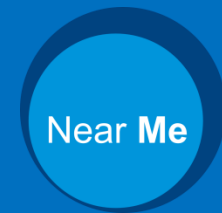




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Riaghaltas na h-Alba
gov.scot



Video Consultation for Allied Health Professionals & Neuropsychologists in Neurology

16th September 2021

Housekeeping




- All on mute
- Pause
- Accessibility options
- Tips for getting good WiFi
- Please use the Q&A section

<

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Search

NHS Scotland



Activity

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Teams

Calendar

Calls

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Apps

Help

Test event

Need help?

Leave

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Save

Share

Playback Speed

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Captions / Subtitles

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Live event Q&A

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Featured

My questions

Most recent

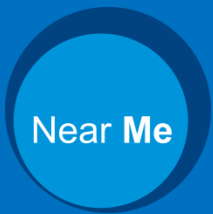
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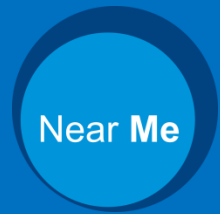
Moderator

4:47 PM

Welcome to todays event.

Ask a question





- Hosts
 - Marc Beswick – National Lead – Near Me Network
 - Richard Brewster – Senior Policy Manager – Directorate for Healthcare & Quality Improvement
- Presenters
 - Stephanie Fraser – Chair – Scottish Government Advisory Committee for Neurological Conditions
 - Dr Callum Duncan – Consultant Neurologist – NHS Grampian
 - Jayne Dorans – Speech & Language Therapist – NHS Ayrshire & Arran
 - Dr Maggie Whyte – Consultant Clinical Neuropsychologist – NHS Grampian

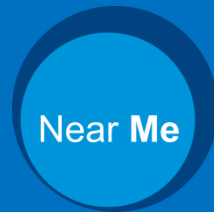
@NHSNearMe
#neuroahpnearme

@marcbeswickahp
#neuropsychologynearme

Agenda



- Provide an opportunity to hear from early adopters using Near Me in Neurology.
- Scope whether people would find guidance useful.
- Identify volunteers to be involved in developing and testing guidance.
- Identify next steps in guidance development and neurological practice.
- There will be an opportunity to ask the panel questions about their projects.



Stephanie Fraser
Chair
Scottish Government Advisory
Committee for Neurological Conditions



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Video Consultation for Allied Health Professionals and Neuropsychologists in Neurology

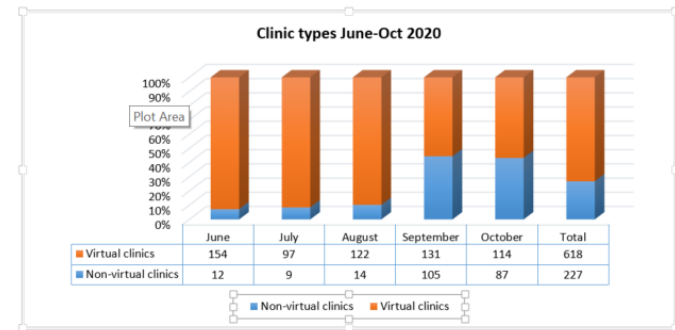
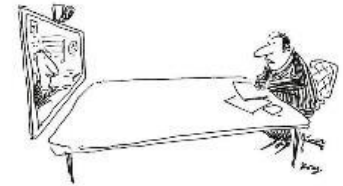
A Neurologists Experience of using Video Conferencing and Near me before and during the pandemic

**Callum Duncan
Consultant Neurologist
NHS Grampian**

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- A neurological consultation at a distance, or not in person, using various technologies to achieve connectivity, including the telephone and the internet.
 - Email and other electronic communication
 - Telephone - simple, straight forward, we all use this to some extent
 - Near me - Internet based / encrypted, like skype or face time, no far end control
 - Video conferencing - Secure dedicated internet connection, far end control
- Covid 19 pandemic
 - Abrupt change from majority face to face to majority virtual
 - Video conferencing already used pre-pandemic
 - Near me was starting to be used for some return patients
 - Exponential increase in video consulting using near me
 - 330 consultations per week pre-pandemic to 10,770 consultations per week over the next 8 weeks



Video consulting using Video Conferencing with far end control and a remote assistant



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- Used in a small number of centres to provide neurology services to island patients
- Requires specialist equipment and dedicated clinic space
- Benefits from far end camera control
- Requires a far end assistant (junior doctor or nurse)
 - Allows a directed neurological examination
 - Examination is dependent on the confidence / competence of the far end assistant
- Can share imaging / information using share screen function
- Picture quality can be variable depending on the quality of the connection and zoom required on the camera



