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Scotland Telehealth Webinar Q&A
1 October 2020

1. Can you give us a sense of the proportional change from in-person visits to telehealth now and which are the leading services?

   Hazel Archer: **This information is not readily available. While we know the number of video calls, the number of phone and in-person consultations across the wide range of use cases in not held centrally.**

   Morag Hearty: **Likewise, however we do know the move from face to face BP monitoring to remote can save approx. 4-5 appointments. GPs are the leading service at present for remote monitoring however other long-term condition management services use a number of digital solutions to encourage self-management and avoidable appointments/admissions.**

2. I see other groups do their own telehealth. Is there a standard format so everyone is on the same page?

   Hazel Archer: **For video consulting, we have a national contract in place and national support arrangements. This provides a "once for Scotland" approach.**

   Morag Hearty: **The new national procurement for remote monitoring will provide a greater opportunity for some appropriate "once for Scotland" approaches however mandating a single solution could hinder innovation and some condition specific and tried and tested options. Within the programme we are bringing an "umbrella" approach to mitigate these risks.**

3. I support telehealth as a tool. I often like hands-on is "best" as you hear, see, smell and watch a clear RR. Question: where is the balance?

   Hazel Archer: **The mode of consultation should be decided on in terms of what is right for the patient. This should take into account clinical appropriateness, the wishes of the patient and currently the need for physical distancing and infection risk from COVID-19.**

   Morag Hearty: **As above, clinical decision and patient preference should always be taken into account. For remote monitoring it provides additional information which can aid triage, optimise treatment programmes, self-management, reduce risk of infection and indeed signpost to urgent care when required.**

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4. Do you have dedicated patient support systems within your health services?

   Hazel Archer: **For video, limited phone support is available by referral, but in general support information is available online or via the clinic.**

   Morag Hearty: **For remote monitoring this is usually provided by the service either nationally or locally. Appropriate and relevant links can be provided within the platform solution.**

5. Regarding the BP monitoring, have the patients been provided with free BP monitors?

   Morag Hearty: **The national funding enables monitors (under a national contract at minimal cost) to be provide free to patients.**

6. Your thoughts on training of clinicians (old and new) in this new world?

   Hazel Archer: **We offer a mix of training – online videos, drop-in video conferencing sessions and a section on the NHS Scotland learning platform. We have also provided a wide range of webinars for specific clinical groups.**

   Morag Hearty: **As above – a mix of local and national awareness and training and support. In discussions to provide national educational resources for the new platform.**

7. A question for the Scottish panel - how has this been received in pharmacy with the roll-out of Pharmacy First? With the roll-out of funding to everyone for what is the new improved minor ailments service - has the uptake been good?

   Hazel Archer: **The use of Near Me in community pharmacy is at an early stage. Though there has been good uptake in the requests for access, there has not been much activity yet. Work is ongoing to support referrals from pharmacy to the out of hours service.**