

# GUIDELINES FOR VIDEO CONSULTATIONS

<b>TABLE OF CONTENTS</b>		<b>Page</b>
<b>SECTION 1</b>	<b>INTRODUCTION</b>	2
<b>SECTION 2</b>	<b>IMPLEMENTATION CHECKLIST</b>	3
<b>SECTION 3</b>	<b>TERMS AND ABBREVIATIONS</b>	4
<b>SECTION 4</b>	<b>REQUIREMENTS AND GUIDELINES</b>	4
<b>4.1</b>	<b>Technical System Requirements</b>	4
4.1.1	Computer and software	4
4.1.2	Audio and Video Equipment	4
4.1.3	Skype	5
4.1.4	Connectivity	5
<b>4.2</b>	<b>Managing video Appointments</b>	5
4.2.1	Booking appointments	5
4.2.2	“Do not attends”	6
4.2.3	Contingency plans	6
4.2.4	Access and availability	6
<b>4.3</b>	<b>Communication via video</b>	7
4.3.1	Video communication	7
4.3.2	Messaging	7
<b>4.4</b>	<b>Information Governance</b>	<b>8</b>
4.4.1	Information governance checklist	8
4.4.2	Patient consent	8
4.4.3	Privacy and confidentiality	9
4.4.4	Recording and documenting	9
4.4.5	Virtual media applications account security	10
<b>SECTION 5</b>	<b>STANDARD OPERATING PROCEDURES</b>	11
<b>5.1</b>	Permissions	11
<b>5.2</b>	Creating a Clinic Account using <u>Skype</u>	12
<b>5.3</b>	Introducing video appointments to patients	13
<b>5.4</b>	Introducing <u>Skype</u> appointments to patients	14
<b>5.5</b>	Key questions to consider when implementing video appointments	15

## **SECTION 1 Introduction**

This document presents guidelines and standard operating procedures for setting and conducting virtual video consultations using Voice over Internet Protocol (VoIP) applications, such as Skype. There are several similar virtual media applications that can be used for video communication. Please indicate which VoIP application you wish to use on your 'business case application', as part of your service setup. Different applications have different design and security features, and any new applications may need to be reviewed by the ICT and Information Governance departments. The Trust may also at some point take a view on recommending one media application, so support can be standardised and one contract drawn up.

Virtual video consultations can play an important role in helping fit consultations around patients' everyday lives and maintain ongoing communication between patients and clinicians. However, use of video is mediated by factors that are specific to the individuals, including technical knowledge, support needs, motivation and familiarity with clinician. These issues need to be considered for each patient so that video can be used effectively.

This document offers guidance for the use of video consultations in a clinic practice and how to introduce this service to patients. This document is based on guidance produced as part of the VOCAL project, which was a collaboration between Barts Health NHS Trust, University of Oxford and Queen Mary University of London. The VOCAL project was funded by the National Institute for Health Research (NIHR) under the Health Services and Development Research Programme.

## SECTION 2 Implementation checklist

- Complete business case template for video consultations and gain stakeholder sign off
- Develop new process and agree roles
- Develop SOP for your service, including compliance with IG requirements and a local clinical risk assessment
- Complete new appointment request, appointment linking request, and clinic change request forms and submit to ICT
- Edit patient information leaflet
- Compile list of suitable patients. Ensure you have system for recording patient consent in patient notes and electronically.
- Agree metrics for evaluation and establish regular monitoring
- Agree clinic start date
- Develop staff and patient communications and comms plan
- Develop PDSA project plan
- Test new clinic format in trial run

## SECTION 3 Terms and Abbreviations

<b>Term</b>	<b>Definition</b>
Administrator	Clinic staff/co-ordinators who manage appointment bookings and patient records.
Clinician	Health professional conducting outpatient and video appointments
IT support	IT helpdesk team within the Trust
Patient	Person under department's clinical care using remote video consultations
Skype	Example Voice over Internet Protocol (VoIP) telephony service and software used to conduct remote consultations.

## SECTION 4 Requirements and Guidelines

### 4.1 Technical system requirements

#### *4.1.1 Computer and software*

All computers, and devices used, must be password protected to reduce risk of unauthorised access.

