



Attend Anywhere Progress Report

Version 1.0

May 2019

1 Summary

- The Attend Anywhere Scale-Up Challenge was launched in October 2018. £1.6 million of funding has been awarded to 14 programmes covering 11 health board areas and the Golden Jubilee National Hospital.
- The Prison Telehealth Project has been established by the Health and Justice Collaboration Board.
- Attend Anywhere usage has continued to increase with around 1500 consultations per quarter being undertaken spread over 159 services.
- User feedback continues to be positive.
- Good progress has been made in most board areas.
- Some services are reporting significant savings in both patient and clinician travel.'

2 Background

The Technology Enabled Care (TEC) Programme was established in 2015, with an aim of increasing the use of video conferencing (VC) technologies for health and care consultations. Initially using traditional video conferencing systems such as Cisco and Polycom devices, a range of projects were established to improve communication between the health and social care sectors, to support the use of VC consultation with outpatients and develop video mediated clinical services to care homes in Borders, Lanarkshire, Angus and Midlothian.

In late 2015, the team became aware of new product, Attend Anywhere, that used browser-based technology to deliver a video consulting solution that matched the consulting workflow. This greatly simplified the video consultation workflow and provided a simpler, and more scalable, technical solution.

2.1 Attend Anywhere

The Attend Anywhere platform provides a video clinic environment that can be accessed by a member of the public using a web browser on their own device, be it a laptop, tablet or smartphone.

Figure 1 Attend Anywhere Consultation Process



The Attend Anywhere system was procured in October 2016, was formally launched by the Cabinet Secretary for Health and Sport in December 2016 and the first patient seen in February 2017.

2.2 Near Me

'Near Me' is a branding developed by NHS Highland to describe their video consulting services established using the Attend Anywhere platform. The benefits of creating a service name, distinct from a product name that would change depending on procurement outcomes, has been recognised. Most boards have now adopted the Near Me service name, but have been encouraged to ensure staff members are aware (for training and navigation purposes) that the underlying technology continues to be delivered by Attend Anywhere.



2.3 Method of Approach

The programme started with a one year 'pathfinder' programme to assess a range of factors including technical feasibility, usability and demand for the video consulting system. The Project Board agreed that access to the platform would be provided free of charge to Health Boards, Heath and Social Care Partnerships and approved Third Sector organisations who met the established acceptance criteria.

By June 2017, the system was functional in 11/14 territorial board areas and 36 waiting areas had been active. The interest from partners to develop new services was judged to be high and the decision was taken to continue the programme and award a new two year contract in October 2017.

In January 2018, funding was provided to NHS Highland to establish video clinics in Caithness. Following approval by NHS Highland of the business case to fund the ongoing service, an additional award was made in July 2018 to support the one-off costs to extend the service across Highland (at that time excluding Argyle and Bute but since included).

Based on the success of the Highland programme and breadth and scale of unfunded development, the Attend Anywhere Scale-Up challenge was launched in November 2018.

Table 1 Programme Timeline

October 2016	Contract awarded to Attend Anywhere for one year
December 2016	Service available for early adopters (no funding provided)
February 2017	First patient seen on Attend Anywhere platform
October 2017	Based on success of initial pathfinder, 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 awarded to 14 programmes covering 11 Health Board areas and the Golden Jubilee National Hospital.
September 2019	Current contract ends – option to extend to September 2020

2.4 Scale-Up Challenge

The Scale-Up Challenge was launched with the intention of supporting the expansion of video consultations specifically as highlighted in the Digital Health & Care Strategy and in the TEC Delivery Plan. This provided the opportunity to support service transformation and pathway redesign across Health and Social Care. Funding of up to £150,000 for each project was available for suitable programmes of work.

A total of 16 bids were received from 12 territorial health board areas and the Golden Jubilee National Hospital. Following review, 14 bids were accepted and funding agreed amounting to £760k in 2018/19 and £890k in 2019/20.

An overview of the funded programmes is contained in Appendix 1.

3 Up-Take

3.1 By Organisation

By March 2019, Attend Anywhere clinics had been established across Scotland. 13/14 territorial board areas and the Golden Jubilee National Hospital have participated in the programme. Following the publication of new eHealth standards for NHS Scotland, that explicitly support the Chrome browser, NHS Lothian have recently indicated a willingness to explore the use of Attend Anywhere.

A wide range of services have also been established within Health and Social Care Partnerships and Third Sector organisations.

3.2 Primary Care and Care Homes

While around 40 GP practices have active waiting areas, significant usage is concentrated in only a few practices. Work is currently underway in Aberdeenshire and Greater Glasgow and Clyde as part of the Scale-Up Challenge to support development within the sector. It is anticipated that learning from these programmes will support further developments across primary care.

In Borders, an out-of-hours service for care home residents was established in late 2018. However, this coincided with a change of leadership within the team and withdrawal of clinical support. The care home work programme is currently under review, with a view to developing in-hours services between a number of GP practices and the participating care home. Although delayed, care home services are due to go live in Dumfries and Galloway and Lanarkshire in summer 2019.

Though not currently funded by TEC, NHS Ayrshire and Arran are using Attend Anywhere as part of the Ayrshire Urgent Care Service. Patient who would benefit from a video consultation are being identified by an Advance Nurse Practitioner and are sent an electronic appointment from the Adastra system that contains the link to the Attend Anywhere waiting area. Over 50 calls have been made to date.

