https://youtu.be/vZXgUipo-BE with NHS Fife, NHS Greater Glasgow and Clyde and NHS Lothian; Number of participants = c100 Please complete our post webinar Survey here

Further info Email marc.beswick@nhs.scot nss.nearme@nhs.scot

Key documents and information to note:

- A national public engagement was carried out in the Summer 2020 and had over 5,000 responses: over 1,000 from health care professionals including over 200 GPs. Video consultations public and clinician views: consultation summary gov.scot (www.gov.scot)
- Professor Trish Greenhalgh carried out an evaluation on Near Me 2019/20 (pre Covid-19) and was published in July 2020.
 Attend Anywhere / Near Me video consulting service evaluation 2019-2020: report gov.scot (www.gov.scot)
 An evaluation of the scale-up has been carried out and is due to be published early in 2021.
- Link to Implementation Guidance (GP and OOH) https://tec.scot/sites/default/files/2021-06/OOH-Near-Me-guidance.pdf and https://tec.scot/sites/default/files/2021-06/OOH-Near-Me-guidance.pdf

Training

Remote consultation learning resources on TURAS here

Near Me Training Sessions & Videos

Care Navigation

Implementing care navigation makes best use of appointments and resources within GP practices. <u>Care Navigation Toolkit - Care Navigation Toolkit (ihub. scot)</u>

Terminology | Near Me; NHS Near Me and Attend Anywhere

Near Me – is the national branding now being used to describe video consulting services. The NHS element was dropped in recognition of the potential wider use: social care, public sector, third sector.

NHS Near Me – was the branding first used by NHS Highland and the name was co-produced with patients and public. Initially it was used for outpatients but was started to being used at home when the patients and public suggested as part of public consultation in 2018.

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Attend Anywhere - is the s the name of the video consultations platform, purpose-built to meet the needs of the health and care sectors, for which a national licence has been procured for Scotland.

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Ref	Theme	Question/Comment	Response
1	Admin and	How important are Administrative staff in	Admin support is key. This is a whole system change and need to get everyone
	Teamwork	getting this off the ground and working well?	onside, but worthwhile. If staff practice with each other it makes it easier to
			problem, solve with the patient.
2	Appointments	Does Near Me work much better for pre-	The panel described various scenarios for how they successfully use Near Me
	and booking	booked appointments, rather than using it	both pre-booked and ad hoc. If there are pre-booked slots it makes it easier to
		on an ad hoc basis during a telephone	offer choice.
		appointment?	
3	Equipment	What equipment does one need and how do	Please head to https://tec.scot/nearme/ for details on this.
		I set it up please?	
4	Functionality	Can you add other people into the	Yes, you can. There is an invite button in the function menu during your consult.
		consultation?	This allows you to email or SMS the link to the third party you want to invite.
			This can be helpful for carers, family members, interpreters, other clinicians etc.
5	Functionality	Do you know of any practitioners using near	Yes, there are a good number of professions across Scotland running small
		me for small groups e.g., of up to 3-4	groups on Near Me up to 5 people depending on broadband signal.
		patients?	Physiotherapy groups, and mental health services.
6	Functionality	Do you use 'share screen' to show results,	While the panel had not used the share screen function other Primary Care
		talk through resources/advice?	Practices do use it for sharing information.
7	Patient	I was pleased to see Practice Nurse engaged	Like anything new, it is a bit hard to start with but once they have used it, see
	engagement	in Near Me e.g., Respiratory reviews. I have	how easy it is most patients love it. They do not need to go out of their house.
		had a few but not nearly as expected. I see	Word of mouth has also been helpful. Try sharing video clip with a patient
		the benefits, but I am personally having	during the consultation? Talk the option through with patients so they can be
		difficulty getting patient's engaged. Any tips	reassured.
		as I feel this would be very helpful.	Please view the recording of how to use this feature and an example from
			practice.

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8	Photos	How can you improve photo assessments?	Using the rear facing camera on the patient's device rather than the front facing one and good lighting can get a better image.		
9	Web browser	Not a question, but I think sometimes (esp. younger) people do not want to change their web browser if they have a strong preference. For instance, I always use Firefox over Safari, which does not support Attend Anywhere.	Might be worth noting other web browsers that it works on? For instance, anything built on Chromium (Ecosia, Edge, etc)		
10	Working from home	My role is primary care mental health and work with many people who have complex trauma. How do staff feel using Near Me working from home regarding setting work/homelife boundaries?	The panel did not have any issues with. If working from home set up as if you were at the office. Alan described telephone system for those working from home which mean they use the practice number from home and so patient does not know they are working from home. They use a system called Silver Cloud. For more support on home working check out this from Microsoft: An essential		
			webinar you can log into either live or recorded. https://microsoftteams.eventbuilder.com/TeamsWFH		
Plea	Please see some additional information below on 1) potential impacts on health for professionals and 2) Near Me service models				

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Potential impacts on health care professionals | Post meeting note from Simon- 18 January 2021, following Regional Event No.1 but relevant to all colleagues.

"I forgot to mention in the presentation about the likely adverse health effects that Near Me and Telephone consultations could have on health care professionals. Prior to Covid-19 we had a system of collecting patient from waiting room (at least standing up every 15 minutes) but now it is all too easy to stay seated for hours at a time. In addition, I suspect some GPs, including myself, initially found change of work difficult/stressful and certainly at the beginning it was much harder to work out patient conditions based on phone/video. There was a period of about 2 months when my brain was working overtime and trying to figure different ways of working utilising the knowledge I had and applying it to remote working. After a couple of months, it has become very familiar and it just part of the work now. However, it is still a real luxury having the patient in front of you in the surgery which we all used to take for granted."

Service Models

Prof Greenhalgh in her evaluation of Near Me describes the three different service models that were in use, to varying extent pre Covid-19:

- **Hub-home**: Clinician connects from clinic to patient at home.
- **Dyadic hub-spoke**: Clinician in specialist 'hub' centre connects to patient in remote 'spoke' health or care site without additional staff member present (e.g., in an unstaffed kiosk).
- **Triadic hub-spoke**: Clinician in specialist 'hub' centre connects to patient in remote 'spoke' health or care site with an additional staff member (nurse, GP, healthcare support worker present. This was used for access to secondary care services.

For example, in Highland the **Triadic hub-spoke** were often a local hospital with purpose designed rooms and equipment to optimise the consultation. This set up meant there were no connectivity issues; the patient did not have to worry about the technology and there was support on hand if necessary. Additional staff were used if some tests were required or support with connecting the call.