Telephone Consultation Tips for GPs and Primary Care

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HEALTHBRIDGE DIRECT

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Many clinicians are looking for support with how to execute telephone and video consultations. The tech is a limitation, but these consultations are a skill as well. The tips below should help you get started with telephone consultations.

If you would like more details, please speak to the on-call Doctor.

Before you start:

- Check the reason for the call – look at the records briefly before you make the phone call, it can really help, i.e. alerts, past medical history, recent contacts etc.
- Limit interruptions – ensure other staff are aware that you are on the telephone and recommend sending screen messages to pass information rather than knocking on the door as this will fluster you and make things longer.
- Establish the mindset of why you are calling the patient.
    - If using to assess the reason of the call first and to confirm if an appointment is needed, then the appointment should be your endpoint.
    - If the reasoning is to not see the patient, then you must ensure that you have routes in place to manage this first and the tools to help you, such as weblinks i.e. nhs.uk or patient.info links, knowledge of which services can deal with appropriate conditions, leaflets etc.
    - If it is just a review, then you will need to focus on the issue you are calling to review.
- If you have a list with pre-triage information (via admin team or patient-generated) then screen for the cases that require your urgent attention - either based on clinical need or likely to need to come down, hence to get the patient booked in first; i.e. like children - who most would have a lower tolerance for bringing in.

Consultation

Opening

Confirm who you are speaking with first normally 3-point identification;

1. Name
2. Date of birth and
3. Address.

Check they are somewhere private to talk. If it is a parent or guardian you are speaking too, please confirm who it is (document) and ensure that you have consent where applicable to speak to them. Use an auto-consult or macro to help document this.

Introduce yourself- be cheerful. It can be tempting on your 20+ call to feel tired but with the lack of non-verbal communication, your tone of voice is all you have left and starting low will more likely make the consultation harder.

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This is my standard opener sequence

Hello, I believe you are expecting a call from the practice?
May I just confirm your name, date of birth and address to confirm I have the correct notes?
Thank you, my name is Dr X from HBD how can I help you with your urgent medical health issue?

Establish the history

Golden half minute – listen to what they are saying, jot down things if you need to so that you do not lose track.
When they stop, check for other things at this point - get the list at the start. Establish what you are dealing with on the call and repeat back to the patient to set expectations.
Clarify anything that you need. The important decision you are making is 'do I need to see you or not'. Your aim should be to answer this question first.
Things to clarify further;

- If the patient has shortness of breath – what does that mean?
- If the patient has not been drinking – how much?
- If they have vomited, how many times/what/when etc? Be specific. If the patient is giving woolly answers – go to closed or yes/no questions to get the info you need.

Listen and check for 'hard' evidence – the way they breathe, speech flow etc. If able check pulse /stand on foot etc.
Do not feel rushed. Many see telephone consultations as a quicker route. It can be however, 20-minute telephone consultations can also be just as an effective way of dealing with the patient.

Plan

Summarise and repeat back to the patient - it makes a substantial difference later.
Repeat for each issue before moving on to the plan.
Explain your plan based on the information that the patient has provided.
If you have more than one option, please state how many and then explain.
'You said…. So, my advice is….'
Most patients will accept the information given if you follow steps above. However, some patients will want something different and this is where you will need to ensure that you summarise and repeat back as this is invaluable and you can refer to this with facts relating to the patient.

Follow up tips

If you establish that you need to see the patient, please ensure that you arrange an appointment. This decision can normally be done within 2 minutes, as patients who speak reasonable English with one or two issues max will not require more information to justify bringing the patient in – that can be completed once they arrive.

If you are running an urgent clinic, enquire how long it will take for the patient to arrive and offer an appropriate appointment. If a patient needs to be seen, do not let capacity affect the clinical safety and your comfort with the advice that you are providing. This is not always easy, so please ensure that you have a mechanism in place for overflow appointments.

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You will need to establish the boundaries of convenience vs urgency. It is great when both work, but do not be afraid to challenge issues relating to patient's need vs want - fall back on your clarification and summarising to help.

If you are not planning on seeing the patient that day – ensure that you have given the patient a plan and a safety net. Be specific and ensure that you have documented this clearly.
Do not be unclear - Call back if feeling worse is poor advice.

Housekeeping

Do not do something that you are not comfortable with. Similarly, if you are confident with your plan, explain this to the patient and ensure that they are aware that your reasoning behind it is based upon the information provided by them. By doing this you will reduce the need to feel pressured to offer a face to face appointment when it is not required.

Take regular breaks - decision fatigue is an issue. Grab a drink, nip to the loo, few burpees every three calls – whatever it takes to keep you sane.

If you are new to telephone assessment, then discuss how you feel you have done with others. Sense checking makes a massive difference particularly if you are new to it.

COVID

Stay at home if you have coronavirus symptoms

Stay at home for 7 days if you have either:

- a high temperature – you feel hot to touch on your chest or back
- a new, continuous cough – this means you've started coughing repeatedly
- Do not go to a GP surgery, pharmacy or hospital.
- You do not need to contact 111 to tell them you're staying at home.
- Testing for coronavirus is not needed if you're staying at home.

