

TECHNOLOGY ENABLED CARE

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CYMRU

NHS Wales Video Consulting Service

Phase 2a Survey
Qualitative Evaluation

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Summary

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.

Aims & Methods

Phase 2 runs in 6-9 month intervals, and is referred to as Phase 2a, b, c and so on. This report is part of the [Phase 2a data](#) capture interval, which consisted of a mixed methodology approach, and includes 'live' end of VC surveys, semi-structured interviews and follow-up focus groups. The phase 2a survey data collection went live on 1st September 2020 and closed 28th February 2021. The sampling approach used during Phase 2a 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 of interviews. For the data discussed in this report, there are a total of 22,978 clinician and patient surveys. The semi-structured interviews and follow-up focus groups are still ongoing, and will be analysed and published in due course.

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 (this data is reported in the [Quantitative Section](#) of the Phase 2a report). The free text comments within surveys and qualitative data from interviews/focus groups 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 and patterns. This section of the report provides the qualitative data (free text narrative) from the Phase 2a surveys only. Other data can be found in other sections of the [Phase 2a report](#) (this is regularly updated as new data becomes available).

Results of Qualitative Survey Data

A thematic analysis of the Phase 2a free-text narrative data collected from the end of the Video Consultation (VC) feedback surveys was conducted. From the 22,978 patient and clinician survey responses captured during September 2020 and February 2021, numerous themes emerged. These include:

1. The Ease of Video Consultations (VC)

- 1.1 Ease of Technical Use
- 1.2 Ease of Experience
- 1.3 Ease & Uniqueness

2. The Personal Touches

- 2.1 Communication, Personalisation & Rapport
- 2.2 Positivity & Appreciation

3. The Benefits of Video Consulting

- 3.1 Convenience, Safety & Home Comforts
- 3.2 Flexible, Yet Comparable
- 3.3 Time Savings (Appointment Type, Waiting Lists & Travel)
- 3.4 Clinical Value
- 3.5 The Next Best Thing
- 3.6 VC is not for Everyone or Everything

4. Technical Quality

- 4.1 Good vs. Poor Technical Quality
- 4.2 Clinical Innovation & Trouble-Shooting

5. Clinical Recommendations & Future Use

- 5.1 Clinical Recommendations
- 5.2 Patient Wants & Needs

Direct quotations from patients and clinicians are provided. Each quotation is referenced to describe either **the patient** by their age range, gender, Health Board/Trust, healthcare speciality and type of appointment (e.g., first appointment, review, advice), or **the clinician** by their professional occupation and the Health Board/Trust in Wales in which they are based. Please note, there are some gaps in the references due to missing data, as all survey questions are voluntary, and therefore unanswered at times.

Theme 1: Ease of Use

Patients and clinicians generally rate their VC as high in quality (as demonstrated in the Phase 2a [Quantitative Section](#)) and their free-text narratives reflect this level in terms of high satisfaction and acceptability in relation to both technical and lived experience. For example, when patients and clinicians rate their VC as 'excellent', 'very good' or 'good' this is often paired with positive comments in relation to either the VC's technical performance as a platform ([Attend Anywhere](#)) or the overall lived experience of using VC as a healthcare delivery service.

1.1 Ease of Technical Use

One of the most common sub-themes associated to the platforms technical performance was that of 'ease of use'. It was often stated that the VC platform used in NHS Wales (Attend Anywhere) was 'easy to use' for both patients and clinicians.

"Good call easy to use" (Dentist, HDUHB)

"Easy to use. Great communication" (Patient 13-17, ABUHB, Paediatrics & Child Health, Review)

"Easy to use, lots of good information" (Parent of Patient under 12 years, ABUHB, Physiotherapist, Paediatrics & Child Health, Advice)

“It was easy to use, and appropriate to use during the pandemic”
(Patient, Female, HDUHB, 25-44, Midwife, Obstetrics & Gynaecology, First Appointment)

“Very easy to use, and it was good to be able to touch base” **(Patient, 25-44, Female, CTMUHB, Gastroenterology, Review)**

In addition, this ease of use was expressed as a ‘surprise’ to some, in that both patients and clinicians found the VC platform much easier to use than they initially anticipated, and in some instances, this exceeded expectation.

