



# NHS Wales Video Consulting Service



## Using Video Consultations in Community Care: A Toolkit for Clinicians

*The NHS Wales Video Consulting Service is brought to you by:*



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### **Terminology Used in Toolkit:**

- **VC Service** will be the named used throughout to refer to the National Video Consultation Service being offered by Welsh Government to community care clinicians in Wales.
- **Attend Anywhere** will be the name used throughout to refer to the communication platform to deliver the video appointment.
- **Community care** will be the term used to refer to all types of community care
- **Patients and clinicians** will be the terms used to refer to all types of patients, and all types of community care staff.

## Section 1: Introduction

### What is the National Video Consultation (VC) Service?

The National Video Consultation (VC) Service is being rolled out to offer healthcare services in a safe and secure way to see patients via a video appointment, rather than seeing them in-person. The VC Service is delivered via a communication platform called 'Attend Anywhere'.

### What is Attend Anywhere?

- Attend Anywhere is a web-based communication platform that allows video appointments to take place between patients, families and clinicians.
- These appointments can take place anywhere convenient to the patient, such as at work, school or home.
- Attend Anywhere is accessible via any type of device that has Internet access e.g., smart phone, tablet, laptop or computer with a webcam running Chrome or Safari browsers to use it.

What are the Key Features of Using Attend Anywhere in Community Care?

- No installation or downloads needed – the service is web-based, so easy to use.
- It is free for patients to use (except if using mobile data).
- No recording of the video appointment is possible.
- Safe and secure virtual 'Waiting Rooms' and 'Meeting Rooms'.
- Confidential and anonymised.
- Automatically tests the call for video and audio, to check the device is suitable.
- Automatically asks the patient to accept the camera and microphone for easy access.
- Comparable treatment, care and support as an in-person appointment in many ways.
- Ability to send the patient appointment directly from the waiting area.

### Using the VC Service in Community Care

The overarching goal of the VC Service in community care is to mimic as close as possible the way appointments/visits happen, without the need to physically attend an in-person. It also allows clinicians to respond effectively to outbreaks of disease and adverse weather conditions where face to face appointments may be impossible or inadvisable.

Video appointments are one type of healthcare delivery method used to connect clinicians with their patients or clinicians to visit patients, alongside a range of other methods such as in-person, telephone and other computer-based approaches. Compared to other healthcare delivery methods, video appointments enable patients to attend appointments without the need to attend in-person yet allow the patient and clinician to communicate face-to-face (virtually). Video appointments are comparable to in-person appointments in that they can deliver safe, secure and patient-centred care, but are generally more superior to a simple phone call appointment or other computer-based methods. Video appointments can offer patients the convenience of a home, school or work appointment, but at the same time offer virtual interaction, build rapport and can see visual cues which are all very important components of healthcare.

Video appointments are beneficial to the patient for a wide range of reasons. For example, they can:

- Improve accessibility,
- Improve patient choice,
- Allow the vulnerable and elderly e.g. care homes to access clinical care,
- Reduce transport or travel difficulties,
- Produce savings on time, travel and carbon footprint,
- Reduce time off work, school and other responsibilities,
- Reduce additional harm or risk to physical or mental health e.g., by leaving home, or excessive travel.

Video appointments can also support the work of community care clinicians in many ways. For example, they can:

- Save clinicians time and travel attending clinics at different sites.
- Enable clinicians to work from their own home when needed, improving work-life balance
- Allow clinicians to link up with other professionals and run multidisciplinary meetings and appointments if needed.

#### **What Community Care Clinicians Say About Using Video Consultations:**

*“I was very pleased that the facial expressions, body language and non-verbal communication were clearly visible and understandable by telepsychiatry, as I was concerned it may have been lost by a telepsychiatry assessment”*

Quote from a community psychiatric nurse in CAMHS

#### **What Community Care Patients Say About Using Video Consultations:**

- *“Felt more comfortable talking with the screen than in person”*
- *“My son was at home for today's appointment and he remained calm, less agitated. Plus, less travelling time for us”*

### **Welsh Government Plan (COVID-19)**

The Welsh Government wants to transform the way outpatients are managed, reducing the need to bring patients into hospital. It is doing this by supporting the implementation of platforms such as the National Video Consultation Service to make sure they will eventually be accessible across Social Care, Primary Care and Secondary Care settings across Wales. The platform will offer a consistent and agile solution for both professionals and patients.

TEC Cymru, a Welsh Government sponsored programme hosted within Aneurin Bevan University Health Board, has piloted the video consultation solution called Attend Anywhere. The pilot has received good feedback and the platform was identified as suitable to be scaled-up nationally. Welsh Government has asked TEC Cymru to start rapidly upscaling the project to deliver a national video consultation service for all GP practices, secondary and community care in Wales.

The National Video Consultation Service is being implemented immediately to reduce exposure to coronavirus by enabling both patients and clinicians to consult flexibly and while in self-isolation and also allow relatives/carers to have contact with their hospital isolated relatives. It can also increase organisational resilience by protecting the workforce and enabling support to be provided from different geographical locations. The longer-term benefits of this strategy are enormous and are a key element of the national outpatients plan.

Scenarios where video consulting may be beneficial include:

- For patients with confirmed coronavirus or who are self-isolating, due to contact with an infected person to have consultations at home to facilitate attendance at clinic.
- To continue services while reducing the number of people visiting healthcare premises, who may be unknowingly carrying coronavirus.
- For patients in hospital with coronavirus, in situations where non hands-on care could be given by video to reduce the number of clinical staff being exposed to infection risk.
- For staff self-isolating due to exposure but who are fit to be able to continue working.
- To enable additional health care support to be provided remotely to an area with a significant outbreak of coronavirus (including out of hours, acute and primary care).
- To enable carers and relatives to have contact with their hospital isolated relatives

## Section 2: Using the National Video Consultation (VC) Service

Each service will have its own virtual waiting room. The VC service may be used in a number of different ways depending on operational and clinical needs. It should be adapted to fit each healthcare service existing systems

Options include:

### 1. Appointments for New Patients

Patients will have an appointment booked using their usual process following referral to a service.

### 2. Appointments for Follow up Patients

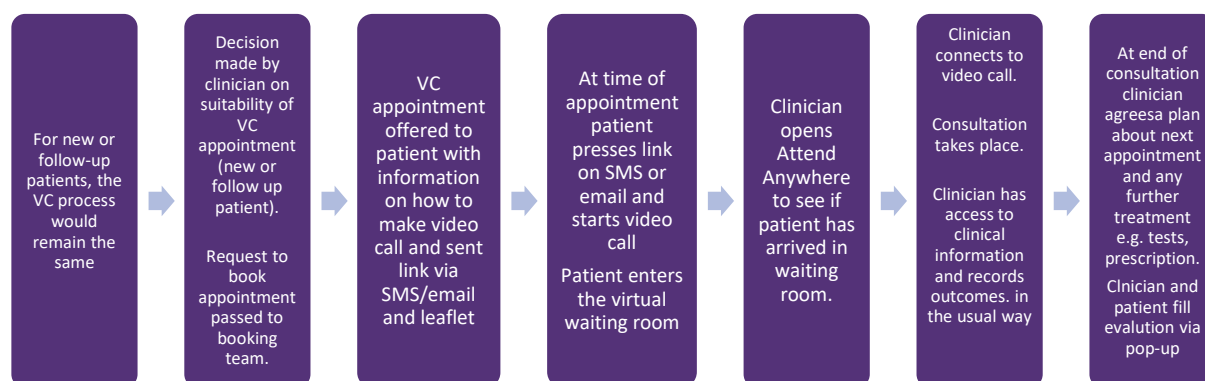
Replacement for planned face to face appointments of patients may include a medication review, review of tests, follow up after procedures etc. Patients will make and arrange appointments using their usual process.

## Process for using video consultations

### Video Consultation Process

If a video appointment is considered appropriate the patient will be given a VC appointment link sent by text, email or verbally along with a patient information sheet. Each service will have its own waiting room. The service will retain control over the number of appointment slots offered, and the times of appointments. Patients will enter the individual service virtual waiting room directly via the link sent to them. Patients will be held in the virtual waiting room until a clinician connects the video call. This means that if a patient did call into Attend Anywhere in the hope of being seen without an appointment, the call is not answered unless the clinician chooses to answer.

### Process of Video Consultations in Community Care



Multiple clinicians can consult simultaneously from the same Attend Anywhere waiting room at any one time: patients are listed by patient name and date of birth, so the clinician would select the correct patient from the list.

### Examples of Attend Anywhere Consultations

Typically, clinical staff will be using Attend Anywhere in one of two ways:

- (1) To work from their clinical base to consult with patients remotely or
- (2) To enable remote working themselves.

If professionals are to consult remotely, arrangements will need to be made for appropriate access to clinical information.

### Information Governance Guidance

Attend Anywhere has been procured nationally by the Welsh Government.

NHS Wales has undertaken and signed off the Data Protection Impact Assessment (DPIA) documentation for Attend Anywhere. The Attend Anywhere platform does not record the content of a video consultation. The personal details (name, date of birth and phone number) entered into the login page by patients to gain access to the virtual waiting room are used by clinicians to select the correct patient for consultation, and these details are deleted from the Attend Anywhere platform following the consultation.

Indemnity cover with the activities associated with Attend Anywhere will be provided under the usual vicarious arrangements with the Welsh Risk Pool.

### HCPG advice on remote consulting

- [The Health and Care Professions Council \(HCPG\) guidance - High level principles for good practice in remote consultations and prescribing](#)

Additional guidance:

- [Royal College of Occupational Therapists - Digital occupational therapy](#)
- [Chartered Society for Physiotherapy - Digital tools to support service delivery](#)
- [The British Psychological Society - Effective therapy via video: top tips](#)
- [The Association of UK Dieticians - Digital Tools: Rapid Implementation](#)
- [The Royal College of Speech and Language Therapists - Telehealth Guidance](#)
- [British and Irish Orthoptic Society - Guidance & Advice for Orthoptists & Orthoptic Professionals](#)
- [Royal College of Nursing - Remote consultations guidance under COVID-19 restrictions](#)



## Section 3: Setting up the National Video Consultation (VC) Service

### Service Set up

#### Managing the VC Service

- Within your service you will need to identify a lead clinician who will decide how best to set-up, use and manage the VC Service and this person will be the 'point of call' for your service and its use of video appointments.

