Video consulting with your patients





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- 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 can patients make the most of video consultations?
- 5. What is the evidence for quality & safety of video consultations?

1. When are video consultations appropriate?



COVID-related consultations

- Clinician self-isolating
- Patient has COVID or self-isolating
- Patient has ?COVID and is anxious
- Care homes
- Remote cover for staff sickness

Non-COVID-related consultations

- Routine chronic disease check-ups
- Counselling and psychological support
- Any condition where trade-off between attending in person and staying at home favours the latter

X Inappropriate

Video should not generally be used for:

- Potentially serious, high-risk conditions needing extensive physical examination
- In COVID, if need to measure oxygen saturation
- If internal examination (e.g. gynae) cannot be deferred

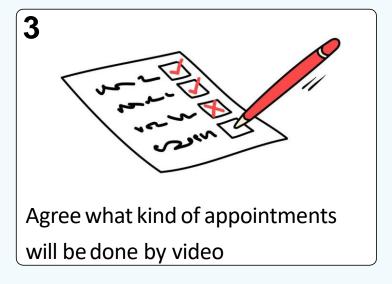
- Co-morbidities affecting ability to use the technology (e.g. confusion)
- Serious anxieties about the technology (unless relatives are on hand to help)
- Some hard-of-hearing patients may find video difficult, but if they can lip-read or use chat, video may be better

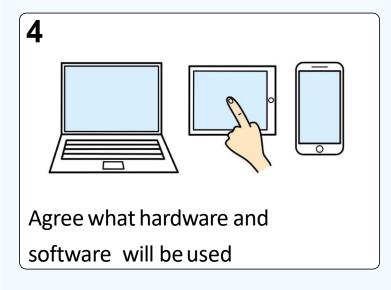
2.
How can our practice get set up for video consultations?

Decide and plan

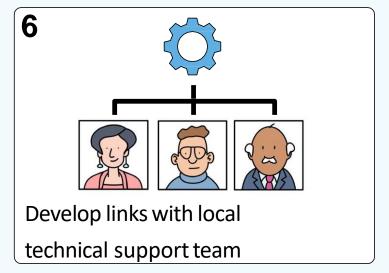






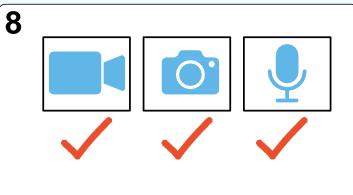






Set up the technology







Good internet connection

Preferably, fast broadband

Select and install software and peripherals e.g. webcam, microphone

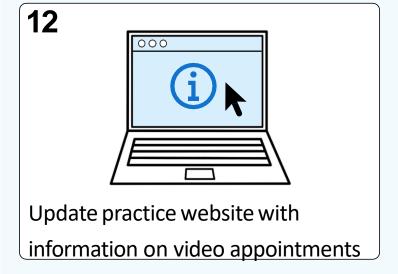
Check hardware and software are up to date and audio/video is working

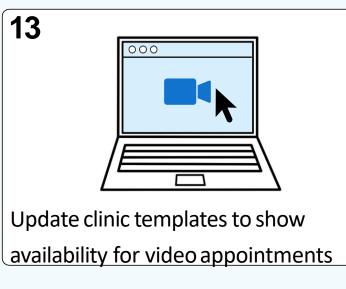


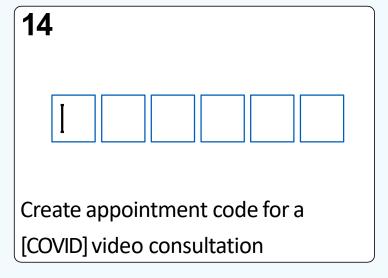
If working remotely, ensure read / write access to practice records

