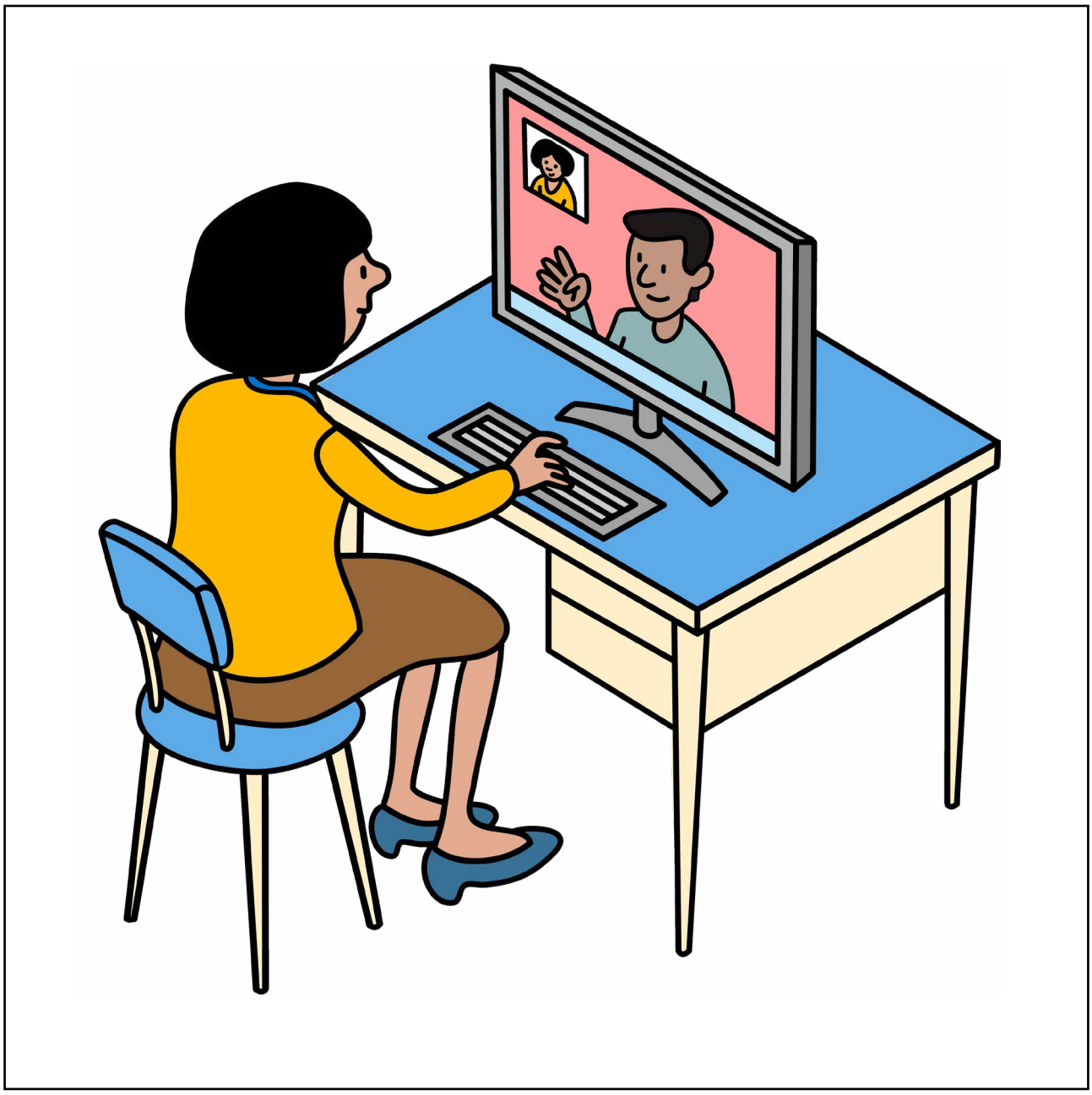
UNIVERSITY OF OXFORD

Video consultation information for GPs



Video consultations: information for GPs

COVID-19 creates an unprecedented situation. Many GP practices are considering introducing video consultations as a matter of urgency to reduce risk of contagion.

This preliminary document covers five questions

1. When are video consultations appropriate?
2. How can our GP practice get set up for video consultations?
3. How do I do a high-quality video consultation?
4. How do patients do video consultations?
5. What is the research evidence for the quality and safety of video consultations?

