

TECHNOLOGY ENABLED CARE

tec

CYMRU

NHS Wales Video Consulting Service

Survey Data Phase 2a & b
(Sept 20 – August 21)

Findings of Phase Two (a) and Phase Two (b)

Overall Summary – All-Wales Data

This section considers a combination of the Phase Two(a) and Phase Two(b) data, collected between September 2020 and August 2021. There was a total of 35,498 responses, including 22,879 patients and 12,619 clinicians.

Highlights

- Physiotherapists and Doctors were the most common professionals using VC.
- Mental Health teams were the most common specialty using VC.
- The majority of respondents were within the Aneurin Bevan University Health Board
- VC users were most located in Cardiff.
- VC was rated positively in terms of quality, with 85.9% of ratings for “Excellent”, “Very Good”, or “Good”.
- Patients were more positive in their quality ratings than clinicians.
- Face-to-face was prevented for 70% of appointments.
- The type of activity most likely to be conducted using VC was first appointments.
- The majority of patients were female, aged 45 to 64, of White British ethnic backgrounds, and earned less than £15,000 a year.
- 98.9% of patients would use or consider using VC again in the future.

Profession and Speciality

Overall, the most common types of professionals using and providing care to their patients on VC were **Physiotherapists** and **Doctors** (Figure 1) whereas the most common types of specialties were **Mental Health** and **Paediatrics & Child Health** (Figure 2).

Figure 1. The percentage of professional/occupation using VC

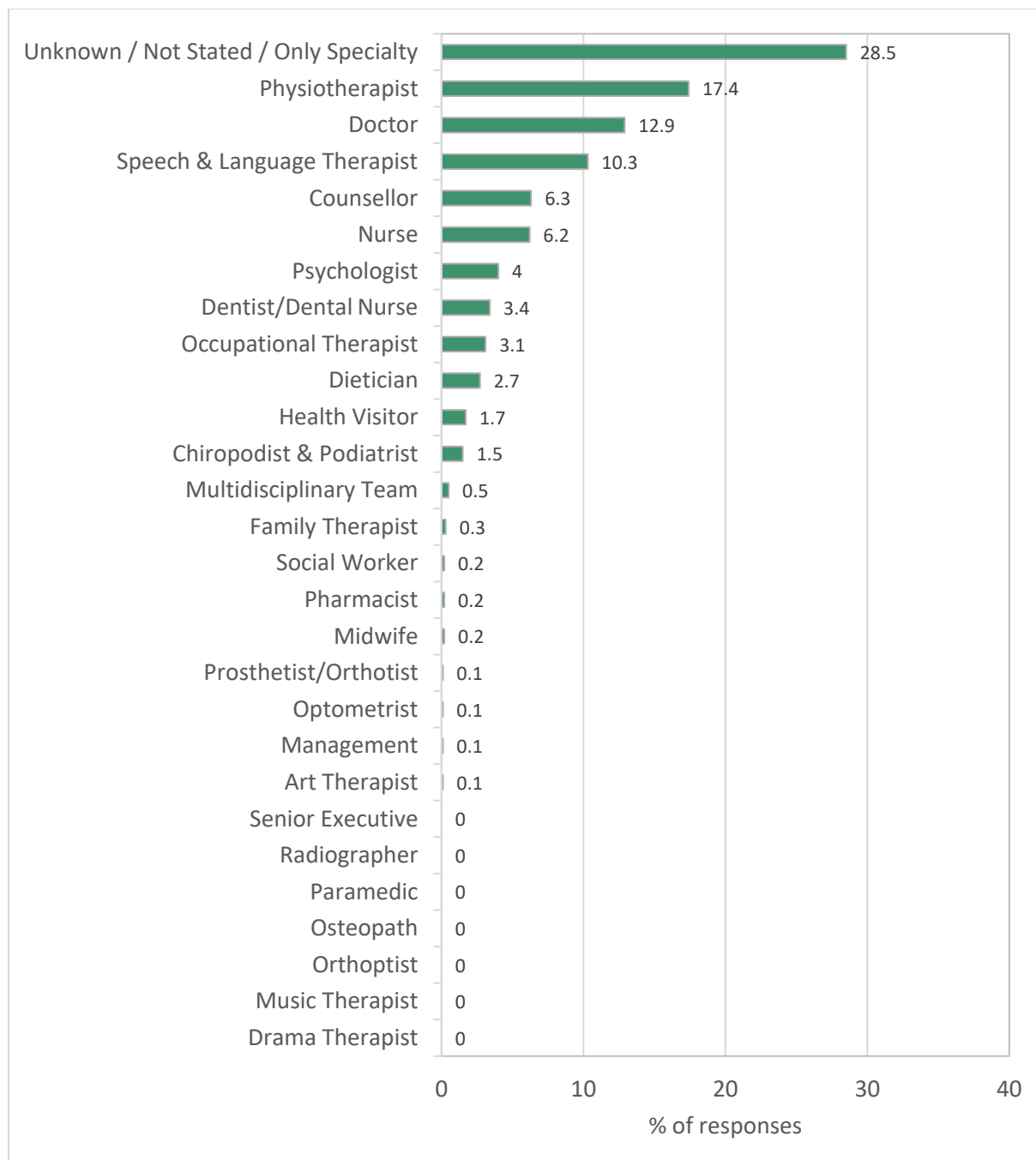
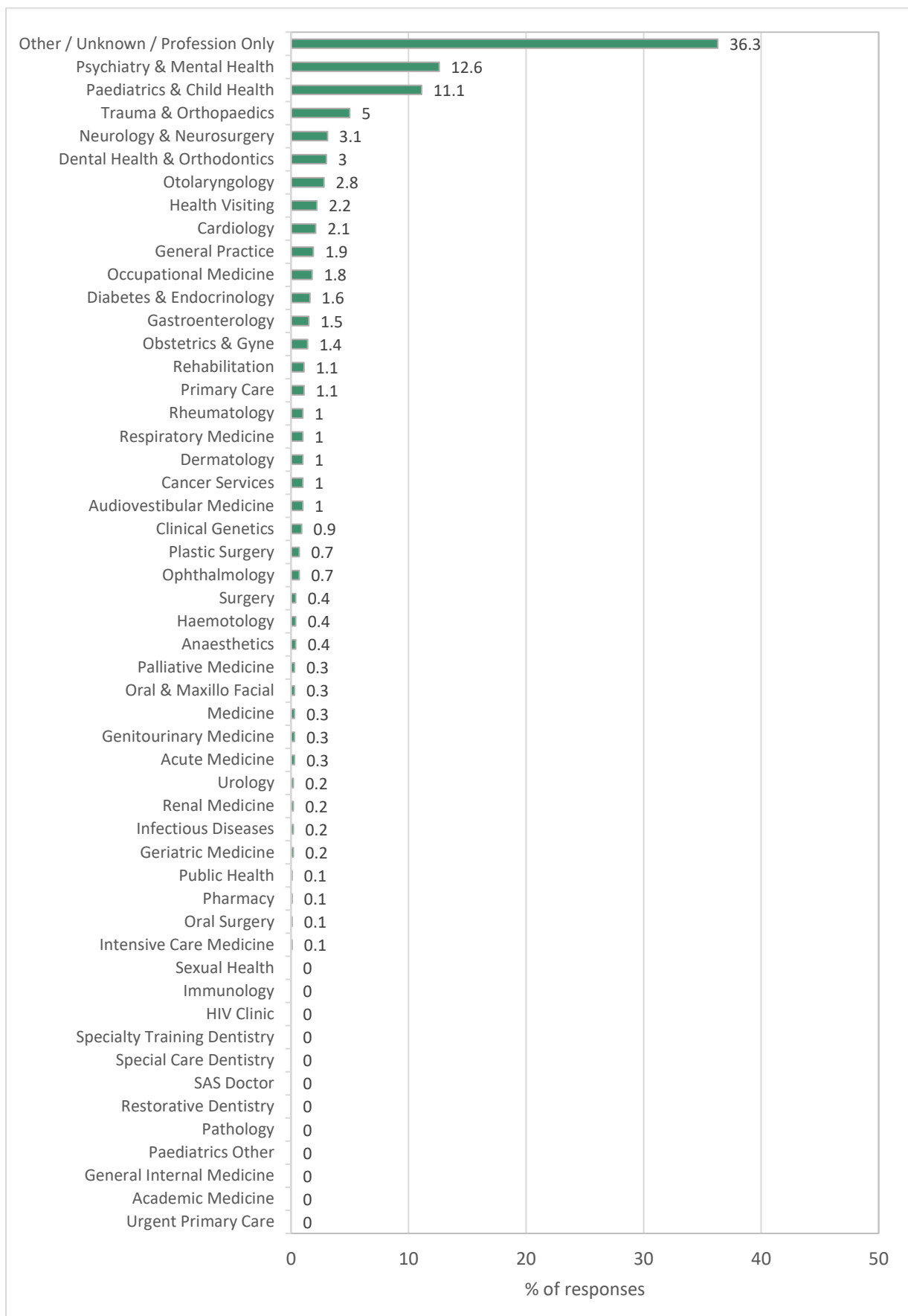


