Briefing paper for BASHH Version 4 24/04/2020

**Telemedicine –Telephone and Video consultations in Sexual Health with a focus on genital images.**

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**Introduction**

The advent of the COVID\_19 pandemic has had an unprecedented impact on the delivery of Sexual Health Services across the UK. Social distancing and re-deployment of clinical staff has nictitated a complete re-configuration of how services are delivered from ‘face to face’ to ‘virtual’. This new way of working has brought with it challenges.

The purpose of this briefing is to review the current modalities of telemedicine with a focus on how ‘virtual’ clinical assessment through use of genital images could be implemented. This briefing does not cover remote prescribing.

The process in producing this briefing has included a literature search via Google scholar, a request via Twitter and communications with experts in the field. This is a working document and will be updated as new evidence comes forward. Please send anything you feel would be useful to have in this paper to olwen.williams@bashh.net

**Definition of telemedicine**

WHO statement

 The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities

(World Health Organization A health telematics policy in support of WHO’s health-for-all strategy for global health development: report of the WHO group consultation on health telematics, 11–16 December, Geneva, 1997. Geneva: WHO, 1998.)

In summary telemedicine embraces the remote diagnosis and treatment of patients by means of telecommunication technology.

**Use of Telemedicine in Sexual Health services**.

Wooton et al proposed in a 2001 editorial <https://journals.sagepub.com/doi/pdf/10.1258/0956462011923796> in International Journal of STI and AIDS stating that video consultations in sexual health should be feasible and acceptable to the population but cited that a significant amount of research was needed. He acknowledged that the information governance surrounding both real time and uploaded digital images of genitals /genital lesions needed clarification.

In Garrettt et al paper -Young people's views on the potential use of telemedicine consultations for sexual health studied over 600 Australian youth who overwhelmingly were more willing to have face-to-face consultations (85%) to telephone conversation (63%) with 29% saying a video consultation would be acceptable.<https://bmcinfectdis.biomedcentral.com/articles/10.1186/1471-2334-11-285> . Interestingly, advantages of telephone consultations were identified as ability to remain anonymous, convenience, less embarrassment ad time saving. Whilst respondents felt that video consultations might compromise their privacy and be unsecure, however, the ability to have a virtual ‘face to face’ was considered an advantage. This study did not consider real time genital examination nor digital images.

 A study conducted by Kaiser Family Foundation in USA , were there is widespread adoption of telemedicine, found low uptake in women seeking sexual and reproductive healthcare <https://www.kff.org/womens-health-policy/issue-brief/telemedicine-in-sexual-and-reproductive-health/>

In the UK, Dr Tom Nadarzynski University of Westminster, London has conducted significant research in the field, Acceptability paper, which again show video consultations are acceptable but telephone consultations need to be used for those with low digital literacy. There however he has not yet studied the acceptability of use of imagery –real time or other. Bailey et al have also found video consultations to be acceptable https://sti.bmj.com/content/92/Suppl\_1/A3.2

**Guidance on Use of Video consultations**

Guidance from a variety of sources across UK for use of video consultations is available via links below –they mainly apply to Primary Care & Outpatients none are specific to Sexual Health

England
<https://bjgp.org/sites/default/files/advanced-pages/20Mar_COVID_VideoConsultations.pdf>

<https://elearning.rcgp.org.uk/pluginfile.php/148915/mod_resource/content/3/NHS_VC_Info%20for%20GPs_v06.pdf>

 Scotland

<https://tec.scot/digital-health-and-care-in-scotland/video-enabled-health-and-care/covid-19-implementing-near-me/>

Wales

<https://digitalhealth.wales/tec-cymru/nhs-wales-video-consulting-service/additional-resources-clinicians>

Northern Ireland *to follow*

**Comment**

Use of both telephone and video consultations in Sexual Health are feasible and acceptable to service users and video consultations should be adopted more widely providing the appropriate information governance with adoption of local /national guidance

**Use of genital images / real time genital examination**

There is very little information on use of both real time genital examination during video consultation and use of patient taken digital genital images in the literature bar unpublished information from SH:24 (see end of this section)

 Verbal reports from several clinics report that they are receiving digital images via their organisations clinic e-mail accounts, which has aided clinical decision-making.

There are considerable Information Governance issues to be considered with using digital images these include consent, validating the image to the patient!, storage and destruction of images.

Statements on governance and consent for images etc. from our own ‘BASHH STI standards’ and in particular BASHH Standards for online and remote services (SORS)

* + SORS : <https://www.fsrh.org/standards-and-guidance/documents/fsrhbashh-standards-for-online-and-remote-providers-of-sexual/>  paragraph 2.4.6 mentions images , although the reference itself is : back to RCOG :  <https://www.rcog.org.uk/globalassets/documents/guidelines/clinical-governance-advice/cga6.pdf>  which is referring to digital images captured from procedures mainly
	+ BASHH Standards chapter 5. In particular 5.4.6 : <https://www.bashh.org/about-bashh/publications/standards-for-the-management-of-stis/>
* From an IG and data security/GDPR perspective:
	+ Images are part of the patient’s personal data – so subject to all the data retention, storage and processing requirements of GDPR and Caldecott. Can quote the usual references (seen in our BASHH STI standards)
	+ The patient will have to be aware/accept that the transmission from themselves to us is not guaranteed as secure
	+ We have to be confident that the image sent is truly that of patient we are speaking too (patient could send us web photos of HSV in order to get Rx)
	+ Verbal or Written consent ?
* Young people
* Digital images are only being suitable for >18s. Indeed if U18s take images of their genitals and send them could technically be accused of distributing underage images.
* See info from Scotland

