Outpatient service transformation; delivery of nF2F clinics in a COVID-19 era

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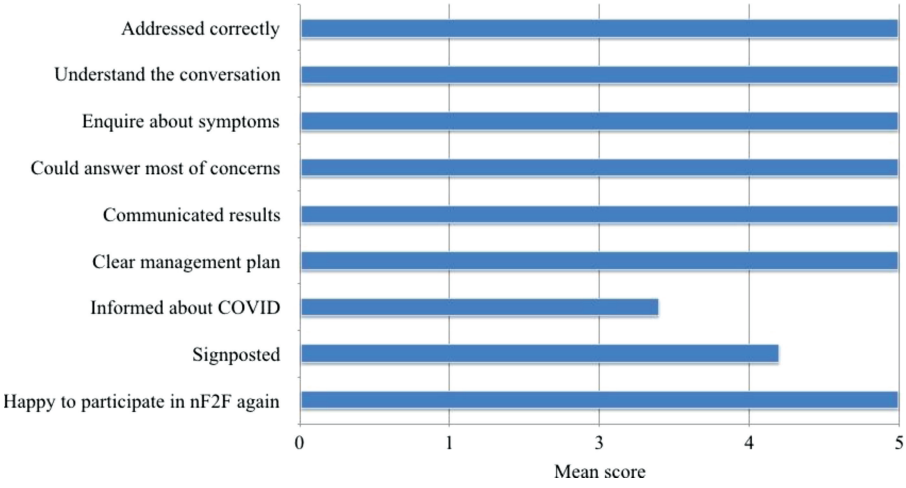

Fig 1. Patient feedback on nF2F clinics on a Likert scale.

Introduction

Non-face-to-face (nF2F) interactions have replaced many face-to-face interactions during the COVID-19 crisis. This has had a significant impact on the way clinicians deliver outpatient rheumatology care. In a London district general hospital setting, we wished to study the impact of this innovative model of care and assess whether nF2F interactions can be blended with face-to-face interactions in outpatient consultations in the post-COVID-19 era.

Aims

We aimed to develop a standard operating procedure (SOP) for nF2F clinics in order to deliver and maintain rheumatology outpatient services during the COVID-19 pandemic and we also aimed to perform a qualitative analysis using patient feedback questionnaires.

Methods

Patients were allocated to receive telephone consultations with triaging to allow for necessary face-to-face clinics. Serology or imaging requests were posted prior to the next appointment. Rapid cycle evaluation was carried out 8 weeks after initiation of the clinics. Ninety-six patients were contacted to complete a questionnaire with Likert scale questions to assess satisfaction.

Results and discussion

An SOP was developed to guide staff participating in nF2F clinics.[1–3] Sixty-eight patients participated in the questionnaire. The clinics were well received, scoring highly (average 5/5) for satisfaction. Benefits included reducing travel time, cost and on-the-day waiting times. All patients had received their serology or imaging requests via post. The most significant barriers to nF2F was translation services, contingencies for which are included in our SOP. Thirty per cent of patients specified a preference to return to F2F clinics following the pandemic (Fig 1).

Conclusion

The COVID-19 pandemic necessitated a transformation of outpatient services to nF2F interactions. NF2F clinics have previously been trialled in smaller scales with success.[4] Rapid cycle evaluation demonstrated that the vast majority of patients were successfully 'attending' their appointments and patients are satisfied with the service. We have demonstrated a successful move to virtual consultations in the midst of the COVID-19 pandemic which may now be incorporated into our outpatient service in the post-COVID era. ■

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Conflicts of interest

None declared.

References

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