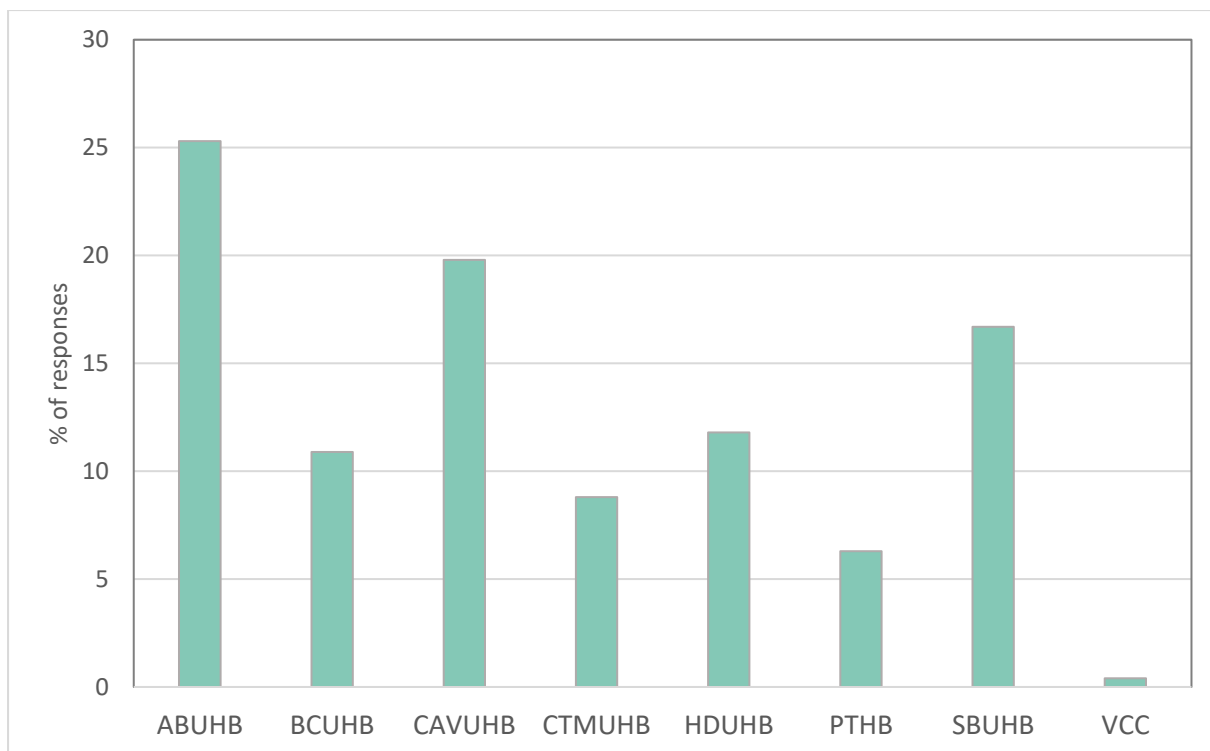
Figure 2. The proportion of responses from each healthcare specialty.



