



## EIP on AHA twinings support scheme 2020

### Twinning Final Report on the twinning activities of Scotland as originator and Basque Country as adopter

**Originator:** Please provide the name and brief description of the digital solution / the innovative practice being transferred (please be specific about the **type of digital technology**):

The Scottish Government's Technology Enabled Care (TEC) Programme was established in 2015, with the aim to increase the use of video conferencing (VC) technologies for health and care consultations, using a new product, Attend Anywhere. Attend Anywhere is the name of the video consultation platform, purpose-built to meet the needs of the health and care sectors, for which a national licence has been procured for Scotland. The Attend Anywhere system uses browser-based technology to deliver a video consulting solution which greatly simplified the video consultation workflow and provided a simpler technical solution. It can be accessed by citizens using a web browser on their own device (laptop, tablet or smartphone), and it provides a single, consistent entry point, where patients enter an online waiting area for their appointment.

The initial objectives of the Attend Anywhere programme was to establish a video consulting service across Scotland, providing 50 clinics across health, care and the third sector, with the aim of reducing travel, improving efficiency and supporting service change. It drew on best practice from Australia and the United States.

#### Offer consultations that people can attend anywhere



**Originator:** Please describe the evolution of how the digital solution / innovative practice was established at your site, including:

- background, motivation/need, the health or healthcare problems that your innovation addresses

The Attend Anywhere system was procured by the Scottish Government in October 2016 and the national programme was formally launched by the Cabinet Secretary for Health and Sport in December 2016. The initial goals of the Attend Anywhere programme were to establish a video consulting service across Scotland, providing 50 clinics across health, care and the 3<sup>rd</sup> sector, with the aim to:

- Improve communication between health and social care sectors
- Improve access to healthcare services, particularly in rural remote areas
- Ease the pressure on primary care services
- Improve efficiency and sustainability of health and social care delivery
- Reduce travel for both citizens and staff, and thus reducing carbon footprint.



In general, in Scotland one of the main challenges we encounter in health and care delivery is the rurality and complexity across the region. Because of this, our initial focus centred on reducing the 10,000 patient journeys between two of our General Hospitals in NHS Highland (one of Scotland's 14 geographical Health Boards, located in the north of Scotland). As the service developed and expanded, it was re-branded from "Attend Anywhere" to "Near Me", and quality improvement methodology was used to define a standardised process for scaling up the service across Scotland.

The use of the Near Me video consultation service has grown from around 300 consultations per week at the beginning of 2020 to 18,000 consultations per week in November 2020, demonstrating a massive upward trend in usage - in large part due to the outbreak of COVID-19. As part of the Scottish Government's response to COVID-19, the Near Me service is now being used in all NHS Boards in Scotland and is being expanded to other services and settings (social care, primary care). Recognising the potential that video consultation has for facilitating transformational change, a national strategy document - [Vision for Near Me - was published in May 2020](#), endorsed by the Scottish Government's Cabinet Secretary for Health and Sport.

- process and time for adoption (post-development)

The Near Me (Attend Anywhere) system was procured in October 2016 and since then it has been embedded nationally. The early development had taken a co-design approach, with significant patient and professional involvement, including rebranding the service's name to "Near Me".

The following actions were undertaken to implement this innovative practice:

- Clinical and administration applications management to modify local systems and applications to support patients attending via a video call;
- Communications to create and disseminate a stakeholder communication plan, creating marketing and communications materials etc.;
- IT support to provide technical and application support to staff and administer platform access and permissions;
- Training to ensure staff are trained in the use of Near Me;
- Integration of video consultations into a service into the local administrations systems and processes allowing to set up the clinic to provide the option of attending consultations via a video call;
- Testing of the service at low-scale to build the evidence for large-scale deployment;
- Quality Improvement approach to local delivery.

- costs and outcomes (are there any data available from evaluation(s))

With central national funding for the platform and project support resource available, the service is currently offered free of charge to all health and care organisations.

In terms of outcomes, the innovative practice had led to:

- An increased number of patients using VC instead of face to face consultations.
- A clear increase in Near Me appointments. However, context of use is important, such as an understanding of what video is actually replacing (e.g. home visits or out-patient clinic appointments; phone or face to face appointments).
- Enables people to attend appointments in a safe manner, reducing the risk of infection, particularly for older people, individuals shielding and pregnant women.



- Improved access to specialist services. Greatly improved access for patients living in remote areas, and to rapid specialist opinion.
- Improved access to health and care services through removing travel barriers. This is particularly relevant for people with disabilities, older/frail people, people suffering chronic pain, people with carer responsibilities and people living in rural and remote communities.
- Reduced time off work or education to attend appointments, especially relevant for carers, young people, and low socio-economic backgrounds.
- Supports carers, family members and translators to be involved in an appointment, particularly for ethnic minorities, those with disabilities and older people.
- Improved management of certain conditions. VC can support person-centred and holistic care; multi-disciplinary and multi-site working with the patient; and infection control.
- Improved access for hard to reach groups. Improved access for patients with frailty, multi-morbidity or anxiety; but risks excluding people with low digital literacy, confidence, access to technology.
- Reduced professional travel and improved efficiency. Reduced need for travel among clinicians, allied health professionals and specialists on-call for emergency care; improved service efficiency and quality.
- Improved collaboration between professionals and new ways of working.
- Opportunities to redesign services, develop less specialist staff and create new local service capabilities.

- has a business case for sustainability or scaling up of adoption been made (by the healthcare entities or by the solution developers, or others)?

All TEC Programme funding is given out on the premise that services are to be developed with sustainability in mind. For Near Me, Scotland purchased sufficient licenses to be able to provide the service across health, social care and beyond without having to charge the services. This was to ensure that the focus is always on the service provision rather than on the technology itself.

**Originator:** What were the barriers (e.g. political, organisational, technical, etc.) you experienced? What were the mitigating factors for overcoming the experienced problems?

