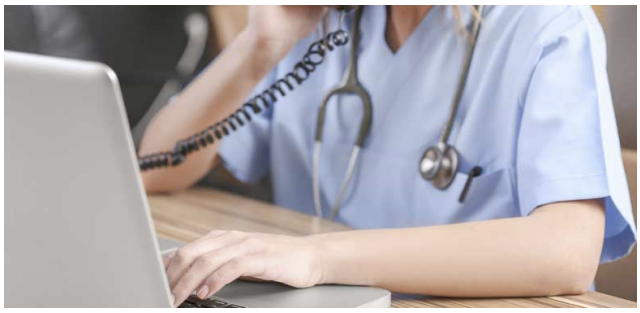
HELLO, CAN YOU HEAR ME?

The challenges and opportunities of remote consulting

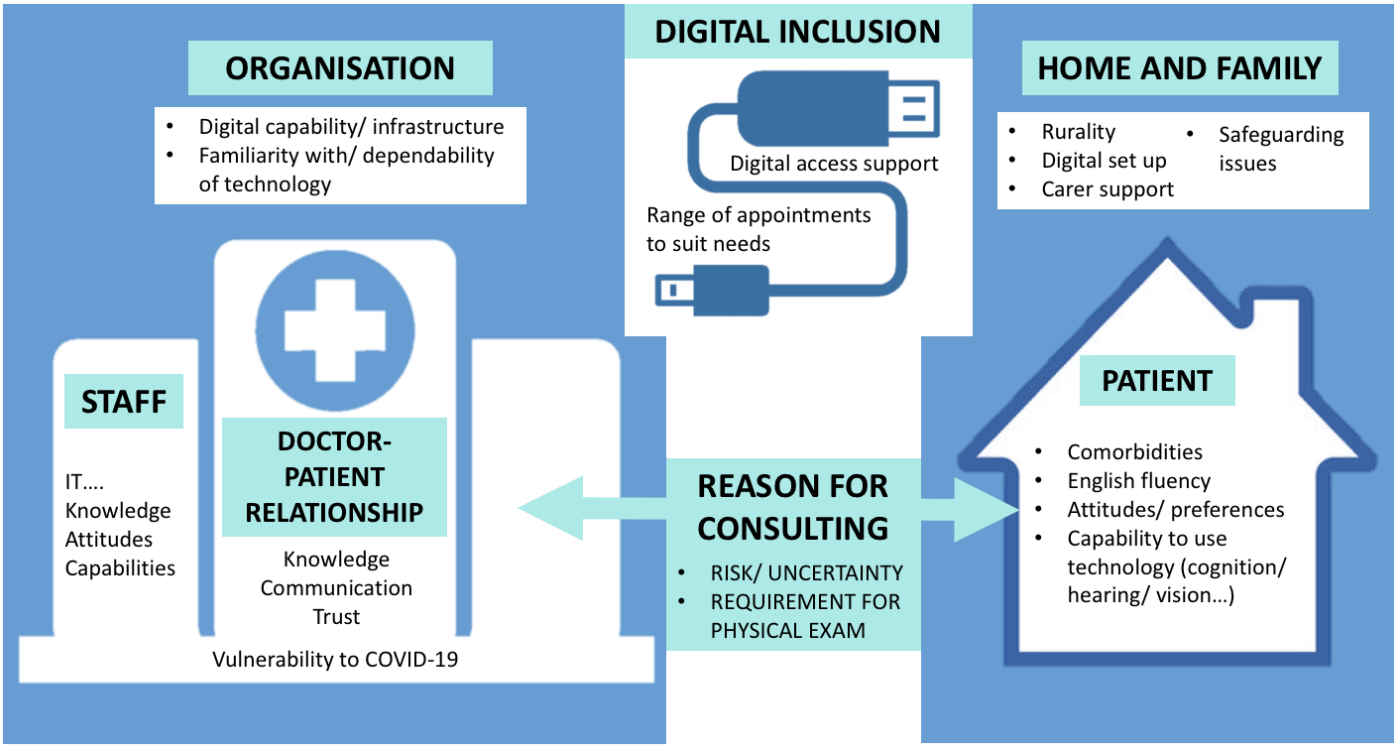
Welcome to our tenth newsletter, highlighting research that addresses the top challenges currently facing general practice…

The COVID-19 pandemic rapidly accelerated a shift to remote consulting in general practice, including the use of telephone and video consultations. During the pandemic, telephone consultations became more widely recognised as sufficient for many problems, particularly when supported by text and photo-messaging services. In comparison, video consultations were used far less, but were found to be helpful for building rapport, assisting communication, providing reassurance and offering visual cues within consultations (1).

