



Near Me Near You: Enabling Digital Access in the Community



Facilitators

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Date	Participating organisations	Speakers	No. Participants
10 th June	NHS Highland (covering community projects in Skye and Argyll and Bute) NHS Education Scotland Remote and Rural Healthcare Education Alliance	Mairi McIvor, TEC Service Manager Mairi MacDonald, Co-ordinator Staffin Helpers Kirstin Robertson, Service Planning Manager, Argyll, and Bute HSCP Debbie Donald and Sharon Hepburn (Friends of Cairndow Hall)	222

Further information

The recording of the webinars are on our You Tube Channel here <https://www.youtube.com/channel/UCpY55mgg3tUtHad8lReHt5w>
For links and resources [Near Me – TEC Scotland](#)

If you would like more information from Cairndow Village Hall or to arrange a visit/video-call, please contact cairndowvillagehall@gmail.com

The ALLIANCE have produced useful resource [Discover-Digital-guide v4.0-May-2021.pdf \(alliance-scotland.org.uk\)](#) and are seeking feedback.

General enquiries email nss.nearme@nhs.scot

Marc Beswick | 18th June 2021

Q&A from Webinar

Ref	Theme	Question/Comment	Response
1	Alcohol/Substance misuse	We are looking at ways to provide online support for substance users. Do you have any experiences to share on alcohol/substance misuse? If so, any remarks on barriers for this group?	We are not aware of any specific service examples or barriers unique to this group. However, we would anticipate that barriers identified in our EQIA would apply. We suggest perhaps asking people who access your service what digital challenges or abilities they do have as a start.
2	App	Is an app or link required for home access?	No app required just the URL of the Near Me waiting area you are attending which can be sent by text or email. Link to the public website for more info.: https://www.nearme.scot/
3	Barriers	What barriers were experienced?	These have been described through Equalities Impact Assessment and Public Engagement and include: <ul style="list-style-type: none"> • Connectivity • Lack of internet or device • Not comfortable with technology • Digital exclusion in other guises. Some older people and people with Learning Disabilities (but was not universal). Near Me video consulting programme: equality impact assessment - gov.scot (www.gov.scot) (Updated version will shortly be on the SG and TEC website)
4a	Booking Appointments	Do the hospital booking staff arrange on behalf of the patient or does the patient book with the local hub/volunteer service directly?	This depends on who and how Hubs have been set up and whether it is for planned or unscheduled appointments. It might be direct through local Hub. But if it is being run through e.g., NHS boards with Hubs it would be through usual booking arrangements.

4b	Booking Appointments	How do the logistics of booking/coordinating a Hub or other support work?	This depends on who and how Hubs have been set up and whether it is for planned or unscheduled appointments. It might be direct through local Hub. But if it is being run through e.g., NHS boards with Hubs it would be through usual booking arrangements
5a	Choice	One of the issues we are having is we are not a rural area so travelling to a health centre is not a concern to most of our patients. They feel we are a hands-on service and are not keen for the potential benefit of Near Me over their perceived concerns. Any advice?	It is about choice for patients, as far as possible but what we would say is do not make assumptions. We know from public engagement and other work travelling is only one aspect. For some the inconvenience of having to take time off work or caring duties, looking after children can be a real challenge. Having to go to health centre and speak to e.g., Reception staff can be problematic for others (neuro diverse / autism) but obviously they are diverse, so it really is about trying to find out what suits best. Another example is people who lip read or are hard of hearing where face masks were a barrier. In some circumstances use of video can overcome this.
5b	Choice	We are using it but the level of refused uptake from patients is the concern.	It is difficult to give a definitive answer. The key is to offer choice but also to understand the reasons people may not wish to have an appointment remotely.
6	Communication Issues	How do people who have additional disabilities and communication issues such as those with Learning Disabilities access facilities, written guidance may not be suitable?	Establishing communication preferences is key and embedding these as part of patient record. We have produced information in a range of languages and formats including videos, Easy Read, Sign Language but more needs to be done. WE are working nationally with Royal College of Speech and Language Therapists and others. Linking in with your local Speech and Language Therapists would be fruitful.
7	Community	Would you say it was community driven or was its health centre driven?	In Highland the original drive to adopt Near Me came from the public in response to the long journeys and work got underway in Caithness and Skye. In both the community projects today were community driven supported by organisations
8a	Community Hub	What is the uptake like for use of the Skye Lab? Do many people access the venue for digital consultations?	Too early to say as it has only just been launched. <u>SkyeLab aims to boost health tech for island and rural communities (pressandjournal.co.uk)</u>

