

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

June 2020

 Yorkshire and Humber data

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

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|   |

 | 41.53% | 76 |
| 2 | Secondary Care Clinician |    | 0.00% | 0 |
| 3 | Commissioner |

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 | 1.09% | 2 |
| 4 | Clerical Staff |

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 | 1.64% | 3 |
| 5 | Practice Manager |

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 | 49.18% | 90 |
| 6 | Other (please specify): |

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 | 6.56% | 12 |
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| **Analysis** | Mean: | 3.37 | Std. Deviation: | 2.03 | Satisfaction Rate: | 47.32 |
| Variance: | 4.1 | Std. Error: | 0.15 |   |

 | answered | 183 |
| skipped | 0 |

| **Which ICS / STP do you belong to?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 2 | South Yorkshire and Bassetlaw STP |

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 | 36.61% | 67 |
| 3 | West Yorkshire and Harrogate Health & Care Partnership (STP) |

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 | 28.42% | 52 |
| 4 | Humber, Coast and Vale STP |

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 | 34.97% | 64 |
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| **Analysis** | Mean: | 2.98 | Std. Deviation: | 0.85 | Satisfaction Rate: | 49.59 |
| Variance: | 0.72 | Std. Error: | 0.06 |   |

 | answered | 183 |
| skipped | 0 |

| **Which CCG do you belong to?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 4 | NHS BARNSLEY CCG |

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|   |

 | 7.10% | 13 |
| 5 | NHS BRADFORD DISTRICT AND CRAVEN CCG |

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 | 6.01% | 11 |
| 6 | NHS CALDERDALE CCG |

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 | 2.73% | 5 |
| 8 | NHS DONCASTER CCG |

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 | 8.74% | 16 |
| 9 | NHS EAST RIDING OF YORKSHIRE CCG |

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 | 7.10% | 13 |
| 10 | NHS GREATER HUDDERSFIELD CCG |

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 | 2.73% | 5 |
| 11 | NHS HULL CCG |

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 | 4.37% | 8 |
| 12 | NHS LEEDS CCG |

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|   |

 | 12.02% | 22 |
| 14 | NHS North East Lincoln CCG |

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|   |

 | 0.55% | 1 |
| 15 | NHS NORTH KIRKLEES CCG |

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 | 2.73% | 5 |
| 16 | NHS NORTH LINCOLNSHIRE CCG |

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|   |

 | 1.64% | 3 |
| 17 | NHS NORTH YORKSHIRE CCG |

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 | 12.02% | 22 |
| 18 | NHS ROTHERHAM CCG |

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|   |

 | 6.56% | 12 |
| 19 | NHS SHEFFIELD CCG |

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 | 14.21% | 26 |
| 23 | NHS VALE OF YORK CCG |

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|   |

 | 10.93% | 20 |
| 24 | NHS Wakefield CCG |

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|   |

 | 0.55% | 1 |
| 25 | Don't Know |    | 0.00% | 0 |
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| **Analysis** | Mean: | 13.6 | Std. Deviation: | 5.91 | Satisfaction Rate: | 52.5 |
| Variance: | 34.97 | Std. Error: | 0.44 |   |

 | answered | 183 |
| skipped | 0 |

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

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|   |

 | 76.80% | 139 |
| 2 | Video Conference |

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 | 93.37% | 169 |
| 3 | SMS |

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 | 84.53% | 153 |
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| **Analysis** | Mean: | 5.17 | Std. Deviation: | 5.17 | Satisfaction Rate: | 131.22 |
| Variance: | 26.74 | Std. Error: | 0.38 |   |

 | answered | 181 |
| skipped | 2 |

**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.**  |
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|  | **Response Percent** | **Response Total** |
| 1 | Yes |

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|   |

 | 64.37% | 112 |
| 2 | No |

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|   |

 | 9.77% | 17 |
| 3 | Tried but not fully implemented |

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 | 17.82% | 31 |
| 4 | Not yet implemented |

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|   |

 | 8.05% | 14 |
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| **Analysis** | Mean: | 1.7 | Std. Deviation: | 1.03 | Satisfaction Rate: | 23.18 |
| Variance: | 1.05 | Std. Error: | 0.08 |   |

 | answered | 174 |
| skipped | 9 |

| **If no or not yet implemented please describe why:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 31 |
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| --- | --- |
| 1 | We do not have the cameras to enable this to happen. |
| 2 | Practice preference would be video consultation |
| 3 | Unaware of the ITSeems like it would be slow - over the phone would be better |
| 4 | On line consultation would require open access to send messages , these messages go on the health record and patients do not always send appropriate messages. also worried about the resource required to answer all the messages that would potentially come through . Fear that it would open the floodgates for inappropriate use of a tight resource.  |
| 5 | currently using video consultations via phones at present - accurex |
| 6 | Not available  |
| 7 | Our CCG/ICS is in the process of rolling out DoctorLink but we have temporarily moved to a doctor-first system of triage to cope with the demads of the Covid-19 pandemic. |
| 8 | unsure |
| 9 | At th momnt we are just using video consultations |
| 10 | Possibility after the pandemic |
| 11 | my personal concern about too many avenues of access risking inadequate clinical assessment, causing risk of litigtion.Alternately, the system can result in massive amounts of algorithm answers which I find very hard to assess and which result in a load of negative data and coding, which makes it harder to see the wood for the trees and pick out the clinically important.I have done occasional on-line responses or advice, but we have not instigated this as a system. It also makes me feel patients can access us and expect response 24/7, which is not sustainable and could detract from clinical prioritising,.... triaging on-line access it is yet another system to institute on top of a great rate of change, and I suspect would increase access and workload. |
| 12 | Not available |
| 13 | concern about supply induced demand - generating new workload, without the capacity to match |
| 14 | Doing phone and video consultations - no enthusiasm for online consultations.  |
| 15 | Not been introduced  |
| 16 | under discussion  |
| 17 | GPs do not feel that this would benefit patient or practice.  |
| 18 | Not looked into it yet . Dr link is activated . |
| 19 | we are using accurx video consultations which are working well and telephone triage |
| 20 | Not considered it or encouraged to do so |
| 21 | Do not think it useful at the moment |
| 22 | I struggle to see the benefit except for simple, ""closed-loop"" queries i.e. medication queries. |
| 23 | cONCERNS ABOUT WORK-LOAD ON CLINICIANS AND CURRENTLY PHONE CONSULTING SEEMS TO CONTROL DEMAND  |
| 24 | I do not feel it necessary in my role, phone calls work well |
| 25 | not yet come across a suitable system that would work for our practice |
| 26 | managing our workload with other methods |
| 27 | We are using full telephone triage and video through accurx and sms. |
| 28 | The GPs believe that We would get an unprecedented amount of queries , most of them inappropriate for the service  |
| 29 | We have just had doctor link put onto our computer system so a couple of patients have booked appointment this way. |
| 30 | HGFHF |
| 31 | Currently do not have the capacity. We are |

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|   | answered | 31 |
| skipped | 152 |

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

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 | 40.54% | 45 |
| 2 | EMIS On-line Triage |

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 | 0.90% | 1 |
| 3 | AskMyGP |

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 | 2.70% | 3 |
| 4 | Engage Consult |

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 | 38.74% | 43 |
| 5 | Other (please specify): |

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 | 24.32% | 27 |
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| **Analysis** | Mean: | 3.27 | Std. Deviation: | 1.74 | Satisfaction Rate: | 54.95 |
| Variance: | 3.04 | Std. Error: | 0.17 |   |

 | answered | 111 |
| skipped | 72 |
| Other (please specify): (27) |
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| --- | --- |
| 1 | AccuRX |
| 2 | SystmOnline  |
| 3 | AccuRX |
| 4 | Accurx |
| 5 | Doctorlink |
| 6 | Doctor Link |
| 7 | AccuRx for video consultations |
| 8 | Klinik |
| 9 | Doctor Link |
| 10 | Doctorlink |
| 11 | SystmOne messaging |
| 12 | Klinik |
| 13 | DrLink |
| 14 | AccuRx |
| 15 | DoctorLink |
| 16 | Accurx |
| 17 | AccuRx |
| 18 | DoctorLink |
| 19 | Doctorlink  |
| 20 | DoctorLink |
| 21 | Telephone Triaging |
| 22 | Aire logic forms |
| 23 | AccuRx |
| 24 | Accurx |
| 25 | Own online Form |
| 26 | AccuRx |
| 27 | AccuRX |

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

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 | 18.58% | 21 |
| 2 | Additional access method |

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 | 73.45% | 83 |
| 3 | Other (please specify): |

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 | 13.27% | 15 |
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| **Analysis** | Mean: | 2.05 | Std. Deviation: | 0.57 | Satisfaction Rate: | 50 |
| Variance: | 0.33 | Std. Error: | 0.05 |   |

 | answered | 113 |
| skipped | 70 |
| Other (please specify): (15) |
|

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| 1 | Online messaging  |
| 2 | Total Video consultation with the vase majority of all patient contact |
| 3 | For Care Home's we are using this as our entry point for all non-urgent queries. |
| 4 | Sorry, I don't know what you mean in this question. |
| 5 | dissatified with the lack of control of the volume/type/time of this method - and the overwhelming workload |
| 6 | mix of telephone and e-consult |
| 7 | useful for photos of rashes while cant see pts face to face |
| 8 | Mainly being encouraged to use for sick note requests |
| 9 | Accept inbound enquiries only |
| 10 | Administration queries |
| 11 | patient enquiries  |
| 12 | haven't got a clue - have had 1 patient used it - but know we have it .... think they can access from webiste  |
| 13 | Data gathering for LTC reviews  |
| 14 | Each Engage Consult is assigned to the Duty Doctor if medical action is required |
| 15 | Telephone Triaging |

