

Outpatient transformation engagement: listening to and acting on patient feedback

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1. Introduction:

The NHS Long Term Plan highlights the need to take a fresh look at how outpatient services are delivered, recognising that patient demand has increased, while clinical practice and technology have both developed.

Within the Humber, Coast and Vale (HCV) 1.6 million outpatient appointments take place each year. The national ambition is that over the next five years there will be a reduction in traditional face-to-face outpatient consultation, replaced by alternatives such as online consultations. The [HCV long term plan](#) mirrors this vision and highlights how there will be a focus on redesigning the way in which planned care is delivered – moving away from the traditional outpatient model where patients have to make multiple visits to hospital for tests, results, to discuss treatment options and have procedures.

Up to a third of the face-to-face appointments delivered in outpatient care can be avoided by embracing technology and arranging services around patients' lives. This may be through offering telephone or video consultations, empowering people to book their own follow-up care and working with GPs to avoid the need for an onward referral where possible. This means less time travelling to hospital appointments and in waiting rooms, and better access to follow-up hospital care when needed. The planet also benefits from reducing the NHS's carbon footprint and contribution to congestion on the roads (NHSE 2020).

As we move towards this change it is important that we involve our patients and public in the work we are doing, and capture their views on the best way to improve user experience and maximise patient outcomes. If we embed effective communications and engagement and listen to those who have lived experience and use our services, it is more likely to result in successfully delivering health and care system change programmes.

2. Review of current patient experience

The COVID-19 pandemic has accelerated the move to virtual and phone appointments to help keep patients and clinicians safe. As a result it is important to find out how this is impacting upon patient experience, and how feedback is captured across the patch and used to improve services.

Across the Humber Coast and Vale (HCV) Partnership the following Trusts which provided feedback within this report include:

- Harrogate and District NHS Foundation Trust (HDFT)
- Hull University Teaching Hospitals NHS Trust (HEY)
- Northern Lincolnshire and Goole NHS Foundation Trust (NLAG)

- York Teaching Hospital NHS Foundation Trust (YTH)

3. The current situation: Setting up virtual appointments and capturing feedback

The Trusts work with the clinicians to review and identify cohorts of patients who they feel would be suitable for video consultation appointments. This is often based on age, complexity and condition – for example, some conditions or disabilities require a face-to-face appointment for assessment. In Hull and NLAG the patients who have been put forward for a virtual consultation are called prior to appointment to make sure they are able to access the online platform.

Across all Trusts, once the patient has had an online consultation, a link is sent asking them to complete a survey about their experience. Amongst all Trusts there was a response rate of 7-15%.

Once patient feedback is captured, Trusts review the data from the surveys on a regular basis through their outpatient programmes of work. The frequency of these reviews varies across the patch, and a couple of the Trusts are in the process of embedding patient feedback as part of their processes. The feedback is considered and changes are made. For example in one Trust, during early implementation several patients commented that when they joined the online consultation they were left waiting for a long time and were not sure what was happening. They felt frustrated that they were not getting an update and couldn't contact anyone about the wait. As a result of this feedback the Trust implemented a 'virtual' receptionist who welcomed the patient, took basic information and advised them of the wait for the consultant.

One point to note is that although Trusts are gathering feedback within their own services, this intelligence is not necessarily shared across the patch. This could be viewed as a missed opportunity as there are likely to be similar themes and issues that all organisations can learn from.

4. Themes of patient feedback

Through interviews with colleagues involved in outpatient transformation and by reviewing patient feedback from the online surveys, we have managed to capture a great deal of information about the patient experience of those who have had a virtual appointment since April 2020. This feedback has been collated into a number of key themes.

Positive outcomes and patient experience:

i. Convenience

For those who were able to access the technology and have an online consultation it provided greater convenience. It reduced need to take time out of a patient's normal routine, many people commenting that it is more efficient. 63% of NLAG patients said they felt the online consultation was more convenient, 27% the same and only 10% commented that it was less convenient than a face-to-face consultation. In York 62% of patients found the video consultation more convenient, 31% the same and only 7% found it less convenient than a face-to-face.

- *'Excellent and really good for working mums. It's lovely to see people in person but this is so convenient when we have so many appointments'*
- *'It's much more convenient and cost effective.'*
- *'Very easy to use, less time than having to attend hospital. Overall a good experience.'*
- *'It was quick effective and I felt at ease'*
- *'It's a great system :).'*

ii. Reduction in travel costs and inconvenience

Feedback indicated a reduction in the associated costs and time to travel and park at the hospital/other site. 74% of NLAG and York patients said the appointment was less expensive and 23% said it was the same cost.

