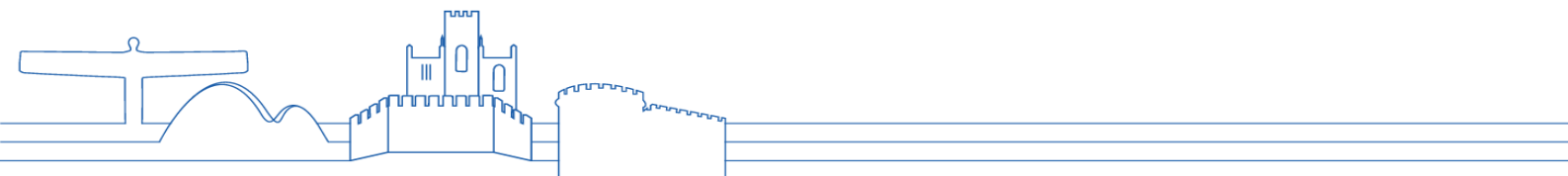


Piloting Remote Monitoring Technology in GP Practices: Patient Views

April 2024





This report was produced by Involve North East on behalf of the Health Innovation North East and North Cumbria (HI NENC) and the North East and North Cumbria Integrated Care Board.

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Introduction

- NHS North East and North Cumbria Integrated Care Board (NENC ICB) and Health Innovation North East and North Cumbria (HI NENC) have developed a remote monitoring pilot programme.
- Bringing together five volunteer GP practices they are testing new ways to monitor everyday conditions with the aim of increasing capacity.
- During the pilot phase, the University of Sunderland has evaluated the project from a staff and capacity perspective. Involvement North East has reviewed the new processes from a patient perspective.
- This report summarises the findings from patient feedback and should be viewed alongside the University of Sunderland's report to provide a full picture of the successes and learning points identified during the pilot phase.

Remote Monitoring

- Increasing demand for GP practice services led HI NENC's Innovation Design Service to consider what could be done to relieve pressures and increase capacity within the practice setting.
- Remote monitoring was chosen as an area to explore and on 27 July 2023 five GP practices came together to define the clinical pathways and technology they would pilot over the following six months.
- Rather than purchasing additional software or devices, current processes and existing systems were adapted to create remote monitoring pathways.
- Each practice identified two areas from:
 - Hormone replacement therapy (HRT)
 - Oral contraceptive pill reviews
 - Asthma reviews
 - Hypertension reviews
 - Urinary tract infections (UTIs)
 - Diabetes
 - New patient health checks

What are the new pathways?

GP practice	Pathway piloted	Original pathway	New pathway
Glenpark Medical Practice	<p>Oral contraceptive pill review.</p> <p>Data gather information pre appointment to reduce face-to-face appointment and nursing time.</p>	Patients requiring a pill review have a 15 minute face-to-face appointment with the nurse.	Patients are sent an Accurx text to use an interactive kiosk in the practice to take weight, blood pressure and answer questions previously asked during the face-to-face review. Readings reviewed outside of appointment and record updated.
	HRT reviews	Not complete at present	
Saville Medical Group	<p>Hypertension – Target patients who do not engage in yearly Hypertension reviews.</p>	No formal pathway for patients requiring hypertension reviews.	Review of patient records to see if patient has had bloods/blood pressure taken for any other conditions. If not, patient is sent text and Accubook links to book direct blood appt and advise patient can have BP taken remotely via reception BP machine/loan device/pharmacy. Results uploaded and record reviewed.
Saville Medical Group	<p>HRT review</p> <p>Data gather information pre appointment to reduce face-to-face appointment and nursing time.</p>	Patients requiring an HRT review have a 30-minute face-to-face appointment with a nurse/GP.	Patients are sent an Accurx text with link to complete eConsult form which gathers information previously asked during the face-to-face review. Also directed to have their blood pressure taken remotely. Form and blood pressure then reviewed by a nurse in a 15-minute face-to-face appointment (potential to change this to phone call in the future).
St. Albans Medical Group	Hypertension	Patients requiring a hypertension review have face-to-face appointment	Patients use the BP@Home App and submit home monitoring

	Enrol patients on BP@Home App where readings can be submitted remotely removing need for paper diary.	with nurse or if they need monitoring over a week keep a paper diary with nurse.	results. Patient can loan machine from practice or have their own device. Results gathered remotely and uploaded onto system.
St. Albans Medical Group	Diabetes review Offer a more structured support between review appointments which will be measurable by a potential reduction in appointments but can be measured if the trail works by a noticeable reduction in HBA1C result.	Diabetic patients currently have annual reviews with no ongoing support.	Using Diabetes UK prescriptions available within clinical system to offer structured support to patients in between annual reviews.
Teams Medical Practice	UTIs To increase capacity and reduce unnecessary appointments/visit to surgery for patients.	Every patient with a suspected UTI has a 15 minute face-to-face GP appointment on the same day for discussion / treatment.	Identify non-complex patients and direct to pharmacy support. Complex patients sent Accurx text advising them to bring urine sample to practice and complete an online Florey form. Added to the list for a call/follow-up.
Teams Medical Practice	Oral Contraceptive Pill review Data gather information pre appointment to reduce face-to-face appointment and nursing time.	Patients requiring a pill review have a 15min face-to-face appointment with the nurse.	Patients are sent an Accurx text to complete a Florey online form which gathers information previously asked during the face-to-face review. Also advised to have BP taken remotely be taken remotely. Form and blood pressure then reviewed by the practice pharmacist. If stable, 12 months of medication is prescribed instead of a monthly script.