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| **How do practices allocate calls between staff types (eg. doctors/nurses/ANP)?**  |
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|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 105 |
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| 1 | Reception allocate based on care navigation and knowlege of clinical skills. |
| 2 | The GPS and ANPs run from 1 on the day rota and pick from that The nurses clinics are prebooked  |
| 3 | We have always been a triage based practice. All Clinicians work through the whole triage list dealing with all patients. Only allocated to someone if it is a continuing problem or requesting, for example, a male/female GP |
| 4 | Triage at first point and directed to ANP, GP. |
| 5 | Receptionists are trained care navigators and know which patients to put in which clinics |
| 6 | work from allocated clinic lists then an overflow triage list  |
| 7 | usual workload for each clinician as previously |
| 8 | All Dr Link outcomes received are reviewed by a GP first |
| 9 | eConsults come to the practice as a task and then go via workflow. The eConsult then goes to the on call GP. We do not currently allocate appt slots for this as numbers are low but are keeping a log for future planning when numbers increase. |
| 10 | all appropriate calls shared out between the doctors and ANPs equally |
| 11 | as per care navigation |
| 12 | started with nurse and GP triage lists, now we have reopened our old rotas and changed them all to tel slots to give staff some structure |
| 13 | Reception do this according to work type. It can be reallocated |
| 14 | Allocated between staff working that day |
| 15 | Admin manage work coming in |
| 16 | We have a number of eConsult lists:Clinical - done by our On-Call team Pharmacy - done by our Pharmacy teamAdmin - done by our Admin teamCare Home - done by our care home team |
| 17 | We have one list and they all pick from that. |
| 18 | Allocated by Admin Team |
| 19 | Usually admin request so responded to our GP.Get 2-3 per day so not heavily used. |
| 20 | Built into rota pro rata |
| 21 | New Care Navigator roles |
| 22 | Admin staff screen first, then ANPs discuss with GP. |
| 23 | Calls go to GPs |
| 24 | To date no one has used. Have held back from actively promoting for the moment due to reduced numbers of staff in the building at any one time because of social distancing. This makes it more difficult to ensure new systems are embedded so did not want large numbers at the beginning! |
| 25 | All calls are distributed equally between GPs available. |
| 26 | Discontinued |
| 27 | eConsult:We operate two econsult appointment ledgers/ triage lists: ACP/GP and Nursing. Care navigators review the econcult and either assign it two one of these lists, deal with it themselves (e.g. an online access query), or allocate it to a different team via tasks (pharmacists, prescribing administration).Within the GP/ACP triage lists, ACPs pick up a majority of the work, and flag for attention any that they encounter which require a GP input. engage consult:although engage consult is technically still live as it is funded, we are receiving c. 10x more eConsults than we ever have engage consults due to patient preference. Any remaining engage consults are dealt with on a case by case basis. |
| 28 | Admin team process the online requests received and either complete themselves or forward to assigned GP or nurse if relevant. |
| 29 | depends on the type of request  |
| 30 | We have not had so many of these due to our IT not being compatible and it having to be updated. We will add them to doctors lists depending on appointment availability.  |
| 31 | through our admin team who forward them onto the GP allocated to digital appointments that day. |
| 32 | added to a triage list that all the doctors use to triage patients |
| 33 | Administration do the allocation  |
| 34 | slots in doctors timetables for e-consults |
| 35 | All get sent to GP task list and then GPs do them when they have time depending on who is/isn't busy (no ANPs at the practice) |
| 36 | to GP triage list |
| 37 | All messages go to GP |
| 38 | Admin allocate to who they feel most appropriate |
| 39 | Triage lists then pass on to appropriate |
| 40 | All go to Drs  |
| 41 | On call team deal with all calls |
| 42 | econsult goes to usual gp for continuity of care  |
| 43 | Duty GP/ANP picks them up each day.  |
| 44 | Medication queries to pharmacistsClinical queries to duty doctor during COVID - previously allocated to locked Gp slotsAdmin queries to reception |
| 45 | all e consultations to GPs at present |
| 46 | goes to the duty doc |
| 47 | We have a specific team of senior decision makers managing the online consultations. - depending on quality of info- we may then triage onto another AHP to manage the case, although aim to conclude a consultation whenever possible online/ by phone or by video call. Unfortunately the Engage Consult tool does not lend itself well to total triage- it is too cumbersome and patients rarely complete enough fields for it to function this way. I |
| 48 | Doctors only |
| 49 | Routine calls added to S1 routine GP lists. Urgent work is completed by a team working collectively. Nurse appointments are booked without going through the triage system. |
| 50 | Have Triage nurse for same day appts and appts blocked off with GP's for her to book. |
| 51 | Currently all triage calls for GPs, annual reviews Nurses |
| 52 | Communal work list |
| 53 | patients choicw |
| 54 | The consultation goes to a GP to decide the next steps |
| 55 | According to problem / need of patient  |
| 56 | Staff members ask the nature of the call then signpost the patient to the appropriate clinician or alternative avenues  |
| 57 | GP/ANP/ADMIN |
| 58 | We don't. It comes directly to our Triage Team. |
| 59 | We would allocate to the most appropiate member of staff, very low usage at the moment |
| 60 | Ours are allocated to either our duty gp or the triage list or the clinician dealing with medication requests etc. as appropriate. We don't get many admin queries. We have had this system for nearly 2 years but there has been increased use since the swap to total triage. |
| 61 | All calls to GP currently. Would send to nurse if an appropriate query was received. |
| 62 | GP and Admin only |
| 63 | Via triage |
| 64 | Different appointment slots and rota types |
| 65 | They get booked in with the most appropriate clinician |
| 66 | allocated to on call GP |
| 67 | Reception staff signpost where appropriate and then all calls requiring action are added to a Triage list which both GPs and ANPs work from. |
| 68 | All calls currently dealt with by doctors |
| 69 | shared between unless for a condition ANP not able to cover |
| 70 | All to GP at present |
| 71 | One list and all contribute |
| 72 | Reception care navigate |
| 73 | The emails come to a practice generic email box and are sorted by reception to GP, nurse. pharmacist or admin |
| 74 | added to triage list by reception if needs clinical advice, or directed to admin staff otherwise |
| 75 | Admin sift through |
| 76 | single list |
| 77 | Receptions field and then allocate  |
| 78 | Dr and Nurse both pick off the list. |
| 79 | navigation centre |
| 80 | Nurses have their own lists, GP work from 1 list and all work through the calls. Any follow up are booked by a GP on their own list |
| 81 | Admin team |
| 82 | Traiged by ONcall GP and allocated slots the next day if needed. |
| 83 | Online consultations?Picking list  |
| 84 | Admin staff review and direct to most appropriate member of staff, clinical or non-clinicalVery low numbers at present as not advertised too widely |
| 85 | Equally |
| 86 | Doctors  |
| 87 | They just get added to the daily lists for whichever staff member is in |
| 88 | Protocol  |
| 89 | depends who can deal with them - receptionist |
| 90 | Mainly DrsOccassionally by nurses |
| 91 | add the details to a rota slot on S1 then the GP picks it up during surgery |
| 92 | Reception triage Doctor triage Patient choice  |
| 93 | ANP and Duty GP at different points through the day, covering all opening hours |
| 94 | Reception allocate |
| 95 | Put on apptt list |
| 96 | One GP reviews these requests |
| 97 | booked and split |
| 98 | Triage |
| 99 | Screened by reception staff |
| 100 | Nominated senior member of staff who monitors the facility allocates the call. |
| 101 | Reviewed by patient services team and then allocated to the most appropriate team or duty GP |
| 102 | Calls go to GPs and Admin |
| 103 | They are monitored thoughout the day and allocated to individuals within the practice i.e. Duty Dr, Prescribing Clerk etc |
| 104 | Same allocation as booking face to face appointments |
| 105 | GP's book any follow ups into their own surgery. New contacts entered on to 1 list and all GP' work through it |

 |
|   | answered | 105 |
| skipped | 78 |

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

|  |
| --- |
|   |

 | 2.73% | 3 |
| 2 | 1 (slight reduction) |

|  |
| --- |
|   |

 | 22.73% | 25 |
| 3 | 2 (no impact) |

|  |
| --- |
|   |

 | 32.73% | 36 |
| 4 | 3 (slight increase) |

|  |
| --- |
|   |

 | 33.64% | 37 |
| 5 | 4 (significant increase) |

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|   |

 | 8.18% | 9 |
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| **Analysis** | Mean: | 3.22 | Std. Deviation: | 0.98 | Satisfaction Rate: | 55.45 |
| Variance: | 0.95 | Std. Error: | 0.09 |   |

 | answered | 110 |
| skipped | 73 |

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

|  |
| --- |
|   |

 | 11.21% | 12 |
| 2 | 1 |

|  |
| --- |
|   |

 | 8.41% | 9 |
| 3 | 2 |

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|   |

 | 19.63% | 21 |
| 4 | 3 |

|  |
| --- |
|   |

 | 32.71% | 35 |
| 5 | 4 |

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|   |

 | 14.95% | 16 |
| 6 | 5 |

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|   |

 | 13.08% | 14 |
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| **Analysis** | Mean: | 3.71 | Std. Deviation: | 1.46 | Satisfaction Rate: | 54.21 |
| Variance: | 2.13 | Std. Error: | 0.14 |   |

 | answered | 107 |
| skipped | 76 |

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

|  |
| --- |
|   |

 | 5.71% | 6 |
| 2 | 1 (slight reduction) |

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| --- |
|   |

 | 9.52% | 10 |
| 3 | 2 (no impact) |

|  |
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|   |

 | 59.05% | 62 |
| 4 | 3 (slight increase) |

|  |
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|   |

 | 20.95% | 22 |
| 5 | 4 (significant increase) |

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|   |

 | 4.76% | 5 |
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| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 3.1 | Std. Deviation: | 0.85 | Satisfaction Rate: | 52.38 |
| Variance: | 0.71 | Std. Error: | 0.08 |   |

 | answered | 105 |
| skipped | 78 |

| **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 |

|  |
| --- |
|   |

 | 7.84% | 8 |
| 2 | 1 |

|  |
| --- |
|   |

 | 4.90% | 5 |
| 3 | 2 |

|  |
| --- |
|   |

 | 20.59% | 21 |
| 4 | 3 |

|  |
| --- |
|   |

 | 32.35% | 33 |
| 5 | 4 |

|  |
| --- |
|   |

 | 28.43% | 29 |
| 6 | 5 |

|  |
| --- |
|   |

 | 5.88% | 6 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 3.86 | Std. Deviation: | 1.27 | Satisfaction Rate: | 57.25 |
| Variance: | 1.61 | Std. Error: | 0.13 |   |

 | answered | 102 |
| skipped | 81 |
| Any further comments (62) |
|

|  |  |
| --- | --- |
| 1 | Many of our patients do not have English as their first language as well as having a high illiteracy level. The online consulting method does not work for this cohort of patients  |
| 2 | Yes the feedback we get from patients has been positive, gives flexibility and reduces footfall |
| 3 | unable to comment |
| 4 | Once online they think its great.Webcam quality can be an issue |
| 5 | Too time consuming and we offer same day triage at the surgery and our access is very good therefore it is quicker to contact the surgery |
| 6 | I haven't had any feedback so not to sure. |
| 7 | We are not using the system to follow through the online consultation style as this usually takes too long and the saving into the patient record often takes too long. As soon as a message comes in from the patient then they are booked into a telephone slot with the clinician unless the admin staff can signpost elsewhere |
| 8 | Our patients are using as we are a atypical practice for asylum seekers and homeless so our patients often dont speak English or have access to the internet |
| 9 | Patients get an immediate response. However older patients are less keen |
| 10 | Difficult to say as early days  |
| 11 | Whilst the numbers are low the feedback from patients using eConsult has been positive. |
| 12 | I have personally tried it and it is very long winded. |
| 13 | No idea |
| 14 | Very rarely used which may suggest resistence |
| 15 | Lots of people saying don't go back to asking me to come to the surgery |
| 16 | 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.  |
| 17 | Not known. I think potentially though quite a few questions to answer which will put some off. |
| 18 | Patients like the fact that they can submit a request at anytime. |
| 19 | Patients may like the idea but rarely the outcome - and the time |
| 20 | 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. |
| 21 | Ideal for when the practice is closed or the phone line is busy. |
| 22 | some patients really like it, a small minority misuse it for trivial issues and non-medical questions |
| 23 | Again we have not seen it used that often - our patients have however adapted very well to our video consultation offering |
| 24 | 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.  |
| 25 | they like being able to send their query in at a time that suits them |
| 26 | some have difficulties finding it on the website or finding right page, but most manage with some guidance |
| 27 | Most end up having a telephone call |
| 28 | Don't know as haven't yet had any feedback |
| 29 | Ive not used it yet personally so can't answer too many of the questions above |
| 30 | depends on age/technology |
| 31 | Some patients ( few) use it a lot  |
| 32 | Feedback is that it’s time consuming and they find it quicker to request a call back.  |
| 33 | We have a large elderly population who do not use online consulting. |
| 34 | don't have to wait by phone , but takes a while to fill in.30% need phoning anyway and some seeing |
| 35 | not sure  |
| 36 | 96% of patients rate the online interface as good or excellent |
| 37 | Our opinion of online consultation is most likely due to the platform we are using. We have found that DrLink is not user friendly and the questions asked do not assist the GPs in triaging the patient |
| 38 | Very low uptake despite marketing. Those that engage report it useful, sometimes the amount of questions is off putting. |
| 39 | Not enough use to know |
| 40 | It's extremely long complete the initial online questions / template. |
| 41 | Some patients love it but most object to having to complete information online. |
| 42 | No feedback received but patients have stopped part way through the process and telephoned. |
| 43 | our access is so good, this doesn't sped up the process for patients so they may actually feel this leads to a slower response |
| 44 | I have used at my surgery and found it very useful  |
| 45 | 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.  |
| 46 | not used enough to comment yet |
| 47 | our demographics make it hard for those who need medical care most to use technology |
| 48 | Most end up having to be followed up with a telephone call or F2F |
| 49 | Most common problem encountered is patients being unable to load photographs (especially if related to a problem that is not a rash) |
| 50 | depends on age/demographics of patients |
| 51 | Obviously not as only 1 person done it! |
| 52 | No just a waste of time. |
| 53 | Getting used to it-yping population used to tech |
| 54 | They feel its a comprehensive assessment but it does raise expectations as to speed of response. Pts like it as an alternative to not being able top book an appt. |
| 55 | Done so few  |
| 56 | A very easy way to access the practice |
| 57 | As not performed this unable to give an appropriate reply |
| 58 | not many have used it yet |
| 59 | Proprietary platforms are too complicated for the majority of our patients which is why we have developed our own. |
| 60 | The patients who are seen & sorted v much like the processThese tend to be computer literate |
| 61 | Unsure - limited patient numbers using Online Consultation |
| 62 | 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 |

