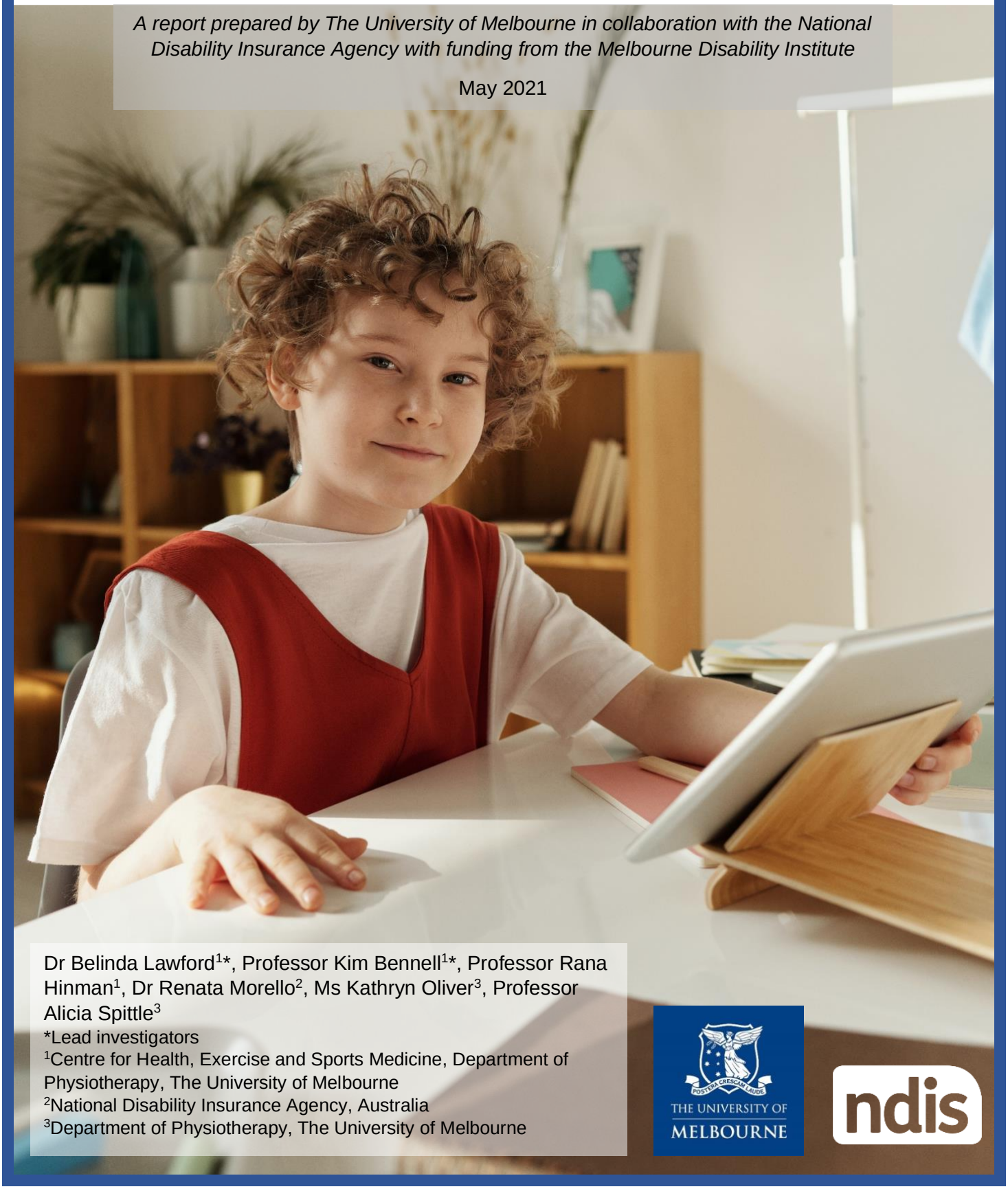
Participant Experiences with National Disability Insurance Scheme Funded Allied Healthcare Services During COVID-19

A report prepared by The University of Melbourne in collaboration with the National Disability Insurance Agency with funding from the Melbourne Disability Institute

May 2021



Dr Belinda Lawford[1]*, Professor Kim Bennell[1]*, Professor Rana Hinman[1], Dr Renata Morello[2], Ms Kathryn Oliver[3], Professor Alicia Spittle[3]

*Lead investigators

[1]Centre for Health, Exercise and Sports Medicine, Department of Physiotherapy, The University of Melbourne

[2]National Disability Insurance Agency, Australia

[3]Department of Physiotherapy, The University of Melbourne

THE UNIVERSITY OF MELBOURNE

ndis

Suggested citation

Lawford BJ, Bennell KL, Hinman RS, Morello R, Oliver K, Spittle A. Participant Experiences with National Disability Insurance Scheme Funded Allied Healthcare Services During COVID-19. A report prepared by The University of Melbourne in collaboration with the National Disability Insurance Agency with funding from the Melbourne Disability Institute. May 2021. Melbourne, Australia.

Enquiries about this publication should be addressed to:

National Disability Insurance Agency
Email: research@ndis.gov.au

or

The University of Melbourne, Centre for Health, Exercise and Sports Medicine
Level 7, Alan Gilbert Building
161 Barry Street
The University of Melbourne, 3010
Email: belinda.lawford@unimelb.edu.au

Contents

Acknowledgements

This research was supported by funding from the Melbourne Disability Institute.

Professor Kim Bennell, Professor Rana Hinman and Professor Alicia Spittle are supported by National Health and Medical Research Council Fellowships.

The authors gratefully acknowledge Professor Christine Imms, Professor Bruce Bonyhady, Professor Robin Daly, Professor Louise Harms, Associate Professor Karyn Galvin, Professor Adam Vogel, Dr Sarah Knight, and Dr Katrina Campbell for their advice and assistance.

The authors gratefully acknowledge the NDIS participants, carers, and family member who participated and shared their experiences.

Abbreviations

NDIA: National Disability Insurance Agency

NDIS: National Disability Insurance Scheme

Key points

The aim of this study was to investigate, via an online survey, the experiences of NDIS participants, or their parents/carers, when accessing NDIS funded allied healthcare support during the COVID-19 pandemic.

2,391 people completed the survey:

- 52% were female
- 29% were aged 0-18 years, 67% were aged 19-64 years, and 4% were aged 65+ years
- all states and territories of Australia were represented

1,672 respondents (70%) had funded allied healthcare support from an audiologist, continence nurse, dietitian, exercise physiologist, occupational therapist, physiotherapist, psychologist, or speech pathologist in 2020. Most (77%) had support from more than one of those professions.

During the COVID-19 pandemic, 953 (57%) continued services in-person for at least one allied healthcare support. 473 participants (28%) had their services cancelled for at least one allied healthcare support (due to lock down restrictions and providers cancelling services or because the participant was unwilling/unable to transition to remote delivery). 1,054 (63%) transitioned to remote delivery for at least one allied healthcare support (of which 66% were via video and 34% were via telephone).

Of those who had allied healthcare consultations remotely delivered:

- 66% were happy with the privacy/security of the consultation
- 54% found the technology easy to use and felt comfortable communicating during the consultation
- 75% felt safe during the consultation
- 59% believed the care they received was effective and were happy with the management they received during the consultation
- 12% believed remotely delivered consultations were better than being in-person
- 32% indicated they were likely to choose to use such services after the pandemic

Advantages of remotely delivered consultations included convenience, accessibility, and reduced waiting time.

Disadvantages of remotely delivered consultations included lack of physical contact, difficulty communicating, and lack of visual contact.

There were no differences in participant experiences with telephone or video delivered services.

Participant experiences with remotely delivered consultations did not differ according to age, disability, geographical remoteness, or language spoken at home.

In conclusion, survey findings suggest that respondents had positive experiences using remotely delivered services during the COVID-19 pandemic. One-third of respondents would be interested in using such services in the future.

Executive summary

In 2020, the COVID-19 pandemic had a considerable impact on the delivery of healthcare across Australia. Many NDIS-funded supports (including consultations with allied healthcare professions) transitioned to remote service delivery via telephone and via video over the internet.

The University of Melbourne, in collaboration with the National Disability Insurance Agency, conducted a survey that aimed to investigate the experiences of NDIS participants, or their parents/carers, when accessing NDIS funded allied healthcare supports during the COVID-19 pandemic.

Methods

NDIS participants or family members/carers were invited to complete an online survey about their:

- Experiences accessing NDIS-funded allied healthcare supports during the pandemic
- Experiences with remotely delivered consultations and group classes

The survey opened 25th June 2020 and closed 31st August 2020.

Characteristics of surveyed NDIS participants

2,391 people completed the survey, of whom 59% were family members or carers completing the survey on behalf of an NDIS participant.

- 52% of surveyed participants were female
- All states and territories of Australia were represented
- 29% of surveyed participants were aged 0-18 years, 67% aged 19-64 years, and 4% aged 65+ years
- A range of disabilities were represented, including 28% autism, 11% intellectual disability, and 8% psychosocial disability
- 84% of surveyed participants with others
- 95% of surveyed participants English at home

NDIS-funded supports during COVID-19

In 2020, 1,672 surveyed participants (70%) had funded allied healthcare support for:

- occupational therapy (22%)
- psychology (14%)
- speech pathology (14%)
- physiotherapy (14%)
- exercise physiology (7%)
- dietetics (4%)
- continence nursing (2%)
- audiology (1%)

1,282 of those surveyed participants (77%) had funded allied healthcare support from two or more allied healthcare professions.

During the COVID-19 pandemic, 953 (57%) continued services in-person for at least one allied healthcare support. 473 participants (28%) had their services cancelled for at least one allied healthcare support (due to lock down restrictions and providers cancelling services or because the participant was unwilling/unable to transition to remote delivery). 1,054 (63%) transitioned to remote delivery for at least one allied healthcare support (of which 66% were via video and 34% were via telephone).

For each allied healthcare support that was cancelled (n=572):

- 57% reported worse stress/anxiety since the cancellation
- 39% were coping poorly, compared to before the cancellation
- 59% reported worse health since the cancellation

For each allied healthcare support that continued (n=2,258):

- 43% had consultations at the same frequency as before the pandemic
- 35% had fewer consultations than before the pandemic
- 15% had more consultations than before the pandemic

Experiences with allied healthcare consultations via telephone (n=503)

Most had positive experiences with the security and safety of telephone consultations:

- 63% were happy with the privacy/security (30% were neutral)
- 71% felt safe during the consultation (23% were neutral)
- 47% felt safe doing prescribed activities 24% were neutral)

Most had positive experiences using the technology during the consultation:

- 55% found the technology easy to use (24% were neutral)
- 55% felt comfortable communicating via telephone 19% were neutral)

Most had positive experiences with the care they received during the consultation:

- 62% were happy with the management they received (26% were neutral)
- 52% believed the care they received was effective (28% were neutral)

Some intended to use telephone consultations in the future:

- 31% were likely to choose to use telephone delivered services after the pandemic (15% were neutral)
- 11% believed it was better than in-person consultations (41% were neutral)

The most commonly identified advantages of telephone delivered consultations included convenience (26%), accessibility (15%), and reduced waiting time (14%).

The most commonly identified disadvantages of telephone delivered consultations included lack of physical/hands-on treatment (20%), lack of physical contact (22%), difficulty communicating (16%), and lack of visual contact (31%).

Experiences with allied healthcare consultations via video (n=1023)

Most had positive experiences with the security and safety of video consultations:

- 69% were happy with the privacy/security (24% were neutral)
- 78% felt safe during the consultation (18% were neutral)
- 64% felt safe doing prescribed activities (17% were neutral)

Most had positive experiences using the technology during the consultation:

- 51% found the technology easy to use (24% were neutral)
- 56% felt comfortable communicating via video (18% were neutral)

Most had positive experiences with the care they received during the consultation:

- 66% were happy with the management they received (23% were neutral)
- 61% believed the care they received was effective (20% were neutral)

Some intended to use video delivered consultations in the future:

- 33% were likely to choose to use video delivered services after the pandemic (15% were neutral)
- 13% believed it was better than in-person consultations (39% were neutral)

The most commonly identified advantages of video consultations included convenience (29%), accessibility (24%), and reduced waiting time (15%)

The most commonly identified disadvantages of video consultations included lack of physical/hands-on treatment (16%), lack of physical contact (16%), and difficulty communicating (15%).

Experiences with allied healthcare group classes via video (n=31)
Only 3% of respondents had group classes via video during the pandemic.
Most had positive experiences with the security and safety of remote consultations:

- 48% were happy with the privacy/security (45% were neutral)
- 71% felt safe during the group class (25% were neutral)
- 79% felt safe doing prescribed activities (21% were neutral)

Most had positive experiences using the technology during the consultation:

- 59% found the technology easy to use (0% were neutral)
- 45% felt comfortable communicating via video (32% were neutral)

Most had positive experiences with the care they received during the consultation:

- 49% were happy with the management they received (39% were neutral)
- 51% believed the care they received was effective (39% were neutral)

Some intended to use remotely delivered consultations in the future:

- 32% were likely to choose to use video group classes after the pandemic (16% were neutral)
- 14% believed it was better than in-person group classes (28% were neutral)

Differences between allied healthcare professions
Use of remotely delivered consultations during the pandemic was least common in audiology (19% of respondents) and exercise physiology (25%), and most common in psychology (57%) and speech pathology (55%).

Having fewer consultations than normal during the pandemic was most common in occupational therapy (40%) and physiotherapy (45%), and least common in audiology (17%) and continence nursing (19%).

Likeliness to choose to have consultations via video after the pandemic was highest in audiology (100%) and dietetics (52%), and lowest in physiotherapy (20%) and exercise physiology (23%).

Likeliness to choose to have consultations via telephone after the pandemic was highest in audiology (50%) and dietetics (45%), and lowest in exercise physiology (16%) and physiotherapy (23%).

Conclusions
The COVID-19 pandemic had a significant impact on many participant's allied healthcare supports. Many experienced cancellations in therapy, however more than half transitioned to remotely delivered services via telephone or video to enable services to continue. Those who had remotely delivered consultations during the pandemic reported positive experiences overall. A third of respondents would be interested in using such services in the future.

1. Introduction

Around 4.3 million Australians are living with a disability (1). The National Disability Insurance Scheme (NDIS), administered by the National Disability Insurance Agency (NDIA), supports more than 391,000 people with permanent and significant disabilities (2) by providing information and connections to community services to support their condition. This often includes access to support workers or assistive equipment/technology, or funding for disability-related health supports (such as consultations with physiotherapists, exercise physiologists, audiologists, speech pathologists, occupational therapists, psychologists, dietitians, and continence nurses, amongst others).

In early 2020, the COVID-19 pandemic and necessity of social distancing had a considerable impact on the delivery of healthcare across Australia, with many services transitioning to remote models of delivery via telephone and/or video over the internet. During the pandemic, many NDIS-funded supports (including consultations with allied healthcare professions) transitioned to remote service delivery, delivering consultations to NDIS participants via telephone and/or via video.

Up until the pandemic, the delivery of allied healthcare remotely via technology was not widespread in Australia due to a range of factors including lack of funding and limited knowledge or skills by allied healthcare providers (3-5). There is some evidence in the literature that remote models of service delivery are effective, in that clinical outcomes are similar to those achieved with in-person care across a range of health professions including including physiotherapy (6, 7), dietetics (8) audiology and speech pathology (9-11), psychology (12, 13), and occupational therapy (14). However, there is limited research investigating the clinical effectiveness of remote models of service delivery for people with permanent or significant disabilities. There is some evidence that remotely delivered rehabilitation services are clinically equivalent to traditional in-person services amongst people who have had a stroke (15), traumatic brain injury (16) and autism (17). Importantly, high patient and clinician satisfaction levels have been reported when using, or delivering, remote models of service delivery in allied healthcare professions (18-20).

Most existing studies investigating the effectiveness and acceptability of remote models of service delivery have been conducted in the research setting, often as part of a clinical trial. It is not clear whether the existing evidence reflects user experiences with remote models of service delivery in ‘real-world’ settings. Such information is particularly important in people with disabilities given their reliance on healthcare services and the fact that they often have unique and complex needs. They may also experience more difficulty communicating or accessing/using the technology required for remotely delivered services compared to the general population (18).

This report presents the results from a large online survey investigating the experiences of NDIS participants, or their parents/carers, when accessing NDIS funded allied healthcare supports during the COVID-19 pandemic. This information will help identify factors that may facilitate or impede participants’ use of remotely delivered services, and inform the development and future state of such services within the NDIS once the pandemic has ended.

2. Methods

A descriptive, cross-sectional national online survey with non-random sampling. Detailed methodology is described in Appendix 1.

Respondents. NDIS participants (or family members and carers) were invited to complete the online survey. The survey opened on 25th June 2020 and was advertised via the NDIS website, newsletter, and social media, as well as through social media by the Centre for Health, Exercise and Sports Medicine at The University of Melbourne. The survey was closed on 31st August and data was extracted on 1st September 2020.

NDIS participants who were registered to receive support from the NDIS in 2020 were eligible to take part in the survey. It could be filled in by the person with a disability or another person (family member/carer) assisting them or completing it on their behalf.

Survey instrument. Respondents completed an anonymous online survey in Qualtrics, a secure web application for building and managing online surveys. The survey was designed to minimise respondent burden and was anticipated to take no more than 15-25 minutes. The survey comprised three sections:

- Section A asked for basic demographic data (e.g. age, gender, condition/disability);
- Section B asked questions relating to experiences with NDIS services during the pandemic, including plan extensions and perceptions about plan reviews performed via telephone or via video;
- Section C asked questions relating to accessing NDIS-funded supports during the pandemic (e.g. physiotherapy, exercise physiology, audiology, speech pathology, occupational therapy, psychology, dietetics, or continence nurse care), and whether any of these services had transitioned to remote models of service delivery.

This report summarises the findings from Section A and C of the survey. Results from Section B have been described elsewhere and can be downloaded here.

Data analysis. All data were downloaded from Qualtrics and processed in Statistical Package for the Social Sciences (SPSS; version 26, IBM).

3. Key findings

3.1 Characteristics of surveyed participants

A total of 2,595 people opened the survey but only 2,391 provided data (0.61% of total NDIS participants). Most respondents were family members or carers of an NDIS participant (59%) completing the survey on their behalf. The sample covered a broad cross-section of primary disability, age, gender, and location throughout Australia.

Surveyed participants resided in metropolitan (62%) and regional areas (36%). Only 2% were from remote areas. Figure 1 summarises the location by state or territory.

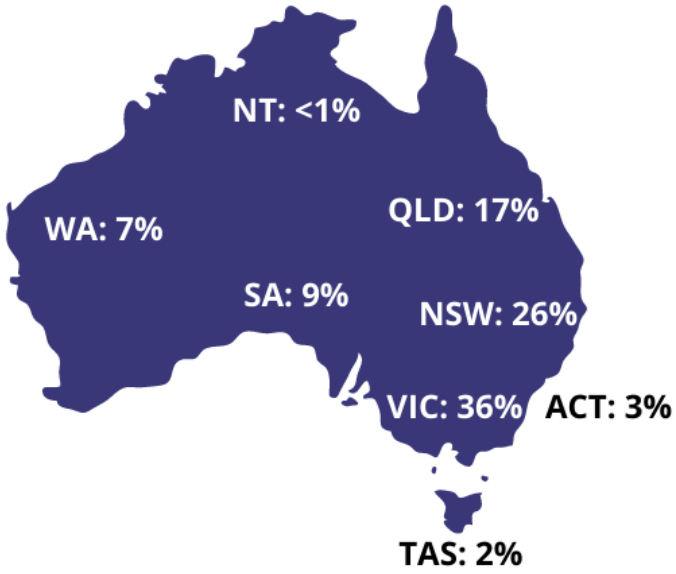


Figure 1. Distribution of surveyed participants across Australia

The majority of surveyed participants were female (52%), spoke English at home (95%; Table 1), and had either completed secondary school or a tertiary degree (49%). Most were not employed (77%) and lived with others (84%).

Table 1. Gender of surveyed participants and language spoken at home (n=2,391)

Demographics	n	%
Gender	**2,391**	
Female	1,248	52
Male	1,097	46
Other	46	2
Language spoken at home*	**2,357**	
English	2,242	95
Other	115	5

*Survey question were optional

Surveyed participants ranged in age, with all age groups being represented (Figure 2).

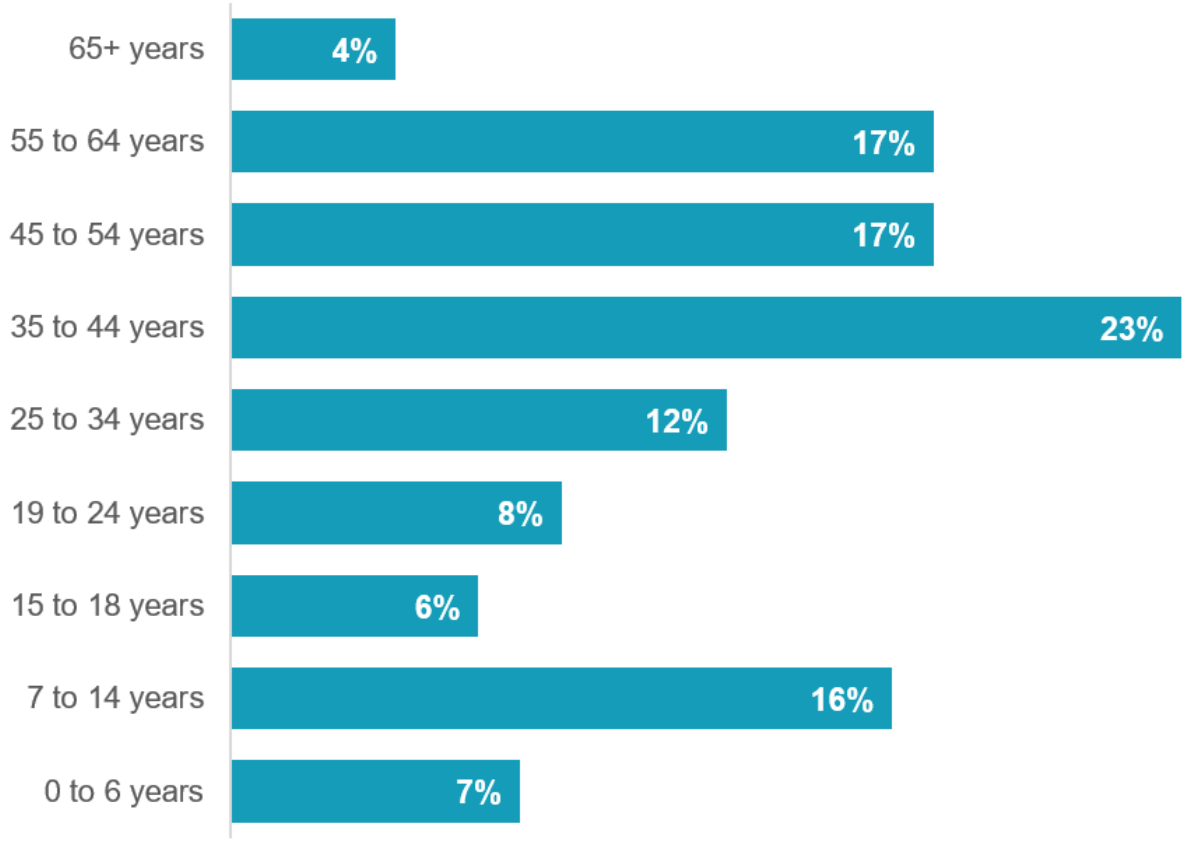


Figure 2. Age of surveyed participants (n=2,391)

Twenty eight percent of surveyed participants had a primary disability of autism, 11% intellectual disability, 9% other neurological disability and 8% psychosocial disability (Figure 3).

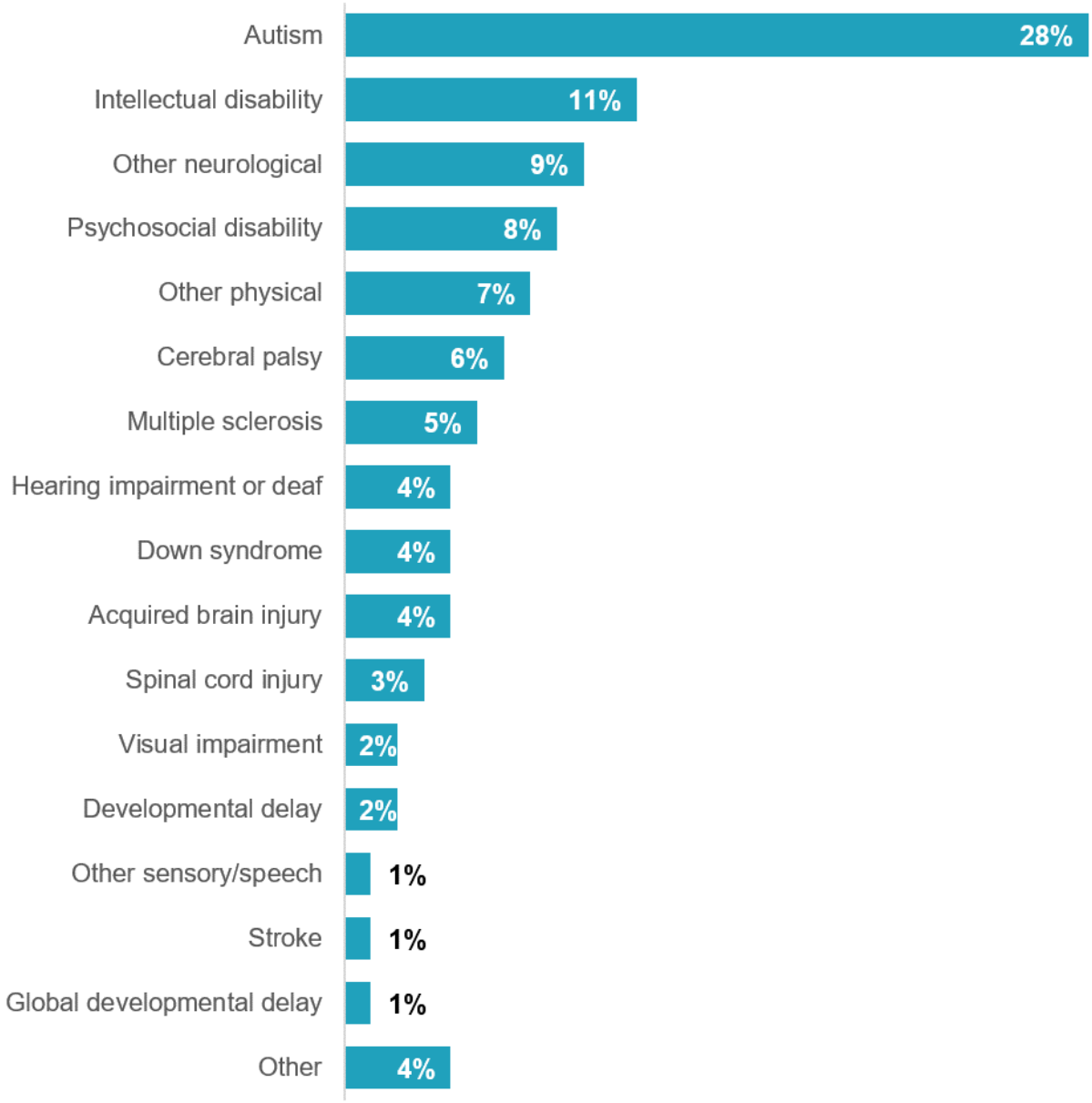


Figure 3. Primary disability of surveyed participants (n=2,057*)
*Survey question was optional

Around half of surveyed participants required either special equipment or assistive technology (17%), help from other people (20%), or both (15%), to move around. Similarly, around half required either special equipment or assistive technology (9%), help from other people (34%), or both (11%), to communicate. More than half had been receiving care funded by the NDIS for 1 to 3 years (52%) and a quarter for greater than 3 years (24%). The characteristics of surveyed participants have been compared to the overall NDIS population, detailed results are presented in Appendix 2.

