Steps taken towards Digital Inclusion for patients using video consultations at Moorfields Eye Hospital

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Purpose

The use of video consultations was scaled up urgently due the COVID-19 pandemic, and has been sustained.

Digital exclusion will drive health inequalities in our patients, unless we fully understand it and create solutions to make our services accessible for all.

Aim

To understand the reasons why patients failed to utilise digital services during the pandemic, and to develop solutions to enable patient to use our virtual appointments.

Methods

Data over 1 year of video consultation appointments that had been offered to patients was analysed, with particular focus on patient-initiated cancellation. In-depth interviews with patients were also conducted in order to gather rich data about why patients felt digitally excluded. Following analysis of respective data and interviews, conclusions were drawn on solutions to create digital inclusion for patients.

"I do not have internet at home".

"I would be concerned how you would test my eyes".

"I feel that it's a way for clinicians to do less work".

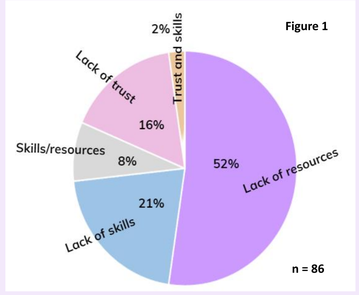
"I am unable to express myself using body language as I would usually f2f".

Results

Total of **12,763 video consultations** made in 1 year

659 (5%) patient-initiated cancellations

13% (86 patients) of those patients who cancelled were digitally excluded



Digital exclusion was due **to 3 main factors** *[Figure 1].*

Age range = 9 to 89 years old. Those **most digitally excluded** were the **70-79 year olds** (26%, 19 patients). The least digitally excluded age group were the 20-29 years olds (1%, 1 patient).

In terms of sub-speciality, **52% (38 patients)** were from the **adnexal service**, 27% (20 patients) from general ophthalmology, 12% (9 patients) from paediatric ophthalmology, and the remainder from ocular oncology (4%), strabismus (3%) and medical retina (1%). Adnexal is the largest service user of video consultations.

22 patients were interviewed.
Age range = 40-89- years old, the majority were **40-49 years old (32%, 7 patients).**
The majority interviewed lacked trust in having a video consultation **(45%, 10 patients).**

'Virtual Pods' were trialled in Moorfields satellite sites, to help support patients log onto Moorfields virtual A&E service. Videos were also made in aim to help patients understand the purpose and value of a video consultation.

Virtual Pods

A private area with the appropriate set-up for patients to be able to access the resources and support to attend their video consultation.



Working towards Digital Inclusion

Patient Education

Providing information to patients about how a video consult will fit into the pathway of their care and how their eyes will be assessed virtually if possible. Video on positive comments from those who had a good experience of a video consult.

Patient Engagement

1. A discussion forum held on digital exclusion with citizens who have sight loss and digitally excluded.
2. Patients suggestions for digital inclusion led to concept of virtual pods and also what information was required to instil trust in patients.
3. Virtual pods co-designed: Invited patients and staff to test the concept to understand requirements.

Conclusion

The reasons for digital exclusion are complex, but need to be understood and addressed, if we are to continue to scale digital services in the health sector and without widening health inequalities. Our work identified 3 main factors, with lack of resources being the overarching reason. Further implementation research in the fields of digital resource provision coupled with education may enable greater inclusion of this group of patients and enhance digital healthcare provision equality. It is vital to coproduce services with those who are digitally excluded in order to make services more digitally inclusive.

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