A brief guide to Skype remote consultations

Key points:

Skype is an online meeting service (OMS) and implies the same level of information governance as other OMS services.

Service quality cannot be guaranteed for Skype and should be considered when adopting.

Clinicians should always control and initiate the use of Skype.

Who is already using the techniques?

South Devon Healthcare NHS Foundation Trust

Clinicians in South Devon are using Skype to hold consultations with patients from their own homes using Skype launched from the Patient Knows Best portal. Clinicians fix a time with the patient for a consultation using Skype and the call is initiated by the clinician.

After the consultation has ended, both the clinician and the patient document what happened using the Patients Know Best online record. Clinicians can then print the entry for their own records (integration with other systems is planned).

What is Skype?

Skype is a voice-over-internet-protocol (VOIP) service that allows users to communicate with peers by voice, video, and instant messaging over the Internet.

In the context of health care Skype can be used to facilitate remote consultation at no cost to the patient using interfaces the patient is often already familiar with.

Service quality considerations

Being a VOIP Platform, call quality with Skype is directly attributable to the amount of bandwidth available to the client.

General guidelines for service quality:

- Avoid unwanted bandwidth use: always use Skype behind a NAT (network address translation) firewall and disable the ‘supernode’ functionality as described in the administrators guide.

  * http://www.skype.com/go/administrators.guide

- Use for outgoing calls only: calls initiated externally to the N3 network may be blocked, resulting in patient frustration.

- Don’t use Skype where quality must be guaranteed: There is no specific Service Level Availability for Skype. There are terms of service but no guarantee of service or availability. For example do not use for ‘emergency responder’ type calls or as a replacement for other telecoms.

- Be aware of network traffic restrictions: some networks, such as N3, apply Quality of Service (QoS) algorithms to network traffic. This may adversely impact Skype communications reducing call quality.

Your key questions answered

Q: What do I need to know about Information Governance?

A: Information Governance Guidance for Online Meeting Services is available from the QIPP Digital Enabler library on NHS Networks.

Sections “4.2 Clinician to Patient Consultation”, and “5. Information Governance Guidance”, should be read before deciding to use Skype or any other online meeting service.
Best practice when using Skype:

Use professional guidelines - record decisions and any treatments changes as you would if this had been a normal consultation.

Familiarise yourself with the IG issues involved in online meeting services such as Skype – there is guidance available from QIPP Digital.

Book calls separately to Skype – make an appointment with the patient prior to initiating the call. For example, this may be done via email or using an application that includes bookings such as Patient Knows Best.

Clinician always initiates the call – allows the clinician to control communications and avoids potential technical issues with incoming calls.

Q: Is Skype secure?

A: An independent security assessment* in 2005 concluded that Skype can verify user identity and content confidentiality between systems. This is a point in time assessment and Skype has continued to develop since the report was written.


The aspects of the Skype architecture and communication protocols which use ‘standards based’ cryptography for the purposes of authentication and confidentiality would appear to be implemented in a robust manner and use algorithms and key sizes which are commensurate with those recommended by the NHS CFH Infrastructure Security Team.*

*http://nww.connectingforhealth.nhs.uk/infrasec/gpg

Q: What are the risks?

A: Organisations should conduct their own risk assessments before implementing new systems. Two particular areas to note for assessment are:

1) Skype uses peer to peer protocols for communications – this makes centrally controlling or recording conversations difficult (current guidance is to record the outcomes, rather than the conversation itself, as you would for a face to face consultation).

2) Some aspects of Skype cryptographic design use proprietary protocols – this is often considered a security risk as proprietary protocols are often not secure by design.

To find out more visit www.connectingforhealth.nhs.uk/qipp or email qippdt@nhs.net

You can also find us by searching for ‘QIPP Digital Technology’ on NHS Networks and LinkedIn.