3.2 NDIS-funded supports: respondent perceptions and experiences

Detailed results about perceptions and experiences with remotely delivered allied healthcare are presented in Appendix 3.

3.2.1 Types of therapy

Most (87%) surveyed participants had funding for therapy or Capacity Building supports in 2020. The most common types of allied healthcare received were occupational therapy (22%), followed by physiotherapy (14%), speech pathology (14%), and psychology (14%; Figure 4).

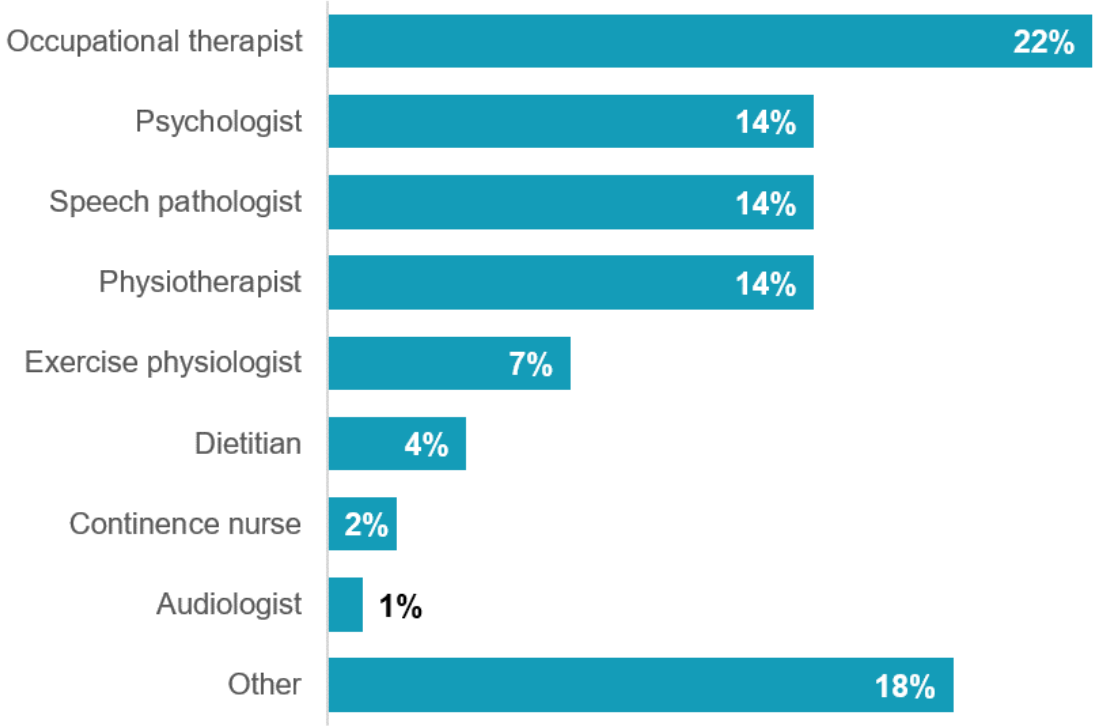


Figure 4. Type of allied healthcare professions that surveyed participants were funded for (n=5,134*)
*Respondents were able to choose all that applied

1,672 surveyed participants (70%) had funding for therapy from one of the eight allied healthcare professions that were the focus of this survey study (audiology, continence nurse, dietetics, exercise physiology, occupational therapy, physiotherapy, psychology, and speech pathology). Of those 1,672 respondents, 77% received therapy from two or more of those allied healthcare professions, and answered the survey questions for at least two different professions.

3.2.2 Delivery of supports during the pandemic

Since the start of the pandemic, 87% of surveyed participants (n=1,457) were able to continue consultations with at least one of their allied healthcare clinicians. More than half of respondents (57%, n=953) had in-person consultations with at least one of their clinicians (either inside [43%] or outside [57%] of their home), and almost two-thirds of respondents (63%, n=1,054) had remotely delivered consultations with at least one of their clinicians. Nearly half (43%) had consultations at the same frequency as prior to the pandemic, 35% had fewer consultations, and 15% had more.

Of those who had remotely delivered consultations, 66% used video and 34% used telephone. Most (76%) used a smart phone for telephone consultations, and a laptop computer (39%) or tablet (36%) for video consultations (Table 2). Almost three quarters of those who consulted via telephone already owned their device before COVID-19 (72%), compared to less than half of those who consulted via video (45%). Around half (53%) of surveyed participants who received care remotely did not have another person present with them at the time of the consultation (e.g. carer/family member/support worker or another clinician).

Table 2. Devices used for remotely delivered allied healthcare consultations

Video (n=1,074*)	n	%	Telephone(n=532*)	n	%
Kind of device used	**(n=1,336)**			**(n=539)**	
Smart phone	200	15	Smart phone	409	76
Tablet	477	36	Home phone	85	16
Laptop computer	518	39	Other	45	8
Desktop computer	114	9			
Other	27	2			
Ownership of device	**(n=1,050)**			**(n=505)**	
Used a device already owned	474	45		366	72
Bought a new device	273	26		23	5
Borrowed a device from someone	58	6		21	4
Used parent/carers device	184	18		87	17
Other	61	6		8	2

*As most survey respondents answered for more than one kind of allied healthcare profession, data (n's and percentages) relate to each therapy that was delivered during the pandemic, not each unique survey respondent.
Values in table may not add to totals as survey questions were optional.

3.2.3 Cancellation of allied healthcare supports

Since the start of the pandemic, 473 (28%) surveyed participants had not had any consultations with at least one of their allied healthcare professions. Across all 2,830 allied healthcare supports (of which most participants received more than one), 572 (20%) were cancelled. The most common reasons for this were cancellation of therapy by the provider because of COVID-19 lock down restrictions (33%) or that the participant was unable or unwilling to use remotely delivered services (23%). More than two-thirds (42%) indicated "other" reasons for discontinuation of therapy during the pandemic, the most common of which included:

- not requiring the therapy or not needing ongoing sessions
- experiencing problems organising or finding service providers
- not having started therapy yet.

For each allied healthcare support that was cancelled, this contributed to a perceived deterioration in health (59%) and increased stress/anxiety (57%) over this time (Figure 5). Of allied healthcare supports that were cancelled by the provider, most (70%) surveyed participants indicated they would not be interested in having remotely delivered consultations. This was primarily because they did not believe it would be an effective way to receive care for their condition (30%), preferred to see someone in-person (20%), or had a disability that would make it difficult to communicate effectively via technology (16%).

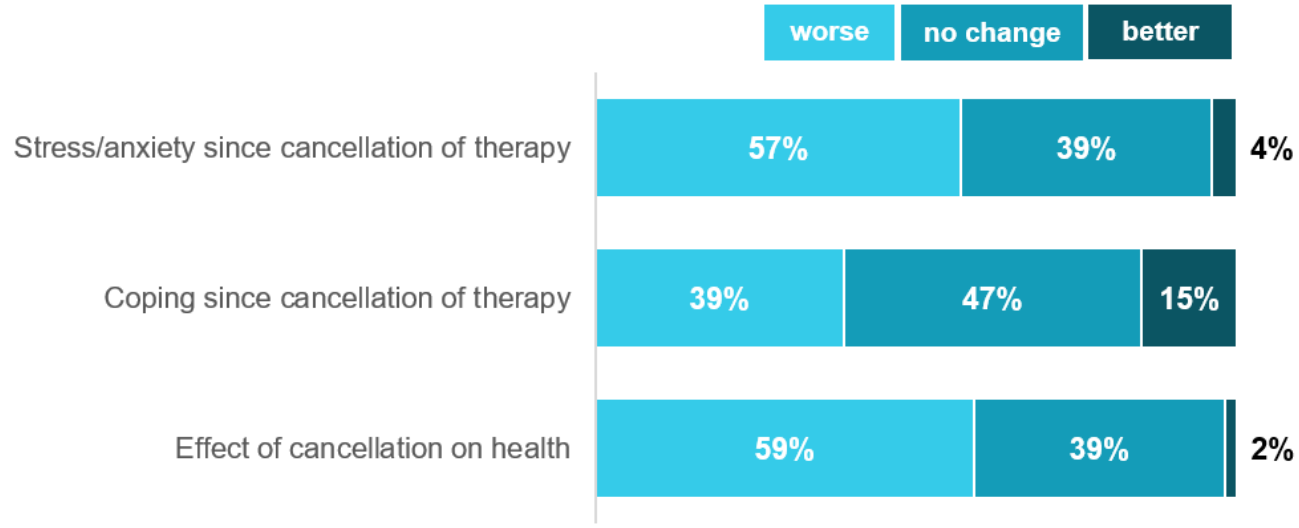


Figure 5. Effect of cancellation of therapy on surveyed participants (n=572 allied health care supports)
*Some respondents had more than one therapy be cancelled during the pandemic, and answered for each therapy separately. As such, this n reflects the number of therapies that were cancelled, not the number of unique participants who experienced a cancellation (n=473).

3.2.4 Experiences with individual consultations via telephone and video

Most who received remotely delivered allied healthcare services during the pandemic had one-to-one consultations with their clinician (97%). More than half had positive perceptions about the ease of using the technology (51-55%), their comfort communicating (55-56%), and the management they received (62-66%; Figure 6).

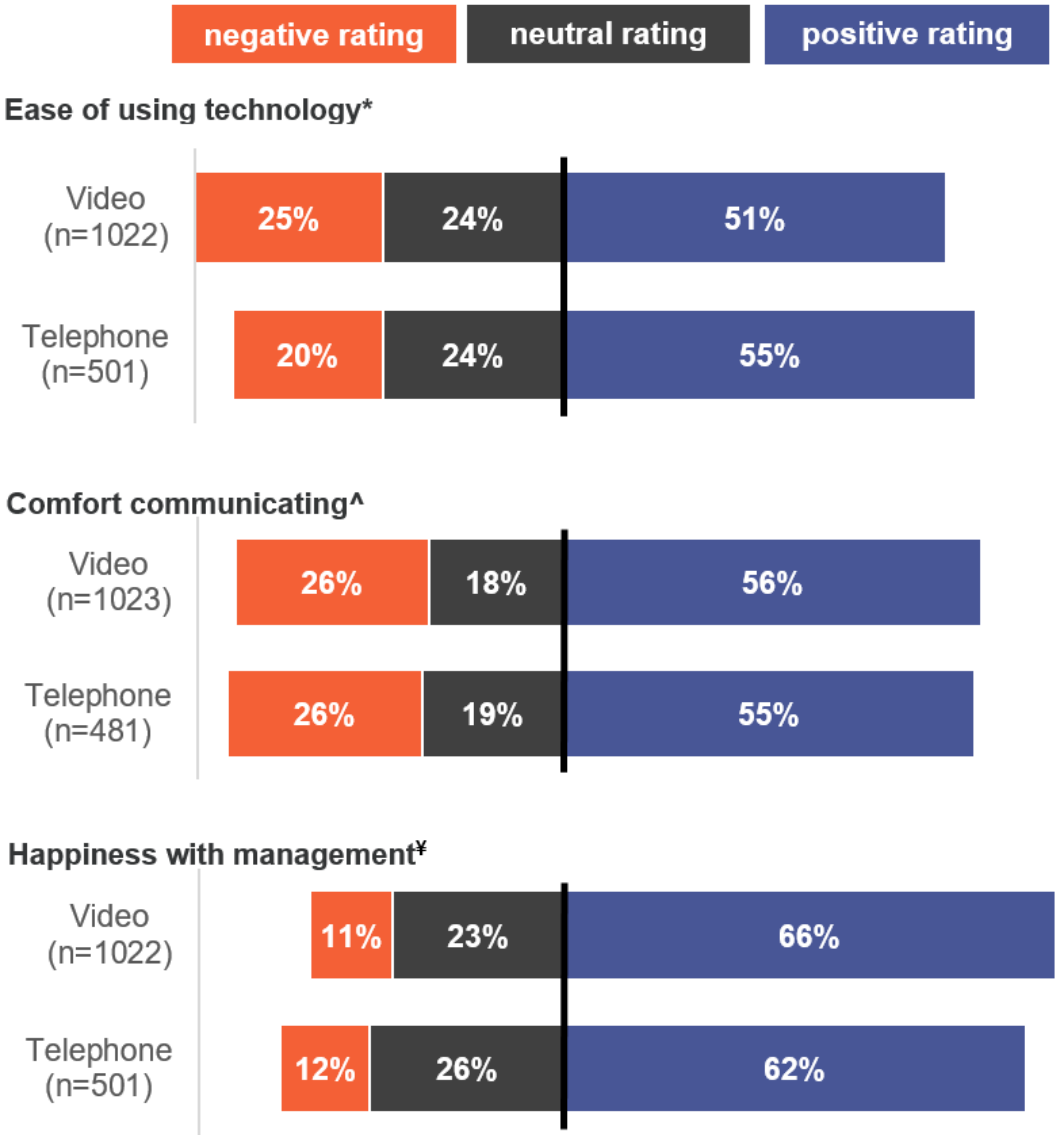


Figure 6. Respondent experiences with allied healthcare consultations via telephone and via video

*****Rated on a 5-point scale ranging from: "very difficult" to "very easy"

^Rated on 5-point scale ranging from: "very uncomfortable" to "very comfortable"

¥Rated on 5-point scale ranging from: "very unhappy" to "very happy"

Most were happy with the privacy/security of consultations (63-68%) and felt safe during the consultation (71-78%; Figure 7). More than two-thirds (64%) felt safe doing prescribed activities after a video consultation, with 47% feeling safe doing so after a telephone consultation. A small number (4-8%) felt unsafe during video and telephone consultations.

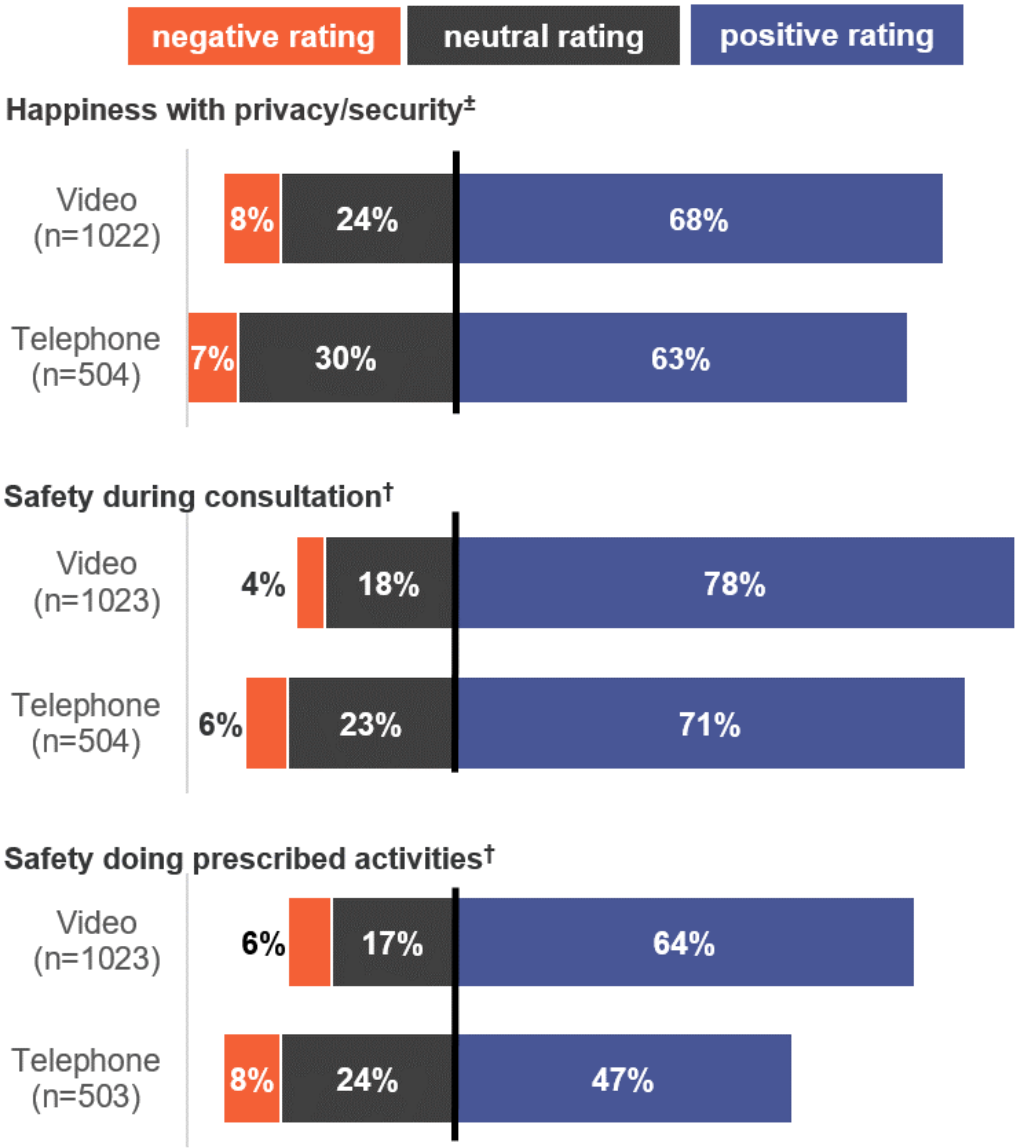


Figure 7. Respondent experiences with allied healthcare consultations via telephone and via video

±Rated on 5-point scale ranging from: "very unhappy" to "very happy"

†Rated on 5-point scale ranging from: "very unsafe" to "very safe"

Totals for "Safety doing prescribed activities" do not add to 100% as respondents were able to select "not applicable" if they did not receive any prescribed activities

More than half of respondents believed that consultations via telephone and video were effective (52-61%; Figure 8). Fewer than 15% believed that consultations via telephone or video were better than when in-person care, with almost 50% believing they were worse. Around 30% of respondents believed they were likely to choose to have consultations via telephone or video after the pandemic, with almost 50% believing they were unlikely to choose to do so.

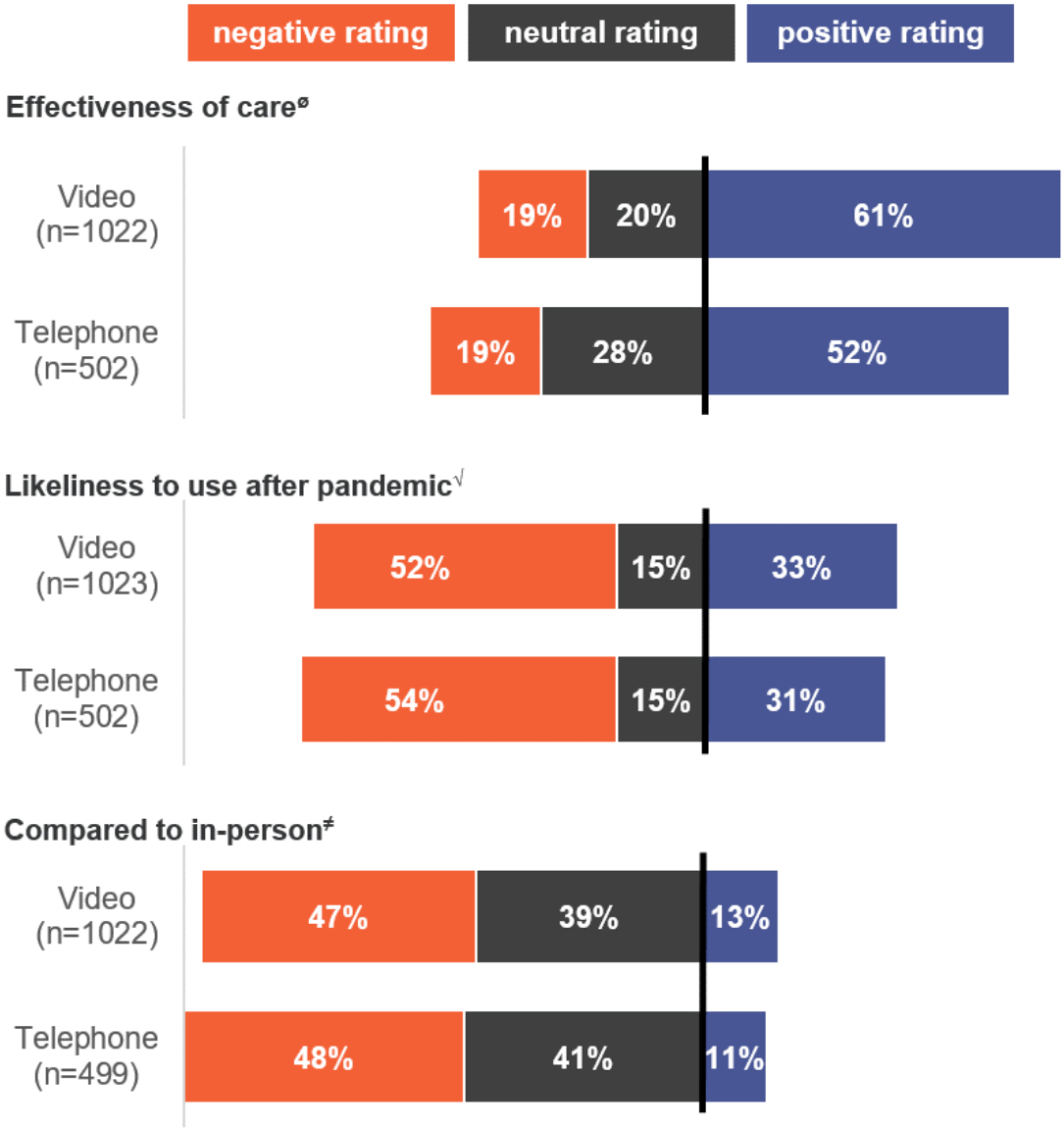


Figure 8. Respondent experiences with allied healthcare consultations via telephone and via video

[ø]Rated on 5-point scale ranging from: "very ineffective" to "very effective"
[√]Rated on 5-point scale ranging from: "very unlikely" to "very likely"
[≠]Rated on 5-point scale ranging from "much worse" to "much better"

Advantages of individual consultations via telephone and video

The most frequently reported advantages of consultations via telephone and video included convenience (26% and 29%, respectively), access (15% and 24%), and reduced waiting time (14% and 15%; Figure 9). Qualitative analysis of open-text responses to “other” advantages of remotely delivered consultations identified factors including:

- reduced physical and cost burden of travelling to an in-person appointment,
- reduced risk of potential exposure to COVID-19, and
- maintenance of continuity of care and routines.

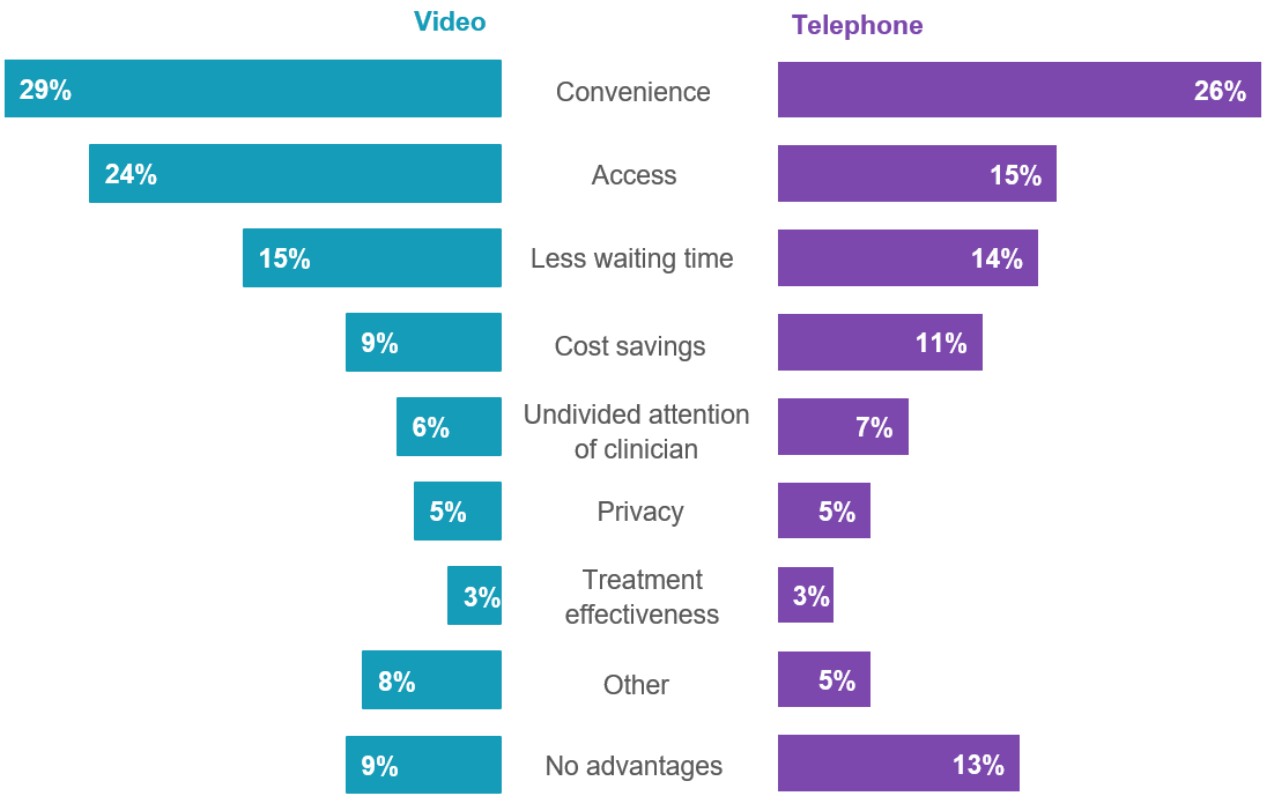


Figure 9. Perceived advantages of allied healthcare consultations via telephone (n=1,065*) and via video (n=2,298*)

*Respondents were able to choose all that applied

Disadvantages of individual consultations via telephone and video

The most frequently reported disadvantages of telephone and video consultations included the lack of visual contact (31% for telephone, N/A for video), lack of physical/hands-on treatment (20% and 16%), and lack of physical contact (22% and 16%; Figure 10). Qualitative analysis of open-text responses to "other" disadvantages of remotely delivered consultations identified factors including:

- impacts on rapport and communication,
- difficulties engaging and focusing on the consultation when in home environment, and
- the fact that certain assessments and/or treatments required visual/physical contact and therefore could not be conducted remotely.