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Video consulting using near me via attend anywhere platform

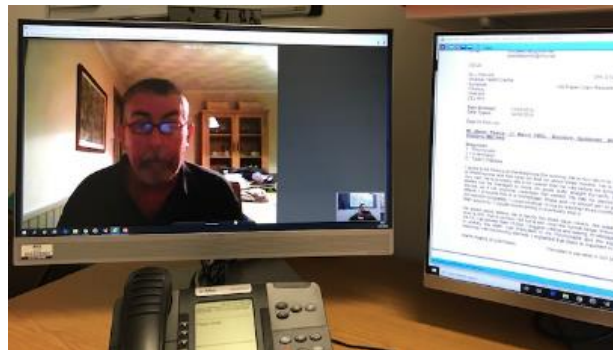


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- Internet based video consulting using attend anywhere software
- Easily accessible using routinely available equipment
 - Can be used from any computer with enabled video, mic and speaker (works better with dual screens)
 - Patients access using any smart phone / tablet / laptop
 - Patients can also access from a remote clinic room in a peripheral hub
- Easy to use, but prone to technical glitches
- No far end camera control which limits assessment
- High quality camera on smartphone can improve picture quality
- Untrained assistant can assist with a basic neurological examination
- Trained assistant in a peripheral hub allows a directed examination
- Can share imaging using share screen function
- Other clinician / student / relative / interpreter can be added in on second / multiple additional screens



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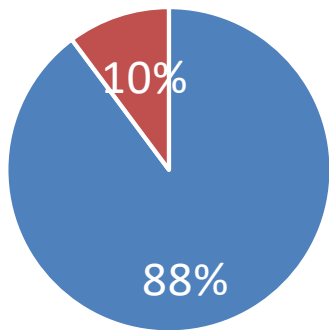
Patient and unpaid carer experience: Neurological Alliance Virtual Consultation Survey



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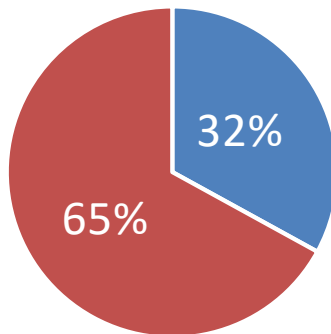


Access to telephone appointments



- Yes - I have had access
- No - I have not had access

Access to video appointments



- Yes - I have had access
- No - I have not had access

- 57% not able to access face to face appointments
- 65% not had a video appointment
- 88% accessing services via telephone

“Most people with neurological conditions and unpaid carers believe that there is a place for virtual appointments, for instance where a condition is stable, for clarification of symptoms or for general advice.”

“However, for the majority, some face-to-face contact with clinicians is an essential aspect to their care.”

“The neurological community who responded to our survey are clear that there is a place for virtual appointments, with video being preferred.”

“Personal choice and person-centred care are at the core of maximising best use of existing NHS virtual technology going forward. People want access to good quality and personalised healthcare, they want to feel listened to and cared for, and they want to feel part of their own care team.”

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Clinician and patient experience - Scotland

ABN Poster: Stavrou, Lioutas, Lioutas and Davenport

PATIENTS

131 patients (65%) received remote consultation(s) by video, phone, or both.
Multivariate analyses revealed that consultation preference differed significantly according to the underlying neurological condition.

Figure 3: Type of Remote Consultation

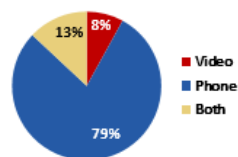
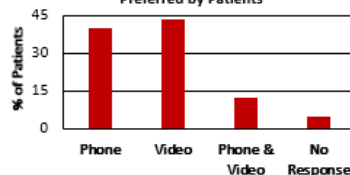


Figure 4: Type of Remote Consultation Preferred by Patients



Multivariate analyses showed that age, sex, and the underlying neurological condition were statistically significant determinants of patients' satisfaction ratings.

Figure 5: Overall Patient Satisfaction for Remote Consulting

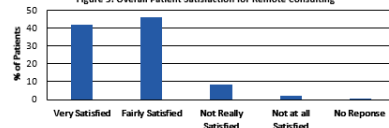


Figure 6: Patient Interest in Undertaking Future Remote Consultations

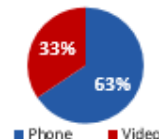


CLINICIANS

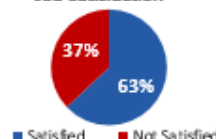
In total, 62 neurologists participated in the national survey (79% consultants). All clinicians undertook phone appointments and 68% used "Attend Anywhere" / "Near Me" to perform their remote consultations with patients.

