

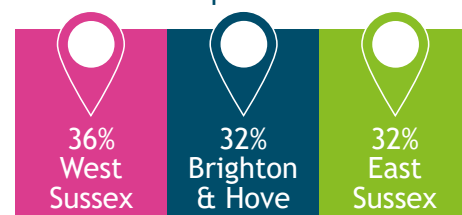
Digital Innovation

Learning from residents

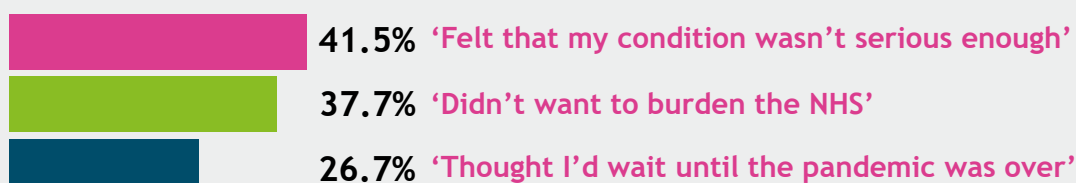
We explored people's use and thoughts to inform the future use of digital access for health and care services in Sussex.

2,185 residents took part in online surveys and phone interviews during the COVID-19 pandemic/lockdown. (With responses fairly evenly split across Brighton & Hove, East and West Sussex).

Location of responders:



More than a third chose **not** to make an appointment during this time, despite feeling they had a need to access health, social or emotional care. Of these:



People with disabilities were around **4 times more likely** to delay making an appointment compared to people without disabilities.



People's consultation experiences



63.3% of people had a phone appointment



23.3% of people had an online appointment

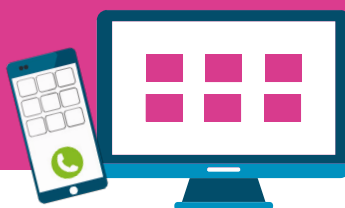


10.2% of people had a video appointment

The most common appointments attended remotely were:

- with a GP
- as an Outpatient
- phone questions from a health professional (e.g. Receptionist, NHS 111) to guide people to the right service

Remote appointments with a GP were twice as common as those for other appointments.



Overall, 63% agreed that they would be happy to have a phone or video appointment with their GP.



High satisfaction with remote consultations



Just over 7.5 (in 10 people) were satisfied with remote access.

People were generally happy to have remote appointments *in the future* but not for all services.

Happy by phone



GP



Outpatient



Triage

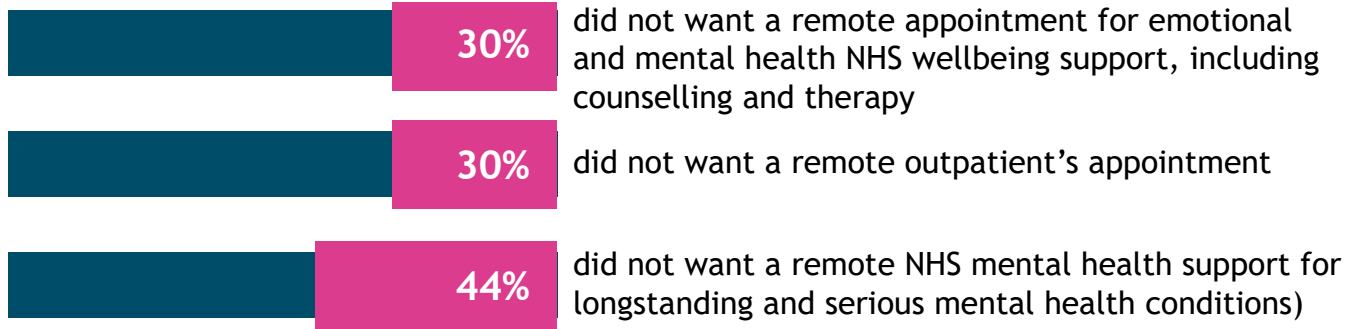
Happy with online



Happy by video



People with certain conditions are less happy accessing support digitally



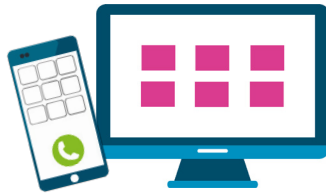
Age is also a factor

Generally, younger people **were happier** to have future appointments by phone, video or online, compared to older people.



- Spoke with GP... easy, convenient and highly effective
- Efficient focussed and effective, liked not having to travel

11-16 year olds experienced particular challenges with video and phone consultations, feeling anxious about privacy and lack of rapport.



Older people are significantly less happy but for different reasons - such as fear of technology, hearing loss etc.



People with disabilities are significantly less happy to have **any form** of remote appointments for:

- Being triaged
- GP appointments
- Getting medication or a repeat prescription
- Receiving test results or screening



Healthwatch is working with local partners to understand how people could be supported to be more digitally included.

Conclusion

Although the majority of people were generally happy to receive remote appointments, from a range of different services, they are not suitable for everyone and a hybrid model of delivery (remote and face-to-face) is recommended.

For research or data clarification please contact Dr Lester Coleman, Evidence and Insight Manager, lester@healthwatchbrightonandhove.co.uk 01273 234 041

To contribute personal experience to our evidence base:

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