

Choosing how to consult with your secondary care patients



Co-designed with clinicians and patients

[Find out more](#)

Informing your decision

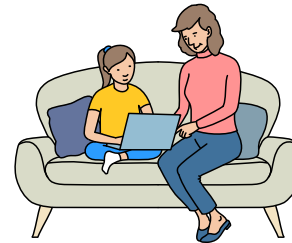
Reason for the appointment >



Your patient's choice and skills >



Your patient's environment >



Effect on your relationship >



Your work set up >



Scenarios

[Physiotherapy & musculoskeletal care >](#)

[Talking therapies & mental health >](#)

[Children & young people >](#)

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[Long-term conditions >](#)

About this co-designed resource

Deciding how to consult with your secondary care patients is a critical part of clinical practice.

Many clinicians and patients have embraced remote consulting options. Others have been more hesitant. This resource is designed to help you reflect on different approaches and to support a conversation with your patients so you can make an informed choice together.

One size doesn't fit all, so your decision should always be based on clinical need and patient choice.

This guidance has been co-designed with clinicians and patients, and informed by a review of existing guidance and research evidence.

It's intended as a general resource that you can apply to all specialities and services. It is not a 'how to guide' but aims to prompt thought in your own decision making process.

It's designed to be easy to use so you can share and refer to it quickly.



Patient perspectives

Patients we spoke with raised five key issues they want clinicians to think about when they decide how to meet them for a consultation:

1. Clinical reasons
2. Patient choice
3. Patient environment and technology set up
4. Relationship with clinician and communication skills
5. Clinician's work set-up and administrative support.

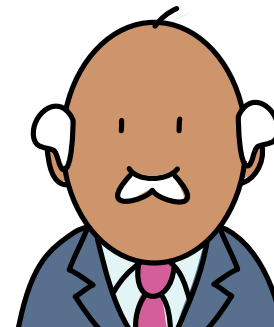
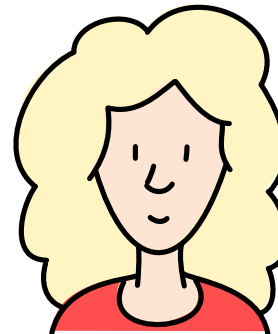
Patients told us they want to make choices with their clinician so that they can support clinicians to deliver care, use technology effectively and ensure that they have a choice in how they meet.

They also want to understand the benefits and any concerns for each type of appointment so that they are central to the decision making process.

I'm quite happy meeting by phone if the doctor has read my notes; that helps me to feel respected and cared for.

I have counselling via video chat and even though we have never met in person we have built up a really good rapport and it's going well.

I had some difficulty trying to show the physiotherapist my knee mobility whilst holding a laptop, but my daughter helped by holding the device for me.



Clinician perspectives

Clinicians told us that they understood the value of different ways of consulting but there were no universal rules about which modality to use when.

They were keen to share best practice and opportunities to provide better care, so they didn't rely on their experience alone.

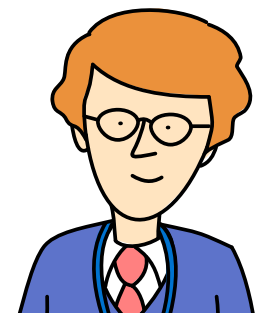
They wanted this guide to help the whole team (clinicians and administrators) and to recognise that the best care will often include a combination of appointment types over time.

The key message was that one size does not fit all and patient choice remains a key priority.

We're creating great hybrid pathways: initial triage by phone, hospital appointment for surgery and post op assessment by video. Our patients and team say it's working well.
- Oral Surgeon, Birmingham NHS Trust

We can do a series of consultations remotely... It's very attractive for people who live a long way from us.
- Heart Health Team, Plymouth NHS Trust

Our child therapists found encounters were richer because they could see children in their own homes with their own belongings.
- Occupational Therapist, Coventry and Warwickshire NHS Trust



Informing your decision

Reason for the appointment >

Your patient's choice and skills >

Your patient's environment >

Effect on your relationship >

Your work set up >

In person

Patient:

Needs a physical examination

Has a high-risk condition

Needs an intimate examination

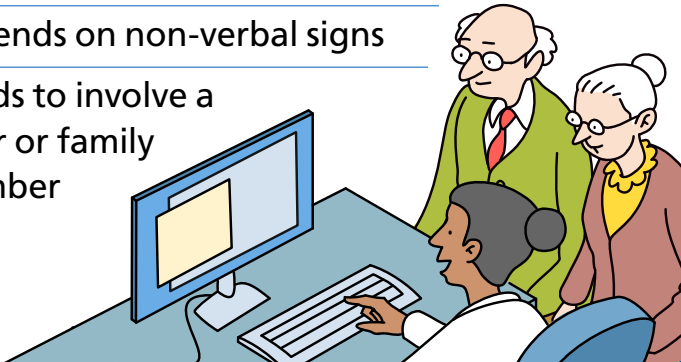
Has a significant change in their condition

Is subject to safeguarding issues

Needs a review of images or other material

Depends on non-verbal signs

Needs to involve a carer or family member



By video

Patient:

Needs a visual assessment

May struggle to explain symptoms without visual cues

Needs a review of images or other material

Depends on non-verbal signs

Needs to involve a carer or family member who cannot meet in person



By telephone

Patient:

Has a stable condition that you're monitoring to make sure there's no change

Has agreed for you to share test results remotely (take care with distressing news)

Can tell you about their condition without being seen

Is seeking healthcare tips



Informing your decision

Reason for the appointment >

Your patient's choice and skills >

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Your work set up >

In person

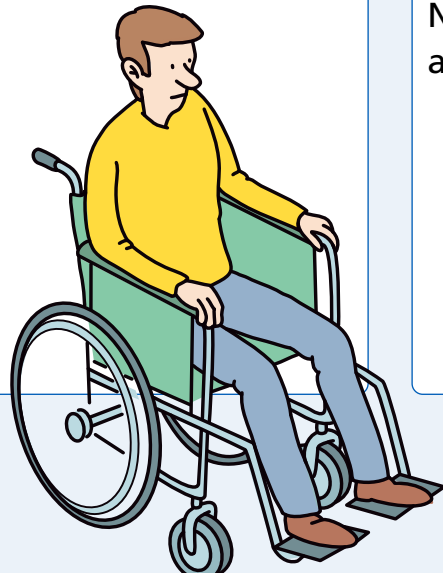
Patient:

Strongly prefers to consult with you in person

Has cognitive or physical constraints and lacks necessary carer support

Is not confident in the language(s) you consult in

Needs an interpreter and there is not one who can join remotely



By video

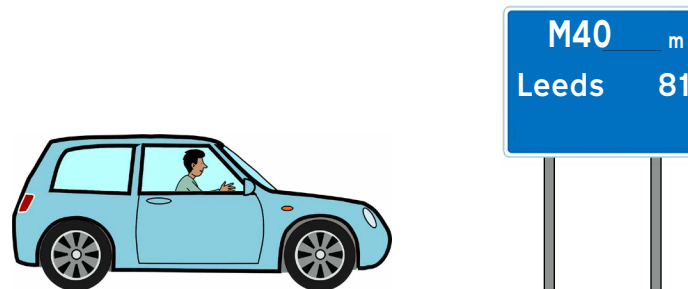
Patient:

Is comfortable using video or has someone to help

Needs support with communication but can use lip-reading or sign language, or an interpreter is present

Lives far from your clinic

Needs to save time eg. avoiding time off work / arranging childcare



By telephone

Patient:

Is confident and comfortable using a telephone

Clearly understands your language, and you understand theirs

Has no significant hearing or speech difficulties

Can understand your guidance and explain their condition

Lives far from your clinic

Needs to save time eg. avoiding time off work / arranging childcare



Informing your decision

Reason for the appointment >

Your patient's choice and skills >

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Effect on your relationship >

Your work set up >

In person

Patient:

Lacks safe or private space

Regularly experiences domestic distractions

Has phone or internet connection problems

Lacks access to the right technology

Struggles to afford phone or internet bills

Will benefit from the facilities and resources offered by a clinical environment



By video

Patient:

Has a quiet and private space

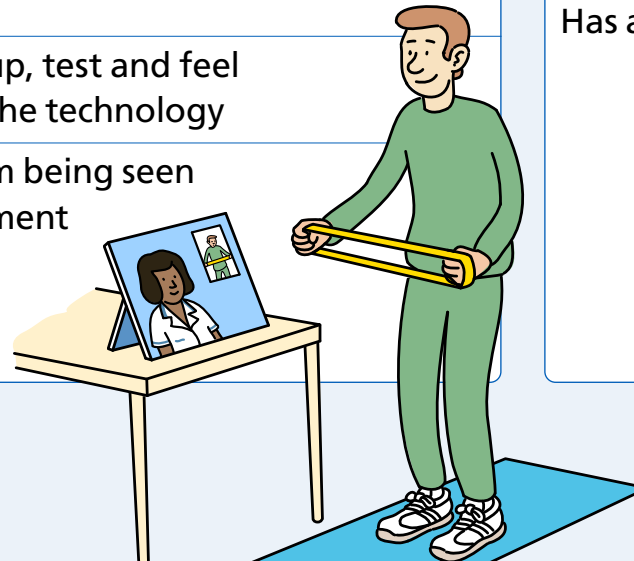
Has room for exercises or examinations if needed

Has a good video set up with reliable internet connection

Has a helper if they lack digital skills or confidence

Has time to set up, test and feel confident with the technology

Will benefit from being seen in their environment



By telephone

Patient:

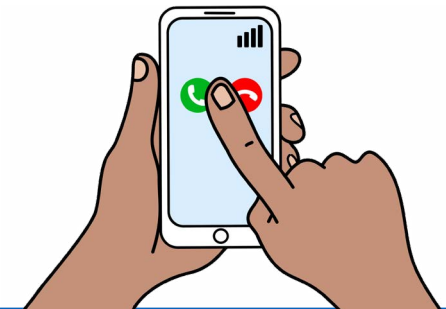
Has a quiet and private space

Lacks space to have a video consultation

Has access to a phone and a good phone connection

Lacks access to the right video consulting technology

Has a poor internet connection



Informing your decision

Reason for the appointment >

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Your work set up >

In person

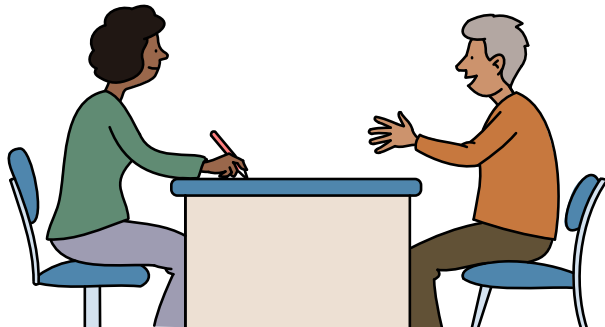
Patient:

Is meeting you for the first time

Will benefit from building trust and rapport in person

Will understand you better by being in the same room

Has limited confidence with video or phone consulting and lacks or rejects support



By video

Patient:

Feels reassured if they can see you

Hasn't seen you for some time

Will feel more trusting towards you by seeing you, and you them

Feels comfortable being seen in their environment, e.g. home, work



By telephone

Patient:

Does not need to build their relationship with you to help the consultation

Knows you and you have good knowledge about their condition

Can discuss the issue without seeing you, and vice versa

Is comfortable consulting from their own environment

Is not comfortable being seen on video



Informing your decision

Reason for the appointment >

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In person

You:

Have a quiet and private space available

Lack systems or operational resources to manage remote appointments



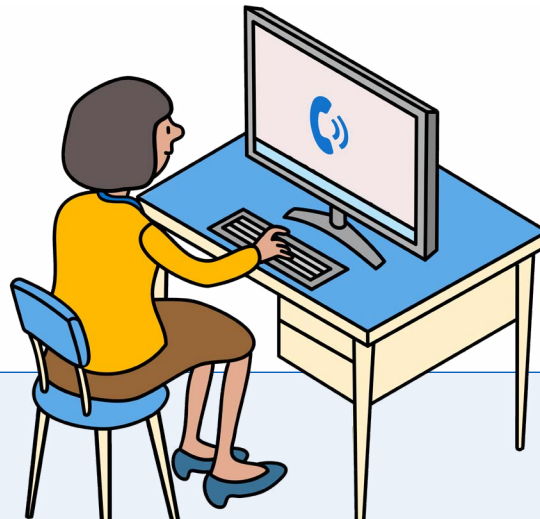
By video

You:

Have video equipment and internet connection which is working and is tested regularly

Have a quiet and private space available

Can help the patient join the video call or have a colleague on hand who can



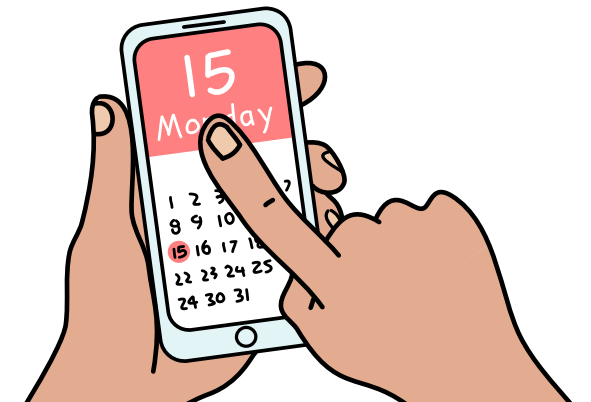
By telephone

You:

Have a reliable set-up for phone appointments in a quiet and private space

Have an up-to-date record of the patient's phone number(s)

Can establish and keep to an agreed time for the call



Patient scenarios



Physiotherapy & musculoskeletal care >



Talking therapy & mental health care >



Children & young people >



Older people >



Long-term conditions >



Physiotherapy and musculoskeletal care in person

In person

Video



Telephone



Patient portrait

Ruth is a 75 year old. She lives alone and her children live abroad. She has persistent pain following a traumatic hip fracture three months ago. She is on painkillers and has been recommended exercises.

Reason for appointment

This is a physiotherapy follow-up appointment to support her recovery after surgery. She still has persistent pain in the hip and groin area which has not eased.

Patient's choice and skills

Ruth has a hearing impairment. She uses a desktop computer for writing stories and reading online newspapers but has never used email or video technology.

Patient's environment

Her computer is located in a small office with wired internet broadband. She does not have a webcam and describes the computer as painfully slow when loading. She does not have anyone nearby to help.

Relationship

This is the second appointment. Ruth has hearing loss so it is important to speak clearly. She is struggling to move but finds it hard to describe the pain. The physiotherapist wants to understand why the pain is not easing.

Work setup

The physiotherapist has a private and spacious consultation room, with exercise equipment and examination bench.



Key takeout

Ruth would benefit from an in-person consultation, ideally in her home, so the physiotherapist can see her movement and conduct a physical examination. She finds it difficult to move and will likely need assistance trying out new exercises.

Hands-on assistance and non-verbal communication would help overcome potential communication barriers.

Ruth's technology and home setup does not appear adequate for a video consultation and would lack the space for her to move and allow for a visual assessment of mobility.

Physiotherapy and musculoskeletal care by video

In person >

Video

Telephone >

Patient portrait

Darain is 72. He is from Pakistan and lives with his wife, son, daughter-in-law, and two grandchildren. He underwent bowel cancer surgery and is currently undergoing chemotherapy.

Reason for appointment

The appointment is part of his cancer pain treatment plan, to help relieve pain and restore his muscle strength. The physiotherapist will review progress and advise him further.

Patient's choice and skills

He does not speak English and is hard of hearing. He struggles to walk and is easily fatigued when moving around. He lives in a remote location and does not enjoy long trips to the hospital. He is also concerned about the risk of catching Covid-19. He is not comfortable with technology and has never done a video call.

Patient's environment

The house has wi-fi, though the family tend to use their devices in the living room where connection is strongest. His daughter-in-law speaks fluent English and can help set up the tablet computer. Darain trusts his daughter-in-law and has requested that she be present.

Relationship

Darain got on well with the physiotherapist at the initial appointment in hospital. The appointment should not require hands-on contact with the patient but it would be useful to observe movement and wellbeing.

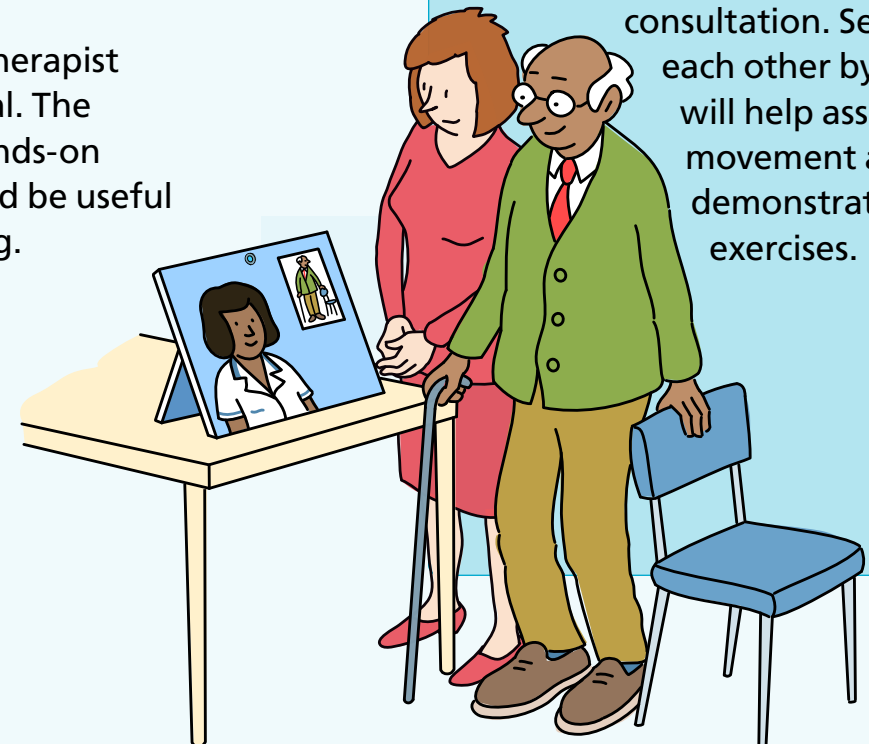
Work setup

The physiotherapist uses a wide-angle lens camera, so she can stand back and demonstrate exercises. She has a good internet connection and tests the positioning of the camera before the call.

Key takeout

Darain would prefer to avoid the journey to and from hospital as he recovers from major surgery.