3.3 Prison Telehealth

The transfer of responsibility for prisoner health care provision from the Scottish Prison Service (SPS) to the NHS in 2011 was intended to reduce the health inequalities experienced by prisoners by improving access to wider specialist services; support the sustainability of healthcare services; and to better support continuity of care for individuals leaving prison. A number of reports have since questioned whether this has been achieved and numerous challenges are still faced.

A recent report by the Health and Social Care in Prisons Programme Board found that:

- Did Not Attend (DNA) rates are high.
- Transporting prisoners to hospital incurs a significant cost.
- Accessing emergency care in prisons may be challenging, particularly out of hours.
- Patients may experience stigma attending the hospital handcuffed to G4S officers, who may be present when serious or distressing news is received.
- The elderly prison population is growing.

The report went on to assess whether a range of telehealth solutions, such as Video Consulting, computerised Cognitive Behavioural Therapy (cCBT) and e-Consultations may be of benefit and recommended that a range of Pathfinder Projects be established to test the use of telehealth services in suitable prisons.

Led by the Health and Justice Collaboration Improvement Board, the scope of the pathfinder projects have been agreed and NHS National Services Scotland commissioned to provide Project Management support. Planning work is currently underway, with the rollout scheduled to start later in 2019.

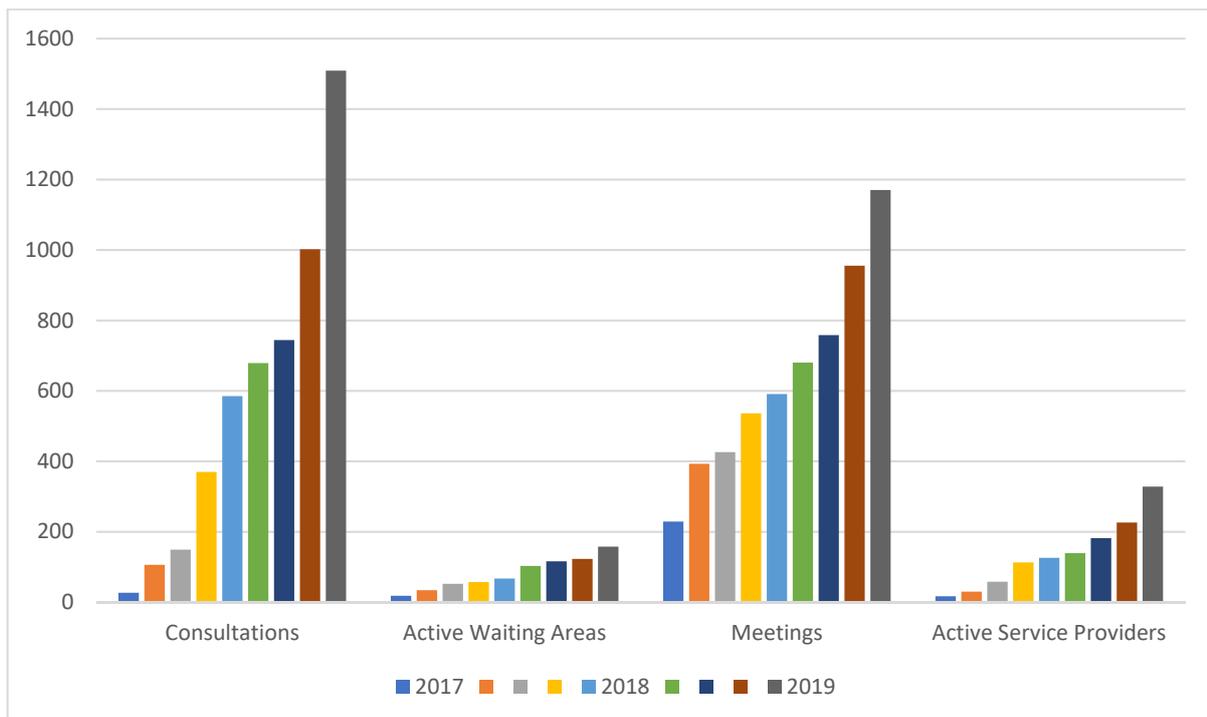
4 Attend Anywhere Usage

Clinical and care services to citizens are provided via a 'Waiting Area'. This provides the front door to the clinic, from where the service provider or clinician can collect the client. Each waiting area represents a different clinical or care service. Active waiting areas cover a wide range of specialties including consultant led outpatient clinics, Allied Health Professional services, primary care and third sector provision.

There are currently 444 waiting areas created on the system, with 159 active in the last quarter.

The number of consultations has also increased significantly over the course of the programme and now stands at over 1500 consultations per quarter. Over 5000 consultations have been held to date.

Figure 2 Attend Anywhere Activity, Jan 2017 – March 2019



In addition to the clinical functionality, the Attend Anywhere system provides a platform to hold small VC meetings via virtual meeting rooms. There are currently 542 meeting rooms created on the system, of which 160 have been active in the last quarter. To date over 5,700 meetings have been held, yielding a knock on saving on staff time and travel.

