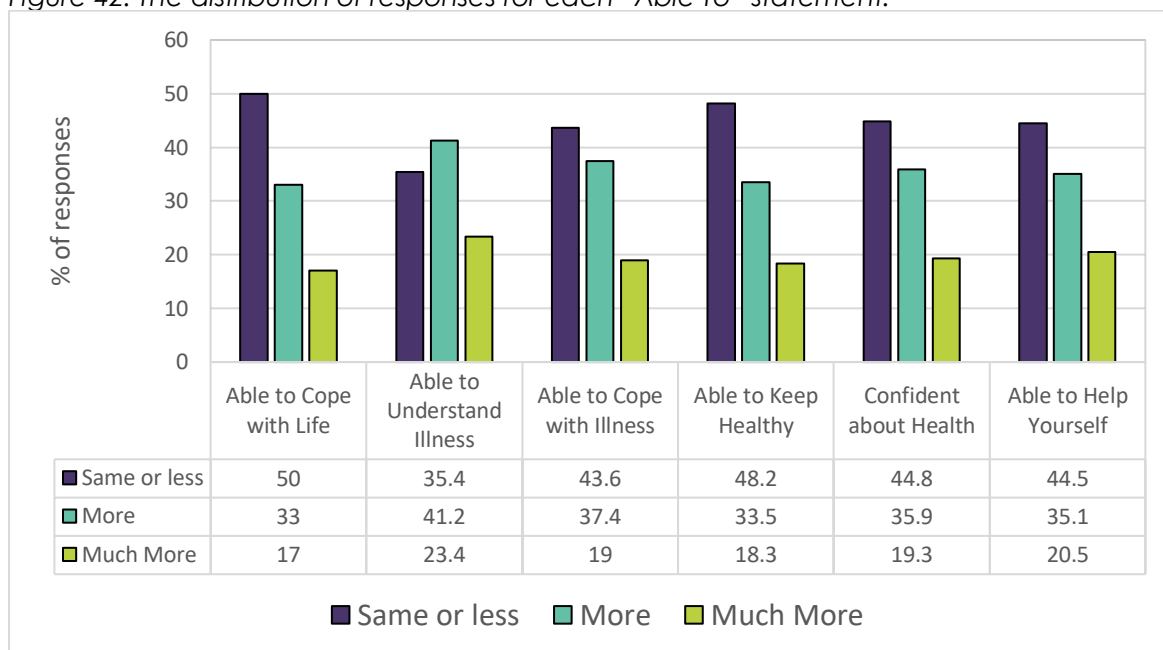


Table 57. The descriptive statistics for the “Able To” scores, including mean (standard deviation), minimum, and maximum. Total number of responses is also displayed.

“Able To” Scores	Number of Responses	Mean (SD)	Min	Max
	2483	4.46 (4.08)	0	12

Therapies - Allied Healthcare Professionals (AHPs)

There was a total of 9541 respondents in AHPs, including 3800 clinicians and 5741 patients.

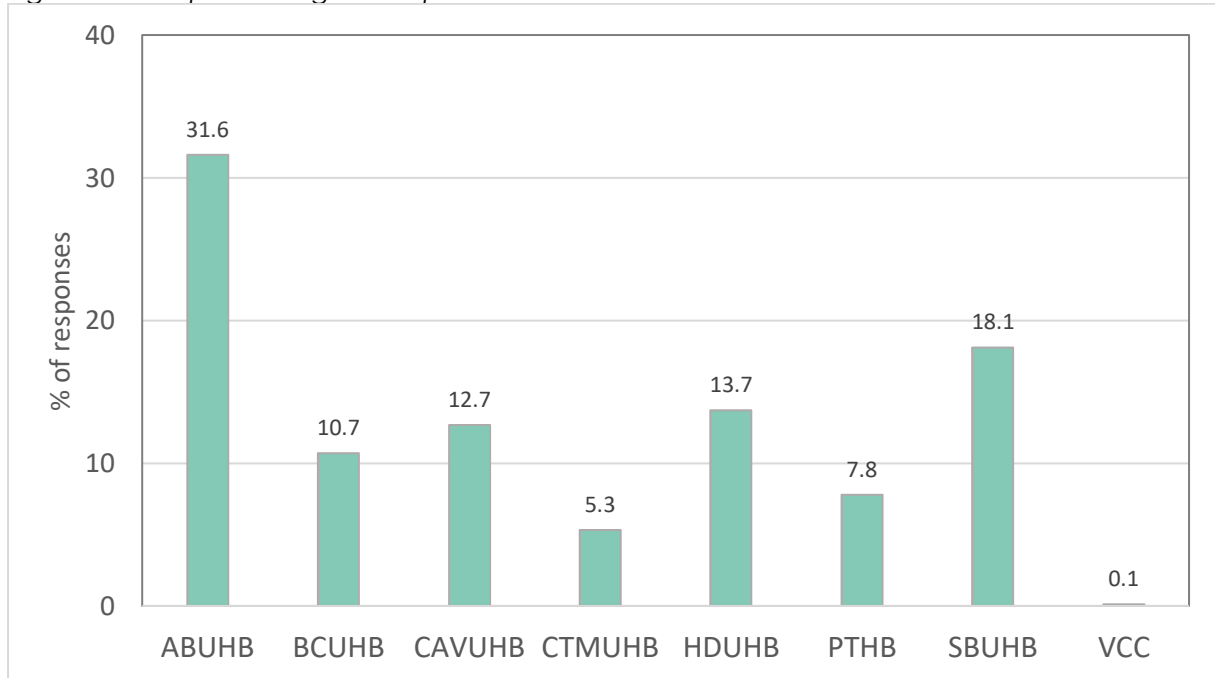
Health Board

The number of respondents from AHPs from each health board is displayed in Table 58 and visualised in Figure 43. The majority of responses were from ABUHB (31.6%), and the least from CTMUHB (5.3%) and VCC (0.1%).

Table 58. The frequency and percentage of responses per health board. Note: 157 respondents did not state their health board.

