NHS

Specialty guides for patient management during the coronavirus pandemic

Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic

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Overview

This guidance for clinicians and managers outlines practical information about delivering remote consultations and other ways of remote working in secondary care. The coronavirus pandemic creates an urgent need to increase remote working across the health and care system to prevent the spread of the virus.

Remote consultations as part of the coronavirus response

A remote consultation is an appointment that takes place between a patient and a clinician over the telephone or using video, as opposed to face-to-face.

Using remote consultations supports with coronavirus response by:

- preventing the transmission of the disease by reducing the need for patients to travel into hospital
- allowing clinicians to speak to patients who are unable to travel to hospital (e.g. patients in at risk groups, or due to self-isolation or travel difficulties)
- allowing clinicians to carry out clinical work from home (e.g. staff in at risk groups, or due to self-isolation or travel difficulties)
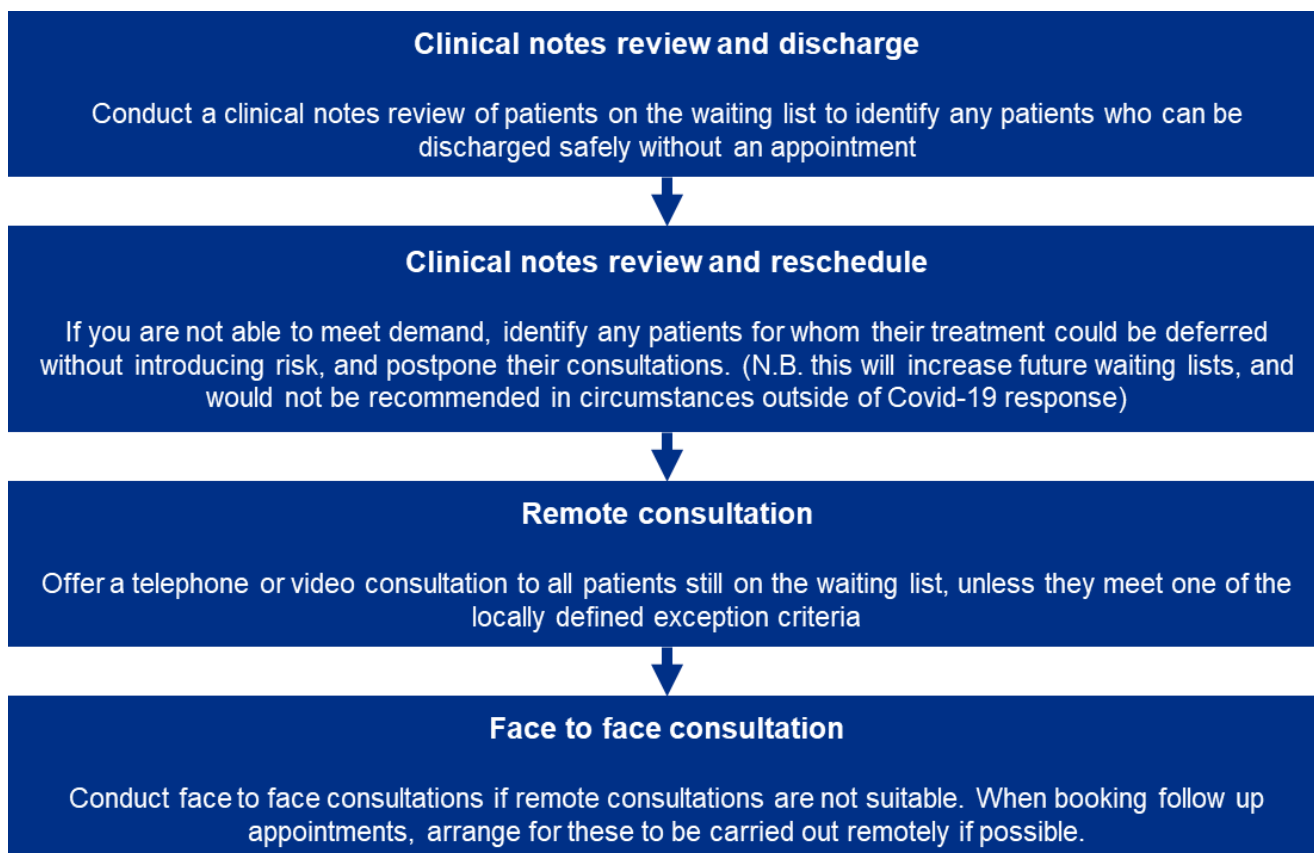- supporting providers to meet increased demand in a particular locality.

