



# REMOTE CONSULTATIONS

**Dr Suzanne Jewell**

Specialty Registrar Community Sexual and  
Reproductive Healthcare

Umbrella Sexual Health Service, Birmingham



# COMPETING INTERESTS

- I have no competing interests to declare

- Background
- Use in sexual health
- Use in reproductive health
- Limitations
- Impact on HCPs
- Going forward
- Questions



# GUIDANCE

- **Joint BASHH/FSRH** - Standards for Online and Remote Providers of Sexual and Reproductive Health Services Jan 2020
- **FSRH** - Service Standards for Consultations in Sexual and Reproductive Health Services updated June 2020
- **NHS England Guidance C0044** - Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic
- **RCN** - Remote Consultations Guidance Under COVID-19 Restrictions May 2020
- **NHS England** – Using Online Consultations in Primary Care – Implementation Toolkit Jan 2020



# REMOTE CONSULTATIONS

- Extensive use brought about by necessity rather than desire
- Rapidly taken up by many sectors of healthcare
- Potential for working from home
- Telephone consultations
- Video consultations
- Hybrid models
  - Including sharing of images
- E-consults/requests for advice

# UMBRELLA SEXUAL HEALTH

- Prior to COVID telephone consultations were mainly only used by health advisors
- Face to face consultations the norm
  
- Now:
- Majority remote consultations (telephone and video) – up to approx 130 per day
- Up to 40+ face to face consultations (at main WSC, other clinics intermittently closed)

# SEXUAL AND REPRODUCTIVE HEALTH CONSULTATIONS

- Check identity
- Consent and confidentiality
- Ensure privacy before continuing - both ends of the telephone consultation
- Take the opportunity to ask about domestic violence and abuse
- Identify any safeguarding risks
  - Under 16s should have face to face appointment

## **Can be used to triage sexual health patients:**

- Complete consultation via telephone and give advice
  - E.g thrush, warts, order STI self test kit
- Complete consultation via telephone and provide prescription
  - E.g. contact of chlamydia
- Advance to video consultation (chaperone?)
  - E.g. skin lesion that diagnosis is unclear from description
- Arrange face to face appointment
  - E.g. PID, epididymo orchitis, video consultation not satisfactory



## **Can be used to triage reproductive health patients:**

- Complete consultation via telephone and give advice
  - E.g. concerns about bleeding pattern
- Complete consultation via telephone and provide prescription
  - E.g. EHC , prescribe POP, re-prescribe CHC
- Advance to video consultation
  - E.g. visual confirmation of BP
- Arrange face to face appointment
  - E.g. Emergency coil, coil removal, STI testing

# ABORTION CARE

- Changes have improved access to abortion care for EMA (<10 weeks)
  - Remote consultations
  - Remote prescribing
  - Postal medication
  - Shown to be safe
- Public consultation in England and Wales just closed



# E-CONSULTS

- E-mail or other written online contact
- Requests for advice
- Require dedicated time to investigate and respond

# LIMITATIONS

- **Technology**

- Access to computers/webcams/software/internet
- Applies equally to both service provider and patient/client
- Easier for provider to overcome barrier

- **Communication**

- Access to use of interpreting services via telephone/video?
  - Takes time
- Hard of hearing or other difficulty communicating
- Loss of non-verbal cues



# LIMITATIONS

- **Poverty**

- Possible limited access to internet or phone/device
- Can also enable access if cost of travel is prohibitive

- **Privacy**

- Privacy from other householders
- Consultations at work/out of house
- Domestic violence and abuse

# IMPACT ON HEALTHCARE PROVIDERS

Should not underestimate the impact on HCPs

- Time
  - Longer to set up, longer consultations
  - May need initial triage to arrange consultation > remote consultation > resultant face to face consultations
  - More safety netting
  - More documentation and admin
- Change of work role
- Psychological
- Loss of face to face contact with patients

# NUANCE SURVEY REPORT: THE IMPACT OF COVID-19 ON CLINICAL ADMINISTRATION AND CLINICIAN BURNOUT

Responses regarding remote consultations:

- 87% primary care and 78% secondary care majority of remote consultations were **done from a place of work**
- In primary care **78%** think remote consultations have **increased** the general workload at their practice and over half of these respondents (**58%**) said this **increase is significantly more**
- “consulting remotely is higher risk, more time consuming, complex and so requires more careful "safety netting" and documentation”
- “The practice has turned into a call centre. The phones do not stop ringing which is preventing the admin team do their normal jobs”



# GOING FORWARD

- Remote consultations are here to stay!
- May not suit every consultation but obvious benefits:
  - Those unable to travel
  - Shielding
  - Less time out of work/education/childcare for patients
  - Over time patients are becoming more comfortable with remote consultations
  - Follow-up after face to face



**NHS**

# All GP consultations should be remote by default, says Matt Hancock

**Royal College of GPs expressed concern saying it would oppose predominantly online system**

**Peter Walker**  
*Political correspondent*

🐦 @peterwalker99


Thu 30 Jul 2020 14.02  
BST




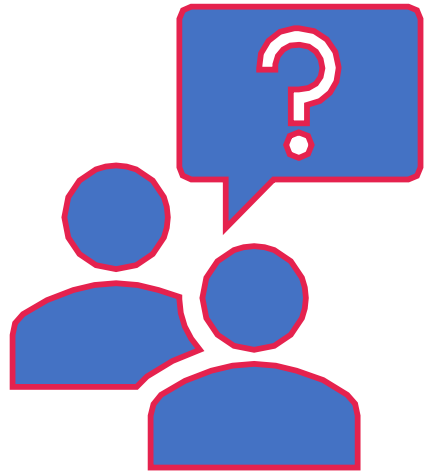
🔗  
1768



▲ Matt Hancock gave a speech on the future of the NHS at the Royal College of Physicians in London on Thursday.

- 
- Live chat?? E.g. SH:24
  - As infections drop and vaccination rates increase a more satisfactory balance of consultations will hopefully be found
  - Playing catch-up will continue for some time
    - E.g. LARCS, MSM vaccinations, depo-provera

- 
- Important to take care of ourselves and others
    - Ergonomics
    - Breaks
    - Mix with face to face where possible
    - Allow time for admin/documentation/e-consults
    - Admit if struggling



QUESTIONS?