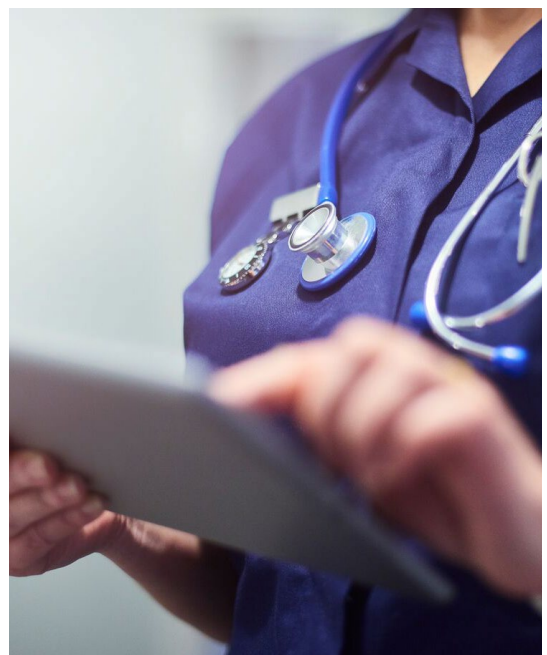




# Sustainable Healthcare Toolkit

## Increasing remote consultations



## Purpose

The development of remote healthcare services has the potential to enhance the patient experience and their health outcomes, improve population health, reduce costs, and improve the work-life balance of healthcare professionals. It also presents a range of opportunities to reduce the environmental impact of healthcare.

The purpose of this toolkit is to share insights, guidance and examples of how remote consultations can help to reduce the environmental impact of healthcare whilst maintaining patient safety and quality of care.

When care or treatment is delivered to patients, it is vital that the environmental impacts are kept to a minimum, for example through reductions in greenhouse gas (GHG) emissions or wider resource consumption.

## Background

Video and telephone consultations reduce the need for patient and staff travel, and so have a reduced carbon footprint compared with face-to-face consultation. Even though videoconferencing has a higher energy consumption compared with telephone consultations, the environmental impact is still lower than in-person visits. In 2022, Sanitas published research on the net reduction in CO<sub>2</sub> travel-related emissions due to digital appointments and digital access to test results. There was a total of 640,122 video appointments in 2020, which the Carbon Trust calculated to be a CO<sub>2</sub> saving of 1957 tonnes.<sup>i</sup> In the UK, patient and staff travel accounts for 10% of the UK National Health Service (NHS) greenhouse gas emissions.

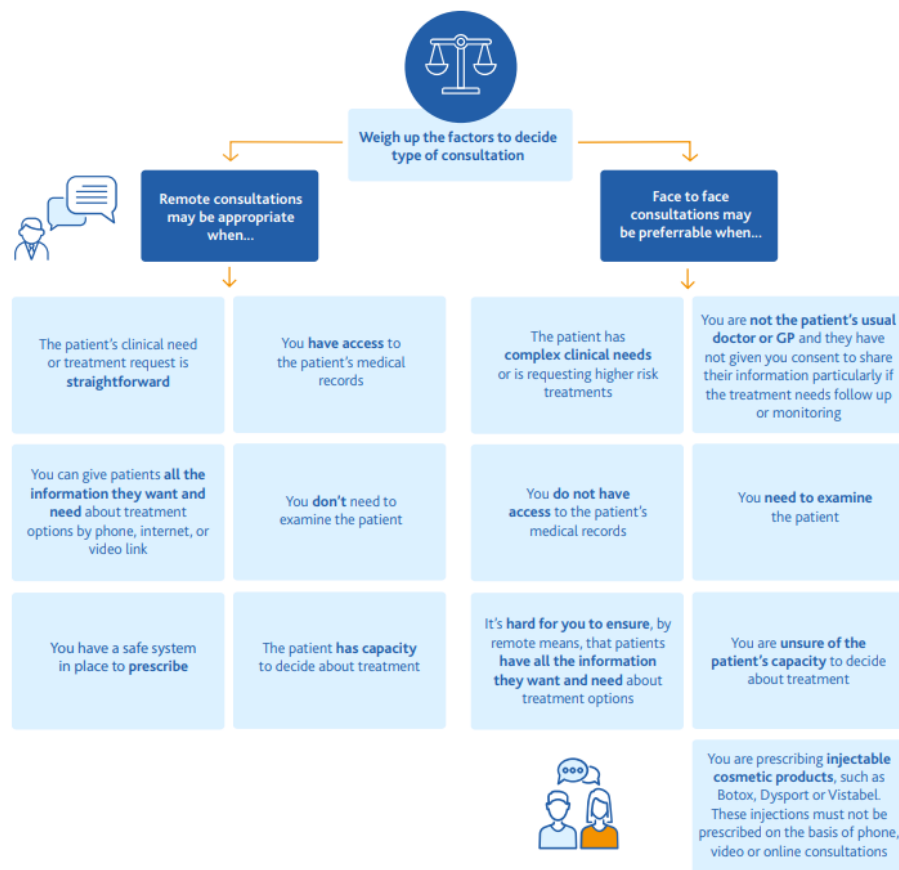
Most patient perception studies show that remote consultations are viewed as an effective and convenient complement to physical consultations and can improve quality of care, but that having choice and flexibility to use telehealth when clinically and individually appropriate is important.<sup>ii,iii,iv</sup> It is also important that face-to-face care options are still available to ensure digital barriers such as usability, network connectivity, and access to electricity do not contribute further to health inequalities.<sup>v</sup> Digital health interactions will never completely replace in-person care but can be used to complement face to face delivery where clinically appropriate.

