



# DIGITAL CONSULTING IN NEUROLOGY

## GUIDANCE FOR THE USE OF NEAR ME, VIDEO CONFERENCING AND V-CREATE

This document is intended for Physicians in NHS Scotland



December 2021



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## INTRODUCTION

This guidance has been written to support to the use of digital consulting in Neurology. It is recognised that digital consulting has a valuable role for clinicians and patients, presenting choice, flexibility, and convenience. For clinicians it supports decision making, improves access to the speciality and enables flexibility in how and where the clinician can work. Used in appropriate situations within a traditional suite of consulting methods, it is both useful & beneficial, offering personal choice and person-centred care.

Assessment of patients with neurological conditions requires a thorough history and a comprehensive targeted examination. This is most important for the initial consultation, but remains important during chronic disease management, especially if the patient's condition is evolving. For some patients' neurological examination provides little additional information, for others it is an important tool to look for an underlying structural cause and for others it is a vital part of the diagnostic process.

Assessment of the majority of neurology patients presenting for the first time is therefore most appropriately undertaken in person to allow a comprehensive neurological examination, complex decision making and appropriate use of NHS resources. In person assessment is also important for continuing disease management, particularly if the condition is evolving. In person assessment is not practicable or desirable for all patients, particularly those traveling long distances for management of stable conditions, those where examination adds little to the assessment and those with significant long-term disability for whom traveling is difficult.

Clinicians should take into consideration factors other than making an accurate clinical assessment when considering the most appropriate consultation medium. Patients should be given the opportunity to decide how they wish to be seen, and it is recommended that if considering video follow-up that this is discussed at the first appointment to ensure the correct medium is used. A video consultation may be more appropriate for patients who would have to travel long distances to be assessed or receive a result. Clinicians should, however, consider the impact of receiving a potentially life changing diagnosis, balanced with the need to receive it in a timely way, and whether an in person or video appointment is more appropriate. For many this will be more appropriate in person, but the result may be initially discussed video backed up by an early in person appointment if indicated.

This guidance focuses on video consulting and does not cover other forms of virtual consultation / communication such as telephone and email. For many situations the telephone remains an appropriate and useful means of assessing and communicating with patients.

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## BACKGROUND

During the covid 19 pandemic telephone and video consultations became necessary to reduce footfall and allow appropriate social distancing measures to be undertaken. As we emerge from the covid 19 pandemic it is important to resume in person consulting for many patients. The expansion of video consulting during the pandemic provides an opportunity to reconsider how we provide initial assessment and long-term management for selected patients with neurological conditions. This guidance is intended to provide practical advice on where video consulting is a suitable alternative to in person assessment and to optimise its use. It is based on extensive clinical experience and broader learning from the wider Near Me programme.

Principles of patient-centred care and shared decision making must be applied. Survey work by the Neurological Alliance of Scotland in 2021, [a-review-of-virtual-consultations-in-scotland\\_september-2021.pdf \(scottishneurological.org.uk\)](https://www.scottishneurological.org.uk/files/a-review-of-virtual-consultations-in-scotland_september-2021.pdf), showed that one size does not fit all. Even where a consultation may appear to be clinically appropriate in a specific setting, this might not be appropriate for the individual patient. For example, where the patient is unable to travel to a face-to-face appointment a video appointment may be more desirable, and where the patient lacks the equipment or digital skills to participate in an appointment online a telephone or in person appointment will be required.

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## DRIVERS

- **Realistic Medicine: Chief Medical Officer - annual report: 2020 to 2021.** “Near Me is helping us deliver the careful and kind care that Victor Montori spoke about in our last annual report. The range of services now provided by Near Me is extensive. It is used everywhere from addiction services to wheelchair servicing. People’s experience of Near Me has generally been very positive as it offers choice in how they wish to access services. The continuous improvement of the service is underpinned by comprehensive public engagement.” It supports the delivery of personalised care, shared decision making & ensuring shared understanding, managing risk better, becoming innovators & improvers, reduces harm & waste and tackles unwarranted variation in practice & outcomes.
- **A Fairer, Greener Scotland: Programme for Government 2021-22:** <https://www.gov.scot/publications/fairer-greener-scotland-programme-government-2021-22/>
- **Equality Impact Assessment:** [Near Me Equality Impact Assessment version 2- Nov 2021](#)
- **Evaluation:** [Near Me video consulting service: evaluation 2020 - summary report](#)
- **Neurological Alliance of Scotland: A review of virtual consultations in Scotland. September 21:** [https://www.scottishneurological.org.uk/files/a-review-of-virtual-consultations-in-scotland\\_september-2021.pdf](https://www.scottishneurological.org.uk/files/a-review-of-virtual-consultations-in-scotland_september-2021.pdf)

