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Quality assurance of remote clinical assessments in the NHS

COVID-19 has accelerated the proportion of digital patient consultations across community and hospital settings, bringing both challenge and opportunity to health-care organisations and their staff. Within our own work, one such opportunity was the increased ability to record and review consultation audio, benefiting not just organisational quality assurance and complaint and incident investigation but also providing meaningful feedback to support clinicians' continuous professional development.

In England, the COVID-19 Clinical Assessment Service (CCAS), a flexible workforce of about 1500 practising and recent retiree general practitioners (GPs), was created to support the National Health Service (NHS) COVID-19 pandemic response. Patients with possible COVID-19 symptoms who contacted NHS 111, a national telephone and online access point for urgent care, were triaged and their details passed to CCAS if further clinical assessment was required. CCAS clinicians then assessed and advised these patients via telephone or video consultation, with the option to remotely prescribe, book local appointments for further assessment, or directly request an emergency ambulance. Across the duration of the service (March 28, 2020, to May 23, 2021), 603 269 calls were received and more than 500 000 patients were assessed by CCAS.[1]

During CCAS's operation, a proportion of each active GP's audio and written records were regularly reviewed by one of a central team of about 30 active clinical peers. This process was formative, based around the principles of coaching and appreciative enquiry,[2] and utilised a COVID-19-specific adaptation of the urgent care audit toolkit from the Royal College of General Practitioners,[3] which incorporated public health considerations, patient safety, and best practice use of the software interface.

Our reflection on this experience, during which more than 5730 calls were reviewed, is that consultation audio review provides a unique insight into a clinician's practice that is not otherwise afforded once they have completed clinical training. Aspects of the consultation, such as its structure, the building of rapport, proportionate data gathering, shared decision making, and best practice with technological processes, can all be reviewed and fed back on an individual basis, reinforcing best practice and supporting clinician development. At an organisational level, this supports quality assurance, transparency, operational safety, and the convergence of clinical practice.

We now question whether the metrics commonly used for clinical performance review in unscheduled care, such as average call length and peer-referenced referral rates, meaningfully reflect quality and safety within individual consultations or the wider service as a whole. From a perspective of continuing professional development, we also question the developmental utility of exclusively quantitative feedback metrics for most clinicians.

In the era of digital consulting, we believe consultation audio and notes review by experienced and distant clinical peers as a formative and appreciative enquiry has potential beyond unscheduled and primary care settings.[4] Provider organisations investing in consultation audio review can add value to patient care by both assuring quality and continuously improving it.

We declare no competing interests.

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Beyond COVID-19: scaling up and sustaining mobile health in Africa

In their Perspective,[1] N Hélène Sawadogo and colleagues highlight the challenges of mobile health care in Africa with the MOS@N project, which provided medical support to pregnant women but ran out of funding 3 years into operation. Securing longer-term funding to sustain mobile health is a challenge in Africa.[2] Social innovations such as BIMA (Ghana), AccesAfya (Kenya), Idocta (Cameroon), and Healthforce (South Africa) use telemedicine to improve access to