ENT UK guidance for outpatient clinic numbers during the pandemic

We have had many requests for advice from members, regarding indicative numbers of patients to be seen in remote ENT clinics, to support local negotiations. There is enormous variability around the UK regarding facilities and infrastructure available to deliver safe outpatient services at this time. Anecdotally, most teams seem to be offering a blend of face-to-face and telephone/video consultations. We do not feel that we are in a position to be prescriptive about indicative numbers in the presence of so many changing variables around the UK. It is of note that the terms telephone clinic, video clinic and virtual clinic are often used interchangeably and they may be quite different, with different time requirements depending on local circumstances. We believe that most telephone/video consultations take longer than clinics in the pre-Covid era, the exception being the paper- or electronic-based results clinics (with no patient contact at all) that some teams deliver.

We would like to draw attention to relevant documents that may be helpful in your local discussions.

**Recommendations**

The [ENT UK clinic recommendations document](#) states 20 minutes per patient as a safe time period for a consultation pre-Covid, so this would be a good place to start. Indicative numbers are: 12 patients for Consultant, Higher Surgical Trainee and Specialty doctor in a general clinic, with 8 for a subspecialty clinic, assuming the clinic is 4 hours long (1PA). The [graduated return document](#), on page 13, advises that outpatient consultations will likely take longer than pre-Covid, especially if including a procedure or if additional protection is required, and therefore departments should consider the number of ‘realistically feasible consultations per session.’ The new to follow-up ratio may vary, but experience has shown that a follow-up patient may also take 20 minutes in a telephone/video consultation if sufficient time is allowed for a formal review of the electronic notes, including scans, prior to the consultation itself. It is also reasonable to include in your future planning the management of a cohort of patients who could have been discharged if they had been seen in person, but who will require a second appointment for formal examination following an initial remote consultation. Clinic timings are also impacted by conversion of potentially aerosol generating to AGP in 1 in 10 patients, following a sneeze which may then lead to a logjam in the clinic flow (see ‘Aerosol Generating Procedures within the ENT clinic’ document). Some buffer time in the outpatient process is required to ensure that waiting patients can still be socially distanced if this additional delay occurs.

**Training**

It is important to note that the recommendations state that the consultant patient number should be reduced by 1 for every junior doctor supervised. One of the clear impacts of the pandemic has been decreased trainee involvement in the outpatient management of chronic ENT conditions. The SAC has advised that efforts should be made to maximise all training opportunities, including the recommendation that you take the time to listen to your trainee conducting a telephone consultation so that you can then provide meaningful feedback. These training considerations need to be part of the local discussions of outpatient numbers.
Summary
For a telephone or video consultation, new or follow-up indicative numbers are therefore as previously recommended by ENT UK, or fewer if needed in order to provide a safe, high-quality service for your patients.

Philippa Tostevin and the ENT UK Executive