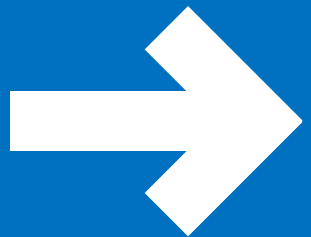# Using Online Consultations In Primary Care

## Implementation Toolkit

September 2019

## Using Online Consultations In Primary Care, NHS England
Bakhai M, Croney L, Waller O, Henshall N, Felstead C

### Toolkit Development Group

**Dr. Minal Bakhai (Lead)**
Chair NHS England Primary Care Digital Transformation Expert Advisory Group

National Clinical Advisor for Primary Care Digital Transformation and National Clinical Lead for Digital First Primary Care and Online Consultations, NHSX

General Practitioner, Brent CCG

**Louise Croney**
National Programme Lead for Online Consultations, NHS England and Improvement

**Natalie Henshall**
Transformation Support Manager, NHS England and Improvement

**Olivia Waller**
Primary Care Digital Transformation Manager, NHSX

**Chelsea Felstead**
Implementation Support Manager, NHSX

# Purpose

We have an opportunity to revolutionise General Practice. Online consultations implemented inclusively, as part of a **comprehensive primary care service**, can enhance the experience of care for patients and support general practice in managing time and workloads, improving both access and sustainability.

The pressures on general practice are immense. To realise this unique opportunity, commissioners must work with their practices and primary care networks (PCNs) to invest in digital technology and infrastructure, while supporting the transformation of service delivery.

GPs have always led the way in adopting new technology. This guide aims to support those **individuals implementing online consultations as part of their role** - in practices, within PCNs, CCGs or other organisations, with the successful adoption and seamless integration of online consultations alongside face to face and other services.

The six key aims of this toolkit:

1. **To focus on people, not technology.** Adopting the tools alone will not transform care; they must be combined with a new way of working

2. **Share good practice** underpinned by evidence and professional guidance

3. **Describe critical success factors** for making the most of innovative technology

4. **Bring to life the opportunity**. Case studies enable you to learn directly from practices with practical advice about what works

5. **Help practices build connections** with peers, learn collaboratively and join a virtual learning platform

6. **Support progress** towards delivering the requirements of the GMS contract, Network contract DES and the vision of the Long Term Plan

We invite you to adapt this toolkit to develop your local plans.

We greatly value your feedback as we continue to update this toolkit. Please send any suggestions for improvement to england.digitalfirstprimarycare@nhs.net

Case studies

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# Using this document

*"Having spent five months working out how to implement online consultation this document would have saved me a huge amount of time and effort as we would have been able to simply adopt the learning very quickly."*

GP Practice Head of Quality and Development

We encourage you to use this document as a toolkit. It provides a comprehensive view of what to think about before, during and after implementation. It shares **case studies and evidence** to help you tailor your own implementation journey and support you in going further faster successfully.

**The first half of this document is for practices and the second half is aimed at commissioners.**

The toolkit summarises and links to professional, safety, regulatory and medicolegal recommendations so that these can be considered from the outset in the implementation project. It provides a range of ideas, options and practical advice, for different professionals at different points in their implementation journey. **Some sections may be more relevant to you than others.**

To get the best out of this toolkit, tailor how you navigate through it using its interactive function. You can select:
- your starting point
- the pathway directly relevant to your role
- a specific or immediate area of interest or
- a key challenge with advice from other practices on how they have overcome it

There is **no one size fits** all method, every practice has developed their own **personalised** implementation approach to enable online consultations to work in their own setting.

This is a long-term change to a more sustainable way of working that can improve your working life, staff morale and your patients' experience of accessing care. Realising these benefits will require an investment of effort to bring about change and this should not be underestimated.

Commissioners should work with LMCs to collaborate with their practices and PCNs at all stages of implementation, using online consultation funding to both purchase systems and **support successful implementation** – this will include training for practice and network staff, backfill, hands-on support, skills and capability building to enable new ways of working and protected time to plan the implementation process and evaluate outcomes. If there is insufficient funding to cover all the implementation support needed then commissioners should discuss this with their regional teams.

## Interactive functions

### Blue boxes

Each blue box is a topic. Selecting these boxes moves you to different sections in the Online Consultations Implementation Guide

| | |
|---|---|
| **Introduction** | **Implementation** |
| **Procurement** | **Measuring success** |

### Light grey boxes

These are navigation boxes and move you about the implementation toolkit.

### Dark grey boxes

These are links to webpages and email addresses which are external to the Online Consultations Implementation Toolkit. You will need to be connected to the internet for these to work.

| | |
|---|---|
| **CQC report** | **RCGP guidance** |

### Interactive guides

Click on each grey box within the interactive implementation guide to take you to specific information about that step. Once you have finished, click on the image on the left hand side to return to the interactive guide in order to choose the next step.
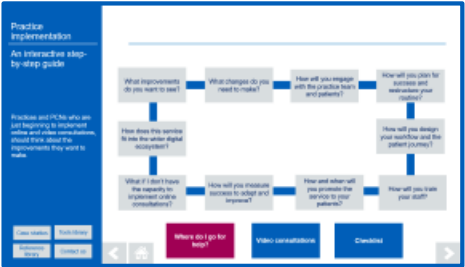
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**Implementation for practices**

**Measuring success**

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**Overcoming challenges**

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**Procurement**

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**Summary checklists**

# Introduction

To meet the current challenges facing the NHS, we need to evolve models of clinical service delivery. Over the past few years, two main models of online consultations have emerged within primary care.

1. **Integrated online consultation systems:** licences for online consultation software are purchased by NHS commissioners on behalf of their General Practices, from a list of accredited suppliers, via a dynamic purchasing system (DPS), using the online consultation fund. Responses to patient contacts are provided by practice staff as part of the overall service provided by the practice. In some instances, practices have chosen to self-fund their system.

2. **Standalone online consultation services:** offer additional clinical capacity to practices, primarily through online consulting by clinicians who operate separately from the established General Practice team, though they may be working in a business partnership with them. The funding of clinical capacity remains a matter for the practices.

The GMS contract outlines specific digital improvements for primary care. It requires that by April 2021, all patients will have the right to digital consultations, with all practices offering online consultations by April 2020 and video consultations by April 2021 (subject to available IT infrastructure).

Digital consultations may support PCNs in the delivery of some areas of the Network Contract DES such as extended access and going forwards some of the national service specifications as these are developed, agreed and implemented such as structured medication reviews and optimisation and enhanced health in care homes.

The online consultation fund established through the GP Forward View will support all practices and PCNs to work towards these digital improvements.

**Private online consultation services exist outside of the NHS** which offer online consulting services to patients on a pay per consultation or subscription basis.

# What is an online consultation?

**Online and video consultations enable people to make contact with their GP practice without having to wait on the phone or take time out to come into the practice.**

**From a practice perspective online consultations can enhance the practice's ability to effectively manage time and workload and improve staff satisfaction.**

Online consultations enable patients to ask questions, report symptoms and upload photos. **The practice usually responds within a stated timeframe**.

Practice staff help **signpost** the patient to the **right person, service or support**. Currently, most practices use a questionnaire-based system, with their own staff delivering the service. Some practices also offer video consultations.

Practices responding to patients online via messaging systems can **save clinical, administrative and patient time**.

Some systems allow two-way messages so the practice can clarify information or ask further questions. **The content of the consultation can be saved in the record**.

As practices move towards working collaboratively as networks, they may share resources and leverage scale in providing online or video consultations, e.g. eHub (virtual hub).

**DIGITAL FIRST APPROACH**
Practices, PCNs and commissioners should collaborate and align solutions with the local health system digital strategy/priorities to enable the creation of a consistent integrated end to end digital journey for patients, support the co-ordinated delivery of care and avoid technology silos.
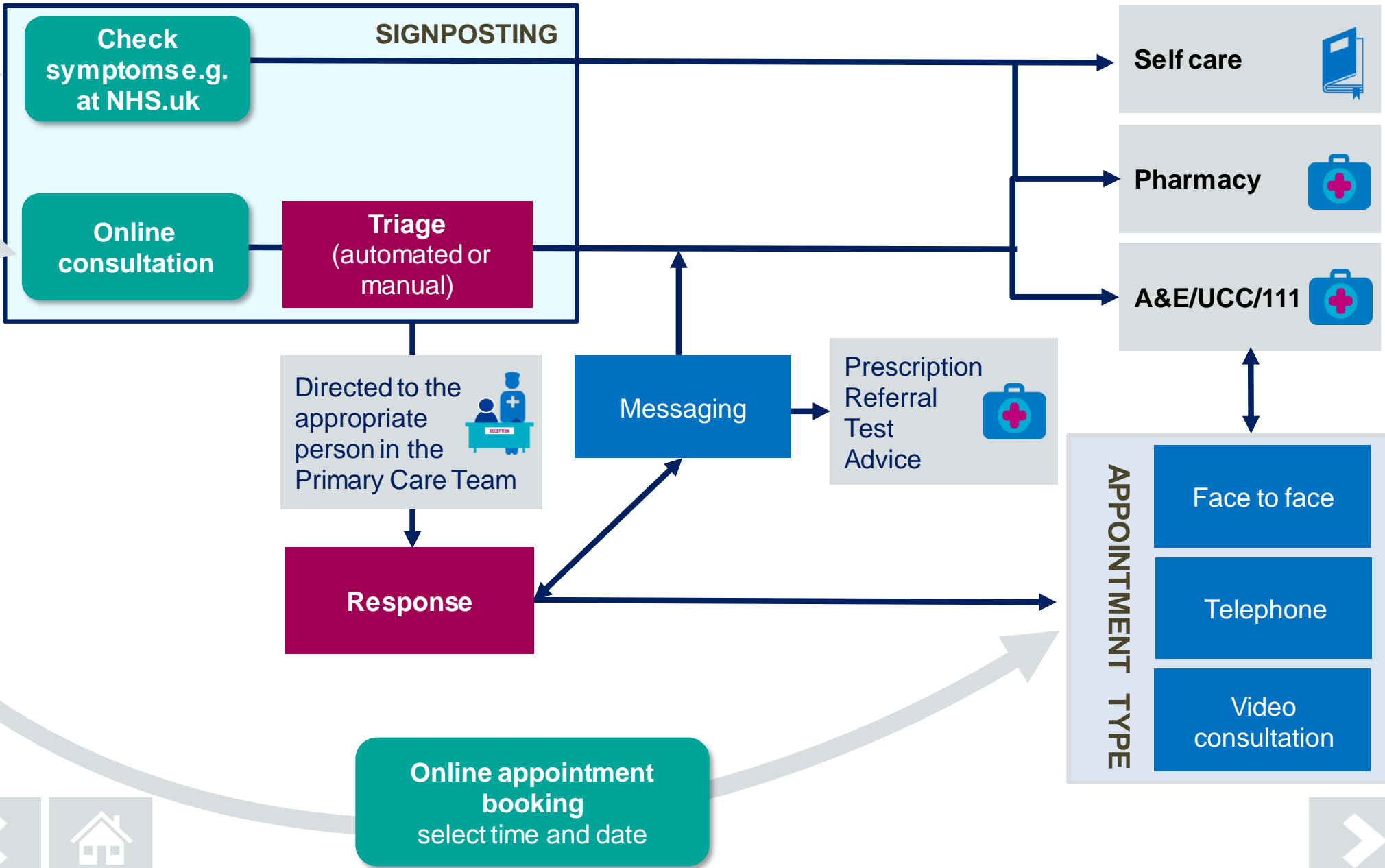
Practices have the option to implement one or more of three main modalities:

**Questionnaire based consultations** using a web-based form. The patient fills in a form that gathers information about a query which is sent to the clinician (including a photo where applicable). There is no real-time communication (asynchronous).

**Online triage** where the patient enters their symptoms and receives algorithmically-generated advice, and/or is directed to the right person or service in real-time (synchronous).

**Video conferencing** remote consultations via video technology between a patient and a clinician in real-time (synchronous). This is subject to the available IT infrastructure.

Supplier systems

## Technology - types of questionnaire

**Practices are not expected to research or procure products.** Commissioners must collaborate with their practices and PCNs to understand their technology requirements and then go into the process of developing a procurement specification supported by the centrally funded procurement hub.

| Case studies | Tools library |
|---|---|
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## What questionnaire type is right for my practice?

| Free-text history |
|---|
| Pros:<br><br>• Easy and quick for patients, which make high levels of uptake possible<br><br>• Allows for any problem<br><br>• Allows patients to express any relevant thoughts or concerns<br><br>Cons:<br><br>• Quality can be dependent on the patient's ability to express themselves clearly e.g. patient demographics and characteristics need to be considered.<br><br>• Reduced opportunity for automation |

Type details of the problem or question here…

| Automated history taking engine |
|---|
| Pros:<br><br>• Can sometimes prompt a more detailed history than a free-text tool, may include questionnaires such as PHQ-9 for depression, saving clinician time<br><br>• Consistent history taking, so questions aren't missed or forgotten<br><br>Cons:<br><br>• The tool only works for problems it has been programmed for<br><br>• Takes longer to complete, which can deter some patients from using the tool<br><br>• Tools may vary in the quality of their questions |

How long have you had the headache?

○ 1 day or less

○ 1 week or less

○ Longer

Is it constant or does it come and go?

○ Constant

○ Comes and goes

**Send**

**Compare supplier functionality**
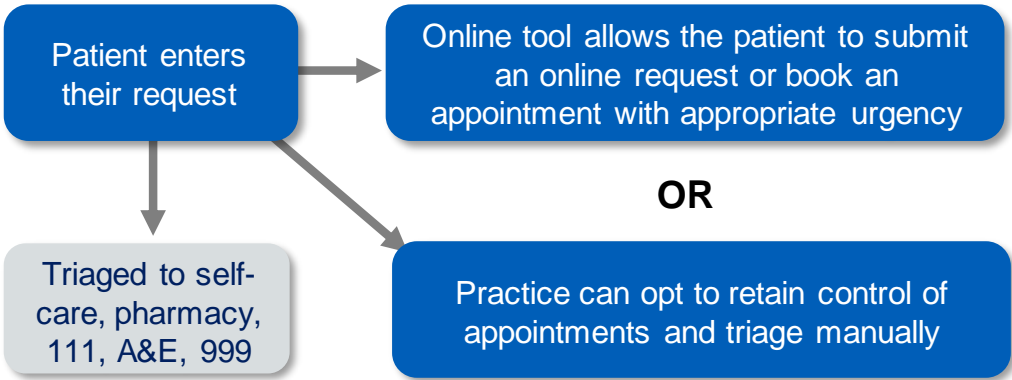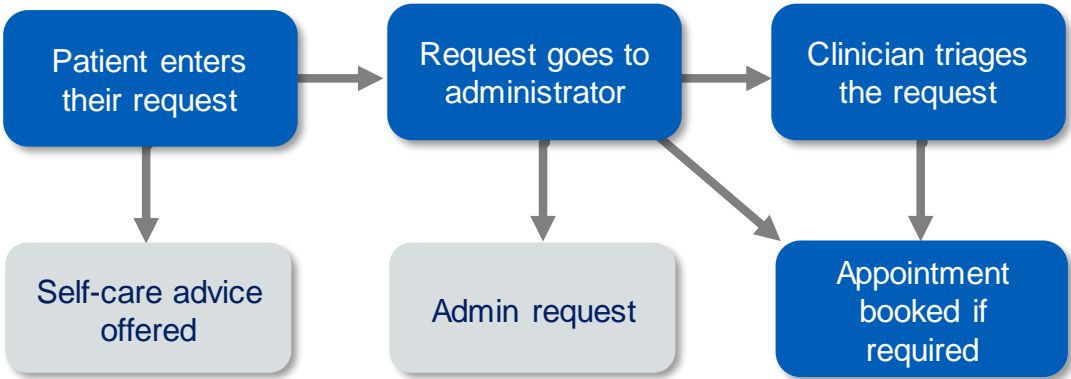
## Technology - types of triage tools

### What type of online triage is right for my practice?

| Manual triage |
| --- |

Pros:
- Patients may feel they have more direct access to their doctor

Cons:
- Risk of delay in picking up red flags if a practice is unable to review and provide a timely response

| Automated triage |
| --- |

Pros:
- May reduce workload by active signposting
- Acutely ill patients requiring urgent care may be directed to 111/A&E/999 promptly

Cons:
- Patients might not accept self-care/pharmacy dispositions when delivered by a computer, and may fill out the form differently a second time or phone for an appointment
- Risk that over-cautious implementation of red flags could increase unnecessary direction to urgent care pathways
- Tools may vary in their outcomes

Patient enters their request → Request goes to administrator → Clinician triages the request

Patient enters their request → Self-care advice offered

Request goes to administrator → Admin request

Clinician triages the request → Appointment booked if required

Patient enters their request → Online tool allows the patient to submit an online request or book an appointment with appropriate urgency

**OR**

Patient enters their request → Triaged to self-care, pharmacy, 111, A&E, 999

Practice can opt to retain control of appointments and triage manually

* Light grey boxes represent points where online consultations can reduce the pressure on clinicians.

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# Technology - video consultation

## Video consultation

- For most effective use, consider [patient preference](#) and what specific challenge you are trying to solve
- Use alongside other approaches to augment productivity e.g. online triage and messaging to avoid consultations when self care may be sufficient
- Works best when integrated with the GP clinical system

Pros:
- Ability to pick up on visual cues and carry out a visual examination
- May offer advantages in building rapport and facilitating understanding through non-verbal communication compared to other remote consulting methods
- May be used for ward rounds in a [care home](#), clinicians can see and update patient records in real time

Cons:
- Relies on the doctor and patient being available at the same time, hence may not be exempt from long waiting times or delays
- Problems with the technology can disrupt the consultation. Patients and the practice require the [right equipment](#) with the appropriate IT infrastructure
- Patients may need to download an app and use some of their data allowance to undertake a video consultation

# What are the benefits?

*"Absolutely delighted. Problem solved in record time and with my own doctor."*
Patient, 66 year old female

*"I find this system very easy to use and problems/requests are dealt with swiftly."*
Patient, 84 year old male

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## What improvements have practices seen?

### Access

Timely advice, information and services

Reduced waiting times

Convenience

Support people who prefer to access care remotely

### Patient experience

High levels of satisfaction

Feel more at ease

Continuity of care

Avoid the waiting room

Save time/cost in travelling

### Quality of care

Pick up red flags early using triage

Comprehensive symptom enquiry

Empower self-care

Prioritise care based on needs

### Efficiency

Signpost patients to the right place or professional

Optimise appropriate use of skill-mix

Clinician has access to the history before the consultation

Less time spent documenting and better data capture

### Supporting staff

Greater control over workload

Opportunities for flexible and remote ways of working increasing staff retention and practice capacity

Give people the time they need

Staff satisfaction

Save time in travelling

# Case studies

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## Written case studies

Our case study library outlines successes and barriers with advice on how to overcome challenges.

**To help you identify practices who share similar demographics and goals**, the case studies are categorised based on supplier, technology type, region, practice size, deprivation, geography, challenges, benefits and model.

**Case studies**

**Participate in a case study**

## Video case studies

Click on one of the below tiles to be taken to the YouTube video.

**New Consultation Types**

**Time for Care in General Practice**

# Practice implementation

## An interactive step-by-step guide

Practices and PCNs who are just beginning to implement online and video consultations, should think about the improvements they want to make.

What improvements do you want to see?

What changes do you need to make?

How will you engage with the practice team and patients?

How will you plan for success and restructure your routine?

How does this service fit into the wider digital ecosystem?

How will you design your workflow and the patient journey?

What if I don't have the capacity to implement online consultations?

How will you measure success to adapt and improve?

How and when will you promote the service to your patients?

How will you train your staff?

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**Where do I go for help?**

**Video consultations**

**Checklist**

## Why change?



What challenges are you facing? Click a challenge that you face and see how practices have used online consultations to help them.

**TIP**

A key message from early adopters is benefits are only realised after significant process change is implemented.

[Map your current patient journey](#) to help identify where the challenges are and the biggest improvements can be made.
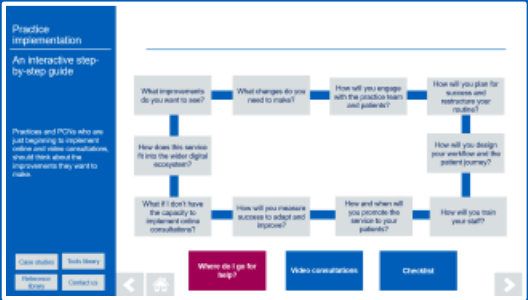
Case studies have shown that on **average** questionnaire-based online consultations take a practice [three - six minutes to process](#), with more than **70% closed remotely.**

- Complaints about long waiting times: queues on the telephone and limited face-to-face appointments
- Increase in demand and workload
- Patient expectations, convenience and choice
- Increase in patients with complex health conditions
- Staff feeling overwhelmed and 'fire fighting'
- A need to improve staff retention
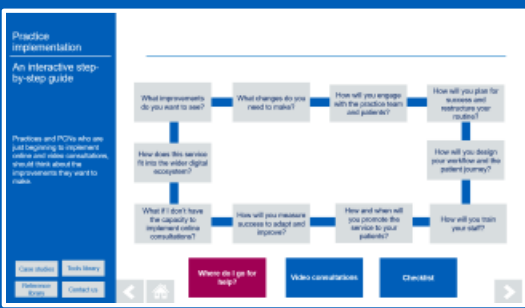- A desire to improve patient satisfaction

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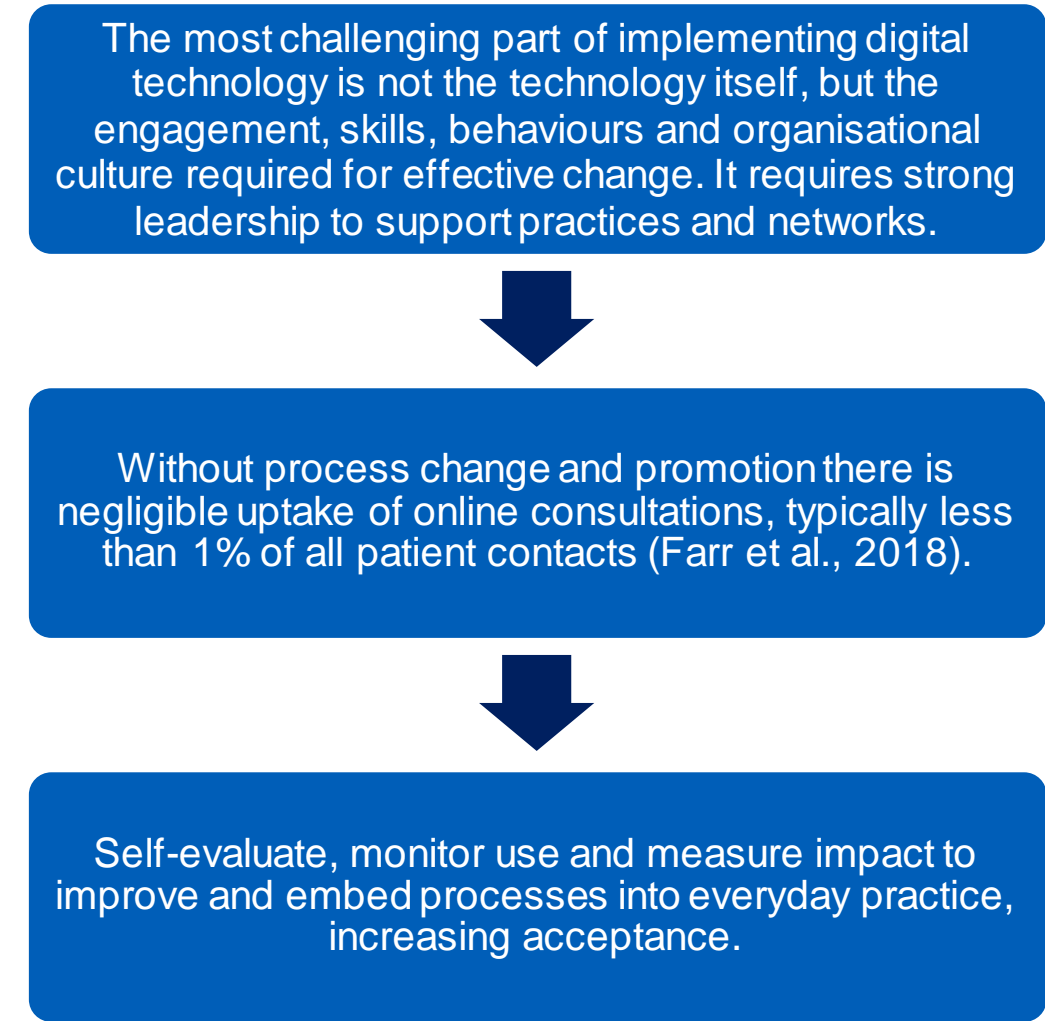
## Transformation



*"You are wasting your time and money if you implement an online consultation tool without significant process change."*

STP Clinical Lead

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## What is the key to successful transformation?

The most challenging part of implementing digital technology is not the technology itself, but the engagement, skills, behaviours and organisational culture required for effective change. It requires strong leadership to support practices and networks.

Without process change and promotion there is negligible uptake of online consultations, typically less than 1% of all patient contacts (Farr et al., 2018).

Self-evaluate, monitor use and measure impact to improve and embed processes into everyday practice, increasing acceptance.

The greatest benefits have been seen in practices that have embraced a whole new approach to working, and not just implemented the technology.

Commissioners are expected to work with LMCs to support practices and PCNs with the transformation of service delivery, PCNs and practices are encouraged to **ask their commissioner for help** if needed.
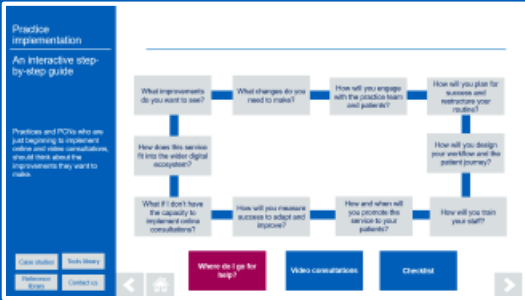
**TIPS**

We have set up a platform to make it easier to talk to other practices that have already implemented online consultations to hear about what worked and what didn't, and connect you with others that face similar population challenges.

Suppliers can help you track your performance with weekly data and feedback to monitor progress.

**Communicate a clear story for change** to engage others in understanding the aims and benefits.

**Allow plenty of time for discussion with staff and patients** about the vision, analyse the current patient journey and how the technology and service redesign should translate to your setting, create the psychological safety to share ideas, concerns and assess readiness. Co-design the change process.

**Map out your logic model** - what effects do you anticipate online consultations will have for patients and staff, how will it do this and what might be the unintended consequences? It is important to factor in monitoring adverse consequences just as much as the benefits.

**Build a strong change management working group** to provide leadership, support champions and work with stakeholders e.g. suppliers, Primary Care Networks, commissioners, staff and patients to establish the new status quo, watching out for signs of backsliding. The working group may include, the practice manager, clinical and administrative change leaders, champions, reception team leader, patient members and PCN lead.

**Visualise your workflow,** map the patient journey and admin process with an understanding of your demand, activity and capacity to ensure the design does not increase workload or deliver a poor experience.

**Remove barriers to change** - elements of the practice's business processes that conflict with the change need to be addressed.

**Avoid a difficult first week** - choose a go-live week when there are no absences expected. Have daily team meetings initially to keep staff motivated and share positive feedback. Practices with previously long waiting times may experience a busy first week under the new system; consider bringing in extra cover for the go-live week.

**Maintain momentum and don't delay deployment** - if the first few weeks are managed well, staff should notice their working lives improving. Be aware of the risk of progress stalling; there are likely to be opportunities for further efficiencies. It is helpful to facilitate feedback and the generation of new ideas, sharing comments, impact and usage figures with staff (including network practices) and patients, and driving a continuous cycle of improvement.

## Strategic approach

## How do I put online consultations into practice?

| Big Bang | Phased | Targeted |
|---|---|---|
| Practices encourage **all** patients to use **digital triage** except where it is not suitable, they don't want to or don't need triage e.g. cervical screening. Phone requests are dealt with in the same way as online consultation requests (with a few exceptions), where reception staff create an online submission with patients over the phone, **feeding into the same system** and replicating the experience.<br><br>Potential for a large shift of workload from face-to-face to online, quickly.<br><br>Read about Crescent Bakery's experience of a big bang approach – coming soon | Practices **gradually** move demand to an online channel, targeting different groups of patients and slowly building up awareness and promotion.<br><br>Can help practices to feel confident with online consulting and their processes.<br><br>It is important to keep the momentum going. Commissioners may be able to provide information on the types of conditions being managed online locally to build confidence.<br><br>Read about The Project Surgery's experience of a phased approach – coming soon. | Practices **target** certain groups of patients only to use online consultations, based on their patient needs.<br><br>**Quick wins** may include taking administrative requests, medication and long term condition reviews online.<br><br>If not enough patients use the service the impact will be negligible.<br><br>Read about Haughton Thornley's experience of a targeted approach. |

Case studies

Tools library
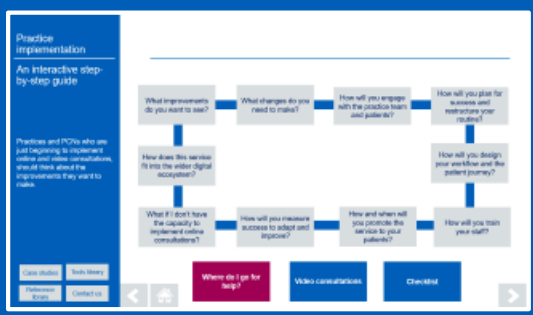
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This is just one example of a model that practices are using. We recommend that practices discuss as a team early what approach would work best for them.
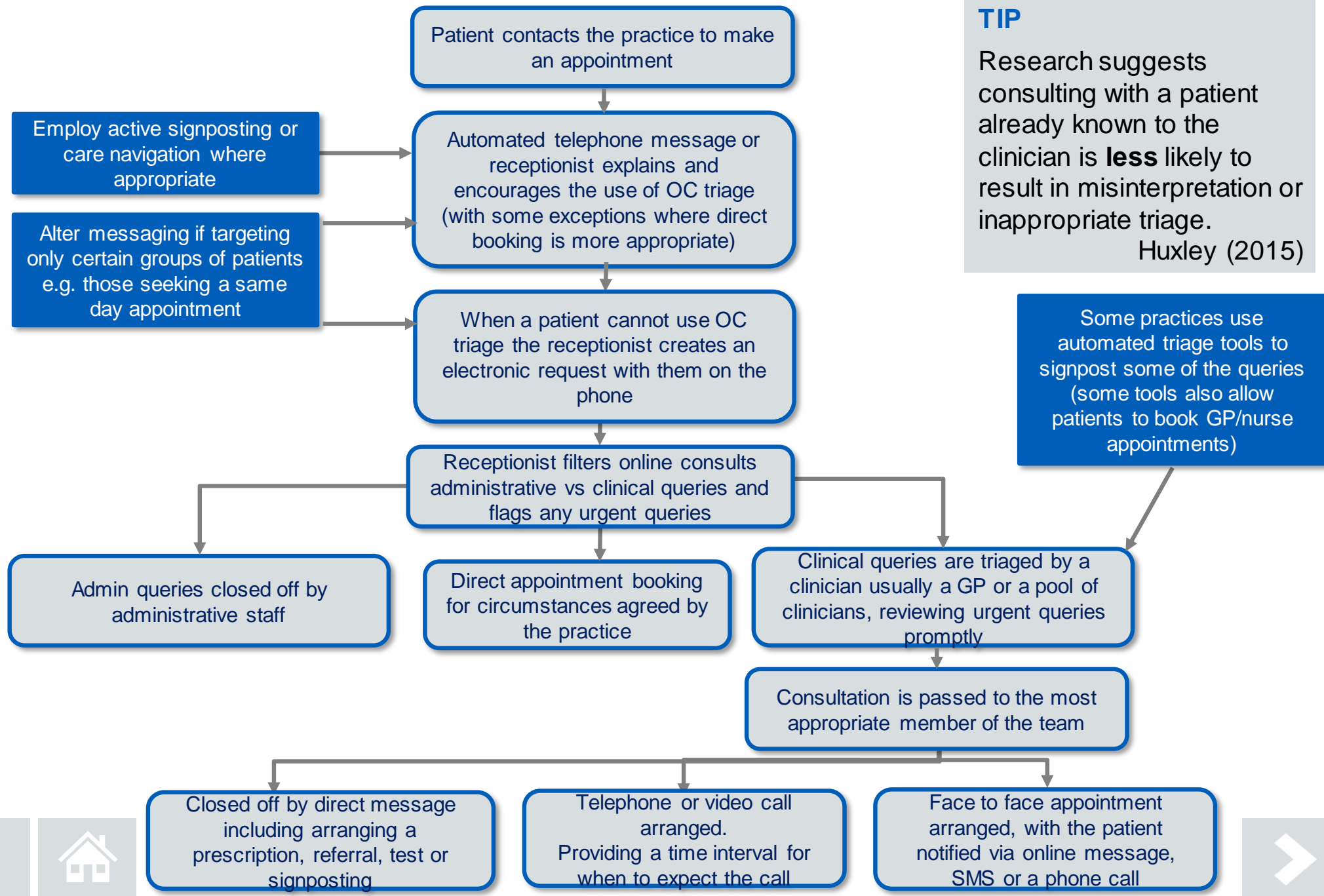
## What's needed?

## Digital triage patient flow

**A rapid response is key**
Building patients' confidence in the system and enabling clinicians to detect and respond to urgent problems quickly. Clinicians will also need to have confidence that reception staff will act on scheduling tasks quickly e.g. appt booking.
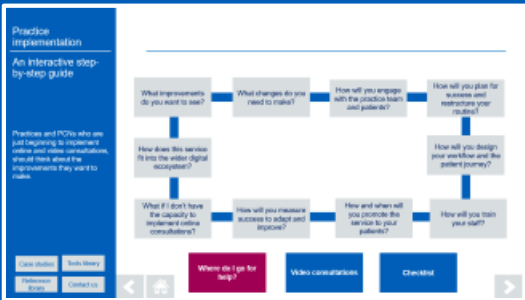
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**TIP**

Research suggests consulting with a patient already known to the clinician is **less** likely to result in misinterpretation or inappropriate triage.