<p>The Village Surgery</p>	<p>Oral contraceptive pill review</p> <p>Data gather info pre appt to reduce face-to-face appointment and nursing time.</p>	<p>Patients requiring a pill review have a 15 minute face-to-face appointment with a nurse/GP. Patients issued with monthly prescriptions, which was costly and time consuming.</p>	<p>Patients are asked via text to complete an eConsult form which gathers information previously asked during the face-to-face review. Also advised that blood pressure and weight can be measured remotely. Patient can submit results via eConsult or can make a 5 minute appointment with the nurse. Form and measurements then reviewed by the practice pharmacist. If stable, 12 months of medication is prescribed</p>
<p>The Village Surgery</p>	<p>New patient health checks</p> <p>To increase capacity and reduce unnecessary appointments/visit to surgery for patients</p>	<p>All new patients have a 20 minute new patient health check appointment with the nurse.</p>	<p>New patient records are reviewed and only chronic/long term patients who require immediate review are seen at around time of registration, withdrawing the need of seeing every patient.</p>

Engagement activity

- Involve North East engaged with patients who had been through the new pathways to find out their views of the new process.
- A survey, administered by HI NENC, was used to gather feedback between November 2023 and March 2024. GP practices were asked to identify any patient who had experienced the new pathway and share a link to the online survey. Patients from Saville Medical Group following the HRT pathway and new patients from The Village Surgery were not invited to complete the survey as the pathways were completely new and therefore, they would have been unable to make comparisons with an original pathway.
 - Via a series of statements, they were able to agree or disagree with:
 - I feel more able to manage my health condition and/or my medication
 - The new digital process is more convenient
 - I feel my care has been more efficient due to the new digital process
 - I am satisfied with the digital process overall
 - I would recommend the new process to other patients
 - They were also able to leave any other comments about the process they had experienced.
 - Thirty-two people shared their views via the survey (see Appendix 1 for a profile of respondents). Please note that patients from Glenpark Medical Practice did not provide any feedback and are therefore not included in this report.
- Survey respondents were asked if they would like to take part in an interview (via telephone or video call) to share in more depth, their experiences of the new pathway. The interview explored:
 - Their awareness of the new pathway
 - Amount of information/support provided
 - Comparison to previous pathway
 - Ease of using new pathway
 - Use of new monitoring tools
 - Access to staff
 - Benefits/drawbacks to the new pathway
 - Anything that would make it easier
- Five people took part in an interview to glean more in-depth information about their experience.

Findings

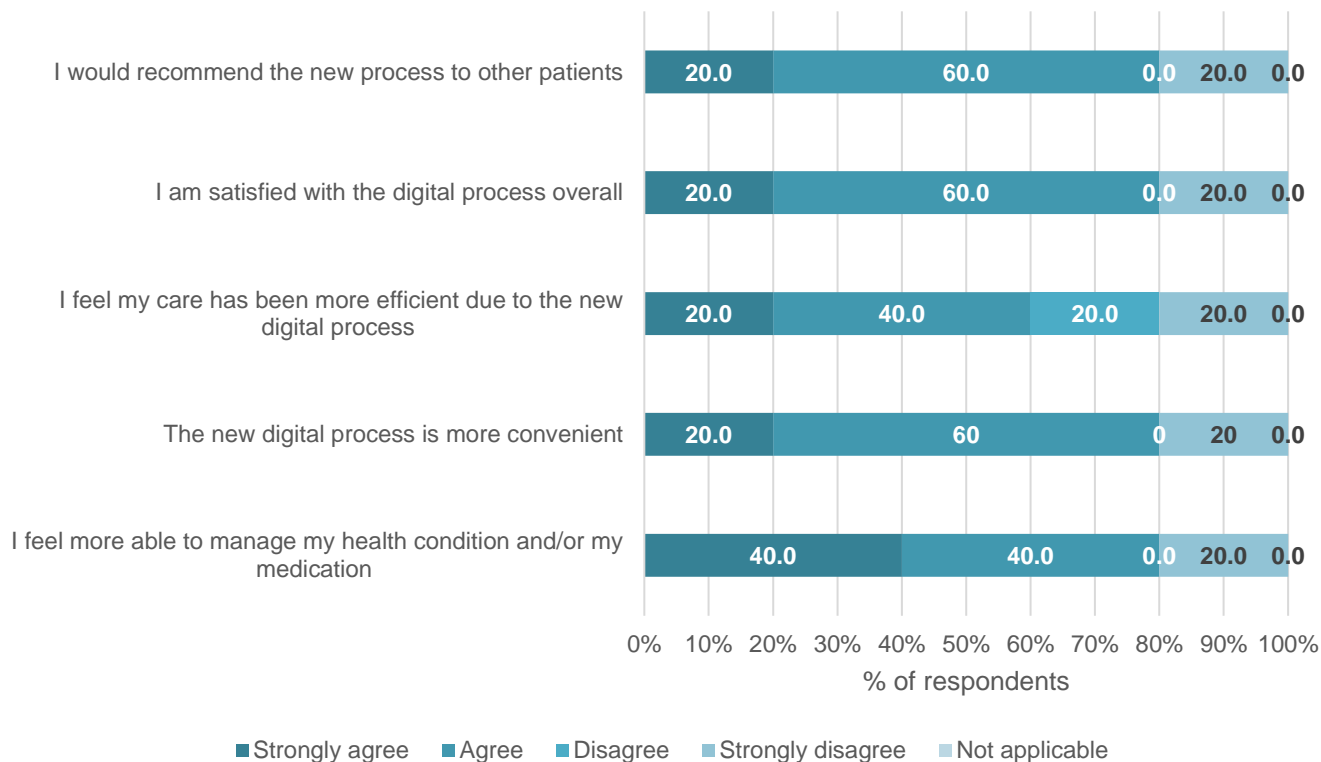
This section summarises the findings of 32 survey respondents. Data has been analysed by GP practice as the new pathways were not standardised across practices. Please note that not all respondents completed every question.

