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Letter

The Shift Towards Digital Appointments: the Response to COVID-19 Affecting Uro-Oncology



Madam — In response to the coronavirus disease 2019 (COVID-19) pandemic, many hospital appointments moved to telephone or video consultations to reduce footfall in hospitals. The National Health Service is encouraging this shift towards digitalising appointments in the longer term.

Uro-oncology practice generally includes an older population and it is unknown how patients will adapt to the digital shift. We sent questionnaires to patients who had received a telephone consultation during the COVID-19 pandemic to seek their views on, and accessibility to, telephone and video consultations.

In total, 148 questionnaires were delivered; 86 (58.1%) were returned. All responders were male, 8% were aged 40 to 60 years, 77% were between 60 and 80 years, and 15% were aged 80+ years. 20% of responders had no access to wifi or a device, such as computer, smartphone or tablet, required for video consultations. Age was a significant factor. Of those aged 80+ years, 46% had no access to a device/wifi, compared with 15% of those aged 60 to 80 years.

Assuming no clinician preference, patients were asked to express their preferred appointment type between hospital, video, telephone or no preference. Nobody aged 40 to 60 years chose a video consultation as their first choice, but 100% were willing to have one, compared with 58% aged 60 to 80 years, and 31% aged 80+ years. Across all age groups, face-to-face hospital appointments were the first choice, whereas video conferencing was the least popular option.

Individual written responses acknowledged that remote appointments were a positive step in reducing hospital visits and waiting times. But those expressing concern cited lack of access to (or inability to use) a device/wifi, risk of technical breakdown or poor hearing. These technical issues mirror those from research [1].

The introduction of telephone and video consultations requires careful consideration to ensure that specific cohorts of patients, such as elderly people, are not disenfranchised from the health service. Work to develop a good-quality digitalised system requires time, appropriate infrastructure and investment.

Conflicts of interest

The authors declare no conflict of interest.

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Reference

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