

STANDARD OPERATING PROCEDURE PATIENT VIDEO CONSULTATIONS (SOP20-038)

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Name of Trust Strategy/Policy/Guidelines this SOP refers to:	<ul style="list-style-type: none"> • Health and Social Care Records Policy • Confidentiality Code of Conduct • Photographing, Video and Audio Recording procedure

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0		
2.0	Nov-20	<i>Reviewed and updated Approved at Information Governance Group</i>
2.1	Jan-22	<i>Reviewed and updated Minor amendments Technical change with recordings in MS Teams no longer stored in chat, but stored in folder in user's oneDrive area Approved IG Group 12-Jan-22</i>
2.2	Jan-24	<i>Reviewed with minor amendments. Clinical Systems Team updated to Digital Team. Guidance removed on inviting attendees using the BCC and a link to the latest guidance on the IT Service Desk Solutions System added instead. Section 8 updated in relation to the storage of recordings, to incorporate Teams that now use SharePoint to store data. References updated. Approved at IG Group (24 January 2024).</i>

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1. INTRODUCTION

Where it is not possible or not desirable to carry out face-to-face consultations with patients, a number of technical solutions are available to carry out video-consultations. Over time, the trust may use one or more technical solutions such as, MS Teams, Upstream or GoToMeeting (for group therapies). This SOP describes the governance arrangements around the use of electronic applications for carrying out video consultations.

2. SCOPE

These Standard Operating Procedures are aimed at clinical staff; consultants, junior doctors, unit managers/team leaders, nursing staff, support staff, therapists, psychologists, psychotherapists, students and agency staff where appropriate. These are clinical staff from all service areas across the trust; Community Services, Mental Health Services, Learning Disability Services, Forensic Services, Specialist Services, Children's Services, Therapy Services and Acute Services.

This Standard Operating Procedure should be applied when a clinician carries out Video Consultations with patients.

User guides are available for each of the video consultation solutions in use at any one time.

This SOP is not required where one of the solutions is only used to facilitate meetings between staff, and no patients are present.

3. DUTIES AND RESPONSIBILITIES

This clearly states the accountability and responsibility of staff at all levels including the standard operating procedure lead and as appropriate; heads of service, departmental heads, key personnel and Trust staff.

Chief Executive

The chief executive will assume overall responsibility for ensuring the Trust has appropriate arrangements in place for the management of the access to and the use of any technical solutions for carrying out video-consultations with patients.

Executive Director of Nursing, Allied Health and Social Care Professionals

The executive director of nursing, allied health and social care professionals has delegated responsibility for ensuring the Trust has in place appropriate policies and procedures for the management of access to electronic patient data.

Digital Team

The Digital Team is responsible for providing clinical staff with the ability to access the video consultations solution. It is also responsible for removing the access when it is no longer needed. It is also their responsibility to audit the access.

Managers and Clinical/Professional Leads

Managers and clinical/professional leads are responsible for the implementation of this procedure in their clinical areas and ensuring that systems are in place to achieve the standards within this procedure for information, dissemination, monitoring, incident reporting and employee training. They also have the responsibility of authorising access to the relevant applications for employees who report to them and also agency staff.

Team Leaders and Charge Nurses

Team leaders and charge nurses are responsible for authorising access to the applications for clinical staff who report to them and also agency staff working in their clinical areas. They are also responsible for informing the Digital Team (via the IT Service Desk) of staff members no longer requiring access due to a change in role or leaving the organisation.

All Clinical Staff

All clinical staff are responsible for accessing the applications only for clinical reasons and accessing patient data that is pertinent to their job role or clinical work area only.

4. PREPARATION PRIOR TO THE CONSULTATION

Before commencing the consultation with the patient, staff should carry out the following pre-emptive steps:

- You should ensure that you are confident in the use of the application, so that you are aware how to pause the call or mute the call, should this be necessary during the consultation.
- The video call should be pre-arranged with the patient. The consent of the patient is implied by the patient accepting the invite and entering the consultation. This will be documented in the record.
- The video consultation must be setup as a formal appointment in the relevant application, not just done on an ad hoc basis.
- Prior to the appointment, clinicians will ensure that the camera is positioned at eye level or slightly higher. This is important for patients to sense a level of engagement with the clinician during consultation.
- Clinicians will ensure that other applications cannot be viewed by the patient during the appointment. These applications should be minimised during the consultations.
- Ensure you are in an area where the call cannot be overlooked, overheard or viewed by anyone who does not have the right to be party to the consultation. You should not carry out the consultation in public areas. It should ideally be done from your home (and no other family members are in the room), a Trust site, or other secure location at an NHS site. Use headsets to minimise information being overheard.
- Office doors must be closed when initiating/receiving a video call and use signs/notices on doors to indicate that a consultation is taking place. Other staff members should be made aware that video consultations are being undertaken.
- Ensure that you have the correct contact details for the patient.
- Ensure that you have all of the relevant notes available. If it is not possible to view the notes during the actual consultation itself, make sure you have prepared sufficiently prior to the call.
- You should be aware that the application may disclose your NHS.net email address to the patient.

