

# An evaluation of our rapid implementation support for NHS Near Me

23 March – 30 June 2020

September 2020

Improvement Hub  
Enabling health and  
social care improvement



# Introduction

In response to the COVID-19 pandemic, Healthcare Improvement Scotland reprioritised some of its national improvement support towards COVID-19 resilience. This report, for improvers, shares learning and evaluation from rapid improvement at scale within a COVID-19 context, through the implementation of NHS Near Me (Near Me).

## What we aimed to do

To support the rapid implementation of [Near Me](#) in primary care, mental health, maternity and paediatric services, in partnership with the Scottish Government's Near Me team and evaluate the learning from our response to the pandemic.

## How we did it

We worked in partnership with Scottish Government, national organisations, and NHS boards. We used standard programme management and quality improvement methodology, combined with an evaluation framework [learn more here](#).

## Impact

Our support to primary care, mental health, maternity and paediatric services had local and national impact and led to increased uptake of Near Me across Scotland [learn more here](#).

## Learning

We captured learning from working at pace and scale, identifying the successes and the challenges [learn more here](#).

**Note: this is an interactive report – use the hyperlinks and buttons to navigate through it.**

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# What we did and the approaches we used

## Programme Management

- We brought together a team of 50 people with a range of skills and experience ([learn more here](#)).
- We set up a **Programme Management Office (PMO)** to provide coordinated support, standardise processes and track progress. This informed the ongoing management and programme planning ([learn more here](#)).
- Smaller **specialty teams** contacted services directly to offer support in the technical, training and process aspects of set up.

## Quality Improvement

- We developed a **driver diagram** to set out our aim and theory of change.
- We took a **phased approach** to support.
- We used **iterative testing** to develop and refine the processes informed by learning and feedback from team members.
- We developed a **measurement plan** to support the collection and analysis of data and inform ongoing workplan development.

## Evaluation Framework

- We developed an evaluation framework which provided a broad structure for exploring how change has been experienced, identified new ways of working using different skills and what this means for how ways of working should continue.
- The reflective question framework ([learn more here](#)) structured the collection and interpretation of data from four sources. This included structured and semi-structured interviews and an anonymous online questionnaire.

# Our impact on Near Me usage

## Impact

- The impact of the programme over a short time period at service and national level has been overwhelmingly positive.



## Engagement

- Engagement with webinars across the workstreams illustrates the interest and value being placed on Near Me during the current circumstances, and the potential for longer term use of Near Me.



## Support


- Our support contributed to the national learning system for Near Me from initial engagement through to active support and embedding and supporting sustainability.



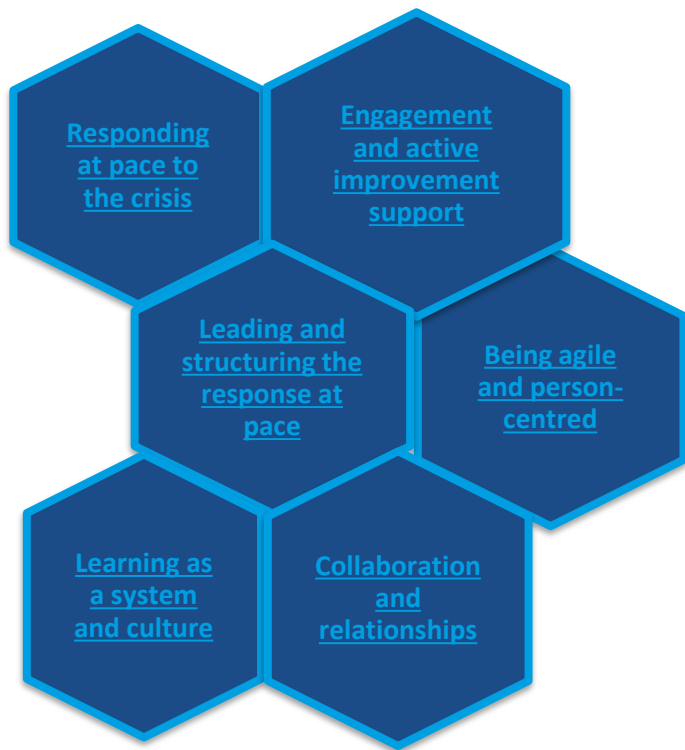
More information is available in the **Scottish Government's Near Me TEC team [summary report](#)** that highlights the 3-step model that underpinned this work.



