



Thrive by Design

Video Consultations

Codesign write up - Digital Inclusion

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@tweetsbythrive / www.thrivebydesign.org.uk

NUFFIELD DEPARTMENT OF
PRIMARY CARE
HEALTH SCIENCES
Medical Sciences Division

Introduction

On 01 February 2021 Thrive by Design and the Nuffield Department of Primary Care Health Sciences held a co-design workshop to discuss video consultations with:

- Patients who have had a video consultation
- Health Professionals who have conducted video consultations
- People who help those who are digitally excluded to access health services

We went through a number of exercises to delve into people's experiences and uncover their ideas.

The sessions aim

“The ways in which video consultations meet/may not meet the needs of patients - and how they can be inclusive for everyone”

What we did

The workshop lasted two hours and we used Zoom as a platform. We recognise that hosting a workshop on a digital platform is not accessible for all, and we plan to identify and interview five people who are digitally excluded to ensure that their views shape the final output.

The workshop was structured along 'design-thinking' and 'co-design' principles to try to flatten power structures between health professionals and patients and understand context before ideation.

For each of these exercise (opposite) we split into breakout rooms

- 1) Patient breakout room - facilitated by Thrive by Design colleagues with extra notes and input from Oxford colleagues
- 2) Health professional break out room - facilitated by Thrive by Design colleagues and with extra notes and input from Oxford Colleagues

All exercise were accompanied by visual prompts for attendees (patients/health professionals) to contribute to. Overwhelmingly it was Thrive by Design and Oxford colleagues who took notes during the breakout room conversations.

Exercises completed during the workshop

- 1) **Why are we here?**
An introduction from mHabitat. Including rationale for the workshop and what we are going to do during it.
- 2) **Who we are thinking of? (personas)**
Developing persons from peoples experience of video consultations. Capturing what works / doesn't work for whom and why.
- 3) **From your perspective**
Understanding the steps involved from patients and healths professionals perspective.
- 4) **How might we improve?**
Ideas on how to make things better. These could be good practice witnessed or blue sky thinking.
- 5) **Open chat**
Affording opportunity to delve deeper into findings and/or to make any points that didn't fit with the exercises.