|  |
| --- |
|   |

 | 4.90% | 5 |
| 2 | 1 |

|  |
| --- |
|   |

 | 4.90% | 5 |
| 3 | 2 |

|  |
| --- |
|   |

 | 5.88% | 6 |
| 4 | 3 |

|  |
| --- |
|   |

 | 27.45% | 28 |
| 5 | 4 |

|  |
| --- |
|   |

 | 40.20% | 41 |
| 6 | 5 |

|  |
| --- |
|   |

 | 16.67% | 17 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.43 | Std. Deviation: | 1.26 | Satisfaction Rate: | 68.63 |
| Variance: | 1.58 | Std. Error: | 0.12 |   |

 | answered | 102 |
| skipped | 81 |
| Please add any details (if applicable) (29) |
|

|  |  |
| --- | --- |
| 1 | Yes they are getting no lesser service |
| 2 | I would like to think so  |
| 3 | I can't answer this as I don't know |
| 4 | No negative feedback. |
| 5 | N/A |
| 6 | No idea |
| 7 | Often faster and they find it convenient to message early am/late at night and throughout the weekend |
| 8 | Too early to tell. Will depend on the problem posed. Can see the utility for patient & practice to schedule work.  |
| 9 | The outcome of all requests is that a GP will call them back so I think they will be satisfied with the service.  |
| 10 | 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.  |
| 11 | I don't think we have done enough to measure this |
| 12 | yes as still speak to dr on phone |
| 13 | I can't really say as I am not a patient  |
| 14 | Don't know |
| 15 | not sure  |
| 16 | Excellent feedback on the speedy response and suits certain patient groups- young, working age adults, who cannot easily be available during work hours... |
| 17 | Not enough use to know |
| 18 | Feedback has been that it's extremely long complete the initial online questions / template. |
| 19 | Unable to comment |
| 20 | I think the positives are that they get a chance to completely explain their problem before speaking to the GP about any solutions. |
| 21 | Of the small number of these I have done, I think the patients will have been satisfied with the outcome |
| 22 | 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 |
| 23 | 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! |
| 24 | Haven't got a clue  |
| 25 | Done so few  |
| 26 | Too early to comment |
| 27 | Self selected group |
| 28 | 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. |
| 29 | More convenient for those at work |

 |

| **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 |

|  |
| --- |
|   |

 | 6.48% | 7 |
| 2 | IN THE FUTURE |

|  |
| --- |
|   |

 | 15.74% | 17 |
| 3 | BOTH |

|  |
| --- |
|   |

 | 69.44% | 75 |
| 4 | Other (please specify): |

|  |
| --- |
|   |

 | 12.96% | 14 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.98 | Std. Deviation: | 0.74 | Satisfaction Rate: | 64.51 |
| Variance: | 0.54 | Std. Error: | 0.07 |   |

 | answered | 108 |
| skipped | 75 |
| Other (please specify): (14) |
|

|  |  |
| --- | --- |
| 1 | given we have implemented video/telephone consultations we see no future for online consultations. The only good thing we find about it is it allows patients to send messages if they cannot get through on the phone |
| 2 | Not sure how useful for pandemic specific ally  |
| 3 | 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. |
| 4 | Possibly but it would not be our first choice for patients |
| 5 | 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. |
| 6 | We used before pandemic - no change in useage during it, plan to continue |
| 7 | 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. |
| 8 | depending on patient response  |
| 9 | I can see it been abused and underused |
| 10 | likely to be offered as additional option but not expecting much uptake unless the process is easier |
| 11 | it has no real benefit to practices as it is not a triage tool simply another mode of access |
| 12 | No reason to use it - have managed without it - not sure how it adds  |
| 13 | Neither |
| 14 | Maybe small role to play in future  |

 |

| **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% | 87 |
|

|  |  |
| --- | --- |
| 1 | 50 |
| 2 | 30 |
| 3 | 250 |
| 4 | 3 |
| 5 | 10 |
| 6 | 20 |
| 7 | 4 |
| 8 | 1 |
| 9 | 2 |
| 10 | 0 |
| 11 | 80 |
| 12 | 14 |
| 13 | 80 |
| 14 | 250 |
| 15 | 25 |
| 16 | 16 |
| 17 | 2 |
| 18 | 10 |
| 19 | 1 |
| 20 | 3 |
| 21 | 3 |
| 22 | 0 |
| 23 | 8 |
| 24 | 500 |
| 25 | 18 |
| 26 | 40 |
| 27 | 1 |
| 28 | 20 |
| 29 | 50 |
| 30 | 1 |
| 31 | 5 |
| 32 | 20 |
| 33 | 2 |
| 34 | 15 |
| 35 | 30 |
| 36 | 10 |
| 37 | 10 |
| 38 | 50 |
| 39 | 1 |
| 40 | 10 |
| 41 | 60 |
| 42 | 10 |
| 43 | 1 |
| 44 | 1000 |
| 45 | 2 |
| 46 | 12 |
| 47 | 30 |
| 48 | 200 |
| 49 | 4 |
| 50 | 2 |
| 51 | 0 |
| 52 | 250 |
| 53 | 3 |
| 54 | 1 |
| 55 | 3 |
| 56 | 0 |
| 57 | 14 |
| 58 | 1 |
| 59 | 40 |
| 60 | 6 |
| 61 | 8 |
| 62 | 5 |
| 63 | 3 |
| 64 | 7 |
| 65 | 150 |
| 66 | 40 |
| 67 | 20 |
| 68 | 1 |
| 69 | 50 |
| 70 | 500 |
| 71 | 34 |
| 72 | 10 |
| 73 | 4 |
| 74 | 8 |
| 75 | 5 |
| 76 | 40 |
| 77 | 20 |
| 78 | 5 |
| 79 | 4 |
| 80 | 40 |
| 81 | 5 |
| 82 | 56 |
| 83 | 5 |
| 84 | 18 |
| 85 | 70 |
| 86 | 100 |
| 87 | 48 |

 |
|   | answered | 87 |
| skipped | 96 |

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

|  |
| --- |
|   |

 | 71.17% | 79 |
| 2 | No |

|  |
| --- |
|   |

 | 28.83% | 32 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.29 | Std. Deviation: | 0.45 | Satisfaction Rate: | 28.83 |
| Variance: | 0.21 | Std. Error: | 0.04 |   |

 | answered | 111 |
| skipped | 72 |
| If No what further training would you like? (23) |
|

|  |  |
| --- | --- |
| 1 | Worked this out for ourselves.A proper package with an online waiting room would be great |
| 2 | 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.. |
| 3 | Designated time |
| 4 | We have muddled through with it, could be there are easier ways to deal with these. |
| 5 | Having difficulty engaging the GP's |
| 6 | Very basic training offered. Want real life scenarios & work out the art of the possible, for clinicians & admin alike, aiming to reduce GP workload.  |
| 7 | 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! |
| 8 | Further training would be required if we were to use it more |
| 9 | very time consuming but would have been far better face to face. |
| 10 | I have been send a link to an online training module so hopefully that will be useful |
| 11 | We were involved in testing the Engage COnsult tool and did work on trying to help improve it- however, found this difficult to manage |
| 12 | No, as it was rushed out and we were referred to online training videos rather than the pre-arranged training. |
| 13 | 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. |
| 14 | Only been using the system for two weeks so training would be good for users following their first experience of it. |
| 15 | Due to COVID we had to work out how to do it ourself |
| 16 | No bothered as don't plan to use unless I have to! |
| 17 | And a while ago |
| 18 | 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 |
| 19 | Figured it out now so none needed |
| 20 | Not really applicable – we have not been able to review despite requesting, the DCB0160 or the DCB0129 documentation to assure us that the chosen solution is safe. We have had to develop our own in the absence of this information. |
| 21 | another full session now that we have been able to test it |
| 22 | Would help to have universal national approach and integration into IT system |
| 23 | 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% |

|  |
| --- |
|   |

 | 65.38% | 68 |
| 2 | 21-40% |

|  |
| --- |
|   |

 | 19.23% | 20 |
| 3 | 41-60% |

|  |
| --- |
|   |

 | 7.69% | 8 |
| 4 | 61-80% |

|  |
| --- |
|   |

 | 3.85% | 4 |
| 5 | 81-100% |

|  |
| --- |
|   |

 | 3.85% | 4 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.62 | Std. Deviation: | 1.04 | Satisfaction Rate: | 15.38 |
| Variance: | 1.08 | Std. Error: | 0.1 |   |

 | answered | 104 |
| skipped | 79 |

| **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% | 36 |
|

|  |  |
| --- | --- |
| 1 | IT to reduce footfall has been paramount during Covid and cannot stop. It has revolutionised our practice  |
| 2 | No really its early days we are still promoting this service to our patients |
| 3 | Easier to manage now we have integrated it with SystmOne. |
| 4 | No |
| 5 | Continuity is important  |
| 6 | clunky system, still means a call back if patient does not enable two way communication, which a lot don't |
| 7 | This has allowed us to function across sites so that demand can be met evenly across our sites |
| 8 | 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.  |
| 9 | SystmOne is not the only clinic system in the East Riding. |
| 10 | 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 |
| 11 | 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. |
| 12 | 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  |
| 13 | Use video consultations |
| 14 | None transfer into face to face consultations as no one is doing face to face consultations. 80% transfer to telephone consultations.  |
| 15 | One way communication, GP only and ring all contacts by way of triage/consultation to assess and resolve. |
| 16 | many clinical queries result in a subsequent phonemail to the patient |
| 17 | patient cohort awareness. we sent out text messages and changed telephone messaging and website to promote. Hardest task was to install receptionist confidence to navigate patients to online consultation.  |
| 18 | At least 50% of online contacts need a telephone call due to lack of info/ clarity in the details given |
| 19 | easier for working patientsdanger easier access for those who are least ill |
| 20 | 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  |
| 21 | All patients going through the same process regardless of means of access e.g. walk in/telephone/online |
| 22 | It is a slow uphill struggle to get engagement. |
| 23 | A better structured training for all. Getting Practice's involved in the early procurement of future online consultation applications. Better match to Clinical Systems.  |
| 24 | integration into systmone |
| 25 | 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!"" |
| 26 | COVID-19 has been a big push to use |
| 27 | 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. |
| 28 | Why are things imposed on us without consultation? |
| 29 | No |
| 30 | Too few at the moment |
| 31 | No |
| 32 | Where near as good as FTF consult bit better than nothing.  |
| 33 | Time for consultation can vary v much |
| 34 | 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. |
| 35 | 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. |
| 36 | Video consultations have limited access in General practice |

