

NHS Education Scotland Hosted Webinar ‘Use of Near Me: benefits, barriers and surprises’ – 17th September 2020

Version 1.0 – 29th September 2010

Ref	Theme	Question	Response
1	AI	Is there scope for the "clinician" to be an "AI" computer?	Not in the near future. AI technology is some way off from dealing with this type of clinical encounter. There are a number of solutions that have a decision tree type solution such as Babylon, but AI has yet to be shown to be safe and effective in this scenario.
2	Age	I am curious as to why such a small percentage of young people. I am nurse consultant for Family Nurse Partnership therefore invested in the voice of young people/teenagers?	It is important to recognise that the online public survey was not research. The respondents were self-selecting and therefore not necessarily representative of the population. The findings are not weighted for demographic and other variables. During the engagement we did target young people's groups and representatives; Young Scot; Youth Parliament. schools and higher education etc It may well mean we need to do some targeted work with groups. Younger people in general are less likely to respond to surveys especially generic ones.
3	Age - children services	I work in children's service and I wonder if there was any feedback from your engagement work specifically around use of video conferencing with children?	There was a little from the public engagement which is covered in the full report mostly relating to CAHMs. And some work relating to Early Years.
4	Age – paediatrics	Has anyone noticed a decline in paediatric near me appointment attendance due to schools returning?	The opposite is true. Activity levels in both paediatrics and child and adolescent mental health services dipped during the holiday period, but have now returned to pre-holiday levels. This is a similar pattern to the overall picture.
5	Blude Badge	I have been trialling use of Near me with Blue Badge assessments and one of the barriers is requirement for a 2nd person to film person walking. Firstly because of poor digital skills of person filming and secondly some people do not have a 2nd person or do not want to tell anyone else as they do not want anyone to know they are applying for a Blue Badge	This is a tricky situation and similar to issues faced within physiotherapy. Suggestions are: <ul style="list-style-type: none"> • Providing instructions prior to the session and ask folks to practice before hand ie prop the device up and find position where the camera can pick up the person walking. • Offering to do the walking assessment at the start of the call, so the helper can then leave. • Try and find out from the physiotherapists how they do it.
6	BSL	Are consultations using BSL available via Near Me?	Yes, they are and there is some feedback in the full report around this. One of the actions was to prepare BSL video of Near me which has been done and on

			Near Me website https://www.nearme.scot/ But there is variation between boards and ongoing discussions around governance; quality of space being used by the interpreter if doing it from home.
7	Change management	What advice do you have for organisations who are slower to get going with video consultations? (Currently video makes up 1% of my NHS Trust's virtual appointments)	<p>In terms of advice there is no single thing and every situation / person / clinician will vary but some general tips:</p> <ul style="list-style-type: none"> • Understand your audience and try and figure out what the resistance is; why the pace of change is slow; t may be fear of change; they may not feel it's a good option or they may not know the facts; • Can you describe your compelling case for change by speciality etc what do 'their' patients have to say about it? • Build up positive relationships and do not demonise; when they are ready to make change make sure you are ready to respond. • Share any evidence and data • If you look in the full report one of the questions was around what would make a difference and a response was that if their patients wated it. • Share with them the work by Trish Greenhalgh on the evaluation
8	Change management	How can we convince 'old school' practitioners to try this system?	It is not so much about 'old' but rather anyone who resists change or does not support change for whatever reason? Its classic change management
9	Change management	What advice do you have for an NHS trust who are slow to adopt video consultations? (Less than 1% of our virtual appointments are via video)	Its classic change management. See earlier responses.
10	Choice	Service users who are not financial okay, is this call free. Service users who are not technology knowledgeable how can this approach benefit them or do we have other means of meeting with them (consultation)	<p>The EQIA covers this setting out some national and local mitigation including choice being offered. So, it depends on circumstances. In terms of the specifics around costs on a Wi-Fi or wired internet connection, Near Me calls do not cost anything. If using mobile data: waiting for your call to be connected has no cost, once you are connected a typical 20 minute Near Me call will cost 230MB of data on a mobile device. Data use is less on lower speed connections. Most providers are currently making calls free about only covers 80%</p> <p>Connecting Scotland provides part of the solution (free devices and no cost of data etc). Other mitigation from boards includes developing local hubs and buying or loaning devices. Face to face and telephone remain as options. WE</p>