Patients may wish to use a mobile device to conduct the video consultation.

Different virtual media applications have different system requirements. Skype for example is supported by most computer operating systems, including Windows, Mac and Linux. Skype is also supported on all mobile devices with Window 8, Android (version OS 2.3 and above) and IOS for iPhones (version iOS5 and above).

Minimum requirements for conducting video calls include:

- 1 GHz CP (at least 1.8 recommended)
- 32 MB graphics card (at least 64 MB recommended)
- 256 MB memory (at least 512 recommended)

#### *4.1.2 Audio and video equipment*

If your computer does not have a built-in webcam, you will need to use a separate webcam. This should be positioned directly above the viewing screen, in the centre, to avoid mismatch between the viewer and the camera, providing a more realistic and direct interaction. Ensure that the patient has a built in or separate webcam on their computer or mobile device.

For standard video quality, the webcam requires a minimum image resolution (pixels) of 320x240 and a frame rate of at least 15 frames per second. If you require high quality video, the resolution would need an image resolution (pixels) of 640x480 and frame rate of 30 frames per second.

If the computer does not have a built-in microphone and/or speakers, then you will need an external microphone and speakers/headphones. Also ensure that the patient has built-in or separate audio devices.

Consider which listening device and volume settings would be appropriate to minimise risk of inadvertently disclosing information and maintaining patient confidentiality.

The audio input and output settings can be adjusted on the Skype applications under:  
**Tools→Options →Sounds.**

### ***4.1.3 Skype***

Skype is a Voice over Internet Protocol (VoIP) service that allows users to contact other Skype users through audio or video calls and instant messaging. All users must register an account and download the Skype software.

Audio calls can include two or more users (conference calls). All video calls can be conducted between two users (video conference calls require additional subscriptions).

The Skype software is regularly updated (e.g. to change the interface, add new features, fix bugs). The upgrades are conducted automatically when the user opens the application. This may require users to download new versions of the software.

For more information on the set up of ‘Skype’ consultations, please see previous version of this document, v06 which focused on the set up of Skype, including installing Skype and the management of Skype accounts..

### ***4.1.4 Connectivity***

All video communication requires internet connectivity. Minimum download speed/upload speed for a high quality video call is 400kps/400kps, but it is recommended that 500kps/500kps is used. Most broadband connections are sufficient for video calls.

It is important to ensure that the patient is aware that they require sufficient internet connectivity to conduct a video consultation. While home broadband connection will be sufficient, they should be aware that mobile or shared wireless network connectivity may vary and affect call quality.

## **4.2 Managing video appointments**

### ***4.2.1 Booking appointments***

Video appointment bookings should follow the same administrative processes and systems as any other outpatient appointment. The booking system should clearly indicate whether the appointment is a face-to-face or video appointment.

If a date/time for an appointment is agreed, or changed, directly between the patient and the clinician, the clinician must inform the administrator responsible for the booking, so that standard procedures can be followed. Appointment letters sent to patients must indicate whether the appointment is by video or face to face.

The patient should be advised to contact the administrator directly to cancel or reschedule any appointments, rather than calling or messaging the clinician directly.

The patient and clinician should have met in person at least once before the video consultation. If a clinician is replaced by colleague or locum clinician, then it is important to make the patient aware of this. In such an event, the patient should also be given the option to change their video appointment to a face-to-face appointment.

#### **4.2.2 “Do not attends”**

The clinician should inform the administrator if a patient does not ‘attend’ their appointment via video (i.e. they do not answer the call or they are ‘offline’ and cannot be contacted via video).

It is possible that the patient is delayed setting up their device/computer or may be experiencing technical difficulties (e.g. loss of internet connection). Clinicians should therefore check the video application shortly after the appointment time in case the patient comes ‘online’ or attempts to make contact. Where possible, the clinician should make contact with the patient to continue with the appointment or re-arrange a time later that day.

#### **4.2.3 Contingency plans**

It is important to ensure that the video technology is working prior to the appointment. If a technical problem occurs shortly before a scheduled video appointment, then the clinician should contact the patient by phone or other means (with prior agreement of patient) where possible to inform them of the problem.

