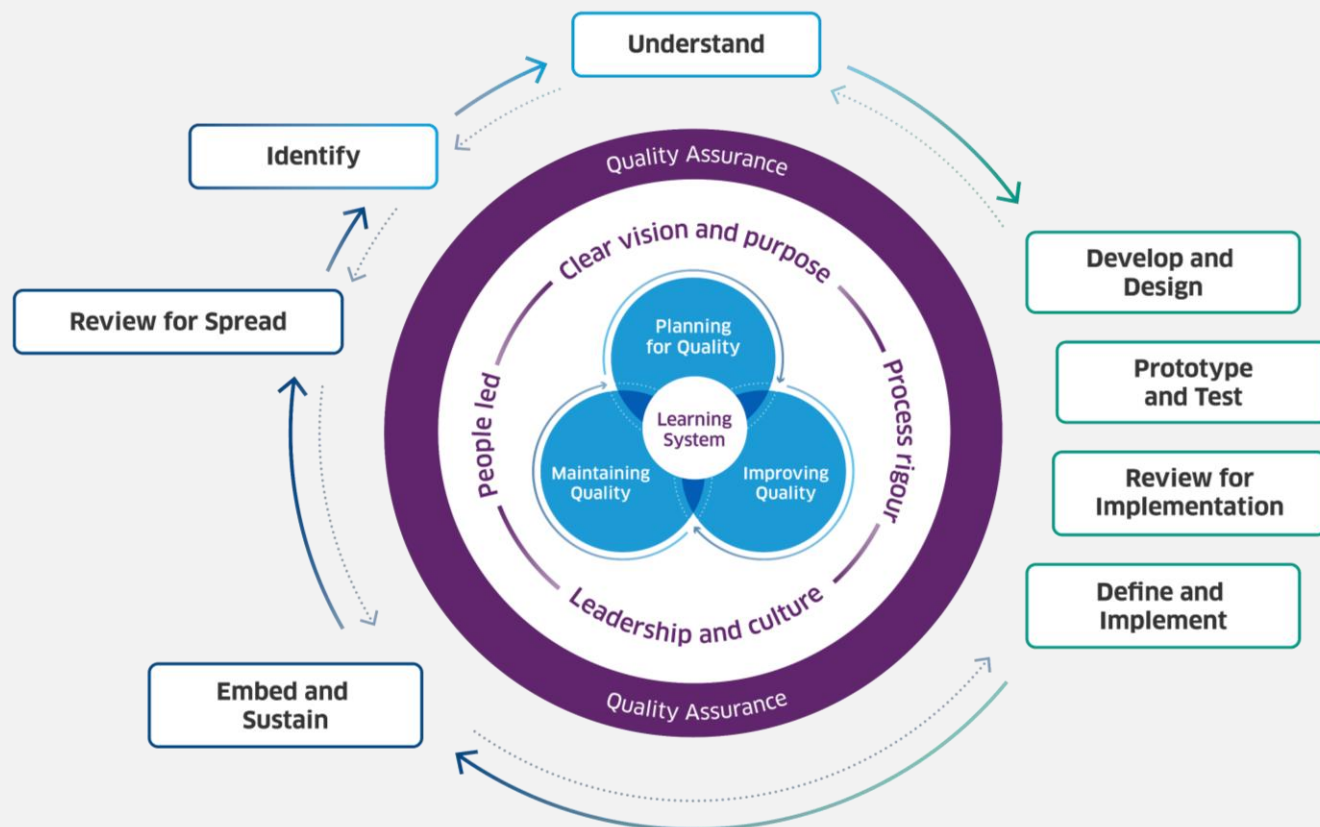


Scottish Approach to Change

Case Study: Development of Near Me

October 2025

The Scottish Approach to Change



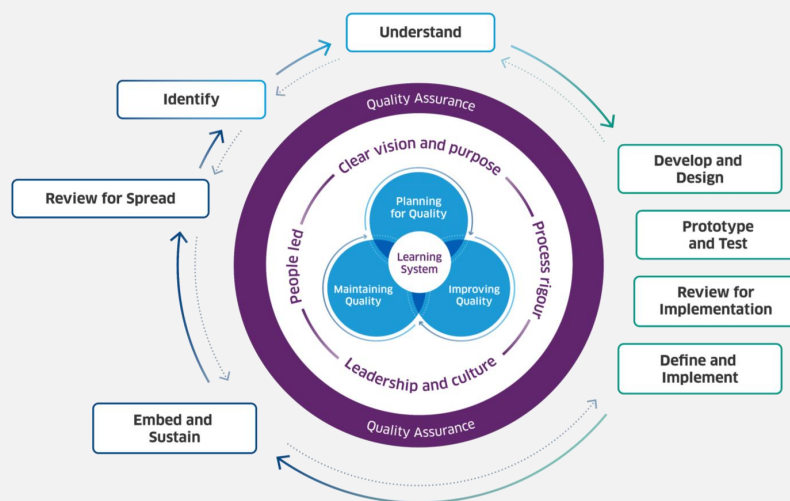
The Scottish Approach to Change includes two aspects:

- the **Steps of Change** – which outline the process that should be undertaken when delivering change, and
- the **Enablers for Change** – the other aspects that are essential to enabling successful change.

The Scottish Approach to Change is integrated with the HIS Quality Management System Framework. It explains how to use a quality management system approach through a change process.

Development of Near Me

This Case Study provides an example of the Scottish Approach to Change, showing how the steps of change and the enablers of change can be used in practice to deliver change.



The initial development of Near Me in NHS Highland was published in the following paper: Morrison C et al, [Testing and implementing video consulting for outpatient appointments: using quality improvement system thinking and codesign principles](#), *BMJ Open Quality* 2021

Near Me is a video consulting service used across NHS Scotland, local authorities and the wider public sector in Scotland.

