

Primary Care Services

Online and Video Consultation Policy Version 1.0

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Version Control Summary

Version	Date	Author	Comment
1.0	February 2021	Dr Liz Dawson / Charan Saduera	Based on: Trust Digital Working Policy. Nigel's surgery 100: Online and video consultations and receiving, storing and handling intimate images GMC - Remote consultations Online Consultation for Primary Care Toolkit This policy makes reference to the Chaperone Policy for Primary Care.

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Appendix A – Is remote consultation appropriate? (Diagram from GMC)

Executive Summary

Online and video consultations enable people to contact their GP practice without waiting on the phone or coming to the practice.

Patients can use online consultations to:

- ask questions
- report symptoms
- submit an administrative request
- discuss other information
- review a known problem or condition
- upload photos where appropriate.

The COVID-19 pandemic has accelerated the use of online and video consultations as part of core clinical practice. The GMC have published [guidance on how to provide appropriate patient care in online, video or telephone consultations](#). The guidance includes appropriate use of photographs and video consultations as part of patient care.

If you are providing services remotely, remember to:

- Follow guidance on consent and good practice in prescribing
- Work within your competence
- Check you have adequate indemnity cover for your remote consultation activities
- Discuss this element of your practice with your responsible officer at appraisal

Good practice:

Ensure that the medium you are using does not affect your ability to follow the law and our guidance. Consent and continuity of care are key issues to remember when you are advising or prescribing treatment for a patient via remote consultation.

In terms of consent, give patients information about all the options available to them (including the option not to treat) in a way they can understand.

Tailor the information you give, and the way you give it, to patients' individual needs, and check that they've understood it.

If you're not sure a patient has all the information they want and need, or that they've understood it, consider whether it is safe to provide treatment and whether you have valid consent.

You must ensure you can assess a patient's capacity. If a patient lacks capacity to make a decision, consider whether remote consultation is appropriate, including whether you can meet the requirements of mental capacity law.

The Trust's Digital Working policy also contains useful information for staff.

1. How can I provide good patient care in a remote consultation?

Whether you consult with patients face to face or remotely, the fundamental principles remain the same: provide effective, evidence-based treatments that serve patients' needs

Our remote consultation ethical hub sets out how our guidance applies when treating patients remotely. There are also resources to help put it into practice.

Joint high level principles, agreed by UK health regulators, also set out what is expected of any professional who is delivering healthcare remotely.

And you may find it useful to keep these key points in mind:

- Make sure that you are speaking to the right person. Phone consultations can lead to inadvertently disclosing patient information to other people or family members.
- Make sure the patient is ready for the consultation to begin. Give them time and check they have a private space for the discussion.
- When conducting video consultations, you should use a secure system approved for clinical use wherever possible.

You may use a mixture of telephone, photographs and video consultation depending on the patient's condition, your relationship with them and their preferences. You should consider the benefits and potential risks of each method, and which helps you to deliver safe care.

2. I don't think a remote consultation meets the needs of my patient. What should I do?

During the pandemic many healthcare services have changed the way they deliver care to protect patients and staff. Face to face appointments may not be available or patients may be reluctant to attend.

Appendix 1 can help you to decide whether face to face care is necessary. You will have to balance the patient's clinical needs with any other concerns or risks which might affect their care, including the risk of infection.

3. What do I need to consider when consulting remotely with children and young people?

As in any consultation, face to face or remote, you must continue to safeguard and protect the health and wellbeing of children and young people. This includes treating them as individuals, respecting their views, as well as considering their physical and emotional welfare.

Communication for 0–18 years guidance for all doctors:

- find out what children, young people and their parents want and need to know

- talk directly to children and young people who are able to take part in discussions about their care
- explain things using language or other forms of communication they can understand.

So that you can provide good care, it's also important to consider the preferences of the child or young person. For example, would they prefer the consultation to be text-based, phone or video. You should check if they want anyone else with them, and that they're clear on their right to confidentiality.

4. Consent and Capacity

As a general principle, obtaining consent before any procedure, involves providing your patient with information in a way that they can understand, so they can make an informed decision about whether or not to go ahead.

Specific consent to receive and store a patient's photograph is necessary. This is irrespective of whether it is the clinician's idea or the patients. Getting and documenting consent should include why a photograph will help provide clinical care.

Patients should be told how clinical records, including photographs, will be securely stored. They won't be used for any other purpose without their express permission. These discussions and decisions would then be coded and/or recorded in the clinical records.

If a patient lacks capacity to make a decision about sharing a photograph of them, the decision taken on their behalf must be in their best interests. This is in line with the Mental Capacity Act 2005. It is important to remember that there may be someone who has legal authority to act on the patient's behalf in healthcare decisions. Their agreement should be sought.

You must decide whether a young person is able to consent to investigations or treatment. You should assess this on an individual basis.

0–18 years guidance for all doctors states that at the age of 16 it can typically be presumed that a young person has capacity to make most decisions about their treatment and care. And we also stress that it is important to remember that consent is about the patient's maturity and capacity to understand and make decisions rather than their number of years.

If it's clear that the child or young person isn't able to give their consent, you should seek consent from a parent or guardian. But remember, even if a child or young person isn't mature enough to make decisions for themselves, their views and preferences are still important and should be considered.

5. Safeguarding

You should always keep in mind your responsibility for safeguarding children and consider how this will work in a remote setting. The Royal College of Paediatrics and Child Health have published [information on safeguarding during the pandemic](#), including the use of remote consultations.

6. When is it appropriate to use photographs and video consultations as part of patient care?

During a remote consultation you should consider using photographs and video consultations if it helps assess or diagnose a patient, and supports clinical decision making.

