

Staff Guidelines for Video Consultations

SECTION 1 Introduction

This document presents guidelines and standard operating procedures for setting up and conducting consultations or service user appointments using Video Conferencing (VC) applications. This document will refer specifically to Zoom and Microsoft Teams, as these are the most widely used VC applications at present, and the VC tool most requested by staff in following the outbreak of COVID-19. There are a number of other similar applications that can be used for video communication including Skype, LYNC, Facetime, 8x8 etc. Much of the content within the document would be relevant to other VC applications. If you do intend to implement an alternative VC application, you will need to ensure it is compliant with Information Governance protocols. Different applications have different design and security features, and so an alternative application may need to be reviewed by the Information Governance and IT teams. The most recent information governance guidance for video conferencing is here: <https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance>

Video conferencing can play an important role in helping fit consultations around service users' everyday lives and maintain ongoing communication between service users and clinicians. However, use of video conferencing is mediated by factors that are specific to the individuals, including technical knowledge, support needs, motivation and clinician familiarity. These issues need to be considered for each service user so that VC can be used effectively.

This document offers guidance for the use of Zoom and Microsoft Teams and details how to introduce this medium of communication to service users and staff.

SECTION 2 Terms and Abbreviations

Term	Definition
Administrator	Clinic staff/co-ordinators who manage appointment bookings and service user records.
Clinician	Health professional conducting outpatient and video appointments
Clinic account	The video account created to be used by the clinician to conduct remote consultations
Display name	Name allocated to the video consultation account (often the account holder's)
IT support	IT helpdesk team within the Trust
Service user	Person under department's clinical care using video consultation for remote
Service user account	The video consultation account owned by the service user and used to conduct remote
Zoom or Microsoft Teams	The Video Consultation (VC) telephony services and software used to conduct remote consultations
Zoom or Microsoft Teams contact	Any other video conferencing user who is in your account address book who has sent/accepted an invitation request to be a contact.
Username	Unique ID between 6-and 32 characters used to register video consultation account

SECTION 3 Requirements and Guidelines

3.1 Technical system requirements

3.1.1 Computer

Zoom or Microsoft Teams is supported by most computer operating systems, including Windows, Mac and Linux. All computers must be password protected to reduce risk of unauthorised access to the video conferencing account.

Service users may wish to use a mobile device to conduct the consultation. Zoom and Microsoft Teams are supported on all mobile devices with Windows 8 upwards, Android (version OS 2.3 and above) and IOS for iPhones (version iOS5 and above).

Minimum requirements for conducting video calls include:

- 1 GHz CP (at least 1.8 recommended)
- 32 MB graphics card (at least 64 MB recommended)
- 256 MB memory (at least 512 recommended)

3.1.2 Audio and video equipment

If your computer does not have a built-in webcam, you will need to use a separate webcam. This should be positioned directly above the viewing screen, in the centre, to avoid mismatch between the viewer and the camera, providing a more realistic and direct interaction. Ensure that the service user has a built in or separate webcam on their computer or mobile device.

For standard video quality, the webcam requires a minimum image resolution (pixels) of 320x240 and a frame rate of at least 15 frames per second. If you require high quality video, the resolution would need an image resolution (pixels) of 640x480 and frame rate of 30 frames per second.

If the computer does not have a built-in microphone and/or speakers, then you will need an external microphone and speakers/headphones. Also ensure that the service user has built-in or separate audio devices.

Consider which listening device and volume settings would be appropriate to minimise risk of inadvertently disclosing information and maintaining service user confidentiality. The audio input and output settings can be adjusted on the applications via Settings.

3.1.3 1-2-1 and Groups

Zoom

We recommend Zoom for 1-2-1 consultations. Zoom is a video conferencing service that allows users to contact other Zoom users through audio or video calls and instant messaging. All users must register an account and download the Zoom software. We cannot support service users in this process, but a number of helpful guides are available from Zoom. Where service users show a preference for another medium (Skype, Facetime etc), we should look to be accommodating and flexible to enable the smoothest and easiest communication between service users and staff, whilst being clear around service user responsibility and consent to use the platforms and Trust Information Governance.