The Near Me Programme is influenced by the wider socio-economic context in Scotland. This context may impact desired outcomes being achieved due to a number of barriers:

- Lack of connectivity in rural, remote and island regions.
- Digital exclusion of certain groups in the community. This is based on lack of connectivity, limited IT literacy, lack of device, income (including phone and data costs) associated with mobile data.
- Reluctance or difficulties accessing the Near Me system.
- Feeling vulnerable through lack of confidence in security and safeguards.
- Lack of support from professionals and / or public.

The mitigating factors to overcome these problems nationally are:

- Build links with Connecting Scotland, Public Health Scotland, and Scottish Council of Voluntary Organisations to understand the scope and impact of digital exclusion on use of Near Me and provide advice to ensure compatibility.
- Develop inclusive communication and guidance materials for using Near Me, including easy read, languages other than English and bespoke to groups as required (e.g. young carers).



- Share best practice inclusive guides/resources with health boards across Scotland.

The mitigating factors to overcome these problems locally are:

- Continue to maintain choice and appropriate deployment of consultation type including face to face appointments.
- Consider the need for local hubs/clinics to access Near Me.
- Establish processes to enable interpreters to join Near Me appointments where appropriate. This would include both service-provided interpreters and informal interpreters/support for appointments, such as from family members.
- Establish and communicate processes to enable patients to do a test call.
- Raise awareness about consultation options including the appointments by video.

**Originator:** What were the success factors (e.g. incentives, use of champions, new models, etc.) that facilitated the implementation of the digital solution / innovative practice?

The key to the success of the Programme has been the aim of providing a 'once for all' solution, strategic buy-in from the Scottish Government, along with appropriate support for implementation. This includes:

- working with local digital care teams to configure systems;
- a peer-reviewed system security policy in line with GDPR;
- setting up the system in the knowledge that face-to-face can never be replaced and can continue to be provided where required;
- easy-to-use technology without the need to install anything;
- no need to authenticate for the patients;
- working across a number of devices and supported by low bandwidth;
- option for multiple patients to attend a clinic and wait for their appointment;
- opportunity for a family member, interpreter or other provider to join the video-consultation;
- text chat and sharing - screen functions;
- an online resource / training centre;
- customisable leaflets and guidelines (such as consent, consent with incapacity, best practice);
- regular online meetings with stakeholders to ensure raise of champions and buying;
- participation in both local and national events.

In addition, we initiated regular communications, including Cabinet Secretary briefings and speeches, to ensure significant buy-in and spread of knowledge and plans across the whole of Scotland.



**Adopter:** What triggered your interest in adopting the digital solution / innovative practice of the originator?

The Challenges and Strategic Project 2017 -2020 of Osakidetza, the Public Basque Health Service, emphasizes and reinforces the need to adapt and transform clinical information systems to the integrated care model for patients, especially for chronic patients. The creation of Integrated Health Organisations and the digital infrastructure and services deployment (Electronic Health Record - Osabide Global, Osakidetza Non-presential-Osarean, Personal Health Folder, telemonitoring services stratification, e-prescription...) have been part of the system transformation towards innovation. To this end, innovative solutions and technologies have become are key to enable collaboration between professionals and new ways of working. Osakidetza has invested heavily in digitalization and its eHealth strategy. Citizens can request access to their Personal Health Folder (PHF) which allows citizens secure access to their health data or records and enables communication with professionals. Citizens can enrich their PHF through self-tracking programmes or uploading documents. The Osakidetza App is another digital tool focused on citizen empowerment that permits users the access to their Personal Health Folder, appointments, eHealth call center, the School of Health, other Apps and give feedback by surveys.

Video consultation has become one of the challenges for Osakidetza which aims to promote the use of virtual consultation between health professionals and patients. For Osakidetza, the benefits are framed into three dimensions: timeliness of care, patient transportation savings and resource savings.

Osakidetza already has a videoconferencing technology in place (Microsoft Lync Server). However, once the COVID-19 pandemic started, the Zoom platform was implemented as a videoconferencing technology between professionals. To date, it is not widely used by professionals and patients and is mainly used in small-scale pilot experiences.

Osakidetza needs to develop a scaling-up plan for the use of Zoom, both in strategic and operational way, and to define a business model to achieve a regional wide video consulting service with patients.

**Adopter:** What needs in your environment does this digital solution / innovative practice address? How does it relate to the vision and strategy of your region/city? How does it fit into your investment plans and availability of funding and organisational support?

The Basque Country's 2020 Digital Agenda promotes digital transformation in all environments, including the wide technological offer of a wide range of companies, technological and service organisations.

The Challenges and Strategic Project 2017 -2020 of Osakidetza also reinforces the need to transform the healthcare system. In the last decade, Osakidetza has invested heavily in digitalisation and eHealth, as mentioned before, by implementing some digital tools such as the Electronic Health Record, e-Prescription, Telemonitoring Services and the Personal Health Folder. In this sense, the Basque Government is boosting digitalisation for the co-ordination and communication between professionals, and across different sectors (health and social care).

In 2020, the Zoom platform has been implemented in the Basque health system to cope with the COVID-19 exceptional situation and to enable better communication and coordination among healthcare professionals. The exceptional situation suffered worldwide has changed the culture and needs of most of the professionals and has accelerated the use of innovative solutions in the system, such as the Zoom platform. Video consultation with patients is one of the challenges of Osakidetza, which is considering how best to implement this solution.



To date, different Integrated Healthcare Organizations and services are involved in testing the Zoom platform with patients for different purposes (videoconsulting, group sessions, follow-up sessions) in small pilots.

Some experiences include:

- Psychiatric services;
- Multi-morbid patients;
- Active Patient Programme;
- Tobacco Treatment Programme
- “Video consultations” with patient from Zaballa Prison (Considered Good Practice).

**Originator & Adopter:** What are the objectives of the twinning between the originator and the adopter(s)?

Please update and elaborate further on the information provided in your application. Please be very concrete and include further details on more sub-objectives, such as education and training in the solution, customisation of the solution, help with barriers to adoption, testimonials, shared evaluations, cost-benefit assessment, future co-development, etc.

