

SM Table 1. The percentage of appointment types being conducted using VC for each AHP.

	Dietitian	SLT	Physiotherapist	Occupational Therapist	Psychologist	Podiatrist & Chiropodist	Art Therapist	Music Therapist	Drama Therapist	Orthotist & Prosthetist
Advice	22.9	6.4	6.8	10.1	4.9	7.4	10.8	8.3	0.00	5.6
Feedback/Outcomes	0	0.3	0	0.3	0.2	0	0	8.3	0.00	0
Final Appointment	1.6	0.1	2.8	2.5	1.4	1.1	0	8.3	0.00	0
First Appointment	30.7	10.6	31.5	23.2	18.9	61.6	21.6	8.3	0.00	44.4
Follow-up	28.2	30.7	7.3	13.7	6.8	6.1	5.4	0	0.00	13.9
Other	8.2	2.3	0.2	2.9	1.3	0	18.9	0	0.00	0
Review	7.3	14	12.1	9.9	10.5	20.7	2.7	33.3	40	25
Therapy/Treatment	1.1	35.6	39.2	37.3	55.8	3.1	40.5	33.3	60	11.1
Total Responses	931	2391	6107	1085	1387	541	37	12	5	36

SM Table 2. The percentage of responses for the quality ratings given to VC, on a scale of 1 (Poor) to 5 (Excellent), for each AHP.

	Dietitian	SLT	Physiotherapist	Occupational Therapist	Psychologist	Podiatrist & Chiropodist	Art Therapist	Music Therapist	Orthotist & Prosthetist
Total Sample									
Excellent	50.7	26.3	51.8	41.7	41.9	44.1	8.1	58.3	51.4
Very Good	24.2	26.0	29.0	28.6	25.3	27.4	37.8	0.0	29.7
Good	13.7	21.0	10.4	13.2	16.7	11.9	40.5	33.3	16.2
Okay	7.2	16.1	4.9	8.8	9.3	6.7	8.1	8.3	2.7
Poor	4.2	10.6	3.9	7.7	6.7	10.0	5.4	0.0	0.0
Total Responses	934	3606	6079	1079	1393	540	37	12	37
Clinician									
Excellent	34.9	12.4	23.1	23.7	28.7	27.3	4.2	40.0	53.3
Very Good	19.7	24.4	31.4	31.0	21.5	18.6	29.2	0.0	26.7
Good	19.3	26.5	19.5	17.6	22.0	16.8	50.0	60.0	20.0
Okay	15.6	22.1	14.2	14.0	14.6	18.6	12.5	0.0	0.0
Poor	10.6	14.6	11.8	13.8	13.2	18.6	4.2	0.0	0.0
Total Responses	218	2384	1094	494	522	161	24	5	15
Patient									
Excellent	55.6	53.4	58.1	56.9	49.7	51.2	15.4	71.4	50.0
Very Good	25.6	29.1	28.4	26.7	27.2	31.1	53.8	14.3	31.8
Good	12.0	10.4	8.4	9.4	13.5	9.8	23.1	14.3	13.6
Okay	4.6	4.3	2.9	4.4	6.2	1.6	0.0	0.0	4.5
Poor	2.2	2.7	2.2	2.6	2.9	6.3	7.7	0.0	0.0
Total Responses	716	1222	4985	585	871	379	13	7	22



## Topic Guide for Interview Evaluation

1. **Type of Service/Type of clinician (speaking to):**
2. **Opening Question – get a feel of how they feel about VC.**

**Ask – how do you find VC – do you like it?**

**Overall rating/experience VC – for you & your service**

3. **What works for VC?** (technically, clinical conditions or patients demographics, geographic area and so on)  
What doesn't work for VC?
4. **Benefits & Challenges of VC**

Probe for DNA rates – increase/decrease, probe for type of travel expenses clinicians would usually claim, probe for biggest benefit for patients and so on.

5. As we come out of Wave 1 and enter Wave 2

**How has your VC experience been, and how has it improved (or not)?**

(Probe here if it's being used more or less in this time)

6. **What is VC being used for?**

**How often?**

**Approx. number & types of clinicians using VC? (Probe: who's NOT using it, why?) Approx. number of & types of patients using VC?**

**Duration of VC, TC, F2F (e.g., how much of each approx. is being used) Is VC offered as a patient choice or a service choice?**

7. **How is VC set up in your service?**

- - Process of booking, who does it, how it's done? (e.g., by admin or clinician)
- - Is VC implemented in their systems - Can they book a VC straight from the system – or

is it still manual

- - On a measure delivering VC - in terms of ad hoc (at 1) to routine practice (at 10) –

where is your service currently sitting?