Audio calls can include two or more users (conference calls). All video calls can be conducted between two users, but when more users are introduced a 40 minute time limit is introduced which may not be clinically practical. This is why we recommend Zoom is used for 1-2-1 consultations

Microsoft Teams

We recommend Microsoft Teams for group videoconferencing (3 or more simultaneous video consultations). We can now facilitate staff meetings, appointments with interpreters, support workers, family or friends and more via Microsoft Teams. Guidance on how to download and use MS Teams is available [here](#) under the Trustnet 'Video consultations and conferencing' section.

3.1.4 Connectivity

All communication via Zoom or Microsoft Teams requires internet connectivity. Minimum download speed/upload speed for a high quality video call is 400kps/400kps, but it is recommended that 500kps/500kps is used. Most broadband connections are sufficient for video calls.

Because Zoom or Microsoft Teams routes calls through the networks of all users on the call, the connections may vary in quality depending on who you are calling. It is important to ensure that the service user is aware that they require sufficient internet connectivity to conduct the video consultation. While home broadband connection will be sufficient, they should be aware that mobile or shared wireless network connectivity may vary and could affect call quality.

3.2 Implementing video consultation

3.2.1 Accessing Zoom Online Guidance

- [Getting started and Download Zoom to your desktop, mobile or tablet](#)
- [Schedule live events](#)
- [Zoom video training resource](#)

3.2.2 Accessing Microsoft Teams Online Guidance

- [Getting started and Download Microsoft Teams to your desktop, mobile or tablet](#)
- [Schedule live events](#)
- [Microsoft Teams video training resource](#)

3.3 Managing Video Conferencing accounts

3.3.1 Zoom Registration

A Zoom account is created and registered through the Zoom website (<https://zoom.us>). Registration requires full name, email address and password. Individual clinicians will need to register the account with a 'username' which is unique to every user and cannot be changed or duplicated once created.

Your full name will be the default 'display name' for the registered account'. All registered accounts are stored on the Zoom directory, where users can be 'searched' using the account and/or display name.

Microsoft Teams automatically creates your profile when you login using you nhs.net username and password

3.3.2 Zoom Accounts

Clinicians using Zoom will require their own account. A Zoom account cannot be used simultaneously by more than one user. Clinicians must not use their personal Zoom accounts for clinical use.

The Zoom username should be generic and consistent across staff members but easily recognised by your service users. The recommended format for your Zoom username is:

ServiceNameClinicianName (eg GrenfellHealthandWellbeingFirstnameSurname)

3.3.3 Service user accounts

It is imperative that the clinician establishes the invite to connect to the service user using the email the service user has provided in order to avoid any service user confidentiality issues. Furthermore, the 'Standard Operation Process' (Section 4) should be followed in order to safely on board service users onto the video consultation. It is important to validate their identity to ensure that the correct contact has been made. The clinician should not accept contact invitations without confirming the identity of the sender.

It is likely that service users will wish to use their existing account for the consultations. It is possible that their Zoom username and/or the display name will not reflect their actual identity (e.g. they may use a nickname or alias). It is also likely that more than one Zoom user will have the same display name.

Service users' usernames and display names should be stored securely on the local electronic service user database (SystemOne, IAPTus etc) and correspond to the service user's personal identity within the clinic databases.

On Microsoft Teams, the clinician or staff member will be sending out the meeting invite, so the service user will not require to link up to the clinician first. Details of how to schedule a meeting on Microsoft Teams can be found here: [Schedule live events](#)

3.4 Managing Zoom appointments

3.4.1 Booking appointments

Zoom appointment bookings should follow the same administrative processes and systems as any other outpatient user appointment. The electronic service user record should clearly indicate whether the appointment is a face-to-face or video consultation appointment. Where possible, these appointments should be sent out in advance.

Appointment letters sent to service users must indicate whether the appointment is by VC or face to face, as it is possible that VC appointments may be used in conjunction with face-to-face appointments during their treatment.

The service user should be advised to contact the administrator or clinician directly to cancel or reschedule any appointments. Details of how to schedule a meeting on Zoom can be found here: [Schedule live events](#)

3.4.2 "Does not attend"

The clinician should record on the electronic patient record if a service user does not 'attend' their appointment via VC (i.e. they do not answer the call or they are 'offline' and cannot be contacted via VC).

