



USE OF NEAR ME:

GUIDANCE FOR PAEDIATRIC SERVICES

THIS DOCUMENT IS INTENDED FOR PAEDIATRIC HEALTH AND SOCIAL CARE TEAMS IN NHS SCOTLAND

This document describes the specific considerations of using Near Me for paediatric services from the overarching guidance for implementing Near Me which is available at: <https://tec.scot/>

ACTIONS FOR NHS BOARDS:

1. Ensure all paediatric teams have received this document.
2. Consider any local arrangements that differ from what is described in this document.
3. Support all paediatric services to be able to introduce Near Me.

INTRODUCTION

Near Me video consulting (powered by Attend Anywhere) can be used by all health and social care professionals in NHS Scotland.

Detailed implementation guidance for Near Me is available at <https://tec.scot>. This document describes the specific arrangements for using Near Me for a clinical specialty. It supplements the existing generic implementation guidance (which covers the technical set up and processes for use) for primary care / outpatients / inpatients / ICU / community use.

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

- To enable paediatric services to continue to be provided without exposing clinicians or patients to infection risk.
- To reduce the number of people coming into service 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.
- To enable multi-disciplinary team input into a single consultation with a child and family thus reassuring families that the teams supporting their child's care are still collaborating.

USE OF NEAR ME IN PAEDIATRICS



The recent service challenges have resulted in a rapid acceleration in service innovation with increased demand for new ways of working. Paediatric centres around the UK have implemented video consulting with many reporting that families rate the experience as better than a phone consultation for follow up. Clinical teams across NHS Scotland report high family and patient satisfaction and ease of consultation because the need for travel is removed. With the current advice to stay at home, it is envisaged that appointments at home will become a commonplace clinical scenario. Clinicians can provide consultation from clinical or home setting, and children and their parents/ carers can continue to have routine appointments building a relationship with their clinician and wider multidisciplinary team.

Patients can attend appointments using Near Me either in their own home or in some cases as schools return, at school with their parent in order to minimise travel and disruption to educational needs.

Challenges relate to internet bandwidth for the video consultation, availability of administrative support for the clinics and technical equipment. The appointments take just as long as a physical review and therefore this needs to be factored into clinic templates and job planning for clinical staff. Specific suggestions for the process of Near Me consultations are listed below.

Use of Near Me	
	<p>Clinicians can work from home or in a clinic and require the following (see Near Me guidance for full technical specifications):</p> <ul style="list-style-type: none">• An adequate internet connection (this will be tested at the start of the call).• A computer/laptop/tablet/smartphone with webcam, speakers/headphone and microphone.• Remote access to appropriate records.• Be logged into Near Me at https://nhs.attendanywhere.com Check equipment works before starting the clinic (using “test my equipment” button in the waiting area).• Connect to the video call from the Near Me waiting room and consult as normal.• During clinician introduction, ask family for an up to date phone number in case of IT challenges.• Record the consultation in the hospital’s clinical system as normal.
1	<p>It is also important to:</p> <ul style="list-style-type: none">• Consider staff training requirements and develop a script and checklist for staff who support helplines in order to understand reasons behind change of appointment and a standardised process by which staff can reappoint or if required, inform the clinician that the appointment no longer required.• Consider a flagging system to notify responsible clinician for the child if families repeatedly do not attend or frequently cancel face to face, video and phone consultations in case of child protection concerns.• Ensure appointment is recorded under child’s name.• Develop processes that include the ability to notify additional teams, who support the family, about the appointment i.e. health visitor, school nurse, for the same appointment.• Agree an administrative process in case a clinician decides a subsequent face to face appointment is required and ensure process in place to differentiate according to priority i.e. urgent versus routine face to face.

The decision to use Near Me is made by clinicians on an individual consultation basis. There are different factors that influence whether Near Me is suitable, including the patient's condition, anticipated examinations/procedures, and barriers to attending (including Covid-19 exposure risk).

There are no absolute contraindications to the use of Near Me in paediatrics. The following points need to be considered to guide contingency planning and to ensure risks are managed. **These are examples of where Near Me is appropriate. It is not exhaustive.**

Usually appropriate for Near Me	Usually NOT appropriate for Near Me
<ul style="list-style-type: none"> • advice, where GP has examined the child • review appointment • discussing test results • Rheumatology – assessment of joints via PGALS • Observation of basic neurological function • Observation of gait • Routine follow-up for patients, particularly children who have been admitted as an inpatient and outpatient appointment is to assess general progress and feedback results. • Rashes in stable well children and not in intimate areas • families who require an interpreter with a local process in place (3 way calls guidance appendix 7) 	<ul style="list-style-type: none"> • where detailed examination required • palpation of abdomen, auscultation lungs and heart • child protection examinations • detailed neurological examination requiring tone, power, reflexes and co-ordination • intimate examinations • diagnostic consultations (bloods, urinalysis, x-rays etc.) • follow up consultations when BP, urinalysis, lung function, ECG etc. required

The above list is only advisory, and if the assessing clinician feels a patient with any of the above “not appropriate” criteria was deemed appropriate for a Near Me appointment, the reasoning needs to be carefully documented. It is also important to consider video quality when observing patients over video.

