NCOSS
NSW Council of Social Service

3 September 2025

Chair
Legislative Assembly Committee on Community Services

Response to Questions on Notice taken on 20 August 2025

Question

1. **Do you have further breakdowns of some of the higher rates of poverty from a New England versus Hunter perspective? The bill is proposing the split. Where would the greatest poverty sit if a split were to exist?**

   …I'm not sure if New England was split from the Hunter, where does that leave that Mid North Coast area?

   …if there was a line drawn, would that concentrate poverty into one area more so than it currently is as an average across that entire area?

Response

NCOSS has performed further analysis to understand which Local Government Areas (LGAs) sit within the boundaries of the existing Hunter New England Local Health District (LHD) and their corresponding rates and numbers of people in poverty.[1]

This data is included in the table below, organised into two separate areas for the Hunter and New England.[2] The data shows that generally:

- The average rate of poverty is slightly higher across the New England area (13.8% versus 13.3% across the Hunter), with particularly high rates along the eastern side of New England. This includes Tenterfield (21.1%), Glen Innes Severn (18.7%) and Walcha (17.9%).
- In the Hunter area, poverty is highest in the Mid-Coast LGA (which includes Taree, Gloucester, Forster, Stroud) at 18.4% with pockets of higher poverty also located around Cessnock (15%) and Port Stephens (14.2%).
- While rates of poverty appear to be generally higher in parts of the New England area, there is a much higher number of people experiencing poverty in the Hunter area (94,019 people compared to 24,310 people across New England). This is primarily due to more populated areas like Newcastle and Lake Macquarie.

[1] List of LGAs within the Hunter New England LHD boundary sourced from HealthStats NSW, organised by NCOSS into separate approximate Hunter and New England areas (roughly following the boundary line between SA4 regions *Hunter Valley exc Newcastle* and *New England and North West*): https://www.healthstats.nsw.gov.au/location-overview/hunternewenglandlhd/LHD

[2] Data sourced from Vidyattama, Y., Brown, L., Tanton, R., and NSW Council of Social Service (NCOSS). (2023), *Mapping Economic Disadvantage in New South Wales, 2021*. NATSEM, Faculty of Business, Government and Law, University of Canberra. Report Commissioned by NCOSS.

- Those more impacted by poverty across Hunter and New England are fairly consistently younger people (15-24), older people (65+), single parents, those unemployed or not in the labour force, and people in public housing.

Poverty across the Hunter New England LHD (by LGA)			
Overall NSW: 13.4%	**Rest of NSW: 13.7%**		**Greater Sydney: 13.2%**
Local Government Area	**Overall LGA**		**Most impacted cohorts (%)**
	Rate (%)	**No. of people**	
Hunter			
	Average: 13.3	**Total: 94,019**	
Mid-Coast[3]	18.4	15,784	Young people (15-24): 25.2 Single parents: 35.7 Unemployed: 44.7 Public renters: 73.9
Cessnock	15.0	8,613	Young people (15-24): 18.4 Single parents: 32.9 Not in work force (15-64): 41.0 Public renters: 71.5
Port Stephens	14.2	9,973	Young people (15-24): 15.4 Single parents: 28.5 Unemployed: 46.2% Public renters: 48.4
Upper Hunter Shire	13.5	1,708	Older people (65+): 15.4 Single parents: 32.5 Unemployed: 41.7 Public renters: 60.1
Dungog	13.1	1,147	Young people (15-24): 16.2 Single parents: 32.9 Not in labour force (15-64): 37.3 Public renters: 96.7
Muswellbrook	13.0	1,944	Older people (65+): 17.0 Single parents: 28.8 Unemployed: 47.1 Public renters 63.5
Newcastle	12.4	19,926	Older people (65+): 13.6 Living alone: 24.5 Unemployed: 39.8 Public renters: 56.2

[3] Mid-Coast LGA, part of the SA4 *Mid North Coast* region, falls within the existing Hunter New England LHD boundary.

Lake Macquarie	11.5	22,905	Older people (65+): 13.4 Single parents: 23.7 Not in labour force (15-64): 32.9 Public renters: 50.0
Maitland	11.3	9,604	Older people (65+): 16.3 Single parents: 24.6 Not in labour force (15-64): 33.4 Public renters: 49.3
Singleton	10.9	2,415	Older people (65+): 15.2 Single parents: 27.3 Not in labour force (15-64): 32.1 Public renters: 52.3
New England			
	Average: 13.8	**Total: 24,310**	
Tenterfield	21.1	1,302	Young people (15-24): 30.1 Single parents: 41.6 Unemployed: 61.6 Public renters: 81.4
Glen Innes Severn	18.7	1,407	Young people (15-24): 21.7 Living alone: 29.8 Not in labour force (15-64): 44.9 Public renters: 94.5
Walcha	17.9	454	Young people (15-24): 30.6 Single parents: 39.4 Unemployed: 45.5 Public renters: 61.0
Armidale Regional	16.2	3,886	Young people (15-24): 19.7 Single parents: 28.9 Not in labour force (15-64): 40.6 Public renters: 51.9
Inverell	16.2	2,781	Young people (15-24): 23.4 Single parents: 32.8 Unemployed: 43.7 Public renters 66.0
Gwydir	15.3	720	Young people (15-24): 28.0 Single parents: 25.4 Unemployed: 72.9 Private renters: 31.1
Tamworth Regional	14.3	8,194	Young people (15-24): 15.5 Single parents: 32.6 Not in labour force (15-64): 41.0 Public renters: 56.7

Uralla	13.0	756	Young people (15-24): 14.7 Single parents: 32.4 Not in labour force (15-64): 35.7 Public renters: 76.0
Gunnedah	12.7	1,456	Older people (65+): 16.3 Single parents: 30.0 Not in labour force (15-64): 37.3 Public renters: 52.2
Moree Plains	12.3	1,177	Older people (65+): 13.8 Single parents: 27.9 Unemployed: 34.7 Public renters: 29.3
Liverpool Plains	11.9	904	Young people (15-24): 15.8 Single parents: 34.8 Not in labour force (15-64): 33.4 Public renters 79.9
Narrabri	11.7	1,273	Older people (65+): 15.0 Single parents: 28.9 Not in labour force: 32.0 Public renters: 44.2

Question

2. Can you please expand on your comments and the impact of telehealth services on those communities and any suggestions for what can be done?

Response

As outlined in NCOSS's evidence to the Committee during the hearing, NCOSS conducted qualitative research in 2023 on An Exploration of the Experiences of Virtual Care in NSW.[4] Research participants had a range of backgrounds and experiences, with over half living outside of Sydney and 60% on low incomes. While a smaller research sample (n=56), the qualitative information gathered provides valuable insight into the experiences of, and challenges for, people living with disadvantage in accessing and using virtual care. The research found that virtual care is:

- Accessed across many areas of the health system, with the most common service accessed being GP appointments (83%) followed by mental health services (51%).
- Convenient, flexible and affordable when provided effectively, allowing people to overcome access barriers and hidden costs such as petrol or public transport fares. This made it particularly beneficial for vulnerable groups, such as carers of people with chronic conditions needing frequent appointments, casual workers needing to fit appointments around fluctuating hours, and those in regional NSW who had more timely access to health services.

[4] Research methodology included 37 individual interviews and two focus groups with 19 people.

However, the research also found that:

- People who are both socially isolated and digitally excluded, such as older people and those on low incomes, are most at risk of being unable to access virtual care. It is likely that these are cohorts that will require support to access virtual care, for example from family members or community services.
- While virtual care contributes to positive system outcomes, it hides shortfalls in the health care system. People benefitted from using virtual care because it allowed them to bypass ongoing issues with the health system, including excessive wait times for health services, and lack of service availability in certain regions including specialist knowledge. Research participants emphasised that virtual care should not replace needed face-to-face care at a local level.
- Choice and personal agency are critical in providing care options. When offered as a choice, virtual care can enhance the overall quality of care for a person based on their own personal circumstances and health needs. There are also circumstances where people can't or don't want to use virtual care and prefer access to face-to-face options.
- There are several contributing factors to the successful use of telehealth and virtual care, including high-quality digital infrastructure, digital capabilities and competence for both practitioners and patients, awareness of virtual care services and accessibility of related information.[5]

NCOSS's 2023 recommendations linked to this research were that the NSW Government:

1. Increase consumer awareness of existing virtual care options through targeted promotion activities, including for free government services such as Health Direct. Awareness campaigns should be co-developed with consumers.
2. Invest in targeted programs to overcome digital exclusion, particularly for those groups that have the most to gain from virtual care such as those on low incomes and those who are socially isolated. This would include access to affordable devices, affordable internet connectivity and data plans, and skills training.
3. Prioritise consumer choice, enabling consumers to use virtual care for care appointments that do not require a physical examination, and increasing the availability of video appointments. Virtual care should be one healthcare option, and a variation of modes should be offered e.g. phone, video, multi-disciplinary. Virtual care should not replace access to the choice for in person care.
4. Invest in upskilling clinicians and health practitioners in virtual care, so that they have the required skills, resources and capabilities to provide high quality service that meets the needs of all consumers.
5. Invest in the community sector's digital capability so it can better support vulnerable and disadvantage communities to access virtual care. This would include additional funding for staff training and technology investment.

[5] Bevis, M., Howard, A., Rawsthorne, M., Massola, C., & Joseph, P. (2023). *An exploration of the experiences of virtual care in NSW*. Summary Document. University of Sydney for NCOSS.

6. Partner with local, place-based organisations such as neighbourhood and community centres, to identify the most vulnerable and excluded households and provide targeted support.

Attached to this response is a copy of the full research report and the summary report for the Committee's reference.

Should you have any questions in relation to this response, please do not hesitate to contact me at [redacted]

Yours sincerely,

[redacted]

Ben McAlpine
Director Policy and Advocacy

An exploration of the experiences of virtual care in NSW

THE UNIVERSITY OF SYDNEY

ncoss
NSW Council of Social Service

Acknowledgement of Country

NCOSS respectfully acknowledges the sovereign Custodians of Gadigal Country and we pay our respects to Elders, past, present and emerging. We acknowledge the rich cultures, customs and continued survival of First Nations peoples on Gadigal Country, and on the many diverse First Nations lands and waters across NSW.

Acknowledgement

The study used to inform this report was undertaken by the University of Sydney. It was commissioned by the New South Wales Council of Social Service (NCOSS), funded by the NSW Ministry of Health.

About NCOSS

NSW Council of Social Service (NCOSS) is the peak body for non-government organisations in the health and community services sector in NSW. NCOSS works to progress social justice and shape positive change toward a NSW free from inequality and disadvantage. We are an independent voice advocating for the wellbeing of NSW communities. At NCOSS, we believe that a diverse, well-resourced and knowledgeable social service sector is fundamental to reducing economic and social inequality.

Published November 2023.

Suggested Citation

Bevis, M., Howard, A., Rawsthorne, M., Massola, C., & Joseph, P. (2023). An exploration of the experiences of virtual care in NSW. Summary Document. University of Sydney for NCOSS.

THE UNIVERSITY OF SYDNEY

ncoss NSW Council of Social Service

CEO message

As the NSW health system grappled with the COVID-19 pandemic, virtual care was significantly expanded to enable ongoing access to health care. For many, it continues to play a major role in their lives and improved the quality, affordability, and safety of health care. However, significant barriers to accessing virtual care still exist, and they disproportionately impact the most vulnerable and disadvantaged members of our community.

This summary report highlights the key findings from our research of the lived experiences of people accessing and using virtual care. They are broadly positive – highlighting the need to continue this mode of service provision – but clearly articulate the barriers that must be addressed.

The research shows that, when offered as a choice, virtual care can enhance the overall quality of care. Many cohorts benefit immensely from the convenience, flexibility and affordability of virtual care services. People with chronic health conditions no longer have to muster up the energy to attend face-to-face appointments for test results or recurring script renewals, while carers can reduce some time in their busy and demanding schedules. People living in regional NSW can access care that would not have otherwise been available in their small community, and people in casual work can more easily manage appointments around their work requirements. The indirect healthcare cost savings associated with travel, lost work, childcare and carer expenses have been significant for many in this cost-of-living crisis.

Hidden behind these positive experiences is the stark reality of a digital health divide. The successful provision of high-quality virtual care relies on service users having the knowledge and means to access it, but we know this is not a universal experience. People who are living in low-income households may not be able to afford the right device or the necessary data connection. People who are socially isolated, including older people, may not have the support from family and friends to help them set up the technology. People in overcrowded housing may not have access to a quiet, private space.

Many of the respondents shared their expectation that government address this exclusion, so that everyone can benefit from virtual care. One participant quote eloquently captures this view:

> *“It’s an unequal society partly, because everybody’s different, and that means they have different abilities to cope or do things. So, people who have problems with digital technology, they’re behind the eight ball automatically… those people should be helped with some system support.*

By supporting the most vulnerable and partnering with the community services sector, the government can address the systemic and structural barriers that prevent socially isolated and digitally excluded people from accessing and using virtual care. Our recommendations, developed in consultation with key stakeholders, aim to improve the way virtual care is accessed and delivered so that all members of the community can benefit from the invaluable service and the impact that high-quality healthcare has on peoples’ lives.

Ben McAlpine
Acting CEO

About this Research

Background

During the COVID-19 pandemic, health care in Australia undertook radical changes to minimise social contact and the spread of the virus by a rapid increase of virtual care and telehealth. Virtual care services (including telehealth) were delivered in real-time using telephone and video conferencing platforms. While this mode of delivery was not new at the time, prior to the pandemic the uptake was slow and medical rebates were limited. During the pandemic private practitioners, NSW Health and non-government organizations quickly moved to provide services virtually. This qualitative study examines the lived experience of using virtual care and telehealth by people across NSW, during and since the COVID-19 pandemic.

Methodology

The study undertook individual interviews with 37 people and conducted two focus groups with 19 people. Research participants resided in urban, regional, rural and remote areas of NSW, with over half of participants living outside of Sydney. The focus groups were conducted in outer metropolitan areas and included public housing tenants, young parents, and older women. Over 60% of the research participants were living on a low income. Significant numbers of people with chronic health conditions and disabilities, as well as people who cared for others with high needs and people who spoke a language other than English, were represented in the sample.

"I'm glad it's there and I think it should stay there. It's a good thing for a lot of reasons. To have that access to Sydney doctors like that, without having to drive down there and have that accommodation and all that, is really good.

Rural participant

Key Findings

This research demonstrates the highly valued role that virtual care has in the lives of people in NSW, and particularly highlights the critical role it can play for people who are socially isolated, vulnerable and excluded.

1 Virtual care is accessed across many areas of the health system.

A wide range of services were accessed via telephone and via video link, with many people accessing more than one service type virtually. The most common service accessed was General Practitioner (GP) appointments (83% of participants), mostly conducted via a voice telephone call. The next most common service accessed via virtual mode were mental health services (51%). Mental health appointments, specialist and allied health appointments were more often delivered via video call.

2 Virtual care is convenient, flexible and affordable.

When provided effectively, telehealth and virtual care is a highly valued health care option with many benefits for consumers. Participants reported that virtual care was convenient, flexible, improved safety and comfort, and saved time and money.

The convenience of telehealth allowed people to prioritise their health care needs, overcoming access barriers and hidden costs such as petrol or public transport fares. People with chronic health conditions reported saving on time-consuming tasks such as obtaining script repeats. *Health Direct* in particular was highlighted as valuable outside of standard operating hours.

Respondents also reported a greater sense of safety and comfort, reducing their risk of contracting COVID-19 and other diseases by avoiding in-person appointments. Psychological safety was also apparent, as some people felt more relaxed in their own safe space. People want it to stay as an option across all areas of care that do not require a physical examination.

Telehealth and virtual care were experienced as less expensive or financially on par with using face-to-face services.