The Near Me service aims to:

- reduce time and cost associated with travel to appointments
- make it more convenient for people to attend appointments and reduce time away from work, school or home
- make it easier to attend if a person usually needs someone to take them to in-person appointments
- enable people to have someone with them for support at their appointment
- reduce spread of infectious diseases
- reduce negative impacts on the environment

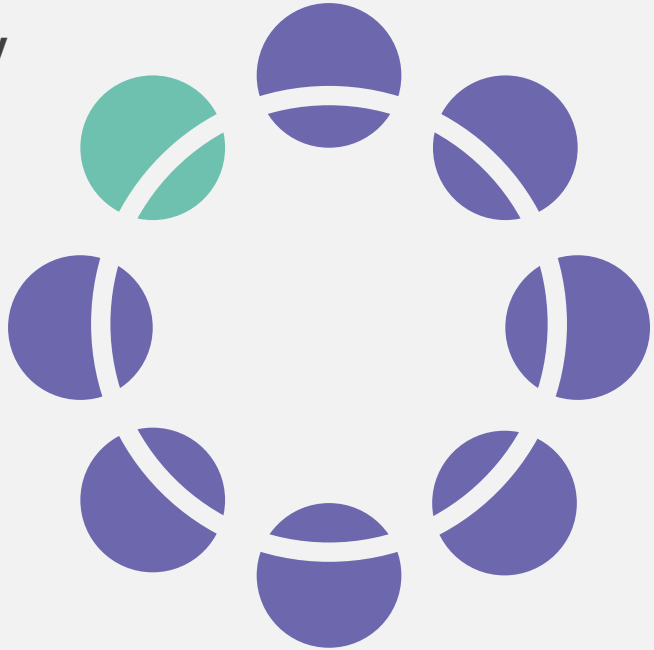
This case study describes how the service was developed in NHS Highland in 2018.

The Steps of Change

How did they make the change?



Identify



NHS Highland identified the need for change through listening to people. The need for a different option for outpatient appointments was **driven by public demand**.

- NHS Highland provides healthcare across a **remote and rural area** of Scotland.
- Many outpatient clinics are delivered in the main urban centre (Inverness) resulting in **travel times for patients of up to 3 hours each way**, often for brief appointments.
- **Video consulting technology was available at the time but was rarely used** as there were no processes to enable its effective use.

