Letter

Multidisciplinary community paediatric video appointments during COVID-19 pandemic: descriptive study

In responsive to the COVID-19 pandemic, paediatric services adapted working practices. While changes to traditional face-to-face appointments were necessary enabling consultations to continue, it was initially unclear whether new technologies would be reliable or acceptable to staff and patients.

Following social distancing commencing in late March 2020, Seaside View Child Development Centre, Brighton, UK (specialising in children with special needs, primarily neurodevelopmental and complex disabilities), converted all appointments to video or telephone formats. The department sought service user and staff experiences of video consultations to assess the impact of this intervention.

All families who had AccuRx video consultations, within a 5-week period, were sent anonymised qualitative questionnaires. Appointments performed included multiprofessional appointments: 57% were follow-ups and 17% autism-specific histories. All staff members (doctors, nurses, physiotherapists, occupational therapists and other health professionals) who had either performed or observed video consultations were asked for qualitative responses. Seventy-four families and 29 staff members (40% and 62% response rates, respectively) were sent surveys. Information regarding aims of questionnaires was provided, with verbal informed consent gained.

Families described overarching positive themes of convenience of video consultations compared with face-to-face appointments. 66% defined 'less travel time', and missing less work or school. Two parents could attend despite differing geographical locations. Some felt 'more relaxed in [their] home environment'. 57% stated there was 'nothing' they did not like about the consultation.

Staff experienced more challenging situations, with 94% having technological difficulties. Children were often briefly seen on screen, with scope for limited examination of patients. There was difficulty assessing 'non-verbal cues' and 'building rapport'. Many appointments lasted greater than an hour, which was 'demanding' and 'tiring'.

There was a disparity in initial opinions of staff and families, with the majority of families finding video consultations being acceptable to delivering healthcare within the current climate. Difference in opinions may indicate that professionals were asked to adapt working environments, while families were 'grateful that the appointment was going ahead'. It would be interesting to note how results change over time with repeated surveys.

It is clear that, despite technological advancements, limitations regarding inability of physical examinations leave consultations feeling *incomplete*. For future successful video consultations, they should not replace, but complement situations where clinically safe. We should remain mindful of vulnerable children who have presentation subtleties that can be missed via video consultations, thus impacting their safety. These consultations are currently serving as a way to 'keep things moving' while COVID-19 restrictions are in place. Consideration of financial implications for health services in the form of reduced 'was not brought' rates and environmental advantages of reduced carbon footprints would be beneficial. We remain mindful to not create inequality for families that cannot finance the technology required, have challenges due to living in one room, or lack of privacy to speak freely.

Video consultations in community paediatric settings appear acceptable and offer advantages to all. However, they should not replace face-to-face consultations. There is potential to widen health inequalities, with inabilities to discern physical and non-verbal clues remaining.

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Contributors CEM, NE and SA conceived this article. All authors contributed to collation of results. CEM wrote and revised the final manuscript, following contribution and revision from contributing authors.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

To cite Mount CE, Elson N, Ahmad S. *Arch Dis Child* 2021;**106**:e19.

Accepted 1 September 2020
Published Online First 10 September 2020

Arch Dis Child 2021;**106**:e19.
doi:10.1136/archdischild-2020-320011

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