Telephone consultations in Nhs scotland

Analysis of Care Opinion stories



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**SUMMARY**

This research project looked at telephone consultations in the context of NHS Scotland with a particular focus on the patient experience using stories on the Care Opinion platform. The research aims to give a better understanding of how patients have experienced telephone consultations both in a primary and a secondary care setting, where telephone consultations have succeeded, and where there is room for improvement.

The research found telephone consultations can form a successful part of patient triaging, diagnosis and management and can significantly add convenience to patients who would have otherwise had to travel to a face-to-face appointment. The stories on Care Opinion also highlighted how telephone consultations can contribute to pre-procedural and post-procedural follow-ups and provide patients with added comfort and monitoring.

Another aspect the stories on Care Opinion touched on was how telephone consultations could give patients the same level of communication and interaction they would have with a face-to-face meeting, helping reduce the perceived downsides to remote consultations.

The stories also uncovered cases where healthcare providers and workers can improve when it comes to telephone consultations. In particular, stories showed how patients would feel left out and isolated when a telephone call failed to come through or they would struggle to find someone to speak to.

The sense of isolation was also highlighted in stories where patients felt they weren’t being listened to on the other end of the phone, or their symptoms were being ignored, and were forced to find an alternative route to see a healthcare worker in a face-to-face setting.

**WHY RESEARCH TELEPHONE CONSULTATIONS?**

My interest in telephone consultations, where patients speak with healthcare professionals remotely via a telephone or a video call instead of a face-to-face appointment, grew from my own experiences with both primary and secondary care, in particular during and in the aftermath of the COVID-19 pandemic.

As a patient, I experienced both good and bad consultations. The good consultations were ones where I felt I was able to get my points across to the person on the other end of the phone, ask questions and agree on a management plan, while the ones with room for improvement often felt like they could have gone better had I been sat opposite someone rather than on the other end of a phone line. While positive and negative experiences are also the mainstay of in-person appointments, telephone consultations nonetheless add a layer of distance which can benefit patients but also add barriers to health care.

Furthermore, my past experiences of working in journalism and public relations, which likewise involved interviews conducted both in person and remotely, drew my interest in this topic to better understand whether some of the challenges I experienced in my previous profession translate to the profession I’m looking to work in the future.

**Growing popularity of telephone consultations**

The COVID-19 pandemic saw an exponential rise in the use of remote services in order to better protect both patients and healthcare staff. Figures from the Scottish Government’s NHS Recovery Plan 2021 – 2026 highlight how ‘Near Me’ virtual and telephone consultations grew from around 1,200 consultations per month pre-pandemic to 12,000 per week by August 2021 (NHS Scotland, 2021).

Importantly, the move to more remote services wasn’t just a one-off response to the pandemic. Experimental data from Public Health Scotland reveals 25.2% of GP appointments in Scotland were done indirectly, via either a video or telephone consultation between January 2023 and October 2023 (Public Health Scotland, 2023).

This highlights that for modern healthcare professionals, remote appointments form a fundamental part of patient care.

The advantages from telephone consultations are greater convenience and speediness, as well as improved access to patients, while healthcare professionals also benefit from the flexibility and cost savings a telephone consultation can give over a face-to-face appointment (Car & Aziz, 2003 ).

**Questions being asked about telephone consultations**

However, not all healthcare providers agree that telephone consultations work. Kelvin Medical Practice in Glasgow decided in June 2023 to stop offering telephone consultations, and only offer face-to-face appointments for patients, with the decision based on the view that face-to-face consultations are “fundamental” to the workings of a general practice setting (Colivicchi, 2023).

Furthermore, research by the Scottish Social Attitudes Survey (2021) reveals that a higher percentage of patients would feel more comfortable with a face-to-face appointment with a healthcare professional compared to a telephone or video consultation, while 66% of patients felt that replacing face-to-face appointments for remote appointments would result in doctors knowing their patients less well.

This suggests there remains some questions regarding the validity and effectiveness of telephone consultations as an effective means of patient care.

**Aims of the research**

The above figures and research helps set forward some clear research angles regarding telephone consultations, in particular from the patient perspective, which Care Opinion has unique insight into.

* Where have telephone consultations succeeded and where do they help patients and relatives?
* Where have patients and relatives felt let down by telephone consultations and where can they improve?