Saville Medical Group

Survey Feedback

Five patients shared their views of the new hypertension pathway. They were asked to consider five statements related to the new pathway for monitoring hypertension and indicate how far they agreed or disagreed with them.

How far do you agree...?



No. of respondents: 5

- The majority of respondents (80.0%) either strongly agreed or agreed that because of the new pathway, they felt more able to manage their condition. One respondent (20.0%) strongly disagreed.
- The majority (80.0%) also either strongly agreed or agreed that the new pathway was more convenient for them. One respondent (20.0%) strongly disagreed.

- Over half of respondents (60.0%) strongly agreed or agreed that their care had become more efficient due to the new pathway. The remaining respondents (40.0%) disagreed or strongly disagreed.
- The majority of respondents (80.0%) either strongly agreed or agreed that they were satisfied with the digital process overall. One respondent (20.0%) strongly disagreed with the statement.
- The majority of respondents (80.0%) either strongly agreed or agreed that they would recommend the new pathway to other patients. One respondent (20.0%) strongly disagreed that they would recommend the new pathway.

Patients were also offered the opportunity to share anything else about the new pathway. One patient made the following points:

- There were concerns about difficulties in getting a face-to-face appointment with GPs generally and a belief that people give up trying to get an appointment and instead “continue suffering in silence”.
- It was felt that telephone appointments can miss symptoms or patients may be less inclined to share all of their symptoms over the phone.

Interview Feedback

One patient took part in an interview.

Information and awareness

The participant had not been given any choice around trialling the new pathway or any information/support ahead of taking part. They only became aware that the pathway had changed when their text message asking them to book an appointment for blood pressure monitoring referred to a ‘new process’. They had seen their GP due to elevated blood pressure who had then instructed them to take their blood pressure morning and evening for two weeks. The GP did not explain that this was a new process or how it would be followed up – they assumed the GP would get in touch if the readings were too high.

They felt that the practice had not considered the views of patients when changing the pathway: “It doesn’t really feel like it matters what the patient thinks.” They would like to have been consulted earlier.

Experience

The patient reported that previously they would have seen the nurse once a year in the practice to have their blood pressure taken. Following the new pathway, they were asked to monitor their blood pressure at home for two weeks and record the readings. They were familiar with checking their own blood pressure and had their own machine, so were happy to do so. They then had to take the readings into the practice and hand them in at reception. They received a follow-up text advising them that their readings were in the acceptable range.

They were happy with the process as they were familiar with taking blood pressure readings and it meant they could remain in their own home instead of having to go to the practice, two bus rides away.

Access to practice staff

Participants were asked if they still felt able to talk to practice staff about their condition if they needed to and it was felt that it is now very difficult to get face-to-face appointments with GPs. Comments did not specifically relate to the new pathway.

Benefits and drawbacks of new pathway

It was felt that the new pathway was better because it was easier and more convenient. No specific drawbacks were identified.