Figure 7: Clinician Views on Remote Consulting

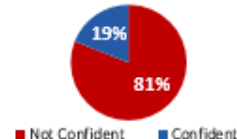
Clinician Preference



Job Satisfaction



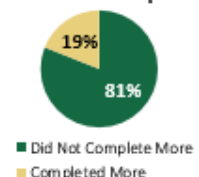
Confidence in Assessments



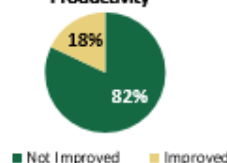
Consultation Length



Evaluations Completed



Productivity



Experience of Near me in NHS Grampian

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- Pre March 2020 tele-medicine consultations made up <10% of consultations (majority by 1 consultant)
- April – August 2020 nearly 90% of consultation were virtual with the vast majority undertaken by near me
 - Neurology near me clinic template already set up
 - All clinic rooms were either already set up with double screens, video and mic or were rapidly updated
 - NHS Grampian set up a generic virtual clinic reception
 - Clinic templates can mix FTF / near me / telephone slots
- Telephone was therefore only used on patient request or connection failed
- 100% Aberdeen neurologists preferred video over telephone
 - better experience; the ability to see, interact and engage with patients; and to perform limited examination.

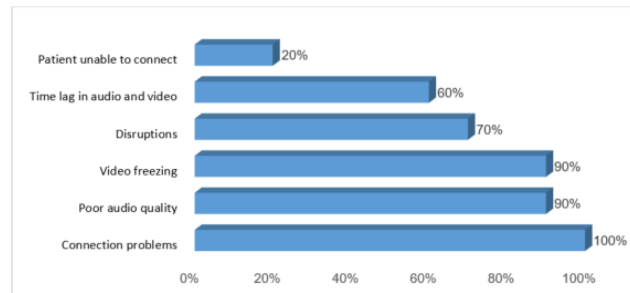
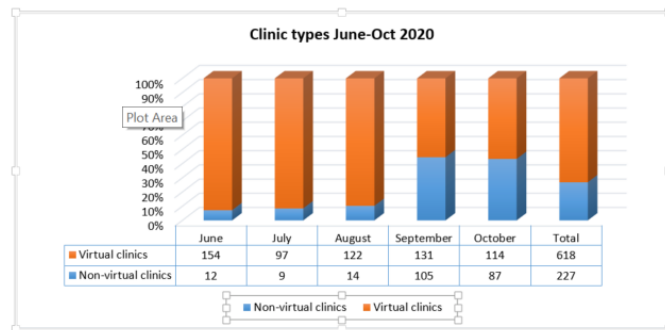


Figure 4: Technological difficulties reported by practitioners

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What works well and what does not?



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What works well?

- Can see and hear patients
 - easier to appreciate non-verbal cues
 - better rapport
 - easier to interact with groups than on the telephone
- Can notify patient if running late
- Can undertake a limited examination (much more effective if trained helper)
- Can show patients scans, websites, etc
- Can see patients in GP practice / other hospital
- Can bring in other professionals
- Can bring in other family members (from anywhere!)
- Can bring in interpreter
- Can mix into standard clinic template

Works best for conditions where examination is not needed eg primary headache and epilepsy and for stable return patients

What does not work well?

- Technical glitches
- Poor patient internet / patient confidence with technology
- Periods of high internet traffic
- Smartphones – screen too small, patients hold phone in their hand
- Limited ability to examine patient
 - Untrained assistant can help
 - Trained assistant is much better

Not suitable for new patients unless no need to examine patient

Not suitable for complex or evolving return patients

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3 way / multiple calling



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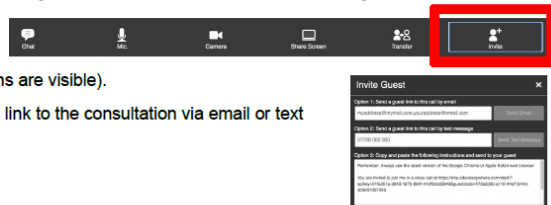
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- Straight forward to add participants onto near me consultation
 - Best if additional participant/s log into clinic and appear on caller list
 - Can also invite in by email / text
- Multiple participants possible
- Relatives / interpreter / other clinicians /students
- From any location in the UK / world
- If picture quality problems additional participants turning off video feed can help

1. Inviting other participants while in a call with a patient

While in a call, select the Invite button from the menu at the bottom of your call screen (wiggle your mouse if no buttons are visible).