## TECHNICAL CONSIDERATIONS

This section describes the use of synchronous consulting using Near Me and video conferencing, and asynchronous consulting using V-create:

Synchronous consulting: Live video call / consultation

- **Near Me**
- **Video Conferencing**

Asynchronous Consulting: Digital recordings, images or information shared ahead of a consultation or as part of chronic disease management

- **V-Create**

## Near Me Video Consulting

Near Me video consulting (using the Attend Anywhere platform) provides an easy-to-use video consulting system from the web browser of a smartphone, tablet, or computer. It is normally used by patients in their own home (or chosen location). It can also be used in peripheral hubs for patients who do not have the appropriate technology, as well as in-patient wards, clinic rooms and GP practices to facilitate patient assessment while on call. An untrained helper or family member can assist in a basic neurological examination for those connecting in from home (or chosen location). A more comprehensive targeted neurological examination is possible with the assistance of a trained helper, usually a doctor or a nurse. The high-quality rear facing camera on a smart phone can be used to provide close up views during examination, for example to assess pupils or look for fasciculation's (it is important to hold the camera still to avoid pixilation).

Where technology is well set up and managed, additional participants can join from any location at any distance. This allows for:

- joint assessments with professionals locally and in other health boards
- including relatives who live far away from the patient (including overseas).
- connecting in additional participants at a pre-scheduled time by the clinician from the virtual waiting area (interpreters, students, etc).

Additional participants can also be invited in easily by text or email by using the share link or consult now options. See section [“Training & Resources”](#) for how to information

It is straightforward to share information, such as scans or websites, with patients using the screen share option.

Due to the larger screen size it is preferable for the patient to use a tablet or computer / laptop when accessing Near Me from their own home (or chosen location). It is helpful for a relative or friend to be available to provide witness descriptions and aid with basic examination. The device should be positioned on a table or desk and there should be enough space behind it to assess gait. The picture quality is best if the room lighting is in front of and not behind the camera e.g. the patient should not sit with a light or window behind them. If the conditions at the patient end are not good (poor internet quality, room set up), it can compromise the quality of the consultation.

Near Me can be used from any computer with appropriately enabled speakers, microphone, and video camera. It is therefore very accessible and can straightforwardly be used to enhance assessment of appropriate patients with General Practitioners in their own consulting rooms, in-patients in peripheral hospitals and patients in emergency departments. Further information can be obtained directly from the patient and the referring clinician can undertake directed neurological examination.

Further information on the use of Near Me can be found at: [www.tec.scot/nearme](http://www.tec.scot/nearme)

Benefits of Near Me	Considerations
<ul style="list-style-type: none"> <li>• Easy to use by patients in their own home, using their own device.</li> <li>• Can be used on any smartphone, tablet or computer with appropriately enabled speaker, microphone, and video camera</li> <li>• Avoids travel – cost, time, inconvenience, difficulty of travel (for frail, elderly or unwell)</li> <li>• If accessed from the patient’s home, it does not require booking of facilities in a remote site.</li> <li>• Does not require specialist equipment and can be accessed from any enabled NHS computer</li> <li>• Flipping camera on a smartphone and family / nurse / other clinician support can provide good quality close up images of the patient.</li> <li>• Can bring in other professionals on additional screens allowing multidisciplinary assessment</li> <li>• Can bring in relatives from different or distant locations on additional screens</li> <li>• Can bring in an interpreter on an additional screen</li> <li>• Scans / other results / websites can be shared with patients using the screen share option</li> <li>• Can be incorporated into mixed clinic (in person / virtual) via a standard clinic template</li> <li>• Can be helpful for patients who are unable to leave their home and those living in care homes or prisons.</li> <li>• Can see patient in their typical home setting which can help with assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• High speed broad band is not available in all areas.</li> <li>• Home broadband or devices may not be sufficient to support the consultation.</li> <li>• Quality of the consultation can be poorer at times of high internet use.</li> <li>• Chance of call failures and technical difficulties such as poor picture or sound quality. In such situations will need to revert to the phone or supplement the Near Me consultation with a phone on speaker to resolve sound quality issues (mute Near Me either end to avoid interference)</li> <li>• Only a limited examination is possible without a trained assistant.</li> <li>• No far end camera control to support detailed examination.</li> <li>• People on low incomes or who have less access to technology may only have access to a smart phone, which provides a lower quality experience or may not be able to undertake virtual consultations at all.</li> <li>• Lack of confidence with technology may make it hard to participate in appointment.</li> <li>• Patients with motor impairments, communication issues, poor hearing, cognitive difficulties, learning difficulties or mental health issues may find it difficult to use the technology.</li> <li>• Issues around confidentiality in the home: Some individuals and unpaid carers may prefer to speak without the other party present. There may be other individuals in the room that the clinician can’t see.</li> <li>• Issues around confidentiality in the consulting room: Important to introduce any additional people in the consulting room to the patient and explain that the consultation is secure and confidential.</li> <li>• Privacy and access issues may be mitigated by directing patients to local Near Me Hubs.</li> </ul>