Make sure that all contact details (home, mobile phone number, email) are up to date when introducing video appointments to patients, so that they can be contacted in the event of technical difficulties. Ask patients to confirm which number you can contact them on if there are any problems connecting via video and remind patients to have their phone (or other forms of communication) available before the consultation so that they can be easily contacted.

Staff and patients should log into their system at least 15 minutes before the appointment to make sure it is working. Patients should be reminded to do this in their appointment letter

#### **4.2.4 Access and availability**

Patients may wish to contact the clinician via video outside of scheduled appointments (e.g. to ask questions about their condition). The clinician should decide whether they wish to use video in this way. If the clinician does not wish to be contacted or messaged outside of scheduled appointments, this should be explained to patients.

The clinician should only contact the patient via video at prior agreed appointment times, unless the patient initiates the contact.

Different virtual media applications will have different features for instant messaging and ad-hoc contacts. Whilst logged into Skype, you can modify your 'online status' to prevent incoming calls by selecting the 'do not disturb' option under: **Skype → Online Status**.

It is important to routinely check your application to check if any calls or messages have come through while you were away from your computer.

Patients should be made aware if a video clinic account will not be used over a long duration (e.g. clinician is on leave) and that it is not to be used in an emergency situation.

## **4.3 Communication via video**

### ***4.3.1 Video communication***

The video can support the consultation by enabling a visual/physical assessment and non-verbal communication. It is also important to acknowledge potential limitations of video mediated communication and the suitability of this medium depending on the patient and their care support needs.

The webcam should be positioned level with your eye or slightly higher. This is important for patients to sense a level of engagement with the clinician during the consultation. It is advised that other electronic applications being used (e.g. Patient Electronic Record, email, clinical letters) are displayed on the same computer screen to avoid having to turn away from the camera.

All applications can be opened and viewed simultaneous by minimising/maximising them during the consultation. The camera viewer will minimise to the forefront of the screen so that it can still be viewed while other applications are in use.

### ***4.3.2 Messaging***

Where the application you are using allows instant messaging, patients may potentially send messages for a number of reasons, such as rescheduling appointments, requesting a video call or to ask questions about their condition.

Where applicable, you can send and receive messages with patients using free text, however this is only if the patient initiate it (please note: you do not have permission to contact the patient outside of their agreed appointment time, unless they initiate contact). You must be online to send or receive a message. If the message recipient is offline, they will be able to view the message once they come back online. You should check to see if you have received any messages every time you come online after a period of time, and routinely check for any incoming messages.

## **4.4 Information governance**

### ***4.4.1 Information governance checklist***

The following checklist will ensure that Information Governance requirements are followed. Further details are provided in the following subsections.

Information Governance checklist:

- Ensure prior face to face contact with patient before commencing Skype to confirm patient identity (unless you have had special permission agreed as part of your set up process, agreed with data protection)
- Record verbal consent of patient to use of video for their clinical consultations (i.e. on EPR or local database)
- Ensure patient is aware of how video will be used and their responsibilities (detailed in the Service Patient Information Leaflet)
- Do not store Skype contact details, or any other video contact details, on EPR (this is because these contact details will have been given for a specific purpose and not for general use)

### ***4.4.2 Patient consent***

All patients need to be fully aware of any precautions required and potential risks of using video. Their consent to use video must be documented after they have had time to listen to and read the relevant information.

You need to ensure that patients are fully aware and understand the following information, either verbally and/or in written communication:

- That the use of video is completely voluntary and you can change your video based appointment to a face to face appointment at any time
- 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 unauthorized eavesdropping
- With some virtual media applications personal information can be stored locally on the computer being used, and patients need to be aware of this, particularly if they're using a public or shared computer (this applies to Skype but not all applications)
- 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 recorded and stored on the patient record.
- That response to patients is not guaranteed and that the video service should not be used as an emergency contact.

This information is included in the Service Patient Information Leaflet.

The patient must provide verbal consent to confirm that they understand how video will be used and their responsibility before conducting any video consultations. The verbal consent must be documented.

