PATIENT SATISFACTION AND EXPERIENCE WITH DIGITAL CONSULTATIONS IN COMMUNITY PAEDIATRICS DURING THE COVID-19 PANDEMIC

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Aims Since the pandemic, digital consultation has rapidly evolved to become an established mode of practice in clinical service delivery. However, there is limited description of patient experiences so we felt it was important to gain insight into our families’ views.

By evaluating families’ feedback on our service and digital consultation platform over a series of surveys, we aimed to incorporate the voice of the family into quality improvement in developing a service that is efficient, effective and patient-centred. In this way, we hoped that patients and their families can directly drive positive change in quality of care.

Methods A series of surveys were sent via patient clinical records system to families who attended appointments over three time periods - May 2019 to January 2020 as baseline, June to July 2020 and February to May 2021. The second & third surveys were developed based on change ideas from the previous survey as part of PDSA cycles. Our primary outcome measure was qualitative patient feedback on their experience. We also compared the rates of non-attendance to appointments.

Results A total of 176 families responded to our surveys. Our response rate for the most current survey increased to 36% from 15% during the first lockdown. In this most recent survey (2021), 97% of families found digital consultations helpful compared to 87% in 2020. 74% of families felt there was nothing to improve in digital consultations compared to 72% in 2020 and 50% in 2019 for face to face consultations (table 1).

Our non-attendance rate during these periods interestingly remained static (4.8% in 2019, 3.9% in 2020 and 4.3% in 2021). Direct feedback included how ‘convenient’ and ‘flexible’ it was, how much ‘easier it felt especially having children with challenging behaviour’ (figure 1). Many commented that their children felt ‘more relaxed and less inclined to mask their difficulties.’ Constructive feedback included how digital consultations are ‘not appropriate for certain co-morbidities’, as well as queries about the reliability of assessment and accuracy of observing behaviours of children. There were innovative suggestions such as the use of a typed chat function for children who may not wish to interact verbally on screen. Many expressed a preference to be given a choice of type of consultation.

Conclusion Overall, our surveys indicated a high level of satisfaction with the use of digital platforms in delivering consultations. However, whilst many families found the experience ‘helpful’, there were still technical issues with access to video devices and connection quality which risk increasing health inequalities. Questions were also raised by families with regards to selecting patients for whom digital consultations are appropriate. The plateau in non-attendance rates across the three time periods also demonstrated that digital consultation is by no means a solution for non-attendance. As a result of our surveys, which is now part of life QI, patients in our service, where appropriate, are now given a choice of mode of consultation. This shows patient driven change and ensures a patient-centred service.

Abstract 301 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Survey 1 (pre-Covid)</th>
<th>Survey 2 (1st wave)</th>
<th>Survey 3 (2nd wave)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents</td>
<td>30</td>
<td>45</td>
<td>101</td>
</tr>
<tr>
<td>Survey response rate</td>
<td>2%</td>
<td>15%</td>
<td>36%</td>
</tr>
<tr>
<td>Overall non-attendance rate</td>
<td>4.8%</td>
<td>3.3%</td>
<td>4.9%</td>
</tr>
<tr>
<td>1. Did you find the digital consultation helpful?</td>
<td>N/A</td>
<td>87% Yes</td>
<td>97% Yes</td>
</tr>
<tr>
<td>2. Anything to improve?</td>
<td>50% said: no improvements needed for 12%</td>
<td>72% said: no improvements needed for digital consultation</td>
<td>74% said: no improvements needed for digital consultation</td>
</tr>
</tbody>
</table>

Abstract 301 Figure 1

A global increase in the prevalence of obesity has led to an increased need for measurement tools for research, management and treatment of the obese person.

Aims The global increase in the prevalence of obesity has led to an increased need for measurement tools for research, management and treatment of the obese person.

Objective To analyze the knowledge among doctors in Emergency Department, Acute Medicine and Pediatrics on the relevance of BMI Measurement, to study how often the assessment is being done and confidence levels on performing the assessment. To propose measures to make doctors more aware of its relevance and developing a post-er reference guide to help them do the computation in a structured and organized manner.