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### Video Conferencing – video consulting with CMS

Traditional video conferencing systems can also be used to allow video consultations between hospital sites. These can be used for both in-patient and out-patient consultations. Because systems generally have higher quality cameras and video traffic (using h.323 or sip) takes priority over other internet traffic, the picture quality is generally better and can be more reliable. Because, it requires up to date dedicated video conferencing hardware in dedicated rooms in the near and far end hospital sites, it is not as accessible as Near Me. Many systems provide high quality pan, tilt, and zoom cameras that can be controlled by the remote clinician. The picture quality and ability to control the far end camera can allow for a more detailed neurological examination. Detail is lost at the extremes of video conferencing close up zoom making it difficult to assess pupil responses and it is not possible to assess for fasciculation's. To support this assessment, Near Me using the high quality rear facing camera of a smartphone can be used to provide close up views during examination.

A greater range of patients can be seen by video conferencing than by Near Me, but however good patient selection is, a proportion of both new and return patients will require an additional face to face assessment.

It is straightforward to share information such as scans and websites with patients using the screen share option. It is possible to connect in other professional participants, but this requires the National Video Conferencing Service to set up a pre-organised bridge and the ability to control the far end camera is lost.

Benefits of Video Conferencing	Considerations
<ul style="list-style-type: none"> <li>• Reduced travel – patient only required to attend a local centre.</li> <li>• Devices support far end camera control, allowing a more detailed examination when combined with support from a local health professional (doctor or nurse) to help with the examination.</li> <li>• Dedicated connection which is less prone to image quality issues and failures.</li> <li>• Scans / other results / websites can be shared with patients using the screen share option</li> </ul>	<ul style="list-style-type: none"> <li>• Requires specialist equipment and booking of facilities at the near and remote sites.</li> <li>• Only available at sites with a video conferencing suite suitable for patient assessment – unable to see patients at home.</li> <li>• More difficult to bring in professionals from different locations</li> <li>• Not possible to bring in relatives or interpretation services from different locations.</li> <li>• Dedicated video conferencing systems are becoming obsolete and may not be replaced.</li> </ul>

Further information on the use of video conferencing can be found at: [www.vc.scot.nhs.uk](http://www.vc.scot.nhs.uk)

## vCreate

vCreate is a system that allows patients to securely upload a video file for review by the clinician. The video can be straightforwardly uploaded from any smart phone, tablet or computer. It is reviewed by the clinician at a convenient time (asynchronous). This is particularly useful to allow the correct identification and management of seizures, non-epileptic attacks and movement disorders.

Benefits of vCreate	Considerations
<ul style="list-style-type: none"><li>• Easy to use.</li><li>• Allows secure sharing of captured videos.</li><li>• Avoids the use of unsecure email / messaging systems.</li><li>• Avoids the need for patients to travel in order to share the video.</li><li>• With patient consent clips can be used for teaching purposes.</li></ul>	<ul style="list-style-type: none"><li>• Not accessible to patients with out-of-date technology.</li><li>• May not be possible for people who lack digital skills or confidence.</li><li>• Uploading videos may not be possible if poor bandwidth.</li></ul>

Further information on the use of vCreate can be found at: <https://www.vcreate.tv/> and via local eHealth teams

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## DIGITAL CONSULTING BY SETTING AND PURPOSE OF CONSULTATION

### **General guidance only**

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

### **Usually appropriate for Video Consulting**

#### **New patient assessment**

- Patients where neurological examination is unlikely to add useful diagnostic information. For example primary headache, first seizure (where an examination will have usually already been undertaken by the referring clinician) and epilepsy can be considered for assessment by Near Me if distance is an issue or a video consultation more suitable for the patient.
- Patients with stable disease returning for routine re-assessment where neurological examination is felt unlikely to contribute significantly. Patients where assessment would not otherwise be possible due to disability.
- Most patients can be assessed by video conferencing with far end camera control and a trained assistant. A trained assistant increases the range of patients that can be safely assessed by Near Me. Near Me is more readily available for use when on call and can be used to facilitate management / transfer decisions.

#### **Chronic disease management**

- Stable patients where a neurological examination is unlikely to be required or where a limited focused neurological examination supported by a relative is likely to be sufficient.
- Case conferences with other professionals or with relatives in distant locations.
- Consultations to relay results (using the share screen function) and discuss management plans where examination is unlikely to be needed and the clinician and patient agree that it is appropriate.