			are keen that choice is promoted and clinician and service user work together to identify the best option to fit circumstances and risks.
11	Choice	Are clinicians offering individual patients the options of f2f, phone or near me?	It is a good question! It will no doubt vary by individual, service, board; during Covid and beyond. But the findings from the public engagement are clear that patients are looking for choice and that there are many benefits of using video. It will also require local booking processes / triage systems to be geared up to offer choice.
12	Dementia/digital exclusion	Were people living with dementia engaged in responding to the survey and were any general issues of digital exclusion raised?	Yes, we liaised with Alzheimer Scotland who have also been using Near Me to provide some of their services. As with all groups people with dementia are not homogenous and so there will be some benefits and barriers. One of the advantages is that a relative can join a call if not living locally etc Video consultations were used in Highland for people with dementia in Care Homes for over a decade.
13	Education and Training	University of West of Scotland has developed materials and simulated video consultation. We have carried out an initial test for change with pre-registration students and plan to escalate to all pre and post-registration students as recognise the underpinning theories, frameworks for communication, assessment, and decision-making are integral to learn for a safe and effective consultation?	So important that we equip our students and professionals to carry out new methods of consultation in the same way we would for face to face. Let us know if we need to be linking in with this or if there is anything we can provide by way of support.
14	EQIA	In terms of equality and diversity are there any groups at risk of being excluded?	Possibly but we have committed to do is review the EQIA towards the end of the year once we have fully digested all the feedback. The more Near Me gets used the more one might expect it to highlight further barriers and benefits. We are working with all the boards to make sure they localise the EQIA and continue to get feedback.
15	EQIA	How will digital strategy meet the needs of those in low income households who cannot afford technology?	Its covered in the EQIA. There needs to be an acknowledgement that there are challenges with most appointment types related to poverty: cost of transport, time of work, access, and cost of technology etc. Connecting Scotland will

			provide part of the solution (free devices and no cost of data etc), moving to having local hubs and buying or loaning devices will also play a part.
16	EQIA	Can a copy of the completed EQIA be made available?	It can be found on the TEC website https://tec.scot/digital-health-and-care-in-scotland/video-enabled-health-and-care/
17	EQIA	Can a copy of the EQIA be made available?	Yes
18	EQIA – captions	Will closed captions be an option soon for those who are hard of hearing? We are having to use MS teams for this option	This is something being explored and requested. Some people are very supportive and have used something similar in other facets of life. The issue appears to be that there have been some concerns raised about accuracy and therefore clinical governance. The software is ever improving. So not quite there yet but would be a welcome addition.
19	EQIA – digital exclusion	What proportion of Scottish population are thought to be digitally excluded?	What proportion of Scottish population are thought to be digitally excluded? https://www.scotlandis.com/blog/we-asked-you-answered-thank-you/ https://medium.com/@catriona_campbell/scotlands-new-programme-for-government-looks-to-reduce-digital-exclusion-b3bd4679eeef Couple of links above shed some light on this. It is around one in six / one in seven; or around 800,000 though as you are aware it has disproportionate impacts on different groups. I have looked back at the trends over the years and it is improving year on year.
20	EQIA – hearing loss	How is the experience been for patients with a hearing loss?	Obviously, there is a spectrum of hearing loss with varying circumstances and scenarios but having worked with both Deafscotland and BDA the feedback is good and many benefits. Using BSL interpreters, lip reading, and chat function all help. Live captioning is something people would also value, but we are not quite there yet though the technology is ever improving.
21	EQIA – live captions	Can live captions be used for hard of hearing users?	We will be looking at all the ideas for improvements to functionality and discussing with Attend Anywhere to see what is feasible, affordable, and then prioritise. This is on the list.

