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

June 2020

NENC data

| **Tell us a few things about yourself:** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Primary Care Clinician | |  | | --- | |  | | 45.51% | 137 |
| 2 | Secondary Care Clinician | |  | | --- | |  | | 0.33% | 1 |
| 3 | Commissioner | |  | | --- | |  | | 1.33% | 4 |
| 4 | Clerical Staff | |  | | --- | |  | | 11.30% | 34 |
| 5 | Practice Manager | |  | | --- | |  | | 35.88% | 108 |
| 6 | Other (please specify): | |  | | --- | |  | | 5.65% | 17 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 3.09 | Std. Deviation: | 1.97 | Satisfaction Rate: | 41.73 | | Variance: | 3.87 | Std. Error: | 0.11 |  | | | | | answered | 301 |
| skipped | 0 |
| Other (please specify): (17) | | | | |
| |  |  | | --- | --- | | 1 | GP Federation | | 2 | Business Manager | | 3 | receptionist | | 4 | Operations Manager | | 5 | Healthcare Assistant | | 6 | IT, HR,H&S Medicines manager | | 7 | Management Partner | | 8 | Data Quality & I.T. Manager in GP Practice | | 9 | Nurse Practitioner | | 10 | Senior Administrator | | 11 | Assistant Practice Manager | | 12 | Secretary | | 13 | Deputy Practice Manager | | 14 |  | | 15 | Assistant Practitioner | | 16 | Secretary | | 17 | Assistant Practice Manager | | | | | |

| **Which CCG do you belong to?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | NHS Newcastle Gateshead CCG | |  | | --- | |  | | 23.26% | 70 |
| 2 | NHS Northumberland CCG | |  | | --- | |  | | 18.60% | 56 |
| 3 | NHS North Tyneside CCG | |  | | --- | |  | | 10.30% | 31 |
| 4 | NHS BARNSLEY CCG |  | 0.00% | 0 |
| 7 | NHS COUNTY DURHAM CCG | |  | | --- | |  | | 8.64% | 26 |
| 13 | NHS NORTH CUMBRIA CCG | |  | | --- | |  | | 1.33% | 4 |
| 20 | NHS SOUTH TYNESIDE CCG | |  | | --- | |  | | 3.99% | 12 |
| 21 | NHS SUNDERLAND CCG | |  | | --- | |  | | 1.33% | 4 |
| 22 | NHS TEES VALLEY CCG | |  | | --- | |  | | 32.56% | 98 |
| 25 | Don't Know |  | 0.00% | 0 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 9.93 | Std. Deviation: | 9.44 | Satisfaction Rate: | 37.21 | | Variance: | 89.16 | Std. Error: | 0.54 |  | | | | | answered | 301 |
| skipped | 0 |

| **Which technology have you adopted? Please tick any/all that apply:** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Online Consultation | |  | | --- | |  | | 87.97% | 256 |
| 2 | Video Conference | |  | | --- | |  | | 91.07% | 265 |
| 3 | SMS | |  | | --- | |  | | 83.51% | 243 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 5.21 | Std. Deviation: | 5.38 | Satisfaction Rate: | 129.04 | | Variance: | 28.99 | Std. Error: | 0.32 |  | | | | | answered | 291 |
| skipped | 10 |

**Online Consultation**

| **Have you adopted Online Consultation in the practice? If your answer is Yes/Tried but not yet fully implemented please continue to the next question.** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Yes | |  | | --- | |  | | 82.75% | 235 |
| 2 | No | |  | | --- | |  | | 2.82% | 8 |
| 3 | Tried but not fully implemented | |  | | --- | |  | | 11.62% | 33 |
| 4 | Not yet implemented | |  | | --- | |  | | 2.82% | 8 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.35 | Std. Deviation: | 0.79 | Satisfaction Rate: | 11.5 | | Variance: | 0.63 | Std. Error: | 0.05 |  | | | | | answered | 284 |
| skipped | 17 |

| **If no or not yet implemented please describe why:** | | | |
| --- | --- | --- | --- |
|  | | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 15 |
| |  |  | | --- | --- | | 1 | Tried e-consult and found that in the majority of cases need to speak with the patient. Not enthusiastic to try it. | | 2 | No closely enough integrated to clinical system | | 3 | use econsult for reports but not the next step yet | | 4 | we do not need to do this in our role | | 5 | no benefit currently perceived -we have been able to easily handle our workload without this | | 6 | We are using accurx. not sure if that is online consulting, but I view it as video consulting. not sure what the difference is | | 7 | Currently no issues with capacity. Already have email access for patients. Not sure where e-consults will fit within our practice - great concerns about managing and servicing the demand, on top of hugely busy days. | | 8 | Not clear if it offers anything over telephone/video consultation | | 9 | do not consult | | 10 | have responded to e-consult usually by telephone consultation | | 11 | We want to develop a system of total triage this together as a CCG. We are looking at the various options together. We are using e-consult but only as a way of patients contacting us, we phone or SMS them back, we don't use the online consultation function. | | 12 | one step at a time - just starting out on video consults. | | 13 | only worked in early part of lockdown | | 14 | Others in the practice has used this but it doesn't work in my line of work as a HCA | | 15 | unsure | | | | |
|  | | answered | 15 |
| skipped | 286 |

| **Which system are you using?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | e-Consult | |  | | --- | |  | | 96.12% | 198 |
| 2 | EMIS On-line Triage | |  | | --- | |  | | 2.91% | 6 |
| 3 | AskMyGP | |  | | --- | |  | | 0.49% | 1 |
| 4 | Engage Consult |  | 0.00% | 0 |
| 5 | Other (please specify): | |  | | --- | |  | | 6.31% | 13 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.35 | Std. Deviation: | 0.99 | Satisfaction Rate: | 7.28 | | Variance: | 0.98 | Std. Error: | 0.07 |  | | | | | answered | 206 |
| skipped | 95 |
| Other (please specify): (13) | | | | |
| |  |  | | --- | --- | | 1 | Acurix | | 2 | AccuRx | | 3 | Accurx | | 4 | Accu Rx | | 5 | Not sure | | 6 | Accurx | | 7 | and Accu Rx | | 8 | accurx | | 9 | accurix | | 10 | Accurx | | 11 | Accurx | | 12 | accuRX | | 13 | Not sure, as a GPN I have been seeing patients in clinic for essential things | | | | | |

| **How are you using Online Consultation?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Total online triage | |  | | --- | |  | | 20.50% | 41 |
| 2 | Additional access method | |  | | --- | |  | | 77.00% | 154 |
| 3 | Other (please specify): | |  | | --- | |  | | 8.00% | 16 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.98 | Std. Deviation: | 0.53 | Satisfaction Rate: | 46.5 | | Variance: | 0.28 | Std. Error: | 0.04 |  | | | | | answered | 200 |
| skipped | 101 |
| Other (please specify): (16) | | | | |
| |  |  | | --- | --- | | 1 | Admin; directing Sick Notes, Asthma Review E- Consults | | 2 | Not sure what Question means | | 3 | We are directing approapite patients to eConsult. | | 4 | As above | | 5 | Patient choice, mainly for sick notes at present | | 6 | part e-consult part accurx part telephone due to the population of the practice | | 7 | e-consult, telephone appts with e-lite triage | | 8 | Bringing down patients to surgery if needed after triage | | 9 | E consultation offered on website. If patients ring the surgery they are offered telephone triage | | 10 | Tel triage available | | 11 | e consults and telephone encouraged | | 12 | mix of e-cons where patients are taking up this option and otherwise telephone triage | | 13 | unsure | | 14 | e consults | | 15 | Not sure as GPn not currently using this but GP are using telephone and video consultations | | 16 | not using it personally | | | | | |

