Hertfordshire Partnership University NHS Foundation Trust

HPFT

Remote Consultations (inc. Video / Telephone)

Standard Operating Procedure

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Contents

Background

Remote consultations empower people to meet their care professionals via telephone or video calls from the comfort of their own home. The Trust supports the use of Attend Anywhere and Microsoft Teams for video calls with service users and carers. This document primarily refers to Attend Anywhere which is available until March 2022. Information about Microsoft Teams is available on the Hive and will be incorporated in more detail once the Bookings feature is fully launched into the Trust.

Aim / Objectives

This Standard Operating Procedure (SOP) describes the processes to be followed by all staff undertaking remote consultations and especially details the processes around the Attend Anywhere platform. Where appropriate, extracts of training documentation are included.

Use of video consultation is intended to improve service users' experiences of care through providing an alternative means of communicating with Trust clinical teams that does not require patients/service users to visit the Trust site(s). It supports remote working by staff but will not be necessary or appropriate for all contact and considerations around telephone or face to face contact are also addressed.

Scope

This SOP relates to all professional groups at the Trust using remote consultations with individual service users, their families and carers. It does not extend in detail into considerations around group work with service users and carers. It should be applied in line with other relevant Trust policies and clinical governance for these specialties.

Roles and Responsibilities

Role	Responsibilities
Clinician / Care Professional	• To follow this Standard Operating Procedure when participating in remote consultations. To ensure that the appropriate service users are selected.
Service line leads / team managers	• To support clinicians and administrative teams to set up video consults in line with this SOP • To set up and embed the process for making video appointments. • To set up and embed the process for submitting appointment outcomes.
Team administrative staff	• Management of virtual waiting room and service user check-in on the Trust EPR. • Processing of outcome forms if required/appropriate. • Provide contact point in Trust bookings team to arrange follow-up appointments if required.
Video Consultation team	• To coordinate the deployment of video consultation platforms, escalating any issues that cannot be locally resolved
ICT team	• To ensure computers/devices are set up to support the video consultation platform. • To provide additional screens and headsets where necessary.
Electronic Patient Record (EPR) team	• To ensure clinic templates, booking slots and automated communications (i.e. letters/emails/texts) are up to date and using ‘video consultation’ as the appointment location.
Service line clinical champion	• To act as a local champion for video consultations, help to identify services that would benefit and support them to set up video consults, liaising with central projects as required.

Setup Checklist (for Attend Anywhere)

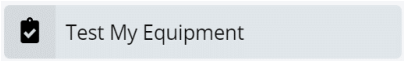
1. Before starting to pilot video consultations, services should discuss with their management team, review the guidance on the Hive and agree a local admin lead and clinical lead.

2. A member of the Video Consultation Team (contacted by e-mail **hpft.vcescalationqueries@nhs.net**) will set up user accounts for the Attend Anywhere platform and provide training on the system to your team.

3. Before service users start using the service, please ensure:

   a. All teams using the platform have received appropriate training from one of the video consultation team or a colleague that has already had training. (Note: Webinars and training materials are also available from the Attend Anywhere Resource Centre which is accessed via the platform.)

   b. You have tested the platform in the location and using the device that will be used to provide service user care to ensure there are no technical issues. A 'Test My Equipment' button is available on the right-hand side of your service Attend Anywhere waiting area. It looks like this:



   c. Video consultation clinics and booking slots have been set up on the Trust Electronic Patient Record (EPR) so that service users can be booked by Trust staff for a video consultation. This process will require service user letters/emails/text messages in line with the existing Trust booking process. This communication will tell the service user how to test their device, access the video consultation platform and what to expect from a video consultation. *Note: The first service users using video consultations may need to be notified manually (e.g. by phone) to let them know their appointment will be provided by video and to provide them with information on how to access this.*

4. Once video consultations are live in your service, please ensure you work with the Video Consultation team to raise and address any issues that arise. Please use the clinician survey at the end of each video consultation to quickly log issues.

