TECHNOLOGY ENABLED CARE

tec

CYMRU

NHS Wales Video Consulting Service

Phase 2a
Follow-Up Focus Groups

Follow-Up Perspective of TEC Cymru's Phase 2a Video Consulting Evaluation Findings.

Summary

In June 2021, TEC Cymru published part of their Phase 2a Evaluation of the NHS Wales Video Consultation Service during September 2020 and March 2021. This evaluation adopted a mixed methods approach including semi-structured interviews and end of video consulting feedback cross sectional surveys, captured from both clinicians and patients to investigate the 'benefits, challenges & sustainability' of video consulting in Wales. The evaluation unearthed some remarkable insights about the way that patients and clinicians have used and adapted to digital transformation in the NHS, and how regardless of patient sociodemographic, geographic or health condition status, video consulting equally delivered safe, satisfactory and clinically suitable healthcare.

The current report presents the findings of a follow-up evaluation, in which all types of video consulting users were invited to provide additional feedback. This approach involved the virtual presentation of the findings of the Phase 2 Evaluation and groups of participants being asked to reflect upon how well these findings represent their own lived experiences within their NHS services via semi-structured interview questions. The purpose of this exercise was to help TEC Cymru validate or contest the findings up against a public audience of welcomed reviewers.

Method

Participants were recruited using opportunity sampling, in which invitations to virtual focus groups were sent using video consulting user contact details. Snowball sampling was also used to widen recruitment to the public (e.g., patients, Government and policy officials, management and more), in which focus groups were advertised on social media platforms (@teccymru Twitter) and additional invitations were disseminated via personal and professional

networks. Despite the call for participation being open to the public, the majority of attendees were either NHS Clinicians, Administrative, Management, or Digital/Informatics staff.

Each virtual group was facilitated by 2-3 of TEC Cymru's Research Assistants throughout July and August 2021 using Microsoft Teams. Group sizes were an average of 4 participants and ranged from 1 to 10 participants. Groups with 1 participant were conducted in an interview style, smaller groups of 2-3 participants were conducted as more in-depth discussions, and larger groups of 4-10 were conducted as focus groups.

Participants were first presented with a brief summary of the Phase 2 Evaluation findings in a PowerPoint style, and then semi-structured interview questions explored their reflections upon these findings and their own experiences of using VC in order to either validate or contest the original findings, with the opportunity for more open-discussion at the end of each group.

The interview questions used within the virtual discussion groups aimed to capture further data about the use, value, benefits and challenges of VC, as well to obtain participants insights into which groups of patients may continue to resist using VC and the potential reasons for this. Participants were also asked to provide further insights into areas that were less well captured within the Phase 2 Evaluation findings, such as the impact of VC upon clinical outcomes and service waiting lists or DNAs. Finally, participants were given the opportunity to suggest areas in which they felt current data is limited and future data capture should be focused.

Each group was audio recorded, with the consent of participants, for analysis purposes only. After transcriptions were made, all recordings were deleted. The qualitative analysis was completed using Microsoft Excel to enter extractions, in that each focus group transcription was manually transcribed into a single spreadsheet, with developing codes and categories, with data then analysed using a thematic analysis to code for repeated patterns and

themes within the data. The identified themes and subthemes are described in the following section of this report.

Results

A total of 27 virtual groups were run by TEC Cymru during July and August 2021, with a total of 85 participants. The group sizes and approach to data collection varied across groups, but discussions and themes remained comparable. Some people attended the groups, but did not have their cameras turned on, did not participate in discussion, or did not provide participant demographic information – for these attendees, their information is not included in the analysis.

Figures 1-5 present the participants' demographics (age, gender, and ethnicity) and Health Board and Local Authority. Appendix A provides a list of the professions and specialities of participants.

Figure 1: Age of Participants.

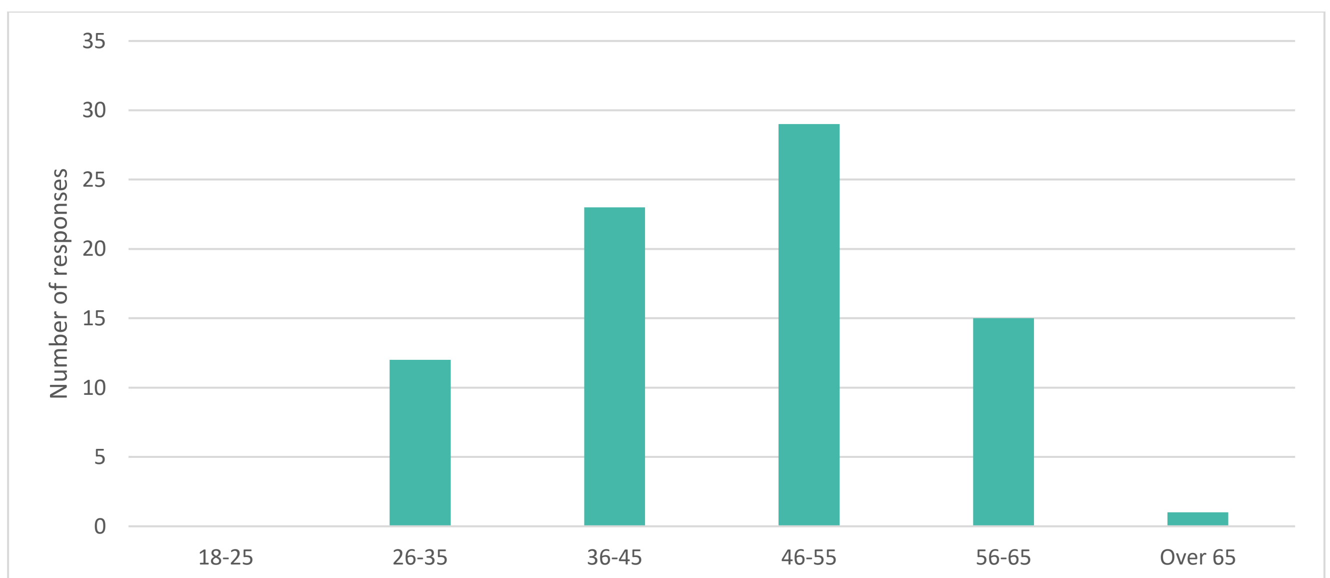


Figure 2: Gender of Participants.

