

# Virtual Consultation Guidance

## Virtual Consultation Guidance

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Executive Lead	Adrian Baillieu, Director of Finance and Resources
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## Equality and Health Inequalities Statement

First Community values diversity, promotes inclusion, and ensures equal opportunities for all. We aim to design and implement services that meet the diverse needs of our population and workforce, ensuring that no one is placed at a disadvantage over others. We take into account the Equality Legislation including the Equalities Act 2010 and embrace the four staff pledges in the NHS Constitution. We use our Equality, Diversity, and Inclusion (EDI) vision and mission statements to help us drive our work.

This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

First Community are compliant with the requirements of the Accessible Information Standard which aims to ensure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support that they need. We ensure that we ask people if they have any information or communication needs and ask how we might meet those needs, make sure this is recorded clearly on any records, highlight this so it is clear to other staff, share this as appropriate and make sure that we take the necessary steps so that our patients receive information that they can access and understand and receive communication support as needed.

## Sustainability

In October 2020, the NHS became the world's first health service to commit to a target of reaching Net-Zero Carbon emissions by 2040.

As healthcare professionals we have a duty to play our part in tackling the problem of our changing climate. Right across the organisation, in all roles both clinical and non-clinical we can think, and act, more sustainably.

This is why we need to take action to create the change that will protect the environment on which our health depends. We are working to create a greener NHS at First Community as set out in our [Green Plan](#). All of our documents consider sustainability and support our green plan.

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## Introduction

First Community uses digital communication and virtual consulting tools within all aspects of our business, from corporate meetings through to patient care. A virtual meeting is an online event that involves people interacting in a virtual environment rather than a physical location.

These tools provide alternative modes of contact via telephone, face to face video calling and online 'written consultations' using secure two-way online messaging via SMS or secure email. [NHS England » Remote consulting](#)

For our patients, the NHS Long Term Plan (2019)<sup>1</sup> states that by 2024 people will have the right to engage with healthcare providers virtually. It is not possible to undertake every aspect of care that we deliver virtually; however, it is possible that part of an episode of care can be. A "Digital at the right time" approach should be taken where it is safe and clinically appropriate to do so.

Virtual consulting can provide benefits to patients including reduced travel time, less time off work for appointments and the ability to have their consultation in their own environment. Our staff will also benefit from less travel, improved productivity, and improved flexibility of working. Consultations and meetings can take place from a range of settings, including from the member of staff's own home, providing the opportunity for estate rationalisation. A secondary benefit of reducing travel by staff and patients will be a reduction in cost and resultant carbon emissions, reducing our organisational impact on air pollution and its negative impact on health. This is in line with First Community's Green Plan, environmental values and the wider NHS' planned reduction in air pollution outlined in the Long-Term Plan.<sup>1</sup>

### 1. Purpose

This document outlines the principles of conducting virtual working both involving and not involving patients, regardless of the platform that is used to deliver them. This includes both business meetings and patient consultations. The available platforms will be detailed; however, this guideline is not intended as an instruction manual on how to use each platform. Separate guidance/Standard Operating procedures (SOPs) are available for each platform.

The overall aim of this document is to ensure that virtual platforms are used in an appropriate manner ensuring that staff are aware of their legal requirements concerning data protection; data sharing; risk assessment; safeguarding and privacy. These guidelines should be read in conjunction with and reflect the principles of the Consent Policy (P\_PSQ001); Accessible Information Standard Policy (P\_CCS004) Flexible Working Policy (P\_WF017) and home working guidance.

<sup>1</sup> NHS England (2019) NHS Long term Plan. Available at <https://www.longtermplan.nhs.uk>

### 2. Definitions

- **EPR-** Electronic Patient Record
- **Face-to-face assessment-** the assessment occurs with the clinician and the service user in the same location.
- **Patient** - the person receiving the virtual consultation.
- **Platform-** A computing or digital platform is the environment in which a piece of software is executed.
- **Hardware-** the physical parts of a computer and related devices.

### **3. Roles and Responsibilities**

#### **Director of Finance and Resources**

- Ensuring that the standards set out in this guidance are implemented.
- Managing financial resources, allocating budgets for technology infrastructure, training and implementation of video consultation services.

#### **Associate Directors, Heads of Service, Service managers and Team Leads**

- Ensuring the guidance is brought to the attention of all relevant employees.
- Ensuring the necessary IT infrastructure is in place for virtual consultations.
- Understanding existing workflows, identifying potential barriers and supporting change management.
- Collaborating with staff to understand their needs, address concerns and facilitate adoption.
- Collecting feedback from staff and patients and working to ensure equitable access to virtual consultations.
- Support training for all staff on using virtual consultation tools effectively.
- Overseeing the appropriate use of virtual consultations for clinical use to ensure efficient use of resources.
- Maintaining Quality Assurance and Compliance.