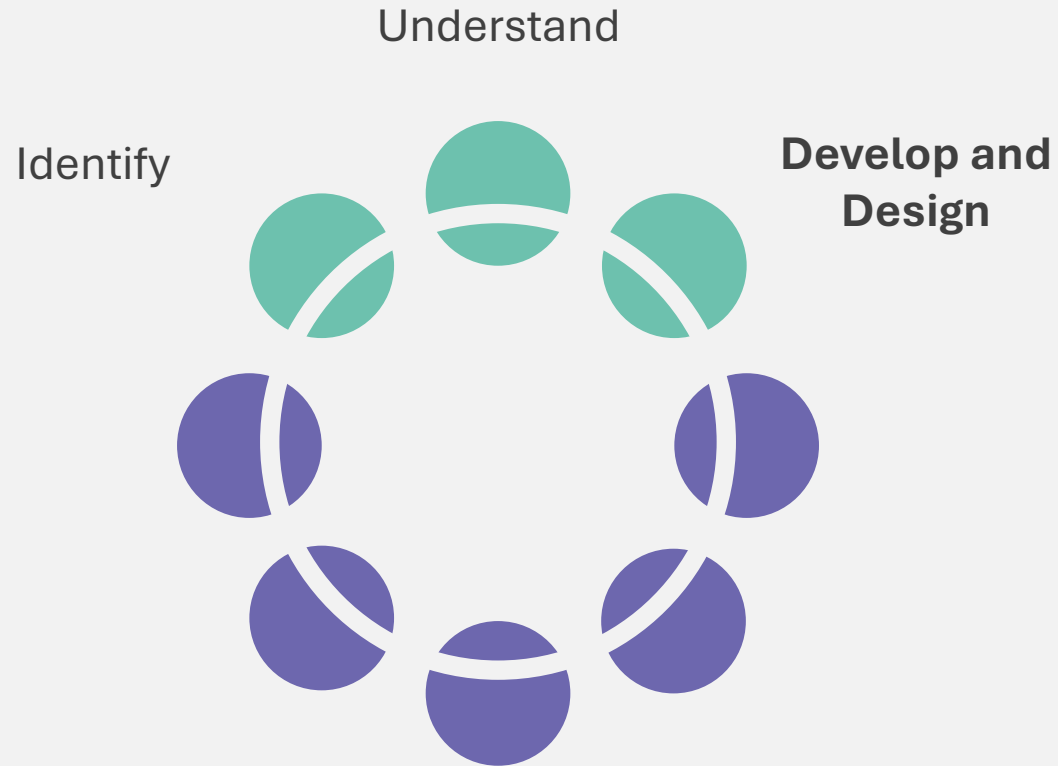
Understand

Identify



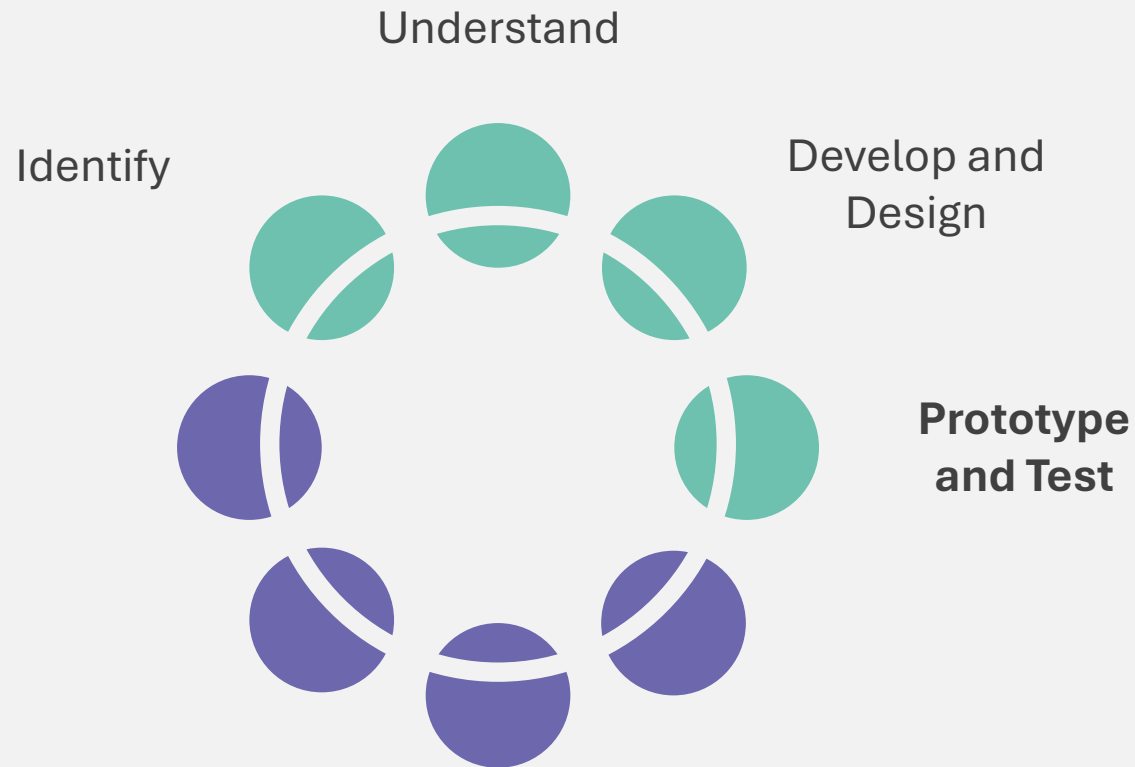
The understand step included:

- **Understanding the views of people** – extensive engagement was undertaken with patients, the public, action groups, and a wide range of staff (e.g. clinicians, patient booking service, outpatient clinic staff, eHealth, estates, medical records, administrative staff, management).
- **Understanding systems and processes** – system mapping of outpatient services was completed to understand the processes and systems that a new video consulting service needed to interface with.



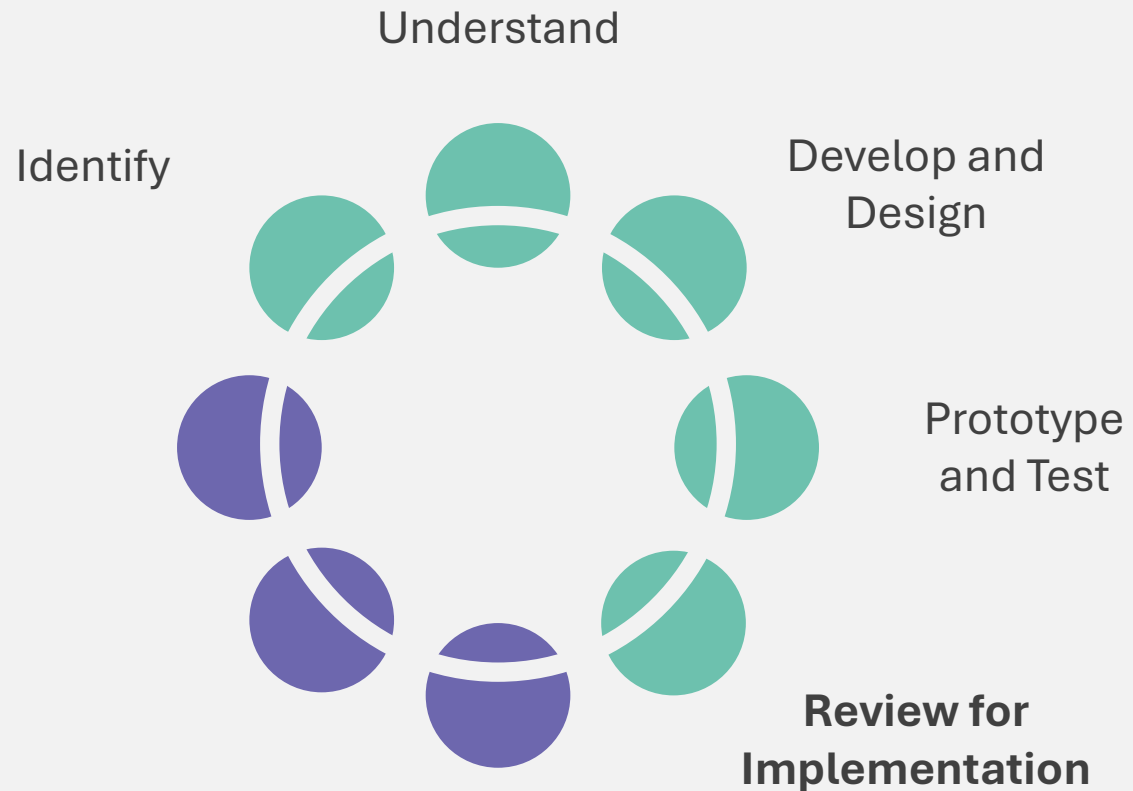
The development of the Near Me service was based on a co-design approach.

