

This is the accepted version of this paper. The version of record is available at  
<https://doi.org/10.1211/PJ.2022.1.133638>

## Practical tips and advice for useful virtual consultations

What you need to know before offering virtual consultations to patients.

After reading this article, you should be able to:

- Understand the importance of accurately triaging patients before offering a virtual consultation;
- Understand the importance of taking a patient-centred approach;
- Know the skills required to provide an effective virtual consultation;
- Recognise what training and equipment is required within the practice to provide effective virtual care.

A virtual or remote consultation is a scheduled appointment between a patient and healthcare professional for the purposes of clinical consultation, advice, or treatment planning conducted by telephone or video (1). Many pharmacists have experience with consulting remotely by telephone, with virtual pharmacy consultations facilitating services such as medication reviews, patient counselling and prescription verifications for patients.

The COVID-19 pandemic is responsible for driving the shift away from face-to-face to remote or virtual consultations between patients and healthcare professionals (2,3,4).

With this trend likely to continue, pharmacists will need to develop skills and strategies to ensure the practice of virtual consultations are effective and person-centred. The aim of this article is to provide pharmacists with useful, practical tips and advice for offering virtual consultations.

### **1. Consider the benefits and risks of virtual consultations**

Virtual consultations have many benefits when used across both primary and secondary care (5). These benefits include:

- Avoiding or reducing unnecessary referrals;
- Reducing the need for patients to attend hospital, providing care closer to home;
- Improved patient experience and satisfaction (e.g. saving time and expense);
- Integrating primary and secondary care services, and increasing the use of a combined community service;
- Saving time by ensuring appropriate patients are seen remotely or face-to-face respectively;
- Meeting the demands of an increasing population;
- Reducing the environmental impact and number of journeys related to outpatient appointments in hospitals.

It should be noted that the evidence-base for this change of practice is in its infancy and although there have been no reports concerning the quality or safety of patient care to date, potential risks should be considered. These include:

- Poor patient management;
- Missed or delayed diagnosis.

Near misses or incidents should be reported through the practice/organisation’s usual channels but should also be encouraged to use tools such as the near miss error log and near miss improvement tools provided by [RPS](#) . (6) As part of clinical governance requirements, pharmacy contractors need to report all patient safety incidents to the NHS. (6) One way to do this is via the [LFPSE](#) (Learn From Patient Safety Events) website. Some pharmacies may report incidents via their head office/superintendent pharmacist etc. who should report these in Local Risk Management Systems as well as the LFPSE service. (6)

## 2. Determine patient suitability and potential barriers

Although the choice of either a face-to-face or virtual consultation should be driven by the patient and flexible (e.g. patient may want a face-to-face appointment but be happy with a virtual follow up), it should be remembered that they should be individualised and are not suitable for everyone. Table 1 outlines some important considerations when deciding between virtual and face-to-face consultations.

**Table 1: Considerations when deciding on the appropriateness of virtual and face-to-face consultations (7)**

Virtual consultations are appropriate when...	Face-to-face consultations are more appropriate when...
The clinical needs or treatment of a patient is straightforward	The clinical needs of the patient are complex or treatments are higher risk
All the information the patient requires can be provided	It is hard to ensure that the patient has all the required information
A physical examination is not required	A physical examination is required
The patient has capacity to decide about treatment	It is difficult to determine if the patient has capacity to decide about treatment

There may be additional barriers that prevent the effective delivery to specific patient groups, so healthcare professionals should look to accommodate the needs of each individual patient, as outlined below:

### ***Access to technology***

Around 16% of the UK population cannot undertake basic digital activities (e.g. connecting to Wi-Fi or turning on a device), with the vulnerable and socially and economically disadvantaged groups most affected (8). Patients who have insufficient access to or are less competent with technology will be better suited to face-to-face consultations. However, patients who face difficulties attending a face-to-face service (e.g. travel costs) may be more motivated to make a virtual consultation work.

Ensure the patient has privacy and access to a quiet space or, if not, be comfortable continuing the consultation.

### ***Safeguarding and wellbeing***

Medical records should be checked for any safeguarding concerns beforehand.

If the patient is vulnerable or known to social care, the multi-disciplinary team should discuss whether a face-to-face consultation would be more suitable. Any domestic issues, and the possibility of the patient being overheard in their personal environment, should be discussed with the patient on their options.

Consider whether the virtual consultation will involve sharing emotionally distressing information. This may be easier when there is an established relationship with the patient. Most patients and clinicians prefer to share bad news through a face-to-face consultation (9). However, the patient's preference and circumstances are to be noted when determining the mode of delivery.

