

# Remote healthcare consultations: the new era of outpatient medicine

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**Remote consultations have become more frequent since the COVID-19 pandemic, and a range of recommendations on conducting these consultations is available. Here the authors summarise key points for clinicians to bear in mind.**

The current coronavirus pandemic has created numerous new challenges within the UK and global healthcare systems. Notably, there is a greater emphasis on providing remote consultations, also known as telemedicine, in order to minimise the risk of transmission of infection between both healthcare professionals and patients. The UK Secretary of State for Health and Social Care, Matt Hancock, has instructed that: 'we have moved to a principle of digital first in primary care and with outpatients; unless there are clinical or practical reasons, all consultations should be done by telemedicine.'

However, many healthcare professionals understandably have concerns regarding the safety and suitability of remote consultations. Various recommendations from NHS England, General Medical Council (GMC), British Medical Association (BMA), Medical Protection Society (MPS) and the Medical Defence Union (MDU) have recently become available or updated. In this article, we aim to provide an amalgamation of the recommended measures to generate

Remote consultations may be appropriate if:	Face-to-face consultations may be preferable if:
<ul style="list-style-type: none"> <li>You have access to the patient's medical records</li> </ul>	<ul style="list-style-type: none"> <li>You do not have access to the patient's medical records and are not the patient's regular doctor</li> </ul>
<ul style="list-style-type: none"> <li>You do not need to examine the patient</li> </ul>	<ul style="list-style-type: none"> <li>You need to examine the patient, including intimate or internal examinations that cannot be deferred</li> </ul>
<ul style="list-style-type: none"> <li>The patient has capacity to decide about treatment</li> </ul>	<ul style="list-style-type: none"> <li>You are unsure of the patient's capacity to decide about treatment, or if there are safeguarding concerns</li> </ul>
<ul style="list-style-type: none"> <li>The patient's clinical need or treatment request is straightforward</li> </ul>	<ul style="list-style-type: none"> <li>The patient has complex clinical needs or is requesting higher risk treatments</li> </ul>
<ul style="list-style-type: none"> <li>All the information the patient wants and needs about treatment can be given via a remote consultation</li> </ul>	<ul style="list-style-type: none"> <li>It would be difficult to ensure all the information the patient wants and needs about treatment options can be given via a remote consultation</li> </ul>
<ul style="list-style-type: none"> <li>The patient is able to effectively communicate using the available technology</li> </ul>	<ul style="list-style-type: none"> <li>The patient is unable to effectively communicate using the available technology (including deaf or hard of hearing patients)</li> </ul>
<ul style="list-style-type: none"> <li>You have a safe system for prescribing in place</li> </ul>	<ul style="list-style-type: none"> <li>You do not have a safe system for prescribing in place</li> </ul>

Table 1. Factors to decide if a remote consultation is appropriate. Adapted from the current General Medical Council and NHS England guidance<sup>1,2</sup>

a succinct guide to conducting remote consultations, not only during the current COVID-19 pandemic, but also beyond the post-COVID-19 era.

## What is a remote consultation?

A remote consultation is defined as an appointment that takes place between a patient and a clinician over the telephone or using video, as opposed to face-to-face.<sup>1</sup>

## What are the options for remote consultations?

Remote consultations can be conducted over the telephone or via video call. Given that most patients will have access to a telephone, this medium is more widely available. Video consultations can be seen as an extension of a telephone consultation and provide a more similar approach to face-to-face

consultations. They offer the added benefit of seeing the patient and their surroundings, and therefore allow healthcare professionals to pick up on non-verbal cues. Unfortunately, video consultations are more dependent on the available resources, which can be technologically challenging for both clinicians and patients.<sup>1</sup> Emails and questionnaires can be used to supplement but not replace telephone or video consultations, and are useful additions to remotely assessing patients. Clinicians should choose the medium that they feel is most appropriate for themselves and their patients on a case-by-case basis.

