

Healthier **Together**



Improving health and care in Bristol,
North Somerset and South Gloucestershire

 jungle green

The Healthier Together Panel

Survey results – Digital technology and video consultations
results

April 2020



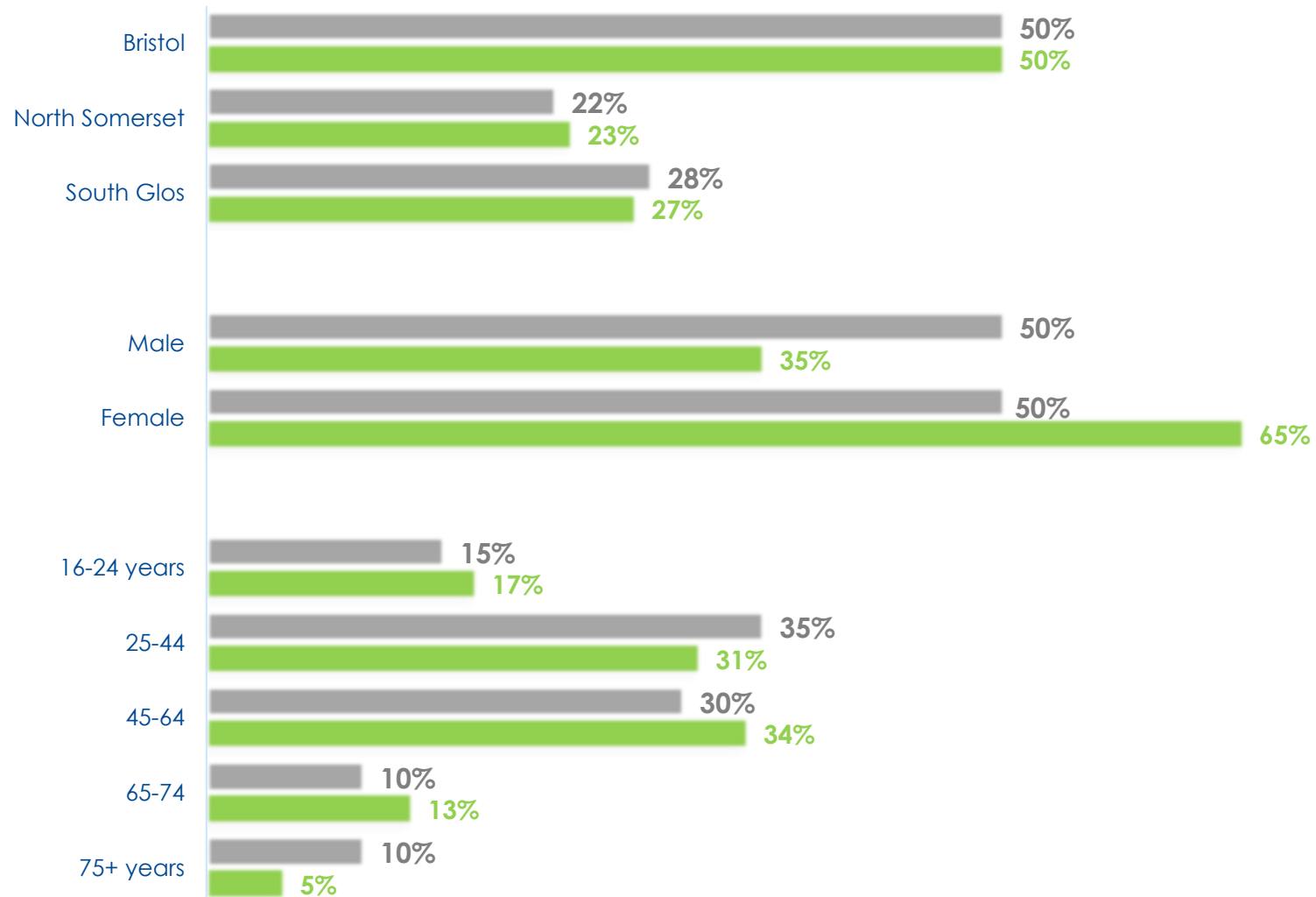
Vision and mission of the Healthier Together Panel

