



Online and Remote Consultations Policy

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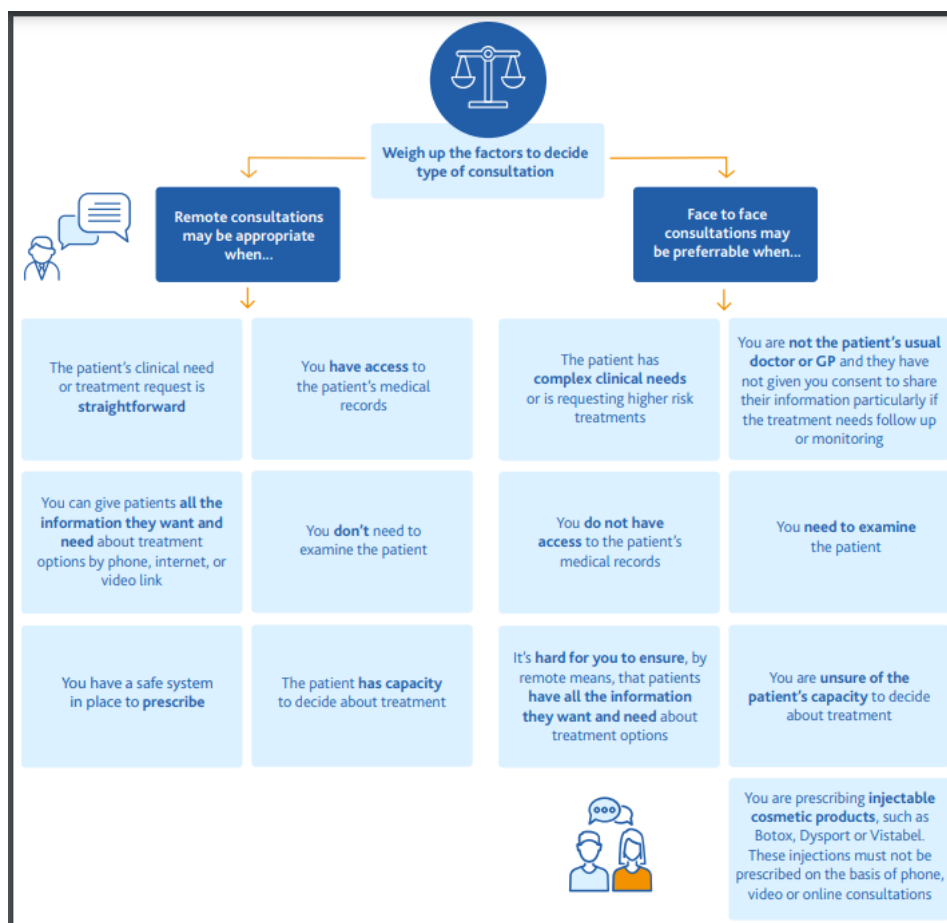
Principles

Demand for remote consultations (including on the phone, on video or online) has increased, and the mechanisms and technology for providing them have also improved. With this opportunity comes risk and wisdom on how to handle that risk, ensuring that patient care is still high priority and that the convenience of remote consulting does not end up worsening health care outcomes for patients.

Our practices are all at different stages in their digital offer and so these principles cover all types of remote consultations and should be adapted for each practices context.

Online triage is available at some practices for patients to request medical advice or things like sick notes or prescriptions. These will be initially triaged by admin and then sent to the appropriate clinician.

When a patient rings for an appointment, the receptionists will offer them the choice of a telephone or face to face appointment. In many cases, the patient will make an informed and suitable choice, however this guidance helps weigh up the factors that might inform which type of consultation is more appropriate for a patient. If a patient chooses a telephone consultation but the clinician feels that it warrants being a face-to-face appointment, the doctor should ask the patient to come to the practice if there is availability, or rebook.



The GMC provide 10 main principles to underpin guidance around remote consulting which are useful to understand. These can be found here, and are summarised below: <https://www.gmc-uk.org/ethical-guidance/learning-materials/remote-prescribing-high-level-principles>.

Principle 1 – Make patient safety the first priority and raise concerns if the service or system you are working in does not have adequate patient safeguards, including appropriate identity and verification checks.

Principle 2 – Understand how to identify vulnerable patients and make appropriate steps to protect them.

Principle 3 – Clinicians should tell patients their name, role and (if online) professional registration details, establish a dialogue and make sure the patient understands how the remote consultation is going to work.

Principle 4 – They should explain that: a) they can only prescribe if safe to do so.

b) it's not safe if they don't have sufficient information about the patient's health or if remote care is unsuitable to meet their needs

c) it may be unsafe if relevant information is not shared with other healthcare providers involved in their care

d) if they can't prescribe because it's unsafe they will signpost to other appropriate services.

Principle 5 – They should obtain informed consent and follow relevant mental capacity law and codes of practice.

Principle 6 – They should undertake an adequate clinical assessment and access medical records or verify important information by examination or testing where necessary.

Principle 7 – They should give patients information about all the options available to them, including declining treatment, in a way they can understand.

Principle 8 – They should make appropriate arrangements for after care and, unless the patient objects, share all relevant information with colleagues and other health and social care providers involved in their care to support ongoing monitoring and treatment.

Principle 9 – They should keep notes that fully explain and justify the decisions they make.

Principle 10 – They should stay up to date with relevant training, support and guidance to providing healthcare in a remote context.

Practicalities

While online or remote consultations can be appropriate in many different settings, including housebound patients or those working shifts, there are some groups of patients that we should be cautious about not seeing face to face on an ongoing basis. We should also be aware that not all patients have access to internet or a working phone, or would describe themselves as computer illiterate. These patients should be supported in accessing our services through other channels.

If a patient has only had consultations on the phone or video for the same issue more than 3 times with no change, they should be invited in for a face to face appointment. If the patient is a child with a new presentation, they should have a face to face appointment. If the patient has severe mental health problems, they should be encouraged to have face to face appointments whenever possible. If there are safeguarding concerns, including concerns about who is listening to the appointment or that they are not able to be honest, then the patient should be encouraged to come to a face to face appointment.