

TECHNOLOGY ENABLED CARE

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CYMRU

NHS Wales Video Consulting Service

Survey Data Phase 2b
(March – August 21)

Findings of Phase Two (b)

Overall Summary - All-Wales Data

This section considers the Phase Two (b) findings, collected between March 3rd 2021 and August 31st 2021. In total, there were 12520 responses, including 4025 clinicians and 8495 patients.

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 88.3% of ratings for “Excellent”, “Very Good”, or “Good”.
- Patients were more positive in their quality ratings than clinicians.
- Face-to-face was prevented for 71.2% of appointments.
- The type of activity most likely to be conducted using VC was first appointments.
- A total of 217,900 travel minutes were saved (two-way) between March 2021 and September 2021 (3632 hours) were reported to be saved.
- The majority of patients were female, aged 45 to 64, of White British ethnic backgrounds, and earned less than £15,000 a year.
- 98.4% of patients would use or consider using VC again in the future.

Profession & Specialty

The types of healthcare professions and specialties (Table 1 displays the list of options provided to respondents) using VC are displayed in Figure 1 and Figure 2 below. The most common professionals using VC were **Physiotherapists** and **Doctors**, and **Mental Health** and **Paediatrics & Child Health** were the most common specialties. *Table 1. The lists of each profession and specialty.*

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

Figure 1. The proportion of professionals/occupations using VC (N = 12520).

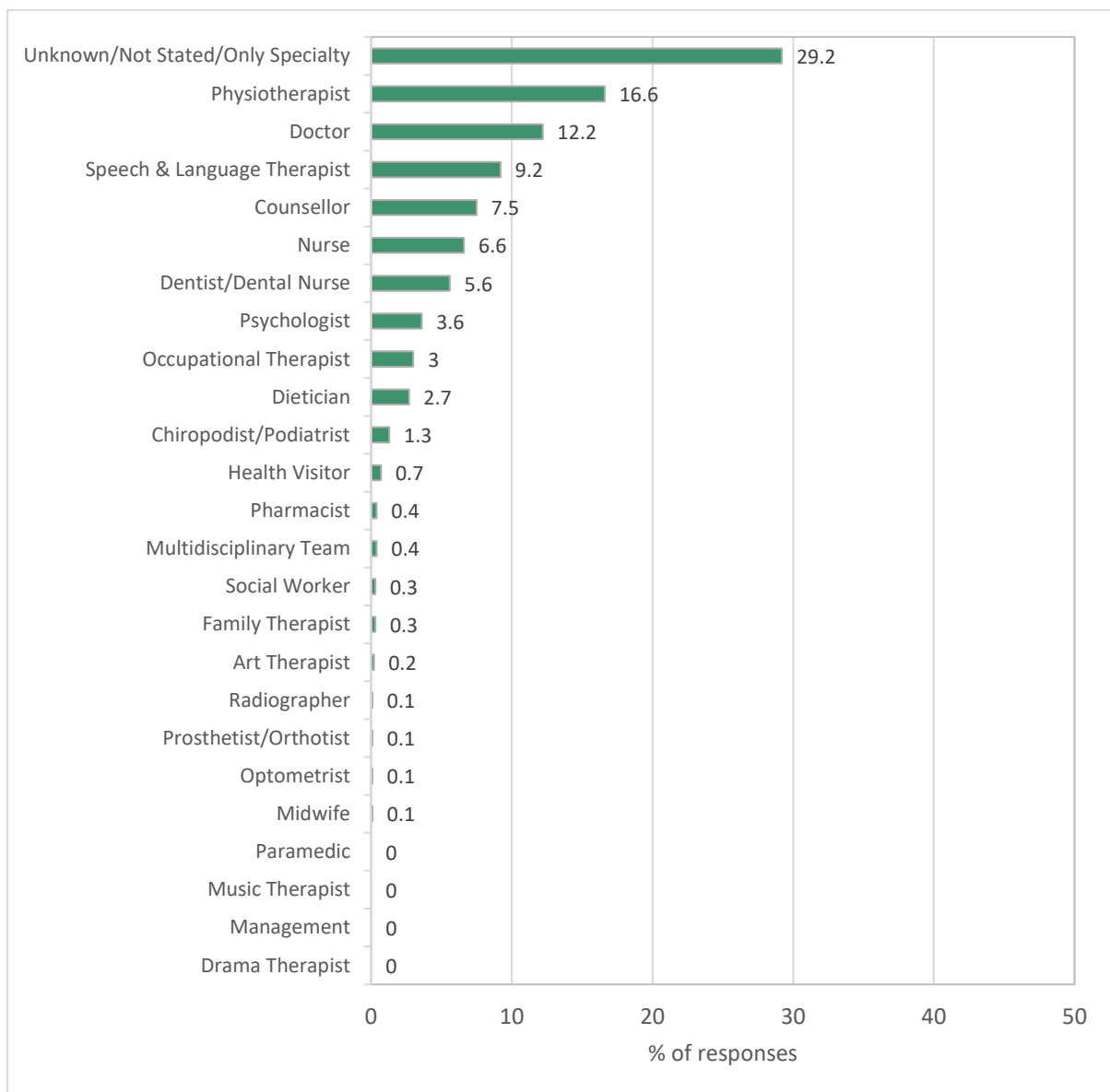
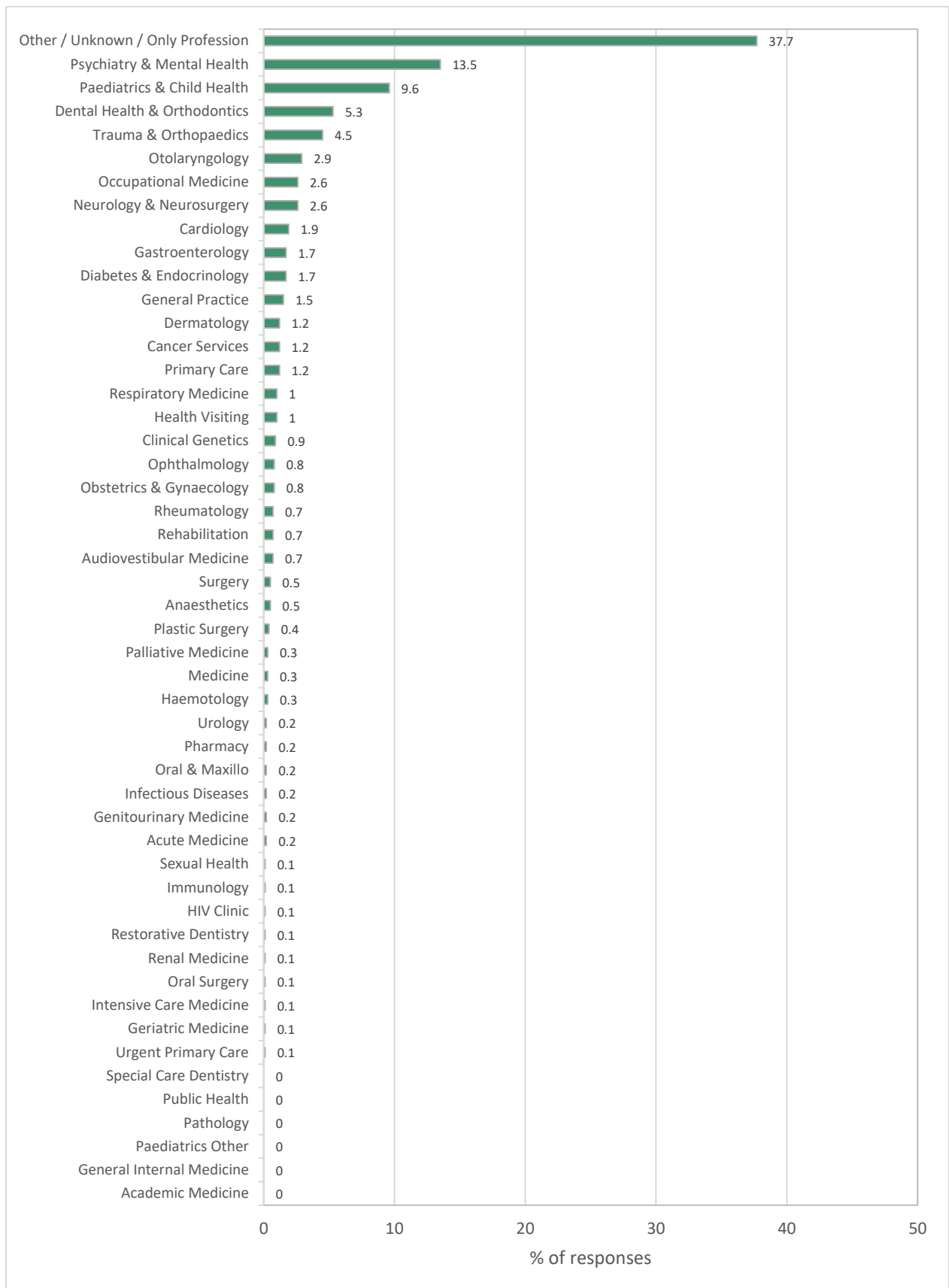