- This involved **discussion and demonstrations of the service** with three key groups:
 - service users (patients, carers, public)
 - service providers (clinicians and clinic staff), and
 - service enablers (staff from various supporting functions such as clinic booking and eHealth).



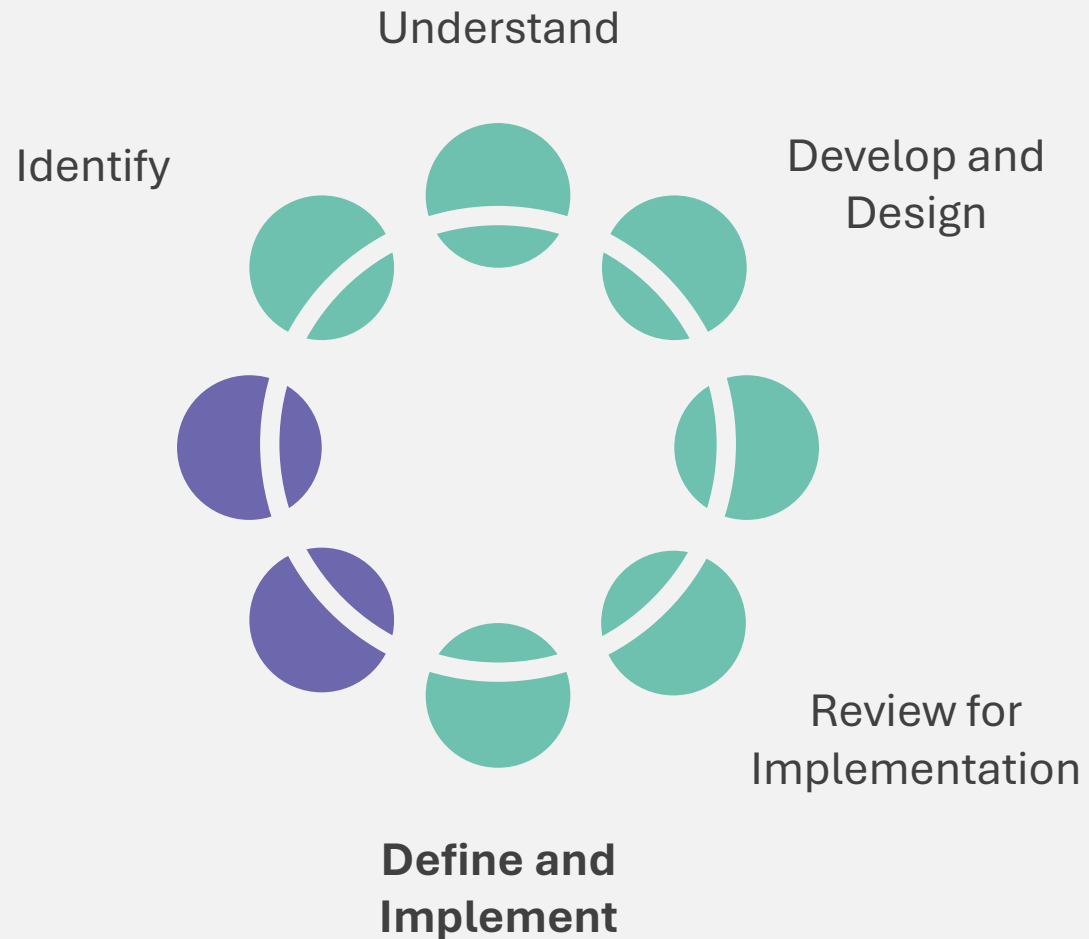
Prototyping and testing of the Near Me service included:

- Creation of an **initial service model with an agreed standard process**.
- A second phase of co-design involving **real-time testing** with the same three groups (service users, providers and enablers).
- **Continuous improvement using PDSA (Plan, Do, Study, Act) cycles** with over 100 changes made: this was done at pace to ensure people could see the impact of their involvement in the design process.