The objective of this twinning is to progress collaboration and knowledge exchange between two 4-star Reference Sites with “Special Recognition of Excellence” to enhance the implementation of digitally enabled care solutions. The twinning will specifically focus on the deployment of video-conferencing services to address the increased demands on health and care services, but particularly on primary care services.

Operational objectives of the twinning:

1. Provide information and access to existing video-conferencing experts in Scotland to enable Basque experts to acquire knowledge and skills in the use of Near Me services, with a primary focus on business model and service redesign.
2. Assess the feasibility of transferring the learning to the context of the Basque Country.
3. Develop an Implementation Plan about how the different elements of good practice could be adapted and transferred.
4. Promote inter-regional partnerships between entities and local stakeholders.
5. Evaluate compliance with these objectives.



**Originator & Adopter:** Please describe the concrete plan (with milestones) to transfer the digital solution / innovative practice from the originator to the adopter.

Please update and elaborate further on the information provided in your application.

The following tasks were carried out in the twinning process:

- [Creation of a Twinning Steering Group](#): relevant stakeholders in both regions were identified to provide high level oversight of the twinning process and ensure its implementation (July 2020). The Steering Group met every two weeks to plan the twinning activities and review progress (Starting in September 2020).

*Responsible partner(s) - Scottish Government / Kronikgune Institute for Health Services Research*

- [Creation of a Twinning Implementation Group](#): relevant stakeholders from the transferring (Scottish Government and Near Me platform Team) and adopting organisations (Kronikgune and Osakidetza) were identified to participate in the twinning activities (September 2020). From the Basque Country side, an Expert Group has been created. An invitation for participating in the twinning was launched to the head managers of the following services from Osakidetza (Basque Public Health Service): Health Care Management (that invited healthcare professionals from Integrated Healthcare Organizations – IHO from Osakidetza); Quality and Health Care Service ; IT Service & Computer Science Sub-Directorate; Continuous training service; School of Health and Socialhealth coordination service. The Implementation Group came together twice for online knowledge exchange workshops - on 23rd October and 17<sup>th</sup> November 2020. In addition, regular communication with the Implementation Group members in both regions was facilitated to ascertain the outcomes of the learning activities, identify key areas of learning and analyze how they can be potentially embedded in local settings after the twinning project ends.

*Responsible partner(s) - Scottish Government/Kronikgune Institute for Health Services Research*

- [Collection of supporting resources](#): to inform the adopting region about the innovative practice – (September 2020). Background documents and resources were gathered about the innovative practice and shared with the Twinning Implementation Group to facilitate initial learning about the practice, prior the meetings of the Implementation Group.

*Responsible partner: Scottish Government*

- [1<sup>st</sup>webinar: Introductory workshop on Near Me Video Consultation innovative practice](#):

An introductory workshop was organised for the key experts in both regions to raise their awareness about the state of play with video consultation services in each region and to identify specific aspects of further knowledge exchange and learning. (October 2020). The Webinar took place on 23<sup>rd</sup> October 2020 with 31 participants – the **Agenda, the list of the attendees and transcription of the Zoom Chat** is attached as **Appendix 1**. The topics covered in this webinar were:

- Regional strategies on video consultation services (roadmaps) in Basque Country and Scotland ;
- Current status of implementation of video consultations in both regions;
- Successes – what has worked well and what implementation resources are available for sharing;
- Challenges – what do we need help with?

A simultaneous translation in Spanish into English -- was offered during the webinar.

As a result of this knowledge exchange activity, a number of topics were identified for further indepth knowledge transfer. These are outlined in detail in the **Agenda** of the second online meeting of the Implementation Group **Appendix 2**.

*Responsible partners: Scottish Government and Kronikgune – Institute for Health Services Research*

- [Scoping of the feasibility of transferring the learning](#) about the innovative practice to the local context in the Basque Country, including its fit with existing infrastructure, healthcare model and care pathways (October 2020). Following the learning webinars, Kronikgune worked with its partner



Osakidetza to define the key areas of learning that they felt interesting in going in-depth and could be useful for Osakidetza for tackling the challenge of implementing "video consulting" in Osakidetza in the Basque Country health system in November 2020.

*Responsible partner: Kronikgune –Institute for Health Services Research*

- [2nd webinar: Follow-up webinar of key topics and aspects related to Near Me:](#)

A second webinar was organized with the key experts in the adopting and transferring regions to enhance the learning about the innovative practice identified in the introductory webinar – (November 2020). This Webinar took place on 17<sup>th</sup> November 2020 and 34 experts participated. The main objective of this webinar was to explore in more detail the topics identified during the mutual knowledge exchange conducted during October 2020. From the adopter's point of view, these were namely:

- The integration between the "Near Me" platform and the Scottish NHS health information system (semantical and structural aspects);
- Privacy and legal issues;
- Authentication and authorisation;
- Engagement with patients;
- Individual video-consulting structure and groups video consulting;
- Training to healthcare professionals and patients: training structure, materials, engagement strategy and duration;
- Communication plan: strategy, materials developed and offered, patients and citizen engagement strategy, evaluation and technological acceptance model.

From the originator's point of view, the topics of interest were further insights into the Basque Country's Active Citizen Programme, specifically:

- Individual and group consultations;
- Privacy of the group consultations;
- Ground rules and guidance on conducting group consultations;
- Skills and training of the group leaders that run the virtual sessions;
- Virtual groups vs face to face (clinical criteria and their appropriateness).

A simultaneous translation in Spanish -- was offered once again during the webinar.

*Responsible partners: Scottish Government/Kronikgune Institute for Health Services Research*

- [Assessment of the impact of the innovative practice](#) – (November-December 2020)

*Responsible partners: Scottish Government/Kronikgune – Institute for Health Services Research*

- [Promotion of the value of knowledge transfer](#) – (September - December 2020). A number of promotional activities were conducted through social media accounts (@TECScotland; @Kronikgune).