“So much easier than I was expecting” **(Health Visitor, CVUHB)**

“More effective than I expected a non-face to face appointment to be”
(Patient, Male, 45-64, HDUHB)

“This is my first experience of a video call, so I was pleasantly surprised”
(Patient, Female, 64-80, BCUHB, Doctor, Review)

“First time to use video call I was very impressed, better than expected”
(Patient, ABUHB, Podiatrist, Review)

“I was pleasantly surprised” **(Patient, HDUHB, 64-80, VCC Cancer Services, First Appointment)**

1.2 Ease of Lived Experience

For some clinicians, it was felt that having access to a VC platform was ‘easier’ for some of their patients than a face-to-face appointment would be. This was especially apparent in terms of patient experience and their personal circumstances, and those with access difficulties, anxiety issues, or complex home situations that were made more convenient with VC.

“Easier for child to access” **(Doctor, CVUHB)**

“Easier to access with social anxiety” (Doctor, CVUHB)

“Very helpful for autistic patient” (Dentist/Dental Nurse, SBUHB)

“Child one of six children so this format of therapy helps mum” (SLT, ABUHB)

This was also expressed in more depth by the patients themselves, whom in addition felt VC was actually better than attending a face-to-face appointment, such as making the patient feel safer, less stressed and more empowered, as opposed to their prior experience of face-to-face appointments.

“Brilliant - what an excellent service - long may it continue. So much better than coming to the hospital” (Patient, ABUHB, 45-64, Male, Doctor, Oral & Maxillo Facial, First Appointment)

“If anything, a better experience than actually attending the clinic!” (Patient, HDUHB, 64-80, Male, Doctor, Diabetes & Endo, Review)

“Easier and safer than going to the hospital. I didn't have to take much time off work and it fit really easily into my schedule” (Patient, SBUHB, Female, 25-44, Dietician, First Appointment)

“Just as good as a face to face meeting and to be honest I felt like I was being listened to far more than when I have been in face to face meetings on the same subject” (Parent of Patient, ABUHB, Female, under 12 years, Nurse, Psychiatry & Mental Health, Advice)

“Excellent Consultation. Less stressful than attending a clinic as it done from home” (Patient, SBUHB, 25-44, Male, Doctor, Review)

1.3: Ease & Unique Opportunities

Clinicians comment that the ‘ease’ of the VC platform and its positive associations to patient experience provides an additional unique opportunity.

This opportunity is the ability to link up others to the video call, thus enabling dual participation and multi-disciplinary appointments to take place. This is felt to be unique in the sense that this collaborative approach would not have been possible if conducted face-to-face, thus in turn, produces additional advantages and improved outcomes for patient, families and clinicians.

"It was easy to join both my patients and other colleagues in" (Doctor, HDUHB)

"In this instance the family and patient were involved in both aspects of the meeting" (Occupational Therapist, HDUHB)

"Allowed Husband to participate" (Doctor, CVUHB)

"Also, his Wife was able to join session – significant information shared by Wife today" (SLT, BCUHB)

"Grandmother was also able to contribute to the call" (Dietician, BCUHB)

"Both parents could attend the appointment for their child" (Doctor, SBUHB)

By having family members present in the participation in a VC, it also means that in some instances there is an increase in patient or parental onus which is perceived as an additional advantage to patient care.

"Parents have to take a more proactive role than they might in clinical session" (SLT, ABUHB)

"Definitely helped with family involvement today" (Nurse, HDUHB)

"Mum appears happy to support and possible not very involved until now" (SLT, ABUHB)

“...aids open communication with families too” **(Health Visitor, SBUHB)**

Theme 2: The Personal Touches

2.1: Communication, Personalisation & Rapport

Patients commonly expressed how VC helps them to communicate effectively, to receive a more personalised and patient-centred approach, and build rapport with their clinicians during a VC.

