

## Patient experience of Attend Anywhere in haematology and oncology, May – July 2020

### Summary

- 119 people have completed the questionnaire since May 28.
- Most people find Attend Anywhere (AA) easy to use and convenient. It saves time, travel, expense and disruption to daily life. It protects people from the risk of COVID19. Other people can join in the consultation. Some report feeling more relaxed and comfortable having the conversation from their own homes. Patients think it is a sensible and logical addition to our service.
- Most people think AA is as good as a face to face appointment. Most people would be happy to have another AA appointment if they were offered one.
- Most people would like to think that they have the option of a face to face appointment at some point in the future, or if they felt they needed a physical examination. People say that it is perfect in some instances, but that there are times when face to face conversations are needed.
- Most people would choose AA instead of a phone consultation.
- The main disadvantages are related to poor sound, delays between sound and image, and connectivity issues. A small but significant proportion of people experience technical difficulties that interfere with the quality of consultation.

### Implications

- The Department should continue with its use of Attend Anywhere. We should continue to gain experience and confidence with the platform and share our experiences to support colleagues who are learning how to use it.
- We should consider training resources for staff to facilitate this process. This would include considerations of location, lighting and positioning of your screen as well as communication skills in the absence of physical contact.
- Expanded patient information resources, with advice about how to prepare for AA consultations, should also be considered.
- Colleagues should allow time to ensure that patients are comfortable with the platform, and to check that they can be seen and heard. The option to revert to a phone call should be offered.
- There are instances when major technical difficulties cause significant frustration for both parties. A telephone number for patients should always be available so that a conversation can be had in the absence of a successful AA connection, to reassure patients that the appointment can proceed regardless. We should acknowledge the possible technical problems in patient information about AA, and advise them to have a phone to hand just in case. Monitoring and quantification of technical issues should continue.
- At the end of the call, colleagues should ask the patient how they felt the call went, and give the patient an opportunity to express a preference for future consultations.
- We need to reassure patients that we can offer face to face appointments if necessary, and that the advent of telemedicine and AA does not signal the demise of face to face care.
- We need to share positive feedback of AA to reassure future patients. We need to make people aware of the option to invite other people to join a consultation.

## Introduction

The pilot of Attend Anywhere (AA) began at OUH in January 2020, with 3 'waiting rooms' from 3 separate departments across the Trust. The arrival of the COVID19 pandemic, and the sudden and significant reduction in face to face outpatient appointments, created an opportunity for escalated usage of the platform. In the Oncology and Haematology Directorate, increasing numbers of clinical staff have introduced the use of AA in their outpatient clinics. 307 clinical and administrative staff have been trained in Oncology and Haematology over recent weeks.

A brief patient experience questionnaire had been implemented at the launch of the pilot. The questionnaire was created using Survey Monkey, and patients were invited to complete the questionnaire at the completion of their AA consultation.

The original questionnaire placed emphasis on the technical side of the call, and asked less about how patients felt about their consultation. In the interests of finding out more about the quality of the consultation, the questionnaire was re-drafted, initially for use in Oncology and Haematology 'waiting rooms'. The draft questionnaire was developed in partnership with a patient engagement group (the Oxford Blood Group), and was given approval by the Divisional Governance lead before going live on the AA platform on May 28, 2020.

119 patients had completed the questionnaire as of July 28 2020, representing 98% response rate. Patients typically spend 5 minutes completing the 15 questions.

## Questions and Responses

### 1. What device did you use to have your virtual consultation? (please tick one box)

The majority of people use a laptop or tablet, so they are using devices that allow them to move around and change location if necessary. Only a small proportion are using their mobile phones for this.

### 2. How easy was it to set up the video appointment? Please tick all that apply.

92% of people found the instructions clear and easy to follow.

Only 4 out of the 118 responding to this question stated that they needed help from someone else.

### 3. Did you experience any technical difficulties during the call? Please tick all that apply.

61% had no difficulties.

Those that reported difficulties had problems with sound, problems with image, and time delays or gaps in the conversation. Individuals reported calls that failed for unspecified reasons, calls that were interrupted and issues with image failure. Two people said that the quality of the call was poorer when other people joined the consultation.

In two instances, the technical difficulties were insurmountable and the call was unable to take place.

These comments indicate that for a significant proportion of calls, part of the consultation is spent dealing with technical difficulties. This would **suggest a need to allow time to ensure that these things are set up and working before you begin** discussing the critical issues. We might also need to **reassure people that we can revert to a phone call** if necessary, and perhaps ensure that you have an appropriate phone number to hand.

Other questions in the survey indicated higher levels of satisfaction that might be suggested by the proportion of people that experience technical difficulties. However, some of those who have one bad experience have been discouraged from using the platform again.

#### 4. How much of your day was taken up preparing and attending today's video appointment?

Most people spend less than an hour on the video consultation (86%), but 16 people reported spending 1 – 2 hours.

#### 5. Compared to a face to face appointment, what advantages did you experience? Please tick all that apply.

92% acknowledge advantage in saving travel to Oxford and parking at the hospital. 45% report saving the cost of travel to appointments.