#### Setting a Clinical Criteria

- Your service will need to define and agree to a set of clinical criteria for video appointments and the suitability of appointment types.
- Following this agreement, a template for triage/suitability would need to be developed and provided to the person(s) in charge of making video appointments e.g., a receptionist.

#### Making Appointments

- Your service will need to identify how video appointments will be made, and who will make and deliver these appointments?
- You will need to identify how appointment links and an information sheet will be sent to patients? e.g., verbally or via text or email.
- You will need to identify how appointment slots will be offered, documented and given to the delivering clinician.

#### Managing Appointments

- Your service will need to decide how the video appointments will be managed?
- Your service would need to have a contingency plan for possible scenarios such as, if appointments are running late, how will patients be notified? Or what is the process for patients who turn up in the waiting room without a scheduled appointment? and so on.

#### Clinical Space/Location

- Your service will need to identify how video appointments will be set-up. For example, you will need to think about factors such as the room lay-out (e.g., well-lit, well-positioned), confidentiality issues and its clinical appropriateness.
- Your service will need to consider how clinical information is later documented.

#### Additional considerations

- If the picture definition is not good enough to allow accurate visualisation and identification of skin lesions your service needs to decide how to obtain this additional information.
- It is important that patients are able to receive patient information leaflets as they would in a standard consultation. Your service needs to decide the best mechanism for communicating this with them. For example, they could be emailed to the patient.

## Technical Set up

### What is needed to use video appointments in community care?

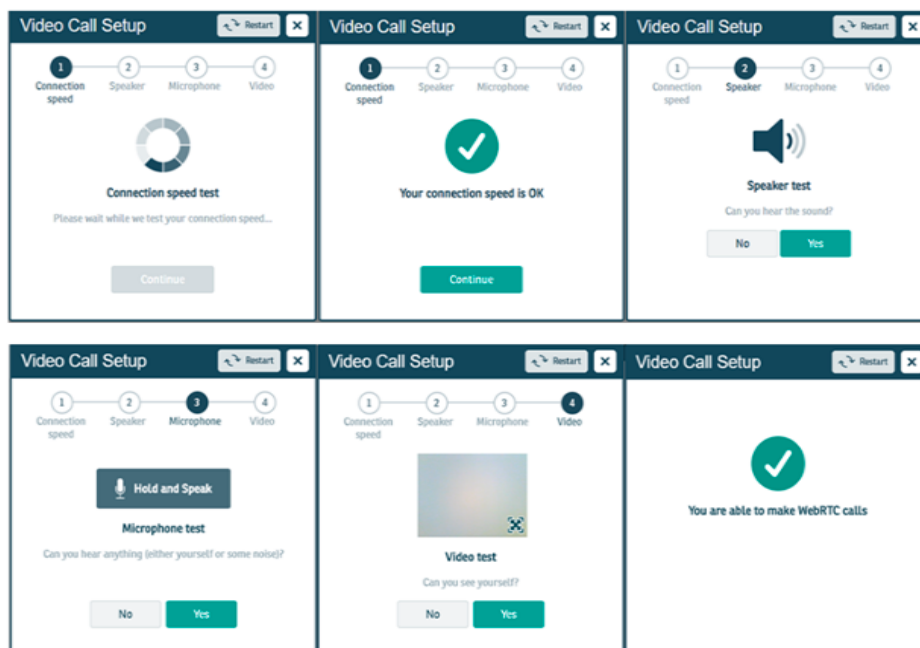
For both clinicians and patients, the following FOUR steps needed:

1. A reliable internet connection (broadband, WIFI or mobile data)
2. A device for making a video call (smartphone, tablet, laptop, computer with webcam)
3. A Chrome browser or a Safari browser on the device (depending on device type) which is updated to its most recent settings (see diagram below)
4. A private, and well-lit room or space.



### Test the Call

There is a 'video call set-up test' that checks your web browser, speed of internet connection and your device (to check your camera and microphone are working). To run this test, you will need to press the button 'test call' button from your Attend Anywhere Management page, or any web page. Depending on the device you are using, you may see this test conducted in 4-stages: connection, speakers, microphone and video. Some devices may be less.



Once tested, and if successful, then you should be able to proceed to making a video call. If the test indicates any problems, please refer to the [Attend Anywhere troubleshooting document](#).

## Clinical Set up

### Setting up the Appointment: Signing in

The video appointment is a simple set-up, although this differs slightly for the clinician and for the patient.

#### For the Clinician

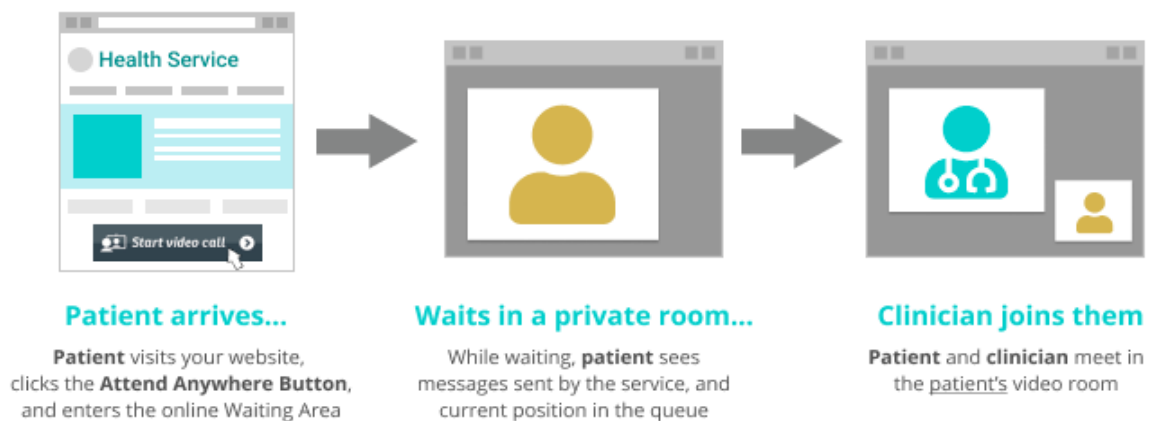
The clinician will be issued their own log-in details when signing up to Attend Anywhere and will be asked to choose a password. These log-in details will be used every time the clinician conducts a video appointment. This will not change.

#### For the Patient

The patient will be sent a unique Internet browser link (URL) from their community care provider when they are offered a video appointment. This can only be used for a scheduled appointment.

### The 'Joining the Call' Process

The patient link will allow the patient to enter a virtual waiting room on a scheduled date and time. When the patient enters the virtual waiting room (using the link) the clinician will be alerted to say they have a patient waiting. Once the clinician is ready, they can enter the waiting area and can join the call, and the appointment between the patient and clinician can begin.



### The Video Appointment Interaction

- The clinician is to introduce themselves to the patient.
- To ask the patient if they can adequately see and hear.
- Ask the patient to confirm their name, date of birth and address.
- The clinician is to explain what is going to happen during the video appointment.
- Start the video appointment, conduct the appointment as usual.
- Confirm patient's left and right side on VC to support physical assessment \*
- Document the appointment details and outcomes in the patient record as usual.

\* Prior to starting the consultation make sure of the correct identification of left and right on the person. You can do this by asking the patient to hold up anything with writing on that you can read. If you can read the writing normally, they are orientated to you as if facing you in real life. If not, their camera may have reversed them.

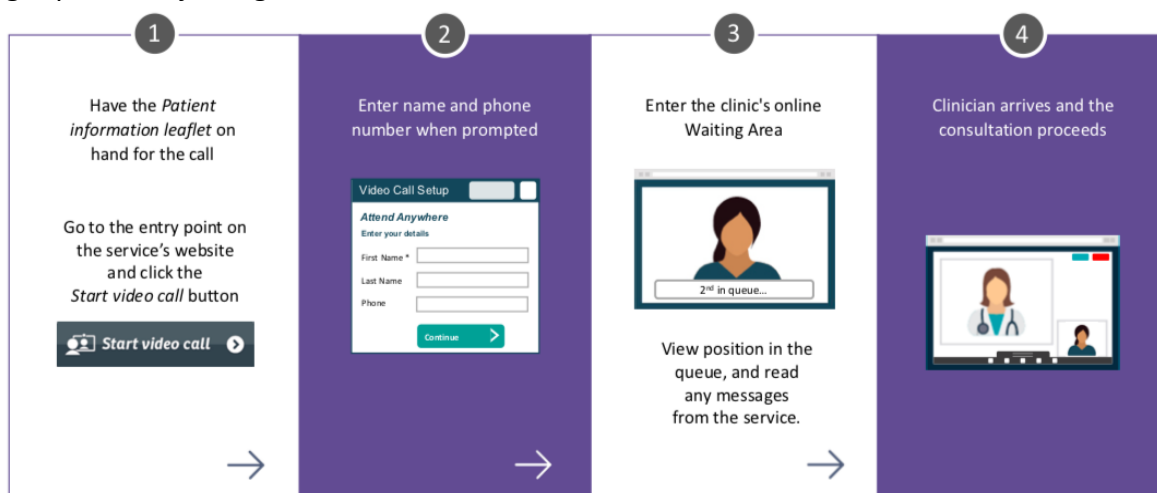
## Appendices

### Patient User Guide

Follow this link to a video on [How to use Attend Anywhere for patients \(Welsh subtitles\)](#)

Follow this link to a video on [How to Use the NHS Wales Video Consulting Service – for Patients](#)

You will be asked to enter a few details (name, date of birth and a contact telephone number) before you can join the call. These details are only used to allow the clinician to identify the right person is joining the call. After the video call, these details will be deleted.