## Usually NOT appropriate for Video Consulting

### **New patient assessment**

- Patients requiring a detailed neurological examination (except if a trained assistant is available).

### **Chronic disease management**

- Patients requiring a detailed neurological examination or medication changes depend on an up-to-date examination.
- Patients whose clinical condition is evolving, and management decisions are likely to be based on neurological findings.
- Patients who have previously only been seen by a trainee and an up-to-date neurological examination is likely to be required. This may not be required where the initial assessment has been undertaken by a senior trainee. Where the clinician and patient agree that an in-person consultation is needed.

## BY SETTING

### **Assessment of new patients in the neurology out-patient department.**

- The majority of new neurology out-patients require a detailed neurological examination, and this is best undertaken in an in-person consultation.
- Near Me video consulting into a dedicated room/s in a peripheral hospital is potentially more accessible than video conferencing but does not benefit from far end camera control and still requires a far end assistant.
- Near Me video consulting to a smart phone and flipping to the high-quality rear facing camera can provide close up high quality images to supplement assessment by Near Me and video conferencing. It is important to keep the camera still during assessment as movement introduces pixilation and reduces the quality of the images.
- Near Me video consulting into the patient's own home (or chosen location) allows for limited neurological examination which often does not provide sufficient diagnostic accuracy. It is, therefore, only suitable for patients where examination is not routinely required, such as primary headache disorders and first seizures / epilepsy, or where the signs are easily visible.

- Video conferencing with a distant site which has far end camera control and a far end assistant, allows for a reasonable quality neurological examination. This is a suitable alternative for patients traveling significant distances. About 10% of patients will require an additional in person assessment which can often be undertaken when attending for investigations. Scheduled visiting clinics at the peripheral hospital can also be used to assess patients felt not to be appropriate for video conferencing clinics. An assessment by an optician with retinal photographs is a suitable alternative to fundoscopy.

### **Assessment of return patients in the neurology out-patient department**

- Near Me video consulting and video conferencing are suitable for the assessment of a wide range of return patients.
- Patients requiring a comprehensive neurological examination such as those seen by a consultant for the first time and those with complex signs or evolving conditions should be seen in person. Video conferencing with far end camera control and a dedicated assistant can be a suitable alternative where it is available. Due to its limited availability it is best reserved for patients where a more detailed examination is required.
- Near Me video consulting is suitable for the majority of patients where the clinical situation is stable and neurological examination is unlikely to be required or where the patient cannot otherwise attend an in-person clinic appointment.
- Near Me video consulting can also be used to facilitate “soon” follow-up appointments and to impart investigation results. Investigations can be shared with the patient using the screen share function. In all cases, it is important that the patient is able to participate in decision making about the format of the appointment and, if considering using Near Me to impart results, it is important to discuss this with the patient when organising the investigation at the initial appointment. If difficult news or information will be discussed, clinicians must also consider whether the patients’ needs would be best met by an in-person appointment.

### **Assessment of patients in general practice, emergency departments and in-patient wards in a distant peripheral hospital**

- Most referrals into the on-call service can be managed / triaged adequately over the telephone. However, where assessment and /or neurological examination could avoid a hospital admission, transfer, or improve safe management & triage, Near Me or Video Conferencing should be considered. Both can be used to assess patients referred to the on call service by General Practitioners and in-patient wards or emergency departments in peripheral hospitals. Near Me is the preferred medium. This is because it is more readily available and can be accessed from any consulting room with a suitable computer with enabled mic, speaker and camera or tablet. This allows a consultation with the patient and the referring doctor can help with neurological examination. Whilst there is no far end camera control an adequate assessment can often be undertaken.
- Patients / other clinicians can be directly invited in to the Near Me consultation by text or email using the share link or consult now options. This allows Near Me to be used to rapidly assess patients and make informed decisions about admission / transfer / treatment when on call.

## DIGITAL CONSULTING BY CONDITION

This list is not exhaustive. It covers common conditions or those more suited to virtual consultation.