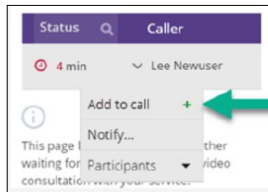
This enables the you to send a link to the consultation via email or text message.



2. Adding multiple participants from a waiting area call queue to the same call

This is for when all participants have been provided the link for the waiting area in advance and asked to enter as a patient. This is easier if you are using a PC with twin monitors where you can drag the call screen to a different monitor than your call queue.

Select the initial patient from the waiting area and join the video call as normal. (If you have a twin-monitor PC, drag that call screen to another monitor.) Then return to the call queue and select the additional participant.



[If you have a single screen system, to return to the call queue from the call screen, hover over the Chrome icon on the menu bar at the bottom of the screen and then click on the waiting room window that appears - the ongoing video call remains in a separate window.]

Once returned to your call queue, select the participant you want to add, click and select "Add to call", a confirmation message displays, click Yes, the selected caller is added to your ongoing call.

High quality camera on smart phone



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- Picture quality is dependent on the patients internet and volume of other internet traffic
- No zoom / pan or tilt on camera
- Can not see fine detail
- High quality rear facing camera can give excellent pictures if held still
 - Flip camera if patient on smart phone or tablet
 - Can also add in as additional participant



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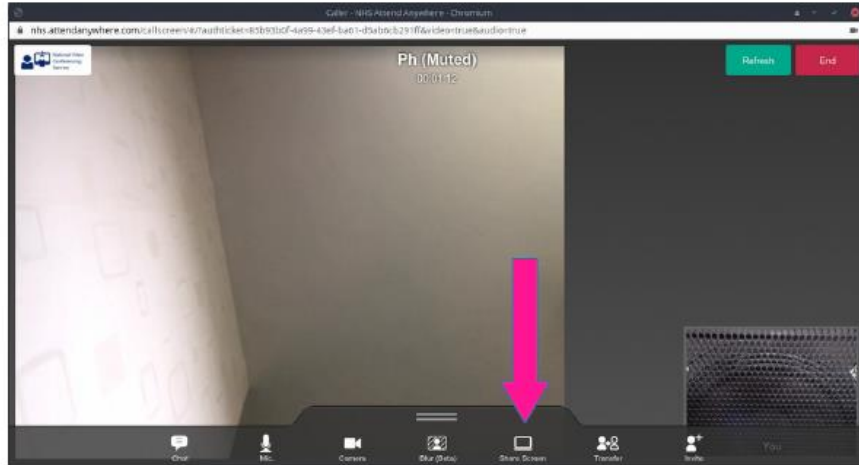
Sharing content



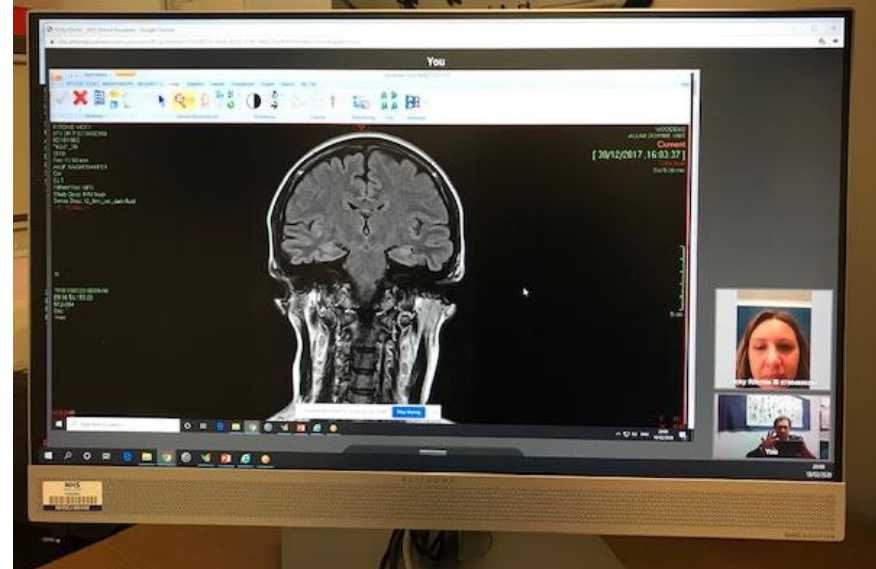
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- Scans, websites, etc
- Works better if 2 screens
- Close content you would not want inadvertently shared