If using skype, and they share their account with other people (e.g. family members), it is important to ensure that the patient creates their own account or is happy to use a shared account and has discussed this with the other members using that account.

#### ***4.4.3 Privacy and confidentiality***

A video consultation must be treated like any other outpatient consultation, in which any sensitive or confidential information is safeguarded at all times. As participating parties on a video call cannot see the full environment at the other end of the web-link, it is important that patients are 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.

Close the office door when initiating/receiving a video call and use signs/notices on the door to indicate that a consultation is taking place. Also, make other staff members aware that video is used to conduct consultations in the clinic

Do not answer a call if you are conducting another consultation. If you decide to answer a call when other staff members are present, then inform the patient who is present or ask the staff member to leave.

You must follow the same procedures regarding patient confidentiality as detailed in the organisation's information security protocols. This includes the use of any additional video related information, such as a Skype 'user name', which should be stored securely (within a local database set up for the agreed video consultations) and should not be disclosed to someone who does not have the right or need for the information, even if it does not appear to reflect person-identifiable information.

#### ***4.4.4 Recording and documenting***

The content of any video consultation should be recorded in the same way as any other outpatient consultation.

The clinician must judge whether outcomes from a patient initiated call warrant documentation on their patient database. There may be occasions in which patient initiated contact does not need to be recorded (e.g. they wish to confirm information following a recent consultation), but there may also be occasions when it should be recorded (e.g. the patients is experiencing

medical symptoms and requests help or advice). The clinician should determine the necessity to record these encounters based on the relevance of the conversation to their care.

Similarly, correspondence with other health professionals, including the patient's GP will depend on the nature of the discussion over video, and whether the clinician judges the advice to be important or affects clinical management.

The video consultation itself is not to be recorded by NHS staff, however please be aware that patients have the right to record a session themselves hence staff must be prepared for this level of potential scrutiny.

#### **4.4.5 Virtual media applications *account security***

Any staff requiring installation of software for video consultations must contact the IT department to conduct the download.

If required to set up an account on your virtual media application, then the account must be registered using a Trust NHS email and be used solely for clinical use, rather than personal use. Trust employees should not register an account using their personal email address. The Trust email system is more secure than internet based email accounts. Account passwords can typically be sent to registered email addresses on request, and so registration with a Trust account minimises risk to unauthorised access.

Account passwords should;

- Use a combination of letters, numbers, and characters
- Use at least 8 characters
- Not be revealed to anyone nor stored where anyone could see or access them.
- Not be easy to guess (e.g. the same as your username).

The clinician should change their account password (at least every 6 months).

Staff must only use virtual media accounts on a password protected PC. It should not be used on a shared or public computer to avoid unauthorised access. If the clinician wishes to keep the virtual media application open (i.e. to receive patient initiated calls/messages) then they must lock their PC when away from the desk; 'Ctrl+Alt+Del' key sequence locks the PC; Ctrl+Alt+Del unlocks the computer on entry of the password.

Please note: the Skype application remains open in the 'background', even when the application has been closed. Therefore, it is important to logout of the Skype account when it is not in use by going to: Skype → Sign out.

See SOP below for creating and managing Syype accounts (5.2).

