



# **Near Me Final Report**

Version 1.2

December 2023

## 1 Introduction

This report provides an overview of the use of video consultations within NHS Scotland from its early introduction in the late 90's, through the development of patient facing solutions, to the introduction of Attend Anywhere / Near Me and expansion to Social Care, Housing and wider public services.

It provides a factual account of the timelines and usage with the focus on the adoption and development of Near Me. While recognising the variation in uptake of Near Me, discussion on the reasons behind this is largely out of scope. Instead, the paper provides links to a sub-set of reports, publications, and other resources developed throughout the programme which provide policy context, insights and analysis.

## 2 Summary

Video conferencing and video consultations have been in use within NHS Scotland for over two decades. Systems have evolved from dedicated video conferencing units using telephone lines to modern web browser based systems.

To enhance the ability to hold video consultations with a person in their own home (or close to home), the Attend Anywhere application was purchased in October 2016. The video consultation service was later named Near Me.

Consultation number steadily grew to around 1,000 consultations per month in early 2020.

The COVID 19 pandemic had a profound impact on the use of video calling. Through a 12 week scale up programme the use of Near Me increased to around 72k consultations per month in June 2020 and peaked at 92k consultations per month in March 2021.

The service was extended to include publicly funded services in October 2020.

The Near Me programme has been underpinned by a once for Scotland approach:

- Procurement – following a competitive process, the licence for the underlying Attend Anywhere platform was extended to March 2026.
- In line with the new contract and changed to the platform information governance and security documentation had been updated.
- Co-design with the developers and key stakeholders has led to a range of improvements to the platform including:
  - Group consultations
  - Consult now, allowing immediate entry to a video call with the provider
  - Improvements to the call screen for ease of use
  - Audio recording for Social Security Scotland.
- Other activities including Equalities Impact Assessment, communications and engagement and evaluations.

### 2.1 Current Usage

Usage over the last 12 months has been stable, with around 33k consultations held each month. There remains significant variation in uptake between NHS Boards.

90% of all consultations were classed as Health and Care and around 5% attributed to activity from Social Security Scotland. Activity with the care sector is recognised as being less well developed.

Activity was spread over 80 specialties, with around 50% of activity attributed to Mental Health.

The facility to hold Group Consultations was fully launched in June 2022. To date around 11k group sessions have been held, with over 51k callers attending.

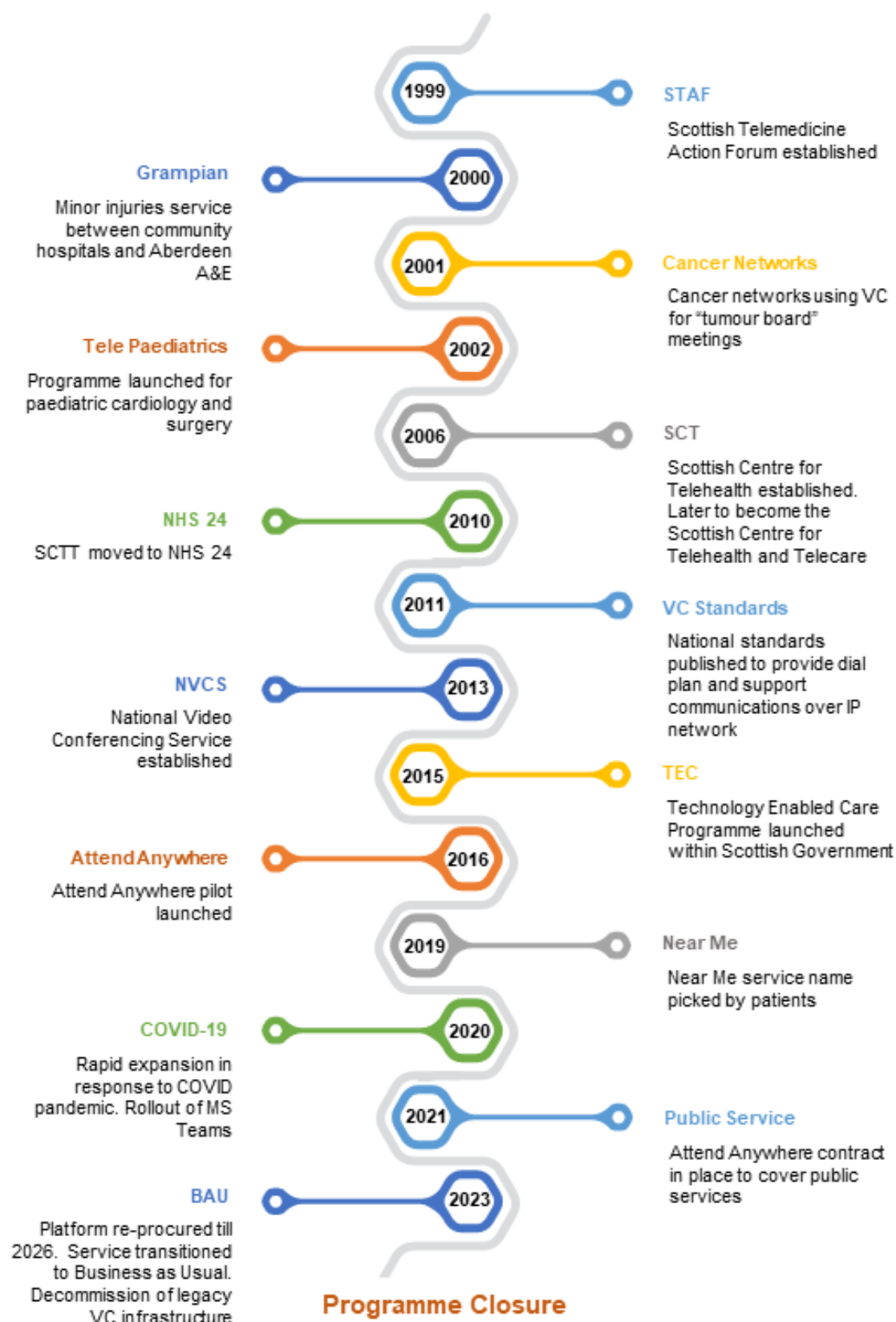
Caller satisfaction remains high with 97% of respondents stating that they would use the system again.

## **2.2 Future of Near Me**

With widespread use of Near Me, backed up by extensive support resources, it is recognised that Near Me is embedded across the Health Sector. Use within Social Care and wider public services is less well developed. However, with ongoing support from the National Video Conferencing Service (NVCS), new services will continue to have access to the tools and technical support necessary to help them grow.

With a stable future ahead, this makes Near Me a Business as Usual Service.

**Figure 1 Timeline of Video Calling in NHS Scotland**



### 3 Early Development of Video Mediated Clinical Services

#### 3.1 On-Site Video Conferencing Services

Video conferencing has been used in NHS Scotland for over two decades (Figure 1). Early pilots, funded by the Scottish Telemedicine Action Forum (STAF) included Minor Injuries, Cancer Networks and Tele Paediatrics.

In NHS Grampian a minor injuries network was established with fixed systems located within the network of cottage hospital. A consultation would then be held with the clinician in Aberdeen A&E, thus avoiding travel to the city.



Work within the cancer networks largely focused on supporting MDTs, where a multi-disciplinary team would meet across multiple sites to discuss the treatment plan for each patient. Telemedicine rooms were established in cancer centres across Scotland.



Within the Tele Paediatrics project, mobile carts were deployed to neonatal and paediatrics units throughout Scotland. This enabled the local clinician to perform an echo-cardiogram and beam it directly to the consultation in the tertiary centre in Glasgow. This avoided unnecessary neonatal transfers. The service also supported surgical clinics with rural areas.

The service also extended to child and adolescent mental health services, with the Yorkhill in-patient unit becoming the largest user of the service.

As technology improved, high definition was introduced and the range of peripheral devices extended, it became possible to conduct a wider range of clinical examinations.



### 3.2 Video Consultations from Home

As video conferencing to external sites across the internet became cheaper and easier to deploy, several pilot programmes were established to test the use of video consultations from the patient's home. These used either small video conferencing devices or a software based system running on a laptop.



While the benefits of providing a video call with the patient's home were evident for high need uses cases (MND, palliative care, very remote based patients), the expense of providing dedicated devices or laptops was prohibitive.

Though the software solution could be installed on a person's own device, it was clear that downloading, installing and configuring an application was difficult for most patients.



## 4 National Video Conferencing

Developments in clinical services were underpinned by improvements in video conferencing infrastructure (Figure 2) and service support. Early devices were often room bases with complex audio-visual installations and used three fixed ISDN 2 lines to provide connectivity. In many boards support was provided by the Medical Illustrations teams.

To support a migration to IP based communications, a national dial plan and standards to support firewall traversal were published in 2011. This led to a migration to IP for video traffic, supporting higher definition video calls, the use of cart-based systems and the implementation of a centralised management system.