-

8. **Do you see yourselves / and your service using VC in the long-term future?**

What will your service look like in the future – regarding VC & its place (approx. amount of long-term VCs do you see happening?)

How do **clinicians, admin and management teams feel about VC** – do they all to use it? Who is the most/least set-up or keen?

**How do you feel about VC?**

- - Workload (increased, decreased)
- - Overall wellbeing of self & colleagues
- - Burnout/VC Fatigue? Other

9. What **additional support** do you/does your service need? What else would make VC better?

*Point to TEC website and resources if unknown*

**10. Memorable stories/moments/cases.**

**SM: Clinician Survey**

**Clinician Survey (Phase 2)**

**Please complete this survey regularly & in full to provide feedback to your service.**

1. Please rate the quality of your video consultation? *Rhowch sgôr i'nsawdd eich galwad fideo?*

Poor <i>Gwael</i>	Okay <i>Iawn</i>	Good <i>Da</i>	Very Good <i>Da iawn</i>	Excellent <i>Ardderchog</i>
★	★	★	★	★

Comments?

2. Please provide a short description or case study example of your most recent video consultation e.g., an overview of the patient type, condition, VC experience, outcomes

*Darparu'ch ddisgrifiad byr/ astudiaeth achos byr o'ch ymgynghoriad fideo diweddaraf e.e., y math, cyflwr, profiad, VC a chanlyniadau'r claf.*

Patient/Condition  
*Claf/Cyflwr*

Outcomes/Experience  
*Canlyniadau/Profiad*

3. What is your profession & speciality? *Beth yw eich proffesiwn ac arbenigedd?*

**Please only enter 'other' if your profession/speciality is not on the list.**

Profession <i>Proffesiwn</i>	Speciality <i>Arbenigedd</i>
Profession & Speciality <i>Proffesiwn &amp; Arbenigedd</i>	

Other (please specify)

4. What do you consider was the primary activity of this video consultation?  
*Beth oedd y prif weithgaredd yn yr ymgynghoriad fideo?*

<input type="radio"/> First Appointment <i>apwyntiad cyntaf</i>	<input type="radio"/> Advice & Support <i>cynsoga a chymorth</i>
<input type="radio"/> Follow-up <i>dilyniant</i>	<input type="radio"/> Feedback/Outcomes/Results <i>adburnw/ alltwrv/ canlyniadau</i>
<input type="radio"/> Review <i>adolygiad</i>	<input type="radio"/> Discharge <i>rhwyddhad</i>
<input type="radio"/> Therapy Session <i>sesiwn therapi</i>	
<input type="radio"/> Other (please specify)	

5. Did you experience any issues or difficulties with your video consultation today? A wnaethoch chi brofi unrhyw broblemau neu anawsterau gyda'ch ymgynghoriad fideo heddiw?

	Very relevant	Relevant	Quite relevant	Not relevant	Not at all relevant	N/A
Issues with a device Mynediad at ddyllau	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues with internet connection Cysylltedd gwael â'r rhyngwlad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues with video/picture Problemau gyda fideo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues with audio/sound Problemau gyda sain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues on the patients side e.g., their device, Internet or lack of confidence using video Problemau gydag ochr y claf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lack the confidence using video consultation Diffyg hyder wrth ddefnyddio gwasadai fideo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not suitable for clinical needs Ddim yn briodol neu'n addas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer face to face or telephone Mae'n well gen i wyned yn wyned neu dros y ffôn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The patient prefers face to face or telephone Mae'r claf yn cytuno wyned yn wyned neu dros y ffôn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

6. What do you consider to be the benefits of your work or your service of using video consultation today? Beth yn eich barn chi yw buddion eich gwaith neu'ch gwasanaeth o ddefnyddio ymgynghoriad fideo heddiw?

	Very beneficial Buddiol iawn	Beneficial Buddiol	Quite beneficial Eithaf Buddiol	Not beneficial Dim yn Buddiol	Not at all beneficial Dim yn Buddiol o gwbl	N/A
More efficient use of clinical time & space Defnyddi rwy effeithlon o amser a lle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saved travel & parking Arbed teithio a pharco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saved the environment e.g., less paper waste, co2 emissions Arbed yr amgylchedd ac atfawn co2 a phapur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to care for patient Gwefis rymeddiad i ofal am y daf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced waiting times for patient Lleihadu amseroedd iros i'r daf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced likelihood of a DNA Lleihadu'r siawns o DNA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved family involvement & support for patient Gwefis cymorth a chytanegiad i'r daf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lowered rates of infection risk Lleihadu'r gyfradd heintiad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<div></div>					



## 7. Do you think that this consultation...

Ydych chi'n meddwl bod yr ymgynghoriad hwn ...

