

Date 23/05/2025
Your Ref
Our Ref 10026R

Enquiries to Richard Mutch
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Dear

FREEDOM OF INFORMATION REVIEW - COMMUNICATIONS

I write in response to your request for review of NHS Lothian's response to your Freedom of Information request about communications and Near ME. Having discussed your request and our response of, 7 April 2025, I can respond as follows:

Original Request and Response:

Question:

2. Near Me system

- When was the Near Me video call system first introduced in NHS Lothian?
- What training programs or resources have been provided to staff to ensure they are adequately trained in using the Near Me system?
- How is the effectiveness of this training evaluated?
- Is there ongoing training or support systems in place for new staff and/or to provide refresher training?

3. Challenges and Lessons Learned

- What have been the biggest challenges in implementing and adopting the Near Me system within NHS Lothian?

4. Staff Engagement and Buy-In

- How was staff engagement ensured during the planning and implementation phases of the Near Me system?
- Is there universal buy-in from all staff (including medical staff, nursing staff, admin. Staff etc) regarding the use of the Near Me system? If not, what are the main concerns or resistance points?
- Have staff reported any challenges or barriers in using the Near Me system, and how have these been addressed?

Headquarters
Mainpoint
102 West Port
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE
Chief Executive Professor Caroline Hiscox
*Lothian NHS Board is the common
name of Lothian Health Board*

5. Exemptions

- - Are all departments expected to offer patients a consultation via Near Me, where the same appointment is able to be offered as a telephone option for the same consultation?
- Are there any outpatient departments within NHS Lothian that are currently allowed to not use video call systems, where a telephone appointment can be made available?
- If so, please list these departments and provide the rationale for this exemption.

6. Principles of Use

- What were the primary drivers or motivations for adopting the Near Me system within NHS Lothian?
- What are NHS Lothian's principles for using telephone and online appointment systems, particularly in relation to ensuring accessibility for disabled people and those who are unemployed?
- Are there any specific measures in place to support these groups in accessing appointments via these systems?

7. Online Information

Please provide links to any information available online about NHS Lothian's use of telephone and online appointment systems, including video calls.

Answer:

I am advised that we are not responsible for policy, training or feedback on what is done. The NearMe toolset is provided and managed by the National Video Team who report into NHS NSS. For further information contact NHS NSS - <https://www.nss.nhs.scot/contact/>

Review Request:

- Further to your letter dated 7 April 2025, in which you directed me to contact NHS NSS for the requested information, I write to follow up on this matter.

NHS NSS has now confirmed that they:

“reviewed [your] questions and can confirm that NSS does not hold the information [you] requested, as all of [your] questions relate directly to local policy and rollout across NHS Lothian. As explained in our previous response, NSS does not hold any information on behalf of NHS Lothian relating to Near Me.”

In light of this clarification, I request that you urgently review my Freedom of Information request (your reference: 9848) and provide the requested information.

Given that the initial response misdirected me to the wrong team, I trust this will be resolved without requiring the full statutory period of 20 working days.

Review Response:

As advised previously Near Me is a video conferencing platform provided and managed by the National Video Team who report into NHS NSS.

We are not responsible for the policies, and can only advise that you again contact The National Video Team (via NHS NSS) as we do not hold the requested information. As per Section 17 of the Freedom of Information (Scotland) Act 2002 formally I must advise we do not hold this information.

I am advised that NHS Lothian does not have a central policy and it is up to the individual services if and how they use these technologies. Our eHealth Department simply set things up so that it is possible for them to be used, and this does not require a policy.

Any training would be online which is made available by the National Video Team. NHS Lothian do not have any training resources for these tools.

2. Near Me system

- When was the Near Me video call system first introduced in NHS Lothian?

Please see attached paper from NHS Lothian Corporate Management Team in May 2020 on the adoption of NearMe

- What training programs or resources have been provided to staff to ensure they are adequately trained in using the Near Me system?

Education and training on national resources are provided via NHS Education for Scotland (NES). Please direct any queries on this issue to NES.

