

Qhealth Video & Photo Consulting in Urgent Care - Service Model

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Qhealth Video Consulting Service Model

1. Introduction

Vocare and Greenbrook as parts of the Totally Urgent Care Division (UCD), have a legacy of providing high quality telephone triage and remote clinical assessment of patients accessing urgent care services. Remote clinical assessment within 111, Clinical Assessment Services (CAS), Out of Hours service (OOH) and in Urgent Care is an essential part of ensuring that patients are managed appropriately in the right place for their needs.

Remote clinical assessment has previously relied fully on information gathered during a telephone consultation. Totally UCD's clinicians are experts in ensuring that those with urgent or emergency needs are managed appropriately with home management or referred onwards for a face to face consultation or emergency care if necessary.

Video and photo consultations offer the opportunity to enhance the remote assessment of patients by allowing a visual assessment to take place with additional examination that could not take place over the telephone. Offering the option of a video consultation or sharing a clinical photo reduces the need for onward referrals for face to face assessment and ensure that referrals for emergency care are appropriate.

Patients having access to a video option is a critical component of the IUCS and UTC specifications (See point 5.3.1 - <https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf> and Transformation of urgent and emergency care: models of care and measurement December 2020 <https://www.england.nhs.uk/wp-content/uploads/2020/12/transformation-of-urgent-and-emergency-care-models-of-care-and-measurement.pdf>)

To achieve these requirements, the Totally Urgent Care Division has introduced a video consultation tool, Qhealth, to support clinicians with live video consultations and photo sharing.

The service delivery model should be read in conjunction with the *Clinician Video Consultation Guide*, which outlines the standard operating procedure for using Qhealth (*see appendix 1, page 6*).

The option for clinicians to enhance their clinical assessment by converting to a video consultation following a telephone consultation has been the first stage of introducing video consultations to the Totally Urgent Care Division. Subsequently the Qhealth platform has been enabled to allow patients to share photos which enables higher resolution images to be viewed. The next stages of utilising of introducing this technology includes:

- Video Consultation Clinics - appointment-based video clinics as a direct replacement for traditional face to face consultations in OOH services.
- Urgent Treatment Centre (UTC) Video Pathway - an alternative patient stream within the UTC environment to support patients who require senior clinical input remotely.

Video-consultation capability has been a major tool in the management of patients remotely during the COVID-19 pandemic enabling many patients to be managed without having to travel for a face to face assessment, placing them and others at unnecessary risk.

2. Scope

This service model is relevant to all staff working within 111, Clinical Assessment Services (CAS), Out of Hours services (OOH) and Urgent Treatment Centres (UTC) within the Totally Urgent Care Division, where video pathways are in use to facilitate timely and accurate remote patient consultations.

2.1. Death Verification over Video

Totally Urgent Care division operate national out of hours and urgent care services. These services have historically provided GPs and other clinicians to support with the verification of expected deaths.

There has been a move in recent years to withdraw this service, as it is recognised that death verification is not the responsibility (legally or contractually) of any professional group and can be completed by any competent adult. The outbreak of Covid-19 increased the pressure on commissioners to find an alternative solution to death verification as clinicians increasingly refused to do home visit to verify deaths due to the increased personal risk of contracting Covid-19, and the number of death verifications required increased significantly.

The British Medical Association (BMA) and Royal College of General Practitioners (RCGP) released guidance on 22nd April 2020 that all clinicians who are requested to verify an expected death should seek to do so over video consultation. This places a responsibility on the Totally Urgent Care division to provide a solution to enable this process to take place.

Video consultations offer the opportunity to enhance the remote assessment of patients by allowing a visual assessment to take place with additional examination that could not take place over the telephone. Having a video consultation solution in place often replaces the need for clinicians to have to complete a home visit, reducing the personal risk to our workforce whilst also releasing time and resources to deliver care to other patients that are more in need of urgent care.

To achieve this requirement, the Totally Urgent Care division have introduced a video consultation tool, Qhealth, to support consulting clinicians with live video consultation, allowing them to convert to a video consultation when a telephone consultation confirms that this is required.

3. Overview of the Service

The option for clinicians to enable the conversion of a telephone consultation into a video consultation will be available 24/7, 365 days a year to improve remote clinical assessment of patients, improve patient safety, improve clinical outcomes, and reduce unnecessary onward patient referrals.

Where further face to face clinical assessment is required to aid diagnosis and management this will still be available, for patients with a clear clinical need or where video or photos have not been able to rule out serious or significant risk.

The consulting clinician will complete the case with self-care advice or onward referral in the same way a current telephone triage event would be managed. The utilisation of video should be limited to consultation where it is considered that a video consultation will reduce the need for further face to face consultation, such as a home visit to verify death.

4. Governance

The Qhealth Video Consultation software will be managed under current regional governance and line management arrangements.

All governance related to the use of the Qhealth tool will be in line with Totally UCD Policies and Procedures; these can all be found on the Vocare & Greenbrook intranets.

Any incidents or complaints relating to the service should be recorded in Datix and coordinated by the Regional Governance Team for where the patient's CCG resides; this is as per current process for patient safety incidents.

Where the service interfaces with a partner organisation (for face to face visits for example) joint governance procedures will be followed if they currently exist or a pragmatic approach to investigation will be followed, with

the party deemed to have the main involvement leading on any investigations.

5. Records Management

Any video consultation or consultation where photos are viewed should be considered the equivalent of a face to face consultation which would not be recorded, detailed clinical record keeping is therefore essential. Videos and photo images are not recorded/archived, as such it is important to note the primary record for the consultation is the written Adastra record. All staff must be aware of the importance of robust notes, including safety netting, advice and any issues or concerns that were raised with the video consultation.

All contacts with patients will be recorded in the Adastra Patient Management System. Training on the Qhealth configuration will be provided by self-directed learning by familiarisation with the Clinician Guide.

Record keeping will be in line with the Vocare Records Management Policy (V-IG P 28).

As the video consultation will not be recorded, the primary record for the patient will be the written Adastra notes and any recorded telephone consultation that takes place during or after the video. It should be noted that patients or their relatives may be able to record the video consultation.

6. Quality Management

Any aspect of the consultation completed over telephone will be recorded and subject to normal call audit procedure.

It is anticipated that audio recording of the Qhealth consultation will be enabled as the tool is further developed. A modified version of the call auditing tool will be developed to audit a proportion of each clinicians work to ensure a continued delivery of high quality and safe care.

Following each consultation, the clinician will be asked to complete the following set of questions to help determine the effectiveness of the video consultation tool.

1. Clinician's Adastra Username
2. Adastra Case Number
3. Date
4. Time
5. Was the quality of the Video Consultation (audio and video) adequate to complete your clinical assessment?
6. Did you encounter any problems with the Video Consultation?
7. Did having visual contact with the patient improve your clinical assessment?
8. Did video allow the completion the consultation remotely without the need for onward referral for a face to face consultation?
9. If yes, what was the referral that was avoided? (Options: Home Visit / Centre Visit / 999 referral / ED referral / Verification of Death)
10. Any you have any other feedback?

The questionnaire is now integrated into the Qhealth platform to enable greater compliance and improved feedback to be collated.

Following a consultation, the patient will be asked to complete the following set of questions.

1. Did you find the video service helpful?
2. Were you satisfied with the outcome of the consultation?

3. What was the outcome of your assessment? (Options: Advice / Prescription / Appointment / Home Visit / Ambulance / Referral to Hospital / Referral Elsewhere)
4. How would you rate the clinician who dealt with your call? (Options: Excellent / Good / Average / Poor)
5. How would you rate the picture and audio quality of the video call? (Options: Excellent / Good / Average / Poor)

The questionnaire will be sent to the patient via SMS (text message) in the week following their consultation. Note, that the questionnaire will not be sent to callers requesting support with verification of death to avoid causing distress.

The question sets are incorporated into the Qhealth platform to enable the caller to provide immediate feedback following their video consultation. This gives us the ability to monitor service quality and safety in 'real time' and provide feedback for clinicians for their professional development.

Appendix 1: Clinician Video & Photo Consultation Guide

Introduction to Video & Photo Consultations in Qhealth

Video and Photo consultations are established tools for enhancing clinical assessments that would have previously taken place over telephone. The additional visual assessment of a patient over video or by viewing photos enables clinicians to make clinical decisions with increased confidence and enable a 'consult and complete' model for healthcare provided remotely, without the need for multiple patient contacts or unnecessary onward referral for face to face assessment.

The decision to offer a video consultation or to request photos should be part of the wider system of triage and management offered and should be based on clinical judgement. Many clinicians working in primary and urgent care are already experts in completing clinical assessment over the telephone, and we anticipate that telephone consulting will continue to be the primary method to complete remote patient assessments. There is, therefore, no requirement to use video or view photos when a telephone consultation is assessed as sufficient by the clinician. If a patient can be assessed safely over the telephone, and a safe clinical decision can be made then the use of a video or photo consultation will not be required.

There will be instances where an onward referral for a physical face to face consultation (i.e. a home visit, Urgent Treatment Centre or OOH centre appointment) needs to be considered to facilitate effective diagnosis and treatment. In some situations, converting from a telephone to video assessment (or augmenting the consultation by viewing photos) may be useful in determining the most appropriate disposition balancing safety, effectiveness and patient experience, with the potential to reduce the need for unnecessary face to face assessments. Being able to assess and manage the patient entirely remotely can offer a safe alternative to a face to face consultation with significant improvements in patient satisfaction, whilst ensuring limited clinical resources are deployed most effectively.

This is particularly important during the current Covid-19 pandemic where face to face patient contact within the primary and urgent healthcare settings should be kept to an absolute minimum to reduce risk of exposure to Covid-19 to both patients and health care workers.

If during a telephone assessment you decide that you need some further information that a video or photo consultation might offer, then you can initiate a video call with the patient by logging into the Qhealth website and sending a link to the patients' mobile telephone number (preferred) or email address.

Preparation of the patient for a video consultation

Provide guidance for patients on getting set up and ready for having a video consultation. Before starting the consultation ensure that the patient will be appropriately dressed. If requesting a photo then remind the Patient / Carer / Parent to crop the image or not share any inappropriate images.

The following link includes a useful video on supporting patients to prepare for a video consultation
<https://www.bartshealth.nhs.uk/a-quick-guide-to-video-consultations-for-patients>

Clinical Considerations

A video or photo consultation should follow the same structure as a telephone consultation. In summary, ensure you always remember to:

- Introduce yourself
- Check the patient identity (3 variables – usually name, DoB and address)

- Document who you consult with (patient, parent, carer). Always try to talk directly with the patient.
- Ensure patient confidentiality is maintained at all times
- Check the identity of anyone else with the patient and that the patient is happy that they remain during the consultation
- Take a thorough history and clearly document relevant information, including past medical history, medications, allergies and social history (where relevant)
- Explain what examination is needed and why
- Help the patient to assist in your examination ('Can you touch the rash and tell me if it is raised', 'Are you able to feel your pulse' etc)
- Explain what images are needed
- Explain and agree your management plan with the patient
- Give and document clear symptom specific safety netting advice for every call (should detail specifically what to look out for and who to contact and timeframe)
Eg: Worsening advice: call 111 if significant worsening specifically rigors, loin pain, fever >38 or malaise
Contact oGP for review in 3 days if no improvement
- Ensure understanding of advice given

Ensure that you document carefully all the key components of your video consultation in Adastra.

