An example of a Staffordshire

STANDARD OPERATING PROCEDURE

Using Videoconsultation/Skype for Remote Consultations between clinician and patient in General Practices or Community Pharmacies/Patient's own home & Care Homes

	NAME	TITLE	DATE
Authors			
Reviewers			
Authoriser			
Reviewer			
Authorisers			

Effective Date:	
Review Date:	

1. PURPOSE

The use of videoconsultation/Skype (for the purposes of the document termed 'Skype' hereafter) for remote consultations across the NHS is increasing and nationally this is being encouraged. In order to protect patients and clinicians, this procedure collates information from a number of sources, both nationally and locally.

The purpose of the procedure is to:

- ensure that the use of Skype for remote consultations with patients is as secure and confidential as possible. In particular that these are operated in accordance with NHS guidance such as Caldicott Information Governance Review and relevant legislation such as the Data Protection Act (2018) and other legislation as detailed in the NHS Information Governance Guidance on Legal and Professional Obligations (DH 2007).

- ensure that all clinicians using Skype and administrative or managerial staff are aware of their personal responsibilities and comply with the guidance and that this is supported by annual information governance training.

- signpost the underpinning code of practice for technology enabled care services agreed for Staffordshire NHS and social care providers by Staffordshire Digital Design Authority (SDDA) – see Appendix 1.

2. INTRODUCTION

Protecting patients and clinicians in relation to data security is essential to the organisation and this procedure describes good practice. This document is based on current legal requirements, relevant standards and professional best practice to ensure the use of Skype for remote consultation adheres to best practice, protecting both patients and clinicians from security risks.

3. SCOPE

This procedure covers the process that should be followed in setting up and carrying out a Skype remote consultation.

It does not cover the professional record keeping that should be adhered to, summarising the Skype consultation.

4. RESPONSIBILITIES

Role	Responsibilities/Key Tasks
IT Support team	Technical set up of Skype account and secure password
Practice	Explanation of a Skype remote consultation to the patient.
Practice	Gaining patient's informed consent.
Practice	Arranging and undertaking Skype consultations or multidisciplinary team interactions in line with TECS code of practice.

5. SPECIFIC PROCEDURE

5.1 Technical set up for general practice

It is the general practice manager's responsibility to liaise with the Staffordshire Health Informatics Service (HIS) to arrange for Skype to be loaded onto an NHIS issued mobile device including desktop personal computers/laptops/iPads and mobile phones. HIS then set up the IT for skype consultations. A secure password should be set up to access Skype at both ends. (It would be good practice for the passwords to be changed every 90 days in line with other applications provided by NHIS). The password is kept only by the practice staff who have permission to access Skype ie those who have signed the documents etc there will be no password access to HIS.

A test consultation will be undertaken to test the quality of the visual and audio functionality.

The following CSU & CCG policies and procedures will be adhered to undertaking technical set up of Skype (as well as the overarching SDDA approved TECS code of practice):

- Confidentiality and Data Protection Policy
- Data Quality Policy
- Electronic Remote Working Policy
- FOI and EIR Policy
- Information Governance Management Framework
- Information Asset Register Procedure
- Information Governance Policy
- Information Risk Policy
- Information Security Policy
- Network Security Policy
- Overarching Information Sharing Protocol (inter-CCG)
- Policy on the use of Internet and Email
- Save Haven Procedure
- Staff Code of Conduct

5.2 Consent

Explaining to the patient about the proposed use of Skype for a remote consultation and gaining patient consent (see Appendix 2).

Written consent from the patient or their legal representative will be gained prior to the first remote consultation and will be confirmed verbally prior to any following remote consultations. In accordance with the Mental Capacity Act 2005[1], there is a presumption of capacity until proven otherwise. If a patient is deemed to lack capacity for a decision at a given time, despite efforts to assist them in understanding the nature of the decision that is to be made, a personal representative who has lasting power of attorney for their health and welfare can do this on their behalf.

1 https://www.gov.uk/government/collections/mental-capacity-act-making-decisions

5.3 Preparation of the vicinity for the patient's remote consultation

The immediate area where the patient will be receiving the remote consultation should be carefully considered by the patient to maximise privacy, to ensure that confidentiality will be maintained. The most suitable area for the consultation is in the patient's own home. If required and agreed by the patient, family members can also be present (and Care Home staff if Skype consultation being conducted there). Appendix 3 relays a checklist for these and other actions for practice staff.