Before the call begins, you will see information similar to the list below, however, this may alter depending on your community care service.

#### Example of information presented to callers before they enter a call to the Waiting Rooms:

ONLY PROCEED WITH YOUR VIDEO CONSULTATION IF IT HAS BEEN ARRANGED WITH YOUR DOCTOR OR CLINIC/SURGERY.

- This is NOT an emergency service. In an emergency phone 999.
- This call is not being recorded.
- Everyone attending the consultation with you will be introduced.
- Your video will open in a new window
- If you experience any issues, click the Refresh button.

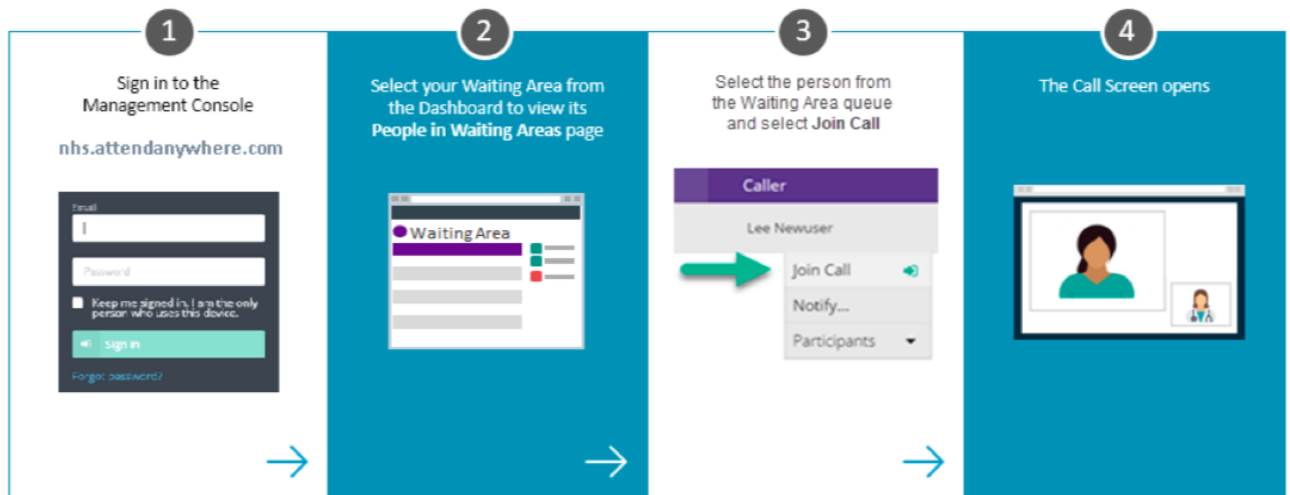
### During your call:

- If you experience any issues, click the green Refresh button (top right-hand corner).
- Avoid pointing the camera towards a window or bright light.
- To select a different camera or microphone, click the camera icon in the top-right of the browser window select the relevant devices, and then click the Refresh button.

## Clinician User Guide

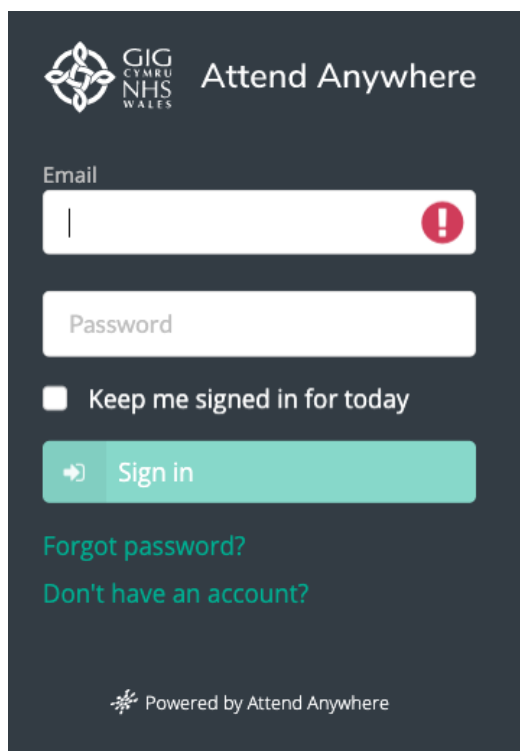
Follow this link to a video on [How to use Attend Anywhere for Clinicians \(Welsh subtitles\)](#)

Follow this link to a video on [How to Use the NHS Wales Video Consulting Service for Clinicians](#)



**Step 1:** Open the web browser Chrome (Attend Anywhere only works in Chrome)

Please sign in to Attend Anywhere at: <https://wales.nhs.attendanywhere.com/login>



If you are using two screens (one for the clinical screen, and one for video call), move the video call or the clinical system window into the second screen.

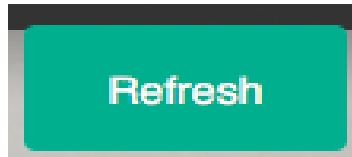
The clinician can use the same computer to conduct a video appointment and look at patient notes.



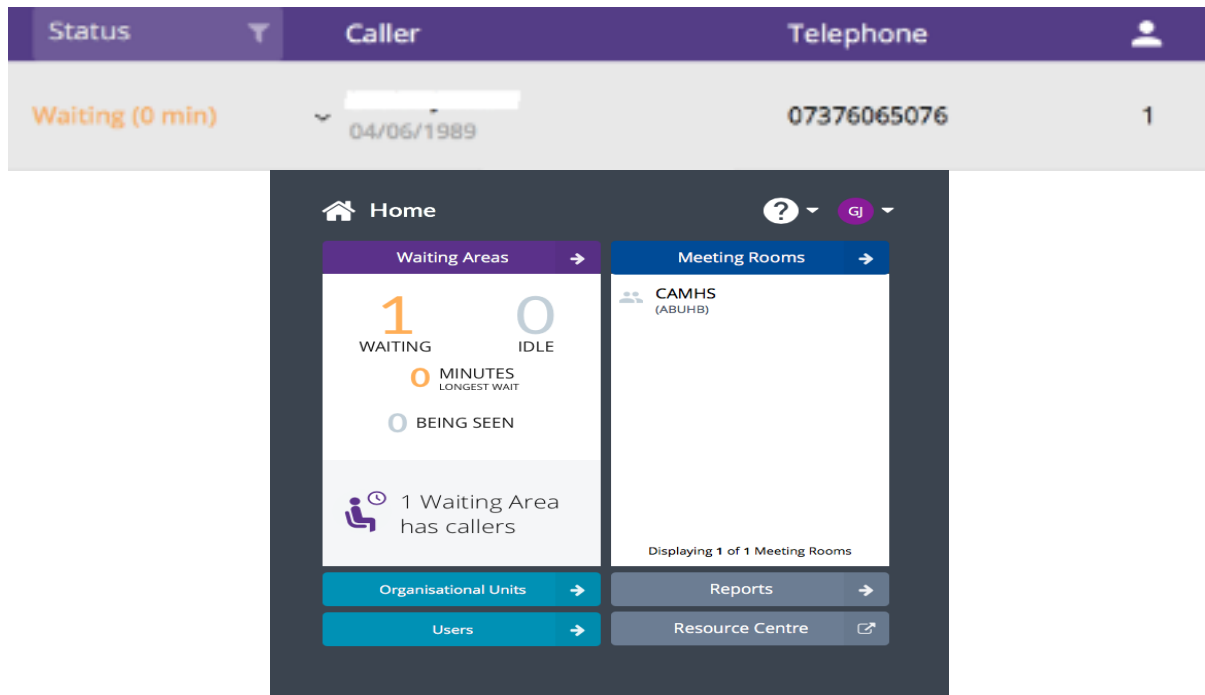
**During your call:**

- If you experience any issues, click the Refresh button.
- Avoid pointing the camera towards a window or bright light.

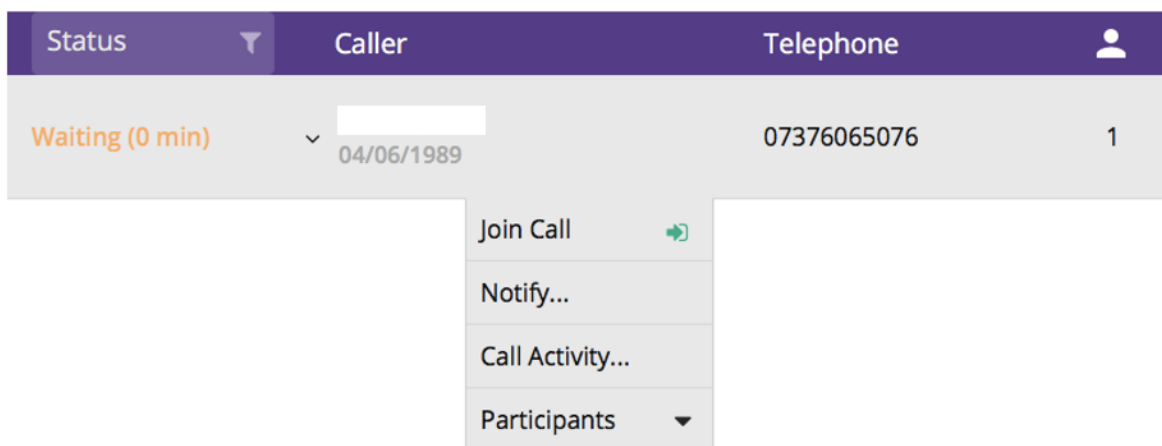
To select a different camera or microphone, click the camera icon in the top-right of the browser window select the relevant devices, and then click the 'Refresh' button.