“Understanding the needs and wants of the BNSSG population, so that we can make quicker, more effective decisions and deliver better health outcomes for our citizens”



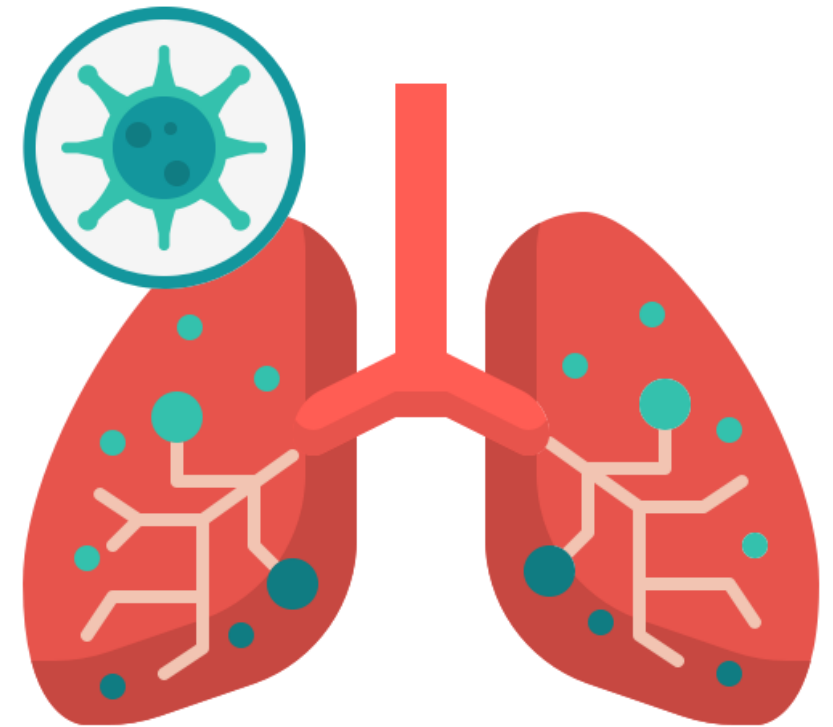
Comparison of the profile of the entire BNSSG region population (according to census data)/our rim weighted survey sample and the actual panel profile recruited as at April 2020

% of BNSSG entire population/survey participant rim weighted profile (404) % of our panellists so far (1048)



Section 1

Covid-19 Context and timings



Survey of the Citizens' Panel was live as the COVID-19 pandemic quickly evolved

- N=220 participants (55% of the sample) completed the survey prior to the lockdown measures announced by the government on 23rd March
- N=184 participants (45% of the sample) completed the survey after lockdown

3rd March – Survey launched

In response to the quickly evolving situation, we decided to keep the survey open but cut the data to give us the ability to understand if answers changed considerably at different points in time

16th March – Advise against non-essential travel and vulnerable groups shielded

We also included additional questions at the end of the survey to ask if the coronavirus pandemic had impacted on their answers and to ask about the impact it was having on panel members

23rd March – Lockdown measures introduced

Throughout the report we have called out any significant differences in the responses over time or where people have highlighted that their answers may have been influenced by the situation

10th April – Survey closed

One third of respondents asked reported that Covid-19 had an impact on the answers they gave in other sections of the survey

- Only 7% of respondents indicated that Covid-19 had a big impact, with 29% indicating it had a slight impact
- The main section impacted by Covid-19 was identified as the questions about digital technology and video consultations

More openness to digital technology and video consultations

Over the last few weeks my organisation has adapted to needing to work in a more remote way... many people would have never considered this before coronavirus, needs must as they say.

And surprisingly to everyone, working digitally has been achieved, this could also apply in an NHS setting and save much needed resources. My experiences have meant that I am feeling positive about using technology in a working environment and consider this is a success which **could be applied in other areas of my life**

I very recently had an appointment with the GP, and because of coronavirus it was **a video appointment.** I had never had a video appointment before but it worked really well and therefore I'm much more in favour of video appointments than I was before.

