

# Near Me: public engagement

## the benefits, the barriers and the surprises



17 Sept 2020

# Who are we?

## Organisers:

**Carol Curran, Gail Nash & Audrey Taylor**, NHS Education Scotland and  
**Jennifer Dick**, NHS GGC & NHS Golden Jubilee

## Panellists:

**Clare Morrison**, National Near Me Lead, Scottish Government

**Dr. Margaret Whoriskey**, Head of Technology Enabled Care and Digital  
Healthcare Innovation, Scottish Government

**Hazel Archer**, Digital Access Programme Lead, Scottish Government

**Scott Jamieson**, **GP**, Kirriemuir Medical Practice

**Laura Lennox and Terri McIlroy**, Speech and Language Therapists, NHS D&G

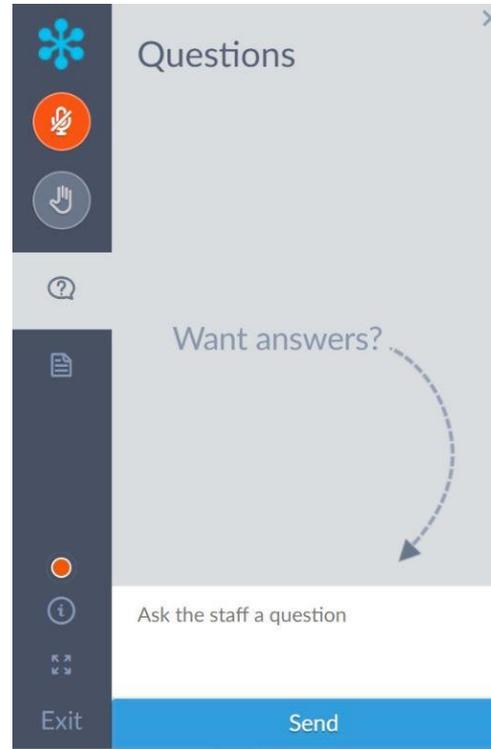
**Maimie Thompson and Marc Beswick**, Near Me Team

# GoTo Webinar: Attendee Participation

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The small cross on the top right minimises your control panel

Only the organiser can see any questions you submit

# Top Tips for attendees

- Use the question pane
- Turn off other applications that use the internet
- PC wired to a network
- Ethernet cable
- Re-join using audio only



Time	Topic
2.05-2.10	Setting the scene – digital strategy
2.10-2.15	Why a public engagement?
2.15-2.30	Key findings of the public engagement
2.30-2.45	Key findings of the Equality Impact Assessment
2.45-3.00	Clinicians' experiences
3.00-3.30	Discussion

#NearMeViews

# Setting the scene: digital strategy

An aerial photograph of the Forth Road Bridge and the Forth Rail Bridge in Scotland. The Forth Road Bridge is a cable-stayed bridge with three tall white pylons and numerous stay cables. The Forth Rail Bridge is a red cantilever bridge. The bridges span the Firth of Forth, with a large body of water and green hills in the background. The sky is clear and blue.

Dr Margaret Whoriskey  
Technology Enabled Care & Digital Healthcare  
Innovation, Scottish Government

# SCOTLAND'S DIGITAL HEALTH & CARE STRATEGY

ENABLING, CONNECTING & EMPOWERING



'Digital technology has the potential to change the face of health and social care delivery.'

- Scottish Parliament Health and Sport Committee report on technology and innovation in health and social care



## Person-centred vision

*'I have access to the information, tools and services I need to help maintain and improve my health and wellbeing.'*

*I expect my health and social care information to be captured electronically, integrated, and shared securely to assist service staff and carers that need to see it ...*

*... and that digital technology and data will be used appropriately and innovatively, to:*

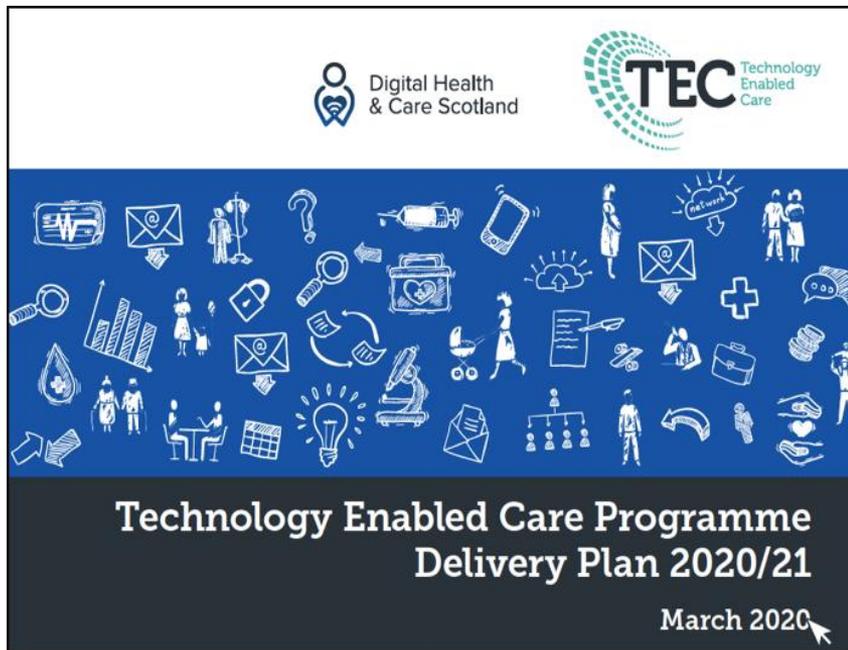
- help plan and improve health and care services*
- enable research and economic development, and*
- ultimately improve outcomes for everyone.'*

“The cross sector Technology Enabled Care (TEC) Programme focuses on empowering individuals, by supporting spread and adoption at scale of technology enabled care, service redesign and service change.”

