

EXTERNAL SERVICES SELECT COMMITTEE - PROGRESS WITH GP ONLINE CONSULTATIONS IN HILLINGDON

Committee name	External Services Select Committee
Officer reporting	Richard Ellis, NWL CCG Hillingdon Borough Director
Papers with report	Appendix 1
Ward	n/a

HEADLINES

This paper is to brief members of the Committee on progress with GP online consultations, both prior to and during the period of the Covid-19 pandemic, and into recovery.

RECOMMENDATION

That the External Services Select Committee notes the content of the report and seeks clarification about any matters of concern in the Borough.

SUPPORTING INFORMATION

1.0 Introduction and Background

1.1 NW London CCG, and its constituent CCGs prior to April 2021, have been in the forefront of developing digital access within local GP practices, in order to facilitate patient access to appointments, advice and services; to expedite clinical referrals between NHS, social care and other care organisations; and to improve and streamline back-office record-keeping and business administration for practices.

1.2 The NHS commitment to 'Digital First', which started in 2018 prior to the Covid-19 pandemic, proved its value during the pandemic, the community lock-downs and the post-pandemic recovery. This enabled general practice to remain open and provide a choice of telephone, online or video consultations and advice to their patients. As Hillingdon and NWL CCG explored remote monitoring of patients with Covid-19 symptoms, the digital resources within practices and the Covid 'hot hubs' allowed patients and their clinicians to stay in close communication while minimising the requirement to travel, or the risk of infection for patients and professional staff. Throughout the Covid vaccination campaign, digital communications via the NHS App has enabled updates and reminders for patients, simple booking systems, and downloadable vaccination certificates for patients' peace of mind.

1.3 NHSE's document, published on 8 February 2022, describing the recovery plan for patients awaiting elective care, summarises the ambition for both primary and secondary care as follows:

- " Digital technology and data systems provide us with the opportunity to release capacity by allowing us to deliver services in new ways that more efficiently meet the needs of both patients and staff. This frees capacity for those people whose needs cannot be met virtually, for example tech-supported virtual wards that enable recovery at home for those with COVID-19 have now been extended to a wide range of conditions. Supervising clinicians see data from the home setting and use of virtual wards means more hospital beds are available for those needing inpatient care.

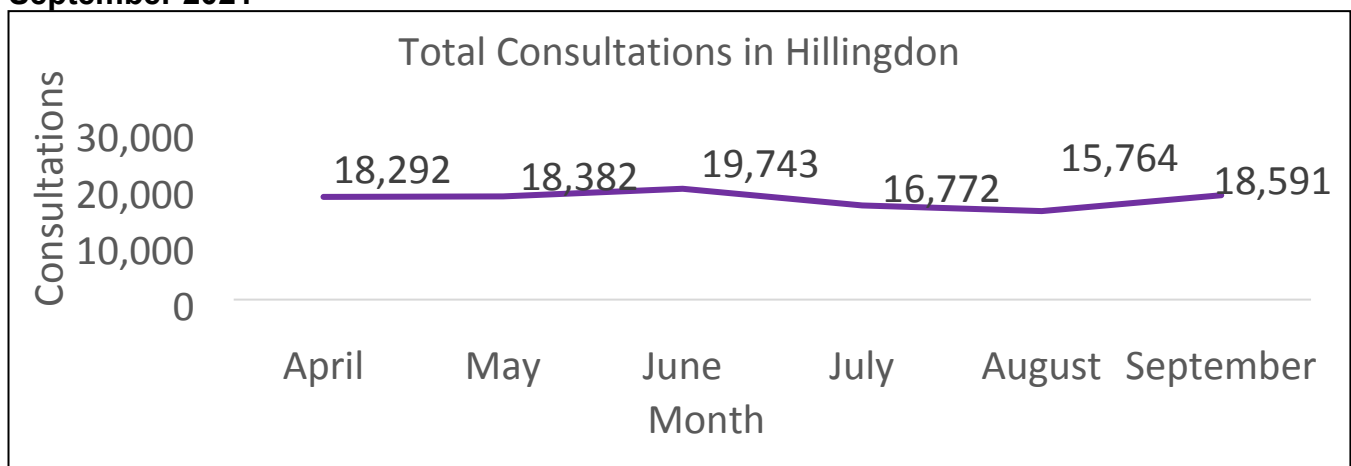
- We want to make sure that digital technologies that can improve access and flexibility for patients and free up capacity to suit them are scaled across the NHS. Our ambition is to improve core digital and data services in hospitals to ensure we have the basics right, as well as harness and scale innovations that have shown high impact in some areas of the country.
- We also want to use national digital tools such as the NHS App to provide a personalised route into NHS services for patients, making care more convenient and driven by patients’ needs. In addition, we want to ensure that those in clinical roles can spend as much time as possible treating patients. Greater use of digital technology to assist healthcare workers in completing non-clinical tasks increases the time they can spend caring for patients, which provides a better experience and, ultimately, improves health outcomes.
- With new technologies based on AI and automation, as well as those we recognise more from our daily lives, like video calls, we are building a digital infrastructure that will ensure the NHS is at the cutting edge of progress for years to come. We will also use data to drive improvement within the NHS, through using consistent measurement of performance and working with regions and systems to understand and address the reasons behind performance variation.”