63% reported feeling safe from exposure to coronavirus.

33% of people feel that the home environment is a more private place to have the conversation with a HCP. 18% feel that the video consultation is less stressful.

12% of people stated an advantage in that other people could be invited to take part in the consultation, but several people also commented that they did not know this was an option. We need to be sure to let people know that other people can join in, from other locations, including other HCPs involved in your care.

Other comments pointed out the benefits compared to a phone call: AA allows you to see the other person, not just hear them.

“it allowed my husband to hear the conversation. It took up less than an hour rather than half the day to go to the hospital, attend the appointment and return home. Given I have mobility issues with my leg at the moment, it saved travelling in the car and walking in and out of the hospital.”

Lots of people commented on the comparative convenience of AA and the loss of disruption to day to day life, particularly for those with work commitments, family commitments or reduced mobility. Some commented that it is a sensible and logical development and a far better use of everyone's time.

#### 6. Compared to a face to face appointment, what disadvantages did you experience? Please tick all that apply.

56% report no disadvantages.

20% report the disadvantage of technical difficulties with the call. 17% say that the lack of physical examination is a disadvantage.

11% said that it was a disadvantage not being able to 'get it all done' in one day – some people in regular follow up arrange blood tests and pharmacy visits for the same day as an OPD appointment, and remote consultations change that neat arrangement.

People offering further comment on this question report that it feels a bit 'strange' to do this online, and that the conversation felt a bit more stilted. However, several pointed out that the disadvantages would not dissuade them from doing it again. Several people commenting on technical obstacles express confidence that these will improve with time, attention and familiarity.

#### 7. Do you agree with the following statement: "I feel that the video consultation is just as good as a face to face appointment"

65% of people agree or strongly agree with this statement.

12% disagree or strongly disagree.

At the conclusion of a call, and in making preparations for another appointment, colleagues should **invite patients to comment** on the ease or otherwise of the consultation and give people the opportunity to **express a preference** for future appointments.

**8. Do you agree with the following statement: "I feel that the care of my illness is safe having a video consultation"**

83% agree or strongly agree with this statement.

**9. Do you agree with the following statement: "I would be happy to have a video appointment again if offered"**

92% of patients agree or strongly agree with this statement.

**10. Do you agree with the following statement: "I would prefer to have a telephone call than a video appointment"**

73% disagree or strongly disagree with this statement, suggesting the merits of 'seeing' the person you are speaking to, and in spite of the relative technical reliability of a phone call.

22% neither agreed nor disagreed.

**11. Do you agree with the following statement: "I would prefer some face to face appointments at the hospital if it is safe for me to attend"**

60% agree or strongly agree. People do not like to think that they will never have another face to face appointment. There is reassurance to be had from physical examinations and speaking in person.

However, the 40% who are ambivalent or in disagreement is not an insignificant number. Again, inviting patients to express their preferences and discuss how best to monitor them long term, is to be encouraged.

**12. About your doctor / nurse: please tick all the statements that apply**

*I had spoken to this doctor / nurse before today's appointment*

*I had not met this doctor / nurse before today's appointment*

*My doctor / nurse knew how to use the video appointment system*

*Our conversation was easy during today's appointment*

*We found it difficult to have a conversation today*

66% had met the HCP in person before the call.

65% felt that the HCP knew how to manage the video system.

70% felt the conversation was easy.

Other comments on this subject congratulated the HCP on the ease and quality of the consultation.

One person mentioned the lighting of the call and the fact that a person's face was in shadow, and that it is better if the screen is positioned closer to eye level so that the HCP is not looking down at the patient.

Colleagues and patients alike should consider the physical environment of the call and the impact on image and sound quality. Checking in with the patient at the beginning of the consultation – "can you see me and hear me ok?" – is advised.

Dr was badly lit so that his face was in shadow - a problem that could easily be rectified. I meant to point this out but did not get round to doing so. It is also better if the camera is at the same level as the face, rather than a long way below.

**13. Please share any further comments about your experience or ideas for how we might improve video appointments.**

52 people left a comment.

Most people used this opportunity to say that the call went well and that it was very convenient and something they would do again. People expressed thanks to individual HCPs and the NHS.

The next most common comment was about technical difficulties with sound, image / sound delays, poor connectivity and poor connection speed.

Some people said that it is not appropriate for everyone or for every situation.

Some suggested that staff needed adequate training and that all should have the correct equipment.

A few people had suggestions about having greater choice about the music and notifications in the “waiting room.”

**14. Gender**

Respondents were 50 males, 63 females and 2 who preferred not to say. 4 people skipped this question.

**15. Age group**

Under 18	0.00%	0
18-24	3.39%	4
25-34	5.93%	7
35-44	17.80%	21
45-54	21.19%	25
55-64	19.49%	23
65 - 75	22.88%	27
75 and over	9.32%	11
<b>Answered</b>		<b>118</b>
<b>Skipped</b>		<b>1</b>

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