Digital consulting in Neuropsychology

Guidance for the use of Near Me.

This document is intended for health and social care teams in NHS Scotland

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Introduction

This guidance has been written to support the use of digital consulting in Clinical Neuropsychology. **It 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 recognised that digital consulting is a valuable tool for clinicians and patients, presenting choice, flexibility and convenience. However there are a number of considerations when conducting neuropsychological assessment or intervention via remote technology.

The guidance uses an emerging evidence base, extensive clinical experience, including advice from Heads of Neuropsychology Scotland (HONS) and broader learning from the wider Near Me programme. It may also be used as a reference document for other professions considering delivering cognitive assessment via digital consultation.

Neuropsychological assessment of patients requires gathering information from multiple sources including background medical information, with particular reference to any conditions that may affect cognition or psychological presentation; thorough history of presenting problems from the patient, usually conducted via clinical interview; corroboration by relative, friend or carer, where possible; observation in clinic and often use of formal cognitive assessment tasks which require verbal instruction and/ or visually presented information and, for some assessments, written or drawn patient responses. Neuropsychological assessment also includes assessing psychological state and can include discussion of sensitive emotional experiences, both past and present.

Cognitive assessment refers to the specific use of cognitive tests to gather objective information on cognitive functioning to be used to inform neuropsychological assessment and opinion. Cognitive ability is not judged by a neuropsychologist on the basis of test results alone. Background information, observation and information from the patient, family and carers inform hypotheses and may guide assessment choice. Results of cognitive assessments are considered in the context of this information and contribute to clinical opinion. Cognitive assessment development includes statistical normative population data obtained from in person assessment of a wide representative sample of the population. A limited number of tasks have been validated specifically for assessment delivered via remote technology (Brearly etc al, 2017). Cognitive assessment is most appropriately undertaken in person for several reasons including the wider availability of validated tests which have normative data for face-to-face assessments, the multiple influences on cognitive functioning and the complexity of presentation in people with cognitive difficulties often requiring in person observation. In addition, the added cognitive demands that virtual consultation can place on

patients (requirement to focus on a screen, following conversation without additional body language cues, managing distractions of a flickering screen or poor connection), can make virtual consultations more challenging.

Neuropsychological rehabilitation is holistic, considers the wider influences on a patient's symptoms (emotional, cognitive, psychological, physical, social, environmental) and involves working collaboratively with patients, guided by their goals. This may involve a number of approaches including cognitive rehabilitation to manage impact of cognitive impairment on daily activity, social interactions or ability to work or study; working with patients and families to understand and manage the impact of the neurological condition on the patient and the wider social system or therapy for psychological challenges such as anxiety, depression, stress or distress.

Digital consultation includes advantages for the patient who does not have to expend time, money and energy on travel. It can reduce the cognitive demands of planning and arranging travel and the anxiety of arriving on time for the appointment. Many patients may prefer the convenience of being seen within their own home.

Patient-centred considerations and shared decision making principles must be applied. Survey by the Neurological Alliance of Scotland in 2021, a-review-of-virtual-consultations-in-scotland_september-2021.pdf (scottishneurological.org.uk), showed that one size does not fit all. Informed choice is central and patients should be given information on the options and any limitations of assessment via remote consultation. The psychological needs of the patient during and after consultation need consideration including the confidentiality of the space available in their own home or the safety and access to support of the individual who may be at home on their own. Factors often affecting patients with neurological disorders may need to be considered including sensory, cognitive, physical and behavioural factors e.g. significant impairments in attention may make concentration on a computer screen challenging, visual and hearing impairment may affect ability to access cognitive assessment materials.

Drivers

A Fairer, Greener Scotland: Programme for Government 2021-22 , Chapter 1 A Caring Society: "Setting a new vision for health and social care. We will continue to increase the use of Near Me, the video consulting service, backed by £3.4 million a year. The service was rolled out to GP surgeries and community pharmacies in response to the pandemic and has now provided over 1 million consultations across all services. This year we will introduce it to social care services, including care homes and housing support, followed by wider public services including Social Security Scotland – ensuring its benefits are felt beyond health and care."

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.