Health Board and Local Area

ABUHB and CAVUHB were the health boards that received most responses, whereas PTHB and CTMUHB received the least. These proportions are displayed in Figure 3.

Figure 3. The percentage of responses from each health board (N = 33466).



Information regarding respondents' location demographics is displayed in Figures 4 and 5. Specifically, the majority of respondents were located within towns, although the most common local authority in which they resided was Cardiff (a city).

Figure 4. The percentage of respondents conducting VC in each type of Local Area, for the total sample as well as patients and clinicians separately (total N = 10621).

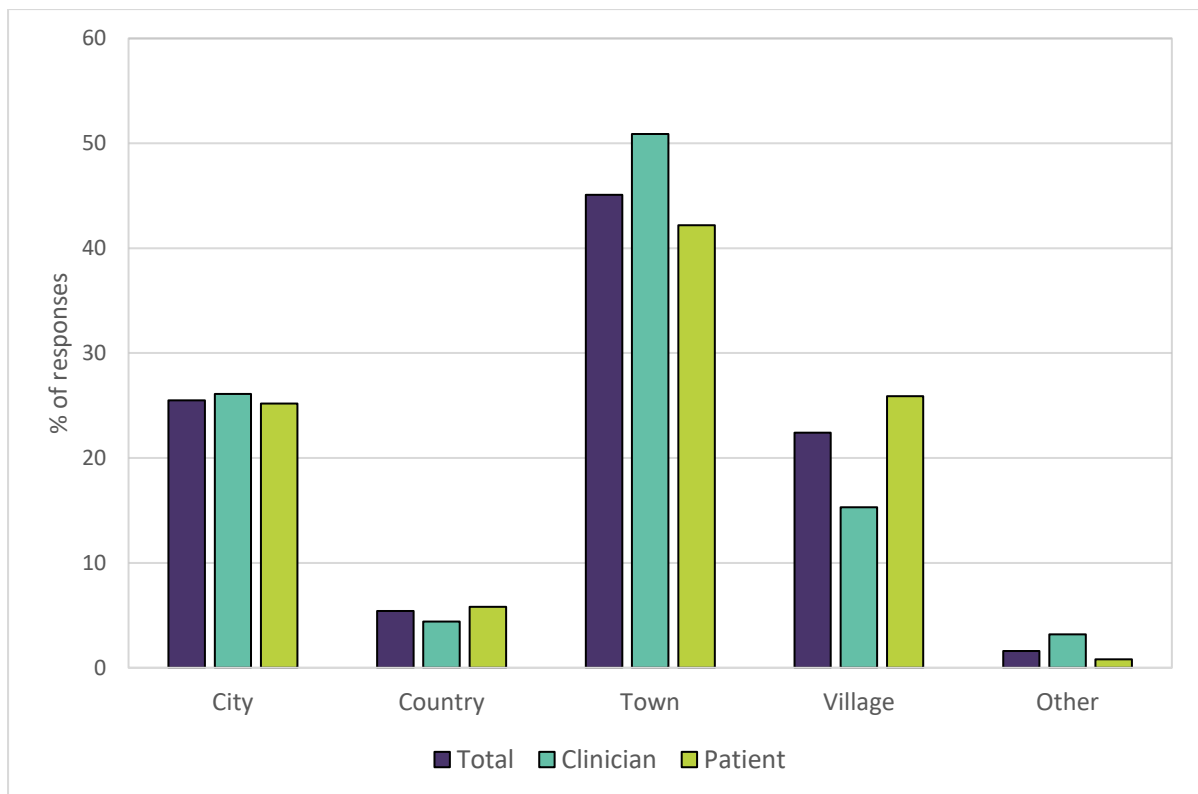
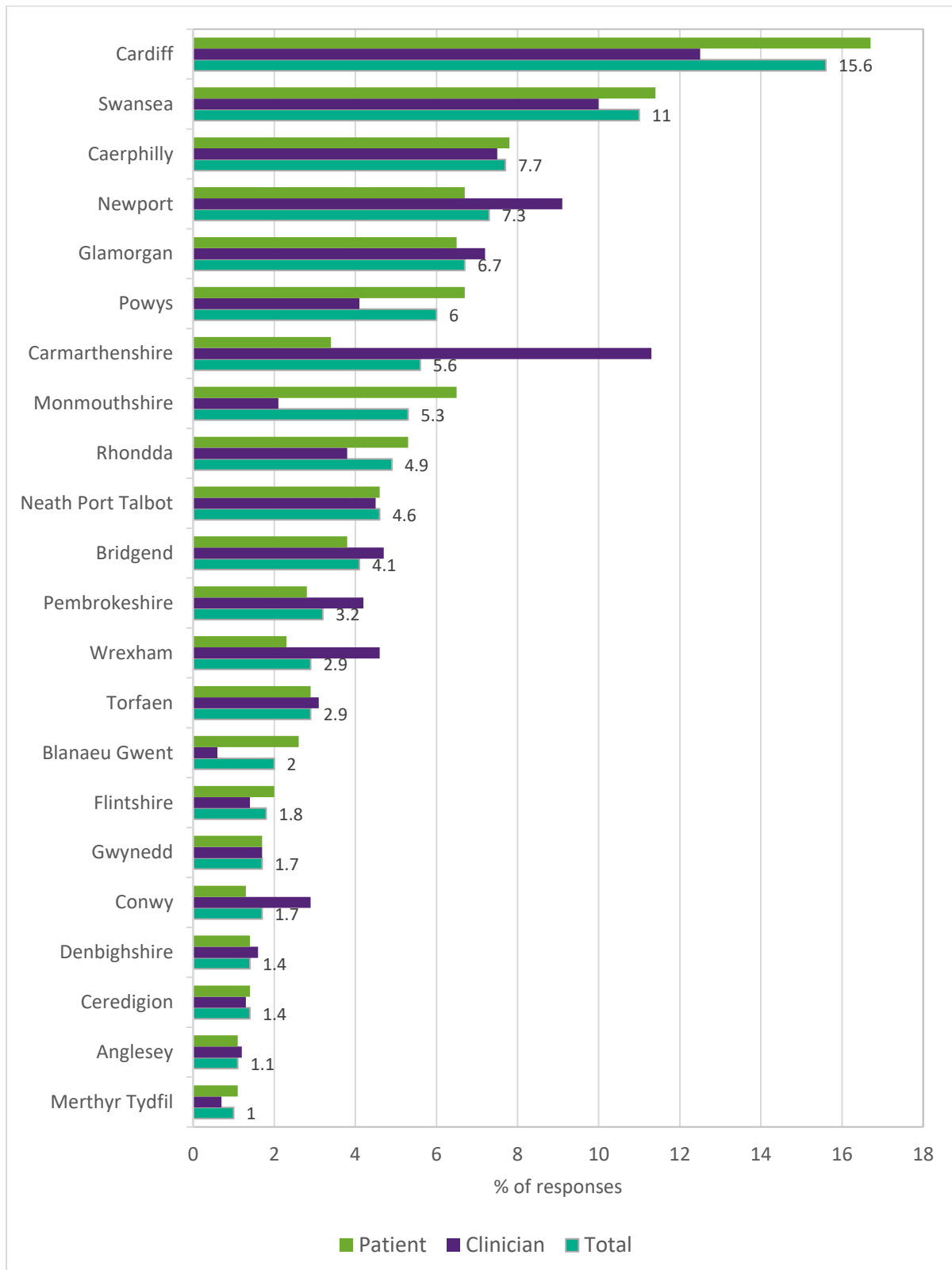


