Video consultation information for GPs

UNIVERSITY OF OXFORD

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 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,[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

Practice meeting (by video)

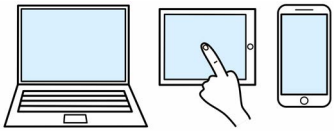
2

Involve practice manager, clinicians, admin staff

3

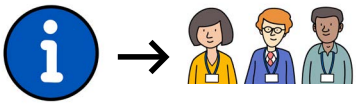
Agree what kind of appointments will be done by video

4



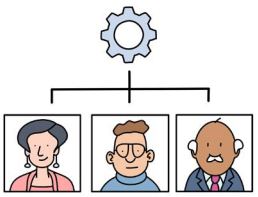
Agree what hardware and software will be used

5



Ensure staff know about the plans and their concerns are heard

6



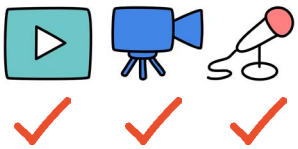
Develop links with local technical support team

Set up the technology

7

Good internet connection. Preferably, fast broadband

8



Select and install video call software and peripherals e.g. webcam and microphone

9

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

10

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

11

Provide information for patients on what technology they need

Continued overleaf

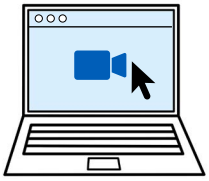
2. How can our practice get set up for video consultations?

Set up the workflows

12

Update practice website with information on video calls

13

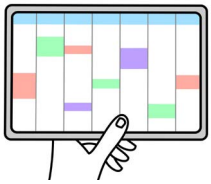


Update clinic templates to show availability for video appointments

14

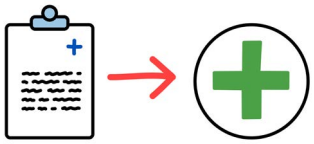
Create appointment code for a [COVID] video consultation

15



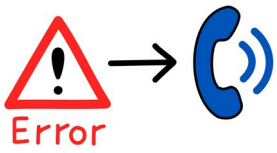
Put process in place for scheduled and unscheduled appointments

16



Arrange logistics e.g. collecting specimens, e-transfer of prescriptions

17



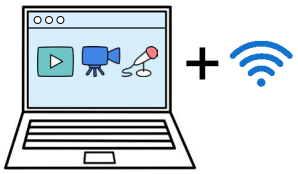
Make contingency plans for what to do if video link fails

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 dummy call

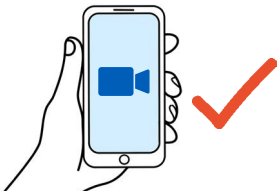
21

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

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

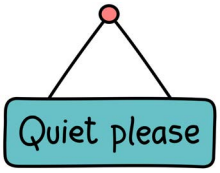
Before the consultation

1



Confirm that a video consultation seems clinically appropriate

2

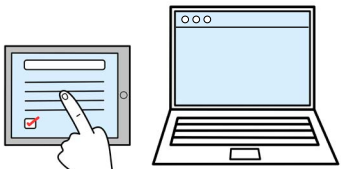


Use a private, well-lit room and ask patient to do the same

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; record 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

Continued overleaf

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

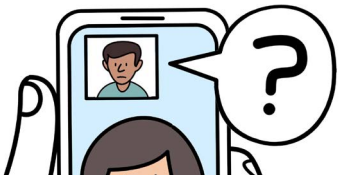
12

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

13

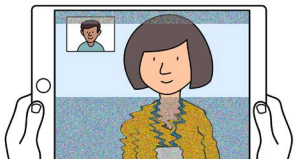
Make written records as you would in a standard consultation

14



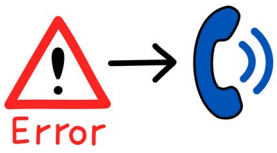
Be aware that video communication can be a bit harder for the patient

15



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

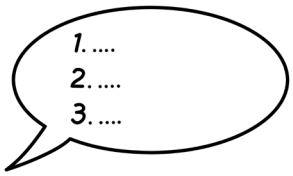
16



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

20

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

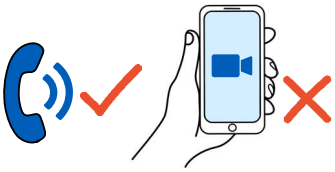
4. How do patients conduct video consultations?

Decide if video is right for them

1

For general advice, use the web, e.g. Google 'NHS coronavirus advice'

2



For many consultations, a phone call will do

3

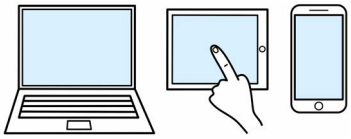
Video provides more information and can be more reassuring

4

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

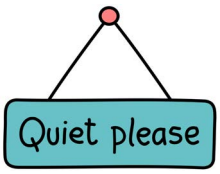
Get set up technically

5



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

6



A quiet place where they won't be disturbed

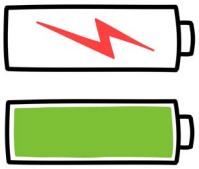
7

A good internet connection

8

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

9



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

10

Check practice website for detailed instructions

Continued overleaf

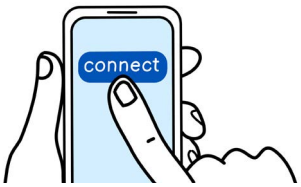
4. How do patients conduct video consultations?

Booking and connecting

11

Make appointment by following instructions on website

12



Just before the appointment time, click the connection

13

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

14

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

Having your consultation

15

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

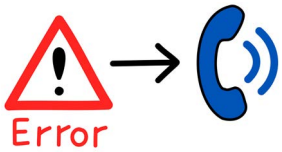
16

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

17

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

18



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

19

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

20

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 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

SUPPORTED BY NIHR | National Institute for Health Research

heif HIGHER EDUCATION INNOVATION FUND

wellcome

Contributors

NHS Barts Health NHS Trust

Near Me

Design Science

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