

# Patient Feedback on the use of Video Consultations in Palliative Care During a Pandemic

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VB retrieved and analysed the data, preparing the draft manuscript.

AS collated author comments and was prepared the final manuscript.

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To the Editor,

In March of this year we published a rapid review to explore the available evidence on the use of video consultations in palliative care services in the context of the Covid-19 Pandemic.[1] In the article we suggested that although video consultation cannot fully replace face to face encounters it could radically reduce the need for them and offer an effective, accessible, acceptable, and cost-effective alternative. We now report a service evaluation of patient feedback on our video consultation use in a palliative care service. We report both the additional value, and the challenges, of video consultations in the context of an adult community service.

Over a period of seven months from May 2020 to December 2020 we conducted 170 virtual consultations between patients and members of the Community Palliative Care Team based at Sobell House, Oxford using Attend Anywhere® software. A range of professionals were involved including doctors (24 consultations), occupational and physiotherapists (54 consultations), specialist nurses (29 consultations) and lymphoedema practitioners (63 consultations). Patients ranged in age from 18-24 to over 65s, with nearly half (48%) in that latter age band.

Feedback was sought routinely from all patients undertaking virtual consultations via a short Survey Monkey© form that appeared at the end of the consultation, when the consultation window closed, to enable continuous service evaluation and

organisational learning. The vast majority (85%) felt that the virtual platform offered the same or better experience to face to face consultations with an even larger majority (96%) being open to further appointments in this format.

The main positive impacts of the introduction of virtual consultations for the patients appeared to be predominantly logistical with patients largely finding it a more convenient medium (59%) including: time saved travelling (65%) or parking (52%); reduction in cost (32%) or stress (33%). Interestingly, most patients also preferred this medium to telephone consultation (96%). An unanticipated advantage was the ability to lip read for patients with hearing impairment, as this would currently be impeded by the need for face coverings to be worn during a face to face consultation.

Concerns have been raised in the literature around the accessibility of such platforms and so we were relieved to find that the majority of patients felt able to set up the consultation themselves (74%), and felt they knew who to contact if they struggled (78%). Patients used a variety of their own devices including laptops, PCs, tablets and smart phones and the majority (90%) took less than an hour to prepare for the consultation suggesting a positive sense of accessibility.

Sadly, technical issues did affect some consultations: 12% had to be abandoned due to such problems; 25% had some degree of technical difficulty, predominantly with audio or video quality (93%); and in a smaller number with internet connectivity (5%).

A small minority of patients felt that they hadn't been able to express their problems adequately over video (2%), or that it had been more stressful (1%) or time consuming (1%). Additionally, for 9% of patients the inability to have a physical examination undertaken was felt by the patient to be a significant weakness of the consultation.

It is vital that we do not see virtual consultations as a panacea and that we recognise their challenges. Virtual consultations are not the same as face to face consultations and thus training for professionals in not just the logistics but the unique communication challenges they pose are vital.[2, 3] Additionally, they cannot, be used as a substitute to physical examination and cannot replace the use of therapeutic physical contact in a consultation. Whilst video consultation could continue to be embedded in practice beyond the pandemic, to enhance our services, this will require a culture shift from the presumption that face to face review is always the most desirable modality for reviewing patients. We aim to seek staff views on the new service to help evaluate the scope for use of video consultation in our usual practice, the barriers to achieving this and the desire for this is future.

Additionally, we must guard against the risk of digitally excluding patients from our services. This evaluation fails to capture those patients who could not engage in virtual consultations due to lack of technical skills, technology, or reliable internet connection. Despite the relative affluence of our county we recognise there were 34,000 people within Oxfordshire who have been unable to access the internet in any form in the first national lockdown in the United Kingdom.[4] Thus it is prudent to

consider that a shift to greater use of digital technology risks reducing access to healthcare for those who are socioeconomically or digitally disadvantaged and to ensure alternatives, such as telephone assessment and face to face review when necessary, are also available to mitigate the risk of exacerbating ensuing health inequalities.[5]

In conclusion, our patient feedback supports the findings of our earlier rapid review, suggesting that the majority of patients who accessed the service felt video consultations offer an acceptable and effective alternative to face to face consultation whilst minimising face to face interaction during a pandemic. Video consultations, far from being a “second best” option, could in fact enhance our service, offering a useful time efficient, low cost, low stress alternative option for patient assessment in the post-Covid era if it remains embedded in practice. However, it is essential that we balance this enthusiasm with vigilance for the needs of those who may be digitally excluded.

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