5.4 Clinical Environment

The immediate area where the clinician will conduct the remote consultation should be carefully considered to maximise privacy, to ensure that confidentiality will be maintained. Ideally the consultation should be held from a private room with the door and windows closed. The clinician should ensure that there is no personal confidential data on view that can be observed by the patient in their own or by them/Care Home staff if in a Care Home. Telephones in the immediate vicinity should be put on silent.

It is recommended that a door sign is used to identify that the room should not be entered during the consultation.

5.5 Execution of the remote consultation

Once the clinician is confident that their environment meets the guidance in section 5.4, the Skype call should be instigated by the clinician at a date/time which has been pre-agreed with the patient.

On answering the Skype call, the patient should acknowledge whether or not it is appropriate to undertake the consultation and clarify that the patient's confidentiality can be confirmed in line with section 5.3.

The clinician should introduce themselves to the patient and confirm that the patient is happy to take part in the remote consultation. The patient's identity should be checked by asking them to confirm their name, address and date of birth.

Should a prescription be required, or intervention be arranged as a result of the remote consultation, the clinician should satisfy themselves that an adequate assessment of the patient's needs have been made and consider: -

- The limitations of the medium through which they are communicating with the patient
- The need for physical examination or other assessments
- Access to the patient's medical record
- Provision of the necessary information and advice to the patient
- Make available instructions for administration/collection of script or order form for intervention (e.g blood or X-ray test) and send written confirmation as soon as possible to the patient if appropriate.

5.6 Concluding the remote consultation

Prior to concluding the consultation, the clinician should clarify that the patient understands the outcome of the discussion and has no further questions.

The clinician will record the observations and outcome of the consultation in the same way as a face to face consultation is recorded in the patient's electronic primary care record and any agreed actions are carried out.

5.7 Recording the remote consultation

Skype consultations will **not** be recorded by the clinician (and the patient will be asked not to record it). A summary of the consultation will be recorded by the clinician in the patient's electronic primary care record as outlined in section 5.6.

6. FORMS/TEMPLATES TO BE USED

Form/Template	Purpose
Skype Patient Consent Form	To be explained to and signed by the patient prior to the Skype consultation

7. INFORMATION SECURITY

Skype-to-Skype video is encrypted, using the AES (Advanced Encryption Standard) 256-bit encryption. An independent security assessment[2] in 2005 concluded that Skype can verify user identity and content confidentiality between systems. This is a point in time assessment and Skype has continued to develop since the report was written.

Skype meets the standards for Public Key Infrastructure (PKI) identification processes and transmission and has been signed off by the HSCIC who state "the aspects of the Skype architecture and communication protocols which use 'standards based' cryptography for the purposes of authentication and confidentiality would appear to be implemented in a robust manner and use algorithms and key sizes which are commensurate with those recommended by the Infrastructure Security Team"[3]

Authentication is confirmed by digital certificate; a Skype Name and password confirmation is required. The practice will change the password when HIS sets up the skype application.

8. INTERNAL AND EXTERNAL REFERENCES

8.1 Internal References – General practice, CSU & CCG policies and procedures as appropriate:

Confidentiality and Data Protection Policy

Data Quality Policy

Electronic Remote Working Policy

FOI and EIR Policy

Information Asset Register Procedure

Information Governance Management Framework

Information Governance Policy

Information Risk Policy

Information Security Policy

Network Security Policy

Overarching Information Sharing Protocol (inter-CCG)

Policy on the use of Internet and Email

Records Management Policy

Save Haven Procedure

Staff Code of Conduct

[2] http://download.skype.com/share/security/2005-031%20security%20evaluation.pdf

[3] http://systems.hscic.gov.uk/infogov/security/infrasec

8.2 External References

Data Protection Act 1998[3]

NHS Information Governance Guidance on Legal and Professional Obligations (DH 2007)[4]

Mental Capacity Act 2005[5]

Personal information online code of practice[6]

9. CHANGE HISTORY

SOP no.	Version No	Effective Date	Significant Changes	Previous SOP no.
		See page 1	New SOP	n/a

4http://systems.hscic.gov.uk/infogov/codes/lglobligat.pdf

5 http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf

6http://ico.org.uk/~/media/documents/library/Data_Protection/Detailed_specialist_guides/personal_information_online_cop.pdf

