

TECHNOLOGY ENABLED CARE

tec

CYMRU

NHS Wales Video Consultation Service

**Phase 2a Interview
Qualitative Study 2021**

Background

Wales is a country that is part of the United Kingdom. It has a population of 3.1 million across a total area of 20,779 km² (8,023 square miles). Wales has a comparably high rural environment compared to other parts of the UK, with 1 in 3 people classed as living in a rural area [1]. Wales also has the oldest age population (21% over 65) and the highest proportion of disabled people in the UK (26%) and is also the poorest UK country [2-3]. Based on the high rurality of Wales and its resident's demographic types, many assumptions suggest that digital healthcare may not be an equitable option for the Welsh population [4-5]. Recently, many of these assumptions have been challenged, particularly for the use of video consulting as a delivery of healthcare in NHS Wales. TEC Cymru data (from almost 23,000 patients and clinicians) demonstrates that regardless of age, gender, ethnicity, household income, place (rural vs. urban), health status and disability, video consulting can provide equity of care across all patient groups, appointment types, care sectors and specialties in Wales [6]. In support of this, the Welsh Government have recently published a ministerial call for a new digital strategy in Wales, stating that *"digital change offers us a range of new tools for solving old and novel problems"* [7]. It is further argued that *"digital offers the potential to make our experience in the world better, enhancing people's lives [and] strengthening the delivery of public services"* [7]. The digital strategy, and other Welsh Government policies such as Prudent Healthcare and the Future Generations Act [8, 9] look to support and enabled a strong digital future for NHS Wales. The Welsh NHS is spread across seven Health Boards and three Trusts and employs close to 78,000 NHS staff [10]. Between March 2020 and the present day (October 2021) 20.5% (n=16,000) of the NHS workforce were set up to use the NHS Wales Video Consulting (VC) Service [11].

Aim & Methodology

The aim of this qualitative interview study is to identify the benefits, challenges, and sustainability of video consulting, by individually interviewing a representative sample of NHS healthcare professionals (including clinical and non-clinical staff) in Wales using the NHS Wales Video Consulting (VC) Service.

Prior to the start of the study, national approval was obtained [SA/1114/20]. TEC Cymru carried out 203 semi-structured interviews across all seven Health Boards in Wales, across a range of care sectors and specialties, from both clinical and non-clinical NHS staff members. A VC platform called Attend Anywhere was funded by The Welsh

Government for use across NHS. Therefore only those using this platform were approached and interviewed as the primary aim of the study was to understand VC via Attend Anywhere in Wales.

The sampling approach taken included three approaches. First, opportunity sampling, which involved an additional question being added to the end of the NHS VC Service feedback survey, requesting VC users (NHS professionals) to take part in the interview study. Second, to ensure that we interview all types of VC users (not just regular users), emails were randomly sent to all NHS Wales VC Service contacts (approx. 10% of the full database). Furthermore, snowballing sampling was also explored, such as the use of social media platforms and through personal or professional networks. This process lasted for approximately two months until we received at least a 1% representation of all Welsh VC users (200 plus). Based on the total of 16,000 VC users set up in Wales, and a potential 10% of which who were approached during the time period to take part (approx. =1,600), a total of 203 semi-structured interviews (1.3% of total VC users and 13% of users approached) were held across all seven health boards, across a range of specialties.

The inclusion criteria for an interview was to have prior experience of using the NHS Wales VC service in the past one-year (March 2020 – March 2021). On initial contact, all expressions of interest met the inclusion criteria. On agreement to take part, an email was sent out with information of the study and a consent form, along with either a scheduled Microsoft Teams invite for a video interview, or a contact number was obtained for a telephone interview. A total of 12 people did not attend the scheduled interview, and no follow up arrangements were made. On the day of each interview, consent was read out verbally, and consent was obtained from all of those included in this study.

Interviews were audio recorded and transcribed verbatim. A semi-structured interview schedule was constructed for reference purposes, yet a conversational style of interviewing was adopted to allow a more fluent and natural dialogue, to allow rich detail to emerge. Thematic analysis was conducted. Initial analysis involved listening to the audio recordings and reading of the transcripts and making notes, which then led into highlighting and coding areas of interest, as well as flagging up of themes. These themes were reviewed and refined until final conclusions could be drawn. This process was conducted by a research assistant (BW) (and two other supporting

research assistants), a research lead (GJ), and a clinical lead (AA). A sub-set of the data was also sent to an external academic for further validation. To provide a clearer understanding of commonality across themes, the results will be presented as both quantifiable information based on the number of final coded responses, and qualitative data which will be presented as direct quotations, which are referenced by respondent's occupation, department and Health Board.

Results

A total of 203 participants were interviewed. This included clinical and non-clinical staff across primary, secondary and community care sectors, across all Health Boards in Wales. The personal participant data collected and included in this paper involve their clinical specialties, professions and Health Boards (shown in Table 1). The demographic data collected from healthcare professionals is age, gender and ethnicity (shown in Table 2 and Figures 1-3).

Table 1: Interview Participants

Speciality & Profession	Health Board(s)	Total (n=203)
Mental Health <i>*consultant, nurse, psychologist, therapist, counsellor, assessor, technician, management, assistant & trainee</i>	ABUHB, BCUHB, CAVUHB, CMTUHB, HDUHB, PTHB, SBUHB	52
Speech and Language <i>*therapist, assistant, head of department</i>	ABUHB, BCUHB, CMTUHB, PTHB, SBUHB	29
Physiotherapy <i>*therapist, senior lead</i>	ABUHB, BCUHB, CAVUHB, CMTUHB, HDUHB, PTHB, SBUHB	22
General Practice (GPs) & Out of Hours GP <i>*doctor, nurse</i>	BCUHB, CAVUHB, CMTUHB, PTHB, SBUHB	16
Occupational Therapy <i>*therapist, technician</i>	ABUHB, BCUHB, SBUHB	9
Child Health & Paediatrics <i>*consultant, nurse, medical secretary, advisor</i>	ABUHB, BCUHB, PTUB, SBUHB	9
Dietetics <i>*dietitian</i>	BCUHB, CAVUHB, CMTUHB, PTHB	6
Health Visitor	SBUHB	6
Podiatry <i>*therapist, consultant</i>	CAVUHB	2
Oncology <i>*consultant</i>	SBUHB	3
Respiratory Medicine <i>*nurse, consultant, team lead</i>	ABUHB, PTHB, SBUHB	3
Booking Centre <i>*administration staff</i>	PTHB, SBUHB	3
Trauma & Orthopaedics <i>*consultant, surgeon, administration</i>	ABUHB, CAVUHB	3
Rheumatology <i>*consultant, director, therapist</i>	ABUHB	5
Neurology <i>*nurse, consultant</i>	ABUHB, PTHB, SBUHB	3
Cardiology <i>*nurse</i>	BCUHB, SBUHB	2
Community Nursery Nurse <i>*nurse</i>	SBUHB	2
Plastic Surgery <i>*surgeon</i>	CMTUHB, SBUHB	2
Ward Management <i>*nurse, therapist</i>	ABUHB, SBUHB	2
Gynaecology <i>*doctor, associate specialist</i>	ABUHB, CMTUHB	2
Sexual Health <i>*adviser</i>	CAVUHB	2
Neurosurgery <i>*nurse, associate specialist</i>	CMTUHB	2
Renal Medicine <i>*nurse</i>	BCUHB	1
Community Continence <i>*nurse</i>	SBUHB	1
Orthotics <i>*orthoptist</i>	ABUHB	1
Dental <i>*dentist</i>	SBUHB	1
Audiology	ABUHB	1
Diabetes	ABUHB	1

<i>*nurse</i>		
Otolaryngology <i>*medical secretary</i>	SBUHB	1
Fertility <i>*associate specialist</i>	SBUHB	1
Ophthalmology <i>*surgeon, optometrist</i>	ABUHB, SBUHB	2
Clinical Genetics <i>*consultant</i>	CAVUHB	1
Dermatology <i>*nurse</i>	ABUHB	1
Infectious Diseases <i>*consultant</i>	CAVUHB	1
Social Care <i>*MDT</i>	ABUHB	1
Stroke Management <i>*nurse</i>	SBUHB	1
Anaesthetics Care <i>*doctor</i>	ABUHB	1
Lymphedema <i>*therapist</i>	SBUHB	1
Gastroenterology <i>*consultant</i>	CMTUHB	1

Table 2 and Figure 1-3: Participant Demographics

	Proportion
Age	
18-25 Years	0%
26-35 Years	29%
36-45 Years	21%
46-55 Years	40%
56-65 Years	9%
65 Over	1%
Gender	
Male	26%
Female	74%
Ethnicity	
White	84%
Black, African, Caribbean or Black British	1%
Asian or Asian British	14%
Mixed or multiple Ethnic Groups	1%

