Student guide to remote consulting in Primary Care

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Background to remote consulting

Over the last few years, some general practices have been moving towards systems of telephone triage to improve access, assess priority and ensure each patient has a contact with the right healthcare professional at an appropriate time. Secondary care were doing some follow-up consultations on the phone but the vast majority of their work was face-to-face.

In March 2020, the coronavirus pandemic meant that this use of telephone, video and email software for remote consulting needed to increase fairly rapidly.

The benefits of telephone and video consultations, for both the patients and clinicians, have lead to its continued use in both primary and secondary care. For many of you this will be a completely new way of consulting with patients though you will already possess many of the basic communication skills and your previous consultation skills training will help. It is however a challenging skill to do well. We hope that this document will help to inform and support your observations of healthcare professionals consulting remotely, particularly in the current pandemic. It should increase your confidence and competence in remote consulting and support you in adapting your consultation skills to a new format.

A Sway tutorial with video examples and interactive exercises to support this can be found here

Aims

- To prepare for a workplace where increasing work is done on the telephone e.g. secondary care follow ups, GP consultation, OOH triage
- To understand the potential benefits and challenges of remote consulting
- To develop consulting skills for telephone and video consultation using the COG-Connect consultation model
- To consider which examinations can be done remotely
- To consider the balance of risk of disease transmission to the patient/practice with the need for safe and comprehensive assessment

Benefits of remote consulting

- Reduced risk of spread of disease

For the Patient

- **Improved access:** contact with a doctor within a much quicker timeframe, usually 24-48 hours
- **Convenience**: the patient can continue with daily life, for example if they are at work, or not in the local area.
- **Reduced travel**: elderly patients, young children and mobility issues all make travelling to general practice difficult, which may prevent early presentation of illness.
- **Less waiting times**: delays in appointments can be frustrating for patients when they are given a specific time to arrive at the GP. Remote consulting means they can continue with their daily life if delays occur.
- **Comfort**: some patients may feel more comfortable disclosing personal information remotely rather than face to face. There is also the patient's favourite armchair in their living room.

For the Clinician

- **Better time management**: less set up and organisation is needed for an online appointment. Some consultations may be quicker. Patients who do not turn up or cancel do not cause as much of a burden if the clinician can move onto calling the next patient.
- **Flexibility**: Can work from home around other commitments.
- **Reduced face-to-face consultations**: simple queries, follow ups and self-care advice can be managed in a satisfactory way remotely. This may facilitate working from home.

For the practice

- **Cost:** may reduce practice costs if reduces consultation time
- **Small practices:** can overcome the issue of a lack of consultations rooms

Risks of remote consulting

- **Lack of full examination:** may miss critical illness without being able to fully examine the patient.
- **Loss of visual cues:** any subtle socially acquired information may be missed.
- **Confidentiality issues:** could be harder to maintain when you cannot ensure that it is just you and the patient in the GP surgery.
- **Inadequate safety netting:** proper safety netting needs good communication and understanding. This is harder to convey and assess remotely.
- **Safeguarding issues:** Subtle signs of abuse and/or neglect may not be as obvious during phone/video consultations. Victims of abuse may be unable to speak freely if consulting from home.
- May affect the development and continuation of the doctor:patient relationship
- Unable to readily use other resources at the surgery (e.g. near patient testing)
- Deafness, accents or language can be a big barrier to communication
- Reduced opportunity for health promotion e.g. BP, BMI etc
- More sedentary for the clinicain

Contraindications for Remote Consultations

There are some instances where remote consulting is not appropriate and other routes of information gathering are needed:

- Examination of intimate regions required
- Three or more online meetings over the same issue leads to suspicion that something is being missed
- At risk patients may need to be seeing in person e.g. domestic violence or child protection
- The patient does not have access to the required technology
- Communication difficulties that prevent an effective remote consultation e.g. language barrier

Logistics of remote consulting

This will vary from practice to practice but there will be a range of means by which a patient can request a contact from a doctor. Most commonly this is online via specific secure software systems or via the phone. Patients can describe their problem, request a specific GP where possible and attach photographs. They can usually request a telephone or video consultation or an email response. A response via email may be appropriate for simple problems or queries e.g. prescription requests, basic advice. An online dialogue exchange about a healthcare problem (eConsultation) is less common and beyond the scope of this resource.

The reality is that the majority of patients are first contacted by telephone and these are converted to video or face-face consultations as needed.

