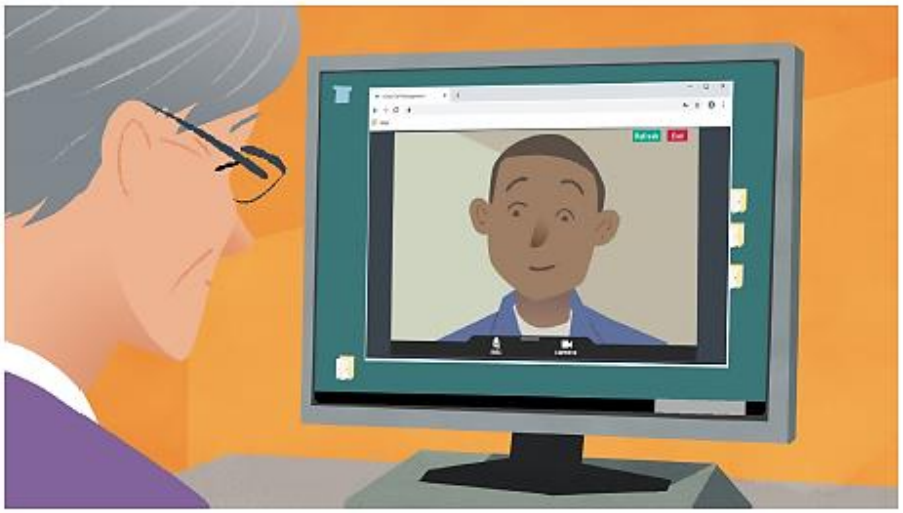
Near Me Public Engagement

Public and clinician views on video consulting
Full report
September 2020



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Acknowledgements

This public engagement exercise and the development of the Equality Impact Assessment (EQIA) would not have been possible without the co-operation and advice of many colleagues, members of the public and partner organisations. The unique circumstances of the Covid-19 pandemic posed some challenges to reach out to various audiences and required a high degree of co-operation. We are grateful for the advice from the Consultation Institute, Health Care Improvement Scotland (Engagement) and Care Opinion.

The EQIA was co-produced with 10 organisations, who are named in Appendix 2 of this report, and culminated with the publication of the first National EQIA for Near Me on 1st September 2020. We also acknowledge the work carried out by NHS Greater Glasgow and Clyde and NHS Grampian.

Colleagues from Scottish Government and the TEC programme helped to ensure that communications were joined up across the range of relevant portfolios. We also contacted over 300 organisations and invited them to feedback to the public engagement and a good number did. We would like to thank everyone who helped us to reach out.

The various organisations identified in the report, who carried out feedback with their own service users and staff, have added to the richness of the findings including important nuances around the benefits and barriers. We warmly welcome their contribution and ongoing support. The Scottish Commission for Learning Disabilities also prepared an easy read version of the public engagement survey and the British Deaf Association prepared a British Sign Language version of the survey. This is part of the commitment to ongoing engagement most notably with those who are not online or seldom online.

Local NHS board Near Me leads, communication colleagues and others across all NHS board areas helped to raise the profile of the public engagement. NHS Education for Scotland facilitated various webinars throughout July and August at which the engagement exercise was publicised. We also thank them for providing a webinar on 17 September 2020 at which this outcome report will be launched. Work to scale up Near Me was supported by Health Improvement Scotland, Care Inspectorate and Scottish Access Collaborative.

We have also been working closely with several health professional bodies to fully consider how the use of Near Me can be successfully used as an additional way an appointment can be offered. We welcome the endorsement of the recent update of the primary care guidance by the Royal College of General Practitioners Scotland, and of the guidance for pharmacy by the Royal Pharmaceutical Society and Community Pharmacy Scotland.

Finally, to the 5,400 who responded to the online surveys, took part in other feedback sessions or who wrote or phoned to offer their views we applaud you. The amount of feedback received has far exceeded any reasonable expectations, and in doing so, has provided us with a very happy 'problem' of analysing such a rich data set.

Our heartfelt thanks, therefore, also go to Dr Joe Wherton, Professor Trish Greenhalgh, and colleagues at Oxford University. They have kindly agreed to further analyse the data, as part of the wider national evaluation, they are currently undertaking on the scale up of Near Me, commissioned by the Scottish Government.

Our approach has been to respect to all views with the sole intention of trying to improve care and services. It is therefore perhaps timely to close with a simple quote received from the National Carers Organisation:

"*This is all about the people not the technology*."

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

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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 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.

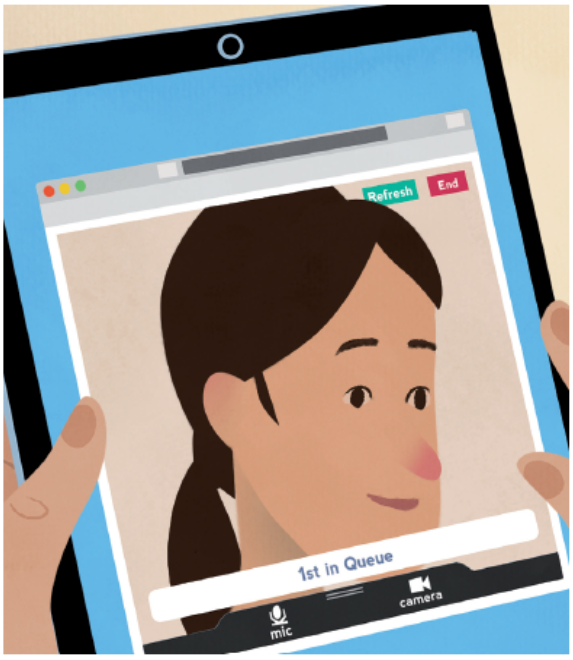
Approach

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 200 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.

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

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 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.

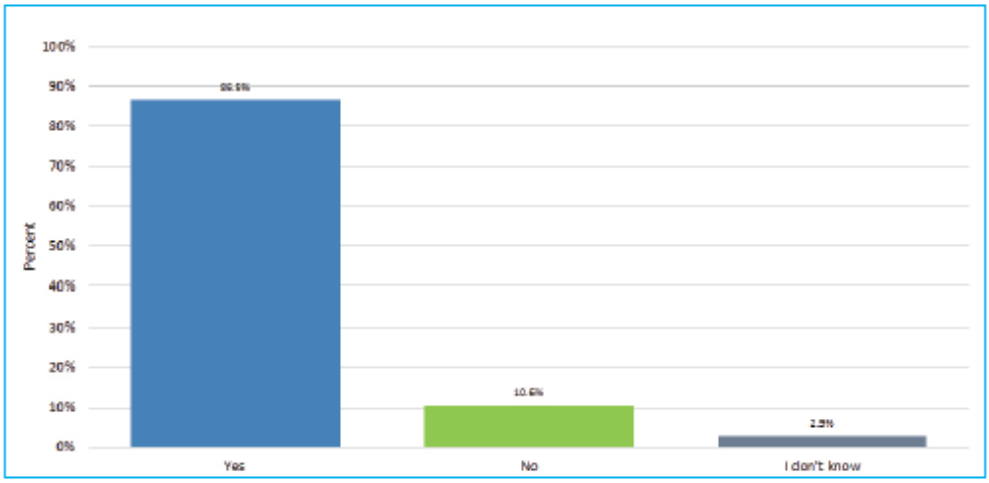


Figure 1: Public views - should video consulting be used for health and care appointments?

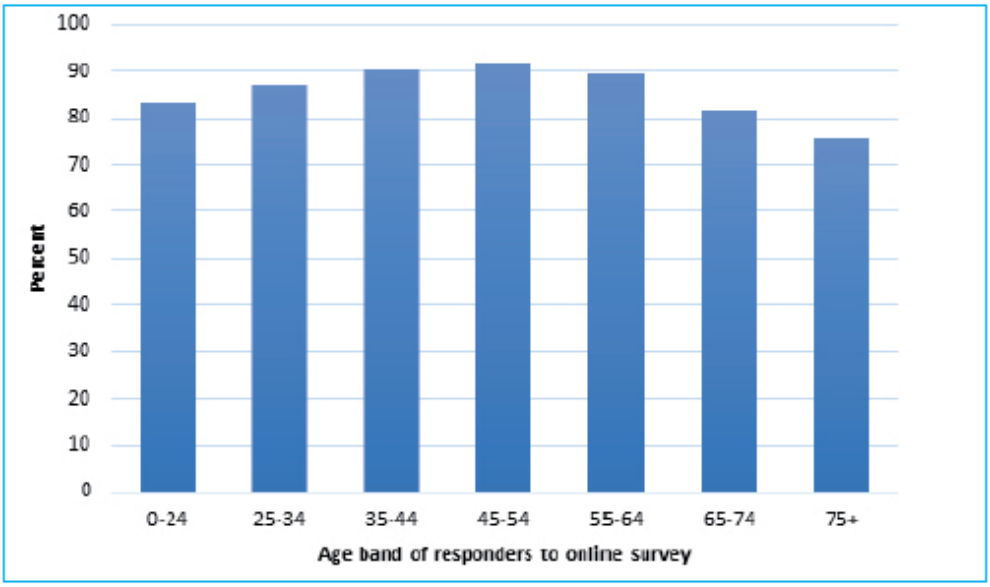


Figure 2: Public views on whether video consulting should be used for health and care appointments (% yes), broken down by age group

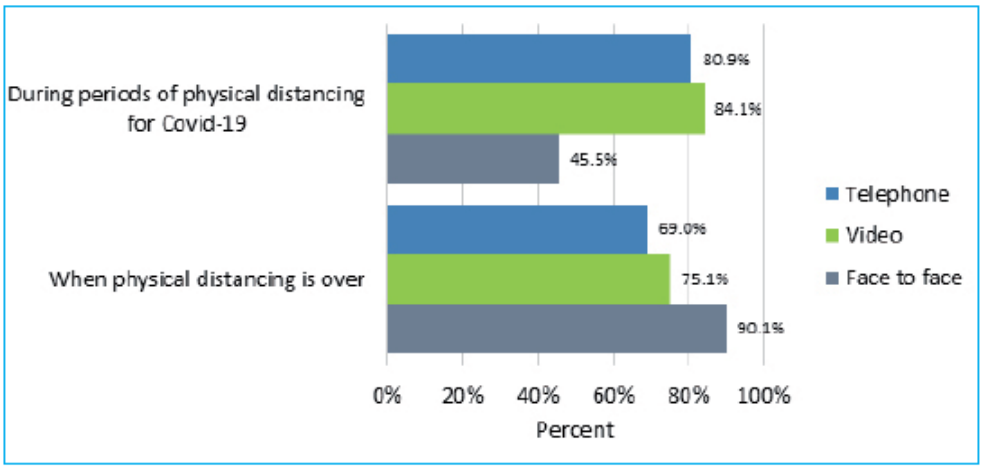


Figure 3: Public acceptability of different consultation types (respondents were asked to tick all they were comfortable with)

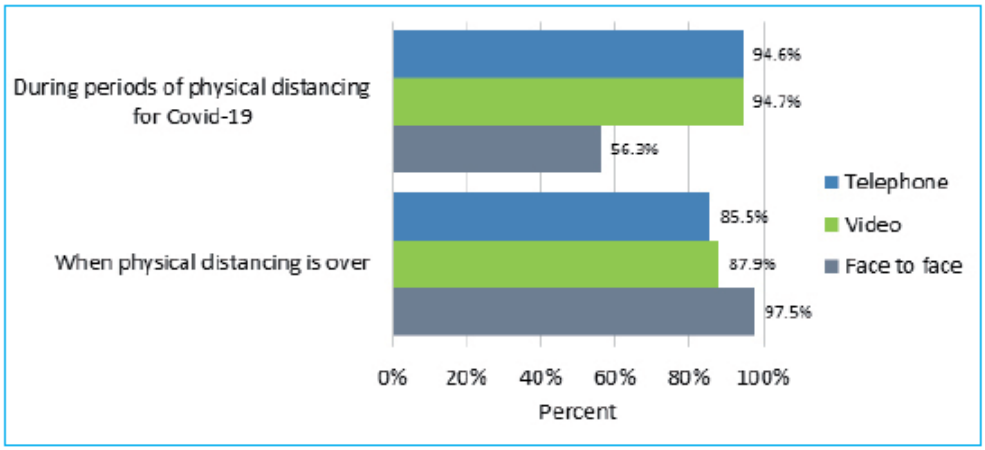


Figure 4: Health care professional acceptability of different consultation types (respondents were asked to tick all they were comfortable with)

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 also the most preferred option during periods of physical distancing, with face to face followed by video 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:

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
1. Lower infection risk 2. Improves access to services 3. More convenient 4. Saves time 5. Better for the environment	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	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
1. Poor internet connectivity 2. No private space for a video call 3. No or limited access to a device for video calling	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	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."*

The Equality Impact Assessment (EQIA) for Near Me 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, 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."*

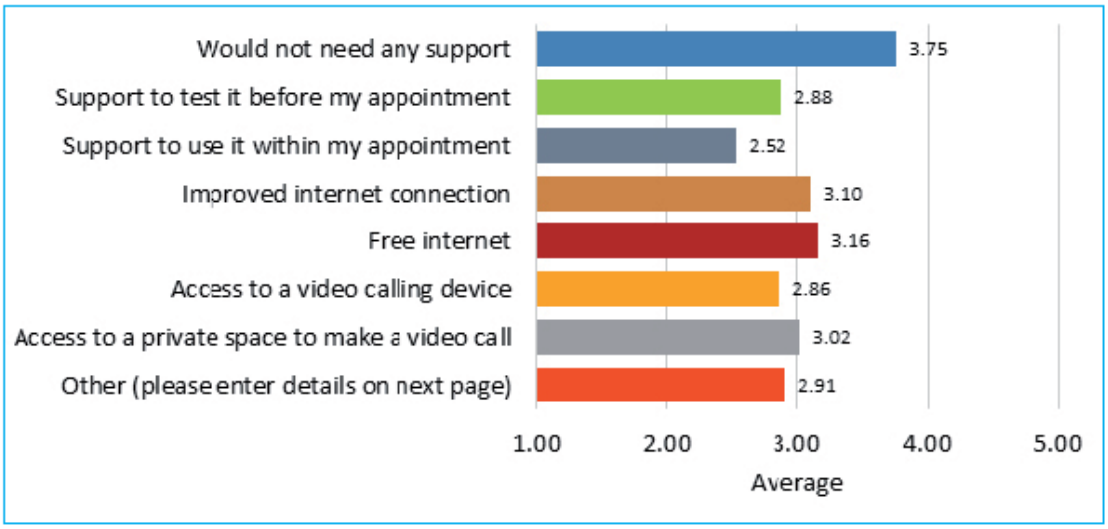


Figure 5: Public views on what would make it easier to use video consulting

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 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.

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

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.

1 Introduction

1.1 Background and strategic context

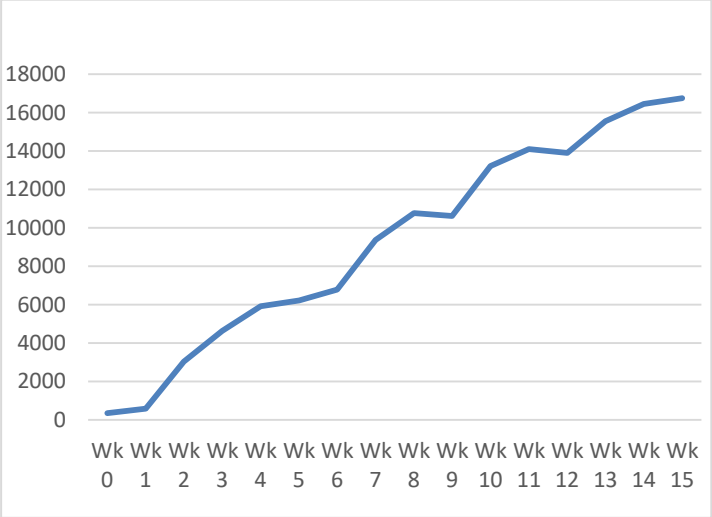
Near Me[1] is an online video consulting service enabling health and care appointments to take place at home or as close to home as possible. It is approved for use through the Scottish Government Technology Enabled Care Programme. Launched across Scotland in December 2016, a majority of its initial use in 2017-18 was in rural and island areas in NHS Highland and NHS Grampian, followed by some early use in other NHS boards in 2018-19. One of the main initial drivers was to reduce the need to travel long distances for hospital outpatient appointments.

To put this early use in context, in 2019, NHS Highland carried out 250 Near Me consultations per month and NHS Grampian 133 consultations per month. Moving on from the early implementation, the Technology Enabled Care Programme's Delivery Plan for 2019/20 "*Supporting service transformation Delivery*", published in April 2019, set out a target to deliver 3,000 video consultations per month across Scotland by March 2021.

Following on from this, to assess this early work, an independent evaluation was commissioned by the Scottish Government's Health and Social Care Analysis Department. This was carried out by the Department of Primary Care Health Sciences at Oxford University with field work taking place between August 2019 and March 2020 (i.e. pre Covid-19). The resulting report, "Evaluation of the Attend Anywhere / Near Me video consulting service in Scotland, 2019-20", published on 15 July 2020 provides further background on the development of Near Me in Scotland including the original policy context.[2]

Prior to the global pandemic Covid-19 hitting use of Near Me had started to slowly expand to around 1,200 consultations per month with almost all NHS boards adopting its use albeit to a limited extent (Appendix 1). However, use of Near Me was significantly scaled up as part of NHS Scotland's plans to reduce the spread of Covid-19 infection. So much so that by mid-May the number of Near Me consultations had risen to over 13,000 per week (=54,000 in May), and at its peak, in June 2020, 17,000 per week (=72,000 in June) (Figure 1, Appendix 1).

Figure 1 Number of Near Me consultations by week, from 1st March to 20th June 2020



[1] The initial brand was NHS Near Me which was co-produced by NHS Highland with patients. Subsequently the NHS was dropped and Near Me was adopted across Scotland to reflect use within care and other services. Attend Anywhere is the platform that powers Near Me. While all three 'terms' continued be used. Throughout this Report the term Near Me will be used.

[2] A further phase of the evaluation has been commissioned to explore the rapid scale-up in response to the COVID-19 pandemic. This will also be undertaken by Oxford University and is now underway.

1.1.1 Strategic vision for the delivery of Near Me appointments

Responding to the rapid scale up the Scottish Government's Technology Enabled Care team prepared a Vision with the aim of: 'delivering safe, person-centred and sustainable care through video consulting*'* which was endorsed by the Cabinet Secretary for Health and Sport in May. The Vision followed on from a strong policy context published during 2018 and 2019, including and most importantly, 'Personalising Realistic Medicine' positioning the delivery of the Vision firmly focussed on people not technology (Box 1).

Box 1 | Strategic policy context for development and roll out of Near Me video appointments: 2017 and 2019

September 2019 | Protecting Scotland's Future: The Government's Programme for Scotland 2019-2020

"Attend Anywhere [which powers Near Me] …will now roll out to primary care and social care services so more services can be delivered closer to people's homes."

April 2019 | Personalising Realistic Medicine

"*NHS Near Me enables us to provide appointments where patients want them, rather than expecting patients to fit their lives around the NHS. It reduces health inequalities related to access and limits the detrimental effects of having to travel for appointments - for frail patients and relatives, it is less exhausting; for others, less time needs to be taken off work or school*."

April 2018 | Digital Health and Care Strategy

"*Spread the use of video consultations direct from people's homes (including care homes)."*

April 2017 | *A* digital strategy for Scotland

"Realising Scotland's full potential in a digital world"

1.1.2 Governance arrangements

During Covid-19 to support the accelerated rollout of Near Me a National structure was developed including a '*Near Me Covid-19 Response National Group'* which is chaired by Dr Margaret Whoriskey (Head of Technology Enabled Care and Digital Healthcare Innovation) providing leadership and links into Scottish Government COVID-19 Gold, Silver and Bronze Command arrangements.

Prior to Covid-19 Near Me governance was through the Technology Enabled Care Programme Board which has recently transitioned into a new Digital Citizen Delivery Board. The focused work on communications and public engagement (March through to August 2020) reported through Dr Whoriskey, with the National Group responsible for overseeing the work including approval of this outcome report.

The Scottish Government's Technology Enabled Care team's forward plan (June to December 2020), published on 1st July 2020 included commitments to prepare a national Equality Impact Assessment and to carry out a public engagement exercise.

1.2 Timeframes

In May 2020, the Near Me leadership team confirmed that public engagement would take place including a public online survey (29th June to 24th July 2020[3]).

An update on the preparation for public engagement was provided to the Near Me Covid-19 Response National Group on 24th June. At the meeting it was proposed that a separate online survey for clinical staff should be carried out. Following this, a survey for health care professionals was produced in collaboration with clinicians, representatives from professional bodies, and with advice from Professor Trish Greenhalgh and colleagues at Oxford University[4]. This survey and other activities went live on 15th July and closed on 9th August 2020. Wider feed-back continued throughout August and early September.

1.3 Equality Impact Assessment (EQIA)

With a Vision to grow the use of a video consultation service, it was essential to co-produce a national EQIA for Near Me. Based on the available evidence, the first National EQIA was published by the Scottish Government Technology Enabled Care Team on 1st September. It assesses some potential impacts for each of the protected characteristics, socio-economic factors, and remote and rural settings. The co-production process, high level analysis and findings are described in the Full Report which can be found on the Technology Enabled Care website. For the purposes of this report summarised in Appendix 2.

1.4 Public engagement activities

Full details on how the public engagement exercise took place are described in Appendix 3. The objectives, approach to raising awareness and summary of the number and range of responses is briefly set out below. This is to provide some of the context as to how the exercise was conducted.

1.4.1 Objectives of public engagement

- 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
- To gain insights about those currently excluded from using the Near Me service
- To identify potential improvements to the Near Me service
- To raise awareness with service users and service providers about how Near Me can be used for health and care appointments
- To review the Near Me Vision and governance arrangements as appropriate

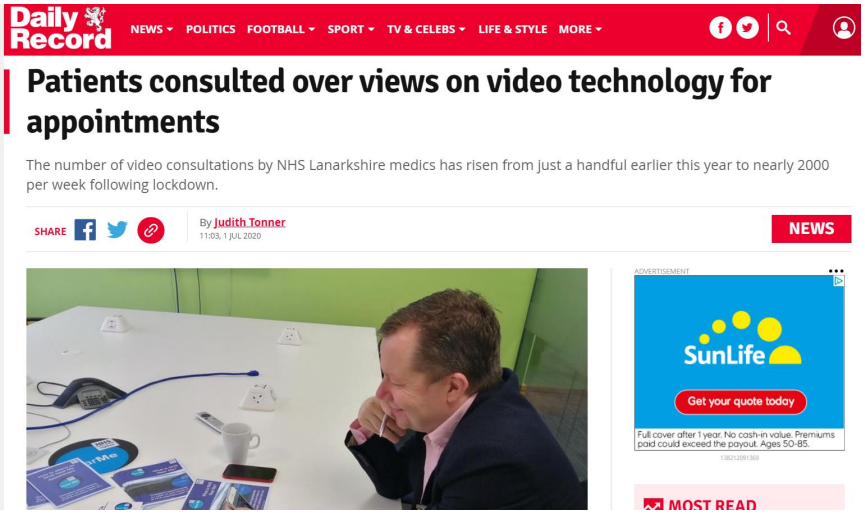
1.4.2 Raising awareness

Stakeholders were contacted in June and July, and a range of activities were carried out to raise awareness and facilitate feedback. Following various communications with stakeholders (correspondence, phone calls, emails, twitter, and virtual meetings), 12 organisations undertook to facilitate feedback (or had internal processes in place) from their service user and professional perspectives. The methodology adopted by each organisation is briefly described in Appendix 3.

[3] Following various requests, the public on-line survey was later extended to 31st July.
[4] It was considered not to be workable to prepare a single survey for all staff, and so in the first instance, a priority was given to health care professionals reflecting current highest users of the service. It is acknowledged that further work may be required around other staff groups and settings including social care and management.

Following a period of informal engagement (May and June) on 29th June 2020, the public engagement was launched on social, local, and national media. Tailored local media releases were prepared for all 14 territorial boards and issued to over 120 print, online and broadcast media across Scotland. This was a deliberate approach to try and reach more local audiences including those not online. The media releases included a telephone number and an email address for follow up contact. Local media covered the story in all board areas (Box 2).

Box 2 | Example of local media coverage



1.4.3 Summary of feedback

The number of responses received by audience and activity are summarised (Box 3).

Box 3 | Number and range of responses received

Audience	Feedback method	No.[5]	Notes
Public (general)	On-line survey	4,025	
Health care professionals	On-line survey	1,147	
Individual	Survey completed over phone/hard copy	47	
Organisations (public)	Written response	38	Refer to table 7
Marie Curie service users	Report on eight focus groups	37	
People whose first language is not English	Telephone interviews	30	
Learning disabilities	Notes from virtual focus groups	25	
Individual (public/patient)	Written responses	16	Refer to table 6
Individual (Health care professionals)	Written responses	14	
People with a disability	Various	12	Report available
Carers	Coffee morning, zoom	5	
Professional bodies	Written response	4	
	Total number of responses	**5,400**	

[5] Note. Number of responses from other sources (not online survey) = 228

1.5 Scope of this report

This report includes preliminary findings from the national public and clinical engagement carried out between June and August 2020. For the purposes of this report only work undertaken or directed by the National team or submitted as part of the engagement is included (see out of scope below). Feedback, in various guises, continued to come in throughout August and as far as possible has been included.

1.5.1 Out of scope

This public engagement exercise represents only one of the approaches being taken to engage and facilitate feedback on the use of Near Me. There are a range of other activities which have taken place (and ongoing) around the use of video consultation both at national and local level in Scotland, as well as further afield, including:

- National pop up survey offering patient/service user to complete an online survey at the end of their Near Me consultation[6]
- Work to co-produce the National Equality Impact Assessment and patient information resources[7]
- Evaluation of staff experiences using Near Me carried out by Allied Health Professionals
- Case studies and feedback facilitated through Health Improvement Scotland and others[8]
- Ongoing engagement carried out by local boards, for example Greater Glasgow and Clyde carried out their own online survey
- Work being progressed by Connecting Scotland on Digital Exclusion https://connecting.scot/
- Independent Evaluation of Near Me service by Oxford University, published July 2020
- Other research findings in Scotland by clinicians providing Near Me Service[9]
- Ongoing work across the UK as part of response to Covid-19 including the
- Health Foundation and other research and surveys[10]
- Ongoing work by the Institute for Healthcare Improvement on telehealth (to which the Near Me National Lead contributed)
- Virtual visiting

[6] These data are being analysed by Public Health Scotland and is due to report in the autumn. Survey was updated in summer 2020 and now includes additional questions on experience and enablement
[7] Such activities have also involved significant engagement and helped to build relationships, and support for the wider public engagement activities
[8] https://ihub.scot/news/using-quality-improvement-to-rapidly-implement-nhs-near-me/
[9] Video consultation for new colorectal patients (6 July 2020)
[10] https://www.eadt.co.uk/news/digital-health-and-care-survey-suffolk-1-6784516

1.6 Scope of the analysis and discussion

This is not an academic study and there is only very limited reference to other reports and studies. No statistical analysis of significance has been carried out. It was recognised, however, that the amount and range of feedback was considerable and worthy of further analysis. To support with this, the Oxford University team evaluating Near Me has agreed to look at the data and this report and, as they deem appropriate, carry out more detailed quantitative and qualitative analysis and some wider literature review. This will be included within their current contract with Scottish Government, as described earlier, with their findings due to be published later this year.

During the public engagement extensive use was made of Twitter to promote and engage around the use of Near Me including patients and staff experiences and views. It is not proposed to analyse this content though it might make for an interesting study.

Carrying out a national public engagement exercise during a pandemic and to get the number and range of responses is of interest. For the purposes of this report, however, discussing the process and approach in more detail is out of scope.

1.7 Structure of this report

This report describes the public engagement exercise (public, staff, and partners) and presents the preliminary findings based on a wide range of feedback including both qualitative and quantitative analysis. It explores the potential benefits and barriers around the use of Near Me video consultations across health and social care in Scotland from varying perspectives and under different circumstances.

The remainder of the report is structured around four main sections:

- Analysis of feedback from public and partner organisations
- Analysis of feedback from healthcare professionals and organisations
- Discussion, focusing on benefits, barriers, and improvements
- Recommendations

2 Analysis of responses to the online public survey

2.1 Introduction

The online public survey was launched on 29th June and closed on 31st July with 4,025 responses received. The questions explored views on a range of factors around current and future use and possible benefits and barriers of having an appointment by video. The list of benefits and barriers were pre-set based on experience from the Near Me leads and feedback from public members, third sector organisations and health care professionals as part of co-producing the survey. Nevertheless, there was the option to offer further suggestions and wider critique.

2.2 Methodology

2.2.1 Quantitative analysis

The survey was anonymous, and no ethical approval was required. The survey tool with analytics and graphics used was QuestBack.

Simple descriptive analysis has been undertaken including some cross tabulation to look at the relationship between a range of variables and whether this altered findings. Analysis was not carried out to consider statistical significance between some of the responses. Further analysis will be carried out on the full data set through Oxford University.

2.2.2 Qualitative analysis

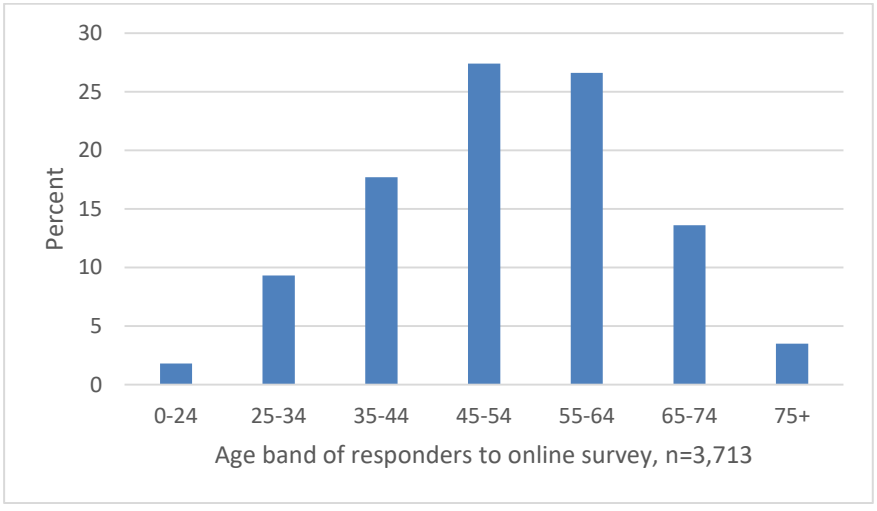
For several questions there was an opportunity to expand on answers (via free text comments). The large sample size offers opportunities to explore themes in more detail but was outside of the scope of the initial analysis. They were however informally reviewed.

2.3 Summary of who responded to the online survey

2.3.1 Demographic profile

The demographic profile of the survey respondents is summarised. Age of responders ranged from 16 to 92. Over half (54%) were in the age bands 45-54 and 55-64 (combined). Slightly more people responded in the over 75 band, when compared to 0-24. There was a heavy bias towards female responders (81%) (Figure 2 and Table 1).

Figure 2 Distribution of responses by age band



Of the respondents who provided their ethnicity, 97.5% identified themselves as white. Around one in five (18.1%) considered themselves to have a disability (Table 1).

Table 1 Demographic profile of responders to online survey

Characteristic	Category	No.	Percent
Gender	Male	724	18.7
	Female	3133	80.9
	Non-binary	16	0.4
		3,873	
Age band	0-24	67	1.8
	25-34	346	9.3
	35-44	657	17.7
	45-54	1,019	27.4
	55-64	989	26.6
	65-74	506	13.6
	75+	129	3.5
	Total	3,713	
Self-reported disability	Yes	702	18.1
	No	3,172	81.9
	Total	3,874	
Ethnicity	White	3,723	97.5
	Mixed or Multiple ethnic groups	26	0.7
	Asian	30	0.8
	African	6	0.2
	Caribbean or Black	4	0.1
	Other, ethnic group	30	0.8
	Total	3,819	

Responses were received from across all 14 territorial health boards with only a small number of respondents stating that that they did not know what their health board was. Five health boards accounted for some two thirds of all responses to this question (Table 2).

