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**Near Me Video Appointments**

**Learning Needs Survey**

**Health and Care Professionals in Scotland**

**3rd February 2022**

A report published by Technology Enabled Care, Scottish Government

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| **Marc Beswick**National LeadNear Me Network | **Rosie Cooper**National Improvement LeadNear Me Programme |

For further information contact: nss.nearme@nhs.scot <http://www.nearme.scot>

Follow on Twitter @NHSHNearMe @TECScotland @DigiCare4Scot

Contents

[**Acknowledgments** 3](#_Toc93925475)

[**Executive Summary** 4](#_Toc93925476)

[**1** **Introduction** 6](#_Toc93925477)

[1.1 Independent National Evaluation of the use of Near Me 6](#_Toc93925478)

[1.2 Actions to date and next steps 8](#_Toc93925479)

[**2** **Methodology** 9](#_Toc93925480)

[2.1 Scope and limitations of the survey 9](#_Toc93925481)

[2.2 Analysis of responses 10](#_Toc93925482)

[2.3 Other national evaluations and feedback 10](#_Toc93925483)

[**2** **Summary of Findings** 11](#_Toc93925484)

[3.1 Profile of who responded to the online survey? 11](#_Toc93925485)

[3.2 Quantitative analysis 13](#_Toc93925486)

[3.3 Qualitative analysis 16](#_Toc93925487)

[**4** **Discussion** 19](#_Toc93925488)

[4.1 Strategic and Policy Context 19](#_Toc93925489)

[4.2 Strengths and weaknesses of the online survey 20](#_Toc93925490)

[4.3 Learning on general and clinical and care skills 20](#_Toc93925491)

[4.4 Learning needs and resources 21](#_Toc93925492)

[**5** **Conclusions and Recommendations** 22](#_Toc93925493)

[5.1 Recommendations 23](#_Toc93925494)

[**Appendices** 23](#_Toc93925495)

# **Acknowledgments**

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**Many people from health and care organisations across Scotland helped with the promotion of the survey and this is very much appreciated.**

**Most of all we are grateful to everyone who took the time to complete the survey and/or feedback in other ways.**

**We now look forward to working with colleagues to act on the recommendations. If these can be implemented, it will further help to support colleagues and in doing so improve and expand the service.** This will contribute to Near Me being consistently made available as a fair option alongside in-person, telephone appointments and other approaches to improve access to health and care in Scotland.

# **Executive Summary**

Introduction, Background and Context

Near Me is NHS Scotland’s free online video consulting service for health and care appointments, powered by Attend Anywhere.

One of the issues highlighted by earlier evaluation and engagement work was the need to understand training and learning needs of health and care professionals in providing video consultations. Work already conducted on training and development of guidance to support the roll out of Near Me is briefly described in the Report.

Methodology

The Learning Needs survey was designed to get participants to self-assess their core general skills, clinical skills, learning needs, and preferences by selecting pre-set choices. There were also some options for free-text comments and opportunities to feedback directly to the Near Me Team. The online survey went live on 8th November and ran until 6th December 2021.

Key findings

508 responses were received and included health and care professionals from all 14 territorial boards plus the Golden Jubilee Hospital. Over nine out of ten (92%) respondents were from nursing, allied health professionals, medical, mental health, and counselling. Staff working in a community setting (34%), secondary care (33%), and primary care (21%) accounted for 88% of all responses. Both quantitative and qualitative analysis was conducted.

* **Skills**

The key findings on core general and clinical skills in the context of using Near Me are summarised. An overarching theme related to some issues with basic IT skills and limited ability to troubleshoot (or to get support with troubleshooting). For instance, less than half of the people who responded (45% or under) identified difficulties with adding people to calls, using a second screen, or sharing screens. There was also a general requirement for a greater understanding of Near Me features and functions.

* **Learning style and professional development**

Staff expressed the value of in-person peer-to-peer coaching and mentoring to learn and become confident in using digital tools. They cited shadowing, participating in scenarios, and practicing video consultations within teams as useful. The use of putting content on YouTube was also received positively and there are opportunities to build on this. While individual boards will need to agree on their response to learning styles it can be supplemented with some national online approaches to support pace and scale.

There was generally a plea for staff to have more time to learn and practice their digital skills. While this is described in the context of Near Me it is likely to have implications for other digital services. This will need to be considered in line with people’s personal development plans, learning needs an annual appraisal process.

At least six out of ten respondents used five health and care resourcestosupport learning and developmentwith over 70% selecting NHS Education Scotland (Turas[[1]](#footnote-1)); a further 21% were aware of Turas. This offers positive opportunities to increase learning on Turas. Views were mixed around whether attaching Continuing Professional Development points to training content influenced uptake.

**Recommendations**

1. Encourage the provision of further training and support for staff to enable them to increase their Digital literacy and confidence for any tools they are using (e.g., Near Me, Microsoft teams). The Technology-Enabled Care Team / Near Me Team to continue to collaborate with the Digitally Enabled Workforce team within NHS Education Scotland on guidance and practice education resources.
2. Staff are given time and the opportunity to participate in in-person peer-to-peer coaching and mentoring to learn and become confident in using Near Me.
3. A check-back /teach-back technique may be a useful tool to support the communications between staff and patients during video consultations, for example, BRAN questions.[[2]](#footnote-2)
4. Technology-Enabled Care Team/Near Me Team to explore ways of sharing existing training materials and guidance in line with preferred routes identified from the survey. This should build on the high use and awareness of the Turas.
5. There is a need for greater publicity and signposting to resources already available relating to Near Me features and functions. This should be progressed by Near Me Team with health boards, professional bodies, and others.
6. Further work is required in partnership with academic institutions, professional bodies to provide more specific guidance for certain specialties wishing to enhance video consultation skills. For example movement or home environment assessments. This will sit alongside wider work to raise awareness of the option to use Near Me with the public and professionals
7. More generally, modern digital training tools such as online, simulation, and apps were less favoured. This needs to be understood to make sure there is awareness and a positive learning experience for practitioners. A range of tools and blended approaches will be necessary to support scale-up and sustainability.