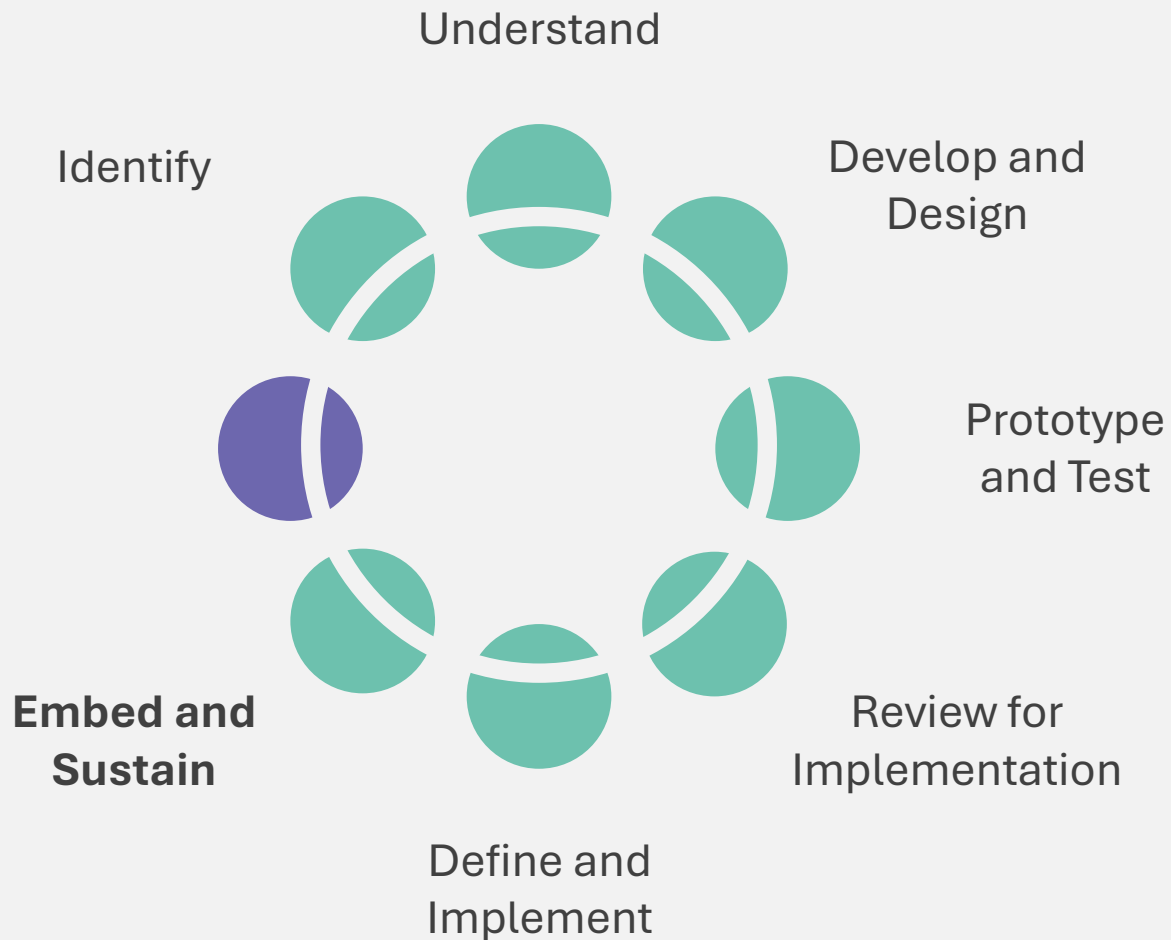
The Near Me service that had been developed, designed, prototyped, and tested was reviewed for implementation, including:

- **Evaluating the feasibility, acceptability and advantages/disadvantage** of the service throughout the testing phase.
- **Recording and acting on the results from each PDSA cycle.**
- **Capturing qualitative and quantitative data.** This was reviewed on a regular basis by a Near Me governance group established for the project.