- ☐ Prevented the need for a face-to-face (F2F) consultation  
Csgol'i angen am wyneb i wyneb
- ☐ Enhanced the clinical session by providing visual (delayed need for F2F). Wedi gwella'r sesiwn clinigol gan ychwanegu elfen weledol
- ☐ Both y ddau
- ☐ Neither (needed to do a face-to-face consultation) ychwaith
- ☐ Unable to say Medda dweud

Other (please specify)

8. Which Health Board Region are you in? ☐ ba Ranbarth Bwrdd Iechyd ydych chi'n dod?

- ☐ Aneurin Bevan University Health Board
- ☐ Betsi Cadwaladr University Health Board
- ☐ Cardiff & Vale University Health Board
- ☐ Cwm Taf Morgannwg University Health Board
- ☐ Hywel Dda University Health Board
- ☐ Powys Teaching Health Board
- ☐ Swansea Bay University Health Board
- ☐ Velindre Cancer Centre

## 9. What is your local area/authority? Beth yw eich ardal / awdurdod lleol?

Refer to the workplace or remote (e.g., home) working place that you are working from today.

Local Area & Type	Local Area/Authority	Type of Area
	<input type="text"/>	<input type="text"/>

Other (please specify)

## 10. Any other comments, questions or concerns?

Unrhyw sylwadau, cwestiynau neu bryderon eraill?

For example, is there additional support you may need? Or could anything be improved with the platform?

11. Please tick the box if this consultation was with a **care home or nursing home** Marciwch y bocs os oedd yr ymgynghoriad hwn gyda chartref nyrsio neu ofal.☐ Yes

SM: Patient Survey

Please tell us how your video consultation went today

Dywedwch wrthym sut aeth eich ymgynghoriad fid

For data protection purposes, please do not enter any personal details on this form such as your name, or other people's names. Er mwyn diogelu data, peidiwch â mewnbynnu unrhyw fanylion fel eich enw neu enwau pobl arall ar y ffurflen hon.

PLEASE NOTE: If you are using a small device e.g., a phone - please ensure you complete all questions (to the right of the screen) as you may not be able to see them all on your screen.

1. Please rate the quality of your video consultation Rhowch sgôr i ansawdd eich galwad fideo

Poor Gwael	Okay Iawn	Good Da	Very Good Da iawn	Excellent Ardderchog
★	★	★	★	★

Any comments?  
e.g., what worked well, or not so well?

Unrhyw sylwadau?

2. What device did you use for your video consultation today? Pa ddyfais wnaethoch chi ei defnyddio?

Type of phone Math ffon	Type of tablet/iPad Math tabléd	Type of laptop Math clyniadur	Type of computer Math cyfrifiadur
Type of device Math dyfais			

Other (please specify)

3. Did you experience any difficulties with your video consultation today? Gwelwch chi unrhyw anawsterau gydag eich ymgynghoriad fideo heddiw?

	A lot /lawer	Some Rhywfaint	A little Ychydig	Not at all Dim	N/A
<b>Difficulties with a device</b> Anawsterau Gyda dylais	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Difficulties with Internet connection</b> Anawsterau gyda chysylltiad rhyngwrwyd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Difficulties with video/picture</b> Anawsterau gyda llun/fideo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Difficulties with audio/sound</b> Anawsterau gyda sain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Difficulties with privacy or a safe space</b> Anawsterau gyda dogelwch neu pbeifatwrydd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Lack of confidence using video calls</b> Diffyg hyder gyda delnydd fideo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Not suitable for clinical needs</b> Anaddas am anghenion clinigol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Prefer face to face or telephone</b> Mae'n well gen i wyneb yn wyneb neu dros y ffôn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How did your video consultation benefit you today? Sut aeth yr ymgynghoriad fideo buddio chi heddiw?

