

Access to appointments and the use of technology

Information taken from the Healthwatch Tameside COVID-19 survey as at 3.8.20

A brief report about access to GPs and technology was published last month, based on data collected up to 24.6.20. This new report will update the information in that report, and provide more detail. It will include all types of appointments mentioned in the survey responses, not only those with a GP.

Please be aware that the information included in this document is a snapshot in time, and additional surveys are being completed on an ongoing basis. The trends of opinion may change, as more surveys are completed. This will be picked up in our monthly interim reports, available on our website at www.healthwatchtameside.co.uk/healthwatch-tameside-publications.

439 surveys are included in the download of data up to 3.8.20. Of these 281 were completed online, 123 on paper, and 35 in a phone call. Not everyone has completed every question.

Some questions have a 'Tell us more' box after a tick-box question. Other questions ask for a free-write answer. The information collected from each completed survey can vary widely across the topics covered by the questions, depending on what an individual wants to tell us. This report is about what we have been told in the surveys.

We have not included any comments about the demographics of the people completing the survey in this report. Our final report at the end of the project will include this information.

This survey has been open since early May. The situation described by people at that time may have changed since. Also, as rules/guidance about lockdown and shielding have changed, so have people's opinions. This is why people can complete the survey again, to tell us about more recent feedback and thoughts.

During the report there are numbers of people shown in brackets. These numbers show how many people said something similar. Where there is no number, only one person mentioned this.

Positive comments were received about staff - doctors, nurses, reception staff, etc. This will not be repeated in each section.

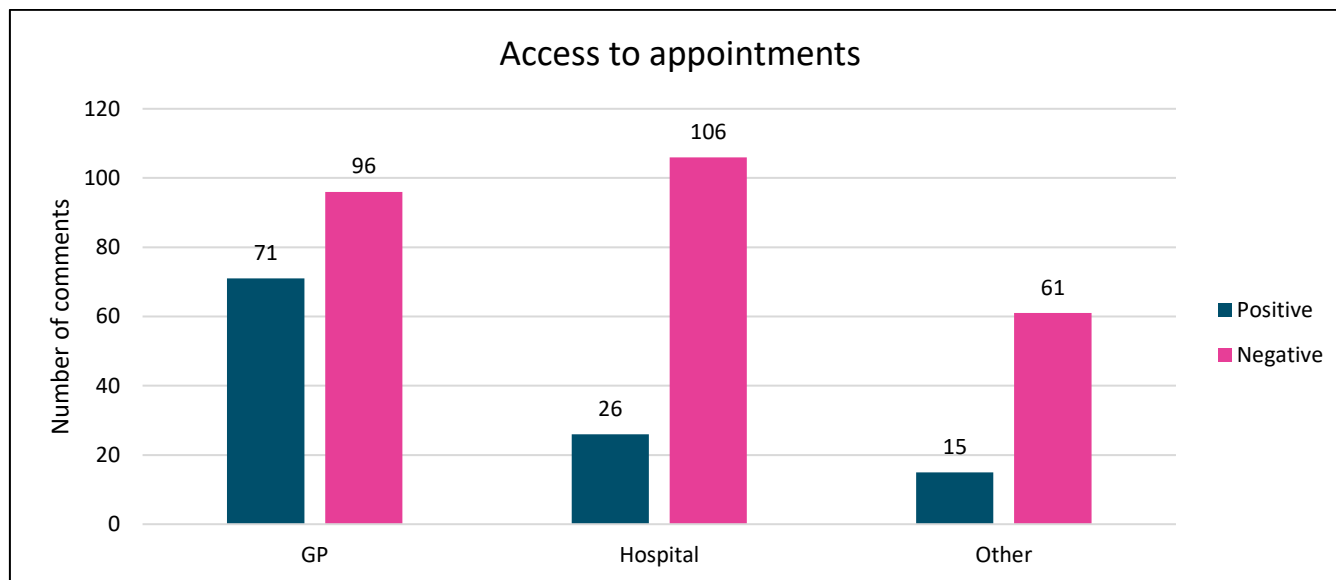
Access to appointments

The information is taken from the comments throughout the survey, where an opinion was given about whether things went well, or could have been better. Some people gave both positive and negative feedback about their care.

If a statement was made that said what happened, but without any further opinion about positive or negative feelings, that statement has not been included in the numbers in the next graph. An example is, we are told that a face-to-face appointment was changed to a telephone conversation. We know it happened, but not whether the person was happy with it, or not.

However, all the comments are included in the analysis of the written answers.

The survey does not ask for details of which GP, hospital or other service provided care. This was deliberate to help with anonymity, and encourage people to provide more detailed information. It is possible that some of the comments will relate to care provided outside of Tameside and Glossop. This could be because the respondent lives outside this area, or because they have been referred out of the local area, perhaps for specialist care.



‘Other’ includes any type of appointment where it has not been stated that a GP or hospital was involved, e.g. dental, mental health, opticians, podiatry, physiotherapy, ear syringing/micro-suction, chiropractic appointments, etc.

We look at each of these types of appointment in the next section of the report, with the exception of mental health. This was covered in a separate report a short while ago. We also break the comments down into themes within the positive and negative feedback.

Comments relating to the use of technology will appear in later sections of the report.

GP appointments

The feelings relating to GP appointments are more evenly spread between positive and negative than the other types of appointment. This could be due to more people speaking to their GP by phone or online than they did the other services (see graph on page 11).

The negative written comments provided far more detail than the positive comments. The negative comments described at length what could have been better. The positive comments were brief, providing praise.

Whilst some people have accepted the phone calls whilst they had no other option, they would prefer a face-to-face appointment.

For others, there was little change. They were already using technology to access care, where the option was available. This could be by choice, or through necessity because of a health condition.

Positive comments about GP appointments

Here are some examples of people who were pleased with the care they received:

- Able to book child immunisations (2 people).
- Changed or reviewed medication (4 people).
- Good support provided by GP:
 - About mental health (2 people).
 - After death of partner (2 people).
 - Phoned to check I was ok (8 people) - one person said it felt like someone cares.
- GP called an ambulance.
- Had a blood test (5 people, including one home visit).
- Had face-to face appointment because an examination was needed.
- Phoned for a repeat prescription instead of visiting surgery to drop off request (13 people). These people said they prefer this method.
- Received advice (4 people).
- Received B12 injection (3 people).
- Received results of tests by phone (3 people).
- Referred by the GP to another service (4 people).
- Social distancing good.

