GUIDELINES FOR VIDEO CONSULTATONS

SECTION 1 Introduction

This document presents guidelines and standard operating procedures for setting and conducting virtual consultations using Voice over Internet Protocol (VoIP) applications, such as Skype. This document will refer specifically to Skype, as this is one of the most widely used VoIP applications at present. There are other similar virtual media applications that can be used for video communication. Much of the content within the document would be relevant to other VoIP applications. However, if you do intend to implement an alternative VoIP application, you will need to indicate this within your business case as part of your service setup. Different applications have different design and security features, and so an alternative application may need to be reviewed by the ICT and Information Governance departments.

Skype can play an important role in helping fit consultations around patients' everyday lives and maintain ongoing communication between patients and clinicians. However, use of Skype is mediated by factors that are specific to the individuals, including technical knowledge, support needs, motivation and familiarity with clinician. These issues need to be considered for each patient so that Skype can be used effectively.

This document offers guidance for the use of Skype in a clinic practice and how to introduce this service to patients. This document is based on guidance produced as part of the VOCAL project, which was a collaboration between Barts Health NHS Trust, University of Oxford and Queen Mary University of London. The VOCAL project was funded by the National Institute for Health Research (NIHR) under the Health Services and Development Research Programme.

SECTION 2 Implementation checklist

☐ Complete business case template for video consultations and gain stakeholder sign off

☐ Develop new process and agree roles

☐ Develop SOP for your service, including compliance with IG requirements

☐ Complete new appointment request, appointment linking request, and clinic change request forms and submit to ICT

☐ Edit patient information leaflet

☐ Compile list of suitable patients and database for Skype username details, recording patient consent etc

☐ Agree metrics for evaluation and establish regular monitoring

☐ Agree clinic start date

☐ Develop staff and patient communications and comms plan

☐ Develop PDSA project plan

☐ Test new clinic format in trial run

SECTION 3 Terms and Abbreviations

Term	Definition
Administrator	Clinic staff/co-ordinators who manage appointment bookings and patient records.
Clinician	Health professional conducting outpatient and Skype appointments
Clinic account	The Skype account created to be used by the clinician to conduct remote consultations
Display name	Name allocated to the Skype account (often the account holder's name) which can be modified under profile settings
IT support	IT helpdesk team within the Trust
Patient	Person under department's clinical care using Skype for remote consultations
Patient account	The Skype account owned by the patient and used to conduct remote consultations
Skype	The Voice over Internet Protocol (VoIP) telephony service and software used to conduct remote consultations.
Skype contact	Any other Skype user who is in your Skype account address book who has sent/accepted an invitation request to be a contact.
Skype directory	Directory of all registered Skype accounts. Searches can be conducted using the account 'usernames', 'display names' or email addresses.
Username	Unique ID between 6-and 32 characters used to register Skype account

SECTION 4 Requirements and Guidelines

4.1 Technical system requirements

4.1.1 Computer

Skype is supported by most computer operating systems, including Windows, Mac and Linux. All computers must be password protected to reduce risk of unauthorised access to the clinic Skype account.

Patients may wish to use a mobile device to conduct the Skype consultation. Skype is supported on all mobile devices with Window 8, Android (version OS 2.3 and above) and IOS for iPhones (version iOS5 and above).

Minimum requirements for conducting video calls include:
- 1 GHz CP (at least 1.8 recommended)
- 32 MB graphics card (at least 64 MB recommended)
- 256 MB memory (at least 512 recommended)

4.1.2 Audio and video equipment

If your computer does not have a built-in webcam, you will need to use a separate webcam. This should be positioned directly above the viewing screen, in the centre, to avoid mismatch between the viewer and the camera, providing a more realistic and direct interaction. Ensure that the patient has a built in or separate webcam on their computer or mobile device.

For standard video quality, the webcam requires a minimum image resolution (pixels) of 320x240 and a frame rate of at least 15 frames per second. If you require high quality video, the resolution would need an image resolution (pixels) of 640x480 and frame rate of 30 frames per second.

If the computer does not have a built-in microphone and/or speakers, then you will need an external microphone and speakers/headphones. Also ensure that the patient has built-in or separate audio devices.

Consider which listening device and volume settings would be appropriate to minimise risk of inadvertently disclosing information and maintaining patient confidentiality. The audio input and output settings can be adjusted on the Skype applications under: **Tools→Options →Sounds.**

4.1.3 Skype

Skype is a Voice over Internet Protocol (VoIP) service that allows users to contact other Skype users through audio or video calls and instant messaging. All users must register an account and download the Skype software.