#### **IT Team and Technical Staff**

- Platform maintenance
- Troubleshooting
- Implementing security measures to protect patient data during video consultations.

#### **Business Intelligence Team**

- Support the onboarding of staff onto platforms that integrate with the Electronic Patient record.
- Support with training and implementation of these platforms.

#### **First Community Employees**

- Ensuring competence- all staff should be proficient in using role specific conferencing tools and platforms. They need to understand how to initiate, conduct and troubleshoot virtual consultations.
- Clinicians must ensure that the quality of care provided during virtual consultations is equivalent to in-person contacts. They should follow clinical guidelines and procedures.
- Clinicians must maintain privacy and confidentiality during virtual consultations. They should use secure platforms and follow data protection regulations.
- Clinicians should ensure proper documentation of virtual consultations.
- Administrators may use virtual tools to manage appointment scheduling.

## 4. Guidance

### 4.1 Platforms

#### MS Teams (Appendix 1)

##### Non-clinical

MS Teams is a secure communications platform which can be protected and monitored within the NHS secure boundary when accessed via secure NHS networks. ([NHS England » Microsoft Teams and remote working](#)). The NHSmail website has a range of [user guides](#). NHS England consider MS Teams when used with an NHS email account to be a secure service. It is the default tool for all non-clinical virtual meetings.

The creation of New MS Teams Groups is restricted and provided as part of the IT support service, so IT can gain access to all Teams and data if required for IG compliance/security.

##### Clinical

Individual consultations - First Community use AccuRx as the platform for clinical consultation (SOP\_IMT002).

Patient Groups- At First Community MS Teams can be used for patient group work. Invites to the group should be sent via email from a First Community shared mailbox with all invitees bcc'd to maintain confidentiality of contact details.

MS Teams is deemed suitable for clinical use by NHS England and is approved for the "Short-Term storing of Patient Identifiable Data and Confidential information before it is input into clinical systems". The use of MS Teams for clinical use is ONLY authorised for use with clinical patient groups at First Community.

##### WhatsApp

No personal/confidential patient information should be communicated via WhatsApp.

NHS England advises NOT to use WhatsApp for clinical services, the exception is "where the benefits outweigh the risk" allowing clinicians to use messaging services such as WhatsApp ONLY in an emergency versus as a general communication tool.

WhatsApp is provided on work mobile phones for those teams that wish to use it to communicate non-identifiable information such as travel issues or visit cancellations. This should be read in conjunction with Lone Workers Policy (P\_HS004). There is no IT support for this application.

For staff creating WhatsApp accounts connected to personal numbers, there is no IT access to any data connected to their account. The use of WhatsApp for clinical use in this instance would be in breach of IG governance requirements from the NHS.

Staff should enable two step verification on their WhatsApp account.  
<https://faq.whatsapp.com/506595211487528>

[Using mobile messaging - NHS Transformation Directorate \(england.nhs.uk\)](https://www.england.nhs.uk)

**Telephone consultations-** Telephone contacts can be used for clinical use.

### **AccuRx desktop- Clinical use (SOP\_IMT002)**

AccuRx is an NHS approved communication software that works directly from the EMIS record. AccuRx allows individual text messaging, batch messaging to multiple patients and video calling.

#### **4.2 Authorisation for use**

Authorisation for use has been based on the completion of a Data Protection Impact Assessment (DPIA) which is a requirement of the General Data Protection Regulation (GDPR) 2018. When sharing data for different purposes or by different means such as video consultation, a revised Privacy Notice may be needed to accompany a DPIA and any updated governance procedures and documents for that platform. All assurance documents must be in place ahead of the implementation of a new platform.

#### **4.3 Non-clinical Virtual meetings**

- Ensure you can connect via a wired connection. Video takes up large amount of bandwidth and there may be connectivity issues over Wi-Fi.
- Ensure that there is no one else near you on the same call who has their speaker and microphone on, to avoid 'howl round feedback' between microphones and speakers. It can be avoided by using a headset or muting all but one computer in a room. That computer can be connected to a single speaker/microphone device so various participants can talk and listen.
- To test your microphone, click the up arrow next to the microphone symbol on the bottom of the screen. Note that the bar which has this on it disappears when the Virtual Consultation takes place but can be brought back by moving the mouse over the video screen.
- Be aware of your surroundings. Make sure no-one can look over your shoulder or listen in and be aware that people passing by behind you will be visible to others on the call.
- To maintain privacy, utilise the First Community background, this can be downloaded from the intranet.
- Minimise background sound. If you're not speaking put yourself on mute.
- Use the reactions' function 'raise hand' to attract the attention of the chair to indicate that you would like to speak.
- Give your full attention to the participants as you would if you were in the same room.