Negative comments about GP appointments

Here are some examples where people felt things could have been done differently:

- Difficult for university student to make appointment as registered with GP at university but currently living at home.
- Discussion about medical records planned but not happened.
- GP asked about DNR. Said no, but posted it to me for signing anyway. Refused.
- Had to change GP practice to get answers.
- Medication
 - Follow-up appointments following the start of new medications were cancelled (2 people).
 - People who pay for prescriptions monthly, or receive them free due to age, were asked to buy their own B12 tablets when the injections not available (2 people). One person said there is a lack of clarity regarding B12 tablets - which to get, and how much to take.
 - Prescriptions delayed, incorrect or missing (10 people).
 - Review to sort new asthma medication still awaited.
- Phone calls:
 - GP put me through to the nurse instead of speaking to me.
 - It took too long for the phone to be answered (5 people).
 - Should have received asthma check up by phone at agreed time/date, but not contacted.
 - Tried ringing GP about drop in blood pressure. GP did not ring back until the next day and told me off for wasting their time.
- People did not speak to a GP about new problems because it was too difficult, or they did not know whether this was possible. Examples of conditions where people have

waited include raised itchy moles, series of falls resulting in minor injury, pain in legs and feet (10 people).

- People do not like having to speak to different GPs, repeating themselves over and over (3 people).
- People expected face-to-face appointments to look at ear and throat infections (5 people), which did not happen. One person had 3 prescriptions for antibiotics for an ear infection.
- Tests/information:
 - Found it difficult to complete an ear swab test on myself.
 - GP provided incorrect contact details for mammogram.
 - Test results not received (2 people).
- Tests/regular appointments were cancelled or not available, including:
 - Asthma check (3 people)
 - B12 injections - (11 people)
 - Blood tests (11 people). One person cancelled as they were frightened to get on a bus.
 - Diabetes check (3 people)
 - Injections - Probat, finger, and pain relief (3 people)
 - Shingles vaccination
 - Smear test
 - Unspecified annual review (2 people)
- Tests were delayed for:
 - 4 weekly cancer injection
 - Stroke and heart
 - Suspected diabetes

Hospital appointments

A much greater proportion of people talked negatively about hospital appointments (80%) than provided positive comments (20%). Whilst people understand why hospitals were told to cancel/delay care for non-COVID and non-emergency patients at the start of the pandemic, they want services to start up again.

Most of the negative comments are about appointments or operations which have been cancelled or postponed. People are worried because they do not know how long they will have to wait. Some people say their conditions have deteriorated. Some people are in a lot of pain. There is a concern that additional treatment or surgery will now be needed, which would not have been needed if care had been able to go ahead as planned.

Positive comments about hospital appointments

Here are some examples of people who were pleased with the care they received:

- Eye appointments continued.
- Great feedback about staff - mother (with dementia) an inpatient, staff working daily with the family by phone for better care.
- Had a home visit from lymphoedema therapist.

- Had problems arranging patient transport for hospital appointment, as they said my GP not on the list. Hospital helped sort it out the day before the appointment.
- Hospital staff great with son.
- Received phone calls or video consultations instead of planned appointments (18 people). This includes:
 - Appointments were cancelled but the clinics rang so I do not feel neglected.
 - Received a letter or a phone call with the date/time of a phone appointment, which happened on time (4 people).
 - Great follow up after daughter in hospital.
 - Spoke to surgeon after surgery, and was referred to GP.
 - Consultant was more open (2 people).
- Went for scan at night time when quieter.

Negative comments about hospital appointments

Here are some examples where people felt things could have been done differently:

- Avoidable issues:
 - Had to push for an appointment - have been left on a high dose of carbimazole even though normal since September.
 - In a phone call with a consultant, was told an x-ray was needed, but I do not know why or when.
 - People who had surgery before the pandemic, felt they did not get the same post-surgery support as expected. This included phone calls from the surgeon, that did not happen, and delayed or no physio (4 people).
 - Received a delayed appointment, but the letter had the wrong hospital on. Had to ring to sort out.
- Cancer patients feel neglected (3 people).
- Clinic appointments have been cancelled (people understand why). Worried about whether conditions worsening. Some have led to conditions becoming more urgent (8 people). Of these people, 4 had deteriorating eyesight, causing problems including tripping up. Many people are waiting for multiple appointments to be rescheduled. The types of appointments include:
 - Audiology clinic (2 people, plus 1 person who is waiting until after COVID-19 to contact the clinic)
 - Breast screening
 - Cancer appointment (2 people)
 - Cardiology clinic (10 people). 3 of these people said they were part-way through tests when these stopped, and now they are worried.
 - Colorectal clinic
 - Dermatology clinic (2 people)
 - Eye hospital or clinic (12 people)
 - Foot clinic (4 people)
 - Gender clinic
 - Gynaecology clinic (2 people)
 - MS nurse (2 people)
 - Operation follow-up appointments (3 people)
 - Orthopaedic clinic (6 people). 1 person said their normal treatment had been stopped ready for an appointment which did not happen, and now in great pain with restricted movement.

- Pain management clinic (2 people)
- Respiratory clinic (5 people)
- Scans (7 people). 1 person said they were relying on prescription drugs for pain whilst waiting.
- Unspecified appointment/treatment (30 people, including 1 person who cancelled themselves)
- Urology clinic (2 people)
- Had an emergency appointment, but unable to get transport, or take partner for support.
- Had to wait weeks for an x-ray. Changing rooms were closed, so had to remove clothes in the room, and no gown available. Felt very uncomfortable.
- Inpatient care:
 - Admitted to hospital twice with breathing difficulties, but not ventilated, and discharged. Not tested for COVID-19. Person feels they were not important enough because they are not a key worker. Now has a medical problem which it is thought is a result of COVID-19.
 - Cancer inpatient tested positive for COVID. They were told they would not get an intensive care bed or ventilator if needed and told to think about DNR. Patient refused but DNR was put in the notes anyway. Had to insist discharge note was amended to notify GP about COVID test.
 - Elderly relative broke hip, became inpatient. Not happy with care, or feedback to family on phone. Staff denied relative was on the ward in one call, and different family members were told different things.
- Maternity (8 people) - concerns raised by mums and dads about:
 - Antenatal classes cancelled
 - Appointments reduced in number, or shortened.
 - Face-to-face peer support not available
 - Partners not being able to attend appointments/scans and the birth
 - Pre-birth visits to labour ward cancelled

Recently, Tameside & Glossop Integrated Care NHS Foundation Trust have changed their policy in relation to some of these concerns. Peer support is available virtually from the Maternity Voices Partnership Facebook group.
- Prostate check changed to PSA blood test and no examination.
- Tried to make a complaint and was told could not look into it until after pandemic over.
- Want things to go back to normal, and for waiting lists for operations to be dealt with. Types of operation people are waiting for include:
 - Cancer (3 people)
 - Cardiology (2 people)
 - Eye (5 people)
 - Gallbladder
 - Orthopaedic (8 people). 1 person received a call from the consultant to say a letter would be sent when the operations were starting again.
 - Unspecified (8 people)

Dental care

All the comments about dental care are negative, following the closure of dentists. People are not happy that even when dentists were told they could open again, this still did not happen at many practices.