Table 2 Responses to online survey by health board

Health board	Population of health board	Number responses	Percent of responses	Number per 100k[11]	Rank
I do not know			*0.3*		
NHS Ayrshire & Arran	369,670	290	7.4	78	7
NHS Borders	115,270	56	1.4	49	12
NHS Dumfries & Galloway	148,790	102	2.6	69	9
NHS Fife	371,910	179	4.5	48	13
NHS Forth Valley	306,070	239	6.1	78	7
NHS Grampian	584,550	671	17.1	115	5
NHS Greater Glasgow & Clyde	1,174,980	512	13.0	44	14
NHS Highland	321,800	307	7.8	95	6
NHS Lanarkshire	659,200	355	9.0	54	11
NHS Lothian	897,770	510	13.0	57	10
NHS Orkney	22,190	60	1.5	270	2
NHS Shetland	22,990	47	1.2	204	3
NHS Tayside	416,080	521	13.2	125	4
NHS Western Isles	26,830	76	1.9	283	1
	Total	3,925			

2.3.2 Awareness, experience, and confidence

Before participating in the survey almost six out of ten (58%) of respondents had heard about the Near Me service; 41% stating they had not, and less than one percent were '*unsure*'. One in four (25%) had prior experience of a Near Me video appointment (c.f. 75% who had not).

More generally, most participants had experience of using a range of video conferencing systems for social reasons, work, and/or education. Of the seven systems listed the most frequently used were WhatsApp (74%), Zoom (67%) and Facebook messenger (61%). Less than one in ten (8%) did not use technology for social reasons or work purposes (Table 3).

Table 3 Percentage of responders by use of devices

Device	Percent
WhatsApp	73.9%
Zoom	66.6%
Facebook Messenger	61.3%
Facetime	53.0%
Skype	40.2%
Microsoft Teams	36.9%
Other	10.6%
None	7.8%
Google Meet	6.9%
Number of responses	3974

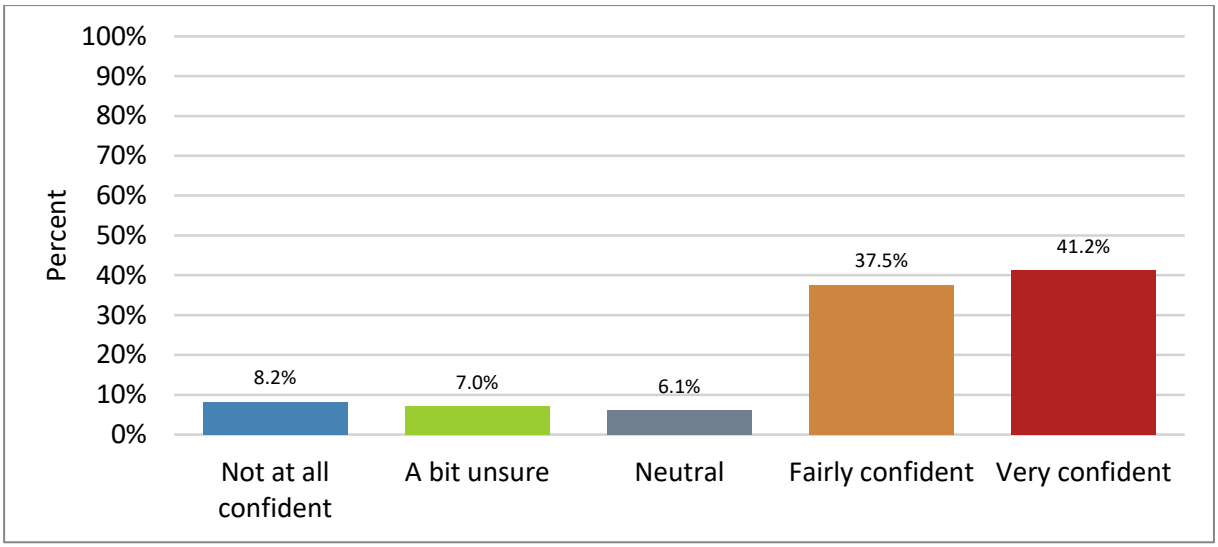
Access to a video calling device, like a smartphone, tablet or computer with webcam was very high (95%); four percent responded that they did not have access to such a device and

[11] This is to adjust for the size of population covered by each board

one percent ‘did not know’. The four percent are interpreted as having access to a device but with no webcam.

Almost four out of five (78.7%) who responded stated that they were confident using video calls (Figure 3).

Figure 3 Self-reported degree of confidence in using video calls



2.3.3 How representative is the survey?

To help interpret the results, the characteristics of survey respondents were compared with best known estimates for Scotland.

Similar, to other public consultations, female respondents were over-represented and, in this case, considerably so (80%) compared to 51.5% in the general population and consequently males very under-represented (18.7%) versus 49.5%. This was even more marked than typically reported.

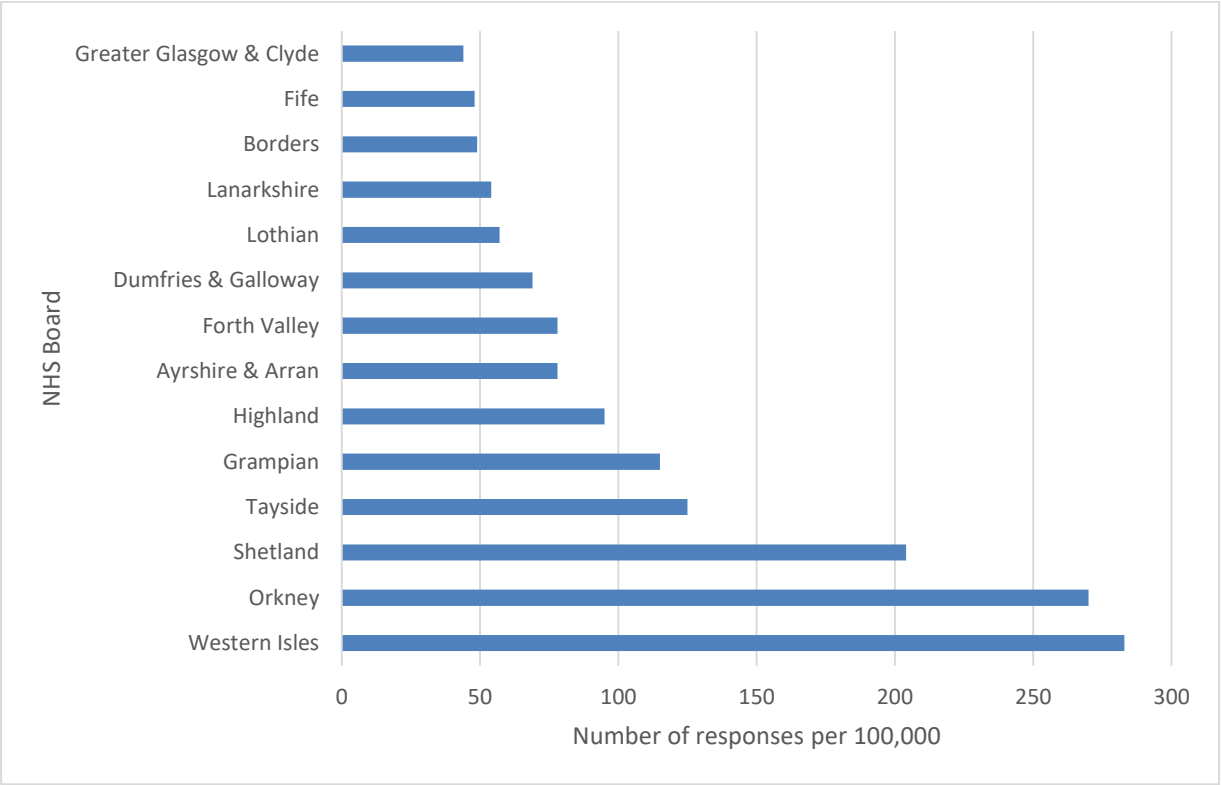
As of 30th June 2019, Scotland’s population was 5.46 million, according to statistics published by National Records of Scotland (April 2020). In 2019, just under one in five people (19%) in Scotland were aged 65 and over. In this survey 17.1% of those who responded were 65 or over. The working age group (aged 16-64 years) make up 64% of the population whereas in this survey represented around 80%.

The ethnicity of survey respondents was slightly under representative when compared to the estimates reported in the 2011 Census.

The number of people responding to the survey who reported as having a disability (18.1%) which was close to the 2011 Census estimate of 20%. Based on the Scottish Surveys Core Questions 2020, however the figure is slightly higher with 25% of adults in Scotland reported as having a limiting long term physical or mental health problem

While five health boards accounted for some two thirds of all responses, when adjusted for size of population covered by each health board, all island boards had proportionately more responses, and of the mainland boards, NHS Tayside, followed by NHS Grampian and NHS Highland had most responses per 100,000 (Figure 4, Table 2).

Figure 4 Number of responses by health board area, per 100,000

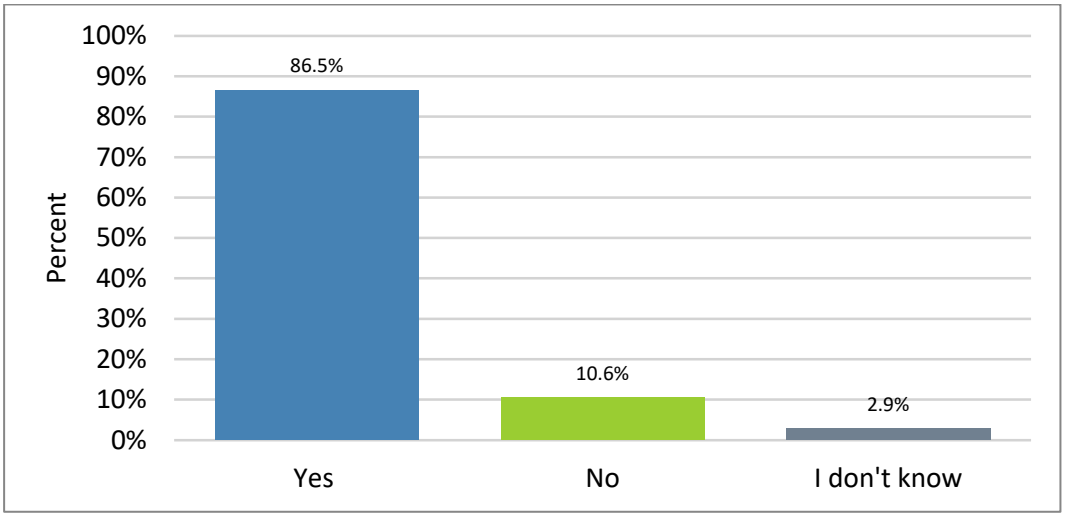


2.4 Findings on views on having health and care appointments by video

Should video consulting should be offered for health and care appointments?

Almost nine out of ten people (86.5%) thought that video consulting should be offered for health and care appointments (as appropriate such (Figure 5).

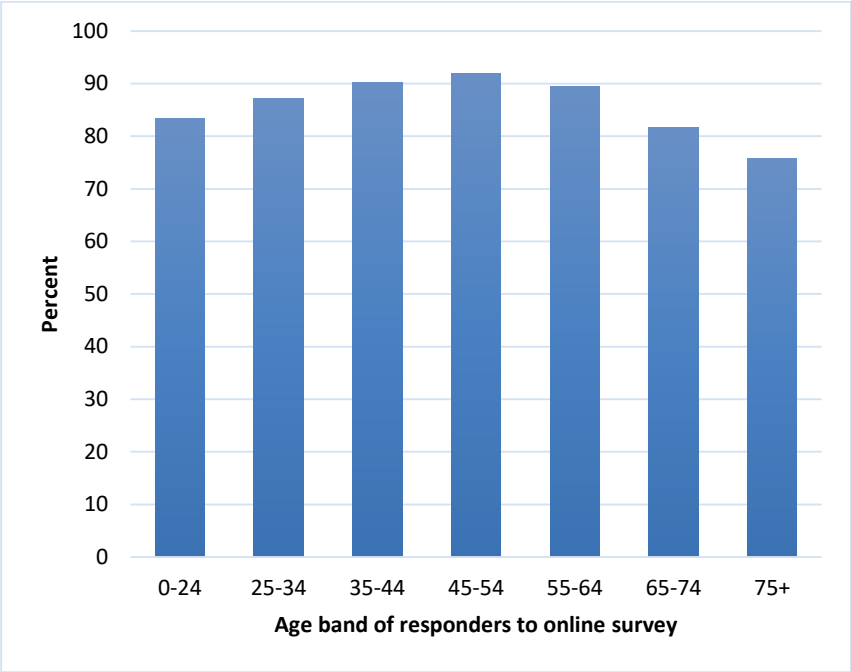
Figure 5 Views on use of video consulting for health and care appointments?



The analysis was re-run to control for gender, disability, age band, health board, previous use of Near Me and support for appointments by video. There was little difference in views between females and males (87.1% vs 87.8%) or for people with or without a self-reported disability (88.3% v 81.6%).

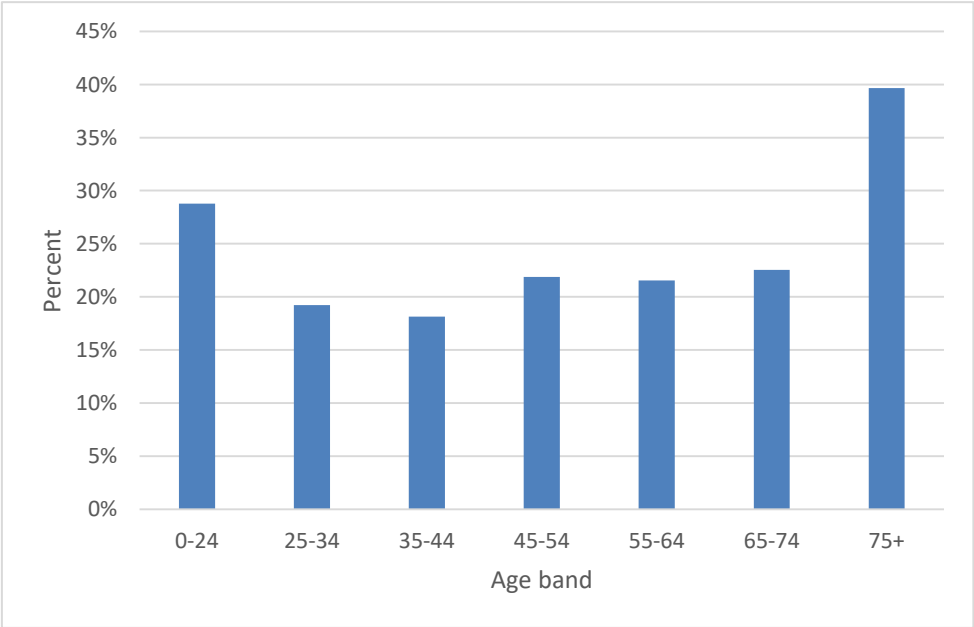
Respondents aged 35 to 64 were more likely to be supportive of video consulting ranging from 90-92%. There was a drop-off in older age groups 65-74 (82%) which further reduced in 75+ age band to 76% (Figure 6).

Figure 6 Should video consulting be offered, by age band



Those who were aged 75 and over were more likely to feel they would benefit from some support to use Near Me, followed by those who were 24 and under (small sample), Figure 7.

Figure 7 Percent who would benefit from support to use Near Me, by age band

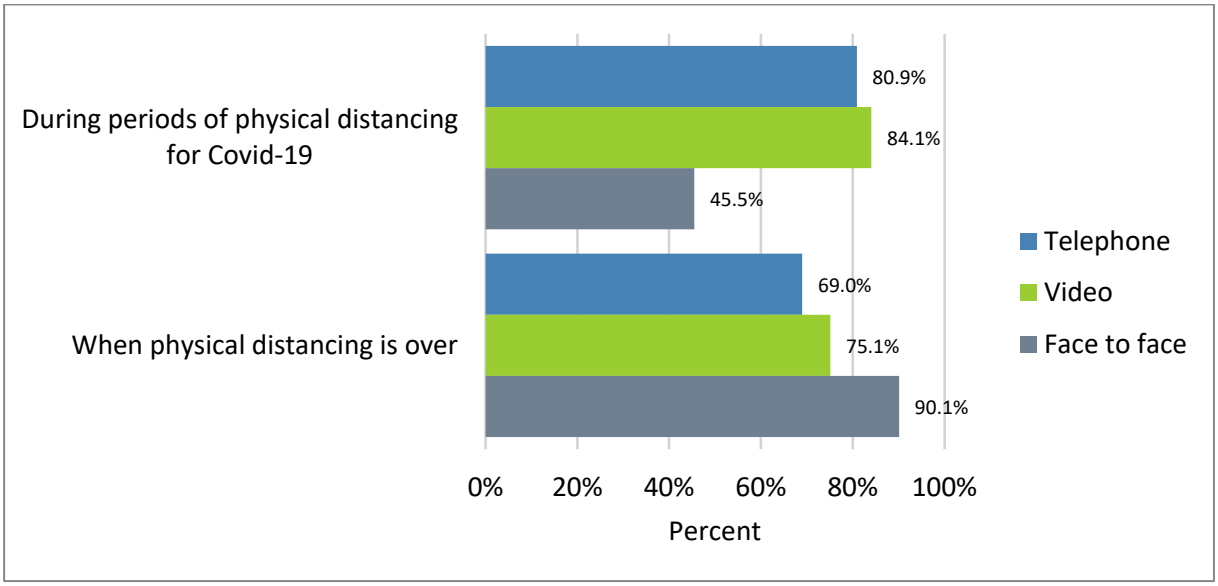


There was some variation in health board on who thought Near Me appointments should be offered ranging from 83% to 89%. The only notable exception was for NHS Shetland where 96% responded that video consultations should be offered (N=47). Previous use of Near Me made it slightly more likely to recommend the use of Near Me (90.5% v 84.3%), statistical significance not tested.

Preferences

Respondents were asked to consider their preferences around three types of appointments: face to face, telephone and video consultation (Figure 8).

Figure 8 Preferences by appointment type and physical distancing



During Covid-19, video (84%) was slightly preferred over telephone (81%) with less than half (46%) selecting face to face.

For all three appointments types, preferences would change, once physical distancing is over; respondents were now twice as likely to prefer a face to face appointment (90% v 46%). Notably, however, appointment by video was still preferred over the telephone (75.1% v 69%).

Just over half (54%) described certain scenarios where they thought video would not be appropriate for them. This generated a list of almost 2,000 free text comments (1,983). These will be explored in further detail as part of Independent Evaluation including comparing views of the public versus healthcare professionals.

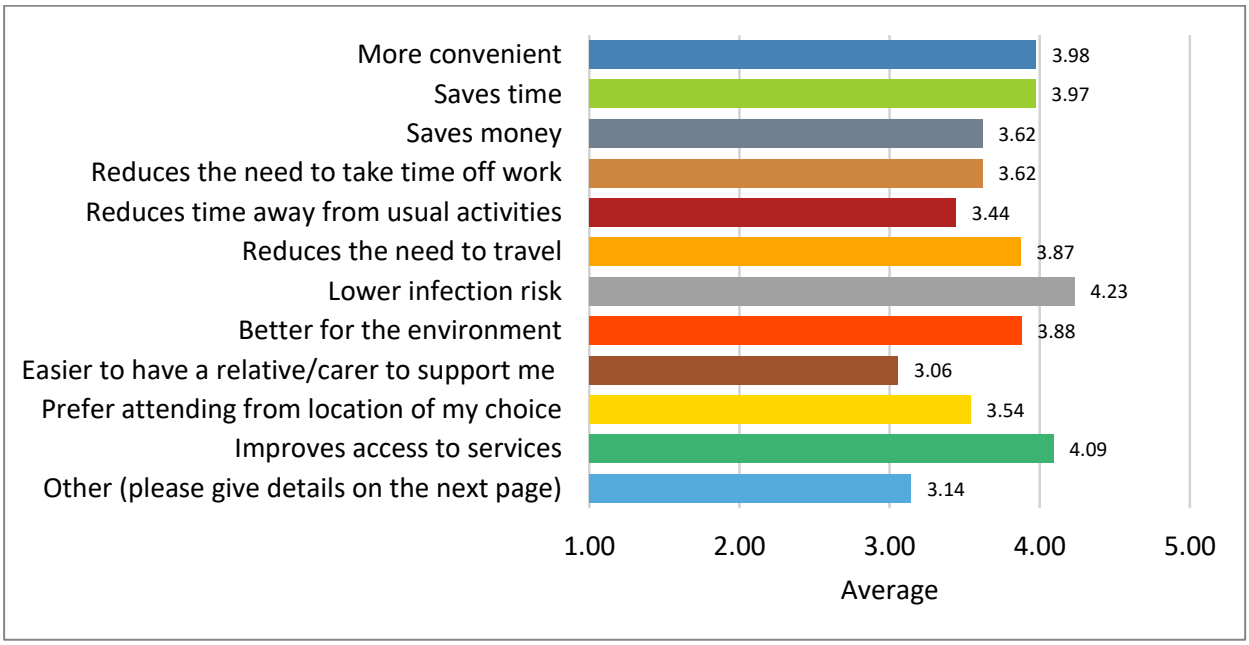
Benefits and barriers

The survey included questions on possible benefits (advantages) and barriers (disadvantages) of having an appointment by video consultations. Average scores are calculated and go from 1 (strongly disagree) to 5 (strongly agree).

Benefits

From the list of possible benefits of using Near Me respondents were asked to rate the importance to them. Overall average scores ranged from 3.1 to 4.2, where a lower score indicates that respondents considered the feature to be less of a benefit Benefits that scored the highest (i.e. favourable) were lower infection risk (4.2), improved access to services (4.1), with more convenient and saves time both scoring 4.0 The potential benefit which scored lowest was '*easier to have a relative / carer to support their appointmen*t' (Figure 9).

Figure 9 Relative importance of potential benefits of video consulting



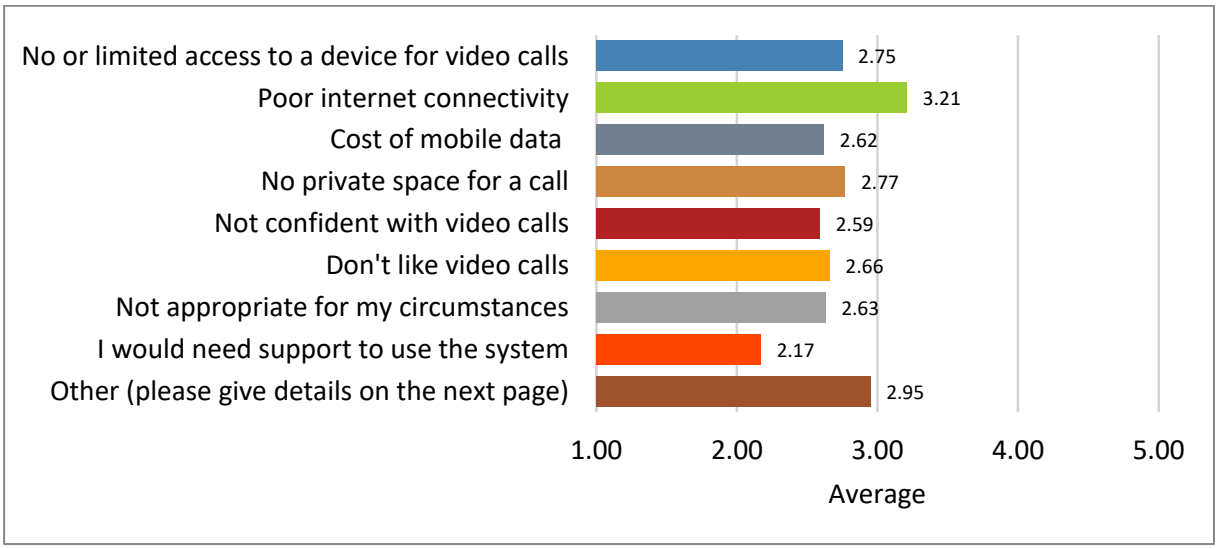
Over 1,000 free text comments were submitted for this question. These were wide ranging including setting out additional benefits as well as responding that some of the options listed were not a '*benefit' from some people's perspective*. These free text comments require detailed quantitative analysis to determine any themes or extremes.

A breakdown of the benefits – showing significance of each – is presented on page 28.

Barriers

Turning to the potential **barriers,** the range of relative scores were overall lower 2.2 to 3.2. Poor internet connectivity (3.2), no private space for a call and no or limited access to a device (2.8) were felt to be the biggest barriers to overcome. The category that scored highest was 'other' with over 2,500 free text comments provided which are still to be analysed (Figure 10).

Figure 10 Relative importance of potential barriers to video consulting



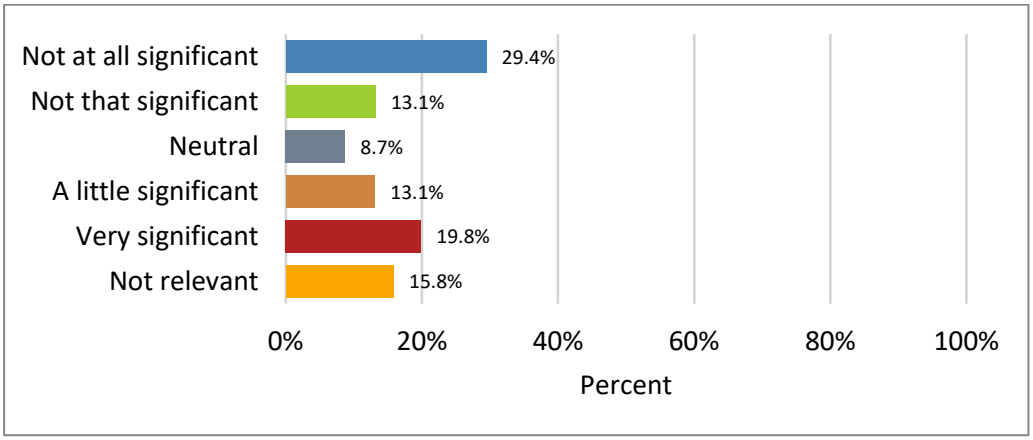
A breakdown of the barriers – showing significance of each – is presented on page 29.

When responses were grouped into either positive or negative (ie, “very significant” and “a little significant” combined) this had no change in the order of the top three barriers (Table 4 and Figure 11).

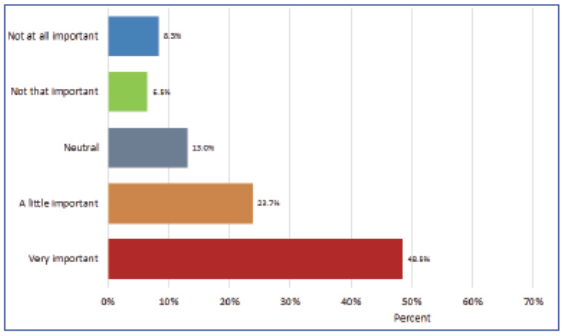
Table 4 Different barriers by level of significance and by rank order

Barrier	Percent Significance	New rank order	Original rank order
Poor internet connectivity	45.6	1	1
No private space	32.9	2	2
No or limited access to a device	32.2	3	3
Not confident with video calls	29.2	4	7
Do not like video calls	29.0	5	4
Cost of mobile data	28.0	6	6
Not appropriate for my circumstances	24.4	7	5
I would need support to use the system	19.1	8	8

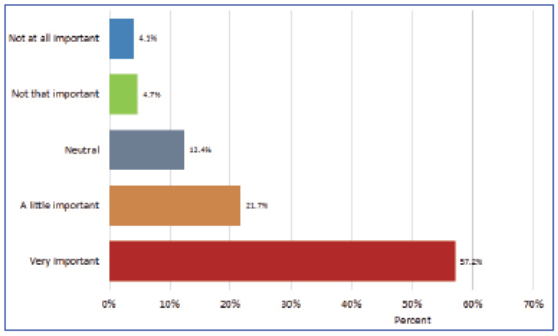
Figure 11 No private space for a call by level of significance



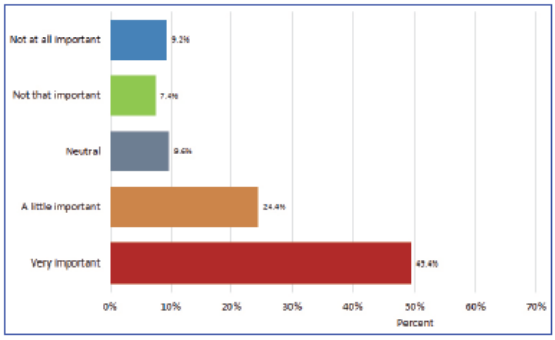
Public online survey results: benefits of Near Me



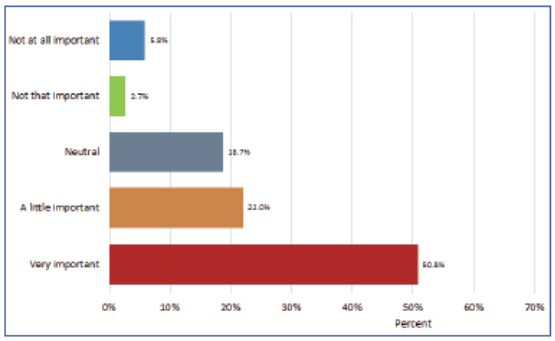
More convenient



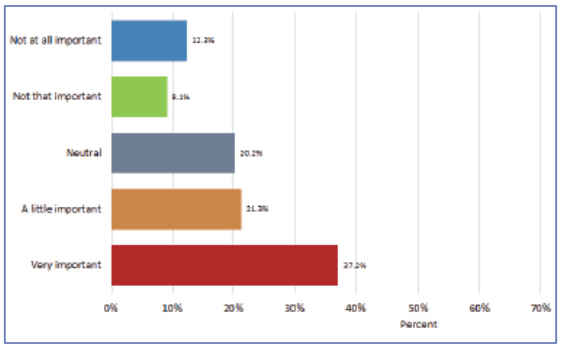
Lower infection risk



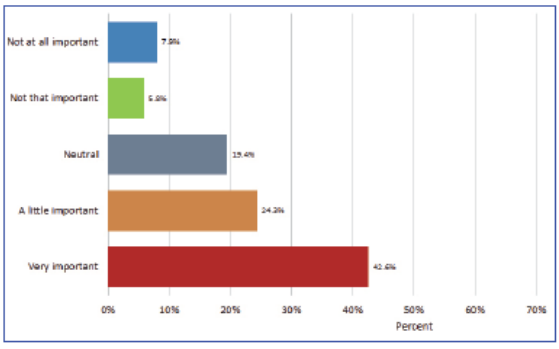
Saves time



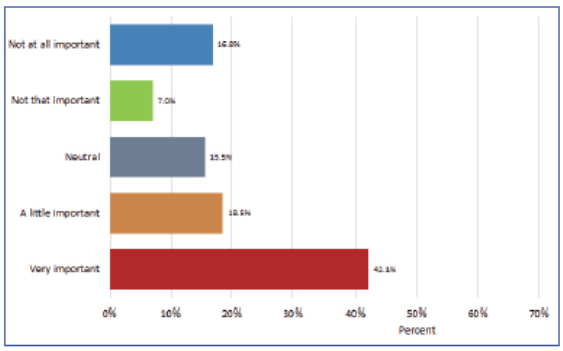
Improves access to services



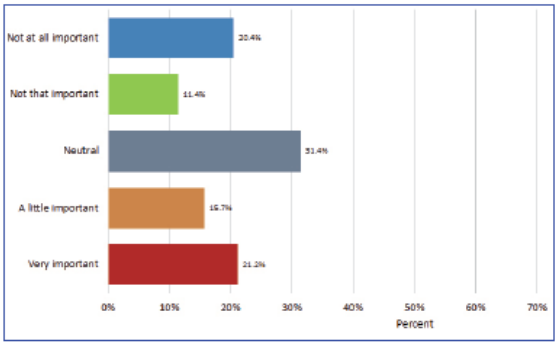
Saves money



Better for the environment



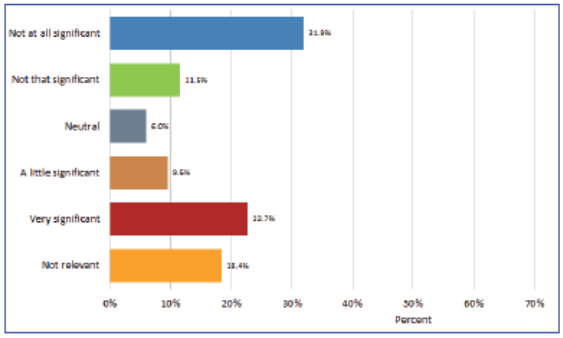
Reduces need to take time off work



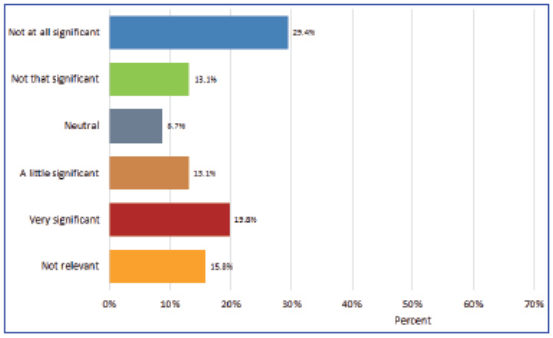
Easier to have a relative/carer to support me

Scale: Blue – Not at all important, Green – Not that important, Grey – Neutral, Orange – A little important, Red – Very important.

