

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

June 2020

 HCV Data

| **1. Tell us a few things about yourself:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Primary Care Clinician |

|  |
| --- |
|   |

 | 29.69% | 19 |
| 2 | Secondary Care Clinician |    | 0.00% | 0 |
| 3 | Commissioner |

|  |
| --- |
|   |

 | 1.56% | 1 |
| 4 | Clerical Staff |    | 0.00% | 0 |
| 5 | Practice Manager |

|  |
| --- |
|   |

 | 64.06% | 41 |
| 6 | Other (please specify): |

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|   |

 | 4.69% | 3 |
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| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 3.83 | Std. Deviation: | 1.87 | Satisfaction Rate: | 56.56 |
| Variance: | 3.49 | Std. Error: | 0.23 |   |

 | answered | 64 |
| skipped | 0 |
| Other (please specify): (3) |
|

|  |  |
| --- | --- |
| 1 | Office Manager |
| 2 | Head of finance and information |
| 3 | Patient Services Manager |

 |

| **3. Which CCG do you belong to?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 9 | NHS EAST RIDING OF YORKSHIRE CCG |

|  |
| --- |
|   |

 | 20.31% | 13 |
| 11 | NHS HULL CCG |

|  |
| --- |
|   |

 | 12.50% | 8 |
| 14 | NHS North East Lincoln CCG |

|  |
| --- |
|   |

 | 1.56% | 1 |
| 17 | NHS NORTH YORKSHIRE CCG |

|  |
| --- |
|   |

 | 34.38% | 22 |
| 23 | NHS VALE OF YORK CCG |

|  |
| --- |
|   |

 | 31.25% | 20 |
|

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| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 16.45 | Std. Deviation: | 5.35 | Satisfaction Rate: | 64.39 |
| Variance: | 28.59 | Std. Error: | 0.67 |   |

 | answered | 64 |
| skipped | 0 |

| **Which technology have you adopted? Please tick any/all that apply:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Online Consultation |

|  |
| --- |
|   |

 | 90.63% | 58 |
| 2 | Video Conference |

|  |
| --- |
|   |

 | 96.88% | 62 |
| 3 | SMS |

|  |
| --- |
|   |

 | 85.94% | 55 |
|

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| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.42 | Std. Deviation: | 5.84 | Satisfaction Rate: | 134.38 |
| Variance: | 34.1 | Std. Error: | 0.73 |   |

 | answered | 64 |
| skipped | 0 |

**Online Consultation**

| **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 |

|  |
| --- |
|   |

 | 71.43% | 45 |
| 2 | No |

|  |
| --- |
|   |

 | 3.17% | 2 |
| 3 | Tried but not fully implemented |

|  |
| --- |
|   |

 | 22.22% | 14 |
| 4 | Not yet implemented |

|  |
| --- |
|   |

 | 3.17% | 2 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.57 | Std. Deviation: | 0.94 | Satisfaction Rate: | 19.05 |
| Variance: | 0.88 | Std. Error: | 0.12 |   |

 | answered | 63 |
| skipped | 1 |

| **If no or not yet implemented please describe why:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 4 |
|

|  |  |
| --- | --- |
| 1 | concern about supply induced demand - generating new workload, without the capacity to match |
| 2 | Doing phone and video consultations - no enthusiasm for online consultations.  |
| 3 | GPs do not feel that this would benefit patient or practice.  |
| 4 | HGFHF |

 |
|   | answered | 4 |
| skipped | 60 |

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

|  |
| --- |
|   |

 | 32.73% | 18 |
| 2 | EMIS On-line Triage |

|  |
| --- |
|   |

 | 1.82% | 1 |
| 3 | AskMyGP |    | 0.00% | 0 |
| 4 | Engage Consult |

|  |
| --- |
|   |

 | 63.64% | 35 |
| 5 | Other (please specify): |

|  |
| --- |
|   |

 | 5.45% | 3 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 3.18 | Std. Deviation: | 1.48 | Satisfaction Rate: | 53.64 |
| Variance: | 2.19 | Std. Error: | 0.2 |   |

 | answered | 55 |
| skipped | 9 |
| Other (please specify): (3) |
|

|  |  |
| --- | --- |
| 1 | Klinik |
| 2 | SystmOne messaging |
| 3 | Klinik |

 |

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

|  |
| --- |
|   |

 | 12.73% | 7 |
| 2 | Additional access method |

|  |
| --- |
|   |

 | 76.36% | 42 |
| 3 | Other (please specify): |

|  |
| --- |
|   |

 | 12.73% | 7 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.04 | Std. Deviation: | 0.51 | Satisfaction Rate: | 50.91 |
| Variance: | 0.26 | Std. Error: | 0.07 |   |

 | answered | 55 |
| skipped | 9 |
| Other (please specify): (7) |
|

|  |  |
| --- | --- |
| 1 | For Care Home's we are using this as our entry point for all non-urgent queries. |
| 2 | Sorry, I don't know what you mean in this question. |
| 3 | dissatified with the lack of control of the volume/type/time of this method - and the overwhelming workload |
| 4 | mix of telephone and e-consult |
| 5 | Accept inbound enquiries only |
| 6 | Administration queries |
| 7 | patient enquiries  |

 |

| **Do Online Consultations reduce or increase workload/consultation time?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 (significant reduction) |    | 0.00% | 0 |
| 2 | 1 (slight reduction) |

|  |
| --- |
|   |

 | 15.09% | 8 |
| 3 | 2 (no impact) |

|  |
| --- |
|   |

 | 41.51% | 22 |
| 4 | 3 (slight increase) |

|  |
| --- |
|   |

 | 35.85% | 19 |
| 5 | 4 (significant increase) |

|  |
| --- |
|   |

 | 7.55% | 4 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 3.36 | Std. Deviation: | 0.83 | Satisfaction Rate: | 58.96 |
| Variance: | 0.68 | Std. Error: | 0.11 |   |

 | answered | 53 |
| skipped | 11 |

| **Do you like Online Consultation? [where 0 = not at all, and 5 = a lot]**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 |

|  |
| --- |
|   |

 | 13.73% | 7 |
| 2 | 1 |

|  |
| --- |
|   |

 | 13.73% | 7 |
| 3 | 2 |

|  |
| --- |
|   |

 | 17.65% | 9 |
| 4 | 3 |

|  |
| --- |
|   |

 | 39.22% | 20 |
| 5 | 4 |

|  |
| --- |
|   |

 | 7.84% | 4 |
| 6 | 5 |

|  |
| --- |
|   |

 | 7.84% | 4 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 3.37 | Std. Deviation: | 1.4 | Satisfaction Rate: | 47.45 |
| Variance: | 1.96 | Std. Error: | 0.2 |   |

