

Introduction

- The COVID-19 pandemic affected healthcare systems worldwide and forced changes in the delivery of many aspects of care
- Across the NHS, this included delays or cancellations of non-urgent procedures, as well as movement of many GP and outpatient clinic appointments from face-to-face to virtual (e.g., telephone or online video appointments)
- In the Gynaecology outpatient department at Guy's and St Thomas' NHS Foundation Trust, a change in departmental policy in response to the COVID-19 pandemic meant most appointments were being offered as virtual, with only patients deemed to require a face-to-face clinical examination being asked to attend the clinic in person
- This study aimed to assess methods of contact patients prefer when interfacing with clinicians in the Gynaecology outpatient department, following reopening of services post-pandemic. A further aim was to explore the options available to patients at the time of booking consultations

Design and Methods

Patient questionnaire

- A patient survey was designed, enquiring about the process of appointment booking at the Gynaecology outpatient department, patient preference of type of consultation (face-to-face, telephone or virtual), as well as overall satisfaction with department.
- Patients were asked to complete the questionnaire in paper format when attending the clinic in person, or by clinicians at the end of a virtual appointment.
- No patient identifiable information was asked for in the survey or used in the data analysis
- Responses were collected over a period of 4 weeks in November-December 2021

Staff questionnaire

- A new type of software, "Attend Anywhere", was introduced in the Gynaecology outpatient department during the pandemic, in order to facilitate video consultation
- Clinicians working in the Gynaecology outpatient department (i.e., doctors at various stages in their training/career and clinical nurse specialists) were asked by email to complete an online questionnaire enquiring about their experience with the video consultation system, as well as their preferred type of consultation
- Responses were collected over a period of 2 weeks in January 2022

Results

Results of patient questionnaire

107 patients completed the questionnaire during the data collection period.

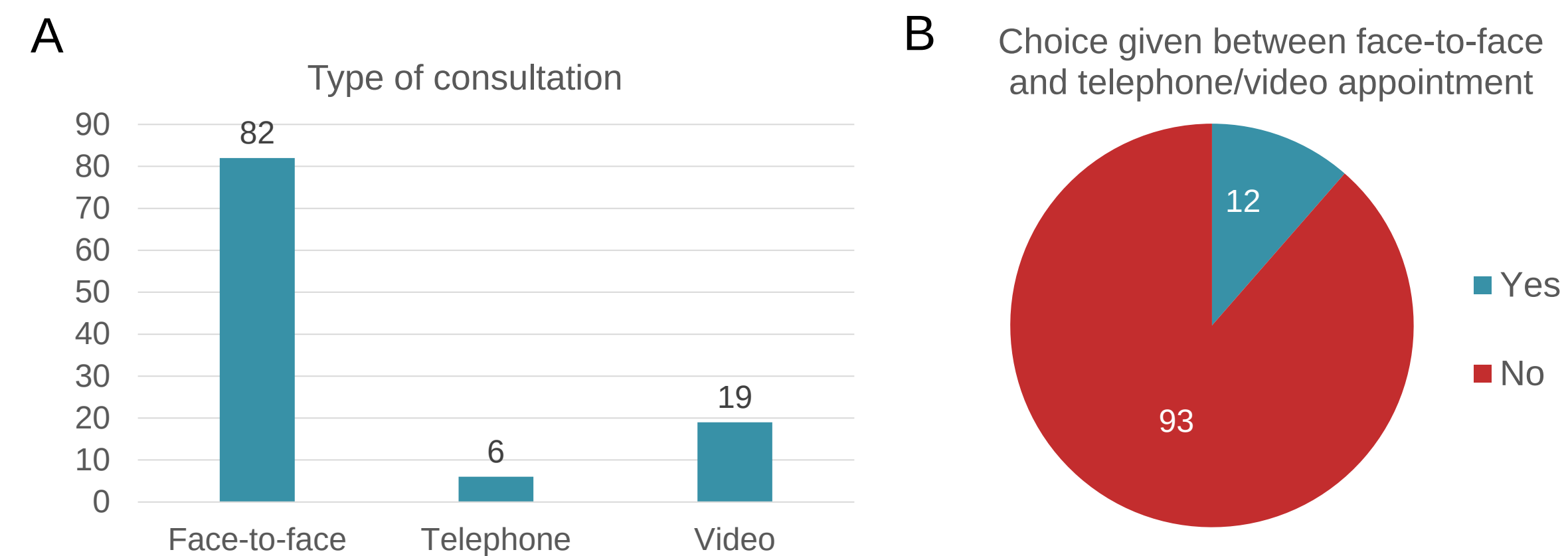


Figure 1.
A) 82 (76.6%) of responses come from patients attending face-to-face appointments, 6 (5.6%) from telephone and 19 (17.8%) from video consultations
B) 93/107 patients (86.9%) reported they had not been offered a choice of appointment type at time of appointment booking