Workforce

- Consider establishing some specific staff focus on this, eg specialist nurses +/- some consultants.
- Consider using recently returning retired staff who are in the higher-risk groups for being vulnerable to the effects of coronavirus.
- Consider using any staff who are isolating but could support virtual clinics.
- Ensure operational and admin teams are closely involved in the implementation to support the new ways of working, including the changes to clinic templates and appointment notifications, etc.
- We recommend that you set up options for conference calling between health and care professionals so Multidisciplinary Team Meetings (MDTs) can be carried out remotely.

When to use a remote consultation

- Remote consultations can be used for a range of patients and appointment types. In general, they are suitable for people who do not need a physical examination or test and who can communicate via phone or video. If there is a benefit to seeing the patient or their surroundings, then a video consultation is preferred.

- In all cases, the relevant clinical team should carry out a risk assessment in conjunction with their managers to stratify services and individual patients; move to remote consultations only when there is low risk of impact upon patient safety and outcome.

- We recommend that you consider implementing remote consultations for all appointments except those which meet your locally defined exception criteria. Even for those cases, a video or tele-triage may be booked in before the appointment. Example criteria are:

  - To assess patients with potentially serious, high-risk conditions likely to need a physical examination (including groups at high-risk for poor outcomes from coronavirus and who are unwell)
  - When an internal examination (eg gynaecological or colorectal) cannot be deferred
  - When patients are unable to use the technology, and cannot be supported to do so, eg by a carer or relative
  - When patients are unable to communicate over telephone or video (eg patients who are deaf or hard-of-hearing)

– Considerations for children and young people:

(i) Communication with children and young people - be mindful that in a video consultation children and young people may feel less able to communicate effectively with clinicians and defer to parents

(ii) Safeguarding - assess whether virtual consultation is appropriate in context of safeguarding and make alternative arrangements if there are any concerns

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Clinical notes review and discharge

Conduct a clinical notes review of patients on the waiting list to identify any patients who can be discharged safely without an appointment

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Clinical notes review and reschedule

If you are not able to meet demand, identify any patients for whom their treatment could be deferred without introducing risk, and postpone their consultations. (N.B. this will increase future waiting lists, and would not be recommended in circumstances outside of Covid-19 response)

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Remote consultation

Offer a telephone or video consultation to all patients still on the waiting list, unless they meet one of the locally defined exception criteria

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Face to face consultation

Conduct face to face consultations if remote consultations are not suitable. When booking follow up appointments, arrange for these to be carried out remotely if possible.

Specific use cases

Below is a list of example 'use' cases for remote consultations. Depending on a patient's individual needs, some may rely on a family member, carer or volunteer supporting them:

- Triage, eg video triage for orthopaedic trauma can allow patients to be safely reviewed by a consultant without attending a face to face appointment
- Some physical assessments, eg anaesthetists can assess mouth opening via video, virtual fracture clinics
- Some therapy appointments, eg physiotherapy

- Some group appointments, eg stroke support groups, group rehabilitation sessions
- Check-ups for patients with long term conditions, especially if the patient is stable and has monitoring devices at home
- Mental health services, eg counselling
- Reviews of patients currently receiving treatment, eg for chemotherapy or radiotherapy
- New patient appointments, eg for oncology, ophthalmology
- Obtaining second opinions
- Follow up appointments after certain procedures
- Medication reviews service
- Community health services
- Social care services.

Main considerations

- Appointments that take place over phone or video will still need notes and outcomes to be captured as they would be for a face-to-face appointment.

- Systems may also wish to put in place solutions to avoid referrals to outpatient services already, eg offering advice and guidance to GPs and implementing patient initiated follow ups as a default for certain conditions or pathways.

- Feedback questionnaires for staff and patients are helpful so that improvements can be made where necessary.

- Routine reports can be used to understand volumes and performance.

Virtual appointments – when to use

Coronavirus-related consultations – a virtual appointment may be appropriate when:
- the clinician is self-isolating (or to protect the clinical workforce)
- the patient is a known coronavirus case or is self-isolating (eg a contact of a known case)
- the patient has symptoms that could be due to coronavirus
- The patient is well but anxious and requires additional reassurance
- the patient is in a care home with staff on hand to support a virtual consultation
- there is a need for remote support to meet increased demand in a particular locality (eg during a local outbreak when staff are off sick)

Non-coronavirus-related consultations – a virtual appointment may be appropriate for:
- 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 (eg in some frail older patients with multi-morbidity or in terminally ill patients, the advantages of video may outweigh its limitations)