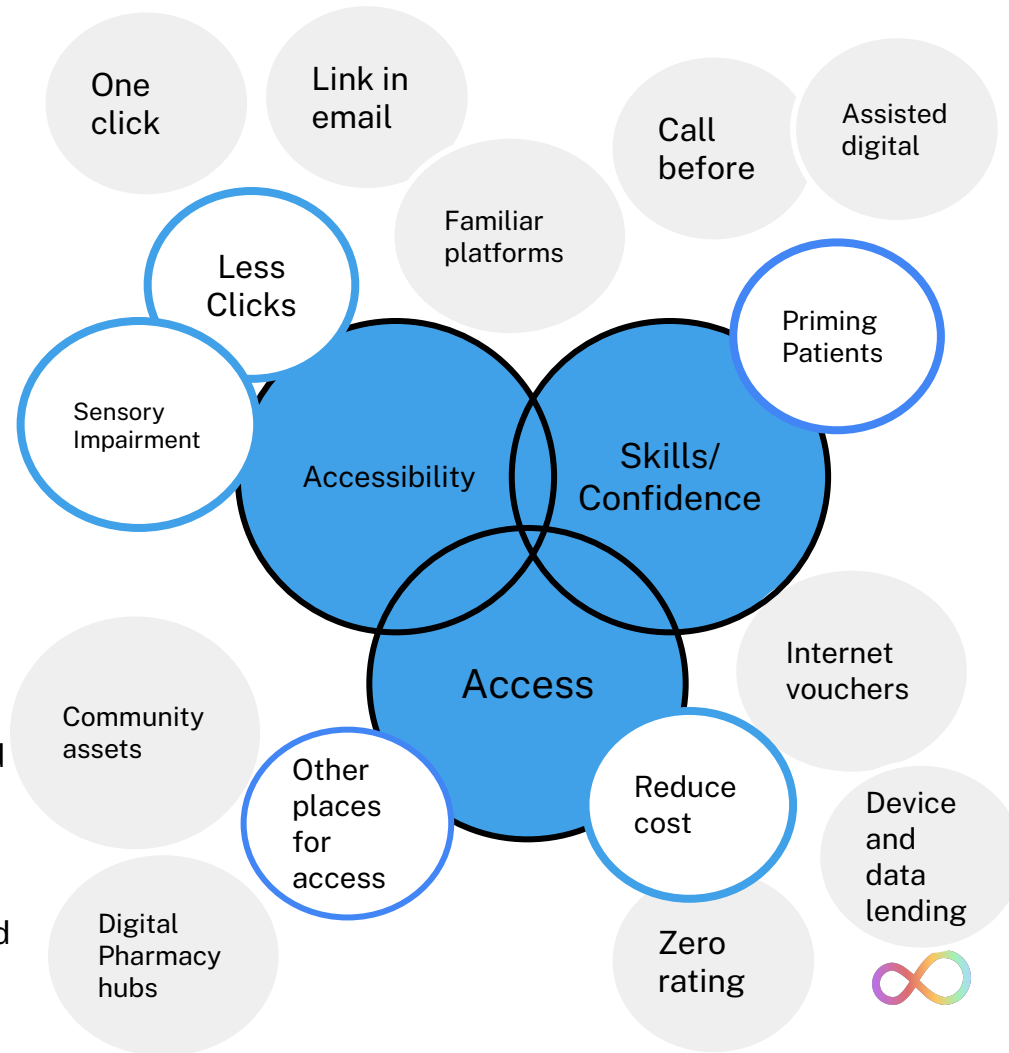
Digital Inclusion

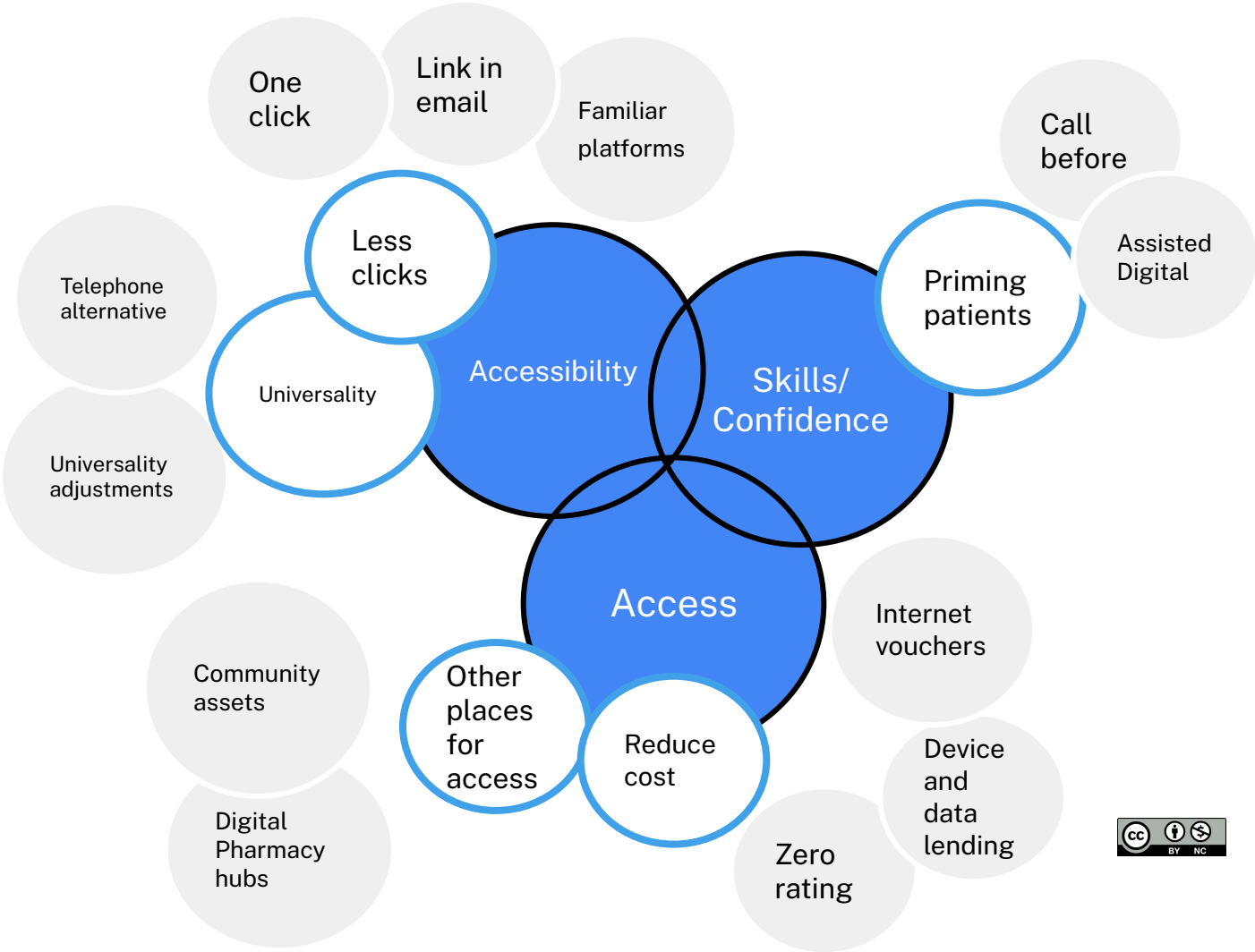
Digital Inclusion means different things to different people/organisations.

This workshop focused on ways to help people access and participate in Video Consultations specifically, and not to look at the broader aspects of digital inclusion. e.g. other health services, wellbeing, financial savings, keeping in contact with family and friends.