- How is the effectiveness of this training evaluated?

Education and training on national resources are provided via NHS Education for Scotland (NES). Please direct any queries on this issue to NES.

- Is there ongoing training or support systems in place for new staff and/or to provide refresher training?

Education and training on national resources are provided via NHS Education for Scotland (NES). Please direct any queries on this issue to NES.

3. Challenges and Lessons Learned

- What have been the biggest challenges in implementing and adopting the Near Me system within NHS Lothian?

Please see attached paper from NHS Lothian Corporate Management Team in May 2020 on the adoption of NearMe – this is the only available information.

4. Staff Engagement and Buy-In

- How was staff engagement ensured during the planning and implementation phases of the Near Me system?

Please see attached paper from NHS Lothian Corporate Management Team in May 2020 on the adoption of NearMe

- Is there universal buy-in from all staff (including medical staff, nursing staff, admin. Staff etc) regarding the use of the Near Me system? If not, what are the main concerns or resistance points?

Please see attached paper from NHS Lothian Corporate Management Team in May 2020 on the adoption of NearMe

- Have staff reported any challenges or barriers in using the Near Me system, and how have these been addressed?

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Please see

[Clinical \(Patient\) Photography and Video Procedures](#)

- Are there any specific measures in place to support these groups in accessing appointments via these systems?

NHS Lothian has an Interpretation and Translation Service which provides different forms of communication support to access appointments, including Near Me. More information is available on our website using this link - [Translation, Interpretation and Communication Support – Your Rights & Privacy](#)

7. Online Information

Please provide links to any information available online about NHS Lothian's use of telephone and online appointment systems, including video calls.

[Clinical \(Patient\) Photography and Video Procedures](#)

[Search Results – Policy Online](#)

[NHS Near Me – NHS Lothian | Our Services](#)

This information is exempt under Section 25 of the Freedom of Information (Scotland) Act 2002 - Information otherwise accessible.

(1) Information which the applicant can reasonably obtain other than by requesting it under section 1(1) is exempt information.

If you are not satisfied with this response you still have the right to make a formal complaint to the Scottish Information Commissioner who you can contact at the address below or using the Scottish Information Commissioner's Office online appeals service at <https://www.foi.scot/appeal>. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

Scottish Information Commissioner
Kinburn Castle
Doubledykes Road
St Andrews, Fife
KY16 9DS
Telephone: 01334 464610
Fax: 01334 464611
e-mail: enquiries@foi.scot

Yours sincerely

**Freedom of Information Reviewer/
NHS Lothian**
cc: Executive Nurse Director
Enc.

RECOVERY AND RENEW: DIGITAL FIRST AND NEARME

Corporate Management Team – Briefing Document

INTRODUCTION

NHS Lothian has made significant strides towards a more virtual model of health and care in the last two months due to the Covid-19 lockdown. This has led to a rapid shift wherever possible to deliver services 'at a distance' through telephone and increasingly video-conferencing channels. A roll out of additional end user equipment, rapid expansion of network capacity and configuration of NearMe 'online clinics' occurred almost overnight, with staff also moving to Microsoft Teams to facilitate business meetings. Staff have in the main moved rapidly and successfully to new working arrangements.

In many ways these developments represent a rapid acceleration of existing trends and digital initiatives that were being introduced. Undoubtedly much assessment and research remain to be done on the impact of this on both patients and staff. Digital delivery is relatively new, and developments need to be monitored and evaluated to assess outcomes and generate a sound evidence base. However, it can reasonably be expected that digital delivery will be a long-term fixture for a significant proportion of the health service going forward.

This paper sets out an approach to embed and 'lock in' the positive steps delivered as a result of the pandemic response.

AIM AND OBJECTIVES

Following the rapid deployment of technology such as NearMe it is important to ensure that there is coherent and strategic plan so it operates effectively in the 'new normal' environment. This will support and deliver a modern health service, making use of the latest advances in digital technology. Key aims of the programme will be to:

- support the delivery of clinical care within the context of ongoing physical distancing requirements;
- improve patient experience by providing more options and personalised care, reducing travel and improving attendance rates;
- improving staff experience by enabling flexible working and improved efficiency.