	Synchronous Consultation				Asynchronous
	Near Me	Near Me	Near Me	Video Conferencing (VC)	vCreate
	Generic Video consultation	Near Me and a trained assistant (doctor or nurse)	Near Me and an untrained helper or family member	VC with Far End Camera Control and a trained assistant (doctor or nurse)	vCreate
Headache	<p>Patients with a likely or established primary headache diagnosis are suitable for assessment by video consultation.</p> <p>Patients with potential secondary headache require a neurological examination and are not generally suitable for assessment by video consultation unless a suitably trained doctor or nurse is available to undertake a neurological examination.</p> <p>Suitable for the majority of return patients.</p>	<p>Suitable for assessment of both primary and secondary headache. Retinal photographs from a local optician can be used to replace fundoscopy.</p> <p>Examination is more limited due to fixed camera position.</p> <p>If no far end assistant is available, then only primary headache is suitable</p>	<p>Only suitable for assessment of primary headache as neurological examination by an untrained helper is too basic.</p> <p>Patients more likely to have (unnecessary) imaging.</p> <p>Suitable for most return patients unless a neurological examination is required.</p>	<p>Suitable for assessment of both primary and secondary headache. Retinal photographs from a local optician can be used to replace fundoscopy.</p> <p>If no far end assistant is available, then only primary headache is suitable</p>	Not applicable

	<b>Generic Video Consultation</b>	<b>Near Me and a trained assistant (doctor or nurse)</b>	<b>Near Me and an untrained helper or family member</b>	<b>VC with Far End Camera Control and a trained assistant (doctor or nurse)</b>	<b>vCreate</b>
Epilepsy	<p>First seizure and epilepsy patients are generally suitable.</p> <p>As the diagnosis is based on the history and most patients get neuroimaging first seizure and epilepsy can be adequately managed by video.</p> <p>Video makes it easier to establish rapport with patient and witness, than with telephone consultations</p> <p>May not be suitable for patients with learning disability and not able to assess for neurocutaneous syndromes and other systemic causes of epilepsy.</p>	<p>Added benefit of being able to undertake a limited neurological examination</p>		<p>Added benefit of being able to undertake a directed neurological examination</p>	<p>Asynchronous review of securely uploaded videos can be very helpful in seizure semiology and differentiating seizures and non-epileptic attacks</p>
Movement disorders	<p>Suitable for patients with readily visible signs / examination findings.</p> <p>As many of the signs / examination findings can be readily seen many patients are suitable, although works best for stable patients with an established diagnosis.</p>	<p>Parkinson's disease is the most straight forward to examine using a far end assistant.</p> <p>Examination is more limited due to the fixed camera position.</p>	<p>An untrained helper / family member can assist with basic examination. This is very dependent on the confidence of the helper, and it is usually only possible to see obvious signs.</p>	<p>Parkinson's disease is the most straight forward to examine using a far end assistant.</p> <p>Patients with subtle signs will require an in person assessment.</p>	<p>Asynchronous review of securely uploaded videos can be very helpful in tremor and other hyperkinetic movement disorder semiology.</p>