Selecting service users

Appendices 2-4 provide a decision tree and service / profession specific guidance that has been developed in the Trust.

Special consideration should be given to risks around adult or child safeguarding concerns, including domestic abuse; those who have social care needs or may be at risk of self-neglect; vulnerable groups of service users (including those with learning disability or dementia) and to the appropriateness of remote consultations for delivering sensitive news / information where the person may be isolated with no means of emotional support.

As a basic guide, consider the following questions:

1. Are there care-related benefits to consulting with the service user remotely – for example
    a. infection prevention and control
    b. lower levels of anxiety for the service user
    c. improved access to NHS services
    d. access to an MDT when staff are not co-located (i.e. professionals can work together and consult with the service user from different locations if they are not all available at the same location)
    e. observation of the home / family environment.
2. Are there other benefits to the service user from a video consultation – for example, reduced travel requirements, ability to include carers / family members in the consultation who are not co-located with the service user.
3. Is the service user comfortable (or likely to be comfortable) with the concept of a video consult – though avoid assumptions based on demographics alone?
4. Does the service user require assessment of self-care, assessment of social care needs, physical examination and/or additional diagnostic tests that mean a physical consultation is necessary?
5. Does the service user have access to the right equipment/appropriate help to use the video consultation platform?
6. Are there any safeguarding concerns for adults, children and the wider family? Where there are suspicions of domestic abuse, it may be necessary to consider another means of speaking to the service user (e.g. face to face) to ensure privacy and to avoid escalating risks. Please see Appendix 5 for further details.

Location/room

Where possible undertake the consultation in your usual room as this will provide the appropriate level of confidentiality. If this is not possible then identify a suitable alternative room that will provide an appropriate level of confidentiality. Ensure the wall behind you is clear of confidential/sensitive or personal information. **Ensure no other confidential data is on either screen**. Always ensure that everyone on the call is visible on screen. Never have anyone off camera.

If working remotely (e.g. from home), ensure that you have access to any necessary Trust systems (e.g. via remote access or VPN) or if these are not available that the consultation can be carried out in a clinically appropriate manner without access to Trust systems and that any notes / outcomes are recorded and sent using secure nhs.net email. Ensure that you are in a quiet and confidential space and that the wall behind you is clear of confidential/sensitive or personal information.

In the context of Covid-19, where clinical staff are self-isolating and not able to attend the clinical area in person remote consultations may be used from the clinician's home as described above. Service users should be notified why the environment is domestic rather than clinical and be assured that no other party is present. Service users should have the option of refusing to attend a clinic in this way if they are concerned regarding confidentiality.

If there is an issue, for example if you are running late or there is a technical problem, notify an admin colleague so that your service users can be informed. The Attend Anywhere platform allows administrative staff to send on screen messages to service users in the virtual waiting room and inform them of delays. If you must cancel an appointment you must document this in line with normal Trust procedures.

Recording

If clinicians need to record sessions for training or supervision, consent should be sought and documented clearly in the records. Recording is possible within some video platforms or can be enabled using additional software such as OBS (guidance on installation and use is found on the Hive). Existing Trust policies and guidance for storing and sharing recordings safely should be followed. In general, these recordings are not considered as part of the clinical record and should not be retained beyond their immediate use.

According to BMA guidance, service users do not need permission to make a recording for their own personal use, as long as information relates only to them, and requests to do so should usually be supported:

https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/patients-recording-consultations

The consultation

IMPORTANT: Check in advance that the device you are going to use for a video consultation has either Chrome or Safari and a functioning microphone and camera.