Equality Impact Assessment Near Me EQIA

Evaluation Near Me video consulting service: evaluation 2020 - summary report

Technical considerations

Near Me Video Consulting

Near Me (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). Patients who do not have the appropriate technology, lack a safe confidential place to call from, or need additional support to use technology can use peripheral hubs such as local libraries or community centres. In-patient wards, clinic rooms and GP practices can also be used to facilitate patient assessment.

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 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 tailored written advice or websites, with patients using the screen share option. There is also a chat function available to support communication.

Equipment. Patients require access to a suitably sized device (9" laptop or larger if visually mediated assessments are to be used) reliable and secure internet connection. It is helpful for a relative or friend to be available to provide support if required. 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. Near Me can be used from any computer with a modern internet browser, appropriately enabled speakers, mic and video camera. It is therefore very accessible.

Environment. An environment free of distraction or interruptions is required. This may require muting apps on electronic devices and identifying a quiet room. Assessment of privacy, including clarifying who is in the room and may not be visible on camera, is important for confidentiality and test security.

Individual factors: Assessment of any factors that may affect use of technology such as physical limitations, sensory challenges or cognitive impairment will be required prior to remote consultation.

Loss of Connection. Always note the patient's contact number displayed next to their name in the waiting room. At the beginning of each session discuss what to do should the connection fail. Informing patients that if the connection drops or the sound ceases to work, you will refresh the consultation and they should not leave or try to re-enter the waiting room. Reassure the patient that you have a note of the telephone number (you may wish to read this out to the patient) and that if the connection is lost, and you are not able to re-establish this, you will contact them via phone.

You can access live technical support by contacting the National VC Support team on 01224 816666 or email vc.support@nhs.scot Monday to Friday from 08:00 – 18:00

Feedback. Due to possible freezing of the screen or temporary loss of sound, it is particularly important to be conscious of frequent feedback during a session. It is advisable that clinicians give more visual/ verbal cues than in an in person session to reassure the patient that the connection is still active.

Further information on the use of Near Me can be found at: www.tec.scot/nearme

Benefits of Near Me	Barriers of Near Me
• Easy to use by patients in their own home, using their own device. • Can be used on any smartphone, tablet or computer with a modern internet browser, appropriately enabled speaker, mic and video camera • Avoids travel – cost, time, inconvenience, difficulty of travel (e.g. for those with symptoms of fatigue or mobility challenges) • If accessed from the patient's home, it does not require booking of facilities in a remote site. • Does not require specialist equipment for the consulting clinician and can be accessed from any enabled NHS computer • Can bring in other professionals on additional screens allowing multidisciplinary assessment • Can bring in relatives from different or distant locations on additional screens • Can bring in an interpreter on an additional screen • Written information/ diagrams / websites can be shared with patients using the screen share option • Can be incorporated into mixed clinic (in person / virtual) via a standard clinic template • Can be helpful for patients who are unable to leave their home and those living in care homes or prisons. • Patient can chose to be seen home setting where may be more comfortable and reduced anxiety may facilitate assessment.	• High speed broadband is not available in all areas. • Home broadband or devices may not be sufficient to support the consultation • Quality of the consultation can be reduced at times of high internet use. • 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) • 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 adequate to conduct assessment or review. • Lack of confidence with technology may make it hard to participate in appointment • Patients with motor impairments, communication issues, poor hearing or cognitive difficulties, (as a result of neurological condition, learning disability or mental health) may find it difficult to use the technology • Confidentiality may be compromised by others sharing living accommodation therefore individuals may feel less comfortable discussing sensitive information. Family members or carers may wish to speak to the clinician in confidence which may not be possible in the home situation. There may be other individuals in the room that the clinician can't see and who are not made known to the clinician.

Digital consulting suitability and considerations

The decision to use video consultation should ensure that patient consideration and choice remains central. Suitability for neuropsychological assessment and intervention should take into account individual factors that may influence the ability of a patient to engage in consultation and consequently the quality of information gained in assessment. Appointment letters offering initial consultation via remote technology should make alternative options, including in person consultation, and inform the patient about how to request this. Prior to engaging in cognitive assessment via remote technology, patients should be given information on the pros and cons of remote assessment including the limitations of cognitive assessment delivered remotely. First contact appointment via video consultation would rarely include cognitive assessment due to the need to assess the suitability of delivering this virtually on an individual basis.