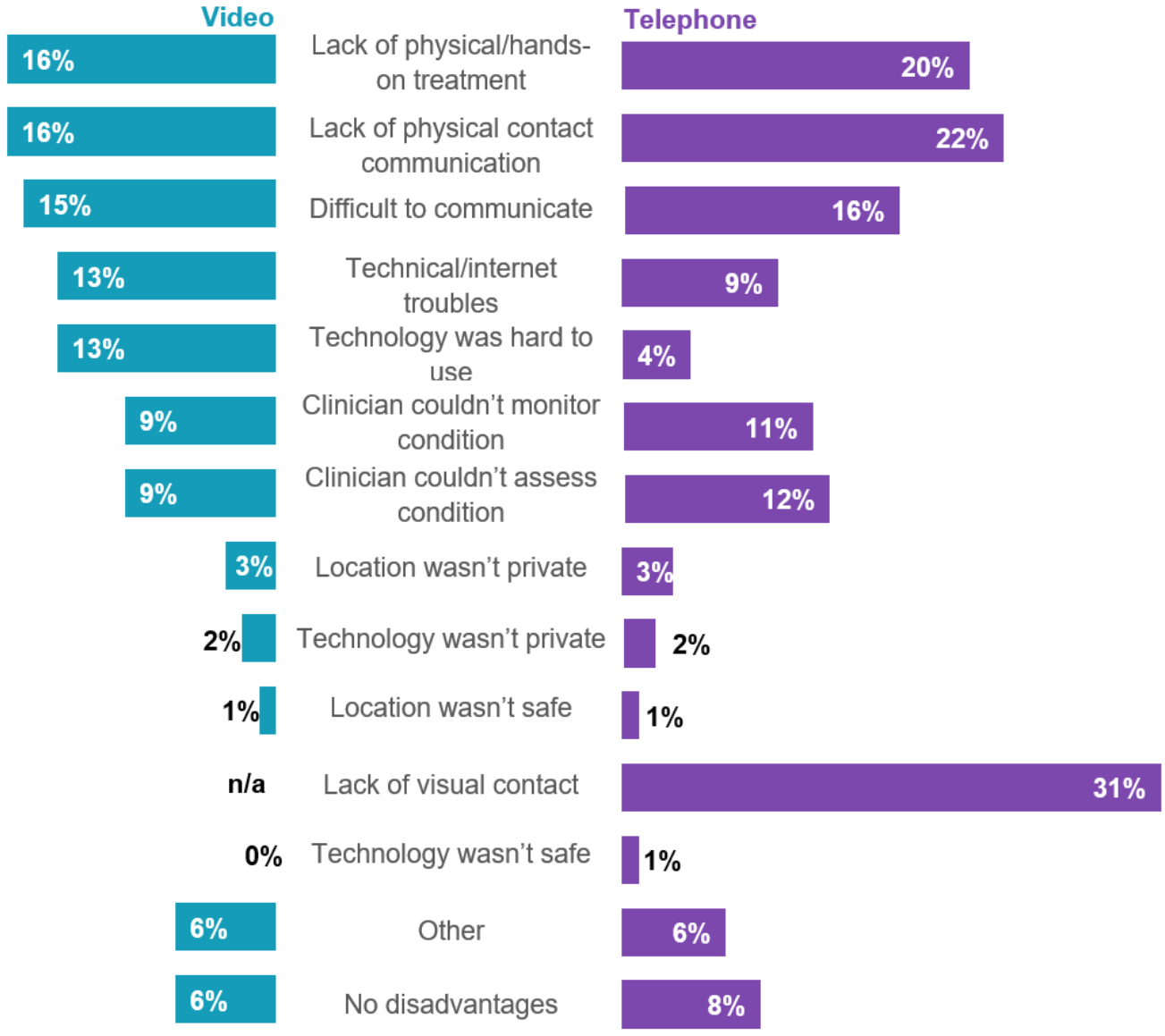


Figure 10. Perceived disadvantages of allied healthcare consultations via telephone (n=1,474*) and via video (n=2,564*)

*Respondents were able to choose all that applied

3.2.5 Experiences with group classes via video

Only a small number of participants had group classes via video with their allied healthcare clinician during the pandemic (n=32, 3%). Two-thirds (69%) thought the technology was easy to use, yet less than half felt comfortable communicating (45%) or were happy with the management they received (49%; Figure 11).

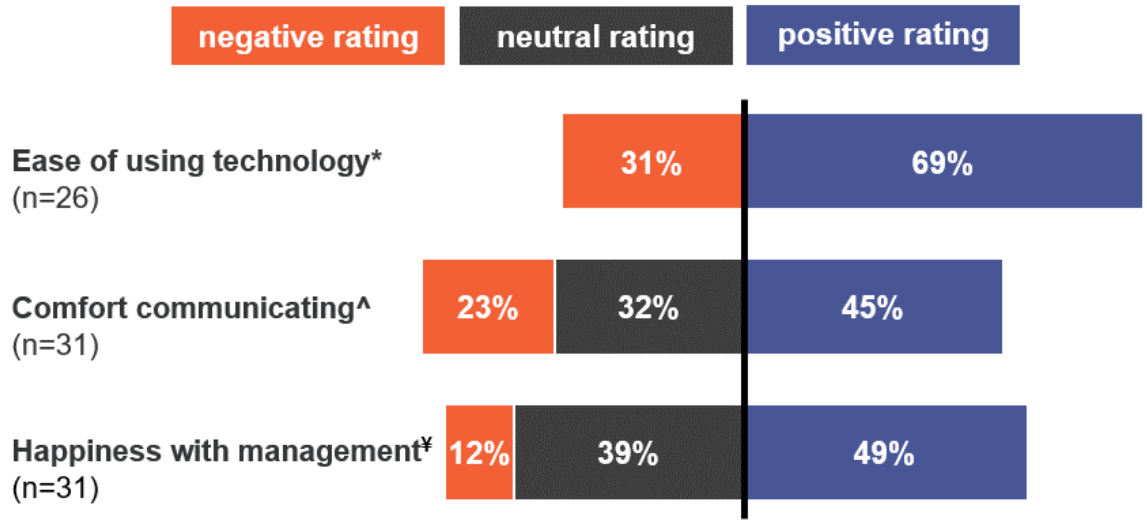


Figure 11. Respondent experiences with allied healthcare group classes via video
*Rated on a 5-point scale ranging from: "very difficult" to "very easy"
^Rated on 5-point scale ranging from: "very uncomfortable" to "very comfortable"
¥Rated on 5-point scale ranging from: "very unhappy" to "very happy"

Fewer than half were happy with the privacy/security of the group class via video (48%; Figure 12). More than 70% felt safe during the group class via video and felt safe doing prescribed activities.

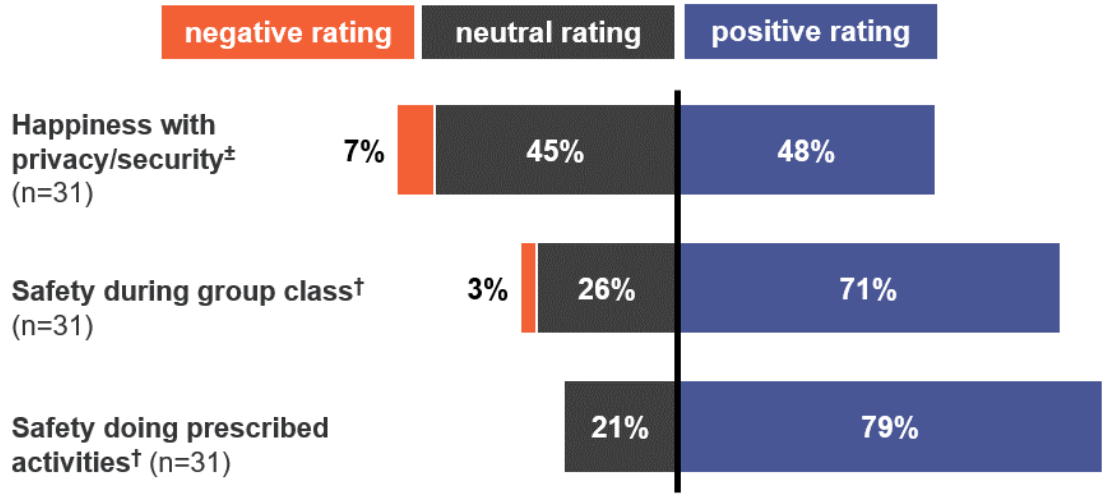


Figure 12. Respondent experiences with allied healthcare group classes via video
±Rated on 5-point scale ranging from: "very unhappy" to "very happy"
†Rated on 5-point scale ranging from: "very unsafe" to "very safe"

More than half (51%) of respondents believed the care they received during the group class via video was effective (Figure 13). Around one-third (32%) believed that they were likely to choose to have a group class via video after the pandemic, and only 14% thought group class via video was better than in-person.

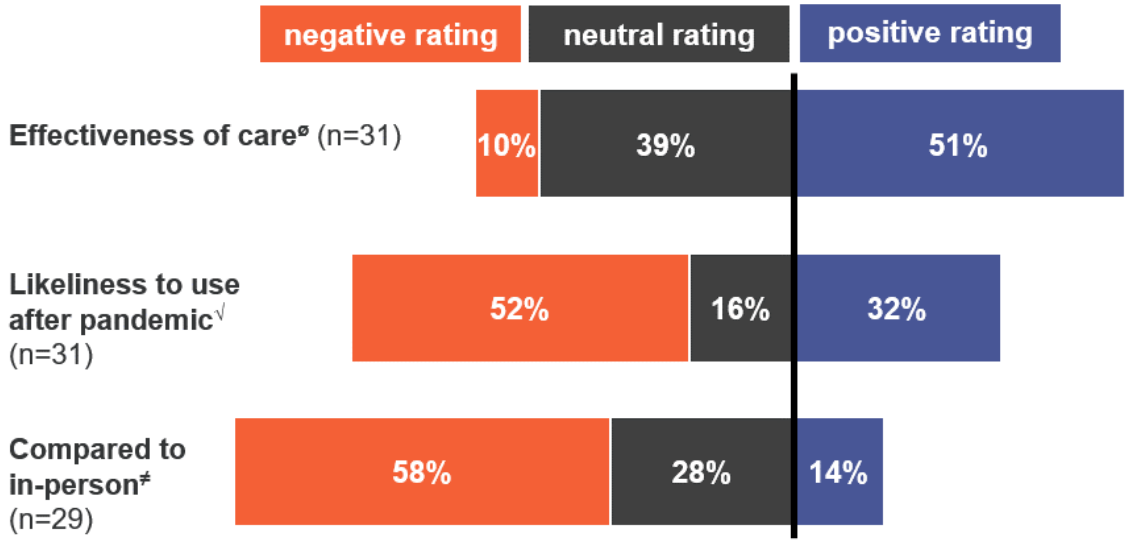


Figure 13. Respondent experiences with allied healthcare group classes via video

[ø] Rated on 5-point scale ranging from: "very ineffective" to "very effective"
[√]Rated on 5-point scale ranging from: "very unlikely" to "very likely"
[≠]Rated on 5-point scale ranging from "much worse" to "much better"
likely"[√] and "much worse" to "much better"[≠].

The most commonly reported advantages of group classes via video were convenience (35%), access (20%), less waiting time (16%), and cost savings (14%, Figure 14).

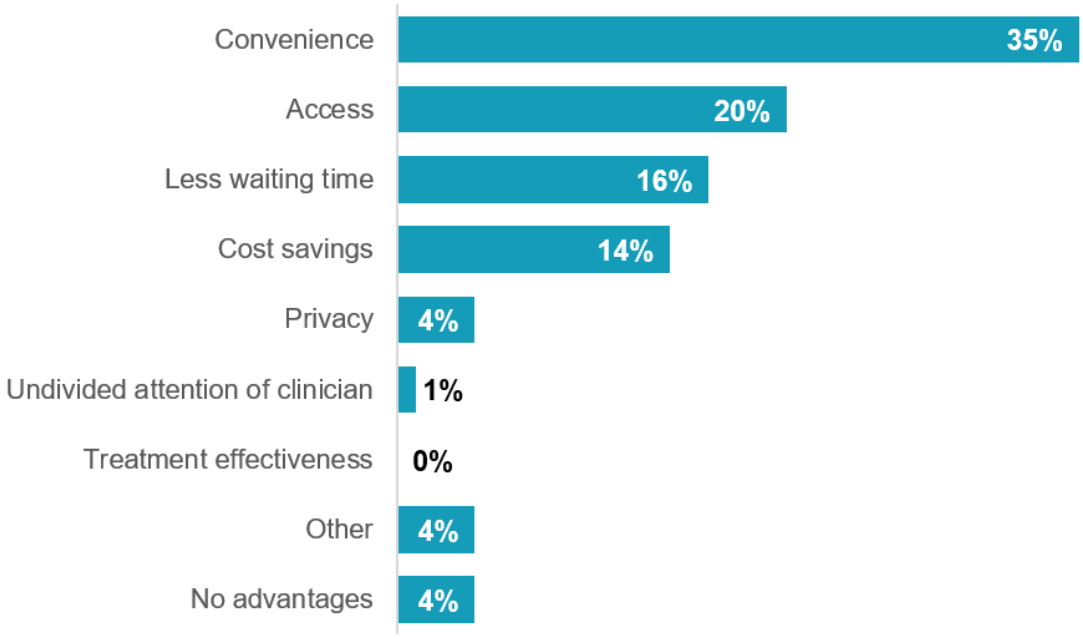


Figure 14. Perceived advantages of group classes with allied healthcare clinicians via video (n=69)

The most frequently reported disadvantages of group classes via video were difficulty communicating (20%), technical/internet troubles (15%), and lack of physical contact (15%; Figure 15).

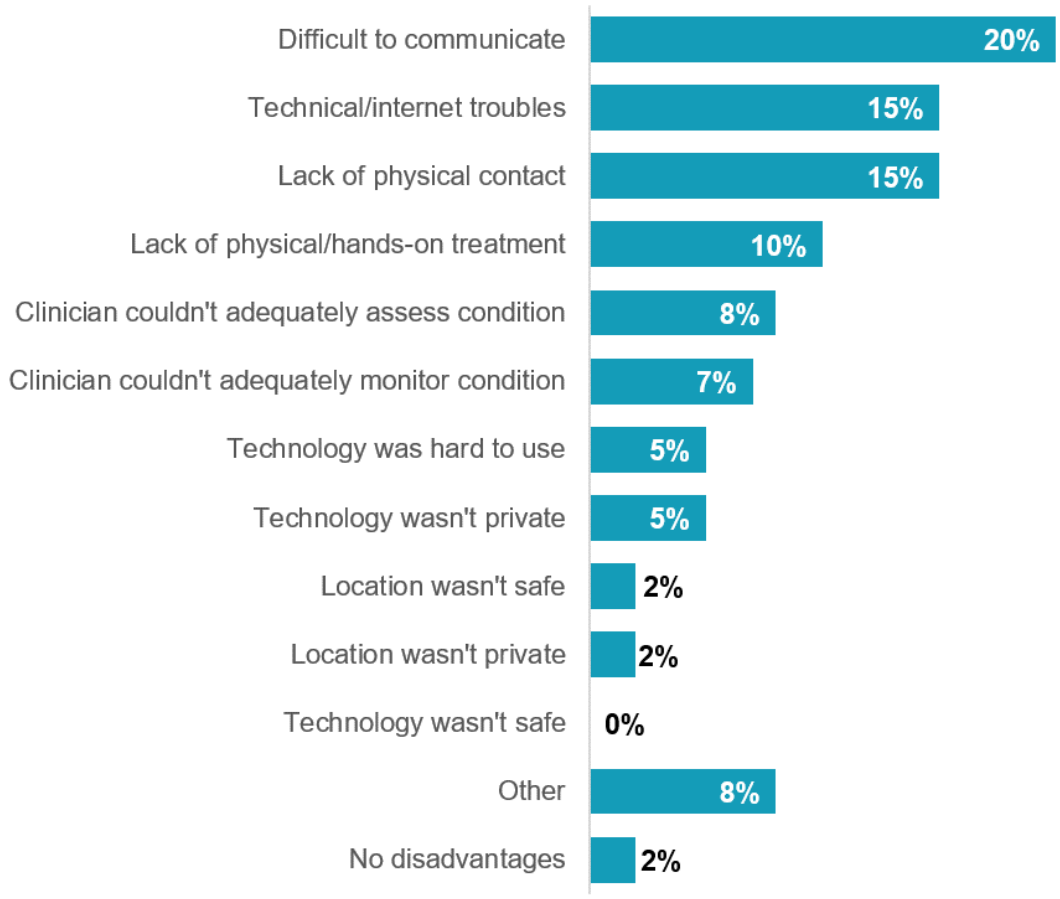


Figure 15. Perceived disadvantages of group classes with allied healthcare clinicians via video (n=86)

3.2.6 Differences between allied healthcare professions

Results for each individual allied healthcare profession are presented in Appendices 4-11 and full tables of comparisons between professions are presented in Appendix 12. Numbers for some professions (e.g. audiology and continence nursing) were very small, and therefore the following findings should be interpreted with caution.

Since the start of the pandemic, a higher proportion of remotely delivered consultations were undertaken in psychology (57%), speech pathology (55%), and dietetics (49%), compared to the other professions such as audiology (19%), exercise physiology (25%), and continence nursing (29%; Figure 16).

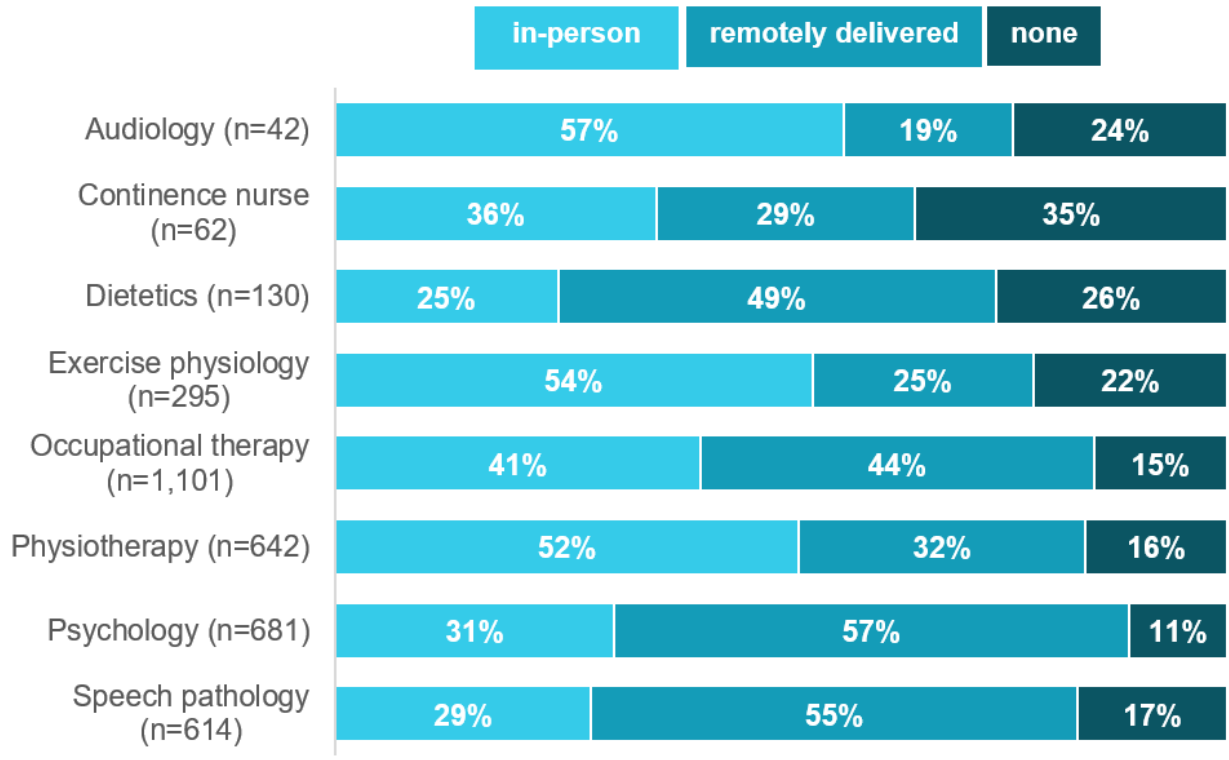


Figure 16. Types of consultations since the start of the pandemic for each allied healthcare profession

Since the start of the pandemic, a higher proportion of audiology and continence nursing consultations were delivered via telephone (75% and 78%, respectively), compared to the other professions (Figure 17). A higher proportion of exercise physiology and speech pathology consultations were delivered via video 73% and 83%, respectively), compared to the other professions.

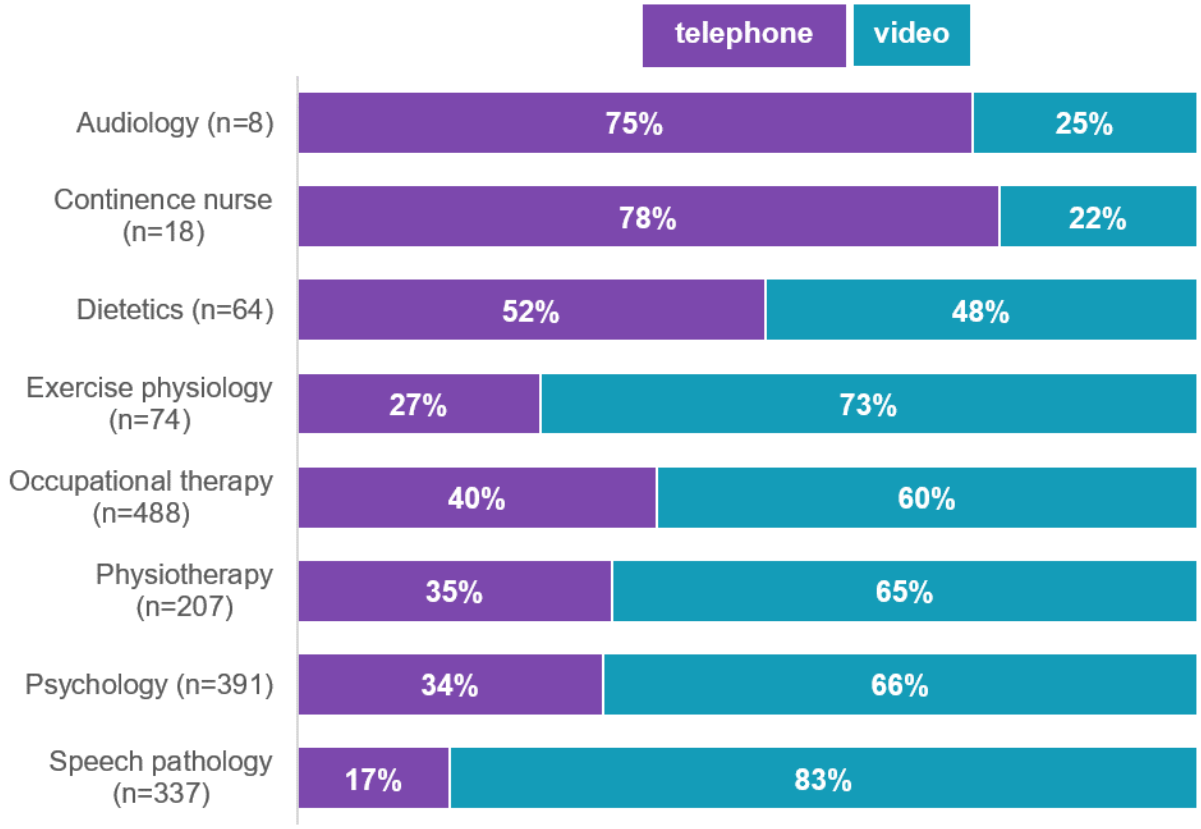


Figure 17. Types of remotely delivered consultations since the start of the pandemic for each allied healthcare profession

Since the start of the pandemic, a higher proportion of surveyed participants had fewer consultations than before the pandemic in physiotherapy (45%), occupational therapy (40%), and exercise physiology (36%), compared to the other professions such as audiology (17%) and continence nursing (19%; Figure 18).

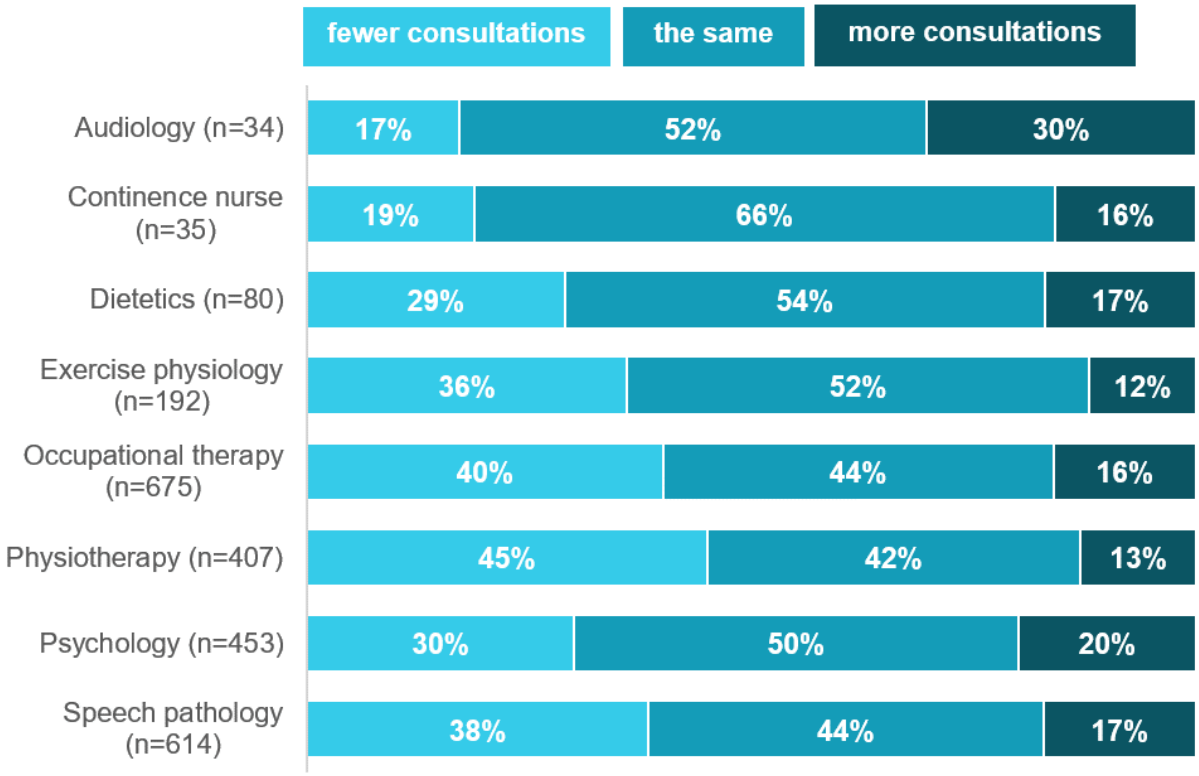


Figure 18. Changes in frequency of consultations during the pandemic for each allied healthcare profession

More of those who had video consultations with an audiologist (100%) or dietitian (79%) believed remote delivery was effective, compared to other professions such as occupational therapy (55%) and physiotherapy (57%; Figure 19).