3 Virtual care is particularly beneficial for vulnerable groups and those in regional NSW.

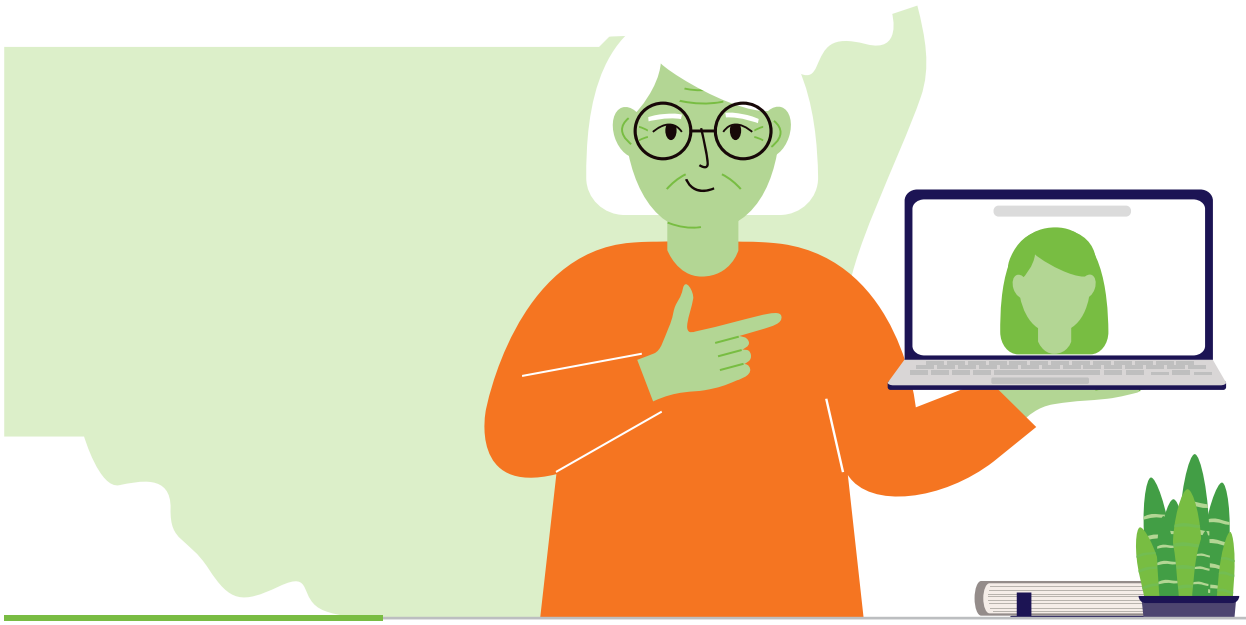
Certain population groups particularly benefitted from virtual care, particularly carers, regional and rural communities, those receiving mental health care, and casual employees.

Many carers spoke about the life-changing difference of virtual appointments. Virtual care reduced the time, money, and effort in transporting their loved ones to face-to-face appointments. This flexibility alleviated stress and improved the experience of those they care for, especially for children with chronic health conditions that require ongoing appointments.

People living in regional, rural and remote areas of NSW had timely access to doctors, specialists and mental health care, resulting in significant savings and health benefits. People in casual and itinerant work reported that they could better manage their health needs alongside their fluctuating employment circumstances. People accessing mental health care valued the safety of access in their own environments.

4 People who are both socially isolated and digitally excluded are most at risk of being unable to access virtual care.

Many people require assistance to access virtual care. Family members and loved ones are providing this type of assistance, especially for older parents and grandparents. The people who are most at risk of being excluded from accessing virtual care options are people who are both socially isolated and lack the digital skills and technology. This particularly includes some older people and those on low incomes. Participants expressed an expectation that people who are socially isolated and digitally excluded are assisted by community services.



5 While virtual care contributes to positive system outcomes, it hides shortfalls in the healthcare system.

Much of the positivity about virtual care exists due to shortfalls in the NSW health system. These include waiting times to access GPs, excessive time in waiting rooms, and lack of specialist knowledge at the local level in regional, rural and remote communities. These issues are not resolved as a result of virtual care.

Virtual care can contribute to positive system functioning such as reducing emergency department visits and saving time in managing chronic conditions. However, participants in the study emphasised that while virtual care can enhance health care options, it should not replace the needed face-to-face care at a local level, particularly for people residing outside of Greater Sydney.

6 Choice and personal agency are critical in providing care options. When offered as a choice, virtual care can enhance the overall quality of care.

Consumer choice is critical in the inclusion of virtual care as a service delivery model, giving service users agency.

People are using virtual care to enhance their overall health care options in ways that are specific to their own personal circumstances and health needs, such as script renewal, routine checks that don't require physical examinations, and talk based therapies. Conversely, there are circumstances in which people can't or don't want to use virtual care.

Participants reported that the inclusion of virtual care alongside face-to-face care improved the overall quality of care. A number expressed fear that access to virtual care would be wound back.

> *"She really liked it because, like I said, she misses a whole day of school whenever we have to go to a kid's hospital appointment. And she doesn't like to miss playing with her friends. And she comes in and they've done work that she hasn't completed. So, she really liked being able to do the Zoom, and then I could drop her off. Five minutes away. It was great for her. And also, my other daughter who has a disability, is very anxious in new places. So, being able to do appointments from home took a lot of that stress off it and it just became new people rather than the whole shebang.*
>
> *Regional parent of children with chronic health conditions and disabilities*

7 There are several contributing factors to the successful use of telehealth and virtual care.

Virtual care relies on high-quality digital infrastructure, service provider factors such as practitioner capability, and service user factors such as communication skills. Problems in any of these areas negatively impacts the use of the virtual medium.

Familiarity and comfort with technology and digital platforms varied for both the service user and practitioners, impacting interactions during appointments. Ongoing capability training for health practitioners and community providers is required to ensure consistency across service provision and use.

Awareness of telehealth and virtual care services is also crucial. With increased service provision, it is important that clear and easily accessible information – both digital and non-digital – are available.

> *"I think this has been a marvellous - for just everyday people, we've suddenly embraced, or learnt all about telehealth. I think it's opening a lot of doors for everybody. I don't know anybody who wants to go back to the old ways. There's a lot of talk in my circles about keeping the hybrid option available. So that flexibility of, 'Do you want this face-to-face, or should we do it telehealth?' It's giving back a bit of choice and control to the patient, to the consumer, is really good there.*
>
> *Regional carer*

Recommendations

A. Prioritise equity of access for those most excluded

1. **Increase consumer awareness of existing virtual care options** through targeted promotion activities, including for free government services such as Health Direct. Awareness campaigns should be co-developed with consumers.

2. **Invest in targeted programs to overcome digital exclusion**, particularly for those groups that have the most to gain from virtual care such as those on low incomes and those who are socially isolated. This would include access to affordable devices, affordable internet connectivity and data plans, and skills training.

3. **Prioritise consumer choice,** enabling consumers to use virtual care for care appointments that do not require a physical examination, and increasing the availability of video appointments. Virtual care should be one healthcare option, and a variation of modes should be offered e.g. phone, video, multi-disciplinary. Virtual care should not replace access to the choice for in person care.

B. Invest in the sector's capability and capacity.

1. **Invest in upskilling clinicians and health practitioners** in virtual care, so that they have the required skills, resources and capabilities to provide high quality service that meets the needs of all consumers.

2. **Invest in the community sector's digital capability** so it can better support vulnerable and disadvantage communities to access virtual care. This would include additional funding for staff training and technology investment.

3. **Partner with local, place-based organisations** such as neighbourhood and community centres, to identify the most vulnerable and excluded households and provide targeted support.

THE UNIVERSITY OF SYDNEY

ncoss
NSW Council of Social Service

NSW Council of Social Service
Phone: (02) 9211 2599
Email: info@ncoss.org.au
Gadigal Country, Yirranma Place,
Level 1, 262 Liverpool Street, Darlinghurst NSW 2010
www.ncoss.org.au

AN EXPLORATION OF THE EXPERIENCES OF VIRTUAL CARE IN NSW

MIRIAM BEVIS, AMANDA HOWARD, MARGOT RAWSTHORNE, CATE MASSOLA, PAMELA JOSEPH
UNIVERSITY OF SYDNEY
2023

THE UNIVERSITY OF SYDNEY

ncoss
NSW Council of Social Service

Table of Contents

Recommended citation for this report:
Bevis, M., Howard, A., Rawsthorne, M., Massola, C., & Joseph, P. (2023) *An exploration of the experiences of virtual care in NSW*. University of Sydney.

This report was commissioned by NCOSS (NSW Council of Social Service), funded by the NSW Ministry of Health

Executive Summary

During the COVID-19 pandemic, health care in Australia undertook radical changes to minimise social contact and the spread of the virus by a rapid increase of virtual care and telehealth. Virtual care services, or telehealth, were delivered in real-time using telephone and video conferencing platforms. While this mode of delivery was not new at the time, prior to the pandemic the uptake was slow and medical rebates were limited. During the pandemic private practitioners, NSW Health and non-government organizations quickly moved to provide services virtually. This qualitative study examines the lived experience of using virtual care and telehealth by people across NSW, during and since the COVID-19 pandemic.

The study undertook individual interviews with 37 people and conducted two focus groups with 19 people. Research participants resided in urban, regional, rural and remote areas of NSW, with well over half of participants living outside of Sydney.

Key Findings

The key findings of this study outline the services accessed, the benefits experienced by users of virtual care, the experiences for specific groups of people, the issue of personal agency and choice in using virtual care, the role that is being played by virtual care within the health service system and explores factors that contributed to the successful use of virtual care. The relationship between people's positive experience of virtual care in the context of existing shortfalls within the NSW health system is explored within the findings. The paper then discusses two issues arising from the findings. Firstly, the experiences of carers and people with special needs is highlighted. Secondly, the research identifies the important interrelationship between social inclusion and digital inclusion. Finally, a list of recommendations that arise from the findings suggest ways forward that includes virtual care as a welcome inclusion in service delivery that enhances the overall quality of care available to all NSW residents.

1. *Virtual care is accessed across many areas of the health system.*

This cohort of people had accessed a wide range of services virtually, with many people accessing more than one service type virtually. The most common service accessed was General Practitioner (GP) appointments (83% of participants). GP appointments were mostly conducted via a voice telephone call. The next most common service accessed via virtual mode were mental health services (51%). Mental health appointments, specialist and allied health appointments were more often delivered via video call.

2. *Virtual care is convenient, flexible and affordable.*

When provided effectively, virtual care is a highly valued health care option with many benefits for consumers. Throughout the study there was a high level of positivity expressed

about the many benefits of virtual care. These includes convenience, flexibility, easy access, safety, and savings in time, money and effort. The time savings of telehealth was particularly important for people with chronic health conditions who need to need regular appointments for tasks such as script renewals and check-ups. Many participants highlighted that the flexibility and convenience of virtual care increased access to health care.

- Convenience – the convenience of telehealth allowed people to prioritise their health care needs, particularly in circumstances where they would usually experience a barrier to access. People with chronic health conditions reported saving on time consuming tasks. Health Direct was also favoured particularly during out-of-hours.
- Safety and comfort – respondents reported higher levels of safety and comfort from contracting COVID-19 and other diseases, due to not physically having to be in appointments. Psychological safety was also apparent, as some people felt more relaxed in their own safe space.
- Financial implication - Telehealth and virtual care were experienced as less expensive or financially on par with using face to face services. Virtual appointments removed some of the hidden cost in attending physical appointments.

3. Virtual care is particularly beneficial for vulnerable and excluded groups and those in regional NSW.

The study highlights certain groups of people who particularly benefit from being able to access virtual care. These include carers and parents, employees, people residing outside of the capital city, people requiring mental health care, and people with mobility and transport challenges.

- **Carers and parents**. Many of the research participants spoke about the use of virtual care in their role of caring for children, elderly parents or grandparents, their partner or adult child with chronic health conditions and disabilities. These people expressed that the convenience, flexibility and time saving of virtual care was life changing. Virtual care can reduce the burden for carers**.** A large percentage of Australians provide unpaid care for people with special needs, disabilities and chronic health conditions. Virtual appointments are a welcome move for carers. Carers in this study expressed the positive impacts that using virtual care has made on their lives and for the people they care for. Given the critical role played by carers and the personal costs associated with being a carer, virtual appointments could offer some support and relief.
- **Employees.** Employees spoke about the way that virtual care appointments have made health care more accessible. This was particularly significant for people in casual work, shift work, and people who work in multiple locations.
- **People residing in regional, rural and remote areas.** People living out of Sydney have benefitted from virtual care in multiple ways. The most common benefit spoken about was the time and money savings of not needing to travel long distances to access specialist appointments. People told how virtual access to specialist care has decreased

the wait times for time critical appointments such as cancer care for people in rural areas. Virtual access has also provided access to mental health care that is not available in some areas, while also providing anonymity of access that is difficult in small communities.

- **People requiring mental health care.** Mental health care access seems to have increased for some people by the introduction of virtual services. Users of mental health care spoke about the advantages of accessing care in the comfort and safety of their homes. At home they were more relaxed and could provide the practitioner a greater insight into their daily context. People also spoke about being able to have time and space after a mental health appointment at home to process the emotions before moving on with the rest of their day.
- **People with mobility and transport challenges.** Virtual appointments have increased the accessibility of care to people with permanent or temporary mobility disabilities. This has increased the independence of people who rely on others to assist with transport to physically attend appointments.

4. People who are both socially isolated and digitally excluded are most at risk of being unable to access virtual care.

The research reveals the important role played by family and loved ones in assisting people who struggle with technology to access virtual appointments. Social connectedness bridges the gap for people experiencing digital exclusion. It is critical the community and social sector support socially isolated people who are digitally excluded. The research participants comments revealed the expectation from the community that digitally and socially isolated people are provided with practical assistance.

5. While virtual care contributes to positive system outcomes, it hides shortfalls in the healthcare system.

Some of the benefits and positivity of virtual care appear to be filtered through shortfalls in existing medical services in NSW. These include waiting times to access GPs, excessive times in waiting rooms, and lack of specialist services in regional, rural and remote areas. There was concern expressed that virtual care will be relied upon to fill gaps in the system. Virtual care going forward needs to be seen as a way of enhancing the health care options without replacing quality in person care across NSW. This study highlights the ways in which virtual care can be a valuable contributor to the health system and high-quality care. Virtual care can contribute to the existing shortfalls in the health system by filling in short-term system gaps and as an ongoing part of health delivery. It can be used to take the pressure off the health care system by reducing time devoted to routine tasks such as script renewal, monitoring chronic conditions, and provision of medical certificates and referrals.

6. *Choice and personal agency are critical in providing care options. When offered as a choice, virtual care can enhance the overall quality of care.*

There was an overall agreement that virtual care has an important place in the health care choices offered to service users. People do not want virtual care to replace face-to-face care options, they want to choose when to use virtual care. Many people are using telehealth and virtual care to enhance their health care options and to supplement face-to-face appointments. This is increasing their overall quality of care. There is a concern about the importance of the continuation of telehealth and virtual care, and a fear expressed by some that it would be wound back.

7. *There are several contributing factors to the successful use of telehealth and virtual care.*

A combination of factors contributes to the successful use of virtual care. Problems in any of these areas impact interfered with the ability to use virtual care.

- **Internet connectivity and digital infrastructure**
- **Service provider factors**
  - Clear instructions
  - Use of applications (apps)
  - Accessible information and service contact details
  - Services proactively offering telehealth and virtual care
  - Practitioners who are comfortable with the virtual medium and have good communication skills
  - Pre-existing relationship between practitioner and service user
- **Service user factors**
  - Access to up-to-date mobile phones, tablets or computers
  - Familiarity with technology and digital communication platforms
  - Communication skills – ability to explain the problem
  - Availability of private spaces

Recommendations

There is a strong recommendation from research participants evident throughout the study to continue and expand virtual care as part of ongoing care options, supporting the choice of people to utilise virtual care in conjunction with face-to-face service delivery. While enabling the continued provision of virtual care this should not be at the expense of resolving outstanding issues within the healthcare system. To continue the use of virtual care with equity and quality of service delivery the following recommendations are proposed.

