HFMA briefing
March 2022

Near me

Assessing the financial impact of Scotland's video consultation platform

The CPD Standards Office
CPD PROVIDER: 50137
2020-2022
www.cpdstandards.com

Accredited cpd Activity

Background

Near Me[1]is a secure video calling service that allows patients and service users to attend consultations from home or wherever is convenient[2]. Attend Anywhere is the brand name of the video calling platform that supports Near Me[3].

History of Near Me

In 2014, the Scottish Government launched the *Technology enabled care (TEC) programme*, to respond to the need for service transformation in the context of rising demand for health and social care. Video conferencing was one of the TEC programme's workstreams[4].

The Attend Anywhere system was procured by the Scottish Government in October 2016 and was formally launched by the Cabinet Secretary for Health and Sport in December 2016. The first patient seen in February 2017.

The contract has been funded by the Scottish Government since October 2016. The work plan produced in July 2020 indicated that it would continue to be provided free to NHS and other bodies.

Prior to the Covid-19 pandemic, Near Me was used primarily to provide specialist healthcare to patients in remote areas. There was also some limited use by GP practices and care homes. Given its primary use, it is not surprising that the main users of Near Me were, initially, NHS Highland and NHS Grampian, followed by NHS Western Isles.

By 2018, the video conferencing platform was used by 13 of the 14 health boards. However, prior to the pandemic Near Me tended to be used by a small number of enthusiasts rather than being adopted on a widescale basis within health boards.

In 2019, the University of Oxford was commissioned by the Scottish Government to conduct an independent evaluation of Attend Anywhere[5]. The key findings from this work included:

- video consultations work best for routine follow-up of chronic, stable conditions
- there are advantages and disadvantages to video consultations for both patients and clinicians
- video consultations were used most in remote parts of Scotland
- often the model used included a clinician at either end of the call as well as the patient. This triadic hub-spoke model worked best where there was a long-standing working relationship between the clinicians
- perceived benefits included reduced travel time, environmental benefits, quicker and direct access, shorter and to the point consultations and training opportunities for staff
- some clinical staff were opposed to video consultations, others simply did not see a need to change the ways things were currently being done, others were concerned about a change in the way things were done and about the reliance on technology.

The impact of Covid-19

In March 2020, Covid-19 was declared a pandemic. The TEC team launched a scale up plan to rapidly deploy Near Me services working in collaboration with Healthcare Improvement Scotland (HIS) and NHS National Education Scotland (NES).

In June 2020, the same team from the University of Oxford were commissioned to evaluate the rapid roll out of Near Me consultations as a result of the Covid-19 pandemic[6].

The second report looked at the impact of Covid-19 on the use of Near Me. They found:

[1] TEC Scotland, *Near Me*, accessed February 2022
[2] Near Me, *Near Me*, accessed February 2022
[3] Q community blog, *A potted history of the Near Me video appointment service – what is in a name?*, March 2021
[4] Scottish Government, *TEC programme data review and evaluation: summary report,* May 2018
[5] Scottish Government, *Attend Anywhere / Near Me video consulting service evaluation 2019-2020*, July 2020,
[6] Scottish Government, *Evaluation of the Near Me video consulting service in Scotland during Covid-19 2020*, March 2021

- from March to June 2020 there was a 50-fold increase in video consultations
- most of this activity (77%) was in hospital and other community care settings, but some (23%) was for GP services
- by June 2020, Near Me consultations had been used by over 50 specialities. Psychiatry/ psychology and community mental health services made up just less than 40% of the activity with physiotherapy the next largest user with 9% of overall Near Me hospital/ community care activity
- most patients and professionals perceived Near Me as being beneficial both during the pandemic and in the longer-term.

In 2020, the Scottish Government published a vision for Near Me that stated that all health and care consultations should be provided by Near Me whenever clinically appropriate[7]. Following an equality impact assessment[8] that was, in part, informed by a survey of clinicians and the public[9], the vision was altered:

> 'Going forward, health and care services should offer video consulting whenever it is appropriate, considering both clinical and social factors.'

The change of emphasis to Near Me being a choice was reflected in the refreshed *Digital health and care strategy*[10], published in October 2021.