Nevertheless, the ideas and practices that we uncover can be mapped against the established themes of exclusion.

- Accessibility - how useable a digital tool is for all users regardless of needs
- Skills/confidence - does the patient have the required skills and confidence to use a digital tool in the way intended
- Access - does the patient have the device and connectivity available to them at the time it is needed





Ideas produced by patients and Health Professionals

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Ideas: Patient Access

Cost of access

Reducing the cost to the patient of accessing video consultations

- 1. Device and data lending**
 - Providing a device with connectivity for excluded patients for the day of appointments
 - NHS org that schedules appointment offers this service
- 2. Internet Vouchers**
 - Provided to cover the day of the appointment
 - NHS org that schedules appointment offers service
- 3. Zero Rating**
 - NHSE/D broke zero rating initiative with internet providers for attend anywhere

Other places for access

Offering access in the places in a community that people can get to when it's too difficult to travel to NHS buildings

- 1. Digital Pharmacy Hubs**
 - Private rooms in pharmacies equipped with devices and connectivity. Offering a safe, private space for patients to attend video consultations
 - Pharmacists on hand for support
- 2. Community assets(Community spaces and supermarkets)**
 - Support to access video consultations in the places people already go
 - On hand' digital champion' support



Ideas: Patient Skills/Confidence

Priming Patients

Ensuring that patients have had the opportunity to go through the steps of accessing a video consultation

- 1. Call patients days before the appointment to do a trail run**
 - Administrators act as 'digital champions' to help patients run the steps in a safe, pressureless environment
- 2. Assisted Digital**
 - Attaching clear instruction leaflets to appointment email and/or -including info on security
 - Administrators act as 'digital champions' to help patients access the actual video consultation. Telephone support until patient is 'in' the appointment.



Patient Accessibility

Less Clicks

Reducing the number of steps to accessing the consultations and ensuring WCAG 2.0 standards for accessibility

1. Link in emails

- Email a link to the consultation instead of in a printed letter

2. One click

- Patient only needs to click once to be in the consultation

3. Familiar platforms

- Using platforms that patients are familiar with (e.g. WhatsApp)
- A non sanctioned work around some Health Professionals use when patients struggle to access NHS Platforms



Idea: Health Professionals

Infrastructure

Wifi strength in NHS (or other health sector) buildings can be poor or have blackspots

- 1. Signal Boosters**
 - CCGS/ICS's/ trusts provide funds for signal boosters in GP practices/care homes/hospitals
- 2. One consistent platform for video consultations**
 - Health professionals and patients may become more familiar with one platform and increase confidence in use

Administrators

Colleagues can assess inclusion/exclusion and support where necessary

- 1. Clinical coordinators as Digital Champions**
 - Identify which patients are excluded and offer support(see 'Priming Patients', 'Device and Data Lending')
- 2. Invite to video consultation**
 - Always email invite so the link is clickable (as opposed to typing out link from a letter)
 - QR code provided on letter to check equipment and also access appointment



Stories and Solutions

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Amir's Story

Amir has a long standing relationship with his Mental Health professional having had semi regular contact with the service for a number of years. Amir attends every appointment for two main reasons: it helps him with his mental health and he always does what the NHS tells him to do.

The Covid-19 pandemic throughout 2020 threatened to stifle this regular contact and Video Consultations seemed like a good way of keeping in contact.

Amir knows that his wifi signal at home is unreliable but can't miss his appointment. He knows there is a good, free signal in the local Asda so he drives there and connects to the Wifi. The signal is better in the bread aisle near to the cafe so Amir paces this area whilst participating in the consultation.

'I know that people can hear me so I watch what I say'

Amir forfeits the privacy that is normally so important to him as attending the consultation is more important.

His Mental Health Professional admits that they are not in fact in an office but have had to conduct the consultation from their car as they had '**a bit of an emergency**'. Amir likes that they have been honest with him and this strengthens the relationship. However, it does worry Amir that both participants aren't in a secure and private place and this doesn't sit well.

Amir opines that if he could have got a signal in Asda car park he would have felt much better and be able to be more open in his consultation.



Amir's summary

Health: Mental health issues that require semi-regular contact with a mental health professional.

Relationship: Trusts mental health professional. Doesn't want to miss appointments so will do everything he can to attend. Doesn't feel an equal partner in medium appointments.

Digital Exclusion: Doesn't have reliable WiFi at home so goes to Asda to get a signal (consciously compromising privacy to attend appointment).

Digital Inclusion need: Private places to attend appointments

- 1) **Digital Pharmacy Hubs** - private rooms in community pharmacies equipped with static digital device and WiFi.
 - Provides privacy.
 - Health professionals are nearby. (To support with equipment and/or health questions).
- 2) **Internet Vouchers** - NHS to provide adequate data for device owners with unreliable access.
- 3) **Zero rating** - NHS products such as Attend Anywhere is zero rated.