*Responsible partners: Scottish Government/Kronikgune – Institute for Health Services Research*

- [Dissemination of outcomes / results of the twinning activities:](#) within both regions and within the EIPonAHA and Reference Sites Community – (September - December 2020). An article for the EIP on AHA website was produced summarising the learning process, its outcomes and experience of key stakeholders. This article will be published in originator and adopter partners that have participated in this twinning (Osakidetza's website, Kronikgune's Website, TEC Scotland website and so on). In addition, the outcomes of the twinning will be presented during DigiFest – Scotland's largest digital health and care conference 2020 – on 9<sup>th</sup> December 2020. In this presentation, apart from sharing the experiences of the twinning 2020, all the collaboration and twinning activities carried out by both regions in a previous twinning call (2016) and an MOU commitment between both regions will be presented.

*Responsible partners: Scottish Government/Kronikgune Institute for Health Services Research*





**Adopter:** Have any barriers to the adoption been identified, and how do you plan to overcome them?

As already mentioned, the implementation of a video consultation tool in Osakidetza is still a challenge. At the time of the twinning, small pilots are being carried out in the health systems and results are being analysed.

Likewise, Osakidetza has to identify and implement operational requirements in order to start deploying its video consultation platform at scale. Some barriers for the adoption have been identified which are necessary to consider:

- It is necessary to change the culture of healthcare professionals towards using new tools and ways of working when following up and taking care of patients.
- Training for changing their way of working is fundamental.
- Definition of the implementation strategy for deploying video consultation is imperative so that success can be ensured.
- There are still a large number of clinicians who prefer to use traditional tools for appointments with patients. Convincing and getting them on board can be difficult.
- The interoperability of video consultation and the basic Electronic Health Record so that all the information collected from the patient through the video consultations is secure and accessible by professionals to enable better follow up of the patient.
- The Video consultation platform has to be user friendly.
- Definition of a communication strategy is fundamental to extend its use.
- Technical aspects, such as patient's security and privacy, have to be studied and specified.
- It is important to identify and define which type of patients will use video consultation.

Osakidetza has created an internal working group to analyse the possibilities that video consultation offers to the healthcare system and patients and/or caregivers. A stepwise process is planned to overcome these barriers and challenges.

**Originator & Adopter:** How do/will you measure and evaluate the degree of success of the implementation of the digital solution / innovative practice? Do/will you apply any tools, metrics or indicators to continuously evaluate the expected outcomes?

Osakidetza has created an internal working group for the implementation of the video consultation platform in the system. An initial evaluation of the effectiveness of the video consultation platform implementation is underway. On the other hand, the analysis of the results from the existing small pilots is in also underway. The dimensions explored include accessibility to the platform by patients, coordination between professionals and patients and procedures for patient clinical assessment.

Video consultation deployment in Osakidetza has just started. The twinning has offered an opportunity to analyse different aspects of the Near Me platform. Some specific elements related to technical, training programmes or the communication strategy could be adopted in the Basque video consultation planning, however further analysis of the knowledge and experiences provided by the Scottish colleagues is needed.

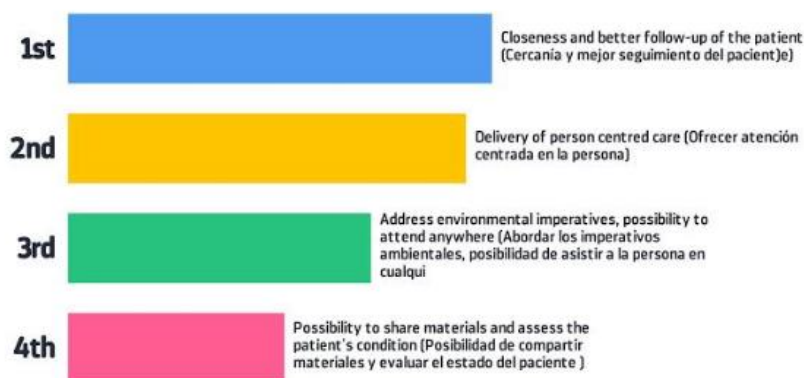


**Adopter:** What benefits and new opportunities for different stakeholders will the digital solution / innovative practice offer once implemented? What changes will it invoke (e.g. new care pathways, new business models, new roles, etc.)?

During the twinning, a questionnaire was shared with the attendees in order to analyze what potential benefits and new opportunities could the implementation of the video consultation platform provide to Osakidetza. Attendees ranked the benefits that the solution can provide to the health and care system, professionals and patients as follows (1 = biggest benefit):

1. Closeness and better follow-up of the patients.
2. Delivery of person centred care.
3. Address environmental imperatives, possibility to attend anywhere.
4. Possibility to share materials and assess the patient's condition.

### Rank the benefits that the video consultation can provide to the system, health & care professionals and patients

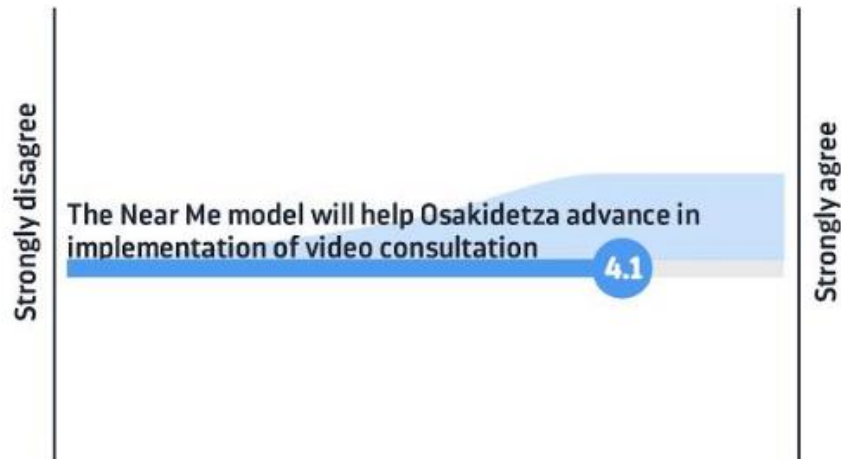


Osakidetza is aligned with the 2020 Basque Internationalisation Framework Strategy, Strategic Plan of Governance and Innovation 2020 and 2020 Digital Agenda for Promoting the Digital Transformation, which includes health and care, and digital skills development. The use of video consultation in the health service, can become a key enabler to provide better quality, more accessible and safer services. Moreover, this digital solution can facilitate healthcare integration, collaboration between professionals, communication among healthcare and socialcare professionals and also with patients and promote citizen empowerment.