### Why the move towards remote consultations?

The use of remote consultations offers a number of benefits during any pandemic, including:<sup>1</sup>

- Preventing transmission of disease among patients and staff.
- Allowing virtual assessment of patients who are unable to travel to hospital, including those in 'at-risk' groups, self-isolating or who have difficulty travelling.
- Allowing clinicians to carry out clinical work remotely, including those in 'at-risk' groups, self-isolating or who have difficulty travelling.

### When to use remote consultations

The relevant clinical team and managers must carry out a risk assessment to stratify services and only conduct remote consultations if there is a low risk of impact on patient safety and outcome.<sup>1</sup> The GMC and NHS England have provided ethical guidance on factors that may promote or dissuade clinicians from conducting a remote consultation (see Table 1).<sup>1,2</sup>

### When to avoid remote consultations

NHS England recommends implementing remote consultations for all appointments during the current

pandemic, unless individual patients meet locally defined exclusion criteria such as those suggested above (see Table 1). Even for such selected cases requiring a face-to-face consultation, an initial remote consultation could be conducted as an effective triage method.<sup>1</sup>

### What are the key considerations for remote consultations?

All recommendations emphasise that clinicians must maintain the GMC's core practice principles when conducting remote consultations, as they would with any other consultation. Key issues include:

**Identification** Both patient and clinician must be able to reliably identify each other during any remote consultation. Patient ID verification should include their full name, date of birth and address. All staff must be either formally introduced or introduce themselves. Patients should be asked to introduce anyone else who may be included in the consultation with them – for example, a partner, relative or friend.<sup>1</sup>

**Capacity** Clinicians must ensure that they can assess a patient's capacity to make decisions regarding their treatment. If a patient lacks capacity to make a decision, the clinician must reconsider whether a remote consultation is appropriate and revert to a face-to-face consultation if appropriate.<sup>2</sup>

**Consent** Prior to conducting a remote consultation, it is important to obtain informed consent from the patient. This should include how the consultation will work and the patient should be made aware of any relevant limitations of clinical assessment by remote consultation compared with a face-to-face encounter.<sup>3</sup>

**Confidentiality** All remote consultations must be conducted in an environment in which patient confidentiality can be maintained. This should be explained to the patient, advising them to be somewhere private where details of the

consultation cannot be overheard or seen. If carers or relatives are present during the consultation, consent for their presence must also be obtained from the patient.<sup>3</sup> Clinicians must conduct remote consultations in a similarly professional and confidential environment.

**Documentation** Detailed contemporaneous notes should be made of the consultation, including any assessment and management plan in accordance with the same standard set for face-to-face consultations.<sup>3</sup>

**Continuity of care** Clinicians must communicate with other healthcare professionals, in accordance with the same standard set for face-to-face consultations, to ensure continuity of care. If conducting remote consultations without access to a patient's records, a careful risk assessment is paramount.<sup>3</sup>

**Indemnity** Clinicians must continue to ensure that they work within their own competencies. The MDU advises that it does not need to be informed that remote consultations are being conducted, unless new work not originally covered by indemnity for face-to-face consultations is undertaken.<sup>3</sup> The Medical Protection Society advises that for all remote consultations, it remains clinicians' responsibility to ensure their practice remains in accordance with any applicable laws and regulations around diagnosis, treatment, prescription and provision of medication to patients.<sup>4</sup> The new role of remote consultations within a clinician's practice should feature within their annual appraisal.<sup>2</sup>

**Back-up plan** There must be plans in place to provide an alternative means of consultation, including face-to-face, in the event of a technology failure during a remote consultation.<sup>3</sup>