22	General	Were there any differences in acceptability between mental health service users and those using general health?	No black and white answer to that. Almost without exception there were benefits and barriers for most patient groups and they are all far from heterogeneous. But it does work very well for the spectrum of mental health conditions and talking therapies, for instance, and it as a speciality it has the single highest use. Both mental and general health also tied up with other factors digital exclusion etc and so really the short answer is it depends!
23	Governance - confidentiality	Did staff indicate they needed confidential accommodation to make video conferencing consultations, that seems to be a big issue where open plan office?	There has been some discussion on this relating whether appointments must be conducted from a clinical area and could they had done from home. The crucial point is wherever the service is provided it must assure confidentiality, without disruption and distraction. Not clear why appointments would now be provided from an open plan office? Phone consultations or face to face would not be done in this way, would they?
24	Governance – consent	Gaining consent is a persistent issue, any innovative strategies emerging for this?	Consent to take part in a video call: Guidelines for consent can be found at https://tec.scot/wp-content/uploads/2020/01/Consent-for-VC-consultation-v11-TEC.pdf Consent with incapacity at https://tec.scot/wp-content/uploads/2019/09/ConsentForVCwithIncapacityTEC.pdf Consent for a procedure: This is not an area of work the national team have looked at....yet.
25	Governance – duty of candour	How do the responsibilities under the Duty of Candour differ, when online?	It is interesting and something which has come up a couple of times, e.g. staff feeling that harm may have occurred because they did not see the patient face to face. It may be a factor which is being considered in some adverse events but it is likely to be difficult to attribute an outcome to NOT seeing face to face (e.g. "If I saw the patient face to face I would definitely have identified x). The key is good triage and clinical skills, clear pathways, and back-up plans. Most cases are usually multi-faceted - not just based on one aspect of care. Not impossible but unlikely.
26	Governance – privacy for staff	I have real concerns with privacy for staff, with patients being able to record sessions without telling staff. There have been some statements circulated discouraging	There was a discussion on the webinar around this and clearly views will vary. A balance needs to be struck that supports patients to get the best out of their consultation while not compromising staff safety. I am not sure if you are referring to patients potentially filming? I cannot see how audio would recording

		patients from doing so and saying we 'may' take action. I think there needs to be a clear position to support staff both in their workplace, but also to secure their anonymity outside of the workplace?	would infringe anonymity. But I think your wider point is around the Governance and having consistency on the position.
27	Governance - recording	Does near me/ attend anywhere platform comes with a consultation recording tool?	The answer is no it does not and that has been reassuring for many concerned about confidentiality and nothing is recorded on the system. However, there is nothing to stop a patient using a device to record and its recommended that it is included as part of a clinician script to ask if the patient is planning to record it. Some clinicians view this positively as it shows they value the consultation and we know that sometimes it is difficult for people to take everything in. On the other hand, some clinicians have concerns about recordings being made. This requires further work to reach a consensus and ensure appropriate Governance.
28	Governance – recording consultation	Is there an option to record [with agreement of all parties] a nearme consultation? [perhaps for patient to view later or to share with their partner?	Near Me does not have a recording function and does not store any data. But a service user could use a device to record a call. Clinicians have mixed views around this, and ideally local protocols should be in place. Just as there would be for recording face to face or phone consultations.
29	Governance – security of data	Is there evidence of security of data?	There is no evidence that it is not secure. The security statement is: Near Me is a video consulting service that enables people to have health and social care appointments from home or wherever is convenient. All you need is a device for making video calls like a smartphone and an internet connection. Near Me is a secure form of video consulting approved for use by the Scottish Government and NHS Scotland.
30	Governance - setting	Is there an expectation that clinical staff running a session will do it from a clinical setting?	Not from a national perspective. The crucial point is wherever the service is provided it must assure confidentiality, without disruption and distraction.
31	Governance - setting	Notwithstanding a requirement to ensure a confidential service without interruption, can a clinician (working from home,	One of the key advantages of using Near Me is it can support people working from home including shielding. The crucial point, as you note, is wherever the

