



USE OF VIDEO CONSULTING IN GROUP SETTINGS FOR MENTAL HEALTH

THIS DOCUMENT IS INTENDED FOR NHS
SCOTLAND MENTAL HEALTH AND PSYCHOLOGICAL
THERAPIES SERVICES

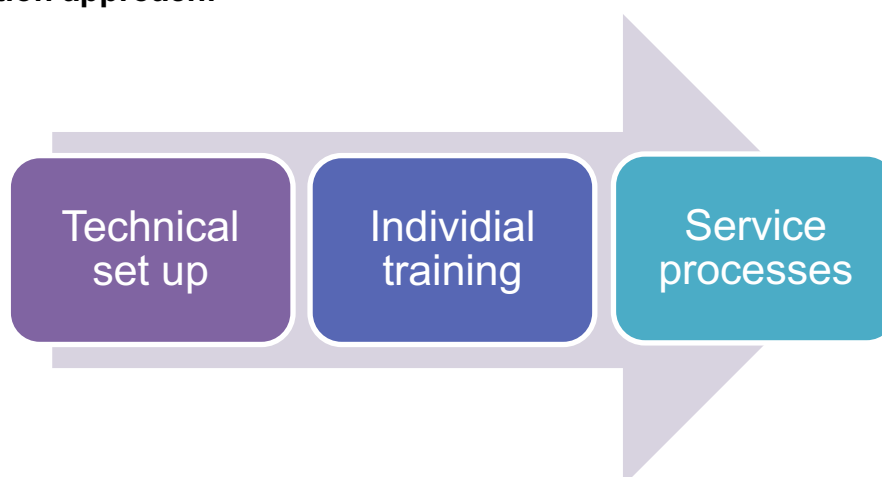
INTRODUCTION

Current guidance states “interventions via video conferencing should take place to meet clinical need wherever possible.” As there is still no definitive guidance on the choice of platform for group consultations¹, therapies and other treatments NHS Boards are asked to undertake their own risk assessment balancing the clinical risk of not providing group treatment against the usability, patient safety, information governance and security risks of delivery through different platforms.

Till such guidance on platform is available, a pragmatic approach needs to be taken to platform selection with variation of availability of different platforms in different areas, with some areas unable to access WebEx or CMS. Working closely with local information governance teams early in the process of selection is key.

It is recommended that within each local area a working group be established to oversee interim platform selection, support implementation and shared learning activities to maximise the use of group consultations. This should include key stakeholders, local IG representation and should work proactively to engage with all areas wanting to deliver group consultations.

Implementation approach:



¹ Platforms current available such as Near Me / Attend Anywhere, Teams, CMS Bridge and Webex all have different limiting features. It is anticipated that product upgrades, scheduled to take place over the first half of 2021, will support the development of clearer guidance by late Summer.

USE OF VIDEO CONSULTATIONS FOR GROUP INTERVENTIONS

Use of Video for Groups	
1	Decisions to include individuals in group consultation should be made on client by client basis and should be the decision of the clinician who will be conducting and facilitating the video group consultation. Clinicians must therefore undertake a review of the individual clients they are considering for group consultations to ensure they are appropriate.
2	Individuals may have become accustomed to using video for professional to professional contact. It is important to avoid defaulting to methods used for this type of contact and to follow national and local guidance on delivery of group consultations as it has been developed to mitigate risks to privacy for both clinician staff and clients.
What is Needed	
1	<p>The technological requirements will be similar for either home or the usual work place and apply to all clinician and support staff delivering the group consultation.</p> <ul style="list-style-type: none"> • An adequate broadband connection (this tested at the start of the call). • A computer/laptop/tablet/smartphone with the appropriate browser or app installed. • An account for the selected platform. • Web-camera, speakers/headphones, and microphone (preferably a noise cancelling microphone to reduce feedback). • Two screens if possible, one for the group session and the other for related clinical documents, resources to cue up and share, group plan info or notes
2	Request a generic email address, used to communicate details and issue invitations to groups participants. This can be arranged by the local IT team and will ideally be capable of sending emails but not receiving them.
3	<p>Ensure that clinical and support staff involved in delivering of group consultations are familiar with selected platform before the first group session.</p> <p>Providing access to appropriate training is important to develop the knowledge, skills and confidence needed to deliver video enabled groups successfully. Training should include how to address common technical and access issues.</p>