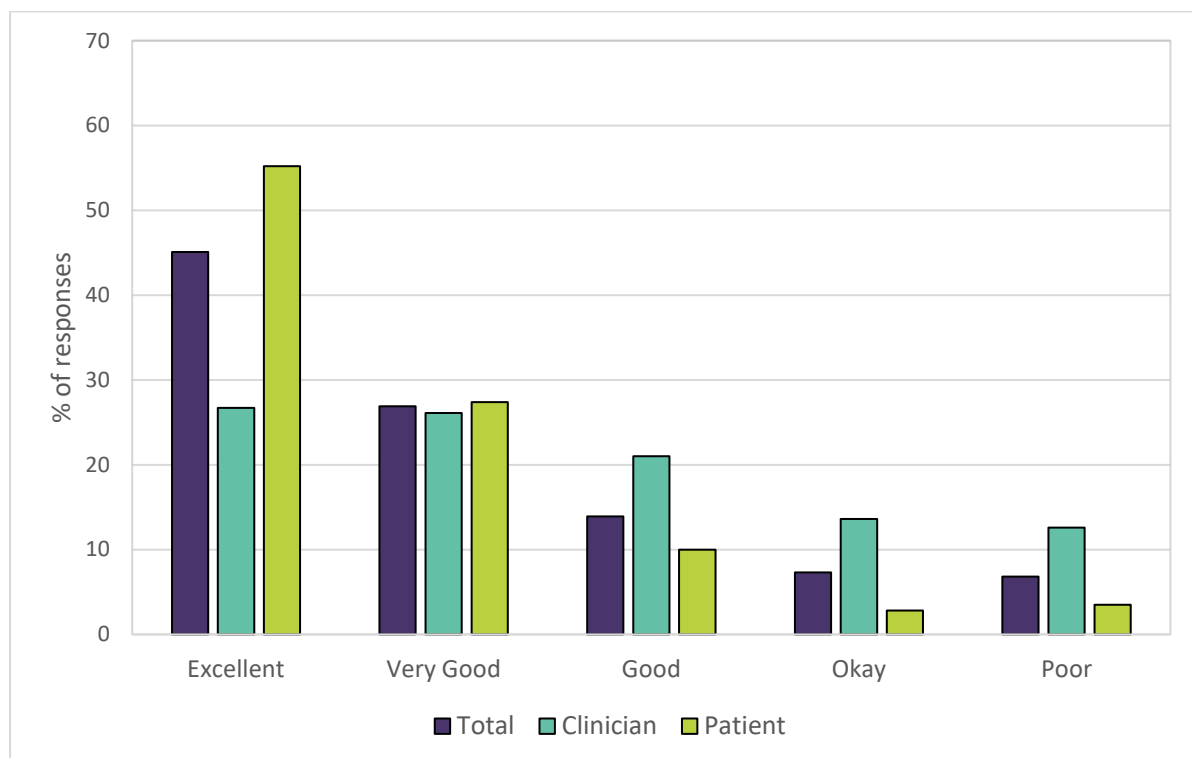
Figure 5. The percentage of respondents using VC in each Local Authority (Wales) for the total sample, and clinicians and patients separately. The values represent the percentages of the total sample for each Local Authority (total N = 15162).



Quality Ratings of VC

VC was rated “Excellent”, “Very Good”, or “Good” by 85.9% of respondents (N = 34985). However, there was a difference between the ratings of patients and clinicians, in that patients were more positive (92.6%; N = 22509) than clinicians (73.8%; N = 12476). This information is displayed in Figure 6.