A. Prioritise equity of access for those most excluded.

1. Increase consumer awareness of exiting virtual care options through targeted promotion activities, including for free government services such as *Health Direct.* Awareness campaigns should be co-developed with consumers.
2. Invest in targeted programs to overcome digital exclusion, particularly for those groups that have the most to gain from virtual care such as those on low-incomes and those who are socially isolated. This would include access to affordable devices, affordable internet connectivity and data plans, and skills training.
3. Prioritise consumer choice, enabling consumers to use virtual care for care appointments that do not require a physical examination, and increase the availability of video appointments. Virtual care should be one healthcare option, and a variation of modes should be offered e.g. phone, video, multi-disciplinary. Virtual care should not replace access to the choice for in person care.

B. Invest in the sector's capability and capacity

1. Invest in upskilling clinicians and health practitioners in virtual care, so that they have the required skills, resources, and capabilities to provide high quality services that meet the needs of all consumers.
2. Invest in the community sector's digital capability so it can better support vulnerable and disadvantaged communities to access virtual care. This would include additional funding for staff training and technology investment.
3. Partner with local, place-based organisations such as neighbourhood and community centres, to identify the most vulnerable and excluded households and provide targeted support.

I think this has been a marvellous - for just everyday people, we've suddenly embraced, or learnt all about telehealth. I think it's opening a lot of doors for everybody. I don't know anybody who wants to go back to the old ways. There's a lot of talk in my circles about keeping the hybrid option available. So that flexibility of, 'Do you want this face-to-face, or should we do it telehealth?' It's giving back a bit of choice and control to the patient, to the consumer, is really good there. (Regional carer)

I'm glad it's there and I think it should stay there. It's a good thing for a lot of reasons. To have that access to Sydney doctors like that, without having to drive down there and have that accommodation and all that, is really good. (Rural participant)

NCOSS Virtual Care and Telehealth research project

Background.

During the COVID 19 pandemic health care in Australia undertook a radical shift by the rapid introduction of virtual care and telehealth. Medicare rebates for the use of telehealth and virtual care, that had previously been restricted to a select group of Australians, were made universally available. Private practitioners were able to offer care via telephone and video calls to all their patients. NSW Health redirected many of their services to virtual appointments where possible. Virtual platforms were not new when the COVID 19 pandemic was declared, NSW Health had been using information technologies to deliver care to patients since in the mid 1990 (NSW Health, 2021). However, prior to the COVID 19 pandemic the use of virtual platforms to deliver health services in NSW were restricted and uptake of the medium was slow (Hallan, Joyne & Nance, 2021.). Virtual care, or telehealth, became increasingly necessary since the beginning of the COVID-19 pandemic and the associated government restrictions within Australia. Online service provision has been one strategy to mitigate social contact and minimise the spread of COVID-19.

There has been limited independent research about the way that service users have experienced virtual care and telehealth. In response to concerns raised by NSW Council of Social Service (NCOSS) about the health equity and accessibility of telehealth and virtual care the Social Work and Policy Studies Program at the University of Sydney designed and conducted research into the lived experiences of virtual care in NSW since the onset of the COVID-19 pandemic in Australia.

The purpose of this research project was to better understand the experiences of the use and access to telehealth and virtual care services in NSW. This research documents people's experience of telehealth and virtual care services, with particular attention to their individual lived experience. Secondly, it identifies barriers and aids in their access and use of the intermediary platform. Finally, by highlighting key and shared themes from the participants, it makes suggestions for future use of virtual service delivery to the community services sector, policy makers and state and federal government.

Definition of telehealth and virtual care used in this study.

The terms telehealth and virtual care are used interchangeably throughout this study. This study defines telehealth as health services that were delivered in real time using a telephone or video conferencing platform in which the service user was in a separate location to the service provider.

The World Health Organisation defines Virtual Care as:

> *"Client-to- provider telemedicine: Provision of health services at a distance; delivery of health services where clients/patients and health workers are separated by distance.*

- *Consultations between remote client/ patient and health worker*
- *Clients/patients transmit medical data (e.g. images, notes and videos) to health worker"* (WHO, 2019, p. xv).

Methodology

The NCOSS Virtual Care research project employed a qualitative methodology. Data collection consisted of individual interviews and focus groups. Participants were invited to contribute over the phone, in person or via a video call. Interviews were semi-structured and involved in-depth discussions and focused exchanges with people about their experience with telehealth. Interviews were between 20 minutes and 60 minutes in length. Focus groups provided a dialogical exploration of the lived experience of telehealth and virtual care. Interviews and focus groups were audio recorded and transcribed. Focus groups were approximately 60 minutes in length. Themes were identified from the interview and focus group transcripts using an inductive thematic analysis, allowing the themes to be developed from the interviews and focus group discussions.

Quotes are presented in the Key Findings that demonstrate the ideas distilled in the thematic analysis and allow the reader to hear directly from the research participants. Identified themes are then explored in relation to relevant literature and studies in the discussion and recommendations.

Research participants

Interviews

Individual interviews were conducted with 37 people in New South Wales. All research participants were 18 years or older. The following demographic details were collected at the time of the interview. Interviews were via telephone, video call, and face to face.

Speak a language other than English at home	16%	6
Identify as First Nations/Aboriginal/Torres Strait Islander	8%	3
Identify as LGBTQIA+	13%	5
Low income	43%	16
Live with a disability	16%	6
Live with a chronic health condition	59%	22
65-74 years	16%	6
75 + years	8%	3
Live in regional areas (Illawarra/Wollongong, Blue Mountains, Newcastle/Hunter/Lake Macquarie)	48%	18
Live in Rural areas	29%	11
Live in Remote areas	2%	1

Focus Groups

Two focus groups were held in suburban outer Sydney; one focus group of 10 participants and the other focus group of 9 participants. The groups consisted of public housing tenants, young parents, and older women. The focus groups included people who were living on low incomes and Centrelink entitlements, did not own computers, did not own a car, had chronic health issues, and people who cared for family members with complex needs.

Recruitment

Research participants were recruited via promotion to service users in the community sector and health sector. The study was promoted in newsletters, posters and social media pages and through the researchers attending inter-agency meetings. Community agencies promoted the study to their services users. The study was also promoted through NCOSS newsletters, social media, website and networks.

Key Findings

Overview

The study identified the types of services that were accessed using a virtual medium by the research participants and their lived experiences of this. Themes were developed from the discussions about these experiences.

There was a high degree of positivity expressed about being able to access care via the telephone and video calls. Many recipients spoke of the benefits of the flexibility and convenience of virtual care, as well as the savings in time, money, and effort. Virtual care was spoken about as a safe form of care in the context of prevention of contagion as well as a psychological safe form of care for some people. The research highlighted population groups that have especially benefitted from virtual care. The flexibility of the virtual mode has increased the access to care for many people in NSW; carers and parents, employees, people living away from the capital city, people requiring mental health care, and people with mobility and transport challenges. While there was a high level of positivity about virtual care there were differences in opinion about the quality of care that is possible in the virtual mode. Factors that affected the successful use of virtual care have been identified from the varied experiences of the research participants, and include digital infrastructure, service provider factors, and service user factors. Finally, the research identifies the important interrelationship between social inclusion and digital inclusion. The discussion and recommendations that arise from the findings suggest ways forward that includes virtual care as a welcome inclusion in service delivery that enhances the overall quality of care available to all NSW residents.

1. Virtual care is accessed across many areas of the health system.

From the sample of people interviewed in this study the dominant service accessed virtually were medical General Practitioner (GP) appointments. These were reported as done almost exclusively via a phone call to the person's mobile phone or in a minority of cases, with some older people, to their home phone.

Many people interviewed accessed more than one service virtually. Other services that were frequently accessed virtually include counselling sessions (either with non-government services, counsellors and psychologists), Health Direct (including nurses and doctors), 13SICK and Doctors on Demand, and medical specialists (NSW Health and private practitioners). Therapeutic counselling services and specialist medical services were accessed via video call appointments as well as via phone call appointments depending on the practitioner and the service user.

The following table outlines the services accessed virtually by the 37 research participants who were interviewed. It does not include the services also accessed by the research participants in the two focus groups.

Service	Number of people accessing (total 37)	Percentage of usage for service type
GP	31	GP- General medical – 31- 83%
Health Direct	6	Emergency out of hours medical care - 9 24%
13SICK	1	
Doctors on Demand	2	
Psychologist	9	Mental Health Care – 19 51%
Counsellor	6	
Psychiatrist	3	
NSW Health Mental Health Team	1	
NSW Health medical specialist	5	13%
Allied Health Therapist	3	8%
Specialist (non-specified)	3	8%
Medical specialist	4	10%
Physiotherapist	2	5%
Hospital (child health)	1	2%
Prenatal/maternity	1	2%
Abortion services	1	2%
Naturopath	1	2%

Of the 37 people interviewed 83% (31 people) accessed their GP via telehealth. The next most common service types accessed virtually after GPs were mental health services with just over half the cohort, 51% (19 people), accessing mental health care. Almost one quarter of the research participants (24%) used virtual emergency after-hours GP services including Health Direct, 13Sick and Doctors on Demand.

A significant difference in the mode of virtual delivery exists between GP medical appointments and other types of virtual care appointments. GP appointments were mostly delivered via an audio phone call, whereas the majority of other appointments were more often delivered via a video call either to the service users' smart phone, computer, or tablet.

2. Virtual care is convenient, flexible and affordable.

When provided effectively, virtual care is a highly valued health care option with many benefits for consumers. Overall, the research participants expressed a high level of positivity about their experiences of using telehealth and virtual care and reported many benefits. People found virtual care a convenient way of accessing appointments that saved them time and money, as well as providing safety from contracting COVID 19 and other diseases. The convenience of accessing service providers virtually increased access for many people including people with mobility issues or lacking easy transport options. People with chronic health conditions who regularly need to attend appointments were grateful for the speed and ease of virtual check-up for scripts and routine tasks.

Convenience

Telehealth and virtual appointments were perceived as a convenient and easy way to access health care. People regularly spoke about the benefits of being able to access care in the comfort and safety of their home and therefore reducing the effort, time and expense of travelling to appointments.

Look, it was it was good for - again, convenient. Instead of having to go up and wait at the medical practice. And often doctors are running late. At least with the telehealth, they're generally on time. When you set the appointment, they'll be generally on time with making those calls. So, that was good. I think it makes for a faster, more efficient GP service.

It probably saved me in fuel to drive down and talk face-to-face. I guess yes, it has a better impact because you don't have to leave home. In my case, at the time that they rang I had a broken foot and couldn't exactly leave house anyway. So it's convenient because you don't have to leave the space of your house to go and see a doctor. And if you can't have a doctor come out to your house at least someone can ring you and make sure. If your symptoms a cause for concern or life-threatening. (Regional)

I just like the convenience of it, and I like also having - just even having the choice, having the option to do that is good and then for my mum, she gets really anxious when she goes to public places, so having the option to just do it at home where she's more up for it is beneficial for her. (First Nations participant, Urban)

Convenience increases access.

The ease of access and convenience of telehealth was spoken about as contributing to the ability of some people to prioritise their health care needs and follow up on medical concerns that they might otherwise overlook. The removal of the barrier of needing to physically attend appointments resulted in some people participating in more health appointments and receiving more timely care.

There have - I guess there have been instances where I wouldn't have bothered receiving medical attention if it weren't for telehealth and I think that's worth just highlighting due to the accessibility - due to it being accessible, it encourages me to seek help a bit more. Just because it's a lot trying to juggle family responsibilities, work responsibilities as well as go into the clinic and wait for two hours to see a doctor. So, just ease I guess. (Regional)

Because there was more accessibility by telehealth I was probably attending more appointments for things, which is good, because that way, I'm not missing appointments or having any delay in care (Rural)

Just that you didn't have to get ready, get out the door, wait in a waiting room. Just the timeliness of it all was really great, when you could get an appointment. Especially for my son. I think he accessed more help because it was so accessible and easy for him, because he doesn't like leaving the house, or having people over. So because it was on the phone or the laptop, it made his life better. (Regional, carer)

Convenience for people with chronic health conditions

People with chronic health conditions commented positively on the time savings of having their regular check-ups delivered via telehealth for simple tasks such as renewing scripts and test results. Monitoring chronic conditions and renewing scripts are time consuming tasks associated with living with chronic health conditions, virtual care provides a way of reducing time spent while still allowing regular contact with care providers.

The thing that was positive, I didn't have to sit in a waiting room at the doctors. And sometimes you go to a doctor and they're running late or something's happened, and you have to sit and wait for a while. So, being able to just be at home even if they rang you late, you were still just at home. So, I think that was a positive. Certainly, with the specialist because I've been seeing him for a while. But almost every time all my blood results are in normal range so he doesn't have to do any more. He's just monitoring my condition. So, that was easy in that sense. (Regional, chronic health condition)

Well, for me, they were good. I think being – knowing that the doctor could actually ring you, wanted to ring up and give you the result of the cancer thing, that was good. And I think the other thing is if you can't get up there for normal scripts, if it's ongoing, just to have the – get on the phone and know that the doctor can ring you up and say, "Look, I can give those normal things for the next three months." So yes, that's fine. It's good (Regional, 75+ years)

I think that I found them easy because I have quite a good relationship with my GP. I've seen the same GP for the last eight or nine years. He knows me, he knows what medications I'm on, so as far as just renewing script, that made life a lot easier and it was easy because he knew what I was on and what I need and I just told him which ones I needed and so that was all easy. And the check-up was fine. I can do my own blood pressure and that sort of thing so if he was able to just check that that was all going fine and okay. (Rural)

Health Direct – convenient accessible out of hours service

Health Direct is an Australian government health advice service. There is a 24hour phone number (1800 022 222) that is available for free health advice. Some research participants spoke about this service and equated it with the term 'telehealth'. It was primarily parents who spoke about *Health Direct* however it was also used by others. People were very favourable about the *Health Direct* service and appreciated being able to speak to qualified medical professionals, especially for out of hours medical advice. Some parents who had used the service regularly expressed that when calling about young children there was a tendency for *Health Direct* to recommend they present their child to the hospital, however parents appreciated that this was probably a necessary risk management approach used due the age of the children. *Health Direct* was spoken about as a way to quickly access medical care. There was a concern that the program needs to be promoted more widely.

I was really impressed by how quick it actually was and they were really, really good at keeping you informed. So, you rang a phone number in this latter one when he hurt his neck and they said, "Right, we'll get you onto a video conference with the doctor." I just remember it being incredibly quick and they were really, really good at saying, "Right, we'll call you back within an hour," and they actually called us back within an hour as well so I found the service was really, really good to be honest and really quick as well which you kind of want when it's 2:00 in the morning or something. Obviously, a heck of a lot quicker than when you go into the actual hospital. (Urban, parent)

And you may not be able to – if you have an urgent situation and you need to speak to someone urgently, then you may not get an appointment with your doctor for days or weeks. Whereas you can ring Healthdirect and speak to somebody within minutes. (Rural)

and then another service that I use regularly is Health Direct GP hotline as well, which is an amazing service. For me at least, it helps me reduce having to go to an emergency department as someone who experiences health anxiety and can turn. I get anxiety in general and when I'm worried about my health, I can just come back and adapt to it and having someone, give them a call and go, 'Okay, this is what I'm feeling, this is what I'm experiencing.' They go, 'Okay, you're fine, but this is the next step,' or, 'you're fine, but we're going to get a doctor to call you,' kind of thing. Yeah. (Rural)

Safety and comfort

Safety from contracting COVID and other diseases

Safety was spoken about by many of the research participants as one of the major benefits of telehealth. People were concerned about contracting diseases (including COVID) in waiting rooms and found telehealth and virtual care a safer option if they didn't physically need to

see a practitioner. While this was a particular benefit for older people and immunosuppressed people, it was mentioned by all age groups.