Consider ways to improve your virtual examination.

- Observations are likely to be available if the patient lives in a care setting or has recently been seen by an ambulance crew.
- Patients often have their own thermometer.
- Patient may be able to check their own pulse or may have a smart watch which can do this.
- Patient may have a home blood pressure machine which would read the pulse and BP.
- Patients may have access to a pulse oximeter which can read SpO2 and pulse.

Video & Photo

- You can count the patients' respiratory rate over video and look for signs of respiratory distress.
- You may be able to get a patient to shine a light into their mouth to examine their throat or share a photo.
- Rashes are not always easy to examine over video, though video may help with determining distribution, colour, and key features - Ask the patient to help with describing the nature of the rash.
- Photos tend to be more useful for accessing better resolution images of rashes.
- Using Video or photo to review minor injuries such as lacerations, abrasions, and contusions to determine if a face to face UTC appointment is necessary.
- Use of video to confirm patient identity when prescribing controlled drugs via EPS.
- The patient, parent or carer may be able to do some of the examination for you – e.g. palpation of the abdomen, feeling a swollen calf to see if it is hard or soft etc.
- It may be beneficial to see how a patient looks in general (particularly children), what they are doing, how they are behaving etc.

Safeguarding

- Remain professionally curious and vigilant. Consider safeguarding issues and whether you can explore these fully via a remote consultation. Have a very low threshold for converting a remote consultation to a face-to-face assessment if you have concerns.

The following is a useful tool to carrying out video consultation work:

Principles of safe video consulting in general practice during COVID-19; 29 May 2020, Version 1 RCGP & NHSE/I <https://elearning.rcgp.org.uk/mod/page/view.php?id=10551#RCGP>

Do's and Don'ts

Do:

- Use video and Photo consultation in addition to telephone triage to help support your clinical assessment and reduce the need for onward referral a face to face consultation.
- Get consent for video consultation and document in Adastra notes.
- Ensure you act professionally and are dressed appropriately on video at all times.
- Ensure your environment is suitable for conducting video consultations.
 - You **must** be in a private area where no one else can view your screen.
 - You should not have personal items or photos in view of your camera.
 - You should not be disturbed by other people, children, pets or background noise during the consultation.
 - Consider whether to use the 'blur background' option.
- At present the video consultation is not recorded and Images shared are not stored. Make sure your documentation of your management plan and safety netting is clear, as you would for a face to face consultation. If you feel that a conversation needs to be recorded, it might be best to phone the patient back on a recorded line, once you have completed the video part of the consultation.
- You must close each consultation by hanging up and clicking 'End Meeting'.

Don't:

Do not use Video or Photo consultation

- For straight forward telephone consultations or triage that can be managed effectively over the telephone alone.
- If the outcome will almost certainly require a physical 'hand on examination' to reach a safe management plan, in this situation use of video is likely to just extend the consultation duration without significant benefit to the patient, clinician or service.
- To examine intimate parts of the body.

Technical Requirements

For Video consultation please ensure that the computer you are working at is equipped with a webcam and a headset (headphones with microphone).

Not all Totally desktop computers are equipped with a webcam and headset. Where possible please use the designated computers for video consultation which do have this facility. However, if necessary, you may use a desktop computer without these items and still be able to view the patient's video feed, whilst continuing the audio part of the consultation on the recorded phone line. Note, if doing this the patient will not be able to see you or hear you through the Qhealth platform.

For a high-quality video consultation both you and the patient must have a fast broadband internet connection. Make sure that you are near your internet Wi-Fi router. If working from home, ensure that other people are not using the internet to stream videos or games which will affect your working internet speed.

The patient also has the option of running a 'video consultation viability test', prior to the consultation beginning, as part of their onboarding process and they should be encouraged to do this to avoid unnecessary frustration due to failed attempts (see Appendix 5).

Guidelines on Confidentiality, Privacy and Consent

Confidentiality

- When performing a video consultation, it is important that a patient's confidentiality and privacy is always maintained.
- Make sure that the patient is happy that anyone who is in the room with them can stay during the consultation.
- If possible, perform the video consultation in a room where you are the only person.
- If this is not possible, please make sure that you are in an area where no one is able to see your screen and are unable to walk behind you i.e. in a booth or with your back facing the wall.
- It is important that no one else can hear the consultation and so use a headset in order to speak to the patient.
- As with telephone consultations, please try to not speak unnecessarily loudly so that others can hear what is being said.
- Be aware that patients or their relatives may try to record the video consultation.
- Do NOT download photo images to your computer – always view them within the Qhealth viewer.

Consent

The consent of the patient is implied by them accepting the invitation and entering the video consultation. It is good practice to confirm and record their consent for a video consultation and confirm whether the consultation is being recorded. If an adult lacks capacity, you must obtain consent from someone with authority to act on their behalf for healthcare decisions and/or proceed with the consultation on the basis that it is the patient's best interests to do so.

When consulting Young people under 16 should always be assessed to assess their capacity and safety.

- If the child does have the capacity to consent to a phone or video consultation, then confirm whether they would they like another person (for example, parent or family member) present on the call or not.
- If a competent child wishes to discuss a matter in the absence of a parent, all the usual principles apply in relation to confidentiality (see GMC guidance).
- Consider the voice of the child, even if children are unable to legally consent to an examination, ask the child if it is acceptable first, they should have as much involvement and say in their care as possible.
- An opportunity to speak to adolescents alone may be more difficult if they are at home. Consider how you will still have these vital conversations.

For children who do not have capacity to consent, then consent would need to be sought from someone who has parental responsibility (or delegated parental responsibility), unless it is not in the child's best interest. Apply the same principles used in face-to-face practice.

Document the name and relationship with the adult and/or person(s) present. If a child is the subject of the consultation make sure you see them and that you do not just talk to the adult(s).

Ask for consent if a trainee, interpreter, chaperone, or a multidisciplinary team (MDT) member wants to join the consultation. During an examination, ask others leave the consultation if their presence is not appropriate or the patient does not consent.

Consenting to Remote Examination

All examinations over video or photo must receive explicit consent from the patient. Any remote examination that is intimate or may be perceived as intimate by the patient or clinician, must be approached with significant caution. Any video or photo examination that is intimate or may be perceived as intimate by the

patient, carer or clinician, should be avoided. These cases should be referred onward for a face to face appointment, to be examined with a chaperone.

When doing normal examinations remotely, document carefully that consent has been made and by who and for what reason. Ensure that the extent of an assessment is appropriate to assess the patient's medical complaint.

Carefully consider whether a remote examination is clinically necessary to provide care or reach a diagnosis in circumstances where it is not reasonable or appropriate to examine the patient in person, taking into account patient choice.

Arrange a physical face to face consultation:

- When the patient refuses a video consultation judged to be necessary to make a safe clinical decision.
- If you feel a that a remote examination is intimate or could be perceived as intimate by the patient, carer or relative_
- Where a child is too young to legally consent, and you judge the child does not want to proceed.

Consent and Lack of Capacity

Where a person lacks capacity, then consent must be sought from someone with the legal authority to act on their behalf for healthcare decisions. Where this is not possible, and a decision to proceed with an examination is made in the patient's best interests, the presence of an appropriately trained chaperone is strongly advised (and you should thoroughly document your justification for proceeding with the examination). Intimate examinations should not be completed during video consultation or using the photo sharing facility.

Images of patients must not be downloaded, saved, stored, shared, or distributed on any device under any circumstances, and doing so would constitute gross misconduct with immediate termination of employment and referral to relevant professional bodies.

Appendix 3: Guidelines for Remote Verification of Death

The British Medical Association (BMA) and Royal College of General Practitioners (RCGP) released guidance on 22nd April 2020 that all clinicians who are requested to verify an expected death should seek to do so over video consultation. This is to protect clinical staff from unnecessary exposure to risk, whilst releasing clinical resource to focus on patients most in need.

An expected death is one that is anticipated and does not occur suddenly and unexpectedly. It usually refers to a patient who has died under the care of their GP or palliative care team, and who has a medical diagnosis which was likely to lead to their death. Emergency legislation passed during the Covid-19 pandemic has extended the time in which the patient needs to have been seen by a doctor (usually their own GP) to within 28 days before death (this includes being seen by a doctor over video consultation but does NOT include a telephone consultation).

Whenever a death is suspicious it must be reported to the police. Unexpected deaths should continue to be managed in the usual way and reported to the local coroner or their representative to begin the process of establishing a cause of death.

The below flowchart is reproduced from the British Medical Association (www.bma.org.uk).

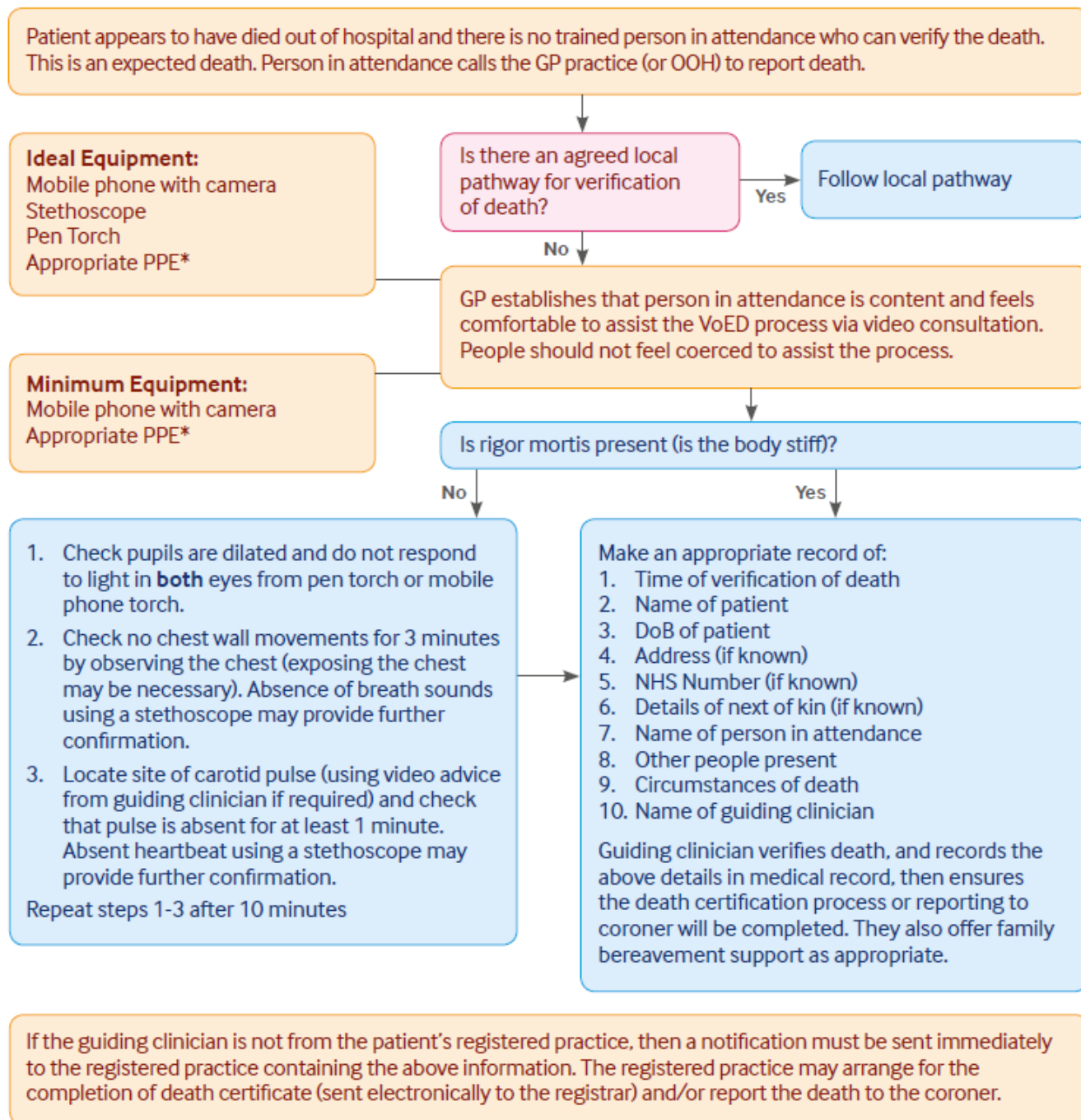
The full flowchart can be found here:

<https://www.bma.org.uk/media/2323/bma-guidelines-for-remote-voed-april-2020.pdf>

The full guidelines can be found here:

<https://www.bma.org.uk/advice-and-support/covid-19/practical-guidance/covid-19-death-certification-and-cremation>

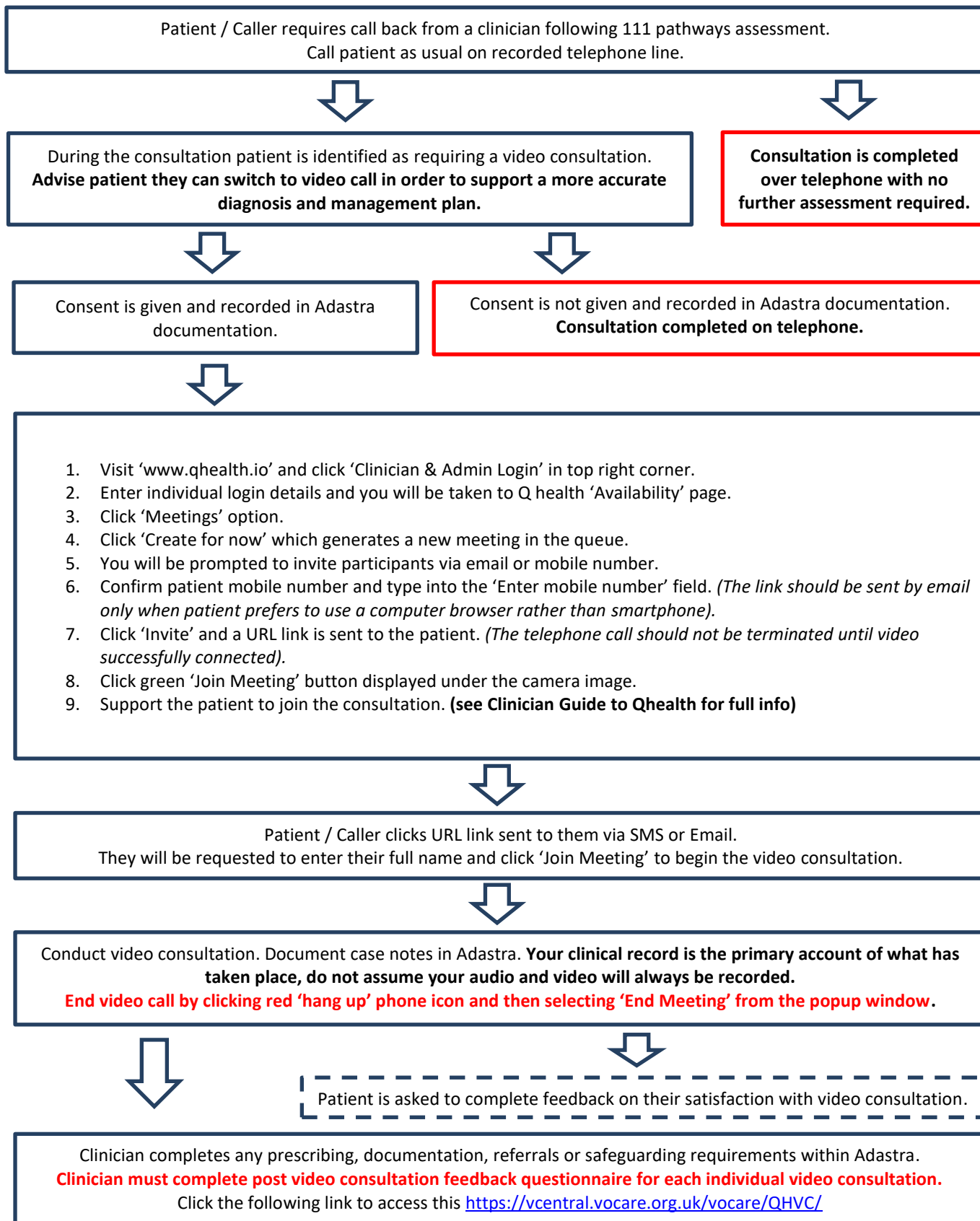
Remote Death Verification Flowchart



* Appropriate personal protective equipment (PPE) – see guidance:
<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>



Patient Journey

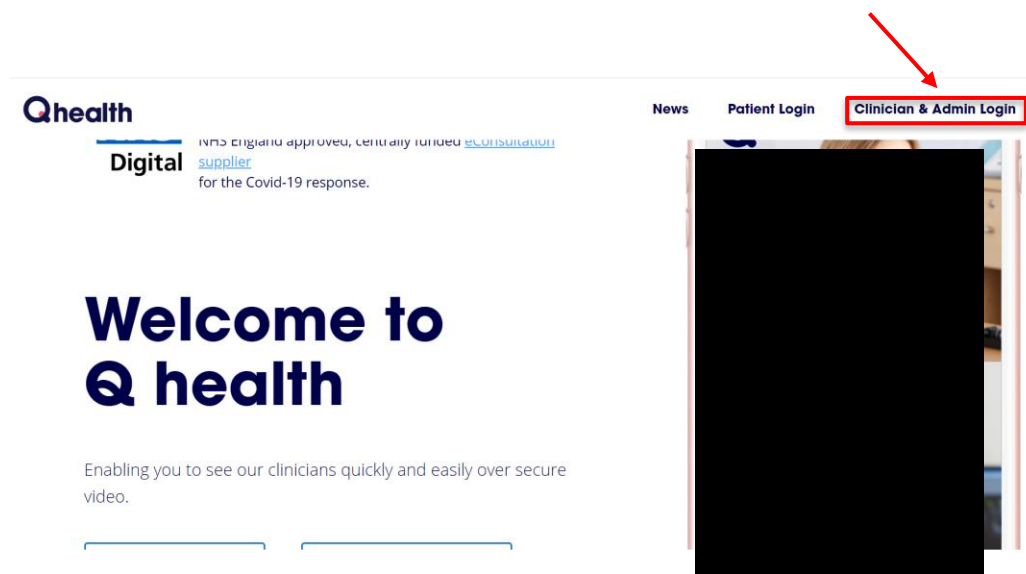


Clinician Guide to Qhealth Consultation

Logging into Qhealth

Ensure you are using Google Chrome internet browser (available here: <https://www.google.com/chrome>)

Go to <https://www.qhealth.io>. Click on 'Clinician & Admin Login'.



Then enter your email address and password and click 'Login'.

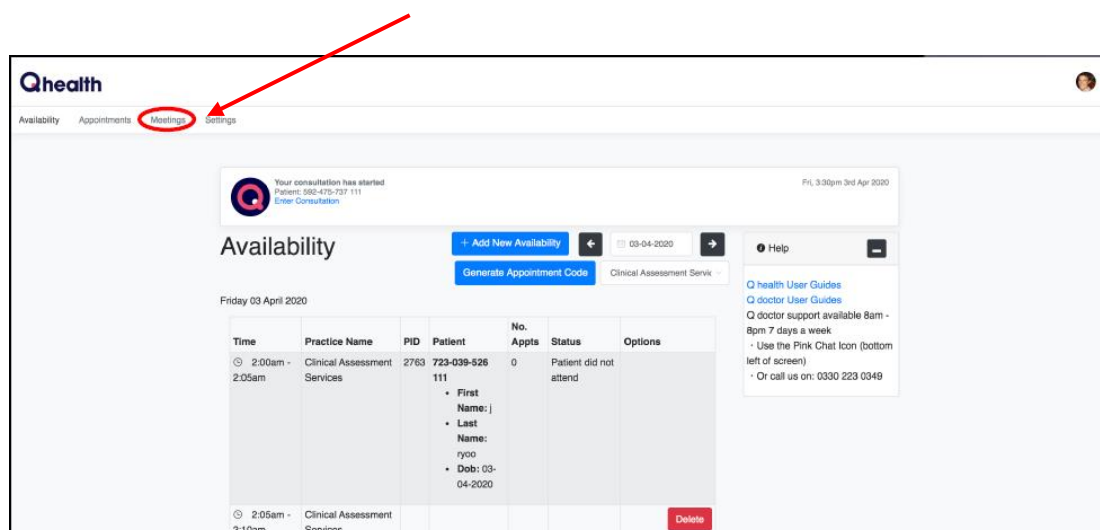
A screenshot of the Q Health log in form. The form is titled 'Qhealth' and 'Q Health log in'. It contains two input fields: 'Email Address' with a placeholder 'Email address' and a password field with a placeholder 'Password'. Below the password field is a blue 'Login' button. At the bottom of the form, there is a link that says 'Forgot password?'. The entire form is set against a light gray background.

