

CORONAVIRUS RESILIENCE PLANNING:

USE OF NEAR ME VIDEO CONSULTING – ORGANISATION

This document is one of a set of four resources to support use of Near Me for coronavirus resilience:

- 1. Overarching organisational plan
- 2. Primary care plan
- 3. Outpatients plan
- 4. Inpatients plan

THIS DOCUMENT IS INTENDED FOR NEAR ME IMPLEMENTATION TEAMS IN NHS BOARDS/HSCPS

ACTIONS FOR HEALTH BOARD/HSCPS:

- 1. Appoint an executive lead to provide strategic leadership for Near Me
- 2. Appoint a Near Me lead to provide technical advice
- 3. Form a project team for implementing Near Me quickly
- 4. Assess eHealth technical readiness for Near Me in primary and secondary care
- 5. Release staff to temporarily support fast Near Me introduction for next three months, using the four resource documents (this one plus three others). Include project management, eHealth and administrative staff
- 6. Plan for public communications about widespread use of Near Me





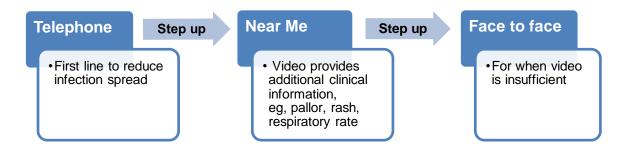
INTRODUCTION

Near Me video consulting (powered by Attend Anywhere) can be used to reduce exposure to coronavirus by enabling both patients and clinicians to consult while in isolation. It can also increase organisational resilience by protecting the workforce and enabling support to be provided from different geographical locations.

Scenarios where video consulting may be beneficial include:

- For those with flu like systems contacting their GP or 111 services, where a video consultation can provide additional clinical information over and above what can be achieved by phone.
- For patients with confirmed coronavirus or quarantined due to contact with an infected person to have consultations at home to negate a home visit or attendance at clinic.
- To continue services while reducing the number of people coming into healthcare premises, who may be unknowingly carrying coronavirus.
- For patients in hospital with coronavirus, in situations where non hands-on care could be given by video to reduce the number of clinical staff being exposed to infection risk.
- For staff quarantined due to exposure but who are fit to be able to continue working.
- To enable additional health care support to be provided remotely to an area with a significant outbreak of coronavirus (including out of hours, acute and primary care).

Consultations: place of Near Me



This document describes:

- 1. Organisational preparations to use Near Me at scale
- 2. Three service models for use:
 - Scheduled care consultations
 - Unscheduled care consultations
 - In-patient consultations
- 3. Planning template for introducing Near Me

This document is designed for the team leading the implementation of Near Me within an organisation. It is not aimed at individual clinicians using the Near Me platform.



NEAR ME FAST SCALE UP: SUMMARY OF ORGANISATION ACTIONS

Preparation

- Form a virtual Implementation Group to ensure all parts of system are covered:
 - Emergency planning and/or public health
 - eHealth: equipment and networks
 - Service manager(s)
 - Lead clinician for service(s)
 - Depending on setting: staff involved with patient booking, patient records, and reception
- Ensure strategic management support and communications plan are in place. Communicate with NHS24 and SAS if appropriate
- Examine care pathways in this document and plan processes for specific use
- 4. Ensure all staff are aware of how Near Me works and is to be used

Technical

- Set up Near Me infrastructure organisational unit and waiting rooms
- 2. Set up all clinicians / other relevant staff:
 - Near Me accounts
 - Training on video consulting
- 3. Ensure all consulting staff have video equipment:
 - PC/laptop
 - Webcam
 - Speaker/headset
 - Chrome or Safari
 - Internet connection (1.1/0.7 minimum bandwidth)
 - Correct computer settings
- 4. Organisation:
 - Firewall access in place
 - Network capacity in place
 - Public-facing website for Near Me "start call" button
 - If needed, remote working arrangements for clinicians to access clinical systems

Patient entry

- Decide how patient will enter Near Me:
 - Website with "start call" button
 - Direct link sent by email/text/letter/leaflet
- Decide on entry model: single point of entry or straight to clinician waiting areas
- 3. For scheduled use:
 - Appointment coding
 - Clinic templates and appointment scheduling
 - Appointment booking process
 - To enable existing appointments to switch to Near Me, administrative support to contact patients
- 4. For unscheduled use:
 - Patient information on how to enter Near Me system

Attending

- 1. Clinician prepared before starting:
 - Logged into Near Me
 - Video consulting equipment checked
 - Access to health records in place
- 2. Arrangements for clinical support in place if needed, eg, bloods, BP check.
 Refer to local service or come to clinic?
- 3. Arrangements for prescription supply in place, if needed.