 |
|   | answered | 36 |
| skipped | 147 |

| **How can we increase the use of Online Consultations?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 57 |
|

|  |  |
| --- | --- |
| 1 | Increase language literacy and reduce the language barrier  |
| 2 | Support practices moving forward and take barriers away |
| 3 | We need the IT. We don't have cameras so have had to use laptops with built in cameras but the quality isn't great |
| 4 | 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. |
| 5 | N/A |
| 6 | mass promotion detailing the benefits, big one will be not having to queue on the phones from 8am |
| 7 | GREATER PUBLICITY |
| 8 | Continued advertising and promotion of the benefits to patient groups. Providing guidance on the types of things suitable for eConsults. |
| 9 | Advertise it more. We have it on our website but those who have their own short-cuts already set up might be bypassing this. |
| 10 | Change software to one which works for both practice and patient. |
| 11 | Better awareness and make more smartphone friendly |
| 12 | Use of tools like accurx as well. |
| 13 | Patient awareness & expectations. Better integration with existing GP systems rather than as another bolt on software programme.  |
| 14 | Promotion with patients. |
| 15 | durrrrrrrrrr - don't do it where there is no control on volume and timing  |
| 16 | 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. |
| 17 | I think offering online consultations as part of a suite of ways to speak to a GP rather than it being pushed on patients. We did our training many months ago but the novelty wore off due to the delay in getting our IT ready and because in the meantime we began to use a video consultation which has done exactly what it needed to do |
| 18 | positive media campaign letting the public know it's benefits |
| 19 | You are assuming that increasing the use is the desired and right thing to do.  |
| 20 | Information campaigns once we can talk to and see patients in care settings |
| 21 | Cant see why anyone would wish to? |
| 22 | Better communications |
| 23 | link to system 1 to reduce process |
| 24 | local ccg campaign including a video clip which we can send out to patients to explain process  |
| 25 | Needs to be fully integrated into access at practice level - but need to ensure does not disadvantage those who do not have internet access |
| 26 | advertise them |
| 27 | 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.  |
| 28 | Fund effective options (engageConsult is not fit for purpose). Advertising.  |
| 29 | Integrate into a single digital front door. clarity on the strategy for NHS app - it was all encompassing, then identity and transaction service, now full function again?? |
| 30 | 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)  |
| 31 | A better structured training for all. Getting Practice's involved in the early procurement of future online consultation applications. Better match to Clinical Systems.  |
| 32 | Education of elderley population, it needs to be one app for all and combined with NHS app, too many different tools been used |
| 33 | Promote more widely |
| 34 | more advertising |
| 35 | integration into systmone |
| 36 | local advertising |
| 37 | The number if questions asked could put patients off. |
| 38 | I'm not sure we need to actively increase the use of online consultations |
| 39 | more support from the company |
| 40 | I would like to know the answer to that as well |
| 41 | You need a staff championYou need a population group that is young and IT literate (ours is very elderly) |
| 42 | 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.  |
| 43 | 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? |
| 44 | Make people more aware of it.........  |
| 45 | Improve it |
| 46 | educate patients |
| 47 | Communicating to patients in many ways - holding off this at present with other demands |
| 48 | Advertising  |
| 49 | Promote it as the first point of contact for the practice  |
| 50 | With caution. They still need time to deal with.  |
| 51 | more advertising, pushing it to patients - some are still reluctant to try it, they still prefer to speak to reception and a GP directly |
| 52 | Assurances that the triage algorithms are safe and that any mistakes made would be fully indemnified. Practice choice over which system they can use rather than CCG or ACP.  |
| 53 | Increase patient awareness & computer literacy as part of chronic disease management |
| 54 | 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.  |
| 55 | It's advertised on the website.If we made fewer traditional appointments available it would probably be more popular. |
| 56 | More advertisement |
| 57 | Patients to have better quality cameras and equipment |

 |
|   | answered | 57 |
| skipped | 126 |

| **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% | 40 |
|

|  |  |
| --- | --- |
| 1 | Its been fantastic and has allowed us to change how we look to the future of the way our practice can move  |
| 2 | It is working really well. We just need to promote it more and make our patients aware of the service  |
| 3 | No |
| 4 | 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 toit 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. |
| 5 | V limited experience.  |
| 6 | n/a |
| 7 | as above |
| 8 | 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. |
| 9 | 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. |
| 10 | No |
| 11 | They are good for a select few patients - they will almost certainly lead to inequalities in access |
| 12 | 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. |
| 13 | Some patients like it a lot and use it a lot but a lot of patients ( in our practice) have not engaged with it - many do not have the technology or the ability |
| 14 | time consuming for clinical queries, more use for admin queries |
| 15 | still early stages |
| 16 | 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.  |
| 17 | All the products feel immature still but improving. Until they genuinely divert by making a diagnosis it is not clear they save much time. |
| 18 | It is not something that our patient demographic have taken to at all ... They tend to give up part way through and call the surgery anyway. |
| 19 | 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 |
| 20 | We have really struggled to engage patients with online consulting despite having high uptake and use of systmonline.  |
| 21 | It seems to be causing additional work at the moment. |
| 22 | 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. |
| 23 | 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. |
| 24 | Its getting there slowly |
| 25 | 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 |
| 26 | 1.Patients really struggle adding photographs, especially when this is a condition that they do not call a rash 2. We have promoted econsult lots of times, but our uptake is not increasing |
| 27 | 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. |
| 28 | Not really - just don't see the point - possibly as we are in the fortunate position of being able to manage out workload  |
| 29 | Dislike it intensely. |
| 30 | would be helpful to stop multiple consultations on same day from same patient |
| 31 | Very limited use in our practice as telephone triage readily available. |
| 32 | May be more conversion to face to face when the pandemic is finished  |
| 33 | It is a useful tool but not for all things |
| 34 | Patients frequently provide insufficient information to consult safely online. Results in duplication and considerably increased workload as virtually all still need tel con / face to face. Multiple patients Inappropriately contacting GPs daily via this service.Patients misusing the system by trying to use it to bypass appointment booking system / reception signposting. Results in increased unnecessary contacts for minor self-limiting illnesses / problems that they would otherwise not have consulted for.  |
| 35 | Increase length of consult  |
| 36 | No |
| 37 | n/a |
| 38 | Already starting to be abused by patients. I've had two instances now where patient has admitted that what they wrote on the form was unrelated to their presenting complaint. ""If I told it what was actually happening it said to go to hospital and I didn't want that"". (In fairness, neither patient needed to go to hospital).Vast majority need a call back, though probably not face to face. When done well by patients can still be useful - some give a really clear history which means when I call I can give equally clear guidance, and the consultation is very focused. Many however write the bare minimum, so you're essentially starting from scratch each time. |
| 39 | You can probably tell - I'm not a great fan! |
| 40 | Telephone consultations with clear digital photographs are far more superior to online consultations |

 |
|   | answered | 40 |
| skipped | 143 |

**Video Consultations**

| **23. Have you adopted Video Consultation? (if Yes/Tried please continue to the next question)**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 92.75% | 128 |
| 2 | No |

|  |
| --- |
|   |

 | 1.45% | 2 |
| 3 | Tried |

|  |
| --- |
|   |

 | 5.80% | 8 |
| 4 | Not yet implemented |    | 0.00% | 0 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.13 | Std. Deviation: | 0.48 | Satisfaction Rate: | 4.35 |
| Variance: | 0.23 | Std. Error: | 0.04 |   |

 | answered | 138 |
| skipped | 45 |

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

|  |  |  |
| --- | --- | --- |
| 1 | [03/06/2020 10:06 AMID: 142451909](file:///C%3A%5Csurvey%5Cresults%5Cresponses%5Cid%5C748472%3Fu%3D142451909) | Not required |
| 2 | [09/06/2020 12:38 PMID: 142844036](file:///C%3A%5Csurvey%5Cresults%5Cresponses%5Cid%5C748472%3Fu%3D142844036) | Not been yet implemented into nurse consultation |

 |
|   | answered | 2 |
| skipped | 181 |

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

|  |
| --- |
|   |

 | 100.00% | 135 |
| 2 | eConsult |

|  |
| --- |
|   |

 | 3.70% | 5 |
| 3 | iPLATO |    | 0.00% | 0 |
| 4 | Other (please specify): |

|  |
| --- |
|   |

 | 7.41% | 10 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.37 | Std. Deviation: | 0.81 | Satisfaction Rate: | 8.64 |
| Variance: | 0.66 | Std. Error: | 0.07 |   |

 | answered | 135 |
| skipped | 48 |
| Other (please specify): (10) |
|

|  |  |
| --- | --- |
| 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 | whatsapp |
| 6 | Whatsapp |
| 7 | X-On video calls |
| 8 | Zoom for care homes |
| 9 | EMIS |
| 10 | 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 |

|  |
| --- |
|   |

 | 1.52% | 2 |
| 3 | 2 |

|  |
| --- |
|   |

 | 4.55% | 6 |
| 4 | 3 |

|  |
| --- |
|   |

 | 14.39% | 19 |
| 5 | 4 |

|  |
| --- |
|   |

 | 31.06% | 41 |
| 6 | 5 |

|  |
| --- |
|   |

 | 48.48% | 64 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.2 | Std. Deviation: | 0.95 | Satisfaction Rate: | 84.09 |
| Variance: | 0.91 | Std. Error: | 0.08 |   |

 | answered | 132 |
| skipped | 51 |

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

|  |
| --- |
|   |

 | 99.26% | 134 |
| 2 | ANP |

|  |
| --- |
|   |

 | 54.07% | 73 |
| 3 | Nurses |

|  |
| --- |
|   |

 | 53.33% | 72 |
| 4 | HCA |

|  |
| --- |
|   |

 | 12.59% | 17 |
| 5 | Reception Staff |

|  |
| --- |
|   |

 | 2.96% | 4 |
| 6 | Admin |

|  |
| --- |
|   |

 | 4.44% | 6 |
| 7 | Social Prescribing |

|  |
| --- |
|   |

 | 5.93% | 8 |
| 8 | Pharmacist |

|  |
| --- |
|   |

 | 17.04% | 23 |
| 9 | Other (please specify): |

|  |
| --- |
|   |

 | 3.70% | 5 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 6.7 | Std. Deviation: | 7.29 | Satisfaction Rate: | 52.13 |
| Variance: | 53.09 | Std. Error: | 0.63 |   |

 | answered | 135 |
| skipped | 48 |
| Other (please specify): (5) |
|

|  |  |
| --- | --- |
| 1 | physician associate |
| 2 | Registrars |
| 3 | Physician Associates |
| 4 | mental health adviser |
| 5 | Physio |

 |

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

|  |
| --- |
|   |

 | 97.06% | 132 |
| 2 | Planned Reviews |

|  |
| --- |
|   |

 | 58.82% | 80 |
| 3 | LTC Reviews |

|  |
| --- |
|   |

 | 45.59% | 62 |
| 4 | Prescribing |

|  |
| --- |
|   |

 | 23.53% | 32 |
| 5 | Care Homes |

|  |
| --- |
|   |

 | 64.71% | 88 |
| 6 | MDT |

|  |
| --- |
|   |

 | 22.06% | 30 |
| 7 | Other (please specify): |

|  |
| --- |
|   |

 | 3.68% | 5 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 9.27 | Std. Deviation: | 11.68 | Satisfaction Rate: | 101.96 |
| Variance: | 136.36 | Std. Error: | 1 |   |