 | answered | 51 |
| skipped | 13 |

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

|  |
| --- |
|   |

 | 5.88% | 3 |
| 2 | 1 (slight reduction) |

|  |
| --- |
|   |

 | 3.92% | 2 |
| 3 | 2 (no impact) |

|  |
| --- |
|   |

 | 60.78% | 31 |
| 4 | 3 (slight increase) |

|  |
| --- |
|   |

 | 21.57% | 11 |
| 5 | 4 (significant increase) |

|  |
| --- |
|   |

 | 7.84% | 4 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 3.22 | Std. Deviation: | 0.87 | Satisfaction Rate: | 55.39 |
| Variance: | 0.76 | Std. Error: | 0.12 |   |

 | answered | 51 |
| skipped | 13 |

| **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 |

|  |
| --- |
|   |

 | 6.25% | 3 |
| 2 | 1 |

|  |
| --- |
|   |

 | 6.25% | 3 |
| 3 | 2 |

|  |
| --- |
|   |

 | 29.17% | 14 |
| 4 | 3 |

|  |
| --- |
|   |

 | 35.42% | 17 |
| 5 | 4 |

|  |
| --- |
|   |

 | 14.58% | 7 |
| 6 | 5 |

|  |
| --- |
|   |

 | 8.33% | 4 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 3.71 | Std. Deviation: | 1.22 | Satisfaction Rate: | 54.17 |
| Variance: | 1.5 | Std. Error: | 0.18 |   |

 | answered | 48 |
| skipped | 16 |
| Any further comments (32) |
|

|  |  |
| --- | --- |
| 1 | I haven't had any feedback so not to sure. |
| 2 | Whilst the numbers are low the feedback from patients using eConsult has been positive. |
| 3 | I have personally tried it and it is very long winded. |
| 4 | No idea |
| 5 | Very rarely used which may suggest resistence |
| 6 | Lots of people saying don't go back to asking me to come to the surgery |
| 7 | Too early to tell. We didn’t think this modality of access was significantly better than our current system, which is telephone prebooked & triage, increasingly supported by AccuRx. Reports that we do the e-consult then ring or AccuRx the patient which seems daft. Have used as a patient today on another platform & also thought it would have been quicker another way.  |
| 8 | Not known. I think potentially though quite a few questions to answer which will put some off. |
| 9 | Patients like the fact that they can submit a request at anytime. |
| 10 | Patients may like the idea but rarely the outcome - and the time |
| 11 | 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. |
| 12 | Ideal for when the practice is closed or the phone line is busy. |
| 13 | some patients really like it, a small minority misuse it for trivial issues and non-medical questions |
| 14 | It has only recently had accurx for our reception team to text the link to patients so it is maybe to early to tell but most patients who have access to smart phones and embrace technology have really apricated a different way to access the surgery.  |
| 15 | Don't know as haven't yet had any feedback |
| 16 | Ive not used it yet personally so can't answer too many of the questions above |
| 17 | depends on age/technology |
| 18 | Feedback is that it’s time consuming and they find it quicker to request a call back.  |
| 19 | We have a large elderly population who do not use online consulting. |
| 20 | 96% of patients rate the online interface as good or excellent |
| 21 | Not enough use to know |
| 22 | It's extremely long complete the initial online questions / template. |
| 23 | Some patients love it but most object to having to complete information online. |
| 24 | No feedback received but patients have stopped part way through the process and telephoned. |
| 25 | I have used at my surgery and found it very useful  |
| 26 | I think patients will like the facility to be able to get in touch with us at any time and the removal of the problems of awaiting phone calls/appointments.  |
| 27 | not used enough to comment yet |
| 28 | Most end up having to be followed up with a telephone call or F2F |
| 29 | depends on age/demographics of patients |
| 30 | A very easy way to access the practice |
| 31 | Unsure - limited patient numbers using Online Consultation |
| 32 | I have no idea. |

 |

| **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 |

|  |
| --- |
|   |

 | 2.08% | 1 |
| 2 | 1 |

|  |
| --- |
|   |

 | 8.33% | 4 |
| 3 | 2 |

|  |
| --- |
|   |

 | 6.25% | 3 |
| 4 | 3 |

|  |
| --- |
|   |

 | 37.50% | 18 |
| 5 | 4 |

|  |
| --- |
|   |

 | 27.08% | 13 |
| 6 | 5 |

|  |
| --- |
|   |

 | 18.75% | 9 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.35 | Std. Deviation: | 1.22 | Satisfaction Rate: | 67.08 |
| Variance: | 1.48 | Std. Error: | 0.18 |   |

 | answered | 48 |
| skipped | 16 |
| Pse add any details (if applicable) (15) |
|

|  |  |
| --- | --- |
| 1 | No negative feedback. |
| 2 | No idea |
| 3 | Often faster and they find it convenient to message early am/late at night and throughout the weekend |
| 4 | Too early to tell. Will depend on the problem posed. Can see the utility for patient & practice to schedule work.  |
| 5 | The outcome of all requests is that a GP will call them back so I think they will be satisfied with the service.  |
| 6 | It is helpful that eConsult asks what the patient hopes to get from the consultation, this helps the clinician understand what will satisfy the patient and ensure their management plan addresses this wherever possible. We have already noticed that some patients have become repeat users of eConsult for various needs, implying they have been satisfied with the experience as they are reusing it. Usage has remained steady at 400-500 eConsults submitted a week, with high utilisation suggesting reasonable patient satisfaction.  |
| 7 | Don't know |
| 8 | Excellent feedback on the speedy response and suits certain patient groups- young, working age adults, who cannot easily be available during work hours... |
| 9 | Not enough use to know |
| 10 | Feedback has been that it's extremely long complete the initial online questions / template. |
| 11 | Unable to comment |
| 12 | Of the small number of these I have done, I think the patients will have been satisfied with the outcome |
| 13 | Depends what it is. If it is a simple question e.g. can I take these two medications together, then yes as they get an answer fairly quickly. Same if it is some simple advice. Anything that is complicated increases the time spent with the patient |
| 14 | The vast majority require a GP to ring the patient. they have not had to ring the practice as they can wing the econsult off when ever they like so I suspect they like it but not specifically asked! |
| 15 | It's another way of contacting us and if they want to use this method - they will. If they're not satisfied they won't use it again. |

 |

| **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 |

|  |
| --- |
|   |

 | 7.69% | 4 |
| 2 | IN THE FUTURE |

|  |
| --- |
|   |

 | 13.46% | 7 |
| 3 | BOTH |

|  |
| --- |
|   |

 | 67.31% | 35 |
| 4 | Other (please specify): |

|  |
| --- |
|   |

 | 15.38% | 8 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.98 | Std. Deviation: | 0.77 | Satisfaction Rate: | 64.74 |
| Variance: | 0.59 | Std. Error: | 0.11 |   |

