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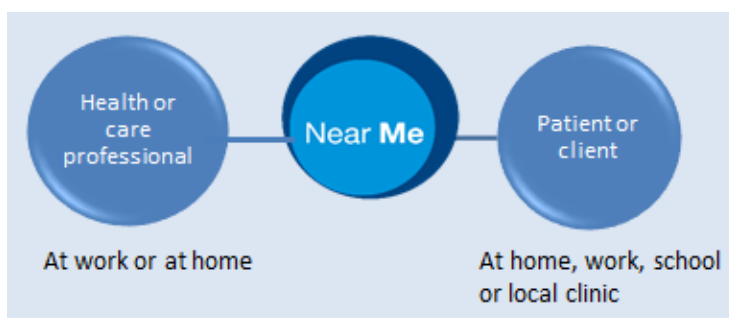


IMPROVING THE USE OF NEAR ME VIDEO CONSULTING IN GP OUT OF HOUR SERVICES

THIS DOCUMENT IS INTENDED FOR GP OUT OF
HOURS SETTINGS IN NHS SCOTLAND

SECTION 1: INTRODUCTION AND SET UP PLAN

Near Me video consulting (powered by Attend Anywhere) can be used to enable patients to consult remotely with clinicians.



The key reasons for using Near Me are to:

- **Enable physical distancing:** Near Me enables services to continue to be provided without potential exposure to COVID-19 and reduces footfall in NHS premises. It also enables clinicians to work remotely, reduces use of and time to put on PPE, supports multi-disciplinary consultations (i.e., via three-way calling), and enables cross-cover.
- **Deliver person centred and convenient care:** Near Me enables people to attend appointments from the location of their choice. This can reduce travel, minimise time taken off work or school, and make it easier for people who need carer support. Near Me can enable an interpreter or family member to join a consultation remotely. It also provides clinicians with insight into patients' home environment.
- **Address environmental imperatives:** by reducing travel, Near Me improves the move towards net zero and the carbon footprint of services.

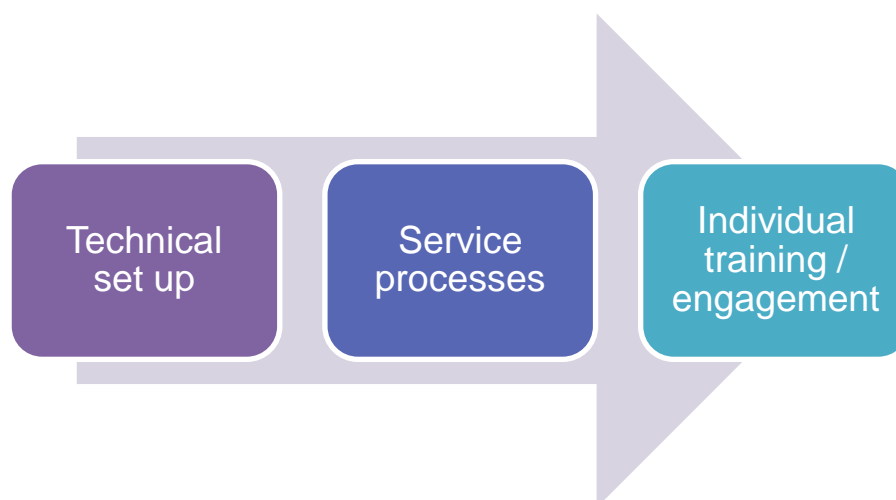
Place of Near Me

Near Me is a consulting tool, and clinicians should select the appropriate method of consultation including both clinical factors and patient choice.

- **Telephone:** often used first line for triaging
- **Near Me:** provides additional clinical information over telephone (eg, pallor, respiratory rate, view wounds and rashes, see sore throats), improves engagement/reassurance particularly in mental health consultations, and addresses patient preference to see their clinician
- **Face to face:** for when telephone or video consultations are insufficient.

Near Me may be used as a standalone consultation, or as part of a combined consultation in order to minimise the time spent in physical contact where any physical examination/test takes place in person and the rest of the consultation by Near Me.