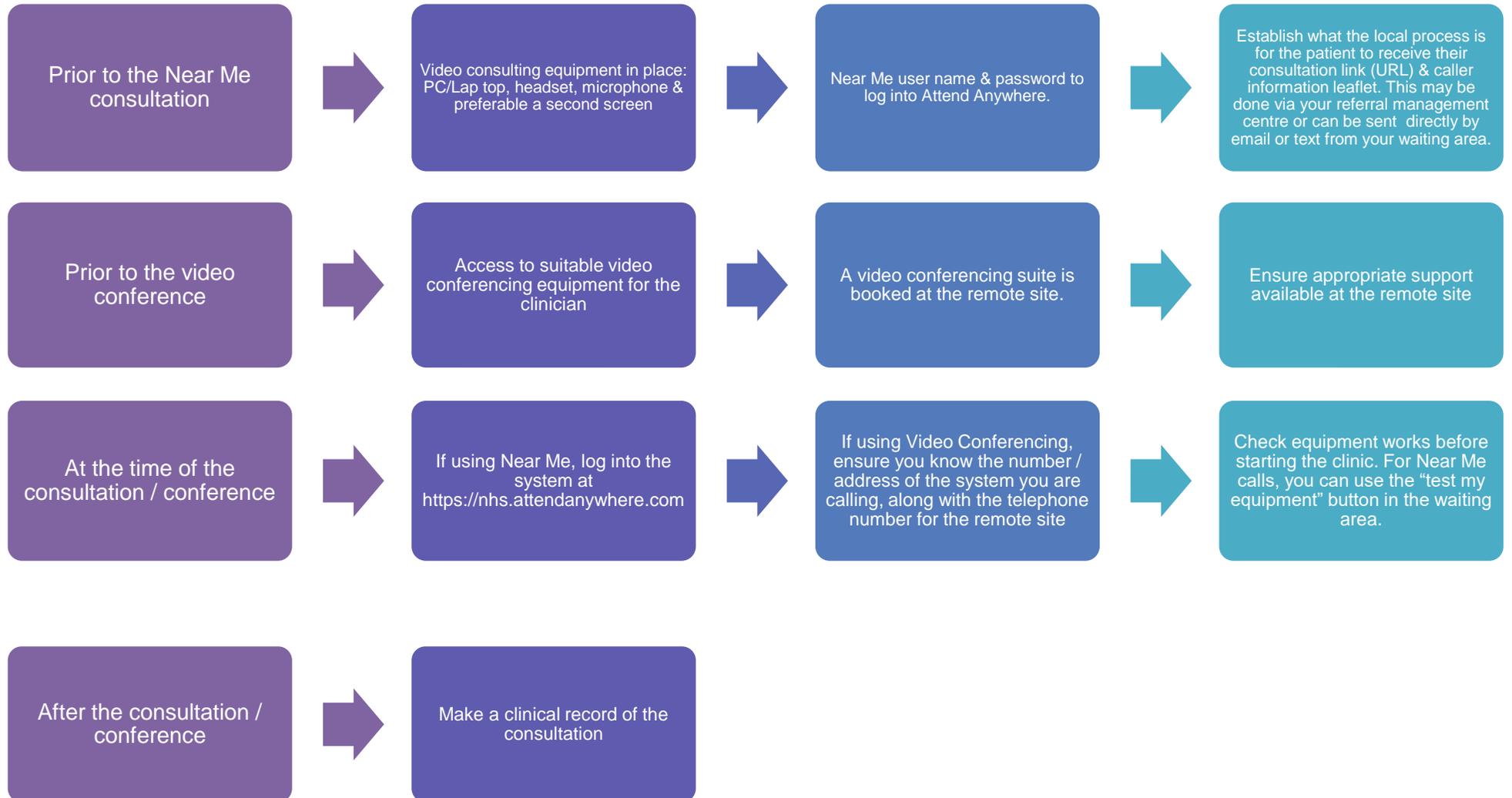
<p>Movement disorders</p>	<p>Subtle signs (eg mild bradykinesia) are not readily determined by video and will require an in person assessment. If slow connection speed and / or video lag it is not possible to assess hyperkinetic movement disorders / tremor. Assessment of rigidity relies on information from the assistant and can't be directly assessed unless significant.</p> <p>Patients with cognitive difficulties, speech and hearing problems are best assessed in person.</p>	<p>Patients with subtle signs will require an in person assessment.</p>	<p>Many signs in movement disorders are directly visualised and can be seen without the aid of an assistant.</p>		
	<p><b>Generic Video Consultation</b></p>	<p><b>Near Me and a trained assistant (doctor or nurse)</b></p>	<p><b>Near Me and an untrained helper or family member</b></p>	<p><b>VC with Far End Camera Control and a trained assistant (doctor or nurse)</b></p>	<p><b>vCreate</b></p>
<p>Multiple Sclerosis</p>	<p>Suitable for obtaining an accurate history, but an adequate assessment requires an assistant to undertake an examination.</p> <p>For subtle signs an in person assessment is required.</p> <p>Imaging and results can be shared using the share screen function.</p> <p>Suitable for stable return patients and imparting results.</p>	<p>Most signs can be elicited by a trained assistant.</p> <p>Examination is more limited due to the fixed camera position.</p>	<p>Only suitable for obtaining a history.</p> <p>Examination by an untrained helper is too basic to be diagnostically useful.</p> <p>Suitable for stable return patients where examination is unlikely to be needed.</p>	<p>Most signs can be elicited by a trained assistant.</p>	<p>Not applicable</p>

	<b>Generic Video Consultation</b>	<b>Near Me and a trained assistant (doctor or nurse)</b>	<b>Near Me and an untrained helper or family member</b>	<b>VC with Far End Camera Control and a trained assistant (doctor or nurse)</b>	<b>vCreate</b>
Functional Neurological Disorder	<p>Suitable for obtaining an accurate history, but an adequate assessment requires an assistant to undertake an examination.</p> <p>Eliciting functional signs requires detailed explanation which can be challenging and often requires clarification in person.</p> <p>Difficult to assess for mixture of organic and functional signs.</p> <p>Suitable for early follow-up, stable return patients and imparting results.</p>	<p>Examination is more limited due to the fixed camera position.</p>	<p>Only suitable for a screening assessment or follow up following an initial in person assessment.</p> <p>Examination by an untrained helper is too basic to be diagnostically useful.</p>		<p>Asynchronous review of securely uploaded videos can be very helpful in attack semiology and differentiating seizures and non-epileptic attacks and assessing functional movement disorders.</p>
Motor Neurone Disease	<p>Not suitable for new patients as examination findings are difficult to be confident about even with a trained helper.</p> <p>Useful for following up patients where travel is difficult, and examination is not required for the assessment.</p>	<p>Subtle signs such as fasciculation's cannot be visualised due to camera quality and pixilation.</p> <p>Near Me using the high-quality rear facing camera of a smartphone on an additional screen can be used to supplement the assessment to provide close up views during examination. The camera should be kept still to avoid pixilation.</p>	<p>Only suitable for return patients.</p> <p>Examination by an untrained helper is too basic to be diagnostically useful.</p>	<p>Subtle signs such as fasciculation's cannot be visualised due to camera quality and pixilation.</p> <p>Near Me using the high-quality rear facing camera of a smartphone on an additional screen can be used to supplement the assessment to provide close up views during examination. The camera</p>	<p>Not applicable</p>