He would struggle to do a video appointment on his own but his family can assist with the technology and support the consultation. Seeing each other by video will help assess movement and demonstrate exercises.



Physiotherapy and musculoskeletal care by phone

In person >

Video >

Telephone

Patient portrait

Adya is a 35 year old full-time accountant and mother of two. She has had stiffness in the wrist and limited mobility in her thumb, with acute pain when gripping and moving her hand.

Reason for appointment

She was referred to the clinic by her GP. The physiotherapist needs to assess the problem and potential cause in order to plan treatment going forward.

Patient's choice and skills

As someone who uses the phone a lot at work, Adya is confident with this modality. She is Tamil but speaks fluent English. She commutes long distances to work and would prefer not to take a day off to travel to the clinic.

Patient's environment

Her home has good wi-fi with a tablet computer and smart phone devices, but she will likely be at work for the appointment. She is confident she will be able to find quiet and private office space at work for a call.

Relationship

This is the first encounter with the clinic. The physiotherapist can obtain information from her history and self-reporting pain questionnaire. Triggers and areas of the hand causing pain could be established with clear instruction regarding movement and pressure points.

Work setup

The physiotherapist has a good phone connection with headset so she can write notes during the consultation. She has medical notes on the screen which she will review prior to the call.

Key takeout

The phone is the preferred choice for Adya, and she is confident she can find a private space to conduct the consultation from her place of work.

Much of the clinical information can be communicated verbally, and additional information has been provided by the GP. The physiotherapist should be able to verbally elicit other relevant details and symptoms, in order to inform ongoing treatment.

Quiet Please



Talking therapy and mental health in person

In person

Video



Telephone



Patient portrait

Philip is a 27 year old shop assistant and father of three. He has been under the care of his GP for several years with extreme mood swings. His partner contacted the GP saying that he has become agitated and is pacing around the house. The GP tried to speak with him on the phone but he was too distressed to continue the conversation.

Reason for appointment

He has been urgently referred to a psychiatrist to assess his mental wellbeing and decide on appropriate intervention.

Patient's choice and skills

He is generally IT literate and often uses video on his smart phone. He has conducted a number of counselling sessions by phone in the past.

Patient's environment

The family live in rented council accommodation. They have a broadband connection but live in a remote location. The partner describes their internet connection as a bit 'hit and miss' and with a limited data package.

Relationship

Philip has not met the psychiatrist before. It will be important to assess his demeanour, mental state, risks and level of engagement with any treatment plans.

Work setup

The psychiatrist has a private clinic room. Clinicians from the team are also available should additional support be needed.

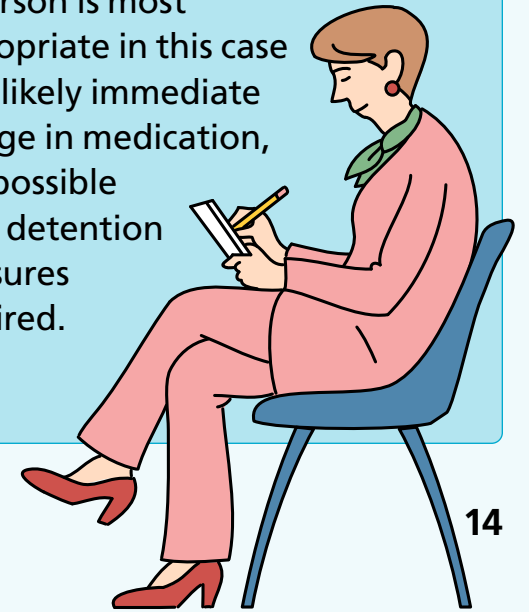


Key takeout

Clinical, social and technical reasons mean Philip would benefit from being seen in person. The GP has already found it difficult to assess by phone and Philip is unlikely to cooperate and engage over video.

The digital setup is limited and the encounter may be thwarted by poor internet connection.

In person is most appropriate in this case with likely immediate change in medication, and possible legal detention measures required.



Talking therapy and mental health by video

In person >

Video

Telephone >

Patient portrait

Lawrence is 18 with high-functioning autism. He has recently started a new college course. This move has disrupted his routine. He has become depressed and started to talk about self-harm. His community nurse is confident that he is not suicidal.

Reason for appointment

His community mental health nurse has referred him to the consultant for a full assessment of his mental wellbeing and possible prescription of medication.

Patient's choice and skills

He dislikes attending the hospital. He finds it noisy and disorientating. He has been seeing his community mental health nurse every few months by video. He has no sensory or cognitive impairment but often becomes anxious with new people.

Patient's environment

He enjoys playing computer games and has a computer set up in his bedroom with broadband and high-spec audio-video equipment.

Relationship

He is well known to the Child and Adolescent Mental Health Services. While he has a good relationship with his nurse, he has only met the consulting psychiatrist once before. The consultant would like to view his non-verbal response during the assessment and ask him about his self-harming thoughts.

Work setup

The psychiatrist has video equipment with a good internet connection in a private office space, so that the patient feels comfortable. The psychiatrist and community mental health nurse have also coordinated for a three-way video call if Lawrence wishes.

Key takeout

Video would suit Lawrence well because he is digitally set up at home and has previously expressed a preference for remote consulting. This has worked well in the past.

He is well known within the service, but less familiar with the psychiatrist, and may feel more comfortable meeting over video.

A trained practitioner has already established that he is not in the high risk category.



Talking therapy and mental health by phone

In person >

Video >

Telephone

Patient portrait

Pauline, 57, is an IT consultant. She is currently on sick leave. She has generalised anxiety, sleeping problems and a history of substance misuse. She describes herself as a 'worrier'. Her anxiety worsened when her mother became ill six months ago. She lives alone but often stays with her sister's family so she can visit her mother nearby.

Reason for appointment

This is her third appointment as part of a Cognitive Behavioural Therapy (CBT) programme delivered by a clinical psychologist. It includes six sessions to help manage negative thoughts, practise relaxation techniques and anxiety assessments using standardised self-reporting measures.

Patient's choice and skills

She is confident using technology and is familiar with online communication. She does not want to commit to appointment dates if this requires her to be at the clinic.

Patient's environment

She has good internet and mobile device connectivity at home but the internet connection quality is variable at her sister's home. It is a busy family home but she has some private space in the spare bedroom.

