Remote prescribing consultations: exploring the principles of effective practice

Helen Chilvers and Paul Bates

Abstract
There has been a rapid increase in remote patient consultations, including remote prescribing – partly in response to the coronavirus disease 2019 (COVID-19) pandemic, but also as part of the move towards a ‘digital first’ NHS. There are various benefits associated with remote prescribing, such as convenience for patients and judicious use of healthcare resources. However, it is also associated with several risks, for example the use of inappropriate medicines or doses if the prescriber does not have full access to the patient’s records. This article considers some of the benefits and challenges of remote prescribing, and discusses the main principles of effective practice in relation to patient safety, informed consent and documentation.

Author details
Helen Chilvers, senior lecturer and programme leader MSc Advanced Clinical Practice, School of Health and Social Care, College of Social Science, University of Lincoln, Lincoln, England; Paul Bates, senior lecturer and programme leader prescribing, School of Health and Social Care, College of Social Science, University of Lincoln, Lincoln, England

Keywords
clinical, communication, medicines, nurse prescribing, patient safety, patients, prescribing, professional, professional issues, technology, telehealth

The need to mitigate exposure to the coronavirus disease 2019 (COVID-19) and to enhance efficiency in working patterns during the pandemic resulted in a rapid increase in the use of remote patient consultations in secondary and primary care services (Greenhalgh et al 2021, Smith et al 2022). For example, in GP settings, NHS England and NHS Improvement (2020) recommended rapid implementation of a remote ‘total triage’ model during the pandemic to protect patients and staff from the risk of infection. Sivarajasingam (2021) suggested that the introduction of this model has enabled GPs to prioritise and manage their workload more efficiently without compromising patient care. The use of such remote consultation models has continued since the pandemic and has become a ‘normalised’ approach to care, leading Greenhalgh et al (2021) to describe this change in practice as ‘remote by default’.

Remote consultations can be beneficial for patients and healthcare professionals, for example in terms of saving time, reducing the need to travel, managing healthcare resources and meeting public expectations of convenient access to healthcare. However, there are also patient safety risks associated with remote consultations, for example the use of inappropriate medicines or doses where services are not linked to the person’s GP or where there may be limited access to their medical records (Health and Care Professions Council 2021). To address potential patient safety issues, the Health and Care Professions Council (2021) developed ten high-level principles for effective practice in remote consultations and prescribing that are expected from healthcare professionals (Box 1). The Nursing and Midwifery Council (NMC) (2023) has adopted these principles, which were originally published in 2019 before the COVID-19 pandemic and updated in 2021.
This article considers various benefits and challenges of remote consultations and discusses some of the aspects of effective practice in remote prescribing related to patient safety, informed consent and documentation.

**Benefits and challenges of remote consultations**

Remote healthcare, also known as telemedicine, incorporates telehealth and telecare – terms that are often used interchangeably, but have some differences. Telehealth incorporates remote ‘virtual’ consultations and/or conferences, telephone calls and text messaging, while telecare supports remote monitoring of patients’ health data through the use of technologies such as smartphones, audio or video equipment and internet connections (Santana et al 2018, Korkmaz Yaylagul et al 2022).

While there are various benefits for staff and patients associated with remote consultations in primary care, there are also several challenges (NHS England 2024a). For example, in Andreidis et al’s (2023) study exploring patients’ and primary care providers’ experiences of the use of telemedicine during the COVID-19 pandemic, participants felt that the fragmentation of services caused by remote delivery had a negative effect on the patient-professional relationship. There are also clinical risks in the context of prescribing. For example, Rosen et al’s (2022) study explored remote consultations in general practice and identified a risk of overtreatment, specifically in terms of overprescribing antibiotics.

Evidence suggests that remote consultations can be useful in some cases – for example for follow-up patients whose health status is stable and for monitoring and reviewing patients with long-term conditions – rather than for the treatment of patients with new, undifferentiated health conditions (Grey et al 2023, Williams et al 2023). In a briefing document commissioned by the Personalised Care Institute, Mann et al (2021) noted there was a risk that workload could be duplicated if face-to-face consultations are required after a remote consultation. Meanwhile, Glock et al (2021), who examined primary care physicians’ experiences of telemedicine in Sweden, found that the ease of access to telecare services for patients meant the system could become overwhelmed by those with minor ailments. The combination of these issues could result in patients with long-term and complex conditions receiving a reduced standard of care.

