

Evaluating Efficiency and Acceptability of Clinic Based Care as an Alternative to Home Visits in Midlothian Community Respiratory Team: A Pilot Study

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Background

Across Scotland’s health and care system, services face significant financial pressures, rising demand, and workforce constraints [1]. There is a growing need to deliver care more efficiently while maintaining patient-centred support, prompting services to rethink traditional models and test new approaches. In this context, Midlothian Community Respiratory Team (MCRT) piloted clinic-based appointments for suitable patients as an alternative to a fully home-visit model, aiming to improve efficiency, increase capacity, and offer greater patient choice.

Aims

- To increase face to face patient contact by 6–8 patients per month over the course of the pilot.
- To evaluate the acceptability of delivering COPD care in a clinic setting for both patients and staff.

Methodology

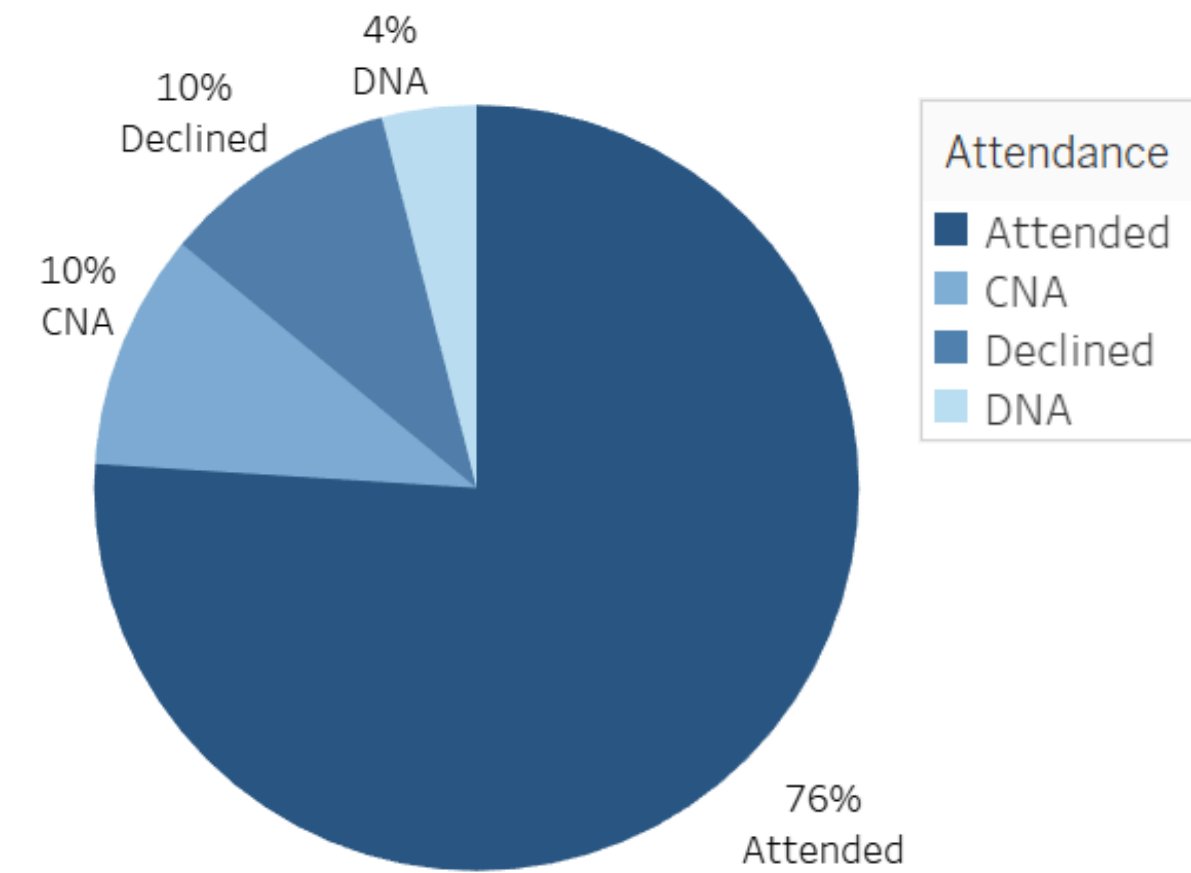
- Weekly 3 hour Wednesday clinic at a GP Practice (June 2025 – November 2025).
- Patients from MCRT routine waiting list invited via phone / letter.
- Quantitative - Collected patient demographics and attendance data.
- Qualitative - Questionnaire feedback from patients and informal feedback from staff.
- Evaluation - Descriptive and thematic analysis.