“I was able to communicate with the GP with ease. She informed me with everything I needed to know at present” **(Patient, male, 25-44, CAVUHB, GP Primary, Advice)**

“It's about communication and I am happy to now be on the radar. Should I feel the need to get in touch I know now that I can. Thank you very much” **(Patient, 64-80, Male, ABUHB, Physiotherapist, Final Appointment)**

“Worked well & great way to communicate” **(Parent of Patient, CAVUHB, male, under 12 years, Neurology & Neurosurgery, First Appointment)**

“Having a video call made it more personal for me the support given to me was excellent” **(Parent of Patient, CAVUHB, under 12 years, Paediatrics & Child Health, Advice)**

“We have built up a relationship with our clinician via VC” **(Patient, Male, 45-64, CAVUHB, Counsellor, Psychiatry & Mental Health)**

2.2 Patient Positivity & Appreciation

A strong consensus of patient 'positivity' and 'appreciation' towards their clinicians is expressed widely in the narrative. This positive clinical presence led to many patients feeling safe, comfortable and supported during and after

their VC. This was particularly evident across specialities such as mental health and therapies.

"[Name removed] is a calm and easy to talk to person. I felt able to tell her my issues. I felt comfortable and safe to tell her anything" **(Patient, HDUHB, Female, 45-64, Counsellor, First Appointment)**

"Thank you so much [name removed] for teaching me the skills to breathe correctly... God bless you so much, you are definitely in the right job" **(Patient, SBUHB, Female, 64-80, Speech & Language Therapist, Otolaryngology (ENT), Advice)**

"Had a really tough week, but [name removed] was amazing and she listened to me. She gave me great support and was really kind to me" **(Patient, CAVUHB, 25-44, Psychologist, Psychiatry & Mental Health, Therapy/ Treatment)**

"[Name removed] was extremely helpful... She was engaging, courteous and professional in explaining what she felt the issues were with my hand. I found the whole experience thoroughly satisfactory. Many thanks" **(Patient, CAVUHB, 45-64, Male, Occupational Therapist, Trauma & Ortho, First Appointment)**

"[Name removed] has provided excellent care to our daughter and family during these difficult times. She has supported us to seek a consultation and psychiatric assessment. We cannot thank her enough" **(Parent of Patient, ABUHB, 13-17, Psychiatry & Mental Health, therapy / Treatment)**

"It was great to feel that someone was there to chat to, who could see a difference in [patient name removed], while at the same time supporting us as a family. Worked really well, thank you" **(Guardian/Carer of Patient, SBUHB, 25-44, Male, Psychiatry & Mental Health, Review)**

"I was made to feel very comfortable which was just what I needed as I was very nervous so thank you for that! Also [names removed] made me feel optimistic and less worried about everything" (Patient, HDUHB, 25-44, Psychiatry & Mental Health, Advice)

Theme 3: The Benefits of Video Consulting

The benefits associated to using VC were one of the most common themes that emerged in the data.

3.1 Convenience, Safety & Home Comforts

Many of the patients demonstrate the benefit of convenience when using VC as opposed to a traditional face-to-face appointment, with the additional advantages such as improved safety and home comforts.

"Very convenient doing a consultation from home" (Patient, HDUHB, 64-80, Female, Physiotherapist, Other Therapies, therapy / Treatment)

"This is so convenient. I had no problems with the technology and that is with an internet speed of less than 10" (Patient, HDUHB, Female, 45-64, Physiotherapist, Trauma & Ortho, Review)

"I thought it went very well and can see the benefits of people unable to attend appointments" (Patient, male, 64-80, male, VCC Cancer Services, Review)

"As we live quite far away, the virtual meetings are a lot more convenient and it's nice to feel more comfortable at home. Thank you" (Patient, CAVUHB Female, 25-44, Obstetrics & Gynaecology, Review)

"Impressive and very convenient, and comfortable to have a doctor who can help and advice through this great technology" (Patient, HDUHB, 64-80, Male, Doctor, Dermatology, Advice)