Huxley (2015)

Patient contacts the practice to make an appointment

Employ active signposting or care navigation where appropriate

Alter messaging if targeting only certain groups of patients e.g. those seeking a same day appointment

Automated telephone message or receptionist explains and encourages the use of OC triage (with some exceptions where direct booking is more appropriate)

When a patient cannot use OC triage the receptionist creates an electronic request with them on the phone

Some practices use automated triage tools to signpost some of the queries (some tools also allow patients to book GP/nurse appointments)

Receptionist filters online consults administrative vs clinical queries and flags any urgent queries

Admin queries closed off by administrative staff

Direct appointment booking for circumstances agreed by the practice

Clinical queries are triaged by a clinician usually a GP or a pool of clinicians, reviewing urgent queries promptly

Consultation is passed to the most appropriate member of the team

Closed off by direct message including arranging a prescription, referral, test or signposting

Telephone or video call arranged. Providing a time interval for when to expect the call

Face to face appointment arranged, with the patient notified via online message, SMS or a phone call

## Tips from practices



*"Digital Triage has been implemented by dozens of practices and, when done thoroughly, typically leads to 50-80% of patient contacts coming through the online consultation tool rather than the phone."*

STP Clinical Lead

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## What can I do to help me achieve my objectives? What practices have learnt:

### You need to change your appointment system

Practices have struggled to run a traditional appointments system alongside online consultations because:

- clinicians are still managing their usual workload of face to face appointments making it hard to free capacity to offer rapid responses to online consultations, resulting in a poor patient experience.

- patients are still able to secure an appointment immediately by phone and therefore are disincentivised to use online consultations.

- as the use of online consultations increases, the practice struggles to free up enough clinician time for triage, resulting in an increasing backlog.

- vulnerable patients unable to use the online system receive an inferior service.

Read about Stratford Village's and Witley Surgery's experience with changing their appointment system (coming soon).

**TIP**
The GMS contract states that "all practices will offer 25% of their appointments online by July 2019."

Practices that are encouraging utilisation of online consultations and offering non triage* appointments online, i.e. those which are currently available for direct booking by patients on the phone, will be recognised as working towards the 25% target.

*non triage could be cervical screening, health checks, travel vaccinations, flu vaccinations etc.

A quality framework is being developed by NHS England and NHSX to support practices with online appointments.

**Overcoming Challenges - Workload**

# What's needed?

## Tips from practices
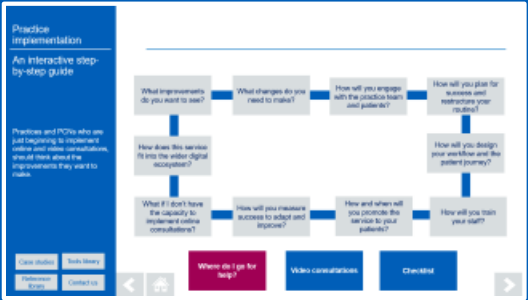
**Consider the pros and cons of a big bang change occurring on day one vs a gradual change**

- If practices with a long waiting time for appointments introduce a 'big bang' approach they may be under pressure in the first few weeks trying to respond to online consultations rapidly while also having to see a large number of pre-booked appointments.

- Some practices introduce extra clinical cover for the first few weeks, others do not promote the new system widely in advance of the 'go-live' date, while some reduce the pre-booking of non-urgent appointments (with a few exceptions e.g. cervical screening, vaccinations) as they approach 'go-live'.

- Avoid launching the service on a Monday or Friday.

Read about two different big bang approaches from The Project Surgery and Witley Surgery (coming soon).

**Frequent staff engagement**

- The working group can identify problems and refine the system; consider a floor walker to troubleshoot on launch day.

- The clinical change leader should have protected time to talk to each clinician about their experience with the system. Similarly, the administrative change leader should be able to spend time with each member of the reception team.

- Build into clinical and team meetings

- Discuss clinical cases with a focus on learning how to use the system most effectively and efficiently.

**Monday mornings may require more capacity**

- Monitor your demand patterns – you may find between Friday evening and Monday morning there are lots of online consultation requests waiting to be actioned. You may need to redistribute cover to match times of higher demand.
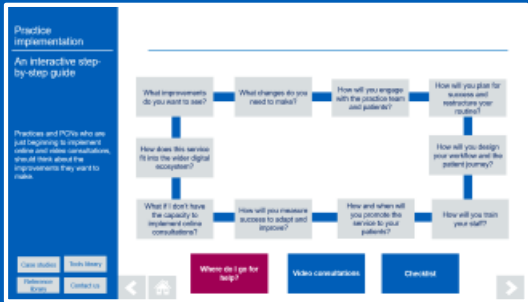
## Tips from practices



A patient survey showed the top reasons for joining Babylon's GP at Hand (BGPaH) were **access and convenience**, such as speaking to a GP
- more quickly than they could at other practices
- without taking time off work
- when it suited them without having to visit a practice
       Independent Evaluation of BGPaH (May, 2019)

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**Managing the culture shift**

- At first, some patients may take some time to adjust to not being able to pre-book appointments and needing to complete an online questionnaire.

- Practices could ensure everyone is trained to deliver a specific 'script' which concentrates on **improved and more convenient access** to GP services.

- When encouraged to use the system, patients tend to report high levels of satisfaction. When implemented well, they are able to access face to face appointments much faster and at short notice if needed (often the same day), without having to wait on the phone or call at specific times of the day and no longer book 'safety' appointments.

- Clinicians tend to be more satisfied, in control of the system and feel able to offer patients the time they need e.g. longer appointments. Practice DNA rates have gone down and in some cases have halved.

- Online triage should not completely bypass traditional appointment booking, e.g. for those that are vulnerable or otherwise unsuitable. Some practices have decided in <u>which circumstances </u>admin staff should directly schedule an appointment without triage.

**PRACTICE EXPERIENCE**
"The new system has helped the practice to manage patients better – and life at the front desk is much calmer."
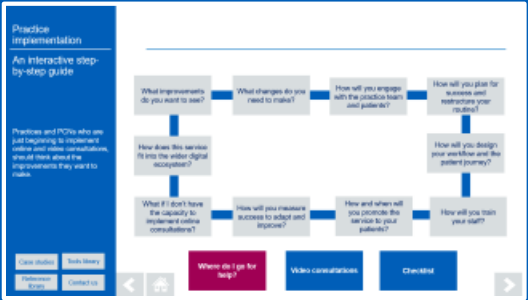
"The huge benefit is that the surgery no longer turns away patients who genuinely need an appointment, and staff manage their time more efficiently, with less paperwork. It takes pressure off administration staff who had the unpleasant task of turning patients away."

"There are also early indications the system is helping to reduce urgent GP appointment and A&E attendances as patients can find answers to their queries online."

                    Stratford Village Surgery

# What's needed?

## Tips from practices

**A rapid response is key to patient satisfaction, encourages widespread use and is important for patient safety**

- In many cases, a rapid initial response will close the encounter or, in other cases, it could be a message arranging a further appointment or letting the patient know their consultation is being reviewed by a particular team member.

- It is good practice to tell the patient to contact the practice if they think they need earlier attention, or if the appointment arranged is inconvenient (via an online message or calling the practice stating which option should be used on the automated answering system). The vast majority of patients want an appointment on the same day but it is important to remain flexible.

- The experience of arranging an appointment following an online consultation needs to be seamless and replicate the online experience – without the patient having to wait on the phone.

Read about Witley Surgery's story (coming soon).

**DATA**

Of 436,788 online consultation requests across 44 practices the median time to respond was 38 minutes during core hours.

76% of patients said the online system was better than the previous system (based on 22,528 responses).

askmyGP activity data March-August 2019

**Language barriers**

- Case studies show many patients whose first language is not English, often find online consultations easier, as patients may be more confident with writing, can take more time to express themselves and may receive help from relatives or friends.

- Staff offer support by guiding patients through the online consultation form.

- Patients can still use traditional contact methods if they choose to. However, the flexibility afforded by the new way of working may mean that patients can be given more time in an appointment if they need a translator.

## How do I engage my team?
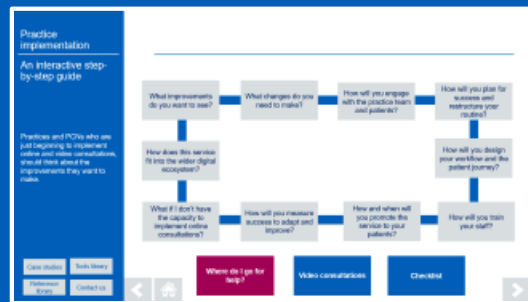


Everyone needs to understand the benefits in order to confidently describe and actively promote online and video consultations to patients. The working group should:

- **Talk it through with the team**, have an open discussion, understand how they respond to change and the capabilities they require, acknowledge concerns, facilitate group reflection and feedback, allow time to adapt.
- **Develop a shared understanding** of the rationale for online consultations and who is likely to benefit from the service.
- **Ensure staff have a say** on what functionality they want the service to have and how it could be adopted.
- **Involve staff in building processes** for implementation e.g. write their own protocol.
- **Encourage experimentation** and challenge old ways of working.
- **Ensure all staff are aware of policies** and processes for managing online consultations.
- **Get daily feedback**.

- **Acknowledge a new role for reception staff** in actively promoting, implementing and monitoring online consultations (including when to offer them, filtering requests and managing expectations).
- **Reassure staff** that they are not at risk of losing their jobs.
- **Work collaboratively** with your IT/technical teams to understand network issues, explore technology options and then with your Data Protection and Clinical Safety Officers for how the technology can be used within information governance, data security and clinical risk management guidelines.

**TIP**

**Reception staff are key** to ensuring that patients are informed and that online consultations are offered to patients seeking an appointment. **It is important staff don't see it as a 'last resort'.**
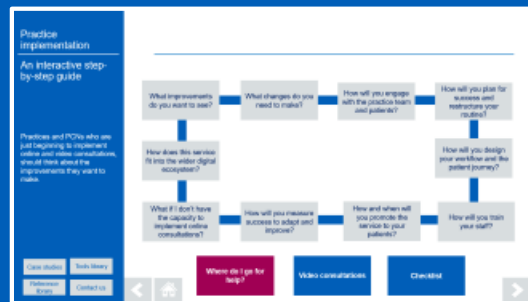
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# How do I engage my patients?



## Co-design the change process with patients.

- **Involve your patient participation group (PPG) early on.** They may have some good ideas about how to engage with different patient groups and build acceptance of the new system.

- **Engage with digitally uninterested and non-digital patients** as well, they will provide valuable feedback.

- **Members of your PPG, or other patients, can also act as patient champions** and assist in testing the system, providing feedback and developing processes, as well as demonstrating how the system works to other patients e.g. using a tablet in the waiting room.

- **Map the patient journey** when promoting to patients **relate benefits to identified patient pain points** e.g. reduced waiting times on the phone, convenient, better access to GP services and advice.

- **Talking with patients early** could help refine processes and identify potential issues before they arise.

- **Understand how your patients may respond to alternative consultation types** by asking about their contact preferences opportunistically or by conducting a brief survey
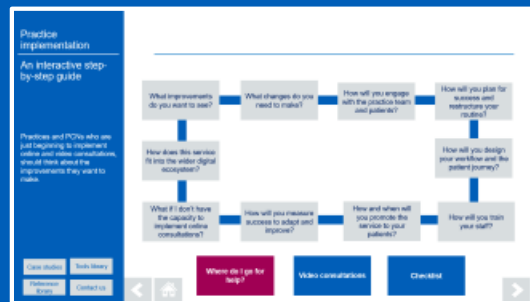
### TIPS

**If the benefits of a change are clearly communicated, then patients are more likely to use it and feel positive about it.**

Some practices do not actively promote until launch date to avoid creating anxiety about what is going to happen – a clear explanation of the benefits is key.

## Using champions



*"The presence of a champion(s) within the practice was seen to be a significant factor in ensuring successful integration of the [online consultation] tool."*

Cowie et al. (2018)

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Champions are invaluable in leading change. They assist with advocating and promoting the implementation of online and video consultations within the organisation.

**Champions can support by:**

- articulating the story for change
- taking the lead for 'owning' the implementation
- translating new digital methods and processes to the rest of the team
- coaching others in new ways of working
- identifying skills needed for change
- helping address issues and resistance in their areas
- setting up local implementation support networks and sharing lessons learnt with other champions
- maintaining motivation and momentum, spreading a 'can-do' attitude
- co-producing changes with suppliers
- cascading training
- influencing positive change, challenging old ways of working and encouraging the team to generate new ideas e.g. creative use of communications

**TIP**
Champions do not have to be a manager or partner. They can come from all areas within the practice and local network such as:

- Primary Care Network leaders
- Reception or admin teams
- Patient (or resident) participation group
- GPs and practice manager
- Nursing or HCA teams
- Pharmacy

It can be beneficial to have more than one champion.

**RESEARCH**
*"Initiatives adopted by just one member of a general practice team can evolve from a pilot to usual practice."*
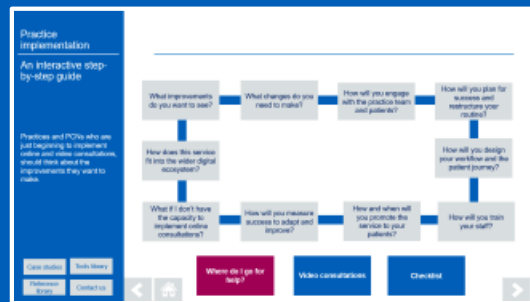
Beaney et al. (2019)

## How do I restructure my work routine?



*"It is essential that online consultations are scheduled into your diary to acknowledge, record and monitor this work."*

Centre for Primary Care, University of Bristol

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Implementing online consultations can be a major change to work routines and a cultural shift. If handled well it could have a very positive impact on staff.

Before you start, analyse workload and capacity. A large gap suggests the practice may struggle with unmet demand initially, and may need to rota sufficient clinical capacity at the right times of the day and week.

Consider the following areas during planning and system template changes.

- The current level of workload e.g. appointments, phone calls, tasks, etc.
- The **different types of demand** to identify ways to release time
- Group the patient population by segmentation and risk stratification to understand your patient needs and shape delivery.
- The **capacity and availability of staff** to match to volume and times of incoming online consultations.
- **Staff working patterns** such as start and finish times, breaks and home visits, part time and flexible working.
- **Staff working in locations** other than the GP practice.
- The **current capacity of appointment slots** (and the type of slot) across all practice staff.
- **Converting** telephone triage into online triage.
- **Impact on administrative processes** e.g. managing bookings, cancellations, DNAs, letter generation etc.

**TIP**

NHS England have developed an audit tool which has been designed to support practices in measuring the proportion of GP appointments which are potentially avoidable and resources to support demand and capacity planning.
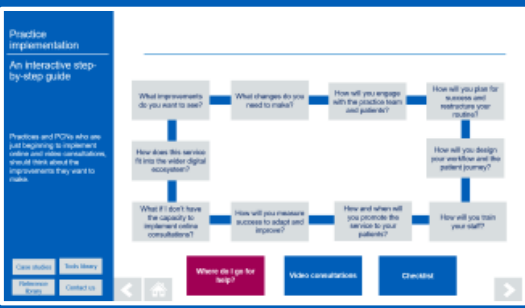
**GP TIP**

Some doctors prefer to have set times of the day for remote consultations whereas others prefer a combination of remote, face to face, and home visits throughout the day. Discuss this with your GPs to see what works for them.

Dr Triska, Witley Surgery

## How do I ensure an inclusive approach?



*"…there is some evidence that among those who have internet access – patients who are disabled, elderly, less confident or living some distance from the practice are often among those who are particularly keen to use email consultations."*

*Atherton et al. (2018)*

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Practices and networks will always need to provide other means of contact. Where a significant proportion of patients use online consultations, the efficiency gains for practices may enable them to provide a better service for all patients, including those who do not go online.

Research carried out by the 'Alt-con' study team, led by the University of Bristol, suggests before introducing online consultations, you may wish to consider the following patient characteristics and challenge assumptions to ensure equity of access.

- Age and social class
- 'Able' patients
- Patients who do not speak English as their first language
- Patients' current medical / psychological wellbeing

Interventions introduced with younger patients in mind, such as Skype, had less uptake than expected and older patients were often keen to use email. Smartphone usage tends to be high across all deprivation quintiles.

**Assumptions about who had access to the internet were not evidenced.**

**Assumptions that remote consulting should only be used with patients selected by the GPs were not evidenced.**

Practices and networks need to ensure that, where patients are not suitable for an online consultation, they are not excluded. Most practices offer these patients direct or fast track access to face to face or telephone appointments.

*"…Skype consultations most benefited patient groups with additional needs (e.g. those with mobility problems, parents of autistic children who find attending the practice distressing) and those not in the local area (e.g. students wanting ongoing care from their usual GP)."*

Castle-Clarke et al. (2016)

Alt-con study

Mobile devices and people with learning disabilities

## How do I ensure an inclusive approach?
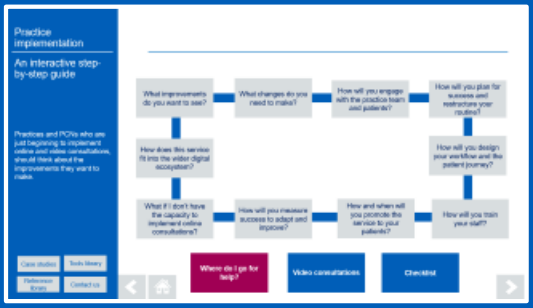
*"Digital communication technology offers marginalised groups increased opportunities to access healthcare. The removal of the patient 'being seen' seeking help potentially removes embarrassment, social disapproval, and stigma that some patients may experience at healthcare centres."*

Huxley et al. (2015)

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## Online consultations do not replace the ability to access a face to face appointment but can help prioritise use based on need.

Online consultations may improve access for:

- a carer or those who have a carer, individuals who are working, or those who have mobility issues and find getting to the surgery difficult.

- those who may find waiting in the reception area distressing or difficult.

- those with information and communication needs, including those with a disability or sensory loss.

- patients whose first language is not English – our case studies show they often prefer to be consulted via a text based solution.

- patients that feel apprehensive about attending the surgery e.g. social anxiety, often find online consultations less stressful.

- for sensitive or embarrassing problems – feedback shows patients find it easier and are more willing to disclose information online.

### TIPS

Carers can help patients complete an online consultation or can complete one on behalf of the patient if they have been granted authorisation by proxy.

However, patients who are able to use the telephone should not be subjected to excess pressure to use online consultations via a proxy, since this would deny them autonomy in managing their own healthcare.

Some practices use reception staff or care navigators to guide or create an online submission with patients over the telephone (with some exceptions) and feed requests into the same system. **Tell patients about the assisted digital support offered on the website and via other communications**.
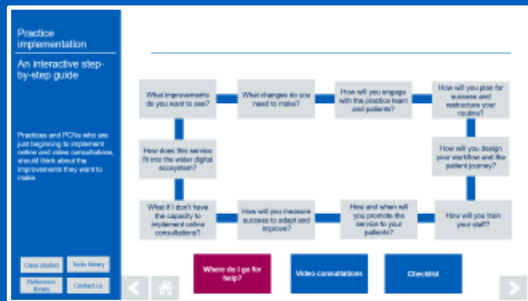
### DATA

Of 505,901 incoming online requests 11% were assisted by a parent or carer, 51% did it themselves and 38% either the patient or their proxy phoned the practice (to be asked the same questions by the team there).

askmyGP activity data March-August 2019

RCGP guidance on proxy authorisation

Accessible Information Standard

Digital inclusion

## How do I improve accessibility?

The [Accessible Information Standard](#) sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

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Patients should be suitably informed about health technologies, with particular focus on vulnerable groups to ensure fair access (The Topol Review, 2019).

### Ask patients how they would like to be given information

**Give information in advance**
Online consultations can be used to give patients and carers information in advance of an appointment. This can allow them to prepare for the consultation, giving time to read, think about any questions or concerns and to prevent distress if they are able to prepare e.g. for a blood test. They can also be used by the clinician to improve the effectiveness of the consultation if they have information about the reason for consulting beforehand.

**Plan how you will meet the needs of those who cannot use online services**. Do not rely solely on online access. Practices will always need to provide other means of contact for patients who cannot or do not want to access services online or where it is not suitable.

**Use simple communication tips and tools**

- Use a [jargon buster](#)
- Make information accessible using websites such as [Easyhealth](#)
- Adhere to the Accessible Information Standard
- Link to tools that use photos, pictures or videos to explain things
- Use large text, keep sentences short, keep information clear and to the point
- Consider the colour of the text and background e.g. some people with autism find reading black text on a white background difficult
- Allow more time for the consultation

How to support people with access needs

GMC communication with patients

# Redesign the patient journey

## Outline your work flow
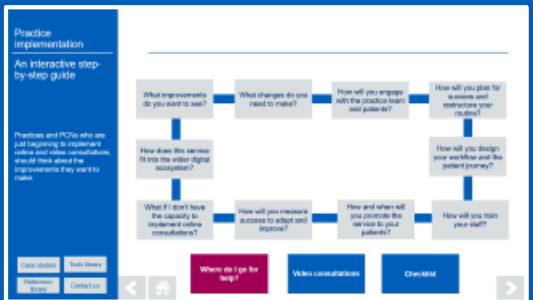
Currently no online consultation tool has full interoperability with all clinical systems. We are working with suppliers via the GP IT Futures framework and The Primary Care (GP) Digital Services Operating Model 2019-21 to enable this.
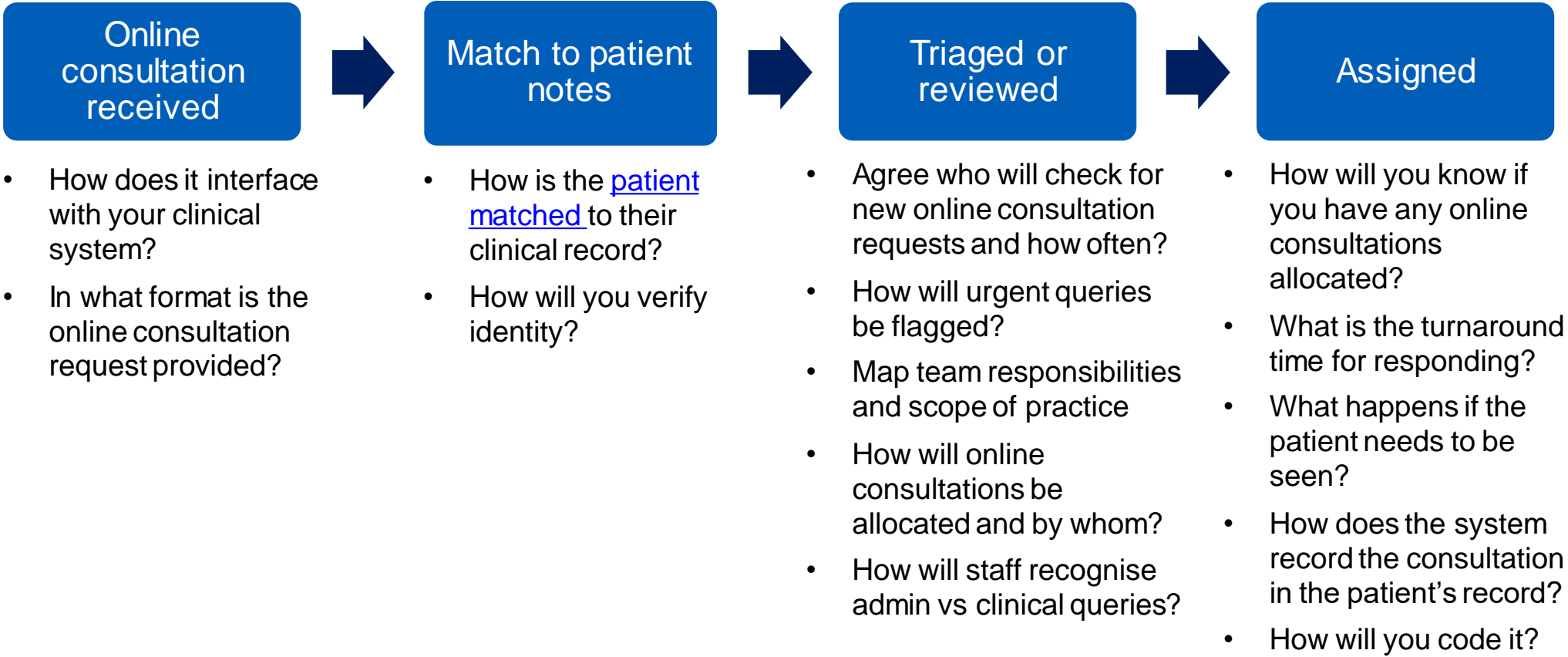
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## How do I design my workflow? Key Questions

**Online consultation received**

- How does it interface with your clinical system?
- In what format is the online consultation request provided?

**Match to patient notes**

- How is the patient matched to their clinical record?
- How will you verify identity?

**Triaged or reviewed**

- Agree who will check for new online consultation requests and how often?
- How will urgent queries be flagged?
- Map team responsibilities and scope of practice
- How will online consultations be allocated and by whom?
- How will staff recognise admin vs clinical queries?

**Assigned**

- How will you know if you have any online consultations allocated?
- What is the turnaround time for responding?
- What happens if the patient needs to be seen?
- How does the system record the consultation in the patient's record?
- How will you code it?

# Redesign the patient journey

## Workflow examples


Practice implementation
An interactive step-by-step guide
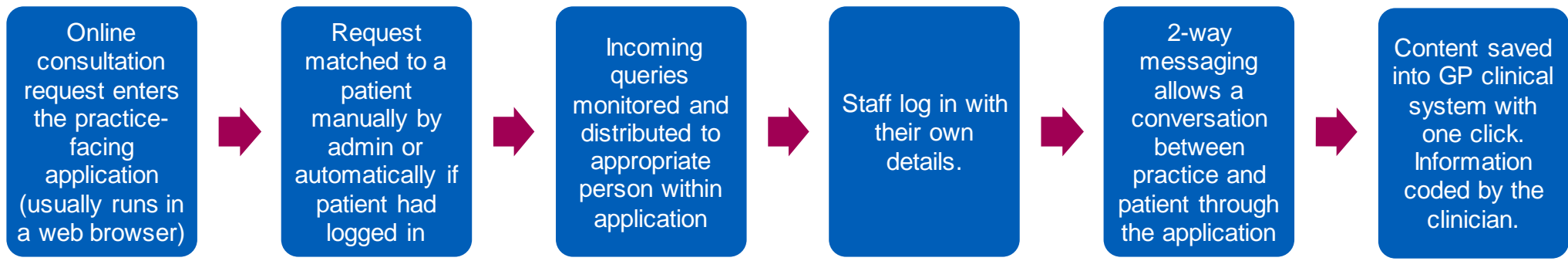
**Consideration**
Online consultation tools have varying levels of interoperability resulting in different levels of manual work to transfer the online consultation request into the clinical system, consider the impact of the process on administrative workload .
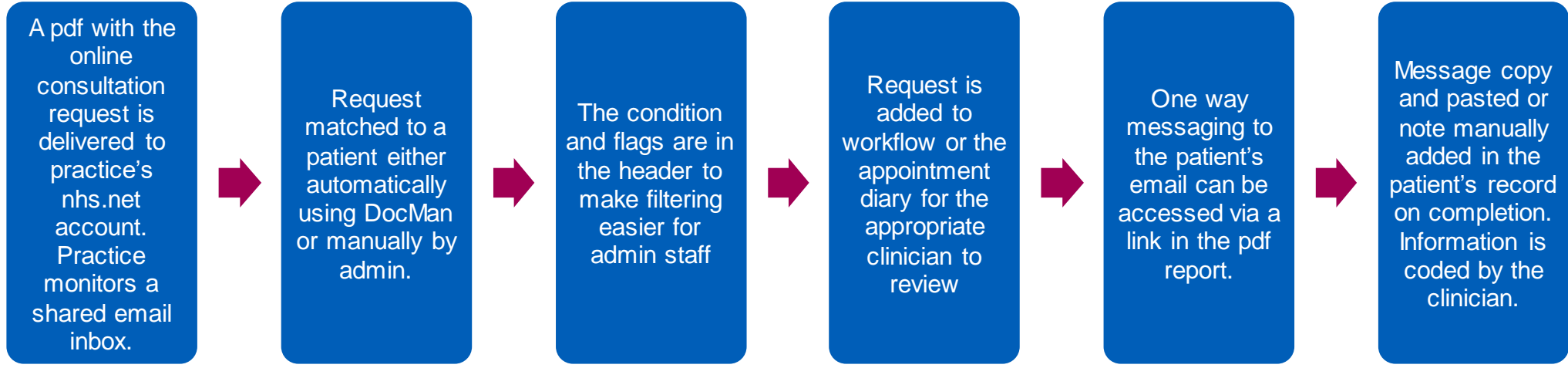
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## Speak to your supplier, here are some examples of work flows practices are using.

### Example one:

| Online consultation request enters the practice-facing application (usually runs in a web browser) | → | Request matched to a patient manually by admin or automatically if patient had logged in | → | Incoming queries monitored and distributed to appropriate person within application | → | Staff log in with their own details. | → | 2-way messaging allows a conversation between practice and patient through the application | → | Content saved into GP clinical system with one click. Information coded by the clinician. |

### Example two:

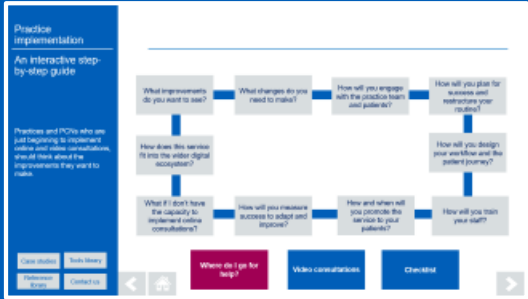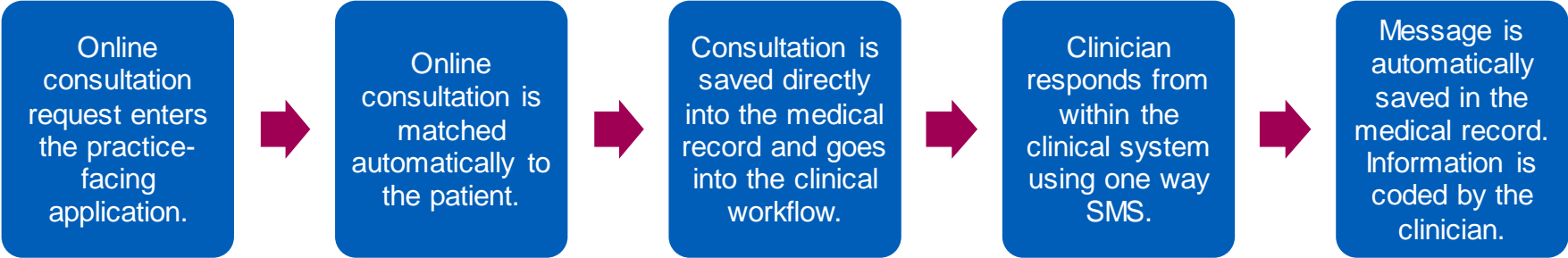| A pdf with the online consultation request is delivered to practice's nhs.net account. Practice monitors a shared email inbox. | → | Request matched to a patient either automatically using DocMan or manually by admin. | → | The condition and flags are in the header to make filtering easier for admin staff | → | Request is added to workflow or the appointment diary for the appropriate clinician to review | → | One way messaging to the patient's email can be accessed via a link in the pdf report. | → | Message copy and pasted or note manually added in the patient's record on completion. Information is coded by the clinician. |

**Functionality matrix**

# Redesign the patient journey

## Workflow examples



Speak to your supplier, here are some examples of work flows practices are using.
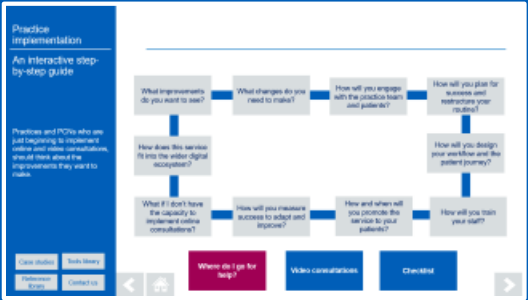
Example three:

| Online consultation request enters the practice-facing application. | → | Online consultation is matched automatically to the patient. | → | Consultation is saved directly into the medical record and goes into the clinical workflow. | → | Clinician responds from within the clinical system using one way SMS. | → | Message is automatically saved in the medical record. Information is coded by the clinician. |

# Redesign the patient journey

## How can I optimise my work flow?



| | |
|---|---|
| ✓ | Use a "shared" inbox in case a staff member is away so submissions do not get missed |
| ✓ | Ensure you allocate the right staff capacity (clinical and administrative) to process online consultation work flow and to ensure that clinically urgent requests are managed in good time |
| ✓ | Diverting reception staff away from answering the phone to triage online consultations could potentially increase the phone waiting time, making access difficult for patients who are unable to use online consultations. Monitor waiting times on the phone and consider using other admin staff to help take phone calls at peak times, in response to staff absences and surges in demand |
| ✓ | In some practices a dedicated team manages the online consultations and allocates them to the most appropriate person (within the scope of their practice)<br>• pharmacy requests go to the prescribing pharmacist<br>• asthma/COPD/diabetes related requests can be dealt with by the specialist nurse<br>• admin issues go to administrative staff<br>• only requests which require the expertise of a doctor are sent to the GP<br>• a 'continuity cohort' is identified and directed to the right place/person to meet their needs |
| ✓ | If there is a 'fall back' option, people may feel less apprehensive about trying online consultations |
| | Have a contingency plan in case of staff absence, holidays, technical failure, usability/access issues to ensure submissions are responded to in a timely manner |

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# Redesign the patient journey

## Effective triage
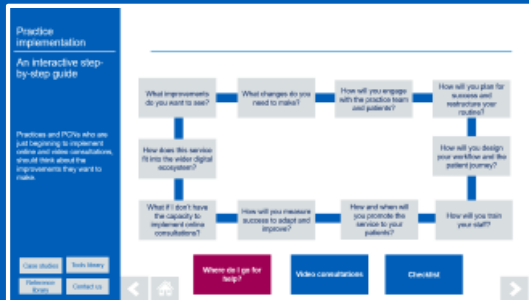


Practices have found patients are unlikely to recomplete a lengthy consultation form when asked to provide additional information such as attaching an image, and will call the practice. Two-way messaging or a follow up template are potential options. Test the patient journey and discuss options with suppliers.
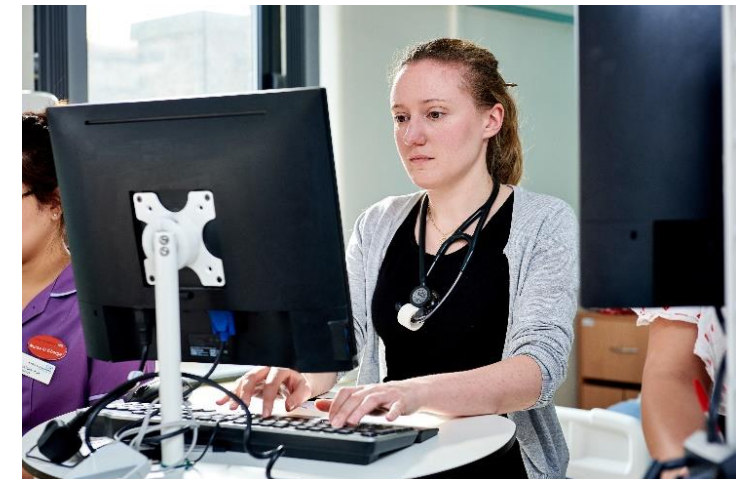
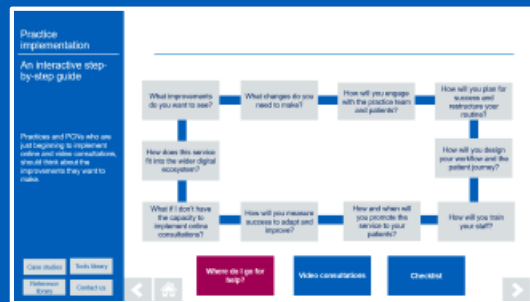| Case studies | Tools library |
|---|---|
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**How do I make digital triage effective?**

- Provide specific training for clinicians in triaging online.