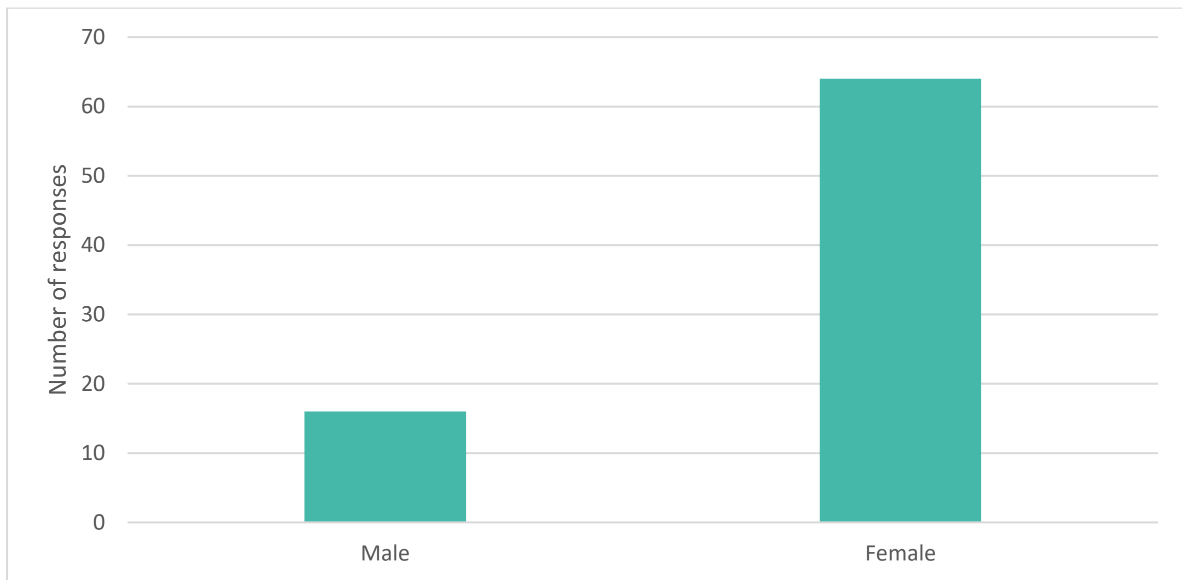


Figure 3: Ethnicity of Participants.

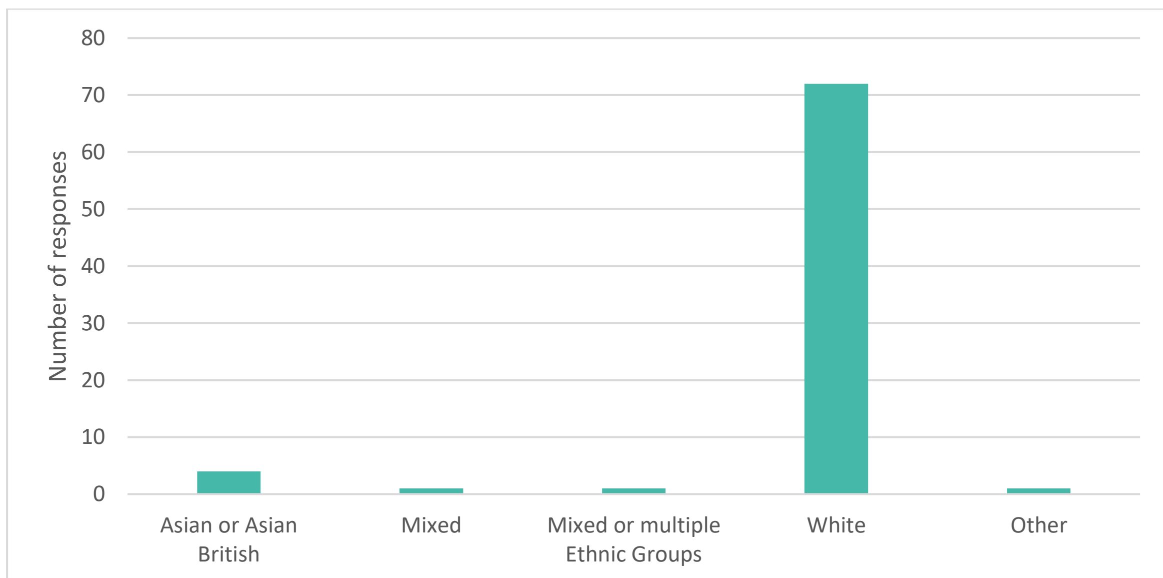


Figure 4: Health Boards of Participants.