# Our impact on Near Me usage

Description	Primary Care	Mental Health	Maternity	Paediatrics
<b>Engagement</b>	<ul style="list-style-type: none"> <li>14 NHS Boards were offered the opportunity to come together to share practice and learning to support implementation of Near Me.</li> <li>Provided direct support to <b>652</b> GP practices in 10 NHS boards via at least <b>835</b> one-to-one phone calls to discuss and develop practice processes.</li> <li>Overall, primary care services are showing an <b>877% increase</b> in Near Me consultations</li> </ul>	<ul style="list-style-type: none"> <li>14 NHS Boards were offered the opportunity to come together to share practice and learning to support implementation of Near Me.</li> <li>All Boards are now using Near Me within mental health services.</li> <li>Provided direct support to 10 NHS Boards.</li> <li>Overall mental health services are showing a <b>521% increase</b> in Near Me consultations (From 712 consultations on 30 March 2020 to 4,424 by 7 June 2020).</li> </ul>	<ul style="list-style-type: none"> <li>14 NHS Boards were offered the opportunity to come together to share practice and learning to support implementation of Near Me.</li> <li>All NHS Boards are now using Near Me within maternity services.</li> <li>Provided direct support to 8 NHS boards.</li> <li>Overall maternity services are showing a <b>322% increase</b> in Near Me consultations (from 68 consultations on 30 March to 287 by 14 June 2020).</li> </ul>	<ul style="list-style-type: none"> <li>14 NHS Boards were offered the opportunity to come together to share practice and learning to support implementation of Near Me.</li> <li>All NHS Boards are now using Near Me within paediatric services.</li> <li>Overall paediatric services are showing a <b>311% increase</b> in Near Me consultations (from 230 consultations on 30 March to 946 by 7 June 2020).</li> </ul>
<b>Learning systems</b>	<ul style="list-style-type: none"> <li>1 national primary care resilience webinar with 480 attendees</li> </ul>	<ul style="list-style-type: none"> <li>9 introductory webinars with 132 attendees</li> <li>3 national webinars with 133 attendees.</li> <li>1 learning session webinar with 231 attendees</li> </ul>	<ul style="list-style-type: none"> <li>8 introductory webinars with 94 attendees</li> <li>2 national webinars with 271 attendees</li> </ul>	<ul style="list-style-type: none"> <li>3 national learning sessions with 85 attendees</li> </ul>
<b>Case studies, top tips and Q&amp;A document</b>	<p>1 Q&amp;A document developed in response to questions generated during our webinar.</p> <p>Web link:  <a href="#">Responding to queries from Primary Care Resilience WebEx</a></p>	<p>2 mental health case studies developed to support and share learning.</p> <p>Web links:</p> <ul style="list-style-type: none"> <li><a href="#">Eating Disorders</a> Case Study</li> <li><a href="#">Service for Deaf People</a> Case Study</li> </ul>	<p>2 maternity case studies developed to support and share learning.</p> <p>Web links:</p> <ul style="list-style-type: none"> <li><a href="#">NHS Lothian</a> Case Study</li> <li><a href="#">NHS Highland</a> Case Study</li> </ul>	<p>Paediatric top tips developed</p> <p><a href="#">learn more here</a></p>
<b>Enablers &amp; Barriers</b>	<a href="#">learn more here</a>	<a href="#">learn more here</a>	<a href="#">learn more here</a>	<a href="#">learn more here</a>
<b>Challenges</b>	A significant challenge to implementation was technical issues including lack of equipment and connectivity. Government and NHS Board colleagues are working to address this	Limitations of implementation of Near Me within more deprived areas where there is a lack of digital equipment or within more rural areas with connectivity issues.	Complexity of midwifery and obstetric pathways and NHS boards' readiness to engage.	

# Learning themes



A wide range of reflections and insights were gathered to inform key learning themes and details of these are highlighted on the following pages. This includes how new ways of working at pace were felt to have been successful, what was felt to be more challenging and what this means for new ways of working.

## Positive experiences

- Shared purpose and clear vision for improvement
- Relationships and collaboration
- Ability to cope with ambiguity
- Creating the time and space for learning and support
- Faster decision-making
- PMO support

## Challenging experiences

- Isolation
- Lack of clarity and comfort around roles and responsibilities
- Lack of planning time
- Clarity of communication of decisions and feedback

# Responding at pace to the crisis

***Having a common purpose and shared vision*** was reflected on as critically important for being able to work together in a new way and at pace and scale.

***Adaptability to work at pace:*** Working in this new way at a much faster pace meant having the ability to adapt and flex to the circumstances of supporting Near Me as these emerged, and the resilience to work in this way. There were reflections about this pace and adaptability involving 'thinking on your feet' and seeing through actions collectively, despite uncertainty.

***Taking time to slow down:*** The importance of taking the time to think and 'take stock' while working at this pace was recognised. However, having less opportunity for planning was also observed to have enabled the work to be more dynamic and informed by an understanding of context as it emerged in practice.

*'People got behind something that they believed in, they felt they were part of something and continue to feel that they are part of....'*

*'Everyone's been a lot more adaptable...the move towards more adaptability has been really, really positive...we're communicating in different ways and all getting better at that and supporting each other a bit more. Managers have been checking in with workloads a bit more and I think that's been good.'*

*'Things have changed really quickly and it's making us all more adaptable and learning to let go a bit. I've got better at learning that I can't control everything. It's definitely been challenging. Working with other people has been really, really good.'*



# Engagement and active improvement support

## **Understanding and responding to the needs in the system:**

Engagement was driven by a need to rapidly provide support to practices in the primary care phase of the programme. There were challenges experienced by the 'cold calling' aspects of this support. There was a sense of vulnerability from having to support practices without having prior knowledge of their context and readiness. Script development was an important mechanism for developing an understanding of how to actively support practices.