8b	Community Hubs	Community hub models look good. Who pays/owns - NHS or council or third sector or charity? Ditto any devices that are loaned.	It varies depending on the set-up there are examples of all these options. Originally NHS Highland set up was based around Hubs in a hospital, health centre as well as some unstaffed booths. In terms of devices, it depends on how the scheme has been set up. This might be something that would benefit from national overview / guidance. Also applied to education and move to learning from home.
8c	Community Hubs	Do the Community Hubs enable telehealth potential in addition to Near Me?	It depends on who and how the Hubs are set up but yes, they could have the potential to do that.
8d	Community Hubs	The Skye Lab and Near Me volunteers are two great resources. Are these resources that other areas of Scotland may see in the future? I work in an area which has fewer remote areas.	These have both been community-led initiatives and across Scotland we are seeing a key role for them; albeit needs and solutions will differ between communities. There are lots of good resources on Connecting Scotland website. Another useful resource is Scottish Tech Army
9	Connectivity	Some of the issues I have had is that the patient's internet is not good enough for a good quality Near Me session, Connectivity is something that is an issue.	Yes, this is a barrier and one of the reasons Hubs can help. In some cases what people are reporting back is choose a venue with better broadband of 3/4G? I
10	Contract/Licensing	Do you have contract with all NHS health boards?	Near Me is a national procured product provided free by the Scottish Government. Contract extended to March 22 for Health with option to extend for a further 12 months
11	Evaluation	Have you evaluated Near Me?	Yes, both pre Covid and during the scale up during Covid most recent evaluation published in March 2021 https://www.gov.scot/publications/evaluation-near-video-consulting-service-scotland-during-covid-19-2020-main-report/pages/6/ and Near

14	Home Assessments	I am an Occupational Therapist from NHS Highland and working in Raigmore Hospital with amputee patients from all over Scotland. I am looking at developing our service to enable joint home assessments alongside community occupational therapists. Has anyone experience of this happening?	The Occupational Therapy team in NHS Grampian are using Near Me for elective orthopaedic/amputee assessment. Check my Twitter page @marcbeswickahp for the thread on this last week. There may also be synergies with the work which is being progressed with Housing Associations where state of house or specific issues can be viewed remotely such as housing adaptations, local authority Social Workers.
15	Intergenerational	Maybe there is an opportunity to work with senior school pupils on an intergenerational element - the YP could help facilitate Near Me, maybe even in the local schools?	There are a few strands to this. Young People can be digital ambassadors supporting people to get comfortable with technology, how to use their device and so on. There are lots of good resources on Connecting Scotland website. Another useful resource is Scottish Tech Army There is a distinction if it is to support with a healthcare appointment due to confidentiality. Even within families this may not be an option if the individual does not wish anyone to know they are having an appointment.
16a	Learning Disabilities	We are using Nearme for Nursing Assessment in NHS Fife for people with learning disabilities who are able or supported to use the technology.,	Excellent example. This would make a great case study
16b	Learning Disabilities and Epilepsy	We use Near Me for reviewing patients with learning disabilities. I work with people with LD & epilepsy & feedback so far is they find it easier to attend. My clinics have better attendance with less DNAs	Great to hear about your lower DNA rates. This is an area where we would like to explore further. For some people, the act of having to get to an appointment is stressful. This thread might be of interest Trisha Greenhalgh #HappyPrideMonth 🇬🇧🇮🇪🇮🇷🇺🇦 on Twitter: "Tweeps, anyone got an *actual reference* for the claim that neuro-diverse / neuro-atypical people

			can sometimes feel more comfortable consulting remotely than face to face? Thanks in advance for replies." / Twitter
17	Loan Library	We would like to do a loan library but how do you ensure the return of tech? deposit?	The National Near Me Programme has not been involved with loaning of devices but there are local initiatives and Connecting Scotland will be able to assist. Both speakers discussed how they achieved this
18a	Loaning Devices	How do you loan devices to very remote families, or those with limited mobility? Can you post them, or is there a need to collect in person?	Lots of useful advice around this on Connecting Scotland plus our speakers described this in their presentations.
18b	Loaning Devices	Were most appointments for secondary care or was it being used for primary care treatment?	Across the Near Me programme, it is a combination of both. Over 40 % of calls within mental health and 15% undertaken by Allied Health Professionals. About one third are via GP Practices.
19a	Location of Hubs	Part of our pain service in Glasgow has a national service in which patients from all over Scotland attend - those that do not have internet/computers are disadvantaged. Is there a way to check where the nearest Near Me Hub in the community might be for everyone?	This is something we are keen to explore further and consider the best way to facilitate this. It would be useful to have a chat about how the appointments are arranged currently i.e., direct with the patient or through board appointment process. It could be done from Community Hubs in which case would need to raise awareness as you say. However, it could also be facilitated from local hospital or practice.
19b	NHS Inform locator tool	I wonder whether the locator tool could be NHS inform NSD where you can use location.	That is potentially one solution. We also have our TEC website where we could host a map/directory of hubs which other platforms could signpost to. As a rule of thumb, it is important to define what the 'problem' is? Are people not using / offering Near Me because they are not aware of the service . Or do they not wish to use it /offer it. Approaching solutions to these scenarios vary markedly Agree it is probably a blend of both.