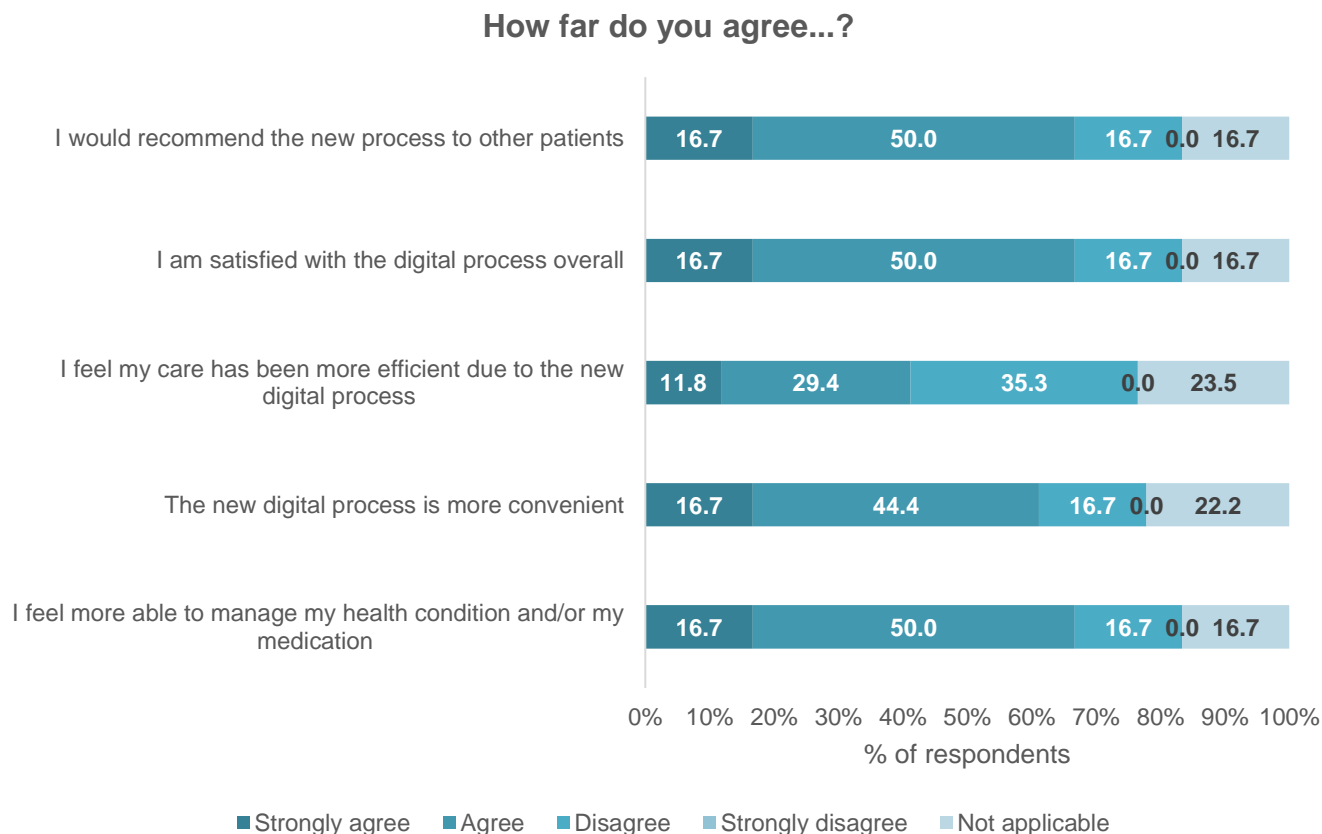
Suggested improvements to the new pathway

The patient felt that they would have liked a letter explaining that they were taking part in a new process.

St. Albans Medical Group

Survey Feedback

Eighteen patients shared their views. They were asked to consider five statements related to the new pathway for monitoring hypertension and indicate how far they agreed or disagreed with them.



- Two-thirds of respondents (66.7%) either strongly agreed or agreed that because of the new pathway, they felt more able to manage their condition. Three respondents (16.7%) disagreed.
- Over half of respondents (61.1%) either strongly agreed or agreed that the new pathway was more convenient for them. Three respondents (16.7%) disagreed.
- Just over two-fifths of respondents (41.2%) either strongly agreed or agreed that their care had become more efficient due to the new pathway. However, over one-third of respondents disagreed with the statement. A further 23.5% felt that the statement was not relevant to them.
- Two-thirds of respondents (66.7%) either strongly agreed or agreed that they were satisfied with the digital process overall. Three respondents (16.7%) disagreed that they were satisfied and three (16.7%) felt that the statement was not applicable to them.
- Two-thirds of respondents (66.7%) either strongly agreed or agreed that they would recommend the new pathway to other patients. Three respondents (16.7%) disagreed that they would recommend the new pathway and three (16.7%) felt that the statement was not applicable to them.

Patients were also offered the opportunity to share anything else about the new pathway. Nine patients shared their views with six commenting positively that:

- It allows them to take consistent readings due to the reminder facility.
- It allows them to take readings at home which it was felt by one patient, “gives a better assessment of my blood pressure than in surgery checks.”
- It is more convenient – “[The] digital process is a lot more convenient and preferred.”
- It is a quick and easy process.