Please note: Instant video consultations require you to use the 'Meetings' function

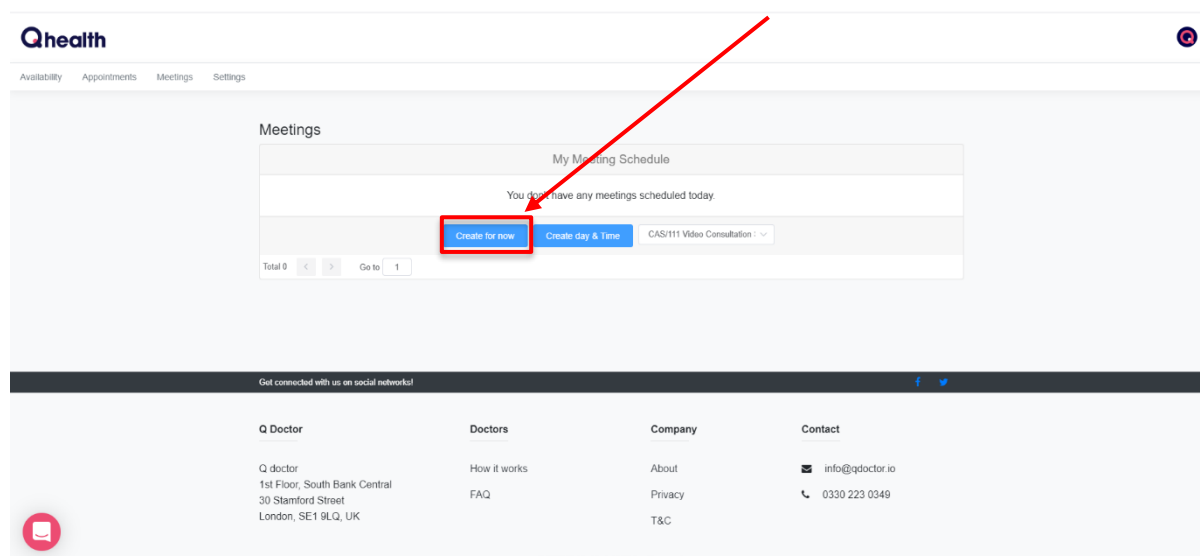
Step by Step Clinician Guide to Qhealth Video Consultation

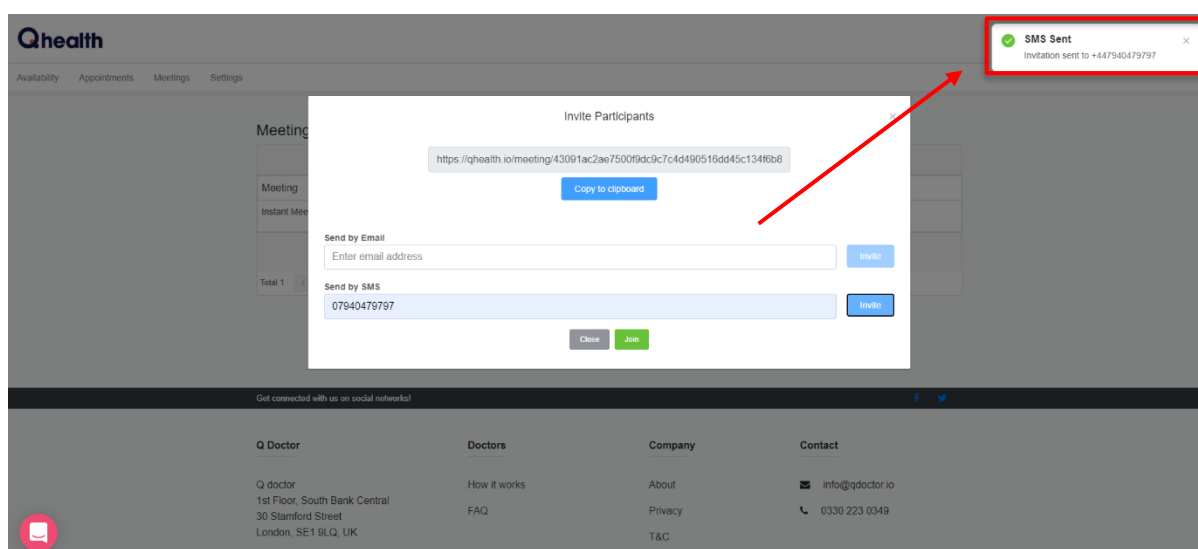
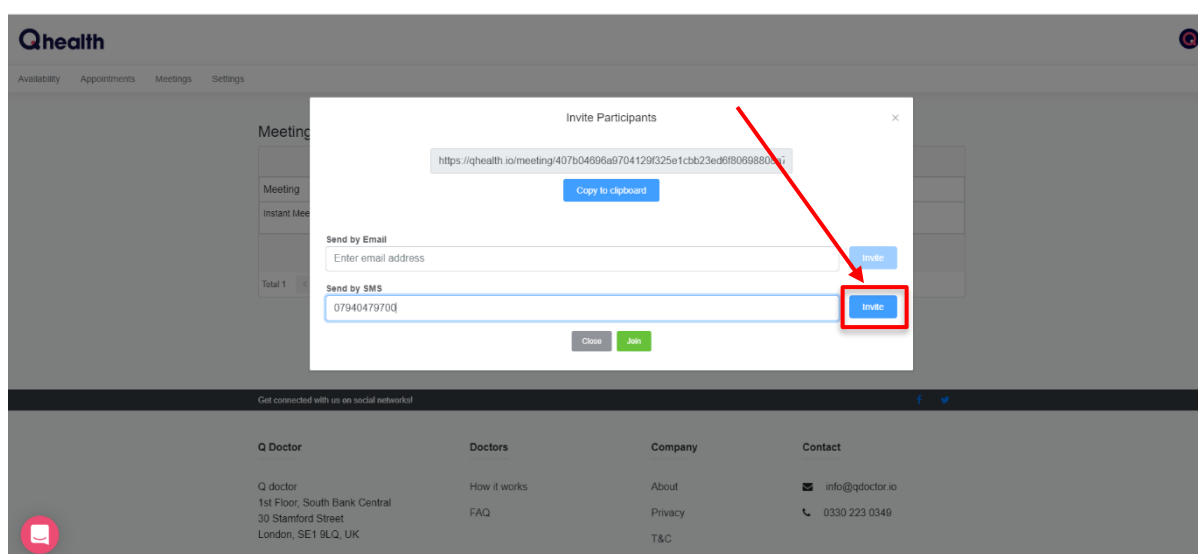
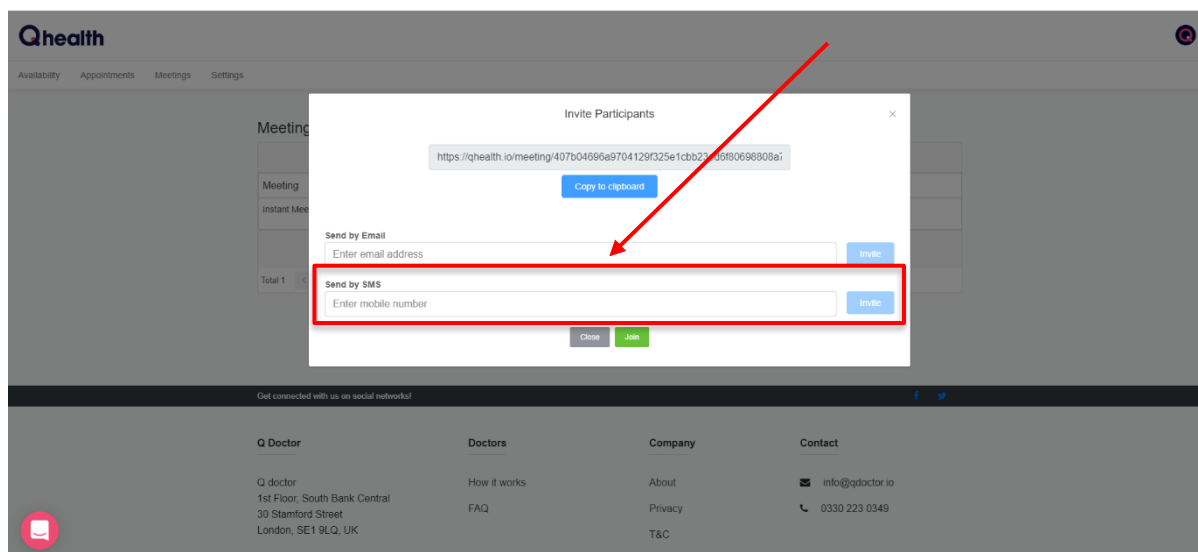
Once you have logged in, you will automatically be shown your 'Availability' page.

Select the 'Meetings' tab from the top of the page.



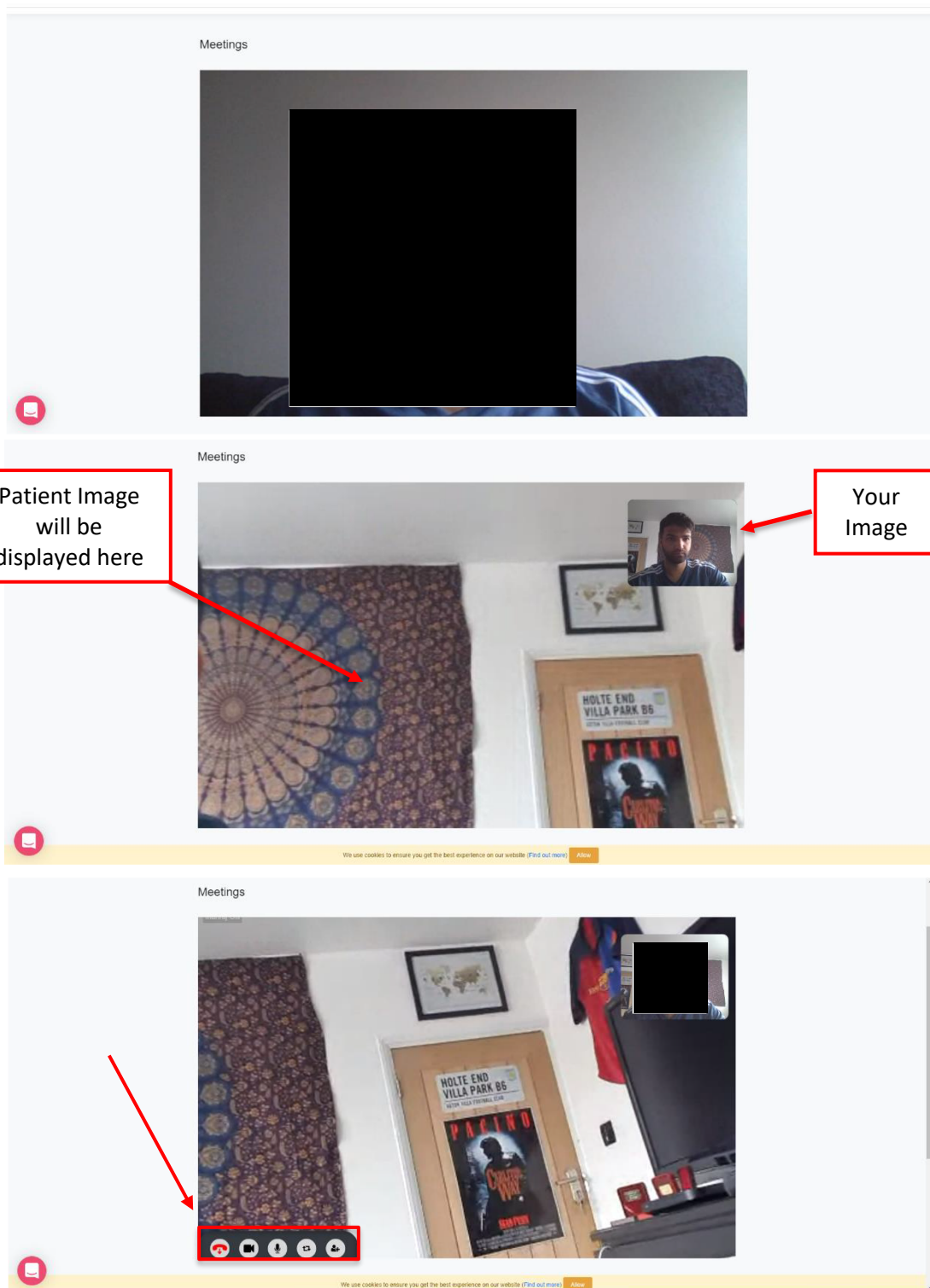
Select 'Create for now'. You will then be met with an invite pop-up window, enter the Patient's mobile number into the 'Send by SMS' 'Enter mobile number field' if the mobile number is valid the 'invite' button adjacent to this will be highlighted blue. Click this and you should be met with a 'SMS sent' prompt on the right hand side of the screen. Clicking the green 'Join' button will now take you straight into the consultation awaiting the Patient to join via the URL link you have just sent.

