Inclusive Online Video Consultations: what you need to know

Knowledge into Action Briefing

Thrive by Design

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Contents

Key Points

- There is widespread support for remote consultations from users and staff when delivered appropriately with choice and the right support in place. It should not be presumed that online video consultations will be acceptable as a long-term option rather than an effective substitute when face to face options were not possible in the pandemic. While there is a willingness, appropriate support is needed to gain confidence, ensure effective use of and fully embed online video consultations longer term.

- Willingness to try online video consultations varies. For example, it is lower for people over the age of 70. Children and young people may feel less able to communicate effectively with clinicians and more likely to defer to parents and carers, or feel unable to disclose particular concerns if parents or carers are listening.

- The use of online video consultations, if not supported in the right way, is at risk of widening the digital divide. Even where digital platforms are available, there will be people who are excluded, for example, those with low digital literacy, poor connection or unable to afford the cost of data for video calls.

- Ensuring equitable access to services for people must be assured. A person-centred approach, supported through a multi–channel suite of remote, telephone and face to face options is needed.

- Clinicians should avoid making generalised assumptions about who can benefit from online video consultations. There should be a nuanced approach to assessing when and under what circumstances online video consultation is suitable. Exclusion factors are complex and can change over time.

- There is a need to identify potential barriers due to digital exclusion and how to tackle them, including who may benefit from training on how to use technology (considering both people who use and deliver services).

- Staff should be enabled to signpost people to digital support. For example, voluntary, community and social enterprise sector organisations which can provide information and resources to support people affected by digital exclusion.

- There is a need for not only technical training for staff, but also virtual communication training.

- Trusts and Integrated Care Systems should refine Standard Operating Procedures for online video consultations to achieve a consistent and best practice use of online video consultation and draw on national good practice resources and local support e.g. from the voluntary, community and social enterprise sector.

1. Introduction

About this briefing

This briefing is to share key insights from Thrive by Design's national and local work on online remote video consultations.

Work by Thrive by Design which underpins this briefing:

- Discovery co-design project on online video consultations in direct clinical practice for Leeds and York Partnership NHS Foundation Trust.

- A review for Leeds and York Partnership NHS Foundation Trust of their video consultations Standard Operating Procedure using co-design principles, considering digital inclusion and potentially innovative solutions.

- Co-design work for the Nuffield Department of Primary Care Health Sciences, University of Oxford on what inclusive remote video consultation looks like. See further developments of this work: [Planning and Evaluating Remote Consultation Services: A New Conceptual Framework Incorporating Complexity and Practical Ethics,](#) Trish Greenhalgh et al (2021).

The issue

The huge shift in use of online video consultations in health and care in response to the pandemic is here to stay. Not everyone will be able to access digital services. There are a complex set of digital exclusion factors for some groups who are also more likely to need health and care services, this means taking an inclusive approach is imperative – a systematic approach that goes beyond adding on digital inclusion interventions.

The good news is that during the pandemic there has also been considerable rapid learning and improvements based on the experience and views of service users and staff. Looking ahead, improvements should be guided by an ongoing co-design approach with service users and staff and a recognition that views on the use of online video consultations for the long term will vary from those in pandemic times.

2. Service user experiences and views

Overall, views are mixed regarding use of online video consultation.

In the Opinions and Lifestyle Survey (2020), 68% of respondents said they would be 'comfortable' or 'very comfortable' attending an online appointment. It is important to note that willingness to try online video consultations within these groups differed e.g. lower for people over the age of 70. Young people have also been identified as a group where online video consultations may be less suitable, with research highlighting that children and young people may feel less able to communicate effectively with clinicians more likely to defer to parents and carers[1], or feel unable to disclose particular concerns if parents/carers are listening[2].

A Leeds and York Partnership NHS Foundation Trust (LYPFT) survey of service users and carers administered by Thompson et al. (2020)[3] found almost half thought remote consultations were slightly or a lot worse than face-to-face appointments. However, 24% thought it was similar to face-to face and 28.6% thought that communication via technology was slightly or a lot better than face to face contact. Service users report difficulty with connections, inability to express themselves and feeling self-conscious. Service users said they preferred to see health care professionals face to face when in crisis.