## **SECTION 5: STANDARD OPERATING PROCEDURES**

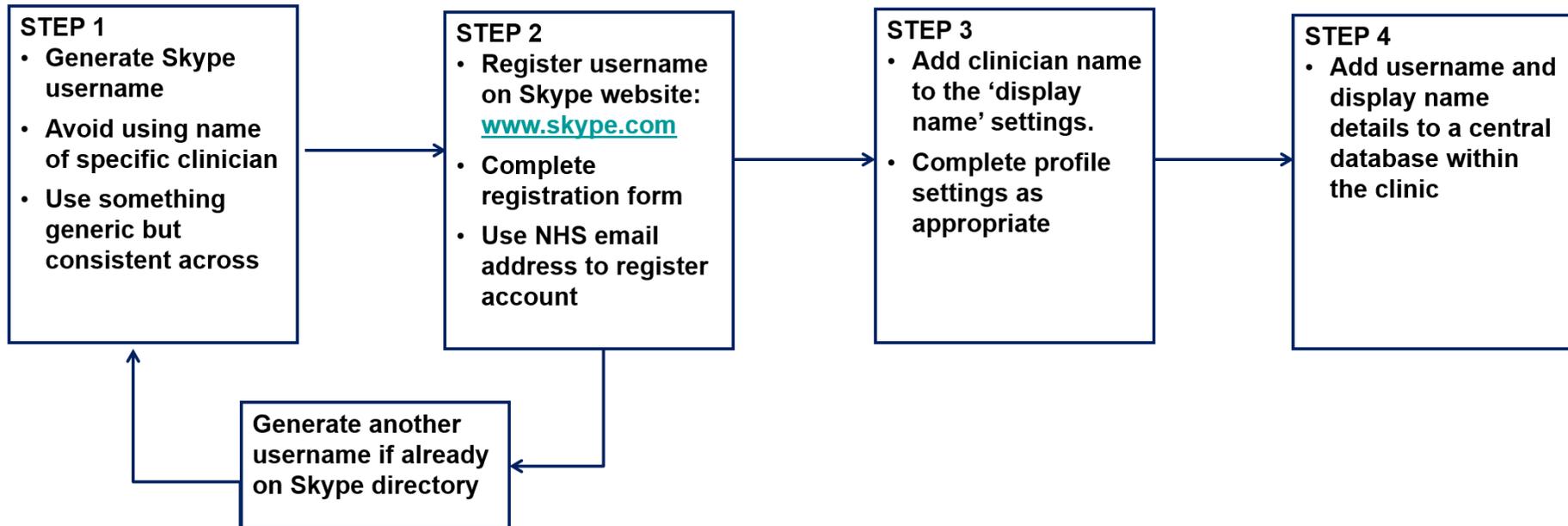
### **5.1 Permissions**

New users should ensure that they obtain a 'business case' document from Alice Morrissey (alice.morrissey@bartshealth.nhs.uk). This document should be completed and approved. An email confirming approval of the business case can be submitted to the ICT helpdesk along with any request to install necessary software. Alice Morrissey will be able to provide guidance. All requests to install software and software upgrades must be routed via the Trust IT helpdesk via email, including the computer ID number.