#### **4.4 Clinical Virtual consultations**

When sending appointment information, staff should only enter the minimum amount of data required for a consultation to take place.

Virtual consultations are an **alternative** to face-to-face consultations and should be the first option offered where it has been assessed as appropriate to do so. The situations in which these consultations should be offered must be considered carefully by Service leads.



These guidelines should be read in conjunction with and reflect the principles of the organisational Consent Policy (P\_PSQ001) and Accessible Information Standard Policy (P\_CCS004).

The following information should be shared with the patient via the patient information resource (specific to platform) prior to consultation:

- That the use of video is completely voluntary.
- Video consultations are securely encrypted; however, it is their responsibility to ensure they have adequate anti-spyware and anti-virus protection on their hardware to prevent unauthorised eavesdropping. They must ensure they are in an environment in which they are not overlooked or overheard and in which other persons cannot join the consultation.
- If they are receiving a video call via a mobile phone, this may be only as secure as any other phone call on that mobile network.
- No aspect of the consultation will be digitally recorded but medical outcomes from the consultation will be documented and stored on the patient record.
- Video consultation is by appointment only and the platform cannot be used as an emergency or ad hoc contact.

#### **4.4.1 Consent**

The healthcare professional must gain verbal consent from the patient to confirm that they understand how video will be used and their responsibility before conducting any video consultation. Consent must be recorded at the initiation of the appointment before the consultation commences. Should a patient not wish to consent to video consultation, this will not affect their right to treatment and this wish to opt out should be documented and an alternative type of contact offered.

#### **4.4.2 Confidentiality**

- It is preferable for virtual patient consultations to be carried out from a First Community estate, but in the event of staff working remotely in accordance with the Flexible Working Policy (P\_WF017) then staff members must protect confidentiality by ensuring that they are working in an area where conversations cannot be overheard, and that the computer screen cannot be observed. Be aware that someone may join the conversation either in your environment or that of the patient's.
- The identity of the patient should be verified before starting the consultation.
- A video consultation must be treated like any other appointment, in which any sensitive or confidential information is safeguarded at all times.
- Virtual consultations should not take place in a public place.
- Patients should be made aware of any other people present in the room who may see and/or hear the consultation. The clinician must not conduct the consultation in the presence of others without the patient's permission. The clinician should take reasonable measures to ensure that the consultation is private and avoid inadvertent disclosure of information.
- Clinicians must follow the same procedures regarding patient confidentiality and information as detailed in the organisation's Information Security policy (P\_IMT007) and Information Governance Policy (P\_IG006) and information should not be disclosed to someone who does not have the right to or need for

the information, even if it does not appear to reflect person-identifiable information.

#### 4.4.3 Environment

Consideration of the environment in which the clinician will conduct video consultations is as important as that in which face to face consultations are held.

- Practitioners should introduce themselves as per any face-to-face contact 'hello my name is...'.  
• Practitioners must adhere to First Community Uniform policy and dress code (P\_WF007) and wear a clear visible identification badge when conducting virtual consultations.
- A quiet, fit-for-purpose room is important / should be used where the increased sound from video consultations will not be overheard by or disturb others. The clinician should not sit in front of a door or window to minimise distractions. Protocols to minimise interruptions should be in place (e.g., 'do not disturb' signage that indicates when a virtual consultation is in progress).
- An external speaker or headphones with an integrated microphone should be worn to ensure optimal sound quality.
- Plain décor in view of the camera that will not distract from visual images on the screen should be used / in place.
- Good lighting must be available in the room to ensure that the clinician's face is not obscured. High intensity lighting should not be directly behind the camera and it is also important that the primary light source is not behind the clinician, as this will leave the clinician's face in shade.
- The clinician's mobile telephone should be turned off and all notifications silenced with the vibrate function deactivated.
- Personal and sensitive information should not be in view of the camera.
- It must be ensured that the virtual consultation is not disturbed in any way either by family members or pets if conducting the consultation from home.
- All other reasonable steps should be taken to minimise the risk of any interruption/distractions to the consultation.

