

An Evaluation of Gynaecology Outpatient Telephone Clinics during the COVID-19 Pandemic.

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Background and Objectives

Following UK government-imposed lockdown and social distancing guidelines due to the COVID-19 pandemic, all Gynaecology Outpatient Clinics (GOPD) within Aneurin Bevan University Health Board (ABUHB) were rapidly transitioned to telephone clinics. Telephone GOPD clinics have been extensively reviewed in the literature and shown to have a high patient satisfaction rate and be as effective as face to face (FTF) clinics.^{1,2,3}

During the COVID-19 pandemic the Obstetrics and Gynaecology (O&G) directorate at ABUHB felt that offering non-FTF GOPD appointments was important as clinicians remained available to appropriately triage urgent patients and to offer advice, where possible, for their condition. They could also offer reassurance to patients and send prescriptions (if appropriate) to treat conditions such as menorrhagia and incontinence.

The objective of our study was to evaluate the effectiveness and future feasibility of GOPD telephone clinics. It was felt that as these changes were so substantial to the way in which our GOPD functions, that evaluating the usefulness of telephone clinics for both clinician and patient was vitally important.

Methods

A survey was formulated and disseminated to all clinicians within the O&G directorate at ABUHB via paper and electronic copy to prospectively collect data on the telephone GOPD consultations including monitoring and assessing the utility of the telephone clinics for patient. Data was collected and inputted into MS Excel and analysed.

		Main Presenting Complaint e.g. DUB, Pelvic pain	Consultation met pt's needs (1-10)	Main obstacles (Ex/Comm)	Difficulty contacting patient (Y/N)						
Patient	New/FU					F2F FU	D/c	Tel FU	W/L	SOS	Other
Was appt suitable for telephone consultation i.e. could be done in future to avoid F2F?	Suitable for initial Sp. nurse clinic (Y/N)	Was it easy to end the consultation (Y/N)	Length of consultation (to the closest 5 mins)	Did you prefer phone consultation over a deferred (later) F2F (Y/N)	In future, if it were suitable for your problem, would you like to continue phone appts? Y/N	Comments					

Results

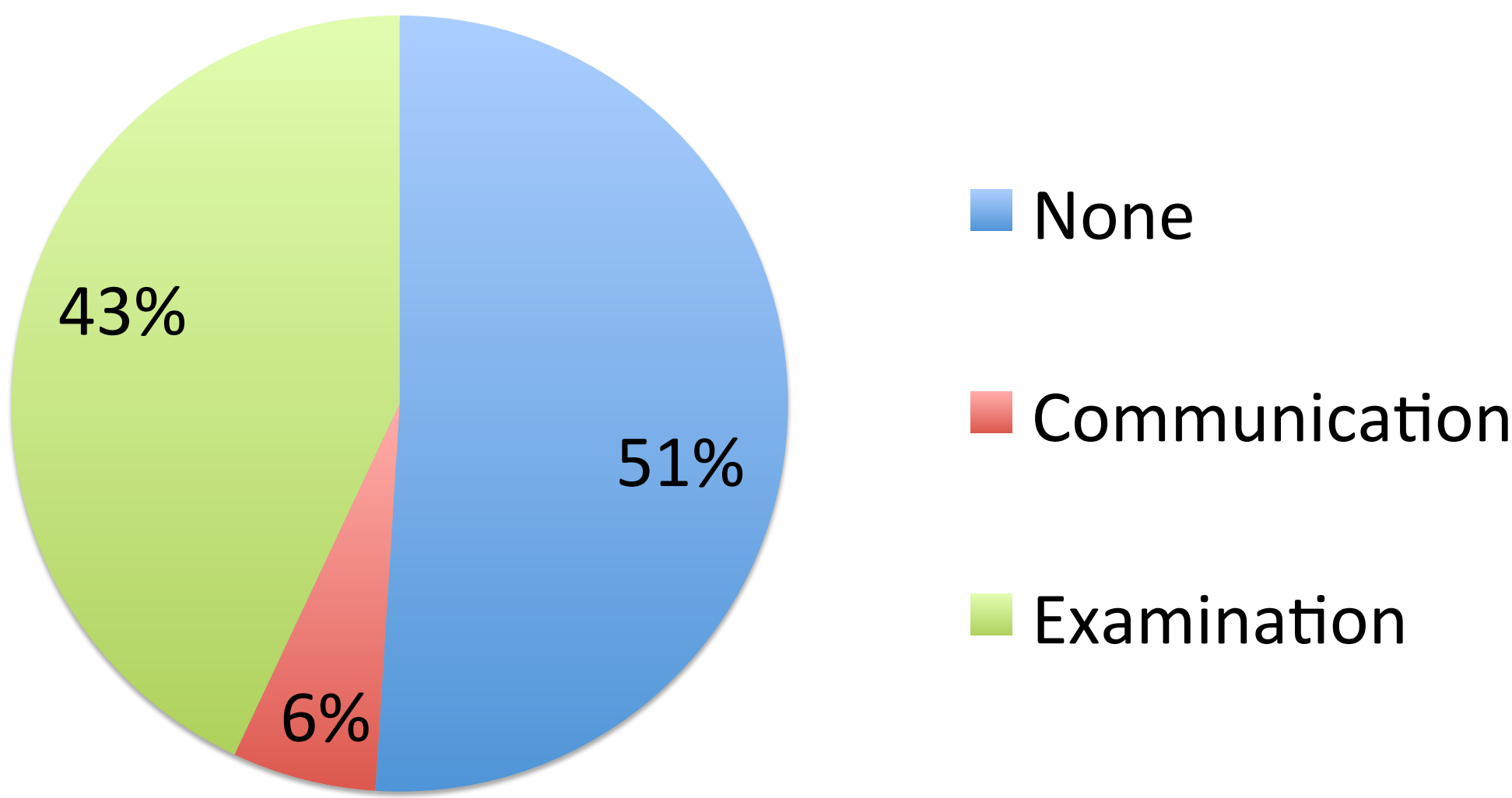
Data was collected for 524 consultations. Not every question was answered for each patient and therefore a different denominator is used for each question reflecting the number of responses to that specific question.