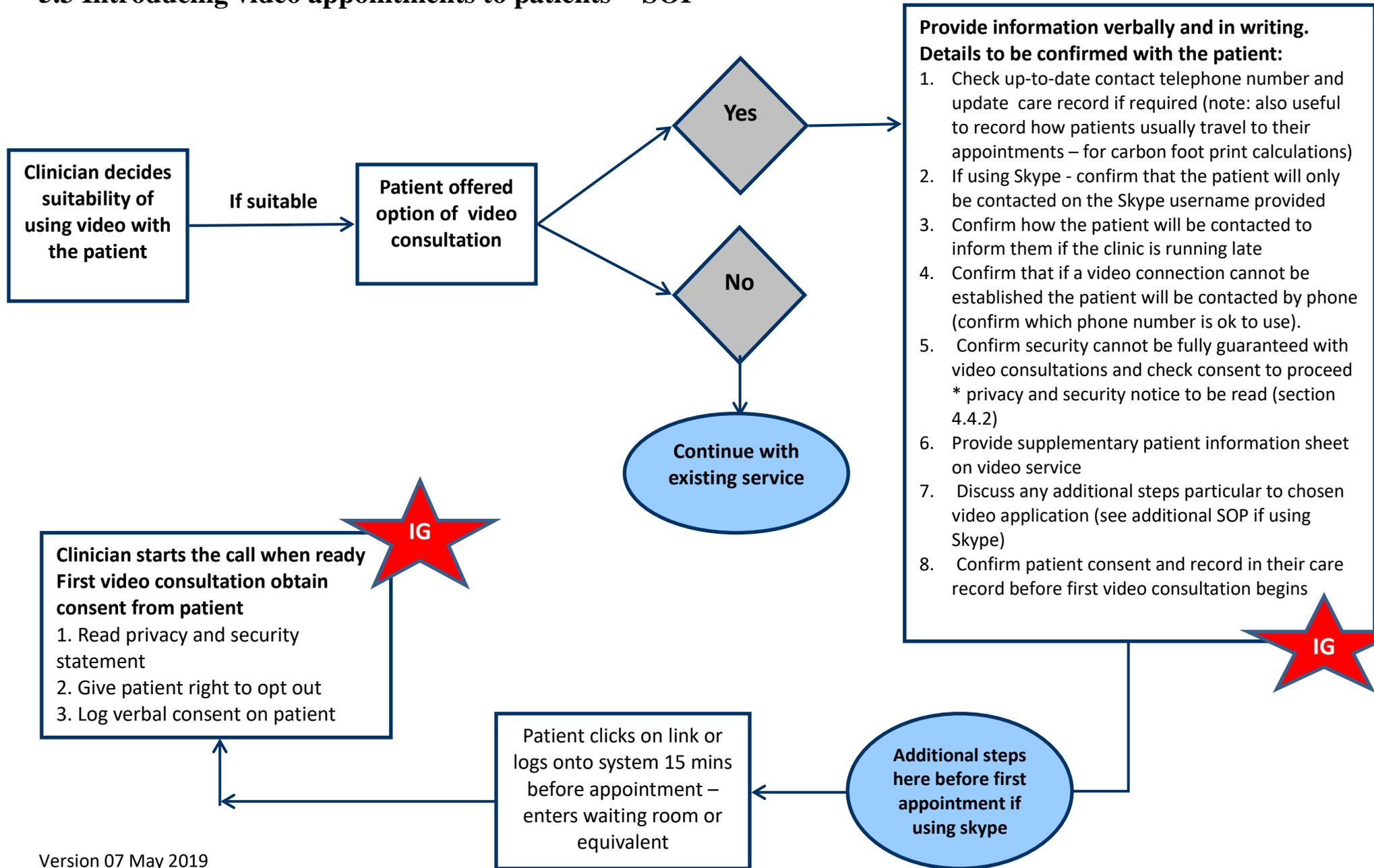
## 5.2 Creating a clinic account using Skype