**METHODOLOGY**

Using the Care Opinion platform and following the advice of Fraser Gilmore and Lisa Dendy from Care Opinion, a three-year time limit was set between October 2020 and October 2023 for patient stories. The stories were also limited to those within NHS Scotland, given my interest in continuing to work in Scotland following the degree.

The following tag words were used to find stories in relation to telephone consultations

* Telephone consultation
* Phone consultation

The search returned an initial 66 stories, which I then analysed. Each story was first read to make sure it pertained to telephone consultations or an event where a telephone consultation played a role in the patient outcome, with 52 stories applicable in the end. The 52 stories were then assigned a positive or negative status, based on whether the telephone consultation was seen as a positive or a negative experience or contributed to a positive or negative outcome.

This led to the following division:

* Positive stories: 33 (63%)
* Negative stories: 19 (37%)

To better understand whether telephone consultations had gone right or wrong, each story was allocated a theme that summarised the overall experience, the results of which are summarised on the table below.

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| **Theme**  | **Sum of Positive stories** | **Sum of Negative stories**  |
| Attention  | 1 |  |
| Communication  | 1 |  |
| Convenience  | 1 |  |
| Difficulty accessing resources |  | 1 |
| Lack of attention and professionalism |  | 3 |
| Lack of attention and lack of empathy  |  | 4 |
| Lack of communication |  | 10 |
| Lack of communication and lack of empathy  |  | 1 |
| Professionalism | 4 |  |
| Professionalism and attention to detail | 10 |  |
| Professionalism and convenience  | 2 |  |
| Speediness and convenience  | 6 |  |
| Speediness and professionalism | 8 |  |
| **Grand Total** | **33** | **19** |

From here, more detailed analysis based on each individual story could be done which forms the bulk of the key findings.

**WHERE TELEPHONE CONSULTATIONS HAVE SUCCEEDED**

From the analysis, the themes that most corresponded to a positive telephone consultation surrounded

* Professionalism and attention to detail
* Speediness and convenience
* Speediness and professionalism

**Telephone consultations as a part of a successful patient experience**

The professionalism and attention to detail in the stories saw telephone consultations often mentioned as part of an overall positive patient experience. Phone consultations were not the sole reason behind the positive experience, but rather contributed to an overall positive one. A particularly good example is a story number 939115. Throughout this document I have used numbers to reference stories on the Care Opinion platform, these can be accessed by typing in the Care Opinion URL, followed by / and then the story number. For example careopinion.org.uk/939115

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| ***“My husband had a turn on Wednesday morning, he is a fit, healthy, late fifty year old who experienced a period of partial amnesia and confusion. An (eventual) telephone consultation with his GP was thorough, reassuring and extremely helpful.******“A full plan of interventions was implemented. An appointment the following morning for full blood screening, prescription for immediate medication and an urgent referral to the TIA (Transient Ischaemic Attack) clinic. The Doctor informed us there may be a 7 day wait but reassured us if there were any further episodes we should make immediate contact. The next morning, bloods were taken by the lovely nurses at. By 10 o clock my husband was contacted to inform him of an appointment at the TIA clinic the next day.******“We attended the clinic to be met by Specialist Nurse Anne, who immediately put us both at ease. She was professional, knowledgeable, empathetic and gave us explanation to all interventions.******“We were then asked to wait in the consultant treatment room, within two minutes Dr Sean arrived, took a full history, allowed us time for questions and included both my husband and I when discussing a diagnosis. Again, Dr Sean was friendly, professional, listened (and heard) and gave us both confidence and reassurance. A referral for an MRI scan was requested by Dr Sean to ensure all potential reasons for this episode have been explored.******“After experiencing a frightening event, we were both anxious as to what the outcome could possibly be. The service we have received, has been seamless. The attention to detail by all involved over the past two days deserves recognition. I am a nurse in NHS Fife and feel proud to be part of the organisation that provides such excellent care delivery.”*** * ***939115***
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The above story doesn’t single out the phone consultation, but highlights that it was among the many positive things that helped not only ensure appropriate care, but also reassure and help the patient and his partner throughout the experience.

The same goes for the story number 810456.