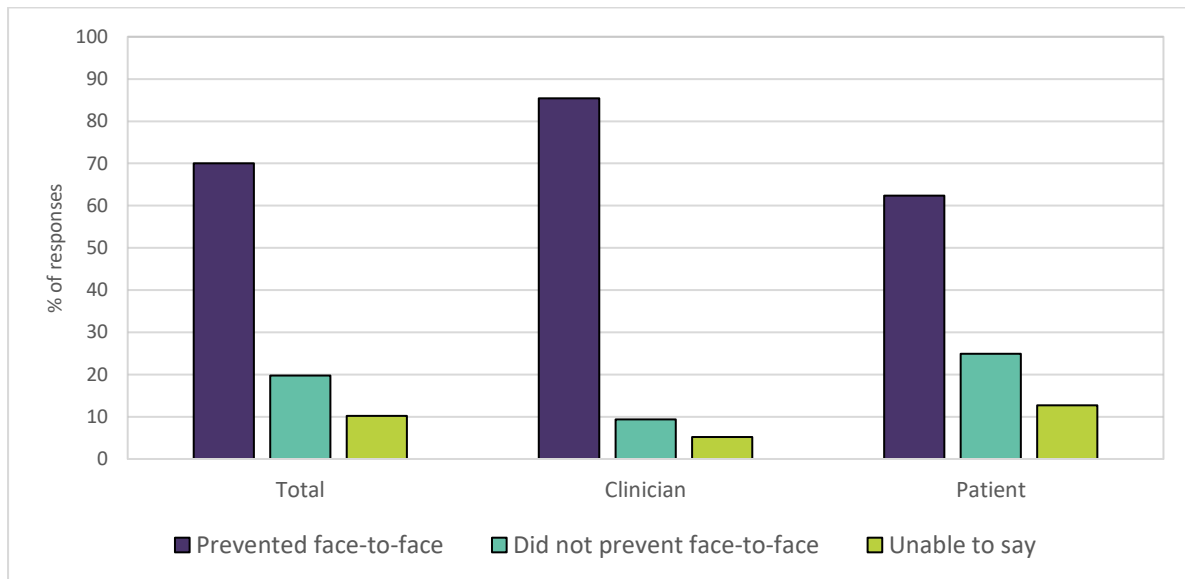
Figure 6. The distribution of quality rating scores across the entire sample, as well as for clinicians and patients separately.



Prevention of Face-to-Face

Face-to-face was prevented according to 70% of respondents. However, patients stated that it was not prevented (62.4% prevention) more often than clinicians (85.4%) (Figure 7).

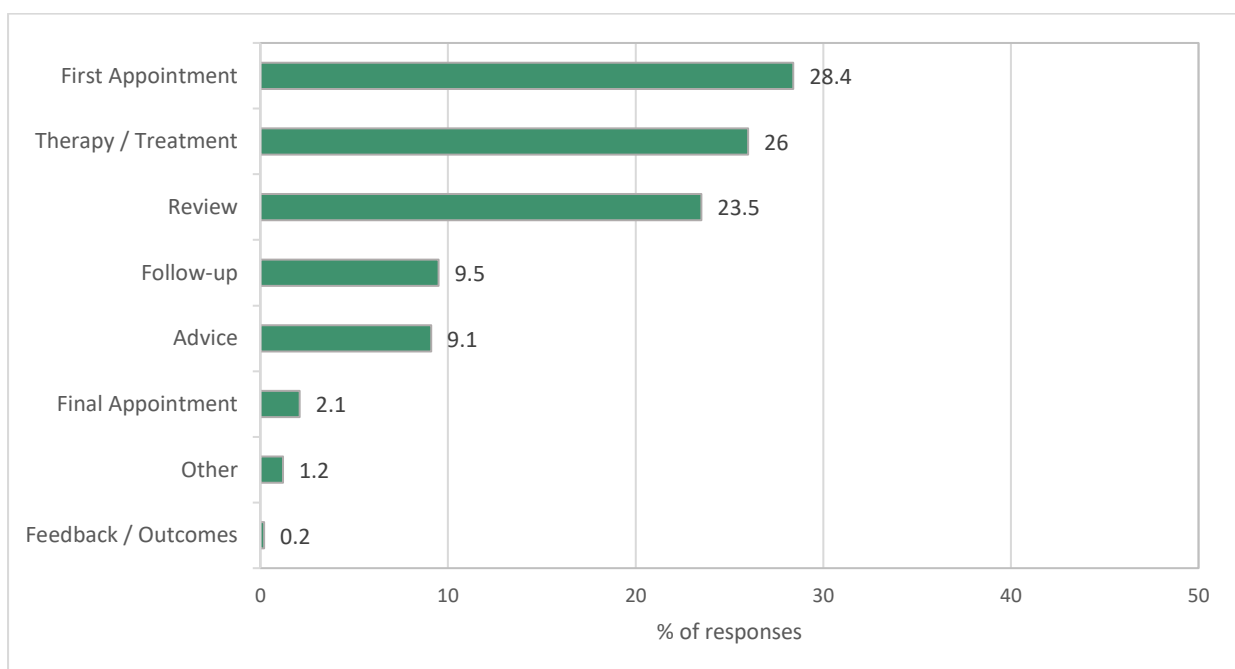
Figure 7. The percentage of respondents who responded that face-to-face was prevented, was not prevented, and those who were unable to say for the total sample, and clinicians and patients separately.



Activity of the Video Consultation

Figure 8 displays the types of appointments conducted using VC. First appointments, therapy/treatments, and reviews were the most common.

Figure 8. The percentage of appointments being conducted using VC (N = 33549).



Challenges and Benefits

Tables 1-4 display the clinician (Table 1) and patient (Table 2) ratings for each potential benefit of VC, and the clinician (Table 3) and patient (Table 4) relevancy ratings for the challenges they may have encountered during their VC.

The highest positive ratings for the benefits of using VC were for lowering the risks of infection according to both patients and clinicians. Other beneficial aspects were saving travel and parking and saving the environment. On the other hand, the most negative ratings were given for lowering patients' stress and anxiety, improving family involvement, and lowering the rates of did not attends (DNA).