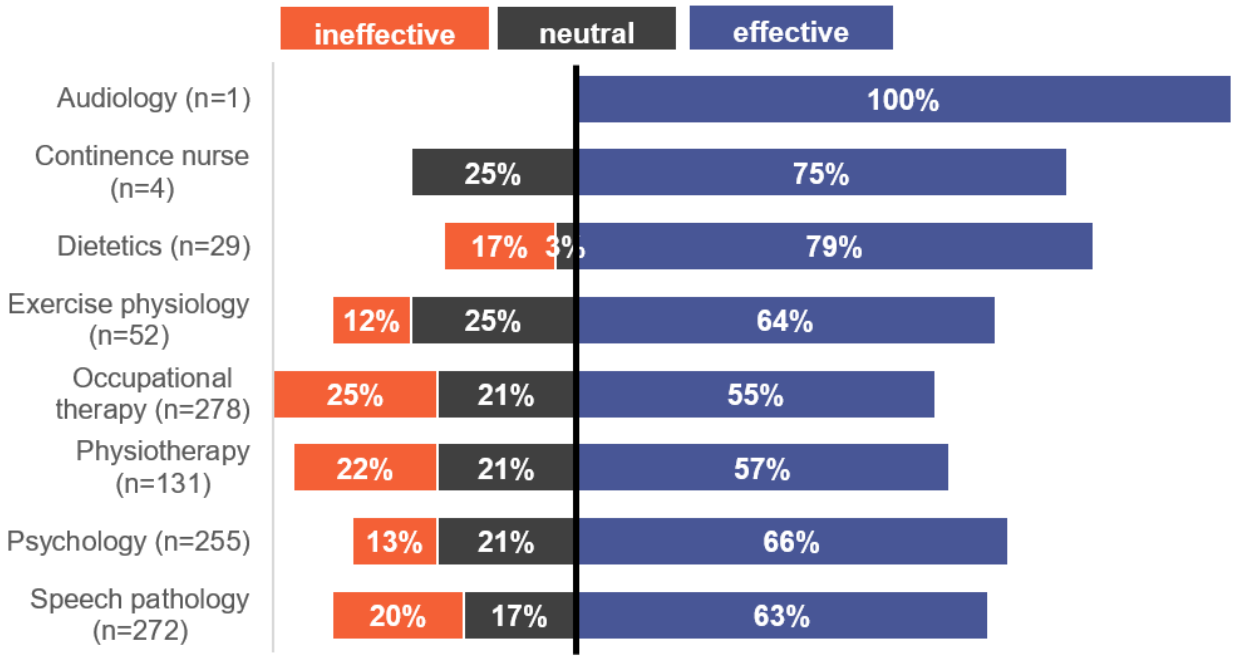


Figure 19. Rated effectiveness of consultations delivered via video across each allied healthcare profession

More of those who had telephone consultations with a continence nurse (71%) and psychologist (57%) believed remote delivery was effective, compared to other professions such as exercise physiology (42%) and physiotherapy (43%; Figure 20).

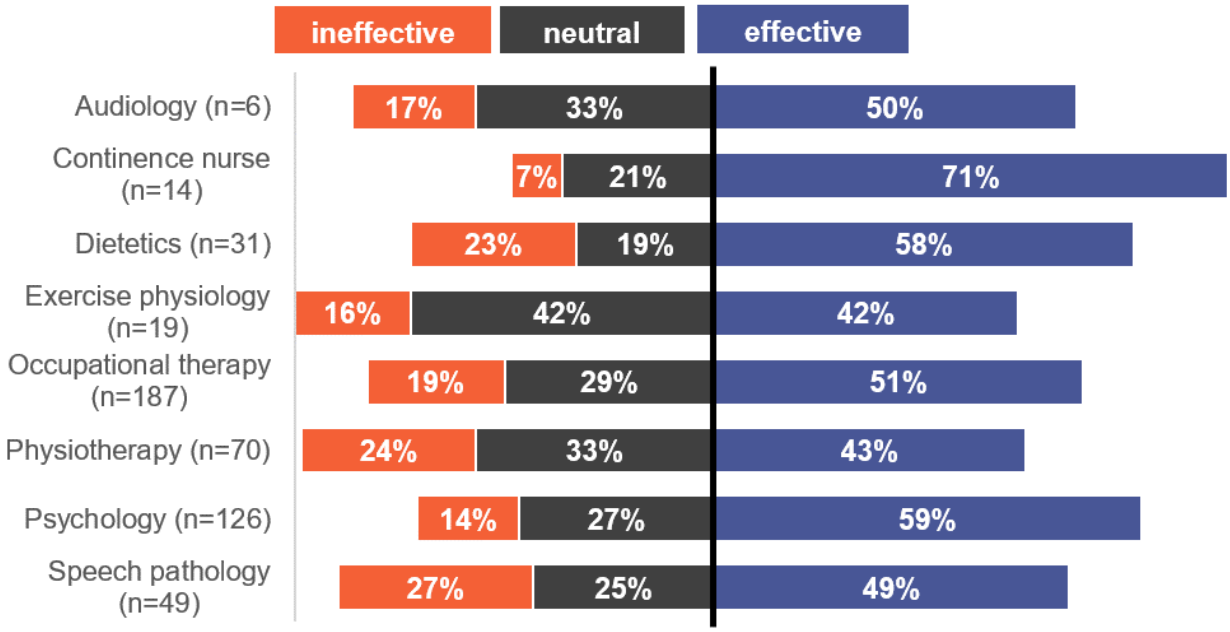


Figure 20. Rated effectiveness of consultations delivered via telephone across each allied healthcare profession

More of those who had video consultations with an audiologist (100%), dietitian (52%), or continence nurse (50%) indicated that they would be likely to choose to use remote delivery after the pandemic, compared to the other professions such as exercise physiology (23%) and physiotherapy (27%; Figure 21).

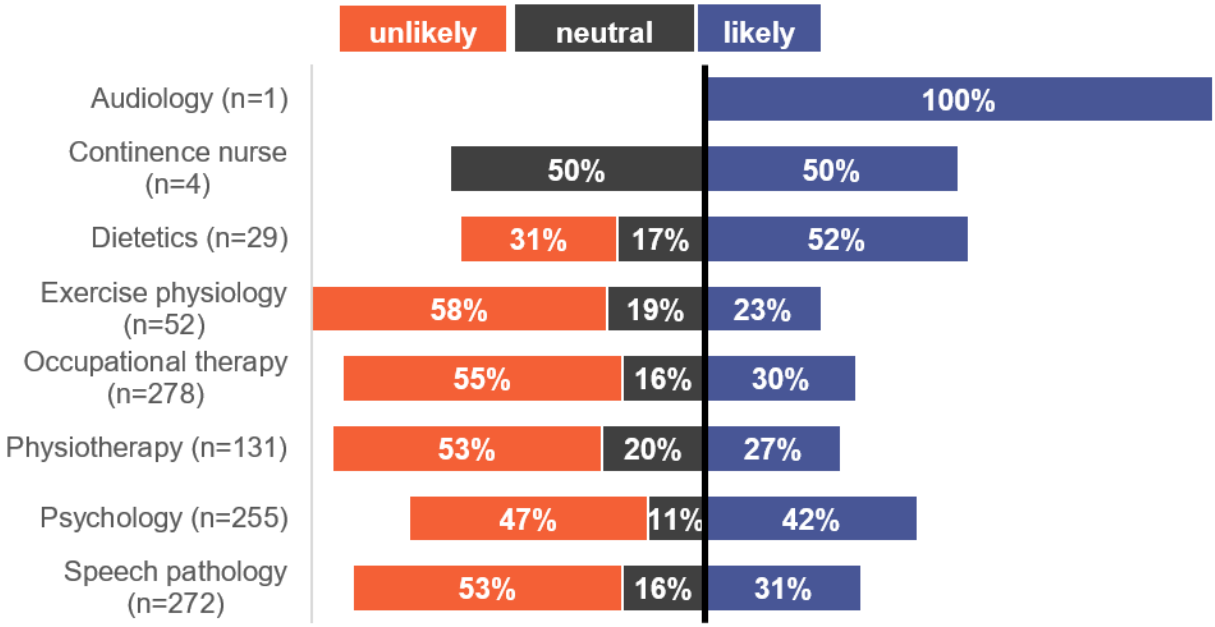


Figure 21. Likeliness to choose to have consultations delivered via video across each allied healthcare profession

More of those who had telephone consultations with an audiologist (50%) or dietitian (45%) indicated that they would be likely to choose to use remote delivery after the pandemic, compare to other professions such as exercise physiology (16%) and physiotherapy (23%; Figure 22).

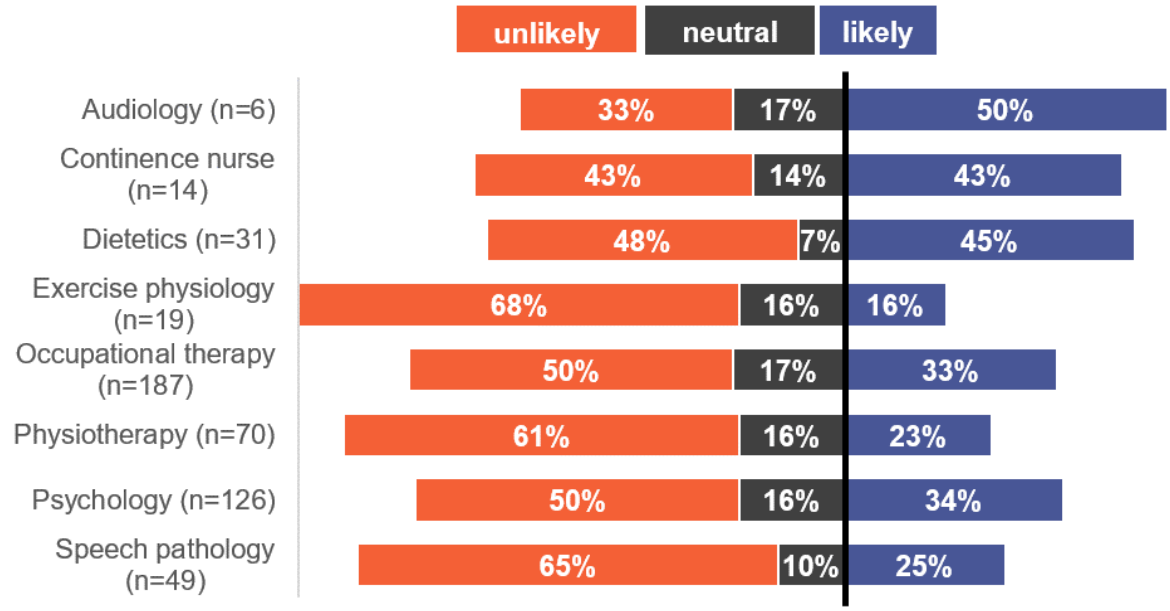


Figure 22. Likeliness to choose to have consultations delivered via telephone across each allied healthcare profession

3.2.7 Differences between participant subgroups

In physiotherapy, occupational therapy, speech pathology, and psychology, there were no differences between frequency of consultations during the pandemic, perceived effectiveness of care, or likeliness to choose to use video consultations after the pandemic with regards to age, geographical remoteness, disability type, and language spoken at home (Appendix 13).

4. Considerations and insights

The aim of this survey was to investigate the experiences of NDIS participants, or their parents/carers, when accessing NDIS funded allied healthcare support during the COVID-19 pandemic. Overall, findings suggest that those who had remotely delivered consultations generally had positive experiences, and some were interested in using such services beyond the pandemic. However, there were some participants not interested in remote delivery of services and some negative experiences. Findings have implications for the future design and delivery of remotely delivered allied healthcare services for people with disabilities.

Experiences with remotely delivered services

During the pandemic, almost half of the surveyed participants had consultations with their allied healthcare clinician delivered via telephone and/or video. The majority of respondents had positive experiences with remotely delivered consultations, finding them to be easy, private, safe, and effective. Commonly identified advantages of remotely delivered care included convenience, accessibility, and reduced waiting time. There did not appear to be any differences in perceptions between telephone and video, suggesting respondents had positive experiences with both.

Findings showed no differences in perceptions about remotely delivered services between those of different ages, geographical remoteness, disability types, and languages spoken at home. This suggests that remotely delivered services are applicable to a wide range of people with disabilities, including children and people of older age. However, these results must be interpreted with caution given the small sample sizes in some subgroups.

Some who received remotely delivered consultations during the pandemic indicated an unwillingness to use such services in the future. In addition, some declined remotely delivered consultations during the pandemic, believing it would not be an effective way to receive care and preferring to see the clinician in-person. This suggests that remotely delivered services may not suit all participants and likely depends on each individual, including their specific circumstances, culture, needs, and preferences for care.

Implications for future design and delivery of services

Survey findings have implications for NDIS-funded allied healthcare services. Around one-third of respondents believed they would be likely to choose to use remotely delivered services after the pandemic, equivalent to approximately 130,000 NDIS participants. As such, it appears likely that there will be demand for such services in the future. Given that remotely delivered services are likely to become increasingly common across Australia beyond the pandemic, uptake and demand will only increase as these models of service delivery become more mainstream.

Findings suggest that remotely delivered services were not generally viewed as a substitute for in-person care, but rather an additional option that could increase the accessibility of services. Offering mixed models of service delivery may be beneficial, including both in-person and remotely delivered consultations. This would allow participants to choose which would suit them at the time depending on their preferences, needs, or requirements of treatment/therapy. Further qualitative research is being conducted by The University of Melbourne to explore the reasons why some participants may be unwilling to use remotely delivered consultations in the future and how barriers can be overcome.

The most commonly identified disadvantages of remotely delivered consultations included the lack of physical/hands-on contact/treatment. This was more of a concern with movement-based allied health services including physiotherapy and occupational therapy. This indicates that service providers should consider opting for in-person consultations when physical contact is required for treatment/therapy. Another identified disadvantage of remotely delivered care was difficulty communicating and technical troubles. These issues may reflect the fact that, given the rapid nature of the pandemic, many services likely transitioned to remote delivery with limited preparation. As such, communication and technical difficulties may be addressed in the future if remote models of service delivery become better established. Further research is needed to identify other barriers to remote models of service delivery and ways in which they could be overcome.

Data from this report focuses on participant experiences, and thus further research is needed to compare the clinical effectiveness of in-person and remotely delivered consultations within each allied healthcare profession. While remotely delivered services appear to offer benefits for some participants (e.g. reduced travel burden, improved access), the NDIA need to consider how future models of remote service delivery can be implemented to ensure service quality is maintained and to facilitate participant choice regarding mode of service delivery best suited for them and their condition. Resources are needed to assist clinicians and service providers in determining patient suitability for remotely delivered services.

5. Conclusion

The COVID-19 pandemic had a significant impact on many participant's allied healthcare, with many experiencing cancellations in therapy or transitioning to remotely delivered services via telephone or video. Those who had remotely delivered consultations during the pandemic had overall positive experiences doing so, finding such services to be easy, safe, private, and effective. Although the majority indicated that they would prefer in-person consultations after the pandemic, around one-third would be likely to choose to have remotely delivered consultations. Differing views by respondents highlight that NDIS-funded allied healthcare support services may benefit by offering participants choice between in-person and remotely delivered consultations, or a combination of the two, depending on participant preference and the requirements of treatment/therapy. It is important that such decisions be guided by evidence-based patient suitability frameworks to ensure quality and effectiveness of care are maintained. It is also important that the mechanisms for maintaining privacy and confidentiality within remote models of service delivery are made clear and supported by Government in order to give providers, and users, confidence in the use of such services.

References

1. National Disability Insurance Scheme. https://www.ndis.gov.au/understanding/what-ndis: NDIS; 2020 [cited 2020 30 September]. Available from: https://www.ndis.gov.au/understanding/what-ndis.
2. National Disability Insurance Agency. Simple participant data tool: National Disability Insurance Agency,; 2020 [cited 2020 October 2]. Available from: https://data.ndis.gov.au/explore-data/simple-participant-data-tool.
3. Bennell KL, Nelligan R, Dobson F, Rini C, Keefe F, Kasza J, et al. Effectiveness of an internet-delivered exercise and pain-coping skills training intervention for persons with chronic knee pain: A randomised trial. Ann Intern Med. 2017;166(7):453-62.
4. Cottrell MA, Galea OA, O'Leary SP, Hill AJ, Russell TG. Real-time telerehabilitation for the treatment of musculoskeletal conditions is effective and comparable to standard practice: A systematic review and meta-analysis. Clin Rehabil. 2016;31(5):625-38.
5. Rimmer JH, Wang E, Pellegrini CA, Lullo C, Gerber BS. Telehealth weight management intervention for adults with physical disabilities: a randomized controlled trial. American journal of physical medicine & rehabilitation. 2013;92(12):1084-94.
6. Eikelboom RH, Swanepoel DW. International survey of audiologists' attitudes toward telehealth. American Journal of Audiology. 2016;25(3S):295-8.
7. Burns CL, Ward EC, Hill AJ, Kularatna S, Byrnes J, Kenny LM. Randomized controlled trial of a multisite speech pathology telepractice service providing swallowing and communication intervention to patients with head and neck cancer: Evaluation of service outcomes. Head & neck. 2017;39(5):932-9.
8. Wales D, Skinner L, Hayman M. The efficacy of telehealth-delivered speech and language intervention for primary school-age children: a systematic review. International journal of telerehabilitation. 2017;9(1):55.
9. Nelson E-L, Patton S. Using videoconferencing to deliver individual therapy and pediatric psychology interventions with children and adolescents. Journal of child and adolescent psychopharmacology. 2016;26(3):212-20.
10. Moore E. Telehealth and Depression: A meta-analysis. 2019.
11. Figueiredo M. The use of telehealth in pediatric occupational therapy. Annals of Medicine. 2019;51(sup1):66-.
12. Knepley KD, Mao JZ, Wieczorek P, Okoye FO, Jain AP, Harel NY. Impact of Telerehabilitation for Stroke-Related Deficits. Telemedicine and e-Health. 2020.
13. Rietdijk R, Power E, Attard M, Heard R, Togher L. A clinical trial investigating telehealth and in-person social communication skills training for people with traumatic brain injury: participant-reported communication outcomes. The Journal of head trauma rehabilitation. 2020;35(4):241-53.
14. Lindgren S, Wacker D, Suess A, Schieltz K, Pelzel K, Kopelman T, et al. Telehealth and autism: Treating challenging behavior at lower cost. Pediatrics. 2016;137(Supplement 2):S167-S75.
15. Kruse CS, Krowski N, Rodriguez B, Tran L, Vela J, Brooks M. Telehealth and patient satisfaction: a systematic review and narrative analysis. BMJ open. 2017;7(8):e016242.
16. Constantinescu G. Satisfaction with telemedicine for teaching listening and spoken language to children with hearing loss. 2012.
17. Wallisch A, Little L, Pope E, Dunn W. Parent perspectives of an occupational therapy telehealth intervention. International Journal of Telerehabilitation. 2019;11(1):15.
18. Annaswamy TM, Verduzco-Gutierrez M, Frieden L. Telemedicine barriers and challenges for persons with disabilities: Covid-19 and beyond. Disability and health journal. 2020:100973.

Appendices

Appendix 1 – Detailed methodology

Survey instrument.
Section C of the survey asked questions about accessing allied healthcare during the pandemic, and experiences with remotely delivered consultations. The survey focused on experiences with eight different allied healthcare professions (audiology, continence nursing, dietetics, exercise physiology, occupational therapy, physiotherapy, psychology, and speech pathology). If surveyed participants received care from three or more different types of professions, they were only asked to respond to questions about a random selection (as determined by the survey software) of two of these professions. This was to reduce the length of the survey and burden on respondents.

For each allied healthcare profession, respondents were asked to rate their experience with telephone and video consultations, as well as video group classes, if applicable. Respondents were asked to rate their experience with nine different elements of remotely delivered services (e.g. safety, privacy, ease of using technology, effectiveness of care) on 5-point Likert scales (e.g. ease of using the technology was rated from “very difficult” to “very easy”).

Data analysis.
Data analysis was carried out with the Statistical Package for the Social Sciences (SPSS; version 26, IBM). Descriptive statistics were calculated. Demographic data were described as frequencies and percentages (e.g. age group, proportion who are male or female). Data pertaining to experiences with remotely delivered services were described as frequencies and percentages.

Geographic residential locations of respondents were categorised by postcodes into: metropolitan, regional/rural, and remote areas (https://www.health.gov.au/health-workforce/health-workforce-classifications/modified-monash-model).

To assess proportions of positive and negative experiences with remotely delivered consultations, data for the two most positive (e.g. “very easy” and “easy”) and two most negative (e.g. “very difficult” and “difficult”) response options were combined.

Data from open-text survey questions (e.g. perceived advantages/disadvantages of remotely delivered consultations) underwent content analysis. This involved reading through all survey responses and coding the data to identify different topics. Codes were organised into categories and combined with similar ideas to form larger themes. Themes with the highest number of individual data points were identified as the most important topics to arise from the data.

To explore whether experiences with remotely delivered consultations differed between allied healthcare professions, response proportions to the following three questions were compared for each of telephone, video, and video group class:

1. Since March 1st 2020, has the frequency of your [allied healthcare profession] consultations changed?
2. How effective for your problem was the care you received from the [allied healthcare profession] via telephone/video over the internet?
3. If you needed to see a [allied healthcare profession] once the COVID-19 pandemic has ended, how likely would you be to choose to see them via telephone/video over the internet?

To explore whether experiences with remotely delivered consultations differed between participant subgroups, response proportions to the above three questions were compared for video consultations only for each of the four most commonly accessed allied healthcare professions (physiotherapy, occupational therapy, speech pathology, and psychology). The participant characteristics of interest included age, geographical remoteness, disability type, and language spoken at home. For this analysis, age categories were condensed into three groups (0-18 years, 19-64 years, and 65+ years).

Appendix 2 – Characteristics of survey respondents

The cohort of survey respondents was not entirely representative of those within the broader Scheme (Table 1). Females were over-represented (52% vs 37%, respectively), as were those who spoke English at home (95% vs 89%).

Table 1. Gender of participants and language spoken at home

Demographics	Surveyed participants	Total NDIS Participants
Gender	**(n=2,391)**	**(n=392,031)**
Female	52%	37%
Male	46%	62%
Other	2%	1%
Language spoken at home	**(n=2,357)**	**(n=392,031)**
English	95%	89%
Other	5%	11%

Respondents who resided in Victoria were over-represented in the survey sample compared to the broader Scheme (36% vs. 27%, Table 2). Responses about participants aged 0-18 years were under-represented in the survey sample (29.8%) compared to the broader Scheme (48.3%, Figure 1).

Table 2. State or Territory where participants resided

State or Territory	Surveyed participants (n=2,317)	Total NDIS Participants (n=392,031)
Victoria	36%	27%
Queensland	17%	19%
Western Australia	7%	8%
South Australia	9%	9%
Tasmania	2%	2%
Northern Territory	<1%	1%
New South Wales	26%	32%
Australian Capital Territory	3%	2%

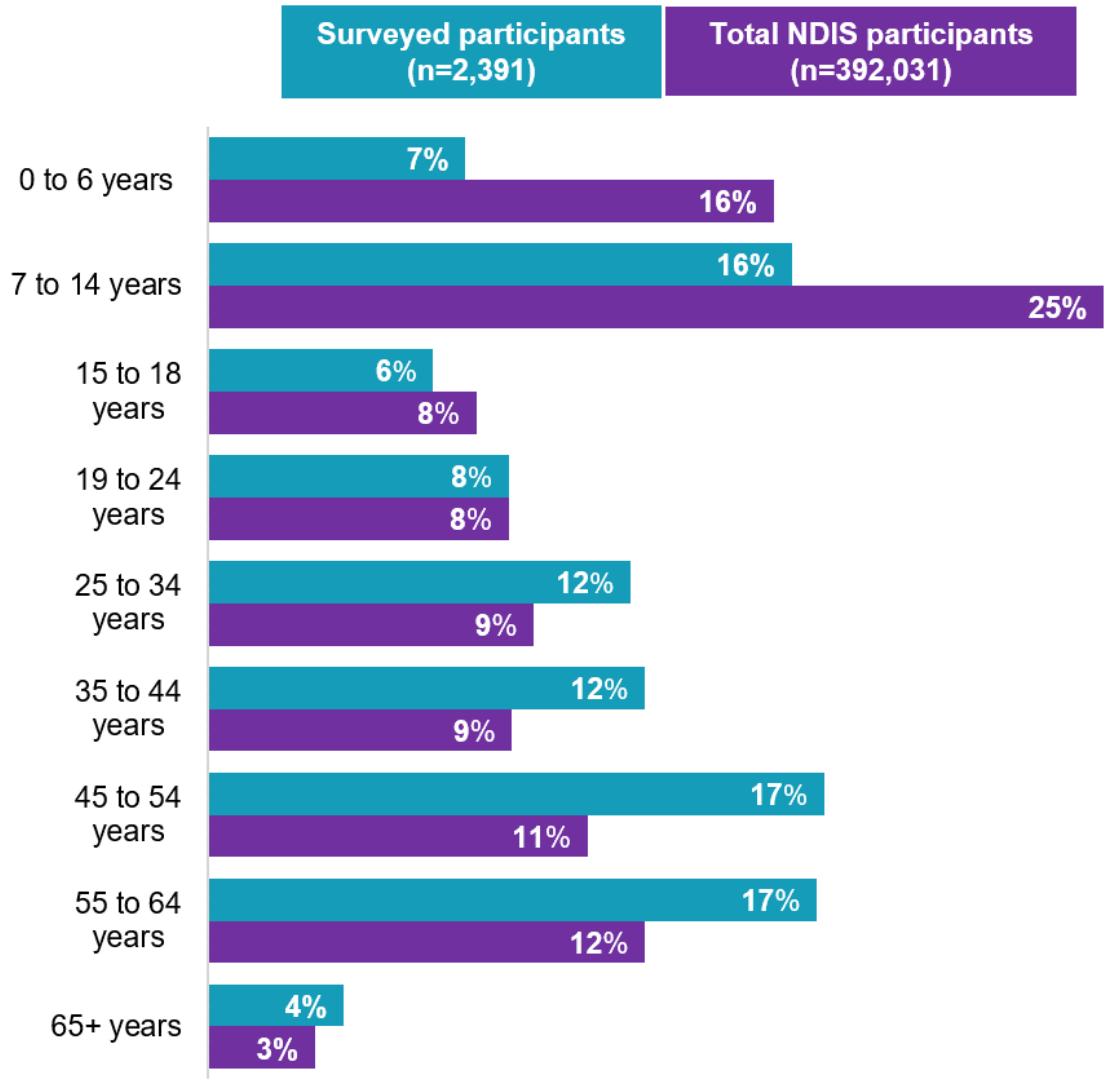


Figure 1. Age of surveyed participants compared to the broader scheme of NDIS participants

Almost half of the respondents had either completed secondary school (25%) or a university or tertiary institute degree (24%, Table 3). Most were not employed (77%) and lived with family (56%).