Stop sharing

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Trouble shooting



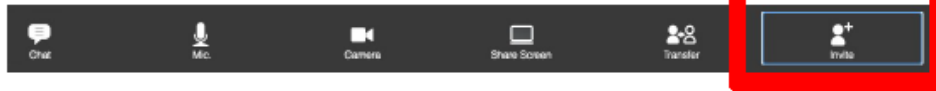
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- Patient can't connect in
 - Share link by email/text
- Poor picture quality
 - Clear browser history / switch off video of other participants
- Poor / no sound
 - Supplement with phone on speaker
 - Must mute near me either end

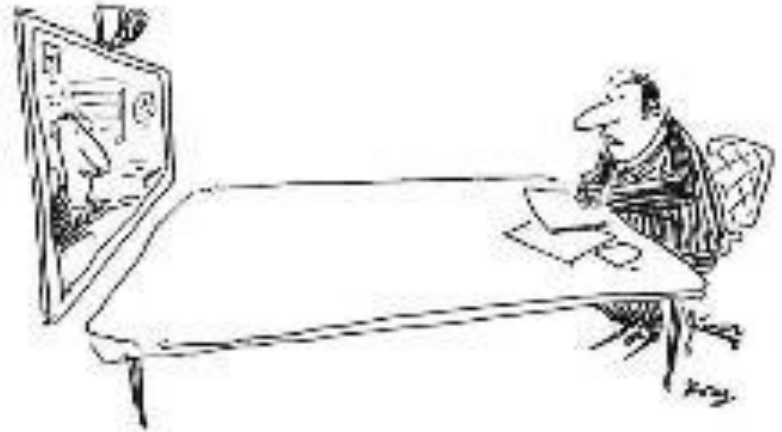
Important to appropriately select patients
Quickly move to phone consultation if
connection very poor



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- If patients are chosen well near me can be a useful alternative to face to face
- “Personal choice and person-centred care”
- For medical consultations most suitable for conditions where examination not required and stable return patients
- Multiple potential uses
 - Vary by profession



Delivering swallowing assessments via Near Me for patients in the Isle of Arran

Jayne Dorans

Speech & Language Therapist, NHS Ayrshire & Arran

16th September 2021





Background

Near Me

- Monthly provision of SLT input to adults in Arran
- Challenges around timely provision of assessment/therapy and financial implications for SLT and patients.
- Pre-Covid Near Me pilot for communication referrals.
- Suspension of all face to face services during lockdown.
- Developing a protocol for remote swallowing assessments became a priority.

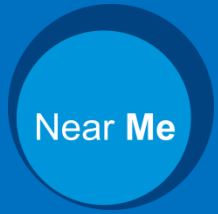


Our Teleswallow Partners

Near Me

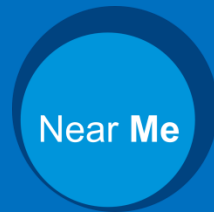


Training and preparation



- Trained nursing staff and healthcare support workers complete MyAko's Level 1 and/or Level 4 online training modules.
- Online remote SLT led practical session
- Once our Teleswallow practitioners have completed the Level 4 training, they have a vital role before, during and after our teleswallow sessions.

Risk assessment



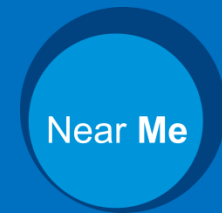
- Royal College of Speech and Language Therapy
Telehealth Dysphagia Assessment: a decision making tool.
- Flow chart
- Dynamic decision making tool, including webisodes from Speech Pathology Australia's Learning Hub.
- Emergency protocols in place 'onsite' with our teleswallow partners.

Technology/equipment

- Reliable internet connection
- Device with webcam & mic
- Appropriate seating/ability to move camera.
- Confidential, quiet space which is close to support/assistance if required.
- Access to Near Me
- Resources: torch, appropriate diet and fluids, cups, spoons etc.
- Teleswallow proforma



Where are we now?




- All MyAko online Level 1 and Level 4 training modules and SLT led sessions completed.
- Now able to offer Teleswallow sessions via Near Me as an alternative to a face-to-face swallowing assessment, where appropriate.
- Measuring outcomes: staff feedback, quantitative outcomes.
- SLT duty of care must be emphasised.
- Early experience of Tele Swallow have been positive.
- Consideration of how this could be used more widely.

