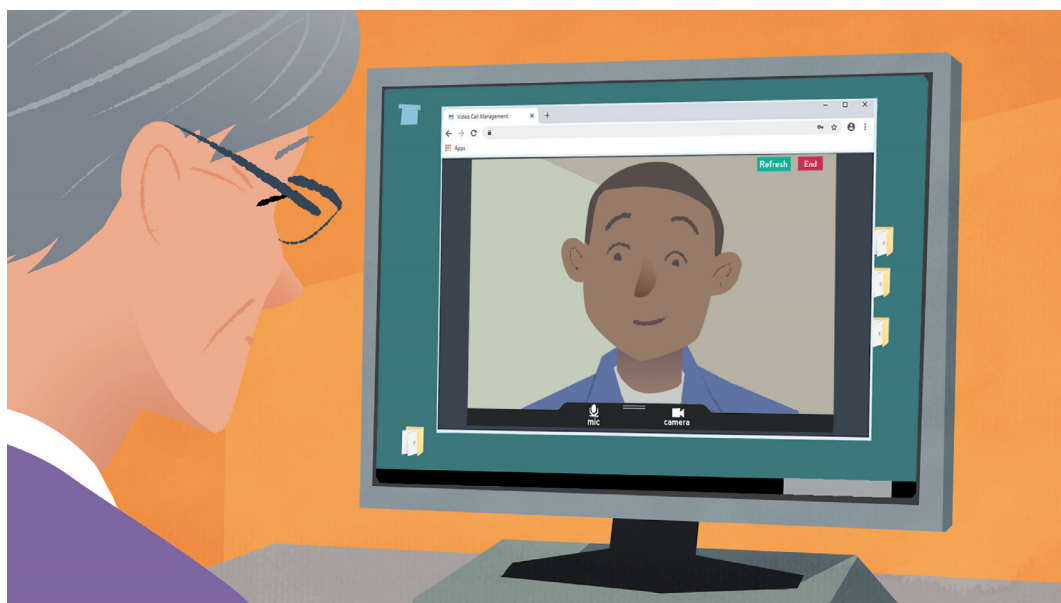


Near Me Public Engagement

Public and clinician views on video consulting Executive summary September 2020



The full report of the Near Me Public Engagement outcomes can be accessed [here](#)

Report published by:
Technology Enabled Care, Scottish Government

Produced by:

Hazel Archer
Digital Access Programme
Lead, TEC Programme
Scottish Government

Clare Morrison FRPharmS
National Near Me Lead
TEC Programme
Scottish Government

Dr Maimie Thompson
Associate Director
Higher Ground Health
Care Planning Ltd

Dr Margaret Whoriskey
Head of TEC and Digital
Healthcare Innovation
Scottish Government

For further information, contact: nss.nearme@nhs.scot or see www.nearme.scot

Near Me: public engagement outcomes report

Key findings

- Over 5,000 people responded to the public engagement and consistent themes emerged across all types of feedback received
- Strong support for the use of video consulting was found: 87% of the public and 94% of clinicians thought video consulting should be used for health and care appointments, providing it is appropriate for the consultation
- The public stated a small preference for use of video over phone consulting both during periods of physical distancing for Covid-19 and afterwards
- Health professionals identified a clear preference for using video consulting within the ongoing management of conditions, rather than in undifferentiated diagnosis
- The public and clinicians identified a wide range of benefits and some barriers of using video consulting
- Main benefits identified: improving access and convenience, and reducing the risk of infection
- Main barriers identified: digital connectivity (and other issues relating to digital exclusion) and lack of private space for video calls
- Service providers should stop making generalised assumptions about the groups of people who can or cannot use video consulting

Introduction

Near Me is an online video consulting service that enables health and care appointments to take place at home or close to home. It is procured for use across Scotland by the Scottish Government's Technology Enabled Care (TEC) Programme. Near Me is powered by the Attend Anywhere platform. Although Attend Anywhere has been available nationally since December 2016, use prior to the Covid-19 pandemic was relatively small and focused in rural and island areas. At the start of the pandemic (March 2020), a rapid scale up plan was introduced to accelerate the use of Near Me across Scotland. This was informed by, and only possible because of, the early work undertaken in 2017-19. Much of this work was funded by the TEC Programme's scale up challenge. In February 2020, there were around 300 Near Me consultations per week. By June, this figure had reached 17,000 per week, and this high level of use has been maintained ever since.