Usually appropriate for Video Consulting	**Usually NOT appropriate for Video Consulting**
New patient assessment where first patient contact does not involve cognitive assessment e.g. screening appointment to establish presenting problems, need for assessment or rehabilitation and priority; initial interview to gather information from patient and/ or carer on cognitive, psychological and/or behavioural symptoms. **Neuropsychological assessment where diagnosis is confirmed** and where the reported deficits are consistent with expected presentation of cognitive impairment for particular neurological condition. In these cases, limited cognitive assessment using assessments validated for remote use may be sufficient to assist with clinical opinion on cognition.	**New patient assessment where** patients require cognitive assessment on initial appointment e.g. urgent neuropsychology opinion is required, and there is not sufficient time to assess for suitability for remote assessment. **Neuropsychological assessment where neurological diagnosis is uncertain**, especially where deficits are multiple and/or present with a variable pattern. **Neuropsychological assessment where patients present with complex and multifactorial presentation of deficits** requiring detailed assessment of several domains of functioning using several different valid and reliable assessments. This is frequently the case for neuropsychological assessment.

Neuropsychological rehabilitation. Evidence base for neuropsychological rehabilitation delivered remotely is currently very small due to the pre-pandemic rarity of this method of delivery. There is some evidence for effectiveness of specific remote cognitive rehabilitation interventions (e.g. Lawson et al., 2020). A recent systematic review indicated equal if not better outcomes for rehabilitation delivered remotely following stroke (Sarfo et al, 2018). Clinician and patient reports of acceptability and effectiveness amongst neuropsychologists practicing in Scotland has been positive (Heads of Neuropsychology Scotland; Simpson etc al, 2022). **Group intervention.** Patient acceptability and effectiveness of group intervention via remote technology is currently lacking in evidence base. Audit results of local experience delivering neuropsychological group intervention via remote technology however is positive (e.g. FND group run by NHS Grampian in 2022). Length of session needs considered. Local experience in Scotland with pilot groups (FND group in NHS Grampian) suggest that 2 hours (including a break) is an acceptable length of session. It is recommended that a safety plan is put in place prior to group delivery including facilitator actions for safety concerns (e.g. if patients disengage during the group due to emotional distress), and that this is discussed with group participants prior to the group.	**Neuropsychological assessment where cognitive or physical impairment means that engaging in video or telephone consultation is challenging.** The level of impact on engagement in assessment and also on the validity and reliability of any cognitive assessments must be judged by the clinician and discussed with the patient. **Neuropsychological assessment of patients who have challenging behaviour or lack of insight into their difficulties** particularly where engagement with clinicians may be challenging and require focus on relationship building and enhancing collaboration. This may be more difficult or not possible to do virtually and therefore in person assessment and intervention may be required. **Neuropsychological Rehabilitation where a person with a neurological condition experiences challenges with managing emotional responses and behaviour.** Particularly where the person has lack of insight and there may be disagreement with family members or carers regarding presenting problems. In these situations the neuropsychologist may employ a number of skills to engage the patient in session and work together with the patient and family/ carers. This can be much more challenging via remote technology. **Group Intervention** where sessions (including breaks) exceed 2 hours. Where group sessions may involve discussion of sensitive information with emotional content and group facilitator judges the format and content of the group to require in person consultation for psychological safety of group attendees.

Considerations for use of Remote assessment for Neuropsychological Assessment and Rehabilitation.

Professional guidance: A professional consensus supporting remote assessment and intervention emerged in the context of the COVID pandemic, providing guidance on remote practice (International Neuropsychological Society, 2020; British Psychological Society, 2020; Interorganizational practice committee, 2020)

Patient acceptability. Patient report has highlighted advantages of reduced time and expense involved in travelling and reduced exposure to viruses such as COVID-19 (local audit of patient acceptability NHS Grampian July 2020). Scottish-based research completed during the pandemic lockdown highlighted good patient acceptability of remote telephone and video assessment. Results included service-users agreeing they were comfortable with equipment (84%), the process was straightforward (74%), and would recommend to others (68%) (Sumpter et al, 2022). There was, however, an overall preference for future in person contact. Experience of neuropsychologists using Near Me highlighted concerns that patients may feel more comfortable discussing challenges and disclosing sensitive information in person (Simpson, Donaldson and Jack, 2022). In some cases a blended approach is preferable with an in person session initially and follow up sessions delivered remotely. Some patients have reported discomfort with a clinician being able to view their home. Psychologists are particularly mindful of the challenging emotional content of sessions and patient preference for remote or in person consultation should always be discussed.

