



Improving lives

***Patient Experience of Remote
Consultations during the COVID-19
Pandemic***

September 2020

oxleas.nhs.uk

Patient Experience of Remote Consultations during the COVID-19 Pandemic

Executive Summary

Introduction

In light of the COVID-19 pandemic, NHS services have been delivering much of the usual care and treatment provided to patients through remote consultations following the government restrictions imposed on 23rd March 2020. These consultations have been held over the telephone, via text messaging and/or via video calling in order to minimise the risk of infection for both staff and patients. To assess how Oxleas NHS patients and service users feel about this change, the Patient Experience team developed a survey to hear about the experiences. The results of this survey will help to inform future decision making around how Oxleas NHS can manage consultations as government restrictions are lifted post-COVID-19.

Methodology

The survey was administered to patients seen remotely between the dates 15th March 2020 - 31st July 2020. The surveys were delivered via SMS or email for adults seen in the Adult Mental Health (AMH), Adult Community Health (ACH), and Children and Young People (CYP) services. The main delivery method was via SMS. For patients who had no mobile number recorded on RiO, the survey was delivered via email. The SMS and email surveys were delivered using the Patient Experience survey tool, SmartSurvey. Telephone calls were made to patients seen in the Older Adults Mental Health (OPMH) and the Adult Learning Disability (ALD) services due to concerns expressed by staff regarding the technological challenges presented by the SMS and email survey collection methods.

Survey Findings

A total of 35,933 surveys were administered to patients. Of these, a total of 5,054 responses were received from patients seen in AMH (n = 1,523), ACH (n = 1,473), CYP (n = 2,013), ALD (28) and OPMH (n = 17) giving a total response rate of 14%.

Across all the services, a total of 90% of patients responded "Yes" or "Somewhat" when asked if they were happy with the care and treatment received in their remote appointment. In total, 79% of patients responded "Yes" or "Maybe" when asked if they would like to be able to have remote appointments in future.

The main theme that arose in the thematic analysis was convenience; the respondents commented on how convenient the remote consultation experience was for various reasons (i.e. saving on travel time). Patients in some services reported that they received the same level of care and treatment in their remote appointment as they would in a face-to-face appointment. Patients acknowledged that remote consultations are safer in the current COVID-19 circumstances and overall they responded positively to receiving care and treatment via remote means. However, a common theme was that respondents had a preference for being seen face-to-face, but patients do note that the method of treatment delivery would vary according to the symptoms and/or nature of the appointment. For example, patients have commented that remote appointments would be a suitable option for follow-up appointments where they do not need to be physically examined.

Conclusion & Key Recommendations

The findings from the quantitative and qualitative analysis were overall positive. There was a general preference for face-to-face consultations but patients found the remote consultation experience to be convenient for various reasons. Patients express that remote appointment options are useful depending on the presenting problems and the nature of the appointment. Based on the survey findings, the key recommendations are as follows:

Recommendation 1: Remote appointments to be made available for patients, if appropriate

The patient comments showed that accessing care and treatment via remote means was convenient. It is therefore recommended that remote appointments continue to be delivered depending on the nature of the presenting problem(s) and/or the nature of the appointment.

Recommendation 2: Patient Choice

Some patients described the remote appointment as feeling “*impersonal*” and commented on the lack of body language and visual cues as being a challenge. Patients have told us that they would like to be given the choice on whether they wish to have their consultation remotely. Patients would also find it helpful to be given the choice of a combination of face-to-face and remote appointments.

Recommendation 3: More video appointment options

Over three quarters of the appointments were delivered over the telephone. Patients who had a video appointment highlighted the benefits of seeing the clinician. The patient experience would have been more positive had there been more video appointments delivered. It is thereby recommended that the clinician discusses the suitability of this option with the patient.

Recommendation 4: Give consideration to initial face-to-face appointments

Patients commented that the remote appointment delivery worked best when they were able to engage with a familiar and trusted clinician. It is thus recommended that consideration be given to initial appointments being held face-to-face as this will help build a rapport between the patient and clinician.

Acknowledgments

The Patient Experience team worked in partnership with the Business Intelligence team on this project.

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1. Background

The COVID-19 pandemic has resulted in Oxleas NHS services delivering appointments to patients remotely via SMS, telephone and/or video. To assess how patients feel about this transition, a survey was developed by the Patient Experience team to obtain feedback from the patients. In the six months prior to the pandemic (September 2019 - February 2020), a total of 13% of consultations in Oxleas NHS were held remotely (SMS, telephone or video) and the remaining 87% were held face-to-face. During the period (March 2020 – July 2020) a total of 48% of consultations in Oxleas NHS were held remotely and the remaining 52% were held face-to-face. A total of 43% of the remote appointments were delivered over the telephone and 4% were video calls.

2. Methodology

2.1 Survey Tool

The Patient Experience survey tool, SmartSurvey was used for the survey design and the delivery and collection of SMS and email survey responses.

2.2 Survey Questions

The survey questions were developed by the Patient Experience team. The questions were then discussed with the Patient Experience Group (PEG) Leads during a PEG meeting chaired by the Executive Lead for Patient Experience. Members of the Board and Exec were also provided with the opportunity to comment on the questions before the survey was finalised. Survey modifications were made for the CYP surveys to make the questions and formatting more appropriate for the respondents.

All survey versions can be found in the Appendix [Page 68].

2.3 Survey Delivery Process

The Oxleas NHS Business Intelligence team extracted the contact details of patients seen remotely between the dates 15th March 2020 – 31st July 2020 from the electronic care record system, RiO. The patient details (contact mobile numbers or email addresses only) were then sent to the Patient Experience team. The surveys started being delivered to patients on 22nd June 2020.

The survey invitation was delivered to the patients on their phone or email as a web link. The patient simply clicks the link which directs them to the survey webpage on their internet browser. The survey can be completed on a smartphone, tablet or computer. The content of the SMS and email message invitations can be reviewed in the Appendix [Page 68]. A reminder survey invitation was scheduled for delivery 48hrs after the first message was sent out; this message was only sent to the non-respondents. As for the surveys going out retrospectively (between 22nd June 2020 - 17th August 2020), the following text was included in the first survey question:

“Your appointment may have taken place anytime starting from the middle of March 2020.”

The patient responses were automatically logged on the SmartSurvey system once the patient submitted their response. The results were anonymous.

2.4 Survey Fatigue

To mitigate the effects of survey fatigue in patients seen across multiple Oxleas NHS services, the survey was sent to patients for the first two services that they were recorded as having “attended” on RiO. For patients seen for multiple consultations in a single day, they only received a survey for the first “attended” consultation that day. Furthermore, for the teams that have the automated Patient Experience surveys being delivered to patients via SMS or email, the remote experience survey was delivered four weeks before, or after, the Patient Experience survey was delivered (depending on which was delivered first).

3. Survey Findings - Trust wide

3.1 Response Numbers / Response Rate

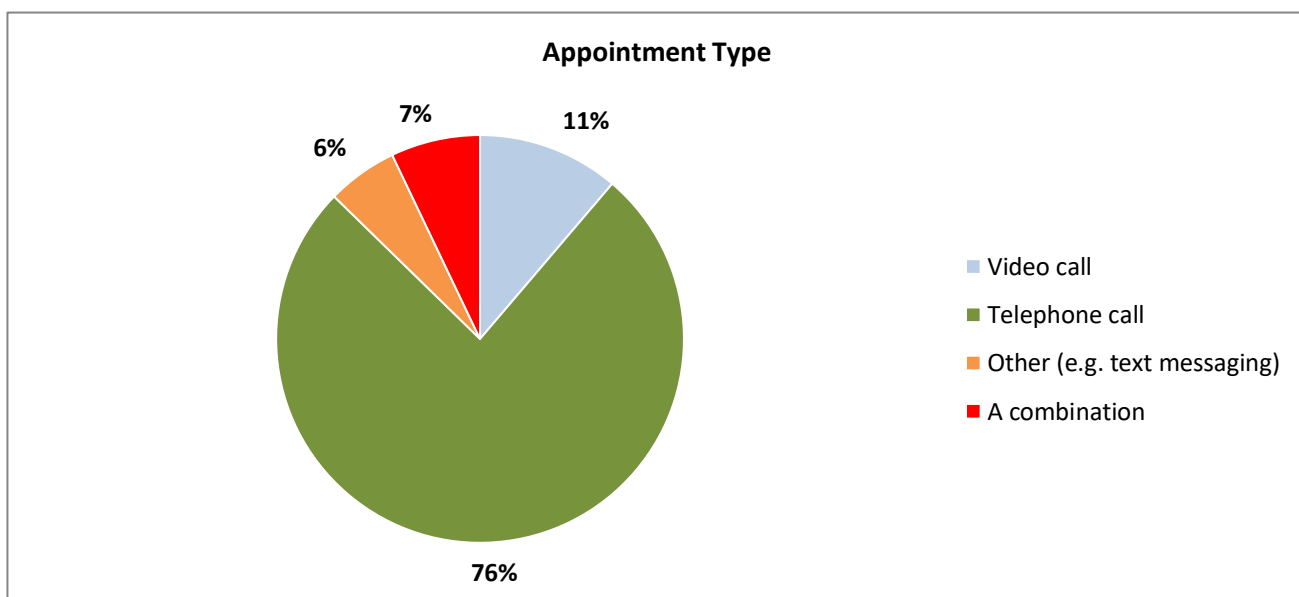
A total of 35,933 surveys were administered to patients. In total, 5,054 patient responses were received giving a total response rate of 14%. In the CYP services, the majority of the feedback was provided by the parent/carer.

ACH	AMH	OPMH	ALD	CYP	Totals	Response rate
1,473	1,523	17*	28*	2,013	5,054	14%

*The main sections of the report will detail the reasons for the lower returns in the ALD and OPMH services.

3.2 Appointment Type

Over three-quarters (76%) of the patient appointments were delivered over the telephone. The comments from patients suggest that the survey results would have been more positive had there been more video appointments delivered.



3.3 Quantitative Highlights

- ✦ When asked the question: *“How did you find using video, phone calls or text messaging rather than meeting in-person?”* a total of **77%** of patients across all services responded with *“Better for me”* or *“Ok.”*
- ✦ In the CYP services, when asked the question: *“Were you happy to have the session at home in this way (telephone / video)?”* a total of **75%** of respondents answered *“Yes, I felt more happy”* or *“Yes, I felt just as happy.”*
- ✦ In the non-CYP services, when asked the question: *“Did you feel comfortable to talk about problems or worries during your video, phone or text message appointment as you would in a face-to-face appointment?”* a total of **75%** of patients responded *“Yes, I felt more comfortable”* or *“Yes, I felt just as comfortable.”*
- ✦ When asked the question: *“Were you happy with the care and treatment you received in your video, telephone or text messaging appointment?”* a total of **90%** of patients across the services responded with *“Yes”* or *“Somewhat.”*
- ✦ When asked the question: *“Would you like to be able to use video, phone calls or text messaging for future appointments?”* a total of **79%** of patients across the services responded with *“Yes”* or *“Maybe.”*

3.4. Qualitative Highlights

Thematic analysis was performed on the comments to identify patterns of themes. The approach used was taken from the qualitative researchers in psychology, Virginia Braun and Victoria Clark. Comments were examined individually to develop a coding frame. From this coding analysis, patterns and themes were identified.

The survey includes a total of three free text comment boxes and over 5,000 free text comments were collected across all the services. Due to the large volume of comments, the thematic analysis was based upon a sample of at least 15% of the comments in each of the service areas. The comments relating specifically to the remote appointment experience were those grouped into themes; the majority of these themes came from the questions: *“How did you find using video, phone calls rather than meeting in-person”* and *“Would you like to be able to use video, phone calls or text messaging for future appointments?”* Teams will receive a team level report which includes the complete list of comments in response to all three free text questions.

A summary of the themes identified across the trust, alongside some of the recommendations derived from these themes, are presented on the thematic analysis overview chart on the next page.

3.5. Thematic Analysis Overview & Key Recommendations

Patient Experience Remote Appointments During COVID-19

Survey Themes

Convenience of remote appointments

Patients have reported the various conveniences of remote appointments:

- Saving time on travelling
- No waiting in waiting rooms
- Conveniences for parents with young children
- Conveniences for carers
- Conveniences for patients with disabilities and mobility conditions

Same level of care and treatment received in remote appointment

Patients have reported that the same treatment result/outcome and/or same level of care and treatment was received during the remote appointment as they received previously in face-to-face appointments.

“Discussed problem on the phone in the same way as I would have in-person...” Bexley MSK (Female, 35-54)

Preference for face-to-face appointments

Although patients report a positive remote appointment experience, a top theme across the services was a preference for being seen physically, face-to-face. In particular, patients who had a telephone appointment found the lack of body language and visual cues to be challenging.

“Meeting face-to-face is the ideal scenario.” Bromley CMHRES (Male, 55-64)

Depends on nature of symptoms and/or appointment

Patients report that although they prefer face-to-face appointments, having a remote consultation depends largely on the symptoms and the nature of the consultation.

“As long as the problem doesn’t need to be seen.” Greenwich District Nursing (Female, 65-74)

“Depends on issue.” Greenwich Health Visiting - Breastfeeding (Female, 35-54)

Patient Choice

Patients would like the choice to opt for remote appointments.

“...At the Choose and Book stage, it would be lovely for patients to make a choice about what style of appointment they are most comfortable with and communication styles, the needs and skills of each patient will vary on an individual basis.” Greenwich MSK (Female, 25-34)

More video remote appointment options

Patients would prefer video calls rather than telephone appointments.

“Video calls would be preferred to phone calls.” Health Visiting – Bromley (Female, 35-54)

“If I have a video chat they could have seen lots of symptoms possibly.” Bromley East ADAPT (Male, 25-34)

Appointment combinations

Patients would find it helpful to have a mixture of appointment depending on the nature of the appointment.

“A combination of both [remote and face-to-face] would be great because face-to-face appointment doesn’t have to be all the time.” Greenwich SCS – Dietetics (Parent/Carer)

Patients fed back that remote appointments are convenient for follow-up appointments.

Based on the identified themes, these are some of the recommendations going forward

3.6. Reported Survey Questions

Each team will be provided with a report with the full survey results for their service. For the purpose of this report, the findings of 4 of the 10 survey questions will be provided; the selected questions are as follows for OPMH, ALD, ACH and AMH service (questions in bold include the free text comments box option):

- 1. How did you find using video, phone calls or text messaging rather than meeting face-to-face?**
- 2. Did you feel comfortable to talk about problems or worries during your video, phone or text message appointment as you would in a face-to-face appointment?*
- 3. Were you happy with the care and treatment you received in your video, phone or text messaging consultation?**
- 4. Would you like to be able to use video, phone calls or text messaging for future appointments?**

The selected questions are worded as follows in CYP surveys:

- 1. How did you find using video, phone calls rather than meeting in-person?**
- 2. Were you happy to have the session at home in this way (telephone / video)?*
- 3. Were you happy with the care and treatment you received in your appointment?**
- 4. Would you like to be able to use video, phone calls or text messaging for future appointments?**

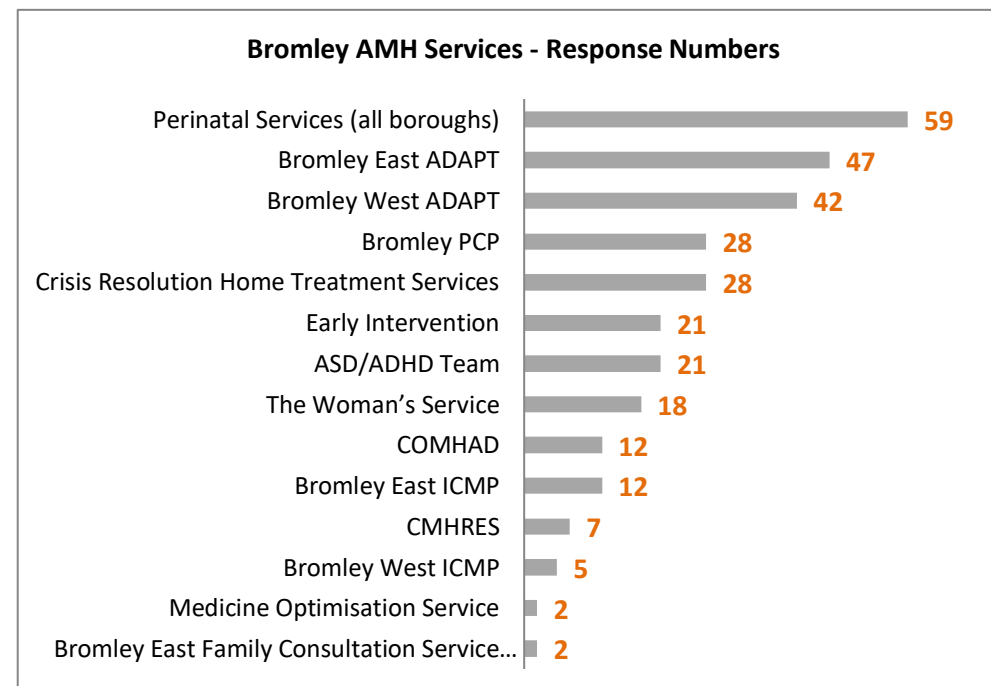
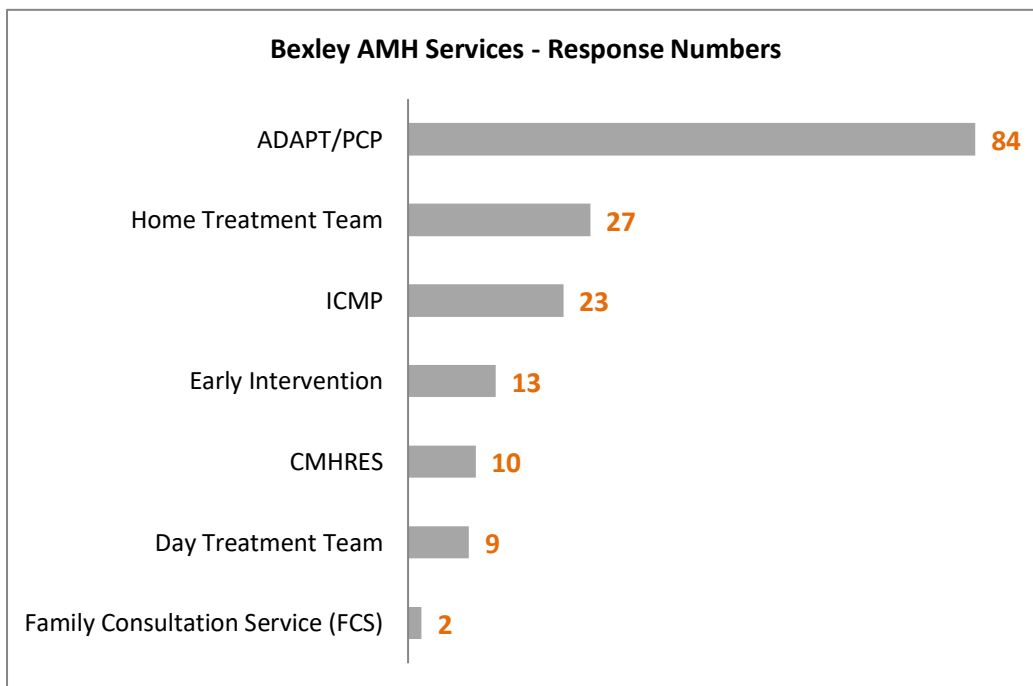
3.7. Survey Findings - Adult Mental Health Services

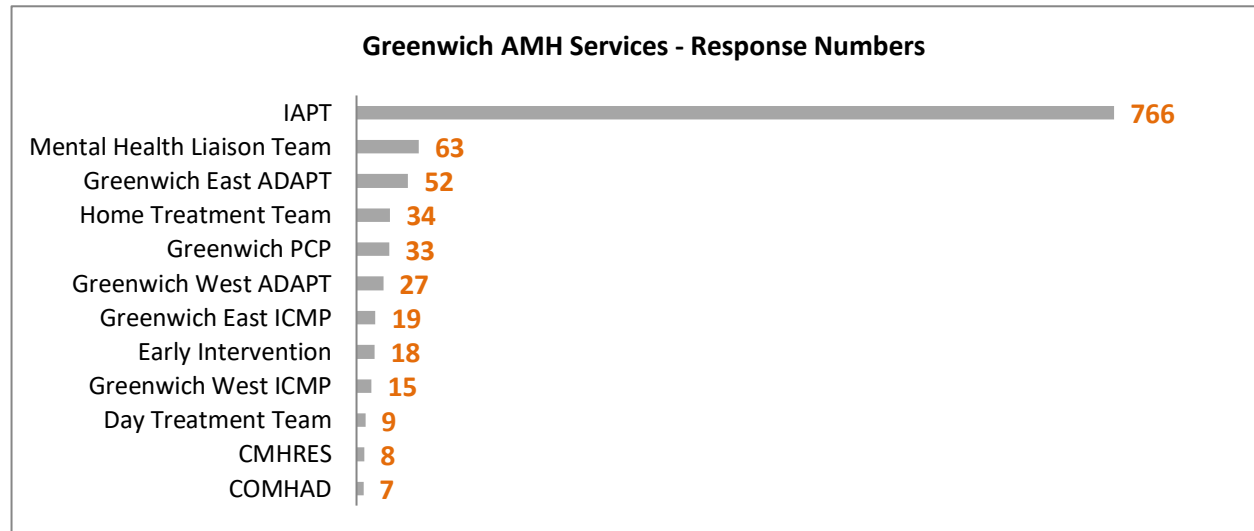
3.7.1 Response Rates

A total of 8,249 surveys were delivered and 1,523 patients responded (response rate = 18%).

