

surveys showed positive outcomes in terms of patient satisfaction and patients' views on how the consultation helped them cope with their condition (as measured by the patient enablement instrument, PEI [6]). Technical performance and quality of the call had a significant impact on these patient-reported outcomes.

A separate public and clinician engagement exercise was commissioned by the TEC programme (June – August 2020) alongside this evaluation [7]. Survey data from this work indicated wide support among the public and healthcare professionals for the use of video during, and beyond, the pandemic. However, they also highlight concerns in relation to digital access and health inequalities, including poor internet connectivity, access to relevant technology, cost of mobile phone data usage, and lack of privacy or other social circumstances within the patient's home.

Hospital and Other Community Care Settings

We heard predominantly positive comments from staff, who described various advantages of using video to maintain some level of service provision during the pandemic. The pandemic produced a strong external pressure on NHS organisations and there was a strong sense that this was a national effort being implemented across *all* NHS organisations in Scotland.

While there was contextual variation across health boards, the case sites illuminate the importance of Scotland's national-level groundwork around video consulting prior to the pandemic, which helped create the technological infrastructure, workflows and local knowledge to hit the ground running with a scaled-up service.

The main challenges and unintended consequences related to the reworking of clinical and administrative routines, administrative structures to support patient 'entry' into the virtual waiting area, and constraints related to IT and physical infrastructure.

The case sites demonstrate the importance of a quality improvement approach to continual monitoring, adaptation and knowledge sharing, in order to support organisational resilience and respond effectively to the evolving and unanticipated consequences of rapid scale-up.

GP Services

Whilst a few general practices had embraced Near Me before COVID-19 (10 out of 931 practices active by March), most had not. The rapid scale-up initiative saw a significant shift in the uptake and use of video consulting across GP services, with approximately two thirds of GP practices starting to use Near Me. But as lockdown restrictions eased, GP activity fell to around a third of practices continuing its use.

While the majority of clinic activity was conducted via telephone, many GPs talked about the value of video consulting, including 'eyeballing' patients to decide whether they needed urgent assessment or admission, paediatric appointment and out of hours (OOH) care.

There were several reasons for limited use and a fall in usage across GP services. These include the case mix in general practice (straightforward problems in patients well known to the clinician where telephone was sufficient), logistical challenges to using video within appointment workflows (due to high variability in appointments), problems accessing video

call technology within this busy and complex work environment, and some difficulties with internet connectivity and local IT helpdesk support.

Care Homes

An engagement exercise by the Care Inspectorate during the COVID-19 pandemic revealed just over half of care homes having internet connectivity throughout the premises, about 39% with partial connectivity (e.g. in management offices, corridors) and 5% with no internet connection [8].

Access to mobile and computing devices, and coordinating shared use of these in residential care facilities, was also a limiting factor for video consulting. A number of national and regional initiatives were instrumental in alleviating this issue, such as the Tech Device Network (a Scottish Care-run initiative for organisations to donate technology).

Since the research was conducted, an initiative has been launched in Scotland to facilitate digital inclusion for residents in care homes – a collaboration with TEC and the Connecting Scotland Programme. This focuses on access to devices, internet connectivity and skills support for staff and residents.

Care staff were generally very positive about the option of Near Me appointments for scheduled and unscheduled consultations, and virtual ward meetings with health professionals. However, they were reliant on it being offered as an option by GP and other health services.

A number of video platforms (including Near Me in some cases) have been used to connect residents with family, which has been seen to be particularly beneficial for some residents' social and mental wellbeing.

Data Synthesis using NASSS

The NASSS framework [5] domains were used to assess the impact of COVID-19 on the use of Near Me and the implications of moving from rapid scale-up to longer term use.

Clinical Appropriateness and Extended Use

- a. In the context of COVID-19, and depending on the condition and setting (i.e. more so in secondary care), video consultations became an acceptable alternative to bringing the patient into clinic or conducting the appointment via phone.
- b. There has been a significant expansion in areas where little or no formal physical examination is required, but where non-verbal cues and facial expressions are important (e.g. psychiatry, psychology, mental health, respiratory, speech and language therapy). In the context of COVID-19, video was often considered even better than face to face because face coverings and other PPE were not needed.
- c. Video has also provided a better alternative than phone for limited visual assessments that do not require physical contact or a high-quality/close up image, for “eyeballing” a child or elderly person to assess whether they were, broadly speaking, ill or well, for assessing the acutely unwell patient and also for routine monitoring of chronic conditions.