

NHS Green Healthcare Scotland Programme

Action for Adoption

Adoption of Remote Consulting

September 2026

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1. About

- 1.1 This document aims to raise awareness on the use of remote consulting. There is no formal requirement to report on this action through the Green Healthcare Scotland (GHS) Programme, however Health Boards are encouraged to consider how they could adopt this action and ensure that they are connected with any relevant initiatives or national work streams.
- 1.2 This action builds on the previously published Green Healthcare Scotland (GHS) Action for Adoption for using telephone and video conferencing appointments to support reducing NHS Scotland's carbon footprint.

2. Background

- 2.1 NHS Scotland faces increasing outpatient demand alongside commitments to reduce emissions, improve access, reduce inequalities, and optimise workforce utilisation. Patient travel to appointments contributes substantially to NHS-related emissions, especially in Scotland, where rural, island communities and transport infrastructure shape travel behaviours.
- 2.2 The Near Me service is available in NHS Scotland to support remote healthcare delivery. Near Me facilitates virtual consultations with healthcare professionals and can help minimise the need for physical attendance while maintaining effective clinical oversight and patient engagement.
- 2.3 Remote consulting is delivered through telephone or video Near Me platforms and provides an opportunity to improve sustainability, patient access and service efficiency while maintaining safe, person-centred care. Near Me is established across all NHS Scotland Health Boards. COVID-19 accelerated the adoption of remote care and demonstrated that many follow-up consultations can be delivered effectively without requiring patient travel.
- 2.4 Variation exists between Health Boards and specialties in the use of virtual care. There is an opportunity to ensure equity of access, with all patients who wish to engage via virtual care modalities.
- 2.5 Evidence from NHS Scotland, published literature, and operational experience from NHS Highland and NHS Grampian supports a hybrid model in which remote consultations are used where clinically appropriate and face-to-face care remains available when examination, procedures or complex discussions are required.
- 2.6 NHS Grampian reports largely virtual General Gastrointestinal and Inflammatory Bowel Disease (IBD) follow-up models, while NHS Highland Renal Service delivers approximately 48% of outpatient consultations virtually.
- 2.7 Consultant Gastroenterologist and Clinical Lead of Endoscopy Service, Dr Sandeep Siddhi MBBS, MRCP, FRCP, at NHS Grampian has noted that they have been offering virtual Gastroenterology appointments in NHS Grampian for several years, including before the

COVID-19 pandemic. They have now become an established and important part of routine clinical practice.

Patients find virtual appointments convenient, less stressful, and more time efficient. They do not need to put their daily lives on hold to attend a short hospital appointment, and they also avoid the time and cost of travelling, as well as the stress of finding hospital parking.

Improvements in Did Not Attend (DNA) rates since introducing virtual appointments have also been observed.

In clinical practice, virtual consultations are particularly valuable for pre-procedure assessments, new patient appointments, communicating test results, providing updates following scans, and routine follow-up reviews. Patients are consistently appreciative of receiving these updates by telephone, as it allows them to access care in a way that is convenient and flexible for them.

- 2.8 Renal services and patients may find the freely available Remote Kidney Care Toolkit from Kidney Care UK (KCUK) helpful in supporting and improving delivery of remote consultations. A link to the toolkit can be found in [Additional Information by visiting this link](#).
- 2.9 A guide outlining the necessary steps to take prior to making any changes to current specialty remote consultation processes and procedures can be found in the [Appendix at this link](#).

3. Potential carbon and cost savings

- 3.1 By reporting on the proportion of consultations taking place virtually rather than in person, Health Boards will be able to measure the impact of using Near Me. This data can be captured through the following:
- Number of pre and post-operative appointments carried out via Near Me, - using data available via Health Boards appointment systems.
 - Travel distance saved by having a Near Me appointment – data can be captured via Near Me survey which is automatically presented to patients following their appointment.
 - Method of travel the patient would have used if travelling to an in-person appointment can also be built into this survey.
- 3.2 Health Boards can use the information, provided by GHS Defining Health Miles – A Carbon Metric for Patient Travel to NHS Scotland Appointments, to understand the environmental impact of service delivery and highlight the potential benefits of adopting remote consultations. A link to this information can be found in [Additional Information](#).
- 3.3 Near Me collects data via the Attend Anywhere platform monthly and has reported that 23.01 million miles of travel was saved in 2025 (based on survey responses) for standard calls.¹

- 3.4 Based on the 2025 UK Government Greenhouse Gas (GHG) conversion factors for a medium petrol car (0.17474 kgCO₂e/km), the estimated 23.01 million travel miles avoided through Near Me equates to approximately 6,471 tonnes CO₂e saved.