### ***Language barriers, sensory impairment and disability***

Pharmacists have access to interpretation and translation services for NHS patients. Clinical commissioning groups provide access to interpreters depending on the location and are available to all NHS patients registered under a GP within the location. Hospital trusts also provide their own translation services that have been approved by their trusts. Alternative access to translation sources in NHS England and South West can be found [here](#) (10).

Video consultations are still effective for patients who are hard of hearing if they can lip read. The UK charity Signhealth has developed 12 tips that can be used for communicating with deaf patients (11):

- Talking directly to the patient and not to any interpreters in the room;
- Using normal lip movement;
- Speaking at a normal speed.

When used efficiently, virtual platforms can be used to include patients who otherwise have difficulty accessing healthcare. However, for patients who lack digital literacy, simpler telephone consultations or face-to-face consultations may be more suitable (12). Some patients with learning disabilities and autism may also require face-to-face appointments because it is hard to ensure that the patient has all the required information.

Thinking about how gestures and facial expressions can be used to convey how serious something is to a patient can be very beneficial.

### ***People living with frailty***

As these patients are likely to be vulnerable and have more complex needs, they are usually best assessed in their home environment. If the patient is known, it may be easier to determine whether a virtual consultation would be suitable with carer or family support.

Phone calls to the patient and/or their family or carer beforehand may help determine whether a virtual consultation is suitable. Virtual consultations may be better for individuals who find travelling to the pharmacy or hospital difficult.

## **Children**

A virtual consultation may not be suitable for children as there might be a need for a physical examination, safeguarding concerns, or where social/family interaction will be an important part of the consultation (this may still be possible with a virtual consultation, but needs consideration).

If a child does not have the capacity to consent (in line with Gillick competency) the usual position would be for someone with parental responsibility to communicate on their behalf.

Inclusion should be the core principle of virtual consultations (13) and patients should receive the same level of access and consistent outcomes of care.

### **3. Consider setting up a triage system**

Triage is required to prioritise patients according to urgency and type of treatment needed. Where possible, it is also important to acknowledge the patient's preferences and could be established when the patient first contacts the healthcare provider. Benefits include better workflow organisation, fast-tracking patients who may need face-to-face or urgent care, and increasing opportunities for patient education and empowerment in managing acute problems (14).

Patients could make an enquiry either online or by phone and filtered, with clinical queries sent to the most appropriate pharmacist, flagging urgent requests. The pharmacist would then review the query and respond through the most appropriate channel: an online message, a video consultation, a telephone consultation, or face-to-face consultation (15).

NHS England and Improvement has outlined how digital or phone total triage could work in practice service (15) and Moorfields Eye hospital recently launched drop-in video consultations using the platform Attend Anywhere (16). From 25 March 2020 to 15 May 2020, 78.6% of patients (n=260/331) attending the video triage service in Moorfields A&E were able to avoid a hospital visit (16).

### **4. Have the right technology available and set up correctly**

The room that will be used should be prepared in advance. It is recommended that a text and/or email should be sent to the patient containing the details of the appointment and guidance on preparation for the virtual consultation (e.g. how to download any necessary software).

Having two screens will make it easier to access medical records and stay online with the patient at the same time. Using a headset may be useful, enabling better quality audio and cancelling out background noise. The patient's phone number ready in case the video connection is not possible or fails, so that a telephone consultation can be conducted instead.

In addition, for a telephone consultation, both the patient and healthcare professionals will need:

- A quiet place with good reception, free from disturbances;
- A working telephone;
- To test the phone for clear reception before the scheduled call.

For a video consultation, both the patient and healthcare professionals will need:

- A good internet connection;
- A quiet place with good reception, free from disturbances;
- A computer, tablet, or smartphone with built-in camera and microphone;
- The equipment and software should be tested at the start of the day.

## 5. Reflect on the patient's needs prior to and during the consultation

Inclusion should be the core principle of virtual consultations (13) and patients should receive the same level of access and consistent outcomes of care. Barts Health NHS Trust has developed a guide for clinicians for video consultations (17) that outlines when a virtual consultation may be suitable for the patient and how to prepare for the video consultation.

Where the patient–healthcare professional relationship is new, the PATIENTS mnemonic (see Box) can be useful in ensuring the consultation focuses on the patient's needs and on building rapport (18).

### **///Box: The PATIENTS mnemonic for virtual consultations///**

**Personal** – Use the patient's name and show interest in them.

**Ask** – how the patient is, what they would like to get from this consultation, if they have any worries or if there is anything they would like you to know.

**Timings** – A one-hour appointment window is reasonable. Confirm that it is a good time to speak. Acknowledge if you have called early or kept the patient waiting.

**Important** – Find out what is most important and what matters to the patient.

**Empathy** – Show empathy by giving the patient time and space to feel, think and speak.

**No acronyms** – Use clear and straightforward language and avoid medical terminology. However, avoid 'dumbing down' or patronising the patient.

