Patient experience of face to face, telephone and video consultations in lymphoma outpatient clinics during the Covid-19 pandemic

Jane Gibson¹, Christine Tetlow¹, Heidi Moertl¹, Tracy Howe¹, Christina Hague¹, Richard Cowan¹,², Elizabeth Phillips¹,²

¹The Christie NHS Foundation Trust, Manchester, UK ²Division of Cancer Sciences, University of Manchester, Manchester, UK

BACKGROUND

• The onset of the covid-19 pandemic resulted in rapid changes in outpatient service delivery, including the introduction of telephone (TC) and video consultations (VC) as an alternative to usual face to face (F2F) consultations

AIM

• Evaluate patient experience of these consultation types to assist in the planning of future lymphoma outpatient service delivery

METHODS

• Patients who had a lymphoma outpatient clinic consultation were offered a questionnaire
• Questionnaire covered quality standards including communication, privacy, agreed plan of care and consultation needs met, as well as consultation type preferences
• Main data collection period 2⁴ - 15⁴ October 2020

RESULTS

• 189 questionnaires offered; 98 returned
  • 98% responded their consultation was private
  • 98% reported their consultation length was sufficient
  • 95% had an agreed plan of care in place
  • 97/98 patients reported no communication difficulties
  • 33% had a relative/friend with them during the consultation:

  Preferences for TC during pandemic restrictions and after restrictions eased

  Preferences for F2F after pandemic restrictions eased, by respondent consultation type

  Preferences for VC after pandemic restrictions eased, by respondent consultation type

  Preferences for TC where F2F consultation is not required

  Preferences for VC during pandemic restrictions and after restrictions eased

  Preferences for VC after pandemic restrictions eased, by respondent consultation type

  Preferences for VC where F2F consultation is not required

• On a scale of 0-10, where 0 = did not meet my needs to 10 = fully met my needs, patients reported an overall average score of 9.18

DISCUSSION

• Overall high satisfaction with service provision with target measures achieved
  • Lymphoma team agreed that all patients should be offered the option of either VC or TC where F2F consultation is not required
  • Optimise opportunities for VCs by increasing engagement with IT/digital services, administration support and staff training
  • Pandemic infection control restrictions limited opportunities for relative/friend involvement during consultations. Opportunities to increase involvement included use of speakerphones for F2F and TCs, and promoting multi-person secure login for VCs
  • Data found patient’s preference for remote consultations in the future favours a ‘blended’ approach with flexibility dependent on clinical need and stage of their cancer pathway

CONCLUSION

• Patient preferences for future consultation types favoured a flexible approach
  • The data supports the lymphoma team plan to continue to offer these 3 different types of patient consultations both whilst the current pandemic restrictions are in place and in the longer term once restrictions have eased

REFERENCES


Loneragan et al.,(2020). Rapid Utilization of Telehealth in a Comprehensive Cancer Center as a Response to COVID-19: Cross-Sectional Analysis
J Med Internet Res, doi: 10.2196/19322