Step	Calculation	Result
Travel miles avoided	23.01 million	23,010,000 miles
Convert miles to kilometres	$23,010,000 \times 1.60934$	37,030,913 km
Medium petrol car emission factor	UK GHG Conversion Factors 2025	0.17474 kgCO ₂ e/km
Calculate emissions avoided	$37,030,913 \times 0.17474$	6,470,782 kgCO ₂ e
Convert kg to tonnes	$6,470,782 \div 1,000$	6,470.78 tCO ₂ e
Rounded total	Rounded to nearest tonne	6,471 tCO ₂ e saved

- 3.5 Health Boards can use the management information system information, Discovery, from Public Health Scotland, to obtain health miles information. Information provided looks at outpatient activity and provides a breakdown of this activity based on demographics, health miles distribution and cross boundary flow. It has the ability to show the percentage of health miles saved and median health miles. Access to Discovery is on request direct from Public Health Scotland.
- 3.6 In addition to environmental benefits, remote consultations have the potential to generate financial savings for both patients and NHS services. While no national figures are currently available to quantify these savings, individual Health Boards may be able to undertake local analysis to estimate the costs avoided through the use of Near Me appointments.

Potential areas of financial benefit include:

- Reduced patient travel costs, including fuel, public transport fares, accommodation, and other travel-related expenses.
- Reduced parking costs for patients and accompanying carers attending healthcare facilities.
- Less time away from work, education, or caring responsibilities, reducing the financial impact of attending appointments.
- Reduced clinician and staff travel time for allowing more time for direct patient care.
- Potential reductions in reimbursement costs through local patient travel schemes the National Help with Health Costs Scheme (HC1/HC2).
- Improved efficiency of service delivery, where remote consultations are clinically appropriate, potentially reducing unnecessary travel and associated administrative costs.

4. Identified risks and issues

4.1 As part of the development of this action, to date, the following risks have been identified:

Description of risk or issue	Mitigation / Action Plan
There is a risk that inability to undertake a physical examination may lead to missed or delayed diagnoses.	Develop clinical suitability criteria; providing guidance on which specialties and appointment types are appropriate; establish clear escalation pathways for conversion to face-to-face appointments where required.
There is a risk that some patient groups may not be able to access virtual appointments that may lead to inequality of access and/or non-attendance.	Offer alternative appointment methods (telephone/face-to-face), provide patient support resources, monitor uptake across demographic groups, and conduct equality impact assessments.
There is a risk that the platform or connectivity failures disrupt service delivery that may lead to cancelled appointments and patient dissatisfaction.	Establish business continuity plans, return to telephone consultations, monitor system performance, and ensure supplier support arrangements are in place.
There is a risk that patient data could be compromised during virtual consultations that may lead to GDPR and confidentiality breaches.	Use approved NHS-compliant platforms, complete DPIAs, enforce encryption, implement access controls, and provide staff training on information security.
There is a risk that clinicians and administrative staff do not consistently adopt virtual models of care leading to low utilisation and reduced benefits realisation.	Implement change management, stakeholder engagement, training programmes, and appoint clinical champions.
There is a risk that staff may not have sufficient skills to conduct effective virtual consultations that may lead to reduced patient experience and inconsistent service provision.	Deliver role specific training, competency assessments and ongoing support to all staff involved in the provision of virtual appointments and consultations.

5. Appendix

Guidance to help outline the necessary steps to take prior to implementing any change to your current remote consultation processes and procedures.

Guide to adopting remote consultations

1. Establish key personnel that require to be involved. This may include but is not limited to:
 - Specialty specific clinical and administrative staff
 - Appointments, vetting and/or booking staff
 - Service managers
 - Sustainability team
2. Discussion and agreement on patient type suitability for remote consultations. This may include but is not limited to:
 - Follow-up patients and review patients such as blood pressure and medication reviews
 - Unsuitable may include:
 - New patients
 - Physical examination required
 - Complex symptoms
 - Diagnostic uncertainty
 - Safeguarding concerns
 - Serious news discussions

Patient safety and choice should always remain paramount and remote consultations should be made in accordance with this. Accordingly, remote consultations should be scheduled with patient safety and choice in mind.

