

# Understanding patient experience of virtual contact during the covid-19 pandemic

## A pilot quality improvement project

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### Background

Since March 2020, many NHS departments have moved from in-person to virtual appointments as a result of the ongoing covid-19 pandemic.

Current working arrangements are required to protect the health of patients and staff, by minimising social contact from appointments and travel. Whilst telemedicine has existed in some NHS clinics pre-covid, it is generally underused and not part of routine practice.

Our service moved to a hybrid model, where in-person appointments are still used 'when necessary' but left to clinicians judgement with no formal protocol.

### Aims and Hypothesis

This pilot quality improvement (QI) project sought to gather views of patients cared for by a mood and personality community team on the use of virtual appointments during the covid-19 pandemic. We hypothesised that most patients would have strong opinions either for or against the use of virtual appointments.

#### What might people think?

*"It's more convenient for patients and staff members"*

*"Reduces DNAs when clinicians can call the patient and remind them to log in"*

*"People feel anxious talking to a screen"*

*"I don't know how to use the software/I don't have a computer or smartphone"*

*"It's usually difficult for me to get to appointments because of disability"*

*"I find it hard to open up to my doctor or nurse if we've never met in person"*

*"Appointments are less likely to run over / I don't need to sit in the waiting room for ages"*

### Methods

A 9 item questionnaire was designed to capture data on type of contact received, patient experience of this (assessed by a 5-point Likert scale), preference for future contact and free text space for qualitative feedback.

The questionnaire was sent via email to 65 patients currently on the community team caseload, selected on the basis they had been seen by colleagues collaborating on the project in the previous six months and had access to an email account.

### Results - quantitative

We received 14 responses from the 65 patients contacted, representing less than 10% of the total caseload.

How would you rate the use of video appointments during the pandemic with your care co-ordinator in comparison to in person appointments?



How would you rate the use of video appointments during the pandemic with your doctor in comparison to in person appointments?



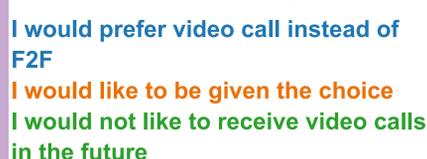
Patients who received video-call appointments more frequently reported liking this method of communication than disliking it with either care co-ordinator or doctor (52% vs 36%).

How would you rate your experience of telephone appointments with a doctor in comparison to a traditional in person appointment?

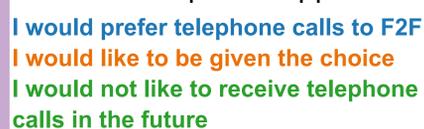


For future communication, mostly patients would choose not to have video calls, although a substantial number would like to be offered the choice and a minority would like to be offered them (44% vs 37% vs 19%).

Thinking about your care after the pandemic, what are your views on video-call appointments?



Thinking about your care after the pandemic, what are your views on telephone appointments?



### Results - qualitative

The main theme of qualitative data emphasised people's experience of mental health symptoms impacting on the acceptability of appointment type, with arguments offered both for and against virtual communication. Patients, including those expressing a preference for in-person meetings, understood the need for virtual appointments during the pandemic. There was little mention of virtual communication being more convenient.

#### Any comments on your experience of virtual appointments during covid?

*"I prefer video/telephone appointments... as I suffer from ever-increasing panic attacks when I have to go out ... other NHS departments that I use are doing telephone appointments too."*

*"It's difficult to communicate how I'm really feeling / what I'm truly experiencing via Teams or on the phone"*

*"Its easier from the point of view of sharing thoughts and feelings. But looking at changing medication can be a bit daunting without being looked at in person."*

#### Any comments on your views for future care, after the pandemic?

*"I'd rather have video appointments. However, these only work with people I have already met - doing this with complete strangers is extremely difficult for me"*

*"F2F appointments allow me to get out the house and break the cycle of being alone"*

*"As I am quite isolated now. Face to face meetings seem very preferable as I spend a lot of time alone. Its feels more settling to see someone in person. But whilst there is a pandemic I can understand the necessity of it."*

### Conclusions

Patients have a wide range of views on virtual communication both during and after the pandemic with many feeling strongly for or against it. A larger scale project should be carried out to ensure patient's views are heard when care is considered post-pandemic.

These results highlight that patients in our mood and personality disorder service value in-person communication and want to be offered a choice in their care post-pandemic.