Near Me video consultations are now being rolled out beyond health and social care into prisons[11], social housing,[12] and social security. Work is also being undertaken on setting up group consultations.

This research

Recommendation 3 in the second evaluation of Near Me by the University of Oxford team is to:

> 'Develop and disseminate system-level analysis of the growing evidence about significant financial savings from Near Me.'

The HFMA Scottish branch wanted to start this process by identifying the information that NHS bodies may need to collect to determine the financial impact of moving to remote outpatient consultations. The focus of the work was the impact on secondary care providers of replacing face-to-face outpatient appointments that would have been held in hospitals or clinics with video consultations.

Originally, it was expected that financial data would be collected to allow this assessment to be undertaken. However, it soon became clear that the information was not available in a form where it could be separated from the other changes to healthcare provision that had occurred due to the pandemic.

The focus of the research therefore changed to consider the different ways that the financial impact of Near Me could be assessed. This was done through a mixture of interviews and literature research. It is intended that the output from this work will allow secondary healthcare providers to determine what financial information and other data they will need to collect to be able to start to answer this question.

[7] Scottish Government, *Protecting Scotland, renewing Scotland: the government's programme for Scotland 2020/21*, September 2020 (page 70)
[8] Scottish Government, *Near Me video consulting programme: equality impact assessment*, September 2020
[9] Scottish Government, *Video consultations - public and clinician views*, September 2020
[10] Scottish Government, *Digital health and care strategy*, October 2021
[11] TEC Scotland, *Prison and police guidance*, June 2021
[12] TEC Scotland, *Housing guidance*, June 2021

Different ways to measure the financial impact

The national level

In September 2021, Edge Health published a report[13] that sets out the headline savings from using video conferencing in England during the pandemic. Using national data and making some assumptions, the report concluded that replacing face to face outpatient appointments with video consultations had huge benefits, including:

- saving a total of 4.64 million hours (530 years) inpatient travel and in-hospital waiting times and £40m in travel costs and parking charges
- avoiding 3 million lost work hours, saving the overall economy £108m
- avoiding 14,200 tonnes of greenhouse gas emissions due to the reduction in travel
- saving over £1.1 million because 11 million fewer single-use personal protective equipment (PPE) items, such as face masks, aprons and gloves, were used.

For patients, video consultations reduce travelling time and costs as well as the time waiting at the healthcare venue for the appointment. Patients therefore benefit from a cash saving as well as the ability to use their waiting time more productively.

For NHS staff, it is unlikely that using video consultations rather than face-to-face appointments will save any appreciable amount of time unless it meant that they did not have to travel to provide consultations.

The downside, for NHS bodies, is that income from patients from sources such as cafes will be lost.

It is also clear that there is a positive environmental impact from a reduction in travelling. For the NHS body, this may help with the achievement of green targets. In the long term, a substantial reduction in emissions may have a beneficial effect on population health[14].

During the pandemic there were savings in relation to PPE and the key benefit was that the consultation was able to go ahead without the risk of transmitting the virus. Once the pandemic ends, infection control arrangements will change so these savings may become less important.

The headline savings in this national report are costs avoided rather than actual reductions in cash spend. It is difficult to unpick the impact of video consultations on the financial performance of the NHS overall given that the impact of Covid-19 meant there was no business as usual in 2020 and 2021.

Looking at the impact of video consultations at such a high level does provide a place to start when determining what data needs to be collected at a local level to understand the financial impact of Near Me.

Patient level costing

At the other end of the scale, patient level costing would provide a detailed assessment of the impact of using video rather than face to face consultations. Currently, this is something that is being developed by some NHS bodies. However, it does require detailed coding of the type of appointment and current guidance in both Scotland[15] and England[16] is to code outpatient appointments as either face to face or as remote/ virtual/ telemedicine. These include telephone calls as well as video conferencing and will not identify the Near Me service separately to other video platforms.

There is data available from Near Me on the number of calls made by each user and the length of time those calls last. As yet, no one has reconciled this data to information from other patient systems or financial information. This information could be used to unpick Near Me consultations from other interactions – this would only probably be practical as part of a one-off costing exercise.

