

Virtual Urology Clinics during the COVID-19 Pandemic - The Lanarkshire Experience

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Opinion

The COVID-19 Pandemic has brought unprecedented challenges to the National Health Service (NHS) with the majority of the work force directed to providing emergency care to COVID-19 patients. This meant that the majority of our elective work including outpatient clinics had to be suspended. In this study, we looked at virtual clinics that were implemented by our department to cope with the above difficulties. We report our findings and experience and the type of cases that were 'seen' in these virtual clinics. All efforts and resources have now been diverted towards providing emergency care to patients with COVID-19. Consequently the vast majority of our elective work including face-to-face clinics have been suspended in order to meet the current demands on the service and to protect both patients and NHS staff from exposure to the virus. Within the Urology department in NHS Lanarkshire, virtual clinics with telephone consultations have been implemented since the beginning of the "Lockdown" in the United Kingdom. This was to ensure the continuity of care to our patients and to prevent future strains on our service once we are able to resume our usual outpatient clinics.

We retrospectively looked into virtual clinics carried out by one consultant Urologist during the period from 25th March 2020 to 8th May 2020. We specifically collected data regarding the type of review for example Prostate Cancer follow-up, Stone follow-up, raised PSA follow-up, imaging follow-up and general male and female Lower urinary tract symptoms. We also looked at the overall patient satisfaction and any issues encountered by the clinician.

A total of 10 virtual clinics were carried out over a period of 42 days by a consultant Urologist. 112 patients have been allocated 15 minutes slots for telephone consultations. 2 patients were not contactable. The type of cases seen in clinic are summarised in the **Table 1**. The main issues encountered were mainly technical in nature, the most common being poor telephone signal which affected the clarity of speech, patients' understanding in some cases and patients not being contactable through the telephone. Subjectively, all patients have been generally satisfied with the outcome of their telephone consultation and have expressed their understanding of the current crisis.

Virtual clinics are definitely feasible especially in certain cases such stone and PSA follow-up where physical contact with the patient is not required. We would propose that these clinics remain in place for these types of reviews once we return to a normal service following the COVID-19 crisis.

Table 1 Type of cases seen in clinic are summarised.

Case Types	Total Number of patients
Overall (N)	110
Prostate Cancer	20
• Active Surveillance	8
• Hormone Therapy	11
• Referred for Robotic Prostatectomy	1
Stones Follow up	37
• Stone surveillance	10
• Post FURS/URS	4
• Post ESWL	4
• Post PCNL	4
• PCNL counselling	11
Imaging Results	15
Raised PSA	22
Post Op review	2
Male LUTs	12
Female LUTS	2