Health Board	Number of Responses (Freq)	Percentage of Overall Responses (%)
ABUHB	2964	31.6
BCUHB	1004	10.7
CAVUHB	1195	12.7
CTMUHB	494	5.3
HDUHB	1283	13.7
PTHB	731	7.8
SBUHB	1700	18.1
VCC	13	0.1
Total Responses	9384	

Figure 43. The percentage of responses from each health board.



Face-To-Face Prevention and VC Quality Ratings

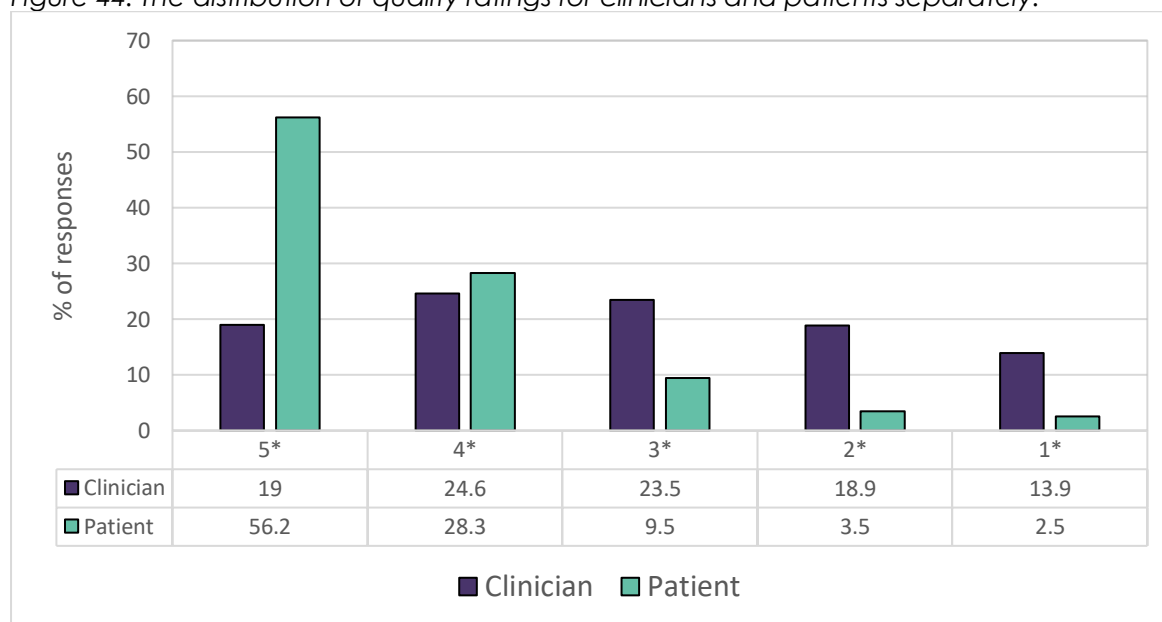
Overall, VC was rated positively, with 83.3% of the responses stating Excellent, Very Good, or Good. However, clinicians were very negative in these ratings, providing the most negative responses across the entire data. In particular, 67.1% stated it was Excellent, Very Good, or Good, and only 19% gave VC Excellent ratings. A difference was revealed between patients and clinicians, with patients rating VC quality more positively ($U = 5230430, p < .001$) (Figure 44).

68.4% of respondents stated the need for face-to-face was prevented, although there was a discrepancy between patients (60.1%) and clinicians (81.3%), such that a lower proportion of patients stated it was prevented. These figures, as well as quality ratings, are displayed in Table 59.

Table 59. The distributions of responses for Quality Ratings and face-to-face prevention, according to the entire sample, and patients and clinicians separately.

VC Quality Ratings	Total Sample	Clinician	Patient
5*	41.4	19.0	56.2
4*	26.8	24.6	28.3
3*	15.1	23.5	9.5
2*	9.7	18.9	3.5
1*	7.1	13.9	2.5
Total Responses	9434	3767	5667
Prevention of FTF			
Yes	68.4	81.3	60.1
No	21.4	12.4	27.1
Unable to say	10.3	6.3	12.8
Total Responses	9357	3645	5712

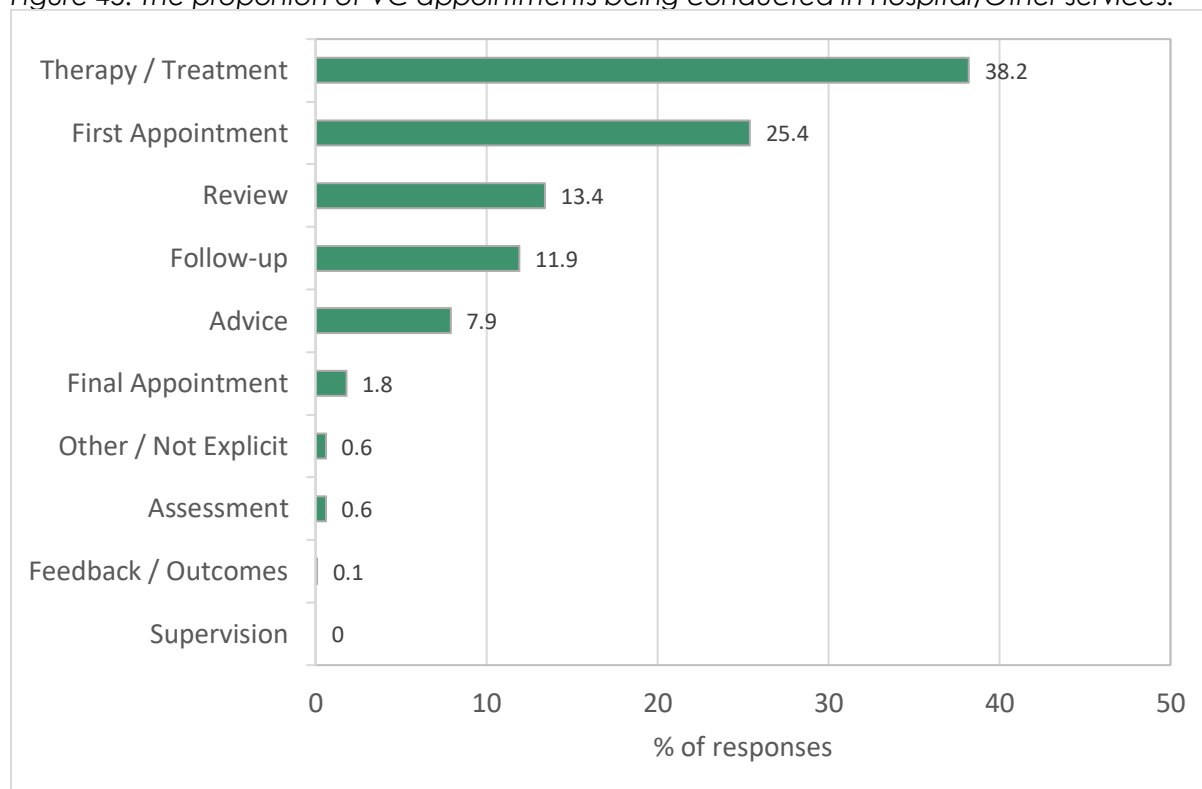
Figure 44. The distribution of quality ratings for clinicians and patients separately.



