



NHS Wales Video Consulting Service



Using Video Consultations in Secondary and Hospital 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 secondary care practices in Wales.
- **Attend Anywhere** will be the name used throughout to refer to the communication platform to deliver the video appointment.
- **Secondary care** will be the term used to refer to all types of secondary care
- **Patients and clinicians** will be the terms used to refer to all types of patients, and all types of secondary care practice 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 Secondary 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.

Using the VC Service in Secondary Care

The overarching goal of the VC Service in secondary care is to mimic as close as possible the way appointments are delivered in practice, without the need to physically attend an in-person appointment. 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, 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,
- 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 secondary 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 Secondary 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 a secondary care service in CAMHS

What Secondary Care Patients Say About Using Video Consultations:

- *“I don't have to leave my home & it makes life so much easier for me & my grandson”*
- *“Felt more comfortable talking with the screen than in person”*
- *“I think for anxious kids, its fab as it is in the comfort of their own home and for young people, they love tech although surprisingly George preferred a face to face appointment but we have agreed to alternate”*
- *“My son was at home for today's appointment and he remained calm, less agitated. Plus, less travelling time for us”*
- *“Young person was relaxed in his own home. No real waiting time. No need to travel”*

Quote from CWTCH in a secondary care service in CAMHS

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 and secondary 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 secondary healthcare 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 appointments using their usual process, such as being referred 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.

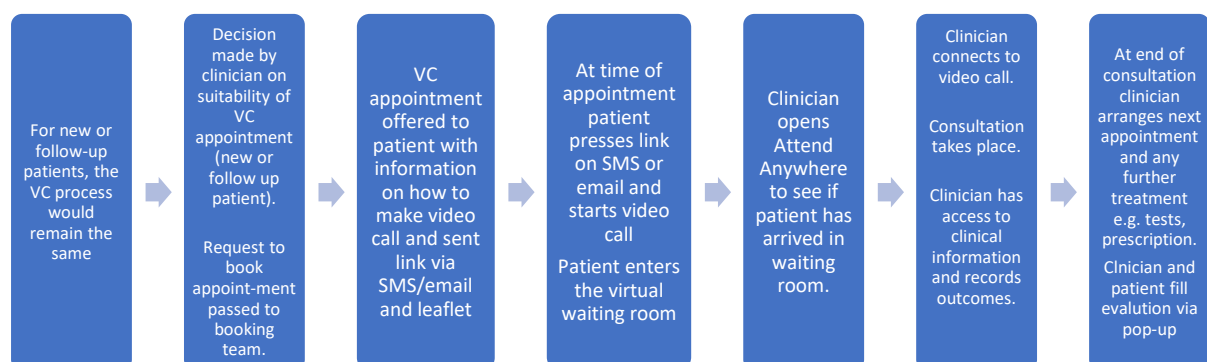
Process for using video consultations

Video Consultation Process

The patient will be given a VC appointment link sent by text, email or verbally. 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 their link to continue the consultation. Patients will be held in the virtual waiting room until a clinician connects the video call. 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 virtual waiting room. Patients will enter the individual virtual waiting room directly via their link at the time of their appointment.

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 Secondary 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 and GMC 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.

GMC advice on remote consulting

The General Medical Council provides guidance upon when remote consultations (via telephone, video or online) may be appropriate [Remote Consultations- General Medical Council](#)

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 secondary care?

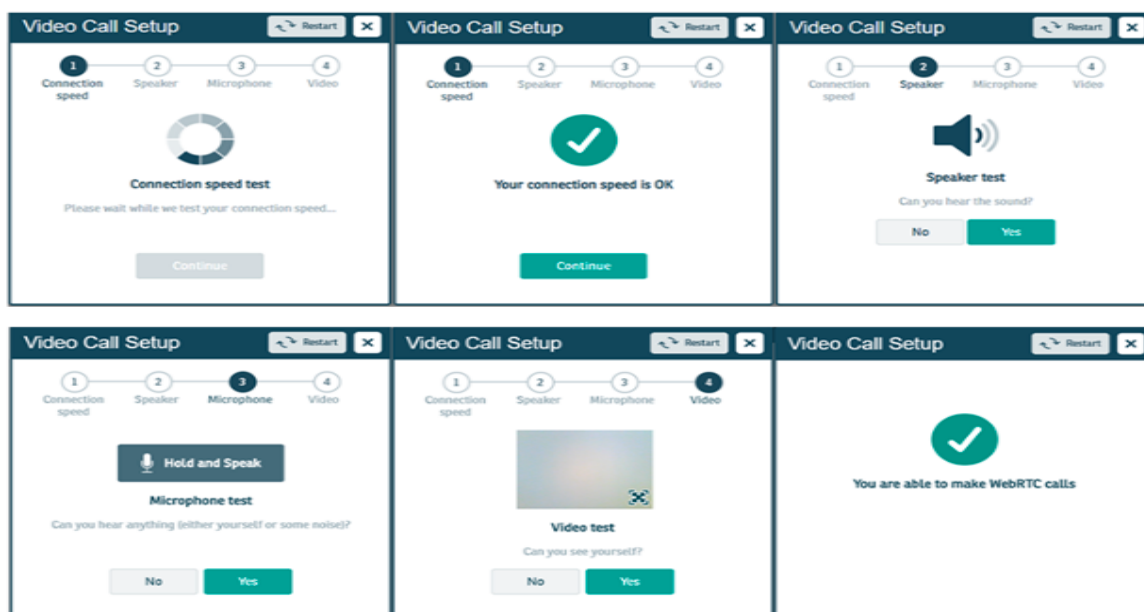
For both clinicians and patients, the following FOUR steps needed:

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 Troubleshoot Device Set-Up at <https://nhs.attendanywhere.com/makingcalls>