Relevant challenges associated with VC were preferring face-to-face or telephone according to both patients and clinicians, as well as experiencing technical issues with audio and visuals. The most positively viewed challenge was having issues with safe space (patients), 96.5% stated they had "not at all" encountered this challenge (although the small proportion who did not respond this way should not be ignored). For clinicians, a lack of confidence was the most positively rated challenge, as well as VC not being suitable for clinical needs.

Key for Benefits & Challenges Tables

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

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

Table 1. The distribution of clinicians' beneficial ratings for the potential advantages of using VC.

Clinician Benefits of VC	More Efficient use of time/space	Saved Travel & Parking	Saved Environment	Increased Access to Care	Reduced Wait Times	Reduced DNA	Improved Family Involvement	Lowered Infection Rates
Not at all	2.40	2.10	2.50	2.90	5.40	6.40	8.80	1.40
Not Quite	6.20	3.00	4.90	9.00	12.30	13.00	13.40	1.10
Beneficial	16.10	10.90	12.10	14.80	11.70	16.40	17.30	6.00
Very beneficial	26.00	24.40	25.40	25.30	23.30	23.50	23.10	16.10
	49.30	59.60	55.00	48.00	47.30	40.80	37.58	75.40
Total Responses	10668.00	10508.00	10514.00	10402.00	9636.00	9731.00	8840.00	10696.00

Table 2. The distribution of patients' beneficial ratings for the potential advantages of using VC.

Patient Benefits of VC	Saved Time & Preparation	Saved Travel & Parking	Saved Environment	Saved Taking Time Off	Saved Money	Improved Access to Care	Improved Convenience	Improved Family Involvement	Lowered Risk of Infection	Lowered Stress & Anxiety
Not at all	1.90	1.30	1.30	4.70	4.80	2.60	2.10	5.60	1.10	5.30
Not Quite	1.60	1.70	1.30	5.60	5.10	2.70	2.40	6.40	0.80	6.30
Beneficial	9.60	5.30	6.50	9.20	9.80	9.90	8.30	10.20	5.10	15.30
Very beneficial	24.90	15.30	17.80	17.50	17.70	22.50	19.40	20.10	15.20	21.60
	62.10	76.40	73.10	63.10	62.70	62.30	67.80	57.80	77.70	51.50
Total Responses	21646.00	20593.00	20807.00	16330.00	15753.00	19943.00	21321.00	14550.00	21235.00	19613.00

Table 3. The distribution of ratings for the potential challenges that clinicians could have faced during their VC.

Clinician Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues on Patients side	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone	Patient's Preference for FTF
Not at all	79.60	74.90	68.00	66.10	70.50	95.30	84.60	68.00	73.20
Quite Relevant	6.40	9.70	12.10	10.60	10.90	2.90	9.20	13.00	12.10
Very Relevant	6.10	7.30	8.70	8.80	9.10	1.20	3.70	11.20	8.50
Very Relevant	7.90	8.20	11.30	14.40	9.60	0.60	2.60	7.80	6.20
Total Responses	9981.00	9952.00	10156.00	10063.00	9953.00	9534.00	9555.00	9674.00	9195.00

Table 4. The distribution of ratings for potential challenges that patients could have faced during their VC.

Patient Challenges with VC	Issues with Device	Issues with Internet	Issues with Visuals	Issues with Audio	Issues with Safe Space	Lack of Confidence	Not Suitable for Clinical Needs	Preference for FTF or Phone
Not at all	83.60	85.40	82.60	74.00	96.50	85.70	87.00	53.50
A little	10.50	9.70	11.10	16.30	2.40	10.30	7.70	19.90
Some	4.20	3.40	3.80	5.80	0.80	2.70	3.10	13.70
A lot	1.70	1.50	2.40	3.90	0.30	1.20	2.20	12.80
Total Responses	21692.00	21426.00	21704.00	21690.00	21280.00	21416.00	18090.00	19324.00

Patient Demographics

The demographics, including age, gender, ethnicity, and income of the patients using VC are displayed in Figures 9-12.

Figure 9. The percentages of patients that were male, female, non-binary, preferred not to say, or stated other (N = 17954).

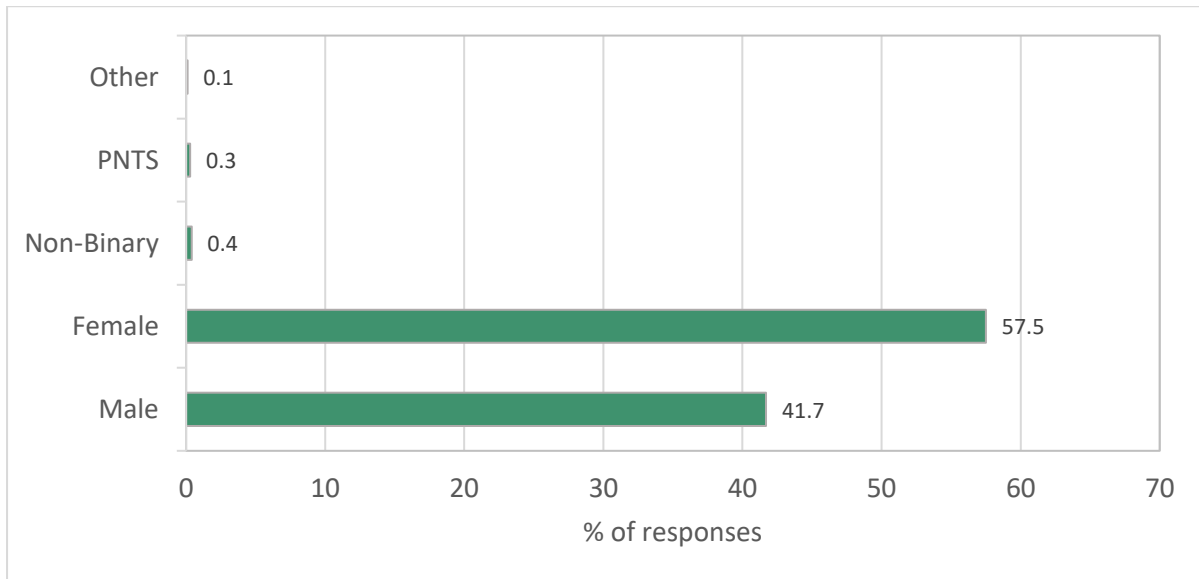


Figure 10. The percentage of patients in each age group (N = 21974).

