

### **Capri Healthcare Ltd**

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## v-Consult User Document for Patients

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## v-Consult patient-user guide

v-Consult is an online consultation service, which provides you with a range of services. You can

make use of v-Consult to:

- Request a new consultation/appointment
- Request a follow-up appointment
- Request a long-term condition review with the nurse
- Make a medication query with a pharmacist or a doctor
- Make admin enquiries, such as new patient registration, sick note etc.
- Access to Self-care and other useful information
- Access NHS symptom checker

## How can I request an online consultation?

You have to navigate to your practice website, on the Home page, click on **Consult your doctor or** 

Request an appointment to request an online consultation.

Step 1: Click on the Start on the Homepage of the v-Consult.



Step 2: Click on the Continue with NHS login or Continue without NHS login.



Step 3: If you prefer to continue with NHS login, please enter your NHS login credentials.

• Email

| Cookies on NHS login<br>Cookies collect information about how you use NHS login to help us make our site work as well as possible.<br>We would also like to use analytics cookies to improve our service.<br>Accept all cookies<br>Choose your cookies |
|--|
| NHS login  |
| Sandpit Environment - Please do not use live data in this environment  |
| Enter your email address   |
|  |

• Password

| Cookies on NHS login   |
|--|
| Cookies collect information about how you use NHS login to help us make our site work as well as possible. |
| We would also like to use analytics cookies to improve our service.  |
| Accept all cookies Choose your cookies   |
| NHS login  |
| Sandpit Environment - Please do not use live data in this environment                                      |
|  |
| K Back to: Enter your email  |
| Enter your password  |
| Enter your password to log in.   |
| Password Shell   |
| Forgotten your password?   |
| Continue   |



#### • OTP (security code) code

| We would also like to use analytics cookies to improve our service.   |
|---|
| Accept all cookies Choose your cookies                                |
| NHS login   |
| Sandpit Environment - Please do not use live data in this environment |
| Check your mobile phone   |
| Enter the 6 digit security code we've sent to •••••••0887.            |
| ► Not received your security code?                                    |
| Security code   |
|   |
| Remember this device and stop sending security codes                  |
| What does remember this device mean?                                  |
| ► I do not have access to my mobile phone                             |
| Continue  |

Step 3: If you want help, click on **I need help for myself**. If someone else needs help, click on **I need help on behalf of a patient**.

| Capri Healthcare   |  |
|--|--|
| Tell us who needs help   |  |
| If you are looking for medical advice or would like to arrange online or video consultation, please select from the options below :* |  |
| I need help for myself   |  |
| Next question  |  |
| Sack to previous page  |  |



Step 4: If you click on **I need help for myself**, all your personal information will be extracted from the NHS data. Click on the **Next question** to continue with the process.

| First name*  |
|--|
| Enter first name                                       |
| Last name*   |
| Enter last name  |
| Goodort  |
| Select one   |
|  |
| Date of birth* DD MM YYYY                              |
| Email*   |
| Enter email  |
| Phone number*  |
| Enter phone number                                     |
|  |
| Address*   |
| Enter address  |
| Postcode*  |
| Enter postcode   |
| Please select one or more preferred method of contact* |
| Email  |
| SMS/Text   |
| Phone  |
| Video  |
|  |
| NHS number ( <u>Find your NHS number</u> )*            |
| Enter nhs number                                       |
| Registered patient                                     |
| I confirm that I am registered with this practice.*    |
|  |
| Next question  |
|  |

Step 5: To request a new consultation with the doctor, click on new condition under How can we help you today?





Step 6: Click on New consultation with the doctor to continue with the process.

|   | Capri Healthcare  |   |                                     |
|---|---|---|-------------------------------------|
|   | How can we he   | lp you today?   |                                     |
| 1 | This service is only for non-emergency/n<br>Practice directly for urgent request. | on-urgent cases that can wait for at least  | 2 working days. Please call your GP |
|   | New consultation with a doctor  | Follow-up consultation with a doctor  |                                     |
| - | Click this to request a consultation for your new condition.                      | Click this to request a follow-up<br>consultation for your existing<br>condition. |                                     |
|   | Back to previous page   |   |                                     |