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| ***“I recently telephoned my G. P. Practice in Montrose - Townhead Practice at Links Health Centre, Montrose, as I had a swelling below my left lower jaw and a very sore throat. Consequently, I was finding eating, swallowing & speaking more and more difficult. My GP conducted a telephone consultation about 1 hour later, and agreed that a face to face consultation was appropriate/necessary. Following a detailed discussion/examination and two telephone calls to on-call doctors at Ninewells, it was agreed that I should attend Ninewells, Oral and Maxillofacial Department for further investigations.******“I travelled straight to Ninewells, and, that afternoon, went through thorough investigations, which concluded that I had two areas of infection linked to a dental abcess. I was admitted to Ward 7 that afternoon for IV pain relief & antibiotics pending possible surgery. As it transpired, the IV drugs worked overnight and surgery was not required. I then moved to Ward 23B the next morning for continued IV antibiotics, before being discharged on the day after. I am now awaiting the tooth being removed by my local Dentist.******“The thoroughness and close attention from my GP (Dr Strachan), all staff in Oral and Maxillofacial, the nurses in Wards 7 & 23B, and the on duty Doctors and Consultants, was exemplary. They were all extremely conscientious, caring and very much patient focussed. Now that I am feeling much better, I am very grateful to everyone involved in my diagnosis and treatment. Also a thank you to the catering staff at Ninewells as I enjoyed all of the food during my stay. A heartfelt thank you to our National Health Service and the magnificent people who care for us and keep us safe and well at all times.”*** * ***810456***
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Both stories help confirm the view that telephone consultations form a part of effective patient management and triage, without complicating any step of the way or resulting in added delays.

**The convenience factor**

Other stories, like number 1067022 highlights how telephone consultations add to the speediness and convenience for patients, with the patient able to receive a diagnosis and prescription for medicine on the same day, without needing to travel to a face-to-face appointment.

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| ***“I was unwell and contacted the surgery this morning. I was contacted back within 2 hours for an initial telephone consultation. I sent photos of the problem then was contacted again by a GP for a second discussion after lunchtime. GP prescribed medication which I have picked up and have started taking. I feel very happy to have such an excellent GP surgery.”*** * ***1067022***
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The story 1103409 also highlight the added convenience factor a telephone consultation can offer to patients, with the patient able to see the doctor on the same day after an initial triage.

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| ***“I had a telephone consultation with Dr Sim for review of my recently diagnosed cardiac condition. She was very thorough and listened to my concerns. Because I work locally, I was able to go along to see her on my lunch break and get her to check out a couple of things I was a bit concerned about. She was more than happy to arrange this, and was friendly, approachable and knowledgeable. Brilliant! Thanks!”*** * ***1103409***
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As does the story 878240.

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| ***“I had a telephone consultation with Mr Ross from the Trauma and Orthopaedics department at Crosshouse. I felt it was much better than actually going in and seeing a doctor in person, because by the time you sit and wait after all the journey and arranging transport and everything, you are worn out before you even start. That’s how it goes for me anyway.*** ***“It was a real reassurance talking to him, he was very thorough, he really came up to and went beyond my expectations. He really started things moving, problems which have been around for ages without any progress. He arranged my MRI, which is such a relief after such a length of time.”*** * ***878240***
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All three stories above highlight the effective use of telephone consultations and their positive impact on a patient. The patients were able to minimise disruptions to their day while still receiving an accurate diagnosis and management from the provider.

The story 878240 also demonstrates how it was the telephone consultation which helped them move their whole patient management plan forward, with the doctor at the end of the telephone taking their time to understand the patient concerns. The fact the patient says they prefer the telephone consultation to an in-person one shows how successful the consultations can be when done correctly.

**Patient follow-up and preparation**

While convenience is perhaps the most obvious benefit from remote consultations, the research found patients also responded well to telephone consultations as a form of both preparation ahead of procedures and follow-up after.