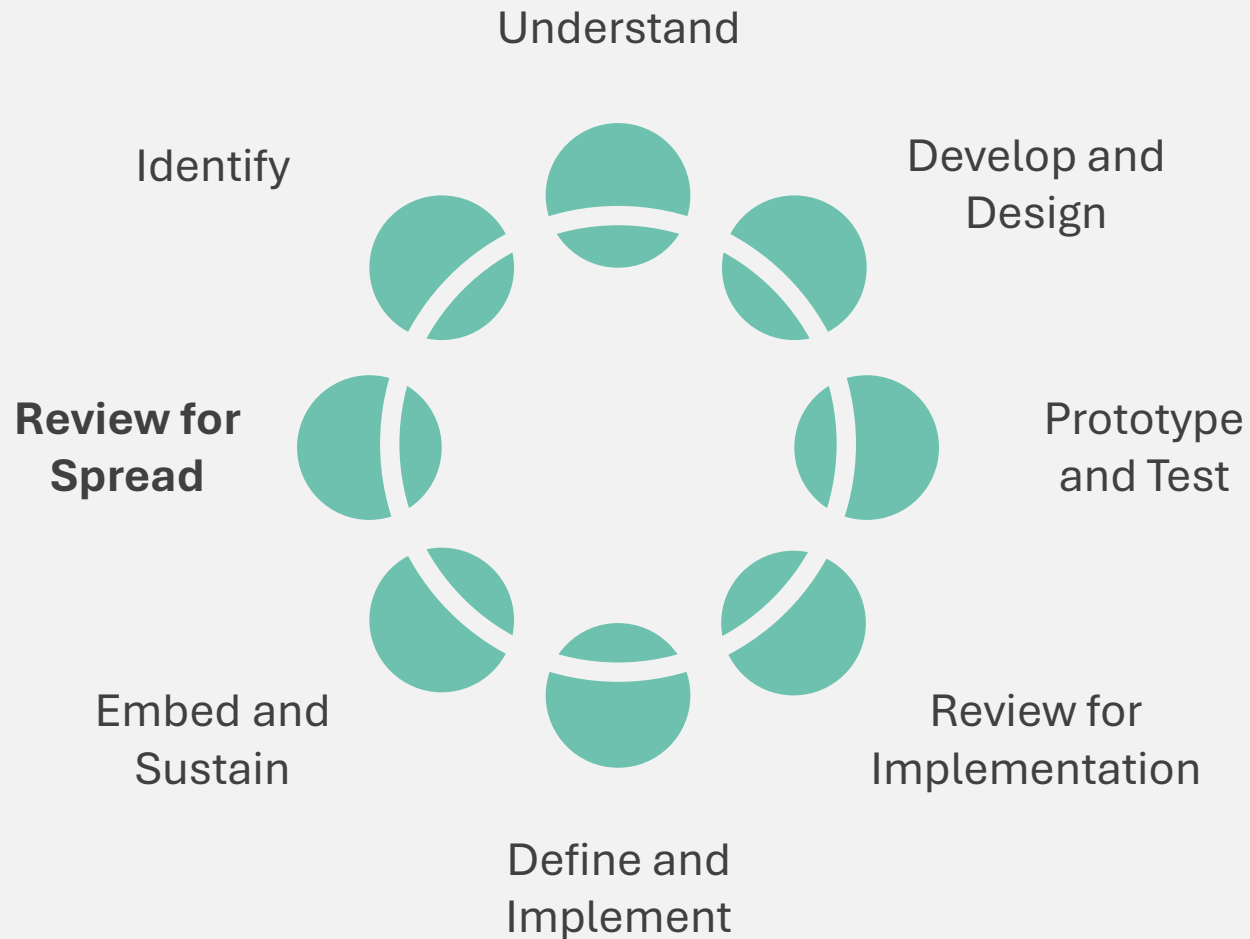
During the define and implement stage a **standard process manual** for the Near Me service was co-developed so that it could be used by all clinical services across NHS Highland.

- This was overseen by the Near Me governance group which comprised senior operational directors, eHealth leads, clinical service heads and the head of the patient booking service.
- Having a standard process made running outpatient clinics straightforward and a key element was automating coding to avoid additional work for clinic staff.



To embed and sustain the Near Me service NHS Highland:

- **Raised awareness of the service with staff and the public.** This widespread awareness raising was undertaken with leadership from the Chief Executive.
- **Delivered training** for clinical services and **provided demonstrations** of the service for the public.
- **Constructed clinical rooms specifically designed for Near Me consultations** in 16 locations across NHS Highland.
- **Monitored quantitative and qualitative data on an ongoing basis** to ensure continual focus on sustaining the service and to identify any potential improvements needed to the standard process.