The majority of centres using Near Me are utilising this for follow up appointments with children who have had a previous face to face examination and consultation in a previous outpatient appointment. There are examples of innovative practice in remote and rural areas where a Near Me consultation takes place in a GP practice with the child and family in the room and the Paediatrician connecting into the consultation via Near Me. This has enabled active triage and immediate advice to GP practices and families and in some cases, prevented a lengthy journey to a central location for consultation.

Near Me could be used for “New patient” appointments but these should be triaged by a clinician to assess suitability for Near Me, as part of existing local triage process.

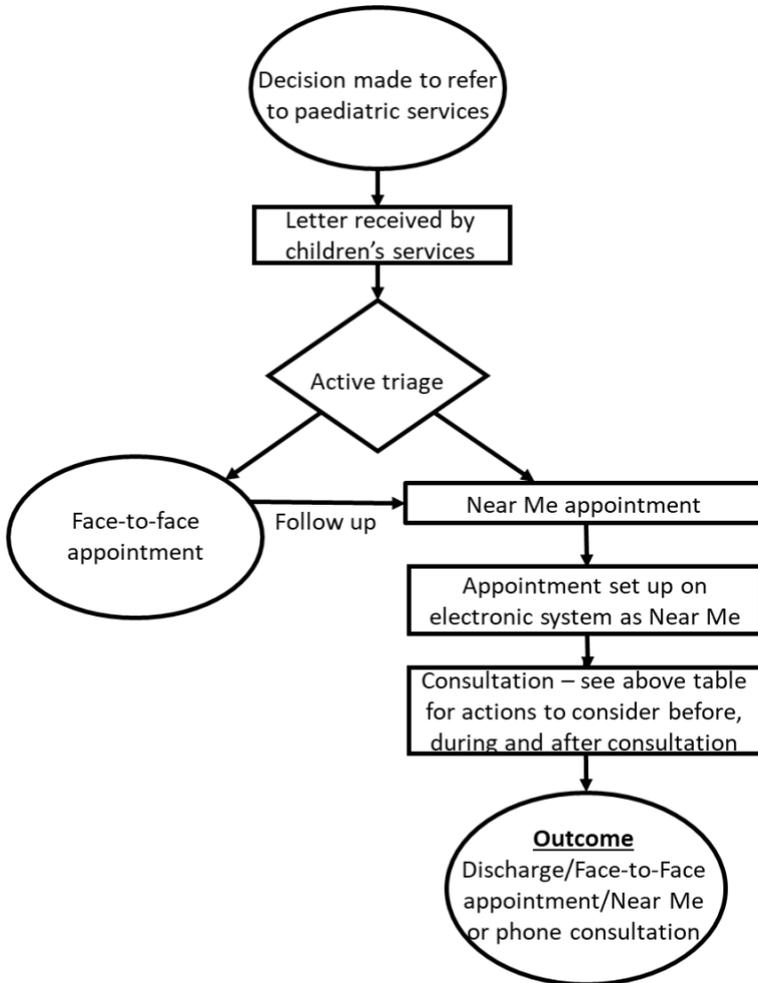
To ensure adequate data protection, in family circumstances where children are in kinship care or other care agreements, the referral letter should state the full name,

	contact details and relationship to child of the adult who will receive the information about the appointment.
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Near Me consultation	
1	<p>Patients should be given an appointment by Near Me and provided with patient information such as the patient information website address (https://nearme.scot). Please also include any child centred information leaflets or links to explanatory videos for children and families about the video consulting.</p> <p>Prior to the consultation, ensure you have:</p> <ul style="list-style-type: none"> • Video consulting equipment • Near Me username and password • Provide the family member(s) or responsible adult(s) with the URL for their Near Me appointment via letter or on direct contact via email if the appointment is within 2 weeks and the patient information website https://nearme.scot • Consider the background view of the room setting; a front lit area with an appropriate neutral background where the camera focus is mainly on the clinician • Consider adding a screen with team NHS Logo or a child friendly poster in the background if possible • Confirm the title of the waiting area matches the title of the department on the letter received by the family • Confirmed demographic details are correct (phone number, address) • Ensure the appointment information requests the family to log in with the child's name, not the adults name
2	<p>At the time of the consultation:</p> <ul style="list-style-type: none"> • Log into Near Me at https://nhs.attendanywhere.com/ • Check equipment works before starting the clinic (using "test my equipment" button in the waiting area) • Open the Near Me waiting area at: https://nhs.attendanywhere.com. Some specialist services may have set up independent waiting rooms. If so, use your department's URL to access your waiting room directly. Local policies should direct staff towards the correct waiting area for their speciality. • Identify the child by name/date of birth in the waiting area. • Connect the video call by pressing "join call". • Check the person's(s) identity. • Confirm that the child and family member(s) or responsible adult(s) can hear and see you clearly. • Clarify whether or not anyone else is in the room with you, and also who is present in the room with the child. • Clarify if the child and family member(s) or responsible adult(s) are in a location where they are not concerned about confidentiality. • If additional members of the family or friends are in the room, clarify that the parent or responsible adult is happy for you to consult with these present. • 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.