“Very relaxed atmosphere and very informative. Lots of food for thought” (Patient, ABUHB, 45-64, Male, Audiovest Medicine, First Appointment)

“Nice to see an unmasked face! Did the job well” (Patient, BCUHB, 45-64, Male, Dentist/Nurse, Dental Health & Orthodontics, Dental Health & Ortho, Primary, Advice)

“I felt really comfortable talking to [name removed]. I was able to get things off my chest, and talk about the assault more deeply than I have ever done... I feel more confident that I am going to get my life back together, and to look forward to a better future” (Patient, ABUHB, 45-64, Female, Counsellor, Psychiatry & Mental Health, Therapy / Treatment)

“Nice to be in the comfort of your own home and easier to be open and honest” (Patient, BCUHB, 45-64, Psychiatry & Mental Health, Review)

“Polite, precise, much more comfortable” (Patient, BCUHB, 18-24, Female, Doctor, Obstetrics & Gynaecology, Review)

“Client is pregnant and so is vulnerable to the COVID virus. AA means she can continue with therapy without the additional risks” (Psychiatry & Mental Health, HDUHB)

3.2 Flexible, Yet Comparable Care

For many patients, a benefit of using VC was the flexibility it allowed. For example, patients report to be able to continue ‘getting on with other things’ whilst waiting in the ‘virtual waiting room’, which would not have been possible in a physical healthcare location.

“I felt it was good as I could start the call and then get on with things around the house while I waited” (Parent of Patient, BCUHB, Female, under 12 years, Physiotherapist, Paediatrics & Child Health, Therapy / Treatment)

“I think that it is excellent to have a consultation this way. It was easy to log on and saves so much time for both of us” (Patient, ABUHB, 45-64, Female, Physiotherapist)

In addition, the flexibility of an appointment type (VC, telephone or face-to-face) provides a stronger sense of patient choice. However, it was felt that VC, as opposed to a telephone consultation, allows comparable aims and goals to be achieved as it would do in face-to-face.

“VC let us achieve patient’s 1st choice, which could not have been achieved over the phone” (Occupational therapist, SBUHB)

“AA is a way of bridging direct face-to-face and a visual interaction can be helpful as part of the clinical assessment” (Nurse, HDUHB)

“The video consultation went well, was able to view & discuss just like in person... plus it gives the flexibility of where to have the call” (Patient, 25-44, Female, CAVUHB, Infectious Disease, Review)

“Answered all my questions and very thorough with how I may progress and my recovery etc. Very informative... and very reassuring!” (Patient, CTMUHB, 45-64, Cardiology, First Appointment)

3.3 Time Savings

Many expressed that the use of VC as opposed to face-to-face appointments reduced ‘time’ in many ways, and this was a considerable benefit to patients, families, clinicians and the NHS service as a whole.

For example, clinicians felt that the ‘time’ used to conduct a VC sometimes took less time overall (although the consultation may take the same amount of time but time is saved on travelling). It was felt that much of this additional time could be combined into the overall virtual consultation, ultimately

benefiting clinician's availability to attend to other patient needs and clinical tasks.

"Video consultation reduces time required the next day" **(Midwife, CVUHB)**

"Will shorten lengths of initial face-to-face" **(Physiotherapist, PTHB)**

"Video consultation prior, ensures that less time on home visits" **(Health Visitor, SBUHB)**

In addition, the use of VC was perceived in some instances to have lowered the 'wait times' for patients in comparison to waiting for a face-to-face appointment.

"Fantastic way to be able to have an appointment without having to wait months" **(Parent of Patient, CTMUHB, under 12 years, Male, Doctor, Otolaryngology (ENT), First Appointment)**

"Reduces time required for next appointment" **(Audiovest Med, BCUHB)**

And the biggest saving of time, was that of 'travel time' or 'time off' school or work to attend a face-to-face appointment.