# Approach

- **Cross sector leadership/collaboration** and strategic co ordination of delivery with national delivery partners and organisations
- **Creating conditions** to drive forward local deployment and growth through dedicated funding to facilitate scale up and transition to mainstream
- **Once for Scotland**, driving efficiencies, national models, procurement, addressing cross sector national issues, knowledge exchange and evidence
- Centre of **cross sector excellence /expertise** – building capability

## 4 strategic priorities

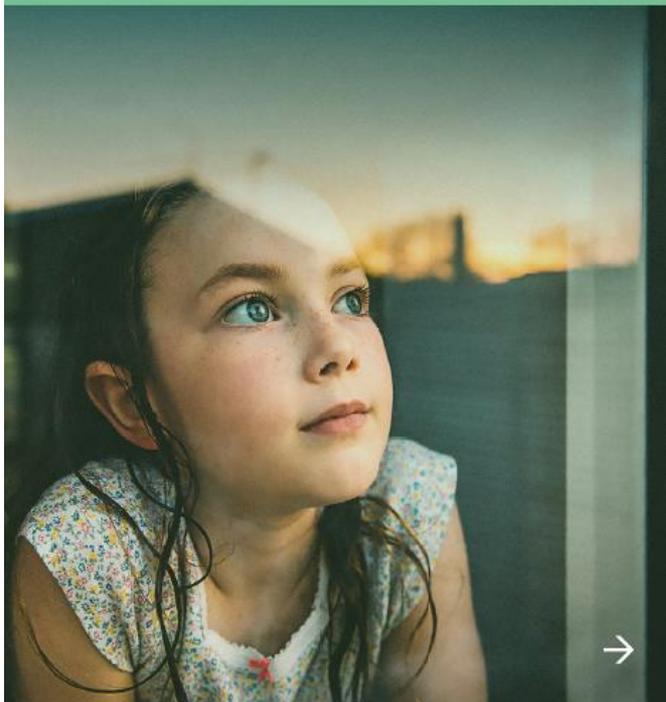


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Scottish Government  
Riaghaltas na h-Alba  
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## PROTECTING SCOTLAND, RENEWING SCOTLAND



# REALISTIC MEDICINE



# Why a public engagement?



**Clare Morrison**  
**National Near Me Lead, Scottish Government**





# Objectives

- Understand benefits and barriers
- Understand views of people who had never used Near Me
- Co-produce an Equality Impact Assessment and gain insight into potential exclusions
- Identify improvements
- Raise awareness

# The vision for Near Me

## Public Engagement 29 June – 24 July 2020

Tell us your views by going to:  
[nearme.scot/views](https://www.nearme.scot/views)



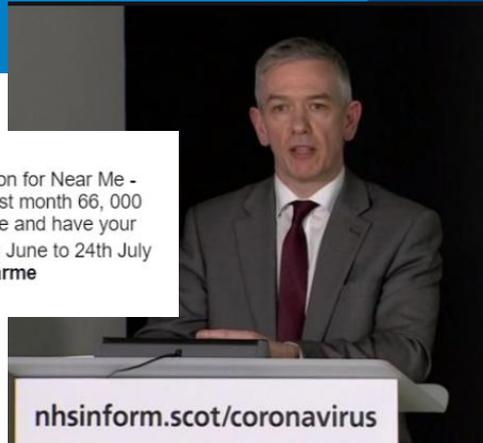
Near Me

Near Me



**NHSNearMe** @NHSNearMe

.Today we launch our public survey on the Vision for Near Me - health and care appointments by video link. Last month 66, 000 appointments were carried out. To find out more and have your say <https://www.nearme.scot/views> 29th June to 24th July #Nearmeviews #Hearmearme #Seemearme pic.twitter.com/FoGSbuG1yZ



**Daily Record** NEWS - POLITICS FOOTBALL - SPORT - TV & CELEBS - LIFE & STYLE MORE -

### Patients consulted over views on video technology for appointments

The number of video consultations by NHS Lanarkshire medics has risen from just a handful earlier this year to nearly 2000 per week following lockdown.

By **Judith Tonner**  
11:53, 1 JUL 2020

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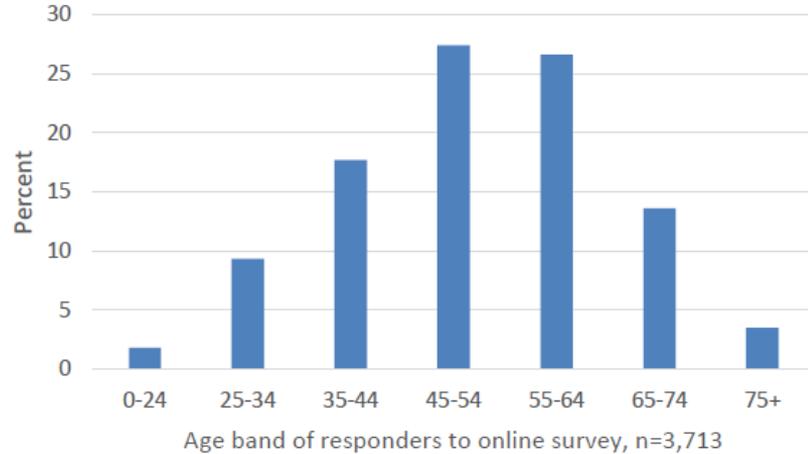
# Engagement

5,400  
responses

Group	Type of feedback	Number of responses
General public	Online survey	4,025
Individuals	Survey by phone/ writing	47
Individuals	Written	16
Marie Curie service users	8 focus groups	37
People with learning disabilities	Focus groups	25
People with disabilities	Various	12
People whose first language is not English	Phone	30
Carers	Virtual group	5
Organisations (public)	Written	38
Healthcare professionals	Online survey	1,147
Healthcare professionals	Written	14
Professional bodies	Written	4
<b>Total</b>		<b>5,400</b>