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

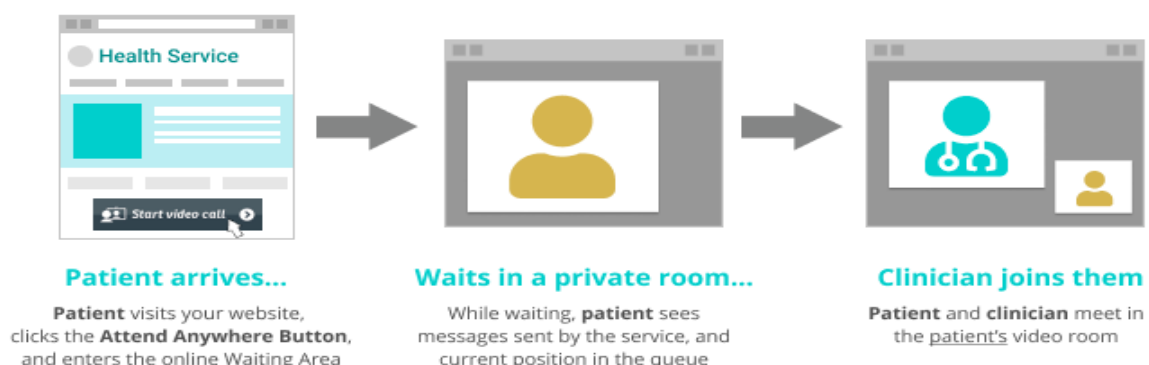
The clinician will be issued their own log-in details when signing up to Attend Anywhere and will be asked to choose a password. These log-in details will be used every time the clinician conducts a video appointment. This will not change.

For the Patient

The patient will be sent a unique Internet browser link (URL) from their secondary 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

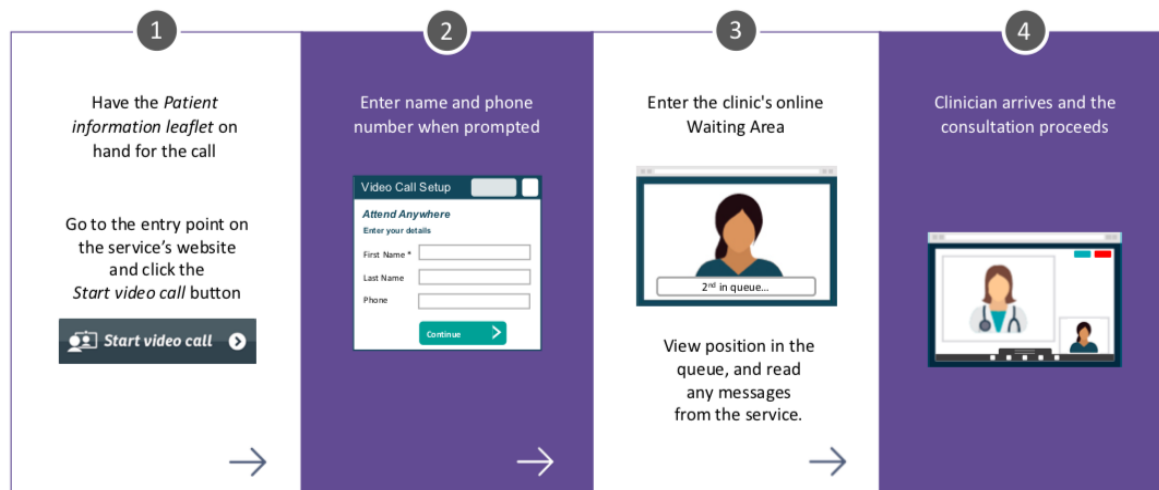
- The clinician is to introduce themselves to the patient.
- To ask the patient if they can adequately see and hear.
- Ask the patient to confirm their name, date of birth and address.
- The clinician is to explain what is going to happen during the video appointment.
- Start the video appointment, conduct the appointment as usual.
- Document the appointment details and outcomes in the patient record as usual

Appendices

PATIENT USER GUIDE

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

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 secondary healthcare 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.

Example of the Patient Information Sheet

Attending your appointment via video

Somewhere Street Surgery



Where appropriate, you can attend your consultation online via a video call.

Video calling is as convenient as a phone call, with the added value of face-to-face communication.

It can save you time and money, and brings your care closer to home.



Where do I go to attend my appointment?



Go to: Enter the URL of the web page entry point here

Instead of travelling to your appointment, you enter the clinic's online waiting area. The health service is notified when you arrive, and your clinician will join you when ready.

There is no need to create an account.

No information you enter is stored or recorded.

✓ What do I need to make a video call?

- ✓ **A good connection to the internet**
If you can watch a video online (e.g. YouTube) you can make a video call
- ✓ **A private, well-lit area where you will not be disturbed** during the consultation
- ✓ **One of these:**
 - 🌐 Google Chrome web browser on a desktop or laptop, or on an Android tablet or smartphone
 - 🍏 Safari web browser on an Apple iMac, MacBook, iPad, or iPhone
- ✓ **Web-camera, speakers and microphone** already built into laptops or mobile devices



Is it secure?

Video calls are secure; your privacy is protected.

You have your own private video room that only authorised clinicians can enter.



How much internet data will I use?

You don't use any data while waiting for a clinician to join you.

An Attend Anywhere video call uses a similar amount of data to Skype® or FaceTime®.



How much does a video call cost?

The video call is free (except for your internet usage).





Smartphone and tablet users
If you can, connect to a home or work Wi-Fi network to avoid using your mobile data allowance.

See over for more information on how to make a video call

Get ready to make video calls

Make sure that you use one of the following web browsers

-  Google Chrome
Windows 7+, Android 5.1+,
MacOS 10.11+
-  Apple Safari
MacOS 10.12+, iOS 11.4+,
iPadOS 13+



Go to: Enter the URL of the web page entry point here

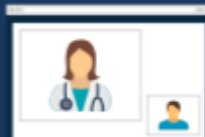
1

On this web page, click the Start video call button and follow instructions



2

Wait in your own private video room



3

Your healthcare provider sees you arrive in the waiting area queue...



4

...and joins you in your video room when they are ready

What do I do if something is not working?

