

Deep Dive into use of Near Me in General Practice

Executive Summary

At the onset of covid-19 in March 2020, there was a rapid scale up of Near Me in general practice. However, since May 2020, use of Near Me in general practice has declined significantly, despite a dedicated programme of work within the Near Me programme.

While Near Me is available nationally, adoption is heavily influenced by the culture within individual practices. To better understand the culture of GP practices with high Near Me use, a deep dive was completed with three practices.

Key findings from the deep dive include:

- The high use practices started using Near Me at the onset of covid-19 and have fully integrated Near Me into their business as usual processes.
- Near Me is used for scheduled video appointments, rather than transitioning from a phone appointment via Consult Now.
- Practices require digital contact (either phone, video or econsult) before being offered an in-person appointment.
- Receptionists play a key role in promoting Near Me to patients and explaining how to use Near Me.

Through the deep dive and other engagement activities, a number of barriers, enablers and opportunities have been identified for use of Near Me in general practice, these are outlined in this report.

As a result of the deep dive, a number of recommendations have been developed to improve use of Near Me in general practice.

Context

The landscape has changed considerably since the initial scale up of Near Me in response to the Covid 19. From whole scale adoption in support of “digital first” to a more blended approach with telephone, in-person and asynchronous consulting. With wider use of Near Me across health, social care and public sector, there is a shift in how services are accessed. Associated learning from this wider use and the development of additional functionalities such as Consult Now and Groups; presents opportunity to reconsider how Near Me can be an enabler in managing the challenges of demand and capacity in general practice.

Use of Near Me in general practice has also changed significantly. There was a rapid scale up of Near Me video consulting at the onset of covid-19 in March 2020. Use of Near Me peaked in May 2020, with use steadily declining since. This decline is believed to be linked to the expansion of telephone triage in general practice. There is also significant disparity in the practices offering Near Me, which may impact on how patients access services, creating potential inequalities across Scotland.

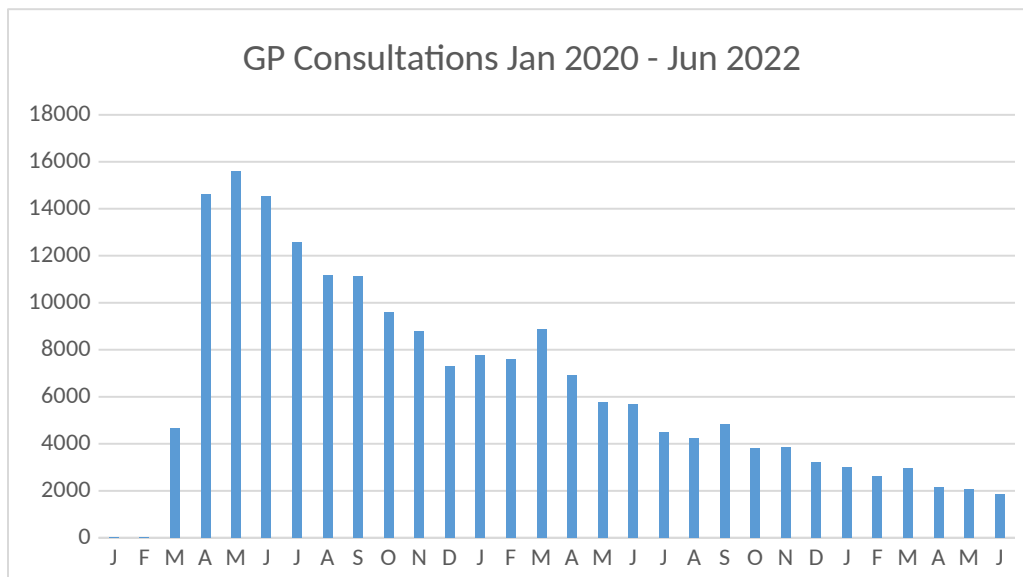
The National Near Me programme has focused on supporting practices to implement Near Me, including:

- Development of national guidance for implementing Near Me into general practice;
- A series of national and localised webinars delivered across Scotland;

- Development of national guidance for practice managers;
- The Consult Now functionality to help GPs transition from phone to video with ease; and
- Series of short videos on how clinicians are using Near Me in general practice.

