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Zoom Meeting

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Patient and Clinician Experiences of telephone and video consultations

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What we are going to talk about

- Our research experience
- Running a qualitative research project
- Clinician experiences of telephone and video consultations
- Patient experiences of telephone and video consultations
- Our recommendations
- A chance to share experiences !

NMAHP Research

- We are both Allied Health Professionals (dietitian and physiotherapist)
- Opportunities to develop research skills are more limited than for doctors.
- 5 month secondment from our clinical jobs to learn more about research and run a project.
- Learn more about looking at scientific research and how to plan project.

Qualitative research

- Qualitative research is used **to understand people's experiences**
- The method used: semi- structured interviews.
- Aim: interviewer says very little and the interviewee talks openly about their experiences.

Our project

- Service evaluation
- Experiences of patients and the health care professionals
- Looking specifically at video/phone consultations during the pandemic.
- Interviewed 20 patients

Recruiting and conducting interviews

- Participants were approached via support groups or directly by their clinicians.
- A participant information sheet was given to anyone that showed an interest.
- Once they had the chance to ask questions and agreed to take part a phone or video interview was arranged. Consent given.
- Interviews were 20-60 mins long and audio recorded.

Topic guide- patients

- Can you tell me about your experience of telephone/ video appointments? How have remote appointments been for you?
- What has gone well and not so well when you have had remote appointments?
- Were you able to discuss everything you needed to? (Opportunity to ask questions?)
- Tell me about how you feel in regards to involving your family in remote consultations?
- How did you find the communication from the hospital team about arranging the appointment?
- Could you tell me how you felt talking to the clinician during the remote appointment?
- Have your views about remote appointments changed over time?
- After the pandemic, when it's safe to come into hospital for a face to face appointment, what would your thoughts be of continuing to be offered video or telephone appointments?
- Is there anything else about remote consultations that you'd like to discuss that we haven't spoken about?
- What advice would you give to someone having their first remote appointment?

Topic Guide – Clinicians

- How have remote clinics been for you?
- Are there any benefits to remote consultations?
- Are there any disadvantages to remote consultations?
- Have you experienced any problems?
- Tell me about preparing for remote clinics
- Differences from face to face
- Running to time – waiting times
- How you decide which patients to see remotely?
- New patients vs follow up – is one easier than the other?
- Tell me how the conversations go over the phone or video- are they longer or shorter?
- Non-verbal communication/communication skills
- Including family/carers in consultations
- What are the biggest risks with video/phone consultations ?
- What type of appointments do you think your clinic will be offering post pandemic?

Analysing the data

- We used a process called 'Thematic Analysis'
- We looked through the written transcripts of the interviews and added a code against each bit of information.
- These codes were then brought together in themes to represent the overall findings of the data.
- This ensures all views are represented

Clinician's experiences

Providing a safe and high quality experience

- Risks to confidentiality
- Losing patients in the system
- Non-verbal communication
- Loss of physical exam

“I used to write a lot of dermatology referrals and pick up a fair number of skin cancers, and I'm not doing that; that sort of opportunistic diagnosing other things has gone.”

“So, it has given me a bit more flexibility, actually, for following up, especially those who are working. So, it's quite good for that point of view.”

Adapting to new way of working

- Admin burden
- More flexibility

Making remote consults fit for purpose

- Teaching + learning opportunities
- Opportunity to see the home (holistic)
- Service development

“I very rarely get to attend the MDTs these days... I always found it quite a good learning environment. I miss that, we don't get that now.”

“I set up a haemophilia group which we now do virtually once a month, so we do case studies and presentations and can chat...the technology has been great for that”

Effect on personal and professional wellbeing

- Job satisfaction lower
- “Thrown in at the deep end”
- Not provided with equipment/support
- Loss of casual team support

“I find it much less satisfying than the face to face clinic.”

Awareness of altered dynamics

- Adapted communication
- Building rapport
- Success depends on focus of consult
 - Not good for bad news/diagnosis

Patient experiences

Main themes

- Being given choice over appointment type
- Importance of the relationship and trust of clinical team
- The timing of the call
- The administrative process
- The stage of their journey impact their feelings of remote appointments

Choice

“So, choosing the right appointments and at the very least, giving people the option, may well be important. Rather than just deciding from the clinic –clinical point of view, well we don’t need to see this patient...”

“Yeah, it would be nice to be able to make a selection. Because then I'd feel a little bit more like I was in control instead of it all being done to me.