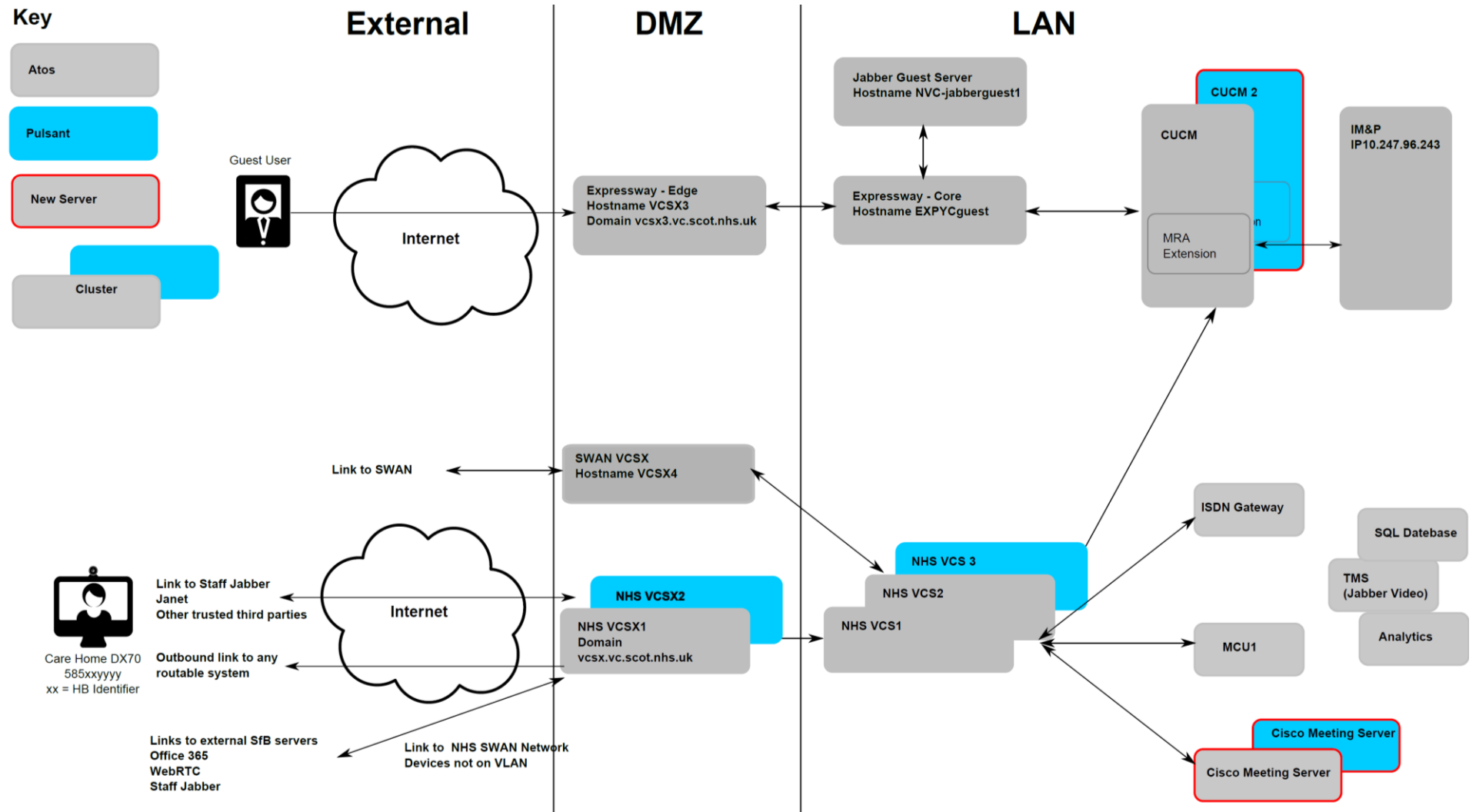
To improve the support for video conferencing, the National Video Conferencing service was established in 2013. Hosted by NHS Grampian, this brought together local support teams to provide a managed services across NHS Scotland.

Further enhancements to the video conferencing infrastructure provided:

- Outbound dialling to external systems via the global dial scheme
- Desktop video conferencing using the MOVI application (later renamed Jabber)
- Ability to register devices from outside the NHS network, supporting home working and access from 3<sup>rd</sup> party organisations.
- Increase in capacity to support multi-site meetings
- Multi-protocol support for SIP and browser-based systems
- Interoperability with MS Team



Figure 2 Legacy Video Conferencing Infrastructure



With the introduction of MS Teams as the core video platform for staff communication and Attend Anywhere group consulting facility for patient sessions (as described in 11.2), the requirement for traditional video conferencing has declined. As much of the infrastructure becomes end of life in December 2023, plans a well advance to decommission the remaining systems.

To maintain access to Teams meetings for VC rooms that have yet to be updated, a temporary cloud bases solution is being implemented.

## 5 Attend Anywhere

As described in section 3.2, there was a desire to provide video consultation for patients in their own homes. These were generally patients who due to their remote location, frequent use of services or difficulty in travelling made video consulting attractive.

In 2015 the team became aware of the work being undertaken in Health Direct Australia. This utilised Attend Anywhere, a purpose built application that used the in-built video capability with the browser. It was recognised that this provided a step-change in the usability of video calling from the patient home and had the potential to support the scale-up of video consultations across a wider range of specialties and use cases.

Key features of Attend Anywhere were and remain:

- Works in a web browser, so nothing for the patient or caller to download.
- Easy to use for both staff and end service users.
- Supports the complex workflow of the health sector.
- Ability to include link within a paper appointment letter.
- Information governance and security commensurate with use within Health and Care sectors.

### 5.1 Initial Pilot

With funding from the Technology Enabled Care programme, the initial contract with Attend Anywhere was awarded in October 2016. The service was launched in December 2016 by the Cabinet Secretary.

The first live call with a patient was undertaken by Dr Stephen Baguley, a Sexual Health Consultant in NSH Grampian.

By March 2018, Attend Anywhere clinics had been established in 13/14 territorial boards as well at a range of Integrated Joint Boards and third sector organisations.

“I’d started a patient from one of the smaller Orkney islands on antiretrovirals and he then developed a rash. I needed to have a look at the rash and see how ill he seemed so suggested a video call. The man had previously used Jabber Guest with me and was quite into trying out new technology. My colleague John Thomson had set me up with an Attend Anywhere account, so I suggested we gave it a go.

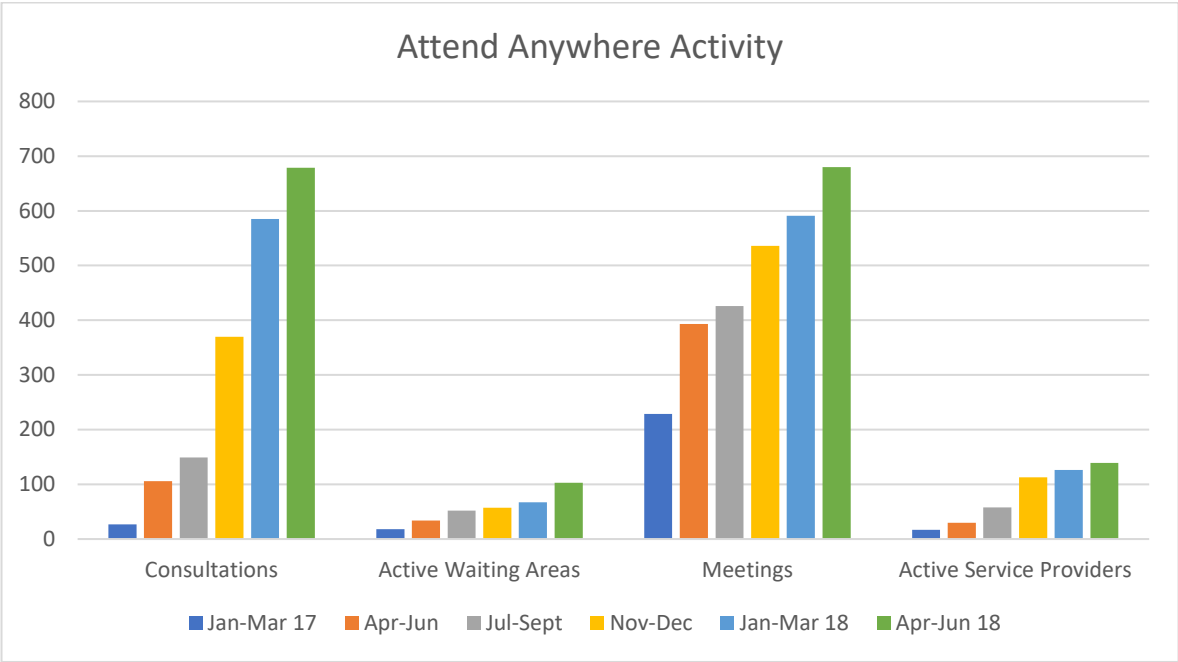
It was instantly clear how much easier Attend Anywhere was to use – none of that having to book a call in advance, and the waiting room function set it apart from other technology available at the time.”