Step 7: Click on the Non Urgent Checkbox and Next Question





Step 8: If you have any mentioned emergencies, call 999 or click on I have none of the above.

| Emergency check   |
|---|
| Call 999 now if you have any of these:  |
| <ul> <li>Signs of a heart attack This means there is pain that feels like a very tight band, heavyweight or squeezing in the centre of your chest. </li> <li>Signs of a stroke This means face drooping on one side or unable to hold both arms up or difficulty in speaking.</li></ul> |
| <ul> <li>Severe burns and scalds         This means chemical and electrical burns, burns that cause white or charred skin, burns on face, arms, legs or genitals causing blisters or large and deep burns.     </li> </ul>  |
| <ul> <li>Severe breathing difficulties</li> <li>This means gasping or not being able to get words out or choking or lips turning blue.</li> </ul>   |
| <ul> <li>Severe allergic reaction</li> <li>This means rapid swelling of eyes, lips mouth, throat or tongue.</li> </ul>  |
| Severe bleeding     This means when the bleeding won't stop.  |
| <ul> <li>Seizure (Fit)         This means someone shaking or jerking because of a fit or is unconscious (can't be woken up).     </li> </ul>  |
| I have none of above  |
| K Back to previous page   |



Step 9: If you have any COVID symptoms, call 111 and get help immediately. If you do not have any of the mentioned emergencies, please click on **I havenone of the above.** 

| Ca | II 111 now if you have any of these:   |
|----|--|
|    | <b>A high temperature (fever)</b><br>This means that you feel hot to touch on your chest or back - you don't need to measure your temperature with a<br>thermometer.                           |
| •  | <b>A new continuous cough</b><br>This means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours (if you usually have a<br>cough, it may be worse than usual). |
| ,  | <b>A change to your sense of smell or taste</b><br>This means you have noticed that you cannot smell or taste anything, or that things smell or taste different to normal.                     |
|    | I have none of above   |

Step 10.1: Please describe your symptoms, for example, if you have a headache, then the system will provide you with few options to get self-help. When you click on headache, it will be redirected to the NHS website and will be opened in a popup with headache information.



| ell us about your/patient's symptoms.  |
|--|
| Please type in your/patient's main symptom in short*   |
| Headache   |
| Please describe your/patient's symptoms?*  |
| l have headache  |
|  |
|  |
|  |
| Related help   |
| <u>Cluster headaches</u>   |
| – <u>Headaches</u>   |
| <ul> <li>Headaches (hormone), see Hormone headaches</li> </ul>                                   |
| <ul> <li>Headaches (tension-type), see Tension-type headaches</li> </ul>                         |
| - Hormone headaches  |
| <ul> <li><u>Tension-type headaches</u></li> </ul>  |
|  |
| low long ago did your/patient's symptoms start in days? (Enter 0 if the symptoms started today)* |
| 2  |

If you still want to request a consultation, then click on **Next Question** 





Step 10.2: Provide more information about the Treatment and click on the Next Question



| Treatment  |
|--|
| Give us some more information about your/patient's symptoms and treatments tried.                |
| Are your/patient's symptoms associated with anything else?*                                      |
| My symptoms include fever, sore throat, red watery eyes, loss of appetite, cough and runny nose. |
|  |
| What treatments have you/patient tried already?*   |
| I have been taking paracetamol for last 2 days.  |
| <br>Next Question  |
| K Back to previous page  |

Step 10.3: Provide more information about the change in condition and click on the Next Question.

| Change in condition  |
|--|
| We need some more information about your/patient's symptoms. |
| Yes, when I take paracetamol, I feel better.                 |
| Does anything make your/patient's symptoms feel worse?*      |
| Watching TV or working on the computer makes it worse.       |
|  |
| Next Question  |
| <br>Next Question  |

Step 10.4: Provide a conclusion about the symptoms and click on the Next Question.