The Health Foundation (Horton and Jones 2020)[4] refer to the nature of the discussion being a potential factor when discussing choice of online video

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1 NHS England and NHS Improvement (2020) Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic: 27 March 2020 Version 1 and November 2020 version 2. NHS

2 British Society for Rheumatology (2020) Principles for remote consultation, BSR.

3 Thompson, H., Pilling, R., Weeks, L. and Saeidi, S. (2020) Lived Experience of the Covid 19 pandemic: Listening to service users, carers and the community. LYPFT.

4 Horton, T and Jones, B., 2020, Three key quality considerations for remote consultations, The Health Foundation.

consultations. Some service users may not wish to receive bad news via a video link, though others may prefer a familiar environment, without a long journey home afterwards. The nature and stage of the relationship and level of trust with the doctor or care coordinator should also be considered. Feelings of social isolation may increase for service users who can only connect via a mobile phone and are unable to see all those present.

On information security and confidentiality, Healthwatch Leeds (2020)[5] uncovered trust related barriers, where potential service users have concerns around online safety and whether their data will be handled securely. They identified that trust may be a particular issue for people from black, asian and minority ethnic groups or those affected by mental health issues or learning disabilities.

Lack of a safe and confidential space to conduct a video appointment may be a particular barrier for younger people in a house with others, this is also the case for carers or those with disabilities and situations where domestic violence occurs[6]

 One LYPFT service user said being at home made them feel uncomfortable. "*To share those things, deep things; it sometimes helps not to be in your own environment*."

"*Concerns that others in the household might hear the conversation*"- A quote from an LYPFT staff member at the co-design workshop.

5 Healthwatch Leeds (2020) Digitalising Leeds: risks and opportunities for reducing health inequalities in Leeds, People's Voices Group. [online] Available at: <https://healthwatchleeds.co.uk/wp-content/uploads/2020/07/Digitising-Leeds-Risks-and-Opportun ities-For-Reducing-Health-Inequalities-in-Leeds.pdf> [Accessed 1 April 2021].

6 Archer, H., Morrison, C., Thompson, M. and Whoriskey, M. (2020) Near Me Public Engagement Public and clinician views on video consulting. [online] Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/consultation-analysis/2020/09/public-clinician-views-vi deo-consultations-full-report/documents/near-public-engagement-public-clinician-views-video-consulting-full-report/near-publi c-engagement-public-cliician-views-video-consulting-full-report/govscot%3Adocument/near-public-engagement-public-clinicia n-views-video-consul ting-full-report.pdf> [Accessed 1 April 2021].

Clinicians need to be prepared to answer questions and reassure service users that online video consultation is secure, and to ensure this is communicated clearly [7].

The assessed appropriateness of online video consultations for people affected by mental health is mixed:

- Grocott and Burke[8] found that generally, service users affected by mental health viewed online video consultation as a good substitute in the current Covid circumstances, acceptability as a long-term option seemed in question, as service users described it as feeling less personal and importantly, less confidential due to service users feeling conscious of being heard by family members. While there is a willingness to incorporate online video consultations, appropriate support is needed to gain confidence, ensure effective use of and embed fully longer term. Nonetheless, three out of eight said they would consider online video consultation beyond Covid.

- An international systematic review (Christensen et al., 2020)[9] found that older people affected by depression felt support delivered by online video consultations did not provide the required support mechanism.

- Similarly, patients surveyed through the Leeds Autism Diagnostic Service on willingness to consider Zoom consultations found that 70% were willing to consider it, though nearly a third qualified this by expressing

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7 Thompson, H., Pilling, R., Weeks, L. and Saeidi, S. (2020) Lived Experience of the Covid 19 pandemic: Listening to service users, carers and the community. LYPFT.

8 Grocott, T and Burke, L. (2020) Community Mental Health Team: Covid 19 Evaluation, LYPFT.

9 P Christensen LF, Moller AM, Hansen JP, Nielsen CT, Gildberg FA. Patients' and providers' experiences with video consultations used in the treatment of older patients with unipolar depression: a systematic review. J Psychiatr Ment Health Nurs 2020 Jun 26;27(3):258-271. [doi: 10.1111/jpm.12574] [Medline: 31677331]

that it was not an ideal choice; 16% said they preferred it and 29% said they would rather wait for a face to face option.

Actual experience of using online video consultations may also change perception (as is taking place more frequently during Covid). One study found that initial scepticism from participants disappeared when online video consultations were experienced. This indicates that some patients may be more willing to give online video consultations a try if provided with early stage support (Christensen et al., 2020).

