**A Good House Keeping Guide to non-face to face appointments**

Preferably and ideally all outpatient activity should be delivered from an Outpatient Department as per scheduled job planned activity as this ensures;

1. Social Distancing
2. Privacy and a quiet environment
3. Established processes are in adhered to
4. Patients can be attended and outcomed by receptionists
5. Outcome sheets actioned in real time
6. Missing information from outcome sheet gaps can be addressed before the end of clinic
7. Pharmacy and diagnostic requests can be dealt with locally
8. Equipment for dictation and access to health records, results and imaging available
9. Ensures job plans are fulfilled and can be evidenced
10. Chaperoning is available as required
11. Enables a mix of face to face and non-face to face activity to happen within the same session
12. Interpreters are arranged and in place

However, since Covid some clinicians continue to provide non face to face activity outside of their job planned clinic sessions such as home or office. To ensure the governance there are some basic rules to adhere to, to ensure;

* Efficient and effective use of resource
* Capture of all op activity and associated income
* Maintenance of PTLS
* Good patient experience
* Patient and clinician safety

**Step 1 Preparation**

1. Does the clinician have everything they need if working from home; access to hardware, software, phone lines, security, access to necessary forms and referrals? *The clinician / service manager will need to ensure home working is appropriately set up including SOPs for managing outpatient activity remotely and safely.*
2. Has the service and each clinician with in it set up a non-face to face clinic template for new and follow up? *If not liaise with PBS to arrange. Please note this can take time.*
3. Does the clinic template run alongside face to face appointments? *Ensure you have enough time to deliver the activity. Non face to face can take as long as a face to face appointment*
4. If using telehealth (video) have you selected appropriate patients with appropriate hardware, internet connectivity and the ability to use such technology? ***Do not*** *assume they do!*
5. Clinically triage you referrals and current waiting lists in advance, preferably the month ahead or longer to ensure the booking team are able to allocate to an appropriate slot and inform the patient. *<1 week ahead is not enough time to do this*
6. If you contact the patient at the time of triage you **MUST** complete an outcome form and returned as unless this happens the patient will remain on the waiting list awaiting an appointment to be booked or will be sent another appointment.
7. If you are not attending OPD have you told them? Please ensure PBS and OPD are aware that you will not be in a clinic room. *This enables the room to be offered to another specialty and / or the nursing staff to be deployed to help elsewhere and support managing the patient who turns up not realising it is a telephone appointment*
8. If required, an interpreter is also arranged to be on the call / telehealth

**Step 2 Before the clinic session starts**

1. Check your clinic work list on Medway, eRS and EDMS the day /morning before as last minute additions or removals may have happened at a late stage.
2. Please check that there are no face to face appointments booked if you are not planning on being in an OPD room. *If there are ensure you arrange to see them in a clinic room as planned*
3. Have you got everything you need
4. Outcome sheets
5. Listing sheets
6. Access to diagnostic results
7. Ability to refer for a diagnostic
8. Access to health records
9. Ability to dictate letter to GP
10. Ability to prescribe and inform the patient how to collect any pharmacy items

**Step 3 During the session**

1. Ensure you contact the patient at the allotted time or as close to it as possible. *Remember the patient is waiting for you to call, do not give them cause to complain because we failed to contact them as planned*
2. Ensure clinic outcome form is **fully** completed and auditable including
3. *DNA (unable to contact)*
4. *RTT status is correct (clock continue, clock stop etc)*
5. *Referral for tests, other services etc*
6. *Demographics including date and time of appointment*
7. *Clinician details*
8. *Follow up detail*
9. Return Outcome sheet at end of clinic to the following address OutcomeSheets@sthk.nhs.uk
10. Ensure diagnostic are ordered and followed up as required
11. Arrange any pharmacy items required
12. Ensure any onward referrals are completed
13. Ensure any listing sheets are completed and returned to the appropriate department at the end of each session
14. Health records are updated
15. Letter to GP / Patient dictated by the end of each session

## Things to consider

1. Although we are currently on block due to Covid non face to face tariff is considerably lower than face to face tariff. Doing non face to face will have a severe impact on your Service income
2. The need for face to face will clinically be needed for some patients, regardless of Covid you cannot delay treatment for a patient because you do not want to see them face to face. Appropriate PPE and socially distanced outpatient areas are in place to provide face to face appointments for all services
3. If a patient does not want to attend due to a fear of Covid we cannot penalise the patient, we cannot discharge them for this reason and their RTT and diagnostic clocks will keep ticking.
4. **If you do not complete and return an outcome form, consider the appointment as not done.**
5. **We will keep the patient on an outpatient waiting list**
6. **We will encounter more complaints as the patient will be offered more appointments when they may not need one or be expecting something that has not been arranged**
7. **You will not have the activity noted against the clinician or specialty so productivity and utilisation will be perceived as poor**
8. **The specialty will not receive the income**
9. **The specialty RTT position will not improve**
10. **We risk patients not being followed up appropriately**