**Meaningful improvement support:** Conversations that were structured but also honest and personal were reflected on as having been a key part of building the relationships required for meaningful improvement support.

**Improving the quality and accessibility of services:** As follow-up calls to services were made, reflections highlight how there was an understanding of how far services being supported had progressed.

*'I was really mindful of staff feeling that vulnerability in and around their knowledge of the system and having to make phone calls. I remember at the end of the first week we had all these processes in place but we hadn't made a call yet and we were getting a bit of a push from the national team. I clearly remember phoning my colleague and asking her to start phoning practices so we could start building a script.'*

*'As soon as we spoke in that personal way, the barriers were broken down and it resulted in a really meaningful conversation. That was one of the things that we encouraged. Tell us exactly what is going on and we will help as much as we can. We had good conversations...there were a lot of good meaningful conversations.'*

*'We have really lovely examples of where people would not have been able to access services if it wasn't for Near Me and for our support to put this in place. These are some of the most vulnerable people in society and we are helping them.'*





# Leading and structuring the response at pace

**Having both direction and distribution:** Leadership was key for driving the work and ensuring that there was clarity about how the work would move forward. There were also reflections about structure having felt more hierarchical which was important for having clear direction but, at the same time, there being a need for staff to feel heard as part of open discussion and reflection.

**Central programme management:** Having structure that coordinates and connects processes across different teams and functions was critical for success. The programme management office (PMO) was widely reflected on as having been a key success as a centralising structure for the work and ensuring oversight.

**Clarity around roles and responsibilities:** The feeling of instability and uncertainty at the start highlighted the importance of clarity and direction around roles and responsibilities. Understanding how to support people in their role according to their level of comfort and area of skill was an important concern in supporting cross-membership of teams.

*'I'm quite mindful that there is a strong sense of hierarchy and that doesn't always lead to open discussion where colleagues feel heard in the way that they would like to be. I think we want to be much more collegiate and collaborative and I think it is about finding a balance with those things.'*

*'Having adequate programme support has been a luxury. I have come from a territorial health board where that support doesn't exist, so having programme support to do the background stuff has been amazing – they have been working incredibly hard.'*

*'I think more time at the beginning to allow people to understand their role and to learn any new information if the topic is new. Setting out really clear outcomes, expectations and roles, as well as an indication of timescales.'*



# Being agile and also person-centred

**Connecting virtually:** Although remote working was understood as a key constraint in terms of support to deliver Near Me, the benefits of being able to work from home and connect virtually have been widely reflected upon. It enabled a different response to Near Me, at greater pace and in a way that facilitated a personal approach that wouldn't otherwise have been possible.

It was surprising how quickly virtual connection became the norm, both internally and externally. The quality of communication, and the extent of connection and involvement that was possible with people improved as a result.

**Feeling supported and safe:** People were supported through what was an uncertain and challenging time professionally and personally. Feeling supported and safe to reflect and talk about uncertainty and the challenges being faced and what matters personally as part of a supportive culture were reflected upon as being important.

*'I feel much more connected with everyone across the ihub than I ever have and am learning a lot. The connections I'm making with Scottish Government - I've never worked so closely with government colleagues.'*

*'I think it is around the culture and behaviours being lined up to feel compassionate and supportive. How does this feel to our staff right now? People want to come in and do well.'*

*'With my line manager I have an established relationship and I have the confidence to say "I don't know" but with the new way of working I had a sense of my performance being viewed by everyone at different levels which I'm unfamiliar with. I would recommend a key person in Near Me line management to have safe conversations with, someone who knows what is going on.'*



# Learning as a system and culture

**Reflecting and learning together:** Having formal and informal spaces to collectively reflect on how things can work better and identifying how to act on this through huddles and check-ins was identified as being important for success.

This culture of sharing and learning in a structured and open and informal way was highlighted as an important mechanism to continue. There were also reflections about getting the balance right in terms of the frequency of huddles and over time this was felt to have naturally reduced.

**Mobilising knowledge and learning collectively:** As the work has been progressed, the success of how knowledge has been mobilised and shared in the context of its application to spread learning and good practice was reflected on. This collective creation and use of knowledge was felt to have been enabled by the relationships that formed externally.

*‘What’s worked well is people being able to speak up.....and it’s all been heard. There has been constant reflection on how we can work better. There has been the ability of people to come together.’*

*‘The regular team lead huddles, where we all get to contribute and we also get that constant feedback loop from the senior team and updates about what is going on nationally were really important. I know we were a bit ‘huddled out’ at times but huddles were really valuable for keeping on track with the rapid changes. Huddles were also valuable with our individual teams as well having regular huddles with those members of the team that were making the calls with you.’*

*We are maximising the knowledge that we are able to get back out into the system and reflecting on our role to the COVID-19 response. Often being a platform for others sharing our learning.’*



# Collaboration and relationships

**Trusting relationships:** Relationships were key to how the internal team worked in a new way at a pace. A sense of openness and trust were important for removing barriers and also to be able to act on and learn collectively from what was happening in the context of engaging with services.