		shielding) run a session from their own home setting?	service is provided it must assure confidentiality, without disruption and distraction.
32	Governance – social media	Where do we stand if one of our consultations ends up on social media/online without permission?	Professional bodies and boards will have social media guidance. To turn it around where would you stand if that happened for other appointment types, phone calls, clinical letters, emails. The same principles should apply.
33	Governance – students	How do you address the governance issues of students being invited into the consultation?	<p>If student at home the governance should be the same as for anyone working at home need to be able to assure confidentiality.</p> <p>Follow up <i>“We have had a lot of queries from practice about students joining a near me consultation – the student will be working virtually and so will be in their student accommodation where we cannot monitor who else is in the room / listening etc Some placement providers deem this acceptable (one organisation is doing teams consultations and allowing students to join remotely).”</i></p>
34	Governance-ownership	Regarding clinical governance and safety netting- Should clinical governance and safety netting be implemented by each profession separately or by NES regarding Near Me?	There have been questions on governance and the Near Me leads and oversight group will need to look at these. But from first principles, Near Me appointment should go through local governance processes as with any other appointments albeit there might be a component that requires national input.
35	Group work	Any feedback on clinician experience of using Near me for group work?	The simple answer to this is that Near Me does not lend itself for Groups work. It can support up to four or five people with one to three optimal. There is a need for a platform to support Group work, but an ideal solution has not been found. Some are using Teams (including south of the Border). There are some security and confidentiality issues that have not been fully resolved. Work is ongoing to compare options before a decision on procurement is arrived at.
36	Group work	Anyone had experience of delivery groupwork to a small group using?	Near Me can support up to a maximum of five but it is not really designed for group work and its optimal with one to three. Work is ongoing to try and find a solution for groups small and big. Work is ongoing prior to procuring a system.
37	Group work	I am using near me daily on an individual client basis, with great success. I wondered if you have thoughts about the delivery of group work?	Near Me not appropriate but certainly is now one of the things being regularly requested. Work ongoing to find a solution.

38	Group work	There are still difficulties in accessing a video conference platform for conducting groups is near me looking at this?	Near Me can support up to a maximum of five but it is not designed for group work and its optimal with one to three. Work is ongoing to try and find a solution.
39	Group work	What is being used for patient group sessions? Near Me/ Attend Anywhere is not suitable for this much needed functionality.	Agree. Near Me can support up to a maximum of five but it is not designed for group work and its optimal with one to three. Work is ongoing to try and find a solution.
40	Groups - Virtual support	Would near me facilitate a virtual support group?	This was one of the questions discussed at the webinar which Hazel responded to. She explained about Near Me not being appropriate for group consults. However, on reflection we wondered if the participant were meaning could the Near Me National Team facilitate a virtual support group using Teams or webinars.
41	Groups work	Is there any guidance re group working over Near Me.? We are having difficulty finding a platform that fits our patient group needs inc. break out room functions. For groups 8-10 people.	Work is ongoing to try and find a solution for groups small and big prior to deciding and procuring a system that meets the needs as described by you.
42	Internet speed	What is the actual internet speed required for Near Me? I tried to connect with couple of Primary Schools I work with, and they could not use Near Me as their internet speed was not good enough?	If you can watch a video online, the connection should be good enough for a video call.
43	Interpreters	Although on the whole family members are likely to be supportive and useful translators, it has been identified that in some cases some information has not been shared accurately while using family members as translators and therefore some trusts take the position that this is not routine practice.	Your assessment chimes with the feedback we received including people may not wish their family members to know they have an appointment and/or be translating questions and responses for obvious reasons. There is also guidance from Scottish Refugee Council. It is important that appropriate, training, and local governance is in place.

