Royal College of General Practitioners

Remote versus face-to-face: which to use and when?

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General practice has transformed in a remarkable way to meet the challenges of COVID-19 and the needs of patients. Across the country, online and video consulting, previously offered in small volumes has now become an almost universally available option. Practices have continued to maintain safe service delivery throughout the crisis while protecting patients and staff from the risk of infection. In accordance with national guidance, general practice adapted to a remote first model which incorporates online, phone and video consultations alongside continuing to provide face-to-face care wherever there is clinical need. Emerging patient and practice feedback suggests a multimodal approach to communication is optimal.[1, 2]

Here we offer an approach to support clinicians when choosing a consultation modality. Practitioners are expected to have full access to the patient's primary care medical record.

Top tips

1. Safety first – you should feel confident you have been able to form a satisfactory assessment and agree a clinically appropriate management plan with the patient using this mode of consultation. Trust your instincts if you feel concerned
2. Be vigilant – consider safeguarding, capacity and confidentiality issues and how you will explore these fully. If you have concerns at any stage, convert a remote consultation to a face-to-face assessment, unless there are compelling reasons why that cannot happen
3. Consult, don't just triage – whatever mode of communication is used
4. Remain curious – choose the mode of consultation best suited to gaining sufficient understanding of the problem(s) from a clinician and patient perspective

[1] The Doctor Will Zoom You Now: getting the most out of the virtual health and care experience. June-July 2020; Health Watch, National Voices, Traverse

[2] Trust GPs to lead: learning from the response to COVID-19 within general practice in England, BMA

5. Explore to reassure – find out what the patient is worried about – it can be harder to assess non-verbal cues and emotion remotely, check and confirm with the patient your understanding and the patient's expectations. Be clear on next steps. Safety-net explicitly. If a patient has consulted about the same problem remotely repeatedly have a low threshold for seeing them face-to-face or arrange an onward referral to an appropriate service. Where possible, if a patient requires a face-to-face or further consultation, pass this to the patient's regular clinician or the clinician who originally dealt with the remote consultation. Where this isn't possible and there are concerns, maintain effective communication between professionals
6. Be flexible – change the mode of consultation if needed
7. Don't rush – spend time building rapport, actively listening and allowing space for questions, information giving and explanation. Experience shows that a detailed telephone or video consultation takes at least as long as a face-to-face consultation
8. Heighten your senses – assess the patient's home environment and surroundings, check who else is in the room with the patient, can anyone overhear, do they feel safe? Be alert to cues including written cues – you might be able to identify a patient's concern through the language they use. When consulting remotely with adolescents, establish who initiated the consultation. If a parent is present, consider requesting they leave the room for the last few minutes in order to hear the young person's perspective and give them the opportunity to talk about any private concerns in a confidential space
9. Jointly agree on an acceptable consultation method with the patient, taking into consideration the patient's needs, the circumstance and local risks of COVID-19. Explore why a patient would like a face-to-face appointment when it might appear that a remote consultation would meet their needs
10. Agree wording – or 'scripts' – to support reception and other staff with communications with patients about how they can access services and what to expect, explaining how services are working to keep patients (and others) safe in the COVID-19 context and the methods of consultation available. This may include reassurance that face-to-face care always remains available when clinically appropriate. A remote consultation is not a 'lesser' form of a consultation, but it is often different from what patients have previously