I have been using video and online media to connect with family and friends recently and seen the pros and cons of using it



Section 2

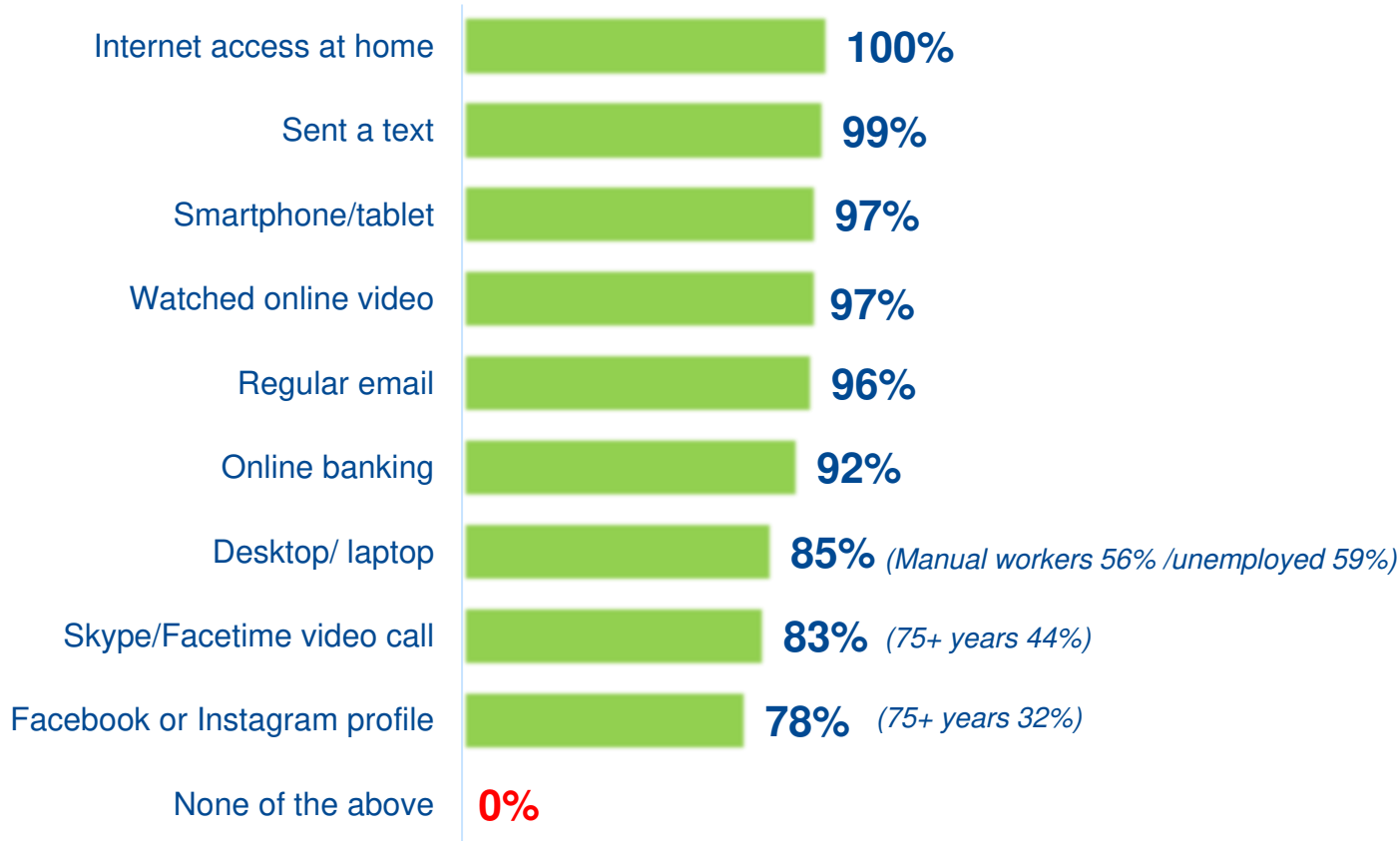
Digital technology and video consultations