 | answered | 52 |
| skipped | 12 |
| Other (please specify): (8) |
|

|  |  |
| --- | --- |
| 1 | Not sure how useful for pandemic specific ally  |
| 2 | The practice has not found the tool usefull during the pandemic and if it was not a contractual requirement we would not continue with it. |
| 3 | Dont think it provides any benefit in our practice now or in the future or in reality for patients who can readily contact our practice by other means. |
| 4 | We used before pandemic - no change in useage during it, plan to continue |
| 5 | We would like to be given the chance to choose our own solution. Engage would not have been the solution of our choice. We wanted the solution from EMIS which would have integrated to our systems. And it would have been cheaper. But we were not allowed. |
| 6 | I can see it been abused and underused |
| 7 | likely to be offered as additional option but not expecting much uptake unless the process is easier |
| 8 | it has no real benefit to practices as it is not a triage tool simply another mode of access |

 |

| **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 | 100.00% | 46 |
|

|  |  |
| --- | --- |
| 1 | 4 |
| 2 | 250 |
| 3 | 25 |
| 4 | 16 |
| 5 | 2 |
| 6 | 10 |
| 7 | 1 |
| 8 | 3 |
| 9 | 3 |
| 10 | 0 |
| 11 | 8 |
| 12 | 500 |
| 13 | 18 |
| 14 | 40 |
| 15 | 20 |
| 16 | 1 |
| 17 | 2 |
| 18 | 15 |
| 19 | 30 |
| 20 | 10 |
| 21 | 1 |
| 22 | 10 |
| 23 | 10 |
| 24 | 1 |
| 25 | 1000 |
| 26 | 2 |
| 27 | 4 |
| 28 | 2 |
| 29 | 3 |
| 30 | 1 |
| 31 | 3 |
| 32 | 0 |
| 33 | 14 |
| 34 | 1 |
| 35 | 40 |
| 36 | 8 |
| 37 | 5 |
| 38 | 3 |
| 39 | 7 |
| 40 | 150 |
| 41 | 20 |
| 42 | 50 |
| 43 | 10 |
| 44 | 5 |
| 45 | 5 |
| 46 | 18 |

 |
|   | answered | 46 |
| skipped | 18 |

| **Do you feel you had sufficient training in managing the Online Consultation software?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 69.81% | 37 |
| 2 | No |

|  |
| --- |
|   |

 | 30.19% | 16 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.3 | Std. Deviation: | 0.46 | Satisfaction Rate: | 30.19 |
| Variance: | 0.21 | Std. Error: | 0.06 |   |

 | answered | 53 |
| skipped | 11 |
| If No what further training would you like? (14) |
|

|  |  |
| --- | --- |
| 1 | I had a really small amount of training over the telephone but we have, especially the clinicians, had to implement it ourselves. Stream lining the way are currently using eConsult as I feel we are not using it as we should.. |
| 2 | We have muddled through with it, could be there are easier ways to deal with these. |
| 3 | Having difficulty engaging the GP's |
| 4 | Very basic training offered. Want real life scenarios & work out the art of the possible, for clinicians & admin alike, aiming to reduce GP workload.  |
| 5 | The set up training was poor for EMIS, we gathered round some months ago for at least two online sessions which were unsatisfactory due to technical issues at their end. This has put us off and now we are on the back foot having tried to be on the front! |
| 6 | very time consuming but would have been far better face to face. |
| 7 | I have been send a link to an online training module so hopefully that will be useful |
| 8 | We were involved in testing the Engage COnsult tool and did work on trying to help improve it- however, found this difficult to manage |
| 9 | No, as it was rushed out and we were referred to online training videos rather than the pre-arranged training. |
| 10 | Online training only before we started. As a small Practice we have received very few requests and they are all different so in house training is difficult. We muddle our way through each one when it is received. |
| 11 | Only been using the system for two weeks so training would be good for users following their first experience of it. |
| 12 | The training for our current use is sufficient but I think that we are not using it to its potential. Until we are sure about the future commissioning details of online consultations we do not want to invest a lot of training time - there are too many other systems to learn at the moment |
| 13 | another full session now that we have been able to test it |
| 14 | It was done in a hurry when the pandemic arrived. We had little enough time to set the system up pre-pandemic; it was doubly difficult in the middle of it. |

 |

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

|  |
| --- |
|   |

 | 65.31% | 32 |
| 2 | 21-40% |

|  |
| --- |
|   |

 | 20.41% | 10 |
| 3 | 41-60% |

|  |
| --- |
|   |

 | 6.12% | 3 |
| 4 | 61-80% |

|  |
| --- |
|   |

 | 4.08% | 2 |
| 5 | 81-100% |

|  |
| --- |
|   |

 | 4.08% | 2 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.61 | Std. Deviation: | 1.05 | Satisfaction Rate: | 15.31 |
| Variance: | 1.09 | Std. Error: | 0.15 |   |

 | answered | 49 |
| skipped | 15 |

| **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 | 100.00% | 20 |
|

|  |  |
| --- | --- |
| 1 | Easier to manage now we have integrated it with SystmOne. |
| 2 | clunky system, still means a call back if patient does not enable two way communication, which a lot don't |
| 3 | This has allowed us to function across sites so that demand can be met evenly across our sites |
| 4 | 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.  |
| 5 | SystmOne is not the only clinic system in the East Riding. |
| 6 | 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 |
| 7 | 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. |
| 8 | 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  |
| 9 | One way communication, GP only and ring all contacts by way of triage/consultation to assess and resolve. |
| 10 | many clinical queries result in a subsequent phonemail to the patient |
| 11 | At least 50% of online contacts need a telephone call due to lack of info/ clarity in the details given |
| 12 | 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  |
| 13 | All patients going through the same process regardless of means of access e.g. walk in/telephone/online |
| 14 | A better structured training for all. Getting Practice's involved in the early procurement of future online consultation applications. Better match to Clinical Systems.  |
| 15 | integration into systmone |
| 16 | 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!"" |
| 17 | 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. |
| 18 | Too few at the moment |
| 19 | Integration with the clinical system is key - ideally writing into the patient journal rather than a PDF attachment to the record. Ability to code onto patient record. Triage and signposting/self help to be integral. Clinicians find Engage Consult quite difficult to use and prefer options for Full Triage models like AskMyGP, Footfall, etc. which seem more user friendly and integrated, where all patient contacts can be pushed through this route. |
| 20 | No. It's been imposed on practices because it's the trendy way forward. We have good appointment availability here and I feel that it's been of marginal gain to patients or practice. |