- Flag urgent consultations so they can be prioritised more easily.

- Use two-way secure online messaging to clarify information, ask additional questions, check understanding, send leaflets, attachments or request images, without having to phone the patient unnecessarily.

- Pass the online consultation to the patient's regular GP if appropriate.

- If a patient later requires a further consultation, pass to the clinician who originally dealt with the online consult.

- Optimise skill mix to distribute work across the team.

- Use two screens to view the record and online consultation at the same time for faster and safer consulting.

- Use a solution and format that allows you to get to the heart of the problem quickly and pick out the important information.

- Add links to NHS.uk to cut down on typing lots of information which can be found elsewhere.

- Use pre-set messages which can then be customised to save time - ask suppliers if these can be saved on the practice facing portal or alternatively store as a practice document.

## How do I respond to an online consultation?



Reduce variations in processing and recording online consultations. Make the patient journey as seamless as possible.

**Flag any urgent requests** – if they need a response urgently, reception staff should ensure that it is seen by a clinician promptly (see managing safety concerns).

**Provide clear guidance** on how to get help for an urgent clinical query e.g. in the late afternoon some practices instruct patients to call half an hour after sending an urgent online consultation request if they have not received a response, or to call NHS111.

**Inform the patient** whom they are consulting with online.

**Provide clarity around response times,** inside and outside of practice opening hours, **and how patients should expect a response** e.g. secure online message, phone call, SMS.

**Provide clarity on how appointments will be made** if patients need to be seen and how they will be notified.

**Check patient understanding** of management plans and provide appropriate safety netting.

**Make sure patients can ask questions**, query a decision or discuss something further. The response should invite the patient to contact the practice e.g. via 2-way messaging or a phone call, if they have concerns or think their problem needs to be addressed sooner.

**TIPS**

Fast response times – ideally **within 1 hour**

- Leads to greater patient satisfaction
- Enables safe management of urgent problems
- Avoids duplication of work (patient calling practice if they think they have been ignored)
- Builds patient's confidence with the system, resulting in fewer 'just-in-case' appointments being booked

Make the pledged response time obvious on the website, online tool and telephone message and make it clear that it only applies to submissions within certain times e.g. Mon-Fri 9.00am-4.30pm.

Use an online tool that warns patients that it should not be used in emergencies.

## Using SMS to respond
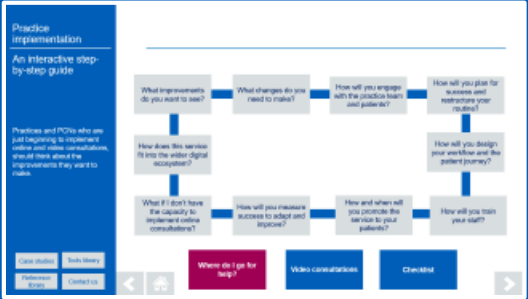
### Advice on using SMS to respond

The patient must actively agree to receiving communication by SMS ("opt-in"). The practice and patient should mutually agree the parameters of what information is to be communicated. The display of posters or notices, and other ways of explaining to patients about the use of SMS by the service, would be considered good practice – this helps inform patients about their choice.

The practice's approach to, and use of SMS as a way of communicating with patients should be clearly set out in policy, supported by an internal procedure for staff to follow. Practices should consider how messages will be recorded in the patient's record if and when this is necessary. If information is time critical quicker methods should be used. If time critical information is being sent ensure you have the right safety net or follow up.

Be aware of security and confidentiality concerns e.g. if people share mobile phones, use linked devices or numbers are not up to date. Patients should be advised it is their responsibility to keep and provide an up to date mobile number and are strongly recommended to use a private mobile phone. It is good practice to regularly check with the patient you have the right mobile number for them. Consider the use of secure online messaging as an alternative.
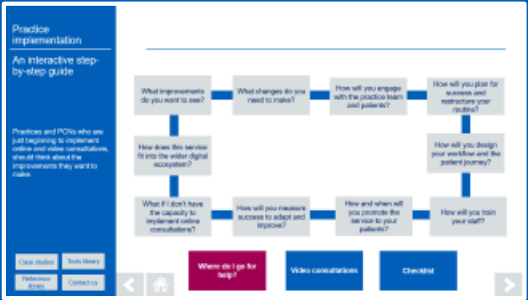
**NHSE guidance on SMS***

*The guidance sets out some of the key principles for using SMS. Please note as the guidance was published in 2016 some of the references may be out of date

# Redesign the patient journey

## Digital success



## How do I make the most of digital?

| Consistent and standardised recording of digital consultations | GP online services | Rules of engagement |
|---|---|---|
| • Use templates for coding outcomes.<br>• Consistently records the work carried out.<br>• Ensures any hidden work is captured.<br>• Allows high quality data for analysis of impact and monitoring demand, capacity, outcomes and performance.<br>• Speak to your supplier, IT lead or expert colleagues about importing templates. | • Sign patients up to GP online services via the NHS App or other system suppliers at the same time as promoting online consultations.<br>• All these solutions can redirect some demand to a 'self-serve' digital channel. | • Inform patients when the channel will be "open", how to use it and what for.<br>• Explain what they should do if they have an urgent issue.<br>• Explain the limitations of online and video consultations and promote safe use.<br>• Update your privacy notice and privacy impact assessment with input from your DPO.<br>• Have a policy for managing deliberate misuse of systems.<br>• Develop an escalation protocol if unwell patients are identified e.g. establishing location of the patient, ensuring access to treatment or contacting emergency services, follow up. |

Case studies

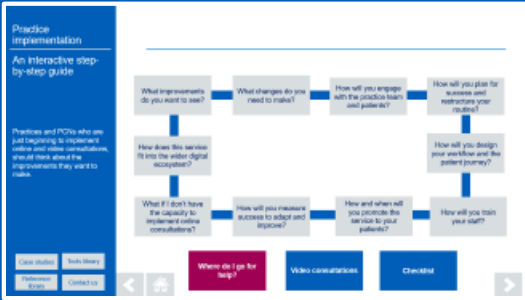Tools library

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**Privacy Notice Use of Automated decision making**

## How do I verify identity?



*"….access to online services demands a more consistent and robust approach to ensure patient confidentiality while providing them with secure access to personal and sensitive data."*

RCGP, 2014

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**The responsibility of verification and authentication sits with the practice.**

The process should require anyone using the service to prove their identity and restrict access only to authorised users, helping to ensure a confidential and secure service.

Where patients have consented to carers, parents or relatives communicating with the practice using online consultations, they should have a separate identity verification process and be granted authorisation by proxy. The patient proxy verification should meet the same standards as used for patient identity verification.

Some tools address this problem by including two steps of verification for practice staff to carry out:

1. confirming that the patient identified in the online consultation request appears to match the details of the patient in the clinical system.

2. vouching that the patient is who they say they are (e.g. by talking to the patient, or checking the information in the online consultation request against confidential information in the clinical system).

When using video consultations, verification should be carried out by the care professional making the call, or by a trusted third party service provider that uses a robust authentication process.

Practices should consider if the measures they are using for verification and authentication are sufficiently robust and secure, specifically if the information required could be readily obtained or be available to others e.g. friends, parents, family. If there are any concerns the practice should contact the patient to confirm identity through alternative means.

Patient Online services in Primary Care have guidance on steps that can be taken to correctly verify the patient's identity.
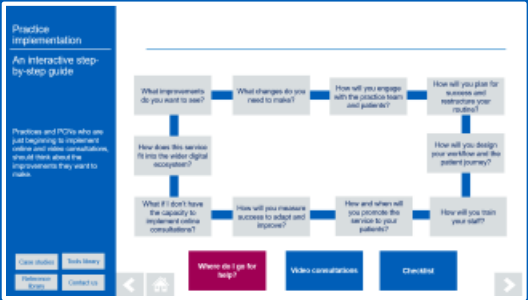
RCGP Patient Online Services in Primary Care

NHSE guidance on ID verification

## How do I verify identity?



**Measures to verify the patient is registered** at the practice and their details match those recorded in the clinical system vary depending on the tool and can include:

- Patient information and contact details being matched against the patient record
- Use of NHS Spine integration for patient matching
- Registration questionnaires designed to enable practice ODS codes to be identified
- Physical checking of photo ID by practice staff for initial registration
- Collaborating with patient facing services such as Evergreen Life and Patient Access to auto-match patients to their records

**Identity verification protocols** should be made available to all staff to ensure consistent and transparent processes. Protocols need to be reviewed regularly to ensure they remain up to date with national guidance. Staff should be fully trained and understand the protocol.

Online consultation systems on the Dynamic Purchasing System Framework will be required to use **NHS Login** in the near future to verify who patients are via a secure online platform (including biometric fingerprint log in functionality). This will relieve the burden of ID verification on general practice while ensuring secure access to these systems in line with NHS Digital's standard on proving identity. If patients have already had their ID verified to use GP online services they will be able to use these registration details to register with NHS Login.

Safety checks home

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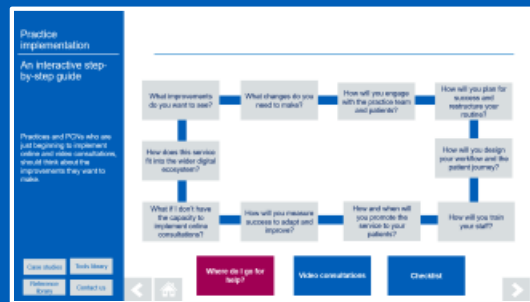Reference library

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Using the NHS login

RCGP guidance on ID and coercion

RCGP e-modules

# Training

## What should training include?

Training will vary depending on the supplier and practice needs. **It does not need to be complicated** but it does need to **adapt to local requirements** and processes, and include an understanding of the technical system.

**Provide training for all staff** so that they are familiar with the new systems.

- Find out what training the supplier offers and how it is delivered.

- Encourage staff to feedback on training and processes – to make it as effective as possible.

- Encourage staff to submit their own online consultation requests so they can see how it works from the patient perspective.

- Ensure all staff are trained on the new policies for processing online consultations - run a whole team simulation to understand work flow, role play scenarios.

- **Align with training staff in care navigation**

- Build staff skills in how to promote and demonstrate online consultations.

- Recognise that not all staff will have the same level of IT literacy or equipment learning needs, training may need to be adapted for individuals.

**TIP**
**Access national funding to upskill staff** and to train care navigators. Speak to your CCG or contact your STP Primary Care Strategy or Development Lead for further information.

**Training should also cover:**
**For video consultations, practical details,** such as how to use the equipment, initiate and conduct a video consultation, camera position, where to look, where to sit and lighting of the room.

The **flow of a consultation**: how questionnaires and information is presented, how serious symptoms are flagged and how to respond.
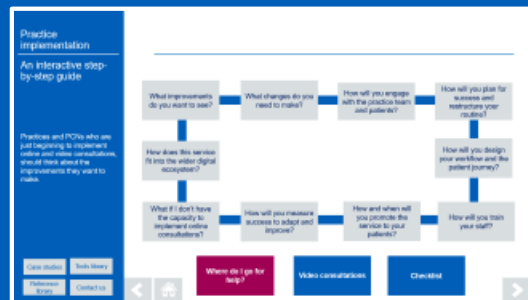
## What should training include?



Ensure training includes how to recognise red flags remotely and what to do when one arises

- Use 'test' patients to become familiar with the system and process online consults. Feel confident in using the clinician portal

- Train using real scenarios, including challenging cases, getting feedback from clinicians experienced in online consulting to build confidence in your management and awareness of the issues that need to be considered

- Include your wider clinical workforce in training e.g. pharmacist, nurse

- Consider using a checklist of competencies to evidence training was to a certain standard and support clinical audit. This could also be provided to clinicians to use for their appraisals. NHS England will work with partners to improve and support training and development.

- For some clinicians it can take longer to build confidence in this new way of working and adapt to new processes and templates. Provide support sessions early to help get all clinicians to a standard where they are comfortable consulting online autonomously.

**TIPS**
Building **specific skills for online consulting** may reduce the proportion of GP requests for a follow-up face to face consultation. Following an intensive package of technical and clinical online consultation training, **remote closure rates of 87%** were obtained. Increased familiarity of GPs and patients with the new system may have also contributed.
Dyer-Smith et al. (2019)

Some suppliers provide videos, test cases based on real scenarios online or **small group supervision** led by clinicians experienced in online consulting working through cases with you, to help you build your confidence and learn how to do this.

Familiarise yourself with good practice, regulatory and prescribing guidance.

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## What should training include?
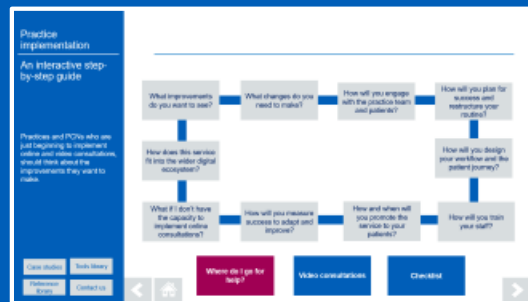


- Find out what technical support you will have and how to access it if working remotely

- Ensure staff are aware of how and where they can access resources e.g. guidelines, protocols and peer support

- Have an ongoing programme of training to ensure consistency and to cope with staff changes:
- refreshers and updates
- audit adherence to protocols and variations in practice
- incorporate into induction, staff training and discussions at team meetings
- appraisal and feedback

**RESEARCH**
GPs consulting remotely highlighted the usefulness of training updates on **identifying very early symptoms** and signs of an illness as patients tend to present earlier via digital channels.

Clinicians need to feel **fully confident** in their ability to consult remotely to avoid overcompensating by taking longer or sending patients to be seen face to face unnecessarily*
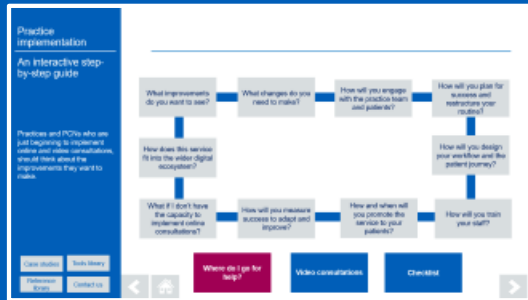(*GPaH evaluation)

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## Shared learning



Clinicians are encouraged to maintain a **mixed workload** (face to face and online) to maintain their skills in both consulting remotely and treating the breadth and complexity of patients beyond those seeking a digital consultation. This also helps with the recognition of patients that would benefit from a face to face review when consulting online.

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This won't be easy, especially for GPs less comfortable with this way of working so discuss clinical cases and share learning with others:

- **Have a process for debriefs** following difficult consultations.
- Remote consulting allows you time to **consult with your peers**, read the notes, ask for advice and check guidelines. Develop a process for peer to peer support for clinical dilemmas and to avoid isolation.
- **Discuss clinical cases** with a focus on learning how to use the system most effectively and efficiently and **build confidence** and skills in online consulting.
- Encourage **self-audit** of consultations.
- **Join webinars** about online consultations run by NHS England.
- **Set up an innovation network** and learning sets with local practices or within your primary care network to spread learning about online consultations and Digital Triage, share experience from both within and outside the group, and to motivate and encourage practices.
- **Talk to practices** that have already implemented online consultations to hear about what worked and what didn't, particularly if you share a similar population challenges, develop a **buddy system.**
- **Join the NHS England virtual innovation network platform**, connecting practices, PCN leads, regional leads and commissioners to share their experiences, challenges and solutions around implementation. Send an email request for log in details and information on how to join.

# What are the key considerations?
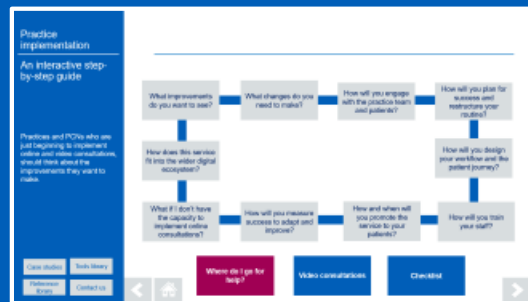


*"While satisfaction rates were generally high, some patients had concerns about confidentiality, particularly around reception staff reading confidential medical information submitted via web requests."*

*Carter et al. (2018)*

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**Build trust**

- Reassure patients about how their confidentiality and privacy is protected.

- Ensure patients know they will be able to see a GP if they need to.

- Advise them they will be connected directly to the most appropriate professional.

- Respond quickly to an online consultation.

**Explain how to use the service and what to expect**

- To avoid additional phone calls clarifying use.

**Making patients aware**

- Make sure availability of the service is visible and promote constantly, particularly at a relevant time e.g. when making an appointment, in the waiting room.

**Have a clear implementation plan with timelines**

- Factor in any additional resource or time required for staff to promote the changes.

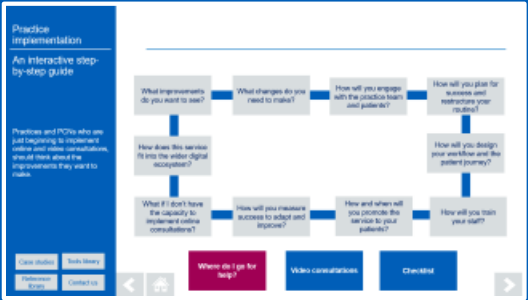**Publicise and make mechanisms for feedback available**

**TIPS**

Evidence shows patients will use it if they know about it and understand the benefits.

Patients are more likely to use the system if they know a clinician is making a decision about whether they need a face to face appointment.

## How shall I engage patients?



*"Receptionists have a key role in facilitating patient awareness regarding new approaches to consultations in primary care, while at the same time ensuring that patients receive a consultation appropriate to their needs…"*

*Brant et al. (2018)*

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**Both clinicians and administrative staff encourage uptake of the online system.**

E.g. reminding patients they can use the service next time they need advice or when they're not sure if they really need an appointment, for future medication or long term condition reviews, to discuss test results, to arrange regular monitoring or if a follow-up is required (if clinically appropriate).

When a patient requests an appointment reception staff **could encourage or demonstrate the use of online consultation** (unless it is not appropriate).

Consider using [key messages](#) when speaking to patients.

The impact of posters and leaflets to promote use is small. These are usually provided by the supplier. **Research has shown promotion by reception and clinical staff makes the greatest impact.**

**Use of existing channels** include information in new patient induction packs, [newsletters, prescription slips](#)

The Stratford Village Surgery case study (coming soon) demonstrates how they have actively engaged patients in the process.

**TIPS**

The **most successful practices** are the ones that advertise well and prepare protocols and [scripts](#) for staff to convey messages to patients.

Thank patients for using an online consultation, especially if they have provided a useful detailed history, and it has made the clinician's job easier. Or, include a written message in the tool from a senior GP thanking the user.
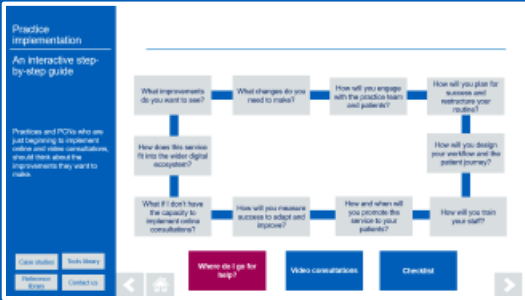
# What changes do I need to make to my website?



**Add a banner about online consultations on the practice website.**

This might be a dedicated webpage. **Consider which pages are the most visited and signpost people to online consultations from there.** At a minimum, ensure information is clearly visible and prominent on your homepage – it is the gateway to online consults.

You can refer patients and carers to this webpage in all of your patient communications.

Make online consultation information available on other websites e.g. local authority and CCG.

**Your supplier will provide you with the code to update your website with a banner.** This may be a good opportunity to update the content and design of the practice website.

## TIPS

- **Make the online consultation web page prominent and easy to find on both desktop and mobile views**
- **Ask patients how easy it is to find**
- Information should be succinct and use plain English.
- Check the reading age.
- Information provided should be consistent and up to date.
- Include a patient feedback form, to help you evaluate delivery of the service
- Review feedback collated by the supplier's system.
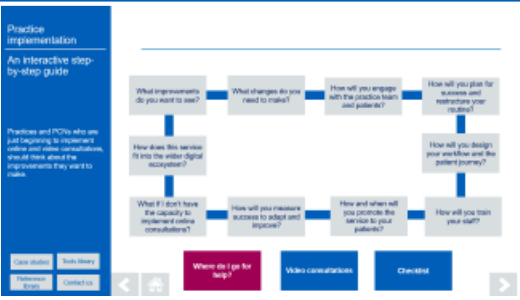
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Design and build digital services for the NHS

Citizens Online – make technology work (video)

## How do I make patients aware of the service?

Digital communication is a useful way to reach a wide range of local audiences and can often be low cost or no cost to produce, offering excellent value for money. Check the tools library for samples of the following:

### Phone messages

[Record a message](#) on the practice answering system which patients can access before selecting the service they require, explaining online consultations.

It is helpful if the system includes an easier option(s) for patients who do not require an online consultation or triage, such as those booking a cervical smear or blood test and those who have been triaged as needing an appointment and are phoning to book or rearrange this.

*"Alter the automated attendant telephone message so that patients seeking clinical help will hear a recorded message from a **senior clinician** explaining the system and encouraging use of the online consultation triage."*

Norfolk and Waveney STP

### Electronic display screens in practice

Include a graphic or message that can be used on patient information screens and will catch a patient's attention while they are waiting for their appointment.

### Text messages

Consider use of the practice's [SMS texting service](#) (taking into account cost implications) to inform patients about the online consultation service and how to access it if you have their consent to do so.

Confirm the patient's mobile number and send them a link to complete an online consultation when booking an appointment if the patient has agreed to the use of SMS. Some systems can be accessed via a QR code for patients to scan if they have come into the surgery.
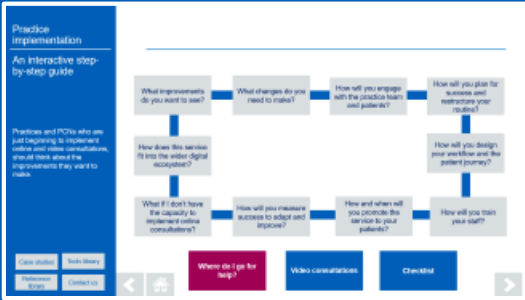
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*"It is possible to create a team ethic and cohesiveness in an online environment."*

Riverside Medical Practice
GP Partner, Hurley Group eHub

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## What if I don't have the capacity to implement online consultations at my practice?

You may also want to consider other models such as an 'eHub' particularly as practices work collaboratively as a Primary Care Network and share resources and workforce.

**Resident is able to access a platform which allows them to consult online with eHub clinicians**



*eHub provides digital and possible F2F services.*
*Where eHub appointment is not in patients' best interest, capacity at registered GP is sought.*

eHub could be set up as:
1. Separate entity
2. Part of access hub
3. Linked to UCC/UTC if applicable

**Online consultations are managed centrally by a group of clinicians working on behalf of a group of GP Practices**

IMPERIAL COLLEGE
HEALTH PARTNERS

## eHub



*"We have found it (eHub) much easier to implement than the individual practice model and it allows some standardisation of the service across the patch."*
Imperial College Health Partners

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### Why? The experience of North West London

North West London has **fewer GPs per head compared to other parts of England**. Figures from the Nuffield Trust report 54 GPs per 100,000 population with a 5% drop in GP numbers over recent years.

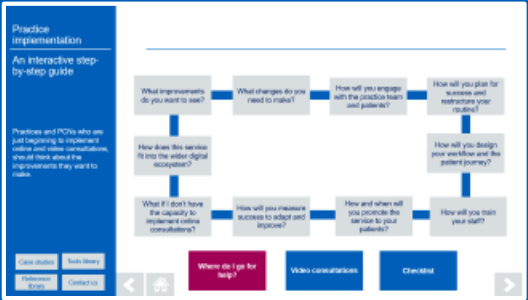- Smaller practices found using online consultations at an individual practice level unmanageable.

- Capacity to change ways of working to embrace the new technology was lacking.

- Doing it as a network of practices offered:

    - a means to take burden away from those practices.

    - a small group of clinicians to become skilled at processing online consultations.

    - the opportunity for local GPs, with a good understanding of the community and local processes, to provide the eHub service.

    - the ability to expand/share workforce and for staff to work seamlessly from any site creating built in business continuity.

    - A full evaluation is in progress

### TIPS from an eHub lead

To avoid extra work being referred back to the practice, eHub clinicians need access to patient records, refer, order tests, prescribe electronically and maintain a contemporaneous record, allowing GPs to operate in an "on the ground" manner.

Agreed **standard operating procedures**, clinical **protocols** and a **single point resource** of guidelines, referral forms and local services, reduces clinical risk and allows standardisation of the service.

Integrating the eHub into the **local access hub** enables direct and seamless booking of patients into face to face appointments. Travel times and distance need to be convenient.

Having technically knowledgeable administrators and clinicians is key for troubleshooting.

### Impact on continuity of care

"There has been no major impact on patients as they are used to seeing different GPs from walk in appointments or hubs so having a consultation with different GPs has not been a challenge."
Imperial College Health Partners

**Overcoming Challenges - Continuity of Care**

# Other models

## eHub case study
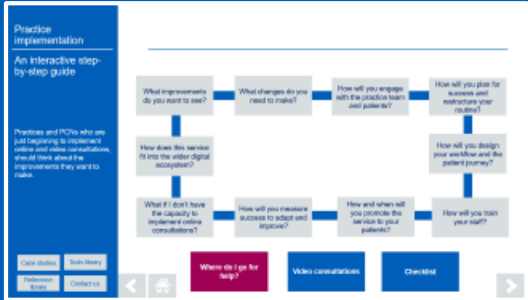
"eHub clinicians can also **support their practices to process workflow** such as signing prescriptions, reviewing lab reports and managing documents - easing the administrative burden when sites are under pressure e.g. due to sickness, holidays, high demand"

eHub Lead

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**TIPS**
Use of templates for consistent and standardised recording allows high quality data analysis of demand, capacity, outcome and performance of clinicians

Patient submits online consult via own practice website

↓

Online consult processed and allocated by eHub administrator

↓

| Physicians Associate | GP | Pharmacist | Administrator |

↓

Closed off by direct message through online consult **(58.8%)**

Closed off via telephone call by eHub clinician **(30%)**

Requires a face to face appointment **(11.5%)**

↓

Extended access hub

Patient's own practice

# eHub challenges



"Enabling the eHub to carry out 2 week wait referrals has worked well and reduced workload for the home practice. Using it for administrative requests has been especially good, reducing phone calls and making it easier for administrative staff to respond."

GP Partner and eHub GP

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## How do I overcome some of the challenges of an eHub? Advice from practices

**Enabling full access to the patient record** permitting electronic prescribing, test ordering, e-referrals, direct documentation into the patient's home practice record and access to local shared records can reduce administrative burden and safety risks.

However a seamless process is technically and culturally challenging.

Commissioners should work with LMCs and collaborate with their PCNs and practices to clarify how activity generated by the eHub will be funded e.g. prescribing.

Practices will need to agree if services will be more restricted than their own practice. How will test ordering and results be managed? Systems should allow for clinicians to save test requests in the patient's home practice record and encourage patients to book appointments for blood tests online rather than visiting the practice.

If staff are working off site, consider what system functionality cannot be accessed remotely.

Speak to your CCG regarding the deployment of mobile devices required for remote access.

**Map out your workflow** to ensure the service design does not increase workload, introduce new clinical risk or deliver a poor experience.

- Good clinical governance and staff training is essential with clear supervisory processes.

- Clarify roles and responsibilities.

- Have a dedicated person at the home practice as a point of contact for any queries, tasks and managing online consultations.

- Choose online consultation systems that require low levels of manual work to transfer online consultation requests into the clinical system.

- Ensure a robust process for hand-over of outputs to the Practice (if required) making sure information and coding is complete and the correct templates are used to avoid delays in care and additional work for the home practice.

- Communicate changes to eHub operation times. On busy days the eHub may need to release more slots.

# eHub challenges



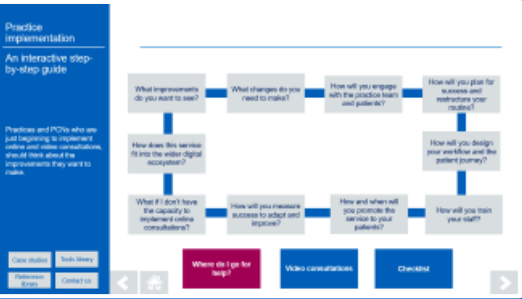An accelerator site in Devon is working with a team of research psychologists to change the way they approach innovation and change. Revealing the trouble spots and culture within teams, learning collaboratively how/why teams respond to and overcome (or not) the challenge of implementation, they are developing their teams' capability to re-create their own version of innovations in their own setting.

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## Mutual trust is really important in building confidence and making this work

Conduct a Data Privacy Impact Assessment.

Develop and implement data sharing agreements (DSA) between practices and the eHub.

It is strongly recommended that proposed data sharing agreements are reviewed by a qualified professional to ensure compliance with the various aspects of data protection legislation.

Update your Privacy Notice and communications plan to make patients aware of what to expect and how their records will be shared with those that are providing their care. Explaining the benefits, risks, safeguards and signposting to sources of further information.

A quick response to practice queries from the eHub can improve practice confidence in the model.

**The impact of these models is being evaluated.**

These **case studies** (coming soon) discuss different operating models used by practices and share their learning so far.

## Consider the impact on staff

Consider the issue of staff registered at another network practice having their online consultation read by a clinician based in the practice they work in. Write to staff making them aware of this possibility and discuss applying a confidentiality policy on staff records.

### TIPS

**Interoperability between practice systems and the eHub is key**. Confirm whether systems are interoperable early on and engage with NHS England and NHS Digital IT leads to discuss requirements via england.digitalfirstprimarycare@nhs.net

Modify the Primary Care Network national data sharing agreement template to develop your DSA

## What does the research tell me?
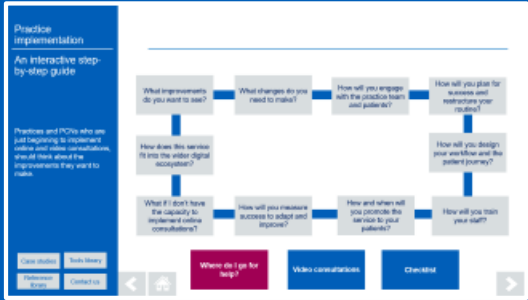


*"Comparing video and telephone, it was just all the non-verbal cues…you're much more focussed on the person in front of you. So in terms of the quality it's probably higher comparing video with telephone in terms of my attentiveness. It then stops me from multi-tasking, like doing another patient's prescription."*

Clinician, ViCo Toolkit

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Use with an understanding of the patients' lives and how the technology relates to the management of their health condition (VOCAL study). Consider a **targeted** approach.

### Offer a range of remote consulting modalities to allow for patient preference and specific needs

Although video consultations are well received, generic uptake is usually low. Patient contact preference data from a sample of 21 practices revealed a much higher preference for secure messaging, telephone or face to face consultations compared to video (askmyGP data first quarter 2019). A preference for telephone is also reflected in the recent evaluation of Babylon's GP at Hand Service.

A key advantage of video over telephone is the ability to pick up on visual cues or when visual examination is important e.g. assessment of inhaler technique, people who are housebound, have a mental health problem or palliative care need or support members of your MDT visiting patients. They have the potential to reduce home visits. However people didn't see the advantage of video if they did not require the visual or even felt uncomfortable with it e.g. discussing sexual health problems (ViCo Study).

### TIPS
**Adapt use to shape the service around patient needs.**

Ensure a seamless process for administrative outputs of a consultation e.g. sending in a test sample, arranging a prescription or referral, booking an appointment.

The quality of record keeping is important to avoid the need for patients repeating themselves if they need to be seen, and improves the feeling of continuity.

### RESEARCH
The ViCo study found the duration, content and impact on re-consultation rates were similar to telephone for **follow up consultations in primary care**. Video consultations were popular with those that used them. Patients value its convenience.