Activity of the Video Consultation

The most common types of appointments being conducted in Hospital/Other services, as shown in Figure 45, were therapy/treatment (38.2%), and first appointments (25.4%).

Figure 45. The proportion of VC appointments being conducted in Hospital/Other services.



Challenges and Benefits of VC

Tables 60-63 display the challenges and benefits of VC according to patients and clinicians.

Patients' responses to the potential challenges associated with VC were positive, such that the majority of patients had not encountered the challenges. The least relevant challenge, in particular, was issues with safe space, and the most relevant was having a preference for face-to-face or telephone. Considering the benefits of VC, the most beneficial was lowering the risk of infection, saving travel and parking, and saving the environment. However, the least beneficial seemed to be lowering levels of stress and anxiety.

For clinicians, the responses to the challenges were less positive compared with patients', and technical issues seemed more prevalent for respondents, as well as a personal and the patients' preference for face-to-face and telephone.

Most clinicians (93.3%) did not find a lack of confidence challenging. The most beneficial aspect of VC, on the other hand, was lowering infection rates, whereas the least was reducing the likelihood of DNA.

Table 60. Patients' ratings for the potential challenges of VC.

Patient Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues with Safe Space	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone
Not at all	83.2	84.3	81.4	73.5	96.6	87.1	86.8	55.7
A little	10.8	10.2	11.5	16.6	2.4	9.5	8.2	19.2
Some	4.6	3.8	4.5	6.2	0.7	2.7	3.3	13.5
A lot	1.4	1.7	2.6	3.7	0.2	0.8	1.7	11.6
Total Responses	5527	5450	5561	5542	5442	5478	4673	4880

Table 61. The relevancy ratings for potential challenges that clinicians could have faced during VC.

Clinician Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues on Patients side	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone	Patient's Preference for FTF
Not at all	74.9	67.5	58.1	58	61.1	93.3	75.7	51.9	58.4
Quite	8.2	11.7	15.7	13.3	14.4	4.6	14.6	18.2	17.9
Relevant	7.9	10.5	11.1	11.6	13	1.6	6.4	18	14.5
Very Relevant	9	10.3	15.1	17.1	11.4	0.5	3.3	12	9.2
Total Responses	3298	3300	3379	3346	3299	3109	3143	3171	2977

Table 62. Patients' ratings for each potential benefit of VC.

Patient Benefits of VC	Saved Time & Preparation	Saved Travel & Parking	Saved Environment	Saved Taking Time Off	Saved Money	Improved Access to Care	Improved Convenience	Improved Family Involvement	Lowered Risk of Infection
Not at all	1.3	1.1	1	4.1	4.4	2.3	1.9	5.9	0.8
Not	1.4	1.7	1.3	5.8	5.6	2.4	2.7	6.3	0.8
Quite	9.9	5.7	6.8	9.7	10.1	9.9	8.9	10.9	4.8
Beneficial	25.6	15.1	18.1	18.4	18.2	23.3	19.2	20.5	14
Very beneficial	61.7	76.4	72.8	62	61.6	62.2	67.3	56.4	79.6
Total Responses	5512	5261	5323	3960	3893	5105	5447	3545	5494

Table 63. Clinicians' ratings for each potential benefit of VC.