Methods The initial phase used an 8-question survey, aimed at junior doctors in the acute medical team, Emergency Department and Pediatrics to gauge current knowledge of currently available resources and enthusiasm for a new reference guide. The questions were developed both with a Likert scale (1–5, where 1 = strongly disagree and 5 = strongly agree) and
with free text space where applicable. The next stage, which is currently in progress, is to arrange teaching sessions by Pediatric A&E Consultants, developing a poster to aid with the assessment and introducing prompts in the medical e-notes/atriage notes as a reminder. Finally, the survey will be re-performed to see if knowledge-base and confidence in performing the assessment of the patients have improved.

**Results** The initial survey was completed by 20 junior doctors at Ealing Hospital and Northwick Park Hospital (London Northwest University Healthcare NHS trust), who ranged in grade from foundation year 1 to specialty trainees. Question 3, which studied how often the assessment was being done, demonstrated that 45% of clinicians never do the assessment. Question 4 was aimed to see how confident the clinicians are on doing the BMI measurement, 60% were not confident. Also, 65% felt that they would not be able to signpost patients to useful resources for support if identified as being overweight or obese. One hundred per cent of those surveyed felt a new reference poster and teaching would be helpful to their clinical practice.

The next stage (in progress) is to organize teaching, roll out the Posters and to work closely with the IT department to introduce prompts/aids in the medical e-notes to help with the assessment, this will be followed by re-performing the survey.

**Conclusion** Obesity if tackled early can result in drastic improvement in the quality of life. The initial survey suggests lack of knowledge and confidence on the methodology of BMI measurement in young patients among Northwick Park and Ealing clinicians, and demonstrated an enthusiasm for a new reference poster, teaching sessions and changes to the medical e-notes. We hope to roll out Posters, do the teaching sessions, introduce the modifications to e-notes and re-perform the survey by May 2022. Once that cycle is complete, there will be some indication as to whether a new and expanded OBESITY Assessment Poster is a useful accessory for clinicians in the overall structured assessment of Young people.

**Methods** Retrospective data about Transition clinic, was retrieved from electronic health record database called system-one.

The data collected from 4 clinics held over one year period between February 2020 to 2021. The clinic details are recorded on purpose-designed proforma for discussion in multidisciplinary meeting in transition clinic.

The proforma captures these young people complex needs and comorbidities including learning disability, motor impairment, skeletal deformity, and feeding difficulties. The data was analysed and compared using Microsoft excel 2010.

**Results** A total of 11 patients with age ranges from 15 to 19, were reviewed in Transition clinic from February 2020 to 2021. Among these cases, 6 patients had virtual consultation due to pandemic. There were higher proportion of girls about 63% compared to boys, who were about 36%, reviewed in these clinics. Among them 82% had Cerebral palsy and the rest 18% had complex congenital abnormality.

There was 100% accuracy in the clinical data entry with regards to diagnosis, medication, and general health enquiry, except clinical examination which is close to 36%. This could be due to virtual clinics held during pandemic. Other professional and therapist involvement had been documented in a separate section.

Also, there was 100% documentation on detailed plans, however only 30% had information about the relevant contact details for other services.

The statistical calculation is not possible due to small sample size.

**Conclusion** The study demonstrates that majority of these transition clinic entries followed MDT proforma. The clinical documentation does reflect the multidisciplinary discussion with focus on the young person’s complex and multiple needs during transition period and to support before transition into adult care service.

The professionals tried their best to deliver the care during the COVID pandemic, without any cancellation, also parental and carers concerns about pain and growth were taken into consideration during these virtual clinics.

All children’s and adults’ services should give young people and their families or carers information about what to expect from services and what support is available to them. Therefore, we have introduced a standardised proforma incorporating the key areas specified by NICE, which include relevant details and contact information about the available adult services. The revised transition clinic format has been created as quality improvement project to improve clinical documentation.