 | answered | 136 |
| skipped | 47 |
| Other (please specify): (5) |
|

|  |  |
| --- | --- |
| 1 | palliative reviews |
| 2 | when need to look at a visual problem  |
| 3 | LAC IHA medicals |
| 4 | palliative care review |
| 5 | translations |

 |

**Care Homes**

| **How has your experience been with Care Homes?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 82 |
|

|  |  |
| --- | --- |
| 1 | Positive |
| 2 | Very limited due to the care homes facilities and lack of capable WiFi connections  |
| 3 | absolutely fine, if there is a member of staff with the technology to accept |
| 4 | Good |
| 5 | GPs reports it works well however some care homes have poor internet connection. Staff at the homes seem to use their own phones too.  |
| 6 | Good - once they got the technology |
| 7 | ok |
| 8 | The care homes themselves have been very accommodating but they are not always geared up , internet can be a problem .  |
| 9 | Feedback has been good  |
| 10 | I don’t look after the nursing home but my colleagues have moved more to a virtual ward round from the home’s nurses’ stations, and video consultants where appropriate |
| 11 | The care homes aren't really geared up and using personal mobile phones isn't really appropriate |
| 12 | Ok - fit for purpose |
| 13 | great! saves GP wardrounds F2F and home visits |
| 14 | Weekly contact made to our primary care home |
| 15 | SADLY NOT ALL HAVE A PHONE THAT THEY CAN USE FOR VIDEO AND STAFF ARE UNWILLING TO USE THEIR OWN PERSONAL PHONES |
| 16 | Variable- as staff using their own mobile phones to perform video consults |
| 17 | Excellent |
| 18 | sporadic |
| 19 | 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. |
| 20 | Not a personal experience, but appears to have gone down well with the GPs and the patients. |
| 21 | Issues with internet/wifi access at some homes makes remote triage difficult. |
| 22 | Weekly check ins are a great idea |
| 23 | 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. |
| 24 | Hindered due to lack of technology until the last week (mid-May) when CCG have provided tablet devices for all.  |
| 25 | Good |
| 26 | Great |
| 27 | very good |
| 28 | Feedback from our Care Homes has been very positive, it is saving time and means we are striking up relationships. It is early days but definitely something we will continue to use in the future |
| 29 | very helpful with the COVID situation, some teething problems with the homes and the IT. |
| 30 | a colleague has been doing this so hard for me to comment |
| 31 | Good |
| 32 | mixed, some care home staff are not confident to use video calls |
| 33 | My colleague has done most of this work - initially they didn't have the hard ware  |
| 34 | I've used for acute consultations in care home and found it useful in conjunction to care home staff helping with measurements of vital parameters.  |
| 35 | Care homes need to upgrade to using work owned products and need support to get a supportive infrastructure |
| 36 | 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. |
| 37 | Good |
| 38 | Good  |
| 39 | better now they have designated tablet computers rather than having to use their own mobiles |
| 40 | good |
| 41 | very bad. insufficient hardware and poor internet connection. Had to resort to use staff mobile and their personal data. Much better if we can move to Microsoft teams and do a virtual ward round by scheduling video ward rounds with calendar function.  |
| 42 | Overall successful although early days yet.  |
| 43 | I haven't used as no telemedicaine but my colleague did |
| 44 | main issue was having a phone/hardware to allow us tosee the patient  |
| 45 | 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.  |
| 46 | Very useful  |
| 47 | Excellent, facilitating ""ward rounds"" performed remotely using digital tablet device. |
| 48 | Their IT is patchy, relies on nurses there having good 4g on their phones |
| 49 | Very receptive. A challenge with signal within the buildings and access to devices - tend ot use cares own. |
| 50 | video consultation working |
| 51 | Adds to stress of care team trying to manage IT and patient care and consultations can be disrupted due to internet difficulties. On the positive side, has allowed a great deal to be done in avoiding face to face contact and risk during pandemic. |
| 52 | Good |
| 53 | Very good  |
| 54 | Very good |
| 55 | We continue to have an exceptional working relationship with our local care homes. |
| 56 | Seen a dramatic downturn in their contact |
| 57 | We have a named GP who does a weekly virtual ward round and who has also done ward rounds in person. |
| 58 | Varied. Some homes reluctant to use this. but it is a very beneficial tool for GPS |
| 59 | positive |
| 60 | Only just got running |
| 61 | Okay although often we use the mobile devices of the care home staff to see patients which is perhaps not ideal |
| 62 | 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. |
| 63 | Useful and enable faster reviews /triage rather than acute visits.  |
| 64 | 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 |
| 65 | The use of ceilings of care if helping when speaking to the care home |
| 66 | A much-needed tool in the COVID pandemic. however, I don't believe this type of consultation would be useful after the pandemic |
| 67 | 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! |
| 68 | I personally have not used but my colleagues have and found it excellent  |
| 69 | Good but not as good as an actual ward round |
| 70 | Challenging |
| 71 | Small experience. It has worked well |
| 72 | 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 |
| 73 | It relies upon individual staff using their personal phones so not ideal |
| 74 | Very useful in order to meet new death cert requirements during this pandemic  |
| 75 | worked very well |
| 76 | it's been fine. Or clinical lead does however do weekly ward rounds at the care home so the video is more for any acute on the day problems. |
| 77 | fine. doing most consultations remotely using video. |
| 78 | Good  |
| 79 | The care homes themselves appear to have little resource and inadequate internet systems |
| 80 | Very difficult.There are 6 wards and often they don't answer phone to enable us to set up the calls. There is one iPad in use but only one carer seems to use it - not sure why. Other nursing home staff have to use their own phones so we have to keep putting different mobile numbers in. There are huge technical problems.  |
| 81 | Limited to date as they've only recently adopted the tech. However has been invaluable in avoiding visits to Covid positive homes. |
| 82 | Generally good although one home is reluctant to use this method |

 |
|   | answered | 82 |
| skipped | 101 |

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

|  |
| --- |
|   |

 | 30.59% | 26 |
| 2 | No |

|  |
| --- |
|   |

 | 69.41% | 59 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.69 | Std. Deviation: | 0.46 | Satisfaction Rate: | 69.41 |
| Variance: | 0.21 | Std. Error: | 0.05 |   |

 | answered | 85 |
| skipped | 98 |
| If Yes, please describe (24) |
|

|  |  |
| --- | --- |
| 1 | Weekly telephone triaging of patients and video consult used if necessary.  |
| 2 | We’ve tried face time - whats app - teams  |
| 3 | Virtual ward round |
| 4 | Virtual ward rounds and video consultants as above |
| 5 | Member of staff does a ‘ward round’. |
| 6 | We use MS Teams for MDTs and AccuRX for individual patient consultations. |
| 7 | Will probably be using Microsoft Teams in the future for care home rounds, current video consult options aren't always working for various reasons |
| 8 | Video consultations been much more limited.  |
| 9 | Video Consultations |
| 10 | called managers, relevant carers |
| 11 | Reviewing all patients in the home in one go rather than individually. Time to speak to care home staff about any issues or problems. It has also (and this is a gloomy fact) made it easier for us to certify deaths during the pandemic because we have ""seen"" the patient recently |
| 12 | Because they didn't have the hardware we did use whatsapp for a while  |
| 13 | we have created a perfoma for care homes to complete which prompts them to collect basic clinical information which speeds up the consultation before requesting a consultation. An nhs email account is essential for the transfer patient information. However there is a lack of training and awareness in the care homes about video consultations. It seems NHSX have not focused on care homes. Instead facebook portals been sent to them which are not secure for clinical consultations |
| 14 | AccuRx is being used through a tablet instead of a mobile which is harder to set up. On some occasions have therefore sometimes had to use the carers own mobile when there were issues in connectivity |
| 15 | Video Ward Rounds |
| 16 | A dedicated health care professional telephone line to speed up contact in practice, care homes issued with observation equipment to assist with remote consultations,  |
| 17 | Gps have |
| 18 | Zoom for care homes, accurx for individuals |
| 19 | using video consultations |
| 20 | Usually a third party/carer managing phone |
| 21 | No, but intend to use them for MDT meetings etc in future |
| 22 | weekly ward round with GP and/or ANP |
| 23 | supplied some equipment  |
| 24 | Often we speak with member of nursing staff rather than directly with patient. |

 |

| **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 |

|  |
| --- |
|   |

 | 0.79% | 1 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |

|  |
| --- |
|   |

 | 2.38% | 3 |
| 4 | 3 |

|  |
| --- |
|   |

 | 19.05% | 24 |
| 5 | 4 |

|  |
| --- |
|   |

 | 35.71% | 45 |
| 6 | 5 |

|  |
| --- |
|   |

 | 26.98% | 34 |
| 7 | N/A |

|  |
| --- |
|   |

 | 15.08% | 19 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.3 | Std. Deviation: | 1.09 | Satisfaction Rate: | 71.69 |
| Variance: | 1.19 | Std. Error: | 0.1 |   |

 | answered | 126 |
| skipped | 57 |

| **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 |

|  |
| --- |
|   |

 | 3.20% | 4 |
| 4 | 3 |

|  |
| --- |
|   |

 | 30.40% | 38 |
| 5 | 4 |

|  |
| --- |
|   |

 | 45.60% | 57 |
| 6 | 5 |

|  |
| --- |
|   |

 | 20.80% | 26 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.84 | Std. Deviation: | 0.78 | Satisfaction Rate: | 76.8 |
| Variance: | 0.61 | Std. Error: | 0.07 |   |

 | answered | 125 |
| skipped | 58 |
| Please add any details (if applicable) (40) |
|

|  |  |
| --- | --- |
| 1 | Patients seem quite impressed with video consults |
| 2 | Ease of access  |
| 3 | Flexibility and reduces the need to leave home  |
| 4 | consultations have gone well so hope patients have been happy with the results  |
| 5 | Patients have been satisfied with it has they have not had to come to surgery at this difficult time |
| 6 | They enjoy the convenience, also the reduction of risk compared with attending the surgery although attending is very safe. Sometimes thaer are isues with the IT side .  |
| 7 | I'm not sure we only have one GP using very limited video consultations at the moment.  |
| 8 | not sure |
| 9 | I think it is a new concept for patients, sometimes they may be uneasy or don't have access to smart phones |
| 10 | I think the better question might have been whether they value the option, which would have been a 5 but warning that elderly and other vulnerable patients sometimes don’t have the option. |
| 11 | flexibility for busy people |
| 12 | Older patients struggle with technology and setting it up Video consults take longer as time required to set up  |
| 13 | No idea |
| 14 | 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. |
| 15 | 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. |
| 16 | Well received by all patients so far, technology worked 9/10 and issues usually user dependent. Patients seem more reassurred.  |
| 17 | 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. |
| 18 | some patients initially are wary of the technology but enjoy the experience once guided through it  |
| 19 | Face to face interaction albeit over a computer. relief that they don't have to come to practice. Families have been able to support where they don't have the right technology at home and where they do, it's easy - the don't need an ""app"" they can just click on the link and go |
| 20 | patients happy to interact with GP especially as face to face consultation not available |
| 21 | It has novelty value for both patients and staff - but the sound quality and video is often not great and is much harder work than telephone.  |
| 22 | poor view of doctors face as running off mobile, would be better and simpler off desktop if webcams etc available.  |
| 23 | 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 |
| 24 | Great positive patient feedback.  |
| 25 | 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.  |
| 26 | Sometimes successful. Parents have found it very useful. Older patients have struggled with having compatible phones.  |
| 27 | Not useful for every encounter but a useful addition to telephone - though I suspect this will switch with time. |
| 28 | Not specifically asked, they just seem happy with it |
| 29 | 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. |
| 30 | I think generally they would prefer F2F but currently they accept it. |
| 31 | 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  |
| 32 | Useful for patients who struggle to get into practice - with work.More suited to younger patients.  |
| 33 | Again, complex problems are very difficult to deal with on video and also dermatology issues |
| 34 | Depends. See above. Elderly not at all. Worried, anxious millennials with minor illness love it.  |
| 35 | So much easier for them than to come in  |
| 36 | Patients are not good at them and can't hold their camera still - we have found asking them to send a picture offers a better solution |
| 37 | 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! |
| 38 | some still prefer face to face, but video will be the new normal |
| 39 | Most are very happy with it once they can access it . They enjoy the convenience  |
| 40 | Varies wildly. Many patients are confused by it, and the whole process can add ridiculous amounts of time to the consultation as they struggle with it. Picture quality also varies enormously. 9 times out of 10 I end up asking them to send a photo if there's something I need to see clearly. (This laos has the advatage that I can save it to the record). |

 |

| **What approaches are being used?**  |
| --- |
|  | **Yes** | **No** | **Response Total** |
| Phone first? | 97.7%(127) | 2.3%(3) | 130 |
| Straight to video? | 15.0%(17) | 85.0%(96) | 113 |
|  | answered | 131 |
| skipped | 52 |

