

PRIMARY CARE PRACTITIONERS' RESPONSE TO THE ENFORCED USE OF REMOTE CONSULTING DURING THE COVID-19 PANDEMIC

AND THE IMPACT ON ASTHMA SERVICE DELIVERY

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BACKGROUND

Since March 2020, due to the COVID-19 pandemic, primary care clinicians have conducted consultations remotely via telephone, video and asynchronous platforms to reduce the spread of COVID-19.

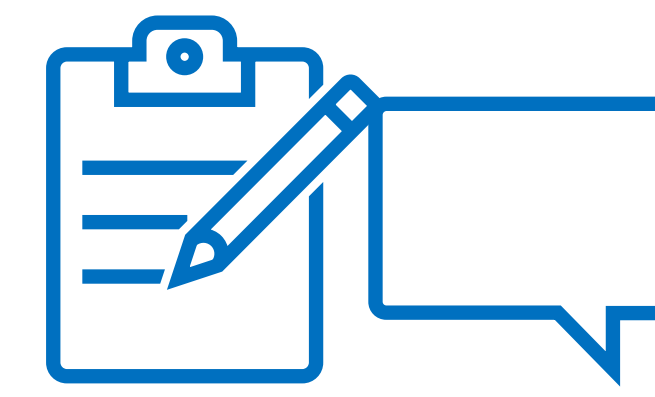


Rationale and aim

It is vital to understand primary care clinicians' opinions on remote consulting if the 'digital first' approach is to remain.

We aimed to explore primary care practitioners' perspectives of remote consulting during the pandemic and how it impacted service delivery for people with asthma.

METHODS

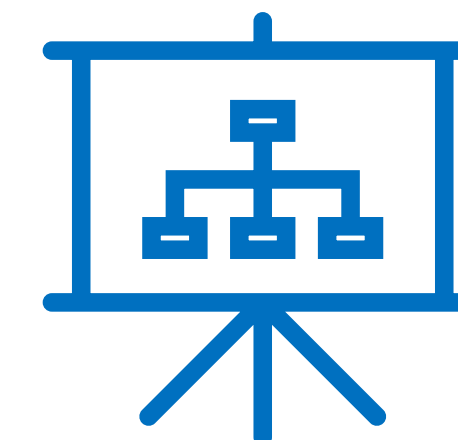


Data Collection

- 4 interviews, March 2021
- 6 further interviews, February 2022

Sample

- 2021: 4 Nurses, 2 GPs
- 2022: 5 GPs, 1 Pharmacist



Analysis

- Thematic analysis
- Defined and collaboratively
- Identified 4 key themes

RESULTS

Working in a 'Digital-First' system

it **doesn't make things more efficient**, I think that perhaps management think that it does



Tools and support

Make sure **everybody's had training**...because it is a new skill...because things can easily get missed



Evolving role of remote consulting

There's no one size fits all. It's about having a jigsaw of things that work for each patient and mixing and matching



Remote asthma care

It **works in chronic disease management**, but not in acute exacerbations



I much **prefer face-to-face**. It's much more satisfying

it's **difficult to build a rapport**, it's difficult to build trust

I **didn't find [video] added significantly** more than a phone call in 90% of cases to justify that kind of time

It's a very, very positive step, certainly for workers....they've appreciated **us not having to drag them away from work** or family

one of the things I find really good is to be able to **reinforce the messages**, and **reinforce confidence**, for self-management. Often patients just want to run things past you...

CONCLUSIONS

- Remote methods should be utilised with face-to-face consultations in a **hybrid model** to allow patient and clinician choice
- Remote methods have benefits of **improved convenience and accessibility** for many patients but are **unsuitable for some patient groups** such as those with impairments to communication
- Increasing **workload** and poor time efficiency have implications for the sustainability of remote consulting
- Clinician **job satisfaction was decreased**. Both staff and patients missed the personal element to face-to-face consultations as remote modalities negatively impacted the building of rapport building and communication of empathy.
- Remote methods were effective for asthma management but **unsuitable for assessment of exacerbations**