

## **National Redesign of Urgent Care (RUC): Use of Near Me Webinar No. 1 (8<sup>th</sup> February 2021) hosted by National Near Me Team**

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## **National Redesign of Unscheduled Care Programme: Use of Near Me in the Flow Navigation Centre**

### **Background**

As part of the Redesign of Urgent Care Programme, Near Me is being used in the Flow Navigation Centre (FNC) for acute medicine, emergency department and minor injury presentations. It got underway in December and since then there has been 3,000 appointments using video. The webinar covered:

- experiences using Near Me in the FNC
- processes/models for embedding Near Me in urgent care services.
- real life examples of how Near Me has been used with patients.
- any learnings and challenges

### **Presenters**

Fraser Ferguson    Scottish Government, RUC National overview (@FraserAHP @6EAScot)  
Steven Close        Consultant acute medicine, NHS Grampian (@StevenClose4)  
Pauline Kerray     Emergency Nurse Practitioner, NHS Greater Glasgow, and Clyde (@PKerray)  
Brodie Paterson    Consultant Emergency Medicine, NHS Tayside (@BCP1967)

Number of participants = 58 people across 11 health boards. If you were not able to make the webinar you can view a recording at: <https://youtu.be/w2UoOxq9mqU>

### **Note:**

National VC service in Grampian run drop in training sessions on MS Teams for how to use Near Me and key functionality of the system. Dates and times are in the link and please feel free to circulate this to your colleagues: <https://www.vc.scot.nhs.uk/near-me/training/>

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**Version 1.0**

Ref	Theme	Question/Comment	Response
1	Benefits	Can you give an example of the benefits of using Near Me?	At medical school taught about the importance of observing people and video has advantages over phone. Also means you can bring in senior decision makers earlier but does not replace face to face.
2	Benefits		Reduce travel when not necessary.
3	Benefits		Some good examples from the panel outlining experiences of assessing a wound or laceration using Near Me. Really good to hear the value being able to assess mechanism in more detail and see this visually at scene of accident! Unexpected benefit was being able to see someone in situ 'roof had collapsed' dropped something on toe.
4	Benefits		Nursing Homes have been using it extensively for outpatients but although through Flow Centre able to manage people in the home
			Near Me helps with understanding the mechanism of injury which can assist in assessing a patient and planning next steps.
5	Benefits		'Impressed that people of all ages have been able to use it and they are getting quicker outcomes'.
6	Benefits		Being able to see people, including older people and avoiding them having to come in a centre or safely knowing they can come the following morning.
7	Choice	Will Near Me replace face to face?	No, it offers choice. If a patient needs to be seen or that is their preference, they will be seen
8	Clinical governance	Are there plans to explore methods of tracking patient journeys in the future to monitor re-presenting after a FNC consult? NHS Lothian reviewed this with their call?	NHS Lothian reviewed this with their Call MIA service and found unplanned return rate was less following Near Me consult than face to face model.
9	Clinical Governance	You quoted a third of all consultations closed to self-care. Is there any data to reflect if any patients then access services either through calling back later or self-presenting later either scheduled or unscheduled for the same presentation type?	There are plans to explore methods of tracking patient journeys in the future to monitor re-presenting following FNC consults. NHS Lothian reviewed this with their Call MIA service and found unplanned return rate was less following Near Me consult than face to face model

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10	Connectivity	Have there been issues around connectivity?	None of the clinicians had any major issues thus far. Where minor issues have arisen, clinicians have used the Near Me chat function to continue the consultation via video.
11	Model of care	With the emphasis of RUC being right care right place, right time first time would the aim of first time objective be better met at the patients first point of accessing through NHS 111 and would there be any vision to use Near Me by clinicians in NHS111?	Current NHS 24 model is triage by call handler. Although fully supported by clinicians there are not sufficient clinical staff numbers to test this. The longer term vision will be to look at this model though.
12	Patient experience	Can you describe any issues you have had?	If patient expecting a phone call, they may not be dressed etc and then embarrassed if it is switched to video.
3	Patient experience	How can you encourage patients to use Near Me?	Call handlers can really help by using familiar language e.g., FaceTime. But if clinician speaking to patient on phone might suggest it would be better if they can see the patient.