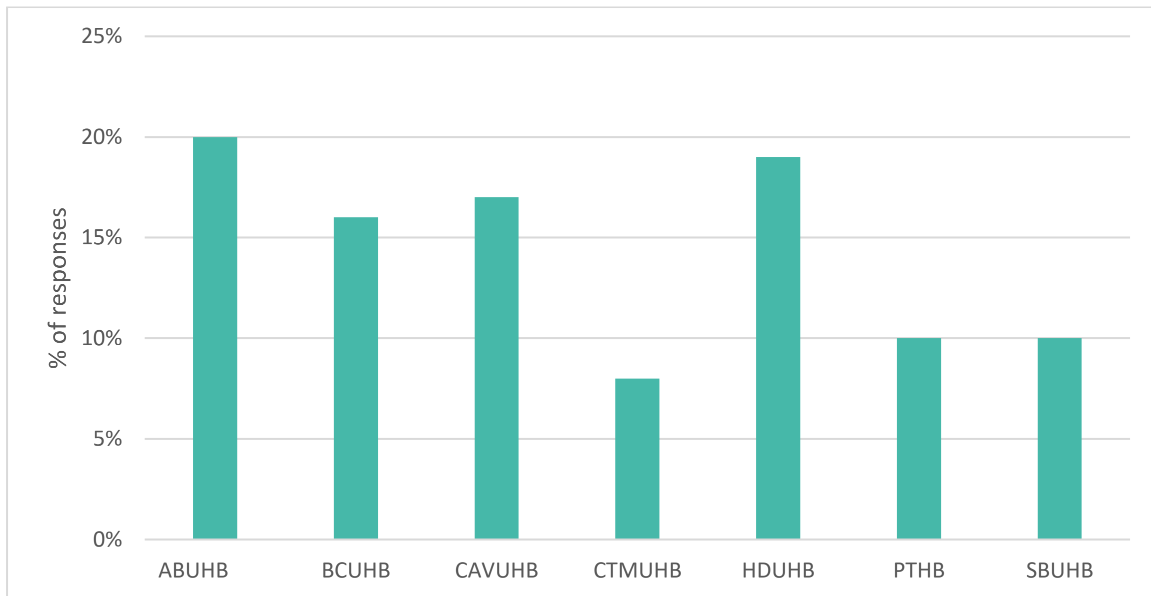
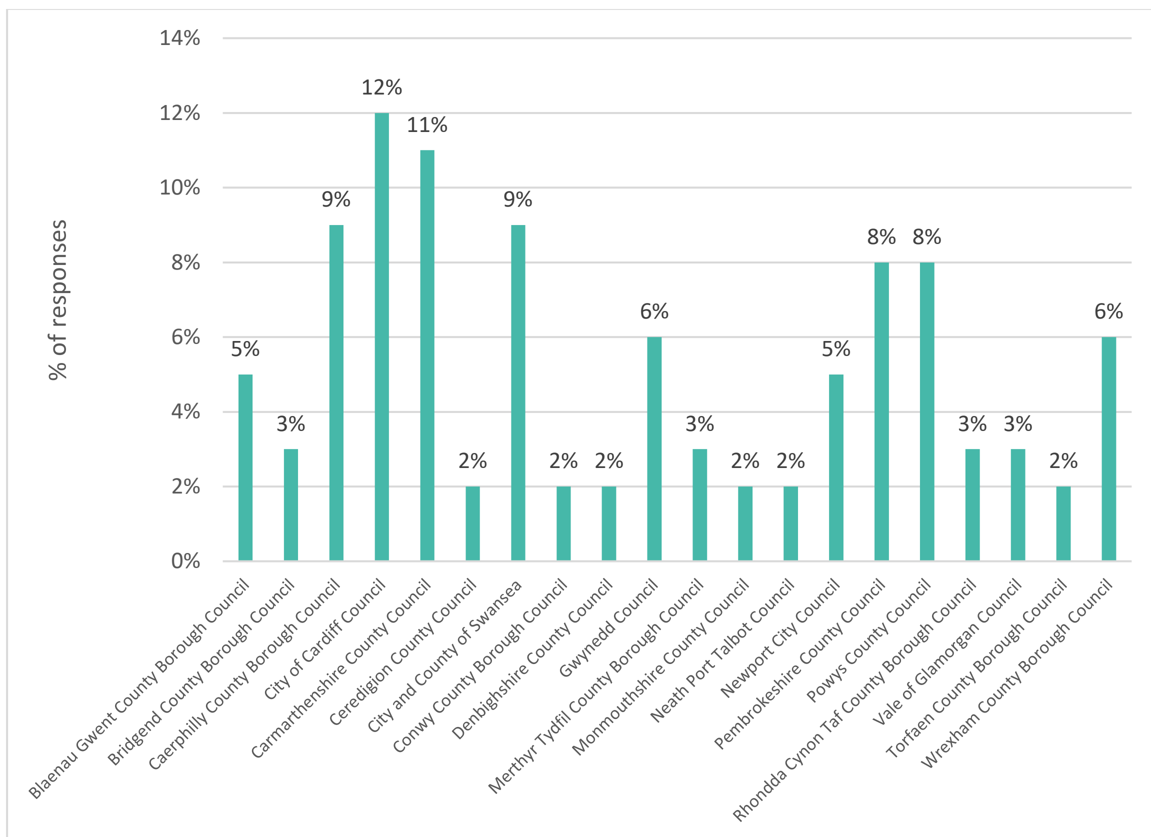


Figure 5: Local Authorities of Participants.



Dominant & Sub-Dominant Themes

The analysis of the virtual groups highlighted five dominant themes and 15 subthemes which are explored in depth below, and support by direct quotations from participants.

Theme 1: **Current Use and Experience of Video Consulting**

1.1 Travel and Flexibility
1.2 Considering Patients' Home Environment and Family Involvement
1.3 Ease of Use & Access
1.4 Managing Risk
1.5 Communicating via Video Consulting
1.6 Reducing Infection Risk
1.7 Reduced Demand Upon Office Space

Theme 2: **Video Consulting Working Well Within NHS Services**

2.1 Continuing Patient Relationships and Flexibility of Video Consulting
2.2 Service Issues with Using Video Consulting
2.3 Outcomes and Clinical Judgement
2.4 Waiting List Times and Did Not Attend Rates

Theme 3: **Improvements and Innovations**

3.1 Video Consulting Technological Improvement
3.2 Raising Awareness and Increasing Support
3.3 Increasing Video Consulting Confidence

Theme 4: **Moving Forward with Video Consulting**

4.1 Adopting a Blended Approach

Theme 5: **Capturing Future Data**

Theme 1: Current Use of Video Consulting (VC)

1.1 Travel and Flexibility

A common benefit of Video Consulting (VC) reported by the majority of participants was the convenience of no longer needing to commute to work. For most, this meant that they could reach out to their patients via VC, particularly those whom were unable to travel or found it difficult to travel to the hospital or clinic, and could benefit from the saved time due to less travel.