Healthwatch Leeds (2020) makes the important point that the way digital services are presented to people who would not ordinarily be attracted to them can have an effect on motivation. For example, if video appointments are presented as a lesser means of contact ("we'd like to see you face-to-face but... "), they are more likely to be seen as a downgraded form of service. Similarly, people can be discouraged if they feel they are being pushed into a corner to use digital or that the consequences of a digital appointment going wrong would be severe.

Choice is not just about choosing face to face or online video consultation itself, but also ensuring the service user can choose an appropriate platform (Healthwatch Leeds, 2020) and also around practicalities, such as preferences for a set time when health professionals will contact them.

3. Staff experiences and views

A recent survey of over 2,000 GPs carried out by BMA (2020)[10] showed that 88% were in favour of retaining remote consultations more generally once pandemic restrictions have eased.

Logistically online video consultations can also save time for both the patient and clinician, by reducing the burden of travel and removing administrative aspects of clinical care (e.g. checking in during in-person appointments, or picking patients up from the waiting room).

An economic review carried out for Leeds and York Partnership NHS Foundation Trust (LYPFT) found that digital technology is a more efficient and cost-effective way of working and has the potential to create more time to care due to: reducing travel, potentially creating more time to offer those that prefer or require face to face contact for clinical reasons[11].

Focus groups carried out with Community Mental Health Team (CHMT) staff found that while there is a willingness to incorporate online video consultations, appropriate support is needed to gain confidence, ensure effective use of and embed fully longer term. Issues frequently raised through a CMHT staff evaluation related to the physical environment staff conducted online video consultations within and the unsuitability of home working environments. (Grocott and Burke, 2020 LYPFT and Saeidi and Dada 2020 LYPFT)[12].

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10 The British Medical Association. (2020) COVID-19: analysing the impact of coronavirus on doctors. [online] Available at:<https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-bma-action s-and-policy/covid-19-analysing-the-impact-of-coronavirus-on-doctors> [Accessed 1 April 2021].

11 Jackson, H and Saeidi, S. (2020) Impact of COVID 19 on Leeds and York Partnership NHS Foundation Trust Economic Evaluation. LYPFT.

12 Saeidi, S and Caroline Dada, C. (2020) Pharmacy: Staff Wellbeing and Support Survey. LYPFT.

Grocott and Burke (2020) highlight that staff need to be reassured by senior management that innovative approaches to providing support are acceptable risks under the circumstances.

Digital competence was an identified issue for staff, and even where platforms such as Zoom/Teams are provided, they were unsure how to use it and of those who did, some referred to 'Zoom overload.'

The main identified concerns related to online video consultations include: creating more work, remote communication, the potential to exclude patients who do not have access to, or ability to use the internet, appropriateness of using online video consultations and information security and confidentiality.[13][14]

In their conversational analysis of online video consultations across NHS sites, Shaw et al. (2020)[15] highlight that if the technical connection is high-quality, clinicians and patients can communicate the same way as they would in a face-to-face consultation. Yet disruption due to technological glitches were assessed as occurring frequently; issues with regard to hardware problems and slow WiFi were also identified. Minor technical breakdowns (e.g. difficulty establishing an audio connection before getting started, or temporary freezing of the picture) may not cause major disruption to the clinical interaction (though need to be factored in

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13 NHS England and NHS Improvement (2019) Online consultations research: Summary research findings, NHS.

14 Archer, H., Morrison, C., Thompson, M. and Whoriskey, M. (2020) Near Me Public Engagement Public and clinician views on video consulting. [online] Available at:

<https://www.gov.scot/binaries/content/documents/govscot/publications/consultation-analysis/2020/09/public-clinician-views-video-consultations-full-report/documents/near-public-engagement-public-clinician-views-video-consulting-full-report/near-public-engagement-public-clinician-views-video-consulting-full-report/govscot%3Adocument/near-public-engagement-public-clinician-views-video-consulting-full-report.pdf> [Accessed 1 April 2021].

15 Shaw, S. E., Martinus Seuren, L., Wherton, J., Cameron, D., et al. (2020) Video Consultations Between Patients and Clinicians in Diabetes, Cancer, and Heart Failure Services: Linguistic Ethnographic Study of Video-Mediated Interaction, *Journal of Medical Internet research*, 22(5).

when considering the time needed to carry out the online video consultations). However, major breakdowns can disrupt the quality of the remote consultation and clinicians experience them as "unprofessional"[16].

