

COVID-19: guide for rapid implementation of remote consultations

In line with current UK-wide advice **all non-essential health and social care delivery must stop**. Providers of all community care must consider if remote consultations can allow for services to be provided without any physical interaction. Members working in non-essential services are likely to be made available to assist with essential services as per local need.⁽¹⁾

This guide provides practical advice for physiotherapists and support workers to implement remote consultations rapidly and efficiently. This includes video consultation (e.g. Skype, FaceTime, Whatsapp, other commercial products), telephone consultation, email and mobile messaging. Setting up remote consultation options normally requires time, planning and incremental introduction.

However, in these extenuating circumstances the CSP endorses a more rapid approach to implementation to minimise risks of exposure to COVID-19 to patients, the public and healthcare staff.

Remote consultations are covered by CSP PLI (subject to policy terms and conditions) and should be considered when appropriate.

When should remote consultations be used?

A remote consultation should be used:

- For clinicians who are self-isolating
- For patients with symptoms of or confirmed COVID-19 infection
- For patients who are at high risk of COVID-19 infection
- For patients who are worried about attending appointments or having visitors, or with heightened anxiety (video consultation may be more reassuring than a phone call)
- For patients in care home settings with staff available to support the consultation
- In line with changes to local operating procedures and guidance
- To maintain social distancing.^(2, 3)

When are remote consultations not appropriate?

Only management of acutely unwell COVID patients, in the support of discharge from hospital or for emergency/urgent symptoms should a patient be physically seen. All non-essential physiotherapy must stop with remote consultations used instead.

Professional judgement

Clinicians should use their professional judgement to make decisions about the most appropriate consultation method on an individual basis.

Group classes should not be delivered physically face-to-face at this time and alternative methods of self-management such as online and web-based resources should be considered.⁽⁵⁾ This presents an opportunity for physiotherapists to develop digital approaches which enable patients to access advice and support virtually. NHSX supports the use of off the shelf video conferencing tools like Skype, FaceTime and WhatsApp as well as commercial products designed specifically for this purpose.⁽⁶⁾ Read more at <https://www.nhs.uk/key-information-and-tools/information-governance-guidance> and see our FAQs for advice on digital tools available.

The University of Oxford have produced step by step guidance on delivering video consultation in general practice although this also may be applicable to other settings.⁽³⁾ Read more here: <https://bigplife.com/2020/03/18/video-consultations-guide-for-practice/>.

For more information about digital tools available and how they can allow for virtual delivery of physiotherapy services visit our [Digital Tools page](#).

Top tips

- If there is no other alternative, you can use your own devices to carry out remote consultations and communicate with colleagues. Take reasonable steps to minimise risk:
 - Set a strong password
 - Use secure channels to communicate e.g. tools/apps that use encryption
 - Do not store personal/confidential patient information on the device unless absolutely necessary and appropriate security is in place
 - Check that your internet access is secure (e.g. use a Virtual Private Network, avoid public wi-fi) and use security features
 - Transfer information to the appropriate clinical record as soon as practically possible.⁽⁶⁾
- Patients should be informed that the use of remote consultation is voluntary⁽⁷⁾; however, face-to-face appointments may not be available at this time. A patient's consent is implied by them accepting the invite and entering the consultation.⁽⁶⁾
- In these circumstances, you can use mobile messaging to communicate with colleagues and patients if needed. Commercial apps such as WhatsApp and Telegram can be used where there is no practical alternative and the benefits outweigh the risk.⁽⁶⁾
- Video consultations are securely encrypted, however, it is the patient's responsibility to ensure that they have adequate anti-spyware and anti-virus protection on their equipment/devices. If patients are using a mobile phone, they must be made aware that it can only be as secure as any other phone call on that mobile network.⁽⁷⁾
- Patients need to be made aware of any precautions required and potential risks of a remote consultation. Patients should also be informed that the consultation will not be digitally recorded without their prior consent but clinical outcomes from the consultation will be recorded and stored on the patient record.⁽⁷⁾
- A remote consultation must be treated as any other consultation in which sensitive or confidential information is safeguarded at all times.^(6, 7) Take all possible steps to reduce any risks to patient confidentiality.^(6, 8)

- Make patients aware if there are any other people in the room who may see and/or hear the consultation. You must gain the patient’s consent to conduct the consultation with other people present.⁽⁷⁾
 - Take reasonable steps to ensure privacy. Close the door, put a notices on the door and make staff aware that video consultations are underway.⁽⁷⁾
 - Do not answer a call during a video consultation where possible.⁽⁷⁾ If a call is urgent, end the consultation and re-commence at a later time/date.
 - Follow your organisation’s information security protocols regarding patient confidentiality.⁽⁷⁾
 - Treat ‘display name’ and ‘user name’ in the same way as any other information you hold about a patient that could identify them- these should be stored securely and must not be disclosed to someone who does not have the right or need for the information.⁽⁷⁾
- Record remote consultations in the same way as any other consultation.⁽⁷⁾ Refer to HCPC and CSP standards.^(9, 10)
 - Where possible, for patients who are less familiar with the technology you are using consider doing a test call to allow the patient to try it out and check that the video and audio works before the consultation.⁽¹¹⁾
 - Make patients aware that they should not use remote consultation services as an emergency contact.⁽⁷⁾

References

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