> *"There's massive pluses from it, like the time we have saved because we're not travelling back and forth we're bouncing from one to another, we've been able to be more accessible at times that work for parents and young people."* **(School Nurse, ABUHB)**

> *"It's been quite nice because as an all-Wales service we haven't had to travel everywhere and we have been able to continue our therapy from the day we got locked down in the first wave."* **(Occupational Therapist, CAVUHB)**

> *"I think I've got more time because I don't have to travel as much, so the waiting times for me are a bit less."* **(Clinical Psychologist, BCUHB)**

> *"Lots of our patients like no travel because they have a brain injury, they can't drive so don't have access to a car, they don't have to use public transport, or their mobility is weak so that has been a positive."* **(MDT, HDUHB)**

There was also a reported reduction in stress levels when it came to parking for both clinicians and patients, as parking is deemed difficult across a lot of Welsh NHS settings and sites.

> *"Parking is such a huge stress at our hospital. It saves the parents that additional stress not coming in."* **(Nurse, BCUHB)**

“It has also made a huge difference to our clinics because if people aren’t unwell and it is just a standard review, it doesn’t come with the stress of finding a parking space or leaving home.” ***(Physiotherapist, CAVUHB)***

In addition, not travelling meant that participants were able to become more flexible within their working day, and their service, as it has been quicker and easier to see their patients via the use of VC, and in some cases able to see more patients than in-person.

“I think it’s more suitable as well because they don’t need to take time off, it’s more flexible.” ***(Midwife, CAVUHB)***

“It's all computerised here so I could make sure that I can login from home.” ***(Dentist, BCUHB)***

“It allows me to see patients back to back as opposed to one or two a day.” ***(Physiotherapy Technical Instructor, HDUHB)***

“There’s also the flexibility that we can switch from phone call to video call easily by just pressing one link that we can send mid call, which has been very positive and has transformed our service forever.” ***(Nurse, ABUHB)***

“I think with working remotely I can do far more with that time so I almost don’t mind in some respects. It’s not the same as when you’re in the surgery and they don’t turn up.” ***(Primary Care Counsellor, PTHB)***

1.2 Considering Patients' Home Environment and Family Involvement

Several participants felt that VC provided a unique opportunity to observe patients' behaviour in their home environment, where they may act more naturally and feel more comfortable. It was frequently expressed by the participants that conducting the consultation via VC from the patient's home alongside family members meant that patients were more open, less stressed, and more able to cope with anxieties.

> *"We found that patients preferred VC, like teenagers who can be really difficult. Especially those that have co-occurring anxiety and struggle to leave the house."* ***(Speech & Language Therapist, ABUHB)***

> *"Compared to face-to-face, I tend to get a lot more this way because they're inviting me into their domain and that's where they feel comfortable."* ***(Gender Identity Specialist Nurse, BCUHB)***

> *"It's enabled me to include the family, which is very important in noticing the symptoms. For example one of my elderly patients has children in Canada but we can add them in to help when they Facetime him."* ***(Heart Failure Advanced Nurse Practitioner, BCUHB)***

> *"It also allows interaction with families as they are the primary carers while these patients are at home, and also helps us do proper treatments because they can reassure what we are actually seeing."* ***(Nurse, ABUHB)***

> *"We can observe the child playing in their own environment and get to see what toys they're using. I think it gives you a better clinical judgement."* ***(Speech & Language Therapist, ABUHB)***

> *"But I think when they're in their own home doing the video they're more likely to show you a bit more and I think it's that personal element of the video over the call where you can question things a bit better."* ***(MSK Physiotherapist, SBUHB)***

1.3 Ease of Use & Access

It was highlighted by many of the participants that the virtual platform was easy to use both for them and their patients. This was apparent as participants stated most patients, regardless of their demographics, were successful in using the platform, and that across the board it has been useful for both clinicians and patients in conducting safe and reliable consultations, whilst at the same time provide the patient with a ‘choice’ in their healthcare delivery plans.

> *“I think from experience we don’t give people enough credit, thinking that because people might be older or disabled, we assume they can’t do it but if you walk them through it a lot of them find different ways.”* ***(Occupational Therapist, CAVUHB)***

> *“I was happy to do it and I was lucky that being in a younger generation I was able to pick things up quickly.”* ***(Therapy Assistant Practitioner, HDUHB)***

> *“People have loved it. They are given the choice and they prefer it.”* ***(Counsellor, ABUHB)***

However, for a small minority of participants, it was suggested that VC can be difficult to use, with some patients not fully understanding how to use the link or some feeling that they had not received sufficient training.

> *“All patients have to do with other platforms is answer the call there's no link I think if they could do that it would be so much easier.”* ***(Liaison Officer, CMTUHB)***

> *“No it was too short, half an hour when the reality is you need to learn a lot more about how to share a screen so again it wasn’t really specific for our particular area of work.”* ***(Counsellor, ABUHB)***

Other participants also noted that VC had widened accessibility of services in certain cases by enabling them to see their patients who had previously struggled to travel to appointments due to physical or financial constraints, thus increasing access to care for some individuals from vulnerable groups.

> *"This has really enhanced their ability to access things that maybe they couldn't access before, issues with timings and carers would limit things like that, people's ability to access the group that we are running, whereas this now has opened that up."* **(Physiotherapist, CAVUHB)**

> *"It saves people a lot of travel, and like your graph showed earlier a lot of our clients are in the very poor categories and the financial constraints of getting to an appointment has gone."* **(Psychology Service Administrator, PTHB).**

> *"Attend Anywhere has been very positive in HDUHB and our demographics are similar to the rest of you in the group. It's actually enabled some people to access our service who wouldn't have been able to before really. Some with mental health issues wouldn't come to a clinical place."* **(Doctor, HDUHB)**

1.4 Managing Risk

Many participants reported that 'risk' was as easy to manage as if an appointment was being conducted in-person. Some reported how managed this risk either by following previous guidelines or amending them to suit the VC Attend Anywhere platform. For others, they used their clinical judgement in the same way as an in-person appointment to assess the situation.

> *"We have a specific consent form for Attend Anywhere. So we send them out depending on whether we do groups or individual work and change it accordingly."* **(Nurse, BCUHB)**

> *"What we do is when a patient is happy to have therapy, I send them a consent form by email and that person reads it and replies that they*

have read this and that they consent to video calls via Attend Anywhere and that acts as a consent and it's printed off and put in their notes." ***(Nurse, BCUHB)***

"Most of my clients that I work with have care coordinators involved so they all have a care and treatment plan and we go through a safeguarding and risk plan before they start therapy." ***(Nurse, BCUHB)***

For some participants however, difficulties were reported to emerge when checking for risk. This was sometimes due to the clinician's or patient's home environment or set-up not being suitable to conduct an appointment.

