

USE OF NEAR ME VIDEO CONSULTING IN PSYCHOLOGICAL THERAPY SETTINGS

This document is one of a set of resources to support use of Near Me for psychological therapies:

1. Use of Near Me Video Consulting in Psychological Therapy Settings
2. Use of Near Me Video Consulting in Outpatient services

THIS DOCUMENT IS INTENDED FOR NHS SCOTLAND PSYCHOLOGICAL THERAPY SERVICES

ACTIONS FOR NHS BOARDS:

1. Ensure all service managers have received this document
2. Inform service managers of any local arrangements that differ from what is described in this document
3. Support all services to be able to introduce Near Me video consulting

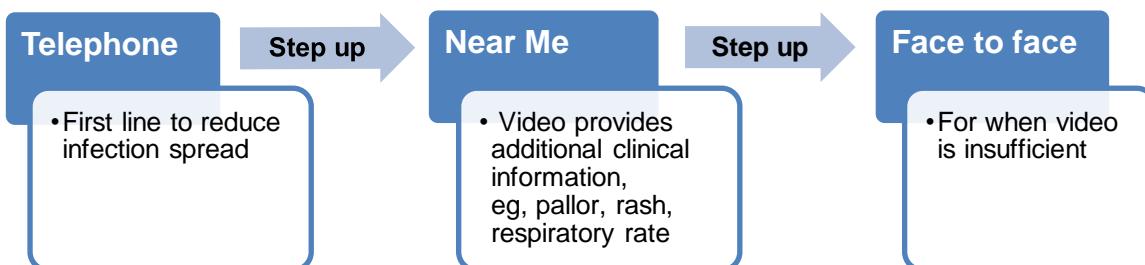
INTRODUCTION

Near Me video consulting (powered by Attend Anywhere) can be used to reduce exposure to coronavirus by enabling both patients and clinicians to consult remotely. It can also be used to reduce footfall in psychology and outpatient departments, protect the clinical workforce through reduced exposure to risk of infection, and increase resilience by enabling clinical support to be provided from different geographical locations.

Scenarios where video consulting may be beneficial in outpatient services include:

- To enable psychological and mental health services to continue to be provided without exposing clinicians or patients to infection risk.
- To reduce the number of people coming into health and care premises, who may be unknowingly carrying coronavirus.
- To enable clinicians to work remotely, either due to quarantine or to reduce the infection risk for the clinician.
- To enable additional health care support to be provided remotely to an area with a significant outbreak of coronavirus.

Consultations: place of Near Me



USE OF NEAR ME IN PSYCHOLOGICAL THERAPIES

Clinical Decision

1

The decision to use Near Me is client specific and *must* be the decision of the clinician who will conduct the video call consultation and as such clinicians *must* undertake a review of the individual clients they are considering for Near Me to ensure they are appropriate.

Criteria

1

Inclusion:

Clients suitability for video call consultation should be assessed on a case by case basis. All clients should be considered for inclusion unless there are key risks that can only be mitigated by a face to face consultation. It may be particularly helpful for those people that:

- Have underlying health problems
- Difficulties with mobility
- Where the mental disorder symptoms prevent clinic attendance
- Pose a risk to staff and public

2

Exclusion:

Clients that meet the following criteria may be less suitable for a video consultation, however the risk associated with such a consultation should be considered along with the risk of infection to both patient and clinician.

- Serious suicidal concerns
- Self-harm behaviour
- Complex mental health difficulties
- High levels of distress
- Intoxicated patients
- Clients assessed to be high risk
- Clients with sensory difficulties

Please note video call consultation may not be suitable for clients requiring particular types of psychological treatment such as trauma reprocessing or for those unable to engage over a video call.

Patient Pathway	
1	<p>Prior to first Near Me appointment:</p> <ol style="list-style-type: none"> 1. Discuss with client face to face or by phone to assess whether video call consultation would be an appropriate service. Following normal department assessment procedures. 2. Allow around 15 minutes during the assessment for discussions around suitability. 3. If client is deemed suitable for video call consultation, briefly describe the video call process. Highlight to the client what the benefits there would be for them. 4. Discuss setting up the next session via Near Me and include the following: <ul style="list-style-type: none"> • The technical requirements; need a device for making a video call such as a smartphone or tablet that is connected to the internet, no app download is required. • Clients access to a private, well-lit space without interruptions to engage in the video call. • Details of local Near Me URL or if appropriate link to organisation website. • Clear information on how to use Near Me. • Request client to make a “test call” at www.nearme.scot prior to the arranged appointment. • Agree with patient that if a session is terminated without warning the clinician will immediately call the patient by phone. • Provide an opportunity to ask questions about Near Me. 5. Record client contact details, including telephone number and email address. 6. Arrange to have any NHS Near Me Patient Information to be sent to the client. <p>If client does not wish to proceed, arrange a phone appointment and consider the option to have a face to face appointment.</p>
2	<p>During the Appointment</p> <p>Explain</p> <ul style="list-style-type: none"> • Explain to client that the appointment isn't recorded • That no-one else is watching. If anyone else is in the room (such as students) they should be introduced and consent sought for their presence. <p>Confirm</p> <ul style="list-style-type: none"> • Confirm they are happy to continue with the appointment. <p>Recognise</p> <ul style="list-style-type: none"> • Recognise if a patient becomes uncomfortable and may wish prefer to change to a phone or face-to-face consultation. <p>Do</p> <ul style="list-style-type: none"> • Collect mandatory data set information as required • Complete session and consult as normal