# Public respondents

## Age band



81% female

18% disability

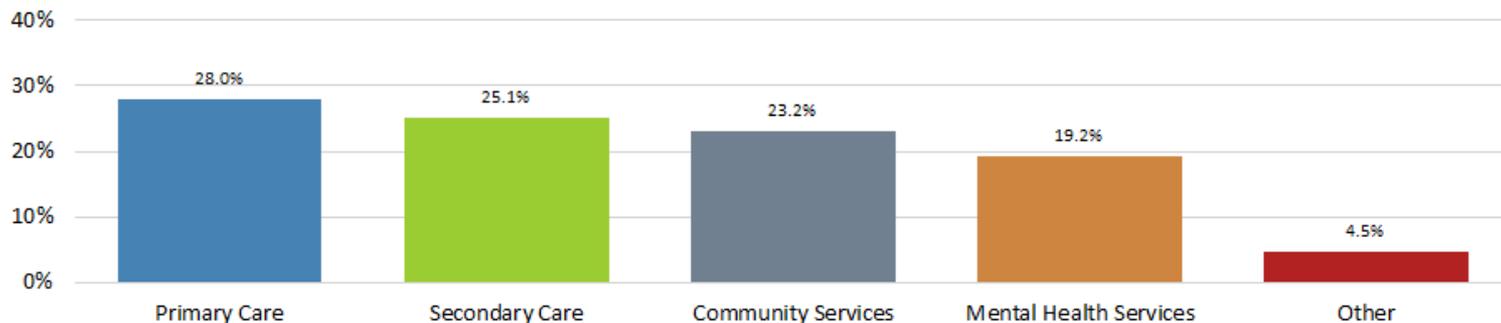
97% white

All NHS boards

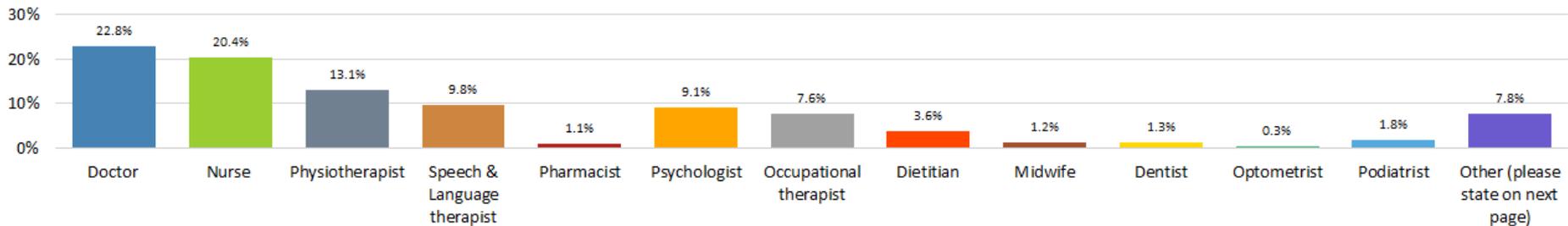
# Health professional respondents



## Care setting



## Profession



# Key findings

Hazel Archer

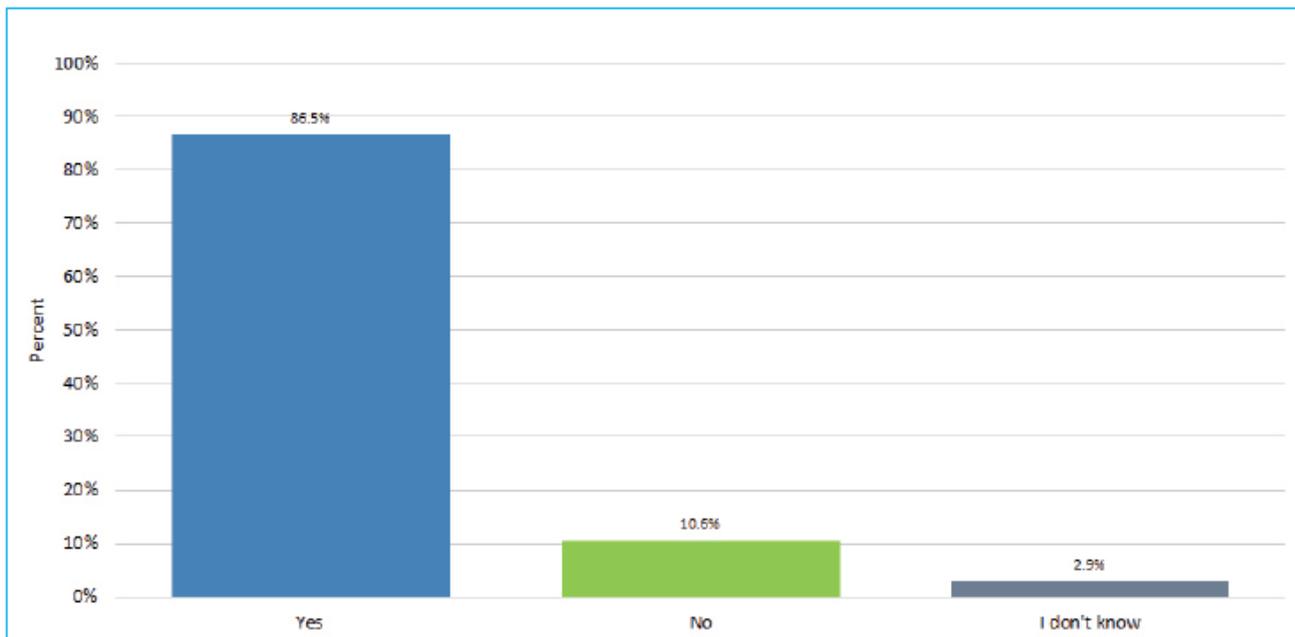