"I always have that conversation at the beginning of a session about who's in the room but then sometimes I hear someone off camera talking and I didn't know that they were there." ***(Speech & Language Therapist, CAVUHB)***

"I had to move offices because I used to be in a shared space before and there were too many people, to avoid other people overhearing." ***(Nurse, BCUHB)***

"I think some things that can be a little difficult for the clinicians is that a young person may have siblings or family in the background, are you sure this space is a safe space to have this appointment in, which is obviously out of your power as a clinician." ***(Management CAMHS, BCUHB)***

"It can get difficult, I'm normally like a good judge of character anyway I am able to see what's what and at the end I will say to them 'would you appreciate me coming to see you and doing anything' and then they can say yes if they're struggling with anything." ***(Therapy Assistant Practitioner, HDUHB)***

"Yes we always check with patients, we always double check if they're ok with their families there and if it's convenient for them. 95% of people

*want family there to aid in remembering things or to make notes, but I've had no issues." **(Nurse, ABUHB)***

1.5 Communicating via Video Consulting

Multiple participants expressed the view that VC enhanced communication among both colleagues and patients compared to telephone appointments. They benefited from being able to observe body language and other non-verbal cues, as well as being able to directly see patients' physical injuries. Several participants also felt that VC enabled them to successfully build rapport with patients.

*"When Attend Anywhere came in, it was amazing because it allowed us to regain some of those visual aspects that we'd been missing over the phone. Now we can actually look at their wounds, advise them and look at their technique on their home blood pressure recordings" **(Nurse, ABUHB)***

*"What I'm finding is that it can be really successful, I'm seeing their faces and hearing them so those are the main things in communication." **(Therapist Practitioner, CTMUHB)***

*"This VC still allows us to build that relationship as well which is nice" **(Nurse, CAVUHB)***

*"We also treat people who are extremely phobic of dental treatment. We've had high DNA rates with them and very often they are so anxious that they don't engage with the communications when they come into the building, so it's very useful I've found that we establish rapport in the first Attend Anywhere appointment" **(Dentist, SBUHB)***

The screen sharing functions on VC platforms were noted to be particularly useful in facilitating educational elements of appointments.

"I definitely prefer video when it works, because I'm just doing discussion and not an examination. We often use diagrams explaining what DNA is, so sharing the screen like that is really useful." ***(Clinical Genetics, CAVUHB)***

1.6 Reducing Infection Risk

Participants expressed that a major benefit of VC was the reduced risk of infection associated with remote appointments compared to in-person consultations. This was particularly beneficial for maintaining a high quality of care for patients from clinically vulnerable groups and for individuals who were reluctant to attend in-person appointments due to anxiety around infection risks. VC platforms also enabled staff members that had been advised to shield to continue to work throughout the pandemic.

"There is a large portion of people who are still too scared to come into hospital environments so VC allows us to effectively manage them in their home without compromising their care." ***(Nurse, ABUHB)***

"It's saved me having to bring really vulnerable patients into the outpatient department during high risk times." ***(Community Nurse, BCUHB)***

"I think as well for staff not having to see as many people during a pandemic is more reassuring." ***(Occupational Therapist, CTMUHB)***

"Knowing how anxious and scared people have been, especially those who had the shielding letters, their anxiety has stopped them from seeking help. I think for our services like dentistry and hand therapy it's nice that they have something else to do." ***(Occupational Therapist, CTMUHB)***

1.7 Reduced Demand upon Office Space

Several participants described how VC allowed them to see a greater number of patients, as social distancing guidance had limited clinic space for in-person appointments. VC platforms were particularly useful for increasing access to group classes, by enabling more patients to attend than would be possible during in-person groups given distancing restrictions.

> *"If there's a clinical need we'll arrange face-to-face but we don't really have the rooms for that. So, we are primarily remote."* ***(Counsellor, CAVUHB)***

> *"It's worked very well and we've been doing the Zoom classes since January and we started our first face-to-face group with our patients about seven weeks ago. It's a nice mix but at the moment we are actually able to do a bigger cohort in our virtual group because of social distancing."* ***(Occupational Therapist, BCUHB)***

> *"At the moment our biggest demand is physical space and equipment, but using VC we can have two clinicians in one room running face-to-face and VC, so it essentially doubles that room's capacity."* ***(Clinical Scientist, CAVUHB)***

Theme 2: Video Consulting Working Well within NHS Services

2.1 Continuing Patient Relationships and Flexibility of Video Consulting

For many participants, adapting to the use of VC has been easy and has brought about a positive change in their service. VC enabled participants to keep in contact with long-term patients at a time when face-to-face appointments were not an option, and helped those who had previously found it difficult to attend clinics. Advantages were also noted as there was the option to allow more individuals on screen and the flexibility to use a variety of devices.

> *"My great asset is keeping contact with those long-term management ones to touch base every month, it's been brilliant for that."* ***(Occupational Therapist, PTHB)***

> *"Yeah and the fact that everyone can join in without needing to be in one office etc. I am saying it's amazing, and is a reflection of the whole team down with us."* ***(Nurse, ABUHB)***

> *"I'm finding it really positive as I'm able to see patients that I usually wouldn't see face-to-face because the health board is so spread out."* ***(Doctor, HDUHB)***

> *"Another positive of it for me is the ability to add other professionals into the conversation where I would have never got them in the room physically."* ***(Doctor, ABUHB)***

> *"We also do a lot of work with staff teams, sometimes they couldn't come because they're on shift but now they can join remotely so everybody can attend."* ***(Consultant Clinical Psychologist, PTHB)***

2.2 Service Issues with Using Video Consulting

For a minority of the participants there were instances when VC was not working well for the service, with resistance to using VC from some participants based on a lack of confidence or beliefs that VC was not suitable for their service. There were also some situations described in which VC was being used inappropriately by patients.

