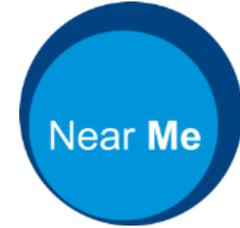


## National Regional Near Me Webinar No.1 (14 January 2021) hosted by National Near Me Team



Link to recording: <https://web.microsoftstream.com/video/4da9d228-8afb-48d6-aca9-2a68bc5388ad>

with NHS Orkney, NHS Highland, NHS Shetland, and NHS Western Isles Number of participants = 50

Please complete survey

<https://forms.office.com/Pages/ResponsePage.aspx?id=veDvEDCgykuAnLXmdF5JmmmafQFVPR9BkB4jXmU89LJUNDIxS0c0RVFQWkxQSFE3N1cxVDY2ODILQj4u>

Further info Email [marc.beswick@nhs.scot](mailto:marc.beswick@nhs.scot) [nss.nearme@nhs.scot](mailto: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 including over 1,000 from health care professionals including over 200 GPs. [Video consultations - public and clinician views: consultation summary - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/06/Video_consultations_-_public_and_clinician_views_consultation_summary.pdf)
- 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 \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/06/Attend_Anywhere_-_Near_Me_video_consulting_service_evaluation_2019-2020_report.pdf) An evaluation of the scale-up has been carried out and is due to be published early in 2021.
- Link to Implementation Guidance (GP) <https://tec.scot/sites/default/files/2021-06/Near-Me-Primary-Care-Guidance.pdf>
- Near Me Out of Hours GP Guidance: <https://tec.scot/sites/default/files/2021-06/OOH-Near-Me-guidance.pdf>

### Care Navigation

Implementing care navigation makes best use of appointments and resources within GP practices. <https://ihub.scot/project-toolkits/care-navigation-toolkit/care-navigation-toolkit/>

### 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.

**Speakers** Dr Scott Jamieson @Scott82 – Tayside; Dr Chris Williams (@DRChrisWilliams)– Highland; Dr Simon Kemp – Orkney  
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**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.

**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	Awareness and Engagement	How do we encourage patients to ask for a Near Me consultation?	We are coming at this from various angles. There is a system-wide function around helping patients and relatives understand what Near Me is, and when they might want to try to use it. In Webinar we heard how the GPs approached this including having a contact point such as the receptionist asking patients their preference. But do this receptionist need to be aware how it works and have a 'vital' role. Important not to make assumptions about who will choose to use it. (Please refer to the recording for detailed answers from the panel)
2	Clinical	Comment from Chat	There is a very strong argument to encourage colleagues to use Near Me for those patients needing visual communication aid where patients have a hearing loss. It is always better than the telephone for this population
3	Clinical	What clinical presentations can be used for Near Me	Simon responded that he thought most things could be done on Near Me. Scott noted that for OOH children are 'a lot easier' on Near Me and skin conditions or anything visually Near Me has advantages. Chris turned it round and said look at it from what service is required and consider preferences. He highlighted it is not just Near Me and other tools and on a journey as to how these things securely come together. (Please refer to Independent evaluation and public engagement for detailed analysis on this).
4	Clinical supervision	Are there any plans to use Near Me with clinical supervision and assessment of staff in remote areas?	Yes, it is used with trainees to come in at the end or to observe for assessed COTs with the RCA. Near Me has been successfully used with AHP students to support learning too. Going forward it will become part of core training and education
5	Covid-19	Comment made in Chat	Also face to face with a mask is not the same
6	Preference	How can we encourage reluctant clinicians in primary care to use Near Me instead of using the telephone as a first choice?	Scott said start with the basics and try it out and commented there is a 'buzz' when you use it. You need to have to have kit in every room and break down barriers and if agreeable to all have it as pre-booked option. Some calls do not work but over 600,000 have successfully taken place. In Scott's Practice all use Near Me. Chris highlighted need a supportive environment. As patients become more educated this will drive change. (Please refer to the recording for detailed answers from the panel)
7	Preparation	Do you think SMS/Emailing the Near Me support links is helpful in reducing technical queries to reception? I plan to send the following links 1 Near Me intro	Generally, yes. Encouraging patients to have test call and become familiar helps especially if first appointment. Rather than send patient multiple links to videos/instructions, it would be better to direct them to <a href="https://www.nearme.scot">https://www.nearme.scot</a>

