CORONAVIRUS RESILIENCE PLANNING:

USE OF NEAR ME VIDEO CONSULTING IN OUTPATIENT SERVICES

This document is one of a set of four resources to support use of Near Me for coronavirus resilience:
1. Overarching organisational plan
2. Primary care plan
3. **Outpatients plan**
4. Inpatients plan

THIS DOCUMENT IS INTENDED FOR NHS SCOTLAND HOSPITAL OUTPATIENT SERVICES

ACTIONS FOR NHS BOARDS:

1. Ensure all outpatient service managers have received this document
2. Inform service managers of any local arrangements that differ from what is described in this document
3. Support all outpatient services to be able to introduce Near Me video consulting
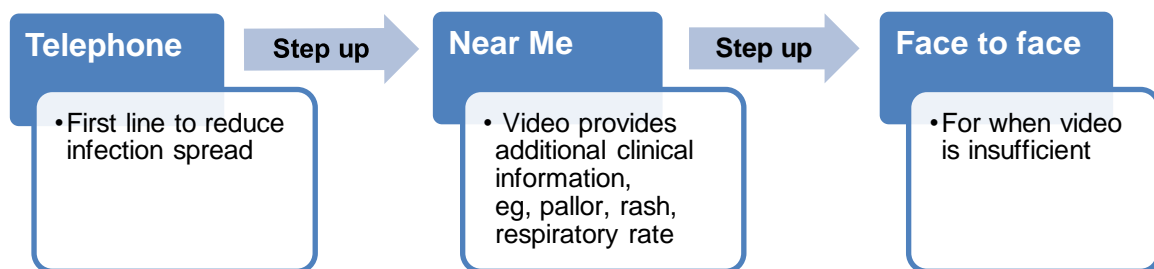
INTRODUCTION

Near Me video consulting (powered by Attend Anywhere) can be used to reduce exposure to coronavirus by enabling both patients and clinicians to consult while in isolation. It can also be used to reduce footfall in outpatient departments, protect the clinical workforce through reduced exposure to risk of infection, and increase resilience by enabling clinical support to be provided from different geographical locations.

Scenarios where video consulting may be beneficial in outpatient services include:

- To enable outpatient services to continue to be provided without exposing clinicians or patients to infection risk.
- To reduce the number of people coming into hospital premises, who may be unknowingly carrying coronavirus.
- To enable clinicians to work remotely, either due to quarantine or to reduce the infection risk for the clinician.
- To enable additional health care support to be provided remotely to an area with a significant outbreak of coronavirus.

Consultations: place of Near Me

Telephone	Step up	Near Me	Step up	Face to face
•First line to reduce infection spread		• Video provides additional clinical information, eg, pallor, rash, respiratory rate		•For when video is insufficient

IMPLEMENTATION OF NEAR ME IN OUTPATIENTS

Overall planning	
1	Decide how Near Me will be embedded into outpatient service system. Refer to template care pathway in Appendix 1. Then ensure the decisions are communicated with all members of the team. Involve the following in planning: • Service manager • Clinicians • Administrative staff, eg, appointment booking, consultant secretaries.