# **Introduction**

Near Me is NHS Scotland’s free online video consulting service for health and care appointments, powered by Attend Anywhere.[[3]](#footnote-3) Prior to Covid-19 use of Near Me was around 300 consultations per week combined across all health boards in Scotland. During the pandemic, use was scaled-up with, at its peak, over 20,000 per week[[4]](#footnote-4). Current use of Near Me by speciality including GPs is summarised (Appendix one).

While it is being used across all health boards, and by many professional groups and health and care conditions, there is significant variation in uptake. This is both within and between the boards even after controlling for the population size.[[5]](#footnote-5)

To understand the potential benefits and barriers of Near Me while it was being scaled up, a national public engagement exercise was carried out between June and August in 2020. The background and policy context over the period 2016 to 2020 is covered in the report and is not repeated here[[6]](#footnote-6).

The engagement included discussions with professional bodies and an online survey for health care professionals which generated 1,147 responses[[7]](#footnote-7) and touched on some issues with training[[8]](#footnote-8):

*“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.”*

Healthcare professional, September 2020

While some training and support for Near Me is available through the Near Me Team, NHS Education Scotland’s Turas platform, and local boards, the feedback highlighted that some further work was required to raise awareness and understand learning needs. This was initially raised and explored as part of two Independent Evaluations.

## Independent National Evaluation on the use of Near Me

The National Near Me Programme participated in two Independent Evaluations which were commissioned by the Scottish Government’s Health and Social Care Analysis Department. The Evaluations were carried out by the Department of Primary Care Health Sciences at Oxford University and almost exclusively focussed on the views of health and care professionals.

Fieldwork for the first evaluation took place between August 2019 and March 2020 (pre-Covid-19). The resulting report, [“Evaluation of the Attend Anywhere / Near Me video consulting service in Scotland, 2019-20”](file:///C%3A/Users/mntho/Downloads/evaluation-attend-anywhere-near-video-consulting-service-scotland-2019-20%20%285%29.pdf), published on 15th July 2020 described the different ways Near Me can be used (Box 1).[[9]](#footnote-9)

|  |
| --- |
| **Box 1 | Different service models using Near Me** |
| * Hub-home: Clinician connects from their ‘clinic’ to patient at ‘home’.
* Dyadic hub-spoke: Clinician in specialist ‘hub’ centre connects to patient in remote ‘spoke’ health or care site without an additional staff member present (e.g., in an unstaffed kiosk).
* Triadic hub-spoke: Clinician in specialist ‘hub’ centre connects to the patient in remote ‘spoke’ health or care site with an additional staff member (nurse, GP, healthcare support worker present.
 |

The Report set out 11 recommendations including three which related to training and support for staff.

A further phase of the evaluation was commissioned by the Scottish Government to explore the rapid scale-up in response to the pandemic. This took place between July and September 2020 and was published on 23rd March 2021.[[10]](#footnote-10)

The second evaluation consolidated the earlier findings, and the researchers reviewed the recommendations. They added a further three recommendations, the last of which (Recommendation 14, of their report) focussed on the health and welfare of staff with some implications for training (Box 2).

|  |
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| **Box 2 | Recommendations from Independent Evaluations of Near Me relating to Staff Training** |
| **Recommendation 2**: Basic training and multiple try-out opportunities for staff and patients. The Attend Anywhere technology was, in general, dependable, and produced high-quality video and audio. However, it is important to account for the digital literacy and confidence of both patients and staff. The hub-home model presents additional challenges to ensuring adequate set-up and call quality. Some clinicians who use the hub-spoke model have expressed reluctance to move to a hub-home model because they would be unable to control the technical quality of the patient’s connection and/or were concerned about the time required to troubleshoot or resolve technical problems.**Recommendation 9**: Maintaining a Quality Improvement Collaborative to maximise inter-site learning. Recent events reveal the importance of the work undertaken prior to the pandemic, which helped the establishment of a system-level, quality improvement approach to ensuring ongoing adaptation and organisational resilience. It will be important to proactively maintain and expand on existing networks and communities of practice that have grown during the pandemic for ongoing monitoring and improvement.**Recommendation 14**: Monitor the impact of remote consulting on the welfare of the health and care workforce. Continually review the impact of remote consulting on the welfare of the health and care workforce, including their professional identity, mental health, and training; and identity how negative impacts might be mitigated.[Coronavirus (COVID-19) - Near Me video consulting service: evaluation 2020 - main report - gov.scot (www.gov.scot)](https://www.gov.scot/publications/evaluation-near-video-consulting-service-scotland-during-covid-19-2020-main-report/).  |

## Actions to date and next steps

The National Near Me Team has worked in partnership with health boards, NHS Education Scotland, Professional Bodies, Health Improvement Scotland, and others to raise awareness of Near Me and share learning materials, provide training and, support and garner feedback in an ongoing manner.

This has been delivered using a range of approaches including 13 Webinars (carried out between October 2020 and September 2021), preparing, and sharing guidance across specialisms[[11]](#footnote-11), YouTube videos for staff and patients across sectors[[12]](#footnote-12) and shared learning opportunities through improvement collaboratives. A training video on how to carry out a video consultation was also prepared and published in 2020.[[13]](#footnote-13)

New updated videos for the public and professionals across sectors have been published to reflect new features on the Attend Anywhere platform.

The next phase of the improvement work is to follow up on the recommendations of the Independent Evaluation as they relate to training and to seek further feedback on the learning needs of health and care staff (Box 3).

|  |
| --- |
| **Box 3 | Aims of the learning needs survey** |
| * To identify learning needs of health and care professionals in Scotland concerning their current or future use of Near Me including making clinical decisions during a video call.
* To make recommendations based on the findings.
 |

# **Methodology**

The content of the online survey was discussed and prepared in collaboration with clinical colleagues and in partnership with NHS Education Scotland (including input from one of their researchers). It was piloted with clinicians and revised prior to being issued.