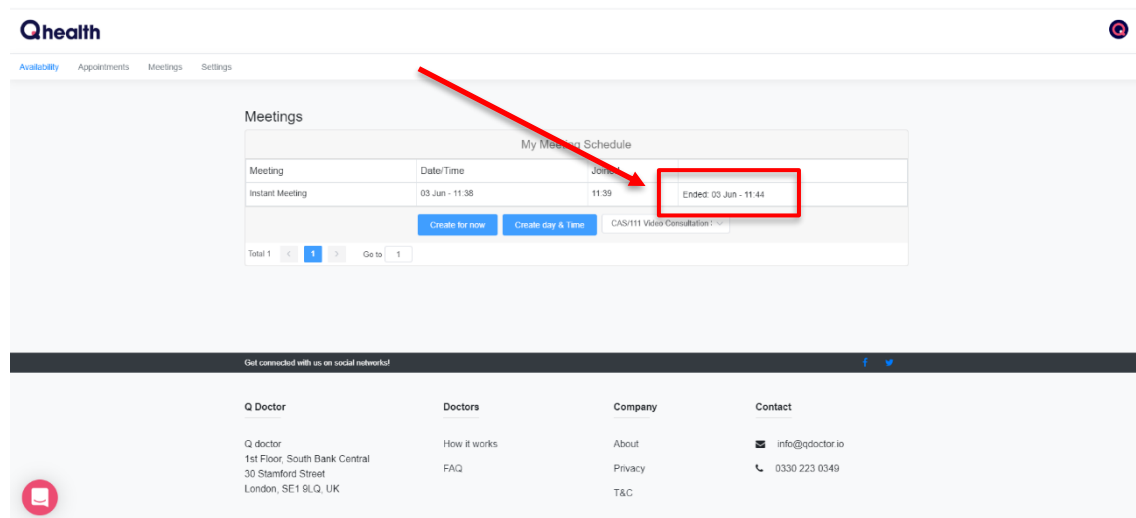
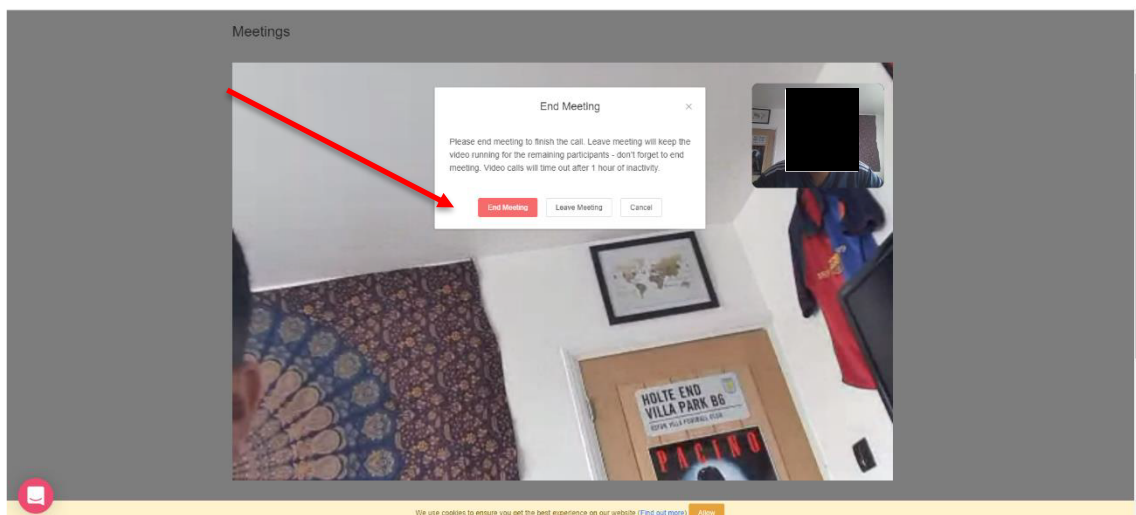




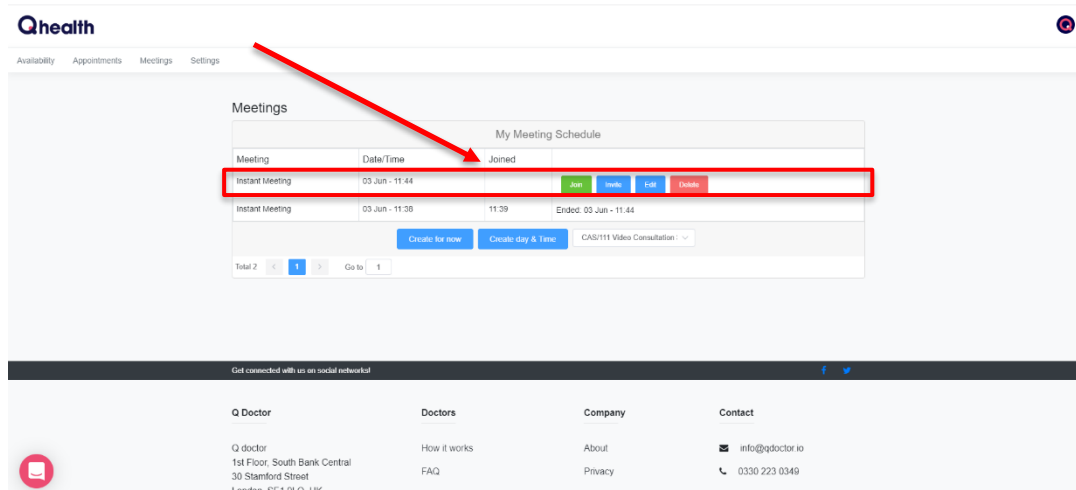
You are now in the consultation and will see your image displayed as below. Wait here until the Patient has joined the consultation. Using the Patient section of this guide can help you support them through the process. Once the Patient has joined you will see your image moved to the top right hand corner of the screen and the

Patient's image is displayed in the main section. **When you are ready to end the consultation hover over the bottom left corner of the screen and you will see the 'red hang-up icon' appear.** Click this and you will be shown an 'End Meeting' prompt, clicking the red highlighted 'End Meeting' button will close the consultation and return you to the 'Meetings' dashboard, an end timestamp is now displayed against the consultation.





Should you ever return to the 'Meeting' dashboard and need to return to an open consultation this can be done by identifying the consultation in the schedule and then selecting the green 'Join' button.



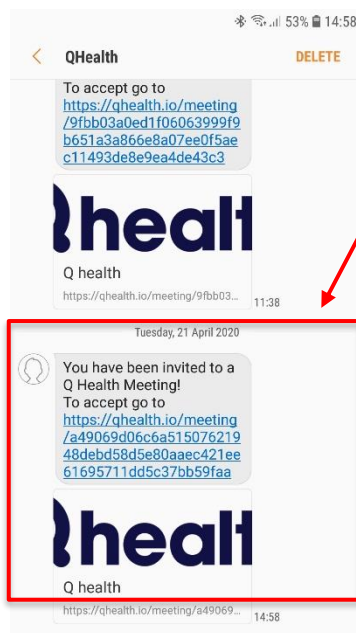
Please note: Adastra should be used for all clinical documentation and follow all internal clinical policies.

Your clinical record is the primary account of what has taken place, do not assume your audio and video will be recorded.

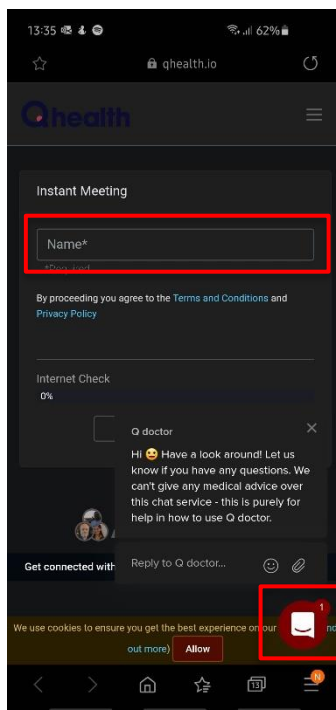
Once complete a post consultation feedback needs to be completed. This online form can be found in the 'Post Video Consultation Feedback' section of this IT guide.

Supporting Patients to Join Video Call

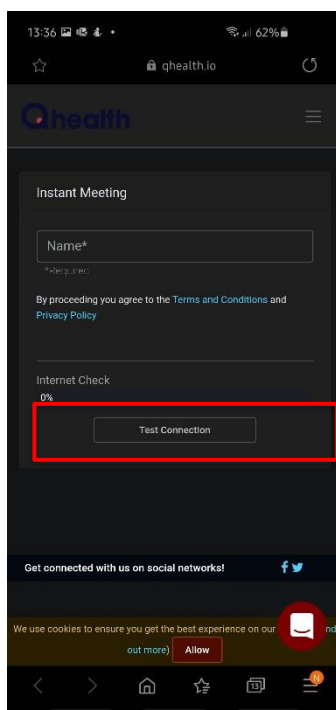
The Patient will receive a SMS text message as below with a URL link taking them directly to www.qhealth.io

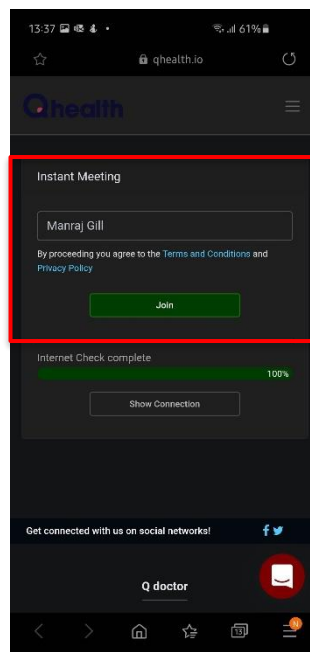
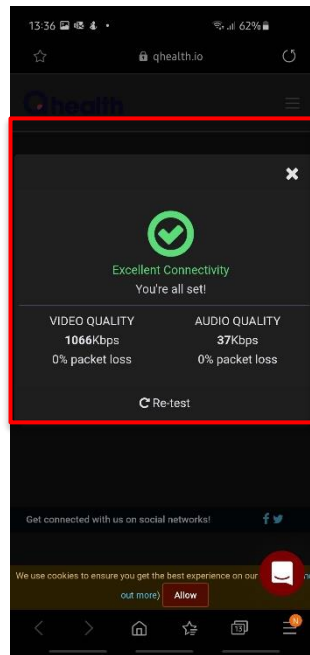


Clicking the URL link will take the patient the below page via their internet browser. Here they will be asked to enter their name, they may also be prompted to allow access to their mic/camera as well as allowing cookies. Once this field has been populated the Patient will now see a green 'Join Meeting' button appear. Clicking this will take the Patient into the consultation. Qdoctor chat support is also available and located in the bottom right hand corner of the screen (pink icon).