5 User Feedback

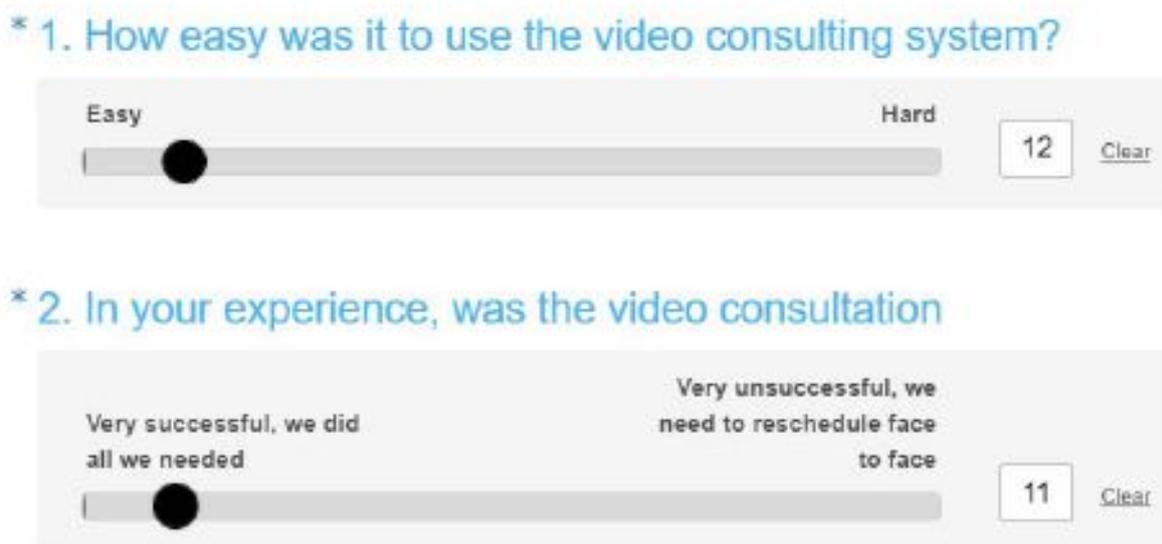
User feedback has been measured using surveys presented to the user at the end of the call. Separate surveys are displayed to providers and service users.

It should be noted that survey returns exclude feedback from the Near Me clinics in Highland. As many appointments are held in a consulting room at the remote site, it was accepted that the time taken to complete the online survey would delay the next patient using the room. Although a paper-based feedback mechanism with similar questions was developed, the number of completed returns was low.

5.1 Service User/Patient Feedback

Feedback from service users has been largely positive, with good scores for ease of use and success. However, it should be noted that questionnaires are displayed at the end of a call. Service users who failed to reach this stage would not have participated in the survey. The following results are based on 954 responses.

Figure 3 Ease of Use



It is notable that 98% of users said they would use the service again.

When queried about any technical issues around 25% of users reported problems. This figure was surprisingly high given the high scores for usability. A review of the individual responses showed that the issues fell into a wide range of categories, but many with a common theme around poor audio and video related to low bandwidth and the call drop outs. There were also a significant number of issues relating to what could be described as 'user error' such as using the wrong browser, not knowing how to set up the computer sound system, and the time taken to work through the start call process. However, the technical issues reported do not appear to have stopped the consultations.

Recent technical changes carried out by Attend Anywhere has modified the way in which calls can be dropped mid-call. It is anticipated that this will reduce the number of dropped calls that required re-connection.

Based on 954 answers, travel savings were as follows. It should be noted that these figures account for one way only.

- 94 bus/train journeys
- 49 taxi rides
- 562 car journeys
- 56 flights
- 71 ferry crossings
- 34 patient transports

Service users indicated that on average they saved a 93 mile round trip. Of these journeys, 14% would have been paid for by the local Health Board.

Respondents were also asked to select both the benefits and disadvantages of Attend Anywhere. These are shown in Figures 7 and 8. The difference in scale between the two graphs is striking.