Table 3. Level of education, living situation, and employment status of surveyed participants

Demographics	Respondents n (%)
Level of education	**n=1,723**
Primary school (special school)	86 (5%)
Primary school (mainstream)	81 (5%)
Secondary school (special school)	352 (20%)
Secondary school (mainstream)	428 (25%)
Trade or trade certificate	189 (11%)
University or tertiary institute degree	412 (24%)
Higher university degree (e.g. Masters, PhD)	114 (7%)
Don’t know/unsure	61 (4%)
Employment status	**n=2,255**
Work full-time	133 (6%)
Work casual or part-time	297 (13%)
Retired (not due to health reasons)	84 (4%)
Not working	1741 (77%)

The most common primary disabilities in the survey sample were autism (28%), intellectual disability (11%), other neurological disability (9%), and psychosocial disability (8%, Figure 2). The sample was not entirely representative of the broader Scheme. Participants with autism, intellectual disability, hearing impairments, or developmental delay were under-represented. Those with multiple sclerosis, spinal cord injury, other neurological or physical disabilities were over-represented.

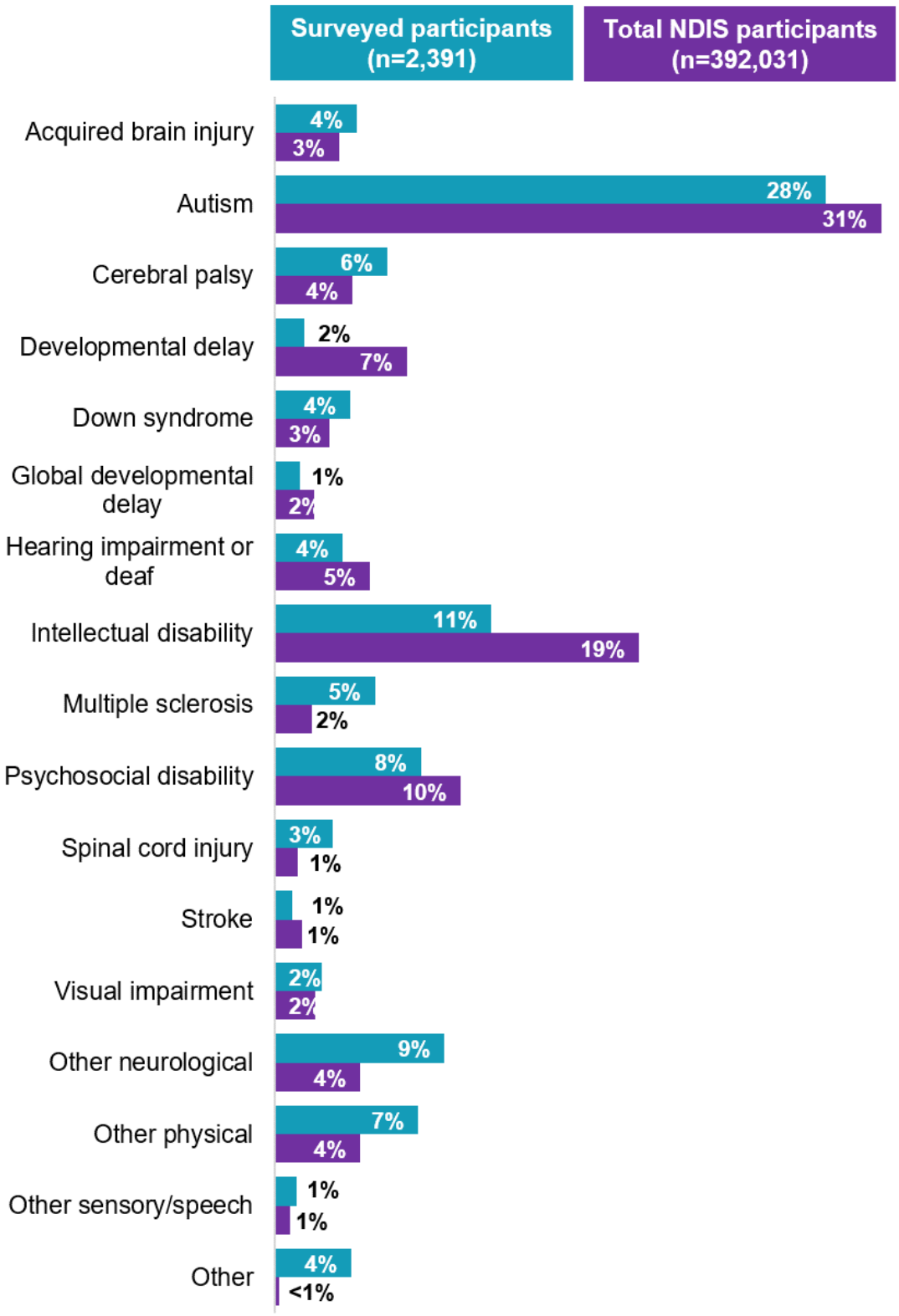


Figure 2. Primary disability of surveyed participants compared to total NDIS participants

Table 4. Demographic characteristics of surveyed participants (n = 2,391*)

Demographic characteristics	n (%)
Need help to move around	
No	1061 (41)
Special equipment or assistive technology	740 (28)
Help from other people	813 (31)
Need help to communicate	
No	1030 (37)
Special equipment or assistive technology	455 (16)
Help from other people	1041 (37)
Both equipment and help from other people	260 (9)
Level of school completed	
None	168 (32)
Year 7 or below	330 (62)
Year 8	22 (4)
Year 9	13 (2)
Year 10	0 (0)
Year 11	0 (0)
Year 12 or above	0 (0)
Level of education	
Primary school (special school)	86 (5)
Primary school (mainstream)	81 (5)
Secondary school (special school)	352 (20)
Secondary school (mainstream)	428 (25)
Trade or trade certificate	189 (11)
University or tertiary institute degree	412 (24)
Higher university degree (e.g. Masters, PhD)	114 (7)
Don’t know/unsure	61 (4)
Living situation	
Live by self	371 (16)
With partner	355 (15)
With family	1326 (56)
With carer (non-family member)	34 (1)
In a group home with other residents with disabilities	80 (3)

Demographic characteristics	n (%)
With other adults (non-family members)	61 (3)
Other	127 (5)
Employment status	
Work full-time	133 (6)
Work casual or part-time	297 (13)
Retired (not due to health reasons)	84 (4)
Not working	1741 (77)
Length been receiving care funded by the NDIS	
Less than 3 months	135 (6)
Between 3 and 6 months	126 (6)
Between 6 months and 1 year	281 (12)
Between 1 and 3 years	1169 (52)
Between 3 and 6 years	459 (20)
More than 6 years	90 (4)

*Values in table may not add to totals as survey questions were optional

Appendix 3 – Experiences with remotely delivered consultations: all allied healthcare professions

Table 1. Remotely delivered consultations with allied healthcare professions (n=2,099*)

Experiences	n (%)
Seen clinician via telehealth prior to COVID-19	
Yes, via telephone	253 (9)
Yes, via video	150 (5)
Yes, via both telephone and video	70 (2)
No	2355 (83)
Had consultations since the start of pandemic (March 1st 2020)	
Yes, in-person outside of home	803 (23)
Yes, in-person in home	605 (17)
Yes, via telephone	532 (15)
Yes, via video	1055 (30)
No	572 (16)
If yes, frequency of consultations since start of pandemic (March 1st 2020)	
The same	977 (43)
Fewer	783 (35)
More	340 (15)
Other	158 (7)
If no consultations during pandemic, reasons why	
Therapy cancelled because of pandemic	202 (33)
Requested remotely delivered consultations, but clinician does not offer it	15 (2)
Clinician offered remotely delivered consultations, but chose not to use it	61 (10)
Do not have the technology for remotely delivered consultations	36 (6)
Have the technology for remotely delivered consultations, but unable to use it	19 (3)
Do not have someone to help use technology for remotely delivered consultations	23 (4)
Do not know	0 (0)
Other	255 (42)
If no consultations during pandemic, effect of cancellation on health	
Much worse	121 (22)
Slightly worse	206 (37)
The same	215 (39)

Experiences	n (%)
Slightly better	8 (1)
Much better	5 (1)
If no consultations during pandemic, coping since cancellation of therapy	
Extremely poorly	55 (10)
Poorly	160 (29)
Neither well nor poorly	258 (47)
Well	77 (14)
Extremely well	4 (1)
If no consultations during pandemic, stress/anxiety since cancellation of therapy	
Much more than usual	150 (27)
Slightly more than usual	166 (30)
The same as usual	216 (39)
Slightly less than usual	11 (2)
Much less than usual	9 (2)
If no consultations during pandemic, would be interested in remotely delivered consultations	
No	146 (70)
Yes, only via video	28 (13)
Yes, only via telephone	5 (2)
Yes, either via video or via telephone	29 (14)
If not interested in remotely delivered consultations, reasons why	
Don’t think it would be an effective way to receive care for condition	137 (30)
Concerns about privacy	9 (2)
Prefer to see someone in-person	89 (20)
Don’t think it would be safe	4 (1)
Don’t have the technology required	13 (3)
Don’t have the skills to use the technology needed	38 (8)
Don’t have someone to help me with the technology needed	16 (4)
Unable to communicate effectively using the technology needed	55 (12)
Disability makes it difficult to communicate effectively via the technology needed	73 (16)
Need an interpreter which makes it difficult to communicate effectively via the technology needed	3 (1)
Other	19 (4)

*Values in table may be higher where respondents were able to select more than one answer

Table 2. Experiences with remotely delivered allied healthcare

Experiences	Telephone consultations n=517	Video consultations n=1074	Video group class n=26
Anyone else present during consultation	**n (%)**	**n (%)**	**n (%)**
No	274 (53)	402 (37)	-
Yes, carer/parent/support worker	193 (37)	555 (52)	-
Yes, another clinician	12 (2)	37 (3)	-
Yes, someone else	38 (7)	80 (7)	-
Ease of using the technology	**n (%)**	**n (%)**	**n (%)**
Very difficult	37 (7)	52 (5)	0 (0)
Difficult	66 (13)	201 (20)	8 (31)
Neither easy nor difficult	121 (24)	248 (24)	0 (0)
Easy	156 (31)	360 (35)	14 (54)
Very easy	123 (24)	162 (16)	4 (15)
Comfort communicating via the technology	**n (%)**	**n (%)**	**n (%)**
Very uncomfortable	41 (9)	74 (7)	1 (3)
Uncomfortable	81 (17)	194 (19)	6 (19)
Neither comfortable nor uncomfortable	91 (19)	187 (18)	10 (32)
Comfortable	160 (33)	376 (37)	10 (32)
Very comfortable	108 (22)	192 (19)	4 (13)
Happiness with management	**n (%)**	**n (%)**	**n (%)**
Very unhappy	17 (3)	27 (3)	0 (0)
Unhappy	45 (9)	83 (8)	4 (13)
Neither happy nor unhappy	129 (26)	238 (23)	12 (39)
Happy	192 (38)	429 (42)	12 (39)
Very happy	118 (24)	245 (24)	3 (10)
Happiness with privacy/security	**n (%)**	**n (%)**	**n (%)**
Very unhappy	14 (3)	27 (3)	0 (0)
Unhappy	23 (5)	54 (5)	2 (6)
Neither happy nor unhappy	151 (30)	243 (24)	14 (45)
Happy	192 (38)	461 (45)	14 (45)
Very happy	124 (25)	237 (23)	1 (3)
Safety during consultation	**n (%)**	**n (%)**	**n (%)**
Very unsafe	11 (2)	17 (2)	0 (0)
Unsafe	18 (4)	29 (3)	1 (3)
Neither safe nor unsafe	117 (23)	182 (18)	8 (26)
Safe	214 (42)	493 (48)	19 (61)
Very safe	144 (29)	302 (30)	3 (10)
Safety doing prescribed activities	**n (%)**	**n (%)**	**n (%)**
Very unsafe	16 (3)	22 (2)	0 (0)
Unsafe	24 (5)	42 (4)	0 (0)
Neither safe nor unsafe	123 (24)	177 (17)	4 (21)
Safe	142 (28)	386 (38)	7 (37)
Very safe	94 (19)	266 (26)	8 (42)
Not applicable	104 (21)	130 (13)	0 (0)
Effectiveness of care	**n (%)**	**n (%)**	**n (%)**
Very ineffective	30 (6)	55 (5)	1 (3)
Ineffective	66 (13)	142 (14)	2 (6)
Neither effective nor ineffective	143 (28)	201 (20)	12 (39)
Effective	183 (36)	479 (47)	14 (45)

Experiences	Telephone consultations n=517	Video consultations n=1074	Video group class n=26
Very effective	80 (16)	145 (14)	2 (6)
Likeliness to choose to use after pandemic	**n (%)**	**n (%)**	**n (%)**
Very unlikely	144 (29)	252 (25)	9 (29)
Unlikely	124 (25)	273 (27)	7 (23)
Neither likely nor unlikely	76 (15)	158 (15)	5 (16)
Likely	102 (20)	207 (20)	8 (26)
Very likely	56 (11)	133 (13)	2 (6)
Compared to in-person service	**n (%)**	**n (%)**	**n (%)**
Much worse	64 (13)	83 (8)	3 (10)
Worse	174 (35)	393 (39)	14 (48)
The same	207 (41)	394 (39)	8 (28)
Better	33 (7)	82 (8)	4 (14)
Much better	21 (4)	50 (5)	0 (0)

Table 3. Perceived advantages and disadvantages of remotely delivered allied healthcare

Experiences	Telephone n=517*	Video consultations n=1074*	Video group class n=26*
Advantages	**n (%)**	**n (%)**	**n (%)**
Convenience	281 (26)	659 (29)	24 (35)
Privacy	58 (5)	123 (5)	3 (4)
Access	160 (15)	348 (15)	14 (20)
Undivided attention of clinician	79 (7)	136 (6)	1 (1)
Treatment effectiveness	30 (3)	78 (3)	0 (0)
Cost savings	113 (11)	214 (9)	10 (14)
Less waiting time	146 (14)	336 (15)	11 (16)
No advantages	142 (13)	215 (9)	3 (4)
Other	56 (5)	189 (8)	3 (4)
Disadvantages	**n (%)**	**n (%)**	**n (%)**
Technology wasn't safe	0 (0)	0 (0)	0 (0)
Technology wasn't private	0 (0)	49 (2)	0 (0)
Location wasn't private	0 (0)	72 (3)	0 (0)
Location wasn't safe	0 (0)	19 (1)	2 (3)
Lack of physical contact	194 (22)	417 (16)	13 (16)
Lack of physical/hands-on treatment	177 (20)	406 (16)	9 (11)
Difficult to communicate	0 (0)	375 (15)	17 (21)
Clinician couldn't adequately assess condition	0 (0)	224 (9)	7 (9)
Clinician couldn't adequately monitor condition	0 (0)	222 (9)	6 (8)
Technology was hard to use	33 (4)	111 (4)	4 (5)
Technical/internet troubles	78 (9)	338 (13)	13 (16)
No disadvantages	70 (8)	158 (6)	2 (3)
Lack of visual contact	272 (31)	-	-
Other	49(6)	145 (6)	7 (9)

*Values in table may be higher as respondents were able to select more than one answer
- Not applicable

Appendix 4 – Experiences with remotely delivered consultations: audiology

Table 1. Experiences with audiology services during the pandemic (n=34*)

Experiences	n (%)
Seen clinician via telehealth prior to COVID-19	
Yes, via telephone	1 (3)
Yes, via video	0 (0)
Yes, via both telephone and video	0 (0)
No	33 (97)
Had consultations since the start of pandemic (March 1st 2020)	
Yes, in-person outside of home	23 (55)
Yes, in-person in home	1 (2)
Yes, via telephone	6 (14)
Yes, via video	2 (5)
No	10 (24)
If yes, frequency of consultations since start of pandemic (March 1st 2020)	
The same	12 (50)
Fewer	4 (17)
More	7 (29)
Other	1 (4)
If no consultations during pandemic, reasons why	
Therapy cancelled because of pandemic	2 (22)
Requested remotely delivered consultations, but clinician does not offer it	0 (0)
Clinician offered remotely delivered consultations, but chose not to use it	1 (11)
Do not have the technology for remotely delivered consultations	0 (0)
Have the technology for remotely delivered consultations, but unable to use it	0 (0)
Do not have someone to help use technology for remotely delivered consultations	0 (0)
Do not know	0 (0)
Other	6 (67)
If no consultations during pandemic, effect of cancellation on health	
Much worse	0 (0)
Slightly worse	2 (20)
The same	6 (60)
Slightly better	1 (10)
Much better	1 (10)
If no consultations during pandemic, coping since cancellation of therapy	
Extremely poorly	0 (0)
Poorly	1 (10)
Neither well nor poorly	3 (30)
Well	6 (60)
Extremely well	0 (0)
If no consultations during pandemic, stress/anxiety since cancellation of therapy	
Much more than usual	1 (10)
Slightly more than usual	1 (10)
The same as usual	6 (60)
Slightly less than usual	1 (10)
Much less than usual	1 (10)
If no consultations during pandemic, would be interested in remotely delivered consultations	
No	2 (100)

Experiences	n (%)
Yes, only via video	0 (0)
Yes, only via telephone	0 (0)
Yes, either via video or via telephone	0 (0)
If not interested in remotely delivered consultations, reasons why	
Don't think it would be an effective way to receive care for condition	2 (67)
Concerns about privacy	0 (0)
Prefer to see someone in-person	1 (33)
Don't think it would be safe	0 (0)
Don't have the technology required	0 (0)
Don't have the skills to use the technology needed	0 (0)
Don't have someone to help me with the technology needed	0 (0)
Unable to communicate effectively using the technology needed	0 (0)
Disability makes it difficult to communicate effectively via the technology needed	0 (0)
Need an interpreter which makes it difficult to communicate effectively via the technology needed	0 (0)
Other	0 (0)

*Values in table may be higher where respondents were able to select more than one answer

Table 2. Devices used for remotely delivered audiology

Video (n=2)*	n (%)	Telephone (n=6)*	n (%)
Individual one-to-one consultation/s	2 (100)		
Group class/es	0 (0)		
Kind of device used		**Kind of device used**	
Smart phone	1 (33)	Smart phone	5 (50)
Tablet (e.g. iPad)	1 (33)	Home/landline phone	3 (30)
Laptop computer	1 (33)	Other	2 (20)
Desktop computer	0 (0)		
Other	0 (0)		
Ownership of device		**Ownership of device**	
Yes, used a device owned before COVID-19	0 (0)	Yes, used a device owned before COVID-19	3 (50)
Yes, bought a new device after the COVID-19 pandemic	1 (100)	Yes, bought a new device after the COVID-19 pandemic	3 (50)
No, borrowed a device from someone else	0 (0)	No, borrowed a device from someone else	0 (0)
No, used parent/carer/support worker's device	0 (0)	No, used parent/carer/support worker's device	0 (0)
Other		Other	0 (0)

*Values in table may be higher where respondents were able to select more than one answer

Table 3. Experiences with remotely delivered audiology

Experiences	Telephone consultations n=6	Video consultations n=1	Video group class n=0
Anyone else present during consultation	**n (%)**	**n (%)**	**n (%)**
No	5 (100)	1 (100)	-
Yes, carer/parent/support worker	0 (0)	0 (0)	-
Yes, another clinician	0 (0)	0 (0)	-
Yes, someone else	0 (0)	0 (0)	-
Ease of using the technology	**n (%)**	**n (%)**	**n (%)**
Very difficult	1 (17)	0 (0)	-
Difficult	2 (33)	0 (0)	-
Neither easy nor difficult	0 (0)	0 (0)	-
Easy	1 (17)	0 (0)	-
Very easy	2 (33)	1 (100)	-
Comfort communicating via the technology	**n (%)**	**n (%)**	**n (%)**
Very uncomfortable	0 (0)	0 (0)	-
Uncomfortable	0 (0)	0 (0)	-
Neither comfortable nor uncomfortable	2 (33)	0 (0)	-
Comfortable	2 (33)	0 (0)	-
Very comfortable	2 (33)	1 (100)	-
Happiness with management	**n (%)**	**n (%)**	**n (%)**
Very unhappy	0 (0)	0 (0)	-
Unhappy	0 (0)	0 (0)	-
Neither happy nor unhappy	1 (17)	0 (0)	-
Happy	1 (17)	0 (0)	-
Very happy	4 (67)	1 (100)	-
Happiness with privacy/security	**n (%)**	**n (%)**	**n (%)**
Very unhappy	0 (0)	0 (0)	-
Unhappy	0 (0)	0 (0)	-
Neither happy nor unhappy	3 (50)	0 (0)	-
Happy	0 (0)	0 (0)	-
Very happy	3 (50)	1 (100)	-
Safety during consultation	**n (%)**	**n (%)**	**n (%)**
Very unsafe	0 (0)	0 (0)	-
Unsafe	0 (0)	0 (0)	-
Neither safe nor unsafe	3 (50)	0 (0)	-
Safe	0 (0)	0 (0)	-
Very safe	3 (50)	1 (100)	-
Safety doing prescribed activities	**n (%)**	**n (%)**	**n (%)**
Very unsafe	0 (0)	0 (0)	-
Unsafe	0 (0)	0 (0)	-
Neither safe nor unsafe	3 (50)	0 (0)	-
Safe	0 (0)	0 (0)	-
Very safe	2 (33)	1 (100)	-
Not applicable	1 (17)	0 (0)	-
Effectiveness of care	**n (%)**	**n (%)**	**n (%)**
Very ineffective	0 (0)	0 (0)	-
Ineffective	1 (17)	0 (0)	-
Neither effective nor ineffective	2 (33)	0 (0)	-
Effective	1 (17)	0 (0)	-

Experiences	Telephone consultations n=6	Video consultations n=1	Video group class n=0
Very effective	2 (33)	1 (100)	-
Likeliness to choose to use after pandemic	**n (%)**	**n (%)**	**n (%)**
Very unlikely	2 (33)	0 (0)	-
Unlikely	0 (0)	0 (0)	-
Neither likely nor unlikely	1 (17)	0 (0)	-
Likely	1 (17)	0 (0)	-
Very likely	2 (33)	1 (100)	-
Compared to in-person service	**n (%)**	**n (%)**	**n (%)**
Much worse	0 (0)	0 (0)	-
Worse	1 (17)	0 (0)	-
The same	3 (50)	0 (0)	-
Better	0 (0)	0 (0)	-
Much better	2 (33)	1 (100)	-

Table 4. Perceived advantages and disadvantages of remotely delivered audiology

Experiences	Telephone consultations n=6*	Video consultations n=1*	Video group class n=0*
Advantages	**n (%)**	**n (%)**	**n (%)**
Convenience	4 (16)	1 (14)	-
Privacy	2 (8)	1 (14)	-
Access	4 (16)	1 (14)	-
Undivided attention of clinician	2 (8)	1 (14)	-
Treatment effectiveness	2 (8)	1 (14)	-
Cost savings	3 (12)	1 (14)	-
Less waiting time	4 (16)	1 (14)	-
No advantages	2 (8)	0 (0)	-
Other	2 (8)	0 (0)	-
Disadvantages	**n (%)**	**n (%)**	**n (%)**
Technology wasn't safe	0 (0)	0 (0)	-
Technology wasn't private	0 (0)	0 (0)	-
Location wasn't private	0 (0)	0 (0)	-
Location wasn't safe	0 (0)	0 (0)	-
Lack of physical contact	2 (22)	0 (0)	-
Lack of physical/hands-on treatment	0 (0)	0 (0)	-
Difficult to communicate	0 (0)	0 (0)	-
Clinician couldn't adequately assess condition	0 (0)	0 (0)	-
Clinician couldn't adequately monitor condition	0 (0)	0 (0)	-
Technology was hard to use	1 (11)	0 (0)	-
Technical/internet troubles	1 (11)	0 (0)	-
No disadvantages	2 (22)	1 (100)	-
Lack of visual contact	1 (11)	-	-
Other	2 (22)	0 (0)	-

*Values in table may be higher as respondents were able to select more than one answer
- Not applicable

Appendix 5 – Experiences with remotely delivered consultations: continence nurses

Table 1. Experiences with continence nurse services during the pandemic (n=57*)

Experiences	n (%)
Seen clinician via telehealth prior to COVID-19	
Yes, via telephone	18 (32)
Yes, via video	2 (4)
Yes, via both telephone and video	0 (0)
No	37 (65)
Had consultations since the start of pandemic (March 1st 2020)	
Yes, in-person outside of home	8 (13)
Yes, in-person in home	14 (23)
Yes, via telephone	14 (23)
Yes, via video	4 (6)
No	22 (35)
If yes, frequency of consultations since start of pandemic (March 1st 2020)	
The same	21 (60)
Fewer	6 (17)
More	5 (14)
Other	3 (9)
If no consultations during pandemic, reasons why	
Therapy cancelled because of pandemic	2 (13)
Requested remotely delivered consultations, but clinician does not offer it	1 (6)
Clinician offered remotely delivered consultations, but chose not to use it	1 (6)
Do not have the technology for remotely delivered consultations	0 (0)
Have the technology for remotely delivered consultations, but unable to use it	1 (6)
Do not have someone to help use technology for remotely delivered consultations	0 (0)
Do not know	0 (0)
Other	11 (69)
If no consultations during pandemic, effect of cancellation on health	
Much worse	1 (5)
Slightly worse	5 (24)
The same	14 (67)
Slightly better	0 (0)
Much better	1 (5)
If no consultations during pandemic, coping since cancellation of therapy	
Extremely poorly	1 (5)
Poorly	3 (14)
Neither well nor poorly	9 (41)
Well	9 (41)
Extremely well	0 (0)
If no consultations during pandemic, stress/anxiety since cancellation of therapy	
Much more than usual	3 (14)
Slightly more than usual	3 (14)
The same as usual	14 (67)
Slightly less than usual	1 (5)
Much less than usual	0 (0)
If no consultations during pandemic, would be interested in remotely delivered consultations	
No	0 (0)

