

TECHNOLOGY ENABLED CARE

tec

CYMRU

NHS Wales Video Consultation Service

Phase 2a Evaluation

Executive Summary of Quantitative Data

In the [Phase 1](#) evaluation during March and August 2020 (the **roll-out stage**), 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 the **scale-up stage**) and Phase 3 (research – and **sustainability stage**). 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.

Design & Analysis

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 report, a total of 22,978 clinician and patient surveys and 178 clinician and patient semi-structured interviews were analysed.

The quantitative analysis was carried out using both excel and SPSS for descriptive statistics and then exported for its main analysis and tests of significance. The free text comments within surveys and qualitative data from interviews were initially identified and coded manually and entered into an excel sheet for manageable order (due to large numbers), and then followed with a thematic analysis to explore emerging themes.

Please Note: *This document is a summary of the quantitative findings of the Phase 2 survey data only. This document will be supported and updated and as other datasets are analysed and made available. For example, a comparison with general population & NHS Welsh data and the incorporation of qualitative survey data and interview data will follow soon.*

Key Findings of Quantitative Survey Data

Phase 2a Key Questions

- Has 'use and value' of VC remained consistent between Phase 1 (the roll-out) and Phase 2 (the scale-up)?
- For whom, under which circumstances and to what extent is VC working?
- What are the benefits of VC?
- What are the challenges of VC?
- What does the Phase 2 data demonstrate for sustainability and long-term use?

Participants:

- The Phase 2a quantitative data is based on 22,978 'live' end of Video Consultation (VC) surveys.
- The survey participants involved 8,694 NHS Wales clinicians and 14,384 NHS Wales patients.

Types of Clinicians, Specialities & Appointments

- The most common type of clinician using VC during Phase 2a were Physiotherapists, Doctors and Speech and Language Therapists.
- The most common type of speciality using VC during Phase 2a were Paediatrics & Child Health and Mental Health, and Other Therapies, Trauma and Orthopaedics and Neurology & Neurosurgery were also common users.
- The distribution of types of appointments for patients were most common for first appointments (27.7%), therapy/treatment (26.1%) and reviews (23.4%).

Health Boards & Local Authorities

- The local health board with the most survey responses was Aneurin Bevan UHB (24.6%), followed by Swansea Bay UHB (18.2%) and Cardiff & Vale UHB (18.0%).
- The local authority with the most responses were from the City and County of Swansea (13.5%) and Cardiff City (12.8%).
- VC users were located 42% in towns, 25.5% in cities, 24.6% in villages, and 6.3% in the countryside.

Quality Rating & Prevention of Face-to-Face

- The quality of VC was rated positively by respondents, with 84.7% stating that it was Excellent, Very Good, or Good.
- VC quality from clinicians (71.9%) was more negative in their responses when compared with patients (92.4%). This difference was revealed as significant by a Mann-Whitney statistical test ($U = 36013700.0, p < .001$).
- 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 (more understanding will be identified in the qualitative datasets).
- There is also 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%).
- The reason as to why patients perceive it lower is unknown, perhaps this is because of misinterpretation of what 'face-to-face prevention' means.

Challenges of VC (Patients)

- The least reported challenge by patients were 'issues with space or privacy' (96.6% 'not at all')
- The most reported challenge by patients were the 'preference for a face-to-face or telephone appointment' (12% 'a lot')
- Challenges such as 'issues with device, internet, visual or audio' were minimal challenges for the patient (ranging 1.8% to 4.2% as 'a lot')
- Challenges with having a 'lack of confidence' using VC and the perception of VC 'not being clinically suitable' were also reported as minimal challenges for the patient (ranging 1.2% to 2.1% as 'a lot').

Challenges of VC (Clinicians)

- The least reported challenge by clinicians were 'lack of confidence' in using VC (94.3% 'not at all')
- The most reported challenge by clinicians were technical issues associated to poor audio, visuals, internet or device (ranging 15.7% to 8.5% 'a lot')
- The challenge of VC being perceived as 'not clinically suitable' for the patient was reported as a minimal challenge by clinicians, with only 2% stating this challenge as 'very relevant' or 'relevant'.
- From the clinician's perspective, the preference for a face-to-face appointment was reported as 'very relevant' or 'relevant' by 16.7% (for the patient) and 21.3% (themselves as clinicians).