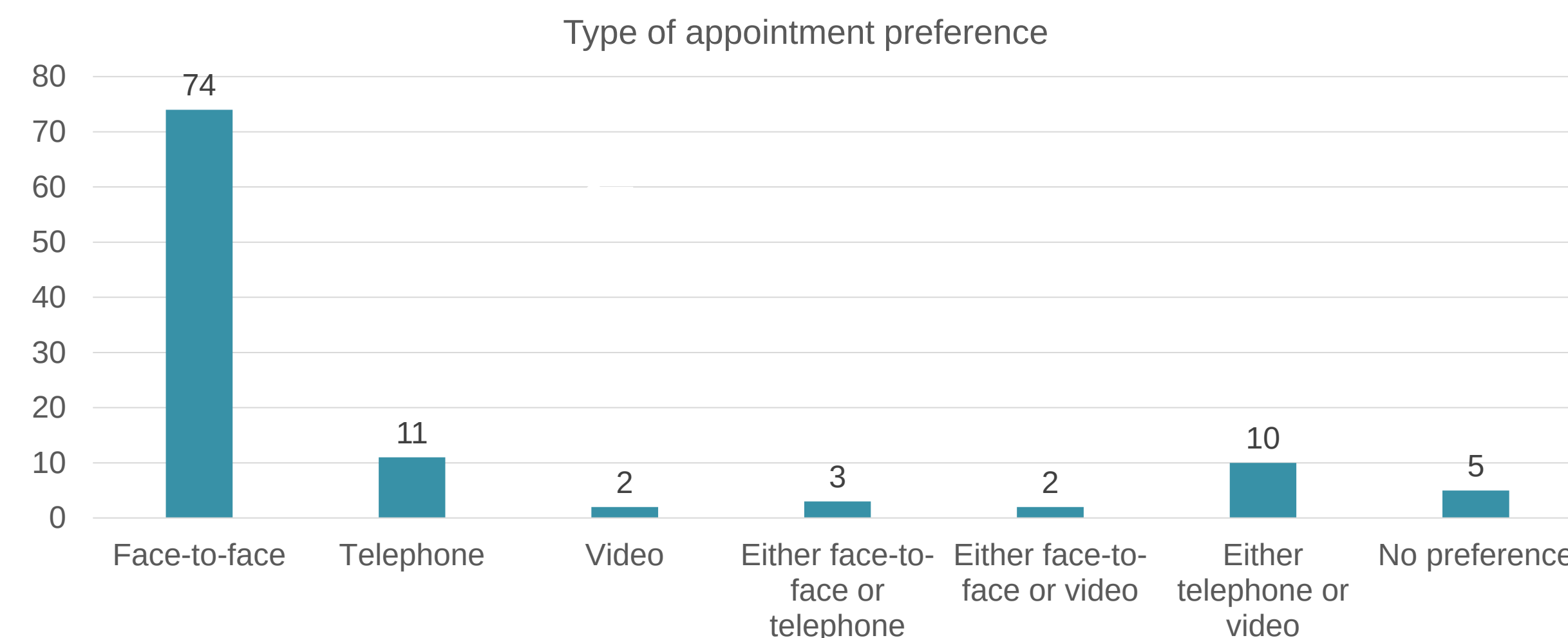


Figure 2. 57% of patients would prefer a choice of consultation type, with their preferences seen in the graph above