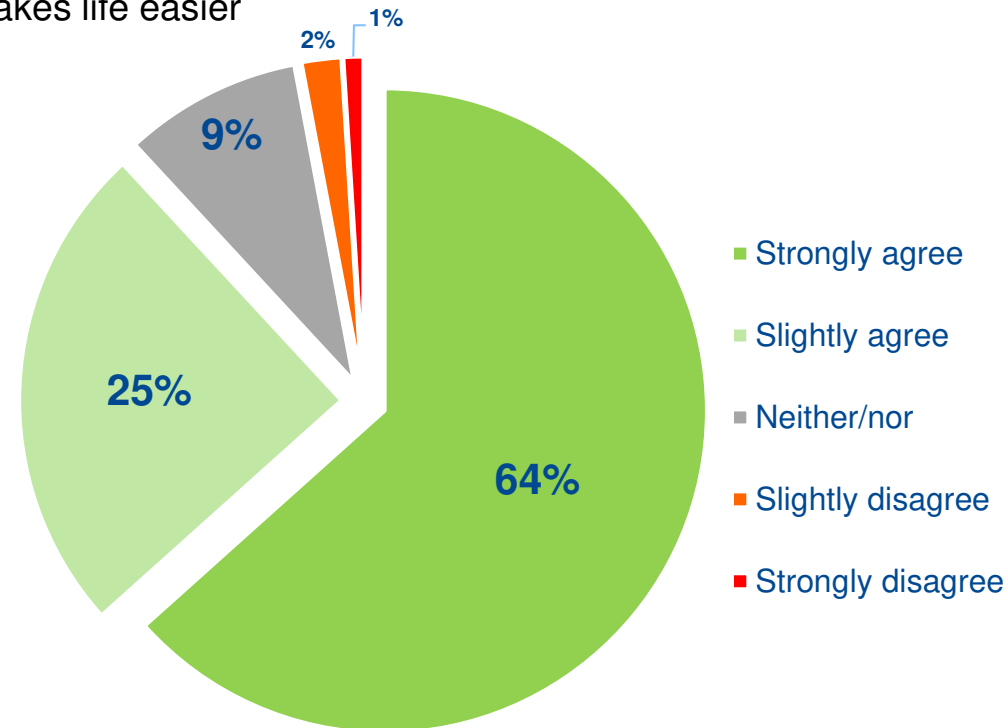
Almost two-thirds of participants strongly believe that digital technology in general has made life easier for them

- Based on the answers, we defined 60% of the participants as ‘high’ tech affinity and 22% as ‘moderate’ tech affinity. The remaining 18% ‘low tech affinity’ was more notable in Worle/Weston (37%), those aged 75+ years (53%) and among lower social grades (42%)

Current technology usage (regularly use or ever used)



Extent of agreement that digital technology makes life easier



Q5/6. Use of technology/ Attitude to technology Base: n=404

NB: According to the ONS, 88% of UK households have a PC and 93% of UK adults use the internet



Face-to-face and telephone consults are preferred by video consultations for accessing different health and care services