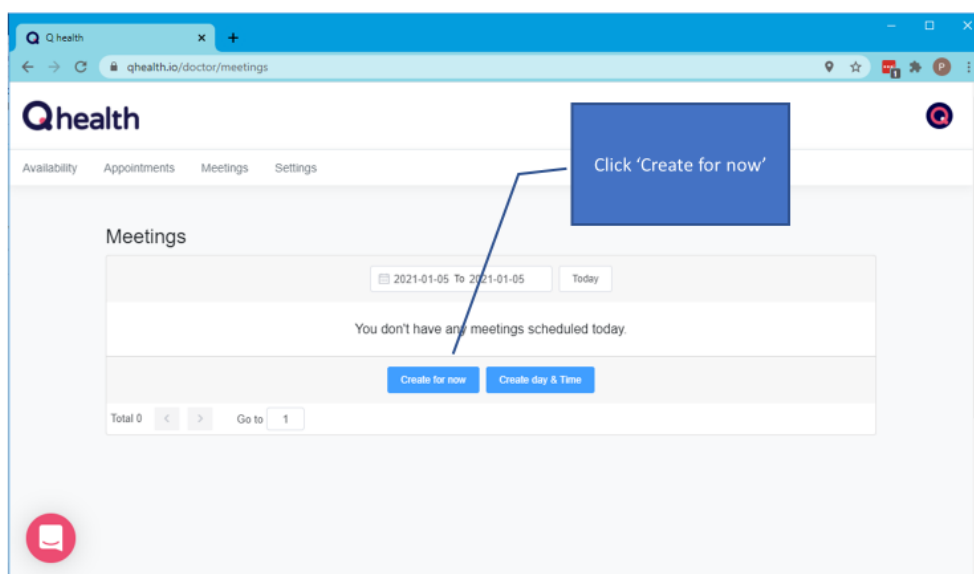
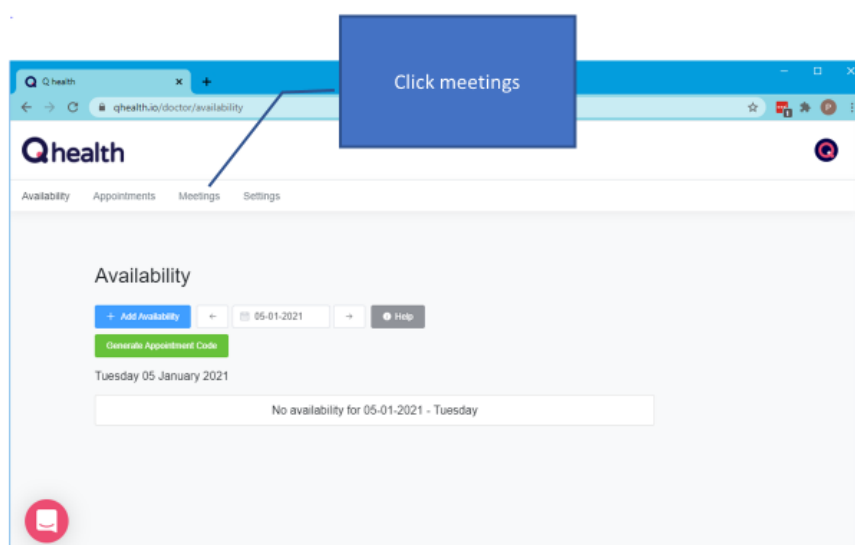
Prior to joining the call the Patient has an option to run a 'Test Connection' which will check their signal is sufficient to support the video consultation. This is not mandatory and can be used when in doubt of the signal strength.

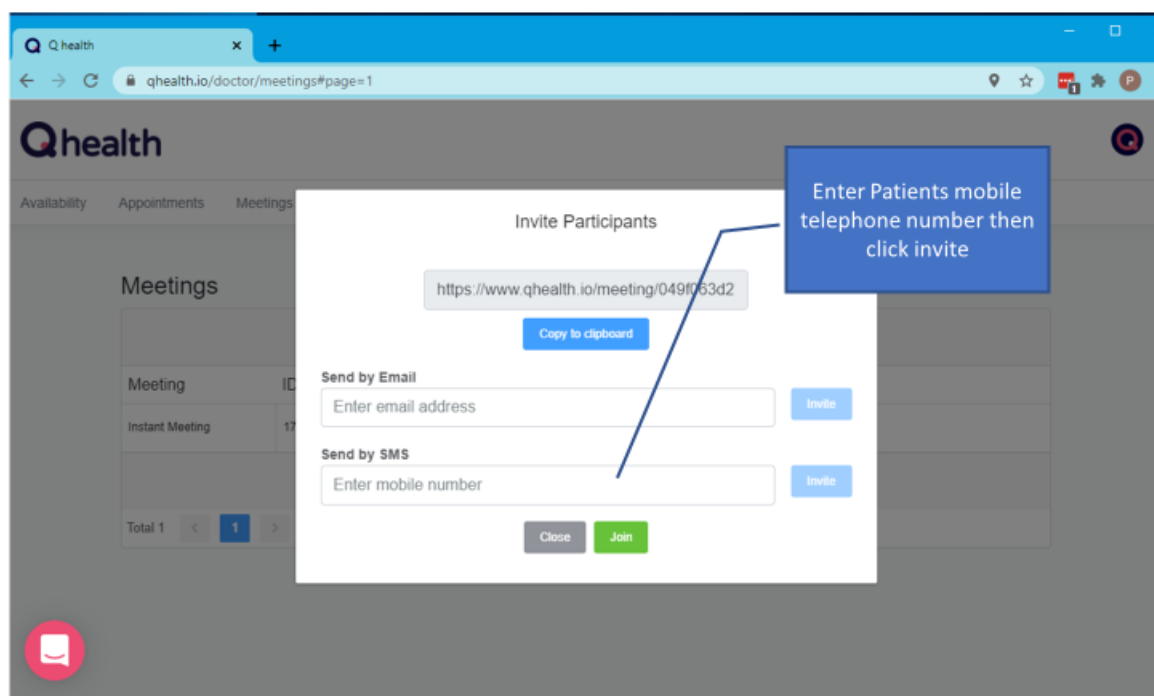




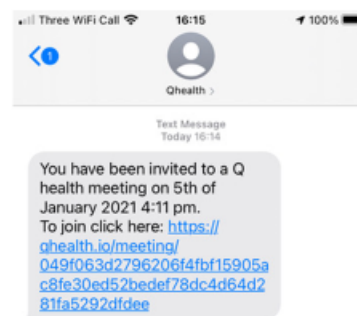
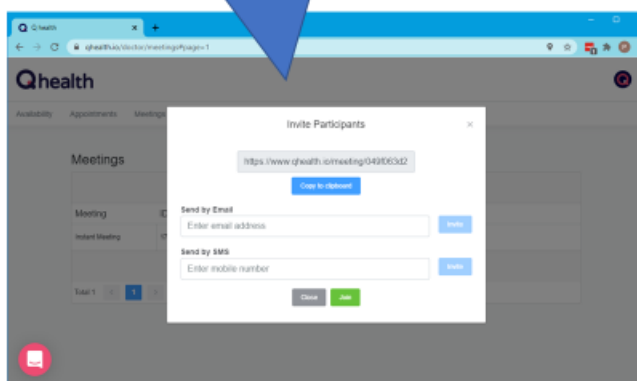
Step by Step Clinician Guide to Qhealth Photo Consultation

- The following is a quick guide as to how to upload and view photos in a consultation, many clinicians find that photos offer a better digital quality when looking at specific lesions, injuries or rashes.
- Please NOTE these images are not stored in the clinical notes and so must be described in your notes - the same way as you would with a video or face to face consultation.
- Q Health will delete all images from their servers when you close the call – if you attempt to save or download the image this will not be automatically deleted .
- **NEVER attempt to 'save' or 'download' the image files to the computer you are working on – USE THE PREVIEW OPTION.**
- NEVER access Qhealth from a personal device.
- If you have accidentally saved or downloaded images in the past please notify your line manager and ensure a ticket is raised with IT to get them permanently deleted from the computer

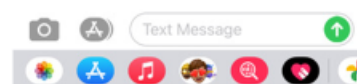


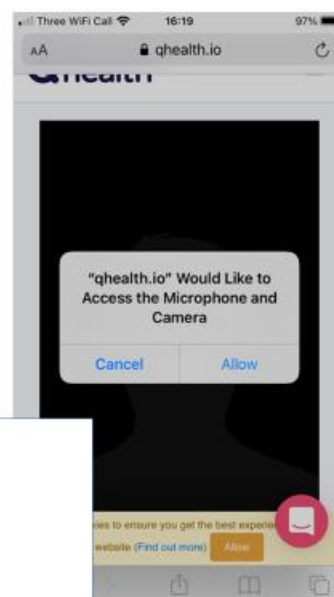
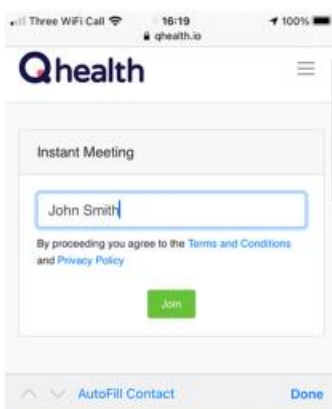
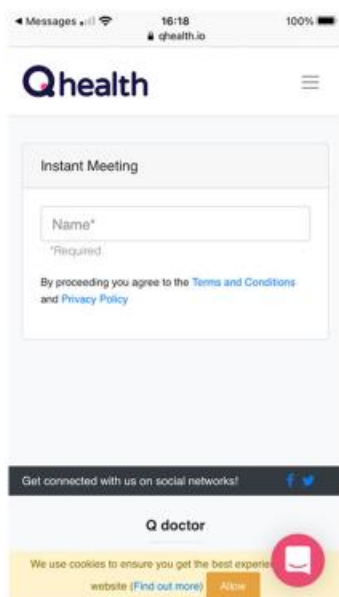


What you see



What the patient sees





Advise patient to:

- 1. Allow use of current location**
- 2. Type their name in the box**
- 3. Allow cookies**
- 4. THEN CLICK JOIN**
- 5. Allow access to microphone and camera**

