

Remote Consultations Guidance Under COVID-19 Restrictions

Chaperones

The NHS and GMC have clear guidelines for having a chaperone present when undertaking physical examinations. The RCN document; [Chaperones and chaperones](#) would also support and recommend this. The RCN document; [Chaperones and chaperones](#) women, includes some useful information, but the need for chaperoning is applicable regardless of gender.

The [Chaperones and chaperones](#) and the CQC information about chaperones provide a good framework for all health care professionals including GPs.

It is good practice to make sure that organisations including general practice have a chaperone policy in place and that this is clearly visible to the public, alongside information about why this is important. All patients and parents with children should be consulted or procedure. In practical terms this should ideally be done ideally at the time of booking the appointment.

When a chaperone is requested and none is available at that time, then there should be an opportunity to reschedule the appointment within a reasonable timeframe. If this is not possible because of the urgency of the situation, then again this would need to be noted in their notes. A decision to continue or otherwise should be reached jointly.

Healthcare professionals should have appropriate training about the role and what it means. They should also have a risk assessment and may need further checks through the Disclosure and Barring Service (DBS), [access NI](#) or [Disclosure Scotland](#) if there isn't already one in place.

A remote or video consultation does not mean the same principles would apply. The likelihood is however that the chaperone will be remote and as such all parties need to agree and be

assured that the links and remote connections are working appropriately.

Information described in the

Top tips guidance on initiating and concluding the conversation

1	<p>Introduction:</p> <p>Establish who you are speaking to and that it is the correct person and introduce yourself. Check that the patient can hear and understand you and is in a suitable place to talk. Consider any reasonable adjustments that may be required ie - hard of hearing/learning disability/cognitive impairment/English as a second language and if interpreting services are needed.</p> <p>Environment:</p> <p>Wherever possible, make sure you have a quiet private space to have the telephone/video conversation.</p> <p>Refusals:</p> <p>If the person says at any time during this conversation that they do not wish to discuss these issues, respect their choice. Assure them that they can reconsider at any time. Advise how to contact you – or in your absence who to contact, and how. If appropriate arrange a date and time to call back.</p> <p>Documentation:</p> <p>Record details of this conversation clearly, either immediately or as soon as is possible ffYwfX]b[h_a YUbXXUHE"6YgdYUWUWci h\ck]bZfa U]cb'k Ug'cVU]bYX"A U_Yg fYh Ui you document clearly that this was a remote consultation during the COVID-19 pandemic.</p> <p>Chaperone:</p> <p>In discussion with the patient/client/family, consider if a chaperone is required. If so the consultation should be organised to facilitate this.</p>
2	<p>Introduction:</p> <p>'Hello. My name is..... I am (describe your role)'</p> <p>within the principles of mental capacity legislation, check that the person is the person you want to talk to, 'Who am I speaking to please?'5g_zUgUb_Yl hfUgYwf]mWYwZ'Could you . Can they hear and understand you, and</p> <p>are they in a suitable place to talk?</p> <p>=Znci \Uj YfYUgcb'c'g'gdYWh Uh h YmLFY\Uj]b['UbmX] W'hmk]h i bXYfgUbX]b['cf'</p> <p>communication, ask if there is someone with them who could join the conversation and help them. If a friend or relative joins the call at any stage, say 'Hello. My name is' again and reiterate the reason for your call. Establish and document the name of the friend or relative and their relationship to the person.</p>
3	<p>Establish the reason why this is a remote consultation instead of face-to-face:</p> <p>'Unfortunately, during the COVID-19 crisis, we can't visit people at home or get them call. I am calling today to...'</p>
<p>Main part of the conversation which will be led by the reason for the call, for example, to carry out an asthma review or a contraception check. (See scenarios for examples)</p>	
8	<p>Concluding the conversation and agreeing further actions:</p> <p>'Are you able to summarise what we have discussed today?'</p> <p>Document what the patient says and reinforce any actions that you have agreed.</p>
9	<p>Follow up:</p> <p>Consider whether follow-up is needed and, if so, what achievable follow-up can be arranged.</p>

Case studies/scenario situations:

The following scenarios are designed to give people an idea of how remote consultations might work and the decision-making triage process.