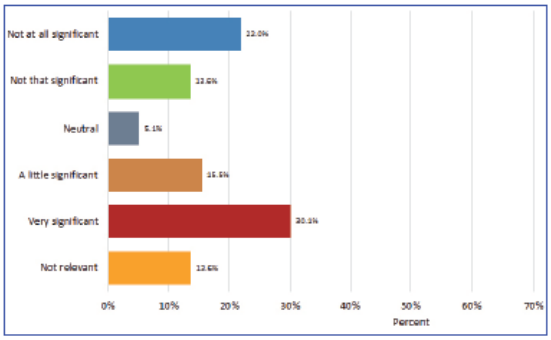
Public online survey results: barriers of Near Me



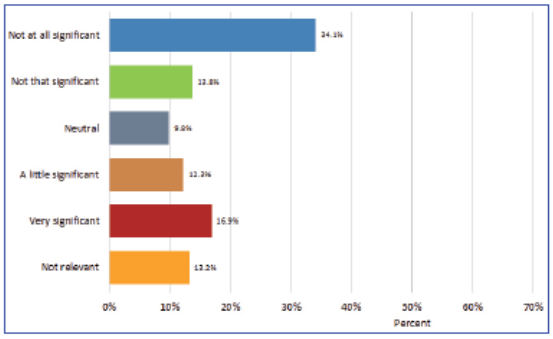
No or limited access to a video device



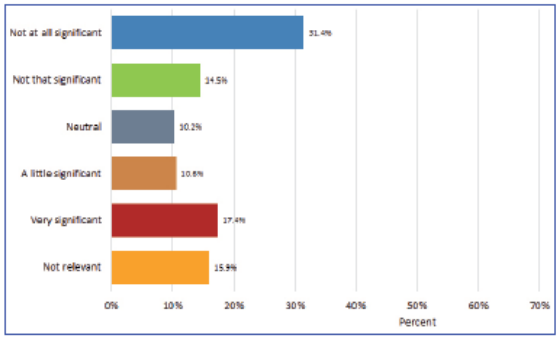
No private space for a call



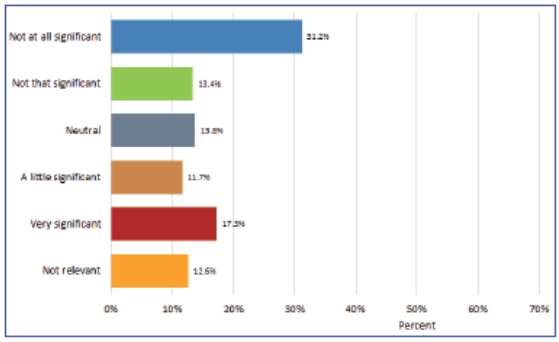
Poor internet connectivity



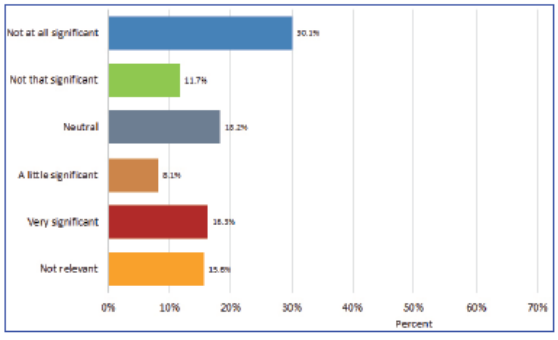
Not confident with video calls



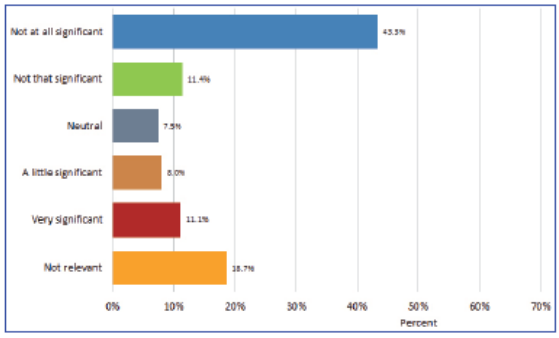
Cost of mobile data



Don't like video calls



Not appropriate for my circumstances



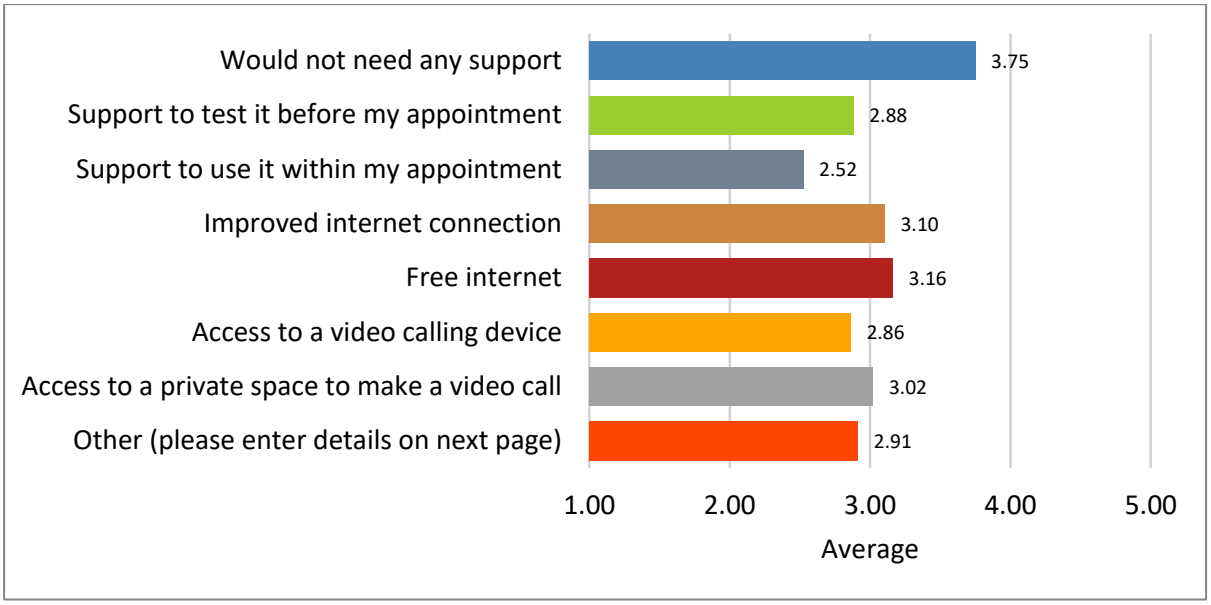
Would need support to make video calls

Scale: Blue – Not at all important, Green – Not that important, Grey – Neutral, Orange – A little important, Red – Very important.

Potential improvements

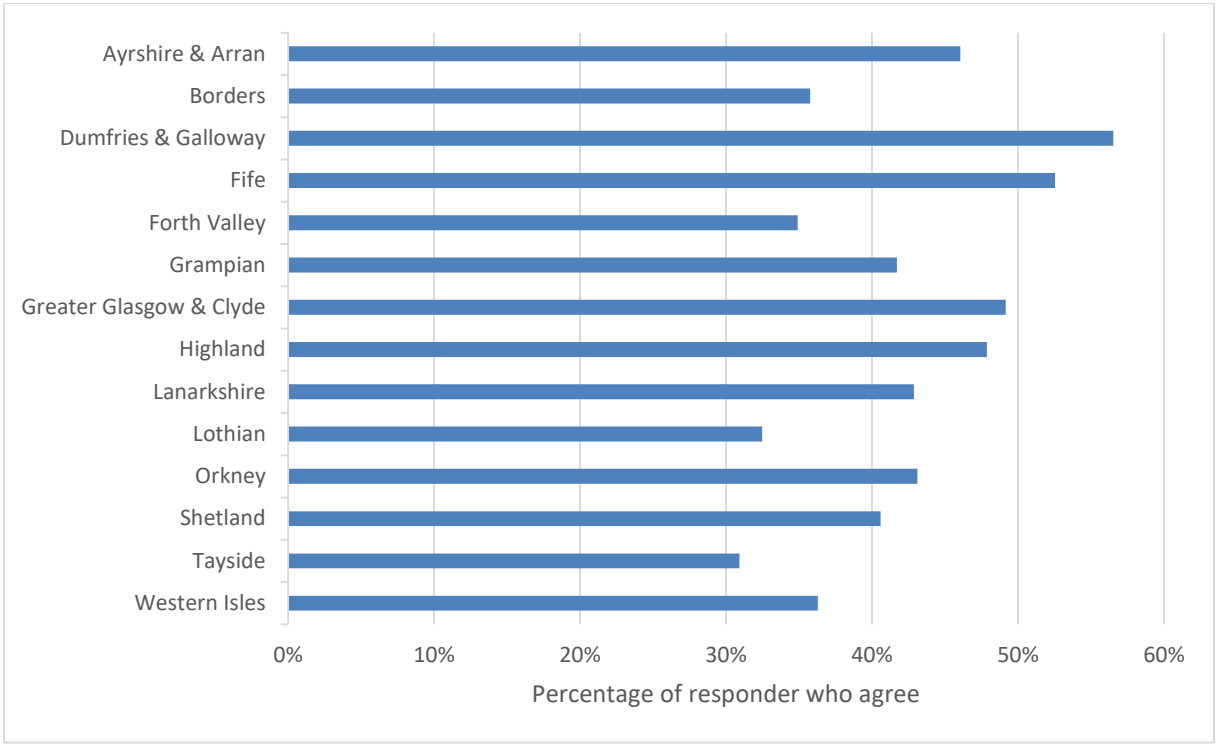
In response to the question '*What would make it easier for you to use video consulting*'?, excluding those who said they would not need any support, free internet and improved connectivity were highlighted reflecting the barriers earlier identified (Figure 12).

Figure 12 What would make it easier for you to use video consulting?



Support for improved internet connectivity were explored by health board with responders in agreement varying from 31% (NHS Tayside) to 57% (Dumfries and Galloway). In most cases there is likely to be huge variation within board areas and any future analysis might be better carried out via the postcode data which was also collected (Figure 13).

Figure 13 Would better internet connectivity make it easier to use, by health board



3 Analysis of feedback from other sources (public)

3.1 Introduction

Public feedback was received from a range of other sources. Individual participants completed hard copies of the survey and over the telephone and groups also responded in writing as described in Appendix 3.

3.2 Methodologies

3.2.1 Quantitative analysis

Through NHS Forth Valley's, Head of Communications they agreed to support some work to facilitate feedback by telephone. From the 22nd July 2020 until 6th August 2020 NHS Forth Valley Public Involvement Co-ordinator telephoned members of their public forum groups including:

- Carers Forums
- Gypsy Traveller Groups
- Muslim Women's Group
- Older peoples Forums

They also contacted individual members of the public who, from their networks, were known to be housebound and with deteriorating physical and mental health. During the phone call, as well as inquiring about general health and wellbeing, the facilitator asked the participants the survey questions and documented responses on hard copies of the form. Forty responses were completed in this way. A further seven responses were received via hard copies of the survey form facilitated through People First Scotland.

These responses were entered into a data base. This was to allow analysis to be carried out for cohorts who participated in the survey but who were not on-line (N=47). In part this was to test some methodologies for future use.

3.2.2 Qualitative analysis (written responses individuals and organisations)

Sentiment analysis was carried out to code comments submitted as 'benefits', 'neutral' and 'barriers' to align with the objective of the engagement exercise.

In addition, content of each response was themed, and these were ranked based on the number of mentions from different responders. Each theme was only documented once per response. Case studies were selected to reflect the balance of views.

3.3 Findings from survey responses completed over the phone or hard copy

A total of 47 responses to the full survey were received by phone or hard copy.

3.3.1 Demographics

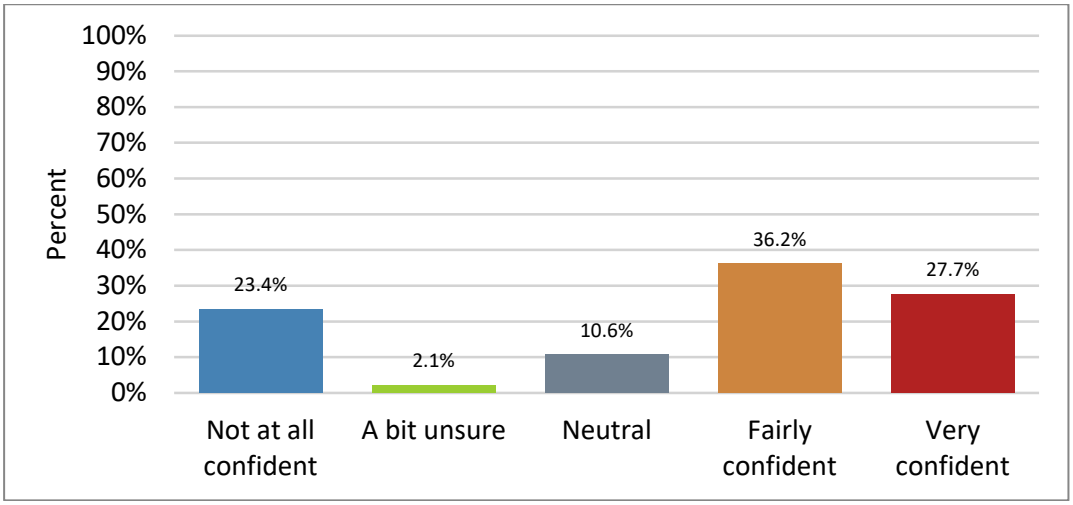
Slightly more males (53%) than females (47%) responded. Age ranged from 27 to 88 with two thirds of working age. Of the respondents who provided their ethnicity, 89% identified themselves as white and 44% considered themselves to have a disability. Forty responses were from the Forth Valley area through the targeted telephone 'interviews'.

3.3.2 Awareness, experience, and confidence

Before participating in the survey 41% of respondents had heard about the Near Me service; 59% stating they had not and 13% had prior experience of a Near Me appointment.

Three out of four participants used a range of devices for social reasons or work with the most popular being Facetime (66%), WhatsApp (66%) and Facebook Messenger (57%) and they also had access to a video calling device, like a smartphone, tablet or computer (74%). Around two in three stated that they were confident using video calls (Figure 14).

Figure 14 Level of confidence in having a video call



Respondents had heard about the public engagement through a range of means (Table).

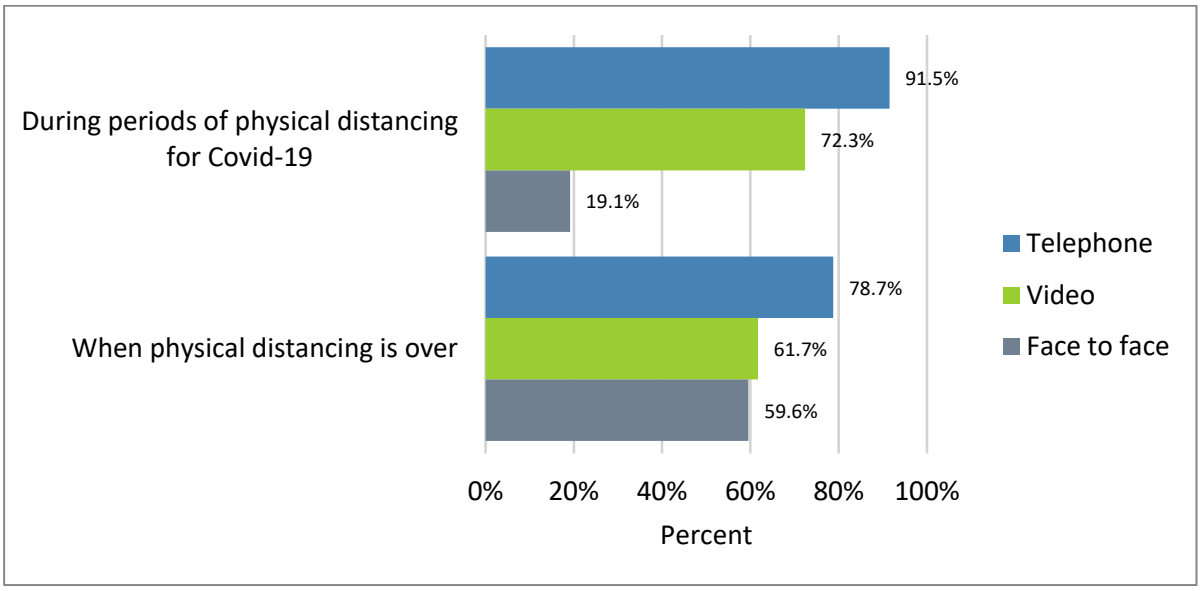
Table 5 Awareness of public engagement

Awareness of public engagement	Percent
Local media (newspaper, radio, TV)	2%
National media (newspaper, radio, TV)	4%
Social Media (Facebook/Twitter)	13%
Website (e.g., Scottish Government, NHS board, third sector)	26%
Community Council or local group	0.0%
Elected representative	0.0%
Word of mouth	11%
I do not know	0.0%
Other	78%
Total number of responses	**47**

3.3.3 Preferences

Reflecting on video consulting, 81% thought it should be offered for health and care appointments. During Covid-19, telephone (92%) was preferred over video (72%) with 19% selecting face to face. For all three appointments types, order of preference did not change once physical distancing is over but more people would prefer face to face (60%) with a corresponding reduction in telephone (79%) and video (62%) (Figure 15).

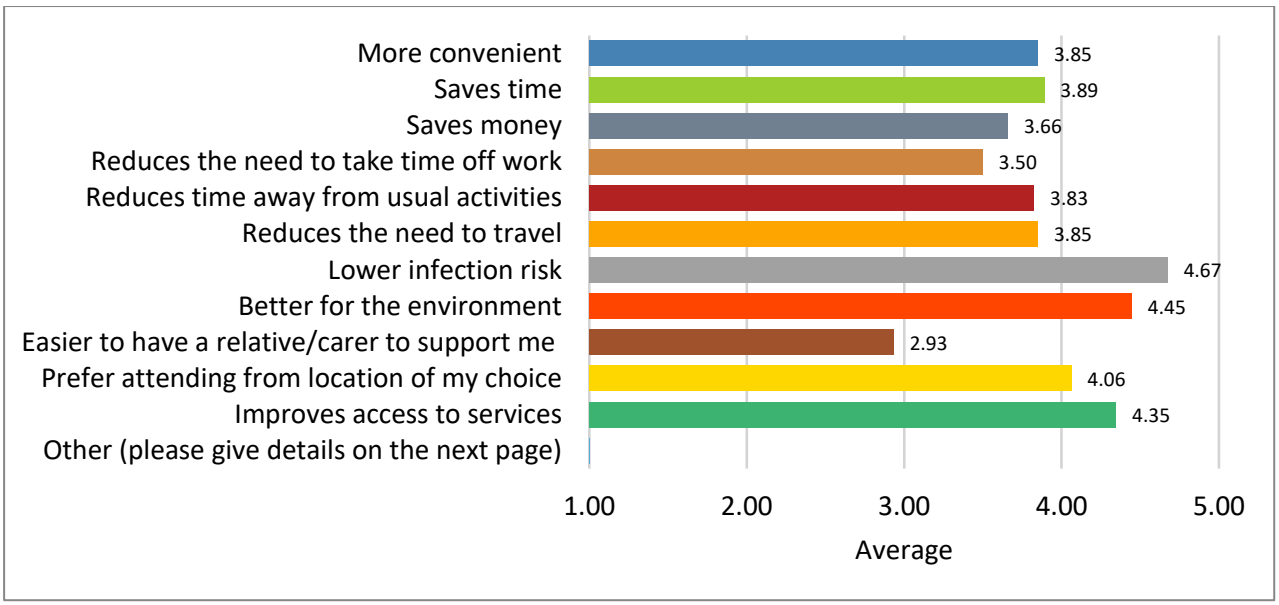
Figure 15 Preferences by appointment type and physical distancing



3.3.4 Benefits and barriers

Benefits of using Near Me that scored the highest were lower infection risk (4.7), better for the environment (4.5) and improved access to services (4.4). The potential benefit which scored lowest was '*easier to have a relative / carer to support their appointmen*t' (2.9) (Figure 16).

Figure 16 Relative importance of potential benefits to video consulting



A range of free text comments were captured reflecting the self-reported benefits. Sentiment analysis has not yet been carried out, but the following are considered reflective of the tone and content of feedback.

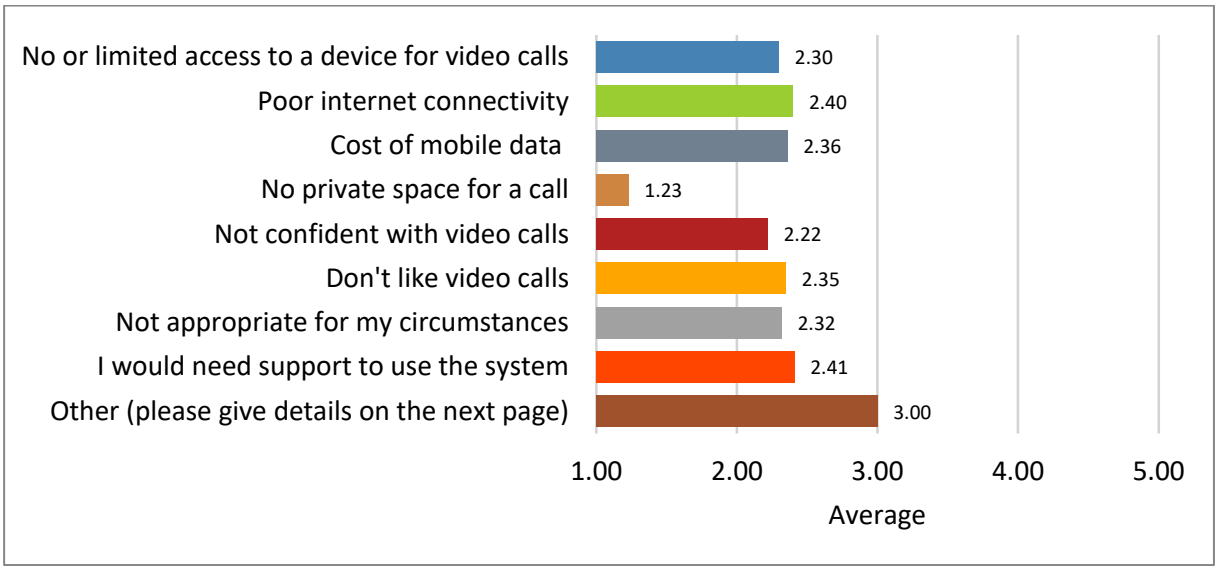
"*I would fully support being offered video consulting. I would be delighted to be able to use video consultations for all my appointments. Living in a small village in a rural setting can prove tricky in bad weather and appointments to hospital or GP has to be cancelled*."

"*I have not used it so far but think it would be a great advantage all round."*

"I think video consultations is a fantastic way of working in the future. saves so much money in fuel, parking, stress levels will improve also."

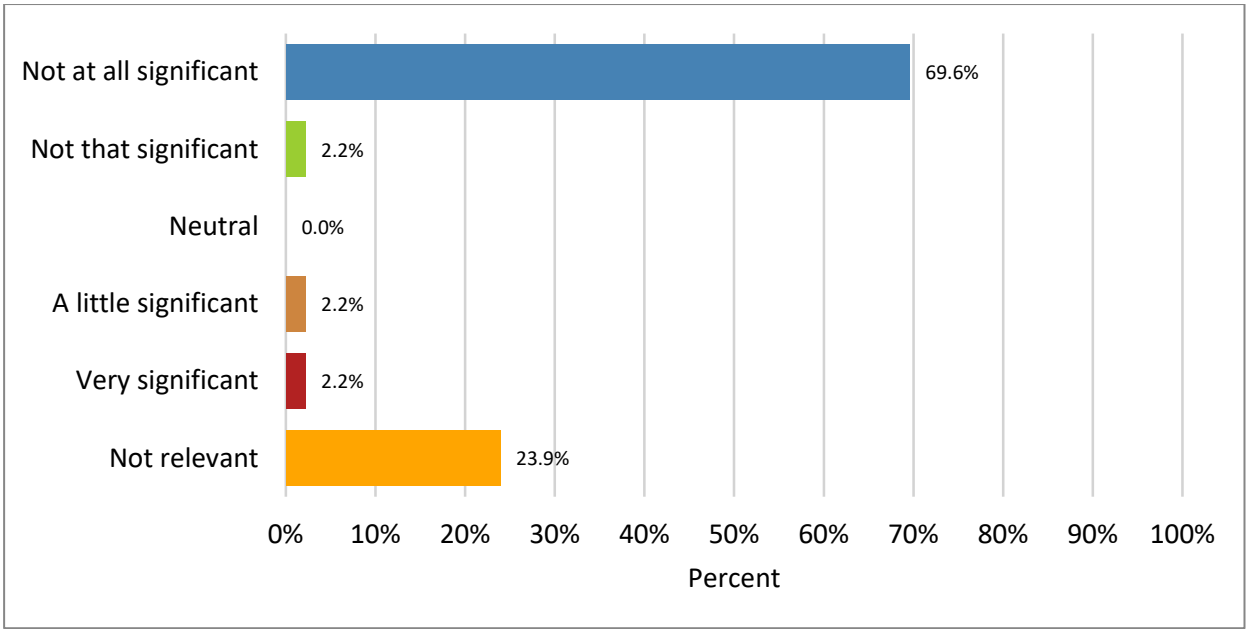
When selecting disadvantages (barriers), the need for support (2.4) and internet connectivity (2.4) were the highest scoring barriers with the others more evenly spread (Figure 17).

Figure 17 Relative importance of potential barriers to video consulting



A notable difference from the online survey was 'private space for a call', which 70% (cf. 33%) considered to be '*not at all significant*' (Figure 18).

Figure 18 No private space for a call by level of significance



This point reflects the wider feedback that the facilitator reported following the phone interviews (N = 40).

"I found when making calls I ended up signposting many people to other organisations such as "Silver Line", "Age Scotland", Mental Health organisations offering support by telephone. It was very apparent that loneliness and isolation was playing a big part in peoples' lives especially with the Covid-19 lockdown and "shielding" that was imposed." Evidently, for these individuals they had privacy to make a call should that be desirable but the more concerning issue for some was more of loneliness and isolation.

Quotes which typically illustrated the ***barriers*** included:

"No interest in social media or technology. Prefer face to face appointments at hospital or doctor's surgery."

"I do not have any inclination to start using internet at my age. I much prefer face to face contact with my doctor or nurse either at surgery or in my home."

"*I have severe anxiety issues and a physical disability. I prefer to see my doctors and mental health workers in person. I do not own any smart phones or devices for internet, landline only*."

Frequently participants described both benefits and barriers and highlighted the importance of having options such as:

"*You cannot have a proper conversation over the internet about personal matters, specifically when it would require an examination. Its ok for certain circumstances, however these can change, and it would be good to have the option of a face to face consultation*."

3.4 Findings from qualitative analysis (public, non-survey)

3.4.1 Individual written responses

Sixteen people who provided individual responses are documented (Table 6). The feedback was based on a combination of personal experience and / or general comments and perceptions.

All responses received were given personal reply in as close to real time as possible to address any specific queries raised and to thank the responders for their participation. The approach taken was to explain the process not 'sell' the Near Me service. Sometimes opinions and tone changed during the correspondence, however, for the purposes of this exercise the original feedback received is what has been documented.

Six of the responses highlighted both benefits and barriers; six noted only benefits and two only barriers. There were three 'neutral' responses relating to requests for further information.

Four case studies from the individual submissions were selected to reflect the range of views expressed.

Case Study No. 1 highlights a range of benefits alongside concerns and was submitted by a mum on behalf of her family including her daughter who has Chronic Kidney Disease (CKD), late stage 3b. It illustrates the complexity of care, balancing work with family life and how having choice and flexibility impacts positively on quality of life.

Case Study No. 2 is an example of the service being very person-centered and for a family living in a very remote part of highland offering many benefits including safe, convenient, cost-effective care with wider benefits linked to environmental and general wellbeing.

Case Study No. 3 was submitted by a daughter on behalf of her mum who does not have a computer and calling for a fair system.

Case Study No. 4 has been included as it sets out the wider range of issues reflecting health, wellbeing, and loneliness. It was submitted from a retired NHS chaplain who concluded:

"*My final comment is that near me needs to develop alongside encouraging and enabling community/local care. Such as training people in Mental Health First Aid, encouraging basic listening skills, having 'pop us sessions' in community centres, church halls etc with information about health issues, how to look after yourself, importance of looking out for others.*

Health is a community issue as well as about individuals. Video has so many benefits in helping individuals with specific health issues - but much less beneficial to COMMUNITY WELL-BEING."

While it is an individual view it offers a broader perspective seldom raised throughout the Near Me's development and therefore the authors feel worthy of inclusion to broaden the conversation. It illustrates, with examples, the deliberations around the merits or otherwise of having an appointment at home.

Table 6 Summary of individuals who provided written responses during public engagement

			Sentiment analysis			
Category	**Board**	**Date**	**Benefits**	**Neutral**	**Barriers**	**Main themes**
1. Family	Unknown	05/08/20	☺		☹	Range of views reflecting benefits and concerns. Case study No. 1
2. Member of Public	Tayside	01/07/20	☺		☹	*"I think this is great, easy to use, instructions simple"* *"People in poverty, very elderly or people with sensory deficit might not be able to access."*
3. Member of public	Ayrshire & Arran	07/07/20		😐		Requested further information; had not heard of Near Me
4. Member of public	Tayside	07/07/20		😐		Requested hard copy of survey
5. Member of public	Lothian	09/07/20			☹	"*Excluding people who have no access to the internet (poverty, mental health, age, disability and lack of digital capacity etc)"*
6. Member of public	Unknown	22/07/20	☺	😐	☹	"*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."
7. Member of Public	Forth Valley	29/07/20	☺		☹	*"Useful in remote areas but not urban."*
8. Member of public	Unknown	02/08/20	☺		☹	*"A video doesn't give proper vision."* OK for yearly check-ups. Not supportive for clinical scenarios and digital exclusion.
9. Member of public	Highland	August	☺			*"Please continue expanding this service" Case study No. 2*
10. Member of public	Lothian	August	☺			*"I can see huge benefits in what is being proposed"*
11. Relative	Unknown	27/07/20			☹	"*Need a system in place for people who do not have computers. We need a fair system for everybody." Case study No. 3*
12. Retired NHS	Unknown	23/07/20	☺		☹	Range of views benefits and concerns. Case study No.4
13. Service user	Forth V	15/07/20	☺			*"Very successful and saved me an hour drive each way."*
14. Service User	Unknown	05/08/20	☺			*"Great idea and much easier than attending in person."*
15. Service User	Lothian	22/07/20	☺			*"I like this service."*
16. Service user	Tayside	01/02/20	☺			*"I think this is a good alternative if the patient choses to - or if his/her symptoms could jeopardise the health of administrative or medical staff.*
		Total	**12**	**3**	**8**	

Case Study No. 1 Balancing complex health care with work and family life

"I am an NHS worker and mum to a daughter who has Chronic Kidney Disease (CKD), late stage 3b. I can see the positives and some negatives of Near Me from both aspects.

This service has no doubt been a positive addition for our family and a service that I hope can continue. Although it may be beneficial to have a combination of video and face to face appointments. There are times when patients and families still need to keep physical and face to face contact, especially when there are physical elements of an illness that need managed.

Face to face helps to maintain relationships with staff and familiarisation with the clinical environment which can often be an unfamiliar and frightening place for children. It is important for children with lifelong chronic conditions that can deteriorate over time and may require more frequent admissions, to be familiar with the hospital and its staff.