	<ul style="list-style-type: none"> • Ensure an up to date telephone number is obtained from the parent or responsible adult prior to starting the main consultation and clarify that you will call the family if internet connection is lost or the video is buffering a lot. • Clarify if you will be linking in any other health professionals during the consultation and ask the families if they were expecting another member of the health and social care team close to the family to join the consultation. Consider the possibility that having several professionals on the screen can have an impact on video quality. If this is the case, professionals not talking to the family should shut off their video feed to improve the stream and will still be able to hear the consultation. • Agree a chair and offline communication strategy for multidisciplinary team meetings in advance. • Explain that the video consultation is not being recorded. Neither the family nor clinician has permission to record the consultation unless explicitly agreed in advance. Any recordings must be documented in the patient’s notes and any communication thereafter. • Invite questions and confirm everyone is happy to proceed. • Consider explaining the process of the consultation i.e. “I will be asking your mum about when you were a baby and then I will...” <p>Be aware during the consultation of changes that indicate the child is not comfortable with Near Me and would prefer a face to face appointment – and discuss the risks of this with the family member(s) or responsible adult(s).</p>
3	<p>After the consultation:</p> <p>Near Me consultations should be documented in the child’s record, following usual clinical documentation processes, recording specifically that a Near Me consultation was conducted. If clinicians are working from home, health boards and clinicians should be satisfied that processes around records are safe and secure.</p> <p>Remote Prescribing Different health boards and individual clinics will have variations in the way they either communicate a prescription for a child to their colleagues, or provide a prescription directly. Health boards must ensure there is a safe and robust method for remote prescribing. The family or responsible adult(s) should be clear on the medication plan, and how to access their prescription.</p> <p>Multidisciplinary teams At the end of a video consultation the clinician must make it clear for the child and family member(s), or responsible adult(s), what the future management plans are. This may involve other members of the child’s multidisciplinary team, or plans in community care. Clinicians must ensure there is a clear line of communication with other health professionals involved in the child’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 There must be a clear pathway for arranging future follow-up if needed. If further tele-care appointments are planned ensure the family is happy to continue with this. There must be robust communication with parents following the appointment. A letter summarising advice, outcomes and follow up plans should be sent to the parents and cc’ed to other relevant health care providers.</p>

CLINICAL PATHWAY



Additional Guidance

The referral could be from a hospital or GP practice. Ensure correct demographic information including telephone number of primary caregiver. If in kinship care or other care agreement, state full name, contact details and relationship to child in the referral.

Follow local process for triage of referrals. Consider if child is appropriate for 1st consultation using Near Me. Consider contacting family beforehand with information for further information.

Ensure clinic slots are clearly identified as being available for Near Me and cannot be double booked. Send letter to family with clear instructions and advice. Ensure a separate Paediatric Waiting Area to prevent the Paediatric clinic being tagged under an Adult Specialty waiting area. Wording should match the clinic letter.

Parents are instructed to login with child's name. Clinician introduces themselves and clarifies phone number in case of poor connection or disconnection.

Ensure access to electronic records. Dictate letter clearly stating a Near Me consultation and any limitations and outcomes – local processes need to be in place to ensure children are not lost to follow up and that all 4 outcomes can be achieved. (This refers to the potential outcomes of the appointment i.e. Face to face, Near me, phone appointment, discharge.

APPENDIX: FURTHER INFORMATION

1. Near Me implementation guidance in multiple care settings (via TEC):
<https://tec.scot/digital-health-and-care-in-scotland/video-enabled-health-and-care/covid-19-implementing-near-me/>
2. Training on Near Me video consulting (via NHS Education for Scotland):
<https://learn.nes.nhs.scot/28943/coronavirus-covid-19/remote-consulting>
3. Patient information: <https://nearme.scot>
4. Additional resources on video consulting:
<https://tec.scot/covid-19-video-enabled-services/>

5. Posters for clinician walls



Quickstart
poster.pdf



Call Screen
Poster.pdf

6. FAQs: <http://www.nearme.com.mm/en-gb/faq/>



Near Me Three way
calls.docx

7. 3 way calls guidance:

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The author and reviewer are responsible for the clinical accuracy of the document

Contact details for Near Me:

For technical queries:

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

For process and set-up queries:

In the first instance, please contact the Near Me Lead in your NHS Board/HSCP