

# Rapid insights into Digital GP Solutions during the COVID-19 pandemic

June 2020

 North East and Yorkshire

# Overall Summary

# 509 individuals submitted a survey between 30th May and 12th June 2020.

# Of these 224 (44%) were primary care clinicians and 201 (39.5%) were practice managers. 43 (8.5%) classified themselves as clerical staff, 9 as commissioners and 1 secondary care clinician and 31 (6%) other.

497 completed the question regarding which technology they had adopted (table 1) .

Table 1

|  |
| --- |
| **Which technology have you adopted? Please tick any/all that apply:** |
| **Answer Choice** | **Response Percent** | **Response Total** |
| 1 | Online Consultation | 83.3% | 414 |
| 2 | Video Conference | 91.15% | 453 |
| 3 | SMS | 83.9% | 417 |
| ***answered*** | **497** |
| ***skipped*** | **12** |

**Online consultation**

Of 480 responders to the question 26 (5.4%) had not tried online consultations. Of the remaining responders 362 (75.4%) had adopted OC other responders have tried but not fully implemented.

Of those who had not tried or fully implemented OC, 69 provided a reason for this, these included concerns regarding workload

‘On line consultation would require open access to send messages, these messages go on the health record and patients do not always send appropriate messages. also worried about the resource required to answer all the messages that would potentially come through . Fear that it would open the floodgates for inappropriate use of a tight resource’.

‘my personal concern about too many avenues of access risking inadequate clinical assessment, causing risk of litigtion. Alternately, the system can result in massive amounts of algorithm answers which I find very hard to assess and which result in a load of negative data and coding, which makes it harder to see the wood for the trees and pick out the clinically important. I have done occasional on-line responses or advice, but we have not instigated this as a system. It also makes me feel patients can access us and expect response 24/7, which is not sustainable and could detract from clinical prioritising,.... triaging on-line access it is yet another system to institute on top of a great rate of change, and I suspect would increase access and workload.’

And a lack of recognition of potential benefits of the technology

 ‘Not clear if it offers anything over telephone/video consultation’

 ‘no benefit currently perceived -we have been able to easily handle our workload without this’

‘We want to develop a system of total triage this together as a CCG. We are looking at the various options together. We are using e-consult but only as a way of patients contacting us, we phone or SMS them back, we don't use the online consultation function’.

When asked which system they are using, the majority are using e-consult (Figure 1) as an additional access method.

Figure 1

| **Which system are you using?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | e-Consult |

|  |
| --- |
|   |

 | 77.06% | 252 |
| 2 | EMIS On-line Triage |

|  |
| --- |
|   |

 | 2.45% | 8 |
| 3 | AskMyGP |

|  |
| --- |
|   |

 | 1.22% | 4 |
| 4 | Engage Consult |

|  |
| --- |
|   |

 | 13.15% | 43 |
| 5 | Other (please specify): |

|  |
| --- |
|   |

 | 12.54% | 41 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.01 | Std. Deviation: | 1.56 | Satisfaction Rate: | 23.62 |
| Variance: | 2.44 | Std. Error: | 0.09 |   |

 | answered | 327 |
| skipped | 182 |

| **How are you using Online Consultation?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Total online triage |

|  |
| --- |
|   |

 | 19.31% | 62 |
| 2 | Additional access method |

|  |
| --- |
|   |

 | 76.01% | 244 |
| 3 | Other (please specify): |

|  |
| --- |
|   |

 | 9.97% | 32 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.01 | Std. Deviation: | 0.54 | Satisfaction Rate: | 47.98 |
| Variance: | 0.3 | Std. Error: | 0.03 |   |

 | answered | 321 |
| skipped | 188 |

When asked how practices allocate calls between staff types it was clear from the free text responses that the systems were being used in a range of ways with multiple different professional groups identified as being involved in the process at multiple points.

Responders (n=316) felt that OC reduced workload/consultation time slightly or significantly in 40% of responses (n=127) whilst 90 felt it had no impact and 31% (99) felt it increased workload.

The majority of responders liked online consultation with only 7.7% not liking it at all.

Almost 38% of responders liked it a lot or almost a lot (scoring 4 or 5). 52.4% did not feel it had had any impact upon patient demand (Figure 2) and the perception was that the majority of patients enjoy the experience and the outcome is satisfactory for them. The majority thought that OC was useful both in the pandemic and in the future (66.7%). On average 54.6 OC were coming into the practise per week (range 1-1000). 76% of respondants (total 316) felt that they had had enough training in managing OC software. Few OC translated into face to face consultations (Table 2).

Table 2

| **Approximately what proportion of queries translate into a face to face consultation?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0-20% |

|  |
| --- |
|   |

 | 64.98% | 193 |
| 2 | 21-40% |

|  |
| --- |
|   |

 | 20.20% | 60 |
| 3 | 41-60% |

|  |
| --- |
|   |

 | 8.75% | 26 |
| 4 | 61-80% |

|  |
| --- |
|   |

 | 4.04% | 12 |
| 5 | 81-100% |

|  |
| --- |
|   |

 | 2.02% | 6 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.58 | Std. Deviation: | 0.95 | Satisfaction Rate: | 14.48 |
| Variance: | 0.9 | Std. Error: | 0.06 |   |

 | answered | 297 |
| skipped | 212 |

Figure 2

| **To what extent has Online Consultation changed patient demand?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 (significant reduction) |

|  |
| --- |
|   |

 | 3.56% | 11 |
| 2 | 1 (slight reduction) |

|  |
| --- |
|   |

 | 20.06% | 62 |
| 3 | 2 (no impact) |

|  |
| --- |
|   |

 | 52.43% | 162 |
| 4 | 3 (slight increase) |

|  |
| --- |
|   |

 | 20.71% | 64 |
| 5 | 4 (significant increase) |

|  |
| --- |
|   |

 | 3.24% | 10 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 3 | Std. Deviation: | 0.82 | Satisfaction Rate: | 50 |
| Variance: | 0.68 | Std. Error: | 0.05 |   |

 | answered | 309 |
| skipped | 200 |
| **From your perspective do you think patients enjoy the experience? [where 0 = not at all, and 5 = completely].NB: we will also be conducting a survey with patients for their opinions**  |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |

|  |
| --- |
|   |

 | 3.58% | 11 |
| 2 | 1 |

|  |
| --- |
|   |

 | 4.89% | 15 |
| 3 | 2 |

|  |
| --- |
|   |

 | 15.31% | 47 |
| 4 | 3 |

|  |
| --- |
|   |

 | 36.81% | 113 |
| 5 | 4 |

|  |
| --- |
|   |

 | 33.22% | 102 |
| 6 | 5 |

|  |
| --- |
|   |

 | 6.19% | 19 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.1 | Std. Deviation: | 1.11 | Satisfaction Rate: | 61.95 |
| Variance: | 1.24 | Std. Error: | 0.06 |   |

 | answered | 307 |
| skipped | 202 |

| **From your perspective do you think patients feel satisfied with the outcome? [where 0 = not at all, and 5 = completely]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |

|  |
| --- |
|   |

 | 1.96% | 6 |
| 2 | 1 |

|  |
| --- |
|   |

 | 2.61% | 8 |
| 3 | 2 |

|  |
| --- |
|   |

 | 6.86% | 21 |
| 4 | 3 |

|  |
| --- |
|   |

 | 28.76% | 88 |
| 5 | 4 |

|  |
| --- |
|   |

 | 43.79% | 134 |
| 6 | 5 |

|  |
| --- |
|   |

 | 16.01% | 49 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.58 | Std. Deviation: | 1.05 | Satisfaction Rate: | 71.57 |
| Variance: | 1.09 | Std. Error: | 0.06 |   |

 | answered | 306 |
| skipped | 203 |
| Please add any details (if applicable) (81) |

| **Do you envisage Online Consultations being used in the future or is it a tool for use only in the pandemic?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | NOW |

|  |
| --- |
|   |

 | 7.26% | 23 |
| 2 | IN THE FUTURE |

|  |
| --- |
|   |

 | 27.13% | 86 |
| 3 | BOTH |

|  |
| --- |
|   |

 | 66.56% | 211 |
| 4 | Other (please specify): |

|  |
| --- |
|   |

 | 9.15% | 29 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.98 | Std. Deviation: | 0.8 | Satisfaction Rate: | 62.57 |
| Variance: | 0.64 | Std. Error: | 0.04 |   |

 | answered | 317 |
| skipped | 192 |

Respondents also felt that certain patient groups gained benefit less than others:

**‘**Many of our patients do not have English as their first language as well as having a high illiteracy level. The online consulting method does not work for this cohort of patients’

**‘**Not suitable for all especially in a rural practice with an aging patient cohort but very useful for others.’

**‘**Our patients are using as we are a atypical practice for asylum seekers and homeless so our patients often dont speak English or have access to the internet’

‘We have a large elderly population who do not use online consulting.’

That some patients struggled with the technology.

‘Our patients generally do not like change and we have a constant battle trying to introduce new systems.’

‘Feedback from patients varies from highly satisfied to absolutely hating it. One general comment is that it can take a long time to complete the online triage system, and it is quicker to just pick the phone up and speak to someone. I worry that making everyone go via online consultation by default will be a barrier to vulnerable patients accessing care.’

But some real positive experiences were also noted.

‘some patients really like it, a small minority misuse it for trivial issues and non-medical questions’

‘Since changing from engage consult to eConsult approximately 2 months ago the feedback from patients has been really positive. They are surprised and happy to get such a prompt response and find the system easy to use. Patients seems to know fairly instinctively what are appropriate conditions to submit an eConsult for rather than call for an appointment. We plan to collect formal feedback from patients in the near future.’

‘Through AskMyGP we are able to gather a lot of data. We have had it in place for a year and were measuring our demand before for around two years so can show there was no increase in demand through its implementation. The feedback runs at around 80-90% of patients reporting positive experiences with the service’

With the COVID pandemic representing an opportunity for change.

‘Since COVID patients have utilised eConsult a lot more whereas before they were reluctant and we were struggling to improve usage. Feedback from patients has been very positive - convenient, choice of time & place, safe from risk of C19 infection in waiting rooms’.

‘survey in practice has been positive in the context of COVID’

‘The data we receive from eConsult on patient satisfaction surveys suggest a high satisfaction rate but we have not verified this.It has helped us managed patients with hearing difficulties during COVID. From the data we receive the number of unique users has risen significantly with many more choosing self-help or other options rather than the GP.’

But some recommended caution.

‘Some patients love it as it improves access without any effort. Resources are drawn towards those who are articulate and IT savvy and away from the vulnerable/elderly/deprived
It increases inequity in access to health services but no doubt the surveys will come back glowing as they will be filled out by the same groups as access online consultation’

More responses to the use of OC, lessons to be shared are in appendix 2.

**Video consultation**

87.9% (325/370) of respondants had adopted VC. Of those who had not yet implemented these were their reasons.

|  |
| --- |
| Not got equipment to be provided by NECS so waiting, no training either |
| not part of our role  |
| didn't have facility on my comp for a while, have not felt great need for it in last 1w though am sure it will be useful on occasion |
| efforts side lined by current pandemic |
| Not required |
| most of my work is currently on hold |
| do not consult |
| just gone live with e-consult and not all our patient group have the technology to use it |
| Not been yet implemented into nurse consultation |
| poor internet in our area. Cannot see much advantage over photos and telephone |
| only worked in early part of lockdown |
| It doesn't work for the job I can as a HCA other in the practice use it |

The VC tools used are shown in table 3. 73.1% of responders find VC easy or almost easy (4 or 5) with only 1 responder saying it was not at all easy.

Table 3

|  |
| --- |
| **What tools have you used?** |
| **Answer Choice** | **Response Percent** | **Response Total** |
| 1 | AccuRX | 98% | 334 |
| 2 | eConsult | 7% | 25 |
| 3 | iPLATO | 0.6% | 2 |
| 4 | Other (please specify): | 6% | 21 |
| ***answered*** | **341** |
| ***skipped*** | **168** |

A wide range of groups had used VC with patients with others stated being physiotherapists, physicians associates and mental health advisors.

| **Which staff groups have used Video Consultation with patients?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Doctors |

|  |
| --- |
|   |

 | 98.83% | 338 |
| 2 | ANP |

|  |
| --- |
|   |

 | 52.34% | 179 |
| 3 | Nurses |

|  |
| --- |
|   |

 | 48.54% | 166 |
| 4 | HCA |

|  |
| --- |
|   |

 | 10.53% | 36 |
| 5 | Reception Staff |

|  |
| --- |
|   |

 | 3.51% | 12 |
| 6 | Admin |

|  |
| --- |
|   |

 | 4.09% | 14 |
| 7 | Social Prescribing |

|  |
| --- |
|   |

 | 5.26% | 18 |
| 8 | Pharmacist |

|  |
| --- |
|   |

 | 12.87% | 44 |
| 9 | Other (please specify): |

|  |
| --- |
|   |

 | 2.92% | 10 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.99 | Std. Deviation: | 6.22 | Satisfaction Rate: | 45.07 |
| Variance: | 38.64 | Std. Error: | 0.34 |   |

 | answered | 342 |
| skipped | 167 |

# The majority are using VC for acute consultations but there are a wide range of uses described (Figure 3). 51.9% had enjoyed the experience of using VC with only 2.5% not enjoying it at all. Perception was that the majority (62.9%) of patients had enjoyed the experience with only 1 respondent perceiving that the patient had not enjoyed it at all. The majority were using phone first rather than straight to video approaches (Figure 3) with cases largely selected by the clinician rather than the patient. Most VC do not lead to a face to face consultation. 74% feel that VC is useful now and in the future.