"Less travel and disruption of [patient] school day" **(Dietician, ABUHB)**

"Reduced massive travelling from distant part of Wales" **(Doctor, BCUHB)**

"Reduces travel time for patient and can be more flexible for them" **(SLT, PTHB)**

"Family did not need to return home from their holiday" **(Doctor, ABUHB)**

"I was pleasantly surprised how efficient and time saving this procedure was" **(Patient, HDUHB, 64-80, VCC Cancer Services, First Appointment)**

"I just had just finished a night shift, and live a fair distance from work, so doing a video call made my life a lot easier. So thank you" **(Patient, SBUHB, 45-64)**

"Not having to travel to the hospital and waiting in the waiting room was so much better, and there was no stress trying to get around everything all of the time" **(Patient, CVUHB, 45-64)**

"Absolutely fantastic service – very efficient in that no travel, no parking, no waiting in hospitals" **(Patient, BCUHB, 45-64)**

3.4 Clinical Value

Many clinicians suggest that VC can provide additional advantages, such as the ability to enhance a clinical session or determine clinical need. For example, some clinicians demonstrate opportunities to share visual resources immediately as they are already online. Others argue that VC allows for an effective triaging tool to determine the 'need' for a face-to-face appointment over that of remote consultations as an alternative.

"It also enhanced the clinical session because it added visual opportunity" **(SLT, CVUHB)**

"I could open investigations on screen easily, I shared few internet resources links to patient, and she got them on screen straight away" **(Doctor, BCUHB)**

"Enables us to plan face-to-face sessions, and only offer what is needed" **(Audiovest Med, CTMUHB)**

3.5 The Next Best Thing

Some patients and clinicians described VC as the next best thing to face-to-face appointments.

“The patient described it as next best thing to actual face to face meeting” (Nurse, PTHB)

“I was surprised at how easy the process was. A video consultation is definitely the next best thing to a face-to-face meeting” (Patient, SBUHB, Male, 45-64, Physiotherapist, Advice)

Others stated that they felt that the use of VC was much more efficient than telephone consultations, due to the visual aspects VC offers, and in some instances quicker and easier.

“Seeing the face is brilliant - more reassurance given than voice call. Wife can see and understand a bit because deaf” (Patient, ABUHB, 64-80, Male, Cardiology, Review)

“Easier to understand movements compared with a telephone consultation” (Patient, HDUHB, 45-64, Female, Physiotherapist, First Appointment)

“Having a video consultation is so much better than just a telephone call - it allows you to chat as if it was in person” (Patient, PTHB, 64-80, Female, Nurse Respiratory Medicine, Advice)

“Was good to have a video call this time as opposed to a phone call, and [name removed] answered all the questions I had” (Patient, CAVUHB, 25-44, Female, Gastroenterology, Review)

“It was much quicker than a phone call would have been” (Parent of Patient, ABUHB, under 12 years, Primary Care GP, Advice)

The ability to be able to visually 'see' the patient is considered imperative to clinicians, as for many healthcare conditions VC is needed to enable visual cues.

"Better than just telephone call as could get non-verbal clues about emotions" (Doctor, ABUHB)

"Really useful being able to see patient and daughter via system – really added to consultation, infinitely superior to telephone consultation" (Doctor, SBUHB)

3.6 VC is Not for Everyone or Everything

However, there are some clinical situations and personal circumstances which continue to necessitate the need for face-to-face consultations, where VC does not quite achieve the outcomes necessary, or suit the clinical condition or patient type.

"During VC you can't see the clients living conditions or see the child/children" (Psychiatry and Mental Health, HDUHB)

"Still needs face-to-face as cannot test hearing over VC" (Audiovest Med, BCUHB)

"Only thing missing was ability to weigh and get height" (Dietician, ABUHB)

"Video did not help in this case" (Doctor, CTMUHB)

Theme 4: Technical Quality

4.1: Good vs. Bad Quality

Often, a high-quality rating of VC was paired with narrative suggesting that clinicians and patients had a good quality audio and visual picture when using VC for their appointments.