44	Interpreters	Can I check re using family members for support and interpreting previous training has advised against this particularly around gender issues? This came about as guidance from Scottish Refugee Council?	Correct your assessment chimes with the feedback we received including people may not wish their family members to know they have an appointment and/or be translating questions and responses for obvious reasons.
45	Local hubs	Is there a plan around local hubs to support rural populations across our country access Nearme?	In short yes, Hubs are key part of mitigation both in terms of digital exclusion (in all its guises) and linked to social circumstances. The original set up in Highland was the Hub model and providing from home came later. Boards/ Health and Social Care Partnership are different stages of their development and thinking and we need to agree how best to implement during Covid-19. They had been paused to reduce footfall but will need to consider how they can safely play the option back in (where hubs exist) and how they will develop going forward including for urgent care.
46	Mobile phone data	With those patients who have used "Near me" was there any comments re mobile phone data usage for the consultations?	Yes, this did come up but so much from individual feedback but more from groups stating it was or could be an issue. It is part of the work Connecting Scotland are seeking to address where they will provide devices and free calls. The idea of having local Hubs would also help to avoid this issue.
47	NHS 24	I am one of the ANPs in NHS24 and right that we are very keen to roll out Near Me, but it is trying to find where it fits within the organisation?	Currently this probably best fits with the discussions around urgent care.
48	NHS24	What are your thoughts on near me being used by the clinicians at NHS24, do you feel this would reduce the number of referrals to OOH/A&E etc?	There is work ongoing at around unscheduled care with the very aim of reducing footfall and Near Me is part of this solution. There are also some tests of change with SAS to look at reducing transfers especially off island etc. As to specifically NHS24 we will need to remit this to NHS 24 colleagues and get back to you.
49	Patient information - leaflet	We understand that work is in progress with the patient information leaflet translation into other languages, how will people get them when they are ready? and Will Public Health be able to order them?	Yes, the work is well advanced on the leaflet translation. We will need to work out a process to address these points but I they will be available both online and hard copy.
50	Patient information –	Has anyone created accessible information explaining the Attend Anywhere process	Yes. NHS borders created their own guide for service users with Learning Disabilities.

	Learning Disabilities	for adults with learning disabilities -or anything to explain the choice that is available	
51	Practical	Why do the Glasgow waiting rooms close at 5pm? I do an evening clinic and cannot use Near me for this reason!	Do not know but this is resolvable. Participant emailed local Near me contact details
52	Practical	How do we add in another person into the consultation? i.e. family member, an interpreter	Yes, it can be done. Details of how to do this can be found in the following, short, youtube video. https://youtu.be/6IzAg0SHKFo Link with local Near Me lead for further guidance.
53	Practical – appointment length	What is the best way to set realistic expectations for patients on the length of the consultation?	The same as any consultation; good triage, clear communication, and expectation setting. They are planned appointments and so they should be aware of the time slot. Of course, people do not fit into neat time slots but that is the case for face to face. But if you find you are slower or faster etc then some adjustments might be required. This is the sort of thing that would lend itself to seeing what your colleagues think and support each other to swap notes.
54	Practical – blur background	Is there a way to blur your background on attend anywhere??	There have been wider discussions about governance and whether it is appropriate to blur background. In other words, if blurred out at either end there can be less certainty around who is in on a call, and that has raised some concerns. However, the developers are investigation the options.
55	Practical – body image and screen	As a School Nurse I have found many young people are not keen to be on video as they are very self-conscious about their image being on the screen. Has anyone else found this issue?	Yes, this has come up from several different perspectives including people with eating disorders. Low self-esteem. One simple practical tip that a clinician came up with was to cover the image over with a post-it notes. Simple but works for some.
56	Practical – practice zone	Can the public have a practice zone in Near Me prior to their appointment?	Yes, they can make a test call to make sure their technology works, and they are familiar with the system. https://www.nearme.scot/make-a-test-call
57	Practical - set-up	How difficult is it for staff to set up a username and profile?	This is straightforward. A training video for administrators is available at https://www.vc.scot.nhs.uk/attendanywhere/aa-resources/aa-training-vids/

