

The Aim: By November 2020 > 4 service users per week will provide responses to a survey of their experience of remote consultations.

Introduction: With the onset of the COVID-19 pandemic there was a rapid transition to remote consultations for outpatient appointments. This shift has many potential benefits e.g. financial, environmental, convenience but in normal circumstances would have been slowly planned over months or years. In the early stages of this there was a dearth of feedback from patients on their experience. Alongside a psychiatry and dermatology consultant in the first 2 weeks of lockdown we created the first survey and used continuous iterative PDSA learning to adapt our system over the ensuing months.

Process change: At one consultant psychiatrist's clinic and the clinics overseen by one consultant dermatologist we instigated a process to obtain email addresses from all patients and request they complete the survey. The automated report was made available to the consultants to inform their ongoing testing of remote working and maintaining their services remote during COVID-19.

Method: We rapidly developed a questionnaire utilising Microsoft Forms then undertook weekly iterative testing of this using PDSA methodology to refine the questions. Patients were asked at the end of their appointment for consent to receive the questionnaire. It was clear the lengthy Microsoft Forms link was unappealing so a custom URL was developed. Initially the standard reports provided by Microsoft Forms were provided to consultants on request. We then developed a system to allow automated reports to be generated by the consultants when they were required.

Results: The number of surveys completed by week by patients attending the clinics are shown in fig. 2. The project was successful in the early months to July 2020 however it is clear that it was heavily reliant on the presence of two enthusiastic consultants and completion rates declined when they were redeployed or on leave. The use of a custom email address was of benefit.

Conclusion: There were rapid changes during COVID-19 in how healthcare workers provide to patients. Little patient feedback was gathered in the early stages. This project was innovative being one of the first areas to address this. We showed that collecting patient feedback while challenging in the longer term is vital in large scale healthcare changes.

Achievements: The work was presented at the regional HSCQI COVID Learning Group, the RCPsych-NI COVID Working Group and within the Dermatology department.

Key Learning:

- Future outpatient care needs to be a hybrid of face-to-face & remote appointments led by patient choice
- Patients appreciate the maintenance of services through remote appointments
- Defining when remote consults are appropriate is vital
- Sustaining patient surveys indefinitely is very challenging

Key References:

- General Medical Council, 2013. Good practice in prescribing and managing medicines and devices. [Online] Available at: https://www.gmc-uk.org/-/media/documents/Prescribing_guidance.pdf_59055247.pdf [Accessed 01 Nov 2020].
- Greenhalgh, T., Choon Huat Koh, G. & Car, J., 2020. BMJ. [Online] Available at: <https://www.bmj.com/content/bmj/368/bmj.m1182.full.pdf> [Accessed 01 June 2020].
- Thiyagarajan, A., Grant, C., Griffiths, F. & Atherton, H., 2020. BJGP Open. [Online] Available at: <https://bjgpopen.org/content/bjgpopen/4/1/bjgpopen20X101020.full.pdf> [Accessed 01 12 2020].