# Figure 3

| **26. What are you using Video Consultation for?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Acute Consultations |

|  |
| --- |
|   |

 | 96.51% | 332 |
| 2 | Planned Reviews |

|  |
| --- |
|   |

 | 53.78% | 185 |
| 3 | LTC Reviews |

|  |
| --- |
|   |

 | 39.24% | 135 |
| 4 | Prescribing |

|  |
| --- |
|   |

 | 21.22% | 73 |
| 5 | Care Homes |

|  |
| --- |
|   |

 | 57.56% | 198 |
| 6 | MDT |

|  |
| --- |
|   |

 | 17.15% | 59 |
| 7 | Other (please specify): |

|  |
| --- |
|   |

 | 4.36% | 15 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 8.28 | Std. Deviation: | 9.71 | Satisfaction Rate: | 89.68 |
| Variance: | 94.31 | Std. Error: | 0.52 |   |

 | answered | 344 |
| skipped | 165 |

| **If you have used Video Consultation did you enjoy the experience? [where 0 = not at all, and 5 = completely]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |

|  |
| --- |
|   |

 | 2.53% | 8 |
| 2 | 1 |

|  |
| --- |
|   |

 | 1.27% | 4 |
| 3 | 2 |

|  |
| --- |
|   |

 | 4.43% | 14 |
| 4 | 3 |

|  |
| --- |
|   |

 | 17.41% | 55 |
| 5 | 4 |

|  |
| --- |
|   |

 | 31.01% | 98 |
| 6 | 5 |

|  |
| --- |
|   |

 | 20.25% | 64 |
| 7 | N/A |

|  |
| --- |
|   |

 | 23.10% | 73 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.26 | Std. Deviation: | 1.39 | Satisfaction Rate: | 71.04 |
| Variance: | 1.93 | Std. Error: | 0.08 |   |

 | answered | 316 |
| skipped | 193 |



| **From your perspective to what extent do you think patients enjoy Video Consultation? [where 0 = not at all, and 5 = completely]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |

|  |
| --- |
|   |

 | 0.33% | 1 |
| 2 | 1 |

|  |
| --- |
|   |

 | 0.98% | 3 |
| 3 | 2 |

|  |
| --- |
|   |

 | 5.25% | 16 |
| 4 | 3 |

|  |
| --- |
|   |

 | 31.15% | 95 |
| 5 | 4 |

|  |
| --- |
|   |

 | 44.59% | 136 |
| 6 | 5 |

|  |
| --- |
|   |

 | 17.70% | 54 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.72 | Std. Deviation: | 0.87 | Satisfaction Rate: | 74.36 |
| Variance: | 0.76 | Std. Error: | 0.05 |   |

 | answered | 305 |
| skipped | 204 |

Experience with care homes was generally positive in the 177 who responded with 1/3 of those who responded saying they had used different solutions in care homes.

‘GPs reports it works well however some care homes have poor internet connection. Staff at the homes seem to use their own phones too. ‘

 ‘Excellent, facilitating "ward rounds" performed remotely using digital tablet device.’

A common issues seemed to be related to availability of equipment

‘Very good experience - care home staff receptive to this. Some staff have taken some encouragement to go actually get the tablets and try the video consultations but once used they are happy with the process and solution proposed’.

 ‘Generally very good. Any issues have been to do with care home staff having poor wifi’.

 ‘Good but could improve with dedicated mobile phones or alternative video/tel systems’

‘Very good, able to carry out video consults and manage 'ward rounds'.
should be a better experience now that care homes have the tablets with sim cards’

and the ability for care home staff to use their own equipment.

‘Very difficult. There are 6 wards and often they don't answer phone to enable us to set up the calls. There is one iPad in use but only one carer seems to use it - not sure why. Other nursing home staff have to use their own phones so we have to keep putting different mobile numbers in. There are huge technical problems.’

‘Limited my the technology available at the care homes, needed to use staff members own phones if happy to’

‘good but technology and wifi limits access= staff not allowed to use own phones’

More perceptions of the use in Care homes are in appendix 3 and regarding lessons to share with VC in appendix 4

**SMS**

90% of responders (n=349) had adopted SMS. The majority were using AccRx (Figure 4) and multiple uses. 62% (202/324) were using SMS for two way messaging. For those only using it for one way messaging 59% felt that it would be useful for two way messaging. The majority felt that patients have found it useful (86% - 4 or 5) with 62% feeling that SMS had reduced workload, 27.9% that it had had no impact and 10% that it had increased workload. 81% of the 321 respondants felt it was a tool for both now and the future.

SMS was positively regarded by respondants.

 ‘engages patients more and response is quicker’

 ‘It takes longer to do remote consultation using this tool though I find it extremely useful’

‘GPs advise it is straight forward to use and provides a rapid means of communication to some patients who we have up to date mobile numbers for. saves time for GP, admin and other costs.’

‘I think SMS has been very useful for sending texts re services, such as Talking Therapies contact details, or sending patients self management advice, via NHS resources link. Also very useful for guiding patient what to do next, eg after result back.’

Frequently in use before the pandemic

 ‘We used SMS messaging before the pandemic.’

‘We have ben using it for some time for appointment reminders, results , messages’

‘Been using for a long time now’.

‘We've been using SMS since before Covid 19 and have found it extremely useful for bulk messaging (mjog) as well as one-off texts (AccuRX).’

Figure 4





Suggests as to how SMS might be enhanced included a recurrent request for bulk messaging.

‘easier options to 'batch text'

 ‘The ability to bulk text to a larger amount of patients via systmone’

‘we are an Emis practice so unable to bulk text. This functionality would enhance the service however this is more of an Emis issue’

‘Bulk texting that allows a response into the clinical system without paying large amounts for it.’

Training

‘We could use it for more than just appt reminders and during flu campaigns. Although we occasionally use it to send individual patient messages. Staff training would be useful as a group.’

‘Training as many different ways of using the technology’

Local templates

‘Better patient return templates such as online CDM templates’

And other solutions

‘Would be useful to send text to patient direct from results workflow’.

 ‘Attachments and templates are brilliant - add sick notes please.’

‘more character spaces’

‘There needs to be a smoother seamless way for the two way conversation to be stored in to the record. This is possible however the patient responses need to be attached to the record manually’.

‘Bit tricky to upload signed medical certs. More templates & ability to have customised responses. Currently can do bespoke responses but not have my own library.
Forwarding prescriptions tho ? new feature’

‘Change guidance so patients have to opt out of service rather than gaining concent’

‘Our recommended route to utilise text messaging is actually to promote the NHS app. it ties all the different digital access routes together and is great from a security perspective. It enables more detailed communications to be sent. We have integrated text messaging into a number of our SOPs, notably our blood result management SOP specifies a text message as the first line of communication of results wherever patients have consented. In terms of lessons learnt, gaining consent for text messaging is really important and needs to form a proactive part of every engagement with a patient to increase the number of people who can be communicated with in this way.’

‘To improve the linkage of certain part eg fit notes so can be more easily signed and sent and also barcodes for prescriptions.’

Further views on SMS messaging, how it could be enhanced and lessons learned are in appendix 5.

**Risk**

| **Do you feel virtual consultations are more medico-legally risky than usual ways of working? [where 0 = not at all, and 5 = a lot]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |

|  |
| --- |
|   |

 | 5.21% | 10 |
| 2 | 1 |

|  |
| --- |
|   |

 | 5.21% | 10 |
| 3 | 2 |

|  |
| --- |
|   |

 | 6.25% | 12 |
| 4 | 3 |

|  |
| --- |
|   |

 | 33.33% | 64 |
| 5 | 4 |

|  |
| --- |
|   |

 | 29.17% | 56 |
| 6 | 5 |

|  |
| --- |
|   |

 | 20.83% | 40 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.39 | Std. Deviation: | 1.31 | Satisfaction Rate: | 67.71 |
| Variance: | 1.72 | Std. Error: | 0.09 |   |

 | answered | 192 |
| skipped | 317 |

| **Do you feel that clinicians have felt forced to make more risky decisions during the pandemic? [where 0 = not at all, and 5 = a lot]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |

|  |
| --- |
|   |

 | 2.59% | 5 |
| 2 | 1 |

|  |
| --- |
|   |

 | 6.22% | 12 |
| 3 | 2 |

|  |
| --- |
|   |

 | 7.25% | 14 |
| 4 | 3 |

|  |
| --- |
|   |

 | 14.51% | 28 |
| 5 | 4 |

|  |
| --- |
|   |

 | 31.61% | 61 |
| 6 | 5 |

|  |
| --- |
|   |

 | 37.82% | 73 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.8 | Std. Deviation: | 1.32 | Satisfaction Rate: | 75.96 |
| Variance: | 1.75 | Std. Error: | 0.1 |   |

 | answered | 193 |
| skipped | 316 |

| **Have IT solutions helped mitigate that risk? [where 0 = not at all, and 5 = a lot]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |

|  |
| --- |
|   |

 | 5.21% | 10 |
| 2 | 1 |

|  |
| --- |
|   |

 | 8.33% | 16 |
| 3 | 2 |

|  |
| --- |
|   |

 | 8.85% | 17 |
| 4 | 3 |

|  |
| --- |
|   |

 | 31.25% | 60 |
| 5 | 4 |

|  |
| --- |
|   |

 | 35.94% | 69 |
| 6 | 5 |

|  |
| --- |
|   |

 | 10.42% | 20 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.16 | Std. Deviation: | 1.28 | Satisfaction Rate: | 63.12 |
| Variance: | 1.64 | Std. Error: | 0.09 |   |

 | answered | 192 |
| skipped | 317 |

| **If so, once usual conditions return and the medico-legal expectations return to the baseline, will virtual consultation remain effective? [where 0 = not at all, and 5 = a lot]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |

|  |
| --- |
|   |

 | 1.62% | 3 |
| 2 | 1 |

|  |
| --- |
|   |

 | 5.95% | 11 |
| 3 | 2 |

|  |
| --- |
|   |

 | 10.27% | 19 |
| 4 | 3 |

|  |
| --- |
|   |

 | 33.51% | 62 |
| 5 | 4 |

|  |
| --- |
|   |

 | 34.59% | 64 |
| 6 | 5 |

|  |
| --- |
|   |

 | 14.05% | 26 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.36 | Std. Deviation: | 1.13 | Satisfaction Rate: | 67.14 |
| Variance: | 1.27 | Std. Error: | 0.08 |   |

 | answered | 185 |
| skipped | 324 |

**Any further suggestions**

|  |
| --- |
| I don't think clinicians have taken risky decisions as it has made them be more cautious. Prescribing will have gone up especially for antibiotics |
| i hope so but its clinician dependent; some clinicians more comfortable with it, others lesser so etc. Some patients still want to be seen and arent happy.  |
| clinicians have been scared that they may have missed something that they would normally spot in full face to face consultations |
| effective in limited range of situations, all of which can not be predicted. We need to observe closely and use our long-gained clinical skills to identify and pick up the many things that dont present as clear-cut conditions. I am concerned expectations of remote ./ virtual assessment could raise patient expectation of virtual consulting always being effective, and open us to litigation and clnical risk |
| Virtual consultations have allowed us to keep working with reduced risk of infection spread. They are certainly not without risk but we had no other practical solution - they have been a godsend. |
| PLEASE commission AccuRx |
| Virtual has really helped with prioritisation of health care delivery & assisted infection prevention & control by reducing footfall & F2F in surgery. Reduced unnecessary home visits. Improves access. However, the clinician carries extra risk (unless consult recorded) which the patient/carer has to accept in order to get fast access & requests actioned. There’s tons more to do to get us working to full potential & meet IT used in the rest of our lives.  |
| some aspect of virtual consultations should remain, patients being able to send photos etc are helpful, as are videos in care homes |
| for care home reviews, palliative reviews I am sure it will become widespread |
| Survey is not well designed as doesn't take into account reality of general practice at present. Video consultations are better than getting covid, but not as good as seeing patients face to face. Face to face appointment swill need to continue. All the different methods have required taking time out to learn and train which has been hard work. They are all different. They all take time to log in and do things. This time is adding up. It's only working now as we are still relatively quiet |
| Virtual consultations are great but unless medicolegal legislations change to support the clinicians, continuing virtual consultations may make clinicians anxious.  |
| Fraught with risks and overprescribing presentlyUseful for straight forward sick note and little else. Seeing a patient gives a lot of non verbal information which is crucial . Also issues re confidentiality who is present when patient contacted. Safeguarding issues and discussing sensitive subjects with unknown audience. Issues re domestic violence and abuser with vulnerable. Don’t trust it at all |
| Virtual consultations are a helpful means of improving access but do not reduce workload - there is the same demand and work, just in a different medium. I feel there is a risk that people who are not comfortable with technology or have access to technology will be disadvantaged if there is a significant shift to virtual consultations. |
| There needs to be a measured review of and reflection on changes rapidly implemented both from the perspective of Primary Care and patient experience. |
| I find video consultations and SMS very effective. I think online consultations need developing further - GP is not just about how to manage a clinical problem but how to manage that problem for that particular patient. On line consultations need to be able to capture the patient's ideas, concerns and expectations better otherwise too often the clinician needs to ring/see the patient to gather these insights. |
| Virtual consultations have a place but we already use a lot of telephone consulting and video doesn't always add a lot. E-consults are ok for simple questions but not useful for anything more complex |
| some photo texting useful. less sure about video. better for pateient less waiting, with time lag not always lots quicker for clinician. also often not working |
| recording consultations would have medicolegal implications  |
| It would be preferred that IT solutions could continue to be maximised (post COVID) if the medico-legal baseline could be altered to facilitate this. Staff and patients have embraced the IT solutions during COVID and an expectation that we would continue utilising; IT solutions have kept patients and staff safe, and improved efficiency in the work place.  |
| digital transformation is needed however there will always be a need for a personal service to improve relations with patients and provide services that meet everyone's needs, not just the digitally knowledgable. Many patients are not digitally minded and we must not lose sight of that. |
| with correct choice of when to video and when to face to face I think videos will be safer and used appropriately |
| I think virtual consultations just take more time than face to face. You loose out on visual clues via telephone, and quality via video, so you need to be more careful safety netting etc.  |
| Support from NHSE and CCG to minimise medicolegal expectations in the long term would be beneficial to support ongoing virtual consultations  |
| implemented too quickly with no training- patients lost with some of the technology. Discriminates against certain members of the population eg elderly.  |
| Non F2F are always a compromise. They can be useful but are time consuming and bias access towards the articulate IT savvy population whose need and illness burden is generally lower |
| just don't suit all patinets/conditions |
| Need improvement in virtual telephony solutions, as people working from home and ability to phone patients while appearing to be at the surgery |
| Virtual consulting certainly has it's place and we will continue to use it post COVID but it is not a game changer. It will allow us to deal with simple things quickly and efficiently and will be less disruptive to a patient's life but it's useless for anything complex |
| Useful for certain groups . Does not work well for elderly, and socially deprived areas  |
| There is a further question: Do you enjoy video consultations more than face-to-face consultations?The answer to which is a resounding NO!Do you find video consultations more stressful and even more time-consuming?The answer to both is yes.Do you find video consultations as efficacious? Answer: much less |
| we should embrace change and keep what worksemail does not fall naturally into the patient record and is still a bit clumsy, adding to appointment issues because you can't immediately direct a patient, for example, to the dentist |
| I susect that there may have been more prescribing eg antibiotics/analgesics especially as wanting to avoid footfall |
| USeful but unlikely to replace face to face consiults- particularly for training students.Has a role like the phone paricularly to reduce visits which are time consuming and often not hugely helpful in changing management |
| In some cases but certainly not all. The majority  |
| Needs to be led from the front-line, we would normally rapidly spread information on what works, but this is more tricky with reduced social contact. I would suggest de-briefing between practices with management and decision makers listening in, once people are allowed to meet together again. |
| Antibiotic guardianship has gone out the window, Assessing chronic breathing problmes is very difficult remotely, I worry about excluding skin cancer using photographs or phone camera, I worry about patient sensitive information being mislaid because I am home working, using a stealable laptop . Are the video platforms secure? |
| CCG needs to help practices fund or help to trial new solutions |
| it may help reduce stress of younger GPs who embrace change also GPs get better at everything the more they do it |
| IT systems have crashed an unacceptable amount of times putting great pressure on practices and individual clinicians |
| Look forward to consolidating the process and practice |
| I can not envisage a return to the number of f2f consultations. I think that tel con will dominate and text and email should replace posted letter. I do wonder how a GP will get to know patients and families in the virtual world. I sense that I may do what I can over the phone and the refer if condition not resolving. |
| Please continue to facilitate teleconsulting.  |
| I do not feel i have sufficient expereince in these methods to be asking for my opinion regarding their benefits at this stage |
| Practice scant burden the cost of these services after the pandemic as general practice is really struggling with finances at the best of times. If these are to continue the cost would need to be heavily invested from other sources than general practice budgets.  |
| We don't have computers with good speeds to facilitate this well. All the solutions described take more time from clinicians to deliver than face to face appointments. If we were to do this longterm we would benefit from much better technology. Screen dialling, telephone headsets and still would have reduced capacity. |
| Patient behaviour has been very different during the Pandemic lockdown because of fear , once the lockdown is relaxed and patients feel less nervous, demand for face to face consultation will rise exponentially, the digital solutions which we were using prior to the pandemic will continue to be used. Accurx is excellent and will help with its functionality however there is no substitute for face to face contact in many cases |
| Yes we will just have to carry that extra risk. |
| As an old GP >50 has made me engage with the video technology and I realise that I can't go back to the old ways as has improved my work life balance - so much better Thanks ( that doesn't include doctorlink as still need to be convinced any point to it )  |
| The pandemic has forced us to work in different ways and make huge changes in short period of time we have embraced the changes and have been extremely grateful that the technology available has helped us to continue to support our patients at a difficult time.  |
| I think there will be a place for increased virtual consultations from baseline, but not as much as we are doing them at the moment. |
| will be using lot more in future |
| Additional training for nursing team would be useful-online |
| Hopefully they can enhance the way we work but I don’t think they will take over the workload. Hopefully they will continue for a part of the population who find it hard to get into the practice  |
| We need more video cameras and microphones. Have already requested but need for all consulting rooms |
| I do not like the role of econsult as I feel it is an extra workload we cannot control and demands a response which increases the strain on already stretched gp resources |
| in certain low risk systems/ some routine reviews - yes |
| We need to keep the patient understanding that not everything needs a f2f, at the moment it is easier due to media and them not wanting to come in anyway, How do we maintain that level of demand and not escalate back to the insistence of been seen even if it is not necessary? |
| There are concerns about risk but I believe these can be managed to use remote consultations effectively |