| **How do practices allocate calls between staff types (eg. doctors/nurses/ANP)?** | | | |
| --- | --- | --- | --- |
|  | | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 191 |
| |  |  | | --- | --- | | 1 | GP sees all clinical e-consults | | 2 | depends on nature of query = divided between practice nurses and GP's | | 3 | Admin sends all econsults to gps | | 4 | Initial triage by Non-clinical Staff Member, to direct Admin queries inline with SOP.  Clinical Queries - Booked in an e-consult triage appointment slot for GP to review. Asthma review - Info added from e-consult to patient record, then task to Nursing Team to review, if follow up required.  Looking to expand to other diseases as e-consult recently released new review templates. | | 5 | mainly doctors and ANPs | | 6 | Triage by admin | | 7 | we ask the patient is f they want to speak to a GP or nurse | | 8 | Admin staff have been triaging calls for the last few years so are confident in allocating calls. We also use care navigation as instigated by our CCG. | | 9 | duty team comprising GP, ANP, ECP work from 1. emergency triage list, 2. query list both of which are populated daily. | | 10 | on call GP | | 11 | Depends what patient needs and who is the best person to manage this. | | 12 | Allocated to GP on call for same day queries Allocated to next available GP for following day | | 13 | ANP/PN telephone triage daily for patients requesting same day consultations. E-consult - GP | | 14 | Allocate according to protocol | | 15 | Duty Team managed by Duty doctor, consisting of GPs, ANPs & ECP. | | 16 | through nurse led triage and some admin triage of admin e consults | | 17 | receptionists allocate | | 18 | Admin filter suitable ones then e consult for clinical work added to duty doctor list. | | 19 | e-consults are added to our message screen for GPs to respond to | | 20 | Admin triage | | 21 | Admin staff review contacts. Currently clinical enquiries to GPs, but are looking at directing to wider clinical team | | 22 | All calls dealt with by GP | | 23 | Receptionists ask nature of problem and allocate to appropriate staff member | | 24 | All allocated to GP on call | | 25 | On availability. | | 26 | A single list that all clinicians 'dip into' | | 27 | admin staff sign post to most relevant clinician. We have enough appt slots blocked off daily to cope with demand | | 28 | all do telephone where possible, only bring patients in if absolutely necessary | | 29 | All patients go on to a triage list. | | 30 | incoming emails reviewed by reception supervisor and passed to either minor ailment ANP or on call GP | | 31 | We have a dedicated inbox which is monitored by trained reception staff who allocate the work according to pre-set protocols. | | 32 | Senior secretary downloads all email from NHS account and uploads on to patient EMIS record and then disseminates to appropriate member of team, including pharmacy, secretary, GPs, ANPs. | | 33 | evenly for GPs and ANPs, Nurses get what they would usually deal with | | 34 | goes on to doctor on call list for the day. | | 35 | telephone, electronically via s1 | | 36 | One list | | 37 | All econsults at present are given to GPs or NP Planning to use annual review consults for practice nurses | | 38 | doctors only for all triage | | 39 | By taking information about the problem and allocating to the most appropriate clinician | | 40 | All go to one list (GP+ANP) unless direct request for nurse appt which is triaged by nurse. Medication changes/requests go to pharmacist/pharmacy tech. | | 41 | Have a main triage list at this point so self allocated | | 42 | GPs | | 43 | eConsult currently booked into GP triage slot - this may change over time as we become more familiar with the system | | 44 | Separate lists for each clinician daily | | 45 | Doctors only | | 46 | Dependent on specialist areas and availability of appointments | | 47 | Admin staff filter out tasks they are able to deal with the remainder allocated to GP's | | 48 | Strict Rotation for E-consult by GP (not the on call GP however) | | 49 | GPs only | | 50 | Put on message screen for GP that is working that session. | | 51 | reception staff ask all patients the nature of the medical query and allocate these to the most appropriate clinician | | 52 | pooled | | 53 | GPs would redirect | | 54 | Allocated according to clinical competencies | | 55 | Team Leaders maintain continuity and navigate to the services and the most appropriate person to handle that call | | 56 | Navigated to the correct clinician or service by Team Leaders | | 57 | Reception staff review all online consultations and allocate depending upon content. Admin tasks dealt with by receptions staff, travel health consults passed to Practice Nurses. All clinical econsults are allocated to GP team. Each GP has number of econsult slots each day. On-call GP deals with balance | | 58 | Allocate as appropriate depending on the problem. | | 59 | Staff members capability - ie LTC reviews go with PN, medication queries with GP.  Admin staff also signposting to GP2Pharmacy etc | | 60 | no passed to GP | | 61 | member of admin allocates on a daily basis | | 62 | Patients choice | | 63 | The flight controller allocates to the relevant person | | 64 | All e consults currently are divided between Gp or admin staff only | | 65 | Clear definition as only GPs, PN and pharmacist | | 66 | Not sure | | 67 | Depending on the initial presentation then allocated to appropriate clinician Long term conditions and contraceptive management goes to Nurse Practitioner | | 68 | no choice, all to gp | | 69 | Admin staff open e-consult and allocate to on call GP if clinical query All admin related queries to relevant staff in wider team | | 70 | All clinical queries are sent to the on call GP. Admin queries are dealt with by the relevant member of staff. | | 71 | e-Consults are triaged to the most appropriate person. If unclear on to GP call back and Lead GP may reallocate them | | 72 | all calls go to duty doctor | | 73 | All calls are on a triage list fro doctors and nurses trained as mibor illness nurses also nurse practitioners to wrok from, taking appropraite cases which includes e consults | | 74 | All e-consults are shared amongst allocated doctors | | 75 | Yes the requests are triaged and allocated appropriately | | 76 | all going to GP's at present, have only started to use in last 2 months amongst the covid pandemic! | | 77 | added to 'usual doctor' triage list where possible | | 78 | Senior reception staff look at them and decie if its for them or a clinician | | 79 | added to duty dr page of free gp / np triage slot | | 80 | admin triage | | 81 | reviewed by admin: admin tasks actioned. clinical tasks to GO | | 82 | Allocated to GP unless an admin or medication request | | 83 | On call | | 84 | share amongst staff | | 85 | All go to GPs | | 86 | Care navigation team triage all calls in the first instance | | 87 | All gps allocated equally at the end of their session,any extras are shared out. | | 88 | Admin triage and allocate to clinicians if required | | 89 | reception team care navigate- still learning and trying to educate patients so we dont return to the 'old' ways | | 90 | GPs do acute medical care Nurse doing some chronic disease management remotely | | 91 | The Reception Team review the eConsult form and forward to the appropriate member of the team. | | 92 | Added to triage list | | 93 | assigned to appropriate clinician for appropriate condition | | 94 | Guided by the previous standing guidelines around skills and responsibility | | 95 | All to GP currently, will be changing soon for reception staff to allocate | | 96 | Some booked appointments, mainly telephone. Duty doctor triages urgent requests for contacts each day. Less urgent and e-consults shared out amongst remaining GPs | | 97 | Care navigation by receptionist, however plan to let GP assess econsults and dictate appts with who etc. We also use Econsult for LTC reviews such as asthma reviews. Which has provided a hit with patients | | 98 | eConsult arrives in generic practice email and reception staff direct to most appropriate team member. Prescription requests go direct to the prescribing clerk if straight forward and to the practice pharmacist if a query. Sick not request go on the GP shared admin list (admin list is for when no patient callback or contact is necessary). Clinical queries or requests for advice are triaged on the the GP lists - either shared evenly or to the specific GP if requested by the patient. | | 99 | Doctors only | | 100 | Care navigators decide most appropriate route. | | 101 | Sorted out by query ie clinician / admin request | | 102 | Receptionists direct to correct person | | 103 | By problem, triaged by GP | | 104 | Online consult is scanned by admin and then passed to the relevant clinician. Such as, if it's about a script it is passed to a pharmacist, B12 injection woudl go to a PN and everything else is passed to the on-call GP who will triage. | | 105 | Shared as appropriate | | 106 | Each clinician has allocated slots each day | | 107 | I have set up eConsult documents to arrive via tasks into Systmone with the help of eConsult team. The tasks have a rule attached that sends them to 4 higher members of staff ( Admin Team ) group. They distribute to whoever can action eg:- prescription queries to prescribing team. Any that need GP to contact go down as a telephone appointment for the GP or Nurse etc. | | 108 | depends depending on issue | | 109 | Nurse Practitioner working alongside GPs. All have book on day clinics. The reception team have a list of things suitable for the Nurse Practitioner. | | 110 | we add patients that wish to speak with a doctor onto a call list for all the gp's to call back. | | 111 | GP's do all | | 112 | As clinically appropriate | | 113 | Triage | | 114 | shared out amongst clinicians | | 115 | NP TRIAGE AND THEN GP IF NECESSARY | | 116 | E consults largely go to doctors, other contacts made according to Pre covid | | 117 | Reception signpost to most appropriate member of staff | | 118 | econsult handled by Admin/GP | | 119 | Allocated by named GP , specialist interst or availability of appointments | | 120 | depending on a prepared list of conditions that can be managed by different professionals | | 121 | Care navigation system | | 122 | Secretary / Admin process documents and allocate to a work group for action | | 123 | Calls are triaged | | 124 | all patient contacts triaged by docs | | 125 | triaged by receptionists | | 126 | From description of clinical problem, admin staff navigate the e-consults to the appropriate person e.g. admin, GP, GP Reg, NP etc. | | 127 | Doctors and ANP | | 128 | All e consult triaged by reception and then allocated to various staff | | 129 | reception ask a few questions. most stuff goes to the doctors | | 130 | Depends on what the issue is and what information is available. | | 131 | Online consults are looked at by a nurse and then allocated as appropriate | | 132 | admin based on rota availabitliy | | 133 | depends upon patient need | | 134 | Triaged on receipt | | 135 | Shared | | 136 | All would go to doctors | | 137 | Staff look at the subject matter and allocated according to who is on duty and who is the right person for the job (Nurse, pharmacist, GP..) | | 138 | via care navigators who are already experienced in directing cases to appropriate clinicians | | 139 | per registered GP- Acute issues to NP | | 140 | Given to relevant GP or oncall GP if not available - is not for urgent cases. | | 141 | dont know just do ones im given | | 142 | triage | | 143 | E-consults are care navigated by our receptionists to the most appropriate person to deal with the query | | 144 | All e-Consults go to GPs - up to 4 each/day with any excess to on-call GP | | 145 | Reception staff | | 146 | Care navigation by reception | | 147 | Ask patient what it is requarding then appoint to the correct clinician | | 148 | admin staff triage | | 149 | personal lists | | 150 | GPS only, some e-consults are dealt with by admin staff | | 151 | Doctors and NP | | 152 | Triaged by experienced admin staff and forwarded to relevant clinician or staff member (GP, NP/PN, HCA, Secretary etc) | | 153 | Allocated to the relevant GP. | | 154 | PDF document received via eConsult goes straight into the DocMan filing queue. Reception staff read this, file it into our clinical system and raise it with the correct member of clinical staff e.g. ANP/GP | | 155 | reception take initial calls and allocate to GP/ANP as telephone or video consultations as per patient preference. They know which conditions or enquiries warrant a nurse rather than a GP or ANP-nurses are purely LTC general review advice/smear/etc ...ANP & GP for poorly or medication related queries. | | 156 | passed to ANP, for triage | | 157 | Triage at FPOC and appointment made with the appropriate person dependant upon the request | | 158 | All go to Doctors | | 159 | ANP and GP | | 160 | As clinically appropriate | | 161 | Request is triaged by reception staff and given to GP, admin or dealt with by the reception team e.g. fit note requests | | 162 | e consult just aimed at doctors, goes to their clinician unless not available | | 163 | duty doctor/ allocates workflow and triages | | 164 | via reception protocols | | 165 | doctors don't transfer a call to nurses at present. Nurses are seeing patients face to face | | 166 | The e-consult is allocated to the patient's GP of choice if available that day, otherwise allocated to anyother doctor who is available. | | 167 | All requests go to Dr | | 168 | GP 'sorts' requests to other GPs/ANP/PA/physio/pharmacists/admin and they are then dealt with by that staff member, remotely where possible | | 169 | Workflowed by admin team to appropriate clinician | | 170 | Allocated by senior member of admin staff to most appropriate clinician - i.e. related to diabetes eConsult allocated to Lead Diabetes Nurse, same for Asthma/COPD | | 171 | acute problems to ANPS where possible anything else GP | | 172 | Staff guidance | | 173 | doctors | | 174 | Doctors and Nurses each have their own rotas and at the bottom of each clinics for doctors there are slots for E-consult. If the E-consult proves to be urgent, we would prioritise and send a task to a doctor. | | 175 | reception allocate | | 176 | To the oncall doctor that day | | 177 | GP and practice nurse | | 178 | admin will give to usual clinician that is dealing with that problem. if not available, it will go to the on-call GP that day.  we have not marketed this yet, so are only getting very small numbers so far. | | 179 | gp's have phone call app nurses are seeing patients | | 180 | reception 1st point of call then sorted to appropriate clinician | | 181 | Practice protocol | | 182 | Reception check the e-consultations and forward them onto the relevant departments | | 183 | All put on one triage list - Dr & ANPs take off one list | | 184 | Which is suitable for each staff | | 185 | All added to daily Triage | | 186 | Doctors using telephone appt. Nurses are given f2f if pt needs to come in for something essential. | | 187 | e-consult response | | 188 | triage | | 189 | Workflow in place by receptoin staff then forwarded digitally to approrpiate clincian | | 190 | They go through reception first to decide what calls are appropriate for which clinician | | 191 | ANP triages | | | | |
|  | | answered | 191 |
| skipped | 110 |

| **Do Online Consultations reduce or increase workload/consultation time?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | 0 (significant reduction) | |  | | --- | |  | | 6.57% | 13 |
| 2 | 1 (slight reduction) | |  | | --- | |  | | 40.40% | 80 |
| 3 | 2 (no impact) | |  | | --- | |  | | 27.27% | 54 |
| 4 | 3 (slight increase) | |  | | --- | |  | | 21.21% | 42 |
| 5 | 4 (significant increase) | |  | | --- | |  | | 4.55% | 9 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 2.77 | Std. Deviation: | 1 | Satisfaction Rate: | 44.19 | | Variance: | 1.01 | Std. Error: | 0.07 |  | | | | | answered | 198 |
| skipped | 103 |

| **Do you like Online Consultation? [where 0 = not at all, and 5 = a lot]** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | 0 | |  | | --- | |  | | 6.06% | 12 |
| 2 | 1 | |  | | --- | |  | | 4.55% | 9 |
| 3 | 2 | |  | | --- | |  | | 14.65% | 29 |
| 4 | 3 | |  | | --- | |  | | 32.32% | 64 |
| 5 | 4 | |  | | --- | |  | | 22.73% | 45 |
| 6 | 5 | |  | | --- | |  | | 19.70% | 39 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 4.2 | Std. Deviation: | 1.36 | Satisfaction Rate: | 64.04 | | Variance: | 1.85 | Std. Error: | 0.1 |  | | | | | answered | 198 |
| skipped | 103 |

| **To what extent has Online Consultation changed patient demand?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | 0 (significant reduction) | |  | | --- | |  | | 2.55% | 5 |
| 2 | 1 (slight reduction) | |  | | --- | |  | | 24.49% | 48 |
| 3 | 2 (no impact) | |  | | --- | |  | | 50.00% | 98 |
| 4 | 3 (slight increase) | |  | | --- | |  | | 20.92% | 41 |
| 5 | 4 (significant increase) | |  | | --- | |  | | 2.04% | 4 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 2.95 | Std. Deviation: | 0.8 | Satisfaction Rate: | 48.85 | | Variance: | 0.64 | Std. Error: | 0.06 |  | | | | | answered | 196 |
| skipped | 105 |