The early development of Near Me had taken a co-design approach, with significant patient and

professional involvement including choosing the name "Near Me". Therefore, a logical extension to this approach was to include a national engagement exercise as part of the rapid scale up of Near Me. Although a survey at the end of Near Me calls gives feedback from users, very little was known about the views of people who had not used Near Me. Therefore, the objectives of the engagement exercise were to:

- Understand the potential benefits and barriers of using video consulting for health and care appointments, from various perspectives both during Covid-19 and beyond.

"Very keen for this method to progress. Think this is a fantastic new way of working. I have a physical disability that restricts my mobility therefore this Near Me service would be so advantageous to improve my everyday life."

- Understand the views of people who had never used Near Me, including gaining insights about those currently excluded from using the service.
- Identify potential improvements to the Near Me service.
- Review the Near Me Vision and governance arrangements as appropriate.
- Raise awareness with service users and service providers about how Near Me can be used for health and care appointments.

Approach

The engagement exercise comprised significant awareness raising using social, local and national media. In addition, individual stakeholder engagement took place with both public and health professional groups: over 300 organisations were contacted. Although the vast majority of feedback was received via online surveys, the range of activities to engage other views by telephone and hard copy was a key approach (*Table 1*). Responses from the public and clinicians were received across all health board areas.

Healthcare professional responses were received from across professional groups and care settings. There was an even split across care settings: primary care (28%), secondary care (25%), community services (23%) and

Group	Type of feedback	Number of responses
General public	Online survey	4,025
Individuals	Survey by phone/writing	47
Individuals	Written	16
Marie Curie service users	8 focus groups	37
People with learning disabilities	Focus groups	25
People with disabilities	Various	12
People whose first language is not English	Phone	30
Carers	Virtual group	5
Organisations (public)	Written	38
Healthcare professionals	Online survey	1,147
Healthcare professionals	Written	14
Professional bodies	Written	4
Total		5,400

Table 1: Responses received to Near Me public engagement exercise

mental health services (19%). For professional groups, the split was: doctors (23%), nurses (20%), physiotherapists (13%), speech and language therapists (10%), psychologists (9%), occupational therapists (4%), dietitians (4%) and “other” including podiatrists, dentists, midwives, pharmacists, optometrists and health visitors making up the remainder.

An important part of this engagement exercise was the co-production of an Equality Impact Assessment (EQIA). This was to assess the potential impacts of protected characteristics, socio-economic factors, and remote and rural factors on the use of Near Me video consulting. Both the engagement activities and EQIA examined how video consulting could be made more accessible, both for specific protected characteristic groups and for the general public as a whole. It has not been possible to find an EQIA for other consultations types (eg, phone, face to face) which makes it difficult to compare the impacts on those with protected characteristics across the different consultation types.



Key findings

1. High acceptability for the use of video consulting

- Almost nine of ten (87%) public respondents thought video consulting should be offered for health and care appointments (*Figure 1*).
 - This figure was closely matched by those people who responded by phone or hard copy, with 81% of this group saying video consulting should be offered for health and care appointments.
 - For health care professionals, 94% thought video consulting should be offered
- for health and care appointments, with 4% unsure and only 2% thought video should not be used.
 - Public responses were analysed to control for gender, disability, age band, health board and previous use of Near Me. There was little difference in views between females and males (87% vs 88%) or for people with or without a self-reported disability (88% v 82%). Although a drop off in support for video consulting was seen in older age groups, it was a relatively small reduction (*Figure 2*).
 - One surprising result was the high percentage of females responding (80%) for which we have no explanation.

