Workshop 6: Making the Most of Technology

Session Outline

A session to showcase the different technology available that can support global health partnerships.

Session covered:

1. Introduction to Attend Anywhere
2. How patients use Attend Anywhere
3. How clinicians use Attend Anywhere
4. Case studies
5. Results, advantages and disadvantages

Introduction to telemedicine

- Attend Anywhere is NHS Scotland's telemedicine service
- There are 3 components to Attempt Anywhere (AA). Guides are available on the site to show how it can be set up. The team will set up video consulting for anyone wanting to use it.
- Based on a videocall setup
- Patients wait in a virtual "waiting room" until the doctor is free, before being "picked up" by the doctor for consultation
- Afterwards, in the interest of patient confidentiality, all patient details are deleted after the consultation

Attend Anywhere in practice

- Used primarily in NHS Grampian and NHS Highland
- Extremely positive user feedback and increase in attendance
- Allows doctors from anywhere in the UK to attend patients – for example one consultant is based in Sussex

How patients use Attend Anywhere

- System works on many devices and can work on Wi-Fi or 4G
- Patients do not need to set anything up to use AA. Clinicians can provide them a URL link, which allows patient to access clinician's waiting rooms.
- Live demonstration of patient perspective on AA. Press start video call. There are 4 checks and then the patient enters their details. This allows them to enter the waiting area where they wait for the clinician to start the call with them. Position in queue shown.
- After consultation patient is redirected to Survey Monkey.

How clinicians use Attend Anywhere

- Description and live demonstration of how clinician can use AA. Firstly, they sign in and are then directed to a screen that shows who is in the waiting area. Can from their call patients or notify a patient. In chat can share screen, chat via the chat box to the patient (for drug names etc.), invite colleagues to conversation and transfer calls (for example to an occupational therapist).
- 4-6 devices can be in the conversation.

- Clinician is directed to survey monkey after
- Meeting rooms are available on AA to talk to colleagues. 4-6 devices can be added to the conversations.

Case Studies

- First clinic was a sexual health clinic from the Grampians to the Scottish Islands in 2016.
- Used to contact a hand surgeon in Glasgow from a remote physiotherapist to assess a patients need for surgery.
- Used by Grampian Gastroenterologists frequently
- 200 use AA today.
- Revive MS use AA. There are expanded uses of AA.
- Use for Highland home dialysis patients.

Results, advantages and disadvantages

- There has been an increase in video consultations since the start of AA. Active waiting rooms, meeting room use and active service providers have all increased every year since the start of AA.
- 98% of users said they would use AA again.
- Benefits reported on surveys: reduced travel time (patients and clinicians), safe, saves patients and NHS money and do not need to organize care for patients travel to hospitals.
- Disadvantages reported on surveys: Uses patient's data, takes time, poor sound quality and cost money.

Discussion

- Is not currently used in any lower income countries. However, there is the potential if there is equipment. All the patient needs is a URL from a clinician. Signal is needed.
- No patient data is kept by the company. Service is not encrypted. Company keep data on benefits and reduced travel for patients and clinicians. No other data is kept by the company currently.
- Not currently used by any satellite phones but could potentially work.
- Service will be useful to link up with patients in low and middle income countries.
- Service could tie in well with already used technology in the developing world such as Whatsapp.