Four patients highlighted issues or suggested changes to the new pathway:

- Technology:
 - One patient had uploaded their blood pressure readings, however, the practice did not receive them. This resulted in them having to take the readings into the practice.
 - Another patient was unable to record their daily readings on the system so had to write them on paper and hand them in to reception.
- Feedback:

- Ensure that patients are aware of the feedback process – “[My] appointment to return equipment and hand over readings turned out to be a very disappointing 30 seconds standing at the reception desk. Have heard nothing since, so am unaware of the results and what the test means for me.”
- Feedback on submitted readings in a timely manner – “I had an instance where I had to chase up the review of submitted values.”
- Awareness:
 - One patient reported that reception staff did not seem aware of the new process and that, “this led to somewhat ‘broken’ care.”

Interview Feedback

Three patients took part in an interview to share their experiences of the new pathway.

Information and awareness

One patient had been given a choice of coming into the practice for blood pressure monitoring or taking their own blood pressure at home and submitting readings via an app. They felt satisfied that they had received the right amount of information and support around the new process and what they were expected to do.

Two patients had not been given a choice about taking part in the new process with one stating that they, “felt thrown into the deep end”. They received information about how to use the blood pressure monitor but nothing further, however, they were satisfied with this.

For one patient there was a misunderstanding around the end of the process. They thought that they had been booked an appointment at the end of the review to discuss the readings that they were handing in, but instead this turned out to be handing the monitor and the readings over to the receptionist. They were upset about this, as they said that due to their anxiety, it took a lot to go out, and they didn’t have the opportunity to ask the questions they had written down. They felt, “disappointed and let down”.

Experience

One patient said they found the process easy as they already had a blood monitor at home and their healthcare job meant they had plenty experience of taking readings.

Another patient preferred this process to the 24 hour monitoring they had previously done. They had a blood pressure monitor at home that they had used before. However, they did have issues with taking their blood pressure and uploading the reading to the app within the one-hour timeslot they were given. Between 8am and 9am they had to take their child to school and get ready and leave for work.

They felt there should be more flexibility around the timeslot to take and submit this reading, requesting a slot before 8am or alternatively suggested the timeslot was extended to 2 hours. They considered that when they managed to do the reading within that hour, it may not have been accurate because they were rushing around to fit it in.

A third patient reported being fine using the monitor which they said was, “straightforward” but had found the overall experience stressful due to difficulties in using the app. They acknowledged that they did not have a lot of IT skills but had, “anticipated being okay to use [the app]”. A family member had to help them as they could not get the app to download and work on their phone. This, however, was not resolved. The patient also highlighted that there is poor Wi-Fi in their area which impacts their ability to use online resources. They spoke to practice staff who advised them to record the readings on paper and bring them into the practice at the end of the monitoring period.

Access to practice staff

All three patients felt that they were still able to talk to practice staff about their condition if they needed to but one highlighted frustration with a lack of consistency with whom they speak to, resulting in them having to repeat their story.

Benefits and drawbacks of new pathway

One patient felt that the new pathway, “helps you monitor your blood pressure properly.” They also appreciated the text reminder. They did not think there were any disadvantages to the new pathway.

Another patient reported that the app was preferable to bringing readings to the practice as they could respond to any readings immediately. As highlighted above, they considered that the one hour 8am-9am time slot is restrictive, making it difficult to take a reading, or an accurate reading during this time.

Despite issues with not being able to use the app for recording readings, a third patient told us that remote monitoring worked well for them as they felt they would struggle to go to the practice to have their blood pressure taken daily, because of their anxiety. They would, however, like a follow-up appointment.