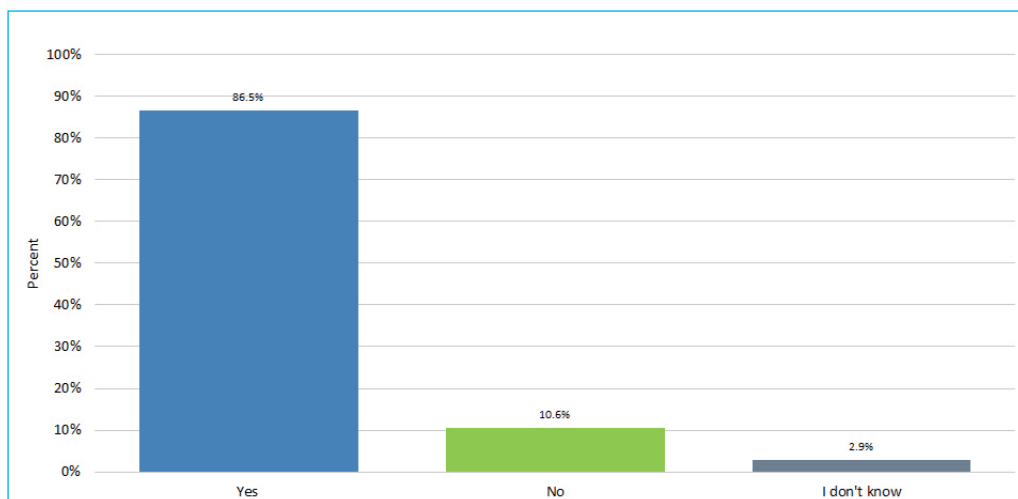


Figure 1: Public views - should video consulting be used for health and care appointments?

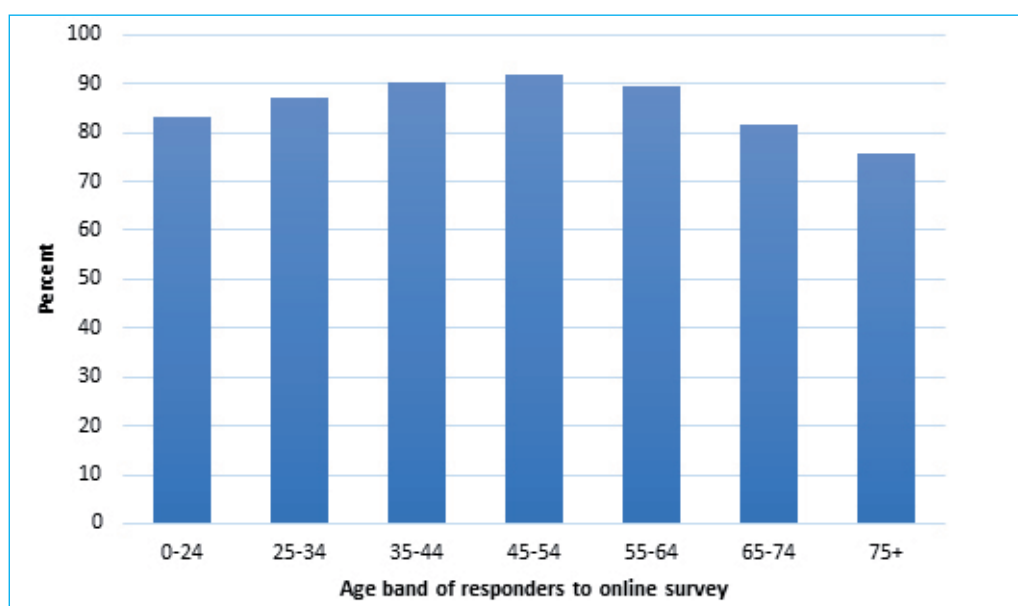


Figure 2: Public views on whether video consulting should be used for health and care appointments (% yes), broken down by age group