Socio-economic disadvantages. Lack of access to home internet connection or technology may prevent patients from being able to access remote consultation. Conversely savings made on travel costs may facilitate access for others.

Impact of individual symptoms. There are individual factors specific to the neuropsychology patient population which may present barriers in effective use of remote consultation for assessment or intervention. These could include cognitive, sensory, physical and behavioural challenges. Discussion with the patient is essential so that a joint informed decision is made on suitability for treatment via remote technology including any adaptions that can be made to assist with access. Family members or carers may need to be involved to support patients in this decision. Remote technology may offer advantages e.g. reduction of physical and cognitive fatigue from travel to clinic base; flexibility for more frequent short sessions for people with attention difficulties; easier access for those with mobility difficulties; easier access for people who experience significant anxiety associated with travel or hospital attendance.

Therapeutic relationship. Psychological therapy, including neuropsychology rehabilitation, is a collaboration between therapist and patient and may involve family or carers. Establishing trusting relationships is important. Patients and or family members will be required to discuss concerns which may be challenging and may also involve disclosure of sensitive emotional information. It is important that the quality of video connection is sufficient for therapist to observe non-verbal communication, convey empathy and listening to the patient and use therapeutic techniques to help reframe situations or contain

emotion. Where the WiFi connection is slow or sporadic, this may compromise communication and, potentially, the emotional safety of the session. The therapist may have to make a judgement about the quality of connection and any aspects of therapy that this influences (including the assessment, formulation of difficulties and treatment). The therapist will need to regularly check with the patient their level of comfort in using the technology during this process and continue to offer in person appointments.

Consent. In addition to the routine considerations of obtaining consent to receiving neuropsychology services, patients need to consent to receiving remote services. Information given to patients prior to session should clarify the compliance of the technology with GDPR, give patient specific recommendations for the environment of the consultation, state that sessions will not be recorded and that they should not record sessions and outline potential impact on the validity of assessment. Division of Neuropsychology guidance (2020) contains examples of information recommended for patients prior to giving consent for remote consultation.

Cognitive impairment. Most patients referred to clinical neuropsychology services are reporting cognitive challenges. It is therefore important to consider the impact of cognitive difficulties on the patient's ability to engage in virtually conducted sessions. The following areas (not exhaustive) should be considered:

Attention.	People with attention difficulties may find the attentional demands of focussing on a screen, challenging. They may require frequent breaks during the session or several short sessions.
Memory.	People with memory difficulties often report concerns that they will not recall the discussion during clinic. As with in person consultations, giving the patient a copy of the letter, or a written list of recommendations is usual practice.
Visual perception	People with visual perceptual difficulties may find the added cognitive load of concentrating while managing visual challenges, affects ability to participate. Patients with visual challenges may not be able to see visual assessments adequately to participate. Impact should be discussed with the patient and whether in person consultation or telephone consultation may be helpful.
Processing speed.	People with processing speed difficulties may find it more challenging to manage information in a virtual setting where cues from non-verbal communication are more difficult to observe. Information may be given at variable speed if the internet connection is variable. Being mindful of this is important and clinician awareness of speed of delivery of information or questioning may need adapted, information may need repeated.