Audio calls can include two or more users (conference calls). All video calls can be conducted between two users (video conference calls require additional subscriptions).

The Skype software is regularly updated (e.g. to change the interface, add new features, fix bugs). The upgrades are conducted automatically when the user opens the application. This may require users to download new versions of the software.

4.1.4 Connectivity

All communication via Skype requires internet connectivity. Minimum download speed/upload speed for a high quality video call is 400kps/400kps, but it is recommended that 500kps/500kps is used. Most broadband connections are sufficient for video calls

Because Skype routes calls through the networks of all users on the call, the Skype connections may vary in quality depending on who you are calling. It is important to ensure that the patient is aware that they require sufficient internet connectivity to conduct the Skype consultation. While home broadband connection will be sufficient, they should be aware that mobile or shared wireless network connectivity may vary and affect call quality.

4.2 Implementing Skype

4.2.1 Installing Skype

Skype can be downloaded directly from the internet. Staff cannot download software onto NHS computers without permission from the IT department. All Skype downloads must be carried out by IT staff. You should route all download requests via email to the IT service desk so that your ticket number can be tracked.

The software must be downloaded from the official Skype website: www.skype.com

A record of all clinic computers with Skype installed should be stored by the clinical service in order to keep track of computers available to run consultations.

4.2.2 Updating Skype

Skype software is often updated automatically, which sometimes requires new software downloads. In these cases, the Skype application will not open until the updated software has been successfully installed. As with any other software installation, staff will need to contact IT to perform the download.

4.2.3 Technical support

Skype does not provide technical support or a helpdesk service, but a user guide can be accessed on the official website (https://support.skype.com). This includes solutions to common problems and frequently asked questions. Any technical issues that cannot be resolved should be reported to your IT helpdesk through the standard support request procedures.

4.3 Managing Skype accounts

4.3.1 Skype registration

A Skype account is created and registered through the Skype website (www.skype.com). Registration requires full name, email address and password. You will need to register the account with a 'username' which is unique to every user and cannot be changed or duplicated once created.

Your full name will be the default 'display name' for the registered account'. This does not need to be unique to any particular user and can be changed at any point.

All registered accounts are stored on the Skype directory, where users can be 'searched' using the account and/or display name.

All Skype accounts can be populated with optional profile settings (e.g. age, address, phone number, 'mood' status etc).

4.3.2 Clinic accounts

Staff using Skype will require their own clinic account. A Skype account cannot be used simultaneously by more than one user. Staff must not use their personal Skype accounts for clinical use.

The Skype username should be generic and consistent across staff members but easily recognised by your patients. You should avoid clinician's personal names, as there may be an occasion in which the account needs to be transferred to another staff member. The recommended format for the clinic Skype username is:

SiteServiceWebcamNumber (eg *NUHDiabetesWebcam1)*

All clinic account IDs should be generated and stored centrally within the clinic so that clinic accounts are not created unnecessarily and maintain continuity across clinic usernames.

Skype has an open access directory, and so the username and display name should not reflect the clinical nature of the user (e.g. Dr John Smith) to avoid any requests or invitations from Skype users outside of your patient cohort.

4.3.3 Patient accounts

Skype contacts are created by searching for the other users on the Skype directory and sending a contact request. It is important to ensure that the correct contacts are formed during this process.

Patients should be provided with written details of the clinic account 'username' and 'display name' so that they can confirm these before sending or accepting a contact request. These details can be included in the Service Patient Information Leaflet for Skype Appointments. Remind patients to check both username and display name before requesting or accepting a contact invitation.

It is likely that patients will wish to use their existing account for the consultations. It is possible that their Skype username and/or the display name will not reflect their actual identify (e.g. they may use a nickname or alias). It is also likely that more than one Skype

user will have the same display name. It is important to validate their identity on the Skype directory to ensure that the correct contact has been made. The clinician should not accept contact invitations without confirming the identity of the sender.

Patients' usernames and display names should be stored securely and correspond to the patient's personal identity within the clinic databases.

4.4 Managing Skype appointments

4.4.1 Booking appointments
Skype appointment bookings should follow the same administrative processes and systems as any other outpatient appointment. The booking system should clearly indicate whether the appointment is a face-to-face or Skype appointment.