Osakidetza believes that twinning knowledge exchange and learning process can benefit all the system and Basque citizenship in general. Moreover, they strongly agree (4.1 from 5) that the Near Me model can help to advance in the implementation of video consultation in the Basque Country.



However, the Basque Country still needs to define what type of patients will be offered video consultation. As a result of the twinning, the Basque Country intends to carry out the following further activities:

- Analyze results of the experiences carried out in Osakidetza.
- Start defining and planning the video consultation implementation process.
- Increase the coordination of different services and departments.
- Define video consultation space.
- Support interoperability between the tool and healthcare record.
- Ensure citizen security and privacy.
- Ensure tool easy access, user friendliness and user interaction.

Firstly, Osakidetza is considering the possibility to offer video consultation to more than 339,218 chronic disease patients aged over 65 years – therefore more than 22% of the total population could benefit from the adoption of the digital solution. In a second step, video consultation will be delivered to the whole Basque population.



*Considering the identified and/or anticipated barriers to adoption, please provide concrete suggestions for policy decision makers how to address these at regional, national and EU level.*

- Create a multi-disciplinary team that will lead the implementation of video consulting in Osakidetza.
- Start developing a strategy and planning for the deployment and scale up of the digital solution.
- Take into consideration the population changes with specific needs.
- Provide adequate response to the current and future needs of the citizen, and especially patients.
- Improve the tools according to citizens' and patients' demands.

**Originator & Adopter:** Please provide your suggestions on how the 2020 pilot twinning support scheme can be improved in the future?

We would like to propose the following improvements in the twinning support scheme:

- “Manage the expectations” – Recognise that the implementation of the solution is a long-term commitment and therefore it is difficult to demonstrate / report on the impact of the twinning activity in a 4 month timeline.
- The roles in the twinning are interchangeable; this twinning proves that each twinning partner can play both the roles of originator and adopter, depending on the subject of learning, therefore it is always a mutual learning process.
- It is necessary to have a longer timeline for the implementation of the twinning activities and to carry out more activities and engage more participants.
- Longer time for making the analysis of the twinning results.
- Consider using translators to improve the engagement of a wider group of experts from regions and to enhance their learning.



**Adopter:** In terms of degree of adoption of the innovation practice, how will you characterise the twinning process in your case? Please select one or more of the following types and provide further explanation.

1)	<b>Knowledge exchange &amp; training</b>	A central aspect of the innovation is the knowledge (know-how) exchange and related training of staff
2)	<b>Adaptation</b>	A mature innovation is being adopted by adjusting it to local conditions (e.g. translation into local language)
3)	<b>Partial adoption</b>	Elements or aspects of the innovation (product, service, methodology, strategy) are being implemented using locally available infrastructure
4)	<b>Full adoption</b>	The innovation (product, service, methodology, strategy) is being implemented in its full scope by using local infrastructure
5)	<b>Acquisition</b>	The innovation is being implemented in its full scope by paying for it and using it without significant adaptation effort

NOTE: In the case of the twinning funded by the WE4AHA CSA it is not expected to achieve more than level 2 (Adaptation)

Partial adoption – elements of the Scottish Near Me video consultation services will be considered for adaptation / implementation in the Basque Country's video consultation service.

**Adopter:** What budget was spent (or will be spent, please specify also the time horizon) in total for adopting the innovation practice?

Osakidetza is analysing the needs and necessary budget for implementing its video consultation service. Once all the analysis and assessment is done, the specific budget for the digital solution deployment will be decided. For the time being, the platform will be Zoom. Osakidetza has signed an agreement with Zoom for licences. It has been implemented in the system and is being used by health professionals for communication and coordination of the services.

\*A full breakdown of the budget for all beneficiaries should be included in the Financial Reimbursement Form.

**Adopter:** What other financing / funding instruments at EU (e.g. ESIF), national or regional level were enacted (or will be enacted, please specify) to support the twinning and / or the implementation of the innovative practice / solution? What were the challenges faced when seeking such funding?

Osakidetza will finance the implementation of the video consultation platform with its own budget. It will not require access to extra funding instruments.



**Adopter:** Please highlight the scale of the twinning, providing figures such as number of citizens affected or potentially affected by the twinning work, number of professionals recruited, etc.

The Basque Country has 2.2 million inhabitants who are in the centre of the system. With a universal healthcare coverage, the total Public Health budget in 2019 is 3,800M€ with a public health expenditure of 1,730€ per person, that is 32.2% of the Basque Government's total budget (11,784M€). The whole Basque population could potentially benefit from this digital solution.

In the case of video consultation only being offered to chronic disease patients, more than 339,218 citizens aged over 65 years could benefit – that is more than 22% of the total population. In a second step, the idea is to offer video consultation the whole Basque population.

**Adopter:** Did the twinning result in implementation of the innovative practice in the adopting region?

The Basque Country Expert Group has expressed its interest in learning more about Scotland's experience on the following aspects:

- Empowerment strategies
- Evaluation of the impact of video consultation
- Community stakeholders engagement, how they get the information about citizen needs.
- Improving citizen's digital skills / literacy
- Evaluation of healthcare professionals' and patients' experience.
- Integration in the Electronic Health Record

This group is interested in organising other knowledge exchange activities / online meetings to go further in-depth into these aspects and answer questions that may arise once all the information acquired by Osakidetza is analysed.