Amir's journey

= indicates person's emotional stress

Patient is worried about wifi signal at home

Is worried about people hearing conversation but needs to 'attend' app't

Has the skills to access the appointment

Patient knows asda has free wifi

Goes to ASDA and participates in consultations

Talk in general terms to maintain privacy

"Wish I could get signal in the car park"

Admin send letter with link for video Consultation

Has a personal emergency and can't be in the office

Has autonomy to do the appointment wherever they are

Conducts consultation from parked car. Using data from work phone

Is open with patient that they are not in the office

Is happy with clinical standard of consultation



Emily's Story

Emily has a severe sight impairment which often means that she spends lost of time discussing adjustments to GP consultations rather than the reason she is having the consultation, which is hardly ever related to her sight impairment. This frustrates emily as she doesn't feel she gets the same level of service as everyone else. Emily has had to stick up for herself so often in her dealings with the NHS that she now demands things her way and is forthright in saying so.

When a video consultation was suggested to Emily she thought it would be quite easy to click on the link and then talk to the doctor.

This wasn't the case. Emily tried to log onto the video consultation at the appropriate time but found the user experience far too difficult

'I can't see all those pop ups to click here and there'

Emily got frustrated and decided to call the GP practice and demanded a telephone appointment. The GP called Emily straight away and they had the telephone consultation.

'Why didn't we just do this at the start?'

Emily understands the potential benefit of the GP being able to see her during video consultations but if she can't participate in it then there is no point in it continuing.

Emily's experience was so poor that she is loathed to even try a video consultation next time.

'If this would have happened to my husband (who has mental health issues) he would have just thrown the laptop against the wall'



Emily's summary

Health: Severe sight impairment and a long term health condition

Relationship: Gets frustrated that has to manage poor systems and experiences. Is vocal in their frustration and 'sticks up for herself'

Digital Exclusion: Digital services aren't accessible enough for Emily

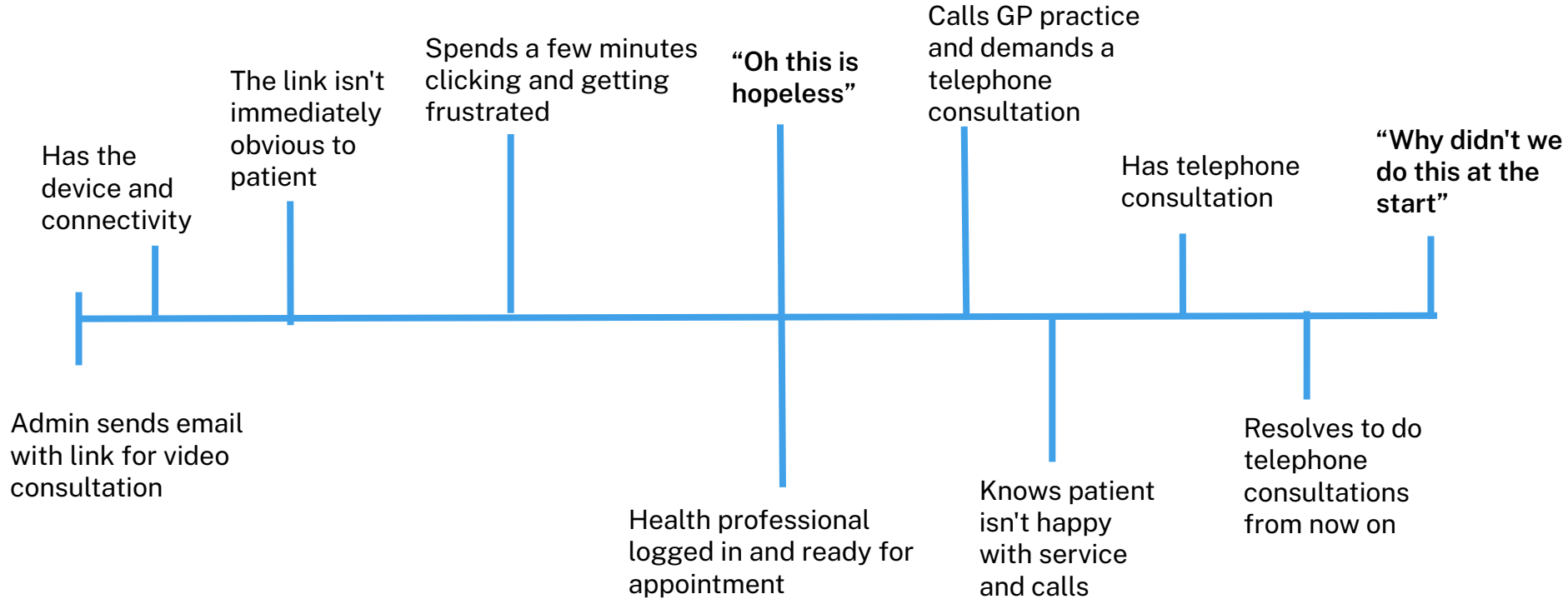
Digital Inclusion need: Priming before appointment