Figure 4 Benefits of Attend Anywhere

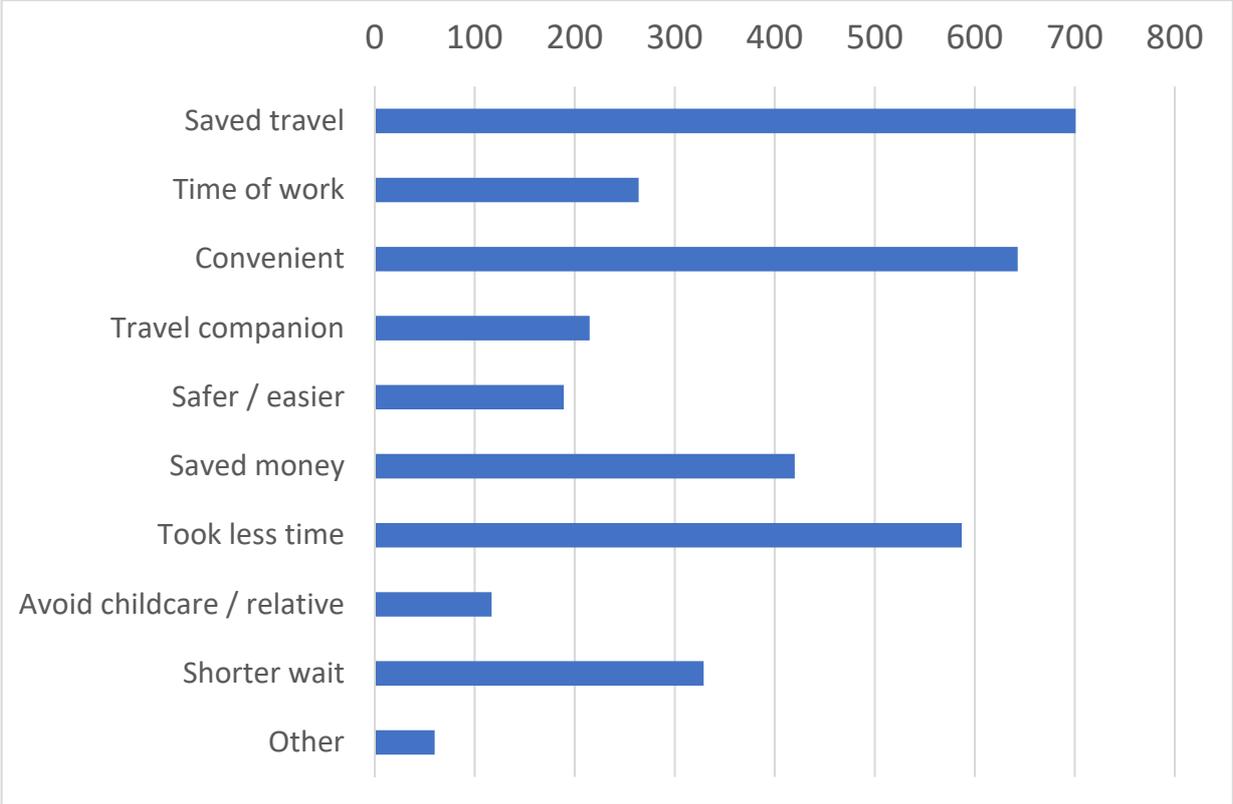
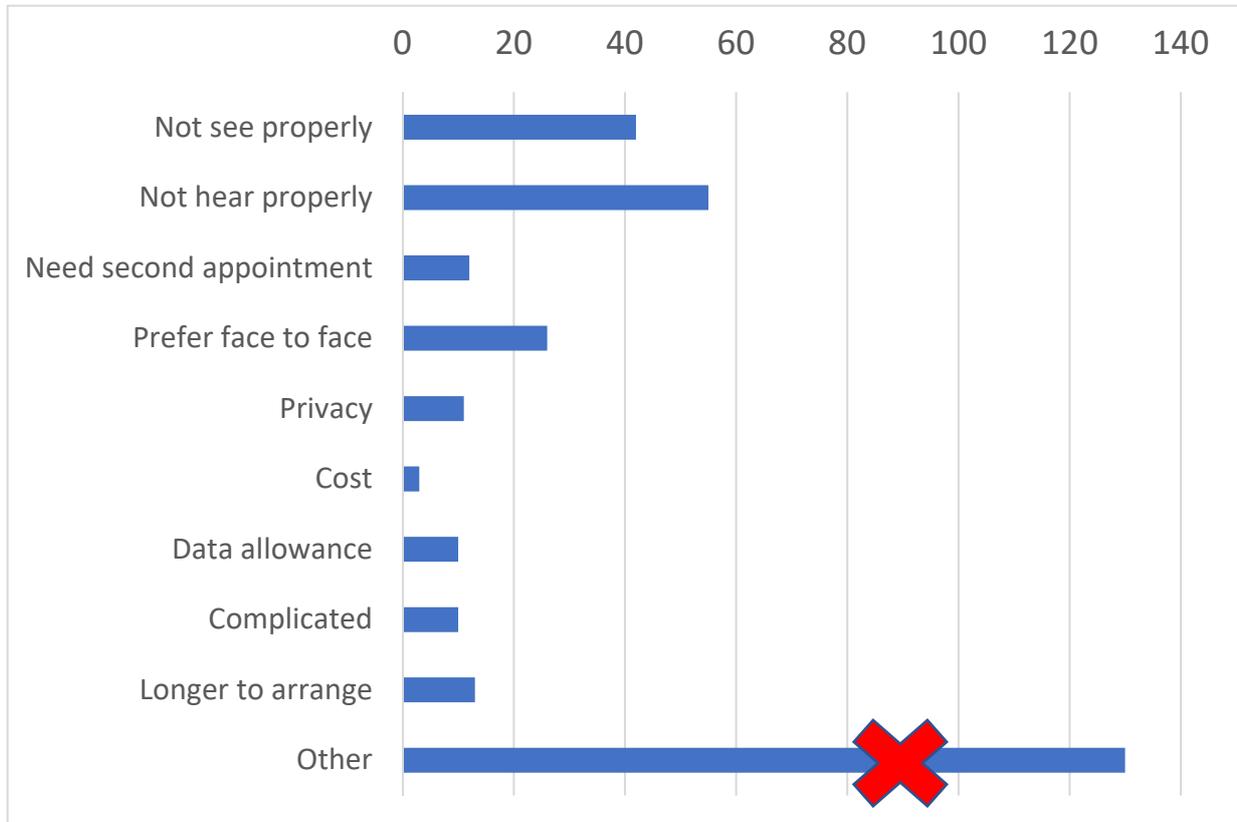