	<p>Therapists should ensure that they are familiar with Near Me and know how to use it before offering it to clients.</p> <p>3 Within each Health Board there maybe additional steps or procedures in place to consider, this might include:</p> <ul style="list-style-type: none"> • Recording whether client accepted Near Me and reasons for refusal if applicable. • Completion of consent or service contracts.
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Risk Management

1	<p>All clients should receive a comprehensive clinical assessment by an appropriate clinician. This should include an assessment of client risk to self or others if using Near Me.</p> <p>Any client assessed to be at risk may not be suitable for treatment via Near Me however the risk of offering a face to face appointment should also be factored.</p>
2	<p>When considering whether to see a client using Near consider the following:</p> <ol style="list-style-type: none"> 1. As a clinician am I concerned I may not be able to accurately assess the patient? 2. Are there risks that I am aware of which I feel cannot be adequately managed? <p>If the answer is yes to either of the above questions consider offering a face-to-face appointment.</p>
3	<p>Risk categories to consider:</p> <p><i>Risk to self</i></p> <ul style="list-style-type: none"> • Visible and inconsolably distressed • Active thoughts and plans to commit suicide or self-harm • Delusions that pose a risk to the patient • Patient terminates video call consultation before resolution of the above points • Technology failure before resolution of the above points • Risk of infection <p><i>Risk to others</i></p> <ul style="list-style-type: none"> • Plans to harm others • Agitated and distressed with a history of violence • Delusions that pose a risk to others • Patient terminates videoconference before resolution of the above points • Technology failure before resolution of the above points • Risk of infection <p><i>Medical Risk</i></p> <ul style="list-style-type: none"> • Physical health symptoms that are of significant concern • Patient collapses/unresponsive/acute unwell

	<p>When a risk is identified:</p> <ul style="list-style-type: none"> • If client reports risk or harm to themselves or others, follow normal departmental procedures. • Establish if it is still appropriate to proceed with Near Me, or if an alternate method of service delivery is required. <p>Client ends call before end of session:</p>
4	<ul style="list-style-type: none"> • If client ends the video call session prematurely call client back via telephone as agreed at 1st appointment. • If client does not take the return call inform the relevant services according to the assessed level of risk. This may involve GP, local duty teams or emergency services. • If client does take the return call establish an agreed safety plan and discuss the importance of not ending sessions prematurely. • Establish if it is still appropriate to proceed with Near Me, or if an alternate method of service delivery is required.

Client Requirements

1	<p>Clients must have:</p> <ul style="list-style-type: none"> • Access to a smartphone, tablet or laptop and web cam. • And either the Google Chrome or Safari internet browser. • Clients need to be contactable by phone should there be any problems with the video call process. <p>Further information for patients is available at www.nearme.scot</p>
2	<p>Client should have read and understood any information provided, and have consented to receive their psychological care via video call.</p>
3	<p>Clients should:</p> <ul style="list-style-type: none"> • Minimising distractions at home such as television noise and other running software programs. • Understand the need to participate from a confidential space with good lighting, including audio test the room to ensure confidentiality. • Minimise interruptions from others in the home environment.

Technical Contingency Planning

1	<p>In case of Near Me video call failure for technical reasons call the client immediately and either complete the session by phone or offer another Near Me appointment, or a Face to Face appointment as soon as possible.</p>
2	<p>Failure might occur due to internet failure, client not being familiar with video calling technology or not having a reliable internet connection.</p>

APPENDIX 1: FURTHER INFORMATION

Further information for clinicians can be found at www.tec.scot

Detailed guidance on setting up out patient services can be found at <https://tec.scot/wp-content/uploads/2020/03/Near-Me-Covid19-Outpatients-Guidance-v1.docx>

This includes links to a range of training materials.

Contact details for further information:

For technical queries:

<https://www.vc.scot.nhs.uk/attendanywhere/>

For process queries: in the first instance, please contact the Near Me Lead in your NHS Board/HSCP