### How to conduct a remote consultation?

Although remote consultations offer many similarities to face-to-face

Pre-consultation	
<ul style="list-style-type: none"> <li>• Risk stratify patients to prioritise the timing of appointments</li> <li>• Confirm that a remote consultation is clinically appropriate</li> <li>• Consider sending pre-call questionnaires (eg International Prostate Symptom Score [IPSS], International Index of Erectile Function [IIEF-5])</li> <li>• Administrators call to:               <ul style="list-style-type: none"> <li>- Arrange an appointment slot (typically two hours)</li> <li>- Screen the need for additional time or assistance (eg elderly or vulnerable patients who may struggle with the technology)</li> <li>- Ask if the patient would like a relative or carer to join the remote consultation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Take and confirm an alternative contact method if the remote consultation medium fails</li> <li>• Send a letter/email with an appointment slot and patient guide to remote consultations</li> <li>• On the day:               <ul style="list-style-type: none"> <li>- Ensure you have access to the patient's medical record (ideally on an alternative screen to the video consultation)</li> <li>- Check your equipment is working – including sound and video quality</li> <li>- Ensure you are in an environment that will avoid disturbances and maintain confidentiality</li> </ul> </li> </ul>
Initiating the consultation	
<ul style="list-style-type: none"> <li>• Confirm whether the patient can hear and/or see you</li> <li>• Introduce yourself and all other staff present</li> <li>• Confirm the patient identification, including their full name, date of birth and address</li> <li>• Explain how the remote consultation will work and the time allocated</li> <li>• Explain why you have proceeded with a remote consultation and explain any relevant limitations associated</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm that the consultation is confidential and advise the patient to also be somewhere private</li> <li>• Gain verbal consent to proceed with a remote consultation</li> <li>• If for any reason either the healthcare professional or the patient is planning on recording the consultation, it is important to establish the reasons for this, and check both parties agree and are willing to proceed</li> <li>• Commence the appointment with the patient</li> </ul>
During the consultation	
<ul style="list-style-type: none"> <li>• Use active listening</li> <li>• Do not respond to emails, messages, and calls that may 'pop up'</li> </ul>	<ul style="list-style-type: none"> <li>• Pick up on cues</li> <li>• Maintain eye contact during video consultations</li> <li>• Summarise key points regularly</li> </ul>
Closing the consultation	
<ul style="list-style-type: none"> <li>• Summarise the agreed actions from the consultation, including necessary timescales and the patient's understanding</li> <li>• Offer opportunities to ask questions or clarify any diagnosis, investigations or management discussed</li> <li>• Advise the patient that they will receive a letter documenting their consultation, with a copy to their GP</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm and record if the patient is happy to undergo a remote consultation again</li> <li>• End the consultation by explaining you are ending the call and allow the patient to say goodbye or ask any further questions prior to closing the connection</li> </ul>
Post-consultation	
<ul style="list-style-type: none"> <li>• Update the patient records</li> <li>• Arrange any referrals, investigations, prescriptions, treatments or future appointments</li> <li>• A prompt follow-up letter should be sent to the patient summarising the call and future management plan (including timescale)</li> </ul>	<ul style="list-style-type: none"> <li>• Any patient who needs to be seen should have a face-to-face consultation arranged appropriately</li> <li>• Regular feedback questionnaires for both staff and patients are helpful tools to ensure improvements are being made to optimise this expanding service</li> </ul>

Table 2. A structured approach to conducting a remote consultation. Adapted from the current NHS and British Medical Association guidance<sup>1,5</sup>

consultations, there are a number of unique factors to be aware of as we adjust to telecommunication as the new routine. Table 2 provides a basic structure to conducting remote consultations.

### Summary

As the NHS adapts during the current COVID-19 pandemic there has been a huge increase in the uptake of remote consultations. This relatively unknown entity has the potential to pave the way for a more efficient outpatient service, optimising future NHS resources, while also protecting patients and staff from the spread of coronavirus. However, remote consultations should never undermine

the importance of detailed clinical assessment, patient safety and clear communication. All clinicians must be able to justify their decision to conduct a remote consultation in the patient's best interests.

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### References

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