Digital Access

Programme Lead,

Scottish Government

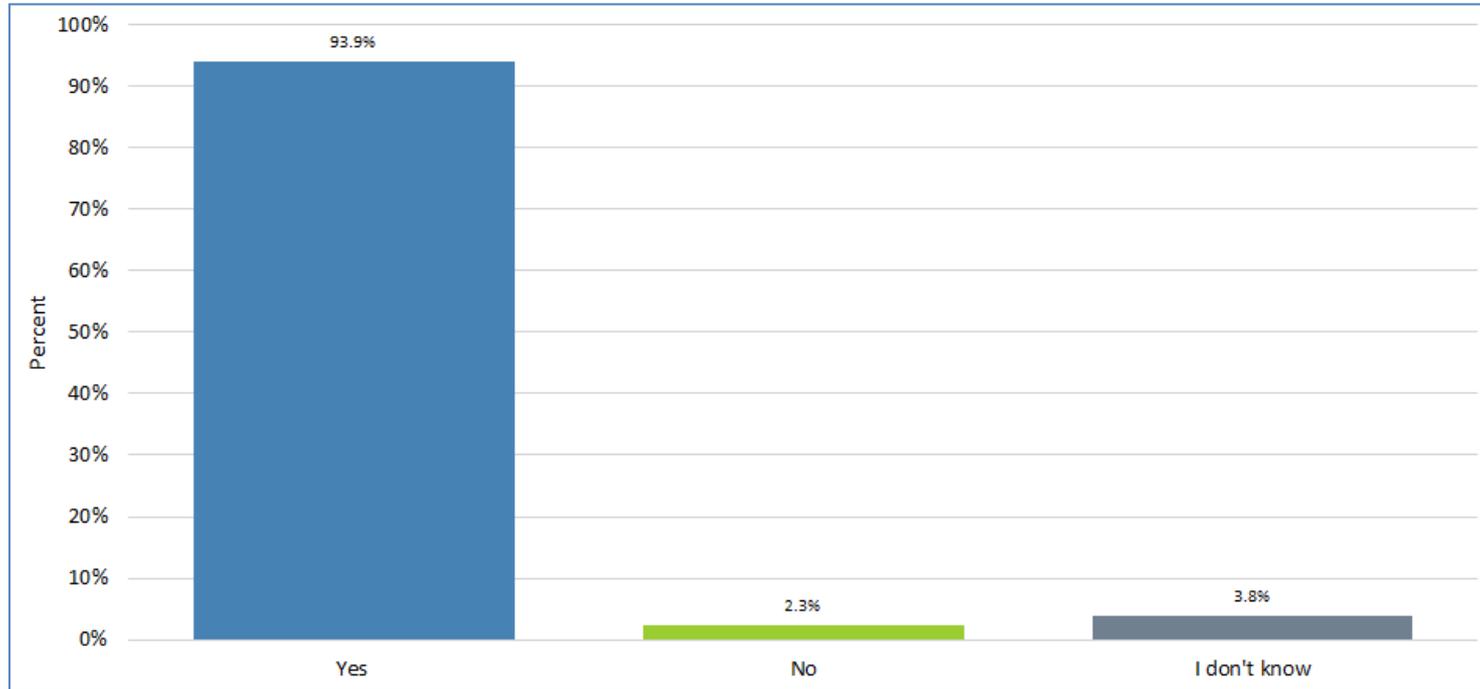


# Should video be used? Public

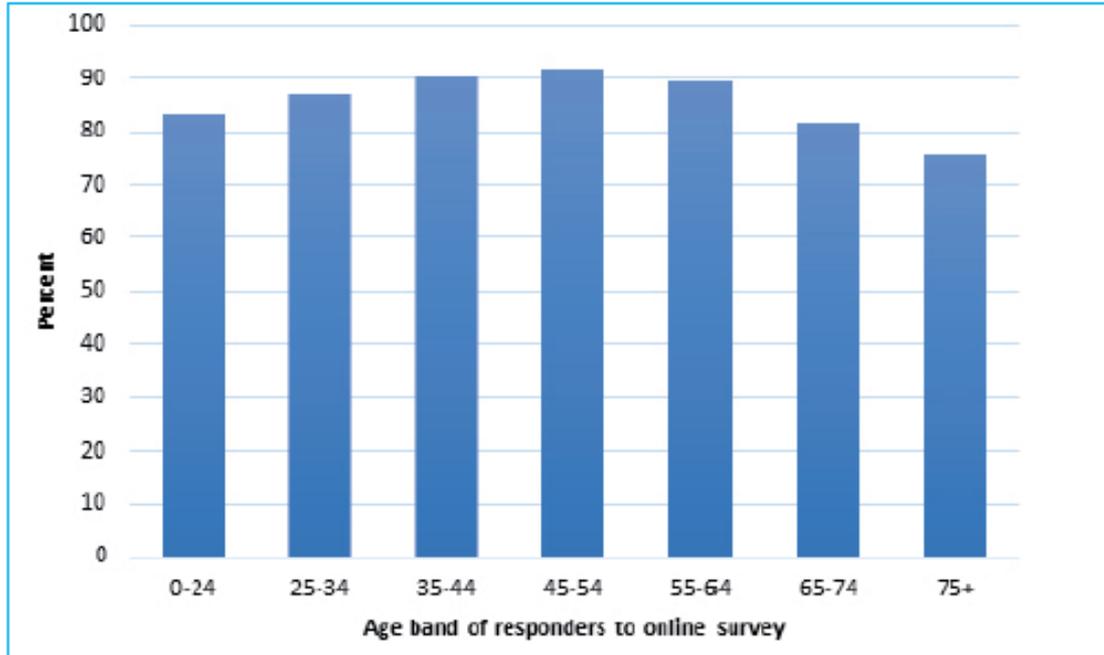


***Figure 1: Public views - should video consulting be used for health and care appointments?***

# Should video be used? Clinician



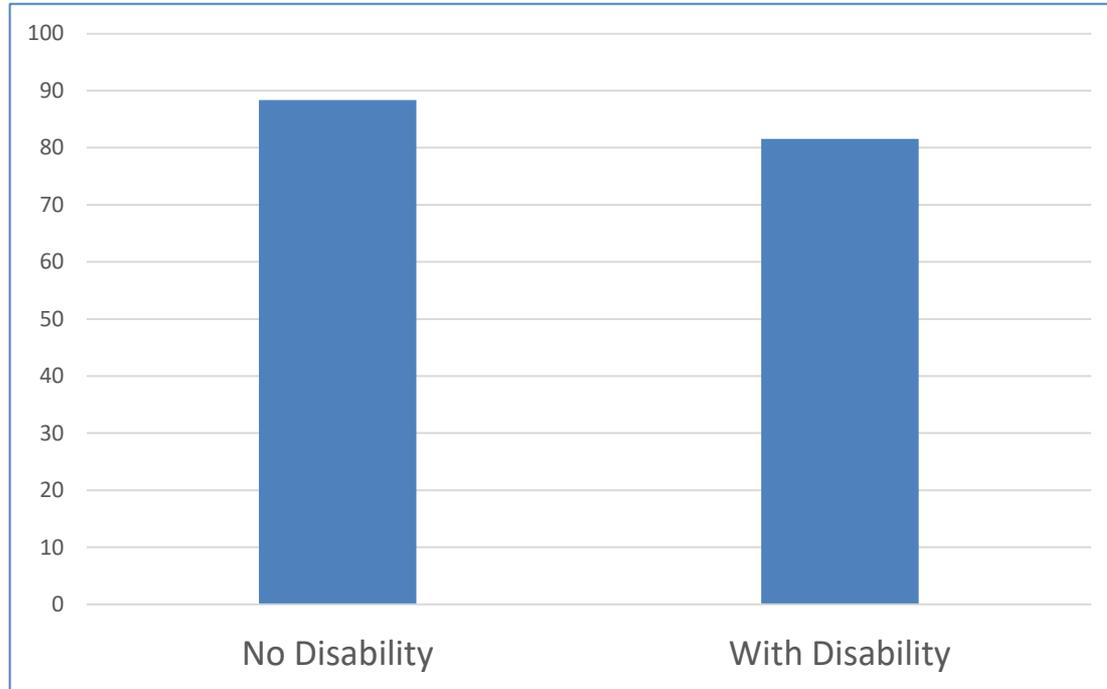