If a date/time for an appointment is agreed with the patient via Skype, then a clinician must inform the administrator responsible for the booking. Appointment letters sent to patients must indicate whether the appointment is by Skype of face to face, as it is possible that Skype appointments may be used in conjunction with face-to-face appointments during their treatment.

The patient should be advised to contact the administrator directly to cancel or reschedule any appointments, rather than calling or messaging the clinician directly. However, if the patient does request the change via Skype, then the clinician must inform the administrator managing Skype bookings so that the standard procedures can be followed.

The patient and clinician should have met in person at least once before the Skype consultation. If a clinician is replaced by colleague or locum clinician, then it is important to make the patient aware of this. In such an event, the patient should also be given the option to change their Skype appointment to a face-to-face appointment.

4.4.2 "Does not attends"
The clinician should inform the administrator if a patient does not 'attend' their appointment via Skype (i.e. they do not answer the call or they are 'offline' and cannot be contacted via Skype).

It is possible that the patient is delayed setting up their Skype/computer or may be experiencing technical difficulties (e.g. loss of internet connection). Clinicians should therefore check the Skype application shortly after the appointment time in case the patient comes 'online' or attempts to make contact. Where possible, the clinician should make contact with the patient to continue with the appointment or re-arrange a time later that day.

4.4.3 Contingency plans
It is import to ensure that the Skype technology is working prior to the appointment. If a technical problem occurs shortly before a scheduled Skype appointment, then the clinician

should contact the patient by phone or other means where possible to inform them of the problem.

Make sure that all contact details (home, mobile phone number, email) are up to date when introducing Skype to patients, so that they can be contacted in the event of technical difficulties. Remind patients to have other forms of communication available to them before the consultation so that they can be easily contacted.

Staff and patients should log into Skype at least 15 minutes before the appointment to make sure it is working. Patients should be reminded to do this in their appointment letter

4.4.4 Access and availability

Patients may wish to contact the clinician via Skype outside of scheduled appointments (e.g. to ask questions about their condition). The clinician should decide whether they wish to use Skype in this way. If the clinician does not wish to be contacted or messaged via Skype outside of scheduled appointments, this should be explained to patients. If the clinician wishes to be contactable, they can remain available to patients by leaving their Skype application open.

The patient can view your online status whenever the application is open. This can be modified to prevent incoming calls while Skype is open by selecting the 'do not disturb' option under: **Skype → Online Status.**

It is important to routinely check your Skype application to check if any calls or messages have come through while you were away from your computer.

Patients should be made aware if a Skype clinic account will not be used over a long duration (e.g. clinician is on leave). Similarly, patients should inform the administrator if they move, change their Skype account or no longer wish to use the service.

4.5 Communication via Skype

4.5.1 Video communication

The video can support the consultation by enabling a visual/physical assessment and non-verbal communication. It is also important to acknowledge potential limitations of video mediated communication and the suitability of this medium depending on the patient and their care support needs.

The webcam should be positioned level with your eye or slightly higher. This is important for patients to sense a level of engagement with the clinician during the consultation. It is advised that other electronic applications being used (e.g. Patient Electronic Record, email, clinical letters) are displayed on the same computer screen to avoid having to turn away from the camera.

All applications can be opened and viewed simultaneous by minimising/maximising them during the consultation. The camera viewer will minimise to the forefront of the screen so that it can still be viewed while other applications are in use.

4.5.2 Messaging

Patients may send messages for a number of reasons, such as rescheduling appointments, requesting a Skype call or to ask questions about their condition.

You can send and receive messages with patients using free text. You must be online to send or receive a message. If the message recipient is offline, they will be able to view the message once they come back online. You should check to see if you have received nay messages every time you come online after a period of time, and routinely check for any incoming messages while the Skype application is running.

4.6 Information governance

4.6.1 Information governance checklist

The following checklist will ensure that Information Governance requirements are followed. Further details are provided in the following subsections.

Information Governance checklist:

- Ensure prior face to face contact with patient before commencing Skype to confirm patient identity
- Ensure patient Skype contact details are stored securely (ie on EPR or local database)
- Ensure patient is aware of how Skype will be used and their responsibilities (detailed in the Service Patient Information Leaflet)
- Record verbal consent of patient to use of Skype (ie on EPR or local database)

4.6.2 Patient consent

All patients need to be fully aware of any precautions required and potential risks of using Skype. Their consent to use Skype must be documented after they have had time to listen and read the information.