| **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 | |  | | --- | |  | | 1.52% | 3 |
| 2 | 1 | |  | | --- | |  | | 5.08% | 10 |
| 3 | 2 | |  | | --- | |  | | 13.20% | 26 |
| 4 | 3 | |  | | --- | |  | | 38.58% | 76 |
| 5 | 4 | |  | | --- | |  | | 35.03% | 69 |
| 6 | 5 | |  | | --- | |  | | 6.60% | 13 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 4.2 | Std. Deviation: | 1.02 | Satisfaction Rate: | 64.06 | | Variance: | 1.05 | Std. Error: | 0.07 |  | | | | | answered | 197 |
| skipped | 104 |
| Any further comments (98) | | | | |
| |  |  | | --- | --- | | 1 | I have not received any feedback from patients regarding e-consults | | 2 | Depends on the e-consult template and how much info needs to be provided. | | 3 | appear satisfied | | 4 | we have had no feedback | | 5 | Our patients generally do not like change and we have a constant battle trying to introduce new systems. | | 6 | Not suitable for all especially in a rural practice with an aging patient cohort but very useful for others. | | 7 | have had econsult for nearly 18 months, patients use this very little | | 8 | Takes too long, too many questions, too time consuming | | 9 | SMS works well and patients like this. e-consult works some of the time, it is convenient for some groups of patients. Video consults are quite time consuming and technology is not great. | | 10 | Helpful for patients who work and do not have time to ring. | | 11 | Generally positive comments from patients who have used e consult so far | | 12 | We have not surveyed satisfaction. Noti8cing some patients are using >1 occassion, so this may indicate satisfaction. But this may be related to fear of attending surgery currently? | | 13 | Can be useful but in certain limited circumstances | | 14 | Several times patients have contacted us by e.g. eConsult e.g. asking for a script-no pharmacy nominated. Then mobile out of date and don't respond to e-Consult for days asking them to nominate pharmacy. Wastes a lot of time. | | 15 | Since COVID patients have utilised eConsult a lot more whereas before they were reluctant and we were struggling to improve usage. Feedback from patients has been very positive - convenient, choice of time & place, safe from risk of C19 infection in waiting rooms. | | 16 | I think some patients find all the questions time consuming and often end up with the same outcome as if they had phoned and requested a telephone consultation with a clinician. We don't get many e-consults per week and the ones we do get haven't saved any appts. | | 17 | its convenient and offers an alternative to phoning or attending that they can do in privacy | | 18 | Feedback from patients varies from highly satisfied to absolutely hating it. One general comment is that it can take a long time to complete the online triage system, and it is quicker to just pick the phone up and speak to someone. I worry that making everyone go via online consultation by default will be a barrier to vulnerable patients accessing care. | | 19 | survey in practice has been positive in the context of COVID | | 20 | Some patients find it very helpful especially when we are closed but others prefer to ring and speak to someone. very mixed. | | 21 | A lot of patients asking when can we get back t of ace to face | | 22 | As in all new projects, some patients love it and some hate it.....I always add a statement to my e-consult response asking the patient to contact me again if they aren’t happy with the advice/help I have given | | 23 | takes too long and older residents struggle to complete | | 24 | Some patients love it as it improves access without any effort. Resources are drawn towards those who are articulate and IT savvy and away from the vulnerable/elderly/deprived It increases inequity in access to health services but no doubt the surveys will come back glowing as they will be filled out by the same groups as access online consultation | | 25 | all use it positive but it doesn't fit all patients needs/ability | | 26 | OK for some but some frustration for patients who enter a lot of information & then get told to contact NHS 111 or GP (this information then gets lots and has to be repeated when they contact NHS111 or GP)  We have an elderly population - large part of population do not have smart phones/IT access | | 27 | No real idea | | 28 | Hard to say at this early stage with slightly reduced patient demand due to Covid. | | 29 | an additional method for patients to contact the practice | | 30 | Certainly patients I have spoken to have mostly been really impressed. Some get frustrated when we have asked them to access eConsult only for the template to tell them after they have input all the information that they need to contact their GP. | | 31 | The number of patients using online consultations is minimal compared to our list size, despite significant promotion. | | 32 | Working patients have commented this is more convenient.  Some patients have commented that they expected a telephone call from a GP and do not understand that this may not be necessary. Patients like that they do not have to waste GP time and take responsibility for their own health. | | 33 | Hugely dependent upon nature of consultation. Some econsults can be very time consuming for patients (depending upon how they answer questions). The speed of response is valued by them. | | 34 | A few patients have commented how its good they can use this 24/7, however others have said it asks a lot of questions | | 35 | Don't think it has been used enough as we only went LIVE during COVID | | 36 | Depending on Patient groups | | 37 | Some increase in use but not a huge amount | | 38 | Too early to tell - promotion and uptake recently started | | 39 | some have commented that it fits in with their day and are open to the option of these forms of consultations. Also opens the conversation lessening the need for frustrations about having to have long waits for appointment which can be managed effectively in this manner. Clinicians have spoken and had contact with hard to reach patients via telephone or email | | 40 | certain patients regard it as a method for even more frequent attention and very minor things on a daily basis | | 41 | Patients seem to be amenable to e-consult | | 42 | Patients seem to be happy to send the e-consult rather than having to ring the surgery | | 43 | I have only done a few, but certain patients do like them - in fact some have suggested that they would use them to report how they are getting on with medication. Particularly useful where patients dont' like to speak much | | 44 | It tends to lead to a telephone consultation in most cases so little impact | | 45 | We've had some positive feedback | | 46 | I don't know, we are not seeing many patients to ask them, many seem to abandon and ask for telephone consultation as soon as given permission to do so, so we are looking at other options other than e-consult. I cannot answer question 10, as lock-down will have a bigger impact that online consultations, so we cannot assess demand and separate out effect of online consultaion. Some patients are overusing, though and this number could grow. | | 47 | Not had enough experience to be able to judge | | 48 | Soft data, but so far feedback is good. I do wonder however if this data/survey at this time may be confounded by the fact that GP practices are not working at full capacity and therefore turnaround for econsults and then subsequent telephone appointments is very quick at the moment. Feedback may change if/when demand increases. | | 49 | On the whole feedback is good although I think some patients have found ways to 'cheat' the system | | 50 | we need to control patient access to patients-might save the GP disaster patients like to control the doctor | | 51 | Need more training and advice and experience from those that know. Trying to learn to do something with just on line training isn’t working | | 52 | The data we receive from eConsult on patient satisfaction surveys suggest a high satisfaction rate but we have not verified this. It has helped us managed patients with hearing difficulties during COVID. From the data we receive the number of unique users has risen significantly with many more choosing self-help or other options rather than the GP. | | 53 | my concern is there is no limit on the amount that can come in and no idea if it is urgent or not till you access them thus increasing demand at inappropriate times | | 54 | I think patients enjoy it, but it would be premature to adjudicate on the work-load change occasioned by online care- because of the lingering impact of the lockdown in patient and behaviour,I would expect an increase in demand when all resumes to the 'new' normal. | | 55 | Far too early to tell | | 56 | We have conducted our own survey monkey and patients are positive about the change | | 57 | Only a small handful have adopted this method, but those who do seem to like it. | | 58 | Yes, avoids queuing on telephone | | 59 | some patients feel frustrated with questions and end up phoning in. | | 60 | I feel is used correctly this can be a welcome addition of a method for patients to use, the issue is that all use this correctly. | | 61 | Lots more patients access this than actually send something through to practice. This is from econsult numbers. It may be that they are being given information by econsult but I think partially they may give up and not get to end as the questions are quite lengthy and tedious | | 62 | Depends if the patient is I.T. literate & also if they have used Mobile, Computer. | | 63 | too early to tell | | 64 | Really not had significant use as yet to comment | | 65 | Feedback confirms patient satisfaction | | 66 | For some it is an easy form of access and extends our availability for trivial matters,  I am concerned that overtime as access improves so will demand with stuff that could be self managed | | 67 | It serves a good introduction to see if they need further contact from us | | 68 | Some patients use it a lot so they clearly find it useful but I'm not convinced everyone feels the same | | 69 | Unfortunately the patients initially engaged but find the service to onerous for follow ups and certain problems specifically mental health. The form continues to ask for the same information every time and I think a follow up form would be a useful addition. | | 70 | Depends on patient demographics/familiarity with using IT | | 71 | The majority of our patients find it a convenient way to get a quick response | | 72 | This is difficult to answer as it really depends on the patient . Some patients are having difficulties uploading photographs and selecting the correct problem header. We get a lot of I need general advice ! Some don't like the length of the questionnaire that an eConsult requires but on the whole it has been a positive experience especially if a same day response is received. Like any change it takes time and requires patient education. We hope to keep this and increase usage. | | 73 | None of out patients have used it to contact us - but it is available | | 74 | Some do, some don't. I'm told the e-consult algorithm can be extremely time consuming for patients and make them answer loads of irrelevant questions | | 75 | as it's new for both sides, I think some of our patients love it and some would much rather see us but accept that for now they cant. It is popular with the clinicians but too early to say if its affected demand as we brought it in when demand was low due to the initial pandemic response. Now work stream is picking up, so too are e-consults but its hard to know what the impact is as yet. | | 76 | No sure -some engage with it and use it exclusively - not always appropriately. | | 77 | good for sending rash pictres very convienient | | 78 | E-consult was already in use prior to the pandemic. Initial increase in patient use that has now reduced but still higher than pre-pandemic | | 79 | feedback from eConsult is positive with more than 95% of patients reporting a positive experience | | 80 | Only recently introduced and not enough feedback received. | | 81 | Some of the forms for patients to fill in via eConsult are quite lengthy, although we appreciate this has to be the case to get enough info. | | 82 | Most patients still prefer to speak to someone and feel they are taken more notice of. Many feel on-line is cold and unempathetic. There are a few who find it convenient. | | 83 | not all our patients have phones/internet | | 84 | they get a quick answer so by pass the normal systems so I think they will feel it is positive | | 85 | younger patients seem to, in general older patients or those with complex health needs do not | | 86 | Not known | | 87 | We have a high proportion of elderly who cannot do it. We have a fair few that get rejected by the system and told to call us anyway. | | 88 | Through AskMyGP we are able to gather a lot of data. We have had it in place for a year and were measuring our demand before for around two years so can show there was no increase in demand through its implementation. The feedback runs at around 80-90% of patients reporting positive experiences with the service | | 89 | Most feedback we receive is good | | 90 | seem happy ebough when contacted | | 91 | Elderly patients are the practice prefer to speak with a doctor as quite often they don't have access to technology or perhaps don't feel comfortable using the internet. I think its a case of once a patient does it they will use this service time and time again. | | 92 | I don't feel we've done enough econsults yet for me to be sure | | 93 | We are a small practice therefore very accessible. I think this is only needed in bigger practices | | 94 | answers above are based on very low numbers. | | 95 | A lot of positive comments from patients | | 96 | Unsure I do not use telephone consultation. I have been tele triaging pts prior to seeing them f2f- majority like this or to check patients at risk are managing well at home. | | 97 | Feedback received via econsults is positive on the whole | | 98 | Many patients are a bit older so they have some troubles using it but some younger can use it okay. | | | | | |