It was felt by staff that online video consultations may be creating more work due to the pace and scale of adoption resulting in an unfamiliarity with tools and systems and inadequate IT support and lack of equipment.

An international systematic review (Salisbury et al., 2020)[17] estimated that online video consultation can increase GP workload by 31%, such as due to receiving additional referrals and initial consultations by online video consultation requiring a subsequent face to face appointment. Workload issues and the requirement to adapt to new ways of working can also impact on wellbeing, with clinicians referring to experiencing 'zoom fatigue' or 'zoom overload' and difficulties in building relationships (Saeidi and Dada 2020:15 LYPFT).

16 RIHS research group at the University of Oxford (2020) Video Consultations: A guide for practice, University of Oxford.

17 Salisbury C, Murphy M, Duncan P The Impact of Digital-First Consultations on Workload in General Practice: Modeling Study J Med Internet Res 2020;22(6):e18203 URL: https://www.jmir.org/2020/6/e18203 DOI: 10.2196/18203

4. Implications for practice

Focus on co-design and improving the service rather than implementing a technology

Use ongoing co-design engagement and evaluation, and continuous service improvement. This will help online video consultations to become embedded in longer term processes and service developments.

For evaluating user experience, ensure data collection is robust, and captures experience based on a range of factors (condition based, other contextual factors such as environment, digital literacy etc.).

A review of the qualitative literature (IRIHS Research Group, 2020) outlined that introducing online video consultation will generally require unanticipated changes to organisational roles, routines and processes. Such initiatives tend to be more successful if the mindset is "improving a service" rather than "implementing a technology".

Choice of platforms should take into account concerns of staff and service users about having to learn new skills or use platforms that are not compatible with their needs.

Embedding online video consultation will require changes to operating systems, including the reconfiguration of patient administration systems and communication templates to service users (e.g. letters, texts and emails). These would need to be reconfigured with the information required to access the virtual appointment.

Services should think carefully about the service user's point of entry into the virtual consultation and how this will be managed e.g. managing patient flow if the

clinic is running late, recording attendance, decisions and outcomes (IRIHS Research Group (2020).

Wherton et al. (2020) identified that successful introduction and scale-up of online video consultations depends on the presence of innovators (people who were keen on new products and new ways of working), champions (people who believed in an innovation and sought to persuade others of its benefits) and change agents (people who had the skills, time and personal qualities to drive through the change and recruit others to help).

Capture evidence of impact. Share and celebrate learning case studies will encourage good practice and support the adoption of online video consultation as a good quality evidence based care intervention.

Ensure equitable access

A person-centred approach, supported through a suite of remote and face to face options is ideally needed, where clinicians should avoid making generalised assumptions about who can benefit from online video consultations (Archer et al., 2020).

The literature shows that considering the suitability of online video consultation can depend on the context (e.g. whether a relationship has been developed already, age, ethnicity, home environment); specific health condition/needs (e.g. mental health, cognitive impairment, learning disability) and circumstances (such as caring responsibilities, digital competencies, accessibility needs, socio-economic background, rurality etc.).

While suitability must be assessed, automatic rejection of online video consultation based on generalised assumptions runs contrary to evidence that a one size fits all approach should not be used. Mixed findings around the suitability of online video

consultation for people affected by mental health demonstrates how a nuanced approach is needed.

Appropriateness is not something that can be assessed at one particular point in time. Healthwatch Leeds (2020) identified that service users whose health condition fluctuates may float between face to face or online video consultations being the preferred/most suitable option, depending on changes to condition or presentation. A common theme across the literature was the need for a nuanced approach to assessing when and under what circumstances online video consultations will be suitable. It is important to note that online video consultations may also be inappropriate for clinicians to use due to their circumstances. This is an area for development in the SOP.

Healthwatch Leeds (2020) highlight the importance of identifying platform/software barriers that service users may have, such as only having access to a small screen through an iPhone; zoom was referred to as 'sensory overload' for some people with autism; Leeds Deaf Forum members prefer texting and platforms such as Facebook to others; some platforms may be perceived as bandwidth-intensive; familiarity with different platforms also plays a role; and, does a particular platform have a suitable captioning service for people who are hard of hearing.

NHS England and NHS Improvement (2020) suggest locally defined exclusion criteria for online video consultation, incorporating a triage system which can be used prior to the actual consultation to assess patient's health conditions, ability to use the technology, and any potential communication issues (e.g. patients who are deaf or hard-of-hearing)[18].