Here are some examples of the comments:

- Phone calls were not helpful (2 people)
- Planned treatment delayed/cancelled part-way through (6 people).
- Routine appointment cancelled (13 people).
- Unable to get an appointment (9 people). People needing care include:
 - In pain (3 people).
 - Loose teeth (2 people)
 - Lost filling, and worried will lose tooth if it decays.
 - Need tooth out

Other types of appointment/services

Positive comments about other appointments/services

Here are some examples of care where people were pleased with the care they received:

- CGL telephone support.
- Great support from hospices (2 people).
- Happy with MacMillan telephone support.
- Optician discussed minor eye problem by phone.
- Paramedics helped with pain control for dying husband.
- Spoke to physio for advice, and about exercises (3 people).

Negative comments about other appointments/services

Here are some examples:

- Chiropractic appointment cancelled.
- Ear syringing/micro-suction cancelled or not available (6 people).
- GP referred for x-ray, but unable to attend as no patient transport available.
- IVF postponed.
- Missing being able to drop into the MacMillan unit for support.
- Optician appointments have been cancelled (3 people).
- People are waiting for physio (6 people).

General comments about appointments and services

These comments do not apply to any particular type of appointment.

- Cannot read letters, emails, online forms, etc. - have to wait for someone to visit (3 people). Phone is essential.

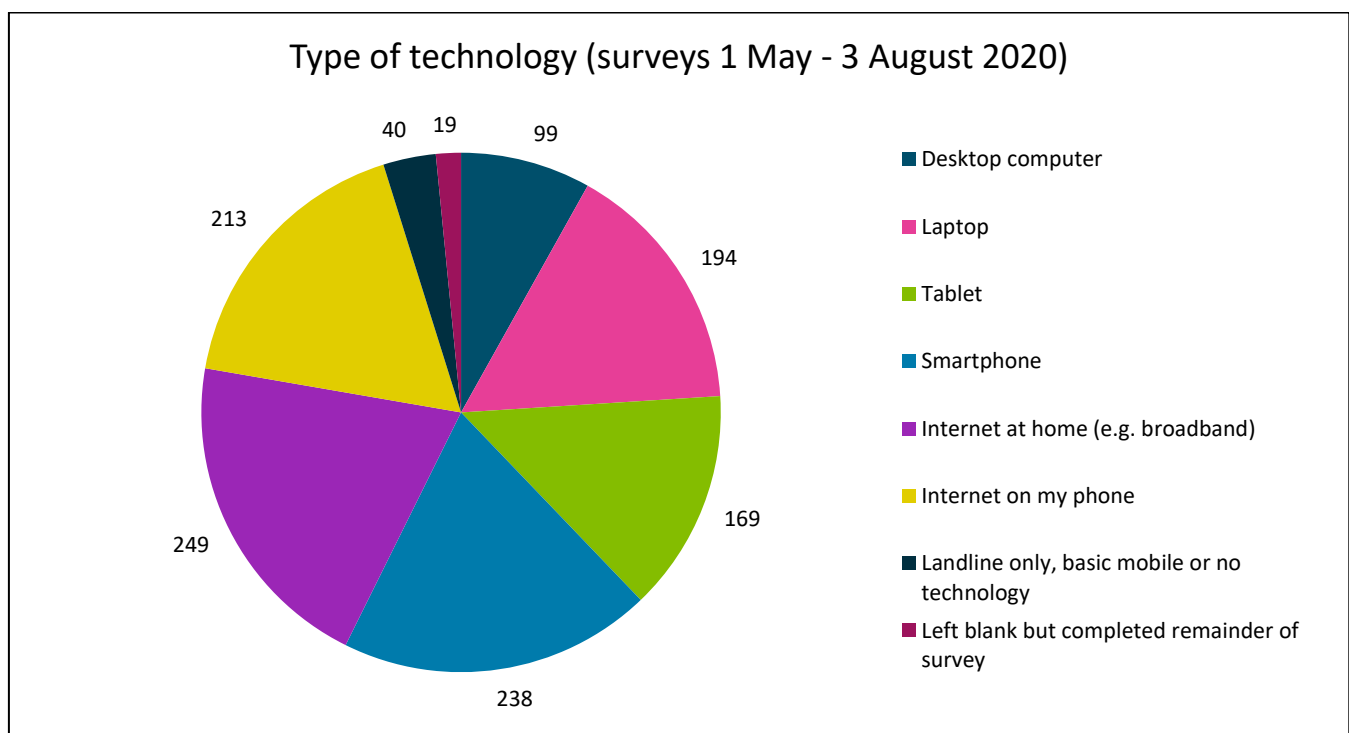
- Not being able to swim daily or regularly has affected physical and mental health. Several people said they are suffering from deteriorating arthritis, etc. which will need care from the NHS.
- People felt care for anything other than COVID-19 symptoms was not a priority (9 people).
- Person felt let down by services until the paramedics got involved. Did not find out about integrated services until a week before husband died.
- Some people said they were worried about being asked to go to hospital or visit the GP surgery, if they rang their GP or 111 for advice. They were afraid to go in case they caught the virus. The same applied to face-to-face planned appointments.
- Wearing a face covering makes appointments difficult for people who lip read (3 people).

