

Access to remote GP appointments during COVID-19

Introduction

The coronavirus pandemic has meant GPs doing fewer face-to-face appointments and more appointments remotely - over the phone or via video call. It appears that this shift towards remote consultations could be a permanent one, following Health Secretary, Matt Hancock's statement in June, calling for all GP consultations to be remote by default.¹

The latest Office of National Statistics (ONS) report on *Coronavirus and the Social Impacts on Disabled People in Great Britain: July 2020*, showed that 47% of people with hearing loss have reported that coronavirus has affected their access to healthcare and treatment for non-coronavirus related issues, compared to 16% of non-disabled people.²

The aim of this report is to understand why this is disproportionately affecting the 12 million adults who are deaf or have hearing loss in the UK.³ For many people who are deaf or have hearing loss, communicating over the phone is inaccessible. With in-person visits to GP surgeries and other NHS services still being discouraged during the pandemic and without an accessible alternative to the phone, people with hearing loss may be unable to access primary care.

NHS England's Accessible Information Standard requires all health and social care services to ensure that people with disabilities and sensory loss get the support they need to communicate well and

understand information. This includes recording peoples' communication needs, sharing that information with other services, and providing accessible communication methods.⁴

To get an initial understanding of the experiences people who are deaf or have hearing loss have faced when accessing remote GP appointments, we conducted some rapid research to gather people's thoughts.

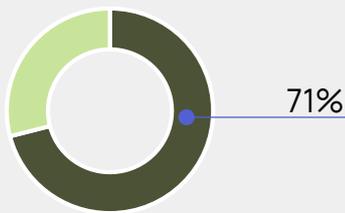
Methodology

We developed a short survey, which was promoted on our social media channels and sent to our research panel in early September 2020. The survey was completed by 384 people across the UK, who self-identified as being deaf or having hearing loss. At the end of the survey, we asked survey respondents if they had any other comments on the accessibility of remote GP appointments and we have included some of the comments and personal stories in our findings.

Findings

Reaction to remote appointments

Our survey results show that more than 7 out of 10 (71%) of our respondents felt that their communication needs would not be met during a remote appointment. More worryingly, nearly 60% of our respondents admitted they had 'put off' seeking medical advice from their GPs since the introduction of remote appointments, leaving them at risk of not receiving vital medical care.



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Ease of booking appointments

NHS England's Accessible Information Standard, outlines that GP surgeries must ensure people who are deaf or have hearing loss can contact them in an accessible way if they cannot use the phone. Despite this, our findings suggest a large number of GPs are still not fulfilling their obligations to provide accessible contact methods during the pandemic.

Over half (52%) of our respondents who needed a GP appointment were not able to book one easily, with some respondents telling us that they couldn't make appointments as booking over the phone was the only option available.

A few respondents described the impact this had on their physical health and mental health:

"I've felt unwell a lot but as I didn't want to struggle with [the] phone, I've ended up suffering and hoping problems get better on their own"

"...it got to the point where I was suffering from 'deaf anxiety' about phone calls because I was so worried I wouldn't be able to hear them."

Our Good Practice report (2018), highlighted that people who are deaf or

have hearing loss were already unable to book their appointments using their preferred method prior to the pandemic, with nearly half (47%) needing to visit their GP surgeries in person to book appointments.⁵ With people unable to go to their GP surgeries in person, this could create a further barrier for people who are deaf or have hearing loss, who previously relied on booking appointments in person.

Remote consultations

For those who were able to book a remote appointment 43% felt that their communication needs were not met during the appointment and a further 29% left their appointment without a clear understanding of the information given to them. As one respondent explained:

"Because I was having to concentrate on what the doctor was saying I found I could not keep up because I was having to analyse each word whilst he was still speaking the next one. The result was at the end of the conversation, despite taking notes, I was left confused."

This may appear to be an improvement compared to our Good Practice report (2018), where 64% of people who are deaf or have hearing loss felt unclear about the health advice they received.⁵ However, the findings in this piece of research do not give the full picture. It is likely that those who were unable to book a remote GP appointment in the first place due to accessibility issues would go on to struggle during their consultations. As a result, it is not possible to draw any meaningful comparison.

A consistent finding from our respondents was the only way they could reach their GP was over the phone and many found this inaccessible. To get by, some respondents

described having to ask their GP to continually repeat themselves or rely on a family member or friend to relay information during the consultation.

Many of our respondents, who had to ask someone else for help communicating, felt they were losing their independence and privacy. As one respondent set out:

“The whole experience is disempowering and I felt left with what someone else thought I needed to know.”

These findings suggest that remote appointments could lead to additional communication problems compared with in person appointments, as people’s communication needs are not being met.

In contrast, of the respondents who described positive experiences accessing remote appointments we identified two consistent themes:

1. GP surgeries making conscientious adjustments to meet the patient’s communication preferences.
2. The use of assistive technology

The experiences shared with us of how GP surgeries met their patients’ communications needs, varied from having the whole consultation in an accessible text format (such as email or SMS) or adopting a blended approach which included audio or video calls with a follow-up email outlining key advice.

Others attributed their positive experiences to the use of assistive technology, as one respondent told us:

“I now have hearing aids which take bluetooth streaming of phone calls from my iPhone. This makes remote appointments

easy to cope with, and of course they can be convenient.”

This demonstrates that remote appointments can be suitable for many people who are deaf or have hearing loss, when appropriate adaptations are made to meet the individual’s communication needs.

Conclusion

While the introduction of remote appointments is a necessary response to the Covid-19 pandemic, without accessible alternatives remote appointments could exacerbate the existing health inequalities for people who are deaf or have hearing loss.

Our findings indicate that action is required to make remote GP appointments accessible for people who are deaf or have hearing loss. This includes GP surgeries providing accessible contact methods and reasonable adjustments during remote consultations, to ensure that people who are deaf or having hearing loss receive the communication support they need. For some, particularly those who are less digitally engaged, face-to-face appointments will still be necessary.

Recommendation

As remote GP consultations are rolled out, providers of primary care need to understand their obligation to provide accessible alternatives to people who are deaf or have hearing loss.

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