Some useful information when managing possible CoVid patients is;

a. The NHS is no longer testing general public
b. If the patient has had a swab & waiting for result, there is a delay but ensure that patient is aware that they will be contacted
c. If the patient has had a positive outcome then they should be referred to the CoVid Management Service on Londamb.Covid@nhs.net for regular monitoring

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Stay at home advice

It's important to stay at home to stop coronavirus spreading.
Do

- try to keep at least 2 metres (3 steps) from other people in your home, particularly older people or those with long-term health conditions
- ask friends and family and delivery services to deliver things like food shopping and medicines – but avoid contact with them
- sleep alone if possible
- regularly wash your hands with soap and warm water for at least 20 seconds
- try to stay away from older people and those with long-term health conditions
- drink plenty of water and take everyday painkillers, such as paracetamol and ibuprofen, to help with your symptoms

Don't

- do not have visitors (ask people to leave deliveries outside)
- do not leave the house, for example to go for a walk, to school or public places

Patient transfers

If the patient is critically ill and requires an urgent ambulance transfer to a hospital, inform the ambulance call handler of the concerns about COVID-19.

In all other instances, the case must be discussed with the hospital first so that they are aware that COVID-19 is being considered and the method of transport to secondary care agreed.

Patients with suspected COVID-19 should be instructed not to use public transport or taxis to get to hospital.

If an ambulance is required

We are working to avoid anyone with possible CoVid, the patient is to remain at home where possible, **IF** an ambulance is required then doctors (even in normal times) should always use the HCP Line and not call 999 as this allow the doctor to bypass 999 Call Handlers and do a clinical handover to the Ambulance Service.

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HCP referrals to us:

Designed for clinicians

- Enables you to triage and request the appropriate response for your patient
- The referral **should be made by a clinician** who understands the clinical scenario, who can discuss the case and negotiate a safe and appropriate response for the patient

Key clarification points:

- Does your patient need clinical assessment and management or just conveyance ? If conveyance, consider suitable alternatives such as the Non-Emergency Transport Service or taxi
- Always consider whether the patient can make their own way or has anyone who can take them to hospital
- If you are unsure what response is required for your patient this can be discussed with our EOC/CHUB
- You will be asked to confirm location and contact details twice, it is very important that we dispatch to the correct location and can call back if the call is terminated for any reason

When using the HCP line, you will be asked what level of Ambulance response is needed and below is the new ARP Guide to support your decision.

Ambulance Response Programme

Triage Categories

Category	Types of calls	Response standard	Likely % of workload	Response details
Category 1 (Life-threatening event)	Previous Red 1 calls and some Red 2s, including: • Cardiac arrests • Choking? • Unconscious • Continuous fitting • Not alert after a fall or trauma • Allergic reaction with breathing problems	7 minutes mean response time 15 minutes 90th centile response time	Approx. 250 incidents a day (8% of total workload)	• Response time measured with arrival of first emergency responder • Will be attended by single responders and ambulance crews • The only category that rest breaks will be interrupted to attend
Category 2 (Emergency – potentially serious incident)	Previous Red 2 calls and some previous C1s, including: • Stroke patients • Fainting – not alert • Chest pain • RTCs • Major burns • Sepsis	18 minutes mean response time 40 minutes 90th centile response time	48%	• Response time measured with arrival of transporting vehicle (or first emergency responder if patient does not need to be conveyed) • Some Category 2 calls will be attended by single responder if an ambulance is not available for dispatch within eight minutes of call being received
Category 3 (Urgent problem)	• Falls • Fainting – now alert • Diabetic problems • Isolated limb fractures • Abdominal pain	Maximum of 120 minutes (120 minutes 90th centile response time)	34%	• Response time measured with arrival of transporting vehicle
Category 4 (Less urgent problem)	• Diarrhoea • Vomiting • Non-traumatic back pain • HCP admission	Maximum of 180 minutes (180 minutes 90th centile response time)	10%	• Maybe managed through hear and treat • Response time measured with arrival of transporting vehicle

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Appendix 1: Management of a suspected case of CoVid- 19

Public Health England

Management of a suspected case of COVID-19

Does the patient require hospital admission with either clinical or radiological evidence of pneumonia or acute respiratory distress syndrome, or influenza like illness ?

YES

Secondary care:

Place the patient in respiratory isolation, and PPE is worn by any person entering the room

See specialist advice from a local microbiologist, virologist, or infectious diseases physician

YES

Primary care:

- isolate the patient (and their belongings and waste) in a side room with the door closed
- do not physically examine the patient
- if consultation/examination already started, leave the room and wash your hands
- ask the patient toll NHS 111 from their room on their mobile (use GP surgery landline if mobile unavailable

Patient phonecall:

NHS 111 to advise the patient to stay at home while appropriate transport can be arranged

Notify the local PHE Health Protection Team **only if positive***

Consider self-isolation at home for patients who are clinically stable

NO

Does the patient meet both the clinical and epidemiological criteria?

Clinical: acute respiratory infection of any severity, including at least one of shortness of breath, or cough (with or without fever), OR fever with no other symptoms

Epidemiological: In the 14 days before the onset of illness, travel to specified countries and areas including transit for any length of time in these countries, OR contact with a confirmed COVID-19 case

NO

Does the patient have risk factors for avian flu or MERS-CoV?

YES

Refer to avian flu guidance (link) or MERS-CoV guidance (link)

NO

Consider alternative diagnoses

Foot note - For further guidance:

* Link to local Health Protection Team lookup
Link to background information
Link to initial investigation of possible cases guidance
Link to infection prevention and control guidance
Link to primary care management guidance
Link to clinical diagnostic laboratories guidance

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