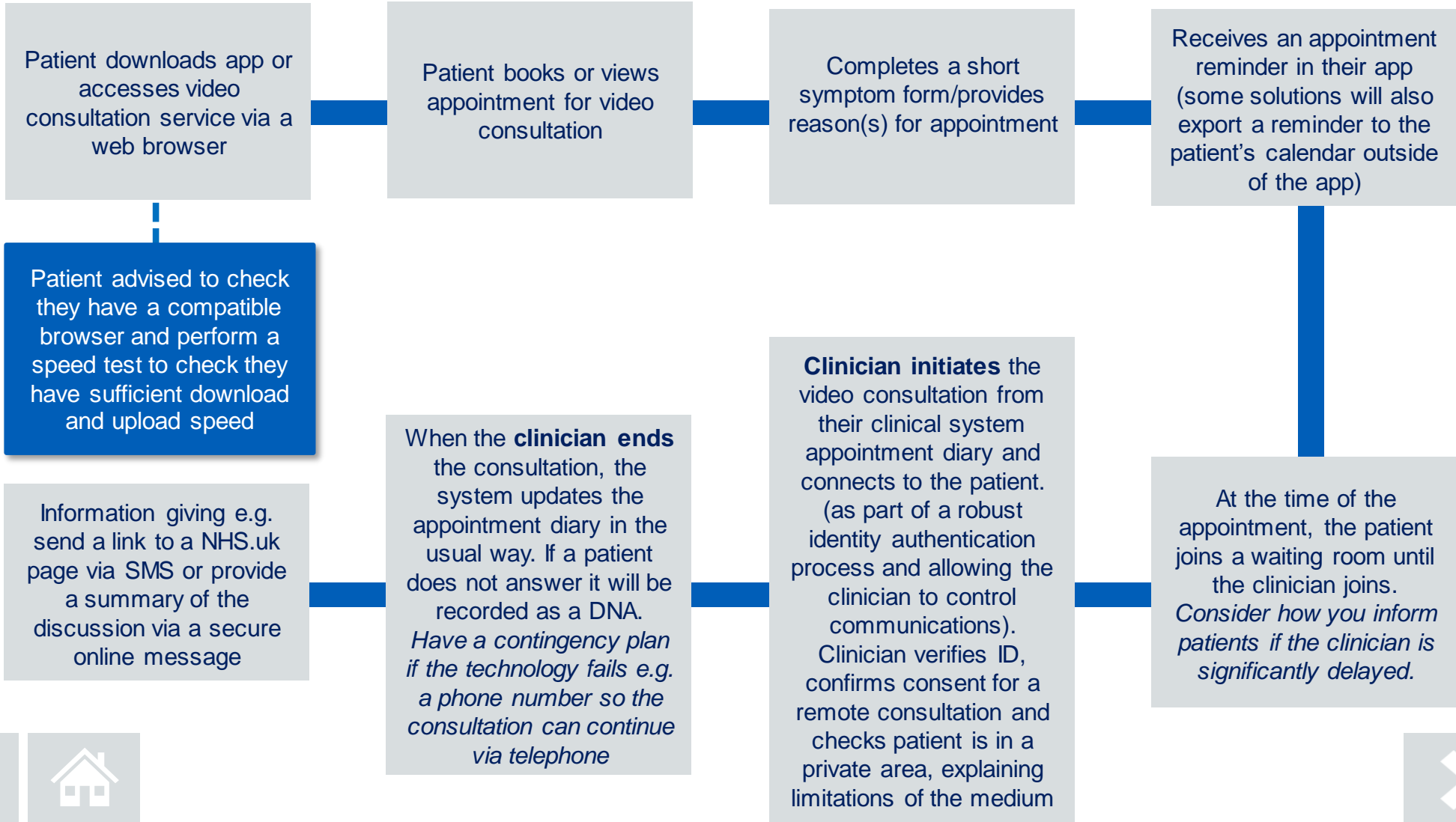VOCAL Study

# Video Consultations

## What does the patient flow look like?
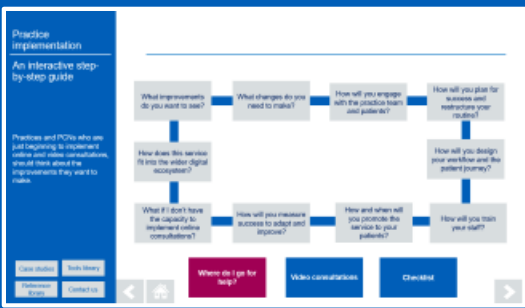


A summary of the video consultation should be documented in the patient's medical record in the same way as a face to face consultation. Video consultations should not be recorded, unless the service user provides explicit consent to live recordings - if provided this should be noted in the care record.

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This is one example of a model that practices are using where the video consultation solution is integrated with the GP clinical system.

Patient downloads app or accesses video consultation service via a web browser

Patient books or views appointment for video consultation

Completes a short symptom form/provides reason(s) for appointment

Receives an appointment reminder in their app (some solutions will also export a reminder to the patient's calendar outside of the app)

Patient advised to check they have a compatible browser and perform a speed test to check they have sufficient download and upload speed

**Clinician initiates** the video consultation from their clinical system appointment diary and connects to the patient. (as part of a robust identity authentication process and allowing the clinician to control communications). Clinician verifies ID, confirms consent for a remote consultation and checks patient is in a private area, explaining limitations of the medium

Information giving e.g. send a link to a NHS.uk page via SMS or provide a summary of the discussion via a secure online message

When the **clinician ends** the consultation, the system updates the appointment diary in the usual way. If a patient does not answer it will be recorded as a DNA. *Have a contingency plan if the technology fails e.g. a phone number so the consultation can continue via telephone*

At the time of the appointment, the patient joins a waiting room until the clinician joins. *Consider how you inform patients if the clinician is significantly delayed.*

"We cannot have practices being asked to offer video consultations when their present hardware and bandwidth do not allow them to consult effectively without frustration." **The Primary Care (GP) Digital Services Operating Model 2019-21** requires CCGs to support practices in this development by ensuring investment in IT enabling services necessary to use the service.

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Ensure you and your patients have the right equipment and [IT infrastructure](#) to deliver this modality. Consider requirements early with your **local IT lead**.

- Does it work on your desktop or chosen device? Do you have sufficient internet connectivity? Consider how many locations will need the solution, the concurrency of usage and seek advice on current [infrastructure to accommodate the solution](#)
- Will you (and the patient) need an external microphone, speakers/headphones and webcam?
- Aim to maximise privacy; consider device and volume settings, screen position, consult in a private, quiet, well-lit room; input into your privacy impact assessment.
- Provide patients with guidance on the secure use of the chosen solution. Seek input from your local DPO.
- Informed patient consent is required. The [Information Governance Alliance](#) and [NHS Staffordshire](#) have produced guidance on the key points to cover.
- Check the video technology is working beforehand.
- In the event of technical difficulties, the clinician should contact the patient to inform them of the problem. Make sure that the phone number on file is correct and remind patients to have other forms of communication available to them before the consultation ([VOCAL study](#)).

**[ViCo Toolkit](#)**
**High speed broadband or WiFi** is usually required (some systems may work at lower internet speeds so check requirements with suppliers). Test your speed and latency at [Speedtest](#)

Some systems allow you to carry out the video consultation from within the system while viewing the medical record at the same time. Otherwise, **consider the use of two screens**.
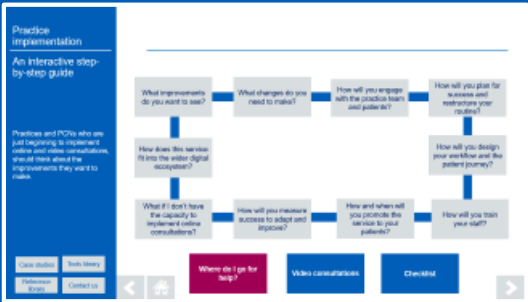
**Block book several video calls** after the equipment is set up rather than making a video call during usual surgery clinics.

Consider a **longer appointment slot for the initial video call**, as the technology may require adjustment before the consultation can proceed.

**Commissioners: Choosing a video solution**

## Supporting care homes



*"Tameside's pioneering work is an example of what happens when you bring together teams from the NHS, local authorities and care home providers and give them the freedom and resources to develop new ways of doing things."*

Chief Officer of the Greater Manchester Health and Social Care Partnership

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## Using video consultations as part of an integrated care system to support care homes.

**Improving access for care home residents through digital technology**

A scheme led by Tameside, in the Greater Manchester region, is using digital technology to support older people stay out of hospital, reduce avoidable ambulance call outs and access care faster.

A video on-call team take around 8,000 calls a year from wardens working in sheltered accommodation, care home staff and community teams looking for advice and support for their residents.

In the last two years they have prevented 3,000 avoidable visits to A&E and freed up 2,000 GP appointments by addressing issues via video consultations. Dedicated nurses provide advice, guidance and reassurance to staff through a video consultation and avoid the unnecessary disruption and distress of attending A&E.

**What are practices using video for?**
Video consultations have been used by practices to improve GP retention **increasing practice capacity**, support care homes, hospices and long term condition management. These videos were produced by Redmoor Health on behalf of the NHS in Staffordshire, Lancashire and Cumbria:
GP retention          Care homes          Hospices

**TOOLS AND RESOURCES**
Practices in North Staffordshire have conducted 2001 video consultations with care homes since June 2018, saving 10,232 minutes of travel time, 850 miles of driving and 1566 face to face visits. The pilot has developed an **example protocol** (with **a patient information sheet**), **standard operating procedure** and **privacy impact assessment** and **example MoUs** between practices and care homes, highlighting some key considerations regardless of your chosen solution. Review as a guide, seeking further advice where necessary.

Tameside case study

NHS North Staffordshire Video Consultation Pilot

Suitability

## Digital accelerators
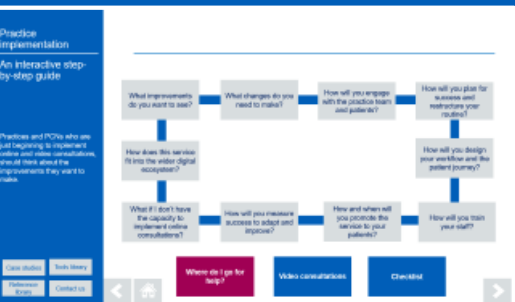


NHS England has provided support to three Digital First Primary Care Accelerators to test a digital first approach and **provide lessons and blueprints to other areas**. These accelerators are in London, East Kent and Devon.

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The NHS Long Term Plan contains a commitment that by 2023/24 every patient in England will be able to access a digital first primary care offer. **Access to primary care services via online consultations will be a key part of achieving that commitment.**

Digital First is the approach Integrated Care Systems (ICSs), CCGs and PCNs need to adopt in order to ensure people can access appropriate health and care services consistently as and when they need to. This will be driven by process change and adopted through digital platforms and products commissioned locally.

Digital first is not a specific product or set of services, but an approach to providing for the needs of a local population utilising digital tools and consistently optimising digital routes to provide efficiencies which free up time to care.

Using technology to reduce avoidable appointments across health and care and enable patients to
- access key information to manage their health and wellbeing proactively

- access services from the most appropriate care setting
- communicate with health and care professionals in a more convenient way
- access community and social based interventions in their local area

**TIP**
Ensure that supplier roadmaps align to national digital initiatives.



**NHS Long Term plan**

## Joined up digital services



*"[Through] creating a platform, and letting other people innovate on top of it – [we] will ensure a continuing evolution of products available to our citizens and patients."*

Matthew Gould, CEO, NHSX

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The NHS App is a national platform providing people with a 'front door' to a range of online health and care services, via their smart phone, tablet or device.

Through the publication of APIs, it will allow the market to innovate and commissioners will be able to surface online products or services that conform to NHS standards, to meet the needs of their population.

NHS England are working with NHS Digital to **integrate online consultation tools with the NHS App** to support a safe and consistent user experience.

Collaborating with suppliers from the DPS Framework, the NHS App team are developing and validating technical requirements for successful integration to enable suppliers to quickly onboard and implement.

We encourage commissioners looking to procure an online consultation tool to ensure the supplier has integration with the NHS App on their roadmap.



**NHS App**

# Implementation Checklist



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**1. Vision**
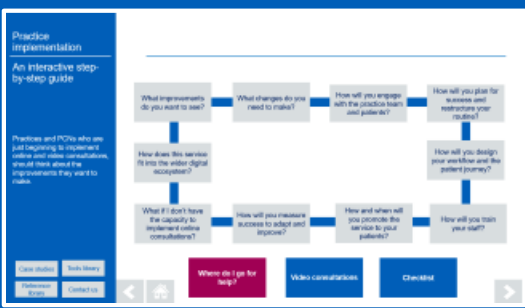- Get consensus for change.
- Collaborate with your CCG, PCN and patients to develop the local vision, service requirements, feedback on systems and decide on the delivery model (e.g. practice vs hub).
- Build your working group to lead the change.
- Decide what benefits you want to see.
- Talk to other practices and/or use the case study library to learn from what others are doing. Consider a buddy system.
- Map out your current processes, new patient journey and logic model.
- Plan how you will meet the needs of those who cannot use online services.

✓

**2. Strategy and Technology**
- Speak to your commissioner and PCN about what support you need for implementation.
- Set up learning sets/network to make the best use of resources and share knowledge.
- Decide on your strategic approach (big bang vs gradual vs targeted).

✓

- Experiment with test accounts and watch supplier videos to understand how the technology works.
- Involve your local IT leads early and discuss equipment and infrastructure requirements.

**3. Engage**
- Assess your readiness for change – talk to staff, your patients and PPG early and frequently:
  - communicate a clear story for change and expected benefits
  - get feedback, ask them to test supplier systems
  - share ideas and co-design the change process
  - build into clinical, team and PPG meetings
- Nominate champions.
- Define your success criteria and how you will measure it.
- Review roles and responsibilities and skills needed.
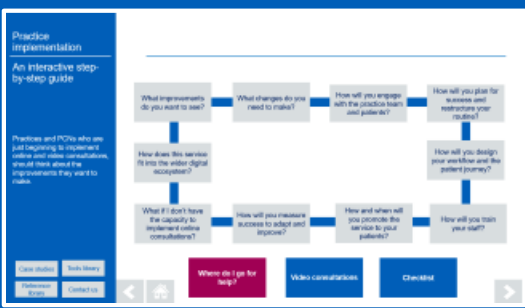- Upskill staff (care navigator, apply for GPFV funding).

✓

# Implementation Checklist



### 4. Redesign pathways
- Review your baseline workload, patterns and types of demand.
- Match to staff rotas and capacity.
- Chart team responsibilities and scope of practice.
- Restructure your work routine.
- [Change your appointment systems](#) to use online consultations effectively.
- Design around [patient needs and continuity](#).
- Make template changes.

### 5. Define your new work flow
- Decide on the workflow from available options.
- Build processes with your staff.
- Check everyone in the practice knows the workflow and protocol to work to.
- Role play or run a whole team simulation to walkthrough the patient journey with staff.
- Agree your contingency plans.
- Import templates to standardise recording and coding outcomes so you can monitor impact easily. Speak to your supplier or IT lead.

✓

- Focus on providing a rapid response and choice of GP where requested.
- Agree a [digital assistance support](#) process.

### 6. Policies and Protocols
- Ensure clinical [risk assessments](#) have been carried out by your CCG and work with your CCG clinical safety officer.
- Complete a data privacy impact assessment and [update your privacy notice](#) with input from your data protection officer.
- Review standard operating procedures or plans for [patient populations who you don't want to be using online consultations](#) - e.g. at risk groups, failed contacts, unregistered patients, red flags.
- Work with your team to develop your standard operating procedures and protocols e.g. new work flow and consultation processes, templates/codes to use, suitability criteria, ID verification, managing urgent queries, escalation protocol, contingency plans, roles and responsibilities, deliberate misuse policy.
- Review policies on the use of SMS, remote

✓

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## Implementation Checklist



working, role based access and passwords.
- Have a clear process for reporting issues or incidents and clinical governance.
- Have policies for signing up patients to GP online services/NHS App.

### 7. Training
- Confirm all your staff have completed the supplier training.
- Ensure all staff have read and understand the new policies/protocols and understand their new roles and responsibilities.
- Have key messages or a script for staff to use when promoting the service.
- Check your clinical staff have familiarised themselves with:
- how an online consultation looks
- how to review them (including how serious symptoms are flagged)
- good practice, regulatory and prescribing guidance
- assessing suitability for remote care
- how to respond and processes for arranging/notifying patients if a face-to-face appointment or call back is required

- how to conduct a video consultation (if applicable).
- Use test patients to process real patient scenarios to build confidence.
- Ask staff to submit an online consultation to understand the patient journey.
- Set up peer to peer support and a central resource for guidelines and protocols.
- Watch supplier training videos and/or train with experienced online consulters.
- Update induction and training packs.

### 8. Promotion
- Decide whether you will promote the service before or after you go live.
- Change your practice automated phone message with one of the senior partners endorsing the service.
- Make the online consultation banner prominent on the website, ideally patients can see it as soon as they open up your practice website.
- Make the pledged response times obvious and when they apply clear.

✓

✓

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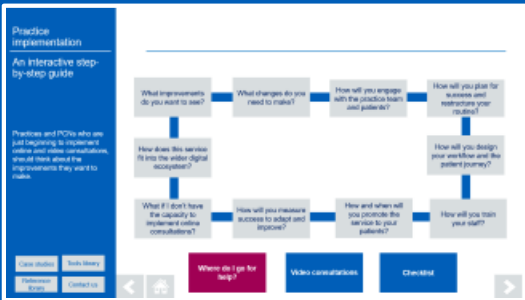
- Ensure information on what patients should do if they have an emergency complaint is provided on the website or within the tool.
- Market the service with every interaction. How else will you promote it? SMS, posters, leaflets, banners, electronic display screens, demos in the waiting room.
- Ask your supplier to deliver promotional materials close to 'go live' to avoid storage.
- Make the most of your PPG/patient groups, using them as champions.
- Encourage reception staff and clinicians to promote the service to patients - this is key.
- Set up a mechanism for feedback from staff and patients.

✓

### 9. Set your launch date
- Agree a go live date (avoid a Monday or a Friday) and appoint an implementation lead to provide oversight and a point of contact.
- Pick a week with no planned staff absences
- Do you need additional clinical cover for 'go-live'?
- Have a floor walker.
- Have you collected data on key metrics to

compare after starting with online consultations e.g. appointment and phone call volumes, time spent consulting, appointment waiting times?

### 10. Monitor impact
- [Track performance](#) using reports from your supplier.
- Share impact and usage figures with staff and patients.
- Map demand patterns to capacity.
- Monitor phone call and appt waiting times
- Get daily feedback from staff and patients and review patient feedback collected by the supplier – is it meeting expectations?
- Monitor impact on workloads.
- Assess effectiveness of processes/protocols.
- Share learning in team and PCN meetings.
- Review with your supplier and implementation lead 6-8 weeks post launch, are any improvements needed? Catch bad habits early, set up peer-peer support.
- Have a supplier contact if you need training, support, to report any issues or make system changes to adapt the offer to meet local need.

✓

# Measure your success
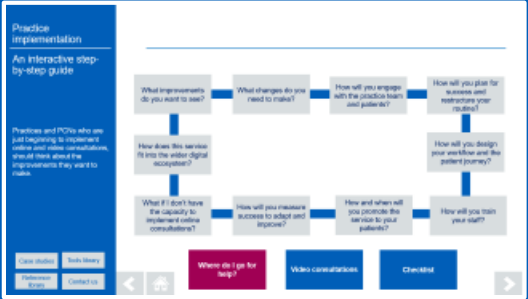


**What does success look like?**

**Measuring impact**

**What is already measured?**

**Clinical evaluation template**

### Have you seen the benefits you wanted?   Have there been any unintended effects?

**When starting a new way of working, it may be worth carrying out a simple evaluation so you can capture your achievements and any challenges and make improvements.**

There are no mandatory monitoring requirements for practices. **Practices should consider what would be most important to them and their patients.** Suppliers can support the regular tracking of certain [metrics](#) without burdening the practice by creating automatic weekly reports.

Consider the following three areas:

- **Service monitoring:** the routine functioning of online and video consultations. Are they doing what you wanted them to do?

- **Process evaluation:** the way in which online and video consultations are implemented and run. What can you learn from the process?

- **Impact evaluation:** whether or not online and video consultations are delivering the objectives set. Are you getting the outcomes you anticipated?

Some suppliers will collate practice data on key metrics pre-implementation for you, as a baseline for comparison.

Negative or unexpected adverse outcomes should trigger investigation to inform further improvement. It is important to use both qualitative and quantitative measures to understand the effects.

**MAKING MONITORING EASIER**
We want to reduce the burden of collecting data and to make measuring impact easier for practices. NHS England is consulting with practices, PCNs, commissioners and patients to identify a list of **shared priorities** and develop a framework for monitoring impact and standardising measurement. We will explore how we can extract and make that data available with **minimal impact** on workload, ideally automated and regularly updating.

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## Model for improvement

When measuring improvement consider these three questions:



Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan
Study | Do

Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), The Improvement Guide: a practical approach to enhancing organisational performance, Jossey Bass Publishers, San Francisco

## Model for improvement

It is important to measure the impact of online and video consultations on the system as a whole for users and non-users.

You will need to be clear about:

### The purpose

- Translate your objectives into a measure for evaluation – what question do you want to answer?
- What will you do with what you have found?

### Requirements of your stakeholders e.g. staff, patients, commissioner, primary care network

- What do they want to know?
- Who should do the monitoring?

### Looking at the objectives, what are the best methods for the evaluation?

- What information will you need for monitoring and can it be collected practically and with sufficient reliability?
- What resources/skill sets do you have available?
- Who will you share your results with?
- Do you need a 'family' of measures to provide information (both facts and feelings)

### When should you start measuring impact?

**Before implementation**
Gather data on key metrics to compare after starting with online consultations e.g. demand/workload

**As soon as possible after implementation:**
- Evaluate the process, extent of and barriers to implementation
- The views of staff and patients on how it is progressing
- Analysis of available monitoring data

**After changes have been established:**
- Have you seen the benefits you wanted?
- What improvements did it create?
- Have there been any unintended effects?

### Improve, adapt and make changes

If you set out knowing where you want to go to but not planning the best way, you will take a very long time to get there. You may never actually get to your destination. Would you really make a journey this way?

You need to plan the route carefully, evaluate your progress against the route at regular points and learn to make your planning even better

**Evaluating improvement**

# What is already measured?

The **General Practice Forward View (GPFV) Monitoring Survey** is used to collect information on a quarterly basis from CCGs about the deployment of online consultation systems. The results are available to NHS England and Improvement.

**The online consultation questions on the GPFV Monitoring Survey are as follows:**

- Region name
- STP name
- CCG name
- Practices able to offer online consultations?
- Percentage of the population able to access online consultations?
- Of the practices that do not offer online consultations, percentage of practices with an online consultation system going live in March 2020?

- Of the population that cannot access online consultations, percentage able to access online consultations when a system goes live in March 2020?
- Percentage of practices able to offer online video consultations?
- Percentage of population able to access video consultations?

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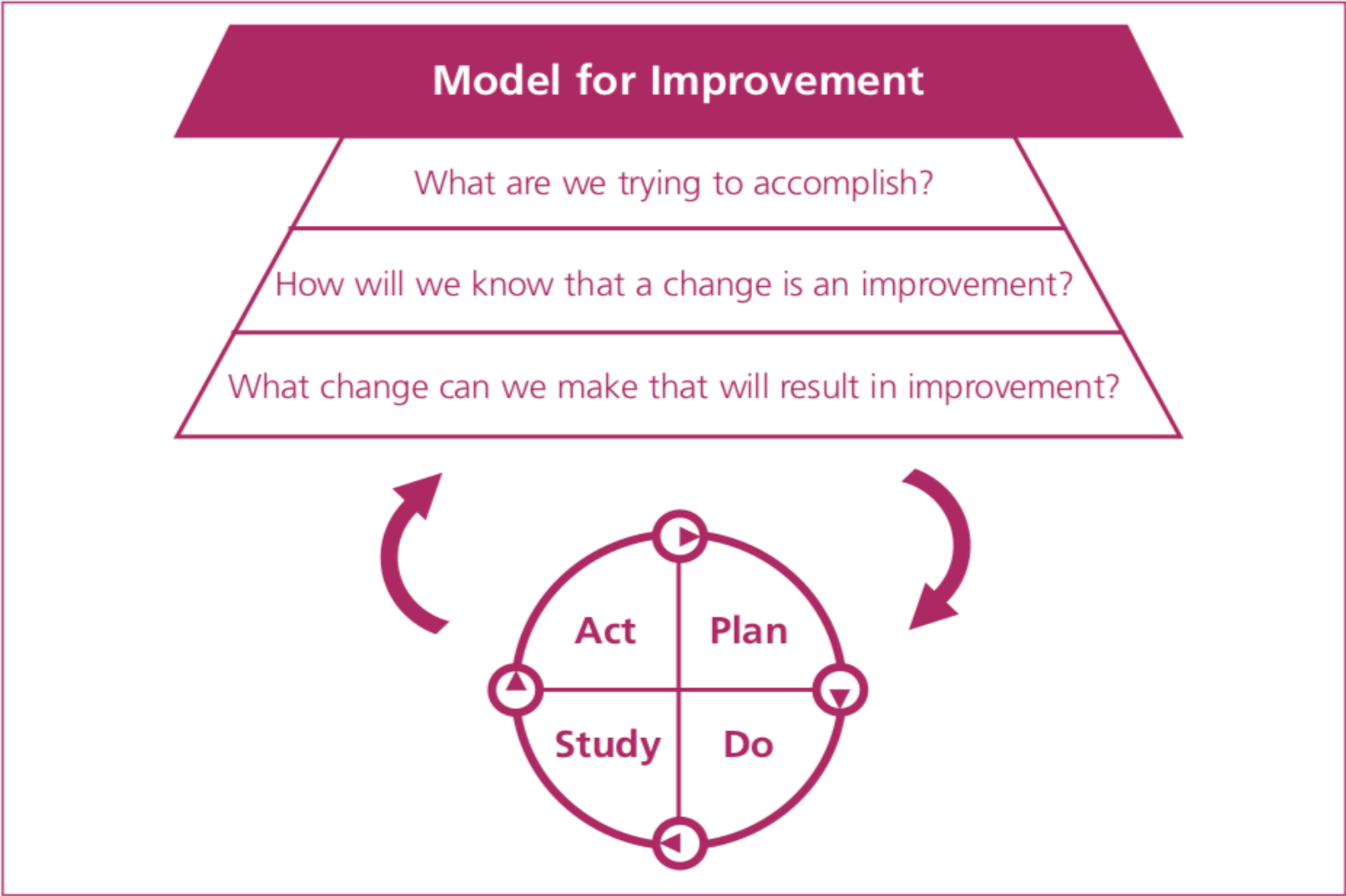General Practice Forward View

# What is already measured?

**Suppliers create automatic reports which are provided regularly to practices**. NHS England is currently developing a framework to standardise the data collected. Currently some suppliers provide information on:

- **Are online consultations being used by patients?** - the number of online consultations submitted and number of users.

- **Do patients like it?** - patient feedback.

- **Does it reduce the need for patients to come into the surgery?** - how the online consultation was resolved. How many converted to a face to face consultation and how many were resolved online, via telephone, video call or re-directed to self care or a community service.

- **What is it like on a Monday morning?** - demand patterns, daily volumes, day/time of consultations.

- **What types of conditions are they being used for?** (if using an automated history taking engine).

- **What are staff training needs?** Identify variations in remote closure rates between personnel and speak to staff.

- **What is the wider impact on health service use?** – what percentage of patients are directed to urgent care or A+E by the system?

- **What is the time taken to respond to an online consultation?** - a distribution of response and completion times.

- **Do they redistribute workflow away from GPs?** - who dealt with the online consultation. Are non-GPs closing online consultations? Is the balance of personnel in the team appropriate? Could you hire a more varied workforce?

- **Does it disadvantage certain groups or has it resulted in an increase in consultations with people who experience the greatest health inequalities?** How many online consultations are assisted by a carer, practice staff, or carried out by a proxy? What is the take up of online consultations by different age groups? Understanding uptake by carers, people with certain conditions and other demographic groups would require a practice level audit. Consider the impact on the availability and quality of face to face consultations?

## Patient perspective

We expect commissioners to work with LMCs and support practices and PCNs with the resources to measure impact. There are no mandatory monitoring requirements for practices. We have included some examples of what practices have found useful to monitor with suggestions of how to measure these.

### Patient Perspective

- **Are patients aware of the availability of online consultations?** you could assess this through a quick survey of patients seeking to book an appointment or discussion with your Patient Participation Group (PPG) and/or other local groups. Is it easy to find on the website? How did they hear about the service? This may help focus promotion efforts.

- **How quickly can a patient access care?** Does it change appointment waiting times? Monitor NHS Digital appointment time data.

- **Has it changed your antibiotic prescribing patterns?** Adapt your antibiotic prescribing audits to include whether the prescription was issued following an online or video consultation to monitor for a change in prescribing patterns. The RCGP have produced audit tools to allow prescribers to compare their prescribing decisions with local guidance.



**RCGP Antibiotic Audit Toolkits**

## Practice perspective

**Practice perspective**

- **What is the impact on workload?**
  Does it [save time/provide more appointments](#)?
  Record the number of consultations per month divided into type (online, video, telephone, face-to-face) and multiply by the average duration of each type of consultation to calculate the total number of hours spent consulting and the total number/type of consultations, compare pre and post implementation.

- **Does it reduce incoming phone call volumes?** Audit the number of phone calls received by reception during a week. In some cases your phone system will record this for you.

- **Does it reduce non attendance (DNA) rates?** This can be assessed through regular audit of your computer system or via NHS Digital appointment data.

**GP APPOINTMENT DATA**
NHS Digital have published GP appointments data which includes:

- The number of surgery appointments, home visits, telephone and online consultations

- The type of healthcare professional leading the appointment

- The number of appointments where a patient did not attend

- The time between an appointment being booked and taking place

There is ongoing development of the resource and Practices should note the [limitations on this data.](#)

## Staff perspective

### Staff perspective

- **What is the impact on staff?** Discuss with staff or conduct a [staff survey](), look at retention of staff and reasons for leaving. Have confidence levels in processing online consultations increased?

- **What are staff training needs?** Audit adherence to protocols and processes

- **Have there been unanticipated benefits or unintended adverse consequences?** Are you logging clinical incidents and reporting them to the supplier? Discuss with staff and monitor incidents

- **Are the online and video consultations appropriate?** Discuss with staff/clinicians, audit unplanned re-consultation rates within 2 weeks of an online or video consultation for the same problem, do they enable a higher quality follow on consultation if needed?

- **Do they enable staff to allocate more time to those that need it?** Do they reduce avoidable face to face consultations? Discuss with clinicians and practice staff



University of Bristol's Centre for Academic Primary Care have provided more information on how to measure success.

**Centre for Academic Primary Care**

**NHS England Insight resources**

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# Safety checks and measures

Quality assurance

Code of conduct for practices

Coercion and safeguarding

Code of conduct for commissioners

Reporting incidents and near misses

Suitability

Prescribing

Regulatory considerations

Medical indemnity

## Safety standards

Compliance with these standards requires suppliers and health organisations (e.g. CCGs) to have a clinical safety officer, who is responsible for ensuring the safety of the system through the application of clinical risk management. The standards ensure regular risk analyses are conducted, a hazard log is maintained, and deployment, delivery and maintenance of the systems is monitored and evaluated.

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Suppliers on the Dynamic Purchasing System framework are required to meet the following clinical risk management standards. Suppliers, commissioners and practices must conform with the following safety standards published under the Health and Social Care Act 2012:

**DCB0129: clinical risk management – its application in the manufacture of health IT systems**

**Aimed at the supplier/manufacturer.** Ensures that suppliers maintain adequate risk management processes. Suppliers are also required to ensure adequate risk management checks are conducted for third party products used in their systems.

**DCB0160: Clinical risk management – its application in the deployment and use of health IT systems**

**Aimed at the health organisation.** Ensures effective clinical risk management in the deployment, use, maintenance, modification or decommissioning of health IT systems. It is the responsibility of a practice to demonstrate how they achieve these requirements but is usually **carried out by the CCG on behalf of its practices**. Individual practices have a responsibility to work collaboratively with their local clinical safety officer.

BMA guidance

DCB Standards

# Quality assurance

## Compliance

In the near future, suppliers will also need to meet requirements for the GP IT Futures Framework

In addition to the safety standard, **suppliers** on the Dynamic Purchasing System framework comply with:

**Information Governance: Data Security and Protection Toolkit, GDPR and the National Data Guardian's 10 Security Standards**

Compliance demonstrates that organisations can maintain confidentiality and security of personal information, correctly handle data and, ensure protection from unauthorised access, loss, damage and destruction. If any data breaches occur, system suppliers should support practices to report and investigate any data breaches, and, comply with the requirement to notify the Information Commissioners Office (ICO) within 72 hours.

**Cyber essentials (and CE+)**

When handling personal and patient information, it is imperative that systems are secure against malware, hacking and cyber-attacks.

**Medical Device Regulations**

Apps, software or any third party software that qualifies as a medical device, must be CE marked in line with the UK medical device regulations. For example, CE marking should be sought for systems such as triage tools, symptom checkers, or algorithmic decision trees. It offers assurances that the device and manufacturing is of a sufficient quality for its intended use. New requirements will apply for in-house developed software that qualifies as a medical device from May 2020.

**Data Security and Protection Toolkit (DSPT)**

**General Data Protection Regulations**

**10 Security Standards**

**MHRA**

# Code of conduct for practices

## Checklist

Online consulting requires particular skills. The lack of sensory input and the comprehension of the patient are the most obvious differences compared to a telephone consultation, good training will provide staff with the tools and techniques to achieve safe and appropriate outcomes.