5. COMMENCEMENT OF THE CONSULTATION

On commencement of the video consultation, before discussing the patient's situation please consider the following:

- Confirm that you have established the connection with the correct patient. Ask the patient to confirm their name and date of birth.
- Ask the patient if they are comfortable with having a video-consultation in this instance.
- Assure yourself that the patient appears to be in an environment where they are safe, and that the conversation cannot be overheard by anyone else. If you have any doubts, ask the patient to confirm their location and situation.

- Assure yourself that the patient is not under duress, and in particular may not be coerced by another individual to provide responses which may be inaccurate or misleading. Think safeguarding.
- Make the patient aware that whilst the video consultation itself will not be stored in the clinical record, that the date, time, duration, purpose and what was discussed during the call would be noted in the clinical record.
- Make the patient aware that your NHS.net email address may be disclosed to them, and that this email address should not be shared with anyone nor should the patient use it for direct contact with the clinician.
- Limit the use of personal/confidential information during the call, use only what is necessary to provide care.
- If there is a failure in technology, the consultation should be completed over the telephone where possible.

6. AFTER THE CONSULTATION

Once you have completed the consultation, you should close the call and update the patient notes in the same way had it been a face-to-face consultation, though you should specifically ensure that the notes reflect that it was a video-consultation that was carried out in this instance.

7. GROUP SESSIONS.

Trust video conferencing tools can also be used to provide groups sessions for patients. It should be clear to patients that they are joining a group session and that any information they share during the session will be seen or heard by others in the group.

Participation in the group should set out clear terms of use, e.g. do not take screenshots or record the session.

Services should provide as much information as possible so that patients can make an informed choice as to whether they would like to participate in the session.

Please make sure that session invites are sent using the Bcc function to avoid sharing personal contact details with others. For guidance on how to setup a MS Teams session using the Bcc function please visit the [IT Service Desk Solutions System](#)

8. OTHER CONSIDERATIONS

- Existing professional standards and Trust policies for confidentiality and record keeping must be followed as for current face to face meetings.
- Only Trust encrypted devices can be used to access online meeting services. Personal equipment should not be used.
- Documents containing patient information may only be shared via screen sharing and must not be uploaded on to online meeting service.
- Recordings of clinical meetings may be made if it is necessary, e.g. for clinical supervision. Recording must be made and stored in line with the Trust's Photographing, Video and Audio Recording Procedure.
- The MS Teams recording is stored in the OneDrive Recordings folder of the person who clicked "Record" in the meeting. The recording should be moved from One Drive to the relevant secure folder on the V: drive or Teams (where applicable). Patients attending as a guest will not be able to download the recording, but it will be available to them via the Trust's Access to Records Procedure.

- If the meeting will result in a significant change to clinical process or clinical ways of working, the clinical safety officer must be consulted and the clinical safety considerations documented.

Clinician conducting the video calls must ensure:

- all attendees at the consultation must have a “legitimate relationship” with the patient
- attendees are invited securely, e.g. NHSmail
- attendees are invited to the correct meeting and verify prior to sending to the invite
- the correct participants have joined the meeting
- participants are in a secure location for personal information to be discussed
- Meeting passwords and settings are considered so that meeting participants can be admitted as appropriate
- A privacy statement is issued at the start of the meeting – detailing who you are, what you are going to do with the information, who will have access to it and why.

9. REFERENCES

Further information is available regarding the use of each of the remote consultation solutions on the relevant pages on the intranet.

[Using video conferencing and consultation tools - NHS Transformation Directorate \(england.nhs.uk\)](#)

[Remote consultations - ethical topic - GMC \(gmc-uk.org\)](#)

[Conducting remote consultations - The MDU](#)

Also:

Health and Social Care Records Policy
Confidentiality Code of Conduct
Photographing, Video and Audio Recording procedure
Clinical Risk Management System