People who have adequate levels of digital literacy may be willing to consult with a healthcare professional remotely (NHS England 2024a). However, a scoping review of digital technologies and health inequalities by Honeyman et al (2020) suggested that some groups who are already disadvantaged in terms of equitable access to healthcare – such as older people, people with learning disabilities or those in lower-income households – may be at further risk of health inequalities due to digital exclusion. The reviewers concluded that this did not mean the digitisation of the healthcare system should be curtailed and suggested that the use of digital technology could, in time, offer new ways of addressing health inequalities (Honeyman et al 2020).

Furthermore, Honeyman et al (2020) cautioned that although the gaps in digital technology access and use were narrowing – for example due to the increasing accessibility of technology such as smartphones – the use of emerging health-related technology such as ‘wearable devices’ may lead to further divides between disadvantaged groups and the rest of society. Wearable technology offers opportunities for patient-initiated monitoring of their health conditions, which can provide data to inform remote assessment and influence prescribing decisions (Pinnock et al 2023).

**Box 1. High-level principles for effective practice in remote consultations and prescribing**

The main principles that healthcare professionals are expected to follow are:

- Make patient safety the priority and raise concerns if the service or system you are working in does not have adequate patient safeguards, including appropriate identity and verification checks*
- Understand how to identify vulnerable patients and take appropriate steps to protect them
- Tell the patient your name, role and (if online) professional registration details, establish a dialogue and make sure the patient understands how the remote consultation is going to work
- Explain to the patient that:
  - You can only prescribe if it is safe to do so
  - It is not safe to prescribe if you do not have sufficient information about their health or if remote care is unsuitable to meet their needs
  - It may be unsafe to prescribe if relevant information is not shared with other healthcare providers involved in their care
  - If you cannot prescribe because it is unsafe, you will signpost them to other appropriate services
- Obtain informed consent and follow relevant mental capacity law and codes of practice
- Undertake an adequate clinical assessment and access medical records or verify important information by examination or testing where necessary
- Give patients information about all the options available to them, including declining treatment, in a way they can understand
- Make appropriate arrangements for after care and, unless the patient objects, share all relevant information with colleagues and other health and social care providers involved in their care to support ongoing monitoring and treatment
- Keep notes that fully explain and justify the decisions you make
- Stay up to date with relevant training, support and guidance for providing healthcare in a remote context

*See NHS Digital (2023)
(Adapted from Health and Care Professions Council 2021)

**Aspects of effective practice in remote prescribing**

**Patient safety**

One of the principles of effective practice in remote prescribing is to prioritise patient safety (Box 1). This is emphasised in the Royal Pharmaceutical Society (2021) competency framework – which all prescribers in the UK must work within – where it states that prescribers must identify and minimise ‘potential risks associated with prescribing via remote methods’. In addition, nurse prescribers must act in accordance with adequate patient safeguards, including appropriate identity and verification checks.*
Benefits of remote consultations may include nurses and other healthcare professionals communicating effectively and focusing on the 'task' rather than ensuring the discussion is person-centred (Roberts and Osborn-Jenkins 2021), which can adversely affect patient safety during a remote consultation. Situational awareness has been described as a 'non-technical skill' that entails 'knowing what is going on around you' then using that information to plan suitable actions or make decisions (Flin et al 2008, Glynias and Harris 2016).

Before any prescribing decision is considered, the prescriber should take a full medicines history from the patient and assess their health literacy in relation to medicines (Shepherd 2019, Rosen et al 2022). This involves determining whether the patient can understand the information given to them, their ability to make informed decisions about treatment, and how safely and effectively they can use their medicines (Pouliot et al 2018).

**Acute illness**
Remote consultations may be suitable for making medicine dose adjustments for patients with long-term conditions, ideally within agreed treatment pathways (Lim et al 2021). However, remote prescribing for patients with acute illness carries a greater clinical risk, particularly in the context of out-of-hours or urgent care where the prescriber may not have full access to the patient's medical records (Ladds et al 2023). For example, an acute illness in a patient with diabetes mellitus may adversely affect their glycaemic control, so they may require dose adjustments to their diabetes medicines to manage risks related to renal function as well as glycaemic control.