You need to ensure that patients are fully aware and understand the following information, either verbally and/or in written communication:

- That the use of Skype is completely voluntary and you can change your Skype based appointment to a face to face appointment at any time
- Video consultations are securely encrypted, however, it is their responsibility to ensure they have adequate anti-spyware and anti-virus protection on their hardware to prevent unauthorized eavesdropping
- Some personal information is stored locally on the computer being used, and patients need to be aware of this, particularly if they're using a public or shared computer
- If they are receiving Skype on a mobile phone, this is only as secure as any other phone call on that mobile network
- No aspect of the consultation will be digitally recorded but medical outcomes from the consultation will be recorded and stored on the patient record.
- That response to patients is not guaranteed and that the Skype service should not be used as an emergency contact.

This information is included in the Service Patient Information Leaflet.

The patient must provide verbal consent to confirm that they understand how Skype will be used and their responsibility in managing their own account before conducting any Skype consultations. The verbal consent must be documented.

If they share their account with other people (e.g. family members) it is important to ensure that the patient creates their own account or is happy to use this account for the purposes of Skype consulting and has discussed this with the other members using that account.

4.6.2 Privacy and confidentiality

A Skype consultation must be treated like any other outpatient consultation, in which any sensitive or confidential information is safeguarded at all times. As participating parties on a video call cannot see the full environment at the other end of the web-link, it is important that patients are made aware of any other people present in the room who may see and/or hear the consultation.

The clinician must not conduct the consultation in the presence of others without the patient's permission. The clinician should take reasonable measures to ensure that the consultation is private and avoid inadvertent disclosure of information.

Close the office door when initiating/receiving a Skype call and use signs/notices on the door to indicate that a consultation is taking place. Also, make other staff members aware that Skype is used to conduct consultations in the clinic

Do not answer a call if you are conducting another consultation. If you decide to answer a call when other staff members are present, then inform the patient who is present or ask the staff member to leave.

You must follow the same procedures regarding patient confidentiality as detailed in the organisation's information security protocols. This includes the use of Skype related information. The Skype 'display name' and 'user name' should be stored securely and should not be disclosed to someone who does not have the right or need for the information, even if it does not appear to reflect person-identifiable information.

4.6.3 Recording and documenting

The content of any Skype consultation should be recorded in the same way as any other outpatient consultation.

The clinician must judge whether outcomes from a patient initiated call warrant documentation on their patient database. There may be occasions in which patient initiated contact does not need to be recorded (e.g. they wish to confirm information following a recent consultation), but there may also be occasions when it should be recorded (e.g. the patients is experiencing medical symptoms and requests help or advice). The clinician should determine the necessity to record these encounters based on the relevance of the conversation to their care.

Similarly, correspondence with other health professionals, including the patient's GP will depend on the nature of the discussion on Skype, and whether the clinician judges the advice to be important or affects clinical management.

4.6.4 Skype account security

Trust employees, contactors or volunteers (including honorary contract holders) are prohibited from installing any computer equipment, mobile communication device or other connection to the Trust's network without ICT approval. Any staff requiring installation of Skype software must contact the IT department to conduct the download.

The clinic account must be registered using a Trust NHS email. Trust employees should not register a clinic account using their personal email address. The Trust email system is more secure than internet based email accounts. Skype account passwords can be sent to the registered email on request through the Skype log-in page, and so registration with a Trust account minimises risk to unauthorised access.

The clinic account password should:
-   Use a combination of letters, numbers, and characters
-   Use at least 8 characters
-   Not be revealed to anyone nor stored where anyone could see or access them.
-   Not be easy to guess (e.g. the same as your username).

The clinician should change their Skype account password (at least every 6 months).

Staff must only use Skype clinic accounts on a password protected PC. It should not be used on a shared or public computer to avoid unauthorised access to Skype account. If the clinician wishes to keep the Skype application open (i.e. to receive patient initiated calls/messages) then they must lock their PC when away from the desk; 'Ctrl+Alt+Del' key sequence locks the PC; Ctrl+Alt+Del unlocks the computer on entry of the password.