- *'I thought it was very good as travelling can increase my pain levels.'*

iii. Reduced carbon emissions from travelling to appointments

Data shows us that there is a positive effect in relation to impact on the environment, as people do not need to travel to appointments.

- 88% of people from NLAG and 92.6% from York said they did not have to travel as a result of the online appointment, of which 81% would have used a car.

iv. Decreased risk of exposure to COVID-19

For some patients who may be more vulnerable or at risk of infection, the online consultation was viewed favourably as it reduced their exposure to COVID-19 because it meant they did not have to enter a hospital site.

- *'I preferred having the video consultation as I didn't have to leave the house whilst covid19 is happening and feel much safer and more comfortable.'*

v. Improved patient experience:

Patient experience on the whole was the same or better than a face-to-face appointment. In Harrogate 81% said their experience of video consultations was the same or better than previous face-to-face appointments. 87% said they personally experienced benefits from their video consultation, with 56% saying it saved time and 53% commenting that it was more convenient. Within York, 62% said it was more convenient and 70% said it was more time-effective. At NLAG 89% would recommend video consultations to friends and families.

- *'Think it was as good as expected and more relaxed as I was doing it from home.'*

Areas for improvement

Although there were many positive comments about the efficiency and ease of the online appointments, the patient feedback highlighted several areas where user experience could be improved. These themes were similar across the patch.

vi. Technical issues:

One of the most common complaints across all Trusts was in relation to technical issues; this included sound quality and connectivity problems. This ranged from people who live in rural areas with reduced broadband speed, those who were unable to log on, poor sound quality and delays or problems with the hospital connection.

- *'The connection was terrible. We both had full bars signals. But on the NHS staff side, she was lagging and had an alien voice effect. So had to end the video call within 3/4mins.'*
- *'Better quality connection at the hospital for the consultant would be better, there was interference and was difficult to hear her at times.'*
- *'Video froze, echoed and was a lag in picture to sound so not having these issues would have been better.'*
- *'Connecting to the online video consultation is very slow and takes several attempts, it often stops while testing the mic or camera. After it has connected it lags a lot too which makes holding a conversation difficult.'*

vii. Appointments running on time and waiting times

Across several Trusts, patients commented that they were left in a virtual waiting room for a long period of time without receiving an update. This left people

wondering if they had been forgotten, or whether there was an issue with the online appointment.

- *'The consultant answering the video call waited nearly an hour before giving up.'*
- *'Being on time and sent to the right department would improve my experience.'*
- *'I was left hanging for over an hour twice and still has to phone the hospital to find out what the hell is going on i have been let down twice within one week.'*

viii. Patient information

There were a number of patients who felt nervous about attending an online consultation as it was the first time they had accessed an appointment in this way. These patients reported that they would have preferred more information about how to access the appointment and get technical help prior to the consultation.

- *'Information to log on for the video call prior to the appointment. Apparently I should have received a letter but didn't.'*
- *'Knowing that I might be invited to a video consultation (I was only expecting to be on the phone) and having some information about what might be needed.'*
- *'I have not used Zoom previously and have spent the last week really panicking about it. Once I got through it went well.'*
- *'I am not at all comfortable with video calling and it took me a long time to work out how to set my computer up so that the camera, mic, etc. were working properly.'*
- *'The information on how to log into the system, could have been sent either via SMS or email.'*

ix. Expectations and raising awareness about the changes to outpatient appointments

Some of the feedback highlighted that patients were not necessarily aware of the changes to outpatient appointments, and although they understood the rationale, there would be benefit in raising awareness with the general public.

The survey also highlighted a reliance on face-to-face appointments. It illustrated a need to work in partnership with our community to talk more openly about the rationale for changing the way outpatient appointments are delivered and reduce the reliance on face-to-face appointments and follow-up.

- *'Only thing is the worry that something might have been missed when not being seen in person.'*

x. Physical examinations

Several patients expressed their concern that there are some instances where a physical examination is needed, which is difficult over the phone or on video. In some of these cases people will be brought in for a face-to-face appointment. This sentiment was echoed by the clinicians who were surveyed in York. They found it difficult to carry out full skin assessments or assess for muscular/joint pain, or when carrying out a consultation with children.

- *'Hands on is required sometimes which can't be done over video, this can't be helped.'*
- *'As my consultation was a dermatological complaint I feel I would have been more reassured if the consultation could have examined it in person.'*
- *'It was harder as the therapist could not demonstrate exercises as easily.'*
- *'The only difference would have been for the specialist nurse to examine my knees and joints which cannot be achieved by video conferencing.'*

xi. Some difficulties when assessing children

A couple of service users highlighted the difficulties of having a meaningful consultation when you have a child being assessed. They found that their child was not as engaged in the conversation when it was online. Again, this was reflected in many of the comments from clinicians.