Figure 2. The proportion of responses from each healthcare specialty (N = 12520)



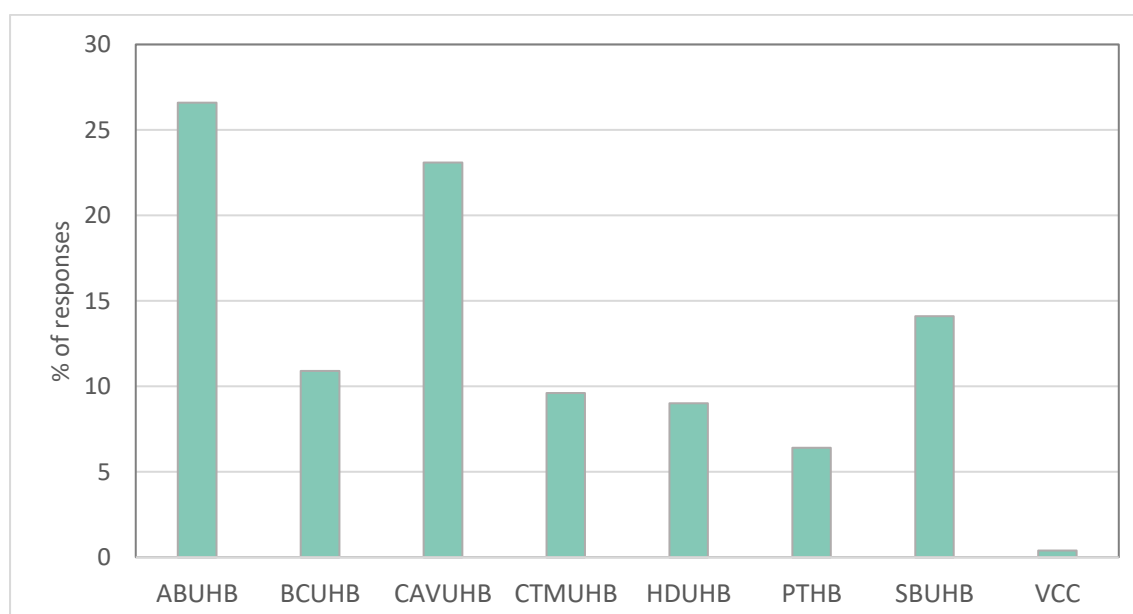
Health Board and Local Area

ABUHB and CAVUHB health boards received most responses, whereas PTHB received the least. The number and percentage of responses per health board are displayed in Table 2 and Figure 3.