 |
|   | answered | 20 |
| skipped | 44 |

| **How can we increase the use of Online Consultations?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 32 |
|

|  |  |
| --- | --- |
| 1 | At the moment we use it as a extra way for patients to contact the surgery with eConsults being acted upon as tasks rather than part of a clinical session, which I'm sure is not how it is supposed to be used but it is quite difficult to get this message through to the GP's. It would be interesting to get the perspective from the patients as to the filling in of the eConsult form. We have not publicised the availability of eConsult on our website and would be reluctant to do so until we are using it to benefit the practice. |
| 2 | Continued advertising and promotion of the benefits to patient groups. Providing guidance on the types of things suitable for eConsults. |
| 3 | Advertise it more. We have it on our website but those who have their own short-cuts already set up might be bypassing this. |
| 4 | Change software to one which works for both practice and patient. |
| 5 | Better awareness and make more smartphone friendly |
| 6 | Use of tools like accurx as well. |
| 7 | Patient awareness & expectations. Better integration with existing GP systems rather than as another bolt on software programme.  |
| 8 | Promotion with patients. |
| 9 | durrrrrrrrrr - don't do it where there is no control on volume and timing  |
| 10 | Constant reinforcement of messaging to patients on using eConsults (e.g. in conversations with care navigators, on phone messages, from the clinician). Prompt and effective response to the online consultation to ensure a positive experience, encouraging repeat usage and word of mouth recommendation. |
| 11 | positive media campaign letting the public know it's benefits |
| 12 | Cant see why anyone would wish to? |
| 13 | Better communications |
| 14 | link to system 1 to reduce process |
| 15 | Needs to be fully integrated into access at practice level - but need to ensure does not disadvantage those who do not have internet access |
| 16 | There has been an explosion of products on the market- allowing practices to chose the right one for their needs is key. We have scoped other products, as have not found Engage-COnsult a great product, having road tested the product intensely. We would like a total triage tool- one that can gather info whether patient self-completes online or allows receptionists to gather clinical facts relevant to the presenting problem (which allows us to better meet ""need"" and not ""want""). Personally I really enjoy the variety that online consulting offers.  |
| 17 | Fund effective options (engageConsult is not fit for purpose). Advertising.  |
| 18 | Use a system that works with the clinicians not a one approach fits all because the STP wanted to buy in bulk (which in the end cost more than if we had gone with our system supplier)  |
| 19 | A better structured training for all. Getting Practice's involved in the early procurement of future online consultation applications. Better match to Clinical Systems.  |
| 20 | Education of elderley population, it needs to be one app for all and combined with NHS app, too many different tools been used |
| 21 | Promote more widely |
| 22 | more advertising |
| 23 | integration into systmone |
| 24 | The number if questions asked could put patients off. |
| 25 | I'm not sure we need to actively increase the use of online consultations |
| 26 | I would like to know the answer to that as well |
| 27 | Please don’t! Increases demand & blocks the system with worried well and minor illness. The vulnerable and elderly, disabled, those with learning difficulties can’t use it. It is increasing health inequalities.  |
| 28 | Why? There si only a finite amount of consulting time - to expand these means fewer face to face and these are lmore clinically risky, it would be better to ensure our face to faces were with appropriate patietns, there is no spare capacity for these and no GPs sat aorund able to do them. what will we stop doing to find the time to facilitate this? |
| 29 | Communicating to patients in many ways - holding off this at present with other demands |
| 30 | To be fair, we have not promoted Engage Consult at our practice. It is available on the website to access but as we do not find it very easy to use, we have not promoted it.  |
| 31 | It's advertised on the website.If we made fewer traditional appointments available it would probably be more popular. |
| 32 | More advertisement |

 |
|   | answered | 32 |
| skipped | 32 |

|  **Is there anything further you would like to tell us about your experience of Online Consultations?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 19 |
|

|  |  |
| --- | --- |
| 1 | No |
| 2 | 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. |
| 3 | V limited experience.  |
| 4 | n/a |
| 5 | as above |
| 6 | 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. |
| 7 | 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. |
| 8 | 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. |
| 9 | time consuming for clinical queries, more use for admin queries |
| 10 | 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.  |
| 11 | 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 |
| 12 | We have really struggled to engage patients with online consulting despite having high uptake and use of systmonline.  |
| 13 | It seems to be causing additional work at the moment. |
| 14 | 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. |
| 15 | 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. |
| 16 | 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 |
| 17 | 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. |
| 18 | n/a |
| 19 | You can probably tell - I'm not a great fan! |

 |
|   | answered | 19 |
| skipped | 45 |

**Video Consultations**

| **Have you adopted Video Consultation? (if Yes/Tried please continue to the next question)**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 96.49% | 55 |
| 2 | No |    | 0.00% | 0 |
| 3 | Tried |

|  |
| --- |
|   |

 | 3.51% | 2 |
| 4 | Not yet implemented |    | 0.00% | 0 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.07 | Std. Deviation: | 0.37 | Satisfaction Rate: | 2.34 |
| Variance: | 0.14 | Std. Error: | 0.05 |   |

 | answered | 57 |
| skipped | 7 |

| **24. 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 | 64 |  |  |  |  |

| **25. What tools have you used?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | AccuRX |

|  |
| --- |
|   |

 | 100.00% | 56 |
| 2 | eConsult |

|  |
| --- |
|   |

 | 1.79% | 1 |
| 3 | iPLATO |    | 0.00% | 0 |
| 4 | Other (please specify): |

|  |
| --- |
|   |

 | 12.50% | 7 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.54 | Std. Deviation: | 1.02 | Satisfaction Rate: | 13.1 |
| Variance: | 1.05 | Std. Error: | 0.14 |   |

 | answered | 56 |
| skipped | 8 |
| Other (please specify): (7) |
|

|  |  |
| --- | --- |
| 1 | EMIS in app video consultation software and MS Teams for MDTs |
| 2 | Xon/Surgery Connect Phones |
| 3 | Push Doctor |
| 4 | Attend Anywhere also - soon stopped |
| 5 | X-On video calls |
| 6 | Zoom for care homes |
| 7 | via other services re: translations |

 |

| **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 |

|  |
| --- |
|   |

 | 1.79% | 1 |
| 4 | 3 |

|  |
| --- |
|   |

 | 12.50% | 7 |
| 5 | 4 |

|  |
| --- |
|   |

 | 28.57% | 16 |
| 6 | 5 |

|  |
| --- |
|   |

 | 57.14% | 32 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.41 | Std. Deviation: | 0.77 | Satisfaction Rate: | 88.21 |
| Variance: | 0.6 | Std. Error: | 0.1 |   |