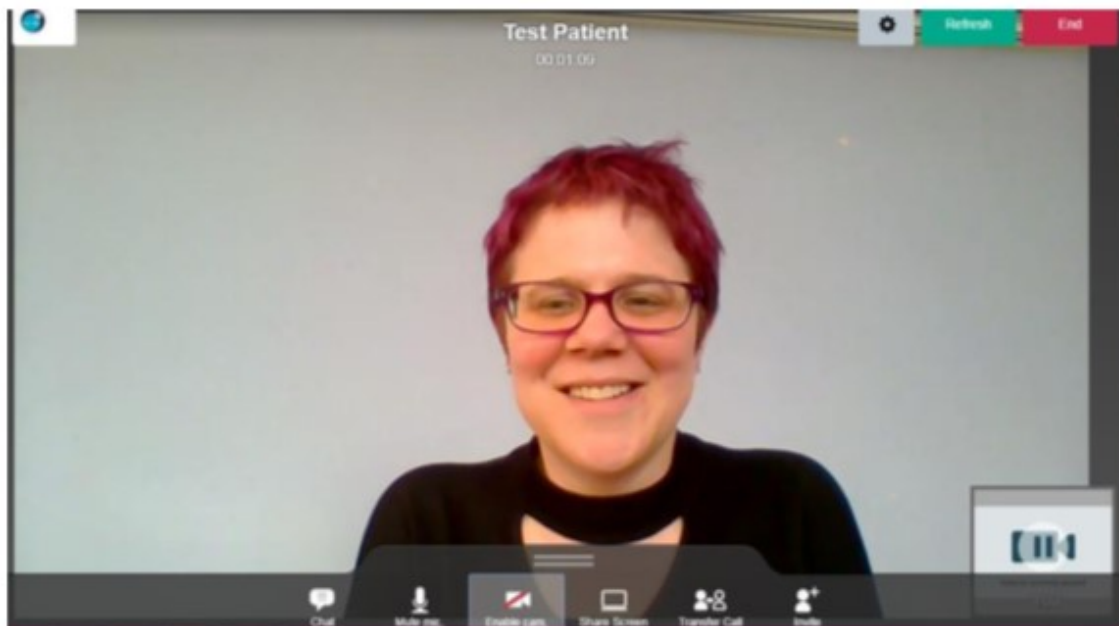
**Step 2:** This takes you into your waiting area where you will see a list of patients waiting. It shows the name of the patient, their date of birth, and how long they have been waiting for:



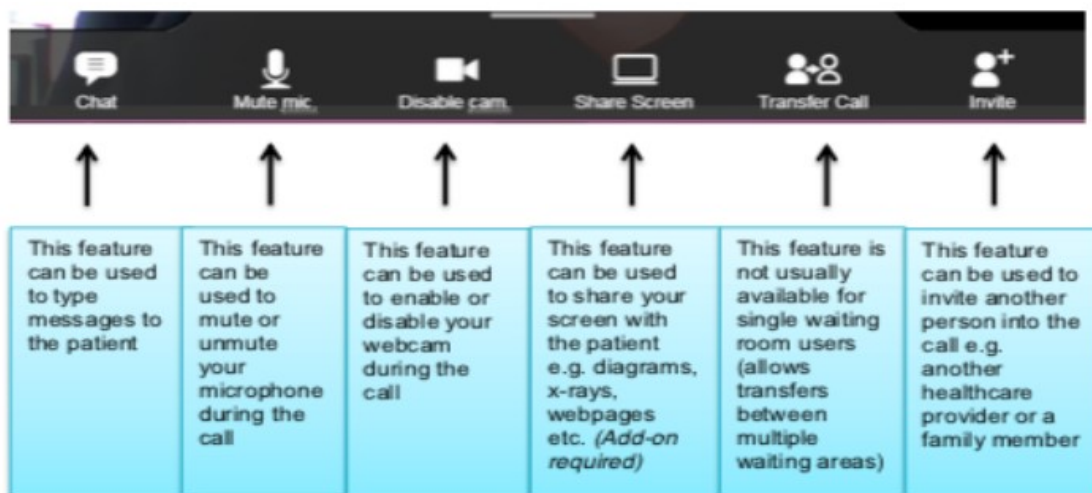
**Step 3:** Click on the line of the patient you want to connect a call with. This brings up options to join the call or notify (send a message) to the patient. Click on the “Join Call” button



**Step 4:** It then takes up to 10 seconds to connect the video call between you and the patient. A video screen is automatically loaded; the patient will be displayed in the main screen and you in the bottom right corner. You can now consult with the patient.

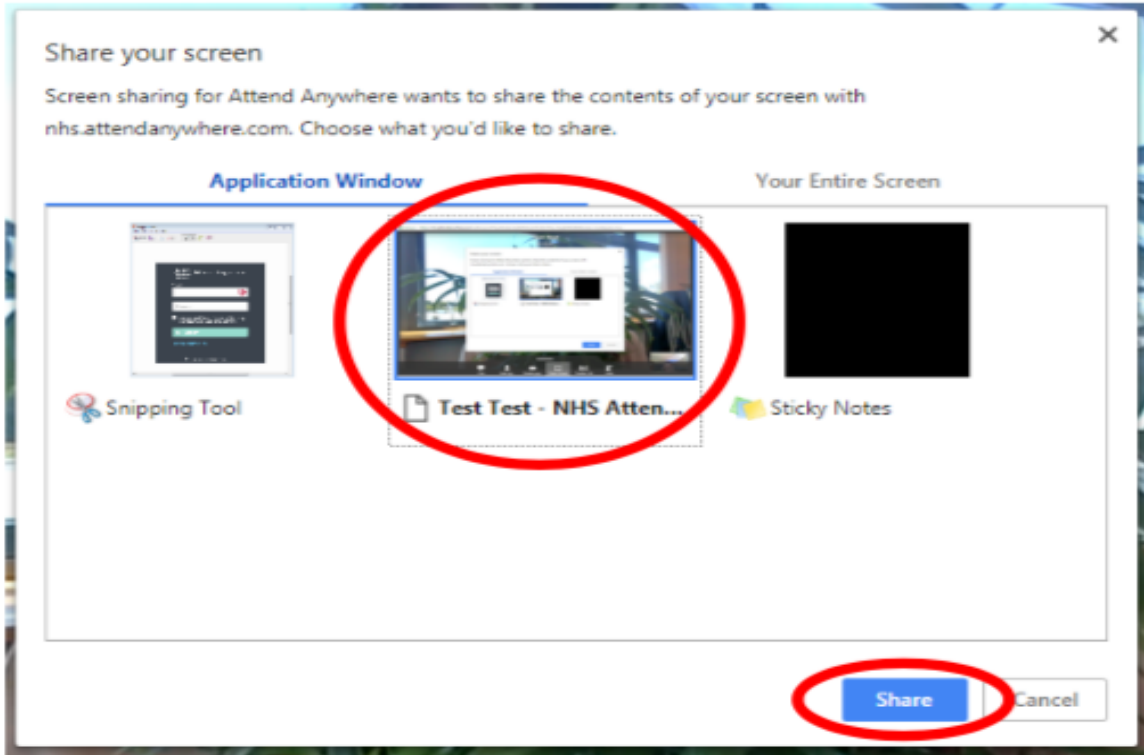


**Additional functions:** During the call, hover over the bottom of the screen to bring up the menu shown below.



After clicking '**Share Screen**' you will see the following pop up where you can decide whether to show your entire screen or just one application. The easiest way to use this is to open the document/website you want to share, then click on "share screen" then click on the application window you want to share (so it becomes highlighted) and click "share". The patient will then see the application that you have selected to share, plus a small image of you

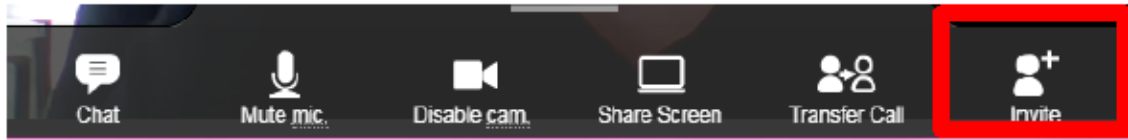




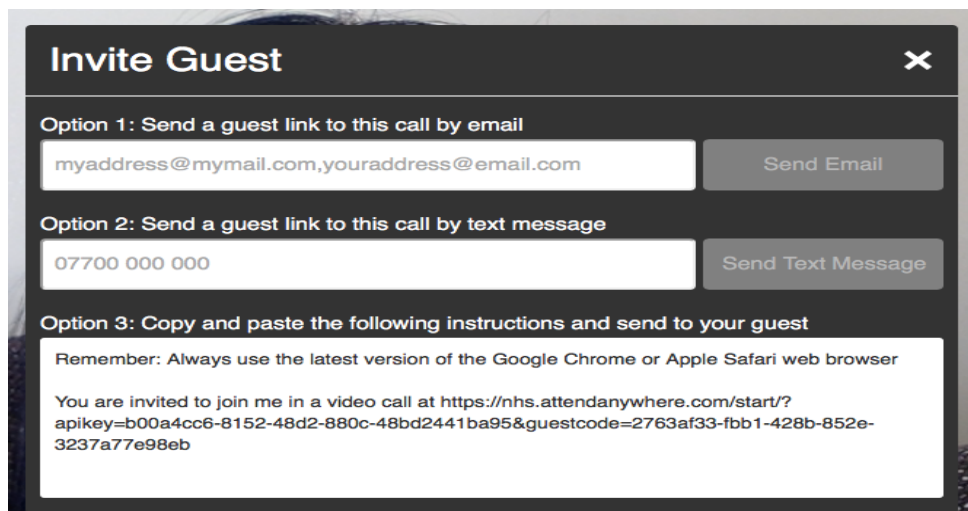
**Three-way calls:** This can be used for a remote family member, interpreter or clinician to join the call. There are two ways to add third participants to a call:

(1) Inviting other participants while in a call with a patient

Select the Invite button on the menu on the bottom of the screen (see above)



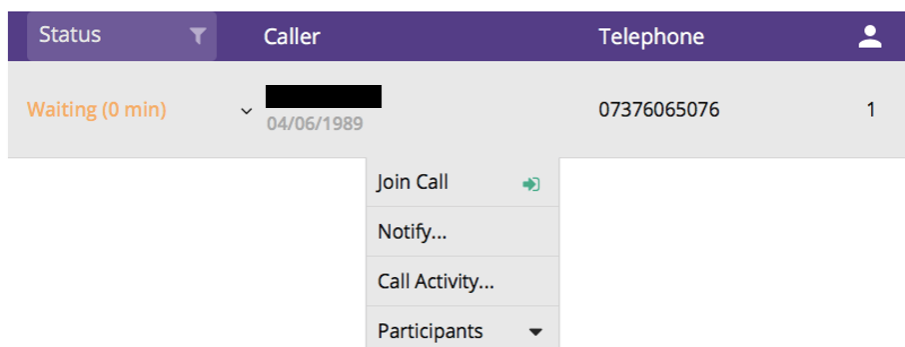
Select the Invite button on the menu on the bottom of the screen (see above)  
This enables the Clinician to send a link to the consultation via email or text message



(2) Adding multiple participants from a waiting room to the same call.