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| ***“My extremely anxious, teenaged daughter, attended the Golden Jubilee for a colonoscopy this morning. She was shaking with nerves by the time we got there as she has a bit of a hospital/needle phobia.******“Every member of staff we came into contact with was caring, patient and kind. Lindsay put her at ease and validated her phobias. Eileen came and introduced herself as she would be looking after her following her sedation and before being discharged and Martin, who performed her colonoscopy, explained everything to her patiently. I didn’t catch the name of the clerk who booked her in or the lovely gentlemen who walked her out to meet me, but both deserve credit too. We attended at in the morning and were back home before lunchtime. Excellent from beginning to end.*** ***“Also - she had phoned the day before when she was struggling with the prep and the lady she spoke to was also lovely and gave her tips to getting it finished (which helped). So thank you to them too.”*** * ***959170***
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| ***“A few weeks ago we had a baby scan for our first baby that revealed our baby's weight had slowed. We were referred to the consultants at Aberdeen Maternity Hospital for telephone consult.******“Dr Littlewood called us and talked over the situation with us and after speaking with her our minds were put at ease.******“We then had follow up appointments with Dr Littlewood she explained everything in detail and she was absolutely fantastic.”*** * ***989660***
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Both stories help highlight the benefits that a pre-procedural remote conversation with patients can have. Importantly, the patients are not in a clinical setting during the consultation. This can help reduce anxiousness before the procedure, given clinical settings can often feel and look intimidating for patients, especially those undergoing something for the first time.

The research also highlighted how post-procedural follow ups via a telephone help patients feel looked after. The University Hospital Crosshouse in Kilmarnock, in particular, seems to have a very effective policy in making sure patients are followed-up with a telephone consultation. All three stories below come from patients who underwent procedures at Crosshouse.

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| ***“Following on from my bowel operation I had a telephone consultation with my doctor. It could not have been any better, it was excellent, and I am feeling fine apart from the normal old age ailments. Thank you.”*** * ***807705***
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| ***“Due to have a follow-up telephone consultation with Dr Khine. Doctor called me promptly, was very thorough with questions on the telephone, listened patiently to my story, and was very reassuring. I felt much better after our conversation. So helpful.”**** ***1003125***
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| ***“Had another telephone consultation today, previous one 3 months ago and another one booked in for 4 months time. Just wanted to say how reassuring and useful these appointments have been and still are. Very informative, make me feel looked after.”*** * ***822025***
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The last story (822025) is useful in highlighting the positive impact scheduled calls can have with patients who have longer-term conditions. The fact the patient now feels “looked after” suggests the scheduled calls have added a new, positive dimension to their care, and increases their level of trust and confidence in the provider.

**Listening**

One of the concerns highlighted by Scottish Social Attitudes Survey 2021/2022 is 66% of respondents stating increased use of telephone consultations could lead to doctors knowing their patients less well.

The same research also asked respondents which factors would matter the most on whether they accepted a telephone consultation or a face-to-face meeting with a doctor, with 46% stating ‘how worried they were about the condition’.

Both findings suggest respondents feel a certain disconnect between healthcare professionals and patients in a telephone consultation as opposed to a face-to-face consultation.

Stories on Care Opinion however highlighted that telephone consultations can be just as effective in getting to know patients as well as treating and managing serious conditions.

The story number 1009655 highlights this.

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| ***“I had been advised that I may need an operation on my prostate to ease a problem with my frequency of requiring to use the toilet.******“The urologist telephoned to discuss my situation and go over the effects of current medication.******“As the result of the discussion, it was agreed that the best way forward was a change in medication together with cutting out caffeine from my diet and that no operation was necessary at this time.******The urologist was very thorough with her advice and relieved any doubts that I had with my situation.******“The conversation was excellent.”*** * ***1009655***
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The story 1009655 shows that quite serious clinical decisions can be made over the phone with a patient, without the patient feeling like they’ve not been able to express their view or concerns.

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| ***“I was referred to Mr Glen for Gastric Pacemaker surgery and have to say he is one of the nicest consultants I’ve ever met.******“Mr Glen and I had a telephone consultation following a referral from another surgeon at NHS Greater Glasgow and Clyde and we agreed that the Gastric Pacemaker was a good path to go down.******“I was admitted to Surgical Same Day Unit and from the minute I was admitted the care was amazing, The student nurse was lovely and actually took time to ask how I was feeling (I suspect she saw I was nervous), The nurse kept me up to date throughout the day to when I was taken down to theatres to theatre 1 by a lady called Megan who was so funny and made me feel relaxed and assured me I was under great care.******“Dr Pollock was the anaesthetist looking after me. He knew again I was nervous as I admitted it and he was absolutely excellent! Such a friendly guy too. Can’t thank the theatre team enough for all that they did for me and for the friendliness shown.******“The amazing care didn’t end there I was transferred to ward 9C following surgery where I stayed for 4 days. The nurses and auxiliaries simply were sensational. The care I was shown and the friendliness of everyone really helped me through a tough time.”*** * **980548**
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Both stories above highlight that despite being done over a telephone, patients felt no less listened to, or distant from the doctor compared to an in-person consultation, ensuring continued trust and confidence in the healthcare provider.