Figure 2: Age of Participants

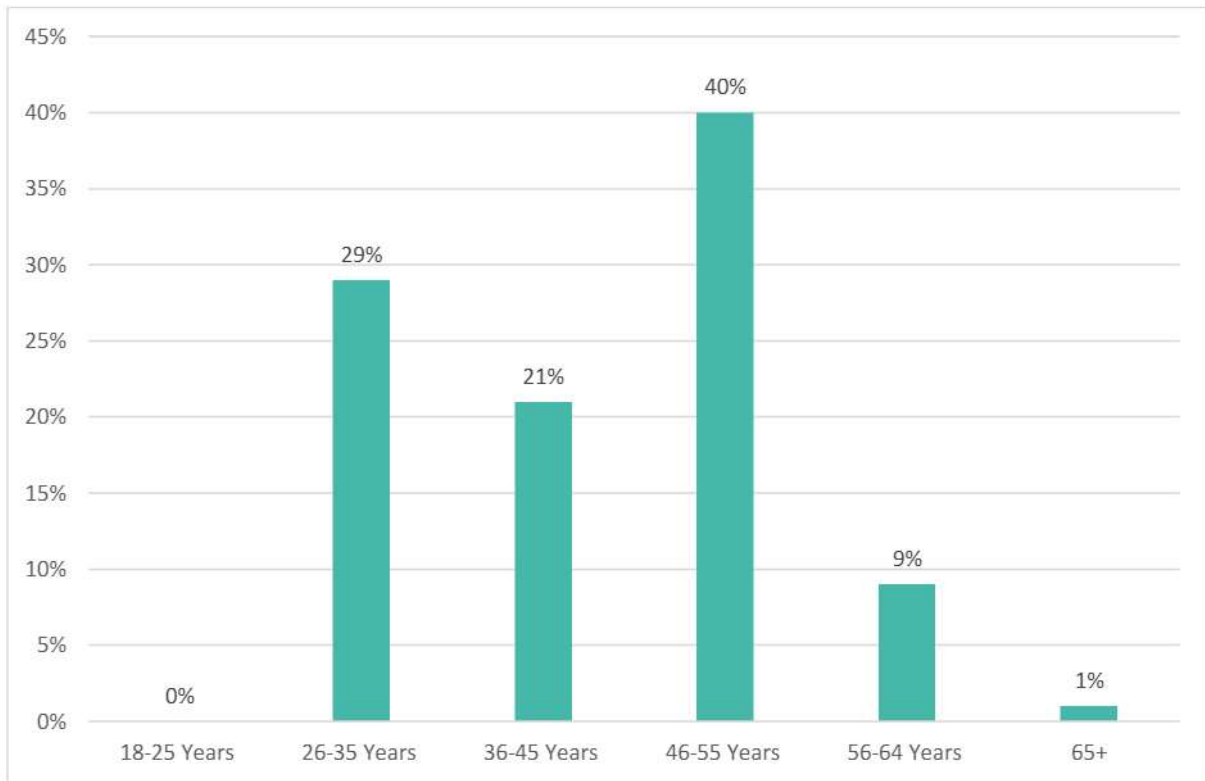


Figure 1: Gender of Participants

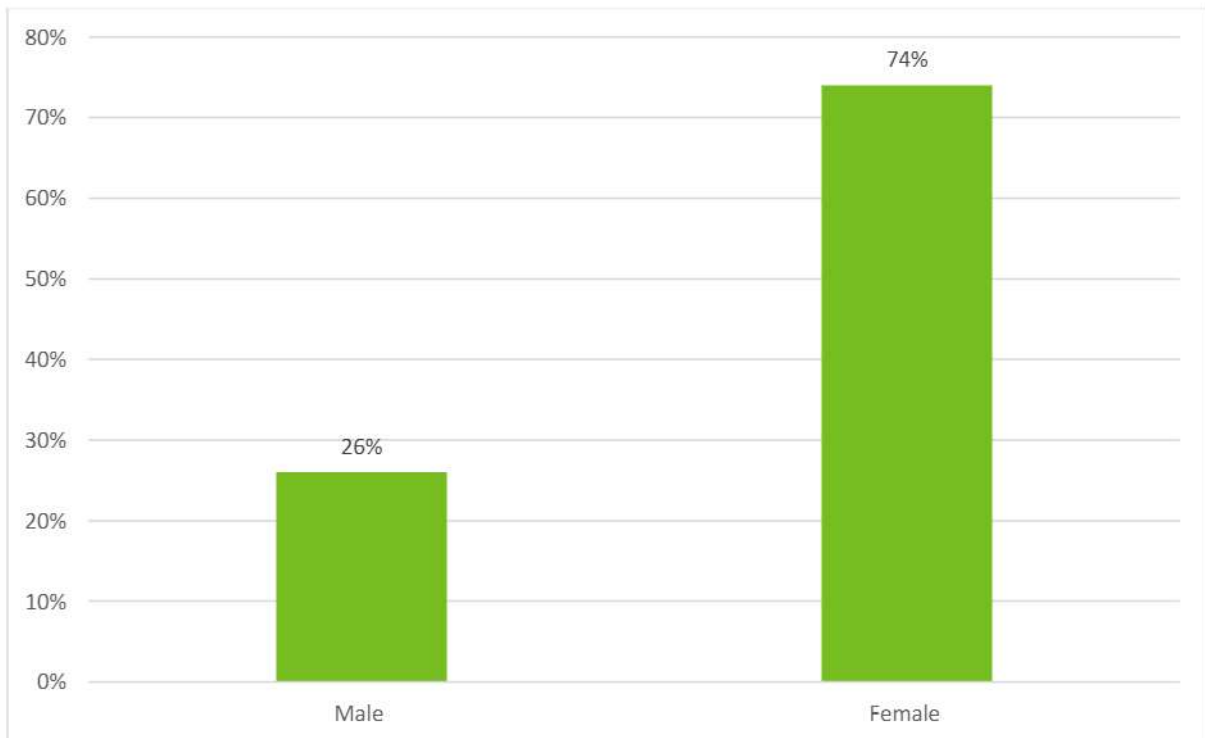
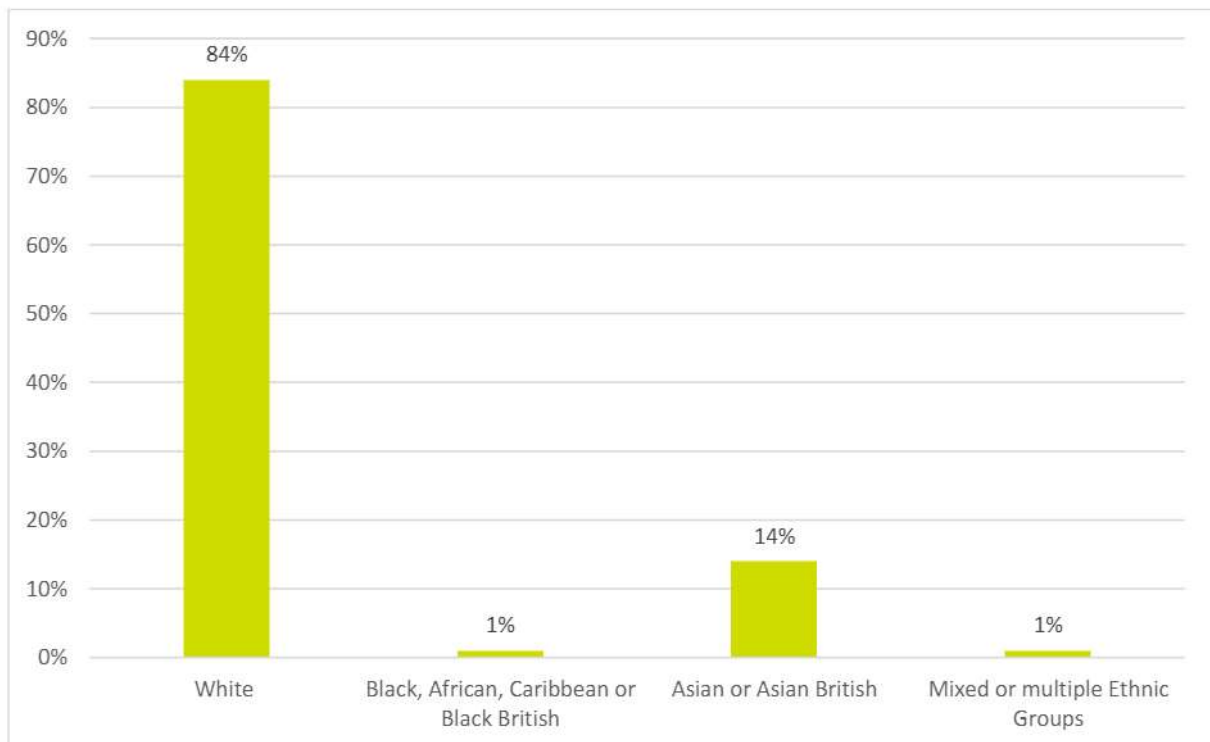


Figure 2: Ethnicity of Participants



Dominant & Sub-Dominant Themes

From the thematic analysis of the 203 interviews, three dominant themes emerged, with additional sub- themes and sub-categories. These are displayed in Table 3.

Table 3: Dominant & Sub-Dominant Themes & Categories

Themes	Sub-Dominant Themes & Sub-Categories	
THEME 1:		
Benefits (n=506)	1.1. Service Benefits (n=157) 1.2. Personal (Clinician) Benefits (n=81) 1.3. Patient Benefits (n=268)	1.1.1 Waiting lists (n=26) 1.1.2 DNAs (n=14) 1.1.3 Monetary Savings (n=14) 1.1.4 Improved Service Delivery / Extra Tool (n=103) 1.2.1 Travel & Parking (n=49) 1.2.2 Flexibility (n=32) 1.3.1 Travel & Flexibility (n=113) 1.3.2 Home Environment, Family Support & Self-Management (n=52) 1.3.3 Enhanced Communication, Extra Cues & Power Dynamic (n=85) 1.3.4 Hard to Reach Families & Specific Patients(n=18)
THEME 2:		
	2.1 Clinical Decisions	2.1.1 Risk & Privacy (n=149)

Challenges (n=584)	(n=451) 2.2 Technical Restrains (n=133)	2.1.2 Patient & Clinical Confidence (n=60) 2.1.3 Takes Time (n=57) 2.1.4 Engagement & Cues (n=64) 2.1.6 Organization (n=39) 2.1.7 Well-Being & Isolation (n=82) 2.2.1 Audio & Visual (=22) 2.2.2 Internet / Bandwidth (=72) 2.2.3 Incompatible or poor quality platform (=39)
THEME 3:		
Sustainability (n=404)	3.1 Future Use (n=244) 3.2 Future Improvements (n=160)	3.1.1 Blended Approach (n=105) 3.1.2 Patient Choice (n=71) 3.1.3 Favor for Face-to-Face (n=10) 3.1.4 Useful Tool (n=58) 3.2.1 Improved Support & Training (n=88) 3.2.2 Awareness & Digital Champions (n=23) 3.2.3 Technical Advancements (n=49)

Theme 1: Benefits of Video Consulting

A wide range of benefits associated to the use of VC were highlighted in the 203 interviews with Welsh NHS healthcare professionals. The dominant theme '**Benefits**' is sub-themed into three sections: as '**service benefits**' (employees of NHS Wales), '**personal benefits**' (to the healthcare professional) and '**patient benefits**' (directly to the patient, or part of the patient-clinician relationship). As a quantified total of coded benefits, there were 506 individual responses from the 203 interviews that indicate a clearly defined and themed benefit of VC. Of these, 81 responses (16%) were related to 'personal benefits', 157 responses (31%) to 'service benefits' and 268 responses (53%) to 'patient benefits', which were either direct benefits to the patient (n=164), or considered a benefit to the patient-clinician relationship (n=104).

1.1 Service Benefits

At the NHS service level, VC was believed to have benefited the NHS service due to decreased appointment waiting times (n = 26), fewer missed appointments or 'Did Not Attends' (DNAs) by patients (n = 14), monetary savings on reduced service expenses (n=14), and improved service delivery as an extra tool (n = 103). The direct quotations associated to these categories are displayed in boxes below.