Case Study – Childhood vaccination

The Joint Committee for vaccination and Immunisation (JCVI) have advised that childhood vaccinations up to and including the preschool booster should continue and immunisation services for these be maintained to reduce the serious risk of vaccine-preventable disease, see [here](#).

The RCN have produced guidance to support maintaining the National Immunisation schedule during COVID-19 see [here](#).

The vaccines themselves require a visit to the surgery or potentially a home visit but the guidance advises that a telephone call in advance will help to minimise the time spent in the surgery.

Case Study – With safeguarding in mind

It is recognised that social distancing can put additional pressure on household were people living with dementia reside. There is [guidance from Dementia UK](#) to help support the person, families and others to help manage this situation.

People might be seeking appointments for a wide range of issues including COVID-19 symptoms, rash, pain, sleeplessness, other infections and minor injury.

A Ug g'UbX[ck bgWb VYj Yfnc 'di H]b[Zcf'gca YcbY`j]b[k]h XYa Yb]U]Zh YnLFYi bUVY to comprehend or retain why this occurring and a remote consultation may be desirable. It is often helpful to have a family member who resides in the household to support them through the process. However, person-centred dementia care encourages us to engage with the person

Case Study – Health Care Assistant providing support for stroke patient

Mary is a health care assistant who works on the stroke rehabilitation unit at her local community trust. She supports stroke patients who have recently been discharged and assists in the emotional and wellbeing of stroke management. This involves working closely with family members to support them in day-to-day life.

One of the patients, Mr Khan, is 79 and was recently discharged from hospital following a lengthy stay after having a stroke. He lives with his wife Amal, also 79, who is generally

Case Study – Failure to thrive

Pandemic.

As the child's named health visitor using the principles in the top tips you call to check with the family as previously arranged. The mother advises that Johnny has not been eating and drinking as well lately and seems to be paler than usual. Given the history and previous concerns it would be appropriate to advise that the mother needs to bring Johnny to the surgery when they have been advised to stay at home, as far as possible.

Case Study – Chronic obstructive pulmonary disease (COPD)

James is a 78 year-old gentleman who has COPD. He is an ex-smoker and is

Case Study – Contraception review

health services in primary care. Wherever you are working you should ensure that there is clear, up-to-date signposting for patients to what local contraceptive services and national online services are currently available and how these can be accessed.