- 1) **Assisted digital** - administrator calls patient to help access appointment link and set up video clinic 10 minutes before appointment. Patient stays in virtual waiting room until appointment.
- 2) **Calls patient before** - Administrator does a practice run through a few days before
- 3) **Fewer clicks** - A less complicated platform to access
- 4) **Familiar platforms** - using a platform that the patient already uses and understands how it works



Emily's journey

| = indicates person's emotional stress



John's Story

John is severely epileptic and has regular contact with his consultant. He knows it is important to keep his appointments because he doesn't want to be discharged from the service and he is comfortable with all aspects of video consultations.

A little before his scheduled video consultation something happens in his personal life which means he has to travel somewhere and won't be in his usual place for his consultation. John is worried about missing the consultation and if he tries to rebook it he doesn't know if he will be in trouble or when he will be able to get another one.

John decides to access his consultation whilst he is driving. He knows this is dangerous but he feels he has to do it.

The consultant realises that John is driving and is very concerned with John's **'reckless behaviour'**.

The consultant quickly concludes the consultation and ponders **'why didn't John just book another appointment?'**.



John's summary

Health: Severely epileptic and has regular appointments with consultant.

Relationship: Been told many times how important consultations are. NHS holds the power and dictates when/where/how appointments happen.

Digital Exclusion: Has the skills, confidence and access to devices to be counted as 'included'. Attending appointments is sometimes difficult as sometimes has other competing responsibilities.

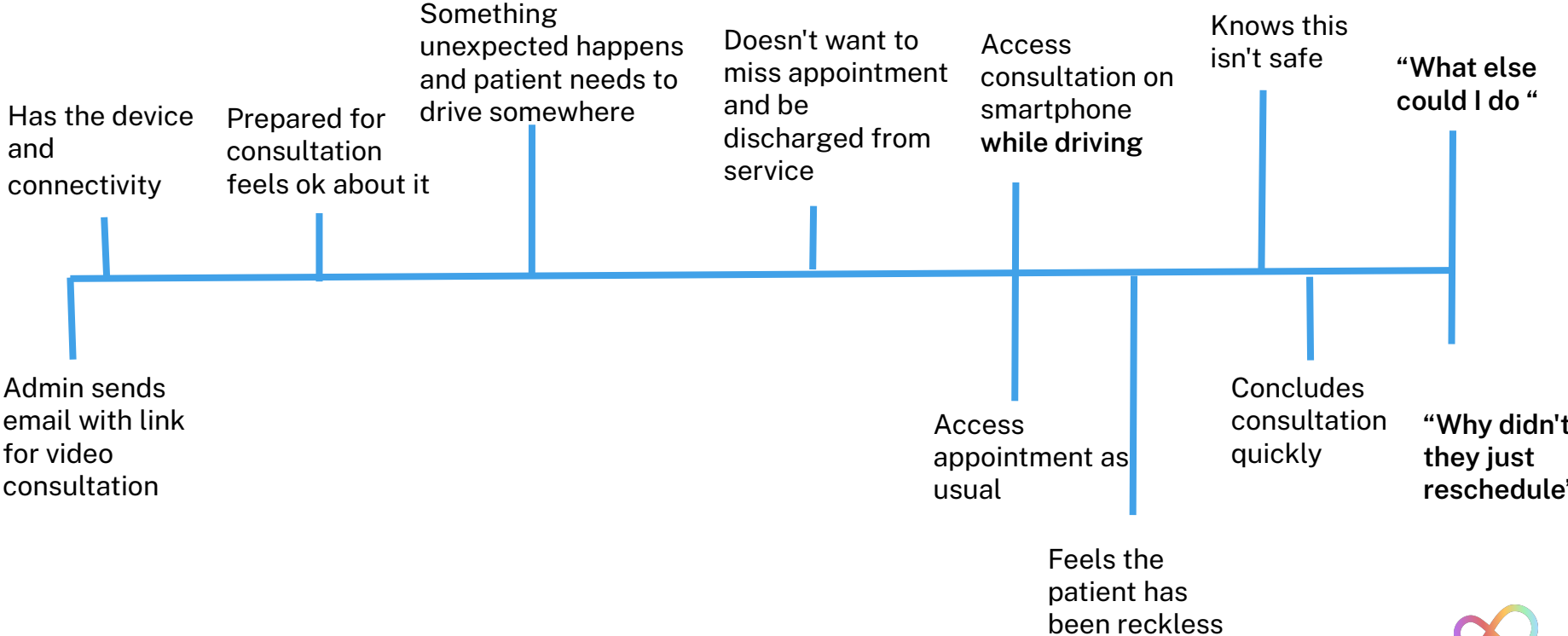
Digital inclusion need: Flexibility

- 1) **My schedule-** NHS being flexible to my circumstances. Rebooking is too long of a wait normally.