Telephone for routine appointments

“I think for catch ups, the simple experiences and reviewing your test results, telephone consultations are sensible, effective and a good use of time”

“No, I’ve not had a situation where it didn’t feel like it was appropriate to have that telephone consultation, it’s generally – I’ve had a number of telephone consultations with the consultant and many others with X, the nurse practitioner, and they’re typically to ask me about my symptoms or to ask how the treatment plan’s going or whatever it might be or just to get my state of mind and whatever. That is easily done over the phone and quite happily done over the phone”

Relationships

“I think that's the important thing...If the relationship has been built up, then a phone conversation is fine, but I think you need to build the relationship.”

“I think it's also very important that you've met them at least once or twice beforehand. I think having a consultation with a consultant which you've never met and you have no idea, no picture of them in your head - there's something very psychological and comforting knowing what the person looks like.”

Timings

“They have a tendency to - when they've got a spare moment, which may be at a completely different time of that day, to call you up just on the off chance of whether you can do it. I think that is inconvenient for everybody because it rather implies that nobody has any other life, and that is not a good situation.”

Timings

“I have to say that on both calls it was very prompt. I don't know what time the appointment was. I think it was three o'clock. It may have been one or two minutes after three, but I wasn't waiting hours”

Admin process

“So, I do have to pester them a bit sometimes for details and say, how is this going to work?”

“I'd had a call from the secretary saying could I have a telephone that next day. I wasn't as anxious because I thought, well, it's [bound] to be all right because it - and then again I flipped into, well, if it wasn't all right, I would have been called in. There's that switch, yeah, a switch of emotions. Because I got the telephone call, I felt that was positive”

Admin Process

“I had one situation some months ago now where I tried talking sense to the admin team to say, right; I’ve got a consultation that’s happening at the same time as my appointment for my [chemo]. I’m going to be in chemo unit and you’re telling me it’s going to be a telephone consultation. They just could not get their heads around it. Whilst it’s an administrative process, that admin is actually having a pretty significant impact on people’s mind-set. I don’t know whether that’s fully really recognised by those that are responsible for it “

Stage of journey

“Newly diagnosed, I think, where possible should always be face-to-face because it's hell and you don't want to have that over the phone, especially if you lived alone and you had to take that phone call. God, I can't imagine that.”

“If it was X giving me an update in terms of where I am with drugs, I'd be quite happy having a telephone consultation. If it was consultant X giving me scan results, I'd probably want to go in and see him. So, it would vary from one appointment to another “

Other themes

- Lost Social support - Some people felt they had **lost social support**, such as seeing others in the waiting room, catching up with the team, and using Maggie's Centre. Some people found the hospital environment reassuring; others enjoyed not feeling like they were ill.
- Most people felt they were able to include family in their appointments, and felt remote appointments offered the **opportunity to include family** that otherwise might be difficult.



Recommendations

Using remote clinics

- Using remote consultations for routine follow up in stable conditions is considered to be appropriate and efficient by patients.
- New patients should be seen face to face where possible to establish rapport between them and the treating team.
- Clinicians should, where possible, discuss with patients which type of appointment best fits their needs.
- If clinicians are planning to give a diagnosis or have complex treatment discussions over a remote consultation, then the patient should be aware of this prior to the appointment and be given the option to come F2F if this is possible.

Building relationships

- Providing a picture of the clinician who will be conducting their telephone consultation on their appointment letter or via a link to the trust website may be reassuring for some patients.
- Video consultations should be available for patients in all services where it is appropriate. This should not be reliant on whether the clinicians working in those services are confident or willing to set them up.

Process of running a remote consultation

- Time slots for telephone or video appointments should be given prior to the appointment – a time window of 30 mins may be the most appropriate way of managing this.
- When conducting a consultation with a patient they haven't previously met, clinicians should take extra care to fully introduce themselves and explain their role to make the patient feel comfortable.
- If patients have hearing impairment then the clinician should adapt their communication accordingly, asking "Can you hear me?" or consider a video or F2F appointment if the patient prefers.

Administrative Issues

- Administrative staff should receive clear guidance and training on how a remote clinic works and which patients are suitable for each type of clinic.
- If an appointment is changed from a telephone/video to a F2F or vice versa, then the reasons for this change should be communicated to the patient in a reasonable timeframe.
- There should be a clear method (email/phone) for patients to contact the service with queries following their appointment.

Process of running a remote consultation

- Clinicians should ensure that they speak slowly and clearly and give patients time to respond to questions or information.
- Clinicians should regularly check the understanding of the patient and allow time for further explanation. If there is concern about a patient's understanding or reaction to the consultation, then they should consider offering a F2F consultation.
- The option to involve family/carers should be discussed prior to the consultation.

- 
- Over to you !

Please feel free to share you experiences of remote consultations with us.

Thank you to the speakers, for their time and expertise.
Check also the actual MDS Zoom Café recording of this meeting,
as well as other meetings on our website.



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