
Healthwatch in Sussex: Restoration and Recovery Programme

Interim headline findings from the Healthwatch in Sussex and Sussex NHS Commissioners' Digital Engagement Survey 2020: Preferences towards the future of health and social care services in Sussex

Preface

Please find attached an Interim Report from the Healthwatch in Sussex public survey on digital consultations, combined with results from the Sussex CCG's survey on NHS communications with patients (where comparable questions were used). With a combined sample of 2185, the engagement focussed on establishing people's experiences of digital or remote consultations during the COVID-19 period and crucially their expectations and preferences for service redesign and delivery in the restore and recovery stages and post COVID.

The headline results are:

- 37.4% of people chose not to make an appointment during the pandemic despite having a need to access health, social or emotional care, confirming the very substantial backlog of clinical and social care need that will need to be addressed.
- People with disabilities were more likely to delay appointments relative to people without disabilities, independent of their age, gender, ethnicity, and sexual orientation.
- During the pandemic, nearly two-thirds of people had a phone appointment, with lower proportions using online (23.2%) and video (10.2%). The CCG-led survey showed that 35.4% of people had experienced a face-to-face appointment during the pandemic, the majority of which were at a GP surgery or at hospital.
- For those that had phone, video and online appointments during the pandemic, satisfaction levels were high. For example, 80.4% were satisfied or very satisfied with phone appointments. This may show that if people putting off appointments were encouraged to use this alternative provision, they may be surprisingly satisfied.
- For triage (being guided to the right service), GP, medication, test results and emotional and mental health NHS wellbeing support (including counselling and therapy), people were mostly keen for phone appointments relative to video and online.
- A relatively high proportion of people were **not** happy to receive any form of remote appointment for their mental health (29.7% not happy for remote emotional and mental health NHS wellbeing support, including counselling and therapy; 43.6% for NHS mental health support for longstanding and serious mental health conditions).
- Most differences in preference towards future appointments were shown in terms of disability and age. For the GP appointments, people with disabilities were less happy to have any form of remote appointment compared to people with disabilities. This difference is shown irrespective of people's ethnicity, gender, age or sexual orientation. Likewise, when controlling for the effects of other factors, younger people were generally happier to receive phone, video and online appointments compared to older people.

Healthwatch in Sussex will be seeking a sample of 100 people for follow-up, in depth semi-structured interviews, from 213 people who have volunteered for follow up interviews.

Healthwatch in Sussex are reviewing evidence from a range of sources and some key messages are already emerging:

- Digital consultations and digital means of arranging triage and appointments may provide more convenient and better-quality services for people.
- There is evidence that some people prefer digital consultations in specific circumstances. It is a key challenge for redesigning any services to establish when a digital offer is appropriate and when it is not. Additionally, a challenge is to ensure that proactive non-digital offers are easily available to meet reasonable expectations and preferences and to overcome social and health inequalities.
- There is much still to learn, and the expectations and preferences of service users must be key in any service redesign. Service changes need to be codesigned with local people and people with expertise by experience.

Similar surveys carried out by Healthwatch East Sussex during the COVID period show similarly high levels of people's needs being met and further insight into digital preferences.

970 responses to a Children and Young People's survey (11-18):

110 (11.3%) indicated that they had used a video-link or mobile app to access health or care services

Of these:

- 54 (49.1%) indicated that 'It met my needs, but I would prefer to see someone face-to-face in the future'
- 29 (26.4%) indicated that 'It met my needs, and I would be happy to use it as my main means of using this service in the future'
- 14 (12.7%) indicated 'I didn't feel that it met my needs, and wouldn't wish to use it again'
- 13 (11.8%) indicated 'I used it, but neither liked or disliked the experience'.

1,209 responses to an adult survey:

210 respondents (17.4%) indicated had used a video-link or mobile app to access health or care services.

Of these:

- 91 (43.3%) indicated 'It met my needs, and I would be happy to use it as my main means of using this service in the future'
- 71 (33.8%) indicated 'It met my needs, but I would prefer to see someone face-to-face in the future'
- 26 (12.4%) indicated 'I didn't feel that it met my needs, and wouldn't wish to use it again'
- 22 (10.5%) indicated 'I used it, but neither liked or disliked the experience'.