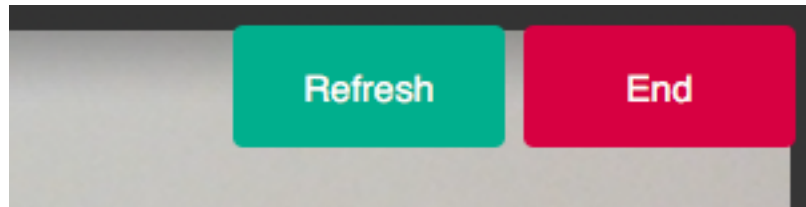
This is for when all participants have been provided the link for the waiting room in advance and asked to enter as a patient.

Select the initial patient from the waiting room and join the video call. Then return to the waiting room and select the additional participant, from the action menu that opens, select "Add to call", a confirmation message displays, click Yes, the selected caller is moved from the waiting area into the consulting room.

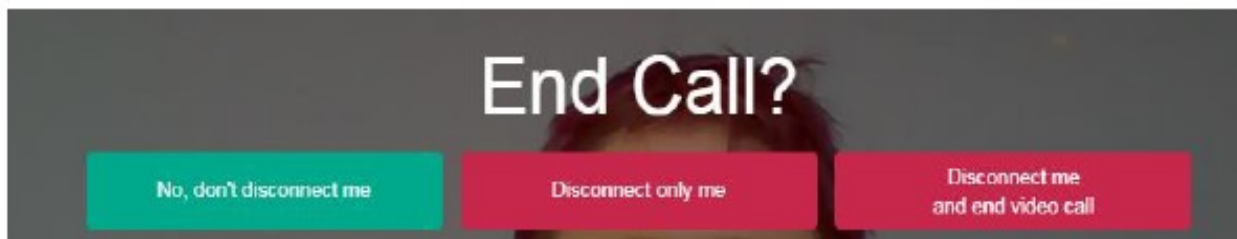


Clinicians should consider which option works best: option 1 is more flexible during an appointment, but option 2 may be easier for scheduled appointments with planned multiple participants.

**Ending the call:** When you are finished with the call and would like to end it, hover on the screen and in the top right corner click “end”.



You will then be given three options. If you are in a three-way call and want to leave the patient with the other participant click “Disconnect only me” (middle option). If you want to end the call completely, click “Disconnect me and end video call”.



### Evaluation Surveys

At the end of your call you will be presented with a short survey. We would appreciate you taking the time to feedback your experience to help us improve the service.

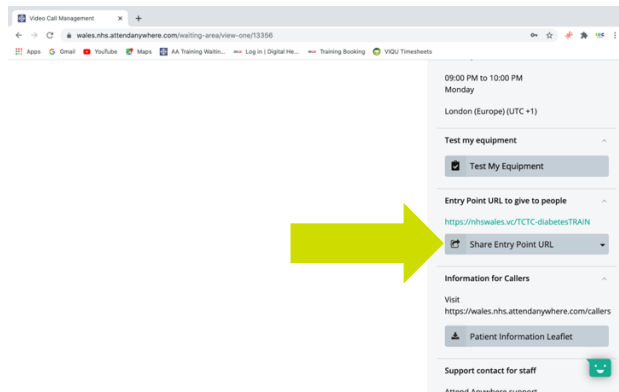
### Additional Resource

Guides, training material and information leaflets and webinars can be found on the [TEC Cymru NHS Wales Video Consulting Service resources page](#).

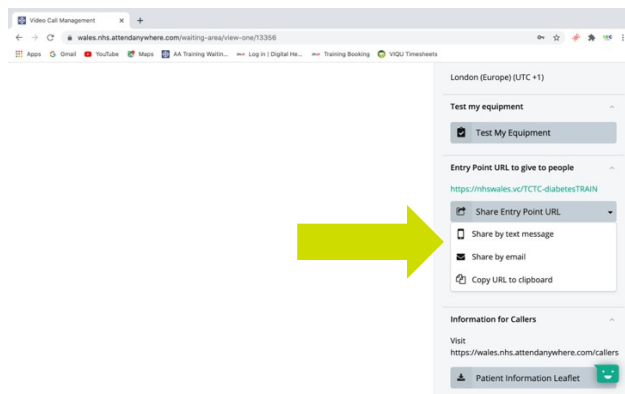
## [Sending the waiting area link by anonymised text or email from Attend Anywhere](#)

You can now send a text or email with the URL address of your waiting area direct to a patient or client from Attend Anywhere without revealing your own mobile number or email.

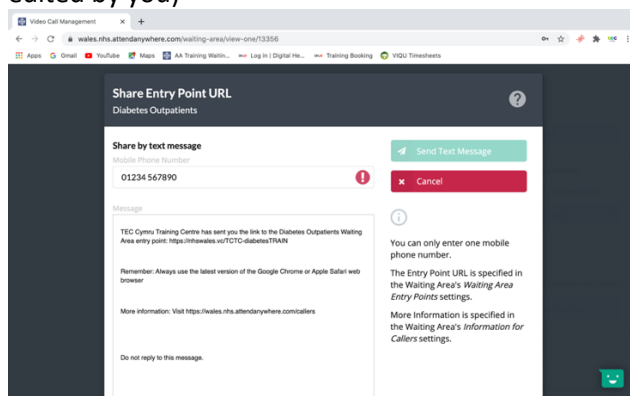
Simply click the Share Entry Point URL button within the waiting area.



Then select either share by text message or share by email



Then add the mobile number or email address and send (please note these messages cannot be edited by you)



Remember though these are sent from anonymised no-reply accounts. Patients or clients may be wary of opening these links. It's usually better to use this option when they are expecting to receive it, for example when converting a telephone consultation to video. Otherwise, you can still copy the URL and send it from a recognised source.

## Adding another person

There are two ways to add another person or persons to the call.

### 1) Via the invite button

This is a good option when you are requested to do this last minute.  
Start the call with your patient or client as usual

The screenshot shows a web application interface for 'Diabetes Outpatients Waiting Area' at 'TEC Cymru Training Centre'. A table lists callers with their status, name, date of birth, telephone number, and a person icon. A yellow arrow points to the 'Telephone' column header.

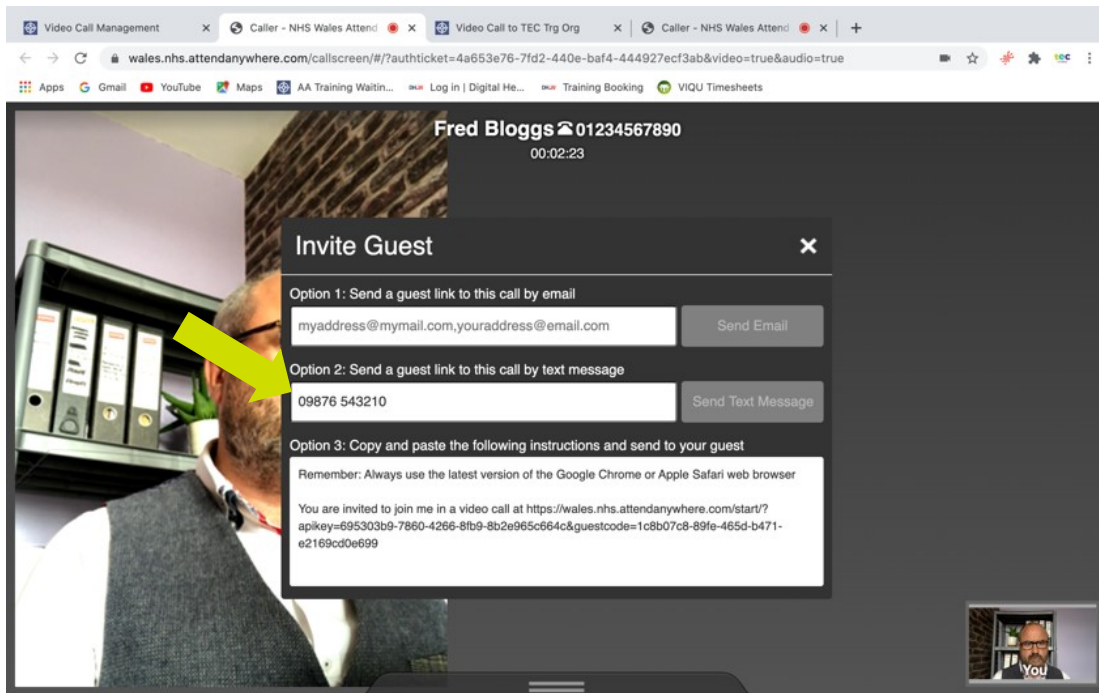
Status	Caller	Telephone	
Waiting (2 min)	Fred Bloggs 01/01/1980	01234567890	1
Waiting (0 min)	Vera Bloggs 01/01/1960	0987654321	1

On the right side, there are settings for 'New caller alerts off', 'Calls begin with my microphone' (ON), and 'Calls begin with my camera' (ON). Below that, 'Waiting Area hours' are listed for Monday, Tuesday, Wednesday, Thursday, and Friday.