[13] Edge Health, *Video consultations in secondary care*, September 2021
[14] BBC News, *Ella Adoo-Kissi-Debrah: air pollution a factor in girl's death, inquest finds*, December 2020
[15] ISD Scotland Data Dictionary, *Definition of a virtual clinic*, accessed February 2022
[16] NHS, *Approved costing guidance glossary*, accessed February 2022

The other reason that the financial impact of Near Me cannot be easily assessed using costing is that now, most outpatient clinics are a mixture of face to face, telephone and video calls.

The costs of clinics that include a mixture of delivery methods are unlikely to be much different to a solely face to face clinic. Indeed, a mixed clinic, could even cost more than a solely face to face clinic if, for example, there needs to be a separate receptionist for online patients and patients in the building or if the technical requirements mean that additional equipment is needed for a mixed clinic or a different space in a hospital needs to be used.

Having said that, it is likely that a full costing exercise will show that the cost of a video consultation is less than the cost of a face-to-face appointment even when both are delivered as part of the same clinic. For example, where there are no physical tests such as blood tests, height or weight measurements as part of a video consultation, the costs of supplies as well as staff costs will be reduced. A video consultation can be done at a desk while a face-to-face consultation may need a consulting room with specialist equipment. As set out below, these costs will vary between types of appointment.

However, until the cash cost of the clinic is reduced, there is no overall saving or financial impact. The research undertaken as part of this work found only one example of cash releasing savings being made because of using video consultations rather than face to face – that was the case in England where rental for a property used to hold a clinic was saved as the clinic moved online[17].

Costs to consider include:

- the clinician holding the consultation – their time will be charged to all consultations no matter the delivery method. If the clinician's time includes time travelling to a remote clinic, then those travelling costs will be charged to other activities if the clinic is moved to remote delivery
- nurse or healthcare assistant – where the patient is at home, the nurse or healthcare assistant's time is likely only to be charged to face to face appointments as patients being seen via video will not have tests such as weight, blood pressure or blood tests. However, where the patient is at another clinic or third-party centre (a spoke – see below) then these costs may be different but will not be eliminated
- the receptionist – it may be that separate receptionists are needed for the face-to-face appointments and video appointments, or a single person can manage both types of appointment, or that there is no person acting as receptionist in the video consultation as this is done by the technology
- consumables will only be a cost for face-to-face appointments
- the Attend Anywhere licence and internet service will only be a cost for the video consultations. Currently, Attend Anywhere is being paid for by the Scottish Government but this is not the case in other nations
- estate costs may vary as face-to-face appointments will have to be held in a public facing clinic, whether that is a hospital or a community setting. However, clinicians can hold video or telephone consultations from office space or from home (as long as there is the necessary privacy for the clinician) – this may be less costly than a clinic
- IT costs will be incurred for both but may be more for Near Me appointments as higher-grade webcams and streaming capability may be required. Near Me should run from any computer or smart phone and the widespread use of video calling, such as MS Teams meetings, during the pandemic means that additional equipment is unlikely to be required specifically for online consultations. Earlier adopters of video consultation did invest in technology.

Once detailed costing information is available on a consultation-by-consultation basis, it will be important to look at the overall impact on the costs of all the ways of delivering healthcare.

Different models for Near Me service

There are three different models for the Near Me service:

- hub-home – the clinician connects from clinic to patient at home

[17] NHSX, *Online consultations in mental Health at Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust*, accessed February 2022

