

Using Video Conferencing for Service User¹ Consultations

Purpose

This guidance is about the Information Governance issues associated with remote consultations using free video conferencing applications such as FaceTime® and/or Skype®. It contains sections aimed at care professionals, information governance and informatics staff.

Introduction

There is a growing interest in the use of video conferencing as a cost effective and time saving option for managing consultations and, if the risks are managed appropriately, this is an exciting opportunity to use technology to support care. Managing the risks associated with video conferencing needs attention from both care professionals and service users and input from information governance and informatics staff. Enterprise solutions that are available under licence arrangements generally offer greater security, reducing technical risks for both organisations and service users, but still require appropriate management and working practices if they are to be used safely. The guidance below is structured around these different staff groups, followed by a section on issues relevant to service users. An example information leaflet and optional consent form is provided at Appendix 1.

For Care Professionals

- Care professionals should undertake a risk assessment before using video conference solutions for care purposes. A workshop or joint exercise is recommended to consider different categories of service users. Are there circumstances where care outcomes might be undermined by using this technology? Should certain forms of care, e.g. sexual health, be excluded? Information governance experts should be involved to ensure that any risks to privacy and confidentiality are considered, e.g. confidential or sensitive matters should only be discussed in a private space (i.e. where others cannot overhear).
- All care professionals involved need to be trained to use the system and be made aware of the issues that need to be considered.
- Decisions about whether or not video conferencing is a suitable form of communication with a particular service user need professional judgement and sensitivity. It may not be the best approach even where a service user is keen.
- Video conferencing is unlikely to be the right solution where the matters to be discussed may cause a service user distress or anxiety, or to discuss matters of particular sensitivity (e.g. informing an individual that they have been diagnosed with a terminal illness or potentially stigmatising condition).
- You must ensure that relevant outcomes are recorded within the service user's care record. Video consultations should not be recorded, unless the service user provides explicit consent to live recordings² - if provided this should be noted in the care record.

For Information Governance Staff

- Before video conferencing for consultations is used, you should conduct a Privacy Impact Assessment³. This will provide assurance that use of such solutions will be secure and that the

¹ Service Users are patients in an NHS setting and clients or service users in social care settings

² The GMC have published guidance on video and audio recordings at http://www.gmc-uk.org/Making_and_using_visual_and_audio_recordings_of_patients.pdf_58838365.pdf

privacy of service users will be maintained. Service users should be made aware that no communication over the internet is entirely secure and should be provided with guidance on the secure use of your chosen solution(s).

- If your organisation has chosen to use free solutions you are unlikely to have any contract or service level agreement in place with the provider. You will not therefore, in most instances, have any recourse to legal action. The use of video, or for that matter, teleconferencing solutions for communicating particularly personal confidential or sensitive data is not recommended as you will have no 'control' over the data being processed over the internet.
- Local policies must make it clear that only corporate devices or personal mobile devices that have been protected by adequate security should be used. This is typically achieved through network security controls and the use of Mobile Device Management solutions.
- Care must be taken not to bypass or jeopardise established formal communication policies and protocols for secure communications.

For Informatics Staff

- Once it is agreed that video conferencing should be used you should run a pilot before rolling it out more widely. This will enable both service users and staff to provide valuable feedback that may help to improve both the user experience and security.
- Initial consideration should be given as to whether the videoconferencing resolution (e.g. full screen HD) is a priority. You should also bear in mind that the quality of a videoconference will depend on the quality and resolution of webcams and strength of the internet connection of each of the parties involved, and ask yourselves whether your solution(s) is fit for purpose.
- The purpose of a videoconference will determine which system capabilities are of greatest importance. For example, image quality and resolution may be important when making any clinical physical assessment of a condition as the displayed image may not be of sufficient detail, e.g. for visual identification of topical problems. Uninterrupted streaming may be a paramount factor for interactive talking therapies but a lower image resolution may be acceptable.
- You must ensure that you verify the identity of the service user when using video conferencing. This should be done by the care professional making the call or using a trusted third party service provider that uses a robust authentication process.
- The service should be configured so that it is initiated via an outgoing call to a service user (to ensure verification of identity) or using a trusted third party service provider which operates a robust authentication process.
- Where there is a separate video conferencing login, the system should require the use of strong passwords when activating the video conferencing account.
- You must ensure that you download all necessary updates for your chosen video conferencing solution(s) as they become available - these updates can contain important security patches.

³ The Information Commissioner has published guidance on conducting Privacy Impact Assessments which is available at <https://ico.org.uk/media/for-organisations/documents/1595/pia-code-of-practice.pdf>

Service User Issues

Whilst video conferencing can bring benefits to both service users and care services, such as convenience, less travel and cost savings, it should be offered as a choice, rather than a requirement. It should not be offered where care may be undermined or where service users may struggle to cope. Service users need to understand that you cannot provide any guarantees as to the quality or security of the service; neither can you provide any support to resolve technical issues. Service users should also be made aware that they will need to have a good quality internet connection in order to get the most out of video conferencing solutions. Service user consent to the use of video conferencing is required but need not be explicit.

Appendix 1

Consultations by Video conferencing

People are increasingly asking our staff to contact them via online services such as FaceTime® and Skype® as this can save them time and expense. As such, we are offering the choice of being contacted via such services to discuss routine matters of care. You do not have to use these services and you can still be seen in person by booking an appointment the usual way. If you are interested in using this service there are some things you should be aware of, including some risks.

Potential risks:

- Online services send data across the internet in an encrypted format. This is a reasonably secure means of sending data but it is not 100% secure.
- Poor quality internet connections can often interfere with the quality of the video conference.
- FaceTime® and Skype® provide free services and we don't have a contract with them or any way of ensuring the reliability, quality or security of the service.

Required Practice:

- We will always call you for a videoconference or send you instructions on how to join the call. You will not be asked, and should not attempt, to call our organisation directly.
- Please use the fastest connection you have available (mobile or broadband) and the device with highest resolution/quality webcam/rear facing camera.
- FaceTime® and Skype® should not be used to talk about things that are particularly personal, confidential or sensitive so your care professional may not be able to discuss certain things, however, a face to face appointment will be made if necessary to follow up. If your care professional tells you they can't discuss certain things on video conference it's important that you understand this is in your best interests.
- Make sure that you have a safe, quiet, confidential place that is free from interruptions for your consultation.
- You should set your PRIVACY PREFERENCES for receiving communications. For example, when using Skype® you can set your preferences as follows: When logged into Skype® on a Windows device, click Tools > Options > Privacy and on an Apple Mac device, click Preferences > Privacy. We are unable to provide technical support so if you have problems with this you will need to contact the service provider helpdesk.
- If you wish to record the session with your own applications or another device, we request that you inform our staff in advance please.

Optional

Service User Confirmation:	I confirm that I have been made aware of the potential risks and I am happy for those directly involved with the provision of my care to contact me using Skype® or FaceTime® (delete as appropriate).		
Name:		Date of birth:	
Skype® ID or FaceTime® mobile number / email address:			
Patient Signature:		NHS Number:	
Date:			