58	Practical – set-up	Is there a way of putting in clients email addresses to enable a smooth invitation to a near me meeting	Yes, there is new functionality within the waiting area. Clinicians are now able to send an email or SMS message directly from the waiting area with the link.
59	Practical – set-up	How do you set up a group on near me?	Near Me is a peer to peer type system that only supports small groups (max 4 – 6). The most secure way to do this is to invite people to the waiting area, then from the meeting room you have already entered, go to the queue and bring participants into the meeting one at a time.
60	Practical – tagged to CHI	Can the individual's preference for access mode tel/NM/f2f be tagged to CHI and shared seamlessly whenever they engage with any service?	This would be needed to be set up on the patient management system rather than Near Me. Liaise with local staff.
61	Practical examples of Near Me going badly wrong	This is all very positive (which is great of course) but has anyone been involved in a Near Me call that just went badly (not technology related) and what was the learning from it?	Patients replied that if a clinician is not confident or provides the service grudgingly, then it is not a good outcome for patients. Early work identified the need to have a good web-site manner and be able to conduct a good consultation and some training has been developed; also an acknowledgement that this now needs to be built in as part of student training etc and that is now happening. A lot can be learned from what does not work and we will look to share some feedback https://learn.nes.nhs.scot/28943/coronavirus-covid-19/remote-consulting-and-recruitment
62	Practical self-booking	What about patient self-booking with telephone and Near Me as available options?	Appointments are booked on the normal booking system such as trakcare, EMIS etc. The ability to self-book a phone or Near Me appointment should be included in the specification of any new self-booking systems. We will raise this with the team looking at this to ensure it is included.
63	Prison Service	Here in NHS Ayrshire & Arran we have an excellent Near Me coordinator who has supported services to set up. AHP's across the organisation are actively using Near Me. One area that this has proved particularly beneficial is using Near Me with the Prison Service.....other boards	There is a national programme around delivering Near Me services to prisons. This is now well advanced.

		who provide service to Prison may wish to consider if they have not already done so.	
64	Professional bodies	Do you know if any one specific is linking with which professional bodies re guidelines? I link with the British dietetic association policy officer so am happy to raise this with her, that survey showed profession wanted guidelines	As part of the public engagement we wrote to all the professional bodies and most were certainly very helpful at raising awareness but we had very few actual responses and so if you could link in that would be grand.
65	Q&A	These are great questions and answers - are you able to summarise and share after? helpful.	Yes.
66	Schools	I have had pupils (I am school Nurse) not been able to use near me in school. So, this may be the same problem found by the OTs?	Does this relate to poor connectivity or some other issue?
67	Survey results	Can you clarify what types of responses there were around types of support?	Yes, it was around what support would they need to make the system work (access to technology) better or get them to be more confident and capable. These are the sorts of things Connecting Scotland are exploring. We have not yet analysed all the free text from the surveys which may reveal some specific areas of focus to provide support.
68	Survey results	Will there be a split of the responses between those who had/had not used Near Me (cannot remember if the questions included that)?	Possibly if time allows. We have passed the data over to Oxford University who are carrying out the independent evaluation and we are hoping they will be able to do this type analysis including carrying out some statistical significance and some sentiment analysis on the free text comments.
69	Survey results	Can you give any breakdown of SIMD/ Geography? We have had very different results in a group of 90 parents.	Yes, in theory. We collected partial postcode data and so with further analysis and appropriate expertise that should be possible. This can be discussed with Public Health and SG Research team. The scenarios will vary with geography where the trades offer may differ.
70	Survey results	Is the question and responses about using video consulting (from the public) is instead of face-to-face or telephone calls or just in general?	In terms of choices around appointment types, people were asked to tick all preferences; in other words which would they be happy to use no rank them. In some of some of our qualitative work, however, we did ask people to rank and responses were very variable even for 'same' patient groups.

71	Survey results	Asking someone if video consulting should be offered is different to asking them would they use it! We are currently offering the option of Near Me or Telephone consultation and the vast majority are still choosing telephone.	It is an entirely valid point. Indeed, one of the themes that came through is that people/groups often stated reasons why others should use it, e.g. useful for people in remote and rural. Some people would not choose to use Near Me but had no objection to it being available. Some of the qualitative work also asked people to rank their preferences and again this was very variable. Some AHPs have commented that gently introducing the idea after a consultation (face to face or phone) has worked. Finally, we could analyse the data further and look to see if there are differences between those who have used Near Me before and those to who responded that they had not.
72	Survey results	Will views be sought from those not represented in the current public respondents? e.g. people whose language is not English?	Both NHS Greater Glasgow and Clyde and NHS Grampian carried out some focussed work with people whose language was not English and shared the findings. They are included in the full report. We have also prepared BSL version of the survey.
73	Survey results	Where can we download the Near Me Public engagement results?	You will find the reports on the TEC website https://tec.scot/digital-health-and-care-in-scotland/video-enabled-health-and-care/
74	Survey results	Will board area specific reports be published?	The short answer is no not by the national team. However, we are in the process of discussing with all boards and most seem keen to review their own data and so there will certainly be local analysis. In any case several boards have been doing their own local engagement and surveys.
75	Survey results	Do you have any concerns about the reliability of the quantitative findings for user preferences given the method of engagement used (predominantly online survey - with 4.22% of responses not being via online survey), given that those who responded, it could be argued, are more likely to respond favourably to video consultations given their implicit digital literacy?	<p>Not really. This was not an academic study / research and that the respondents may not be representative of the population and yes people completing it are more likely to be digitally engaged and literate. But nevertheless, the findings are still informative and valuable with that caveat. We asked for views from over 300 organisations and most professional bodies and 200 bits of qualitative feedback including over the phone and using hard copies. When taken in the round the various feedback was consistent; there are benefits and barriers and people want choice. But it also highlighted quite low awareness of Near Me even in those we assume are more digitally experienced.</p> <p>We also wanted to understand about the people who have not used Near Me or heard about Near Me and that has included people who are online. One of the</p>