| `       | Norry  |
|---------|--|
| S       | ome final thoughts and conclusions about your/patient's symptoms.  |
| D       | o you have any idea what might be causing your/patient's symptoms?*  |
| -       | <i>A</i> ake an allergic reaction to some food or viral infection. Not sure about it.  |
| L       |  |
| ls      | your/patient's symptom visible, for example a skin condition that you would like your doctor to see? If yes you n  |
| u       | pload a clear image here. Please do not upload intimate images e.g. anything that would usually be covered by y  |
| u<br>Le | nderwear, bra or your swimwear.  |
| L       | Choose File No file chosen   |
|         |  |
| D       | o you have a particular worry about your/patient's symptoms that you would like to tell us about?*   |
|         | o you have a particular worry about your/patient's symptoms that you would like to tell us about?* researched on the internet, based on my symptoms, I think I have measles, not sure though.                |
| D<br>-  | o you have a particular worry about your/patient's symptoms that you would like to tell us about?*<br>researched on the internet, based on my symptoms, I think I have measles, not sure though.             |
| D<br>-  | o you have a particular worry about your/patient's symptoms that you would like to tell us about?*<br>researched on the internet, based on my symptoms, I think I have measles, not sure though.             |
|         | o you have a particular worry about your/patient's symptoms that you would like to tell us about?*<br>researched on the internet, based on my symptoms, I think I have measles, not sure though.             |
|         | o you have a particular worry about your/patient's symptoms that you would like to tell us about?*<br>researched on the internet, based on my symptoms, I think I have measles, not sure though.             |
|         | o you have a particular worry about your/patient's symptoms that you would like to tell us about?* researched on the internet, based on my symptoms, I think I have measles, not sure though.] Next Question |
|         | o you have a particular worry about your/patient's symptoms that you would like to tell us about?* researched on the internet, based on my symptoms, I think I have measles, not sure though.                |

Step 10.5: Provide the expectation of this assessment and click on the Next Question.

| Expectations  |
|---|
| <br>How do you hope we can help you with your/patient's problem?<br>What are your/patient's expectations of this assessment?*<br>Advice<br>Prescription<br>Consultation |
| <br>Referral       Other Expectations       Please I want to see a doctor as soon as possible.  |
| Next Question   |
| Back to previous page   |

Step 10.6: Provide more information regarding your appointment and click on the Next Question.



|   | Continuity of care  |
|---|---|
|   | We care about continuity of care.   |
| _ | Who did you/patient see at your/their last appointment for this problem? (Enter NK for not known.)*   |
|   | - NK  |
|   | Would you/the patient like to see the same clinician or the next available clinician? We cannot guarantee this, but we will make every effort to accommodate your request.* |
|   | Same clinician  |
| - | Next available clinician  |
|   | What is your/patient's preferred contact time? We cannot guarantee this, but we will make every effort to accommodate your request.*  |
|   |   |
|   | Afternoon   |
|   | After school/evening  |
|   | All day   |
|   | - Next Question   |
|   | < Back to previous page   |



Step 10.7: Provide about your communication needs and click on the Next Question.

|   | Information accessibility  |
|---|--|
|   | Please tell us about your communication needs.<br>What format do you need information in?*   |
| - | Standard  Audio format  Braille  Large print   |
|   | Easy read or in another language What is your preferred language of communication?*  English |
|   | Yes     No   |
|   | Is there any other way we can support communication?   |
|   | Next Question     K Back to previous page  |

Step 10.8: Summary of your request will be displayed, if you want to change your answers then click on Back to the previous page and change it.



## Summary

Please check your responses before submitting your online consultation request.

#### **Patient Details**

| Name                        | Lucian Hudson                                  |
|-----------------------------|--|
| Gender                      | Not Stated                                     |
| Phone                       | 15649629088                                    |
| NHS number                  | 3178966738                                     |
| Potal code                  | 7729397668                                     |
| Address                     | Explicabo Eos minus expedita et possimus nulla |
| DOB                         | 19-1-1970                                      |
| Email                       | gaxudapyf@mailinator.com                       |
| Preferred method of contact | SMS,Phone                                      |

#### **Patient Confirmation**

| Are you registered with this practice?  | I confirm that I am registered with this<br>practice. |
|---|---|
| This is not an emergency  | I confirm that I have none of these.                  |
| This is a non Covid-19 request.   | I confirm that I have none of these.                  |
| If you think you need urgent attention, please phone your GP practice directly. | Non-urgent request.                                   |



