



COVID-19: guide for rapid implementation of remote consultations

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.

A remote consultation may be appropriate:

- 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).⁽¹⁾

Remote consultations may not be appropriate if:

- patients have complex clinical needs
- you do not have access to the patient's clinical records
- physical examination is required
- the patient hasn't consented to share their information,
- you are unsure of the patient's capacity to consent.⁽²⁾

Patients who are otherwise well and in need of general advice could be directed to self-management audio or online resources.⁽¹⁾

Clinicians should use their professional judgement to make decisions about delivering group sessions; however, in these unprecedented circumstances it is likely group rehabilitation delivered in outpatient and community settings will be cancelled. This presents an opportunity for physiotherapists to develop digital approaches which enable patients to access group rehabilitation 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. Read more at <https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance>.

- 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.⁽³⁾
- Patients should be informed that the use of remote consultation is voluntary⁽⁴⁾; 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.⁽³⁾
- 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.⁽³⁾
- 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.⁽⁴⁾
- 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 but clinical outcomes from the consultation will be recorded and stored on the patient record.⁽⁴⁾
- A remote consultation must be treated as any other consultation in which sensitive or confidential information is safeguarded at all times.^(3, 4) Take all possible steps to reduce any risks to patient confidentiality.^(3, 5)
 - 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.⁽⁴⁾
 - Take reasonable steps to ensure privacy. Close the door, put a notices on the door and make staff aware that video consultations are underway.⁽⁴⁾
 - Do not answer a call during a video consultation where possible.⁽⁴⁾ 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.⁽⁴⁾
 - 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.⁽⁴⁾
- Record remote consultations in the same way as any other consultation.⁽⁴⁾ Refer to HCPC and CSP standards.^(6,7)
- 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.⁽⁸⁾
- Make patients aware that they should not use remote consultation services as an emergency contact.⁽⁴⁾

References

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