



Standard Operating Procedure

Using Skype for Remote
Consultations in General Practices/
Patients' own & Care Homes

	Name	Title	Date
Author			
Reviewers			
Authoriser			

Effective Date:	
Review Date:	

1. Purpose

The use of Skype for remote consultations across the NHS is increasing and nationally this is being encouraged (eg by Secretary of State, Jeremy Hunt). 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 (1998) and other legislation as detailed in the NHS

Information Governance Guidance on Legal and Professional Obligations (DH 2007).

- Ensure that all general practice staff are aware of their personal responsibilities and comply with the guidance and that this is supported by annual information governance training.

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
Redmoor/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

5. Specific Procedure

5.1 Technical set up

It is the practice manager's responsibility to liaise with the Staffordshire Health Informatics Service (HIS) to arrange for Skype to be loaded onto an NHS 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 NHS).

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:

- 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 1).

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, 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.

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/video consultation being conducted to there).

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 (eg blood or Xray 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 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"

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 & 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

8.2 External References

- Data Protection Act 1983
- NHS Information Governance Guidance on Legal and Professional Obligations (DH 2007)
- Mental Capacity Act 2005
- Personal information online code of practice



9. Change History

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

Appendix 1 – Patient Consent Form

Patient Information & Informed Consent for Skype GP Remote Consultation

Patients under the care of XX practice (eg Furlong Medical 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 2 – 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 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	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.	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.	Patient
10.	The clinician will introduce themselves to the patient and <ul style="list-style-type: none"> • 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
11.	Prior to concluding the consultation, the clinician will clarify that the patient understands the outcome of the discussion and has no further questions.	Clinician
12.	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



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