Logistics & Technology of using genital images

* Requirements of the technology – to assure security: (goes for all confidential medical images, although genital images could be considered as particularly ‘sensitive’ information, just as STI data is exceptionalised from usual NHS data)
	+ Would need to have ‘end to end encryption’: -  to assure security of the image i.e. image could not be hacked in transmission
	+ Need to caution the service user re transmitting over an unsecure network ‘Wi-Fi’ or non-private computer. (subject to hacking as above)
	+ IT Fire-Wall may not permit images with ‘high percentages of ‘flesh’ ‘ through
* Re live ‘streaming video consultation vs images or pre-recorded video
	+ Regardless of system used, there is always the risk that the viewer (clinic) could take screen shots for retention – the service user needs to be aware of that.
	+ No information on chaperones in consultations – clarification on this needed
	+ Ensuring image is a ‘true’ image of the patient not a downloaded image from Google

The British Association of Dermatologists (BAD) have comprehensive guidelines on Teledermatology but suggest that the genital area is ‘difficult to assess’

* http:/ <http://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=794>
* http://www.bad.org.uk/healthcare-professionals/teledermatology

Discussions with those leading telemedicine in Primary Care in both England and Wales stated that GPs would not be doing genital examinations via video consultations nor using digital images due to perceived IG issues.

Clinics have considered commercial services such as Lenus a virtual care platform [www.lenushealth.com](http://www.lenushealth.com) developed by StormID in Scotland and use of @Hospify to securely share images

**SH:24 The online sexual health service –report on Photodiagnosis**

Report from Dr Paula Baraitser

 *SH:24 have completed a 12-month pilot of photodiagnosis for genital herpes and warts.  Users complete an online medical history on a secure digital platform and upload photographs of their lesions.  Specialist sexual health clinicians review the history and images and obtain additional information as required by text message or telephone or request additional images if required.  Treatment is prescribed by a GMC registered doctor and dispensed and packaged by a UK registered online pharmacy and posted to users.   Information and support is provided through text message and telephone throughout this process.  Evaluation of this pilot has shown that this approach is feasible and highly acceptable to users.  Diagnosis from photographs is possible in the majority of cases, users find the system easy to use and value the convenience and speed of access.  Close collaboration with face-to-face services is important for seamless referral of those with lesions that require specialist care and excellent communication with users is required throughout to provide information and support. To effectively link an individual user to the clinical record they generate all records are linked to a single mobile phone number.  At the time of registration, a code is sent to the phone to ensure that the user has access to it and all subsequent communication goes through that phone.  The system will identify and flag orders made under different names through the same phone and SH:24 has the option to check user identity against the NHS spine.  SH:24 are aware that service users may choose to offer inaccurate information. The risk assessment is designed to minimise any incentive to provide inaccurate information and clearly explains why information is needed and why accurate information is important.  In this way, we support and encourage service users to enter into a conversation with SH:24.  Users soon realise that we can help them much more effectively if they communicate openly with us.*

Lloyds Pharmacy also offer a similar service but no details available

**Crowdsourcing diagnosis**!

Intelligence from Dr Ina Park @InaParkMD Ass Prof at UCSF School of Medicine San Francisco replied on behalf of STD Journal that crowdsourcing was common in US –link to CNN article here

<https://www.cnn.com/2019/11/05/health/stds-reddit-crowdsource-wellness/index.html>

**GMC & Medical Indemnity Organisations guidance**

The GMC has guidance -which is currently being update

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>

https://www.mddus.com/resources/resource-library/risk-alerts/2020/march/remote-consulting-in-the-coronavirus-outbreak

https://www.medicalprotection.org/uk/articles/covid-19-and-remote-consultations-how-we-can-help

These do not comment on neither video nor digital genital images

**Response to question to re genital digital images in Scotland from Crown Office & Procurator Fiscal Service**

‘You asked me to offer a view on whether a person aged under 18 could be prosecuted if they take and send an image (in the form of a live video stream) of their genitals to a doctor, in the course of a medical examination conducted by electronic means.

My view is that, on a strict legal interpretation of the statute, a person aged under 18 who does so, may technically commit a contravention of section 52(1)(a) of the Civic Government (Scotland) Act 1982 – take, permit to be taken or make an indecent photograph (which includes a film) of a child.

However, I think that it is worth highlighting the following caveat - Prior to taking prosecutorial action the Procurator Fiscal applies the test set out in the COPFS Prosecution Code. Taking no action is an option that is available to the Procurator Fiscal if he/she deems that any element of the test is not satisfied. The final leg of that test requires that the Procurator Fiscal to assess what action, if any, is in the ‘Public Interest’. In the circumstances which you have described, i.e. an image of the person aged under 18 being taken and sent by that person in the course of and solely for the purpose of a medical examination, it seems highly unlikely that this element of the test would be satisfied.

I anticipate that Police Scotland would take a similar approach were they required to investigate an allegation of this nature.

Jamie Lipton, Principal Procurator Fiscal Depute , Crown Office & Procurator Fiscal Service

**Information Governance regulations COVID19**

England

<https://digital.nhs.uk/coronavirus/coronavirus-covid-19-response-information-governance-hub/coronavirus-covid-19-response-transparency-notice>

Wales

<https://nwis.nhs.wales/coronavirus/digital-support-updates-for-healthcare-professionals/information-governance/>

**Comment and conclusion**

Whilst there is scant evidence, regarding the acceptability of video/digital images, it maintains a potential area for aiding diagnosis. The concerns around images need to be addressed by the clinics IG team . Advice from GMC, NMC & MOS /MDDU required if individuals are concerned regarding their indemnity.

It might be prudent for services to commission this service from established commercial or not for profit organisations that have an established system in place.

In the meantime, BASHH needs to develop standards and guidelines for TeleSexualHealth

**Contributors (in no particular order)**

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