

# Staff guidance for remote consultations with patients or clients

Virtual consultations continuing care



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## Why are remote consultations beneficial?

**Patient and Client experience demonstrates telephone and video consultations have a high level of acceptability and that technical issues are important, but can usually be addressed satisfactorily.**

We have found that around 80% of HSC staff in one Trust\*, who are involved in Virtual Consultations, would choose to offer this as a future option to their patients or clients.

Learning in Northern Ireland has identified Virtual Consultations as a communication tool offering benefits both during the pandemic but also as part of a range of options, that should include face-to-face interactions, where required and when necessary. In this guide we refer to 'patients' to indicate either patients or clients.

## Prepare

**Consider the purpose of the interaction - the needs of the patient guides whether it should be virtual (telephone or video) or face to face. Consult your local organisation or setting's detailed user guides if these are available.**

Face to-face, rather than virtual, consultation may be more appropriate in circumstances such as:

- ✔ Communication difficulties/ safeguarding concerns/ concern re potential confidentiality breach/ a face to face physical examination required/ rapport building is needed for crucial psychological support. This list is not exhaustive so please consider the purpose and context of your planned interaction.
- ✔ In advance, agree with your patient the date, time and nature of virtual consultation and ensure they are aware of need for privacy for duration of the interaction.
- ✔ Consider whether the input of a carer supports the virtual consultation
- ✔ Do not feel pressured into accepting a modality that does not fulfil the purpose of the consultation (eg a patient wishes only telephone review but your professional view is this is insufficient to meet safety and quality standards.)

## Start the Consultation

- ✔ Formally introduce yourself and confirm patient's identity (eg date of birth and address)
- ✔ Take and record their verbal consent to virtual assessment and the reason for virtual assessment.
- ✔ Confirm that patient is alone in the room and not in a public place. If others are present, confirm their identity and patient consent for them to remain.
- ✔ Advise the patient that if they are cut off or technical difficulties occur that they should await a phone call within a defined period of time.

## During the Consultation

- ✓ You do not need to look at the camera to demonstrate engagement. Looking at the screen is fine.
- ✓ Clarify the patient's expectations from the consultation early on and address these proactively. Disappointment from any consultation arises from unmet expectations, especially in virtual consultations; these should and can be managed safely.
- ✓ Inform the patient when you appear otherwise occupied (e.g. taking notes or reading something on another screen).
- ✓ Make written records as you would in a standard consultation.
- ✓ At the end, summarise the agreed actions from the appointment, ensuring the patient understands these and any timescale, before ending the appointment -remembering to give them a chance to ask any final questions
- ✓ To end, tell the patient you are going to close the call now, and say goodbye (before actually closing the connection).

## After Consultation

- ✓ Consider if step up to face-to-face assessment is required.
- ✓ Ensure patient records are updated, with outcome of assessment and that the plan and communication to GP, patient or other stakeholder is completed as you would with a face to face consultation.

## Supporting information

Links to the technical details of the video platform, and more detailed user guides being used in your organisation are available here:

Primary Care

Community Care

Belfast Trust

Northern Trust\*

Southern Trust

South Eastern Trust

Western Trust

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