An acceptability study for the use of web-based video consultations in patients receiving lifelong treatment for chronic myeloid leukaemia (CML) patients at University College London Hospital (UCLH), London, UK

Executive Summary

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Background

In recent years there has been a rise in offering web-based video consultations in the NHS and private healthcare. In 2015, the Independent Cancer Taskforce recommended a review of "how digital technologies might be used to drive improvements in patient experience", for example by minimising the need for some patients to travel to appointments (Independent Cancer Taskforce, 2015). CML is a chronic cancer and some patients are stable on long term treatment with tyrosine kinase inhibitors (TKIs). Currently patients who have taken TKIs for over 12 months and are stable, attend an outpatient clinic 3-4 times a year as per London Cancer guidelines (London Cancer, 2015). Providing clinical tests were undertaken locally to their home, a video consultation could save such patients travelling to a specialist centre. The potential for pharmacists to support with such a model was identified by a member of the UCLH Cancer Pharmacy team, as the number of Independent Prescribers in the team increased following the publication of the Carter Review in 2016 (DoH, 2016).

A model for remote outpatient consultations could improve patient experience and wellbeing, meeting one of the priorities of the UCLH annual plan for 2016/17 (UCLH NHS Foundation Trust, 2016). This study aimed to see if web-based consultations would be acceptable to CML patients at UCLH with a view to improve overall patient experience. Through this process it was hoped the study would provide a better understanding of how the UCLH team can improve care and overall experience for this group of patients.

Methods

A mixed methods study was undertaken using semi-structured interviews, focus groups and a questionnaire. Five interviews were conducted with CML patients from the cancer centre, and two focus groups with four patients in each group, were recruited across the UK with the aim of comparing views and experiences of patients across the wider CML population. Eligible interview participants were identified using purposeful sampling. Focus group participants were recruited through Bloodwise Ambassadors, CML Support and support groups via Facebook. The questionnaire was developed using questions from the National Cancer Patient Experience Survey (NCPES) and findings following a literature review which also informed the focus group and interview topic guides. Interviews and focus groups were audio-recorded and transcribed verbatim before undergoing thematic analysis.

Key Findings

Existing Patient Experience and Satisfaction

Overall participants, have had a positive patient experience in the management of their CML and felt they were involved in the decisions about their care, but they could have benefitted from more advice on side effects and support groups. Comparing the models of care for UCLH patients with focus group participants highlighted different pathways with regards to blood tests and medicine delivery. The integration of pharmacists in the care of this group of patients was varied so further work could be carried out to explore how pharmacists can be further integrated into the care of CML and similar patients, perhaps in relation to the provision of advice about side effects.

Factors Affecting Acceptability

Participants shared what was important to them as patients and what would make remote web-based video consultations more acceptable to them.

Standards of Care: Participants felt very strongly about the quality assurance of blood tests. It was clear they understood the sensitivity of the blood tests that were specific to their CML and they raised concerns that the result could be compromised if their bloods were taken away from their specialist centre. Past experiences of shared care models where results had been lost were also raised.

Flexibility: Focus group participants raised the option of having flexibility in follow-up models and when a face-to-face consultation vs a video consultation may be appropriate. Face-to-face consultations may be more appropriate following diagnosis and in the initial stages of treatment. They also suggested the possibility of being able to have a mix of both types of appointment depending on the clinical need.

Continuity of the team: Participants valued the rapport and trust they had with their care team, and felt that this relationship would need to be established and maintained if remote video consultations were introduced.

Remote vs Face-to-Face Consultations: Discussions about the pros and cons of remote and face-to-face consultations gave some insights into what participants needed from follow-up appointments. Simplicity and practicalities were important, but also how different models could meet different emotional needs.

Overall Acceptability:

Within the focus groups, there were mixed preferences for web-based video consultations and for the UCLH interview participants they all preferred to continue having face-to-face follow ups. However, participants across both groups would be accepting of video consultations if it benefited the NHS and provided efficiencies that would benefit everyone and help ease NHS pressures.

Recommendations: Factors for consideration when introducing web-based consultation models

- The importance of an established rapport and trust with patients before introducing video consultations
- Stage of diagnosis and treatment- maybe less suitable early in treatment after change in treatment
- Should not replace all face-to-face contact
- Flexibility in the service to allow face-to-face contact if needed
- Reliability of any test results that may be carried out remotely
- Reliability and security of remote medicine supply
- Adequate security and environment for consultations to take place
- The consultation pathway should not get more complicated compared to the current pathway

References

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