 | answered | 56 |
| skipped | 8 |

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

|  |
| --- |
|   |

 | 98.25% | 56 |
| 2 | ANP |

|  |
| --- |
|   |

 | 59.65% | 34 |
| 3 | Nurses |

|  |
| --- |
|   |

 | 47.37% | 27 |
| 4 | HCA |

|  |
| --- |
|   |

 | 8.77% | 5 |
| 5 | Reception Staff |

|  |
| --- |
|   |

 | 3.51% | 2 |
| 6 | Admin |

|  |
| --- |
|   |

 | 3.51% | 2 |
| 7 | Social Prescribing |

|  |
| --- |
|   |

 | 7.02% | 4 |
| 8 | Pharmacist |

|  |
| --- |
|   |

 | 15.79% | 9 |
| 9 | Other (please specify): |

|  |
| --- |
|   |

 | 3.51% | 2 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 6.4 | Std. Deviation: | 6.85 | Satisfaction Rate: | 49.12 |
| Variance: | 46.98 | Std. Error: | 0.91 |   |

 | answered | 57 |
| skipped | 7 |
| Other (please specify): (2) |
|

|  |  |
| --- | --- |
| 1 | Registrars |
| 2 | Physician Associates |

 |

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

|  |
| --- |
|   |

 | 94.74% | 54 |
| 2 | Planned Reviews |

|  |
| --- |
|   |

 | 68.42% | 39 |
| 3 | LTC Reviews |

|  |
| --- |
|   |

 | 45.61% | 26 |
| 4 | Prescribing |

|  |
| --- |
|   |

 | 29.82% | 17 |
| 5 | Care Homes |

|  |
| --- |
|   |

 | 59.65% | 34 |
| 6 | MDT |

|  |
| --- |
|   |

 | 28.07% | 16 |
| 7 | Other (please specify): |

|  |
| --- |
|   |

 | 3.51% | 2 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 9.79 | Std. Deviation: | 12.8 | Satisfaction Rate: | 108.19 |
| Variance: | 163.71 | Std. Error: | 1.69 |   |

 | answered | 57 |
| skipped | 7 |
| Other (please specify): (2) |
|

|  |  |
| --- | --- |
| 1 | palliative care review |
| 2 | translations |

 |

| **How has your experience been with Care Homes?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 30 |
|

|  |  |
| --- | --- |
| 1 | sporadic |
| 2 | 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. |
| 3 | Not a personal experience, but appears to have gone down well with the GPs and the patients. |
| 4 | Issues with internet/wifi access at some homes makes remote triage difficult. |
| 5 | Weekly check ins are a great idea |
| 6 | 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. |
| 7 | Hindered due to lack of technology until the last week (mid-May) when CCG have provided tablet devices for all.  |
| 8 | Good |
| 9 | Great |
| 10 | very good |
| 11 | very helpful with the COVID situation, some teething problems with the homes and the IT. |
| 12 | Good |
| 13 | 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. |
| 14 | Good |
| 15 | better now they have designated tablet computers rather than having to use their own mobiles |
| 16 | good |
| 17 | Overall successful although early days yet.  |
| 18 | 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.  |
| 19 | Excellent, facilitating ""ward rounds"" performed remotely using digital tablet device. |
| 20 | We continue to have an exceptional working relationship with our local care homes. |
| 21 | Seen a dramatic downturn in their contact |
| 22 | We have a named GP who does a weekly virtual ward round and who has also done ward rounds in person. |
| 23 | Varied. Some homes reluctant to use this. but it is a very beneficial tool for GPS |
| 24 | Only just got running |
| 25 | 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. |
| 26 | 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 |
| 27 | The use of ceilings of care if helping when speaking to the care home |
| 28 | 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! |
| 29 | 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 |
| 30 | Generally good although one home is reluctant to use this method |

 |
|   | answered | 30 |
| skipped | 34 |

| **Have you used different solutions with Care Homes compared to individual consultations?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 36.36% | 12 |
| 2 | No |

|  |
| --- |
|   |

 | 63.64% | 21 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.64 | Std. Deviation: | 0.48 | Satisfaction Rate: | 63.64 |
| Variance: | 0.23 | Std. Error: | 0.08 |   |

 | answered | 33 |
| skipped | 31 |
| If Yes, please describe (11) |
|

|  |  |
| --- | --- |
| 1 | We use MS Teams for MDTs and AccuRX for individual patient consultations. |
| 2 | Will probably be using Microsoft Teams in the future for care home rounds, current video consult options aren't always working for various reasons |
| 3 | Video consultations been much more limited.  |
| 4 | Video Consultations |
| 5 | called managers, relevant carers |
| 6 | Video Ward Rounds |
| 7 | A dedicated health care professional telephone line to speed up contact in practice, care homes issued with observation equipment to assist with remote consultations,  |
| 8 | Gps have |
| 9 | Zoom for care homes, accurx for individuals |
| 10 | using video consultations |
| 11 | No, but intend to use them for MDT meetings etc in future |

 |

| **31. 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 |

|  |
| --- |
|   |

 | 11.76% | 6 |
| 5 | 4 |

|  |
| --- |
|   |

 | 35.29% | 18 |
| 6 | 5 |

|  |
| --- |
|   |

 | 33.33% | 17 |
| 7 | N/A |

|  |
| --- |
|   |

 | 19.61% | 10 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.61 | Std. Deviation: | 0.93 | Satisfaction Rate: | 76.8 |
| Variance: | 0.87 | Std. Error: | 0.13 |   |

 | answered | 51 |
| skipped | 13 |

| **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 |

|  |
| --- |
|   |

 | 3.92% | 2 |
| 4 | 3 |

|  |
| --- |
|   |

 | 29.41% | 15 |
| 5 | 4 |

|  |
| --- |
|   |

 | 45.10% | 23 |
| 6 | 5 |

|  |
| --- |
|   |

 | 21.57% | 11 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.84 | Std. Deviation: | 0.8 | Satisfaction Rate: | 76.86 |
| Variance: | 0.64 | Std. Error: | 0.11 |   |

 | answered | 51 |
| skipped | 13 |
| Please add any details (if applicable) (15) |
|