It is important to note that the Skype application remains open in the 'background', even when the application has been closed. Therefore, it is important to logout of the Skype account when it is not in use by going to: **Skype → Sign out.**

SECTION 5: STANDARD OPERATING PROCESSES

5.1 Installing Skype

Standard Operating Process – Installing Skype on NHS computers

- All requests for Skype installation on NHS computers should be routed via the Trust IT Help Desk
- If the Skype application does not open it may require a software upgrade. All software upgrades must be routed via the Trust IT Help Desk

STEP 1
- Clinician contacts IT to request for Skype download
- Route request to IT Help Desk via email
- Note the computer ID in the email

STEP 2
- IT allocate a ticket number to the request
- IT support officer conducts the software download
- Download software from official Skype website

STEP 3
- The software download stored centrally within the clinic, including:

  - Computer ID
  - Date of download
  - Computer user(s)

5.2 Creating a clinic account

Standard Operating Process – Creating a clinic account

- **Staff will require their own clinic Skype account**
- **Do not use personal Skype accounts for consultations**
- **All clinic account usernames should be generated and stored centrally within the clinic to keep track of usernames in use within the clinic**

STEP 1
- **Generate Skype username**
- **Avoid using name of specific clinician**
- **Use something generic but consistent across**

STEP 2
- **Register username on Skype website: www.skype.com**
- **Complete registration form**
- **Use NHS email address to register account**

STEP 3
- **Add clinician name to the 'display name' settings.**
- **Complete profile settings as appropriate**

STEP 4
- **Add username and display name details to a central database within the clinic**

Generate another username if already on Skype directory

5.3 Introducing Skype to patients

Standard Operating Process – Introducing the Skype service to patients

1 Implementation and set up

2 Clinician decides suitability of using Skype with the patient

If suitable

3 Patient offered option of Skype consultation

4 Yes

No

Continue with existing service

Provide information verbally and in writing.

Details to be confirmed with the patient:
Prior use of Skype and patients' Skype ID (to be recorded in patient's care record
1. Check up-to-date contact telephone number and update care record if required
2. Confirm that the patient will only be contacted on the Skype ID provided
3. Confirm that the clinician will send a Skype contact request that will need to be accepted prior to scheduled appt. time
4. Confirm that the patient will be sent a Skype message on or before the scheduled appt. time to notify them if the clinic is running late
5. Confirm that if a Skype connection cannot be established the patient will be contacted by phone.
6. Confirm that no part of the Skype consultation will be physically recorded, other than notes of the medical outcome added to their care record
7. Confirm security cannot be fully guaranteed with Skype and check consent to proceed *Skype privacy and security notice to be read and patient consent confirmed and recorded in Emis Care record before first Skype consultation begins
8. Provide the clinic username and siaply name in writing
9. Provide supplementary information sheet on Skype service available from the practice

5 First Skype consultation
Obtain consent from patient
1. Read privacy and security statement
2. Give patient right to opt out
3. Log verbal consent on patient record

IG

Check patient received invite prior the appointment

No

Clinician sends Skype contact request

IG

Yes

Log 'active' status of patient account on database

15

5.4 Key questions to consider when implementing Skype

Please refer to steps 1-8 in the 'Introducing Skype to patients' diagram

Step	Questions to consider:
1	• What type of appointments will you offer? Eg general follow up appointments, with consultant, with CNS, will you need diagnostics etc? • Will you proactively recruit patients before their next face to face appointment, or will you wait until you see them? If you plan to contact patients proactively, the Patient Information Leaflet will need to be sent to them. • How will you contact hard to reach patients?
2	• Will you start with existing patients who you know well? • What types of patients would be suitable? (eg stable LTCs, demographics etc)
3	• Who will record the patient Skype address and where? We recommend keeping a database of patient Skype contact details • If patient doesn't have a Skype address, will you help them to set one up? If they can't remember their address, who will follow up with them to obtain it?
4	• This information is included in the Service Patient Information Leaflet and can be handed to the patient at their F2F appointment or sent to them. If they consent to using Skype, who will record their consent and their Skype username details and where will this be recorded?
5	• How will you record patient consent and appointment notes? • If you allow instant messaging, what are the rules/ expectations you will set with the patient around this? • How will you manage potential patient requests for flexibility for different appointment types? Who will record the changes? • How will you manage the late running of Skype clinics? Who will contact the patient to let them know the clinic is running late?

VOCAL Project

Skype Consultations

Guidance on using Skype and similar virtual media for remote consultations

About this document
This document has been produced as part of a research collaboration led by Barts Health NHS Trust and Queen Mary University of London. It highlights key lessons on the implementation and use of Skype in a Diabetes service.