Dr Stephen Baguley

Figure 3 shows the uptake of Attend Anywhere from January 2017 to June 2018, with a steady rise in use for both consultations and small meetings.



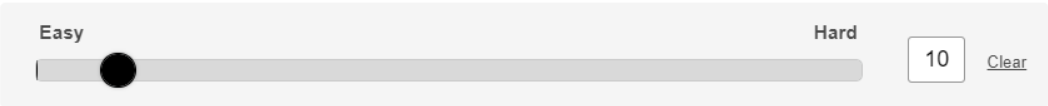
**Figure 3 Early Attend Anywhere Uptake, 2017-2018**



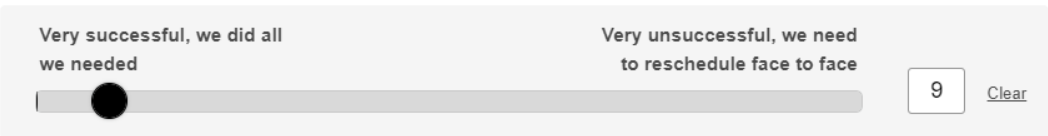
Feedback from end service users was positive, with 98% of users stating that they would use the service again. Figure 4 provides feedback on the caller's experience of the video consultation.

**Figure 4 Early User Feedback**

\* 1. How easy was it to use the video consulting system?



\* 2. In your experience, was the video consultation



## 5.2 Pathfinder Programme

To support the scale-up of Attend Anywhere a funded Pathfinder programme was established. This allowed Health Boards to bid for funding to establish the use of video consulting. An overview of the programme is shown in Table 1.

**Table 1 Programme Timeline**

October 2016	Contract awarded to Attend Anywhere for one year
December 2016	Service available for early adopters (no funding provided)
October 2017	Based on success of initial pathfinder, the contract awarded for further two years.
January 2018	NHS Highland funded to develop Near Me service covering Caithness
July 2018	NHS Highland funded to extend Near Me service. One off costs funded by TEC with running costs met by NHS Highland following approval of business case.
December 2018	Scale-up funding totalling £1.6 million was awarded to 14 programmes covering 11 Health Board areas and the Golden Jubilee National Hospital.
September 2019	Contract extended to September 2020

### 5.3 Near Me in Highland

In January 2018, funding was awarded to NHS Highland to establish a video consultation service in Caithness. This aimed to reduce patient travel to Inverness (a round trip of over 200 miles for some patients for very short appointments), with 10% of all outpatient activity for Caithness patients being undertaken by video call. Notably, this was designed as a Hub and Spoke model. Further funding was awarded in July 2018, to extend the service across the NHS Highland area.

As part of the patient engagement undertaken at the start of the programme, patients picked “Near Me” as a name for the new service. This was later adopted nationally as a brand for the service, to avoid the use of the product name (Attend Anywhere). This also had the benefit of being platform agnostic allowing the service name to be maintained regardless of any future procurement.

### 5.4 Uptake in Grampian

In parallel with the work in NHS Highland, NHS Grampian developed a wide range of clinical services across both primary and secondary care. Using patient-focused booking, video appointments were routinely offered for patients attending the Inflammatory Bowel Disease Clinic. This reduced patient travel for those who found it difficult to travel due to their condition.

Clinics were also established in Child and Adolescent Mental Health, Paediatric Occupational Therapy, Paediatric Psychology, Speech and Language Therapy, Maternity, Neurology, General Outpatients (including Sexual Health), Diabetes and Oncology.

Work was also undertaken in the Acute sector to establish video consultation as an option for those travelling from Orkney and Shetland.

### 5.5 Wider Uptake

Good progress was also made in several other board areas. Notably, collaboration between NHS Western Isles and NHS Greater Glasgow and Clyde resulted in a range of services

developed to reduce the need for patient to travel to Glasgow including Hand Surgery and Rheumatology (Table 2).

**Table 2 Consultations by Board Area up to March 2019**

<b>Board</b>	<b>No of Consultations</b>	<b>No of Waiting Areas</b>
Highland	1441	35
Grampian	1022	44
Western Isles	416	18
Greater Glasgow and Clyde	288	22
Dumfries and Galloway	211	23
Forth Valley	170	14
Fife	149	3
Tayside	149	14
Lanarkshire	146	5
Ayrshire & Arran	114	13
Orkney	93	5
Shetland	89	7
Borders	40	1
Golden Jubilee National Hospital	4	1
Lothian	0	0

## **5.6 Near Me / Attend Anywhere Evaluation**

In July 2019, the University of Oxford was commissioned to undertake an independent evaluation of the Near Me / Attend Anywhere. Fieldwork was undertaken prior to the COVID-19 pandemic, with the report published in July 2020<sup>1</sup>.

The evaluation was positive and noted:

- Increasing use of video consultation
- Improved access to specialist services
- Less need to travel
- Improved management of certain conditions
- Improved access for seldom-heard groups
- Reduced professional travel and improved efficiency
- Improved collaboration between professionals

The report also made 10 recommendations for future work. As these were shared with the team prior to publication, the recommendations were built into the COVID-19 scale-up programme.

By the time of publication, it was clear that the COVID-19 pandemic had created a step change in the use of video consultations, surpassing the initial evaluation. In June 2020, the commission to the University of Oxford team was extended to evaluate the rapid scale up of Near Me during the early stages of the pandemic. Fieldwork was conducted between June and October 2020.

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<sup>1</sup> <https://www.gov.scot/publications/evaluation-attend-anywhere-near-video-consulting-service-scotland-2019-20-main-report/>

The report highlighted the progress made in both the growth of services and in response to the recommendations from the initial report. It also recommended the need to review and address digital inequalities, engage and support GP Services, support set-up in care homes and monitor the welfare of the workforce.

A copy of the evaluation can be found [here](#)<sup>2</sup>.

## 6 Near Me COVID-19 Scale-Up Using an Improvement Approach

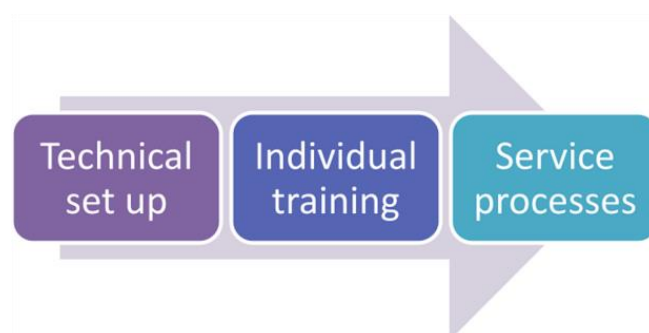
Backed by the Cabinet Secretary for Health and Sport, in March 2020 a '12-week scale-up plan' was launched to help rapidly deploy Near Me services. This included targeted support for GP practices, priority secondary care services and care homes, while maintaining platform access and providing technical support for local priority activities.

The initiative was grounded in learning from the early scale-up programme, based on a three step model focusing on technical setup, training and service processes.

Taking an improvement approach, a suite of guidance resources on the implementation of Near Me across different care settings were developed (Appendix 2). These included outpatients, primary care, inpatients, care homes and a range of specialties including mental health, paediatrics and midwifery.

To support the rollout, support was provided by Healthcare Improvement Scotland (HIS), the Scottish Access Collaborative and the Care Inspectorate.

Between March and June 2020 there was a 50-fold increase in video consultations, from 330 per week to around 17,000<sup>3</sup> in March 2020. Usage of Near Me peaked in March 2021, with 92,000 consultations (Figure 5).