- Specific to Attend Anywhere:
    - Access the Attend Anywhere platform by clicking on the link - https://england.nhs.attendanywhere.com
    - Log in using your unique login (email address) and password.
    - Identify your service user in the relevant specialty waiting room.
    - Ask the service user to join the consultation.
- Introduce yourself to the service user; explain what is going to happen.
- If working from a home environment explain the reason to the service user and provide assurance that no other person is present, and that confidentiality is assured.
- Confirm you are speaking to the correct individual (i.e. confirm name and DOB)
- Check that the service user can adequately see and hear you. Is the quality of the video call sufficient to undertake the session? If not, arrange a follow up appointment or if appropriate continue the remote consultation over the phone.
- Ask the service user to introduce and have visible on the screen anyone else in the room with them.
- Undertake the consultation.
- Before concluding the consultation agree with the service user next steps including the plan for follow up appointment and advise them how they will hear about this. Advise the service user that they will have the opportunity to complete a feedback survey before they sign off and encourage them to do so.
- Document the consultation and activity within the Trust EPR as per usual practice but selecting the Contact Type as “Face to Face Video Contact”

Information for Service Users

You can access the HPFT video consultation system by following the link provided by your team / care professional. You will find all the information needed to carry out

a video consultation on the Trust website: https://www.hpft.nhs.uk/services/video-consultations/

Software requirements: Google Chrome (for PC/Android) or Safari (for Apple) browsers.

Hardware requirements: computer, smartphone or tablet with sound and webcam capability.

Internet access: A 20-minute video call is expected to use around 230 MB data on a smartphone or 460 MB on a desktop or laptop computer. Wi-Fi is preferable to a mobile network for reliability.

Connection steps:

- Use the HPFT main website for quick links for video consultations
- Select the service that you are under for today's consultation
- The system will run you through software and hardware checks
- You will be connected to your service's waiting room and your care professional will carry out your consultation over the video platform

APPENDIX 1

HPFT staff are required to deliver safe, ethical care to service users, wherever they may be. Consideration should be given to any potential limitations of the medium used. Staff MUST satisfy themselves that they can undertake an adequate assessment, establish dialogue with the service user and obtain the service user's consent, including consent to the remote consultation process.

Service user and carer experience

Clearly some people will not have the skills or the kit to use video systems. This should not be assumed based on age, culture or condition but explored individually and if appropriate a carer and/or family member may be able to provide support. Before arranging a video consultation, you need to ensure that the service user, carer or family member has access to suitable technology. In some circumstances it may be appropriate for carers and family members to be invited to join the same consultation, but opportunities for confidential 1:1 conversation should be arranged as well.

There are also people who need to talk about very sensitive issues and will not be comfortable doing so without seeing someone in person, at least to start to build rapport. The purpose of this technology is to support care, not to obstruct it, so please continue to use professional judgement about its use.

Finally, there are a group of clients with social anxieties and/or self-esteem problems for whom telephone and video connections are very difficult. Where clients who fit into these groups decline this mode of working it will be sensible to check this out and potentially offer a text-based form of communication such as email if face to face is not possible.

Initial Consultations and Assessments

Where the service user and clinician are unknown to each other, remote consultations may be even more challenging. Despite this, the alternative of no consultation at all is not preferable and we recommend that initial remote consultations go ahead where possible.

However, the clinicians and professionals initiating the consultation will be expected to show sensitivity to service users comfort level with technology and determine early in the consultation what objectives of an initial assessment or screening can be achieved reliably.

It remains the case that these consultations are limited and those with lack of digital literacy or no access to digital platforms must not be disadvantaged, nor should those who are unconfident about using the technology. Use of telephone consultations, rather than more complex video platforms may be sufficient for lower risk conversations or to ensure engagement with those who lack digital technology or skills.

Preparing for Video Consultations

HPFT have taken guidance from the Royal College of Psychiatrists in using video consultations. The guidance focuses on the following 6 C's, which should be considered whilst undertaking video consultations:

Competence

- Take time to develop enough competence in the platform you intend to use.

Communication

- Consider how to adapt your communication skills to improve the experience.