2.0 What this means for practices

2.1 Virtually all practices across Hillingdon are using the eConsult online consultation software, which patients can access via an app. Available practice appointments across Hillingdon is now around 110% of 2019 capacity. In reality, however, around 20% of previous patient enquiries that would have often required a face to face appointment – for repeat prescriptions or many administrative requirements – can now be handled without the patient requiring to come into the surgery. So the additional appointment-time released is now available for the practice clinician to speak to patients on telephone, on video or of course face to face. On average, around 50% of practice appointments are now digital, thereby reducing patient footfall and travel/parking requirements etc.

2.2 Summary details of these appointments are shown below. Data security and protection of patient-identifiable information at every stage of the way are crucial to an online consultation system, and we have worked hard with NHS Information Governance and Digital First to ensure that the online consultation suppliers on our Framework have robust and scrupulous data protection systems.

2.3 Table 1: Hillingdon eConsult activity: 108,000 consultations between April and September 2021



2.4 Table 2: Hillingdon April – September 2021 - Top 5 eConsult categories

General Advice	26,300	43%
Admin Assistance	20,500	34%
Skin Advice	8,300	14%
“My child is unwell”	3,500	6%
Cold/flu	2,200	4%

2.5 There have been inevitable teething problems associated with introducing any new technology to a care setting. Some practices have found it easier than others to introduce the digital triage facility offered by eConsult, and some patient populations have found either online or video consultations less satisfactory than a face to face appointment. The digital triage form, for instance, does still not have a satisfactory translation facility.

2.6 The NWL Digital First team have worked hard with practices to identify the problems as they arise, and to devise solutions that work in a clinical setting and that suit vulnerable patient groups. For instance, ‘e-hubs’ – across several practices or within a whole Primary Care Network – are currently being introduced to share the clinical triage workload and to book patient appointments face to face with the appropriate clinician in their practice, or telephone appointments with the next available clinician across practices. This is proving popular with both patients and clinicians.

3.0 What this means for patients

3.1 We should emphasise that prompt and straightforward digital access to a GP practice is a tool, and not a panacea. We are working closely with HealthWatch and the Digital First team, to ensure that the digital interface between patient and practice is as intuitive and simple to use as possible. With the imminent re-procurement of the online consultation software, we have set up a number of patient engagement workshops to establish patient priorities around the usability of the system, the various functions patients want to see from the system, its interaction with other practice staff and the practice’s EMIS system, and the degree of patient satisfaction, across patient cohorts with the full range of clinical needs and personal circumstances, with the system as a whole.

3.2 Appendix 1 shows the detailed patient and practice feedback collected to inform the re-procurement of the service, anticipated to roll out with the successful bidder from June 2022.

4.0 Definitions of terms used

Key requirements for an online consultation service (NHSE Digital First)

4.1 It is key for practices to offer an online consultation system that supports total triage. This is one part of moving to the digital first primary care vision so further digitisation and integration of services should be expected over time.

4.2 An Online Consultation system is a system that enables patients to contact their general practice online in a structured way, regarding the wide range of queries, requests and issues that patients usually need support with from their practice, e.g. administrative requests, clinical queries or condition management. The system will support the practice to triage these incoming contacts from patients, including the ability to flag urgent requests, to easily signpost patients to

the most appropriate service, to distribute requests to team members and to include data in the patient record with minimal manual burden.

4.3 The system will include:

- Capability for a patient to make a request to (their registered) general practice online. There should be capability for the practice to support non-digital users to go through the same process to make their request, either over the phone or in-person, as well as for parents/nominated proxy to submit an online consultation on behalf of the patient. The process should capture relevant information about the patient's request, symptoms or issue via a structured format
- The request must either go through a validated automated triage process or arrive at the practice such that the practice can then easily sort and triage the requests, and then pass them to an appropriate member of the team to respond to.
- The data submitted by the patient must be presented to the practice in a way that is easy for the practice to review, respond to and transfer into the patient record with minimal manual burden.
- Ideally there would be a two way digital engagement channel that enables the practice to securely respond to the patient via the same online system. However, some systems do not support this and so practices use other tools to respond to the request (e.g. text, phone, video)
- The system must include signposting to validated self-care advice (e.g. nhs.uk)
- The system must enable capture of outcome data to support service improvement