

## **Remote review of long term conditions**

With social distancing arrangements in place and the increased number of patients with symptoms of or patients and staff possibly harbouring COVID-19, all patient contact should be via remote contact when possible. This particularly applies to consultations for routine long term condition annual reviews

These can be carried out using [telephone or video consultation](#) and now most commonly used video technologies are acceptable to use.

The duration of the current pandemic is hard to predict, and therefore it is very likely that patients with long term conditions will need to be followed up and assessed remotely to ensure these patients receive relevant and appropriate clinical support. Practices should do what they can, alongside managing other more acute priorities related to COVID-19, to help patients manage their long term condition to reduce avoidable deterioration. Whilst doing remote reviews in the next few months will be easier with more patients staying at home it may also establish new ways of working that could be used for future reviews and patient contacts, as is appropriate for individual patients.

Most conditions lend themselves well to remote assessments and could be enhanced through this method, not least in the easier opportunity to share care plans, information and guidance through links to websites and shared documents. These could also include agenda setting for long term conditions so that, in advance of future reviews, a patient can share what their goals of treatment would be.

### **Hypertension**

This can be monitored by patients using their own home monitors and results fed into the patient's record electronically or by telephone. This may lead to a reduction in white coat hypertension and enable better control.

### **COPD**

The review could be carried out remotely but would benefit from a video consultation to be able to see the patient and observe their respiratory rate and function. Spirometry will not be able to be completed and should not be attempted during the COVID-19 pandemic. Indicators in QOF 20/21 have changed to include the following -

Patients could have a review including smoking status, a record made of the number of exacerbations in the last year, as well as MRC dyspnoea scale completion. Patients could have medication reviews and altered if control has altered significantly over the year.

### **Asthma**

A remote review is possible for this group of patients. The practice could consider online assessments including inhaler technique using video assessment. Patients who do not already have a peak flow meter a home could be prescribed one. In line with QOF 20/21 the patient should have an assessment of control using a validated asthma control questionnaire, recording of number of exacerbations and a personalised written plan. The plan could be sent electronically, and the control and exacerbation could be collated using an online self-assessment

### **Heart failure**

Practices could consider remote review of shielded patients first including a functional review and medication review to ensure dose optimisation. Home blood pressure monitoring could be done when medication is titrated upwards.

### **Diabetes Mellitus**

Practices could consider remote review and complete most aspects of the annual review this way. Consideration needs to be given to those patients that would most benefit from checking their HBA1c, reducing this physical contact to the minimum. A partial foot assessment could be done via video, looking for signs of ulceration and reviewing their risk status. This could be carried out using video techniques.

### **Serious mental illness**

Patients with serious mental illness should be reviewed remotely where possible and with the support of mental health services when relevant. Many of these patients may need additional psychological support during the current pandemic.