The survey went live on 8th November and ran until 6th December 2021. The estimated response predicted was between 500-1,000. Opportunities for feedback in other ways were also offered and some were received. The survey was anonymous, and no ethical approval was required.

It was launched on Twitter via @NHSNearMe and was followed up with direct communications (via email) to an extensive mailing list. This included to all health boards, health and social care partnerships, professional bodies, relevant third sector organizations, and others as part of a documented communications plan.

## Scope and limitations of the survey

The survey was for health and care professionals in Scotland. It was not aimed at patients or the public. At the end of 2020, Near Me was also extended across wider public sector services in Scotland but this was not the focus of the current survey. At the time of launching the survey new functions for Near Me (via the Attend Anywhere Platform), such as ‘Consult Now’[[14]](#footnote-14) and Group Consultations[[15]](#footnote-15) were not live.

From other work, it has been identified that there are, to a greater or lesser extent, leadership, technical, cultural, and individual professional preferences, as to why a clinician, team, or service might not offer Near Me. The extent to which staff working from home may have had a positive, negative, or neutral impact was not covered.

Connectivity was said to be variable across sites and has been highlighted as an issue. While all these very much influence uptake and may have implications for training and development in the future they were out of scope for this work.

It had not been anticipated that people who had not carried out an appointment would complete the survey. The survey did not ask a question about why people had not used Near Me.

Finally, this is not an academic study, and reference to other reports and studies is primarily to provide context. Moreover, it was not aligned to any theories. The level of the analysis is thought to be proportionate to the number of responses. There were queries raised around the clarity of some of the questions. This has been taken into consideration and any reflections and learning noted.

## Analysis of responses

* + 1. Quantitative analysis

The survey tool with analytics and graphics used was Quest Back. Responses to questions used a Likert scale. This provided a series of answers for each question that went from, for example, ‘Always’ to ‘Never’ and with less extreme choices in the middle points. Not applicable or not tried were also included as options in each question where appropriate. Likert scales are widely used in surveys of this type and was based on 11 core questions.

2.2.2 Qualitative analysis

For several questions, there was an opportunity for participants to expand on the answers (via free-text comments – open-ended questions ). All the comments were read by the authors and common themes were noted for each question. This process was then repeated and the frequency that each theme occurred was counted.

To visually display the feedback Pareto Charts were used. This is a type of chart that contains both bars and a line graph, where individual values are represented in descending order by bars, and the cumulative total is represented by the line.

Some charts are included in Section three to illustrate some of the key findings.

Quotes were selected to illustrate some of the commonly raised themes.

## Other national evaluations and feedback

The Attend Anywhere Platform has also been used in Wales, the Republic of Ireland, and England. Relevant findings from the published evaluations of these programmes are summarised (Appendix 2).

# **Summary of Findings**

## Profile of who responded to the online survey?

A total of 508 responses were received.

The following tables describe who responded to the survey by health board (Figure 1), by professional role (Figure 2), and health and care setting (Figure 3). These were all pre-set for respondents to select from.

Responses were received from across 15 health boards (14 territorial boards plus the Golden Jubilee Hospital)[[16]](#footnote-16). Four health boards accounted for just over half of all responses (52%) with the highest number of responses from Greater Glasgow and Clyde (20%) and NHS Lothian (12.4%) (two largest boards) and fewest from the smaller and island boards (less than two percent).

Figure 1 Percentage of responses by Health Boards

Over nine out of ten (92%) respondents were completed by nursing,[[17]](#footnote-17) allied health professionals, medical, mental health, and counselling. Individual professional roles with responses over five percent are shown (Table 2).

**Figure 2 Percentage responses greater than five percent of respondents by the professional role**

Staff working in a community setting (34%), secondary care (33%), and primary care (21%) account for 88% of all responses. Under ‘other’ spanned a wide range of settings including acute hospital, justice service, tertiary care, occupational health, police station as well as some staff who worked across a combination of settings (Figure 3).

Figure 3 Percentage of responses by health and care settings

## Quantitative analysis

* + 1. Core general skills

The survey included a series of questions (4-13) that are generally accepted as necessary to carry out a successful video consultation. Respondents were asked to select on the Likert scale how good they felt they were for each general skill, listed alphabetically below:

* Discussing next steps
* How to explain things clearly
* How to show empathy
* Introducing themselves
* Keeping to time
* Listening
* Observation
* Speaking clearly

**Key findings**

* One in ten who completed the survey (10.3%) had not conducted a Near Me call. It was not within the scope of the survey to explore why a participant had not carried out an appointment by Near Me.
* On average eight out ten (80%) considered themselves to be Very Good or Good across all most general skills listed. A notable exception was ‘keeping to time’ which was lower at 62%. While generally very positive there is a skills gap for some that will need to be addressed.

*“Keeping to time is more difficult on video calls as patients relaxed at home so find they want to keep chatting more.”*

*“Not the same prompts that are in the clinic, so I need to improve my skills to set the time at the start of the consultation and prompt this at the end more.*

*“Feel under pressure when you see someone in the waiting area.”*

3.2.2 Specific clinical/care skills

The same approach was used for clinical/care skills. Professionals were asked to consider skills specific to their role when carrying out assessments by video consultation (Questions 14-28) with an option of not applicable:

* Carers
* Cognitive
* Communication
* Diagnostic
* Functional activity
* Home environment
* Mental health
* Movement
* Minor injuries
* Not applicable
* Screening/ pre-assessment
* Standardised
* Triage
* Urgent care

**Key findings**

The responses regarding the talking-based assessments were predominantly positive. The percentages of those reporting Very Good / Good ranged from 28% - 41%. This indicates confidence and appropriateness of using Near Me with these assessments. It is also consistent in the growth of use by specialities such as clinical psychology:

* + Communication assessment (41%)
	+ Diagnostic (32%)
	+ Mental health (30%)
	+ Screening / pre-assessment (28%)

In contrast only 17% of the responses where Near Me was considered for Home Environment assessment were Very Good / Good

Of all the assessments 41% of respondents chose Not Applicable for Movement. This may be that those responding do not assess movement however the free text answers corroborate that there is strong feeling that it is not appropriate.