Recommendations for practice
• Introduce the service slowly and incrementally with direct involvement of the team to ensure compatibility between the technology and existing practice.

•.Allow plenty of time for discussion with staff and patients about how it affects the service.

• Work in collaboration with your ICT department and technical support teams to establish roles and processes to assist use of the technology.

• Use with an understanding of the patients' lives and how the technology relates to the management of their health condition.

• Support flexible use, allowing scope to fit the service around the needs of the patient.

Implementing and Managing Skype

Installing and running software
The installation of Skype onto NHS computers should be performed by your Trust's IT department. Skype software should be downloaded from the official Skype website (www.skype.com). Skype may require software updates once it has been installed, involving further downloads. It is important to work with your IT department to establish how the downloads and updates can be performed effectively to minimise delay or disruption to the service.

Managing Skype accounts
Clinic accounts: You will need to register your clinic account with a username that is unique to every user and cannot be changed or duplicated once created. Register your Skype username using your Trust NHS email address, as this is more secure than internet based email accounts.

Patient accounts: Skype contacts are created by searching other users on the Skype directory and sending a contact invitation. It is important to ensure that correct contacts are formed during this process. Provide patients with written details of the clinic account username so that they can confirm these before sending or accepting a contact request. Note that some patients will have a username that will not reflect their actual name.

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Conducting Skype Consultations

Communication

Video based communication can help the consultation by providing visual/physical assessment and supporting non-verbal communication. But it is also important to acknowledge potential limitations of video mediated communication and the suitability of this medium depending on the patient and their care support needs. Use Skype adaptively with each patient in conjunction with the use of face to face consultations.

Position the webcam directly above the computer screen in the centre to avoid mismatch between the viewer and camera. This will help create realistic and direct interaction. If you are using other documents or applications during the consultation (e.g. Electronic Patient Record), then display these on the same computer screen when possible to maintain direct interaction.

Patients may send messages for a number of reasons, such as rescheduling appointments, requesting a Skype call or to ask questions about their condition. It is important to make patients aware how regularly you will check messages in order to manage their expectations as to when you will respond.

Ask patients to have other forms of communication available with them at the consultation so that they can be easily contacted if any technical problems occur immediately prior to the Skype call.

Privacy and Confidentiality

A Skype consultation should be treated like any other outpatient consultation, in which sensitive and confidential information is safeguarded at all times.

Do not conduct the consultation in the presence of others without the patient's permission and take reasonable measures to avoid inadvertent disclosure of information.

Close the office door before initiating or receiving a Skype call and use signs to indicate that a consultation is taking place. Ensure other staff members are aware that Skype is used for consultations within the clinic to minimise risk of unintended interruptions.

Inform patients that Skype cannot protect users from spyware, which can compromise their security. Advise patients to ensure they have adequate anti-virus protection on their computers.

Make patients aware that some personal information from their Skype account is stored locally on the computer. This is particularly important if patients intend to use public or shared computers. Advise patients to logout of their Skype account when not in use.

Patient Consent

Patients should be made aware of precautions required and potential risks of using Skype. Their consent to use Skype should be documented after they have had time to listen and read the information. The information should ensure that patients are aware and understand the following:

• use of Skype is completely voluntary and they can change a Skype based appointment to a face to face appointment at any time.

• video consultations are encrypted but it is their responsibility to ensure they have adequate anti-spyware and anti-virus protection to prevent unauthorized eavesdropping.

• some personal information is stored locally on the computer being used, which patients should be aware of, particularly if they are using a public or shared computer.

• Skype on a mobile phone is only as secure as any other mobile phone call

• medical outcomes from a consultation will be stored on their patient record

• Skype should not be used in an emergency as a response to calls/messages is not guaranteed

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Standard Operating Procedure - Introducing the Skype Service to Patients

Clinician decides suitability of using Skype with the patient

If suitable

Patient offered option of Skype consultation

Yes → **No** → Continue with existing service

First Skype consultation
Obtain consent from patient
1. Read privacy and security statement
2. Give patient right to opt out
3. Log verbal consent on patient record

IG

Log 'active' status of patient account on database

Yes ← **No** → Check patient received invite prior the appointment

Clinician sends Skype contact request to patient

Provide information verbally and in writing.