> *"I think that in my organisation there are a lot who aren't using it or don't want to use it, I think again it's a confidence factor but I think until you start using it, that's the way you get over it."* ***(Midwife, CAVUHB)***

> *"There are definitely more staff who are more reluctant but confidence improves quickly once they're past those initial few appointments."* ***(Clinical Scientist, CAVUHB)***

> *"We've not been using a lot of the Attend Anywhere because of the clinic we are under, so it does need to be seen face-to-face as lots of them have got haematological cancer. VC isn't the best for them, I think we could be using it a lot more."* ***(Admin/trainer, CTMUHB)***

> *"The older ones tend to take time and set themselves up nicely whereas younger ones move around or are in really inappropriate places such as hair appointments. A physio friend of mine realized after their appointment nearly ended that one woman was in a supermarket for the entire appointment."* ***(Doctor, HDUHB)***

> *"We have had other people present in the room who are not supposed to be there. I've had people responding to consultation in the supermarket, and again people not appropriately dressed or smoking."* ***(Occupational Therapist, CAVUHB)***

However, most participants noted that the majority of their patients accepted remote consultations well, which supported the use and value of VC within their services.

2.3 Outcomes and Clinical Judgement

Many of the participants observed that they were equally able to capture comparable patient and service outcomes when using VC as they would if they were conducting face-to-face appointments.

> *"Absolutely, if anything slightly higher. Simply because I'm packing so much more into the session. I'm getting more into and out of the session."* **(PT Counsellor, PTHB)**

> *"I have used it with an interpreter present on one screen, and a patient on one screen and me on another. It did take a lot longer but the patient received the correct info and so did I so that's all that matters. It worked perfectly well."* **(Nurse, ABUHB)**

Service outcomes were also described as staying at the same level, as some participants stated the VCs being just as efficient.

> *"For me there is very little difference in collecting outcome measures. We're using the same questions on the outcome measures so I don't see any reason why they should be different basically."* **(Doctor, BCUHB)**

> *"I think for my follow up appointments my outcomes are better in many ways, if you think about waiting and travelling and hospital and all that. I think one group of patients which was very small in number who are referred by GPs are bed/chair bound, they haven't been out of the house for years so for those patients coming to hospital with an ambulance booked, because of the disability they can't come in a car. For those patients it's a huge challenge so at least with a call you can have an initial assessment to make that patient better or to give support to the family and carers. It would be difficult if there was no VC call for those particular patients."* **(Doctor, CMTUHB)**

> *"I've successfully treated patients that I never dreamt that I could do remotely."* **(Physiotherapist, ABUHB)**

There were however a small number of occasions where participants felt that clinical outcomes and judgement could not be reached in the same way via VC.

> *"So in that sense it doesn't take longer but it does interrupt the therapeutic flow of my treatment. It would take more appointments to achieve outcomes, but it is a useful tool for a blended approach."* ***(Family Therapist, BCUHB)***

> *"There is only so much you can see, hear and understand on video and sometimes you can do more or less depending on the case and skills of the person and their environment on the other end."* ***(Occupational Therapist, ABUHB)***

> *"I don't feel as comfortable with my conclusions online."* ***(Family Therapist, BCUHB)***

> *"For judgement it is a balance because sometimes I can see what is happening and other times I need to see them because I'm not getting what I need."* ***(Occupational Therapist, CAVUHB)***

Despite this, there was a larger number of participants who described clinical judgement to be at the same standard regardless of whether appointments were conducted face-to-face or using VC.

> *"It's an amazing tool I wouldn't have gotten where I am in the early days with just a telephone call. It has been useful in determining risk and to carry on with treatment remotely."* ***(Physiotherapist, ABUHB)***

> *"For us, regardless of whether its telephone, VC or face-to-face, we're still getting the same outcomes."* ***(Clinical Scientist, CAVUHB)***

> *"Before Attend Anywhere video consultations were very hard, because if patients rang with concerns that we couldn't see, we were still having to refer them to their GPs. But that is where the benefit of it shows,*

because if we were ever doubting our clinical judgment we'd send off an Attend Anywhere link and just ask to see it on video which reinforced our judgement making abilities. It improved our clinical judgement and management if anything." ***(Nurse, ABUHB)***

"From a clinical judgement view I think it brings a lot more, there are less distractions. There's no change from a clinical judgement view." ***(PT Counsellor, PTHB)***

"No, over Attend Anywhere I would say that the meetings I have my clinical judgements are sound and safe as they would be." ***(School Nurse, ABUHB)***

2.4 Waiting List Times and DNA rates

It was noted by several participants that waiting times have improved since using VC, as some reported that they are able to see their patients at a faster rate due to saved travel time and increased flexibility that VC provides.

"Our waiting list is the best it's ever been at the moment using Attend Anywhere" ***(Counsellor, CAVUHB)***

"I've been able to see more patients than I would have if I was bringing them in." ***(Dentist, BCUHB)***

"I think I've got more time because I don't have to travel as much, so the waiting times for me are a bit less." ***(Clinical Psychology, BCUHB)***

"I have found we are able to remain in the suggested waiting time but we are also finding some patients who would have otherwise waited a long time to get an appointment, we can now offer shorter appointments sooner." ***(Paediatrics)***

Some participants however observed that their 'Did Not Attend' (DNA) rates had not improved since using the platform and many had remained similar to face-to-face appointments.

"I would have to say that DNA rates have gone up in the last 6 weeks. People haven't attended or clocked on and I'm putting it down to the easing of restrictions where their priorities have changed. ***(Lymphedema Lead Physio, SBUHB)***

"I don't actually see any improvement, and I think part of the problem is that you send someone an email reminding them that we're going to meet next week but if that doesn't make it into the calendar in the same way that a hospital appointment would." ***(Nurse, BCUHB)***

However, the majority of participants noted improvements in DNA rates, suggesting that the reduced need for travel and the opportunity to give the patient a second chance if they had forgotten about the appointment are two key reasons behind this.