Visit <https://nhs.attendanywhere.com/troubleshooting>

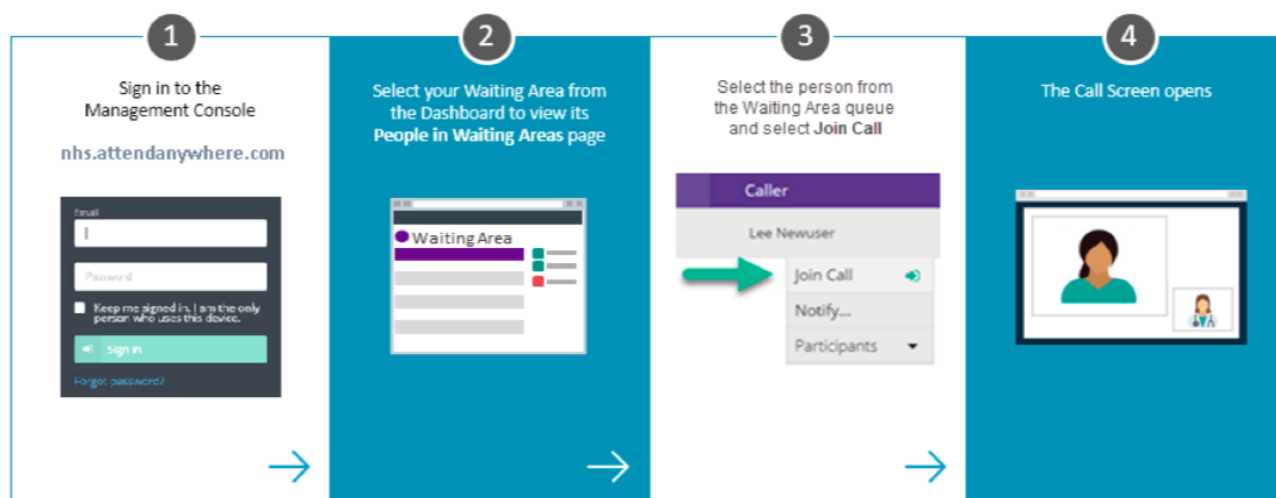
More information

Enter additional information, such as contact details, here

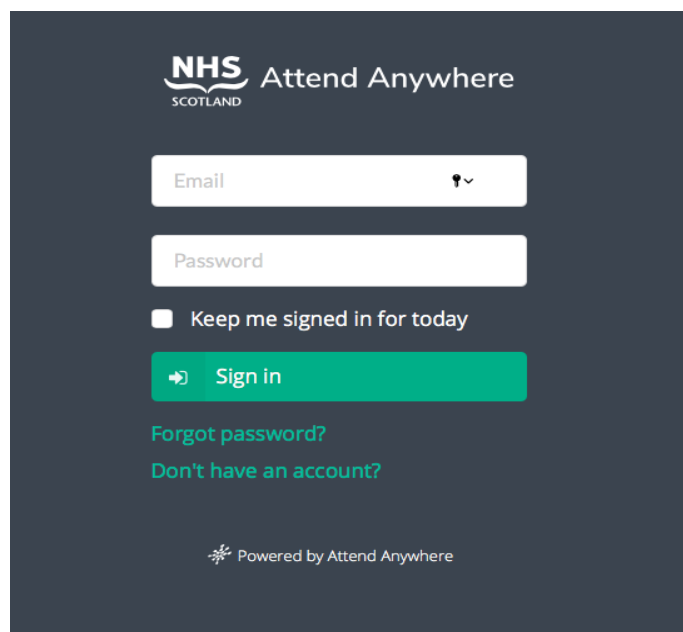


CLINICIAN USER GUIDE

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



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.

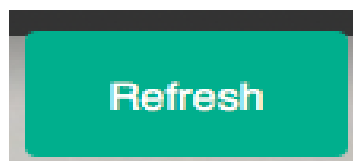
The clinician can use the same computer to conduct a video appointment and look at patient notes.



During your call:

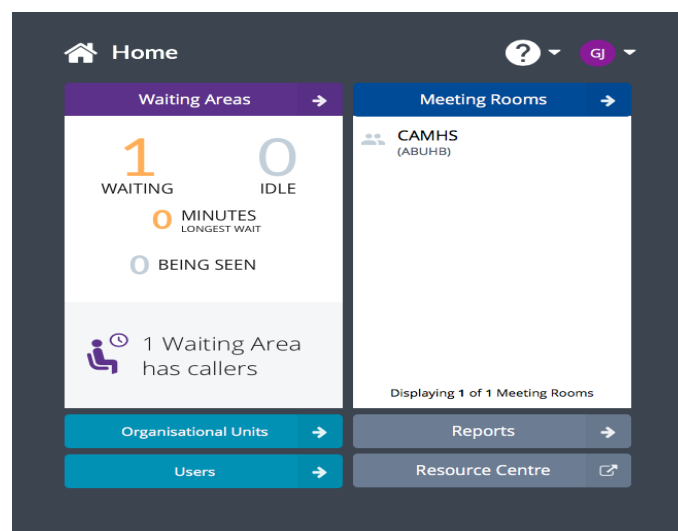
- If you experience any issues, click the Refresh button.
- Avoid pointing the camera towards a window or bright light.

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.

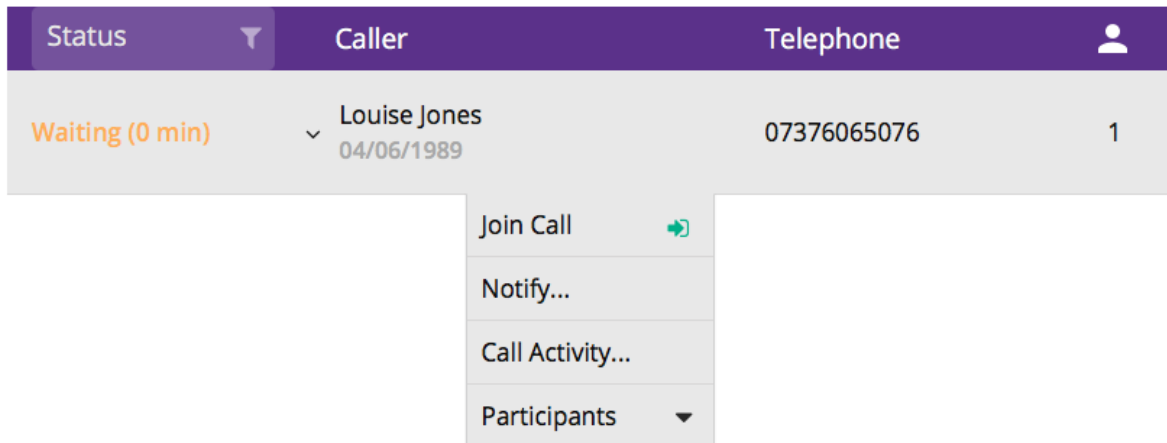


Step 2: This takes you into your waiting area where you will see a list of patients waiting. It shows the name of the patient, their date of birth, and how long they have been waiting for:

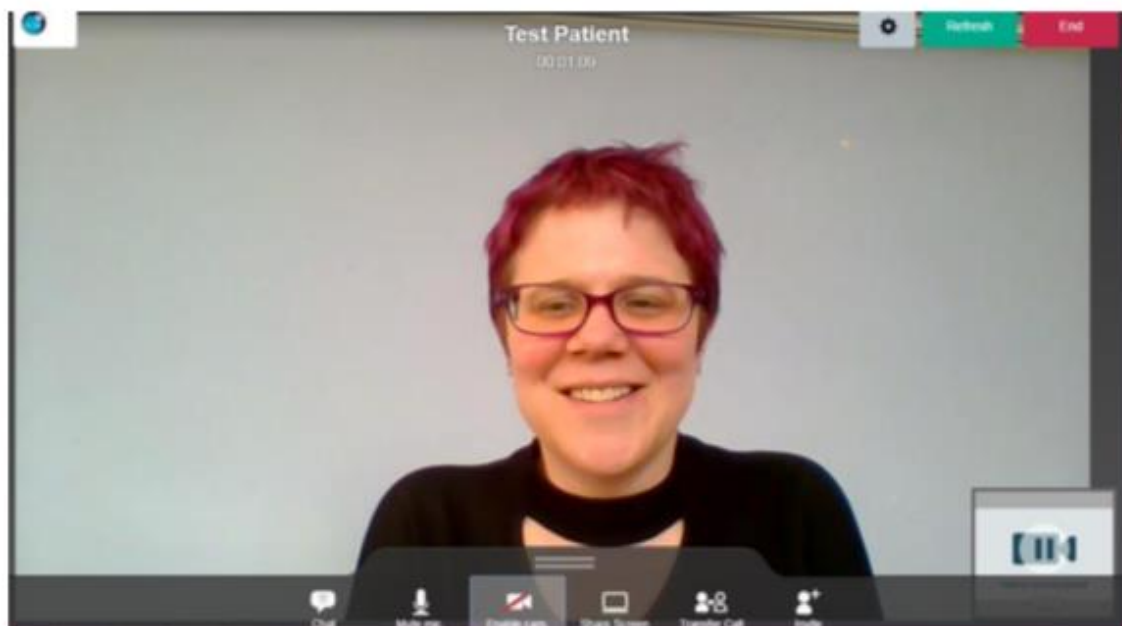
Status	Caller	Telephone	
Waiting (0 min)	Louise Jones 04/06/1989	07376065076	1



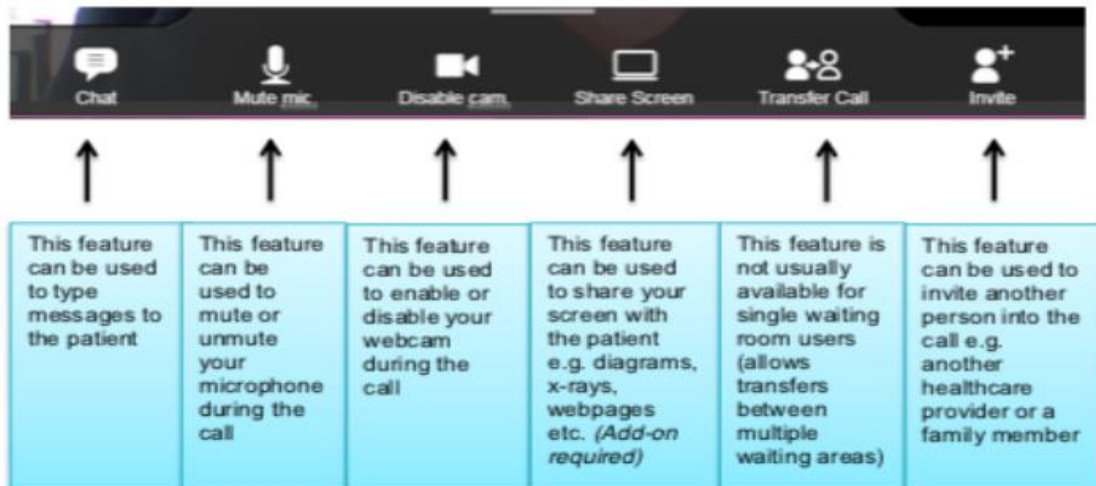
Step 3: Click on the line of the patient you want to connect a call with. This brings up options to join the call or notify (send a message) to the patient. Click on the “**Join Call**” button