"All good - connected without any problems" (Patient, PTHB, 45-64, Female, Dentist/Nurse, Dental Health & Orthodontics, Dental Health & Ortho, Primary, Advice)

"Great connection. No glitches very smooth call" (Parent of Patient, ABUHB, under 12 years, Female, Physiotherapist, Paediatrics & Child Health, First Appointment)

"It was very good... no connection issues" (Patient, HDUHB, 18-24, Female, Counsellor, Psychiatry & Mental Health, Therapy / Treatment)

"Very clear, no problems" (Patient, PTHB, 45-64, Female, Psychologist)

"Excellent very good connection" (Nurse, BCUHB)

"Clear visual and audio" (Counsellor, CVUHB)

"The video and picture was perfect, was able to hear the doctor clearly" (Patient, CAVUHB, 45-64, Female, Doctor, Review)

"First ever video call I have done. Clarity of picture & sound my end was very good considering I was using my mobile phone" (Patient, HDUHB, 45-64, Plastic Surgery, First Appointment)

"The sound and video was clear" (Patient, Male, 25-44, HDUHB, Physiotherapist, Rheumatology, First Appointment)

However, in some cases, there were technological difficulties reported such as poor connectivity, thus impacting on their visuals and audio.

“Lag in audio/video sometimes causes miscommunication or difficulty with younger patients” (SLT, CVUHB)

“Some delay with video. Noticed a delay with audio” (Psychologist, CVUHB)

“Lost connection during call” (Physiotherapist, PTHB)

“Glitchy video and sound delay when adding others to the call” (Physiotherapist, BCUHB)

“Not so well. We could see each other, but the physiotherapist's screen kept freezing and her voice sounded like a Dalek. In the end she rang me on my mobile and the screen was turned off!” (Patient, SBUHB, 45-64, Female, Physiotherapist, Occupational Medicine, Therapy / Treatment).

“Sound and picture not good” (Parent of Patient, under 12 years, Male, SBUHB, Paediatrics & Child Health, First Appointment)

“Picture freezing, sound at times not clear or audible” (Patient, CAVUHB, 45-64, Female, Counsellor, Psychiatry & Mental Health)

“The video was very choppy and when my therapist was talking it was delayed video with speech” (Patient, CAVUHB, Female, 25-44, Counsellor, Psychiatry & Mental Health, Therapy / Treatment)

“I couldn't hear anyone I couldn't see myself” (Patient, HDUHB, Speech & Language Therapist, First Appointment)

In some instances, technical issues were associated with specific device types and their perceived incompatibilities with the Attend Anywhere VC platform.

"The video call app did not give me the option of using my inner camera so I had to turn my phone around so the doctor could see me. Of course then I couldn't see them!" (Patient, BCUHB, 25-44, Ophthalmology, Advice)

"I had to swap computers as the first would not identify the microphone" (Doctor, CVUHB)

"Problems with Safari on iPad" (Health Visitor, SBUHB)

"Session being done on Father's phone so screen obviously small for child to watch" (SLT, ABUHB)

"Quality was affected by the quality of the mobile phone Mum was using" (Unknown, BCUHB)

4.2 Clinical Innovation & Trouble-Shooting

Yet, despite these technological challenges, with the right amount of technical support and appropriate equipment available, clinicians report to be able to troubleshoot many of the issues and continue to use VC in most situations.

"Initially tried to do call with mobile phone and there were issues for the patient not being able to grant access for use of their mobile phone, but the consultation worked perfectly on their computer" (Dentist/Dental Nurse, BCUHB)

"Seems to work better when patient has an iPhone" (Doctor, ABUHB)

"They had audio problems but sorted it" (Nurse, CVUHB)

"Issues at the start of the call with the audio but we disconnected and reconnected and it was then fine" (Nurse, SBUHB)

With some clinicians reporting innovative or quick thinking techniques to make the consultation work best for them and their patients.