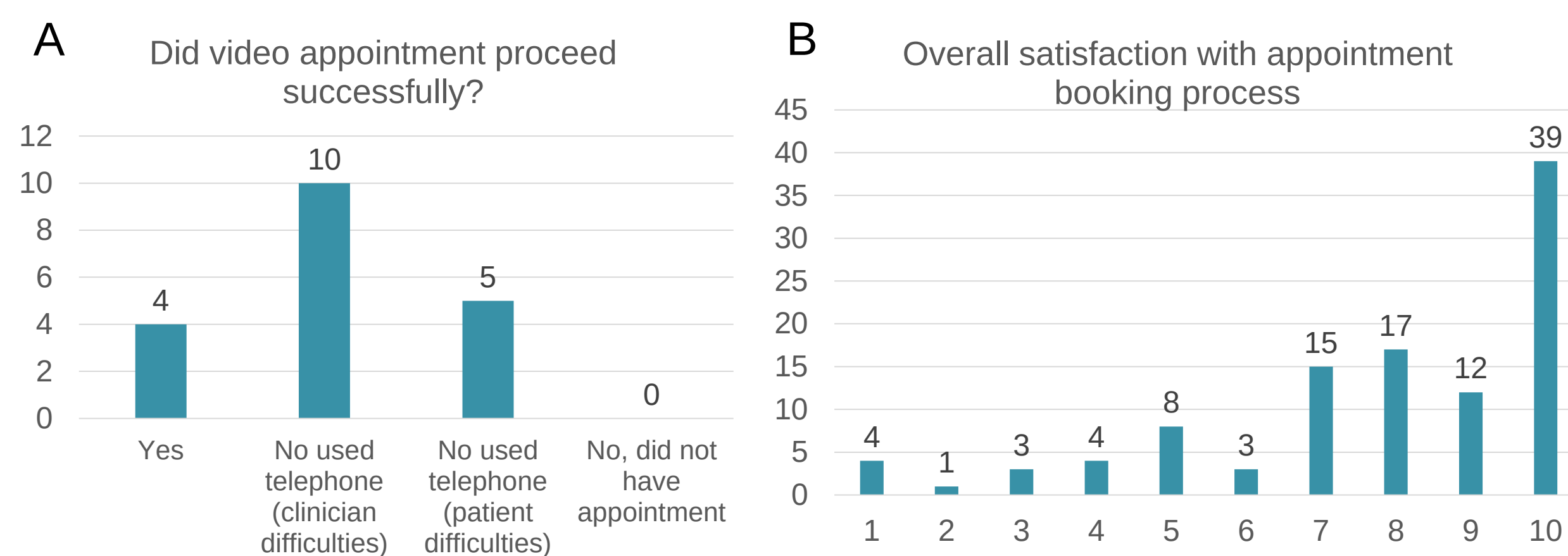


Figure 3.
A) 10/19 (52.6%) patients reported booked video consultations did not proceed successfully due to the clinician having technical difficulties, and a telephone appointment was resorted to instead. Only 4 (21%) video appointments proceeded successfully
B) 39/107 (36.4%) of patients reported 10/10 satisfaction with the appointment booking process, with 20/107 (18.7%) reporting a satisfaction level of 5/10 and below

Results of staff questionnaire

12 clinicians working in the Gynaecology outpatient department completed the questionnaire during the data collection period.