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| ✓ | Have access to the patient's NHS full primary care medical record when consulting remotely with the ability to document the content of the consultation in the patient's medical record. |
| --- | --- |
| ✓ | Verify the patient's (and if applicable, carer's) identity in line with NHS standards. |
| ✓ | Consider how to identify patients with vulnerabilities that present remotely e.g. where safeguarding issues need to be considered, those at risk of self harm, addiction, drug misuse. |
| ✓ | Tailor information and advice given to the individual patient and check the patient understands how the remote consultation is going to work, can discuss, ask questions or query a decision if they want to. |
| ✓ | Check patient understanding and agreement with management plans, taking steps to satisfy yourself that a patient is giving informed consent. Follow relevant mental capacity law requirements if there is doubt about the person's capacity to decide. |
| ✓ | Provide adequate safety netting advice. |
| ✓ | Provide appropriate signposting e.g. for a face to face consultation based on presenting clinical risk or where remote care is unsuitable to meet the patient's needs. |

| ✓ | Provide patients with the opportunity to share their information and communication needs, including those with a disability or sensory loss, checking for any flags in their medical record. Consider how/whether these needs can be met through an online consultation. |
| --- | --- |
| ✓ | Inform the patient whom they are consulting with online. |
| ✓ | Consider how serious concerns will be picked up and managed. Have a protocol for managing emergency complaints. |
| ✓ | Ensure clinical oversight and support of practice staff (including those working remotely). |
| ✓ | Follow clinical best practice regardless of the consultation modality. |
| ✓ | Keep up to date with relevant training, support and guidance for providing healthcare in a remote context. |
| ✓ | Where a separate system login is required, ensure role based access and use of strong passwords when activating accounts. |

| Guidance for remote consulting and prescribing | CQC mythbusters | GMC Making and using audio and visual recordings of patients |
| --- | --- | --- |

## Risk management

We expect commissioners to support practices in discharging these responsibilities

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## Consider activities to reduce potential risks, incorporate these into your processes and review regularly.

| | |
|---|---|
| ✓ | Assure that protocols and processes are working as intended and staff are clear about their roles and responsibilities e.g. through audit, feedback, reporting and monitoring incidents. |
| ✓ | Confirm how are you made aware of updates to questionnaires, triage tools and functionality? |
| ✓ | Ensure clinical risk assessments have been carried out by your CCG and meet safety standards. Collaborate with your local clinical safety officer to update clinical risk activities in response to system modifications and updates (commensurate with the scale and extent of the change). |
| ✓ | Input into your privacy impact assessment especially when using video consults or working away from the practice. |
| ✓ | Follow information governance good practice and relevant data protection legislation. Seek input from your data protection officer. |

| | |
|---|---|
| ✓ | Monitor impact on clinical practice e.g. audit antibiotic prescribing or referral rates following an online or video consultation. |
| ✓ | Contribute to setting up and maintaining effective systems to identify and manage risks, identify patterns of behaviour which may indicate serious concerns and to act quickly where patients are at risk of harm, may require safeguarding action to be taken or in response to safety alerts. |
| ✓ | Ensure staff feel confident and have had sufficient training to use the systems to consult online safely and effectively. |
| ✓ | Use a quality assured system by using one listed on the DPS framework. If using a system that has not been approved, it will be the responsibility of the practice to demonstrate how they achieve quality assurance requirements. |

**Use of images in clinical care**
Guide on mobile photographic devices in Dermatology

**Clinical Risk Management Standard DCB0160**

## What information governance issues do I need to consider when using automated triage or algorithmic engines?

Practices must comply with the relevant data protection legislation pertaining to automated decision-making (including profiling) where no human is involved in the triage, and decisions are made about a patient

- Practices need to let patients know if decision making is being automated and patients need to agree to it.

- Practices must provide patients with the option to have the decision reviewed manually e.g. by a clinician, if they do not agree with the outcome and know who that clinician is.

- The more ways in which practices can inform people, then this will capture the widest possible audience, a mixed approach works best.

- Update the Practice Privacy Notice using a layered approach. The first layer should provide a clear overview of the information available on the processing of personal data and where/how patients can find more details within the layers of the Privacy Notice. The more automated profiling is used, then the higher up it should be, so it is more readily accessible to data subjects.

- Practices should seek advice from their Data Protection Officer.

## How do I manage safety concerns?

**Consider safety as a feature of system processes as a whole (not just the technology)** – how will serious concerns be picked up and managed? e.g. clinical triage carried out by a qualified person, flagging systems to prioritise urgent clinical queries, accurate and timely signposting, rapid response times, underpinned by a strict governance structure.

The majority of online consultation tools warn patients that they should not be used in emergencies. Risk may be reduced further by either:

- The tool taking an automated history that picks up red flags such as chest pain, and instructing the patient to call 111/999; or
- Practices operating on the basis that online consultation requests are triaged promptly (during core hours) to identify and action urgent queries so symptoms don't go ignored for long periods.

Monitor the validity of any assumptions and the effectiveness of risk control measures to ensure the perceived level of clinical risk remains representative and acceptable.

**RESEARCH**

*"Although some aspects of the consultation can be lost such as non verbal cues, studies have suggested patients are more honest with digital tools than with a professional."*

Castle-Clarke (2016)

*"Several patients using the (online) system were reported to have received advice to seek treatment for serious symptoms that might otherwise have been ignored."*

Chambers et al. (2018)

Good communication is key, checking your understanding matches the patient's and safety netting with specific instructions the patient can refer back to.

Reporting incidents and near misses

## Clinical safety officers

The DCB0160 standard considers the risk management processes required to ensure patient safety. It is aimed at health organisations, specifically those persons responsible for ensuring the safety of health IT systems. It applies to all health IT systems including those that are also controlled by medical device regulations.

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The commissioning or deploying organisation should consider the safety implications of deploying and using health IT systems. They are responsible for writing (and updating) the clinical safety case report approved by the organisation's clinical safety officer and for independently considering the risk profile of the supplier system in line with Standard DCB0160.

A clinical safety case report presents the arguments and supporting evidence that provides a valid case that a system is safe for a given application in a given environment at a defined point in a health IT system's lifecycle.

**On a practical level the CCG or commissioner should do this with their clinical safety officer as practices are unlikely to have the resource.**

Some CCGs have received assistance from the supplier in the application of risk management as required under DCB0160.

If you are able to work closely with the supplier it can minimise the risk of considerations being missed or interpreted differently over organisational boundaries.

Key things to consider are:
- that any assumptions made or dependencies placed on anticipated usage by the supplier are reviewed in your deployment context for relevance and effectiveness
- you independently consider the risk profile

The health organisation should assess the impact of safety incidents or concerns, system modifications and updates on the ongoing validity of the Clinical Safety Case. If it is found that it does not hold, then the organisation will need to undertake the clinical risk management activities described in the Standard DCB0160. This may result in additional or modified clinical risk control measures being introduced. Changes will need to be recorded in a re-issued Clinical Safety Case Report.

NHS Digital safety standards (DCB0160)

## Coercion and Safeguarding

When explaining online consultations to patients assess risk of coercion "Is it possible that you may come under pressure to give someone access to your personal information or make decisions about your health against your will?"

If a GP, practice manager or other member of the team has any suspicions that a patient is being coerced, the concerns should be brought to the attention of a senior clinical decision maker in the practice and appropriate action taken e.g. offering a face to face appointment, and the rationale recorded. The GP should discuss the decision with the patient.

Obtain valid consent from the patient if a carer is consulting on their behalf. If the patient lacks capacity, this must be someone who has Power of Attorney, be a Court Appointed Deputy and/or if a GP that knows the patient well judges it to be in the patient's best interest (this is safest if the patient made an advanced decision which was recorded in anticipation of future loss of capacity).

Data protection legislation states that young people may consent to have access to online services after their 13th birthday unless there are concerns it is not in their best interests or the patient lacks the capacity to consent.

If a child does not have the capacity to consent (in line with Gillick competency) the usual position would be for someone with parental responsibility for the child to communicate with the practice on their behalf (unless someone else holds Power of Attorney), based on what is thought to be in the child's best interests. The decision should usually be taken by the GP who knows the child and family best.



**RCGP guidance**

# Code of conduct for commissioners

## Checklist

| | |
|---|---|
| ✓ | Procure a quality assured system by using one listed on the DPS Framework (and GP IT Futures when these become available). This will provide assurance that<br>- automated triage, clinical decision support, third party products or any such device is CE marked as a medical device if it needs to be and complies with all relevant standards including information governance and clinical risk management<br>- suppliers are registered with the appropriate regulatory bodies where applicable with no concerns reported |
| ✓ | Verify supplier certificates and evidence prior to implementing the solution – the procurement hub can provide this support |
| ✓ | Work with The Primary Care (GP) Digital Services Operating Model 2019-21 to provide effective, safe and secure IT infrastructure and support, to enable practices to deliver online and video consultations |
| ✓ | Ensure that supplier roadmaps align to national digital initiatives. |

| | |
|---|---|
| ✓ | Support practices/PCNs with training, process change, monitoring, evaluation and data quality |
| ✓ | Support practices in complying with the relevant data protection legislation and investigating any potential information security breaches |
| ✓ | Assure supplier compliance with incident management processes. Provide mechanisms within the organisation and with suppliers to communicate issues enabling practices to respond to safety alerts/bulletins and support practices with the resources to manage/resolve incidents |
| ✓ | Check with the system supplier how patient data is used, for what purpose and what they are consenting patients to |
| ✓ | Have a clinical safety officer responsible for ensuring the safety of health IT in the organisation through the application of risk management process, and assure themselves that practices understand their obligations and support them in discharging their responsibilities |

MHRA

ICO guidance

## Risk management

Evidence of effectiveness guidance, produced by NHS England, NICE and partners, describes standards for the level of clinical evidence that should be available to support commissioners with procurement decisions.

Have a contract with suppliers and hold them to account if there is a breach. Contracts should include suppliers:

- keep their questionnaires, triage tools and symptom checkers up to date in line with best practice guidelines, patient safety and medicine alerts and ensure currency and accuracy of clinical content (e.g. demonstrating how often these are updated, how changes in evidence are identified and reflected, their editorial policy and board, the evidence base and their clinical review process).

- keep practices updated on changes to their questionnaires and algorithms (if used).

- provide details on how their algorithms are checked for accuracy and validated, and how they monitor they are functioning as intended.

- provide details of their clinical safety risk management process in line with Standard DCB0129 under the Health and Social Care Act 2012.

- hold appropriate medico-legal cover.

- comply with service management standards, incident management and escalation arrangements described in The Primary Care (GP) Digital Services Operating Model 2019-21 and DCB0129 including:

- minimum response and target fix times for system problems, incidents and requests
- service desk availability and operational support
- identification and escalation of security breaches, high severity and clinical safety incidents
- communications to advise practices/users and commissioners of incidents, near misses or system issues, sharing learning and fixes to safeguard patients and practices
- early warnings for practices and commissioners based on emerging concerns
- a robust and auditable system for incident logging, management, alerts and communications
- working collaboratively to improve reporting and monitoring
- a responsibility to notify the relevant regulators where appropriate

**NICE evidence standards framework**

Currently there is no evidence of harm from the use of online consultations within NHS Primary Care. However, this is not the same as evidence of no harm. We need to continue to monitor the safety of systems to understand their impact. We want to learn from every event and make continuous improvements.

We encourage practices and commissioners to report any clinical incidents, technology failures, security breaches, or near misses. These should be included in the practice significant event analysis to assure tools are working as intended and assess the on-going effectiveness of risk control measures.

Local systems should enable practices to report any issue to the supplier with a mechanism to notify the local **Clinical Safety Officer** (or CCG clinical risk lead) of any safety issues to update risk management activities outlined in Standard DCB0160 with their practices and identify trends.

**TIP**
During training, suppliers should provide a process for reporting issues, communicating fixes and sharing learning.

**National Reporting and Learning System (NRLS)**
This is a central database of patient safety incident reports. Information submitted is analysed to identify hazards, risks and opportunities to continuously improve safety. Practices should report safety incidents in line with national guidance. Serious incidents requiring investigation (SIRIs) should be escalated by area teams to the Strategic Executive Information System (StEIS).

**MHRA yellow card scheme**
Incidents and near misses related to the use of a medical device need to be reported via the MHRA yellow card scheme for adverse incidents, unexpected results, inaccuracies or concerns over safety. Suppliers have a duty to notify the MHRA of any incidents or near misses reported to them related to the use of a medical device.

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National reporting and learning system

MHRA yellow card scheme

Medico-Legal Advice

Report any system suppliers who are using patient personal and clinical data without valid and informed consent (from the patient) for commercial or advertising purposes. Suppliers are encouraged to follow the Code of Conduct for Data Driven Health and Care Technology and the Data Ethics Framework.

NHS England and Improvement is looking at ways of improving the capture of incident data relating to the use of online and video consultation tools and to make it easier for practices to:

- report any concerns
- ensure necessary information is collected and suppliers comply with reporting and escalation requirements
- feedback the types of issue to identify trends and inform learning

A new patient safety incident management system is currently in development (DPSIMS project) which will streamline reporting processes.

**Data Security and Protection Incident Reporting Tool (notifying the ICO)**
Reportable incidents must be notified using this tool, accessed via the DSP toolkit. Notifiable breaches are required to be reported within 72 hours of discovering a breach has occurred.

**RESEARCH**
Although patient safety is often cited as a reason to be wary of introducing alternatives to the face to face consultation, there is very little detail about these concerns. Patient privacy and confidentiality are described as being important, but reports of privacy and confidentiality breaches are scarce, and collection of these data uncommon.

Monitoring needs to extend beyond the Health IT System itself to include the impact on users, related healthcare processes and any change in intended use.

**We encourage reporting of any incidents, near misses or concerns**

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# Suitability

Practices should not rely on online access for all clinical triage there will be some exceptions where direct access to a face to face appointment is more appropriate

Practices should take the necessary steps to check the appropriateness of the service for the patient and implement a system for flagging and managing urgent or non-suitable queries safely. It is good practice to document the rationale for the decision.

A patient may start a consultation online but processes should allow the practice or patient to switch to a face to face review seamlessly at any point.

Some practices have decided in which circumstances admin staff should directly schedule an appointment without the need for triage by a clinician. Examples of scenarios that practices have incorporated in their protocols include:

- Need for a clinical examination, investigation or collection of certain physiological data to provide safe care
- Concerns about valid consent, capacity or safeguarding
- A high risk of deterioration
- Assessment of young children with an acute illness
- Complex psychosocial issues

- Substance misuse
- Requests for controlled or high risk drugs (especially where there are concerns about misuse or addiction)
- Severe mental health problems
- A need to break bad news or where there are complex ethical issues
- Frequent consultations online for the same problem
- Complex medical problems or polypharmacy
- Vulnerable adults, children in need or patients on the child protection register
- Significant cognitive impairment, severe learning disabilities and/or significant physical disabilities

This list may evolve over time with increased use of the system, care navigators within the practice can support this. Considerations may include:

- whether the issue is acute or a follow up
- the patient is well known to the practice
- there is sufficient and reliable information for safe and effective decision making (or if a carer or member of the MDT can help) e.g. trained care home staff may assess and convey vital signs reliably
- if a face to face consultation would be more appropriate or in the patient's best interests

# Suitability

Think about the level of information that is required to make a clinical decision and therefore which is the best type of alternative to a face-to-face consultation to assess a patient's clinical condition.

*"Structured template driven systems are potentially more efficient in providing the clinician with pertinent information without back and forth communications."*

Hickson (2015)

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If using a remote consultation consider which modality would be most appropriate e.g. questionnaire, video, telephone. If there are any concerns about certain patients using a remote service, have a process to flag these patients and arrange for them to be seen face to face. Patients should be informed of this decision.

In circumstances where patients may not have regular access the internet or computer technology, or, may not be IT literate, steps should be taken to provide alternate routes for consultation. This is also applicable where a patient has information or communication needs that cannot be met through an online consultation.

## RESEARCH
Eccles et al (2019) studied patient use of an online triage platform and concluded that **patterns-of-use and patient types were in line with typical GP contacts**. A free text tool was felt to improve the quality of communication for some, allowing them time to express themselves better, whereas others highlighted concerns about the quality of their description. Suitability should take into account the users' preferences and the issue they are consulting about.

## TIPS
The General Medical Council (GMC) have produced a remote consultations flowchart that may help you decide if a remote consultation is appropriate.
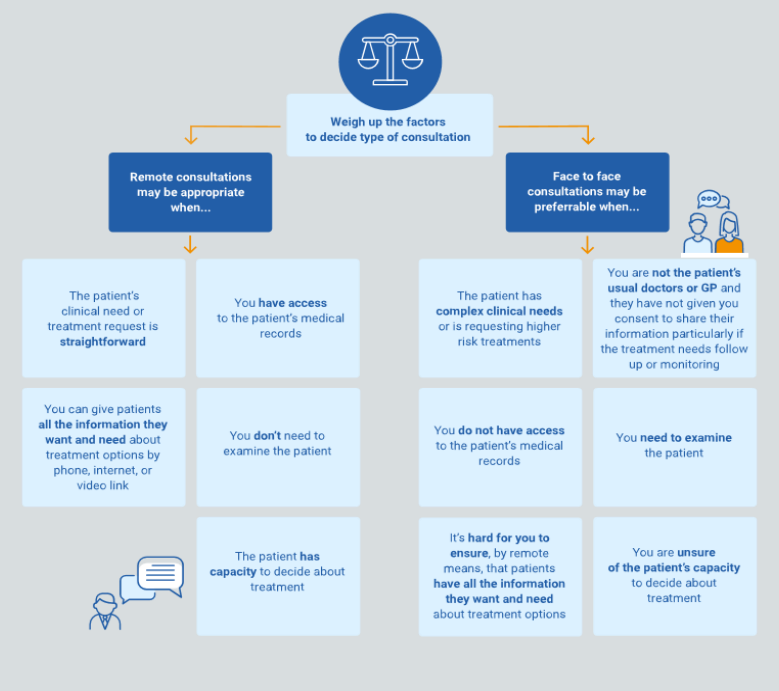


GMC Ethical Hub for remote consultations

The GMC advises that before you prescribe for a patient via telephone, video-link or online, you must satisfy yourself that you can make an adequate assessment, establish a dialogue and obtain the patient's consent.

You may prescribe only when you have adequate knowledge of the patient's health, and are satisfied that the medicines serve the patient's needs. You must consider:

- the limitations of the medium through which you are communicating with the patient.
- the need for physical examination or other assessments.
- whether you have access to the patient's medical records.

The GPhC have introduced further safeguards for the public using online pharmacy services. One of these areas includes pharmacy owners ensuring the following categories of medicines are clinically appropriate before supplying them with:

- antimicrobials (antibiotics)
- medicines liable to abuse, overuse or misuse, or where there is a risk of addiction and ongoing monitoring is important
- medicines that require ongoing monitoring or management
- non-surgical cosmetic medicinal products

These safeguards include making sure the prescriber proactively shares all relevant information about the prescription with the patient's regular prescriber e.g. GP, after seeking the patient's consent.

Where the patient refuses, the prescriber should explore their reasons and explain the potential impact on their continuing care. The prescriber should take this into account before prescribing for the patient and consider signposting to other services.

**GMC guidance**

**CQC guidance**

**GPhC guidance**

**TIPS**

1. Follow clinical best practice and antimicrobial stewardship guidelines regardless of the consultation modality.

One study reported a change in professional behaviours due to fear of litigation - over prescribing of antibiotics and high referral rates due to increased safety netting behaviours (Atherton 2018).

2. Consider if a clinical examination or tests are required prior to prescribing antibiotics e.g. listening to the chest, temperature, pulse oximetry etc., if concerned about a chest infection. Remain alert to the possibility of sepsis and need for physical examination.

3. Avoid prescribing high risk or controlled drugs, medicines liable to abuse, overuse or misuse without adequate processes to monitor use, assess if a review or any additional checks are required and document the rationale.

4. Appropriately inform patients when unlicensed or off-label medicines are used.

5. If working as an eHub or within a primary care network, an agreed formulary and prescribing guidance developed amongst practices can support working consistently and collaboratively.

6. The GMC advise, if prescribing to a patient abroad take account of any legal restrictions on prescribing or supply of particular medicines and any differences in a product's licensing or accepted clinical use in the destination country. Consider how the patient's condition will be monitored. Check if registration is required with regulatory bodies in the country in which the medicines are to dispensed and if this work is covered by your indemnity provider.

# Regulatory considerations

The CQC have worked with other UK regulators including the GMC, MHRA and GPhC and identified some key areas of focus when providing online services. The BMA and RCGP have also produced guidance on choosing an online consultation system.

**Identity verification**

**Safeguarding**

**Consent**

**Suppliers**

**Capacity**

**Joined up communication**
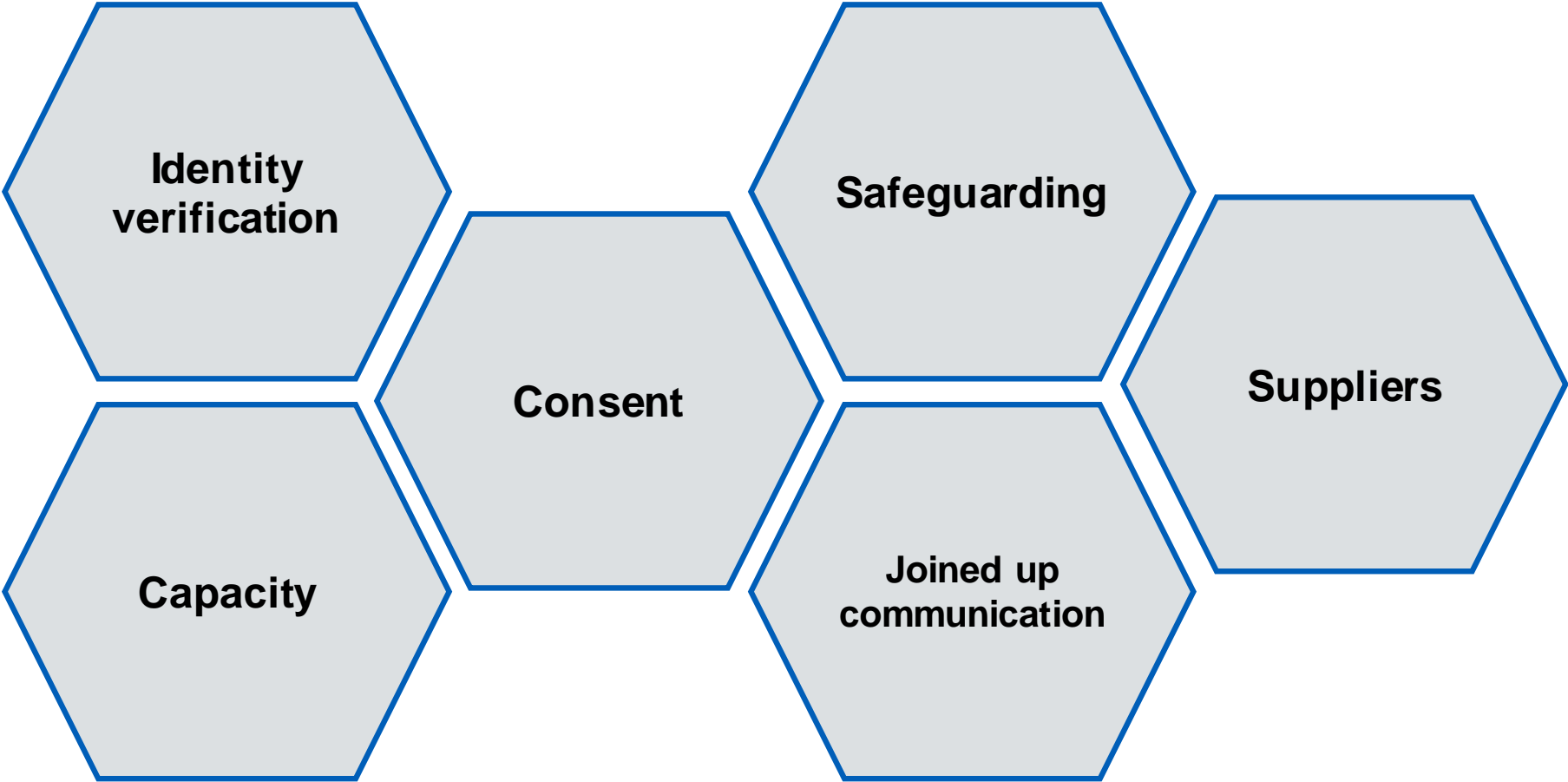
## Identity verification

Practices have an obligation to provide a secure and confidential service. The treatment of potentially unknown patients makes the identification and escalation of safeguarding concerns unreliable – as well as creating issues around correct or appropriate prescribing and management, the maintenance of accurate clinical records and the risk of data breaches.

The verification process should allow a user to prove their identity, while protecting against unauthorised disclosure of confidential information and any fraudulent activity.

The FSRH and BASHH have produced specific standards for **online sexual health and reproductive health services.**

## Consent

'One size fits all' consent processes do not align with current legal expectations or regulatory standards. The GMC guidance describes consent as a process, not a point in time, throughout which doctor and patient (and sometimes other people) share information, working together to make decisions about the patient's health and care. The amount and type of information shared should be guided by the patient's individual circumstances.

- Give patients information about all the options available to them, (including the option not to treat) in a way they can understand
- Tailor the information you give, and the way you give it to patients' individual needs, and check that they have understood
- If you're not sure the patient has all the information, or has understood the information, consider whether it is safe to provide treatment
- Consider whether the modality may impair obtaining valid consent

Make sure patients can ask questions, query a decision or discuss something further if they want to. Where family members, carers or relatives use online consultations on behalf of the patient, practices must ensure consent has been obtained.

GMC Ethical Hub for remote consultations

NHS Digital ID verification

Standards for Online Sexual Health Services

## Capacity

The ability to complete a questionnaire online does not provide sufficient evidence of capacity. Be vigilant when assessing free text responses from patients and consider capacity concerns. Think through any concerns flagged by their medical record, consultations or through practice knowledge and experience.

Capacity is decision-specific and can change. Where there are concerns about a potential lack of capacity, an assessment should be made in line with established good practice.

Consider questions and exercises to help ascertain mental capacity and to identify patients who need more help.

If a patient lacks capacity to make a decision consider whether a remote consultation is appropriate, including whether you can meet the requirements of mental capacity law.

## Safeguarding

Practices should have a safeguarding lead and effective safeguarding policies and procedures.

Have a system in place to identify potentially "at risk" persons e.g. flagging frequent requests for controlled drugs, assessing concerns regarding capacity, warnings in their medical record, assessing risk of child sexual exploitation in sexually active young people. This includes an alert to flag any safeguarding concerns and escalate them to the appropriate individual for further assessment. Consider whether the modality may impair the ability to make an effective assessment.

Policies must account for when care is delivered outside of the geographic area local to the practice e.g. link to local authority updates from areas you work in to be aware of trends in safeguarding concerns. They must reflect the scope of practice and the modality chosen e.g. does the consultation occur in real time, is it text based or can the clinician see the patient using a video link. Are you treating children via this channel?

Capacity Tools (page. 44 FSRH)

NHS guidance mental capacity act

## Communication and access to the patient's full NHS primary care record

It is important to have effective joined up communication to enable safe and effective continuity of care, for example where the actions of one provider may impact on the management of a long term condition or where medicines have the potential for misuse. An example is where practices are offering online primary care services via an eHub or network model and the patient is registered elsewhere, they should ensure there is access to the patient's full NHS primary care record, they are able to communicate effectively with the patient's GP practice, including mechanisms to document the content of the consultation in the patient's record.

## Suppliers/Manufacturers

Ensure you use supplier systems that meet regulatory requirements. Where a supplier is registered with the CQC have they met appropriate standards?

Should the product be CE marked as a medical device?

Where systems use a third-party symptom checker or alike, it is important to clarify the compliance with CE marking, governance and risk management.

An approved supplier system should be procured via the DPS. Suppliers on the framework are required to comply with quality assurance standards.

## Training

Keep up to date with mandatory training including safeguarding (including domestic violence and sexual exploitation), information governance, confidentiality, consent and mental capacity act training. Ensure your annual appraisal covers the whole scope of your work.

Understand where the limitations lie when consulting remotely.

CQC triage app prompts

MHRA device regulations

## The new Clinical Negligence Scheme for General Practice (CNSGP) starts from 1 April 2019, operated by NHS Resolution.

It covers primary care services commissioned under a GMS, PMS or APMS contract, where these services are being provided directly or under a direct sub-contract. The location of the services and whether they are digital or face-to-face will not affect the cover. The particular solution used to provide the online or video consultation is not relevant to the scope of the scheme and there is no requirement to notify NHS Resolution of a particular solution which is used.

All providers of NHS primary medical services will be eligible for cover under the CNSGP, including out of hours providers. The scheme will extend to all GPs and others working for general practice who are carrying out activities in connection with the delivery of primary medical services – including salaried GPs, locums, students and trainees, nurses, clinical pharmacists and other practice staff.

The place at which activities are carried out, the status of the person carrying out the activity, the form of the entity responsible for the provision of the NHS services in question and the individual circumstances of the patient concerned (including their age) are not relevant to the scope of CNSGP.

The scheme applies to any liability in tort (civil wrongdoings such as negligence) that arises as a consequence of a breach of a duty of care owed by a GP contractor or GP sub-contractor to a third party in connection with the provision of primary medical services or ancillary health services. Assuming a claim is within the scope of CNSGP cover, it is not relevant where proceedings are brought and there is no geographical limit.

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When and how to report a claim

CNSGP

## Where does accountability lie if an algorithm fails? For example, automated triage.

Depends on the indemnity arrangements in the contract for the service. The CNSGP only covers clinical negligence liabilities in relation to primary care services which have been commissioned directly or under a direct sub-contract. Coverage is therefore not determined by the method or means by which services are provided.

Services delivered using an automated algorithm would not be treated differently to those provided on the phone or face to face. There is no need for GPs to notify NHS Resolution of the way in which decisions are made.

The CNSGP advise if a claim is brought against a GP following treatment provided, the question of liability will focus on whether the practitioner was negligent in their actions. As part of the determination of this, it is very likely use of the algorithm by the practitioner will be taken into consideration. Therefore it is recommend that practitioners are appropriately trained in relation to all duties.

Each case will be considered on its merits and the option of redirecting or seeking a contribution to a claim from an online or video solution supplier may be considered during the course of a claim in the event that it was appropriate to do so.

If you have concerns about medico-legal matters outside of the scope of the CNSGP e.g. what does the relevant GMC guidance advise, you should contact your medical defence organisation (MDO).

You will need to maintain membership with your MDO in respect of activities and services not covered by CNSGP.

**Exceptions to the scope of the GP state indemnity scheme are:** indemnity for any private work and medico-legal matters outside claims – e.g. advice and assistance with complaints and GMC, disciplinary and criminal investigations, 24-hour medico-legal helpline, employment and contractual disputes, non-clinical liabilities and advisory services provided by the MDOs.

We recommend that even if GPs have state indemnity they remain as MDO members for access to all these services in addition to the MDO retaining the management of existing claims, and being involved in any run off cover.

Additional premiums are not required for GPs who consult with their NHS patients online. The CNSGP covers primary care services commissioned under a GMS, PMS or APMS contract, including digital services.

**If you are unsure whether you're covered**, contact your MDO and NHS Resolution (CNSGP) for further advice.

**The MDOs will continue to provide advice and assistance with medicolegal matters outside of the scope of the CNSGP.**

The MDU, MDDUS and MPS do not require members working in general practice to tell them about this type of work if it is being done for registered patients at their NHS practices including patients under 18 or where care is delivered via a hub or primary care network (if providing services out of hours the MDDUS advise their members to inform them).

Members would be expected to follow all the relevant professional guidance and ensure that any tool is appropriately validated against regulatory and NHS recommended standards.

The same principles of good clinical practice should apply in online consultations as when speaking to a patient on the phone or responding to another non-face to face contact.

This includes a reminder that the clinician should see the patient in person if clinically appropriate, checking patient agreement with management plans and should follow GMC and CQC requirements for good care.

Members would also be expected to follow any guidance that may be issued by their MDO.

**Contacting your indemnity provider:**

In some situations you may require additional cover or may not be covered. Please check with your MDO first if:

- it is proposed to consult privately or carry out non-NHS work

- consulting with patients outside of the UK.

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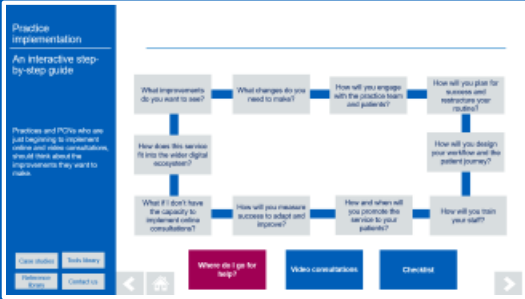
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Key learning

Hints and tips from GPs

The challenges

Potential concerns

Managing workload

IT infrastructure

## Implementing online consultations is a big change…

Many practices find implementing a change like this challenging for numerous reasons. In the next section we share some of the key learning gathered from talking to practices and CCGs sharing their experience of implementing online or video consultations and changing ways of working.

We've included advice and guidance based on real world evidence and case studies from practices about how they have overcome some of the main challenges.

There is also a 'contact us' link in the left panel where you can ask for further information. We really want to provide you with the advice and guidance that helps you to get the best for your patients.

# Key Learning

Know what you want to change and let that guide you, not the technology

Try and incorporate this into other initiatives e.g. care navigation, working as primary care networks

Introduce the same process at all entry points and integrate online consultations into the care navigation process

Work with local practices so you are implementing solutions and processes consistently especially when working as a network or eHub

Practices will always need to provide other means of contact for patients who cannot or do not want to access services online

Involve all staff early on, reception staff are key to success

Re-structure your working routine to enable staff to manage workload efficiently, flexibly and in a timely manner

If it is not working for you don't be afraid to stop and try again

Build trust and engage with patients early

Speak with other local practices, PCNs or CCGs to hear about what worked and what didn't, particularly if you share a similar patient population

# Hints and tips from GPs

"**Structure your day how you like it**, but find out what works best. The busiest part of the day is 8-9.30am. Only see emergencies face to face in this time if possible, or patients that need the convenience - but only for quick things… I usually start face to face at 10.30am and when booking my own patients in, I deliberately space them out so I can keep up to speed with online/phones throughout. I tend to reserve 12-2pm for visits and meetings and then start online/phones again and bring in face to face from 2.30pm."

**Utilise other staff- nurse practitioners, registrars** where appropriate and you can direct to the **pharmacy/minor injuries**. Nurse Practitioners can usually see minor illness/injury/infections.

"Patients lose confidence in using [online consultations] if they don't get a **quick response -** ideally within minutes and certainly within the hour."

"If you are booking an appointment online for a patient, **send them an SMS** to make sure they know about it or a quick call. Some people don't check their emails and then inadvertently DNA."

"Code advice given if it relates to QoF and to update **outstanding QoF items** whilst speaking to the patient."

# Some of the challenges

## Onboarding patients

Carry out a short survey when patients try to book an appointment or speak to your Patient Participation Group to see if patients are aware of online services. If enough patients don't use it, you won't see any benefits. Evidence shows patients will use it if they know about it and understand the benefits. Consider creative ways to promote the service, market at every opportunity, stir up support from your PPG and use patient champions. Reception staff are key for promoting use. If staff members find that it has a negative effect on their working patterns then they are less likely to promote it - gathering feedback and maintaining an open and continued dialogue is crucial.

## Engaging staff

Agree rules of engagement, discuss widely, provide adequate training. Involve staff in the production of protocols, scripts to guide use, in generating ideas and developing processes. Encourage flexible or remote working to improve staff retention.

## Keeping the momentum

Keep staff and patients enthusiastic and engaged by sharing feedback and usage figures to keep improving. The use of champions can help maintain motivation especially when there are teething problems. Remember it can take time to embed solutions and new ways of working so you may not see the impact immediately.

## Patient complaints

Engage with patients early, build trust, ensure you respond quickly and in the timeframes set out. Clearly communicate what patients should expect. Additionally, offer online or video consultations to those patients who have complained about waiting times or not being able to get through on the phone.

