The increasing popularity of video-over-internet programs such as Skype have led to calls from governments and service planners for secure versions of these technologies to be adopted in general practice. Many conditions, for example follow-up of depression and long-term condition reviews do not require ‘hands-on’ examination but, as visual examination remains important, still require practice attendance. Video-consulting may reduce this requirement and improve access for people who work, are housebound or geographically isolated. Despite this, very few practices have attempted video-consulting, partly due to technical challenges and workload concerns. Furthermore, it is not known for what problems and for which patients video-consultations may be suitable, if they will convey more useful information than telephone consultations, if they are safe, or if they will result in time efficiencies for clinicians and patients.

In tandem with a Scottish Government pilot of video-consulting in various clinical environments, we aim to test the feasibility of running a video-consulting service in general practice to determine its acceptability to clinicians and patients and to collect data on content and outcomes of video, telephone and face-to-face consultations which will help us design a substantive future trial exploring the impact on both NHS and patient burden and safety.