Remote Delivery of Clinical Neuropsychology

Dr Maggie Whyte

Consultant Clinical Neuropsychologist

NHS Grampian

- 
- ▶ Clinician Experience
 - ▶ Patient Acceptability - snap survey results (Aug/ Sept 2020)
 - ▶ Points to consider
 - ▶ Guidance

WHERE WE STARTED



Qualitative Study on Clinician Acceptability

Focus group discussion amongst Clinical Neuropsychologists (NHS G)

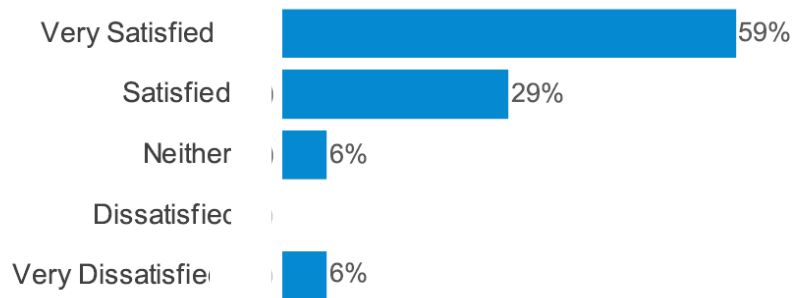
Thematic analysis of discussion transcripts identified six themes:

- (a) *Technology* including need for good wi-fi connection and challenges during difficult and emotional conversations.
- (b) *Suitability* including the experience of finding it more acceptable to patients with mild cognitive impairment compared to those with severe cognitive impairment.
- (c) *Facilitating access* – flexibility (not restricted to clinic availability), no travel.
- (d) *Changing the therapeutic milieu*, challenges with rapport building and risk response
- (e) *Neuropsychological assessment and intervention*. Challenges delivering standardised assessment tasks. Increased opportunity to share resources in rehabilitation.
- (f) *Impact on well-being*. Increased screen time for both psychologist and patients.

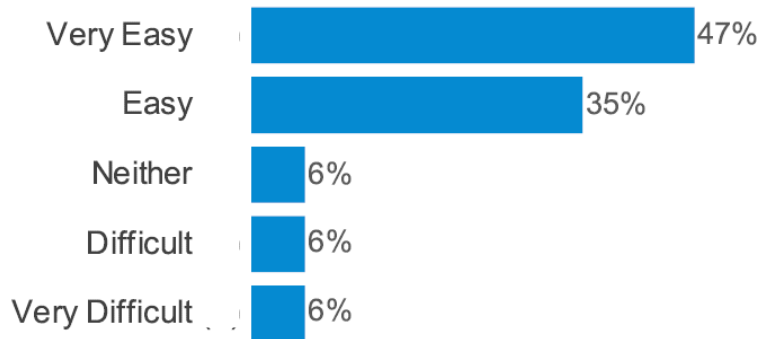
“Conveying empathy and compassion is not just about what you say it’s about being around somebody and sitting with them... I don’t think they can pick up your cues and that’s really difficult”

“...our observation of the patient, their interaction with others in the session, is absolutely key and if we are feeling that that’s a bit compromised then that makes me feel less confident in my neuropsychological formulation and therefore my clinical judgements”

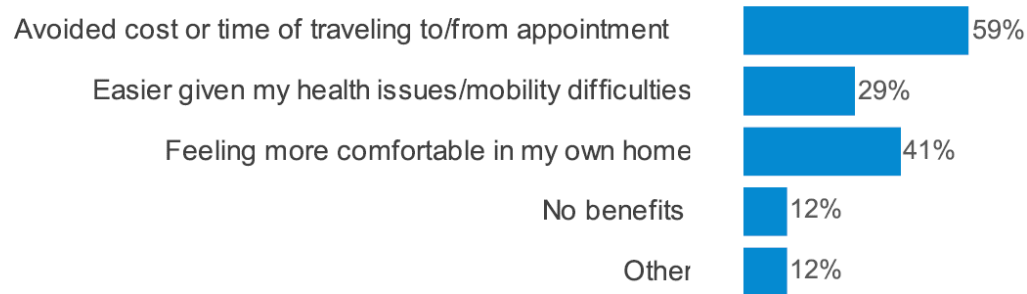
How satisfied were you with using Attend Anywhere (video) for your recent Neuropsychology appointment?