**Tune in** – Listen the patient and do not rely on an agenda. Ensure the patient is heard and understood.

**Support** – Work with the patient to explore what support they have or need, what would help them and how you can provide. Patient's often have the best and most suitable solutions.

*Source: Adapted from (18)*

### **///End Box///**

At the beginning of the consultation, ask the patient if the appointment time is still a good time to talk and if they have a quiet or private space. If this is not the case, the consultation should be rearranged.

The pharmacist should introduce themselves, their role, and any colleagues with them, as well as the purpose of the consultation.

## 6. Develop the right communication skills

During a video consultation, enhanced non-verbal communication is advantageous. For example, establish eye contact by looking at the camera and not at the eyes of the person being interviewed, so that the patient feels acknowledged by eye contact with the pharmacist.

Be sure to remember to obtain consent, introduce any colleagues present in the room, and inform the patient when taking notes (as the patient may feel disregarded when eye contact is lost) (18).

The CONSULT (consider, organise, necessary, start, undertake, listen, terminate) guide, previously outlined in 'Remote consultations: how pharmacy teams can practise them successfully' can help clarify whether a remote consultation is appropriate and help pharmacists and the pharmacy team understand how to approach the process (19).

For other guides and tools, see 'Useful resources'.

## **7. Learn and follow the rules around data protection, confidentiality and consent**

A virtual consultation should offer the patient security and confidentiality, just as in a face-to-face consultation. Where this is not possible, a face-to-face consultation should be considered.

Document the details of the consultation clearly, including the time and date, being specific about how information was obtained. The consultation should not be recorded (video or audio) unless there is a justifiable reason that has been discussed with the patient and informed consent has been obtained and accurately documented. If recording, indicate to the patient when recording is started and has been stopped and store the recording securely in the patient's clinical record (20).

Only platforms provided by the NHS or other approved regulators should be used to share patient data(14). Follow your organisation's policy on secure management of patient data, in accordance with the Data Protection Act 2018 and GDPR (20). The Information Commissioner's Office should be notified of any data breaches immediately and within 72 hours. Data subjects must also be notified if the breach could have an adverse impact (20).

At the start of the consultation, consent should be requested. The pharmacist should be mindful that the patient can withdraw their consent at any time.

## **8. Ensure you have covered appropriate safety netting and check patient understanding**

Use of language that is clear to the patient is particularly important in checking for patient understanding and to appropriately safety net the patient. (21) If available, the chat function on video calls or text should be used to send links to advice or patient information leaflets that can be accessed anytime by the patient. Pharmacists should actively signpost patients for support and should inform them of any warning signs and/or worsening symptoms where more urgent medical attention may be required. Patients should be advised on who to approach according to the severity of their symptoms, for example, A&E, NHS 111, GP, or pharmacy. Patients should also be informed on who they should contact if a service becomes unavailable. (21)

The pharmacist should explain what happens next after the consultation and what the patient should expect. Patients should be informed on how to seek further advice if the expected outcome is not reached. Pharmacists should also consider setting up a scheduled 'check in' with patients to be able to monitor the patient virtually, for example via a text message. An example of a scheduled check in is where the patient is sent a brief templated questionnaire and reports back on their symptoms. (21)

The patient should be advised on using devices and accounts that are private to maintain confidentiality and should check with the patient that there are no safety concerns throughout the consultation. (21)

## 9. Know when to seek support and advice

There are challenges associated with remote consultations and shifting from normal practice to digital can be difficult, particularly during the pandemic. Some of the challenges highlighted by the Health Foundation's Scaling Up programme at Barts Health Trust included ensuring continuity of care during remote consultations. (22) Participants shared that the quality and flow of remote consultations were linked to effective communication deriving from an 'existing positive interpersonal relationship' between the patient and clinician. (22) Newham hospital used a hybrid approach of face-to-face appointments to build relationships to begin with and followed up with subsequent remote clinics. (22)

Delivering empathy and person-centred communication remotely was also described as a challenge in remote consultations. (22) Having authentic eye contact and understanding verbal and non-verbal cues may be difficult to convey/ pick up on in remote clinics, especially telephone consultations.

Pharmacists should remember to practise self-care to ensure they can continue to look after their patients. Pharmacists should seek support and advice from colleagues when required and sharing experiences in practice with others can help develop and adapt the service, for example through the discussion of clinical cases or developing a process for peer-to-peer support for dilemmas (12). Self-audits of consultations are encouraged, and patient feedback should be sought and reviewed (e.g. through short online surveys) (12).

### Useful resources

- The Royal College of Psychiatrists' 6 Cs shows how to deliver an effective virtual consultation
- FutureLearn runs courses on how to conduct virtual consultations, including how to triage patients, history taking, safe patient management and taking essential observations
- CPPE module on virtual consultation skills

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