### Standard Operating Process – Creating a clinic account

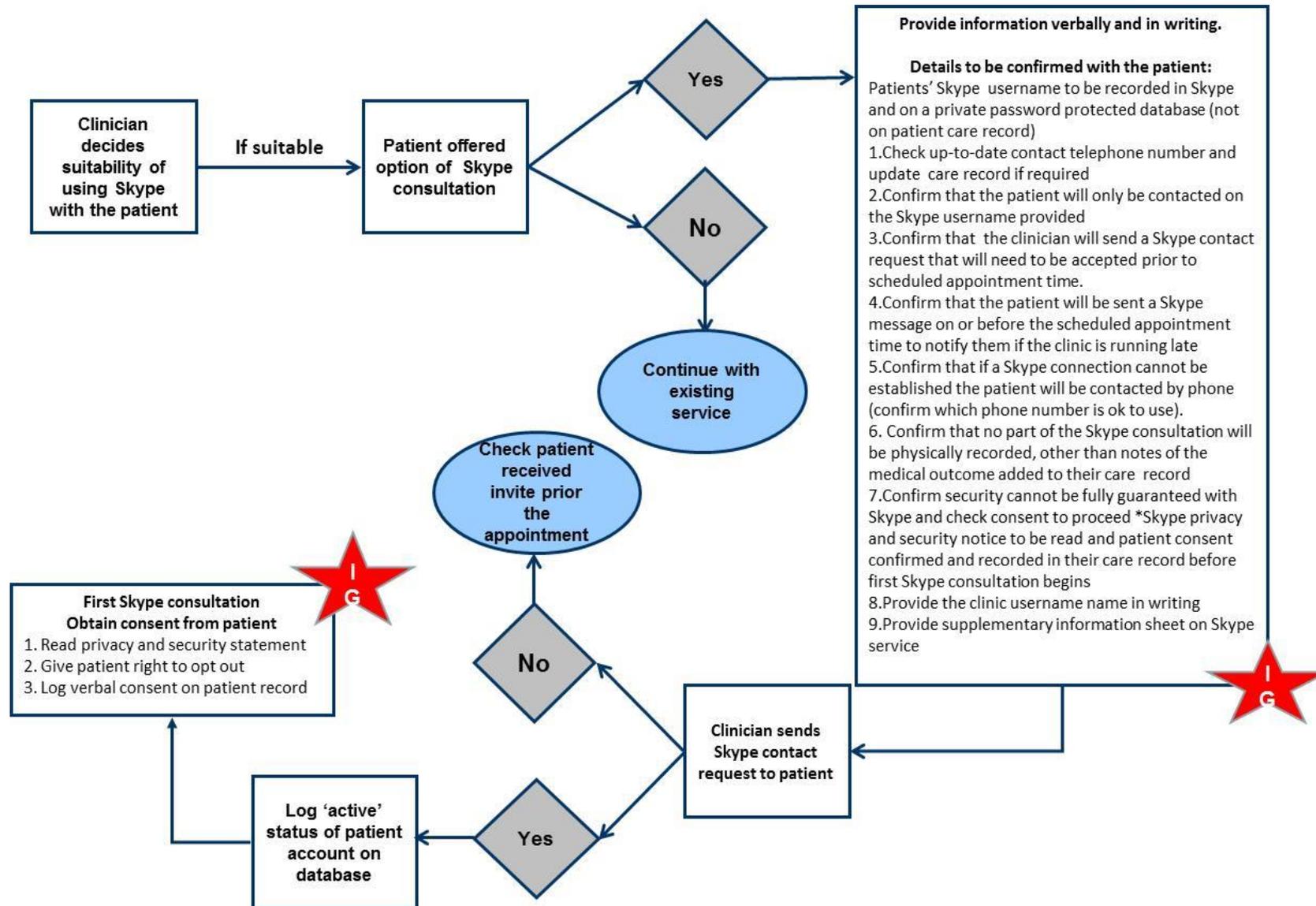
- Staff will require their own clinic Skype account
- Do not use personal Skype accounts for consultations
- All clinic account usernames should be generated and stored centrally within the clinic to keep track of usernames in use within the clinic



### 5.3 Introducing video appointments to patients - SOP



## 5.4 Introducing Skype appointments to patients -



## 5.5 Key questions to consider when implementing video appointments

Please refer to steps in the ‘Introducing Skype / video to patients’ diagrams above

Step	Questions to consider:
<b>Deciding suitability of patient</b>	<ul style="list-style-type: none"> <li>• Will you start with existing patients who you know well?</li> <li>• What types of patients would be suitable? (eg stable LTCs, demographics etc)</li> </ul>
<b>Offering appointment to patient</b>	<ul style="list-style-type: none"> <li>• What type of appointments will you offer? Eg general follow up appointments, with consultant, with CNS, will you need diagnostics etc?</li> <li>• Will you proactively recruit patients before their next face to face appointment, or will you wait until you see them? If you plan to contact patients proactively, the Patient Information Leaflet will need to be sent to them. How will you contact hard to reach patients?</li> </ul>
<b>Additional steps if using Skype</b>	<ul style="list-style-type: none"> <li>• If using Skype -               <ul style="list-style-type: none"> <li>- who will record the patient Skype address and where? We recommend keeping a database of patient Skype contact details</li> <li>- If patient doesn't have a Skype address, will you help them to set one up? If they can't remember their address, who will follow up with them to obtain it?</li> </ul> </li> </ul>
<b>Details to be provided to patient (see 5.3 and 5.4 above)</b>	<ul style="list-style-type: none"> <li>• This information is included in the Service Patient Information Leaflet and can be handed to the patient at their F2F appointment or sent to them. If they consent to using video, who will record their consent and where will this be recorded?</li> </ul>
<b>First call</b>	<ul style="list-style-type: none"> <li>• How will you record patient consent and appointment notes?</li> <li>• If you allow instant messaging, what are the rules/ expectations you will set with the patient around this?</li> <li>• How will you manage potential patient requests for flexibility for different appointment types? Who will record the changes?</li> <li>• How will you manage the late running of video clinics? Who will contact the patient to let them know the clinic is running late?</li> </ul>