Suggested improvements to the new pathway

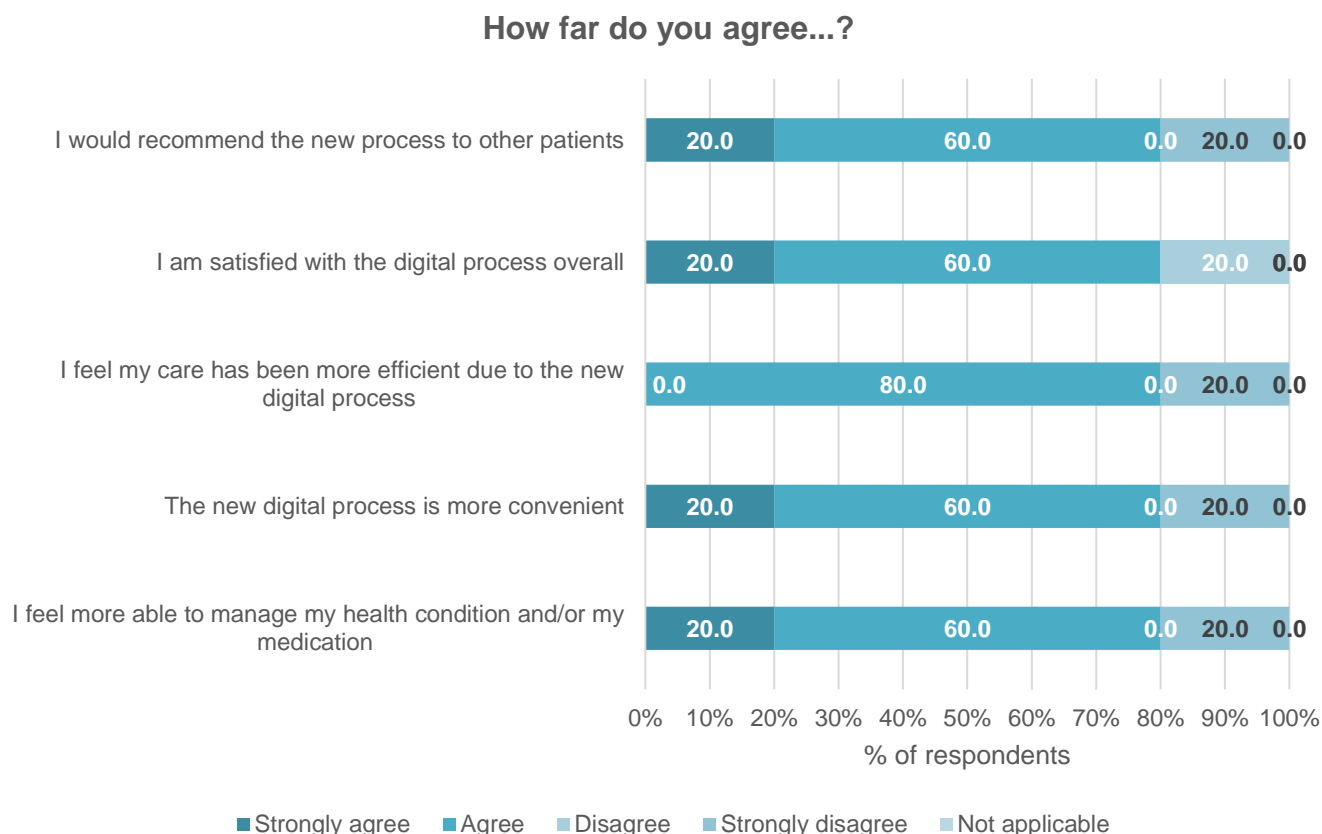
Two patients could not suggest any improvements and one of these stated that they would like to continue with the new pathway. Another suggested having a follow-up appointment which could be by phone, reassuring them that the doctor had reviewed their data, and it was fine. This would give them closure as currently they were worrying, “Am I a ticking time bomb?” as they had not heard back from the practice after returning the monitor and their readings.

Teams Medical Practice

Six patients shared their views, five had experienced the new UTI pathway, and one, the oral contraceptive pill review pathway.

UTI pathway survey feedback

Patients were asked to consider five statements related to the new pathway for diagnosing and treating UTIs and indicate how far they agreed or disagreed with them.



No. of respondents: 5

- The majority of respondents (80.0%) either strongly agreed or agreed with all five statements, however one respondent (20.0%) strongly disagreed.

Patients were also offered the opportunity to share anything else about the new pathway. Four patients shared their views with three commenting positively:

- It is a more efficient process – “Years of experience with UTIs, the new process is streamlined and efficient.”
- It is an easy process – “Easy process and spoke to a doctor without having to attend the surgery.”

For one patient the experience was not positive. They felt, “the pathway was not designed for patients who could be unwell with a UTI”, and as a result they were admitted to hospital with sepsis.

Interview Feedback

One patient took part in an interview.

Information and awareness

The patient was not given a choice of taking part in the new process but did not mind as they felt that the new system would work better for them. They were not given any information before trialling the new pathway but did not consider this an issue as they suffered from repeated UTIs so welcomed the opportunity for a new, easier way to manage the condition.

Experience

Their experience of the new pathway compared much more favourably to the previous way of doing things as it has, “streamlined the process”. Previously, they would have to complete a generic eConsult form to get an appointment every time they had a suspected UTI. They considered the form frustrating due to its length and the requirement to complete a full medical history each time. Upon submission, they would be put on a call-back list and have to wait for a GP to call which was sometimes late in the day. The GP would request a urine sample which would be submitted the following day. The new pathway meant that all they had to do was take a urine sample to the practice, “receive a text and complete a much shorter form” which asks relevant questions. The practice would then ring if treatment is needed, and they would send the sample to the lab. “If you suffer a lot’ [from UTIs] ‘the process is a lot better...much better than having to wait around all day for a GP to ring.”

Access to practice staff

Although they had not needed to go into the practice, they felt access would be easy for them.

Benefits and drawbacks of new pathway

They considered that the process was more convenient and quicker and could identify no drawbacks.

Suggested improvements to the new pathway

The patient could offer no improvements to the new pathway which they stated, “just works”.