## System functionality

Suppliers are open to collaborations. If you have any suggestions for improvements then we encourage you to work with them and adapt the offer to meet your local needs.

*"The triage system filters out patients who habitually make appointments when there is no clinical need and it has halved the number of DNAs."*
Stratford Village Surgery

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## Demand management

Most research does not report supply led demand, or an opening of 'flood gates' but the evidence is still limited.

Anecdotally many practices have seen the same demand but a shift to online. If they have seen an increase in demand, it is not clear if this is related to unmet need. This has usually been offset by an increase in efficiency and making more effective use of clinician and administrative time.

The question about **'does it save time**' is very important and it is essential to monitor.

Look carefully at demand patterns and keep staff rotas under review.

Where there have been concerns about misuse of the system to bypass queues this has been dealt with by the practice manager in the same way as they would with other types of appointments.

### Lessons from the research
A study looking at telephone-first triage found for some practices it transformed their ability to cope with demand but for others it opened flood gates and overwhelmed them. It concluded: *"our impression is that the approach worked better in highly organised data driven practices that already had a handle on demand and was less likely to prove successful in practices where the ability to cope with demand was already out of control."*
Newbould et al. (2017)

It therefore seems likely that practices which already meet the vast majority of patient demand will benefit from online consultations.

Demand and Capacity Modelling

*"Anyone that needs a physical examination we arrange to come in and see us - the same day they contact us, or visit at home. We now also get tests/x-rays etc done first and then see people. Previously we phoned about 25% of pts and saw 75%, early results we see about 30% now. Our access not bad at all but as you know continuity a real issue. Early signs are it could really help this."*

Senior GP Partner,
Nutwood Medical Practice

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## Continuity of care and relationship

Improved access may support the continuity of care **depending on how the system is implemented**. For example, whenever the patient's regular GP is at work they would have the flexibility to respond to both their urgent and non urgent queries (compared to previously where a patient with an urgent problem may need to see a different clinician because their named GP was stuck in a fully-booked clinic). Larger practices could divide their clinicians into small teams in order to achieve team-based continuity when person-based continuity was not possible.

A report by the Nuffield Trust advocated identifying the 20% of the population that would particularly benefit from continuity of care.

Practices could identify a 'continuity cohort' using markers such as frequency of contacts with the practice, presence of chronic diseases, frailty index and number of prescriptions, and ensure that these patients' online consultations are sent to their regular GP or if using a virtual hub model the patient's home practice whenever possible.

Some online consultation tools allow patients to express a preference for a particular clinician.

### Lessons from the research
The Alt-Con Study indicated that although some aspects of the consultation can be lost, such as non-verbal cues, it was still possible to maintain a relationship. Some patients reported feeling that with their GP communicating via an alternative to a face-to-face consultation they were demonstrating a greater level of care.

Atherton et al. (2018)

### DATA
Following the implementation of online consultations at Witley and Milford Surgeries, when patients requested a specific staff member this was accommodated 90% of the time on average each week.
Witley and Milford data (24 March–13 May 2019)

**Nuffield Trust report**

*"GPs felt that being able to consult with a patient digitally first, and then face to face, increases the productivity of the face to face consultation. They felt they had a head start on complex cases and found it helpful to know what to focus on."*

BGPaH Independent Evaluation (2019)

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## Online consultations may improve efficiency and **change** how working time is spent.

Many practices have found that it has improved their control over their day to day workload enabling more effective use of working time, and improved staff satisfaction. By being more efficient in many circumstances, and reducing time spent on information-gathering and documenting, they can free up time for more complex patients. It is important to record time spent consulting online as well as the impact on other appointment types to [monitor workload](#).

**Re-structure the appointment diary**
Doctors won't have time to respond to online consultations as well as carry out their usual full face to face clinics. Consider how to alter the delivery model including restructuring clinical sessions to enable staff to deal with online consultation requests in a timely manner and respond to urgent matters more flexibly.

**Distribute workload to the appropriate member of the team**, e.g. pharmacist, nurse, paramedic, care navigator - to make best use of expertise.

**Allow clinicians to work from home** so they can contribute to care while being off-site and free up on-site clinical space. This may also aid recruitment.

**Dedicate staff to triage online consultations at the times of peak demand**
- Highest demand is seen at the start of the week, during working hours, and in the mornings. Demand tends to be low on weekends.
- It is useful to measure a baseline of practice workload before implementation.
- To avoid rapidly building a backlog at the start of the day, clinicians start triaging very soon after 8am. As patients become confident in the new system and their ability to get rapid clinical help throughout the day, the '8am rush' may dissipate.

**Monitor for any unintended adverse consequences.** Employ an inclusive approach to ensure that by spending more time consulting online, you don't have less time for patients with complex health needs that need to be seen face to face.

**Patients will present a list of problems**

Most practices attempt to respond to online consultations on the same day. This reduces the potential for patients to build up lists of problems. If a patient submits a list, the practice remains in charge of how and when to deal with each item. Even if the patient needs to see a GP about one item, the other items could be managed in other ways.

Additionally the flexibility afforded by the new way of working means that patients can be **allocated the correct amount of time** for a face to face appointment based on need.

**TIP**
When developing local requirements with your commissioner for an online system, consider how well integrated it is with your current clinical system and if it connects to any other online services e.g. some suppliers connect digital triage directly to online appointment booking so patients are offered an appointment with appropriate urgency.

The more integration or better connected the online system, the less potential for administrative burden.

## Advice from practices

Where a practice finds they are unable to respond to online consultations within the stated timeframes e.g. due to a staff shortage.

- Flag online consultations that require an urgent response.

- Change the message on the website and telephone answering system regarding the expected response times.

- Advise patients submitting administrative or non urgent requests that the problem will be managed in priority order. It is good practice if the message invites the patient to contact the practice using alternative means if they think their problem needs to be addressed sooner.

- Over bank holidays patients are notified that the response will be dealt with on the next working day.

- Some systems allow local configuration to disable certain elements out of hours.

- Some practices only make administrative forms and certain condition-specific forms available online, which they know will save time. This is only possible if the system you choose can be configured to do this. Some case studies report one in three online queries are admin requests which can be sent straight to your admin team.

- Routine reviews e.g. medication or long term condition reviews could be scheduled on days when adequate clinical cover is available.

- Use clinicians at another site to help as they can work while being off-site. e.g. for multi-site practices, federations and Primary Care Networks.

The online and video consultation targets in the GMS contract are based on appropriate and functional infrastructure being in place, in line with the current arrangements for the provision of IT and digital infrastructure from the commissioner.

CCGs should support PCNs and practices in this development through the new Primary Care (GP) Digital Services Operating Model 2019-21, which states **"it is no longer sufficient to simply provide just IT support, digital service delivery must be recognised as core provision to support new models of care."**

NHS England provides core funding and support for General Practice IT via the new Primary Care (GP) Digital Services Operating Model 2019-21 and the GP Systems of Choice (GPSoC) procurement framework. From January 2020 GP IT Futures will replace the GP Systems of Choice (GPSoC) framework.

CCGs will continue to receive national funding for General Practice IT but will procure this through the GP IT Futures framework.

Addressing key technology challenges GP IT Futures has four goals:
• to provide clinically safe and useful digital and data services for patients and General Practice;
• to provide real-time and secure access to data for patients and NHS users;
• to allow interoperability between systems, underpinned by common standards;
• to allow better comparison of activity and outcomes.

**Practices and PCNs that currently feel their IT infrastructure is inadequate to support online consultation systems should contact their CCG for advice**. Where CCGs identify GP IT infrastructure gaps these should be escalated via regional teams.

GP IT Operating Model

GP IT Futures

## Technology challenges

**The revised Securing Excellence in Primary Care (GP) Digital Services: The Primary Care (GP) Digital Services Operating Model 2019-21 (previously the GP IT Operating Model) will result in further investment into infrastructure.**

It covers "the key policies, standards and operating procedures that CCGs are obliged to work with to fulfil their obligations under the delegated arrangements. The model is intended to ensure that GP practices have access to a set of safe, secure and effective IT systems and services that keep pace with the changing requirements to deliver care." It states that provision of online consultation systems is an enhanced requirement i.e. it can be commissioner funded once any core and mandated requirements have been met.

Where a digital service, whether core and mandated or enhanced, is provided to the practice by the CCG under the Operating Model, then the GP IT enabling services necessary to use that service must also be provided.

These include equipment, networking, technical and specialist support.

It is therefore essential that **practices, PCNs and CCGs work collaboratively, and work with their local IT leads, data protection officer and clinical safety officer, on selecting and deploying online consultation systems** to ensure they are well supported and work effectively for the practice.

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Securing Excellence in Primary Care (GP) Digital Services

Planning for video services: requirements

# Supplier systems

The next sections are aimed at **commissioners** covering supplier systems, implementation for commissioners and procurement, although practices may find some parts useful.

Supplier functionality

Functionality matrix

Test accounts

Training from suppliers

Choosing a video consultation solution

The Procurement Hub have developed a [national specification for online consultation systems](#) in England, to ensure commissioners and suppliers are clear about expectations. There are essential and optional criteria to be met. The specification will adapt as technology changes and also to meet new requirements within the GMS contract and the Long Term Plan. A refresh of the specification will be undertaken in Autumn 2019. When the GP IT Futures Digital Care Services Framework becomes available commissioners will also be encouraged to use accredited solutions from it.

## Types of functions:

- Web or App based questionnaires

- Video

- One way messaging, two way messaging

- Symptom checker and triage (care navigation) by algorithm

- Signposting and links with local directories

- Ability to select a preferred clinician

- Additional functions may include appointment booking and repeat prescription ordering (in some systems these functions are connected to the online questionnaire/triage)

**TIPS**
Being clear on what needs to change and where the most impact is needed, will help you decide on the best solution. Commissioners, PCNs and practices should collaborate, working with LMCs, to ensure solutions align with local health system digital strategy. **Choose a system supplier with the same ethos as you.**

The use of online messaging can provide an efficient use of clinician and reception staff time without having to phone the patient unnecessarily.

Some patients prefer a mixed mode of contact e.g. online and telephone, others prefer online only and not having to wait to answer a phone call. Most tools allow features such as two-way messaging and appointment booking to be turned on or off, or configured at the practice level if the practice does not want to offer these.

# Supplier functionality

## Supplier demonstration videos

The following suppliers have produced demonstration videos about their system. Please note this list is accurate as of April 2019 and will be updated as further demonstration videos are released.

| | | |
|---|---|---|
| **Archway Primary Care Team** | **DoctorLink** | **eConsult Health Ltd** |
| **Egton Medical Information Systems** | **Engage Health Systems** | **Evergreen Life** |
| **GP Access Ltd** | **iPlato** | **Q Doctor** |
| **Patients Know Best** | **Refero Software Ltd** | **Silicon Practice Ltd** |

# Functionality matrix

Commissioners (or practices) are not expected to make a decision about product procurement based solely on the information in this guide, or to have to research all options themselves. Rather, commissioners should use the guide to make themselves familiar with the broad range of functionality on offer and then go into the process of developing a procurement specification supported by the centrally funded procurement hub and drawing on the hub's experience and supplier knowledge.

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The following table details the functionality of systems currently on the DPS framework. The information has been **self-reported** by the suppliers and may include functionality through a third party. Please note this information is accurate as of September 2019, practices and PCNs should contact their CCG and CCGs should contact the Procurement Hub for the latest information.

| Product | Supplier | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|
| Ada Health | Ada | | ✓ | ✓ | | | | | | ✓ |
| AskNHS | Advance Health and Care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Forms4Health | Aire Logic | ✓ | | ✓ | | | | | | |
| AllDayDr | AllDayDr Group | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Health Online | Archway Primary Care Team NHS | ✓ | ⚙ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dr IQ | AT Technology | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| LIVI | Digital Medical Supply UK Ltd | | ✓ | | ✓ | ✓ | | | | |
| Doctorlink | Doctorlink Ltd | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ⚙ | ✓ |
| eConsult | eConsult Health Ltd | ✓ | ⚙ | ✓ | ✓ | ✓ | | ✓ | | ✓ |

1 = web app, 2 = mobile app, 3 = symptom checker, 4 = triage, 5 = video consultation, 6 = appointment booking, 7 = one-way messaging, 8 = two-way messaging, 9 = signposting, ⚙ = in development.

Contact the Procurement Hub

Additional system features

The following table details the functionality of systems currently on the DPS framework. The information has been **self-reported** by the suppliers and may include functionality through a third party. Please note this information is accurate as of September 2019, practices and PCNs should contact their CCG and CCGs should contact the Procurement Hub for the latest information.

| Product | Supplier | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|
| Online Consult | Egton Medical Information Systems | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Engage Consult | Engage Health Systems Ltd | ✓ | | ✓ | ✓ | | | ✓ | ✓ | ✓ |
| e-Reception | Enhance Primary Healthcare Ltd | ✓ | ✓ | ⚙ | | ⚙ | ✓ | ✓ | ✓ | ✓ |
| Evergreen Life | Evergreen Health Solutions | ✓ | ✓ | ⚙ | | ⚙ | ✓ | ✓ | ✓ | ✓ |
| askmyGP | GP Access Ltd | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| PreGP | iPlato Healthcare Ltd | | ✓ | ✓ | ✓ | ⚙ | ✓ | | ✓ | ✓ |
| Klinik | Klinik Healthcare Solutions UK Ltd | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Docly | MD International Ltd | ✓ | ✓ | ⚙ | ✓ | ✓ | ⚙ | | ✓ | ✓ |
| MedicSpot | Medic Spot Ltd | TBC | | ✓ | ✓ | ✓ | | | | ✓ |
| Smart | MJog | ✓ | ✓ | ✓ | | | ⚙ | ✓ | ✓ | ✓ |

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| Product | Supplier | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|
| Q Doctor | My Med Ltd | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Patients Know Best | Patients Know Best | ✓ | ⚙ | ✓ | | ✓ | ✓ | ✓ | ✓ | |
| Push Doctor | Push Doctor | ✓ | ✓ | | ⚙ | ✓ | ✓ | | ✓ | ✓ |
| Refero | Refero Software Ltd | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| AskNHS | Sensely | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Footfall | Silicon Practice | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Smart Care Doc | Smart Care Doc | | ✓ | | ✓ | ✓ | ✓ | | | |
| PatientPack | Substrakt Health Ltd | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Visiba Care | Visiba Care | ✓ | ✓ | ✓ | ⚙ | ✓ | ✓ | ✓ | ✓ | ✓ |

**1 = web app, 2 = mobile app, 3 = symptom checker, 4 = triage, 5 = video consultation, 6 = appointment booking, 7 = one-way messaging, 8 = two-way messaging, 9 = signposting, ⚙ = in development.**

**Contact the Procurement Hub**

**Additional system features**

Currently some of the approved online consultation and video consultation suppliers offer demonstration sites or test accounts as part of their systems where you can explore and see how their system works.

As part of the re-specification of the national DPS framework to account for future digital developments and initiatives, we are planning to make it a requirement that all approved suppliers offer demonstration sites for CCGs to test and explore with their PCNs and practices. The goal is to help the commissioner and practices inform their thinking and specification for what they want a system to do locally.

**TIP**
Take a systematic approach pick a few varied common GP complaints, e.g. minor illness, an injury, a women's health problem, or a query about some newly-prescribed medication, and use the same scenarios in different demo sites. Try using each tool from the perspective of a carer or parent.

eConsult

askmyGP

Doctorlink

Footfall

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## Choosing a video consultation solution

### How do we choose our video consultation solution?

A detailed specification for video consultations is currently being developed nationally and is due to be completed by March 2020.

Collaborate with your practices and PCNs. Make sure solutions align with your local health system digital strategy to avoid technology silos e.g. do they have integration with NHS login, the NHS app and online consultation solutions on their roadmap?

Undertake a risk assessment before using video solutions to provide care to ensure they meet quality assurance and security requirements. Conduct a privacy impact and clinical risk assessment (complying with standard DCB0160). Seek input from your local data protection and clinical safety officer.

If there is no waiting room facility, consider how practices will manage appointments if the clinician is running late.

Consider the usability and accessibility of the solution e.g. speed of internet connection required, quality and resolution of images, need for downloads and data usage. Patients must not be charged for the app required for the service.

Practices should be able to configure the service so that it can be initiated via an outgoing call to the user (to ensure verification of identity) or uses a trusted, robust authentication process.

Is the solution compatible on both desktop and mobile device and with your browsers? Is it interoperable with your clinical system? Will it allow you to set up a 'ward round' approach e.g. with a care home? Can you leave a message for the patient if they do not answer? Should you use a cloud-based solution vs an on-premise system? Cloud solutions can be used by any commonly used devices, such as smartphones, tablets, and can allow easier scalability as service demands grow. Seek input from your local IT leads.

**TIPS**

Align with other primary care initiatives such as the GP Retention and Estates and Technology Transformation programmes.

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## Choosing a video consultation solution

If choosing to use free solutions you are unlikely to have any contract or service level agreement in place with the provider. You will **not** therefore, in most instances, have any recourse to legal action.

- Seek advice from medical defence organisations

- Consider how any incidents, security breaches or resolve issues related to system use will be managed

- Consider the impact on data provision (e.g. utilisation rates) to enable monitoring of the service

- Consider how the service will keep up to date with future NHS and Government standards on data or cyber security and enable future interoperability with other health and care digital services

- The Information Governance Alliance have produced guidance on the information governance issues associated with remote consultations using free video conferencing applications

- Solutions that are available under licence arrangements via the national dynamic purchasing system generally offer greater security and reduced technical risks

Care must be taken not to bypass or jeopardise established formal communication policies and protocols for secure communications.

### Good practice pointers

You must ensure that users download all necessary updates for your chosen video conferencing solution(s) as they become available - these updates can contain important security patches.

Local policies must make it clear that only corporate devices or personal mobile devices that have been protected by adequate security should be used. This is typically achieved through network security controls and the use of Mobile Device Management solutions.

Information Governance Alliance Guide: Video conferencing

Information Governance Alliance Guide: Bring Your Own Device

Planning for video services: requirements

During the procurement process a **training package** should be negotiated as part of the core deliverables. Training should be available face to face, online or through WebEx to suit staff's needs. Training manuals should also be made available.

Ideally training should be **tailored to enable local processes** to be weaved into the design. It shouldn't just be about how the technology works, but should also support practices with transforming ways of working and system change. Practices should be able to log onto the supplier's website or via their users' forum to obtain the most up to date system information.

Ensure suppliers demonstrate how their system **interacts with your clinical system and website**, support you with promotion, safe implementation and measuring impact. Training should include a **process for reporting issues to them**. Ask suppliers to share any lessons learnt.

Why change?

Funding

Procurement

Vision and engagement

Communications

Safety checks and measures

Digital inclusion

Innovative models

Video consultation

Digital ecosystem

Resources for process change

Where do I go for help?

# Why change?

Online consultations, as part of a wider programme, can be an enabler to overcoming some of the challenges that primary care is currently facing.

**TIP**

By identifying what impact you want to make with your PCNs and practices, commissioners can tailor their improvement journey and prioritise their needs.

Building resilience in primary care

Encouraging delivery via networks, economies of scale

Delivering Digital First Primary Care and the ambitions set out in the NHS Long Term Plan

Supporting new models of care and expanding the workforce with better links with community care

Improving access to timely care, advice and appropriate use of services

Staff retention by relieving pressure and signposting to right services

Delivering GMS contract requirements for online service provision

# Funding

## Timeline

**2017-18**: £15m was made available to CCGs.

**2019-20:** £16m* has been made available to support online consultations via Sustainable Transformation Partnerships (STPs). *includes £0.6m from Greater Manchester transformation fund.

**The funding provided between 2017 and 2020 will be over £50m, more than the £45m originally promised**

**2018-19:** £20m of funding for online consultations was included in CCG baselines.

**2020 to 2023:** There is agreement that additional funding will be provided to support the delivery of a digital first approach, including online and video consultations.

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**General Practice Development Programme**

**Procurement Hub**

# Funding

Digital First Primary Care funding is being made available to NHS England regional teams. This will be used to **support health systems with implementation and uptake activity in relation to online consultation** and other digital GP contract commitments. We are encouraging regions to ensure that PCNs and LMCs are part of the process for designing how this funding and the support it buys should be used.

As part of the General Practice Forward View, the GP online consultation systems fund was launched in 2017. During the first year of the programme, £15m was made available to CCGs and was paid via NHS England regional teams, following submission of a plan from CCGs for how online consultations would be delivered. A further £20m of funding was included in CCG baselines in 2018-19.

In the current financial year (2019-20) funding has been allocated to Sustainable Transformation Partnerships (STPs) rather than individual CCGs. It will be combined with other funding available to support GP Forward View workstreams (e.g. practice manager training), supporting STPs to use money as they see fit – subject to GPFV commitments being met.

## Future funding arrangements

There is agreement that additional funding will be provided for 2020-21, 2021-22 and 2022-23, to continue to support online

consultations and the delivery of a digital first approach. Information on ongoing funding for practices will be provided on the NHS England website as it is updated.

**ADVICE**
Commissioners should involve LMCs, PCNs and practices at all stages of the online consultation project – including defining requirements, designing implementation support and evaluation. **Online consultation funding should be used to both purchase systems and ensure their effective implementation** – which will include training for practice staff, backfill, hands-on support, skills and capability building to enable new ways of working, protected time to plan the implementation process and evaluate outcomes.

If there is insufficient funding to cover all the implementation support needed then commissioners should discuss this with their regional teams.

## Creating a vision

Prior to purchasing licences for a practice ensure they are committed to the system change required for uptake - without significant process change patient uptake of online consultations is negligible.

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- **Engage PCNs, practices and patients** through workshops and digital channels e.g. webinars and use the output to develop your local vision.
- **Identify champions**, share success stories from local early adopters to motivate other PCNs and practices, develop a **buddy system**.
- **Create a working group** to determine the core objectives and anticipated challenges. Involve your **IT lead, DPO and clinical safety officer** to ensure practices are well supported.
- **Invest** in process change support, dedicated project management and strong leadership. Use your **clinical safety officer** to help assess potential systems and advise on risk management strategies for safe and effective implementation.
- **Weave into your digital strategy** and roadmap, non-digital strategies and funding streams.
- **Involve PCNs, practices and local stakeholders** in developing the service specification to ensure buy in, shared objectives and procurement at scale.
- **Agree a clear roll out plan** with your PCNs and practices with defined milestones, timelines and share this with your regional leads.

**TIPS**
- Have access to horizon scanning and advice on best practice and digital innovation.
- Appoint a Chief Clinical Information Officer (CCIO) or equivalent to provide (clinical) leadership for the local digital strategy.
- Build skills using funding streams such as care navigation.
- Pre-procurement supplier presentations are a good opportunity to create discussion and open up possibilities.
- Solutions can take over 6 months to embed, engage practices now so you're ready to implement as soon as you've completed the procurement process.
- Update membership of current governance groups to include digital and primary care representatives.
- Onboard staff around the entire digital portfolio and **provide protected time** and **hands-on process change support** for PCNs and practices to design their implementation process

## Vision and engagement

## Planning

Commissioners should also seek support from the centrally funded procurement hub, drawing on the hub's experience and supplier knowledge, in designing and delivering online consultations.

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## Commissioners are encouraged to consider the following areas:
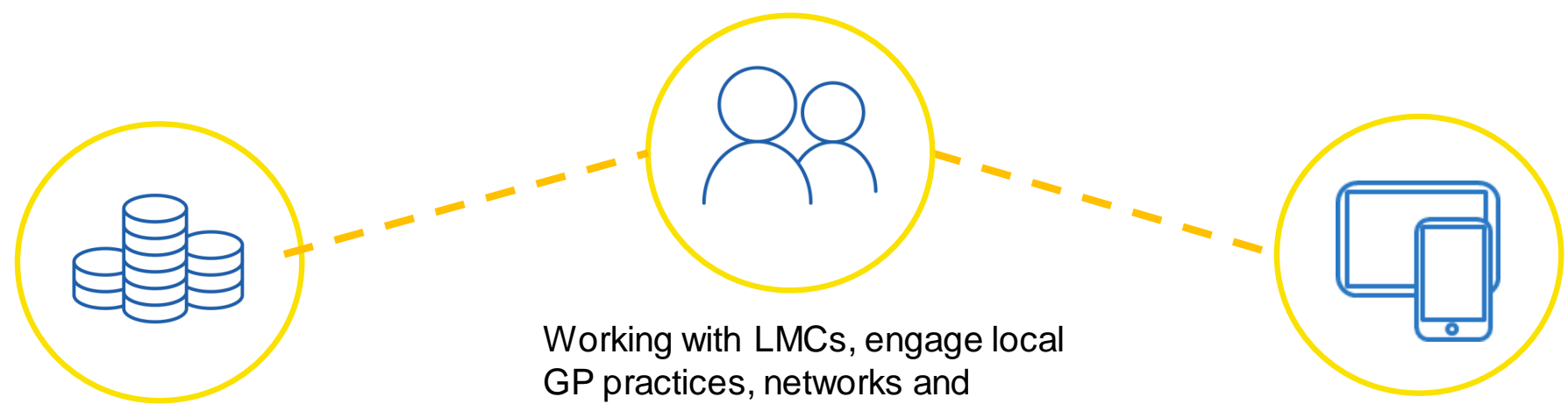
**Align with the local health and social care system digital strategy.** Quality improvement targets should **incentivise use** of digital pathways where appropriate. Consider delivery via networks to achieve economies of scale and shape local services (sharing resources and deliver an expanded workforce). Re-invest savings back into general practice.

Working with LMCs, engage local GP practices, networks and patients in identifying the local health needs and in creating a vision. Then empower GP practices and networks with the right capabilities to deliver high quality care. Develop a patient and practice facing digital strategy. Work with your supplier to adapt the offer to meet your local needs.

Provide hands on support to GP practices and networks e.g. ensuring core primary care IT infrastructure is in place and support with information governance (e.g. updating privacy policies), training, implementation and evaluation. Align culture to support agile ways of working, where failure is not feared and learning fast is embraced.

Digital exclusion heatmap

IT infrastructure

## Communications plan

If practices employ different approaches or systems for online or video consultations in a local area, communication strategies need to consider that there will be variations in the type of access the public will have to remote consultations.

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A communications plan should demonstrate how services will be promoted to a range of stakeholders e.g. patients, practice managers, GPs, primary care and PCN leads, pharmacy leads, urgent care, A&E etc, to ensure they are involved during the change journey. Benefits and messaging need to be engaging and entice people to be a part of the change in how healthcare is delivered.

| Aims and objectives | Key messages | Who is the audience? | What channels will you use? |
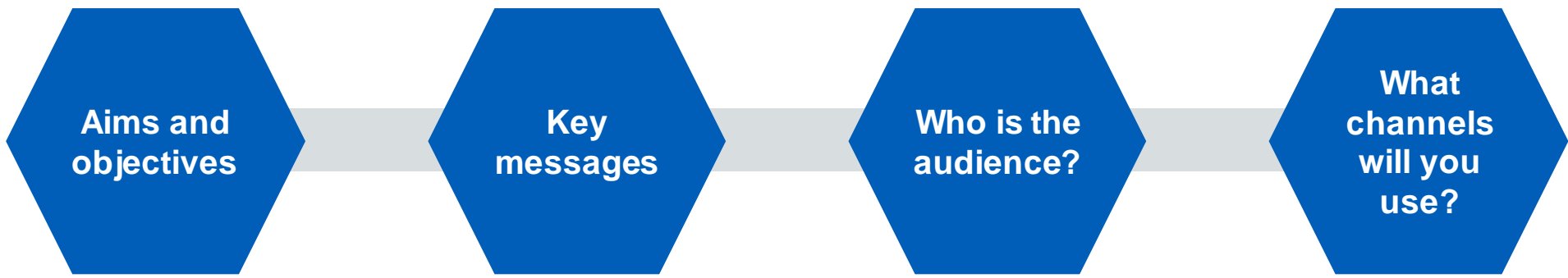
**Ensure messaging is consistent across organisations.** With all providers encouraging the use of digital pathways to access primary care where appropriate.

This is a change programme enabled by digital technology. Embed the change first. **Widen the engagement to include non-digital groups**, this will be invaluable.

Widening digital participation

Communications in health care – a toolkit

## Press and media

Working with the media in a well-planned way can be really helpful to boost the uptake of online and video consultations.

It is important to ensure that you work with the media in an open and transparent way. Commissioners can seek additional support from their regional NHS England team.

### Regional or local press, TV and/or radio

The press may be interested in information about new or improved general practice services, such as online and video consultations. Therefore, plans to tell your patients about your online services might include working with the media.

**Commissioners should consider:**

- developing a press release to demonstrate the positive ways that online and video consultations are changing ways of working e.g. improving patient access.

- inviting local media to attend a public engagement event.

- providing a media interview with a GP, the practice team, PCN clinical director and/or a patient representative to help promote the positive impact of online services.

- involving patients and communities in supporting the adoption and spread of online and video consultations.

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# Working with local partners

**To increase the reach of messages** about online and video consultations, commissioners should consider working with relevant partners in their area, including local authorities, voluntary and community sector organisations or other groups that support patients and the public who are likely to have a need for general practice services.

These groups can include:
- Commissioning Support Units (CSUs)
- Patient participation groups (PPGs)
- Healthwatch
- Sustainability and Transformation Partnerships (STPs)
- Disease networks
- Clinical networks
- Local community and neighbourhood groups
- Condition specific groups, associations and voluntary organisations

Working together will look different for every organisation, but ideally local partners would be willing to communicate messages about online and video consultations through their channels, for example:

**Social media channels**
- Provide content and/or graphics to partners to post via their social media accounts

**Websites**
- Provide information to partners to publish on their public facing website

**Events or meetings**
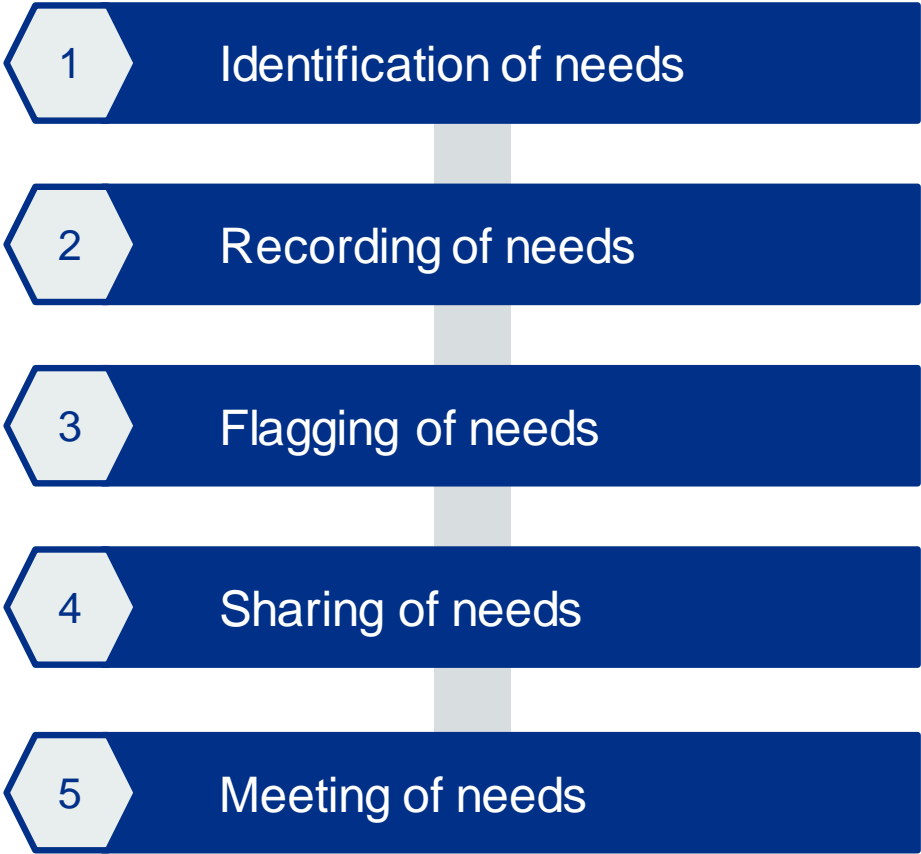- Provide further information that can be shared or handed out

All organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS).

The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and with support, so they can communicate effectively with health and social care services.

Commissioners are encouraged to consider their local population and the need for materials to be provided in easy read, or other accessible formats as appropriate.

Successful implementation of the Accessible Information Standard is based on the following five steps.

| 1 | Identification of needs |
| 2 | Recording of needs |
| 3 | Flagging of needs |
| 4 | Sharing of needs |
| 5 | Meeting of needs |

Accessible Information Standard

## Digital literacy of users

Digital literacy definition:
*"Those capabilities that fit someone for living, learning, working, participating and thriving in a digital society."*
Health Education England

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Understanding digital literacy is important in enabling access to health services. Increasing digital literacy in the workforce and public provides opportunities to enhance access, engagement and how health care is delivered.

**Digital Inclusion and Health Inequalities Map**
NHS Digital have developed this map to identify where the greatest need is. They have been working in partnership with the GoodThingsFoundation and, as of April 2019, have 13 digital inclusion pathfinders with another seven planned.

**Digital Inclusion Guide**
NHS Digital published this guide for commissioners and service designers to ensure digital inclusion and uptake is embedded in all service design.

**Digital Literacy Project**
Health Education England say their digital literacy project is "….about improving the digital capabilities of everyone working in health and social care. The best care of all individuals is only possible if these capabilities are fully developed and exploited.."

**TIPS**
Consider carrying out an equality analysis and equality impact assessment.

Partner with UK Online Centres such as local library services providing digital skills and training to the public.

| Digital health inclusion | Digital literacy | NHSE equality impact assessment |
| --- | --- | --- |

# eHub

## What if I don't have the capacity to implement online consultations at my practice?

You may also want to consider other models such as an 'eHub' particularly as practices work collaboratively as a Primary Care Network and share resources and workforce.

**Resident is able to access a platform which allows them to consult online with eHub clinicians**



*eHub provides digital and possible F2F services.*
*Where eHub appointment is not in patients' best interest, capacity at registered GP is sought.*

eHub could be set up as:
1. Separate entity
2. Part of access hub
3. Linked to UCC/UTC if applicable

**Online consultations are managed centrally by a group of clinicians working on behalf of a group of GP Practices**

*"It is possible to create a team ethic and cohesiveness in an online environment."*
Riverside Medical Practice GP Partner, Hurley Group eHub

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IMPERIAL COLLEGE HEALTH PARTNERS

## eHub

*"We have found it (eHub) much easier to implement than the individual practice model and it allows some standardisation of the service across the patch."*
Imperial College Health Partners

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### Why? The experience of North West London

North West London has **fewer GPs per head compared to other parts of England**. Figures from the Nuffield Trust report 54 GPs per 100,000 population with a 5% drop in GP numbers over recent years.