“Poor bandwidth for patient - reverted to sound only and no video”
(Doctor, ABUHB)

“I was unable to connect through the desktop in clinic due to computer being extremely slow.... I was luckily able to connect through my new Netbook via Wi-Fi, which now supports the platform” **(SLT, CVUHB)**

“School initially struggling with internet connection but then able to move to a room with better signal and VC quality then good” **(SLT, CVUHB)**

However, one problem that was reported by a small number of patients was associated to the virtual waiting time being exceedingly long, or that their appointment was missed by a clinician, or in some instances, where no clinician attended at all.

“Waited for over an hour and fifteen minutes” **(Patient, SBUHB, 64-80, Male)**

“Waited for over 40 minutes in the waiting room... My wife had to ring from a different line to speak with the nurse” **(Parent of Patient, SBUHB, parent of child under 12 years, Paediatrics & Child Health, Review)**

“I waited for an hour in the queue and had to abandon” **(Patient, SBUHB, 45-64, Physiotherapist, First Appointment)**

“No answer after waiting for 75 mins” **(Patient, ABUHB, 18-24, Psychiatry & Mental Health, First Appointment)**

“Nobody answered my call” **(Parent of Patient, ABUHB, under 12 years, Doctor, Paediatrics & Child Health, Review)**

“We waited in the virtual waiting room for an hour and 30 minutes without anyone answering. We couldn't wait any longer and due to our poor internet connection in our area, I had to use all my monthly data”
(Parent of Patient, ABUHB, Parent of child under 12 years, Male, Paediatrics & Child Health, Review)

Theme 5: Recommendations & Future Use

5.1 Clinical Recommendations

To be able to continue using VC appropriately in the future, and in conjunction, as a blended approach with face-to-face and telephone consultations, the clinician narrative revealed a number of recommendations for improvement.

One of these suggestions was improved infrastructure and resources for NHS clinical and administrative staff to have access to. It was felt that by having better equipment, they would deliver better patient care via VC. Not only this, but in some areas the sheer number of devices and access to workspace was limited, and needed significant improvement in the future.

“It would be useful to have 2 microphones so that I can share videos with my clients about EMDR therapy and PTSD” **(Nurse, BCUHB)**

“Better workspace and monitors if doing repeated consultations”
(Dietician, BCUHB)

“Need appropriate screens and two monitors to view downloads and see patients, desk and chairs at right height” **(Dietician, BCUHB)**

“We are lacking the technology to be able to use AA more often – e.g., we only have a small amount of camera and laptops” **(Occupational Therapist, SBUHB)**

Clinicians also suggested that there needed to be an improvement with the technical support that was on offer across Health Boards in regard to VC.

“Being taught how to split the screen so we can write notes at the same time, rather than making paper notes and writing up after”
(Occupational Therapist, BCUHB)

“Technical support in order to be able to support the patient would be useful” **(SLT, BCUHB)**

This suggestion of technology support would ensure clinicians could use VC to the best of their ability, utilising all aspects of the platform such as screen-share. Some clinicians suggested new features that they felt would be useful to them in ensuring clinician/patient confidentiality and safety, whereas others suggested ideas on how improvement could be made to the VC platform for ease of use.

“To be able to blur/add a background when working from home”
(Dietician, SBUHB)

“I would like to be able to leave the call screen but still be able to see patient in a little pop-out screen” **(SLT, BCUHB)**

Additional administrative support was also suggested for VC so that they could mirror the way standard face-to-face consultations were run.

“For this to work administrative clinic support needed to mirror that provided for face-to-face appointments” **(Nurse, CVUHB)**

5.2 Patient Wants & Needs

Patients' narrative also suggested that technical and digital skills support would be useful in the future use of VC. Some patients were a bit unsure of how to use the technology needed to use VC and ran into some issues. By having

support for this, it may lead to an increase in digital skills for future digital implementations and the move towards a new NHS digital strategy.