Oral Contraceptive Pill Pathway Survey Feedback

One patient gave feedback on the new pathway. They were asked to consider five statements related to the new pathway for reviewing oral contraceptive pill use and indicate how far they agreed or disagreed with them. They strongly agreed with all five statements:

- I feel more able to manage my health condition and/or my medication.
- The new digital process is more convenient.
- I feel my care has been more efficient due to the new digital process.
- I am satisfied with the digital process overall.
- I would recommend the new process to other patients.

They did not provide any further feedback about the new pathway.

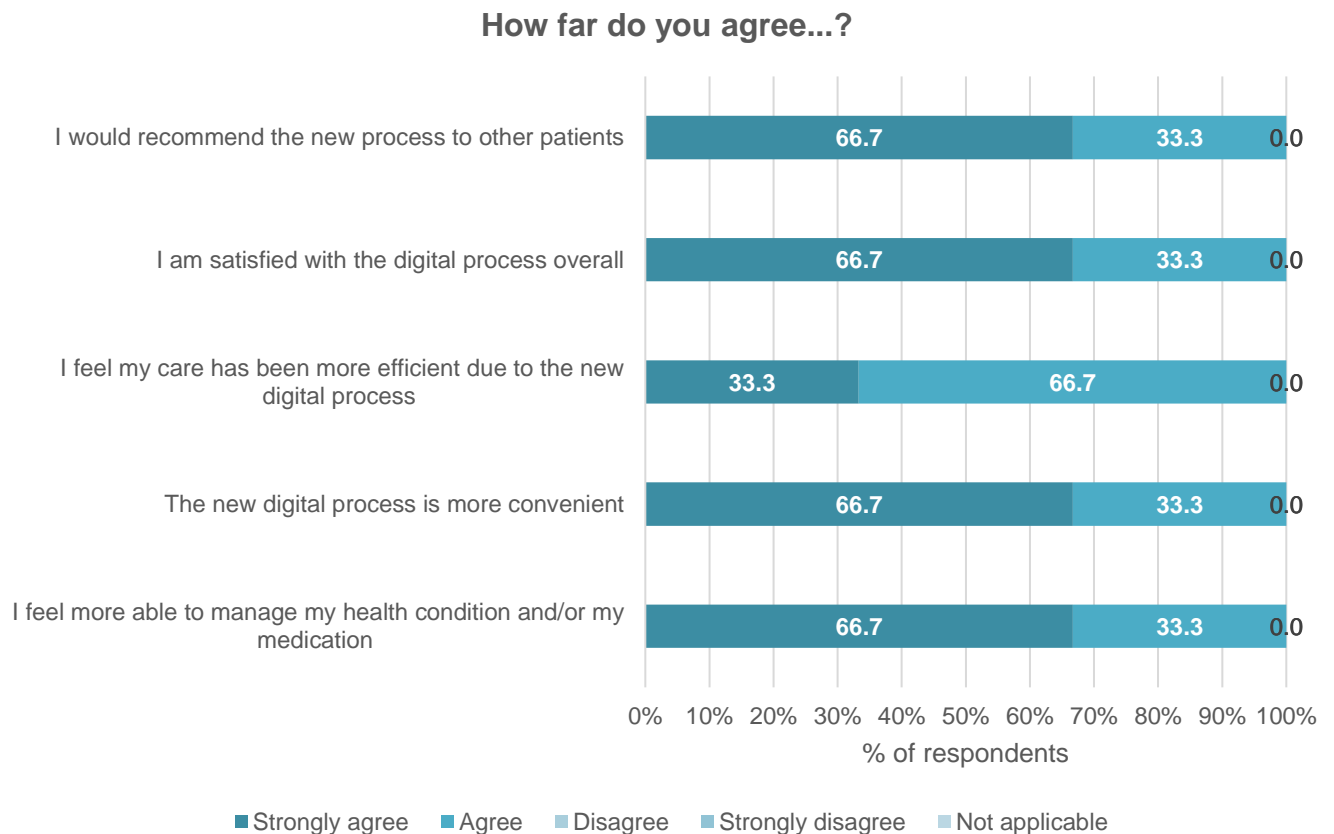
Interview Feedback

Unfortunately, no patients wanted to take part in an interview about their experience.

The Village Surgery

Survey Feedback

Three patients shared their views. They were asked to consider five statements related to the new pathway for monitoring hypertension and indicate how far they agreed or disagreed with them.



No. of respondents: 3

- All respondents either strongly agreed or agreed with the five statements.

Interview Feedback

Unfortunately, no patients wanted to take part in an interview about their experience.

Summary and Learning Points

HI NENC's Digital Transformation Team used their Innovation Design Service to run a discovery session to support practices to understand the barriers and to explore current pressures and increased capacity within the GP practice setting by redesigning eight new pathways, focussing on remote monitoring of particular conditions. During any redesign of services, the views and experiences of patients are integral. Changes that increase efficiency from an operational perspective may result in a better experience for patients but could also lead to a poorer experience and this must be explored.