Experiences	n (%)
Yes, only via video	1 (50)
Yes, only via telephone	0 (0)
Yes, either via video or via telephone	1 (50)
If not interested in remotely delivered consultations, reasons why	
Don't think it would be an effective way to receive care for condition	0 (0)
Concerns about privacy	0 (0)
Prefer to see someone in-person	0 (0)
Don't think it would be safe	0 (0)
Don't have the technology required	0 (0)
Don't have the skills to use the technology needed	0 (0)
Don't have someone to help me with the technology needed	0 (0)
Unable to communicate effectively using the technology needed	0 (0)
Disability makes it difficult to communicate effectively via the technology needed	0 (0)
Need an interpreter which makes it difficult to communicate effectively via the technology needed	0 (0)
Other	1 (100)

*Values in table may be higher where respondents were able to select more than one answer

Table 2. Devices used for remotely delivered continence nursing

Video (n=4)*	n (%)	Telephone (n=14)*	n (%)
Individual one-to-one consultation/s	4 (100)		
Group class/es	0 (0)		
Kind of device used		**Kind of device used**	
Smart phone	2 (25)	Smart phone	12 (80)
Tablet (e.g. iPad)	4 (50)	Home/landline phone	2 (13)
Laptop computer	0 (0)	Other	1 (7)
Desktop computer	2 (25)		
Other	0 (0)		
Ownership of device		**Ownership of device**	
Yes, used a device owned before COVID-19	1 (25)	Yes, used a device owned before COVID-19	11 (79)
Yes, bought a new device after the COVID-19 pandemic	2 (50)	Yes, bought a new device after the COVID-19 pandemic	1 (7)
No, borrowed a device from someone else	0 (0)	No, borrowed a device from someone else	0 (0)
No, used parent/carer/support worker's device	1 (25)	No, used parent/carer/support worker's device	2 (14)
Other	0 (0)	Other	0 (0)

*Values in table may be higher where respondents were able to select more than one answer

Table 3. Experiences with remotely delivered continence nursing

	Telephone consultations n=14	Video consultations n=4	Video group class n=0
Anyone else present	**n (%)**	**n (%)**	**n (%)**
No	6 (43)	1 (25)	-
Yes, carer/parent/support worker	7 (50)	3 (75)	-
Yes, another clinician	1 (7)	0 (0)	-
Yes, someone else	0 (0)	0 (0)	-
Ease of using technology	**n (%)**	**n (%)**	**n (%)**
Very difficult	0 (0)	0 (0)	-
Difficult	4 (29)	0 (0)	-
Neither easy nor difficult	3 (21)	1 (25)	-
Easy	3 (21)	3 (75)	-
Very easy	4 (29)	0 (0)	-
Comfortable communicating	**n (%)**	**n (%)**	**n (%)**
Very uncomfortable	0 (0)	0 (0)	-
Uncomfortable	4 (29)	0 (0)	-
Neither comfortable nor uncomfortable	3 (21)	1 (25)	-
Comfortable	4 (29)	2 (50)	-
Very comfortable	3 (21)	1 (25)	-
Happiness with management	**n (%)**	**n (%)**	**n (%)**
Very unhappy	1 (7)	0 (0)	-
Unhappy	0 (0)	0 (0)	-
Neither happy nor unhappy	6 (43)	1 (25)	-
Happy	5 (36)	2 (50)	-
Very happy	2 (14)	1 (25)	-
Happiness with privacy/security	**n (%)**	**n (%)**	**n (%)**
Very unhappy	0 (0)	0 (0)	-
Unhappy	1 (7)	0 (0)	-
Neither happy nor unhappy	5 (36)	1 (25)	-
Happy	6 (43)	2 (50)	-
Very happy	2 (14)	1 (25)	-
Safety during consultation	**n (%)**	**n (%)**	**n (%)**
Very unsafe	0 (0)	0 (0)	-
Unsafe	1 (7)	0 (0)	-
Neither safe nor unsafe	1 (7)	1 (25)	-
Safe	9 (64)	2 (50)	-
Very safe	3 (21)	1 (25)	-
Safety doing prescribed activities	**n (%)**	**n (%)**	**n (%)**
Very unsafe	0 (0)	0 (0)	-
Unsafe	1 (7)	0 (0)	-
Neither safe nor unsafe	3 (21)	1 (25)	-
Safe	6 (43)	2 (50)	-
Very safe	3 (21)	1 (25)	-
Not applicable	1 (7)	0 (0)	-
Effectiveness of care	**n (%)**	**n (%)**	**n (%)**
Very ineffective	1 (7)	0 (0)	-
Ineffective	0 (0)	0 (0)	-
Neither effective nor ineffective	3 (21)	1 (25)	-
Effective	9 (64)	3 (75)	-
Very effective	1 (7)	0 (0)	-
Likeliness to use after pandemic	**n (%)**	**n (%)**	**n (%)**

	Telephone consultations	Video consultations	Video group class
Very unlikely	1 (7)	0 (0)	-
Unlikely	5 (36)	0 (0)	-
Neither likely nor unlikely	2 (14)	2 (50)	-
Likely	2 (14)	1 (25)	-
Very likely	4 (29)	1 (25)	-
Compared to in-person service	**n (%)**	**n (%)**	**n (%)**
Much worse	0 (0)	0 (0)	-
Worse	3 (21)	0 (0)	-
The same	10 (71)	3 (75)	-
Better	1 (7)	1 (25)	-
Much better	0 (0)	0 (0)	-

Table 4. Perceived advantages and disadvantages of remotely delivered continence nursing

	Telephone consultations n=14*	Video consultations n=4*	Video group class n=0*
Advantages	**n (%)**	**n (%)**	**n (%)**
Convenience	9 (24)	3 (21)	-
Privacy	3 (8)	1 (7)	-
Access	4 (11)	2 (14)	-
Undivided attention of clinician	3 (8)	2 (14)	-
Treatment effectiveness	0 (0)	2 (14)	-
Cost savings	5 (14)	1 (7)	-
Less waiting time	9 (24)	2 (14)	-
No advantages	3 (8)	1 (7)	-
Other	1 (3)	0 (0)	-
Disadvantages	**n (%)**	**n (%)**	**n (%)**
Technology wasn't safe	0 (0)	0 (0)	-
Technology wasn't private	0 (0)	0 (0)	-
Location wasn't private	0 (0)	0 (0)	-
Location wasn't safe	0 (0)	0 (0)	-
Lack of physical contact	1 (6)	0 (0)	-
Lack of physical/hands-on treatment	5 (29)	0 (0)	-
Difficult to communicate	0 (0)	1 (25)	-
Clinician couldn't adequately assess condition	0 (0)	0 (0)	-
Clinician couldn't adequately monitor condition	0 (0)	0 (0)	-
Technology was hard to use	1 (6)	0 (0)	-
Technical/internet troubles	3 (18)	0 (0)	-
No disadvantages	2 (12)	3 (75)	-
Lack of visual contact	5 (29)	-	-
Other	0 (0)	0 (0)	-

*Values in table may be higher as respondents were able to select more than one answer
- Not applicable

Appendix 6 – Experiences with remotely delivered consultations: dietetics

Table 1. Experiences with dietetic services during the pandemic (n=113*)

Experiences	n (%)
Seen clinician via telehealth prior to COVID-19	
Yes, via telephone	14 (12)
Yes, via video	9 (8)
Yes, via both telephone and video	3 (3)
No	87 (77)
Had consultations since the start of pandemic (March 1st 2020)	
Yes, in-person outside of home	17 (13)
Yes, in-person in home	15 (12)
Yes, via telephone	33 (25)
Yes, via video	31 (24)
No	34 (26)
If yes, frequency of consultations since start of pandemic (March 1st 2020)	
The same	39 (49)
Fewer	21 (26)
More	12 (15)
Other	8 (10)
If no consultations during pandemic, reasons why	
Therapy cancelled because of pandemic	13 (39)
Requested remotely delivered consultations, but clinician does not offer it	3 (9)
Clinician offered remotely delivered consultations, but chose not to use it	2 (6)
Do not have the technology for remotely delivered consultations	4 (12)
Have the technology for remotely delivered consultations, but unable to use it	0 (0)
Do not have someone to help use technology for remotely delivered consultations	2 (6)
Do not know	0 (0)
Other	9 (27)
If no consultations during pandemic, effect of cancellation on health	
Much worse	7 (21)
Slightly worse	12 (35)
The same	15 (44)
Slightly better	0 (0)
Much better	0 (0)
If no consultations during pandemic, coping since cancellation of therapy	
Extremely poorly	4 (12)
Poorly	11 (32)
Neither well nor poorly	10 (29)
Well	9 (26)
Extremely well	0 (0)
If no consultations during pandemic, stress/anxiety since cancellation of therapy	
Much more than usual	12 (35)
Slightly more than usual	7 (21)
The same as usual	15 (44)
Slightly less than usual	0 (0)
Much less than usual	0 (0)
If no consultations during pandemic, would be interested in remotely delivered consultations	
No	7 (50)

Experiences	n (%)
Yes, only via video	3 (21)
Yes, only via telephone	0 (0)
Yes, either via video or via telephone	4 (29)
If not interested in remotely delivered consultations, reasons why	
Don't think it would be an effective way to receive care for condition	5 (23)
Concerns about privacy	0 (0)
Prefer to see someone in-person	6 (27)
Don't think it would be safe	0 (0)
Don't have the technology required	1 (5)
Don't have the skills to use the technology needed	3 (14)
Don't have someone to help me with the technology needed	2 (9)
Unable to communicate effectively using the technology needed	2 (9)
Disability makes it difficult to communicate effectively via the technology needed	3 (14)
Need an interpreter which makes it difficult to communicate effectively via the technology needed	0 (0)
Other	0 (0)

*Values in table may be higher where respondents were able to select more than one answer

Table 2. Devices used for remotely delivered dietetics

Video (n=30)*	n (%)	Telephone (n=31)*	n (%)
Individual one-to-one consultation/s	30 (97)		
Group class/es	1 (3)		
Kind of device used			
Smart phone	10 (24)	Smart phone	24 (73)
Tablet (e.g. iPad)	13 (32)	Home/landline phone	7 (21)
Laptop computer	16 (39)	Other	2 (6)
Desktop computer	1 (2)		
Other	1 (2)		
Ownership of device			
Yes, used a device owned before COVID-19	15 (48)		26 (84)
Yes, bought a new device after the COVID-19 pandemic	5 (16)		1 (3)
No, borrowed a device from someone else	2 (6)		1 (3)
No, used parent/carer/support worker's device	5 (16)		3 (10)
Other	4 (13)		0 (0)

*Values in table may be higher where respondents were able to select more than one answer

Table 3. Experiences with remotely delivered dietetics

	Telephone consultations n=32	Video consultations n=29	Video group class n=1
Anyone else present during consultation	**n (%)**	**n (%)**	**n (%)**
No	15 (47)	15 (52)	-
Yes, carer/parent/support worker	13 (41)	13 (45)	-
Yes, another clinician	1 (3)	0 (0)	-
Yes, someone else	3 (9)	1 (3)	-
Ease of using the technology	**n (%)**	**n (%)**	**n (%)**
Very difficult	5 (16)	0 (0)	0 (0)
Difficult	3 (10)	5 (17)	0 (0)
Neither easy nor difficult	5 (16)	7 (24)	0 (0)
Easy	9 (29)	11 (38)	1 (100)
Very easy	9 (29)	6 (21)	0 (0)
Comfort communicating via the technology	**n (%)**	**n (%)**	**n (%)**
Very uncomfortable	6 (19)	3 (10)	0 (0)
Uncomfortable	3 (10)	2 (7)	0 (0)
Neither comfortable nor uncomfortable	7 (23)	2 (7)	0 (0)
Comfortable	11 (35)	17 (59)	1 (100)
Very comfortable	4 (13)	5 (17)	0 (0)
Happiness with management	**n (%)**	**n (%)**	**n (%)**
Very unhappy	1 (3)	2 (7)	0 (0)
Unhappy	5 (16)	2 (7)	0 (0)
Neither happy nor unhappy	6 (19)	6 (21)	0 (0)
Happy	11 (35)	10 (34)	1 (100)
Very happy	8 (26)	9 (31)	0 (0)
Happiness with privacy/security	**n (%)**	**n (%)**	**n (%)**
Very unhappy	2 (6)	1 (3)	0 (0)
Unhappy	4 (13)	1 (3)	0 (0)
Neither happy nor unhappy	6 (19)	5 (17)	0 (0)
Happy	10 (32)	12 (41)	1 (100)
Very happy	9 (29)	10 (34)	0 (0)
Safety during consultation	**n (%)**	**n (%)**	**n (%)**
Very unsafe	0 (0)	0 (0)	0 (0)
Unsafe	1 (3)	0 (0)	0 (0)
Neither safe nor unsafe	9 (29)	4 (14)	0 (0)
Safe	13 (42)	15 (52)	1 (100)
Very safe	8 (26)	10 (34)	0 (0)
Safety doing prescribed activities	**n (%)**	**n (%)**	**n (%)**
Very unsafe	2 (6)	2 (7)	0 (0)
Unsafe	1 (3)	1 (3)	0 (0)
Neither safe nor unsafe	5 (16)	2 (7)	0 (0)
Safe	12 (39)	8 (28)	0 (0)
Very safe	7 (23)	13 (45)	1 (100)
Not applicable	4 (13)	3 (10)	0 (0)
Effectiveness of care	**n (%)**	**n (%)**	**n (%)**
Very ineffective	1 (3)	2 (7)	0 (0)
Ineffective	6 (19)	3 (10)	0 (0)
Neither effective nor ineffective	6 (19)	1 (3)	0 (0)
Effective	12 (39)	19 (66)	1 (100)

	Telephone consultations n=32	Video consultations n=29	Video group class n=1
Very effective	6 (19)	4 (14)	0 (0)
Likeliness to choose to use after pandemic	**n (%)**	**n (%)**	**n (%)**
Very unlikely	9 (29)	6 (21)	0 (0)
Unlikely	6 (19)	3 (10)	0 (0)
Neither likely nor unlikely	2 (6)	5 (17)	0 (0)
Likely	7 (23)	9 (31)	1 (100)
Very likely	7 (23)	6 (21)	0 (0)
Compared to in-person service	**n (%)**	**n (%)**	**n (%)**
Much worse	3 (10)	3 (10)	0 (0)
Worse	8 (27)	4 (14)	0 (0)
The same	11 (37)	15 (52)	1 (100)
Better	4 (13)	6 (21)	0 (0)
Much better	4 (13)	1 (3)	0 (0)

Table 4. Perceived advantages and disadvantages of remotely delivered dietetics

	Telephone consultations n=32*	Video consultations n=29*	Video group class n=1*
Advantages	**n (%)**	**n (%)**	**n (%)**
Convenience	22 (27)	21 (28)	1 (33)
Privacy	7 (9)	6 (8)	0 (0)
Access	13 (16)	13 (17)	1 (33)
Undivided attention of clinician	9 (11)	7 (9)	0 (0)
Treatment effectiveness	5 (6)	4 (5)	0 (0)
Cost savings	6 (7)	6 (8)	1 (33)
Less waiting time	10 (12)	11 (14)	0 (0)
No advantages	6 (7)	3 (4)	0 (0)
Other	3 (4)	5 (7)	0 (0)
Disadvantages	**n (%)**	**n (%)**	**n (%)**
Technology wasn't safe	0 (0)	0 (0)	0 (0)
Technology wasn't private	0 (0)	0 (0)	0 (0)
Location wasn't private	0 (0)	3 (5)	0 (0)
Location wasn't safe	0 (0)	2 (3)	0 (0)
Lack of physical contact	9 (20)	6 (10)	0 (0)
Lack of physical/hands-on treatment	8 (18)	4 (7)	1 (50)
Difficult to communicate	0 (0)	7 (12)	0 (0)
Clinician couldn't adequately assess condition	0 (0)	8 (14)	0 (0)
Clinician couldn't adequately monitor condition	0 (0)	8 (14)	0 (0)
Technology was hard to use	2 (4)	1 (2)	0 (0)
Technical/internet troubles	4 (9)	6 (10)	0 (0)
No disadvantages	5 (11)	10 (17)	0 (0)
Lack of visual contact	12 (27)	-	-
Other	5 (11)	3 (5)	1 (50)

*Values in table may be higher as respondents were able to select more than one answer

Appendix 7 – Experiences with remotely delivered consultations: exercise physiology

Table 1. Experiences with exercise physiology services during the pandemic (n=257*)

Experiences	n (%)
Seen clinician via telehealth prior to COVID-19	
Yes, via telephone	8 (3)
Yes, via video	10 (4)
Yes, via both telephone and video	4 (2)
No	235 (91)
Had consultations since the start of pandemic (March 1st 2020)	
Yes, in-person outside of home	114 (39)
Yes, in-person in home	43 (15)
Yes, via telephone	20 (7)
Yes, via video	54 (18)
No	64 (22)
If yes, frequency of consultations since start of pandemic (March 1st 2020)	
The same	95 (49)
Fewer	66 (34)
More	22 (11)
Other	9 (5)
If no consultations during pandemic, reasons why	
Therapy cancelled because of pandemic	26 (39)
Requested remotely delivered consultations, but clinician does not offer it	1 (1)
Clinician offered remotely delivered consultations, but chose not to use it	4 (6)
Do not have the technology for remotely delivered consultations	3 (4)
Have the technology for remotely delivered consultations, but unable to use it	3 (4)
Do not have someone to help use technology for remotely delivered consultations	3 (4)
Do not know	0 (0)
Other	27 (40)
If no consultations during pandemic, effect of cancellation on health	
Much worse	20 (32)
Slightly worse	28 (44)
The same	14 (22)
Slightly better	1 (2)
Much better	0 (0)
If no consultations during pandemic, coping since cancellation of therapy	
Extremely poorly	11 (17)
Poorly	19 (30)
Neither well nor poorly	31 (49)
Well	2 (3)
Extremely well	0 (0)
If no consultations during pandemic, stress/anxiety since cancellation of therapy	
Much more than usual	23 (37)
Slightly more than usual	19 (30)
The same as usual	17 (27)
Slightly less than usual	2 (3)
Much less than usual	2 (3)

Experiences	n (%)
If no consultations during pandemic, would be interested in remotely delivered consultations	
No	21 (81)
Yes, only via video	2 (8)
Yes, only via telephone	0 (0)
Yes, either via video or via telephone	3 (12)
If not interested in remotely delivered consultations, reasons why	
Don't think it would be an effective way to receive care for condition	15 (38)
Concerns about privacy	0 (0)
Prefer to see someone in-person	7 (18)
Don't think it would be safe	0 (0)
Don't have the technology required	2 (5)
Don't have the skills to use the technology needed	4 (10)
Don't have someone to help me with the technology needed	2 (5)
Unable to communicate effectively using the technology needed	3 (8)
Disability makes it difficult to communicate effectively via the technology needed	5 (13)
Need an interpreter which makes it difficult to communicate effectively via the technology needed	0 (0)
Other	1 (3)

*Values in table may be higher where respondents were able to select more than one answer

Table 2. Devices used for remotely delivered exercise physiology

Video (n=55*)	n (%)	Telephone (n=20*)	n (%)
Individual one-to-one consultation/s	52 (95)		
Group class/es	3 (5)		
Kind of device used	**n (%)**	**Kind of device used**	**n (%)**
Smart phone	13 (19)	Smart phone	12 (60)
Tablet (e.g. iPad)	22 (32)	Home/landline phone	7 (35)
Laptop computer	28 (41)	Other	1 (5)
Desktop computer	3 (4)		
Other	2 (3)		
Ownership of device	**n (%)**	**Ownership of device**	**n (%)**
Yes, used a device owned before COVID-19	32 (59)	Yes, used a device owned before COVID-19	14 (74)
Yes, bought a new device after the COVID-19 pandemic	11 (20)	Yes, bought a new device after the COVID-19 pandemic	1 (5)
No, borrowed a device from someone else	5 (9)	No, borrowed a device from someone else	0 (0)
No, used parent/carer/support worker's device	4 (7)	No, used parent/carer/support worker's device	4 (21)
Other	2 (4)	Other	0 (0)

*Values in table may be higher where respondents were able to select more than one answer

Table 3. Experiences with remotely delivered exercise physiology

Experiences	Telephone consultations n=19	Video consultations n=54	Video group class n=3
Anyone else present during consultation	**n (%)**	**n (%)**	**n (%)**
No	13 (68)	29 (54)	-
Yes, carer/parent/support worker	4 (21)	18 (33)	-
Yes, another clinician	1 (5)	2 (4)	-
Yes, someone else	1 (5)	5 (9)	-
Ease of using the technology	**n (%)**	**n (%)**	**n (%)**
Very difficult	1 (5)	3 (6)	0 (0)
Difficult	3 (16)	11 (21)	1 (50)
Neither easy nor difficult	6 (32)	12 (23)	0 (0)
Easy	7 (37)	17 (33)	0 (0)
Very easy	2 (11)	9 (17)	1 (50)
Comfort communicating via the technology	**n (%)**	**n (%)**	**n (%)**
Very uncomfortable	0 (0)	5 (10)	0 (0)
Uncomfortable	4 (21)	2 (4)	0 (0)
Neither comfortable nor uncomfortable	2 (11)	13 (25)	3 (100)
Comfortable	8 (42)	18 (35)	0 (0)
Very comfortable	5 (26)	14 (27)	0 (0)
Happiness with management	**n (%)**	**n (%)**	**n (%)**
Very unhappy	0 (0)	3 (6)	0 (0)
Unhappy	1 (5)	3 (6)	1 (33)
Neither happy nor unhappy	7 (37)	11 (21)	2 (67)
Happy	6 (32)	20 (38)	0 (0)
Very happy	5 (26)	15 (29)	0 (0)
Happiness with privacy/security	**n (%)**	**n (%)**	**n (%)**
Very unhappy	0 (0)	2 (4)	0 (0)
Unhappy	1 (5)	1 (2)	0 (0)
Neither happy nor unhappy	6 (32)	15 (29)	3 (100)
Happy	7 (37)	19 (37)	0 (0)
Very happy	5 (26)	15 (29)	0 (0)
Safety during consultation	**n (%)**	**n (%)**	**n (%)**
Very unsafe	0 (0)	4 (8)	0 (0)
Unsafe	1 (5)	1 (2)	1 (33)
Neither safe nor unsafe	5 (26)	10 (19)	2 (67)
Safe	6 (32)	23 (44)	0 (0)
Very safe	7 (37)	14 (27)	0 (0)
Safety doing prescribed activities	**n (%)**	**n (%)**	**n (%)**
Very unsafe	1 (5)	5 (10)	0 (0)
Unsafe	3 (16)	5 (10)	0 (0)
Neither safe nor unsafe	4 (21)	12 (23)	0 (0)
Safe	5 (26)	17 (33)	0 (0)
Very safe	5 (26)	12 (23)	0 (0)
Not applicable	1 (5)	1 (2)	0 (0)
Effectiveness of care	**n (%)**	**n (%)**	**n (%)**
Very ineffective	0 (0)	3 (6)	0 (0)
Ineffective	3 (16)	3 (6)	0 (0)
Neither effective nor ineffective	8 (42)	13 (25)	3 (100)
Effective	6 (32)	25 (48)	0 (0)

Experiences	Telephone consultations n=19	Video consultations n=54	Video group class n=3
Very effective	2 (11)	8 (15)	0 (0)
Likeliness to choose to use after pandemic	**n (%)**	**n (%)**	**n (%)**
Very unlikely	5 (26)	11 (21)	1 (33)
Unlikely	8 (42)	19 (37)	1 (33)
Neither likely nor unlikely	3 (16)	10 (19)	1 (33)
Likely	2 (11)	9 (17)	0 (0)
Very likely	1 (5)	3 (6)	0 (0)
Compared to in-person service	**n (%)**	**n (%)**	**n (%)**
Much worse	3 (16)	7 (13)	1 (33)
Worse	6 (32)	26 (50)	1 (33)
The same	8 (42)	14 (27)	1 (33)
Better	2 (11)	4 (8)	0 (0)
Much better	0 (0)	1 (2)	0 (0)

Table 4. Perceived advantages and disadvantages of remotely delivered exercise physiology

Experiences	Telephone consultations n=72*	Video consultations n=135*	Video group class n=6*
Advantages	**n (%)**	**n (%)**	**n (%)**
Convenience	12 (29)	31 (29)	2 (25)
Privacy	4 (10)	7 (6)	1 (13)
Access	6 (15)	13 (12)	1 (13)
Undivided attention of clinician	4 (10)	9 (8)	1 (13)
Treatment effectiveness	1 (2)	6 (6)	0 (0)
Cost savings	5 (12)	11 (10)	1 (13)
Less waiting time	3 (7)	9 (8)	1 (13)
No advantages	5 (12)	13 (12)	1 (13)
Other	1 (2)	9 (8)	0 (0)
Disadvantages	**n (%)**	**n (%)**	**n (%)**
Technology wasn't safe	0 (0)	0 (0)	0 (0)
Technology wasn't private	0 (0)	1 (1)	0 (0)
Location wasn't private	0 (0)	4 (3)	0 (0)
Location wasn't safe	0 (0)	6 (4)	1 (8)
Lack of physical contact	12 (29)	27 (18)	1 (8)
Lack of physical/hands-on treatment	12 (29)	24 (16)	1 (8)
Difficult to communicate	0 (0)	12 (8)	2 (17)
Clinician couldn't adequately assess condition	0 (0)	18 (12)	2 (17)
Clinician couldn't adequately monitor condition	0 (0)	18 (12)	2 (17)
Technology was hard to use	1 (2)	8 (5)	0 (0)
Technical/internet troubles	2 (5)	16 (11)	2 (17)
No disadvantages	3 (7)	7 (5)	1 (8)
Lack of visual contact	10 (24)	-	-
Other	1 (2)	9 (6)	0 (0)

*Values in table may be higher as respondents were able to select more than one answer

Appendix 8 – Experiences with remotely delivered consultations: occupational therapy