Appendix 1. Code of practice for technology enabled care services for Staffordshire Local Digital Roadmap

Context

Technology enabled care services (TECS) are gaining increasing recognition for their potential roles in supporting delivery of health and social care across organisational boundaries. TECS include: video consultation/skype/telemedicine, telehealth (information giving or interactive), apps, social media (e.g Facebook or twitter), assistive technology/telecare, online resources (e.g specific websites). We expect TECS to help individuals to live healthier lives, better manage their own health and well-being and reduce demand on local services so that the majority of the population can be supported in efficient ways leaving traditional and increasingly scarce face to face resources focused on those with complex conditions. The extent to which remote care effectively supplements or underpins or replaces face to face care remains to be seen.[1]

The strategic plan for improved information sharing with increasing usage of the summary care record and deployment of a single integrated care record will enhance **interoperability** between different healthcare settings and facilitate the use of TECS by multidisciplinary teams. Data security frameworks, assurance schemes and standards already exist. The new data security standards[2] for every organisation handling health or social care information will support rather than inhibit data sharing.

Six CCGs, five Trusts, two Local Authorities, and associated general practices, community pharmacies and other independent contractors are all included in our Staffordshire LDR[2] that underpins the agreed priorities of the Staffordshire Sustainability & Transformation Plan (STP)[3]. We accept that there is a wide variation between NHS and social care organisations in Staffordshire in relation to system format, design, configuration and usage of IM&T including care records and TECS. We envisage moving to a synchronised approach to the deployment of TECS across and between organisations soon if pan-Staffordshire funding is found for enhancing widescale availability and interconnectivity of TECS/ upskilling in workforce competence/integrated care records; as well as individual organisations continuing to invest and sustain/develop their IM&T systems with underpinning support (for some) from other organisations (e.g Midlands & Lancs CSU)[4].

So, we need to develop and agree elements of an overarching TECS Code of Practice that each organisation can endorse, whilst taking responsibility for adherence to their own individual standards of their own implementation of the essential elements of the Code of Practice. This expectation of organisational responsibility is the preferred option rather than a health economy subscription to an organisation defining and performance measuring adherence to a Code of Practice (e.g CECOPS).[5]

The Local Digital Roadmap (LDR) describes five components as priorities[1]:

- video consultations and web-based multidisciplinary team meetings
- text and instant messaging communication with patients
- patient portal enabling patients to review their own records and access supporting information
- mobile apps
- automatic transmission from monitoring devices and wearable technology.

Compliance with national standards set out by NHSE, the National Data Guardian, General Medical Council & other clinician regulatory councils, CQC; and in keeping with the STP Clinical Design Authority (see Appendix 1.1).

Each organisation must agree to endorse and adhere to national requirements relating to IT security, clinical safety, data quality, the use of patient data, data protection and privacy, information standards. These include**:**

1. Information governance – defining standards, engage staff, build professional capability [2,6,7,8,9]
2. Clinical governance[10]
3. Legal & regulatory obligations and compliance with standards ie Privacy Impact Assessment & Standard Operating Procedure[11,12]
4. Procurement of technology, equipment for TECS such as medical devices, third party contracts relating to delivery[13]
5. Health and safety[14.15]
6. Quality management[16]
7. Care Quality Commission – information security and governance[17]
8. NHSE requirements and priorities [18,19]
9. Identification of patient by NHS number[20]

Each organisation agrees to endorse and adhere to good practice relating to:

10. Upskilling staff (clinicians, managers, administrators) to raise competence and confidence in TECS within own organisation and networking with others in connected ways; and oversight of staff professional and manual competence in line with agreed responsibilities.[21]
11. Shared care management between clinicians and selected/signed up patients & citizens; with synchrony between all organisations in health economy for shared care management plans for all relevant care pathways and delegated authority and responsibilities on organisation and individual patient levels. Valid, trustworthy, relevant and up to date data must be available when and where needed; accessible swiftly and securely for staff as well as within and between organisations.[17]
12. Patient consent/opt out if or when it is proposed that patient personal confidential data is being used for purposes beyond their direct care (unless there is a mandatory legal requirement or an overriding public interest).[2,17]
13. Patient safety, reinforcing adherence to pre-agreed interventions between clinician and patient with underpinning delivery protocols focused on specific selection criteria for involving patient groups, that avoid unintended consequences of TECS that might otherwise have put patient at risk.[22,23]
14. Medical and other clinical or social care provider indemnity, for clinician/social care worker delivering care via TECS instead of alternative modes of delivery of care.[24]
15. Security of transmission of care via TECS (e.g. skype); underpinned by protocol describing patient selection criteria, setting, patient consent etc [25]
16. Measuring and demonstrating impact; collating evidence of positive outcomes (e.g. improved clinical outcomes, avoided healthcare usage such as hospital admissions, enhanced patient convenience, improved patient satisfaction, enhanced safety for vulnerable patients, increased independence of patients or citizens) and unintended consequences (safety risks, extra costs from eg more workforce input).
17. Contract management of performance.
18. Monitoring and alerts.
19. Reliable infrastructure for everyday relaying of TECS, and associated equipment needed such as for bodily measurement by patients.