	Delivered	Received	Response Rate (%)
Bexley AMH	1,271	168	13%
Bromley AMH	2,224	304	14%
Greenwich AMH	4,754	1,051	22%
AMH Totals:	8,249	1,523	18%

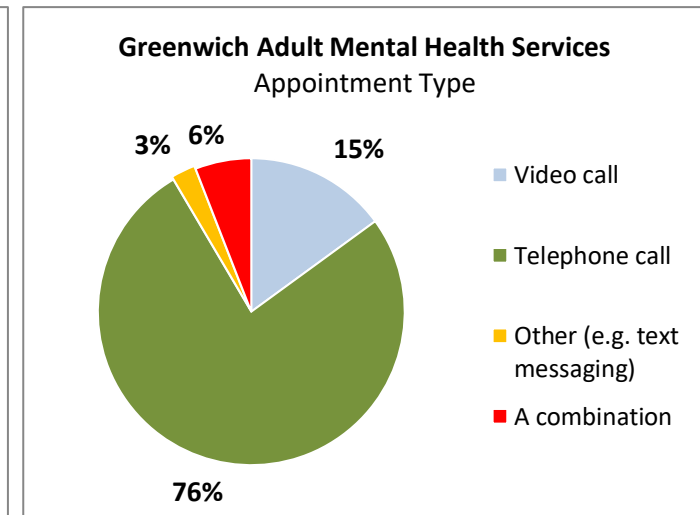
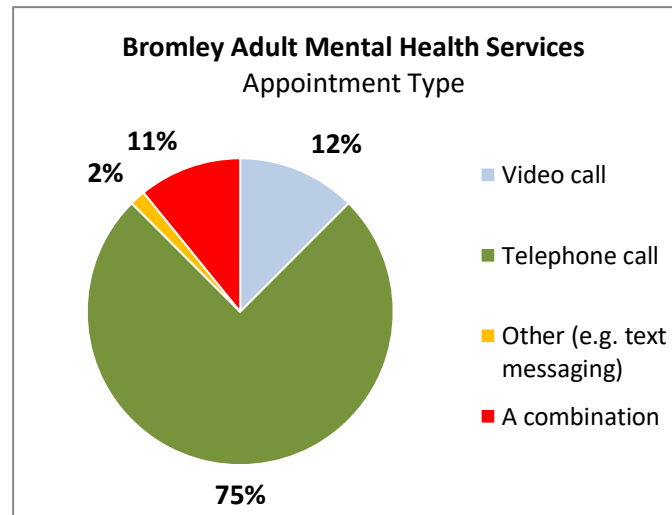
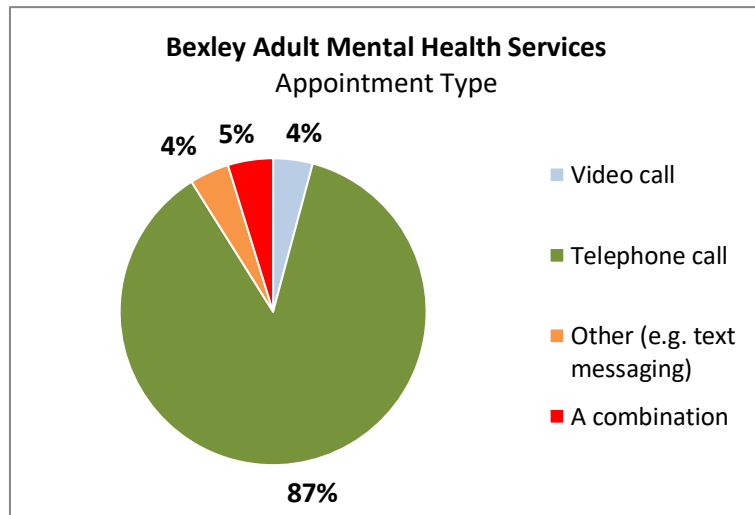
3.7.2. Response Numbers by Team



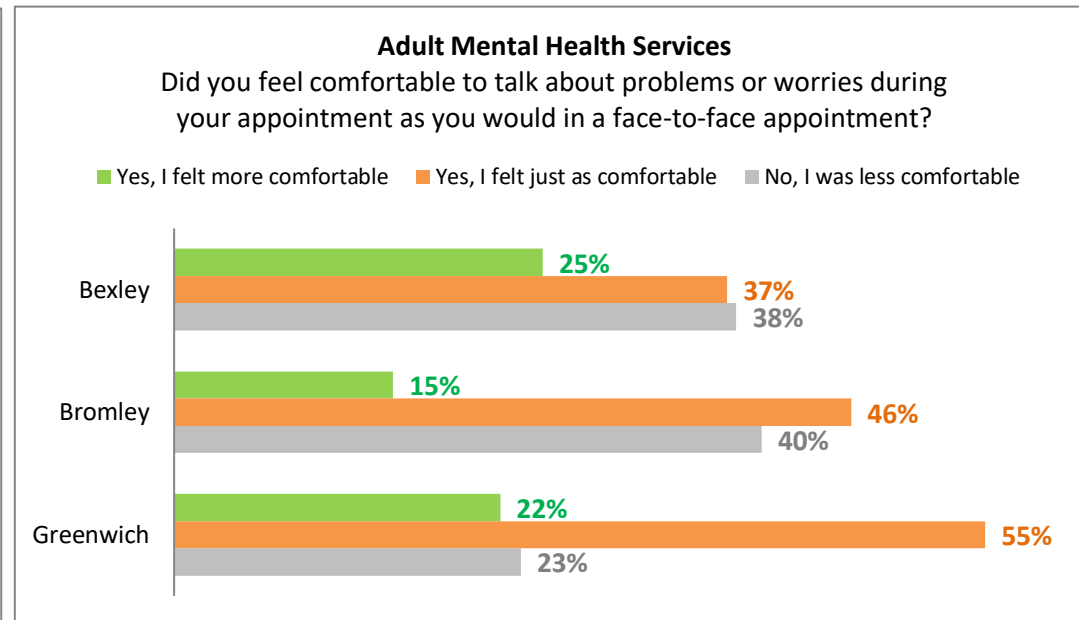
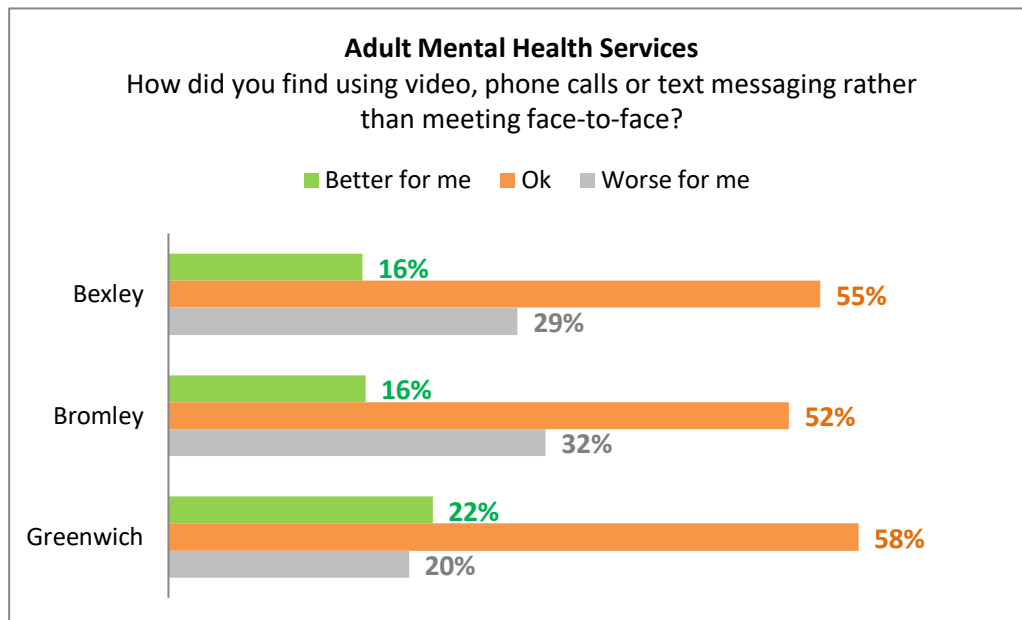


3.7.3 Appointment Type

Across all the AMH services, 75% - 87% of the remote consultations were held over the telephone.



3.7.4. Quantitative Survey Findings

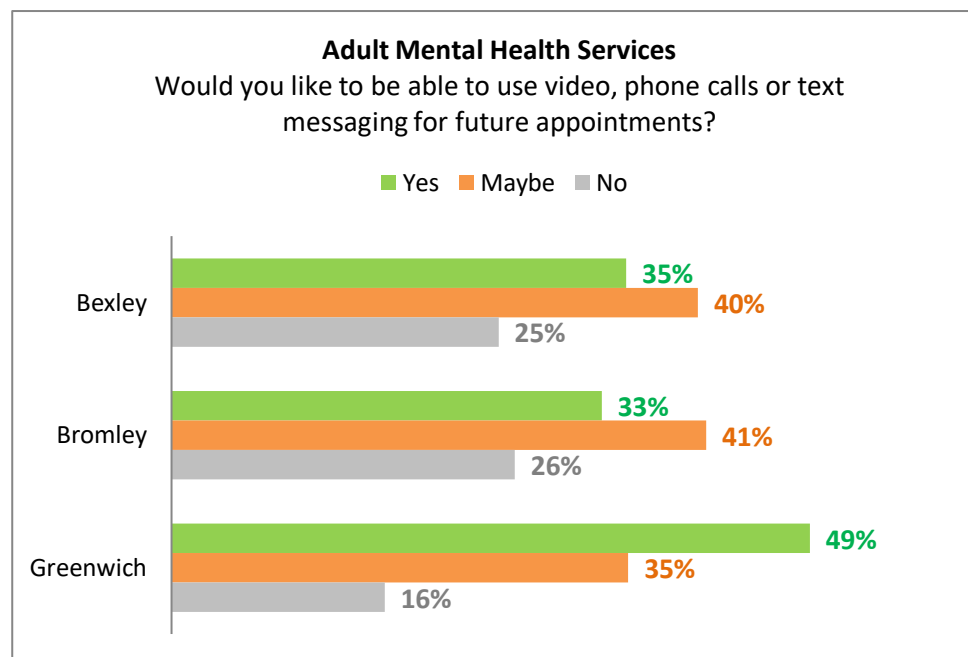
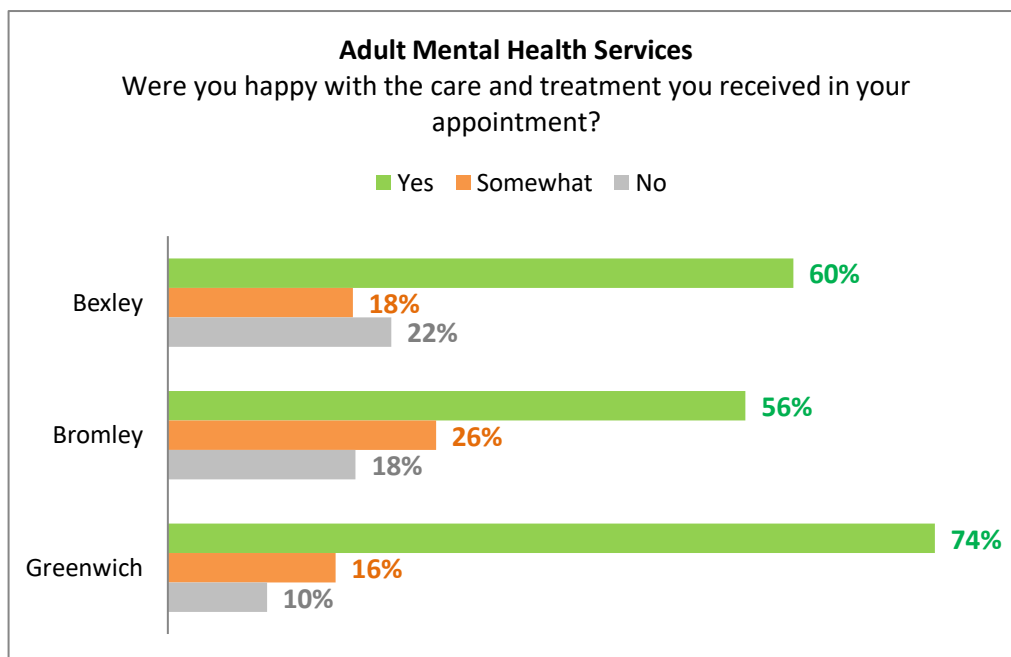


“How did you find using video, phone calls or text messaging rather than meeting face-to-face?”

A total of 71% of Bexley patients reported that they found the remote consultations “Better” for them or “Ok”. A total of 68% of Bromley patients responded that the remote appointment was “Better” for them or “Ok” and a total of 80% of Greenwich patients responded with “Better for me” or “Ok”. Across all services, less than 32% of patients reported that the experience was “Worse” for them when compared to meeting for face-to-face appointments.

“Did you feel comfortable to talk about problems or worries during your appointment as you would in a face-to-face appointment?”

In total, 62% of patients seen in Bexley services reported that they felt “More comfortable” or “Just as comfortable” to talk about problems or worries during their remote consultation. A total of 61% of patients seen in Bromley services reported that they were “More comfortable” or “Just as comfortable”. And, a total of 77% of patients seen in Greenwich services reported that they were “More comfortable” or “Just as comfortable”. Over half (55%) of the Greenwich patients reported that they felt “Just as comfortable” during the remote consultation. Across services, less than 40% of patients responded that they were “Less comfortable.”



“Were you happy with the care and treatment you received in your appointment?”

Over half of all patients responded “Yes” to this question. Less than 22% of all patients responded “No.”

Would you like to be able to use video, phone calls or text messaging for future appointments?

In total, 75% of Bexley patients responded “Yes” or “Maybe” to this question. In total, 74% of Bromley patients responded “Yes” or “Maybe.” And, 84% of Greenwich patients responded “Yes” or “Maybe” with almost half (49%) of the Greenwich patients responding “Yes.” Overall, less than 26% of patients responded “No”.

3.7.5. Qualitative Survey Findings – Bexley AMH

A minimum of 15% patient responses were reviewed. The main emerging themes relating specifically to the remote appointment are reported below:

Convenience

One of the top themes was convenience; patients commented on the various conveniences of the remote consultation experience. Below are some example comments that were provided:

“I feel I more comfortable on telephone appointment from home.” Bexley ICMP (Female, 35-54)

“Lot easier and if I'm having bad day where I can't leave the house can still talk to care co-ordinator.” Bexley ADAPT/PCP (Female, 25-34)

“It's much more convenient and private.” Bexley CMHRES (Female, 55-64)

Convenient due to saving time on travelling

“Saves time travelling.” Bexley ICMP (Male, 25-34)

“Saves travelling to appointment.” Bexley Day Treatment Team (Female, 18-24)

“You find face-to-face stressful plus it is a long journey for me. I felt much more relaxed on the phone.” Bexley ICMP (Female, 55-65)

“It is so much less time consuming and can be done in the peace and quiet of your own home...” Bexley ICMP (Female, 55-64)

Convenient due to Anxiety or Agoraphobia

“It takes the anxiety away from having to come out of the house to a centre. I feel like I am able to get my feelings out when I am in the phone, whereas I sometimes hold back face-to-face if I am uncomfortable.” Bexley ICMP (Male, 25-34)

“I could discuss my worries and feelings in my own home without the anxiety of waiting rooms and other people.” Bexley ADAPT/PCP (Female, 35-54)

Preference for face-to-face consultations

Another top theme that emerged was the preference for face-to-face appointments. Patients acknowledged that remote consultations are safer as a result of the COVID-19 pandemic. Patients responded positively to receiving care and treatment via remote means as an alternative:

“Yes I understand it’s an awkward situation for all with this COVID-19 but need face-to-face to carry on EDMR treatment but video call is better than nothing right now.” Bexley ADAPT/PCP (Female, 55-64)

“It was better for me due to pandemic outbreaks as I have underlying health conditions.” Bexley ADAPT/PCP (Female, 35-54)

“At least during COVID-19. It felt safer for patients, nurses, doctors and carers.” Bexley CMHRES (Female, Age Unknown)

However, patients commented that they would much prefer face-to-face consultations in the future:

“I need to see responses. My imagination will add in negative details. I can gauge reactions better if I see them. I can get suspicious of not seeing someone in-person.” Bexley Home Treatment Team (Female, 35-54)

“At times it has been easier for me as I’m not as self-conscious. Not being seen helped. That said, it’s easier for my psychologist to read me and support me face-to-face so face-to-face is definitely more helpful.” Bexley ADAPT/PCP (Female, 35-54)

“I prefer speaking face-to-face due to I feel I can be more open and less embarrassed talking about my problems.” Bexley ADAPT/PCP (Female, 18-24)

“It’s much harder to talk when you can’t see the other person. Awkward pauses and talking at the same time! Not great when your mental health is rubbish.” Bexley ADAPT/PCP (Female, 25-34)

I rather face-to-face because we can speak about the situation easier.” Bexley ADAPT/PCP (Male, 35-54)

“I prefer face-to-face, so ICMP can see my emotions etc.” Bexley ICMP (Female, 35-54)

“I prefer face-to-face as able to read emotions.” Bexley ADAPT/PCP (Male, 35-54)

3.7.6 Qualitative Survey Findings - Bromley AMH

A minimum of 15% patient responses were reviewed. The main emerging themes relating specifically to the remote appointment are reported below:

Convenience

Patients commented about the conveniences of the remote consultation. Below are some example comments:

“It is very convenient and I was very happy with video as I was safer in my own home. The doctor was very helpful.” Bromley Early Intervention (Female, 65-74)

Convenient due to saving time on travelling

“Was easier due to not needing to travel.” The Woman’s Service (Female, 35-54)

“Less travelling and waiting around.” Bromley Early Intervention (Female, 35-54)

“It saves everyone time and resources it’s not always necessary to have a face-to-face appt. but by no means is a replacement.” (Female, 35-54)

“Is the same plus is time consuming you don’t need to go and wait in the waiting rooms.” COMHAD (Male, 35-54)

“I found it logistically much easier and I felt better not having to travel with my baby and disrupt our routine.” Bromley Perinatal Mental Health Team (Female, 35-54)

Convenient due to Anxiety or Agoraphobia

“Being agoraphobic, I struggle to leave the house although it’s good for me and I always made appointments but it was nice not to worry about that side.” The Woman’s Service (Female, 55-64)

“I get very anxious going out and even more so now with COVID-19. A phone call does not present me with these challenges.” Bromley West ICMP (Female, 35-54)

Preference for face-to-face consultations

Patients acknowledged that remote consultations are safer as a result of the COVID-19 pandemic. Patients responded positively to receiving care and treatment via remote means as an alternative:

“Helpful to have alternatives during the COVID-19 pandemic. Meeting face-to-face is the ideal scenario.” Bromley CMHRES (Male, 55-64)

“Face-to-face I find is really good but being in my own environment and zooming was also good in my journey. Under the circumstances I am really really grateful that we can do it online and want to thank everybody in the NHS.” The Woman’s Service (Female, 25-34)

“The telephone sessions have been really helpful and I have been very grateful for the continuation of my sessions. Nothing can quite replace meeting face-to-face.” The Woman’s Service (Female, 35-54)

Patients commented that they would prefer face-to-face consultations in the future:

“Personally I’d always rather come in and talk to people face-to-face. I struggle with phone calls under normal circumstances and I find it easier to communicate with both vocalisations and body language. On the phone I found myself trying to “overdo” my pitch and tone to communicate distress because she couldn’t see that I was fidgeting, rocking, squirming etc. This meant I was focusing more on how I said things than what I was actually saying.” Bromley East ADAPT (Female, 25-34)

“Face-to-face meetings are more helpful. Facial expressions are totally lost over the phone.” Bromley CRHT (Female, 35-54)

“It just did not feel right with anxiety levels I just find it less stressful just talking face-to-face.” Bromley West ADAPT (Male, 55-64)

“I prefer to be with the person with whom I am having a conversation even though I find it easier to concentrate on what they are saying when I am not face-to-face I still prefer to be with them...” Bromley CRHT (Female, Age Unknown)

“I feel face-to-face would be better.” Bromley PCP (Male, 35-54)

“The person I spoke with was very nice and informative. I do however feel though that it's probably not good for everyone as it would be easier to play down how you really feel over a phone call...” Bromley Perinatal Mental Health Team (Female, 25-34)

3.7.7. Qualitative Survey Findings - Greenwich AMH

A minimum of 15% patient responses were reviewed. The main emerging themes relating specifically to the remote appointment are reported below:

Convenience

Patients provided comments about the convenience of the remote consultation. Below are some example comments:

“I find it hard to go out sometimes so a phone call can be less stressful for me.” Greenwich PCP (Male, 55-64)

“I find it easier to speak in this way. I'm able to stay in my own environment which helps if I become upset.” IAPT (Female, 25-34)

“Best option in current circumstances. Great for convenience.” IAPT (Female, 35-54)

Convenient due to saving time on travelling

“I think it's also a great opportunity to do one of these ways because travel doesn't take up extra time in our days and for example for myself it saved a 1hr 20min.” IAPT (Female, 25-34)

“Logistically more convenient, no travel expense and in an era of COVID-19, feels safer.” IAPT (Male, 55-64)

“Video calls are going to be great because sometimes you can't travel to the appointment destination.” IAPT (Male, 25-34)

Convenient due to disabilities/mobility issues or pain conditions

“Sometimes I'm in too much pain or tired to go out.” Greenwich PCP (Female, 35-54)

Convenient due to work/family commitments

“It's very convenient to fit around work and family commitments.” IAPT (female, 55-64)

Convenient due to Anxiety or Agoraphobia

“I got agoraphobia amongst other things so better for me.” Greenwich PCP (Female, 55-64)

“Would be helpful if I'm too anxious to leave the house.” Greenwich East ICMP (Female, 25-34)

“I found it worked well once I got used to it. No anxiety about getting to appointments.” IAPT (Female, 65-74)

Preference for face-to-face consultations

Patients acknowledged that remote consultations are safer as a result of the COVID-19 pandemic. Patients responded positively to receiving care and treatment via remote means as an alternative:

“Less personal and harder to communicate in general. Despite this it was fine and totally understandable given the circumstances.”

