

Appendices

Appendix 1



Introduction – ‘Participant Information Sheet’

Title of research project: Understanding the benefits and limitations of a blended approach (mixing virtual and face to face consultations) to outpatient palliative care consultations, to inform future models of service delivery, a mixed-methods qualitative study.

Short Title: Understanding ‘blended’ outpatient palliative care consultations.

What is the background to this survey?

As Covid-19 spread through the UK many outpatient clinical consultations between doctors, patients and their caregivers became virtual, i.e. over telephone or via video link. A new normal is now evolving in the health service where outpatient clinical consultations are ‘blended’ between virtual and face to face consultations. Both consultation types have their benefits, but there is little information available on how to use the two approaches combined.

What is the purpose of this survey?

This online survey aims to gather the views of palliative care doctors delivering these consultations to investigate the benefits and limitations of this ‘blended’ model of care. Your experience and views are valuable in helping us understand how a ‘blended’ approach can be used most effectively when taking care of palliative care patients in the outpatient setting.

Should I take part in this survey?

To be eligible you should have experience of delivering palliative care clinics through virtual consultations (telephone and/or video consultations) as well as via face to face appointments. **Your participation is entirely voluntary, and you can discontinue at any time.** But in completing and submitting the survey you acknowledge that the anonymous data will be used as part of the study.

What does this survey involve?

The survey comprises 3 sections of open and closed questions; ‘Demographics and Background’, ‘Your Experiences’, and ‘Research Questions’. It should take no more than 25 minutes to complete. There are options to share any opinions and experiences that you think may help us understand current practice and implementation issues. The survey will ask some basic demographic information about you, but no person identifiable data will be collected.

Note: This survey is being undertaken as part of a Masters Dissertation and has received a favourable opinion from the Cardiff University School of Medicine Research Ethics Committee (SMREC 22/08). If you have any questions or concerns about the survey, please contact Dr Caradoc Morris (Principal Investigator) at caradoc.morris1@nhs.net. If your complaint is not managed to your satisfaction, please contact the Chair of the School Research Ethics Committee, Dr Ned Powell (powellng@cardiff.ac.uk).

For information on how the data is used and stored please click on the following **link (see below)**.

By clicking on the link below you consent to take part in this survey, and will be taken to the first section, ‘Demographics and Background’.

I UNDERSTAND THE ABOVE INFORMATION AND CONSENT TO TAKING PART IN THIS SURVEY
(PARTICIPANT TO CHECK BOX TO PROCEED)

[LINK TO SURVEY](#)

Data Protection Information found on separate link from Introductory Page:

What will happen to my Personal Data?

Personal data, according to the General Data Protection Regulation (GDPR) means any information relating to a living person that can directly or indirectly identified them. This may include information such as an individual's name, address, email address or date of birth.

No personal identifiable information about you will be gathered in this survey. Only brief demographic data will be asked. All data from this survey will be stored on a password-protected computer. Once we have finished the study, we will keep some of the data so we can check the results.

What are your choices about how your information is used?

- You can stop completing the survey at any time, without giving a reason. However once your form is submitted, due to its anonymisation, it will be impossible to remove it from the data set. As such it will still be used as part of the project and any anonymous quotes may be used.
- We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold from you.

Where can you find out more about how your information is used?

Cardiff University is the Data Controller and is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. You can find out more about how we use your information:

- by asking one of the research team
- by viewing the Cardiff University Data Protection Policy:
<https://www.cardiff.ac.uk/public-information/policies-and-procedures/data-protection>;
- by contacting the Cardiff University Data Protection Officer by email-
inforequest@cardiff.ac.uk or in writing to: Data Protection Officer, Compliance and Risk, University Secretary's Office, Cardiff University, McKenzie House, 30-36 Newport Road, Cardiff CF24 0DE.

What happens to my data at the end of the research project?