Figure 5 Disadvantages of Attend Anywhere



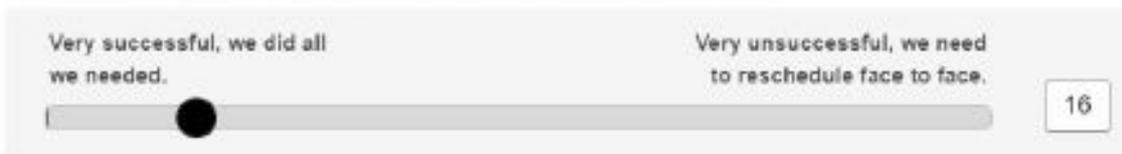
A review of the 'Other' disadvantages category showed that 62% of the disadvantages noted were actually positive comments such as none, not applicable or great service.

5.2 Service Provider Feedback

Feedback from service providers show a high level of success of the video call, as shown in Figure 6.

Figure 6 Success of Video Consultation

* 1. How successful was the video consultation.



Key benefits noted were avoidance of travel for both the clinician and the service user. Of particular note is that out of 889 responses, 419 (47%) stated a benefit of avoided clinician travel. Only 27 respondents (3%) noted a requirement to re-schedule a face-to-face appointment.

As with the service user feedback, the level of technical issues reported was high with 33% of respondents advising that they had an issue. However, this is at odds with the good scores for the success of the consultation and the small number of appointments re-scheduled. A

review of the comments indicated that many of the issues were minor in nature and the consultation continued.

6 Video Consulting Services

Usage of individual waiting areas is available from the system. This has been collated, activity grouped by specialty and shown in Table 2 . Each service listed has been active in the preceding 12 months. Consultation numbers are from the start of the service.

Table 2 Active Clinical Services

Specialty	No of Services	No of Consults
Psychiatry/Psychology/Counselling	23	647
Gastro/Colorectal	4	470
Primary Care	40	405
Oncology & Haematology	5	368
Respiratory	6	327
Speech and Language Therapy	11	263
Neuro/MND/MS/Stroke	15	182
Diabetes	10	168
Occupational Therapy	8	163
General Out Patients	7	142
Paediatrics	7	131
Weight Management	2	120
Dietetics	5	119
Dermatology	4	97
Obstetrics and Gynaecology	3	95
Ophthalmology	4	92
Pharmacy	3	80
Research	3	79
Rheumatology	3	69
Rehabilitation	3	59
Surgery	3	57
Sleep Medicine	3	44
Advice Services	4	34
Orthopaedics	2	33
Renal	2	33
Physiotherapy	3	26
Cardiology	2	24
Smoking Cessation	3	22
Social Work	2	3
Other	28	244
Demo/Training	17	928
Total	235	5524

7 Review by Board Area

Table 3 Consultations by Board Area

Board	No of Consultations	No of Waiting Areas
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

Table 4 Review by Board Area

Board	Highlights	Reported Savings
Highland	<p>A phased approach has been taken to the development of services in Highland under the Near Me brand.</p> <ul style="list-style-type: none"> <i>January-June 2018:</i> development of NHS Near Me in one location with a small number of services, keeping numbers deliberately small while the service was co-designed with patients, staff and clinicians. <i>July 2018:</i> NHS Highland senior management team agreed to scale up the service. <i>August 2018:</i> wider clinical and service manager engagement begins. <i>September 2018:</i> infrastructure work begins. <i>March 2019:</i> infrastructure work nears completion and significant clinical and public engagement programme begins (anticipated to last for six months). <p>The programme has now moved into a scale-up phase, with services originally established in Caithness being rolled out across Highland. The overall aim is to deliver 20% of all outpatient activity via the Near Me service.</p>	<p>Patient travel claims £18k saved from Caithness pathfinder with over 800 journeys saved.</p> <p>Current clinical travel saving of 2500 miles and 63 hours of travel time/month.</p>

Board	Highlights	Reported Savings
	<ul style="list-style-type: none"> • Nine sites across Highland have been set up as remote centres, with a further six to follow. • Video consultations are being offered in 20 clinical specialties. • Over 1000 patients have been seen via video to date (mostly from Caithness with other areas now scaling up). • 10% of all Caithness outpatient activity is now conducted via Near Me. • 180,000 patient miles have been avoided. • Clinical travel has been avoided across 5 specialties. 	
Grampian	<p>Grampian have a wide range of clinical services in both primary and secondary care.</p> <p>Using patient focused booking, video appointments are routinely offered for patients attending the Inflammatory Bowel Disease Clinic. This is reducing patient travel for those who find it difficult to travel due to their condition.</p> <p>Clinics have also been 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.</p> <p>As part of the Scale-Up Programme, work is underway in the Acute sector to make video consultation the default option for those travelling from Orkney and Shetland.</p> <p>Within Aberdeenshire, the focus is on scaling-up usage within Primary Care and the development of services within HMP Grampian.</p>	18 patient transports from Orkney and Shetland avoided in April 2019 – estimated saving £7k per month
Western Isles	<p>Western Isles has developed a range of services, several in partnership with NHS Highland and NHS Greater Glasgow and Clyde. These include:</p> <ul style="list-style-type: none"> • Haematology patients are now being seen via the Highland Near Me service rather than travelling to Inverness. 66 appointments have been held to date with the Oncology service due to start shortly. • A self management group for chronic pain has been established and is run by Pain Association Scotland. Shorter waiting time to see GP with special interest. • Uist and Barra Dietetics clinics established. Around six trips per annum saved with reduction in DNAs and waiting times. 	<p>Estimate 300 patient journeys to Inverness will be saved for Haematology and Oncology services at a cost of £130k per annum.</p> <p>Dietetics avoided clinician travel £3k per annum.</p>