- Smaller practices found using online consultations at an individual practice level unmanageable.
- Capacity was lacking to change ways of working to embrace the new technology.
- Doing it as a network of practices offered:
  - a means to take work away from those practices.
  - a small group of clinicians to become skilled at processing online consultations.
  - the opportunity for local GPs, with a good understanding of the community and local processes, to provide the eHub service.
  - the ability to expand/share workforce and for staff to work seamlessly from any site creating built in business continuity.
  - A full evaluation is in progress.

### TIPS from an eHub lead

To avoid extra work being referred back to the practice, eHub clinicians need to have access to patient records, refer, order tests, prescribe electronically and maintain a contemporaneous record, allowing GPs to operate in an "on the ground" manner.

Agreed **standard operating procedures**, clinical **protocols** and a **single point resource** of guidelines, referral forms and local services, reduces clinical risk and allows standardisation of the service.

Integrating the eHub into the **local access hub** enables direct and seamless booking of patients into face to face appointments. Travel times and distance need to be convenient.

Having technically knowledgeable administrators and clinicians is key for troubleshooting.

### Impact on continuity of care

"There has been no major impact on patients as they are used to seeing different GPs from walk in appointments or hubs so having a consultation with different GPs has not been a challenge."
Imperial College Health Partners

# Innovative Models

## eHub case study

**TIPS**
Use of templates for consistent and standardised recording allows high quality data analysis of demand, capacity, outcome and performance of clinicians

"eHub clinicians can also **support practices to process workflow** such as signing prescriptions, reviewing lab reports and managing documents - easing the administrative burden when sites are under pressure e.g. due to sickness, holidays, high demand."

eHub Lead

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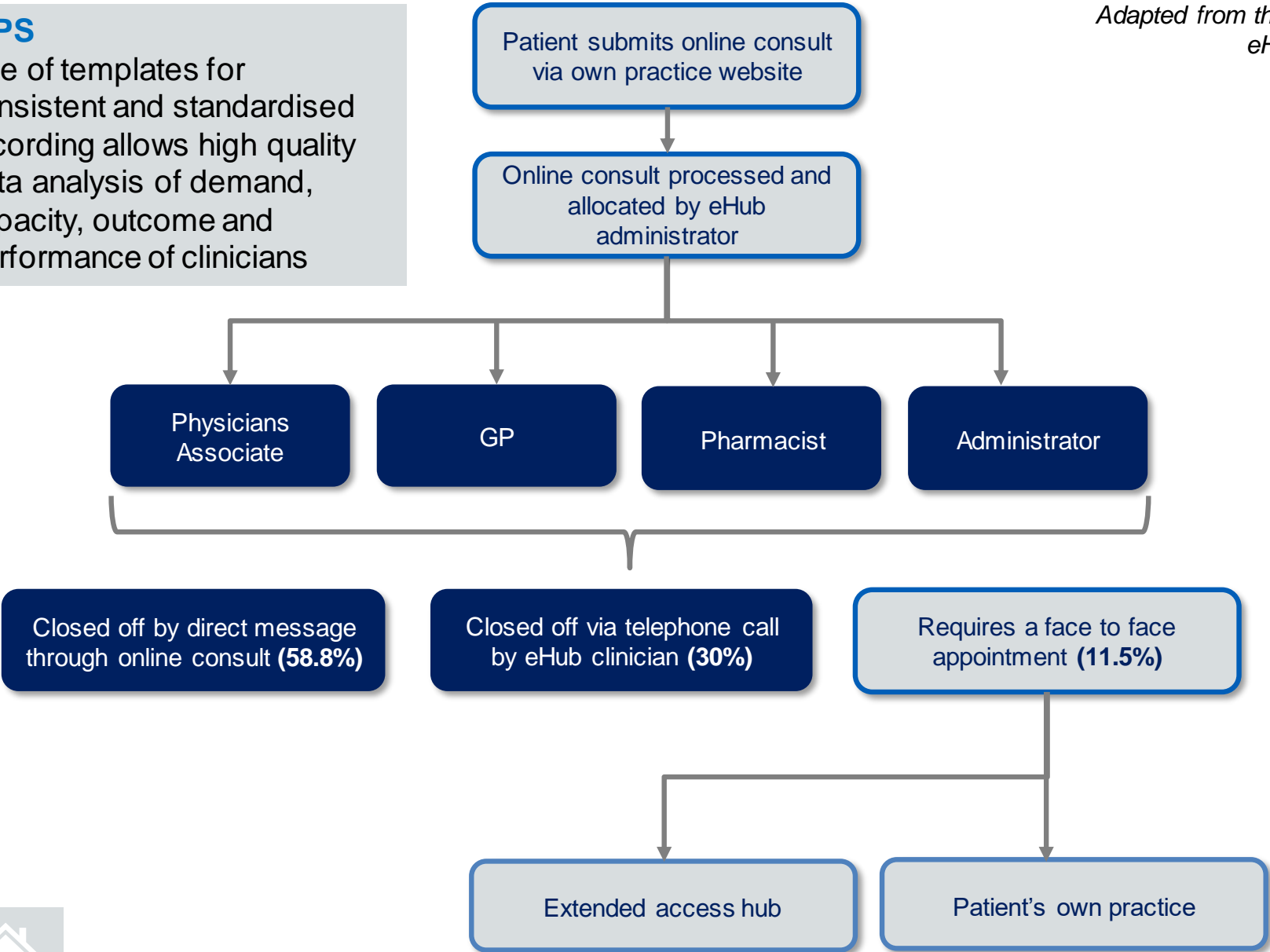
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Patient submits online consult via own practice website

↓

Online consult processed and allocated by eHub administrator

- Physicians Associate
- GP
- Pharmacist
- Administrator

- Closed off by direct message through online consult **(58.8%)**
- Closed off via telephone call by eHub clinician **(30%)**
- Requires a face to face appointment **(11.5%)**

- Extended access hub
- Patient's own practice

## eHub challenges

"Enabling the eHub to carry out 2 week wait referrals has worked well and reduced workload for the home practice. Using it for administrative requests has been especially good, reducing phone calls and making it easier for administrative staff to respond."
GP Partner and eHub GP

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## How do I overcome some of the challenges of an eHub? Advice from practices

**Enabling full access to the patient record** permitting electronic prescribing, test ordering, e-referrals, direct documentation into the patient's home practice record and access to local shared records can reduce administrative burden and safety risks

However a seamless process is technically and culturally challenging.

Commissioners should work with LMCs and collaborate with their PCNs and practices to clarify how activity generated by the eHub will be funded e.g. prescribing.

Practices will need to agree if services will be more restricted than their own practice. How will test ordering and results be managed? Systems should allow for clinicians to save test requests in the patient's home practice record and encourage patients to book appointments for blood tests online rather than visiting the practice.

If staff are working off site, consider what system functionality cannot be accessed remotely.

Speak to your CCG regarding the deployment of mobile devices required for remote access.

**Map out your workflow** to ensure the service design does not increase workload, introduce new clinical risk or deliver a poor experience.

- Good clinical governance and staff training is essential with clear supervisory processes.
- Clarify roles and responsibilities.
- Have a dedicated person at the home practice as a point of contact for any queries, tasks and managing online consultations.
- Choose online consultation systems that require low levels of manual work to transfer online consultation requests into the clinical system.
- Ensure a robust process for hand-over of outputs to the Practice (if required) making sure information and coding is complete and the correct templates are used to avoid delays in care and additional work for the home practice.
- Communicate changes to eHub operation times. On busy days the eHub may need to release more slots.

# eHub challenges

An accelerator site in Devon is working with a team of research psychologists to change the way their networks approach innovation and change. Revealing the trouble spots and culture within teams, learning collaboratively how/why teams respond to and overcome (or not) the challenge of implementation, they are developing their teams' capability to re-create their own version of innovations in their own setting.

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## Mutual trust is really important in building confidence and making this work

Conduct a Data Privacy Impact Assessment.

Develop and implement data sharing agreements (DSA) between practices and the eHub.

It is strongly recommended that proposed data sharing agreements are reviewed by a qualified professional to ensure compliance with the various aspects of data protection legislation.

Update your Privacy Notice and communications plan to make patients aware of what to expect and how their records will be shared with those that are providing their care. Explaining the benefits, risks, safeguards and signposting to sources of further information.

A quick response to practice queries from the eHub can improve practice confidence in the model.

**The impact of these models is being evaluated.** These **case studies (coming soon)** discuss different operating models used by practices and some of the governance and technical challenges experienced in delivering an eHub.

## Consider the impact on staff

Consider the issue of staff registered at another network practice having their online consultation read by a clinician based in the practice they work in. Write to staff making them aware of this possibility and discuss applying a confidentiality policy on staff records.

## TIPS

**Interoperability between practice systems and the eHub is key.** Confirm whether systems are interoperable early on and engage with NHS England and NHS Digital IT leads to discuss requirements via england.digitalfirstprimarycare@nhs.net

Modify the Primary Care Network (PCN) national data sharing agreement template to develop your DSA

## Supporting care homes

*"Tameside's pioneering work is an example of what happens when you bring together teams from the NHS, local authorities and care home providers and give them the freedom and resources to develop new ways of doing things."*

Chief Officer of the Greater Manchester Health and Social Care Partnership

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## Using video consultations as part of an integrated care system to support care homes.

### Improving access for care home residents through digital technology

A scheme led by Tameside, in the Greater Manchester region, is using digital technology to support older people stay out of hospital, reduce avoidable ambulance call outs and access care faster.

A video on-call team take around 8,000 calls a year from wardens working in sheltered accommodation, care home staff and community teams looking for advice and support for their residents.

In the last two years they have prevented 3,000 avoidable visits to A&E and freed up 2,000 GP appointments by addressing issues via video consultations. Dedicated nurses provide advice, guidance and reassurance to staff through a video consultation and avoid the unnecessary disruption and distress of attending A&E.

### What are practices using video for?
Video consultations have been used by practices to improve GP retention **increasing practice capacity**, support care homes, hospices and long term condition management. These videos were produced by Redmoor Health on behalf of the NHS in Staffordshire, Lancashire and Cumbria:
GP retention          Care homes          Hospices

### Tools and resources
Practices in North Staffordshire have conducted 2001 video consultations with care homes since June 2018, saving 10,232 minutes of travel time, 850 miles of driving and 1566 face to face visits. The pilot has developed an example protocol, standard operating procedure and privacy impact assessment and example MoUs between practices and care homes, highlighting some key considerations regardless of your chosen solution. Review as a guide, seeking further advice where necessary.

## Digital accelerators

NHS England has provided support to three Digital First Primary Care Accelerators to test a digital first approach and **provide lessons and blueprints to other areas**. These accelerators are in London, East Kent and Devon.

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The NHS Long Term Plan contains a commitment that by 2023/24 every patient in England will be able to access a digital first primary care offer. Access to primary care services via online consultations will be a key part of achieving that commitment.

Digital First is the approach Integrated Care Systems (ICSs), CCGs and PCNs need to adopt in order to ensure people can access appropriate health and care services consistently as and when they need to. This will be driven by process change and adopted through digital platforms and products commissioned locally.

Digital first is not a specific product or set of services, but an approach to providing for the needs of a local population utilising digital tools and consistently optimising digital routes to provide efficiencies which free up time to care.

Using technology to reduce avoidable appointments across health and care and enable patients to
- access key information to manage their health and wellbeing proactively

- access services from the most appropriate care setting
- communicate with health and care professionals in a more convenient way
- access community and social based interventions in their local area

**TIP**
Ensure that supplier roadmaps align to national digital initiatives.



| NHS Long Term plan |
| :---: |

## Joined up digital services

*"[Through] creating a platform, and letting other people innovate on top of it – [we] will ensure a continuing evolution of products available to our citizens and patients."*
Matthew Gould, CEO, NHSX

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The NHS App is a national platform providing people with a 'front door' to a range of online health and care services, via their smart phone, tablet or device.

Through the publication of APIs, it will allow the market to innovate and commissioners will be able to surface online products or services that conform to NHS standards, to meet the needs of their population.

NHS England are working with NHS Digital to integrate online consultation tools with the NHS App to support a safe and consistent user experience.

Collaborating with suppliers from the DPS Framework, the NHS App team are developing and validating technical requirements for successful integration to enable suppliers to quickly onboard and implement.

We encourage commissioners looking to procure an online consultation tool to ensure the supplier has integration with the NHS App on their roadmap.



**NHS App**

# Procurement

Overview

How to buy

Support

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Practical tips

Quality assurance checklist

# Procurement overview

The National Commercial and Procurement Hub (referred to as The Hub) **offer expert procurement advice at no cost to commissioners**.

It is a **mandatory** condition of the online consultations fund that commissioners procure an approved supplier system using the DPS.

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The National Commercial and Procurement Hub have created a service specification. Suppliers go through a first stage of due diligence to confirm adherence to this. This **approved** suppliers list is to be used in a dynamic purchasing system (DPS) providing for:

- Relevant functionality
- Meeting all appropriate standards (including information governance and cybersecurity)
- Organisational capacity to meet demand
- Financial stability standards

The Hub will **update** the specification with new features and standards in line with future NHS or government requirements, updating the list of approved suppliers accordingly.

**DPS**

Commissioners run **mini competitions** using this list where only approved suppliers can compete to deliver the requirements of the organisation
- **Quality assurance**
- Fast procurement
- Best value for money
- Live procurement process
- Local flexibility

Under the DPS, a mini-competition is mandatory and must be run electronically; there are no provisions for the direct award of contracts or to restrict the bidding pool. At this point a second stage of due diligence is completed. Commissioners must report any contracts awarded under the DPS to the Hub, in order to satisfy legal obligations on publishing contract award notices.

# How to buy

## A step-by-step guide

| | | | |
|---|---|---|---|
| **Step 1** | **Step 2** | **Step 3** | **Step 4** |
| Request access to the DPS | Identify needs and develop specifications | Finalise requirements | Complete mini competition documentation |

| | | | |
|---|---|---|---|
| **Step 8** | **Step 7** | **Step 6** | **Step 5** |
| Report | Award and contract documentation | Evaluate | Issue mini competition documentation to approved suppliers |
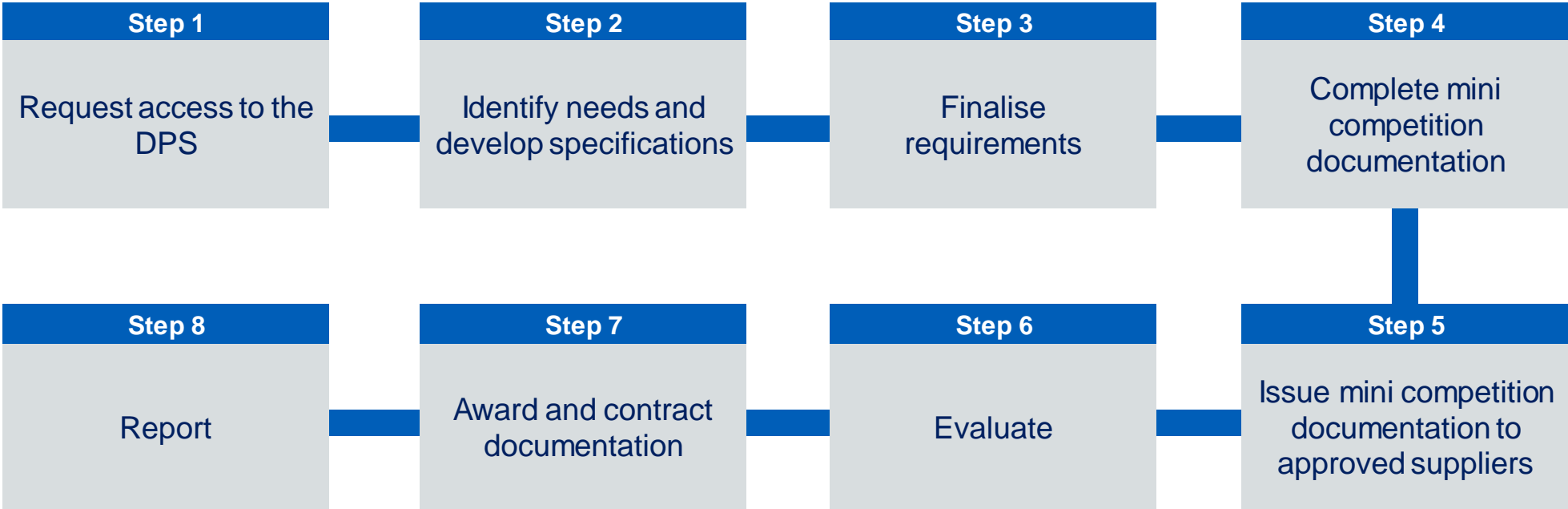
Average time: 6-8 weeks

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# Support

## The National Commercial and Procurement Hub will:

**Provide templates**
Provide full template documentation to allow CCGs/STPs to utilise the DPS successfully and DIY mini competitions

**Insight and intel**
Provide advice, guidance and signposting to the best fit procurement route, market insight and intelligence

**Advice**
Provide advice, guidance and support to CCGs/STPs in the mini competition tendering process

**Procure strategy**
Support in procurement strategy development, specifications and review of plans

**Mini competition**
Fully managed mini competition

**Share**
Share the learning

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# Document library

**Buyer's guide** – a guide to buying through The Hub.

**Benefits realisation** – how the benefits are achieved and managed.

**Procurement 'dos'** – a list of good practice approaches.

**CCG/STP resource pack** – information on online and video consultation and the expectations of CCGs/STPs.

**Example questions and evaluation** – sample questions and how to evaluate the responses.

**The following resources are available by clicking here to send an email request to The Hub**

**Supplier engagement** – outlines the best way to engage with suppliers.

**Data capture form** – to be completed during first contact with The Hub.

**Mini-comp project plan** – template for completion during the mini competition.

**Service specifications** – document for defining local needs.
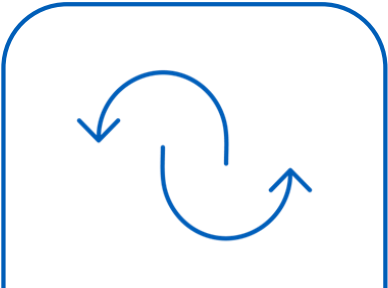
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# Practical tips

Hold early supplier engagement events to help shape your thinking. The key here is not to be influenced, but be informed, as when you specify what you want it must allow for competition.

Engage deeply with your stakeholders. This will support smooth and faster implementation of the system when the supplier starts to mobilise.

Speak to NHS colleagues who have been through the process or those who have certain systems and enquire what they would do differently next time.

Be clear what you want. This will ensure the supplier adapts their system to meet your needs, resulting in a better fit between technology and outcomes.
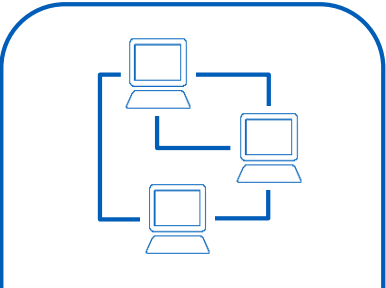
Be clear on your road map in terms of where you are now and where you want to be. Suppliers respond well to clarity and knowing exactly where you are coming from.

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Vision and engagement

## GP IT Futures Framework

Commissioners are responsible for selecting online consultation solutions from the National Dynamic Purchasing System (DPS) Framework and are expected to work with the National Commercial Procurement Hub and local practices and PCNs in doing so.

From April 2019, the online consultation fund established through GP Forward View will be provided at STP level to support the procurement, uptake and use of these systems. Those commissioning solutions are encouraged to use accredited products on the DPS Framework.

The GP IT Futures Digital Care Services Framework will launch in January 2020. This framework provides a set of common, open technology and data standards for clinical IT systems, delivered by suppliers, to meet the emerging and future demands of GPs, primary care networks and new care models. The DPS framework is currently being refreshed to align more closely with the GPIT futures framework and options are being considered for bringing these frameworks more closely together.

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IT infrastructure

# Quality assurance checklist

The following quality assurance requirements for online consultation supplier systems are based on the national specification for solutions procured using the Dynamic Purchasing System. These tables are aimed at those whose role it is to procure health IT and provide technical, security and safety expertise to commissioners.

| | |
|---|---|
| ✓ | **Clinical Safety Requirements** <br> 1. Compliance with DCB0129 clinical risk management standard <br> 2. Assistance in the application of clinical risk management DCB0160 <br> 3. Where applicable, compliance with UK medical device regulations and registration with appropriate regulatory bodies e.g. CQC with no concerns reported <br> 4. Defined process for assessing third party products and evidence they have been assessed against all relevant standards <br> 5. If uses a clinical decision support tool (using algorithms/knowledge base) provide details on how these are checked for accuracy, provenance and validation |
| ✓ | **Data Processing Requirements** <br> 1. Provide assurance and evidence |

1. accreditations linked to security and privacy, for example ISO27001, Cyber Essentials Plus
2. Compliance with mandatory assertions in the NHS Data Security and Protection Toolkit, GDPR, Caldicott Principles and other information governance requirements
3. Support Practices to discharge their legal responsibilities as data controller e.g. a record access audit log is automatically maintained in the system, supporting the provider with detecting, investigating and reporting data breaches complying with ICO requirements
4. Where patient identifiable data is hosted externally by the supplier (or one of its subcontractors), the data is held securely within the UK and complies with data protection legislation

# Quality assurance checklist

✓ **Accessibility**
1. Alignment with W3C/WCAG requirements
2. Provide a robust and secure access control model including patient proxy verification and authentication
3. Current and credible penetration testing

✓ **Functionality**
1. Solution is interoperable with the GP Clinical System
2. If the solution directly interfaces with the GP clinical system, it uses the verified NHS Number as the primary identifier and in any documented outputs
3. Capable of integrating using appropriate messaging standards such as FHIR
4. Functionally compliant with current supported operating systems and internet browsers
5. Where clinical data is exchanged electronically using a clinical coding system, data should be in SNOMED CT

✓ 6. Where patient records are stored as part of the digital service, the supplier must have dedicated processes to manage the following scenarios (list not exhaustive):
- Patients changing registered general practice
- Deceased registered patients
- Other patient identity management issues (name change, gender reassignment, legal protections, adoptions)
- Termination of the online consultation system contract (to include but not be limited to repatriation of the patient identifiable data to the data controller)
- On the supplier (or a subcontractor) ceasing to trade
- On practice merger and / or closure
- The patient wishes to have data deleted in the source application or the app itself

The solution must encrypt information held within the system and have adopted a best practice approach to data security practices

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## Quality assurance checklist

| ✓ | **Other Considerations**<br>1. Provides incident service management<br>2. Provision (free of charge) of updates to the system required to meet new legislation or regulation, information standards, fix issues or security vulnerabilities within the system/platform that it is hosted on, that are under the suppliers control.<br>3. Capable of retrieving information for a medico-legal (or other) investigation<br>4. Comprehensive and flexible on-demand reporting<br>5. Define business continuity arrangements<br>6. Provides technical, training and implementation support | ✓<br><br>✓ | **Future Plans**<br>1. Ensure systems will be compliant with future NHS and Government standards on data and cyber security<br>2. Have a roadmap of planned system developments and enhancements<br>3. Respond to new and additional functionality throughout the life of the contract and enable future interoperability with a variety of services<br>4. Facility to offer online consultations via new and emerging service models e.g. virtual hubs<br>5. Integration with the NHS App<br>6. Utilisation of NHS Login functionality |
|---|---|---|---|

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**Supplier systems**

# Case studies

Public Health England have produced National General Practice Profiles which display data on a range of topics including local demography, area profiles, trends and deprivation scores.

We are committed to sharing best practice to support the implementation of online consultations within primary care. We have compiled a range of case studies from GP practices, Networks, CCGs and Alliances across England, all of which vary in location, size, system supplier, technology type, demographics and deprivation levels.

GP practices

CCGs and Alliances

Participate in a case study

PHE national general practice profiles

# GP practices

| eHub Brent | |
|---|---|
| Supplier | eConsult |
| Technology | Questionnaire |
| Region | London |
| Practice size | 120,000 |
| Deprivation score | N/A |
| Geography | Urban |
| Themes | • Planning & strategy<br>• Comms & engagement<br>• Training<br>• Process change |
| Benefits | • Improved access<br>• Patient experience |
| Population challenges | • Deprived area<br>• Multicultural<br>• Language barriers |

**Coming soon**

| eHub Hurley | |
|---|---|
| Supplier | eConsult |
| Technology | Questionnaire |
| Region | London |
| Practice size | |
| Deprivation score | N/A |
| Geography | Urban |
| Themes | • Planning & strategy<br>• Comms & engagement<br>• Training<br>• Behaviour change<br>• Process change |
| Benefits | • Improved access<br>• Effective use of resources<br>• Improved health & wellbeing |
| Population challenges | |

**Coming soon**

| The Swan Practice | |
|---|---|
| Supplier | AskNHS |
| Technology | Questionnaire |
| Region | South |
| Practice size | 30,000 |
| Deprivation score | 10 |
| Geography | Semi-rural |
| Themes | • Planning & strategy<br>• Comms & engagement<br>• Training<br>• Process change |
| Benefits | • Improved access<br>• Patient experience<br>• Improved health & wellbeing |
| Population challenges | • Large student population |

**Coming soon**

Implementation for GP practices home

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**Read about eHub Brent**

**Read about eHub Hurley**

**Read about The Swan Practice**

# Case studies

## GP practices

| Hedge End Medical Centre | |
|---|---|
| Supplier | eConsult |
| Technology | Questionnaire |
| Region | South |
| Practice size | 14,376 |
| Deprivation score | 10 |
| Geography | Urban |
| Themes | • Comms & engagement<br>• Behaviour change<br>• Process change |
| Benefits | • Improved access<br>• Patient experience<br>• Effective use of resources |
| Population challenges | |

| Haughton Thornley Centre | |
|---|---|
| Supplier | Engage Consult |
| Technology | Online triage |
| Region | North |
| Practice size | 12,258 |
| Deprivation score | 3 |
| Geography | Urban |
| Themes | • Process change |
| Benefits | • Improved access<br>• Patient experience |
| Population challenges | • Deprived area<br>• Language barriers |

| Witley Surgery | |
|---|---|
| Supplier | askmyGP |
| Technology | Questionnaire |
| Region | South |
| Practice size | 11,118 |
| Deprivation score | 10 |
| Geography | Rural |
| Themes | • Planning & strategy<br>• Comms & engagement<br>• Training<br>• Behaviour change<br>• Process change |
| Benefits | • Improved access<br>• Patient experience<br>• Improved health & wellbeing<br>• Effective use of resources |
| Population challenges | • Ageing population<br>• Commuter belt |

**Coming soon**

**Read about Hedge End Medical Centre**

**Read about Haughton Thornley Centre**

**Read about Witley Surgery**

# Case studies

## GP practices

| Rydal Practice | |
|---|---|
| Supplier | askmyGP |
| Technology | Questionnaire |
| Region | London |
| Practice size | 11,033 |
| Deprivation score | 8 |
| Geography | Urban |
| Themes | • Comms & engagement<br>• Behaviour change<br>• Process change |
| Benefits | • Effective use of resources |
| Population challenges | |

| Stratford Village | |
|---|---|
| Supplier | Egton Online |
| Technology | Online triage |
| Region | London |
| Practice size | 10,450 |
| Deprivation score | 3 |
| Geography | Urban |
| Themes | • Process change |
| Benefits | • Patient experience<br>• Improved health & wellbeing |
| Population challenges | • Deprived area<br>• Language barriers |

**Coming soon**

| Golden Brook Practice | |
|---|---|
| Supplier | askmyGP |
| Technology | Questionnaire |
| Region | Midlands and East |
| Practice size | 10,338 |
| Deprivation score | 7 |
| Geography | Semi-rural |
| Themes | • Comms & engagement<br>• Process change |
| Benefits | • Patient experience<br>• Effective use of resources |
| Population challenges | • Aging population |

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**Read about Rydal Practice**

**Read about Stratford Village**

**Read about Golden Brook Practice**

# Case studies

## GP practices

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### Docklands Medical Centre

| Supplier | eConsult |
| Technology | Questionnaire |
| Region | London |
| Practice size | 8,746 |
| Deprivation score | 6 |
| Geography | Urban |
| Themes | • Comms & engagement<br>• Safety checks & measures<br>• Process change |
| Benefits | • Improved access<br>• Patient experience |
| Population challenges | |

### Crescent Bakery Surgery

| Supplier | Footfall |
| Technology | Questionnaire/ messaging |
| Region | South |
| Practice size | 5,398 |
| Deprivation score | 7 |
| Geography | Urban |
| Themes | • Planning & strategy<br>• Comms & engagement<br>• Training<br>• Behaviour change<br>• Process change |
| Benefits | • Improved access<br>• Effective use of resources |
| Population challenges | |

**Coming soon**

### The Project Surgery

| Supplier | Egton |
| Technology | Online triage |
| Region | London |
| Practice size | 5,008 |
| Deprivation score | 2 |
| Geography | Urban |
| Themes | • Planning & strategy<br>• Comms & engagement<br>• Training<br>• Behaviour change |
| Benefits | • Improved access<br>• Patient experience |
| Population challenges | • Language barriers<br>• Deprived area |

**Coming soon**

**Read about Docklands Medical Centre**

**Read about Crescent Bakery Surgery**

**Read about The Project Surgery**

# Case studies

## CCGs and Alliances

| Somerset CCG | |
|---|---|
| Supplier | Engage Consult |
| Technology | Online triage |
| Region | South |
| Size | 66 practices |
| Patient size | 540,000 |
| Themes | • Behaviour change<br>• Process change<br>• Comms & engagement |
| Benefits | |

**Coming soon**

Implementation for commissioners home

Implementation for GP practices home

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**Read about Somerset CCG**

# Case studies

## Participate in a case studies

We are building a library of case studies to ensure commissioners, practices and PCNs can continue to learn from each other. If you would like to participate in a case study, the process on how this would work is outlined below:

Make contact with the OC team to express your interest in participating in a case study

We will arrange a convenient date with you for a visit or telephone call

We will have a conversation with you about the benefits and challenges relating to implementing OC

We will write up the case study and share it with you for final sign-off

The case study will then be published so we can continue to share good practice and learning

# Tool library

We have collated this library with a range of tools to support you in implementing online consultations in your area. These tools can be used in conjunction with your own. As the toolkit develops, we expect to expand on the range available.

Supplier functionality

Key messages

Templates

12 steps to implementation

Health inequalities heatmap

Project and change management

Categorisation tool

# Tools library

## Level of integration

The following tables details the functionality of systems currently on the DPS framework. The information has been **self reported** by the suppliers. Please note this information is accurate as of June 2019. For the latest information, practices and PCNs should contact their CCGs and their CCG should contact the Procurement Hub. Some functions are currently in development, please ask the supplier about their progress and check the system functionality prior to procurement.

| Supplier/product | Comes directly into clinical system workflow or appts | Comes into practice email inbox | Saved as a PDF into the record | Written directly into the record |
|---|---|---|---|---|
| Advance Health and Care – AskNHS | ✓ | ✓ | ✓ | ✓ |
| Ada – Ada Health | | ✓ | | |
| Aire Logic – Forms4Health | | ✓ | ✓ | |
| AllDayDr Group – AllDayDr | | ✓ | | |
| Archway Primary Care Team – Health Online | | | | ✓ |
| AT Technology – Dr IQ | ✓ (for EMIS) | ✓ | ✓ | |
| DoctorLink Ltd – Doctorlink | ✓ | | | |
| eConsult Health Ltd - eConsult | ✓ (for EMIS via Docman Connect, SystmOne and Vision) | ✓ | ✓ | ✓ (for EMIS via Docman Connect, SystmOne and Vision) |
| Engage Health Systems – Engage Consult | | | ✓ | |
| Evergreen Health Solutions – Evergreen Life | | | | ✓ |
| GP Access Ltd – askmyGP | | | | ✓ |
| iPlato Healthcare Ltd – PreGP | ✓ | | | |
| MD International Ltd - Docly | | | ✓ | |

# Tools library

## Level of integration

| Supplier/product | Comes directly into clinical system workflow or appts | Comes into practice email inbox | Saved as a PDF into the record | Written directly into the record |
|---|---|---|---|---|
| MedicSpot Ltd – MedicSpot | | ✓ | ✓ | |
| Mjog Ltd – Smart | ✓ | | | ✓ |
| MyMed Ltd – Q Doctor | ✓ (via Docman) | | | |
| Patient Knows Best | | ✓ | | |
| Push Doctor | | | | ✓ |
| Refero Software Ltd – Refero | ✓ | ✓ | ✓ | ✓ |
| Sensely UK Ltd – AskNHS | ✓ | ✓ | ✓ | ✓ |
| Silicon Practice – FootFall | ✓ | | | |
| Substrakt Health Ltd - PatientPack | ✓ | ✓ | | ✓ |
| Visiba Care | ✓ | | | |

The following table details the functionality of systems currently on the DPS framework. The information has been self reported by the suppliers. Please note this information is accurate as of June 2019. For the latest information practices and PCNs should contact their CCGs and their CCG should contact the Procurement Hub. Some functions are currently in development, please ask the supplier about their progress and check the system functionality prior to procurement.

# Tools library

## Safety netting

| Supplier/product | Red flags | Automatic signposting for urgent/emergency symptoms |
|---|:---:|:---:|
| Advance Health and Care – AskNHS | ✓ | ✓ |
| Ada – Ada Health | ✓ | ✓ |
| Aire Logic – Forms4Health | ✓ | ✓ |
| AllDayDr Group – AllDayDr | ✓ | ✓ |
| Archway Primary Care Team – Health Online | ✓ | ✓ |
| AT Technology – Dr IQ | ✓ | ✓ |
| DoctorLink Ltd – Doctorlink | ✓ | ✓ |
| eConsult Health Ltd – eConsult | ✓ | ✓ |
| Engage Health Systems – Engage Consult | ✓ | ✓ |
| Evergreen Health Solutions – Evergreen Life | No | No |
| GP Access Ltd – askmyGP | No | No |
| iPlato Healthcare Ltd – PreGP | ✓ | ✓ |
| MD International Ltd - Docly | ✓ | |

The following table details the functionality of systems currently on the DPS framework. The information has been self reported by the suppliers. Please note this information is accurate as of June 2019. For the latest information practices and PCNs should contact their CCGs and their CCG should contact the Procurement Hub. Some functions are currently in development, please ask the supplier about their progress and check the system functionality prior to procurement.

| Supplier | Red flags | Automatic signposting for urgent/emergency symptoms |
|---|---|---|
| MedicSpot Ltd – MedicSpot | | ✓ |
| Mjog – Smart | ✓ | |
| MyMed Ltd – Q Doctor | ✓ | ✓ |
| Patient Knows Best | ✓ | No |
| Push Doctor | ✓ | ✓ |
| Refero Software Ltd – Refero | ✓ | ✓ |
| Sensely UK Ltd – AskNHS | ✓ | ✓ |
| Silicon Practice – FootFall | ✓ | ✓ |
| Substrakt Health Ltd – PatientPack | ✓ | ✓ |
| Visiba Care | No | No |

The following table details the functionality of systems currently on the DPS framework. The information has been self reported by the suppliers. Please note this information is accurate as of June 2019. For the latest information practices and PCNs should contact their CCGs and their CCG should contact the Procurement Hub. Some functions are currently in development, please ask the supplier about their progress and check the system functionality prior to procurement.