# Appendix 1: Survey

Over the last 5-6 weeks our system has rolled out, at scale, a range of digital technologies.

Many of these were planned but their roll out accelerated.  We now need to understand which of these have been valuable additions, which might need refinement before they become mainstream, and which have not worked.

The North East and North Cumbria Regional GP IT Strategy aims to implement digital solutions that 1) improve patient care; 2) make the system more efficient; 3) improve the working life of the workforce.

Together with the Academic Health Science Network (AHSN NENC) we are keen to gain a rapid insight into what we need to evaluate in order to give us confidence that the digital solutions implemented over recent weeks achieve our aims, where more needs to be done, and where there are gaps.

We would therefore be grateful if you would help us define the questions we need to ask in an evaluation, to give us the confidence that we are persisting with the right digital solutions, by completing the survey via this link: <https://www.smartsurvey.co.uk/s/WV7XLM/>.  We hope that this will take only 5-8 minutes to complete.  It is in 3 sections (Online Consultations, Video Consultations and SMS messaging) – please fill in all or as many sections as you feel able.

We are very grateful for your support with this.  We are also embarking on a process to ask patients about their experiences in parallel.

# Rapid insights into Digital GP Solutions during the COVID-19 pandemic

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| **1. Tell us a few things about yourself:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Primary Care Clinician |    | 0.00% | 0 |
| 2 | Secondary Care Clinician |    | 0.00% | 0 |
| 3 | Commissioner |    | 0.00% | 0 |
| 4 | Clerical Staff |    | 0.00% | 0 |
| 5 | Practice Manager |    | 0.00% | 0 |
| 6 | Other (please specify): |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |
| Other (please specify): (0) |
| No answers found. |

| **2. Your CCG/PCN/FT/GP Practice**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

| **3. Which technology have you adopted? Please tick any/all that apply:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Online Consultation |    | 0.00% | 0 |
| 2 | Video Conference |    | 0.00% | 0 |
| 3 | SMS |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

Online Consultation

| **4. Have you adopted Online Consultation in the practice? If your answer is Yes/Tried but not yet fully implemented please continue to the next question.**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |    | 0.00% | 0 |
| 2 | No |    | 0.00% | 0 |
| 3 | Tried but not fully implemented |    | 0.00% | 0 |
| 4 | Not yet implemented |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

Page 3

| **5. If no or not yet implemented please describe why:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

Online Consultation

| **6. Which system are you using?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | e-Consult |    | 0.00% | 0 |
| 2 | EMIS On-line Triage |    | 0.00% | 0 |
| 3 | AskMyGP |    | 0.00% | 0 |
| 4 | Engage Consult |    | 0.00% | 0 |
| 5 | Other (please specify): |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |
| Other (please specify): (0) |
| No answers found. |

| **7. How are you using Online Consultation?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Total online triage |    | 0.00% | 0 |
| 2 | Additional access method |    | 0.00% | 0 |
| 3 | Other (please specify): |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |
| Other (please specify): (0) |
| No answers found. |

| **8. How do practices allocate calls between staff types (eg. doctors/nurses/ANP)?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

| **9. Do Online Consultations reduce or increase workload/consultation time?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 (significant reduction) |    | 0.00% | 0 |
| 2 | 1 (slight reduction) |    | 0.00% | 0 |
| 3 | 2 (no impact) |    | 0.00% | 0 |
| 4 | 3 (slight increase) |    | 0.00% | 0 |
| 5 | 4 (significant increase) |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **10. Do you like Online Consultation? [where 0 = not at all, and 5 = a lot]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |    | 0.00% | 0 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |    | 0.00% | 0 |
| 4 | 3 |    | 0.00% | 0 |
| 5 | 4 |    | 0.00% | 0 |
| 6 | 5 |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **11. To what extent has Online Consultation changed patient demand?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 (significant reduction) |    | 0.00% | 0 |
| 2 | 1 (slight reduction) |    | 0.00% | 0 |
| 3 | 2 (no impact) |    | 0.00% | 0 |
| 4 | 3 (slight increase) |    | 0.00% | 0 |
| 5 | 4 (significant increase) |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **12. From your perspective do you think patients enjoy the experience? [where 0 = not at all, and 5 = completely].NB: we will also be conducting a survey with patients for their opinions**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |    | 0.00% | 0 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |    | 0.00% | 0 |
| 4 | 3 |    | 0.00% | 0 |
| 5 | 4 |    | 0.00% | 0 |
| 6 | 5 |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **13. From your perspective do you think patients feel satisfied with the outcome? [where 0 = not at all, and 5 = completely]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |    | 0.00% | 0 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |    | 0.00% | 0 |
| 4 | 3 |    | 0.00% | 0 |
| 5 | 4 |    | 0.00% | 0 |
| 6 | 5 |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **14. Do you envisage Online Consultations being used in the future or is it a tool for use only in the pandemic?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | NOW |    | 0.00% | 0 |
| 2 | IN THE FUTURE |    | 0.00% | 0 |
| 3 | BOTH |    | 0.00% | 0 |
| 4 | Other (please specify): |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |
| Other (please specify): (0) |
| No answers found. |

| **15. Approximately how many Online Consultations were coming into the practice per week for the last 4 weeks?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

| **16. Do you feel you had sufficient training in managing the Online Consultation software?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |    | 0.00% | 0 |
| 2 | No |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **17. Approximately what proportion of queries translate into a face to face consultation?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0-20% |    | 0.00% | 0 |
| 2 | 21-40% |    | 0.00% | 0 |
| 3 | 41-60% |    | 0.00% | 0 |
| 4 | 61-80% |    | 0.00% | 0 |
| 5 | 81-100% |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **18. Is there an optimal approach/lessons you would like to share? If so, can you share it?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

| **19. How can we increase the use of Online Consultations?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

| **20. Is there anything further you would like to tell us about your experience of Online Consultations?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

Video Consultations

| **21. Have you adopted Video Consultation? (if Yes/Tried please continue to the next question)**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |    | 0.00% | 0 |
| 2 | No |    | 0.00% | 0 |
| 3 | Tried |    | 0.00% | 0 |
| 4 | Not yet implemented |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

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| **22. If No or Not yet implemented please describe why:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

Video Consultations

| **23. What tools have you used?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | AccuRX |    | 0.00% | 0 |
| 2 | eConsult |    | 0.00% | 0 |
| 3 | iPLATO |    | 0.00% | 0 |
| 4 | Other (please specify): |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |
| Other (please specify): (0) |
| No answers found. |

| **24. How easy are the solutions to use? [where 0 = not at all, and 5 = completely]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |    | 0.00% | 0 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |    | 0.00% | 0 |
| 4 | 3 |    | 0.00% | 0 |
| 5 | 4 |    | 0.00% | 0 |
| 6 | 5 |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **25. Which staff groups have used Video Consultation with patients?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Doctors |    | 0.00% | 0 |
| 2 | ANP |    | 0.00% | 0 |
| 3 | Nurses |    | 0.00% | 0 |
| 4 | HCA |    | 0.00% | 0 |
| 5 | Reception Staff |    | 0.00% | 0 |
| 6 | Admin |    | 0.00% | 0 |
| 7 | Social Prescribing |    | 0.00% | 0 |
| 8 | Pharmacist |    | 0.00% | 0 |
| 9 | Other (please specify): |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |
| Other (please specify): (0) |
| No answers found. |

| **26. What are you using Video Consultation for?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Acute Consultations |    | 0.00% | 0 |
| 2 | Planned Reviews |    | 0.00% | 0 |
| 3 | LTC Reviews |    | 0.00% | 0 |
| 4 | Prescribing |    | 0.00% | 0 |
| 5 | Care Homes |    | 0.00% | 0 |
| 6 | MDT |    | 0.00% | 0 |
| 7 | Other (please specify): |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |
| Other (please specify): (0) |
| No answers found. |

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| **27. How has your experience been with Care Homes?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

| **28. Have you used different solutions with Care Homes compared to individual consultations?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |    | 0.00% | 0 |
| 2 | No |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

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| **29. If you have used Video Consultation did you enjoy the experience? [where 0 = not at all, and 5 = completely]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |    | 0.00% | 0 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |    | 0.00% | 0 |
| 4 | 3 |    | 0.00% | 0 |
| 5 | 4 |    | 0.00% | 0 |
| 6 | 5 |    | 0.00% | 0 |
| 7 | N/A |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **30. From your perspective to what extent do you think patients enjoy Video Consultation? [where 0 = not at all, and 5 = completely]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |    | 0.00% | 0 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |    | 0.00% | 0 |
| 4 | 3 |    | 0.00% | 0 |
| 5 | 4 |    | 0.00% | 0 |
| 6 | 5 |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **31. What approaches are being used?**  |
| --- |
|  | **Yes** | **No** | **Response Total** |
| Phone first? | 0.0%(0) | 0.0%(0) | 0 |
| Straight to video? | 0.0%(0) | 0.0%(0) | 0 |
|  | answered | 0 |
| skipped | 0 |

Matrix Charts

| **31.1. Phone first?** | **Response Percent** | **Response Total** |
| --- | --- | --- |
| 1 | Yes |    | 0.0% | 0 |
| 2 | No |    | 0.0% | 0 |
|  | answered | 0 |

| **31.2. Straight to video?** | **Response Percent** | **Response Total** |
| --- | --- | --- |
| 1 | Yes |    | 0.0% | 0 |
| 2 | No |    | 0.0% | 0 |
|  | answered | 0 |

| **32. How are cases selected for Video Consultation?**  |
| --- |
|  | **Yes** | **No** | **Response Total** |
| Patient led? | 0.0%(0) | 0.0%(0) | 0 |
| Clinician led? | 0.0%(0) | 0.0%(0) | 0 |
|  | answered | 0 |
| skipped | 0 |

Matrix Charts

| **32.1. Patient led?** | **Response Percent** | **Response Total** |
| --- | --- | --- |
| 1 | Yes |    | 0.0% | 0 |
| 2 | No |    | 0.0% | 0 |
|  | answered | 0 |

| **32.2. Clinician led?** | **Response Percent** | **Response Total** |
| --- | --- | --- |
| 1 | Yes |    | 0.0% | 0 |
| 2 | No |    | 0.0% | 0 |
|  | answered | 0 |

| **33. How many cases are converted to face to face?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0-20% |    | 0.00% | 0 |
| 2 | 21-40% |    | 0.00% | 0 |
| 3 | 41-60% |    | 0.00% | 0 |
| 4 | 61-80% |    | 0.00% | 0 |
| 5 | 81-100% |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **34. Do you envisage Video Consultation being used in the future or is it a tool for use only in the pandemic?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | NOW |    | 0.00% | 0 |
| 2 | IN THE FUTURE |    | 0.00% | 0 |
| 3 | BOTH |    | 0.00% | 0 |
| 4 | Other (please specify): |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |
| Other (please specify): (0) |
| No answers found. |

| **35. Is there an optimal approach/lessons you would like to share? If so, can you share it?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

| **36. Is there anything else you would like to tell us about your experience of Video Consultation?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

SMS Messaging

| **37. Have you adopted SMS?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |    | 0.00% | 0 |
| 2 | No |    | 0.00% | 0 |
| 3 | Tried |    | 0.00% | 0 |
| 4 | Not yet implemented |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

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| **38. If no or not yet implemented please describe why:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

SMS Messaging

| **39. What SMS solutions are you using? Please tick any that apply:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | EMIS |    | 0.00% | 0 |
| 2 | SysmOne |    | 0.00% | 0 |
| 3 | AccuRx |    | 0.00% | 0 |
| 4 | MJog |    | 0.00% | 0 |
| 5 | iPlato |    | 0.00% | 0 |
| 6 | Other (please specify): |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |
| Other (please specify): (0) |
| No answers found. |

| **40. What are you using SMS for (interaction with patients)?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Patient reminders (eg. appointment reminders) |    | 0.00% | 0 |
| 2 | Clinical message (eg. sending results) |    | 0.00% | 0 |
| 3 | Bulk messaging (eg. practice response to COVID) |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **41. Are you currently using an SMS solution for two-way messaging?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |    | 0.00% | 0 |
| 2 | No |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **42. If No would you find it useful?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |    | 0.00% | 0 |
| 2 | No |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **43. From your perspective do you think patients have found this useful? [where 0 = not at all, and 5 = completely]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |    | 0.00% | 0 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |    | 0.00% | 0 |
| 4 | 3 |    | 0.00% | 0 |
| 5 | 4 |    | 0.00% | 0 |
| 6 | 5 |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **44. Has is changed your workload?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 (significant reduction |    | 0.00% | 0 |
| 2 | 1 (slight reduction) |    | 0.00% | 0 |
| 3 | 2 (no impact) |    | 0.00% | 0 |
| 4 | 3 (slight increase) |    | 0.00% | 0 |
| 5 | 4 (significant increase) |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **45. Do you envisage SMS messaging being used in the future, or is it a tool for use only in the pandemic?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | NOW |    | 0.00% | 0 |
| 2 | IN THE FUTURE |    | 0.00% | 0 |
| 3 | BOTH |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **46. How might it be enhanced?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

| **47. Is there an optimal approach/lessons you would like to share? If so, can you share it?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

| **48. Is there anything else you would like to tell us about your experience of SMS messaging?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