Board	Highlights	Reported Savings
	<ul style="list-style-type: none"> • Hand surgery clinics that are jointly managed between NHS Greater Glasgow and Clyde surgeon and Western Isles physiotherapist have been established. Upskilling of the Physiotherapist and the development of a high degree of trust between the clinicians has resulted in a service model where patients are assessed locally by the physiotherapist who determines the need for a consultation with the surgeon. This has decreased waiting times and improved stability of a vulnerable service. • Following the relocation of the Respiratory Consultant to the South of England, a video pathway was developed to enable the consultations to be undertaken from the consultant's home. This has maintained capacity and improved resilience of the service when the clinician was unable to travel and reduced patient travel. • In conjunction with NHS Greater Glasgow and Clyde, Rheumatology clinics for new patients have been established. As a result of staff vacancies, it was proving difficult to provide full day clinics in the Western Isles. The new model allows the Greater Glasgow and Clyde clinician to see Western Isles patients in the morning and local patients in the afternoon. This has led to a reduction in staff travel and waiting times. • New ways of working have been established across a number of services, making more efficient use of staff time. <ul style="list-style-type: none"> • Pharmacy support at a large practice in Stornoway is provided from South Uist. • Smoking cessation video calls are reducing both patient and clinician travel and, in some cases, improving the safety of the clinician by avoiding very smoky homes. • During a long period where a Speech and Language therapist was 'off-island', the service was sustained using Attend Anywhere. This avoided a decline in service levels and an increase in waiting times. • The Parkinsons Nurse has a case load spread throughout the Western Isles. The nurse is able to arrange appointments with the off-island consultant from the patient's home. 	<p>Hand surgery clinics, avoided patient travel of £15k per annum.</p> <p>Respiratory travel saving £10k per annum.</p> <p>Rheumatology staff travel saving of £600 per clinic.</p>

Board	Highlights	Reported Savings
Greater Glasgow and Clyde	<p>In addition to the clinical services provided to the Western Isles, a Dermatology service has been established. This provides a mechanism to support first appointments for contact dermatitis investigations. Developed in collaboration with the Modern Outpatient Programme, the service aims to reduce inequity of service provision and increase clinical capacity.</p> <p>As part of the Scale-Up Programme, work is underway to expand or develop a range of out-patient services in Rheumatology, Respiratory, Neurology and Diabetes. Working in partnership with the six Health and Social Care Partnerships in Greater Glasgow and Clyde, services are also being developed within Primary Care.</p> <p>Concern has been noted that it is not currently possible to send patient reminders for video appointments. This may lead to an increase in DNAs.</p>	
Dumfries and Galloway	<p>Clinical services have been established for Renal and Speech and Language Therapy. This is reducing travel for both patients and clinicians.</p> <p>Within mental health, the meeting room function has been utilised to reduce travel/enable attendance at teaching sessions.</p> <p>As part of the Scale-Up Programme, work is ongoing to develop services in Rheumatology, Diabetes and Respiratory.</p> <p>Within Primary Care, the development of a range of services to care homes is progressing.</p>	<p>Renal clinics – Clinician travel saving of 3 hours per session. Average patient travel saving of 1hour 20 minutes.</p> <p>SLT Stranraer clinic. 2 held avoiding 7 hours of clinician travel</p> <p>Further 15 clinics held to date, over 30 hours of patient travel avoided.</p>
Forth Valley	<p>Work on the Scale-Up Programme within Forth Valley has been progressing, but has been impacted by changes to the patient information system. Clinics have been established in Speech and Language Therapy, Mental Health and Diabetes. More recently Orthotics have undertaken their first clinic.</p> <p>Supported by TEC Test of Change funding and working in collaboration with Strathclyde University the Emergency Tele-ophthalmology service is also live. Using a 3D printed adapter, the slit lamp within the Emergency Department is connected to an iPad and a live link established with the</p>	<p>Based on initial pilot, clinicians report reduction in consultation time and emergency</p>