Contingencies

- Have a clear understanding of what to do when the consultation is not going well for technical or clinical reasons.
- Have a back-up plan for managing any technical difficulties (e.g. loss of connection) and provide this via email to the service user ahead of the session for example or in the first few minutes of the call. Check you have the right mobile telephone number to call them as a back-up. Agree who will contact whom in the event of a lost connection.
- Brief the service user that if you don't feel able to complete an adequate assessment you will discuss what steps to take next. This will include reviewing the risks of a face to face contact in the current context of recommended social distancing and delay in care that might result.

Confidentiality

- If the service user is new to you, verify they are the right person where possible, and check they are expecting the appointment for their mental health and not another condition or problem.
- Check who is in the room with the service user, ask for them to be introduced to you, and if possible/practical that they remain in view.
- If the service user is in a public place (e.g. on the bus), consider with them whether it is appropriate to continue at that time. If the need to be in a public place to make use of a public connectivity, explore whether they can move to a private room or consider alternative arrangements.
- Does the service user have anyone else present in the room (such as a relative/carer/advocate)? If so, allow them to introduce themselves and clarify the purpose of the interview with them.

Consent

- Be clear with the service user on the limitation of the assessment or review, and whether they have any concerns.
- Ensure that you are clear about the security of the platform you are using.

Confidence

- You need to be confident that you have been able to a do a good enough review or assessment. If you haven't been able to, don't be afraid to say this, and develop a clear plan of what to do next with the service user - just like you would in a face to face consultation.

Further links

Top tips for “Effective therapy via video” from the British Psychology Society:

Effective therapy via video - top tips.pdf

Guidance for clinicians from the Royal College of Psychiatrists: https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/guidance-for-clinicians/digital-covid-19-guidance-for-clinicians

APPENDIX 2: Face to Face or Remote Contact Decision Making Tool (All Services inc. Learning Disability)

The following guidance developed by the Learning Disability Services is intended to help staff make an informed decision regarding whether to offer face to face or remote (phone or video) contacts on an ongoing basis. Where COVID pandemic restrictions are in place, please refer to the latest guidance around infection control.

Consider the type of intervention required

Can the type of intervention required only be facilitated face to face? (Use the chart overleaf to help your decision making)

Yes → **Consider setting up a face to face appointment**

No ↓

Consider service user and/or carer choice

What are the service user/carer/family views? (Service user preference should be adhered to unless there is a clinical reason or risk that cannot be mitigated)

Does the service user/carer prefer remote contacts?

Does the service user/carer prefer face to face visits?

Consider risk factors

Yes ↓ — Are there any risks to offering this type of intervention remotely?

Yes ↓ — Can the risks be mitigated? E.g. by having a carer / family member with the service user

No → Does the service user have access to the appropriate technology and/or equipment to take part in a remote appointment?

No → Can the service user/carer be given/lent the appropriate equipment to take part in a remote appointment?

No → **Consider setting up a face to face appointment**

Yes ↓ — Can the service user use the technology/equipment required well enough for a remote appointment to be successful?

No → Can the service user be supported to use the technology/equipment well enough for a remote appointment to be successful? E.g. with the help of a carer or pre-contact preparation

No → **Consider setting up a face to face appointment**

Yes ↓

Yes ↓ — Are there any risks to offering this type of intervention face to face?

Yes ↓ — Can the risks be mitigated? E.g. reduce non-attendance at clinic by arranging transport/escort or consider home visit

Yes → **Consider setting up a face to face appointment**

No → Can the risks be mitigated? E.g. by having a carer / family member with the service user

Consider availability and accessibility of technology

Consider whether phone or video contacts are suitable for this type of intervention

Consider setting up a remote appointment

Service users and carers have suggested several things that can help remote consultations go well:

- ✓ Consideration around timings is important, to ensure that the service user has someone with them that understands them well and can communicate their needs
- ✓ Talking to the same staff can provide consistency for the service user
- ✓ Make the calls brief
- ✓ Allow service user to take their time to answer questions
- ✓ Sending pictures and videos via email was noted to improve communication and more effective outcomes (please be mindful of information governance and check with the IG team if unsure)
- ✓ Emailing questions to caregivers in advance of the meeting may be helpful; this can enable the caregiver to make reasonable adjustments to gather service user's view and enable them to feel more included.
- ✓ Consider service users or carers writing a diary between appointments

The following are examples only and are not a full list of interventions. This is a guide to decision making and there may be interventions that can be done in a different way with the right support and risk mitigation.