				should be kept still to avoid pixilation.	
	<b>Generic Video Consultation</b>	<b>Near Me and a trained assistant (doctor or nurse)</b>	<b>Near Me and an untrained helper or family member</b>	<b>VC with Far End Camera Control and a trained assistant (doctor or nurse)</b>	<b>vCreate</b>
Peripheral Neuropathy	<p>Suitable for obtaining an accurate history, but an adequate assessment requires an assistant to undertake an examination.</p> <p>Unless there is a trained far end assistant available, new patients should be assessed face to face.</p> <p>Suitable for stable return patients and imparting results.</p>	<p>Examination quality is dependent on the confidence of the assistant and their ability to accurately elicit reflexes.</p> <p>Examination is more limited due to the fixed camera position.</p> <p>Examination findings may require clarification in person.</p>	<p>Only suitable for obtaining a history.</p> <p>Examination by an untrained helper is too basic to be diagnostically useful.</p> <p>Suitable for stable return patients where examination is unlikely to be needed.</p>	<p>Examination quality is dependent on the confidence of the assistant and their ability to accurately elicit reflexes.</p> <p>Examination findings may require clarification in person.</p>	
Myasthenia Gravis	<p>Suitable for obtaining an accurate history, but an adequate assessment requires an assistant to undertake an examination.</p> <p>Unless there is a trained far end assistant available new patients should be assessed in person.</p> <p>Suitable for stable return patients and imparting results.</p>	<p>A targeted examination to look for fatigable signs is straightforward to explain and can usually be adequately performed by a trained assistant.</p> <p>Subtle findings require clarification in an in-person assessment.</p>	<p>A basic examination for fatigability can usually be performed by an untrained assistant and is suitable for return patients.</p>	<p>A targeted examination to look for fatigable signs is straightforward to explain and can usually be adequately performed by a trained assistant.</p> <p>Subtle findings require clarification in an in-person assessment.</p>	
Muscle Disorders	<p>Suitable for obtaining an accurate history, but an adequate assessment requires an assistant to undertake an examination.</p>	<p>Examination is more limited due to the fixed camera position.</p> <p>Examination findings may require clarification in person.</p>	<p>Only suitable for obtaining a history.</p> <p>Examination by an untrained helper is too basic to be diagnostically useful.</p>	<p>Examination findings may require clarification in person.</p>	

	<p>Unless there is a trained far end assistant available new patients should be assessed in person.</p> <p>Suitable for stable return patients and imparting results.</p>		<p>Suitable for stable return patients where examination is unlikely to be needed.</p>		
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## PLANNING A CONSULTATION BY NEAR ME OR VIDEO CONFERENCING



## TRAINING & RESOURCES

1	If you are new to Near Me, visit <a href="#">this page</a> as an introduction and watch this <a href="#">short video</a> .
2	The video <a href="#">Using Near Me with callers</a> gives you an overview from the perspective of the service provider
3	Make a <a href="#">test call here</a> to see what Near Me looks like for a caller entering your waiting area Your PC, laptop, tablet, or phone will need access to a camera and microphone. (NB This is a demo link only).
4	<a href="#">This video</a> shows what your waiting area will look like when you are using it and some basic service provider instructions.
5	To learn more and view our range of resources i) Training videos <a href="#">here</a> ii) Practical guidance for using features such as content sharing, three way calling or flipping the camera to aid clinical examination can be found <a href="#">here</a>
6	Advice & training to support clinicians conducting virtual consultations can be found on TURAS <a href="#">Remote Consulting</a>
7	For technical advice or to book on a live training session please contact the Video Conferencing support team <a href="mailto:vc.support@nhs.scot">vc.support@nhs.scot</a> .
8	Resources for patients: <a href="#">Appendix 1</a> contains patient information about attending a Neurology appointment by video. <a href="#">Appendix 2</a> contains example leaflets which can be downloaded from your waiting. They are customisable for local information & processes - your waiting area administrator will be able to do this.
9	Webinar: Dr Callum Duncan Consultant Neurologist NHS Grampian – presenting his experience of using video conferencing & Near Me time stamps [ 10.20-13.20] <a href="#">Video Consulting in Neurology &amp; Neuropsychology - AHP Webinar</a>
10	For all other information please see the <a href="#">Near Me website</a> or contact the team directly at <a href="mailto:nss.nearme@nhs.scot">nss.nearme@nhs.scot</a>

**Specialty guidance produced by:**

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

# Advice for attending your Neurology appointment by video.



We know that for many elements of your examination and care, Near Me video calling can be as good as seeing us in person. It also has the advantage of not having to travel to hospital or clinic. Your Neurologist would therefore like to offer you the choice of having your appointment by video call.