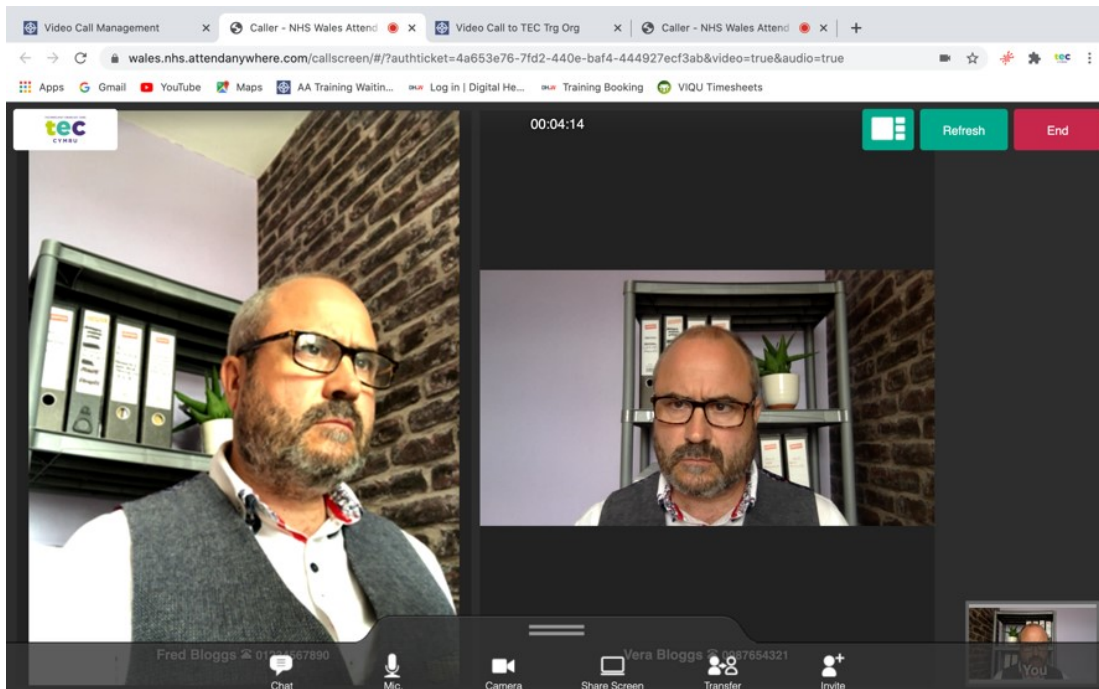
Once the call has commenced click the invite button seen here below

The screenshot shows a video call in progress. The main video feed shows a man with glasses and a beard. The bottom control bar includes icons for Chat, Mic, Camera, Share Screen, Transfer, and Invite. A yellow arrow points to the 'Invite' button. A small thumbnail of the caller 'Fred Bloggs' is visible in the bottom right corner.

Add either a mobile number or email address and click send.

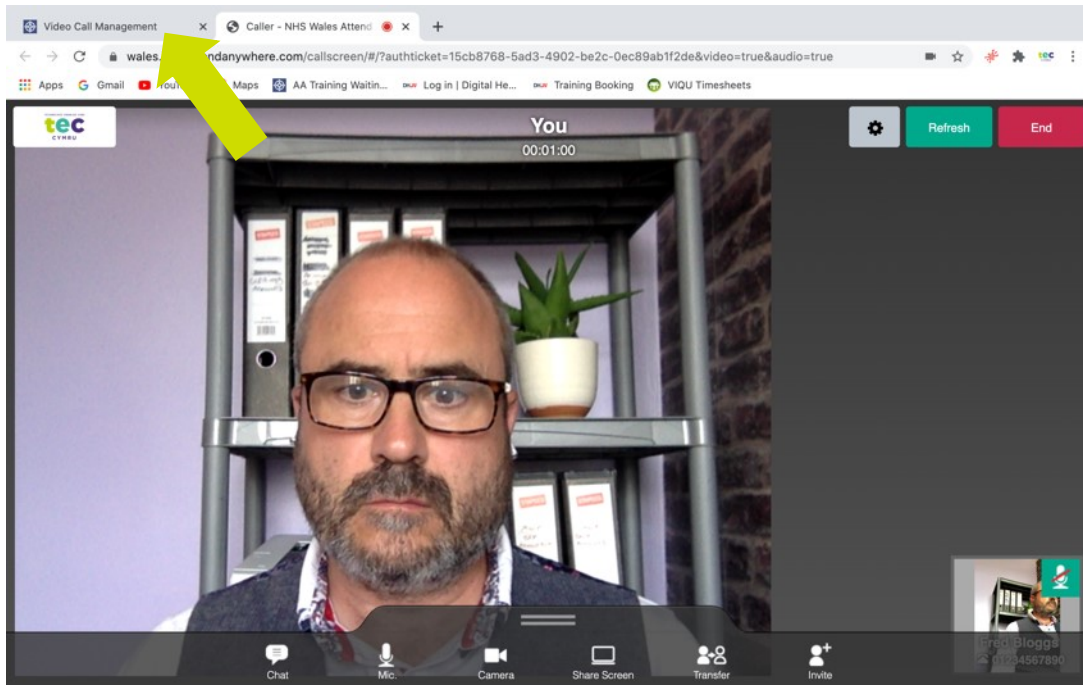


The other person will receive a unique code to join straight into the patient consultation. They will not be able to join any other consultations.

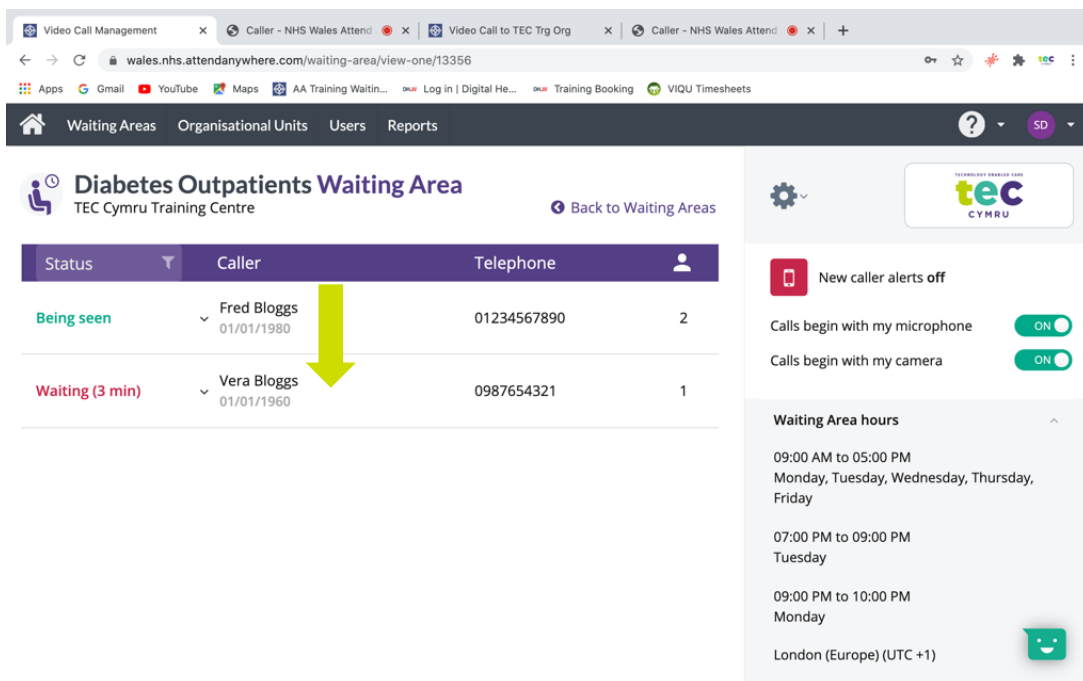


2) Via asking them to log into the waiting area as well

If you know in advance someone will be joining the call i.e. a friend or relative or another professional like a translator. Simply ask them to log into the waiting area at the same time as your patient or client. Then when you have answered the call to the patient in the usual way, without ending the call, click on the chrome tab labelled "Video Call Management", see below.



This will take you back to the waiting area leaving the call open in another tab. When you answer the call to the second person....contd



Contd....it will say “add to call” click on this.

The screenshot shows the 'Diabetes Outpatients Waiting Area' interface. At the top, there are navigation tabs: 'Waiting Areas', 'Organisational Units', 'Users', and 'Reports'. The main header includes the title 'Diabetes Outpatients Waiting Area' and 'TEC Cymru Training Centre', along with a 'Back to Waiting Areas' link. A table lists callers with columns for 'Status', 'Caller', and 'Telephone'. The first row shows 'Fred Bloggs' with status 'Being seen'. The second row shows 'Vera Bloggs' with status 'Waiting (4 min)'. A yellow arrow points to the 'Add to Call...' button in the dropdown menu for Vera Bloggs. The right sidebar contains settings for 'New caller alerts off', 'Calls begin with my microphone' (ON), and 'Calls begin with my camera' (ON). Below this is the 'Waiting Area hours' section, which lists times for Monday, Tuesday, Wednesday, Thursday, Friday, and Monday, along with the time zone 'London (Europe) (UTC +1)'.