3.2.3 Use and confidence with relevant digital tools

Questions 29 to 40 were around what digital tools health and care professionals used when carrying out a Near Me video consultation covering:

* Adding other people to a call such as relatives, carers, or interpreters
* Using a headset
* Using Microsoft Teams
* Scheduling and setting up a Near Me appointment
* Sharing their screen

**Key findings**

Up to 45% of responders identified a lack of basic technical skills as a barrier to optimising and enhancing the use of Near Me such as:

* Adding people
* Second screen
* Using Near Me via a smartphone or tablet
* Screen sharing

*“My difficulties with Near Me are less personal orientated and*

*more technical issues related.”*

3.2.4 Learning needs

Various approaches to addressing learning needs included 15 commonly used in health and care in Scotland (Q41 – 55).

**Key findings**

More than half of the respondents stated they ‘Always’ or ‘Often’ used the following resources):

* Face-to-face one-to-one or small groups with tutors or colleagues (60.8%)
* E-learning (60.4%)
* Webinars at a time suitable to the respondent (57.9%)
* Peer support/supervision (57.7%)
* Face-to-face facilitated groups including lectures (51.2%)

*“Being able to practice using Near Me without a client being present.”*

*“One-to-one or small group learning would be most helpful to me or peer support.”*

Less favoured approaches included Apps and Training Manuals, Case Studies, Conferences, Discussion forums and Simulation.

3.2.5 Professional development resources

Nine professional development resources (Q56-66) were listed, and respondents were asked to select any that they had used or would consider using in the future.

**Key findings**

Most respondents had “used five resources **(**Box 4) with seven out ten respondents selecting Turas (Figure 4).

|  |
| --- |
| **Box 4 | Use of Professional Resources** |
| Resource | Percent |
| Turas | 71 |
| Journal Articles and Reports  | 66 |
| Local NHS Board Training  | 60 |
| Near Me/Technology Enabled Care Websites  | 60 |
| Professional Colleges | 58 |

When combining use and awareness Turas increased to 91% (Figure 4)

Figure 4 Use and awareness of Turas by health and care professionals

The remaining resources all scored much lower such as managed knowledge networks, social media, and specialist interest groups.

There was an even split on the influence of CPD points to participation in learning events with 49% more likely to participate and 44% neutral (Figure 5).

Figure 5 Likelihood of participating with learning if CPD points are attached to educational content?

## Qualitative analysis

There were four questions (Q5, Q6, Q7, Q11) with opportunities for participants to provide additional free text comments and around one in five respondents (22%) took the opportunity to do so. This generated over 100 comments which were analysed. Based on the comments there were five overarching themes relating to current or future use of Near Me as set out below in the order of strength of feelings expressed.

3.3.1 General IT skills and digital literacy

Confidence with General IT skills was a consistent theme throughout the whole of the survey with staff stating uncertainty of how to troubleshoot when their own systems were not working. This was further challenging when trying to support patient’s system to facilitate the video consultation (Figure 6).

*“You need to be able to operate the IT equipment and be able to trouble shoot issue with you own or the patient’s IT. For instance, how to turn on the camera, microphone to increase brightness or volume.”*

Figure 6 Pareto chart of additional general skills when undertaking a video consultation



3.3.2 Peer-to-peer/mock/practice sessions

Staff expressed the value of in-person peer-to-peer coaching and mentoring to learn and become confident in using digital tools. They cited as useful shadowing, participating in scenarios, and practising video consultations within teams.

*“Someone to talk me through it and show me in person.”*

While individual boards will need to agree their response to learning styles it can be supplemented with some national online approaches to support pace and scale. Further work appears to be required to ensure modern digital training tools such as online, simulation and apps are a positive learning experience for practitioners.

3.3.3 Near Me features and functions

There was a general requirement for a greater understanding of Near Me features and functions developed on the Attend Anywhere platform and other digital resources. The feedback highlighted that not all staff were (i) aware of these and /or (ii) how to use them and under what circumstances. Given the high awareness of Turas increasing the availability of resources on this site would be beneficial.

There is a clear need for ongoing signposting to resources already available relating to features and functions of digital tools available for staff to use.

3.3.4 Communication skills

Communication skills are key to any therapeutic or another supportive type of relationship and all elements of communication are recognised as being key within the use of video. However, there was a sense that video required higher levels of observation and listening skills and could place greater demands on staff carrying out these sessions. Many expressed a need to check and teach-back with the patient. This was to enable them to understand what the patient had expressed or wanted to and make sure the patient understood everything that they had been told. On the other hand, responses also highlighted that clinicians were often more aware of how they communicated when using video.

*“I have really enjoyed using Near Me. I have been much more aware of speaking clearly and more conscious of watching body language using this medium than I was in person. I have really struggled with telephone consultations as I miss the cues from facial expression (which can also be difficult with mask-wearing.*

3.3.5 Profession/specialism specific skills

Some professional groups also expressed a need for pathway training and guidance specific to their specialism. These included physical examination, minor injuries units, physiotherapy, and neurology.

Others expressed a need for guidance relating to assessment for example in, mental health, plus more advanced skills in observation. Specifically, subtle body language differences, facial expression cues, information gathered from the patient’s surroundings. There was also a comment about how to spot coercion which links into observation skills.

