Single-centre telephone survey on patients' perspectives regarding remote paediatric outpatient consultations in a district general hospital

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ABSTRACT

During the COVID-19 pandemic, remote consultations became a new norm for paediatric outpatient clinics. The objective of this survey was to find patients' perspective on telephone consultations. 200 patients, who had remote consultations since April 2020, were surveyed and their responses were analysed. Almost half (98/200) of the patients or their parents preferred remote consultations mixed with face-to-face consultations; only a fifth (40/200) preferred exclusively face-to-face consultations; and approximately a third (62/200) preferred exclusively remote consultations. In conclusion, remote consultations are becoming a popular choice for patients, although there are limitations, especially in the context of safeguarding.

Face-to-face consultations are the norm for seeing patients in paediatric outpatient clinics. During the COVID-19 pandemic, this changed to telephone consultations due to the need for social distancing and minimising the risk of spread of infection.

We carried out a telephone survey in July 2020 on 200 patients who had telephone clinic consultations since April 2020, mainly to assess the future potential for remote consultations in paediatric follow ups, as well as for selected new patients who may not need physical examination. Patients were chosen from paediatric clinics, and we included everyone who answered the call, without any exclusion. No one declined the interview. A telephone survey provided instant results but was time-consuming due to low call pick-up rate. A postal survey was not sent out due to significant delay in postal services, costs involved and being labour intensive yet likely low yield. Patients or their parents were not involved in the design, conduct, reporting or dissemination plans of this survey. Parents responded on behalf of their children in most cases due to the child's age and shared their views (please see online supplemental appendix 1 for the questionnaire). Data was collected and anonymised for analysis.

Results of the survey ([figure 1](#)) showed that only a fifth of patients/parents (40/200) preferred exclusively face-to-face consultations. Approximately a third (62/200) preferred virtual consultations either by telephone or through video. Almost half (98/200) preferred a mixture of virtual (telephone/video) and face-to-face consultations with majority preferring face-to-face consultation initially and then virtual consultation follow-up.

In patients'/parents' own words, the main reasons for preference for exclusively face-to-face consultations were regarding the need for examination of the child and ease of communication ([box 1](#), section A). There were a variety of reasons for preference for virtual consultation, but the main themes were decreased risk of infection, convenience and time saving ([box 1](#), section B). Parents also felt that this was a safe option as face-to-face review could be organised at a later date if needed.

In summary, although there can be limitations to virtual consultations, for example, lack of ability to examine the child physically and record their growth parameters, there are several advantages of virtual consultations as our survey results show. Remote consultations are particularly suitable for chronic conditions and may be appropriate for some new referrals, provided the patients are triaged appropriately. Virtual clinics can also support providers to meet increased demand. Recent data from the paediatric outpatient department showed that we were able to reduce the waiting periods significantly. Before

Figure 1 Patient's/Parent's preferences for clinic consultation.

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Box 1 Reasons for patient's/parents' preference for face to face and remote consultations

(A) Main reasons given for preference for exclusively face-to-face consultation were

- ▶ Better communication.
- ▶ Child can be examined.
- ▶ Concern that important findings may be missed otherwise.
- ▶ Finding virtual consultation too complex.
- ▶ Concerns that technology may not work and may not be secure.
- ▶ Have an old phone, not technologically friendly.
- ▶ Feels more personal care in face-to-face.
- ▶ Can show any physical concerns there and then.
- ▶ Do not like talking over phone.
- ▶ Poor signal in house.
- ▶ Difficult to address all issues over telephone.
- ▶ Need for investigations.
- ▶ Has multi-disciplinary team input on the same day.
- ▶ Language problem.
- ▶ Nice for children to see their doctor.

(B) Main reasons given for preference for remote consultations were

- ▶ As good as face-to-face.
- ▶ Still professional.
- ▶ Ideal for child's condition.
- ▶ Time saving.
- ▶ Convenient.
- ▶ No parking fee or stress of driving.
- ▶ Saves transport difficulties.
- ▶ Parent does not drive.
- ▶ No need to take time out of school.
- ▶ Examination not required for the clinical condition.
- ▶ Option to arrange face-to-face consultation afterwards.
- ▶ Parent has chronic illness.
- ▶ Best for immunocompromised child, decreased risk of infection.
- ▶ Serves the purpose.

the start of the pandemic, the waiting list for the follow-up patients in some of the clinics was delayed by up to 1.5 years, but as a result of virtual clinics, we were able to clear the backlog completely and to see children within the recommended time scale.

However, technology comes with its own challenges, especially in a paediatric setting; one needs to be careful whether

virtual consultation will be appropriate in the context of safeguarding and effective in communicating well with children or young people.²

On balance, virtual consultations seem to be appropriate for and preferred by most children and parents, as long factors such as safeguarding and need for investigations or examination are taken into account carefully. The widespread introduction of virtual clinics has been a positive outcome from the pandemic, and this study suggests that virtual clinics are already a popular choice among parents.

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