**WHERE TELEPHONE CONSULTATIONS CAN IMPROVE**

The next part of the research looked at stories which highlighted shortfalls with telephone communications.

**Lack of communication and contact**

One of the main themes was a lack of communication – be it not telephoning during the scheduled appointment or patients struggling to make an appointment. The four stories below highlight how patients would often feel.

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| ***“My husband contacted his GP beginning of July 2023 as he has a mole on his neck which has grown and has become very itchy. His GP asked him to e mail a photo which he did. He was then given a phone consultation by GP who advised over phone he would refer him to Dermatology at ARI.******“He has heard nothing and is obviously very concerned as mentioned above mole has grown/is itchy.”**** ***1113849***
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| ***“Since August 2020, I have been experiencing pain, numbness and discomfort in my back/right hip & leg. I have attended physiotherapy privately which has helped to an extent. However, in November 2022, I had quite a severe relapse. I went back to see my physio & also made another appointment to see my GP who agreed to refer me for a MRI scan. Although my symptoms have improved since November, I continue to have permanent pain & numbness down my right leg into my foot. This fluctuates in severity.*** ***“After being given several different numbers to call to enquire about a possible appointment, and numerous attempts to phone, I have today been informed that I have been on the waiting list for 34 weeks, but that the current waiting list for an initial telephone consultation is 73 weeks. My GP told me that I could expect to wait about 6 months for a scan appointment.******“I do not think it is acceptable to wait this long for an appointment when a patient continues to experience pain & discomfort. I also am not satisfied that I am only going to be offered a telephone consultation when my GP has clearly requested a scan. I don't know if there is any treatment for my symptoms, but would hope a scan would at least help to identify what is causing them & determine what treatment options might be available.*** ***“In the meantime, I continue to do the exercises provided by my physio and also try to continue to exercise regularly to the extent that my symptoms allow.”**** ***1098097***
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| ***“Was phoned from an NHS number last week to tell me a consultant would phone me Monday at 10am re eye problems.******“No call came. Eventually I got through to Gartnavel and explained. After a long silence the person said: "No one phoned?" After another long silence: "All I can do is email the consultant."*** ***“So I've been waiting now for nearly a year since referral to arrive at this situation, via optician, GP, Hairmyres, then Gartnavel.******“Utter despair.* Not impressed at all.”*** **918543**
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| ***“I had been referred to ENT for a telephone consultation, my consultation time was at a time when I was working at my shop, I closed the shop for 1/2 hour to take the call in private. The call never came through until I had opened my shop again so could no longer take the call, it was then scheduled for a new date and for some reason this call did not happen due to the signal on my phone going out of radius.******“I have explained that I work Monday - Friday, 10 am - 4 pm. My new appointment is at 11.40 am, and after calling to advise it was not suitable I have been advised that basically no other times that would work for me so I am now having to close the shop again.******“I don't know who this system would work for but clearly not someone who has to work for a living, this has come after all doctor’s appointments regarding my condition also being telephone consultations, which I feel is very poor.”*** * ***985298***
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The story 985298 is particularly useful in highlighting how a lack of communication by the health care provider removes the very convenience telephone consultations are said to bring. A self-employed person having to take time out of their day to wait for a call, only for the call to not arrive will undoubtedly leave them frustrated with the service, impacting their rapport with the health care professional.

The frustrations in each of the four stories also highlights a barrier between the patient and healthcare provider, which can leave patients feeling even more alone. The story by 923841 is a further example of when patients feel disconnected from the service.

