Health and Social Care Alliance Scotland (the ALLIANCE)

Briefing: Scottish Government Report, Evaluation of the Attend Anywhere / Near Me video consulting service in Scotland, 2019-20 (August 2020)

Introduction

This report covers the findings of an independent evaluation of the Attend Anywhere video consultation service in Scotland. The evaluation was commissioned by the Scottish Government and carried out by the Department of Primary Care Health Sciences at the University of Oxford.

The aim of the evaluation was to review progress and achievements in relation to the use and outcomes of Attend Anywhere (now nationally branded as NHS Near Me). The report also makes recommendations relevant to any future scaling-up, spread and sustainability of Attend Anywhere and similar digital services.

Research

The field work was done between August 2019 and early March 2020, before the COVID-19 outbreak. The evaluators engaged with seven of the 14 territorial Health Boards, selected due to their varying contexts (urban, rural, islands) and adoption of Attend Anywhere. Their research covered experiences from 17 hospitals, 8 GP surgeries, 2 community settings and one third-sector organisation.

A further phase of the evaluation has been commissioned to explore the rapid scale-up of Attend Anywhere in response to the COVID-19 pandemic.

Context

- During the research period, video consultations via Attend Anywhere were occurring in all 14 local Health Boards and at the Golden Jubilee National Hospital. In most boards, use of Attend Anywhere was still at an early stage.
- In 2019, almost 7000 consultations were conducted via Attend Anywhere across approximately 35 different clinical specialties involving 180 clinical departments and 64 GP services; 91% of this activity was in secondary care.
- Highland and Grampian (early adopters) accounted for 62% of all activity in 2019.
- Attend Anywhere is also used by third sector organisations. This includes Rape Crisis Grampian (159 consultations in 2019) and MS Revive (120 consultations).
- However, up to March 2020 the proportion of Attend Anywhere activity was still low. In the highest-using health board, VC were estimated to be 1-2% of overall board activity.

Key findings

- Clinicians were most likely to use Attend Anywhere for routine follow-up of chronic, stable conditions or to communicate test results. There were concerns around the safety and suitability of remote consultations for unpredictable or rare conditions.

- In specialties such as diabetes or heart failure, where there were well established clinical networks and access to specialist pathways, video consultations were rarely perceived as needed by the clinicians.

- For some conditions, such as care of the elderly with complex needs, there were both advantages (e.g. less travel) and disadvantages (e.g. deafness, low digital literacy).

- The model where a clinician connects to a patient in a remote health or care site with an additional staff member present (triadic model) was proven to potentially enable care of more complex conditions such as chronic pain or cancer. Such models relied on trust between the specialist and the local staff member and there were questions about their sustainability.

- The technology was found to be generally high-quality and dependable when the patient was attending the consultation from a local NHS hub. Clinicians were reluctant to move to a model where the patient dialed in from home, due to concerns over the technical quality of the patients' connection, hardware and potentially confidentiality reasons.

- Some technical problems were identified regarding the integration of Attend Anywhere software with appointment-booking software in hospitals, as well as compatibility issues with internet browser and local network firewall arrangements in NHS settings.

Main benefits of remote consultations identified in the research

- Reduced need for travel including financial savings, environmental benefits and less impact on patients' emotional wellbeing, especially if too unwell for long journeys.

- Access to specialists was sometimes quicker and more direct.

- Staff and patients perceived the virtual consultations to be shorter and to-the-point.

- The triadic model allowed staff to directly observe a difficult conversation.

- Linking in with patients in their home allowed holistic care of a complex or dying patient by involving family carers in the consultation.

- Patients who were reluctant to attend hospital (e.g. because of past trauma) were able to engage with the service.

- Some staff members gained development opportunities.

Main challenges and concerns over remote consultations identified in the research

- Perceptions that VC threatened the quality and safety of the clinical consultation.

- No urgent need for adopting remote consultations. Some staff felt comfortable with the contact they had with patients via home visits or routine hospital checks.

- Logistical barriers, such as remote prescribing.

- Concerns about "losing" a consultant-led local service.

- Concerns over the commitment offered by remote consultants.

Enablers for adoption

The strategic drivers for introducing Attend Anywhere include a strong national policy push for technology-enabled care; a system-wide quality improvement initiative; the emergence of a new generation of high quality, affordable technology; and positive feedback from patients. However, preconditions for successful adoption of remote consultations within individual boards and settings were linked to leadership, resources, champions, data.

Innovators, champions and change agents were more likely to succeed in implementing the service if they adopted a system-wide approach, informed by the principles of participatory co-design, workflow redesign and quality improvement. In some sites, the introduction of Attend Anywhere clinics was strongly data-driven and strategic. In most cases, the Attend Anywhere video service was seen as enhancing the existing service rather than replacing or threatening it.

The TEC Attend Anywhere scale-up programme played a key role in providing local programme leads with the technical and human resource needed to introduce and support the new service model.

Outcomes

The 2018 TEC Data Review and Evaluation Options Study included potential outcomes of a generic VC workstream. This research provided an evaluation against these outcomes.

Desired outcome	Evaluation
Increased number of patients using VC instead of face to face.	Clear increase in Attend Anywhere appointments. However, context of use is important, such as an understanding of what video is actually replacing (e.g. home visits or out-patient clinic appointments; phone or face to face appointments).
Improved access to specialist services.	Greatly improved access for patients living in remote areas, and to rapid specialist opinion.
Less need to travel.	Reduced travel and other time savings for patients living in remote areas and travelling from the islands.
Improved management of certain conditions.	VC can support person-centred and holistic care; multi-disciplinary and multi-site working with the patient; and infection control.
Improved access for hard to reach groups.	Improved access for patients with frailty, multi-morbidity or anxiety; but risks excluding people with low digital literacy, confidence, access to technology.
Reduced professional travel and improved efficiency.	Reduced need for travel among clinicians, allied health professionals and specialists on-call for emergency care; improved service efficiency and quality.
Improved collaboration between professionals and new ways of working.	Opportunities to redesign services, develop less specialist staff and create new local service capabilities.

Recommendations

1. Produce for each clinical specialty ‘rules of thumb’ for what kind of clinical conditions and encounters are generally safe for video consultations.
2. Basic training and multiple try-out opportunities for staff and patients.
3. Develop and disseminate analysis of system-level evidence about potential financial savings from Attend Anywhere.
4. Identify and address clinical and care governance and safeguarding issues.
5. Working with professional networks, disseminate stories of up-and-running services.
6. Communicate the “gaining a service” narrative.
7. Assign and support local champions.
8. Provide set-up support for ready-to-roll sites, paying careful attention to routines between participating sites.
9. A Quality Improvement Collaborative to maximise inter-site learning.
10. Implement a consistent national branding for the video consultation service across the country.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of nearly 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

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