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This guidance is correct at the time of publishing. However, as it is subject to updates, please use the hyperlinks to confirm the information you are disseminating to the public is accurate.

Contents

unable to use the technology, this should be arranged at an appropriate healthcare setting and time.

Facilitate effective communication using translation services, where possible, but their availability should not preclude a video consultation if deemed appropriate based on clinical judgement.

Complete a clinical safety risk assessment. Where a video consultation solution has been procured by the CCG this should be carried out by the CCG on behalf of their practices, with individual practices working collaboratively with the local clinical safety officer.

As a consequence of the response to COVID-19, patients may not be accessing health services when they need to, so presentations may be more serious at first contact. Be aware of more vulnerable characteristics where engagement may be delayed.

Review and update your data protection impact assessment (DPIA). Ensure that your privacy notice reflects the use of video consultations. During the pandemic, practices can use the supplementary privacy notice template developed by NHSX.

other consultation.

It is essential that colleagues are still able to talk to each other and share appropriate information about the people in your care, including with social care. Where possible use secure NHSmail or MS Teams.

The Clinical Negligence Scheme for General Practice (CNSGP) covers all primary care services commissioned under a General Medical Services (GMS), Personal Medical Services (PMS) or Alternative Provider Medical Services (APMS) contract, where these services are provided directly or under a direct sub-contract.

- The location of the services and whether they are digital or face-to-face will not affect the cover.
- The particular solution used to provide the online or video consultation is not relevant to the scope of the scheme.
- All providers of NHS primary medical services will be eligible for cover under the CNSGP, including out-of-hours providers.
- The scheme will extend to all GPs and others working for general practice who are carrying out activities in connection with the delivery of primary medical services.

You will need to maintain membership with your medical defence organisation (MDO) in respect of activities and services not covered by CNSGP, eg medico-

adult lack

Section 2: Remote examination

This guidance should be used in conjunction with guidance on how to conduct a video consultation and online consultation (text-based interaction). Provide guidance for patients on getting set up and having a video consultation including a code of conduct. All clinicians should feel competent and comfortable in the mode of assessment and examination technique. Triage the patient using an online consultation or telephone call. If you decide they need a remote examination, where possible carry this out via a video call.

Examinations that may be perceived to be intimate

Any remote examination that is intimate, or may be perceived as intimate by the patient or clinician, must be approached with caution. Carefully consider whether a remote intimate examination is clinically necessary to provide care or reach a diagnosis in circumstances where it is not reasonable or appropriate to examine the patient in person, taking into account patient choice. Clearly explain the reason why it is needed to support clinical decision making. Seek explicit and informed consent from the patient (or someone with parental responsibility if it is a child). Even if a child is too young to legally consent, wherever possible explain the reason for the examination to the child acceptable first. If you judge the child does not want to proceed, you must consider alternative options.

Where a person lacks capacity this must be from someone with the legal authority to act on their behalf for healthcare decisions. Where this is not possible, and a decision to e presence of an appropriately trained chaperone is strongly advised (and you should thoroughly document your justification for proceeding with the examination). As a general rule, remote intimate examinations should not be video and audio recorded.

If you proceed with an examination that the patient is likely to perceive to be intimate, be mindful of the following issues:

- the principles set out in the GMC guidance entitled intimate examinations and chaperones
- the limitations of assessment via video-link

Introduction

Introduce everyone in the room, even those off camera or confirm with the patient that they (and you) are alone. Follow this with:

checking if the patient or anyone else is recording the consultation

8.25 Tm0.137 0.122 0.125 rg0.t008869gJETQq0.000008869 -0.000061035 595.2 841.6 reW* n

Worried about

Acute abdomen?

An acute abdomen would need face-to-face assessment as signs of peritonitis may not be

: a patient with peritonitis will usually grimace. A family member or carer can also be instructed on carrying out abdominal palpation solely to elicit any signs of tenderness.

Acute shortness of breath (including on exertion where not normal for the patient[7])?

Ask the patient to describe their breathing in their own words and assess how easily they can speak.

Are they able to complete sentences? Are they speaking with ease?
What is the patient doing now? (Lying down vs able to do usual activities.)
How much are they able to do in comparison with normal?

Align with NHS 111 symptom checker

Is there evidence of deterioration?

Frequency of use of reliever medications in comparison with normal.

Look for peripheral oedema, leg and calf swelling.

Impairment (musculoskeletal or neurological)?

Ascertain severity, eg use a pain assessment tool.
Any suggestion of changes in bladder or bowel function? Or saddle sensory disturbance?

Tonsillar examination

Transmission of COVID-19 from the upper airway has been raised as a particular concern by ear, nose and throat (ENT) specialists. The Royal College of Paediatric and Child Health (RCPCH) recommend that the oropharynx of children should only be examined face-to-face if essential. If the throat needs to be physically examined, PPE should be worn, irrespective of whether the patient has symptoms consistent with COVID-19 or not.

If a diagnosis of tonsillitis is suspected based on the clinical history, ask the patient to send a photo of their tonsils or try to visualise using a video call. Watch them drink a glass of water can they swallow?

The feverpain score should be used for assessment of tonsillitis to decide if antibiotics are indicated (validated in children three years and older[8]).

RCPCH guidance recommends a pragmatic approach, automatically starting with a score of 2 in lieu of an examination. Consider prescribing antibiotics for patients with a total feverpain score of 4 or 5 (those with a score of 3 or less should receive safety netting advice and a back-up prescription).

Antibiotics rarely confer a benefit in children under three years with tonsillitis and should only be prescribed in exceptional circumstances or if a diagnosis of scarlet fever is strongly considered.

Red flags: c ; c ; trismus; increasingly unwell eg feeling faint, confusion. Persistent symptoms.

COVID-19?

Guidance and standard operating procedures (SOP): general practice in the context of coronavirus.

Safety netting

Be particularly careful to summarise key points and explain next steps in language that will be clear to the patient:

Explicitly check understanding.

Provide clear safety netting instructions.

Decide in what circumstances patients will be followed up with a practice-initiated phone or video call, eg if frail/alone and high risk of deterioration; and where patients will be given clear directions to contact the practice if symptoms deteriorate, eg if supported and able to do so. Patients should be clear on what to do if they cannot contact the practice and their symptoms deteriorate.

Think about which patients can use online consultations or messaging for follow-up (consider scheduling a diary entry as a safety net).

virtual monitoring, where the patient is sent a brief templated questionnaire and reports back on their symptoms, particularly as part of COVID-19 remote monitoring.

Use text or online messaging to send links to advice on the NHS website or patient information leaflets. Use pre-set messages that can be personalised to save time. Advise

Resources and references

Resources

consultations