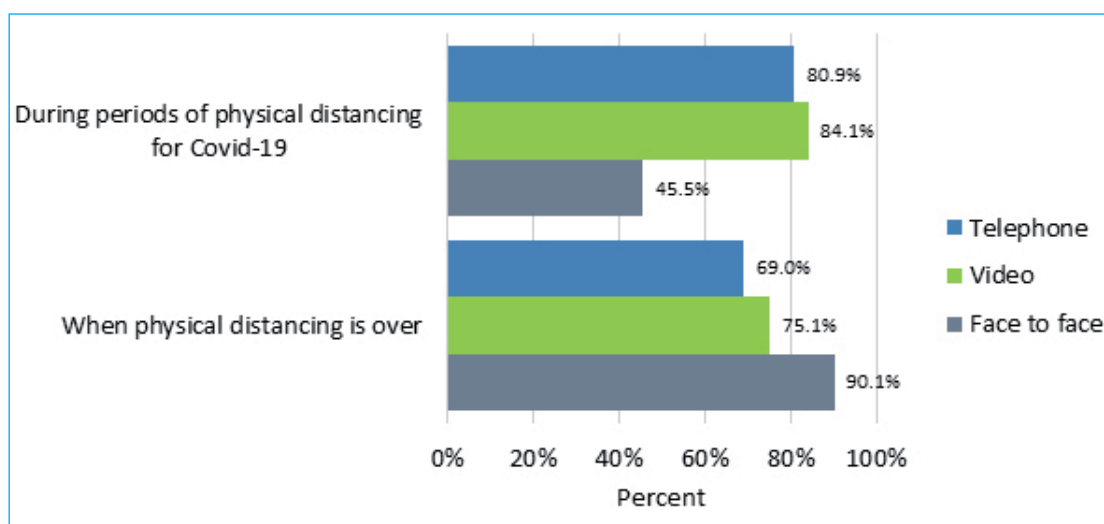


Figure 3: Public acceptability of different consultation types (respondents were asked to tick all they were comfortable with)

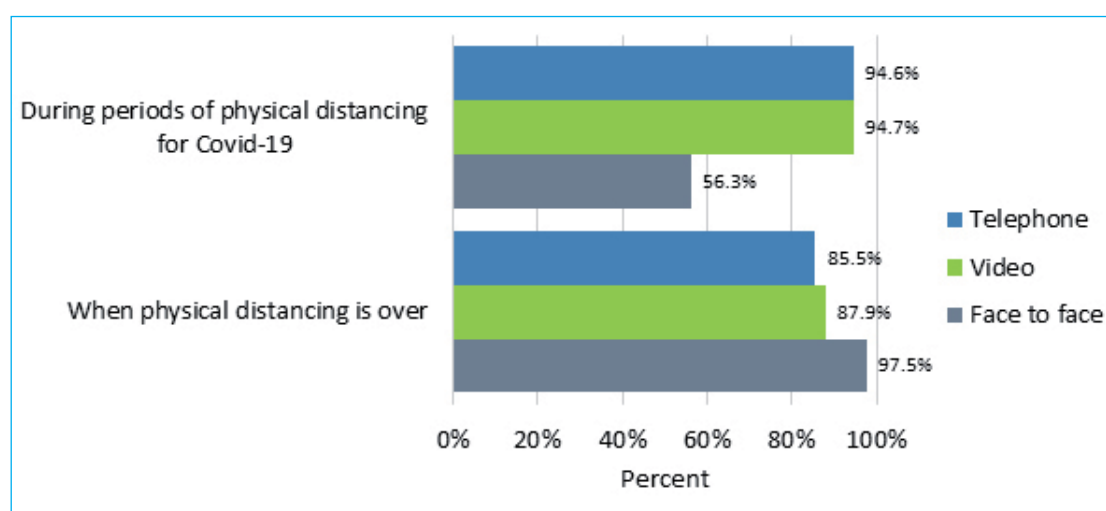


Figure 4: Health care professional acceptability of different consultation types (respondents were asked to tick all they were comfortable with)

2. Public preference for use of video over phone consulting

- The public stated a slight preference for use of video over phone consulting both during periods of physical distancing for Covid-19 and afterwards. Video was the most preferred option during periods of physical distancing, with face to face the most preferred option once physical distancing is over (Figure 3).