|  |  |
| --- | --- |
| 1 | I'm not sure we only have one GP using very limited video consultations at the moment.  |
| 2 | No idea |
| 3 | Some patients offered instead of telephone call but don't want video, telephone will suffice, generally only use if need to see the patient majority of work can be completed via telephone.Patients have sent in pictures via accuRX text which is helpful. |
| 4 | Difficult to say, 'enjoy' is probably not the right word. Is it effective and can it resolve the patient's issue would be better. It is not a Zoom quiz. |
| 5 | Well received by all patients so far, technology worked 9/10 and issues usually user dependent. Patients seem more reassurred.  |
| 6 | As its offered as an enhancement to the consultation that is ongoing by telephone patients are enjoying it. It is helpful for the clinicians and enables better care which generally gives a more positive outcome for the patient. We haven't had any negative feedback since introducing video calls during the pandemic. |
| 7 | some patients initially are wary of the technology but enjoy the experience once guided through it  |
| 8 | I think they like it once they've figured out how to connect to it. We have many that either don't have a smart phone, don't have the data or just cant figure out how to connect it.Patients like to feel they gain the face to face element without the hassle of having to go to the surgery and take too much time out of their day (half day off work etc). Easier to see skin and rashes and get an overall impression of how they look e.g. do they look sick |
| 9 | Great positive patient feedback.  |
| 10 | Patient feedback has been great- especially during COVID. The challenge is to maintain this and continue to promote this great offer for video consulting, for conditions where an examination is not necessary.  |
| 11 | Most like it at the moment as they don't want to come to the practice but I think they would be less keen in normal times. |
| 12 | I think patients find it reassuring to see the doctor rather than just speak on the phone. I don't actually think it adds an awful lot clinically, from the doctor's point of view, compared to a phone call  |
| 13 | Again, complex problems are very difficult to deal with on video and also dermatology issues |
| 14 | Depends. See above. Elderly not at all. Worried, anxious millennials with minor illness love it.  |
| 15 | Patients have embraced tel and video consultations, easier access. This has also been helped by the fact that patients are usually consulted with on the day - instant access almost! |

 |

|  **What approaches are being used?**  |
| --- |
|  | **Yes** | **No** | **Response Total** |
| Phone first? | 98.1%(53) | 1.9%(1) | 54 |
| Straight to video? | 19.6%(9) | 80.4%(37) | 46 |
|  | answered | 55 |
| skipped | 9 |

| **33.1. Phone first?** | **Response Percent** | **Response Total** |
| --- | --- | --- |
| 1 | Yes |

|  |
| --- |
|   |

 | 98.1% | 53 |
| 2 | No |

|  |
| --- |
|   |

 | 1.9% | 1 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.02 | Std. Deviation: | 0.13 | Satisfaction Rate: | 1.85 |
| Variance: | 0.02 | Std. Error: | 0.02 |   |

 | answered | 54 |

| **33.2. Straight to video?** | **Response Percent** | **Response Total** |
| --- | --- | --- |
| 1 | Yes |

|  |
| --- |
|   |

 | 19.6% | 9 |
| 2 | No |

|  |
| --- |
|   |

 | 80.4% | 37 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.8 | Std. Deviation: | 0.4 | Satisfaction Rate: | 80.43 |
| Variance: | 0.16 | Std. Error: | 0.06 |   |

 | answered | 46 |

| **How are cases selected for Video Consultation?**  |
| --- |
|  | **Yes** | **No** | **Response Total** |
| Patient led? | 34.8%(16) | 65.2%(30) | 46 |
| Clinician led? | 100.0%(53) | 0.0%(0) | 53 |
|  | answered | 54 |
| skipped | 10 |

| **34.1. Patient led?** | **Response Percent** | **Response Total** |
| --- | --- | --- |
| 1 | Yes |

|  |
| --- |
|   |

 | 34.8% | 16 |
| 2 | No |

|  |
| --- |
|   |

 | 65.2% | 30 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.65 | Std. Deviation: | 0.48 | Satisfaction Rate: | 65.22 |
| Variance: | 0.23 | Std. Error: | 0.07 |   |

 | answered | 46 |

| **34.2. Clinician led?** | **Response Percent** | **Response Total** |
| --- | --- | --- |
| 1 | Yes |

|  |
| --- |
|   |

 | 100.0% | 53 |
| 2 | No |    | 0.0% | 0 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1 | Std. Deviation: | 0 | Satisfaction Rate: | 0 |
| Variance: | 0 | Std. Error: | 0 |   |

 | answered | 53 |

|  **How many cases are converted to face to face?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0-20% |

|  |
| --- |
|   |

 | 88.68% | 47 |
| 2 | 21-40% |

|  |
| --- |
|   |

 | 11.32% | 6 |
| 3 | 41-60% |    | 0.00% | 0 |
| 4 | 61-80% |    | 0.00% | 0 |
| 5 | 81-100% |    | 0.00% | 0 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.11 | Std. Deviation: | 0.32 | Satisfaction Rate: | 2.83 |
| Variance: | 0.1 | Std. Error: | 0.04 |   |

 | answered | 53 |
| skipped | 11 |

| **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 |

|  |
| --- |
|   |

 | 1.82% | 1 |
| 2 | IN THE FUTURE |

|  |
| --- |
|   |

 | 12.73% | 7 |
| 3 | BOTH |

|  |
| --- |
|   |

 | 81.82% | 45 |
| 4 | Other (please specify): |

|  |
| --- |
|   |

 | 3.64% | 2 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.87 | Std. Deviation: | 0.47 | Satisfaction Rate: | 62.42 |
| Variance: | 0.22 | Std. Error: | 0.06 |   |

 | answered | 55 |
| skipped | 9 |
| Other (please specify): (2) |
|

|  |  |
| --- | --- |
| 1 | We had been useing pre-pandemic |
| 2 | I see it continuing for care homes, MDTs, etc. it's not that useful for individual patients |

 |

|  **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 | 100.00% | 18 |
|

|  |  |
| --- | --- |
| 1 | AccuRx is amazing - please commission the full version for all practices in the STP |
| 2 | The team feel there is not much added value of video consultations over telephone consultations in the majority of cases. |
| 3 | Slow internet and android/apple conflicts need to be resolved to be fully bought in to. |
| 4 | training on how to use to attach documents and photos etc essential |
| 5 | Check with the patient what they prefer.  |
| 6 | 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 |
| 7 | 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.  |
| 8 | it just works so give it a go |
| 9 | 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. |
| 10 | AccuRx excellent but view limited by phone screen, need to buy webcams and headsets for all clinicians consulting in this way. |
| 11 | There is a place but does not replace the need for face to face consultations in many cases. |
| 12 | Getting a web cam for the computer gives a much bigger screen and better quality that when started and had to use phones. |
| 13 | 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 |
| 14 | 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.  |
| 15 | We've had exceptional feedback from patients and staff in relation to the accuRx application. |
| 16 | AccuRX is straightforward - needs to be kept easy to encourage patients to use |
| 17 | For rashes, etc, photos sent via accurx or engage consult are MUCH better than using videoconsulting.  |
| 18 | Has been used very successfully; we'd have struggled to maintain a service to our patients during the pandemic without it. |

 |
|   | answered | 18 |
| skipped | 46 |

| **Is there anything else you would like to tell us about your experience of Video Consultation?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 17 |
|