John's Journey

| = indicates person's emotional stress



Peter's Story

Peter has a learning disability and a long term health condition that has historically caused him to visit his GP regularly. Peter wants to be as independent as possible and has visited the GP practice on his own. However, he feels more comfortable when someone from a local support charity is there to help.

Since Covid-19 video consultations have become the standard practice for patient safety.

When Peter calls the GP practice to make an appointment he is told it will be by video. Peter is worried about this and doesn't understand that his lack of access to digital devices and wifi will pose a problem.

The support charity ask him how the telephone call went and realise the digital dilemma.

'Let's do this together'

Peter goes to the support charity and they set up the video consultation with Peter.

He has been to this charity before and feels comfortable in their company. The support colleague remains with Peter whilst he *attends* the consultation.

Peter doesn't participate in the video consultation as enthusiastically as previous face-to-face appointments and the GP picks up on this.

The GP doesn't know of a suitable alternative at the moment and tries to make it as stress free as possible to Peter.

Peter is appreciative of the support from the charity but seems to have lost some of his confidence in his relationship with the GP.



Peter's summary

Health: Has a learning difficulty and a long term condition.

Relationship: Could go to the GP on their own but often preferred to have support from local community organisations.

Digital Exclusion: Doesn't have the skills and/or confidence to access video consultation. Doesn't have digital devices or wifi in places of residence.

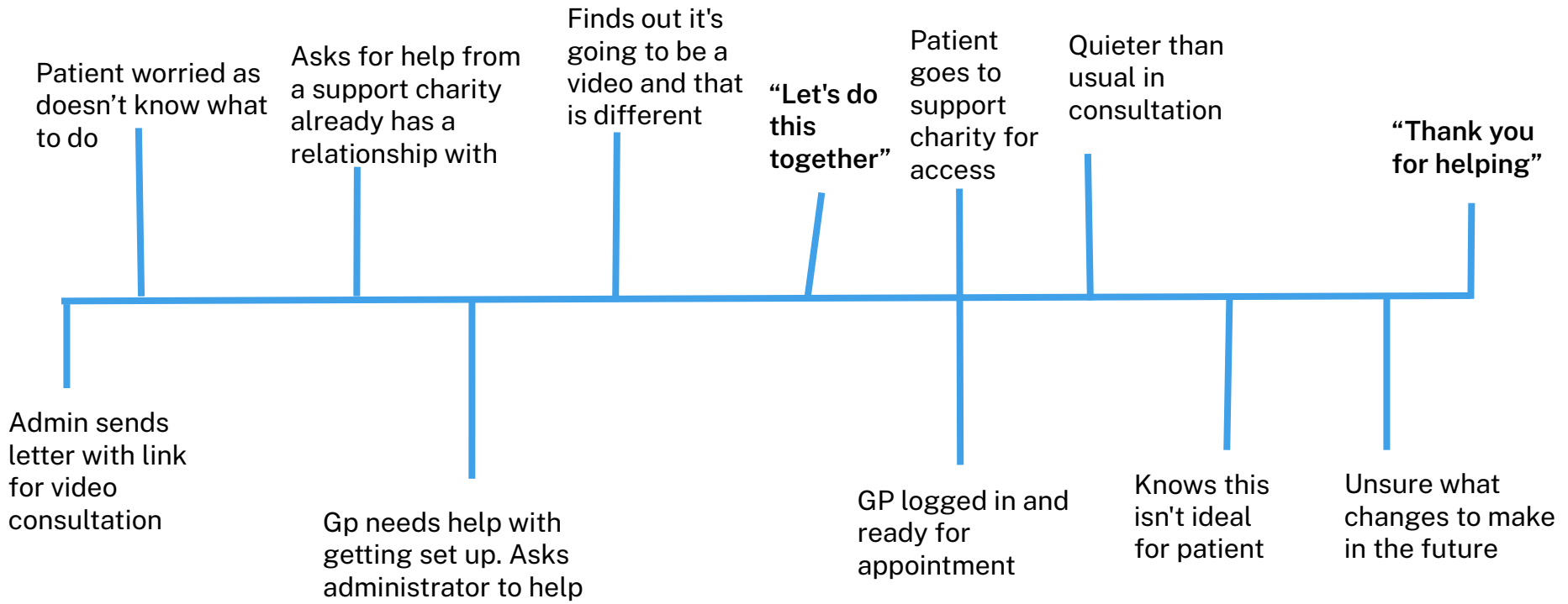
Digital Inclusion Need: Access and personal support

- 1) **Device and data lending** - GP practices offering a tablet and connectivity for day of appointment.
- 2) **Trusted touchpoint support** - Funded local organisation already known to patient support to access support. Can even 'attend' appointment as third party if necessary.