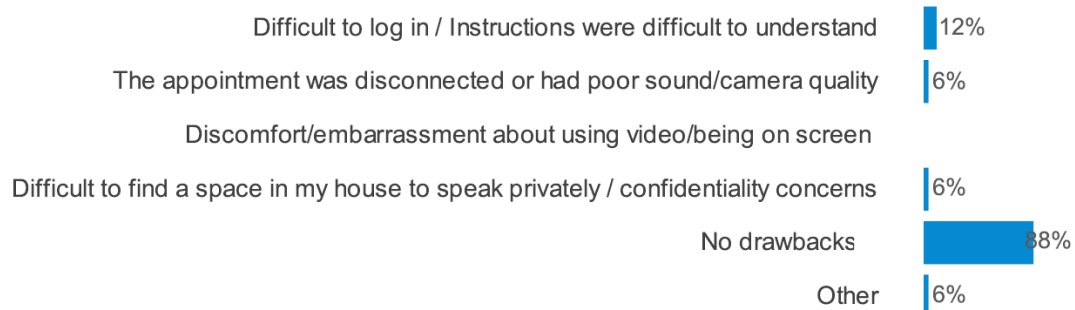
How easy was it to login in to your Attend Anywhere (video) appointment?



What were the benefits of using Attend Anywhere for your recent appointment? (tick all that apply)



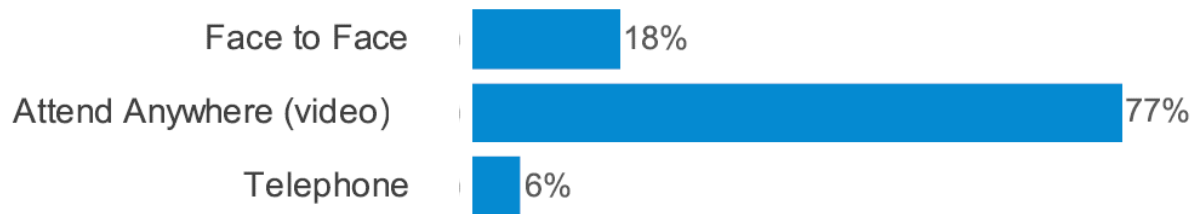
What were the drawbacks of using Attend Anywhere for your recent appointment? (tick all that apply)



Would you recommend Attend Anywhere appointments to a friend or family member?



What would be your preference for future appointments?



Points to Consider

- ▶ Patient safety - risk/ confidentiality/ disclosure/ emotional safety.
- ▶ Therapeutic relationship - establishing, subtly.
- ▶ WiFi!! Availability of technology.
- ▶ Group delivery - risk/ confidentiality/ disclosure/ emotional safety.

Points to Consider - Cognitive Assessment

- ▶ Many tests are validated for remote delivery BUT make sure you are aware of the quality of the validation!
- ▶ E.g. NART, CVLT 2, digit span, BMIPB, Semantic and Phonemic fluency, RBANS, MOCA. Brearly et al 2016 conducted a meta review.
- ▶ Visual and timed tasks present more challenges than verbal tasks.
- ▶ Document Visualisers can be helpful (via share screen facility) however copyright must be checked (Pearsons do not allow any of tests to be used visually via remote technology).
- ▶ Awareness of all the factors that impact cognitive assessment - anxiety, communication, information processing, fatigue.

Practical considerations

- ▶ Always take a note of the telephone number!
- ▶ Brief patient on what to do if wifi drops
- ▶ Increase reflective feedback (to confirm to patient communication is working).
- ▶ Reassure patient that assessment/ intervention effectively delivered with others before - this is usual care.
- ▶ Keep the dialogue open regarding patient view on interaction.
- ▶ Continually consider what is best for the individual in whether F2F is required - abilities/ psychological responses/ valid information/ valid treatment.

Final Points

- ▶ Each case is individual and patient needs must remain central (one fit does not fit all). Clinical judgement must take priority - this should be built into any guidance.
- ▶ Aware of discrimination based on access to technology, ability/ confidence in using technology/ wifi signal.
- ▶ I think we should be prepared to 'try' delivery of care in different virtual ways as long as patient safety/ equality/ care is not compromised.

WHERE WE ARE NOW



Guidance

Division of Neuropsychology

April 2020

The following are interim guidelines to support colleagues and services in the context of the global Covid-19 pandemic. They are likely to be superseded by a consultation and a full position paper on tele-neuropsychology in due course.

Division of Neuropsychology Professional Standards Unit Guidelines to colleagues on the use of Tele-neuropsychology¹

Executive Summary

The Division of Neuropsychology (DoN) supports the appropriate use of remote technologies when undertaking clinical neuropsychology work in the context of the current COVID-19 pandemic.

Careful consideration on a case-by-case basis must be given to whether use of tele-neuropsychology is necessary and will address the current need of the patient/client.

Guidance for those planning tele-neuropsychological assessment and rehabilitation/treatment during the

current public health situation is provided but should be interpreted in the context of local guidance from employers and other host organisations.