Board	Highlights	Reported Savings
	<p>consultant at a different site. This is avoiding unnecessary referrals to emergency clinics and speeding up diagnosis and treatment.</p> <p>Work is now underway to develop a similar model of care in Greater Glasgow and Clyde.</p> <p>While it is still early days, there is strong interest from the wider Ophthalmology community in Scotland to support both Emergency Departments and high street Opticians.</p>	<p>clinic appointments.</p>
Fife	<p>While NHS Fife have been eager to develop video consulting services, deployment has been delayed due to an incompatibility with the NHS Fife firewall and Attend Anywhere. Due to the age of the firewall, it was unable to support the way the Attend Anywhere servers were addressed, leading to frequent call failures. A work around for this has recently been deployed by Attend Anywhere and testing satisfactorily completed.</p> <p>The TEC Team are currently working with NHS Fife to revise security policy and information governance based on the changes made. It is anticipated that service development will start shortly.</p>	
Tayside	<p>Adult Speech and Language Therapy, Psychological Therapies and Dietetic Diabetes services are currently operational in Tayside.</p> <p>As part of the Scale-Up Programme, a nurse led Epilepsy clinic has been successfully trialled. Although only one patient attended, the first Antibiotics clinic consultation was successful and the image quality was sufficient to see the wound. (A further two patients forgot to attend their appointments). Other services being considered include Neurology, Renal Dietetics, Weight Management and Plastic Surgery.</p>	
Lanarkshire	<p>Lanarkshire are currently developing a range of outpatient services including Respiratory, Rheumatology, ENT and Gastroenterology and Primary Care services in approximately six GP practices.</p> <p>Lanarkshire have also pioneered the use of the Attend Anywhere meeting room facility to support the Integrated Community Support Teams within South Lanarkshire Health and Social Care Partnership. The teams aim to prevent unnecessary hospital or care home admissions and reduce length of stay. To date over 1,000 video meetings have been held, reducing staff travel.</p> <p>Work to establish both in-hours and out-of-hours clinical support for prisoners in Shotts Prison is also progressing in partnership with the Health and Justice Telehealth Project.</p>	<p>Over 1,000 multidisciplinary meetings held, leading to a reduction in staff travel.</p>

Board	Highlights	Reported Savings
	It is anticipated that the first clinical service will be trialled in Summer 2019.	
Ayrshire & Arran	<p>Ayrshire and Arran have recently starting using Attend Anywhere as part of the Ayrshire Urgent Care Service. This is the first such service in operation within Scotland. Developments in Ayrshire and Arran are not currently funded through the TEC Programme, however support is being provided by the national team with a view to developing a strategic approach suitable for a future Scale-Up bid.</p> <p>It is also anticipated that learning from the Urgent Care Service will support other areas of work, particularly the out-of-hours care home projects.</p>	
Orkney	Orkney currently provide Speech and Language Therapy using the Attend Anywhere platform. With funding from the TEC Scale-Up Programme, they will provide staffing resource to extend the use of the service to reduce off-island transfers. The start of the project has been postponed due to recruitment delays, but is now in progress.	
Shetland	<p>Shetland currently provide pre-operative assessment, general surgery and paediatric occupational therapy sessions using the Attend Anywhere platform. In addition, Shetland patients use services established by NHS Grampian to avoid travel.</p> <p>With funding from the TEC Scale-Up Programme, work is now underway to:</p> <ul style="list-style-type: none"> • increase the number of video consultations between Shetland and the mainland boards; • improve connectivity with the outer island using satellite technology; • improve support for non-doctor islands. 	
Borders	<p>Progress in Borders has been limited. With support from the TEC Team, an out-of-hours service for care home residents was established in late 2018. However, this coincided with a change of leadership within the team and withdrawal of clinical support.</p> <p>The care home work programme is currently under review, with a view to developing in-hours services between a number of GP practices and the participating care home.</p> <p>Progress in the development of out-patient services has been delayed due to the ongoing financial pressures within the Board.</p>	

Board	Highlights	Reported Savings
Golden Jubilee National Hospital	The Attend Anywhere programme in GJNH was established in early 2019. Previously, clinics for Orthopaedics have been undertaken as part of the Highland Near Me setup. Development work is now underway to support pre and post assessments for Orthopaedic surgery, pharmacy pre-assessment as well as assessment of the feasibility of providing tissue viability clinics and adult congenital cardiac follow up.	
Lothian	NHS Lothian had previously stated that they would not deploy Attend Anywhere due to concerns over IT security and standards. Following an update to the NHS Scotland Infrastructure Standard (allowing the use of the Chrome web browser), this decision has been reversed. However, work has yet to start on the deployment in Lothian.	

8 Next Steps

8.1 Primary Care and Care Homes

To support the development of services within Primary Care, additional staffing resource has been secured with the Senior Improvement Advisor moving into a full-time role within the team. This will enhance the support available for developments within primary care.

Work is also underway to identify how the use of Attend Anywhere could support the provision of Pharmacy, Mental Health and Physiotherapy services in support of the new GP contract for remote and rural areas. Although at an early stage, discussions with the Primary Care Division in the Scottish Government are ongoing.

8.2 Print and Digital Resources

While the quality of resources available from the Attend Anywhere Resource Centre is high, there remains room for improved resources in a number of areas. Specifically, improved training resources for both service users and staff may support increased uptake and reduce the number of users reporting technical issues (many of which could be described as user error).

Work underway includes:

- development of the Attend Anywhere section of the new TEC Website and associated promotion of the Near Me brand;
- the development of training videos for both staff and service users;
- a review of service user leaflets to ensure compliance with disability and equality guidelines.

8.3 Evaluation

While this review of the workstream provides valuable information around the success of the programme, it is recognised that an independent evaluation would be beneficial. During 2018, a proposal was developed in collaboration with the Health and Social Care Analytical Service

in the Scottish Government. The proposal was rejected at ministerial level due to cost. A revised proposal is currently being developed.