# Public views: Age breakdown



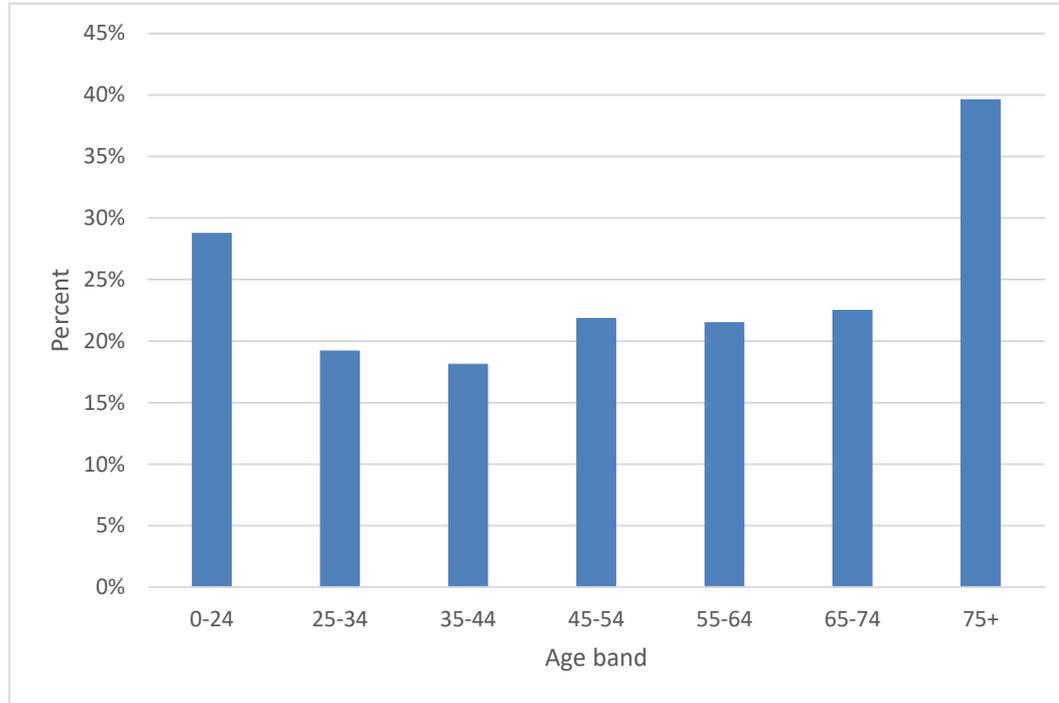
**Figure 2: Public views on whether video consulting should be used for health and care appointments (% yes), broken down by age group**

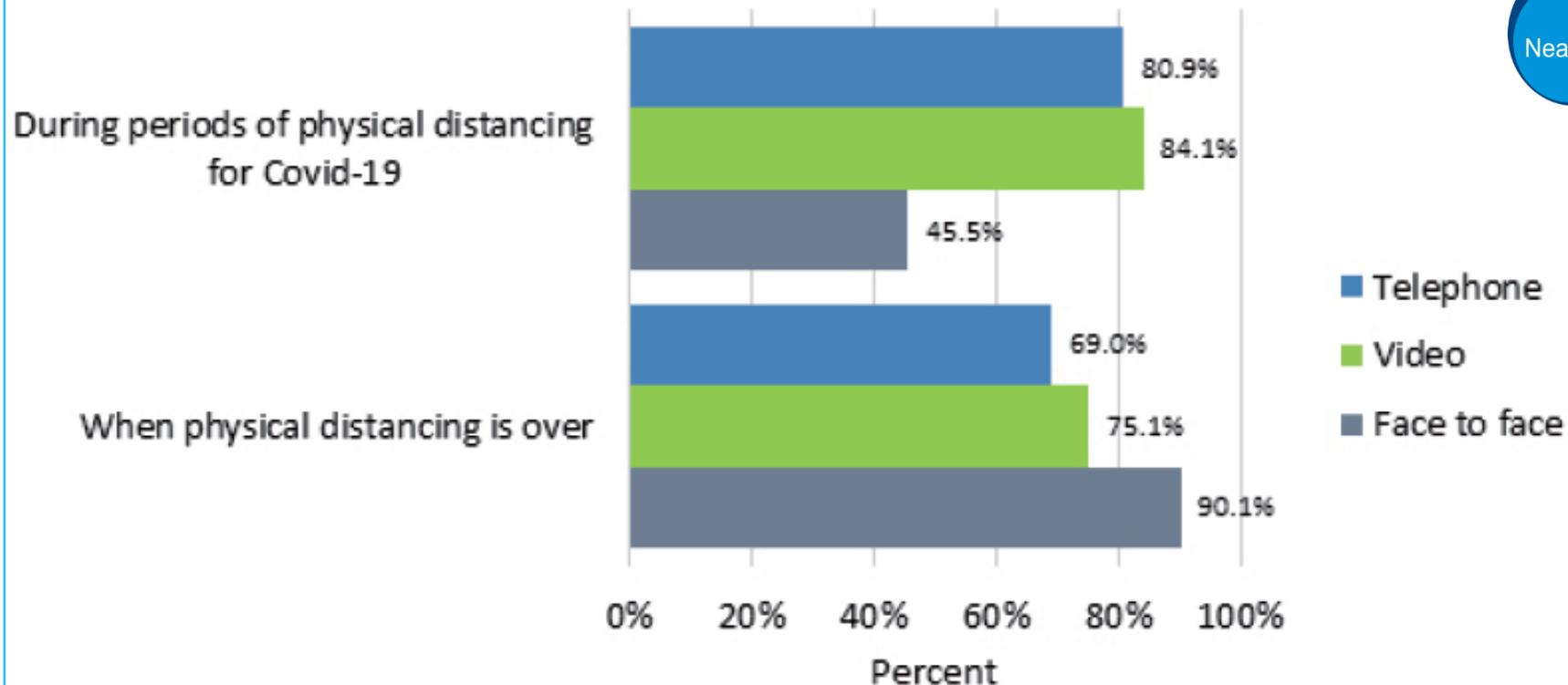
# Public views: should video be used?