## Using remote consultations to support sustainable healthcare

### Consider whether care providers and the patient need to be together in-person

There may be cases when a telephone appointment may be satisfactory, perhaps as a follow-up call after an initial in-person appointment. There will also be instances where video calls are superior to phone calls, perhaps for initial diagnosis accuracy. The decision on whether an appointment will take place remotely, and whether by telephone or video call, should be clinically led and based on individual care needs and preferences.

The UK General Medical Council (GMC) has created a flow chart to help doctors manage patient safety risks and decide when it's usually safe to treat patients remotely.<sup>vi</sup>



### Integrate remote consultations within coordinated care pathways

A hybrid approach, incorporating both remote and in-person care, brings many benefits for patients, healthcare professionals, service users, and the planet. Many real-world studies on patient perspectives of hybrid care for chronic conditions have reported high patient satisfaction, especially amongst those who had a previously established relationship with their clinician and well-controlled symptoms.<sup>vii,viii,ix</sup>

In addition to benefits of one-to-one remote consultations, remote appointments can enable involvement of multiple professionals at the same time. For example, a videoconferencing tool used in nurse-led minor injuries units in Grampian, Scotland allowed clinicians to ask for advice from emergency doctors in Aberdeen, preventing unnecessary transfer in 90–95% of cases.<sup>x</sup> This was estimated to avoid 260,000 km of travel, or 26.9 kg CO<sub>2</sub>e per consultation.

### Communicate to patients the benefits of remote consultations to encourage digital uptake

Where clinically appropriate, patients should be aware of the remote consultation options available to them. Providing patients with supporting information on the speed of access, safety and security, and reassurance of the referral to in-person care if necessary, will allow patients to make an informed decision on whether to attend a consultation remotely.<sup>xi</sup>

Remote consultations also offer an opportunity for patients to feel they are contributing positively to the environment.<sup>xii</sup> Patients using the Bupa Blua app in Spain can see the CO<sub>2</sub> emission saving and impact as a result of choosing digital instead of in-person interactions (see figure below).



It has been shown that the way in which a hospital appointment invitation is phrased can influence whether a patient chooses an in person or a video consultation.

1. When the default option was *in person*, 25% of participants chose video consultation
2. When the default option was *by video*, 65% chose video consultation
3. When there was *no default*, 41% chose video consultation.

It is therefore important to consider the framing of a consultation invitation, depending on whether a face-to-face or remote appointment is considered appropriate and desirable by the healthcare provider.

With more people aware that we need to address our own contributions to the climate crisis, now is a better time than ever to link positive health benefits with the impact our lifestyle has on the planet.



## Further Reading and Information

1. The NHS have produced [Physiotherapy consulting via video](#) guidance that offers recommendations on when remote consultations are appropriate, risk assessments, and how to prepare the patient beforehand.
2. The WHO guideline [Recommendations on digital interventions for health system strengthening](#) advocates for the use of telemedicine in settings where patient safety, privacy, traceability, accountability and security can be monitored.
3. The Royal College of General Practitioners have released a [Remote versus face-to-face: which to use and when?](#) document to support decision making in primary care.

## References

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- <sup>i</sup> <https://www.researchsquare.com/article/rs-1262007/v1>
  - <sup>ii</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9597895/>
  - <sup>iii</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9432716/>
  - <sup>iv</sup> <https://bjgpopen.org/content/6/2/BJGPO.2021.0192>
  - <sup>v</sup> <https://a.storyblok.com/f/109506/x/88fe7ea368/smi-hstf-pcp-whitepaper.pdf>
  - <sup>vi</sup> <https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>
  - <sup>vii</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8860501/>
  - <sup>viii</sup> <https://www.sciencedirect.com/science/article/pii/S0213616322000611>
  - <sup>ix</sup> <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0265073>
  - <sup>x</sup> <https://pubmed.ncbi.nlm.nih.gov/20511579/>
  - <sup>xi</sup> <https://www.england.nhs.uk/wp-content/uploads/2020/01/online-consultations-implementation-toolkit-v1.1-updated.pdf>
  - <sup>xii</sup> <https://myscp.onlinelibrary.wiley.com/doi/10.1016/j.jcps.2009.05.008>