Relationship

She has met the psychologist in person once before. The psychologist wants to establish any changes in her anxiety and sleep, and talk her through further CBT techniques. Supporting CBT materials can also be emailed to her.

Work setup

The CBT therapist has a good phone connection. She shares an office with one other clinician but has a headset attachment so that she can hear and speak clearly while also taking notes. Her work colleague is aware that she needs privacy so will not interrupt her. She has an up-to-date record of Pauline's email address to send her CBT materials.

Key takeout

Telephone is a suitable option because the consultation does not depend on a visual assessment and follows previous encounters in which the therapist has established good rapport and is actively monitoring progress using self-reporting methods.

The telephone option also allows Pauline the flexibility to continue with the CBT intervention while dealing with a stressful and logistically difficult period.



Consulting with children and young people in person

In person

Video



Telephone



Patient portrait

Charlie is seven, referred by his GP for loss of consciousness at school. Safeguarding issues have been raised in the past. The GP found him to be underweight and difficult to engage. In the medical records there are previous safeguarding concerns of possible neglect and involvement of social care mentioned.

Reason for appointment

He has been referred to a paediatrician for a full health assessment.

Patient's choice and skills

The mother is aware of the referral but can't remember why. She wants the appointment to be conducted by phone, as she believes this will be quicker and more convenient.

Patient's environment

Charlies' home is 20 miles away from the hospital. They do not have home broadband, and his mother relies on a mobile data package when using her smart phone.

Relationship

Charlie's medical history shows that a safeguarding review has been carried out and his mother is a known alcohol abuser. The paediatrician will need to conduct a physical examination. It is essential that the consultation is conducted in private with the opportunity to speak with the mother and/or Charlie in private.

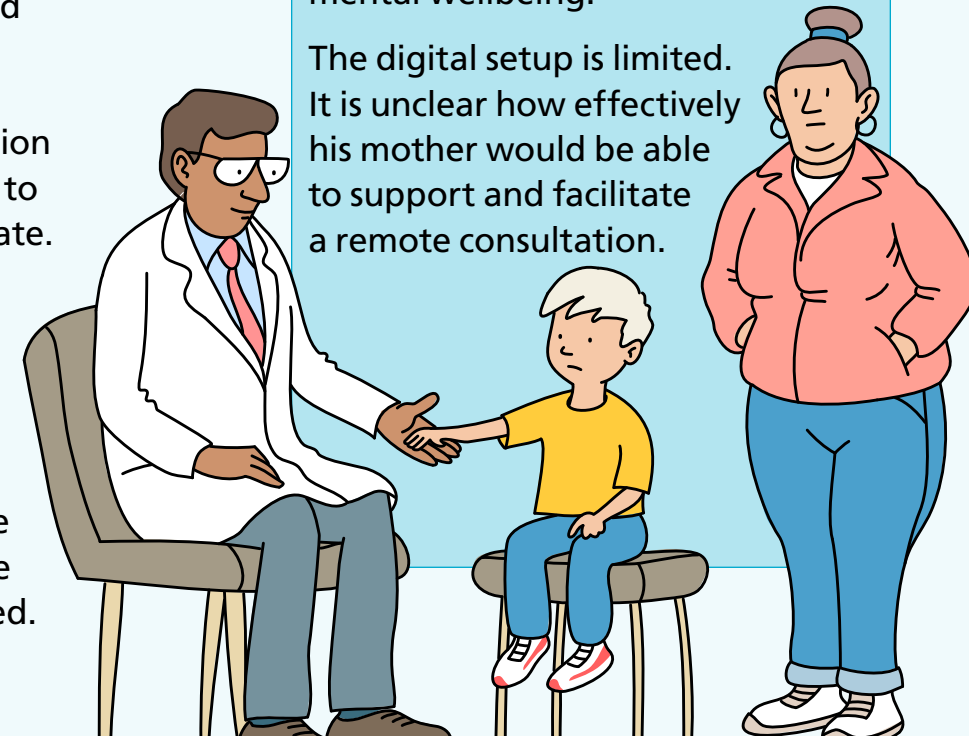
Work setup

The paediatrician has private clinical space for the consultation and the paediatric outpatient clinic is child-friendly. A full physical examination to assess for signs of non-accidental injury will be possible and the parent's demeanour and interaction with the child during the consultation can be evaluated.

Key takeout

Charlie's mother would prefer to conduct the consultation remotely. However, safeguarding concerns necessitate an in person appointment in order to complete a confidential and comprehensive assessment of Charlie's physical and mental wellbeing.

The digital setup is limited. It is unclear how effectively his mother would be able to support and facilitate a remote consultation.



Consulting with children and young people by video

In person >

Video

Telephone >

Patient portrait

Ebrah is five and has significant speech pronunciation delays. She understands what people say very well but has difficulty coordinating her muscles to make speech sounds.

Reason for appointment

The appointment is part of an articulation therapy programme. This includes a series of one-to-one sessions to improve language development.

Patient's choice and skills

Her parents would find a remote appointment more convenient than travelling to clinic, and it would minimise time out of school. Ebrah will often sit with her parents when video calling grandparents.

Patient's environment

The home has wi-fi and the family share a tablet computer. They also have access to email and a printer, which means they can print off exercise instructions and supporting materials.

Relationship

The therapist wants to observe, instruct and demonstrate lip and mouth movements to support pronunciation. This will be supported by game activities, as well as written materials for parents to practise with Ebrah.