It is possible that the service user is delayed setting up their VC/computer or may be experiencing technical difficulties (e.g. loss of internet connection). Clinicians should therefore check the VC application shortly after the appointment time in case the service user comes 'online' or attempts to make contact. Where possible, the clinician should make contact with the service user by telephone to continue with the appointment or re-arrange a time later that day.

3.4.3 Contingency plans

It is important to ensure that the VC technology is working prior to the appointment. If a technical problem occurs shortly before a scheduled VC appointment, then the clinician should contact the service user by phone or other means where possible to inform them of the problem.

Make sure that all contact details (home, mobile phone number, email) are up to date when introducing VC to service users, so that they can be contacted in the event of technical difficulties. Remind service users to have other forms of communication available to them before the consultation so that they can be easily contacted.

Staff and service users should log on at least 5 minutes before the appointment to make sure the VC is working. Service users should be reminded to do this in their appointment letter

3.4.4 Access and availability

Service users may wish to contact the clinician via VC outside of scheduled appointments (e.g. to ask questions about their condition). Service users should be informed that VC is only available at the time scheduled with clinicians and that clinicians cannot be contacted or messaged via VC outside of scheduled appointments. This should be explained to service users from the time they first access services and an automatic response directing service users towards out of hours crisis support and office hours service reception details should be offered.

3.5 Communication via Video Consultation

3.5.1 Video communication best practice

The video can support the consultation by enabling a visual/physical assessment and non-verbal communication. It is also important to acknowledge potential limitations of video mediated communication and the suitability of this medium depending on the service user and their care support needs.

The webcam should be positioned level with your eye or slightly higher. This is important for service users to sense a level of engagement with the clinician during the consultation. Also consider looking at the webcam as much as possible rather than the video image of the service user on the screen. This enables a sense of closer connection with the service user to be established with the illusion of looking directly at them. It is advised that other electronic applications being used (e.g. Service user Electronic Record, email, clinical letters) are displayed on the same computer screen to avoid having to turn away from the camera.

Make sure that you have a suitable space to conduct the VC, with a background free from confidential information and distractions. Beware of the glare from bright objects in your background or that of your service user. Try to orientate yourself so you do not have a window behind you, otherwise the other person will only see a silhouette in the camera. Making sure your own face is adequately lit and using headset/earbuds to maximise the sound quality of your voice – if possible – this will enhance what is known as ‘telepresence’ which is associated with clear communication and connection via the medium. Both of you may like to consider wearing headphones as this can help to make the conversation more confidential and improve sound quality. You can usually use the free headphones that come with mobile phones.

When starting a video consultation for the first time, spend the first few minutes ensuring the service user is comfortable with the video and audio format, and that everything is working. Be prepared to offer your service user a mini-tutorial in navigating the hardware/software if necessary (however do make sure you also understand it first!). You may need to talk slowly at first whilst you assess the connection. You may need to spend some time putting the service user at ease as it may seem strange at first. Clinicians who have not used this method before may understandably feel nervous themselves initially about managing the technology. It is therefore a good idea if you can practice using the software on your own or with a colleague a few times before seeing a service user this way.

All applications can be opened and viewed simultaneously by minimising/maximising them during the consultation. The camera viewer will minimise to the forefront of the screen so that it can still be viewed while other applications are in use.

Both VC platforms allow screen sharing and a Zoom allows a virtual whiteboard. Screen sharing can be used to share documents or draw service user’s attention to specific clinical information. The whiteboard in Zoom can be used for clinicians and service users to both annotate on.

3.5.2 Messaging and Chat function

Service users may send messages via the chat function for a number of reasons, such as rescheduling appointments, requesting a call or to ask questions about their condition. Therefore, ensure you are signed out of the VC platform when not using it and inform service

users of the locally agreed service protocol for service users contacting clinicians between appointments.

3.6 Information governance

3.6.1 Information governance checklist

The following checklist will ensure that Information Governance requirements are followed. Further details are provided in the following subsections.

