



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Digital Transformation in the Health and Care Professions (BMHP6026)

Component 2 Assessment

Student name: Benedicte Ngoy
Student ID: 2244194

Use of AI Acknowledgement

I confirm that I have not used any AI tools in the research and creation of this assignment. I confirm that I have not presented any AI-generated materials as my own work. I confirm I have copies of my drafts, notes, and other resources I used, which I may be asked to provide in evidence.

Introduction

The adoption of video consultations by the NHS England and NHS Improvement represents a significant shift in healthcare delivery, particularly accelerated during the COVID-19 pandemic. While remote consulting (especially by telephone) had been available for some time, video consultations remained relatively rare until early 2020. (England 2020)

In 2019, as part of plans under the “digital-first” agenda, the NHS committed to expanding online and video consultation options — with the expectation that practices offer video consultations by April 2021. (England 2020)

This report examines how that adoption of video consultations has affected the healthcare workforce, service delivery models, patient access, and community health. It explores both the opportunities afforded by this digital innovation — such as improved accessibility, flexibility, and continuity of care — and the challenges — including digital exclusion, workflow disruption, and variability in staff and patient readiness. Through this analysis, the report underscores the broader implications of digital transformation in healthcare for the future of care delivery in England.

Impact on Workforce

Remote consulting wasn't suitable for everyone: certain patients — notably in community mental health or social care — did not gain as much; some found it hard to engage or lacked resources/tech (McCarron et al.)

Video consulting needs infrastructure, training, and adjustments to workflows: this produced disruption for certain practices/organisations, introducing new dependencies and exposing technological or organisational weaknesses.

Helped NHS staff continue care during lockdowns.

Reduced travel and saved time for workers.

Allowed flexible and remote working for some staff.

Increased digital skills across the workforce.

Not suitable for all patients or clinical tasks.

Digital access problems affected some patients and teams.(England 2020)

Impact on service delivery

- Less strain on patients and carers, more convenience, and less travel. Video consultations allow patients to stay at home (or work) instead of driving to hospital or GP clinics – saving time, travel costs, parking, childcare, and time off work (England.2018).
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- Faster and more flexible access for patients (and providers). Remote consultations offer flexibility: patients don't need to travel, and physicians (especially in outpatient settings) can work remotely — which may assist reduce cancellations, missed appointments, or capacity strain(England.2018). Maintained services throughout a shortage of in-person appointments.

Because appointments could be scheduled more quickly, waiting periods were decreased.

Better access for those unable to travel (disabled, shielding, remote regions).

Enabled triage, allowing workers to determine who actually needed to be admitted.

Maintained continuity of care, particularly with regard to routine follow-ups and mental health.

Improved effectiveness in specific situations (fewer no-shows, consecutive appointments).(Scott 2021)

Impact on patients

- **What patients like about video consultations**

Convenience, flexibility, and lessened travel burden: Many patients say that video consultations reduce waiting times, travel time, and the expense or difficulty of physically attending appointments.(Thiyagarajan et al.2020)

Better access for some patient groups: Video consultations can greatly increase access to care for persons with chronic illnesses, mobility problems, or those who find travel difficult (for example, because of distance, transportation, or caregiving obligations).(Bradwell et al.2022)

What patients dislike or find limiting about video consultations

Not suitable for every problem or consultation—many patients and medical professionals claim that in-person consultations are still the "gold standard," particularly when it comes to physical examinations, complicated symptoms, delicate matters, or mental health.

Privacy or comfort concerns — Not all patients have a private, quiet place to conduct a video consult, which can limit what they feel able to discuss (especially for sensitive issues). (Thiyagarajan et al.2020)

Impact on community

Patient Location

Patients could access care from home, reducing the need for travel.

Benefited people who were shielding, had mobility issues, or lived in rural/remote areas.

Reduced exposure to infection in waiting rooms (England 2020).

Service Location (Healthcare Settings)

NHS services could continue operating even when clinics were closed.

Staff could work from multiple locations, including home or separate offices.

Reduced pressure on physical space in GP practices and hospitals (England 2020).

Effect on Family Members

Family could join appointments more easily from different locations (useful for carers).

Reduced travel burden for parents of children needing frequent check-ups.

Lower infection risk for households with vulnerable members.

Some families struggled with privacy when sharing small living spaces.(England 2020).

Challenges of the innovation

Despite their benefits, video consultations have several drawbacks. Digital exclusion can prevent some patients from accessing care, while the lack of physical examination and non-verbal cues may reduce clinical assessment quality. Remote consultations can increase staff workload and stress, and privacy may be compromised in shared spaces. Reduced face-to-face interaction can also affect the therapeutic relationship, patient engagement, and continuity of care, especially for vulnerable populations.

Recommendations

To strengthen the effective use of video consultations within the NHS, several key recommendations should be considered. Improving digital access and inclusion is essential, ensuring patients with limited digital skills or technology receive adequate support while maintaining alternative consultation options for those unable to use video. Staff would benefit from ongoing digital training, clearer clinical guidance, and dedicated technical support to enhance confidence and reduce workload pressures. Standardising video platforms and ensuring strong digital infrastructure can help streamline workflows and support safe, efficient practice. Patient experience should be prioritised through clear instructions, flexible appointment choices, and routine feedback to improve service quality. Maintaining high standards of clinical safety, including clear criteria for when in-person examinations are needed, is vital. The NHS should also support workforce wellbeing by managing workloads effectively and enabling safe remote working when appropriate. Finally, strengthening public-health preparedness—such as maintaining scalable digital systems and addressing digital inequalities—will help ensure video consultations continue to support equitable, high-quality care across the health system.

Conclusion

One important development in the digital transformation of health and care professions in the NHS is video consultations. They provide many advantages, such as improved labour flexibility, increased accessibility, and more effective service delivery. While video consultations are convenient and empowering for patients, they also pose issues with digital inclusion and interpersonal communication quality (Greenhalgh et al., 2020; Kruse et al., 2017).

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