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

|  |
| --- |
|   |

 | 97.7% | 127 |
| 2 | No |

|  |
| --- |
|   |

 | 2.3% | 3 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.02 | Std. Deviation: | 0.15 | Satisfaction Rate: | 2.31 |
| Variance: | 0.02 | Std. Error: | 0.01 |   |

 | answered | 130 |

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

|  |
| --- |
|   |

 | 15.0% | 17 |
| 2 | No |

|  |
| --- |
|   |

 | 85.0% | 96 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.85 | Std. Deviation: | 0.36 | Satisfaction Rate: | 84.96 |
| Variance: | 0.13 | Std. Error: | 0.03 |   |

 | answered | 113 |

| **How are cases selected for Video Consultation?**  |
| --- |
|  | **Yes** | **No** | **Response Total** |
| Patient led? | 33.3%(37) | 66.7%(74) | 111 |
| Clinician led? | 99.2%(127) | 0.8%(1) | 128 |
|  | answered | 129 |
| skipped | 54 |

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

|  |
| --- |
|   |

 | 33.3% | 37 |
| 2 | No |

|  |
| --- |
|   |

 | 66.7% | 74 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.67 | Std. Deviation: | 0.47 | Satisfaction Rate: | 66.67 |
| Variance: | 0.22 | Std. Error: | 0.04 |   |

 | answered | 111 |

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

|  |
| --- |
|   |

 | 99.2% | 127 |
| 2 | No |

|  |
| --- |
|   |

 | 0.8% | 1 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.01 | Std. Deviation: | 0.09 | Satisfaction Rate: | 0.78 |
| Variance: | 0.01 | Std. Error: | 0.01 |   |

 | answered | 128 |

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

|  |
| --- |
|   |

 | 87.40% | 111 |
| 2 | 21-40% |

|  |
| --- |
|   |

 | 11.02% | 14 |
| 3 | 41-60% |

|  |
| --- |
|   |

 | 0.79% | 1 |
| 4 | 61-80% |

|  |
| --- |
|   |

 | 0.79% | 1 |
| 5 | 81-100% |    | 0.00% | 0 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.15 | Std. Deviation: | 0.44 | Satisfaction Rate: | 3.74 |
| Variance: | 0.19 | Std. Error: | 0.04 |   |

 | answered | 127 |
| skipped | 56 |

| **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 |

|  |
| --- |
|   |

 | 4.58% | 6 |
| 2 | IN THE FUTURE |

|  |
| --- |
|   |

 | 12.98% | 17 |
| 3 | BOTH |

|  |
| --- |
|   |

 | 79.39% | 104 |
| 4 | Other (please specify): |

|  |
| --- |
|   |

 | 3.05% | 4 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.81 | Std. Deviation: | 0.55 | Satisfaction Rate: | 60.31 |
| Variance: | 0.31 | Std. Error: | 0.05 |   |

 | answered | 131 |
| skipped | 52 |
| Other (please specify): (4) |
|

|  |  |
| --- | --- |
| 1 | We had been useing pre-pandemic |
| 2 | however I think telephone is more convenient and most things can be dealt with over the phone |
| 3 | I see it continuing for care homes, MDTs, etc. it's not that useful for individual patients |
| 4 | Minimal role in future as cannot examine patient even for skin lesions rashes etc |

 |

| **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% | 43 |
|

|  |  |
| --- | --- |
| 1 | Telephone and video consults will now be an integral part of our daily appointment system after lockdown. |
| 2 | Revolutionary |
| 3 | no |
| 4 | n/a |
| 5 | increased costs on telephone bills |
| 6 | We are having to use our own mobile phones ( an mobile data) to perform video consults. As the AccuRx software won't download properly onto our desktops. Calling the IT helpdesk hasn't helped with trying to sort this. The practice PCs doesn't have cameras built into them, nor is the practice looking at buying cameras to attach to the desktops already there.  |
| 7 | getting agreement, safety netting as it is a very different method of assessing |
| 8 | I love it.Let’s keep it. |
| 9 | AccuRx is amazing - please commission the full version for all practices in the STP |
| 10 | The team feel there is not much added value of video consultations over telephone consultations in the majority of cases. |
| 11 | Slow internet and android/apple conflicts need to be resolved to be fully bought in to. |
| 12 | training on how to use to attach documents and photos etc essential |
| 13 | Check with the patient what they prefer.  |
| 14 | 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 |
| 15 | 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.  |
| 16 | it just works so give it a go |
| 17 | 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. |
| 18 | AccuRx excellent but view limited by phone screen, need to buy webcams and headsets for all clinicians consulting in this way. |
| 19 | We have only been using AccuRx for the past 2 months but it has had a significant impact on the way we are working and this will continue further  |
| 20 | 1-Reception staff preparing and sending links for video consultations2- using shared images from patient often better than video consultations for better assessment3- Using text option to send leaflets and information to the patients very helpful.4- Patients now able to understand and do vital observations at home which helps.  |
| 21 | video consultation useful in care homes where there is a carer on hand to assist, would be helpful to facilitate wider use of that to limit large numbers of less necessary visits in future.  |
| 22 | There is a place but does not replace the need for face to face consultations in many cases. |
| 23 | Getting a web cam for the computer gives a much bigger screen and better quality that when started and had to use phones. |
| 24 | We would need better connectivity to use it long term in practice |
| 25 | 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 |
| 26 | need care homes to adopt Microsoft teams. not that each practice is aligned with a care home. an MDT team can be created for each care home with the GP PRACTICE which will allow easier communication and video  |
| 27 | digital quality not good enough for rashes and skin lesions. photos betteruseful to see how unwell they look |
| 28 | 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.  |
| 29 | Photos have been really useful . reception staff ask for these when the patients first rings up if they think it would be useful,  |
| 30 | Showing staff step by step how to use, specific sessions with different professional groups. Practice with each other to overcome fears. Good quality web cams. Reinforce it is not much different to phone. |
| 31 | Unable to comment on questions above as I don't personally use accurx  |
| 32 | Triage all patients first |
| 33 | We've had exceptional feedback from patients and staff in relation to the accuRx application. |
| 34 | definitely better to ring first in our experience and not everyone has a smart phone |
| 35 | AccuRX is straightforward - needs to be kept easy to encourage patients to use |
| 36 | For rashes, etc, photos sent via accurx or engage consult are MUCH better than using videoconsulting.  |
| 37 | IT availability and ability at patients end |
| 38 | Better to use camera on the computer rather then our own phones which how started out Getting more cameras in  |
| 39 | Our GPs do not like video and prefer face to face, our ANPs quite like ti and see how it can be more convenient for the patient. |
| 40 | Sometimes technical issues with the patients phone can cause a delay or abandonment of the video  |
| 41 | consultations do take longer as part of the consultation is taken up with setting the IT up  |
| 42 | No |
| 43 | Has been used very successfully; we'd have struggled to maintain a service to our patients during the pandemic without it. |

 |
|   | answered | 43 |
| skipped | 140 |

| **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% | 46 |
|

|  |  |
| --- | --- |
| 1 | Patients and GP's / ANP happy to use  |
| 2 | Was very hard to navigate originally however has now become much easier and has been embedded as normal working life  |
| 3 | needs to continue  |
| 4 | no |
| 5 | n/a |
| 6 | IT support required. Webcams on some devices poor quality.When all staff are online our internet connection cannot cope and struggles |
| 7 | Lots of our patients dont have access to smart phone or internet |
| 8 | Staff having to use personal phones to carry out video consults isn't a viable long-term option. Furthermore although superior to telephone consults theer are limitations to video consults and the quality of image isn't always good as it also depends on the quality of the patient's camera and network. |
| 9 | I am concerned about the data costs to patients with limited data, who might not realise this aspecttechnical difficulties -getting it all workingI feel it pressurises me to decide by video, and possibly raises the patients' expectation of this, and makes me less likely to f2f, which could leave clinical risk |
| 10 | Don’t like seeing myself on screen. |
| 11 | Often the connect can be bad.  |
| 12 | 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.  |
| 13 | Need to be certain what it actually adds for the patient. Some less tech savvy patients could miss out. |
| 14 | Positive and accurx has been a joy compared to the usual NHS IT solutions.  |
| 15 | very good provider |
| 16 | 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. |
| 17 | It does take longer initially - especially if looking at skin lesions - need to get the lighting and angles right |
| 18 | We will not stop using it! |
| 19 | In Bradford CCGs we have been told we cant use Accurx to send SMS or do video call with S1 as crashes the system for other users so have to use accurx fleming which has been a bit of a learning curve but got there eventually. staff anxious about their personal mobile number being revealed to patients.  |
| 20 | Asking about conversion to face to face appointments is stupid when we are trying to see as few people face to face because of the pandemic |
| 21 | n/a |
| 22 | Can we hard for patients to get connected to it. |
| 23 | There are limitations compared with seeing patients face to face |
| 24 | really positive experience, invaluable during Covid but we will definitely want to continue and indeed roll it out further to other staff groups |
| 25 | Some patients have struggled to activate their camera and audio to allow video calls , may improve with experience |
| 26 | Enjoyed it so far. Clinicians all really positive! |
| 27 | Its important to ask who else is in the room.  |
| 28 | Because of limited face to face consultations, being able to see the patient rather than a description of eg how they feel is a big help eg seeing a child alert and chatty with a headache is very different to them laid in bed etc |
| 29 | It has proved invaluable within practice but is only useful where patient has technology that supports this and we have found that the majority of 'older' patients don't  |
| 30 | NO |
| 31 | We have been useing this tool pre-pandemic so were well prepared, the difficulty is patients understanding which can be resolved with educational event |
| 32 | Cannot be used unless the patient has an appropriate phone. |
| 33 | As the Practice Manager I cannot comment on some of the questions |
| 34 | 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. |
| 35 | Picture quality poor for skin issues such as rashes  |
| 36 | Cameras on desktop computers needs to be standard |
| 37 | 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 |
| 38 | 1. Our local NHS team was next to useless providing advice. We had to adopt and work out how to use the system ourselves. The NHS IT team simply sent out lots or warning messages about what not to do, with little advice on how to achieve solutions. Most of their emails were confusing to the average GP who is not IT literate. It would not have taken much for someone to issue a simple ABC guide to a system.2. NHS IT systems have responded very slowly. We are still in limbo, having been told not to use AccuRx for home workers, and having been told not to use AccuRx within our SystmOne. We still are not supposed to use all the functionality in AccuRx, but we are having to ignore this advice as we simply cannot manage total remote triage and consultation without it3. I like AccuRx,but find that 30-40% of the time it does not work. It is complicated at the patient end, for naive users- they have several steps to take to make it work (click the link, allow permisions, do they download the app or use the browser? How do they know?). If they have the wrong browser, or wrong phone settings it doesn't work. Not everyone has up to date ios or Google Chrome.4.For the 30-40% that fail, I end up using whatsApp or facetime-which are much quicker and easier, but worry me about confidentiality. But then I can't not use them and protect people from Covid-19 exposure. So what am i supposed to do?5. I work in a rural area with patchy mobile coverage. I get a lot of calls fail as SMS is never received6. I have a high percentage of elderly and non IT literate patients , who struggle with this new way of working. |
| 39 | Absolutely fantastic No going back for patients and doctors - just another consultation tool now so convenient |
| 40 | During this period it has been exceptionally useful in keeping the foot fall down within surgery and I am concerned that after this the GPs will just not want to continue and go back to their normal which will not embrace all the positives for a lot of patients |
| 41 | Tech issues after PC upgrades, had to purchase own webcams, current PCs do not have good speakers  |
| 42 | Screen is not always clear to see what you are asked to see like rashes etc |
| 43 | An easier platform would be better built into the clinical system. It would also be better if the screens we got from IT had a built in camera. |
| 44 | need longer consultation time than the traditional 10 -12 minutes |
| 45 | Very time consuming - involves telephone call first then explaining and setting up video, then might also need them to take and send photos. |
| 46 | My initial views of video consultation were extremely positive, but over time I have found myself using it less and less. Frequently it seems to provide more barriers to consultation than it removes, and it is rare for it to be genuinely more useful than a phonecall with photos. Those occasions where it can be useful are primarily mental health and young children - but ironically in my experience these are the two groups most likely to decline video in the first place, so in reality I think face to face remains the preference. |