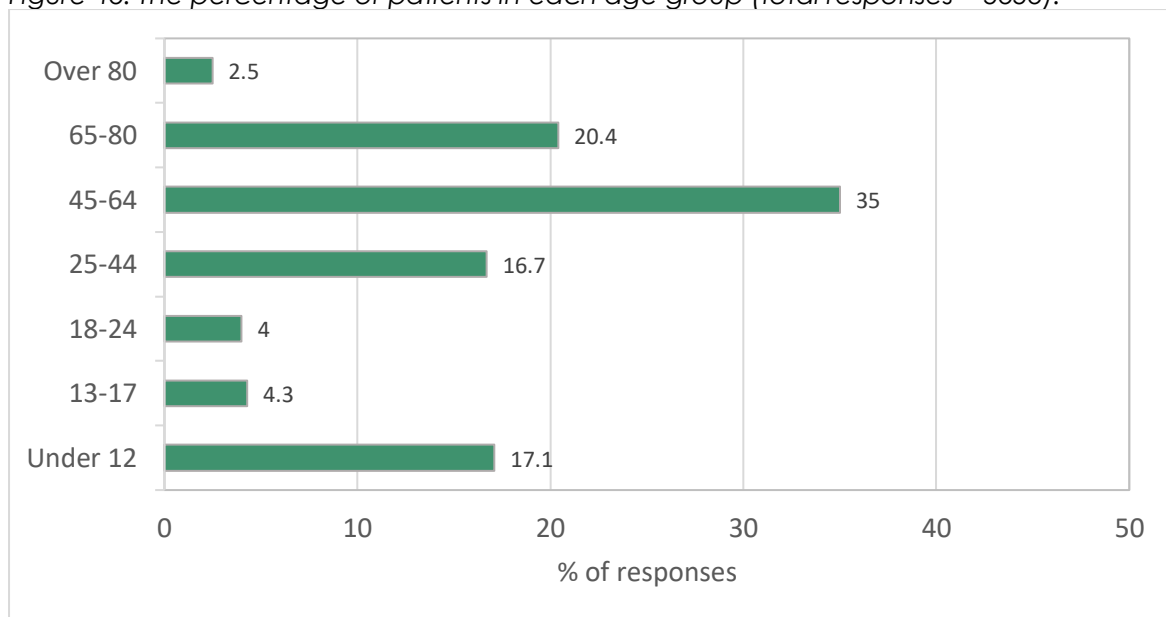
Clinician Benefits of VC	More Efficient use of time/space	Saved Travel & Parking	Saved Environment	Increased Access to Care	Reduced Wait Times	Reduced DNA	Improved Family Involvement	Lowered Infection Rates
Not at all	3.6	3.3	4	3.8	7.3	8.2	8.2	1.3
Not	7.8	3.1	5.3	11.8	18.1	18.1	16.3	0.9
Quite	22	14	13.9	20.6	15.8	23.7	22	6.2
Beneficial	29.2	27	28.2	28.6	25.6	22.9	25.8	13.1
Very beneficial	37.5	52.6	48.7	35.2	33.2	27	27.7	78.5
Total Responses	3532	3491	3486	3436	3075	3196	2969	3536

Patient Questions

Patient Demographics

42.8% of patients in AHPs were male, and 56.5% were Female. 0.3% were Non-Binary, 0.2% stated Prefer not to say, and 0.1% stated Other. 35% of the respondents were between the ages of 45 and 64, the most common age group. The percentage of responses from each age group are displayed in Figure 46.

Figure 46. The percentage of patients in each age group (total responses = 5656).



Patients' Devices

5142 patients reported the type of device they had used to conduct their VC. 48% used laptops, 25.1% used tablets, and 21.3% used phones. A further 5.7% stated they had used more than one device.

How Many Times and Would You Use Again?

Table 64 demonstrates that the almost half (49.5%) of patients had only used VC on the day of their consultation. However, 92.3% stated that they would consider using VC again in the future, and only 18 patients said they would not (0.4%).

Table 64. The number and percentage of responses for how many times patients had used VC prior to their appointment, and if they would use VC again in the future.

Previous and Future Use of VC	Number of Responses (Freq)	Percentage of Overall Responses (%)
How many times have you used VC before?		
Only Today	2805	49.5
Once before today	1111	19.6
Twice before today	591	10.4
Three or more times	1155	20.4
Total Responses	5662	
Would you use VC again?		
Yes	4169	92.3
No	18	0.4
Maybe	330	7.3
Total Responses	4517	

The Choice to Use VC

60.9% of patients (total responses = 5696) stated they were informed by their service of the choice to use VC, and 15.6% reported it was the only option. 22.1% said they were given the choice and opted to use VC.

“Able To” Statements

The responses to the series of statements are displayed in Figure 47 and Table 65 provides the descriptive statistics of the scores.

Figure 47. The distribution of responses for each “Able To” Statement.

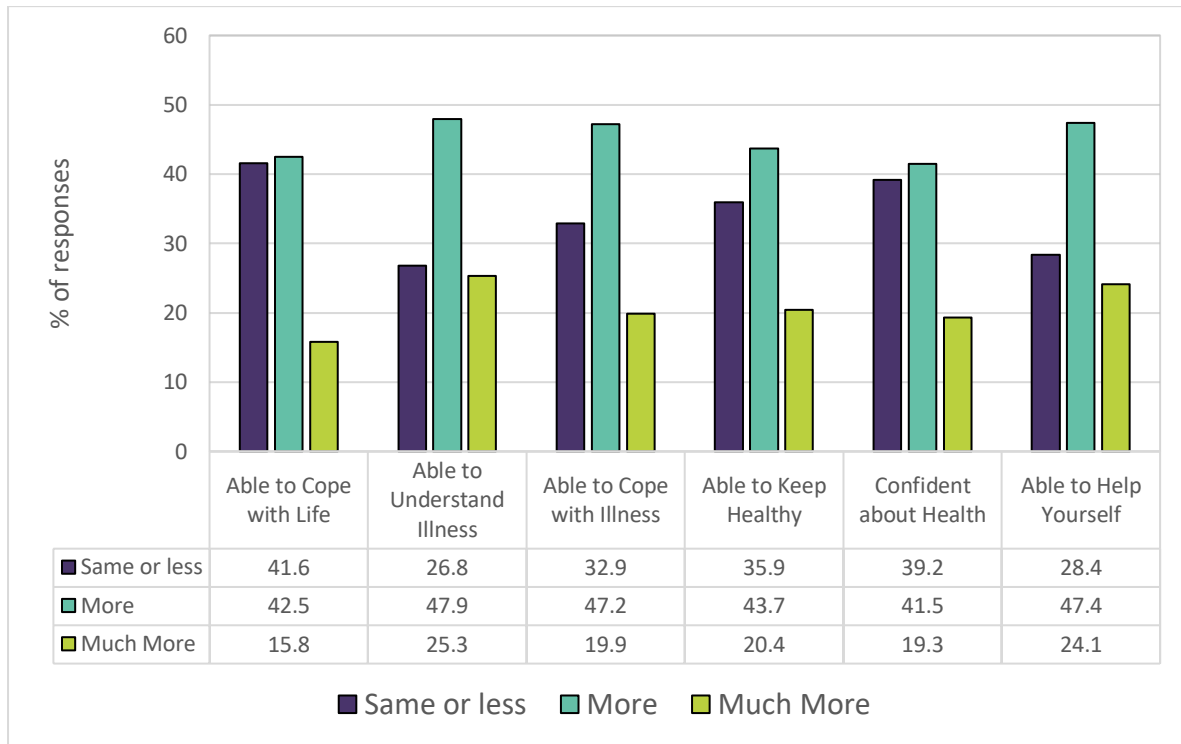


Table 65. The descriptive statistics for the “Able To” scores, including mean (standard deviation), minimum, and maximum. Total number of responses is also displayed.