It was challenging to work with so many new people and develop relationships over a short period of time, but the ability to work together and form relationships in this way was recognised as a key strength of the organisation.

**Moving away from silos:** Silos were reduced and meaningful collaboration took place. This felt less competitive and protective than before and more focused on commonalities and collective strengths.

The benefits of connections as a larger collaborative team were also reflected on in terms of 'seeing the bigger picture', sharing understanding and learning as this emerges but also in terms of having collective meaning and ownership for work.

*'Working with a large group of people – I felt that barriers were removed – it doesn't matter what you were doing before, there is a sense of trust and team work. I'm working with people I haven't worked with before but we are all in it together. The whole COVID-19 situation has motivated us and had a positive impact on healthcare delivery.'*

*'I don't know how many other small teams there are in the ihub but we have benefited from connecting to that bigger group of people. The more input and more different perspectives that you get is always a good thing, the different ways of working that people have is always a good thing...so you kind of get used to your own way of working and your own habits. So to have other opinions, other perspectives from other team members, to have an understanding of what they are working on and to feel out where there are maybe connections between what I'm doing and what other people are doing and just to see the bigger picture.'*



# Summary and conclusion

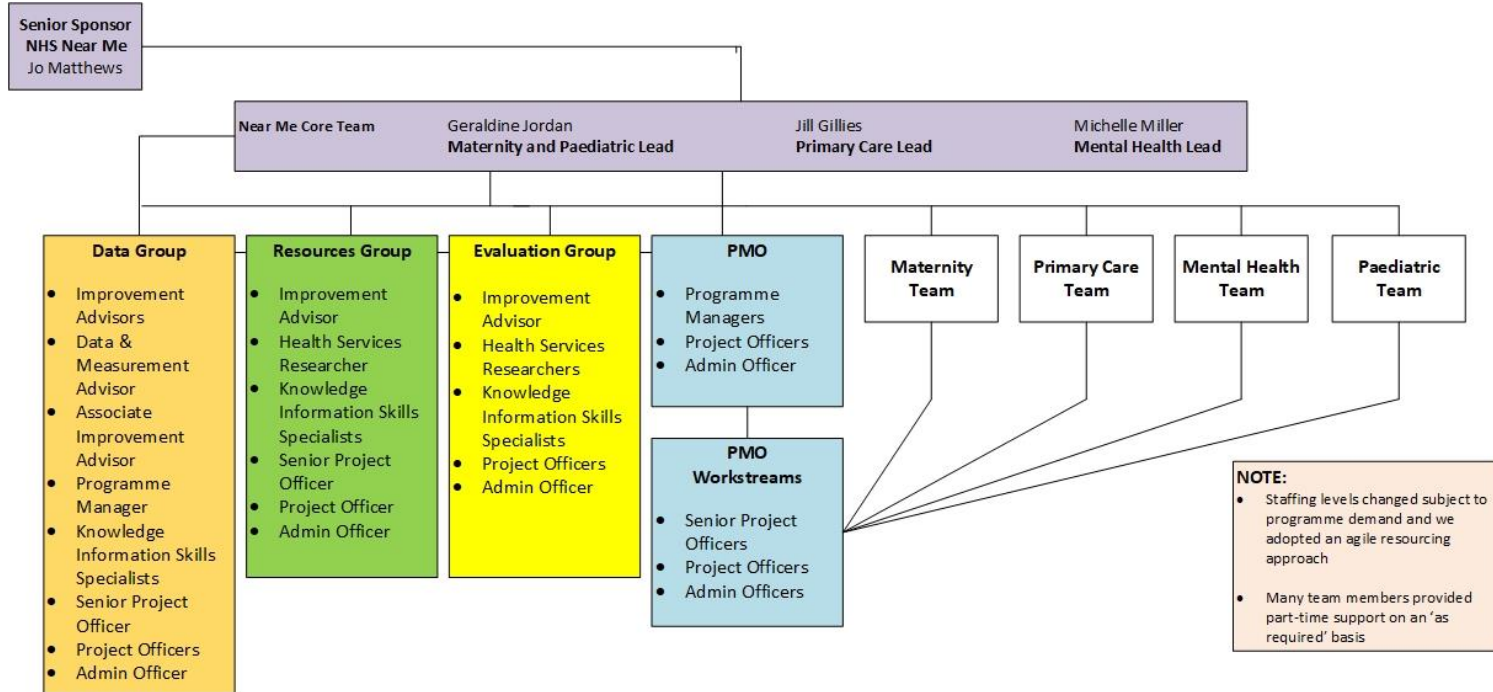
**Summary:** The impact of the programme over a short time period at service and national level has been overwhelmingly positive. This is evident from the uptake of Near Me in primary care, mental health, maternity and paediatric services. As previously described, the wealth of learning as the organisation moves to a new phase is also evident in the experiences and reflections shared across all of those who made the rapid response possible at a time of considerable uncertainty and challenge.