There are various possible outcomes of a telephone consultation, ranging through resolution, needing more info (video consultation), arrange to see face-to-face, refer for tests or refer to hospital immediately. It is important to have these in your mind throughout the consultation. If one outcome is clearly appropriate early on, then you may not move through all the stages of a phone consultation. If you are arranging a face-to-face review during a pandemic then it is advisable to do as much of the history as you can on the phone to minimise the patient's time in the surgery.

How to consult via telephone

The good news is that you can still follow the COGConnect consultation model used for your past consultation skills teaching for telephone consultations.

The main differences include

- More comprehensive ID checking to ensure you are talking to the correct person
- Confirming the patient is ok to talk – do they have time, a private space, do they need to pull over if driving?
- Recognising para-verbal cues rather than visual cues (Rate and speed of speech, volume and tone, expression, hesitation)
- Increased importance of **an early empathic statement** as harder to gain rapport with patient over the phone
- More explicit verbal confirmation of patient understanding as no verbal cues
- Verbal confirmation from patient that they happy with plan
- Explain any silences

Preparation

- Are you in a private area?
- Ensure there are no overwhelming background noises and not overheard
- Make sure you have a drink, have had adequate break etc
- Check patient notes
- Avoid preconceptions based on information provided and notes
- Check IT working

Opening and establishing initial rapport (including consent and confidentiality)

- Introduce yourself – name, role, surgery

- Check they can hear you.
- Speak directly to patient if possible– "*Can I speak with ?"*
    - If this is not possible try to get consent from patient to consult with 3rd party and check relationship with patient
- Identify patient – **3 point ID check** – e.g name/DOB/Address
    - *"Can I check your full name, DOB and first line of your address to confirm I have the correct records?"*
- Ask for their current location, for management of an emergency situation.
- Confirm backup telephone number
- **Check that the patient is ok to talk** – Are they in a private space? Who else is in the room?
- Acknowledge caller emotion (early verbal empathy particularly important on the phone to gain rapport without visual cues)

    "I'm sorry it has taken so long for you to speak to someone"
    "That sounds really frustrating for you"
    "You sound really worried about that"

Information Gathering

- Ask open question - let patient tell their story – remember the "golden minute"

    "how can I help?"
- If not done early could offer empathic statement here.
- Check no other agenda

    "You've told me you wanted to talk about this today, was there something else you were planning to talk about today?
- Problem specific questions and red flags.

    "*Can I ask you some more questions to see how we can best help you today?"*
    " Due to the current pandemic, we are trying to deal with problems remotely as much as we can to try and reduce any risk of transmission to you and our other patients. Can I ask a few more questions to see whether we can deal with this safely over the phone?"

***please note it may be obvious at this stage that the patient will need to be seen or may want to be seen – you can reassure the patient early on that it sounds as though they will need to be seen but due to the current pandemic we need to get as much information to reduce the amount of time they spend in the surgery with clinician to reduce any risk of virus transmission. If you are doing your own consultations, check with your supervisor the level of information clinicians would like to be documented before being seen ***

- Clarify course of illness

    "Do you feel better, worse or much the same?"
    "What could you do yesterday that you could not do today?"
- How are they functioning at home?
- If safeguarding concerns ask if they feel safe. Consider use of 'closed' questions when asking about safety – questions with 'yes/no' answers may help a victim of abuse share that they are being harmed.
- ICE-IE: Were they expecting to be seen?
- As reduced visual cues important to pick up on para-verbal signals eg hesitation and explore more
- Past, family, social and drug history

Formulating

- Summarise and check with patient whether you have missed or misunderstood anything.
- We cannot rely as much on body language and visual cues in remote consultations so it may be harder to differentiate between: underplaying symptoms (find using technology difficult, reluctant to come to GP/hospital as worried about catch covid19, communication difficulties) and overplaying symptoms (patient expects to be seen face to face)
- Be aware of **confirmation bias** – are you only asking questions that prove the one hypothesis in your head? Could this be anything else? Have you missed anything? Have you asked the Red Flag questions?

Examination

Can you get any information over the phone that could help you make an assessment?

- Does the patient have any medical equipment at home e.g. thermometer, sats probe, peak flow or blood pressure machine? Can they borrow one from a friend/neighbour? Consider the reliability of these measurements.
- Can they send you a picture of a rash or lesion? See link for tips on taking effective photos; https://vimeo.com/410068431
- Do you need to convert from telephone to video consultation to aid examination e.g. pulse, respiratory rate? N.B. photos work better for skin rashes (video pixilates skin rashes making them less clear) but video is good for assessing the distribution of the lesion.