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18 Shaw, S. E., Martinus Seuren, L., Wherton, J., Cameron, D., et al. (2020) Video Consultations Between Patients and Clinicians in Diabetes, Cancer, and Heart Failure Services: Linguistic Ethnographic Study of Video-Mediated Interaction, *Journal of Medical Internet research*, 22(5).

Table 1. Areas of consideration when assessing appropriateness of online video consultation

(Extracted from NHS England and NHS Improvement, 2020 and work by Royal College of Nurse and The Royal College of Psychiatrists).

OVC	Face-to-face
Accessibility of medical records	Presents with complex symptoms
Having the information to treat available	Need for physical examination/injection
Has the capacity to understand	Need to assess home environment
Appointment is for routine check-up/ Re-issuing sick notes, repeat medication or similar	Frail older patients with multi-morbidity or in terminally ill patients
Patient stable and monitoring devices at home	Patient with high risk, potentially serious symptoms
Able to download required app and have the data allowance to undertake an OVC (Bakhai et al., 2019)	When an internal examination (e.g. gynaecological or colorectal) cannot be deferred
Has access to a private, well-lit room	Anxieties around using technology (and one on one hand to help)

Is familiar with digital, such as whether they have done video calls before with family members, they order shopping, book holidays or do banking online as part of triage, as this may save time by preventing booking of OVC where competency may be an issue	Cannot use or does not have the technology (e.g. dementia, some learning disabilities, homelessness and mental health
Has a carer who can facilitate the video consultation where they may have difficulties	Deaf and hard-of-hearing patients who find video difficult, but if they can lip-read and/or use the chat function, video may be better than telephone.

The CQC (2020) recommends that where a triage algorithm is in place, clinicians should have the ability to apply discretion to recommendations based on any national level, standardised system.

Keep exploring barriers and solutions to digital exclusion: the needs of service users, wider factors that influence digital exclusion, who may benefit from training and the current inclusive digital transformation work happening across the organisation and service.

Consider how staff can signpost people to digital support. Engage voluntary, community and social enterprise organisations which can provide information and resources to support people affected by digital exclusion.

Support and training for staff

Provide clarity for staff about which platforms are to be used now and in the medium and long term.

Staff are willing to use online video consultation but the literature highlights numerous training and support needs to ensure staff can do this safely and effectively. Including how to use digital platforms, condition specific considerations and more general communication skills required that are unique to remote consultation models. The Health Foundation (Horton and Jones, 2020) refers to growing awareness that communicating effectively online requires specific skills and that this is an area where investment in training will pay dividends. There are also more specific recommendations, such as training therapists to react to non-verbal cues (Bleyel et al., 2020[19], based on a German study). Therefore, invest in a broad range of training, beyond immediate 'tech' needs and technical training.

Co-design should be used to ensure that training meets the needs of the user. Work with local digital partners to acquire or host training opportunities.

The Royal College of Nursing (RCN) state staff should also have access to support through regular supervision and access to colleagues to address issues and concerns (RCN, 2020[20]). This also enables effective feedback and the chance to initiate co-design and engagement with staff.

Providers should ensure staff have access to a work laptop and good quality IT equipment and support (Saeidi and Dada 2020: LYPFT).

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19 Bleyel C, Hoffmann M, Wensing M, Hartmann M, Friederich HC, Haun MW. Patients' Perspective on Mental Health Specialist Video Consultations in Primary Care: Qualitative Preimplementation Study of Anticipated Benefits and Barriers. J Med Internet Res. 2020 Apr 20;22(4):e17330. doi: 10.2196/17330. PMID: 32310139; PMCID: PMC7199141.

20 Remote Consultations Guidance Under COVID-19 Restrictions, RCN (2020)

Consistent and best practice use of online video consultation at an organisation level

Ensure your organisation's Standard Operating Procedure for online video consultations addresses:

- A triage process at an organisational level that allows for service specifics and clinical reasoning to ensure the personalisation of online video consultation.

- Robust guidance for new (and existing) online video consultation users. The personalised approach to online video consultation should be underpinned by a consistent process for using online video consultation for new and established users.

- How platforms interface with other aspects of the system (e.g. internet browsers and firewalls) and ensure good and dependable internet connection.

- Guidance or checklist on how to test and use equipment.

- Clear session expectations.

- Signposting across different clinical areas or some illustrative case study examples to guide clinicians.