Choosing the right consultation method(s): questions for consideration

- ☐ Can the patient's concerns be managed satisfactorily remotely? Would seeing the patient face-to-face change what I do?
- ☐ Can the information needed to form a diagnosis and/or inform decision making be gathered using this method?
- ☐ Can a satisfactory relationship with the patient be built?
- ☐ Can continuity for those that need it be enabled?
- ☐ Can a two-way dialogue with the patient be established and information be provided in a way the patient can understand? Switch to a different modality if the conversation isn't going well or where needed, if it is hard to have a deeper discussion with the patient
- ☐ What is the patient's preference in this clinical scenario, taking into consideration the patient's level of confidence with the consultation format, ability to communicate using this method (and to do so confidentially) and access to the technology? What reasonable adjustments can I make to support patients?
- ☐ Does the patient require an examination and, if so, can I examine the patient using this method? Take into consideration the nature of the examination, whether the patient feels comfortable with a remote assessment (including concerns about security and privacy), limitations of a remote assessment and image quality
- ☐ Are there concerns about the patient's safety, capacity or safeguarding? Does the patient have a safe and confidential place to access care remotely? (For example, consider the possibility of domestic abuse). Am I concerned that the patient is unable to make a decision freely because they are under pressure from others?
- ☐ Has the patient consulted about the same problem repeatedly remotely? Are their needs being met using this method? Can continuity of care be enabled?
- ☐ Are there steps I can arrange remotely before I have a face-to-face consultation e.g. blood tests, x-ray? (co-ordinating care so as much as possible is done in a single face-to-face consultation)
- ☐ Am I confident in using this technology to deliver a remote consultation? Do I need any training or support?
- ☐ Are there any other considerations, such as medico-legal, which may make a face-to-face consultation the preferred method?

What have we learnt?

- Quality personal communication matters to patients regardless of the modality
- Draw on your current skills and clinical acumen in conducting consultations and apply these when consulting remotely
- There is no perfect appointment make up and each practice will need to develop and refine what works best for their patients and their team supported by data, staff and patient feedback. Consider an appointment book template (example appointment book templates: template one and template two) which allows for both structure to the day and flexibility to mix different appointment types and lengths in response to demand
- There is no one size fits all approach. A multimodal approach helps to mitigate against digital inequity. Ensure there are routes to support those that cannot or choose not to use digital channels and that patients are aware of these. Make reasonable adjustments to support those who want to use digital routes but cannot. Annotate records for those who cannot go online. Work with your PCN, commissioner, community organisations, patients and carers on practical steps to improve digital inclusion locally using digital first primary care funding to support you
- Avoid making assumptions about who is able to use or wants to use digital channels. Similarly, clinicians adapt to new systems at varying rates, with some requiring longer periods of support
- Where members of the team are working remotely, experience shows focused effort is required to maintain effective team working, particularly where teams are less well developed. It is important staff are supported both personally and professionally to avoid isolation, exclusion and to maintain team cohesion. Provide time and space to surface issues, discuss difficult cases and 'grey areas' with peers, in particular consistent access to formal and informal clinical supervision for trainees, less experienced or new staff – it may be harder to notice gaps and intervene in the moment remotely. Create routine by having regular team 'huddles', proactively sharing learning and involving the whole team. Match the modality for team communications to suit different purposes and preferences of staff. This applies to both staff working from home and at the practice
- It's a continuous learning curve – proactively seek feedback from patients and staff to improve the design of the experience. Let patients know about practice feedback mechanisms
- Implementation resources and hands-on capacity are available to ensure practices and primary care networks (PCNs) are fully supported to deliver the changes required for service and quality improvement. This can help your whole team with managing demand, organisational development and change. These can be accessed by contacting your CCG or your NHS England and NHS Improvement regional team. Practices should be supported by their commissioner and system suppliers.

A remote consultation method may enhance access and bring other important benefits to the patient – reduced travelling, avoiding the waiting room, seeing patients in their own environment and greater flexibility. Conversely a face-to-face consultation may allow for greater assessment of non-verbal cues, a richer information exchange as well as the ability to physically examine a patient (taking into consideration the impact of wearing a mask and the consultation setting). For patients who are distressed, the use of touch can be a supportive gesture.

Key resources

- GMC – Ethical guidance for remote consultations
- Advice on how to establish a remote 'total triage' model in general practice using online consultations
- Principles for supporting high quality consultations by video in general practice during COVID-19
- Key principles for intimate clinical assessments undertaken remotely in response to COVID-19
- Clinical safety and information governance templates
- Q&A on procurement, funding and assurance
- Access to general practice communications toolkit

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