Greenwich West ADAPT (Male, 25-34)

“I'd prefer proper face-to-face, my Counsellor agrees too, but, in the circumstances, it has worked well. I have no complaints.” IAPT (Male, 35-54)

“I like face-to-face consultations but due to this awful pandemic is going on I understand and I'm happy with telephone consultations to continue.” Greenwich PCP (Male, 35-54)

“I'd prefer face-to-face, but, this experience has shown that it can work, if needed.” IAPT (Male, 35-54)

However, going forward, patients commented that they would prefer face-to-face appointments:

“I prefer face-to-face just because of trust I can't see who I'm talking to so it's really uncomfortable sharing my personal issues with this person.” IAPT (Female, 25-34)

“I find it difficult to connect outside a face-to-face situation.” Greenwich Mental Health Liaison Team (Male, 35-54)

“Effective communication relies heavily on body language therefore verbal/written communication is totally insufficient and can easily be misinterpreted. Mental health, in particular, is about building trusting relationships; therefore this is much harder using online communication.” Greenwich West ADAPT (Gender and Age Unknown)

“I prefer seeing my therapist.” Greenwich East ADAPT (Female, 25-34)

“Yes but face-to-face is better.” Greenwich Home Treatment Team (Male, 35-54)

“I prefer face-to-face.” CMHRES (Female, 35-54)

3.7.8. AMH Survey Findings Summary

There were a total of 1,523 responses completed by patients seen in AMH services. Overall, across the boroughs, patients provided positive feedback to the care and treatment they received during their remote appointment. Over half (56%) of all patients responded “Yes” to the question: “*Were you happy with the care and treatment you received in your appointment?*” Patients found the remote appointment experience convenient. Although the preference for face-to-face appointments was identified as another top theme, patients commented that in the future they would like to be given the option to opt for remote appointments:

“The option would be nice. I want given that....” Bromley East ADAPT (Male, 25-34)

“I would like to be given choice first of all. It really saves a lot of time to have an appointment online.” IAPT (Female, 34-54)

“Although I have social anxiety I strangely do still miss physical / face to face contact with people especially in our current climate but it would be nice to have that variety of choice.” IAPT (Female, 34-54)

Patients also commented on the benefits of video appointments as it is more personal than telephone appointments:

“Believe face-to-face to be more beneficial or comfortable but video call may be just as valuable.” The Woman’s Service (Female, 35-54)

“The only option I would feel comfortable using out of these options would be video as I think it’s important to be able to see the patient.” Bexley ADAPT/PCP (Female, 35-54)

“If COVID-19 is still an issue I think they should set up video calling. We don't have that option available so we can physically see each other. I think it will have a positive impact on one's mental health. Not to feel alone.” Bexley ADAPT/PCP (Female, 25-34)

“Whilst having a video call you can still see each other.” IAPT (Female, 25-34)

“Video would have allowed me to see or use body language to communicate.” IAPT (Female, 25-34)

“... If I have a video chat they could have seen lots of symptoms possibly??” Bromley East ADAPT (Male, 25-34)

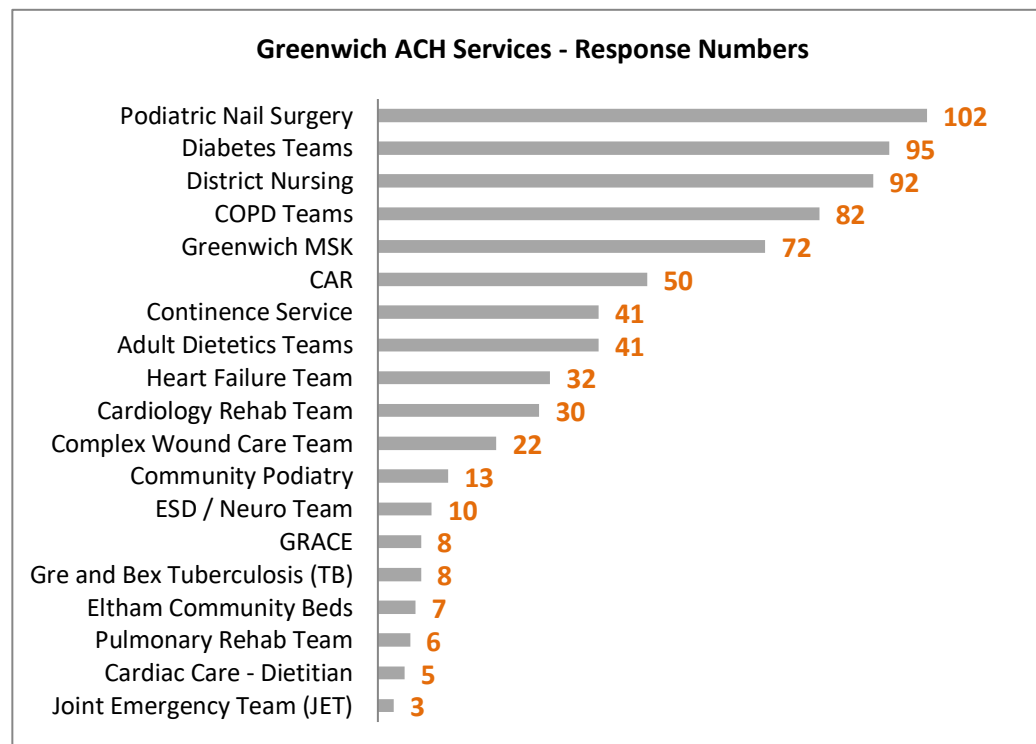
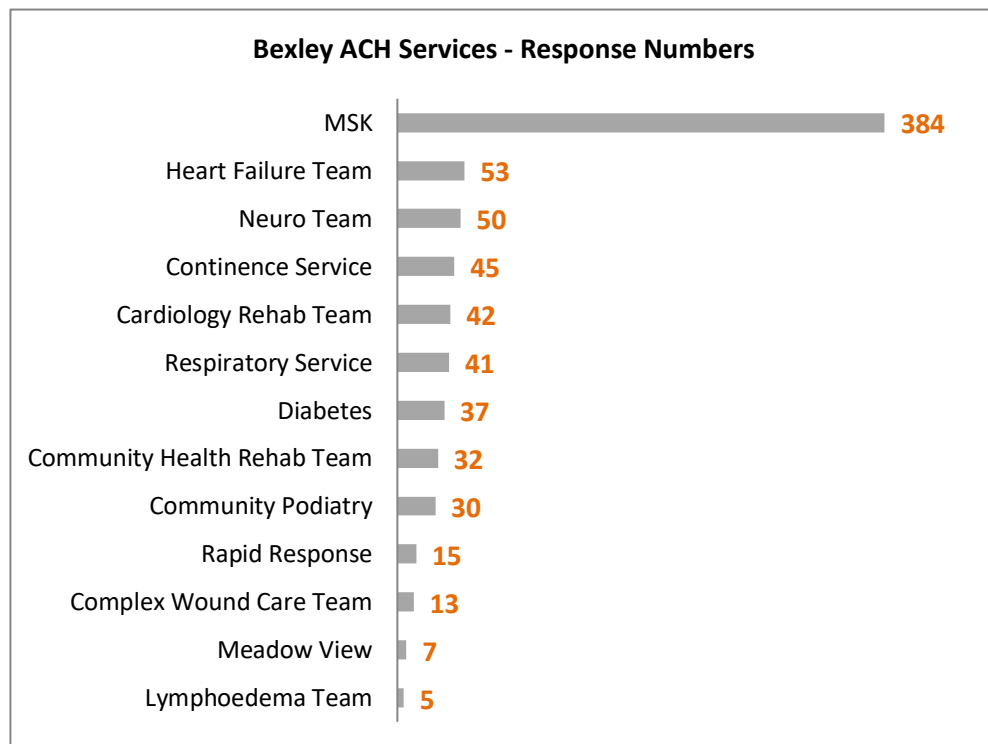
3.8. Survey Findings - Adult Community Health Services

A total of 9,193 surveys were delivered and 1,473 patients responded (response rate = 16%).

3.8.1. Response Rates

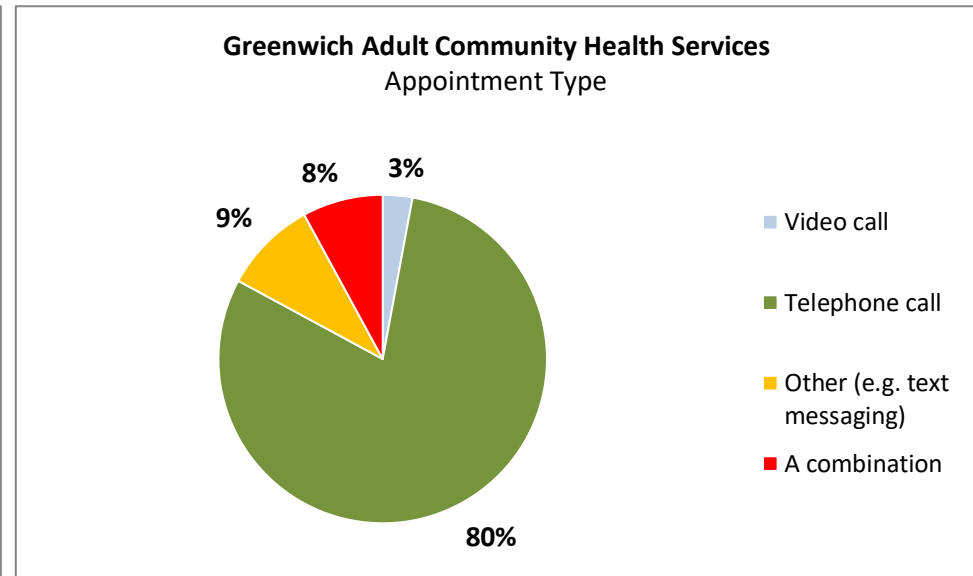
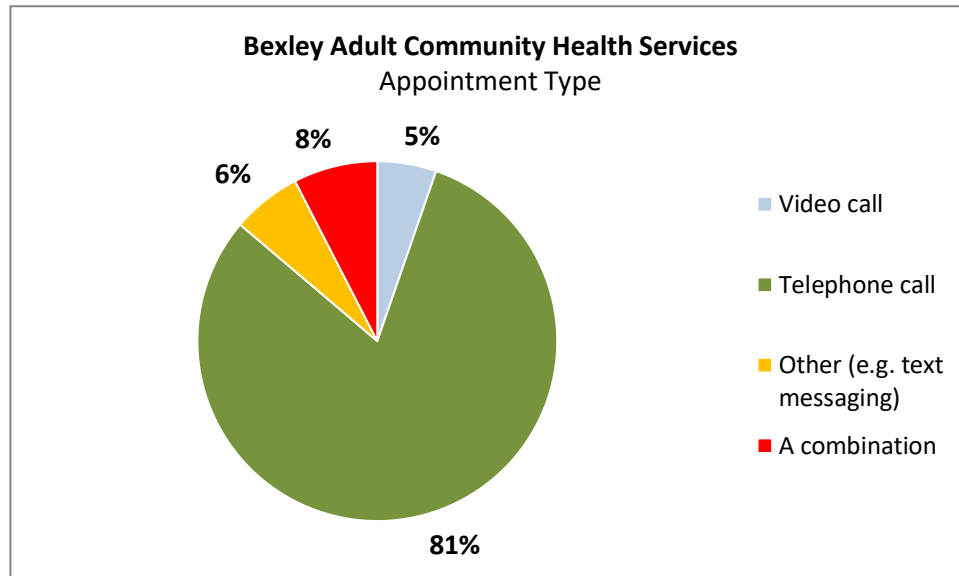
	Delivered	Received	Response Rate (%)
Bexley ACH	3,764	754	20%
Greenwich ACH	5,429	719	13%
ACH Totals:	9,193	1,473	16%

3.8.2. Response Numbers Breakdown by Team

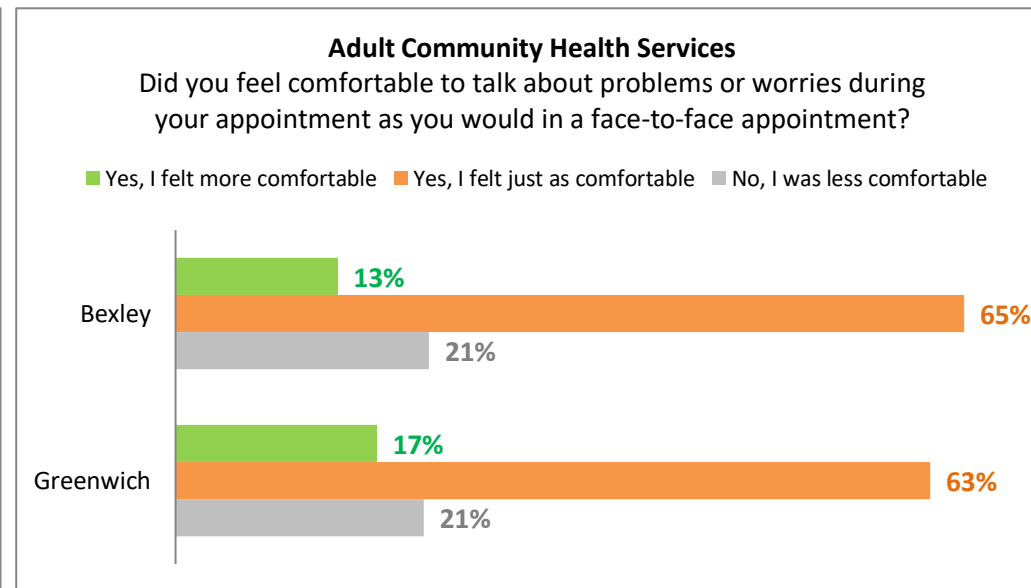
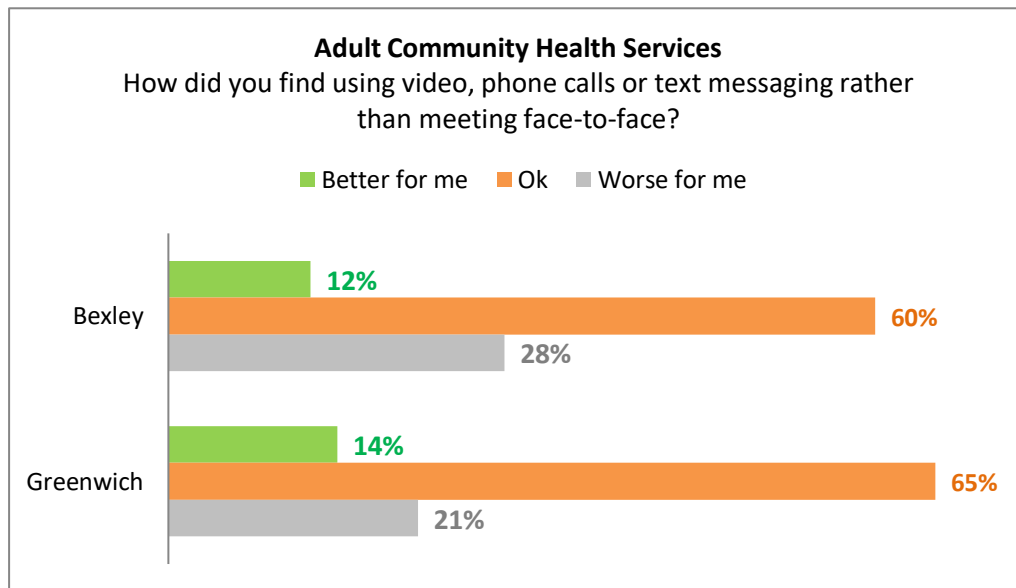


3.8.3. Appointment Type

Across all the ACH services, 80% - 81% of the remote consultations were held over the telephone.



3.8.4. Quantitative Survey Findings

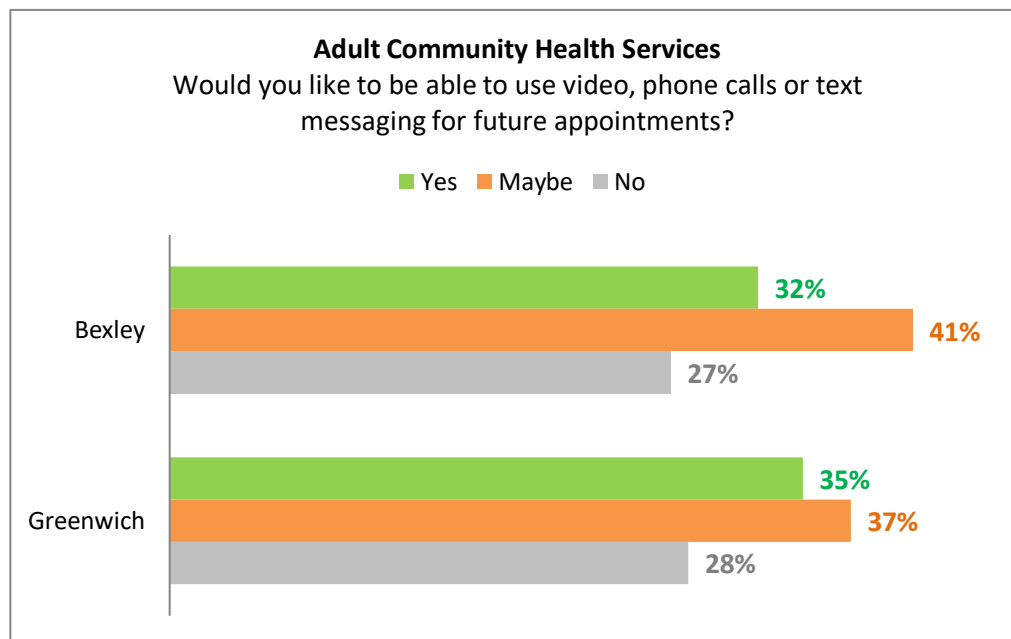
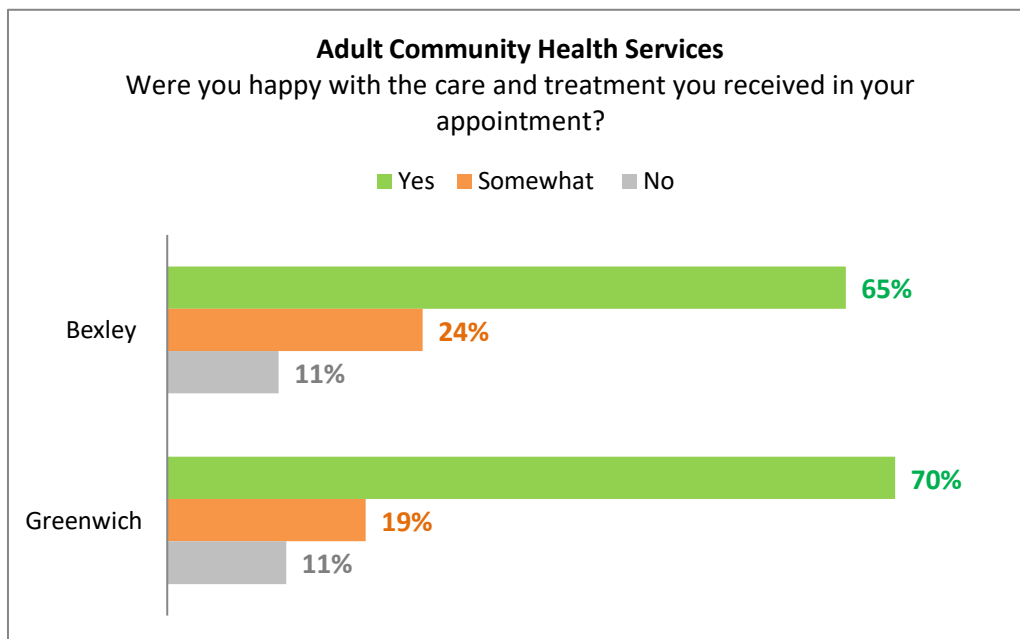


“How did you find using video, phone calls or text messaging rather than meeting face-to-face?”

A total of 72% of Bexley patients reported that the remote consultation was “Better” for them or “Ok”. A total of 79% of the Greenwich patients responded that the remote consultation was “Better” for them or “Ok”. Overall, less than 28% of patients reported that the experience was “Worse” for them when compared to meeting for face-to-face appointments.

“Did you feel comfortable to talk about problems or worries during your consultation?”

In total, 78% of patients seen in Bexley services reported that they felt “More comfortable” or “Just as comfortable” to talk about problems or worries during their remote consultation. In total, 80% of patients seen in Greenwich services responded with “More comfortable” or “Just as comfortable” to this question. In both Greenwich and Bexley services, 21% of patients reported that they were “Less comfortable”.



“Were you happy with the care and treatment you received in your appointment?”

In total, 65% of Bexley patients responded “Yes” to this question. And, a total of 70% of Greenwich patients responded “Yes.” Across the services, 11% of patients responded “No” to this question.

“Would you like to be able to use video, phone calls or text messaging for future appointments?”

In total, 73% of Bexley patients responded “Yes” or “Maybe” to this question. In total, 72% of Greenwich patients responded “Yes” or “Maybe” to this question. Overall, less than 28% of patients responded “No”.

3.8.5. Qualitative Survey Findings – Bexley ACH Services

A minimum of 15% patient responses were reviewed. The main emerging themes relating specifically to the remote appointment are reported below:

Convenience

Patients provided comments about the conveniences of the remote consultation. Below are example comments:

“I was able to discuss the problems in the comfort zone of my home.” Bexley Community Health Rehab Team (Male, 35-54)

Convenient due to saving time on travelling

“Not having to travel to the hospital.” Bexley Continence Service (Male, 65-74)

“Saved me having to make my way to the hospital.” Bexley Heart Failure Team (Female, 75+)

“Cuts out travelling and all that entails.” Bexley Neuro Team (Male, 65-74)

“It's just time saving and I don't have to leave dad alone.” Bexley Diabetes (Male, 35-54)

Convenient due to disabilities/mobility issues or pain conditions

“It saves me going to the consultation which causes me a lot of pain.” Bexley Rapid Response (Female, 75+)

“I can't move without having a lot of pain so it is a lot better for me to not have to travel to the hospital.” Bexley MSK (Female, 35-54)

“Easier for me with mobility issues.” Bexley Neuro Team (Female, 35-54)

Convenient due to work commitments

“Much better for me so I do have to take time off work.” Bexley Neuro Team (Female, 35-54)

“I am a nurse myself and was still working so [name omitted] rang on my mobile at work. Very helpful.” Bexley Diabetes (Female, 55-64)

Convenient due to Anxiety or Agoraphobia

“My anxiety was very low as I was at home.” Bexley Neuro Team (Female, Age unknown)

Same treatment result/outcome and same level of care and treatment

Patients commented that they received the same treatment result/outcome and/or the same level of care and treatment as they would experience during face-to-face appointments:

“Discussed problem on the phone in the same way as I would have in-person anyway.” Bexley MSK (Female, 35-54)

“Because all questions and advice the same as it would have been in surgery.” Bexley Diabetes (Female, 65-74)

“My appointment was cancelled due to COVID-19, so just received a phone call from a MSK person and we discussed my injury and came to a reasonable solution, didn’t make a lot of difference how the appointment conducted.” Bexley MSK (Female, 35-54)

Patients also commented positively around the information and/or support they received:

“I needed advice and a phone call was sufficient.” Bexley MSK (Female, 65-74)

“All information needed was given over the phone.” Bexley Cardiology Rehab Team (Male, 55-64)

“I found it very helpful & my Physio therapist really took the time to chat with me. I felt well supported & benefited from the appointment.”
Bexley MSK (Female, 35-54)

“They explain everything on the call.” Bexley Continence Service (Female, 35-54)

Preference for face-to-face consultations

Patients acknowledged that remote consultations are safer as a result of the COVID-19 pandemic. Patients responded positively to receiving care and treatment via remote means as an alternative:

“I felt that the staff were providing an excellent service under difficult circumstances (COVID-19 restrictions).” Bexley Cardiology Rehab Team (Female, 55-64)

“Helpful during COVID-19.” Bexley MSK (Female, 55-64)

However, patients commented that they would prefer face-to-face appointments in the future:

“Easier to explain during face-to-face. More opportunity for valid questions.” Bexley MSK (Male, 65-74)

“As the carer for my father, the face-to-face meetings were more productive as the older generation seem to enjoy a paternalistic relationship with the service provider.” Bexley Community Health Rehab Team (Patient: Male, 65-74)

“In-person could've discussed further easier.” Bexley Neuro Team (Female, 35-54)

Some patients who specified that they preferred face-to-face consultations explained the challenges around explaining or showing physical symptoms or injuries during the remote consultation. This was a common theme in patients seen in the Bexley MSK service (the following patients all received a telephone consultation):

“It was a very informative and helpful phone call but I would have preferred an in-person appointment so that I could be shown how to do the exercises. However, I was offered a video call the next week if I needed more help.” Bexley MSK (Female, 25-34)

“You do not get the chance to demonstrate or show areas of concern.” Bexley MSK (Male, 65-74)

“I feel it difficult to explain the true effects of the pain I'm in and the differing locations of the pain.” Bexley MSK (Female, 35-54)

3.8.6. Qualitative Survey Findings - Greenwich ACH

A minimum of 15% patient responses were reviewed. The main emerging themes relating specifically to the remote appointment are reported below:

Convenience

Patients commented about the convenience of the remote consultation. Below are some example comments that were provided:

Convenient due to saving time on travelling

“It saved me from travelling to the appointment. I believe this is the way forward unless there is need for a physical examination. “

Greenwich Podiatric Surgery (Female, 55-64)

“Did not have to travel.” Greenwich Diabetes Team (Male, 65-74)

Convenient due to disabilities/mobility issues or pain conditions

“As I currently have a mobility problem it means I can talk to the various departments and not need any assistance to get to the appointments if I had to attend in-person.” Greenwich District Nursing – Eltham (Female, 55-64)

“I can't walk without being in a lot of pain. So, a phone call is a lot easier for me.” Greenwich District Nursing - Community Care Plus (Male, 65-74)

Convenient due to work commitments

“It was really convenient as I could have appointments when I was working without the need to take time off and arrange them for my lunch hour.” Greenwich MSK (Female, 25-34)

Convenient due to Anxiety or Agoraphobia

“I have Agoraphobia, which includes fear of visitors. It was far easier to talk on the phone.” Greenwich Adult Dietetics - Food First Team (Female, 55-64)

“I don't like going out, I suffer with panic attacks plus I have IBS which is stress related so travelling to a place starts it off especially if I don't know where the toilet is. So prefer telephone appointments or them to come to me.” Greenwich District Nursing - Twilight/Nights (Female, 35-54)

Preference for face-to-face consultations

Patients acknowledged that remote consultations are safer as a result of the COVID-19-pandemic. Patients responded positively to receiving care and treatment via remote means as an alternative:

“I was happy as I wasn't open to the risk of COVID-19.” Greenwich Diabetes Team (Male, 35-54)

“It was better for me due to risk of COVID-19.” Greenwich Diabetes Team (Male, 35-54)

“Prefer face-to-face but have no objection during the COVID-19 period.” Greenwich Continence Service (Female, 55-64)

“Both members of staff were excellent in managing their phone consultations. Clearly in-person would be better but that was not an option and not sensible during the peak phase of the Pandemic.” Greenwich MSK (Male, 35-54)

However, patients commented that they would prefer face-to-face consultations in the future:

“Good as an alternative while COVID-19 is still an issue, face-to-face much preferred.” Greenwich Cardiology Rehab Team (Male, 55-64)

“I want to see a person; if we keep using technology to speak to people we will put ourselves in the position of not using our intuition and losing our ability to empathise with each other.” Greenwich Podiatric Surgery (Female, 55-64)

Some patients who specified that they preferred face-to-face consultations explained the challenges around explaining or showing physical symptoms or injuries during the remote consultation – the comments below are from patients who had a telephone consultation:

“I needed to demonstrate the problem with my shoulder face-to-face.” Greenwich MSK (Male, 65-74)

“It was difficult for staff to understand what exactly the affected area was.” Greenwich MSK (Female, 35-54)

“Difficulty because fracture clinic impossible to diagnose without seeing injury from an 8 month old X-Ray.” Greenwich District Nursing – Network (Gender Unknown, 75+)

Depends on symptoms and nature of consultation

In response to the question: *“Would you like to be able to use video, phone calls or text messaging for future appointments?”* patients provided feedback that having a remote consultation depends largely on the symptom(s) and the nature of the consultation:

“As long as the problem doesn’t need to be seen.” Greenwich District Nursing - Blackheath & Charlton (Female, 65-74)

“It really depends on the problem - if I need to see someone there should be something in place for this - otherwise yes if phone call/emails to give stuff to do is fine.” Greenwich Complex Wound Care Team (Female, 55-64)

3.8.7. ACH Results Summary

A total of 1,473 surveys were completed in ACH services. Overall, patients seen across both boroughs reported a positive experience of receiving care and treatment remotely. In total, 65% of Bexley patients responded “Yes” to the question: *“Were you happy with the care and treatment you received in your appointment?”* And, a total of 70% of Greenwich patients responded “Yes.” The convenience of remote appointments was identified as a top theme. The preference for face-to-face appointments was identified as another top theme. Patients have stated in the comments that they would like the choice to opt for the remote consultations in the future:

“It was very convenient this time, but would like the choice of being able to see a doctor face-to-face sometimes.” Greenwich MSK (Female, 65-74)

“I believe remote appointments have a place, however, I would be concerned if I lost my choice as there are some types of treatment or times during your treatment journey that you need the in-person appointment. At the Choose and Book stage, it would be lovely for patients to make a choice about what style of appointment they are most comfortable with and communication styles, the needs and skills of each patient will vary on an individual basis.”

Greenwich MSK (Female, 25-34)

“When it is appropriate yes, but I think a choice is important.” Bexley MSK (Female, 65-74)

“This needs to be a real choice, my choice, not yours.” Greenwich Podiatric Surgery (Male, 55-64)

3.9. Survey Findings - Older People’s Mental Health Services

Patients were contacted by an Oxleas NHS temporary staff member to answer the survey questions over the phone. There were a range of challenges that were experienced when undertaking the telephone calls. Some of the contacted patients were unhappy with the care and treatment received and consequently refused to answer the questions. In total, 17 patients were happy to respond to the survey. A patient seen in Bromley Intensive Home Treatment Team (IHTT) refused to respond to the survey but provided feedback regarding her discontent with the NHS and she also reported feeling wrongfully diagnosed. The son of a patient seen in the Bromley Memory Service Team took the call and expressed how he was upset with the lack of practical support with dealing with his mother. Furthermore, the wife of patient seen in the Bromley Memory Service Team took the call and communicated how she was very disappointed with the lack of support from the mental health trust. The remaining patients were unavailable or could not remember the consultation. Patients were advised to contact the PALS and complaints team if they wanted to make an enquiry or complaint.

Based on the aforementioned patient comments, the feedback does not appear to be specific to the remote consultation experience. However, the decision was made to discontinue with the survey administration for the Older Adult services. The services have the option to manage further feedback collection from patients locally.

It is difficult to conclude anything generalisable from the feedback from the Older People’s responses as a result of the low number of returns. Further work is therefore required to capture more representative feedback in these services. Nevertheless, the quantitative and qualitative survey results of the 17 patients are summarised in the next section:

3.9.1 Response Numbers by Team

Older Adults Service	Response Number
Bexley Older Adults Memory Service	6
Bromley Intensive Home Treatment Team (IHTT)	1
Bromley Memory Service Team	7
Greenwich Older Adults Community Mental Health Team (CMHT)	3
Older Adults Total:	17

3.9.2 Survey Findings

✦ *“How did you find using video, phone calls or text messaging rather than meeting face-to-face?”*

- 65% of the patients reported that the remote consultation was *“Better”* for them or *“OK”*.
- **Qualitative:** Out of the ten patients who provided feedback, 6 patients commented that they would have preferred face-to-face consultations. *“Would prefer face-to-face, can discuss more information, appointments last longer in real life, wants more time.”* Bexley Older Adults Memory Service (Male, 65-74)

✦ *“Did you feel comfortable to talk about problems or worries during your video, phone or text message appointment as you would in a face-to-face appointment?”*

- 71% of patients responded that they felt *“More comfortable”* or *“Just as comfortable.”*

✦ *“If needed, did a carer, friend or relative help you during your video, phone or text message appointment?”*

- 71% of patients responded *“Yes”*.

✦ *“Were you happy with the care and treatment you received in your video, phone or text messaging appointment?”*

- 88% of patients responded *“Yes”* or *“Somewhat.”*
- **Qualitative:** 5 patients provided comments as follows:

“Difficult to understand over the phone.” Bromley IHTT (Female, 65-74)

“Very helpful.” Bromley Memory Service Team (Age and Gender Unknown)

“Lots of contact after.” Bexley Older Adults Memory Service (Male, 75+)

“It will do for now.” Bexley Older Adults Memory Service (Male, 65-74)

“Didn't have a proper consultation.” Bexley Older Adults Memory Service (Male, 75+)

✦ *“Would you like to be able to use video, phone calls or text messaging for future appointment?”*

- 59% of patients responded *“Yes”* or *“Maybe”*.
- **Qualitative:** 7 out of the 11 patients who provided feedback commented that they would prefer face-to-face consultations in the future.

“Would prefer face-to-face when possible.” Bexley Older Adults Memory Service (Male, 74+)

One patient commented that it was: *“A good use of time and saves travelling.”* Bromley Memory Service Team (Age and Gender Unknown)

3.10. Survey Findings – Adult Learning Disabilities (ALD)

Service users seen in the ALD teams were contacted by staff over the phone and asked the survey questions.

3.10.1. Response Numbers

	Surveys completed over the phone
Bexley	6
Bromley	0
Greenwich	22
ALD Services Totals:	28

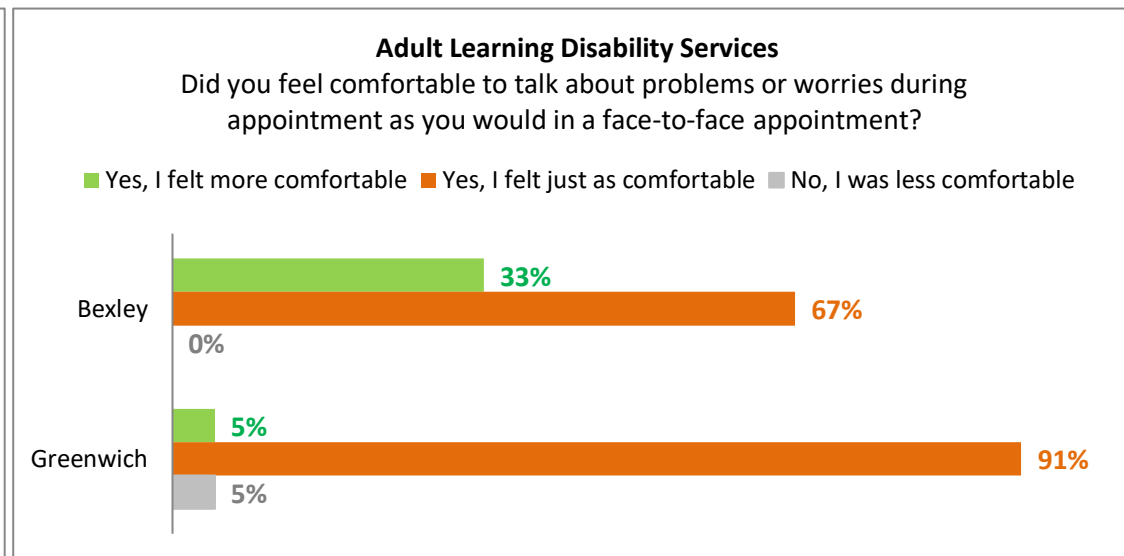
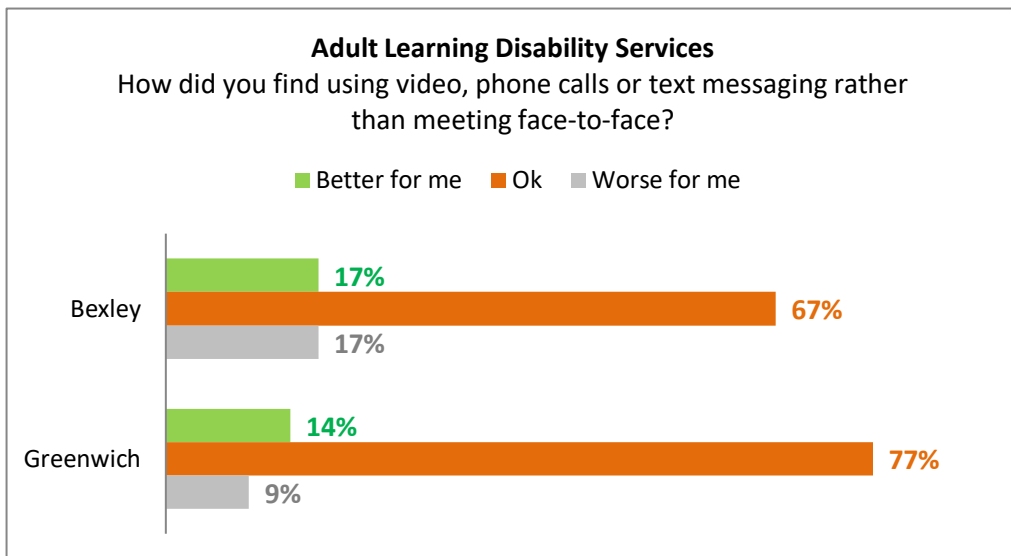
There were two dedicated ALD staff who worked together on making these calls to service users over a limited time period. Many of the service users declined answering the survey questions and staff experienced some challenges in conducting the telephone calls hence the low response numbers. In addition, many of the service users would have required the support of their carer to answer the survey questions; most of the carers are paid staff.

3.10.2. Appointment Type

	Bexley	Greenwich
Video call	1	11
Telephone call	5	10
Other (e.g. text messaging)	0	0
A combination	0	1

It is difficult to conclude anything generalisable from the feedback collected from the service users with learning disabilities as a result of the low number of returns. Further work is therefore required to capture more representative feedback in these services. Nevertheless, the quantitative and qualitative survey results of the 28 patients are summarised in the next section.

3.10.3. Quantitative Survey Findings

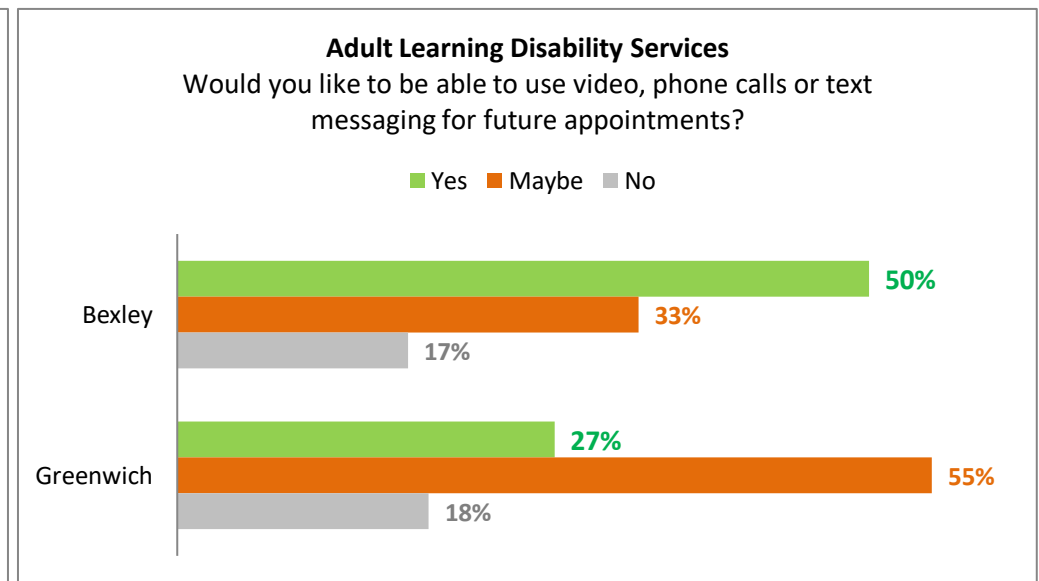
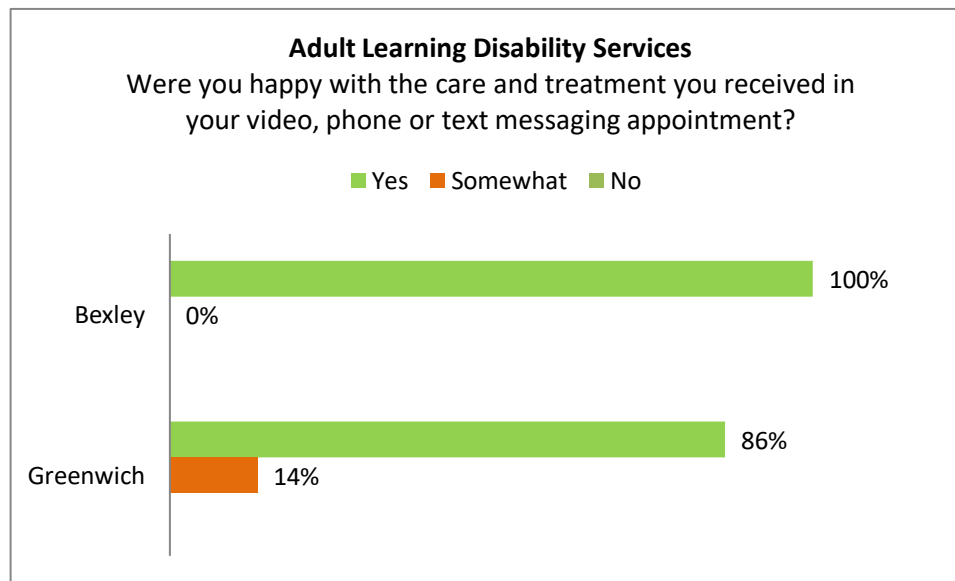


“How did you find using video, phone calls or text messaging rather than meeting face-to-face?”