And also with even now, I'm really happy that we have a GP who doesn't insist, "Well, you must come into the clinic." My friends have told me that some GPs are like that. But because my grandmother, she is 90 and we don't want her to be sitting in the room where she could potentially be exposed to COVID. And he was great when she needed her COVID shots, we actually had her in the back of the car and he came out to the carpark. So definitely I think it was having that understanding GP, a flexible GP, who is not too – unlike some, too fussy about seeing people in person and realises that this is the really safe way of – and really quick and easy way of discussing things. That it's not necessarily just to make an appointment and then travel down to his clinic, wait in the waiting room. So I think that's a good thing that he runs a clinic where they're very open to telehealth, seeing people in telehealth. (Urban, Carer)

Just the ease and I didn't have to leave home. It was just easy and I didn't have to worry about going out getting COVID. (Urban)

It's much safer because the safety at my doctor's surgery is almost non-existent. There's no COVID consciousness at all anymore. So, I could be sitting in a waiting room next to someone with COVID. The previous patient who'd been in there could have left behind a big dose of COVID in there. It makes me extremely nervous to go to any medical appointments now because of the lack of precautions. (Regional)

Psychological safety

Psychological safety was also mentioned as a benefit of telehealth and virtual care. Some people preferred being in their own safe space and having physical distance between themselves and the practitioner. They found the physical distance aided them to be relaxed in the appointment. People with histories of trauma spoke about the psychological safety of attending virtual appointments rather than being a space alone with strangers. Others spoke about the remaining psychological impact of COVID lockdowns affecting their ability to be in spaces with other people. For them the virtual appointments were a good steppingstone towards reengagement.

Again, that's all my own personal stuff, but sometimes being in a room with say, a male that I don't know, would make me feel more uncomfortable in person than it would if I was just doing it by telehealth.
Q: Right, yeah. Okay. That kind of distance for you is relaxing.
A: Yeah. I also had a gastroenterologist that had like two medical officers that he was training and then I think some other clinician, maybe a nurse or something, that was in the room and he'd asked me if I was okay if they were present, which I was, but I didn't find it as daunting as I think I would if I was in a small room with three other people staring at me and writing notes and asking questions. (Urban, Chronic health condition)

See, for the counselling, I preferred just the phone. Yeah. It was sort of like I was able to be open and honest, but I was also able to hide as well, if that makes sense. (Rural)

A: Because it's a very vulnerable situation. So being able to have that little bit of a box, I guess?
Q: Yeah, that kind of safe boundary. You could kind of choose -
A: Although I have had face-to-face counselling as well. That was good also. But I think - yeah, after two years of being locked up - basically, we're all locked up - I don't think I've really found myself after that. Like I think we've all lost a bit of ourselves and we haven't gone back to our normal lives. So yeah, it's easy steppingstone. (Outer urban)

Financial implications

Telehealth and virtual care were experienced as less expensive or financially on par with using face to face services. People appreciated that during the COVID pandemic special measures allowed an increase in health services that were bulk billed. Some people were still accessing bulk-billed telehealth services, while others had noticed the change back to co-contribution services that they now need to pay for.

So, when he saw me on video health that was bulk-billed by my specialist, which was wonderful. Whereas, when I went and saw him, and I know that's important, but it costs more. I'm just telling you because these are relevant things. (Regional)

What was good during the pandemic was the psychiatry sessions for my son were free because Medicare decided that they would give videoconferencing for free to help people through the pandemic. Then suddenly they changed that, but didn't tell us, so all of a sudden, we're paying big dollars for a 15 minute video call or phone call. I'm thinking, no, that program should still be free so that we can access psychiatry. They said, 'No, unfortunately, the government has ceased that.' So cost is a huge factor. We assume that all telehealth is free, and it's not. (Regional carer)

Well, I actually saved a lot of money during the pandemic because of that free access, and, obviously, not having to drive. Yeah. But now that doctors are seeing you face-to-face, and they're not bulkbilling anymore, and the telehealth isn't free, I've noticed my costs have gone up quite significantly. (Regional)

People also spoke about the cost savings of telehealth and virtual care due to eliminating the travel costs associated with attending face to face appointments. This was especially so for people in rural and regional areas, and for people who used public transport and taxis. Some participants in regional and rural areas estimated the travel costs savings of using virtual care to be in the thousands of dollars. Parents spoke about how virtual appointments removed some of the hidden cost in attending physical appointments such as buying food and drinks for children, and paying for parking, or paying for childcare.

Yeah, and travel's expensive these days. Not only is it the time, but – I'm just being honest with all these issues because it'd be relevant for your study – it's the cost involved as well. For me to drive an hour and a bit away is going to cost me $50, the round trip, and that's a big chunk out of a budget, on a single-parent budget, on a low-income, single-parent budget, yeah. (Regional participant)

It was positive in that I've saved might've been thousands of dollars in transport costs. (Remote/rural)

It would have cost me less because, certainly from my husband's perspective, had we had to go down to Sydney for appointments, that would have been expensive. (Rural cancer patient)

It definitely helped because you spend on fuel when you're trying to go to the doctors and stuff like that, and usually when we go to the doctors you have to pay to see the doctor, unless it's a free public health one. So, the telehealth it's a free call, three to four minutes you have a conversation for and then you're done. You don't have to go anywhere, you don't have to fill up your car or anything like that, you don't have to buy lunch because your kid is like, "I'm hungry now, there's a nice shop there." (Regional, parent)

The research participants in this study had not experienced any costs associated with purchasing technology required to access telehealth and virtual care as they used their pre-existing technology, phone and/or internet plans. Some people spoke about needing to plan to be at home for video calls due to the available data that they had on their mobile phone plan. There was a concern expressed by the research participants that not all people would be able to access the technology required for internet-based video calls. One research participant had received assistance by the Carer Gateway to purchase the technology required for on-line schooling and health care during the COVID-19 pandemic lockdown.

Yeah and they're dependent on prepaid data and they only have so much data for the month and then to do a Zoom call with someone, it's not necessarily feasible and that's why I personally like telehealth because they call you and it's at no cost to you most of the time.

We're quite lucky, we're using a phone and internet, we've got all of that, we were quite lucky in that - I'm sure that a lot of other people aren't as lucky as us so it didn't really impact us financially. (Urban)

Because we already had internet, we already – because of the COVID, everything was already online and – yeah, we already had laptop and – we used the things we already had. Nothing got like – so there wasn't any financial – even if I could say, I have saved like $5.

3. Virtual care is particularly beneficial for vulnerable groups and those living in regional NSW.

Across NSW there were many stories about how the flexibility of virtual care has increased people's access to medical care and mental health services. This was articulated across a wide range of people including, parents and carers, people with mental health conditions, employees, people with mobility issues, people with transport challenges, and people residing in regional, rural and remote areas.

Carers and parents

Many of the research participants spoke about the use of virtual care in their role of caring for their children, elderly parents or grandparents, partner, and adult children. Through necessity during the COVID-19 pandemic, appointments had moved to telephone or video appointments. Multiple carers spoke about the life changing difference that virtual appointments have made to their busy and demanding schedules. This was especially so for regional families who need to access specialist services in Sydney.

Yes. So it particularly started during COVID, I guess like for most people. We did a lot of telehealth appointments for GP and specialists. We've got one specialist in particular that we've never had a face-to-face with now. He's a long-term provider, and he only does telehealth. So for me, other members of my family access telehealth as well, and I'm a carer, so I support them through their appointments. And for me, I find it extremely convenient. There's no travelling, there's no sitting in waiting rooms while the doctor's running late. Your time is yours until that phone call. So yeah, I'm finding it really, really convenient. (Regional participant)

The telehealth is absolutely wonderful. And mum has mobility issues now, and so it is just so beneficial for her not having to try to get her in and out of the house and the car and into different buildings. It's really beneficial. It takes a lot of stress and pressure off her. (Regional participant)

Absolutely. So my son has autism, and patience is not one of his virtues. And if we are sitting in a waiting room and the doctor is running late, he becomes highly agitated. And at times, we've had to leave and miss an appointment. Whereas if we're doing telehealth, he just continues on with his day until I say, "Hey, mate. We've got the doctor on the phone." And it just alleviates so much stress and anxiety. Yeah. It's absolutely wonderful. And also, for him with his psychiatry, we've never met his psychiatrist face-to-face. We only do telehealth. But it has not affected his treatment in any way, shape, or form. It's actually more beneficial that he's not sitting in a car, feeling anxious all the way there, getting frustrated in a waiting room. And then when he's done, he just goes straight back to what is going to make him feel a bit better. And he's not sitting in a car, traveling home, reflecting on how he's feeling. He's got time to process that in his own space. So, for different reasons to mum with her mobility, it's so beneficial for my son as well." (Regional, Carer – son is 22 years old)

The carers and parents also expressed the positive impact virtual care is having on those that they care for. This was especially so for children with chronic health conditions that require ongoing appointments. Parents spoke about the way repeated in-person face-to-face appointments affect their child's schooling and social development. This not only affects the child with the appointment but also the siblings who regularly also need to attend due to lack of alternative childcare options. Using virtual care lessens the amount of time that children need to spend travelling to and from appointments, this was particularly significant for children in regional areas. Not only has virtual care decreased the travel time away for these children, but parents also spoke about the increased quality of engagement for the child. When children have long journeys to travel for medical appointments parents explained that this detracts from the child's ability to engage in the appointment. The virtual medium allows some children to focus because they are not exhausted from the travel and waiting.

Honestly, I really love the telehealth especially - so, for my daughter with arthritis, there's only a couple of paediatric rheumatologists. So, we have to travel from [our regional area] into the kid's hospital every time she has an appointment, even if it's just a regular check-up. So, the telehealth was fantastic in terms of, I could ring, they could check her blood work, we could see each other. And it basically saved a whole day of travelling and taking her out of school, which when you're already missing school because you're sick, having more school missed is a big downer. (Regional participant)

My child also has been receiving online health support and, again, that is very supportive in terms of, for example, just after school and being able to make it home for that, rather than having to drive to the appointment, which is further away. So, when you live somewhere regionally there's great benefits. (Regional participant)

She really liked it because, like I said, she misses a whole day of school whenever we have to go to a kid's hospital appointment. And she doesn't like to miss playing with her friends. And she comes in and they've done work that she hasn't completed. So, she really liked being able to do the Zoom, and then I could drop her off. Five minutes away. It was great for her. And also, my other daughter who has a disability, is very anxious in new places. So, being able to do appointments from home took a lot of that stress off it and it just became new people rather than the whole shebang. (Regional participant)

It's also easier to keep them occupied at home with - they can have their puzzles or whatever else rather than if you go into an appointment, you wait for 45 minutes, they're already running out of patience. Whereas with the telehealth, you can do whatever you want to do until the call starts, and then you stop and do the appointment. (Regional participant)

However, this is not the case for all children. Other parents explained that the virtual medium was not suitable for their child. So, it is essential to assess the suitability of the virtual medium and allow parents and children the choice to decide if this is the best medium for their specific needs and circumstances.

And because he also didn't like sitting in front of a computer for his appointments they opened up the centre for kids that they knew couldn't deal with telehealth stuff. It was mostly the younger ones they opened, but they let him go as well because he's autistic and he wasn't coping with just a screen in front of him. He'd get so distracted with all this stuff around him, he'd bring all our dogs on camera, and our cats needed to be on camera, and every toy that he owns at our house had to be on camera. So he was really distracted from that and so it really wasn't beneficial for him. (Focus group participant- outer suburban)

Carers of older people emphasised the way virtual care and telehealth is reducing the physical burden on their parents/grandparents and therefore making the health care experience more accessible and comfortable. People with mobility problems were able to independently access medical appointments without relying on their busy adult children or others to provide transport.

It's so good because they sometimes, especially with me I've got pain in my knee and it's not really easy to move around….. this is the best way to connect…. I have no problem. It's quite easy. If need be, my children can take me to doctors. But they are basically working from 6 AM till 5 PM. (Speaks a language other than English – interview conducted with translator).

It gives you an opportunity to connect with a doctor remotely when you cannot physically attend if you don't have anyone to take you or you're not well, you can't drive. Like, when I've had a fall and I can't drive, I then need to connect by telehealth, so it's good to have that option to do it and it's good (Focus group – outer suburban)

Parents spoke about how virtual care increased their access to health care because they didn't require childcare to access virtual options.

They were really good, because I have a 17-month-old. So to come to counselling, it's just not happening. He's not in daycare, and you know - so it's given me the opportunity to have counselling, because otherwise I wouldn't be able to have it at all. And even - I did book club with the counselling with the [service provider]…. I joined via Zoom. They had people here as well, but I joined via Zoom. And yeah, it was just - I wouldn't have been able to come. I wouldn't have been able to participate. And it was important. It was good. (Outer suburban)

Employees

Employees spoke about how they have been able to access medical and specialist appointments more easily due to the flexible and time saving nature of virtual care and telehealth. People who work casually articulated the difficulty of attending face to face appointments without sick leave. Whereas the telehealth appointments with the GP were easy to manage as they could just take a short break while at work. This was also the case for people who do shift work. With the number of people in precarious and casual work the flexibility of telehealth is a significant health access solution for many.

even for someone who has to work casually, and they're not - you've got a doctor's appointment, you booked four weeks in advance because that's how long you've got to wait until your shift comes out, and you've got to shift on at that same time. You're not in a place where you can say, 'Oh, no, I can't. I need change my hours,' but you need the money. But you're also, because unfortunately, some managers are vindictive and yeah. (Rural)

One, I found quite useful, because at the time, I was doing shift work. So where I was at, was that I had an awkward body clock, and it was just almost impossible for me, at that point of time, to be making it to the doctors, doing 12-hour shifts. Yeah, and the anxieties that I was having as well. I was able to get my query solved over the phone, prescription was sent straight through to me on my mobile phone, just via one of those QR codes. I found that good. (Rural, chronic health condition)

If anything, it actually helped me make my medical care during that period a lot easier because I was able to navigate my own personal health healthcare in a way that worked better gelling with my work environment. I've changed jobs three times in that period but at the start of COVID, I was working in retail as a store manager, and I was working near to 75 hours a week non-stop with no breaks, because that's just, unfortunately, a reality of that environment. So I was still able to maintain my health care within that space, even though I was working ridiculous hours. And then even now, if I am travelling for work, I can still maintain my health care, because I can just take a phone call and have a doctor's appointment, so it really has reduced the impact on my employment and my ability to work and have a better work/life balance as well. So not having to take an hour, two hours out to see the doctor, because most of that is waiting because they're always late. (Rural, chronic health condition, employee)

The thing I do like is that it's an awful lot of wasted time for me, which is basically I get there on time, and then the GP, generally speaking, is something like an hour behind, unless I get a very early appointment in the morning and I'm working, which is inconvenient for me. Because it takes time out of work. So basically, a quick ten-minute phone call from my GP, at a pre-appointed time, means that I can take little or no time off work in order to look after my health. So that's definitely a plus. (Regional, employee)

Employees with chronic health conditions spoke about the way virtual care has not only increased access to medical care but also how the virtual medium is allowing continuity of care with medical specialists, mental health care and GPs. People who need to travel regularly for work, and those doing itinerant work across remote and rural areas are particularly benefiting from this flexibility.

For me, it's mostly the accessibility, being able to still link in with my supports while I work remotely and I move around quite a lot interstate, so I don't have to join a new provider or a new clinician for anything, because I can just stay with the same care that I've got. Continuity of care is a major one for me because I've been to so many uncountable GPs and – because I have a chronic health issue with ulcerative colitis and I have ADHD where I have

to get a scheduled medication. If I can have one GP in one state and one GP in another state and then I can just have all my records just sent to both every time, that if I do a contract of six months in Queensland and then move somewhere else, I don't have to go through the whole spiel (Rural, employee)

People residing in regional, rural, and remote areas.

Virtual care and telehealth were identified as increasing the health care access and ease of access for regional, rural and remote communities. Over half of the research participants resided in regional, rural, or remote areas. Research participants spoke about their appreciation of being able to access city-based medical specialists without the need for time consuming and expensive travel. People spoke of accessing multiple service types in a virtual format including cancer care, paediatric services, and other NSW Health and private medical specialists, and mental health care.