Work setup

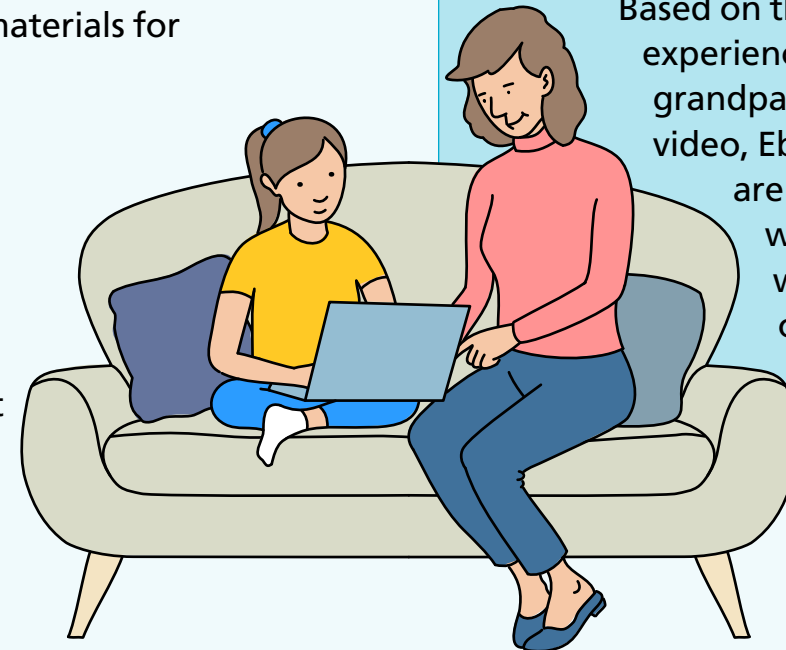
The therapist has good internet connection with high-spec camera and audio headset. She positions the camera to make sure she can clearly demonstrate mouth/lip movements. She has toys/games set up to engage the child via video. She has an up-to-date contact email address to send materials.

Key takeout

The use of video allows the therapist to see and speak to both Ebrah and her parent throughout the consultation.

They have a good digital setup for video, as well as the ability to access and print off materials emailed to them.

Based on their experience calling grandparents over video, Ebrah's parents are confident she will engage with the clinician remotely.



Consulting with children and young people by phone

In person >

Video >

Telephone

Patient portrait

George is 11, with moderate eczema on his hands and face. Following an initial examination, the dermatologist prescribed topical cream. During the appointment his father was shown how to apply the cream effectively and given further written instructions.

Reason for appointment

This is a follow up appointment to assess whether the cream is helping to reduce the eczema.

Patient's choice and skills

His parents live a short walkable distance from the clinic but they would prefer not to take time off work, if possible. Both parents are comfortable using the phone. They have been equally involved in managing his eczema.

Patient's environment

It was agreed that his father would be the most appropriate person to phone during the day. The dad owns a smartphone and is able to upload and send photos.

Relationship

The dermatologist should be able to establish whether the cream has had an effect based on the description from George's father. If there was no improvement or worsening change, a photograph could be sent to help discuss further.

Work setup

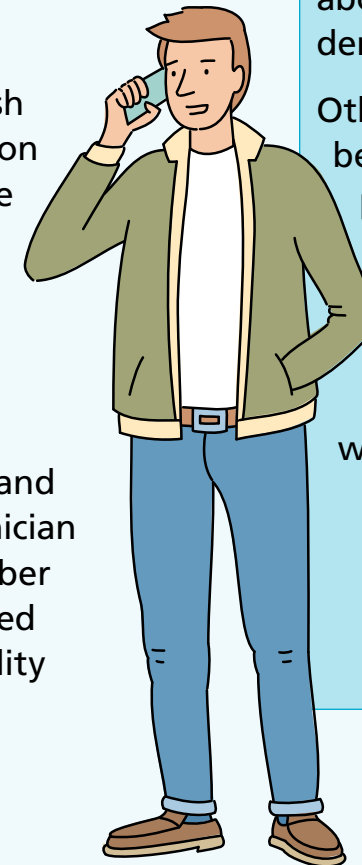
The team has admin processes in place to inform the parents when to expect the call, and contingency plans to contact them if the clinician is not running to schedule. The contact number for this particular appointment is documented on the system. The clinician has a secure facility to receive photo images if needed.

Key takeout

A phone consultation would work well in this case because George's parents have a good understanding of his condition and are confident about what they need to tell the dermatologist.

Other supporting modalities could be brought in if needed e.g. photo, which may offer a clearer image than a video call.

The case highlights the need to establish who to contact, and make them aware as to when the phone call will occur.



Consulting with older people in person

In person

Video



Telephone



Patient portrait

Jakub, 71, is a retired engineer originally from Poland. He lives in a rural village with his wife. He was referred to the colorectal department by his GP for diagnostic investigation, with stomach pain and blood in his stool.

Reason for appointment

The appointment will be with a consultant surgeon to discuss test results from his recent CT scan and endoscopy exam. The tests indicate a benign tumour in his bowel. Surgical procedures will need to be discussed.

Patient's choice and skills

He speaks fluent English. He has some hearing loss. He is confident with technology and enjoys video calls with family. Jakub believes it will be better for him and his wife to meet the consultant in person.

Patient's environment

Despite living in a rural area, Jakub has a good internet connection with unlimited superfast broadband. He thinks the journey to hospital will be a four hour round trip.

Relationship

Jakub met a consultant and nurse during his initial appointment but has not met this particular surgeon. The surgeon wants to show him the CT scan to aid discussion and to be able to assess general health and wellbeing prior to surgery.

Work setup

The consultant has a private clinic space for both Jakub and wife to sit and discuss surgery, and check or examine any other issues and symptoms reported. She has a desktop computer with access to the CT scan images to show them during the consultation.

Key takeout

Jakub has a good digital setup to see the consultant by video.

Certain video software could allow the sharing of CT scan images. However, as this case highlights, technical and clinical feasibility does not necessarily mean that video is the preferred option.

Despite the long journey, Jakub and his wife want to visit the clinic and meet the surgeon in person before the operation.



Consulting with older people by video

In person >

Video >

Telephone >

Patient portrait

Rita is a 79 year old retired school teacher living in residential care. She has arthritis, a leg ulcer and impaired cognitive function. She has recently become incontinent and is becoming slower and more withdrawn.

Reason for appointment

The care home staff have asked for an urgent assessment. The consultant geriatrician will need to conduct a clinical and cognitive assessment as well as medication review.

Patient's choice and skills

Rita is not familiar with computers and has never done a video call. She has poor hearing and her mild cognitive impairment makes it difficult to follow what is being said. She is frail and has limited mobility. She has told the care staff that she would prefer not to go out and travel to the hospital.

Patient's environment

The care home is connected digitally and the staff are experienced in supporting residents with video calls with family and clinicians. A member of staff is available to support the consultation and assist Rita with the technology.

Relationship

Rita is chair-bound and generally assents to tasks the staff ask her to do, so may cooperate, but she may not understand that the person on the screen is a doctor. Staff can prepare her for the video call and explain the technology before the consultation.