Table 1. Experiences with occupational therapy services during the pandemic (n=834*)

Experiences	n (%)
Seen clinician via telehealth prior to COVID-19	
Yes, via telephone	109 (13)
Yes, via video	36 (4)
Yes, via both telephone and video	22 (3)
No	667 (80)
Had consultations since the start of pandemic (March 1st 2020)	
Yes, in-person outside of home	168 (15)
Yes, in-person in home	285 (26)
Yes, via telephone	197 (18)
Yes, via video	291 (26)
No	160 (15)
If yes, frequency of consultations since start of pandemic (March 1st 2020)	
The same	270 (40)
Fewer	248 (37)
More	96 (14)
Other	61 (9)
If no consultations during pandemic, reasons why	
Therapy cancelled because of pandemic	55 (31)
Requested remotely delivered consultations, but clinician does not offer it	3 (2)
Clinician offered remotely delivered consultations, but chose not to use it	19 (11)
Do not have the technology for remotely delivered consultations	12 (7)
Have the technology for remotely delivered consultations, but unable to use it	8 (4)
Do not have someone to help use technology for remotely delivered consultations	5 (3)
Do not know	0 (0)
Other	78 (43)
If no consultations during pandemic, effect of cancellation on health	
Much worse	29 (18)
Slightly worse	54 (34)
The same	74 (47)
Slightly better	0 (0)
Much better	1 (1)
If no consultations during pandemic, coping since cancellation of therapy	
Extremely poorly	11 (7)
Poorly	42 (27)
Neither well nor poorly	89 (57)
Well	15 (10)
Extremely well	0 (0)
If no consultations during pandemic, stress/anxiety since cancellation of therapy	
Much more than usual	36 (23)
Slightly more than usual	52 (33)
The same as usual	66 (42)
Slightly less than usual	1 (1)

Experiences	n (%)
Much less than usual	2 (1)
If no consultations during pandemic, would be interested in remotely delivered consultations	
No	38 (67)
Yes, only via video	7 (12)
Yes, only via telephone	2 (4)
Yes, either via video or via telephone	10 (18)
If not interested in remotely delivered consultations, reasons why	
Don't think it would be an effective way to receive care for condition	43 (29)
Concerns about privacy	2 (1)
Prefer to see someone in-person	29 (20)
Don't think it would be safe	1 (1)
Don't have the technology required	3 (2)
Don't have the skills to use the technology needed	9 (6)
Don't have someone to help me with the technology needed	3 (2)
Unable to communicate effectively using the technology needed	21 (14)
Disability makes it difficult to communicate effectively via the technology needed	27 (18)
Need an interpreter which makes it difficult to communicate effectively via the technology needed	2 (1)
Other	6 (4)

*Values in table may be higher where respondents were able to select more than one answer

Table 2. Devices used for remotely delivered occupational therapy

Video		Telephone	
n=293*		n=195*	
	n (%)		n (%)
Individual one-to-one consultation/s	286 (98)		
Group class/es	7 (2)		
Kind of device used			
Smart phone	48 (13)	Smart phone	153 (77)
Tablet (e.g. iPad)	134 (38)	Home/landline phone	32 (16)
Laptop computer	139 (39)	Other	14 (7)
Desktop computer	29 (8)		
Other	7 (2)		
Ownership of device			
Yes, used a device owned before COVID-19	125 (43)		140 (75)
Yes, bought a new device after the COVID-19 pandemic	81 (28)		6 (3)
No, borrowed a device from someone else	14 (5)		6 (3)
No, used parent/carer/support worker's device	54 (19)		32 (17)
Other	14 (5)		3 (2)

*Values in table may be higher where respondents were able to select more than one answer

Table 3. Experiences with remotely delivered occupational therapy

	Telephone consultations n=187	Video consultations n=278	Video group class n=7
Anyone else present during consultation	**n (%)**	**n (%)**	**n (%)**
No	91 (47)	90 (30)	-
Yes, carer/parent/support worker	77 (39)	163 (55)	-
Yes, another clinician	6 (3)	15 (5)	-
Yes, someone else	21 (11)	31 (10)	-
Ease of using the technology	**n (%)**	**n (%)**	**n (%)**
Very difficult	14 (7)	10 (4)	0 (0)
Difficult	20 (11)	64 (23)	0 (0)
Neither easy nor difficult	50 (27)	64 (23)	0 (0)
Easy	56 (30)	95 (34)	4 (100)
Very easy	47 (25)	45 (16)	0 (0)
Comfort communicating via the technology	**n (%)**	**n (%)**	**n (%)**
Very uncomfortable	15 (8)	21 (8)	0 (0)
Uncomfortable	24 (13)	64 (23)	4 (57)
Neither comfortable nor uncomfortable	44 (24)	52 (19)	1 (14)
Comfortable	57 (30)	95 (34)	1 (14)
Very comfortable	47 (25)	46 (17)	1 (14)
Happiness with management	**n (%)**	**n (%)**	**n (%)**
Very unhappy	5 (3)	3 (1)	0 (0)
Unhappy	19 (10)	37 (13)	1 (14)
Neither happy nor unhappy	48 (26)	68 (24)	3 (43)
Happy	70 (38)	119 (43)	3 (43)
Very happy	44 (24)	51 (18)	0 (0)
Happiness with privacy/security	**n (%)**	**n (%)**	**n (%)**
Very unhappy	6 (3)	5 (2)	0 (0)
Unhappy	4 (2)	14 (5)	0 (0)
Neither happy nor unhappy	61 (33)	65 (23)	4 (57)
Happy	64 (34)	137 (49)	3 (43)
Very happy	52 (28)	56 (20)	0 (0)
Safety during consultation	**n (%)**	**n (%)**	**n (%)**
Very unsafe	4 (2)	3 (1)	0 (0)
Unsafe	4 (2)	8 (3)	0 (0)
Neither safe nor unsafe	50 (27)	58 (21)	1 (14)
Safe	68 (36)	135 (49)	6 (86)
Very safe	61 (33)	74 (27)	0 (0)
Safety doing prescribed activities	**n (%)**	**n (%)**	**n (%)**
Very unsafe	5 (3)	7 (3)	0 (0)
Unsafe	6 (3)	11 (4)	0 (0)
Neither safe nor unsafe	48 (26)	49 (18)	1 (25)
Safe	39 (21)	114 (41)	1 (25)
Very safe	33 (18)	60 (22)	2 (50)
Not applicable	56 (30)	37 (13)	0 (0)
Effectiveness of care	**n (%)**	**n (%)**	**n (%)**
Very ineffective	12 (6)	17 (6)	0 (0)
Ineffective	24 (13)	51 (18)	1 (14)
Neither effective nor ineffective	55 (29)	58 (21)	4 (57)
Effective	63 (34)	121 (44)	1 (14)

	Telephone consultations n=187	Video consultations n=278	Video group class n=7
Very effective	33 (18)	31 (11)	1 (14)
Likeliness to choose to use after pandemic			
Very unlikely	50 (27)	78 (28)	4 (57)
Unlikely	44 (24)	74 (27)	0 (0)
Neither likely nor unlikely	32 (17)	43 (15)	2 (29)
Likely	41 (22)	56 (20)	0 (0)
Very likely	20 (11)	27 (10)	1 (14)
Compared to in-person service	**n (%)**	**n (%)**	**n (%)**
Much worse	18 (10)	24 (9)	0 (0)
Worse	60 (32)	117 (42)	3 (50)
The same	95 (51)	110 (40)	1 (17)
Better	8 (4)	18 (6)	2 (33)
Much better	5 (3)	9 (3)	0 (0)

Table 4. Perceived advantages and disadvantages of remotely delivered occupational therapy

	Telephone consultations n=187*	Video consultations n=278*	Video group class n=7*
	n (%)	n (%)	n (%)
Advantages	**n (%)**	**n (%)**	**n (%)**
Convenience	102 (27)	177 (29)	6 (40)
Privacy	21 (5)	29 (5)	1 (7)
Access	55 (14)	90 (15)	3 (20)
Undivided attention of clinician	28 (7)	34 (6)	0 (0)
Treatment effectiveness	5 (1)	20 (3)	0 (0)
Cost savings	45 (12)	64 (11)	2 (13)
Less waiting time	54 (14)	96 (16)	3 (20)
No advantages	55 (14)	56 (9)	0 (0)
Other	19 (5)	37 (6)	0 (0)
Disadvantages	**n (%)**	**n (%)**	**n (%)**
Technology wasn't safe	0 (0)	0 (0)	0 (0)
Technology wasn't private	0 (0)	9 (1)	0 (0)
Location wasn't private	0 (0)	14 (2)	0 (0)
Location wasn't safe	0 (0)	4 (1)	0 (0)
Lack of physical contact	77 (23)	138 (19)	4 (31)
Lack of physical/hands-on treatment	62 (19)	145 (20)	2 (15)
Difficult to communicate	0 (0)	114 (16)	3 (23)
Clinician couldn't adequately assess condition	0 (0)	65 (9)	0 (0)
Clinician couldn't adequately monitor condition	0 (0)	58 (8)	0 (0)
Technology was hard to use	15 (5)	27 (4)	0 (0)
Technical/internet troubles	23 (7)	101 (14)	1 (8)
No disadvantages	28 (9)	33 (4)	0 (0)
Lack of visual contact	101 (31)	-	-
Other	22 (7)	26 (4)	3 (23)

*Values in table may be higher as respondents were able to select more than one answer

Appendix 9 – Experiences with remotely delivered consultations: physiotherapy

Table 1. Experiences with physiotherapy services during the pandemic (n=511*)

	n (%)
Seen clinician via telehealth prior to COVID-19	
Yes, via telephone	37 (7)
Yes, via video	14 (3)
Yes, via both telephone and video	9 (2)
No	451 (88)
Had consultations since the start of pandemic (March 1st 2020)	
Yes, in-person outside of home	197 (31)
Yes, in-person in home	133 (21)
Yes, via telephone	73 (11)
Yes, via video	134 (21)
No	105 (16)
If yes, frequency of consultations since start of pandemic (March 1st 2020)	
The same	159 (39)
Fewer	172 (42)
More	50 (12)
Other	26 (6)
If no consultations during pandemic, reasons why	
Therapy cancelled because of pandemic	45 (43)
Requested remotely delivered consultations, but clinician does not offer it	2 (2)
Clinician offered remotely delivered consultations, but chose not to use it	7 (7)
Do not have the technology for remotely delivered consultations	5 (5)
Have the technology for remotely delivered consultations, but unable to use it	1 (1)
Do not have someone to help use technology for remotely delivered consultations	5 (5)
Do not know	0 (0)
Other	40 (48)
If no consultations during pandemic, effect of cancellation on health	
Much worse	26 (26)
Slightly worse	42 (42)
The same	31 (31)
Slightly better	2 (2)
Much better	0 (0)
If no consultations during pandemic, coping since cancellation of therapy	
Extremely poorly	7 (7)
Poorly	42 (42)
Neither well nor poorly	41 (41)
Well	10 (10)
Extremely well	1 (1)
If no consultations during pandemic, stress/anxiety since cancellation of therapy	
Much more than usual	20 (20)
Slightly more than usual	35 (35)
The same as usual	44 (44)
Slightly less than usual	1 (1)
Much less than usual	0 (0)

	n (%)
If no consultations during pandemic, would be interested in remotely delivered consultations	
No	35 (78)
Yes, only via video	4 (9)
Yes, only via telephone	1 (2)
Yes, either via video or via telephone	5 (11)
If not interested in remotely delivered consultations, reasons why	
Don't think it would be an effective way to receive care for condition	33 (42)
Concerns about privacy	0 (0)
Prefer to see someone in-person	14 (18)
Don't think it would be safe	0 (0)
Don't have the technology required	1 (1)
Don't have the skills to use the technology needed	6 (8)
Don't have someone to help me with the technology needed	4 (5)
Unable to communicate effectively using the technology needed	9 (11)
Disability makes it difficult to communicate effectively via the technology needed	7 (9)
Need an interpreter which makes it difficult to communicate effectively via the technology needed	0 (0)
Other	5 (6)

*Values in table may be higher where respondents were able to select more than one answer

Table 2. Devices used for remotely delivered physiotherapy

Video N=138*		Telephone N=75*	
Individual one-to-one consultation/s	132 (96)		
Group class/es	6 (4)		
Kind of device used	**n (%)**		**n (%)**
Smart phone	29 (17)	Smart phone	58 (77)
Tablet (e.g. iPad)	62 (36)	Home/landline phone	12 (16)
Laptop computer	66 (38)	Other	5 (7)
Desktop computer	13 (8)		
Other	3 (2)		
Ownership of device	**n (%)**		**n (%)**
Yes, used a device owned before COVID-19	67 (50)		52 (73)
Yes, bought a new device after the COVID-19 pandemic	32 (24)		2 (3)
No, borrowed a device from someone else	9 (7)		3 (4)
No, used parent/carer/support worker's device	19 (13)		13 (18)
Other	8 (6)		1 (1)

*Values in table may be higher where respondents were able to select more than one answer

Table 3. Experiences with remotely delivered physiotherapy

	Telephone consultations n=72	Video consultations n=135	Video group class n=6
Anyone else present during consultation	**n (%)**	**n (%)**	**n (%)**
No	37 (51)	51 (38)	-
Yes, carer/parent/support worker	30 (42)	71 (53)	-
Yes, another clinician	1 (1)	6 (4)	-
Yes, someone else	4 (6)	7 (5)	-
Ease of using the technology	**n (%)**	**n (%)**	**n (%)**
Very difficult	3 (4)	6 (5)	0 (0)
Difficult	8 (11)	18 (14)	2 (33)
Neither easy nor difficult	21 (30)	35 (27)	0 (0)
Easy	21 (30)	48 (37)	3 (50)
Very easy	18 (25)	24 (18)	1 (17)
Comfort communicating via the technology	**n (%)**	**n (%)**	**n (%)**
Very uncomfortable	2 (4)	7 (5)	0 (0)
Uncomfortable	12 (24)	15 (11)	1 (17)
Neither comfortable nor uncomfortable	0 (0)	26 (20)	2 (33)
Comfortable	22 (45)	59 (45)	2 (33)
Very comfortable	13 (27)	24 (18)	1 (17)
Happiness with management	**n (%)**	**n (%)**	**n (%)**
Very unhappy	3 (4)	7 (5)	0 (0)
Unhappy	7 (10)	15 (11)	1 (17)
Neither happy nor unhappy	20 (28)	26 (20)	1 (17)
Happy	29 (41)	59 (45)	3 (50)
Very happy	12 (17)	24 (18)	1 (17)
Happiness with privacy/security	**n (%)**	**n (%)**	**n (%)**
Very unhappy	1 (1)	4 (3)	0 (0)
Unhappy	2 (3)	9 (7)	0 (0)
Neither happy nor unhappy	19 (27)	34 (26)	3 (5)
Happy	36 (51)	58 (44)	2 (33)
Very happy	13 (18)	26 (20)	1 (17)
Safety during consultation	**n (%)**	**n (%)**	**n (%)**
Very unsafe	2 (3)	2 (2)	0 (0)
Unsafe	4 (6)	1 (1)	0 (0)
Neither safe nor unsafe	11 (15)	21 (16)	2 (33)
Safe	39 (55)	68 (52)	3 (50)
Very safe	15 (21)	39 (30)	1 (17)
Safety doing prescribed activities	**n (%)**	**n (%)**	**n (%)**
Very unsafe	4 (6)	2 (2)	0 (0)
Unsafe	6 (8)	10 (8)	0 (0)
Neither safe nor unsafe	12 (17)	25 (19)	1 (25)
Safe	23 (32)	52 (40)	2 (50)
Very safe	15 (21)	32 (24)	1 (25)
Not applicable	11 (15)	10 (8)	0 (0)
Effectiveness of care			
Very ineffective	2 (3)	6 (5)	0 (0)
Ineffective	15 (21)	23 (18)	1 (17)
Neither effective nor ineffective	23 (33)	27 (21)	0 (0)
Effective	24 (34)	62 (47)	4 (67)

	Telephone consultations	Video consultations	Video group class
Very effective	6 (9)	13 (10)	1 (17)
Likeliness to choose to use after pandemic			
Very unlikely	19 (27)	31 (24)	1 (17)
Unlikely	24 (34)	39 (30)	1 (17)
Neither likely nor unlikely	11 (16)	26 (20)	2 (33)
Likely	11 (16)	21 (16)	2 (33)
Very likely	5 (7)	14 (11)	0 (0)
Compared to in-person service	**n (%)**	**n (%)**	**n (%)**
Much worse	10 (14)	18 (14)	2 (33)
Worse	29 (41)	55 (42)	2 (33)
The same	25 (36)	49 (37)	2 (33)
Better	3 (4)	5 (4)	0 (0)
Much better	3 (4)	4 (3)	0 (0)

Table 4. Perceived advantages and disadvantages of remotely delivered physiotherapy

	Telephone consultations n=72*	Video (individual consultations) n=135*	Video (group classes) n=6*
Advantages	**n (%)**	**n (%)**	**n (%)**
Convenience	32 (27)	79 (26)	4 (36)
Privacy	3 (3)	16 (5)	0 (0)
Access	17 (14)	43 (14)	2 (18)
Undivided attention of clinician	11 (9)	17 (6)	0 (0)
Treatment effectiveness	3 (3)	8 (3)	0 (0)
Cost savings	12 (10)	26 (9)	2 (18)
Less waiting time	11 (9)	37 (12)	1 (9)
No advantages	26 (22)	39 (13)	2 (18)
Other	5 (4)	38 (13)	0 (0)
Disadvantages	**n (%)**	**n (%)**	**n (%)**
Technology wasn't safe	0 (0)	0 (0)	0 (0)
Technology wasn't private	0 (0)	3 (1)	0 (0)
Location wasn't private	0 (0)	5 (1)	0 (0)
Location wasn't safe	0 (0)	0 (0)	0 (0)
Lack of physical contact	37 (28)	61 (17)	4 (20)
Lack of physical/hands-on treatment	40 (30)	94 (26)	3 (15)
Difficult to communicate	0 (0)	33 (9)	3 (15)
Clinician couldn't adequately assess condition	0 (0)	44 (12)	4 (20)
Clinician couldn't adequately monitor condition	0 (0)	49 (14)	2 (10)
Technology was hard to use	3 (2)	9 (3)	1 (5)
Technical/internet troubles	6 (5)	28 (8)	2 (10)
No disadvantages	8 (6)	16 (4)	0 (0)
Lack of visual contact	35 (26)	-	-
Other	4 (3)	15 (4)	1 (5)

*Values in table may be higher as respondents were able to select more than one answer

Appendix 10 – Experiences with remotely delivered consultations: psychology

Table 1. Experiences with psychology services during the pandemic (n=528*)

	n (%)
Seen clinician via telehealth prior to COVID-19	
Yes, via telephone	41 (8)
Yes, via video	33 (6)
Yes, via both telephone and video	22 (4)
No	432 (82)
Had consultations since the start of pandemic (March 1st 2020)	
Yes, in-person outside of home	179 (26)
Yes, in-person in home	36 (5)
Yes, via telephone	132 (19)
Yes, via video	259 (38)
No	75 (11)
If yes, frequency of consultations since start of pandemic (March 1st 2020)	
The same	214 (47)
Fewer	127 (28)
More	86 (19)
Other	26 (6)
If no consultations during pandemic, reasons why	
Therapy cancelled because of pandemic	18 (22)
Requested remotely delivered consultations, but clinician does not offer it	2 (2)
Clinician offered remotely delivered consultations, but chose not to use it	15 (18)
Do not have the technology for remotely delivered consultations	5 (6)
Have the technology for remotely delivered consultations, but unable to use it	3 (4)
Do not have someone to help use technology for remotely delivered consultations	5 (6)
Do not know	0 (0)
Other	34 (41)
If no consultations during pandemic, effect of cancellation on health	
Much worse	17 (24)
Slightly worse	31 (44)
The same	20 (28)
Slightly better	1 (1)
Much better	2 (3)
If no consultations during pandemic, coping since cancellation of therapy	
Extremely poorly	12 (17)
Poorly	22 (31)
Neither well nor poorly	25 (36)
Well	10 (14)
Extremely well	1 (1)
If no consultations during pandemic, stress/anxiety since cancellation of therapy	
Much more than usual	26 (37)
Slightly more than usual	24 (34)
The same as usual	16 (23)
Slightly less than usual	4 (6)
Much less than usual	1 (1)
If no consultations during pandemic, would be interested in remotely delivered consultations	

	n (%)
No	12 (60)
Yes, only via video	4 (20)
Yes, only via telephone	1 (5)
Yes, either via video or via telephone	3 (15)
If not interested in remotely delivered consultations, reasons why	
Don't think it would be an effective way to receive care for condition	16 (25)
Concerns about privacy	5 (8)
Prefer to see someone in-person	16 (25)
Don't think it would be safe	2 (3)
Don't have the technology required	1 (2)
Don't have the skills to use the technology needed	4 (6)
Don't have someone to help me with the technology needed	1 (2)
Unable to communicate effectively using the technology needed	7 (11)
Disability makes it difficult to communicate effectively via the technology needed	11 (17)
Need an interpreter which makes it difficult to communicate effectively via the technology needed	0 (0)
Other	2 (3)

*Values in table may be higher where respondents were able to select more than one answer

Table 2. Devices used for remotely delivered psychology

Video		Telephone	
n=261*		n=129*	
	n (%)		n (%)
Individual one-to-one consultation/s	257 (98)		
Group class/es	4 (2)		
Kind of device used			
Smart phone	66 (20)	Smart phone	102 (75)
Tablet (e.g. iPad)	106 (32)	Home/landline phone	17 (13)
Laptop computer	131 (39)	Other	17 (13)
Desktop computer	24 (7)		
Other	7 (2)		
Ownership of device			
Yes, used a device owned before COVID-19	115 (45)		90 (71)
Yes, bought a new device after the COVID-19 pandemic	71 (28)		8 (6)
No, borrowed a device from someone else	11 (4)		7 (6)
No, used parent/carer/support worker's device	43 (17)		19 (15)
Other	18 (7)		3 (2)

*Values in table may be higher where respondents were able to select more than one answer

Table 3. Experiences with remotely delivered psychology

	Telephone consultations n=129	Video consultations n=261	Video group class n=4
	n (%)	n (%)	n (%)
Anyone else present during consultation			
No	90 (70)	140 (54)	-
Yes, carer/parent/support worker	31 (24)	110 (42)	-
Yes, another clinician	2 (2)	3 (1)	-
Yes, someone else	6 (5)	8 (3)	-
Ease of using the technology			
Very difficult	6 (5)	16 (6)	0 (0)
Difficult	16 (13)	46 (18)	1 (33)
Neither easy nor difficult	28 (22)	69 (27)	0 (0)
Easy	47 (37)	84 (33)	2 (67)
Very easy	29 (23)	40 (16)	0 (0)
Comfort communicating via the technology			
Very uncomfortable	10 (8)	19 (7)	1 (25)
Uncomfortable	26 (21)	51 (20)	0 (0)
Neither comfortable nor uncomfortable	24 (19)	40 (16)	1 (25)
Comfortable	42 (33)	97 (38)	2 (50)
Very comfortable	24 (19)	48 (19)	0 (0)
Happiness with management			
Very unhappy	3 (2)	5 (2)	0 (0)
Unhappy	9 (7)	13 (5)	1 (25)
Neither happy nor unhappy	29 (23)	51 (20)	1 (25)
Happy	55 (44)	118 (46)	2 (50)
Very happy	28 (23)	67 (26)	0 (0)
Happiness with privacy/security			
Very unhappy	3 (2)	8 (3)	0 (0)
Unhappy	10 (8)	26 (10)	2 (50)
Neither happy nor unhappy	40 (32)	59 (23)	1 (25)
Happy	49 (39)	103 (40)	1 (25)
Very happy	24 (19)	59 (23)	0 (0)
Safety during consultation			
Very unsafe	3 (2)	5 (2)	0 (0)
Unsafe	7 (6)	15 (6)	0 (0)
Neither safe nor unsafe	26 (21)	42 (16)	2 (50)
Safe	58 (46)	120 (47)	2 (50)
Very safe	32 (25)	73 (29)	0 (0)
Safety doing prescribed activities			
Very unsafe	2 (2)	4 (2)	0 (0)
Unsafe	5 (4)	13 (5)	0 (0)
Neither safe nor unsafe	37 (29)	51 (20)	0 (0)
Safe	42 (33)	88 (35)	2 (100)
Very safe	17 (13)	48 (19)	0 (0)
Not applicable	23 (18)	51 (20)	0 (0)
Effectiveness of care			
Very ineffective	8 (6)	11 (4)	1 (25)
Ineffective	10 (8)	23 (9)	0 (0)
Neither effective nor ineffective	34 (27)	54 (21)	1 (25)
Effective	52 (41)	121 (47)	2 (50)
Very effective	22 (17)	46 (18)	0 (0)

	Telephone consultations	Video consultations	Video group class
Likeliness to choose to use after pandemic			
Very unlikely	38 (30)	56 (22)	2 (50)
Unlikely	25 (20)	63 (25)	1 (25)
Neither likely nor unlikely	20 (16)	29 (11)	0 (0)
Likely	28 (22)	57 (22)	1 (25)
Very likely	15 (12)	50 (20)	0 (0)
Compared to in-person service			
Much worse	21 (17)	24 (9)	0 (0)
Worse	43 (34)	85 (33)	2 (50)
The same	45 (36)	98 (38)	1 (25)
Better	12 (10)	25 (10)	1 (25)
Much better	4 (3)	23 (9)	0 (0)

Table 4. Perceived advantages and disadvantages of remotely delivered psychology

	Telephone consultations n=129*	Video consultations n=261*	Video group class n=4*
	n (%)	n (%)	n (%)
Advantages			
Convenience	75 (27)	172 (28)	3 (30)
Privacy	14 (5)	32 (5)	0 (0)
Access	48 (17)	107 (17)	2 (20)
Undivided attention of clinician	13 (5)	31 (5)	0 (0)
Treatment effectiveness	10 (4)	22 (4)	0 (0)
Cost savings	27 (10)	52 (8)	1 (10)
Less waiting time	42 (15)	100 (16)	3 (30)
No advantages	28 (10)	46 (7)	0 (0)
Other	18 (7)	56 (9)	1 (10)
Disadvantages			
Technology wasn't safe	0 (0)	0 (0)	0 (0)
Technology wasn't private	0 (0)	25 (4)	0 (0)
Location wasn't private	0 (0)	34 (6)	0 (0)
Location wasn't safe	0 (0)	3 (1)	1 (13)
Lack of physical contact	36 (18)	79 (14)	1 (13)
Lack of physical/hands-on treatment	24 (12)	43 (7)	0 (0)
Difficult to communicate	0 (0)	96 (17)	3 (38)
Clinician couldn't adequately assess condition	0 (0)	40 (7)	0 (0)
Clinician couldn't adequately monitor condition	0 (0)	44 (8)	0 (0)
Technology was hard to use	6 (3)	29 (5)	0 (0)
Technical/internet troubles	31 (15)	100 (17)	3 (38)
No disadvantages	15 (7)	45 (8)	0 (0)
Lack of visual contact	80 (40)	-	-
Other	10 (5)	42 (7)	0 (0)