| **From your perspective do you think patients feel satisfied with the outcome? [where 0 = not at all, and 5 = completely]** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | 0 | |  | | --- | |  | | 0.51% | 1 |
| 2 | 1 | |  | | --- | |  | | 1.53% | 3 |
| 3 | 2 | |  | | --- | |  | | 7.65% | 15 |
| 4 | 3 | |  | | --- | |  | | 30.10% | 59 |
| 5 | 4 | |  | | --- | |  | | 44.90% | 88 |
| 6 | 5 | |  | | --- | |  | | 15.31% | 30 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 4.63 | Std. Deviation: | 0.92 | Satisfaction Rate: | 72.65 | | Variance: | 0.84 | Std. Error: | 0.07 |  | | | | | answered | 196 |
| skipped | 105 |
| Please add any details (if applicable) (52) | | | | |
| |  |  | | --- | --- | | 1 | Ease of access Rapid response | | 2 | Feedback via e-consult is generally positive, for those who do complete the feedback. Since move to telephone triage, increase in photos being submitted and rapid response has been positive. | | 3 | we have to ring then anyway | | 4 | This is according to feedback from e-consult and verbally by patients. | | 5 | depends what they want | | 6 | Most patients would prefer to be seen f2f. Other methods work better with under 65's patients. | | 7 | Not collected data to show this. | | 8 | Please see above. | | 9 | ive not heard anything bad | | 10 | Some are very satisfied, some hate it. No uniform response. | | 11 | Some submissions are really helpful, particularly the ones you can respond to directly by text rather than phone. Patients get a 24 hour response for clinical stuff and the nature of the clinical stuff is variable. | | 12 | survey in practice has been positive in the context of COVID | | 13 | It works for the people that want it but if resources are diverted to this there will be no capacity for F2F | | 14 | Yes, there has been no negative feedback from patients as I think they appreciate the additional resource at this point in time. Whether that extends when F2F is available again is to be seen. | | 15 | Patients have enjoyed being able to send pictures of rashes etc and not have to come into surgery during this pandemic. | | 16 | Most of the feedback we have has been positive | | 17 | Cant really pass comment | | 18 | Depending on Patient groups | | 19 | overall can be easily sorted if minor ailments  triage of patients can reach care homes | | 20 | of what, email consults? i don't know but no one has yet to complain | | 21 | Most patient get completion of their query | | 22 | unable to comment | | 23 | Saves time on both sides if just a question needs answering. Don't get drawn into other issues/questions as happens in F2F or telephone calls | | 24 | I think so. At least one of us is happy | | 25 | but they seem to like getting clear, written instructions and are less likely to ring the admin team for clarification post consultation. links to information and code for collecting prescription is useful. | | 26 | Not had enough experience to be able to judge | | 27 | Feedback good | | 28 | Satisfaction surveys suggest so and there have been no complaints from patients in respect of this service. | | 29 | They do and it is cheaper and more cost effective in most cases , especially where time ,transport and travel costs are obviated. | | 30 | See above | | 31 | No feedback either way as yet | | 32 | Hard to say as it is early days | | 33 | no complaints but too early to tell | | 34 | Not had significant use as yet | | 35 | Yes it often helps to avoid a visit to the practice. | | 36 | unable to comment | | 37 | they get a telephone triage appointment if it is needed | | 38 | We are still in pilot stage so unable to give accurate answer to 11 & 12 | | 39 | yes we have not received any feedback to the contrary | | 40 | I don't know | | 41 | If it's an easy question, yes | | 42 | seem to . I havent seen much in the way of repeat traffic or complaint. | | 43 | Don't know | | 44 | Too early to tell but seems positive | | 45 | Fast reliable service back from the GP, no waiting on telephone calls, and quick resolution to problems. | | 46 | Whether e-cons or tele call, our clinicians give their very best so the patients needs are met one way or another | | 47 | not been used as yet by our patient group | | 48 | Not known | | 49 | Feedback general good | | 50 | seem happy enough when contacted | | 51 | Very happy | | 52 | As above | | | | | |

| **Do you envisage Online Consultations being used in the future or is it a tool for use only in the pandemic?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | NOW | |  | | --- | |  | | 7.96% | 16 |
| 2 | IN THE FUTURE | |  | | --- | |  | | 32.84% | 66 |
| 3 | BOTH | |  | | --- | |  | | 65.17% | 131 |
| 4 | Other (please specify): | |  | | --- | |  | | 7.46% | 15 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 2.99 | Std. Deviation: | 0.84 | Satisfaction Rate: | 61.86 | | Variance: | 0.71 | Std. Error: | 0.06 |  | | | | | answered | 201 |
| skipped | 100 |
| Other (please specify): (15) | | | | |
| |  |  | | --- | --- | | 1 | We had already implemented e-consult 2yrs prior to C 19 | | 2 | we were using it before the pandemic | | 3 | I'm sure it will be used but the quality fo primary care and access for those most in need will suffer | | 4 | I thought eConsults was an NHS role out and not an option to opt out. | | 5 | We used before the pandemic and will use after it. We have extended how it is used and we would want to continue with some of our current systems, but modify to suit needs | | 6 | I would want to make it work for us better than it currently does | | 7 | but e-consult too clunky and too easy to be told, to contact practice instead | | 8 | Dont understand the response choices | | 9 | we were using it before the pandemic | | 10 | don t know how many they go to reception you would have to ask them | | 11 | We have been using e-consult for some time now including prior to the Pandemic | | 12 | Yes we definitely want to keep this tool | | 13 | we are hopping to encourage more use of this with patients | | 14 | We will not sign up in the future as not cost effective for a practice our size | | 15 | We have been using econsult priror to the pandemic | | | | | |

| **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% | 168 |
| |  |  | | --- | --- | | 1 | 170 | | 2 | 20 | | 3 | 30 | | 4 | 100 | | 5 | 350 | | 6 | 10 | | 7 | 33 | | 8 | 4 | | 9 | 45 | | 10 | 20 | | 11 | 28 | | 12 | 10 | | 13 | 8 | | 14 | 4.8 | | 15 | 12 | | 16 | 23 | | 17 | 10 | | 18 | 25 | | 19 | 10 | | 20 | 4 | | 21 | 20 | | 22 | 10 | | 23 | 30 | | 24 | 27 | | 25 | 1 | | 26 | 15 | | 27 | 20 | | 28 | 6 | | 29 | 20 | | 30 | 602 | | 31 | 510 | | 32 | 10 | | 33 | 20 | | 34 | 40 | | 35 | 20 | | 36 | 20 | | 37 | 150 | | 38 | 1 | | 39 | 20 | | 40 | 30 | | 41 | 50 | | 42 | 50 | | 43 | 25 | | 44 | 15 | | 45 | 120 | | 46 | 3 | | 47 | 10 | | 48 | 5 | | 49 | 10 | | 50 | 15 | | 51 | 15 | | 52 | 23 | | 53 | 83 | | 54 | 155 | | 55 | 67 | | 56 | 150 | | 57 | 25 | | 58 | 12 | | 59 | 20 | | 60 | 3 | | 61 | 10 | | 62 | 8 | | 63 | 20 | | 64 | 2 | | 65 | 25 | | 66 | 10 | | 67 | 40 | | 68 | 3 | | 69 | 10 | | 70 | 10 | | 71 | 16 | | 72 | 20 | | 73 | 90 | | 74 | 20 | | 75 | 10 | | 76 | 5 | | 77 | 10 | | 78 | 7 | | 79 | 61 | | 80 | 10 | | 81 | 15 | | 82 | 70 | | 83 | 30 | | 84 | 400 | | 85 | 100 | | 86 | 240 | | 87 | 10 | | 88 | 160 | | 89 | 40 | | 90 | 50 | | 91 | 640 | | 92 | 15 | | 93 | 10 | | 94 | 180 | | 95 | 6 | | 96 | 30 | | 97 | 10 | | 98 | 22 | | 99 | 26 | | 100 | 4 | | 101 | 5 | | 102 | 100 | | 103 | 8 | | 104 | 8 | | 105 | 13 | | 106 | 2 | | 107 | Visits Unique visitors Self-help visits Pharmacy self-help visits Callback provider visits Local service visits eConsults submitted eConsults diverted Attempts to save appointment Estimated appointments saved | | 108 | 20 | | 109 | 5 | | 110 | 2 | | 111 | 1 | | 112 | 80 | | 113 | 15 | | 114 | 10 | | 115 | 21 | | 116 | 93 | | 117 | 200 | | 118 | 65 | | 119 | 30 | | 120 | 70 | | 121 | 200 | | 122 | 1 | | 123 | 5 | | 124 | 127 | | 125 | 20 | | 126 | 5 | | 127 | 107 | | 128 | 6 | | 129 | 0 | | 130 | 60 | | 131 | 30 | | 132 | 160 | | 133 | 15 | | 134 | 3 | | 135 | 30 | | 136 | 120 | | 137 | 10 | | 138 | 18 | | 139 | 200 | | 140 | 15 | | 141 | 120 | | 142 | 60 | | 143 | 50 | | 144 | 5 | | 145 | 45 | | 146 | 7 | | 147 | 0 | | 148 | 20 | | 149 | 100 | | 150 | 25 | | 151 | 40 | | 152 | 2 | | 153 | 50 | | 154 | 10 | | 155 | 25 | | 156 | 500 | | 157 | 13 | | 158 | 150 | | 159 | 6 | | 160 | 3 | | 161 | 5 | | 162 | 226 | | 163 | 0 | | 164 | 10 | | 165 | 20 | | 166 | 5 | | 167 | 30 | | 168 | 13 | | | | |
|  | | answered | 168 |
| skipped | 133 |

| **Do you feel you had sufficient training in managing the Online Consultation software?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Yes | |  | | --- | |  | | 79.19% | 156 |
| 2 | No | |  | | --- | |  | | 20.81% | 41 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.21 | Std. Deviation: | 0.41 | Satisfaction Rate: | 20.81 | | Variance: | 0.16 | Std. Error: | 0.03 |  | | | | | answered | 197 |
| skipped | 104 |
| If No what further training would you like? (39) | | | | |
| |  |  | | --- | --- | | 1 | Any better options? | | 2 | How to promote further Integrate with clinical system. | | 3 | How to make more of it | | 4 | mostly self explanatory | | 5 | worked it out for myself | | 6 | Some details of how it looks to patients and what additional features it contains | | 7 | feels very clunky - must be a more streamlined approach | | 8 | any- so far had none..! | | 9 | none | | 10 | When eConsults change their online forms it would be nice to know before they change this. No floor walking due to covid so mapping service has been difficult. We have put our own flowchart in place for all staff. | | 11 | Due to covid no floor walkers to iron out glitches. We have done this as we go. | | 12 | I don't think we had when we started to use it - we are self taught Inhouse staff are now proficient, but we won't know what we don't know A webinar on basics and advanced would be helpful. We could then assess our use and if we need to retrain staff. We can then use webinar for future staff | | 13 | would launch really quickly with covid so would like some additional support | | 14 | Medico legal aspects & pitfalls | | 15 | some may prefer to be guided more than others due to technology fears | | 16 | I do not deal directly with online consultations other than to save the request onto clinical system | | 17 | I had training, have a helpsheet and know how to ask for help. I just need to do more and become more familiar witht them | | 18 | We could not find the template to use as demonstrated on the video training session | | 19 | The online training was rubbish. it really bigged itself up, whereas the reality was a far inferior platform eg time consuming, no EMIS template available. PDF becomes inactive when saved to the patient record. Message to patient doesn't copy or paste on my system so I can't save it this way to the record. It's totally pants! | | 20 | Too late now. 1 complaint due to advising patient to stop smoking cannabis, when they were using e-cigs, due to format of questions and standard answers. | | 21 | Would like to investigate total triage | | 22 | we had to make it up as went along, but doctors are copers and got on with it. need IT people to give us more ways to manage patients demand staff need to be trained in ways to assist GPs more so delegation of non- essential DR tasks can be done | | 23 | Face to face talk through not the online package Opportunity to talk through how to sort the pathway and response. At moment not using with efficiency | | 24 | Trained ourselves, was directed by CCG LIS to install eConsult | | 25 | Just more help for the receptionists on actioning the integrated econsult | | 26 | E consultations will be integrated within S1 in the near future | | 27 | we had no training | | 28 | How to integrate the consultation & what a good workflow looks like in SystmOne | | 29 | I am not the lead on this project | | 30 | I haven't had any training | | 31 | I would say that at the beginning there was not sufficient training - lots of what we have learnt we have had to do ourselves and communicating with neighbouring practices. | | 32 | No but it is very simple to use and we have a process that we are happy with for now. I am sure there are improvements we can make which we will look at after the pandemic period. | | 33 | Not sure but we've launched it without much consideration for the process or impact. | | 34 | But we have asked for more in respect of utilising the templates and promoting and encouraging patients uptake. | | 35 | Nursing staff havnt used online consultation | | 36 | I wonder if it has more userability and interaction with EMIS, if not we will swap supplier as it seems clunky | | 37 | not applicable | | 38 | Some staff need more training | | 39 | Not applicable as have not needed it | | | | | |

| **Approximately what proportion of queries translate into a face to face consultation?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | 0-20% | |  | | --- | |  | | 64.52% | 120 |
| 2 | 21-40% | |  | | --- | |  | | 20.43% | 38 |
| 3 | 41-60% | |  | | --- | |  | | 9.68% | 18 |
| 4 | 61-80% | |  | | --- | |  | | 4.30% | 8 |
| 5 | 81-100% | |  | | --- | |  | | 1.08% | 2 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.57 | Std. Deviation: | 0.91 | Satisfaction Rate: | 14.25 | | Variance: | 0.83 | Std. Error: | 0.07 |  | | | | | answered | 186 |
| skipped | 115 |