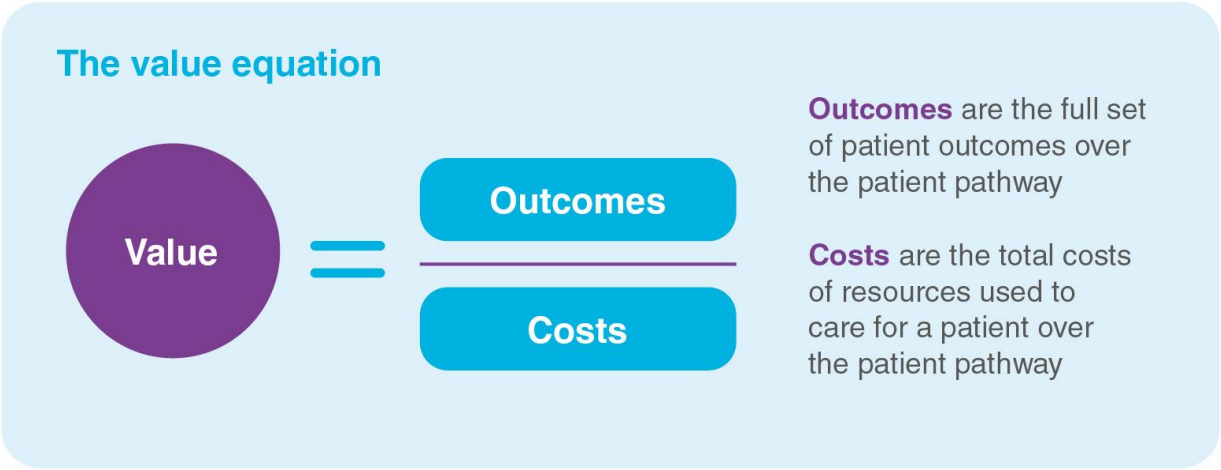
- dyadic hub-spoke – the clinician in a specialist 'hub' centre connects to patient in remote 'spoke' health or care site without additional staff member present (for example, in an unstaffed kiosk)
- triadic hub-spoke – the clinician in specialist 'hub' centre connects to patient in remote 'spoke' health or care site with an additional staff member such as a nurse, GP or healthcare support worker present.

Each of these models will have a different cost attached to them. During the pandemic, the shift was to the hub-home model, but this was not necessarily expected to be how the service was going to be used when the service was set up. It may be that there will be a move back to the other models once the pandemic ends, for example, the use of hub and spoke models may help reduce potential inequalities as they do not rely on personal equipment or data.

Value

The value equation considers the cost of providing a service in relation to the outcomes from that service provision.

Even if the costs of changing the way that a service is provided, if the outcomes are improved then there is value in making the change.



In the case of Near Me, and video consultations in general, there is still work being done to assess the impact on outcomes. Clearly the pandemic increased the use of on-line and telephone consultations and there is work being done to assess its impact. Based on the small-scale studies undertaken there does not seem to be any evidence that clinical outcomes are adversely affected[18].

This work will be continued to determine whether the impact on outcomes changes as Covid-19 moves from a pandemic to an endemic disease.

The evaluation undertaken by the University of Oxford found that some clinicians who have adopted Near Me found it as good as face-to-face or phone consultations. In some cases, the ability to see patients is very important so video is better than telephone consultations. Other clinicians have reported that the quality of the video is an issue so photographs and telephone consultations are better for them. Some clinicians and patients reported that video works well if there is an existing relationship, but it is difficult to establish rapport with a new patient online.

Video consultation is not appropriate for everyone and for every condition. Digital inclusivity is an issue and video consultations only work where there is high-quality connection. For patients with dementia, cognitive impairment, visual impairment, loneliness or anxiety, video consultations may not to be appropriate. For others, it is better – such as those with deafness/ hearing loss who are unable to use phones and for whom masks are a barrier. However, there will be people in each group for which the opposite is true – it is not possible to generalise that video consultations will work for a

[18] Frontiers in Digital Health, *Planning and evaluating remote consultation services: a new conceptual framework incorporating complexity and practical ethics*, August 2021

whole group and not for another, the right decision will differ from individual to individual and may change over time for those with long-term conditions.

The use of video consultations will be of value for some individuals but not for others. The work so far indicates that there is value in providing it as an option for patients and service users but only when it is appropriate considering both clinical and social factors, including personal circumstances and preferences.

Next steps

Logically, using video consultations should result in financial benefits. It has been demonstrated that at the highest level some costs are avoided. However, as yet, these have not been translated into identifiable savings at an NHS body level.