**Conclusion:** The speed and scale of improvement work carried out to implement Near Me is unprecedented. To achieve so much during a global pandemic should be celebrated. As we move back to a more 'normal' way of working we must learn from these experiences and continue to build on this.

# Appendices



# Near Me staffing structure



The Healthcare Improvement Scotland team brought together a total of 50 people from across the organisation, including the ihub, the Data Measurement and Business Intelligence team, the Evidence and Quality Assurance Directorates and Nursing Midwifery and Allied Health Professionals. It included those with expertise in; improvement, programme management, evidence, standards, data and measurement, knowledge management, evaluation, and administration. This diversity of roles allowed a range of skills and expertise to be used flexibly throughout the programme.

# The Programme Management Office

The Programme Management Office (PMO) developed standardised processes and programme management resources and collated information centrally to track progress.

This informed the ongoing management of staff resource and programme planning.

This approach ensured effective coordination of the work in a fast paced and highly resourced programme and helped maintain a level of consistency across workstreams.

Teams were also established to support overarching elements of the work including:

- communications
- resource development
- evaluation
- data and measurement

In addition, The PMO scheduled a range of regular internal and external communication channels to inform the development of the programme.

**External communications** included:

- regular contact with Scottish Government colleagues
- weekly meetings to discuss national data on Near Me usage, fortnightly update reports

**Internal communications** included:

- strategic huddles with the Executive and workstream leads
- workstream huddles
- operational huddles
- support team huddles

These were held daily, bi-weekly, or weekly as required.



# Evaluation Framework

## Reflective Framework

### Reflecting at an individual and team level

Question	Reflection
How would you describe your role and how you became involved in Near Me?	
How are you feeling about your role in the work to support Near Me?	
What do you feel is working particularly well in supporting Near Me from your experience and what has enabled this?	
What do you feel has been more challenging in supporting Near Me and how could this be improved on?	

### Reflecting on a new way of working in response to the crisis

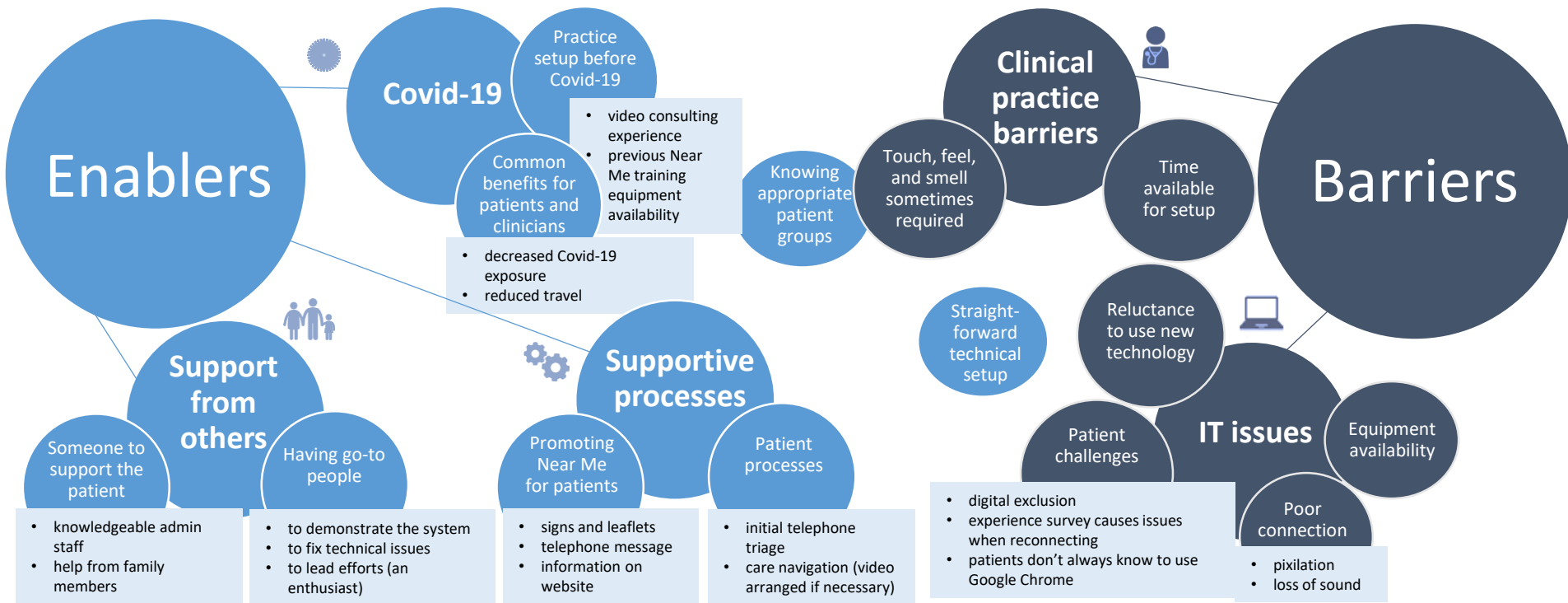
Question	Reflection
What are you noticing is different compared with before in terms of the improvement approach?	
What are you noticing about the strengths and skills that you and others are using and how this is different from before?	
What do you feel has been most successful in the new way of working and how should we continue to build on this?	
What do you feel has been most challenging and how we should learn from this going forward?	
Is there anything else you want to reflect or share?	