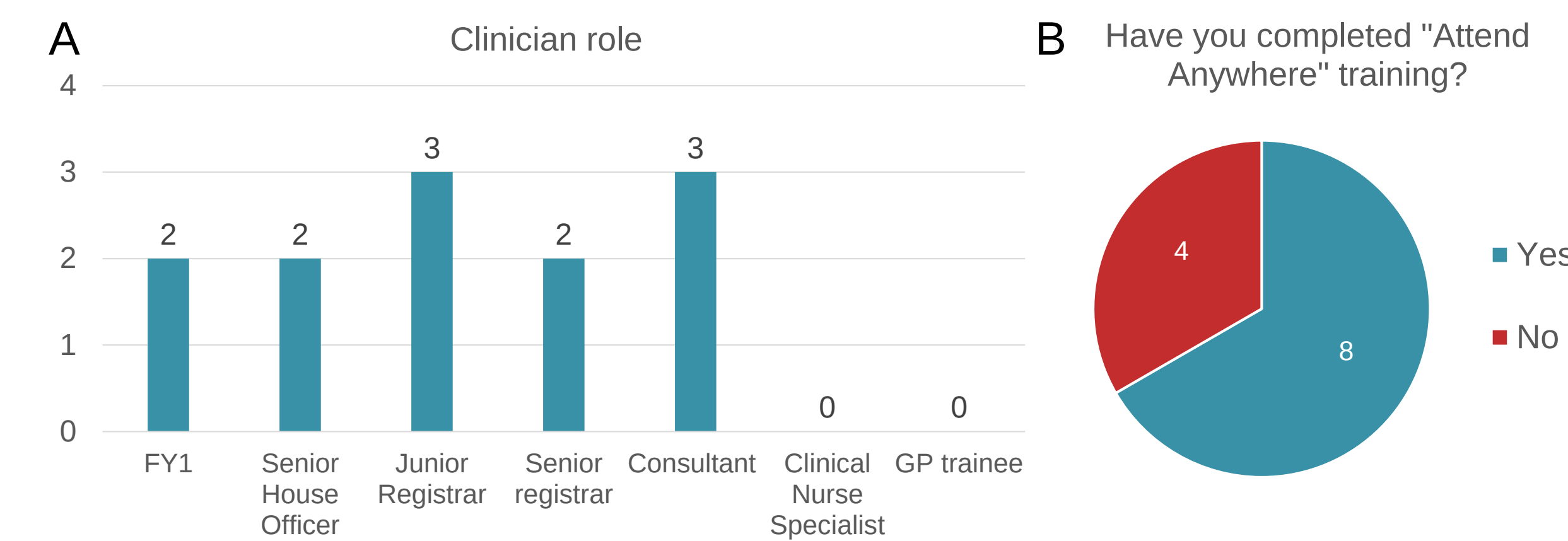


Figure 4.
A) Numbers of different types of clinicians who completes the staff questionnaire
B) 4/12 (33.3%) of responding clinicians had never completed the required training to be able to use the "Attend Anywhere" video consultation software.

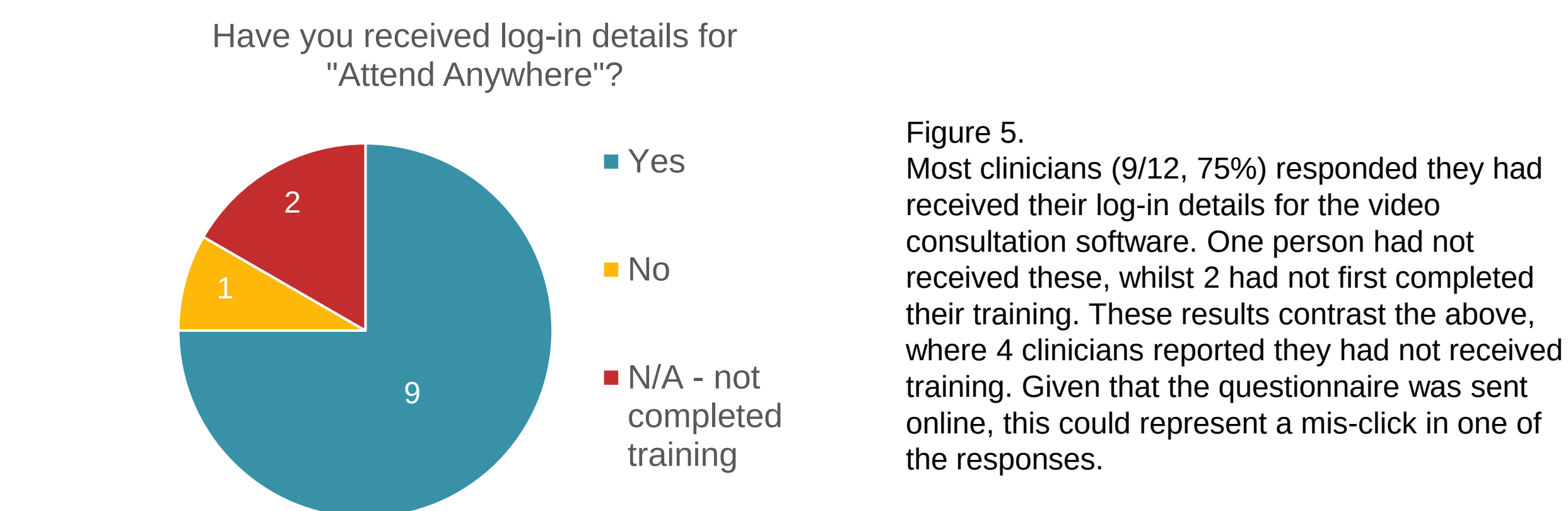


Figure 5.
Most clinicians (9/12, 75%) responded they had received their log-in details for the video consultation software. One person had not received these, whilst 2 had not first completed their training. These results contrast the above, where 4 clinicians reported they had not received training. Given that the questionnaire was sent online, this could represent a mis-click in one of the responses.