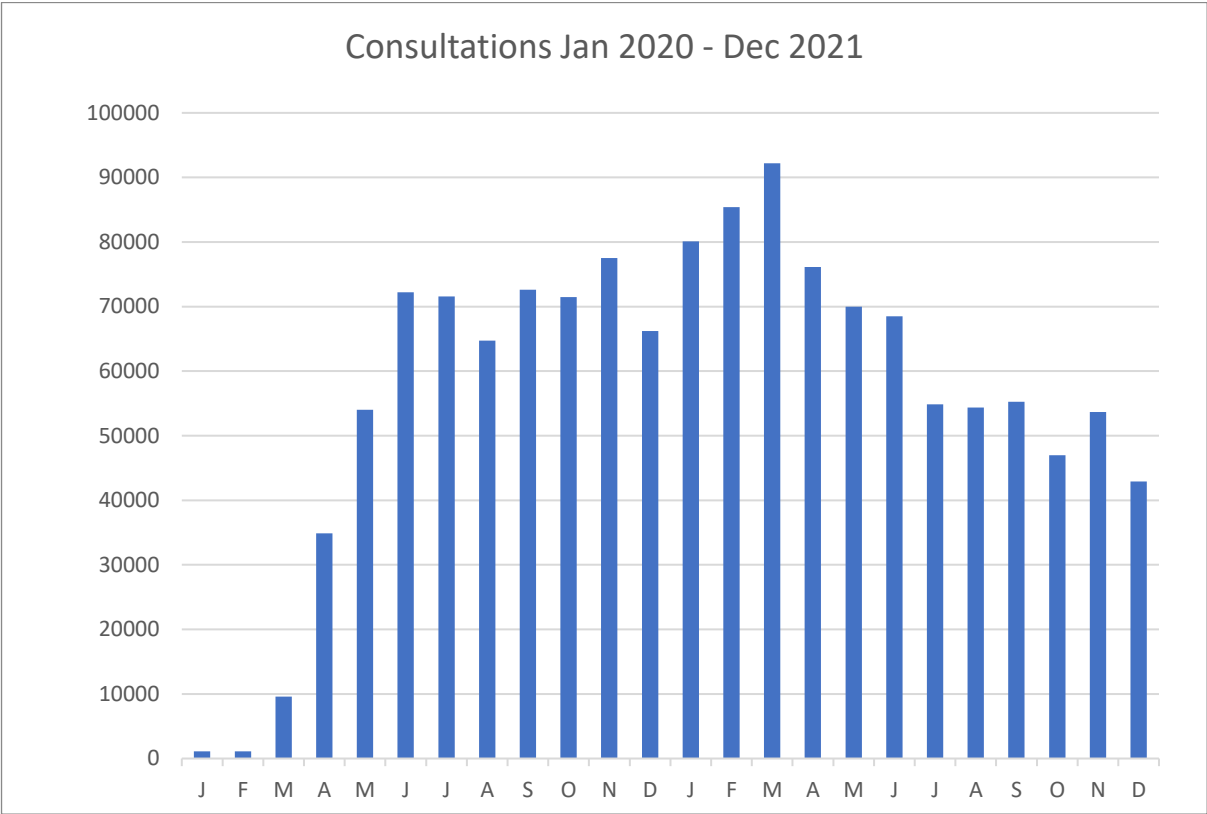


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<sup>2</sup> <https://www.gov.scot/publications/evaluation-near-video-consulting-service-scotland-during-covid-19-2020-main-report/>

<sup>3</sup> All consultation figures quoted in the paper are based on a minimum duration of two minutes. This helps to filter out calls to reception and testing but will also filter out some short duration activity. Total call volumes, including those less than two minutes are approximately 20% higher.

**Figure 5 Near Me Consultations 2020 to 2021**



**6.1 Benefits During COVID-19**

The benefits realised during COVID-19 are difficult to quantify given the diverse nature of the services established. However, during a period of very significant reduction in in-person services, the need for social distancing to reduce infection and limited public transport options, Near Me offered a real alternative to maintain services that would otherwise have been cancelled or curtailed. Some of the benefits for different services are summarised below:

**Mental Health**

During the pandemic, Mental Health services account for around 45% of all call activity. This supported a wide range of community and secondary care services covering both psychiatry and clinical psychology. Detailed guidance that described a risk based approach to video consultations was developed and published.

## AHP Services

Allied Health Professional (AHP) services such as Physiotherapy, Dietetics, Speech and Language Therapy and Podiatry were heavily impacted by the pandemic. Traditionally hands on therapies were adapted to work over video, with patients or carers training in wound dressing, remote video assessment in Physiotherapy along with a range of practice guidelines.

Good practice was spread by a programme of webinars for each specialty, with high registrations forcing NES to upgrade their webinar licence with on each occasion up to 1,000 participants.

## Outpatients

With a significant reduction in in-person outpatient appointments, services developed innovative approaches using telephone consultations, image sharing and video calling. Specialties with significant use of video included Paediatrics, Endocrinology, Obstetrics and Gynaecology, Oncology and Gastroenterology (Figure 6).

**Figure 6 Outpatients** [Video Case Study](#)



### Podiatry Case Study

Mrs B was shielding during the pandemic and had a long history of foot ulceration due to her diabetes.

Instead of twice weekly face to face appointments, real time assessment was provided by Near Me. The patients husband joined the calls and with guidance was confident to change dressings twice weekly. This led to an improvement in tissue quality that may not have been achieved in a clinical setting.

When seen in person, staff noted the marked improvement in her mental health and wellbeing, she had her hair done and walked with confidence, telling staff of all her active plans with her family.

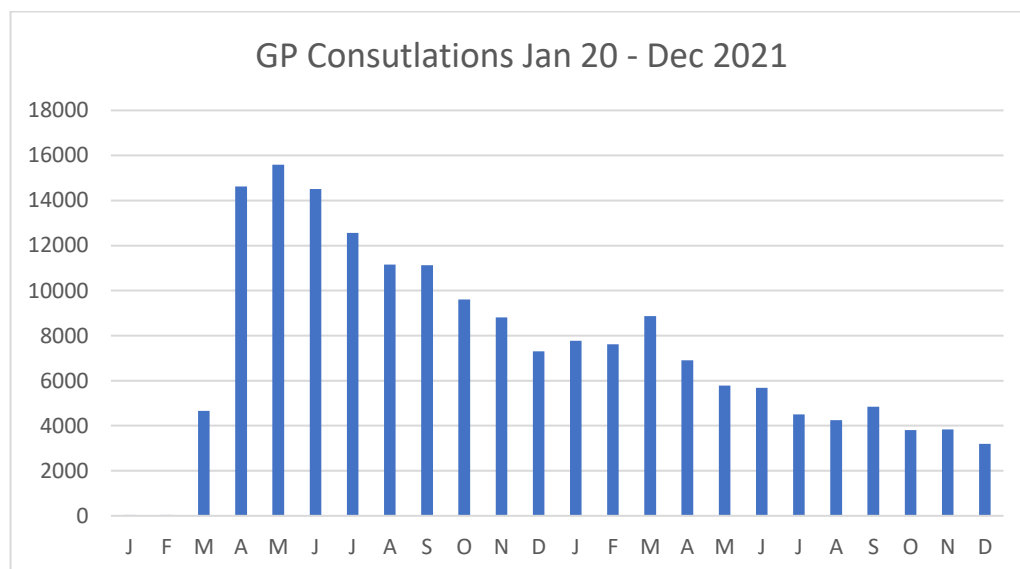
I attend quite a lot of appointments.....it works really well.....it makes a huge difference to my life....I don't think by doing a video appointment you are getting any less care.....I can sit here with my cup of tea, I can just relax.

Jill – Near Me User

## General Practice

At the start of the pandemic each GP practice was equipped with facilities to make Near Me calls from at least one location. With support from HIS, practices were encouraged to establish video calling. This led to a rapid increase in use (Figure 7).

**Figure 7 Near Me Consultation in General Practice Jan 2020 to December 2021**



Following advice from the Primary Care Division with the Scottish Government, telephone triage was recommended for all GP consultations. This, along with a lack of equipment in every consulting space and processes that were not fully embedded into practice, is thought to have led to a steady decline in the use of Near Me in all but a few practices.

Notably, a review<sup>4</sup> of those practice where Near Me was embedded into routine use has shown that it is a useful and liked facility, with up to 30% of appointments conducted via video.

## Public Services Extension

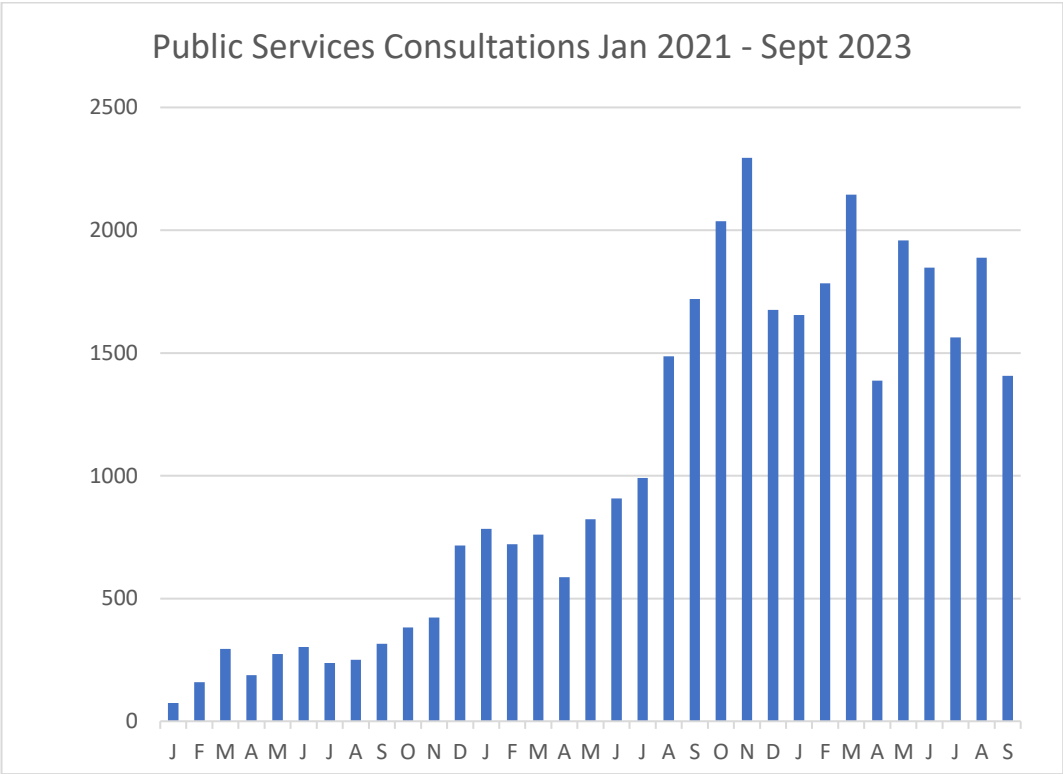
In October 2020 a new contract for the underlying Attend Anywhere platform was signed to allow all publicly funded services in Scotland access to the platform. This led to uptake from Local Authorities, Citizen Advice Scotland, Housing and a wider range of third sector organisation.