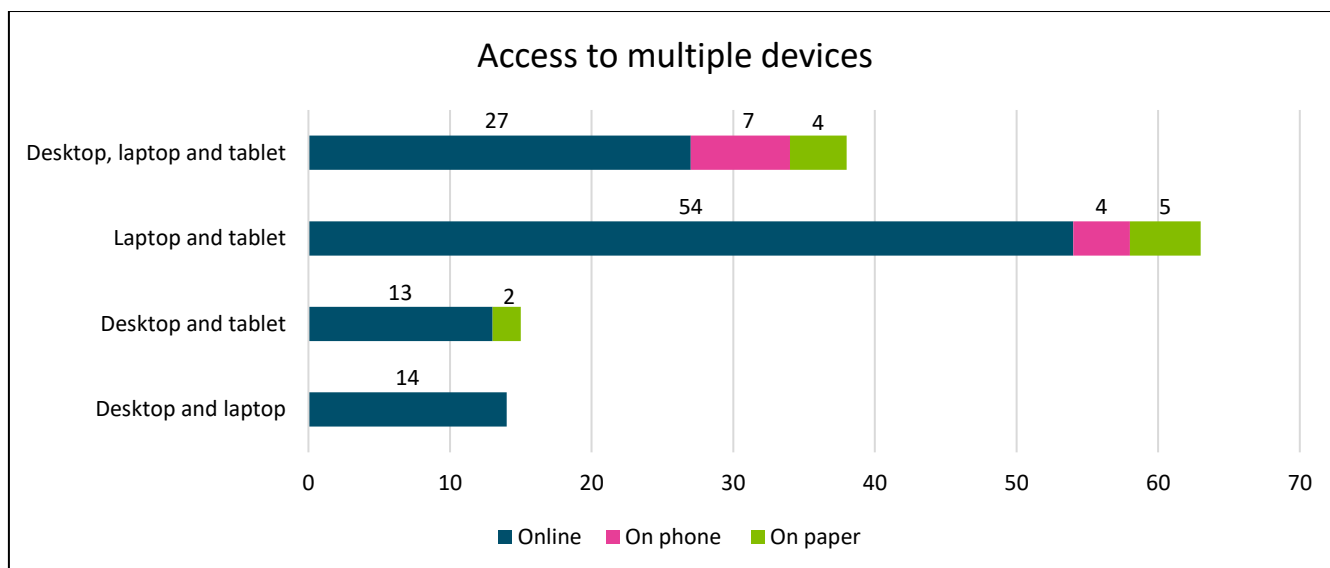
Use of technology since March 2020

Parts of the survey ask about the technology people have at home, how they have used it to access health and care services since lockdown started in March, and what people’s thoughts are about using technology. Did accessing services using technology work for them, or not? We asked people to tell us in their own words, so we could see what was good and what could be improved?

The answers to the tick-box questions are not consistent with the free-write comments in a few of the survey responses.

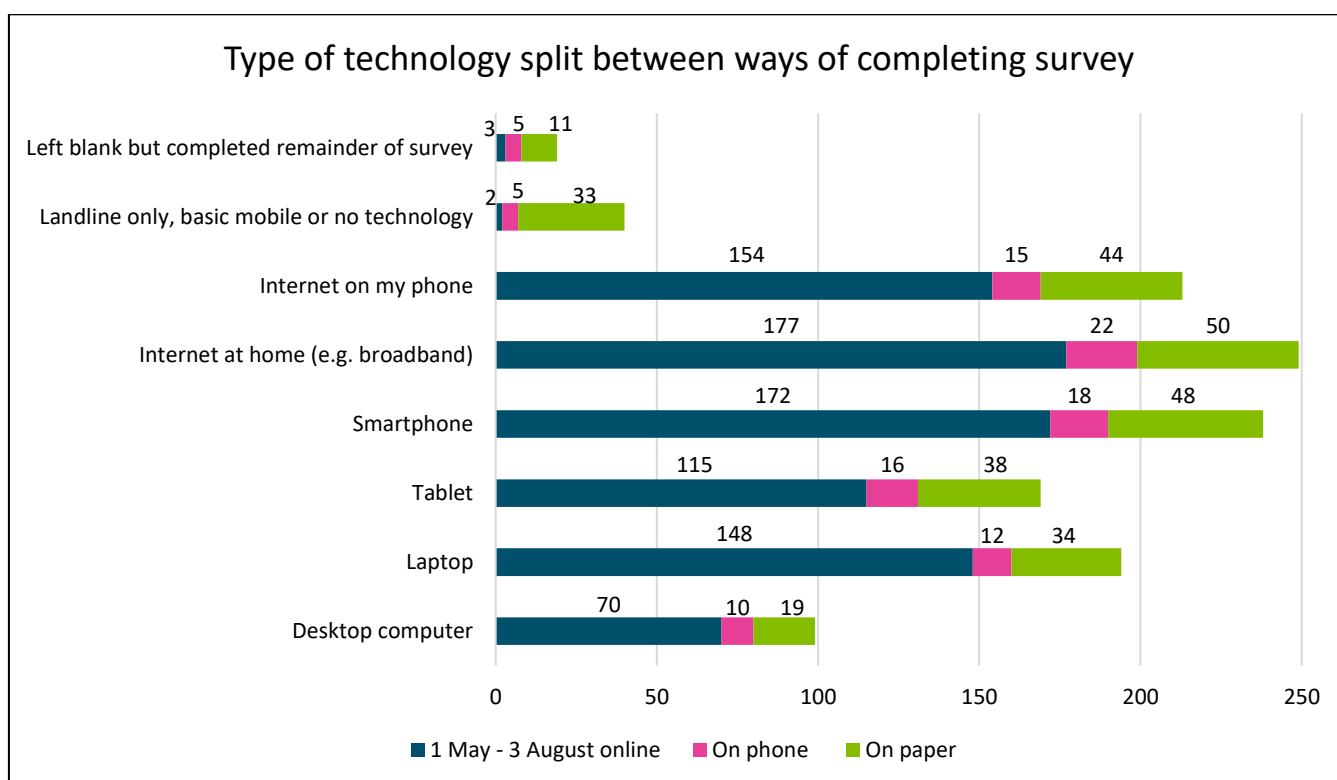
“Technology has been used as a way of giving people access to information, and for you to request medical care during the COVID-19 pandemic. Which of the following do you have access to at home? (Please tick all that apply).”





As stated earlier, the way the survey was completed is split:

- 281 surveys completed online
- 123 surveys completed on paper
- 35 surveys completed in a phone call



Where the answer choices have been left blank, but all the other questions have been answered, we can assume this means they have no technology. However, 3 of these people said they used online services. We do not know whether this is use of their own equipment, and they have not stated what equipment they have, or whether they are asking for help from a relative.

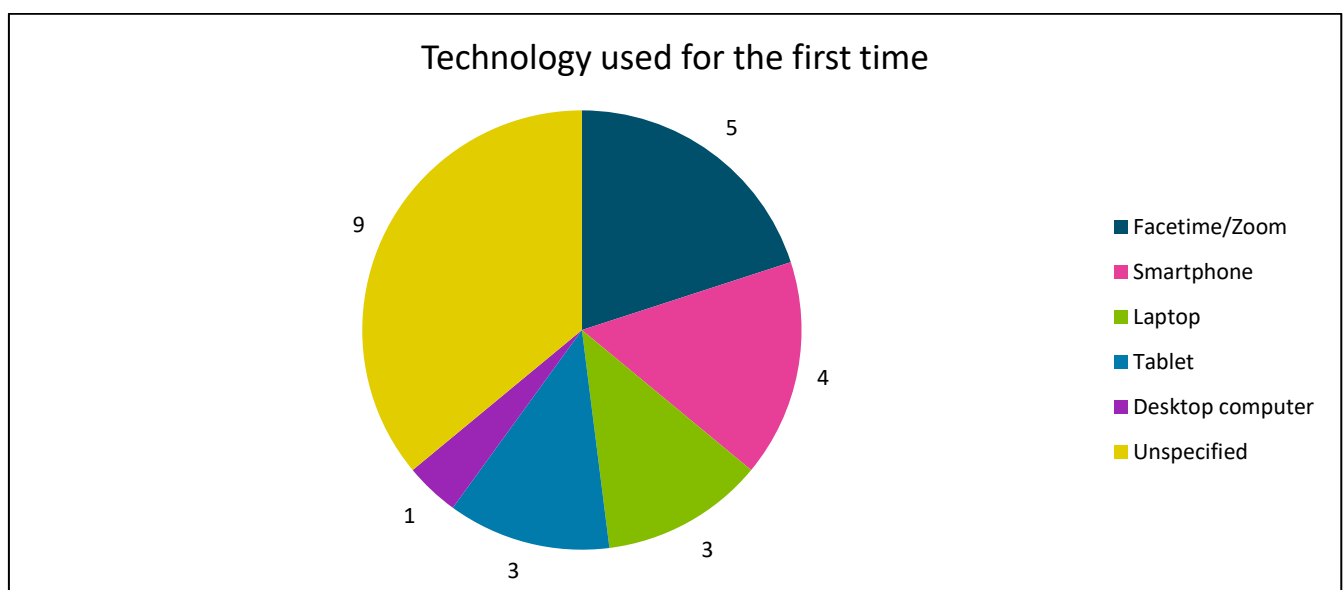
There are a few surveys completed online, where they state that the person has no technology, or only a landline or basic mobile. These surveys have been completed by a relative who does have access to technology, on their behalf.