Setting up a group

1	<p>Clients should be informed and give consent to receiving treatment via a video group consultation. Informed consent requires three components:</p> <ul style="list-style-type: none">• Patient is provided with the information required to make the decision.• Patient has capacity to make the decision.• Patient makes the decision voluntarily. <p>Capacity means the ability to understand the information relating to a particular decision, together with the ability to weigh up the pros and cons of deciding one course of action versus another, and then, communicating that decision.</p> <p>Details of risks and appropriate behaviours should be detailed in the consent, this aligning with normal expectable behaviours in face to face treatment or use of Near Me one to one video consultation.</p>
2	<p>Prolonged lengths of time spent looking at screen can cause tiredness, dry eyes and headaches this is called screen fatigue. To avoid screen fatigue, it is important to schedule breaks in group consultations lasting more than an hour.</p> <p>Pre-recorded content or written materials can be provided to clients prior to attending the live group consultation with group treatments and consultations being delivered in a “blended” delivery format. External content may include recorded presentations, video clips or written information hosted in suitable online locations or made available to clients sometime prior to the video consultation.</p>
3	<p>Invitations to attend the group consultation would normally be sent via email or SMS messaging. Consult your local email policy to ensure information you are sending is in line with the policy.</p> <p>You must never send a single email to multiple recipients using the To or CC lines. This is a breach of patient privacy as other recipients would then have access to participants email addresses. Instead send either an individual email or use the BCC (Blind Copy) option. Please consult your local email policy for definitive guidance.</p>
4	<p>To preserve client privacy, participants should be invited to the group consultations using a personal email address only. Work or school emails should not be used if avoidable. Additional guidance may be need for clients on how to switch from a work/school account to a personal account and how to only join as a Guest to preserve privacy.</p> <p>Please note; within some platforms an individual joining using a work account or email using a desktop app can search and potentially find a clinician’s email address and may appear as a presenter.</p>
5	<p>To minimise disruption to all participants in the group consultation it is advisable to have an additional staff member on the call. This allows them to provide support to clients experiencing technical difficulties, undertake any meeting admin, such as setting up breakout rooms or admitting late attendees, and moderating any questions or chat.</p>

During the Consultation	
1	To minimise disruption to group consultations it is advisable to host an introductory session prior to the commencement of any treatment or consultation session. The introductory session should focus on client familiarisation with the selected platform, expectable behaviours and to discuss any external content to be viewed by clients prior to attending group consultation.
2	Prior to every group consultation client contact telephone numbers and locations should be confirmed, in case of technical difficulties or significant safety issues. In addition, it is appropriate for clients to confirm their environments are suitable for a clinical encounter.
3	<p>Depending on the platform written chat made during the group consultation maybe stored indefinitely or available to clients after the session. Clients should therefore be discouraged from using any chat function during the consultation unless this is a requirement for treatment or service delivery. If chat is used it should be monitored by a facilitator and clients should be advised that comments within the chat may remain as a form a permanent record of the session.</p> <p>If using MS Teams, the chat function should be disabled at the start of each session via the Meeting Options dialogue. This is accessed via the more options icon (represented by three circles). If chat is required for your Teams session, please obtain specific guidance on using Teams chat from your local information governance lead.</p>
4	<p>At the start of the group consultation:</p> <ul style="list-style-type: none"> • Open the session at least 10 minutes before to enable support to those who need it to join. • Check attendance, if appropriate to do so • Confirm that the clients can hear and see the facilitators clearly. • Clarify if the patient is in a location that is confidential, protecting the privacy of other members of the group. Establish if anybody else is with the patient. • Explain that the video consultation is not being recorded. • If it has been previously agreed through your local information governance team that recording of the group session is allowed, explicit consent to record and store footage will need to be sought and noted in patient file using local processes. • Explain that recording by the patient is not permitted (as other participants would be visible on the recording). • Invite questions and confirm the all participants are happy to proceed.
5	<p>Utilise the available platform functions to manage the group consultation. This might include:</p> <ul style="list-style-type: none"> • The hand raising feature to bring order to your meeting. Manage input from attendees and control the flow of conversation. • The ability to mute, switch off video or remove any attendee. If they are persistently disruptive or behave inappropriately. • If break out rooms are available these can be used to manage patients that become distressed or require additional support during the consultation.
6	When the group consultation has concluded it is good practice to close the meeting for all. This is dependent on the platform and may require you to use the “end meeting” command, closing the session and simultaneously remove everyone from the consultation at once or staying on the consultation to ensure all participants have left or manually removing patients from the platform. This will prevent unmonitored client