Following successful use of Near Me in the 16 clinic locations, it was agreed to spread Near Me to patients in their own homes.

- This involved a **second change cycle**, beginning at the “understand” step and taking the same co-design approach.
- This was simpler because many of the **technical processes such as clinic coding had been resolved** in the initial change cycle but the **involvement of patients, families and the public** in designing the additional detail on home-access was key.
- A further spread phase across NHS Scotland was undertaken in 2020, stimulated by the Covid-19 pandemic.

Process rigour

People led

Leadership and culture

Clear vision and purpose

The Enablers for Change

Why did it work?

Process rigour

People led

Leadership and culture

Clear vision and purpose is necessary to provide direction, motivation, and alignment for everyone involved, ensuring efforts are focused and effective.

- Patient demand for better access to outpatient services across remote and rural NHS Highland provided **a clear purpose** at the start of this project.
- The “understand” phase enabled **definition of a broader vision**, with additional information gathered about the challenges to travelling to outpatient clinics:
 - In addition to the expected challenge of rurality and distance, other challenges were identified including lack of public transport, illness/pain during travel, time away from work, caring responsibilities, and neurodiversity/mental health barriers to attending in person.
- **The vision was to develop and embed video consulting within outpatient services. It had to be easy to use and provide benefits for patients and staff.**



Clear vision and purpose

Leadership, culture, and a whole system approach are key to ensuring changes are sustainable.

- **Senior leadership and sponsorship** of the work was provided by the Chief Executive. This included awareness raising, connecting the project lead to senior staff, and unblocking barriers. After signing off the vision for Near Me, the Chief Executive created space and gave permission for the project lead to experiment and test.
- The project lead had significant **experience in implementing change** and was **trained in multiple change and quality improvement methods**.
- The project succeeded because of the **extensive engagement and whole-system co-design** approach undertaken. This created a **culture of genuine collaboration, shared ownership and wide buy-in**.
- Every concern raised was taken seriously and changes were made in response. **Rapid cycles of improvement** ensured people could see how their concerns had been responded to, and this further built a culture of collaboration.



A people led approach to change is crucial to ensuring the result of the change is also people led.

- Near Me was created by people. It was shaped through the **engagement and co-design with people**: patients, families, carers, public, local politicians, action groups and a wide range of staff.
- The project team **listened to, acted on and amplified the voices of people**. Near Me could not have been developed by the project team in isolation, being people led was fundamental.
- Over 30 meetings with people were held within the “understand” phase alone.
 - Even **the service name “Near Me” was created by the public** at a meeting in Caithness in January 2018: they wanted it to be called something that represented the service belonging to them, rather than them being seen as “remote” from the urban centre where outpatient clinics were located.



People led

Leadership and culture

Clear vision and purpose

Process rigour means deliberately and systematically going through a structured process to ensure high-quality and reliable outcomes are achieved.

- Process rigour was essential throughout the development of Near Me, including:
 - The Near Me service development was underpinned by clear **programme management** which ensured a clear aim and timely progress.
 - Each step of change was rigorous in the application of **evidence-based methods** drawing on quality improvement, engagement and service design.
 - **Quantitative and qualitative data** were reliably collated throughout the project, reported, and acted on.
 - A **governance group** was established to provide oversight of the project and to approve the output.
 - Developing a Near Me process manual with a **standardised process** that covered every element of outpatient clinics was essential (e.g. booking appointments, coding appointment types, clinic building, equipment for clinicians, patient information, virtual receptionist, technical support).

* Video consulting technology had been available prior to this project but it was rarely used because there were no processes to enable its use.



What outcomes have been achieved?

Near Me was spread across Scotland during the Covid-19 pandemic. By summer 2024, there had been **over 3 million consultations** by Near Me.

Over 5,000 people responded to a Scottish Government public engagement exercise in 2020 about using Near Me: **strong support** was found. 87% of the public and 84% of clinicians thought video consulting should be used for health and care appointments, providing it was appropriate for the consultation.

When Near Me reached 2 million consultations, an environmental impact assessment was made which found that Near Me had saved 72 million miles of patient travel. This equated to saving **13,452 tonnes of greenhouse gas emissions**.

“I have a physical disability that restricts my mobility, therefore Near Me would be so advantageous to improve my everyday life” – member of the public