The Near Me service has provided many positives for our family and the main one being spending less time in the hospital. As parents to three school age children, a hospital appointment for my daughter has often meant arranging childcare for her siblings. Sometimes this is done on the day as appointments can run late. This can be stressful especially if we struggle to find someone and unsettling for my other children. When school returns, if Near Me is not available, we will have to juggle care again with covid restrictions in place for childcare.

My daughter through her illness and covid shielding has missed a lot of school. When appointments are in hospital this means a half to almost whole day out from school, usually due to travel there/back and waiting times in hospital. Now more than ever being able to stay in school is especially important to my daughter and us. VC appointments allow her to be in school for most of that day and with her peers.

Having Near Me has meant that my husband has been able to attend VC appointments without the stress of rearranging his working day and sometimes on the day. We have been able to feel more relaxed having these appointments at home."

Case Study No. 2 Remote and Rural

"*We live in a remote rural area and have used Near me in our local surgery before the coronavirus lockdown. It saves us so much time and hassle as we do not need to travel to Inverness for every appointment (80 miles and 2 hours each way), but still have the 'face-to-face' experience. Many of our appointments are mainly talking and we can see the benefits for us and, also the hospital from removing the need to travel for every appointment. In addition, we would normally claim travel expenses for a hospital visit which is no longer needed, saving the NHS money.*

If we have to wait for an appointment when the surgery is running late, this would be much nicer to do in our home rather than in a hospital waiting room with anxiety about our return journey and our dogs sitting outside in the carpark.
Of course, Lockdown has changed everything, and now it is also safer to have video and telephone consultations. The reduction in travel is also good for the environment and indirectly all our wellbeing

Where actual face to face appointments are not needed, this is such a great facility to be able to use. Please continue expanding the service with our blessing."

Case Study No. 3 We need a fair system for everybody

"*I am emailing on behalf of my mum who does not have a computer.*

My mum is 80 and is not interested in technology. My mum would not like video consultations even if she did have a computer.

So, what my mum wants to know is what happens to patients like her?

My mum has had cancer 3 times. She recently was diagnosed with bowel cancer in 2013 and stomach cancer in 2015. She is still under review at RIE but considering this seems to be the way forward "Near me" what happens to patients that do not have a computer?

My mum is a retired Nurse and worries patients like her and at her age are going to be forgotten about / missed out the system!

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."

Case study No 4 Health, wellbeing, and loneliness

1) The benefits of having a place to come to - as some form of 'health and social care hub' - where people could drop in to find information, whether by picking up leaflets, reading posters etc, or speaking informally with staff on the premises. Where this 'hub' is also where GP and nurse appointments, conversations with community nurse, community listener, counsellor etc take place. And possibly also meetings of various 'self-help' groups If the focus of health care becomes video-linking, then the huge potential of such places will be lost

2) For the health professionals, appointments by video reduce the potential for them to be able to diagnose accurately through observing non-verbal communication - such as sitting position in waiting room, enthusiasm/reluctance when name called for appointment, restless movements of legs while talking etc For people who are used to communicating, and who are clear exactly what issue they want to discuss - video is fine.

3) I see as very helpful all the benefits of video such as no need to travel, takes less time, and so on. Which for people with a clear and specific issue are important and helpful. But I am so aware also that in my work with many people, it was really important that (even though I could do this within my job description and did so where appropriate) I did not normally make home visits. Because to make the effort to get up and dressed, and out, was such an important part of the health care of the people I was working with. Their visit OUT TO help was a part of the helping process. And for those isolated at home/unemployed etc - their appointment was seen by some more as a 'special day out'. For these people, they would require only to get out of bed for the video time - not healthy for them.

4) For many people, especially those with learning disabilities for whom clear boundaries and patterns are so important, having doctor or nurse on screen IN THEIR HOME SPACE can be confusing, disorientating and so on.

5) Sadly, for many people, meeting with a health professional is the only caring relationship that they have. While always working to encourage such people to develop other 'equal friend' type relationships and discouraging such dependence (good for neither patient nor health professional) it remains reality. So, to take that actual meeting in person experience away from them by meeting on video will not be good for their health

There are undoubtedly huge benefits in video/tele communication. And in rural areas where this enables consultations that could not happen at all without it - it is especially important to develop. But the personal contact that will be lost as a result; and the loss of easy access to information etc that will not happen if it is widely rolled out are a huge concern.

3.4.2 Written responses from organisations

From over 300 organisations contacted directly by the Near Me team, written responses (N=38) were received during the period from 1st July through until 18th August (Table 7). There was a diverse range of organisations who responded both from local (community councils) and national (Deaf Scotland, Mental Welfare Commission, RSPB Scotland) organisations; geographical spread, as well as organisations representing people with different health and care needs such as cancer, carers, inequalities, homeless, mental health, pensioners and end of life care.

As with the individual responses a range of benefits and barriers were highlighted and in a small number of responses varied quite markedly in strength of feeling from "*We very much welcome the rapid scale up of the use of Near Me*" to raising equality concerns and discrimination. Dundee Cancer Support Network response summed it up the balance of general views reflecting benefits and barriers.

"*Benefits for all who can access. "Those in poverty, very elderly or people with sensory deficits might not be able to access.*"

The Lay Advisory Committee of Royal College of Physicians of Edinburgh comments included:

"*Video consulting should continue to be offered after physical distancing is over, but it is not universally appropriate. It should therefore be an option rather than mandatory*."

Taking an overview of these responses two further case studies were selected.

Case study No. 5 was submitted from Affa Sair a self-help group for chronic pain sufferers in North East of Scotland. Chronic pain has recently been in the headlines due to some services being paused near the start of the coronavirus pandemic. It has been reported that many patients turned to private treatment, travelling to England for help during lockdown. The response from Affa Sair does not refer to this at all but rather highlight the benefits in using Near Me including improving experience by reducing travel. Their insights would not be obvious to most people unless they had experience of living with chronic pain.

The submission from Dundee Pensioners' Forum **(Case study No, 6)** captures the challenges about carrying out public engagement during time of physically distancing and their concerns if choice is not offered for older people particularly for those who are not online.

Table 7 Summary of organisations who provided written responses during public engagement

				Sentiment analysis			
Name	**National/Local**	**Date**	**Type**	**Benefits**	**Neutral**	**Barriers**	**Comments**
1. Affa Sair self-help for chronic pain sufferers	Local	06/07/20	e-letter	☺			**"***We very much welcome the rapid scale up of the use of Near Me*." Case study No.5
2. Carers Trust Scotland	National	07/07/20	email	☺			"*The Scottish Youth Parliament believes that optional video services …. for a GP appointment should be used for the future*."
3. Carers, Lothian	Local	13/08/20	virtual	☺		☹	*"Systems need to be flexible and not 'one size fits all' to meet individual's needs.*
4. Clackmannanshire Health and Social Care Partnership	Local	15/07/20	virtual		😐		Keen to explore how it might be used in social care.
5. Community Council, in Ayrshire area	Local	02/08/20	email	☺		☹	"W*ould like to express support for vide consultations, not just during the current situation but as an ongoing change withing A&*A."
6. Community Council, in Falkirk area	Local	27/07/20	email	☺			"*We can see a place for this type of technology*"
7. Community Council, in Stirling area	Local	13/07/20	Email		😐		General enquiry noting poor internet connections.
8. Deaf Scotland	National	01/07/20	Media Release	☺			"*Near Me has provided a vital lifeline to health services and we would welcome its continued use when the current crisis ends*."
9. Dundee Cancer Support Network	Local	01/07/20	email	☺		☹	Benefits for all who can access. "*Those in poverty, very elderly or people with sensory deficits might not be able to access."*

Table 7 (Contd.)				**Sentiment analysis**			
Name	**National/Local**	**Date**	**Type**	**Benefits**	**Neutral**	**Barriers**	**Comments**
10. Dundee Pensioners Forum	Local	04/07/20	email			☹	Digital exclusion. Case Study No.6
11. Dundee Volunteer and Voluntary Action	Local	June/July	various	☺			General supportive comments.
12. Education Scotland	National	24/07	email		😐		Collaborative working between education and health with Near Me.
13. Equalities Organisation	National	July	emails			☹	Raising equality concerns and discrimination.
14. Frontline Fife	Local	03/07	emails	☺	😐		Keen to promote clients living across rural populations and those that often lack the means to attend services.
15. Genetic Alliance	National	23/07/20	Report	☺			Covid-19 Impact Report stating 9 out of 10 people who received an online consultation rated the experience as positive.
16. Greater Glasgow and Clyde	Local	05/08/20	Report	☺		☹	Report including telephone interviews to determine views of people whose first language is not English
17. Hospices in Scotland	National	03/08/20	Report	☺		☹	Feedback from hospices in Scotland around the use of virtual consultations,
18. Hub North Scotland	Regional	07/07/20	Email	☺			"*Looking forward to this type of technology playing a big part in future Hub North Projects.*"
19. Lay Advisory Committee	National	23/07/20	email	☺		☹	"*Video consulting should continue to be offered after physical distancing is over, but it is not universally appropriate. It should therefore be an option rather than mandatory*."
20. Marie Curie	National	04/08/20	Report	☺		☹	Eight focus groups with 37 participants,
21. Mental Health Advocacy	Local	09/07/20	emails	☺		☹	**"***The most distressing aspect for many people is that they have no safe, secure and private internet access at all*."

Table 7 (Contd.)				**Sentiment analysis**			
Name	**National/Local**	**Date**	**Type**	**Benefits**	**Neutral**	**Barriers**	**Comments**
22. Mental Welfare Commission for Scotland	National	03/07/20	email		😐		"*Have not implemented Near Me yet but will be doing so*."
23. National Carer Organisations	National	13/08/20	letter	☺	😐	☹	Various examples and suggestions "*ensure this continues to be a 'people' project rather than a technology project",*
24. NHS Grampian Interpreting Services	Local	23/07/20	Report	☺		☹	Incorporate as part of EQIA
25. NHS NSS	National	07/07/20	emails		😐		Discussion on net zero definition and measuring carbon reduction due to reduced travel
26. North Ayrshire Health and Social Care Partnership	Local	22/07/20	Report	☺		☹	"*Near Me is more than adequate for one to one consultation, with easy to use functions and secure conversations.*"
27. Outside the Box	National	06/07/20		☺		☹	*"This could bring huge benefits, but people are also likely to face barriers (older people living in rural areas with poor broadband, people with no digital access or limited privacy etc"*
28. Parkinson's UK	National	August		☺		☹	Feedback mixed
29. People First	National	August	Report	☺		☹	More barriers than benefits
30. Petal Support LTD	National	02/08/20	email		😐		"*We will have a look at Near Me video consulting and get back to you if we feel we can use this system*."
31. Phillips UK	National	13/07/20	email		😐		Inquiry about how they could provide evidence as part of public engagement

Table 7 Contd.				**Sentiment analysis**			
Name	**National/Local**	**Date**	**Type**	**Benefits**	**Neutral**	**Barriers**	**Comments**
32. Realistic Medicine	National	August	Email and meeting	☺			Request to use Near Me platform to promote the principle of Realistic Medicine and Shared Decision Making amongst patients?
33. Renfrewshire Health and Social Care Partnership	Local	August	Report	☺	😐	☹	Report based on feedback from 29 GP Practices local CQLs/PQLs, section xx of Report.
34. RSPB Scotland	National	August	Email	☺			"*We can see huge benefits in what is being proposed. It is great to see the links between health and the environment are being recognised more widely."*
35. Stirling Council	Local	15/07/20	Phone	☺			Progressing work on connectivity in rural areas and how it might support roll out of Near Me
36. University of the Highlands and Islands	Local		Emails				Various, including clinical use, connectivity, engagement and teaching.
37. Waverly Care	National	23/07/20	Report	☺		☹	*"Services are most accessible when people have a range of different access options."*
38. Yellow Card Centre Scotland	National	July	Email		😐		Request to use the virtual 'waiting room' as a platform for promoting the Yellow Card Scheme.

Case Study No. 5 Affa Sair Chronic Pain

"We were very interested to receive your email on the launch of the public engagement survey on the vision for Near Me.

Being able to easily obtain meaningful access to healthcare has long been a source of great difficulty for chronic pain sufferers in Scotland. Unlike most of the populace, chronic pain sufferers have great difficulty in attending appointments at Health Centres and Hospitals. For some, the simple act of having to sit on a hard seat in an overcrowded waiting area can be very painful and traumatic. Fibromyalgia and other similar conditions can be made worse by the usually acceptable noises in public waiting areas such as loud tannoy announcements, children playing crying or screaming, and adults engaged in loud conversations.

Getting to the buildings can be an insurmountable task when the patient is in constant intractable pain, unable to drive or travel by public transport and even to leave their house due to cold and stormy weather - a frequent occurrence in Scotland. In rural areas of the country, a visit to the hospital or care facility can involve return journeys of hundreds of miles which take days of recovery for some. Some chronic pain patients literally feel every bump in the road. Understandably, many non-clinical staff in the Health Service, find these reasons difficult to conceive and many frustrating interactions take place between staff and patients.

We very much welcome the rapid scale up of the use of "Near Me" video consultations and ask that Health Boards fully take up the Scottish Government's initiative and make "Near Me" consultations a normal method of patient care.

Affa Sair will be pleased to encourage our growing number of members to ask their Health Professionals, Doctors and Consultants to make Near Me the first option when arranging consultations with chronic pain sufferers."

Case Study No. 6 Dundee Pensioners' Forum

"*It worries us greatly that once again, a consultation is put out that will directly affect the lives of many, many older people - and they do not really have access to it. Older people's voices must be heard in this discussion and it behoves those in authority to make sure they are.*

Over 40% of older people are not on-line and, from what I've read so far, users will need a computer/laptop/iPad or smartphone with a webcam and Windows 7 or better, and the latest versions of Chrome or Safari - a reliable internet connection and, a private area in their home from which to take part in the discussion with the health care provider.

That is a big ask for many older people - and indeed disabled people and those on restricted budgets. It is a common misconception that all younger people are on-line. There is poverty in every community and £20 or more each month for a broadband connection is not possible for everyone. Many older people will need support to use the technology - what about confidentiality issues in this situation?

We appreciate how vital video consultations have been during this pandemic. There are, of course, situations where access to services because of distance (i.e. in the Highlands) makes video consultations very useful. But there is a difference between necessary and desirable. People prefer human contact - especially older people - for many a visit to the GP or a hospital appointment will be the only time they step outside the door. Health professionals can tell so much more about the general wellbeing of a person through direct face to face contact, and the opportunities this allows to observe body language, etc. It would be such a shame if we were to go too far down the virtual road.

In terms of social care, I just cannot imagine how this can be done virtually. A huge part of social care is the human interaction that takes place. If that disappears, social isolation with all its associated health and wellbeing detriments will spiral.

For Dundee Pensioners' Forum, this should be about choice. What worries us is that the perceived advantages of virtual consultations (efficiency and financial savings) will take precedence over what is really best for people and for the services that they need."

3.5 Service user feedback facilitated from organisations

Due to the differing way the feedback was collected or presented they do not all follow the same format. Benefits and barriers were coded and included as part of the wider analysis Appendix 4.

Any suggestions raised are highlighted (Appendix 5) alongside any comments specifically relating to technical issues/digital exclusion (Appendix 6). The full responses will be shared with the University of Oxford team.

3.5.1 Carers organisations and carers

Carers can and do play a key role in supporting medical appointments with a range of health professionals for the cared for person. The ability to join (as a third party) any remote appointment to: (i) potentially advocate or support the cared for, particularly in relation to individuals with a learning disability or who lack capacity; (ii) provide language or communication support for non-English speakers or individuals with additional communication needs; and, (iii) enhance information sharing which is necessary in the care and treatment of the cared for person, is of mutual benefit to all parties. Video consultation

would also be extremely beneficial for working carers (where appointments take place for the cared for during working hours) and for carers who provide support from a geographic distance.

- **Individual feedback**

The following feedback was received from carers who had used 'Near Me' and was included as part of National Carers Organisations submission with the aim of providing examples of three individual experiences:

"I had a video consultation and had to show a lump on my chest. I was told it was a simple cyst and would have to live with it. When I called back the following week to say it was bleeding, I was not offered another appointment and surgery just reiterated what I had already been told. When services resumed and hospital/consultant saw it, it was not a cyst and I needed surgery. Definitely a shortcoming of the system when you have something that needs to be seen in person."

"I had a video consultation, but it was difficult with my daughter. She would just walk out the room and close the laptop because she didn't want to speak.' (parent of child with autism)."

"*I found the video consultant really good. There was very little to no waiting time. The letter was very clear in its instructions and it was very easy to set up. The audio was very clear, and the picture was good quality. The only issue was the last 5 minutes the video froze. The doctor's internet was not as good as mine but the audio was still clear so he could still hear me and vice-versa. Overall, I found it to be a good experience although I don't know how I would have felt if I was having to show them something instead of just a conversation*."

- **Governance**

"*We strongly believe that the governance of the project should include both carer and patient representatives to ensure that the project 'is' and continues to be a 'people' project rather than a technology project*."

West Lothian Carers

Four of the five carers were aware of the service. Two carers said the person they care for had used it for a GP appointment and found it a good experience and they would use it again. Everyone felt video link as an option is a good idea and shows the service is moving with the times. The five carers participating felt there was definitely scope to continue using this system going forward with video their first choice during and post Covid-19.

What might make accessing your care easier or better?

"*Systems need to be flexible and not 'one size fits all' to meet individual's needs. A mix of video, face to face and telephone and so patients can choose what works for them*."

3.5.2 Genetic Alliance UK

One of the recommendations from the Genetic Alliance UK '*Covid19 Impact Report*' related to the provision of remote consultations should be continued.

"*Care should be taken to integrate telemedicine into routine care practice with the necessary clinical assurance and data protection safeguards*."

3.5.3 Hospices in Scotland

Hospices introduced a range of virtual services during the pandemic including supporting patients at home through Near Me.

The virtual hospice offers families nursing, medical and pharmacy advice by phone and video; bereavement support; money and benefits advice; practical advice around coronavirus; and activities for families.

Virtual outpatient and day service sessions are accessible by a much wider audience and are particularly useful to those who physically would not have been able to attend Outpatient groups previously.

General comments

- Positive feedback from patients and families
- Supports choice
- Successful model and looks likely to be an ongoing model of delivery
- Digital champions introduced with a lead role in ensuring all staff and clients have appropriate knowledge and access to allow them to engage in the services

3.5.4 Marie Curie Scotland

Marie Curie is in the early stages of research to understand the effect of digital consultations on health and social care teams, patients, and their families. Their initial data highlighted a significant shift from face-to-face consultations to telephone, but a slower uptake of video consultations. The types of consultations being supported through video:

- Outpatients
- Inpatient/family contact to discuss patient care facilitated by clinicians
- Day therapies
- Initial assessments
- Attempted to provide bereavement support but was unable to do so through poor digital connection

Their early findings indicate that telephone consultations were the preferred option throughout the pandemic. They believe this may be due to patients not having the appropriate technology to facilitate video consultations at home; nervousness about the ease of using video consultations or feeling uncomfortable on camera.

Future role of video consultations

- A patient being able to attend virtual day therapies if they were in hospital or not feeling well enough attend hospice
- Family living long distances away being able to be present for consultations or being able to speak to their relative
- A pilot loan tablet scheme is being developed at their hospice in Glasgow, which will loan tablets to people in some deprived local areas who may not have access to technology or be able to attend appointments in person.
- In their submission Marie Curie included several case studies, one of which is included below **(Case study No. 7).**

Case Study No. 7 Marie Curie Hospice Glasgow Case Study
An outpatient with a terminal lung condition who had been attending appointments at hospice with a member of their family had initially transitioned to video consultations when outpatient services were suspended. The family was able to help set-up the video consultation process at home and be present to help communicate the full extent of the patient's symptoms as the patient was reluctant to share these on occasion. Once shielding regulations were enforced, however, the patient was not permitted any visitors at home and reverted to telephone appointments with hospice clinicians. The clinician advised to the best of their ability but did not have the complete picture of the patient's health which would normally be visible either on screen or in person.

3.5.5 NHS Grampian

A range of experiences and feedback was provided from NHS Grampian's interpreting services with ideas for improvements. These will feed into version 2.0 of EQIA. Overall, when there were no glitches with the technology the service was felt to be a benefit for clinician, patient, and interpreter.

"It was a very pleasant experience. I would love to use it again. It saves the travel time, can be accessed anywhere. Particularly at the lockdown period it reduces the infection risk. I would be happy for it to be continued even after the lockdown is released. Overall, it is a good idea to have the Near Me video consulting." - Foreign Language Interpreter.

Challenges raised were mostly related to technical issues, connectivity or user having problems to set up the video.

3.5.6 NHS Greater Glasgow and Clyde NHS GGC)

Various approaches to facilitating feedback was carried out by NHSGGC. Of the eight interviewees whose first language was not English none had heard of "Near Me" video service for health and care so none of the feedback was based on first-hand experience.

Whilst most of the interviewees could see benefits to video appointments (time and travel saving) most were also concerned that their circumstances were not really suited due to the complexity of their health conditions or communication issues.

Although willing to use phone or video appointments during the pandemic and its associated distancing etc., most said they would prefer to return to face to face appointments afterward. This sat alongside a feeling that all types of appointment should be available.

This was followed up with some further work with 22 respondents. The feedback given by all interviewees regarding "Near Me" is largely positive. Over-all it is a good system although some people experienced technical difficulties and/or required support of differing types to use it. This positivity does not represent the whole picture with some barriers described:

- Due to the nature of a person's disability or condition "Near Me" may never be a good appointment option
- Not everyone is digitally connected/aware or is able to be
- Some people are happy to use the system for now (during the Covid-19) restrictions but see it as purely temporary

In the conclusion of the report it was highlighted that that one size does not fit all and was well expressed by one interviewee:

"I think it is great that this service is available if someone wants to use it, as I said it can mean that you don't need to travel all the way to the hospital unnecessarily. However, I really feel that the issue of choice is an important one. If it is imposed, then you would not get the positive care result".

Further information on methodology and feedback is available in a full report submitted to the Near Me team and the methodology described in Appendix 3.

3.5.7 North Ayrshire Health and Social Care Partnership

Having conducted several tests with Near Me, all one to one consultation was carried out successfully, with only minor issues, such as internet connectivity. There was widespread agreement that Near Me was more than adequate for one to one consultation, with easy to use functions and secure conversations. However, significant further development would be required to bring it up to the standards of other platforms when holding group conversations[12].

3.5.8 Parkinson's UK Scotland

Feedback was received via Parkinson's UK through various routes including the short survey. Generally, most were happy with Near Me or telephone appointments and would choose this as a first preference both during Covid-19 and afterwards. The main barriers identified were for those who do not have the equipment or skills to use Near Me. Comments included:

"*For some people not having the right technology or not being able to use the technology. Also, if they don't have a private space at home to undertake the appointment*."

Feedback received via Facebook included:

"*I had a video call with my Parkinson's consultant, first time 'seeing' each other. I was diagnosed in December 2019, call was early July, she adjusted my medication. I think it went well all things considered. Although I will be happier to have a face to face in the future*."

"*I had a telephone consultation recently with my PD consultant - postponed from April - and it went very well; having said that, I had nothing of note to report on, however, and I've been quite stable for some time now*."

"I have had both my appointments with my neurologist cancelled and no new appointment in place also no contact from my Parkinson's nurse to let me know of a new appointment

"Telephone consultation totally inappropriate for my Husband with Parkinson's."

"*Are video calls available with every NHS hospital? My husband's Parkinson's nurse refused to do a video call instead of his six month appointment. Just cancelled his appointment. She claims the facility is not available at our large NHS hospital. Gave him an appointment for December which means no Parkinson's professional will have seen or spoken to him in over a year*."

[12] It should be noted that Near Me was never intended for group conversations and the Technology Enabled Care Team are looking at various options to procure the best solution for group work.

It needs to be borne in mind that this feedback is from people already using a computer / smart phone and the internet. For some the main problem seems to have been having their appointment cancelled and not getting any sort of replacement. [13]

3.5.9 People First (Scotland) and Scottish Commission for Learning Disability [SCLD]

Across all the feedback overall awareness of Near Me was low but in common with other groups there was a wide range of views. Feedback also appeared to vary based on how it was collected. Some of the generic feedback facilitated by People First (Scotland) across several areas had significantly more emphasis on the barriers.

"*There is digital exclusion for any citizen with a learning disability or intellectual impairment in one shape or form"* adding that *"digital exclusion can be due to where and what type of setting people live in; what if any social care or other support they receive and their income, which is almost universally low and benefit based*."

They went onto list the whole gamut of digital exclusion leaving People First (Scotland) worrying that use of technology, such as for Near Me, would widen inequalities.

Overall there was a preference for face to face from many members with a small number open to the idea such as psychology appointments, reducing travel and spread of infection was seen as positive for those that could access video consultations.

On the other hand, feedback from other participants, individuals and small groups highlighted a wide range of potential benefits. Several commented on the convenience and *'comfort'* of their own home. Another theme was around not having the stress and worry of getting to and around hospital.

"*It makes me less anxious because I amin the comfort of my own home – there's not the worry of finding where you are going in big maze like hospitals, and if I am having a bad day I can be in my room sitting comfy in bed*."

Wider comments both in terms of benefits and barriers chimed with feedback described by through public survey with again privacy and lack of space being raised. Some described that they were worried that video would just '*cut out*' after a certain length of time and another wondered would you get a longer appointment by video.

The feedback facilitated over the phone and on Zoom was also variable. The two groups on the Zoom had a completely different appetite for use of Near Me. While some could see benefits and thought it better than the phone whereas the second group were not supportive but also described general challenges of accessing services in whatever way. There were some concerns expressed around safety and whether people had capacity to use it.

3.5.10 Renfrewshire Health & Social Care Partnership (HSCP)

"*As an HSCP we will continue to monitor progress on a regular basis and feedback any themes and issues*."

Based on experience to date, from the patient's perspective, they quite like it when it works and saves them time coming into the surgery and waiting, and so easier for work/childcare. It is also safer at times of higher risk in the pandemic. On the other hand the level of technology patients typically have is another rate limiting factor.

[13] We will keep collecting info via the short survey and will plan to send you an update towards the end of September or early October.

3.5.11 Royal College of Physicians Edinburgh, Lay Advisory Committee

The group reported that they had very little prior awareness of Near Me until the consultation and none of their committee had experienced an appointment. All used Facetime, Zoom, Skype, Webex or MS Teams for other purposes and all had access to a smartphone, tablet, or computer with webcam.

There overarching conclusion was "*Video consulting should continue to be offered after physical distancing is over, but it is not universally appropriate. It should therefore be an option rather than mandatory*."

3.5.12 Waverly Care

In the experience of Waverley Care, sexual health and Blood Borne Viruses (BBV) services are most accessible when people have a range of different access options. For some people, face-to-face services are essential to ensure equitable access to care. For example, some services for people who inject rely almost exclusively on face-to-face outreach to consistently engage people with sexual health and BBV services.

"*We would therefore strongly advise that Near Me consultations be offered alongside, rather than as a replacement for, face-to-face consultations*." This is further explored below.

- **Setting**

Participants in recent research on trans people's access to sexual health services told Wavery Care that the environment in sexual health clinics could present a barrier to access. Participants described the environment as very clean, white, clinical, noting that there was often a lot of noise and activity. Some participants said that they would prefer to access services in a more relaxed and quieter environment. Video consulting would mean that people could access services within the comfort of their home, or another location where they felt comfortable. In doing so it could help to address privacy concerns. This is particularly relevant to sexual health and BBV services, because of the stigmatised and sensitive nature of these services.

- **Choice**

In recent consultation and research work, the people we work with have emphasised the importance of being able to access sexual health and BBV services in a range of different ways, so that they can choose the option that is right for them and their personal circumstances. If video consulting helped to increase capacity and flexibility within services, this would help to increase choice.

- **Safety and privacy at home**

There should be consideration given to whether people can safely and privately access video consultations at home. Home is not always a safe place for many people, particularly to discuss sexual health or another sensitive health issue. For example, some of the gay and bisexual men we work with are not open about their sexual orientation with their families or the people they live with. We support some men who are in heterosexual relationships or marriages, but also have sex with men.

Likewise, we support some women who would be at risk of gender-based violence if their partners were aware, they were accessing sexual health or BBV services. Many of the people we work with have not disclosed their HIV status to anyone other than healthcare providers.

It would therefore be important to ensure that there are local, safe spaces where people could access Near Me consultations if it were not an option to do this at home. To protect privacy, it may be helpful if this could take place in a generic health setting (e.g. GP or dental surgery), so that the person would have an 'excuse' to be attending an appointment.

- **Equality of access**

Levels of digital literacy and access to digital devices should be taken into consideration. Levels of poverty and deprivation influence this, as well.

4 Analysis of responses from health care professionals

4.1 Online survey

4.1.1 Who responded to the online survey?

There was an even split of responses (N=1,125) across care settings: primary care (28%), secondary care (25%), community services (23%) and mental health services (19%). Other settings, which represented five percent of responses, included split across primary / secondary, learning disabilities, sexual health, health and social care, regional, public health, education and academic.

Four out of ten who responded were doctors or nurses 23% and 20% respectively followed by physiotherapists (13%), speech and language therapists (10%), psychologists (9%) and occupational therapists (7%) (Table 8). Of the other professionals who took part but were not part of the pre-selected choices a further 30 professional groups were listed with health visitor being the most common (N=26).

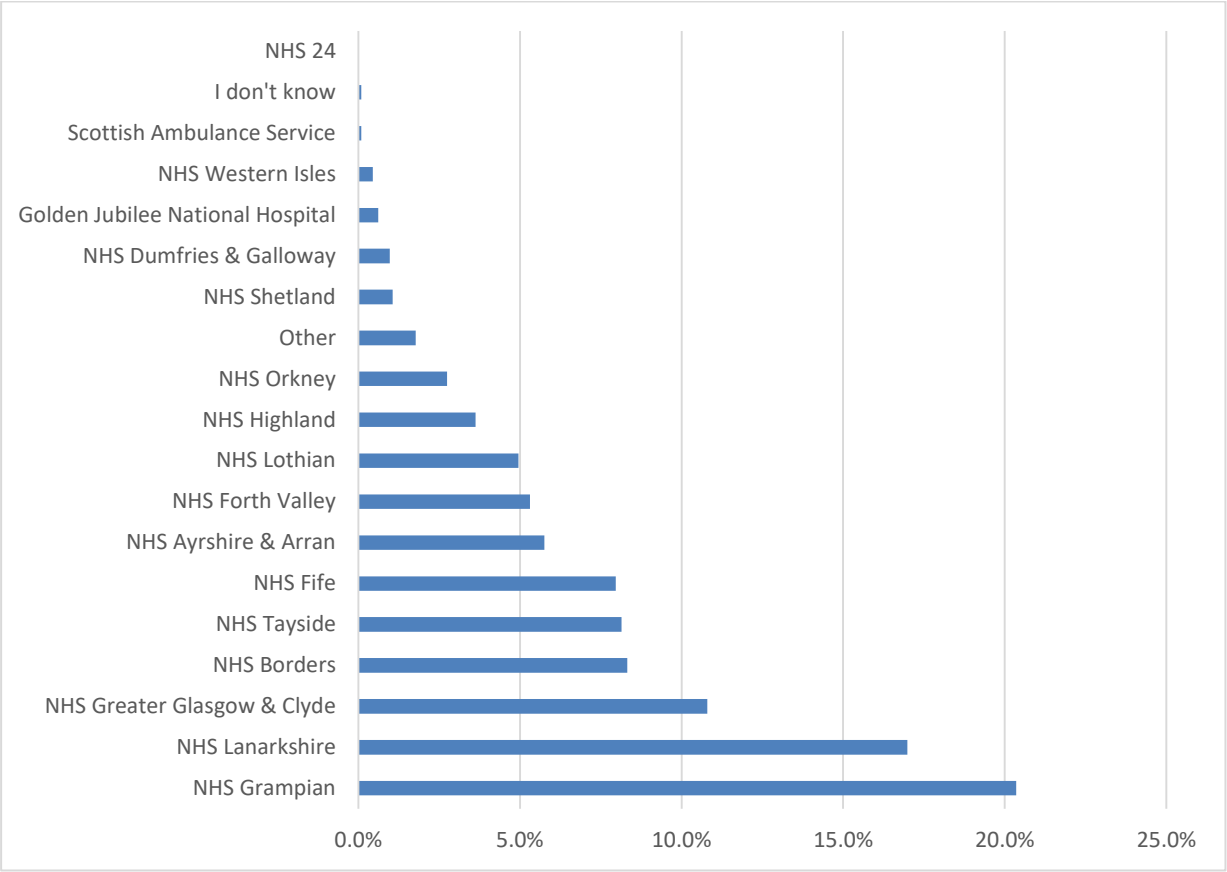
Table 8 Percentage responding to online survey by professional group

Professional group	**Percent**
Doctor	22.8%
Nurse	20.4%
Physiotherapist	13.1%
Speech & Language therapist	9.8%
Psychologist	9.1%
Occupational therapist	7.6%
Dietitian	3.6%
Podiatrist	1.8%
Dentist	1.3%
Midwife	1.2%
Pharmacist	1.1%
Optometrist	0.3%
Other	7.8%
Number of responses	**1,125**

Several nurses, namely advanced nurse practitioners, emergency nurse practitioners, community nurse, public health nurse, dental nurse and family nurse aligned themselves as ‘other’ as opposed to the general category of nurse.