- The need for private space to carry out remote consultations and advice to staff working from home/blended approach.

- The latest good practice on safeguarding. The CQC (2020) have identified a need for more work to understand how to achieve robust safeguarding when people are interacting with digital tools. Assessing privacy in someone's home should cover the potential need for flexibility e.g. privacy may be obtained by patients at particular times of the day. As well as identifying potential

safeguarding concerns, there is a need to consider what provision is in place to enable people to disclose safeguarding issues if they don't have privacy in the home or are reliant on others to get them online. Contingency plans need to be drawn up for circumstances in which a person's privacy is breached during an appointment.[21]

- Information on how to tackle barriers across particular groups.

- Signposting to further information and guidance across different clinical areas.

21 Archer, H., Morrison, C., Thompson, M. and Whoriskey, M. (2020) Near Me Public Engagement Public and clinician views on video consulting. [online]

5. Shining a light on good practice

Accessible information to support clinical and situational judgement

- The Interdisciplinary Research in Health Sciences (IRIHS) group at the University of Oxford (2020) supported by the National Institute for Health Research (NIHR) have developed a comprehensive checklist for clinicians – it covers establishing if online virtual consultation is appropriate (allowing for clinical and situational judgement), how to set up online virtual consultation, how to ensure the online virtual consultation is high quality and how patients prepare for this. The research group, working in partnership with Barts Health NHS Trust, have developed visual, easy to follow resources aimed at both staff and patients, including leaflets and videos[22].

- NHS England and NHS Improvement (2020) also provides a patient guide, which can be shared with service users beforehand so they can decide if online video consultation is right for them – including what a video consultation is, how to set it up, connection and tips for during and after the consultation.

- The RCN (2020) provides some 'top tips guidance' on initiating and concluding a remote consultation, they also cover principles of mental capacity legislation and a script for questions and responses.

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22 University of Oxford, 2020. Video consulting in the NHS [online] Available at

:<https://www.phc.ox.ac.uk/research/resources/video-consulting-in-the-nhs> [Accessed 1 April 2021].

- The Royal College of Psychiatrists (2020)[23] provides guidance on key considerations, based on the '6 Cs' for staff who run online virtual consultation. With regard to the 6th 'C', confidence, the authors say this can be supported through staff having a clear sense of what to do if something goes wrong with the technology, what the limitations of the technology are and the confidence to state you lack the skills or haven't been able to complete a "good enough" review or assessment.

- The General Medical Council produced a flow chart to help doctors apply their ethical guidance to manage patient safety risks and decide when it's usually safe to treat patients remotely.[24]

Wider guidance

- NHS England and NHS Improvement (2020) provides advice at the organisational level on planning, setting up technology, communication and workflows, training and piloting, going live and offers a checklist of things for individual clinicians to go through prior, closing and after the video consultation. A later version has produced a useful flowchart which focuses on planning at a practice level but also cultural change. For the latest guidance:
https://www.england.nhs.uk/outpatient-transformation-programme/video-consultations-in-secondary-care/

23 Royal College of Psychiatrists (2020) Digital-COVID-19 guidance for clinicians [online] Available at:

<https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians>

24 General Medical Council, 2020. Remote Consultation Diagram [online] Available at:<gmc-uk.org/-/media/gmc-site-images/ethical-guidance/learning-materials/themes/remote-consultations-diagram-april-2020-(002).svg?la= en&hash=3BFAD4683392DABF0E512E931617952CDAC385C4>

6. Conclusion

Implementation of online video consultation needs to follow a socio-technical systems approach, continually adjusting the technical elements – technology, infrastructure, and processes and socio elements – people, culture, and goals to become better aligned.

Co-design with service users and carers should be at the heart of the approach to avoid exclusive digital transformation.

The unprecedented use of online video consultation provides an opportunity to evaluate the strengths and limitations of online video consultations.[25]

7. Find out more and get involved

For further information go to the Thrive by Design website and the Inclusive Digital Transformation FutureNHS workspace.

Join the community on the workspace and on Twitter @TweetsByThrive

Get in touch with the team at Thrive by Design thrivebydesign.lypft@nhs.net

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25 European Observatory on Health Systems and Policies (2020) Keeping what works: remote during the covid-19 pandemic nice guidance [Online] Available at: <file:///C:/Users/sanah.ali7/Downloads/Eurohealth-26-2-73-76-eng.pdf>

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