The clinician should agree with the patient how the image will be sent. If this is by email, it should be by secure NHS encrypted email accounts. This is in accordance with the providers policy. The image would be uploaded to the patient's records. The email and image would be deleted from the email account. Some practices and NHS organisations use specific software to allow receipt of an image by text. The same principles would apply.

However, it won't always be possible or appropriate to assess a patient's condition remotely. In these cases, you should consider if a face to face consultation to examine the patient is necessary, or signpost to other services where appropriate (see Appendix 1 – is remote consultation appropriate? GMC).

7. How do I protect patients when images are needed to support clinical decision-making?

You can protect patients by only asking for images if this is needed to support clinical decision making, and by using secure arrangements for storing and transferring them. You must seek informed consent and be clear about the reason why a photograph or video consultation is needed, and how it will be kept secure.

When carrying out intimate examinations by video, it is important to consider:

- whether clinicians can see well enough to assess the patient
- that patients may find it more embarrassing to present themselves to a camera/screen than to a physical examination
- that patients may have concerns about the security of the line. That the video might be recorded or otherwise be stored somewhere allowing future access.

It is important to be aware that photographs and recordings made as part of the patient's care will form part of their medical record. The UK health departments publish guidance on how long health records should be kept and how they should be disposed of.

8. What should I consider when deciding whether to carry out an intimate examination remotely?

An intimate examination carried out remotely may support clinical decision-making. However, you should carefully consider whether this is clinically necessary to provide a diagnosis, and whether it is more appropriate to examine the patient in person if this is possible. If you and the patient decide to proceed remotely, you should still offer a chaperone wherever possible.

You should also consider whether there are alternative ways to diagnose the patient's condition. These could include showing the patient images of the condition or symptom they suspect they are experiencing, or asking patients to describe rashes, or lumps.

When carrying out remote intimate examinations via video, it is important to consider:

- whether you can see well enough to assess the patient
- that patients may find it more embarrassing to present themselves to a camera/screen for examination than to a physical examination
- that patients may have concerns about the security of the line, that the video might have been recorded or might otherwise be stored somewhere allowing access in the future.

9. What should I consider when dealing with images of intimate areas specifically?

You should be particularly cautious when requesting and storing images of patients' intimate areas. What you consider to be intimate may not reflect the patient's view. Patients may find it embarrassing or distressing to share images of their body. They may need additional reassurance about how their images will be kept secure before providing consent for storage and processing. Images should be confined to that area which is absolutely necessary, it is not appropriate to take unnecessary wider photos of the patient's body.

10. What do I need to consider when dealing with intimate images of children and young people?

If you have considered all options and you believe that intimate images of a child are needed to support clinical decision-making, you should follow the Trust Information Governance Policies and seek advice from the Trust GDPR Lead if required.

Children or young people under 16 who have the capacity and understanding to give consent for a recording may do so, but you should encourage them to involve their parents in the decision making. Where a child or young person is not able to understand the nature, purpose and possible consequences of the recording, you must get consent from a person with parental responsibility to make the recording.

You should be aware of and follow relevant laws regarding intimate images of children and young people. You should also remember your responsibility to safeguard children at all times.

11. How can remote consultations be used to support pregnancy prevention for patients on valproate?

Valproate is harmful in pregnancy and contraindicated in women and girls of childbearing potential. The Medicines and Healthcare products Regulatory Authority has published [temporary guidance for specialist doctors on how to do an annual review via remote consultation for patients on valproate during the pandemic.](#)

If a patient is shielding, doctors can also initiate valproate via video consultation following a suitable risk assessment where this is the only effective and tolerable treatment.

12. Provider responsibilities

There are potential patient safety risks with phone, video and online consultations. Patients should expect effective safeguards in place to protect them. This includes when they receive advice and treatment by video and online.

Responsible providers of these services will have systems to identify patients with safeguarding flags or alerts on their records. Providers would also check patients' identity. They would identify patterns of behaviours which may indicate serious concerns. Appropriate steps can then be taken to protect patients.

Particularly vulnerable patients may include:

- those at risk of self-harm, substance or drug use disorders
- those with long term conditions
- children attempting to access services intended for adults.

Healthcare professionals who lead a team or service offering online and video care are expected to make sure staff are clear about:

- their roles
- their personal and collective responsibilities for individual patients
- the quality and safety of care provided by the team or service.
- They have a responsibility to set up and maintain effective systems to identify and manage risk. Act quickly where patients may be at risk of harm.

Providers should ask and record who is in the room with the patient during consultations. They should ask more questions than normal about how the patient is doing generally. If the consultation is with a child, they should try to speak with the child if appropriate. If this is not possible, ask to see the child on the video.

After consultation, record everything carefully in the notes. If a safeguarding referral is made the appropriate read code should be recorded.

13. Online Consultations in Primary Care Toolkit – policies and protocols

In line with the Online Consultation Primary Care toolkit, all providers to consider the following policies and protocols:

- Ensure clinical risk assessments have been carried out by your CCG clinical safety officer.
- Complete a data privacy impact assessment and update your privacy notice with input from your data protection officer.
- Review standard operating procedures or plans for patient populations who you don't want to be using online consultations - e.g. at risk, failed contacts, unregistered, red flags.
- Develop standard operating procedures and protocols e.g. new work flow and consultation processes, templates/codes to use, suitability criteria, ID verification, managing urgent queries, escalation protocol, contingency plans, deliberate misuse policy.
- Review policies on the use of SMS, remote working, role based access and passwords.
- Process for reporting issues or incidents.
- Policies for signing up patients to GP
- Online services/NHS App.

14. Review

This policy will be subject to review every three years, or, in light of any changes to the requirements of online and video consultations in Primary Care Services or Trust Policy.

Appendix 1 – Remote Consultation (GMC)