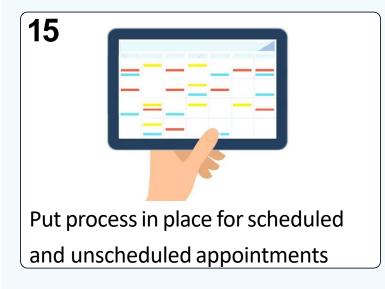


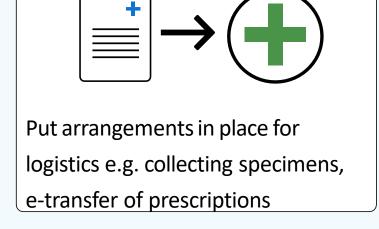
Set up theworkflows



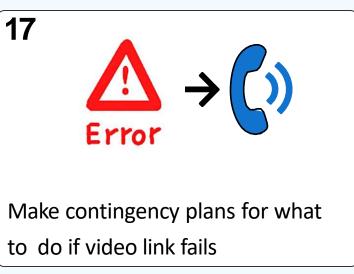






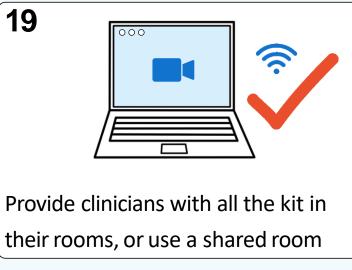


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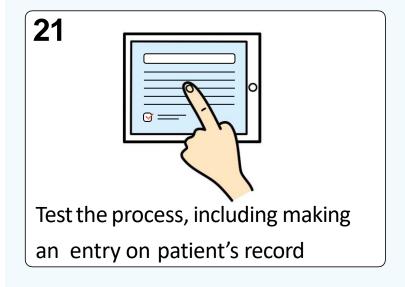


Training and piloting



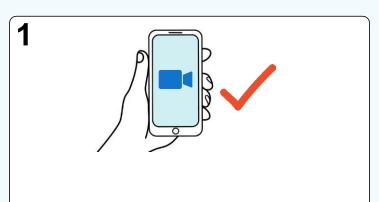




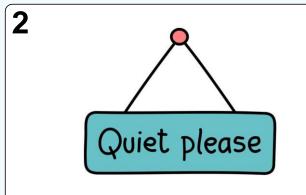


3. How do I do a high-quality video consultation?

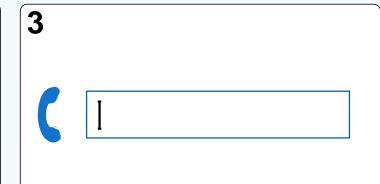
Before the consultation



Confirm that a video consultation seems clinically appropriate



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



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



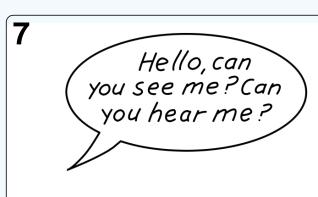
Have patient's record open. Ideally, have this on a second screen



Before calling the patient, check that all technology is working

Starting the consultation





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



Take verbal consent for video consultation; record COVID-related



Introduce anyone off camera.
Ask patient to do the same



Reassure patient that consultation will be similar to a standard one

Having a videoconsultation

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Video communication 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. Looking at the screen is fine

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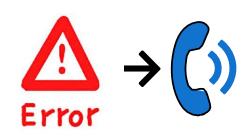
Tell the patient when you are doing something else, e.g. taking notes

Make written records as you would in a standard consultation

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

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

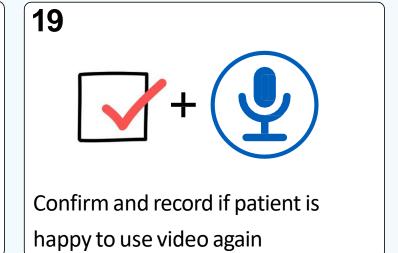
Closing the consultation

1. 2. 3.