If you are a clinician please answer the following:

| **49. Do you feel virtual consultations are more medico-legally risky than usual ways of working? [where 0 = not at all, and 5 = a lot]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |    | 0.00% | 0 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |    | 0.00% | 0 |
| 4 | 3 |    | 0.00% | 0 |
| 5 | 4 |    | 0.00% | 0 |
| 6 | 5 |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **50. Do you feel that clinicians have felt forced to make more risky decisions during the pandemic? [where 0 = not at all, and 5 = a lot]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |    | 0.00% | 0 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |    | 0.00% | 0 |
| 4 | 3 |    | 0.00% | 0 |
| 5 | 4 |    | 0.00% | 0 |
| 6 | 5 |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **51. Have IT solutions helped mitigate that risk? [where 0 = not at all, and 5 = a lot]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |    | 0.00% | 0 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |    | 0.00% | 0 |
| 4 | 3 |    | 0.00% | 0 |
| 5 | 4 |    | 0.00% | 0 |
| 6 | 5 |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **52. If so, once usual conditions return and the medico-legal expectations return to the baseline, will virtual consultation remain effective? [where 0 = not at all, and 5 = a lot]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |    | 0.00% | 0 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |    | 0.00% | 0 |
| 4 | 3 |    | 0.00% | 0 |
| 5 | 4 |    | 0.00% | 0 |
| 6 | 5 |    | 0.00% | 0 |
|  | answered | 0 |
| skipped | 0 |

| **53. We welcome any further comments/suggestions you would like to add:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 0.00% | 0 |
| No answers found. |
|   | answered | 0 |  |  |  |  |
| skipped | 0 |  |  |  |  |

**APPENDIX 2**

**Lessons from OC to be shared**

|  |
| --- |
| Promote at all opportunities, whilst balancing workload implications, |
| IT to reduce footfall has been paramount during Covid and cannot stop. It has revolutionised our practice  |
| No really its early days we are still promoting this service to our patients |
| Easier to manage now we have integrated it with SystmOne. |
| need for F2F review is vastly reduced by patients being able to send in photographs. this process should be kept as simple as possible and opened up for all issues |
| Takes too long. Not integrated into clinical system (EMIS) which adds loads more time as well. |
| Continuity is important  |
| clunky system, still means a call back if patient does not enable two way communication, which a lot don't |
| This has allowed us to function across sites so that demand can be met evenly across our sites |
| Patients need to be prepared first. Our slow uptake will mean we don’t get skilled fast enough & so offer a poorer service, which will become a viscous circle.  |
| SystmOne is not the only clinic system in the East Riding. |
| need to have control over volume - just like appointments, when a given number is received it needs a message to that effect top say 'full' and use a different method or try later - otherwise it is an unmanageable number on top of everything else - just imagine - BHol weekend - turn up Tuesday AM and 125 messages on top of appoints/ tel queries / other online script requests.Not safe. Not doable |
| Approaches should be tailored to maximise the administrative management of the eConsults submitted, to get them to the right clinician and ensure clinician time is not wasted on administrative tasks. It is important to have specific staff working on the eConsults where numbers are submitted are substantial, to ensure a timely response. |
| reminding patients that they do not need to fill in all the questions if they don't wish to - some patients feel constrained by the length of the questionnaire  |
| Use video consultations |
| None transfer into face to face consultations as no one is doing face to face consultations. 80% transfer to telephone consultations.  |
| great for dermatology because of access to photo option, UTI's , fit note requests and general admin encourages patients to consider their condition by answering several questions and gives the clinician an opportunity to delve in to appropriate info in the pt record / repeat templates of meds NICE guidelines etc prior to speaking to the pt.Econsult merged with accurx provides the opportunity to have an online conversation with the pt through sms and photos . Patients seem to prefer the use of accurx using sms than e consult using phone/email  |
| One way communication, GP only and ring all contacts by way of triage/consultation to assess and resolve. |
| As tested during a pandemic whole point is to avoid face to face consulting so if results in a face to face it has failed in use |
| many clinical queries result in a subsequent phonemail to the patient |
| patient cohort awareness. we sent out text messages and changed telephone messaging and website to promote. Hardest task was to install receptionist confidence to navigate patients to online consultation.  |
| I think online consultation works better for admin or medication queries.I find that e-consult does not capture the 'ICE' or psychosocial/holistic aspects of clinical queries well. |
| At least 50% of online contacts need a telephone call due to lack of info/ clarity in the details given |
| easier for working patientsdanger easier access for those who are least ill |
| Online consulting suits certain clinicians (ones comfortable with risk and giving clear escalation plans/ safety nets)- works well for certain conditions and patient groups. - patients have on the whole been more receptive during COVID pandemic to trying new technology. Would estimate a third of GP contacts could be managed online- with a patient-friendly tool  |
| It was the COVID crisis that pushed patients to give it a try! |
| All patients going through the same process regardless of means of access e.g. walk in/telephone/online |
| It is a slow uphill struggle to get engagement. |
| A better structured training for all. Getting Practice's involved in the early procurement of future online consultation applications. Better match to Clinical Systems.  |
| Giving the work to younger doctors works better than giving it to experienced GP's who try to remodel it into their normal modus operandi. |
| As above re: what to do if not happy with advice givenAlso I think e-Consult should be part of a wider “toolbox”, not just the only option for accessing GP help-not everyone has access to, or can use, online consultations  |
| try and deal with them within 48hours |
| Often results in telephone contact rather than face 2 face due to pandemic. Ok for fit notes, some prescription request. Is useful if photos included if appropriate. |
| Make use of admin to respond if the query can be dealt with by them, also encourage patients to give as much information as possible and where possible attach photographs |
| We can only encourage patients to take up the service and in the circumstances are happy to do so. As stated above, when F2F is available it will be interesting to see how patients respond to requests to Triage. |
| Most online consultations end up with a phone call from a GP. So if the patient had phoned through their query in the first place we could have prioritised their call then given them a time for a call back. As it is we're calling people when they may not expect it. |
| Most patients are opting out of the questionnaire or only filling in very limited information. It has surprised me how readily patients accept not moving on to a phone/face to face consultation and often they seem to actively resist it, eg I send a message saying "thanks for getting in touch, I'll ring to discuss further" and they respond with "do you have to? I only wanted X!" |
| We are still learning the process as this is quite new. |
| Falsely reassured wheezy child parents As they waited for call back that day - had to remove service for children after this event |
| it is being used for trivial prescription requests, sick notes, update on yesterday.......so many of the questions are not relevant and with frequent users must be annoying, like smoking, alcohol etc |
| COVID-19 has been a big push to use |
| Get rid of it please |
| I don't know what proportion our admin team are already filtering out and how many are coming in, you would need to ask our practice manager. |
| the econsutl system does not facilitate replies: we are using AccuRx to reply |
| Photos are invaluable to the process, when reducing F2F. |
| We're using e-consult. We tend to complete the 'other' box and provide a more textual response without all the pre-formatted text. The latter isn't that helpful. I would really like to be using the e-consult platform to gather all the data required before a long term condition review. Our nurses spend too much time ticking boxes and collecting this data, when it could and should be gathered in advance, then triaged to see if a long/short F2F appt is needed or if at all.  |
| It needs work on integration with your clinical system |
| Not a clinician |
| reassuring patients that we can see them if sympts not settling after first tel C |
| Nope need help to use efficiency  |
| Having one team responsible for directing the query to the right team works well. If GPs feel they need to speak to the patient they add them to their appointment ledger and give them a call. If they want the patient to book a face to face appointment they make a note in the record and send an sms asking the patient to contact the surgery. It seems to work well. |
| I strongly dislike e-consult. It is set up specifically for non-urgent queries, though suggests a reply is needed <48 hours. It sets an unreasonable level of expectation and the fact it can be used 24/7 encourages patients to abuse it.  |
| Establish the identity of the patient by ringing or texting them first to establish consent and propriety of the planned consultation.Employ all your normal consultation skills, with a lower threshold to face to face if the process appears unsafe, with all the appropriate PPE precautions in place as a necessary but last resort  |
| Most econsults are successfully resolved by tel con, espescially as we can now use SMS for photos. |
| Go all in, make every patient who has a smart phone or pc use it at least once. Also ensure the turn around time is adhered to as that is what frustrates patients  |
| Sick note requests all too easy. Also ease of access can lead to dealing with transient conditions. Rashes that present in the morning that have gone by the time you speak to family.  |
| Online consultations undoubtedly increase demand. They’re easy & accessible. Patients as long things they wouldn’t dream of bothering us about by phone. They usually always result in a telephone call. Rarely face to face now as we’re doing very little of this. Text replies has helped manage this significantly. |
| Increases pressure on Practices to respond within 24 hours hence another access pathway tool. |
| Its still quite clunky and they are not currently quick to respond, apparently an e-consult can go straight to new journal but we dont have that option and so we are having to copy and scan to record for each pt.  |
| Keep all staff informed & be aware that when you update the practice toolbar in Systmone, some people will lose their personally set up icons |
| We currently have slots for e.consultations. The receptionists can "book" an e.consultation slot into the GP surgery. |
| you need to understand the system well enough to direct a patient or their relatives to make the system work |
| Advertise, promote in house (leaflets in all consulting rooms for clinicians to distribute)Staff educating patients of benefits/alterternative method of accessing services |
| Many of the queries translate either into a phonecall or consultation. The e-consults help to make these conversations quicker as we know the agenda before starting. |
| on line consultations, increase demand-another lane on the motorway |
| Probably 60% of all econsults turn into telephone calls also , therefore a lot of duplication of work |
| We have asked patients when they phone, to submit an econsult as the quickest way to get a reply from the GP |
| Be careful of any photographs attached to e-consult |
| I find writing notes whilst I am phoning patients helps to safety net I used the COVID triage checker from the BMJ for COVID patients initially as a useful tool  |
| Why are things imposed on us without consultation? |
| It works well for simple transfer of information eg a request for a fit note, a prescription request or to report on side effects. It can also be useful to do information gathering eg for travel consultations, a list of travel destinations so that the clinician can prepare for a follow up consultation. |
| However about 70% become telephone |
| a significant proportions of online consultation still involve a phone call |
| Not at this stage, we have muddled our way through at a difficult time but there are improvements / changes we want make.  |
| If patients need a phone conversation, I would aim to do them then and there to reduce work creep into the next day, improve patient experience and thus promote a tendency to use econsult again. F2F is only really needed for an examn so can be quick and perhaps also arrangeemnts to be made that day are best. However flexibility to see a clinician known to the patient or previously involved in that complaint is also needed. |
| some times overused by patients but i just ring patient if need more info or to see |
| Option very visible on website |
| combination of e consult and AccuRx works well. |
| You need a comprehensive follow up in place to ensure eConsult has been dealt with fully and patient is aware of outcome |
| None as out patients are still reluctant to use! |
| If appears that the system could be streamlined according to our reception staff.  |
| online consultations are time consuming and workload cannot be controlled as they demand a response, therefore patients will use them indiscriminately and further increase gp workload unless something is removed from our workload which I don't see happening. We do not have capacity to introduce another means of contacting us, there is already telephone, text, letters and face to face |
|  Where near as good as FTF consult bit better than nothing.  |
| Telephone consultations work well, I can see the online working if it was more reliable and everyone could use it. It does not integrate with emis well. |
| Online is part of a bigger picture of managing workload. My experience is that it needs to be an integral part of the system, not and add on to other work, and needs to be given the time to handle properly. Despite presumptions I think it can be a very useful tool for patients with mental health issues, elderly and people with limited English if used in the right way |
| We are currently exploring total triage solution  |
| accurx has been brilliant as can video consult but patients can also send photos which can then be saved in notes  |
| Do it earlier in the pandemic, when patients expect system changes. Don't create an excellent service in a different system, if you want patients to adopt this system rapidly |