It should be seen as part of a broader programme of delivering digital health services and address a number of immediate objectives:

- to integrate telephone and video consultations into standard clinical triaging, booking and reporting processes;
- to ensure there is sufficient hardware, appropriately configured room space and access to broadband to allow effective video communications; and
- to ensure technology is embedded as part of a broader 'menu' of service redesign options that support the safe and effective delivery of health services.

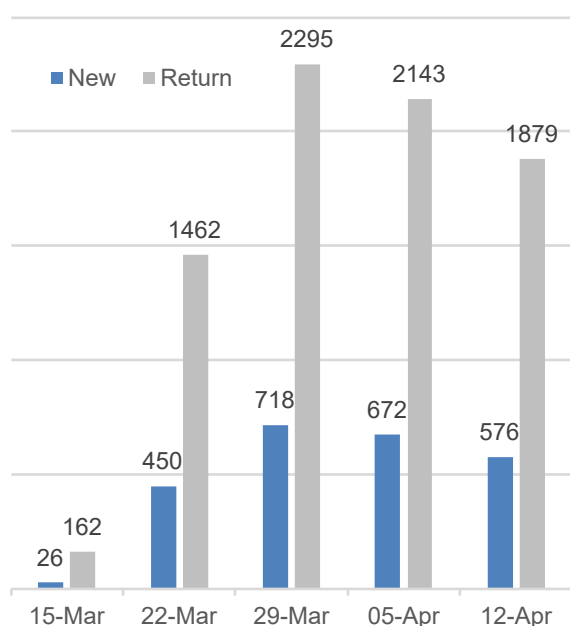
These components will form the basis of a pan Lothian implementation plan, with associated Initial Agreements to document investment requirements and benefits.

CURRENT POSITION

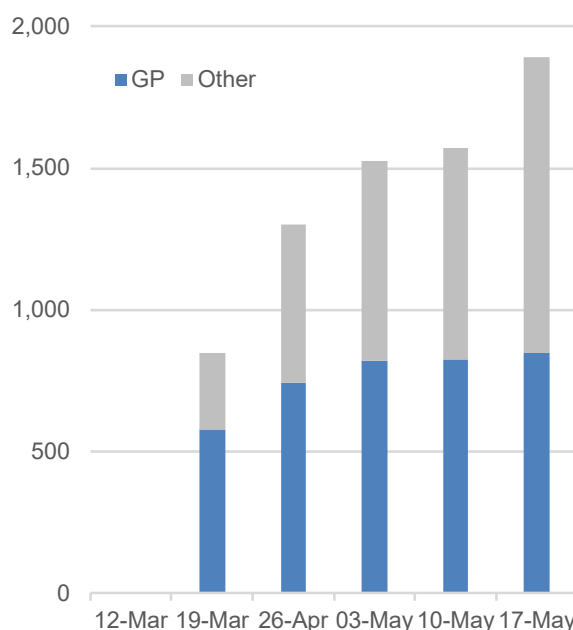
NHS Lothian like other Boards have made rapid progress in the deployment of telephone and video consultations during the Covid-19 pandemic. The charts below illustrate the uptake of both forms of care delivery over the past ten weeks.

Figure 1. Use of Telephone and NearMe consultations

a) Telephone



b) NearMe



These data illustrate the significant shift to telephone and NearMe over the past few weeks. The numbers are still relatively small but represent a high proportion of all outpatient interactions over the pandemic period. On an annualised basis the number of NearMe consultations are now over 100,000 and volumes look set to exceed telephone consultations in the coming weeks¹. The number of NearMe consultations continues to grow week on week, with particularly large increases in Mental Health over the past month. In fact the Mental Health service expects that around 150,000 of the 500,000 face to face consultations could be delivered via video appointments.

Whilst progress has been rapid, it is recognised that many areas are yet to fully utilise the available technology, especially in secondary care. Whilst the technical set up phase is largely complete, clinical teams still require support to start using the system and embed it into service processes.