| **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% | 76 |
| |  |  | | --- | --- | | 1 | More turn into tel calls | | 2 | Promote at all opportunities, whilst balancing workload implications, | | 3 | variable so no generalisation | | 4 | need for F2F review is vastly reduced by patients being able to send in photographs. this process should be kept as simple as possible and opened up for all issues | | 5 | Takes too long. Not integrated into clinical system (EMIS) which adds loads more time as well. | | 6 | great for dermatology because of access to photo option, UTI's , fit note requests and general admin  encourages patients to consider their condition by answering several questions and gives the clinician an opportunity to delve in to appropriate info in the pt record / repeat templates of meds NICE guidelines etc prior to speaking to the pt. Econsult merged with accurx provides the opportunity to have an online conversation with the pt through sms and photos . Patients seem to prefer the use of accurx using sms than e consult using phone/email | | 7 | I think online consultation works better for admin or medication queries. I find that e-consult does not capture the 'ICE' or psychosocial/holistic aspects of clinical queries well. | | 8 | No | | 9 | It was the COVID crisis that pushed patients to give it a try! | | 10 | Giving the work to younger doctors works better than giving it to experienced GP's who try to remodel it into their normal modus operandi. | | 11 | no | | 12 | Just shifts workload - no change in demand | | 13 | As above re: what to do if not happy with advice given Also I think e-Consult should be part of a wider "toolbox", not just the only option for accessing GP help-not everyone has access to, or can use, online consultations | | 14 | try and deal with them within 48hours | | 15 | Often results in telephone contact rather than face 2 face due to pandemic. Ok for fit notes, some prescription request. Is useful if photos included if appropriate. | | 16 | Still working on this | | 17 | Make use of admin to respond if the query can be dealt with by them, also encourage patients to give as much information as possible and where possible attach photographs | | 18 | We can only encourage patients to take up the service and in the circumstances are happy to do so. As stated above, when F2F is available it will be interesting to see how patients respond to requests to Triage. | | 19 | Most online consultations end up with a phone call from a GP. So if the patient had phoned through their query in the first place we could have prioritised their call then given them a time for a call back. As it is we're calling people when they may not expect it. | | 20 | to early to tell | | 21 | It is too early in the implementation to comment. | | 22 | We are still learning the process as this is quite new. | | 23 | no | | 24 | No | | 25 | Falsely reassured wheezy child parents As they waited for call back that day - had to remove service for children after this event | | 26 | it is being used for trivial prescription requests, sick notes, update on yesterday....... so many of the questions are not relevant and with frequent users must be annoying, like smoking, alcohol etc | | 27 | no | | 28 | Get rid of it please | | 29 | n/a | | 30 | I don't know what proportion our admin team are already filtering out and how many are coming in, you would need to ask our practice manager. | | 31 | the econsutl system does not facilitate replies: we are using AccuRx to reply | | 32 | Photos are invaluable to the process, when reducing F2F. | | 33 | We're using e-consult. We tend to complete the 'other' box and provide a more textual response without all the pre-formatted text. The latter isn't that helpful. I would really like to be using the e-consult platform to gather all the data required before a long term condition review. Our nurses spend too much time ticking boxes and collecting this data, when it could and should be gathered in advance, then triaged to see if a long/short F2F appt is needed or if at all. | | 34 | It needs work on integration with your clinical system | | 35 | Not a clinician | | 36 | reassuring patients that we can see them if sympts not settling after first tel C | | 37 | Nope need help to use efficiency | | 38 | Having one team responsible for directing the query to the right team works well. If GPs feel they need to speak to the patient they add them to their appointment ledger and give them a call. If they want the patient to book a face to face appointment they make a note in the record and send an sms asking the patient to contact the surgery. It seems to work well. | | 39 | I strongly dislike e-consult. It is set up specifically for non-urgent queries, though suggests a reply is needed <48 hours. It sets an unreasonable level of expectation and the fact it can be used 24/7 encourages patients to abuse it. | | 40 | Establish the identity of the patient by ringing or texting them first to establish consent and propriety of the planned consultation. Employ all your normal consultation skills, with a lower threshold to face to face if the process appears unsafe, with all the appropriate PPE precautions in place as a necessary but last resort | | 41 | Go all in, make every patient who has a smart phone or pc use it at least once. Also ensure the turn around time is adhered to as that is what frustrates patients | | 42 | Sick note requests all too easy. Also ease of access can lead to dealing with transient conditions. Rashes that present in the morning that have gone by the time you speak to family. | | 43 | No | | 44 | Increases pressure on Practices to respond within 24 hours hence another access pathway tool. | | 45 | Its still quite clunky and they are not currently quick to respond, apparently an e-consult can go straight to new journal but we dont have that option and so we are having to copy and scan to record for each pt. | | 46 | Keep all staff informed & be aware that when you update the practice toolbar in Systmone, some people will lose their personally set up icons | | 47 | We currently have slots for e.consultations. The receptionists can ""book"" an e.consultation slot into the GP surgery. | | 48 | not enough use by patients at present to comment | | 49 | Advertise, promote in house (leaflets in all consulting rooms for clinicians to distribute) Staff educating patients of benefits/alterternative method of accessing services | | 50 | Many of the queries translate either into a phonecall or consultation. The e-consults help to make these conversations quicker as we know the agenda before starting. | | 51 | on line consultations, increase demand-another lane on the motorway | | 52 | Probably 60% of all econsults turn into telephone calls also , therefore a lot of duplication of work | | 53 | We have asked patients when they phone, to submit an econsult as the quickest way to get a reply from the GP | | 54 | Be careful of any photographs attached to e-consult | | 55 | I find writing notes whilst I am phoning patients helps to safety net  I used the COVID triage checker from the BMJ for COVID patients initially as a useful tool | | 56 | It works well for simple transfer of information eg a request for a fit note, a prescription request or to report on side effects. It can also be useful to do information gathering eg for travel consultations, a list of travel destinations so that the clinician can prepare for a follow up consultation. | | 57 | However about 70% become telephone | | 58 | a significant proportions of online consultation still involve a phone call | | 59 | Not at this stage, we have muddled our way through at a difficult time but there are improvements / changes we want make. | | 60 | If patients need a phone conversation, I would aim to do them then and there to reduce work creep into the next day, improve patient experience and thus promote a tendency to use econsult again. F2F is only really needed for an examn so can be quick and perhaps also arrangeemnts to be made that day are best. However flexibility to see a clinician known to the patient or previously involved in that complaint is also needed. | | 61 | some times overused by patients but i just ring patient if need more info or to see | | 62 | Option very visible on website | | 63 | combination of e consult and AccuRx works well. | | 64 | You need a comprehensive follow up in place to ensure eConsult has been dealt with fully and patient is aware of outcome | | 65 | None as out patients are still reluctant to use! | | 66 | n/a | | 67 | If appears that the system could be streamlined according to our reception staff. | | 68 | online consultations are time consuming and workload cannot be controlled as they demand a response, therefore patients will use them indiscriminately and further increase gp workload unless something is removed from our workload which I don't see happening. We do not have capacity to introduce another means of contacting us, there is already telephone, text, letters and face to face | | 69 | N/A | | 70 | Telephone consultations work well, I can see the online working if it was more reliable and everyone could use it. It does not integrate with emis well. | | 71 | Online is part of a bigger picture of managing workload. My experience is that it needs to be an integral part of the system, not and add on to other work, and needs to be given the time to handle properly. Despite presumptions I think it can be a very useful tool for patients with mental health issues, elderly and people with limited English if used in the right way | | 72 | We are currently exploring total triage solution | | 73 | accurx has been brilliant as can video consult but patients can also send photos which can then be saved in notes | | 74 | n.a | | 75 | We find a lot of our econsultations are still administrational queries | | 76 | no | | | | |
|  | | answered | 76 |
| skipped | 225 |