“Able To” Scores	Number of Responses	Mean (SD)	Min	Max
	2661	5.22 (3.86)	0	12

Mental Health & Psychiatry

There were 1960 responses for Mental Health (MH) & psychiatry, with 743 clinicians and 1217 patients. It is important to note that these responses do not include professions considered as AHPs (listed previously), such as psychologists.

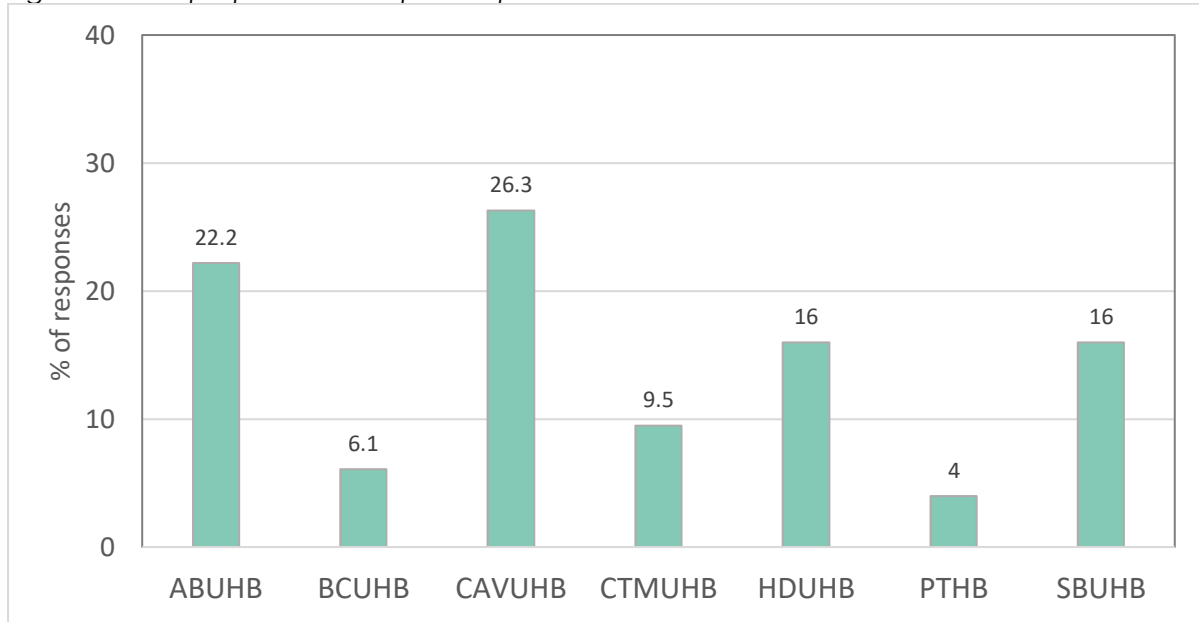
Health Board

The number of respondents from MH & Psychiatry services from each health board are displayed in Table 66 and visualised in Figure 48. The majority of responses were from CAVUHB (26.3%) and ABUHB (22.2%).

Table 66. The frequency and percentage of responses per health board. Note: 31 respondents did not state their health board.

Health Board	Number of Responses (Freq)	Percentage of Overall Responses (%)
ABUHB	428	22.2
BCUHB	117	6.1
CAVUHB	507	26.3
CTMUHB	183	9.5
HDUHB	308	16.0
PTHB	78	4.0
SBUHB	309	16.0
Total Responses	1930	

Figure 48. The proportion of responses per health board.



Face-To-Face Prevention and VC Quality Ratings

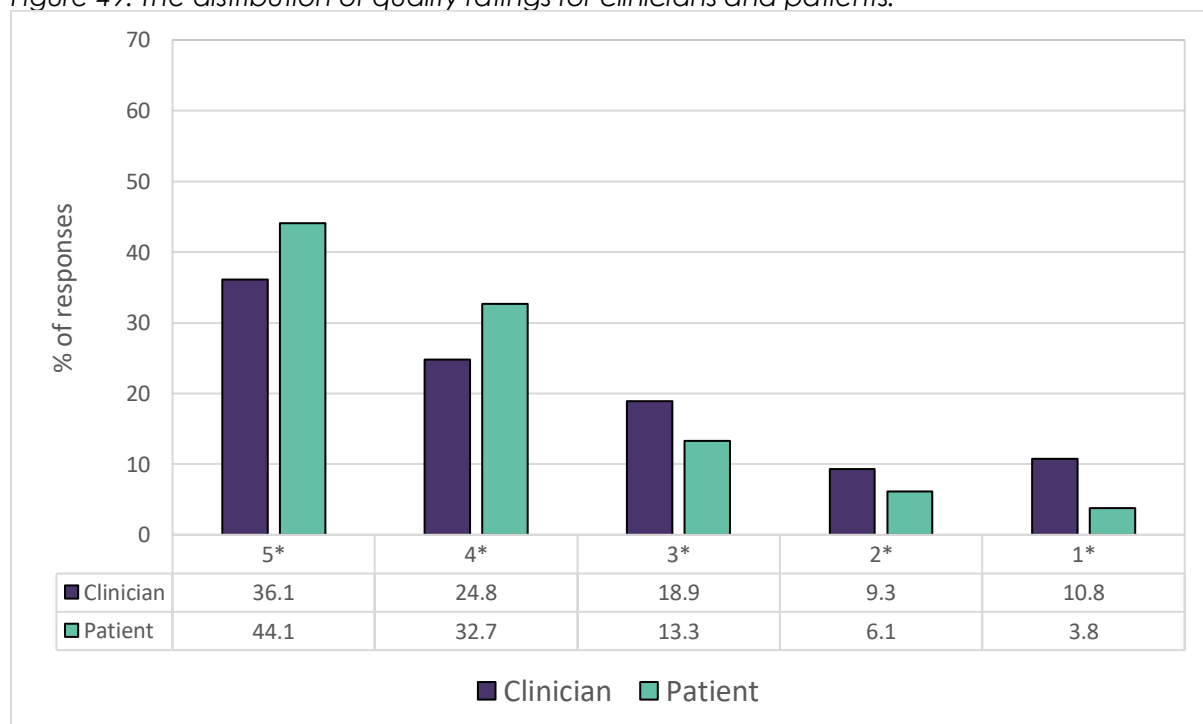
Overall, VC was rated positively by respondents in MH & Psychiatry, such that 86.2% gave Excellent, Very Good, or Good ratings. Patients were more positive than clinicians, revealed by a Mann-Whitney U test of difference ($U = 368486.5$, $p < .001$). This is displayed in Figure 49.