Executive Functioning	People with executive functioning difficulties can have problems which can include planning and organising, mental flexibility, ability to inhibit response, ability to prioritise information and often associated difficulties with insight. This can result in a consultation being additionally demanding as the person is required to manage the virtual environment in addition to the requirements in the session. Clear framework for the session from the start including expectations (time, structure of sessions, clear aim of the session), frequent opportunities for breaks and keeping sessions short may all be helpful. Exploring and acknowledging any challenges with virtual consultation is important, with the options for in person consultation discussed.
Cognitive Overwhelm.	Often patients with cognitive difficulties may function well where demands on cognitive functioning are low. However as the demands of the information they are required to manage (both internally and externally) increase, they may begin to struggle with a consultation. e.g. If connection difficulties have raised anxiety and sustaining attention on a backlit screen for a period of time has caused fatigue, the additional demands of understanding and remembering clinician's questions may be very challenging, as may organising their thoughts and forming a response. The patient may be able to manage any one of these emotional or cognitive demands at a time. Combined, this can cause a significant impact on cognitive ability and ability to engage in the session.

Considerations for use of cognitive tests via remote technology

Test validity and reliability. It is important that cognitive tools used to inform neuropsychological formulation and opinion have good reliability and validity. Literature provides some validation data on cognitive tests for use in remote settings with evidence suggesting that most verbally mediated tests have equivalent validity when delivered remotely. For recent reviews see Brearly et al. (2017) and Marra et al. (2020). Validity of timed or motor tasks is highly depended on consistent internet connection and there is a lack of evidence for visually mediated tasks (Brearly et al, 2017). Most pre-pandemic evidence involves validation in clinic to clinic settings and not clinic to home as is currently most common. Emerging evidence is promising in direct-to-home testing, with good report of clinician and patient acceptability and feasibility (Simpson et al, 2022; Sumpter et al, 2022) and equivalent findings for verbally mediated tests (Fox-Fuller et al, 2021; Parks et al, 2021).

DoN guidance on tele-neuropsychology (2020) states “Wherever possible clinicians are encouraged to use specific tests and tools that have been shown to have comparability when administered remotely as with in-person assessment. Where specific data are not available, clinicians need to be thoughtful and consider whether an assessment can be conducted in a way that is directly comparable with a face-to-face administration”.

When selecting tests, clinicians are expected to follow the same clinical principles as using tests in non-remote settings including consideration of reliability and validity, up to date evidence, their own familiarity with the test and seeking advice via supervision. Particular care should be taken when using tasks that require visual materials as size of screen and quality of connection could comprise the test. Document visualisers can be used with Near Me, although it is the responsibility of the clinician to check whether this complies with the publishing test company copyright. Where tests involving timed response, awareness is required of any delay in internet connection which may affect either delivery of information or recorded start or end time. DoN guidance on tele-neuropsychology (2020) contains reference to validation data on some commonly used tests.

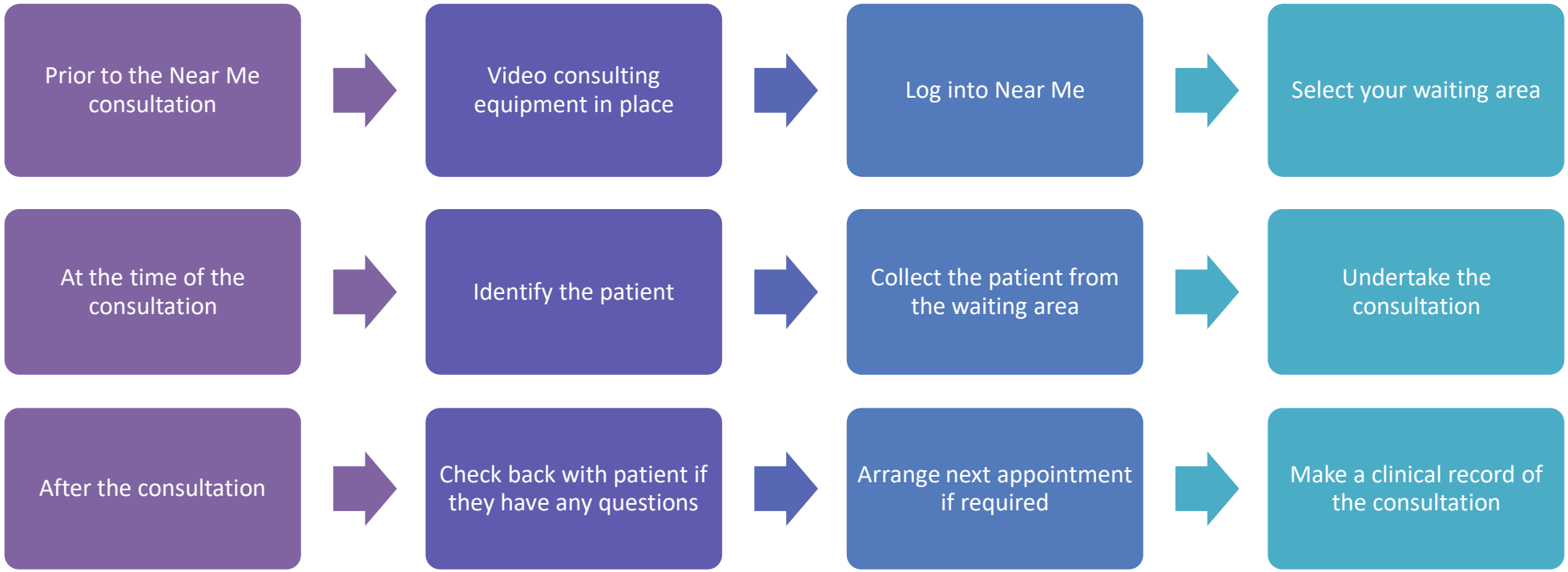
Range of Tests. Neuropsychological assessment involves hypothesis driven use of cognitive tests. The clinician will have a broad selection of cognitive assessments available, however test selection will change within session in response to individual factors and requirements of the clinical investigation. Restriction to those validated for use remotely reduces the variety of tests available to the clinician. It is likely that an initial assessment session will be required prior to a cognitive assessment session, to establish suitability of remotely delivered cognitive assessment and also to assist the psychologist in test selection for a remote session.