Osakidetza has just started working on the implementation of video consultation and these twinning activities have provide it with an impetus to continue working on this path.

*If the twinning did not result in implementation,*

1) What were the reasons not to move towards implementation of the digital solution / innovative practice?

2) Were there alternative solutions that were selected for implementation instead?

Please send the completed Final Report to [we4aha@funka.com](mailto:we4aha@funka.com) before 27<sup>th</sup> November 2020 EOB.



Appendix 1 – Workshop 1 Agenda, Participants List and Zoom Chat Transcript

## EIP on AHA Twinning – Video Consultation Knowledge Exchange Workshop 1

23 October 2020, 10.00 – 12.30 CET

Zoom webinar

**The objectives of the workshop are to:**

- share our experiences of implementing video consultation
- identify key learning – successful approaches, common challenges, outcomes for citizens, service providers, policy makers, governments
- identify topics for further knowledge exchange activities.

AGENDA	
10.00 - 10.05	<b>Welcome and introductions</b>
10.05 – 10.35	<b>Presentations on video consultation in the regions, covering -</b> <ul style="list-style-type: none"><li>• Regional strategy on video consultation (roadmap)</li><li>• Current status of implementation of video consultation in the region</li><li>• Successes – what has worked well and what can we share (resources that we have already developed to support implementation)</li><li>• Challenges – what do we need help (from the other region) with?</li></ul> <b>Basque Country presentation &amp; Q&amp;A</b> <i>5 min Short Break</i>
10.40 – 11.40	<b>Scotland presentation &amp; Q&amp;A</b> <i>5 min Short Break</i>
11.45 – 12.30	Priorities for further knowledge exchange General discussion about what topics the twinning partners want to follow up on (via further knowledge exchange webinars).





**EIP on AHA Video Consultation Twinning Project**

**Knowledge Exchange Workshop 1 - 23 October 2020**

**Participants List**

<b>Region</b>	<b>Job title / role</b>	<b>Organisation</b>
Basque Country	Director	Kronikgune Institute for Health Services Research
Basque Country	R+D Coordination Manager	Kronikgune Institute for Health Services Research
Basque Country	Project Manager	Kronikgune Institute for Health Services Research
Basque Country	Responsible for the Assistance Integration and Chronicity Service (SIAC)	Osakidetza
Basque Country	Assistance Integration and Chronicity Service (SIAC)	Osakidetza
Basque Country	Assistance Integration and Chronicity Service (SIAC)	Osakidetza
Basque Country	Head of Osarean Service (Osakidetza non- presential)	Osakidetza
Basque Country	Head of Quality Care Service	Osakidetza
Basque Country	Health Folder Service	Osakidetza
Basque Country	Head Nurse of Multimorbid patients (Basurto IHO)	Osakidetza
Basque Country	Liaison Nurse of Multimorbid Patients	Osakidetza
Basque Country	Nurse of Multimorbid Patients	Osakidetza
Basque Country	Expert Patient Programme	Osakidetza
Basque Country	Head of Expert Patient Programme	Osakidetza
Basque Country	Head of Health Promotion Service	Osakidetza
Basque Country	Head IT Service	Osakidetza
Basque Country	Head of Management Information Systems Service	Osakidetza
Basque Country	Training Service	Osakidetza
Basque Country	Head of School of Health	Osakidetza
Basque Country	School of Health	Osakidetza
Basque Country	Research Group in Dissemination Sciences and Implementation in Health Services, Biocruces Bizkaia Institute	Osakidetza
Basque Country	Doctor, Barakaldo - Sestao IHO	Osakidetza
Basque Country	Assistant Socio-sanitary area	Osakidetza
Scotland	TEC Programme Manager	NHS National Services Scotland
Scotland	Project Manager	NHS National Services Scotland



**EIP on AHA Video Consultation Twinning Project**

**Knowledge Exchange Workshop 1 - 23 October 2020**

**Participants List**

<b>Region</b>	<b>Job title / role</b>	<b>Organisation</b>
Scotland	Project Manager	NHS National Services Scotland
Scotland	National Lead Near Me Network	NHS National Services Scotland
Scotland	Head of Programme - Near Me	Scottish Government
Scotland	Head of International Engagement	Scottish Government
Scotland	International Engagement Manager	Scottish Government
Scotland	Knowledge Exchange Manager	Scottish Government



## Transcript of Zoom Chat from EIP on AHA Video Consultation Twinning Workshop 1 23 October 2020

### Chat during Basque Presentation

**Donna Henderson (Scotland): Clarification** - Integrated Health Organisations - Basque equivalent of the Scottish Health and Social Care Partnerships.

**Irati (Basque Country):** Sólo recordad a los asistentes de Grupo de Euskadi, que si queréis seguir el seminrio en castellano, en el botón de "interpretación" tenéis que elegir el canal "Español"

**Donna Henderson (Scotland):** Integrated Health Organisations - Equivalente vasco de Scottish Health and Social Care Partnerships. Traductor de google!

**Donna Henderson (Scotland):** ¡Carpeta de Salud es muy impresionante!

**Donna Henderson (Scotland):** Osansun Aholkua eHealth Centre - sounds similar to Scotland's NHS 24?

**Donna Henderson (Scotland):** La aplicación de obesidad infantil será de interés para algunos de nuestros colegas escoceses; daremos seguimiento a esto

### **Questions for the Basque Country**

**Ken (Scotland):** Did you have any Information Security/Information Governance challenges using Zoom?

**Nicolas Francisco Gonzalez Lopez (Basque Country):** Tenemos un tennat en ZOOM de nuestra organización y exigimos una medidas de seguridad / acuerdo de cumplimiento de estas medidas

**Nicolas Francisco Gonzalez Lopez (Basque Country):** un espacio reservado para Osakidetza

**Irati (Basque Country): Translation of Nico's response:** In our Organization, Osakidetza, we have a "tenant", space reserved for Osakidetza, in Zoom and we demand security measures and a commitment to meet this measurements.