Healthwatch West Sussex have also interviewed a number of young people about their experiences of digital/remote consultations during COVID, with mixed feedback and suggesting that digital consultations will not be a quick fix or panacea for managing future health and social care demand for young people. See <https://spark.adobe.com/page/bv91D8t1FSZ37/>

A further survey of 13 to 25 year olds has been carried out Sussex wide, by Young Healthwatch Brighton and Hove, and the results will be available in the near future.

Interim headline findings from the Healthwatch in Sussex and Sussex NHS Commissioners' Digital Engagement Survey 2020: Preferences towards the future of health and social care services in Sussex

Introduction

Healthwatch in Sussex¹ in partnership with the NHS present headlines around people's preferences towards the future of health and social care services in Sussex. Data collection from 100 follow-up conversations and further analysis of these is being undertaken at the time of writing.

This engagement process looked at people's opinions about:

- their access to health and social care services during the Coronavirus pandemic (and whether they have delayed this as a consequence);
- their use of 'remote' or phone, video and online appointments with health and social care services during the pandemic; preferences for the future use of these media for appointments beyond the pandemic; and
- preferences towards future GP consultations. Data on equality and diversity were also gathered. This engagement was supported through grant funding from the NHS Brighton and Hove CCG, East Sussex CCG and West Sussex CCG.

Methodology and engagement

The principal method of engagement was a questionnaire consisting of mainly closed, fixed response questions, occasional free-text responses and some follow-up phone conversations for those who volunteered. Some of the exact same questions were used in a separate NHS CCG survey, allowing these particular questions to be combined and analysed in its entirety. In total, 2185 people responded to two surveys as follows (an additional Young Healthwatch Sussex survey, with a total of 146 respondents aged 13-25, will be reported separately).

- Healthwatch Sussex survey - 1406 respondents (June 16th to July 15th 2020)
- NHS CCG survey across Sussex - 779 respondents (June 23rd to July 10th 2020).

The surveys were promoted in a number of ways including mailshots to local networks and contacts, Brighton and Hove City Council COVID-19 briefings, by the three CCGs via their public bulletins and their websites, Facebook communities, other social media, and supported by a high visibility on the websites of the three Sussex Healthwatch organisations and email signatures.

The data were analysed in SPSS (Statistical Package for the Social Sciences) exported from Survey Monkey. The Healthwatch and CCG data were merged where questions were exactly the same in both surveys. As shown above, the merged data had a sample up to 2185; the data not merged between the two surveys had a sample up to 1406. The analysis consists of 'valid cases' i.e. derived from all those that replied to a question (excluding missing cases) and where questions were applicable. For example, the proportion having a GP appointment by phone would only apply to those that had any type of phone call appointment during the pandemic.

¹ Healthwatch in Sussex is Healthwatch East Sussex, Healthwatch West Sussex and Healthwatch Brighton and Hove working in collaboration.

The analysis focuses on frequencies, cross-tabs (with Chi square) to compare differences for categorical data (such as gender differences), non-parametric tests² (for age and mean satisfaction differences), and binary logistic regression to see the independent influences of certain factors when others are controlled for. The latter is a stricter test and provides greater accuracy towards any differences seen across the data. Statistical significance levels are provided where identified (at less than the 0.05 level, or a 95% probability the observations were not due to chance).

Headline findings

The people:

The location of respondents was broadly similar across Brighton and Hove (32.2% [447]), East Sussex excluding Brighton and Hove (32.1% [445]), and West Sussex (35.7% [495] - less than a four percentage-point difference across the three areas).

Excluding 'prefer not to say', most people responding were women (75% [1448]) and the average age was 59.2 years.

Alongside age and gender, differences in the findings were examined across:

- people with disabilities (39.2%³ [599] - 14.5% [222] 'a lot' / 24.7% [377] 'a little') compared to those without;
- Black and Asian Minority Ethnic groups (comprising 10.9% [164] of the sample) compared to White British; and
- those who identified themselves as Lesbian, Gay or Bisexual (7.4% [107]) compared to those who identified themselves as heterosexual.

Where differences were revealed, those by disability and age were the most frequent and there were notably very few differences by ethnicity.