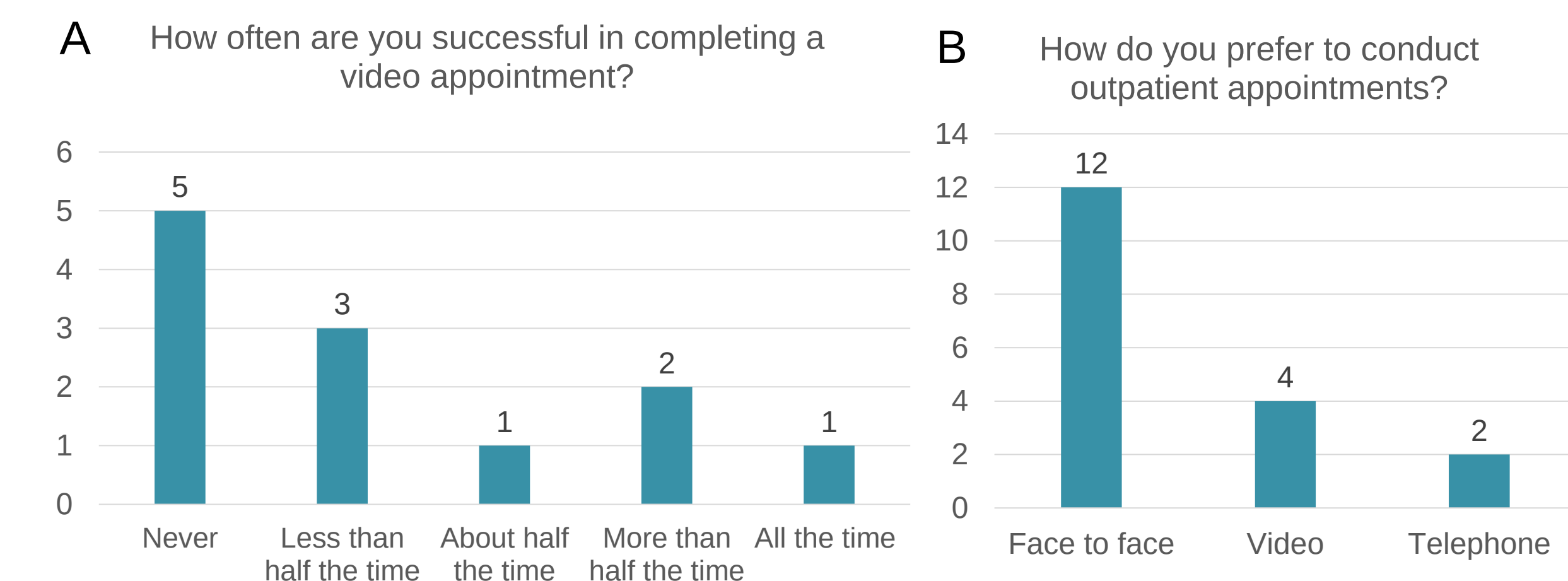


Figure 6.
A) 41.7% (5/12) of clinicians reported never having successfully completed a video consultation, with only 25% (3/12) being successful more than half the time, and only one person being successful all the time.
B) 100% of clinicians expressed a preference for conducting face-to-face consultations, with telephone consultations also being preferred by 2 (16.6 %) and video by 4 (33.3%) of the responding clinicians.

Conclusions

- The findings of this study suggest a preference for face-to-face consultations is shared by both patients and Gynaecology outpatient department clinicians
- The study also revealed a large proportion of responding clinicians working in the Gynaecology outpatient department never completed the training required to use the video consultation software, which likely contributed to the high number of video consultations reported as not proceeding successfully by patients

Limitations

- Having the patient questionnaire in paper format only limited the range of responses which could be gathered
- Clinicians conducting telephone/video consultations were asked to go through questions with patients at the end of the consultation (if the patients had consented to taking part in the survey), note down their answers on a blank questionnaire paper and hand all the completed questionnaires to the study authors at the end of the day
- At times it was difficult to maintain staff engagement with this process due to high volume of consultations during clinics which meant there was often not enough time to go through questions or clinicians may forget to do so
- As a result, patients attending telephone/video consultations are likely under-represented in this data set, which in turn may make the results less representative of the overall patient preferences in this Gynaecology outpatient department

Future directions

- A repeat of this study with different methodology to remove inherent biases related to the way responses were collected (e.g., perhaps through also having an online version of the survey to be sent to patients via email/text) would be important, to gain a more representative view of the patient population attending the department via all types of appointments
- Improving access to video consultation software training for all clinicians in the department would likely increase the proportion of successful video appointments and avoid patient disappointment
- Exploring the root causes behind both patients and clinicians preferring face-to-face appointments as opposed to virtual would also be valuable, as addressing these might help increase overall patient satisfaction with Gynaecology outpatient department services