			things we can do is improve for people who use the service and, are capable but are not aware or being offered it.
76	Survey results	Is a question about preferences something you might consider including in future iterations of the Health and Care Experience Survey or the Scottish Household Survey? It would be interesting to see preferences quantitatively broken down by health demographics as well (e.g. long-term conditions people are living with or health and care service(s) they will be accessing)	Yes, we did think about using such approaches but opted against for various reasons and will consider such approaches for the future as well e.g. Citizen's panel and targeting groups/demographics.
77	Survey results	Are the results available by Board Area and by Clinical Specialism?	No but data will be shared with boards.
78	Survey results	Regarding the first question asked about what % of the public would say that video consulting SHOULD be used... Would it be pertinent to add that it was based on an ONLINE public engagement, which means coming from members of the public already at ease with ONLINE communications? Therefore, we cannot assume that the answer to that question is representative of the public as it is bias from the start.	This is made clear in both documents highlighting that it was not an academic study / research and that the respondents may not be representative of the population. People completing it are more likely to be digitally engaged. We also received 200 bits of qualitative feedback including over the phone and using hard copies. When taken in the round the various feedback was consistent; there are benefits and barriers and people want choice. But it also highlighted quite low awareness of Near Me even in those who were digitally experienced.
79	Terminology	What is the difference between Attend Anywhere and Near Me?	Attend Anywhere is the nationally procured (Australian based) platform that powers Near me. It was procured by Scottish Government in 2016 for use by all boards. As part of the co-production in Highland it was initially called NHS Near me (hence our twitter handle) and was primarily to reduce travel. Initially not used in people's homes but in local Hubs/ Clinics. As the work continued people started to ask why couldn't they have the appointment at home and through

			that coproduction phase the patients / public settled on the name Near Me – to reflect potential wider use in social care, public sector.
80	Triage	Question for Laura: Are you then spending time looking at referrals, doing some more groundwork before making that appt for pt. We have a central system who book pts. so all pts is booked into tel appt and then the clinician decides if a near me would be useful. Any suggestions to use video as a fist consultation.	Response from Laura: <i>“Yes, we use Active Clinical Referral Triage (ACRT) and therefore there is time spent at this stage in looking at person’s medical history, gaining more information from referrer and having a telephone conversation with the person and their significant others. At this stage we feel we are getting better at identifying the person’s individual needs and whether video consultation is appropriate and accessible. The data from rapid PDSA cycle testing is helping to give us the information to support this decision making. I’m not sure we could take a referral and offer video as the very first consultation without this background work first as we wouldn’t be able to determine from the referral alone whether video consultation is accessible in the first instance or appropriate. When we do offer video apt, our Topas apt system generates a letter with the Near Me apt clearly stated and we send out a Near Me info leaflet with the video apt link and easy read instructions on how to operate this from the patient’s end.”</i>
81	User guide	Having no success find the user guide mentioned above - would you post it in handouts on here please?	https://tec.scot/digital-health-and-care-in-scotland/video-enabled-health-and-care/covid-19-implementing-near-me/