

Cardiff University School of Medicine

Communication Skills Department

RESOURCES FOR REMOTE CONSULTATIONS

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Telephone consultations are increasingly a standard part of healthcare delivery. Use of digital technology is and will continue to increase in the modern NHS. From 2020/21 it is intended that patients will be able to use the NHS app to access their care plan and information and from 2024 patients should be able to access digital primary care services such as online consultations either through their existing practice or from a digital-first provider.

Use of remote monitoring equipment is likely to increase and remote consulting may allow redesign of some outpatient services. Secondary care records should be fully digitised by 2024 and the Global Digital Exemplars programme will allow development and sharing of best practice <https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained>. It may be possible for information to be shared across organisations such as health and social care as illustrated by Local Health and Care Record Exemplars <https://www.england.nhs.uk/wp-content/uploads/2018/05/local-health-and-care-record-exemplars-summary.pdf> allowing a more integrated and efficient service to be provided.

The Topol Review 2019 <https://topol.hee.nhs.uk/> considered how the use of emerging digital technology could be used to manage the pressures on the NHS and its workforce as a result of increased demand and pressure on resources. Care must be taken to ensure that such use is done in a way that recognises that patient care is central to what we do and collaboration is needed between the NHS and patients to ensure the use of emerging technology meets the needs of patients and that education is required for both healthcare professionals and patients for its safe and effective introduction.

It outlines key principles that should be considered when introducing digital technology in healthcare

- Patient safety – do no harm
- Data governance issues – consent, confidentiality, storage, access, sharing
- Respect for human dignity – patients/carers should be involved in discussions around the introduction of emerging health care technology and the awareness that increased automation may offer increased accuracy and efficiency but at the expense of meaningful human interaction.
- Health inequalities – care needs to be taken to ensure that health care technology introduction does not increase inequality and steps should be taken to use it to decrease inequality



- Patients and carers need education and support for safe and appropriate use of emerging technology.
- Healthcare Professionals will have increased digital literacy needs
- Health care systems – for digital technology to be successfully introduced this should be done in a targeted, integrated and supported programme.
- Widening digital participation – active steps should be taken to reach marginalised groups

Telemedicine is the use of telecommunication and IT to provide care at a distance. This may involve text, video and audio consultation techniques. The Royal College of Physicians has recommended increasing use of video and phone consultations to address the increasing demand for appointments.

E-mail can be used for communication between healthcare professionals (HCP), between HCP and organisations such as Clinical Commissioning Group's and between HCP and patients.

E-mail consulting such as tele-dermatology allows photos, audio or video clips to be attached but their interpretation relies on adequate and accurate supporting information. It can allow patients rapid access to healthcare at a time and place convenient to them and the healthcare professional to reply when it is suitable for them to do so (asynchronous care). However, this relies on complete and accurate information being provided by the patient without questions or prompts. E-mail consulting has not yet been widely adopted in the UK (but is likely to increase) but has been more widely used in other countries such as Denmark, Holland and the USA. In these countries there is guidance for HCP supporting its safe introduction, whereas in the UK the defence organisations and GMC have been cautious regarding use of telephone and e-mail consultations with concerns re quality of care and information security being expressed. The GMC has provided a flow chart to support decision making regarding remote consulting:

<https://www.gmc-uk.org/-/media/gmc-site-images/ethical-guidance/learning-materials/themes/remote-consultations-infographic-july-2019.pdf?la=en&hash=299C717B1C74323ECE302C151DA96340010EF18C>

and advice regarding remote prescribing

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices/remote-prescribing-via-telephone-video>

<https://www.gmc-uk.org/-/media/ethical-guidance/learning-materials/themes/remote-consultations-infographic-july-2019.pdf>

Key points from GMC guidance

Before you prescribe for a patient via telephone, video-link or online, you must satisfy yourself that you can make an adequate assessment, establish a dialogue and obtain the patient's consent in accordance with the guidance at paragraphs 20 - 29.

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You may prescribe only when you have adequate knowledge of the patient's health and are satisfied that the medicines serve the patient's needs. You must consider:

- a) the limitations of the medium through which you are communicating with the patient
- b) the need for physical examination or other assessments
- c) whether you have access to the patient's medical records.

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You must undertake a physical examination of patients before prescribing non-surgical cosmetic medicinal products such as Botox, Dysport or Vistabel or other injectable cosmetic medicines. You must not therefore prescribe these medicines by telephone, video-link, or online.

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If you are prescribing for a patient in a care or nursing home or hospice, you should communicate with the patient (or, if that is not practicable, the person caring for them) to make your assessment and to provide the necessary information and advice. You should make sure that any instructions, for example for administration or monitoring the patient's condition, are understood and send written confirmation as soon as possible.

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If the patient has not been referred to you by their general practitioner, you do not have access to their medical records, and you have not previously provided them with face-to-face care, you must also:

- a) give your name and, if you are prescribing online, your GMC number
- b) explain how the remote consultation will work and what to do if they have any concerns or questions
- c) follow the advice in paragraphs 30 - 34 on Sharing information with colleagues.