## Top Tips

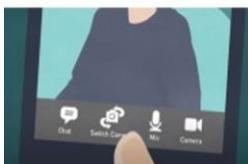
- 1 The larger screen of a tablet, laptop or PC can make it easier to see.
- 2 The picture quality is best if the room lighting is in front of you and shining onto the screen e.g. sit with a light or window in front of you, not behind you.
- 3 Position your device on a table or desk to help keep it steady.



- 4 The doctor may ask to see you walk.
  - Make sure you have room behind your chair to be able to do this.
  - Wear comfortable clothing.

## Having someone on hand to help can be very helpful

- 5 The Doctor may ask this person to help you move and to describe what they feel.
- 6 Just as in a hospital or clinic appointment having someone with you to help describe your symptoms is good.



- 7 Sometimes a close up is very helpful. The Doctor may ask the person helping you to flip from the front facing camera to the rear facing camera on their tablet or phone. This improves the quality of the close up image.

## Where to find more information?

Visit the Near Me website <https://www.nearme.scot/> and watch the video [Health Appointments by Near Me](#)



Advice for having a Neurology appointment

# Attending your appointment by video



(demo) NHS ACME Health Surgery Waiting Area

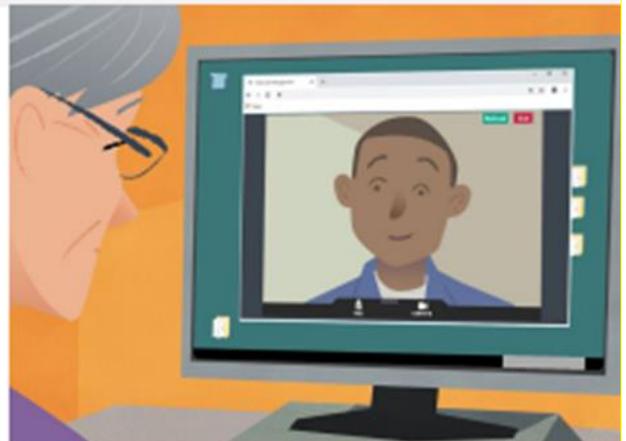
## Video calling is convenient and easy to use

Instead of travelling to your appointment, you will enter the online waiting area, using the link below.

The service will see that you have arrived, and a provider will join your call when ready.

There is no need to create an account.

Video calls are secure and your privacy is protected.



## How do I attend my video appointment?

Go to: <https://nhsattend.vc/tec>

### What do I need to make a video call?

- 
**A device** for making a video call, such as a smartphone, tablet, or computer with a webcam and speaker (often built into laptops).
- 
**A reliable internet connection** (wired, WiFi or mobile data).  
 If you can watch a video online, you should be able to make a video call.
- 
**A private, well-lit area** for your consultation, where you will not be disturbed.

 Use the latest version of **Chrome, Safari, or Edge** for best video calling performance.

  
 Google Chrome  
 Windows, Android, MacOS

  
 Apple Safari  
 MacOS, iOS, iPadOS

  
 Microsoft Edge  
 Windows

## What do I need to know?

### Is it secure / confidential?

You have your own private video room that only authorised providers can enter.

No information you enter is stored.

Calls are not recorded.

### How much does a video call cost?

The video call is free except for your internet usage.

**Tip!** If you can, connect to a Wi-Fi network to avoid using your mobile data.

### How much internet data will I use?

The video call doesn't use data while you are waiting for someone to join you.

After the call connects, it uses a similar amount of data to Skype® or FaceTime®.

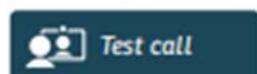
## How do I make my video call?

Open your web browser and type the service's web address into the address bar (not the search box).

When you're ready, click the **Start video call** button.



**Tip!** Make a test call before your appointment to check your setup.



The system will check that you have everything in place (internet, speaker, microphone, and video).



If asked, allow your browser to access your camera and microphone.

Enter your details, tick the box to agree to the *Terms and Conditions*, and start your call.



To end the call, click **End**.

**Tip!** Many call issues can be fixed by clicking **Refresh**.



## What do I do if something's not working?

Visit <https://nhs.attendanywhere.com/troubleshooting>

### More information

Please contact support on 01224 816666 or email [vc.support@nhs.scot](mailto:vc.support@nhs.scot)