Details to be confirmed with the patient:

Prior use of Skype and patients' Skype username (to be recorded in patient's care record

1. Check up-to-date contact telephone number and update care record if required
2. Confirm that the patient will only be contacted on the Skype username provided
3. Confirm that the clinician will send a Skype contact request that will need to be accepted prior to scheduled appointment time.
4. Confirm that the patient will be sent a Skype message on or before the scheduled appointment time to notify them if the clinic is running late
5. Confirm that if a Skype connection cannot be established the patient will be contacted by phone.
6. Confirm that no part of the Skype consultation will be physically recorded, other than notes of the medical outcome added to their care record
7. Confirm security cannot be fully guaranteed with Skype and check consent to proceed *Skype privacy and security notice to be read and patient consent confirmed and recorded in their care record before first Skype consultation begins
8. Provide the clinic username name in writing
9. Provide supplementary information sheet on Skype service available from the practice

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Business Case Template for Virtual Outpatient Consultations

CLINIC DETAILS	
Department: **Consultant:** **Grade:**	**Site Address:** **Contact telephone:**

CONDUCTING VIRTUAL CONSULTATIONS	
Briefly describe the proposed technology and how it will benefit patients, staff or Barts Health	
Briefly describe how the technology will be used in your clinic	
What patient groups will be suitable for the service?	

How many patients do you expect to use this service per week/month, out of a total of how many?	
What days/ times are the appointments/ clinics you expect will be delivered using the technology?	
Who will conduct the appointments/ clinics?	
Please describe what software or hardware you will need	
Please describe any anticipated costs of set up and how these will be met (to be confirmed by finance)	
Are there any training issues or impact on staff who will support this work?	
This section is to help you consider some of the key steps in setting up your service. Please indicate that you have established:	

a) Procedures for booking patients in/out of the consultation.

YES ☐   NO ☐

b) Procedures for documenting the consultation:

YES ☐   NO ☐

c) Identified appropriate rooms for conducting the consultations:

YES ☐   NO ☐

d) Have necessary computers and appropriate audio and webcam equipment:

YES ☐   NO ☐

e) Have necessary computers with appropriate software and internet connection:

YES ☐   NO ☐

f) Completed the 'Clinic Change Form' for your Electronic Patient Record configuration (please attach with this form):

YES ☐   NO ☐

In order to install the software, please list the computer IDs and contact person(s)

Computer IDs	Contact person(s)
_____	_____
_____	_____
_____	_____
_____	_____

Signed

Consultant	_____	**Date**_____
Site Managerial Representative	_____	**Date**_____
ICT Lead	_____	**Date**_____
Information Governance Lead	_____	**Date**_____
Finance and HR Lead	_____	**Date**_____

Outpatients Project Group _____ **Date**_____

SKYPE Consultations at HPB Surgery

Thank you for your interest in the use of Skype for online patient consultations .

Before you book a SKYPE appointment there are some important things to consider:

- **As with all information transmitted across the internet, the security of Skype is not 100% guaranteed. If you have any concerns about this, you should use another type of appointment. For more information, please visit:**

https://support.skype.com/en/category/PRIVACY__SECURITY/

How SKYPE consultations work at HPB Surgery

- **You will need to have access to a PC or mobile device with Skype and a webcam installed. We also recommend that adequate spyware and anti-virus software is installed and up-to-date on any PC or mobile device used for Skype**

- **You will need to provide your SKYPE username and up-to-date contact telephone number to us before a SKYPE appointment can be arranged. These details will be added to your patient record. We (the consultant or the specialist nurse) will only ever contact you using details that are held on your patient record to ensure your privacy and security are maintained**

- **We will send you a SKYPE contact request which you must accept before your allocated appointment time**

- **We will always make the SKYPE call to you. This is to make sure that there are no connection problems that can sometimes be caused by attempting to dial in to a secure network connection that is used in NHS premises.**

- **If for any reason your GP or healthcare professional is unable to contact you via SKYPE at the allocated appointment time, you will be contacted by telephone on the number recorded on your patient record**

- **Your consultant or nurse will always be in a private space throughout the consultation so that your privacy and confidentiality are respected. We also recommended that you ensure you are in a private location before accepting the SKYPE call**

- **No part of the SKYPE online video consultation will be physically recorded or otherwise permanently digitally stored. The medical outcomes of the consultation will be recorded and stored as a permanent part of your digital patient record held by the Hospital. This happens in the same way as for face to face or telephone consultations.**

If you would like to book a SKYPE appointment or have any other questions about the use of SKYPE, please do not hesitate to contact [name], who will be pleased to help.