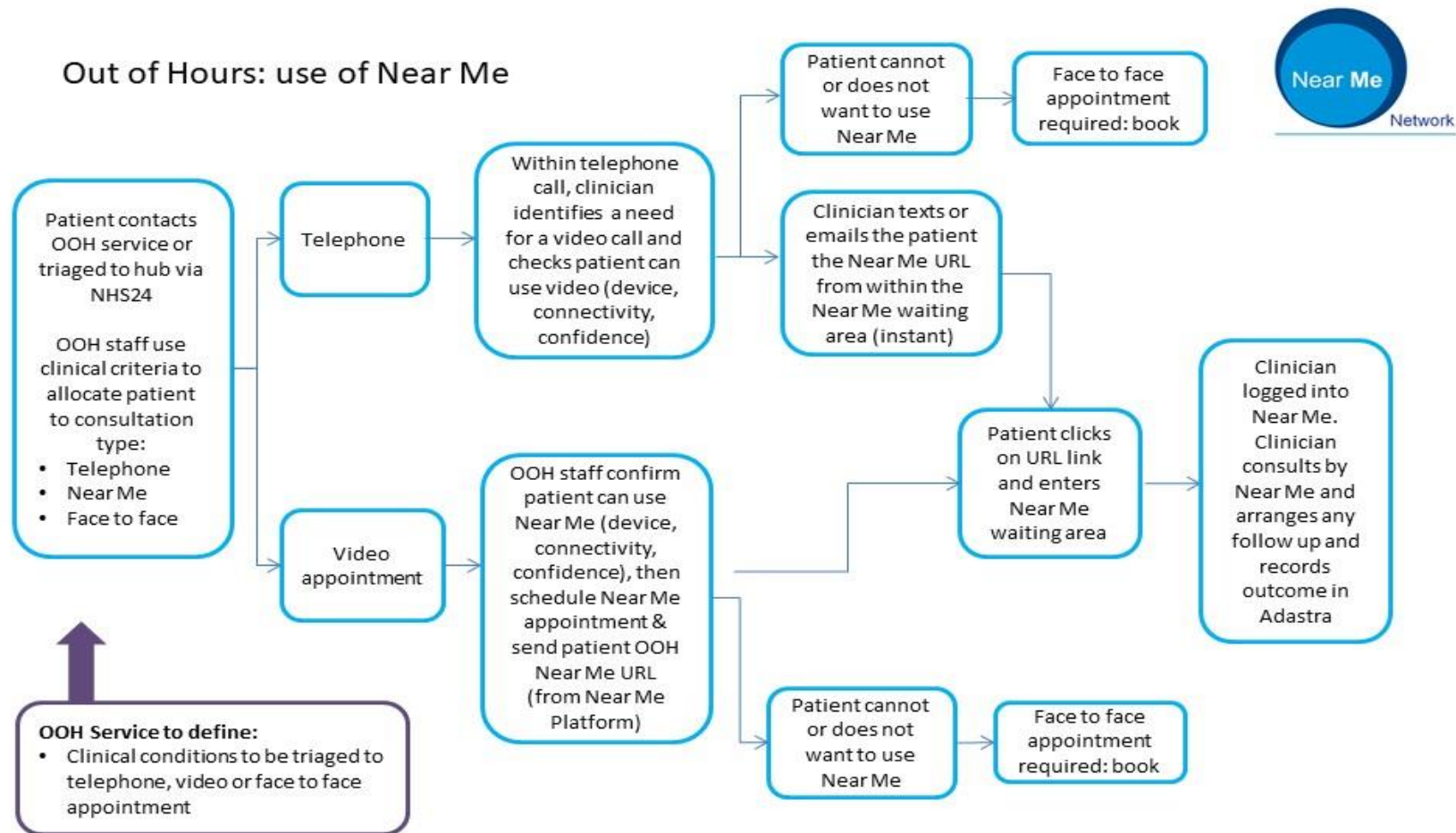
SETTING UP NEAR ME: 3-STEP MODEL



Technical set up	Service processes	Individual preparations
<p>Equipment Video consulting equipment in all consulting locations:</p> <ul style="list-style-type: none"> • Internet connection (minimum requirement: download 1.1Mbps, upload 0.7 Mbps, ping under 150ms). • Check connection at: https://nhs.attendanywhere.com/webtctest • Hardware – webcam, headset or speakers/ microphone (essential), and second screen (optimal). Laptops, tablets or smart phones can also be used. • Chrome, Safari or Edge (Chromium only) browser. For technical specifications, click here • If working remotely, arrange appropriate access to clinical systems. <p>Near Me platform</p> <ul style="list-style-type: none"> • Waiting area set up for service, contact Near Me team in NHS Board. • All clinicians and any other relevant staff set up with Near Me user accounts. 	<p>Clinical pathways</p> <ul style="list-style-type: none"> • Decide on the clinical use for Near Me. • Define practice-specific pathways for use of Near Me. <p><i>See section 2: template pathways for review and adaption by urgent care services</i></p> <p>Core processes Put in place:</p> <ul style="list-style-type: none"> • Criteria for using Near Me. • Process for providing patients Near Me waiting room link and information about the consultation. • Appointment templates and codes for Near Me. • Process for answering Near Me calls and monitoring Near Me waiting area. • Follow up arrangements. • Contingency plans. <p><i>See Appendix 1 for detailed specifications</i></p>	<p>Training</p> <ul style="list-style-type: none"> • Users of Near Me should complete training on both the video consulting platform and on video consulting skills. • Resources are available here & on the NES Turas platform, click here • Training sessions are also available from the national VC team, for available dates click here • Clinicians could also undertake the NES shared decision making training. • Ensure all users understand the need to consult from a confidential space with good lighting. <p>Engagement</p> <ul style="list-style-type: none"> • Where feasible testing sessions can build confidence and help understanding of patient experience. (all take turns to enter as a patient and answer calls). • Ensure any concerns have been discussed, addressed and that all staff are comfortable with using Near Me.