3.3.6 Resources and approaches to develop skills

The analysis of free-text comments relating to developing skills is presented as a Pareto chart (Figure 7). This highlights that over half of the people who responded would favour in-person practical physical IT support (31%), peer support (14%), and Turas and online learning (12%). As this would also cover Near Me functions (15%) and troubleshooting (10%) this offers a clear focus for prioritisation which would cover 82% of learning preferences.

Figure 7 Pareto chart of the range of resources and approaches which would help professionals undertaking a video consultation



# **Discussion**

## Strategic, policy and wider context

The ambition to continue to use digital care (including Near Me) beyond Covid-19 is embedded in Scottish Government Strategy and Policy including Programme for Government (September 2021), Scotland’s Chief Medical Officers Annual Report Recover, restore, renew (March 2021) and two public consultations: NHS Scotland’s Draft climate emergency and sustainability strategy 2022 to 2026 (November 2021) and Reducing car use for a healthier, fairer, and greener Scotland by 2030 (January 2022 (Appendix 3). These all highlight the need to reduce travel including across health and care and while this offers significant opportunities there are some barriers to overcome.

Based on feedback from the public, patient, and carers across Scotland one factor limiting uptake is that Near Me is not being consistently offered and are not giving patients a choice. Another related issue is that they are not consistently aware of the potential to have an appointment by video. Even where people were aware, they were less likely to ask for an appointment by video unless their health care professional offers it. Moreover, from the ongoing work including Equalities Impact Assessment on Near Me[[18]](#footnote-18), patient experience was said to be poor if the health care professional was not confident or content to use Near Me.

“*For health practitioners, it is important they are confident in using the ‘Near Me’ system and have a positive attitude about the benefits. If health professionals are not keen on using the ‘Near Me’, it can lead to a poorer experience for the patient/care*.”

It is clear there is a need to equip staff to consistently deliver high-quality digital health and care services. The purpose of this specific study, therefore, was to look in more detail at the learning needs of health and care professionals across Scotland.

## Strengths and weaknesses of the online survey

Reflecting on the positives the number of responses (N=508) was reasonable given relatively the short-time period the survey was open (8th November to 6th December 2021) and pressures on staff. It was within the stated range for the estimated number anticipated (500-1,000), albeit at the low end. There was a minimum response rate of 97% across all the questions.

There was a strong engagement in the free text sections with one in five respondents providing additional comments. The analysis of the free-text comments corroborated quantitative questions and provided further detail and context.

The main weakness was around the design of the questionnaire, which for some questions could have been clearer including the Likert scale. In one of the open questions the use of the word ‘feel’ was considered not to offer the best alignment with the specific wording of the question (s) and therefore may have been interpreted differently.

More generally, it wasn’t always clear whether respondents were comparing the use of Near Me to in-person only, telephone, or both. The findings might have been strengthened had that been more explicit although arguably was not in scope. Nevertheless, this is an area that may benefit from further exploration.

Overall, the sample was insufficient to carry out any cross-tabulations or more detailed analysis. There may be merit in looking at professional groups or health boards who provided the most responses. In any case, given the main findings around basic IT skills, it was felt more appropriate to share and act on the findings as swiftly as possible rather than delve into further analysis now.

## Learning on general and clinical and care skills

The findings on core general skills for carrying out a video consultation confirm that respondents are confident, and it affirms that these are indeed core skills: introducing self (85%), listening( 85%), speaking clearly (82%), showing empathy (83%), explaining things clearly (82%), discussing next steps (81%), observation (77%) and keeping to time (62%). It could be argued that these are the core skill set for all clinical consultations. Many described a need to check and teach back to make sure the patient had understood everything that they had been told and their concerns had been addressed.

Notably “keeping to time” was the lowest Very Good/Good response (62%). Keeping to time is perhaps more difficult on video calls as patients are relaxed at home and keep chatting and are less influenced by other considerations, such as several people in a waiting room, somebody waiting for them, or transport arrangements. The only mention about patients being late related to one case about a delay to them searching waiting areas.

*“Not the same prompts that are in a clinic, so I need to improve my skills to set the time at the start of the consultation and prompt this at the end more.”*

*“Feel under pressure when you see physically see others in the waiting area.”*

There was generally a plea for staff to have more time to learn and practice skills. While this is described in the context of Near Me it is likely to have implications for other digital services or indeed any staff members required to use basic IT as part of their job. Given the value of in-person support, it is possible this was exacerbated with more people working from home.

Turning to skills specific to different clinicians carrying out a self-assessment via video. Participants, self-assessed as Good or Very Good for communications, diagnostics, pre-assessment, mental health, and screening. This aligns with how Near Me is currently being used in mental health services. It provides an opportunity to share learning where Near Me is currently not embedded (Appendix 1).

At the opposite end assessing people in their home environment by video, staff were less confident and reflects the practicalities of conducting a home environmental assessment by video. Nevertheless, there is evidence of where Near Me has supported home assessment including occupational therapists. They have used Near Me for virtual home visits and in the triage of family/patient discussing needs where they stated they were fine with showering as they had a shower chair. Using Near Me it was possible to see the set-up in the shower which was a plastic garden chair and felt not to be safe. It is also being used in housing to triage which trades are required to manage a repair. This prompts an opportunity to include in the training/learning materials.

Notably the highest response for “Not Applicable” (41%) and corroborated by the

Free-text comments were for Movement Assessment. In other words, the health care professional didn’t feel it was possible to carry out an assessment by video. This may not necessarily be the case. It may be that an individual could be supported by a carer a relative or a health care professional. In Neurology, for instance, and in the Hub models, trained and untrained helpers can successfully assist with movement assessments. One respondent requested a step-by-step how to do a cognitive assessment via video. This may be a training opportunity with clearer signposting to generic guidance?