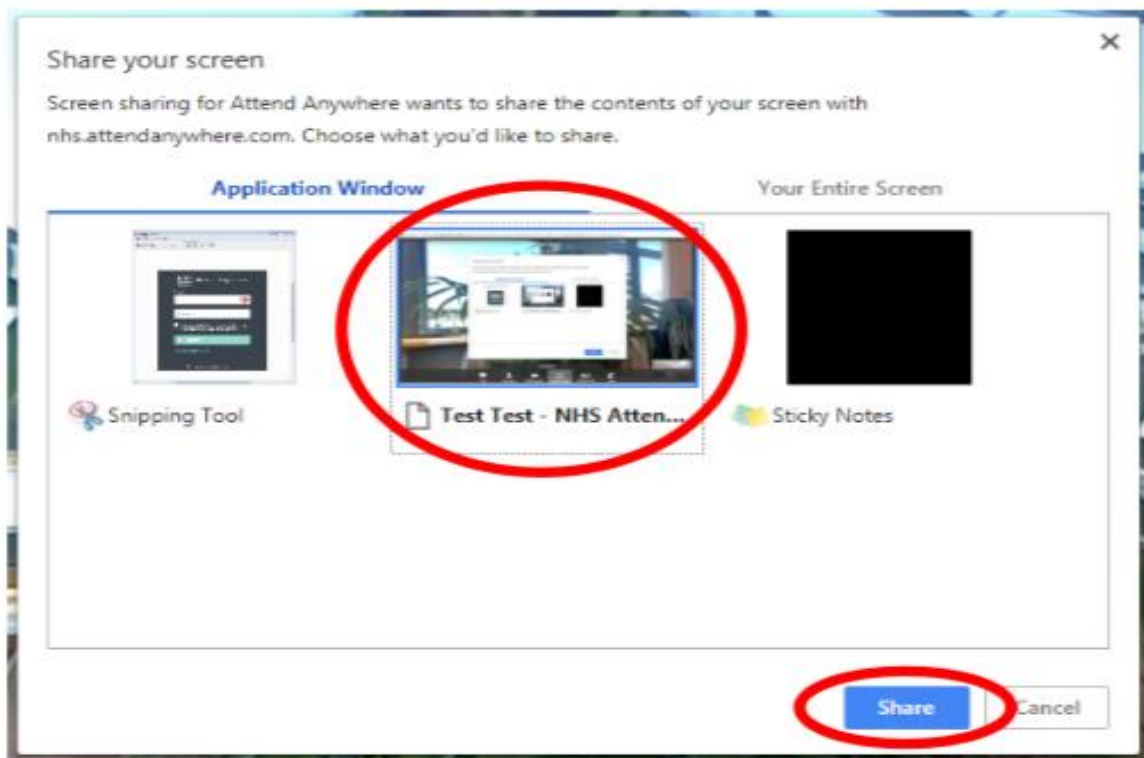
Step 4: It then takes up to 10 seconds to connect the video call between you and the patient. A video screen is automatically loaded; the patient will be displayed in the main screen and you in the bottom right corner. You can now consult with the patient.



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



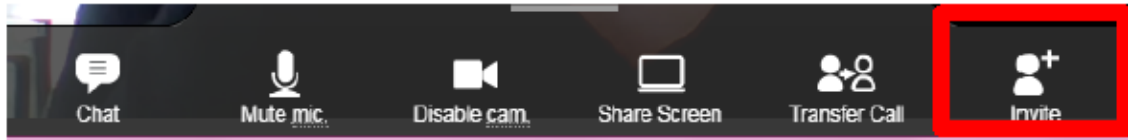
After clicking 'Share Screen' you will see the following pop up where you can decide whether to show your entire screen or just one application. The easiest way to use this is to open the document/website you want to share, then click on "share screen" then click on the application window you want to 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



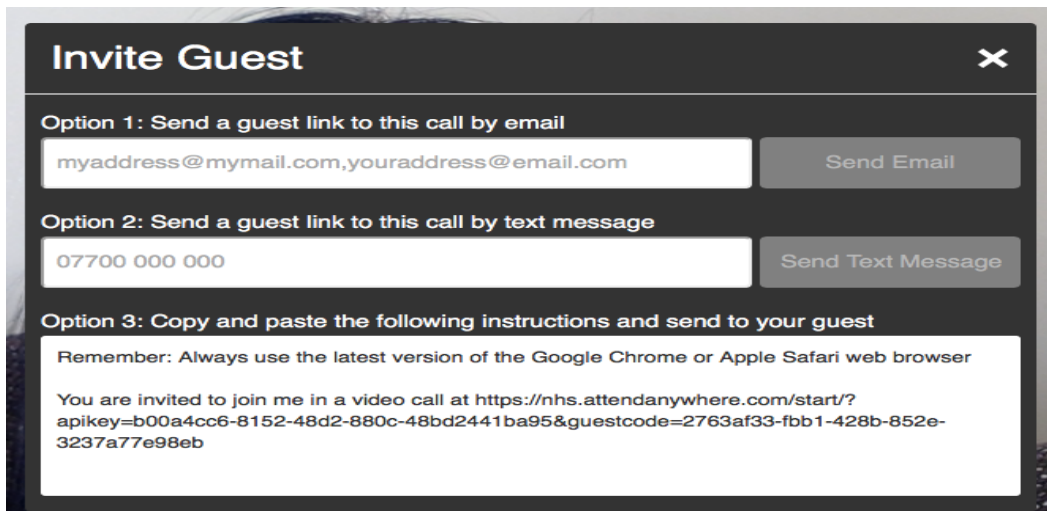
Three-way calls: This can be used for a remote family member, interpreter or clinician to join the call. There are two ways to add third participants to a call:

(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.

Status	Caller	Telephone	
Waiting (0 min)	Louise Jones 04/06/1989	07376065076	1

Join Call

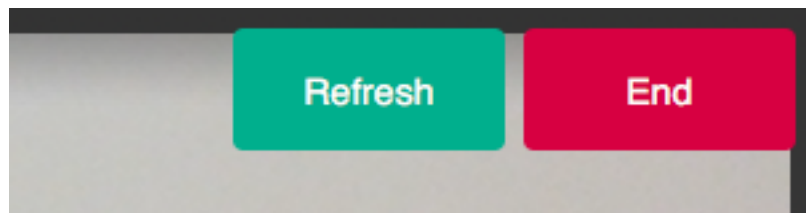
Notify...

Call Activity...

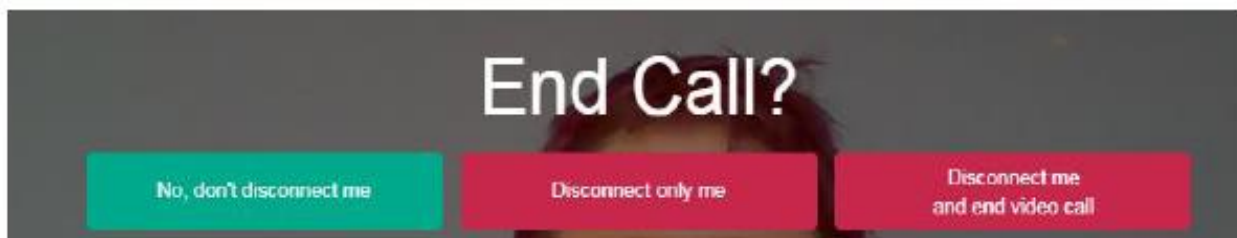
Participants

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, information leaflets and webinars can be found when you login to Attend Anywhere and search the <https://digitalhealth.wales/tec-cymru/nhs-wales-video-consulting-service/nhs-wales-video-consulting-service-clinicians>

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.