Since the easing of lockdown measures, patients have been consulting with increasingly complex problems, which can prove more challenging and time consuming, when managed remotely (2). **So what does the future hold for remote consulting?**



Mixed methods studies evaluating video consultations and remote care in general practice have identified the need for proactive measures to improve digital inclusion (3). An organisation's digital maturity has also been recognised as key to supporting remote consulting. This can include the digital capabilities of staff and underlying IT infrastructures. We will all be familiar with the frustration caused by computer systems crashing during busy clinics! The ongoing risks posed by COVID-19 to staff and patients and their comfort with face-to-face consulting also requires consideration. The adapted infographic below highlights important concepts influencing decision making about the consultation method, whether remote or face-to-face (4).



Communication and trust between a doctor and patient are paramount when making decisions about remote consulting. A patient's individual circumstances, including the complexity of their health problems, their fluency in the English language, their capability to use technology (eg. cognition, vision, hearing) and their home environment are also key.

People living in rural areas may have poor internet access, or could struggle to attend face to face appointments if elderly and isolated. If a remote consultation is used, a relative or carer may be needed to support this.

Potential safeguarding issues also require consideration, as a person may not feel able to disclose concerns, when not given the privacy of a consulting room…

When performing video consultations, it can be easier to miss non-verbal communication (NVC), compared to seeing a patient face-to-face. Exaggerating our NVC could reduce the feeling of distance and separation for patients, helping to establish better rapport. Eye contact is also essential for building rapport, but requires us to look directly at the camera. Consequently, we could look at the camera whilst talking, then mix looking at the screen and camera whilst listening to the patient, to help us note any NVC. Audio delays can mean sounds we make to

encourage the patient to talk, could interrupt the consultation flow and impact on rapport. Therefore, amplified nodes and gestures could work better, to show we are actively listening (5).

So, what does all of this mean for your practice?

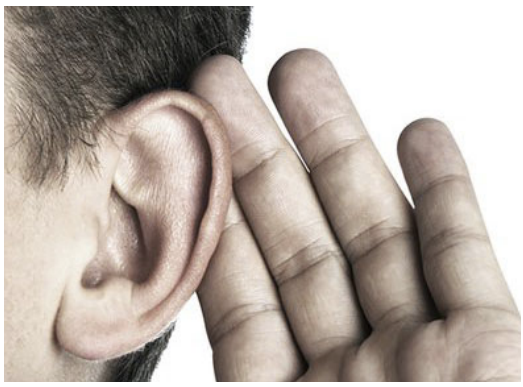
GPs are already campaigning for vital investment in IT systems. We can't afford to lose time when technology fails us and the shift to remote consulting during the pandemic highlighted our reliance on technology. Digital access and education for our patients is equally important. Social prescribers and Patient Participation Groups could be ideally placed to support local populations to access services or establish groups to share knowledge regarding the use of remote consulting technologies. Meanwhile, accuRx is continuing to expand its' repertoire of support available.

The media has driven a negative rhetoric against remote consulting, yet this move has offered considerable benefits to many who prefer to consult remotely. In particular, remote consultations have been found to be used more by younger, working people, older patients and women. However, the impact of this on quality of care and clinical outcomes is not yet known.

General practice has embraced dramatic changes, with technology bringing many benefits. However, with ease of access, delays in presentation caused by the pandemic and ongoing COVID-19-related illness, GPs are facing a tide of demand. The range of consultation methods available have posed new challenges for clinicians when making decisions regarding the appropriateness of remote consulting.

With change comes opportunities…

Remote consulting has generated many opportunities for professional reflection and improvements in practice. In a recent blog, Sharma reflected on how we can adapt to heighten our listening, when we lose our other senses through remote consulting. Our new, more acute sense of hearing could facilitate us to notice changes in vocal tone, speed and hesitations more clearly, hearing a patients' words and metaphors to build a more vivid picture of their experiences (6).