A total of 84% of Bexley patients reported that they found the remote consultations “Better” for them or “Ok”. A total of 91% of Greenwich patients responded that the remote appointment was “Better” for them or “Ok.” Across the services, less than 17% of patients reported that the experience was “Worse” for them.

“Did you feel comfortable to talk about problems or worries during your appointment as you would in a face-to-face appointment?”

100% of patients seen in Bexley services reported that they felt “More comfortable” or “Just as comfortable” to talk about problems or worries during their remote consultation. A total of 96% of patients seen in Greenwich services reported that they were “More comfortable” or “Just as comfortable”. Less than 5% of patients reported that they “Less comfortable” when compared to meeting for face-to-face appointments.



“Were you happy with the care and treatment you received in your appointment?”

100% of Bexley patients responded “Yes” to this question. And, a total of 86% of Greenwich patients responded “Yes.”

“Would you like to be able to use video, phone calls or text messaging for future appointments?”

In total, 83% of Bexley patients responded “Yes” or “Maybe” to this question. In total, 82% of Greenwich patients responded “Yes” or “Maybe” to this question. Overall, less than 18% of patients responded “No”.

3.10.4. Qualitative Results – ALD

“How did you find using video, phone calls or text messaging rather than meeting face-to-face?”

“Got use to video calls with appointments...” Greenwich CLDT (Male, 65-74)

“Happy with video.” Greenwich CLDT (Male, 55-64)

“Were you happy with the care and treatment you received in your video, phone or text messaging appointment?”

[He put his thumbs up.] Greenwich CLDT (Male, 55-64)

“Would you like to be able to use video, phone calls or text messaging for future appointments?”

Preference for face-to-face appointments:

“Rather face-to-face in future.” Greenwich CLDT (Male, 55-64)

“Would like face-to-face in the future.” Greenwich CLDT (Female, 55-64)

“Either face-to-face or video in future.” Greenwich CLDT (Male, 55-64)

“Carers stated would prefer face-to-face in the future.” Greenwich CLDT (Female, 55-64)

“Would like face-to-face in the future.” Greenwich CLDT (Female, 55-64)

“Better in-person.” Greenwich CLDT (Male, 35-54)

Depends on the symptoms and/or nature of appointment:

“Varies on problems.” Greenwich CLDT (Male, 55-64)

“Depends on what the appointment is for. Would like face-to-face if possible for some appointment in the future.” Greenwich CLDT (Female, 35-54)

“Depends on what appointment is for.” Greenwich CLDT (Female, 55-64)

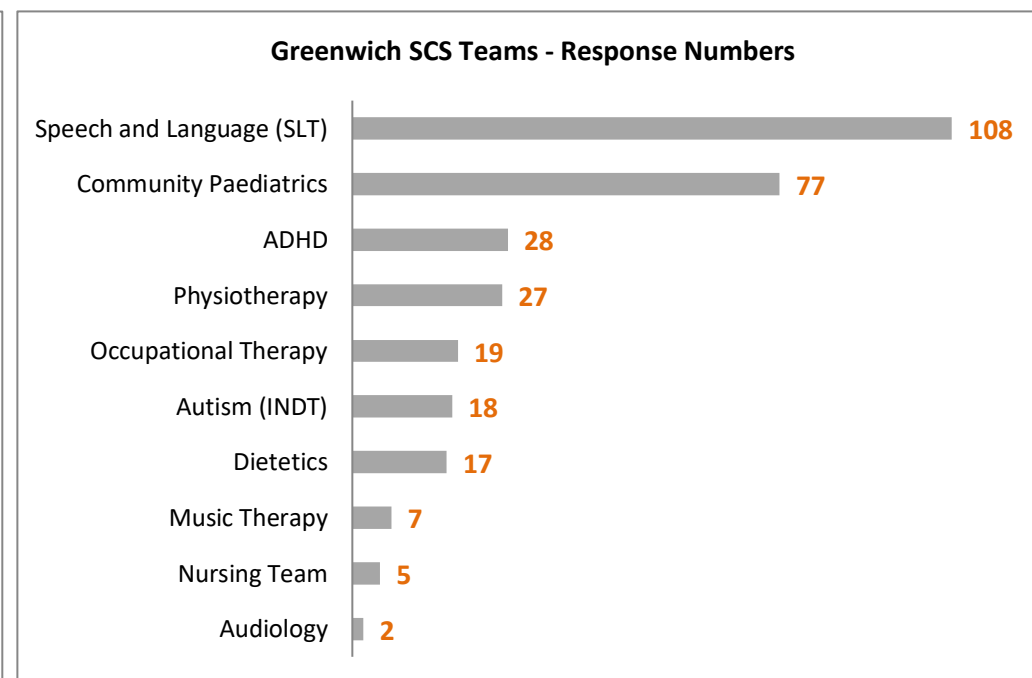
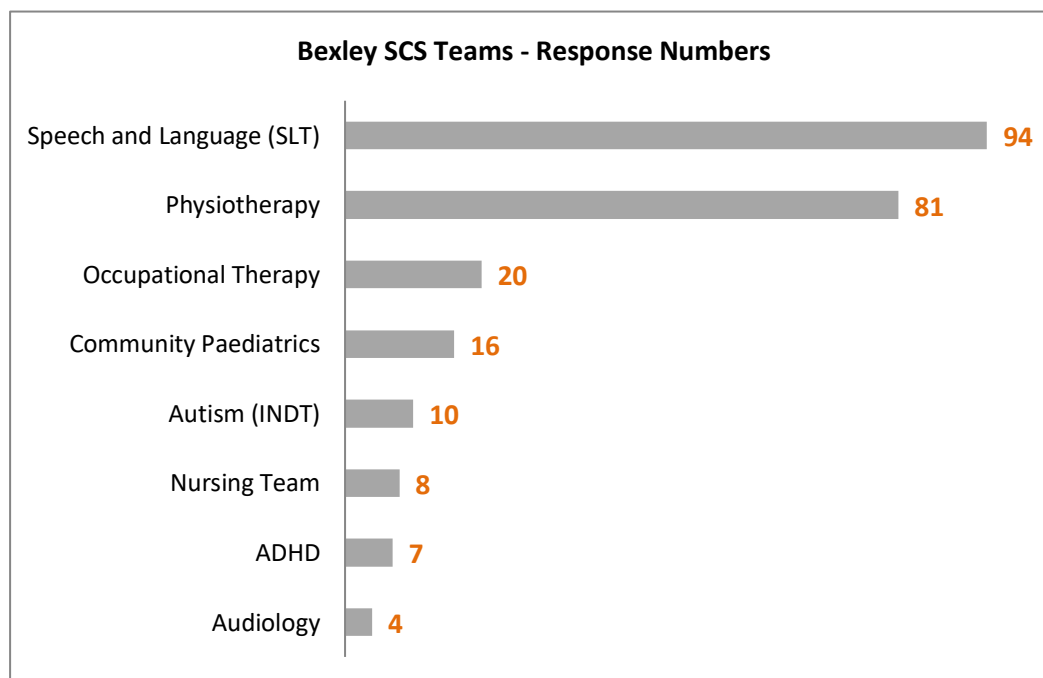
3.11. Survey Findings - Children & Young People (Specialist Children’s Services; SCS)

3.11.1 Response Rate

A total of 3,753 surveys were delivered and 548 patients responded (response rate = 15%).

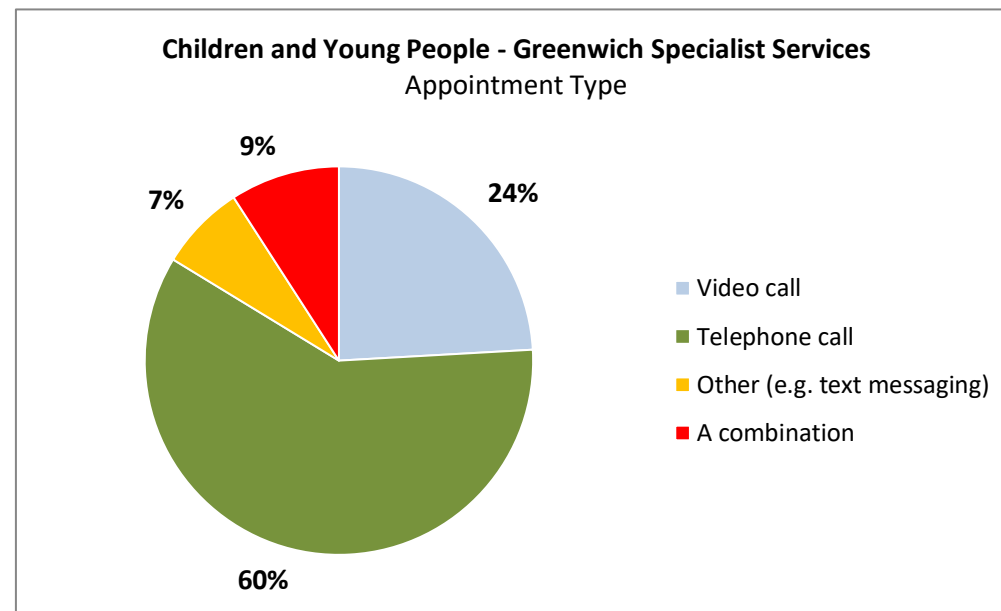
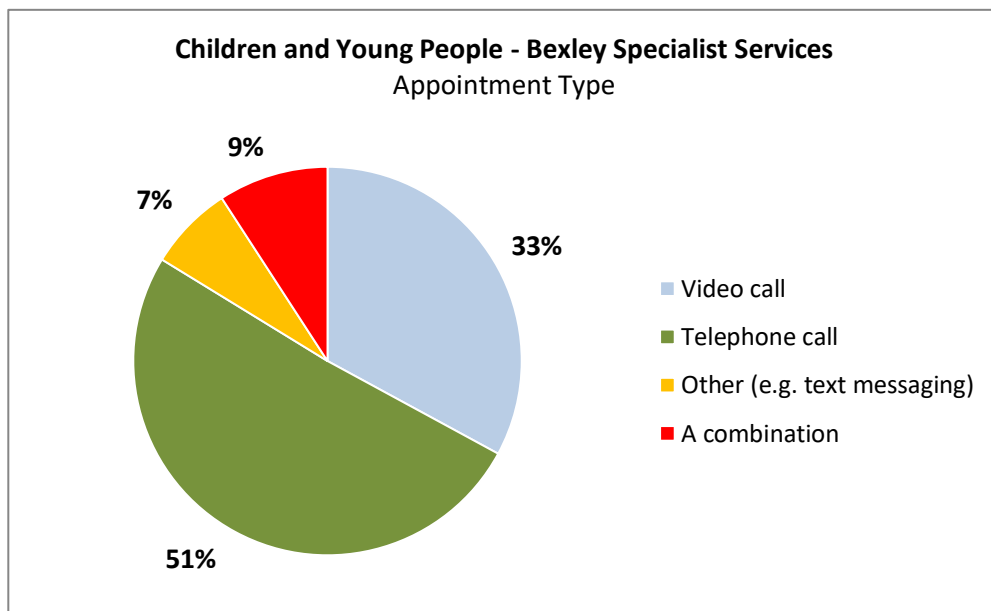
	Delivered	Received	Response Rate (%)
Bexley SCS	1,521	240	16%
Greenwich SCS	2,232	308	14%
SCS Totals:	3,753	548	15%

3.11.2 Response Numbers by Team

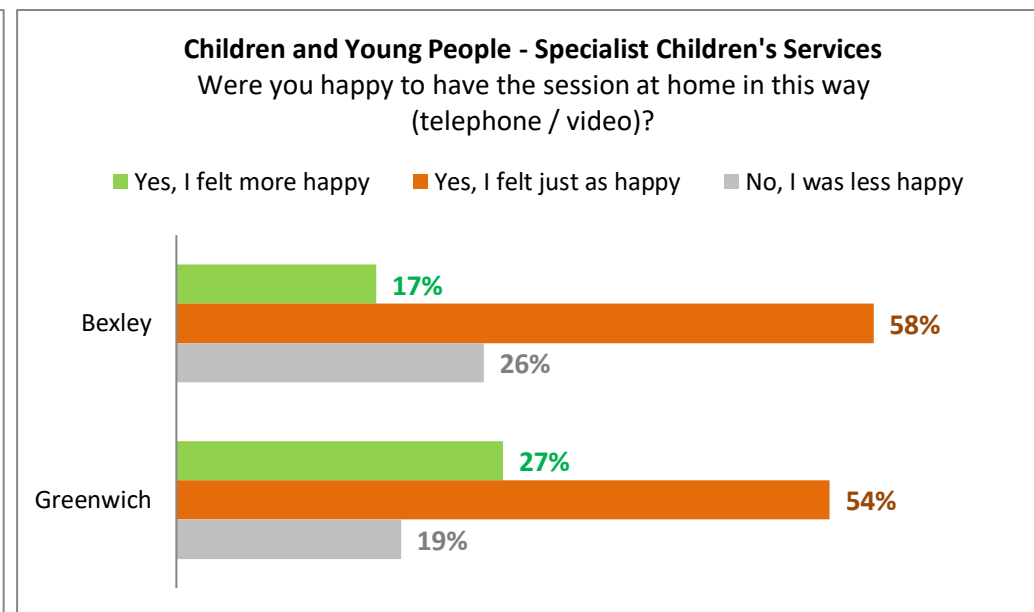
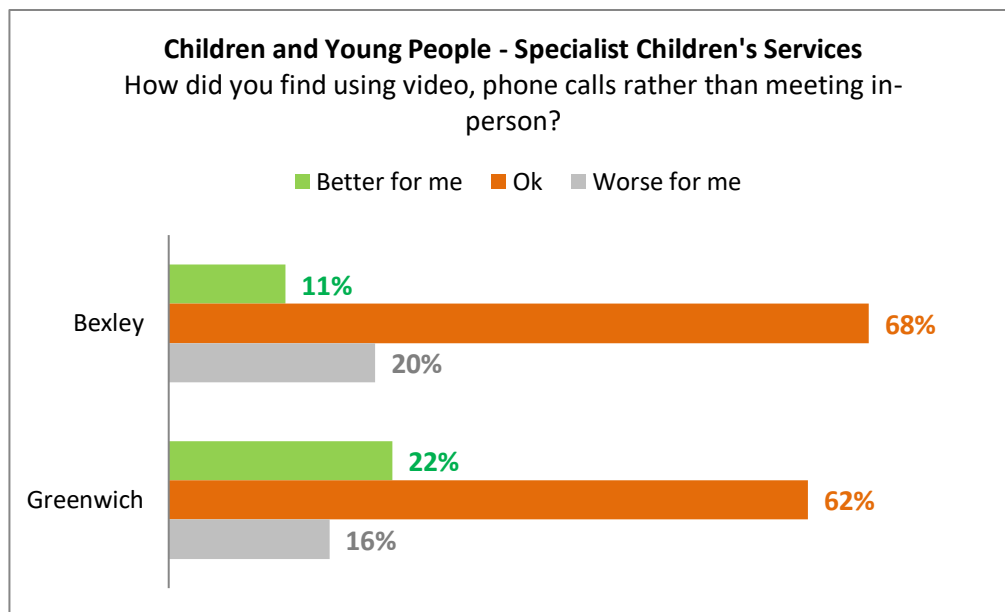


3.11.3 Appointment Type

Across the SCS services, 51% - 60% of the remote consultations were held over the telephone.



3.11.4. Quantitative Survey Results - SCS

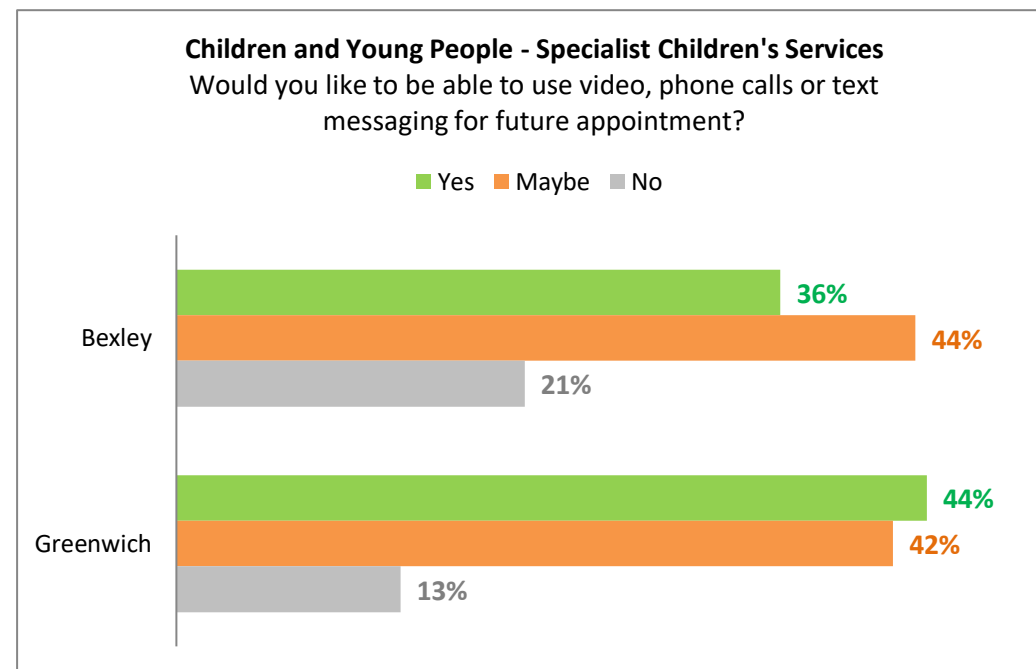
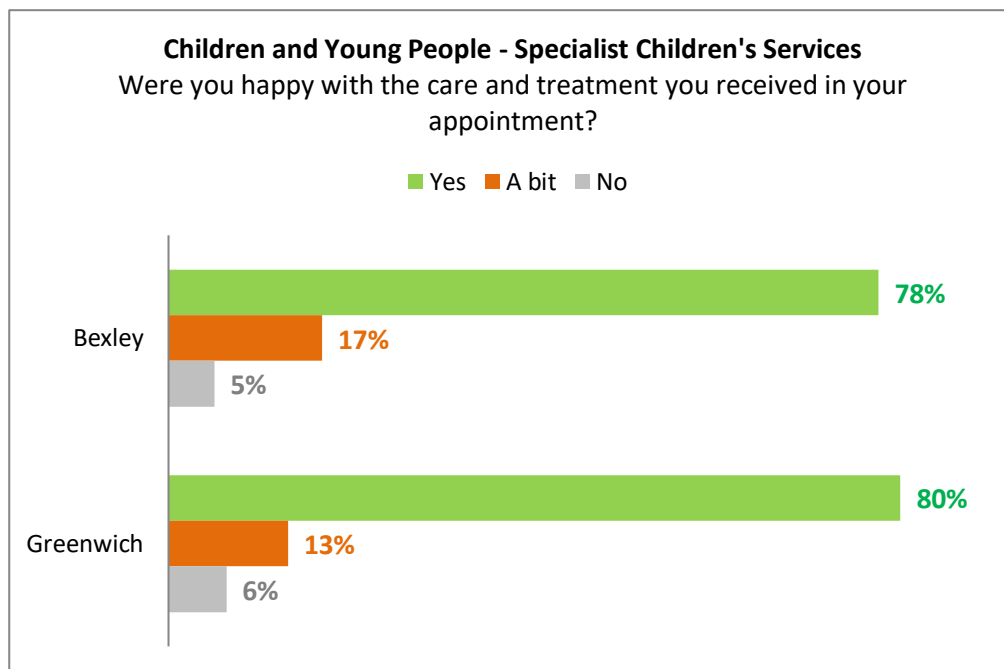


“How did you find using video, phone calls rather than meeting in-person?”

A total of 79% of Bexley patients reported that the remote consultation was “Better” for them or “Ok”. A total of 84% of the Greenwich patients reported that the remote consultation was “Better” for them or “Ok”. Overall, less than 20% of patients reported that the experience was “Worse” for them.

“Were you happy to have the session at home in this way (telephone / video)?”

In total, 75% of patients seen in Bexley services reported that they felt “More happy” or “Just as happy” to have the session at home in this way. In total, 81% of patients seen in Greenwich services responded with “More happy” or “Just as happy.” In both Greenwich and Bexley services, less than 26% of patients reported that they were “Less happy” to have the session at home in this way.



“Were you happy with the care and treatment you received in your appointment?”

A total of 78% of Bexley patients responded “Yes” when asked if they were happy with the care and treatment received in their appointment. A total of 80% of the Greenwich patients responded “Yes” to this question. Overall, less than 6% of patients responded “No” to this question.

“Would you like to be able to use video, phone calls or text messaging for future appointment?”

In total, 80% of patients seen in Bexley services responded “Yes” or “Maybe” when asked if they would like the remote appointment options for future appointments. In total, 86% of patients seen in Greenwich services responded “Yes” or “Maybe” to this question. Overall, less than 21% of patients responded “No.”