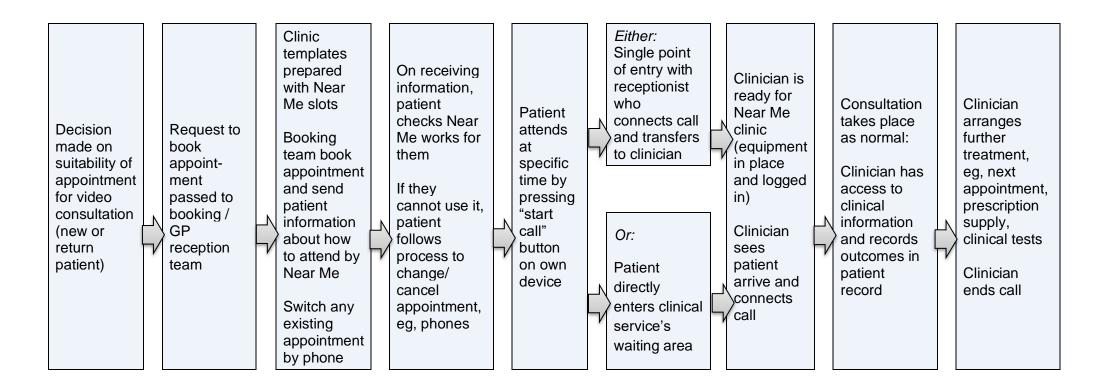
CARE PATHWAYS

Near Me video consulting can be used in multiple ways which fall mainly into three care pathways:

- Scheduled appointments both in primary and secondary care
- Unscheduled care in primary care, secondary care and national drop-in care
- In-patient care

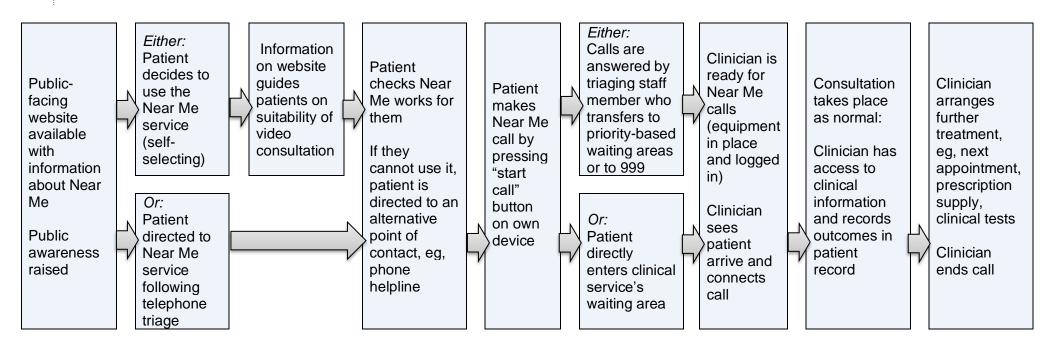
The following pathways describe a template process for each care pathway. It is essential that any organisation introducing Near Me maps its own standard processes against the appropriate care pathway to ensure Near Me is embedded properly within the organisation.

SCHEDULED CARE

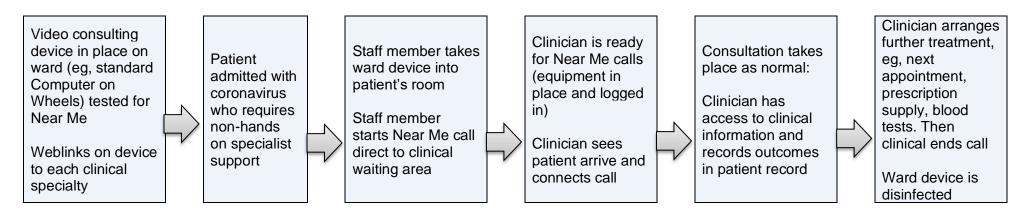




UNSCHEDULED CARE



IN-PATIENT CARE





PLANNING SUPPORT TEMPLATE

The following tables provide a template plan for setting up Near Me services. This should be used alongside a review of the care pathway for the service (above).

ORGANISATIONAL PROCESSES

Near Me organisational structure

Identify administrative leads who will manage the Near Me system, ie, set up waiting areas, set up new users and remove old ones. More than one person required for resilience. If skills are not available in house, request support from the National VC team vc.support@nhs.net.

Decide how the Near Me waiting areas will be set up within the Attend Anywhere platform:

- For GP practices one waiting area per practice is easiest which gives patients a single point of entry to the Near Me system.
- For secondary care services one waiting area per clinical service that is likely to
 operate at scale, except for small services that could share. This could be direct entry for
 patients or via a reception (see below).

Decide how patients will enter the services, either by a direct link to the clinic or via a receptionist.

- For GP practices, there is usually one waiting area so a single link is default.
- For in-patient services, direct links to individual clinical service waiting areas can be placed on the desktop of the device.
- For out-patient services, there is a choice. The single entry point is easier for/preferred by patients but requires organisational support: either a receptionist to answer all calls and transfer to clinical services, or a self-service website for patients. The receptionists can also screen for call quality so clinician time is not wasted on poor calls.

Decide how patients will receive the URL for either the website where the call button is located, or the direct URL to the clinic. Options include by letter, text, email or phone. The simplest option is to direct the patient to the organisation's own website where the Near Me service should be clearly signposted.

Patient information

Put in place patient information about Near Me, eg, a link to the national patient-facing website at www.nearme.scot or patient information leaflets.