The figure below illustrates current activity volumes by specialty across Scotland and in Lothian during early May. These data provide a useful information on which settings and specialties are benefitting from NearMe across the country. Note that Lothian has seen continued rapid expansion of NearMe particularly in Mental Health services after the date of this snapshot.

¹ in 2019/20, there were 2.1m outpatient attendance in total so virtual appointment numbers still only account for a fraction of total clinic based outpatient activity

Figure 2. NearMe take up across Scotland (consultations per week)

Top 12 Specialties	Lothian	Scotland	Lothian %age
General Practice	697	3,635	19%
CAMHS	78	1,112	7%
Physiotherapy	94	564	17%
Paediatrics	3	436	1%
Community Mental Health	46	381	12%
Speech & Language Therapy	29	276	11%
Advice Services	2	229	1%
Community Nursing & Health Visiting	24	226	11%
Clinical Psychology	0	216	0%
General Medicine	11	210	5%
Medical Oncology	1	201	0%
Infectious Disease	0	198	0%

Overall, NHS Grampian and NHS Greater Glasgow and Clyde are undertaking the largest volumes of consultation, with NHS Lothian next broadly in line with the average level of take up across Scotland. On an annualised basis, NHS Scotland are now undertaking over half a million NearMe consultations and this number is increasing rapidly.

Patient feedback is built into the NearMe system although unfortunately at time of writing these reports are not yet available at a Lothian level. However, data from a national snapshot covering over 3,500 people in late April highlighted that:

- 90% of patients were either satisfied or very satisfied with how easy it was to use a video consultation;
- 25% said they had technical problems with their connections, or sound and video quality issues; but
- 98% said they would use video consultation again and the main benefit cited by patients was it saved travelling and was more convenient; however
- 36% of patients said they would have preferred a face to face consultation.

Further details on the survey and responses are available on request.

INITIAL AGREEMENT PROCESS

In order to further accelerate the redesign and transformation of clinical services, using technology such as NearMe, the aim is to put in place a structured implementation programme taking into account broader service redesign initiatives, such as patient initiated follow up and active clinical triage.

Given the number and geographical spread of services within NHS Lothian, it is proposed that the programme is structured by business unit and / or service, as set out below:

- Mental Health Services;
- Acute sites (Western, Royal, St Johns);
- Women's and Children's;
- Allied Health Professionals;
- Unscheduled Care;

- Primary Care, Community Services and Local Hospitals by Partnership.

Each unit will prepare an Initial Agreement (IA) setting out the business requirements for embedding digital into service delivery. This will focus on NearMe in the first instance, but it will be important to contextualise this within a series of broader service and digital objectives for the service or site. The approach could also be adapted for considering the implications on corporate office accommodation.

An IA document has already been prepared by the Mental Health team and it is suggested that this is adapted as a template for other business units. The approach provides a structured framework for collating the service objectives, the anticipated service and patient benefits, a prioritised programme of implementation by specialty, expected levels of take up and investment requirements. Key areas of investment are likely to include additional devices, higher specification Microsoft licences, infrastructure requirements, project team costs and Trak configuration. Some of these costs are already embedded within the three year eHealth Strategy whilst others may require additional capital or revenue funding.

In parallel, there will be a requirement to refresh Lothian's device strategy, which in turn will need to be underpinned by a policy on which staff groups should be given access to laptops to support flexible working.

IMPLEMENTATION PROCESS

Good progress has already been made to support implementation in Mental Health and within General Practice and it is expected that this will continue.

Further support is required to increase take up rates across a broader range outpatient settings particularly in the secondary care and community sectors. Work is already underway to support the main acute sites increase take up rates of NearMe as well as progress a range of other outpatient redesign initiatives. This is being led by the outpatient modernisation team with support from strategic planning and eHealth.

A number of virtual workshops with outpatient teams at St John's, the Royal and Western were undertaken on 12th May, with approximately 100 participants, with further sessions planned with Women and Children's, Allied Health Professional and Community Teams (4th June).