In addition, face-to-face was prevented for 72% of respondents, although 91.4% of clinicians reported it was prevented compared with only 60.6% of patients, suggesting there is a difference in the perceptions of face-to-face prevention between respondents. This information, as well as VC Quality ratings, is displayed in Table 67.

Table 67. The distributions of responses for Quality Ratings and face-to-face prevention, according to the entire sample, and patients and clinicians separately.

VC Quality Ratings	Total Sample	Clinician	Patient
5*	41.1	36.1	44.1
4*	29.7	24.8	32.7
3*	15.4	18.9	13.3
2*	7.3	9.3	6.1
1*	6.5	10.8	3.8
Total Responses	1935	729	1206
Prevention of FTF			
Yes	72.0	91.4	60.6
No	17.0	5.3	23.9
Unable to say	11.0	3.3	15.5
Total Responses	1932	718	1214

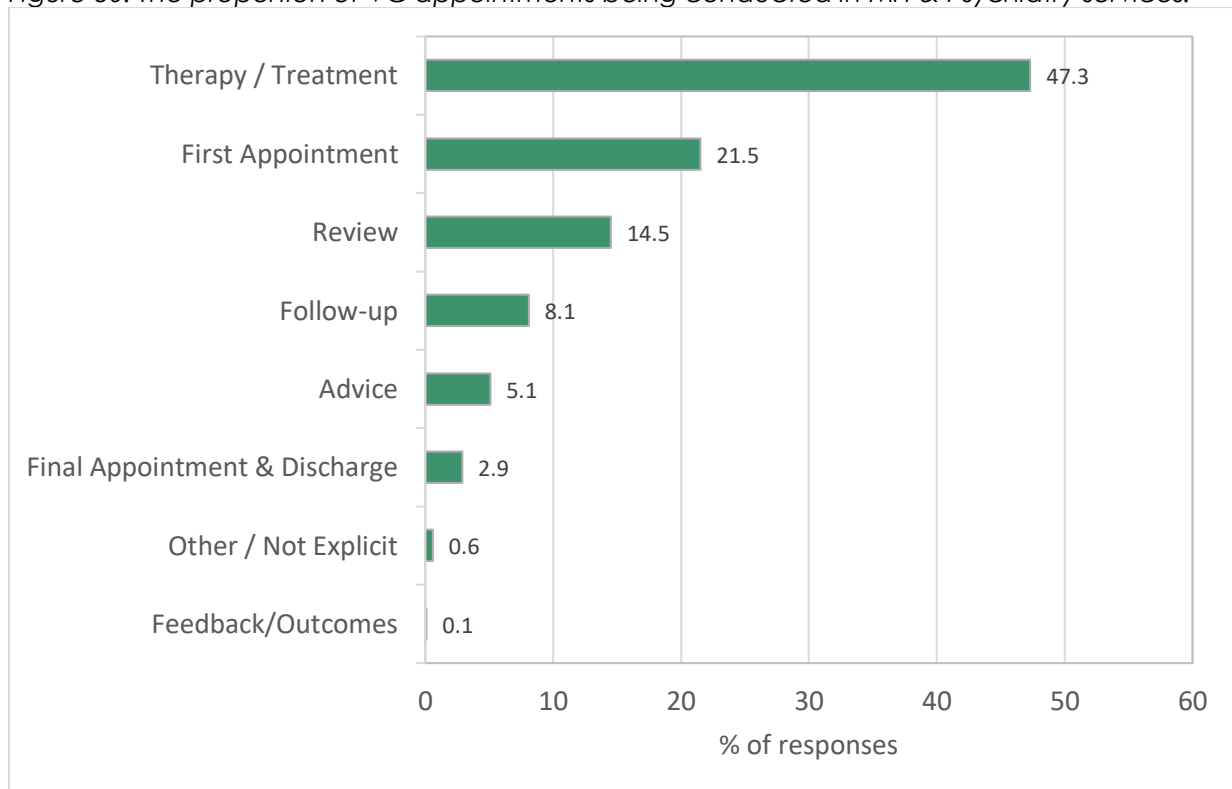
Figure 49. The distribution of quality ratings for clinicians and patients.



Activity of the Video Consultation

Figure 50 displays the types of appointments being conducted in MH & Psychiatry services. The most common VC activity was therapy/treatment, almost half of the VCs in these services were therapy/treatments. The least common was feedback/outcomes, although there were no responses for supervision.

Figure 50. The proportion of VC appointments being conducted in MH & Psychiatry services.



Challenges and Benefits of VC

Tables 68-71 display the challenges and benefits of VC according to patients and clinicians.