 |
|   | answered | 46 |
| skipped | 137 |

**SMS Messaging**

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

|  |
| --- |
|   |

 | 92.48% | 123 |
| 2 | No |

|  |
| --- |
|   |

 | 3.76% | 5 |
| 3 | Tried |

|  |
| --- |
|   |

 | 2.26% | 3 |
| 4 | Not yet implemented |

|  |
| --- |
|   |

 | 1.50% | 2 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.13 | Std. Deviation: | 0.5 | Satisfaction Rate: | 4.26 |
| Variance: | 0.25 | Std. Error: | 0.04 |   |

 | answered | 133 |
| skipped | 50 |

| **If no or not yet implemented please describe why:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 7 |
|

|  |  |
| --- | --- |
| 1 | its a service we already used. the only difference is with Accurx staff are able to text to say they are about to video call |
| 2 | Don't know how we can utilise SMS more than we already do.Can't consult via SMS - a telephone call would be much better |
| 3 | This is not something we have explored |
| 4 | Unsure  |
| 5 | We have others options |
| 6 | USed for messaging to patients - but not from patients to us  |
| 7 | n/a |

 |
|   | answered | 7 |
| skipped | 176 |

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

|  |
| --- |
|   |

 | 8.87% | 11 |
| 2 | SysmOne |

|  |
| --- |
|   |

 | 45.97% | 57 |
| 3 | AccuRx |

|  |
| --- |
|   |

 | 80.65% | 100 |
| 4 | MJog |

|  |
| --- |
|   |

 | 35.48% | 44 |
| 5 | iPlato |

|  |
| --- |
|   |

 | 0.81% | 1 |
| 6 | Other (please specify): |

|  |
| --- |
|   |

 | 3.23% | 4 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.08 | Std. Deviation: | 3.13 | Satisfaction Rate: | 66.61 |
| Variance: | 9.77 | Std. Error: | 0.28 |   |

 | answered | 124 |
| skipped | 59 |
| Other (please specify): (4) |
|

|  |  |
| --- | --- |
| 1 | Already had CCG text messaging service in operation |
| 2 | Klinik |
| 3 | Klinik online consultation system allows 2-way SMS |
| 4 | patient partner for reminder and accurx for individual patient messaging |

 |

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

|  |
| --- |
|   |

 | 87.70% | 107 |
| 2 | Clinical message (eg. sending results) |

|  |
| --- |
|   |

 | 81.15% | 99 |
| 3 | Bulk messaging (eg. practice response to COVID) |

|  |
| --- |
|   |

 | 69.67% | 85 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.59 | Std. Deviation: | 4.3 | Satisfaction Rate: | 110.25 |
| Variance: | 18.51 | Std. Error: | 0.39 |   |

 | answered | 122 |
| skipped | 61 |

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

|  |
| --- |
|   |

 | 64.52% | 80 |
| 2 | No |

|  |
| --- |
|   |

 | 35.48% | 44 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.35 | Std. Deviation: | 0.48 | Satisfaction Rate: | 35.48 |
| Variance: | 0.23 | Std. Error: | 0.04 |   |

 | answered | 124 |
| skipped | 59 |

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

|  |
| --- |
|   |

 | 59.57% | 28 |
| 2 | No |

|  |
| --- |
|   |

 | 40.43% | 19 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 1.4 | Std. Deviation: | 0.49 | Satisfaction Rate: | 40.43 |
| Variance: | 0.24 | Std. Error: | 0.07 |   |

 | answered | 47 |
| skipped | 136 |
| Please add further details (28) |
|

|  |  |
| --- | --- |
| 1 | Only in certain circumstances would we use the txt back system |
| 2 | Patients returning photographs are particularly useful. |
| 3 | no |
| 4 | unsure |
| 5 | Accurx allows the patient to return 1 message but 2 way messaging would be very useful |
| 6 | I'm not to sure would need more information on how this works. |
| 7 | patients would use it inappropriately |
| 8 | using it for photos of rashes or moles prior to a telephone consultation and sending follow up info  |
| 9 | Email is sufficient for our purposes at the moment |
| 10 | maybe, heard lots of problems with 2 way messaging services like MJOG, so we have avoided it |
| 11 | WE WILL BE GETTING MJOG OVER THE NEXT MONTH OR SO TO ENABLE THIS FACILITY |
| 12 | 1. Time consuming to type ( clinician and patient!)2. Non verbal cues lost eg you can't hear patinets' tone of voice or facial expressions which is very useful especially with regards to mental health issues, |
| 13 | we are only using it for uploading photos on accurx. , and for uploading questionnaires for LTC reviewspoor picture quality an issue, and as with email consulting, offering text exchanges opens us up to the risks of being expected or trying to make assessments without using usual clinical method |
| 14 | possibly |
| 15 | 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. |
| 16 | Some practices struggling to get it enabled but wish they could! Delays with CCG IT. |
| 17 | too much workload, another stream to monitor and not very secure if pts having to input clinical data via their own mobile |
| 18 | But with limited input from patient and limited to sharing attachments Eg images, BP results etc |
| 19 | We do also use MJOG for some other SMS messages |
| 20 | It would be useful to know if patients have received SMS messages  |
| 21 | sometimes easier access just increases demanuse it so patients can cancel appointmnets easily |
| 22 | Accurx allows one message to be sent back which is useful,  |
| 23 | On some occasions it would be useful but it is another system for us to monitor. |
| 24 | possibly |
| 25 | I find it easy to use my work mobile for conversations |
| 26 | 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. |
| 27 | May create more work for staff |
| 28 | Could not cope with additional workload of responding to patient's messages to practice. |

 |

| **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 |

|  |
| --- |
|   |

 | 1.64% | 2 |
| 4 | 3 |

|  |
| --- |
|   |

 | 10.66% | 13 |
| 5 | 4 |

|  |
| --- |
|   |

 | 39.34% | 48 |
| 6 | 5 |

|  |
| --- |
|   |

 | 48.36% | 59 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 5.34 | Std. Deviation: | 0.73 | Satisfaction Rate: | 86.89 |
| Variance: | 0.54 | Std. Error: | 0.07 |   |

 | answered | 122 |
| skipped | 61 |

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

|  |
| --- |
|   |

 | 21.95% | 27 |
| 2 | 1 (slight reduction) |

|  |
| --- |
|   |

 | 43.90% | 54 |
| 3 | 2 (no impact) |

|  |
| --- |
|   |

 | 23.58% | 29 |
| 4 | 3 (slight increase) |

|  |
| --- |
|   |

 | 9.76% | 12 |
| 5 | 4 (significant increase) |

|  |
| --- |
|   |

 | 0.81% | 1 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.24 | Std. Deviation: | 0.93 | Satisfaction Rate: | 30.89 |
| Variance: | 0.86 | Std. Error: | 0.08 |   |

 | answered | 123 |
| skipped | 60 |

| **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 |

|  |
| --- |
|   |

 | 1.61% | 2 |
| 2 | IN THE FUTURE |

|  |
| --- |
|   |

 | 11.29% | 14 |
| 3 | BOTH |

|  |
| --- |
|   |

 | 87.10% | 108 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 2.85 | Std. Deviation: | 0.4 | Satisfaction Rate: | 92.74 |
| Variance: | 0.16 | Std. Error: | 0.04 |   |

 | answered | 124 |
| skipped | 59 |
| Please add any details (if applicable) (17) |
|

|  |  |
| --- | --- |
| 1 | engages patients more and response is quicker |
| 2 | We used SMS messaging before the pandemic. |
| 3 | we plan to use it for blood test results and as a bigger part of LTC reviews and feedback in due course |
| 4 | We have been using text messaging for quite a while and MJOG made it lots easier to bulk text. |
| 5 | As we are still learning all the benefits of SMS through AccuRx I can see how much it will reduce workload with QOF and chronic disease management in the near future |
| 6 | Accurx is amazing |
| 7 | really helpful for informing pts of blood results and action they need to take eg to call surgery within 2w |
| 8 | It takes longer to do remote consultation using this tool though I find it extremely useful  |
| 9 | 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. |
| 10 | We have ben using it for some time for appointment reminders, results , messages |
| 11 | we need more training in this and once in place i am sure it will be of much more benefit |
| 12 | could not live without it |
| 13 | 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. |
| 14 | Was using before pandemic but unable to get patient response then - so already liked iNow we can get responses and picturesabsolutely greatLOVE accuchex has altered my work - chasing people reminders advisingneed a medal! |
| 15 | Would like a system where we can bulk text and get responses with no charge. AccuRx excellent for 1 to 1 but would be so much better if could bulk text |
| 16 | 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. |
| 17 | Useful to send pt information sheets, online links etc and much better for the environment than printingAlso useful to receive images of skin lesions etc |

 |

| **How might it be enhanced?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 54 |
|