This team will provide support to sites and specialties especially in relation to process and service redesign. It is expected that each site will also need to stand up a local team to support implementation, good practice indicates that a local clinical lead and service manager will be required to champion and support this process.

In parallel, finance support will be provided to the central team to enable the preparation of local Initial Agreements.

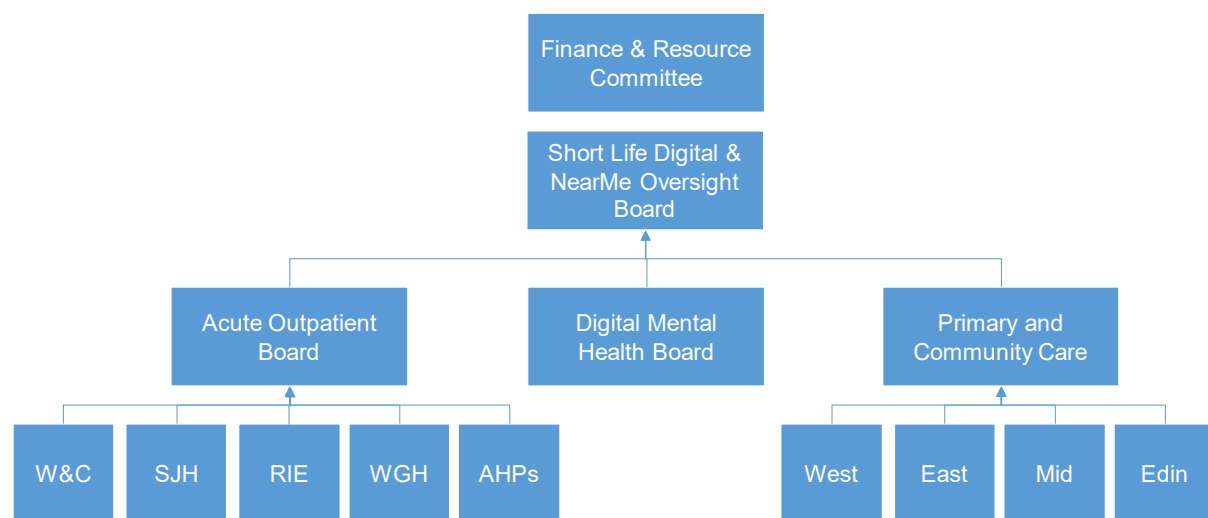
The national NearMe team have experience and expertise in rolling out NearMe across a range of specialties, and will be able to train up and provide external expertise to the central team and leads from each site.

An Equality Impact Assessment (EQIA) will be conducted alongside the programme.

GOVERNANCE

It is suggested that an oversight Board is put in place to provide senior support, oversight and assurance in relation to the roll out of digital technologies on a pan Lothian basis. This will include representation from NHS Lothian and HSCPs (suggested core membership would include Martin Egan, Tracey Gillies, Peter Lock, Susan Goldsmith and Morag Barrow) plus representation from primary care and the acute sector. The aim will be to support a pan Lothian, cross pathway based approach to adoption and ensuring investment is not 'siloed' by existing business unit structures. Figure 3 provides an overview of the suggested programme governance structure.

Figure 3 Programme Governance



Delivery will remain the responsibility of individual business units building on existing structures.

The eHealth NearMe implementation team will manage the overall implementation programme, with the outpatient 'modernisation team' supporting the implementation process across acute sites with the remit to a) support broader outpatient redesign; b) support services to embed NearMe into service processes; and c) support sites to prepare Initial Agreements. Technology issues will be governed via the Digital Board with other service redesign and change elements linking into existing governance structures within the Acute Division including the Waiting Time Improvement Board.

Further discussions are underway to agree the best way to support the use of NearMe and other digital developments in primary and community care building on existing structures. Investment approvals will be via IJB Boards.

It is proposed that each NHS Lothian IA is submitted for approval via the Finance and Resource Committee in line with current processes.

Peter Lock
Director of Improvement
25 May 2020