Considering the potential challenges that patients could have encountered with VC, the most relevant seemed to be having a preference for face-to-face or telephone, and the least were issues with safe space and VC not being suitable for clinical needs. The most beneficial aspect of VC was lowering the risk of infection. On the other hand, the benefits that received the most negative responses was lowering stress and anxiety levels and improving family

involvement, although there was a large number of missing responses and N/As for this, suggesting that it is not applicable to respondents. For clinicians, the most relevant challenge was relating to technical issues, including audio and visuals problems. The least relevant was having a lack of confidence. Alternatively, the most beneficial aspect of VC for clinicians was lowering infections rates.

Table 68. Patients' ratings for the potential challenges of VC.

Patient Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues with Safe Space	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone
Not at all	77.9	77.6	71.1	62.2	92	77.4	89.5	51.7
A little	13.7	15.1	19	23.7	5.1	15	6.3	20.6
Some	5.9	5	6.4	7.7	2.3	5.1	2.5	15.1
A lot	2.5	2.2	3.4	6.3	0.6	2.5	1.7	12.6
Total Responses	1158	1157	1171	1167	1132	1142	950	1058

Table 69. The relevancy ratings for potential challenges than clinicians could have faced during VC.

Clinician Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues on Patients side	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone	Patient's Preference for FTF
Not at all	85.2	79.3	70	68.4	74.2	95.6	91.6	81	81.7
Quite	6.1	9.2	11.2	9	10.5	3.1	3.9	8.4	8.3
Relevant	3.6	5.5	7.7	8.8	6.7	0.9	1.9	5.6	5.2
Very Relevant	5.1	6	11.1	13.8	8.5	0.5	2.6	5	4.7
Total Responses	670	671	687	680	683	653	642	658	653

Table 70. Patients' ratings for each potential benefit of VC.

Patient Benefits of VC	Saved Time & Preparation	Saved Travel & Parking	Saved Environment	Saved Taking Time Off	Saved Money	Improved Access to Care	Improved Convenience	Improved Family Involvement	Lowered Risk of Infection	Lowered Stress & Anxiety
Not at all	1.7	1.4	1.5	4.1	4.3	2.5	2.1	7.6	0.6	5.8
Not	2.6	2.2	1.4	6	4.5	2.7	2.8	7.9	0.8	8.4
Quite	11.8	5.9	6.1	10.9	11.4	10.8	8.7	13.1	4.6	19
Beneficial	28.7	18.5	21.2	21.2	19.9	24.9	22.1	22.3	15.7	23.7
Very beneficial	55.2	72.1	69.7	57.8	59.9	59.1	64.2	49.1	78.3	43.1
Total Responses	1144	1104	1112	873	865	1051	1163	700	1146	1130

Table 71. Clinicians' ratings for each potential benefit of VC.

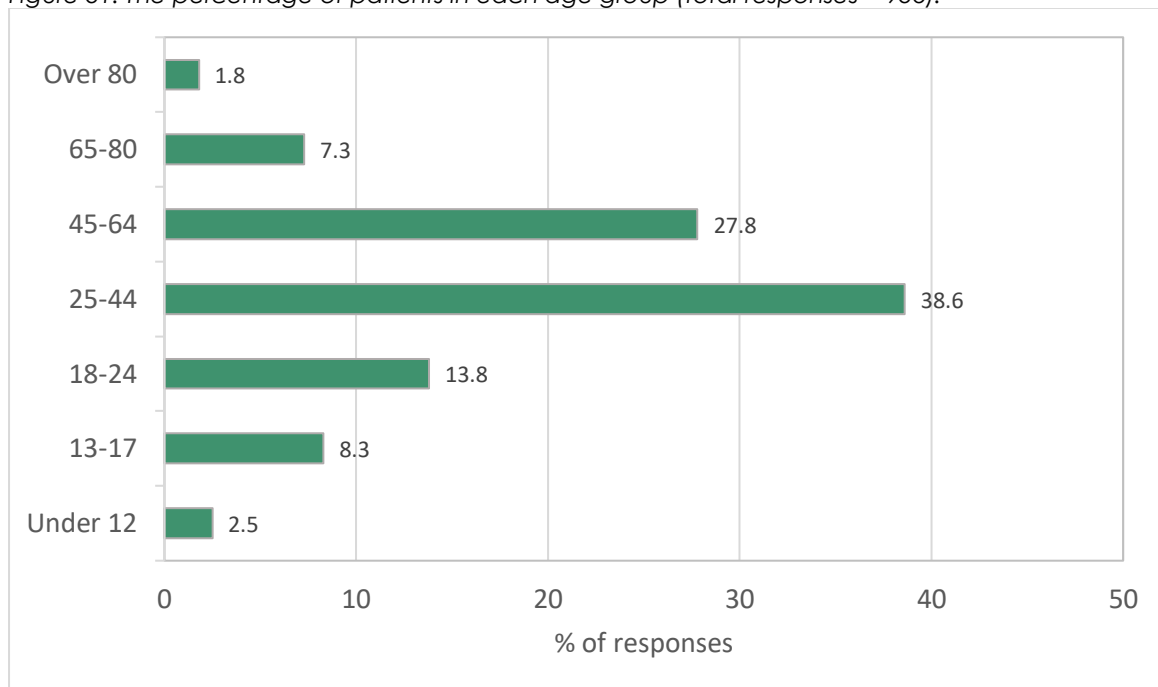
Clinician Benefits of VC	More Efficient use of time/space	Saved Travel & Parking	Saved Environment	Increased Access to Care	Reduced Wait Times	Reduced DNA	Improved Family Involvement	Lowered Infection Rates
Not at all	2.2	1.6	1.3	4.7	9.2	9.3	12.4	1.7
Not	3.7	1.6	3.5	3.1	3.6	4.3	10.4	0.6
Quite	7.4	6.1	8.6	8.9	8.2	18.1	20.8	2.5
Beneficial	19.1	14.8	19.4	15.9	14.3	15.4	11.8	10.9
Very beneficial	67.6	75.9	67.2	67.4	64.7	52.9	44.6	84.3
Total Responses	712	684	689	699	631	680	518	706

Patient Questions

Patient Demographics

32.4% of patients in MH & Psychiatry services were male, 65.9% were Female, 1.2 non-binary, and 0.5% stated prefer not to say or other. The majority of respondents were between the ages of 25 and 44 (38.6%) or 45 and 64 (27.8%) (Figure 51).