|  |  |
| --- | --- |
| 1 | Often the connect can be bad.  |
| 2 | 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.  |
| 3 | Need to be certain what it actually adds for the patient. Some less tech savvy patients could miss out. |
| 4 | Positive and accurx has been a joy compared to the usual NHS IT solutions.  |
| 5 | very good provider |
| 6 | 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. |
| 7 | It does take longer initially - especially if looking at skin lesions - need to get the lighting and angles right |
| 8 | n/a |
| 9 | Can we hard for patients to get connected to it. |
| 10 | really positive experience, invaluable during Covid but we will definitely want to continue and indeed roll it out further to other staff groups |
| 11 | Some patients have struggled to activate their camera and audio to allow video calls , may improve with experience |
| 12 | Enjoyed it so far. Clinicians all really positive! |
| 13 | We have been useing this tool pre-pandemic so were well prepared, the difficulty is patients understanding which can be resolved with educational event |
| 14 | Cannot be used unless the patient has an appropriate phone. |
| 15 | As the Practice Manager I cannot comment on some of the questions |
| 16 | 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. |
| 17 | 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 |

 |
|   | answered | 17 |
| skipped | 47 |

**SMS Messaging**

| **Have you adopted SMS?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 90.91% | 50 |
| 2 | No |

|  |
| --- |
|   |

 | 3.64% | 2 |
| 3 | Tried |

|  |
| --- |
|   |

 | 3.64% | 2 |
| 4 | Not yet implemented |

|  |
| --- |
|   |

 | 1.82% | 1 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.16 | Std. Deviation: | 0.56 | Satisfaction Rate: | 5.45 |
| Variance: | 0.32 | Std. Error: | 0.08 |   |

 | answered | 55 |
| skipped | 9 |

| **If no or not yet implemented please describe why:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 2 |
|

|  |  |
| --- | --- |
| 1 | We have others options |
| 2 | n/a |

 |
|   | answered | 2 |
| skipped | 62 |

| **41. What SMS solutions are you using? Please tick any that apply:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | EMIS |

|  |
| --- |
|   |

 | 11.76% | 6 |
| 2 | SysmOne |

|  |
| --- |
|   |

 | 33.33% | 17 |
| 3 | AccuRx |

|  |
| --- |
|   |

 | 82.35% | 42 |
| 4 | MJog |

|  |
| --- |
|   |

 | 49.02% | 25 |
| 5 | iPlato |

|  |
| --- |
|   |

 | 1.96% | 1 |
| 6 | Other (please specify): |

|  |
| --- |
|   |

 | 5.88% | 3 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.67 | Std. Deviation: | 3.78 | Satisfaction Rate: | 76.47 |
| Variance: | 14.28 | Std. Error: | 0.53 |   |

 | answered | 51 |
| skipped | 13 |
| Other (please specify): (3) |
|

|  |  |
| --- | --- |
| 1 | Already had CCG text messaging service in operation |
| 2 | Klinik |
| 3 | Klinik online consultation system allows 2-way SMS |

 |

| **What are you using SMS for (interaction with patients)?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Patient reminders (eg. appointment reminders) |

|  |
| --- |
|   |

 | 83.67% | 41 |
| 2 | Clinical message (eg. sending results) |

|  |
| --- |
|   |

 | 77.55% | 38 |
| 3 | Bulk messaging (eg. practice response to COVID) |

|  |
| --- |
|   |

 | 63.27% | 31 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.29 | Std. Deviation: | 3.76 | Satisfaction Rate: | 102.04 |
| Variance: | 14.13 | Std. Error: | 0.54 |   |

 | answered | 49 |
| skipped | 15 |

| **Are you currently using an SMS solution for two-way messaging?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 66.67% | 34 |
| 2 | No |

|  |
| --- |
|   |

 | 33.33% | 17 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.33 | Std. Deviation: | 0.47 | Satisfaction Rate: | 33.33 |
| Variance: | 0.22 | Std. Error: | 0.07 |   |

 | answered | 51 |
| skipped | 13 |

|  **If No would you find it useful?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 72.22% | 13 |
| 2 | No |

|  |
| --- |
|   |

 | 27.78% | 5 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.28 | Std. Deviation: | 0.45 | Satisfaction Rate: | 27.78 |
| Variance: | 0.2 | Std. Error: | 0.11 |   |

 | answered | 18 |
| skipped | 46 |
| Please add further details (8) |
|

|  |  |
| --- | --- |
| 1 | I'm not to sure would need more information on how this works. |
| 2 | possibly |
| 3 | But depends on what outcome is expected. For simple yes/no data gathering will be good. Just have not yet implemented this option due to Covid and only recent upgrade to MJOG. |
| 4 | Some practices struggling to get it enabled but wish they could! Delays with CCG IT. |
| 5 | We do also use MJOG for some other SMS messages |
| 6 | On some occasions it would be useful but it is another system for us to monitor. |
| 7 | possibly |
| 8 | We are wary of opening up another line of consultation. We send clinical messages to patients or request information off them but ask the to send into reception. |

 |

| **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 |

|  |
| --- |
|   |

 | 1.96% | 1 |
| 4 | 3 |

|  |
| --- |
|   |

 | 13.73% | 7 |
| 5 | 4 |

|  |
| --- |
|   |

 | 31.37% | 16 |
| 6 | 5 |

|  |
| --- |
|   |

 | 52.94% | 27 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.35 | Std. Deviation: | 0.79 | Satisfaction Rate: | 87.06 |
| Variance: | 0.62 | Std. Error: | 0.11 |   |

 | answered | 51 |
| skipped | 13 |

| **Has is changed your workload?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | 0 (significant reduction |

|  |
| --- |
|   |

 | 20.00% | 10 |
| 2 | 1 (slight reduction) |

|  |
| --- |
|   |

 | 54.00% | 27 |
| 3 | 2 (no impact) |

|  |
| --- |
|   |

 | 24.00% | 12 |
| 4 | 3 (slight increase) |

|  |
| --- |
|   |

 | 2.00% | 1 |
| 5 | 4 (significant increase) |    | 0.00% | 0 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.08 | Std. Deviation: | 0.72 | Satisfaction Rate: | 27 |
| Variance: | 0.51 | Std. Error: | 0.1 |   |

 | answered | 50 |
| skipped | 14 |

| **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 |

|  |
| --- |
|   |

 | 1.96% | 1 |
| 2 | IN THE FUTURE |

|  |
| --- |
|   |

 | 11.76% | 6 |
| 3 | BOTH |

|  |
| --- |
|   |

 | 86.27% | 44 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.84 | Std. Deviation: | 0.41 | Satisfaction Rate: | 92.16 |
| Variance: | 0.17 | Std. Error: | 0.06 |   |