Despite these activities, there continues to be proportionately low use of Near Me in general practice (see graph below). From the data it is evident that there are pockets of practices using Near Me well. However, a systematic scale-up of Near Me across Scotland has not taken place.

To support wider uptake of Near Me in general practice, a deep dive was conducted into GP practices with high use of Near Me with the view to understand the processes, leadership and culture that enable embedding Near Me into GP practices.



Approach

An analysis was conducted of Near Me uptake data across all waiting areas tagged as 'general practice'. Ten GP practices with the highest use of Near Me were identified. An assessment of Near Me use per patient population was conducted to identify highest users from these practices.

Structured interviews were conducted with clinicians across three GP practices, including:

- Daisy Villa GP Surgery, NHS Orkney
- Bankfield Medical Practice, NHS Ayrshire and Arran
- Stepps Surgery, NHS Lanarkshire

Findings

Characteristics of the GP Practices

The GP practices:

- Are small to medium sized practices;
- Have a range of clinicians in the practice, including GPs, practice nurses, pharmacists and physiotherapists;
- Are classified as rural and remote, other urban and small town; and

- Two of the practices held approximately 30% of appointments via Near Me. One of the practices was unable to provide data.

Scheduled Appointments

All of the GP practices interviewed have integrated scheduled video appointments via Near Me. Near Me is viewed as a mode of appointment, just like phone and in person. The practices either have set appointment slots allocated as Near Me each day or appointment slots are unallocated and used for either appointment type. The latter allows for greater flexibility in booking appointments.

The GP practices did not have formal clinical criteria for use of Near Me. Although the practices did describe the clinical presentations below where Near Me adds the most value.

Presentations where Near Me appointments add value compared to phone appointments:

- Patients presenting with mental health problems. Having sight of their surroundings and appearance can aid clinical decision-making.
- Situations where it is helpful to include carers and family members in discussions, especially if related to the ongoing care and maintenance of a condition.
- Long-term condition management.
- Medication reviews enable the pharmacist to have a visual of the medication packaging, as patients may not always explain medications correctly over phone.
- Occupational health appointments.
- Assessment of children. Being able to see them in their home environment aids decision-making.
- Patients with complex health conditions, such as elderly patients.
- Patients in care homes as this enables the clinician to speak with the care home staff and get their perspective as well as the patient. This is because the care home staff are supporting the patient with the device during the appointment.
- Neurological presentations as Near Me enables clinicians to see movements.

Consult Now

The Near Me Consult Now functionality has not been used by these practices due to the success of scheduled appointments. Clinicians felt that Consult Now was more time consuming for them, as they would be responsible for providing the patient with technical support to get onto Near Me. For scheduled appointments, this responsibility would lie with the reception and administrative staff.

Additionally, the receptionist when booking the appointment has already offered patients the option of Near Me. If the patient has decided to have their appointment via phone, clinicians felt there was no use for Consult Now as the patient has already opted for phone over Near Me.

Integration with other Engagement Tools

Across the practices, the patient is offered a choice of phone or video (or e-consult in one practice) for their initial appointment. Practices only offer in-person appointments after an initial appointment via phone or video. One practice has a list of presentations that automatically defaulted to an in-person appointment. These processes are to ensure the effective management of person appointments.

Practices have adopted a blended approach for patients to access health care. It should be noted that only one of the practices uses e-consult as a method of conducting the initial assessment, rather

than a video or phone appointment. Another of the practices tried e-consult for 12 months and stopped using it due to very low uptake amongst their patients.