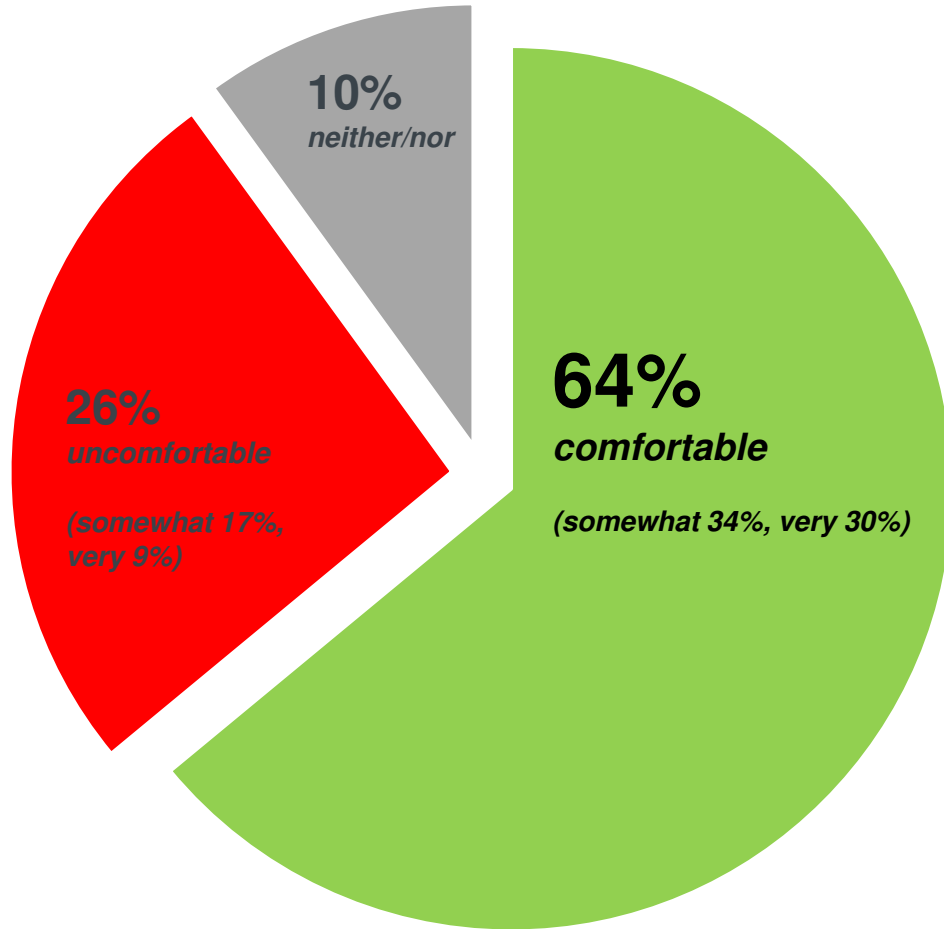
- Generally across these answers, there is a strong correlation between age and preference for face to face vs remote contact. The older the respondent the less remote they would prefer their contact to be. Those aged 16-24 are the most in favour of video consultations, followed by those aged 25-44 years



Q7. Below are a few situations where you might need health and care services, for each situation can you please indicate your preferred way of accessing this type of service from the list of options provided? *Base: n=404*

However two-thirds of people would be comfortable with a video consult with a healthcare professional they already know but there are some key segment differences

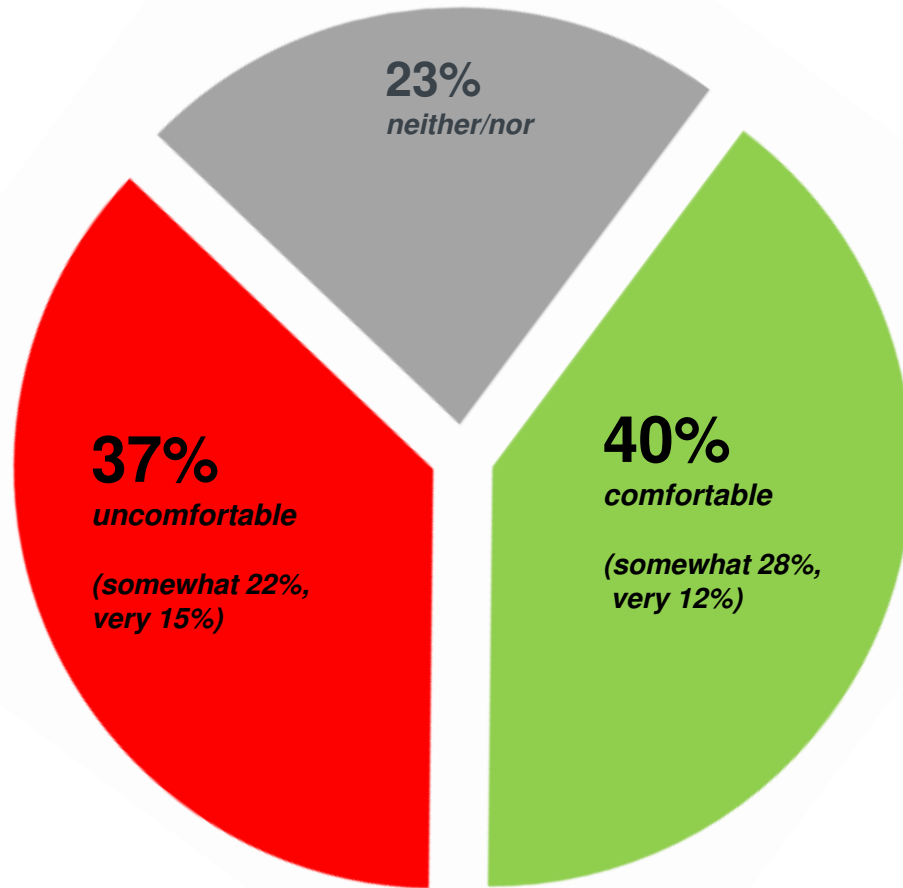
- Those more uncomfortable than average (%):**
- Inner City and East **52%**
 - Males **30%**
 - Those not working **47%**
 - C2DE (manual occupations, unemployed, casual and lowest grade occupations, state pensioners) **32%**