Responses were received from all 14 territorial board boards and small numbers from Golden Jubilee. There was no obvious pattern to response numbers. However, NHS Grampian (about half the size of Greater Glasgow and Clyde) (Table 2) had highest number of responses from both public and professionals. The ‘other’ category mostly included responses from local authorities and health and social care partnerships (Figure 19).

Figure 19 Percentage responding to online survey by health board



Experience, overview, and access

Of the 1,131 who responded to the online survey, eight out of ten (81.1%) had previously consulted using Near Me (cf. 18.9% who had not).

When asked "*Do you think video consulting should be offered for health and care appointments? (providing it is clinically appropriate)*" over nine out of ten (94%) responded 'yes', four percent were 'unsure', and two percent thought it should not be offered.

Preferences

In common with the public survey, health care professionals were also asked to consider their preferences around three types of appointments: face to face, telephone and video consultation.

During Covid-19, there was no difference between video and telephone both being supported by 95% of respondents (cf. public =81% for phone and 84% for video) and just over half (56%) stating they would be comfortable offering face to face (cf. public =46%)

Once physical distancing is over preference for face to face markedly increased reaching (97.5% cf. public =90%) with use of video (88% cf. public =75%) and telephone (86%) reducing slightly cf. public =69%).

Health care professionals selected a range of consultation types that that they might use video for. The most common were 'advice and support' (88%), 'active management and/ or ongoing treatment' (73%) and 'review of long-term condition management including

‘medication’ (66%). Least preferred were ‘acute presentations’ (33%) and ‘assessment before a procedure/ operation / hands on care’ (31%).

In comparison three out of four who responded (74.8%) identified types of consultations where they would have concerns around using Near Me;13.2% had no concerns and 12% were unsure.

Related to these questions over 1,100 responses were provided to the main clinical scenarios where video consultations have been used or would be considered for use. Similarly, a list of over 800 scenarios were highlighted where clinicians responded that they would not wish to use video. These free text comments will be subject to future analysis.

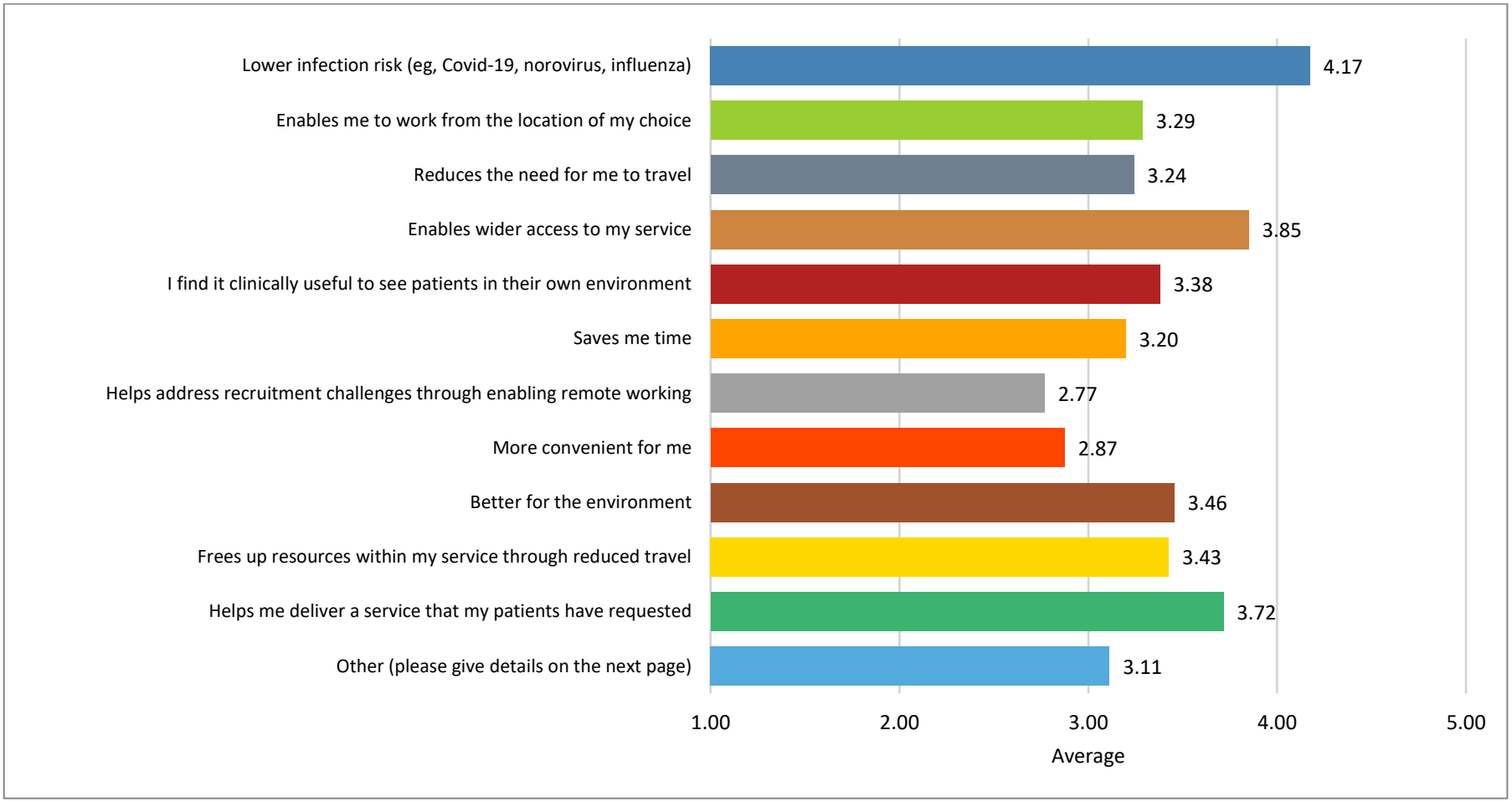
Benefits and barriers

Average scores are calculated and go from 1 (strongly disagree) to 5 (strongly agree).

From the perspective of health care professionals, scoring of potential benefits ranged from 4.2 to 2.8 (Figure 20). The top three benefits scored were lower infection risk (4.2) (cf. public =4.2), improved access to services (3.9) (cf. public =4.1) and help to deliver a service that their patient had requested (3.7).

Near Me was thought to be less beneficial in terms of convenience for the clinician (2.9) nor to help to reduce recruitment challenges through remote working (2.8).

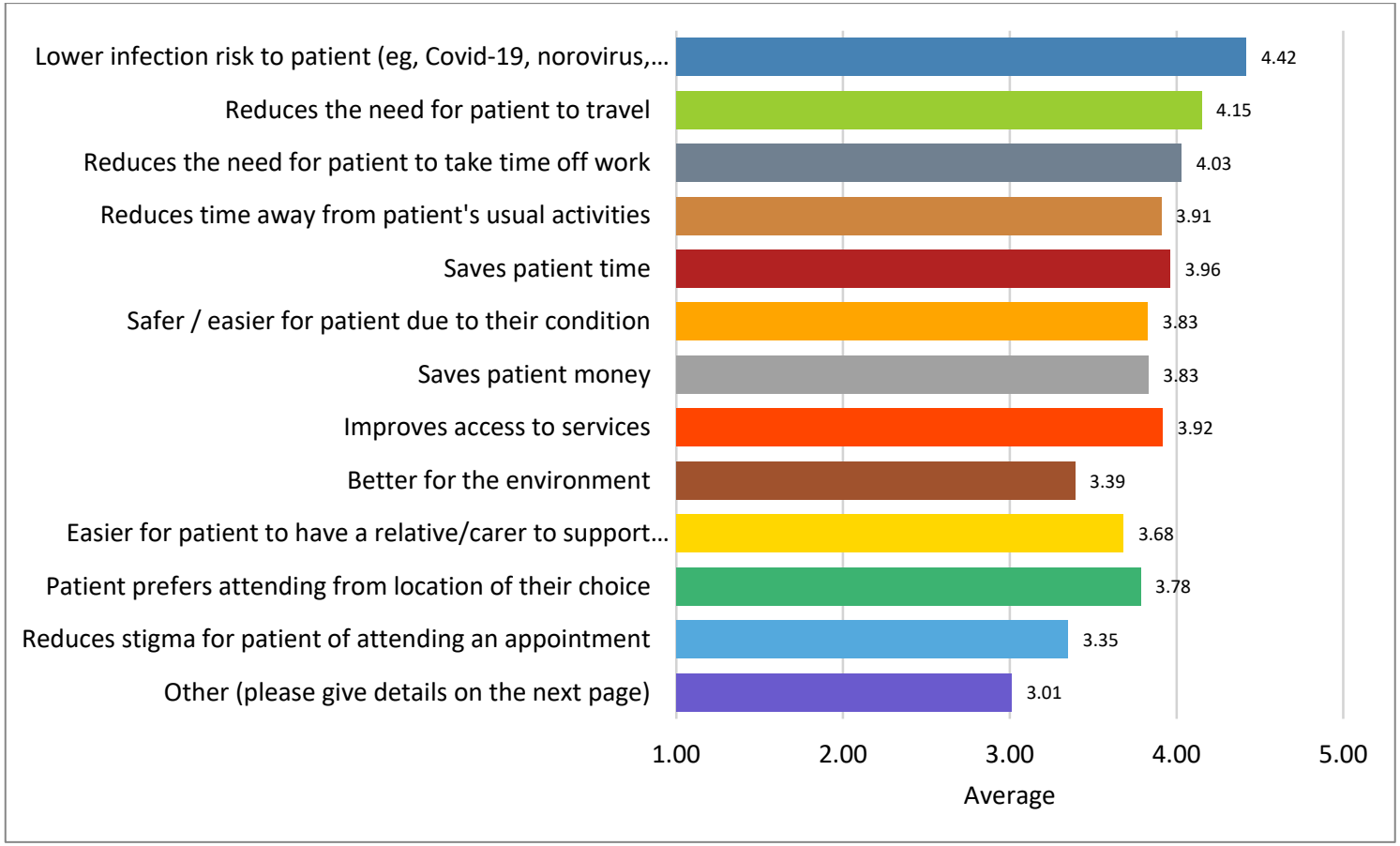
Figure 20 Potential benefits of Near Me for health care professionals



A breakdown of the benefits – showing significance of each – is shown on page 62.

Notably, in their responses about possible benefits for their patients, clinicians scored the use of Near Me to be more beneficial ranging from 4.4 to 3.0 in the following order: Lower infection risk (4.4) (cf. public =4.2) , reduces the need to travel (4.2) (cf. public =3.9) , save time (4.0) (cf. public =4.0) and take time of work (4.0) (cf. public =3.6). Five other benefits scored 3.8 or above (Figure). Clinicians thought that using Near Me as a means for being 'better for the environment' or reducing stigma were less important for *their* patients (Figure 21).

Figure 21 Professionals' views on benefits to their patients

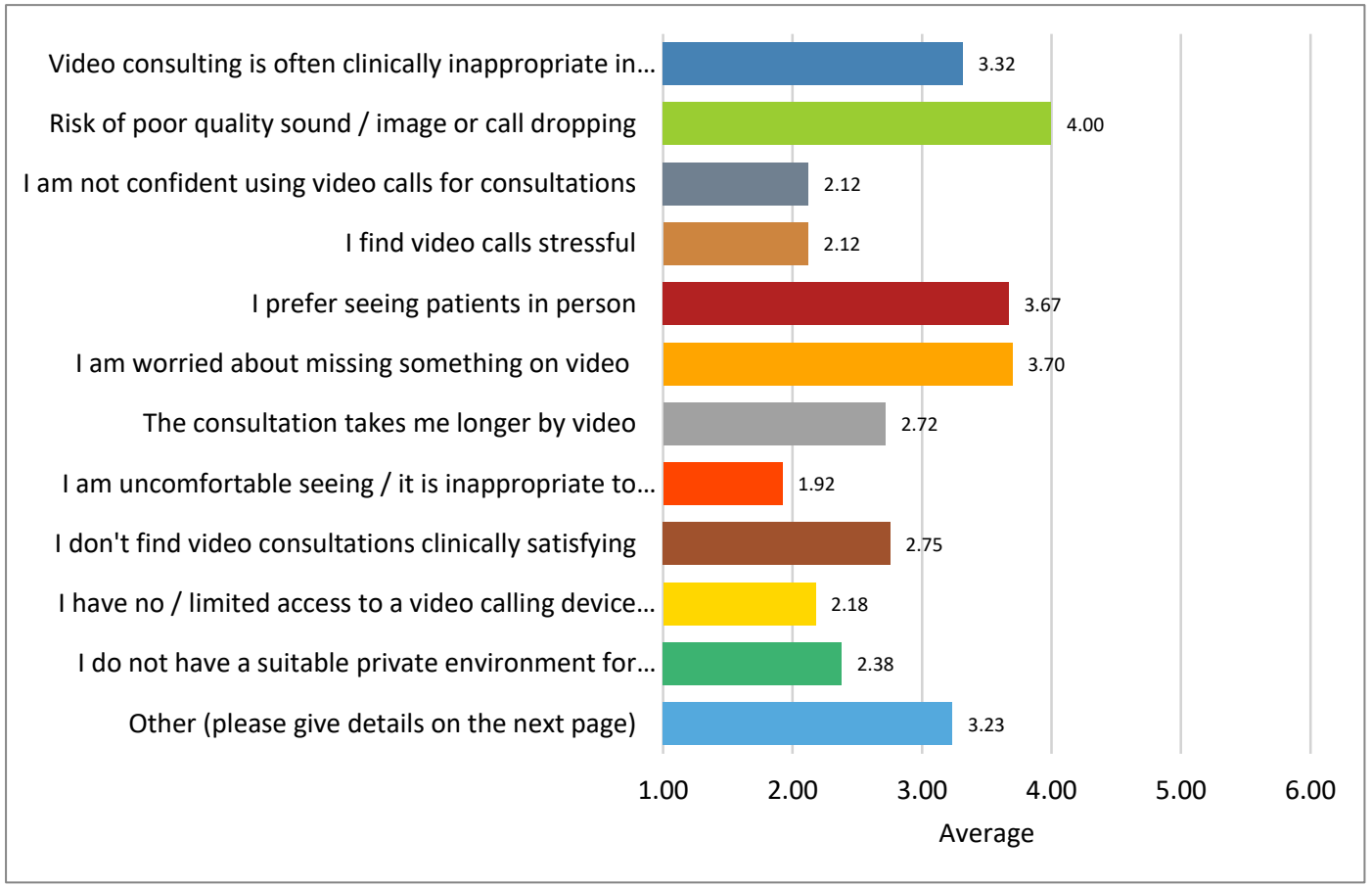


A breakdown these benefits – showing significance of each – is shown on page 62.

Barriers

From the list of ***potential disadvantages*** of video consulting, the health care professionals were asked to rate their significance to them. Scores were generally lower (4.0 to 1.9). Risk of poor quality; sound or image (4.0), '*worried about missing something on the video'* (3.7) and preferring to seeing patients in person (3.7) considered to be the biggest barriers. For some professionals they found video calls stressful (2.1) or not confident using video calls for consultations (Figure 22).

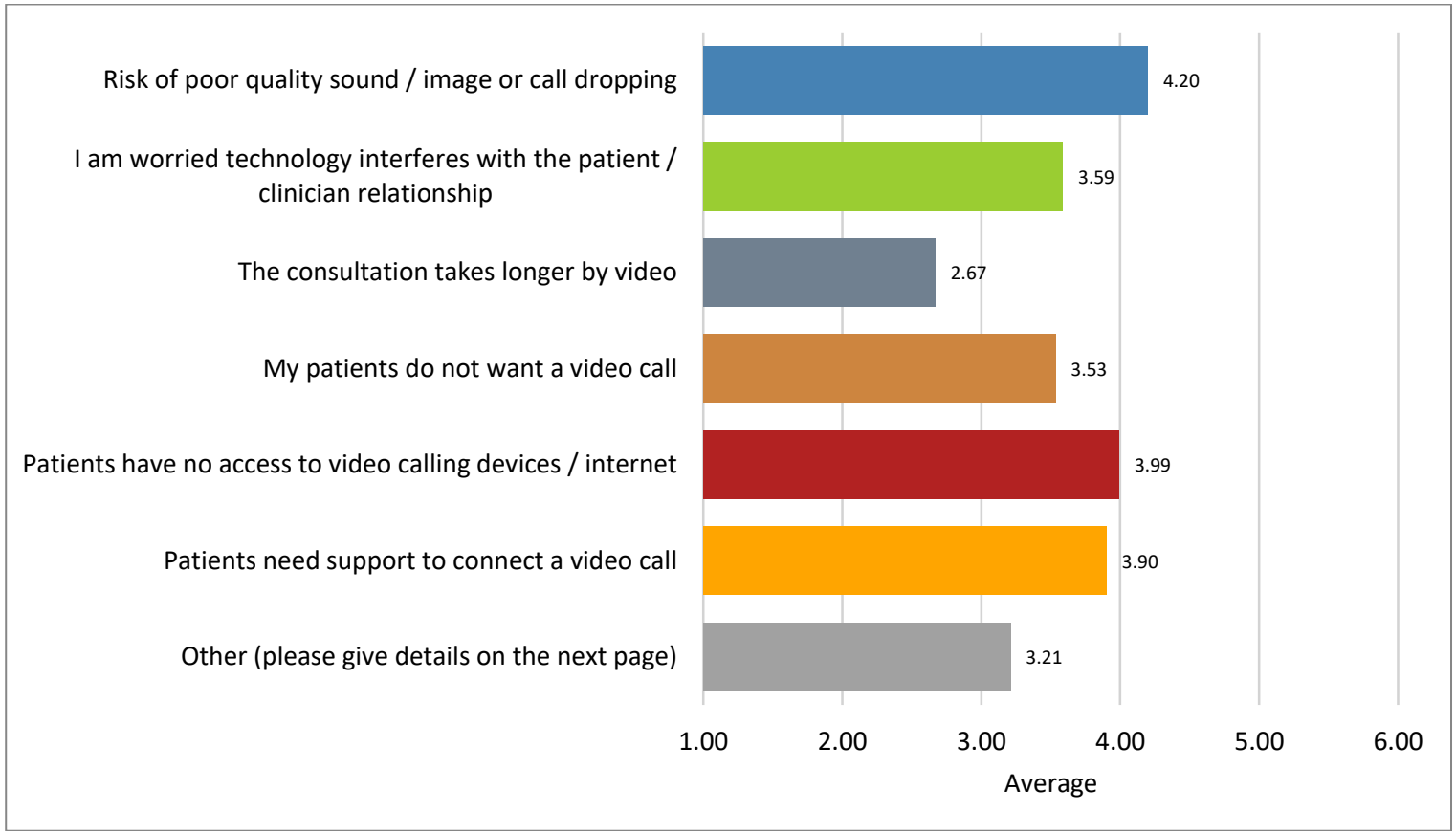
Figure 22 Barriers for health care professionals (breakdown of these shown on page 64).



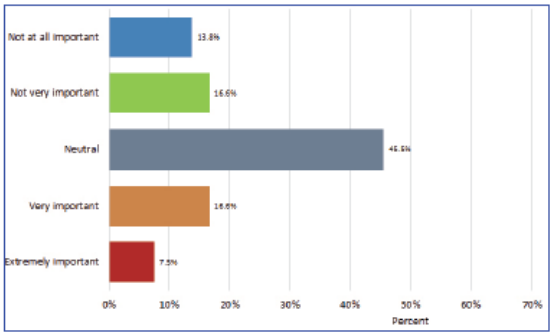
Professionals views on likely disadvantages to patients

From the list of ***potential disadvantages*** health care professionals were also asked to rate their significance to their patients with scores ranging from 2.7 to 4.2. They considered the top three disadvantages to be: risk of poor quality of call (4.2), patients having no access to a device (4.0) followed by patients needing support (3.9). That consultations might take longer by video was thought to be less of a concern for their patients (2.7) and indeed scored similarly for impact on professionals (2.7).

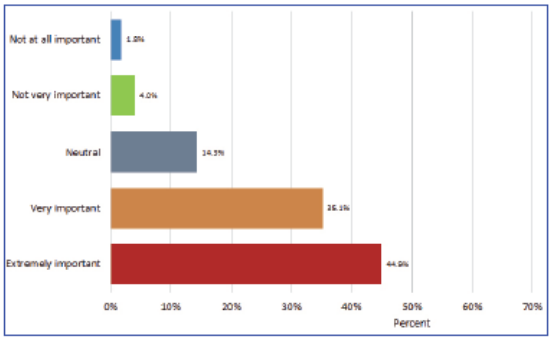
Figure 23 Barriers from the perspective of health care professionals



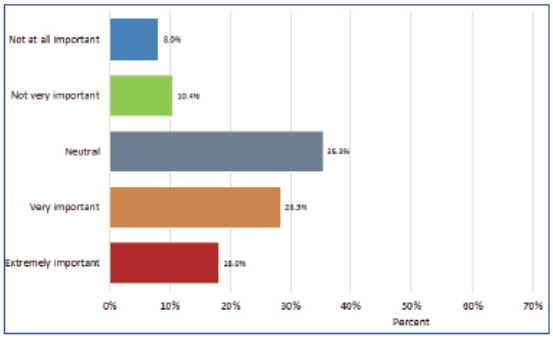
Clinician online survey results: benefits for clinicians



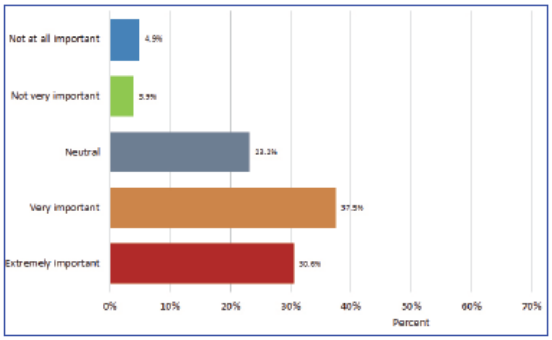
More convenient (for clinician)



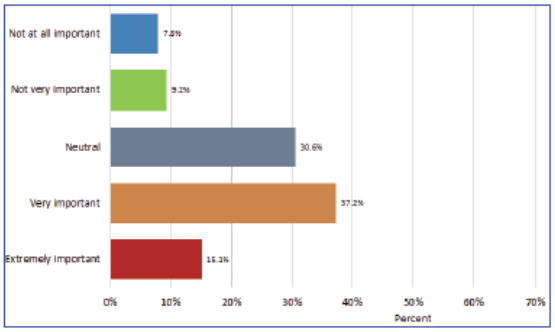
Lower infection risk



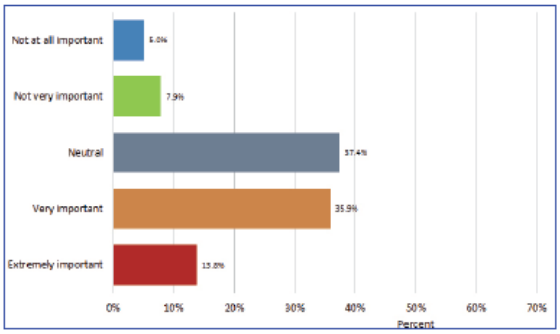
Useful to see patients in own environment



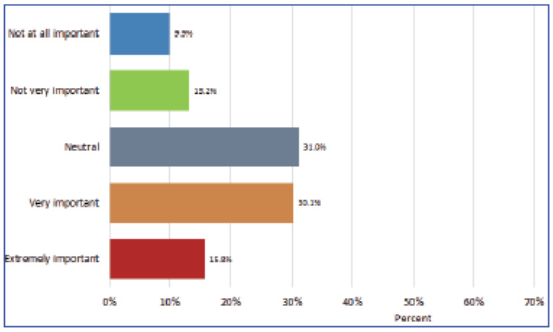
Enables wider access to my service



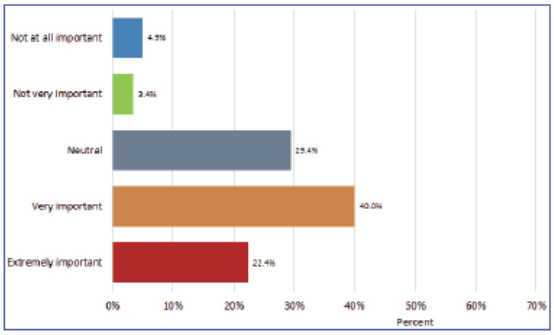
Frees up resources within my service through reduced travel



Better for the environment



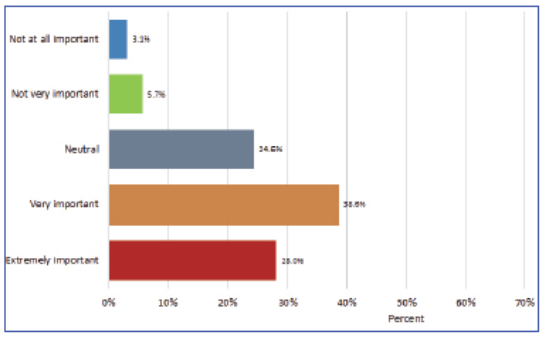
Enables me to work from location of choice



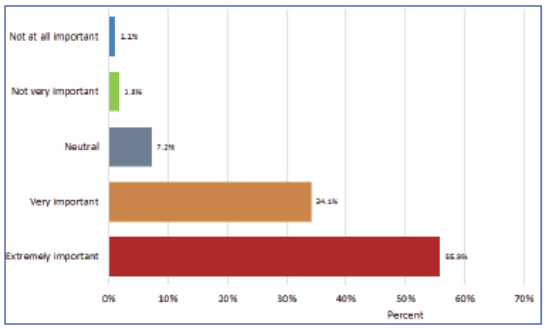
Helps deliver a service patients request

Scale: Blue – Not at all important, Green – Not that important, Grey – Neutral, Orange – A little important, Red – Very important.

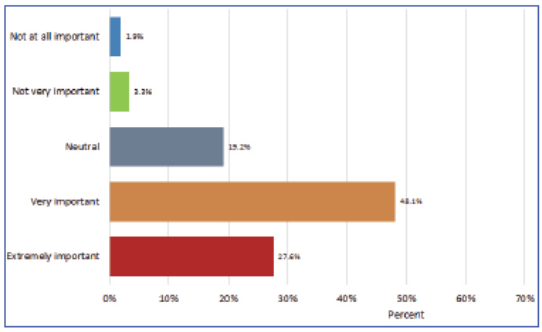
Clinician online survey results: views on benefits for patients



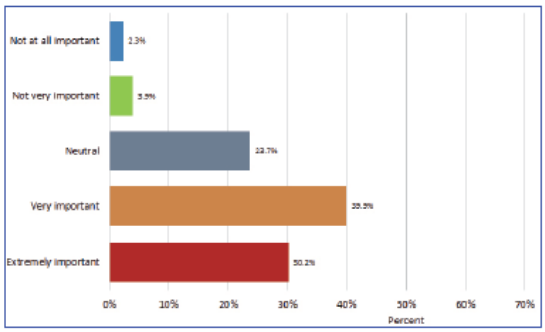
Safer or easier for patient due to their condition



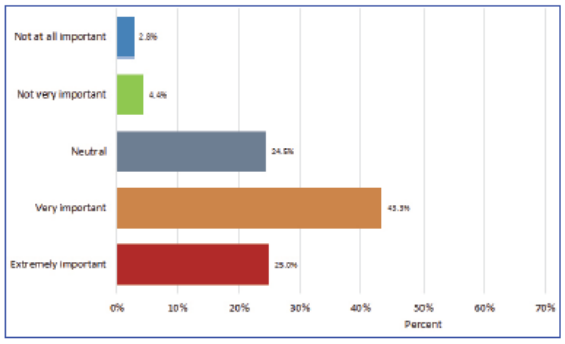
Lower infection risk



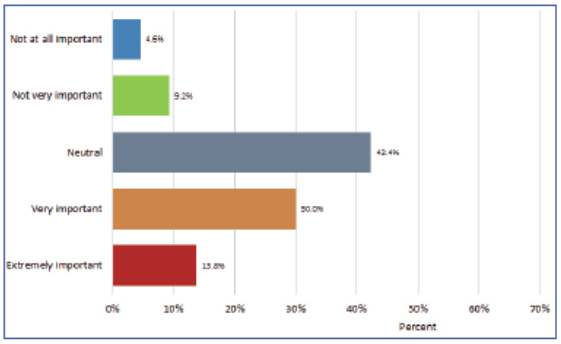
Saves patient time



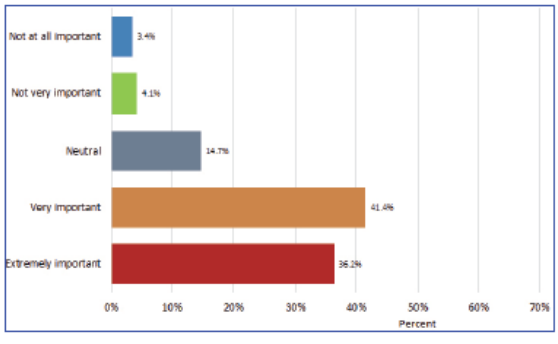
Improves access to services



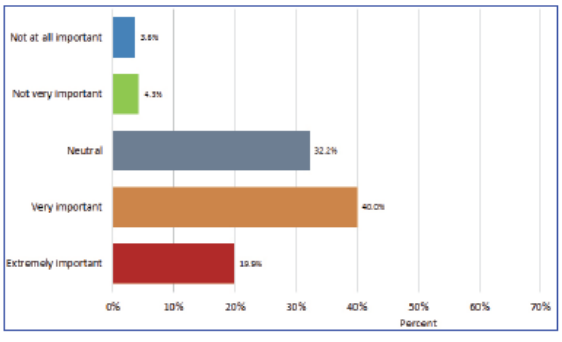
Saves patient money



Better for the environment



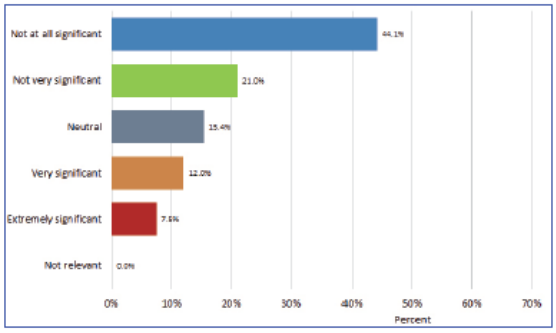
Reduces patient's need to take time off work



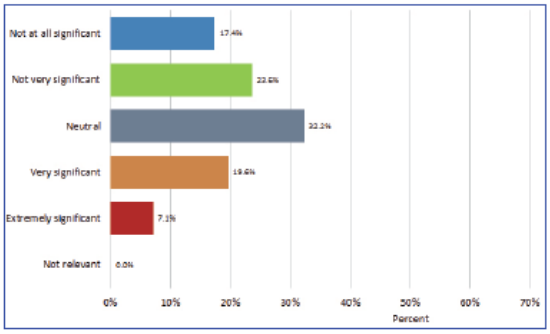
Easier to have a relative/carer to support me

Scale: Blue – Not at all important, Green – Not that important, Grey – Neutral, Orange – A little important, Red – Very important.