Peter's Journey

| = indicates person's emotional stress



Context of what works and what doesn't

3



Conditions needed

Professionals

- No tech issues (good WiFi, patient and health professionals confident with tech).
- Health professionals already has a relationship with patient.
- Not conducting clinical observations/measurements.
(although projects such as Tytocare and Alive Core trying to provide mitigation for this)
- No translation needs.
- Offers flexibility.

Patients

- No tech issues. (good WiFi, has the right equipment and patient/health professionals confident with tech)
- Can find a private enough space at home (or somewhere else) to participate.
- When it is convenient for me. (no need to travel)
- When health professionals are flexible. (using different platforms e.g. WhatsApp, even if they aren't supposed to or using the phone if tech isn't working)



When it doesn't work

Professionals

- When the patient struggles to access the appointment and has technical questions.
- NHS buildings that have poor WiFi.
- When I need clinical measurements/observations.
- Language barriers.

Patients

- No access to internet and/or devices.
- Too complicated to access. (especially if you have sight impairments)
- No privacy in household.
- When there's no established relationship between patient and health professional. (especially when considering mental health problems)
- Too many platforms.



Opined

Professionals

- Patients have a responsibility to access appointment safely/securely/timely.
- There's an excuse for doing video consultations right now, what is the 'sales pitch' after the pandemic.
- Can help with a glimpse into someones life and circumstance.

Patients

- Might not be able to get the privacy I need. (going to bank or asda because internet isn't strong enough)
- Some patients are willing to compromise on privacy just to have the appointment. (don't know if they will get another one)
- Some patients expect the Health Professionals to still be at their desk in the office.