Summarise carefully (something could have been missed



Check that patient understands key points and knows next steps

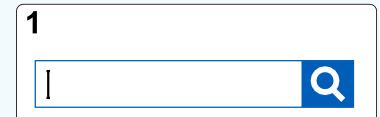




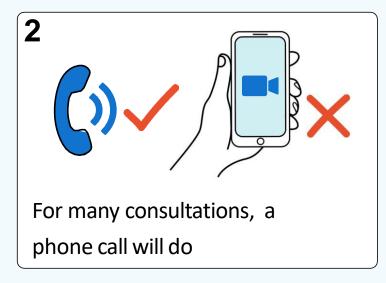
to close the call, and say goodbye

3.
How can patients make the most of video consultations?

Consider if video is needed at all



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

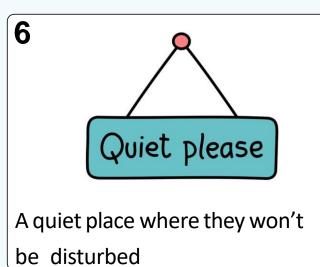


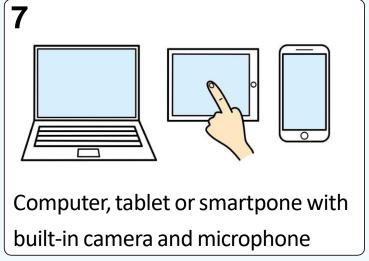


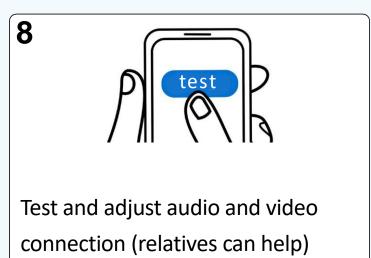


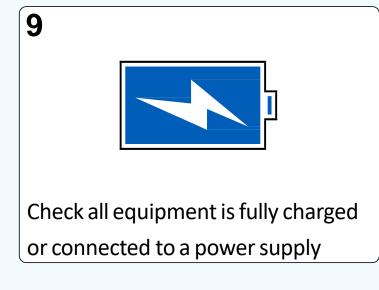
Get set uptechnically

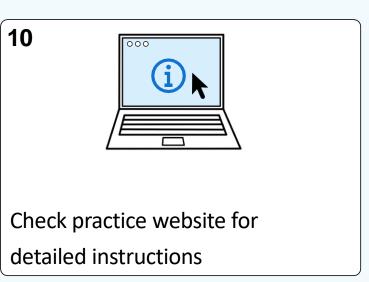












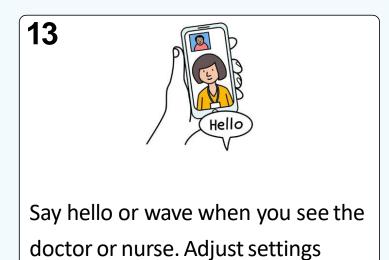
Booking and connecting

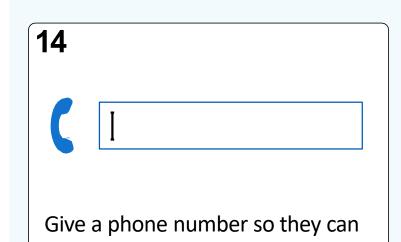


Make appointment by following

instructions on website







call you back if necessary

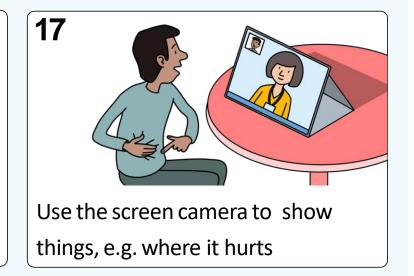
Having your consultation

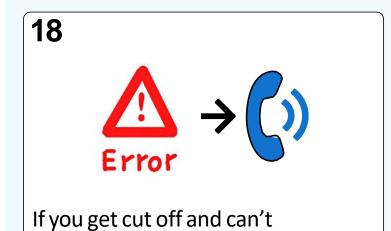


Look at the screen. There's no need to look directly at the camera

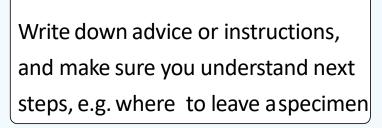


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reconnect, wait for a phone call





Video consulting with your NHS





5. Brief summary of the research literature

- Randomised trials in hospital outpatient clinics: video appears safe and acceptable in low-risk patients BUT this is largely irrelevant to the current situation.
- 2. There is limited research on the use of VC in acute epidemic situations or in general practice.
- 3. Qualitative research: introducing video consultations is culturally and operationally challenging. It helps to frame this as "improving a service" rather than "implementing a new technology".

- 4. If the technical connection is good (or even okay), the consultation will unfold very similar to a face-to-face consultation. But major breakdowns make the consultation feel "unprofessional".
- 5. It is sometimes possible though not ideal to conduct a limited physical examination via video link.
- 6. Limited evidence from natural disasters (e.g. Australian bushfires) suggests it is possible to mobilise video services quickly in an emergency, but this needs resource

Funders









Contributors