Table 2. The percentage and frequency of responses from each local health board in Wales (as well as one Trust, Velindre Cancer Centre (VCC)).

Health Board / Trust	Percentage (%)	Frequency
ABUHB	26.6	3114
BCUHB	10.9	1275
CAVUHB	23.1	2705
CTMUHB	9.6	1118
HDUHB	9	1049
PTHB	6.4	744
SBUHB	14.1	1645
VCC	0.4	52
Total Responses		11702

Figure 3. The percentage of responses from each health board.



A closer exploration of the respondents' demographic location revealed that the majority of respondents were located in Cardiff (16.6%) or Swansea (10.1%) and the most common type of area within Wales where VC was being conducted were towns (46.1%). This remained the case when considering patients and clinicians separately (53.1% of clinicians were in a town, and 42.8% of patients). However, clinicians were most located in Carmarthenshire (13.3%) or Cardiff (12.8%). This information is displayed in Figure 4 (Local Area) and Figure 5 (Local Authority).

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.

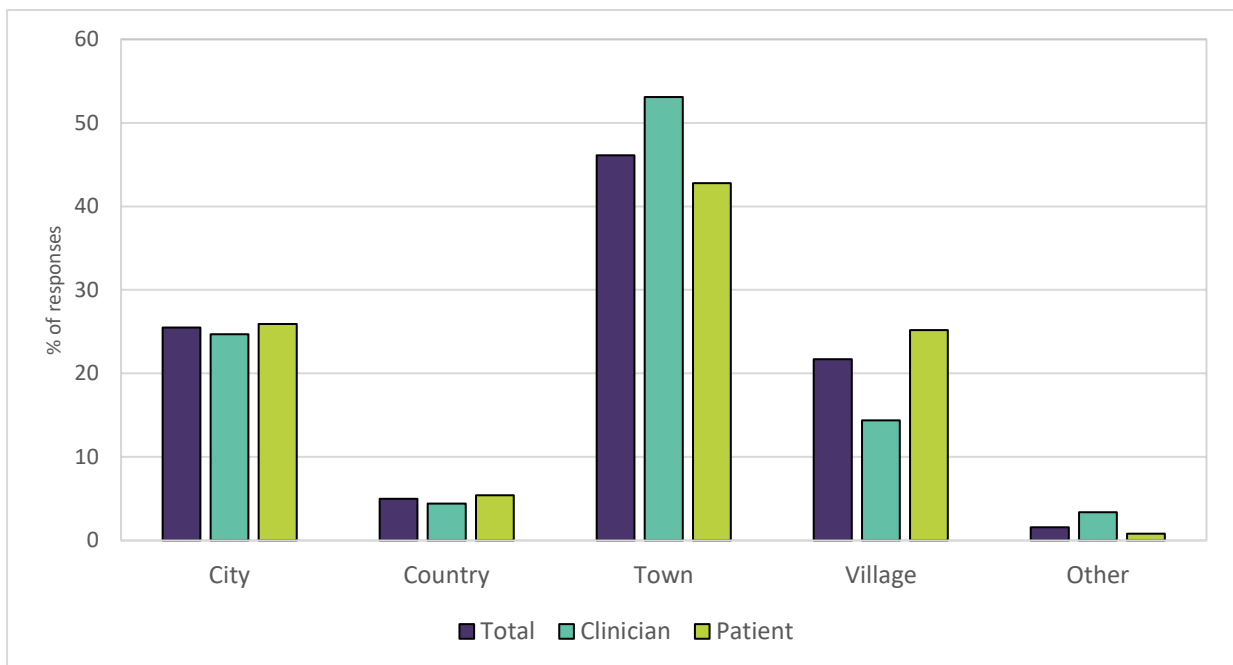
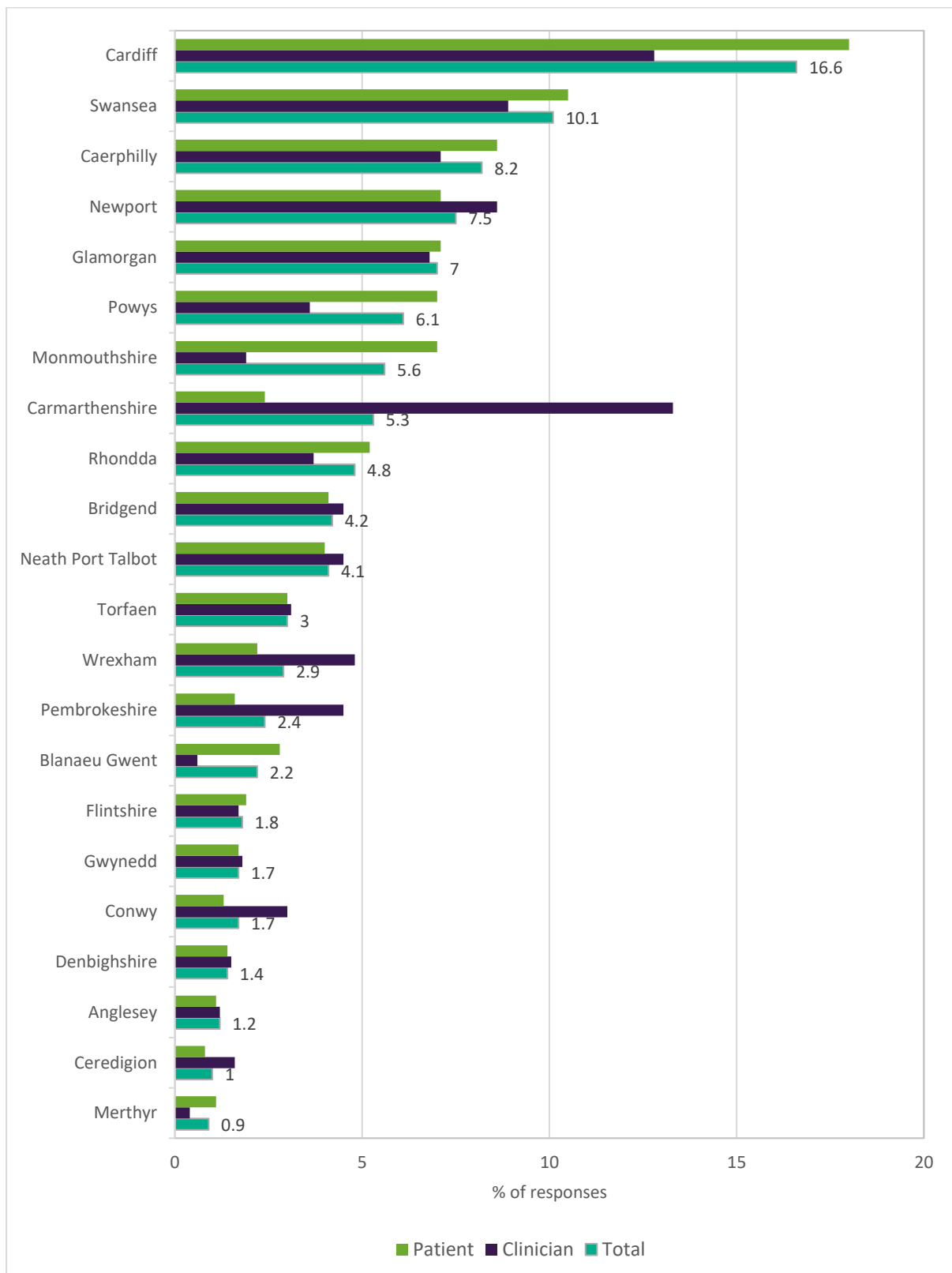