Thirty-two patients across four practices shared their views of the new pathways. Whilst it is acknowledged that these numbers are small and may not be representative of each patient cohort, the views and experiences are still valid and from this some key findings and learning points can be identified.

Saville Medical Group:

- Majority of survey responses about the new pathway were positive.
- The interviewee preferred the new process because:
 - They had taken their blood pressure before.
 - They did not have to travel to the practice each day.
- However:
 - They were not told in advance they were taking part in a new process and therefore not given a choice to opt out of trialling it.
 - They were given no information on the follow-up process from GP who requested they monitor their blood pressure.
- **Learning points:**
 - For any future pathway changes that will affect patients, ensure that they are made aware of these changes, what this means for them and offer them the opportunity to provide feedback.
 - Ensure they understand what the follow-up process entails once their readings have been submitted.

St Albans Medical Group:

- Survey responses measured satisfaction at around two-thirds.
- However, when considering whether the new pathway had made their care more efficient, only 41.2% of patients responded positively.

- Patients commented positively that:
 - It was quick and convenient (some had taken their own readings previously so were familiar with the machine).
 - Enabled 'truer' readings than in the GP practice.
 - The text reminder facility helped take more consistent readings.
 - Clinicians' responses to readings could be more timely.
 - Their anxiety levels were unaffected as they did not have to attend the practice each day.

- Patients identified some issues:
 - Choice – For some there was a lack of awareness that they were taking part in a new process and were given no choice in taking part.
 - Technology
 - Uploaded readings were not received by the practice.
 - The App could not be downloaded to their phone (despite support from a relative with more IT skills), possibly due to poor WiFi in their area. Therefore, readings had to be recorded on paper and physically handed to receptionists.
 - Flexibility – One patient struggled with taking readings during a very busy part of their day.
 - Process – Patients were not aware of the follow-up process and whether they should expect an appointment.
 - Practice awareness – not all staff were aware of the new process.

- **Learning points:**
 - For any future pathway changes that will affect patients, ensure that they are made aware of these changes, what this means for them and offer them the opportunity to provide feedback.
 - Use an automated reply when patients submit their readings.
 - Give patients a written form to record their readings in case the technology fails.
 - Check patients have a compatible device.
 - Consider offering patients more choice around when they take their readings to fit in with daily activities or give them the option to take the reading at any time and have them record the time the reading took place.
 - Ensure they understand what the follow-up process entails once their readings have been submitted.
 - Ahead of any new pathway changes, ensure all practice staff are briefed on the process.

Teams Medical Practice:

UTI pathway:

- Majority of survey responses about the new pathway were positive.
- Patients commented positively that:
 - It was a more efficient process as samples could be sent to the lab within the day.
 - It was an easy process.
 - Patients did not have to wait for a GP call-back at an unspecified time.
- Patients identified some issues:
 - For one, they felt that the pathway was not designed for patients who could be unwell with a UTI and as with them, could result in them being admitted to hospital.
 - They were not told in advance they were taking part in a new pathway and therefore not given a choice to opt out of trialling it.
- **Learning points:**
 - For any future pathway changes that will affect patients, ensure that they are made aware of these changes, what this means for them and offer them the opportunity to provide feedback.
 - Review how the pathway is working for those with a long history of UTIs or co-morbidities.

Oral contraceptive pill pathway

- Only one patient completed the survey and strongly agreed with all statements about the new pathway. Therefore, from the data available, no learning points were identified.

The Village Surgery:

- All three participants strongly agreed the statements about the new pathway. As a result, from the data available, no learning points were identified.

Appendices

Appendix 1: Profile of participants completing a questionnaire

Please note that not all respondents chose to complete these questions

How old are you?	No. of respondents	% of respondents
16 – 17	0	0.0
18 – 24	0	0.0
25 – 34	0	0.0
35 – 44	1	7.7
45 – 54	3	23.1
55 – 64	5	38.5
65 -74	3	23.1
75 or older	1	7.7
Prefer not to say	0	0.0
Total	13	100.0

What is your gender?	No. of respondents	% of respondents
Male	4	28.6
Female	10	71.4
Other	0	0.0
Prefer not to say	0	0.0
Total	14	100.0

Do you have disability, long-term illness or health condition?	No. of respondents	% of respondents
Yes	3	21.4
No	11	78.6
Prefer not to say	0	0.0
Total	14	100.0

Which ethnicity best describes you?	No. of respondents	% of respondents
White British	6	50.0
British	4	33.3
White	1	8.3
Filipino	1	8.3
Prefer not to say	0	0.0
Total	12	100.0

GP practice	No. of respondents	% of respondents
Saville Medical Group	5	15.6
St. Albans Medical Group	18	56.3
Teams Medical Practice	6	18.8
The Village Surgery	3	9.4
Total	32	100.0