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| ***“I have been trying to arrange and attend a telephone consultation with someone from the Urology department for a while and I am getting nowhere. I am frustrated and feel that my age is something to do with this.******“My first appointment should have been in September 2021 on my landline – I don’t have a landline and when I informed them, they then rescheduled for early October 2021 and confirmed that they had my mobile telephone number. There was no call again. I rang them and was given a further appointment in October but again no call. When I rang them, they stated someone had definitely called me but gave me a further appointment for November. I rang them again after another no call to be told that someone had tried to call me and had left a message on my answerphone. There was no message! I was informed that I had been discharged from their department and would need to go to my GP to be referred again.******“I received a letter that said I had a further appointment booked for mid November but then received further communication to say that this appointment had been cancelled. I spoke with them in March this year and was advised that I added their telephone number to my contacts so I would know it was them calling me. Again, no call.******“I have now been told I have been removed from their database and I must start the whole procedure again.******“I wonder if it is because of my age?”**** ***923841***
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A patient questioning whether their age is impacting the quality of care they receive should act as a red flag for any provider and demonstrates clear shortfalls within the administration department. This can have serious effects on the level of trust patients have with their healthcare provider.

**Not being listened to**

While the stories highlighted so far have demonstrated mainly logistical problems so far, some of the stories on Care Opinion also highlighted that once patients did receive a call from the health care provider, they didn’t feel listened to.

The story 973936 is particularly strong, with the patient at the end of the story comparing their experiences of in-person care to the telephone consultation.

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| ***“I have a rare metabolic condition, MPS Type IVA. Every joint in my body is degenerating, amongst other medical problems, and I have been in pain all my life (I am almost 50). As I get older and my joints get worse, the pain increases. I have been on pain medication most of my life, but lately needed changes made. I was urgently referred to Pain Management at Crosshouse Hospital and had a telephone consultation today.******“What an absolute waste of time it was. No help given whatsoever and I felt like a complete idiot who was begging for pain relief. Obviously, no one looked at what my condition does to the body or the forms I filled in and returned at their request. Being an intelligent person, I questioned the usefulness of this service and was expecting answers. I was told I was expecting too much in the way of pain relief, which I certainly wasn't.******“The focus was on coping with pain through mindfulness and other techniques, which I have access to already and only calm the mind and certainly not a pain-wracked body. I was eventually hung up on.******“Instead of a positive experience of a person asking for help, I was left in tears with nothing but the feeling that I was totally unimportant and would just have to suffer for the rest of my life. Utter hopelessness.******“I have had years of surgery and treatment at Crosshouse Hospital and have had the best care a person could ask for, until today. I have never felt so helpless, humiliated and alone.”*** * ***973936***
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The fact the patient says they feel “helpless, humiliated and alone” suggests the consultation over the phone fell far below the expectations of the patient, and the soft skills medical professionals are taught were unlikely used. If the patient feels helpless and alone with regards to their medical treatment, this is likely going to impact the level of trust and confidence they have in the provider.

The story 938738 also highlights a similar issue of pain levels not being acknowledged by the doctor at the other end of the phone.

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| ***“My mum has had severe pain in her hips for the last 2 years. She was an extremely fit woman for a lady in her late seventies and was walking daily or on her electric bike, also doing jobs in garden and house - never stopped. Over the past 2 years she has got to the stage that it’s extremely painful to walk short distances and now needs the aid of walking stick.*** ***“Tried to get appointment to see doctor face to face, but never got one, always a nurse practitioner if I did eventually manage to get appointment. We did manage to get X-ray and they thought it was Osteoarthritis in hip.******“Been on several medications but they always really upset her stomach making mum more ill. Recently I phoned our surgery as mum was in extreme pain and crying with it - asked for a Doctor face to face (well it felt like I begged to actually get her seen to see how sore she was). A face to face appointment didn’t happen though.******“Doctor phoned her and when speaking to her, in my opinion, the doctor actually suggested that the pain wouldn’t kill her. What kind of attitude is that, and to imply that to someone who would rather try and put on a brave face to everyone, rather than bother a doctor.******“I feel it is an absolutely shocking service - it’s so bad that we have now had to go private to be able to see a doctor face to face and it turns out mum has severe Osteoarthritis and needs a hip replacement to get any relief at all, as it’s too far gone for anything else to help.”*** * ***938738***
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The last story took place during COVID-19 and needs to be understood in the context of the pandemic, but nonetheless, further highlights how a patient’s family member feels the healthcare provider had not taken their symptoms seriously and asks why telephone consultations are now so relied upon.