The advice in this document is based on our research,[1,2] guidance produced by the Scottish Government (to which we contributed),[3] guidance for patients which we developed for a hospital trust,[4] and a brief review of the wider literature.[5]

Professor Trish Greenhalgh, Associate Professor Sara Shaw, Dr Lucas Seuren and Dr Joseph Wherton (on behalf of the IRIHS Research Group)
University of Oxford, 20 March 2020

1. Greenhalgh T, Wherton J. *Evaluation of Attend Anywhere in Scotland 2019–20*. Oxford, Nuffield Department of Primary Care Health Sciences, March 2020.

2. Shaw S, Seuren L, Greenhalgh T, Cameron D, A'Court C, Vijayaraghavan S, Morris J, Bhattacharya S, Wherton J. Interaction in Video Consultations: a linguistic ethnographic study of video-mediated consultations between patients and clinicians in Diabetes, Cancer, and Heart Failure services. *Journal of Medical Internet Research*, under review.

3. Morrison C, Archer H. Coronavirus resilience planning: Use of Near Me video consulting in GP practices. Scottish Government (Technology Enabled Care Programme), March 2020. https://tec.scot/wp-content/uploads/2020/03/Near-Me-Covid19-Primary-Care-Guidance-v1.pdf

4. Quick guide for patients on video consultations. Barts Health. https://www.bartshealth.nhs.uk/video-consultations-for-patients.

5. Greenhalgh T, Wherton J, Shaw S, Morrison C. Video consultations for COVID19 – An opportunity in a crisis? *BMJ* 2020; 368: doi: https://doi.org/10.1136/bmj.m998.

1. When are video consultations appropriate?

There is no need to use video when a telephone call will do. The decision to offer a video consultation should be part of the wider system of triage offered in your practice.

Patients who just want general information about COVID should be directed to a website or recorded phone message. But video can provide additional diagnostic clues and therapeutic presence.

Below are some rules of thumb, which should be combined with clinical and situational judgement.

✓ Appropriate

COVID-related consultations

- The clinician is self-isolating (or to protect the clinical workforce)
- The patient is a known COVID case or is self-isolating (e.g. a contact of a known case)
- The patient has symptoms that could be due to COVID
- The patient is well but anxious and requires additional reassurance
- The patient is in a care home with staff on hand to support a video consultation
- There is a need for remote support to meet increased demand in a particular locality (e.g. during a local outbreak when staff are off sick)

Non-COVID-related consultations

- Routine chronic disease check-ups, especially if the patient is stable and has monitoring devices at home
- Administrative reasons e.g. re-issuing sick notes, repeat medication
- Counselling and similar services
- Duty doctor/nurse triage when a telephone call is insufficient
- Any condition in which the trade-off between attending in person and staying at home favours the latter (e.g. in some frail older patients with multi-morbidity or in terminally ill patients, the advantages of video may outweigh its limitations)

✕ Inappropriate

On the basis of current evidence, we suggest that video should not generally be used for:

- Assessing patients with potentially serious, high-risk conditions likely to need a physical examination (including high-risk groups for poor outcomes from COVID who are unwell)
- When an internal examination (e.g. gynaecological) cannot be deferred
- Co-morbidities affecting the patient's ability to use the technology (e.g. confusion), or serious anxieties about the technology (unless relatives are on hand to help)
- Some deaf and hard-of-hearing patients may find video difficult, but if they can lip-read and/or use the chat function, video may be better than telephone

2. How can our practice get set up for video consultations?

Decide and plan

1



Do a practice video meeting

2



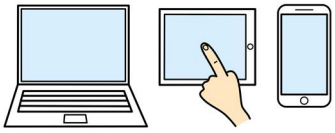
Involve practice manager, clinicians, administrative staff

3



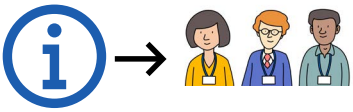
Agree what kind of appointments will be done by video

4



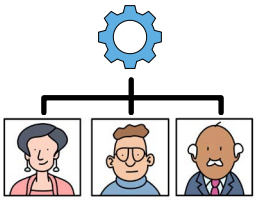
Agree what hardware and software will be used

5



Ensure staff know about the plans and their concerns are heard

6



Develop links with local technical support team

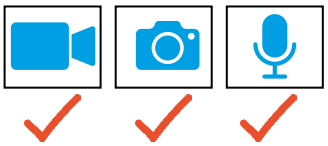
Set up the technology

7



Ensure a good internet connection. Preferably, fast broadband

8



Select and install video call software and peripherals such as webcam and microphone