**Is there anything further you would like to tell us about your experience of Online Consultations?**

|  |
| --- |
| As a pilot site we had to find our own way at the start, without much support.Having had online consultations already embedded in our processes, assisted greatly with the move to triage. |
| Its been fantastic and has allowed us to change how we look to the future of the way our practice can move  |
| the algorthms could be applied to checking for early signs of cancer without a huge increase in workload perhaps |
| It is working really well. We just need to promote it more and make our patients aware of the service  |
| If we had a choice we would change systems from e-consult |
| We have good telephone access, proportion of contact via online consult is insignificant.Not very happy with the current software but deployed at Area Team level so took it as didn't feel it would be used heavily so not worth investing in to.If right software available, would like to develop further but whilst it is currently Engage Consult, it is an option for patients but not a priority.We need a solution which works seamlessly with clinical system, phones, video, texts. We currently have S1, video phones (via telephone supplier), accuRX for text and video consult (though doesn't have call recording), Engage Consult for online consultation plus logging in to several different systems as well as Intranet, NHS email, etc. there are too many avenues to monitor access. |
| V limited experience.  |
| Usability of the software has a significant impact on uptake. The increase in uptake since we have transitioned to eConsult from engage consult has been dramatic. |
| A lot of the patients do not complete relevant templates, giving limited information Neither do patients investigate other help first, i.e. advice from NHS. Current system needs to be better formatted to display relevant information captured, as can be time consuming picking out relevant info. Most requests result in a GP phoning the patient. |
| They are good for a select few patients - they will almost certainly lead to inequalities in access |
| often the failing with e consult is that it will prevent a pt completing their e consult and advise them to contact their GP urgently . this could be simply by saying their pain level is 7 but at 6 they're fine to continue Often the e consults that fail to complete for this and other reasons are not urgent  |
| hope it goes up |
| We have to adopt it due to being contractual but appears a case of a product being pushed by a salesman/woman to someone with limited understanding of need for either patient or General Practice and pushed out as policy. |
| Have personal experience of 17 year old 1 month before 18 th birthday was unable to access e-consult about skin condition as message was under 18. If trying to encourage young people to independently care for themselves access should be confidential from the age of 16 |
| Some patients like it a lot and use it a lot but a lot of patients ( in our practice) have not engaged with it - many do not have the technology or the ability |
| time consuming for clinical queries, more use for admin queries |
| Works well where continuity is maintained as far as possible.It's OK but lacks visual clues of patients health physically and mentally.It's not as satisfying as face to face contact and rapport with patient.I would be sad to see this promoted as the first contact in all situations |
| It's great for simple conditions, where patient is guided through key symptoms, enabling a clinician to quickly diagnose and support certain condtions. It does add to have info in advance of consultation, for ensuring booked with right individual and work up in advance completed.additionally it provides immediate data and intelligence on patient demand and types of conditions presenting at any given time.  |
| It has proved to be one of the technologies that greatly helped us manage the COVID crisis in terms of being able to continue to provide care for ALL our patients, regardless. |
| All the products feel immature still but improving. Until they genuinely divert by making a diagnosis it is not clear they save much time. |
| I tried to use it myself when we first installed it at the practice and it took ages. From a patient perspective I dont think that is a very good service. |
| It is not something that our patient demographic have taken to at all … They tend to give up part way through and call the surgery anyway. |
| We have had very little, in fact no uptake as of yet as we had an established system in place for triage and always have same day appointments |
| We have really struggled to engage patients with online consulting despite having high uptake and use of systmonline.  |
| It seems to be causing additional work at the moment. |
| Would be better if ‘integrated’ into EMIS, such that GP could automatically ‘reply’ Via eConsult rather than having to check mobile details and respond via AccuRx. The 24 hr requirement for a clinical response is a hard target to meet, especially when a lot of queries do not need a 24 hour response. Monday morning demand is obviously very high and demanding on GP resources.  |
| As the Practice Manager I cannot comment on some of the questions.One of the problems to Engage Consult is that patients can submit without answering all the questions, it would be helpful to clinicians if they were unable to submit without answering to all questions.As only been using 2-3 weeks we have little experience to answer the usage questions. |
| feels very clunky. does not interface with EMIS properly so end up having to flick between screens (ie cannot open the online consultation and read patient record at the same time) |
| Great system, has to stay as part of essential GP services |
| afraid they seem to increase demand/ gp workload |
| The reply system is poor and difficult to use. Requires lot of admin input to add to system. Poorly automated. |
| Needs to be linked to clinical system Needs to be interactive with patient |
| I think it has been a success (especially the video form of it) and absolutely essential to have some continuity during the Pandemic. |
| It's very long-winded. The data from e-Consult shows that most people abandon the process. |
| The software for Engage is a little bit sketchy and it would be a bit too easy to forget to do it. A system which properly integrates with SystmOne would be much better. I understand there is one in development and it is likely we will look to switch to this when it's available. |
| It is too early in the implementation to comment. |
| Weekend eConsults especially if falls on a Bank Holiday increases workload dramatically on Monday's |
| Mixed feedback from clinicians, some feel it is beneficial, some feel it simply cuts out the phone call from Patient to Receptionist but doesn't actually decrease Clinician workload.  |
| patient & Pandemic dependant |
| Some patients find it onerous and frustrating as keeps prompting 111 call |
| its ok, but not my favourite, needs a lot of copy and paste, can it learn to identify which lifestyle information is needed to reduce repetition to patients and us |
| I deal with fit note requests so it has been useful for the patients to request a further fit note via e-consult |
| Its getting there slowly |
| This is an additional service. My experience is that it has not saved pt contacts although our experience is for the last 2 months during a pandemic. I have found that the clinical queries have been vague non specific symptoms that have needed blood tests and a GP review rather then the very specific "UTI" in the training video |
| Words fail me |
| Not as bad as I thought it might be. I get worried about the ability to process the volume of information given safely. Good for patients as better clarity of advice. Continues the tradition of improving access for those least likely to need it and reducing access for those most likely to need it. |
| I prefered the Hurley group e consult system which offered alternatives to to contacting the GP practice but in York we were told to use wiggly amps which does not hence finding it less useful.The most useful aspect is that patients can attach photos to the consult to see when we speak to them |
| 1.Patients really struggle adding photographs, especially when this is a condition that they do not call a rash 2. We have promoted econsult lots of times, but our uptake is not increasing |
| I have concerns that the protocl in the econsult system will lead to an increase in A&E attendance as it is necessarily very risk averse |
| Overall clinical satisfaction is high in the practice. We're looking at using this as our primary triage/care navigation tool in the future.  |
| If not done carefully-it would increase work load. |
| Possibly need more security for patients entering to prevent third party submissions - we have had an incident |
| Most people accept the need for reducing the germ pool so we must grab this opportunity to save the GPs and maybe keep 50 yr old GPs in surgery instead of retirement and burn out  |
| Want to do it but need more Practical help  |
| Having been bitten by the Dr First consultation method I was concerned about opening another lane on the motorway but that has not happened as yet. It eases pressure on our telephone lines and allows us time to manage the work when we can rather than the instant demand of a phone call.  |
| Separate to this have used accurx for online text/video and like that a lot. I thought this was just about econsult so have answered accordingly.  |
| I would suggest that care homes be facilitated with the technologies to enable safe online consults.These should include clinical equipment that enable and support virtual examination eg thermometers,Oxymeters, BP monitors and eventually smart spirometers and ECG/Steths for virtual assessment  |
| Just that I have only started using it this week so diffcult to quantify benefit |
| I hope econsult stays  |
| Of those trained to the GP callback list, I would say 75% result in a telephone callback to discuss in more detail, but none so far have resulted in a f2f |
| AccuRx is more interactive.  |
| see 18 - this is additioanl work, not different work, higher risk, and from a governance perspective difficult t omanage, it is less satisfying as a clinician and there is no spare capacity to allow it - why would we do it at all. |
| Our experience has been very positive from the beginning of eConsult |
| I have been disappointed with econsult, I don't think it helps disadvantaged patients because by it's nature it provides better access for the IT literate , younger patients.'Another lane on the motorway''speedy boarding for those with the least need'  |
| Still often results in patient phone call contact but at least have much of info/pics available already before call. |
| We really like it, we worried that we would be inundated on a Monday from patients submitting them on a weekend, but we have not found this to be the case |
| Some consultations can actually take longer coming in via E-consult  |
| Find the headset messes my hair up :) You have to take breaks or can find yourself sitting for hours without moving , not great for own health !  |
| Not really - just don't see the point - possibly as we are in the fortunate position of being able to manage out workload  |
| Positive so far but would like to develop further and encourage high % of patients to use.  |
| take pressure off time management much better. Avoids list producing patients.Great for ongoing sick notes |
| Dislike it intensely. |
| it would be useful to be able to send a direct response to the patient via the online system (eg with a further query or if clarification is needed), and have them respond back (eg send us some more information connected to the initial consultation, for continuity for each episode of care. |
| Patients haven't taken it up as much as I hoped they would.  |
| I'm sure we could get more out of the system if we adopted it 100% rather than use is as a separate method of contact for patients to use. This however, is quite a large overhaul to our entire system and we feel it may confuse patients. |
| It is the way forward together with other none f2f methods, as far as I am concerned. |
| once people use it feel that it would be become the normal way to contact GP surgeries in the future |
| would be helpful to stop multiple consultations on same day from same patient |
| Very limited use in our practice as telephone triage readily available. |
| May be more conversion to face to face when the pandemic is finished  |
| It is a useful tool but not for all things |
| Patients frequently provide insufficient information to consult safely online. Results in duplication and considerably increased workload as virtually all still need tel con / face to face. Multiple patients Inappropriately contacting GPs daily via this service.Patients misusing the system by trying to use it to bypass appointment booking system / reception signposting. Results in increased unnecessary contacts for minor self-limiting illnesses / problems that they would otherwise not have consulted for.  |
| GPs should be able to respond directly to the patient |
| although I can see a role, they are unpredictable demand and therefore difficult to manage. very often it results in a telephone consultation for clarity so just increases workload. Would work for repeat prescriptions, sick notes etc |
| Increase length of consult  |
| We have quite an elderly population who do not like to use a computer and prefer to telephone the surgery with a query |
| Currently we are around 4% conversion to face to face but this was significantly higher before, around 40% |
| Some patients find it difficult to find where to attach photographs and end up sending photo to admin mailbox rather than attaching to eConsult. It would be easier if the option to attach photos was located on first page. |
| As a busy working mum of two I find this process much simpler and straightforward as quite often I don't have the time to be sat on hold waiting to speak to someone as I am either working, or have a child playing/chattering. |

**APPENDIX 3 Digital use in care homes**

|  |
| --- |
| good but technology and wifi limits access= staff not allowed to use own phones |
| Pretty good |
| Positive |
| tablets were provided. No comms re how to use by the care team. ?availability of Skype on practice IT. Moved to accrux |
| Limited my the technology available at the care homes, needed to use staff members own phones if happy to |
| Very limited due to the care homes facilities and lack of capable WiFi connections  |
| absolutely fine, if there is a member of staff with the technology to accept |
| good but technology and wifi limits access= staff not allowed to use own phones |
| Excellent. Already have working relationships |
| Good |
| has worked really well |
| GPs reports it works well however some care homes have poor internet connection. Staff at the homes seem to use their own phones too.  |
| Good - once they got the technology |
| ok |
| The care homes themselves have been very accommodating but they are not always geared up , internet can be a problem .  |
| At first we had to rely on staff using their i-phones but our PCN/CCG is arranging for care homes to be supplied with tablets or some other form of equipment to allow video consultations. |
| Feedback has been good  |
| We have always had very good experiences with our care home |
| I don’t look after the nursing home but my colleagues have moved more to a virtual ward round from the home’s nurses’ stations, and video consultants where appropriate |
| The care homes aren't really geared up and using personal mobile phones isn't really appropriate |
| Not all have ipads etc. or they haven't got them out of the box. Having to use personal phones. |
| Ok - fit for purpose |
| great! saves GP wardrounds F2F and home visits |
| Fine from our end but they need support around network connections |
| Useful on some occasions.  |
| Weekly contact made to our primary care home |
| SADLY NOT ALL HAVE A PHONE THAT THEY CAN USE FOR VIDEO AND STAFF ARE UNWILLING TO USE THEIR OWN PERSONAL PHONES |
| Varied |
| Variable- as staff using their own mobile phones to perform video consults |
| Excellent |
| sporadic |
| Very good experience - care home staff receptive to this. Some staff have taken some encouragement to go actually get the tablets and try the video consultations but once used they are happy with the process and solution proposed. |
| Took quite a long time but process will become easier |
| Not a personal experience, but appears to have gone down well with the GPs and the patients. |
| Issues with internet/wifi access at some homes makes remote triage difficult. |
| Weekly check ins are a great idea |
| Video consultation once the hardware was sent to the homes has been easy & an advance in efficiency of General Practice. We wasted a lot of valuable primarily GP time visiting for v minor issues. Patients & staff have appreciated this, feel more secure in our clinical judgement. Broadband is an issue- for picture & audio quality. Resorted back to telephone. |
| Hindered due to lack of technology until the last week (mid-May) when CCG have provided tablet devices for all.  |
| Good |
| Great |
| very good |
| Feedback from our Care Homes has been very positive, it is saving time and means we are striking up relationships. It is early days but definitely something we will continue to use in the future |
| very helpful with the COVID situation, some teething problems with the homes and the IT. |
| a colleague has been doing this so hard for me to comment |
| Good |
| mixed, some care home staff are not confident to use video calls |
| My colleague has done most of this work - initially they didn't have the hard ware  |
| I've used for acute consultations in care home and found it useful in conjunction to care home staff helping with measurements of vital parameters.  |
| Care homes need to upgrade to using work owned products and need support to get a supportive infrastructure |
| Helpful and reduced need to visit home.  |
| Initially they stopped contacting us at all which meant some sick patients were being missed. Now with the video links we are improving our links with homes and are gaining better relationships with them. This can be home dependent. |
| Good |
| Good  |
| better now they have designated tablet computers rather than having to use their own mobiles |
| good |
| very bad. insufficient hardware and poor internet connection. Had to resort to use staff mobile and their personal data. Much better if we can move to Microsoft teams and do a virtual ward round by scheduling video ward rounds with calendar function.  |
| I have had limited contact and have not done any virtual ward rounds |
| Overall successful although early days yet.  |
| I haven't used as no telemedicaine but my colleague did |
| main issue was having a phone/hardware to allow us tosee the patient  |
| Really helpful during COVID pandemic to be able to video consult with the nursing homes. I would perhaps caution that it is not "best practice" medicine, but needs must at the current time. The technology, however, would support a greater MDT appraoch to care, enabling AHPs to attend patients and call for real-time advice, with ability of senior clinician to visualise the patient and situation.  |
| Very useful  |
| Excellent, facilitating "ward rounds" performed remotely using digital tablet device. |
| Very hard - our linked care home has ben hit very hard with Covid-19 |
| Their IT is patchy, relies on nurses there having good 4g on their phones |
| Very receptive. A challenge with signal within the buildings and access to devices - tend ot use cares own. |
| video consultation working |
| Adds to stress of care team trying to manage IT and patient care and consultations can be disrupted due to internet difficulties. On the positive side, has allowed a great deal to be done in avoiding face to face contact and risk during pandemic. |
| Good |
| Very good  |
| Very good |
| We continue to have an exceptional working relationship with our local care homes. |
| As long as the home has an Ipad or tablet they generally seem able to walk the GP round the building doing a video ward round. |
| Seen a dramatic downturn in their contact |
| We have a named GP who does a weekly virtual ward round and who has also done ward rounds in person. |
| Excellent. Equipment access dependant.  |
| Varied. Some homes reluctant to use this. but it is a very beneficial tool for GPS |
| Good  |
| positive |
| Only just got running |
| Great |
| Okay although often we use the mobile devices of the care home staff to see patients which is perhaps not ideal |
| Offering very different care, hard to establish rapport with new demented patients via links. Works ok for those we already know well. |
| Slow to adapt to new technology |
| Positive experience Weekly ward rounds and acutley unwell patients |
| Generally very good. Any issues have been to do with care home staff having poor wifi.  |
| The staff have taken well to it as one would expect although I expect they will wish to go back tot physical visits once the COVID crisis has passed. It has surprised me how well the residents engage with it, considering I look after a dementia home. |
| Very good feedback from GP's & Care Home staff while using AccuRX. Very simple and user friendly.  |
| Brilliant when they have good band width otherwise can be a bit jumpy and difficult to use  |
| Very good. Have used to do patient reviews successfully |
| Video consultations used ++ Staff have used their own mobile phones. Been useful to use video  |
| Effective once you get set up |
| Useful and enable faster reviews /triage rather than acute visits.  |
| difficult for deaf residents to hear but remains useful |
| Positive so far but we have a nurse dedicated to care homes who checks in with them each week. GP's also do a virtual ward round at all of them on a rotational basis |
| working ok  |
| Useful, but poor sound quality at times. Allowed us to assess covid patients and support staff. |
| The use of ceilings of care if helping when speaking to the care home |
| reasonable |
| very good - staff are keen and willing to try to make it work |
| Excellent. Some patients are bemused by it but has ensured I can physcially see all patients without exposing them to the risk of c19 |
| Depends on home and GP. One GP has great success doing rounds in care home via video. Another has given up and reverted to visits with PPE. |
| Excellent, AccuRx has been a life saver! It's opened up care homes to use, allowed us to do clinical examinations and reassure staff etc. Significantly reduced the need for home visits.  |
| They have used their own mobiles which is difficult. |
| Can be difficult for patients to hear GP |
| care homes have adapted well methods put in place should be continued staff can manage many more problems than they thought |
| Hard they don’t have the platforms or equipment  |
| good |
| A much-needed tool in the COVID pandemic. however, I don't believe this type of consultation would be useful after the pandemic |
| good |
| Good  |
| Good but could improve with dedicated mobile phones or alternative video/tel systems |
| very good. Care home staff are also on board and very proactive in doing the video consults. It has provided prompt and appropriate care |
| Useful but only again used for a very small number so far |
| Good, except many care homes don’t or didn’t have access to iPads and are having g to use staff mobiles. Care homes need a few iPads to make the system work  |
| Brilliant. Care home staff have excelled themselves in making themselves available with their personal mobile phones in order to connect to the video consultation. At our request and in response to the pandemic, the staff have been ready with vital obs in readiness for the call (Temp, BP, Pulse, Ox Sats ands respects rate). I have been very impressed with their willingness to cooperate.  |
| They have gone very quiet  |
| Ok. Connection generally not good. Very confusing and unsatisfactory for the elderly or dementia patient. However it’s quick for us & keeps our bugs out! |
| Care homes do not have technology so we have to ring them first and obtain a staff mobile number. Care homes should have a minimum of a care home smartphone to be used for video consultations. |
| We have not quite started this however will be soon, it appears so far the issues will be down to the care home having to use the staff members phone and wifi not being effective enough.  |
| Well received |
| Very frustrating for them & us as some have very bad wifi & we cannot connect to them. They state that their mobile phones won't even connect while at work. |
| Mixed. We have used the video consultation to consult with care home patients once every 28 days to ensure that the clinician does not have to visit to certify death. This has been extremely useful and safe practice during COVID19. There are problems which need to be addressed at the care homes, i.e., carers using their own personal mobiles, not having sufficient battery life or signal to some care homes. Video consultations has been extremely beneficial to the practice and we would like to progress this - work needs to take place with the care homes to offer them support in terms of equipment to further this |
| under the circumstances very positive although the care homes are using their own mobile technology as they apparently don't have the equipment in place! It can be time consuming - phoning them first to find who to connect to and then contacting them again to link up video consultations. |
| Mixed |
| I believe was issue with care home staff needing to be trained and initial resistance. I have not had feedback recently from GPs as isolating and working from home |
| Often disorganised & poor wifi coverage in homes leads to many dropped connections. Also elderly patients do not understand what is happening.  |
| satisfactory |
| Very poor our technology wont allow this at present, we are hoping to receive monitors at our branch site to operate this. |
| most are amenable to use the technology but only one has been reluctant to use this |
| Mixed - some geared up for it quickly with obtaining ipad/laptop, others very obstructive! |
| Connections with care homes not always good quality |
| I personally have not used but my colleagues have and found it excellent  |
| I do not work directly with care homes |
| Not a huge care home patient population. PCN does a lot of work with care homes and have carried out video consultations with all care home residents |
| Very good |
| Godd |
| Very good- works well, patients and staff like this method of keeping in touch |
| Technology can be a problem and poor Wifi connection so not always successful .  |
| It doesn't work very well because they have a poor wifi signal in the residents' rooms. |
| positive! staff and patients understand the need to work remotely at the moment and seeing patients gives both them and us reassurance. This then makes it easier to continue to use this method of assessment in the future. |
| We have been aligned and had a weekly ward round in place for 15 years or more. The relationship is therefore already there and transitioning to telephone and video ward rounds has been easy. |
| Mixed - dementia patients often confused. Good for liaising with staff and doing 'ward-round' though |
| Some difficulty with accessing appropriate technology at their end |
| Good but not as good as an actual ward round |
| ok |
| mixed - not all care homes have had technology in place, and some staff were unsure how to work the technology. Once a good connection was established it worked well. |
| excellent if call is planned |
| Great engagement with the care home that i manage - monthly video consultations to r/v all patients and ad hoc reviewed as needed for more acute issues. |
| Good |
| Challenging |
| This is related to the clinicians more than myself but they tell me that initially it was difficult as the homes did not have the gadgets to enable video consultation and once obtained there was a period of instruction and getting to grips with how it worked. For us it was essential so that we could care for our patients timely and appropriately and keeping everyone at reduced risk of spreading covid19. |
| Much better using video consultations particularly during the pandemic |
| None personally |
| Very good - although we don't have many patients in care homes  |
| Ok |
| Small experience. It has worked well |
| Very good, able to carry out video consults and manage 'ward rounds'.should be a better experience now that care homes have the tablets with sim cards |
| It relies upon individual staff using their personal phones so not ideal |
| Very useful in order to meet new death cert requirements during this pandemic  |
| not done by me |
| satisfactory- care home staff are using video consultation well |
| I have not been involved directly but feedback has been good |
| worked very well |
| great |
| it's been fine. Or clinical lead does however do weekly ward rounds at the care home so the video is more for any acute on the day problems. |
| fine. doing most consultations remotely using video. |
| Good  |
| Biggest challenge is care homes not having adequate wifi/equipment to be able to carry these out |
| Seems to be working ok multiple patients booked in planned way to allow reviews of patients in a structured manner |
| I personally haven't used  |
| use of video consults great during covid  |
| The care homes themselves appear to have little resource and inadequate internet systems |
| As I work in reception, I have no direct experience with Care Homes other than when a staff member rings or queries a medication.  |
| Very difficult. There are 6 wards and often they don't answer phone to enable us to set up the calls. There is one iPad in use but only one carer seems to use it - not sure why. Other nursing home staff have to use their own phones so we have to keep putting different mobile numbers in. There are huge technical problems.  |
| They adopted well to both eConsult and video consultation for the "ward round" |
| Good uptake on video consultations |