SECTION 2: CLINICAL PATHWAYS FOR USING NEAR ME

Out of Hours: use of Near Me

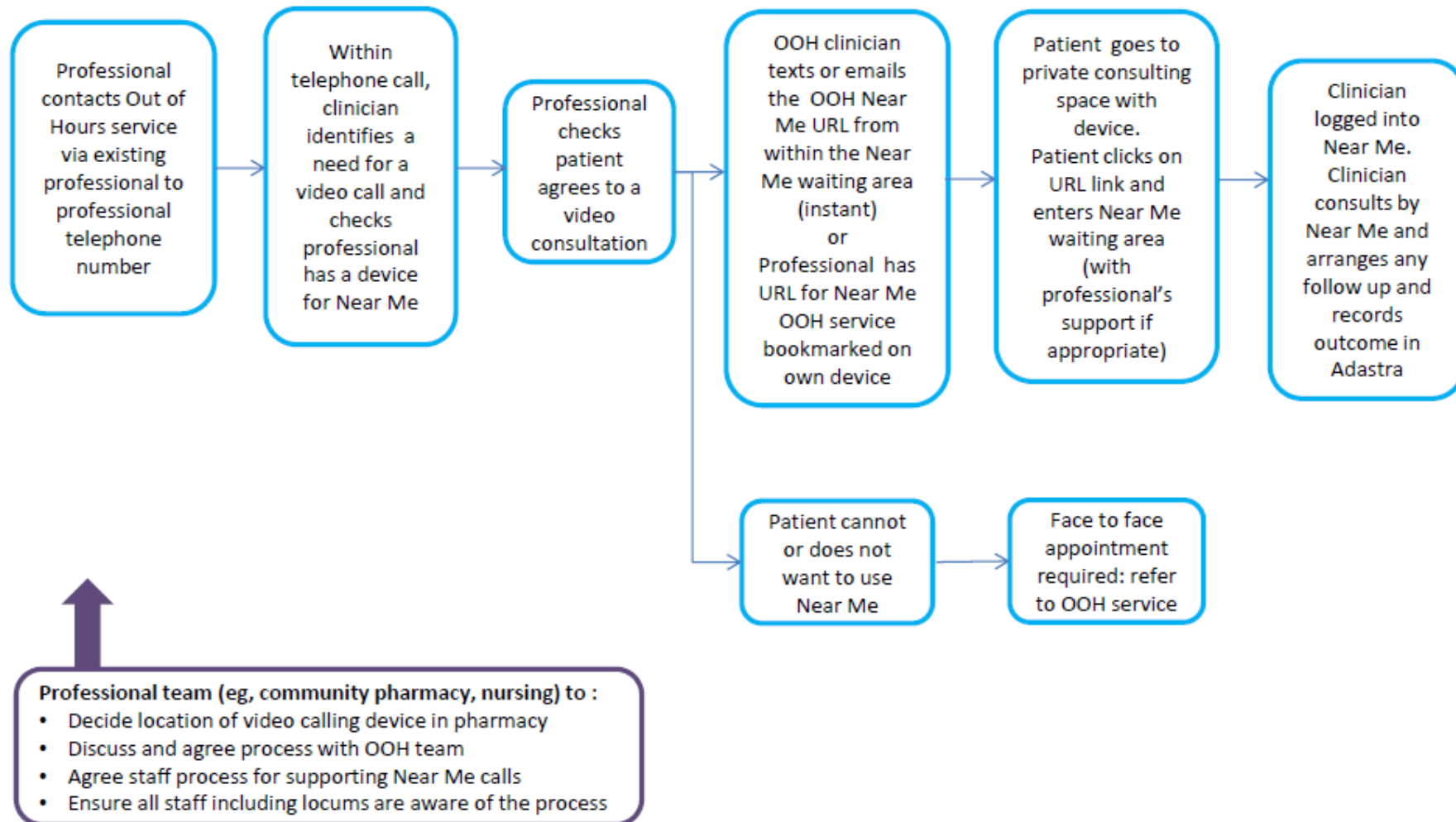


Near Me has been used in OOH for:

Covid-19 symptoms, children, dermatology, ENT, eye conditions, infections, long-term condition assessments, medication issues, mental health conditions (especially anxiety, low mood, suicidal ideation). It has also been used for general triage, for patients where there are particular benefits of staying at home (eg. frail), and for patients with home-monitoring equipment such as BP monitors, thermometers, pulse oximeters.



Out of Hours: use of Near Me in professional to professional calls (eg, community pharmacy, district nurse)



APPENDIX 1: CORE PROCESSES FOR USING NEAR ME

Core processes	
1	<p>Update appointment templates</p> <p>Update clinic/appointment templates to show the times that clinicians are available for Near Me consulting. Ensure all clinicians have access to video consulting equipment (all consulting rooms should be equipped).</p>
2	<p>Decide on the appointment code to identify video consultations</p> <p>Create a new case type in Aadastra called 'video consultation'.</p>
3	<p>Decide how patients are provided the Near Me link</p> <p>It is strongly recommended that patients are given the URL to the Near Me system electronically. This can be by text message, email or via the service's website.</p> <p><i>Electronic message</i></p> <p>A text message or email containing the link to the practice's Near Me waiting area can be sent directly from within the Near Me platform using the "Share Entry Point URL" button.</p> <p><i>Service website</i></p> <p>The service website can be used to provide information about the Near Me service and as a location for the "Start video call" button. Service website information:</p> <ul style="list-style-type: none"> • Make your video consultation information clear on the website front page. • Include a page or panel titled "Video consultations by Near Me" with: • Text: "You can attend video consultations from your home or wherever is convenient by clicking on the start call button below using a device that makes video calls (like a smartphone)." • Service specific information. For example, the statement: "You need to make an appointment as normal to use the video consultation service." Or the times a patient can use the service. • "Start call" button for video calls: to add this to your website, log into your Near Me waiting area as an administrator, go to the Cog button at the top, from the drop down menu select "Waiting Area Entry Points", click on the "send me instructions" icon for adding a waiting area entry point to your website. You will receive an email containing the script for the button. • URL link to national Near Me patient information website www.nearme.scot • Patient information website (available in Near Me waiting room). <p><i>Paper and verbal: not recommended</i></p> <p>Sending letters, paper leaflets or verbally giving the Near Me start call button URL for patients to manually enter into their device is often associated with typing errors or the auto-complete function on devices taking the patient to the wrong waiting area.</p>