## Learning needs and resources

The survey highlighted a desire for staff to have more time to learn and practice skills and become familiar and confident on the use of Near Me. If this can be achieved it should contribute to increasing confidence and facilitate better, more efficient use of leading to an expansion of the use of video across health and care.

There were some clear preferences identified around learning needs and resources.

Going forward this will inform the approaches taken to support colleagues. It will

narrow the focus for seeking support to disseminate training and learning including through Professional colleges, platforms, and mechanisms.

More generally it was evident there was low and variable awareness of Training and Guidance that is already available. This will require better navigation and perhaps the core content offered as peer / small group training.

# **Conclusions and Recommendations**

The need to deliver services in new ways during COVID‑19 has demonstrated the range of alternatives available, in addition to traditional face-to-face care. This included, most notably, Near Me video consultations which rapidly scaled up during the pandemic. Furthermore, healthcare services will have to take further actions to address the climate emergency with a strong focus required on transforming the delivery of health care. This will include further expansion of digital approaches. Therefore, it is important that both service providers and services users are aware and equipped to benefit from digital options when appropriate to do so.

The learning needs survey follows up on some of the recommendations of the Independent Evaluations carried out in 2019 and 2020. This work highlighted a need for “*Basic training and multiple try-out opportunities for staff and patients”* emphasising the importance of considering digital literacy and confidence for staff. Some clinicians expressed reluctance to move to a hub-home model including concerns about the time required to troubleshoot or resolve technical problems of patients. Near Me has functionality for patients to Test ahead and needs to be promoted.

The current survey has further backed up the evaluation findings. An overarching theme related to issues with basic IT skills and limited ability to troubleshoot. Staff overwhelmingly expressed the value of in-person peer-to-peer coaching and mentoring to learn and become confident in using digital tools. They cited shadowing, participating in scenarios, and practicing video consultations within teams as useful.

The reasons people are not preferring digital learning must be better understood. It may reflect a learning style, poor experience, or lacking confidence in digital learning. Going forward thought needs to be given on how to change the perception of digital, online, and simulation learning. While learning preferences are not a learning need it is important to understand the wider context to support staff.

Six recommendations have been drafted which relate to the findings of this survey. The Video Conferencing Programme Board and NHS Education Scotland will consider these. Once approved an action plan will be developed for 2022/23 including identifying any necessary resources. An additional seventh recommendation has been included which reflects learning preferences.

## Recommendations

1. Encourage the provision of further training and support for staff to enable them to increase their Digital literacy and confidence for any tools they are using (e.g., Near Me, Microsoft teams). The Technology-Enabled Care Team / Near Me Team to continue to collaborate with the Digitally Enabled Workforce team within NHS Education Scotland on guidance and practice education resources
2. Staff are given time and the opportunity to participate in in-person peer-to-peer coaching and mentoring to learn and become confident in using Near Me.
3. A check-back /teach-back technique may be a useful tool to support the communications between staff and patients during video consultations, for example, BRAN questions.[[19]](#footnote-19)
4. Technology-Enabled Care Team/Near Me Team to explore ways of sharing existing training materials and guidance in line with preferred routes identified from the survey. This should build on the high use and awareness of the Turas.
5. There is a need for greater publicity and signposting to resources already available relating to Near Me features and functions. This should be progressed by Near Me Team with health boards, professional bodies, and others.
6. Further work is required in partnership with academic institutions, professional bodies to provide more specific guidance for certain specialties wishing to enhance video consultation skills. For example movement or home environment assessments. This will sit alongside wider work to raise awareness of the option to use Near Me with the public and professionals.
7. More generally, modern digital training tools such as online, simulation, and apps were less favoured. This needs to be understood to make sure there is awareness and a positive learning experience for practitioners. A range of tools and blended approaches will be necessary to support scale-up and sustainability.

# **Appendices**

## Appendix 1 | Use of Near Me in Scotland, January 2020 to December 2021



Note 1: Near Me use in Scotland peaked in March 2021 with a record 22,000 calls per week. With changes to Covid-19 restrictions, the numbers have declined but are now stable at round 50,000 consutation per month.


Note 2: This reflects overall use. Having looked at it comparatively in six-month blocks some specialities have increased their use and while others have decreased.

## Appendix 2 | High-level findings from Evaluations in England, Ireland, and Wales

To set the Scottish work in context, other national evaluations, were briefly reviewed especially through the lens of infrastructure and learning needs for health and care professionals. The feedback and insights are consistent across Scotland, Ireland, and Wales. The evaluation in England didn’t cover these elements but has been included as it includes environmental benefits.

**Republic of Ireland**

Report on the Findings of the First National Evaluation of the use of Video Enabled Health Care in Ireland*,* July 2021[[20]](#footnote-20) facilitated through the Office of the Nursing and Midwifery Services Director.

The evaluation was based on an online survey with 719 responses from healthcare professionals; half used the Attend Anywhere platform. Their recommendations as they relate to elements of digital skills and training, as follows:

* Strengthen digital capacity amongst health service users and providers.
* Assess the need for digital literacy and digital skills training and preferred mode of delivery amongst healthcare professionals.
* Create a digitally educated healthcare workforce including curriculum developments for professional undergraduate and postgraduate programmes and as a continuing professional development module.
* Increase educational support for healthcare professionals in the use of platforms for group education or therapy sessions.
* Increase awareness of existing training and education resources.

**Key messages**

* Satisfaction levels with video-enabled care were high overall with patients/clients reporting higher levels of satisfaction than healthcare professionals.
* Dissatisfaction with video-enabled care was largely related to technical problems or the appropriateness for the purpose of the consultation.
* 40% of healthcare professionals indicated that they or their patients/clients experienced an appreciable level of technical difficulty.
* Responses indicate that many healthcare professionals experienced advantages to using virtual platforms including fewer interruptions than face-to-face consultations, less time required for the consultation, reduced non-attendance rates, and potential for increased appointment numbers.
* Reported disadvantages were around poor internet connectivity and inappropriateness of specific patients/clients or health conditions which do not lend themselves to remote healthcare practice.