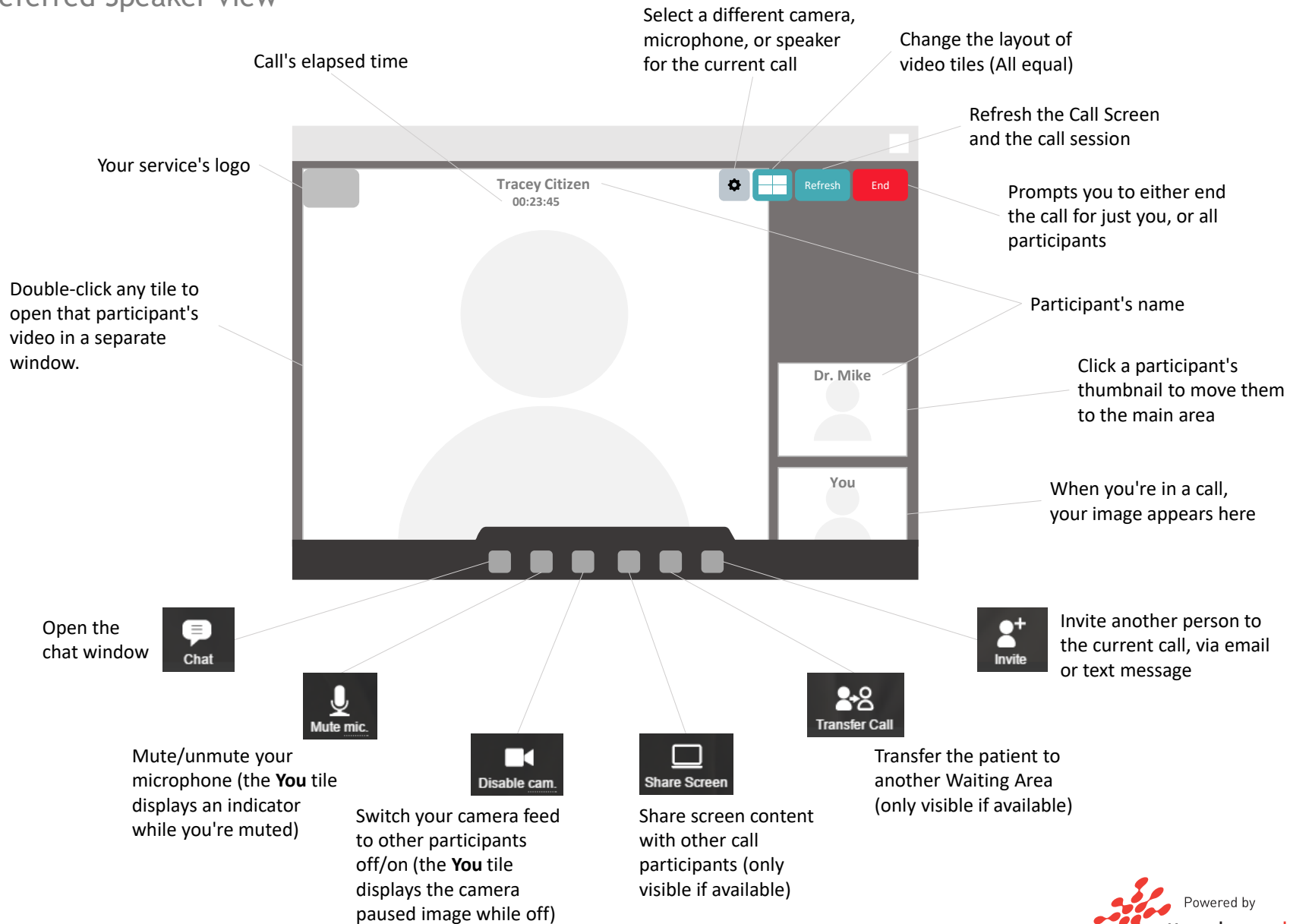
For some services this may represent a mature model, once staff are confident with the Attend Anywhere concept. This model could be applied across a whole service, but could also be applied on an individual clinician basis, e.g., for a clinician who has video consulting equipment in the clinic room and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

Attend Anywhere Call Screen

Preferred Speaker view



Troubleshooting Attend Anywhere video calls



Support contact

Can't see?

Web camera:

(If external) Plugged in securely?

Chrome using the correct camera?

Click camera icon in Call Screen's address bar; check access and selected camera.

Other software using the camera?

(Example: Skype also running)

May require computer reboot.

Firewall settings allow video stream?

Ask whomever looks after your firewall for help.

More: nhs.attendanywhere.com/camera

Poor video/audio quality?

Connection to Internet okay?

Check speed and latency at www.speedtest.net

Others on the network using lots of bandwidth?

(Example: Other video calls in progress)

Modem/router working properly?

(Wireless network) Get closer to access point.

Others can't hear you?

Microphone:

(If external) Plugged in securely?

Being used by the computer?

Check computer's audio settings.

Chrome using the correct microphone?

Click camera icon in Call Screen's address bar; check access and selected microphone.

Muted?

Either Call Screen, or device's audio.

Other software using the microphone?

(Example: Skype also running)

May require computer reboot.

More: nhs.attendanywhere.com/mic

Can't hear others?

Speakers/headset:

Volume at audible level?

(If external) Plugged in securely?

(If powered) Switched on?

Being used by the computer?

Check computer's audio settings.

Hearing an echo?

Check computer's audio settings.

More: nhs.attendanywhere.com/speaker

Many call issues can be fixed by clicking

Refresh

Meet minimum specs?

Windows PC with i5 processor and 3GB of RAM (Windows 7 or later)

Apple Mac with i5 processor and 3GB of RAM (MacOS 10.12 Sierra or later)

Android-based smartphone or tablet (Android 5.1 or later)

iPhone (iOS 11.4+)

iPad (iOS 11.4+, iPadOS 13+)

Latest Google Chrome?