"The DNA rates seem to be a lot lower because people don't need to get on public transport to come to the meeting or get a lift if you haven't got a car." ***(Counselling, CAVUHB)***

"I've had none at all, I have had to call them to remind them and assist them on. No one has not attended." ***(Physiotherapy Technical Instructor, HDUHB)***

"If they DNA in a face-to-face appointment then they DNA, but because you are aware of potential tech issues we either give them extra time, help or the offer of doing it over the phone." ***(Clinical Scientist, CAVUHB)***

"I think sometimes they might forget and then they'll get a text reminder. It's easier for them, I don't think they would have managed to get to the appointment that would have been too late." ***(Speech & Language Therapist, ABUHB)***

"I find that more people attend if it is the Attend Anywhere" ***(Dentist, ABUHB)***

Theme 3: Improvements and Innovations

3.1 Video Consulting Technological Improvements

A number of participants suggested innovations that they felt would improve VC platforms, such as having a way of checking connection prior to appointments and having access to instant support if technical difficulties arise during consultations. They also suggested creating a tutorial video that could be sent to patients prior to appointments to explain how to use VC platforms. While this is readily available for distribution on TEC Cymru's website, there is a clear need for an increase in awareness and knowledge of how to share this information within services and amongst patients.

Several participants also requested having the option for clinicians or patients to choose to see only the person that they are speaking to in a call, rather than also seeing themselves. In addition, for those that relied upon paper record systems expressed a desire for access to electronic record systems to simplify record keeping when working remotely.

> *"If there could be some instant support that would help a lot. Someone that you could easily call, or a link to press."* **(Head of Dietetics, PTHB)**

> *"It's almost as if you need something to be able to check the connection before a consultation."* **(Patient Experience Manager, HDUHB)**

> *"Could we do it in a way if we could still talk and still have people see me, without me seeing me. I know a few patients who don't want to see themselves but we still want to see them. I think not seeing oneselves while allowing other people to see you would be a good innovation."* **(Doctor, HDUHB)**

> *"Having everything electronic would be ideal because paper work is stupid and so much work."* **(Nurse, CAVUHB)**

3.2 Raising Awareness and Increasing Support

Participants also emphasised the importance of continuing to raise awareness of VC platforms amongst both patients and clinicians to expand the number of people that use and benefit from VC. The need for increased support for both clinicians and patients when using VC was also highlighted, with several participants requesting more training in the form of videos that can be saved and referred back to. The videos and resources available on TEC Cymru's website can here be disseminated amongst services to use as support for virtual consultations. Providing increased support within communities was also suggested, such as offering teaching sessions and creating community hubs containing facilities for individuals who may lack the necessary equipment to access VC at home.

> *"Lots of my colleagues haven't heard of Attend Anywhere so don't know that they can use it, so I think selling that a bit better."* ***(Clinical Psychologist, BCUHB)***

> *"I think what would be really useful is if you could really promote how easy it is to use. I think people think as soon as they see a link it's going to be really difficult. I was so surprised by how easy it is to use."* ***(Dentist, SBUHB)***

Some participants provided helpful recommendations.

> *"I think other things that would help would be basic mandatory training, in the form of quick 5 minute tutorials, even if it's on YouTube so that I'm able to refer back to."* ***(Speech and Language Therapist, ABUHB)***

> *"I think maybe looking at those teaching sessions local to people, where they spend time and offer a drop in to get it a bit closer to people, so give them that one to one time."* ***(Consultant Clinical Psychologist, PTHB)***

"I do sometimes wonder if the rural areas where they struggle with internet whether a central hub might be useful where you have appropriate equipment." ***(Physiotherapist, SBUHB).***

3.3 Increasing Video Consulting Confidence

Many participants mentioned a lack of confidence for both themselves, colleagues, and their patients. In some cases this then in turn led to resistance to using VC.

"But others have reservations due to the difficulties associated with using it." ***(Occupational Therapist, ABUHB)***

"I do know some colleagues who are intimidated by the use of it and they're always asking how to do this or that." ***(Family Therapist, BCUHB)***

"There are definitely more staff who are more reluctant but confidence improves quickly once they're past those initial few appointments." ***(Nurse, ABUHB)***

A number of participants also suggested that individuals need to practice using the platform to gain confidence.

Theme 4: Moving Forward with Video Consulting

4.1 A Blended Approach

Participants across a wide range of services and specialities reported that they plan to use a combination of VC and face-to-face appointments going forward. Although in-person appointments may be necessary for certain consultations, VC appointments were acknowledged to be more accessible to some patients and more convenient for certain types of appointments. Participants also noted that offering both in-person and VC appointments served to increase patient choice and involvement in their care.

> *"I think we will have to offer a blended service at some point because we want to be able to capture everybody."* ***(Counsellor, CAVUHB)***

> *"I would have the hybrid approach where I offer people both choices so that they have the option to come in or video."* ***(Nurse, HDUHB)***

> *"I think my preference will be to do initial F2F to do that as part of your assessment and to ask if they then want to continue online, talk about the technology and connection. I think that is what is to come now, a blended approach."* ***(Consultant Clinical Psychologist, PTHB)***

> *"I think it's about educating people that they have a choice, if they're unwell then perhaps they need to come to the clinic and if they're not it's just a check in then they can have a VC."* ***(Social Worker, ABUHB)***

> *"Within our service we are offering the patient the choice, particularly with our community service we would say if it's necessary we would come out but if it's not then or if we were in lockdown, we would offer it as a replacement to a visit."* ***(Physiotherapist, CAVUHB)***

Participants also noted that a number of their patients preferred the option of being offered a VC, as for some patients, face-to-face appointments can be challenging to attend. In addition, the use of VC for some participants is

believed to continue moving forward as confidence with the technology grows and matures.