Narrative from clinician's state that their patients are now waiting less time for an appointment as it is via VC as opposed to traditional face-to-face appointments. This

is also believed to have contributed to the reduction in waiting lists that have increased significantly since the recent COVID-19 pandemic.

Category 1.1.1 Waiting Times

"I do a full-time long day, and sometimes I have 16 patients booked in. I would have never got through that many patients in a face-to-face review clinic. I just wouldn't have booked that many patients in" **(Physiotherapy, BCUHB)**

"I am still able to see a large number a day, and things would be much worse without the VC. I can't say things are improving [yet], but once we get back to normal services, it'll be fine. If we continue with virtual clinics, it will improve, we're not constrained by the physical space anymore with them" **(Otolaryngology, SBUHB)**

"We've still got a significant waiting list, but we had a lot coming through. If we didn't have VC, our waiting list would've increase significantly" **(Mental Health/ASD, ABUHB)**

"These clients are waiting to be seen, we've got a huge waiting list - 5 year waiting list for Mental Health support. This way [via VC] we're seeing the patients" **(Psychology, BCUHB)**

"It's cut our waiting lists down, they were getting quite full. But we've been able to keep on top of them now" **(Primary Mental Health, HDUHB)**

Narrative from both clinicians and administrative staff state that there has been a significant reduction in patient DNAs and missed appointments, which is strongly believed to be associated to the remote method of their appointment.

Category 1.1.2 Cancellations & DNAs

"When we do face-to-face appointments, we get a lot of people who just don't turn up even though we send them reminder texts, but VC has helped a lot with reducing that number" **(Rheumatology, ABUHB)**

"VC does reduce the number of people not able to attend, so before (prior to VC) at least 50% of young people who never attended before would DNA, so that is really positive, and that is why its our plan to keep them going" **(Diabetes Nursing, ABUHB)**

"There is a definite benefit to using VC in comparison to face-to-face because we used to get loads of DNA's, and then you still have that half an hour appointment which is just lost because you wouldn't be able to get in"

touch with someone else within that short period of time. Whereas, with a VC, if you do get a no show, or someone doesn't turn up, or they haven't connected then at least you can just move onto the next one. And if they do connect at a later date, then you can just see them in the waiting room" **(Continence, SBUHB)**

"I would be confident in saying there's better attendance rates. A clinician in our team offers between 20-23 appointments a week and he rarely has anyone who doesn't attend... but I think people find it easier to do VC rather than having the...you know, if you're having a hard day it's hard to get yourself somewhere.. So, I think the DNAs are the ones which are costly really and there's been a reduction in that with VC" **(Administration Support Primary Care, PTHB)**

"Massive decline in the DNA's. With my clinics, because they are so in depth, I book in one hour slots which gives people enough time. Usually, if there was a DNA then I would be waiting over an hour for the next patient, and if two DNA'd then that would be a massive waste of my time. Whereas now, I can carry on with other referrals or other phone calls" **(Stroke Clinical Nurse Specialist Care Co-ordinator, SBUHB)**

"I think the way people are talking is it will always be an option for patients as it has quite drastically reduced DNAs because there's less excuse isn't there really so it has reduced that, and some people forget about appointments and you can ring them, and they can still quickly join whereas that wouldn't happen if they had to physically get to the appointment" **(Psychological Therapies, SBUHB)**

Narrative states that the NHS service also benefited from direct monetary savings, which were due to the reduction in service expenses such as travel expenses being claimed back (by patients and healthcare professionals), or from other expenses such as room bookings for clinics.

Category 1.1.3 Monetary Savings

Travel Expenses

"It's got to be saving the health board money, as the elderly patients always need transport (paid by the NHS) to get to hospital so if they're not coming to the hospital they don't need it" **(Vascular, ABUHB)**

"Massive reduction in our travel, before I was averaging about £200 a month in expenses and now it's barely £20 a month. I just submitted a mileage claim and it was something like £57 for 3 months. So there is a massive cost saving for travel expenses. I think there's lots of things we can solve remotely" **(Occupational Therapy, ABUHB)**

"From base to the home, I claim mileage back. If we are travelling less, the NHS service has to pay less in expenses and also it is much better for the environment" **(Speech & Language Therapy, BCUHB)**

"I think we will continue using VC. I think that we will be encouraged by our service leads as well, because it's going to save on things like travel. I think that where we can use VC successfully, we are going to be encouraged to use it" **(Therapy Reablement, SBUHB)**

Room Bookings

"It must have saved us (the NHS) a fortune in booking rooms based in the community. The cost implications are massive" **(Physiotherapy Pain Service, SBUHB)**

"Massive cost savings from my department in terms of... such as accommodation expenses" **(Speech & Language Therapy, CAVUHB)**

"The big thing is the people higher up seeing the cost and service benefits in the long-term" **(MSK Physiotherapy, SBUHB)**

Narrative shows that VC has also helped improve service efficacies due to its ease of use and limited recourse to run, and therefore offers unnecessary waste on clinical time and resource which should be reserved for those in most need of it. In addition, this highlights that VC is used as an extra tool in clinical 'tool boxes'.

Category 1.1.4 Improved Service Delivery/Efficacies & Extra Tool

Less Waste, Same Service

"So we get an initial referral from a care home, usually they have to be face-to-face, but now we're doing a VC first and then reviewing do they actually need to be seen and how quickly, rather than all guns blazing..., we're now able to triage patients a little bit better" **(Podiatry, CAVUHB)**

"I work with nurses, radiographers, paramedics, and we've basically, innovated a new service, the VC has helped us to do that ... and we can do some face-to-face" **(Lymphoedema, Physiotherapy, SBUHB)**

"We would never have been advised to use VC prior to the pandemic, it would be all home visiting... It's a change in work, it facilitates a change in how we're supposed to deliver the service" **(Health Visiting, SBUHB)**

"I don't think we're ever going to go back to patients turning up for face-to-face unless they really do need to be seen" **(Out of Hours, BCUHB)**

"The NHS spaces are so overloaded, and a lot of that is inappropriate... so as an alternative VC allows patients to access services" (Veterans Mental Health, CTMUHB)

Another Tool for the Toolbox

"...VC is another resource that people can use and it's a tool" (Learning Disabilities Speech & Language Therapy, ABUHB)

"It's just another tool really isn't it, nothing that we do is the be all and end all, and the more tools you have and the more ability you have to offer alternatives, the more likely you are to be able to absorb the patients that we have" (Lymphedema, SBUHB)

1.2 Personal Benefits

As a direct personal benefit of VC, the participants report a reduction in travel and parking (n = 49) and improved flexibility in their working day (n = 32). Interestingly, despite these personally perceived benefits to the NHS staff member, they are still ultimately benefits that feed directly into either patient or service benefits also, such as less travel equals more time for other clinical work, and improved flexibility also improves the ability to provide more flexible care to their patients, which therefore tends to leave clinicians short on individual benefits of their own. It is therefore important to keep this in mind, as personal benefits may influence and sustain digital uptake.

Category 1.2.1 Travel Savings

"I think it saves time in terms of my travel time, because I can literally sit in the office do the appointment, write the notes up onto the next one. Rather than having to drive 20-40 minutes to the next appointment" (Speech & Language Therapy Adults LD, BCUHB)

"Travel has decreased, that's definitely a positive... we're saving time, travel and everything" (Paediatric Physiotherapy, CTMUHB)

"Oh my god this is transformative for me in terms of travel and how I manage my diary and how I book people in I am no longer tied to only being able to see somebody from one Health Board on a certain day because I'm already in the locality" (Speech & Language Therapy, CAVUHB)

"Before COVID, I used to hold a clinic and a lot of my clinic time was driving. With VC, you don't have the driving, it's more flowing" **(Child & Adolescent Mental Health, ABUHB)**

"You save so much time, because you don't have to travel to between Swansea Bay UHB and Hywel Dda UHB. So for example, for school reviews, I don't have to travel back and forth, I can just do it on VC" **(Planning Management, SBUHB)**

"Now, your base is wherever you open your laptop to a certain extent" **(Community Liaison Nursing, PTHB)**

Category 1.2.2 Flexibility

"VC has allowed me to be more flexible, it has been very good" **(Respiratory, ABUHB)**

"I have so much more flexibility with how I book my appointments in" **(Speech & Language Therapy, CAVUHB)**

"I think it has allowed for more flexible working, we have more flexibility as when we do our appointments, doesn't have to be when a room is available, which I think has been good for staff wellbeing" **(Neuromuscular Care, SBUHB)**

"I've had a mum and child outside school in the car park and the dad was in London so all of them could be a part of the appointment without leaving work or school so that's benefit" **(Paediatrics, ABUHB)**

"Sometimes people need to get their friends to drive them in or their mum has to bring them because they've broken their leg, so VC would fix a lot of that" **(Physiotherapy, ABUHB)**

"I have a client who used VC in his car in his staff car park, ...he was outside Cardiff and ate his lunch sat in the car and I'd be in my house and we would carry out our appointment that way and it worked well for him, he didn't have to take time off work and I said bring your lunch with you, that's okay and we'd be there sharing our screens" **(Counselling Primary Care, CAVUHB)**

1.3 Patient Benefits

Direct patient benefits included the reduction in travel and parking, and improved flexibility (n = 113), Improved home environment, family support and self-management (n = 52), enhanced communication, extra cues and power dynamic with health professionals (n = 85), and the ability to provide care to hard to reach families (n = 18).

The reduction in travel and improvements in flexibility is felt to be a major determining factor for patient choosing VC, and also how this may contribute to service benefits such as DNAs and improved service delivery.

Category 1.3.1 Travel Savings

"Patients have realised they may not have to travel to be seen" (Out of Hours, BCUHB)

"VC saves patients travelling. We used to get people in quite regularly just for a check, where now we might not necessarily have to" (Podiatrist, CAVUHB)

"The parking really stresses people out in our hospital as it's so busy, so now it works really well that patients can have something offered to them like VC" (Physiotherapy, SBUHB)

"...some individuals with learning disabilities they find those quite stressing to go out and meet new people and have them asking questions so there's definitely benefits them saving on travel" (Speech & Language Therapy Learning Disabilities, ABUHB)

"To be honest, it should have been like this before, we're a really rural country so our area would have been ideal for VC as people have to travel so far" (Counselling, PTHB)

"If someone lives so far away and drives an hour and half just to tell us that they're well, they could do that over VC" (Cardiology, SBUHB)

Flexibility

"It can be more flexible, and accessible for patients" (Neurology, CTMUHB)

"All parents with children have busy lifestyles and a lot going on, so its easier for them... more flexibility" (SLT, PTHB)

"I've had a Mum and child outside school in the car park, and the Dad was in London, so all of them could be a part of the appointment without leaving work or school, so that's benefit I think going forward" (Paediatrics, ABUHB)

"My patients who are working age, they are doing VC in their work, in a private room" (Neurology, CTMUHB)

"The flexibility is good because a lot of our patients are working, and is useful to make that contact a little later" (Health Visiting, SBUHB)

Participants reported that the environment within the home, and how this offers direct family involvement was a patient benefit. Narrative expressed that this was a desirable extra of VC, and has been far more achievable as opposed to face-to-face. In addition, the use of VC allows for more independent care and patient responsibility, and a move further into ensuring care is patient-centred.

Category 1.2.2 Home Environment, Family Involvement & Self-Management

Home Environment

"There are some children with autism who would struggle coming into a clinical setting who actually through VC it worked quite well"

(Physiotherapy, ABUHB)

"It's almost the next best thing they're on their sofa their dog is on their lap and they're chatting away...and I do wonder for patients who have just been told they have cancer and they're going through a really difficult time emotionally whether being in the comfort of their own home is actually quite nice"

(Speech & Language Therapy, CTMUHB)

Family Involvement

"Since using VC, we've been working with the families a bit more and on modifying the home environment rather than working with the child specifically"

(Speech & Language Therapy, ABUHB)

"For example, I had one boy who was walking all-round the house, I wanted the parent to follow so his Dad was there holding the phone and it worked really well because Mum could then focus on really interacting with the child"

(Speech & Language Therapy, CAVUHB)

"Before, patient would sometimes come on their own, but now family can be there too or if there's a daughter who would normally be in work she can attend now without leaving work for that or nip to her parents rather than a hospital round trip"

(Neurology, CTMUHB)

"If there's an elderly patient living on their home, their family can join their consultations. Before, this the family would've had to drive and travel to support them. With linking in, we can have them there. It's so valuable and enhances that assessment. We know sometimes people don't tell us everything truthfully, especially relating to continence. They may try and hide, but if family is there, they can remind them of experiences. We get a better picture having that conversation. They also feel reassured because they have that family support there"

(Confidence, SBUHB)

Self-Management

"I don't think in the majority of cases it has negatively affected anybody's care. It has probably done the opposite in promoting self-management"

and self-efficacy and like the patients' treatments. People take the control more and they actually do the exercises and things that they were told" **(MSK Physiotherapy, SBUHB)**

"So, there's this whole, sort of, control element has shifted from education to family. Which is absolutely how it should be" **(Speech & Language Therapy, CAVUHB)**

Furthermore, VC is seen to enhance communication between clinician and patient, and therefore a clear benefit for patient care. Participants suggested that this improvement in communication may have been due to patients being in their home environment and more comfortable as opposed to being in a clinical environment. The narrative suggests that patients were more confident when in their own home and felt more at ease. Interestingly, this narrative also suggests changes to the power dynamic between patients and clinician, which is believed to be more balanced since the use of VC, and therefore diminishing traditional cultures that may have been barriers to care.

Category 1.3.3 Enhanced Communication, Extra Cues & Power Dynamic

"Its opened up communication for us- communication has never been so good. Honestly, I really do believe that, I really do. I always know everything that is going on, I'm always involved in all the decisions. You can read the messages on the chat" **(Mental Health Learning Disabilities, ABUHB)**

"Our senior nurse has tried to roll this out to all wards so that there is that communication element there for patients... we do get a lot of people saying that they can't get through to the ward phones because it is really busy and it is difficult for us to sit down and give a full review on how their family member is doing. Just being able to see them and have that conversation with them brings families so much reassurance" **(Ward Management, ABUHB)**

"It has been invaluable. You can actually see the patient, you're looking for the subtle changes on them so you see if they're being looked after, if they've got food all down them you can see their posture if they're sitting upright or leaning over. You can see what they're doing, and can see them drooling with saliva" **(Neurology, CTMUHB)**

Extra Cues

"You get the added thing that you're seeing them in their home so you're getting cues from what you see behind them" **(Primary Mental Health Assessments, SBUHB)**

"We get really good information about the dynamics of the patient in their normal environment" **(Neuropsychology, SBUHB)**

Power Dynamics

"One of the staff had said they found VC is a real leveller., it's not a power situation, it's much more about you and I doing this piece of work together rather than I'm a therapist I've got all the answers ...so the therapeutic relationship has started off on a better foot is what a lot of them have said about VC... Anything that can level off that playing field is very important, they've felt that it has given the client a much better base to start with" **(Administrative Support Primary Care, PTHB)**

"When they have to come into the hospital, things are very structured and professional. That professionalism gets in the way to some extent, having that contact through VC makes the patient seem a lot more relaxed. I think it breaks down the barrier of professional expertise and stuff" **(Acute Adult Psychiatry, ABUHB)**

The narrative also suggests that there are specific types of patients and families that VC add an additional level of benefit to. For example, hard to reach families, and patients such as older age whereby VC can remove many of the challenges associated to access of care – therefore, being a benefit to many.

Category 1.3.3 Hard to Reach Patients

"VC with sort of hard to reach families or families that don't have transport, things like that. I think that's going to be something that we can continue to use with those harder to reach families, definitely" **(Speech & Language Therapy, ABUHB)**

"It made some people who were perhaps disjointed before, so if people don't attend we had to discharge them or get transferred to community and they do home visits. So I can think of two boys who they would have probably gone down those routes if it wasn't for VC" **(Occupational Therapy CAMHS, CTMUHB)**

"Its enabled me to work with people I wouldn't have been able to see face-to-face. It's different with the screen, they don't have to be there, and if they don't want to turn it on they don't. It's much more their therapy" **(Child & Adolescent Mental Health, ABUHB)**

Older Patients

"Patient feedback has been brilliant as well. Because older people, if they have an appointment in Morriston hospital at 11 o'clock and they live in Sketty, they leave their house at 9am to get to the hospital an hour and a half before their appointment so that they can park. They're all on water tablets, so they don't have to worry about needing a wee. It's made a

massive positive difference to our service! So long as they have the instructions, they find it really easy" (**Planning Management, SBUHB**)

"I had a person who I didn't think VC would be particularly useful for, but I had an elderly frail patient, but they happened to have a very computer savvy 60-year-old relative with them and they were really good, they did me a proper, showed me their toes, showed me the legs, showed me their tummy and chest and then were able to put the phone down and help them stand, and then managed to get a picture of them walking so that was really because the person with them was outstanding" (**Out of Hours General Practice (OOH GP), BCUHB**)

"I had an 80-year-old who did it with their daughter, who set up it up so as long as they can follow the instructions that are sent to them it works really well. Even on a phone isn't too bad you just only get half of the screen" (**Neurology, CTMUHB**)

"I've even had a 96-year-old doing it with me! The way I always look at it, is that sometimes they are a bit dubious. It is sometimes about talking people into it... because it is brand new, isn't it? And it is the unknown. He told me that so long as he has someone there to help him out the night before, then he can do it. And we managed it with no problem at all" (**Stroke Clinical Specialist Care, SBUHB**)

"There's another lady, very elderly way into her 80s her and her husband and they've been doing it" (**Respiratory, ABUHB**)

"I had one man who was 92 who I rang up to explain what was happening and he was like "yes I've got an email address and a MacBook" so we do underestimate a lot of these silver surfers - a lot of them are blinking amazing!" (**Planning Management, SBUHB**)

Theme 2 Challenges

A wide range of challenges associated to the use of VC were highlighted in the 203 interviews with Welsh NHS healthcare professionals. The dominant theme '**Challenges**' (n = 584) is sub-themed into two sections: as '**clinical decisions**' (n = 451) and '**technical restraints**' (n = 133). The sub-theme 'clinical decisions' is sub-categorised as 'risk and privacy' (n = 149), 'confidence' (n = 60), 'takes more time' (n = 57), 'engagement & cues' (n = 64), 'organisation' (n = 39) and 'well-being and isolation' (n = 82). The sub-theme 'technical restraints' is sub-categorised as 'audio and visuals' (n = 22), 'Internet and bandwidth' (n = 72) and 'platform incompatibility' (n = 39).

2.1 Clinical Decisions

The narrative on challenges relating to clinical decisions were associated to concerns surrounding the delivery of clinical care via VC, and what was felt by participants that may be clinically missed, that may take more clinical time, or impact on the clinical staff themselves.

2.1.1 Risk & Privacy

Participants commented on the 'risk' surrounding VC as a cause for concern for some people in certain specialities in regard to missing certain aspects of a clinical appointment that may be better seen or identified via a face-to-face appointment. For example, being able to physically examine a patient or have a 'hands on' approach. It is the risks that may surround this that were considered a possible challenge, and for some, the ultimate deciding factor in whether or not VC is used or valued.

Category 2.1.1 Risk & Privacy

Clinical Risk

"VCs not a one-stop shop, sometimes you want to check blood and do blood pressure, so it doesn't do that" (Consultant Paediatrics, ABUHB)

"...trying to help somebody walk again... normally (face-to-face) they'd be there guiding their leg and holding them in – but, you just can't do that on a VC" (Clinical Psychology, ABUHB)

"As a clinician, you do worry ...and you do worry that you're asking parents to do your job and they cannot do your job ... and in the line of paediatric physiotherapy and looking at babies who might have neurological conditions...you may miss things because you haven't got that 'hands on', and that is a worry. But, if you think, right I couldn't see everything that I needed to, but that's where your clinical reasoning comes in , and you go out to see that child" (Paediatric Physiotherapy, CTMUHB)

"I think it's probably a unique challenge to respiratory for a lot of things because they are coming for a test, which can only be done in a hospital" (Respiratory Medicine, SBUHB)

"There are some complex things that I kind of need that hands-on face-to-face" (Speech & Language Therapy, CAVUHB)

"There have been a few times where I've thought that I'm going to have to see the patient and listen to their chest during a consultation. Sometimes you just need to lay your hands on someone" (Community Nursing, BCUHB)

"Fracture clinics need hands-on so I don't use VC" (Trauma & Orthopaedics, ABUHB)

In addition to risk, is also the challenge around 'privacy'. This was predominately discussed by participants in mental health services, and generally associated to specific types of patients, such as those with a history of abuse or currently living in a domestic abuse household.