|  |  |
| --- | --- |
| 1 | Better patient return templates such as online CDM templates |
| 2 | The ability to bulk text to a larger amount of patients via systmone  |
| 3 | Allow more characters per SMS |
| 4 | we are an Emis practice so unable to bulk text. This functionality would enhance the service however this is more of an Emis issue  |
| 5 | If Accurx allowed us to send bulk text messages this would be the preferred method of sending texts as opposed to Systm One text messaging |
| 6 | getting MJOG and MJOG smart would enable 2 way messaging and patients sending results from home observations such as weight, BP, blood sugars  |
| 7 | 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. |
| 8 | more character spaces |
| 9 | Just ensuring patients telephone numbers are up to date.  |
| 10 | 2 way messaging |
| 11 | WHEN WE GET MJOG |
| 12 | Attachments and templates are brilliant - add sick notes please. |
| 13 | Please commission the full (unlimited) version of AccuRx for all practices in the STP |
| 14 | 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. |
| 15 | 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). |
| 16 | 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 |
| 17 | n/a |
| 18 | Rapid fixes to ensure all practices can use two-way messaging.  |
| 19 | Change guidance so patients have to opt out of service rather than gaining concent |
| 20 | it works okay as is so long as we retain control  |
| 21 | 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. |
| 22 | more investment in AccuRx ato be able to send mass SMS and have responses coded in records. |
| 23 | I don't know yet! |
| 24 | sending bulk texts |
| 25 | allow patients to text in concern without prompt to inbox to triage for booking/ type of response |
| 26 | don't know |
| 27 | easier options to 'batch text' in accuRX.  |
| 28 | Would be helpful if accuracy responses eg. Smoking could be coded directly into EMIS |
| 29 | AccuRx is fantastic. Two way comms really helpful. Only limitation is unable to set up ""preset texts"".  |
| 30 | I want to look at the system one version so it is integrated into the system  |
| 31 | we need to be developing over the top messaging API's, or find a way to use common platforms such as Whats App/Messenger/apple Messages like other organisations do in customer services. we need to learn from Customer services companies and not try to invent from new. The NHS can not be the last user of SMS fragments much like it is with faxes. |
| 32 | ? adding a video possibility from the patient as well as attaching a photo |
| 33 | AccuRx doesn't currently support bulk messaging which would be invaluable |
| 34 | To be able to send out bulk messages |
| 35 | Bulk SMS facility would be fantastic for accuRx. |
| 36 | AccuRx easy to use Mjog a little more complicated, bulk messaging from AccuRx please |
| 37 | Bulk messaging of the type available in accurx. At the moment the bulk texts we send have to be much simpler. |
| 38 | Bulk messaging - accurx |
| 39 | We currently have the free version of Accurx but would like the more extensive version as it has lots of options that help create robust systems for safety netting repeat tests etc and ability to send patients scheduled sms, questionnaires for LTC reviews etc. really useful |
| 40 | not sutre |
| 41 | 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 |
| 42 | bulk messaging, default consent  |
| 43 | could be utilised more by us |
| 44 | 2 way conversations would be good with multiple messages, so I don't have to type want people have sent to my work phone into their record |
| 45 | More characters |
| 46 | I don't know I think what has happened has been great I look forward to seeing what they come up with next! |
| 47 | AccuRx with bulk texting |
| 48 | More patients to have the correct technology |
| 49 | Not sureMaybe link to sending sick notes and other paperwork  |
| 50 | It would be good if EMIS allowed to be able to send bulk sms to patients instead of the single messaging that they have. S1 you can also bulk messaging within the clinical system.  |
| 51 | Able to send longer texts |
| 52 | Integration with clinical decision-making tools based within the record – IM1 integration |
| 53 | land lines being incorporated.  |
| 54 | don't know |

 |
|   | answered | 54 |
| skipped | 129 |

| **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% | 27 |
|

|  |  |
| --- | --- |
| 1 | Our reception staff are asking relevant patients to send in apropriate photographs which are the ready for the clinician. |
| 2 | We have utilised Accurx fully with all clinical and administrative staff  |
| 3 | no |
| 4 | no |
| 5 | very useful for some non- f2f assessment of LTC,reviews during pandemic, which we plan to continue.accurx templates and being able to tailor these has been useful |
| 6 | Love it, patients love it. It’s great. |
| 7 | AccuRx is amazing - PLEASE commission it |
| 8 | AccuRx has worked v well for EMIS. I liked S1 text too esp texting from the results filing page.  |
| 9 | Small, clear steps. Need to be careful of confidentiality issues e.g. parent's having phone number on teenager's record, shared phones etc. |
| 10 | 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 |
| 11 | 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. |
| 12 | Try it! I think even our more traditional GPs have adapted to using AccuRx and I think as we become more knowledgeable and aware of it's capabilities this will only improve |
| 13 | n/a |
| 14 | Information governance issues limit usefulness |
| 15 | Very useful for sick notes, blood results, prescription notifications etcAbility to set up template responses has been great. |
| 16 | Great to have a range of communication tools. Good patient and clinciain feedback on this.  |
| 17 | Patients seem to like it.  |
| 18 | No |
| 19 | Bulk SMS facility would be fantastic for accuRx. Ensure that telephone numbers are checked prior to sending a SMS. |
| 20 | two way reply is very useful as is patients being able to attach pics |
| 21 | Getting patients to send photos of their rash via accurx is much better than videoconsulting |
| 22 | 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. |
| 23 | Think carefully about messages sent and how could be read....  |
| 24 | Bulk texting that allows a response into the clinical system without paying large amounts for it. |
| 25 | Making sure mobile numbers are correct is very important and that the message is sent to the right patient. Sometimes find that teenagers end up having parents numbers on system and this can cause Issues with confidentiality  |
| 26 | AccuRx has worked well with Asthma |
| 27 | Saves and immense amount of time contacting patients and money but the downside is that there is more work often as a result of making more contact  |

 |
|   | answered | 27 |
| skipped | 156 |

| **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% | 22 |
|

|  |  |
| --- | --- |
| 1 | It has taken a pandemic to convince clinical staff to change their process. |
| 2 | no |
| 3 | no |
| 4 | Very helpful for our deaf patients |
| 5 | 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 |
| 6 | Great addition- liked by all, pts & staff. Others such as DNs & hosp teams should use it too |
| 7 | 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. |
| 8 | 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. |
| 9 | making sure phone numbers are correct ! |
| 10 | No |
| 11 | n/a |
| 12 | It would be useful to know if patients have received the SMS  |
| 13 | AccuRX has been really useful allowing a reply option |
| 14 | no  |
| 15 | It has proved invaluable in practice during the pandemic and will continue to be so especially for QoF and recalls |
| 16 | NO |
| 17 | As the Practice Manager I cannot comment on some of the questions |
| 18 | I wish we'd done this sooner |
| 19 | Nil |
| 20 | Patient confidentiality is a big issue for teenagers (whose phone are they using?)Patients change numbers and fail to updateKeeping on top of SMS consent is difficult |
| 21 | LIFE changing at work  |
| 22 | Excellent  |

 |
|   | answered | 22 |
| skipped | 161 |

 **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 |

|  |
| --- |
|   |

 | 4.17% | 3 |
| 2 | 1 |    | 0.00% | 0 |
| 3 | 2 |

|  |
| --- |
|   |

 | 6.94% | 5 |
| 4 | 3 |

|  |
| --- |
|   |

 | 34.72% | 25 |
| 5 | 4 |

|  |
| --- |
|   |

 | 30.56% | 22 |
| 6 | 5 |

|  |
| --- |
|   |

 | 23.61% | 17 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.58 | Std. Deviation: | 1.16 | Satisfaction Rate: | 71.67 |
| Variance: | 1.35 | Std. Error: | 0.14 |   |

 | answered | 72 |
| skipped | 111 |

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

|  |
| --- |
|   |

 | 2.78% | 2 |
| 2 | 1 |

|  |
| --- |
|   |

 | 2.78% | 2 |
| 3 | 2 |

|  |
| --- |
|   |

 | 6.94% | 5 |
| 4 | 3 |

|  |
| --- |
|   |

 | 12.50% | 9 |
| 5 | 4 |

|  |
| --- |
|   |

 | 31.94% | 23 |
| 6 | 5 |

|  |
| --- |
|   |

 | 43.06% | 31 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.97 | Std. Deviation: | 1.24 | Satisfaction Rate: | 79.44 |
| Variance: | 1.53 | Std. Error: | 0.15 |   |

 | answered | 72 |
| skipped | 111 |

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

|  |
| --- |
|   |

 | 4.17% | 3 |
| 2 | 1 |

|  |
| --- |
|   |

 | 5.56% | 4 |
| 3 | 2 |

|  |
| --- |
|   |

 | 12.50% | 9 |
| 4 | 3 |

|  |
| --- |
|   |

 | 25.00% | 18 |
| 5 | 4 |

|  |
| --- |
|   |

 | 43.06% | 31 |
| 6 | 5 |

|  |
| --- |
|   |

 | 9.72% | 7 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.26 | Std. Deviation: | 1.21 | Satisfaction Rate: | 65.28 |
| Variance: | 1.47 | Std. Error: | 0.14 |   |

 | answered | 72 |
| skipped | 111 |

| **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 |

|  |
| --- |
|   |

 | 9.86% | 7 |
| 3 | 2 |

|  |
| --- |
|   |

 | 9.86% | 7 |
| 4 | 3 |

|  |
| --- |
|   |

 | 35.21% | 25 |
| 5 | 4 |

|  |
| --- |
|   |

 | 29.58% | 21 |
| 6 | 5 |

|  |
| --- |
|   |

 | 15.49% | 11 |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | Mean: | 4.31 | Std. Deviation: | 1.15 | Satisfaction Rate: | 66.2 |
| Variance: | 1.31 | Std. Error: | 0.14 |   |

 | answered | 71 |
| skipped | 112 |

| **We welcome any further comments/suggestions you would like to add:**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 23 |
|

|  |  |
| --- | --- |
| 1 | I don't think clinicians have taken risky decisions as it has made them be more cautious. Prescribing will have gone up especially for antibiotics |
| 2 | i hope so but its clinician dependent; some clinicians more comfortable with it, others lesser so etc. Some patients still want to be seen and arent happy.  |
| 3 | clinicians have been scared that they may have missed something that they would normally spot in full face to face consultations |
| 4 | effective in limited range of situations, all of which can not be predicted. We need to observe closely and use our long-gained clinical skills to identify and pick up the many things that dont present as clear-cut conditions. I am concerned expectations of remote ./ virtual assessment could raise patient expectation of virtual consulting always being effective, and open us to litigation and clnical risk |
| 5 | Virtual consultations have allowed us to keep working with reduced risk of infection spread. They are certainly not without risk but we had no other practical solution - they have been a godsend. |
| 6 | PLEASE commission AccuRx |
| 7 | Sorry, I can't comment on this. |
| 8 | 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.  |
| 9 | some aspect of virtual consultations should remain, patients being able to send photos etc are helpful, as are videos in care homes |
| 10 | for care home reviews, palliative reviews I am sure it will become widespread |
| 11 | Survey is not well designed as doesn't take into account reality of general practice at present. Video consultations are better than getting covid, but not as good as seeing patients face to face. Face to face appointment swill need to continue. All the different methods have required taking time out to learn and train which has been hard work. They are all different. They all take time to log in and do things. This time is adding up. It's only working now as we are still relatively quiet |
| 12 | Virtual consultations are great but unless medicolegal legislations change to support the clinicians, continuing virtual consultations may make clinicians anxious.  |
| 13 | some photo texting useful. less sure about video. better for pateient less waiting, with time lag not always lots quicker for clinician.also often not working |
| 14 | recording consultations would have medicolegal implications  |
| 15 | with correct choice of when to video and when to face to face I think videos will be safer and used appropriately |
| 16 | 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 |
| 17 | USeful but unlikely to replace face to face consiults- particularly for training students.Has a role like the phone paricularly to reduce visits which are time consuming and often not hugely helpful in changing management |
| 18 | In some cases but certainly not all. The majority  |
| 19 | Antibiotic guardianship has gone out the windowAssessing chronic breathing problmes is very difficult remotelyI worry about excluding skin cancer using photographs or phone cameraI worry about patient sensitive information being mislaid because I am home working, using a stealable laptop .Are the video platforms secure? |
| 20 | As an old GP >50 has made me engage with the video technology and I realise that I can't go back to the old ways as has improved my work life balance - so much better Thanks ( that doesn't include doctorlink as still need to be convinced any point to it )  |
| 21 | Additional training for nursing team would be useful-online |
| 22 | Hopefully they can enhance the way we work but I don’t think they will take over the workload. Hopefully they will continue for a part of the population who find it hard to get into the practice  |
| 23 | We need more video cameras and microphones. Have already requested but need for all consulting rooms |

 |
|   | answered | 23 |
| skipped | 160 |