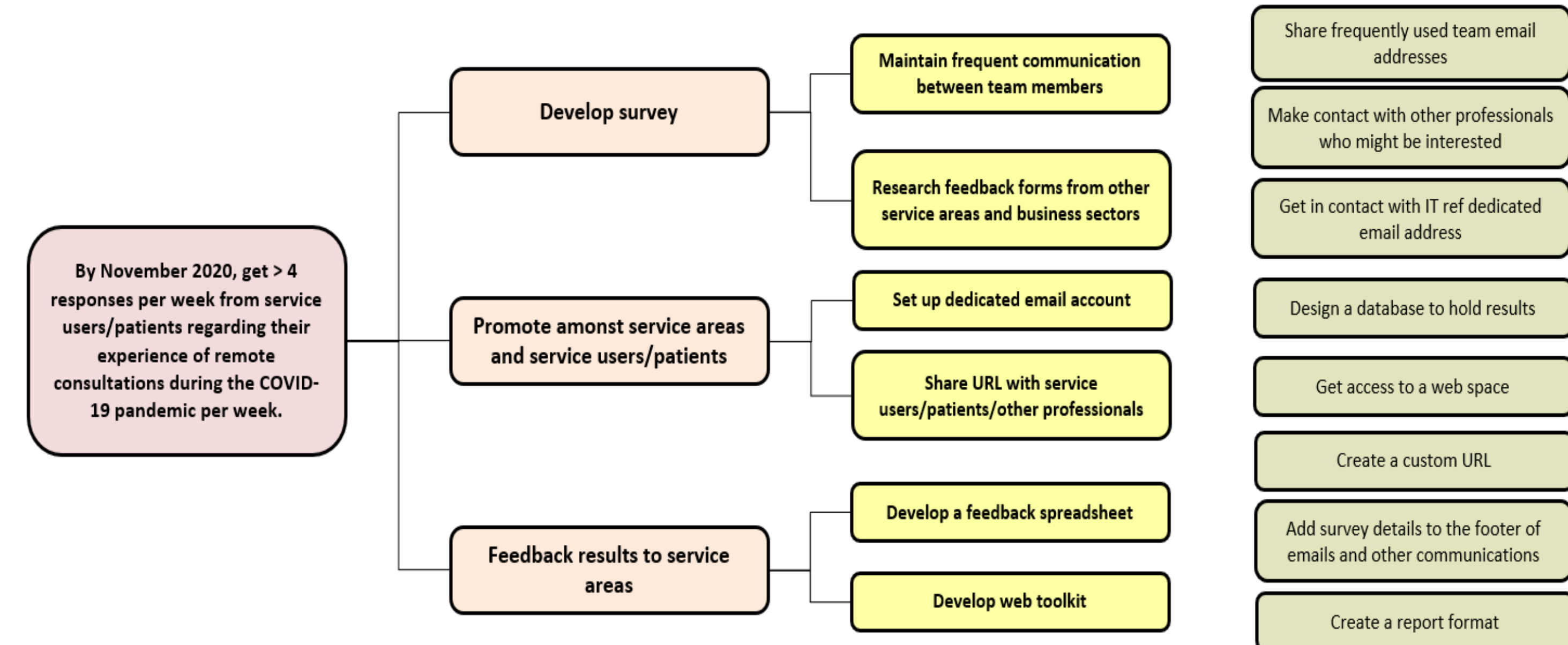


Fig. 1

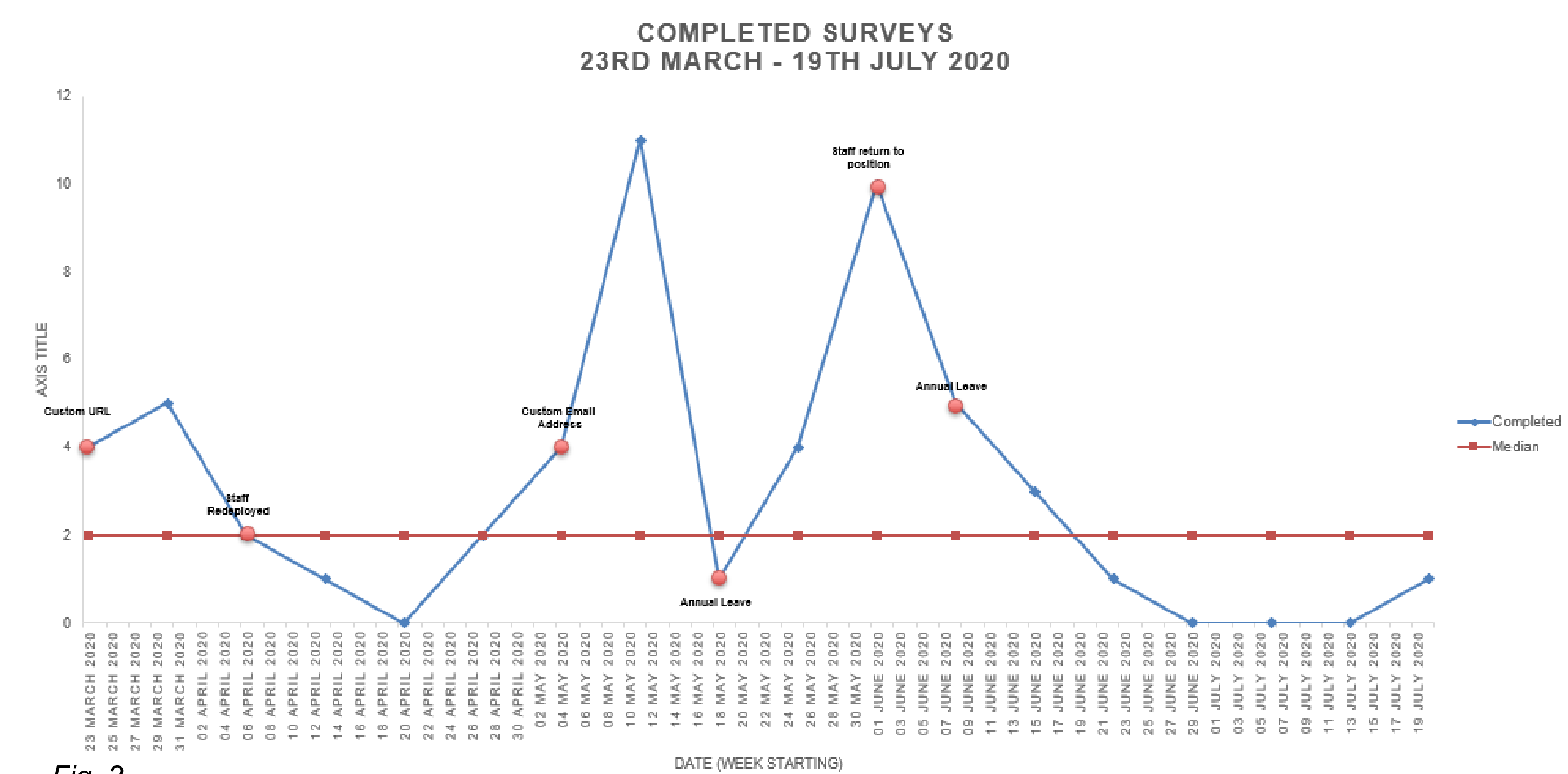


Fig. 2

What the patients/service users said:

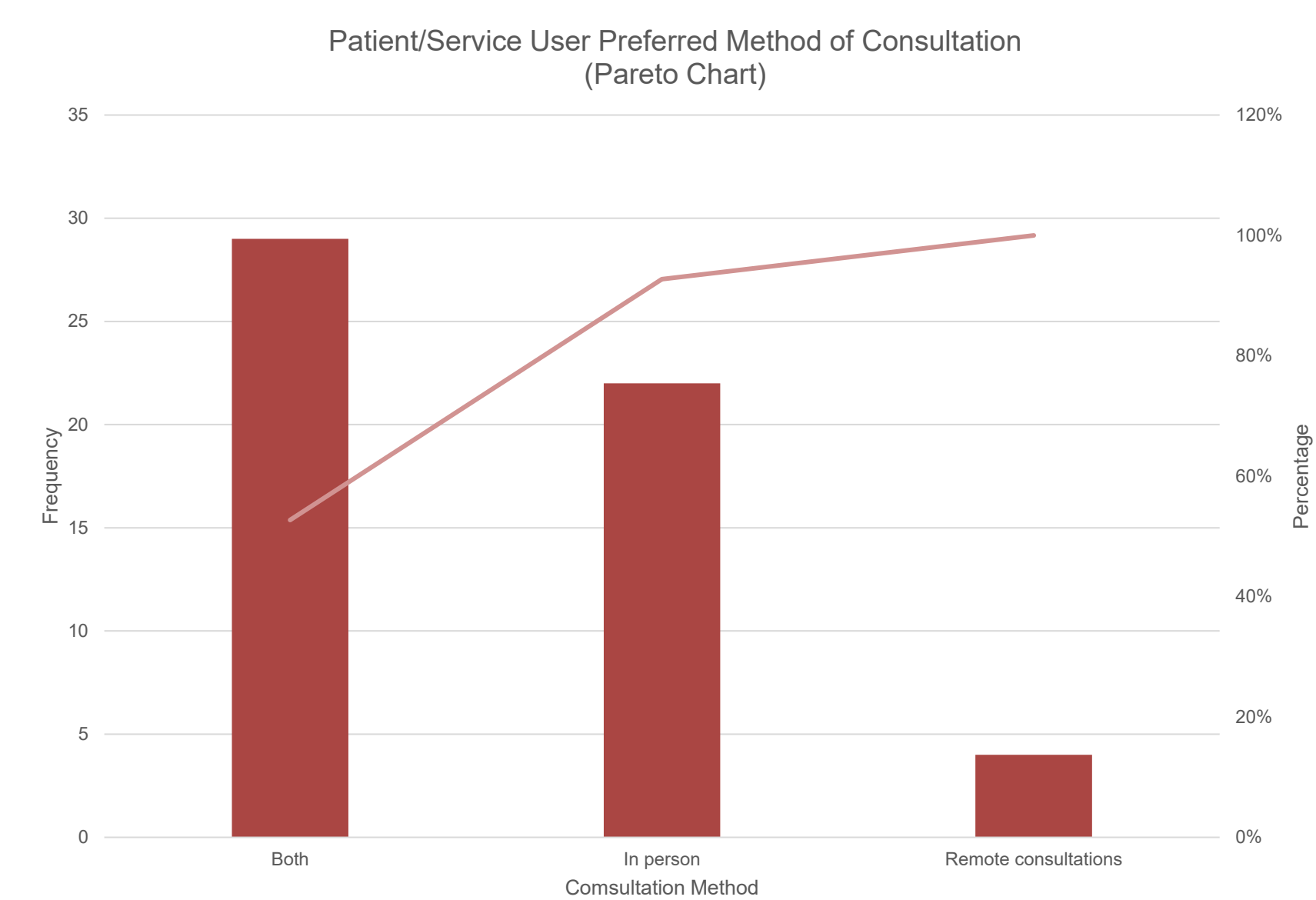


Fig. 3

Overall it was very good but would still prefer face to face alongside calls/video calls

It's a lot more convenient for me but I can see why others will prefer various methods depending on circumstances

A video call would be great in that the consultant can see the patient.

Video calls would be a better option

Next Steps:

- Belfast HSC Trust is co-ordinating remote consultations through its outpatient modernisation.
- Our work on patient feedback has influenced the importance of patient feedback and their surveys in their data collection

Contact:

Dave Milliken
Chair
Belfast Co-production L&D Team
davemilliken0@gmail.com



ScIL
Scottish Improvement Leader