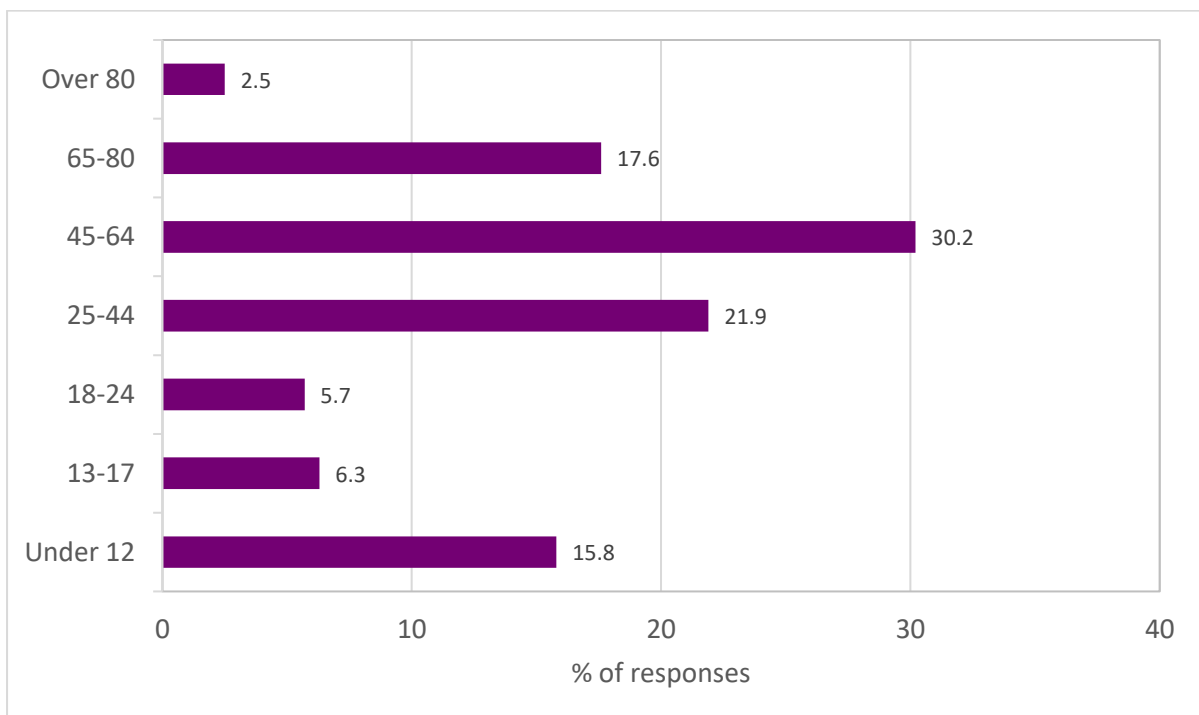


Figure 11. The percentage of patients in each ethnic group (N = 9669).