Some people have a smartphone, but did not tick that they have access to internet on their phone. Some people have internet on their phone, but did not tick that they had a smartphone.

Looking at the surveys completed on paper or by phone, 11 people ticked to say they had equipment, but in the free-write box said they did not know how to use it. 3 people said they had equipment, but in the free-write box said they had no access to the internet.

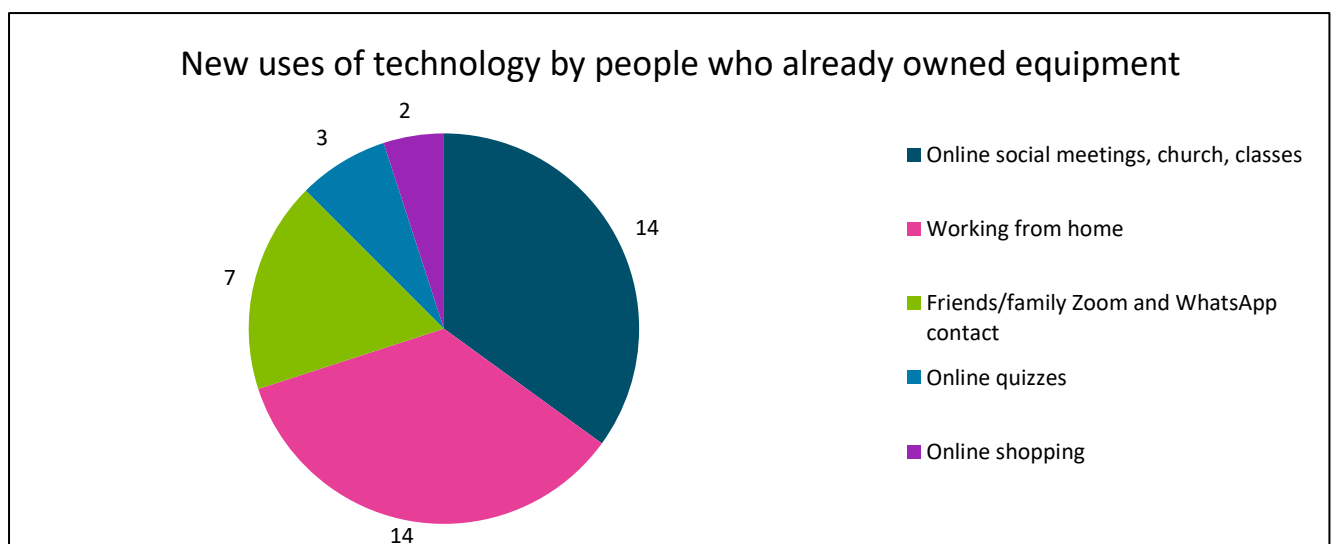
6 people have specialist equipment to help them use technology - they are blind or partially sighted. These people completed the surveys by phone.

The survey asked, “Have you used any of these devices for the first time during the COVID-19 pandemic, and how was it for you? If so, which? Will you carry on using these new devices as we start going out to places again?”



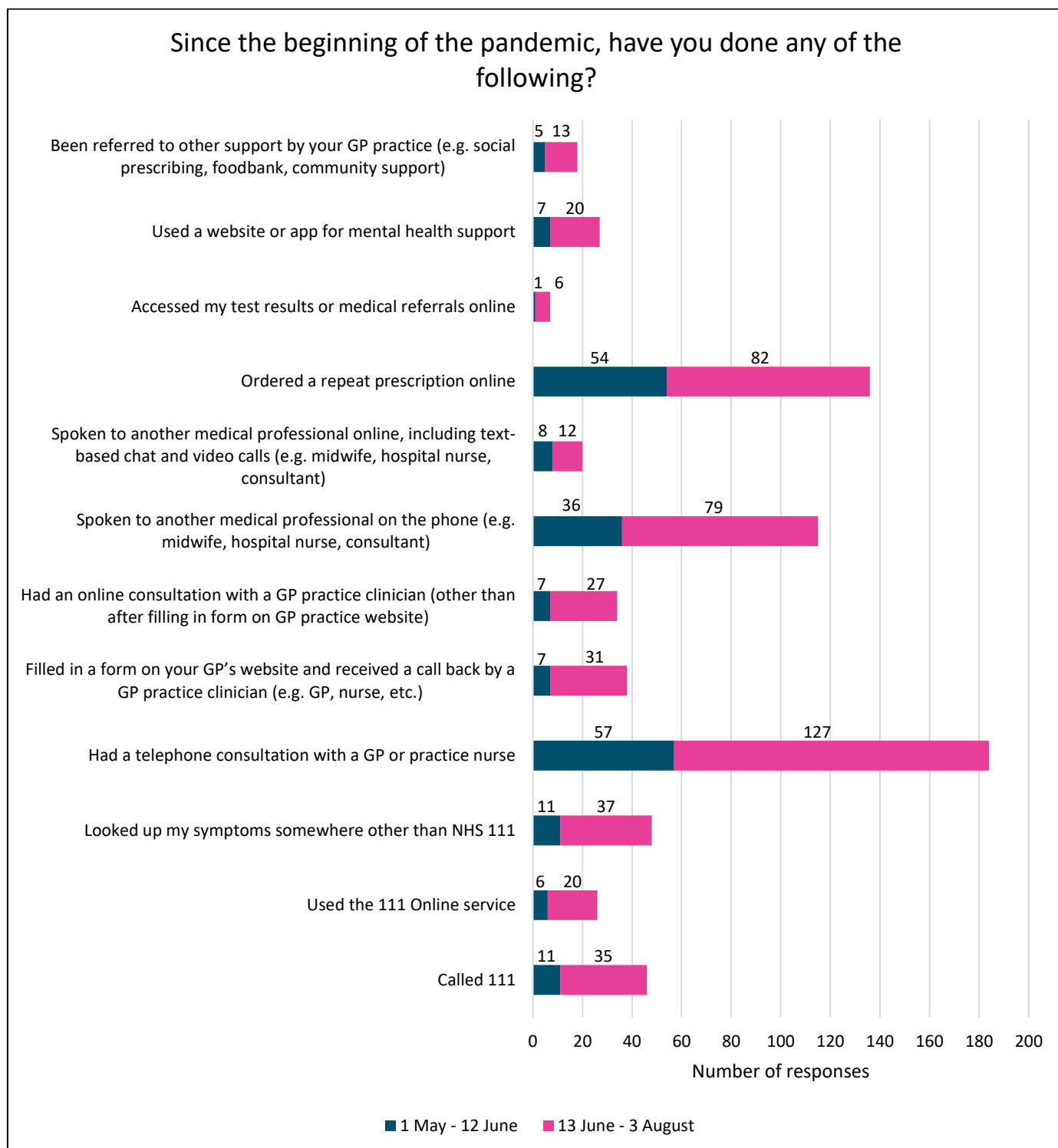
Some people enjoyed being able to keep in touch with family, and will carry on using video chat, for example. Others needed help from family members, and are still unsure how to use their equipment.

