When is video 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.

**COVID-related consultations: video may be appropriate when**

- 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: video 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 (e.g. in some frail older patients with multi-morbidity or in terminally ill patients, the advantages of video may outweigh its limitations)

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
VIDEO CONSULTATIONS IN PRIMARY CARE 2:

How can our practice get set up?

Decide and plan
- Practice meeting (perhaps virtually)
- Involve practice manager, clinicians, administrative staff
- Agree what kind of appointments will be done by video
- Agree what hardware and software will be used
- Ensure staff know about the plans and their concerns are heard
- Develop links with local technical support team

Set up the technology
- 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 practice's clinical record system
- Produce information for patients on what technology they need

Set up the workflows
- Update practice website with information on video calls
- Update clinic templates to show availability for video calls
- Create appointment code for a video consultation
- Put process in place for scheduled & unscheduled appointments
- Put arrangements in place for in-person contact (e.g. collection of forms); ensure prescriptions are sent directly to pharmacy
- Make contingency plans for what to do if video link fails e.g. clinician will contact patient by phone

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

Professor Trisha Greenhalgh (on behalf of the iRHIS research group), University of Oxford, 16th March 2020
VIDEO CONSULTATIONS IN PRIMARY CARE 3: How to do a high-quality consultation

Before the consultation
- Confirm that (as far as you can assess in advance) a video consultation is clinically appropriate for this patient at this time
- Use a private, well-lit room and ask patient to do the same
- Take the patient’s phone number 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

Starting the consultation
- Initiate the consultation by calling or inviting the patient
- Say something e.g. "can you hear me?" "can you see me?" to prompt patient to optimise the technical set-up
- Take and record verbal consent for a video 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

Having a video consultation
- Video communication works the same as face to face, but it may feel less fluent and there may be glitches (e.g. 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 (e.g. 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 video again
- To end, tell the patient you’re going to close the call now, and say goodbye (before actually closing the connection)

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VIDEO CONSULTATIONS IN PRIMARY CARE 4:
A guide for patients on consulting by video

**Decide if video is right for you**
- If you just need general information and self-care tips, use a website (e.g. put 'NHS coronavirus advice' into Google)
- 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
- Check your GP practice's website to see what is on offer

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

**Booking and connecting**
- Make a video appointment by following instructions from your GP practice (on the practice website or answering machine)
- Just before your appointment time, click the connection
- 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

**Having your consultation**
- 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 (e.g. a rash)
- If you get cut off and can’t reconnect, wait for a phone call
- Write down any advice or instructions, and make sure you understand the next steps (e.g. where to leave a specimen)
- When you’ve both said goodbye, disconnect

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