Figure 5. The percentage of respondents using VC in each Local Authority (Wales) for the total sample, and clinicians and patients separately. The values represent the percentages of the total sample for each Local Authority.



Quality Ratings of VC

Overall, VC was rated positively by respondents, with 88.3% of total responses (N = 12312) being “Excellent”, “Very Good”, or “Good” (Figure 6). However, there was a discrepancy between clinicians' and patients' responses, whereby patients (93%; N = 8336) were more positive than clinicians (78.2%; N = 3976) in terms of their quality ratings (Figure 7). This could be because patients rated the overall experience of their appointment rather than just focusing on the technological aspects of the call like clinicians did (although this is simply speculation).

Figure 6. The distribution of quality rating scores across the entire sample.

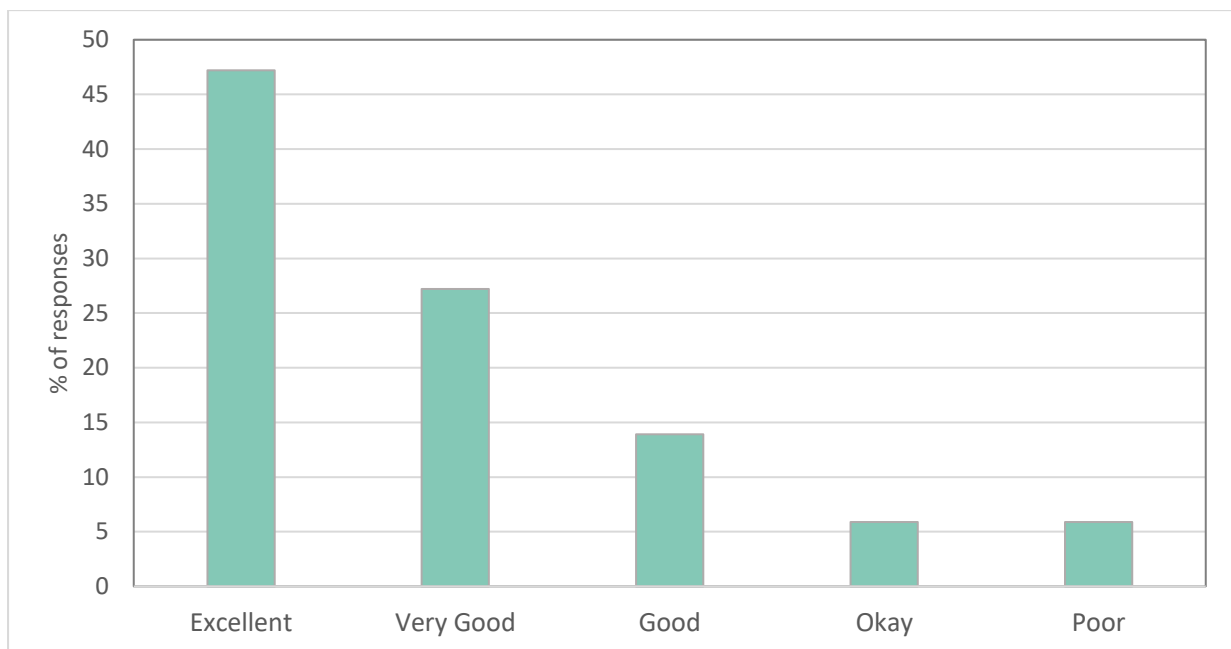
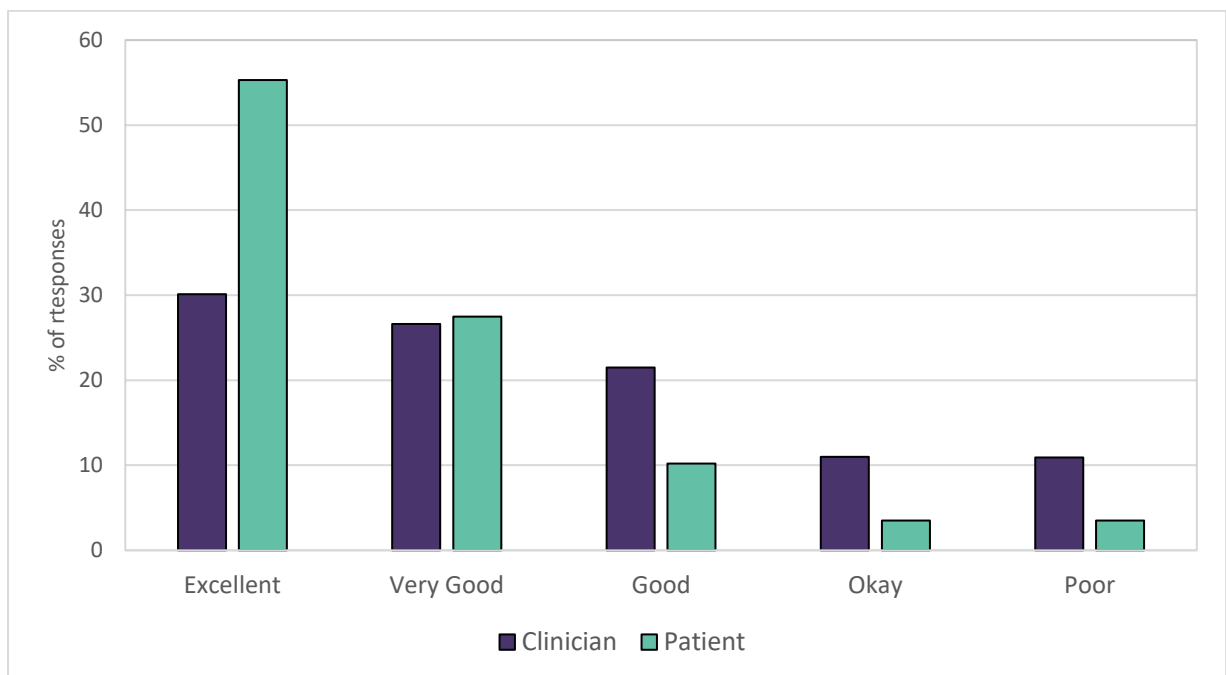


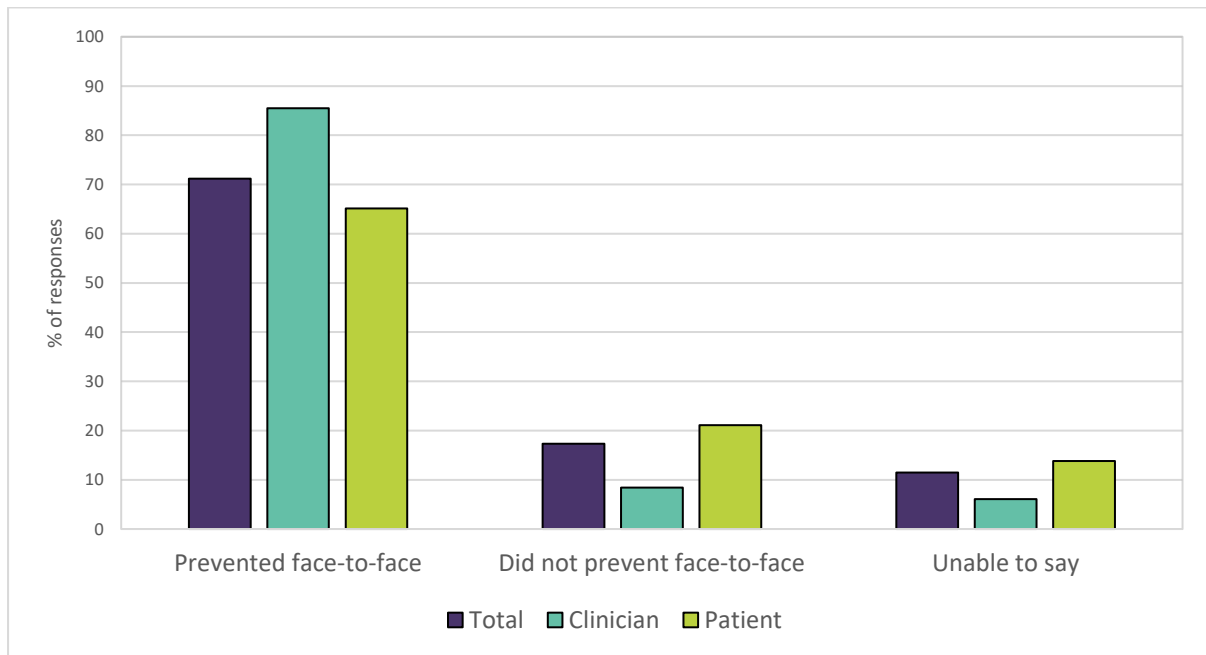
Figure 7. The distribution of quality rating scores for clinicians and patients separately.