# Learning from GP practices in Scotland following successful Near Me implementation

**Data source:** Information was collected from practice managers and GPs w/c 20 April 2020. Nine practices are represented across six NHS boards with a combined total of 361 Near Me consultations during the previous three weeks.

## Primary Care Enablers and Barriers



### Sustainability

All practices planned to use Near Me beyond Covid-19

### Patient groups well-suited for Near Me

- Children and babies
- Care home residents
- Those where 'eyeballing' supports diagnosis (e.g. in the case of frailty, mental health)
- Shielded patients
- Those requiring house calls
- Those with skin conditions
- Those requiring reassurance

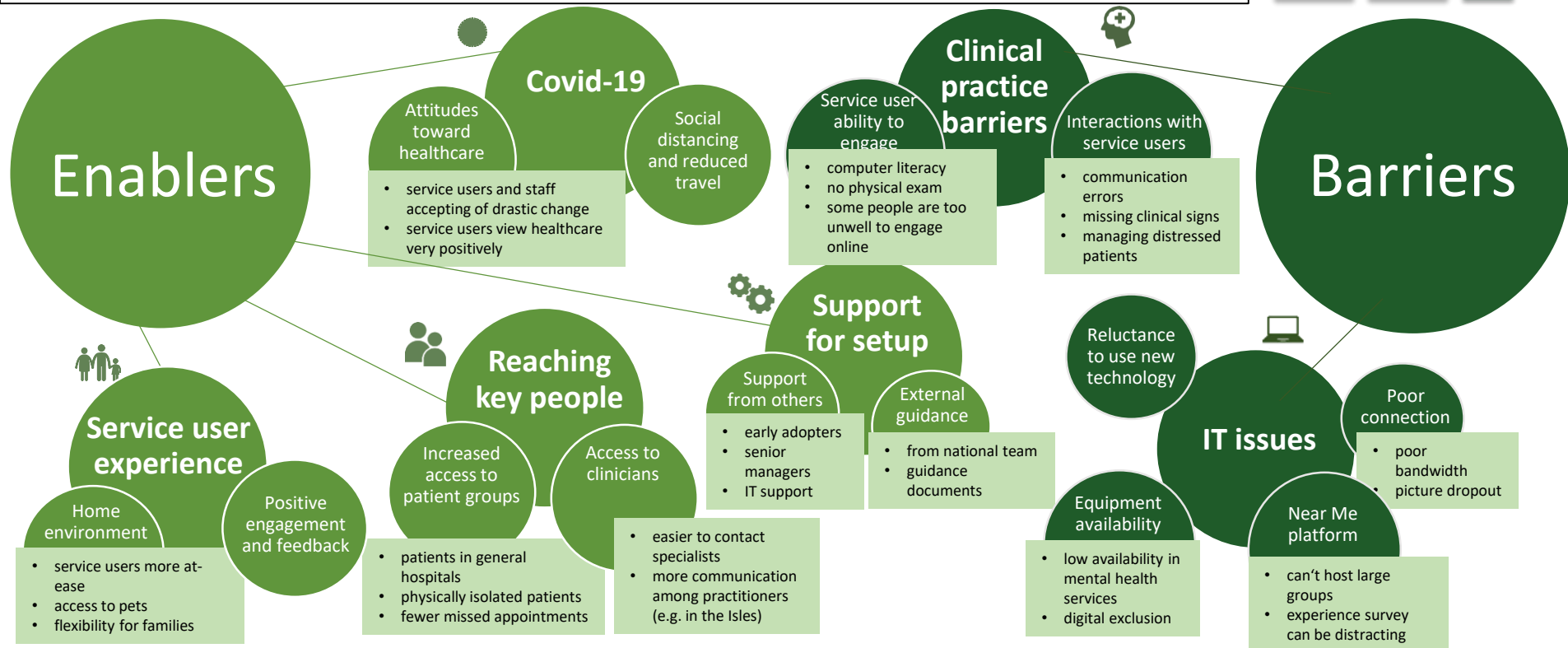
### Additional support required

- Equipment provision (e.g. webcams)
- Guidance for Near Me post-Covid-19
- GP endorsement to increase adoption

# Learning from mental health services in Scotland following successful Near Me implementation

**Data source:** Information was collected from five mental health services who discussed their experiences with Near Me on a webinar held 11 May 2020 (available at [tinyurl.com/y8o6thok](https://tinyurl.com/y8o6thok))

## Mental Health Enablers and Barriers



### Types of services already using Near Me

- Unscheduled care services
- Child and adolescent mental health services (CAMHS)
- Services offered using British Sign Language