20	Poverty	Are there any examples of how we address areas of high poverty in urban cities ?	It will depend on the specific circumstances. For some access to services using technology will be beneficial (do not need to travel, no time of work (if working etc). But if they cannot afford a device or data then local Hubs and local solutions should be co-produced. Work on the Deep End Project is worth looking at University of Glasgow - Research Institutes - Institute of Health & Wellbeing - Research - General Practice and Primary Care - The Scottish Deep End Project
21	Service Remobilisation	We are using Near me for MSK Podiatry services in NHS GG&C, but still to decide how we bring this forward into service remobilisation.	There has been some good use of Podiatry post op wound care undertaken via Near Me. In most cases we are advocating a blended approach where choice is offered, and appointment based on shared decision making in keeping with Realistic Medicine/
22	Translation Facility	Does Near Me have any translation facility which can be employed during a consultation? We have many individuals who we support whose first spoken language is not English and would value this option, especially for sensitive discussions where they would not want a translator present.	Near Me has the facility for e.g., three-way conversations and include interpreters and should be booked in the same way that you would for face to face or telephone. In cases where they do not want a translator present how do you approach this for a Face-to-Face appointment? This is not specific to Near Me. When using Google Chrome as your browser during a Near Me call then you can select to transcribe the dialogue using “Live Caption” in Advanced Settings. However, this is only into English.
23	Volunteers	What process do you go through to verify volunteer status and then manage this group with Covid-19?	Organisations and community groups are all required to follow guidelines around this and follow national and any local guidelines. With respect to Covid-19 work with local health prevention and control staff around cleaning devices, PPE and so on.

High-level overview from participant feedback survey immediately after webinar



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Of the 222 people who joined the Webinar there were 68 responses to the survey– which is higher than normal. Over half (52%) of those who responded provided their professional status were Allied Health Professionals; 13% were doctors or nursing/midwifery, 3% psychologists and 32 were ‘other’. Within ‘other’ there was not an option for people to specify their role/profession, however, from the free text comments it included Digital Project Manager, trainer, manager, researcher. In future it will be important to identify the range of roles participating as needs will vary.

The majority of those who responded to the survey had used Near Me (70%, N=47). Of those who were not using Near Me 76%(N=21) said they were very or somewhat likely to use it now. 9% said they would not use it.

As reflected in the range of participants and ‘interests’ some people would not be using Near Me in their roles, but their teams might be, or were involved in training, research or IT support.

It was evident that Near Me was being used in a wide range of settings and conditions: Voice Clinics, reviewing community patients, initial assessments, Art Therapy, smoking cessation, pre-op, appointments with children and families, patients with Parkinson’s, Autism, and communication difficulties. There were many more examples, and it was particularly helpful to have descriptions of why Near Me was helpful or why it was felt it would not work for patients or circumstances.

Some but not all the responses to the survey were also covered by the comments in the Q&A. There was also a richness to some of the responses and some quite visionary in potential use. There was support for sharing examples from elsewhere and a lot of interest in the concept of Community Hubs, support for this being community-led and that many could see the potential for this extending beyond health and care. There was a theme around the technical abilities of service users being a barrier and addressing inequalities. At an organisational level, some people reported lack of “*awareness of key leads in localities/ board areas*” and that their board did not use Near Me.

The general sense of the event is reflected in the following comment illustrating both barriers and benefits:

“Near Me is an excellent platform for attending healthcare appointments. This has given people an opportunity to attend appointments in their homes or wherever convenient for them. As its technology & IT based, there will always be a proportion of the population that will not be able to access it and conventional/traditional way of appointments still must be available for them. I helped the Near Me team incorporate interpreters for Near Me appointments and this has been quite successful particularly at the early stages of its use. Inclusion of different patient groups and needs must always be a



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part of the planning at early stages such as communication in other languages, formats etc. Plus of course appropriate training of staff on how to use Near Me and being familiar with different features.

“I am aware that there are “Hubs” for Near Me and having an available list would be especially useful. Though I also know that some of these hubs have closed or are still closed due to COVID restrictions. Overall, Near Me is a valuable provision in ensuring people have access to healthcare especially at this time of the pandemic. Well done NHS Scotland Near Me Team.”

All the feedback from participants is shaping and prioritising national and local plans and actions to ensure we optimise the benefits, address any barriers, and maintain our positioning that Near Me is an option that should be available to support shared decision making.

ENDS | 18 June 2021