Prevention of Face-to-Face

According to 71.2% of respondents (N = 11777), the need for a face-to-face appointment was prevented by VC. Exploring patients and clinicians separately, the perception of face-to-face prevention was lower for patients (65.1%; N = 8299) than clinicians (85.5%; N = 3478) (Figure 8). The reason for this difference is unknown but could be due to the patients' understanding of "face-to-face", in that they may believe a VC (where you can see the clinician's face) constitutes a face-to-face appointment.

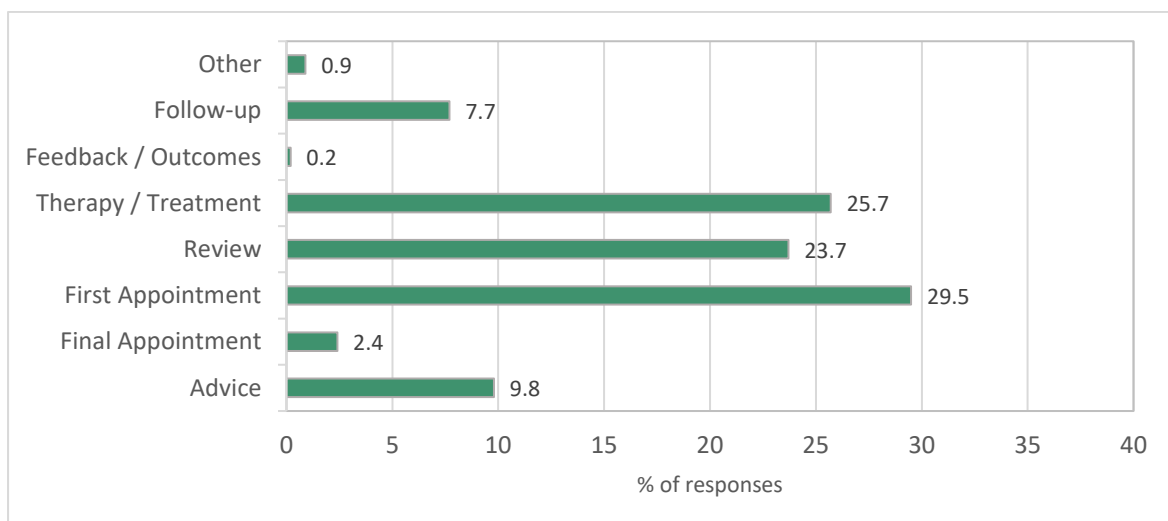
Figure 8. The percentage of respondents who responded that face-to-face was prevented, was not prevented, and those who were unable to say for the total sample, and clinicians and patients separately.



Activity of the Video Consultation

Figure 9 displays the types of appointments conducted using VC. In particular, First Appointments (29.5%), Therapy/Treatments (25.7%), and Reviews (23.7%) were most common, and Feedback/Outcomes (0.2%) and Final Appointments (2.4%) being the least common.

Figure 9. The percentage of appointments being conducted using VC (N = 11812).



Challenges and Benefits

Tables 3-6 display the clinician (Table 3) and patient (Table 4) ratings for each potential benefit of VC, and the clinician (Table 5) and patient (Table 6) relevancy ratings for the challenges they may have encountered during their VC.

Considering the benefits of using VC, the highest positive ratings were for lowering the rates of infection according to both clinicians and patients and saving the environment for patients. On the other hand, the most negatively rated benefits were lowering stress and anxiety (patients) as well as improving family involvement (clinicians).

Relevant challenges that accompanied the use of VC were having the preference for face-to-face or telephone as well as experiencing issues with the audio quality of the call, according to both patients and clinicians. Alternatively, patients responded positively to (not) having issues with safe space, such that 96.3% stated "Not at all", and 97.5% of clinicians were confident with using the technology.

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 3. 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	2.50	1.40	1.80	2.30	4.70	5.80	10.50	1.60
Not Quite Beneficial	5.60	2.80	4.20	9.70	11.40	11.00	10.90	1.30
Beneficial	15.50	11.80	12.40	11.70	8.70	11.80	14.70	7.30
Very beneficial	25.80	25.50	27.30	25.60	24.00	25.60	25.10	20.30
	50.60	58.50	54.40	50.70	51.30	45.80	38.70	69.50
Total Responses	3284.00	3245.00	3251.00	3186.00	2984.00	2965.00	2760.00	3284.00

Table 4. 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	2.00	1.30	1.30	5.30	5.40	2.80	2.30	6.20	1.30	6.10
Not Quite Beneficial	1.70	1.70	1.40	5.40	5.50	2.90	2.50	7.00	1.00	6.80
Beneficial	10.10	5.80	6.80	9.40	9.80	10.70	8.80	10.20	6.90	15.90
Very beneficial	25.00	15.60	17.80	17.10	17.50	22.30	19.60	20.10	17.80	21.40
	61.30	75.60	72.70	62.80	61.80	61.30	66.80	56.50	72.90	49.90
Total Responses	8044.00	7683.00	7738.00	6093.00	5869.00	7405.00	7921.00	5318.00	7784.00	7228.00