Around 1,000 post consultation surveys have now been completed. This has provided useful information on the usability and benefit of the service. However, given the high number of survey returns, the information gained from the surveys is fairly static. In collaboration with the external evaluators, it is anticipated that the surveys will be updated to focus on new areas of interest.

8.4 Patient Reminders

A number of services have noted that they have difficulty in sending patient reminders for a video consultation. This could have an impact on DNA rates. Investigation of the process to provide patient reminders would be beneficial.

8.5 Integration with the Scottish Access Collaborative

To better integrate the work of the TEC Programme and the Scottish Access Collaborative (SAC), a joint post has been created and the current VC Workstream Lead appointed. This will closely link with the SACs Virtual Attendance Challenge.

In addition to developing improved measurement tools around video and virtual (where patient records and referral information are reviewed and a treatment plan developed without the patient being present) consultation, the feasibility of measuring savings in 'Health Miles' will be investigated. It is anticipated that by developing a measurement tool that captures savings in avoided travel by patients, carers and clinicians, it could inform future developments.

9 Appendix 1 Summary of Funded Scale-Up Programmes

Organisation/ Partnership	Brief Summary of Submission
NHS Highland	To scale up NHS Near Me in Argyle and Bute. To provide necessary infrastructure and leadership. To support the development of clinical services in conjunction with NHS Greater Glasgow and Clyde. To introduce NHS Near Me into Care Homes, Fit Homes and community owned devices.
Golden Jubilee National Hospital	Expansion of orthopaedic and ophthalmology elective care services. Extend the hub and spoke model for new and pre-assessment outpatient appointments. Test and scale arthroplasty, pharmacy, specialist tissue viability support and cardiac services appointments.
NHS Forth Valley	Includes Clackmannanshire and Stirling Health and Social Care Partnership and Falkirk Health and Social Care Partnership. Introduce Attend Anywhere as an alternative to face to face appointments and build on the work already underway in Forth Valley.
Aberdeenshire Health and Social Care Partnership	Increase the use of Attend Anywhere by services, practitioners and patients, Place-based saturation test of change GP practice embedded use of Attend Anywhere HMP & YOI Grampian
NHS Shetland	To support the scale up of Attend Anywhere across the services provided by NHS Shetland. Enhance the care and reduce unnecessary travel for patients by increasing the use of Attend Anywhere in primary and secondary care between Shetland and mainland Scotland. To establish connectivity in the outer areas of Shetland where standard broadband is not available. To enhance support on non-doctor islands.
Dumfries & Galloway Health and Social Care Partnership	Support the scale up of Attend Anywhere for people accessing outpatient appointments across Dumfries and Galloway. Funding for the initial stage of this scale up is to support the creation of four video consultation rooms, one in each of the four localities across the region - Wigtownshire, Stewartry, Nithsdale and Annandale and Eskdale.
NHS Grampian	Establish Attend Anywhere as the default method of patient contact for any patient in any location across Grampian, Orkney and Shetland whose clinical need can be appropriately addressed through tele-consultation.

Organisation/ Partnership	Brief Summary of Submission
Greater Glasgow and Clyde Health and Social Care Partnerships Collaborative (GG&C HSCP's)	Includes six GGC HSCP's – Glasgow City, Renfrewshire, Inverclyde, East Renfrewshire, East Dunbartonshire, West Dunbartonshire. The aim is to allow the at scale implementation of Virtual Consultations across large areas of Greater Glasgow and Clyde with Community and Primary Care based on local and national learning.
NHS Greater Glasgow & Clyde	To scale up the use of Attend Anywhere within Diabetes, Dermatology, Respiratory, Rheumatology, Neurology and with the Beatson West of Scotland Cancer Centre.
NHS Tayside	TOPS programme will take a strategic, coordinated approach to the implementation and sustainable management of Attend Anywhere across our system of care. The learning from the services which have been using the system will inform the development of the Attend Anywhere system framework.
NHS Lanarkshire	This funding will support a whole system approach “Once for Lanarkshire” by including Primary Care, Secondary Care, Specialist external services and our Health and Social Care partners. Two significant strands are included in this funding application: Modernising Outpatient Programme Primary Care Transformation
NHS Western Isles	Identify, drive and support improvements to care pathways which originate in primary care by use of virtual clinics, focusing on improving efficiency and making pathways more Patient Centred. Objectives include: <ul style="list-style-type: none"> • Patient Travel and Video Conferencing - redesigning the process leading to a consultation • Provide six fully equipped 'Near Me' rooms • Transform the current Outpatient Service Model.
NHS Orkney & Orkney Health and Social Care Partnership	The provision of dedicated project support as laid out in this bid with a one year injection of funding being seen as “pump priming” to enable the service transformations that will release monies currently spent on travel to be reinvested.
NHS Borders	Use Attend Anywhere to support service transformation and enable new models of care as a seamless element of the following current Long Term Conditions Transformation projects; <ul style="list-style-type: none"> • COPD - Group Pulmonary Rehabilitation education and support • Diabetes – providing ongoing support to hard-to-reach groups • GI – use of technology to support alternatives to traditional clinics