**Supporting narrative**

* The survey was conducted when healthcare professionals were under pressure to attend quickly to their patients, and capacity to undertake training may have been compromised by workload and the necessity to react quickly in a crisis. As telehealth is integrated as a further option for delivering care, a systemic programme to enhance digital literacy across the board may be advisable.
* Technical concerns emerged as the most frequently cited deficit of video consultations. This was overwhelmingly to do with poor connectivity on the part of the health service or the patient/client.
* In comparing video and in-person appointments, although 61% viewed video at least on a par with in-person visits if not more useful, 39% of healthcare professionals deemed video less or much less effective. There is evidence from the qualitative data that this is in part related to connectivity and/or appropriateness of video for the appointment purpose and may also be attributable to poor IT skills.
* The functionality of platforms themselves was also addressed by respondents requesting the capacity to show videos, screen-share, and able to invite others to share the consultation. Attend Anywhere and other platforms already provide these functions which suggest the need for further training and repeated updates to teach users how to manage these functions and/or to increase awareness of their existence.
* Access to community-based digital hubs and digital literacy education for patients/clients may be a viable method of providing equitable access

**Wales**

The NHS Wales Video Consulting Service, Technology Enabled Care (TEC) Cymru[[21]](#footnote-21) [[22]](#footnote-22)is based on quantitative and qualitative analysis based on 22,978 ‘live’ end of Video Consultation surveys. The data was collected from 1st September 2020 to 28th February 2021 and published in September 2021. This was followed up with 27 virtual focus groups with of 85 clinicians.[[23]](#footnote-23)

**Key messages**

* It was highlighted that the virtual platform was easy to use for professionals and patient.
* Video-enhanced communication compared to telephone appointments.
* Many participants mentioned a lack of confidence for both themselves, colleagues, and their patients. In some cases, this led to resistance to using video.
* It was suggested there was a need to improve the technical support that was on offer.
* The importance of continuing to raise awareness with both patients and clinicians to expand the number of people that use and benefit from video.

**Supporting narrative**

* Clinicians who used video the most were physiotherapists, doctors, and speech and language therapists. Paediatrics, child health and mental health, and other therapies, trauma and orthopaedics, and neurology and neurosurgery were the commonest users.
* One of the benefits of the video was being able to observe body language and other nonverbal cues, as well as being able to directly see patients' physical injuries.
* Video provided a unique opportunity to observe patients’ behaviour in their home environment, where they may act more naturally and feel more comfortable. It was frequently expressed by the participants that conducting the consultation via video from the patient's home alongside family members meant that patients were more open, less stressed, and more able to cope with anxieties
* Another benefit reported by professionals was the convenience of no longer needing to commute to work. For most, this meant that they could reach out to their patients via video particularly those who were unable to travel or found it difficult to travel to the hospital or clinic.
* Challenges such as ‘issues with devices, internet, visual or audio’ were minimal for the patient. Clinicians (72%) were more negative about video quality when compared with patients (92%) but the reason for this was unknown
* Being taught how to split the screen would support notes being written up in real-time. Screen sharing functions on were noted to be particularly useful in facilitating educational elements of appointments.
* The value of individuals practicing using the platform with colleagues to gain confidence was highlighted.
* suggested innovations included having a way of checking connections prior to appointments and having access to instant support if technical difficulties arise during consultations.
* Providing increased support within communities was also suggested, such as offering teaching sessions and creating community hubs containing facilities for individuals who may lack the necessary equipment to access at home

**England**

* Video Consultations in Secondary Care NHS England. Report by Edge Health for NHS England and NHS Improvement, 14 September 2021.[[24]](#footnote-24) It is based on an analysis ofthree million video consultations involving more than 69,000 clinicians using the Attend Anywhere Platform.
* Over 76% of clinicians were “positive” or “very positive” about video consultations and 77% of patients reported it as “easy to use”.
* While the study uses NHS England data in Secondary care the findings are transferrable. They also arrived at some similar conclusions to the findings in Scotland with a key challenge being the need for further work to raise awareness of video consultations to ensure it is consistently embedded as an option to access services where appropriate.
* The report estimates fewer journeys to hospitals resulted in more than 14,200 tonnes of avoided greenhouse gas emissions and 46 tonnes of PPE avoided.
* This Report quantified estimated benefits of using Video Consultations across key themes:
* Improved patient flow
* Reduced infection risks
* Fewer missed appointments
* Reduced waiting time for patients
* Reduced costs
* Economic benefits
* Environmental

## Appendix 3 | Brief overview of current strategic and policy context in Scotland

The ambition to continue to use digital care (including Near Me) beyond Covid-19 is embedded in Scottish Government Strategy and Policy including in most recent Programme for Government published in September 2021:

“*Building on the desire of many to access care and support in new ways and underpinning our commitment to offering flexible access to care, we will scale up digital care.”[[25]](#footnote-25)*

Near Me also featured in the Chief Medical Officers Annual Report with multiple references and case studies relating to use of digital including Near Me[[26]](#footnote-26).

“*The speed at which Near Me has been adopted brings me great hope for the future. It is a fine example of Realistic Medicine in practice, demonstrating that improvement and innovation can support delivery of personalised care*.”

Two Scottish Government public consultation documents in response to global climate emergency also reference increasing use of digital services in health and care including to reduce the need to travel:

NHS Scotland’s Draft Climate Emergency and Sustainability Strategy 2022 to 2026 is open for consultation until 10 February 2022[[27]](#footnote-27).

*“We will support the continued use and expansion of NHS Near Me and other forms of remote consultation where it is clinically appropriate.”*

Reducing car use for a healthier, fairer, and greener Scotland outlining steps needed to reduce car kilometres travelled by 20% by 2030 open for consultation until 6th April 2021.

