



Virtual Menopause Clinic - Patient’s Perspective

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Objective

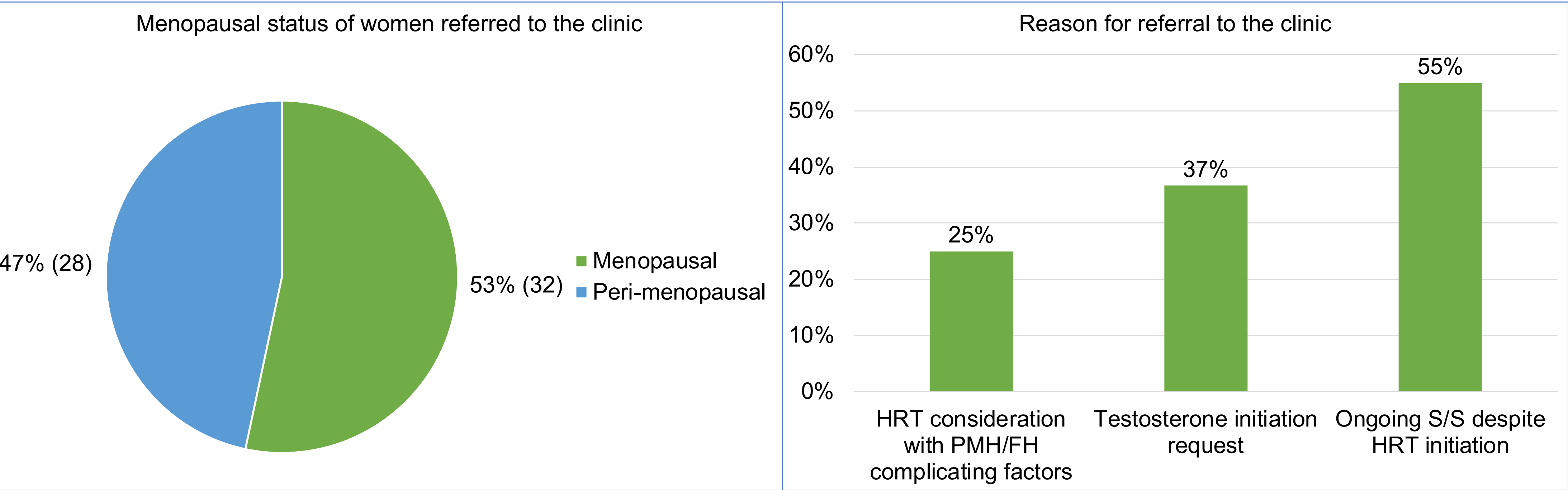
- Virtual menopause clinic services are gaining popularity^{1, 2}. Our aim was to assess patient satisfaction following their one to one virtual menopause consultation.

Methods

- This is a prospective audit undertaken during the period July 2022 to December 2022.
- All newly referred patients who attended the virtual menopause clinic of a consultant were included in the study.
- The consultation was conducted over a live video link, lasting 30-40 minutes.
- The women were contacted on their mobile/telephone within a few weeks of their appointment and consented to give anonymous feedback regarding their experiences with the clinic.
- The Consultation and Relational Empathy (CARE) Measure questionnaire of NHS Lanarkshire was used for this purpose³. Patients were asked to rate their scores to the ten questions on a scale of 1-5 (1=poor, 2=fair, 3=good, 4=very good, 5=excellent).

Results

- During the study period, 104 women attended the clinic and feedback was obtained from 60 women (58%).
- The average age of women was 51 years (range 41-63). 53% (32) of women were menopausal, 47% (28) were peri-menopausal.
- The GP referral letters were screened to ascertain reason for referral. 55% (33) of women were already on HRT at the time of the appointment, with 37% (22) of referrals made specifically for consideration of testosterone initiation.



Qualitative results

- The majority of the comments were positive. Some challenges that arose included technical issues, difficulties discussing sensitive matters over a virtual platform and delay with the patients starting the HRT due to prescription issues. Some patients thought that the consultation wasn’t long enough.



- Positive experience, felt listened to
- Shorter waiting times than F2F
- Appropriate length of consultation
- Ideal for those working or on holiday – can still attend appointment



- Difficulties communicating virtually
- Technical issues with screens freezing
- Virtual platform not appropriate for sensitive/intimate matters
- Length of appointment not long enough

Conclusions

- Patient satisfaction with the virtual menopause consultation service was high with low rates of negative feedback.
- It is clear that the use of virtual clinics is a suitable option for assessment and management of patients in the menopause, offering benefits to the patients and saving costs to the health board.
- This study suggests that the use of virtual clinics for other aspects of gynaecology care could be considered.
- Further research could assess if offering the choice between virtual and in-person appointments improves patient satisfaction.

References

- Wright E et al., 2021, *Menopause*, doi: 10.1097/GME.0000000000001906.
- Pedder H et al., 2023, *Post Reprod Health*, doi: 10.1177/20533691231174379.
- Mercer SW at al., 2004, *CARE*, Scottish Executive

CARE Patient Feedback Measure for

Please write today's date here:
D D / M M / Y Y

Please rate the following statements about today's consultation.
Please mark the box like this ☒ with a ball point pen. If you change your mind just cross out your old response and make your new choice. Please answer every statement.

How good was the practitioner at...	Poor	Fair	Good	Very Good	Excellent	Does not apply
1) Making you feel at ease (introducing him/herself, explaining his/her position, being friendly and warm towards you, treating you with respect, not cold or abrupt)	☐	☐	☐	☐	☐	☐
2) Letting you tell your "story" (giving you time to fully describe your condition in your own words; not interrupting, rushing or diverting you)	☐	☐	☐	☐	☐	☐
3) Really listening (paying close attention to what you were saying; not looking at the notes or computer as you were talking)	☐	☐	☐	☐	☐	☐
4) Being interested in you as a whole person (asking/knowing relevant details about your life, your situation; not treating you as "just a number")	☐	☐	☐	☐	☐	☐
5) Fully understanding your concerns (communicating that he/she had accurately understood your concerns and anxieties; not overlooking or dismissing anything)	☐	☐	☐	☐	☐	☐
6) Showing care and compassion (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")	☐	☐	☐	☐	☐	☐
7) Being positive (having a positive approach and a positive attitude; being honest but not negative about your problems)	☐	☐	☐	☐	☐	☐
8) Explaining things clearly (fully answering your questions; explaining clearly, giving you adequate information; not being vague)	☐	☐	☐	☐	☐	☐
9) Helping you to take control (exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you)	☐	☐	☐	☐	☐	☐
10) Making a plan of action with you (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)	☐	☐	☐	☐	☐	☐
Comments: If you would like to add further comments on this consultation, please do so here.						

© CARE SW Mercer, Scottish Executive 2004. The CARE Measure was originally developed by Dr Stewart Mercer and colleagues as part of a Health Service Research Fellowship funded by the Chief Scientist Office of the Scottish Executive (2000-2003). 4571132878

- The responses to the ten questions answered by sixty women (600 questions in total) were analysed.
- 44% (266) of the responses had the maximum score of 5, 29% (173) of the responses had a score of 4, 19% (112) of the responses had a score of 3, 6% (37) of the responses had a score of 2 and 2% (10) of the responses had a score of 1. (2 patients thought one question wasn’t applicable (N/A) to their consultation so were unable to give a score)
- In our study, out of the maximum score of 50 for the ten questions asked, the average score received was 41 (range 13-50).