Technical set up	
1	Check internet connection at all locations clinicians will consult from – including any use away from the hospital clinic (eg, clinician at home): • Wired broadband/WiFi (preferred) or mobile data. Note there is a cost of using mobile data so sufficient data allowance must be in place for regular calls. • Check connectivity at: https://nhs.attendanywhere.com/webrtctest For NHS sites this should return "Excellent". • If you have connection problems, check internet connection speed. Use a site to check, such as: www.speedtest.net or www.broadbandspeedchecker.co.uk Minimum requirement: download 1.1Mbps, upload 0.7 Mbps, ping under 150ms If unable to reach minimum requirements, contact eHealth department.
2	Put in place video consulting equipment for clinicians/staff: • Add webcams and speakers or integrated screens to fixed computers in consulting rooms. • *Or* use moveable devices: laptops, tablets or mobile phones. Check WiFi connectivity if using moveable devices. • Be pragmatic about options such as moving video consulting equipment between rooms and using mobile phones during a coronavirus outbreak. • If setting up any new equipment, seek eHealth support to ensure computer settings are correct and compatible with other devices such as dictaphones (eg, default microphone and speaker). Some NHS boards/HSCPs may be able to provide equipment. Note for ordering new equipment that supply chains may be affected by coronavirus.
3	Check hardware meets the following requirements for all devices clinicians will use for video consulting: • Computer operating Windows 7 or later, or Mac OS 10.11 or later. • Tablet or mobile phone operating Android 5.1 or later, or ioS 11.4 or later, or iPadOS 13 or later. • Chrome browser (version 71 or later) on computers/Android devices or Safari browser (version 11.4 or later) on Apple products (Attend Anywhere only works in these browsers). • If any are missing, consult your board/HSCP eHealth department. Updated technical specifications available at: https://nhs.attendanywhere.com/callers/Content/D_Articles/What%20you%20need%20to%20make%20a%20video%20call.htm

4	If a clinician is to work remotely (eg, from home): ensure remote access to clinical systems is in place, including read/write access to health records. If not, contact NHS board/HSCP to arrange. If using Direct Access, confirm it does not interfere with video calls (some types of Direct Access block video calling).
5	Request a Near Me waiting area is set up for the Outpatient Clinical Service or, if already in place, add all clinicians as users to the waiting area: • Either follow the local process advised by your NHS Board/HSCP. • Or fill out request form at https://www.vc.scot.nhs.uk/attendanywhere/ which will go to the national VC team.

Service process planning

1	Speak to the NHS Board/HSCP Near Me Lead about how patients access the Near Me service within the organisation. This may be: • Via an existing NHS Board website with a receptionist picking up all calls: if so, ensure the clinical service is added to the receptionist referrals. Patients should be given the URL of the organisation website. • *Or* via an existing NHS Board website with self-service links to each service: if so, ensure clinical service is added as an option. Patients should be given the URL of the organisation website. • *Or* via individual clinical service links given to patients. Patients should be given the URL of the individual service.
2	Update outpatient clinic templates in the Patient Management System to include a Near Me appointment type option against all appointment slots, but retaining a load factor of 1 so only one patient can be booked into any one slot at the same time. Having the option of either type of appointment maximises flexibility of appointment booking, rather than having a fixed number of Near Me slots per clinic which can be restrictive. If the NHS board/HSCP has not defined appointment type codes for Near Me, contact the PMS administrator to request this.

3	Update clinic appointment letters and text message reminder templates to include a Near Me appointment option. Ensure patient information is clear to explain:
	• "Your next appointment will take place by Near Me video consultation. Video consulting helps reduce the spread of infections like coronavirus."
	• Where to go to attend the appointment by Near Me: "To attend your Near Me appointment, please go to this website: *[insert details]*". The details are either the URL of the organisation or individual service (see options above).
	• Clear information about how to use Near Me. "To use Near Me, you need a device for making a video call such as a smartphone or tablet that is connected to the internet. There is no App to download and you do not need a user account. For further information, see *[insert details]*." Two options for the details to be inserted are:
	   o URL link to national Near Me patient information website www.nearme.scot
	   o Organisation's own website.
	• Clear information to test Near Me in advance and, if the patient cannot work it, what to do next: "Please check you can use Near Me by making a test call at www.nearme.scot as soon as possible. If you cannot use it, ask a family member or friend to help. If you still cannot use Near Me, please contact *[insert details]* for advice on whether your appointment should be cancelled or rearranged." The details should provide a telephone number of who to contact.