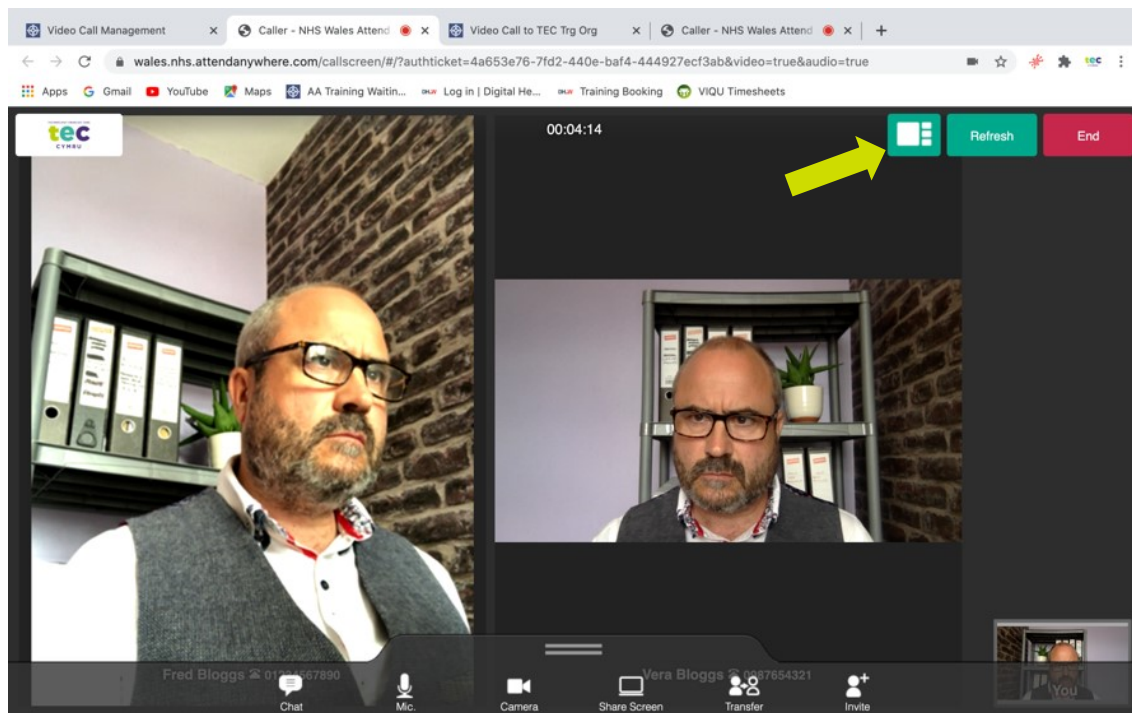
Confirm that you wish to add this person to the current open call.

The screenshot shows a confirmation dialog box titled 'Add Vera Bloggs to call?'. The dialog contains the text 'This will pull Vera Bloggs from the Waiting Area, into your current call.' and two buttons: 'Yes' (green) and 'No' (red). A yellow arrow points to the 'Yes' button. The dialog is displayed over a dark background, which is a zoomed-in view of the waiting area interface.

They will enter the open call.

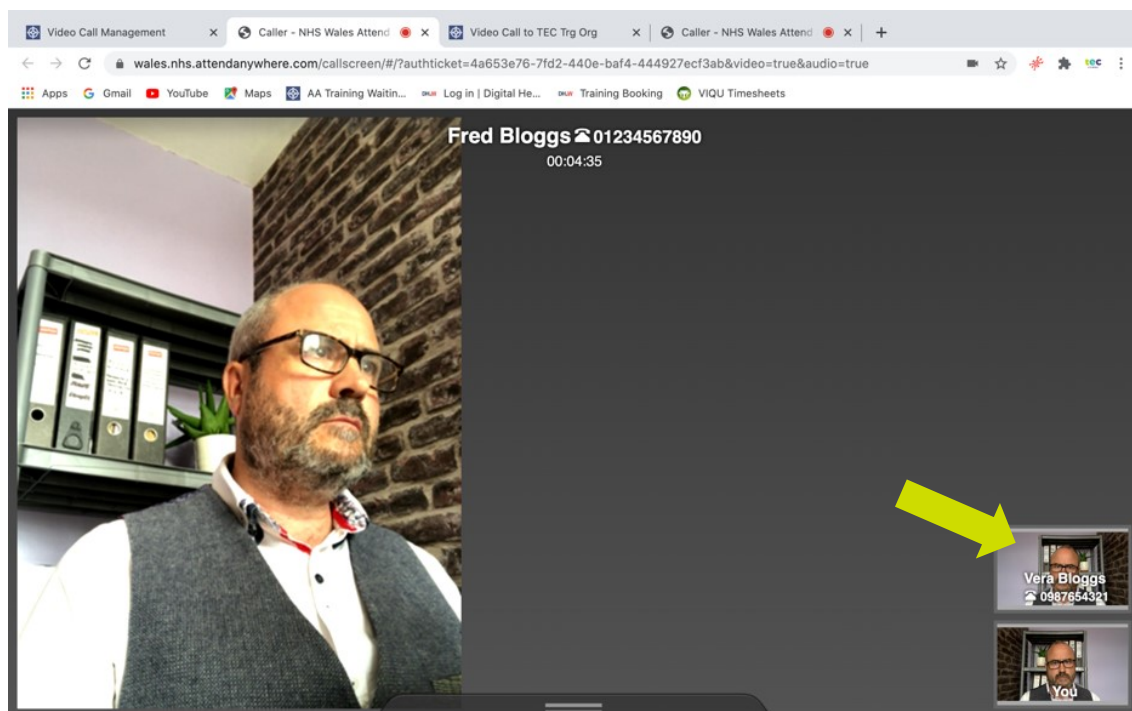


When more than one person is in a call a new button will appear, see below.



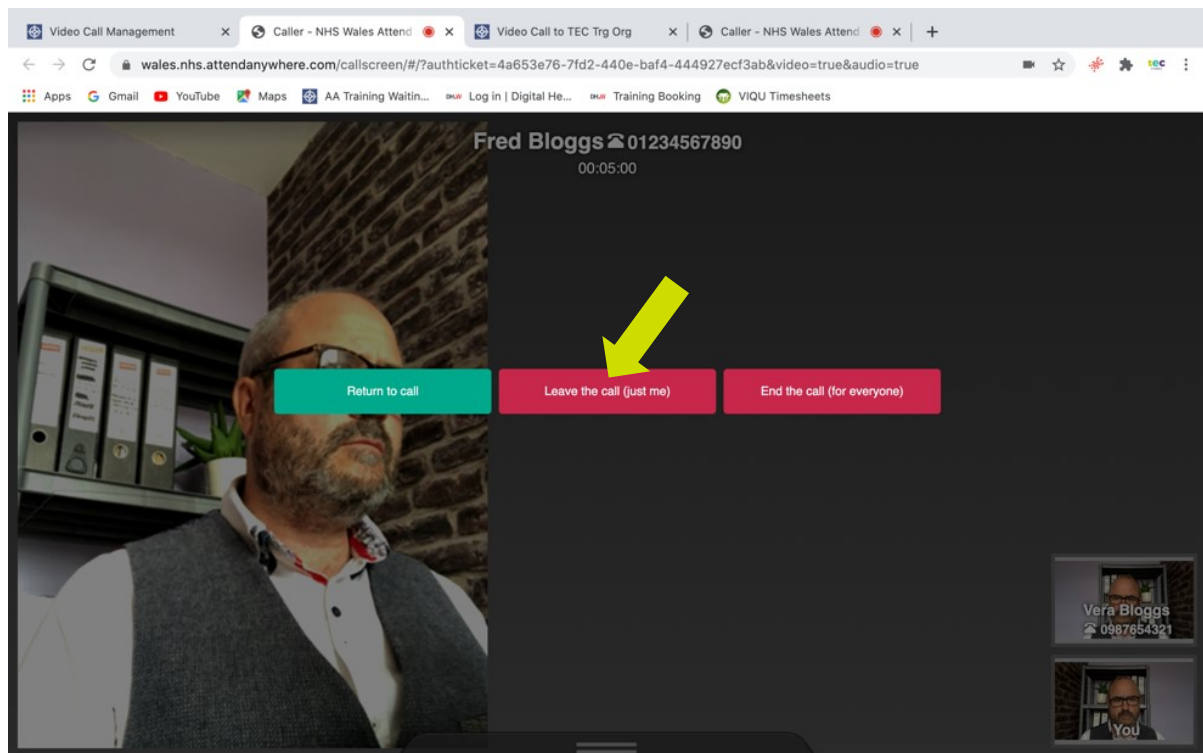
This will switch between equal view (see above) or one person view (see below)

In the one person view the person in main view can be changed by clicking on the small tab of the person you wish to see.



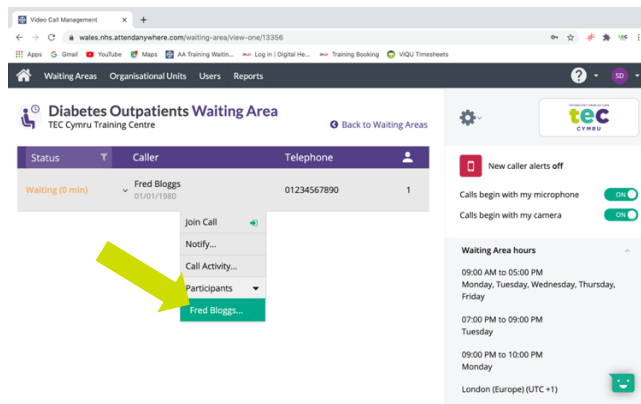
Whenever a single person is in the call or multiple people are in the call if you click end and then leave the call (just me) you will leave the call and they will be left in a call either together having their own discussion or on their own.

They will be found listed in the waiting area where they can be joined again either by you or any other clinician with service provider status.