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You should not collude in the unlawful advertising of prescription only or unlicensed medicines to the public by prescribing via websites that breach advertising regulations.²¹

If you prescribe for patients who are overseas, you should consider how you or local healthcare professionals will monitor their condition. You should also have regard to differences in a product's licensed name, indications and recommended dosage regimen. You may also need to consider:

- a) MHRA guidance on import/export requirements and safety of delivery,
- b) whether you will need additional indemnity cover
- c) whether you will need to be registered with a regulatory body in the country in which the prescribed medicines are to be dispensed.

E-mail consulting is common in Denmark where access is universal through a public health portal. Dutch experience has been that while about half Dutch primary care practices offer e-mail consulting (compared with 6% of UK practices) uptake remains relatively low. Where it is used this is most commonly amongst older patients with hypertension, diabetes and depression. <https://bmjopen.bmj.com/content/8/1/e019233.full>. This might reflect an ongoing trusting doctor-patient relationship in these groups with chronic illness.

Sometimes it is useful to consider remote consultations in terms of timing and media e.g.

	Simple	Augmented
Synchronous	Telephone consultation	Video consultation Video conferences Results from electronic equipment e.g. real time endoscopy performed by technicians
Asynchronous	Written E mail communication Text messaging Online messaging services	E mails with audio-visual attachments

Consider which of these methods is most appropriate for the clinical need.

It is worthwhile considering how much of a clinical examination can be undertaken remotely e.g.

- We can tell that a patient can complete a sentence and is lucid.
- We can ask about fever/racing pulse/sweating/rashes although there will be considerable variation in how reliable this information is.
- Some patients may have their own thermometer, electronic sphygmomanometer or pulse oximeter.

Augmented remote consultations may add more, especially with careful instructions to the patient e.g.

- Assessing signs of increased effort of breathing such as use of accessory respiratory muscles
- Reduced capillary refill time
- Assessment of dehydration – observation of dry lips/mouth, skin turgor
- Mental health state – how the patient responds, how they are dressed etc (NB eye contact can be harder to judge on video consultations, as can flow of speech especially if connection problems)

Practical Tips on telephone/video consulting

- Check it's the correct person and they are prepared to speak to you by phone
- If speaking to a carer/relative check if consent is required/has been obtained
- Consider a statement in your clinical records such as 'Consultation undertaken by telephone due to extraordinary circumstances brought about by Covid 19 pandemic'
- If doing many consultations, a head set is more comfortable and allows faster documentation if you wish to use both hands to time up the notes simultaneously (as long as this does not distract you from the conversation)
- Document as many 'hard' clinical facts as you can, depending on context e.g. patient completing sentences, patient able to mobilise around home with ease, patient lucid in speech
- Use the patient's own language to create management plan e.g. "you said.... So I think we should..."
- Be honest with the patient about the limitations of a telephone consultation, especially if you would ordinarily see the patient face to face e.g. "I appreciate a telephone call can't fully replace a normal consultation but in the current circumstances, we feel it is safer to keep patients out of healthcare settings wherever possible"
- Be specific with your safety netting – what should the patient watch out for? What should they do if that happens?
- Consider asking the patient to get a pen and paper ready so they can take notes. Tell them the key points that you want them to record. Also advise them of any relevant websites they can go to for further information e.g. NHS or Patient UK

- DO NOT DO SOMETHING YOU ARE NOT COMFORTABLE WITH OR YOU DO NOT FEEL IS SAFE TO MANAGE OVER THE PHONE

Remember there are many patients who will struggle to use remote consultations e.g. hearing impaired, English as second language, no privacy to receive calls etc.

THE STAGES OF THE TELEPHONE CONSULTATION (WWW.GPTRAINING.NET)

STAGE 0	PREPARATION	<ul style="list-style-type: none"> • any available information about the caller • anticipate time delay • note taking
STAGE 1	TRUST	<ul style="list-style-type: none"> • identify yourself • tone of voice • acknowledging caller's emotions • acknowledging caller's previous experience of health services • letting the caller know that they are being heard • empathy
STAGE 2	EXPLORATION	<ul style="list-style-type: none"> • questioning choosing open or closed forms • probing through reflection
STAGE 3	CLARIFICATION	<ul style="list-style-type: none"> • caller's agenda • caller's understanding • reflecting • summarising and paraphrasing • allow time for the caller to talk including silences
STAGE 4	ACTION	<ul style="list-style-type: none"> • empower the caller to take action where possible • clarify what action you will take on their behalf • check that agreed plan is understood
STAGE 5	END	<ul style="list-style-type: none"> • when the caller feels heard, respected and understood

		<ul style="list-style-type: none"> • end the call for the caller not for yourself
STAGE 6	AFTER THE CALL	<ul style="list-style-type: none"> • time to reflect • note taking • other action

For specific advice on video consultations, these videos are an excellent starting point. They have been put together by Dr Rebecca Payne, an experienced GP and communication skills tutor. She says:

'I've been doing video-consults for the last 3 years working for an English organisation. I've put together some (very amateur) videos covering getting started, history taking and physical examination. Sharing them in case anyone finds it helpful'. Links are below

<https://youtu.be/l2vfn396ccs>

https://youtu.be/1EH707ynD_Q

<https://youtu.be/p6S95FSr0x0>