So because if I had to travel, I would have to travel four hours from home, stay somewhere and go through that entire process, not within my own home. But I was able to do all of my care at my home so, the first time I did it at home, I was able to manage that myself. And then second pillar I did at home and then just, when I was feeling a bit unwell, I could just call the nurses hotline, chat with them, and they would direct me to a doctor who talked a bit more about what was going on. And that was accessible to me 24/7, yeah, so that definitely just made me feel more safe and comfortably knowing that I'm also close to a hospital anyway, but just being able to talk to a doctor on the phone. It's been amazing and the nurses, and getting that kind of support and care. (Rural participant)

That went really well for him, yeah. And he appreciated having that ability to have specialists who were in Sydney who, you hope, are at the top of their game. And they were great so it all went really well. (Cancer patient in rural area)

Yeah. It actually ended up being a huge plus because the doctor that he'd seen here just seemed to be on top of it all and the surgeons that he was in contact with then in Sydney were straight on it and 'come down, let's get this done and we'll do this and do that'. And it was great so he's had a really good outcome because it was so quick. (Cancer patient in rural area)

"Okay. So, I found the sessions good in the sense that they were available to me, despite various factors, so lockdowns. I live in a regional area so, for me, getting to appointments down in Sydney for the specialist are quite onerous. They're expensive, and they take time, and I'm poor in both of those areas. (Regional participant)

For people living in remote areas the virtual medium not only increased access, but also provided privacy that is often unavailable for people living in small communities. Access to mental health services was mentioned by participants as difficult to access in small

communities, virtual access to psychologist and counsellors was experienced as more private for remote and rural residents.

So, I was seeking mental health support, so to see a psychologist. And I live in a small town – or at that time I was living in a small town which – yeah, that you just see everyone everywhere. So, the idea of seeking that from a local practitioner wasn't particularly appealing. (Remote participant)

Well, I mean it gives access to service that's not there. So, there aren't many psychologists there, so it gives access to those hard to find, but it also gives anonymity and privacy which is really hard to find. (Rural/Remote participant)

People requiring mental health care.

Mental health care access appears to have increased for some people by the introduction of virtual services. This includes access for people who had previously not used mental health services, as well as increased availability for pre-existing service users.
During the COVID pandemic restrictions some of the research participants accessed psychologists and counsellors for the first time. They had a mental health assessment over the phone with a GP and then commencing counselling and therapy via video and telephone calls.

So, I sought telehealth services instead, which I was concerned about what that would be, like especially with a psych support. Yeah, but I – yeah, I found it actually a really positive experience. So, I had six sessions with the psychologist. (Regional participant)

.. it was also like my family back at home, all got COVID and when I heard about it and all that, I got really – it wasn't a very good time with COVID and all that. Yeah, there were services that I acquired, what do we call it? Like I booked through a psychologist from my GP and I had my six sessions. Most of them were online and all of the GP was there in [my rural town] – sorry, the psychologist, but I booked it online. I prefer talking over the phone and I like sitting in my car and just talking to her about my things. (Rural participant)

I'm also receiving counselling through telehealth. Interestingly, for one of those was just therapy from a psychologist and we did that all online. I never met her face-to-face, I did all of it online, and it was great. It was fine. I didn't feel any difference. (Regional participant)

One participant spoke about accessing mental health care over the telephone with the aid of an interpreter, which was organised with telephone interpreting services. The telephone was a simple and effective way to connect interpreter, service provider and service user to deliver ongoing mental health care.

*when I talk to my psychologist, I can basically get everything out of my chest. There is a good interpreter as well (*Regional participant, Speaks a language other than English)

Some research participants spoke about the personal benefits of accessing mental health care virtually. People who struggled to get out of the house due to mental health conditions appreciated the ability to have counselling and connection via video and telephone calls. The safety and comfort of the home environment was appreciated by some people as their preferred place to have therapy and they compared this to the difficulty of being in a clinical environment for therapy.

With mental health I think that it was really, really – it is beneficial to be able to do face-to-face and divert from going to the location – to be able to do it from your own home with your therapist you actually – I felt more secure in my own privacy, even though it's over the internet, because she could – I think it gives her a better understanding of me because she could see my environment. It's not her environment, so she can see me in my environment. And I could sort of explain what's – I've got a few issues so I could explain what's going on mentally around my home and things that were – I had to address with her. And she had more a clarity of what was going on than when I was just going to her office and her seeing me for that hour, now she actually has a window to my home. So I found it more beneficial for that way. (Outer urban, focus group participant)

Yeah. The other thing I would say is, my 11-year-old is neurodivergent, and for him, actually the online therapy works a lot better. I think for different brain presentations, I think that for some people who may have social anxiety or may find being in a setting outside of the home overwhelming, online therapy, so through video, is fantastic. He's much more relaxed and able to, I think, feel comfortable and confident because he's in his own home. (Regional parent)

People also spoke about the benefits of being able to take time after the end of therapy when they had the sessions virtually in their home as opposed to walking out into a busy environment when they meet in their mental health provider's office space.

I think I prefer them for different reasons, I guess. For my psychology initially I didn't prefer them, but now I do because I find if I'm talking about something that's heavy or has weight to something, after the appointment's finished, there's this residual – there's residual emotions. I might emotional or I might feel like I just need some time to vent on my own before I continue with my day. If I go in person to an appointment that's in a public clinic, moving from that public space to then out into a public area – I had one psychologist that was based sort of in a mall. They had an upstairs clinic above the mall, so I had to walk through a busy shopping mall to get to my car and go home. I really hated it, because it wasn't what I wanted for myself after talking about things of past trauma or assaults and things like that. It was quite overwhelming and it was triggering, in a sense. Now, I actually prefer to have psychology by telehealth. Yeah, because I just feel like after it's finished, I'm already in the comfort of my own home and I'm already safe, and then I can ground myself and move on with my day and I can leave when I'm ready, where you can't really do that when you're in a clinic, you have to move on so they can see the next person. (Rural)

However, this was not the case with all people and some spoke about preferring face to face mental health care in an environment outside their home. Therefore, choice in the medium of mental health care is essential to ensure effective and suitable care for each person.

I think too, having the therapeutic space suddenly at home, but it then intruded on my own personal space, if that makes sense? I think having a therapeutic space outside of your home is far more beneficial…. when it comes to actual counselling and ongoing therapy, I don't think telehealth is the way - not for me, anyway. It's not the way to go. (Regional)

Parents valued virtual access to mental health care for their children by qualified staff. This reduced the need for unhelpful presentations in the Emergency Department at the local hospital while also having immediate assistance in keeping their young person safe.

I probably would have ended up in Emergency and I probably would have sat there for I don't know how long. I think the last time we went up to the hospital for my daughter's suicidal attempts, because she's a kid and not an adult so she can't be in the mental health unit. And I think we were up there for 24 hours...So talking to someone who then has expertise around it but can say, "Hey, this is what you do next. This is where we go. Maybe we should look into following up. I can ring you back in a week and make sure that you're okay. (Regional, parent, First Nations participant)

People with mobility and transport challenges

Telehealth and virtual care were spoken about as accessible services for people with permanent and temporary mobility challenges. Older people who were recovering from falls or other temporary injuries found the ability to connect with their health providers via telephone a welcome opportunity. People with vision impairments also spoke about the advantages of telehealth due to the difficulty of travelling to appointments. Participants who did not drive or own a car in the outer suburban focus group as well as people in rural areas commented on the lack of reliable public transport as a barrier to accessing physical appointments and the way that telehealth has increased their independent access to health care.

It gives you an opportunity to connect with a doctor remotely when you cannot physically attend if you don't have anyone to take you or you're not well, you can't drive. Like, when I've had a fall and I can't drive, I then need to connect by telehealth, so it's good to have that option to do it and it's good – definitely fantastic when just needing things like a script or a little bit of advice about something that's a pre-existing condition that they're aware of (Rural)

I guess yes, it has a better impact because you don't have to leave home. In my case, at the time that they rang I had a broken foot and couldn't exactly leave house anyway. So it's convenient because you don't have to leave the space of your house to go and see a doctor.

And if you can't have a doctor come out to your house at least someone can ring you and make sure. If your symptoms a cause for concern or life-threatening. (Regional, low income, First Nations)

It's so good because they sometimes, especially with me I've got pain in my knee and it's not really easy to move around. So given the fact that I don't really have anything, I don't have physio and I've been in this limbo situation for almost 10 years, this is the best way to connect…..If need be, my children can take me to doctors. But they are basically working from 6 AM till 5 PM. (Regional, non-English speaking background)

4. People who are both socially isolated and digitally excluded are most at risk of being unable to access virtual care.

The research reveals the important role played by family and loved ones in assisting people who struggle with technology to access virtual appointments. Social connectedness bridges the gap for people experiencing digital exclusion. It is critical that the community and social sector support socially isolated people who are digitally excluded. The research participants comments revealed the expectation from the community that digitally and socially isolated people are provided with practical assistance.

5. While virtual care contributes to positive system outcomes, it hides shortfalls in the healthcare system.

The list of benefits of using virtual care and telehealth discussed by research participants in this study was extensive. Some of the benefits and positivity of telehealth/virtual care appear to be filtered through shortfalls in existing medical services in NSW. For example, these include, waiting times to access GPs, excessive time in waiting rooms, and lack of specialist knowledge at the local level for regional, rural, and remote communities. Research participants were asked if they prefer face-to-face care over telehealth/virtual care. Often people who preferred in person care expressed they were prepared to accept virtual care in order to have more timely access to a practitioner via a telehealth consultation. This was due to extensive wait times for GP appointments and the limitation of after-hours options for care particularly in regional and rural areas of NSW.

But I think it's a really good service and I think it works when there isn't any other options. …When we lived in [an outer suburban area] you could go to the all night chemist. It had the after hours clinic at the hospital. You had an at home doctor. There's a lot more. When we moved to [this regional area] I was limited in what you had because things closed at five o'clock. You didn't have an at home doctor. You couldn't just ring 13SICK and someone could come out. And the hospital you'd sit there all night. (First Nations participant/ Regional participant)

but for people who live in remote areas or whatever, they need that access, so telehealth really is the only option because it's not possible to travel to the city for it. So, I hope that

gets highlighted in this research thing, that the experiences of regional and rural mob are very different to people in metro areas. (First Nations participant)

Telehealth and virtual care could be further expanded to increase equity of access to regional, rural and remote areas; this was recommended by research participants in regional and rural areas of NSW in this study. This finding was also consistent with those from a report conducted by Health Consumers NSW. "For regional, rural and remote communities, telehealth is a game changer. It has shown that when clinically appropriate and where patients are open to it, telehealth can yield significant benefits for patients and families, including minimising unnecessary travel." (Hallan, Joyne & Nance, 2021, P. 11)

Some rural research participants were concerned that over-relying on virtual care would risk the ongoing development of place-based contextual knowledge required for quality care. Equitable health care access requires the development of local staff who understand the cultures and lifeworlds of the communities they serve.

I think it's hard to replace services from a clinician who understands that town, who has been – is physically there. I think that's hard to replace"… "And that's my concern, that if telehealth becomes the only mode of service, that we lose an understanding of context for individual communities, not treating regional and rural Australia as this blanket location, but each of those communities being separate and having different needs or different challenges (Rural/remote participant)

The World Health Organisation cautions against the reliance on virtual care as a replacement for providing adequate service delivery options in the existing service network and recommends that virtual care should enhance health care options rather than be a substitute for face-to-face access; "*the adoption of the recommendations in this guideline should not exclude or jeopardize the provision of quality non-digital services in places where there is no access to the digital technologies or they are not acceptable or affordable for target communities*." (WHO, 2019, p. xi).

Virtual care can be used to take the pressure off the demands on face-to-face services and to reduce time devoted to routine tasks such as script renewal, monitoring chronic conditions, and the provision of medical certificates. This would allow the limited staffing hours to be better prioritised, especially in regional, rural and remote areas of NSW. Consideration therefore needs to be taken into the funding for virtual care services in non-metropolitan areas and the restrictions placed on access to virtual care. People in the study spoke negatively about the 12-month rule in accessing virtual GP services. This requires patients over 12 months of age to prove they have an established clinical relationship with a GP by physically attending the GP every 12 months before virtual consultations are eligible for Medical Benefits Scheme (MBS) funding (Australian Government Department of Health and Age Care, June 2023 *). People in rural areas who struggle to access timely appointments with GPs discussed the way this requirement was not always suitable for their circumstances, for example, when a normally healthy person who does not access the GP regularly required

a medical certificate for work, or when a person moves to a regional, rural or remote area. Exemptions to the 12-month requirement have been instituted for people who are homeless, people affected by natural disasters, people accessing Aboriginal Medical Services/Aboriginal Community Controlled Services, and people accessing urgent after-hours services; it may be that other exemptions could be considered given the excessive wait times reported by people residing in regional, rural and remote areas of NSW.

Well, I think it should be accessible all the time, especially if it's for something relatively simple. Rather than having to physically go and see your GP once every 12 months. Maybe in addition to that, since COVID, I think a lot of people have moved away from say where they were living previously and they may not actually have found a new GP. That can sometimes be quite a challenge and quite difficult when you do move away from your original area. So, if you were able to actually have some telehealth appointments with your GP after that 12-month period, I think it would be quite less stressful for people.

*See the link below for MBS eligibility requirements as of June 2023.
http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Telehealth-Updates-April%202023

6. Choice and personal agency are critical in offering virtual care. When offered as a choice, virtual care can enhance the overall quality of care.

Virtual care is being used by health consumers to increase their choices and enhance their access to services. The choice to use virtual care are based on personal preferences, circumstances and suitability. The perspectives people had about virtual care were varied. There was a sense of acceptance about the limitations of virtual care, about what it was appropriate and useful for. There was also a sense of surprise about the often-unexpected ability to connect therapeutically despite or because of the virtual mediums.

Many people expressed that telehealth and virtual care were of value for certain circumstances. There was a difference in how people perceived the quality of virtual care. Some people expressed their appreciation that virtual care was possible during the COVID restrictions but were happy to be back to face to face appointments with their practitioners and were now no longer using virtual care. However, many people expressed that telehealth and virtual care were now an essential and valuable option that they continue to use regularly. In fact, there was a concern about the importance of the continuation of telehealth and virtual care, and a fear expressed by some that it would be wound back.

Same quality of care

Some people experienced telehealth and virtual care as the same quality of care as a face-to-face session for those issues that do not require a physical examination. This included people accessing GP appointments via phone as well as people using the video calls for mental health care and medical specialists.

However, if it's something that doesn't need a physical or an in-person visual exam, I didn't find any downfalls. I don't find it any less personal. I don't find the care any less accurate or efficient. I find it all to be as good as if you were attending in person. (Regional)

I didn't have any problems at all. The only time – I'm trying to think what did I actually need to see – the only time I actually needed to physically visit a doctor was to get vaccinations or something like that. I don't recall ever wishing I could be there in person. I was very happy that I didn't have to be there in person. (Regional)

Yes, I really can't tell the difference in terms of being there in the same room in person. And we were able to just talk in the same way. Of course the only thing is then unless you need to do a physical examination, but most of the time that's not necessary. And I guess sometimes you could even see your doctor on Zoom and can show if you have a problem with your skin or something, you can show them. But I didn't experience any barrier in terms of the conversation we were having, that we weren't having a face-to-face. It didn't seem to impact the flow of the conversation or understanding of each other.

I can't think of any negatives. I felt that we established a really trusting relationship. I felt that she had a really good grasp on what support I was seeking and why, and even if I hadn't articulated it particularly well myself, she seemed to have really great insight and she could do that through a screen. (Regional, talking about Psychologist appointment)

Well, I found the psych support to be commensurate with face to face. It was good for working around my work schedule and, as I said, it didn't – it meant that I could have it in a more timely manner because I wasn't factoring in travel. (Remote/Rural participant)

Virtual care as the preferred mode of care

Another group of people preferred virtual care over face to face not simply for the convenience but also for their personal sense of safety and comfort of not being physically in the room with the practitioner. This was the case for GP and specialist appointments and mental health care. (See also quotes above in the section on Safety and Comfort, as well as the section on Parents and Carers for more quotes and examples.)