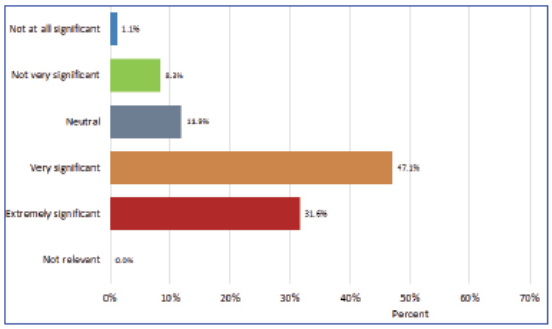
Clinician online survey results: barriers of Near Me



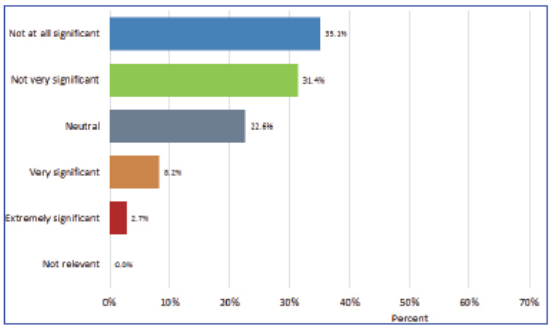
No or limited access to a device/internet



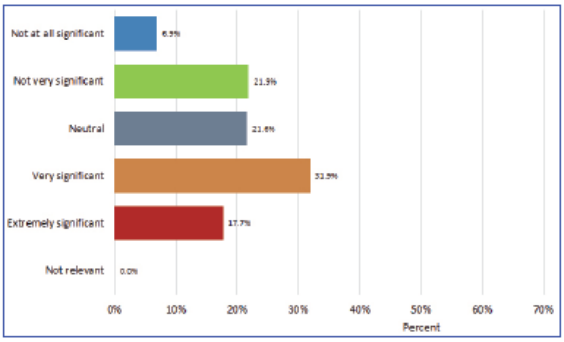
Don't find video calls clinically satisfying



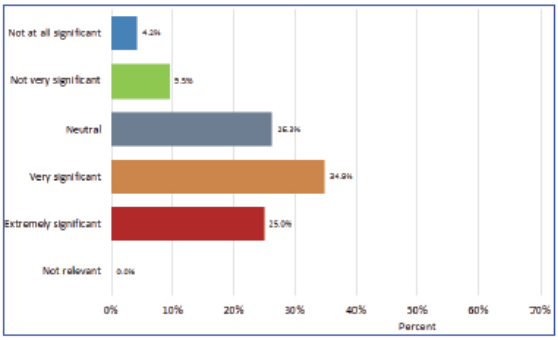
Risk of poor quality call or call dropping



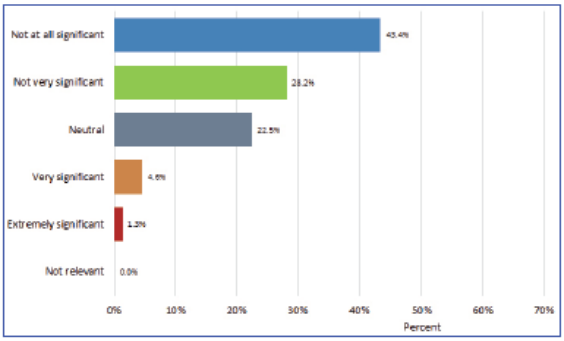
Not confident with video consulting



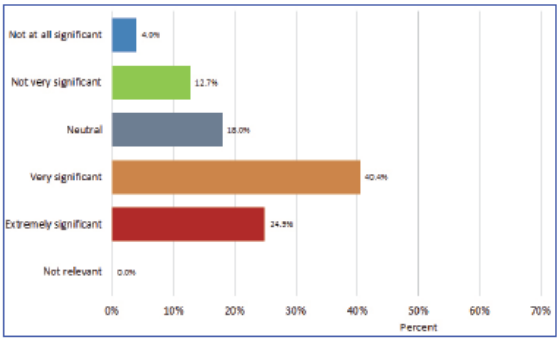
Video consulting is clinically inappropriate in my specialty



Prefer seeing patients in person



Uncomfortable or inappropriate seeing patients in home environment



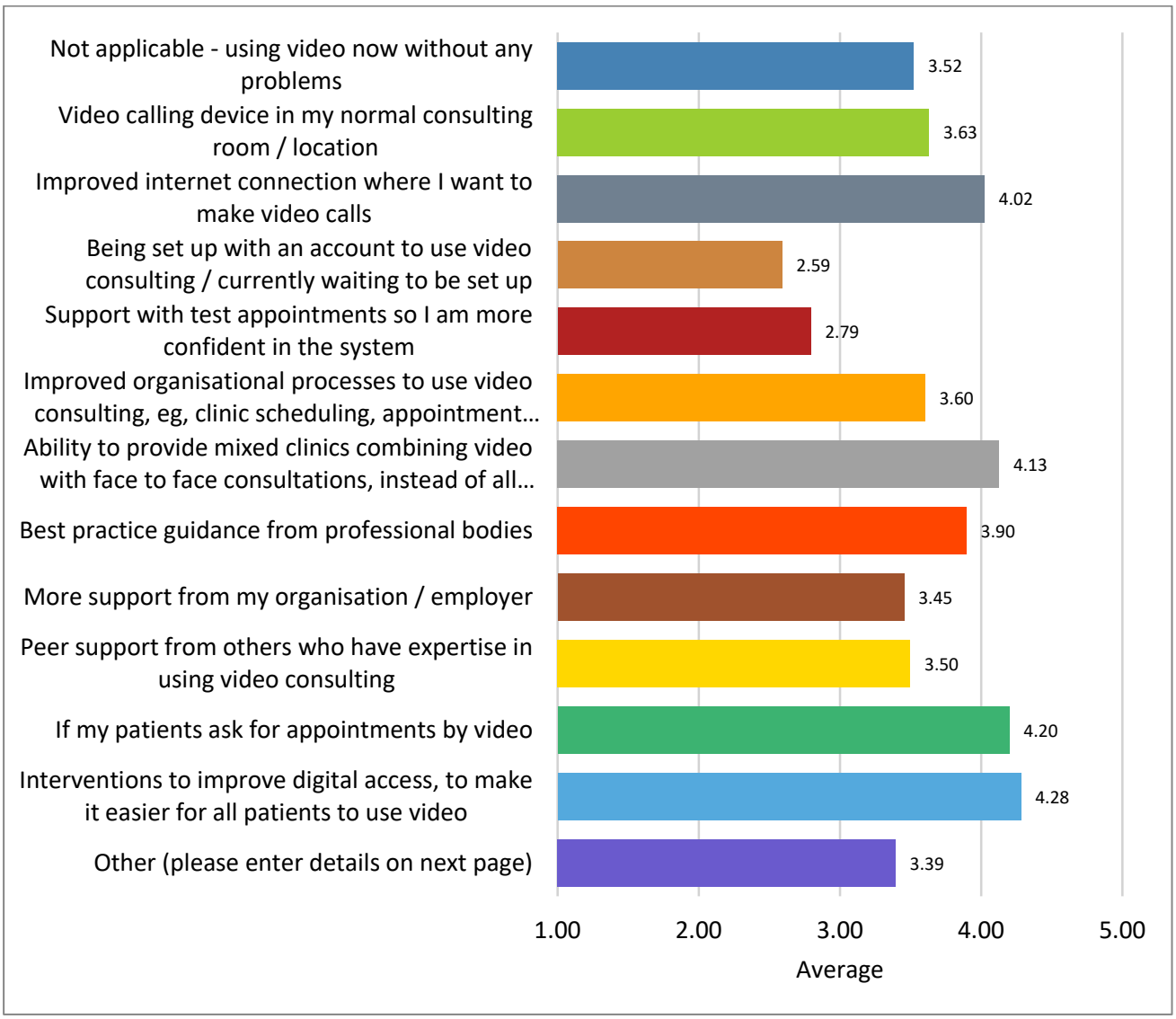
Worried about missing something on video

Scale: Blue – Not at all important, Green – Not that important, Grey – Neutral, Orange – A little important, Red – Very important.

What would make it more likely for a health care professional to use video consulting in future?

There was a range of responses with those that scored highest being interventions to improve digital access to make it easier for all patients to use digital (4.3), if patients request an appointment by video (4.2) and an ability to provide mixed clinics combining video with face to face consultations, instead of all video (4.13) (Figure 24).

Figure 24 Features which would make it more likely to use video consulting



When looking at responses in terms of professionals strongly agreeing / agreeing around different features, it changed the emphasis slightly for some of the features (Table 9).

Table 9 The percentage of professionals agreeing around which features would make it more likely for them to use video consultations

Feature that might make use of video consultations more likely	Percent
Interventions to improve digital access, to make it easier for all patients to use video	86%
If my patients' ask for appointments by video	86%
Ability to provide mixed clinics combining video with face to face consultations, instead of all video	79%
Improved internet connection where I want to make video calls	72%
Best practice guidance from professional bodies	71%
Improved organisational processes to use video consulting, eg, clinic scheduling, appointment booking	60%
Video calling device in my normal consulting room / location	59%
Peer support from others who have expertise in using video consulting	55%
More support from my organisation / employer	50%
Support with test appointments so I am more confident in the system	28%
Being set up with an account to use video consulting / currently waiting to be set up	19%

Perhaps surprisingly, just over half (55%) thought peer support from others with expertise would make it more likely that they would use video consultations. Patients asking for an appointment was more likely to influence a health care professional to offer Near Me appointments than best practice guidance from professional bodies.

Current and future functionality of Near Me

Health care professional were asked their opinion on what existing or possible future functionality might they use on a call. Most functions were used to a greater or lesser extent but one in five were not aware the various functions existed (Figure 25). Having an ability to send patient written information to download during a call was strongly supported (84%) with an ability to capture screen only favoured by one in three (Figure 26).

Figure 25 What of the existing functionality of Near Me might you use in a video call?

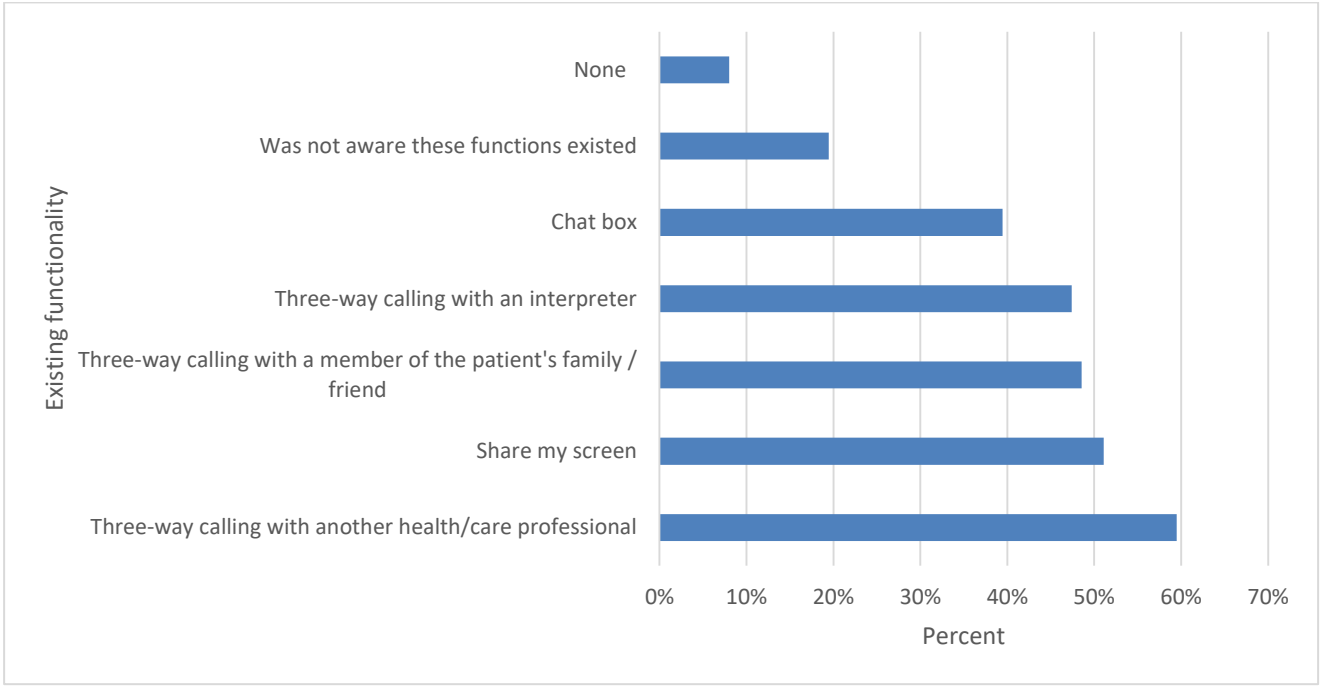
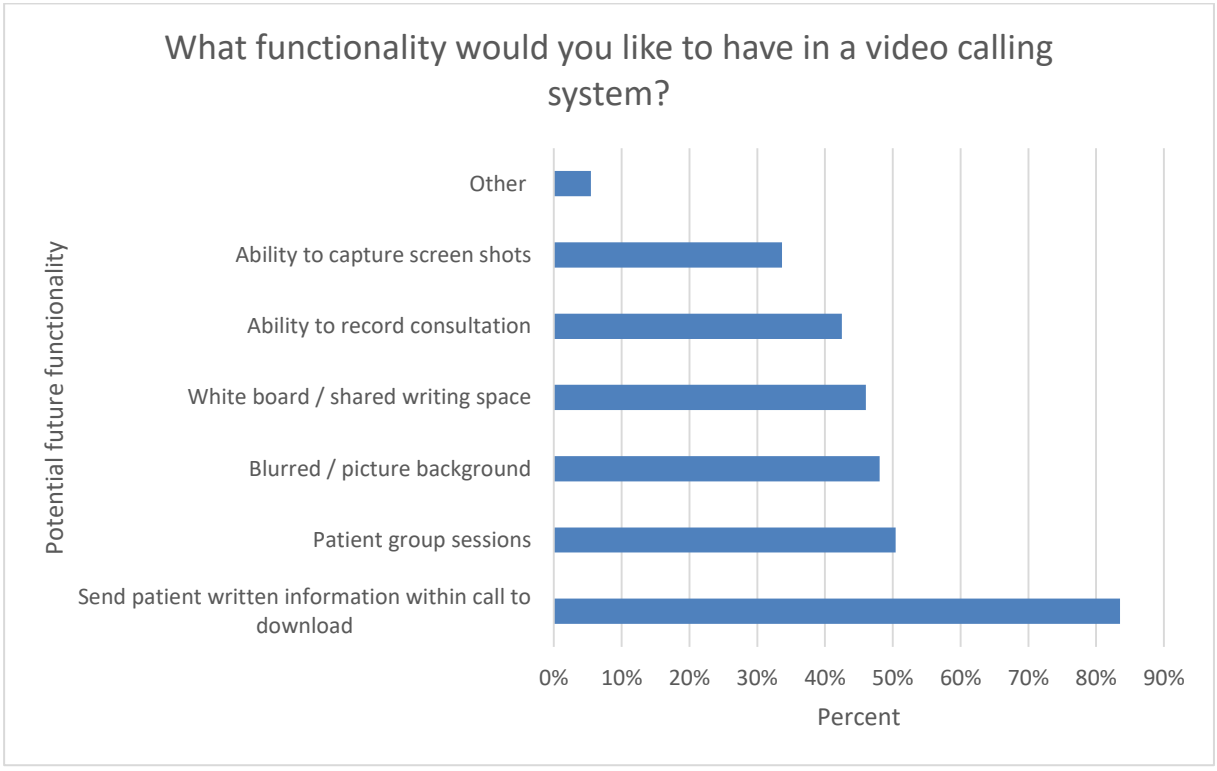


Figure 26 What functionality would you like to have in a video calling system?



4.2 Other feedback

4.2.1 Individual clinicians

Individual clinicians[14] submitted views to the generic near me email address (N=14, Table 10). These were all responded to and prompted some ongoing dialogue including welcoming that public engagement was taking place.

Some described early challenges to get video consultations embedded: "*the patients love it, and the clinicians avoid change and make every excuse under the sun as to why it won't work*."

Views tended to reflect the wider feedback with most clinicians generally expressing both benefits and barriers, though one described an entirely negative experience. The type of patients mentioned that video consultation could be used for included return patients, those with chronic conditions and to reduce travel. Several commented that "*face to face will always be preferable for new patients.*" Four of the responses related to sexual health service, mental health services including clinical psychology, and psychiatrist. These responses were much more nuanced and reflected some of the complexities.

There were suggestions around improvements to functionality and some frustrations expressed with compatibility, technology, and infrastructure as significant barriers. One secondary care clinician commented: "*My stress levels rise when the computers are so slow/keep crashing I can't do my job properly. Crashes mean the information I have just typed in gets lost. This generates clinical risk*."

On the effect of staff switching to video rather than face to face consultations one respondent posed some questions: *Is it more stressful? Is it more time-consuming? Is NHS Scotland planning any research on the impact of switching?* The same clinician raised the issue of whether video consultations might have an impact on a clinician's mental health (whether they are aware of this impact or not).

In the opinion of another consultant "*The biggest barriers are clinician's unfamiliarity and patient access to appropriate technology. Community hospital near me hubs as undertaken in Highland, could be a solution for patients who don't have / can't cope with the technology*." As described by other responders and commentators the hubs would also serve to mitigate against wider issues such as privacy and wellbeing.

One of the Child and Adolescent Mental Health Services clinicians explained "*Patients do not always have a quiet private space to have their consultation and in work with young people and families this leads to a number of boundary issues , confidentiality problems and at its most extreme child protection concerns. I have been told by young people after the event that they felt unable to talk because of the presence of other members of the household in the vicinity*."

Overall, in terms of the use of Near Me, from a national perspective, it highlights some of the specific considerations around particular patient groups and different scenarios and settings. Naturally, it is to be expected that there will be different experiences of using Near Me (or not) for a broad spectrum of reasons which go beyond the scope of this public engagement exercise.

However, as the National Carers organisation pointed in their response the importance of ''*health practitioners being confident in using the 'Near Me' system and to have a positive*

[14] This does not include 'day to day' dialogue facilitated through the Near me team but clinicians who were prompted to the feed-back as a direct result of the public engagement process

attitude about the benefits of it If health professionals are not keen on using the 'Near Me' platform, it can lead to a poorer experience for the patient/carer."

Table 10 Summary of individual clinicians who responded, by the service they provide

Ref	Service	Selected comments
1	Adult Psychological Therapies Service	"*I am very familiar with the Near Me video consultation system as a clinician in mental health services and I wanted to offer some additional feedback, from a staff side perspective*. *I think it is great that this survey is being done."*
2	CAMHS[15]	*"I am a CAMHS clinician offering, in normal times, individual and family-based appointments for a range of mental health problems. Near me has been a useful way of keeping in touch and continuing a level of mental health work with patients. It does have significant number of challenges for this type of work and some would of course apply more widely."*
3	Clinical Psychologist	"*There is already a huge amount of evidence showing telepsychology is equivalent to in-person, but most clinicians are unaware of this, and as a result, it is often treated as the poor cousin*."
4	Diabetes	"I *have been using it quite a lot in my clinical practice. Connectivity is an issue in several rural locations*."
5	Dietician	"*I have had some experience in using the system with patients and would make one point which for me is most important: the availability of a Near Me App*" – See Table
6	GP	*"I have used Near Me in clinical practice as a GP and it has been easy to use."*
7	Infant feeding	"*As an Infant feeding advisor, I wondered how I would be able to offer women support for feeding using this platform? Now four months on my doubts and apprehensions have been blown away."*
8	Neurology	*"I have used near me a lot and found that patients in general cope well. The question is where it fits into routine practice once we return to normal? How we use it in a pandemic and recovery will necessarily be different*."
9	Learning disabilities	"*It's important we help shape accessibility of healthcare digital platforms."*
10	Physiotherapy	"*It was quite a challenge to recruit colleagues to use Near Me prior to Covid-19 but folks couldn't get on board quick enough at the end of March 2020*."
11	Psychiatrist/ Psychotherapy	"*In the clinical world, you will easily imagine that we are all on that 'steep learning curve' both with the technology and in attempting to understand the effects of delivering our therapy over a new medium."*
12	Research physiotherapist	"*Working as lone practitioners may be a new experience for some and thus, the isolation is emotionally taxing but even those who work alone, they will have had colleagues in the department/clinic with which they could have had a chat to and importantly 'decompress' with*".
13	Sexual & Reproductive Health	"*As a clinician I would like you to know that the NHS internet infrastructure cannot cope with the load generated by video calls."*
14	Sexual Trauma Service and CAMHS	"*With traumatised patients and those who have been filmed for abusive purposes Near Me has had its limitations. I have used the phone successfully with some teenagers who have told me they do not like being so visible.* The phone has been a good alternative with some of my patients."

[15] CAMHS = Child and Adolescent Mental Health Services

4.2.2 Professional Bodies

4.2.2.1 British Medical Association (email 7 August 2020)

"Because many of our members have no experience of using Near Me, it is difficult to give a detailed views of doctors' experience in using it. However, it is very clear that in many parts of the NHS, especially in some secondary care environments, that IT provision, or the lack of it or poor quality of it, would make widespread use of video consultation difficult to deliver unless there is major investment in both hardware and software, but also improvements in the bandwidth of hardwired networks and Wi-Fi.

Additionally, many doctors have concerns about the ability of some patients, particularly those with cognitive impairment, learning difficulties or sensory impairment, to access these types of consultations and there's therefore a real risk of excluding a proportion of patients, and those who potentially are more vulnerable and in need of access to healthcare. A widespread rollout of Near Me would have to address these concerns.

Finally, the experience our members do have of Near Me is that it is potentially more time consuming than face to face consultation, and increasing the proportion of consultations done by such methodology firstly risks reducing the time available for other clinical activity, but also has implications for the capacity of healthcare systems in both primary and secondary care. It can therefore only be one potential option, subject to addressing the resource implications outlined above."

4.2.2.2 General Dental Council (e-letter 7 August 2020)

“Remote services, including those for healthcare and dentistry, are increasing in prevalence and can provide significant benefits for patients, particularly in terms of access and affordability. The move to remote provision of healthcare has gained more momentum and urgency because of the current pandemic, which has forced society to rethink traditional patient / professional interactions.

In dentistry, we are aware that providers are increasingly making use of remote platforms to facilitate and maintain patient access to dental services. The GDC is alive to the significant benefits that remote access can potentially bring to patients and is keen to see innovation develop in this area, where it can be done safely. However, as with any innovation in dentistry, the GDC needs to satisfy itself that patients are protected and that our registrants can apply the standards for the dental team to this emerging context of dental practice.

The standards for the dental team provide a framework within which dental professionals use their professional judgement and make decisions based on what is in the patient’s best interest. Among other things, this includes safe and effective treatment planning and valid consent for such treatment. In many cases, physical and tactile assessments of the patient’s head, neck and dentition will be necessary to inform clinical judgements that support a prescribed course of treatment and to address any underlying oral health problems. As such, face-to-face interactions remain an essential aspect of many dental interventions though that may vary depending on the stage of the intervention: screening, diagnosis, or treatment.

The GDC has made a commitment to continue to gather evidence about the potential risks and benefits of the remote provision of various forms of dental care. We await with interest the outcome of the Scottish Government’s clinician survey and public engagement exercise regarding the Near Me video consulting service, and would welcome conversations about your findings, in particular how they may affect services delivered in Scotland and any implications for how we balance the benefits to patient access against the risks to patient safety.

4.2.2.3 Health and Care Professions Council (email 28 July 2020)

"From the HCPC's perspective, we are supportive of our registrants providing services using video consulting provided this is done in a way which meets our standards. During COVID-19, we've recognised it's really important that registrants take advantage of technology in this way where possible to manage the risks of infection to themselves, their patients and colleagues and have encouraged registrants to offer remote appointments where possible. However, we recognise this won't be possible for all care and treatment our registrants provide."

- Relevant guidance[16]

Registrants practising during COVID-19 including adapting practice on providing services remotely: https://www.hcpc-uk.org/covid-19/advice/applying-our-standards/adapting-your-practice-in-the-community/.

- Good practice in remote consultations and prescribing

https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/high-level-principles/.

4.2.2.4 Royal College of General Practice (RCGP)

RCGP confirmed they had completed the survey. RCGP also endorsed the recent update of the primary care guidance.

4.2.2.5 Royal College of Occupational Therapists (email 30 July 2020)

Their professional Adviser confirmed that survey had been completed on behalf of their members who had provided feedback.

4.2.2.6 Royal Pharmaceutical Society and Community Pharmacy Scotland

Guidance on the use of Near Me video consultations in pharmacy settings was endorsed by Royal Pharmaceutical Society and Community Pharmacy Scotland.

4.3 Other Organisations

Submissions from other organisations which included feedback about use of Near me from perspective of professionals and organisations is summarised below:

4.3.1 Hospices in Scotland

Service benefits

- Using technology staff were able to work more efficiently e.g. significant savings on travel expenses, time, and resources to attend meetings and similar. This also benefits staff as limits number of long days/journeys
- Less travelling time has allowed interaction with more patients and families in the community.
- Referrals to be taken from wider geographical area

[16] Response from Clare Morrison on 28 July "*As we re-develop our resources in response to this engagement exercise, we will make sure we include references to your guidance*."

Challenges with remote working:

- Most staff are hands on tactile health care professionals and have found this method of working challenging both professionally and individually.
- Home conditions and family arrangements have impacts on emotional and mental health wellbeing and it can be difficult to separate work and home. This can counterbalance the benefits if not managed effectively.
- Impact on MDT working because of social distancing and the ability to have groups of people together. Staff are missing face to face contact,
- Medical staff have had fewer face to face discussions with family members of hospice patients

4.3.2 Marie Curie Scotland

Accessibility

Video consultations was more frequently used to facilitate discussions between patients and family members unable to visit about their care. The feedback was positive.

Maintaining visibility of a patient's condition

The benefit of being able to physically see a patient through video rather than speaking to them by telephone to get a more complete picture of health and state of condition, including mental health, as well as to continue providing person-centred care.

Lack of touch

Staff mentioned the lack of touch of not being in direct contact with patients, as this is an important part of what they do. In a large proportion of cases, where patients preferred telephone appointments, it meant hospice teams unavoidably missed non-verbal cues that would normally be visible in face-to-face contact and influence individual palliative and end of life care provision.

Environmental factors

These were mentioned in focus groups in relation to space for hospice teams to have a video consultation in, especially in shared offices, and lack of equipment to do this.

Practitioners found it challenging as they were unable to see the rest of the house to get a complete picture of how the patient was doing. Many of our Marie Curie nurses providing palliative and end of life care in the community mentioned the 'doorstep conversation' that they often have at the end of a visit where they can speak privately to the family/carer. Distancing and hygiene measures meant the level of interaction with family/carers had to be reduced.

Types of consultations

Marie Curie community nurses and hospice teams wanted to ensure a relationship had been established with new outpatients at initial assessments to ensure they were comfortable of using video. Therefore, first appointments were conducted face-to-face. After the first meeting with patients, our teams felt more comfortable doing follow-up contact via video which highlighted the distinction between a new relationship and an established one.

Some of hospice teams felt that bereavement support should be provided face-to-face to be as informal as possible and connect with families/carers who were grieving (video consultation felt more formal).

4.3.3 Parkinson's UK Scotland

- All Parkinson's nurses and consultants are using phone/near me with face to face limited for urgent or new patients
- Nurses were covering consultant clinics in the initial lockdown phase
- Clinic numbers significantly restricted due to cleaning, social distancing etc
- Increase in mental health issues-carers and patients and mobility issues (many people not leaving their house)

4.3.4 Renfrewshire Health & Social Care Partnership

GP colleagues are generally happy using Near Me/Attend Anywhere for most types of consultation and have indicated they would make more use of it if they had access to more cameras in the surgery.

One practice for example commented they have up to eight clinicians (GPs, Nurse Practitioners and Advance Nurse Practitioners) who have been using it, but only two cameras. Noted if they had one per room would look to book regular appointment slots which would mean they could have reception staff sending links out and talking people through how to log on instead of currently moving to Near Me/Attend Anywhere during phone consultation. This quite frequently leads to a breakdown of technology at patient end and involves far more time to fix the problem or to cancel the video and make other arrangements.

On types of consultation practices might use Near Me video for - Acute Presentations, Active management and/or treatment of an ongoing condition, review of long-term condition management (including medication) and to provide advice and support.

On describing the main clinical scenarios for using video consulting comments include:

- To see a patient who is describing feeling breathless
- To better assess a child and determine if face to face appointment required
- For discussion involving patient and relatives in same or different locations
- To assess patients with joint pain.

4.4 Research

4.4.1 University of the Highlands and Islands (UHI)

Several colleagues from the UHI, including clinicians who provide services and conduct research provided a brief overview of various, issues, uses and comments on the vision, public engagement, equalities, and next steps.

They described that connectivity is an issue in several rural locations and that external routers are being used to overcome the problem. A project is also underway in UHI with the European Space Agency through an Innovate UK funded project linked to the University of Falmouth. This will use satellite to aid Near Me access for home-based VC.

Some Highland students are using this technology in their practice learning experience by participating in virtual placements due to their own health conditions. Postgraduate students will be using Near Me for some modules. This was a pragmatic solution to enable students to complete their clinical assessment due to Covid-19. The reason that a UHI platform was not used is that their exams were taken at the student's own place of work. NHS firewalls can block WebEx etc and thus they elected to use Near Me to overcome this issue.

From a quality improvement perspective, there was support for the vision to be embedded around safety, person-centred and sustainable care but commented:

"*I do wonder if it would have also been worthy to have effectiveness in here. The evidence is limited but emerging and is likely needed to help shift the mindsets of those not yet convinced in terms of measuring patient outcomes i.e. can patients be discharged as quickly from specialist services when all appointment are via video? Are there hard outcomes that can be measured in terms of mortality, hospital admissions, A&E visits etc? Of course, I would always advocate that the patients' experience should also be considered/evaluated etc*.

"*In terms of process the public engagement work is super. I would be interested to hear how public feedback will be used to adapt/tailor how Near Me continues to be used / implemented. How will the SG demonstrate that they have not only listened to the public, but rather acted on the feedback from consultation? There are also the usual challenges about including the "easy to miss" groups – will creating VC consultation as the norm further accentuate the gap between those from different socioeconomic groups*?

4.4.2 Other

Various clinicians who submitted views by email also described their own audit and research work including a clinical associate in psychologist who had carried out informal feedback on the use of video versus telephone (survey included), and another, a consultant who pointed out: "*there is already a huge amount of evidence showing telepsychology is equivalent to in person, but most clinicians are unaware of this, and as a result, it is often treated as the poor cousin*."

This clinician had been using video consultations for over twenty years. They added that they had "*conducted quite a lot of research on this field (particularly in terms of psychology consultations) and would like to contribute in any way that I can*."

5 Discussion and conclusions on main findings

The use of Near Me video consulting has changed dramatically since Covid-19 pandemic, both in terms of the scale and types of use. On the1st September 2020, the First Minister in her announcement on Programme for Government 2020/2021commented on how quickly progress had been made and stated:

"*So, while we recognise video consultations will not be appropriate for every patient and in or every situation, I can confirm that we intend to move to the position where Near Me is the default option for patient consultation. We also intend to develop the use of Near Me in social care*."

While the findings reported here focus specifically on Near Me, the approach and feedback will have wider application across all Technology Enabled Care services, including the development of the social care programme and extension to public services more generally. It also highlights the benefits of co-producing services. It is believed this is the first public engagement carried out at a national level into the use of technology across all health and care settings. Therefore, it is of little surprise that the work has identified some new findings and sheds some challenge on previous assumptions about potential barriers and benefits of video consulting.

While this report is not an academic study the data gathered are being passed to Oxford University team for further analysis as part of their independent evaluation into the rapid scale up of Near Me in response to Covid-19. Their findings will be published later this year.

5.1 Public engagement approach

In recognition of the step-change in use of video appointments, the National Near Me leadership team recognised the need to raise public awareness about the service. Various approaches were considered, and it was decided that a national public engagement exercise using a range of methods would be the most appropriate.

This national pre-engagement work got underway with local and national media in April 2020. This included providing reassurances that video appointments were not new, and the current approach and technology had been co-designed with patients and the public in 2017-19.

Launched on 29th June, through the public engagement views were sought from across Scotland on a range of factors around current and future use of having a health or care appointment by video technology. Potential use was explored through various perspectives and, if and how, views might change during Covid-19 or post Covid-19.

The approach generally worked well, as evidenced by the variety and the richness of the feedback. There were rightly some concerns raised about the restrictions on engagement methods caused by physical distancing as illustrated in Case Study No.6. All suggestions made to the Near Me team on how to improve engagement through non-digital means were actioned, further demonstrating a commitment to be responsive.