#### Symptoms

| 57112100   |   |
|--|---|
| Please type in your/patient's main symptom in short  | Headache  |
| Please describe your/patient's symptoms?   | I have headache   |
| How long ago did your/patient's symptoms start in days? (Enter 0 if the symptoms started today)  | 2   |
| Treatment  |   |
| Are your/patient's symptoms associated with anything else?   | My symptoms include fever, sore throat,<br>red, watery eyes, loss of appetite, cough<br>and runny nose. |
| What treatments have you/patient tried already?  | I have been taking paracetamol for the last 2 days.   |
| Change in condition  | Yes when i take nararatamol. I feel better  |
| Does anything make your/patient's symptoms feel worse?   | Watching TV or working on the computer makes it worse.  |
| Worry  |   |
| Do you have any idea what might be causing your/patient's symptoms?  | Make an allergic reaction to some food or<br>viral infection. Not sure about it.                        |
| Is your/patient's symptom visible, for example a skin condition that you would like your doctor to see? If yes you may upload a clear image here.<br>Please do not upload intimate images e.g. anything that would usually be covered by your underwear, bra or your swimwear. |   |
| Do you have a particular worry about your/patient's symptoms that you would like to tell us about?   | I researched on the internet, based on my<br>symptoms, I think I have measels, not sure<br>though.      |



| Other Expectations   | Please I want to see a doctor as soon a |
|--|---|
|  | possible.                               |
| Continuity of care   |   |
| Who did you/patient see at your/their last appointment for this problem?<br>(Enter NK for not known.)  | NK                                      |
| Would you/the patient like to see the same clinician or the next available<br>clinician? We cannot guarantee this, but we will make every effort to<br>accommodate your request. | Same clinician                          |
| What is your/patient's preferred contact time? We cannot guarantee this,<br>but we will make every effort to accommodate your request.   | Morning                                 |
| to formation and all the   |   |
| Information accessibility  |   |
| What format do you need information in?  | Standard, Audio format                  |
| What is your preferred language of communication?  | English                                 |
| Do you need a communication professional/interpreter/translator for your appointment?  | Yes                                     |
| Jon opponion.  |   |
| Is there any other way we can support communication?   |   |
| Is there any other way we can support communication?   |   |
| Is there any other way we can support communication?   |   |

Step 10.8: Provide consent to process your personal data and text messaging services and click **Submit.** 



|   | Submit Request   |
|---|--|
|   |  |
|   | By clicking the submit button your online consultation request will be sent to the GP practice. If you think you need<br>urgent attention, please phone your GP Practice directly.                                 |
|   | GDPR/Privacy Policy*<br>I hereby consent to the processing of the personal data and/or image that I have provided, and declare my agreement with<br>the data protection regulations in the <u>privacy policy</u> . |
|   | Contact consent* I consent to the practice contacting me by text message or email to request more information regarding my issue, practice news and appointment reminders.   |
|   | I'm not a robot  |
| - | Submit   |
|   | < Back to previous page  |



## How can I request admin enquiries, such as

## new patient registration, sick notes etc?

Step 1: Follow the steps from 1 to 5 and click on Admin Query.

| Capri Healthcare  |   |  |
|---|---|--|
| How can we hel  | p you today?  |  |
| This service is only for non-emergency/no<br>Practice directly for urgent request.    | n-urgent cases that can wait for at least 2   | working days. Please call your GP  |
| Admin query   | Self care & self management   | Symptoms checker   |
| Click this to view your blood results,<br>medical records and request a sick<br>note. | Click this to read about your illness and self-care.                                    | Click to check your symptoms and<br>view treatments, including what to<br>do and when to get help. |
|   |   |  |
| Self referrals & local services   | On going or long term condition   | New condition  |
| Click to view or access the self<br>referral options available to you                 | Click this for follow-up consultation,<br>long term condition and medication<br>review. | Click this to consult our doctors and<br>clinicians regarding your new illness.                    |
| < Back to previous page   |   |  |

# How can I get self-care and other useful information?

Step 1: Follow the steps from 1 to 5 and click on I would like guidance and advice on self-care.





## How can I access the NHS symptomchecker?

Step 1: Follow the steps from 1 to 5 and click on I would like to check my symptoms.