	conversations. Through these functions clients be unable to rejoin through the selected platform without staff re-admitting them.
7	<p>On most systems a notification appears on screen if the sessions is being recorded. Should you notice an unauthorised recording of the sessions, remind all participants not to record the session and ask for the recording to be stopped immediately. If this does not remedy the situation, end the call.</p> <p>Unauthorised recording could occur if a patient uses staff credentials to join a call.</p>
Client Requirements	
1	<p>Clients must have:</p> <ul style="list-style-type: none"> • Access to a smartphone, tablet or computer and web cam. • Depending on the platform, an appropriate web browser or app installed. • Clients need to be contactable by phone should there be any problems with the video call process. • Allow the digital group platform access to the microphone and camera on their device.
2	Client should have read and understood any information provided and have consented to receive their consultation/treatment via a group video call.
3	<p>Clients should:</p> <ul style="list-style-type: none"> • Minimise distractions at home such as television noise and other running software programs. • Understand the need to participate from a confidential space with good lighting. • Minimise interruptions from others in the home environment. • Follow behavioural guidelines set out in the provided patient information.
Technical Contingency Planning	
1	In case of group video call failure for technical reasons clients should be called immediately and either asked to rejoin to complete the group session or offered another group appointment at a later date. Face to Face appointment can be considered if there is a clinical requirement to do so.
2	Failure might occur due to internet failure, client not being familiar with video calling technology or not having a reliable internet connection.
Risk Management	
1	<p>When considering whether to invite a client to attend a group consultation consider the following:</p> <ol style="list-style-type: none"> 1. As a clinician, am I concerned I may not be able to accurately assess the patient? 2. Are there risks that I am aware of which I feel cannot be adequately managed? <p>If the answer is yes to either of the above questions, consider offering a one to one video or face-to-face appointment.</p>

2	All patients should receive a comprehensive clinical assessment by an appropriate clinician. This should include an assessment of suitability for remote group consultations, including risk to self and others. Individual services should consider the relevant risk scenarios in their patient population and develop their own response plan accordingly.																					
3	<p>Risk factors to consider include:</p> <table><tr><th>High Risk</th><th>Unknown Risk</th><th>Special Consideration</th></tr><tr><td>Patients with known high risk of violence</td><td>New patients</td><td>Patients with sensory difficulties</td></tr><tr><td>Patients with known high risk of suicide</td><td>Unavailability of community response to a contingency plan</td><td>Patients with cognitive impairment</td></tr><tr><td>Medically unstable patients</td><td>Unpredictable risk to self and others</td><td>Patients with incapacity</td></tr><tr><td>Intoxicated patients</td><td>An unsuitable home environment for assessment</td><td>Patients unable to engage over VC</td></tr><tr><td>Actively aggressive patients</td><td>No telephone connection at patient's home for back up</td><td>Patients who decline telepsychiatry</td></tr><tr><td></td><td>Inadequate technology or connection speed</td><td>Patients requiring an interpreter</td></tr></table> <p>The above list is only advisory. Following consideration of the risks, the assessing clinician may decide that these can be adequately managed on the video call.</p>	High Risk	Unknown Risk	Special Consideration	Patients with known high risk of violence	New patients	Patients with sensory difficulties	Patients with known high risk of suicide	Unavailability of community response to a contingency plan	Patients with cognitive impairment	Medically unstable patients	Unpredictable risk to self and others	Patients with incapacity	Intoxicated patients	An unsuitable home environment for assessment	Patients unable to engage over VC	Actively aggressive patients	No telephone connection at patient's home for back up	Patients who decline telepsychiatry		Inadequate technology or connection speed	Patients requiring an interpreter
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4	<p>Client ends call before end of session:</p> <ul style="list-style-type: none">• If client ends the video call session prematurely someone should call the client back via telephone as agreed at 1st appointment.• If client does not take the return call inform the relevant services according to the assessed level of risk. This may involve GP, local duty teams or emergency services.• If client does take the return call establish if they are safe, not in need of assistance and not in distress, discuss the importance of not ending sessions prematurely.• Establish if it is still appropriate to proceed with the group consultation, or if an alternate method of service delivery is required.																					

APPENDIX 1: FURTHER INFORMATION

Further information for clinicians can be found at www.tec.scot/nearme

Detailed guidance on setting up out patient services can be found at <https://tec.scot/wp-content/uploads/2020/03/Near-Me-Covid19-Outpatients-Guidance-v1.docx>

There are a range of training materials available on [TURAS](#)

Contact details for further information:

For technical queries:

www.vc.scot.nhs.uk or email vc.support@nhs.scot

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