## By disability

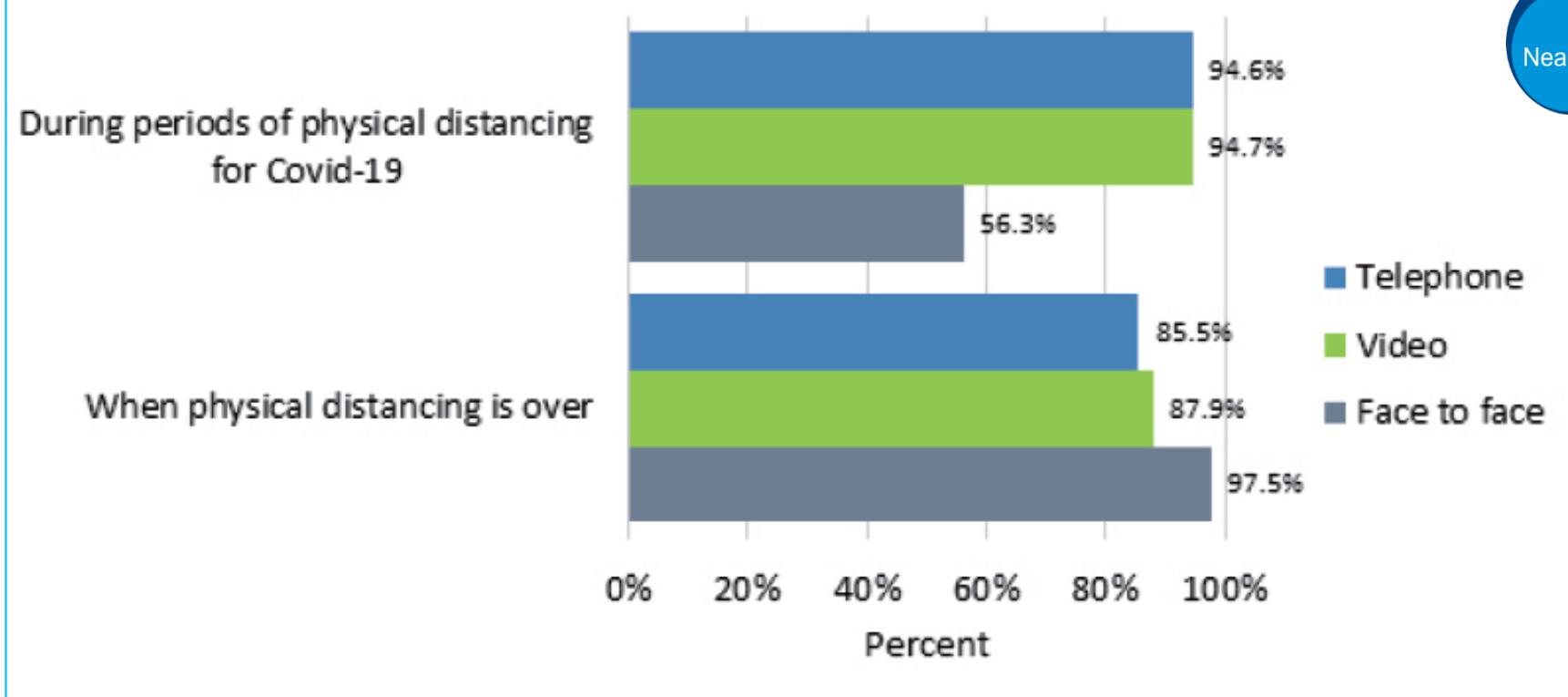


# Public views: Would benefit from support





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



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

# Benefits



## Top five benefits of Near Me video consulting (in descending order, biggest benefit first)

Public views	Health professionals' views on benefits for their patients	Health professionals' views on benefits for themselves
<ol style="list-style-type: none"><li>1. Lower infection risk</li><li>2. Improves access to services</li><li>3. More convenient</li><li>4. Saves time</li><li>5. Better for the environment</li></ol>	<ol style="list-style-type: none"><li>1. Lower infection risk</li><li>2. Reduces the need for patients to travel</li><li>3. Reduces the need for patients to take time off work</li><li>4. Saves patient time</li><li>5. Improves access to services</li></ol>	<ol style="list-style-type: none"><li>1. Lower infection risk</li><li>2. Enables wider access to my service</li><li>3. Helps me deliver a service my patients have requested</li><li>4. Better for the environment</li><li>5. Frees up resources within my service through reduced travel</li></ol>

# Barriers

Top three barriers of Near Me video consulting (in descending order, biggest barrier first)		
Public views	Health professionals' views on barriers for their patients	Health professionals' views on barriers for themselves
<ol style="list-style-type: none"> <li>1. Poor internet connectivity</li> <li>2. No private space for a video call</li> <li>3. No or limited access to a device for video calling</li> </ol>	<ol style="list-style-type: none"> <li>1. Risk of poor quality sound/image or call dropping</li> <li>2. Patients not having access to a video calling device</li> <li>3. Patients needing support to connect a video call</li> </ol>	<ol style="list-style-type: none"> <li>1. Risk of poor quality sound/image or call dropping</li> <li>2. Concerns about missing something on video</li> <li>3. Prefer seeing patients in person</li> </ol>



# Types of consultation

Types of consultation	Health professionals agreeing can be provided by video
Advice and support	88%
Active management and/or treatment of an ongoing condition	73%
Review of long-term condition management (including medication reviews)	66%
Follow up after a procedure, operation or hands-on care	43%
Acute presentations	33%
Assessment before a procedure, operation or hands-on care	31%
Other	16%
Don't know	2%

# Making it easier: clinician views



- Improve digital access
- Responding to patient request
- Mixed clinics (some face to face, some video)
- Improved internet connection
- Best practice guidance from professional bodies



# Making it easier: public views

- Improve digital access
- Introduce or expand local hubs or community-based borrowable devices
- Ensure choice over how consultations are provided
- Improve patient information

