

CORONAVIRUS RESILIENCE PLANNING:

TELEPSYCHIATRY QUICK REFERENCE GUIDE 1

ESSENTIAL MENTAL HEALTH CLINICIAN INFORMATION

This document is one of a set of three resources to support use of Near Me for coronavirus resilience:

1. Telepsychiatry
2. Telepsychiatry in emergency settings
3. Legal and ethical consideration in telepsychiatry

**THIS DOCUMENT IS INTENDED FOR NHS
SCOTLAND PSYCHIATRY 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

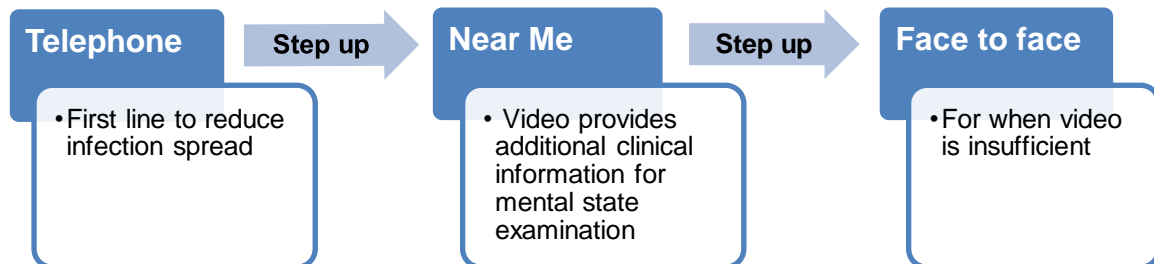
INTRODUCTION

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 outpatient departments, community mental health team buildings, psychiatric and general hospitals. It can 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 mental health services include:

- For patients with confirmed coronavirus or quarantined due to contact with an infected person.
- To continue services while reducing the number of people coming into healthcare premises.
- For patients in mental health with coronavirus, in situations where non hands-on care could be given by video to reduce the number of clinical staff being exposed to infection risk.
- For staff quarantined due to exposure but who are fit to be able to continue working.
- To enable additional health care support to be provided remotely to an area with a significant outbreak of coronavirus (including out of hours, acute and primary care).

Consultations: place of Near Me



USE OF NEAR ME IN PSYCHIATRIC SERVICES

Use of Near Me

- 1 With the current advice to stay at home, it is envisaged that at home appointments will be the most common clinical scenario. This will allow clinicians to work from home as well as patients to be reviewed at their home.
- 1 Supervised or supported appointments using Near Me for patients in general hospitals may also help facilitate crisis and liaison cover that may not be available in the current situation.
- Peripherally supported outpatient clinics (which are standard practice in normal circumstances in some areas) may not be possible at this time.

What do I need to run a Near Me clinic?

- 1 The technological requirements will be similar for clinician and patient, either from home or the usual work place.
- An adequate broadband connection (this will be tested at the start of the call).
 - A computer/laptop/tablet/smartphone with Chrome browser for Windows and Android operating systems (OS), or Safari browser for Apple OS. No additional software is needed.
 - The mental health clinician will need a Near Me account.
Web-camera, speakers/headphones, and microphone (preferably a noise cancelling microphone to reduce feedback).

Risk Management

1 The decision to use telepsychiatry is patient specific and must be the decision of the clinician who will conduct the videoconsultation balancing the risk of infection with risk to patient.

There are no absolute contraindications to the use of telepsychiatry for patient assessment and treatment. The following points need to be considered to guide contingency planning and the level of supervision to ensure risks are managed.

High Risk	Unknown Risk	Special Consideration
Patients with known high risk of violence	New patients	Patients with sensory difficulties
Patients with known high risk of suicide	Unavailability of community response to a contingency plan	Patients with cognitive impairment
Medically unstable patients	Unpredictable risk to self and others	Patients with incapacity
Intoxicated patients	An unsuitable home environment for assessment	Patients unable to engage over VC
Actively aggressive patients	No telephone connection at patient's home for back up	Patients who decline telepsychiatry
	Inadequate technology or connection speed	

1 The above list is only advisory, and if the assessing clinician feel a patient with any of the above criteria was appropriate for a telepsychiatry appointment, the reasoning needs to be carefully documented, with a consideration to the risks and how these are being managed.

During the Consultation

1	<p>Before attending patients should have been told they are having a telepsychiatry appointment, and should have been provided with information on this. When on a Near Me consultation it is important to:</p> <ul style="list-style-type: none">• Check the patient's identity.• Confirm that the patient can hear and see you clearly• Clarify whether or not anyone else is in the room with you, and also whether the patient is alone.• Clarify if the patient is in a location where they are not concerned about confidentiality.• Explain that you may be making notes and checking patient documents, so you will not always be looking at the patient on screen, but that you will still be listening to them.• Explain that the videoconsultation is not being recorded.• Invite questions and confirm the patient is happy to proceed. <p>Be aware during the consultation of changes in the patient's mental state that indicates they may not be comfortable with telepsychiatry and would prefer a face to face review.</p>
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Documentation and follow-up

1	<p>Health Boards and clinicians must be satisfied that there is a safe and secure method for documenting, transporting and storing patient records as new telepsychiatry clinics are established. The videoconsultation should be documented as a telepsychiatry remote consultation in the patient notes.</p>
2	<p>Remote Prescribing</p> <p>Different health boards and individual clinics will have variations in the way they either communicate a prescription for a patient to their colleagues in primary care, or provide a prescription directly for the patient. Health boards must ensure there is a safe and robust method for remote prescribing. The patient should be clear on the medication plan, and how to access their prescription.</p> <p>Multidisciplinary teams</p> <p>At the end of a videoconsultation the clinician must make it clear for the patient what the future management plans are. This may involve other members of the mental health multidisciplinary team, or plans in primary care. Clinicians must ensure there is a clear line of communication with other health professionals involved in the patient's care and treatment plans. There must be an agreement between the central and peripheral locations on a pathway for arranging further examinations and investigations.</p> <p>Follow up</p> <p>There must be a clear pathway for arranging future follow-up if needed. If further telepsychiatry appointments are planned ensure the patient is happy to continue with this format.</p>

APPENDIX 1: FURTHER INFORMATION

Further information about setting up Near Me is available if required. The aim of this document is to enable fast set up: previous documentation was designed around a slower timescale so is more detailed.

1. Overall guidelines in for Near Me are available at : <https://tec.scot>

2. Clinician Near Me user guide



3. Posters for clinician walls



4. Guidance developed and authored by Dr Idris Thomas, Locum Psychiatrist, NHS Highland idristhomas@nhs.net, supported by Clare Morrison, National Near Me Lead and Chris Wright, National Advisor for Digital Mental Health chris.wright@gov.scot.

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