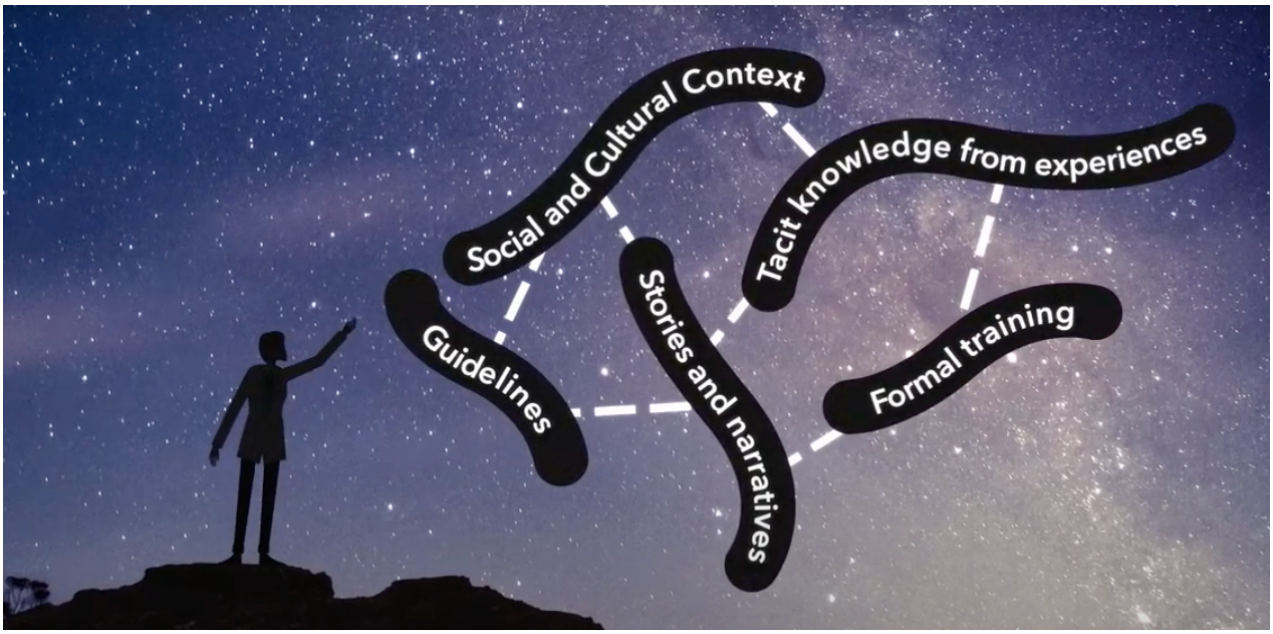
However, **voices can carry emotions, but don't enable you to form the same lasting memories which come from facial expressions, clothes, odours and body language** (7). Remote consultations can also impact on our clinical reasoning. In a recent blog, Hammond

described her reasoning shifting from quick pattern recognition to a deeper hypothetico-deductive approach (8).

Have you reflected on anything that you would have missed if you had only spoken to someone on the phone and not seen them face-to-face?

The smell of alcohol or cigarette smoke, their unkept appearance, that unusual looking skin lesion on their temple you've incidentally noted, their weight gain or perhaps their slow gait, could all be clues to their underlying illness concern…

In general practice, as expert generalists focused on whole-person care, we draw on a patients' symptoms and signs, contextual data, guidelines and our professional wisdom (**see image below**), to infer an explanation of a patients' illness, through a process called inductive reasoning (this video explains more about this everyday knowledge work we do: https://www.youtube.com/watch?v=SjcUcH3kzPY&t=4s).



A representation of mindlines: Our professional wisdom has been described as mindlines, or guidelines in the head.

When consulting remotely, we may not get all of the data we need to enable us to make these tailored, whole-person clinical decisions. Telephone consultations may even add to our workload, by highlighting a lack of contextual data in the medical records, or by increasing our need for follow-up consultations (9).

Therefore, when consulting remotely we must reflect on whether our approach is undermining our reasoning process and so our clinical effectiveness. It is vital that the consulting tools we decide to use meet the demands of our job, to enable us to provide the best person-centred care for our patients (9).

HIGHLIGHTS FROM WISEGP

WiseGP podcast…

Hosted by Wise Intern Johanna Reilly, this month's podcast is focused on the WISDOM project. Johanna speaks with colleagues Emily and Annabelle, to discuss their experiences of working to develop WISDOM, a free online course which aims to provide clinicians with the skills and confidence to find, create and use knowledge to make complex decisions about problems faced in everyday practice.

Available to download on our website and from several major podcast hosts! https://www.wisegp.co.uk/podcast

If you haven't already, please sign up to receive the WiseGP newsletter at https://www.wisegp.co.uk/, where you can also find out how to sign up for the WISDOM course!

Our next newsletter will be about migrant health…

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