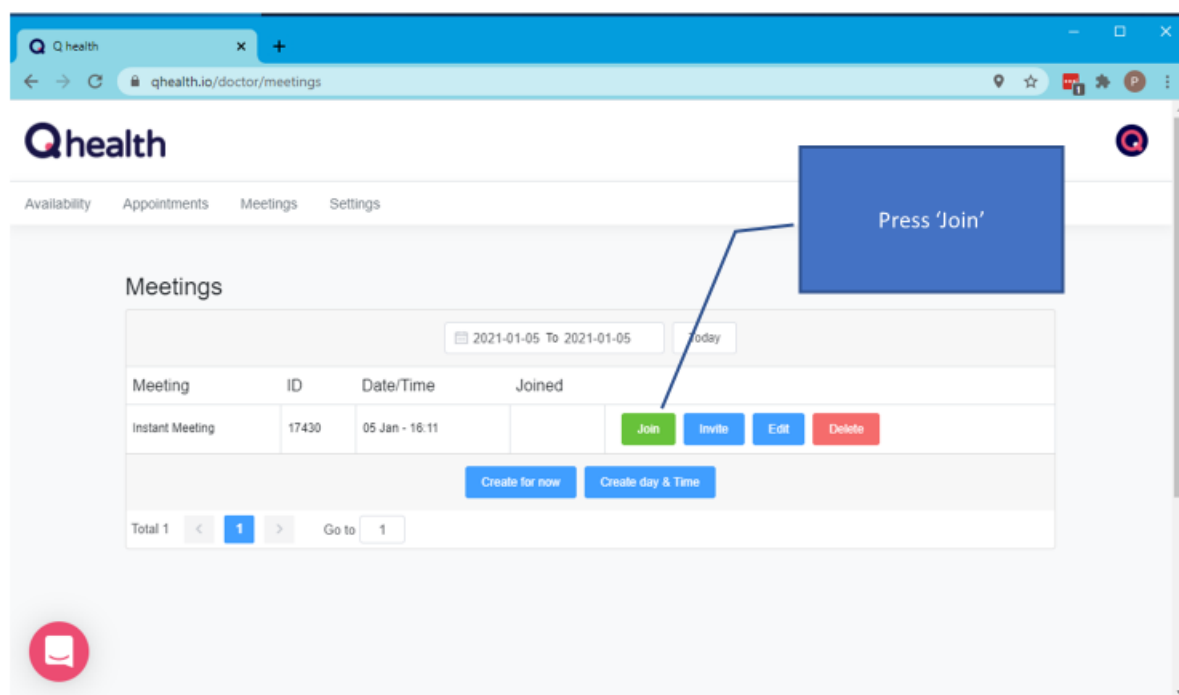
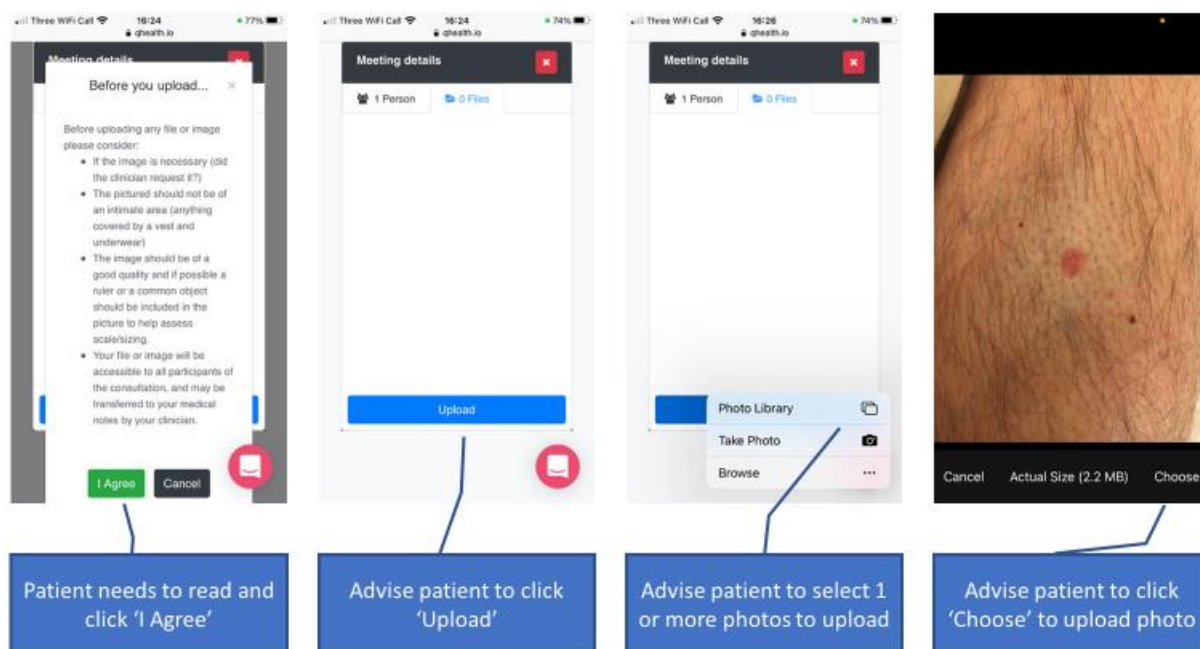


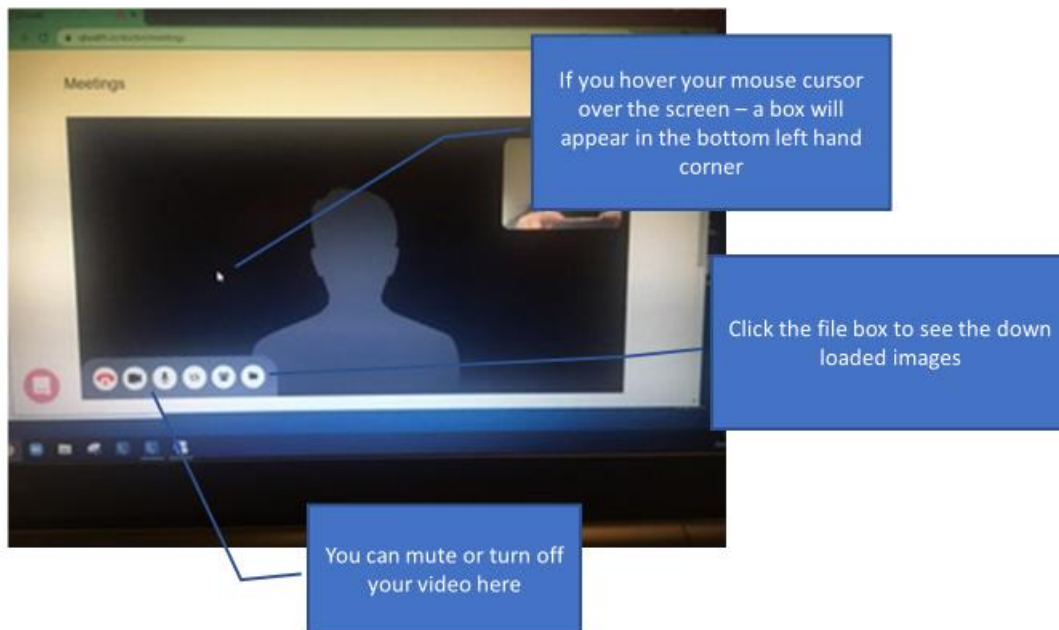
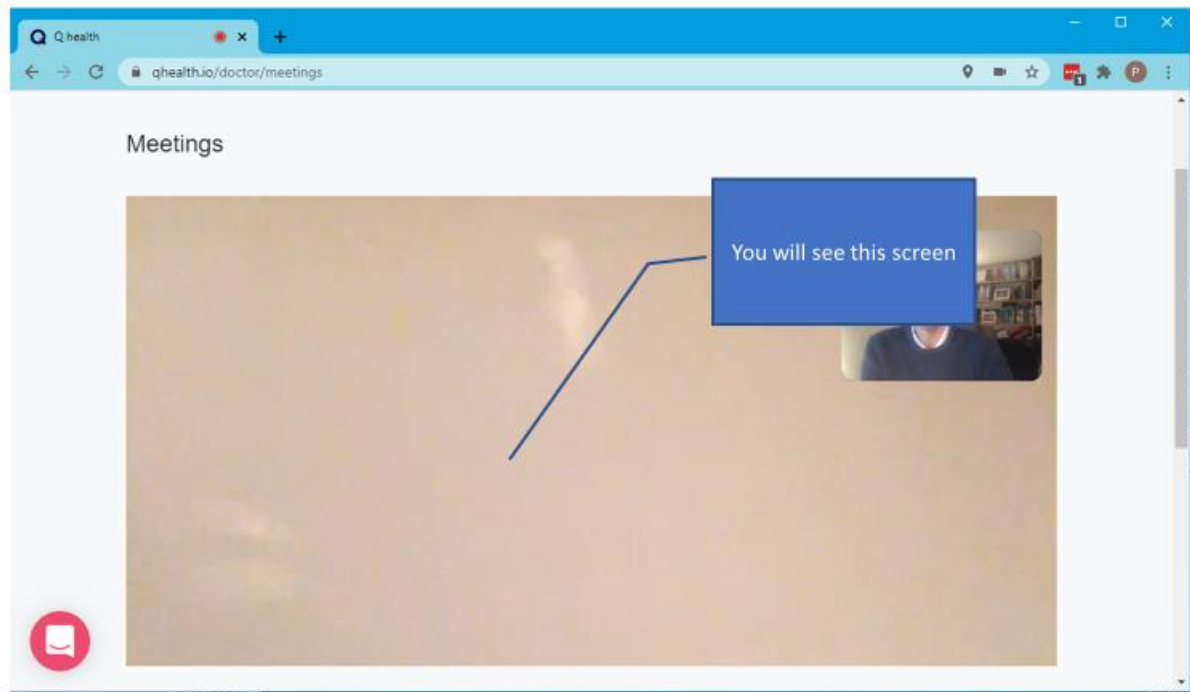
Ask the patient to touch the video image in order to reveal the icon menu