People choosing to delay appointments:

37.4% [806] chose not to make an appointment during the pandemic despite having a need to access health, social or emotional care. From all those that delayed their appointment, the top three reasons were:

- 'Felt that my condition wasn't serious enough' - 41.5% [396]
- 'Didn't want to burden the NHS' - 37.7% [360]
- 'Thought I'd wait until the pandemic was over' - 26.7% [255].

People with disabilities were more likely to delay making appointments relative to people without disabilities, independent of their age, gender, ethnicity, and sexual orientation

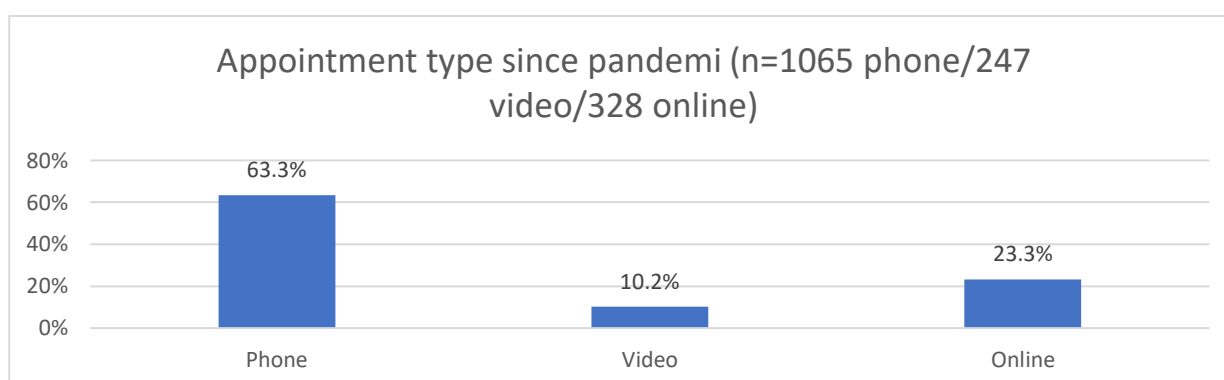
² Non-parametric tests (such as the Spearman's rank correlation and the Kruskal-Wallis H test for differences) are used where the data is not normally distributed - in this survey, satisfaction and agreement ratings and age were not normally distributed.

³ The precise question was 'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?'

($p < 0.001$)⁴. Also, women were more likely to delay making appointments compared to men ($p < 0.05$), once ethnicity, age, disability and sexual orientation had been taken into account.

Appointments during the pandemic - type and satisfaction:

During the pandemic, nearly two-thirds (63.3% [1065]) of people had a phone appointment, with lower proportions using online (23.3% [328]) and video (10.2% [147]). For interest, the CCG sample showed that 35.4% [297] had experienced a face-to-face appointment during the pandemic, the majority of which were at a GP surgery or at hospital.