**Patients** receiving the consultation should be in an appropriate space based on the nature of the consultation. Consultations should not be conducted if the person is in a public area where personal and sensitive information could be overheard by third parties. The person should be advised to move to a private space, or have their appointment rescheduled if this is not possible.

#### 4.4.4 Hardware Requirements

Staff should carry out these sessions from work provided laptops and tablets using VPN if not at a First Community Health & Care location.

#### 4.4.5 Safeguarding Considerations

People may make disclosures to staff, and staff may observe things whilst undertaking a virtual consultation that may raise safeguarding concerns. If these concerns are identified, staff must act in line with the Safeguarding Adults policy (P\_PSQ022) and Safeguarding Children policy (P\_PSQ023) in the same way as if the consultation had happened face-to-face.

#### 4.4.6 Clinical Photography

If the virtual consultation platform provides the ability to send photographs, then the following must be adhered to:

- Verbal consent has been provided by the service user and any other people who might be in the shot.
- The photograph must be clinically appropriate.
- The image must be saved into the EPR of the service user, and not stored on a desktop or shared drive.

#### 4.4.7 Failed Contact

If the service user does not answer/attend the video call a further attempt should be made using the VC platform. The service user should then be contacted by telephone.

Failure to successfully contact the service user should be managed as a Did not Attend (DNA) / Missed appointment.

#### 4.4.8 Record Keeping

The content of any video consultation must be recorded in the same way as any other patient consultation in accordance with the organisation's Clinical Record Keeping Standard (GU\_PSQ040).

#### Emis entry

First select the consultation type for the consultation:

emis Consultation Properties

Consultation Date/Time 14-May-2020 11:35

My Organisation  External Organisation

Consulter ADMINISTRATOR2, System (Mr)

Location First Community Health & Care

Consultation Type **First attendance face to face**

Extended Properties

Store as default for this session

OK Cancel

As part of the protocol you will be presented with the following: -

Yes / No Prompt

Is this a video consultation?

If this is a video consultation click Yes and if not click No. The code for “Consultation via video conference” (ESCTC015) will be added to the consultation automatically (when you click Yes). Carry on and complete the consultation as per your normal process.

#### 4.4.9 Account Security

Virtual platform passwords should be changed **at least** every six months. AccuRx requires set up via Emas manager and will require EMIS team support/authorisation.

#### 4.4.10 IT Support

Krome Helpdesk can support the installation of AccuRx. Lack of access or Feature usage within Accurx should be reported to the EMIS team.

Issues with missing software or hardware issues should be raised with the helpdesk [support@krome-support.co.uk](mailto:support@krome-support.co.uk)

#### 4.4.11 Reporting

Standard reporting will apply to virtual clinical consultations, such as:

- Attendance rates
- Cancellation rates
- Outcomes
- FFT

Usage data can also be provided from AccuRx. Data will be completely anonymised as AccuRx does not retain any trace of the video call (e.g. names or video files) once the call has ended.

### 5. Monitoring Compliance of this guideline

*Complete the table below to state how you will know the policy is being adhered to (an example is given). If you need help with this please contact [fchc.quality@nhs.net](mailto:fchc.quality@nhs.net):*

What will be done	How often	Where will it report to	Who is responsible for doing it
Service level, line manager	Open conversation with	To be escalated to DTOG.	Via line management

monitoring of compliance. As listed in roles and responsibilities. Feedback and issues to be escalated as required.	direct reports. Ongoing monitoring.		

## 6. References

[NHS England » Remote consulting](#)

[NHS England » Microsoft Teams and remote working](#)

[NHS England \(2019\) NHS Long term Plan. Available at \[www.longtermplan.nhs.uk\]\(http://www.longtermplan.nhs.uk\)](#)

[Using mobile messaging - NHS Transformation Directorate \(\[england.nhs.uk\]\(http://england.nhs.uk\)\)](#)