Check version at www.whatismybrowser.com

Update browser from `chrome://help`

Download new at www.google.com/chrome

Latest Safari?



Check version at www.whatismybrowser.com

Update browser from **Mac App Store**

Further Troubleshooting

nhs.attendanywhere.com/troubleshooting

Current service status:

status.nhs.attendanywhere.com

Secondary care posters to support your service

- Poster 1 – About the National Video Consulting Service



NHS Wales Video Consulting Service



Video consulting appointments coming to the NHS in Wales

There is now an NHS Wales Video Consulting Service rolled out by Welsh Government to offer healthcare services in a safe and secure way to see patients via a video appointment rather than in-person



The Benefits of Video Appointments:

- Save on time, travel & carbon footprint
- Reduce transport & travel difficulties
- Improve patient accessibility & choice
- Reduce time off school, work & other responsibilities
- Reduce impact on your health & others (e.g. leaving home, too much travel, spreading germs)



Poster 2 – How do Secondary Video Appointments Work for Patients?



How do Secondary Care Video Appointments Work for Patients?

1 The patient will be triaged and offered a video appointment if suitable.
The secondary care service will contact the patient via phone, letter, email or SMS.

2 For a video appointment, the patient will need:

- ✓ A reliable internet connection (WIFI, broadband or mobile data)
- ✓ A device that can make a video call (a smartphone, tablet, laptop or computer)
- ✓ A Chrome or Safari web-browser (on the device)
- ✓ A private and well-lit room

3 In the internet browser tab insert the link given by secondary care provider or tap on link (if sent via email/text).

The page will look like this:

4 The patient will be taken through a 4- step test of their device/connection.

The page will look like this:

5 Then patient will need to enter name, DOB and contact number, and tick the box to continue.

The page will look like this:

Finally, click on 'start call'

6 The patient will then be placed into a virtual waiting room.

They will hear music whilst they wait for the clinician to join the call.

Both patient and clinician will then appear on your screen.

7 Any difficulties during the call, click the green 'refresh' button to reload.

To finish call, click the red 'end' button







How do Video Appointments Work in Secondary Care?

1 The secondary care provider would triage the patient for:


- Clinical Appropriateness
- Suitability
- Availability



2 The secondary care provider will contact the patient via telephone, letter, email or SMS text message.

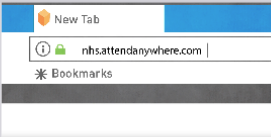


3 If clinically appropriate and suitable, the secondary care provider would confirm availability and offer the patient a video appointment.



4 The appointment would be sent to the patient as a virtual link (URL). This can be done in many ways, such as:

- Via a SMS service/text message
- Via an email
- Via a website link
- Verbally (read out)




A patient information sheet would also be provided in the same way.

5 The secondary care provider would document the appointment, and inform the clinician involved in the video appointment of the time/date slots.

6 The clinician would be alerted of the video call as it comes in (via a beep on their device). The clinician would then enter the virtual waiting room, select the patient from a list of names, and join the call.

The video consultation would then take place.





Secondary Care Staff Information for Video Consultations



Clinician triages patient for clinical suitability & appointment availability



Clinician contacts patient via phone, letter, email or SMS to offer VC



Clinician sends URL link & patient information sheet for video appointment by SMS/email



Patient taps on link and enters video consultation



Frequently Asked Questions and Answers

Suggested Scripting for Clinicians Using Video Consultations

Starting the Consultation

Essentials

“Hello it’s Dr X from Y clinic, can you hear and see me ok?”

If YES, then proceed to the next stage,

If NO, attempt to correct the problem (depending on the problem, advise patient to alter their volume, camera, microphone, or ask them to press refresh or to reconnect the call).

“Before we get started, can you confirm some details for me, first of all your full name and date of birth.”

“And can you confirm the address where you are right now?”

“And just in case this call cuts out, a number I can call you back on?”

“If I do vanish from your screen, try pressing the refresh button on the top righthand side of the screen”

In addition, the following questions are best practice

“Now because this is a video consultation, there are a few extra things I need to check with you...”

“Is there anyone else in the room with you?”

“And are you somewhere you can talk privately?”

“This is a secure call, so your data is protected while we chat”

Ending the call

Summarise discussion and reiterate instructions.

If a prescription is needed, agree where to collect from and the timescale.

Have an alternative plan as a safety net.

If a patient information leaflet is needed, agree mechanism for sending (text/email etc)

Disconnecting & Mention Evaluation

“I’m going to disconnect now, and a survey is going to pop up on your end. Please do complete it as it provides important data about your experience.”

Authors and Additional Resources

Additional Resources

Authors
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Infographic Video Consultation Guide For Secondary Care Services



How to Use Video Consultations: Secondary Care Services



1

Have the VC toolkit on hand:
digitalhealth.wales/tec-cymru

Set Up
Prepare yourself

Watch the VC videos:
bit.ly/wales-vc-service

Send URL link & information sheet to patient

Set Up
Prepare patient

2

Connect
Make video link

Check video & audio

Can you hear/see me?

Confirm patients identity

- ✓ Name
- ✓ Date of birth
- ✓ Address

Check where patient is

Where are you right now?

Take patients telephone number

Check patients privacy

3

Get Started
Initial assessment of patient

Check in on patient

How are you today?

Confirm what the patients appointment is for today?

Assessment Advice

Prescription Other

Review

Check the patient is ready to start VC

Are you happy to proceed with the VC?

4

History
Patient history and risk factors

New patient?

Follow-up patient?

Check patient history & medical notes

Always be Mindful & Observe

- ✓ Are there any risks?
- ✓ Safeguarding issues?
- ✓ Consent & Capacity?
- ✓ Confidentiality?

5

Video Consultation (VC)
Conduct VC in the best possible way you can

Patients may be able to take their own measurements if they have instruments at home

Temperature Blood Pressure

Pulse

Weight & Height Other

Over VC, look out for signs relevant to speciality & condition

Over VC, look out for functions relevant to speciality & condition

ALWAYS REMEMBER:

MAKE your own clinical judgements and **ACT** in your own professional codes as you would do in-person.

