

# Advantages and limitations of virtual online consultations in a NHS acute trust: the VOCAL mixed-methods study

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## Plain English summary

### Virtual online consultations in a NHS acute trust

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## Plain English summary

In response to calls for alternatives to traditional face-to-face outpatient consultations, the Virtual Online Consultations – Advantages and Limitations (VOCAL) study looked at the micro (interpersonal), meso (organisational) and macro (national policy and industry) aspects of introducing video consultations via Skype™ (Microsoft Corporation, Redmond, WA, USA) in a large, inner-city hospital. The VOCAL study has a mixed-methods design, involving close examination of 30 (video-recorded) virtual consultations in three clinics (Diabetes, Antenatal Diabetes and Cancer Surgery). We compared these with face-to-face consultations in the same clinics. We also observed the administrative and clinical processes needed to make virtual consultations possible. We spoke to national stakeholders about relevant policies and regulations (e.g. around privacy). We sought regular feedback from our patient advisory group.

We found that remote video consultation is promoted by policy-makers as a way of delivering health care efficiently in the context of rising rates of chronic illness and growing demand for services. However, the reality of setting up and delivering a virtual consultation service in a busy NHS clinic is far more complex and difficult than most policy-makers assume. Workarounds and ad hoc solutions are often required, and embedding new models of care takes time and resources. Furthermore, for practical and safety reasons, video consultations are not appropriate for every patient or every consultation; they seem to work better when the clinician and the patient already know and trust each other. Technical issues must be addressed, and not all patients (or staff) are sufficiently skilled or confident to undertake the necessary ‘troubleshooting’ to achieve and maintain the video connection.

When clinical, technical and practical preconditions are met, video consultations appear to be safe and popular with both patients and staff. Compared with face-to-face consultations, such consultations are slightly shorter; patients do slightly more talking; and both parties sometimes need to state things that would not have needed saying explicitly in a traditional encounter.

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