9



Check hardware and software are up to date and audio/video is working

10



If working remotely, ensure home technology meets standard and you have read/write access to the practice's clinical record system

11



Provide information for patients on what technology they need

Continued overleaf

2. How can our practice get set up for video consultations?

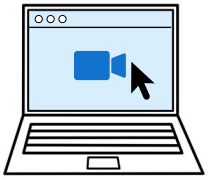
Set up the workflows

12



Update practice website with information on video calls

13



Update clinic templates to show availability for video calls

14



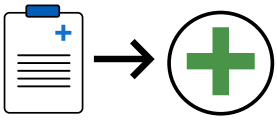
Create appointment code for a video consultation

15



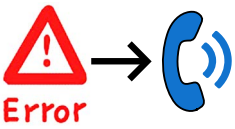
Put process in place for scheduled and unscheduled appointments

16



Put arrangements in place for in-person contact, e.g. for collection of forms, and to ensure prescriptions are sent directly to pharmacy

17



Make contingency plans for what to do if video link fails e.g. clinician will contact patient by phone

Training and piloting

18



Ensure all staff have been trained in the new system and are competent

19



Provide clinicians with all the necessary equipment in their rooms, or access to a shared room

20



Test technical aspects by making a dummy call

21

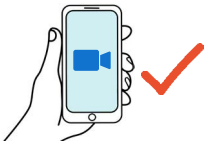


Test the process, including making an entry on patient's record

3. How do I do a high-quality video consultation?

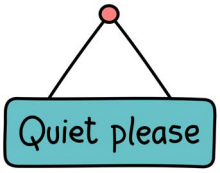
Before the consultation

1



Confirm that (as far as you can assess in advance) a video consultation is clinically appropriate for this patient at this time

2



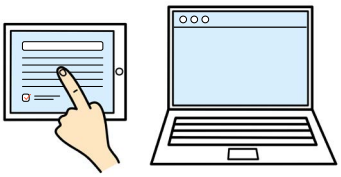
Use a private, well-lit room and ask patient to do the same

3



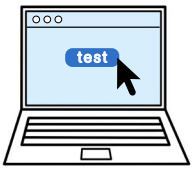
Take the patient's phone number in case the video link fails

4



Ensure you have access to the patient's clinical record. Ideally, have it available on a second screen

5



On the day, check that the technology is working

Starting the consultation

6



Initiate the consultation by calling or inviting the patient

7



Ask the patient if they can see and hear you to prompt patient to optimise the technical set-up

8



Take and record verbal consent for a video consultation

9



Introduce everyone in the room, even those off camera. Ask the patient to do the same or confirm that they are alone

10



Reassure the patient that the consultation is likely to be very similar to a standard one, and that the call is confidential and secure

Continued overleaf

3. How do I do a high-quality video consultation?

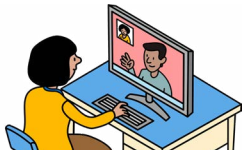
Having a video consultation

11



Video communication works the same as face to face, but it may feel less fluent and there may be glitches, e.g. a blurry picture

12



You don't need to look at the camera to demonstrate that you are engaged. Looking at the screen is fine

13



Inform the patient when you are otherwise occupied, e.g. taking notes or reading from another screen

14



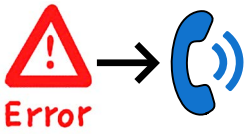
Make written records as you would in a standard consultation

15



Be aware that video communication can be a bit harder for the patient

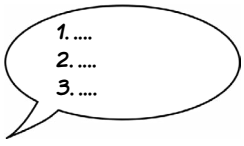
16



If the video or audio link fails, call the patient on the phone

Closing the consultation

17



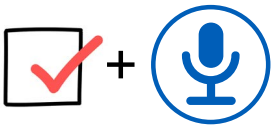
Be particularly careful to summarise key points, since it's possible something could have been misssed due to technical interference

18



Ask the patient if they need anything clarified, and check if they are clear about what will happen next

19



Confirm and record if the patient is happy to use video again

20



To end, tell the patient you're going to close the call, and say goodbye before closing the connection

4. How do patients do video consultations?

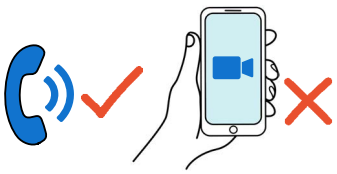
Decide if video is right for them

1



If patients just need general information and self-care tips, they can use the NHS website, e.g. put 'NHS coronavirus advice' into Google