At the end of the research project, the data from all the completed surveys will be analysed. Any trends will then be used to make suggestions on how clinical care can improve. Raw data will be retained for 15 years in line with the Cardiff University Research Data Retention policy. After 15 years, all of the data will be deleted, except anything that has been published.

The data may be accessed during that time by the research team, the University's governance and audit teams or by regulatory authorities to ensure good research standards. Sometimes this data is accessed again in the future to support similar or further research projects. For example, if the end results of this study can be reinterpreted, or expanded upon for future research on similar topics, sometimes the original study data is accessed to support this.

What will happen to the results of the research project?

The results of the survey will be combined with a second phase of the project and written as a Masters-level dissertation, due for submission to Cardiff University in September 2022. From there it is our intention to publish the results in an academic journal and present the findings at a medical conference. Participants will not be identified in any report, though some anonymised quotes from participants will likely be used.

Section 1 – Demographics and Background

The following questions ask about your clinical role, and how familiar you are with delivering virtual outpatient clinic appointments.

Q1: What is your clinical role?

Consultant

Specialty Registrar

SAS (Specialty and Associate
Specialist) Doctor / Hospice Physician

GP

Other (open text box for expansion)

Q2: What region of the UK do you work in?

London

South East England (excluding
London)

South West England

East England

East Midlands

West Midlands

North West England

North East England

Yorkshire and the Humber

Scotland

Wales

Northern Ireland

Q3: What setting do you work in?

Hospital

Hospice

Community

Other (open text box for expansion)

Q4: What age range are you in?

<30

31-40

41-50

51-60

61-70

>70

Prefer not to answer

Q5: What is your gender?

Male

Female

Non-binary

Other

Prefer not to answer

Question: How confident do you feel in....

		Not at all confident	A little confident	Somewhat confident	Fairly confident	Completely confident	Not sure
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Q6:providing palliative care outpatient clinics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q7:using telephone consultations in your palliative care outpatient clinics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q8:using video consultations in your palliative care outpatient clinics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: In the last year, how frequently have you used....

		In almost no clinic sessions	In less than half of clinic sessions	In about half of clinic sessions	In most clinic sessions	In every clinic session	Not sure
Q9:telephone consultations in your palliative care outpatient clinics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q10:video consultations in your palliative care outpatient clinics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2 – Your Experiences

The following questions ask about your perceived benefits and limitations of different types of outpatient consultations, to correlate with existing literature on the subject. All the questions are open to allow you to expand on your views and experiences.

Q1: Can you describe any benefits you find of face to face outpatient consultations?

Open text box.

Q2: Can you describe any challenges you encounter with face to face outpatient consultations?

Open text box.

Q3: Can you describe any benefits you find of telephone outpatient consultations?

Open text box.

Q4: Can you describe any challenges you encounter with telephone outpatient consultations?

Open text box.

Q5: Can you describe any benefits you find of video outpatient consultations?

Open text box.

Q6: Can you describe any challenges you encounter with video outpatient consultations?

Open text box.

Section 3 – Research Questions: Combining Face to Face, Telephone and Video Clinics

The following questions ask about your views on the use of virtual and face to face consultations, and how you think the two can be integrated or ‘blended’ in the future.

Q1: ‘Virtual’ appointments can include telephone and video consultations. Do you think there are benefits to a blended delivery (mixing face to face with virtual appointments) of outpatient clinics?

Yes No Unsure

Would you like to add any comments? (Open text box)

Question: In what situations to you think it is appropriate / necessary to have the following with a patient:

Q2: A face to face consultation (select all that apply)	Patient request <input type="checkbox"/>	First consultation <input type="checkbox"/>	Routine review <input type="checkbox"/>	Physical examination required <input type="checkbox"/>	Medication review <input type="checkbox"/>
	Stable symptoms <input type="checkbox"/>	Unstable symptoms <input type="checkbox"/>	Clinician concern <input type="checkbox"/>	Delivering bad news <input type="checkbox"/>	Carer support <input type="checkbox"/>

Other: Please specify (open text box)

Any additional comments: Please specify (open text box)

