

# Video consultation information for NHS Trusts and Foundation Trusts



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COVID-19 creates an unprecedented situation. Many NHS Trusts and Foundation Trusts are considering introducing video consultations as a matter of urgency to reduce the spread of infection.

This preliminary document covers five questions

1. When are video consultations appropriate?
2. How can our clinic get set up for video consultations?
3. How do I conduct a high-quality video consultation?
4. How do patients conduct 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,<sup>1,2</sup> guidance produced by the Scottish Government (to which we contributed),<sup>3</sup> guidance for patients which we developed for a hospital trust,<sup>4</sup> and a brief review of the wider literature.<sup>5</sup>

*Professor Trish Greenhalgh, Associate Professor Sara Shaw, Dr Lucas Seuren and Dr Joseph Wherton (on behalf of the IRIHS Research Group)  
University of Oxford, 30 April 2020*

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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. Video consultations are suitable for patients who do not need a physical examination and who are able to communicate via video. Deciding which patients should be offered a video consultation, rather than a face-to-face appointment, should be clinically led.

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

These are just a few examples of where video consultations are clinically appropriate.

- Routine chronic disease check-ups, especially if the patient is stable and has monitoring devices at home
- Administrative reasons e.g. 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)
- Although some deaf and hard-of-hearing patients may find video difficult, if they can lip-read and/or use the chat function, video may be better than telephone. It is also possible to invite a third party interpreter to join the consultation to facilitate discussion between the patient and clinician.

## ✗ Inappropriate

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

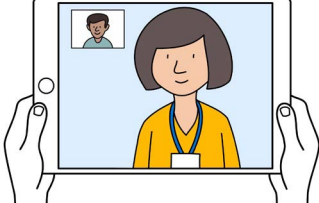
- Assessing patients with potentially serious, high-risk conditions likely to need a physical examination (including high-risk groups for poor outcomes from COVID who are unwell)
- When an internal examination (e.g. gynaecological) cannot be deferred
- Co-morbidities affecting the patient's ability to use the technology (e.g. confusion), or serious anxieties about the technology (unless relatives are on hand to help)

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

### Decide and plan

**1**




Clinic meeting (by video)

**2**



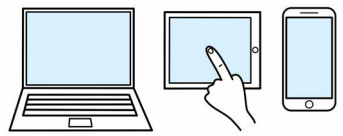
Involve clinicians, managers and admin staff

**3**



Agree what kind of appointments will be done by video

**4**



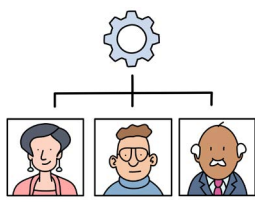
Liaise with ICT department, and agree what hardware and software will be used

**5**



Ensure staff know about the plans and their concerns are heard


**6**



Develop links with others in the Trust running video consultations

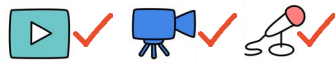
### Set up the technology

**7**




Good internet connection. Preferably, fast broadband

**8**



Test ability to access the video consultation platform before the appointment. Test equipment to ensure audio/video is working e.g. camera, microphone and speakers

**9**




Check hardware and web browsers are up to date

**10**



If working remotely, ensure read / write access to electronic records

**11**



Provide information for patients on what technology they need

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

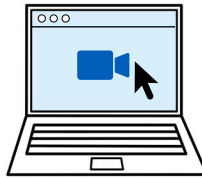
### Set up the workflows

12



Update website with information on video consultations or appointments

13



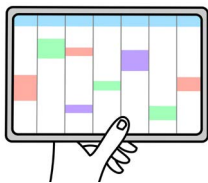
Update clinic templates to show availability for video appointments

14



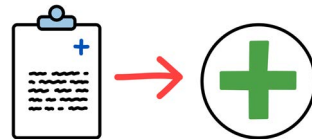
Create appointment code for a [COVID] video consultation

15



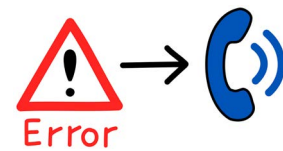
Put process in place for scheduled and unscheduled appointments

16



Arrange logistics e.g. collecting specimens, ordering tests

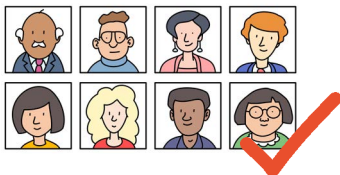
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Make contingency plans for what to do if video link fails

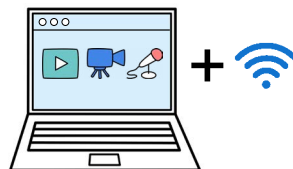
### Training and piloting

18



Staff training: on-the-job, peer led, team-based

19



Provide clinicians with all the kit in their rooms, or use a shared room

20



Test technical aspects by making a test call

21

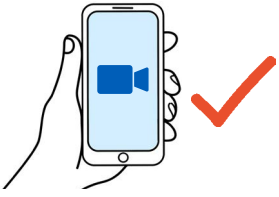


Test the process, including making an entry on patient's record

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

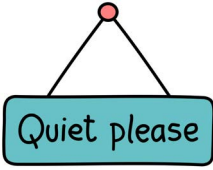
## Before the consultation

**1**




Confirm that a video consultation is clinically appropriate for the patient

**2**



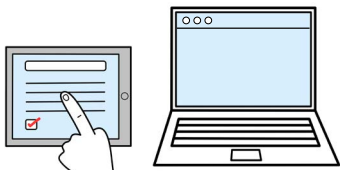
Use a private, well-lit room and ask patient to do the same