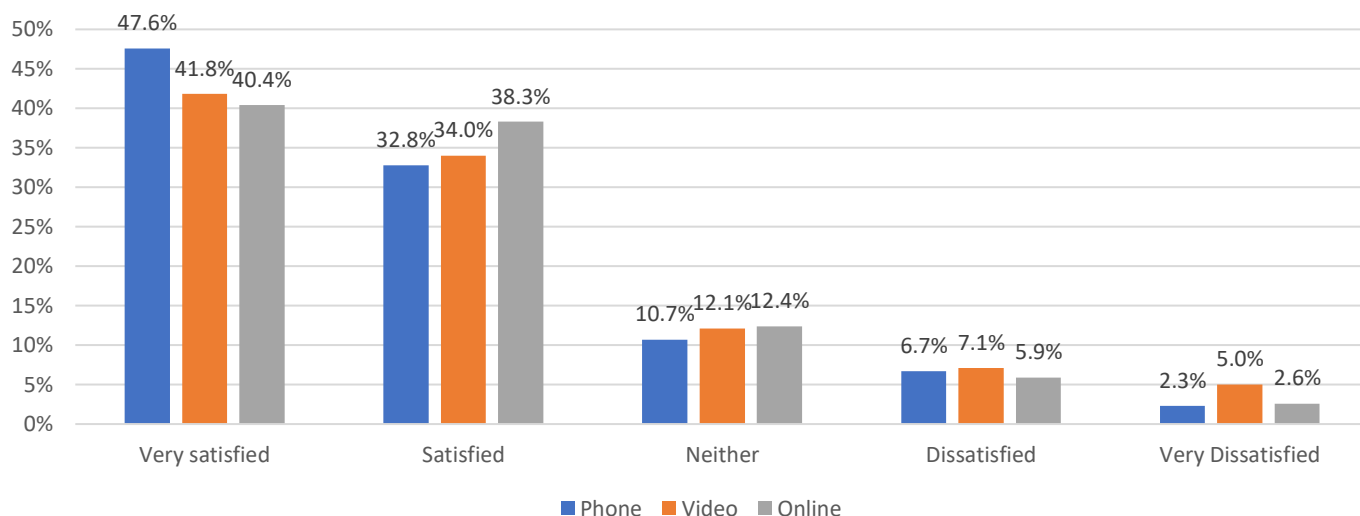


The most common appointments attended remotely, for all three formats (phone, video or online), in decreasing order, were with a GP, as an Outpatient, and phone questions from a health professional (e.g. Receptionist, NHS 111) to guide people to the right service. Appointments with a GP were twice as common to other appointments.

For those that had phone, video and online appointments during the pandemic, satisfaction levels were high. For example, 80.4% [844] were satisfied or very satisfied with phone appointments. This may show that if those people who were putting off appointments were encouraged to use this alternative provision, they may be surprisingly satisfied. Nonetheless, around 10% were also not satisfied (for phone, video and online). The analysis reveals that people with disabilities and Lesbian, Gay and Bisexual people were generally the least satisfied with appointments during the pandemic.

⁴ Where p values are shown this means the results are statistically significant - that means there is a high probability (99% in this instance) that the differences are not due to chance.

Satisfaction with phone, video and online appointments during the pandemic (n= 1050 phone/141 video/307 online)



Preferences towards future appointments during ‘life after the pandemic’:

In terms of future appointments, people were asked to say whether they were ‘happy’ with phone, video and online appointments, or not happy for any type of such appointments. The most commonly used services have been compared as well as two focusing on mental health.

For triage (being guided to the right service), GP appointments, getting medication or a repeat prescription, receiving test results and appointments for emotional and mental health NHS wellbeing support (including counselling and therapy), people were mostly keen for phone appointments relative to video and online.

An interesting finding was the high proportion of people who were not happy to receive any form of remote appointment for their mental health (29.7% [298]not happy for remote emotional and mental health NHS wellbeing support, including counselling and therapy; 43.6% [378]for NHS mental health support for longstanding and serious mental health conditions).

GP, happy by <i>phone</i>	GP, happy by <i>video</i>	GP, happy by <i>online</i>	GP, <i>not happy for any remote</i>
70.9%	60.7%	34.8%	19.1%

Outpatient, happy by <i>phone</i>	Outpatient, happy by <i>video</i>	Outpatient, happy by <i>online</i>	Outpatient, <i>not happy for any remote</i>
52.6%	54.2%	28.5%	30.1%

Triage, happy by <i>phone</i>	Triage, happy by <i>video</i>	Triage, happy by <i>online</i>	Triage, <i>not happy for any remote</i>
87.0%	48.9%	54.2%	6.5%

Medication or a repeat prescription, happy by <i>phone</i>	Medication or a repeat prescription, happy by <i>video</i>	Medication or a repeat prescription, happy by <i>online</i>	Medication or a repeat prescription, <i>not happy for any remote</i>
77.9%	45.9%	71.0%	2.7%

Test results or screening, happy by <i>phone</i>	Test results or screening, happy by <i>video</i>	Test results or screening, happy by <i>online</i>	Test results or screening, <i>not happy for any remote</i>
71.5%	49.7%	50.6%	13.1%

Emotional and mental health NHS wellbeing support including counselling and therapy, happy by <i>phone</i>	Emotional and mental health NHS wellbeing support including counselling and therapy, happy by <i>video</i>	Emotional and mental health NHS wellbeing support including counselling and therapy, happy by <i>online</i>	Emotional and mental health NHS wellbeing support including counselling and therapy, <i>not happy for any remote</i>
52.9%	50.7%	27.0%	29.7%

