Exploring Video Consultations within Sexual Health Services.

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Abstract

Please note: This is a commentary piece.

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Since the pandemic, the use of technology enabled care has been on the up where social distancing meant that patients could not enter clinics or attend appointments as they once had. With the National Health Service (NHS) struggling to facilitate their patients, the use of video consultation (VC) was implemented. This ensured that both clinicians and services could still provide the same standard of care to patients, applicable also to Sexual Health Services (SHS), where there was an already positive uptake of VC[1] as an acceptable form of care.

In the last 5 years[2] for SHS in Wales, attendance rates of sexual health clinics has doubled, adding to pressures on services to deliver care. Not only this, but many patients were seen to be disadvantaged through a lack of service provision, particularly those in rural communities with substantial distances to travel to clinics as not readily available in their local area. The introduction of VC being offered has been able to help bridge this[3].
In a 'Community of Practice' event[4] (hear more about this here) one SHS in Cardiff and Vale University Health Board shared the route they had taken with VC since the pandemic hit and its impact on patients.

> *"All F2F consultations since COVID were behind a mask. Adopted VC in May 2020 due to departmental wish to reduce patients sat in the waiting room during COVID."*

The team shared that within their service, specifically HIV, there was a major positive uptake with the use of video consultation during COVID.

> *"We had initial high take-up within our HIV service, so looking after people with a chronic medical condition and also with the psychosexual counselling element."*

They also shared the experiences of the team, showing the wide variety of clinicians who were using the VC platform and how they felt in becoming part of the many VC users.

> *"Huge praise to the pharmacists who run their own clinic in the HIV service, who really took it with gusto and had a very matter of fact 'yes it's here we'll get on with it approach".*
> *"There is a high confidence in video consulting among both medical and non-medical staff members"*

Due to the limited use of VCs pre-pandemic as stated, many SHS patients had an overarching preference towards face-to-face(FTF)[5], but as the platform continued to grow it was taken on board by patients. This data captured SHS' experiences of both clinicians and patients with mixed-method evaluations of the VC service[6] across all NHS services in Wales.

The evaluation captured VC quality, experience, and comparisons of FTF care from what the patients experienced whilst receiving VC through mixed-method surveys, interviews and focus groups. The survey data captured responses from 148 patients and 64 clinicians regarding Genitourinary Medicine, Infectious Diseases, and Sexual and Reproductive Health, as well as further specialities such as HIV and contraception.

Patients from SHS disclosed that the platform was easy to use for their consultations, and that the quality of 'Attend Anywhere' was positive.

> *"Really easy to use, Easy to login and wait to be connected"*
> *"The sound and video quality was good"*
> *"Clear and audible"*

The narrative suggests that the ease of the platform led to successful and positive appointments for these patients.

Further benefits included patients feeling reassured in their consultations with clinicians, being in the comfort of their own home and the flexibility this enabled patients to have in regard to their care were identified. Patients felt they had a positive experience and VC was in fact equivalent to the care that would be received FTF, minus the need to travel; which many saw as an additional benefit.

> *"Doctor was fantastic and reassuring with a friendly attitude clear communication, saved travel time for appointment"*
> *"The VC went well, was able to view and discuss just like in person at the comfort of my home. It cuts out travelling time, attending the hospital and gives the flexibility of where to call"*

Patients were also asked if future FTF appointments were prevented due to the use of video consultations. This was

mixed, as some patients noted that they still required FTF appointments for treatment that is not possible virtually.

> *"Only because further investigation required"*
> *"Still need to attend for blood tests"*

While many patients would like to continue to use VC if no physical treatments were needed, this was not the case for all. A number of patients simply had a preference for FTF.

> *"I would like a real appointment"*
> *"I still prefer face-to-face consultations where possible"*

This is important, as moving forward the opportunity to have the choice of appointments within SHS will ensure that patients can be involved within their care and where appropriate, choose how to receive this.

The event[4] revealed that some clinicians had reserved ideas about conducting VCs as at times, it was not clear who else was in the room with patients. This brought up some caution towards their patients in terms of risk and safeguarding.

> *"In sexual health we have gone down the route of patients having their consultation one on one, so you don't really allow other people in"*

However during the survey, 95.1% of patients noted no issues of safe space when using VC, indicating they felt comfortable and safe, along with 93.1% of patients feeling confident when engaging with VC. 64.4% of patients also rated the quality of their VC as excellent, and 94.2% of clinicians reported that they felt video was suitable for the clinical needs of patients.

Despite these percentages, it is important to remember that VCs will not be appropriate for every patient or each situation, and it is how this is managed going forward that will be key.
Other benefits were also apparent from the dataset where 72.2% of patients reported that VC saved time and preparation, both in the commute and at clinic. 79% felt that by attending appointments online it lowered the risk of infection, this is particularly important during the pandemic as those with underlying illnesses, particularly those living with HIV, can still feel safe while having a consultation. This was something which patients felt increased anxiety around when considering FTF appointments in the first lockdown and pre-vaccination, when COVID risk was unknown.

Clinicians also felt the benefits from the use of VC, where 49.1% saved travel and parking time, resulting in more convenience and causing less stress to their working day. 62.1% of clinicians also shared the benefit of lowered infection rates.
When asked about the use of VC in the future, 97.5% of patients positively confirmed that they would consider using it

again. This links with the benefits discussed, components that will enable VC to be used successfully going forward.

While previously, and specifically pre-pandemic, VC had not been used extensively, this data and narrative contributes in highlighting that VC can be suitable and efficient with SHS. It also shines light on video being an innovative avenue of consultation liked by many. For SHS specifically, it has been suggested that in the future VC can be used for improvements in clinical training for HIV and GUM, to help aid and benefit overall patient experience[1].

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Statements and Declarations

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