Virtual appointments should not generally be used (but a tele-triage may be booked in pre-appointment) for:
- assessing patients with potentially serious, high-risk conditions likely to need a physical examination (including groups at high risk for poor outcomes from coronavirus and who are unwell)
- when an internal examination (eg gynaecological or colorectal) cannot be deferred
- co-morbidities affecting the patient's ability to use the technology (eg confusion) or serious anxieties about the technology (unless relatives are on hand to help)
- deaf and hard-of-hearing patients who find video difficult, but if they can lip-read and/or use the chat function, video may be better than telephone

Virtual appointments: planning guide	
Decide plan	• Establish a virtual clinic trust project team. • Agree what hardware and software will be used and ensure staff have received appropriate training. • Carry out a risk stratification for those appointments appropriate for this type of appointment with **relevant clinical input.** • Project team can help to co-ordinate individual departmental teams (management, clinicians, administrative staff). • Agree the types of appointments that can be deferred/delayed. • Agree the priorities: ie who needs to be seen and who can wait. • Triage the pending lists for future management. • Agree what hardware and software will be used and ensure staff have received appropriate training. • Develop links with local technical support team to set up and open access to key software such as Chrome and Firefox. • Virtual appointments can be either by phone, video or where appropriate, communication by letter. • Ensure staff know about the plans and their concerns are heard.
Set up technology and communication	• Internet connection (preferably, fast broadband). • Technology in place (select and install video-call software and peripherals such as webcam, microphone). • Hardware and software up to date and audio/video working. • If working remotely, ensure home technology meets standard and there is read/write access to the department clinical record system. • Produce information for patients on what technology they need. • Set up the workflows. • Update trust website with information on video calls and formulate a plan (national/regional/local) to deliver the message to patients/public about the new virtual pathway. • Referral messaging for non-urgent/low risk categories: advice and guidance/111/Choose to Book etc. • Issue the guide for the clinician to use. • Issue the patient guide. • Brief clinical/admin and booking teams on the new process. • Probably most virtual consultations will be undertaken from the usual place of work, but ensure staff have access to the relevant

	admin and clinical systems from home so they can continue to work if self-isolating.
Set up workflows	• Update clinic templates to show availability for video/telephone calls. • Create appointment code for a remote consultation. • Put process in place for scheduled and unscheduled appointments. • Put arrangements in place for in-person contact (eg collection of forms); ensure prescriptions are sent directly to pharmacy. • When discussing medications with your patient, and they require an urgent prescription, you need to ask your clinician how those will be delivered to the patient: eg local pharmacy or GP. • Make contingency plans for what to do if video link fails: eg clinician will contact patient by phone
Training and pilot	• All staff have been trained in the new system and are competent. • Prioritise clinical staff who are at high risk from the effects of coronavirus to run the virtual appointments. • Clinicians have access to information that may be relevant to the patient need: eg available pharmacy, etc. • Clinicians have all the necessary equipment in their rooms (or access to a shared room). • Technical aspects have been tested by making a dummy call. • Staff have tested the process (including making an entry on patient's record, arranging follow-up, sending prescription, etc.) • A patient/layperson has tested the process.
Go live	• Team review after first session of go live. • Retraining or revisit any processes or scripting needed. • Regular reviews and development of procedures. • Consider patient feedback to improve the process.

Virtual appointments: carrying out the consultation	
Before consultation	- Risk stratify/triage patients to prioritise when setting appointments. - Confirm that (as far as you can assess in advance) a virtual consultation is clinically appropriate for this patient at this time. - Consider issuing a pre-call questionnaire: patients could 'self-score' their performance status, dyspnoea score, etc, via online or via email so these are available for the appointment. - Administrators call to arrange the appointment slot and check this is appropriate for the patient (older or vulnerable patients may need assistance). Patients, carers and family may also require more reassurance and guidance, and additional time and resource may be required for this process. - Ask the patient if they would like a family member or friend to join them during the consultation. - Send an email with link to the appointment slot with the online or email questionnaire, or telephone this information if e-mail is not available. Post or email patient guide to virtual appointments. - Scripting for appointment – introduction and appointment summary are required to ensure consistency and effective time management, and the patient understands any action/output from the appointment. - If by video use a private, well-lit room and ask patient to do the same. - Take and confirm the patient's phone number and email address in case the video link fails. - Ensure you have access to the patient's clinical record (ideally, have it available on a second screen). - On the day, check that the technology is working
Start Consultation	- Initiate the consultation by calling or inviting the patient. - Say something: eg "Can you hear me?" "Can you see me?" to prompt patient to optimise the technical set-up. - Introductions: all staff need to formally introduce themselves and explain how the virtual appointment will work and the time they have.