Following an option appraisal, it was also selected as the video platform for the new benefits system established by Social Security Scotland. Near Me is now routinely used for a range of client contacts including identify verification and assessments.

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<sup>4</sup> [Can Near Me help you and your patients? Applying learning from high Near Me users in Primary Care – Realistic Medicine](#)

**Figure 8 Near Me Consultations in Public Services**



## 7 Other Activities

Throughout its lifecycle, the Near Me programme has been underpinned by a “Once for Scotland Approach” to provide organisations with the necessary tools, assurances and guidance to implement video consultations. Though not prescriptive, this approach has avoided unnecessary duplication of effort across a range of activities such as procurement, information governance, security, public engagement, equality impact assessment and had led a co-design approach to platform improvements.

### 7.1 Re-procurement

The contracts in place during COVID-19 for the underlying Attend Anywhere ended in March 2023. In advance of this in 2022, an option appraisal was undertaken. This compared the requirements agreed by a short life working group with the functionality available within Microsoft Teams and Attend Anywhere. The outcome of the appraisal was that MS Teams did not yet meet the requirement of a large scale video consulting solution.

A competitive procurement process was then undertaken, with Induction Attend Anywhere winning the contract.

The current contract provides unlimited access to the Attend Anywhere system for all Scottish publicly funded services, including 3<sup>rd</sup> sector organisation, with a call capacity comparable to levels found at the peak of the pandemic. This provides scope for peaks in activity due to events such as severe weather, system pressures or a resurgence in COVID-19 or flu.

The contract is due to run until March 2026.



## 7.2 Information Governance and Security

In line with the new contract and the development of new features, work has been undertaken to:

- Update the GDPR schedule and Data Processing Agreement within the current contract.
- Update Data Privacy Impact Assessment (DPIA) in line with changes to the platform.
- Update System Security Policy.

## 7.3 Platform Improvements

### Group Consultations<sup>5</sup>

The beta release of the Group Consulting feature in early 2021 provided an opportunity to work with a group of pathfinders to develop and publish guidance in the delivery of group consultations.

In collaboration with the National Video Conferencing Service, organisations were also supported to modify their network infrastructure to allow the flow of traffic.

The system was fully released in June 2022 with updates to allow group chat and breakout room feature released shortly after.

Further information on the clinical use of Group Consultations can be found in section 11.2.



### Consult Now

The Consult Now feature allows providers to immediately invite participants into a call, bypassing the normal waiting area. This is particularly useful where there is a need to escalate from a phone call to a video consult and the development was prompted via feedback from service providers.

The use of Consult Now was promoted nationally, with a focus on Urgent Care and General Practice.

#### Caller Entry and Call Screen

The caller entry process for citizens was updated to provide an improved look and feel. This included removing the need for the caller to step through the process of testing connection speeds, microphone and camera. Instead, these now happen in the background while the caller enters their details. There is also now an option to mute the waiting area hold music, improving the user experience and again was based on feedback.

A screenshot of a web form titled 'Consult Now invitation' with a subtitle '(demo) NHS ACME Health Surgery Waiting Area'. The form has a header with a question mark icon. It contains several input fields: 'First name' (with 'Joe' entered), 'Last name' (with 'Bloggs' entered), 'Mobile (only one number)' (with '07825386320' entered), and 'Email address (only one recipient)'. There are two buttons at the top right: a green 'Send invitation' button and a red 'Cancel' button. On the right side, there is a small information icon and two lines of text: 'The caller details will be displayed on the Consult Now tab once the invitation is sent.' and 'The invitation will be valid for the next 5 minutes. You can extend this time after you send the invitation and open the call.'

<sup>5</sup> Group consultations have also been supported using the CMS Video Conference Bridge, managed by the National Video Conferencing Service. Approximately 300 groups sessions were held each month.

Work is currently underway to fully revamp the in call experience by updating the call screen to provide a simpler layout of menus and on-screen information such as BRAN questions.<sup>6</sup>

### **Audio Recording (Social Security Scotland only)**

A requirement for Social Security Scotland is to store audio recordings of their client interactions. This had been developed and tested by Attend Anywhere and is now in use. Calls are recorded on the Attend Anywhere platform and temporality stored along with the appropriate header data. These are then transferred via an API to Social Security Scotland for long term storage prior to deletion of the files from the Attend Anywhere platform.

Although this recording is not available by default, there is scope to add this functionality for other services if required.

## **8 Equality and Inclusion**

The Equality Impact Assessment<sup>7</sup>, published in September 2020 highlighted the importance of Near Me being offered as a choice and identified several factors that could mitigate some of the barriers identified.

This was reviewed and updated in late 2021<sup>8</sup>. It takes the findings from the national public engagement (September 2020)<sup>9</sup>, and other evidence or learning reported since the first version was published. This includes findings from Independent Evaluation of Near Me, Health Improvement Scotland Citizen Panel, Health and Sport Committee Review into Primary Care and The ALLIANCE public engagement exercise as part of independent review of Adult Social Care.

Actions arising from the report have been implemented. These include: the production of patient information leaflets translated into 32 languages; production of an Easy Read patient information leaflet; functionality to translate speech to text via Chrome; and enhancements to the user interface to improve access for those with disabilities.

The development of the provision of Community Hubs in libraries, community halls and NHS sites has also improved access. This is particularly helpful for those who are unable or where it is not appropriate to have an appointment from home. There are currently around 60 hubs in Scotland, with information on the nearest facility accessible from the [Near Me](#) website via a feed from the [ALISS](#) system.

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<sup>6</sup> The BRAN questions can be displayed as a caller waits to be admitted to a consultation. They prompt the caller to ask what the Benefits are, Risks, Alternatives to treatment, and what happens if I do Nothing.

<sup>7</sup> [National Equality Impact Assessment - Near Me video consulting programme: equality impact assessment - gov.scot \(www.gov.scot\)](#)

<sup>8</sup> <https://tec.scot/sites/default/files/2021-11/Near-Me-EQIA-V2.0.pdf>

<sup>9</sup> [Near Me Public Engagement Public and clinician views on video consulting Full report, Sep 2020](#)

## **9 Social Care**

The rollout of Near Me within Social Care had been progressed through a few projects.

### **9.1 Institute for Research and Innovation in Social Services (Iriss) Social Care project (September 2020 – Mar 2021)**

This programme enabled five Social Service organisations to embed the use of Near Me across a variety of services:

- community justice.
- supporting adults with alcohol-induced brain damage.
- young people with learning disabilities.
- enabling information gathering & assessment within Duty & Response.
- facilitating service reviews by care managers with residents & families.

Though call volumes were small, two services continue to use Near Me.

Details of the programme can be found at <https://www.iriss.org.uk/news/feature-articles/2021/02/04/near-me-social-services>

### **9.2 Care Home Care Reviews (December 2020 - February 2021)**

This was a joint programme with the Scottish Government's Office of the Chief Social Work Advisors and 11 Health and Social Care Partnerships (HSCPs). It was established to support the use of Near Me in care home care reviews. This was in response to a national requirement to accelerate care reviews for all people living in Care Homes during the period of COVID-19 visiting restrictions. Guidance on the use of Near Me in this context was developed and published.

### **9.3 Duty Social Work (September 2021 – June 2022)**

Following the successful scale-up with the care home care reviews, the potential to spread both the learning and processes to Duty Social Work was recognised. Five HSCPs took part in a programme of activity, in what was later recognised, as a challenging period for the sector. The lifting of COVID-19 restrictions had reduced some of the perceived benefits in using Near Me at a time where services were under extreme pressure. As a result, progress was limited.

