National Regional Near Me Webinar No.2 (21 January 2021) hosted by National Near Me Team
Link to the recording here with NHS Grampian, NHS Forth Valley and NHS Tayside, Number of participants = 111 joined
Please complete our post webinar Survey here
Further info Email marc.beswick@nhs.scot   nss.nearme@nhs.scot

Key documents and information to note:

- A national public engagement was carried out in the Summer 2020 and had over 5,000 responses: over 1,000 from health care professionals including over 200 GPs. Video consultations - public and clinician views: consultation summary - gov.scot (www.gov.scot)

- Professor Trish Greenhalgh carried out an evaluation on Near Me 2019/20 (pre Covid-19) and was published in July 2020. Attend Anywhere / Near Me video consulting service evaluation 2019-2020: report - gov.scot (www.gov.scot) An evaluation of the scale-up has been carried out and is due to be published early in 2021.

- Link to Implementation Guidance (GP and OOH) https://tec.scot/sites/default/files/2021-06/Near-Me-Primary-Care-Guidance.pdf and https://tec.scot/sites/default/files/2021-06/OOH-Near-Me-guidance.pdf

Training

Remote consultation learning resources on TURAS here
Near Me Training Sessions & Videos

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

Terminology | Near Me; NHS Near Me and Attend Anywhere

Near Me – is the national branding now being used to describe video consulting services. The NHS element was dropped in recognition of the potential wider use: social care, public sector, third sector.
NHS Near Me – was the branding first used by NHS Highland and the name was co-produced with patients and public. Initially it was used for outpatients but was started to being used at home when the patients and public suggested as part of public consultation in 2018.

Presenters: From NHS Grampian: Wendy Edwards / Julie Cunningham (Practice Managers), Dr Fiona Marguerita and
Dr Scott Jamieson @Scott82 – NHS Tayside; #NearMe #GPNearMe #healthcentrenearme

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

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Ref	Theme	Question/Comment	Response
1	Admin and Teamwork	How important are Administrative staff in getting this off the ground and working well?	Admin support is key. This is a whole system change and need to get everyone onside, but worthwhile.
2	Appointment system and waiting rooms	Does everybody use it via an appointment system? Wondering about using waiting rooms if I am part of a new service, would I need to create a waiting room?	We use Informatica Front desk and Near Me are a type we created but there is no link between the systems. If we see someone in the waiting room, we mark them as arrived on Front desk, but we do not tend to need to do that often. Contact your local Near Me lead if you need support. All boards have one.
3	Confidentiality	My concern is confidentiality for our young people (often teenagers) as we share an office - single rooms dedicated for Near Me consultations are very limited - any advice?	We recommend headsets instead of speakers and position desks in a way that people cannot walk behind and see the screen, so away from the main walkways (if this is possible).

Also touched upon confidentiality issues for people at home with other people in the room. This also came up in Public Engagement and is not a black and white answer but an important consideration. Dr Scott made the point that if he sees people in the background he will ask if 'ok to speak' and seldom an issue. He also added when you do phone appointments you are less likely to pick this up and it is not some things generally discussed |
| 4 | Confidentiality | My question was more about confidentiality at the professional's end? E.g., shared offices | We recommend headsets instead of speakers and position desks in a way that people cannot walk behind and see the screen, so away from the main walkways (if this is possible).

Fiona commented that they practiced using it in the same room with colleagues and it was feedback by a colleague in another practice that she could clearly hear the other conversations in the room. In fact, more so than our conversation (both had headsets. |
| 5 | Confidentiality | We are keen to understand this a little more. Are patient details available in the patient admin/recording system? And do clinicians have access to this? | From the presenters discussions on the day (please check back through the recording) details are available on admin/recording system often on a separate screen. Clinicians have access to patient details either from the practice software package or the Near Me waiting area list. |

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6	Confidentiality	When the patient enters all their details to join the call, that info is obviously shown on the waiting room screen. Is that a confidentiality issue as other professionals not connected to the patient can see those details in the waiting room.	You can decide what information you require a patient to provide before entering the waiting area but more it is helpful to have some details to identify the correct patient.
7	Ease of use	Is Near Me easy to use?	Yes, but it is a change and like anything you need to get used to it. Practical support is on hand.
8	Funding for IT	HVs and School Nurses do not have webcams so need investment from NHS/HSCPs as do not have good Wi-Fi in bases.	NHS Boards were allocated IT money in November 2020 to support primary care. It is worth escalating to get it to the primary care IT group who are likely to decide on how to use ££. There might be other funding lines in the wider organisations to support remote working/monitoring.
9	Legal – Uninvited	If you recognise the name do, we have any legal obligation to speak with them if	Not a legal obligation but again if they walked into Practice you would ask people if you could help. So same courtesy.
10	Setting up	Is Near Me easy to set up?	Yes. Are you connected to a GP practice? If so, most GP practices already have a waiting area. If not, if you get in touch with your local e-health/Near Me team and they can set you up.
11	Training	We have never used Near me before and thought this was a training session	Here is a link with some training videos you may find helpful https://learn.nes.nhs.scot/28943/coronavirus-covid-19/remote-consulting-and-recruitment
12	Virtual waiting room	The waiting room we use is actively used by other teams. In Angus we can see when patients from other teams are on but would not know who they are on to see.	It may be best to get in touch with your local near me/Health team to get an additional waiting area set up if it is needed. Nationally we do not limit numbers of waiting areas, if they are clinically required.
13	Virtual waiting room	How should you deal with un-invited people to the Near Me waiting area? I have spotted this on several occasions.	Same way as would if someone walked into reception in the practice. You would ask them if you could help. From experience it usually relates to people 'practising' and they soon disappear
14	Virtual waiting rooms	Our team use the same waiting room, can we all be on a Near Me call at the same time or do we need to wait until one person is finished a call?	You can see multiple patients at the same time in the same waiting area, that is not a problem at all! No need to wait until a call is finished.

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Please see some additional information below on 1) potential impacts on health for professionals and 2) Near Me service models

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

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

Service Models

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

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

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

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