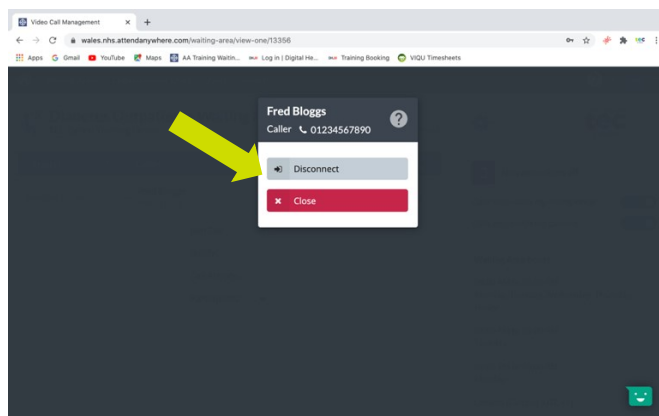


## Disconnecting an Unwanted Caller

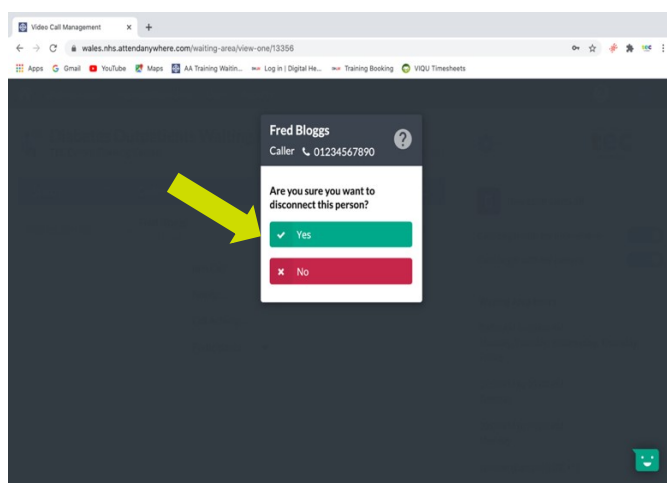
To disconnect a caller who shouldn't be in a waiting area simply click on the patient and then click on participants and then click on the name (see below)



Then click disconnect (it may be worth messaging them first in "notify")



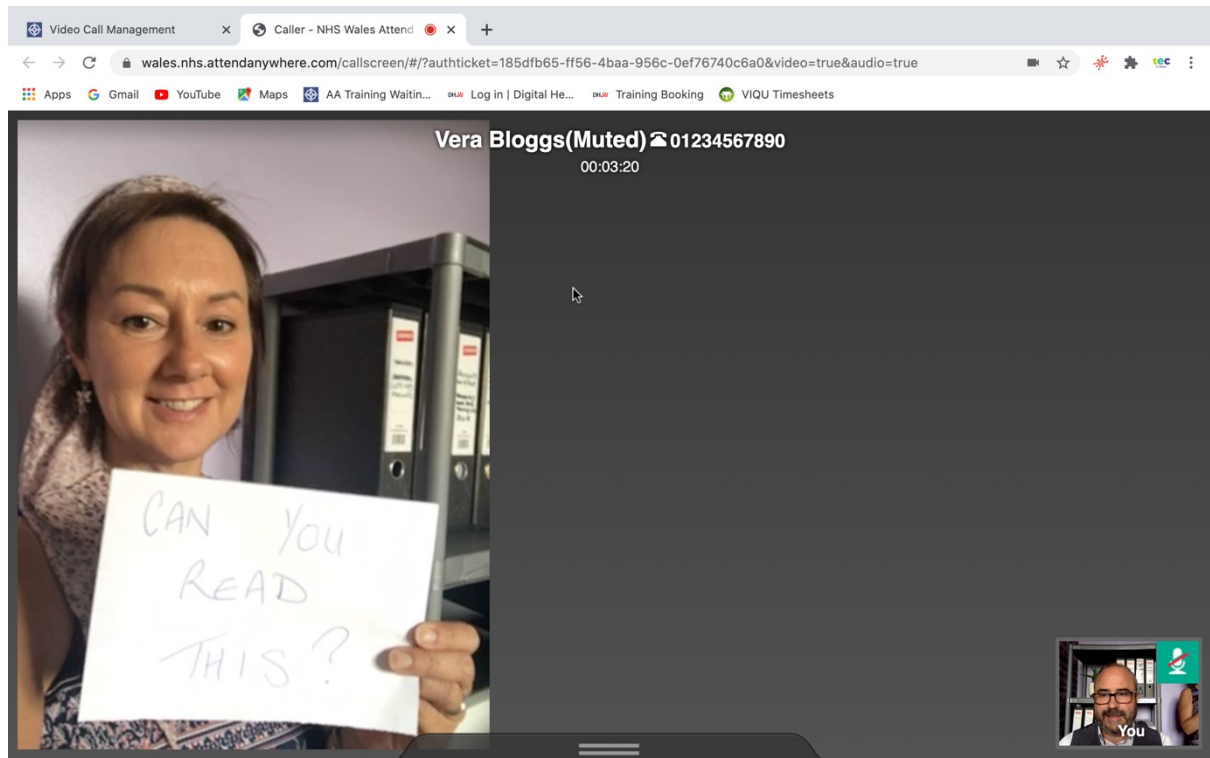
Finally click yes to confirm "see below" and then their call will end.



## Confirming Left and Right

### Important safety advice

If your consultation with the patient or client relies on the correct identification on the body of left or right, please be aware that some clients' devices may (rarely) reverse the picture! This is not done by the Attend Anywhere platform but rarely by the patient's device. Patients cannot totally be relied on to know left and right so the safest way to confirm this is to ask them to hold up some writing which you can read. If you can read it you are looking at them orientated as if in real life. (See below)



## Types of Appointments and Clinics

### **Dedicated Clinics**

Some services may take an incremental approach, starting with dedicated Attend Anywhere clinics (e.g., every Tuesday, Wednesday, and Thursday 13.00 – 14.00). This may be influenced by available resources, for example where only some of the clinical rooms have the equipment necessary for video consultation (clinicians may share these rooms), or where only some clinicians offer video consultations.

The advantages of this model include: making it easier for clinicians to work remotely for a session (subject to access to clinical records) and building confidence for clinicians and practices new to Attend Anywhere. The downside of the dedicated clinic approach is the lack of flexibility: either appointment slots may go unused if there are insufficient requests/suitable presentations or there is limited availability if all dedicated Attend Anywhere slots are filled. Therefore, careful management would be required to ensure optimisation of appointment slots.

### **Integrated Attend Anywhere Appointments**

Having blocks of video appointments integrated in existing clinics (e.g., the first/last five appointments set aside for video consultations) allows for a wider spread of clinicians to offer video consultations, and potentially more ready access for patients to a video consultation with their dedicated or preferred clinician, though perhaps not at a preferred time.

This model also supports clinicians to build confidence in use of Attend Anywhere and is helpful for those who prefer their workflow to have clear demarcation between different appointment types. As with the dedicated Attend Anywhere clinic model, the downside is the potential for ring fenced Attend Anywhere appointment slots to go unfilled. Therefore, good practice for services adopting this model would be to incorporate a protocol whereby unfilled Attend Anywhere appointments are opened up/can be changed to other uses within a certain timeframe before the appointment date/time.

### **Ad-Hoc Use**

The third option, where Attend Anywhere slots are booked in an ad hoc way into existing clinical sessions, allows both clinicians and patients the greatest flexibility to accommodate video appointments. It would involve booking staff changing the slot type of appointments to a video appointment.

For some services this may represent a mature model, once staff are confident with the Attend Anywhere concept. This model could be applied across a whole service, but could also be applied on an individual clinician basis, e.g., for a clinician who has video consulting equipment in the clinic room and is happy to switch between appointment types.

### **Single/dual device considerations**

If Attend Anywhere is operated on a single device with dual screens, the clinical system and video call can be open in separate screens

## Community Care Resources to Support your Service

Attend Anywhere – Call Screen Guide

[English](#) and [Welsh](#)

Attend Anywhere – Troubleshooting Guide

[English](#) and [Welsh](#)

Example of the Patient Information Sheet

Download and customise for your service – [English](#) and [Welsh](#)

Poster - What is NHS Wales Video Consulting Service

[English](#) and [Welsh](#)

Poster - How do Community Care Video Appointments Work for Patients?

[English](#) and [Welsh](#)

Poster - How do Video Appointments Work in Community Care?

[English](#) and [Welsh](#)

Poster - Receptionist & Front Line Staff Information for Video Consultations

[English](#) and [Welsh](#)

Infographic - Video Consultation Guide for Community Care Services

[English](#)

Suggested Scripting for Community Care Clinicians Using Video Consultations

[English](#)

Frequently Asked Questions and Answers

[English](#)

## Authors and Additional Resources

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Please go to [www.digitalhealth.wales/teccymru](http://www.digitalhealth.wales/teccymru) for additional resources and evidence.

## Video Consultations: Good Clinical Practice

The clinician should determine the clinical appropriateness of a video consultation on a case-by-case basis.

### Suitability & Appropriateness

- Is the presenting condition suitable for evaluation via VC?
- Has the adequate level of communication been established to undertake the VC?
- Is the audio and video quality sufficient to undertake the VC?
- Is the VC in the best interest of the patient?
- Does the patient have 'capacity' to agree to the VC? While 'participation consent' is sufficient, the clinician must be certain that they have 'capacity to provide this'.

VC will be *most suitable* for the following:

- **Chronic disease reviews**
- **Medication-related consultations**
- **Counselling and similar services**
- **Dietetic advice** (but not for major eating disorders), some **speech therapy** and some **physiotherapy**
- **'Duty doctor' or 'duty 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 VC may outweigh its limitations)

VC 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, rectal) cannot be deferred
  - **Co-morbidities** affecting the patient's ability to use the technology (e.g. confusion), or serious anxieties about the technology (though note that relatives may be able to help)
  - Some **deaf and hard-of-hearing** patients may find VC difficult, but if they can lip-read and/or use the chat function, this medium may increase accessibility.
- [A guide to compassionate phone communications during COVID-19](#)
  - [A telehealth guide for families: attending your child's video appointment](#)