I found the sessions to be really good, because you were able to really talk to the doctor about what was going on, and I feel like they were more attentive and they were able to give a little bit more time. But I think that's also because they didn't have that distraction of the fact that you're sitting in the office, and they know that they've got this many patients banked up but I felt like I was able to talk more about what I was experiencing and what I was feeling, because they weren't able to physically see me. So as someone who is heavier weight-wise as well, there was no preconceived notions of weight equals health either (Rural participant)

Yes. So that was – of course we did have a camera on, so we could see each other. And I feel it was – actually, I feel a bit more – I do Zoom calls a lot, and it feels a bit more relaxed than being in the same room as someone. I don't know, it just feels – and I've noticed that with others as well, they feel a little bit more probably willing to open up and you don't feel that sense of formality, I suppose, that you could feel if you're going into a clinic or a university campus somewhere. (Urban participant)

Virtual care seen as a barrier to quality care.

For other people virtual care or telehealth were seen as a barrier to quality care. The in-person face-to-face experience was their preferred way to ensure a satisfactory therapeutic relationship with the practitioner. These people found the communication was lacking in virtual appointments as the practitioner was unable to experience the subtle changes in body language and facial expressions. Some people said when they felt vulnerable, they needed human contact and preferred to physically be with the service provider to ease their anxiety.

I need human contact, especially when I'm vulnerable, and if I'm with a person it works better for me. I feel it's intimate, it's working, it's focused on me. I receive the messages better, I see the messages better on a screen. That doesn't work as well for me. And when you've got physio, I can be taught how to do things in person. I can't do it online, it just doesn't work for me. The psychologist, I've seen for a very long time, the GP not as frequently, but with my psych she's a lovely person, we have a very good relationship, but with that bloody machine. It's just not the same feeling as having someone with you. It doesn't have the same impact. It doesn't have the same retention in my brain as well. (Urban)

To do counselling over the phone isn't very helpful, because they're not picking up on your body language, your facial expressions, et cetera. So the communication isn't great, and having pauses during a counselling session on a phone, nobody knows what's going on, so there's no natural breaks. I didn't find that helpful at all (Urban)

People spoke about the two-way relationship that exists between patient and practitioner and how gradually over time both people learn from each other, and the patient learns to understand and manage their health through this relationship. In person appointments were understood by some as more likely to provide this type of learning.

But, yeah, I don't know if all the information gets across both ways when you're just online. And there's lots of distractions as well. I just feel like – not only for myself, but I'm, like, well, if I'm getting distracted by something, are they getting distracted by something? Are we both listening to each other? A little bit of a barrier with communication. Even if it seems like it's going fine, I feel like you get more out of it if it's face-to-face. (Urban)

But with the therapeutic relationship it impacted on that, because you didn't have that face-to-face interaction. And it felt detached and less human. And as I said, doing it in my home in my personal space. To me, the therapeutic space needs to be separate from the personal

home space."… "That it was not dehumanising. But there was a detachment and it was less human. You lost that in-person interaction, that exchange of energy. (Urban)

Older people often expressed that they struggled with telehealth and preferred to have in person appointments with their GP. Sometimes the preference for in-person care was due to not being familiar with telehealth and technology, and other times telehealth was criticised as lacking the human touch.

although it was a bit hard if you had a real illness, as an older person, to go over the phone as to what really needed to be done. I think I would've preferred hands-on, face-to-face contact with that, only because it's not a technology people my age group and older – are not used to. (Regional, 75+ years)

But I don't think it's as good as the face-to-face with a GP. (Outer urban, focus group participant)

but I also think that's good in some scenarios, do you know what I mean? Like you said and this lady said about the more personalised service with your doctor, I think that a GP you need that. (Outer urban, focus group participant)

Virtual care enhances the overall quality of care.

There was evidence that many people were using telehealth and virtual care to enhance their health care options, and therefore increasing their overall quality of care. They were using telehealth and virtual options in a variety of ways to supplement face-to-face services. People were connecting with health practitioners to discern when to physically access hospitals and other practitioners. Parents and carers were relying on telehealth and virtual connections with service providers to assist in the many decisions they need to make. Many people were using virtual connections and appointments to obtain practical care advice, to gain reassurance from health practitioners, and to continue ongoing care from practitioners who were in a different physical location. People were using virtual care to gain access to care that is not available in their location.

But I prefer the combo because it means that you can choose what's best suited to what you need for that appointment because sometimes you need to see the doctor and they need to examine your child or yourself. So, telehealth is not going to be helpful in a situation like, is her arthritis flaring? And I'm describing her joints that doesn't make sense. But the combination of both of them is the best form of care. (Regional carer)

It was good because I had a balance of both. I was still seeing him and seeing specialists. We were lucky here. I was still able to see my kidney specialist face to face, which was great. I had a balance of if I needed something the telehealth was there, and visual, there was still face to face available if you needed it (Urban, chronic health condition)

But when it comes to when you want to talk about scripts, when you need just to have a new script if your older one's expired or run out, if you're doing some talk therapy or interview-type therapy or initial consultations where they're just taking data and information rather than anything else, and they can send you referrals for scans or blood tests or whatever, it's great to do via telehealth. (Regional)

7. There are several contributing factors to the successful use of telehealth and virtual care.

Factors that contributed to the successful use of virtual care included quality digital infrastructure, service provider factors such as practitioner capability, and service user factors such as communication skills. Problems at any of these levels interfered with the ability to use telehealth and virtual care in a satisfactory way.

7.1 Internet connectivity/Digital infrastructure

Most research participants expressed adequate internet connection either through their mobile phone plan or their home internet connection, however it must be remembered that the most used services in the study were telephone health appointments delivered by GPs via a voice call on mobile or landline phone. A small minority of people spoke about intermittent internet access limiting their ability to have video calls to their health providers. People who mentioned this were more likely to be in regional, rural and outer suburban areas.

I live in an area that the wi-fi tends to be down for at least a couple of hours every week. Whether you've paid your bills or not you'd just find service difficulties in the area. So that is a factor that if wi-fi is down, I know for me if my wi-fi's down I now don't have a home phone, and the only option I have is a mobile phone to make contact with the doctor. If my wi-fi is down clearly you can't have that face-to-face or the – you're limited to a phone consult which is – but I do think that's – for some people having no NBN facility or dropouts, it makes issues. (Outer suburban area)

7.2 Service provider factors

Service provider factors affecting successful provision of telehealth and virtual care include the provision of clear instructions, the use of apps, clear and accessible promotion of service contact details, the proactive offering of virtual services to their patients, practitioners who are comfortable with virtual mediums, and the positive relationships between the practitioner and the service user.

7.2.1 Relationship between practitioner and service user

A pre-existing relationship of trust between the service user and the practitioner was spoken about by many of the research participants as an important factor in the success of telehealth and virtual care appointments. Where this was not possible, the success of the virtual

medium was dependent upon the ability of the practitioner to develop a trusting therapeutic relationship virtually. Communication skills such as taking time to listen, providing time for silences during the appointment for the service user to think and process the information, and allowing follow up questions via text or email, were all spoken about as important in building the therapeutic relationship.

And I had the advantage that I already had a relationship with my GP, which was very good and established. We know each other's rhythms and we can ask each other questions (Regional participant, 65-74 years)

"These were all medical professionals that I had an ongoing relationship with. Pretty much on a first name basis. They recognise you and you recognise them. It's not like they have to look up you, "Oh, have I seen you before?" They know exactly who you are, so there was no issue about identity or privacy, and it was, I guess, comfortable to talk to them, because it did have the ongoing relationship. (Urban, lives with a disability and chronic health issues)

7.2.2 Clear instructions

Research participants expressed overall satisfaction with the instructions provided for video calls. These were generally provided by an email with a link to the video call.

I didn't have any issues. But they had documents that explained how to connect and what to do with step-by-step pictures. So, it was pretty straightforward in that sense. And I have a smartphone, so getting an app wasn't an issue. I have a laptop. So, opening the website wasn't an issue for me. (Regional)

Older people in a focus group who had not used video appointments suggested that they would like service providers to provide printed instructions that they could follow so they could access virtual services independently.

But it would be easier if they showed you a pamphlet on how to do it. (Outer urban, focus group)

Yeah, and when you go to the system you have the paper there and you can follow. (Outer urban, focus group)

Maybe like she was saying, access to a pamphlet that gives us more help as to what we need to go to and how to use the app itself. (Outer urban, focus group)

7.2.3 Use of apps

Service providers who have apps for booking appointments are helping to facilitate the use telehealth. Research participants spoke very positively about the way that apps, such as *Hot Docs*, for booking appointments were improving ease of access, more flexible booking times, increased information available about practitioners and the ability to organise care team

information. Some apps list the languages that medical practitioners can speak allowing people to choose an appropriate GP. Some service users had been introduced to telehealth appointments via the option being provided in the booking apps. A small number of older people required assistance from family with the booking apps or preferred to call to make appointments.

I like the options where you can select a doctor on Hot Doc. You select your practice, and then it tries to save your option as 'this is your care team'. I've started logging all my child's care teams, like her physio for her foot, and then the doctors that she regularly sees in Blacktown. So it's good to have them straightaway and access that. (Outer urban, focus group)

So I can book the appointment in an app on my phone, at a time that suits me, which I do find convenient. So I suppose that's an additional – like an administrative part of the Telehealth; the option to book online. (Regional, employee)

E-scripts that link to your mobile phone were also an additional benefit associated with telehealth that people found contributed to the success of telehealth. Telephone apps were helping facilitate this feature for some people.

Hot doc, yeah. I used Hot Doc and for my own doctors I've got the My Practice App, so then I get my prescriptions through there and anything that I need, and they just make a note and everything so I can see it later on my phone. (Outer urban, focus group)

7.2.4 Accessible information and service contact details

There is varied information available regarding telehealth and virtual care services. Service providers were requested by the people in this study to provide more easily available information about how to access telehealth and virtual care services. Parents and others who had accessed the free government *Health Direct* telehealth service were positive about the service but expressed that not everybody was aware of it and that it should be promoted more through non-digital based means, such as printed promotions in medical and community centres. If the number of providers of telehealth and virtual care services expand over time the importance of clear accessible information and contact details will be increasingly important.

No. I think the very first time, working out who to ring and what to do was quite off putting, because you're used to going to a doctor's and that, but I did have – our GP was advertising the 13 Sick, so I had that on the fridge. Yeah, when you're in that little panic mode of, who do you ring, I do remember that was a bit off putting. (Regional)

7.2.5 Services proactively offering telehealth and virtual care services.

During COVID many services were only available virtually. This increased the availability of telehealth and virtual care created an acceptance of this modality of health care. The majority of research participants were keen to have telehealth and virtual care services into the future

and encouraged health practitioners to proactively offer virtual services where possible. Some research participants changed health providers during the COVID restrictions to access telehealth and have not returned to their old clinics because they wanted to have continued access to virtual appointments. Other people were keen to have access to virtual care and would like their GPs to offer this option.

You actually had to ask your doctor because my doctor never offer me any kind of that service. The only thing I have was in the phone for the prescription and everything, but she never offer me any of that service. So do you actually have to ask your doctor? (Outer urban, focus group)

7.2.6 Practitioners who are comfortable with virtual mediums and have good communication skills.

The skills of individual practitioners in using virtual mediums and their ability to adapt their communication in these mediums was an important feature in the level of success experienced by service users. People valued the ability of practitioners who could switch quicky from one mode of virtual delivery to another, such as switching from a phone call to a video call. There was a sense that some older practitioners struggled with virtual mediums and that younger practitioners where more familiar with the virtual tools.

And look, the GP and the psych are older practitioners. The physio is younger, and they did it differently as well. I think the younger guy was more at ease with doing it this way. Not the older people, like me. (Urban, chronic health conditions)

All of this required multiple, multiple consultations with the Doctor by phone – by videoconference – phone, or yeah, 80% of it was videophone or Facetime. That was good, because he again, I never felt hurried by him, so that really helps in virtual consultations – To not feel like you're holding this person up from their bridge game or something. (Regional)

Absolutely very easy. There was no hassles, no dramas. It was just they'd make an appointment, she would ring me, sometimes she'd ring me an hour later. But she'd send me a text, say, "I'll be a bit late today. (Rural)

7.3 Service user factors

Various individual service user factors helped contribute to the successful use of telehealth and virtual care; access to phones, tablets and/or computers, familiarity with technology and the digital platforms used in video calls, communication skills, and the availability of provide spaces.

7.3.1 Access to up-to-date phones, tablets and/or computers

The majority of the telehealth appointments discussed by research participants were delivered as a voice call on a mobile phone. All of the research participants had access to a mobile or landline telephone. The smart phone was also used to receive video calls although most

people with access to computers or tablets/i-pads used that for the video call appointments. The quality of the interaction in appointments was compromised when technology was inadequate or broken. There was a common concern expressed by many of the participants that not all people in the community would have access to up-to-date technology.

For me, we've got iPhones and on those iPhones, I've got things like Teams, Google and everything so for me, it was easy because the links that they sent were all accessible via the phone, really straightforward via the phone. I suspect there's people out there that have maybe got old Nokia or something where it's a lot harder for them but for us, because it is - because the iPhones are so easy to access these types of systems, I didn't have an issue whatsoever in doing it. (Urban)

Yeah, so I was used to it. But I have a laptop that works and internet that's decent quality and reliable, so those things made it easy. Yeah, I mean I was doing it during the work day, but my work is flexible, so I was able to be at home during those sessions, so I felt comfortable and had privacy. (Rural/Remote)

Yes, so my camera failed on my laptop, at one point. So, she couldn't see me anymore after a few sessions. So, just technology failures. Internet being down that would inhibit any online counselling sessions. Yes, pretty much just the internet and technology issues"… "No, it didn't happen a whole lot. But as I said, when my laptop camera malfunctioned, and it still doesn't work. So, we lost that element where she couldn't see my face. She could only hear me – that's right. We ended up reverting to just phone calls because of that reason, so that even made it harder to get the benefit of the therapy if that makes sense? (Regional)

7.3.2 Familiarity with technology and digital communication platforms

Virtual care was successful when the service user was familiar with the communication technology and digital communication platforms being used by the service provider. The increase in using voice calls during COVID lockdowns via mobile phone apps, and platforms such as Teams and Zoom were spoken about as increasing familiarity with digital communication. Difficulties occurred for some people when the platform used by the health provider differed to the platforms that the service user was familiar with.

Factors like, I mean, being familiar with internet or Zoom calls or normal, these factors made it easy and …No, that's it – I mean, just a little bit that the health system, their video call is different than the Zoom one, so that's the only factor. (Rural)

No. I found it all fairly easy but then we're doing it at work. Because being here and learning to use Zoom. Because that was all new to most of us, I suppose, at that point. And once you got your head around it was all – I didn't have a problem with it, no. (Rural)

No. Like I said, I think it's once you've done it once. That first time you have the call or the first time you do the Zoom, it's all a bit scary, but I think after you've done it once you go 'yeah, this works fine, and I can do this, and this is not a problem'. (Urban)

7.3.3 Communication skills – ability to explain the problem.

The communication skills and confidence of the service user impacted on the success of virtual care. When the research participants felt confident about what they needed to communicate in an appointment they were more satisfied with the virtual medium, this was especially so for routine appointments such as scripts and test results. People also spoke about their ability to effectively use pre-prepared lists in telehealth appointments so as not to forget to ask about concerns they had. When the problem was difficult to discuss for the service user there was a lower sense of satisfaction with the virtual medium and a preference for face-to-face care. Some people spoke about their difficulty of discussing sensitive body parts via the virtual medium.

It's only when things go wrong, I suppose that I find it hard to talk on the phone about things that I don't understand myself. (Regional, 75+ years)

So, both GP and specialist experience were good, and if I every forgot something in the session – Because you write lists, but you never stick to them with a video call – with a phone call, you can look at the lists more readily (Regional)

And especially even too discussing things to do with my bowel and my anatomy with my gastroenterologist which he's very – he's great. He asks me, "What's happening there?" and I go, "I'll wait till next time. Then I'll come to see you." I just – and that delays and delays what you need in terms of treatment as well. And sometimes there are serious issues that can occur with your bowel that need to be attended to quite quickly because things can change quickly with your bowel and become quite serious. Like, blood loss. It's a large surface area, so even if it's not bleeding a lot from one spot, you can be still losing a lot of blood and become very anaemic very quickly. So, yeah, and then saying, "Okay, well, I'm not going to describe that, and I don't feel comfortable over this videochat," then it's like, "Well, I can't see you for six months. (Urban, chronic health conditions)

The importance of the communication skills of the service users was also consistent with findings from a survey of outpatients of NSW Health who had at least one virtual appointment. The study (Bureau of Health Information, 2023) found that patients who spoke a language other than English at home were less likely to rate the virtual care as 'very good' in a follow up survey than people who spoke English at home. Therefore, it is important for service providers to use interpreter services in virtual appointments.