Over 300 organisations were contacted directly including over 25 health and care professional bodies, institutes, and unions. The online public survey received 4,025 responses and the online clinician survey 1,147 responses with an additional 228 responses from other means (total =5,400. Put together, it is believed this is significantly more than any other public engagement or consultation in Scotland in recent times including pre Covid-19.[17]

[17] The recent consultation carried out by the Scottish Parliament Justice Committee in their scrutiny of the Hate Crime Bill, heralded as receiving an "unprecedented level of engagement", received around 2,000 submissions.

However, despite the high number of responses, it is important to acknowledge that the number of responses *per se* is not the only consideration. For instance, we do not know why most professional bodies did not respond specifically (although a number said they filled in the online survey). Furthermore, the online survey component is not a scientifically rigorous study and there is no attempt to imply otherwise. It represents a self-selecting sample of people choosing to respond and offer their opinion. Self-selection, however, is influenced by awareness of the survey and wider public engagement. We are not aware of any intentional bias in raising awareness. For instance, all local media across Scotland were contacted about the engagement exercise and covered the story. There were also communications across all integrated authorities, local authorities, health boards and national organisations. Furthermore, the interim Chief Medical Officer highlighted the engagement exercise within the First Minister's daily Covid-19 briefing which is televised across Scotland. And the use of Near Me video consultations was covered on various BBC Radio Scotland programme including phone-ins.

Relative to the size of population served by each health board area, people in island boards were more likely to respond, followed by people in the Northern boards. This may reflect greater familiarity of video consulting services in these boards where there had been early adoption to address rurality issues.

The responses received from the online public survey were reasonably representative across a suite of demographic characteristics with two notable exceptions. Firstly, responses were over-represented from females (80% responses of the online public survey v 52% female population in Scotland). While females are typically over-represented in health surveys of this type, this is not usually to the extent we have found here (the Consultation Institute, per comms). Secondly, while the working age group (aged 16-64 years) make up 64% of the population, in this survey they also represented around 80% of respondents. In health services, older people are more likely to respond and it seems likely to reflect that, older people may be likely to respond to online surveys. The number of responses from ethnic groups was also low.

The bias towards women responding was evident early on and prompted some targeted awareness raising on Twitter to male groups such as Men's Shed and others. At this point in time we have no evidence or theories to account for this bias. When we controlled for gender, however, there were little or no differences on the survey results.

Survey responses collected over the telephone and by paper, albeit a small number (N=47) were more representative of the population in terms of working age and gender but had a higher number of people with a disability when compared to the population (44% respondents vs 25% Scottish average). Fewer of the phone/paper group had heard about the Near Me service when compared with those who had responded online (41% v 58%) or had prior experience of using it (13% v 25%).

Some targeted work by Greater Glasgow and Clyde found that of the eight interviewees whose first language was not English, none had heard of "Near Me" video service for health and care. Similarly, awareness of the service was low in people with learning disabilities. In another focus group four of the five carers were aware of the service.

5.2 Acceptability by service users and service providers

A key question posed by the engagement exercise was: *Should video consulting be offered for health and care appointments?*

Overall, 87% of those who responded to the public survey agreed that video consulting should be offered. There was little variation in the response by health board, with respondents agreeing Near Me should be offered ranging from 83% to 89%. The only possible exception was for NHS Shetland where this increased to 96%, though the sample

size is low. The analysis was re-run to control for demographic characteristics which showed a slight drop-off in older age groups 65-74 years (82% agreed Near Me should be used) which further reduced in the over 75 years age band to 76%. *This may back up the earlier point about fewer people responding the survey people aged 65 and over.*

Of those who responded by telephone or hard copy, 81% thought Near Me appointments should be offered.

Turning to health care professionals, of the 1,131 who responded to this question, eight out of ten (81%) had previously consulted using Near Me, and over nine out of ten (94%) agreed that Near Me appointments by video should be offered in the future. This may reflect some bias in who was likely to have participated in the survey.

Other responses from individuals and organisations, almost without exception, described a wide range of scenarios where it was acceptable to use Near Me.

5.3 Public and professional opinions on appointment preferences

An important question to address was people's preference for the type of consultation: whether that was phone, video, or face to face.

As expected, preferences for face to face consultations dropped markedly during periods of physical distancing with less than half (46%) opting for an appointment in this way during Covid-19.

Professionals preferred phone and video (95%) during Covid-19 over face to face consultations (56%), and slightly preferred video (88%) to phone (86%) in a post Covid-19 world. The health profession preference for video over phone was smaller than the public's, and indeed health professionals generally scored the acceptability of phone consulting more highly than patients.

The findings showed that video was preferred to telephone consultations, especially by the public, in both scenarios (during and post physical distancing). Although this is unlikely to be significant, it nevertheless is an important finding since hitherto individual clinicians often report a sense that phone is preferred.

On the other hand, Marie Curie reported that its early findings indicated that telephone consultations were preferred over video throughout the pandemic. The charity believed this was due to patients not having the appropriate technology to facilitate video consultations at home or feeling uncomfortable on camera.

Looking at the feedback from people with learning disabilities, a group commonly cited as not appropriate for video consultations, mixed views were found. It would be fair to say that this group encountered more barriers than the public but nevertheless for some video consulting was a positive option, though this certainly should not be overstated.

More generally, from our analysis thus far, the following quote reflects the most consistent feedback around preferences from responses from individual, professionals and organisations across the piece:

"Services are most accessible when people have a range of different access options."

5.4 Range of uses and clinical appropriateness of video consulting

From a clinical perspective, understanding professional opinions around the use of video consulting is a key component to developing the service.

Health care professionals selected a range of consultation types for which they might use video. The most common were 'advice and support' (88%), 'active management and/ or ongoing treatment' (73%) and 'review of long-term condition management including 'medication' (66%). Around one third felt video was appropriate for 'acute presentations' (33%) and 'assessment before a procedure'. Within such categories, there were nuances which should prompt both service users and providers to be alerted to being hasty in making assumptions. This theme will be explored further by looking at substantial amount of free text comments. What is clear from the analysis to date, however, is that most health professionals who responded to the public engagement were comfortable using video consulting, including for:

- consultations where the needs of the patient were predictable; and
- those where needs were unlikely to include a physical examination.

These survey findings are mirrored by the large expansion in video consulting seen in clinical areas where there is less need for physical examination, for example in mental health.

In order to maximise the use of Near Me for management, and review of ongoing conditions, mixed models of care have been developed in which a patient may access routine physical tests (eg, blood samples, blood pressure check) prior to a review appointment by video: indeed, having the test results available at the appointment can inform decision making within the consultation. GP practice nurses reported using Near Me for long-term condition reviews, such as asthma and diabetes, with some suggestion that patients who previously did not attend asthma reviews in person were more inclined to access Near Me appointments.

Where video consulting was reported as less useful was in situations where a patient was presenting with an unknown diagnosis. In these cases, many clinicians thought the potential need for a physical examination was so high that a video consultation created an additional step. In contrast, some clinicians reported that where telephone triage was being used for all acute undifferentiated presentations, then the option to convert the telephone triage call to a video call instantly was very useful. In such a scenario further work is ongoing.

It says a lot about the changing circumstances brought about through the pandemic that, until recently, most of the focus and discussion has been around clinical appropriateness of video consultations. Both through the Equality Impact Assessment process and this wider public engagement, a light has been shone on the other circumstances which should influence decision making. A crucially important factor reported less widely before the pandemic is an individual's access to a private space for a video consultation. This was well expressed by Waverley Care in its response.

"There should be consideration given to whether people can safely and privately access video consultations at home. Home is not always a safe place for many people, particularly to discuss sexual health or another sensitive health issue.

"Likewise, we support some women who would be at risk of gender-based violence if their partners were aware, they were accessing sexual health or BBV services. Many of the people we work with have not disclosed their HIV status to anyone other than healthcare providers.

"It would therefore be important to ensure that there are local, safe spaces where people could access Near Me consultations if it were not an option to do this at home. To protect

privacy, it may be helpful if this could take place in a generic health setting (e.g. GP or dental surgery), so that the person would have an 'excuse' to be attending an appointment."

From the more qualitative feedback wider issues such as loneliness and the importance to wellbeing of getting up and out for an appointment were also touched upon (Case study No.4).

Two sources of feedback specifically mentioned 'touch'. Marie Curie said that staff had commented on the lack of touch due to not being in direct contact with patients. In the UHI feedback they said that this had also come up in discussion with students and staff linked to the impact of relationship building. Nurses and others said that they had not appreciated how much they physically touched patients prior to Covid-19, particularly when patients were emotionally upset. They went onto add "*students have talked about the lack of presence when using VC – difficult to describe, but it's something they feel is missing when using VC. Of course, some of these points could also be adjustment to new ways of working*."

At the time of the Public Engagement, Near Me is being used for a wide range of conditions, clinical services, settings, and scenarios. An attempt has been made to capture the essence and range of feedback. These views spread across primary and secondary care, community services, third sector organisations and health care education.

Near Me is being used by just about every clinical specialty and different health professionals. It ranges from the midwifery and infant feeding at the start of life (Case study No.8), through to cancer, Alzheimer's, and end of life care.

Case study No. 8 Use of Near Me for Infant feeding

"My initial thoughts when I first heard of the Near Me service was one of doubt and apprehension re change.

As an Infant feeding advisor, I wondered how I would be able to offer women support for feeding using this platform? Now four months on my doubts and apprehensions have been blown away.

I daily am able to dive on the platform and find myself in the living rooms of women who are having challenges with feeding. The dads have been amazing and very clever with the camera work, allowing me safe, close contact with mum and baby. The mums seem very receptive and look far more relaxed in their home environments. I am able to look at eye contact, facial expressions and we have successfully been able to identify issues and sort feeding problems. We are now using it to carry out breast feeding assessments prior to referral for tongue tie division.

The COVID pandemic has brought about a lot of anxiety for staff and mums alike and this platform has enabled both parties to see visually without masks conversations which are supportive and empathetic. The feedback from mums has been positive and hopefully as we move forward, we will continue to use it for the future."

Survey responses were mixed around using Near Me for difficult conversations, such as breaking bad news and trauma therapy. Some health professionals and patients highlighted the risk of using remote consultations, for example:

"Using Near Me for this work risks 'bringing' the past trauma into their safe space at home"

But more widely, patients commented that not having to travel home after receiving bad news would be beneficial. Health professionals have suggested that choice is the most important consideration: explaining to patients that the next consultation may involve bad

news or a difficult conversation, and asking where the patient would like to be: at home by Near Me, by telephone, come into the clinic or, potentially, at a Near Me hub close to home (if such facilities exist).

5.5 Benefits and barriers

In the various ways feedback was facilitated, participants were asked for their views on the actual or potential benefits and barriers of video consultations. The majority described both with some also offering their opinions on the benefits and barriers for other groups of people.

5.5.1 Benefits

That Near Me could be used to lower infection risk was common across all feedback and scored as the highest benefit (Table 11).

Table 11 Comparison of benefits of video consultation for the public as scored by the public and professionals

	Scored by		
Benefits to patients	Patient	Professional	Benefits to Professional
More convenient	4.0	Not scored	2.9
Saves time	4.0	4.0	3.2
Saves money	3.6	3.8	Not asked
Reduces the need to take time off work	3.6	4.0	Not asked
Reduces time away from usual activities	3.4	3.9	Not asked
Reduces the need to travel	3.9	4.1	3.2
Lower infection risk	4.2	4.4	4.2
Better for the environment	3.9	3.4	3.5
Easier to have a relative or carer attend	3.1	3.7	Not asked
Prefer attending from a location of my choice	3.5	3.8	3.3
Improve access to services	4.1	3.9	3.9

For the public, the highest-ranking benefits (aside from reducing the spread of infection) were: '*improved access to services', 'more convenient'*, '*saving time'* and '*reducing the need to trave*l'. '*Better for the environment*' also scored highly with patients, indeed, more so than '*saving money'*. Trends were similar for those who responded by telephone or in writing, and indeed for that group 'better for the environment' scored the highest alongside 'lowers the risk of infection'.

Perhaps more surprising was when clinicians were asked to give their opinion on what they thought would be most beneficial about Near Me for their patients (rather than any benefits for themselves), they generally scored them higher than patients with two notable exceptions: 'improved access' (3.9 v 4.1) and environment benefits (3.4 v 3.9) where their scores were lower that the public views.

This qualitative analysis is backed up by some of the other feedback where a range of benefits were described (Appendix 4). The response on behalf of Hospices across Scotland, for instance, pointed out that virtual outpatient and day services are accessible by a wider audience and they can take referrals from further afield.

5.5.2 Barriers

For some people, for a variety of reasons they were not interested in accessing video appointments under any circumstances even where they were not digitally excluded.

"*Systems need to be flexible and not 'one size fits all' to meet individual's needs. A mix of video, face to face and telephone and so patients can choose what works for them*."

The online survey also offered the opportunity for the public and professionals to feedback on the barriers to video consulting. Questions were slightly different for audiences but, where appropriate, responses were compared.

This engagement exercise has, for the first time, highlighted the challenge that many people have with a lack of private space in their own homes or indeed have no home. "*No one left behind Digital Scotland: Covid-19 Emergency*" cited three main barriers to digital connectivity: access to a device, connectivity, and skills to use digital technology. The issue of space, privacy and confidentiality was not described. It was also not identified in the SBAR prepared by Public Health Scotland "*Digital exclusion and impact on accessing redesigning health and care services in Scotland*." Notably, the health care professionals scored that '*no or limited access to a device'* and 'support' to use the system would be the biggest barriers (Table 12).

Table 12 Barriers from the perspective of health care professionals.

	Scored by	
Barriers to patients	Patient	Professional
No or limited access to a device for video calls	3.4	4.0
Poor internet connectivity	3.6	Not asked
Cost of mobile data	3.2	Not asked
No private space for a call	3.3	Not asked
Not confident with video calls	3.0	Not asked
Do not like video calls	3.1	Not asked
Not appropriate for my circumstances	3.2	Not asked
I would need support to use the system	2.9	3.9

Average scores are calculated and go from 1 (strongly disagree) to 5 (strongly agree)

This suggests that until now, services have largely been focused on the technical barriers to using video consulting, rather than the wider patient and social circumstances. The challenges for many to access services is not new yet there has been no requirement to carry out impact assessments for more traditional methods of consultations. For many, Covid-19 has exposed these difficulties. Barriers were apparent for young people, people in abusive situations, people who are homeless or living in temporary accommodation, and people who do not wish their family to know about their health condition or situation.

For health professionals, the biggest barriers for using video consulting were risk of poor-quality sound or image (4.0), '*worried about missing something on the video'* (3.7) and preferring to seeing patients in person (3.7).

A small number describe conducting video calls as 'stressful' or were not confident using video calls for consultations, which in part may link in with feelings of 'stress'. Although this was only identified by a small proportion of respondents, the free text comments would be worthy of further analysis. Many health professionals described their progress in using video consulting from early doubts to growing confidence, and some of the comments may reflect people at different stages of this journey. But as mentioned in feedback from the public, staff not being confident in delivering the service makes for a bad experience for patients.

These results were borne out by the wide range of other feedback with digital exclusion in all its guises and lack of social space and other circumstances featuring as barriers (Appendix 4). Throughout, the feedback was peppered with some technical difficulties experienced and these have been collated in Appendix 5.

'*I found the video consultant really good. There was very little to no waiting time. The letter was very clear in its instructions and it was very easy to set up. The audio was very clear, and the picture was good quality. The only issue was the last 5 minutes the video froze. The doctor's internet was not as good as mine but the audio was still clear so he could still hear me and vice-versa. Overall, I found it to be a good experience although I do not know how I would have felt if I was having to show them something instead of just a conversation*.

Poor internet connectivity and costs were also barriers, but these are not new findings and have been described including across accessing health and other services.

5.3 Improvements

The development of Near Me from its inception has taken a co-design and quality improvement approach. One of the objectives of the public engagement exercise was to identify improvements and it was successful in this regard.

Addressing some of the issues raised in relation to IT, equipment and infrastructure will certainly bring improvements. One of the issues quite commonly raised by clinicians is a need to improve the functionality of being able to move easily between a phone call and a video. Other suggestions ranged from needing to raise awareness of the service in general, improving accessibility, testing loaning devices and having local hubs, such as in Highland, where the service can be accessed from (Appendix 6). Some of the feedback highlighted it was important to support and equip professional and patients with the skills and confidence with how to conduct a good consultation on video.

More specifically, the existing functionality of Near Me is not being fully utilised including some health care professionals not being aware of the existence of functions such as three-way calling and sharing screens. Yet despite this, there was support for additional functionality. Strongest support from professionals was for sending patient information which could be downloaded during the consultation and for patient group sessions. Notably, these were seldom raised by the public with the need for accessible information a higher priority.

In the opinion of one consultant: "*The biggest barriers are clinicians' unfamiliarity and patient access to appropriate technology. Community hospital Near Me hubs, as undertaken in Highland, could be a solution for patients who don't have / can't cope with the technology*."

Factors that would enable video consulting identified by a high percentage of health professionals are somewhat surprising and worthy of further consideration (Table 13). Patients asking for a video appointment' (86%) were more likely to influence a health care professional to offer Near Me appointments than best practice guidance from professional bodies (71%). This backs up an earlier point about raising awareness so that patients know what choices are available.

Perhaps surprisingly, only just over half of professionals (55%) thought peer support from others with expertise would make it more likely that they would use video consultations: although this might indicate responses from professionals who are already experienced in using video and are less inclined to use it for other reasons.

Table 13 Factors that might make use of video consultations more likely

Factors	Support
Interventions to improve digital access, to make it easier for all patients to use video	86%
If my patients' ask for appointments by video	86%
Ability to provide mixed clinics combining video with face to face consultations, instead of all video	79%
Improved internet connection where I want to make video calls	72%
Best practice guidance from professional bodies	71%
Improved organisational processes to use video consulting, eg, clinic scheduling, appointment booking	60%
Video calling device in my normal consulting room / location	59%
Peer support from others who have expertise in using video consulting	55%
More support from my organisation / employer	50%
Support with test appointments so I am more confident in the system	28%
Being set up with an account to use video consulting / currently waiting to be set up	19%

5.4 Environmental

One of the objectives of Near Me is to help to addresses some environmental imperatives including by reducing travel.

Based on the responses from the online survey the public appear to be bought into this to some extent and it was included in their top five benefits. This was seen to be less important to healthcare professionals but one consultant who wrote in commented:

"I don't understand why any treatment modality which will save the health service thousands of pounds and will be better for the environment is even a point of debate."

Various organisations (public and third sector) with a remit around environmental issues were contacted about the public engagement. They were invited to feedback and support with raising awareness and a good number did. Only RSPB Scotland formally responded: "*We can see huge benefits in what is being proposed. It is great to see the links between health and the environment are being recognised more widely."*

While there is clearly a carbon benefit in using Near Me (or any virtual appointment system), as it stands, there is not a system to reliable measure carbon associated with patient and staff travel (aside from the occasional ad-hoc studies). For this reason, it is not included in any 'official' figures. There may be some scope to consider this further as part of the work on NHS Scotland Climate Change and Sustainability Strategy.

5.5 Conclusions

The key learning is that use of Near Me video consultations is much more nuanced than often reported, especially around inequalities and wider societal situations and circumstances. The most common finding was that both organisations and individuals generally feedback both benefits and barriers. In other words, Near Me will not exclusively work for some people and conversely not for others: it will often depend upon individual circumstances. Therefore, the findings challenge some of the generalised assumptions that are often made about when video consulting cannot be used. In addition, there were some subtle but important differences in what the public reported was important to them compared with what health professionals' thought would be important. This again highlights the benefit of co-production and engagement, rather than making assumptions, no matter how well intentioned.

The engagement exercise also revealed that four out of ten people were not aware of Near Me including many who felt they would benefit from it. For others, they knew about Near Me, but it was currently not on offer. One reason for this was that the service is not universally available, sometimes because professionals did not have access to sufficient equipment, did not feel comfortable providing a service in this way, or were opposed to it on some other level.

Notably, however, a strong theme to emerge was that almost nine out of ten health care professionals who responded to the online survey said that '*patients asking for the service*' would make it more likely that they would wish to provide the service.

From the patient/public perspective, poor internet connectivity was the main barrier. In the future there will be opportunities to expand the service when digital connectivity is overcome. While poor connectivity creates digital exclusion, addressing it is quite different when compared to other facets of digital exclusion.

Two of the most significant findings, compared with previous knowledge about the use of video consulting, has been the key benefit of preventing infection and the key barrier of a lack of private space at home.

The Covid-19 pandemic has been, without doubt, the single most important factor in the rapid scale up of video consulting, despite its potential for reduced infection spread being apparent for some time

However, the issue of privacy at home was a more surprising finding of this engagement exercise. This was quantified both in terms of a suitable space/privacy, and confidentiality considerations and was well described by one CAHMS clinician**: "***Patients do not always have a quiet private space to have their consultation and in work with young people and families this leads to a number of boundary issue , confidentiality problems and at its most extreme child protection concerns. I have been told by young people after the event that they felt unable to talk because of the presence of other members of the household in the vicinity*."

While individual clinicians and services may have been aware of the issue this appears to be the first time it has been described across services accentuated during the pandemic.

One of the tenets of the Near Me Vision was to embrace the principles of Realistic Medicine. The last Realistic Medicine report stated: "*NHS Near Me enables us to provide appointments where patients want them, rather than expecting patients to fit their lives around the NHS. It reduces health inequalities related to access and limits the detrimental effects of having to travel for appointments - for frail patients and relatives, it is less exhausting; for others, less time needs to be taken off work or school*."

Through this public engagement exercise, there is evidence to demonstrate that use of Near Me is an important option to meet this objective and that significant progress has been made including a better understanding of equality impacts around appointment types.

One clinician who had been using video consultations for some 20 years makes an important observation for their clinical speciality. "*There is already a huge amount of evidence showing telepsychology is equivalent to in-person, but most clinicians are unaware of this, and as a result, it is often treated as the poor cousin*." The appropriate use of video in the right circumstances is certainly not a 'poor cousin' with evidence to support many benefits.

The findings show that further support would help professionals to overcome some of their barriers and in turn improve the service they can provide through video consultations.

Finally, a consultant neurologist who wrote in with views neatly frames the discussion and where to go from here:

"*I have used Near Me a lot and found that patients in general cope well. The question is where it fits into routine practice once we return to normal? How we use it in a pandemic and recovery will necessarily be different*."

In conclusion it is hoped that the findings presented here together with the further analysis planned with Oxford University, contribute to the granularity of when best to access health and care appointments and guide further developments and improvements to increase choice.

6 Recommendations

1. 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 as described in Realistic Medicine.

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

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

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

5. An action plan is being developed by the Technology Enabled Care Team. It should be prepared, prioritised, and costed to support the implementation of the findings from this report. This should include actions to publish and disseminate the findings and further quantitative and qualitative analysis in collaboration with Oxford University.

6. Interest in publishing the findings in peer-reviewed health care professional journals should be considered.

Appendices

Appendix 1 Comparison of Near Me Numbers, by organisation March and June

Organisation	**Week 1st March 2020**	**w/b 14 June 2020**
3rd Sector	6	188
NHS 24	1	51
A&A	12	592
Borders	7	415
DG	14	675
Fife	4	1048
FV	17	996
Grampian	83	2953
GGC	27	3049
GJ	5	32
Highland	86	1156
Lothian	0	2011
Lanarkshire	22	1929
Orkney	11	131
Shetland	2	66
Tayside	20	1076
Western Isles	8	184
Other	10	189
Blank	0	188
Total consultations per week	**336**	**16, 741**

Appendix 2 Process to co-design the Equality and Impact Assessment

Introduction / context

The outbreak of Covid-19 in early March 2020 increased the use and reliance of Near Me to support physical distancing and reduce the spread of infection. While some local EQIAs were prepared there was no national EQIA in place. With a Vision to grow the Near Me video consultation service, it was timely and essential to co-produce a national EQIA for Near Me.

Based on the available evidence to date, the first National EQIA was published on the Scottish Government Technology Enabled Care Programme's website on 1st September LINK.

It assesses potential impacts for each of the protected characteristics, socio-economic factors, and remote and rural settings.

The co-production process, high level analysis and findings are briefly described below.

Aim

The EQIA process aimed to engage with diverse user groups to ensure that benefits and barriers to using Near Me video consultation are understood, allowing strategies to be developed to improve choice and access where desirable to do so.

Co-production process

During April, May and June, informal engagement took place with various organisations, individuals, and NHS boards to establish relationships as part of pre-work. This culminated in mid-July with a virtual workshop which was held with representatives of the nine protected characteristics groups.

- Age Scotland
- Alzheimer's Scotland
- BEMIS
- Children in Scotland
- CRER
- Deafscotland
- Disability Equality Scotland
- Inclusion Scotland
- LGBT Youth Scotland
- MECOPP
- Muslim Women's Resource Centre
- Poverty Alliance
- Scottish Commission for Learning Disabilities
- Scottish Trans Alliance
- Stonewall Scotland
- Terrence Higgins Trust

Following the event, a document was drafted and circulated for comment. A follow up virtual meeting was held on 6th August 2020 to consider the draft content and format of the document. The document was substantially revised prior to publication.

High-level analysis and summary of findings

Potential benefits and barriers were identified across the protected characteristics reflecting their heterogeneity.

"*There is varied response as expected around preferences because each citizen is an individual*." – People First Scotland

While this may seem an obvious finding it is nevertheless as an important one. Since its inception, generalisations have been commonly made about who video consultations are and are not suitable for.

The EQIA explores in more detail and with evidence some of the benefits and barriers. In summary:

- Near Me reduces travel time, inconvenience, and risk of infection with potential benefits across all protected characteristics.

- In its current form, Near Me is not yet fully accessible for everyone to use from home. Digital exclusion and/or a lack of confidential or suitable space are barriers for some.

- Maintaining the option of face to face consultations and the use of local clinics/hubs or loaning of devices will help overcome many barriers.

- The need for inclusive communications was highlighted.

Issues of training were touched upon. It was noted that discussions around training had tended to focus on technical aspects. It was recognised service providers may benefit from wider training and development in how to conduct an on-line consultation. While this training is available through NHS Education Scotland's Turas platform, it highlights that some further work is required to raise awareness.

Some feedback from the professionals related to impacts on staff carrying out on-line consultation. These issues will need to be explored in further detail.

"*For health practitioners to be confident in using the 'Near Me' system and have a positive attitude about the benefits of it. If health professionals are not keen on using the 'Near Me' platform, it can lead to a poorer experience for the patient/care*."

More generally, it was often the case that issues raised were wider than Near Me video consultations and reflected other isssues. For example, linked to loneliness and isolation: that people want human contact because a health consultation might be one of only a few contacts they have, and that a move away from face to face consultations was sometimes perceived to be linked to 'cuts' or efficiencies.

National and localised mitigation strategies to address any barriers to accessing Near Me are considered. It was also clear that further work is required to raise awareness about Near Me services because some people were not aware of it. A link to the supporting evidence gathered and some of the engagement to date is included in the Full Report.

Appendix 3 Communication and engagement plan

"Meaningful engagement involves engaging people affected by a particular policy, event or change and ensuring people of all backgrounds can take part and have their voice heard and acted upon."

Health Improvement Scotland Community Engagement Website (August 2020)

Introduction

There have been challenges for all organisations to carry out effective public engagement during Covid-19. Recognising this in her correspondence to boards on 25th June 2020 the Cabinet Secretary for Health and Sport commented:

"I appreciate that the engagement will need to take account of the continually changing environment in which we are operating and may require different engagement approaches to be deployed."

This was a particular dilemma for the Scottish Government's Technology Enabled Care Team leading the public engagement as they were seeking views about an online service at a time when a vast majority of engagement and communications was only being facilitated via online methods. From an equalities point of view one of the objectives was to better understand why people do not use the service particularly why patients might be digitally excluded for whatever reason(s). This was a key theme of the Equalities Impact Assessment.

While traditional methods like telephone and postal are very effective to facilitate feedback, this too was problematic as all staff carrying out the public engagement were working from home. There was also no mechanism in place to promote a free-phone number or a free-post address that could be easily serviced.

Advice was sought from Health Improvement Scotland (HIS) Communications and Engagement adviser, the Consultation Institute, and others. These discussions focused on possible approaches when carrying out engagement during a time of physical distancing including building in flexibility to any plans being developed. The approach taken was also guided by HIS Communications and Engagement EQIA. This helped to identify engagement opportunities available to people who share protected characteristics, and those likely to face disadvantage.

Objectives of the public engagement exercise

- 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
- To gain insights about those currently excluded from using the Near Me service
- To identify potential improvements to the Near Me service
- To review the Near Me Vision and governance arrangements as appropriate
- To raise awareness with service users and service providers about how Near Me can be used for health and care appointments

Developing and implementation of the engagement plan

Effective public engagement has always required a range of approaches to involve different audiences. The Covid-19 pandemic, however, has forced the need for even more creativity including tailored approaches. Preparatory activities were carried out in May and June 2020. This included co-production of feedback surveys, other materials, and fostering links with a wide range of organisations?

The first task was to raise awareness of the engagement exercise itself and to encourage people to feedback or get involved. From experience, if this phase is successful, then in turn it will generate ideas to further reach out including to those not on-line. The approach used a combination of planned activities but with capacity to respond to any ideas or requests to 'meet'. This should also reflect in the number, type and range of responses received.

As this was a national engagement exercise combined with some of the barriers to engagement it was agreed that this would form phase 1 and that gathering views especially for those excluded for whatever reasons would be ongoing but informed by current findings.

Raising awareness of the public engagement exercise

Near Me website and contact details

In advance of the launch on 29th June information about the public engagement was prepared for the Near Me website including a public version of the Vision.

A named point of contact was agreed and details including a telephone number (though not a freephone line) were promoted https://www.nearme.scot/views. A dedicated email address was also set up nss.nearme@nhs.net.

Social, local, and national media

Social media

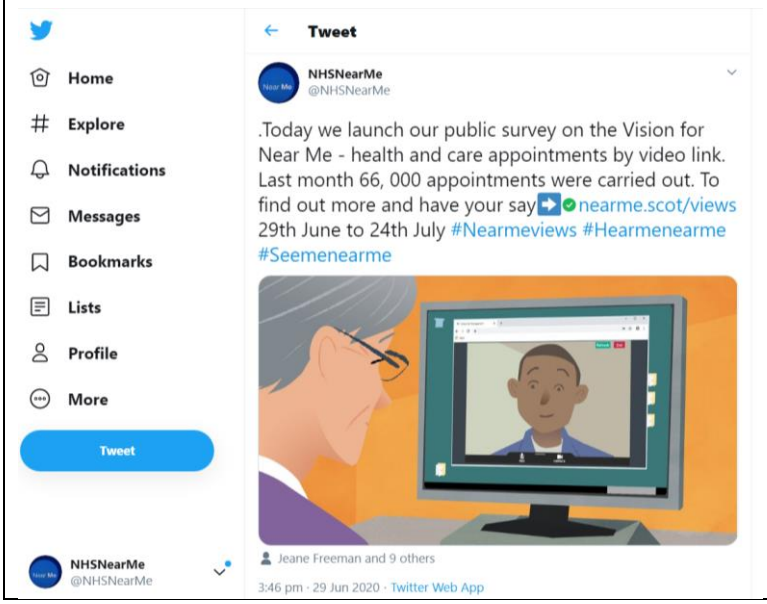
The public engagement exercise was launched on the week-beginning 29th June via twitter HERE (Boxes 1 and 2). Twitter was used extensively throughout the period of engagement including various targeted campaigns. This was through the corporate accounts @NHSNearMe, @TecScotland, @DigiCare4Scot and members of the Technology Enabled Care Leadership Team:

Name	Position	Twitter handle
Margaret Whoriskey	Head of technology enables care and digital health care innovation	@mgtwhoriskey
Hazel Archer	Digital Access Programme Lead	@hazelarcher
Clare Morrison	National Near Me Lead	@clareupnorth

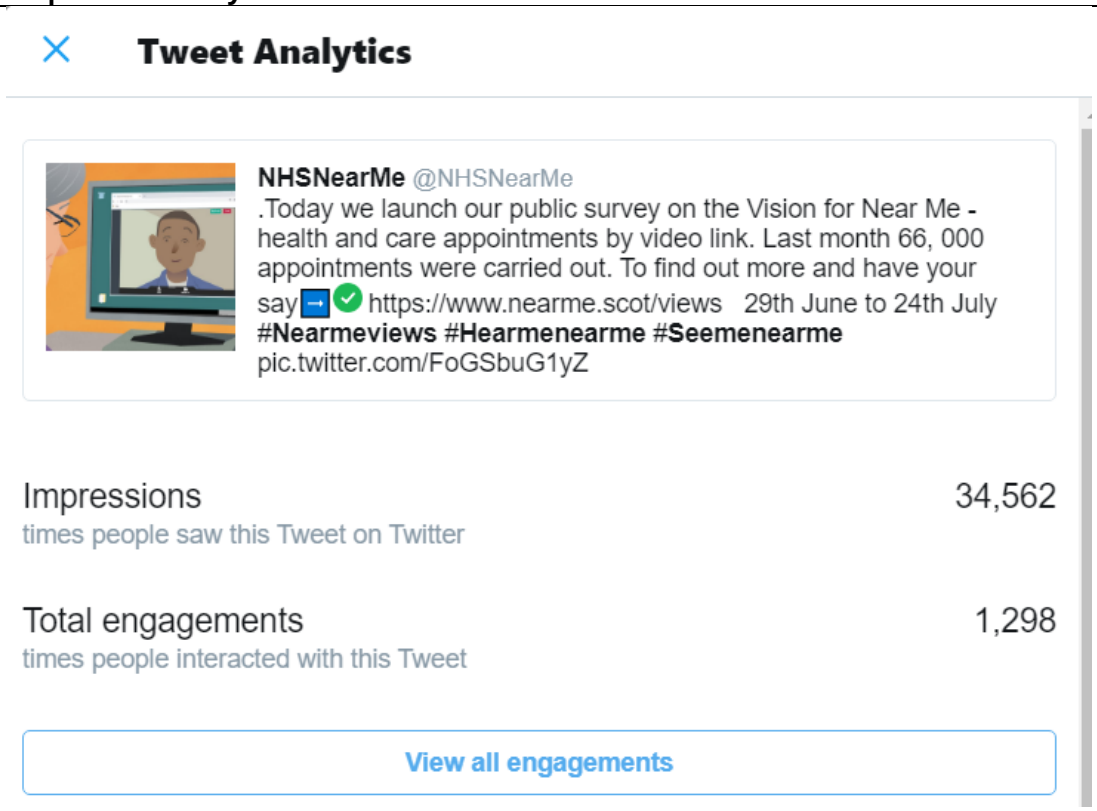
The main hashtag used was #Nearmeviews which was decided through a poll on twitter. During the public engagement all boards, some health and care partnerships and many others were active on twitter including MSPs and senior Scottish Government officials.