Role of Receptionist and Administrative Staff

In the practices, receptionists have a vital role in supporting patients to use Near Me. Once a Near Me appointment is booked, reception staff explain to the patient how to log into Near Me and give technical support if required. The receptionist in two of the practices promote the use of Near Me to patients when booking appointments, as clinicians have expressed the value of video compared to phone appointments.

Technical Set-up

All rooms in the practices are set up with equipment to hold a video consultation, including the receptionist. This supports full integration of Near Me into business as usual processes, without the need for clinicians to change rooms to do so.

Patient's Perceptions

Across all the practices, there is a focus on the patient having the choice on how they engage with their healthcare provider for their initial contact. Practices found patients can feel uncomfortable using Near Me at first, yet once they have used it, they get comfortable and it starts to feel normal.

For those who had a Near Me appointment, they felt that they were able to show the clinician what is wrong rather than explaining the issue to them over the phone. This is consistent with our national feedback data that found that 97% of people who have used Near Me would use it again.

Barriers, Opportunities & Enablers

The barriers, opportunities and enablers listed below have been compiled from discussions with the high user GP practices and wider primary care engagement.

Barriers

- There is a lack of appetite to change given time and resources required to review processes, especially when the existing model is seen as satisfactory to clinicians. There is no financial incentive to put in the effort to make the change.
- Clinicians not having the equipment needed for video consultations.
- Near Me is still seen as a tool to support practice during Covid.
- Patient buy-in, willingness and ability to use Near Me. Some patients have expected in person appointment once the practice doors “re-opened” to in person appointments.
- Potential to put a time consuming burden on the GPs, where patients haven’t been familiarised with the platform by reception staff.
- Legacy of formal medical training and the perceived need to assess patients in person.
- Lack of evidence base for outcomes of treatment using Near Me within the context of legal liability.
- Clinician’s lack of technical and digital skills.

Opportunities

- Where physical space is at a premium in GP practices, clinician capacity can be increased by offering Near Me appointments from home or other settings.
- Near Me enables clinicians in GP practices to continue working when isolating.

- Near Me is face to face, with no masks. Therefore, making it a better engagement experience for patients, particularly those who may have a hearing impairment.
- Reduces work associated with calling patients back when they fail to answer telephone calls as patients are waiting in the Near Me waiting area.
- Reduces the risk of misdialling the patient's phone number.

"It is generally easier to pick a waiting patient up from the Near Me waiting area than to phone out"

Enablers

- Clinical and strategic leadership promotes a culture shift in GP practices to embed Near Me as an engagement option.
- Having reception staff fully involved in the process, as they can talk patients through the process of using Near Me, reducing clinician time spent troubleshooting.
- Patient confidence and willingness to use Near Me. The more patients use it the more comfortable they get with Near Me. Receptionist support can also help patients confidence, especially on their first try.
- Scheduled Near Me appointments enable clinicians to better assess the patient and plan management of the condition. This has been shown through the use of Near Me in the Flow Navigation Centres as part of the Redesign of Urgent Care programme.
- The Near Me Consult Now functionality can be helpful when triaging or when there is a benefit of having eyes on a patient. Mostly use of Consult Now has been ad hoc, as evidenced by the Out of Hours services.

"After a patient has used Near Me once they find it much easier to use it again"

Recommendations

1. Consistent strategic and clinical leadership is required to create a cultural shift so that GP practices offer video appointments. To embed this leadership, it is recommended that improving use of Near Me in primary care is integrated into the work of Realistic Medicine and the Scottish Government Primary Care Division.
2. Continue to promote use of Near Me in general practice and the Care Navigation Toolkit.
3. Continue to promote Consult Now where GP practices primarily use phone appointments.
4. Explore how Near Me can be integrated into the Digital Front Door programme to improve uptake in general practice.
5. Develop and publicise a summary paper of key findings, highlighting how Near Me is being used within high-use practices and potential opportunities created by Near Me.