Figure 51. The percentage of patients in each age group (total responses = 956).



Patients' Devices

1134 patients provided the type of device they used during their VC. 30.7% of patients used laptops, 36.1% phones, and 16.9% tablets. An additional 6.3% stated that they had used multiple devices during their VC.

How Many Times and Would You Use VC Again?

Table 72 shows that the majority (42.5%) had used VC only once, the day of their consultation. Also, 23.5% had used VC three or more times previously. Positively, 90.1% of patients stated they would use VC again in the future, and only 6 respondents (0.8%) said they would not.

Table 72. The number and percentage of responses for how many times patients had used VC prior to their appointment, and if they would use VC again in the future.

Previous and Future Use of VC	Number of Responses (Freq)	Percentage of Overall Responses (%)
How many times have you used VC before?		
Only Today	512	42.5
Once before today	189	15.7
Twice before today	112	9.3
Three or more times	392	23.5
Total Responses	1205	
Would you use VC again?		
Yes	703	90.1
No	6	0.8
Maybe	71	9.1
Total Responses	780	

The Choice to Use VC

52.4% of patients stated that they were informed by their service of the decision to use VC, and 19% stated it was the only option. However, 26% were given the choice and opted to use VC.

“Able To” Statements

The responses to the series of statements are displayed in Figure 52 and Table 73 provides the descriptive statistics of the scores.

Figure 52. The distribution of responses for each “Able To” Statement.

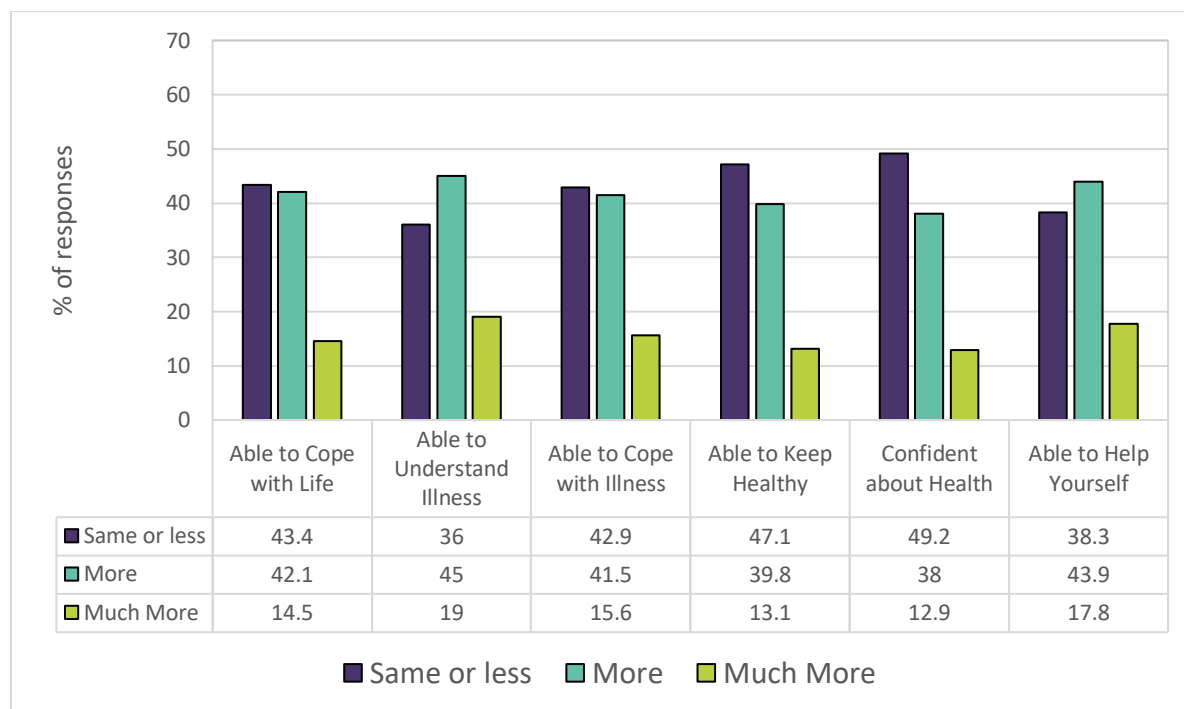


Table 73. The descriptive statistics for the “Able To” scores, including mean (standard deviation), minimum, and maximum. Total number of responses is also displayed.

“Able To” Scores	Number of Responses	Mean (SD)	Min	Max
	657	4.42 (3.83)	0	12

Owners & Authors of the Data

Owners:

This Data Is the Ownership of Technology Enabled Care Cymru and their Funders The Welsh Government.

Authors:

Gemma Johns, Sara Khalil, Mike Ogonovsky, Jessica Williams, Bethan Whistance & Professor Alka Ahuja.

Reviewer:

Lynne Hockey.

The data was collected, analysed & written up by TEC Cymru's in-house Research & Evaluation Team

Referencing the Data:

When using the data as a source please reference the authors and main owner (TEC Cymru) of the data appropriately.

For example:

Johns et al (June, 2021) Phase 2a Quantitative Data. The NHS Wales Video Consulting Service, Technology Enabled Care (TEC) Cymru. Cited at (add the website or other source that this document was retrieved, plus date retrieved)

Contact the Team:

If you have any questions regarding the data, analysis or write-up please contact the Research Lead at Gemma.Johns3@wales.nhs.uk

If you have any clinical queries regarding this dataset, please contact the National Clinical Lead at Alka.Ahuja@wales.nhs.uk

If you have any queries regarding the VC Programme, please contact the Programme Lead at Sara.Khalil@wales.nhs.uk