4	<p>Define how appointments will be made</p> <ul style="list-style-type: none"> • Define how patients will be offered or request an appointment by Near Me: this should fit with the existing appointment booking process. • In urgent care, this can be both straight from a telephone triage, or could be pre-planned based on an agreed local process. • Agree the information patients could be given on pre-booking an appointment: information about what Near Me is and how to use it (eg, a patient information leaflet or the national website www.nearme.scot) and a link to the specific Near Me waiting room (see above). • Ensure any additional information normally given to the patient before a consultation is provided, for example, patient surveys or the Choosing Wisely four questions to get the most out of consultations. • Decide who will check the patient can use Near Me. Consider offering first-time users the option of making a test call to the service that admin staff answer, or open days when any patients can try it out.
5	<p>Process for answering Near Me calls and monitoring waiting area</p> <ul style="list-style-type: none"> • Define how Near Me waiting areas will be monitored: directly by the clinician, or by the admin staff who will then mark the patient as having arrived in the service's normal clinical system to alert the clinician as usual. • Define how patients will be informed if a clinic is running late: there is a "notify" function to enable admin staff to send the patient a message on the Near Me screen. • Define how Near Me calls will be answered: directly by the clinician, or by the admin staff who will then return the patient to the waiting area to wait for the clinician. Admin staff answering calls in this way can identify any technical issues the patient may be having (eg, microphone not switched on) so avoid any delays for clinicians. <p>If admin staff are monitoring the waiting area and/or answering calls, ensure:</p> <ul style="list-style-type: none"> • Staff are logged into Near Me all day at https://nhs.attendanywhere.com/ selecting the "Keep me logged in" function. • If answering Near Me calls, have video consulting equipment in place.
6	<p>Use in consultations</p> <p>For all Near Me consultations, clinicians will:</p> <ul style="list-style-type: none"> • Have video consulting equipment in place • 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) • Open the service's clinical system (eg, Aداstra). • Identify patient with Near Me consultation – either from clinical system or direct from waiting area (depending on process agreed above) • Connect the call and consult as normal • Record the consultation in the service's clinical system as normal • Arrange any follow up as normal.

7	<p>Arrange follow up process</p> <p>Put in place a process for patients to collect any required forms such as prescriptions. For example:</p> <ul style="list-style-type: none"> • Print the form at the practice and the patient collects from a designated hatch to reduce in-person contact. • If a clinician is working remotely, another clinician within the team will be required to sign the form. • Prescriptions could be sent directly to the patient's chosen pharmacy or GP.
8	<p>Contingency plan</p> <p>Put in place a contingency plan for Near Me calls not working – either due to patients being unable to work it or an internet failure:</p> <ul style="list-style-type: none"> • Near Me call failures can happen if a patient is not familiar with video calling technology and do not have a reliable internet connection. Therefore, have a clear plan in place for failures. • This would normally be the clinician telephoning the patient and swapping to a telephone or face to face consultation. Ensure the clinician knows the patient's telephone number. • Where the patient's telephone number is unknown, the patient will be required to telephone the service to swap to a telephone or face to face consultation. Ensure the patient knows the telephone number to call. <p>For first line support when you or your patient are experiencing technical difficulties with using Near Me, contact your local Near Me team. Second line support can be provided by the National VC team. Email vc.support@nhs.scot or call on 01224816666</p>
9	<p>Near Me platform administration</p> <p>The service should identify an administrative lead for Near Me. This person should be given “service administrator” rights within the Near Me waiting area. Their role is to:</p> <ul style="list-style-type: none"> • Add users (“service providers”) to the Near Me waiting area, eg, new members of the practice team, locums working for the practice. • Remove users. It is important to remove anyone who should no longer have access (eg, due to leaving the practice) to ensure confidentiality. <p>Given the possibility of needing to add someone at short notice including out of hours (eg, change of locum, absence cover), it is sensible to have at least one further person in the team who has administrative rights.</p> <p>In addition, administrators can manage other functions of the waiting area including:</p> <ul style="list-style-type: none"> • Change the hours the video system can be accessed • Change waiting room message / information callers see • Change patient entry fields. <p>Administrator training is available via the national VC team website https://www.vc.scot.nhs.uk/near-me/training/</p>

APPENDIX 2: 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. Near Me implementation guidance in multiple care settings (via TEC):
<https://tec.scot/programme-areas/near-me/guidance-notes>
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. Resource Centre with information about the underpinning platform (Attend Anywhere):
<https://nhs.attendanywhere.com/resourcecentre/Content/Home.htm>

APPENDIX 3: CLINICAL CRITERIA FOR USE OF NEAR ME OUT OF HOURS

These criteria are taken from work by Professor Trish Greenhalgh, Nuffield Department of Primary Care Health Sciences, University of Oxford, and tested by Out of Hours teams as part of the development of this guidance.