| **How can we increase the use of Online Consultations?** | | | |
| --- | --- | --- | --- |
|  | | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 114 |
| |  |  | | --- | --- | | 1 | Use it more as first pint if contact rather than add in maybe  Ease of entering g info into records | | 2 | majority of my population does not find it convenient | | 3 | promotion, maximise efficiency and patient satisfaction | | 4 | Not sure as we have tried various methods of promoting this. The pandemic has increased the use of this but only very slightly. We are hoping that good patient experiences from using this during the pandemic will spread by word of mouth to our wider patient population. | | 5 | Make it easy to use, few questions, direct into EMIS. | | 6 | Patient education. | | 7 | Easy link to AccuRX? | | 8 | Should we? it is clear that some consultation types are eminently suitable for online consults,but some are not ( e.g. acute abd pain,shortness of breath,) | | 9 | verbally | | 10 | National media campaign (assuming online consultations have been rolled out nationally during pandemic) | | 11 | In our surgery I find many receptionists and clinicians are not fans of technology so don't promote it. I have added to the website and social media to try to increase take up, but its not getting too much of an enthusiastic backing in the surgery. If there is a good way to sell it to the staff, we would be half way there! | | 12 | Within a Practice need agree how you wish use within organisation. Do you plan total triage via e-consult? Some patients may not have or be able use this digital model. Need develop triage method and who clinical queries directed to. One size will not fit all. | | 13 | We should only increase if that is to the benefit of patients. Can we improve ICE or keep online consultations only for admin or medication queries? | | 14 | May not be appropriate to do this - only useful if patients want to ask a specific question with a simple answer. Anything more complex needs tel/video/face to face consult | | 15 | I would rather we didn't. The vast majority I have to ring, would have been easier if the patient rang leaving an up to date telephone number. | | 16 | We are considering using them to go for a total traige system | | 17 | Online consultation should be patient choice | | 18 | Refine the triage model used. It is very clunky. | | 19 | Public advertising. BUT if the volume increases, how do you sift the clinical queries by priority. It is understandable that a senior secretary can signpost to pharmacy / ANP / Administrative etc but there is vast range of seriousness in the ‘GP’ queries. Are GPs too accessible for minor self limiting illness. Encourage patients to expect ‘text’ response to some queries. At the moment it is a team of ‘highly senior’ secretary filtering the input which is obviously resource draining. We do not feel that a junior member of the team has the ability to direct eConsult to appropriate members of the team. | | 20 | we need to push internally | | 21 | Publish positive feedback from patients, statistics on speed of response by GPs | | 22 | please dont | | 23 | promote centrally- ccg/nhs england | | 24 | Communication. Promo. Patient awareness | | 25 | make it a national standard across all primary care so that there is a national expectation and understanding | | 26 | We just have to keep pushing it via reception, phone calls, website and social media | | 27 | The technology appears to be able to cope and good patient education (centrally and locally) will be essential as we move into a hybrid system for the use to expand over time. Many patients do enjoy the experience and will hopefully pass on their experiences. | | 28 | Preferably not. | | 29 | Answer machine message directs patients, reception staff also directing to website to complete eConsult | | 30 | Widespread promotion and communication from NHSE rather than individual Practices. | | 31 | No need to increase. | | 32 | Use more for chronic disease monitoring/Pill checks etc | | 33 | Just prior to COVID a trainer came out and sat with some staff members in admin, he identified areas where we could improve uptake, however this has only slightly been implemented due to covid. Ie posters in reception etc. | | 34 | make it easier to use the actual portal as staff have to print out the econsult form and just causes extra work | | 35 | NHS website / Coronavirus update | | 36 | Promotion | | 37 | Not sure - many when told about it claim they find it difficult to go online (!) - either apps or the webpage | | 38 | Develop population’s IT skills | | 39 | Advertisement on social media and on TV | | 40 | increases my workload so I don't want to increase this method as it is much harder to patient educate | | 41 | Wider promotion of the service, on phone messages, website and social media | | 42 | promotion of the service to make patients aware | | 43 | More publicity? Not just on Practice websites - but promotion across media especially to those who work or work shift patterns, or somewhere where it is difficult to receive a call or take time off for a F2F appointment | | 44 | targetting them at those we want to follow up in this way ,eg hypertension management with info from home monitoring | | 45 | We need to be able to promote it more to our patients but struggle to find the time. We bought a tablet so that we could demo it in the waiting room but very rarely have a staff member free to do this. It would be great if there was a dummy patient & e-consult that could be followed for demos. | | 46 | to advertise more | | 47 | Never, as far as I'm concerned | | 48 | more advertising | | 49 | we advise on website and new patient letter | | 50 | Provide access to IT to the community. | | 51 | not sure you need to - telephone and video far more important | | 52 | I am not sure we should | | 53 | Reception staff need to encourage patients to use it Some sort of advertising or media campaign to promote Text messaging patients to increase awareness | | 54 | See above | | 55 | Improve integration and increase promotion | | 56 | Total triage | | 57 | education to patients and advertise on all social media/TV that we are changing the way patients engage with primary care also we need to have less 'tick boxes' in GP world and do much less repeat bloods. NICE guidelines would be great to advise re minimal screening required in chronic conditions | | 58 | Promotion through national and local medias | | 59 | I think the Pandemic has raised awareness but perhaps a targeted letter to patients with hearing or other communication issues who might find it particularly helpful may promote use. We advertise it as part of our in queue messaging system. | | 60 | Improve e-consult by increasing reply time - make it 2-7 days, thus if urgent, can't be used. | | 61 | By education of clinicians in practices and care home- staff -supporting the requisite communication and clinical technologies. | | 62 | Training for reception staff to promoote more, include on website etc | | 63 | As above | | 64 | Publicity | | 65 | I think a total triage would help | | 66 | Help promote with patients. | | 67 | This needed to be national with a single provider, NHSE needed to have been smoother with the transition into usage and have fully worked it to ensure efficacy. We should all have been offered a national working tool not all choose different ones with differing capabilities and for it to be bolted on to existing systems rather than fitting in with our properly to become integral. | | 68 | More advertising locally to the public | | 69 | It is old fashioned but leaflet drop or TV/radio | | 70 | advertise to patients more | | 71 | Patient promotion. I like the fact that signposting happens with online consultations - it is better than just allowing the patient to book online into our appointment system. | | 72 | spread the word, add posters, advice patients and add to practice website if not slready on | | 73 | advertise more on website | | 74 | more advertising externally | | 75 | more publicity | | 76 | As above | | 77 | continue to promote to patients | | 78 | Not sure this is my priority, uncapped access with a finite capacity to respond GPs are not Amazon and cannot meet the Amazon Prime response. | | 79 | Only by making it compulsary as a first point of contact. This would discriminate against those that have poor internet access however. | | 80 | we have already publicised it | | 81 | Simplify the form , around 25% of patients get told to consult 111 or a Gp in 2 hours , mainly because they put a pain score of 10 trying to get a telephone call. A table explaining pain levels would be useful and a follow up form . | | 82 | Once patients have used it the first time they are happy to use it again | | 83 | More publicity | | 84 | Publicity on website and promote on phone too | | 85 | Some practices are considering using it for triage of every appointment request. | | 86 | patient engagement | | 87 | it is a tool for giving patient information not really full consultations | | 88 | Obvious things  Promote on the Website, Send a SMS campaign, Social media campaign, update surgery telephone message. Needs to be a whole team approach with all staff actively engaged. | | 89 | Accurx is the best tool we have come across as it is simple, user friendly and links in with SystmOne pretty much seamlessly. We would rather see a development of this serice | | 90 | publicity similar to the coronovirus methods, BBC news, social media, case studies. | | 91 | MEDIA | | 92 | Not sure we want to | | 93 | advertise to patients ours dont get filled completetrly | | 94 | Awareness/advertising possibility | | 95 | National comms scheme | | 96 | TV / radio advertising | | 97 | more options for patients to use, also amend the warning signals as some patients get frustrated that they have done an eConsult then get told to ring surgery due to answer to a question | | 98 | give appropriate IT equipment | | 99 | Promote it constantly with patients | | 100 | this is something we are going to ask e-cons people! | | 101 | better promotion, i.e billboards, advertisements | | 102 | Advertising | | 103 | hopefully we won't | | 104 | Nurses to use this where applicable | | 105 | Unknown | | 106 | We are hoping to implement using the review templates etc, perhaps more patient education/advertising across the patch with patients sharing their experience of using the service simply like a myth busters type approach to let people see how easy it is? | | 107 | advertise more | | 108 | We have sent messages via MJOG Website | | 109 | Send text reminders to patients informing them of the E-Consult service. | | 110 | Communication with the patients. Understanding of what is appropriate. Increased technology | | 111 | I think we will benefit from using online and telephone consultations in the future because it reduces patients that do not really need to come into practice using a same day appt. Many say it can wait when told it will be a tele triage. However, this may miss some important issues. | | 112 | We are currently expressing an interest in total triage mode Good outcomes for patients, sharing patients positive experiences. More public education on same.. | | 113 | Advertise it and give reception staff information so they are able to tell patients and explain. | | 114 | advertise | | | | |
|  | | answered | 114 |
| skipped | 187 |

| **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% | 70 |
| |  |  | | --- | --- | | 1 | As a pilot site we had to find our own way at the start, without much support.  Having had online consultations already embedded in our processes, assisted greatly with the move to triage. | | 2 | the algorthms could be applied to checking for early signs of cancer without a huge increase in workload perhaps | | 3 | no | | 4 | If we had a choice we would change systems from e-consult | | 5 | often the failing with e consult is that it will prevent a pt completing their e consult and advise them to contact their GP urgently . this could be simply by saying their pain level is 7 but at 6 they're fine to continue  Often the e consults that fail to complete for this and other reasons are not urgent | | 6 | hope it goes up | | 7 | Works well where continuity is maintained as far as possible.  It's OK but lacks visual clues of patients health physically and mentally. It's not as satisfying as face to face contact and rapport with patient. I would be sad to see this promoted as the first contact in all situations | | 8 | Not finding it that useful to be honest | | 9 | It has proved to be one of the technologies that greatly helped us manage the COVID crisis in terms of being able to continue to provide care for ALL our patients, regardless. | | 10 | I tried to use it myself when we first installed it at the practice and it took ages. From a patient perspective I dont think that is a very good service. | | 11 | Would be better if ‘integrated’ into EMIS, such that GP could automatically ‘reply’ Via eConsult rather than having to check mobile details and respond via AccuRx.  The 24 hr requirement for a clinical response is a hard target to meet, especially when a lot of queries do not need a 24 hour response. Monday morning demand is obviously very high and demanding on GP resources. | | 12 | feels very clunky. does not interface with EMIS properly so end up having to flick between screens (ie cannot open the online consultation and read patient record at the same time) | | 13 | Great system, has to stay as part of essential GP services | | 14 | afraid they seem to increase demand/ gp workload | | 15 | The reply system is poor and difficult to use. Requires lot of admin input to add to system. Poorly automated. | | 16 | n/a | | 17 | Needs to be linked to clinical system  Needs to be interactive with patient | | 18 | I think it has been a success (especially the video form of it) and absolutely essential to have some continuity during the Pandemic. | | 19 | It's very long-winded. The data from e-Consult shows that most people abandon the process. | | 20 | It is too early in the implementation to comment. | | 21 | Weekend eConsults especially if falls on a Bank Holiday increases workload dramatically on Monday's | | 22 | Mixed feedback from clinicians, some feel it is beneficial, some feel it simply cuts out the phone call from Patient to Receptionist but doesn't actually decrease Clinician workload. | | 23 | patient & Pandemic dependant | | 24 | Some patients find it onerous and frustrating as keeps prompting 111 call | | 25 | its ok, but not my favourite, needs a lot of copy and paste, can it learn to identify which lifestyle information is needed to reduce repetition to patients and us | | 26 | I deal with fit note requests so it has been useful for the patients to request a further fit note via e-consult | | 27 | This is an additional service. My experience is that it has not saved pt contacts although our experience is for the last 2 months during a pandemic. I have found that the clinical queries have been vague non specific symptoms that have needed blood tests and a GP review rather then the very specific ""UTI"" in the training video | | 28 | Words fail me | | 29 | ns | | 30 | Not as bad as I thought it might be. I get worried about the ability to process the volume of information given safely. Good for patients as better clarity of advice. Continues the tradition of improving access for those least likely to need it and reducing access for those most likely to need it. | | 31 | I have concerns that the protocl in the econsult system will lead to an increase in A&E attendance as it is necessarily very risk averse | | 32 | Overall clinical satisfaction is high in the practice. We're looking at using this as our primary triage/care navigation tool in the future. | | 33 | If not done carefully-it would increase work load. | | 34 | Possibly need more security for patients entering to prevent third party submissions - we have had an incident | | 35 | Most people accept the need for reducing the germ pool so we must grab this opportunity to save the GPs and maybe keep 50 yr old GPs in surgery instead of retirement and burn out | | 36 | Want to do it but need more Practical help | | 37 | Having been bitten by the Dr First consultation method I was concerned about opening another lane on the motorway but that has not happened as yet. It eases pressure on our telephone lines and allows us time to manage the work when we can rather than the instant demand of a phone call. | | 38 | Separate to this have used accurx for online text/video and like that a lot. I thought this was just about econsult so have answered accordingly. | | 39 | I would suggest that care homes be facilitated with the technologies to enable safe online consults. These should include clinical equipment that enable and support virtual examination eg thermometers,Oxymeters, BP monitors and eventually smart spirometers and ECG/Steths for virtual assessment | | 40 | Just that I have only started using it this week so diffcult to quantify benefit | | 41 | I hope econsult stays | | 42 | Of those trained to the GP callback list, I would say 75% result in a telephone callback to discuss in more detail, but none so far have resulted in a f2f | | 43 | AccuRx is more interactive. | | 44 | Nothing | | 45 | no | | 46 | no | | 47 | Our experience has been very positive from the beginning of eConsult | | 48 | I have been disappointed with econsult, I don't think it helps disadvantaged patients because by it's nature it provides better access for the IT literate , younger patients. 'Another lane on the motorway' 'speedy boarding for those with the least need' | | 49 | Still often results in patient phone call contact but at least have much of info/pics available already before call. | | 50 | We really like it, we worried that we would be inundated on a Monday from patients submitting them on a weekend, but we have not found this to be the case | | 51 | Some consultations can actually take longer coming in via E-consult | | 52 | Find the headset messes my hair up :)  You have to take breaks or can find yourself sitting for hours without moving , not great for own health ! | | 53 | Positive so far but would like to develop further and encourage high % of patients to use. | | 54 | take pressure off time management much better. Avoids list producing patients.Great for ongoing sick notes | | 55 | it would be useful to be able to send a direct response to the patient via the online system (eg with a further query or if clarification is needed), and have them respond back (eg send us some more information connected to the initial consultation, for continuity for each episode of care. | | 56 | Patients haven't taken it up as much as I hoped they would. | | 57 | I'm sure we could get more out of the system if we adopted it 100% rather than use is as a separate method of contact for patients to use. This however, is quite a large overhaul to our entire system and we feel it may confuse patients. | | 58 | It is the way forward together with other none f2f methods, as far as I am concerned. | | 59 | once people use it feel that it would be become the normal way to contact GP surgeries in the future | | 60 | GPs should be able to respond directly to the patient | | 61 | although I can see a role, they are unpredictable demand and therefore difficult to manage. very often it results in a telephone consultation for clarity so just increases workload. Would work for repeat prescriptions, sick notes etc | | 62 | We have quite an elderly population who do not like to use a computer and prefer to telephone the surgery with a query | | 63 | Currently we are around 4% conversion to face to face but this was significantly higher before, around 40% | | 64 | Some patients find it difficult to find where to attach photographs and end up sending photo to admin mailbox rather than attaching to eConsult. It would be easier if the option to attach photos was located on first page. | | 65 | As a busy working mum of two I find this process much simpler and straightforward as quite often I don't have the time to be sat on hold waiting to speak to someone as I am either working, or have a child playing/chattering. | | 66 | I cant tell you the stats on how many are coming in to the practice as a part time worker - probably best to contact the Practice Manager Tracy Doyle Tracy.doyle@nhs.net | | 67 | I do think this could be implemented alongside f2f consultations in the future | | 68 | It would be useful for the patient to attach a photograph to all e-consults, I believe at present it is only available for certain symptoms. | | 69 | Was reetively simple to implement in practice but further work to be done on incresing numbers of econsultations | | 70 | no | | | | |
|  | | answered | 70 |
| skipped | 231 |