20. Involving patients and citizens and carers in the type and remit of TECS that is commissioned or provided by the organisation.
21. Improve and sustain cyber security.[2]
22. Security standards for NHS mail – in line with ISB 1596[26]
23. STP priorities and coordinated delivery of care.[1,27]

References

1. Staffordshire and Stoke-on-Trent Digital Roadmap. 2016.

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3.http://moderngov.staffordshire.gov.uk/documents/s82282/Enc.%202%20for%20Staffordshire%20Sustainable%20Transformation%20Programme%20Update.pdf

4. http://midlandsandlancashirecsu.nhs.uk/

5. www.cecops.org.uk

6. https://www.england.nhs.uk/ourwork/tsd/ig/

7.https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf

8.https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200702/NHS_Information_Governance_Guidance_on_Legal_and_Professional_Obligations.pdf

9. Information governance toolkit: https://www.igt.hscic.gov.uk/

10. http://www.uhb.nhs.uk/clinical-governance-components.htm

11. https://ico.org.uk/media/for-organisations/documents/1595/pia-code-of-practice.pdf

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26. Professional Record Standards Body for health and social care. Faster, better, safer communications using email in health and social care (in England) for patients and healthcare professionals. 2015. www.theprsb.org

27. Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan. 2016. http://www.twbstaffsandstoke.org.uk/

Appendix 1.1 Framework for assessing clinical service changes in Staffordshire and Stoke on Trent (STP Clinical Design Authority).

1. **Do proposed changes follow principles of good clinical and professional practice?**
    a. How will they improve relationships, trust and shared decision making between patient and practitioner?
    b. How will they improve the continuity of care?
    c. How will they promote a holistic approach to care?
    d. How will they increase the potential for shared management and self-care?
    e. How will they improve relationships, trust and understanding between practitioners?
    f. How will they increase practitioners' responsibility for the whole patient journey?
    g. How will they address the balance between clinical autonomy and appropriate standardisation of care?
    h. How will they address the balance between detecting serious disease and the potential harm caused by over-diagnosis and treatment?
    i. How will they improve practitioner and patient awareness of the cost of care?

2. **Are the proposed changes aligned with the models of care underpinning the Staffordshire STP?**
    a. Are they built on the principles of place based care?
    b. How will they promote a new balance between the rights and responsibilities of citizens?
    c. How will they improve wellbeing and address the prevention of disease?
    d. How will they improve access to the right type of clinician / practitioner?
    e. How will they improve appropriate risk management in the right care setting?
    f. How will they provide more efficient care in community settings?
    g. How will they reduce the need for un-necessary bed based care?
    h. How will they promote working across organisational boundaries and the integration of services?
    i. Are they making the best use of technology?
    j. Have the plans been co-produced with citizens, patients, clinicians and professionals?
    k. Are they affordable and sustainable?

3. **Will the quality, safety and efficiency of the proposed changes be fully assessed?**
    a. Have they taken full account of the evidence base?
    b. Are the expected outcomes clear and measurable?
    c. Has a quality and safety impact assessment been made?

4. **Do they uphold the standards and pledges of the NHS constitution?**

Appendix 2. Patient Information & Explicit Consent for Skype GP Remote Consultation

Patients under the care of XX general practice are being offered additional access to a clinician via a Skype remote consultation.

The Skype remote consultation will provide patients with the opportunity to speak to, and see, their clinician and have their health needs assessed on a remote basis; to discuss any existing health issues and pro-actively identify any developing health issues.

Skype is encrypted to Department of Health recommended standards to ensure data privacy for individuals.