Some people were regular users of devices, but had used them for different purposes. Use of technology to access health and care for the first time is shown in the graph on page 12. Here are other examples of new uses of technology.



The survey asked, *“Since the beginning of the pandemic, have you done any of the following (please tick all that apply)?”*

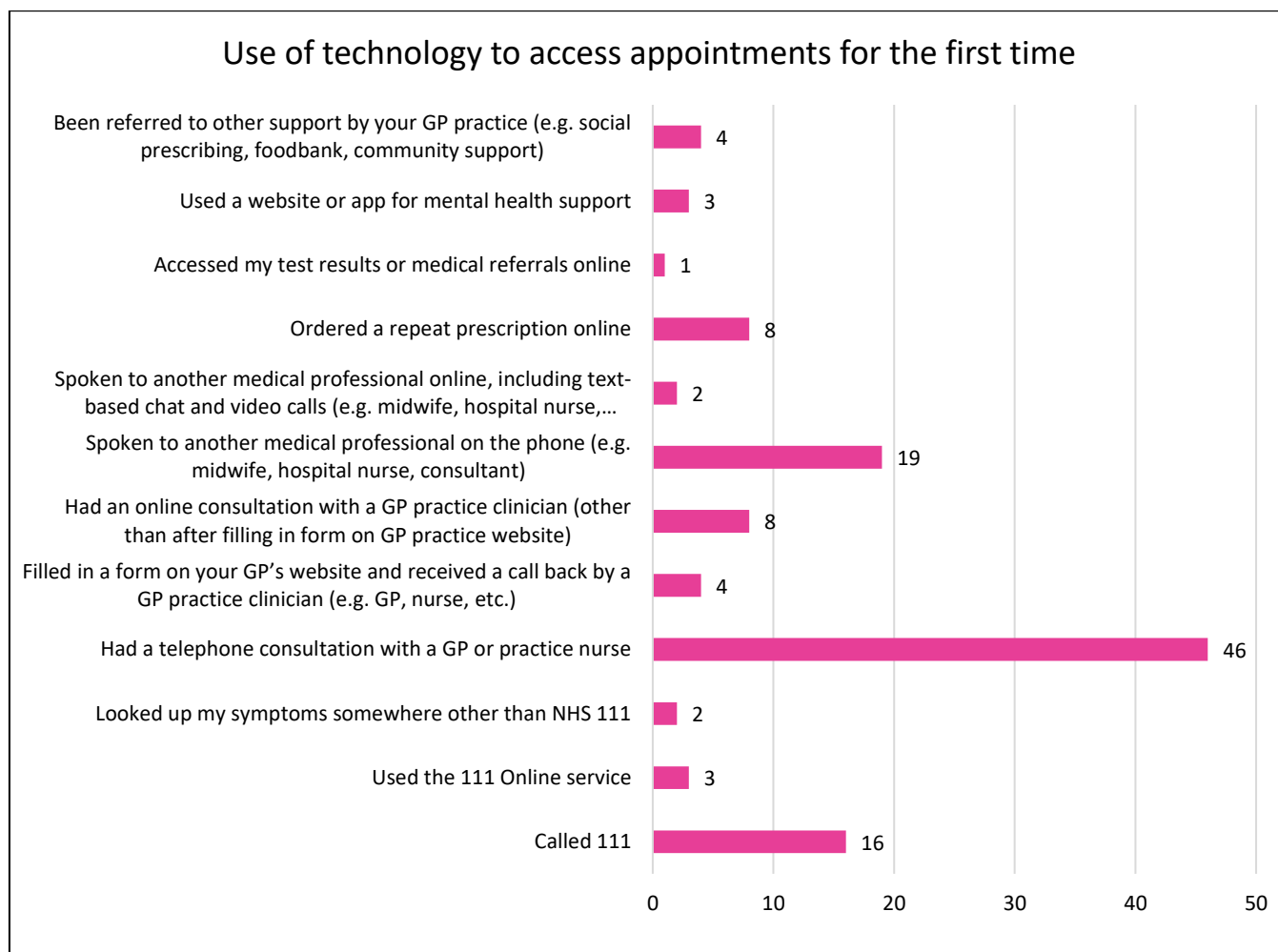
The next graph shows the responses, split between the first 6 weeks of lockdown, and the next 7 weeks.



Looking at the numbers in the graph above, there were less people accessing services in the earlier part of lockdown. As lockdown and shielding continued, more people started to access care.

We do not know how many people in the May/June period had been waiting to see how the pandemic progressed, before accessing care. This could be why the numbers are greater in the June/August period, as people decided they could not wait any longer.

The survey asked **“Did you use any of the options in Q6 for the first time when accessing care during the COVID-19 pandemic? If so, which ones? How easy was it? Did you find anything difficult to use?”**



In the free-write section, 4 people said they had used technology to access care for the first time, but did not say which of the choices shown in the graph above.

2 people said they had received texts from their GP.

Looking at the free-write answers to the question, here are examples of what people found easy to use, and where there were difficulties in accessing care via technology.

Positive comments about using technology

- Appointment changed to a phone appointment (9 people).
- Appointment changed to a video appointment (7 people).
- Better than ringing at 8am for an appointment, which is the time you are driving to work (3 people).
- Got cancer test results by phone at home - prefer this to being on my own at an appointment.
- GP practice talked through process of setting up online prescriptions.

- Online prescription ordering easy (7 people).
- Phone/online appointments easy to use (6 people).
- Received call back from GP same day or next day. Much better than waiting weeks for an appointment (9 people). 3 to 4 weeks waiting time is too long.
- Sending prescriptions electronically to local pharmacy (5 people).
- Used “Ask my GP” (4 people).