Privacy & Home Domestics

"If we're talking about domestic issues, or things going on with partners, or family members, they might not be able to speak freely, on a laptop, you don't know who else is going to be hidden in the room, and sometimes despite saying is there anyone there they might not be able to tell, you know, so there's issues around that some of our assessments are very, very difficult, impossible to do virtually" (Clinical Psychology, ABUHB)

"Other big problem is for some clients it's just not safe for them to do therapy in their own home, they may have children, they may have partners, they may have abusive partners and no privacy so that's one side of it. The other side of it, some patients don't want their childhood trauma beamed across their living room which is their safe space, they come into the office they leave it all there and they can go home. On the other hand, I have had one client who has started to do that and isn't finding it too bad, it is a big adjustment" (Counselling Psychology, PTHB)

"And it's about client safety, if they could use the telephone in their car they would feel better about that than using video in their home where other people might be around and they don't want them to listen" (Counselling Primary Care, CAVUHB)

"...they might be worried about their partner being in another room and overhearing the conversation...who are victims of sexual abuse, they might not disclose that to a partner, but they will talk to us about it" (Clinical Psychology, CAVUHB)

2.1.2 Confidence

Confidence around VC and the required technology was portrayed as a challenge for some participants – both for patients and clinicians. Interestingly, these findings also suggest that some of the participants shadow what their colleagues do when

learning to use VC and additional technology, and how this plays out in digital confidence. For example, some participants felt more comfortable with this 'copying' behaviour and it is through this learned culture that participants and services were able to move from face-to-face into VC with growing confidence. This style of copying has the potential of positive or negative responses, but it is important to acknowledge its presence, particularly when exploring new digital innovations.

Category 2.2.2 Confidence

"...some patients are less confident with using video technology" (Dietetics, CTMUHB)

"Sometimes patients are shy around VC. But are getting more familiar with it. Its personal choice, I guess" (Primary Mental Health, ABUHB)

"Some of the members of the department are a bit older and less techy. They're not using it all, I don't think" (Physiotherapy, CTMUHB)

"So, I was quite daunted by it at the beginning, but I feel really positive about it now. Often you feel the anticipation doing a new thing for the first time" (Clinical Psychology, BCUHB)

Catching on as new culture embeds

"I think some colleagues think it's more difficult than it is, they were scared of it, but I've shown them and it's easy to use. I don't think it's that they don't want to but these new things put people off, it's so easy to use and it's a brilliant resource" (Community Nursing, SBUHB)

"Some staff are better than others with it, some are more comfortable with it and others will avoid it, but with practice they're getting better at it but perhaps more training, that's more specific to how to do a video call you know like how to do an assessment over video and perhaps support with the governance of it around safeguarding" (Physiotherapy, HDUHB)

"Yeah! We were frightened. We've all gained confidence in using technology and we've also gone along and adapted another assessment we can use online" (Mental Health/ASD, ABUHB)

"And I have really loved watch some of my anti-tech colleagues, and I'm a tech geek, but watching some of them go, have you seen this, did you know you can do this, and I'm like... no" (General Practice (GP), BCUHB)

"VC hasn't been taken up as much as I would have liked within the department... but slowly it is catching up. It's just a question of getting more experience" (Rheumatology, SBUHB)

"We have to get the team more confident with it, that's the only thing. Some people on the team aren't as tech savvy. So it is just a case of getting people used to this way of working." (Mental Health Learning Disabilities, ABUHB)

2.1.3 Takes More Time

A reoccurring challenge that was identified from some participant interviews was the additional time that participants felt was needed for VC uptake, as opposed to other consultation methods, such as face-to-face or telephone calls. This challenge of additional time needed to use VC was apparent where there was a need for training to be implemented to use the platform, or where some patients needed thorough explanation and additional support during their VC. A small number of participants also commented on the additional 'setting-up' time needed to conduct a VC.

Category 2.1.3 Takes Time

"It's usually us. It's all time and it's all additional hassle. So unless we feel like it's going to be useful we've sort of had this sort of honeymoon period with it when we thought it was great but now it's like, oh it's a bit of a faff" (GP, CAVUHB)

"You're doing a lot explaining of how to use the camera etc, that takes away from actually assessing them... and it takes a lot longer than face-to-face" (Out of Hours GP, BCUHB)

"It seems to take me longer than face-to-face" (Adult Learning Disabilities, SBUHB)

We do have a lot of patients, and we got through them quickly face-to-face, whereas over video it does take a bit longer which does slow it down with technological issues, so there are some limitations" (Physiotherapy, HDUHD).

"We're spending a lot of our clinical time spent explaining and talking to people over the phone, through the process... then I tend to abandon it, and choose Teams over AA" (Community Nursing, PTHB)

"There's so many caveats aren't there, so yeah, there's a training element that's taken a little bit of time out of my diary, workload overall as a result of video calling" (Counselling Psychologist, ABUHB)

"Its more time consuming for new patients" (Ophthalmic Surgery)

"It just depends how much we invest beforehand... we just go into clinic a bit beforehand and make sure everything is set up " (Paediatrics, SBUHB)

2.1.4 Engagement & Cues

For some participants there were challenges surrounding the engagement with patients via VC, and difficulties surrounding the lack of visible body language and trying to get cues across during a call. For example, a number of participants found it difficult to achieve the same level of engagement with younger patients than they would in a face-to-face consultation due to them not being able to actively engage them with toys and other equipment. While facial cues can be picked up well during VC, a number of participants found this more stressful during their virtual consultations.

Category 2.1.4 Engagement & Cues

"It is definitely different in what you get from the patient. I have found that the key thing is you have to know the patient. If you're talking to new patients you haven't met before you don't know what to expect of them, or them of you, there's no relationship there and it tends to go on and on. Whereas with patients you know it is a quick consultation, straight to the point ...you both have confidence in what you're saying to each other" (Cardiology, SBUHB)

"For example, a little boy just wasn't interested today, he wanted to get down and run around, so we tried it for a little bit but he was getting upset ... I couldn't do anything with him, whereas if I had been in the house as well I would have run around with him... but couldn't on the laptop so we had to abandoned it. So yeah it doesn't always work" (Child Development, ABUHB)

"Video feels less personal, its difficult to strike up a rapport I find and it really depends on the personalities of the parents, the child, and their expectations as well. Its harder to engage and get their attention because you don't get a feel for them so much when you're seeing them on video (Occupational Therapy, CAMHS, ABUHB)

"I think with young kids... it's a bit more difficult because it needs parent involvement and um, obviously catching the kids and getting them to sit still" (GP, BCUHB)

"Sometimes people might not take VC appointments as seriously as face-to-face. So, they ring and be like "oh we had an appointment, I thought it was just a chat" and it's not prioritised in the same way as the hospital"
(SLT, BCUHB)

"On one occasion we had a teenager, and she really didn't want to do a video consultation because she hated being on camera as they often do!"
(Paediatrics, BCUHB)

"When translators come into the hospital there's often quite a lot of things that get picked up on from face to face alone. You don't get to pick up on those cultural non-verbal cues from VC patients, which is often quite useful"
(Neurology, SBUHB)

2.1.5 Organisation

A number of participants reported that VC appointments within their services have increased the amount of organisation required surrounding appointment set-up and consultation. For example, some services struggled to have a streamlined booking process in place which would make the use of VC much easier, while others found it difficult to manage the sheer number of virtual waiting rooms for their patients that they needed access to for their service to run smoothly.

Category 2.1.5 Organisation

"It's just managing the waiting room which is tricky for us. We have multiple doctors, multiple nurses running clinics at different times of the weeks. So that's the tricky thing. Patients may have an appointment with the nurse and doctor on the same day for example, so that may be confusing for everyone" **(Admin, SBUHB)**

"Seeing the patients virtually, talking to them, and then sending stuff back and forth through the post, it's not streamlined" **(Ophthalmic Surgeon)**

"It was adding to my workload at one point because we were sending all the emails to set up the video calls and then providing all the names to the clinicians, and it was getting to be quite a lot of work. But now we have sort of settled into it. They've changed the way that we do things now so that it's not that different from the way we set up a face to face appointment" **(ENT Medical Secretary, SBUHB)**

"I spent a lot of time in the beginning sorting [attend anywhere] bookings out" **(Mental health Support Service Practitioner, ABUHB)**

"Once we've had a chance to train everyone up and implement an efficient booking system, then it will be more efficient and save us time and money" (Optometrist)

"It's going well- it works really well actually. The software works brilliantly, it's the organisation around it that works less well- but that's not the fault of the software" (Consultant infectious disease, CAVUHB)

2.1.6 Wellbeing & Isolation

A further challenge that participants reported was the impact that VC had on their wellbeing. The introduction of VC for a number of participants had many positive benefits, but this was not the case for all. For some participants they reported a greater increase in workload due to the use of VC which impacted their wellbeing. This was often paired with feelings of isolation for some participants who were conducting VC from home and not seeing work colleagues as often as before.

Category 2.1.6 Wellbeing & Isolation

"I've had colleagues who have said the same about that sense of feeling drained and shattered after a day of VC" (SLT, CAVUHB)

"My work load has definitely increased and I do feel a lot more tired at the end of the day, and I think that has a lot to do with just sitting in front of the screen whereas usually when I was seeing more patients face to face id only be sitting in front of the screen for a couple of hours a day" (SLT, PTHB)

"Yeah definitely feel tired, it's more challenging I don't quite know why, but we do these sessions and review burns and things so we do hour long maybe longer therapy sessions and assessments and there's a lot of info to cover in that time and I do find that more challenging virtually than f2f I don't quite know why but yeah definitely harder...more tiring" (Clinical Psychologist, SBUHB)

"Working from home is very isolating as well, so I think they'd rather than come in" (GP)

"The downside of it is, obviously we are um kind of isolated as such in terms of working from home and doing telephone calls from home it's, you don't get that, you don't get that opportunity to discuss cases with other team members as easy" (Community Dietitian, BCUHB)

"Wellbeing side of things, you just don't have the contact with your colleagues or patients, that physical contact, communication"
(Physiotherapist, PTHB)

"I was going in at 9 and I wouldn't speak to anyone aside from virtual calls when I left then at 5 I hadn't seen or spoken to anyway and it's deflating really, I think we've all just felt a bit flat" **(Child Development Advisor, ABUHB)**

2.2 Technical Restraints

The narrative on challenges relating to technical restraints were mostly associated with audio and visual difficulties when using the VC platform, internet or internet connection issues which led to issues gaining a stable enough connection to complete a VC, and the platform being of poor quality, or simply incompatible for participants to use as a consultation method.