Table 5. 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	84.50	78.50	75.00	71.90	77.10	97.50	87.30	74.20	78.70
Quite Relevant	4.90	8.50	10.60	9.50	8.60	1.20	7.50	12.00	11.00
Very Relevant	4.00	5.40	6.20	6.90	6.20	0.90	2.60	8.50	5.80
Very Relevant	6.60	7.50	8.30	11.60	8.00	0.40	2.50	5.40	4.50
Total Responses	3088.00	3095.00	3117.00	3095.00	3071.00	2991.00	2982.00	3005.00	2840.00

Table 6. 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	84.70	85.80	83.00	75.70	96.30	86.50	86.60	52.30
A little	9.90	9.50	11.10	15.50	2.60	9.70	7.90	20.10
Some	3.70	3.30	3.60	5.50	0.80	2.60	3.20	14.20
A lot	1.60	1.30	2.30	3.30	0.30	1.20	2.30	13.40
Total Responses	8034.00	7925.00	8023.00	8013.00	7885.00	7926.00	6738.00	7243.00

Minutes Saved

An average of 27.19 (standard deviation (SD) = 20.97) minutes of travel was saved based on responses from 4007 respondents. This is a total of 108,950 total minutes reported to be saved on one-way travel to work (clinician) or to their appointments (patients). To calculate two-way travel, this sum is doubled and results in a total saving of 217,900 minutes saved, which is equal to 3631.67 hours.

For patients, the total (one-way) saving was 90766 minutes (1512.77 hours), an average of 26.0 minutes per patient (N = 3491) or 52 minutes per round trip. For clinicians (working from home; N = 516), there was a total one-way saving of 18276 minutes (304.61 hours).

As this question was only answered by clinicians who were specifically working from home, the implied percentage of home workers during this period is 12.82%.

Please note: these calculated travel savings are only those reported in the patient and clinician surveys.

Patient Demographics

The demographics, including age, gender, ethnicity, and income of the patients using VC are displayed in Figures 10-13.

Figure 10. The percentages of patients that were male, female, non-binary, preferred not to say, or stated other (N = 6715).

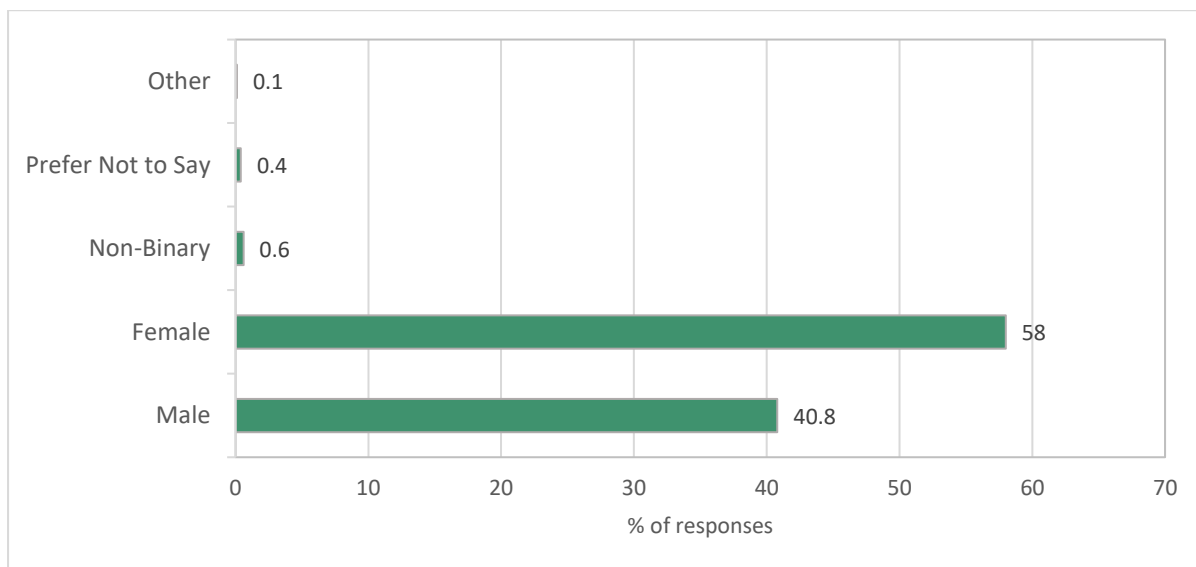


Figure 11. The percentage of patients in each age group (N = 8126).