Though call volumes were low (753 consultations across all Social Work services during the period September 21 – May 22), benefits to Relationship Based Practice were highlighted. A learning report for the Social Care programme can be found [here](#).

### **9.4 Current Activity**

While the use of Near Me within the care sector is less developed in health, work to support the sector is continuing. With support from Social Work Scotland and Digital Approaches in Social Care team, Fife Council have created the conditions to support the expansion of Near Me through an extensive training programme for staff. It is hoped that this will now translate into an increase in activity.

Plans are also being developed to support the use of Near Me within Prisons. The Scottish Prison Service is aiming to install in cell digital devices in 2024. This will make digital service such as Near Me accessible to individual prisoners without the need to move them to a dedicated space.

## 10 Shared Learning

Guidance and learning derived from improvement activity forms the basis for the Shared Learning Programme. Using a multi-channel approach, information has been disseminated via published reports and guidance documents, case studies, videos, webinars, presentations at conferences and events and social media activity including blogs.

The importance of peer-to-peer learning is also recognised, with support provided to community of practice networks. These included the Near Me Leads Network and the Community Hub Network along with the communities of practice developed as part of the improvement programmes.

In addition, work continues to embed the use of Near Me within undergraduate training programmes. This has a two-fold benefit of supporting clinical placements and training the next generation of clinicians in the use of video consultations. Queen Margaret University have waiting areas across the Nursing, Midwifery and Allied Health Professions to enable students to learn the basic functions of Near Me prior to going on placement. Robert Gordon University uses Near Me to teach health and social care students communication and assessment skills using video as a tool.

Learning resources available include

- The Remote Consulting section of the NES TURAS learning site, with new modules due for publication in early 2024.
- Recordings from the programme of webinars on topics such as Health Inequalities, Neurology and Community Hubs.
- A range of video case studies and “Near Me in a Nutshell” videos available on the Near Me YouTube channel <https://www.youtube.com/c/NHSNearMe/videos>

### 10.1 Publications

The external evaluation carried out by Oxford University commented that the national-level groundwork prior to the pandemic was the key to being able to scale up successfully. Their report concluded that “Scotland provides an important case study from which other countries may learn.”

This case study has since been published in 2021<sup>10</sup> and noted:

*“The national-level groundwork before the pandemic allowed many services to rapidly extend the use of video consultations during the pandemic, supported by a strong strategic vision, a well-resourced quality improvement model, dependable technology, and multiple opportunities for staff to try out the video option.”*

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<sup>10</sup> Wherton J, Greenhalgh T, Shaw S

Expanding Video Consultation Services at Pace and Scale in Scotland During the COVID-19 Pandemic: National Mixed Methods Case Study

J Med Internet Res 2021;23(10):e31374

URL: <https://www.jmir.org/2021/10/e31374>

DOI: 10.2196/31374

Work on the co-production with service users and professionals was also been published in 2021 - [Testing and implementing video consulting for outpatient appointments: using quality improvement system thinking and codesign principles - PMC \(nih.gov\)](#)

The most recent evaluation of findings as part of the mPower project “Transforming the lives of older people in Republic of Ireland, Northern Ireland and Scotland was published in July 2022 [mPower Celebration PR FINAL.pdf \(seupb.eu\)](#).

## **10.2 Communication and Engagement**

A proactive programme of national communications and engagement, with co-production at its heart, has underpinned all elements of the programme.

While the National Public Engagement<sup>11</sup> undertaken in 2020 helped to understand the benefits and barriers of video consulting, engagement is an ongoing commitment. More recent activity has focused on learning from clinicians and patients how Near Me can improve the provision of menopause and endometriosis services as part of the Scottish Government’s Women’s Health Plan.

Throughout the programme the team has also maintained an active social media presence (@NHSNearMe), a dedicated website for patients and the public [www.nearme.scot](http://www.nearme.scot), resources for professionals hosted through NHS Education for Scotland [Near Me video consulting | Turas | Learn \(nhs.scot\)](#) and a dedicated YouTube channel [NHS Near Me - YouTube](#).

The profile of Near Me has also been raised via participation in a range of national and international events and conferences. Our wide range of partners have also played a significant role in a wide range of communication and engagement activities.

## **11 Current Near Me Usage**

As anticipated, usage of Near Me has declined following the relaxation of COVID-19 restrictions. Services with high use during COVID, but with a hands on component, such as physiotherapy and speech and language therapy (to reduce risk during swallowing assessments) have shown a sharp decline, while others such as Mental Health have stabilised.

The following sections detail usage over the last 12 months from October 2022 to September 2023.

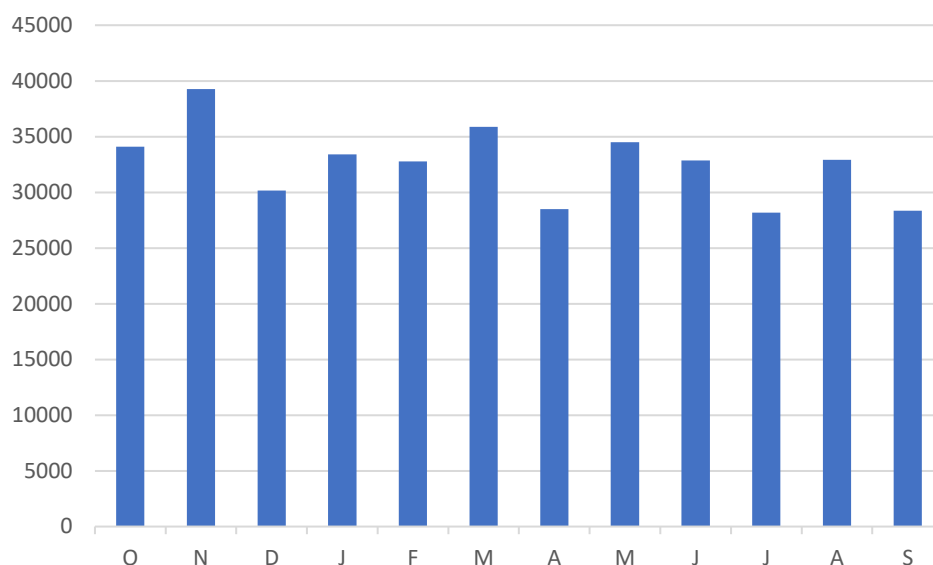
### **11.1 Individual Consultations**

The number of Near Me consultations has remained steady during the last 12 months. As previous years have shown, there is a significant drop in activity during holiday periods at Christmas, Easter and Summer. On average 33k consultations (greater than 2 minutes) have been held each month (Figure 9). A further 7,000 short durations calls were made each month. These have been excluded from further analysis as most short duration calls are classed as reception / admin.

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<sup>11</sup> [Supporting documents - Video consultations - public and clinician views: consultation summary - gov.scot \(www.gov.scot\)](#)

**Figure 9 Near Me Consultations Greater than 2 Minutes Oct 22 – Sept 23**



### By NHS Board

There remains significant variation in the use of Near Me between territorial health boards. NHS Ayrshire and Arran remains an outlier, with a stated preference for telephone consultations. As a result, the use of Near Me in Ayrshire and Arran has been embedded into the outpatient process within Trakcare.

**Table 3 Near Me Consultations per 100k population**

Health Board	Consults / 100k	Health Board	Consults / 100k
NHS Orkney	14388	NHS Shetland	5985
NHS Grampian	11637	NHS Fife	5712
NHS Dumfries & Galloway	9214	NHS Tayside	5538
NHS Western Isles	8318	NHS Lanarkshire	5041
NHS Highland	8260	NHS Lothian	4521
NHS GGC	7720	NHS Forth Valley	3124
NHS Borders	7068	NHS Ayrshire & Arran	1956
<b>Scotland</b>	<b>6738</b>		

Near Me activity was also recorded in NHS Golden Jubilee and NHS 24 with 2353 and 1559 consultations respectively.

### By Specialty

Consultations were held in over 80 specialties from Accident & Emergency to Virtual Visiting. Around 50% of all consultations were in Mental Health.

Table 4 details specialties with more than 4000 consultations in the preceding year.

**Table 4 Near Me Consultations by Specialty**

<b>Specialty</b>	<b>Consultations</b>
Community Mental Health	52150
Clinical Psychology	39110
Child & Adolescent Mental Health	35239
Psychotherapy	31368
Benefits (Social Security Scotland)	20375
Paediatrics	17925
Accident & Emergency	17221
Dietetics	14148
General Psychiatry	11851
Counselling	8763
Advice Services	8323
Obstetrics & Gynaecology	8158
Endocrinology & Diabetes	8038
Speech & Language Therapy	7181
General Practice	7122
Oncology	6919
Gastroenterology	6444
Dental	5749
Sexual & Reproductive Health	5661
Occupational Medicine	5385
Neurology	4819
Occupational Therapy	4682
Mental Health Nursing	4610
Dermatology	4413

**By Organisation Type**

Approximately 90% of all consultations are undertaken across Health and Care. Social Security Scotland is the biggest public sector users with around 5% of activity. The remainder is split between a range of 3<sup>rd</sup> sector organisations, Local Authorities and Housing Associations.

