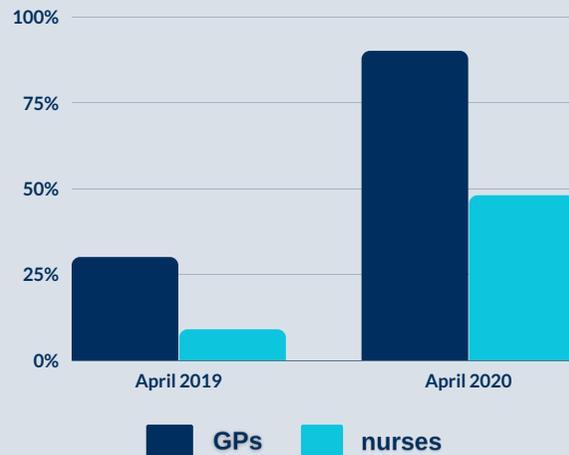


## Making the most of video and telephone consultations in primary care

Findings from the RAPCI (Rapid COVID-19 intelligence to improve primary care response) study of how GP practices responded to the coronavirus pandemic in Bristol, North Somerset and South Gloucestershire (BNSSG) between April and August 2020.

### There was a rapid shift to remote GP and nurse consultations due to the pandemic

Percentage of all consultations done remotely by GPs and nurses



### Volume of phone versus video consultations

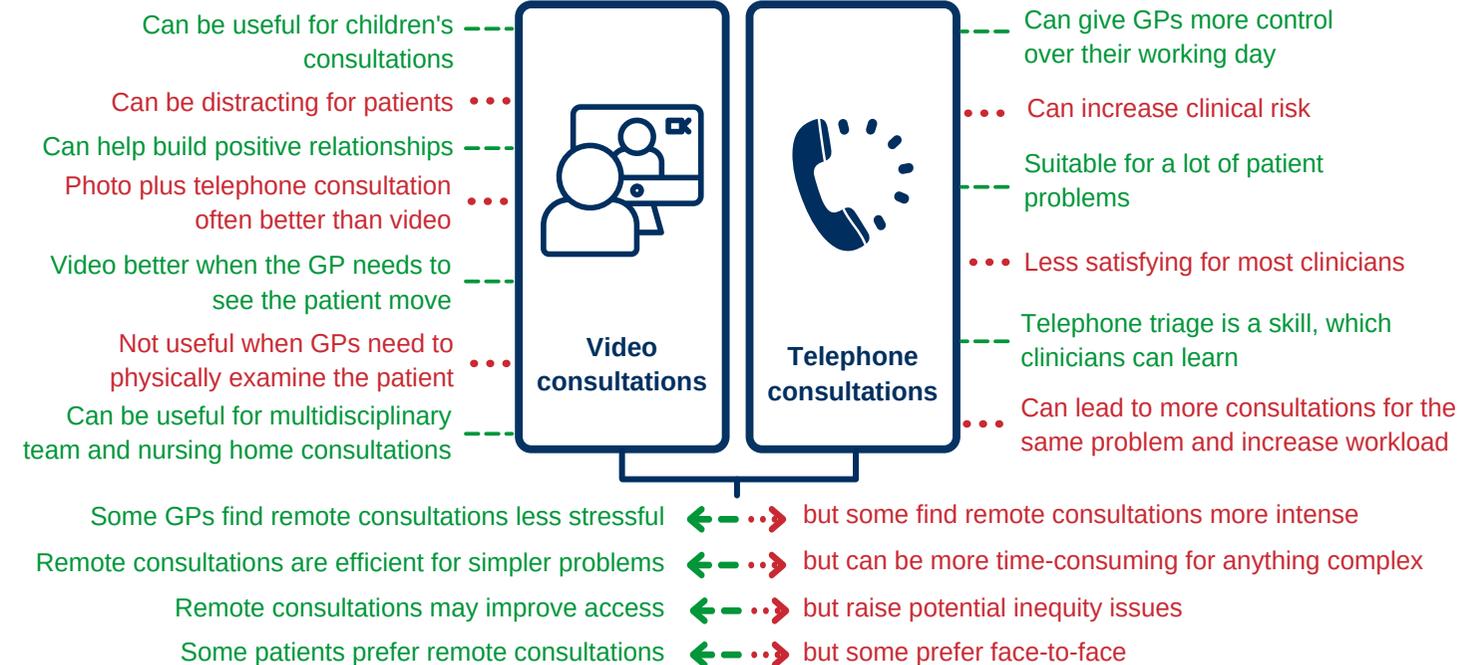


- The majority of consultations were by telephone.
- Only 1% of consultations were coded as video consultations in April 2020, increasing to 3% for patients over 85.
- Some video consultations start as telephone consultations so may only be coded as telephone. This means the true proportion of video consultations is likely to be higher than 1% (but still lower than telephone).

For more information, read the RAPCI study paper here:  
[bit.ly/368QLXh](https://bit.ly/368QLXh)  
For more about the project, visit: [bit.ly/3t08GZM](https://bit.ly/3t08GZM)

Through interviews with over 80 GPs, practice managers and nurses from 21 practices we identified

### benefits and challenges of video and telephone consultations



### Recommendations for general practice



Telephone and video consultations should be part of a suite offered to patients, not the default consultation mode.



Protocols should be developed on when patients should be offered a telephone or video consultation and when they should be booked straight into a face-to-face consultation. Receptionist navigation training is needed.



GPs and nurses have had a steep learning curve and a forum for reflection and retrospective training are needed.