2



Patients don't need a video consultation if a phone call will do

3



Video consultations provide more visual information and can be more reassuring if patients are anxious

4



Their doctor or nurse may be self-isolating and working by video

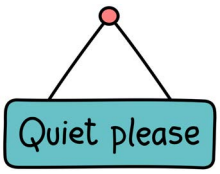
Get set up technically

5



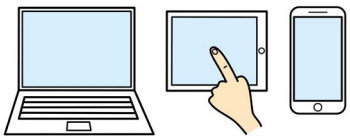
Patients will need a good internet connection

6



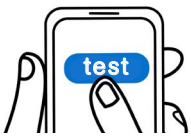
A quiet place where they won't be disturbed

7



A computer, tablet or smartpone with a built-in camera and microphone

8



They need to test their audio and video connection, adjusting the settings so they can see and hear well. They can get a helper to do this.

9



Check all equipment is fully charged or connected to a power supply

10



They should check their practice website for what else they need to do. Different video platforms have slightly different set-up steps.

Continued overleaf

4. How do patients do video consultations?

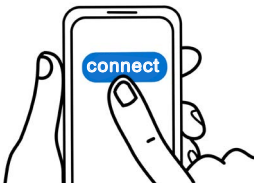
Booking and connecting

11



Patients make a video appointment by following instructions available on their GP practice practice website or answering machine

12



Just before their appointment time, they need to click the connection

13



They can say hello or wave when they see the doctor or nurse. Both may have to adjust settings a bit to get the sound and picture working well

14



Patients should give the doctor or nurse their phone number so they can be called back if the connection fails

Having your consultation

15



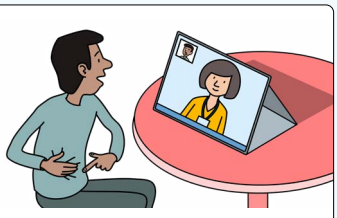
Patients should look at the screen. There's no need for them to look directly at the camera

16



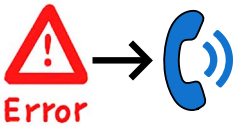
If all goes well, the call will feel like a face to face appointment

17



Patients can use the screen camera to show things, e.g. area of pain

18



If they get cut off and can't reconnect, patients should wait for a phone call

19



Patients should write down any advice or instructions, and make sure they understand the next steps, e.g. where to leave a specimen

20



When you've both said goodbye, they can disconnect

5. Brief summary of the research literature

1. A large body of research, most of which has been done in hospital outpatient settings, suggests that video consultations (VCs) using modern technologies appear broadly safe for low-risk patients. There is limited research on the use of VC in acute epidemic situations or general practice settings.
2. The research literature consists mainly of underpowered randomised controlled trials on highly-selected populations who are not acutely ill. In such trials, VCs were associated with high patient and staff satisfaction, similar clinical outcomes and (sometimes) modest cost savings compared to traditional consultations. These studies have not turned up any unforeseen harms but their relevance to the current COVID outbreak is limited.
3. The qualitative literature suggests that introducing VC services in a healthcare organisation or clinical service is far more difficult than many people assume. Major changes to organisational roles, routines and processes are often needed. Such initiatives tend to be more successful if the mindset is "improving a service" rather than "implementing a technology".
4. Our own previous research shows that dependability and a good technical connection (to avoid lag) are important. If the technical connection is high-quality, clinicians and patients tend to communicate in much the same way as in a face-to-face consultation. Minor technical breakdowns (e.g. difficulty establishing an audio connection before getting started, or temporary freezing of the picture) tend not to cause major disruption to the clinical interaction. Major breakdowns, however, disrupt the ethos and quality of the remote consultation and clinicians experience them as "unprofessional".
5. We have also shown that it is possible but difficult to undertake a limited physical examination via VC, especially if the patient has monitoring equipment at home and is confident in using it. However, such examinations place a high burden on patients, who need to not only take measurements but also ensure that the remote clinician is able to see that they are doing the examination correctly.
6. Limited evidence from natural disasters (e.g. Australian bushfires) suggests that with careful planning and additional resource, VC services can be mobilised quickly in an emergency.

Funders

The Health Foundation

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heif HIGHER EDUCATION INNOVATION FUND

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Contributors

NHS Barts Health NHS Trust

Near Me

Design Science

For online resources visit
bartshealth.nhs.uk/video-consultations