**Video Consultations**

| **23. Have you adopted Video Consultation? (if Yes/Tried please continue to the next question)** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Yes | |  | | --- | |  | | 86.82% | 191 |
| 2 | No | |  | | --- | |  | | 4.09% | 9 |
| 3 | Tried | |  | | --- | |  | | 7.27% | 16 |
| 4 | Not yet implemented | |  | | --- | |  | | 1.82% | 4 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.24 | Std. Deviation: | 0.66 | Satisfaction Rate: | 8.03 | | Variance: | 0.44 | Std. Error: | 0.04 |  | | | | | answered | 220 |
| skipped | 81 |

| **If No or Not yet implemented please describe why:** | | | |
| --- | --- | --- | --- |
|  | | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 11 |
| |  |  | | --- | --- | | 1 | not part of our role | | 2 | didn't have facility on my comp for a while, have not felt great need for it in last 1w though am sure it will be useful on occasion | | 3 | efforts side lined by current pandemic | | 4 | do not consult | | 5 | just gone live with e-consult and not all our patient group have the technology to use it | | 6 | poor internet in our area. Cannot see much advantage over photos and telephone | | 7 | only worked in early part of lockdown | | 8 | It doesn't work for the job I can as a HCA other in the practice use it | | 9 | xxxx | | 10 | I have not used this method. | | 11 | not relevent in my role | | | | |
|  | | answered | 11 |
| skipped | 290 |

| **What tools have you used?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | AccuRX | |  | | --- | |  | | 96.52% | 194 |
| 2 | eConsult | |  | | --- | |  | | 9.95% | 20 |
| 3 | iPLATO | |  | | --- | |  | | 1.00% | 2 |
| 4 | Other (please specify): | |  | | --- | |  | | 5.47% | 11 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.41 | Std. Deviation: | 0.77 | Satisfaction Rate: | 9.45 | | Variance: | 0.59 | Std. Error: | 0.05 |  | | | | | answered | 201 |
| skipped | 100 |
| Other (please specify): (11) | | | | |
| |  |  | | --- | --- | | 1 | emis via patient access | | 2 | whats app/email for photos | | 3 | EMIS | | 4 | Via EMIS | | 5 | Airmid - TPP | | 6 | zoom | | 7 | attend anywhere | | 8 | unsure | | 9 | I think this is what the doctors are using. | | 10 | Attend Anywhere via CHOC(Cumbria Health on Call platform) | | 11 |  | | | | | |

| **How easy are the solutions to use? [where 0 = not at all, and 5 = completely]** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | 0 | |  | | --- | |  | | 0.50% | 1 |
| 2 | 1 | |  | | --- | |  | | 3.50% | 7 |
| 3 | 2 | |  | | --- | |  | | 6.00% | 12 |
| 4 | 3 | |  | | --- | |  | | 22.50% | 45 |
| 5 | 4 | |  | | --- | |  | | 32.50% | 65 |
| 6 | 5 | |  | | --- | |  | | 35.00% | 70 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 4.88 | Std. Deviation: | 1.09 | Satisfaction Rate: | 77.6 | | Variance: | 1.2 | Std. Error: | 0.08 |  | | | | | answered | 200 |
| skipped | 101 |

| **Which staff groups have used Video Consultation with patients?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Doctors | |  | | --- | |  | | 98.51% | 199 |
| 2 | ANP | |  | | --- | |  | | 51.49% | 104 |
| 3 | Nurses | |  | | --- | |  | | 45.05% | 91 |
| 4 | HCA | |  | | --- | |  | | 8.91% | 18 |
| 5 | Reception Staff | |  | | --- | |  | | 3.96% | 8 |
| 6 | Admin | |  | | --- | |  | | 3.96% | 8 |
| 7 | Social Prescribing | |  | | --- | |  | | 4.95% | 10 |
| 8 | Pharmacist | |  | | --- | |  | | 10.40% | 21 |
| 9 | Other (please specify): | |  | | --- | |  | | 2.48% | 5 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 5.56 | Std. Deviation: | 5.59 | Satisfaction Rate: | 40.78 | | Variance: | 31.21 | Std. Error: | 0.39 |  | | | | | answered | 202 |
| skipped | 99 |
| Other (please specify): (5) | | | | |
| |  |  | | --- | --- | | 1 | Physician Associate | | 2 | physio | | 3 | maybe more | | 4 | PA | | 5 | Practice Manager | | | | | |

| **What are you using Video Consultation for?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Acute Consultations | |  | | --- | |  | | 96.06% | 195 |
| 2 | Planned Reviews | |  | | --- | |  | | 50.74% | 103 |
| 3 | LTC Reviews | |  | | --- | |  | | 35.47% | 72 |
| 4 | Prescribing | |  | | --- | |  | | 20.20% | 41 |
| 5 | Care Homes | |  | | --- | |  | | 52.71% | 107 |
| 6 | MDT | |  | | --- | |  | | 13.79% | 28 |
| 7 | Other (please specify): | |  | | --- | |  | | 4.93% | 10 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 7.66 | Std. Deviation: | 8.56 | Satisfaction Rate: | 81.94 | | Variance: | 73.27 | Std. Error: | 0.6 |  | | | | | answered | 203 |
| skipped | 98 |
| Other (please specify): (10) | | | | |
| |  |  | | --- | --- | | 1 | palliative patients | | 2 | Anything the GP feels he needs to do this | | 3 | Unsure - primarily used by GP | | 4 | Pallaitive care to ensure patients ""seen"" less than 28 days prior to their death during covid pandemic | | 5 | Plan to start using for LTC very soon | | 6 | monitor end stage patients when care homes / carers have concerns | | 7 | ANYTHING APPROPRIATE | | 8 | Approaching end of life | | 9 | death verification | | 10 | not using this at present | | | | | |

| **How has your experience been with Care Homes?** | | | |
| --- | --- | --- | --- |
|  | | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 95 |
| |  |  | | --- | --- | | 1 | Pretty good | | 2 | tablets were provided. No comms re how to use by the care team. ?availability of Skype on practice IT. Moved to accrux | | 3 | Limited my the technology available at the care homes, needed to use staff members own phones if happy to | | 4 | good but technology and wifi limits access= staff not allowed to use own phones | | 5 | Excellent. Already have working relationships | | 6 | little recently | | 7 | has worked really well | | 8 | At first we had to rely on staff using their i-phones but our PCN/CCG is arranging for care homes to be supplied with tablets or some other form of equipment to allow video consultations. | | 9 | We have always had very good experiences with our care home | | 10 | Not all have ipads etc. or they haven't got them out of the box. Having to use personal phones. | | 11 | Fine from our end but they need support around network connections | | 12 | Useful on some occasions. | | 13 | Varied | | 14 | Took quite a long time but process will become easier | | 15 | Helpful and reduced need to visit home. | | 16 | I have had limited contact and have not done any virtual ward rounds | | 17 | Very hard - our linked care home has ben hit very hard with Covid-19 | | 18 | As long as the home has an Ipad or tablet they generally seem able to walk the GP round the building doing a video ward round. | | 19 | Excellent. Equipment access dependant. | | 20 | Good | | 21 | Great | | 22 | Offering very different care, hard to establish rapport with new demented patients via links. Works ok for those we already know well. | | 23 | Slow to adapt to new technology | | 24 | Positive experience Weekly ward rounds and acutley unwell patients | | 25 | Generally very good. Any issues have been to do with care home staff having poor wifi. | | 26 | Very good feedback from GP's & Care Home staff while using AccuRX. Very simple and user friendly. | | 27 | Brilliant when they have good band width otherwise can be a bit jumpy and difficult to use | | 28 | Very good. Have used to do patient reviews successfully | | 29 | Video consultations used ++ Staff have used their own mobile phones. Been useful to use video | | 30 | Effective once you get set up | | 31 | difficult for deaf residents to hear but remains useful | | 32 | working ok | | 33 | Useful, but poor sound quality at times. Allowed us to assess covid patients and support staff. | | 34 | reasonable | | 35 | very good - staff are keen and willing to try to make it work | | 36 | Excellent. Some patients are bemused by it but has ensured I can physcially see all patients without exposing them to the risk of c19 | | 37 | Depends on home and GP. One GP has great success doing rounds in care home via video. Another has given up and reverted to visits with PPE. | | 38 | Excellent, AccuRx has been a life saver! It's opened up care homes to use, allowed us to do clinical examinations and reassure staff etc. Significantly reduced the need for home visits. | | 39 | They have used their own mobiles which is difficult. | | 40 | Can be difficult for patients to hear GP | | 41 | care homes have adapted well methods put in place should be continued staff can manage many more problems than they thought | | 42 | Hard they don’t have the platforms or equipment | | 43 | good | | 44 | good | | 45 | Good but could improve with dedicated mobile phones or alternative video/tel systems | | 46 | very good. Care home staff are also on board and very proactive in doing the video consults.  It has provided prompt and appropriate care | | 47 | Useful but only again used for a very small number so far | | 48 | Good, except many care homes don’t or didn’t have access to iPads and are having g to use staff mobiles. Care homes need a few iPads to make the system work | | 49 | Brilliant. Care home staff have excelled themselves in making themselves available with their personal mobile phones in order to connect to the video consultation. At our request and in response to the pandemic, the staff have been ready with vital obs in readiness for the call (Temp, BP, Pulse, Ox Sats ands respects rate). I have been very impressed with their willingness to cooperate. | | 50 | They have gone very quiet | | 51 | Care homes do not have technology so we have to ring them first and obtain a staff mobile number. Care homes should have a minimum of a care home smartphone to be used for video consultations. | | 52 | We have not quite started this however will be soon, it appears so far the issues will be down to the care home having to use the staff members phone and wifi not being effective enough. | | 53 | Well received | | 54 | Very frustrating for them & us as some have very bad wifi & we cannot connect to them. They state that their mobile phones won't even connect while at work. | | 55 | Mixed. We have used the video consultation to consult with care home patients once every 28 days to ensure that the clinician does not have to visit to certify death. This has been extremely useful and safe practice during COVID19. There are problems which need to be addressed at the care homes, i.e., carers using their own personal mobiles, not having sufficient battery life or signal to some care homes. Video consultations has been extremely beneficial to the practice and we would like to progress this - work needs to take place with the care homes to offer them support in terms of equipment to further this | | 56 | under the circumstances very positive although the care homes are using their own mobile technology as they apparently don't have the equipment in place! It can be time consuming - phoning them first to find who to connect to and then contacting them again to link up video consultations. | | 57 | Mixed | | 58 | I believe was issue with care home staff needing to be trained and initial resistance. I have not had feedback recently from GPs as isolating and working from home | | 59 | Often disorganised & poor wifi coverage in homes leads to many dropped connections. Also elderly patients do not understand what is happening. | | 60 | satisfactory | | 61 | Very poor our technology wont allow this at present, we are hoping to receive monitors at our branch site to operate this. | | 62 | most are amenable to use the technology but only one has been reluctant to use this | | 63 | Mixed - some geared up for it quickly with obtaining ipad/laptop, others very obstructive! | | 64 | Connections with care homes not always good quality | | 65 | I do not work directly with care homes | | 66 | Not a huge care home patient population. PCN does a lot of work with care homes and have carried out video consultations with all care home residents | | 67 | Very good | | 68 | Godd | | 69 | Very good- works well, patients and staff like this method of keeping in touch | | 70 | Technology can be a problem and poor Wifi connection so not always successful . | | 71 | It doesn't work very well because they have a poor wifi signal in the residents' rooms. | | 72 | positive! staff and patients understand the need to work remotely at the moment and seeing patients gives both them and us reassurance. This then makes it easier to continue to use this method of assessment in the future. | | 73 | We have been aligned and had a weekly ward round in place for 15 years or more. The relationship is therefore already there and transitioning to telephone and video ward rounds has been easy. | | 74 | Mixed - dementia patients often confused. Good for liaising with staff and doing 'ward-round' though | | 75 | Some difficulty with accessing appropriate technology at their end | | 76 | ok | | 77 | mixed - not all care homes have had technology in place, and some staff were unsure how to work the technology. Once a good connection was established it worked well. | | 78 | Great engagement with the care home that i manage - monthly video consultations to r/v all patients and ad hoc reviewed as needed for more acute issues. | | 79 | Good | | 80 | This is related to the clinicians more than myself but they tell me that initially it was difficult as the homes did not have the gadgets to enable video consultation and once obtained there was a period of instruction and getting to grips with how it worked. For us it was essential so that we could care for our patients timely and appropriately and keeping everyone at reduced risk of spreading covid19. | | 81 | Much better using video consultations particularly during the pandemic | | 82 | None personally | | 83 | Very good - although we don't have many patients in care homes | | 84 | Ok | | 85 | not done by me | | 86 | satisfactory- care home staff are using video consultation well | | 87 | I have not been involved directly but feedback has been good | | 88 | great | | 89 | Biggest challenge is care homes not having adequate wifi/equipment to be able to carry these out | | 90 | Seems to be working ok multiple patients booked in planned way to allow reviews of patients in a structured manner | | 91 | I personally haven't used | | 92 | use of video consults great during covid | | 93 | As I work in reception, I have no direct experience with Care Homes other than when a staff member rings or queries a medication. | | 94 | Good uptake on video consultations | | 95 | Feedback from clinicans has been good but cannot comment personally | | | | |
|  | | answered | 95 |
| skipped | 206 |