Results

Attendance

Overall, the non-attendance rate, (Can Not Attend (CNA) and Did Not Attend (DNA)) was comparable with national rates of 15% (3) (Fig 3). As all CNAs and DNAs were rearranged as home visits, this resulted in all patients being seen.

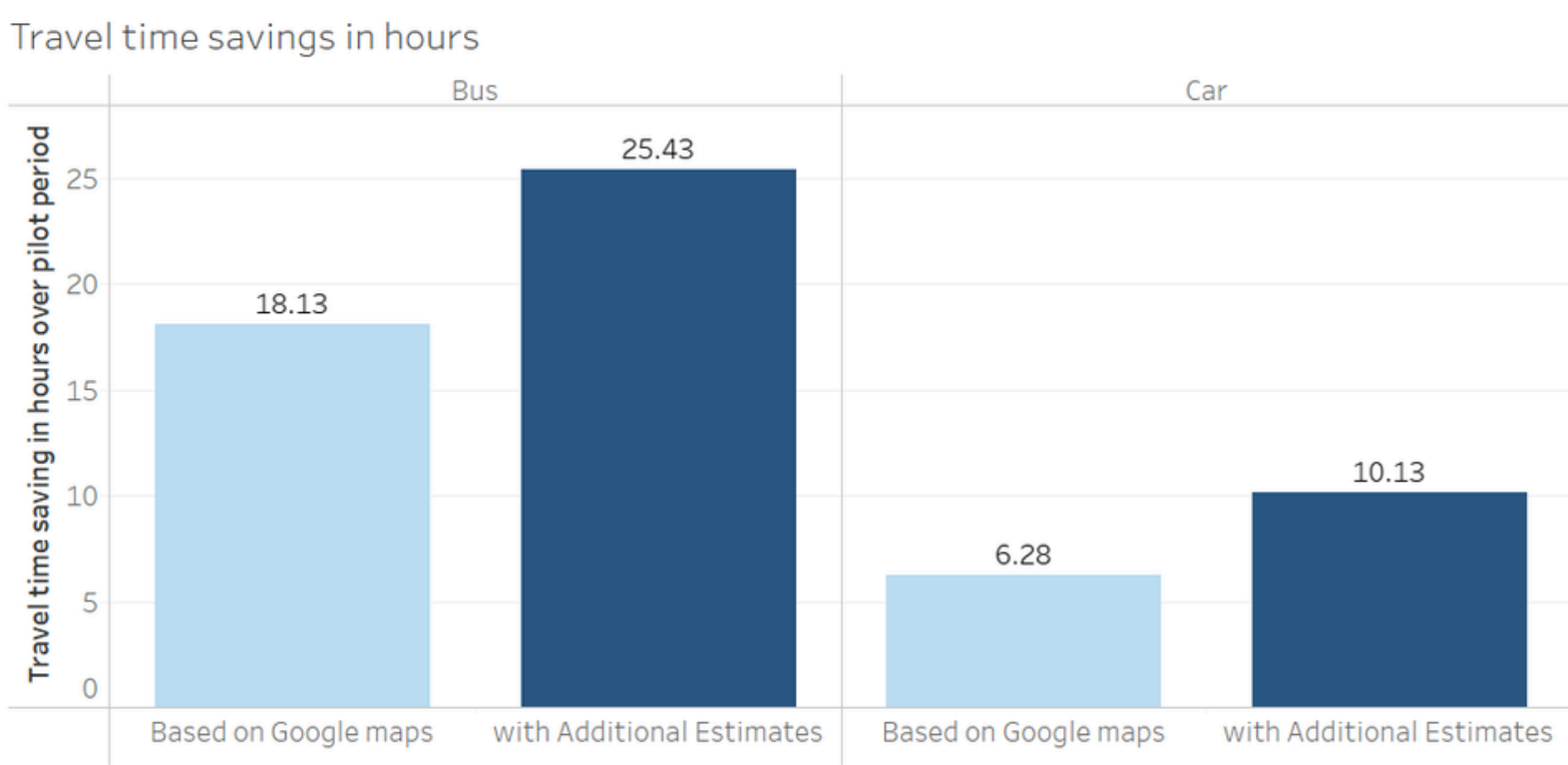
Fig 1



Travel Analysis

Using Google Maps to measure travel time between patients, plus additional setup time (parking, arrival at patient’s home etc) estimated by therapists, an approximate total of 35 hours travel time was saved over the pilot period (Fig 2).

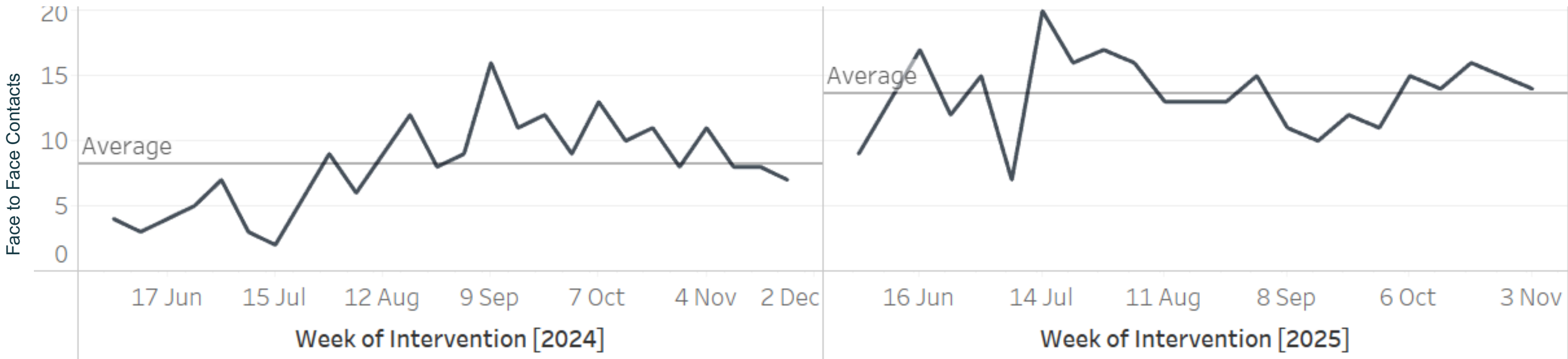
Fig 2



Increase in Patients seen

Over the pilot period the average weekly number of patients seen by both therapists increased from 8 in 2024 to 14 in 2025 (Fig 3).

Fig 3



Conclusion

The pilot shows clinic-based care is feasible and acceptable to patients, improving staff efficiency while reducing travel demands.

Attendance also supports increased physical activity and social interaction, contributing to overall wellbeing.

Recommendations

- Continue clinic, expand sites and offer as first line for suitable routine patients
- Request 2 hrs a week for administrative support
- Future expansion : seek additional spaces to run clinics close to staff bases and patients homes especially in underserved areas.

Qualitative Feedback

The majority of patients (Fig 4 and 5) found the clinic an acceptable place to be seen, and staff found the clinic more efficient (Fig 5).