Outcome of consultation

It is useful at this point to think about where you intend for the consultation to end up. Is seeing the patient going to change your management plan? There are 5 main outcomes of remote consulting:

1) Resolution e.g. prescription or self-care advice and follow up
2) More information needed e.g. covert from telephone to video, ask patient to email/text picture or drop off urine sample
3) See face to face for examination ?how urgent ?transport. If seeing face-face you will need to screen patient and household for a new cough, fever or anosmia in past 2 weeks or known contact with someone with COVID-19. You will also need to assess the patients risk. Are they shielding? Do they need a home visit? Each practice will have their own protocol for how they are seeing patients.
4) Refer directly for further investigation e.g. book blood test at GP or request radiological investigation
5) Refer directly to secondary care -? How urgent ?transport

If you are not going to be seeing the patient face-face then complete your consultation over the phone;

Explanation

- Give possible diagnosis and answer patients questions

    "I'm not sure what this could be but I'm not worried that it is serious"

Planning and Doing

- *"do you want any more information"*
- *"what do you already understand about this"*
- Chunk and check

- Avoid jargon
- Signpost to online resources – Can follow this up this up by sending a text message. Many practices use AccuRx.
- Positively affirm any self-care actions already taken

Check understanding

- Over the phone you lose a lot of visual cues to check a patient has understood so it is important to get the patient to repeat back to you their understanding
- You may need to speak to a third party or ask patient to specifically write down key bits of information eg dates/times or follow up with AccuRx texting.

Safety Netting

- Explain
  - **What** to expect and keep an eye out for in the coming days/weeks
  - **When** they should seek help or another appointment
  - **Where** they should go (Telephone 111,GP, ED)
  - **Why:** highlight importance
- Check understanding

Closing the session

- **Consider –** Have you addressed the patient's problem? Have you reached a conclusion and shared it with the patient? Are you and the caller on the same page?
- Check that patient is happy with the plan.

  "are you happy with what we have discussed today?"
- Signpost to the patient that the call has finished. Let patient put down phone first

Integrating

- Just as with face-to-face consultations, make careful contemporaneous notes
- Document type of consultation, verbal consent, consultation during covid-19 pandemic, ID confirmed with 3 point check, if patient's own examination equipment used, everyone you spoke to and their relationship to patient, quality of picture in video consultation, safety netting and worsening advice
- If the consultation is being recorded, the GMC advises that the patient must be informed in advance and you must obtain consent.
- If the patient has sent photos that you are adding to the patient record, ensure that there are appropriate security arrangements in place. NHS Digital has clear guidance for situations when personal information is stored, sent or received electronically.

Video consulting

Currently most remote consulting is conducted over the phone. Video consulting can be used to enable some limited examination which is outlined below. It can also help with building rapport. The main drawbacks of video consulting are that it can be time-consuming and the technology can be difficult for some patients.

Please ask your GP supervisor to demonstrate how to use the video software at their practice.

You can use the same consultation structure as you would with a telephone consultation but as the patient can see you will need to consider a couple of additional things.

Setting up prior to the consultation

- **Dress Code:** Dress as if you were at work sitting across from the patient, even if you are calling from home. Solid colours contrasting the background will allow you to be seen more clearly
- **Camera Position:** Have your face in full view, in the centre of the screen, with a portion of the upper body exposed to the camera. Landscape camera allowing for some background to be seen
- **Lighting:** Backlighting can make it hard to see, so any lights or windows should be located behind the camera
- **Background:** Ideally, a clear background gives the appearance of a clinical environment. If this is not possible, then ensuring it is tidy and professional will do
- **Audio:** A private space ensures audio and visual confidentiality can be maintained, as well as prevent interruptions. Ensure there are no overwhelming background noises or other voices; a loud keyboard or typing technique may be distracting for the patient. Check your camera and audio are working before calling the patient.

During the consultation

- Check that the patient can see and hear you
- This may be the first time they are having a video consultation: Reassure the patient that this technique is new, and that they are doing well
- Offer to help with any IT issues
- Look directly into the camera from time to time.
- Explain what you are doing off camera e.g "I'm just writing down some notes".