Work setup

The consultant has a good internet connection with a high quality headset that should enhance audio quality. She is consulting from a private space so that she can visually examine the patient.



Key takeout

As this is a time-sensitive review, video is preferred so Rita can be seen quickly without risking transport delays or involving associated support staff.

With the support of Rita's care home staff her preference for consulting from home can be accommodated.

This case illustrates the complex challenges of a geriatric assessment where a flexible solution may be needed. There is potential for a mixed approach to be followed for Rita's ongoing care, with her next appointment being in person.

Consulting with older people by phone

In person >

Video >

Telephone

Patient portrait

Heather is 85, living alone in a ground floor flat. She has a tremor, which was recently diagnosed as Parkinson's disease. She has arthritis in her hip and back, and high blood pressure. She also had a stroke five years ago. She walks with great difficulty, but tries to get out to the shops and town centre.

Reason for appointment

The consultation is to follow up on a recent review in which adjustments were made to her medication for Parkinson's disease.

Patient's choice and skills

Heather has a mild hearing impairment. She does not have internet and has never used a computer. She is extremely positive about the care she has received, but dislikes going to hospital and using patient transport.

Patient's environment

Heather has a basic mobile phone, given to her by a friend, which she keeps on her. It has a pay as you go SIM, but she mainly uses it to receive calls or in case of emergencies. She has no internet or computing devices.

Relationship

Heather saw the consultant one week prior to this appointment for her medication review. The consultant is confident that she will be able to describe any symptoms or side effects.

Work setup

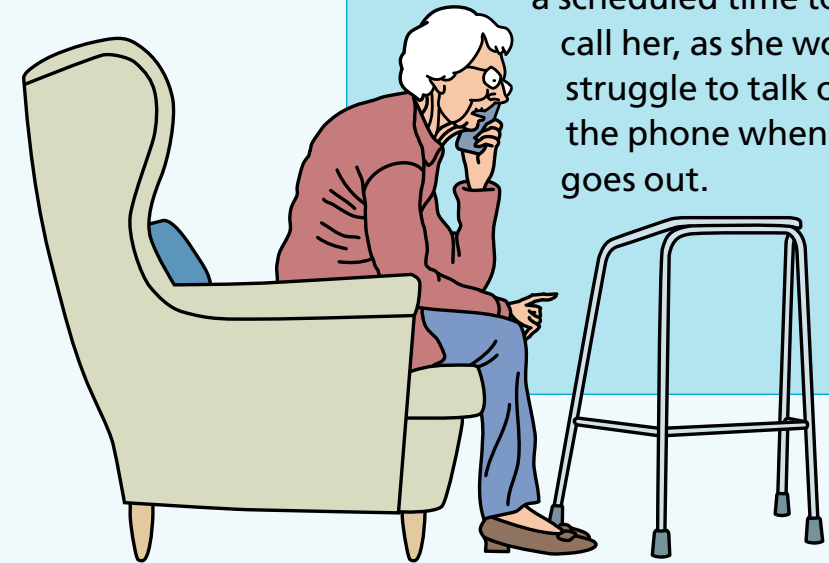
The consultant has a good phone line connection and access to patient medical records on the computer. The team have setup an appointment booking process to inform the patient as to when she will receive the call, as well as contingency processes to contact her if the clinician is not running to schedule.

Key takeout

Heather would benefit from a phone consultation for her follow-up appointment. She has a good understanding of her condition and is able to describe her symptoms well.

Any concerns raised over the phone could be extended to an in-person encounter.

It will be important to establish a scheduled time to call her, as she would struggle to talk over the phone when she goes out.



Long-term condition consulting in person

In person

Video



Telephone



Patient portrait

Anthony is a 61 year old retired taxi driver living alone. He has high body mass index (BMI), high blood pressure and sleep apnoea. He was diagnosed with heart failure two years ago. He struggles to manage his medicines, and gets confused about the various departments and people involved in his care.

Reason for appointment

This is a routine review conducted by a community heart failure nurse in order to monitor his condition and adjust his medication if needed.

Patient's choice and skills

Anthony no longer drives and would need to take two buses to get to the clinic. He does not use any digital or computing devices, and does not think he would be able to work out how to use it.

Patient's environment

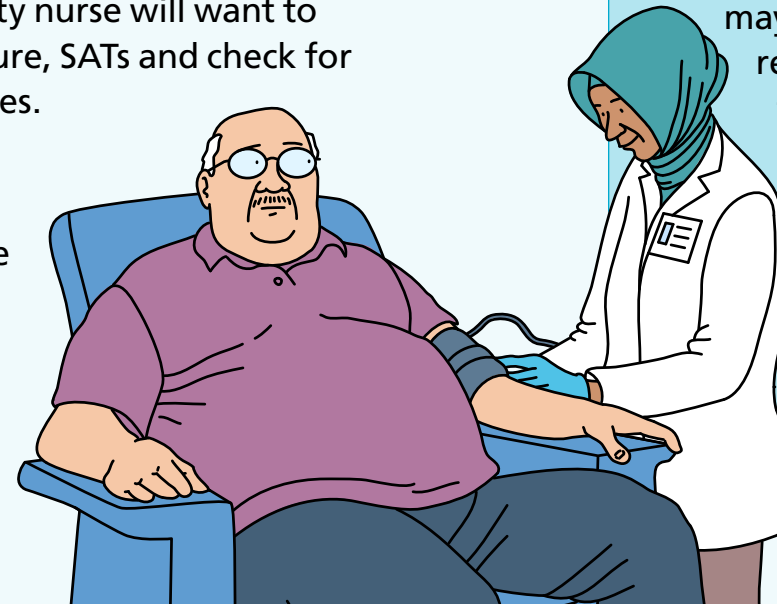
Anthony does not have internet in the home and does not think he would be able to afford it anyway. He has a pay-and-go mobile phone, which he uses to call his nephew for a chat at the weekend.

Relationship

He attended the clinic during his initial diagnosis but his follow up appointments tend to be at his home. He enjoys visits, chatting and joking with the nurse. The community nurse will want to measure his blood pressure, SATs and check for swelling in feet and ankles.

Work setup

The community nurse conducts clinic and home visit appointments. She has equipment to measure blood pressure, oxygen saturation and other health indicators.



Key takeout

Anthony requires an in person appointment. He is dealing with multiple conditions which he is finding difficult to manage.