“*These actions will support a reduced need for travel by patients and visitors, through the continued use and expansion of Near Me; a refresh and modernisation of NHS homeworking policy; the use of 20-minute neighbourhood principles to plan new community health facilities and the exploration of better-integrated care to reduce the number.”*

1. Turas is NHS Education for Scotland's single, unified platform for providing access to health, wellbeing, and social care tools and learning resources for health and care professionals in Scotland. [↑](#footnote-ref-1)
2. This is facilitated through questions asking about **B**enefits, **R**isks, **A**lternatives, and **N**othing. [↑](#footnote-ref-2)
3. 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 wider use within the care and other services. Attend Anywhere is the platform that powers Near Me. While Near Me is now a strong brand the service still sometimes gets called NHS Near Me or Attend Anywhere. [↑](#footnote-ref-3)
4. There have now been over 1.4 million appointments delivered (in January 2022) [↑](#footnote-ref-4)
5. Near Me is now being extended across social care, housing support, and wider public services. [↑](#footnote-ref-5)
6. [Near Me Public Engagement: Public and clinician views on video consulting: Full report (www.gov.scot)](https://www.gov.scot/binaries/content/documents/govscot/publications/consultation-analysis/2020/09/public-clinician-views-video-consultations-full-report/documents/near-public-engagement-public-clinician-views-video-consulting-full-report/near-public-engagement-public-clinician-views-video-consulting-full-report/govscot%3Adocument/near-public-engagement-public-clinician-views-video-consulting-full-report.pdf). [↑](#footnote-ref-6)
7. This was carried out by the Technology Enabled Care Team and was published in September 2020. [↑](#footnote-ref-7)
8. The engagement was not focussed on training, but some comments were raised about training. [↑](#footnote-ref-8)
9. The different service models are mentioned in the recommendations of Independent Evaluation but otherwise are not relevant within the context of the Learning Needs Survey though do have implications to help address some of the health inequalities. [↑](#footnote-ref-9)
10. [Coronavirus (COVID-19) - Near Me video consulting service: evaluation 2020 - main report - gov.scot (www.gov.scot)](https://www.gov.scot/publications/evaluation-near-video-consulting-service-scotland-during-covid-19-2020-main-report/). [↑](#footnote-ref-10)
11. [Guidance Notes | TEC Scotland](https://tec.scot/programme-areas/near-me/guidance-notes) [↑](#footnote-ref-11)
12. [NHS Near Me - YouTube](https://www.youtube.com/c/NHSNearMe/videos) [↑](#footnote-ref-12)
13. [Video consultation skills: an overview for clinicians - YouTube](https://www.youtube.com/watch?v=QQ5V1-OoY1g) [↑](#footnote-ref-13)
14. <https://www.vc.scot.nhs.uk/wp-content/uploads/2021/10/consult-now.pdf> [↑](#footnote-ref-14)
15. Up to 30 participants can join a call for up to two hours. That will rise to 70 callers and include a chat function with the final release. This is currently being tested and rolled out. [↑](#footnote-ref-15)
16. The Golden Jubilee is Scotland’s National Hospital providing national and regional heart and lung services. It is also the flagship hospital for reducing waiting times in key elective specialties. [↑](#footnote-ref-16)
17. All types of nursing roles combined. [↑](#footnote-ref-17)
18. [Equality Impact Assessment | TEC Scotland](https://tec.scot/programme-areas/near-me/equality-and-accessibility/equality-impact-assessment), Version 2 – May 2021 [↑](#footnote-ref-18)
19. This is facilitated through questions asking about **B**enefits, **R**isks, **A**lternatives, and **N**othing. [↑](#footnote-ref-19)
20. [Report-on-the-findings-of-the-first-national-evaluation-of-the-use-of-video-enabled-health-care-in-ireland.pdf](file:///C%3A/Users/mntho/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/VV3GJGDG/report-on-the-findings-of-the-first-national-evaluation-of-the-use-of-video-enabled-health-care-in-ireland.pdf) [↑](#footnote-ref-20)
21. [Phase 2 Evaluation | Digital Health Wales](https://digitalhealth.wales/tec-cymru/how-we-can-help/evidence/eval-reports/vc-phase-2a) [↑](#footnote-ref-21)
22. [20210810 v4 Branded Phase 2a Quali Data v.1 GJ BW AA.pdf (digitalhealth.wales)](https://digitalhealth.wales/sites/default/files/2021-08/20210810%20v4%20Branded%20Phase%202a%20Quali%20Data%20v.1%20GJ%20BW%20AA.pdf) [↑](#footnote-ref-22)
23. [Follow Up Focus Groups Phase 2a Quali Report Final Oct 2021.pdf (digitalhealth.wales)](https://digitalhealth.wales/sites/default/files/2021-11/Follow%20Up%20Focus%20Groups%20Phase%202a%20Quali%20Report%20Final%20Oct%202021.pdf) [↑](#footnote-ref-23)
24. [Outpatient video | edge-health (edgehealth.co.uk)](https://www.edgehealth.co.uk/outpatient-video) [↑](#footnote-ref-24)
25. [A Fairer, Greener Scotland: Programme for Government 2021-22 - gov.scot (www.gov.scot)](https://www.gov.scot/publications/fairer-greener-scotland-programme-government-2021-22/), September 2021 [↑](#footnote-ref-25)
26. [Annual Report 2020 – 2021: Recover, Restore, Renew – Realistic Medicine](https://www.realisticmedicine.scot/annual-report-2020-2021-recover-restore-renew/), June 2021 [↑](#footnote-ref-26)
27. [NHS Scotland Draft Climate Emergency and Sustainability Strategy - gov.scot (www.gov.scot)](https://www.gov.scot/publications/nhs-scotland-draft-climate-emergency-sustainability-strategy/) [↑](#footnote-ref-27)