

Full version of guidance and supporting resources available at:
<https://www.phc.ox.ac.uk/research/resources/video-consulting-in-the-nhs>

Video consultations: a guide for practice

VIDEO CONSULTATIONS IN PRIMARY CARE 1: 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?



Professor Trisha Greenhalgh (on behalf of the IRIHS 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

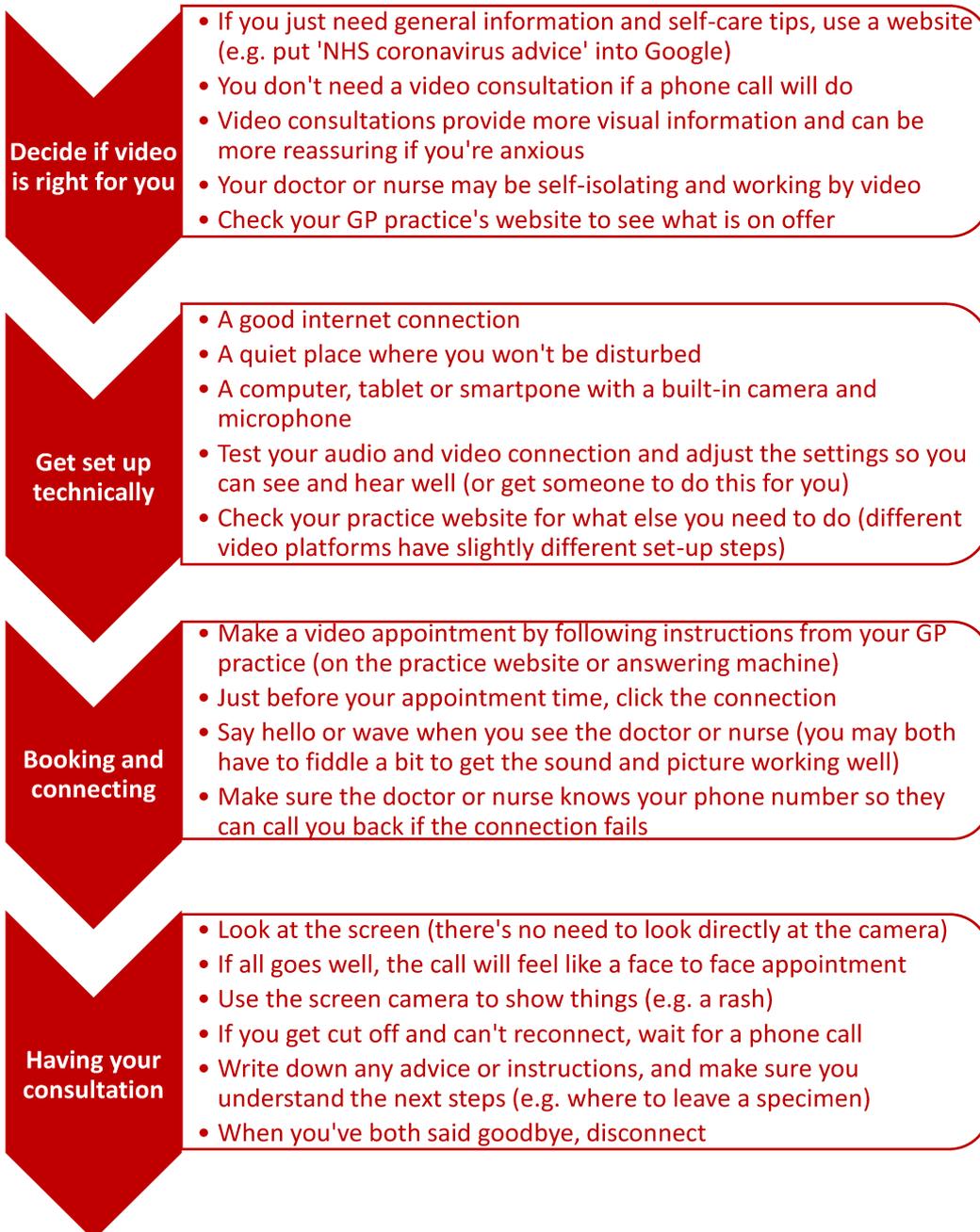
- Video communication works the same as face to face, but it may feel less fluent and there may be glitches (e.g. blurry picture)
- You don't need to look at the camera to demonstrate that you are engaged. Looking at the screen is fine
- Inform the patient when you are otherwise occupied (e.g. taking 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



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