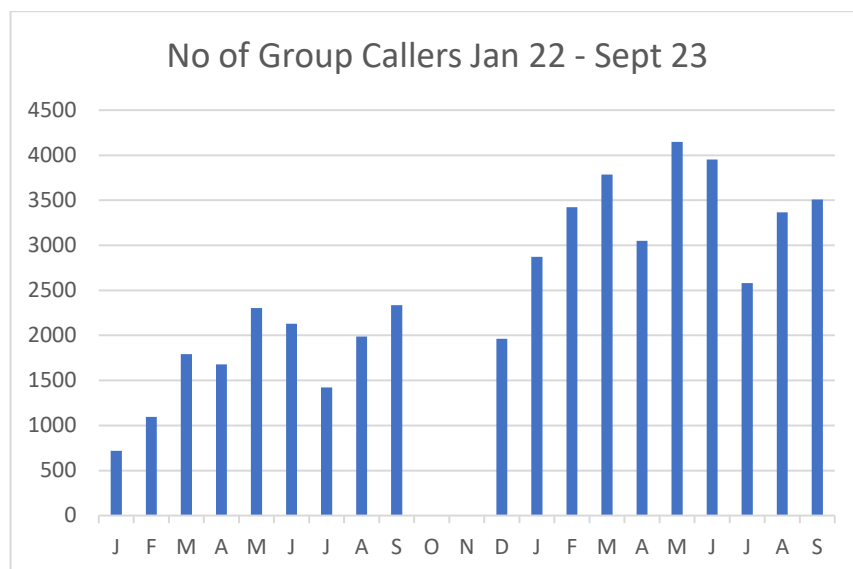
**Table 5 Near Me Consultations by Organisation Type**

<b>Organisation Type</b>	<b>Consultations</b>
Health Board	332512
Health and Social Care Partnership	22449
Social Security Scotland	20375
3rd Sector	13700
Local Authority	958
Other (E	781
Housing Association	89

## 11.2 Group Consultations

The Group Consulting pathfinder programme started in January 2022 with a beta release of the functionality. The first full release of the functionality launched in June 2022. Figure 10 shows the increase in the number of group participants. To date around 11k group sessions have been held, with over 51k callers attending.

**Figure 10 No of Callers attending Group Consultations January 2022 – September 2022**



Please note, due to a fault with the reporting system, data for October and November 2022 is not available.

Over 25 different specialties make use of Group Consultations. These include Dietetics, Mental Health group therapies, Chronic Pain, anti-natal classes and a range of prehab and rehab class for surgical specialties. Table 6 lists the top ten specialties by the number of participants since the start of the service.

**Table 6 Group Consultations Top 10 Specialties**

Specialty	No. of Caller
Dietetics	11363
Community Mental Health	6411
Psychotherapy	5878
Child & Adolescent Mental Health	4010
Chronic Pain	3389
Midwifery	3238
Endocrinology & Diabetes	2740
General Surgery	1539
Clinical Neurophysiology	1178
Integrated Care	1101



## NHS Lothian Dietetics

NHS Lothian Dietetics Service use Near Me Groups for Weight Management & Maintenance, Gestational Diabetes, Type 2 Diabetes Remission, Fertility, Let's Prevent Diabetes and Eating Disorders. They have continued to offer Near Me Groups post Covid as a part of a blended service.

Near Me Groups has enabled the Dietetics Service to reach a wider patient demographic, increase the flexibility of when groups can be hosted plus deliver care and education faster. Near Me Groups has been more convenient for people to join from the comfort of their own home, reduced their need travel and exposure to infections.

Patients have said "This was easier to fit around work hours", "I am not a car driver and would have been two buses for to get to the hospital" and "This group alleviated my anxiety for travel and meeting people in person".

## 12 Caller Feedback

Caller feedback is assessed via an end of call survey. Though organisations can opt to display their own survey, around 160k responses have been collected to date. These have consistently shown high levels of satisfaction with 97% of respondents stating they would use Near Me again and 92% of respondents stating they were either happy or very happy with the video call.

**Figure 11 Caller Satisfaction**

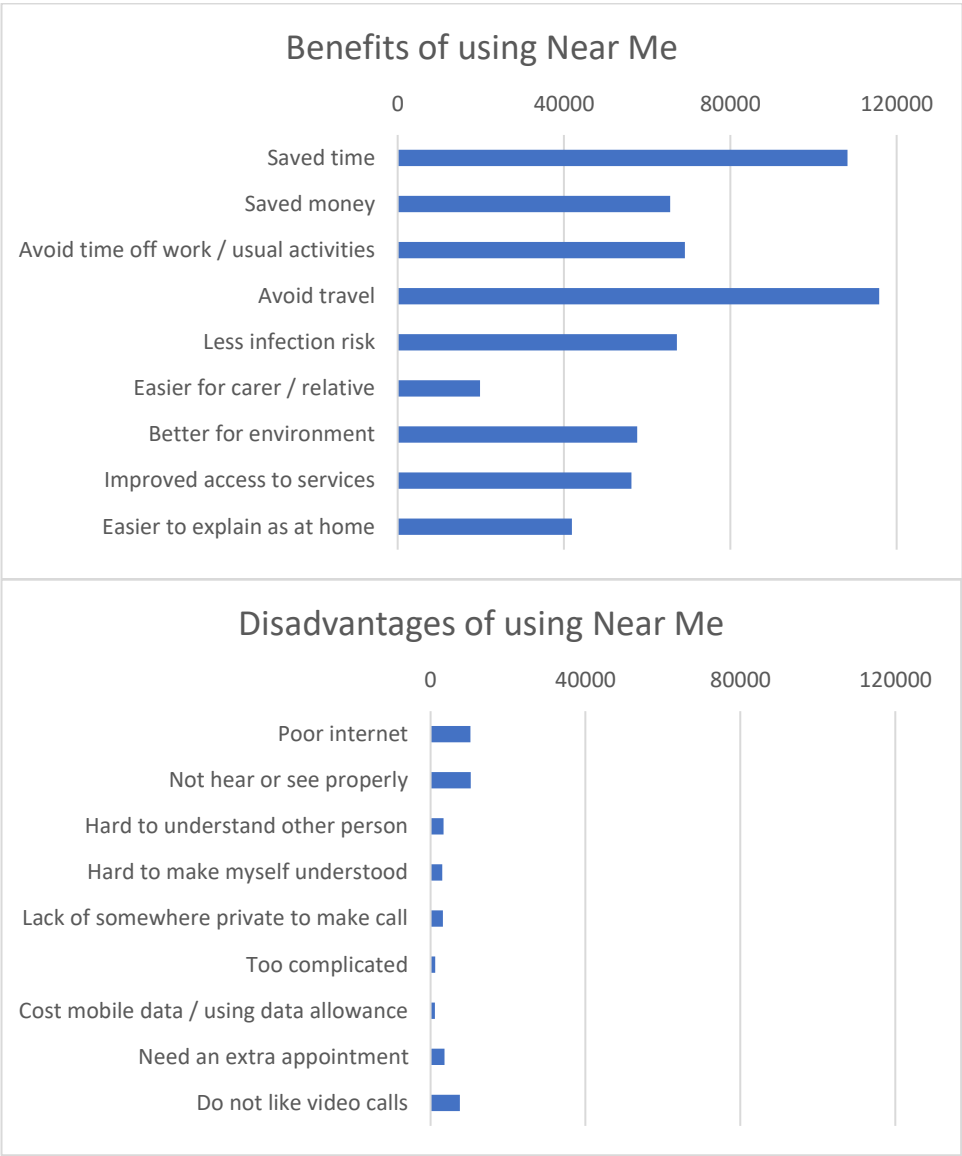


When asked to select the benefits of video calling, saving time and avoiding travel were the most selected. Unsurprisingly the benefit of reduced infection risk decreased during the data collection period between 2021 and 2023.

Disadvantages of video calling were reported at a much lower lever, with the charts in Figure 12 shown similar scales. The biggest disadvantages were due to poor internet and poor audio and video quality.

The end of call survey also allows demographic data to be collected which is important functionality allowing analysis to inform the Equality Impact Assessment.

**Figure 12 Benefits and Disadvantages of Video Calling**



### 13 The Future of Near Me

The Near Me Programme has benefitted from an accelerated development brought about by the need for a rapid scale-up due to the COVID-19 pandemic. It has progressed from the early days of video conferencing, exploration of an “at home” solution to pre-pandemic work to create the conditions for scale up. This included the support service provided by the National

Video Conferencing Service, a local network of Near Me Leads embedded within the boards and the creation of an environment that is largely “self-service”.