- Those more comfortable than average (%):**
- North and West Bristol **78%**
 - Females **73%**
 - Those with children at home **78%**
 - ABC1 (managerial, professional, supervisory occupations) **71%**
 - 25-44 years **72%**
 - NB. No differences across levels of tech usage

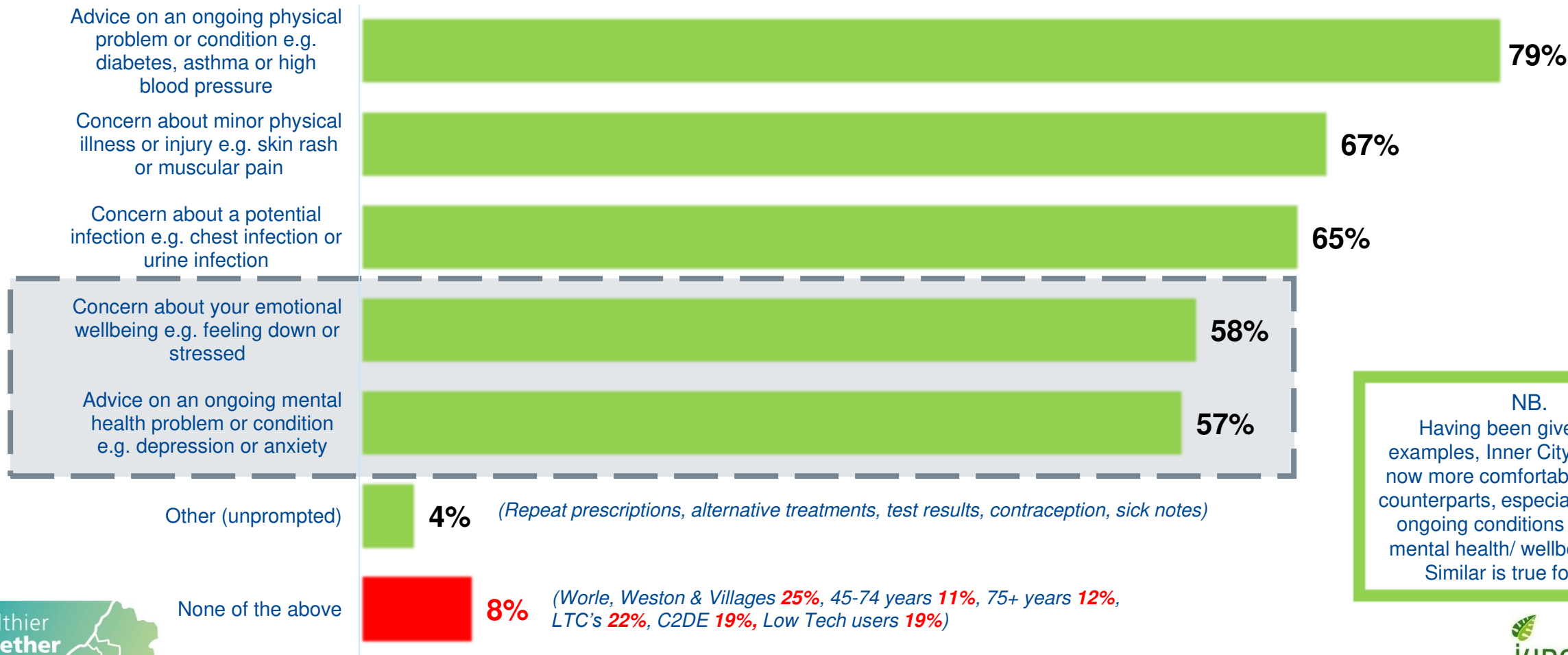
People are more likely to be uncomfortable with a video consultation with a healthcare professional they don't already know, especially those with serious long-term conditions and living in WWV