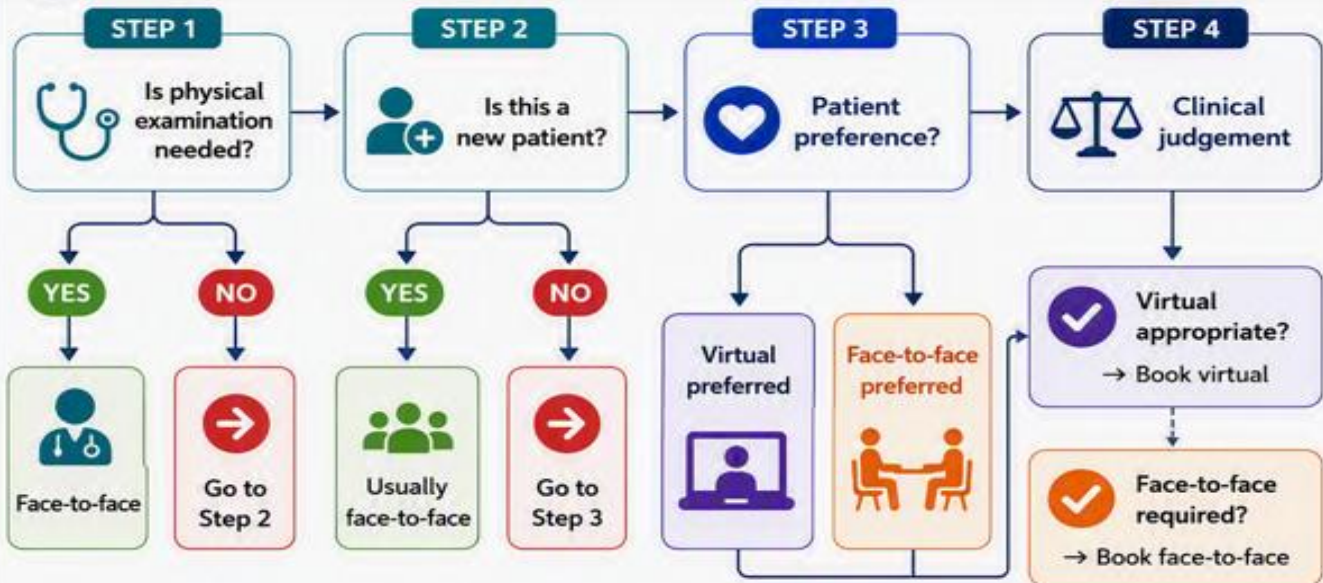
3. Determine the most appropriate appointment type based on clinical and patient criteria.

The following flowchart diagram has been provided to help guide your service as to when remote consultations could be appropriate for both patient and service. This is generic and should be developed to suit your specialty and patients' needs.

All staff involved in this decision making process should use the learning material and resources available via Turas (and any local training materials) to help assist the appropriateness for remote consultations. A link to Turas can be found within [Additional Information](#).



1. HOW TO DECIDE APPOINTMENT TYPE



i Use clinical judgement at every step. Patient safety and quality of care come first.



2. BOOKING TEAM GUIDE AND CLINICIAN GUIDE



BOOKING TEAM GUIDE

WHEN BOOKING A VIRTUAL APPOINTMENT:

Confirm:

- ✓ Correct mobile number
- ✓ Email address
- ✓ Interpreter requirements
- ✓ Access to device
- ✓ Ability to use Near Me
- ✓ Patient preference



APPOINTMENT LETTER TEMPLATES

Include:

- Why appointment is virtual
- Near Me link
- Technical support information
- Contact details



Clear communication at booking supports a positive virtual experience.



CLINICIAN GUIDE



BEFORE CLINIC

Review:

- Blood results
- Imaging
- Medication lists



DURING CLINIC

Confirm:

- Identity
- Location
- Phone number
- Privacy for the consultation
- Whether a relative, carer or support person is present



Ask:

- Any new symptoms?
- Any need for examination?



ESCALATION

If required:

- Convert to face-to-face
- Arrange urgent review
- Arrange investigations



Clinical judgement and patient safety always come first.

Additional Information

[NGTP - Using telephone and video conferencing appointments to support reducing NHS Scotland's carbon footprint](#)

[NHS Scotland Climate Emergency and Sustainability Strategy: 2022 - 2026](#)

[Near Me - Information](#)

[Near Me – Digital Services and Innovation](#)

[Remote Consulting | Turas | Learn](#)

[Remote Kidney Care Toolkit | Kidney Care UK](#)

[Defining-health-miles.pdf](#)

[Public Health Scotland – Discovery](#)

6. Acknowledgements

Name / Organisation	Position Statement	Date
Sandeep Siddhi Consultant Gastroenterologist and Clinical Lead of Endoscopy Service	Provided NHS Grampian Endoscopy data for remote consultations	Jun 2026
Eleanor Murray Renal Consultant, Greater Glasgow and Clyde	Initial draft creation	Mar 2026
Dr Stewart H Lambie, Consultant Nephrologist, NHS Highland	Provided NHS Highland Renal data for remote consultations	May 2026

7. References

¹ The NHS Near Me, Scotland 2025 Statistics, Available at [sg-nm-stats-2501-2512.pdf](#) (Accessed Aug 2026)