"I couldn't work out how to use the camera on the front of my phone to record me during the interview and wasn't sure how to connect via my computer to the appointment" **(Patient, ABUHB, 25-44, Female, Psychiatry & Mental Health, First Appointment)**

"I couldn't get my camera to turn around on phone" **(Patient, BCUHB, 13-17, Paediatrics & Child Health, Advice)**

"I was unable to switch my camera to front facing, so did the whole appointment looking at the back of my phone, not being able to see who I was talking to" **(Patient, CAVUHB, Female, 45-64, Nurse Otolaryngology (ENT), First Appointment)**

While some patients provided narrative to suggest a blended approach of digital healthcare services and some stated that they would prefer face-to-face as opposed to VC, a large number of patients highlighted that VC provided numerous benefits, and believed VC was the way forward for the future of the NHS Wales.

"Great... Definitely the way forward for consultations, I live 100 miles away so for the purpose of consultation rather than treatment this is brilliant!" **(Patient, SBUHB, 45-64, Female, Doctor, Plastic Surgery)**

"Excellent way of holding appointments. I hope that this continues... It's the way forward for future" **(Parent of Patient, SBUHB, under 12 years, Male, Speech & Language Therapist, Paediatrics & Child Health)**

"I personally feel this is a fantastic way to conduct follow up appointments and results appointments in the future. Thanks so much for offering it" **(Patient, CTMUHB, 64-80, Female, Doctor, Review)**

“This really is the future” (Patient, CAVUHB, 25-44, Male, Psychiatry & Mental Health, Review)

“This is definitely the way forward” (Patient, PTHB, 64-80, Female, Nurse, Advice)

“I think this will be the future. I felt more relaxed being able to do it from my home” (Patient, BCUHB, Female, 64-80, Doctor, Obstetrics & Gynaecology, First Appointment)

Conclusion

The qualitative analysis of the free-text comments captured in the ‘live’ end of VC feedback surveys from an exceptionally large dataset of 22,978 clinician and patient surveys provided rich and meaningful data. Five dominant themes and 14 additional sub-dominant themes emerged. Each theme is presented based on the perspectives and voices of patients, families and clinicians using the NHS Wales VC service. These are supported with direct quotations throughout.

Due to the high response rate in free-text responses the analysis of the survey data was able to be conducted using an in-depth thematic approach, thus providing a strong case for each theme and its perspective (for example, each theme has hundreds, if not thousands, of quotes supporting each argument). The themes that emerged in the analysis provide a strong sense that the NHS Wales VC Service is highly satisfactory, well accepted, and clinically suitable for a wide range of patient and clinical teams using the service.

In **Theme 1**, the data provides a firm consensus that the VC platform currently being used in NHS Wales (Attend Anywhere) is ‘easy to use’ in both technical and experience terms, with the additional value of ‘uniqueness’ due to its ability to add others to the call, thus providing a multipronged participation approach to patient care. In **Theme 2**, the data highlights the real life and personal aspects of VC lived experience. In this theme, it is easy to conclude

that NHS patients who are using the Welsh VC service, are more than just satisfied with using it, but rather provide expressions of empowerment and personalisation felt in their patient care. In addition, this theme provides a heartfelt sense of patient appreciation and gratitude to their clinicians for their hard work and dedication to delivering patient care. In **Theme 3**, the data demonstrates the many benefits and advantages that are associated to using VC. These benefits are felt by patients, families and clinicians, and believed to benefit the NHS service as a whole. In **Theme 4**, the data presents a comparison between good vs. bad technical quality of the VC platform. There are a wide range of expressions ranging from excellent quality down to poor technical quality, with audio and visuals being the measures of its feat. Whilst good vs. bad are always good comparatives within an evaluation, it is nevertheless essential to make sure that improvements based on an evaluation recommendations are made. It is therefore recommended in **Theme 5** that more resources are made available to clinical teams, and that platform features are considered for improvement. It is also noted that technical support is continued to ensure that VC can appropriately be used in the future, and possibly offered directly to patients to ensure that VC is used as a long-term blended approach to suit patient choice and preferences as we move forward.

Owners & Authors of the Data

Owners:

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

Authors:

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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 Qualitative Survey 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)

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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 or National Programme Manager at Scott.Kuperus@wales.nhs.uk