**Esteban (Basque Country):** ¿Quer qwuiere decir tennat?

**Esteban (Basque Country):** ¿En qué consisten las medidas de seguridad?

**Nicolas Fracisco Gonzalez Lopez (Basque Country):** for instance: AES 256-Bit GCM Encryption / The Zoom client shows which data centre you're connected to in the Info icon in the upper left of your Zoom window, In our case must be in Europe.

**Hazel (Scotland):** What is the uptake on people accessing their medical records in the person health folder? as per % of the population

**Rachel (Scotland):** When training or teaching patients how to use Zoom or online technologies, how did you go about this?



**Donna Henderson (Scotland):** Re. the childhood obesity app - we have some colleagues in Scotland who have been working on similar digital initiatives in this area and I will let them know about the work you are doing. I think they will be very interested.

**Irati (Basque Country) Translation of Donna's comments:** Un grupo de Escocia ha estado trabajando en una solución digital parecida a la App de Obesidad infantil. Vamos a trasladar a ellos en que estáis trabajando y creemos que van a estar interesados en saber algo más sobre la App.

**Hazel (Scotland):** We, as a team, like Zoom but others in the NHS are very suspicious of it

**Nicolas Francisco Gonzalez Lopez (Basque Country):** nuestra solución es un tratamiento (health game) integrado en la Historia Clínica con un protocolo de seguimiento en consulta (también podría ser vía teleconsulta)

**Irati (Basque Country) Translation of Nico's comments:** Our solution is an integrated treatment (health game) in the Health Record with a follow-up protocol in consultation ( also could be through teleconsulting)

#### Chat during Scottish presentation

**Nessa (Scotland):** <https://tec.scot/digital-health-and-care-in-scotland/video-enabled-health-and-care/>

Responses to Marc (Scotland) question about the job roles of the people participating in the webinar:

**Lourdes Ochoa de Retana (Basque Country):** Paziente Bizia-Paciente Activo : Lourdes e Irene somos enfermeras y llevamos la coordinación del programa paciente active

**SAIOA ARTAZA AZPIAZU (Basque Country):** Osakidetza-computer science

**Irati (Basque Country) Translation of Saioa's response:** SAioa IT Service of Osakidetza

**SAIOA ARTAZA AZPIAZU (Basque Country):** Dpto informática de Osakidetza

**Irati (Basque Country):** Lourdes and Irene nurses and responsible for the Expert Patient programme

**Diana (Basque Country):** Servicio de Formación a profesionales

**Irati (Basque Country) Translation of Diana's response:** Diana: Healthcare Professional Training Service

**Antonio de Blas (Basque Country):** Dabi Santano y Antonio de Blas, somos médicos y somos los Responsables de la Estrategia de Osarean: relación no presencial con los pacientes.

**Irati (Basque Country) Translation of Dabi and Antonio de Blas response:** they are doctors and responsible of Osarean, Non-Presential Osakidetza

**34089190q (Basque Country):** enfermera seguimiento paciente pluripatologico

**Olga Telletxea (Basque Country):** Enfermera Enlace Hospitalario Paciente Crónico Complejo

**Irati (Basque Country):** Olga Tellechea: Liaison Nurse of Multimorbid Patients



**Catarina (Basque Country):** Catarina Paz, member of the Health and Social care coordination team in the Basque Country, lead by Jose Antonio de la Rica (Regional coordinator) and technician at the Basque Foundation for Health Innovation and Research

**Diana (Basque Country):** Tenemos la intranet corporativa y una plataforma virtual para la formación de profesionales (Jakinsarea)

**Irati (Basque Country) Translation of Diana's comments:** we have got a corporate Intranet and a virtual platform for healthcare professional training named "Jakinsarea"

**Marc (Scotland):** Thanks for sharing professions and available training platforms. yes, webinars are labour intensive but very powerful tools!

**Irati (Basque Country) Translation of Marc's response:** Muchas gracias por compartir vuestros perfiles e información sobre la plataforma que tenéis disponible para la formación. Es verdad que los seminarios "webinars" es muy laborioso e intenso pero una herramienta poderosa!

**Esteban (Basque Country):** Is there any Clinical Quality Assurance mechanisms during Vdeoconsultations in place? Are video conferences reviewed? Are they recorded? If yes, how do you deal with privacy and confidentiality issues? If not, is there any rocedure to ensure clinical accountability?

**Irati (Basque Country):** Esteban: Hay alguna garantía de calidad clínica establecida cuando se realizan las video consultas? Se revisan las videoconferencias? SE graban? Si la respuesta es sí, cómo tratis el tema de la seguridad y privacidad? Si la respuesta es no, como se asegura la responsabilidad clínica?

**Marc (Scotland):** There are information Governance guides online for professions endorsed by the colleges. Currently working on safeguarding recording appointments for staff and patients.

**Marc (Scotland):** Here is link to guidance <https://tec.scot/digital-health-and-care-in-scotland/video-enabled-health-and-care/covid-19-implementing-near-me/>

**Irati (Basque Country):** **Translating** Marc's response - Respuesta a Esteban: Hay guías e información de gobierno publicado para profesionales. En la actualidad estamos trabajando para salvaguardar las citas grabadas para los profesionales y pacientes.

**Nessa (Scotland):** <https://tec.scot/wp-content/uploads/2020/09/Near-Me-public-engagement-Executive-Summary.pdf>

**Irati (Basque Country):** Marc ha enviado un link a la guía publicada.  
<https://tec.scot/wp-content/uploads/2020/09/Near-Me-public-engagement-Executive-Summary.pdf>

**Donna Henderson (Scotland):** Having listened to the presentations this morning, are there things that you would like to hear more about (in future webinars)?