### Groups of people that have responded well to Near Me

- Children and young people
- People who have ADHD
- People who have experienced psychosis
- People who have autism spectrum disorders

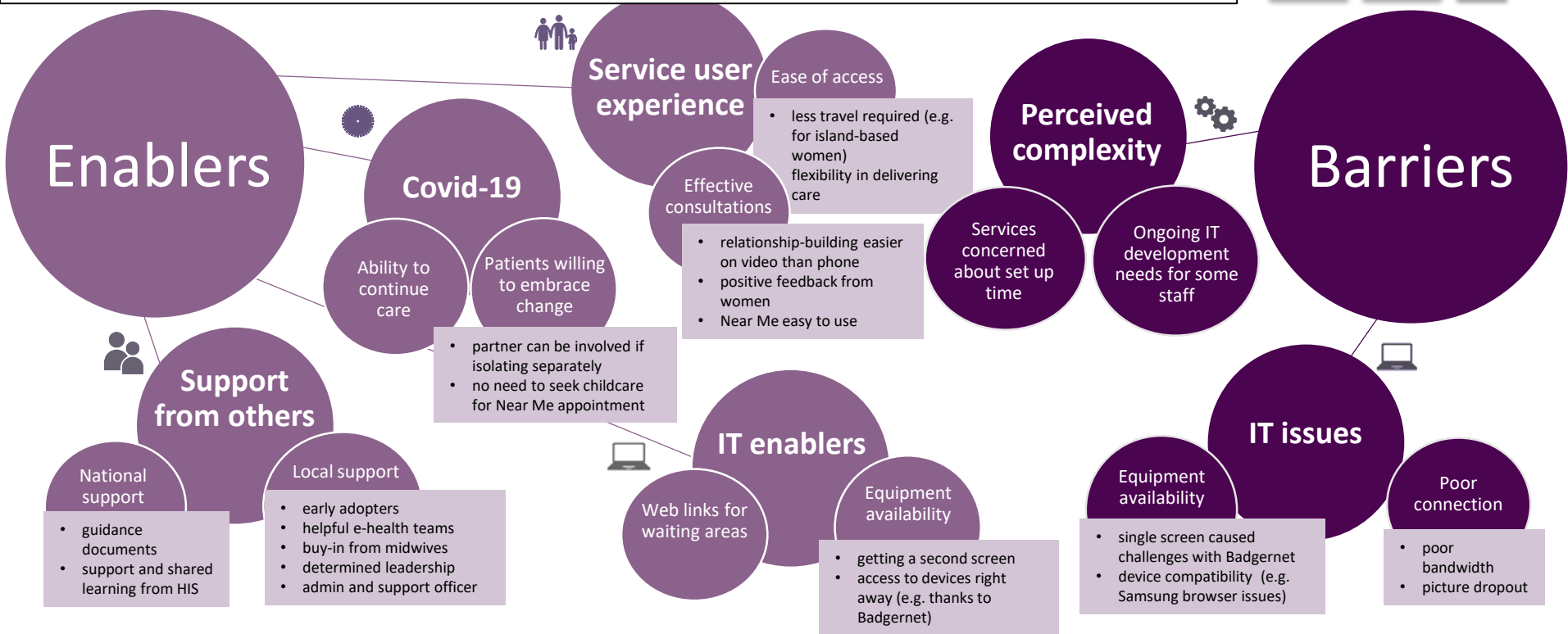
### Therapies demonstrated with Near Me

- Eye movement desensitisation and reprocessing (EMDR) therapy
- Art therapies

# Learning from maternity services in Scotland following successful Near Me implementation

Maternity Enablers and Barriers

**Data source:** Information was collected from three maternity services who discussed their experiences with Near Me on a webinar held 28 May 2020 (available at <https://tinyurl.com/y83xqsvx>)

