**National GPN Webinar (10th December) – A Practice Manager/ GPN event run jointly by NES and SG hosted by Vicki Waqa.**

**It included a session on Myth Busting on use of Near Me**

**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)
* 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 <https://tec.scot/wp-content/uploads/2020/09/Near-Me-Primary-Care-Guidance.pdf>

**Care Navigation**

Implementing care navigation makes best use of appointments and resources within GP practices.

[Care Navigation Toolkit - Care Navigation Toolkit (ihub.scot)](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.

**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.

**Comments and Questions from the CHAT with answers and themed.**

**Final Version 15th December 2020**

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| **Ref** | **Theme** | **Question/Comment** | **Response** |
| 1 | Champion  | We nominated an inhouse champion to support the broader team. | It would be useful to find out how this works. Sounds like a positive way forward. |
| 2 | Choice  | Do we ask patients get if they would like a Near Me consultation or is the default telephone? | This varies practice by practice. However, we know from the public engagement that some people would like to use it but were not aware of it as an option; and some clinicians said they were more likely to use if they knew their patients would like to use it. To address this requires Practices to be equipped and confident to offer and promote choice and for patients / public to be aware of the option so they can request it. |
| 3 | Clinical | Is anyone using near me to do chronic disease management? | Yes, lots of examples diabetes, respiratory, anticipatory care plans, mental health. More generally health professionals identified a clear preference for using video consulting within the ongoing management of conditions, rather than in undifferentiated diagnosis. |
| 4 | Clinical technical  | The barrier preventing us from going hard with this (because we think it is a brilliant concept) is that patient IT quality is poor and often very difficult to clearly see something. Preference is therefore to email pic and discuss. | Certainly, some favour pics and phones (asynchronous communications) but others happy with Near Me for appropriate conditions and circumstances. |
| 5 | Clinical/technical | Patient IT often not up to scratch, e.g., close ups do not show clearly. GPs prefer pics and phone. | We would agree that the quality of the consultation can depend on quality of IT and ability to use it. From our engagement there are varying view from GPs about using Near Me. Certainly some favour pics and phones (asynchronous communications) but others happy with Near Me for appropriate conditions and circumstances. |
| 6 | Connecting Scotland | The Connecting Scotland initiative is great, but more could be done to raise awareness of this programme e.g., maildrops, as the patients that will benefit are not online. This could have positive impact on patient access. Training in use of Near Me should be part of the 'handover' process for devices. | WE will follow this up with Connecting Scotland but in their first tranche individuals were selected to participate based on their need identified through health and care professional or third sector organisations. As this expands then we would agree that different approaches to communicate will need to be ongoing.  |
| 7 | Connecting Scotland | What links does the Near Me team have with the connecting Scotland work? | We have been working closely with Connecting Scotland including to ensure that any devices issued are compatible. |
| 8 | Connectivity  | IT infrastructure is not good enough to support Near Me in our practice due to insufficient bandwidth... which is disappointing. This was raised by several participants and reflected both rural and populated areas. | Connectivity was the No.1 barrier raised through the public engagement. Technology Enabled Care Team will be raising this as part of their response to public consultation into the Digital Strategy.Where there are issues of Bandwidth or digital exclusion (in all its guises) or social circumstances (privacy, space) local Hubs [see end of document for a description] such as in Highland can overcome many of these problems. This was underway pre-covid in some boards but got paused. |
| 9 | Connectivity | We were very enthusiastic about Near me initially, but we too suffer from low band width and the images are very pixelated our end which makes clinical assessment very difficult. Is there any time frame for improving bandwidth? | Connectivity was the No.1 barrier raised through the public engagement. Technology Enabled Care Team will be raising this as part of their response to public consultation into the Digital Strategy. |
| 10 | Consultation (benefits) | One advantage of Near Me that is forgotten is that you can have a face to face without a face mask (although no in person), so you can see facial expressions etc | This came out strongly in the public engagement and EQIA process including for example people who lip-read.  |
| 11 | Consultation time | I think it is important that it is acknowledged that a Near Me consult is often not quicker than face to face, and scheduling of appointments should reflect this. | This was an opinion expressed by a participant and may well be the case in some circumstances. As with all consultations time may vary. This is an area that might be worthy of getting some more data to support scheduling, and to understand is an issue with first appointments or more general. |
| 12 | eConsult | Have the Scottish Govt looked at the econsult system? | Scottish Government is looking at asynchronous consulting, eConsult is one of many systems that do that. SG Primary Care Division will be putting a survey out to practices next year asking what they are using eConsult and other systems for and how we might move forward developing asynchronous consulting across Scotland. |
| 13 | Receptionist | The role of the Receptionists and how they engage with patients is so important.  | Consistent messaging both nationally and locally is vital. This came up as an issue from varying perspectives. Often patients are frustrated about receptionists asking questions. Others with for example mental health issues see it as a barrier. To make a call can be very stressful that an individual may have been working up to for ages and when they do not get straight to where they want to be or must answer questions it can be draining for them and less likely to make calls in the future.  |
| 14 | Support / Experience  | First-time use is a barrier to use of Near Me.  | Participants who had experience of using Near Me agreed with this but made the point that this gets easier. First time users often practiced with colleagues. More needs to be done to raise awareness with patients around making a ‘test-call’ and some boards have afternoons where patients can ring up and speak to a member of staff and work through the process. |
| 15 | Support / Patient facilitator | It would be good to have more support to get patients setup and going. Local patient facilitator roles in each board? | This is something for local boards to consider but we will share with Near me Leads who are in position in each board |
| 16 | Support / Patient facilitator | Getting patients setup at their end is the main barrier for us - too time consuming. | This would suggest it is not a good option for the patient and going forward need to consider how might they be supported or use of local Hubs. Having said that consideration should be given to circumstances of the patient including travel time might make it sensible to see how patient can be supported if video would be useful. |
| 17 | Technical | It would be brilliant if there was a voice only option too. Phone lines are being overwhelmed but we do not always want to use video. An internet-based call option would solve the problem. | This is out with the scope of the Near Me team, but we will pass onto appropriate departments |

**Local Hubs**

Professor 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.