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| ***“My Dad had been feeling unwell since a new medication was started one month previously. He had been having continuous diarrhoea (he has a stoma) and prior to me contacting the GP last Monday he had not been eating or drinking properly for over two weeks - he is 81 years old. I had been unable to see him in person as I was isolating. He was unable to contact the GP himself as was too unwell and lethargic.******“I explained all this to his GP and asked for a home visit. This was refused. Instead they simply wanted bloods done and said district nurses would do them and it could take up to five days. I asked if they could be done sooner but was told not. When I phoned the nurses the following day they had not received a referral. They said if the GP had considered them urgent then they could have asked for an advanced nurse practitioner to come from the surgery and do them - the GP had not considered this necessary.******“Finally the DN came on the Wednesday lunchtime- by this stage my dad could barely stand unaided. By teatime the GP surgery had called (different GP) and said he needed to be admitted urgently to hospital as he had less than 30% kidney function ). He was so dehydrated he was close to kidney failure. My dad spent 6 days in hospital correcting this acute kidney injury and it is presently unknown whether he will have sustained any long term cellular damage.*** ***“Dehydration of this nature can happen rapidly in the elderly - the GP initially totally ignored the urgency of the situation despite being given a full run down of his symptoms and their duration and the deviation of my Dad's health from his normal. They even failed to arrange the non urgent referral for bloods on the same day.******“Since Covid I have found our surgery to be like Fort Knox and even getting to speak to a GP is far down the list. My dad had someone to advocate for him and still the GP in his wisdom could not visit or arrange urgent bloods. Why? Is this not part of their remit any more? There now seems to be a first line reliance on telephone diagnosis; how can this be done properly where the patient is really unwell and can hardly communicate? what is now being missed by not physically having the patient in front of the GP?*** ***“This is not care in the community - this is care if you can convince someone you are worthy of a GP appointment and can attend the surgery. No wonder folks end up calling ambulances.”**** ***924198***
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What the above stories highlight is that when telephone consultations go wrong, patients feel they create a barrier between themselves and the healthcare provider. This is something that should be taken seriously, considering the impact this can have on patient’s willingness to engage with the healthcare system in the future and the trust they have in their provider.

**DISCUSSION**

The stories on Care Opinion showcase two sides to telephone consultations. When done well they form a part of an efficient and convenient patient triage, diagnosis and management pathway. The feedback from patients demonstrates the added convenience and efficiency they bring to both themselves and the healthcare provider.

Likewise was the use of telephone consultations as follow-up tools, with patients feeling looked after and cared for, without having to make the trip to the GP surgery or outpatient clinic.

Lastly, the stories highlighted that the person on the other end of the telephone or video call can be just as attentive and personable if they were sitting across them in a consultation room, answering some of the questions the Scottish Social Attitudes Survey 2021/2022 was asking.

The key to a successful telephone consultation is very much the same as a successful in-person consultation – listening, empathy and understanding the patient’s ideas, concerns and expectations. Using the same soft skills that a normal face-to-face consultation requires in a remote consultations helps ensure patients continue to feel safe with their healthcare provider and continue to trust the care they get.

Where telephone consultations need to improve is two-fold. The first is ensuring when a call is scheduled, the healthcare provider sticks to the schedule. Not doing so removes the entire convenience factor that is a key quality behind the initiative and creates frustration. The fact the calls aren’t either completed on time or patients have difficulty getting a hold of someone also erodes the trust and confidence patients will have with the healthcare provider.

The stories also highlighted that patients and their relatives need to be listened to on the call. Not doing so risks creating a sense of isolation between the caller and the provider.

Research by NHS Health Scotland (Campbell et al., 2015) shows those in the most deprived income brackets are most likely to not attend their GP or hospital appointments. If telephone consultations are increasingly used by services, they cannot increase the sense of isolation, especially in patient groups that are already at an increased risk of not attending, and which typically have greater health issues.

In short, when telephone consultations work, they work well and serve as an effective tool in modern healthcare. Like any tool, if not used appropriately, it can do more harm than good, meaning the responsibility lies heavily on the user (be it the healthcare professional making the call or scheduling it), to ensure the outcome of the call is positively received by the patient and their relatives.

From a personal point, this is something I’ll carry with me into the future; ensuring that if I’m ever dealing with a patient or their relative over the telephone, I’ll treat the conversation the same as if I was in a face-to-face setting and taking on board their ideas, concerns and expectations.

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