**TELEPHONE AND VIRTUAL CONSULTATION POLICY**

# Document Control

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1. **Introduction**

This policy outlines the procedures for conducting telephone and online consultations with patients within *The Nature Medic*. It aims to ensure a high standard of patient care, compliance with relevant UK health regulations, and adherence to professional guidelines, delivered remotely via telephone or online platforms.

The purpose of this protocol is to provide guidance to staff and clinicians in conducting telephone and online consultations to minimise the risks associated with this form of consultation and comply with best practice relating to patient care and confidentiality. The policy recognises the risks involved where visual clues to diagnosis and treatment are not present and that Clinicians MUST be aware of this when making decisions based on verbal `clues` alone.

Telephone and online/virtual consultations can be a good means of communication with a patient to supplement the traditional surgery consultation. They are often a much quicker method of dealing with basic issues and for the practitioner they represent the means by which a consultation may be quick and concise. Not all conditions or queries are suitable for telephone advice and these may be limited to the instances set out below.

**2. References**

* Health and Social Care Act 2012 <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
* Care Quality Commission (CQC) Regulations <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/legislation>
* General Medical Council (GMC) – <https://www.gmc-uk.org/> Standards for Good Medical Practice
* Information Commissioner's Office (ICO) - <https://ico.org.uk/> guidance on data protection

**Policy and Procedure**

**3. Suitability for Telephone and Online Consultations**

* Telephone and online consultations are suitable for a range of clinical presentations, but limitations exist. Clinicians will use their professional judgement to determine if a remote consultation is appropriate based on:
* The presenting complaint and patient needs.
* The ability to obtain a sufficient history and conduct a virtual examination (where applicable).
* The need for urgent or face-to-face care.

**4. Pre-Consultation**

* Patients will be informed about the option for a telephone or online consultation and its limitations compared to a face-to-face appointment. This includes information on:
* Suitability for their condition
* Ability to obtain a sufficient history and conduct a virtual examination (where applicable)
* Potential need for a follow-up face-to-face appointment
* Patients will be advised on how to prepare for the consultation, including information about:
* Data security and privacy measures
* Technology requirements (if applicable)
* Informed consent for a remote consultation will be obtained from the patient, documenting their understanding of the limitations and benefits.

Patients may be offered a telephone consultation service. This is highlighted in out practice leaflet and on our website.

. Appointment slots will be for 40-60minutes.

When booking the appointment:

* Identify the caller and confirm details, ensuring this corrolates to emis
* Obtain information for the appointment. Please ensure you follow the attached document ‘ideal reason for a triage appointment’. The formate used is highly on the attached the telephone number on which to call for the consultation.
* Ensure the data is recorded as stipulated in the attached ‘minimum data set’ document

Advise the caller that:

* The Clinician will ring back at approximately the time indicated, but explain this is dependent on other clinical priorities.
* The Clinician will attempt to call only once. If unanswered, the clinician will call you back up to 1 more time, but this depends on clinical pressures and time available.
* If the information is available, make a note in the clinical system about the nature of the call and comment on when the call failed to be connected.

**5. Conducting the Consultation**

* Clinicians will ensure they have a quiet, private space for the consultation with a stable internet connection (if applicable).
* Patients will be informed of their right to confidentiality and data security measures in place, as required by the ICO.
* The consultation will follow a similar structure to a face-to-face appointment, including:
* Obtaining a comprehensive medical history
* Conducting a virtual examination (where possible and appropriate)
* Discussing diagnosis and management options
* Answering patient questions and addressing concerns

**6. Technology Requirements**

* The organisation will provide a secure and reliable platform, compliant with relevant data protection regulations, for conducting online consultations.
* Patients will be informed of any minimum technology requirements (e.g., internet speed, device compatibility) to participate in an online consultation.

Video consultations are hosted by Twilio through Semble and use Web Realtime Communcation (WebRTC) and the connection is between only the patient and the practitioner.

Twilio uses peer-to-peer (P2P) connections that ensures end to end encryption.

**8. Record Keeping**

* All consultations, regardless of format, will be documented in the patient's medical record in accordance with the organisation's record-keeping policies.
* The record will include details of the consultation type (telephone or online), findings, diagnosis, management plan, communication with the patient, and informed consent.

**9. Staff Training**

* Staff involved in conducting telephone and online consultations will receive training on:
* Appropriate use of remote consultations
* Communication skills for remote consultations
* Technology platforms used, including data security protocols
* Risk management and safety protocols for remote consultations

**10. Audit and Review**

* This policy will be reviewed and updated annually to ensure it remains current and aligns with best practice.
* Regular audits will be conducted to assess the effectiveness, safety, and compliance of remote consultations.

**11. Responsibilities**

* All clinical staff are responsible for implementing this policy in their practice.

**Other Factors**

The inability to make a personal examination is a limiting factor to telephone and virtual consultation and may well present the doctor with fewer treatment options.

Where a telephone or virtual conversation takes place, it is important that this does not diminish the overall standard of care, and doctors undertaking these should be aware that their Terms of Service allow that where appropriate, a physical examination should be offered for the purpose of identifying or reducing the risk of disease or injury. Therefore practitioners need to be in a position, when consulting in this way, to make this determination to avoid being in breach of Terms. For this reason, both the doctor and the patient must be comfortable with the method of consultation and its outcomes. Where this is in doubt, a face-to-face appointment should be offered or if this is not possible then the patient should be advised to seek an appointment with their regular GP.

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