Examination

General

- **Patient location**: Is the patient where you would expect them to be at that time of day? A patient who is in bed at 4pm is likely much more unwell than a patient sat in the lounge at 10am.
- **Patient appearance**: Are they appropriately dressed? Do they look like they are in pain? Do they look well hydrated and perfused or is their skin blue or mottled?
- **Social support**: Are there family members present? Is the environment clean and tidy? Are there signs of neglect? Do you think this patient, or their family members, will seek help when appropriate?
- **Alertness:** Is the patient alert and engaging? Or do they appear distant or incoherent?
- **Are they breathless?** Count respiratory rate. Ask them to walk upstairs and return and assess again.
- **Pulse:** Whilst demonstrating, ask the patient to put two fingers on their opposite thumb and then slide those two fingers down to where their wrist strap normally is to measure pulse. See video demonstration on sway tutorial.
- Does the patient have any **examination equipment** at home, such as a blood pressure cuff, pulse oximeter, thermometer, blood glucose meter or peak flow meter?

Paediatrics

- General appearance in a child can be reassuring. Are they playing with toys, running around?
- In babies you can ask the parents to undress the child to assess respiratory rate, look for recession, rashes and any injuries.
- If you have ANY concerns about a child's safety, physical or social, you must have a LOW threshold for referring the patient for a face to face assessment.

ENT examination

- Can you see the back of the patient's throat using a smartphone with a good light? Look for exudate or sign of quinsy.
- Is there any mastoid tenderness? Facial/Neck swelling

Abdominal examination

- Normally, a patient presenting with abdominal symptoms will require a physical examination. However, there are times when it is possible to safely undertake a modified abdominal examination remotely. Consider current access to healthcare; what is the safest pragmatic option for that patient on that day?
- Ask the patient to do a star jump, this includes putting their hands above their head. If they can do this, they are not peritonitic.
- Ask the patient to palpate their own abdomen, ideally laying down.

Dermatological examination

- Most lesions are best assessed with photos which have a better pixilation, but a general view may be helpful eg cellulitis or looking at the distribution of a rash.
- If concerned about petechial rash, ask the patient to get a wide glass and roll it over the rash to assess for blanching.

Neurological examination

- Most cranial nerves can still be examined remotely
- Assess coordination with the finger to nose test
- Assess gait
- Assess balance: heel-toe walking.
- Assess cerebellar signs e.g dysdiadochokinesia, Romberg's test

Musculoskeletal examination

- Assess general movements
- Assess specific movements eg shoulder, back
- Compare limbs for swelling
- Any child presenting with an injury, as opposed to illness, will need to be referred for face to face assessment. Not only can fractures be very easily missed in children, but potential non-accidental injuries cannot be examined remotely.

Resources

Free webinars

Red whale on demand online learning: A remote consulting a survival guide. This is predominantly focused for GPs working in the Covid context.
https://www.gp-update.co.uk/webinars

NB Medical Education have a top tips webinar for telephone triage and video consultation
https://www.nbmedical.com/NBHome
https://www.nbmedical.com/NBWebinarSelection?ID=a0K1p00000c0ODVEA2&title=Hot%20Topics%20Top%20Tips%20for%20Telephone%20Triage%20&

Online resources

A recent guide on video consulting by Trish Greenhalgh
https://bjgplife.com/wp-content/uploads/2020/03/Video-consultations-a-guide-for-practice.pdf

A short video on undertaking video consultations by Roger Neighbour
https://www.youtube.com/watch?v=W5zsEpka2HE

https://www.bradfordvts.co.uk/
Bradford VTS has a series of resources on remote consulting including links to its own YouTube channel with a series of telephone consultations including feedback and comments

https://www.somersetgpeducationtrust.co.uk/events/10887

The Somerset GP education trust has some practice consultations related to coronavirus with accompanying case discussion. These are at a level of GPs but there is lots of valuable learning for you and your students. They also have a useful PowerPoint presentations and video consultations.
https://www.somersetgpeducationtrust.co.uk/events

Healthier together - https://demo.what0-18.nhs.uk/professionals/gp-primary-care-staff/clinical-pathways-remote-assessment. This is simple clinical support tools for remote assessment of children

Iris and RCGP have both produced helpful documents on responding to domestic abuse during telephone and video consultations.
https://irisi.org/wp-content/uploads/2020/06/IRISi-COVID-19-Doc-and-info-sheets-11.pdf

https://elearning.rcgp.org.uk/pluginfile.php/148868/mod_page/content/20/COVID-19%20and%20Safeguarding%20%286%29.pdf