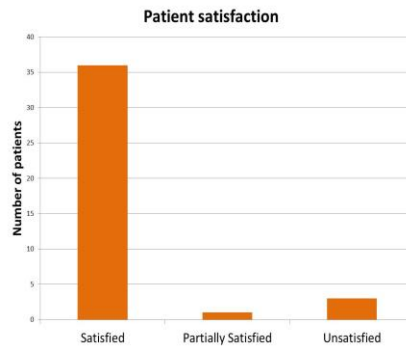


Effectiveness of telephone consultation for stroke outpatient clinic

BSUH is a regional stroke centre serving patients in Brighton and Hove and Mid-Sussex areas. During the first wave of the Covid-19 pandemic, the decision was taken to conduct stroke outpatient clinic consultations by telephone instead of face-to-face. We carried out a retrospective study to assess patient satisfaction with telephone consultation, the impact on patient care and the wider healthcare system and to propose how stroke outpatient clinics could be organised in the future.

Method: Patients were identified from clinic lists over a 6 week period. All patients were called once and invited to give feedback on their experience of telephone clinic. Clinic letters from these clinics and face-to-face clinics over a previous 6 week period were reviewed to obtain comparative information about patient attendance, physical examination, additional investigations, requests to the GP and discharge. 40 patients were successfully contacted.

Results: 90% patients were satisfied with their experience of the telephone clinic. *“Able to speak clearly, not rushed, thorough, caring”.*



Reasons for dissatisfaction were having to wait beyond scheduled time for call, not having issues resolved and it not feeling like a 'normal' conversation.

Despite high levels of satisfaction, just over half of patients (52.5%) would have preferred face to face consultation.

Reasons for preferring face to face consultation	Reasons for preferring telephone consultation	Patients' home location appeared to influence their preference		
Basic preference for face to face contact	Not needing to travel	Residency of patient	Preferred face to face	Preferred telephone
Reassurance of physical examination	Difficulties with parking in Brighton	Brighton and Hove (local)	67%	33%
Better able to open up face to face	Easier to talk on the phone	Mid Sussex (regional)	39%	61%

Physical examination

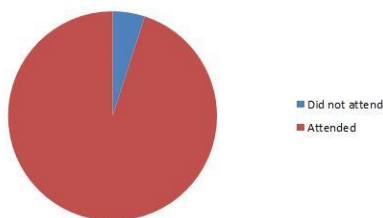
Information from telephone clinic letters suggested that in 5/40 (12.5%) patients a physical examination was indicated. This was mitigated by medication alteration, advice about symptom management and in one case, urgent outpatient imaging.

Actions for GP

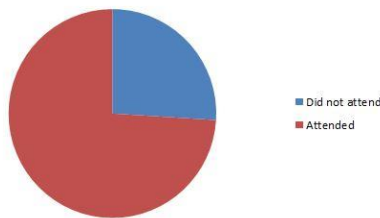
There was no increase in actions requested from GPs (risk factor monitoring, referrals to other specialties) from telephone clinic compared to face to face clinic.

There was a reduction in the number of patients who 'did not attend' telephone clinic compared to face to face clinic.

% of patients in telephone clinic



% of patients in face to face clinic



There was no major difference between the two types of clinic in the numbers of patients discharged vs given further appointment.

Conclusions: Our findings confirm the acceptability of and high levels of satisfaction with telephone clinics as an alternative to face to face clinics for stroke outpatients. They do not generate additional activity and have a high attendance level. However, more than half of patients still prefer a face to face consultation; we interpreted patients' comments to indicate that the main reason for this is patient reassurance either from talking to a doctor in person or from having a physical examination. This could be mitigated by clarifying for the patient the purpose of the consultation and empowering patient self-care e.g. home monitoring of blood pressure.

Going forward, the decision about whether a patient should be followed up in a face to face clinic or by telephone is likely to be a joint decision between patient and clinician, taking into account clinical need and patient preference. However we should be aiming to conduct outpatient appointments by telephone when is it clinically appropriate to do so, particularly with the ongoing pandemic. It is also likely that telephone clinics are more financially and environmentally sustainable.