What interventions need to be Face to Face?

- Dysphagia assessments
- Epilepsy environmental risk assessments
- Direct mental state examination
- Communication assessments
- Occupational Performance Assessments
- Sensory assessment and interventions
- Weighing of service users
- Art, Drama and Music therapy
- Crisis/hospital admission likely
- Reviews where physical health parameters require checks
- Pain assessment/management
- New, complex manual handling need
- Concerning changes in mobility
- Service user presenting with increase in respiratory risk/chest infections
- Unmet equipment needs including sleep systems, standing and walking aids, seating
- Movement or exercice programmes requiring specialist support not appropriate for a carer to provide/disengagement from physical activity causing a negative impact on physical or mental health

What interventions could be completed using a mixture of virtual platforms and face to face?

- Case history/carer interview
- Staff/provider training where practical demonstrations needed
- Demonstration of food/fluid modification
- Nutrition and hydration training
- Pre-assessment, case history meetings or reviews of art, drama and music therapy with client and carer
- Monitoring of exercise programmes delegated to care home staff
- Minor changes in mobility that can be safely managed by carers with consultation/support
- Equipment needs that can be addressed without a face to face assessment
- Monitoring of service users with respiritory risks that are stable and have not deteriorated
- Initial psychiatry assessment
- Prescribing medication
- Medication monitoring
- Assessing impact of medication

What interventions could be completed using virtual platforms?

- Professional meetings
- Joint work with other professionals
- Training workshops
- Reviews where service user is well known to the team, is stable and comfortable with video consultation
- Some communication assessments
- Dietetic follow up assessments
- Prescribing of oral nutritional supplements where adequate assessment has been carried out
- Adapted Art Therapy for online assessment and treatment

APPENDIX 3: Adult Mental Health, Older People's Mental Health Services and CAMHS Guidance

Following discussions at the Clinical Professional Advisory Committee in July 2021, further principles to suggest the situations and populations less appropriate for primarily remote contact (especially by telephone alone) were established:

- People with learning disabilities
- People with dementia
- Vulnerable service users
- People in crisis
- People presenting for initial assessment

Some guidance on the frequency of in person contact was agreed:

- RAG rated red – majority of contacts to be in person
- RAG rated amber – approx. 1 in 3 contacts to be in person
- RAG rated green – at least 2-3 times a year contact to be in person

The Committee also reiterated that it was important service user and carer needs for in person contact were regularly reviewed and considered.

The lists below recommend which situations are likely to require in-person contact. Red / Amber / Green rating for risk is detailed elsewhere, regularly updated and is based on clinical assessment.

- Service users whose risk of deteriorating mental health is rated Red
- Amber / Green rated service users showing signs of deterioration physically or mentally
- Physical health checks / clinics / other physical intervention like depot and clozapine clinic
- Psychological interventions where F2F contact is deemed necessary to support the treatment intervention
- Psychometric assessment (where required)
- When the service user / carer / family cannot access the technology required and delay in assessment and or treatment would cause significant harm or distress
- If there are concerns about poor engagement or withdrawal from treatment
- Concerns/assessments regarding the safeguarding of adults and children
- Concerns/assessment relating to domestic abuse
- Concerns relating/assessment relating to neglect of self or property
- AHP professional activities categorised in more detail:

<u>Arts therapies</u>

- Arts therapies interventions where F2F contact is deemed necessary to support the treatment intervention
- Arts therapies F2F assessment
- Arts therapies F2F pre-assessment meeting

Chaplains

- Spiritual care initial assessments following referral (especially Red service users - e.g. where referred by Crisis Teams)
- Spiritual care interventions, where F2F work is deemed necessary to support the treatment intervention
- Spiritual care interventions involving religious ritual

Occupational therapy

- Occupational Therapy and functional assessments and interventions – home
- Occupational Therapy and sensory processing assessments and interventions - home
- Occupational Therapy assessments and interventions - community
- Post diagnostic support
- Occupational and activity interventions where F2F work is deemed necessary to support the treatment intervention
- Group interventions where F2F work is deemed necessary to support the treatment intervention

Speech and Language therapy

- SLT communication assessments
- SLT dysphagia assessments

Physiotherapy

- Physiotherapy assessment
- Physiotherapy intervention

~~NB - Teams will need to exercise clinical discretion for service users who are in the clinically extremely vulnerable category where risks of face to face visits may outweigh benefits~~

APPENDIX 4: IAPT / Wellbeing Guidance

Things that can help remote sessions go well:

- ✓ Facilitate discussion/collaboration re concern of ‘remote’ therapy
- ✓ Explore and agree somewhere private/ confidential /undisturbed /safe where the client can feel free to talk
- ✓ Suggest the client has water and tissues on hand to avoid interruption
- ✓ Share materials, diagrams, resources in advance, during or after the session. Use screen sharing options during the session (be mindful of information governance and check with the IG team if unsure).

APPENDIX 5: Safeguarding Service Users in Remote Consultations

Before all consultations:
Check the records for all service users – are there safeguarding flags or alerts recorded? Is there a previous child safeguarding assessment or previous safeguarding adult enquiry on Paris?

If there are safeguarding alerts already on the records:
Try to organise a face to face assessment wherever possible
If a face to face consultation is not possible then try to consult via video rather than by phone
Read through the previous safeguarding notes to understand the context of these concerns
Check at the start of the consultation whether it is safe for them to talk
If there is no alternative but to have a remote consultation, have a low threshold of concern
The known concerns should be specifically explored during the consultation, including in relation to the impact on the health of the person at risk of abuse

During consultations:
Ask and record who is in the room with the service user; but even if the person states that they are alone, be aware that there may be people outside of the video who you cannot see and bear this in mind in your questioning
Ask more questions than normal about how the service users is doing generally; normal cues may not be as accessible in remote consultations, particularly phone calls.
If the consultation is about a child, try to speak with the child, or if not possible, ask to see the child on the video
Where relevant, ask what support a person has and whether this has changed due to Covid.

Observations:
What can you see in the room behind the person? Is it tidy / messy / clean / dirty?
Can you see any obvious injuries?
Is the person looking to someone else before answering?
Any concerning background noise, e.g. someone else talking as if giving answers?

Clinician has concerns about abuse, or abuse is disclosed:
Consider if the person is safe to stay at home – consider calling 999
Try and gather as much information as possible.
If abuse is disclosed, offer validating statements such as “no one deserves to be treated in this way.”
Make a face to face appointment to discuss further that day wherever possible - the person may feel able to discuss abuse if alone in a consultation at home or in a clinic setting
Refer to the appropriate service (Children’s or Adult Safeguarding, MARAC, IDVA etc)
If safe & appropriate, agree a code word the patient can use to alert you if they feel unsafe

After the consultation:
Record everything carefully in the notes.
Follow HPFT Safeguarding Children & Adult Policies if a referral is made, upload the referral to the record & complete a Datix. Update alerts & risk assessments.
Remember to look after yourself, these consultations can be stressful, so housekeep and take a quick 5 minute break.

If you feel you need further advice, speak to your safeguarding lead or the safeguarding team: hpft.safeguardingteam@nhs.net or call 01727 804717