In addition, older people with frailty who present with acute illness, even with apparently minor symptoms, may require hospital admission if their condition is not promptly recognised and managed (Mudge and Hubbard 2019). Remote consultations offer limited opportunity to undertake a physical examination (Rosen et al 2022), so to ensure patient safety the prescriber should consider the need for a face-to-face review before writing a prescription. It could be argued that patient presentations or conditions requiring a physical examination may not be suitable for remote consultation.

For many patients presenting with acute illness, the decision not to prescribe may be appropriate (Han et al 2020). In such situations the patient will require advice on what to do if their condition deteriorates (Jones et al 2019) and/or signposting to other services that can meet their needs more effectively.

The promotion of ‘digital first’ healthcare, where most patients will manage appointments, order repeat prescriptions and view their health records online, is enshrined in the NHS Long Term Plan (NHS England 2019). However, more than four in ten adults find it challenging to understand health information written for the public, while around 7.1 million adults in the UK have a reading level at or below the level of a nine-year-old (National Institute for Health and Care Research Evidence 2022). Therefore, it may not be appropriate to simply signpost patients to web-based information or resources. Prescribers need to consider the patient’s digital health literacy, including their ability to access and appraise digital resources.
Informed consent

The prescriber must ensure that the patient gives informed consent to take a medicine. Central to this is the ethical principle of respect for individual autonomy (Beauchamp and Childress 2001) and the absolute right of an adult with mental capacity to refuse treatment or select an alternative treatment (Glover-Thomas 2020). The concept of informed consent ensures that the patient is given all available information on the risks, benefits, reasonable alternatives and consequences of taking or not taking a medicine. Consent, or refusal, must be voluntary and obtained without influence or coercion (Specialist Pharmacy Service 2022).

Having an awareness of relevant case law is important for prescribers. For example, with regard to risk and consent, the ruling in the case of Montgomery v Lanarkshire Health Board [2015] clarified that any intervention must be based on a shared decision-making process, ensuring that the patient is aware of all options and supported to make an informed choice. Furthermore, it stated that if there is a significant risk that could affect the patient’s decision about their options, then the healthcare professional must inform them of that risk. Importantly, the level of information required from the healthcare professional is the level that the patient believes is needed, not what the professional believes is needed (Montgomery v Lanarkshire Health Board [2015]).

Documentation

At the end of an episode of care, the patient and healthcare professional need to be clear about what will happen next, including arrangements for reviews or further investigations. In addition, all information must be documented and recorded appropriately, in accordance with the Royal Pharmaceutical Society (2021) competency framework and, for nurse prescribers, the Code (NMC 2018). ‘Record-keeping’ was the third most common category in allegations against nurses found proved at adjudication in 2021-2022, following ‘patient care’ and ‘prescribing and medicines management’ (NMC 2022).

It is important to note that in the context of remote consultations, documentation includes emails and instant messages. In any medico-legal case involving remote prescribing, all electronic communications may be considered relevant to the case and subject to scrutiny (Medical Protection Society 2020, NHS England 2024b). Any written communication between the prescriber and patient, as well as between the prescriber and other professionals, should be professional in tone, wording and content, because in the medico-legal context these communications can be used to demonstrate professional integrity and to justify a healthcare professional’s actions (Brooks 2021).

Conclusion

Remote patient consultation, including remote prescribing, has evolved at an accelerated pace over the past few years and will continue to form a core part of healthcare provision. Remote prescribing can have several benefits for patients and healthcare professionals, but it is also associated with various risks, including in relation to patient safety. To manage such risks, nurses and other healthcare professionals must adhere to the relevant competency frameworks, the requirements of their regulatory bodies and the principles of effective practice to ensure safe, effective prescribing and person-centred care. In addition, prescribers must consider the medico-legal aspects such as informed consent and documentation, as well as patients’ digital health literacy when signingpost them to information and resources.

References


Sivarajasingam V (2021) Total triage is the future for general practice. BMJ. 373, n1532. doi:10.1136/ bmj.n1532