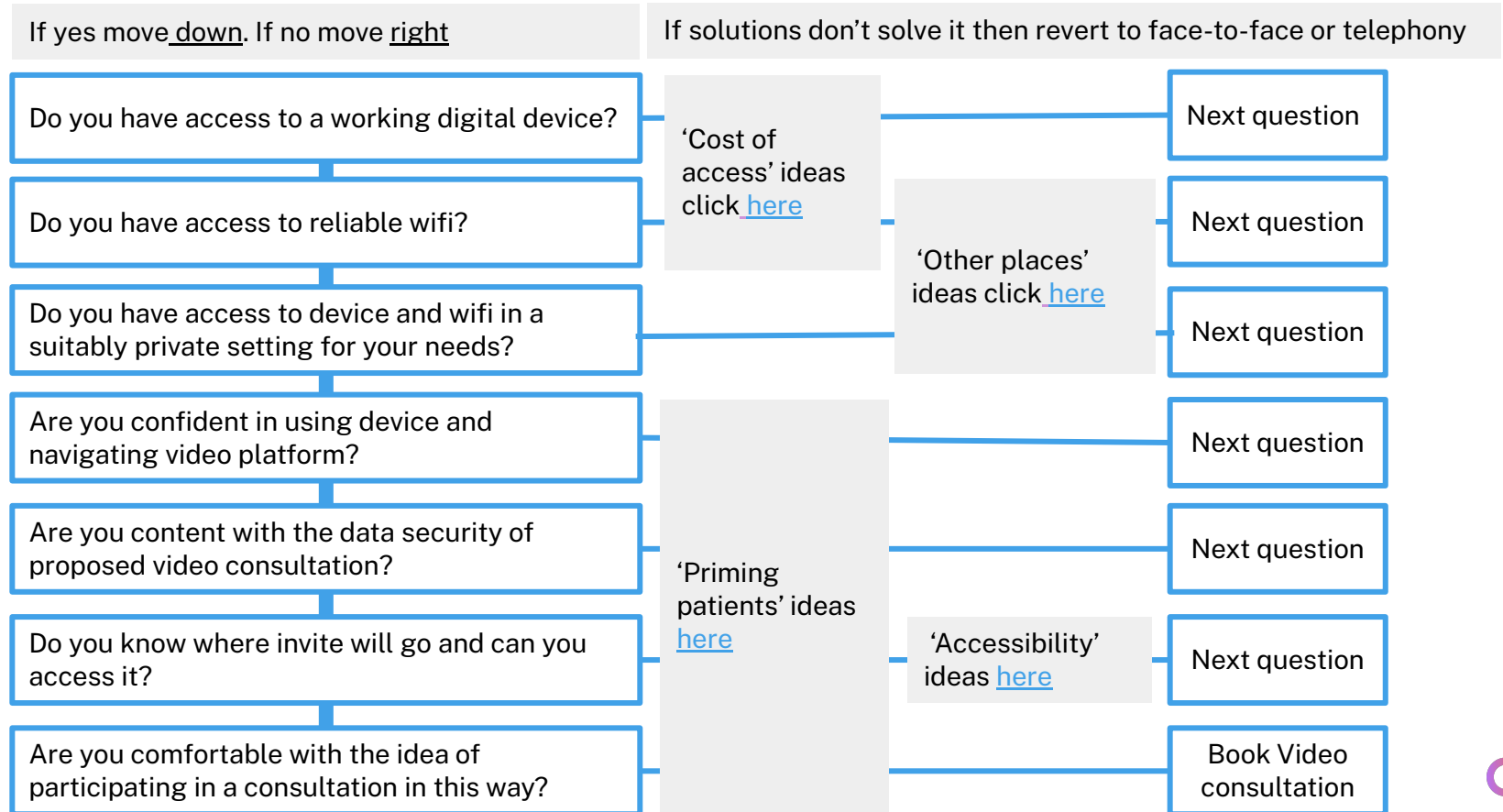


An inclusive checklist

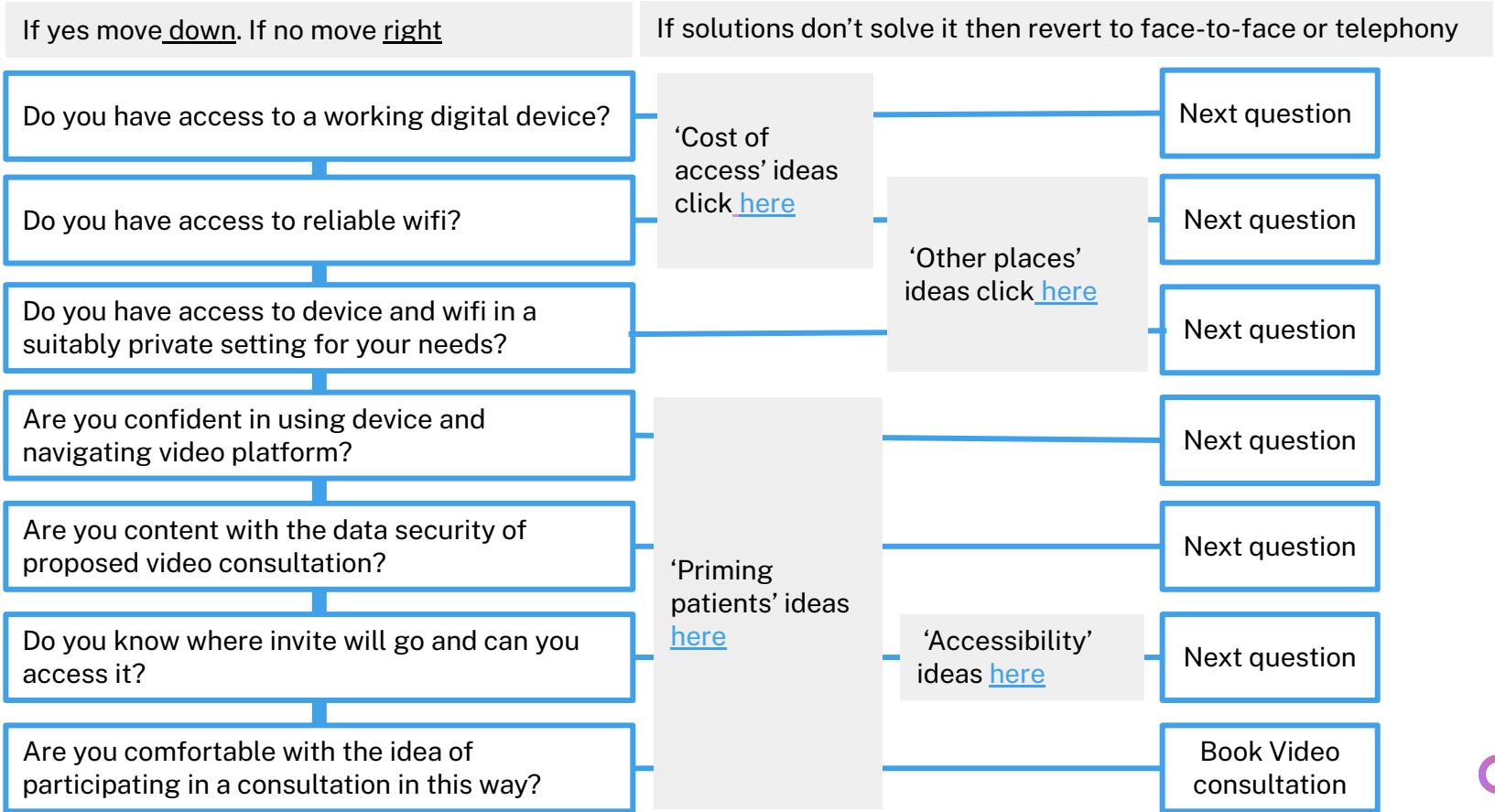
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Things to ask a patient before booking a video consultation



Checklist Guide for Remote Video Consultations



Thank you.

If you would like to chat more about anything in this presentation, you can get in touch with us at:

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