Information Governance checklist:

- Ensure service user VC contact details are stored securely (ie on SystemOne, IAPTus, Cellma etc)
- Ensure service user is aware of how Zoom or Microsoft Teams will be used and their responsibilities (detailed in the CNWL Service User - Video Consultation Information Form)
- Record verbal consent of service user to use of VC (on SystemOne, IAPTus, Cellma etc)

3.6.2 Service user consent

All service users need to be fully aware of any precautions required and potential risks of using VC. Their consent to use VC must be documented after they have had time to listen and read the information.

You need to ensure that service users are fully aware and understand the following information, either verbally and/or in written communication:

- That the use of VC is completely voluntary and you can change your VC based appointment to a face to face appointment or telephone appointment if practically possible (following COVID-19 guidelines)
- Video consultations are securely encrypted, however, it is the service user's responsibility to ensure they have adequate anti-spyware and anti-virus protection on their hardware to prevent unauthorized eavesdropping
- No aspect of the consultation will be digitally recorded but medical outcomes from the consultation will be recorded and stored on the service user record.
- That response to service users is not guaranteed and that the VC service should not be used as an emergency contact.

This information is included in the CNWL Service User - Video Consultation Information Form available on Trustnet [here](#). This document will need to be sent out to service users previous to the first VC session and explained during the initial session with the service user.

A VC must be treated like any other outpatient user consultation, in which any sensitive or confidential information is safeguarded at all times. As participating parties on a video call cannot see the full environment at the other end of the web-link, it is important that service users are made aware of any other people present in the room who may see and/or hear the consultation.

The clinician must not conduct the consultation in the presence of others without the service user's permission. The clinician should take reasonable measures to ensure that the consultation is private and avoid inadvertent disclosure of information.

Close the office/ home door when initiating/receiving a VC call and use signs/notices on the door to indicate that a consultation is taking place. Also, make other staff/family members aware that VC is used to conduct consultations in the clinic and you require a private space.

You must follow the same procedures regarding service user confidentiality as detailed in the Trust's information security protocols. This includes the use of VC related information. The service user's 'display name' and 'user name' should be stored securely and should not be disclosed to someone who does not have the right or need for the information, even if it does not appear to reflect person-identifiable information.

3.6.3 Recording on electronic service user records and documenting

The clinical content of any video consultation should be recorded in the same way as any other outpatient user consultation via the electronic service user record (SystemOne, IAPTus etc). The video and audio feed must not be recorded and stored on the electronic service user record or elsewhere.

3.6.4 Video consultation account security

Zoom accounts must be registered using a Trust nhs.net email. Microsoft Teams automatically connects to nhs.net on initial set up. Trust employees should not register a Zoom account using their personal email address. The Trust email system is more secure than internet based email accounts. Zoom account passwords can be sent to the registered email on request through the Zoom log-in page, and so registration with a Trust account minimises risk to unauthorised access.

The Zoom account password should:

- Use a combination of letters, numbers, and characters

- Use at least 8 characters
- Not be revealed to anyone nor stored where anyone could see or access them.
- Not be easy to guess (e.g. the same as your username).

The clinician/staff member should change their Zoom account password (at least every 6 months).

Staff must only use Zoom accounts on a password protected PC, laptop or tablet. It should not be used on a shared or public computer to avoid unauthorised access to the account.

It is important to remember to end the call and logout of the Zoom account when it is not in use.

SECTION 4: STANDARD OPERATING PROCESSES

4.1 Introducing video conferencing to service users

First Session Procedure
1. Ensure service user has read the CNWL Service User - Video Consultation Information Form. If not, go through the document with the service user and share a copy via email
2. Log verbal consent on electronic service user record (SystemOne, IAPTus, Cellma etc)
3. Record service user's Zoom (or other video consultation (VC) platform) Username on electronic service user record (SystemOne, IAPTus, Cellma etc)
4. Check you have an up to date contact number for the service user in case the video consultation platform doesn't work or the call ends abruptly and inform the service user you will contact them via phone if you lose connection
5. Confirm that you will not record the video or audio of the session, and will only be taking clinical notes as usual procedure for a session.
6. Ensure that attention is paid to positioning of the camera, audio is working, your surroundings, confidentiality and the service user feeling comfortable with the medium before proceeding with the session