To be able to do this, there needs to be an assessment of the impact of using Near Me at a clinic level or budget holder level. This will require the collection of data such as:

- the type of interaction between patient and clinician – face to face, telephone, or video
- the type of video consultation - hub-home, dyadic hub-spoke, or triadic hub-spoke
- the length of the consultation
- patients' time spent waiting
- patients' travel time, distance, and method – for all types of consultation so costs avoided can be calculated
- the clinicians involved in the interaction and the time spent on it, including waiting time and administration as well as the consultation itself
- clinicians' travel time, distance, and method of transport
- for remote consultations, the estate used for the remote consultation and whether any space was freed up and used for other patient facing activities
- IT costs, including licencing, software, and hardware
- training costs for both staff and patients
- the equipment used in each type of consultation
- the outcome of the consultation from both the clinician and the patient's perspective including:
    - the clinical outcome
    - the patient reported outcome which could include both the clinical outcome as well as their satisfaction with the service
    - the number of interactions between patient and clinician to determine whether there is a difference based on the type of consultation.

This way, the cash costs as well as other costs such as waiting times, outcomes and patient satisfaction can be compared before and after the introduction of video consultations.

The use of technology to deliver health and social care is here to stay. The number and type of services that use Near Me is increasing, and new initiatives like consult now[19] and group consultations[20] are being developed. It will become even more important to understand the impact these initiatives have on the operational and financial position of the organisations delivering health and care services.

[19] Near Me, *Consult Now*, accessed March 2022
[20] Near Me, *Group calls*, accessed March 2022

Acknowledgements

This briefing was developed with the support of the HFMA Scottish branch. Particular thanks to the following people who we spoke to as part of this research:

- Andrew Bone, NHS Borders
- Adrian Ennis, Scottish Government
- Chris Marshall, The Royal Marsden NHS Foundation Trust
- Debbie Sagar, Scottish Government
- George Batchelor, Edge Health
- John Sturgeon, NHS Lothian
- Maimie Thompson, Near Me
- Marc Beswick, Near Me
- Paul McKenna, NHS Greater Glasgow
- Rosemary Cooper, Near Me

Further reading

The Covid-19 pandemic has meant that video consultations for healthcare has become much more common. There is a lot of work being done looking at its effectiveness both before and during the pandemic. Some of these papers and case studies may be helpful as well as those referenced in the document.

NHIR, *Advantages and limitations of virtual online consultations in a NHS acute trust: the VOCAL mixed-methods study*, June 2018

The Shelford Group, *Transforming care through technology - a toolkit for new models of outpatient care*, September 2019

The Health Foundation, *Building the evidence base on video consultations*, August 2020

Nuffield Department of Primary Care Health Sciences, *Video consulting in the UK NHS – how far have we come and how far should we go?*, December 2020

Basu et all, *Telehealth and the COVID-19 pandemic: international perspectives and a health systems framework for telehealth implementation to support critical response*, April 2021

NHSX, *The NHSX national innovation collaborative podcast - technology for the NHS*, June 2021

NHS England, *Video consultations in secondary care*, accessed February 2022

Centre for Sustainable Healthcare, *Remote consultations: do they reduce greenhouse gas emissions? Your guide to calculating the answer*, accessed February 2022

About the HFMA

The Healthcare Financial Management Association (HFMA) is the professional body for finance staff in healthcare. For over 70 years, it has provided independent and objective advice to its members and the wider healthcare community. It is a charitable organisation that promotes best practice and innovation in financial management and governance across the UK health economy through its local and national networks.

The association also analyses and responds to national policy and aims to exert influence in shaping the wider healthcare agenda. It has particular interest in promoting the highest professional standards in financial management and governance and is keen to work with other organisations to promote approaches that really are 'fit for purpose' and effective.

The HFMA offers a range of qualifications in healthcare business and finance at undergraduate and postgraduate level and can provide a route to an MBA in healthcare finance. The qualifications are delivered through HFMA's Academy which was launched in 2017 and has already established strong learner and alumni networks.

HFMA

HFMA House, 4 Broad Plain, Bristol, BS2 0JP

T 0117 929 4789

E info@hfma.org.uk

Healthcare Financial Management Association (HFMA) is a registered charity in England and Wales, no 1114463 and Scotland, no SCO41994.

HFMA is also a limited company registered in England and Wales, no 5787972. Registered office: 110 Rochester Row, Victoria, London SW1P 1JP

www.hfma.org.uk