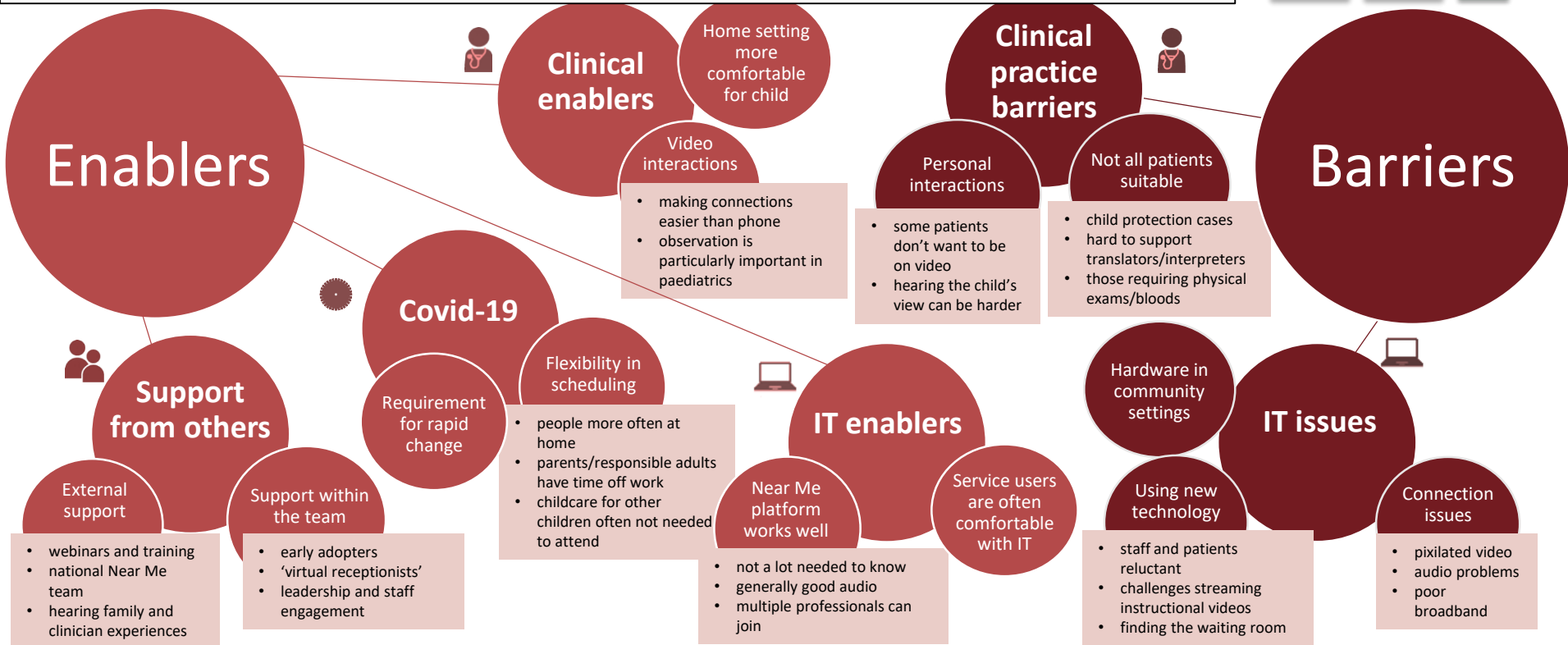


QI principles that were applied	Example maternity appointments provided using Near Me	Possible future innovation
<ul style="list-style-type: none"> <li>Initially starting small and gathering feedback</li> <li>Using run charts at team meetings to reflect on implementation of Near Me and celebrate success</li> </ul>	<ul style="list-style-type: none"> <li>Best Start appointments</li> <li>Postnatal follow-up</li> <li>Antenatal education</li> <li>Bereavement support</li> <li>Infant feeding team appointments</li> <li>Hypno-birthing sessions</li> </ul>	<ul style="list-style-type: none"> <li>Being able to send the Near Me appointment link via Badgernet would streamline the appointment process and reduce confusion</li> </ul>

# Learning from paediatric services in Scotland following successful Near Me implementation

## Paediatric Enablers and Barriers

**Data source:** Information was collected from six paediatric services who discussed their experiences with Near Me on two webinars held 2nd and 5th June 2020 (<https://tinyurl.com/y9gtxsgu>)



### Types of services already using Near Me

- General paediatrics
- Community paediatrics
- Diabetes Out There
- Child and adolescent mental health services

### Types of consultations performed using Near Me

- Multidisciplinary team review
- Rash examination
- Gait examination
- Routine follow-up post admission
- Observation of basic neurological function

### Possible future innovation

- Working with schools to set up Near Me consultations that wouldn't disrupt education

# Paediatric top tips

## Paediatric clinician top tips for using NHS Near Me

**Data source:** Information was collected from paediatric services who discussed their experiences with Near Me across two webinars held 2 June 2020 and 5 June 2020

- The paediatric 'top tips' for clinicians were identified during the webinars and built into our Twitter campaign promoting the use of Near Me consultations.



Try setting up practice Near Me calls with colleagues to understand the patient and clinician experience.



If you are emailing patients and families with information about Near Me, remind them to check their 'junk' folder.



Conversations flow differently on video than in person. You may want to address the child/young person early in the consultation to ensure their voice is heard.



Ask parents and responsible adults to use the child/young person's name on Near Me. This will make it easier to find them in the waiting room.



Supporting administrative staff to monitor the online waiting room can benefit your system processes.



Multidisciplinary team reviews can be set up by inviting other professionals to Near Me appointments.

- To date, the Twitter campaign promoting Near Me in paediatrics has had a reach of over **18,500** impressions.



Using a headset can often provide better audio quality than using a built-in laptop microphone.



Try to test your equipment prior to starting consultations. For example, run a test call on [attendanywhere.org.uk](https://attendanywhere.org.uk).



If you experience technical issues during a Near Me consultation, switch to a phone call while you resolve them.



Develop a checklist to help you remember the steps you need to take before, during and after the consultation whilst you get used to the technology.



Viewing patient files on a separate screen can make the Near Me consultation run more smoothly.



Online information and web links could substitute pamphlets and written resources for patients.





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