# How can I request a follow-up appointment, long-term condition review with the nurse and make a medication query with a pharmacist ora doctor?

Step 1: Follow the steps from 1 to 5 and click on going or long term condition





Step 2: Click on the relevant consultation request.

| How can we he   | elp you today?  |   |
|---|---|---|
| 'his service is only for non-emergency<br>Practice directly for urgent request.   | non-urgent cases that can wait for at least 2                             | working days. Please call your GP                     |
| Follow-up consultation with a doctor  | Long term condition review with a   | Medication query with a pharmacist                    |
|   | nurse   | or a doctor<br>Click this for a requestion medication |
| Click this to request a follow-up<br>consultation for your existing<br>condition. | Click this to request a review of your<br>long term or chronic condition. | review with a pharmacist or a doctor.                 |

## **How can I provide feedback for v-Consult?**

Step 1: You can provide feedback for the v-Consult online consultation services. After submitting the consultation request (Step 1 to Step 10.8) click on **Feedback**.

| Confi            | mation  |
|------------------|---|
| We have receiv   | ed your online consultation request. Your consultation number is THEVCONSULT221018002, <u>click here</u> to |
| download a co    | py.   |
| We will assess y | our / the patient's symptoms and contact you within 2 working days with appropriate follow-up advice        |
| you think you /  | the patient need urgent attention or if you don't hear back within this time, please phone the surgery.     |
| We appreciate    | your feedback and will use it to evaluate changes and make improvements. Please take a few minutes t        |
| give us your fe  | edback.   |

Step 2: Select the age group.

| Thank yo                                  | u for opti                  | ng to cor               | nplete fee              | dback.                   |
|---|-----------------------------|-------------------------|-------------------------|--------------------------|
| We value your feedback service in future. | and would like to reque     | est you to give us your | feedback below. This wi | ll help us to improve ou |
| What is your age?*                        |                             |                         |                         |                          |
| 18-24 years old                           |                             |                         |                         |                          |
| 25-34 years old                           |                             |                         |                         |                          |
| 35-44 years old                           |                             |                         |                         |                          |
| 45-54 years old                           |                             |                         |                         |                          |
| 55-64 years old                           |                             |                         |                         |                          |
| 65-74 years old                           |                             |                         |                         |                          |
| 75 years or older                         |                             |                         |                         |                          |
|   |                             |                         |                         |                          |
| I'm not a robot                           | reCAPTCHA<br>Privacy" Terms |                         |                         |                          |
| Next Question                             |                             |                         |                         |                          |
| K Back to previous page                   |                             |                         |                         |                          |
|   |                             |                         |                         |                          |

Step 3: Let us know how satisfied you are with the service.

| Thank you for opting to complete feedback.   |
|--|
| We value your feedback and would like to request you to give us your feedback below. This will help us to improve our service in future. |
| How satisfied are you with the service?*   |
| Very Satisfied   |
| Satisfied  |
| Neither Satisfied or Dissatisfied  |
| Dissatisfied   |
| Very Dissatisfied  |
|  |
| V I'm not a robot  |
| Next Question  |
| K Back to previous page  |

Step 4: Let us know your choice of consultation.

| Thank you for                                       | opting to complete feedback.   |
|---|--|
| We value your feedback and would service in future. | d like to request you to give us your feedback below. This will help us to improve o |
| -What kind of consultation would y                  | ou like in the future?*  |
| Telephone   |  |
| Video   |  |
|   |  |
| V I'm not a robot                                   |  |
| Next Question                                       |  |
| K Back to previous page                             |  |
|   |  |

Step 5: Provide consent to the collection processing and use of your personal data and click on Submit.

|   | We value your feedback and would like to request you to give us your feedback below. This will help us to improve our service in future. |
|---|--|
|   | Any other comments or suggestions?   |
| - | v-Consult is user friendly   |
|   |  |
|   |  |
|   |  |
|   |  |
|   | ✓ Consent  |
|   | I hereby consent to the collection processing and use of my personal data for research purpose.  |
|   | Read our <u>privacy policy</u> .   |
|   |  |
|   | V I'm not a robot  |
|   | reLAPICHA  |