**Ken (Scotland):** Interesting to see the integration of patient

**Esteban (Basque Country):** There is a unified electronic health record in the Basque Country. All GPs, nurses, hospital professionals use the same system. Happy to discuss further this. In fact, the healthcare professionals "Work Station" is based around the HER



**Catarina (Basque Country):** The health record is also available for 19.000 patients/people living in care homes (97% of the care homes in the Basque Country)

**Irati (Basque Country):** Catarina: La Historia Clínica está disponible para 19.000 pacientes/personas que están en residencias (97% de las residencias del País Vasco)

**Nessa (Scotland):** Engagement with Citizens - making video conferencing a real option and Engagement with Staff are two big themes.

**Irati (Basque Country):** Nessa: el compromiso de los ciudadanos haciendo que la video consulta sea una realidad y el compromiso de los profesionales son temas importantes a tener en cuenta!



## Appendix 2 – Knowledge Exchange Workshop 2 Agenda and Participants List

# EIP on AHA Twinning – Video Consultation

## Knowledge Exchange Workshop 2

17 November 2020, 09.00 – 11.00 CET (08.00 -10.00 GMT)

### The objectives of the workshop are to:

- explore specific topics for in depth further knowledge exchange
- identify key learning – successful approaches, common challenges, outcomes for citizens, service providers, policy makers, governments

AGENDA	
09.00 - 10.05 CET	<b>Welcome and introductions</b> <b>Donna Henderson</b> , Head of International Engagement, Digital Health and Care Directorate, Scottish Government <b>Esteban de Manuel Keenoy</b> , Director, Kronikgune
09.05 – 09.30	<b>Scotland presentations –</b> <b>Hazel Archer – Head of Programme – Near Me</b> <ul style="list-style-type: none"><li>• The integration between "Near Me" platform and NHS information system (semantical and structural aspects)</li><li>• Privacy and legal issues</li><li>• Authentication / authorisation</li><li>• How to establish the connection with patients</li><li>• Individual video-consulting structure and groups video consulting.</li></ul>
09.30 – 09.45	<b>Marc Beswick – National Lead – Near Me Network</b> <ul style="list-style-type: none"><li>• Training to healthcare professionals and patients: training structure, materials, engagement strategy, duration</li></ul>
09.45 – 10.00	<b>Maimie Thompson – Communication Consultant – Near Me Programme</b> <ul style="list-style-type: none"><li>• Communication plan: strategy, materials developed and offered, patients and citizen engagement strategy, evaluation, technological acceptance model</li></ul>
10.00 – 10.10	<b>Q&amp;A</b>
10.10 – 10.30	<b>Basque Country presentation</b> <b>Lourdes Ochoa de Retana - Expert patients Programme Manager</b>  Expert patients – <ul style="list-style-type: none"><li>• Single or multiple use link to join the group?</li><li>• How private or closed is the group?</li><li>• How much information does each group member need to put on screen/chat etc for example name or more?</li></ul>



10.30 – 10.40	<b>Q&amp;A</b> <ul style="list-style-type: none"><li>• Do you have ground rules and guidance on conduct for group members?</li><li>• What skills or training have the group leaders needed to run virtual sessions?</li><li>• Virtual groups vs face to face. (Clinical criteria or services where this would not be appropriate?)</li></ul>
10.40 – 11.00	<b>Next steps</b> <ul style="list-style-type: none"><li>• Capturing key learning – successful approaches, common challenges, outcomes for citizens, service providers, policy makers, governments</li><li>• Further knowledge exchange (after end of twinning)?</li></ul>





**EIP on AHA Video Consultation Twinning Project**

**Knowledge Exchange Workshop 2 - 17 November 2020**

**Participants List**

<b>Region</b>	<b>Job title / role</b>	<b>Organisation</b>
Basque Country	Nurse - IHO Tolosaldea	Osakidetza
Basque Country	centro salud rontegi	Osakidetza
Basque Country	Técnica de Coordinación Sociosanitaria (BIOEF)	Equipo de Coordinación Sociosanitaria de Euskadi
Basque Country	Subdirección Informatica. Jefe de servicio	Osakidetza
Basque Country	PACIENTE ACTIVO	Osakidetza
Basque Country	Tecnico Unidad de Investigación Atención Primaria de Bizkaia	Subdirección Asistencia Sanitaria, Osakidetza
Basque Country	integration	Osakidetza
Basque Country	osasun eskola	Osakidetza
Basque Country	Project Manager	Kronikgune Institute for Health Service Research
Basque Country	R+D Coordination Manager	Kronikgune Institute for Health Services Research
Basque Country	Subdirección asistencia sanitaria	Osakidetza
Basque Country	Servicio Integración asistencial y cronicidad(SIAC)	Osakidetza
Basque Country	Director	Kronikgune
Basque Country	Programa Paziente Bizia-Paciente Activo	Osakidetza
Basque Country	Enfermera Gestora de Caso	osakidetza HUDonosti
Basque Country	Programa Paziente Bizia-Paciente Activo	Osakidetza
Basque Country	Tecnico	Osakidetza
Basque Country	Osasun Eskola	Osakidetza
Basque Country	Jefe de Servicio de la Subdirección de Calidad	Osakidetza
Basque Country	Interpreter	Interpreter
Basque Country	Responsable Funcional Aplicaciones Historia Clínica Electrónica	Osakidetza
Basque Country	ENFERMERA DE ENLACE HOSPITALARIO	OSI ESKERRALDEA ENKARTERRI CRUCES
Basque Country	Assistance Integration and Chronicity Service (SIAC)	Osakidetza
Basque Country	Interpreter	Mondragon Lingua
Basque Country	Enfermera Atención Primaria	Osakidetza
Basque Country	EPA	OSI BILBAO BASURTO
Basque Country	SIAC	Osakidetza
Scotland	International Engagement Manager	Scottish Government



Scotland	Communications and Engagement Consultant	Scottish Government
Scotland	Head of Programme - Near Me	Scottish Government
Scotland	National Lead - Near Me Network	Scottish Government
Scotland	Head of International Engagement	Scottish Government
Scotland	Project Support Officer	NHS NSS
Scotland	Project Manager	NHS Scotland Near Me Team