Evidence for Practice

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Optimising remote consultations post Covid-19: lessons from primary and secondary care settings

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Summary

The 10 Year Health Plan for England sets out the shift from analogue to digital across the NHS. This includes tools to widen patient choice via the NHSApp and access to remote consultations, including e-consult, telephone and video, via features such as *MyConsult*. It is important that these tools are designed and implemented in line with the growing evidence base on remote consultations.

This report presents findings and recommendations from research to understand the experiences of patient access and clinical provision of remote care in London during the Covid-19 recovery period (February-March 2022). Participants included 34 patients and clinicians in primary care mental health and secondary care cardiology settings. Commonly discussed themes related to choice of remote modality and confidentiality.

Choice

Both patients and clinicians observed that they did not influence the initial transition to remote consultations. Some clinicians referred to a 'top-down' decision-making process, whilst patients reported that clinicians usually decided which *type* of consultation was offered.

Clinicians' choice was influenced by perceived efficiency and availability of resources. Telephone consultations were considered to efficient, convenient, and generally acceptable for routine care. However, video consultations offered valuable visual cues for clinicians and enhanced rapport with patients, although technical and logistical challenges were reported.

Confidentiality

Patients and clinicians expressed confidence in the confidential nature of remote consultations, best achieved via telephone.

Video consultations were valued for enhancing communication, assessment, and rapport, especially in mental health care. However, patients reported that the strongest relationships were often built through prior face-to-face interactions.

Access to a private room to undertake consultations was deemed important but not always feasible, particularly with video consultations. Access to an interpreter to overcome language difficulties was described as a key challenge faced in remote consultations.

Recommendations for healthcare providers

- Ensure face-to-face consultations are offered alongside remote consultations to balance needs, choice, safety, patient-clinician rapport, and efficiency.
- Whilst this hybrid model brings wider opportunities and greater flexibility for patients and clinicians to access or provide care, and an initial consultation held remotely is acceptable, there should be at least one face-to-face consultation to build rapport and help manage risk.
- Face-to-face (or video) consultation is recommended when visual cues, body language or physical assessment inform decision making. Video systems need to be evaluated by patients to ensure they are user-friendly and reliable.
- Ensure private rooms are always available for remote consultations – especially video – and advise patients also to have a private space available.
- To ensure equitable access, people with limited or no access to remote care, or with other accessibility barriers, should have easy access to in-person appointments or support to engage with remote appointments.
- Make provision for language barriers and access to interpreters.
- Provide formal training for clinicians, including use of remote video consultation systems, as well as managing privacy, confidentiality, clinical decision-making and risk-management.

About this document

This document summarises research led by the National Institute for Health and Social Care Research (NIHR) Applied Research Collaboration (ARC) North Thames in response to a request from the London Clinical Executive Group (LCEG). View the full-text report, published by the BMJ Open.