6

Decision & Action
Provide clinical advice/support, advise next steps & documents outcomes

Document patient notes in usual way

VC is just a different **MEDIUM** - everything else remains the same.

Define your own clinical criteria based on VC workflow.

And remember, to document patient preference on future VC use

Clinical Outcomes

Referrals/follow-up appointment

Actions Taken

[WWW.DIGITALHEALTH.WALES/TEC-CYMRU](https://www.digitalhealth.wales/tec-cymru)

This infographic is an adapted version of the BMJ COVID-19 VC graphics at: www.bmj.com/infographics and www.bit.ly/BMJremcon

Appropriateness & Suitability

- VC may be suitable for:
- Chronic disease reviews
 - Medication-related consultations
 - Counselling & similar services
 - Dietetic advice, speech therapy & some physiotherapy
 - 'Duty Doctor' or 'Duty Nurse' triage

Any condition in which the 'trade off between attending in-person & staying at home' favours the latter.

For example, frail, older, multi-morbidity or terminally ill patients

VC should not be generally used for:

- Potentially serious, high-risk conditions
- When a physical examination cannot be deferred
- Co-morbidities affecting patients ability to use technology e.g. confusion or serious anxieties
- Deaf or hard of hearing unless can lip-read or use chat function

Red Flags

Does the patient...

- Present with any high-risk concerns that may be worsened by VC?
- Have any safeguarding issues that may be worsened by VC?
- Lack capability to provide participation consent?
- NEED** to be physically assessed?

VC Workflow

- Develop:
- VC clinical triage
 - VC codes & templates
 - VC contingency plans
 - In-person arrangements (e.g. prescriptions)
- Identify:
- How VCs will be booked
 - How VCs will be documented
 - How patient links will be sent

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'.

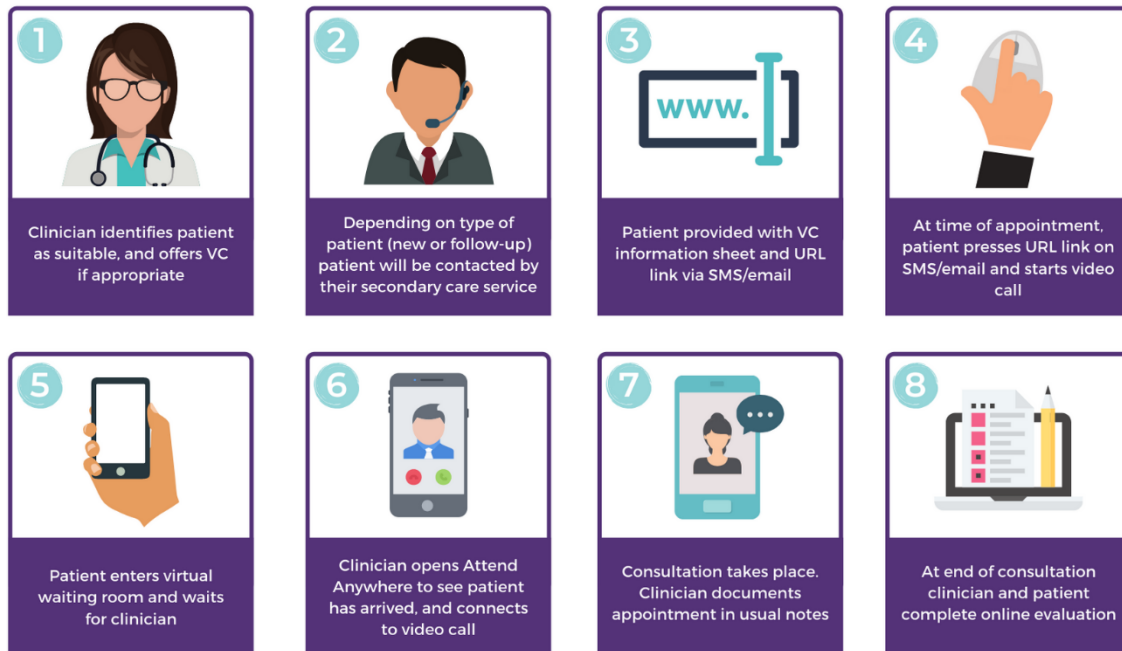
VC will be *most suitable* for the following:

- **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.

Secondary Care Video Consultation (VC) Process



Talking to relatives

A guide to compassionate phone communication during COVID-19



Introduce

SPEAK SLOWLY

OPEN WITH A QUESTION

ESTABLISH WHAT THEY KNOW

#hello my name is...
GRACE
WARD SISTER

I'm calling to give you an update on your brother, Frank.

Are you OK to talk right now?

Can you tell me what you know about his condition?

Share info in small chunks



PAUSES
SIMPLE LANGUAGE



EUPHEMISMS
JARGON



Helpful concepts

Honesty with uncertainty

There are treatments that might help Frank get better, such as giving him oxygen to help with his breathing. But if his heart stopped, we wouldn't try to restart it, as this wouldn't work.

Hope for the best, plan for the worst

We hope Frank improves with these treatments, but we're worried he may not recover.

Sick enough to die

Frank is very sick and his body is getting tired. Unfortunately he's now so unwell that he could die in the next hours to days.

I'm so sorry to tell you this over the phone, but sadly Frank died a few minutes ago.



Comfort and reassure

Is there anything you can tell me about Frank to help us look after him? What matters to him?

We've been looking after him and making sure he's comfortable.

Allow silence

LISTEN

EMPATHISE

ACKNOWLEDGE

I am so sorry. Please, take your time.

It must be very hard to take this in, especially over the phone.

I can hear how upset you are. This is an awful situation.



Ending the call

DON'T RUSH

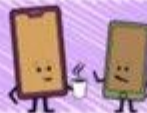
NEXT STEPS

Before I say goodbye, do you have any other questions about Frank?

Do you need any further information or support?

Afterwards

Chat with a colleague.
These conversations are hard.
#weareallhuman



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proud
to care

Developed by Dr Antonia Field-Smith and Dr Louise Robinson, Palliative Care Team, West Middlesex Hospital