**APPENDIX 4 Lessons you would like to share regarding VC.**

|  |
| --- |
| Telephone and video consults will now be an integral part of our daily appointment system after lockdown. |
| Limited by picture quality during video. Better to have telephone consultation and then photo. |
| accuRx is great |
| Revolutionary |
| Adequate network infrastructure in care homes to begin with. |
| can be time consuming to set up so scheduled by admin would be good but needs strict adherence to time which is difficult traditionally |
| increased costs on telephone bills |
| Have to keep changing default internet package as doesn't work on current level of Internet Explored due to e-refferals and ICE. |
| We are having to use our own mobile phones ( an mobile data) to perform video consults. As the AccuRx software won't download properly onto our desktops. Calling the IT helpdesk hasn't helped with trying to sort this. The practice PCs doesn't have cameras built into them, nor is the practice looking at buying cameras to attach to the desktops already there.  |
| getting agreement, safety netting as it is a very different method of assessing |
| I love it. Let’s keep it. |
| AccuRx is amazing - please commission the full version for all practices in the STP |
| The team feel there is not much added value of video consultations over telephone consultations in the majority of cases. |
| Slow internet and android/apple conflicts need to be resolved to be fully bought in to. |
| training on how to use to attach documents and photos etc essential |
| Check with the patient what they prefer.  |
| We needed web cams, still awaiting them for our desk top PCs. Our longstanding laptops are Windows 7 which seems to not quite work as well with Accurx |
| Would be room for allowing patients choice of phone vs video. Consultations are no shorter and often take >10 minutes due to extended discussion and safety netting so not timesaving.  |
| it just works so give it a go |
| There have been some difficulties in terms of available technology with webcam and microphone set up. For valid reasons there has been some reluctance to use personal devices for video consults. Internal network issues and patchy phone signal have limited opportunities. A private space is recommended for effective video consultation.In terms of installing and using the technology AccuRX is really easy, we identified a "champion" internally who coached other clinicians in its use and this worked really well. |
| AccuRx excellent but view limited by phone screen, need to buy webcams and headsets for all clinicians consulting in this way. |
| We have only been using AccuRx for the past 2 months but it has had a significant impact on the way we are working and this will continue further  |
| We accrue patients using sms prior to VC not phone Pre arrange for a relative to be there for a VC with elderly or palliative pt |
| 1-Reception staff preparing and sending links for video consultations2- using shared images from patient often better than video consultations for better assessment3- Using text option to send leaflets and information to the patients very helpful.4- Patients now able to understand and do vital observations at home which helps.  |
| video consultation useful in care homes where there is a carer on hand to assist, would be helpful to facilitate wider use of that to limit large numbers of less necessary visits in future.  |
| There is a place but does not replace the need for face to face consultations in many cases. |
| Getting a web cam for the computer gives a much bigger screen and better quality that when started and had to use phones. |
| We would need better connectivity to use it long term in practice |
| quality of the photo isn't great on accuRX so for skin lesions taking a photo and emailing it results in better quality. Some elderly patients don't have a modern enough mobile or know how to use the technology so it requires different solutions for them. Provides reassurance for both patient and clinician whilst avoiding the need for face to face consultations in the majority of cases |
| need care homes to adopt Microsoft teams. not that each practice is aligned with a care home. an MDT team can be created for each care home with the GP PRACTICE which will allow easier communication and video  |
| It would be good if reception could signpost to video consultation if patient presents with video appropriate clinical problem. |
| digital quality not good enough for rashes and skin lesions. photos betteruseful to see how unwell they look |
| Great for MH cases- as so much gained by seeing the patient (and hands on examination rarely needed). It is a great offer for patients- and a balance of self selection and clinician promotion for the right cases, prevents unnecessary trips into surgery for patients.  |
| Photos have been really useful . reception staff ask for these when the patients first rings up if they think it would be useful,  |
| From a patient perspective, this is a very new technolgy (eConsult was introduced over a year ago) so some more patient education resources may help. A lot of patients have iphones but not all use the technology to it fullest extent, so some seemed to struggle. |
| the difficulty is getting old fashioned practitioners on board rather than anything to do with the tech |
| Showing staff step by step how to use, specific sessions with different professional groups. Practice with each other to overcome fears. Good quality web cams. Reinforce it is not much different to phone. |
| Unable to comment on questions above as I don't personally use accurx  |
| Triage all patients first |
| We've had exceptional feedback from patients and staff in relation to the accuRx application. |
| Only suitable for tech-savvy patients.  |
| staff and patients are loving it  |
| Only occasionally adds relevant points - can be useful for rashes, seeing children etc if you worry they are unwell  |
| definitely better to ring first in our experience and not everyone has a smart phone |
| not all patients can use this technology |
| We can only encourage patients to take up the service and in the circumstances are happy to do so. As stated above, when F2F is available it will be interesting to see how patients respond to requests to Triage. |
| We use phone first since it makes it easy for the clinician to talk the patient through the process if needed. Also if you use straight to video you could be sitting around waiting for the patient to "show up" which is pointless. Most consultation are still perfectly fine by phone. However video is really helpful for example with skin lesions, children and where the relative expresses concern but it's not easy to talk to the patient - seeing them makes a lot of difference to the GPs  |
| AccuRX is straightforward - needs to be kept easy to encourage patients to use |
| For rashes, etc, photos sent via accurx or engage consult are MUCH better than using videoconsulting.  |
| Not to use EMIS video consultations. Would highly recommend Accurx |
| Setting up the software and getting it work on all pcs has been the biggest challenge so far. Once it it up and running fully it will be really good. |
| Frustrating to get connected - takes more time than f2f and less effective  |
| The familiar technology of a telephone call is safer -video should be used to clarify or to add information not otherwise obtainable and its limitations (in terms of clarity of picture and subtle loss of body language cues) must be recognised |
| make sure you know who is on the other side, be aware patient can record it and post it |
| I have done 2 of these - easier the scond time around as patient had already downloaded the APP, so much quicker |
| IT availability and ability at patients end |
| We need a stronger internet connection to enable video consults to take place on our system, and also better speakers on our computers so we can hear the patient. at present I'm having to phone the patient on my mobile which uses up my data. not ideal |
| We are not using as much as I thought. Telephone is often enough and using photos is probably easier technically. |
| I am not at all sure that vidoe consultations add much to telephone triage followed by face to face where necessary except where access is a problem.I do not think it saves GP time.it may well be popular with a subsection of patients |
| Older generation is still a problem being less tech savvy. Often relying on relatives but if pt is shielding then this creates difficulty.  |
| More support from IT |
| try with well known patients first or simple problems- rash etc |
| Not all patients seem to be able to use the links  |
| recommend strongly |
| Clinician encouragement and it doesn’t really work on the pc’s in practice as we only have one computer screen, meaning the clinicians are having to use our practice mobiles so they can see the patient and their records  |
| AccuRx has been a great tool. Unlike others we've been fortunate to have had no problems with wifi connection and the screen quietly has been excellent. Most patients find it very easy to use. Those who are nervous about using it respond well to being guided through the process by telephone call first.  |
| Excellent tool which helps patients and clinicians. Hope to keep them in future. |
| We volunteered for an initial trial of this and it simply didnt work. it seemed strange that all of a sudden during a pandemic it worked and quite effectively. I feel that this gave some evidence that (as i had indicated in the previous question) that a more nationalised approach wit a broader NHSE offer to all practices of a standard tool that we could all use was a better approach.  |
| Warnings should pop up form the beginning to alert staff /patients to be aware of their surroundings & to remove any sensitive info/materials from the area where the chat will be recorded |
| Issue of data being used on clinicians phones - they are linking to the practice wifi. Need to be more prepared with the care homes so they are expecting our calls and we know which number to ring - currently carers are using their own personal mobiles. Would be helpful for the care homes - perhaps even each floor or wing to have a care home mobile for use, plenty of battery and coverage. |
| Very helpful for clinician and patient. Much more convenient for both. Patients would no longer need to take time to attend surgery, less time away from work. Video consult much better in certain cases than telephone ie rashes etc. |
| Need to prepare ahead of time for virtual ward rounds. Ironically, this means writing lists on paper to take notes which later need transferring to electronic form.  |
| the Photo functionality is better than video, the quality of the video image is often v poor |
| Clinician has to re-set default browser dailySometimes has problems due to variety of phone technology available to patients |
| Better to use camera on the computer rather then our own phones which how started out Getting more cameras in  |
| Use of two screens to allow consultation to take place on one screen and have EMIS on the other. |
| it does not seem to work with some phone. |
| check patient ready ie dressed /have child with them /phone compatable |
| Our GPs do not like video and prefer face to face, our ANPs quite like ti and see how it can be more convenient for the patient. |
| Some patients struggle using the technology on their phone but I am aware that AccuRX are improving this as they see issues.  |
| Sometimes technical issues with the patients phone can cause a delay or abandonment of the video  |
| consultations do take longer as part of the consultation is taken up with setting the IT up  |
| It would help if the internet connection speed in the NHS wasn't so abysmal. |
| Rashes are better seen on pictures sent through video accuryx system first, allowing pateints to place a ruler next to skin lesions and send photos is much clearer, then followed up by videocall |