Test security In addition to following guidelines of professional bodies relating to sharing of test materials and individual test license specifications, consideration needs to be made of specific regulation around the use and copyrights of test materials shared via video conference. Testing companies differ in copyright expectations with some allowing materials to be shown visually to patients over video conferencing, some requiring use of document camera visualisers and some prohibiting the use of tests in this way. Some test companies have only allowed use of particular tests via video following purchase of a specific license. Most valid and reliable cognitive assessments are commercially published by test companies who may regard the materials as trade secrets due to risk of public visibility of the materials which could invalidate standardisation. Test company recommendations must be followed to protect the clinician from potential legal action. Some test companies have graded systems of qualification and advise only those with specified training should use and view assessments. Thus in some cases, assessment in a remote clinic setting using a non-psychologist assisting in a remote setting might breach the conditions of use of test materials.

Professional guidance in Scotland (Heads of Neuropsychology Services Scotland) recommends that the option for in person consultation is available to patients and in many

cases the best approach may be blended e.g. an initial interview via Near Me, a cognitive assessment appointment and a follow up feedback session via Near Me. It is recommended that this is reviewed regularly with the patient.

Planning a consultation by Near Me



Training

The Near Me website contains the most up to date advice for getting started & training information: https://tec.scot/programme-areas/near-me/getting-started/training

Training for Providers

Near Me is easy to use and most providers can simply log in and follow the easy to use navigation. However, some training is useful, particularly to find out about some of the application's features such as content sharing, three way calling or flipping cameras to aid clinical examinations.

The National VC Team provides a number of training videos and run drop-in training sessions which can be booked by contacting vc.support@nhs.scot

Training for Clinicians

Training resources to support clinical users can be found on Turas.

Training for Callers

Information for callers can be found on our public facing website. Please ensure that you provide links to this site on your own leaflets and web site= pages.

Resources

Basic troubleshooting can be found at https://www.vc.scot.nhs.uk/near-me/support/

Trouble shooting guidance & Caller information leaflets including 29 translations can be found at the Near Me Resource Centre https://nhs.attendanywhere.com/ (Attend Anywhere log in is required)

Webinars:

Dr Maggie Whyte, Consultant Clinical Neuropsychologist, NHS Grampian – presenting her experience of using video conferencing & Near Me Video Consulting in Neurology & Neuropsychology - AHP Webinar

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Contact details for Near Me:

For technical queries:
https://www.vc.scot.nhs.uk/near-me/support/

For process and set-up queries:
In the first instance, please contact the Near Me Lead in your NHS Board/HSCP