Negative comments about using technology

- Current changes to services have negatively affected care.
- Interpreter:
 - Family tried to make GP appointment for mother who does not speak English. Told that interpreters not available for phone appointments, so she did not have appointment. Family unable to visit to act as interpreter.
- Phone calls:
 - Hard to speak to GP when you do not know the time of the call. If you miss it, you have to start over again requesting an appointment (4 people). Suggestion - that you are given an appointment date/time for the call, as you would if you were visiting the surgery.
 - Have Call Guardian on phone. Explained before the phone appointment about the delay in answering, but consultant wrote to say they could not get through. Waited all morning but the phone did not ring.
 - In a phone conversation, if the doctor is using a hands-free phone so they can type, the sound of speaking is further away, which makes it difficult if you are hard of hearing.
 - Some people found the phone conversations difficult (4 people).
 - If you are Deaf, you cannot do a phone call yourself (3 people).
- Prescriptions:
 - When medications are not on repeat, you still have to contact the surgery (3 people).
 - Not aware that laptop could be used to order prescription.
 - People without technology, or needing help to use technology, are asking family members to order repeat prescriptions on their behalf.
- Problems with GP online access (17 people) including:
 - Not working correctly (6 people).
 - New software interface too difficult, compared to old version.
 - Unable to change preferred pharmacy.
 - Going round in circles trying to navigate (3 people).
 - Online prescription ordering did not work (3 people).
 - Tried to book appointment for test and had to write letter.
 - Prescription not sent to nominated pharmacy (2 people).
 - Cannot request repeat prescriptions for children under 12.
- Some people felt that phone appointments were not the same as face-to-face appointments (32 people). The reasons include:
 - Appointment did not work (3 people - ophthalmology, angina check, unspecified.) Just makes it longer to be seen, as all are back on the waiting list for an appointment.

- Physio cannot see if doing exercises correctly (3 people).
- Needed test - water sample, BP monitor, hearing test, peak flow test (4 people).
- Doctor needs to see facial and body action clues which add to consultation (2 people).
- Difficult to explain over the phone, e.g. after a stroke, or with a developmental disability (2 people).
- Consultant could not see swollen leg, and had to take own blood pressure.
- Hard to answer the phone when you have children, or lack of privacy (2 people).
- Feel doctors guess and serious issues are not noticed (2 people).
- Feels impersonal.
- Text messages:
 - Online asthma review OK, but text beforehand did not explain that an app needed to be downloaded, which delayed the start of the appointment.
 - Positive COVID result received by text, but cannot use phone and had to wait for relative to help access text.
- Video calls:
 - Needed family member to help with online consultation (3 people). This could raise privacy issues.
 - Some people found video call difficult (2 people).

Physical restrictions

Some people have difficulties using technology because of their physical or mental health. Examples include:

- Deaf or hard of hearing (6 people)
- Blind or partially sighted (15 people)
- Literacy - cannot read, or English is a second language (3 people)
- Physical ability to use hands/arms
- Mental health
- Dementia or other illness affecting cognitive skills

We have shown the number of people who stated this applied to them in their survey answers, for the first three groups in the list.

Use of technology in the future

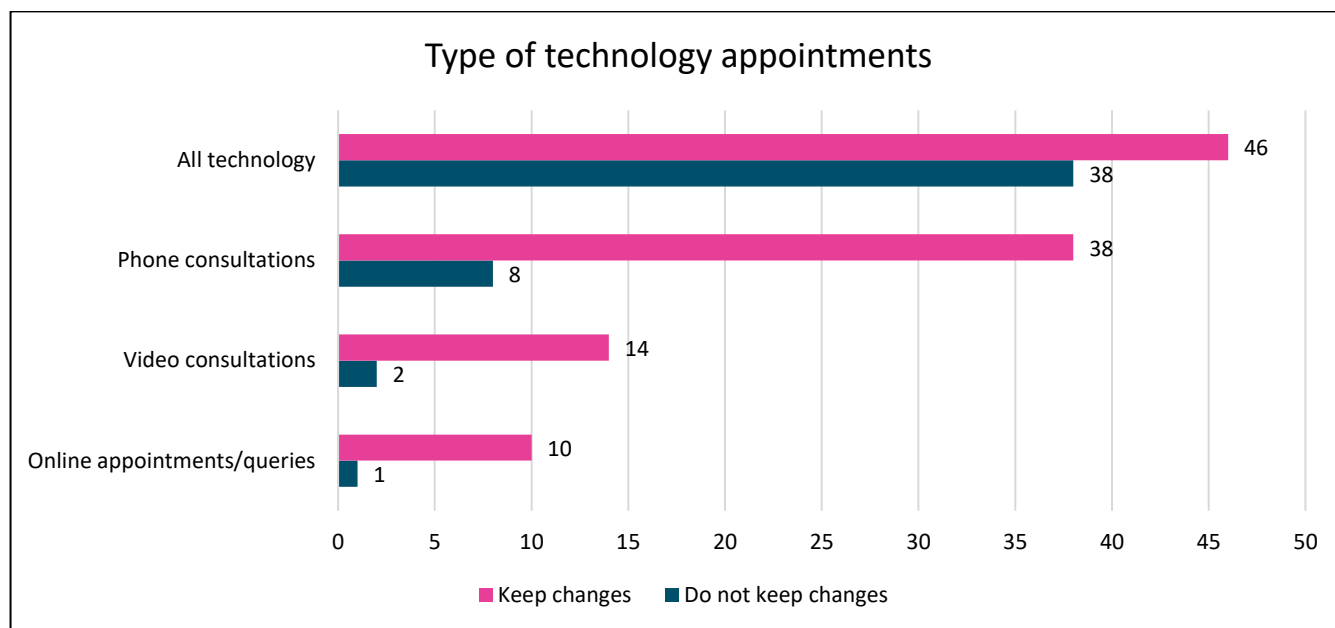
The survey asked, *“Thinking about the future, do you think any of the changes to ways of working should continue, when social distancing, etc. is eased? For example, changes to GP or hospital appointments, use of technology, changes to community services. Please tell us what you would like to see happen.”*

In this section, we are looking at the responses about using technology.

The answers to this question varied widely, from people who want to see everything go back to how it was before, to people who want to see some old and some new ways of working, and to people who think everything should move forwards using technology where possible.

Not everyone answered all parts of the question.

The next graph shows how many people showed a preference for either using technology to access appointments (keep the changes) or going back to accessing care without using technology (do not keep changes).