The number of followers tripled during this pro-active engagement period.

Box 1 Launch of public engagement on twitter @NHSNearMe on 29th June

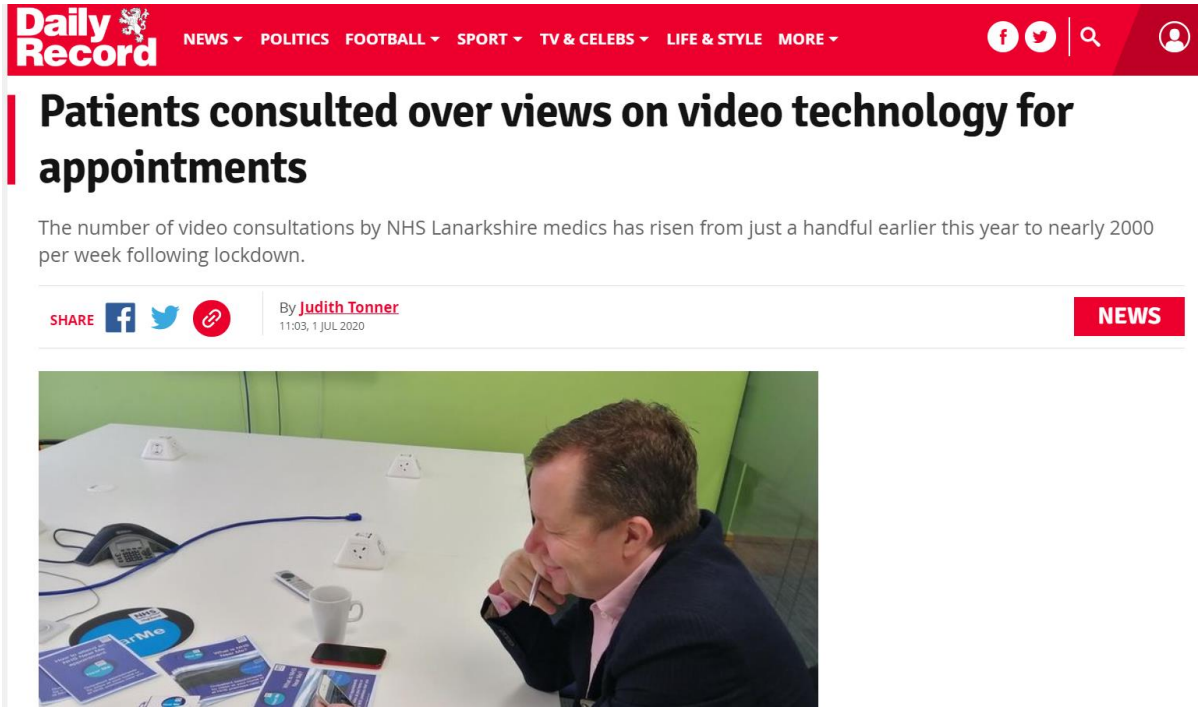


Box 2 | Twitter analytics



Local and regional media

Tailored local media releases were prepared for all 14 territorial boards[18] and issued to over 120 print, online and broadcast media across Scotland. This was a deliberate approach to try and reach more local audiences including those not online. The media releases included a telephone number and an email address for follow up contact. Local media covered the story in all board areas.



National media and online

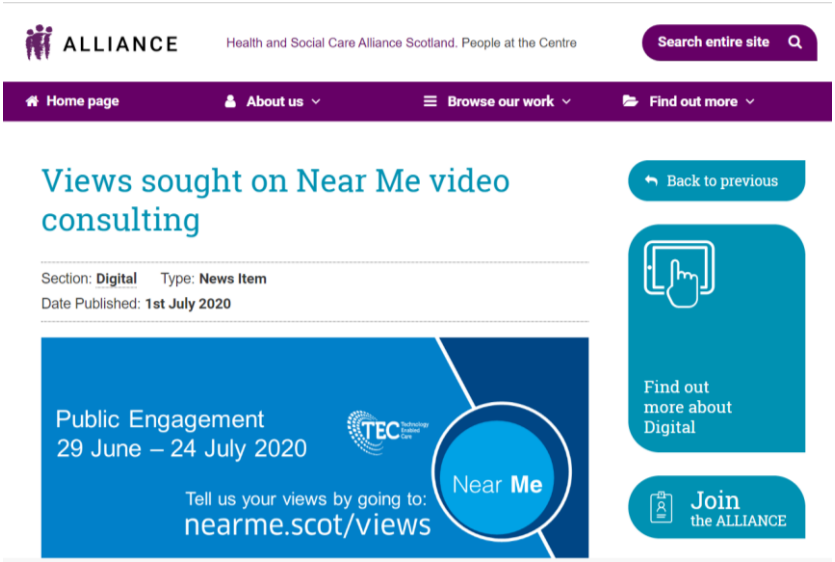
A national media release was published on 2nd July 2020 and issued to all national print and broadcast media Link. Promotion was also via BBC Scotland through the Dr Gregor Smith, acting Chief Medical Officer, as part of the First Minister's Daily Brief (6th July) and mentioned through Professor Jason Leitch Clinical Director on various TV and radio programmes including BBC Radio Scotland football programme 'Off the Ball'.

Many organisations including VHS Scotland, Third Force News, ALLIANCE Scotland, Health and Social Care Scotland promoted the public engagement on their websites and cascaded information (Box 3).

[18] Local boards published their media release on their own websites.

Box 3 | Examples of raising awareness across public and third sector organisations

6 Jul | VHS Scotland Public consultation on NHS Near Me
3 Jul | Third Force News Video conferencing vital for those with hearing issues
1 Jul | ALLIANCE Chief Medical Officer discusses building Scotland's capacity against COVID-19



Stakeholder management (public)

Stakeholder analysis to reflect the objectives of Near Me was carried out during May and June 2020 and built on considerable work carried out by the team during 2019/20. Following on from this a data base of named points of contacts across a wide range of national and local organisations was developed including.

This was a time-consuming exercise because in many cases there were no named points of contact on organisation website (mostly generic email addresses or feedback forms) of which a majority when contacted did not reply. Moreover, on all but a few occasions office telephone numbers were not answered. This again presumably reflected the challenges of Covid-19, home working and wider disruption to many organisations.

Based on the contacts identified, organisations were emailed a letter on the week beginning 29th June which included a link to the public survey and national media release. Issues with reaching out to people who were not online were highlighted with a request to use local contacts and communication channels where possible. Correspondence was tailored to the audience and one example is provided.

Using this approach over 300 organisations were contacted directly by the Scottish Government Near Me Team leading the engagement. Over and above this many organisations confirmed that they had cascaded the link to the Near Me website using social media and via email to local contacts (Box 4).

Box 4 | Examples of information cascade as part of public engagement

"We can circulate material through our newsletters, face-book and twitter feeds, linked in and other local publications. In normal times we could offer meeting space. Anyway, please feel free to use me as the local contact and I will make sure material is circulated."

Dundee Volunteer and Voluntary (17th June)

"*Thanks for sending all of this information over. We've shared this with CCPS members and will post links to the survey on our social media too."*

CCPS - Coalition of Care and Support Providers in Scotland (7th July)

"*Thanks very much for sharing this, we'll get the TEC team to look and share it! I'll forward onto our communications team too and see what they can do with putting it out further."*

Young Scot (9th July)

"*Thank you for your email. I will share this with colleagues at SYP and will ask if it can be included in our next membership newsletter."*

Events and Campaigns Officer, Scottish Youth Parliament (13th July)

"*I have included information about the consultation in our newsletter which went out on Friday and am offering support to our service users who would find it difficult to take part online."*

Community Collective Advocacy Development (13th July)

Stakeholder management (health care professionals)

Prior to the public engagement the Near Me leads worked with range of health care professionals through a series of webinars facilitated through NHS Education Scotland. A data base of contacts for professional bodies was prepared. Through the National Clinical lead for Near Me, contacts were also written to on the week beginning 13 July including a link to the online survey with a request to cascade to their members and invite general feedback.

During the public engagement various virtual meetings were held to raise awareness and facilitate feedback. Clinicians produced short film clips which were available online https://tec.scot/animations/ and promoted through twitter.

Calendar of activities to raise awareness and facilitate feedback

A range of activities were carried out directly by the Near Me Team to raise awareness and facilitate feedback from the public and health and care professionals. There was considerable interest from across the UK and further afield including around the public engagement. Key activities are summarised (Table 1).

Table 1 Summary of main activities to raise awareness

Date	Purpose / activity	Organisation (s)	Method
29 June	Soft launch of Public Engagement	N/A	Twitter
30 June	Local Media	All 14 health boards	Media releases
30 June	Raise awareness	Healthcare Improvement Scotland	Webinar
30 June	Raise awareness	GP Practice nurses	Educational webinar
1 July	National Launch	With Deaf Scotland	Media
1 July	Raise awareness / seek views	SCVO	Virtual
2 July	Raise awareness / seek views	SCLD	Virtual
2 July	Raise awareness	Carnegie Trust	Virtual
2 July	Raise awareness	GP Practice, RCGP	Webinar
3 July	Seek views on British Sign Language	Scottish Government	3-way Virtual
4 July	Raise awareness / seek views	Institute for Healthcare Improvement, US	Virtual
6 July	Raise Awareness with public	Scottish Government	BBC Scotland Daily Brief
w/b 6 July	Raise Awareness	See stakeholder list	Email
6 July	Update on plans	Health Improvement Scotland, Engagement	Virtual
9 July	Raise Awareness / Seek views	Disability Equality Scotland	Virtual
13 July	Raise Awareness / Seek views	BDA	Virtual Meeting
13 July	Preparation for Focus Groups	SCLD	
13 July	Raise Awareness / Seek views	SLI/Contact Scotland	
14 July	EQIA Workshop	X10 organisations participated	Facilitated Virtual
15 July	Scoping interest	Clacks HSCP	Virtual
15 July	National launch clinician survey	All health boards	Twitter and website
15 July	Sharing experiences	HSE, Ireland	Virtual
16 July	National launch clinician survey	Professional bodies	email
17 July	Discussion on non-digital engagement	HIS Community and Engagement	Virtual
21 July	Discussion	Royal College of Surgeons of Edinburgh	Virtual
211 July	Raise awareness	Perinatal Network NHS	Virtual
23 July	Independent Evaluation by Oxford University published	Scottish Government	Various
23 July	Care Inspectorate Report published	Care Inspectorate	Various
24 July	Extension to on-line survey	Technology Enabled Care Team	Twitter
27 July	Discussion leading to circulation of survey to multiple clinical groups	NHS Education for Scotland	Virtual
29 July	Raise awareness and update	All health boards	Letter
29 July	Exploratory meeting re shielding and communications	Scottish Government/Public Health Scotland	Virtual

Table 1 Summary of main activities to raise awareness (Contd.)

Date	Activity	Organisation (s)	Method
30 July	Meeting with a consultant	NHS Forth Valley	Virtual
30 July	Raise awareness	National Carer Organisations	Virtual
31 July	Closing date for on-line survey	Public	
6 August	EQIA Follow-up Workshop	X 2 organisations participated	Facilitated Virtual
6 August	Exploratory meeting re-testing use of Near Me	Frontline Fife	Virtual M
9 August	Closing date for on-line survey	Health care professionals	
12 August	Exploratory meeting re facilitating feedback via non on-line means	ALLIANCE	Virtual
12 August	Incorporating information about Realistic Medicine	Scottish Government	Virtual
14 August	Exploratory meeting re facilitating feedback via non on-line means	Care Opinion	Virtual
18 August	Exploratory meeting re facilitating feedback via non on-line means	The Consultation Institute	Virtual
18 August	International Conference	Part of HIMSS panel	Virtual

Facilitating wider feedback

Following various communications with stakeholders (correspondence, phone calls, emails, twitter, and virtual meetings), 12 organisations undertook to facilitate feedback (or had internal processes in place) from their service user and professional perspectives. To support this, hard copies of the on-line survey were available, a shorter questionnaire and a template for facilitators were also prepared. The methodology adopted by each organisation is briefly described below.

1) National carers organisations

A virtual meeting was held on 30th July 2020 with representatives of National Carer Organisations: Carers Scotland; Carers Trust; Coalition of Carers in Scotland (COCIS); MECOPP; Scottish Young Carers Services Alliance; and, Shared Care Scotland. Following on from this they submitted a response by letter in early August.

A facilitated session over Zoom was also held with five carers as part of their local (West Lothian) coffee morning which had moved on-line.

2) Genetic Alliance UK

This national charity aims to improve the lives of patients and families affected by all types of genetic conditions. On 23rd July they shared their '*Covid19 Impact Report*' published on 2nd July 2020. This was based on gathering views including on the use of telehealth and digital appointments.

3) Hospices in Scotland

The Policy and Advocacy Manager for Scotland co-ordinated feedback across the hospice network in Scotland. Hospices are using a range of virtual services when working with patients and families – including Near Me, zoom, skype, WhatsApp, phone calls and texting.

The feedback they submitted related to virtual services in general, as it was not always possible to separate out specific comments that related to Near Me[19].

4) Marie Curie Scotland

Between April and June 2020 Marie Curie conducted eight focus groups with 37 participants in Marie Curie Hospices in Glasgow and Edinburgh. This was facilitated by their Policy and Public Affairs Manager who aligned the feedback to the Near Me survey / facilitators template. Feedback related to service users.

5) NHS Grampian

NHS Grampian's Equality and Diversity team collated feedback from their interpreting services who support patients where English is not their first language including British Sign Language (BSL).

6) NHS Greater Glasgow and Clyde

Through the boards Equality and Human Rights Team (EHRT), eight individual telephone interviews were carried out to determine the views of people, whose first language is not English, on holding health and care appointments by video. Responses were documented on the facilitators sheet.

The team also identified non-English speakers who, based on their patent records, had used the Near Me. Service. These patients were all written to in their own language. This was followed up via interviews conducted by EHRT assisted by NHSGGC interpreters. From this process 22 people were interviewed involving 12 different languages excluding English.

Feedback was also collected from disabled people via interview – Promoting a more inclusive society (PAMIS[20]), also responded as an organisation with views gathered from some of the carers they support.

7) North Ayrshire Health and Social Care Partnership

The Partnership took part in some testing of use of Near Me in June using a variety of devices and method. Various scenarios were tested including:

- One to one consultation
- One to two consultations
- Small group training

The thoughts of staff and patients were summarised in a short report prepared by the Partnership Engagement Officer.

8) Parkinson's UK Scotland

The Service Improvement Manager requested the short questionnaire to seek feedback. The survey ran in July and August and was facilitated through their local advisers as part of their routine phone calls with service users. They also facilitated feedback from their Nurses.

[19] Any feedback relating to wider delivery of services through technology has been summarised and shared initially with Dr Whoriskey.
[20] http://pamis.org.uk/

9) People First (Scotland)

This is the National Disabled People's Organisation of adults with a Learning Disability in Scotland. People First have a national membership of around 1,000 members. The Service Manager gathered information across Scotland. In addition, working with their Development Workers service users completed the short questionnaire. This was done both as 1:1 and in small groups. Seven people completed hard copies of the online survey.

10) Renfrewshire Health & Social Care Partnership

The Partnership collected data across 29 GP Practices to seek feedback from the perspective of both patients and health care professionals.

11) Scottish Commission for Learning Disability [SCLD]

The Scottish Commission for People with Learning Disabilities (SCLD) aims to be a knowledge hub, bringing together practical support for people with learning / intellectual disabilities as well as promoting good practice and policy work in the field.

Small group discussions were held with '*The keys to life Expert Group'*. This is a group of people with learning disabilities drawn from across Scotland. Since lockdown they continued to keep in contact by phone and video. Three meetings were held on 16 July: two by video (N = 4 and N=3) and one by telephone (N=2). A member of the Near Me team participated, and the sessions were facilitated by SCLD Policy & Implementation Manager.

12) Waverly Care

Waverley Care is Scotland's HIV and Hepatitis C charity, working to make a positive difference in the lives of people affected by HIV or Hepatitis C in Scotland

Through their Senior Research and Communication's Manager it was agreed to facilitate some feedback from service users. The feedback was based on information shared by around 10 staff, all of whom were involved in delivery of frontline services to people living with or at risk of Bloodborne viruses (BBVs). The views of service users were summarised and submitted in a short report.

Awareness of the public engagement

Being able to validate the extent of the communications and engagement is important. It provides the context from which to assess whether the engagement was effective.

As highlighted above the feedback was facilitated across a wide range of groups and using a variety of methods. The large volume and range of responses suggests there was good awareness, however, it is recognised there was a bias towards people who were online including using social media.

Concerns and criticism

Some concerns around awareness and engagement were received via four phone calls, through emails and on twitter. The feedback related to how people who were not on-line would find out about the survey or be able to feedback:

Dundee Pensioners' Forum, 4th July[21]

"*What is being proposed here is a virtual revolution in the provision of health and social care. Older people are probably the heaviest users of NHS services and it is disappointing, once again, that this is an on-line consultation. Apparently, there is an option to feedback by phone. Where is the information about this option being promoted? How will older and disabled people not on-line, know about this phone option? And, how will it work? Will there be hard copies of the survey available for people to refer to when they choose the phone feedback option? Where are these hard copies?*

It worries us greatly that once again, a consultation is put out that will directly affect the lives of many, many older people - and they do not really have access to it. Older people's voices must be heard in this discussion and it behoves those in authority to make sure they are.

Individual, in Lothian area, 9th July

"*As your survey is apparently only available online and only promoted online, you are going to get a biased set of results because you are excluding the most digitally vulnerable people who have no access to the internet (poverty, mental health, age, disability and lack of digital capacity etc).*

By producing biased data, the NHS will be able to justify the exclusion of the most vulnerable. I am appalled."

Individual in Forth Valley area, 30th July

"*I am disgusted about how this survey has been publicised or lack of. I only found out through Brian Pirie Falkirk Council Community Council Liaison officer which you had passed to him.*

The questions can only be answered by those who have access to a computer or smartphone which then eliminate a huge chunk of the population. Particularly the older section. My friend is a manager in sheltered housing and not a day passes without one of the residents asking for help with their phone or computer. Surely this survey is meant to get information from all sectors, and it is not doing that."

Community Collective Advocacy Development Workers at AdvoCard, 13 July

I am concerned about the short period which has been given to this public engagement exercise. Even now, with the opportunity to publicise the consultation, it takes time to get the word out to those service users who are not currently online, and time to then support them to respond.

I am therefore asking for the time period of the public engagement exercise to be extended, ideally by an extra two months, to allow more people to respond and to allow organisations across Scotland to get the word out to their service users and support them to respond.

In all cases these concerns were followed up and the further actions being taken to reach out explained including extension to deadline.

2.5.2 Online survey

Respondents were asked about their awareness of the public engagement. Just under 4,000 people answered this question with the most common way of hearing about the engagement being 38% via social media, 21% website, 14% media, 11% word of mouth and just under

[21] Included with permission

10% via an elected member or local group. Around one in five selected ‘other’ (Table 2). The free text comments have not yet been formally reviewed but it may help highlight what has worked best. For instance, a good number reported that they had heard about in First Minister daily briefing and various TV and radio programmes.

Table 2 | Awareness about the public engagement

Methods	Number of respondents	Percent
Social Media (Facebook/Twitter)	1,513	38.1%
Website (e.g. Near Me, NHS board, third sector)	838	21.1%
Other	727	18.3%
Word of mouth	417	10.5%
Community Council or local group	326	8.2%
Local media (newspaper, radio, TV)	318	8.0%
National media (newspaper, radio, TV)	238	6.0%
I do not know	52	1.3%
Elected representative	48	1.2%

Base: All (3,972)
Responders could select more than one category and so the percentages do not equal 100%

Appendix 4 Thematic analysis benefits and barriers

Written correspondence was reviewed with benefits and barriers highlighted documented. Respondents used slightly different terms and so an element of interpretation was required.

Benefits	**Count**
Convenience (replacement carers / child support)	14
Reduces travel time/effort	13
Reduces spread of infection	12
Improves access (various)	10
Saves time (general)	10
General supportive comment	9
Reduces time work/school	9
Remote and rural (general)	8
Saves money	6
Do not have to leave home	4
Facilitates visual clues/body language	4
Family member able to attend appointment	4
More relaxed from home	4
Independence – do not have to rely on others	3
Person centred	3
Disabilities – restricted mobility, mental health	2
Environmental	2
Less stressful – eg finding way around hospital	2
Reduce Did Not Attend	2
Collaborative working health and education	1
Confidentiality /privacy	1
Facilitates MDT working	1
In the context of a Health and Social care Hub	1
More time consuming	1
More time with clinician	1
Reduces footfall in patient home	1
Time –less time in hospital	1
Wellbeing (general)	1
	130

Appendix 4 (Contd.)

Barriers	Count
Digital exclusion (combined) – Box below	47
Not suitable for clinical care appointments	13
Privacy – lack of private space	10
Person-centred – lacks personal touch /maintain contact	9
Lack of awareness about the service	6
Misses visual clues, watching patient move	6
Communication / sensory deficit	4
Loneliness / isolation	3
Barrier to people getting up and going to appointment	2
Clinician capability and confidence	2
Invasive to see doctor or nurse on screen in their home	2
Personal – anxious/shy	2
Barrier to doorstep conversation	1
Discriminatory	1
Does not support community well being	1
Less familiar with e.g. hospital environment	1
	110

Box | Breakdown of digital exclusion	
Digital exclusion, costs of data / equipment	9
Digital exclusion, general	8
Digital exclusion, connectivity, broadband speed, bandwidth	7
Digital exclusion, lack of kit	6
Digital exclusion, compatibility / different platforms	4
Digital exclusion, quality (sound, visual, freeze)	4
Digital exclusion, choice	2
Digital exclusion, comfortable	2
Digital exclusion, confidence	2
Digital exclusion, capability/literacy	1
Digital exclusion, safety/ security	1
Digital exclusion, vulnerable	1
	47

Appendix 5 Issues raised in relation to IT, equipment, and infrastructure

Source	Theme	Issues / Requirements raised
BMA	IT provision (or lack of it or poor quality)	IT provision (or lack of it or poor quality) would make widespread use of video consultations to deliver unless there is major investment in both hardware and software but also improvements in the bandwidth of hardwired networks and WiFi.
Hospice	Confidence	Some staff have struggled with the IT and having the confidence in using new IT software. There is a built-in bias against these individuals.
Hospice	General	Introducing clients to new technology has been difficult at times. Explaining access over the phone and not being able to be there in person has made it very difficult for those patients whose previous knowledge of digital technology was scarce. Some clients have felt frustrated by this.
Hospice	General	Introducing new technology (e.g. Near Me clinics) in a rapidly changing external environment means it may not be as well established as it potentially could be.
Hospice	Infrastructure / integrated IT	Integrated IT systems, WIFI, access to appropriate kit, suitable office space etc; educational resources and digital platforms.
Marie Curie		Hospice teams reported spending a lot of time working out how to use video consultation and then spending an equally long amount of time helping patients access it e.g. if the patient did not have a level of technological knowledge to facilitate the video consultation (or preferred telephone), physical assessments of their condition were difficult to make.
Marie Curie	Incompatibility	Some staff noted incompatibility of Microsoft Edge with Near Me. Suggested feedback was to include a section on how to change a computer's default browser to Chrome in Near Me guidelines/manuals.
Marie Curie	Information prior to call	Requirement for everyone to give their date of birth and full name. We understand the need for this function for clinical consultations – but it may well concern individuals who are joining for a non-clinical group discussion.
Marie Curie	Provider to provider communication	Providers having the ability to chat before the call would be a welcome addition.
NHS Clinician	App	An app would make the whole process and patient access far more straightforward, particularly for those who are not so IT literate.
NHS Clinician	General overview	"Several our patients do not have access to smart phones, laptops and computers of a level which would support the system. Health boards themselves are not always resourced with work phones laptops or I pad or Wifi connection to link with patients. Poor connection can lead to very challenging appointments where patients are being asked to discuss delicate and private matters with sound and picture out of sync, freezing, sound being lost and disconnections. This feels very unfair and untherapeutic and has resulted in appointments having to be discontinued and taken up by phone or ended."
NHS Clinician	Infrastructure	NHS internet infrastructure cannot cope with the load generated by video calls.
NHS Clinician	Platform / compatibility	Platform does not allow the caller to switch off and hide their camera view which can be a source of distraction and might make calls intolerable for some patients who have body image issue. Backwards compatibility with older browsers may limit access for some users, which could link with issues of equality.

Appendix 5 (Contd.) Issues raised in relation to IT, equipment, and infrastructure

Source	Theme	Issues / Requirements raised
North Ayrshire HSCP	All devices	Near Me considerably drained the battery life of all devices tested and if using a mobile or tablet, it is unlikely to be plugged in at the time of the call. This would make it difficult to successfully have long conversations unless everyone's device was fully charged in advance.
North Ayrshire HSCP	Compatibility	Mobile devices, had more issues than laptop, PC, or tablet.
North Ayrshire HSCP	Internet	Some general challenges included broadband speed connection issues.
North Ayrshire HSCP	Mobile device	Mobile devices would be the preferred method for many patients.
North Ayrshire HSCP	Mobile device	Presentations became too small on mobile.
North Ayrshire HSCP	Mobile device	Some people on mobile were unable to access the link, which was sent, with no fix for this easily found.
North Ayrshire HSCP	Provider to provider communication	The provider is currently unable to see or chat to any other providers until a participant has joined the call.
Parkinson's	General	Poor Wi-Fi, lack appropriate Webb browser and equipment have all caused issues.
Renfrew	Access to equipment	One practice noted if they had one per room would look to book regular appointment slots which would mean they could have reception staff sending links out and talking people through how to log on instead of currently moving to Near Me/Attend Anywhere during phone consultation. This quite frequently leads to a breakdown of technology at patient end and involves far more time to fix the problem or to cancel the video and make other arrangements.
Renfrew	Integrated	Link it in with other things such as Home BP Monitors for more complete picture, however still useful.
Renfrew	Picture quality	Problems can also arise as sometimes picture is very pixelated, possibly due to resolution of camera on patient's devices and noted no use for seeing skin lesions-photographs.

Appendix 6 Suggestions for improvements (other than related to IT and equipment

Organisation	Theme	Suggestions
Community	Awareness	How will patients know when video consultation is an option?
Sense Scotland	Awareness	How does someone find out if there GP offers this service?
NCO	Awareness of Service	Aware that a small number of carer support service uses the 'Near Me' platform and keen to identify how this potential can be further utilised to support positive outcomes for carers.
NHS clinician	Education/Health	Near Me and how to meet with parents and schools together more easily perhaps by having a link to send out like Microsoft Teams have.
NHS Grampian	Feedback/Awareness	Allow feedback from patients who use Near me after their appointment.
Hospices	Financial	Grants to support families without good IT access to access it, to make this a fair and equitable choice for people.
NCO	Governance - National	Service users / carers should be part of any governance arrangements.
RCPE Lay advisers	Infrastructure – local clinic / hub	Provide appropriate infrastructure and support services which might be located at designated NHS clinics or via chat or similar online feature.
Chaplain	Infrastructure – local setting	Develop Near me as part of Health and social care hubs.
NHS clinician	Infrastructure – local setting	Community hospital near me hubs, as undertaken in Highland, could be a solution for patients who do not have / cannot cope with the technology.
Waverley	Infrastructure – local setting	Access services from relaxed and quiet environment from comfort of own home or another location people feel more comfortable with.
Waverley	Infrastructure – local setting	Have local places where people access smartphone or laptop or access to internet.
Waverley	Infrastructure – local setting	Local safe places where people could access Near me, when not an option to do this at home.
Advocacy	Integration of services	Near Me should be provided as part of HSCP.
Genetic Alliance	Integration of services	Integrate telemedicine into routine care practice with the necessary clinical assurance and data protection safeguards.
RCPE Lay	Integration of services	How might Near Me might be integrated with NHS 24?
Realistic Medicine	Patient education	While people are waiting in the virtual waiting area for an appointment education about having a good consultation.
Yellow Card	Patient education	Use the virtual 'waiting room' as a platform for promoting the Yellow Card Scheme.
Community	Patient Information	Information offered at face to face appointments could be emailed.c1
NCO	Patient Information/ accessibility	Information/publicity materials must be accessible in terms of content and format, widely promoted and distributed using a range of channels which reflects the different ways in which people access information.

Appendix 6 (Contd.)

Organisation	Theme	Suggestions
NCO	Patient Information/ accessibility	Prepare Easy read information to provide a good starting point to ensure accessibility of translated materials.
NCO	Patient Information/ accessibility	Translated materials should be quality proofed.
NHS Grampian	Patient Information/ accessibility	Instructions on how to use Near me in their own language.
NHS clinician	Scottish Government / NHS boards	Scottish government advising NHS boards to add provision of videoconferencing-based services to all job descriptions - so that it is there from the outset and non-negotiable.
Hospices	Service planning/integration	Incorporate successful changes into recovery plans and future service model e.g. incorporate virtual hospice services into every role and relaunch as an integrated part of the service.
RCPE Lay	Support	Without appropriate support there is a risk that video consultations will exacerbate inequalities
Waverley	Support and guidance	To be able to access support if they have never use video before.
Hospices	Training	Support staff and volunteers around remote working (various ideas provided)
Marie Curie	Training	Practising by hosting a short staff meeting each week and bringing people into the 'waiting room'.
NCO	Training	Receive hands-on training on how to navigate the 'Near Me' system so that it does not feel overwhelming the first time it is used. This may be something that could be delivered by local carer centres.
NHS clinician	Training	Training course for clinicians that enables them to develop confidence (and that clearly shows the evidence base is already in place).
NHS Grampian	Training	Further training for staff on how to use Near Me with interpreters.
NCO	Training /leadership	To be confident in using the 'Near Me' system and to have a positive attitude about the benefits of it. If health professionals are not keen on using the 'Near Me' platform, it can lead to a poorer experience for the patient/carer.
Hospices	Training/support	Continued support for patients to use video consultations and online resources with confidence.

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