CLINICAL CRITERIA FOR PATIENT VIDEO CONSULTATION (VC)

These categories overlap in practice, and clinical judgement must be used.

1. For **non-COVID-related conditions**, and with the caveat that case-based judgements will always need to be made, research suggests that VC will be **most suitable** for the following:

- **Dermatology** – skin rashes (commonly eczema, psoriasis, urticaria, impetigo, infected insect bites), hair conditions, nail disorders. Skin conditions needing seen by urgent care services tend to be more overt and more suited to Near Me than those needing high quality pictures of planned care. (Remember asking the patient to switch to the rear facing camera will provide better images on smartphones and tablets).
- **Chronic disease assessments**, especially if patients have some self-monitoring equipment at home and an existing relationship with the clinician (COPD for example).
- **Medication-related consultations** (e.g. when the patient is well but needs to be seen before issuing a prescription).
- **Mental health and similar services** involving therapeutic talking (in such consultations, video helps with rapport and reassurance). Examples include: worsening anxiety, low mood, suicidal ideation.
- **Eye conditions** – red eye, lid problems, eye skin issues.
- **ENT** – sore throat/ tonsillitis.
- **Infections** – Lower UTI, infected insect bites, folliculitis, cellulitis (with no red flags)
- **General triage call** when a telephone call is insufficient
- Any condition in which the **trade-off between attending in person and staying at home** favours the latter (e.g. in some frail older patients with multi-morbidity or in terminally ill patients, the advantages of VC may outweigh its limitations).
- **Professional to professional calls** (eg, district nurses calling about an infected leg wound etc, or querying general things).

2. On the basis of current evidence, we suggest that VC **should not generally be used for**:

- Assessing patients with **potentially serious, high-risk conditions** likely to need a physical examination (including high-risk groups for poor outcomes from COVID who are unwell) – red flag symptoms.
- When an **internal examination** (e.g. gynaecological, rectal) cannot be deferred.
- When **further examination** is needed (abdominal pain, breathlessness, chest pain, headache with rash).
- **Co-morbidities** affecting the patient's ability to use the technology (eg, confusion), or serious anxieties about the technology (though note that relatives may be able to help).
- **Intoxicated patients or under the influence of drugs.**

3. **COVID-related calls** are likely to consist of:

- Asymptomatic people who are **very anxious**, for which a VC may provide reassurance.
- Symptomatic people **seeking a diagnosis**, for which a VC may add value over telephone.
- People who are **unwell**, for which a VC may reduce the need for a face to face consultation.

Specialty guidance produced by the Near Me Network



This guidance is the output of a primary care improvement project led by the Near Me Network, with support from the Royal College of General Practitioners. The Near Me Network is run by the Scottish Government's Technology Enabled Care Programme.

With thanks to the five Out of Hours Services who participated in the improvement project and the support of the local NHS board teams:

NHS Dumfries & Galloway

NHS Fife

NHS Greater Glasgow & Clyde

NHS Highland

NHS Lothian

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We are very grateful to RCGP Scotland for its expertise to ensure this guidance meets the needs of Scottish patients and clinicians, and for its input to the Near Me improvement group meetings and for reviewing this guidance.

This guidance is supported by the Royal College of General Practitioners Scotland

This guidance complements earlier Near Me guidance for primary care.

Date of publication: November 2020. This guidance will be reviewed by December 2021.

Contact details for Near Me:

For process and set-up queries:

In the first instance, please contact the Near Me Lead or GP eHealth facilitator in your local NHS Board/HSCP

For all other queries, please contact:

nss.nearme@nhs.scot