Q3: A telephone consultation	Patient request <input type="checkbox"/>	First consultation <input type="checkbox"/>	Routine review <input type="checkbox"/>	Physical examination required <input type="checkbox"/>	Medication review <input type="checkbox"/>
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<i>(select all that apply)</i>	Stable symptoms <input type="radio"/>	Unstable symptoms <input type="radio"/>	Clinician concern <input type="radio"/>	Delivering bad news <input type="radio"/>	Carer support <input type="radio"/>
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Other: Please specify (open text box)

Any additional comments: Please specify (open text box)

<i>Q4: A video consultation (select all that apply)</i>	Patient request <input type="radio"/>	First consultation <input type="radio"/>	Routine review <input type="radio"/>	Physical examination required <input type="radio"/>	Medication review <input type="radio"/>
	Stable symptoms <input type="radio"/>	Unstable symptoms <input type="radio"/>	Clinician concern <input type="radio"/>	Delivering bad news <input type="radio"/>	Carer support <input type="radio"/>

Other: Please specify (open text box)

Any additional comments: Please specify (open text box)

Question: In what situations to you think it is inappropriate / unnecessary to have the following with a patient:

<i>Q5: A face to face consultation (select all that apply)</i>	Patient request <input type="radio"/>	First consultation <input type="radio"/>	Routine review <input type="radio"/>	Physical examination required <input type="radio"/>	Medication review <input type="radio"/>
	Stable symptoms <input type="radio"/>	Unstable symptoms <input type="radio"/>	Clinician concern <input type="radio"/>	Delivering bad news <input type="radio"/>	Carer support <input type="radio"/>

Other: Please specify (open text box)

Any additional comments: Please specify (open text box)

<i>Q6: A telephone consultation (select all that apply)</i>	Patient request <input type="radio"/>	First consultation <input type="radio"/>	Routine review <input type="radio"/>	Physical examination required <input type="radio"/>	Medication review <input type="radio"/>
	Stable symptoms <input type="radio"/>	Unstable symptoms <input type="radio"/>	Clinician concern <input type="radio"/>	Delivering bad news <input type="radio"/>	Carer support <input type="radio"/>

Other: Please specify (open text box)

Any additional comments: Please specify (open text box)

Q7: A video consultation (select all that apply)	Patient request <input type="radio"/>	First consultation <input type="radio"/>	Routine review <input type="radio"/>	Physical examination required <input type="radio"/>	Medication review <input type="radio"/>
	Stable symptoms <input type="radio"/>	Unstable symptoms <input type="radio"/>	Clinician concern <input type="radio"/>	Delivering bad news <input type="radio"/>	Carer support <input type="radio"/>

Other: Please specify (open text box)

Any additional comments: Please specify (open text box)

Q8: How do you decide when to arrange one type of appointment over another?

Open text box.

Q9: Do you ask patients or caregivers which type of appointment they would prefer and (where possible) comply with this?

Never Occasionally Sometimes Often Always

Q10: What do you perceive the benefits of a blended approach to palliative care outpatient consultations to be?

Open text box.

Q11: What do you perceive the barriers to, or challenges of, a blended approach to palliative care outpatient consultations to be?

Open text box.

Section 4 – End

Q1: Are there any additional comments you wish to make?

Open text box.

You have now completed the survey. Thank you for taking the time to fill it in and sharing your views.

For some, the consideration and discussion of events that may have been unpleasant can itself be upsetting. If you have been affected by any of issues raised during this survey please consider:

- Contacting your local Occupational Health Service.

- The BMA offers a range of support services free for members and non-members on 03301231245.
- Samaritans have a NHS staff dedicated support line for confidential listening, support and signposting no matter how big or small your concern is: Free to access on 0300 131 7000. And a national 24/7 hour helpline Freephone 116123

This project is due for completion in September 2022. Should you wish to have a short summary of the study, please contact Dr Caradoc Morris (Principal Investigator) at caradoc.morris1@nhs.net.