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 consultations?
4. How can I help patients to 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 Trisha Greenhalgh (on behalf of the IRIHS research group)
University of Oxford, 15 March 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. 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

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Practice meeting (perhaps virtually).

2

Involve practice manager, clinicians, administrative staff

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Agree what kind of appointments will be done by video

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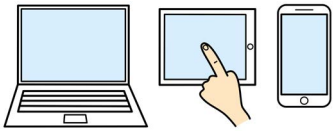

Agree what hardware and software will be used

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Ensure staff know about the plans and their concerns are heard

6

Develop links with local technical support team

Set up the technology

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Internet connection (preferably, fast broadband)

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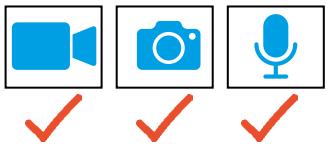

Technology in place (select and install video call software and peripherals such as webcam, microphone)

9

Hardware and software up to date and audio/video working

10

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

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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

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Update practice website with information on video calls

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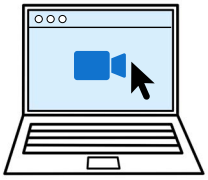

Update clinic templates to show availability for video calls

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Create appointment code for a video consultation

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Put process in place for scheduled & unscheduled appointments

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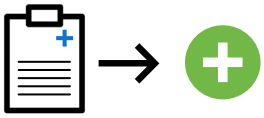

Put arrangements in place for in-person contact (e.g. collection of forms); ensure prescriptions are sent directly to pharmacy

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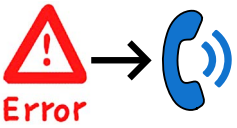

Make contingency plans for what to do if video link fails e.g. clinician will contact patient by phone

Training and piloting

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All staff have been trained in the new system and are competent

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Clinicians have all the necessary equipment in their rooms (or access to a shared room)

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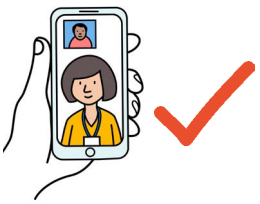

Technical aspects have been tested by making a dummy call

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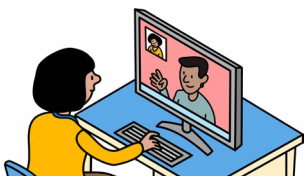

Staff have tested the process (including making an entry on patient's record,

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A patient / layperson has tested the process

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

Before the consultation

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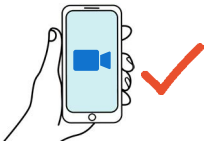
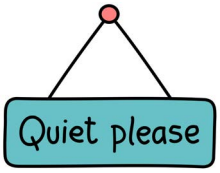


Confirm that (as far as you can assess in advance) a video consultation is clinically appropriate for this patient at this time

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

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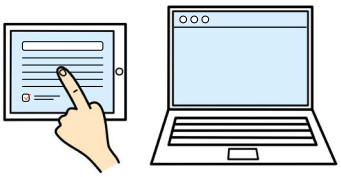

Ensure you have access to the patient's clinical record (ideally, have it available on a second screen)

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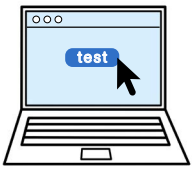

On the day, check that the technology is working

Starting the consultation

6

Initiate the consultation by calling or inviting the patient

7

Ask the patient 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), and ask 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 / secure

Continued overleaf

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

Having a video consultation

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

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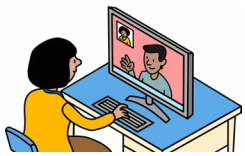

You don't need to look at the camera to demonstrate that you are engaged. Looking at the screen is fine

13

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

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Make written records as you would in a standard consultation

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Be aware that video communication is a bit harder for the patient

Closing the consultation

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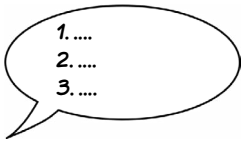


Be particularly careful to summarise key points, since it's possible something could have been misssed due to technical interference

17

Ask the patient if they need anything clarified

18

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

19

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

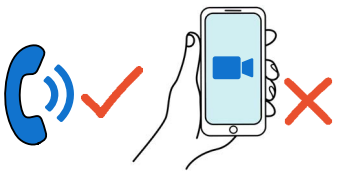
4. How can I help patients to do video consultations?

Decide if video is right for you

1

If you just need general information and self-care tips, use a website (e.g. put 'NHS coronavirus advice' into Google)

2



You 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 you're anxious

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

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Check your GP practice's website to see what is on offer

Get set up technically

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A good internet connection

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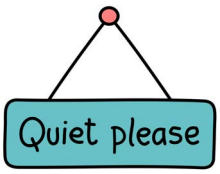

A quiet place where you won't be disturbed

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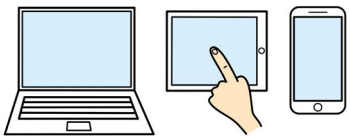

A computer, tablet or smartpone with a built-in camera and microphone

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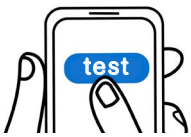

Test your audio and video connection and adjust the settings so you can see and hear well (or get someone to do this for you)

10

Check your practice website for what else you need to do (different video platforms have slightly different set-up steps)

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4. How can I help patients to do video consultations?

Booking and connecting

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Make a video appointment by following instructions from your GP practice (on the practice website or answering machine)

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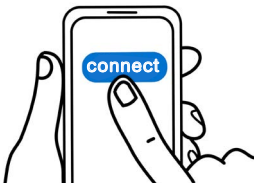

Just before your appointment time, click the connection

13

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)

14

Make sure the doctor or nurse knows your phone number so they can call you back if the connection fails

Having your consultation

15

Look at the screen (there's no need to look directly at the camera)

16

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

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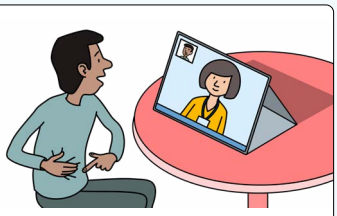

Use the screen camera to show things (e.g. area of pain)

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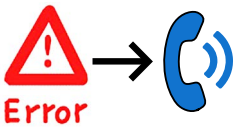

If you get cut off and can't reconnect, wait for a phone call

19

Write down any advice or instructions, and make sure you understand the next steps (e.g. where to leave a specimen)

20

When you've both said goodbye, 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 that 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 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.