- *'It's just difficult with children. No reflection of the physio. I think they listen more in person and obviously the exercises are explained better. One initial appointment face to face would have been a lot better and then remote.'*
- *'Doing a video consultation with an adult would actually be fine but when it's a child it's a lot more difficult.'*

5. Clinicians' perspective

York Teaching Hospital NHS Foundation Trust surveyed its clinicians about their experience of online consultations and received 1,390 responses.

- 35% of clinicians found online consultations more time-effective than a face-to-face consultation, and 47% found them as time-effective.
- 78% found them as confidential as a face-to-face consultation, with 10% saying it was more confidential.
- However, 29% found it less personal than a face-to-face consultation. This was due to not being able to give a hands-on assessment, and difficulties with assessing body language, and delays/poor-quality video online.

When asked if they got everything they needed from the video consultation, only 68% of clinicians answered yes. 32% (443 clinicians) commented that they had difficulties and some of these included:

- **Technical difficulties** – Freezing screens, sound quality, lag and delays, poor picture quality. Many comments highlighted that the video and/or sound did not work at all and made the consultation very difficult to conduct.
- **Assessments with children** – Not being able to see a child without their parent, difficulty showing different types of play and engaging children in activities, very hard to engage child with ADHD via screen, handwriting hard to see, children getting distressed and difficulty communicating with a shy child.
- **Not being able carry out hands-on assessments** – such as grip strength, thorough skin assessment for a lesion, assessing joints, motor skills and muscle power, cannot weigh the patient.
- **Unable to show exercises:** Some clinicians struggled with being able to show patients how to complete exercises.
- **Specialist tests** could not be done, bloods, giving out leaflets, taking a urine sample, weighing the patient.
- **Patients with hearing impairment** were difficult to assess and communicate with.

6. Gaps

Most of the patient experience data in relation to virtual appointments is received from the online survey. This provides a good example of patient experience for those who were able to use the platform and have an online consultation. However, across the patch there is limited feedback from those patients who may not have an online consultation; for example, those who may need to be contacted by telephone, or those who DNA (do not attend) their online appointment. It is important to understand why someone may not have attended an appointment online, as it could be due to anxiety, technical knowledge etc.

One of the largest gaps in the survey data is the lack of extended equality monitoring information, linked to the Equality Act 2010 and those groups with protected characteristics. Collating this information is vital and would enable us to look at themes of patient experience associated with age, ethnicity, disability etc. As a result there is no identifiable feedback from vulnerable groups of patients or those with protected characteristics. These cohorts often experience the greatest health inequalities and it is important to be proactive in collating feedback to understand their experiences, and ensure they are not facing any discrimination.

During the research, only Harrogate District NHS Foundation Trust was able to show feedback by age. The Trust managed to capture the age of patients to specifically look at whether certain age groups had a worse experience of using online consultations, in particular looking at the technical access. This will prove valuable data in understanding user experience across age ranges.

7. Recommendations

Analysing the data from across the Humber, Coast and Vale and addressing the gaps in patient feedback has enabled a number of recommendations to be formed:

- i. Commission a piece of work to find out about more about the experience of those patients who may be seldom heard, vulnerable and subject to increased health inequalities.
- ii. Gather more equality monitoring information through existing channels, and add equality monitoring questions to the patient feedback online surveys.
- iii. Share best practice and learn from others. Many areas of the country are carrying out similar transformation programmes and will be at different stages in the process. They will have valuable insight into user experience and be able to share common issues. For example, Sheffield Children's NHS Foundation Trust conducted a review in the implementation of virtual appointments and identified a number of key areas for improvement <https://view.pagetiger.com/a-whole-new-world/2020>.
- iv. Create a mechanism to share data and patient feedback from Trusts across the HCV, to discuss common themes, and work towards collective solutions across the patch.
- v. Assess where there are technical issues within providers and ensure that equipment and training is up to date and able to support video consultations.
- vi. Review documentation provided to patients prior to a consultation to ensure that it provides appropriate information and support for users to be able to access an online consultation. It also needs to be provided in an accessible format, and in line with the Accessible Information Standard. Standardised documentation could be coproduced in partnership with service users.
- vii. Ensure that a review of patient feedback and improvement, and a mechanism to act on this feedback, is embedded within the outpatient transformation processes within each of the Trusts.

- viii. Be more open about listening to patient feedback and promoting where changes have been made in direct response to what patients have told us, using the 'You said, we did' format.