	Very beneficial Buddiol iawn	Beneficial Buddiol	Quite beneficial Eithaf Buddiol	Not beneficial Dim yn Buddies	Not at all beneficial Dim yn Buddiol o gwbl	N/A
Saved time & preparation Arbed Amser a Pharatol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saved travel & parking Arbed teithio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saved the environment & co2 emissions Arbed yr amgylchedd ac allbwn co2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saved taking time off school, work or other commitments Arbed amser o waith, ysgol neu ymrwymadau	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saved money e.g., childcare, travel Arbed arian am ofal plant/ teithio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to care & waiting times Gwellu mynediad i ofal ac amser aros	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved convenience e.g., staying at home Gwellu hwylustod e.e. aros adref	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved family involvement & support Gwellu cyfranogiad a chymorth teulu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lowered rates of infection risk Lleihau cyfraddau haint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lowered stress and anxiety Lleihau straen a phryder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How many times have you used video for a health or social care consultation, and would you use it again? Sawl gwaith ydych chi wedi defnyddio fideo am ymgynghoriad iechyd neu ofal iechyd, a byddwch chi'n defnyddio eto?

	How many times have you used a video consultation? Sawl gwaith ydych chi wedi ei defnyddio?	Would you like to use video consultation again? Byddwch chi'n ei defnyddio eto?
Video Consultation Use Defnyddio fideo	<input type="text"/>	<input type="text"/>

6. What was your video consultation related to today? Beth oedd eich ymgynghoriad fideo yn ynghylch heddiw?

- |   |   |
|---|---|
| <input type="radio"/> First time appointment<br>Awyntiad gyntaf                           | <input type="radio"/> Advice & support<br>Cymorth neu gyngor                      |
| <input type="radio"/> Review of my health and/or results<br>Adolygiad iechyd/ canlyniadau | <input type="radio"/> Final appointment & discharge<br>Apwyntiad olaf neu ryddhad |
| <input type="radio"/> Therapy or treatment session<br>Therapi neu sesiwn triniaeth        |   |

Other (please specify)

7. Do you feel that this video consultation prevented you needing a face-to-face appointment?

(In other words, did you need to attend in-person after this video for this appointment needs only)

Wnaeth yr ymgynghoriad fideo osgoi'r angen i'r claf gael apwyntiad wyneb i wyneb?

- ☐ Yes Ie
- ☐ No na
- ☐ I don't know ansicr

Please describe this in more detail if you wish:  
Disgrifiwch yn fanylder os hoffwch

8. For your video consultation today, what type of healthcare speciality and professional did you see? Am eich ymgynghoriad fideo heddiw, pa fath o arbenigwr a phroffesiwn gwelwch chi?

	Health Condition Speciality Arbenigrwydd cyflwr iechyd	Professional Proffesiwn
Speciality & Professional Arbenigwr a Phroffesiwn	<input type="text"/>	<input type="text"/>

Please state the health-related reason for your video consultation today?

9. Whose choice was it to have a video consultation today? Dewis pwy oedd cael ymgynghoriad fideo heddiw?

- ☐ I (the patient/or family) was given the choice of consultation, and I opted for a video consultation  
Derbynialis i, y claf, y dewis i dderbyn ymgynghoriad fideo, ac fe dywysais i.
- ☐ I was informed by my service that my consultation would be via video  
Cefais wybod bydd yr ymgynghoriad trwy fideo.
- ☐ Video consultation is the only option available  
Roedd ymgynghoriad fideo yn yr unig opsiwn
- ☐ I don't know  
Ansicr

Other (please specify)

10. How long would it typically take you to travel from your home to your consultation? (one way) Pa mor hir fyddai hi'n cymryd i chi deithio i'ch apwyntiad fel arfer?

Hours/Minutes  
Horau/ munudau

Miles (if known)  
Milliroedd (os yw'n hysbys)

11. Which Health Board Region are you in? O ba Ranbarth Bwrdd Iechyd ydych chi'n dod?

- ☐ Aneurin Bevan University Health Board
- ☐ Hywel Dda University Health Board
- ☐ Betsi Cadwaladr University Health Board
- ☐ Powys Teaching Health Board
- ☐ Cardiff & Vale University Health Board
- ☐ Swansea Bay University Health Board
- ☐ Cwm Taf Morgannwg University Health Board
- ☐ Velindre Cancer Centre

12. What is your local area/authority? Beth yw eich ardal / awdurdod lleol?

Local Area / Authority

Type of Area

Local Area & Type

Other (please specify)

13. How would the patient describe themselves? Sut yw'r claf yn disgrifio ei hun?

	Age Oed	Gender Rhyw	Ethnicity Ethnigrwydd	Household Income Incwm cartref	Dis Ans
Demographics Demograffeg					