Reasons why people DO NOT want to use technology

- Some care does not work well by phone.
- Equipment:
 - Have got equipment but do not know how to use it, or only know the basics (2 people).
 - There are people who use the library computers.
 - Technology not reliable (3 people).
- Health reasons:
 - Can use a basic phone, but no other technology, due to physical restrictions using hands (2 people).
 - IT equipment is no good if you cannot see it. Would need a sighted person there, so you have no privacy during an appointment, or when ordering prescriptions (4 people).
 - Need someone to make calls for me, as hard of hearing. Can lip-read sometimes.
 - Too much use of screens gives headaches, vision problems.
- Lack of IT knowledge:
 - Need family to set it up, or use for me (9 people).
 - Need support staff to use technology for me.
 - Not everyone knows how to use computers, particularly the elderly (11 people). Some say they are too old to learn.
 - Use of devices difficult and confusing.
- Personal choice:
 - Do not like it (6 people).
 - Do not want to use internet (2 people).
 - Just want to stick to the old ways, or back to normal (4 people).
 - Prefer to use pen and paper (6 people).
 - Prefer/want face-to-face appointments, or to get full assessment (26 people).

Reasons why people DO want to use technology

- Access to care is quicker/easier (17 people).
 - Shorter waiting time for appointment (5 people).
 - No travel time (5 people).
- Care received is useful/helpful (20 people).
- Doctors/nurses have time to see more patients.
- Doctors/nurses will be able to spend longer on each appointment (2 people).
- Efficient (6 people).
 - Can ask for advice in a call, instead of waiting ages to make an appointment.
- Free up face-to-face appointments for people who need them (7 people).
- Keeping away from waiting rooms is safer, with less risk of infection (7 people).
- Online appointments are helpful for people who work (3 people). A question was asked about how this could happen though if you were at work.
- People who cannot leave home for health reasons can have an appointment when their support staff are available to help with the call.
- Saves money (2 people), including on car parking.
- There are people who find it easier to talk on the phone rather than face-to-face.
- There are people who prefer video to phone calls, because they like to see who they are talking to.
- Use video calls or text to tell people test results (2 people).

General comments regarding use of technology

These comments have been taken from throughout the answers to the survey questions, and are made by different people with different ideas.

- Appointments for people without technology:
 - For people who are not online, access should be easier (8 people). People do not want to be waiting for phones to be answered for long periods of time.
 - There is a concern from people happy to use technology, who are worried about those people who cannot use technology for whatever reason. They say technology should not be the only option (28 people).
- Appointments using technology:
 - Hospital appointments should be available online, including being able to change them.
 - Hospital outpatients' appointments could be by phone/video where it is not necessary to be seen in person (12 people).
 - Phone/online consultations could be used as initial contact with a GP (22 people)
 - Prioritise GP access by technology by clinical need not first come first served, in the same way as for face-to-face appointments currently.
 - Text messaging is easier for someone with hearing problems than phone or video appointments.
- Appointment choices:
 - Different people prefer different types of access - whether video, phone, online, or face-to-face (3 people).

- Options for remote services as well as face-to-face, e.g. Zoom mindfulness course (2 people).
- There should be an option for face-to-face appointments when necessary (17 people).
- Equipment:
 - A speaking phone helps people with sight loss (3 people).
 - Internet connections can be slow, and may not support video consultations (2 people).
 - There are people who have old equipment, including specialist equipment for blind people. A question was asked about how they find out what is available when it needs to be repaired or replaced? Another comment was about the cost.
 - Technology needs to be reliable.
- Technology:
 - Email, text, WhatsApp could replace paper letters.
 - Need to be confident about privacy, confidentiality, and data protection (2 people).
 - Technology is a positive way forward (5 people). It needs to work efficiently and for GP practices to be less rigid in their approach (2 people). Needs to be improved liaison between patient and GP.
 - There needs to be phone back-up in case online systems do not work, or someone needs help with access (2 people).
 - Websites to be accessible - clear and to the point. Need to be kept up to date.
- General comments:
 - Look at what has worked well, and what has not, and keep the parts that have worked well (2 people).
 - Not everyone is happy being told they should be on the internet. One person said they feel they are on their own now.
 - Things have changed too much too quickly.
 - Whatever technology is used, people want to be speaking to the right person.

Overall, the key is flexibility. A mix of face-to-face appointments and phone, video, and online options, to be used in a way that provides the best care for the patient. This needs to take into account:

- Availability of the patient, e.g. working hours, caring responsibilities, childcare, etc.
- Availability of transport, if required.
- Personal choice of the patient.
- Privacy, where phone or video calls are used.
- Technology available to the patient, and their ability to use it.
- Whether an examination or physical test is needed.

The survey asked, *“The new ‘normal’ could include changes to services that have been tried by health and care providers during the COVID-19 pandemic. What help would you need, if any, to be able to use these new ways of accessing care? (e.g. with technology)”*

Here are examples of ways people say they will need help, to be able to use technology:

- Equipment too expensive to buy, run and maintain, so would need equipment and internet access (7 people).
- Literacy and other language support.
- Need help learning to use equipment and what it can be used for:
 - Equipment generally (19 people).
 - Help with all aspects (2 people).
 - Learning how to access care (2 people).
 - Online access (3 people).
 - Setting up and/or using specialist equipment for sight impairment (4 people).
 - Smartphone (2 people).
- Ongoing help to prompt what to do next when anxious and forget things.

Here are some suggestions that were included in the surveys, to help people:

- Health and care professionals will need to have a lot of patience, when people are trying to learn new skills.
- Produce ‘How to use’ guides.
- Simplify processes (3 people).

General comments

Some comments are not specific to a section of the report, or apply to several. These are included here:

- GP services:
 - Disabled people would like it to be easier to see a GP, now they do not want to do home visits.
 - GPs take on too many patients.
 - If GP phone conversations become the norm, there could be less restrictions about which GP you are allowed to register with? Perhaps introduce competition between practices, based on the quality of service provided, with financial incentives?
 - It was hard to get a GP appointment before COVID. Worried the new ‘normal’ will make it more difficult.
 - Worried that changes will benefit GPs more than patients.
- Hospitals:
 - Comments about A & E:
 - Being used by people who cannot get a GP appointment which is not its purpose.
 - People misuse - perhaps a £10 charge as a deterrent?
 - Pandemic is keeping hypochondriacs away. Want to see A & E waiting times drop.

- People use GP and A & E when not needed - hope the reduction in use continues.
- People should not be discharged from hospital too soon, to save money.

- General:
 - Community services should be expanded to add to what is on offer from doctors, hospitals, etc.
 - Lack of social interaction has led to a deterioration in health conditions.
 - Language support needs to be offered as standard, whatever the type of appointment (3 people).
 - People want to be able to access care without help from other people. Loss of independence worries them (2 people).
 - Promote healthy behaviours.
 - There are people who worry for days before an appointment, especially about how they will get there. They may need a relative to take time off work, which cannot always be done. As you get older, it gets harder to get to appointments (2 people).
 - Worrying about parking for appointments is stressful (3 people).