3.11.5. Qualitative Survey Findings - Greenwich SCS

A minimum of 15% patient responses were reviewed. The main emerging themes relating specifically to the remote appointment are reported below:

Convenience

Patients commented about the convenience of the remote consultation. Below are some example comments:

“If it is difficult for my son to go to the hospital so it is good to do on video call if he needs to do anything.” Greenwich SCS – Physiotherapy (Parent/Carer - Female, 35-54)

Convenient due to childcare

“Not always essential to go into surgery which can be difficult with children.” Greenwich SCS – Dietetics (Parent/Carer - Female, 35-54)

“Don't have to arrange childcare for younger child. If I do bring my other children it's too hard to remain focused on the appointment with child as watching my other kids.” Greenwich SCS - Community Paediatrics (Parent/Carer - Female, 35-54)

“Didn't have to worry about getting two or three buses each way to/from the appointment. Didn't have to worry about childcare for younger child or how to collect other children in time for school finishing.” Greenwich SCS - Community Paediatrics (Parent/Carer – Female, 35-54)

Convenient due to saving time on travelling

“Makes life easier and less travel.” Greenwich SCS – Dietetics (Parent/Carer - Female, 35-54)

“... as I don't drive I don't have to worry about getting 2 or 3 buses each way for the appointment. Don't have to worry about absence from school for appointment...” Greenwich SCS - Community Paediatrics (Parent/Carer - Female, 35-54)

“Less stressful and saved so much time.” Greenwich SCS - Community Paediatrics (Parent/Carer – Female, 35-54)

Preference for face-to-face consultations

Patients acknowledged that remote consultations are safer as a result of the COVID-19 pandemic. Patients responded positively to receiving care and treatment via remote means as an alternative but they would much prefer face-to-face appointments in the future:

“I am happy at least we have a new developmental plan during this difficult time. But I prefer face-to-face appointments when the COVID-19 is completely clear.” Greenwich SCS – Physiotherapy (Parent/Carer – Male, 35-54)

“It was ok because of the current COVID-19 situation, but an appointment in-person is more useful.” Greenwich SCS - Speech and Language (SLT) (Parent/Carer – Male, 35-54)

Patients would prefer face-to-face appointments going forward:

“In my opinion it’s not as productive as an actual appointment with a specialist face-to-face.” Greenwich SCS – Physiotherapy (Parent/Carer – Gender Unknown, 25-34)

“However, sessions in-person are preferred.” Greenwich SCS - Music Therapy (Parent/Carer – Female, 35-54)

“Would prefer face-to-face appointments for children.” Greenwich SCS - Community Paediatrics (Parent/Carer – Female, 35-54)

“I still prefer face-to-face. My child reacts better in real situations rather than virtual.” Greenwich SCS - Speech and Language (SLT) (Parent/Carer – Female, 35-54)

“I would but only if we cannot meet in-person. Because I believe for speech delay it would be more helpful meeting in-person.” Greenwich SCS - Speech and Language (SLT) (Parent/Carer – Female, 35-54)

Depends on symptoms and nature of consultation

In response to the question: *“Would you like to be able to use video, phone calls or text messaging for future appointments?”* patients provided feedback that having a remote consultation depends largely on the symptoms and the nature of the consultation:

“It doesn't really work for speech therapy assessments but may work for treatment planning/review.” Greenwich SCS - Speech and Language (SLT) (Parent/Carer – Female, 35-54)

“Yes good for follow up but do need some face-to-face where they can see what the child issues are.” Greenwich SCS - Occupational Therapy (Parent/Carer – Female, 35-54)

“I think it can save time for everyone if the appointment could be done in this was for some appointments. It won't work for all appointments.” Greenwich SCS - Speech and Language (SLT) (Parent/Carer – Female, 35-54)

“Would depend on the appointment and the circumstances.” Greenwich SCS - Community Paediatrics (Parent/Carer – Female, 35-54)

Consultation combinations

Parents/carers commented that it would be preferable to have a combination of both face-to-face and remote consultations:

“A combination of both would be great because face-to-face appointment doesn't have to be all the time.” Greenwich SCS – Dietetics (Parent/Carer – Female, Age Unknown)

“Perhaps for some appointments, however, I think no direct face-to-face contact for long periods of times could compromise outcomes. While assessments and demonstrations can be attempted via video there is no replacement for direct contact, especially for Physio and OT.” Greenwich SCS – Physiotherapy (Parent/Carer – Female, 35-54)

“A mixture of the two will be better; in-person session for critical evaluation of child's needs and video to assess that tasks set are being implemented properly.” Greenwich SCS - Speech and Language (SLT) (Parent/Carer – Female, 35-54)

3.11.6. Qualitative Survey Findings - Bexley SCS

A minimum of 15% patient responses were reviewed. The main emerging themes relating specifically to the remote appointment are reported below:

Convenience

Patients commented about the convenience of the remote consultation. Below are some example comments:

“It is easier, as she doesn’t need home visits in-person, as we are capable of caring out most caring or nursing needs ourselves, to pass onto the nurses via telephone.” Bexley SCS - Nursing Team (Parent/Carer - Female, 35-54)

“Sometimes it’s more convenient to have a video call rather than face-to-face.” Bexley SCS - Nursing Team (Parent/Carer - Female, 35-54)

“It seems more practical for both parts.” Bexley SCS – Physiotherapy (Parent/Carer - Female, 35-54)

Convenient due to saving time on travelling

“It saves travel times and parking. It was easy to use and a good, safe option.” Bexley SCS – Physiotherapy (Parent/Carer - Female, 35-54)

“Could be more convenient if busy with work and save travel.” Bexley SCS – Physiotherapy (Parent/Carer - Female, 35-54)

“Saves the time of travelling.” Bexley SCS - Speech and Language (SLT) (Parent/Carer - Female, 25-34)

“Because unless it’s my local surgery I would rather not have the added stress of driving to hospital.” Bexley SCS – Physiotherapy (Parent/Carer - Female, 35-54)

“Where possible as it saves the travel time and the parking stress. Plus it makes those in the appointment happy, as it’s easier to wait at home in an online waiting room than in a hospital waiting space.” Bexley SCS – Physiotherapy (Parent/Carer - Female, 35-54)

“Because unless it’s my local surgery I would rather not have the added stress of driving to hospital.” Bexley SCS – Physiotherapy (Parent/Carer - Female, 35-54)

Preference for face-to-face consultations

Patients acknowledged that remote consultations are safer as a result of the COVID-19 pandemic. Patients responded positively to receiving care and treatment via remote means as an alternative but they have a preference for face-to-face appointments:

“Don’t feel you get the true picture of what the child is like and feels more personal rather than just a person on the end of a phone. But if circumstances like COVID arose again then it’s a way of keeping the services going so they don’t get backlogged.” Bexley SCS - Speech and Language (SLT) (Parent/Carer - Female, 35-54)

“Always prefer face-to-face appointment when child is involved as it’s difficult to make them understand and pay attention on video calls as the screen area is limited and they want to press the buttons etc.” Bexley SCS – Physiotherapy (Parent/Carer - Female, 35-54)

“Would rather they see my child.” Bexley SCS - Community Paediatrics (Parent/Carer - Female, 35-54)

“I feel the report would have been a bit different if they’d seen some things my daughter did in-person rather than over the video zoom.”
Bexley SCS - Occupational Therapy (Female, 25-34)

“Do find it beneficial face-to-face.” Bexley SCS – Physiotherapy (Parent/Carer - Female, 35-54)

“I would prefer my daughter to be seen in clinic.” Bexley SCS - Occupational Therapy (Parent/Carer - Female, 25-34)

“As my son is only 3 and has speech delay, future appointments would need to be face-to-face.” Bexley SCS - Speech and Language (SLT) (Parent/Carer - Female, 35-54)

“Face-to-face is easy for me.” Bexley SCS - Speech and Language (SLT) (Parent/Carer - Female, 35-54)

“Given the long waiting time with the NHS, I will take up whatever support that comes my way. However, face-to-face appointments are always my first choice.” Bexley SCS - Speech and Language (SLT) (Female, 35-54)

Depends on symptoms and nature of consultation

In response to the question: *“Would you like to be able to use video, phone calls or text messaging for future appointments?”* patients provided feedback that having a remote consultation depends largely on the symptoms and the nature of the consultation:

“It depends on what type of appointment.” Bexley SCS - Occupational Therapy (Parent/Carer - Female, 25-34)

“This would depend on the nature of appointment.” Bexley SCS – Physiotherapy (Parent/Carer - Gender and Age Unknown)

“Maybe not appropriate in all cases, depending on the need for the appointment, but would prefer these going forward where face-to-face is not necessary.” Bexley SCS – Physiotherapy (Parent/Carer - Female, 35-54)

3.11.7 SCS Results Summary

A total of 548 surveys were completed in SCS services. Overall, respondents reported a positive experience of receiving care and treatment remotely. A total of 78% of Bexley patients responded “Yes” when asked if they were happy with the care and treatment received in their appointment. A total of 80% of the Greenwich patients responded “Yes” to this question. Patients commented that remote appointments are convenient. Patients would find remote appointment options beneficial for follow-up appointments:

“This method is good for follow up appointments.” Bexley SCS – Physiotherapy (Parent/Carer - Female, Age Unknown)

“It perfect given the current situation but if it was safe to do so an initial face-to-face appt followed by video calls as follow-ups I think that could work well.” Bexley SCS – Physiotherapy (Female, 35-54)

“For follow-ups where there are no specific concerns it would be more convenient than going to the hospital...” Bexley SCS – Physiotherapy (Parent/Carer - Female, 35-54)

It would be handy to have the option. Initial appointments probably better in-person but imagine follow-ups could be done easily online”. Bexley SCS – Physiotherapy (Female, 35-54)

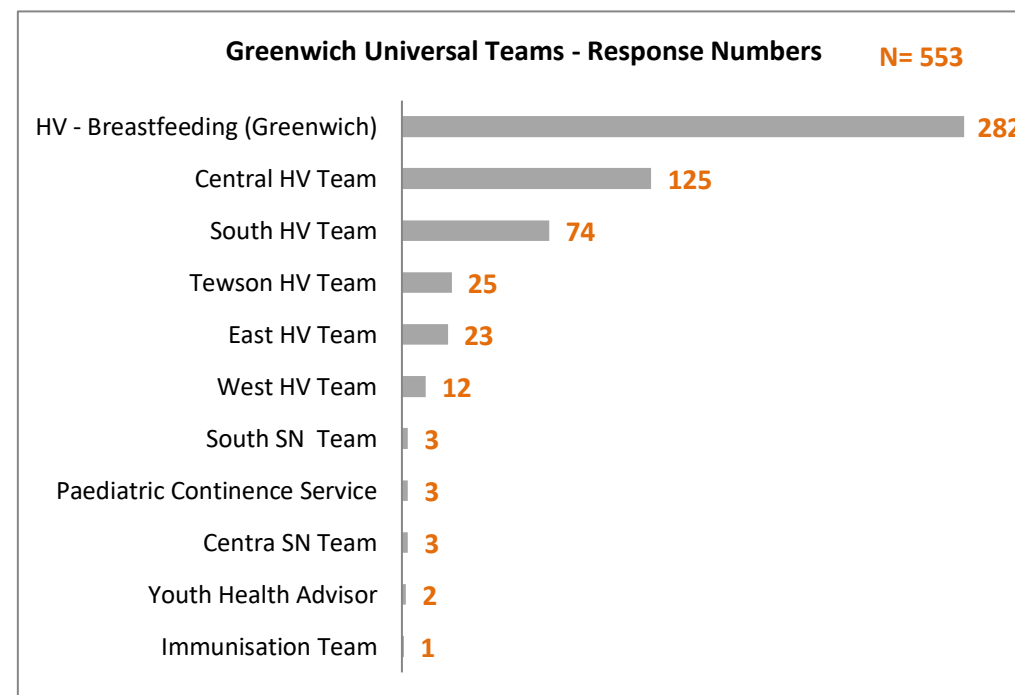
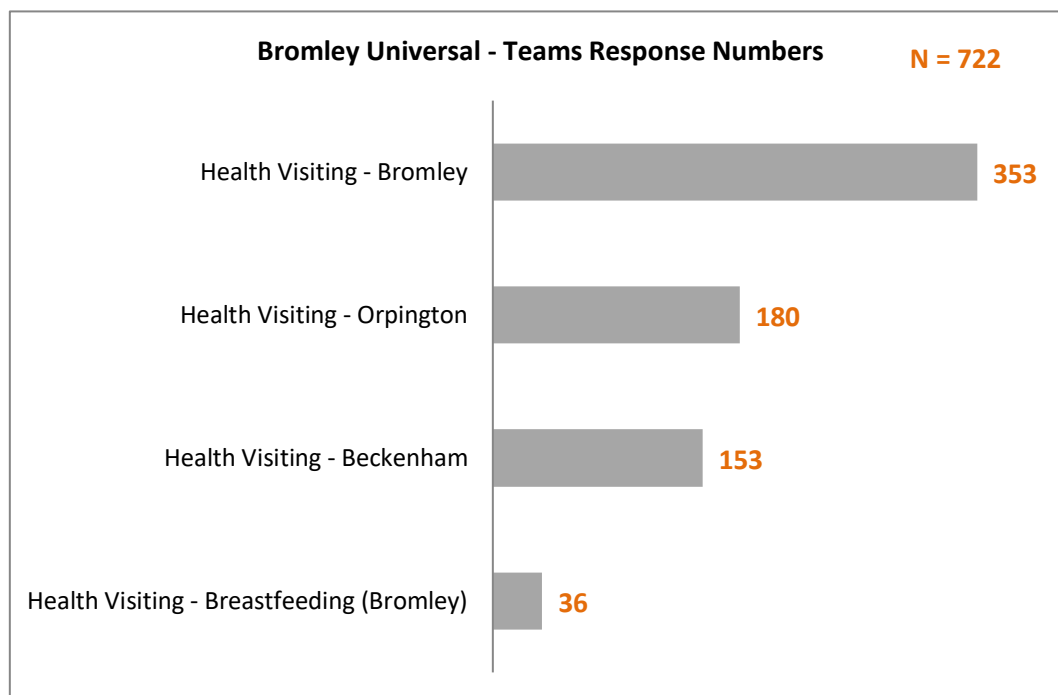
“For check-in and follow-up but not to replace a block of intervention.” Greenwich SCS - Occupational Therapy (Parent/Carer - Female, 35-54)

3.12. Survey Findings - Children & Young People (Universal Children's Services)

3.12.1 Response Rates

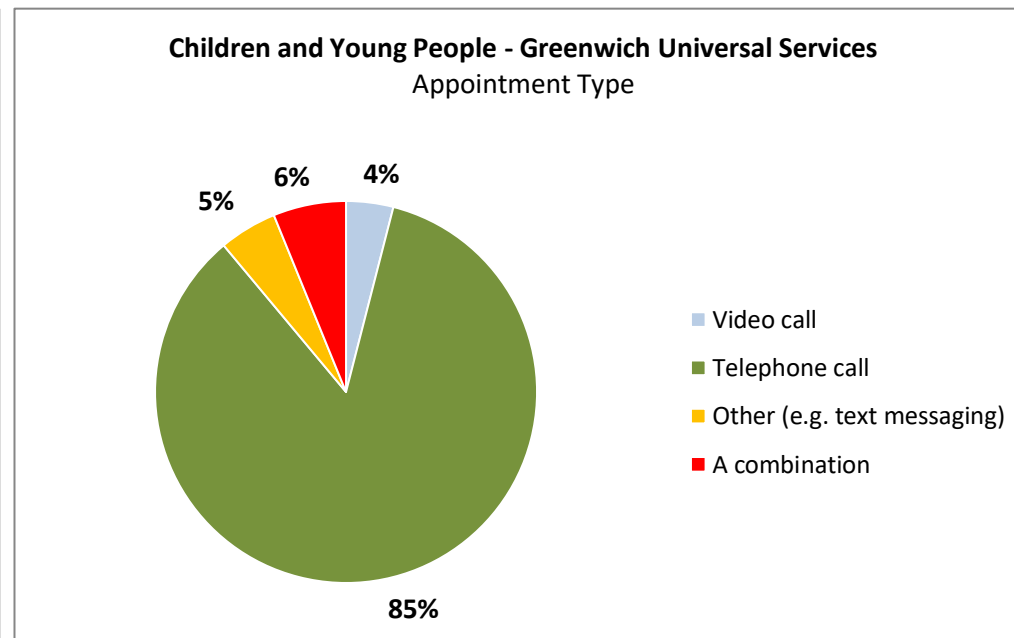
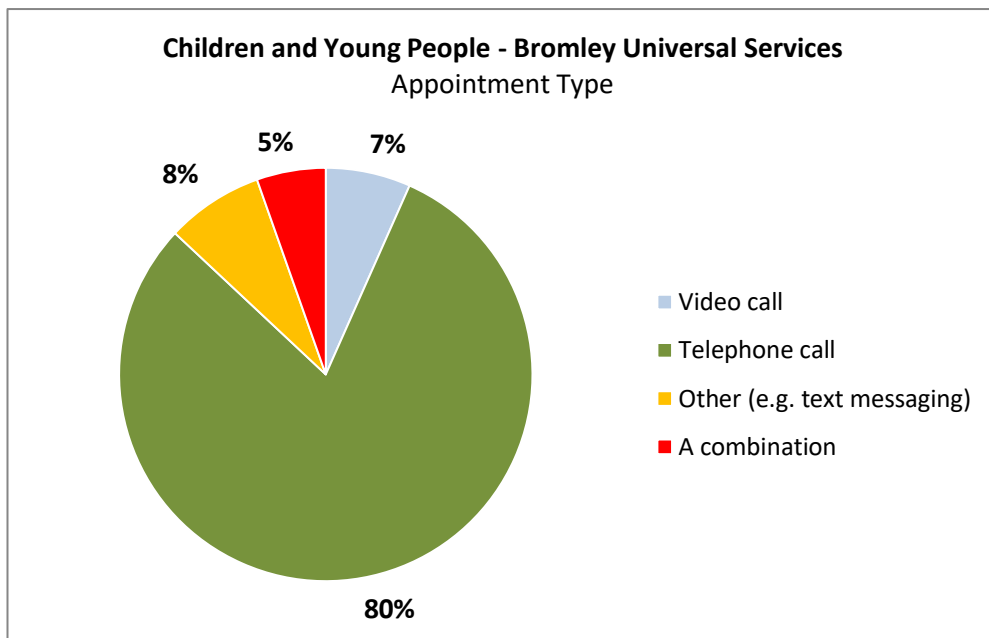
	Delivered	Received	Response Rate (%)
Universal Services Totals:	13,143	1,275	10%

3.12.2 Response Numbers by Team

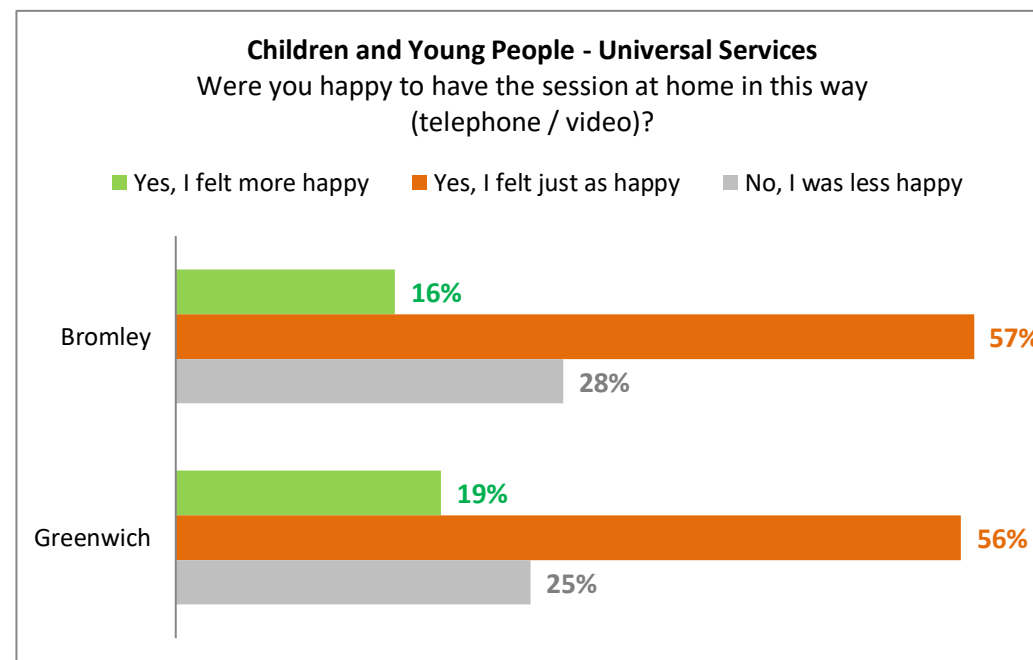
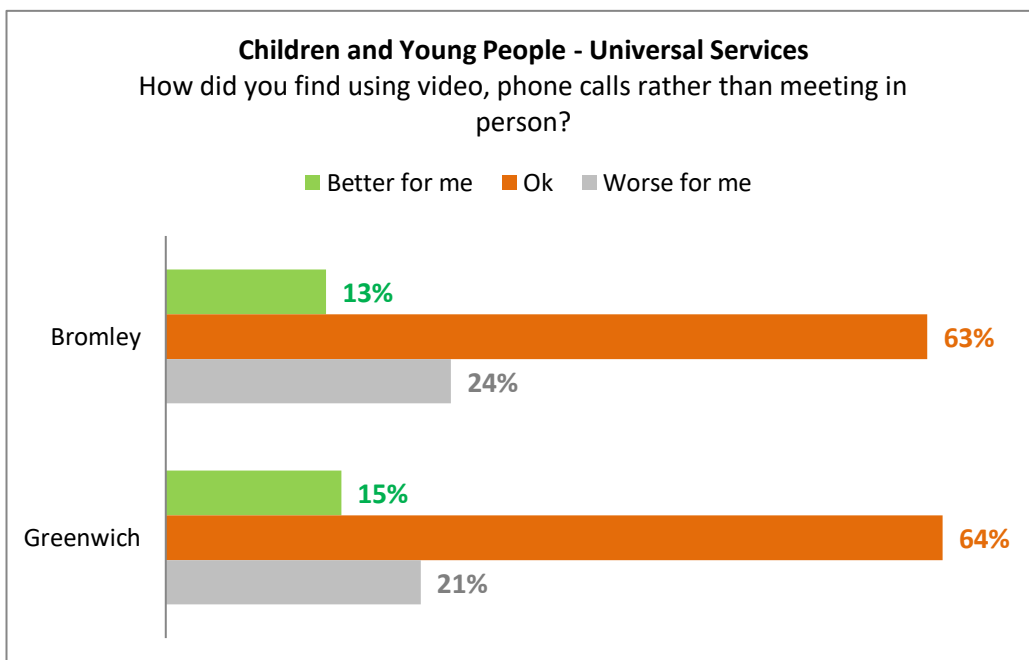


3.12.3. Appointment Type

Across all Universal services, 80% - 85% of the remote appointments were held over the telephone.