## Appendix A: Version control

Version	Date	Author	Status	Comment
0.1 Standard operating procedure for VC (Attend anywhere only)	July 2020	Kate Kent	Draft	Reviewed by Head of IT and project group member comments and changes sent to author for revision
0.2 Standard operating procedure for VC (Attend anywhere only)	August 2020	Kate Kent	Draft	Reviewed by VC project group member comments and changes sent to author for revision. Reviewed by Head of IT and Associate director and decision made as broadening project to review document as overarching guidance with individual user guides/SOPs for each platform to be used.
0.3 Revised overarching VC guidance	September 2020	Kate Kent	Draft	Reviewed by Colette Allen (NEL) and IG content reviewed, and comments and changes sent to author for revision.
0.4 Revised overarching VC guidance	December 2020	Kate Kent	Draft	Reviewed by Head of IT / Associate Director and project group member comments and changes sent to author for revision.
0.5	March 2021	Kate Kent	Draft	Reviewed by Head of IT and Director of finance with query sent re: alignment of clinical photography policy. Comments sent to author for revision.
0.6	April 2021	Kate Kent	Draft	Circulated to CSAG members. Comment sent to author for revision.
1.0	June 2021	Kate Kent	FINAL	
1.1	December 2023	Kate Kent	Review	<b>Sent to CSAG members to review platforms being used.</b>
1.1	December 2023	Kate Kent	Review	<b>Sent to Head of IT and Emis lead to review</b>

1.2	Jan 2024	Kate Kent	Review	<b>Added additional info re: business use</b>
1.3	Feb 2024	Kate Kent	Review	<b>Updated information re: platforms</b>
1.4	Feb 2024	Kate Kent	Review	<b>Circulated to Associate Director for scheduled care, Director of finance, Head of IT, CSAG members. Comments sent to author for revision.</b>
1.5	March 2024	Kate Kent	Review	<b>Revised version sent for final review. Including IG lead.</b>
2.0	March 2024	Kate Kent	FINAL	

# Appendix B: Equality Impact Assessment Screening Tool

For help and guidance see GU\_WF015 EIA Guidance or contact [fhc.edi@nhs.net](mailto:fhc.edi@nhs.net)  
Once complete please send the whole document to [fhc.edi@nhs.net](mailto:fhc.edi@nhs.net).

## **Equality Impact Assessment Screening Tool**

EIA No: <i>(To be inserted by EDI Lead)</i>		
What is being assessed? (Name of Policy, process, procedure, decision, guidance, change etc.)	Virtual consultation guidance	
Owner/Author:	Service manager-Transformation	
What are the main aims and objectives of the Policy/Document/project/programme/guidance/change	The overall aim of this document is to ensure that virtual platforms are used in an appropriate manner ensuring that staff are aware of their legal requirements concerning data protection; data sharing; risk assessment; safeguarding and privacy.	
Date EIA screening tool Commenced	March 2024	
Person leading the EIA	Name Job Title	Kate Kent Service manager - Transformation
	Date Completed	8/3/24

The Equality Act (2010) defines a range of protected characteristics we must think about when doing an EIA. These are age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex and sexual orientation. In relation to marriage and civil partnership only the discrimination aim applies, not advance equality of opportunity or foster good relations. Please consider these protected characteristics groups, along with other relevant groups such as carers when completing the EIA.

### **Section 1: SCREENING:**

**Do any of the following apply? (If so complete a full impact assessment):**

Criteria*	Yes	No
Could or does the policy, process, procedure, decision, guidance, change, etc affect one or more equality target group(s) in a different way to other groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could or do different equality groups have different needs in relation to the policy, process, procedure, decision, guidance, change, etc?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the policy, process, procedure, decision, guidance, change, etc actually or potentially contribute to or hinder equality of opportunity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the policy, process, procedure, decision, guidance, change, etc offer unique opportunities to promote equality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



*If all answers to the above are NO, a full assessment is not required. Please make reference to the fact that EIA Screening has taken place and forward the document to the EDI Lead at [fchc.edi@nhs.net](mailto:fchc.edi@nhs.net).*

*If you have answered YES to any of the questions above, please complete the full Equality Impact Assessment template in appendix c.*

## Further Information and Feedback

If you would like to find out more about our services, please visit our website at:

**[www.firstcommunityhealthcare.co.uk](http://www.firstcommunityhealthcare.co.uk)**

**If you would like this information in another format, for example large print or easy read, or if you need help communicating with us, please contact:**

**First Community (Head Office)**

Call: **01737 775450**

Email: **[fhc.enquiries@nhs.net](mailto:fhc.enquiries@nhs.net)**

Text: **07814 639034**

Address: First Community Health and Care, Orchard House, Unit 8a, Orchard Business Centre, Bonehurst Road, Redhill RH1 5EL

Twitter: **@1stchatter**

Facebook: **@firstcommunityhcNHS**

Instagram: **firstcommunityhealthandcare**

LinkedIn: **[www.linkedin.com/company/first-community-health-&-care-c-i-c/](http://www.linkedin.com/company/first-community-health-&-care-c-i-c/)**

TikTok: **[www.tiktok.com/@firstcommunityhcNHS](http://www.tiktok.com/@firstcommunityhcNHS)**