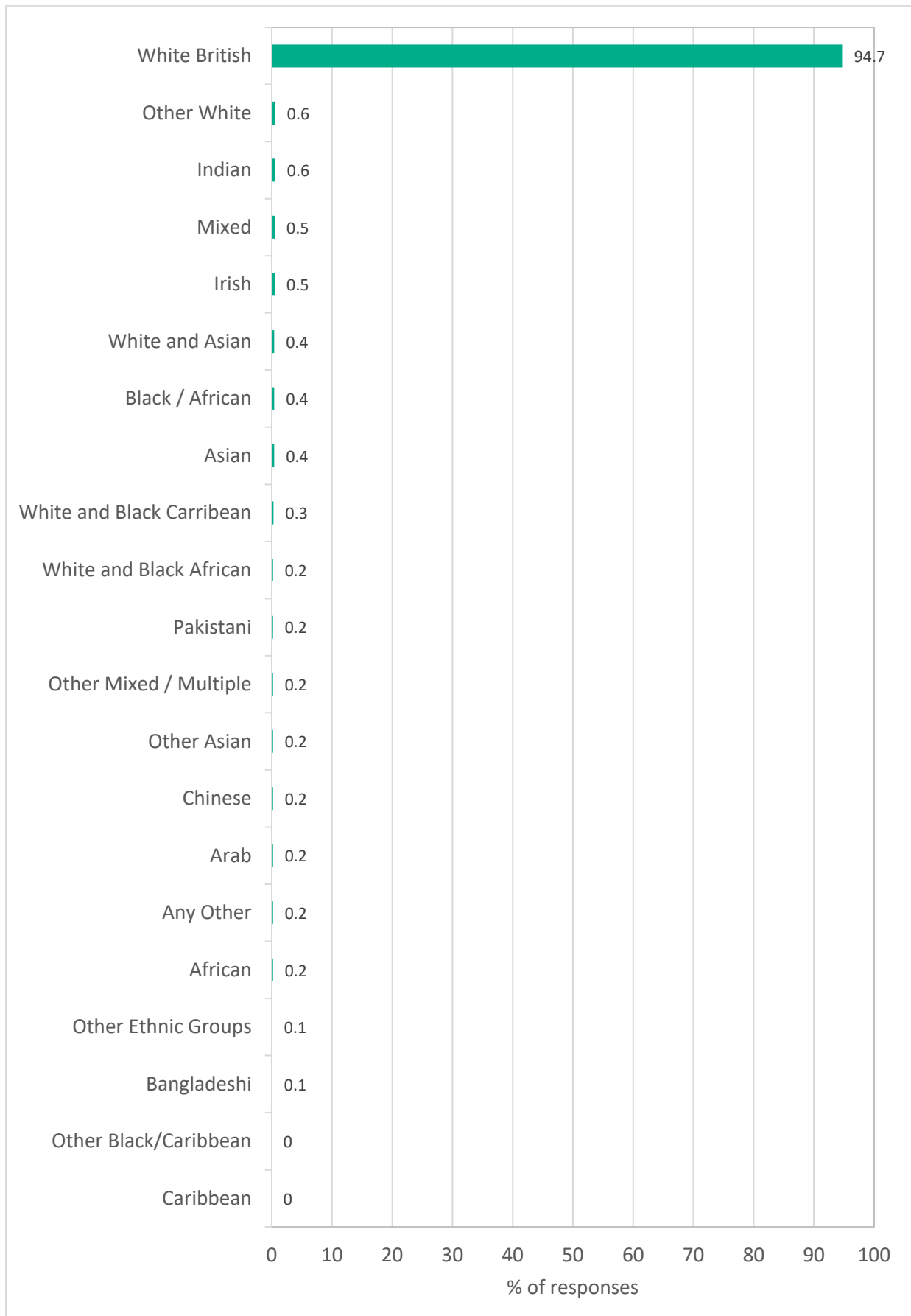
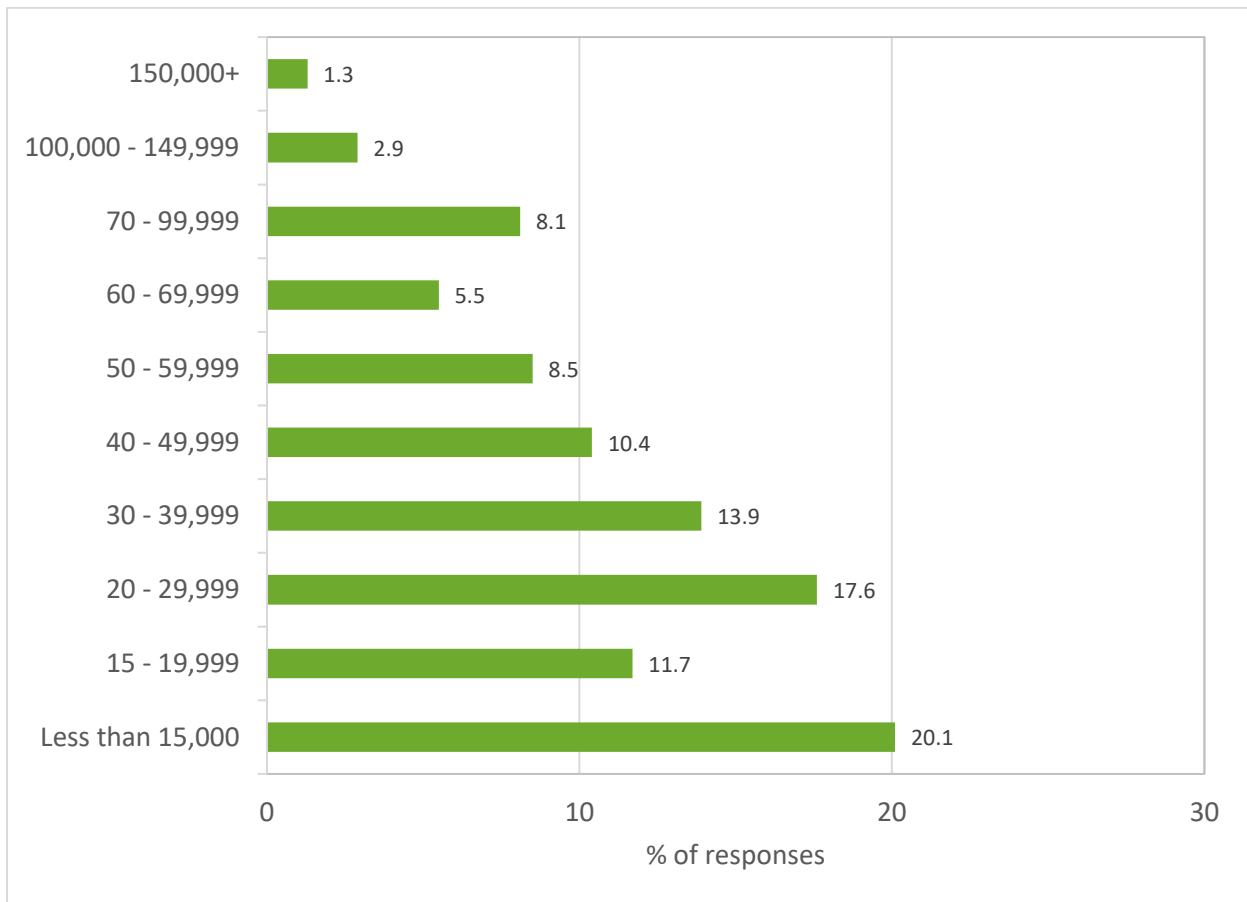


Figure 12. The percentage of patients in each income group (N = 5856).



Patients' Previous and Future Use of VC

56% of patients had not used VC prior to their appointment, 16.9% had used it once before, 8.8% twice before, and 18.4% had used it three or more times previously.

Overall, 89.6% of patients (total N = 13507) would use VC again in the future for healthcare, with a further 9.3% stating they would consider using it. Positively, this means that only 1.1% would not use VC again in the future.

Patients' Choice to use VC

Only 19.6% of patients were given the choice to use VC and had opted for it. 66.7% stated they were informed of the choice by their service, and 12% believed it to be the only option (1.7% stated "I don't know"; total N = 22274).

Patients' Enablement Statements

The mean enablement score of the entire sample (N = 12335) was 4.63. The responses to each enablement statement are displayed in Figure 13.

Figure 13. The proportion of patient ratings given for each enablement statement.

