

# Video consultations after COVID-19

In the context of the COVID-19 pandemic, video consultations (VC) in eye care have been adopted in some regions and hospitals as a way of replacing some face to face ophthalmic consultations. I would like to use this column to start a discussion exploring any merits of continuing this consultation modality after activity returns to normal. Although the utility of VC in the COVID-19 context appears self-evident, VC may not prove useful in normal times. To frame the remainder of this column, this article is about video consultations where the patient stays at home and uses their own technology. As such, a detailed examination of the eye is not generally possible.

Even before coronavirus, VC was established in some geographically remote settings as a useful tool for routine consultations (though not necessarily from the patient's home). Whether this will become the case for more urban centres remains to be seen. In addition to the use of VC, the software platform adopted would be interesting to discuss. Bolton NHS Foundation Trust (my employer) adopted the Attend Anywhere (ATA) platform that has been centrally procured for 12 months for any English NHS trust. Capital funding (£20,000 per institution) has also been made available, to purchase associated hardware (e.g. video capable computers). Here is a short link to the NHS page detailing this programme: [bit.ly/attendanywhere](https://bit.ly/attendanywhere)

Like others, this platform has strengths and weaknesses that only become evident on use. Primary care settings, such as GPs and high street optometrist, will likely have experience of other platforms. The Nye Phone platform is popular in primary care, though does not appear to support waiting rooms like the Attend Anywhere platform.

If readers email in their experience of using video consultations, and specifically their thoughts about its use after COVID-19, we will collate them and present them back in a future issue. Equally, personal experiences of using the different VC platforms would be interesting to share. Please consider including the following information:

- Name, position, location and email address.
- Details of your experience with using video consultation in eye care.

- Details of the platform (e.g. Attend Anywhere, Nye Phone etc.) including opinions on strengths and weaknesses.
- Intentions and thoughts about using video consultation for eye care after the COVID-19 pandemic is resolved.

Please state in the email if you are happy to have your name and email address shared in the column. The information shared will be used for no other purpose than these Eye News Tech Review articles.

I have documented my personal thoughts about using video consultations after COVID-19 below and also my opinions of the Attend Anywhere platform.

## Attend Anywhere ([www.attendanywhere.com](http://www.attendanywhere.com))

### Strengths:

- Functions on all platforms tested (work and personal PC, Mac, iPhone, iPad and Android devices) both inside and outside of the Trust's estate.
- Robust queuing and waiting room system with multiple waiting rooms available.
- High quality video.
- Easy to use and configure.
- Free to all English NHS trusts (for 12 months) and capital for hardware provided.

### Weaknesses:

- No facility to capture images is provided (though device screenshots can be taken).
- Audio issues at the start of the consultation are common when an iPhone is the device used by the clinician.
- No facility to send the web address to the patient by text message is provided (third party solution required).
- No clear indication of the cost of the service to trusts after the 12-month period.

The failure to provide a screen capture feature is understandable in the context of a solution that works on personal (and corporate) devices. Ensuring that images are transferred back to a trust's network and are correctly merged into an imaging

record is a difficult challenge, especially as strict data protection legislation is in place. Although the native device screenshot features are not disabled, clinicians should use caution when using them, for the reasons stated above. Another weakness listed above is the lack of an easy way to communicate the internet address of the service to the patient. Although the address is short (in our case it is [nhs.vc/bolton/eyes](https://nhs.vc/bolton/eyes)) we were surprised at how difficult it was to provide this information to patients over the phone. We have resorted to a separate text message sending solution that sends the link directly to their phones. Other common solutions include adding links to institution web pages. If routine video consultations do remain, appointment letters would also provide another reliable way of communicating the address of the service.

### Intention to use after COVID

The trust in which I work is set in the very urban Greater Manchester conurbation. Distances between patient residences and secondary care facilities are generally short. Although video consultations potentially avoid face to face visits, there is little to suggest they allow more patients to be seen (per unit time) or that video offers a higher quality service. In our trust we may continue to use VC for some acute triage after the COVID-19 situation resolves, but wider uses are still in discussion.

Please send your emails to:  
[david@drhaider.co.uk](mailto:david@drhaider.co.uk)

### SECTION EDITOR



**David Haider,**

Consultant Ophthalmologist and  
Chief Clinical Information Officer,  
Bolton Foundation Trust, UK.

**E:** [david@drhaider.co.uk](mailto:david@drhaider.co.uk)  
**Twitter:** @drdavidhaider

The author has no proprietary or financial interests in the products discussed.