The appointments compromised 59% (n=307) new patients and 41% (n=211) follow up patients. Only 9% (n=48) of patients were not contactable.

Clinicians rated that 56% (n=274) of consultations were suitable for telephone rather than FTF appointments. In the 'suitable' group 53% were follow up appointments and in the 'non suitable' group only 22% were follow up appointments.

The main barrier to effective telephone consultation was inability to examine the patient (43%). In the consultations in which examination was needed 79% (n=180) were new referrals.

Main Obstacles



Results (cont.)

54% of patients required FTF follow up after a telephone appointment and 25% of patients were discharged. Patients were more likely to be discharged from a telephone clinic if it was a follow up appointment and if the appointment was with a consultant rather than a registrar.

Clinic Outcomes

Discharge	Face to Face Follow up	Telephone Follow up	Add to waiting list	See on Symptoms	Other
25% (n=124)	54% (n=265)	3% (n=17)	5% (n=25)	7% (n=37)	8% (n=40)

Results

94% (n=400) of patients preferred a telephone clinic appointment over a deferred FTF appointment and 81% (n=337) stated they would want to continue telephone clinics in the future.

31% (n=135) of consultations were deemed potentially suitable for specialist nurse led clinics.

Conclusions

The results support continuation of telephone clinics especially in selected situations, such as routinely for follow up appointments. The high discharge rate, particularly for new patients, raises consideration of improved communication and support for primary care management of gynaecological conditions, better clinic triage and exploration of nurse-led clinics.

Social distancing remains necessary in the context of COVID-19 and telephone clinics are a way of facilitating ongoing secondary gynaecological care whilst keeping staff and patients safe. ABUHB Gynaecology Department has taken on board the results of this study and implemented more targeted telephone clinic appointments with referrals first vetted by consultants accordingly at source. In accordance with reducing footfall to the hospital, mixed telephone and F2F clinics have also been started. These measures have since improved the efficiency of the gynaecology clinics despite having reduced numbers of F2F appointments available.

Bibliography

1) Thompson J, Chichowski S, Rogers R, et. al. Outpatient Visits Versus Telephone Interviews for Postoperative Care: A Randomized Controlled Trial. *Int Urogynecol J* 2019;10:1639-1646. 2) Beaver K, Williamson S, Sutton C, et al. Comparing Hospital and Telephone Follow-Up for Patients Treated for stage-1 Endometrial Cancer (ENDCAT Trial): A Randomised, Multicentre, Non-Inferiority Trial. *BMJ* 2017;124(1):150-160. 3) Safir I, Gabale S, David S, et al. Implementation of a Tele-urology Program for Outpatient Haematuria Referrals: Initial Results and Patient Satisfaction. *Urology*, 2016;97:33-39.