2.2.1 Audio & Visual

For a number of participants there were difficulties with the audio and visual quality of their VC calls. For example, the audio at times could be robotic and the picture quality of the video could be blurred or out of sync with the audio. This was a challenge for many participants as it could negatively impact the session over VC, and damage rapport and conversations with patients if this arose mid-call, particularly when discussing sensitive or emotional information.

Category 2.2.1 Audio & Visual

"When the quality of the video is poor, it's very unpleasant. It's like looking at the telly and it is all blurry. Its not that it impacts the session as such. It's not as good as other face to face platforms so I don't understand why that would be. It's more comfortable when the picture is clear. I had a session this morning- it was fine- but it wasn't a great picture and it just isn't as good- I can't put my finger on why. It just seems second best" **(Health Psychologist, SBUHB)**

"What we see and can't see, that can be quite difficult at times because they can't flip the video around to be able to see the child and what we're doing" **(Physiotherapist, ABUHB)**

"A very minor gripe is that the quality is not as good as other formats. Although, this could be due to peoples phones or the laptops they are using. When I'm trying to look at someone's knee, or the way that they are walking, and sometimes its not quite the quality that you'd like" **(Physio Persistent Pain Service, SBUHB)**

"Sometimes the sound isn't clear, or there's a bit of a delay. But apart from that it has been absolutely fine" (Rheumatologist, ABUHB)

"Mostly the sound is the problem, rather than the picture quality" (Acute Adult Psychiatry, ABUHB)

"Yeah, so what I've been doing if the sound quality isn't great we've been leaving the camera on and so keep the AA call, but mute the microphone but talk to them on the phone. So I can see them on the call but audio over the phone, and that's worked really well actually" (OT, CAMHS, CTMUHB)

2.2.2 Internet/Bandwidth

Linked with poor audio and visuals during a VC is the internet and bandwidth connections that participants had when using VC. For some, their internet allowed them to use VC as intended and had no interruptions due to poor connection. For others with poorer internet and bandwidth connectivity however this did cause issues. Participant narrative suggested that in some services, they were nervous to attempt to use VC again due to previous problems with the connection that disrupted the call with a patient.

Category 2.2.2 Internet/Bandwidth

"I have had one or two clients where we weren't sure, and it wasn't actually working. If people's internet isn't stable, there's a huge delay which makes it really hard" (Trainee Clinical Psychologist, PTHB)

"One couple we tried, we had to give up because the technology wasn't good enough. It causes huge amounts of stress. It has an impact on the assessment and the therapeutic relationship" (Psychotherapist, ABUHB)

"I don't encounter many problems, but that was because of my Wi-Fi. It crashed in the middle of the assessment. I had to ring the patient and re-arrange the appointment. The patient was okay. We were fortunate that I had already met with this patient a few times, so we had already started to build up a bit of a rapport" (Occupational Technician MH and LD, ABUHB)

"Well when it's good, it's really good, but it isn't always a reliable as I'd like it to be, some calls, and I don't know whether it's to do with WIFI or something" (Health Visitor, SBUHB)

"It could be connectivity in some areas the connection is a lot slower or the signal a lot poorer" (Clinical Lead Veteran Service Adult MH, ABUHB)

"I've found it a bit more difficult because I've been told there's a broadband issue I think with more people using it it's harder to get onto it"
(Physiotherapist, CAVUHB)

2.2.1 Incompatible or Poor Quality Platform

In some instances, the participant narrative suggests that at times, the quality of the VC platform is too poor and therefore cannot be used for consultations. For some, patients were unable to access the VC platform or struggled to gain access and were deemed incompatible. For example, some participants found the technology aspect of VC incredibly stressful. For some services this has had a negative impact on their views of VC and how this would fit in with their current consultation methods, and how to carry VC forward.

Category 2.2.1 Incompatible/Poor Quality Platform

"Workwise, I love my patients and I have a really great team around me. There are some issues, but it's been the technology stress that has actually put on me more than anything else e.g., not getting into the meetings, or not finding what I need to find or things going wrong. It's nobody's fault - it's just the way it is... but technology is definitely the biggest stressor and that's why I feel sorry for our patients" **(MS physiotherapist, CAVUHB)**

"Only the technology, really" **(Primary Mental Health Assessments, SBUHB)**

"I had somebody a couple of weeks ago, I don't know what they did but the whole video thing, they were upside down" **(Physiotherapist, ABUHB)**

"Couldn't get on which is the problem most of the time, actually logging on with any computer, there's something, because I can log on with my laptop but can't log on with all computers" **(Paediatric Consultant, SBUHB)**

"For the most part it is very very good, I think it's on the side of the client sometimes they struggle to get on to the system but that could be due to them delaying their appointment as well, might not always be technology. But I try and approach it on the technology side of things but avoidance can be an issue as well" **(Primary Care Admin Support, PTHB)**

"Yeah it's hopeless, troubleshooting takes a long time and the clinics run late and the families are phoning angry asking why didn't you call me in? And I'm having to ring them back and say I'm trying, can't find you in"

there...it's just hopeless. And friends of mine rave about it...so I'm quite persistent in wanting to do it, but it just seems to be impossible" (Consultant Paediatrician, BCUHB)

Theme 3 Sustainability

A wide range of narrative regarding sustainability, associated with the use of VC, was highlighted within the interviews with Welsh NHS healthcare professionals. The dominant theme '**sustainability**' is sub-themed into two sections: '**Future Use**' (n = 244) and '**Future Improvements**' (n = 160).

Blended approach (n = 105), Patient choice (n = 71), Favour for face-to-face (n = 10) and VC as a useful tool (n = 58) have been sub-categorised within '**Future Use**' with their total of codes relating to sustainability. For '**Future Improvements**', Improved Support, Training & Resource (n = 88), Awareness & Digital Champions (n = 23) and Technical Advancements (n = 49) are sub-categorised.

3.1 Future Use

Many participants reported that they would like VC embedded into NHS practice, but as a blended approach with face-to-face where appropriate and when the 'need' was required. However, patient choice was seen to be just as important.

It was strongly felt that a combination would ensure the best possible care for the patient, and that participants are confident in making these judgment calls. However, regardless of participants making these clinical calls (as the trained clinicians), many participants are aware that decisions surrounding the future use of VC are made above them amongst managerial staff and specific to health boards and trusts.

Following from this, participants expressed that regardless of the level of VC use in the future within their services, VC has become a useful tool that participants will utilise where appropriate, and are thankful for the addition to their 'toolkit'.

3.1.1 Blended Approach

Many participants within the narrative suggested that they would like to see VC being used in addition to face-to-face consultations, making up this blended approach of appointments. For example, being able to see a patient via face-to-face for a few sessions, followed up by VC, to suit the patient and their needs.

As stated, participants are aware that they do not always have the final say in how VC will be used in the future within their services, category 3.1.1 therefore also includes interview quotes from participant narrative surrounding who is able to make those decisions (3.1.1a, 3.1.1b).

Category 3.1.1 Blended Approach

"I am definitely using VC the most, but quite a few people are on a blended approach, so they have a few VCs and then one or two face-to-face, and then back to VC... so I think that blended approach is useful" **(Consultant Paediatrics, ABUHB)**

"I think in the future maybe clinic settings could have a mixture of everything, say two VC, one face-to-face, and then another two VCs or a telephone call in the middle of face-to-face, and then the rest VC, just to see what works best for whom, rather than all of one" **(Neurology Nursing, CTMUHB)**

"Definitely, I would love to keep using VC. There's always going to be a time for face-to-face in clinics, but I think together they will work really well. Your first couple of appointments face-to-face and then follow ups on VC would be amazing" **(Occupational Therapy CAMHS, CTMUHB)**

"We probably won't go back to face-to-face completely, we'll keep the VC for some bits, like when we need to see the patients..." **(Speech & Language Therapy, SBUHB)**

Category 3.1.1a But, it is not our decision

"There's no definite long-term plan for continued use of VC..." **(Occupational Therapy Rheumatology, SBUHB)**

"... that's the decision being made by our directorate or whatever" **(Primary Mental Health Assessments, SBUHB)**

"...it just depends on what our Health Board says" **(Health Visiting, SBUHB)**

"I think there is reluctance in other areas and it's what the NHS is all about, the culture ... the chain management. I [as a Manager] have sold it to my team and very much this is how you solve things" **(Adult Mental Health Management, ABUHB)**

Category 3.1.1b But, we do want it to stay.

"I think our management is totally on board with it and are going to continue to utilise it in the future." **(Speech & Language Therapy, ABUHB)**

"Overall it has been really positive for clinicians and patients , and we are looking to take it forward and make it a bigger part of our service"
(Neuromuscular Care, SBUHB)

"...we've started having conversations about how we can integrate VC into the working diary" **(Speech & Language Therapy Clef Lip Palate, SBUHB)**

"I think people are going to change their ways of working, I think this is far more effective and I think people are going to be seen less going forward"
(Community Liaison Nursing, PTHB)

"I hope we carry on... but I would be really disappointed at this stage if it was stopped. I would be keen to have it, even if we don't use it every day, we would have that option, it's not for everybody but if we can offer VC, then it's really important to me" **(Physiotherapy, HDUHB)**

But a small few still wish to return to normal...

"I hope it gets back to normal soon I'm not doing this job for another 20 years over the screen I really hope not! ... I've never wanted an office job that is 9-5 but here I am sat at my desk in my slippers doing that on a computer, it's totally against personally what I want from a job. It has to go back to how it was, it has to" **(Child Development, ABUHB)**

"The gold star is face-to-face. We're the only part of CAMHS that has to continue working face-to-face, there's no exceptions" **(Child & Adolescent Mental Health, ABUHB)**

3.1.2 Patient Choice

When looking at the future of VC, participants expressed that they want to be able to give the patient a choice when deciding on their mode of consultation. This emphasises the focus that participants put on patient centred care and the obvious need to allow that at the service level.

At present, the majority of participants believe this choice to be a 'service choice' rather than patient, due to the current demands of the service during the pandemic and the need to limit face-to-face contact where available. Similarly, it is the service choice for many participants to use face-to-face where they see that face-to-face contact is more appropriate.

