



Guide to setting up remote working and video consultations





This document will provide an overview of how to set up remote working and video consultations as part of a wider model of triage-first and remote consultations in primary care. This will support the plan for the recovery process, and allow primary care clinicians to assess people while minimising the risk of exposure to COVID-19 for patients and staff.



There are four main models:

1 Work From Home (WFH)

2 Clinic to Clinic (C2C)

3 Clinic in Clinic (CIC)

4 Hot Hub Clinic (HHC)



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- 1 Work From Home allows clinicians to support the practice and patients remotely from their own home through video. This is particularly useful if clinicians are self-isolating, need to be shielded or as part of a return to work scheme under the current emergency



- 2 Clinic to Clinic remote hubs allow clinics to support branch sites or other practices within a locality who are struggling to meet demand. [Loomer Medical in Staffordshire](#) do this particularly well across their network



- 3 Clinic in Clinic remote hubs allow clinicians to work within practices conducting video consultations routinely. Examples of this include direct patient consultations and virtual ward rounds with care homes. [Library House Surgery in Lancashire](#) have adopted this model. Another case study is with the [deployment of large Remote Visconn Clinic Unit \(RVCU\) screens](#) across 41 Primary Care Networks (PCNs) in Lancashire and South Cumbria. This can also support clinical supervision and training

- 4 Hot Hub remote clinics, such as [the hubs in Wakefield, West Yorkshire](#), allow multiple clinicians and other community specialists within a locality to work together to provide a service. This can also reduce pressure on hospitals because patients presenting with potential COVID-19 can be reviewed and managed effectively in the community where appropriate

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For specific guides, please refer to the following resources:

- [University of Oxford video consultation information for GPs](#)

- [BMA COVID-19: video consultations and home working](#)

- [NHS England & Improvement clinical guidance on remote working in secondary care during COVID-19](#)



When setting up remote working and video consultation arrangements, it is important for GPs to liaise with the CCG and/or the GP IT delivery partner to ensure awareness of the different options available in the area. This will ensure that the safest solution is utilised during this emergency. NHSx have recently published a [guide on remote working](#), including specifications where personal devices are used.



It is also important to be aware of the [information governance guidance during COVID-19](#).

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The hardware to do video consultations includes:

- Laptops or desktops with Smartcard enabled keyboards, tablets or mobile phones (all with webcams, in-built or external)
- Microphones and speakers (in-built or external, including headsets)

You will need to liaise with your IT provider to ensure that you have fully functioning laptop or desktop capability to work from home. This will require access to the N3 network and any other shared networks that host emails, lab-test reporting systems, connection to the spine for e-referrals and EPS etc.

Software will vary depending on what has been commissioned by the local IT provider and/or practice. Some platforms require patients to register and download apps. Ensure staff training is comprehensive and up to date.

NHS.net mail accounts are now being provided with [Microsoft Teams](#) licences. This is being used in primary care to support things such as virtual ward rounds, MDT meetings, file sharing, team collaboration, webinars, and [group clinics and meetings](#).

The environment in which video consultations will take place is important to consider. Make sure the space is quiet, physically and [digitally secure](#), comfortable, has good lighting, an appropriate set up, and within an appropriate location to ensure staff won't be interrupted. Make sure the patient also has been provided with [good information](#) about what video consultations are and how to prepare. [Identify the patient](#) when they are on the call.



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To support remote monitoring during COVID-19 and the recovery process, here are some ideas:

- Set up rooms within health settings with basic observation equipment (thermometer, pulse oximeter, blood pressure machine) and a device capable of doing video consultations with clinicians who will work remotely. The room would need to be [cleaned after each use](#)



- Deliver a bag to the home address with basic observation equipment and assess the patient by video, or lend equipment for remote monitoring. Equipment should be [decontaminated properly](#) or single-use



- An urgent care practitioner could go into the homes to take the observations and relay readings to clinicians via video

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Some practices are trialling the use of e-stethoscopes, ECG readers and spirometers. For example, The Chorley Central Primary Care Network have installed a [digital stethoscope](#) into each of their 13 care homes to support residents during COVID-19 and the recovery process. This was self-funded through their PCN. There are lots of options for digital stethoscopes, so it is important to do research to find ones that meet your needs. Here is an example of a digital stethoscope and basic observation equipment:



Until funding for the IT services required by PCNs is clarified, CCGs will have the discretion, subject to funding availability and arrangements with their delivery partners, to consider requests for provision of equipment and support on an interim basis. NHSx recognise that clarification is urgently required and have continued to escalate as appropriate.



Using video in primary care provides flexibility and resilience in response to increased pressures, alongside increasing system capacity virtually. In response to COVID-19, remote hubs help provide capacity and value to the care delivery system.

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