3.12.4. Quantitative Survey Findings – Universal Services

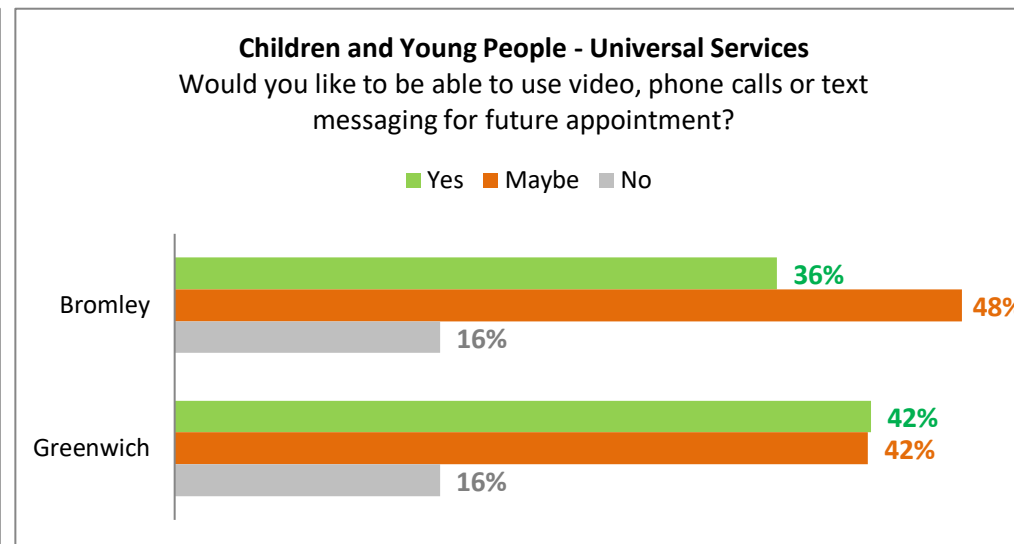
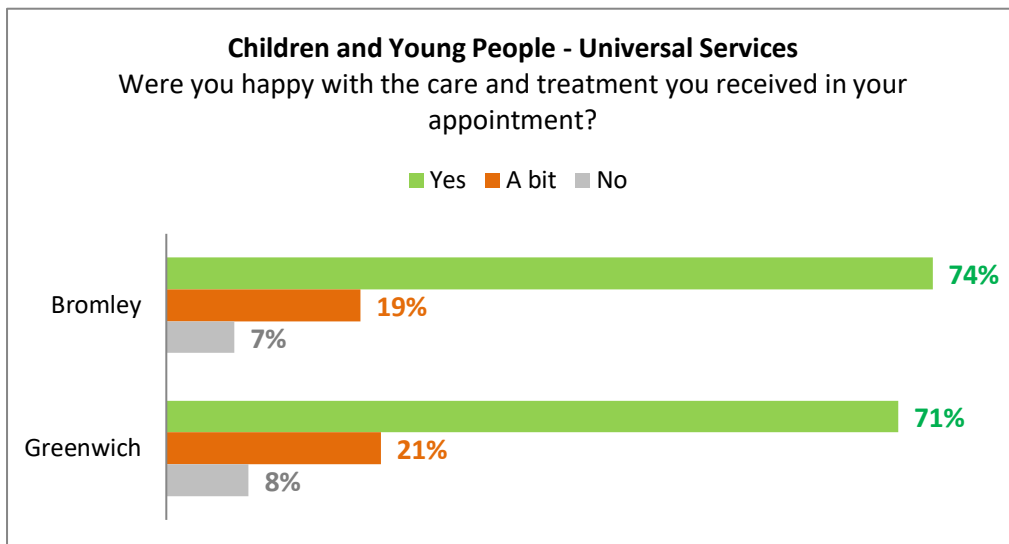


“How did you find using video, phone calls rather than meeting in person?”

A total of 76% of Bexley patients reported that the remote consultation was “Better” for them or “Ok”. A total of 79% of the Greenwich patients reported that the remote consultation was “Better” for them or “Ok”. Overall, less than 24% of patients reported that the experience was “Worse” for them.

“Were you happy to have the session at home in this way (telephone / video)?”

In total, 73% of patients seen in Bexley services reported that they felt “More happy” or “Just as happy” to have the session at home in this way. In total, 75% of patients seen in Greenwich services responded with “More happy” or “Just as happy.” In both Greenwich and Bexley services, less than 28% of patients reported that they were “Less happy” to have the session at home in this way.



“Were you happy with the care and treatment you received in your appointment?”

A total of 74% of Bromley patients responded “Yes” when asked if they were happy with the care and treatment received in their appointment. A total of 71% of the Greenwich patients responded “Yes” to this question. Overall, less than 8% of patients responded “No” to this question.

“Would you like to be able to use video, phone calls or text messaging for future appointment?”

In total, 84% of patients seen in Bromley and Greenwich services responded “Yes” or “Maybe” when asked if they would like the remote appointment options for future appointments. A total of 21% of patients seen in both Bromley and Greenwich services responded “No” to this question.

3.12.5. Qualitative Survey Findings - Bromley Universal Services

A minimum of 15% patient responses were reviewed. The main emerging themes relating specifically to the remote appointment are reported below:

Convenience

Patients provided comments about the convenience of the remote consultation. Below are example comments:

“Easier, more efficient for both parties.” Health Visiting – Beckenham (Parent/Carer - Female, 35-54)

“Easy to fit in with life.” Health Visiting – Orpington (Parent/Carer - Female, 25-34)

“It’s difficult getting to these centres and when you’ve just had a baby you don’t always feel comfortable leaving the house...” Health Visiting – Bromley (Parent/Carer - Female, 25-34)

“It’s more convenient than needing to physically go somewhere at a set time with a young baby.” Health Visiting – Orpington (Parent/Carer - Female, 35-54)

“It’s more practical and my husband can be with me any time because he is at home office.” Health Visiting – Bromley (Parent/Carer - Female, 35-54)

“For things that don’t require in depth face-to-face consultations a phone call is more convenient. I would be happy with a video call too.” Health Visiting – Bromley (Parent/Carer - Female, 35-54)

Convenient due to saving time on travelling

“It can be more convenient in terms of not having to travel to get to a clinic.” Health Visiting – Bromley (Parent/Carer - Female, Age Unknown)

“It just seems more economical and better use of everyone’s time. But I might feel differently if it was my first baby.” Health Visiting – Orpington (Parent/Carer - Female, 35-54)

Preference for face-to-face consultations

Patients acknowledged that remote consultations are safer as a result of the COVID-19 pandemic. Patients did state preference for face-to-face appointments going forward:

“Face-to-face is always better but a good substitute during these times.” Health Visiting – Bromley (Parent/Carer - Female, 25-34)

“I prefer face-to-face but understand why it has to be like this for now.” Health Visiting – Orpington (Parent/Carer - Female, 25-34)

“I still prefer face-to-face appointments as they're better for building trust.” Health Visiting – Bromley (Parent/Carer - Female, 25-34)

“Meeting in-person is much more reassuring. You are able to see me and my baby and help directly. On the phone there wasn't a sense of personal care.” Health Visiting – Beckenham (Parent/Carer - Female, 25-34)

“I'd rather speak to the FNP in person face-to-face as it is easier for me. As I'm more visual and do not like video calling as it makes me feel uncomfortable.” Health Visiting – Bromley (Parent/Carer - Female, 18-24)

“After a vaccine - no, the personal touch is very important. Until that point, yes.” Health Visiting – Beckenham (Parent/Carer - Female, 35-54)

“I think kids need to be seen.” Health Visiting – Orpington (Parent/Carer - Female, 35-54)

“They are convenient but would prefer face-to-face.” Health Visiting – Bromley (Parent/Carer - Male, 25-34)

“If I had a concern I'd prefer to see someone in-person.” Health Visiting – Bromley (Parent/Carer - Female, 35-54)

“I like the face-to-face elements.” Health Visiting – Bromley (Female, 25-34)

Depends on symptoms and nature of consultation

In response to the question: *“Would you like to be able to use video, phone calls or text messaging for future appointments?”* patients provided feedback that having a remote consultation depends largely on the symptoms and the nature of the consultation:

“Depends what it was for. New born needs face-to-face but general enquiries could easily be done over the phone.” Health Visiting – Orpington (Parent/Carer - Female, 35-34)

“Depends on nature of symptoms or appointment.” Health Visiting – Beckenham (Parent/Carer - Female, 35-34)

“Depends on the issue but In certain circumstances it could save everyone a lot of time.” Health Visiting – Orpington (Parent/Carer - Female, 35-34)

“I think it depends on the type of session. For a 1 year or 2 year review I think it would work much better in person as the child can be observed by the health visitor.” Health Visiting – Bromley (Parent/Carer - Female, 25-34)

“It could be useful for small things but regular face-to-face should still happen.” Health Visiting – Orpington (Parent/Carer - Female, 25-34)

“Depends, for weigh ins, height and developmental check ins it makes more sense for me and the baby to be there.” Health Visiting – Bromley (Parent/Carer - Female, 25-34)

3.12.6. Qualitative Survey Findings - Greenwich Universal Services

A minimum of 15% patient responses were reviewed. The main emerging themes relating specifically to the remote appointment are reported below:

Convenience

Patients provided comments about the conveniences of the remote consultation. Below are some example comments:

“Logistically it works better.” Health Visiting - Breastfeeding (Greenwich) (Parent/Carer - Female, 25-34)

“I have 2 young children having to travel with them together can always be tricky and stressful.” South Health Visiting Team (Parent/Carer - Female, 35-54)

“I have a baby and it’s difficult to attend personal appointments.” Central Health Visiting Team (Parent/Carer - Female, 35-54)

“With a small baby it can sometimes be hard to get to appointments at a certain time so doing it from home could be easier if no physical checks are needed.” Health Visiting - Breastfeeding (Greenwich) (Parent/Carer - Female, 25-34)

“With a little child, I find it more convenient sometimes to have a phone call rather than personal appointment.” South Health Visiting Team (Parent/Carer - Female, 35-54)

“Save time. If we had a serious issue, we’d want in-person. But for general meetings, much more efficient.” Health Visiting - Breastfeeding (Greenwich) (Parent/Carer - Female, 35-54)

“Don’t have to travel and can work around child/baby routine at home.” Health Visiting - Breastfeeding (Greenwich) (Parent/Carer - Female, 25-34)

“More time efficient and a lot of things don't require face-to-face review.” Central Health Visiting Team (Parent/Carer - Female, 25-34)

“Less time consuming, more flexible in terms of appointment availability and equally helpful.” South Health Visiting Team (Parent/Carer - Female, 25-34)

Preference for face-to-face appointments

Patients responded positively to receiving care and treatment via remote means as an alternative during the pandemic, but they would like to have face-to-face appointments going forward:

“I prefer face-to-face meet. But due to COVID that didn’t happen. Still happy with telephone conversation.” West Health Visiting Team (Parent/Carer - Female, 35-54)

“Would have preferred face-to-face after 4 months of lock down. Also desperate to have my baby weighed. But the health visitor did remarkable job on the phone given the circumstances.” Central Health Visiting Team (Parent/Carer - Female, 35-54)

“This is my first child, i would like someone to see her and reassure me that she is growing up well. I think it's important for children to be seen.” Central Health Visiting Team (Parent/Carer - Female, 35-54)

“I like to go into centres as it feels more like a natural interaction than on the phone.” Central Health Visiting Team (Parent/Carer - Female, 35-54)

“The human contact is very important to me.” Health Visiting - Breastfeeding (Greenwich) (Parent/Carer - Female, 35-54)

“I’d rather see someone.” Health Visiting - Breastfeeding (Greenwich) (Parent/Carer - Female, 25-34)

“It is always better to meet in person, especially for this sort of check where it is important for the professionals to see the child as well.” Central Health Visiting Team (Parent/Carer - Female, 35-54)

“I think seeing someone who can check me/my baby over will always be preferable.” South Health Visiting Team (Parent/Carer - Female, 25-34)

“It’s harder to be honest on the phone, the default is to say things like “yeah fine”. I think the telephone/video calls are not a suitable alternative to face-to-face support particularly for first time mothers and those who don’t have family or support systems in place.” Central Health Visiting Team (Parent/Carer - Female, 35-54)

Depends on symptoms and nature of consultation

In response to the question: *“Would you like to be able to use video, phone calls or text messaging for future appointments?”* patients provided feedback that having a remote consultation depends largely on the symptoms and the nature of the consultation:

“Depending on the purpose of the meeting, if it can be done effectively remotely I’m happy for this as my first option. It would mean less time spent on travelling which means higher efficiency for all parties. And hopefully lower costs too.” South Health Visiting Team (Parent/Carer - Female, 35-54)

“Some appointments yes, but not all as some issues should be discussed in-person.” Central Health Visiting Team (Parent/Carer - Female, 35-54)

“Would depend on the appointment and if I had concerns about my child. If no concerns then it would be fine.” East Health Visiting Team (Parent/Carer - Female, 25-34)

“Sometimes this sufficient but some appointments should still be in-person.” Central Health Visiting Team (Parent/Carer - Female, 35-54)

“For some scenarios this would work very well and save travelling to appointments, but for checking a baby's tongue and latch, face-to-face is much more appropriate.” Health Visiting - Breastfeeding (Greenwich) (Parent/Carer - Female, 35-54)

“Depends on issue.” Health Visiting - Breastfeeding (Greenwich) (Parent/Carer - Female, 35-54)

3.12.7. Universal Services Results Summary

A total of 1,275 surveys were completed in Universal Children’s services. Overall, patients seen in across services reported positive experiences of receiving care and treatment remotely. A total of 74% of Bromley patients responded “Yes” when asked if they were happy with the care and treatment received in their appointment. A total of 71% of the Greenwich patients responded “Yes” to this question. Patients found the remote appointment convenient but comments revealed a general preference for face-to-face appointments. However, additional feedback provided by the patients was that video would be a more preferable remote appointment option rather than telephone:

“Video possibly- otherwise too impersonal for what is a very sensitive time post birth.” Health Visiting – Bromley (Parent/Carer - Female, 35-54)

“Info was helpful but difficult to engage with it when you don’t actually see anyone. Wasn’t offered video calls but would have preferred that. Video calls would be best as it would at least allow my child to be seen.” Health Visiting - Breastfeeding (Greenwich) (Parent/Carer - Female, 25-34)

“Video calls would be preferred to phone calls.” Health Visiting – Bromley (Parent/Carer - Female, 35-54)

“...I think a zoom meeting would be much better than a phone call that I had as she couldn’t actually see my baby.” Health Visiting – Bromley (Parent/Carer - Female, 25-34)

Going forward, patients have stated that they would like the choice to opt for the remote consultations in the future:

“It should be the mother’s choice depending on the reason for the call, not for the convenience of the healthcare professional. Feeding assistance in particular is completely useless over phone or video.” Health Visiting – Bromley (Parent/Carer - Female, 25-34)

“If there will be a choice to choose.” Health Visiting - Breastfeeding (Greenwich) (Parent/Carer - Female, 25-34)

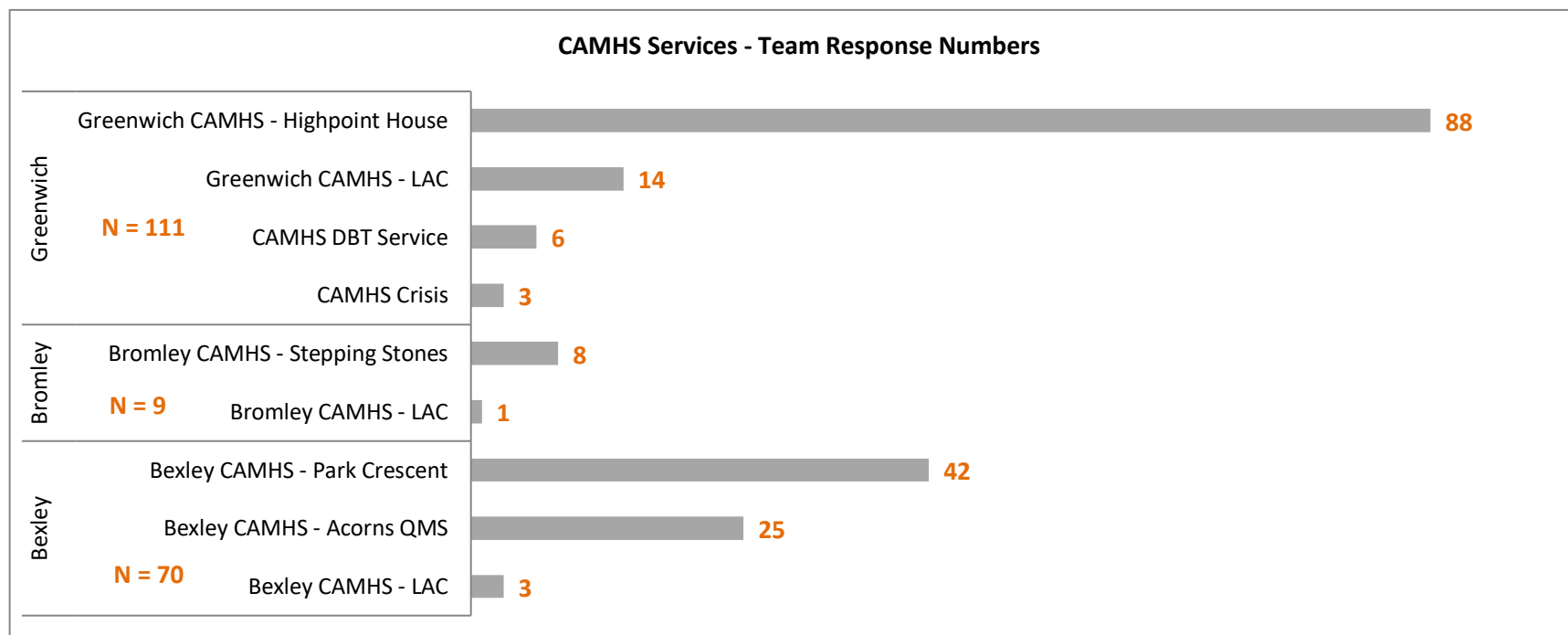
“I think it would be useful to have the option - and some may prefer them, however, I think some things would work better in-person. I was asked about domestic violence and this is thankfully something I have never experienced but I imagine that if you were experiencing that it would be much harder to say on the phone that it was a problem with someone potentially listening in than in a private face-to-face appointment with no one else potentially listening.” Health Visiting – Bromley (Parent/Carer - Female, 25-34)

“Useful to have as an option.” Greenwich South Health Visiting Team (Parent/Carer - Female, 25-34)

3.13. Survey Findings - Children & Young People (CAMHS Services)

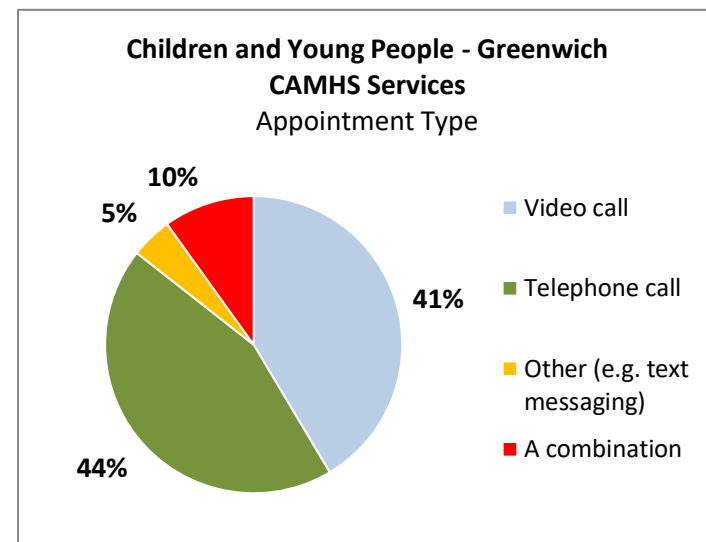
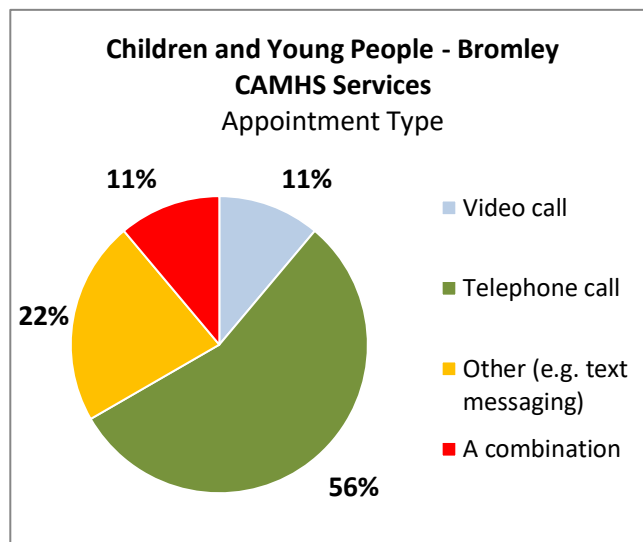
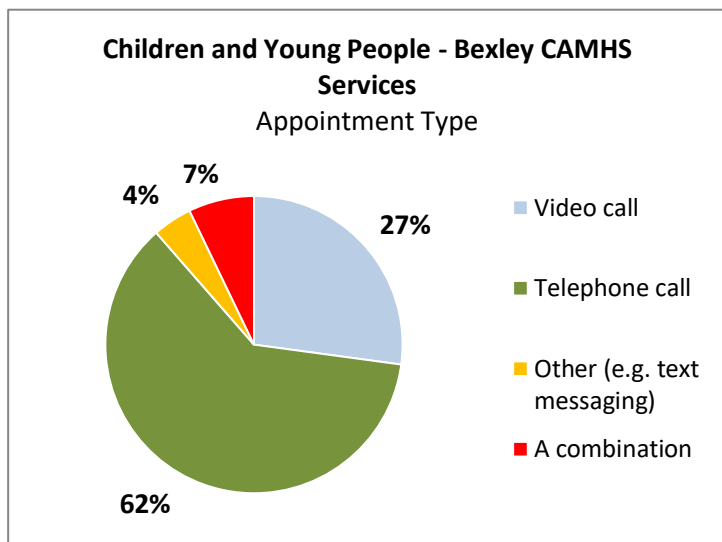
	Delivered	Received	Response Rate (%)
CAMHS Services Totals:	1,550	190	12%

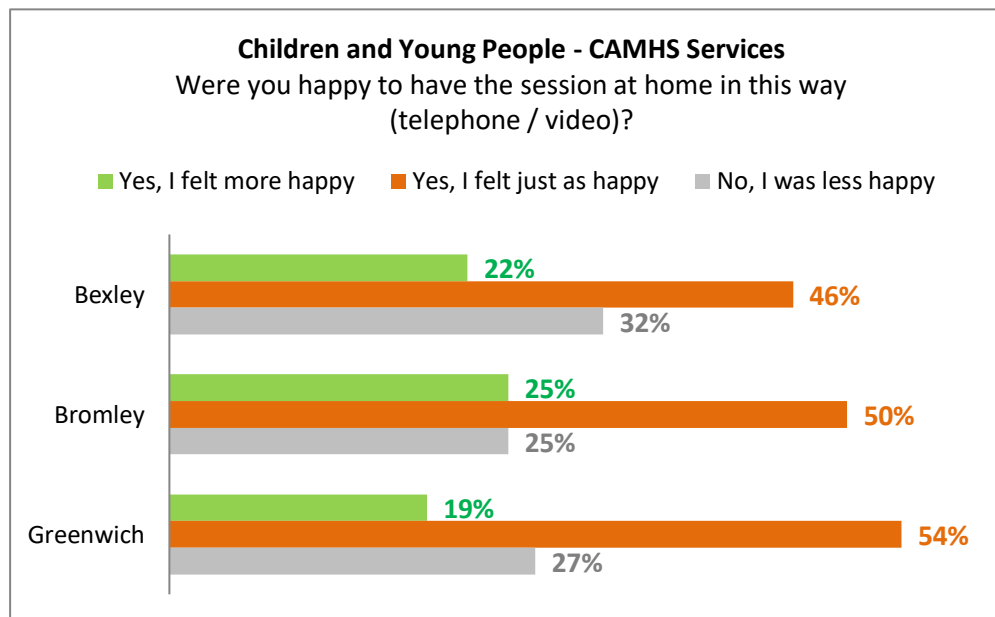
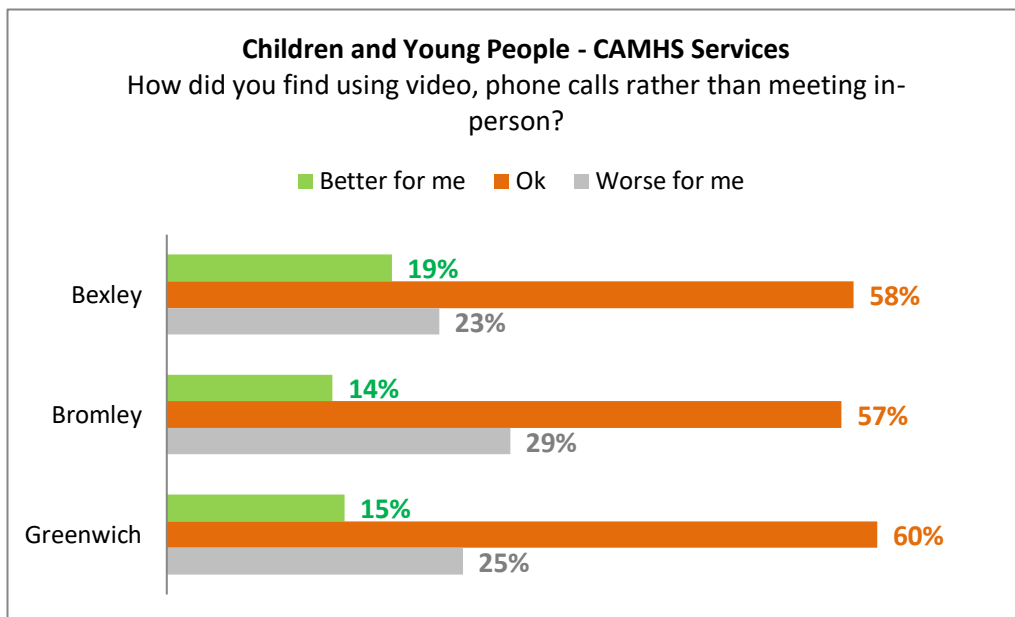
3.13.1. Response Numbers by Team



3.13.2. Appointment Type

Across the CAMHS services, 44% - 62% of the remote appointments were held over the telephone.



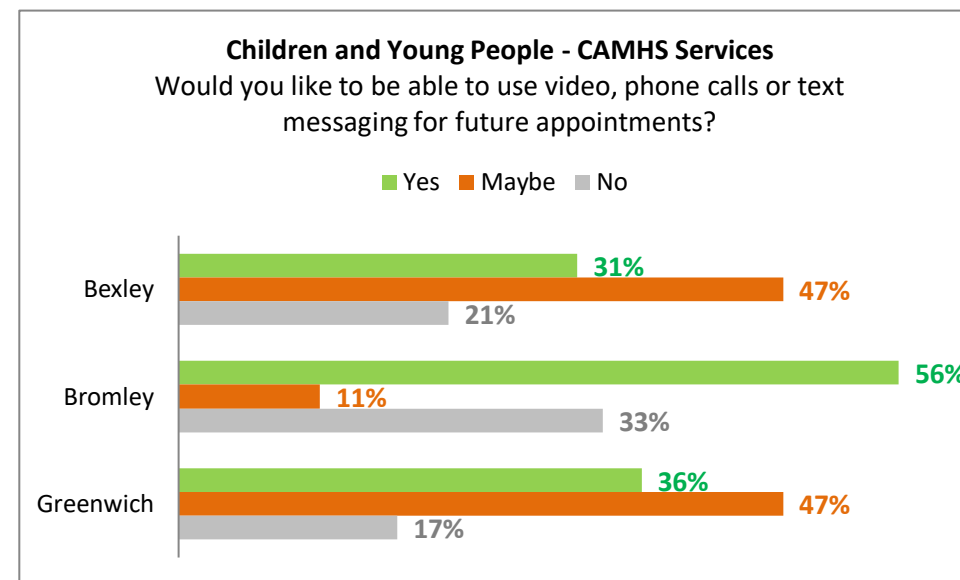
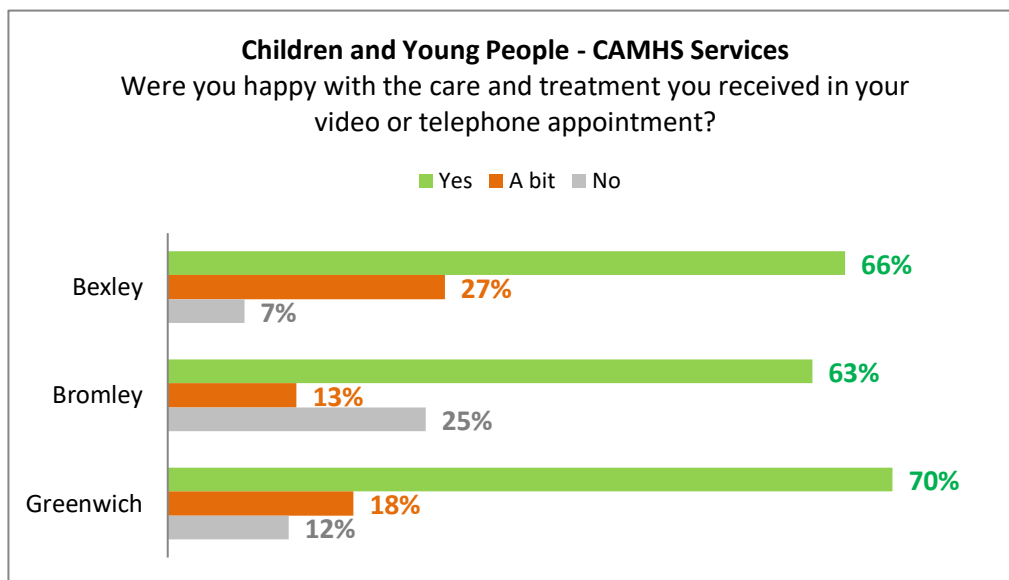


“How did you find using video, phone calls rather than meeting in person?”

A total of 77% of Bexley patients reported that the remote consultation was “Better” for them or “Ok”. A total of 71% of the Bromley patients reported that the remote consultation was “Better” for them or “Ok” – there were only 9 respondents seen in Bromley. A total of 75% of the Greenwich patients reported that the remote consultation was “Better” for them or “Ok.” Overall, less than 29% of patients reported that the experience was “Worse” for them.

“Were you happy to have the session at home in this way (telephone / video)?”

In total, 68% of patients seen in Bexley services reported that they felt “More happy” or “Just as happy” to have the session at home in this way. In total, 75% of patients seen in Bromley services reported that they felt “More happy” or “Just as happy” and 73% of patients seen in Greenwich services reported that they felt “More happy” or “Just as happy.” Overall, less than 32% of patients reported that they were “Less happy” to have the session at home in this way.



“Were you happy with the care and treatment you received in your appointment?”

A total of 66% of Bexley patients responded “Yes” when asked if they were happy with the care and treatment received in their appointment. A total of 63% of the Bromley patients responded “Yes” and a total of 70% of the Greenwich patients responded “Yes” to this question.

“Would you like to be able to use video, phone calls or text messaging for future appointment?”

In total, 78% of Bexley patients responded “Yes” or “Maybe” when asked if they would like the remote appointment options for future appointments. In the Greenwich services, 67% of patients responded “Yes” or “Maybe” to this question and in the Greenwich services, 83% responded with “Yes” or “Maybe”.

3.13.3. Qualitative Survey Findings - Greenwich CAMHS

A minimum of 15% patient responses were reviewed. The main emerging themes relating specifically to the remote appointment are reported below:

Convenience

Patients provided comments about the convenience of the remote consultation. Below are some example comments:

“I preferred being in comfort of my own home and not having to go anywhere.” Greenwich CAMHS - Highpoint House (Parent/Carer)

“I am in my own environment. Comfortable to talk more freely in my own surroundings anxiety peaks in public places and waiting rooms.”
Greenwich CAMHS - Highpoint House (Parent/Carer – Female, Age Unknown)

“My daughter has found it easier to disclose over the phone rather than in-person. I think she doesn't find it as intimidating as sitting across from someone and is very comfortable on the phone.” Greenwich CAMHS - Highpoint House (Parent/Carer – Female, 55-64)

“Because there might be days when I don't want to go to Highpoint House, but would still be happy to talk to [Name Omitted] over the phone or by video.” Greenwich CAMHS - Highpoint House (Female, 55=64)

“I don't mind, it might be easier logistically.” Greenwich CAMHS - Highpoint House (Parent/Carer – Female, 35-54)

Convenient due to saving time on travelling

“It saves journey and struggles to make it time.” Greenwich CAMHS - Highpoint House (Parent/Carer - Male, 35-54)

“Saves time as I can have the call in work (in private) and don't need to travel.” Greenwich CAMHS - Looked After Children (LAC)
(Parent/Carer - Female, 35-54)

“No stress about getting transport to the venue.” Greenwich CAMHS - Highpoint House (Parent/Carer - Female, 35-54)

Preference for face-to-face consultations

Patients responded positively to receiving care and treatment via remote means. However, when asked the question: *“Would you like to be able to use video, phone calls or text messaging for future appointments?”* patients have specified a preference for face-to-face appointments:

“If possible our daughter would prefer face-to-face appointments when these recommence, however, we are happy to have video appointments until then.” Greenwich CAMHS - Highpoint House (Parent/Carer - Female, 35-54)

“It's easier to get to however; it's harder to establish the emotional connection necessary for effective treatment.” Greenwich CAMHS - Looked After Children (LAC) (Parent/Carer - Female, 35-54)

“It's not enough you can't give the support children with mental health need through the phone. These kids deserve more...” Greenwich CAMHS - Looked After Children (LAC) (Parent/Carer - Female, 35-54)

“Would like to revert to face-to-face meetings ASAP as my child finds phone calls very difficult.” Greenwich CAMHS - Highpoint House (Parent/Carer - Female, 35-54)

“I think some communication through body language cannot be conveyed via a phone or video call.” CAMHS Crisis (Parent/Carer - Female, 35-54)

“My son struggles with social cues and being on video exasperates this.” Greenwich CAMHS - Highpoint House

“I find it easier for my son to mask what's really going on.” Greenwich CAMHS - Highpoint House (Parent/Carer - Female, 35-54)

“My child struggles with phone calls and video meetings but find it better than expected but not as good/easy as a face-to-face meeting.” Greenwich CAMHS - Highpoint House (Parent/Carer - Female, 35-54)

“It was fine but my daughter was very nervous and didn't want to do a video call. Once it started it went ok. Face-to-face would have been better.” Greenwich CAMHS - Highpoint House (Parent/Carer - Female, 35-54)

3.13.4. Qualitative Survey Findings – Bexley CAMHS

A minimum of 15% patient responses were reviewed. The main emerging themes relating specifically to the remote appointment are reported below:

Convenience

Patients provided comments about the convenience of the remote consultation. Below are some example comments:

“I can’t leave my house so it will be better if all my appointments are done this way.” Bexley CAMHS - Acorns QMS (Parent/Carer – Female, 35-54)

“They are so convenient and with times being so uncertain and my daughter having an underlying neurological condition she is best to have limited contact for some time anyway but into the future the video calls are very easy to access quick less stressful for the child because they are in their own environment no problems parking etc.” Bexley CAMHS - Acorns QMS (Parent/Carer – Female, 35-54)

“It worked so much better as there was no waiting for the appointment. My child was comfortable in their own home...” Bexley CAMHS - Acorns QMS (Parent/Carer – Female, 35-54)

Convenient due to saving time on travelling

“Saved the journey to the centre.” Bexley CAMHS - Park Crescent (Parent/Carer – Female, 35-54)

“It was easier not having to travel, both myself and staff was prompt via video call. Very happy to recommend.” Bexley CAMHS - Park Crescent (Parent/Carer – Female, 35-54)

Preference for face-to-face consultations

Patients responded positively to receiving care and treatment via remote means. However, patients commented on a preference for face-to-face appointments:

“If face-to-face appointments become available this would be more practical as my daughter doesn’t like interacting over technology.”

Bexley CAMHS - Park Crescent (Parent/Carer – Female, 35-54)

“On occasion but easier for child face-to-face.” Bexley CAMHS - Park Crescent (Parent/Carer – Female, 35-54)

“Think the child needs to be seen in person by a professional.” Bexley CAMHS - Looked After Children (LAC) (Parent/Carer – Female, 65-74)

“Child felt unable to partake in a phone or video call.” Bexley CAMHS - Park Crescent (Parent/Carer – Female, Age Unknown)

“More comfortable in person. Clearer communication.” Bexley CAMHS - Acorns QMS (Parent/Carer – Female, Age Unknown)

“It was difficult to connect in the same way as face-to-face. It was harder to hear/understand/communicate.” Bexley CAMHS - Acorns QMS (Parent/Carer – Female, 35-54)

3.13.5. Qualitative Survey Findings – Bromley CAMHS

There were 9 responses for Bromley CAMHS and so these were not included as part of the thematic analysis. The free text comments provided are summarised. When asked the questions: “How did you find using video, phone calls rather than meeting in person?” and “Would you like to be able to use video, phone calls or text messaging for future appointments?” patients seen in Bromley CAMHS responded with some of the following comments:

“I found it less stressful, not having to travel or wait in waiting rooms and less intense than in-person.” Bromley CAMHS - Stepping Stones (Female, 35-54)

“It saves time.” Bromley CAMHS - Stepping Stones (Female, 35-54)

“It saves on time and time away from work/school.” Bromley CAMHS - Stepping Stones (Female, 35-54)

“My son won’t talk on the phone so makes it hard.” Bromley CAMHS - Stepping Stones (Gender and Age Unknown)

“Undoubtedly face-to-face is better but telephone allows for any discussion that might not otherwise be able to take place.” Bromley CAMHS - Stepping Stones (Female, 35-54)

3.13.6. CAMHS Services Results Summary

A total of 190 surveys were completed in CAMHS services. Overall, the feedback was positive across services. When asked: “Were you happy with the care and treatment you received in your appointment?” a total of 66% of Bexley patients responded “Yes”, 63% of the Bromley patients responded “Yes” and 70% of the Greenwich patients responded “Yes.” Patients found the remote appointment experience convenient. Patients did express a preference for face-to-face appointments.

Conclusion and Key Recommendations

Overall, the survey findings were positive. A total of 90% of respondents responded “Yes” or “Somewhat” when asked if they were happy with the care and treatment received in their remote appointment. Based on the survey results, the key recommendations are outlined below:

Recommendation 1: Remote appointments to be made available for patients, if appropriate

The patient comments showed that accessing care and treatment via remote means was convenient; this was identified as a top theme across all service areas. For patients who work, have childcare/caring commitments, and those with disabilities and mobility conditions, remote access was particularly convenient. The saved time and costs of travelling, parking and waiting were additional conveniences reported. However, patients have rightly stated that the delivery of care and treatment via remote means depends largely on the nature of the presenting problem(s) and/or the nature of the appointment.

Recommendation 2: Patient Choice

Patients acknowledged that remote consultations are safer as a result of the COVID-19 pandemic and there was a positive response to receiving care and treatment via remote means during this period. However, a top theme that emerged in the comments across all services was the preference for being seen face-to-face. Some patients described the remote appointment as feeling “*impersonal*” and commented on the lack of body language and visual cues as being a challenge during the telephone appointment, and to a lesser extent, during the video appointment. Nevertheless, patients acknowledge that remote appointments are useful depending on the reason for the appointment. For example, patients stated that remote appointment options would be suitable for follow-up appointments. Patients have told us that they would like to be given the choice on whether they wish to have their consultation remotely. Patients would also find it helpful to be given the choice of a combination of face-to-face and remote appointments.

Recommendation 3: More video appointment options

Telephone appointments have been the dominant method by which care and treatment has been delivered. A total of 76% of all appointments received by the respondents were delivered over the telephone. However, the visual element of video appointments offers distinct advantages over telephone appointments. Patients who had a video appointment highlighted the benefits of visual cues as a positive support to the communication process. It is evident from the comments that the patient experience would have been more positive had there been more video appointments delivered. Some patients who had a telephone appointment reported that they would have preferred a video appointment. It is thereby recommended that the clinician discusses this option with the patient and ensures that the patient has the correct technology (i.e. smartphone, laptop, WI-FI connectivity) to receive the call.

Recommendation 4: Give consideration to initial face-to-face appointments

Patients commented that the remote appointment delivery worked best when they were able to engage with a familiar and trusted clinician. Patients commented that it is challenging to build trust with a clinician for the first time remotely. It is thus recommended that consideration be given to initial appointments being held face-to-face as this will help build a rapport between the patient and clinician. If appropriate, subsequent follow-up appointments can then be delivered via remote means.

Appendix (double click the icon below)