7.3.4 Availability of private spaces

Service users needed to be able to access a private and quiet space for satisfactory telehealth and virtual care. The majority of research participants were able to do this. Working from

home assisted in the ease of accessing private spaces for virtual care for some of the participants. Some service users spoke about using their car for privacy for appointments. Difficulties arose for people living in crowded or small spaces.

I prefer talking over the phone and I like sitting in my car and just talking to her about my things. (Rural, talking about mental health support)

So, mostly my computer at home, but also my phone. Like today I'll be speaking to the psychologist on my phone in my car, so that's super handy. I mean, I have got an office but for privacy reasons I'll sit in my car. (Regional, employee)

Yeah, I mean I was doing it during the workday, but my work is flexible, so I was able to be at home during those sessions, so I felt comfortable and had privacy. (Urban)

Just simple things, like background noise, and unexpected visitors and whatnot, life going on around you whilst you're in a meeting. Also, confidentiality. It's just my son and I here, but it's a small place, so having a counselling session, or a GP session with him in the same area, is, yeah, no privacy. (Regional, carer)

One participant raised her concern about the limitations of telehealth and virtual care for people experiencing domestic violence. As a survivor herself now living in safety she expressed concern about other people who may need to use virtual care while living with a controlling partner who would hover and overhear everything said.

So, taking into account that some people at home have little kids around or other people they can't speak in front of, or if it's for example a domestic violence situation, that person's going to tell a counsellor or a psychologist or a social worker or an OT everything's fine when they've just been pummelled. So, there's major issues with it, and learning there's – I've heard nothing about safety around – like, I live by myself, but I come from a background of domestic violence, so there's been nothing that I've heard about anyone having anything to say if I'm saying, "Someone's listening to me. I feel fine. (Urban)

Discussion

Social inclusion and digital inclusion

One of the understandable concerns with telehealth and virtual care regard access for people who experience digital exclusion. The literature identifies population groups most vulnerable to digital exclusion include older adults, people on low incomes, people with low educational attainment and people with disabilities (Nguyen, 2022). Many of the research participants spoke about digital access for people from the above groups. While the majority of the participants personally didn't have digital access issues, they expressed concern for people they either knew, worked with, or perceived were in the community who would not be able to access the internet or lacked digital skills.

Yeah, but again, I am 30 so my access to technology is a bit more than someone who's in say, their 70s and 80s. (Urban)

So, there are situations where, if you're having online health or support for more than one person, if the technology – well, for anybody, if you can't access the technology. I haven't had any problems with technology myself, accessing apps, but I know that people have had, and then it's really tricky because they end up trying to join my phone and they can't hear it properly (Regional)

If it means this person's forced to buy a mobile phone and learn it, then perhaps they can't afford the ridiculous prices mobile phones are. Well, they fall through the crack, so I would want those things to be thought about. (Regional)

There were people in the study who previously experienced digital exclusion prior to the COVID lockdowns and who are now more digitally included.

Case study of digital and social inclusion from this research

One participant in the research spoke about needing to access multiple telehealth and virtual care appointments for herself and her adult son with a disability. She was provided up to date technology through the Carer Gateway. Her adult son was able to assist her with the technology. She commented on the way this process and the new skills she gained have contributed to her ability to use technology, gain employment, and to increase her social connections.

Luckily, my son, he's 20 and very tech savvy, so he helped me set up all of the Teams, and the Zooms, all of those apps, and how to get onto them, because it was all totally new to me. Without his help, I wouldn't have been able to do it. I don't know how to install an app or - I do now, but I didn't three years ago. (Regional Carer)

I think for people like me, being a carer, it has been absolutely wonderful. It would be great to keep it going. There's many days that I can't leave the house because my son needs me, so to have the option of telehealth is great. I still use it from time to time. Also, it's opened up work for me, because I can do it from home. So, I'm now using Zoom for my professional life. Also, socially. We have family WhatsApp, or family Facetime, that we would never have done before, so it's increased access with family and friends as well. (Regional Carer)

Yeah. My son was doing Year 12 actually, so he had to quickly learn how to do high school online. That was a huge adjustment for both of us. So, it wasn't just healthcare, it was – every aspect of our life was suddenly at home, and online. It was totally bizarre for me, being 55. But all in all, I think it's been fantastic, and it's opened up access to people, such as carers, who are normally very isolated. (Regional Carer)

I only got this laptop - I didn't have one, because I can't afford one, I'm on a carer's pension - I only got it through a government program, through Carer's Gateway. Because I said, 'Look, suddenly my son's doing school online, blah, blah, blah, and all these appointments, I've only got an Android phone.' They said, 'Well, we've got funding for carers to get some tech, so we can buy you a laptop.' My goodness. So, I think more awareness around those programs too, is important. (Regional Carer)

This case study demonstrates various factors that can contribute to the success of attaining digital inclusion for people who experience multiple risk factors. The COVID 19 lockdown provided an environment in which the family was motivated by necessity to gain access to technology and skills in digital communications. This led to comfort and trust in digital mediums, and ongoing usage.

Digital inclusion framework and virtual care

Nyugen (2022) outlines a framework for digital inclusion that includes three consecutive phases or steps that build on each other; digital accessibility, digital literacy, and digital acceptance.

The above case study demonstrates the critical role that was played by government services in the initial phase of digital inclusion by providing access to up-to-date technology. For the family in the case study assistance was provided by the Carer Gateway. The research participant from this case study expressed that there needs to be more public awareness about the types of support that exist for digital inclusion for people who need it. The comments from research participants throughout this study demonstrate a community wide expectation that governments are responsible for assisting people who experience digital exclusion by ensuring digital connectivity and assisting those in need to gain access to the technology where required. The stories provided by research participants also demonstrate the assistance that is being provided by people's own social networks.

The second step of the digital inclusion framework is digital literacy. The carer in this case study was assisted by her adult son to gain some digital literacy skills. This type of hands-on learning and assistance using technology was demonstrated across many of the interviews. Many research participants spoke of helping or being helped by family and loved ones in accessing the technology, setting up connections, calls, downloading apps and making appointments.

A: Yeah, she gets a bit anxious with technology. I'm sure she could but she just prefers to have that support person.
Q: Yeah, that makes sense. Does she have a computer herself at home?
A: No. She uses my laptop, my iPad usually.
Q: Okay, so you provide that and you help her.
A: Yes.
Q: Do you actually attend the appointment with her? Do you sit there with her?
A: Yeah, sometimes I do, sometimes I don't. Just depends if I have - if I'm available or not.
Q: Okay, but when you leave the room, she's still able to keep doing it.
A: Yeah, and I tell her how to cut it off after or leave the meeting room. (First Nations participant talking about helping her mother access video appointments with specialist)

I have to say mum did struggle in her first video chat with the GP because she was trying to do it on her own, didn't expect a video chat, only expected a phone call. But she had trouble enabling her microphone and camera. So, we had to do that for her on the next appointment so that it was all ready to go for future. (Mother is 67 years old)

Yes, because some of the apps they use, I couldn't access them. I had them installed, because I'm not very IT savvy. My ex that I live with, he is and he did it for me. (Urban)

Initially, I had to sit with him to get him started on it……But yeah, we got there in the end. And once he'd done it once, he was fine. I think he was a bit 'how's all this all going to come out?' the first time but, after that, once he'd done it once, he was great. (Talking about helping partner use video appointment with NSW Health specialist)

I even helped my mum too when she needs to make an appointment for her GP, because she has strokes so she don't understand how to do it. I'll do that for her, and I'll give her the appointments and send the text message with her medicine to her phone, take her phone to the chemist and I pick her script up. (Outer urban focus group)

The final step in digital inclusion is 'digital acceptance'. COVID 19 lockdowns created the need to use telehealth and virtual care for many of the participants. This was not something that they had previously been offered however now that it has been experienced for a significant period of time, people expressed not only an acceptance of this virtual mode of care, but an expectation that it should continue to be an option.

I think it's - even if it was necessitated through COVID that it's really a great delivery system paired with face-to-face. And hopefully it won't get phased out because it has a lot of benefits.

Understanding the benefits of virtual care for carers and people with special needs

A significant proportion of the Australian population provide unpaid care for people in their families and close networks. In 2018 over 10% of Australians provided unpaid care for people with disabilities or older people (ABS, 2019). Unpaid caring contributes to the wellbeing of the many people being cared for and substantially relieves the economic and social costs that would otherwise be the responsibility of the wider community. However, being an unpaid carer has been found to be associated with significant costs to the care giver. These are multifaceted and include physical, social, psychological, financial and time costs. Being an unpaid caregiver can have socio-economic implications, by reducing the potential earning capacities of carers (Prinzellner et al, 2023). In addition to the financial costs, caring can increase social isolation and be associated with psychological stress and distress (O'Dwyer et al, 2021). Unpaid caring in Australia is carried out more often by females, with over 12% of the Australian female population providing unpaid care to people with disabilities and older people in 2018. (ABS, 2019). The World Health Organisation suggested that virtual care may have an impact on gender equity by reducing the travel and increasing the access for the many carers who provide assistance for health care access. (WHO, 2019)

Carers in this study expressed the positive impacts that using virtual care has made on their lives. This included significant savings in time and finances. Carers spoke about the time saved by virtual care appointments replacing some of the many appointments they needed to attend. Carers spoke about multiple financial benefits of virtual appointments as they were less disruptive on their employment and also reduced expensive travel. This was especially so for regional and rural carers. The ease of attending appointments virtually also relieved the psychological and emotional toll for people being cared for and therefore this made a significant difference for their carers. Virtual appointments relieved carers from the physical effort of transporting young children with chronic health conditions and disabilities, and people with mobility issues. Some people with disabilities also expressed that virtual appointments assisted them to be more independent and by not requiring their carers to transport them to appointments.

The benefits of telehealth are more pronounced for people who have high care responsibilities. Several of the carers in the study cared for more than one person, including children and partners with disabilities and chronic health conditions as well as aged parents. All First Nations participants in the study cared for multiple people.

There is limited research about caregivers' experiences of virtual care however some studies have been identified. The benefits for carers are consistent with the findings of this research. A survey was conducted with clinicians and caregivers about their use of telehealth appointments for children at Perth Children's Hospital during the COVID 19 pandemic. Response rates highlighted that all care givers and clinicians considered that telehealth was convenient, whereas caregivers were less likely to rate face-to-face appointments as convenient. This survey found that caregivers were supportive of the ongoing use of telehealth. (Manickavasagar, Mace, & Skull, 2022). In a study conducted in rural Iowa, USA, parents of children with developmental disabilities identified that virtual care decreased the stress for their children and increased the success of medical examinations due to the cooperation of the child (Langkamp, McManus & Blakemore, 2015). Research conducted in Toronto Canada interviewed geriatric care professionals. This study found that virtual care provided a more flexible way to accommodate caregivers and families supporting older patients (Chen, Flanagan, Nippak, Nicin, & Sinha, 2022).

Unpaid carers play a critical role in the ongoing healthcare and wellbeing of Australia's population. Any opportunity to ease the care burden from these people needs to be supported. Findings of this study suggest that the use of telehealth and virtual care can contribute to this support.

Understanding social isolation and virtual care

Social isolation is an important factor to consider going forward in relationship to virtual care and telehealth. Many of the research participants who were unfamiliar with technology relied on their family members to help set up appointments in apps and to participate in virtual appointments. Social connectedness and family support is particularly important for virtual care access for some community members, especially people over 65 years and people over 50 years who are unemployed. Social connectedness aids people who lack digital skills and up to date technology to access virtual care. The people most at risk of being excluded from virtual care options are people who are both socially isolated and lack the digital skills and technology.

There is an important role for the community sector to play in identifying and supporting people who are socially isolated and digitally excluded. There were several elderly participants in the focus groups who had never accessed virtual care appointments. Some of these participants expressed that they would appreciate being able to do so however they had not been offered any telehealth or virtual appointments by their medical practitioners. For these people the focus group acted as a medium in which they were introduced to telehealth, and where they could ask questions about how it worked. Through the discussion with other community members there was a growth in the level of interest and acceptance of the virtual mode. The focus group was coordinated in collaboration with a local community service provider that actively supports people who may otherwise experience social isolation. Community organisations can use their existing programs to increase the digital inclusion in simple ways such as providing the opportunity to talk about virtual care options with other

people in the community who use them. Education and promotion in the community via mediums such as radio and television, as well as through printed formats such as community newspapers and brochures may also help increase virtual care and telehealth awareness and acceptance to people who are socially isolated. For virtual services delivered via an audio call awareness may be adequate to create access for socially isolated people, however socially isolated people who lack technology or the digital skills require specific targeted support to access virtual services delivered via video calls. The comment from one of the research participants below reflects their concern for people who are digitally and socially excluded, and the personal and compassionate approach that needs to be used in assisting people with new technologies.

Yeah. It's an unequal society partly, because everybody's different, and that means they have different abilities to cope or do things. So, people who have problems with digital technology, they're behind the eight ball automatically. Then there would be a need therefore, if you actually pretend to care that we're all a society and we should all count – those people should be helped with some system support. I don't know what form – don't ask me, but ideally someone come round dressed as an angel, and they come to the house. And they help you set up the call – stay there through the duration – log off, whatever it is – have a cup of tea with you and leave. (Regional)

Recommendations

Continue and expand virtual care as part of ongoing care options to maximise the benefits

Research participants in this study had a clear message, they requested that virtual care and telehealth continue to be offered as a standard health care option. The flexibility and convenience of virtual access has changed the life of many people and allowed them to access timely healthcare in the safety and comfort of their home or workplace with minimal disruption to their work, study, and caring responsibilities. This has allowed many people greater access to health care that costs them less in time, money, and effort. The benefits of virtual access are even more pertinent for people living in regional, rural and remote areas of NSW, and for those who are carers. Not only did people express their desire for telehealth to continue, but people also suggested that it should be expanded where possible and treated financially in the same as face-to-face appointments in regard to rebates.

To ensure the continuation and expansion of virtual care is equitable the following recommendations are provided.

A. Prioritise equity of access for those most excluded

1 Increase consumer awareness of existing virtual care options

There is variable awareness in the community about existing virtual care options in NSW. Research participants suggested that there needs to be greater promotion of virtual care options including free government services such as Health Direct. Media promotion, posters in doctors and services, and community-based promotions such as workshops and fridge magnets were suggested. Awareness campaigns should be co-developed with healthcare consumers.

2 Invest in targeted programs to overcome digital exclusion

Support and resourcing of digital inclusion is required to ensure maximum access to virtual care. This research highlights the concern that exists in the NSW community for people who experience digital exclusion. Virtual care and telehealth were experienced as being beneficial on multiple fronts. It is a mode of care that is flexible and convenient and accessible to populations in regional, rural and remote areas, and that can increase access for people who live with disabilities. However, there was concern that it is a mode of care that some people in the community would not be able to access due personal lack of technological skills or access to up to date technology and reliable digital connections. There is evidence that many people in this situation are being assisted in practical ways by family and friends to bridge the digital gap. The people most at risk of exclusion from virtual care are people who are both socially isolated and lack digital skills.

There were suggestions made by research participants about various proposals to assist people with access to virtual care. Some of these ideas were to provide public facilities in regional and rural areas, such as public hospitals, RSL clubs, or community centres in which people without access to digital technology for telehealth appointments. Other suggestions included personal home assistance that was similar to the assistance provided by family and friends.

There is an expectation of equity articulated by the research participants. Research participants expressed that the Government was responsible to ensure digital connection was accessible to all, and that people in need are assisted to access equipment and provided with practical assistance to use new technologies. The community and social sector have strong links with people who are socially isolated and are in unique position to play an important role in working alongside people who experience digital exclusion. Ongoing funding should be provided to resource digital inclusion for all NSW residents including access to digital infrastructure, assistance with the provision personal devices for people on low incomes, and access to digital skills development for socially isolated people.