> *"We found that patients preferred VC, like teenagers who can be really difficult."* **(Speech & Language Therapist, ABUHB)**

> *"For my client group, bringing them in for face-to-face can actually be very challenging, and take only 5 minutes as opposed to 5 hours. VC takes an hour at most, and it's a popular choice and a lot of parents like it. In fact, they often request it."* **(Speech & Language Therapist, ABUHB)**

> *"It has been very much of value to the service and it has been superb and it fits in with a lot of other things that you can provide such as telephone, video, face-to-face etc."* **(Social Worker, ABUHB)**

> *"Medics and colleagues doing first sessions are confident using it, and are actually choosing to do it over video rather than over face-to-face. More often than not they are using technology."* **(Family Therapist, BCUHB)**

Theme 5: Capturing Future Data

Participants were keen to share their interests to gather further evaluation and research data on a number of VC topics, such as investigating clinicians' wellbeing whilst working remotely and examining patient's confidence in using the VC platform 'Attend Anywhere' compared to other more familiar VC platforms.

Participants also expressed interest in further exploring the reasons that some patients continue to be resistant to VC appointments, and in investigating patient's appetite for VC appointments as in-person services become increasingly accessible. Participants were also keen to capture data from patients who had experienced disruptions during VC consultations and therefore were unable to complete the feedback survey provided at the end of the call.

"One of our aspirations is to look at clinician wellbeing, particularly when working from home." **(Project Manager, CAVUHB)**

"It would be interesting to understand if the ones that are resistant are ones who don't use much technology in their day to day life. Is there a larger picture regarding those who don't like tech and change, or is it because they actually don't like Attend Anywhere?" **(Occupational Therapist, ABUHB)**

"I think it would be worth seeing if patients still value and want it as much now that everything is opening back up, despite the technology being available." **(Physiotherapist, HDUHB)**

"Maybe it's worth attaching a form to allow patients and clinicians to log an attempted but failed call in order to capture when it doesn't work so well." **(Dentist, HDUHB)**

Discussion and Conclusion

The qualitative analysis data captured responses from follow-up focus groups surrounding how the Phase 2 Evaluation findings reflected participant's experience of using VC. The focus groups were tailored to identifying the perspectives of participants using the Attend Anywhere VC platform. From the analysis, 5 dominant and 15 sub-themes were described and discussed within the results above.

The data collected in **theme one** identifies the benefits of using VC. This included no longer needing to commute to work and the additional value of flexibility. Frequently expressed was the benefit of seeing patients virtually in their own home environment and the 'ease of use' that came with the VC platform 'Attend Anywhere'. While there were some situations over VC where participants felt risk could not be managed effectively, on the whole it was felt that risk could be managed in a similar way to in-person appointments. Improved communication, reduced infection risk, and the use of VC in the office environment were all seen as benefits when using Attend

Anywhere. **Theme two** data highlights experiences of VC in terms of the successfulness amongst NHS services. Despite a small number of participants being resistant to the use of VC due to confidence or suitability issues, it is clear from the data that it has been embedded well within services. The narrative from participants indicates the appreciation they have towards the VC platform, and how it has shaped consultations positively to improve their service. **Theme three** presents data surrounding improvements and innovations to further advance the platform. There were a variety of proposals stemming from platform tutorial videos, support and digital skills training for patients and immediate IT help, to selectively being able to choose to see themselves on the computer screen alongside the patient. Many participants also suggested electronic records to aid in storing patient data. It is important that these recommendations are taken on board for the future and to ensure sustainable use. **Theme four** looks at how participants intend to use VC in the future. For the majority, the next step was about offering patient choice for a blended approach. The narrative identified a preference for educating patients and clinicians around the use of VC and making them aware of the choices they have. It is felt that by providing a blended approach of consultations, patients will experience an overall more efficient standard of care. When asked about future data capture, **theme five** highlights what participants would like to see going forward. Many participants suggested further research into wellbeing and confidence, whilst using the platform for both clinicians and patients. Other participants expressed that they wanted to know how other services would continue to use VC in the future so that they could replicate and learn from this, ensuring that they could improve their own service. In conclusion, the findings in this follow up qualitative study provide evidence to support and validate the original evaluation findings reported by TEC Cymru.

Appendix A – Participant Professions & Specialities

Professions	(N = 79)	Speciality	(N = 69)
Admin/trainer	1	Acute Medicine	2
Children's outpatients	1	Audiology	1
Clinical scientist	1	Audiovestibular Medicine	1
Community Nurse	2	Cardiology	1
Consultant Paediatrician	1	Children's Health	4
Counsellor	4	Clinical genetics	2
Dentist/dental nurse	3	Community Nursing	1
Dietitian	1	Complex Care	1
Doctor	4	Cystic Fibrosis	1
Family therapist	1	Dentistry	3
Midwife	2	EAT	1
Nurse 7	9	Geriatric medicine	1
Occupational Therapist	11	Haematology	1
Other	2	Health visiting	1
Psychologist	4	Informatics	4
Physiotherapist	8	Lymophedema	1
Management and Officers	11	Musculoskeletal	2
School Nurse	2	Neurology	5
SLT	5	Obstetrics & Gynaecology	3
Social Worker	2	Occupational Therapy	1
Therapy Assistant Practitioner	3	Other	1
Vascular Surgery	1	Paediatrics and child health	4
		Palliative care	1
		PALS	2
		Plastic Surgery	2
		Psychiatry and Mental Health	15
		Rehabilitation	3
		Respiratory Medicine	1
		Rheumatology	1
		School nursing	1
		Service Manager	1

References:

1. Phillips, M., Turner-Stokes, L., Wade, D., & Walton, K. (2020). Rehabilitation in the wake of Covid-19- a phoenix from the ashes. *British Society of Rehabilitation Medicine* (1).
2. Webster, P. (2020). Virtual health care in the era of COVID-19. *The Lancet, 395*(10231), 1180-1181.
3. Johns et al (June, 2021) Phase 2a Qualitative Survey Data. The NHS Wales Video Consulting Service, Technology Enabled Care (TEC) Cymru. Cited at digitalhealth.wales, September, 2021.

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, Bethan Whistance, Lucy Jenkins, Megan Whistance, Sara Khalil, Mike Ogonovsky, & Professor Alka Ahuja.

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 (Sept, 2021) Phase 2a TEC Cymru vs. National Population Data Comparative Analysis. 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 queries regarding the VC Programme, please contact the Programme Lead at Sara.Khalil@wales.nhs.uk