NHS mental health support for longstanding and serious mental health conditions, happy by <i>phone</i>	NHS mental health support for longstanding and serious mental health conditions, happy by <i>video</i>	NHS mental health support for longstanding and serious mental health conditions, happy by <i>online</i>	NHS mental health support for longstanding and serious mental health conditions, <i>not happy for any remote</i>
42.0%	42.2%	23.2%	43.6%

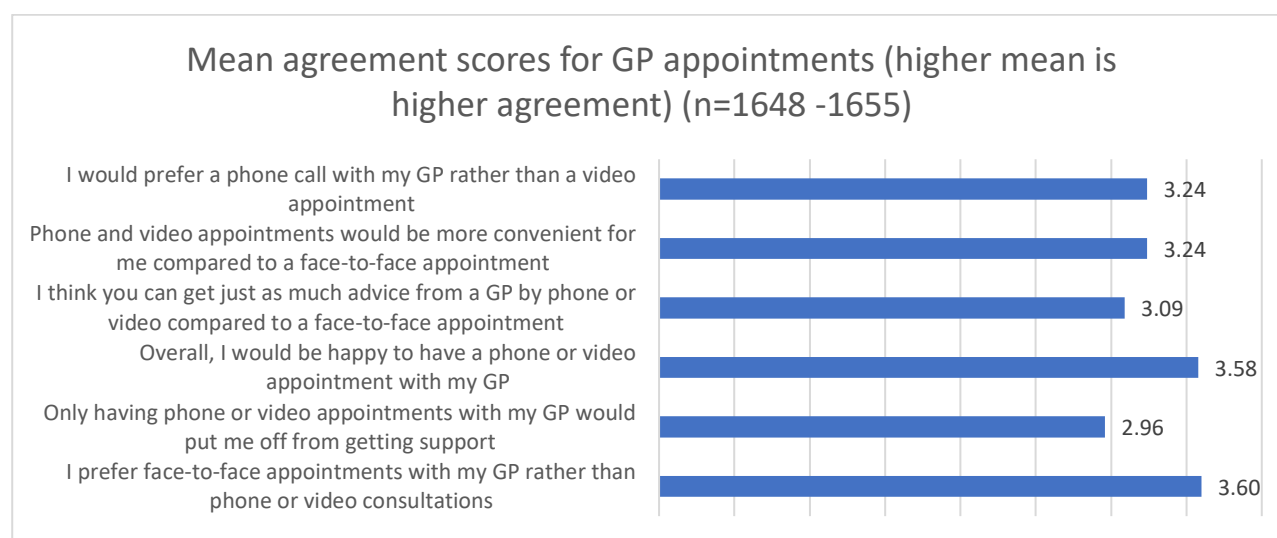
In general, most differences in preference towards remote appointments were shown in terms of disability and age. For the two most common services (GP and outpatients' appointments) there are some differences by disability and age. **People with disabilities** were significantly less happy ($p<0.005$) to have any type of remote (phone, video or online) GP appointments, independent of their ethnicity, gender, sexual orientation and age. Likewise, when controlling for the effects of other factors, **younger people** were generally happier to receive GP appointments by phone ($p<0.001$), video ($p<0.001$) and online appointments ($p<0.05$) compared to older people. Similar patterns emerged for outpatient appointments.

There were very few differences in the findings identified by gender, ethnicity or sexual orientation.

Future GP appointments by phone, video and online:

People were provided with a range of questions about phone, video and online GP appointments. From a five-point scale of agreement, the following mean scores show how this varied (from a minimum of 1 (strongly disagree), maximum of 5 (strongly agree), with higher scores indicating higher level of agreement).

There are polarised views (see below) with the highest levels of agreement being 'happy to have a phone or video appointment with my GP' and preference towards 'face-to-face appointments with my GP rather than phone or video consultation'.