- Those more uncomfortable (%):**
- Worle, Weston & Villages **60%**
 - Inner City and East **43%**
 - Those with high impact LTC's **61%**
 - Those living alone **56%**
 - C2DE **58%**
 - 65-74 years **45%**
 - Low tech individuals **52%**



- Those more comfortable (%):**
- North and West Bristol **59%**
 - Females **45%**
 - Those with children at home **56%**
 - ABC1 **46%**
 - 25-64 years **47%**
 - High tech individuals **44%**

People are directionally less likely to be comfortable using video consultations for new or ongoing mental health or emotional wellbeing concerns



Q10. From the list below could you please indicate which health related concerns, if any, you would be comfortable discussing via a video consultation with a health and care professional? *Base: n=404*

The perceived benefits of video consultations centred on the ability to stay home with no travel required and convenience benefits

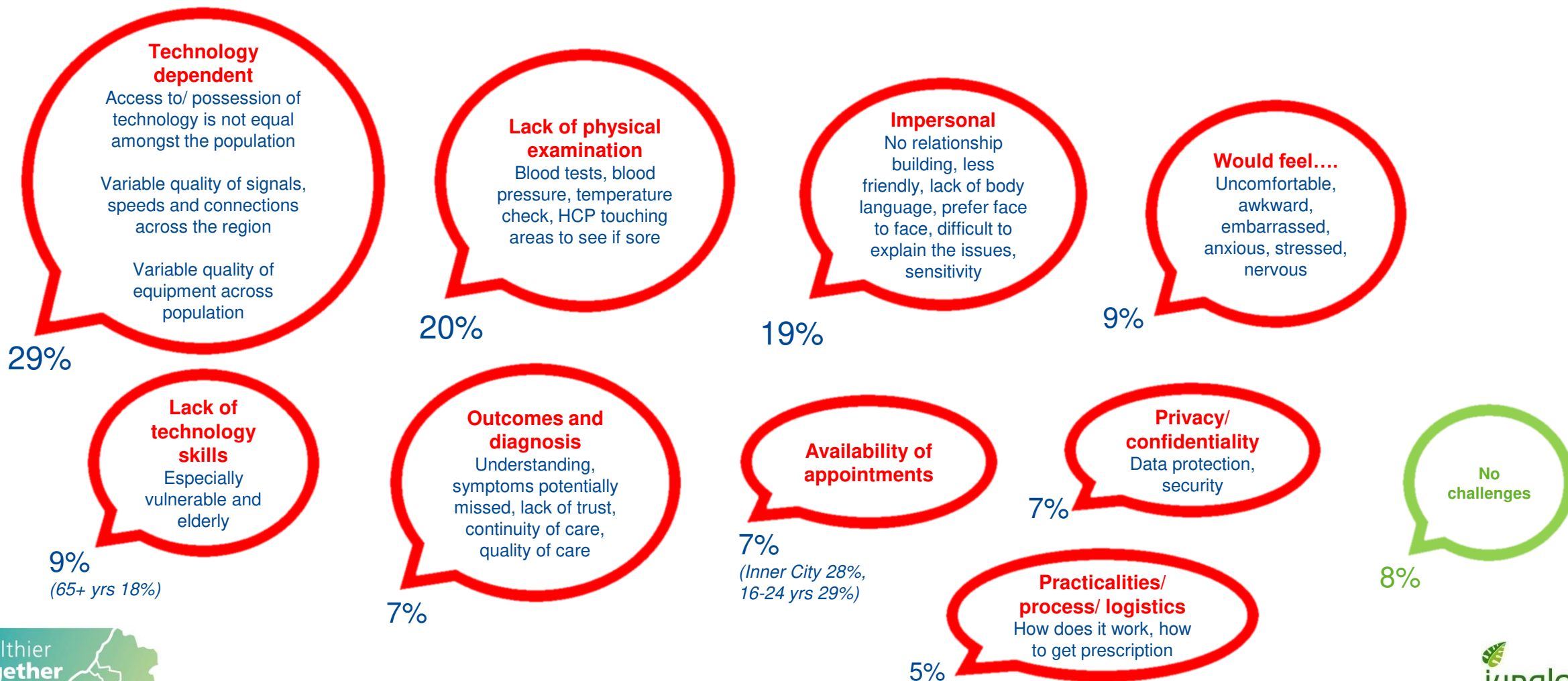


(Notably Worle, Weston 54%)