“I have no problem with this format of communication for those who are happy to use it. I just need to know that choice will be available.”

- This contrasted with the health care professional views who had a smaller preference for video over phone, and overall scored the acceptability of phone consulting more highly than patients (Figure 4).

3. Near Me has a wide range of potential use

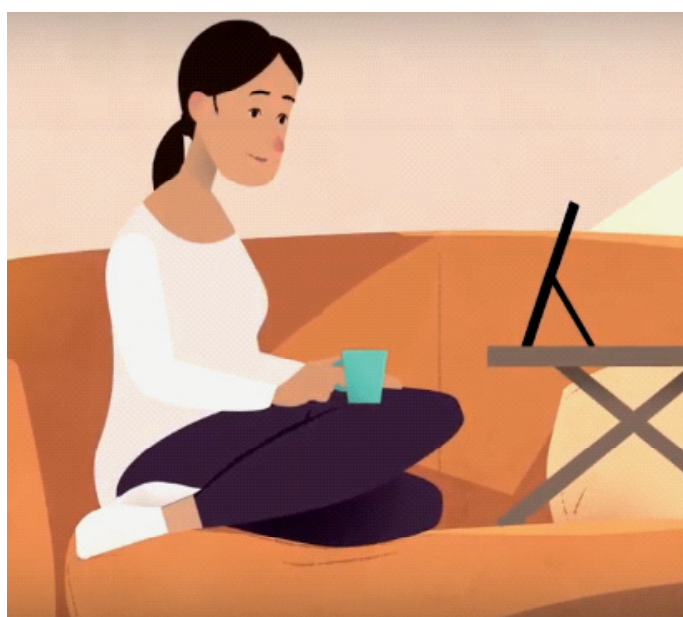
- Health professionals identified a wide range of potential uses for Near Me (Table 2, overleaf).
- A clear preference was identified for use of video consulting within ongoing management of conditions (eg, asthma, mental health conditions, various out-patient follow up appointments), rather

than in undifferentiated diagnosis (eg, first presentation of abdominal pain).

- Health professionals were also asked if there were any consultations when they would not use video: Three out of four who responded (75%) said there were some, with the most frequently cited being when a physical examination is required.
- This feedback backs up the positioning of Near Me as a tool that should be used where appropriate (considering clinical conditions, and patient factors including social circumstances and choice).

4. Benefits of video consulting

Both the public and health professionals identified the lower infection risk of video consulting as the number one benefit (*Table 3, overleaf*),



“ This video consultation would be so beneficial for residents in rural areas where public transport is so expensive and not frequent enough. It would transform many lives and encourage more people to access health services.”

which reflects the period in which this consultation took place (during the Covid-19 pandemic). Notably, this benefit was previously only described as a minor benefit for using video consulting (eg, to reduce people coming into GP practices with norovirus).

Health professionals perceived that the biggest benefits to patients were reducing the need to travel or take time off work, whereas the public scored improving access to services more highly. Another difference was in the importance of the environmental benefits which appeared in the public's top five rated benefits but was much lower in health professionals' perceived benefits for patients.

For health professionals' benefits for themselves, enabling patient access to services was key both in terms of wider access and delivering a method of consultation that patients requested.