*Values in table may be higher as respondents were able to select more than one answer

Appendix 11 – Experiences with remotely delivered consultations: speech pathology

Table 1. Experiences with speech pathology services during the pandemic (n=494*)

	n (%)
Seen clinician via telehealth prior to COVID-19	
Yes, via telephone	25 (5)
Yes, via video	46 (9)
Yes, via both telephone and video	10 (2)
No	413 (84)
Had consultations since the start of pandemic (March 1st 2020)	
Yes, in-person outside of home	97 (16)
Yes, in-person in home	78 (13)
Yes, via telephone	57 (9)
Yes, via video	280 (46)
No	102 (17)
If yes, frequency of consultations since start of pandemic (March 1st 2020)	
The same	167 (43)
Fewer	139 (35)
More	62 (16)
Other	24 (6)
If no consultations during pandemic, reasons why	
Therapy cancelled because of pandemic	41 (34)
Requested remotely delivered consultations, but clinician does not offer it	3 (3)
Clinician offered remotely delivered consultations, but chose not to use it	12 (10)
Do not have the technology for remotely delivered consultations	7 (6)
Have the technology for remotely delivered consultations, but unable to use it	3 (3)
Do not have someone to help use technology for remotely delivered consultations	3 (3)
Do not know	0 (0)
Other	50 (42)
If no consultations during pandemic, effect of cancellation on health	
Much worse	21 (22)
Slightly worse	32 (33)
The same	41 (42)
Slightly better	3 (3)
Much better	0 (0)
If no consultations during pandemic, coping since cancellation of therapy	
Extremely poorly	9 (9)
Poorly	20 (21)
Neither well nor poorly	50 (52)
Well	16 (16)
Extremely well	2 (2)
If no consultations during pandemic, stress/anxiety since cancellation of therapy	
Much more than usual	29 (30)
Slightly more than usual	25 (26)
The same as usual	38 (40)
Slightly less than usual	1 (1)
Much less than usual	3 (3)
If no consultations during pandemic, would be interested in remotely delivered consultations	
No	31 (74)
Yes, only via video	7 (17)
Yes, only via telephone	1 (2)
Yes, either via video or via telephone	3 (7)

	n (%)
If not interested in remotely delivered consultations, reasons why	
Don't think it would be an effective way to receive care for condition	23 (23)
Concerns about privacy	2 (2)
Prefer to see someone in-person	16 (16)
Don't think it would be safe	1 (1)
Don't have the technology required	5 (5)
Don't have the skills to use the technology needed	12 (12)
Don't have someone to help me with the technology needed	4 (4)
Unable to communicate effectively using the technology needed	13 (13)
Disability makes it difficult to communicate effectively via the technology needed	20 (20)
Need an interpreter which makes it difficult to communicate effectively via the technology needed	1 (1)
Other	4 (4)

*Values in table may be higher where respondents were able to select more than one answer

Table 2. Devices used for remotely delivered speech pathology

Video n=290*	n (%)	Telephone n=51*	n (%)
Individual one-to-one consultation/s	279 (96)		
Group class/es	11 (4)		
Kind of device used			
Smart phone	31 (9)	Smart phone	43 (84)
Tablet (e.g. iPad)	135 (38)	Home/landline phone	5 (10)
Laptop computer	137 (39)	Other	3 (6)
Desktop computer	42 (12)		
Other	7 (2)		
Ownership of device			
Yes, used a device owned before COVID-19	119 (43)		30 (60)
Yes, bought a new device after the COVID-19 pandemic	70 (25)		1 (2)
No, borrowed a device from someone else	17 (6)		4 (8)
No, used parent/carer/support worker's device	59 (21)		14 (28)
Other	15 (5)		1 (2)

*Values in table may be higher where respondents were able to select more than one answer

Table 3. Experiences with remotely delivered speech pathology

	Telephone consultations n=51	Video consultations n=273	Video group class n=10
	n (%)	n (%)	n (%)
Anyone else present during consultation			
No	17 (33)	75 (26)	-
Yes, carer/parent/support worker	31 (61)	177 (61)	-
Yes, another clinician	0 (0)	11 (4)	-
Yes, someone else	3 (6)	28 (10)	-

	Telephone consultations	Video consultations	Video group class
Ease of using the technology			
Very difficult	7 (14)	17 (6)	0 (0)
Difficult	10 (20)	57 (21)	4 (40)
Neither easy nor difficult	8 (16)	60 (22)	0 (0)
Easy	12 (24)	102 (37)	4 (40)
Very easy	12 (24)	37 (14)	2 (20)
Comfort communicating via the technology			
Very uncomfortable	8 (16)	19 (7)	0 (0)
Uncomfortable	8 (16)	60 (22)	1 (10)
Neither comfortable nor uncomfortable	9 (18)	53 (19)	3 (30)
Comfortable	14 (29)	88 (32)	4 (40)
Very comfortable	10 (20)	53 (19)	2 (20)
Happiness with management			
Very unhappy	4 (8)	10 (4)	0 (0)
Unhappy	4 (8)	19 (7)	0 (0)
Neither happy nor unhappy	12 (24)	67 (25)	5 (50)
Happy	15 (30)	102 (37)	3 (30)
Very happy	15 (30)	75 (27)	2 (20)
Happiness with privacy/security			
Very unhappy	2 (4)	8 (3)	0 (0)
Unhappy	1 (2)	9 (3)	0 (0)
Neither happy nor unhappy	11 (22)	71 (26)	1 (10)
Happy	20 (40)	117 (43)	7 (70)
Very happy	16 (32)	68 (25)	2 (20)
Safety during consultation			
Very unsafe	2 (4)	3 (1)	0 (0)
Unsafe	0 (0)	4 (1)	0 (0)
Neither safe nor unsafe	12 (24)	46 (17)	1 (10)
Safe	21 (42)	130 (48)	7 (70)
Very safe	15 (30)	90 (33)	2 (20)
Safety doing prescribed activities			
Very unsafe	2 (4)	2 (1)	0 (0)
Unsafe	2 (4)	2 (1)	0 (0)
Neither safe nor unsafe	11 (22)	37 (14)	2 (25)
Safe	15 (31)	105 (38)	2 (25)
Very safe	12 (24)	99 (36)	4 (50)
Not applicable	7 (14)	28 (10)	0 (0)
Effectiveness of care			
Very ineffective	6 (12)	16 (6)	0 (0)
Ineffective	7 (14)	39 (14)	0 (0)
Neither effective nor ineffective	12 (24)	47 (17)	4 (40)
Effective	16 (33)	128 (47)	6 (60)
Very effective	8 (16)	42 (15)	0 (0)
Likeliness to choose to use after pandemic			
Very unlikely	20 (41)	70 (26)	1 (10)
Unlikely	12 (24)	75 (27)	4 (40)
Neither likely nor unlikely	5 (10)	43 (16)	0 (0)
Likely	10 (20)	54 (20)	4 (40)
Very likely	2 (4)	31 (11)	1 (10)
Compared to in-person service			
Much worse	9 (18)	7 (3)	0 (0)
Worse	24 (49)	106 (42)	6 (67)

	Telephone consultations	Video consultations	Video group class
The same	10 (20)	105 (42)	2 (22)
Better	3 (6)	23 (9)	1 (11)
Much better	3 (6)	11 (4)	0 (0)

Table 4. Perceived advantages and disadvantages of remotely delivered speech pathology

	Telephone consultations n=51*	Video consultations n=273*	Video group class n=10*
	n (%)	n (%)	n (%)
Advantages			
Convenience	25 (25)	175 (31)	8 (36)
Privacy	4 (4)	31 (5)	1 (5)
Access	13 (13)	79 (14)	5 (23)
Undivided attention of clinician	9 (9)	35 (6)	0 (0)
Treatment effectiveness	4 (4)	15 (3)	0 (0)
Cost savings	10 (10)	53 (9)	3 (14)
Less waiting time	13 (13)	80 (14)	3 (14)
No advantages	17 (17)	57 (10)	0 (0)
Other	7 (7)	44 (8)	2 (9)
Disadvantages			
Technology wasn't safe	0 (0)	0 (0)	0 (0)
Technology wasn't private	0 (0)	11 (2)	0 (0)
Location wasn't private	0 (0)	12 (2)	0 (0)
Location wasn't safe	0 (0)	4 (1)	0 (0)
Lack of physical contact	22 (22)	106 (16)	3 (12)
Lack of physical/hands-on treatment	24 (24)	96 (15)	2 (8)
Difficult to communicate	0 (0)	112 (17)	6 (24)
Clinician couldn't adequately assess condition	0 (0)	49 (8)	1 (4)
Clinician couldn't adequately monitor condition	0 (0)	45 (7)	2 (8)
Technology was hard to use	4 (4)	37 (6)	3 (12)
Technical/internet troubles	8 (8)	87 (13)	5 (20)
No disadvantages	7 (7)	43 (7)	1 (4)
Lack of visual contact	28 (29)	-	-
Other	5 (5)	50 (8)	2 (8)

*Values in table may be higher as respondents were able to select more than one answer

Appendix 12 – Differences between allied healthcare professions

Table 1. Differences in experiences with video consultations across allied healthcare professions (n (%))

	Audiology	Continence nurse	Dietetics	Exercise physiology	Occupational therapy	Physiotherapy	Psychology	Speech pathology
Frequency of consultations since start of pandemic (March 1st 2020)								
Less	4 (17)	6 (17)	21 (26)	66 (34)	248 (37)	172 (42)	127 (28)	139 (36)
Same	12 (50)	21 (60)	39 (49)	95 (50)	270 (40)	159 (39)	214 (47)	167 (43)
More	7 (29)	5 (14)	12 (15)	22 (12)	96 (14)	50 (12)	86 (19)	62 (16)
Effectiveness of care								
Ineffective	0 (0)	0 (0)	5 (17)	6 (12)	68 (25)	29 (22)	34 (13)	55 (20)
Neither	0 (0)	1 (25)	1 (3)	13 (25)	58 (21)	27 (21)	54 (21)	47 (17)
Effective	1 (100)	3 (75)	23 (79)	33 (64)	152 (55)	75 (57)	167 (66)	170 (63)
Likeliness to use after pandemic								
Unlikely	0 (0)	0 (0)	9 (31)	30 (58)	152 (55)	70 (53)	119 (47)	145 (53)
Neither	0 (0)	2 (50)	5 (17)	10 (19)	43 (16)	26 (20)	29 (11)	43 (16)
Likely	1 (100)	2 (50)	15 (52)	12 (23)	83 (30)	35 (27)	107 (42)	85 (31)

Table 2. Differences in experiences with video group classes across allied healthcare professions (n (%))

	Audiology	Continence nurse	Dietetics	Exercise physiology	Occupational therapy	Physiotherapy	Psychology	Speech pathology
Effectiveness of care								
Ineffective	-	-	0 (0)	0 (0)	1 (14)	1 (17)	1 (25)	0 (0)
Neither	-	-	0 (0)	3 (100)	4 (57)	0 (0)	1 (25)	4 (40)
Effective	-	-	1 (100)	0 (0)	2 (29)	5 (83)	2 (50)	6 (60)
Likeliness to use after pandemic								
Unlikely	-	-	0 (0)	2 (67)	4 (57)	2 (33)	3 (75)	5 (50)

	Neither	-	-	0 (0)	1 (33)	2 (29)	2 (33)	0 (0)	0 (0)
	Likely	-	-	1 (100)	0 (0)	1 (14)	2 (33)	1 (25)	5 (50)

Table 3. Differences in experiences with telephone consultations across allied healthcare professions (n (%))

		Audiology	Continence nurse	Dietetics	Exercise physiology	Occupational therapy	Physiotherapy	Psychology	Speech pathology
Effectiveness of care									
	Ineffective	1 (17)	1 (7)	7 (23)	3 (16)	36 (19)	17 (24)	18 (14)	13 (27)
	Neither	2 (33)	3 (21)	6 (19)	8 (42)	55 (29)	23 (33)	34 (27)	12 (25)
	Effective	3 (50)	10 (71)	18 (58)	8 (42)	96 (51)	30 (43)	74 (59)	24 (49)
Likeliness to use after pandemic									
	Unlikely	2 (33)	6 (43)	15 (48)	13 (68)	94 (50)	43 (61)	63 (50)	32 (65)
	Neither	1 (17)	2 (14)	2 (7)	3 (16)	32 (17)	11 (16)	20 (16)	5 (10)
	Likely	3 (50)	6 (43)	14 (45)	3 (16)	61 (33)	16 (23)	43 (34)	12 (25)

Appendix 13 – Differences between subgroups of participants

Table 1. Differences in frequency of physiotherapy consultations during the pandemic across participant subgroups

	Fewer consultations	The same number	More consultations
Age			
0-18 years	30 (53%)	19 (33%)	7 (12%)
19-64 years	34 (47%)	25 (34%)	11 (15%)
65+ years	1 (25%)	2 (50%)	1 (25%)
Remoteness			
Metropolitan	43 (52%)	28 (34%)	12 (15%)
Regional/rural	20 (44%)	16 (35%)	6 (13%)
Remote	1 (50%)	1 (50%)	0 (0%)
Disability type			
Acquired brain injury	3 (43%)	3 (43%)	1 (14%)
Autism	6 (40%)	6 (40%)	2 (13%)
Cerebral palsy	13 (68%)	5 (26%)	1 (5%)
Developmental delay	0 (0%)	3 (100%)	0 (0%)
Down syndrome	1 (50%)	0 (0%)	1 (50%)
Global developmental delay	0 (0%)	2 (100%)	0 (0%)
Hearing impairment or deaf	0 (0%)	1 (100%)	0 (0%)
Intellectual disability	7 (58%)	2 (17%)	3 (25%)
Multiple sclerosis	8 (38%)	9 (43%)	4 (19%)
Psychosocial disability	2 (50%)	1 (25%)	1 (25%)
Spinal cord injury	1 (50%)	1 (50%)	0 (0%)
Stroke	0 (0%)	1 (100%)	0 (0%)
Other neurological	5 (39%)	4 (31%)	3 (23%)
Other physical	12 (75%)	3 (19%)	1 (6%)
Other sensory/speech	0 (0%)	0 (0%)	1 (100%)
Other	3 (50%)	2 (33%)	1 (17%)
Language			
English	64 (50%)	42 (33%)	18 (14%)
Other	1 (20%)	3 (60%)	1 (20%)

Table 2. Differences in rated effectiveness of physiotherapy video consultations across participant subgroups

	Ineffective	Neutral	Effective
Age			
0-18 years	14 (29%)	11 (23%)	22 (47%)
19-64 years	13 (16%)	16 (20%)	50 (63%)
65+ years	2 (67%)	0 (0%)	1 (33%)
Remoteness			
Metropolitan	17 (21%)	16 (20%)	47 (59%)
Regional/rural	10 (23%)	10 (23%)	24 (55%)
Remote	1 (50%)	0 (0%)	1 (50%)
Disability type			
Acquired brain injury	1 (14%)	3 (43%)	3 (43%)
Autism	4 (27%)	5 (33%)	6 (40%)

	Ineffective	Neutral	Effective
Cerebral palsy	5 (28%)	3 (17%)	10 (56%)
Developmental delay	0 (0%)	0 (0%)	3 (100%)
Down syndrome	0 (0%)	0 (0%)	2 (100%)
Global developmental delay	0 (0%)	1 (50%)	1 (50%)
Hearing impairment or deaf	0 (0%)	0 (0%)	1 (100%)
Intellectual disability	2 (18%)	1 (9%)	8 (73%)
Multiple sclerosis	3 (15%)	3 (15%)	14 (70%)
Psychosocial disability	1 (25%)	1 (25%)	2 (50%)
Spinal cord injury	1 (50%)	0 (0%)	1 (50%)
Stroke	0 (0%)	0 (0%)	1 (100%)
Other neurological	2 (15%)	1 (8%)	10 (77%)
Other physical	5 (31%)	5 (31%)	6 (38%)
Other sensory/speech	0 (0%)	0 (0%)	2 (100%)
Other	3 (50%)	1 (17%)	2 (33%)
Language			
English	26 (21%)	27 (22%)	72 (58%)
Other	3 (60%)	0 (0%)	2 (40%)

Table 3. Differences in rated likeliness to use physiotherapy video consultations in the future across participant subgroups

	Unlikely	Neutral	Likely
Age			
0-18 years	32 (65%)	8 (16%)	9 (18%)
19-64 years	36 (45%)	18 (23%)	26 (33%)
65+ years	2 (67%)	0 (0%)	1 (33%)
Remoteness			
Metropolitan	50 (61%)	12 (15%)	20 (24%)
Regional/rural	17 (39%)	13 (30%)	14 (32%)
Remote	1 (50%)	0 (0%)	1 (50%)
Disability type			
Acquired brain injury	3 (43%)	3 (43%)	1 (14%)
Autism	10 (67%)	3 (20%)	2 (13%)
Cerebral palsy	11 (61%)	5 (28%)	2 (11%)
Developmental delay	3 (100%)	0 (0%)	0 (0%)
Down syndrome	0 (0%)	1 (50%)	1 (50%)
Global developmental delay	1 (50%)	0 (0%)	1 (50%)
Hearing impairment or deaf	0 (0%)	1 (100%)	0 (0%)
Intellectual disability	5 (46%)	2 (18%)	4 (36%)
Multiple sclerosis	9 (45%)	5 (25%)	6 (30%)
Psychosocial disability	2 (50%)	0 (0%)	2 (50%)
Spinal cord injury	2 (50%)	1 (50%)	0 (0%)
Stroke	1 (100%)	0 (0%)	0 (0%)
Other neurological	5 (39%)	3 (23%)	5 (39%)
Other physical	9 (56%)	1 (6%)	6 (38%)
Other sensory/speech	0 (0%)	0 (0%)	2 (100%)
Other	5 (83%)	0 (0%)	1 (17%)
Language			
English	66 (53%)	25 (20%)	34 (27%)
Other	3 (60%)	1 (20%)	1 (20%)

Table 4. Differences in frequency of speech pathology consultations during the pandemic across participant subgroups

	Fewer consultations	The same number	More consultations
Age			
0-18 years	69 (36%)	89 (45%)	34 (17%)
19-64 years	21 (27%)	36 (46%)	16 (21%)
65+ years	1 (100%)	0 (0%)	0 (0%)
Remoteness			
Metropolitan	61 (37%)	70 (42%)	26 (16%)
Regional/rural	28 (27%)	48 (47%)	22 (21%)
Remote	2 (50%)	1 (25%)	1 (25%)
Disability type			
Acquired brain injury	2 (25%)	6 (75%)	0 (0%)
Autism	42 (32%)	54 (41%)	30 (23%)
Cerebral palsy	1 (13%)	5 (63%)	2 (25%)
Developmental delay	4 (36%)	6 (55%)	1 (9%)
Down syndrome	8 (36%)	10 (40%)	4 (18%)
Global developmental delay	3 (43%)	3 (43%)	1 (14%)
Hearing impairment or deaf	2 (40%)	2 (60%)	0 (0%)
Intellectual disability	14 (47%)	12 (40%)	1 (3%)
Multiple sclerosis	0 (0%)	1 (100%)	0 (0%)
Psychosocial disability	1 (100%)	0 (0%)	0 (0%)
Stroke	0 (0%)	0 (0%)	1 (100%)
Other neurological	4 (31%)	3 (23%)	4 (31%)
Other physical	0 (0%)	3 (100%)	0 (0%)
Other sensory/speech	2 (29%)	3 (43%)	2 (29%)
Other	2 (29%)	3 (43%)	2 (29%)
Language			
English	86 (33%)	118 (45%)	46 (18%)
Other	4 (25%)	7 (44%)	4 (25%)

Table 5. Differences in rated effectiveness of speech pathology video consultations across participant subgroups

	Ineffective	Neutral	Effective
Age			
0-18 years	36 (21%)	27 (15%)	113 (64%)
19-64 years	18 (19%)	20 (21%)	57 (60%)
65+ years	1 (100%)	0 (0%)	0 (0%)
Remoteness			
Metropolitan	32 (20%)	26 (17%)	102 (63%)
Regional/rural	21 (21%)	19 (19%)	58 (59%)
Remote	1 (25%)	0 (0%)	3 (75%)
Disability type			
Acquired brain injury	1 (13%)	2 (25%)	5 (63%)
Autism	28 (22%)	21 (16%)	80 (62%)
Cerebral palsy	2 (29%)	0 (0%)	5 (71%)
Developmental delay	3 (25%)	2 (17%)	7 (58%)
Down syndrome	6 (30%)	2 (10%)	12 (60%)
Global developmental delay	3 (43%)	0 (0%)	4 (57%)
Hearing impairment or deaf	0 (0%)	1 (20%)	4 (80%)
Intellectual disability	4 (14%)	8 (28%)	17 (59%)

	Ineffective	Neutral	Effective
Multiple sclerosis	0 (0%)	0 (0%)	1 (100%)
Psychosocial disability	0 (0%)	0 (0%)	1 (100%)
Stroke	0 (0%)	1 (100%)	0 (0%)
Other neurological	2 (17%)	3 (25%)	7 (58%)
Other physical	0 (0%)	0 (0%)	3 (100%)
Other sensory/speech	1 (17%)	2 (33%)	3 (50%)
Other	0 (0%)	1 (14%)	6 (86%)
Language			
English	52 (21%)	43 (17%)	156 (62%)
Other	3 (19%)	2 (13%)	11 (69%)

Table 6. Differences in rated likeliness to use speech pathology video consultations in the future across participant subgroups

	Unlikely	Neutral	Likely
Age			
0-18 years	89 (51%)	28 (16%)	59 (34%)
19-64 years	55 (57%)	15 (16%)	26 (27%)
65+ years	1 (100%)	0 (0%)	0 (0%)
Remoteness			
Metropolitan	84 (52%)	24 (15%)	55 (34%)
Regional/rural	55 (56%)	18 (18%)	26 (26%)
Remote	2 (50%)	0 (0%)	2 (50%)
Disability type			
Acquired brain injury	5 (63%)	0 (0%)	3 (38%)
Autism	59 (46%)	20 (16%)	50 (39%)
Cerebral palsy	5 (71%)	0 (0%)	2 (29%)
Developmental delay	9 (75%)	1 (8%)	2 (17%)
Down syndrome	12 (57%)	3 (14%)	6 (29%)
Global developmental delay	5 (71%)	1 (14%)	1 (14%)
Hearing impairment or deaf	3 (60%)	1 (20%)	1 (20%)
Intellectual disability	18 (62%)	4 (14%)	7 (24%)
Multiple sclerosis	1 (100%)	0 (0%)	0 (0%)
Psychosocial disability	1 (100%)	0 (0%)	0 (0%)
Stroke	1 (100%)	0 (0%)	0 (0%)
Other neurological	10 (83%)	2 (17%)	0 (0%)
Other physical	2 (67%)	0 (0%)	1 (33%)
Other sensory/speech	3 (50%)	1 (17%)	2 (33%)
Other	2 (29%)	1 (14%)	4 (57%)
Language			
English	135 (53%)	38 (15%)	80 (32%)
Other	9 (56%)	3 (19%)	4 (25%)

Table 7. Differences in frequency of occupational therapy consultations during the pandemic across participant subgroups

	Fewer consultations	The same number	More consultations
Age			
0-18 years	62 (34%)	83 (45%)	25 (14%)
19-64 years	46 (43%)	38 (36%)	19 (18%)

	Fewer consultations	The same number	More consultations
65+ years	1 (100%)	0 (0%)	0 (0%)
Remoteness			
Metropolitan	65 (38%)	74 (43%)	22 (13%)
Regional/rural	36 (36%)	41 (41%)	18 (18%)
Remote	5 (46%)	3 (27%)	2 (18%)
Disability type			
Acquired brain injury	5 (63%)	2 (25%)	1 (13%)
Autism	45 (36%)	57 (46%)	17 (14%)
Cerebral palsy	7 (50%)	6 (43%)	0 (0%)
Developmental delay	2 (40%)	2 (40%)	1 (20%)
Down syndrome	2 (25%)	5 (63%)	1 (13%)
Global developmental delay	3 (43%)	3 (43%)	0 (0%)
Hearing impairment or deaf	1 (25%)	3 (75%)	0 (0%)
Intellectual disability	13 (45%)	8 (28%)	6 (21%)
Multiple sclerosis	2 (29%)	2 (29%)	3 (43%)
Psychosocial disability	5 (50%)	3 (30%)	1 (10%)
Spinal cord injury	1 (50%)	0 (0%)	1 (50%)
Visual impairment	2 (50%)	1 (25%)	0 (0%)
Other neurological	5 (29%)	5 (29%)	6 (35%)
Other physical	6 (55%)	3 (27%)	2 (18%)
Other sensory/speech	0 (0%)	2 (67%)	0 (0%)
Other	6 (43%)	3 (21%)	4 (29%)
Language			
English	108 (39%)	114 (41%)	42 (15%)
Other	1 (8%)	7 (58%)	2 (17%)

Table 8. Differences in rated effectiveness of occupational therapy video consultations across participant subgroups

	Ineffective	Neutral	Effective
Age			
0-18 years	40 (27%)	30 (20%)	78 (53%)
19-64 years	24 (23%)	19 (18%)	60 (58%)
65+ years	1 (100%)	0 (0%)	0 (0%)
Remoteness			
Metropolitan	37 (23%)	34 (21%)	90 (56%)
Regional/rural	22 (25%)	19 (21%)	48 (54%)
Remote	1 (11%)	1 (11%)	7 (78%)
Disability type			
Acquired brain injury	3 (38%)	3 (38%)	2 (25%)
Autism	32 (26%)	26 (22%)	63 (52%)
Cerebral palsy	3 (21%)	1 (7%)	10 (71%)
Developmental delay	2 (40%)	1 (20%)	2 (40%)
Down syndrome	1 (13%)	2 (25%)	5 (63%)
Global developmental delay	1 (14%)	3 (43%)	3 (43%)
Hearing impairment or deaf	0 (0%)	0 (0%)	4 (100%)
Intellectual disability	8 (29%)	9 (32%)	11 (39%)
Multiple sclerosis	0 (0%)	1 (14%)	6 (86%)
Psychosocial disability	2 (20%)	2 (20%)	6 (60%)
Spinal cord injury	0 (0%)	0 (0%)	2 (100%)
Visual impairment	2 (50%)	0 (0%)	2 (50%)
Other neurological	2 (13%)	3 (20%)	10 (67%)