	• Some patients require reassurance they are receiving the same level of care and consideration; older and vulnerable patients may need longer or more support. • Take and record verbal consent for a virtual consultation. • Introduce everyone in the room (even those off camera), and ask patient to do the same or confirm that they are alone. • Reassure the patient that the consultation is likely to be very similar to a standard one, and that the call is confidential/secure. • Verify patient ID: checking date of birth, address, etc. • Commence the appointment with the patient. • End of appointment summary: the consultant should summarise the agreed actions from the appointment, ensuring the patient understands these and any timescale, before ending the appointment – remembering to give them a chance to ask any final questions. • Medication: ask if they have sufficient medication, and remind them of the sick day rules and the need to stop medication if they should become ill, etc. • Check the patient's preference for future contact – are they happy to have a virtual consultation again? – and possibly use email as a more efficient way of contacting patients. Look to using virtual consultations as the 'norm' where possible.
Video consultation	• Video communication works the same as face to face, but it may feel less fluent and there may be glitches (eg blurry picture). • You don't need to look at the camera to demonstrate that you are engaged. Looking at the screen is fine. • Inform the patient when you are otherwise occupied (eg taking notes or reading something on another screen). • Make written records as you would in a standard consultation. • Be aware that video communication is a bit harder for the patient.
Closing the consultation	• Be particularly careful to summarise key points, since it's possible something could have been missed due to technical interference. • Ask the patient if they need anything clarified. • Confirm (and record) if the patient is happy to use a virtual consultation again. • To end, tell the patient you're going to close the call now, and say goodbye (before actually closing the connection).

After the consultation	- Ensure patient records are updated. - Ensure any referrals, follow up appointments, prescription or treatments are actioned before the next patient call or activity. - A prompt follow-up letter or email to the patient afterwards summarising the call and the plan is important. - Guidance on contact for the patient for any further questions should also be included in the letter/email with a reminder of timescale to avoid any unnecessary or early follow-up from the patient. - Anyone who needs to be seen should then have access to a face-to-face appointment.

Virtual appointments – patient guide

Decide if a virtual consultation is right for you	• A virtual appointment could be either a video call or a telephone call. • You don't need a video consultation if a phone call will do. • Video consultations provide more visual information and can be more reassuring if you're anxious. • Your doctor or nurse may be self-isolating and working by video. • Will you need support of a family member or carer for either consultation?
Get set up technically	• Ensure your hospital has your correct email and phone number. • A good internet connection. • A quiet place where you won't be disturbed. • A computer, tablet or smartphone with a built-in camera and microphone. • Test your audio and video connection and adjust the settings so you can see and hear well (or get someone to do this for you).
Booking and connection	• Before your appointment time, click the connection. • Wait by your phone or other technology at the appropriate slot. • Say hello or wave when you see the doctor or nurse (you may both have to fiddle a bit to get the sound and picture working well). • Make sure the doctor or nurse knows your phone number so they can call you back if the connection fails.
During the consultation	• If you're using video, look at the screen (there's no need to look directly at the camera). • If all goes well, the call will feel like a face-to-face appointment. • Use the screen camera to show things (eg a rash). • If you get cut off and cannot reconnect, wait for a phone call. • Write down any advice or instructions, and make sure you understand the next steps (eg where to leave a specimen). • Ask any questions before the consultation ends • When you have both said goodbye then disconnect.
After your consultation	• Ensure any actions you have agreed to take are followed up.

NHS England and NHS Improvement's support offer to secondary care providers

- Most secondary care providers are already set up to carry out phone consultations.

- There are a number of platforms commercially available for conducting video appointments, and providers are encouraged to use a solution that works for them.

- To help accelerate the uptake over the period of the pandemic, NHS England and NHS Improvement have procured 12-month licences for one such platform, Attend Anywhere. These licences will be available free of charge to all NHS secondary care providers. Further guidance in relation to this will be issued imminently.

- NHS England and NHS Improvement have agreed that providers using video will continue to be reimbursed at the same level as agreed with commissioners for face to face activity. The proposed 2020/21 tariff sets out that non-face to face activity must have the same unit price as a face to face attendance.

- NHS England and NHS Improvement are also producing materials to support providers with rolling out video consultations, which are available to providers through their NHS England and NHS Improvement regional contacts. These documents include standard operating procedures, frequently asked questions and user guides.

- A separate workstream on video consultations is underway in primary care.

This guidance has been produced by Getting It Right First Time (GIRFT) clinical leads together with NHS England and NHS Improvement.