**Other comments about VC**

|  |
| --- |
| Patients and GP's / ANP happy to use  |
| Was very hard to navigate originally however has now become much easier and has been embedded as normal working life  |
| needs to continue  |
| problem with Accurx, it doesn't launch with chrome as not default browser and not compatible with internet explorer. Also largely depends on patients network connection |
| IT support required. Webcams on some devices poor quality.When all staff are online our internet connection cannot cope and struggles |
| Lots of our patients dont have access to smart phone or internet |
| Our equipment is not great and sometimes the internet connection is a bit staggered.  |
| Staff having to use personal phones to carry out video consults isn't a viable long-term option. Furthermore although superior to telephone consults theer are limitations to video consults and the quality of image isn't always good as it also depends on the quality of the patient's camera and network. |
| I am concerned about the data costs to patients with limited data, who might not realise this aspecttechnical difficulties -getting it all workingI feel it pressurises me to decide by video, and possibly raises the patients' expectation of this, and makes me less likely to f2f, which could leave clinical risk |
| Don’t like seeing myself on screen. |
| Often the connect can be bad.  |
| As an experienced telephone consulted, confess have still used that more & patients have also been content with that. Found initial mental health assessments are still requested f2f. Some patients have been reluctant that we’ve suggested they use their phones/tablets for these. Suggesting educating patients is key.  |
| Need to be certain what it actually adds for the patient. Some less tech savvy patients could miss out. |
| Positive and accurx has been a joy compared to the usual NHS IT solutions.  |
| very good provider |
| Push Doctor worked effectively as a remote video consultation offer but uptake of patients was generally relatively low. The ability to begin a consultation with AccuRX and add video in if the patient is in agreement and the clinician feels it appropriate is much more popular. |
| It does take longer initially - especially if looking at skin lesions - need to get the lighting and angles right |
| We will not stop using it! |
| In Bradford CCGs we have been told we cant use Accurx to send SMS or do video call with S1 as crashes the system for other users so have to use accurx fleming which has been a bit of a learning curve but got there eventually. staff anxious about their personal mobile number being revealed to patients.  |
| Asking about conversion to face to face appointments is stupid when we are trying to see as few people face to face because of the pandemic |
| Cannot use due to poor WiFi and so poor picture. Cannot clinically assess so have preferred to ring and get photo if need to see anything.  |
| Can we hard for patients to get connected to it. |
| Accurx relies on sms to message the patient of impending video consult. Our neighbourhood has bad phone signals, it can take up to 20 minutes for the patient to receive the link |
| There are limitations compared with seeing patients face to face |
| really positive experience, invaluable during Covid but we will definitely want to continue and indeed roll it out further to other staff groups |
| A lot depends on the quality of and ability of patients to access this via their digital device.Often time consumed talking through how they enable their mobile phone! |
| Video quality has generally been very good. For rashes quality of photos is often better than video surprisingly. |
| Not sure how big a role it will play. We are currently using it often as a second-rate substitute for face to face consultations. It doesn't always add much to telephone consults |
| Some patients have struggled to activate their camera and audio to allow video calls , may improve with experience |
| Enjoyed it so far. Clinicians all really positive! |
| Its important to ask who else is in the room.  |
| Complete disaster from start to finish |
| there will be resistance from clinicians as they worry about becoming obsolete, especially the older ones |
| Because of limited face to face consultations, being able to see the patient rather than a description of eg how they feel is a big help eg seeing a child alert and chatty with a headache is very different to them laid in bed etc |
| It has proved invaluable within practice but is only useful where patient has technology that supports this and we have found that the majority of 'older' patients don't  |
| We have been useing this tool pre-pandemic so were well prepared, the difficulty is patients understanding which can be resolved with educational event |
| Cannot be used unless the patient has an appropriate phone. |
| Video quality poor for rashes. Photos tend to be better. Obviously a main limitation is that some patients have limited access To the technology required. |
| As the Practice Manager I cannot comment on some of the questions |
| Again the problem is lack of integration into the clinical system. It needs to be as seamless as possible (for both clinician and patient). Accurx is great for an unplanned contact, but the delay having to send out the unique link and lack of a waiting room means that less ideal for planned consultations |
| dislike - poor quality |
| Used it more initially, but due to quality of video feed often requested patient to send in photos. |
| We have a deprived population that has poor access to technology e.g. smartphones  |
| Very much essential during the Pandemic, and we would encourage patients to use this service post Pandemic as it offers the flexibility that they often need saving them time etc. Tailoring the appointment book in the future will allow video consultations to be converted into F2F same day where required. |
| AccuRx have rolled out an amazing product and I just wish our CCG would be supportive instead of sticking rigidly to the pre-pandemic decision to only support MJOG as their "SMS solution". Even during the pandemic they can't be responsive and agile - unlike Practices who were expected to transform the way we worked overnight. |
| I'm impressed at how straightforward Accurx makes it although it isn't infallible - while doing it via a web browser on the patient's device is a time saver and makes it simple, it often doesn't work and doing it via a dedicated app is better. I understand there is work ongoing to integrate this into the NHS app which would be much better/more reliable. |
| Webcam and audio availability is severely limited at the practice. All GPs are using their own phones for video consultations. To continue longterm with video consultations we would need IT equipment to be improved. |
| Patient feedback very good.  |
| Accurx has been brilliant in there support I have not used EMIS video consults yet |
| Depending on Patient groups |
| Often the patient can’t connect at their end (approx 50% of the time) and so have to do phone consult or face to face instead  |
| It is important to be aware that many patients do not have smart phones and that some that do are significantly lacking in IT skills to make use of the technology.I hear great excitement from IT-excited colleagues about this surge in use of IT but can only assume they work in areas of high IT use and skill |
| works very well |
| Useful, saves time, and in pandemic times, contact |
| Picture quality poor for skin issues such as rashes  |
| takes some time from people to load up software and it tends to be via my smart phone so small images, computer is not possible in every room.  |
| Cameras on desktop computers needs to be standard |
| Not all clinicians are tech-savy. More training in the opportunities would be useful |
| some patients have been unable to get the link to work, i think it asks a series of permissions for access to camera/microphone etc which seems to confuse people, maybe being able to see the prompts being sent to them would help us guide them through the process better |
| as above |
| Good for end of life care in pandemic, but for bureaucratic reasons. Takes quite a long time to get a patient up and running with it. Was OK when we were quiet. |
| Video can be useful but is not a replacement for all face to face consutlations. It is very dependant on the patient or their carers to use a smart phone and produce a focused picture |
| 1. Our local NHS team was next to useless providing advice. We had to adopt and work out how to use the system ourselves. The NHS IT team simply sent out lots or warning messages about what not to do, with little advice on how to achieve solutions. Most of their emails were confusing to the average GP who is not IT literate. It would not have taken much for someone to issue a simple ABC guide to a system.2. NHS IT systems have responded very slowly. We are still in limbo, having been told not to use AccuRx for home workers, and having been told not to use AccuRx within our SystmOne. We still are not supposed to use all the functionality in AccuRx, but we are having to ignore this advice as we simply cannot manage total remote triage and consultation without it3. I like AccuRx,but find that 30-40% of the time it does not work. It is complicated at the patient end, for naive users- they have several steps to take to make it work (click the link, allow permisions, do they download the app or use the browser? How do they know?). If they have the wrong browser, or wrong phone settings it doesn't work. Not everyone has up to date ios or Google Chrome.4.For the 30-40% that fail, I end up using whatsApp or facetime-which are much quicker and easier, but worry me about confidentiality. But then I can't not use them and protect people from Covid-19 exposure. So what am i supposed to do?5. I work in a rural area with patchy mobile coverage. I get a lot of calls fail as SMS is never received6. I have a high percentage of elderly and non IT literate patients , who struggle with this new way of working. |
| Promotion is needed |
| gets easier the more u do it |
| We have also used some of the additional features of accuRx, e.g. the sms questionnaire for Asthma patients who previously have not responded to requests to attend for a review. The uptake has been around 50% and on that basis we have been able to target those patients who need follow up. |
| I find that if the picture works the sound is poor and if the sound works the picture is poor.I tend to do tel con and then video if I want to see an activity such as breathing or walking. Then call back to complete tel con |
| It is an excellent tool. It helps patients and all staff( reception/ clinical). It helps those patients who struggle to get to the surgery / It also helps to see the patients in their own environment- providing important cues |
| In view of above (ie we phone first, mutually agree to the need and consent to a video consultation, and then hang up to begin video connection) the whole process takes time and whilst it avoids face to face in context of the pandemic, it does take considerably longer than an ordinary consultation.  |
| You can also have 3 way interpreter video |
| the difficulty we faced was that a majority of our patients do not have english as a first langauge and require and interpreter, telephones have the ability to do a 3 way call but video do not yet |
| It has been a lifesaver during the COVID19 crisis. |
| Seems to be going well, |
| The practice has no webcams or speakers/microphones no clinicians either using own phones or patients are contacted on their home number and then they cannot see the clinician if they use the desktop. The patients mobiles cut off if they are used for both video and speaking too so only really works if they have a home number or a different mobile to use. The other problem is that Accurx only works with google chrome as the browser and not IE so this has to be changed in app settings or the link copied into a different tab. If they are using the laptops the Wifi is not good enough so the data cable has to be disconnected from the desktop machine and plugged in to the laptop.  |
| IT doesn't work for everyone, and is clearly slower than previous face to face consultations, time to load by patient The elderly cannot cope with the tech. and the same is true of the poor etc.  |
| Implementation has been hampered by lack of support & provision of equipment by the CCG.  |
| patients find it very difficult |
| very happy with Accrx services |
| Absolutely fantastic No going back for patients and doctors - just another consultation tool now so convenient |
| The main limiting factor is the patient's mobile phone/their ability to use it properly |
| software needs to improved |
| Some patients find it hard to download app and camera quality can be poor.  |
| Hit and miss due to internet links and the need for patients to download an app. Helpful for clinicians to be able to see patients. |
| patients liked avoids visits |
| Can be time-consuming to set up. Doesn't work with a lot of PAYG contracts if no data allowance |
| During this period it has been exceptionally useful in keeping the foot fall down within surgery and I am concerned that after this the GPs will just not want to continue and go back to their normal which will not embrace all the positives for a lot of patients |
| Patients who cannot afford smart phones / webcam are at a disadvantage. Older patients are less likely to use video consultations, mostly as they are less likely to have smart phones and are less likely to be able to work the technology. |
| AccuRx needs to be used on Google Chrome. The computer server will not allow Google Chrome to be stored as default browser on our computers meaning that we frustratingly need to set up every day.  |
| AccuRX have been absolutely fantastic. Their software is extremely easy to use and their response to updating functions in light of the Covid19 pandemic has been brilliant. If only all clinical systems could follow suit!! |
| Initially the network was overwhelmed which made the consultations difficult with some delay. |
| Tech issues after PC upgrades, had to purchase own webcams, current PCs do not have good speakers  |
| Screen is not always clear to see what you are asked to see like rashes etc |
| quality not always good enough to be helpful |
| video consultations work well of the patient can get the software to work at their end |
| An easier platform would be better built into the clinical system. It would also be better if the screens we got from IT had a built in camera. |
| I think we need a better understanding of where these can be used. At the moment we use them only for acute consultations but I think there may be greater potential for them |
| Might be better if we did not have to send link to the patient not sure if there is an alternative solution to go to video direct from patient records. |
| need longer consultation time than the traditional 10 -12 minutes |
| Very time consuming - involves telephone call first then explaining and setting up video, then might also need them to take and send photos. |
| I think its very useful |
| As we are rural sometimes connection can be a problem |