 | answered | 51 |
| skipped | 13 |
| Please add any details (if applicable) (7) |
|

|  |  |
| --- | --- |
| 1 | We used SMS messaging before the pandemic. |
| 2 | We have been using text messaging for quite a while and MJOG made it lots easier to bulk text. |
| 3 | Accurx is amazing |
| 4 | 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. |
| 5 | we need more training in this and once in place i am sure it will be of much more benefit |
| 6 | I have found it very useful for asking patient to send me pictures of rashes, etc, before I ring them - often it leads to a diagnosis within seconds and a phone conversation of maybe 2mins compared to 10+. I very much like this. |
| 7 | Bulk messaging is not available in Accurx, so this would be needed for our previous use of bulk appointment reminders.Funding of SMS needs to be sorted out as it does not appear to be equally funded across the patch. |

 |

|  **How might it be enhanced?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 23 |
|

|  |  |
| --- | --- |
| 1 | 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. |
| 2 | Please commission the full (unlimited) version of AccuRx for all practices in the STP |
| 3 | 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. |
| 4 | 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). |
| 5 | 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 |
| 6 | n/a |
| 7 | Rapid fixes to ensure all practices can use two-way messaging.  |
| 8 | Change guidance so patients have to opt out of service rather than gaining concent |
| 9 | it works okay as is so long as we retain control  |
| 10 | 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. |
| 11 | more investment in AccuRx ato be able to send mass SMS and have responses coded in records. |
| 12 | sending bulk texts |
| 13 | don't know |
| 14 | easier options to 'batch text' in accuRX.  |
| 15 | Would be helpful if accuracy responses eg. Smoking could be coded directly into EMIS |
| 16 | AccuRx is fantastic. Two way comms really helpful. Only limitation is unable to set up ""preset texts"".  |
| 17 | Bulk SMS facility would be fantastic for accuRx. |
| 18 | AccuRx easy to use Mjog a little more complicated, bulk messaging from AccuRx please |
| 19 | Bulk messaging of the type available in accurx. At the moment the bulk texts we send have to be much simpler. |
| 20 | Bulk messaging - accurx |
| 21 | 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 |
| 22 | bulk messaging, default consent  |
| 23 | More characters |

 |
|   | answered | 23 |
| skipped | 41 |

| **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 | 100.00% | 11 |
|

|  |  |
| --- | --- |
| 1 | AccuRx is amazing - PLEASE commission it |
| 2 | AccuRx has worked v well for EMIS. I liked S1 text too esp texting from the results filing page.  |
| 3 | Small, clear steps. Need to be careful of confidentiality issues e.g. parent's having phone number on teenager's record, shared phones etc. |
| 4 | 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 |
| 5 | 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. |
| 6 | n/a |
| 7 | Very useful for sick notes, blood results, prescription notifications etcAbility to set up template responses has been great. |
| 8 | Great to have a range of communication tools. Good patient and clinciain feedback on this.  |
| 9 | Bulk SMS facility would be fantastic for accuRx. Ensure that telephone numbers are checked prior to sending a SMS. |
| 10 | Getting patients to send photos of their rash via accurx is much better than videoconsulting |
| 11 | 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. |

 |
|   | answered | 11 |
| skipped | 53 |

| **Is there anything else you would like to tell us about your experience of SMS messaging?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 9 |
|

|  |  |
| --- | --- |
| 1 | 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 |
| 2 | Great addition- liked by all, pts & staff. Others such as DNs & hosp teams should use it too |
| 3 | 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. |
| 4 | 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. |
| 5 | making sure phone numbers are correct ! |
| 6 | n/a |
| 7 | AccuRX has been really useful allowing a reply option |
| 8 | As the Practice Manager I cannot comment on some of the questions |
| 9 | I wish we'd done this sooner |

 |
|   | answered | 9 |
| skipped | 55 |

**If you are a clinician please answer the following:**

| **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 |

|  |
| --- |
|   |

 | 5.00% | 1 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |

|  |
| --- |
|   |

 | 15.00% | 3 |
| 4 | 3 |

|  |
| --- |
|   |

 | 45.00% | 9 |
| 5 | 4 |

|  |
| --- |
|   |

 | 25.00% | 5 |
| 6 | 5 |

|  |
| --- |
|   |

 | 10.00% | 2 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.15 | Std. Deviation: | 1.11 | Satisfaction Rate: | 63 |
| Variance: | 1.23 | Std. Error: | 0.25 |   |

 | answered | 20 |
| skipped | 44 |

| **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 |

|  |
| --- |
|   |

 | 9.52% | 2 |
| 4 | 3 |

|  |
| --- |
|   |

 | 9.52% | 2 |
| 5 | 4 |

|  |
| --- |
|   |

 | 38.10% | 8 |
| 6 | 5 |

|  |
| --- |
|   |

 | 42.86% | 9 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.14 | Std. Deviation: | 0.94 | Satisfaction Rate: | 82.86 |
| Variance: | 0.88 | Std. Error: | 0.21 |   |

 | answered | 21 |
| skipped | 43 |

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

|  |
| --- |
|   |

 | 4.76% | 1 |
| 2 | 1 |

|  |
| --- |
|   |

 | 4.76% | 1 |
|  | 2 |

|  |
| --- |
|   |

 | 9.52% | 2 |
| 4 | 3 |

|  |
| --- |
|   |

 | 28.57% | 6 |
| 5 | 4 |

|  |
| --- |
|   |

 | 47.62% | 10 |
| 6 | 5 |

|  |
| --- |
|   |

 | 4.76% | 1 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.24 | Std. Deviation: | 1.15 | Satisfaction Rate: | 64.76 |
| Variance: | 1.32 | Std. Error: | 0.25 |   |

 | answered | 21 |
| skipped | 43 |

| **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 |

|  |
| --- |
|   |

 | 14.29% | 3 |
| 3 | 2 |

|  |
| --- |
|   |

 | 4.76% | 1 |
| 4 | 3 |

|  |
| --- |
|   |

 | 23.81% | 5 |
| 5 | 4 |

|  |
| --- |
|   |

 | 47.62% | 10 |
| 6 | 5 |

|  |
| --- |
|   |

 | 9.52% | 2 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.33 | Std. Deviation: | 1.17 | Satisfaction Rate: | 66.67 |
| Variance: | 1.37 | Std. Error: | 0.25 |   |

 | answered | 21 |
| skipped | 43 |

| **We welcome any further comments/suggestions you would like to add:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 5 |
|

|  |  |
| --- | --- |
| 1 | PLEASE commission AccuRx |
| 2 | Sorry, I can't comment on this. |
| 3 | 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.  |
| 4 | 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 |
| 5 | In some cases but certainly not all. The majority  |

 |
|   | answered | 5 |
| skipped | 59 |