The Equality Impact Assessment (EQIA) for Near Me identified the following benefits of Near Me (*see next page*):

Types of consultation	Health professionals agreeing can be provided by video
Advice and support	88%
Active management and/or treatment of an ongoing condition	73%
Review of long-term condition management (including medication reviews)	66%
Follow up after a procedure, operation or hands-on care	43%
Acute presentations	33%
Assessment before a procedure, operation or hands-on care	31%
Other	16%
Don't know	2%

Table 2: Types of consultations for which health professionals would use video

Top five benefits of Near Me video consulting (in descending order, biggest benefit first)		
Public views	Health professionals' views on benefits for their patients	Health professionals' views on benefits for themselves
<ol style="list-style-type: none"> 1. Lower infection risk 2. Improves access to services 3. More convenient 4. Saves time 5. Better for the environment 	<ol style="list-style-type: none"> 1. Lower infection risk 2. Reduces the need for patients to travel 3. Reduces the need for patients to take time off work 4. Saves patient time 5. Improves access to services 	<ol style="list-style-type: none"> 1. Lower infection risk 2. Enables wider access to my service 3. Helps me deliver a service my patients have requested 4. Better for the environment 5. Frees up resources within my service through reduced travel

Table 3 : Public and health professional views on the benefits of Near Me

- 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 health and care services through removing travel barriers. This is particularly relevant for people with disabilities, elderly/frail people, people suffering chronic pain, people with carer responsibilities, and people living in rural, remote and island communities.
- Reduced time off work or education to attend appointments was 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.

5. Barriers of using video consulting

The barriers for using Near Me were, overall, scored by the public and health professionals much lower than benefits.

In terms of disadvantages, both the public and health professionals identified poor internet connectivity and resulting poor call quality, and lack of access to a video calling device as the main issues (*Table 4*). The public rated a lack of private space for a video call more highly than health professionals anticipated, and health professionals over-estimated patients' need for support to connect calls.

For health professionals, in addition to poor quality of calls, the main disadvantages were concerns about missing something on video and a preference to see patients in person.

Top three barriers of Near Me video consulting (in descending order, biggest barrier first)		
Public views	Health professionals' views on barriers for their patients	Health professionals' views on barriers for themselves
<ol style="list-style-type: none"> 1. Poor internet connectivity 2. No private space for a video call 3. No or limited access to a device for video calling 	<ol style="list-style-type: none"> 1. Risk of poor quality sound/image or call dropping 2. Patients not having access to a video calling device 3. Patients needing support to connect a video call 	<ol style="list-style-type: none"> 1. Risk of poor quality sound/image or call dropping 2. Concerns about missing something on video 3. Prefer seeing patients in person

Table 4: Public and health professional views on the barriers of Near Me

“ Going forward there clearly needs a system in place for people who do not have computers; people who are not comfortable having appointments via video. We need a fair system for everybody.”

and those from low socio-economic backgrounds.

6. Improving accessibility of Near Me

The following themes were strongly identified to improve accessibility of Near Me video consulting (Figure 5):

- Improve digital access, both in terms of internet connectivity and access to devices.
- Consider introducing or expanding the idea of local hubs (such as those used in the Highlands), clinics or community-based borrowable devices where people can access Near Me if they do not have their own device or the private space for a consultation, or they lack skills to use video.
- Ensure there is choice over how consultations are provided, so that Near Me is used where it is both clinically appropriate and socially appropriate for an individual patient’s situation.
- Improve patient information about Near Me, for example, translated leaflets, awareness about how to make test calls,

“ The patients love it, and the clinicians avoid change and make every excuse under the sun as to why it won’t work.”

The Equality Impact Assessment (EQIA) for Near Me identified the following barriers:

- Attitudinal barriers resulting in limited use of Near Me for certain groups where clinicians or organisations may make general assumptions about video appointments not being appropriate for certain cohorts.
- Lack of a safe and confidential space to conduct a video appointment, particularly for younger people in a house with others, carers or those with disabilities and situations where domestic violence occurs.
- Lack of inclusive communication of Near Me information and patient resources limits use, especially for people where English is not their first language, have a learning disability or low literacy skills.
- People who are digitally excluded for whatever reason. Particularly for younger and older people, minority ethnic populations including gypsy travellers, homeless people, rural and remote communities,