**3**




Check you've got patient's phone number in case video link fails

**4**



Have patient's record open. Ideally, have this on a second screen


**5**



Before calling the patient, check that all technology is working

## Starting the consultation

**6**




Initiate the consultation e.g. click on url

**7**




The start can be a bit awkward. Help patient if necessary

**8**



Take verbal consent for video consultation; make a note in the patient's record if COVID-related

**9**



Introduce anyone off camera. Ask patient to do the same

**10**



Reassure patient that consultation will be similar to a standard one

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

## Having a video consultation

11



You don't need to look at the camera. Looking at the screen is fine

12



Tell the patient when you are doing something else, e.g. taking notes

13



Make written records as you would in a standard consultation

14



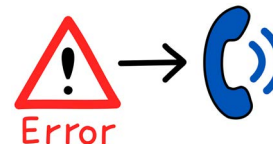
Be aware that video communication can be a bit harder for the patient

15



Video communication may feel less fluent and there may be glitches e.g. blurry picture

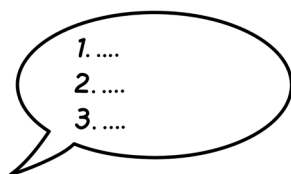
16



If the video or audio link fails and you can't reconnect, phone the patient

## Closing the consultation

17



Summarise carefully (something could have been missed)

18



Check that patient understands key points and knows next steps

19



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

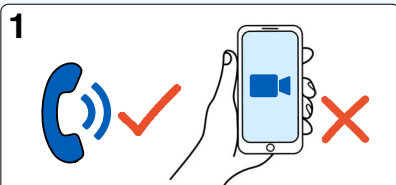
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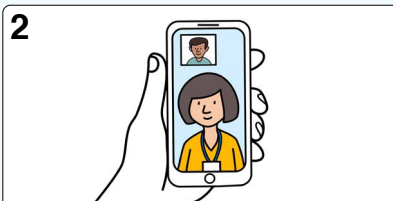
To end, tell the patient you're going to close the call, and say goodbye

## 4. How do patients conduct video consultations?

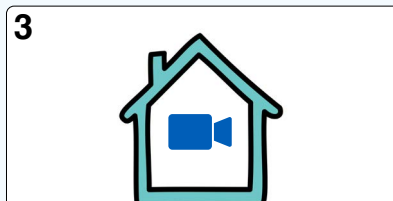
### Decide if video is right for them



For many consultations, a phone call will do

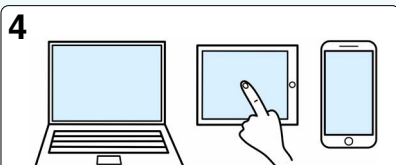


Video provides more information and can be more reassuring

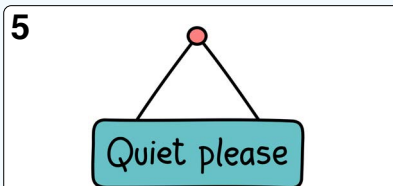


Their doctor or nurse may be self-isolating and working remotely

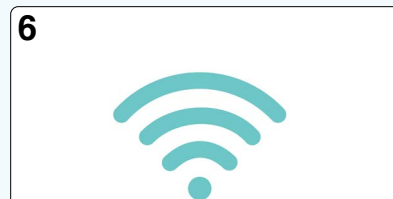
### Get set up technically



Patients will need a computer, tablet or smartphone with a built-in camera and microphone



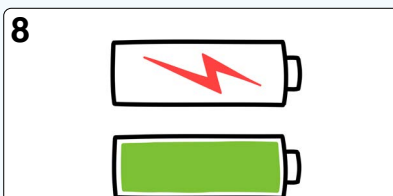
A quiet place where they won't be disturbed



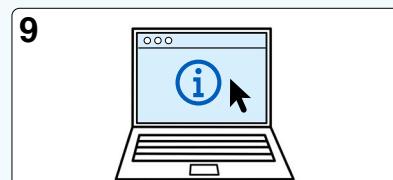
A good internet connection



Test and adjust audio and video connection (carers can help)



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



Check the Trust website and/or patient leaflet for detailed instructions on how to set up your equipment

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## 4. How do patients conduct video consultations?


### Booking and connecting

**10**



Make appointment by following instructions on website, email or letter

**11**




Just before the appointment time, click the connection

**12**



Say hello or wave when you see the doctor or nurse. Adjust settings


**13**



Give a phone number so they can call you back if necessary

### Having your consultation

**14**




Look at the screen. There's no need to look directly at the camera

**15**



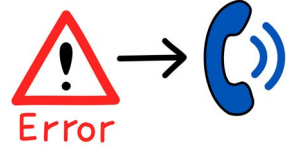
If all goes well, the call will feel like a face to face appointment

**16**




Use the screen camera to show things, e.g. where it hurts

**17**



If you get cut off and can't reconnect, wait for a phone call

**18**



Write down advice or instructions, making sure you understand next steps, e.g. where to leave a specimen

**19**



When you've both said goodbye, you can disconnect

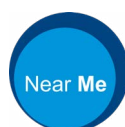
## 5. Brief summary of the research literature

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.
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



### Contributors



### For online resources visit

[phc.ox.ac.uk/research/resources/video-consulting-in-the-nhs](http://phc.ox.ac.uk/research/resources/video-consulting-in-the-nhs)