These polarised viewpoints suggest different preferences across the sample. There were notable differences by age and disability:

- Older people showed stronger agreement to preferring face-to-face appointments ($p < 0.001$).
- Younger people were more happy to have a phone or video appointment with their GP ($p < 0.001$); thinking you can get just as much advice from a GP by phone or video compared to a face-to-face appointment ($p < 0.001$); and increased convenience towards phone and video appointments ($p < 0.001$) i.e. younger people were more in agreement to these statements.
- Using age bands showed further evidence of these trends. The oldest age group (over 70s) showed highest agreement towards having face-to-face rather than phone, video or online appointments with their GP ($p < 0.001$). Conversely the younger age groups (15-30 years) were showed stronger agreement to having phone or video appointments with their GP ($p < 0.01$); more agreement towards thinking they can get as much advice from a GP by phone or video than they could get face-to-face ($p < 0.001$); and more agreement towards phone and video appointments being more convenient ($p < 0.001$).

People with disabilities, as opposed to those without disabilities, were more likely to agree with statements that reflected this groups overall dissatisfaction towards remote appointments with their GP. This may explain the greater likelihood to delay appointments among those people with disabilities shown earlier:

- People with disabilities showed higher agreement towards preferring a face-to-face GP appointment ($p < 0.001$) (relative to those without disabilities).
- People with disabilities showed higher agreement that only having phone or video appointments would put them off from getting support ($p < 0.001$).
- People with disabilities showed less agreement towards happiness to have a phone or video appointment with their GP ($p < 0.005$).
- People with disabilities showed less agreement that they can get just as much advice from a GP by phone and video (compared to face-to-face) ($p < 0.005$).
- People with disabilities showed less agreement that remote appointments are more convenient than face-to-face ($p < 0.01$).

Managing and arranging future GP appointments:

Further questions asked about how important certain aspects of managing and arranging a GP appointment would be. These findings again show different preferences towards remote appointments by age:

- Older people showed more importance towards having a phone and/or video appointment with their regular GP ($p < 0.001$).
- Younger people showed more importance to being able to book a phone and/or video appointment via an online booking method rather than by phone ($p < 0.001$); being given the choice between having a phone or video appointment ($p < 0.01$); and being able to upload photos of their condition to a GP ($p < 0.001$).
- Using the same age bands as before, the results showed that older age groups preferred a remote appointment with their regular GP ($p < 0.005$). Also, the younger age band showed more importance towards an online rather than a phone-based booking service with their GP ($p < 0.001$); and viewed being able to upload photos of their condition as important ($p < 0.001$).

Difference by disability were again evident, by comparing people with and without disabilities, in terms of:

- People with disabilities showed more importance towards phone or video appointments with their *regular* GP ($p < 0.001$).
- People with disabilities showed less importance towards phone or video appointments as soon as possible with *any* GP ($p < 0.01$).
- People with disabilities showed less importance towards being able to upload photographs of their condition ($p < 0.05$).

There were also a number of gender differences:

- Women showed more importance towards phone or video appointments with their *regular* GP ($p < 0.05$).
- Women showed more importance towards being given a choice of phone or video appointments with their GP ($p < 0.001$).

Further subgroup analysis by disability:

The majority of the differences observed across the results were by disability. To examine this further, the data was analysed to look at differences in terms of whether people's day-to-day activities were affected 'a lot' or 'a little'. The overall pattern was that those affected 'a lot'

showed stronger differences compared to those affected ‘a little’. Nonetheless, response from those with any type of disability were still different to those without disabilities (whether higher or lower according to the above findings). For example, people describing their day-to-day activities as being limited ‘a lot’ were:

- Most likely to delay their appointments compared to those limited ‘a little’ and to those people without disabilities ($p < 0.001$);
- More likely to have appointments during the pandemic but also found them the least satisfying; and
- Particularly disinterested in remote appointments (more interested in face-to-face services) suggesting face-to-face appointments are not only important for people with disabilities as a whole, but especially so for those affected ‘a lot’.

Ongoing work:

Healthwatch in Sussex have set a target to contact 100 people who volunteered for a follow-up conversation about the survey (from the 213 who volunteered). The purposive selection ensures a varied sample in terms of the response to survey questions (in particular, preference towards and against remote appointments and for those who delayed appointments); location (across Sussex); age; gender; disability; ethnicity; and sexual orientation. Topics that will be explored include whether the medical condition or need changed among those who delayed seeking health or social care services, and also understanding whether phone, video or online appointments may be more acceptable for certain medical conditions over others. A further theme will explore what would help people seek help if some of the remote options were not preferable.

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