(75+ yrs and high impact LTC's 12% each)

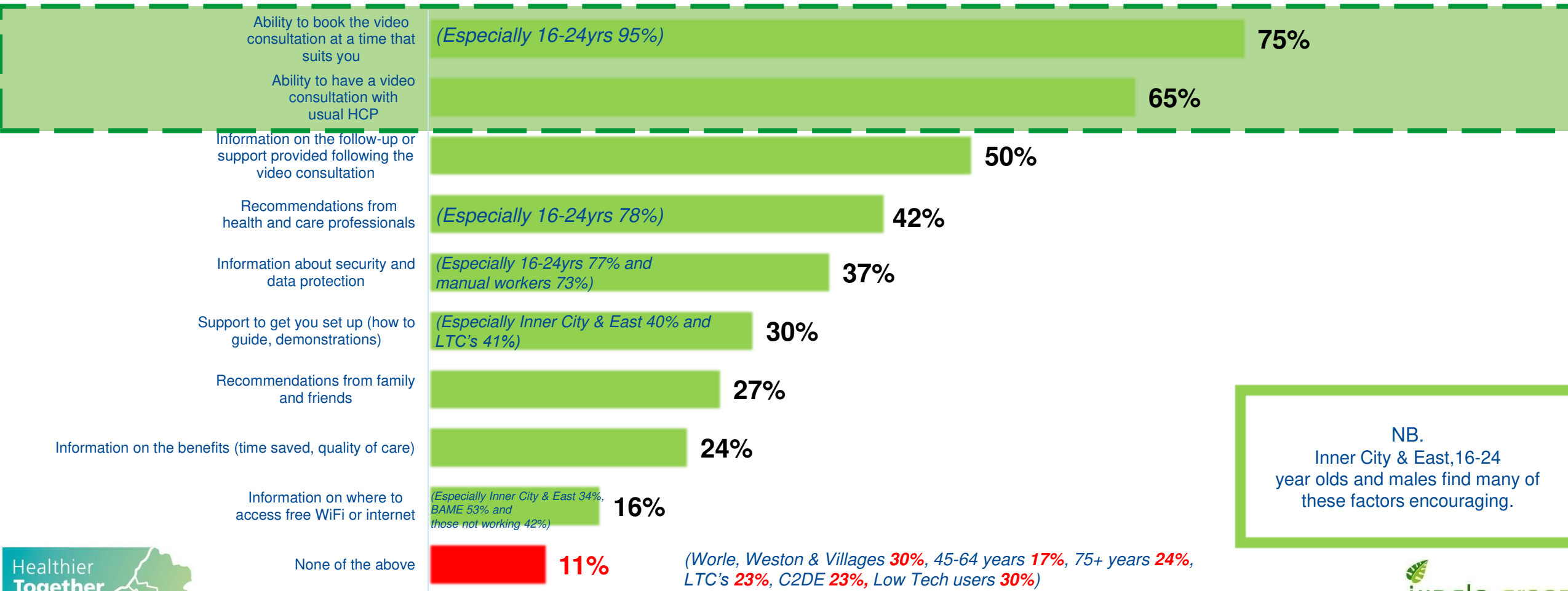


The perceived challenges of video consultations centred on concerns about access to technology and the limitation of the interactions e.g. no physical examination, impersonal and awkward



Flexible, convenient booking, with healthcare professionals people already know may help to drive further uptake of video consults

- However one in ten BNSSG residents feels that nothing could encourage them to use a video consultation, with this being largely driven by people in WWV, older people and people with low technology affinity



Q11. Which of the following factors, if any, would encourage you to use a video consultation instead of a face to face appointment at your GP practice, locality hub or hospital? *Base: n=404*



Thank you

Any questions?

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