3 Prioritise consumer choice

Prioritise consumer choice, enabling consumers to use virtual care for care appointments that do not require a physical examination, and increasing the availability of video appointments. Virtual care should be one health care option, and a variation if modes should be offered e.g. phone, video, multidisciplinary.

Virtual care should not replace access to the choice for in person care. Current shortfalls within the healthcare system need to be addressed irrespective of the use of virtual care so that people in all regions of NSW are able to access both in person care and virtual care, depending on their personal preferences.

Enabling consumer choice requires a careful review of current access restrictions for virtual care, with special priority given to vulnerable groups who particularly benefit from virtual care such as carers, people with disabilities, people accessing mental health care, and those living outside the capital city.

Support the choice of people to utilise virtual care in conjunction with face-to-face service.

A clear message from research participants in this study is the issue of choice. People were clear that they want virtual modes of care to remain an option but equally they want face-to-face in person care to also continue to be an option. Every person in the study was clear to articulate that there are many circumstances in which virtual care is inappropriate and ineffective. In these situations, in-person care is the best and only option for quality care. Service users requested that they are given the responsibility of making this choice depending

on their personal circumstances and preferences. The combination of virtual care and in person care was expressed to be the best quality of care. In order to maximise choice there is a recommendation to review policy settings and funding approaches to enable consumer choice to use virtual care for all services that do not require a physical examination.

While enabling the continued provision of virtual care options, do not rely on it to hide shortcomings in the healthcare system that need to be resolved.

Rural and remote research participants expressed concern that virtual services may replace local in person services due to the effort and difficulty in staffing remote and rural communities. Whilst the value of virtual care for remote and rural areas is a welcome option there was caution against over relying on virtual services. People in remote, rural and regional communities expressed they also want the choice to have in person care and virtual care.

Review the access restrictions for virtual medical appointments so that virtual appointments are treated the same under the medial benefits scheme as a face-to-face appointment for every medical appointment that does not require a physical examination.

During the COVID-19 pandemic public health orders, there was a necessary increase in the services that were available virtually. Many of the research participants urged that this level of availability should remain long term as a standard option, however restrictions were starting to be introduced. Some people had already experienced a reduction in the health services that were being offered virtually. Restrictions to Medicare rebates affected some people's use of virtual services, for example one regional participants spoke about not being able to receive a Medicare rebate due to the distance she lived from her private medical specialist.

Access restrictions such as needing to have seen the GP in the preceding 12 months were also spoken about by research participants as too limiting and requested that telehealth was treated as a standard appointment unless it required a physical examination. People wanted the flexibility to access doctors and specialists that were not available in their local area and wanted the ongoing safety of being able to access a practitioner without being exposed to COVID-19 or other infectious diseases.

Bulk bill virtual care appointments where medically appropriate

For a period of time many NSW residents benefited from telehealth appointments being bulk billed. Bulk billing doctors were spoken about by people in the study as increasing their access to medical care. People on low incomes in regional and rural areas spoke about how the introduction of fees again to telehealth appointments as a barrier to seeking health care. With cost-of-living challenges people spoke about putting off appointments and not following up with the GP after tests in order to be able to manage their budget.

Research participants spoke about the systemic issues that impact on bulkbilling and expressed a concern for more support to be provided to make sure that doctors and patients were supported to provide health equity and sustainability. Telehealth and virtual care were seen by some as helping to ease the time pressures on doctors while providing a low-cost option for patients.

Continue the use of virtual care for carers, people with disabilities and mental health conditions, and regional/rural/remote.

This study identified certain population groups who have significantly benefitted from the use of telehealth and virtual care. These groups include carers, parents, people with mobility issues, people with mental health conditions and people living outside the capital city in regional, rural and remote areas of NSW. Virtual care has created opportunity for greater health equity and accessibility for these groups of people. Research participants from these population groups were particularly concerned that virtual care and telehealth remain an option that is provided by services and supported by medical rebate systems.

One rural participant discussed the way that Telehealth could be used to transform the way that GP practices worked together to provide a collective medical reach to rural and remote areas that have no GP practices. In this proposed collective model, telehealth would be provided across the region allowing opportunities for health providers to travel to areas that currently have with no services.

B. Invest in the sector's capability and capacity.

1 Invest in upskilling clinicians and health practitioners

Ensure staff and practitioners providing virtual care have the required skills, resources, and capabilities to provide high quality services that meets the needs of all consumers.

Training for practitioners in using telehealth and virtual care.

Practitioners require skills in virtual care communication techniques including how to allow for time for silences and helping service users feel relaxed and not rushed.

Overall, there was a high level of satisfaction with the skills of practitioners using telehealth and virtual care. This was especially so when the person had an already established relationship with the practitioner. There were suggestions about the importance of virtual care training being provided to practitioners to improve the experiences of service users. This recommendation was also raised in a report by Health Consumers NSW (Hallan, Joyne & Nance, 2021). Problems raised by some research participants included feeling rushed in telephone consolations with GPs in particular, the GP giving minimal information, and the practitioner not emphasising with the seriousness of the situation.

Service users expressed that practitioners need training in making space for silence in a telehealth consolation. This was particularly mentioned for when working with Aboriginal and Torres Strait Islander service users, and service users who need time to process information that is highly emotional.

There were also some instances of confusion with scripts. E-scripts were very well received by the vast majority of the research participants. Where problems tended to exist, there was a lack of clarity from some service providers about where the scripts would be sent to. There needs to be clear systems and training in place at the service provider level to improve the experience for all service users. Many of the stories of confusion with scripts were during the COVID lockdowns when systems and training were not in place as quickly as required.

Service users who were happy with the communication in a telehealth consultation mentioned the practitioner taking time to be pleasant and chat, and then asking clarifying questions to gauge the level of comprehension of the patient. These verbal and social skills were seen as even more important in the virtual consolation to make up for the loss of body language and facial expressions. There was also a high level of satisfaction with the communication when practitioners were able to effectively use the digital platform to enhance the consultation, such as screen sharing.

Service providers to use the full benefits of the virtual medium and available digital tools.

Service users expressed that they would like service providers to increase their use of video calls for GP appointments and for service providers to use other digital communication techniques that are available in video calls and through digital platforms. Many people are now regularly using video calls in employment, study, socially and with family. People are aware of the various techniques that these platforms have to enhance communication and provide a record of discussions. Due to this familiarity many research participants recommended that service providers broaden their use of these techniques. Digital communication techniques that were recommended by research participants included screen sharing, provision of recording of the session, use of auto-captions and opportunities for service users to take and record notes from the session. The recommendation to include more features in virtual appointments from the participants in this study was also consistent with recommendations made by a report conducted by NSW Health Consumers (Hallan, Joyne & Nance, 2021).

The majority of research participants (85%) had accessed GPs through telehealth, and this was predominately conducted via an audio telephone call. Some participants would like to see their GP offer video calls. It was appreciated that this was not happening due to the accessibility of phone calls for everybody, and the time constraints experienced by GPs.

The use of auto-captions on video call was recommended for people who struggle with hearing or speak a language other than English at home. The aid of text was seen as a valuable tool that service users could use to check they had heard the service providers correctly. In addition to auto-captioning, research participants gave example of how screen

sharing, and the drawing tool had been used by her psychologist to enhance their therapy. The visuals were then sent to the service user at the end of the session and able to be used. Another research participant explained the way their financial counsellor had recorded the session and then sent the recording to the service user to assist with changes that they were making. Research participants also imagined features that could be added to enhance their health care experiences. One suggestion was made by a carer who attended many appointments for their child with a chronic health issue. She suggested the addition of a space for the service user to take notes and a record of the outcomes of the appointment was suggested. Other participants requested a clear message system to clarify how and where scripts would be sent after the consultation.

2 Invest in the community sectors capability and capacity.

The community sector plays a pivotal role in building social connections and digital inclusion. Investment is required in the community services, so they have the capacity to better support vulnerable and disadvantaged communities to access virtual care. This requires investment in staff capacity building and digital infrastructure. Many community services are using virtual modes of service delivery to provide care and social support. For service providers to deliver high quality virtual care services, ongoing training and development of staff needs to be funded at a sufficient level to provide the full use of the virtual medium and the specific communication skills required.

3 Partner with local, place-based organisations.

Locally based organisations such as neighbourhood and community centres are in a unique position to identify the most vulnerable and excluded households and individuals. These place-based organisations play a vital role in connecting people with services and other community members. It is recommended that health and other service providers delivering virtual care partner with local, place-based organisations to ensure equity of access and targeted support for those who may otherwise be excluded.

Reference documents

Australian Bureau of Statistics (2019). Disability, Ageing and Carers, Australia: Summary of Findings. Retrieved from https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release

Australian Government Department of Health and Age Care. (June 2023). *Continuing MBS Telehealth Services Factsheet.* Retrieved from http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/38CA335B16BB8661CA25897300829588/$File/PDF%20-%20Factsheet%20GP%20and%20OMP%20Telehealth%2022%20June%202023.pdf

Bureau of Health Information. (2023). *Patients' experiences of virtual care in 2022*. State Health Publication Number: (BHI)230494. Retrieved from https://www.bhi.nsw.gov.au/__data/assets/pdf_file/0006/897414/BHI_Insights_Virtual_Care_2022.pdf

Caffery, L., Bradford, N, Wickramasinghe, S., Hayman, N., Smith, A. (2017). Outcomes of using telehealth for the provision of healthcare to Aboriginal and Torres Strait Islander people: a systematic review. *Aust NZ J Public Health.* 2017; 41:48-53; doi: 10.1111/1753-6405.12600

Chen, W., Flanagan, A., Nippak, P.M.D., Nicin, M., Sinha, S.K. (2022). Understanding the Experience of Geriatric Care Professionals in Using Telemedicine to Care for Older Patients in Response to the COVID-19 Pandemic: Mixed Methods Study *JMIR Aging* 5(3):e34952 URL: https://aging.jmir.org/2022/3/e34952 doi: 10.2196/34952 PMID: 35830331

Hawley, C., Genovese, N., Owsiany, M., Triantafylidis, L., Moo, L., Linsky, A., Jennifer L., Sullivan, J., Paik, J. (2020). Rapid Integration of Home Telehealth Visits Amidst COVID-19: What Do Older Adults Need to Succeed*? J Am Geriatr Soc*. 2020 November ; 68(11): 2431–2439. doi:10.1111/jgs.16845.

Hallan, L., Joyne, S., Nance, J. (2021). *Navigating Telehealth: The Patients perspective*. Health Consumers NSW. Retrieved from https://www.hcnsw.org.au/wp-content/uploads/2022/08/navigating-telehealth-report.pdf

Isautier, J.M., Copp, T., Ayre, J., Cvejic, E., Meyerowitz-Katz, G., Batcup, C., Bonner, C., Dodd, R., Nickel, B., Pickles, K., & Corneii, S. (2020). Lessons from the COVID-19 pandemic: People's experiences and satisfaction with telehealth during the COVID-19

pandemic in Australia. *Journal of Medical Internet Research*, 2020, Dec 22(12): e24531. doi: 10.2196/24531

Langkamp, D., McManus, M., & Blakemore, S. (2015) Telemedicine for Children with Developmental Disabilities: A More Effective Clinical Process Than Office-Based Care. *Telemedicine & e-HEALTH,* 21(2), 110-114. DOI: 10.1089/tmj.2013.0379

Manickavasagar, V., Mace, A., Skull, S. (2022). Clinician and caregiver experience of telehealth during COVID-19 pandemic supports future use. *Journal of Paediatrics and Child Health,* 58, 211-213.

Nguyen, A., (2022). Digital Inclusion: Social inclusion in the digital age. In P. Liamputtong (Ed.), *Handbook of Social Inclusion* (pp. 265-279). Springer Nature Switzerland. https://doi.org/10.1007/978-3-030-89594-5_14

NSW Health. (2021). *NSW Virtual Care Strategy 2021-2026.* Retrieved from https://www.health.nsw.gov.au/virtualcare/Publications/nsw-health-virtual-care-strategy-feb-2022.pdf

O'Dwyer, S., Janssens, A., Sansom, A., Biddle, L., Mars, B., Slater, T., Moran, P., Stallard, P., Melluish, J., Reakes, L., Walker, A., Andrewartha, C., Hastings, R. (2021) Suicidality in family caregivers of people with long-term illnesses and disabilities: A scoping review. *Comprehensive Psychiatry (110)* https://doi.org/10.1016/j.comppsych.2021.152261.

Prinzellner, Y., Simon, A., Drachmann, D., Ghanem, M., Münter, L. and Yghemonos, S. (2023) Care–life balance: a new normal for men too?, International Journal of Care and Caring, 7(3): 563–569, DOI: 10.1332/239788221X16789016484824

World Health Organisation. (2019). *WHO guideline: recommendations on digital interventions for health systems strengthening*. Retrieved at https://www.who.int/publications/i/item/9789241550505

Helpful links

https://aci.health.nsw.gov.au/__data/assets/pdf_file/0020/651206/virtual-care-embedding-safety-in-practice.pdf

https://aci.health.nsw.gov.au/statewide-programs/virtual-care

https://www.bhi.nsw.gov.au/nsw_patient_survey_program/virtual-care-survey

https://www.health.nsw.gov.au/virtualcare/Publications/nsw-health-virtual-care-strategy-feb-2022.pdf

https://www.hcnsw.org.au/wp-content/uploads/2022/08/navigating-telehealth-report.pdf

https://www.bhi.nsw.gov.au/__data/assets/pdf_file/0006/897414/BHI_Insights_Virtual_Care_2022.pdf

Appendices

Interview and focus group questions

Interview Questions

1. You have indicated that you have had experience with virtual care services / accessing e-health online. Can you talk about your experience/s with me?
a. Further specific questions related to their experience, for example, use
2. What services did you access on there?
3. How did you find the sessions?
a. What were they good for, what were they not good for?
4. What device did you access it on?
5. How did you navigate access?
a. Did you require help?
b. Could you do it yourself?
6. Were there any factors that made it easier or harder?
7. What did you like about it?
8. What didn't you like about it?
9. Overall, would you say it was a positive or negative experience?
10. What were the benefits?
11. What were the challenges?
12. How could it be improved?
13. How did the experience impact your financially?
14. Did you experience any technical difficulties?
15. Do you prefer face to face or telehealth? Can you please explain why
16. How satisfied were you with the communication on telehealth?
17. How engaged were you?
18. If applicable, how did you navigate any necessary physical examinations?

Questions for focus groups

After an introduction, explanation, and summary of the research, as well as an invitation for any questions to the participants, the researcher will initiate a conversation about experiences. For example, " You have indicated you have had experience accessing virtual care, let's talk about how you found it.

The researcher will begin the discussion and guide it, but let the participants lead the conversation. Possible guiding discussion matters will include:

1. What are positive aspects of ehealth services?
2. What the negative ones?
3. What are your barriers?
4. Who is it beneficial for?
5. What were some limitations?
6. If you needed support, what kind of support did you need?
7. Is there anything that would help your access and use of the platform?

Recruitment poster

Have you had experience accessing virtual care/telehealth in the last 2 years?

The University of Sydney's Neighbourhood Research Hub is inviting people who are 18 years old and over and who have had an experience/s with telehealth services, to be interviewed for a study which looks at:

The lived experiences of virtual care
since the onset of the COVID 19 pandemic in Australia.

The purpose of this project is to better understand the use of and access to telehealth and virtual care services. The research seeks to document people's experience of telehealth and virtual care services (not the purpose of the services).
You are invited to an interview or focus group via phone, zoom or face to face at a location near you.

If you are interested in partaking in the study, **please contact:**

The study is funded by the NSW Council of Social Service NCOSS.
This study is being conducted with the University of Sydney's Human Research Ethics Committee's approval, research protocol 2022/495
Ethics Administration, University of Sydney:
Telephone: +61 2 8627 8176 **Email:** human.ethics@sydney.edu.au **Fax:** +61 2 8627 8177 (Facsimile)