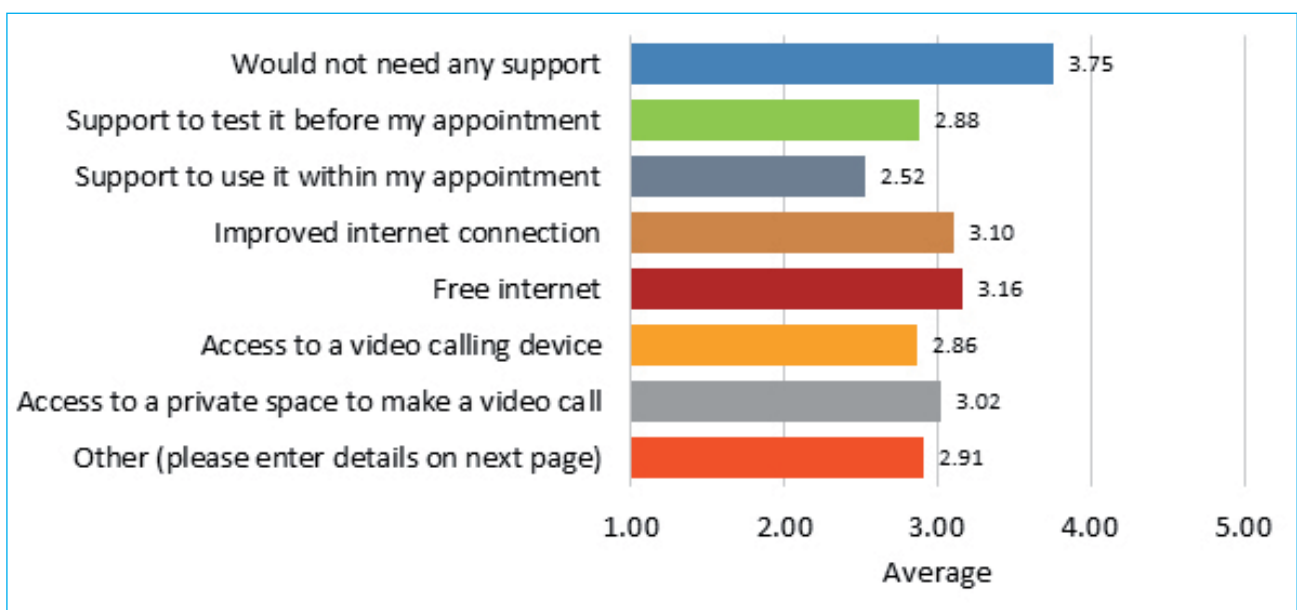


Figure 5: Public views on what would make it easier to use video consulting

and clearer information about how to involve interpreters or family members for support in video calls.

For health professionals, the top five actions to make video consulting easier to use were (in descending order of importance, ie, biggest to smallest impact):

1. Improving digital access to make it easier for all patients to use digital services.
2. Patients requesting video consultations.
3. Ability to provide mixed clinics (some face to face, some video) rather than all video.
4. Improved internet connection at the consulting location of choice.
5. Best practice guidance from professional bodies.

The EQIA examined how to improve accessibility of video consulting services in depth and made the following recommendations:

- 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 appointments by video.
- Continue to 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

“Near Me has provided a vital lifeline to health services and we would welcome its continued use when the current crisis ends.”



guidance materials for using Near Me, including easy read, languages other than English, visual, and bespoke to groups as required (eg, young carers).

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

Conclusions

This engagement exercise has demonstrated strong support for Near Me video consulting services from both the public and clinicians.

Going forward, health and care services should offer video consulting whenever it is appropriate, considering both clinical and social factors. This should be combined with person-centered choice to deliver the vision of care described in Realistic Medicine.

Service providers should stop making generalised assumptions about the groups of people who can or cannot use video consulting, and enable individuals to make their own choice whenever possible.

Further work is required to maximise the benefits of Near Me, including raising awareness of the service, increasing the use across services, addressing digital exclusion, improving patient information, and expansion and/or creation of local hubs for people to use Near Me.

Guidance to further embed the use of Near Me should be developed in collaboration with professional bodies, including use in social care and the wider public sector.