Category 3.1.2 Patient Choice

"Moving forward, past the pandemic, VC will undoubtedly be something which will be incorporated into the system. It is definitely going to be some sort of hybrid system where patients are offered the choice" **(Physiotherapy Persistent Pain Service SBUHB)**

"It's definitely going to be a patient-led decision. It's up to them ultimately, isn't it?" **(Physiotherapy Persistent Pain Service, SBUHB)**

"Yeah, it's personal preference... I ask them would they prefer video, telephone, or face-to-face" **(Gastroenterology, CTMUHB)**

"Yeah. I think we have to give patients the option. Some have declined because they prefer it when we see them. We give them that choice" **(Primary Mental Health, HDUHB)**

"It's about working out what's right for that patient. The key thing is keeping the options open, it's good to have options to offer to people" **(Psychotherapy, ABUHB)**

"I think we should be doing more of this and giving the choice to the patients" **(Rheumatology, ABUHB)**

"We'll use it where appropriate, I don't think it's going to be one size fits all you know I don't think well I hope it won't be like that and we do video for all" **(Occupational Therapy CAMHS, ABUHB)**

"We wanted to keep choice for our clients so offer telephone too, not everybody has the technology or doesn't know how or use it, and it's about client safety" **(Counselling Primary Care, CAVUHB)**

3.1.3 Favour for Face-to-Face

A number of participants within the findings reported a preference for face-to-face; as time has gone on they have become 'fed up' of only using VC, and suggest it was not what they signed up for when they started their role within the NHS. This emphasises that at present, the use of VC depends on the need of the service and what that specific service and Health Board have decided at a service level, despite a number of participants focusing on patient involvement and choice with VC.

Category 3.1.3 Favour Face-to-face

"They're all doing a mix of consultations; some are doing a lot more VC and less FTF and some prefer FTF" **(Clinical Genetics, CAVUHB)**

"Some have said that they don't want to use it and would prefer FTF with PPE" **(Clinical Psychologist, Health board unknown)**

"Yeah the majority of the team feel the same, we were a lot more

keen for it when it was first implemented it was a big change, singing it's praises but now we're getting fed up and want to be back F2F" **(Physiotherapist, SBUHB)**

"I think for us front line hands on workers we very much want to get back to that hands on and seeing our patients f2f" **(Child Development Advisor, ABUHB)**

3.1.4 Video Consulting as a useful tool

A large proportion of the participant narrative also involved the value of VC. For many participants who enjoyed using VC, they could see VC becoming a valuable asset to take forward within their services and being added as a 'tool' for professionals to reach for and build upon existing VC skills with patients.

"I don't want to get rid of it, I want it to stay" **(Neurology Nurse, CTMUHB)**

"I definitely think it should stay you know and be added to our skills yeah definitely" **(Health Visitor, SBUHB)**

"I would be very disappointed if this was withdrawn from us as a service, I would be gutted" **(Renal Medicine Nurse, BCUHB)**

"There's lots of things that have come out of COVID that we will take forward, it's good to have the platforms to use" **(Paediatric physio, CTMUHB)**

"There's some blessings from having it, it was a shock to start with...it's another resource that people can use and it's a tool" **(LD, SLT, ABUHB)**

"Its just another tool really isn't it, nothing that we do is the be all and end all and the more tools you have and the more ability you have to offer alternatives, the more likely you are to be able to absorb the patients that we have" **(National Lymphedema, SBUHB)**

3.2 Future Improvements

Many of the participants within their narrative expanded into future improvements for VC that were considered vital in moving forward with its use and ensuring its sustainability long-term. These improvements include increased support, training, VC awareness and digital champions, additional resources and technical advancements.

3.2.1 Improved Support and Training

While VC has been used across a large range of services, a number of participants commented on areas that needed further work such as improved levels of support and training which would enable participants to keep using VC in the future. For example, having support to help overcome technical issues with VC would ensure that some participants felt comfortable and confident to use VC again. For others, additional training sessions would be beneficial to consolidate learning and add to their VC knowledge and skills as they become more comfortable using the platform. A number of participants also felt as though VC drop-in sessions for any questions would be beneficial and an opportunity to fit in around schedules.

Category 3.2.1 Improved Support Training & Resource

"I think drop-in sessions would be good for those sort of questions too I think when you just have a quick question like that. I've had a really positive experience with using it and I think over the last week and a bit I've had a few issues with it but again I think that's more technical, like the screen not being full-sized...not sure if that's me though and my iPad, maybe it needs an update so I don't think that's a negative thing for here" (Health Visiting, SBUHB)

"Yeah, you know what I would really like another training session now I've used it for a few months, um, because I would really like a session to consolidate what I'm doing in that way, because you do the training and you can't remember all of it and there's some things you can't do, and then you're spending ages wading through the information so that would be really helpful" (Physiotherapy, CAVUHB)

"Going forward I would maybe need a bit more training, a refresher I suppose if I wanted to go into adding someone else into the call or go into a different call but for the moment just adding one patient and talking to them 1-1 it is so easy, if I wanted to do something different, I might need a refresher with it" (Paediatric Physiotherapy, CTMUHB)

"Some kind of community project to provide support to people who could be willing to use it but just don't have the skills, equipment, or knowledge. That kind of thing would be really important" (Physiotherapy, PTHB)

3.2.2 Awareness and Digital Champions

There were a number of participants who reported being 'digital champions' or 'super users' for VC and thus, took the lead role on the roll out of VC within their service. This was considered important for leading the way, and being agents of change for digital

transformation. This is considered especially useful in encouraging uptake among the less confident or motivated members of their team.

While digital champions are not deemed essential by participants to use VC, having colleagues who were available to go to for support and advice was incredibly useful and something participants want to see more of going forward. Closely linked to participants having the support to use VC amongst their colleagues is also the needed improvement of raising awareness of VC. Without the support of making VC known within services, participants felt as though it was difficult for those [clinicians] using it to make contact with patients.

Participants report that this increase in awareness should be amongst patients (to know VC is available), amongst clinicians and administrative staff (to know to offer VC as an option) and at a service level across health boards (to ensure it is available).

Category 3.2.2 Digital Champions

"We have a VC group, a task and finish group, and they've looked at some of the them who are less confident or looking at a 'buddying up system' and how to support therapists who are less confident with it or need additional support, we are the ones using it more so we've put instructions in place that support where needed" (Speech & Language Therapy, BCUHB)

"I'm a super user. So I've been training people up on VC, and I'm fairly person... there is a definite variation in the uptake of VC between staff members. So some people have thrown themselves into it and are preferring it over anything else particularly some of our remote workers, people who have been shielding. Others it's you can pull them kicking and screaming" (Clinical Psychology, ABUHB)

Category 3.2.2 Increased Public Awareness

"Yeah. I suppose it's not that we're advertising it as we're offering this now. I don't know how we could promote it for people to say look, to get people comfortable with it. You know, if you went to the GP and they said we can offer you help but it's only on video that might put people off. How can we promote it and increase people's confidence with it?" (Primary Mental Health, HDUHB)

"More options to share tech with people, borrowing something for a limited time, and have someone go into show them how to work it. Or liaise with other organisations like Age Cymru who have digital coaching, creating a relationship with them to prep people for it" (Psychotherapy, ABUHB)

"Secure thing they link straight in, they do it and then they're off and I think that's the way ahead, we just need to, and I'm not sure how we get it out but a bigger media presence with it on TV for something and for me it needs to not be medics/ people are a bit fed up of medics, doctors doing this and that, it needs to be the AHPs, the nurses saying we can do these things this way" **(Lymphoedema Physiotherapy, SBUHB)**

"I guess in the future going forward as and when we can put in more publicity, so you know things we can put up in the waiting room, did you know you can have appointments via video?" **(Renal Medicine Nursing, BCUHB)**

"I've never had a negative response from anybody doing it. People like it. I just wish I could sell it better, to get people to use it" **(Primary Mental Health Assessments, SBUHB)**

"I think its people knowing it's an option and being reassured of the security of it. Just getting the message out there that it's an option all services are offering. So, they know that services are offering it. We send out a leaflet with our appointment letters, so people are aware, but some of them are surprised that it's an option. We're also using VC for teaching purposes. We've only done a small number, but there's room to increase" **(Continence, SBUHB)**

"The big thing is getting that awareness out there from others other than medics" **(Lymphoedema Physiotherapy, SBUHB)**

"think there needs to be more publicity to debunk people's fears...that's a big bit of work to start publicising the good stories, because even when we're not touching them we're still doing the treatment, just because it's not face-to-face doesn't mean it's not as effective...there's some real historic thoughts about physiotherapy you know massage, there is so much more to it from there. Most of the time it's advice" **(Paediatrics, ABUHB)**

While a number of participants had these three levels of awareness in place throughout their service, numerous participants commented on the noticeable gaps and the need for this to be improved in the future of VC. One prominent aspect that participants noted could be difficult at times, was if administrative staff are not as well informed about VC as participants hoped; if administrative staff do not offer VC, then patients do not know it is available and the awareness never increases. In turn, participants found this a struggle and emphasised that improvements to appointment set-ups were needed to ensure there is a clear and seamless integration all the way through the VC system, as without this, VC is less productive at both the individual level and also service level.

Category 3.3.2 Systems awareness

"VC is here to stay, but it needs the organisation behind it... to ensure that they have had a practice run, so they come in my call and know what buttons to press" (Cardiology, SBUHB)

"What I would really push for that seamless integration... but that improves all the time doesn't it" (General Practice (GP), CAVUHB)

Category 3.3.2 Administration Integration & Booking Systems

"So part of the problem was that the administrative team did not implement VC. They did not see it as important, they did not see it as a priority" (General Practice (GP), BCUHB)

"In our paediatrics department...I don't have any input [in booking in patients]. It is difficult. You look at a referral letter which you think they should be seen face-to-face, but they're being booked as VC which is completely inappropriate" (Renal Paediatrics ABUHB)

"I'm trying to get my administrative staff to ask patients whether they'd like to be seen face to face or virtually. The admin purely book in VC as the default, unless the patient specifically asks for a face-to-face appointment. It does mean that sometimes patients are booked into a virtual consultation inappropriately..." (Paediatric Neurology, SBUHB)

3.2.3 Technical Advancements and Resources

Appropriate technology and available space to be able to conduct participant VCs is considered a much needed future improvement. While the majority of participants felt as though they had been provided with the adequate technology to run VC, there were a small number of participants who felt there had not been a push for VC from their managers and health boards, and so they lacked the equipment and technology as VC was not seen as a priority. For example, many participants noted that they were without correct head sets and devices to run their VCs.