**APPENDIX 5: Enhanced SMS**

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| Better patient return templates such as online CDM templates |
| Training on accurx, and development of practice templates. |
| Length of message |
| The ability to bulk text to a larger amount of patients via systmone  |
| bulk messaging  |
| Reminder functionality built into AccRX |
| Allow more characters per SMS |
| we are an Emis practice so unable to bulk text. This functionality would enhance the service however this is more of an Emis issue  |
| If Accurx allowed us to send bulk text messages this would be the preferred method of sending texts as opposed to Systm One text messaging |
| getting MJOG and MJOG smart would enable 2 way messaging and patients sending results from home observations such as weight, BP, blood sugars  |
| We could use it for more than just appt reminders and during flu campaigns. Although we occasionally use it to send individual patient messages. Staff training would be useful as a group. |
| more character spaces |
| Just ensuring patients telephone numbers are up to date.  |
| Answers direct into EMIS and coded. |
| 2 way messaging |
| WHEN WE GET MJOG |
| Attachments and templates are brilliant - add sick notes please. |
| Please commission the full (unlimited) version of AccuRx for all practices in the STP |
| There needs to be a smoother seamless way for the two way conversation to be stored in to the record. This is possible however the patient responses need to be attached to the record manually. |
| Option to send a longer message than 306 characters by MJOG or option to send bulk messages via AccuRX |
| One option that enables bulk messaging and one to one, accuRX only allows single message sent at a time (as far as I am aware). |
| Bit tricky to upload signed medical certs. More templates & ability to have customised responses. Currently can do bespoke responses but not have my own library. Forwarding prescriptions tho ? new feature |
| Rapid fixes to ensure all practices can use two-way messaging.  |
| Change guidance so patients have to opt out of service rather than gaining concent |
| it works okay as is so long as we retain control  |
| We are currently using text reminders and results within SystmOne, bulk texting via MJOG and 2-way texts as part of a clinical consultation using AccuRX. It might be helpful if all systems had the same capability. |
| more investment in AccuRx ato be able to send mass SMS and have responses coded in records. |
| sending bulk texts |
| being able to bulk message from accurx, delayed message function e.g. BP check in 3 months, reinforce lifestyle messages with episodic text , option to attach video to an sms e.g. of a rash to observe if non blanching  |
| allow patients to text in concern without prompt to inbox to triage for booking/ type of response |
| It works really well. It would be helpful to have local templates with information on eg from TIMs or mental health services.  |
| I love the accurx pathways, it would really help with recall and diary reminders to patients. However we are restricted on the free version, not sure if we will be getting the paid version. This application would be a game changer for our practice |
| easier options to 'batch text' in accuRX.  |
| Would be useful to send text to patient direct from results workflow. |
| Would be helpful if accuracy responses eg. Smoking could be coded directly into EMIS |
| AccuRx is fantastic. Two way comms really helpful. Only limitation is unable to set up "preset texts".  |
| I want to look at the system one version so it is integrated into the system  |
| we need to be developing over the top messaging API's, or find a way to use common platforms such as Whats App/Messenger/apple Messages like other organisations do in customer services. we need to learn from Customer services companies and not try to invent from new. The NHS can not be the last user of SMS fragments much like it is with faxes. |
| ? adding a video possibility from the patient as well as attaching a photo |
| AccuRx doesn't currently support bulk messaging which would be invaluable |
| To be able to send out bulk messages |
| Bulk SMS facility would be fantastic for accuRx. |
| AccuRx easy to use Mjog a little more complicated, bulk messaging from AccuRx please |
| Bulk messaging of the type available in accurx. At the moment the bulk texts we send have to be much simpler. |
| Bulk messaging - accurx |
| I have some issues around consent and Clarity about what / how much Information can be sent in a text to a patient.  |
| if S1 inbuilt could have a reply option  |
| We currently have the free version of Accurx but would like the more extensive version as it has lots of options that help create robust systems for safety netting repeat tests etc and ability to send patients scheduled sms, questionnaires for LTC reviews etc. really useful |
| practice pre determined text for all users so patients get same message |
| To improve the linkage of certain part eg fit notes so can be more easily signed and sent and also barcodes for prescriptions.  |
| Simpler interface. Maybe mjog integrated in SystmOne |
| It's a very good system already and relatively simple to use with enhancements being introduced regularly. |
| Funded by our CCG so we can use additional feature through AccuRx (Florey) |
| ACCURX being able to do bulk texts |
| I'm happy with how this works. I particularly like that the patient can only use SMS to contact us if we've specifically switched it on for that contact. We don't want this to become another route of unchecked demand |
| Different appointment reminders so they can be tailored to different appointment slots so can advise if telephone or face to face consultation and the appropriate times e.g. within a timeframe or specific time. |
| Accurx is a very good system, which has developed in the short covid period to help practices do more and more remotely.  |
| Bulk messaging on AccuRX would be fantastic.  |
| Keeping it free for surgeries to use in the future. Lifting the text cap |
| would be good if we could email patients documents from generic email as not all have smart phones |
| 111 SMS messaging service |
| bulk messaging, default consent  |
| Two way but into clinical system  |
| Function to automatically save photos onto notes |
| Use to send results more (but at present I worry about confidentiality)  |
| very useful for patient to text us back and be recorded in journal notes and send us pictures |
| More templates  |
| AccuRX cant be used for bulk messages so still suing SystmOne for this. Character allowance needs increasing, so often not enough space especially if including a weblink in the message. Also it would be great it the number of preset messages in SystmOne could be increased as we're always at capacity and have to either delete a preset to add another or use user presents which isn't great when it's a sms that any member of staff could send. |
| could be utilised more by us |
| 2 way conversations would be good with multiple messages, so I don't have to type want people have sent to my work phone into their record |
| I think the AccuRx system is very good. it is more or less immediate and links into the patients notes. It is easy to share internet links and phone numbers with patients and to write short reminders about key aspects on consultations |
| Standard templates Being able to send links to larger documents. |
| Accurx is great. If only it could bulk send. |
| Promotion |
| One solution rather than different systems for bulk and individual messaging - get AccuRx to do bulk messaging :) |
| normal results can be sms as otherwise patients phone for tel C with dr patients can text in weight, smoking hx, BP, etc |
| It would be helpful to have clear guidance on how much clinical detail can be included in a message. This is where the accuRx Asthma questionnaire is ideal because it requires the patient to confirm their DOB before accessing. |
| Use of clinical technologies for remote assessment |
| I find it helpful. Great for sending messages about results and viewing rashes or swollen joints. I prefer two way messages but tend to use accurx for two way and systemone with user presets for notices such as contact details for sexual health, crisis, talking therapies, Coronavirus testing, nhs 111, maternity booking at UHNT. I also like sharing leaflets from ardens via SMS |
| In the practice we have uniformly found the AccuRx system significantly improves patient care, is efficient and helps the work force! Receptionsists/ Nurse practitioners have also embraced the advantages of the new technology and are looking forward to continuing to provide care through this medium |
| Time or increase resources to improve patient sign up to smart sms and update patients mobile numbers or sign ups to service.  |
| Training as many different ways of using the technology  |
| It always must code into record. |
| More characters |
| concerns are always around confidentiality |
| It would be fantastic if like MJog AccuRx recorded readcodes into the patient records for responses or opt outs to use for QOF |
| AccuRx to be able to send bulk messages. Systmone to be able to attach files for patients and for them to be able to respond back to surgery. |
| MJOG funding? |
| two way sms |
| AccuRx seems close to perfect for our purposes.  |
| Direct saving into the record |
| it would be great if we had a mog that worked quickly as some of the bulk lists take a long time to get to the patientssystem 1 is quick, accurx is quick |
| I don't know I think what has happened has been great I look forward to seeing what they come up with next! |
| transfer of documents such as fit notes has been very useful during the pandemic and it would be good to make this widely accepted by employers. |
| If it could be person specific and not PC specific |
| Needs to integrate well with the clinical system |
| to automatically text result information to patients |
| AccuRx with bulk texting |
| More patients to have the correct technology |
| econsult would be great for LTC if it read coded straight into s1 |
| AccuRx - would be good if they could develop bulk messaging like Mjog. I find Mjog very clunky to use where AccuRx is very easy and quick. |
| issues at the moment as not all staff are able to seen SMS messages as it tries to convert them to e-mail  |
| Quicker to send messages |
| Not sure Maybe link to sending sick notes and other paperwork  |
| Concerns about the ownership of the mobile number, validating the mobile number at each consultation |
| It would be good if EMIS allowed to be able to send bulk sms to patients instead of the single messaging that they have. S1 you can also bulk messaging within the clinical system.  |
| Able to send longer texts |
| Integration with clinical decision-making tools based within the record – IM1 integration |
| Patients often do not keep telephone numbers up to date so some reluctance to sending out more clinical messages such as information around test results etc |
| Awaiting MJOG training |
| land lines being incorporated.  |
| Give the patient the option to contact us via text message as a primary mode of contact. |

**Lessons you would share**

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| Bulk texting More support with building accurx templates  |
| Our reception staff are asking relevant patients to send in apropriate photographs which are the ready for the clinician. |
| We have utilised Accurx fully with all clinical and administrative staff  |
| very useful for some non- f2f assessment of LTC,reviews during pandemic, which we plan to continue.accurx templates and being able to tailor these has been useful |
| Love it, patients love it. It’s great. |
| AccuRx is amazing - PLEASE commission it |
| AccuRx has worked v well for EMIS. I liked S1 text too esp texting from the results filing page.  |
| Small, clear steps. Need to be careful of confidentiality issues e.g. parent's having phone number on teenager's record, shared phones etc. |
| don't let patients 'own' this as you will quickly become overwhelmed as with online consultations - that means you will have to dedicate a resource to this and it does increase work load |
| Our recommended route to utilise text messaging is actually to promote the NHS app. it ties all the different digital access routes together and is great from a security perspective. It enables more detailed communications to be sent. We have integrated text messaging into a number of our SOPs, notably our blood result management SOP specifies a text message as the first line of communication of results wherever patients have consented. In terms of lessons learnt, gaining consent for text messaging is really important and needs to form a proactive part of every engagement with a patient to increase the number of people who can be communicated with in this way. |
| Try it! I think even our more traditional GPs have adapted to using AccuRx and I think as we become more knowledgeable and aware of it's capabilities this will only improve |
| For us I contact pt's who have sent in e consults with no photo attached or if a pt is on my triage list for a rash or swollen joint /wound infection. I ask them via sms to send a photo in reply to the sms at the end of the GP on call session I go through them all with GP and we can work through a lot of responses and decisions in a very short time  |
| Information governance issues limit usefulness |
| Very useful for sick notes, blood results, prescription notifications etcAbility to set up template responses has been great. |
| Great to have a range of communication tools. Good patient and clinciain feedback on this.  |
| Patients seem to like it.  |
| again, so many people don't have smart phones so they can't send you a photo of their rash etc. I have ended up texting the granddaughter etc to get photos texted in via accurix which has worked well but there are some people who have no access to the internet at all and they are going to be excluded |
| Bulk SMS facility would be fantastic for accuRx. Ensure that telephone numbers are checked prior to sending a SMS. |
| We are using AccuRx for one off messages and Iplato for bulk messages. Iplato have a new app called MyGPbuddy which we have not tried as yet. This is an evolving technology which we love and has been a godsend during the pandemic. |
| two way reply is very useful as is patients being able to attach pics |
| We haven't used it for very long to comment. |
| We use several approaches so there isn't one size fits all. We have Informatica Frontdesk as our appointments system and use a paid for text service because it allows patients to respond to appointment reminder messages and cancel the appointment if it's not needed. We then use NHSMail for bulk text messages and then AccuRx for individual patient messages. We do have MJOG paid for by our CCG but it's clunky and largely unnecessary given our other solutions. I haven't needed to use it once. |
| Getting patients to send photos of their rash via accurx is much better than videoconsulting |
| accuryx is very good. |
| Accurx has excellent resources |
| Great for messaging info leaflets |
| Great for rashes/skin lesions Cellulitis is good too.  |
| Don’t get into a big long back & forth dialogue. It fills their clinical record with rubbish! Pick up the phone if you need to ask a question. Good for safety netting & sharing resources. |
| Photographs have been a great time saving way using AccuRx, send the patient a link, they can immediately reply with photograph which is incorporated into the patient record. |
| Use it to receive photos into the clinical notes.  |
| Using text to receive photos of rashes and provide information leaflets/links to information for patients after a telephone consultation has been particularly useful.  |
| the functionality on Accurx is excellent, photography is really useful |
| Think carefully about messages sent and how could be read....  |
| Bulk texting that allows a response into the clinical system without paying large amounts for it. |
| Very useful for appointment reminders and also hard to achieve QOF points like smoking status |
| Making sure mobile numbers are correct is very important and that the message is sent to the right patient. Sometimes find that teenagers end up having parents numbers on system and this can cause Issues with confidentiality  |
| ability to attach photos is really helpful especially as they load into the clinical system |
| AccuRx has worked well with Asthma |
| Where patients do not have online access the use of SMS to receive photographs has been incredibly helpful. |
| Saves and immense amount of time contacting patients and money but the downside is that there is more work often as a result of making more contact  |
| Teach your receptionist to send a text message requesting additional ICE and pictures to every patient who calls in with an on the day problem. |

**Other things about SMS**

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| It has taken a pandemic to convince clinical staff to change their process. |
| Very helpful for our deaf patients |
| Patients in more rural areas often have poor connectivity which limits scope of use. Older patients often don't have smartphones which also limits use |
| Great addition- liked by all, pts & staff. Others such as DNs & hosp teams should use it too |
| On the whole it has been excellent for appointment reminders. Phone numbers do need to be checked and confirmed with patients along with consent however. |
| Appointment reminders are incredibly valuable and highly recommended. MJOG has been helpful in the pandemic to communicate with large groups of patients, we also utilised it to alert our patients to the availability of eConsult. MJOG can also be helpful for patient feedback, provision of health advice and collecting basic health metrics. MJOG does allow 2-way communication which can sometimes be problematic if patients are unhappy. |
| making sure phone numbers are correct ! |
| Clinicians /admin and the patients see it as a valuable tool which we will continue with |
| Really helps to receive photos securely and also to send safety netting information. We have set up proactive templates with mental health numbers on which has really helped.  |
| Messages sent to phone about appointment for a 15 year old but sent to parents phone. Patient had requested appointment without parents knowledge. Confidentiality issues not addressed ssed at all especially for children late teens requesting appointment without parents knowledge  |
| You rely completely on good mobile networks, which unfortunately are woefully lacking in our area. The ideas are brilliant but the infrastructure isnt always in place to support it |
| It would be useful to know if patients have received the SMS  |
| AccuRX has been really useful allowing a reply option |
| We had already implemented pre-covidNeed to ensure GDPR and governance is robust. |
| I very much hope this can continue. |
| I have found it useful to reinforce messages from online consultation, e.g. which medication increasing/decreasing and which websites to use to e.g. self refer to the very useless TIMs service or anxiety management websites. However I am concerned that we are using it and suddenly there will be a cost and patients will complain if we don't continue to use it.  |
| It has proved invaluable in practice during the pandemic and will continue to be so especially for QoF and recalls |
| From a clinical perspective, really quick to send links / letters / questionnaires etc, and feedback about results, quick responses to clinical queries.  |
| As the Practice Manager I cannot comment on some of the questions |
| Has improved greatly over the last few weeks, find the ability to send pictures back exceptionally useful |
| Relise on the patient having a smart phone e.g. links to attach documents or access websites |
| We were a very early adopter of SMS reminders for appointment best part of 20 years ago. Of all the digital technologies being rolled out SMS is still the most productive. AccuRx have absolutely nailed it.  |
| MJOG issues. |
| I wish we'd done this sooner |
| Again we are self taught If training webinars were available we would access them |
| Great feedback all round for AccuRX. Again user friendly at both ends  |
| SMS via Accurx is very good as it codes the patients record so there is always an audit trail. |
| Accurx have adapted and worked with General practice to enhance the patient and clinicians experience |
| Implement 111 SMS messaging service |
| Patients find it useful  |
| I have only used this a couple of times |
| all the technology uses lots of keystrokes and isn't particularly fast. |
| Patient confidentiality is a big issue for teenagers (whose phone are they using?)Patients change numbers and fail to updateKeeping on top of SMS consent is difficult |
| Fund accurx+ ardens |
| two way text is very useful for FU |
| Love it |
| As stated previously including extension to CCG and Clinical meetings- for cost effectiveness and safety in the new normal when this illwind blows over |
| Consent to send SMS. Do I need explicit consent to text or can I assume if patients has given mobile number |
| Mongolia is really good and especially useful for campaigns and the two way sms system is so good for the patients. We have often had phone outages and we can quickly text patients to inform them. And they can text us back if they need anything.  |
| Reduces postage costs and admin time significantly. Need QOF to allow all basic reviews to be done via this route. |
| Useful tool for reassuring patients and encouraging them to attend the surgery for matters which shouldn't wait during lock down. i.e. used to ask patients to attend with sick children, report their own blood pressure, reassuring patients we are still here for them |
| Thank you for enabling AccuRx. It was easy to use, helped significantly especially during the first few weeks of lockdown when the surgery was inundated with patient requests |
| We really like Accurx and use this mostly, but use MJOG for bulk messages |
| LIFE changing at work  |
| Once through the pandemic period we will hopefully look at developing this further and maximizing use as much as possible |
| patients were supprisingly good at taking pictures of lesions which could be enlarged improving diagnosis comp to FTF |
| We have been using it already. AccuRx ability to send letters and documents is useful (e.g. Med Certs) |
| really useful tool, great to be able to link to documents and for patient to send pictures etc |
| In use for demi sets ext for some time and hope to expand in future to improve communication and reduce postage costs |
| I love it! Wouldn't be without it |
| Some anxiety over what can be shared on SMS/who will be reading it means we are more likely to text asking people to contact us for results than share results directly |
| Excellent  |