Knowledge of the product and how to establish Near Me services is widespread across Health and Care services. This is backed up by a library of training materials and guidance notes, an easy online application process for new organisations and a technical support service.

Use within Social Care and wider public services is less well developed. However, with ongoing support from the National Video Conferencing Service (NVCS), new services will continue to have access to the tools and technical support necessary to help them grow.

With solid foundations and a stable future ahead, this makes it an appropriate time to move most elements of Near Me to a Business as Usual Service.

## 14 Appendix 1 Report Summary

### Summary of the Near Me Final Report November 2023

Near Me has been a successful programme, enabling services to offer patients and service users the choice of attending their appointment by video. It reaches across Health, Social Care and Public services. Over 2 million calls have been made to date.



**Rapid scale up in response to COVID 19 from 1K to 90K calls per month**



#### Co-design with the developers and key stakeholders



- Group Consulting
- Consult Now, allowing immediate entry to a video call with the provider
- Improvements to call screen for ease of use
- Audio recording for Social Security Scotland



#### User feedback informing iterative development

#### Once for Scotland



- Procurement – licence for the underlying Attend Anywhere platform re-procured to March 2026
- Equalities Impact Assessment
- Communications and Engagement
- Academic Evaluations
- National Video Conferencing Team providing technical support and training.
- Speciality Guidance co-created
- Webinars hosted
- Case Studies and Videos online

#### Key Features



- Works in a web browser, so nothing for the patient or caller to download.
- Easy to use for both staff and end service users.
- Supports the complex workflow of the health sector.
- Ability to include link within a paper appointment letter.
- Information governance and security commensurate with use within Health and Care sectors.



## 15 Appendix 2 Near Me Approach to Adoption and Scale-Up

### Near Me Adoption

This paper outlines the approach taken to the early development and scale-up of the Near Me service. A case study developed by the University of Oxford can be found [here](#).



#### Background

The programme was established in 2016 with the aim of providing an easy to use and scalable video consulting platform for use across Health and Care. During COVID, use of Near Me grew rapidly from 1k to 90k calls per month. Near Me is now business as usual activity in most Boards.

#### Vision

Near Me has a clear and articulated vision to "offer Near Me video appointments as a choice across public and third sector whenever appropriate". This has been embedded within SG policy.

#### Leadership

The programme has benefitted from strong leadership.

- National - First Minister and Cabinet Secretary support
- Directorate - Clear instruction to Boards to adopt Near Me in March 2020
- Programme - Structured work plan with agreed priorities
- Local - Near Me strategic and project lead for each Board

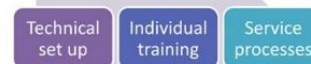
#### Creating the Conditions

The team tried to make it as easy as possible for people to set up a Near Me Service.

- Do it once
  - National DPIA, security policy, EQIA
  - Generic and specialty specific guidance
  - Training, technical support, help desk
- Network of Near Me Leads to support local rollout (funded up to 2020)
- Streamlined processes allowing users to self serve via [National VC Team website](#).

#### 3 Step Model

- Technical set up - easy part
- Training - easy part
- Changing service processes - complex



#### Improvement Approach

To support the development and adoption of new service process a quality improvement approach is taken.

An improvement collaborative is established and meets regularly to share learning and experience from iterative improvements.

Both individual and group support is provided.

Learning from the collaborative is distilled into guidance notes and case studies and widely shared.



#### Practice Education

The best people to influence change in clinical and professional practice are leaders in their field.

Best practice guidance developed through the improvement process forms the basis of a peer led education programme delivered across multiple channels.

- Large and small scale webinars
- [Near Me in a Nutshell videos](#)
- [TURAS module on Remote Consulting](#)
- Near Me websites for [staff](#) and [citizens](#)
- Social Media and comms activity
- Conference presentations

Professionals of the future are also influenced through a programme of activity targeted at undergraduate education.

#### Key Skills

The team provide a data driven approach to programme management and are highly skilled in quality improvement and practice education.



#### Not everything works

Good uptake in small number of GP practices, but most prefer to use the phone.

Lack of senior buy-in led to video clinic option not embedded in Trakcare, led to low uptake.

Sole ownership by eHealth led to the accessibility of the platform but not the development of clinical services.



## 16 Appendix 2 Data Summary

### Near Me: Review of Consultation Data Oct 22 – Sept 23

Data on the use of Near Me is collected from the Attend Anywhere platform on a monthly basis. This review presents the highlights from the previous 12 months.



#### 33,000 consultation per month

Greater than 2 minutes



#### Consultations by Board

Per 100k population

Orkney	14388	Shetland	5985
Grampian	11637	Fife	5712
Dumfries & Galloway	9214	Tayside	5538
Western Isles	8318	Lanarkshire	5041
Highland	8260	Lothian	4521
GGC	7720	Forth Valley	3124
Borders	7068	Ayrshire & Arran	1956
<b>Scotland</b>	<b>6738</b>		



**Additional 90k short calls**

#### Highlights



391k consults in last year



2000 active clinics / services



12.5k active service providers



100 participating organisations



2.15 millions consults to date



70 million miles of travel saved

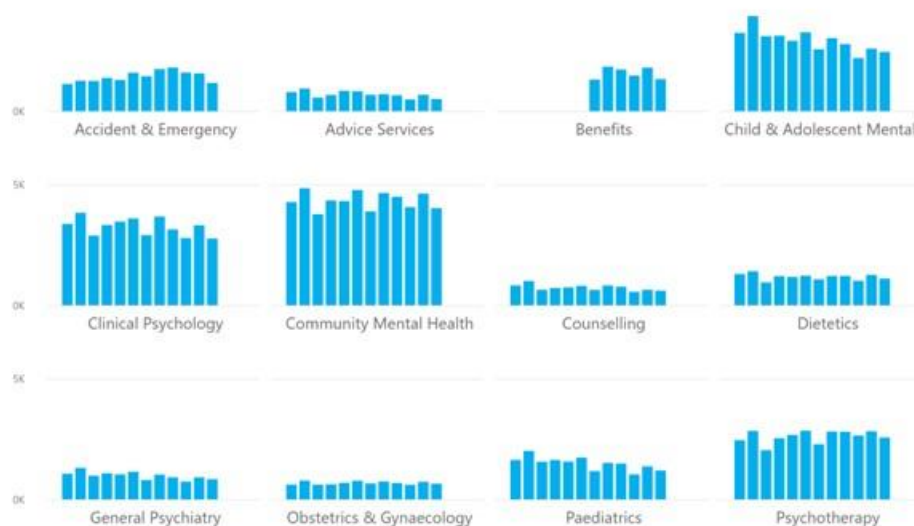


11k group consultation



51k group participants

#### Top 12 Specialties



# End of Call Survey: feedback from the people using Near Me



After a Near Me consultation, callers can be directed to an on-line survey. This review presents information collected from the national survey between February 2021 and September 2023.

## 158k survey responses

**92%**

Happy with video call

**92%**

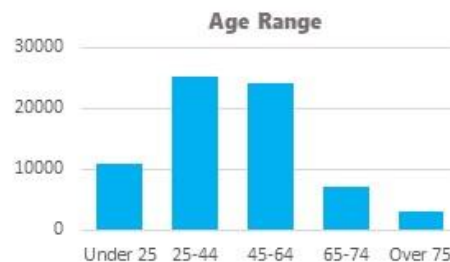
Easy to use video consulting system

**97%**

Would use it again

**17%**

Had technical difficulties in 2023. Down from 19% in 2021 and 18% in 2022. Mainly bandwidth problems affecting the sound and video quality.



34% Male

65% Female

23% consider self to be disabled

## Advantages of using Near Me\*



**77%** I saved time



**47%** I saved money



**49%** I did not have to take so much time off work / usual activities to attend



**48%** I had less chance of catching an infection than at a face to face consultation



**82%** I did not have to travel to a consultations



**41%** It is better for the environment



**14%** It was easier to have a relative / carer with me in the consultation



**30%** Seeing me at home made it easier to explain my situation



**40%** It improves my access to services



## Responding to feedback

- We improved the caller entry process
- Added the option to mute the waiting area music
- Co-designed Group Consultation

## Comments

“ I attended as my dad's daughter so was able to meet with the Doctor (unfortunately my dad missed this one today). It is very helpful to be able to talk to a consultant from my place of work. ”

Great idea saved us having to take toddler out late at night as while unwell had fallen asleep and was settled so great & reassuring for us as parents.

“ Does not fully replace the need for face to face but for established relationships video calls can work well. ”

Excellent system very welcome in a busy working life

“ It made the options to improve my condition easier to understand. ”

Excellent service, I find it uplifting that the NHS is embracing technology so effectively.



**43 miles saved** average round trip

For more information [www.tec.soot/nearme](http://www.tec.soot/nearme) or email [nss.nearme@nhs.uk](mailto:nss.nearme@nhs.uk)

\*Percentages are of those who answered the "Advantages of using Near Me" Question