Category 3.2.3 Resources

"Have to treat them like a normal clinic in terms of needing a room to conduct those VCs privately so I still can't do those from my shared office" (Oncology Dietetics, BCUHB)

"It can be difficult and is sometimes not enough office space and still going into work whereas I think I would be much more efficient if I was able to do it at home" **(Speech & Language Therapy Adults Learning Disabilities, BCUHB)**

"This is more of a general thing, we've got laptops and VPNs to work remotely, and that is essential. If I'm really being particular, there should be a commitment for somebody to pay for the Wi-Fi at home. There is an argument for it, some don't have access to sufficient Wi-Fi and may not be able to afford it. We were having a Teams meeting with a colleague and her connection kept dropping in and out, it was because her family were all on the Wi-Fi doing their own things, like schoolwork and working" **(Neurology, ABUHB)**

"Yeah and another thing Cwm Taf are just so shocking with technology, so even though I work in Swansea it's Cwm Taf area and so the, I had to buy my own camera had to get that off amazon so it's not the best quality so we don't really have the equipment, it would be great if we had laptops and better cameras and things" **(Occupational Therapy CAMHS, CTMUHB)**

"All the time and say it doesn't work for them like really? I think back and if we tried to do this, if COVID happened 15 years ago we wouldn't have been able to do any of this, we complained a bit about the infrastructure but the internet has let us do a lot of things, we need to embrace it and yeah the basic kit needs to be provided you know headphones and things, but look outside the box and see how other people outside of our services, the NHS have been doing it" **(Lymphoedema Physiotherapy, SBUHB)**

"We are not able to use Attend Anywhere from home in BCUHB. We are short on clinical room space for private consultations and I'm at home at my own all day, so it offers a perfect opportunity for me to conduct some attend anywhere consultations. I can't see why we aren't allowed to do it, because it is exactly the same as using teams" **(Speech & Language Therapy, BCUHB)**

"There isn't enough infrastructure in the hospital to support the system. For example, they don't have enough cameras, they don't have enough speakers so we have to take our own equipment. We only have one camera and one set of headphones. So, only one person in the clinic is able to do it at a time. If anyone else wants to do it, then they have to work remotely, and that doesn't work because you don't have the notes and you can't request loads of things at the time or print out the forms and stuff" **(Infectious Disease and Microbiology, CAVUHB)**

"If they gave us the precious money so that we could buy the devices that we needed and if the health boards were fully supportive then we'd be able to do it" **(Out of Hours General Practice (OOH GP), BCUHB)**

"They didn't account for the numbers of people who would be using attend anywhere, and they didn't account for the amount of resources

(devices etc.) that would be needed in order to carry it out successfully"
(Mental Health Support, ABUHB)

"What I've found, is that if you don't have the right resources, clinicians who are less keen to use video consultations will not use them- because of these barriers. Their attitude is 'well, there's nowhere to do it, so we may as well not do it", whereas if there was space and you had the equipment you needed, then you could just sit down in a space that is reserved for you to come and do your clinic. But- we haven't got that, we haven't got enough room for all the people that are here. It wouldn't take much, if you just put up a couple of partitions... I'm sure the health board could come up with something" **(Community Neurological Rehabilitation, ABUHB)**

Conducting VC from the office and from home, some felt as though equipment was lacking. For the office environment, there is a needed improvement in ensuring there is adequate space to conduct the VCs that is private, to ensure confidentiality. Office environments also need to have the appropriate technology and WIFI connections to ensure VCs can be conducted without disruptions. For participants working from home, there was a consensus that more should be done to ensure they are able to work from home and be provided with equipment.

Equally important to improving the technology access and space is the technical improvements to the VC platform itself (Attend Anywhere). There are noticeable improvements that participants felt would be beneficial going forward with VC- including screen sharing and the option for group calls.

Category 3.2.3 Technical Advancements (Attend Anywhere)

"What I would really push for is high-quality video" **(General Practice (GP), CAVUHB)**

"There needs to be a feature on there that says who the patient is seeing [in the Waiting Room]" **(High Intensity Psychological Therapy, SBUHB)**

"The expansion of the capacity of VC to do groups would be good"
(Physiotherapy, PTHB)

"Because of the limited numbers on VC it is difficult for students or trainees to be involved in the calls" **(Adult Learning Disabilities, SBUHB)**

"If we're trying to share screen, we can't see the participant so if we're sharing things to do we can't see their face or their reaction to it"
(Community Nursery Nurse, SBUHB)

"It would be nice to have the parents being able to share videos too like we normally video the interactions and stuff face-to-face, so them being able to show that during the VC, we could then watch together"
(Speech & Language Therapy, CAVUHB)

"The thing a lot of us are screaming out for is an interactive platform where we can get the person on the other side to show us what they are doing on their screens" **(Therapy Assistant Practitioner Reablement, SBUHB)**

Conclusions

Overall participant narrative highlights both benefits and challenges that form a part of VC use within NHS services. While the benefits and challenges form the base of VC experiences, it has also been important to consider the sustainability of VC moving into the future and how participants see VC being used in their services, and what needs to be achieved to ensure its long term success.

The patient narrative suggested a host of benefits from using VC at the patient, clinician and service level. Patients were able to save on travel and have increased flexibility, while having their VC from within the comfort of their own home and benefit from additional family support that was not always possible before. For some patients, VC allowed them to be seen properly for the first time, especially when considering those harder to reach patients. Similarly, the clinician had travel and flexibility benefits but was also able to help the patient self-manage in some instances, which had not always been possible prior to VC. On a service level, benefits have included a reduction in some patients missing appointments, monetary savings (predominately from staff travel) and an improvement in service waiting lists in some areas, as VC has aided in the amount of appointments on offer.

While there have been several benefits to the implementation of VC, there have also been challenges. These challenges include technical restraints such as audio and visual issues, often associated with poorer internet/bandwidth connection. For some participants, VC is incompatible for their specific need or the platform of too poor quality to be of use. Issues surrounding confidence for both patient and clinician was also raised within the narrative which can impact how VC is used, along with the organisational side of VC being challenging for some services on how best to ensure

a slick process from booking to consultation. It is also important to consider the wellbeing of participants who are using VC, as a number of participants struggled with the isolation that ensued from this method of work, which may have been amplified due to the current remote working of the COVID-19 pandemic.

While there are evident challenges to using VC, participants also focused on how to ensure that VC is sustainable for future use. Participants on a whole would like to use VC as part of a blended approach to consultations, which includes a mix of VC and face-to-face consultations. While some participants have a preference themselves for face-to-face, many strongly believe that the patient should have a choice in their consultation type, which is important in ensuring VCs future. To help improve this future, participants suggested that an increased awareness of VC should occur to promote VC to clinicians and patients as an option for their consultation, along with additional training and support for those that need it to increase confidence. Not only this, but as participants build VC into their modality of work, they need to see advancements in the specific platform that reflect what they need to use it for and is in keeping with their service needs. This will ensure that VC can be used where it is best suited, for both clinician and the patient.

Recommendations & Next Steps

Clinician Personal Benefits & Promotion of Initiatives e.g., WFH

The many benefits associated to the use of VC are regularly identified for the individual patients/family and the NHS service itself. However, for the clinician, the personal benefits associated to VC are limited. This lack of personal benefit to the clinician may be a contributing factor to the uptake and long-term sustainability of digital interventions such as VC. It is therefore essential that this limitation is considered in the design, implementation and scale up of any digital programme, as clinicians are key players in the entire process, and therefore may require some kind of initiative or purpose to encourage ongoing use and cultures.

A recommendation, which is supported in [Part 1](#) and [Part 2](#) of a recent TEC Cymru report, would be to provide additional benefits or initiatives to clinicians, via the use of improved working conditions, such as encouraging a blended approach of home and office-based working opportunities, with individual choice and flexibility, thus

allowing for personal benefits to be achieved alongside the use of VC and other digital interventions.

Confidence and the time taken to implement a digital innovation for clinicians is also a factor within future initiatives. Going forward, it is recommended that the onboarding process is reviewed for new services looking to introduce VC, and evaluate this process from other services that have acknowledged the set up and initial impact of change digital innovation can have. Improving the training and support available to clinicians would also enable confidence to grow with the platform, such as emphasising the refresher and enhanced training available along with drop in sessions.

Long Term Acceptance & Improved Organisation of VC

Currently, VC is heavily associated to the COVID-19 pandemic, and often considered a short-term or emergency option. However, it is recommended that for VC to be fully embedded and accepted as a long-term service, it is essential that VC platforms and working standards are fully embedded into everyday practice as a way to move it beyond a response to the pandemic only, and into a long-term addition to NHS delivery plans. In Wales, some Health Boards have started recruiting VC-specific roles and dedicating staff time to VC tasks, such as a recent recruited position for a virtual receptionist role and the increase of digital champions.

Increased Focus and Emphasis on Promotional Material and Guidance of VC Being an Additional Tool

As above, implementing VC for future use past the pandemic is important for acceptance and embedding VC long-term. A recommendation to ensure this outcome for future VC use is that the associated benefits from using VC should be promoted via appropriate communication channels, to highlight this to clinicians and patients. Travel savings and the increased amount of flexibility that VC can provide for example, can form part of a campaign to highlight key messages to specific specialities. Not only this, but sharing 'good practice' of a speciality to other teams within that speciality help focus the future use of VC.

As the data suggests, many clinicians view VC as an extra tool within their 'tool-boxes', guidance that emphasises that VC can be a tool to support hybrid approaches e.g., triage and first assessment, is important going forward. This guidance could also cover the areas suggested of: Enhanced Communication, Extra Cues and Power Dynamic. By developing guidance and codes of conduct to support a virtual consultation rather than face-to-face ensures that environmental awareness can be increased for clinicians surrounding what this means, and the difference when consultations are virtual. It is also recommended that guidance is also provided for the setting up of services, with help given in the form of checklists surrounding appointment set-up and waiting rooms, which fluctuates with evident differences dependent on the Health Board.

Digital champions and super users are helpful in ensuring VC's long-term use, but also useful in raising awareness of the VC platform and to 'bust' any public fears surrounding VC, particularly in challenging areas where individuals may not be well informed of how to use it. By having digital champions or super users, along with an increase in Communications, this ensures an ongoing awareness of VC.

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