- ix. Look at a wider communications and engagement programme to raise awareness about the changes to outpatient appointments, to manage the expectations of patients. This includes key stakeholders as well as the general population.

8. Appendix

Key data from Trusts' online patient surveys.

- i. **Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) (May - September 2020).** Patient data captured via a link to Survey Monkey following an online appointment. 286 responses received.

Q1. Compared with a face-to-face consultation, did you find the video consultation to be:

	More	Same	Less	Number answered
Convenient	63.29% 181	27.27% 78	9.44% 27	286
Informative	26.98% 75	61.51% 171	11.51% 32	278
Personal	30.69% 85	50.18% 139	19.13% 53	277
Comfortable	40.94% 113	47.46% 131	11.59% 32	276
Time-effective	67.97% 191	25.62% 72	6.41% 18	281
Expensive	3.07% 8	22.22% 58	74.71% 195	261
Confidential	31.52% 87	64.13% 177	4.35% 12	276

Q2. When asked how the appointment compared to face-to-face:

- 27% said better
- 58 % about the same
- 15% said worse
- 89% would recommend video consultations to friends and families.

ii. **York Teaching Hospital Foundation Trust (April-December 2020).** Patient data captured via a link to Survey Monkey following an online appointment. 2,693 responses received.

Q1. Compared with a face-to-face consultation, did you find the video consultation to be:

	More	Same	Less	Number answered
Convenient	62.16% 1,674	31.49% 848	6.35% 171	2,693
Informative	18.83% 501	74.62% 1,985	6.54% 174	2,660
Personal	21.67% 577	61.92% 1,649	16.41% 437	2,663
Comfortable	38.27% 1,021	52.25% 1,394	9.48% 253	2,668
Time-effective	69.75% 1,861	25.52% 681	4.72% 126	2,668
Expensive	3.13% 80	22.17% 566	74.70% 1,907	2,553
Confidential	22.33% 592	73.90% 1,959	3.77% 100	2,651

Q2. When asked how the appointment compared to face-to-face:

- 22% (585) said better
- 63 % (1,700) about the same
- 15% (411) said worse

Q3. How easy was it to find a suitable location for your video consultation?

- Very easy - 69% (1,836)
- Quite easy- 26% (700)
- Quite difficult – 4% (104)
- Very difficult – 1% (36)

Q4. Has today's video appointment meant you avoided the need to travel?

- Yes – 93% (2,500)
- No – 7% (199)

Q5. If yes, how would you have normally have travelled to your appointment?

Method	Percentage/number
Car	78.84% (2,094)
Public transport	9.22% (245)
Hospital transport	0.68% (18)

Bike	2.45% (65)
Walk	6.51% (173)
Other (please specify)	2.30% (61)

iii. Harrogate and District Foundation Trust: September 2020

133 patients completed the survey during a period when 1,171 video consultations were held (11.4% participation rate) and the headline takeaways are:

The survey was completed by patients of all ages. For 71%, it was their first experience of video consultations.

- 69% said the system was easy to use vs 10% who said it was hard to use.
- 93% said they communicated everything they wanted to with their clinician during their consultation.
- 81% said their experience of video consultations was the same or better than previous face-to-face appointments, although 19% said their experience was poorer.
- 42% experienced technical difficulties.
- 87% said they personally experienced benefits from their video consultation, with 56% saying it saved time and 53% saying it was more convenient.
- 64% said they experienced no disadvantages, and only 1% stated that the system was too complicated to use.
- However, 27% of respondents stated that they preferred to see their clinician face to face.

iv. Clinical responses: York Hospital clinicians (April – December 2020)

Compared with a face-to-face consultation, did you find the video consultation to be:

	more	as	less	Total
personal	10.72% 149	60.58% 842	28.71% 399	1,390
time-effective	34.83% 480	47.39% 653	17.78% 245	1,378
confidential	11.05% 153	78.54% 1,087	10.40% 144	1,384

Did you get everything you needed from a video consultation?

- Yes – 68% (941)
- No – 32% (443)

Were there any additional tasks generated as a result of conducting the consultation via video rather than face to face?

- Yes – 20% (271)
- No – 80% (1,111)

9. References

- NHSE Outpatient Transformation Programme: <https://www.england.nhs.uk/outpatient-transformation-programme/>
- Humber Coast and Vale Long Term Plan: <https://humbercoastandvale.org.uk/wp-content/uploads/2020/03/FINAL-REVISED-HCV-Partnership-Long-Term-Plan-v5.0.pdf>
- Sheffield Children's NHS Foundation Trust: <https://view.pagetiger.com/a-whole-new-world/2020>.