Published studies indicate that remote administration of some neuropsychological tests can produce reliable and valid results, though the evidence base is limited.

The assessment of young children, those with intellectual disability, and many older adults will require specific further consideration.

Background to this guideline

The following guidelines highlight issues to be considered when undertaking clinical neuropsychology work remotely. They are intended to assist clinicians in making rational balanced judgements about the strengths and weaknesses of adopting a tele-neuropsychology approach to their work. This guidance has been specifically written to support the work of neuropsychologists attempting to maintain continuity of services during the current COVID-19 pandemic.

Clinical neuropsychologists are well placed in terms of their knowledge and skills to consider the potential

differences and limitations of video and telephone delivery of services within the context of an ongoing public health situation. The scope of this document applies to the development of formulations and interventions appropriate to these contexts and, most pertinently, considerations for neuropsychological assessments at this time.

Tele-neuropsychology may be used in a variety of different circumstances, specifically within the context of COVID-19 in response to necessary restrictions upon contact with clients. Some services / clinicians

Position Paper Focusing on the Delivery of Remote/Technology Enabled Psychological Therapies and Interventions in NHS Scotland.

Summary paper by Heads of Psychology Services in Scotland

July 2020

Based on submissions from Psychology Specialist Leads for Adult Mental Health, Learning Disabilities, Clinical Health, Neuropsychology, Children and Young People, Older Adults Services and Substance Misuse/addiction services.

Context of COVID-19

Although the general trend towards digital or remote delivery of psychological therapies or interventions was developing before March 20, the response to the challenges posed by COVID-19 has necessitated the adoption of remote assessments, therapy and interventions at a substantially faster pace. Across Scotland different areas had different starting points in availability and familiarity with technology but following consultation with senior leaders across specialisms and board areas there is consensus that services were rising to the challenge and that remote delivery could contribute to service delivery beyond this current crisis. However, this must be carefully tempered to ensure we do not create or compound a range of possible inequities and risks. We need to set out the planning for the remote delivery of clinical services as an urgent priority in the short, medium and longer term.

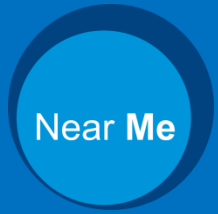
Any remote psychological practice should be in-keeping with the guidelines developed for the profession as a whole (British Psychological Society, May 2020; Psychological Professions Network, May 2020; HCPC July 2018; ACP-UK, March 2020), as well as specific national guidance (Covid-19: principles for mental health services. Scottish Government, May 2020; [Coronavirus \(COVID-19\): framework for decision making](#), June 2020) and the advice of employing organisations with regard to consent, data security and safe working practices. All requirements within the NES (2015) Matrix guidance are still relevant, particularly in relation to supervision and governance requirements.

It is recognised that the use of technologically enabled/digital or remote therapies and interventions can be used across a range of practice levels associated with a range of complexities, severity and durations of treatment or interventions.

This position paper is focussing on specialist therapies or enhanced level interventions, that is, interventions which would be included as part of LDP as outlined by the Matrix (2015) or as part of wider psychological services including consultation. At this stage, this paper will focus on what is generally the adaptation of traditional face to face delivery via digital platforms. There is a separate evidence base in relation

¹ We refer here to the delivery of neuropsychological services via web-based video conferencing formats.

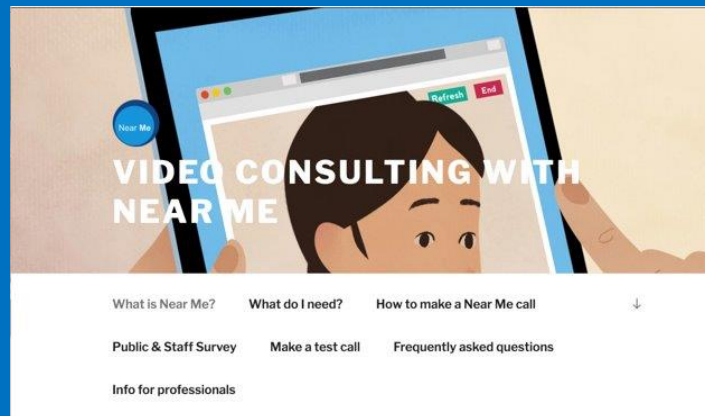
Discussion



- Please use the chat function
- Scope whether people would find guidance useful
- Identify volunteers to be involved in developing and testing guidance
- Identify next steps in guidance development and neurological practice



Please complete our very
short survey from the link in the
chat. Thank you.



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