

Supplementary File 5: Engagement and co-design approach used before and after the introduction of the Near Me video consultation service

	Before service started	After service started
Aim	To create a video consulting service suitable for testing	To test and continually improve the video consulting service so that a service model can be finalised for scale up
Main approach	Meetings Demonstrations and testing with a test system (not live)	Real time testing of service Continual improvement to service to test changes as made
Additional actions		Meetings Demonstrations and testing with a test system (not live)
Who was involved	Public (approx. 10 meetings) Local politicians – Highland Councillors, MSPs (approx. 5 interactions) Patient groups (approx. 5 meetings) 5 NHS managers (hospital, service and general planning) 2 eHealth managers 3 Clinicians 1 Communications manager	Testing service: 10 clinical services 11 clinicians 112 Near Me appointments (112 patient experiences, same patient could have attended more than once) Meetings: Public (in excess of 20 meetings) Patient groups (in excess of 20 meetings) Local politicians (approx. 5) Clinicians (approx. 30) Outpatients clinical staff (approx. 10) eHealth (approx. 10) Planning & Performance (3) Patient Booking Service (4) Health Records (2) Outpatients Reception (approx. 6) Clinical Applications/PMS (2) Lab Services (1) Estates (approx. 6) Service managers (approx. 12) Hospital/area managers (4) Senior managers (approx. 6) System providers and national team (5)
Data sources	Verbal discussions at meetings	Testing service: Verbal discussions in person and by phone – direct and indirect (patient told clinician consultation who reported remarks) Email correspondence Clinical service questionnaires (11) Patient questionnaires (112 distributed, return rate 20%) Meetings: Verbal discussions in person and by phone Email correspondence