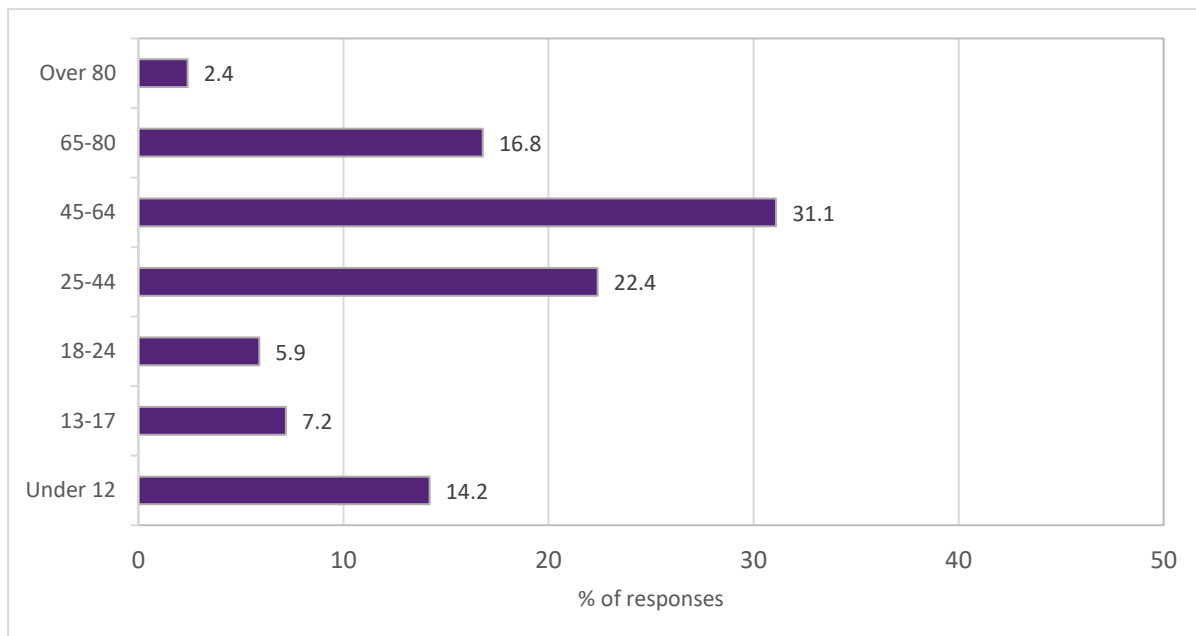
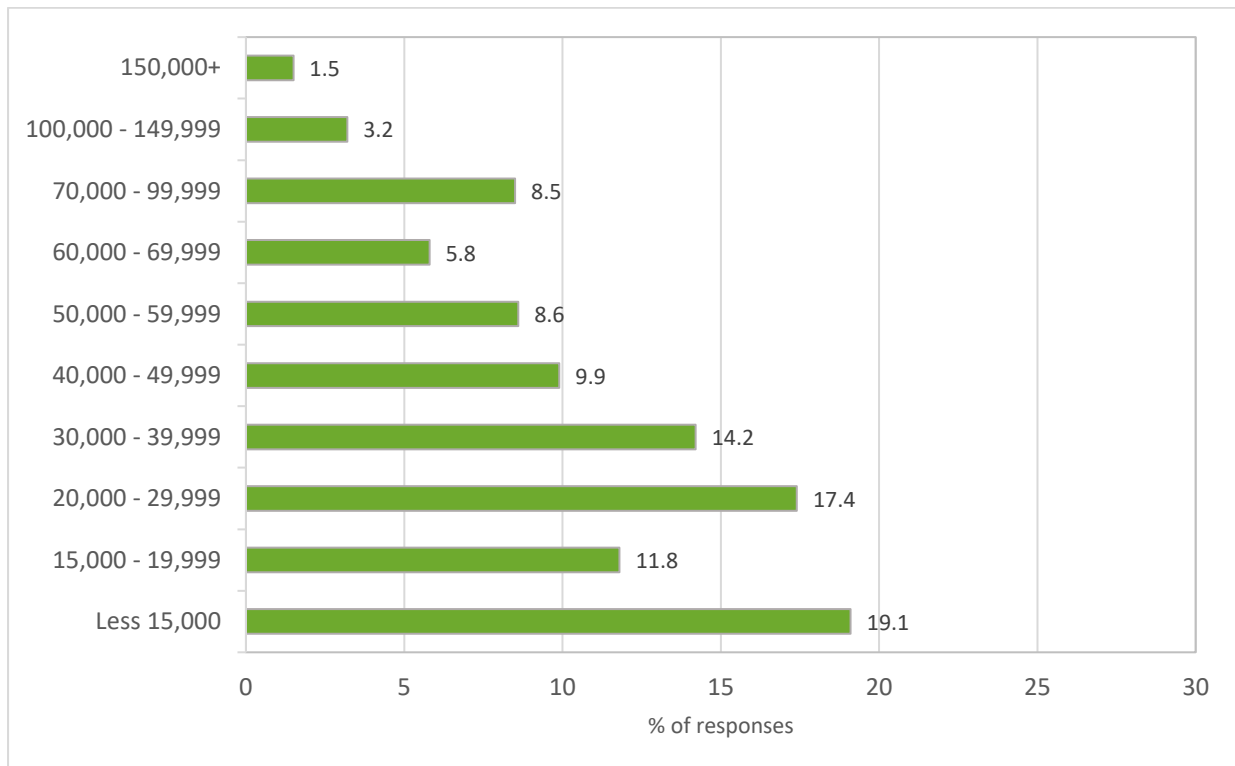


Figure 12. The percentage of patients in each ethnic group (N = 6402).



Figure 13. The percentage of patients in each income group (N = 3892).



Patients' Previous and Future Use of VC

Over half of the patients had not used VC prior to their appointment (52%), whereas 16.9% had used it only once before, 9.5% twice before, and 21.6% three times or more before (total N = 8249).

In terms of future use, 87.2% of patients stated they would use VC in the future, and an additional 11.2% would consider using it again. Positively, this means that only 1.6% of patients would not use VC again (total N = 5670)

Patients' Choice to use VC

Considering whose choice it was to use VC for the appointment, only 18% of patients were given this choice and had opted to use it. 69.9% reported that they were informed by their service and 10.4% responded that it was the only option (remaining 1.7% "I don't know", total N = 8281).

Patients' Enablement Statements

The mean enablement score of the sample (N = 6030) was 4.46 (SD = 3.97). The responses to each enablement statement are displayed in Figure 14.

Figure 14. The proportion of patient ratings given for each enablement statement.