# Tools library

## Supplier functionality

| Supplier | Implementation support offered | Patients require a login? | Clinicians require a login? | Patient feedback function? | Supplier provided IT support? |
|---|---|---|---|---|---|
| Advance Health and Care | ✓ | ✓ | No | ✓ | ✓ |
| Ada | ✓ | ✓ (with app) | No | ✓ | ✓ |
| Aire Logic | ✓ | No | No | ✓ | For practices |
| AllDayDr Group | ✓ | ✓ | ✓ | ✓ | ✓ |
| Archway Primary Care Team | ✓ | ✓ | ✓ | ✓ | ✓ |
| AT Technology | ✓ | ✓ | ✓ | ✓ | ✓ |
| DoctorLink Ltd | ✓ | ✓ | ✓ (for VC) | ✓ | ✓ |
| eConsult Health Ltd | ✓ | No | No | ✓ | ✓ |
| Engage Health Systems | ✓ | No | ✓ | ✓ | For practices |
| Evergreen Life | ✓ | ✓ | ✓ | ✓ | ✓ |
| GP Access Ltd | ✓ | ✓ | ✓ | ✓ | ✓ |
| iPlato Healthcare Ltd | ✓ | ✓ | | No | ✓ |
| MD International Ltd | ✓ | ✓ | ✓ | ✓ | ✓ |

The following table details the functionality of systems currently on the DPS framework. The information has been self reported by the suppliers. Please note this information is accurate as of June 2019. For the latest information practices and PCNs should contact their CCGs and CCGs should contact the Procurement Hub. Some functions are currently in development, please ask the supplier about their progress and check the system functionality prior to procurement.

## Supplier functionality

| Supplier | Implementation support offered | Patients require a login? | Clinicians require a login? | Patient feedback function? | Supplier provided IT support? |
|---|---|---|---|---|---|
| MedicSpot | ✓ | No | ✓ | ✓ | ✓ |
| Mjog Ltd | ✓ | No | ✓ | ✓ | ✓ |
| MyMed Ltd | ✓ | ✓ | ✓ | ✓ | ✓ |
| Patient Knows Best | ✓ | ✓ | ✓ | ✓ | ✓ |
| Push Doctor | ✓ | ✓ | ✓ | ✓ | ✓ |
| Refero Software Ltd | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sensely UK Ltd | ✓ | ✓ | No | ✓ | ✓ |
| Silicon Practice | ✓ | No | ✓ | ✓ | ✓ |
| Substrakt Health Ltd | ✓ | ✓ | ✓ (for VC) | ✓ | ✓ |
| Visiba Care Ltd | ✓ | ✓ | ✓ | ✓ | ✓ |

The following table details the functionality of systems currently on the DPS framework. The information has been self reported by the suppliers. Please note this information is accurate as of June 2019. For the latest information practices and PCNs should contact their CCGs and CCGs should contact the Procurement Hub. Some functions are currently in development, please ask the supplier about their progress and check the system functionality prior to procurement.

## Patient key messages

**Enabling patients and carers to make an informed choice about their consultation**. Messages may include reassurance that online consultations are safe and secure and can enable patients to ask questions and share their health concerns with an appropriate health professional connected to their GP practice. This professional will have appropriate access to their medical record and will provide clear advice and instructions on what to do next. While many consultations are fully completed online, it is important that patients understand that if it is appropriate their health professional might refer them to another health professional, or request a face-to-face appointment for examination, tests or further investigation.

Online consultations offer people a quick, convenient and secure alternative to visiting their GP practice. Online consultations:
- enable you to choose your preferred way of consulting a doctor or nurse
- give you fast access to information and advice
- If your doctor feels you need to be seen they will arrange this
- helps your practice work more effectively

Many medical enquiries can be resolved without the need for a face-to-face appointment, and online services enable you to access many of the services you would expect. For example, when you need:
- a review about an existing condition or medication
- to ask about a symptom or referral for a test
- to discuss a test result

Online consultations are not an emergency service. If it is a medical emergency call 999. This is when someone is seriously ill or injured and their life is at risk.

## Staff key messages

All primary care staff play an important role in helping to shape the digital transformation of services, so a whole practice approach is needed to promote appointment choice to patients, including the option of online consultations. The following are examples of key messages for practice staff to help them understand why online consultations are being implemented.

Online consultations support the adoption and design of technology which:
- helps to manage workload more effectively in practices
- helps practices who want to work together to share resources, workforce and achieve economies of scale
- supports building resilience
- supports greater efficiency across the whole system
- enables self-care and self management for patients

In early adopter practices, online consultations are proving to be popular with patients of all ages, enabling the patient to access information about symptoms, conditions and treatments, and connect to self-help options.

Online consultations can allow time for GPs to spend more time leading complex care for those who need it.

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## Template - SMS

Many practices now use SMS text messaging to communicate with their patients. This might be to remind their patients about an appointment that has been booked, or to tell them that their prescription is ready to collect. As part of your plan to promote online consultations to patients you could add a line onto these standard texts, reminding patients about online consultations.

"Did you now know you can contact your GP using online consultations [or video consultations], please visit our website [insert website address] and you will have a response within [insert response time]"

"Did you know you can now save yourself time waiting on the phone and consult with your GP online [or via video], please visit our website [insert website address]."

"By having an online consultation with your GP, you may be able to pick up your prescription directly from your local pharmacy without having to come into the practice. For more information visit [insert website address]"

**TIP**
Some text messaging services allow messages to be sent in different languages – check with the supplier.

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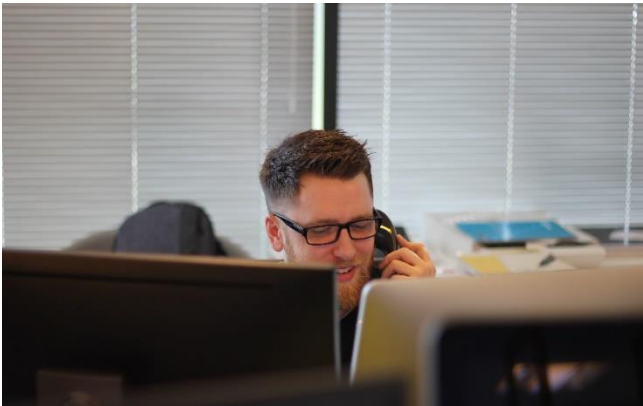Contact us

## Template – phone message

Many practices use a call waiting function for when patients phone the practice or are on hold. As part of your plan to promote online consultations to patients you could add a recorded message, reminding patients about online consultations.

"This is Dr [insert name], if you are ringing to book an appointment or speak to a GP, we have a quick, convenient and easy way to get help to you. Go to our website and click [insert instruction]. This will allow you tell us about your problem or question. The information you give will be reviewed by our practice team, who will get back to you promptly, usually within [insert response time frame]. If you need to be seen, the doctor will arrange this. If you are unable to access our website a relative or friend can help you. Otherwise, please hold for reception, who will ask you the same questions as the online system."

"Thank you for calling [insert practice name]. If you are ringing to book an appointment or speak to a GP, you may wish to try our online consultation service [or video consultation service]; a quick, convenient and secure alternative to visiting the practice. You can access this via the practice website, where you will be asked to fill in an online form and we will get back to you by [insert response time] with the next steps."

**TIP**
If a patient continues to wait on the phone, this same message (or a shorter version) could be replayed at intervals.

## Template – staff scripts

Below are some example scripts that practice staff can use to promote online consultations when speaking to patients, either face-to-face or on the telephone.

"Next time, why not considering completing an online consultation? It's available through our practice website and is a quick, convenient and secure alternative to visiting the practice. Simply tell us about your problem or question and the information you give will be reviewed by our practice team, who will get back to you promptly, usually within [insert response time frame]."

"Currently, our routine waiting time for a face-to-face appointment is [insert waiting time], why not visit our website and complete an online consultation. This gives you the opportunity to tell us about your problem, or question, and receive an answer by [insert response time frame] with the next steps.

"In the future, if you need advice, a GP letter, or a review of your medications or long term health conditions, why not try an online consultation. Simply fill out our online form via the practice website, and we'll get back to you by [insert response time frame]."

**Key messages**
An online consultation:

- gives you time to explain your problem without feeling rushed

- can be filled out at any time, day or night, even on the weekend

- ensures if you need to be seen, the doctor or nurse will arrange this for you, but often you may not even need to come in to the surgery

After you've submitted your online consultation the practice will get back in touch and let you know what the next steps are

Relate benefits to identified patient pain points e.g. long waiting times for appointments or on the phone

## Other Templates

Suppliers will often provide you with examples of wording you can use to promote the service to patients

**Prescription Slips**

"By having an online consultation [or video consultation] with your GP, you may be able to pick up your prescription directly from your local pharmacy without having to come into the practice. For more information visit [insert website address]"

**Practice Newsletter**

**Online consultations coming soon! [or Video consultations coming soon!]**

We are excited to announce we will be launching online consultations [video consultations] for our patients. Offering you a quick, convenient and secure alternative to coming into the practice. Many medical enquiries can be resolved without the need for a face-to-face appointment, and online services enables you to access many of these services as you would expect. They still allow you to access advice from your GP or nurse safely and efficiently, without booking an appointment. If the doctor or nurse feels you need to be seen they will arrange this. The service will be available via the practice website, visit [insert website address] from [insert date]"

## Template – social media

1. Online consultations offer people a quick, convenient and secure alternative to visiting their GP practice, enabling you to choose how you interact with your doctor or nurse.

2. Many medical enquiries can be resolved without the need for a face-to-face appointment, and online services enable you to access many of the services you would expect.

3. Need to have a review about an existing condition or medication, to ask about a symptom or referral for a test or to discuss a test result? Consider using online consultations, a quick, convenient and secure alternative to visiting your GP practice.

4. Don't wait needlessly on the phone, access online consultations for an alternative way to get advice from your practice.

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## 12 steps to Implementation

Communicate a clear story for change to help engage others in understanding the benefits. Allow plenty of time for discussion with staff and patients about how it affects the service and start more detailed planning. A good strategy with a clear vision should describe:

| ✓ | 1. What challenges does the solution need to address? |
| ✓ | 2. Which patients will benefit from using it? |
| ✓ | 3. What care model could be used? e.g. implemented at a practice level, via a virtual hub (eHub), primary care network. |
| ✓ | 4. What higher functionality do you need? |
| ✓ | 5. Assess your readiness for change, map baseline workload to capacity, how will you re-structure your work routine? |
| ✓ | 6. Who and how will you engage staff |
| ✓ | 7. How will you redesign the system and patient flows? What updates will you make to your governance processes? E.g. clinical risk management, privacy policy, privacy impact assessment, protocols and standard operating procedures |

| ✓ | 8. What roles/responsibilities/skills will you need from your staff? e.g. digital champions, a care navigator, upskill reception staff in triage, a broader workforce, IT support, a project manager, evaluation skills - utilise skills within your primary care network.<br><br>What are your equipment and infrastructure needs? |
| ✓ | 9. What are your practice's training needs? |
| ✓ | 10. How will you promote the solution to patients? |
| ✓ | 11. How will you monitor its impact? |
| ✓ | 12. Set your launch date. |

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# Health inequalities heatmap

The Get Digital Heatmap shows the likelihood of digital exclusion across the UK at local authority level. It uses eight different digital and social metrics to calculate the overall likelihood of exclusion. Click on the map to visit the website and explore an area in more detail.
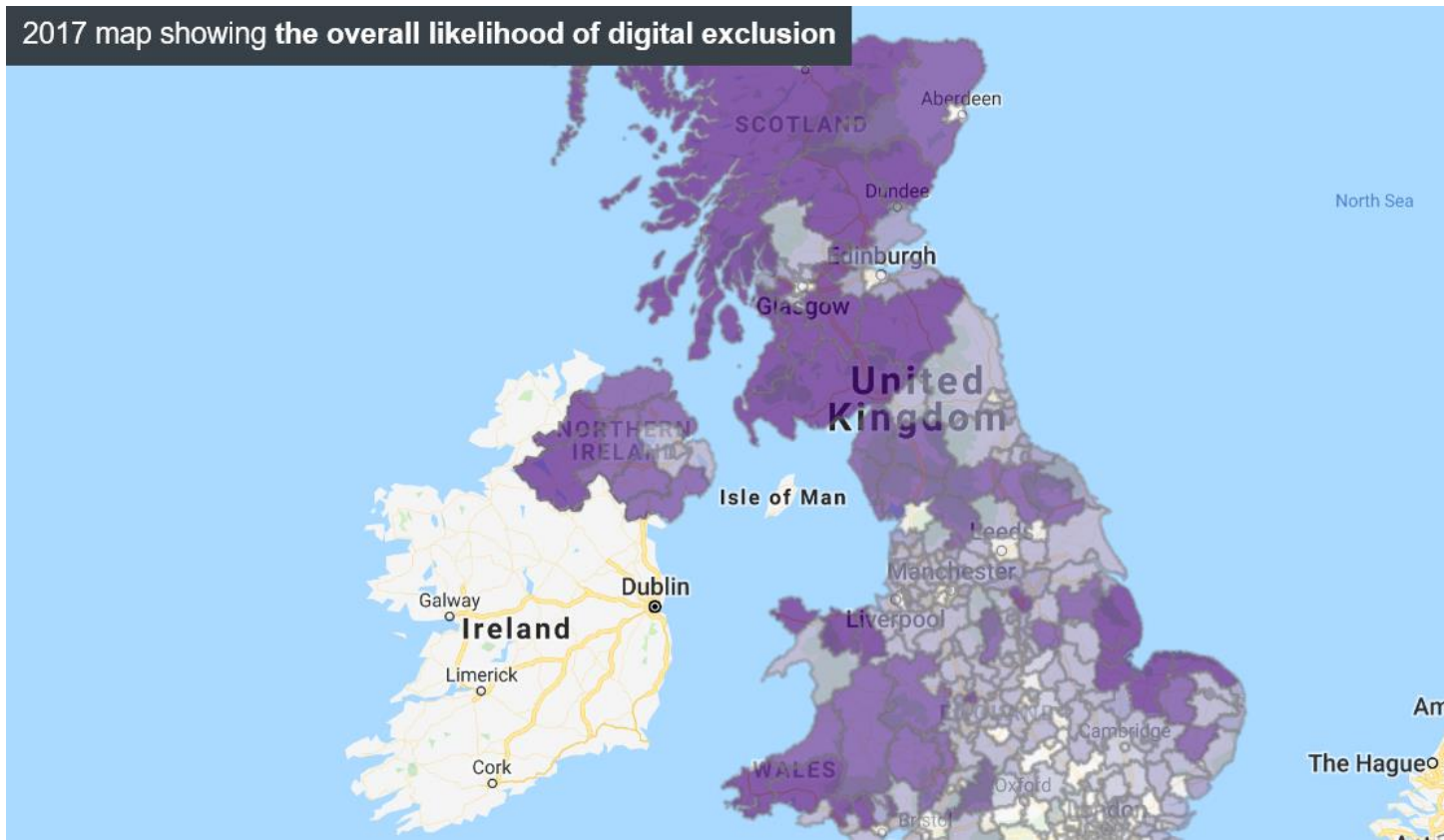


2017 map showing **the overall likelihood of digital exclusion**

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## Project management

Project management and its associated tools and techniques should be at the forefront of your thoughts from initiation to deployment and business as usual.

The six stage project management approach, as set out by NHS Improvement, provides a framework for managing improvement projects in the NHS. We suggest you read through their overview before undertaking any actions relating to the stages or try using any of the tools detailed or referenced. This will help you get an overall picture of what all the stages involve.

**Project management – an overview**

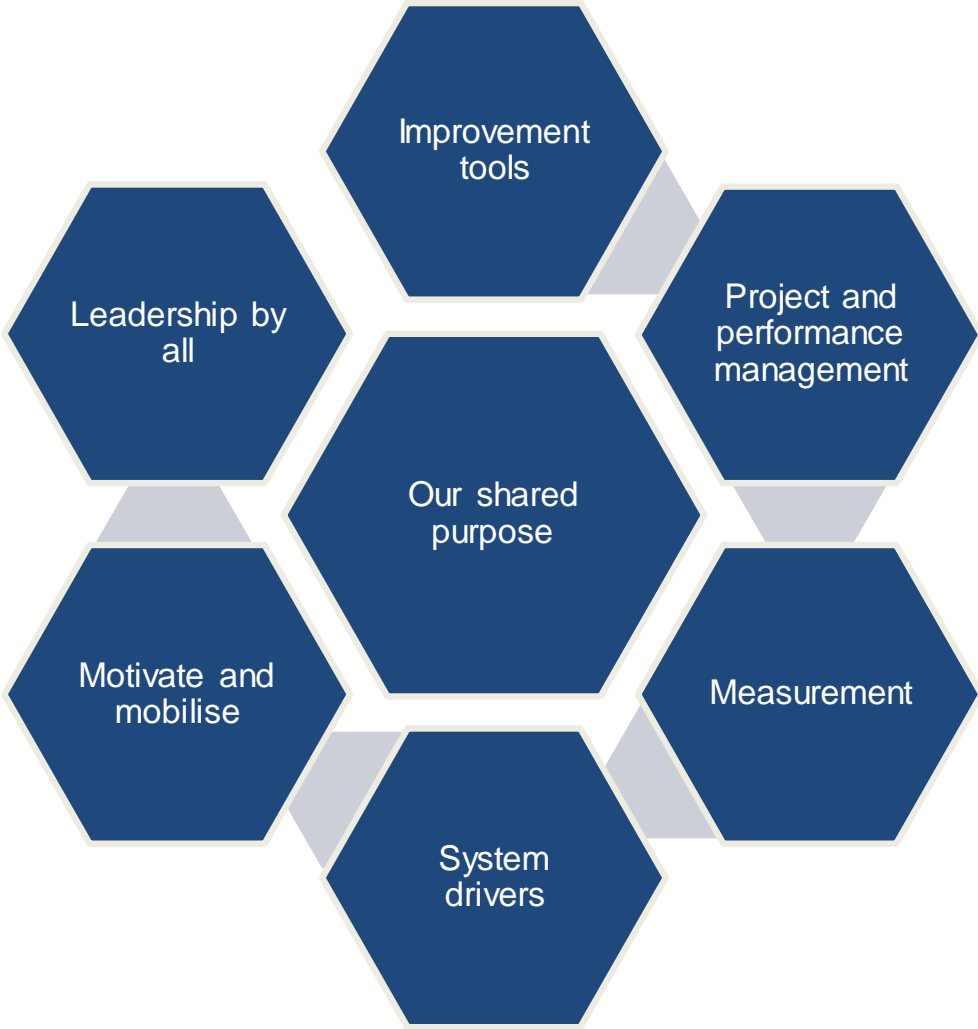| Stage | Description |
|---|---|
| 1. Start out | What is the opportunity or problem? |
| 2. Define and scope | What is the current situation? |
| 3. Measure and understand | What are the benefits and impacts? |
| 4. Design and plan | What does the future look like? |
| 5. Implement | Action planning and reporting |
| 6. Handover and sustain | Deployment and 'business as usual' |

This toolkit has been produced in partnership by the NHS England Sustainable Improvement and Horizon teams. It is a framework for any project or programme that seeks to achieve transformational, sustainable change.

The framework is aimed at anyone – users could be in a clinical or a support role, at any level in the organisation.

Consider each of these components when implementing change.

**Change model – an overview**

Improvement tools

Leadership by all

Project and performance management

Our shared purpose

Motivate and mobilise

Measurement

System drivers

# Categorisation tool

The Beacon practice group in Plymouth, Devon recently launched an eHub, to support improved patient flow and access to care within their GP practices. To ensure workflow is designed around the patient needs and provides the type of continuity that would serve them best, they have identified local cohorts of people with complex needs and, in turn, direct them to the right place and person when they contact the eHub.

The practice codes patients into segments based on the tool below. Less complex categories (1 and 2) are triaged by an experienced clinician in the ehub; higher complex categories (3 and 4) are triaged by a named clinician at their home practice or may be directly booked in for an appointment. When patients contact the practice they are advised of the above. The Beacon practice group run searches on a weekly basis to update their patient category coding. Clinicians can update a patient's category in the interim e.g. after a change in diagnosis, allowing for a change in circumstances. Categorisation may evolve over time with increased use of the system.

The categorisation tool describes three patient groups, identifies risk factors and aligns them to one of five category types, 1, 2, 3, 4 & 4a. The tool was adapted from original work by Dr Steve Laitner. Using primary care data they were also able to layer resource use onto this, for example rates of appointments, DNAs, home visits and A&E attendances. The categories used in Plymouth's tool were designed to support their local processes and population, the tool should be clinically reviewed and adapted to reflect your local requirements including wider determinants of health and demographics.

# Tool library

## Categorisation tool

| | Generally well | | Long-term conditions / long-term needs | | Complexity of LTC(s) and/or disability |
|---|---|---|---|---|---|
| | Low risk 1 | High risk 2 | Low risk 3 | High risk 4 | High risk 4a |
| Children and young people (0-25) | | **Child only risk factors**<br>• Prematurity<br>• Looked after children<br>• Child in need/child protection<br>• Plus all risk factors below | | | N.B. risk is the risk of moving up to the next tier.<br><br>Final high risk is risk of deterioration of health status/ healthcare activity/death. |
| Working age adults (26-65) | | **Risk factors child and adult**<br>• Smoker (14yrs +)<br>• BMI >30<br>• BP >150/90 +HP<br>• Drug misuse<br>• Polypharmacy more than 5 meds on rpt<br>• Pre-Diabetes hba1c 42/48 (not diab)<br>• Gestational diabetes<br>• Autistic spectrum disorder check come up as LD<br>• Adult safeguarding concerns<br>• Vulnerable adult<br>• Armed forces veteran<br>• Homeless<br>• Carer at home<br>• Frequent attendee of primary care top 100pts | **Single LTC**<br><br>QOF indicators – minus the below – HP<br><br>• Dementia<br>• Smoking<br>• Obesity<br>• Primary prevention<br>• Pall care<br><br>**+/- and or shared care** | 2 + LTC<br><br>**or**<br><br>1 LTC plus risk factors | **1 + LTC with**<br><br>• Palliative Care needed<br>• Metastatic<br>• Dementia<br>• Nursing home<br>• Residential home<br>• Housebound<br>• Sensory impairment hearing/seeing<br>• Frailty – severe |
| Older people (65+) | | | | | |

Source: Steven Laitner, 2019

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## Categorisation tool

| | Generally well | | Long-term conditions / long-term needs | | Complexity of LTC(s) and/or disability | |
|---|---|---|---|---|---|---|
| | Low risk | High risk | Low risk | High risk | Low risk | High risk |
| **Children and young people**<br><br>• Neonates<br>• Infants<br>• Toddlers<br>• Children<br>• Adolescents | **Acute Care and Wellbeing Team**<br><br>Clinical Triage<br>Primary Prevention | | **Continuous Care Team**<br><br>Disease Management | | **MDT**<br><br>Case Management | |
| **Working age adults**<br><br>• Young<br>• Middle aged<br>• Older working age | | | | | | |
| **Older people**<br><br>• 65-80<br>• 80-90<br>• 90+ | | | | | | |

Source: Lewes Primary Care Home

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## Six care models

| | Generally well / good well-being | | Long-term conditions / long-term needs | | Complexity of LTC(s) and/or disability | |
|---|---|---|---|---|---|---|
| | **Low risk** | **High risk** | **Low risk** | **High risk** | **Low risk** | **High risk** |
| Children and young people (0-25) | **Generally well with or without risk factors**<br><br><br>1. 1' Prevention<br><br>2. Urgent Care | | **Single or multiple long term conditions**<br><br><br>2. Urgent Care<br><br>3. LTC Management (including 2' prevention)<br><br>i) Single disease<br>ii) Multiple comorbidities | | **Children and young people with complex needs**<br><br>4. All Care | |
| Working age adults (26-65) | | | | | **Young working age adults with complex needs**<br><br>5. All Care | |
| Older people (65+) | | | | | **Older working age adults and older people with complex needs**<br><br>6. All Care | |

Source: Steven Laitner, 2019

## Population health matrix – models of care and support

### Population who are / with…

| | Generally well / good well-being | Long-term conditions / long-term needs | Complexity of LTC(s) and/or disability |
|---|---|---|---|
| **Children and young people (0-25):** *Neonates, Infants, Toddlers, Children & Adolescents* | Models of care for people who are generally well (with or without risk factors): **1** Primary prevention  **2** Urgent Care | Models of care for people with single or multiple long-term conditions: **2** Urgent Care  **3** LTC management (incl. secondary prevention)  **3a** Single disease  **3b** Multiple comorbidities | Models of **total care** for:  **4a** Children and young people with complex needs |
| **Working age adults (26-65):** *Young, Middle-aged, Older working age* | | | **4b** Young / working age adults with complex needs |
| **Older people (65+):** *65 – 85 years, over 85 years* | | | **4c** Older working age adults and older people with complex needs |

**Life Course**

Source: Carnall Farrar, 2019

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| | Generally well | | Long-term conditions / long-term needs | | Complexity of LTC(s) and/or disability | |
|---|---|---|---|---|---|---|
| | Low risk | High risk | Low risk | High risk | Low risk | High risk |
| Children and young people (0-25) | | | | | | |
| Working age adults (26-65) | | | | | | |
| Older people (65+) | | | | | | |

Source: Steve Laitner, Mark Davies and NAPC

# Reference library

We are committed to ensuring that the guidance contained within this document is backed up by evidence and expert advice – both from within the field of academia and from other professional bodies within healthcare. In creating the Online Consultations Implementation Toolkit we have drawn on a range of sources to enrich the toolkit. You will find links to all the research we have reviewed on the following pages.

Academic journal articles

Professional guidance

NHS guidance

# Reference library

## Academic journal articles

| Author | Year | Title |
| --- | --- | --- |
| Atherton and Ziebland | 2016 | What do we need to consider when planning, implementing and researching the use of alternatives to face-to-face consultations in primary healthcare? |
| Atherton et al. | 2018 | Alternatives to the face-to-face consultation in general practice: focused ethnographic case study |
| Atherton et al. | 2018 | The potential of alternatives to face-to-face consultations in general practice, and the impact on different patient groups |
| Banks et al. | 2017 | Use of an electronic consultation system in primary care |
| Brant et al. | 2018 | Receptionists' role in new approaches to consultations in primary care |
| Brant et al. | 2016 | Using alternatives to face-to-face consultations: a survey of prevalence and attitudes in general practice |
| Carter et al. | 2018 | Feasibility, acceptability and effectiveness of an online alternative to face-to-face consultation in general practice: a mixed methods study of webGP in six Devon practices |
| Castle-Clarke and Imison | 2016 | The digital patient: transforming primary care? |
| Chambers et al. | 2018 | Digital and online symptom checkers and health assessment/triage services for urgent care: a systematic review |
| Cowie et al. | 2018 | Evaluation of a digital consultation and self-care advice tool in primary care |
| Donaghy et al. | 2019 | Acceptability, benefits and challenges of video consulting: a qualitative study in primary care |
| Dyer-Smith et al. | 2019 | eHub: Enhancing the emergence of the electronic consultation |

# Reference library

## Academic journal articles

| Author | Year | Title |
|---|---|---|
| Eccles et al. | 2019 | Patient use of an online triage platform: a mixed methods retrospective exploration in UK primary care |
| Edwards et al. | 2017 | Use of a primary care online consultation system, by whom, when and why: evaluation of a pilot observational study in 36 general practices in South West England |
| Farr et al. | 2018 | Implementing online consultations in primary care: a mixed-method evaluation extending normalisation process theory through service co-production |
| Greenhalgh et al. | 2018 | Real-world implementation of video outpatient consultations at macro, meso, and micro levels: mixed-method study |
| Hickson et al. | 2015 | Online medical care: the current state of 'eVisits' in acute primary care delivery |
| Huxley et al. | 2015 | Digital communication between clinical and patient and the impact on marginalised groups |
| McKinstry et al. | 2018 | ViCo (video conferencing) toolkit |
| Newbould et al. | 2017 | Evaluation of a telephone first approach to demand management in English general practice |
| Osman et al. | 2018 | Barriers and facilitators for implementation of electronic consultations (eConsult) to enhance specialist access to care |
| Randhawa et al | 2018 | An exploration of the attitudes and views of GPs on the use of video consultations in primary healthcare settings |
| Rodgers et al. | 2018 | Digital-first primary care: a rapid responsive evidence synthesis |
| Shaw et al. | 2018 | Advantages and limitations of virtual online consultations in a NHS acute trust: the VOCAL mixed-methods study |
| Williams and Shekhar | 2019 | Mobile devices and people with learning disabilities: a literature review |

# Reference library

## Professional guidance

| Organisation | Year | Title |
|---|---|---|
| BASHH and FSRH | 2018 | Standards for online and remote providers of sexual and reproductive health services |
| BMA | 2018 | Choosing an online consultation system |
| BMA | n.d. | Digital-first primary care and its implication for general practice payments |
| British Association of Dermatologists | 2017 | UK guidance on the use of mobile photographic devices in dermatology |
| Centre for Academic Primary Care, University of Bristol | n.d. | Alternatives to face-to-face consultations in primary care (Alt-Con study) |
| CQC | 2017 | The state of care in independent online primary health services |
| CQC additional prompts | | Online healthcare providers additional prompts |
| General Pharmaceutical Council | 2018 | Guidance for registered pharmacies providing pharmacy services at a distance including on the internet |
| GMC Ethical hub for remote consultations | n.d. | Ethical hub for remote consultations |
| GMC | | Good practice in prescribing and managing medicines and devices; paragraphs 60 – 66 – Remote prescribing via telephone, video-link or online |
| GMC Into Practice | 2018 | Into Practice: communication with patients |
| GMC | 2013 | Making and using visual and audio recordings of patients |
| Health Innovation Network South London | 2016 | Online GP consultation services: understanding the opportunity (eConsult) |

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## Professional guidance

| Organisation | Year | Title |
|---|---|---|
| Information Commissioner's Office | n.d. | Rights related to automated decision making including profiling |
| Mid-Wales Health Collaborative | 2016 | A review of telehealth, telecare and telemedicine in Wales |
| National Cyber Security Centre | 2016 | Secure voice at OFFICIAL |
| NICE | 2018 | Evidence standards framework for digital health technologies |
| RCGP | n.d. | Online consultation in general practice – the questions to ask |
| RCGP | n.d. | Patient Online toolkit |
| RCGP | n.d. | Target Antibiotic Toolkit |
| Royal Pharmaceutical Society | 2016 | A competency framework for all prescribers |
| The Health Foundation | 2015 | Communications in healthcare improvement – a toolkit |
| The Nuffield Trust | 2019 | Is the number of GPs falling across the UK? |
| The Nuffield Trust | 2018 | Divided we fall: getting the best out of general practice |
| The Nuffield Trust | 2016 | Delivering the benefits of digital health |

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## NHS guidance

| Organisation | Year | Title |
| --- | --- | --- |
| Central London CCG | 2014 | Implementing Skype consultations |
| Hammersmith & Fulham CCG | 2018 | Evaluation of Babylon GP at hand |
| NHS Health Education England | 2018 | The Topol Review |
| NHS Health Education England | n.d. | Digital literacy |
| NHS Digital | n.d. | Clinical safety team |
| NHS Digital | n.d. | GP IT Futures |
| NHS Digital | n.d. | General Practice Forward View (GPFV) |
| NHS Digital | 2019 | Clinical risk management standards |
| NHS Digital | 2019 | Standards and collections |
| NHS Digital | 2018 | Information governance and technology resources |
| NHS England | 2019 | GP Contract |
| NHS England | 2018 | The Long Term Plan |
| NHS England | 2016 | General Practice Forward View |
| NHS England | n.d. | GP IT operating model |
| NHS England | n.d. | Vanguard – new models of care |
| NHS England | n.d. | Releasing time to care |

# Reference library

## NHS guidance

| Organisation | Year | Title |
|---|---|---|
| NHS England | 2016 | Using email and text message for communicating with patients |
| NHS England and BMA | 2019 | Investment and evolution: a five year framework for GP contract reforms to implement the NHS Long Term Plan |
| NHS Improvement | n.d. | National patient safety incidents reports |
| NHS Improvement | n.d. | National reporting and learning system (NRLS) |
| NHS Improvement | 2018 | Developing a patient safety strategy for the NHS: proposal for consultation (closed) |
| NHS North Staffordshire | n.d. | Staffordshire video consultation pilot |
| NHS Resolution | 2019 | Clinical negligence scheme for general practice |

# Acknowledgements

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| Primary Care Digital Transformation Expert Advisory Group | |
|---|---|
| Dr. Minal Bakhai | Chair, National Clinical Advisor and Clinical Lead, NHS England and Improvement |
| Dr. Masood Nazir | SRO and Associate CCIO Primary Care, NHS England and Improvement |

| | |
|---|---|
| British Medical Association | Dr Paul Cundy |
| Care Quality Commission | Ruth Rankine, Dr Tim Ballard |
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| General Pharmaceutical Council | Ambrose Paschalides, Clare Bryce Smith |
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|---|---|
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# Acknowledgements

| Additional contributors | |
|---|---|
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| Newham CCG | Chris Riley |
| Norfolk and Waveney CCG | Dr Ed Turnham |
| University of Bristol | Prof. Chris Salisbury |
| Witley Surgery | Bev Giles |

# Contact us

Contact us

**england.digitalfirstprimarycare@nhs.net**

**commercial.procurementhub@nhs.net**

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Contact | england.digitalfirstprimarycare@nhs.net