Benefits

- provides convenient and increased accessibility to your clinician (eg GP or practice nurse)
- enable you to discuss any health concerns or worries you might have
- gives your clinician an opportunity to treat any health issues in a timely manner
- reduce avoidable visits to the surgery or A&E

Potential Risks

There are potential risks associated with the use of Skype, but these are very small and the benefits of using Skype have been assessed as outweighing the risks. These risks include, but may not be limited to:

- information transmitted may not be sufficient (e.g. poor quality of video) to allow for appropriate medical decision making by the clinician. In the event of this, a face to face visit with the clinician will be arranged.

- although highly unlikely, security can fail, causing a breach of privacy of confidential medical information.

My Rights

- I understand that the NHS privacy and confidentiality policies and procedures relating to my medical information also apply to Skype remote consultations.

- I understand that the Skype technology used by the clinician is encrypted to prevent the unauthorized and unlawful access to my personal confidential data.

- I have the right to withdraw (opt out) my consent to the use of Skype at any time.

- I understand that the clinician has the right to withdraw (opt out) his or her consent for the use of Skype at any time.

- I understand that the remote consultation will **not** be recorded.

- I understand that the clinician will not allow any other individual who is not directly involved in my care to listen to my Skype session.

Patient Consent to the Use of Skype for remote consultation

- I have read and understand the information provided in the previous page regarding Skype. I have had the opportunity to discuss this information and all my questions have been answered to my satisfaction.
- I hereby give my explicit consent for the use of Skype in my medical care and authorize the clinician to use Skype to undertake remote consultations.

Patient Name:	
Date of Birth:	
Address:	
Signature	

In the case of the patient not being able to give consent, the patient's name and address should be completed above in addition to the section below: -

Name of patient's representative	
Capacity of representation (e.g. lasting power of attorney for their health and welfare; parent of child under 16 years of age)	
Representative's address:	
Representative's signature	

Appendix 3 Remote Consultation Checklist for clinician/practice team

		Practice staff or clinician action
1.	The patient has received an explanation of the use of Skype for a remote consultation with the clinician.	Practice staff
2	A copy of the remote consultation patient information leaflet has been given and explained to the patient.	Practice staff
3.	Any concerns about remote consultation have been addressed.	Practice staff
4.	The remote consultation patient consent form has been given and explained to the patient.	Practice staff
5.	The remote consultation consent form has been signed by the patient or their representative.	Practice staff
6.	The clinician has prepared his/her office/clinic room to maximise privacy as per section 5.3 of the Standing Operating Procedure (SOP).	Clinician
7.	The patient is undertaking the consultation from their home or other private area and is prepared for the Skype call.	Patient
8.	The Skype call is instigated by the clinician at a date/time which has been agreed with the patient.	Clinician/practice staff
9.	Staff have received training on how to use the equipment and initiate and conduct the Skype consultation, in line with their digital literacy/equipment learning needs.	Practice
10.	On answering the Skype call, the patient should acknowledge whether or not it is appropriate to undertake the consultation and clarify that the patient confidentiality can be confirmed in line with section 5.3.	Patient
11.	The clinician will introduce themselves to the patient and: • confirm that the patient is happy to take part in the remote consultation, making it clear that if a physical examination is required, the clinician will invite the patient to come to the practice; • the patient's identify should be checked by asking them to confirm their name, address and date of birth.	Clinician
12.	Prior to concluding the consultation, the clinician will clarify that the patient understands the outcome of the discussion and has no further questions.	Clinician
13.	The clinician will record the observations and outcome of the consultation in the same way as a face to face consultation is recorded in the patient's electronic primary care record and any agreed actions are carried out.	Clinician

Sign Off

Caldicott/SIRO for South Staffordshire CCGs x 3 & East Staffs CCG	
Name	
Job Title	**Director of Nursing Cannock Chase, East Staffs, South East Staffs & Seisdon Peninsula & Stafford & Surrounds CCGs**
Signature	
Date	**07.03.2018**

Caldicott/SIRO for North Staffordshire & Stoke-on-Trent CCGs	
Name	
Job Title	**Medical Director Stoke-on-Trent CCG and North Staffs CCG**
Signature	
Date	**07.03.2018**

Lead/Project Manager	
Name	
Job Title	**Clinical telehealth lead and Chair, Stoke-on-Trent CCG**
Signature	
Date	**7.3.18**