4	Define the appointment booking process for Near Me appointments and update any systems required. This should fit into the existing appointment booking process. Consider: • Updating triage stamps/eVetting forms to include the Near Me option. • Updating outcomes/return appointment forms to include the Near Me option. • Ensure all clinicians know to select the Near Me option whenever face to face care is not clinically essential. • Process for booking staff: staff receive the booking request, book the patient into Near Me slot and send the patient an appointment letter with Near Me information (as above). • The staff who will receive calls from patients cannot use Near Me, with a clear plan for either cancelling or rearranging appointments.
5	Decide whether to start switching appointments that are already booked as face to face clinic appointments to Near Me: o Administrative staff provide a list of booked appointments for clinicians. o Clinicians review the list and identify any patients who should be excluded from a switch because they require face to face consultations (eg, for a procedure or physical examination). o Administrative staff telephone all patients who can be switched to explain the change of appointment, how Near Me works and send patients the details (as above). Then follow booking process as above.
6	Put in place a contingency plan in place for Near Me calls not working – either due to patients being unable to work it or an internet failure: • Near Me call failures will happen if patient are 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 patient telephoning the hospital to switch to a telephone or face to face consultation. Ensure the patient has the correct telephone number to call on the appointment letter. • Where a video consultation is clinically necessary (ie, to avoid transmission of the virus) and the patient has technical issues, contact the National VC Team and log a call on the patient's behalf. Email vc.support@nhs.net or call on 01224 816666. The VC team will contact the patient directly and provide best efforts technical support, available Monday to Friday 8am-6pm.

Using Near Me

1	Ensure all staff receive training on how to use the underlying video consulting platform (Attend Anywhere) so they can use it themselves and/or explain it to a patient, either: • Watch the training video produced by the national VC team, available via https://www.vc.scot.nhs.uk/attendanywhere/ or alternatively this film on YouTube https://youtu.be/6IzAg0SHKFo • Join a scheduled video training session with the national VC team, see available dates at https://www.vc.scot.nhs.uk/attendanywhere/ • If available, access training locally via NHS board/HSCP. • Use the written training resource in Appendix 2. Ensure all Near Me users understand the need to consult from a confidential space with good lighting.

2	For all Near Me consultations, clinicians will: • Have video consulting equipment in place (note if specific room is required) • 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 clinical system • Be aware of the organisation's process for identifying that patients have arrived: either by monitoring the Near Me waiting room or by the hospital's PMS system • Connect the video call from the Near Me waiting room and consult as normal • Record the consultation in the hospital's clinical system as normal. Arrange any follow up as normal, including how patients should collect any required forms, eg, arrange change of treatment request with patient's GP.

APPENDIX 1: TEMPLATE CARE PATHWAY

OUTPATIENT SCHEDULED CARE

| Decision made on suitability of appointment for video consultation (new or return patient) | → | Request to book appoint-ment passed to booking team | → | Clinic templates prepared with Near Me slots

Booking team book appointment and send patient information about how to attend by Near Me

Switch any existing appointment by phone | → | On receiving information, patient checks Near Me works for them

If they cannot use it, patient follows process to change/cancel appointment, eg, phones | → | Patient attends at specific time by pressing "start call" button on own device | → | *Either:* Single point of entry with receptionist who connects call and transfers to clinician

Or: Patient directly enters clinical service's waiting area | → | Clinician is ready for Near Me clinic (equipment in place and logged in)

Clinician sees patient arrive and connects call | → | Consultation takes place as normal:

Clinician has access to clinical information and records outcomes in patient record | → | Clinician arranges further treatment, eg, next appointment, prescription supply, clinical tests

Clinician ends call |

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. Resource Centre with information about the underpinning platform (Attend Anywhere): https://nhs.attendanywhere.com/resourcecentre/Content/Home.htm

2. Clinician Near Me user guide

   Practice Clinician
   Near Me User Guide.p

3. Posters for clinician walls

   Quickstart   Call Screen
   poster.pdf   Poster.pdf

Contact details for further information:

For technical queries:
https://www.vc.scot.nhs.uk/attendanywhere/

For process queries: in the first instance, please contact the Near Me Lead in your NHS Board/HSCP