Fig 4

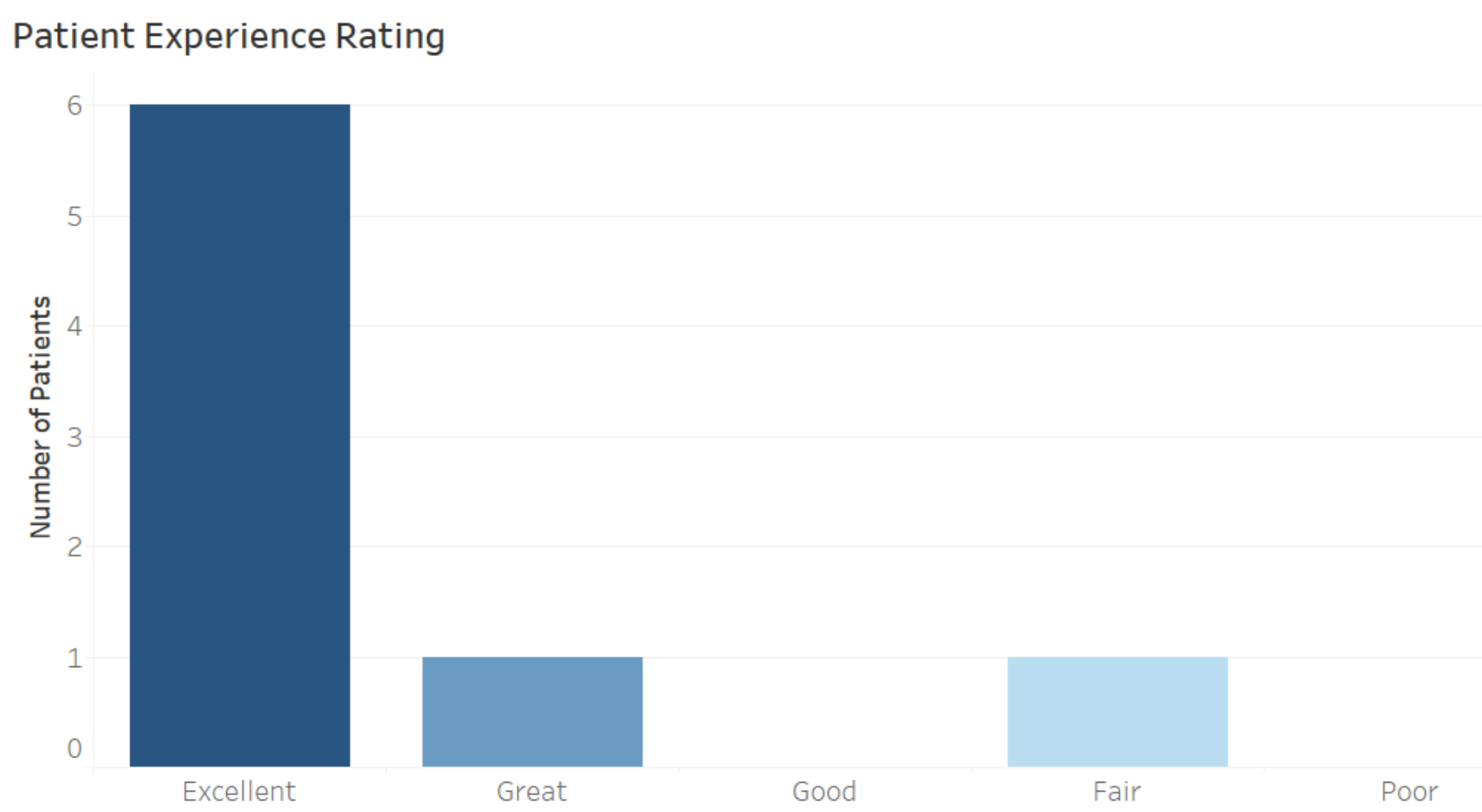


Fig 5

- “Appointments sometimes feel long” - patients
- “Getting to clinic can be difficult without a car” - patients and staff
- “Additional administrative tasks and equipment transport add burden” - staff

- “I feel more in control of my health” - Patient
- “Medication support and inhaler adjustments were very helpful” - Patients
- “We can see patients more efficiently now” - Staff
- “Clinic visits allow more structured care delivery” - Staff
- “Education and referrals are clear and appropriate” - Staff and patients

References

- Scottish Government: Respiratory Care - Action Plan 2021-2026 Edinburgh Scottish Government 2021. Available from [Respiratory Care action plan 2025](#)
- Parsons J., Bryce C., Atherton H., (2021) Which patients miss appointments with general practice and the reasons why: a systematic review British Journal of General Practice 71 (707) e406-e412

