

# Virtual Working

## 10 top tips

- 1** Review the barriers that people may perceive to getting an appointment. Is it clear on the practice website or phone system that people can arrange to be seen in person if preferred or needed (albeit with some virtual triage first)? Are digital systems potentially excluding some at-risk groups?
- 2** As people are attending less frequently, when they do visit the surgery, it is a good opportunity to weigh them, dip their urine and carry out other checks that can only be done face to face.
- 3** Safety netting may need to be even more robust than previously, so give clear and explicit follow-up instructions and make use of digital tools to keep a check on people with symptoms that could, if persistent, reveal a concerning underlying cause. Use the same processes to safety net people sent for urgent investigations or referred urgently, to ensure people attend and to ensure abnormal results are acted on appropriately.
- 4** Remember how much information we might normally get just by seeing someone in person, especially patients we know well. Be alert to what we might be missing by not having this element in our reviews.
- 5** Though we can easily treat some common problems virtually, we should remember that we may be doing so without all the information we might normally have. For example, when treating UTIs, remember to consider haematuria. Perhaps always follow up with a dipstick to rule out persistent haematuria, even if not flagged up by the patient.
- 6** When managing respiratory symptoms virtually, such as treating an infection without examining someone, be explicit regarding the need for follow-up if symptoms persist. Also, have a low threshold for performing x-rays, especially in anyone who is at a higher risk of lung cancer, such as those with COPD or with a smoking history.
- 7** Despite the prevalence of COVID, apply the standard rule that if someone has been coughing for more than 3 weeks or has persistent fatigue, you should consider a chest x-ray, again especially in anyone with potential risk factors for lung cancer.
- 8** Be even more alert regarding vague symptoms such as abdominal pain, appetite loss or weight loss and have a low threshold for bringing these patients in to be seen, especially if they have contacted the practice more than once.
- 9** Make the most of easy access investigations, especially in people with vague symptoms – Hb, platelets, LFTs, calcium levels and FIT tests. Many of these can be reassuring or help us decide if more tests are needed. However, be alert to falsely reassuring people about negative results and always develop a clear safety net plan if symptoms are ongoing.
- 10** Without visual cues, taking a really robust history will be more important than ever. Just being aware of the added challenges and potential pitfalls of working more virtually will help ensure we practise as safely as possible.

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