# EQIA – Equality Impact Assessment

Clare Morrison  
National Near Me Lead, Scottish Government



# How it was done

- Public engagement exercise
- Workshop with organisations representing protected characteristics:
  - Protected characteristics: age, disability, sex, pregnancy & maternity, gender reassignment, sexual orientation, race, religion & belief, marriage & civil partnership.
  - Plus under the Fairer Scotland Act: rural & remote localities, socio-economic background
- Draft EQIA circulated around organisations
- Further discussion

# EQIA



For every group considered:  
**both benefits and barriers**

# Autism



Change is difficult vs

Sensory overload at  
bright, busy NHS clinics

# Race



Resources only  
available in English

*vs*

Enables interpreters and  
distant family members  
to attend remotely



# Services with perceived stigma

Lack of private  
space at home

vs

Avoids need to go to  
traditional building

# Socio-economic barriers



Lower incomes  
may be digitally  
excluded

*vs*

Challenge of time off  
work in low paid,  
temporary jobs

# EQIA: summary of benefits



- Enables people to **attend** appointments in a **safe manner**
- **Improved access** to health and care services through removing travel barriers
- **Reduced time off** work or education to attend appointments
- **Supports carers, family members and translators** to be involved

# EQIA: summary of barriers



- Clinicians or organisations make **assumptions** about video appointments not being appropriate
- Lack of a **safe and confidential space** to conduct a video appointments
- Lack of inclusive communication of Near Me information
- People who are **digitally excluded** for whatever reason

*“ I have no problem with this format of communication for those who are happy to use it. I just need to know that choice will be available.”*

## Near Me Public Engagement

Public and clinician views on video consulting  
Executive summary  
September 2020



The full report of the Near Me Public Engagement outcomes can be accessed [here](#)

Report published by:  
Technology Enabled Care, Scottish Government

Produced by:

Hazel Archer Digital Access Programme Lead, TEC Programme Scottish Government	Clare Morrison FRPharmS National Near Me Lead TEC Programme Scottish Government	Dr Maimie Thompson Associate Director Higher Ground Health Care Planning Ltd	Dr Margaret Whoriskey Head of TEC and Digital Healthcare Innovation Scottish Government
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For further information, contact: [nss.nearme@nhs.scot](mailto:nss.nearme@nhs.scot) or see [www.nearme.scot](http://www.nearme.scot)

## Near Me Video Consulting Programme

National Equality Impact Assessment



Version 1.0 (approved)

26<sup>th</sup> August 2020

1

# Summing up: EQIA and engagement



- Health and care services should **offer video consulting** whenever it is **appropriate**, considering both clinical and social factors. This should be combined **with person-centered choice** to deliver the vision of care described in Realistic Medicine.
- Service providers should **not make generalised assumptions** about the groups of people who can or cannot use video consulting, and **enable individuals to make their own choice** whenever possible.

# Summing up: EQIA and engagement



- Further work is required to **maximise the benefits** of Near Me including: raising awareness of the service, increasing the use across health and care services, addressing digital exclusion, improving patient information, and expansion and/or creation of local hubs for people to use Near Me who cannot use it at home.
- **Guidance to further embed** the use of Near Me should be developed in collaboration with professional bodies.



# Clinician views

# GP



Dr Scott Jamieson  
GP, Kirriemuir Health Centre, NHS Tayside  
Executive Officer for Quality Improvement, RCGP Scotland



# Allied Health Professions

Laura Lennox

Specialist Speech and Language Therapist,  
NHS Dumfries & Galloway

# Speech and Language Therapy adult service in NHS Dumfries & Galloway:

Evaluation of NHS Near Me  
during April-May 2020

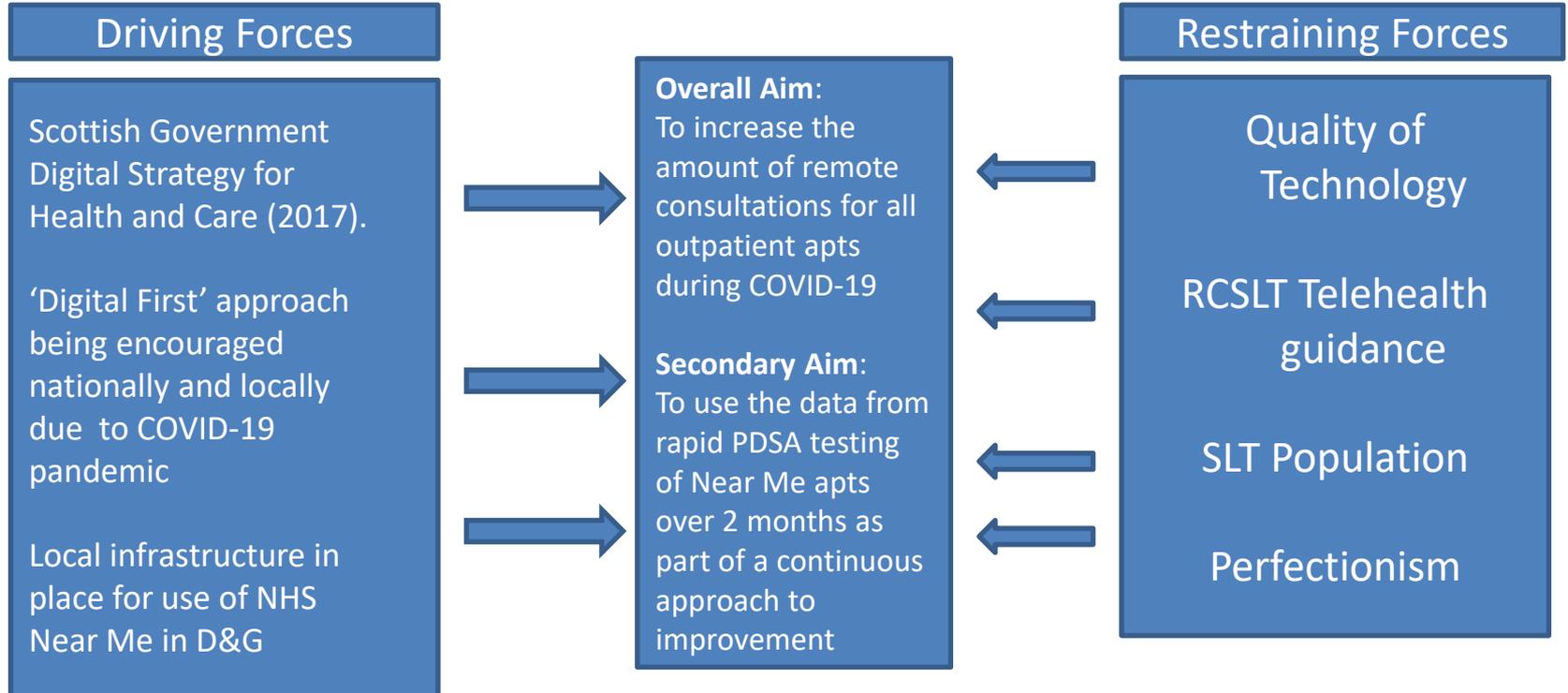
# PHASE 1

***Perfection is the enemy of the good when it comes to emergency management. Speed trumps perfection. And the problem in society we have at the moment is everyone is afraid of making a mistake. Everyone is afraid of the consequence of error, but the greatest error is not to move, the greatest error is to be paralyzed by the fear of failure.***

Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme, discussing the need for prompt international action to the COVID-19 Crisis on 13 March 2020.



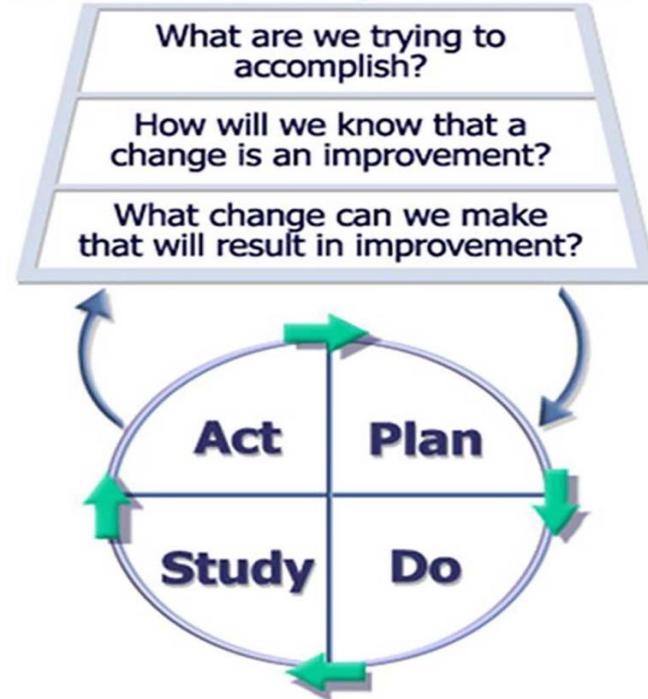
# Force Field Analysis



# 75% completion rate for rapid PDSA testing of SLT (adults) Near Me apts April-May 2020



## Model for Improvement



# Evaluation of SLT (adults) Near Me appointments

## What Can We Control?

### Preparation for Near Me appointment:

- Sending out therapy exercises.
- Anticipating next steps in therapy
- Ensuring Tech is set up.
- Gathering information.
- Sending out Dysphagia leaflet/written info.
- Sending a text message as apt reminder.
- Email clicky link for those struggling to access.
- Sending PSP following apt by email.
- Able to re/schedule apt at short notice.
- The person can download apps to record and measure voice/pitch/decibels etc as therapy measure.

### During Near Me appointment:

- Outline to person at beginning of session what to expect and what can go wrong – make a plan.
- Able to observe pt on relevant textures of diet
- Able to give verbal advice
- Able to demonstrate exercises – voice, dysphagia, dysfluency, H&N
- Able to practice exercises and observe – voice, dysphagia, dysfluency, H&N
- Able to make recommendations & arrange further apts
- Able to assess oromotor movements
- Family members present.

### Therapeutic Relationships:

- Every situation is different – need to use your own judgement
- Good Feedback from patients so far
- Felt relationship established by third Near Me session
- Some voice patients prefer video apts
- Having to ask the person to repeat due to audio issues may knock confidence – explain this can happen due to audio quality at the start of session.

## What Can We Influence?

### Therapy & Materials:

- Needing to adapt some therapy materials and be innovative in our approach.
- Propping up of Ipads during session to ensure person always in shot – book stand/music stand?

### Pre and Post Therapy measures:

- Needing to think out of the box when it comes to current methods of measurement/recording of baseline – Voice /Dysfluency/maximum phonation time/perceptual evals.
- Find other ways of rating quality of voice

### DNA: (this was described as happening twice out of 33 PDSAs)

- Should we phone to ask reason why in case its tech failure?
- Possibility of a text reminder service?
- SLTSW start each day with apt call reminders?
- Record DNA numbers – any difference between F2F compared to video apts?

### Training of Participants

- SLTs and Care Home staff

### Tech Issues:

- Could we have more information on specific technical issues and how to fix these rather than have to call for support each time.
- Can we upgrade headphones and mics from SLT end to give better audio?
- Acknowledge that is what we have for now – therapy sessions will be different, exercises will be different. Tailor accordingly

## What is of Concern?

### Tech Issues

- Audio and visual quality can vary for both SLT and patient.
- Patients using own mobiles – unable to see therapy sheets
- SLTs using own mobiles – patient might call back in an emergency situation (**this has not happened**)
- Should we use alternative platforms?
- Investment in good quality appropriate tech.
- Issues with measuring sustained phonation if either participant has noise cancelling technology.

### Standardised Assessments:

- How much can we interfere?

### Population:

- Visual / Hearing issues for some.
- Dysphagia – unable to visualise soft palate/back of mouth/fistula.
- Dysphagia – differential diagnosis difficult due to inability to carry out palpation.

### Perfection:

- Delivering therapy remotely renders it impossible to give 100% accuracy and professional feedback and guidance due to audio – the person asked for more feedback than usual.

# PHASE 2

## Overall Aim:

- To identify when Near Me consultations are suitable and to share this best practice with the SLT team.

## Objectives:

- Adapt patient pathway at point of referral to embed Near Me decision making criteria that includes information around availability of technology and risk but **also** includes; sensory information, level of cognition, communication support needs, additional support needs, digital skills and knowledge, patient preference & location etc.
- Continue PDSA cycle testing of Near Me outpatient consultations from Aug - Oct 2020 to use this information and phase 1 to develop SLT tools and resources to fit with Near Me consultations.





# Three clinicians' experiences (films)



# Panel discussion

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for listening and to all our speakers

Remember to capture your learning and reflections and continue the conversation on Twitter #NearMeViews