Set up a process for patients to check they can use the Near Me system (ie, their video calling device and internet connection works). This could be a link to the national website or the organisation's own testing button on its website.

Ensure patients know who to call if they can't get Near Me to work. For GP appointments, this should be the GP reception – who can then swap the consultation to a phone call (or face to face if appropriate).

- For outpatient appointments, this should be the team who can re-arrange their appointment to a phone or face to face consultation.
- Where a video consultation is clinically necessary (ie, to avoid transmission of the virus) and the patient has technical issues, contact the National VC Team and log a call on the patient's behalf. Email vc.support@nhs.net or call on 01224 816666. The VC team will contact the patient directly and provide best efforts technical support.

Consider any alternative arrangements for patients who cannot access Near Me on their own. This could include family/friend support or local NHS devices. If local devices are used, consider how these will be managed/booked, and meet information governance and infection control standards.

Raise public awareness about the Near Me system and encourage people to test it in advance of needing it, in preparation for use.

Clinician/Staff set up

Identify a standard process for setting clinicians/staff up with a Near Me system log-in, eg, service managers identify everyone requiring log-in and send list to Near Me administration leads or the National VC Team. Make this information accessible, eg, put on the organisation's intranet site.

Ensure staff receive adequate training on how to use the underlying video consulting platform (Attend Anywhere). Option to provide training include:

- Watch the training video on Youtube https://youtu.be/6lzAg0SHKFo
- Contact the National VC team to join a training session via video.
- Deliver local training from an experience user.

Identify who will ensure clinicians/staff are set up with all technical requirements for using Near Me (see technical details below), and put in place. This will usually be someone in your local eHealth team.

If a clinician is to work remotely (either a remote NHS premises or from home), identify whether remote access to clinical information is in place: read/write access is required. If not, define the process for setting this up and set up as relevant.

Ensure all Near Me users understand the need to consult from a confidential space with good lighting.

Clinical criteria for use

Define clinical criteria for use. In normal use, this is made on an individual clinical decision basis but consider if a general criteria is needed during a coronavirus outbreak. If so, ensure it is clearly defined with clinician input.

For scheduled use and in-patient use: ensure all booking staff are aware of the clinical criteria for use.

For unscheduled use: ensure the patient-facing website (where the "start call" button is located) has clear information about clinical suitability for a video call.

Appointment booking process: scheduled care only

Define how Near Me appointments will be made and staff roles within this, for example the booking team.

Update any systems (eg, paper forms or electronic systems) used in the booking process to include the Near Me option.

Update appointment codes to include a Near Me/video option.

Update clinic templates to include Near Me appointments – make appointment slots flexible whenever possible to enable numbers to respond to patient demand rather than defining a fixed number of Near Me slots in a clinic.

Ensure patient resources are in place, for example letter templates to explain the Near Me appointment process.

Ensure any other parts of the booking system such as text reminders are updated with the Near Me information.

TECHNICAL PROCESSES

Internet connectivity

Check internet connection is in place: either wired broadband or WiFi (preferred options) or mobile data. Note there is a cost of using mobile data so sufficient data allowance must be in place for regular calls.

Use the check tool to test connectivity https://nhs.attendanywhere.com/webrtctest. For NHS sites this should return "Excellent". If not, contact the organisation's eHealth team for support to improve the connection.

If you have connection problems or the picture or sound quality is poor, check internet connection speed. Use a site to check, such as: www.speedtest.net or www.broadbandspeedchecker.co.uk

Does it exceed the minimum of:

- Download speed of at least 1.1Mbps
- Upload speed of at least 0.7 Mbps
- Ping under 150ms

Hardware and software

Put in place video consulting equipment for all staff requiring it. Options to consider:

- Add webcams and speakers to fixed computers in consulting rooms
- Introduce moveable devices (laptops or tablets) to use in different rooms
- Second screens for the video call (ie, clinical system in one screen, video call in the other) can be useful if time and resources permit.

Check hardware meets the following requirements:

- Computer operating Windows 7 or later, or Mac OS 10.11 or later
- Plus webcam, speaker or headset

Or Tablet operating Android 5.1 or later, or ioS 11.4 or later, or iPadOS 13 or later Updated technical specifications available at:

https://nhs.attendanywhere.com/callers/Content/D_Articles/What%20you%20need%20to%20make%20a%20video%20call.htm

Check the appropriate internet browser is in place and is up to date:

For Windows and Android devices: the Chrome browser (version 71 or later). The chromium version of MS Edge released in January 2020 is also suitable. This can be identified by the new edge icon (see right), older version of Edge are not suitable.



For Apple devices: the Safari browser (version 11.4 or later).

FURTHER INFORMATION

Further information about setting up Near Me is available if required. The aim of this document is to enable fast set up: previous documentation was designed around a slower timescale so is more detailed.

- 1. Resource Centre with information about the underpinning platform (Attend Anywhere): https://nhs.attendanywhere.com/resourcecentre/Content/Home.htm
- 2. Near Me national primary care resource pack:

Near Me Primary Care resource pack v

3. Near Me example outpatients resource pack – NHS Highland:

NHS Highland Near Me Outpatients manu