Scottish Government: Near Me public engagement exercise
Comments from the Lay Advisory Committee of the Royal College of Physicians of Edinburgh

The Royal College of Physicians of Edinburgh is a professional membership organisation that sets clinical standards and aims to improve the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout the UK and around the world with over 13,000 Fellows and Members in over 90 countries, covering 54 medical specialties and interests. The College enables a worldwide community of physicians and their teams to advance the health of our global population for the long-term benefit of society acting as the voice of our membership, engaging in health policy and promoting equality and human rights.

The College's Lay Advisory Committee (LAC) advises the College on clinical matters from a lay perspective. We are aware that the College's clinicians have already responded to a similar GMC survey and welcome the opportunity to respond on this occasion to the Scottish Government.

After discussion, our views can be summarised as follows:

Video consulting should continue to be offered after physical distancing is over but it is not universally appropriate. It should therefore be an option rather than mandatory.

For example, we share the concerns of clinicians that video consulting is not appropriate where high-risk or antibiotic medicines might be prescribed, whether in palliative care or otherwise. It is also not appropriate where there are linguistic barriers or social barriers which limit access to private space.

In our view, video consulting does improve access to services, particularly by reducing the need to travel or take time off work and especially in remote or rural environments. However, those benefits will apply only where scheduled consultation times can be relied upon. By way of example, our understanding is that earlier versions of telemedicine in the North Sea oil industry were appropriate and successful, with back-up facilities being available as and when required.

The experience of Covid-19 has shown that members of the public can adapt readily to the technology used in video consulting. However, illness or temporary incapacity will have an adverse effect on accessibility, whether at home or via a local NHS clinic.

Overall, the use of NearMe should supplement rather than replace physical examinations, particularly for new consultations. However, we acknowledge the possibility of having appropriate observations carried out by nursing or other qualified personnel and not necessarily by the physician.

As a group, we had very little prior awareness of NearMe until the consultation was brought to our attention by one of our number. None of our committee members has had a NearMe video appointment, though all have at some time used Facetime, Zoom, Skype, Webex or MS Teams for other purposes. All of us have access to a smartphone, tablet or computer with webcam.

Nevertheless, we recognise that without appropriate support there is a risk that video consultations will exacerbate health and social inequalities. There will therefore be a requirement to provide appropriate infrastructure and support services, which might be located at designated NHS clinics or via a chat or similar online feature.

Consideration should also be given as to how NearMe should be integrated with NHS 24. What advice will be given to patients as to which is the more appropriate service?

Overall, we welcome the development of video consultation as a means to improve the access to clinical consultation. However, that welcome is qualified by the need to ensure equality of access across social, linguistic and geographical divisions, together with technical robustness and the option at all times of a physical examination.

We would like to be advised about any plans which are in place to evaluate the NearMe initiative from the perspective of both patients and clinicians, so that we may contribute and comment accordingly.