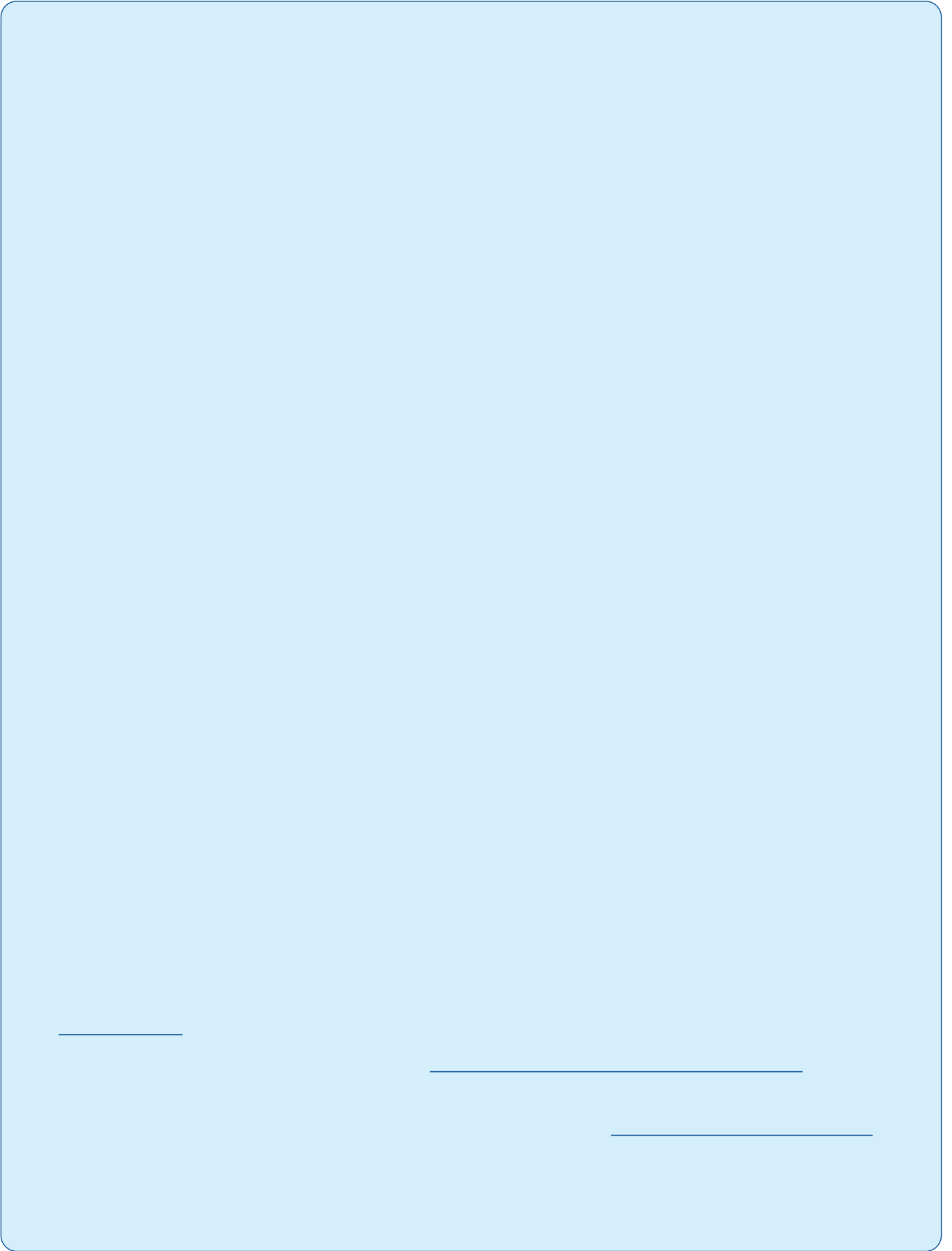
K \ FYbYwggUmgYY_ Uxj JWZca `cW'gMi U \ YUh'gYj JWgk\c'a UmVYWbhbi]b[hc' c Yf ZW!hc!ZWUddc]bla YbhgUbX#cf'fYa chYUxj JW": i fh Yf'Uxj JWVWb'VYUWggYXj JU the F7B'GM i U < YUh'7`]b]W pages.

Natalie is 28 years-old and is on the progesterone only pill (POP) following the birth of her son nine months ago. She has requested a repeat prescription so needs a contraceptive review prior to this being issued so you book a telephone consultation.

Using the consultation guidelines, you establish that you are speaking to the correct patient and that she is happy to have a telephone consultation with you.

Prior to the consultation you review her medical records, you can see her last POP review was carried out 6 months ago 3 months after commencing POP. She had her blood pressure UbXk Y] [\ hWYWXk \ JW'k YFYk]h]b'bcfa U'fUb[Y'G\ Yk Ug'bchY dYf]YbWb['Ubn irregular menstrual bleeding and she was remembering to take her pill daily and had no ch Yf'gXY YWg'hc fYdcfhUh Yha Y'

Following the contraceptive template on your clinical system you chat to Natalie about her contraception, her general wellbeing and if she is happy with her current contraception. If



References

Alzheimer's Society (2020) *Coronavirus information for people affected by dementia*. Available at:

NHS England (2020) *Guidance documents on COVID-19 prioritisation within community health services*. Available at:

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NHS England and NHSI (2020) *Principles of safe video consulting in general practice during COVID-19*. Available at:

