

# Remote Outpatients Appointments Conversations with patients in Lancashire & South Cumbria

The NHS Long Term Plan evidences the ambition for better use of digitally led healthcare going forward. In light of the Covid-19 pandemic , we understand the move to more remote and digital options happened at speed, with quick decisions being made in light of national guidance from NHS England.

Healthwatch Together wanted to know what the move to digital meant for those accessing remote outpatients appointments. We had conversations with 50 patients in Lancashire and South Cumbria who have accessed a digital outpatient appointment to find out their views , experience and opinion on quality. Our key findings suggest that whilst it has worked well for some , it has created barriers and concern for others.

Our recommendations and observations from feedback are:

# There appears to be no 'one size fits all'

Though remote consultations works for some, the traditional approach is considered favourable for patients who may have challenging conditions and who do not have the skills and confidence to access healthcare through digital means. In light of our commitment to tackling inequalities, a flexible approach may need to be considered. With that being said, we have heard that remote care worked well in some cases and has even removed barriers to accessing care for some who would otherwise find it challenging.

#### **Our conversation consensus suggests:**

- If patients have a routine appointment with a consultant they have met previously and trust , digital appears to work.
- If patients have an appointment with a new consultant where an examination would be appropriate, or an appointment where bad news is being given, face to face is preferred.

## Give people the skills and support to access digital care

Some patients may feel excluded from digital due to a lack of digital skills, internet or telephone. It must be considered that not all patients will have the confidence or means to access the required platforms. It is worth noting that digital skills are equally as important for staff, appointments can only go well if both parties are comfortable.

### **Inform patients of their rights**

For some patients, accessing health digitally provides a challenge and they may not have the confidence to share over digital channels. When appointments are made , patients should be reassured that their rights to a quality service remain the same and should they have any difficulties/concerns to contact the administration staff to gain clarity and more information. For patients where English is not their first language, an interpreter may be required. Similarly, for patients who have a learning disability, reasonable adjustments should be implemented where needed. Professionals should have the autonomy to deliver appointments in the format which the person is most comfortable. A record of this decision and support needs and preference should be noted e.g. translation.

#### **Informing patients of operational challenges**

Patients waiting to access digital outpatient appointments may benefit from updates on appointment progress. For example, we heard from patients who were not notified that there was a delay to their appointment. As well as this, there were instances where professionals were having difficulty with technology but the patient was not made aware of this. In order to reassure and keep patients informed , a update method should be considered.

## **Encourage active feedback and coproduce changes**

Patient feedback and experience will be key to positive change going forward. Encouraging active involvement and participation in conversations and decision making will ensure planning going forward meets the needs of the population it serves.

Above all else make sure that appointments are person centred!