		video link 2 near me how to link 3 near me test call link	<p>Post Meeting Note from Chris: Patients will need to be able to find the specific waiting room that the practice use (the link for this will be different to any hospital clinic link they have used), and they may need instruction on this. Sending out a link they can click on is far easier for them that reading out a URL. Having a link on the practice website will also help.</p> <p>Near Me does not currently interface with the appointment system of the GP clinical systems, so to see when people are arriving in the virtual waiting room, someone in the practice will need to have Near Me launched and running in a browser.</p> <p>Post Meeting Note from Simon: "Test Call link should be added to the practice web sites. In most cases this is sufficient and has a set up guide and troubleshooting links embedded in it. From my experience, those that have IT problems are most grateful to run through it with a receptionist rather than getting more involved with other IT communications."</p> <p>Post Meeting Note from Scott: "Our system pre-dates the native SMS link from the platform and we send the link from our practice SMS system. I don't know that we have significant amounts of IT issues meriting this approach to be honest...Same reason admin don't 'monitor' the waiting room as people get used to it, it becomes less of an issue, but might be useful at the start."</p>
8	Recording	Can GP record software be adapted to facilitate the recording of Near Me	Near Me as tool intentionally does not facilitating recording and in so doing avoids issues relating to Information Governance
9	Recording	Comment from CHAT	'I'm not sure about recording. Data requirement will be huge and if not them why not also CCTV in the room to record the consults in person? The record is what is written in the notes.'
10	Recording	Is the consultation recorded	No. But patients may wish to record it for their own use. Experience has been if they ask and clinicians have been comfortable with this.
11	Roles	How important is the role of the receptionists in both offering and supporting patients and clinicians in using Near Me?	Critical. In Webinar we heard how the GPs approached this including having a contact point such as the receptionist asking patients their preference. But do this receptionist need to be aware how it works and have a 'vital' role. Important not to make assumptions about who will choose to use it.
12	Technical	During Digifest there was a presentation from the clinical lead in a network of clinics in California. During his talk he spoke about needing to develop a system to identify and respond to patients that	"Consult Now" is a feature being worked on by the software team behind Near Me in collaboration with Paramedic services. This may well be a future feature within Near Me

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		required an urgent response, to pull them out of the automatic system and be seen rapidly.	
13	Technical	Why two screens?	It is helpful to have two screens, as you can have Near Me up on one screen and the clinical system on the other screen.
14	Technical	You recommend hardwire via ethernet as opposed to Wi-Fi? Is this the case in NHS Highland though? I understand connection is a little slower here	If you are in an area with poor Wi-Fi___33 then a hard wired ethernet connection will be better but it can work extremely well on Wi-Fi.
15	Time	Interesting to hear that Simon thinks it is quicker as anecdotally some practices have told me Near Me takes longer?	Key point was he can pick the patient from the virtual waiting room as often when If phoning does not get through straight away for various reasons. With the waiting room know when they are there so do not waste time. He noted that about 80% of patients use the system without assistance. Others might need some support which takes a bit time but once that takes place people get the hang of it. Scott thought appointments could take longer because he 'enjoyed' them but with children quicker. General point was appointment slots are 15 minute and whatever method time may vary. (Please refer to the recording for detailed answers from the panel).
16	Working from Home	I believe that when working from home I am not able to use my work mini-pc and remote access (now AOVPN) to do Near Me consultations. My FCP physio colleagues across Highland use their own phone to do this (and use the computer screen to look at notes etc..). Is this the same everywhere or are we likely to be able to access Near Me on NHS equipment at home at some point?	Near Me is accessible from any device that can run Google Chrome/Microsoft Edge and Safari no matter where you are. You may need to ask for Google Chrome to be enabled on your NHS device.
<b>Please see some additional information below on 1) potential impacts on health for professionals and 2) Near Me service models</b>			

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## Potential impacts on health care professionals | Post meeting note from Simon- 18 January 2021.

“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.

### Additional Resources

- **Public Near Information:** <https://www.nearme.scot/>
- **Professionals Near Me Information:** <https://tec.scot/nearme/>

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- **Training Resources:** <https://www.vc.scot.nhs.uk/near-me/training/>
- **TURAS Remote Consulting Resources:** <https://learn.nes.nhs.scot/28943/coronavirus-covid-19/remote-consulting-and-recruitment>

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