He does not have the digital setup at home to support a remote consultation, nor the relevant monitoring equipment. With appropriate support, education and access to such technology, he may be able to see the nurse remotely on occasion, but the current setup does not allow for this.

Anthony may also benefit socially and emotionally from the home visits, which should be considered.

Long-term condition consulting by video

In person >

Video

Telephone >

Patient portrait

Michelle is a 21 year old university student. She has type 1 diabetes, which she manages using insulin injections. She has recently discontinued her contraceptive pill and has experienced a hypo.

Reason for appointment

She contacted the nurse specialist for help and advice managing her blood sugar levels.

Patient's choice and skills

Getting to the hospital has been difficult since she moved away to university. In recent years she has missed scheduled appointments at the clinic. She has a good understanding of her condition which she has been managing for many years.

Patient's environment

She rents a shared house with four other students. The wi-fi connection is not great in her bedroom, so she would need to conduct this consultation in the kitchen. But she gets on well with her housemates, and they all respect each other's privacy.

Relationship

She has been with the service since she was a child. It is important that the nurse, who knows Michelle's diabetes well, can have an in-depth conversation about her contraceptive cover and any plans for future pregnancy.

Work setup

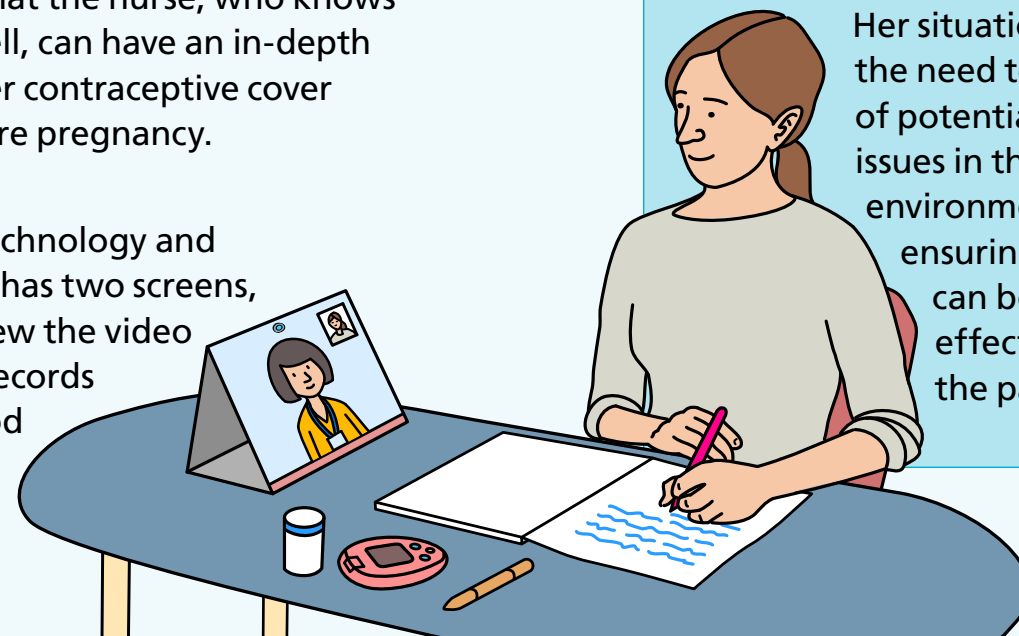
The nurse has video technology and good connection. She has two screens, which allows her to view the video while also reviewing records and noting down blood sugar readings.

Key takeout

Video would be a good option for Michelle's consultation with her nurse. Non-verbal communication will facilitate the discussion and support shared decision making.

Michelle finds it difficult to attend the clinic but understands her condition and is motivated to improve self-management.

Her situation highlights the need to be aware of potential privacy issues in the home environment, and ensuring these can be managed effectively by the patient.



Long-term condition consulting by phone

In person >

Video >

Telephone

Patient portrait

Kavin is 57, originally from South India. His GP referred him to the gastroenterology clinic, with abdomen pain and constipation. Following initial examination and blood tests, he was prescribed medication for irritable bowel syndrome.

Reason for appointment

This is a one month follow up appointment to review Kavin's symptoms and report on recent test results.

Patient's choice and skills

Kavin speaks Tamil and some English. He usually attends appointments with a health advocate, or his son who speaks fluent English. He is happy to conduct the appointment over the phone, through a language interpretation service.

Patient's environment

Kavin has the internet and a tablet device at home but these are only used by his son. His son usually assists with consultations but will be on a work trip at the time of the scheduled appointment. Kavin does have a landline phone.

Relationship

The appointment will be based on the recent test results and will not involve any physical or visual assessment. The clinician will ask him via the interpreter about any changes in his symptoms since the last appointment.

Work setup

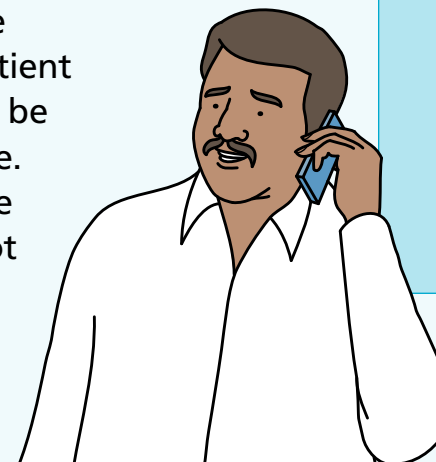
Admin processes are in place to provide translated materials that inform the patient when they will receive the call. This will be coordinated with the translation service. Clear contingency processes are in place to contact both parties if the clinic is not running to schedule.

Key takeout

A phone consultation would work well for Kavin's appointment as it is primarily to convey test results and discuss any change to his symptoms.

It does rely on the clinician's and interpreter's skill in overcoming the language barrier, as well as Kavin's willingness to engage in this way.

As the case highlights, adequate technical setup in the home does not necessarily mean the patient can use the technology.



This guidance has been co-designed with clinicians and patients and is informed by a review of existing guidance and research evidence. It is available to anyone considering using remote communications as part of an NHS consultation, and designed to be relevant to any technology or clinical setting.

The guidance has been developed as a collaboration between NHS England and NHS Improvement, the University of Oxford (led by Sara Shaw, Trish Greenhalgh and Joseph Wherton) and Design Science.

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