Benefits of VC (Patient)

- The least reported benefit by patients were 'lowered stress and anxiety' (74.3%) as 'very beneficial' or 'beneficial'.
- The most reported benefits (as 'very beneficial' or 'beneficial') by patients were 'lowered infection rate' (94.2%); 'saved travel and parking' (92%) and 'saving the environment' (91.1%).
- Other patient benefits were also rated highly, such as 'saved time and preparation' (87.3%); not 'having to take time off work/school' (81%); 'improved convenience' (87.6%); 'improved access to care' (85.5%); 'saved money' (81%); and 'improved family involvement' (78.6%).

Benefits of VC (Clinician)

- The least reported benefit by clinicians were 'improved family involvement for the patient' (59.9% 'very beneficial' or 'beneficial')
- The most reported benefits by patients were 'lowered infection rate' (92.3%) and 'saved travel and parking' (84.1% 'very beneficial' or 'beneficial')
- Other clinician rated benefits such as 'more efficient use of their clinical time/space' (74.8%) and 'saving the environment' (79.8%) as 'very beneficial' or 'beneficial'.
- Clinicians also rated benefits for the patient/NHS service such as 'increased access to care' (72%); 'reduced waiting times' (68.6%) and reduced DNAs' (61.1%) as 'very beneficial' or 'beneficial'

Travel Savings

- This total calculation suggests that on average a patient or clinician saves almost 1-hour per appointment/or working day in travel.
- This calculation is based on 12,612 respondents.
- Combining patient travel to an NHS appointment, and clinician travel to work, a total 15,364.84 hours of travel was saved.

Patient Demographics & Devices

- 42.2% of patients were Male, 57.1% Female, 0.3% Non-binary, 0.3% Prefer not to say, and 0.1% stated Other.
- The highest distribution of responses were from patients aged 45-64 (29.7%) and Over 80s the least (2.6%). However, a total of 20.7% of VC report to be over 65 years old. *This is almost comparable to the national population data in Wales (20.8% over 65 years).*
- 95.3% of patients were White or British (English, Welsh, Scottish, Irish); 0.9% as other White or Irish and 3.8% were Asian, Black, Mixed/Multiple group, or Other ethnic group. *This is slightly lower than the national population for BAME groups (4.5%).*
- The highest distribution of responses were from patients with household incomes of less than £15,000 per year and the least from patients with incomes more than £150,000 a year.
- The most common device used to conduct a VC were laptops (38.9%), followed closely by phones (33.4%), and tablets (20.4%).

Times Used & Preference to 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, and 0.8% said they would not.

Choice of Appointment

- According to 64.8% of patients, the choice to use VC was made by the service, and they were informed of this decision.
- 13% stated that it was the only option, and there was no alternative.
- 20.5% of patients were given the choice and opted to use VC.

'Able To' Statements after VC

- 54% of patients reported being able to 'cope with life' (more or much more).
- 68% of patients reported being able to 'understand their illness' (more or much more)
- 61% of patients reported being able to 'cope with their illness' (more or much more).
- 57.4% of patients reported being able to 'keep healthy' (more or much more)
- 47.2% of patients reported being able to be 'confident about their health' (more or much more)
- 63.3% of patients reported being able to 'help themselves' (more or much more).

Conclusion

The Phase 2a quantitative data demonstrates a steady appetite for VC in Wales between the phases 1 (roll-out) and 2 (scale-up). The Phase 2a data is consistent in terms of 'use and value' with the previously published Phase 1 data, in that VC is still rated very highly among patients and clinicians (slightly higher with patients); is well accepted across a wide range of care sectors and specialities, and is clinically suitable for a wide range of patient demographic groups, regardless of health status, age, gender, ethnicity, household income, and place (urban/rural). In addition, there is a long-term preference for VC, which tends to be associated with the significant benefits of using VC which clearly outweigh the challenges. These findings will continue to be supported and updated by ongoing evaluation, and the new phase 3 research of more in-depth experimental and observational studies.

This is an overview of the All-Wales, All-Speciality data only for Phase 2a. The data is also split up into care sectors and Health Boards/Trust.

Please see the full report by visiting [TEC Cymru Evaluation Reports](#) | [Digital Health Wales](#)

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