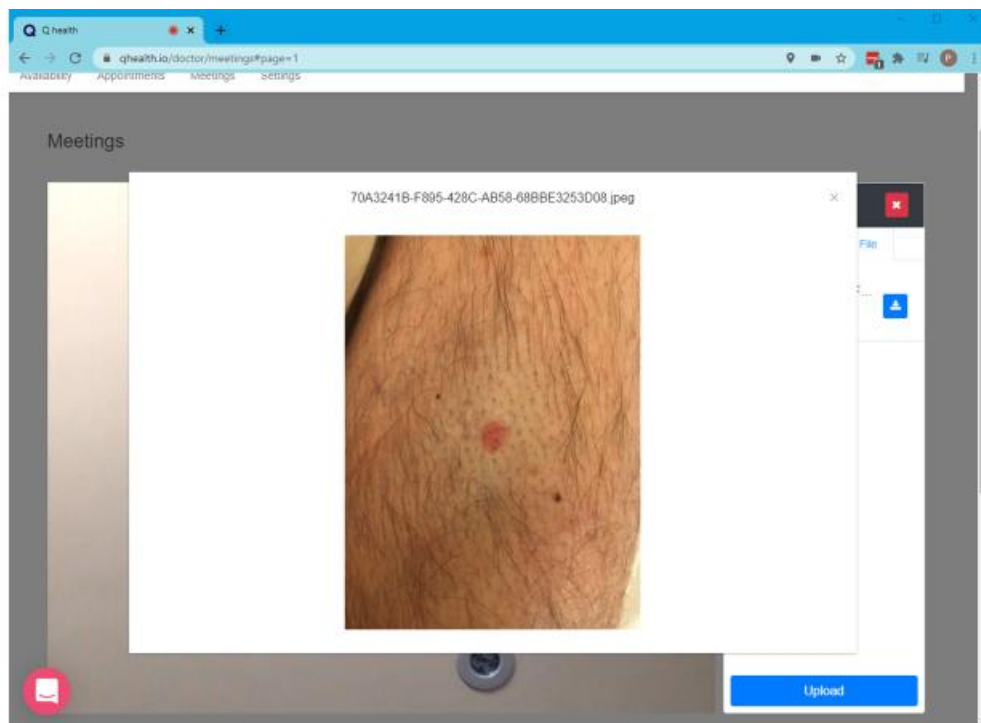
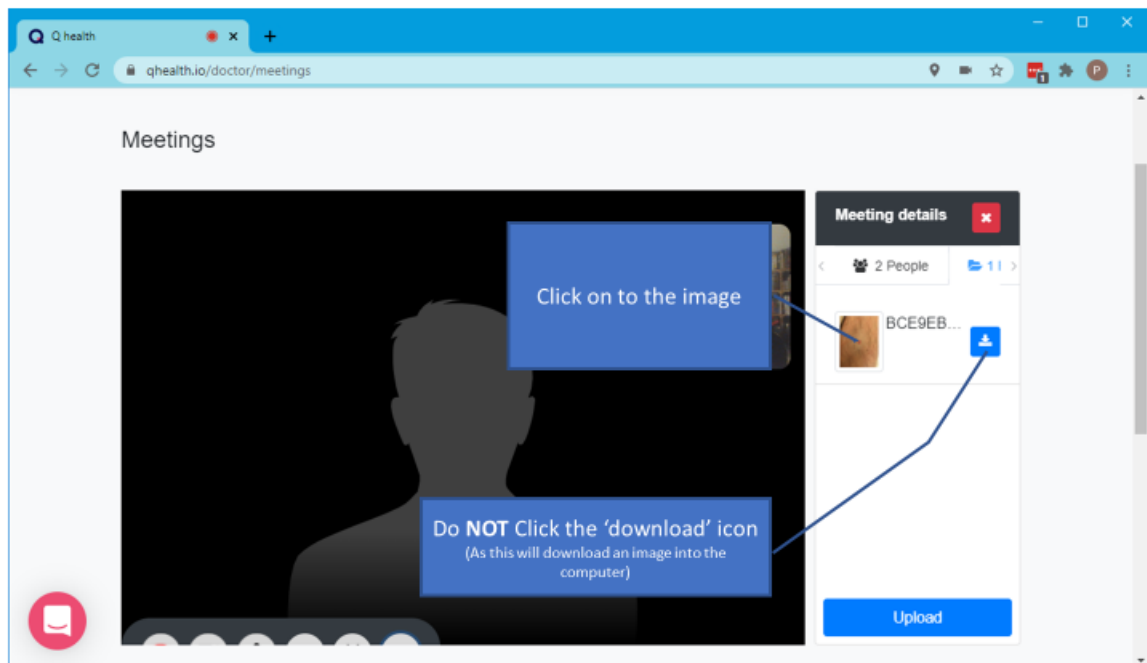
Icon Menu

Advise patient to click the folder icon









Ending a call

- Then close the photo screen
- On the main Q Health screen click the red telephone icon to close the video call
- Fill in the questionnaire

Post Video Consultation Feedback

It is important that after every consultation the clinician completes the questionnaire to enable the video pilot to be fully evaluated.

This should automatically start at the end of each video or photo consult (if it doesn't automatically start please click the link <https://vcentral.vocare.org.uk/vocare/QHVC/>)

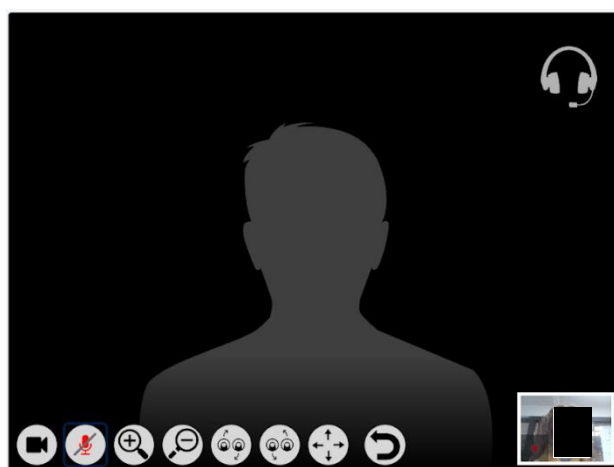
Video & Photo Consultations Troubleshooting

Qdoctor support line

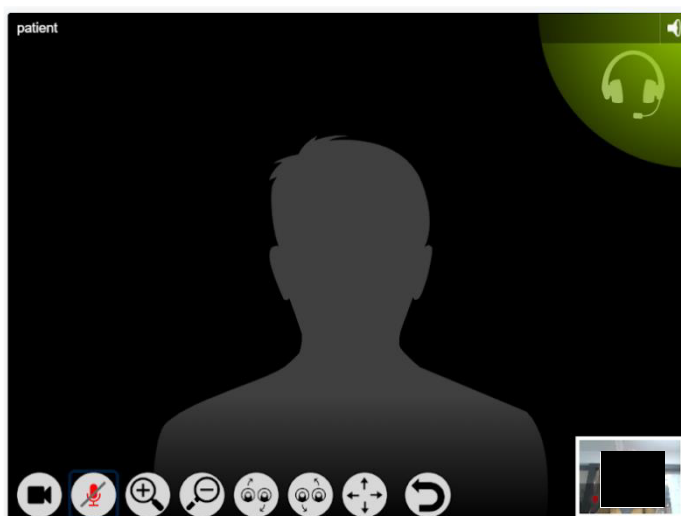
Please don't hesitate to contact Qdoctor directly on 0330 223 0349 or message on the live chat messenger in the bottom left hand corner of the app or webpage if you have any further questions or problems regarding the Qhealth software platform. Live chat is available 08:00-20:00, 7 days a week.

Patient Pauses video:

If the video has paused the video by clicking on the camera icon, the video of the patient will then change to a grey silhouette on a black background. This screen will also appear if the patient's phone screen closes, or if they temporarily leave the app.



If the patient still has audio enabled, you will be able to see whenever their microphone detects sound by a green fan radiating from corner, like in the



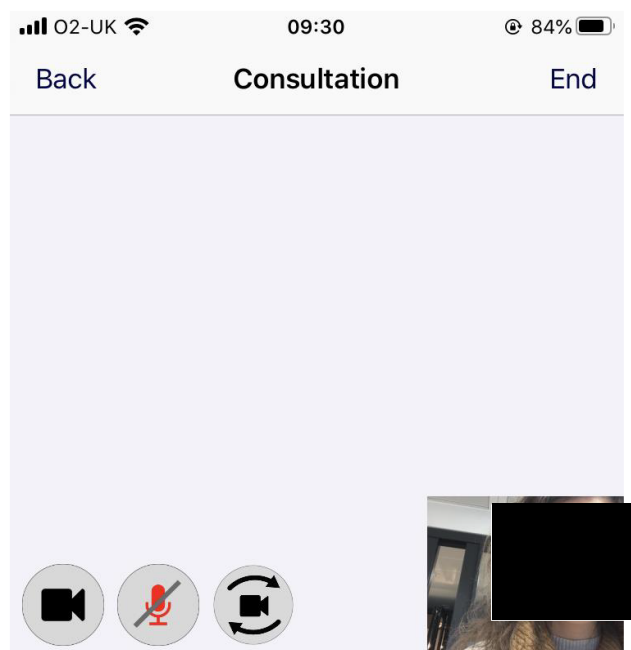
the top right hand picture below:

Patient has been disconnected:

If the patient has been disconnected, then their picture will change to a flat grey screen. If the clinician has been disconnected, then the clinician's video feed will also be grey as per the picture below:

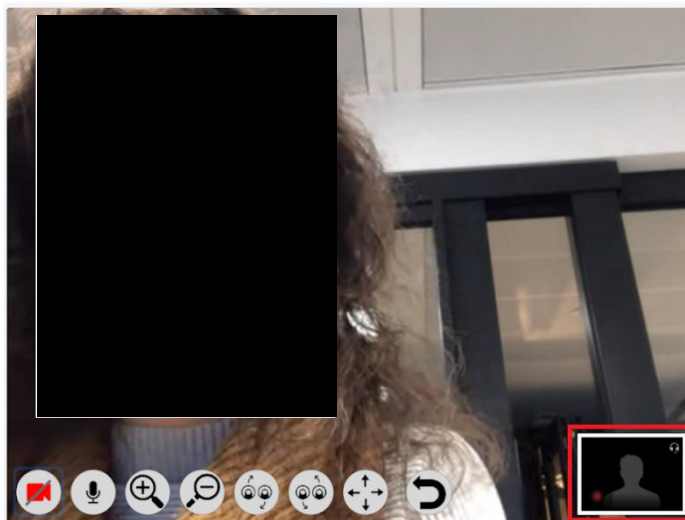


Should the clinician be disconnected, the patient's screen will show a grey box where the clinician's feed should be, as per the picture below:

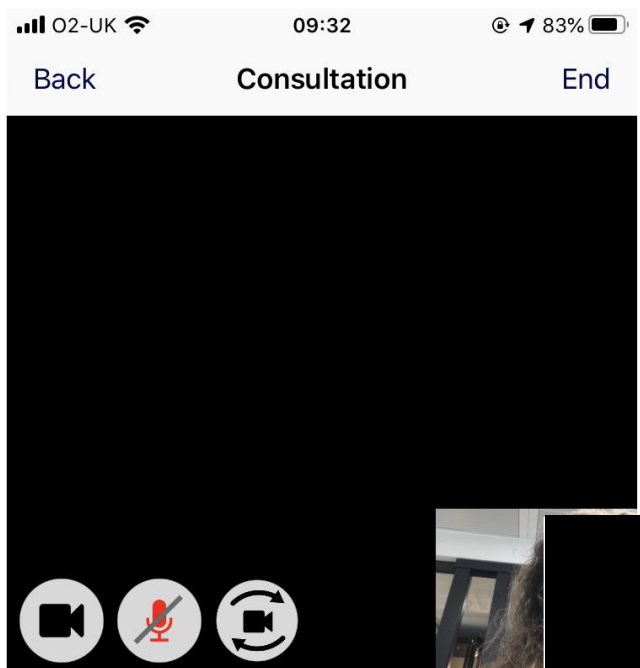


Clinician pauses video feed:

If the clinician pauses their video, they will see on their screen that their picture now shows the grey silhouette (see red box):



The patient's screen will just show a black screen instead of the clinician's video feed:



Feedback & Important Contacts

We would like to hear your experience about the technical, operational and clinical impact of using video as an alternative to telephone triaging/consulting. Please email any additional feedback on using Qhealth video consultations in urgent care to [REDACTED]

[REDACTED]	Development Director	[REDACTED]t
[REDACTED]	Director of Clinical Innovation	[REDACTED]
[REDACTED]	VR-CAT Medical Lead	[REDACTED]