Use of Tele-Medicine Resource Directory

This document may be useful for those concerned with training ,standards and governance as well as infrastructure and practice managers responsible for supply and set up of systems required in conducting remote consultations.

It serves to signpost to various resources relating to broader tele health, already in existence within the broader NHS estate

The professional bodies are all producing clinical guidance on “opening up services” and this document is focused more on accessing training, skills and infrastructure resources.

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Clinical Guidance Documents.

On discussion regarding this opening up services and prioritising the vulnerable groups, it was felt that this will require guidance from the professional bodies directly in much the same way as guidance on service provision was given on way into lockdown. Given that FRSH and BASHH have both been running surveys looking at capacity and identifying service concerns at a local level. They have produced statements agreed between both and others like BHIVA, suggesting Need to Do, Nice to Do and Will Do as easing continues, all with the proviso of capacity allowing.

https://www.fsrh.org/documents/fsrh-phased-approach-restoration-srh-services-covid-19/ First restoration guidance FRSH

https://members.bashh.org/Documents/COVID-19/Principles%20for%20Recovery%20of%20Sexual%20Health%20Draft%2008.06.2020%20-%20for%20website%20upload.pdf Principles for Recovery BASHH

Tele-Medicine Versus Tele-Health Consideration for Digitally disadvantaged

The writers do not have the expertise or the resources to do the deep dive type of analysis that would be required to offer guidance. Given the diverse provision in SRH services across the country, each service will require to model according to their circumstances.

Services seem to be looking for guidance and standards on this as it is causing considerable anxiety, however in terms of vulnerable service users large numbers of whom will be digitally disadvantaged many would be unable to access services this way due to lack of access, language barriers, disability or safety issues, financial restrictions etc. It is important that there is a distinction made between telephone triage and consultation and tele-medicine. Also, service users comfort with a digital platform.

When considering this, it should be recognised that even in countries who have been using remote consultation for long periods the research on this for SRH services is limited. There is complex legal issues with the sharing of any medical imaging, this can be more difficult where images may be of an intimate nature so where video consultation may be useful and acceptable for certain groups and subject matter, it is far from clear how it best fits into supporting

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access for the most vulnerable at this level. PHE are producing an open access KHUB to share best practice across SRH services which may help shape local decision making.

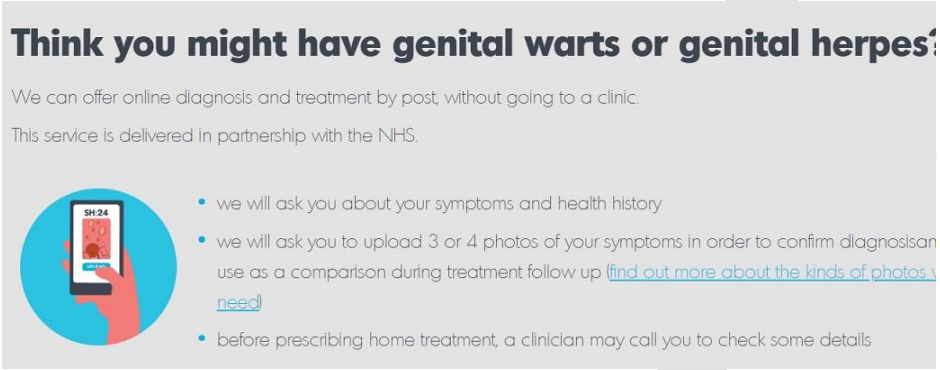
Electronic Tools

There are many organisations utilising diagnostic algorithm electronics that could easily be adapted to the SRH environment NHS 111 Pathways etc, there are also a range of private organisations that also have this expertise in providing online consultations and are commissioned in some areas for e.g.

https://www.babylonhealth.com/ Offer a symptom checker and online GP appointments.

Many services throughout the country already offer online booking systems and the ability to electronically pre fill sexual health history questionnaire pre consultation. This can be exceptionally useful as a triage tool and also to provide an easy walk in to consultation for the practitioner.

https://www.zesty.co.uk/ Commissioned in London, Manchester and Birmingham Sexual Health



SH:24 is offering diagnostics by photograph

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There are useful guides for the use of Tele- Health from various sources, each service will require to decide what and if a tele health model is suitable for integration into their service and if so,

- https://www.covid19-gpg.innovationlab.org.uk/topics/remote-working/total-triage-consult
- https://www.england.nhs.uk/publication/using-online-consultations-in-primary-care-implementation-toolkit/
- https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_45016_45125_47372&programmeId=45016 All learning resources including telemedicine manual
- https://fflm.ac.uk/wp-content/uploads/2014/07/Guidance-best-practice-management-of-intimate-images-which-may-become-evidence-in-court-Dr-B-Butler-June-2020.pdf useful guidance around intimate images from FFLM
- https://www.rcn.org.uk/clinical-topics/ehealth training resources and standards from RCN
- https://www.hee.nhs.uk/our-work/digital-literacy Health Education England documents

This is not an exhaustive list of resources available by any means but for those starting their journey into imbedding or enlarging their digital offer going forward, they provide guidance on the core concerns raised by local services and often valuable directories of additional resources.

Use of Tele-Medicine Resource Directory

Conclusion

Given the original remit of the group was to look at access priority for vulnerable groups and using triage to support this, there was considerable discussion about triage, telemedicine, scripts etc.

The authors on discussion decided that in most cases triage was ill defined and had evolved as an emergent response, with every service operating different models. In order to identify and prioritise vulnerable access what would be required was a re deployment of staff to maximise contact whilst still operating social distancing.

Given that this is liable to become a longer term operational model it was felt that the best use of this suite of documents would be to highlight from the National Helpline and Local Service Provision lessons learned, areas that each service would need to consider in order to create a sustainable, resilient solution that could respond to local priorities irrespective of entry or exit from restrictions.

We also acknowledged that it was the integration of established local protocols for risk identification into a telephone consultation that caused the most concern, therefor call flow guidance was more useful than trying to re-invent existing work.

The re deployment of staff who may have been tolerant of homeworking as an emergent response and the move towards securing this tolerance longer term and the responsibilities legal and ethical on employers.

Tele-medicine and Clinical Guidance were also included by the group, however neither author felt this was a realistic ask for various reasons due to the complexity surrounding both, so signposting and a suggestion that the faculties look to create working groups on clinical guidance in tele health and another to research what has already being done by other organisations in the arena of Tele-Health. This work is currently underway.