| **Have you used different solutions with Care Homes compared to individual consultations?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Yes | |  | | --- | |  | | 32.99% | 32 |
| 2 | No | |  | | --- | |  | | 67.01% | 65 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.67 | Std. Deviation: | 0.47 | Satisfaction Rate: | 67.01 | | Variance: | 0.22 | Std. Error: | 0.05 |  | | | | | answered | 97 |
| skipped | 204 |
| If Yes, please describe (32) | | | | |
| |  |  | | --- | --- | | 1 | Zoom/ teams | | 2 | Virtual MDT | | 3 | Not for direct patient care | | 4 | generally on phone but colleague did video ward round | | 5 | we have used skype with a laptop | | 6 | Via telephone not computer / tablet. | | 7 | Some Care Homes will only use other methods such as Whats App | | 8 | Our care home lead GP has been doing virtual ward rounds every week | | 9 | We have done virtual ward rounds. | | 10 | Care home ward round, I am "carried" around the care home to see every patient, even if they don’t need an actual assessment | | 11 | we have supplied tablets to the care home which makes it easier for residents to see us | | 12 | Yes, a few days only a telephone call has been necessary but video consultations have been used a lot | | 13 | Used caters mobiles | | 14 | district nurses, community matron should be able to do palliative care and death certs from now on | | 15 | Stuff not happy to use like WhatsApp Skype via own mobile | | 16 | some care homes don't have the tech or knowhow in place | | 17 | We undertake a video ward round | | 18 | What's app video used | | 19 | telephone if possible or refer to 111 for home visit, not ideal | | 20 | As above - to stop clinicians having to certify a death | | 21 | Tending to do more structured ward rounds on a single call rather than individual calls to patients | | 22 | face time and whatsapp have had to be used as you can't just use one patients notes to ring up and record for all the patients in one home | | 23 | Often end up using staff member phone! | | 24 | video consultation | | 25 | ward round approach | | 26 | Used in conjunction with staff doing a set of obs (NEWS2 score) is extremely useful to make a safe diagnosis and plan. | | 27 | Phoned staff member who then walks to patient | | 28 | a WhatsApp video call so that there is no logging on/off required | | 29 | Multi patient contacts within one consultation | | 30 | not needed other than telephone consult but would use video if felt to be helpful | | 31 | the same but often needed to use carers mobile or device | | 32 | Doctors have done check ins with patients to confirm they are happy, keeping well and asking if they have any concerns at all. | | | | | |

| **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 | |  | | --- | |  | | 3.24% | 6 |
| 2 | 1 | |  | | --- | |  | | 2.16% | 4 |
| 3 | 2 | |  | | --- | |  | | 5.95% | 11 |
| 4 | 3 | |  | | --- | |  | | 15.68% | 29 |
| 5 | 4 | |  | | --- | |  | | 27.57% | 51 |
| 6 | 5 | |  | | --- | |  | | 16.22% | 30 |
| 7 | N/A | |  | | --- | |  | | 29.19% | 54 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 5.28 | Std. Deviation: | 1.54 | Satisfaction Rate: | 71.26 | | Variance: | 2.36 | Std. Error: | 0.11 |  | | | | | answered | 185 |
| skipped | 116 |

| **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 | |  | | --- | |  | | 0.57% | 1 |
| 2 | 1 | |  | | --- | |  | | 1.14% | 2 |
| 3 | 2 | |  | | --- | |  | | 6.86% | 12 |
| 4 | 3 | |  | | --- | |  | | 31.43% | 55 |
| 5 | 4 | |  | | --- | |  | | 44.00% | 77 |
| 6 | 5 | |  | | --- | |  | | 16.00% | 28 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 4.65 | Std. Deviation: | 0.91 | Satisfaction Rate: | 73.03 | | Variance: | 0.82 | Std. Error: | 0.07 |  | | | | | answered | 175 |
| skipped | 126 |
| Please add any details (if applicable) (55) | | | | |
| |  |  | | --- | --- | | 1 | Novelty ! Ease of access | | 2 | With accrux, ease of set up and utilisation | | 3 | We have had no negative comments on video consultations, and are hoping to continue with this once we are out of lockdown. One patient did say it was a very good experience for her. | | 4 | for the most part patients are happy to use these as an alternative to coming into the practice | | 5 | Limited use so far - but have found patients have struggled with it | | 6 | These are not normal times. Patients may be content with this solution during pandemic whist anxiety/fear levels are high | | 7 | Patients seem pleased to be able to show me skin lesions etc without the need for a face to face consult during the pandemic | | 8 | I could not hear the patient, She could not hear me. Other people don't have up to date phones so doesn't work. Complete nightmare. Ended up bringing patients in or going on home visits and have abandoned it. | | 9 | have had no complaints and its convenient | | 10 | I dont know if they enjoy it as I have never asked them. | | 11 | They are generally OK, but for close up examination of skin issues (for example) the patient usually ends up emailing in a better photo which is added to their record and reviewed by the GP. | | 12 | survey in practice has been positive in the context of COVID | | 13 | Patients seem to enjoy F2F interaction | | 14 | depends on demographic | | 15 | Some patients like it although generally has failed due to poor quality of video so patient ends up coming in anyway | | 16 | not sure enjoy the correct term- satisfied may be more appropriate? | | 17 | Some technical difficulties on occasions, video feed can be poor quality | | 18 | They appear to be taking to it and in some cases enjoying the flexibility it gives them. | | 19 | For the majority of patients they like it. Some don't have smartphones so obviously can't participate. | | 20 | Mixed feelings. Some like this others prefer to come to surgery but understand they cannot during Covid. | | 21 | Patients do like this as can give quick consultation style | | 22 | Via Accurx is brilliant. GP and patients really like it.  We are not fans of the online video consultations via EMIS Web as patients need to have a Desktop PC and Patient Access. This does not allow flexibility as the patient has to be on this waiting for the GP to accept the videocall (both logged in at the same time). Not all patients have PCs or Patient Access app.  We have opted to use Accurx video calls instead, and patients can either request video call, or when the GP is calling them, this can be changed to a video call during consultations. | | 23 | surprised, find it odd, some need a lot of software support to use it, mainly they like it | | 24 | Unknown - have no direct experience of it | | 25 | Older patients have been the group least likely to be able to use this | | 26 | High satisfaction rate for those who can do it. Low satisfaction rate for those who are not digital natives or who have an old phone. | | 27 | they like it where it is rapidly accessible and saves journey time. lots of patients of all ages struggle to use the technology | | 28 | Good positive feedback - patients often surprised at how easy it is to use | | 29 | The experience is very varied and depends a lot on the technology at the patient end, i.e. wifi strength, user capability. | | 30 | time consuming and sometimes clarity is not good | | 31 | Most seem very excited to see their GP's face in their living room! (I think the isolation of lockdown has affected them) | | 32 | It is an acceptable route in the current circumstances | | 33 | Patients prefer to attend the practice for face to face. | | 34 | I feel that its a really welcome addition to someone who is working and doesnt have time to come to practice. Instead they can take just a 10 minute break from work to get their health needs met. | | 35 | don't know | | 36 | Hard to say as under the circumstances this has come upon us very quickly and its a case of having to do rather than a choice - elderly patients find it difficult. Also problem if patient doesn't have a smart phone | | 37 | slight problems if patients phone is not upto date | | 38 | some patients really like it More vulnerable disadvantaged patients can't use it effectively and get frustrated and anxious. | | 39 | most patients do think that it is helpful | | 40 | A lot of elderly patient population struggle to navigate this or Don't have mobiles!! | | 41 | It can be much easier for them to consult from their own home without needing to travel to the surgery. It is also a much safer option to use during a pandemic. | | 42 | Depends on patient mixed response but mostly positive | | 43 | It migth save patients a bit of time as they don't have to come in for an appointment. A lot of patients don't have the technology to be able to use it... | | 44 | I think it really works with the elderly and vulnerable and has been essential to triage home visits as such a lot of clinical info can be gained. really reassuring for patients and families to see their GP not just hear a voice. | | 45 | don't know | | 46 | liked convenience but often wanted to improve appearance before went ahead | | 47 | better rapport between clinician and patient than with just telephone contact. | | 48 | I don't think 'Emily's is the right word, patients do seem to like the convenience | | 49 | Get to see the GP and chat, without leaving their home | | 50 | Quick and easy, personal contact with a GP. | | 51 | I can only hazard a guess here as none have officially commented but they seem happier to be able to see someone with whom they are discussing their problems rather than just a faceless voice at the end of a telephone. | | 52 | Poor connection | | 53 | seems a positive response | | 54 | young people with simple health needs seem to like, more complex patients don't seem to like them | | 55 | N/A | | | | | |

| **What approaches are being used?** | | | |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Response Total** |
| Phone first? | 97.9% (186) | 2.1% (4) | 190 |
| Straight to video? | 17.7% (29) | 82.3% (135) | 164 |
|  | | answered | 191 |
| skipped | 110 |

| **33.1. Phone first?** | | | **Response Percent** | **Response Total** |
| --- | --- | --- | --- | --- |
| 1 | Yes | |  | | --- | |  | | 97.9% | 186 |
| 2 | No | |  | | --- | |  | | 2.1% | 4 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.02 | Std. Deviation: | 0.14 | Satisfaction Rate: | 2.11 | | Variance: | 0.02 | Std. Error: | 0.01 |  | | | | | answered | 190 |

| **33.2. Straight to video?** | | | **Response Percent** | **Response Total** |
| --- | --- | --- | --- | --- |
| 1 | Yes | |  | | --- | |  | | 17.7% | 29 |
| 2 | No | |  | | --- | |  | | 82.3% | 135 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.82 | Std. Deviation: | 0.38 | Satisfaction Rate: | 82.32 | | Variance: | 0.15 | Std. Error: | 0.03 |  | | | | | answered | 164 |

| **How are cases selected for Video Consultation?** | | | |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Response Total** |
| Patient led? | 28.9% (44) | 71.1% (108) | 152 |
| Clinician led? | 97.9% (185) | 2.1% (4) | 189 |
|  | | answered | 192 |
| skipped | 109 |

| **34.1. Patient led?** | | | **Response Percent** | **Response Total** |
| --- | --- | --- | --- | --- |
| 1 | Yes | |  | | --- | |  | | 28.9% | 44 |
| 2 | No | |  | | --- | |  | | 71.1% | 108 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.71 | Std. Deviation: | 0.45 | Satisfaction Rate: | 71.05 | | Variance: | 0.21 | Std. Error: | 0.04 |  | | | | | answered | 152 |

| **34.2. Clinician led?** | | | **Response Percent** | **Response Total** |
| --- | --- | --- | --- | --- |
| 1 | Yes | |  | | --- | |  | | 97.9% | 185 |
| 2 | No | |  | | --- | |  | | 2.1% | 4 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.02 | Std. Deviation: | 0.14 | Satisfaction Rate: | 2.12 | | Variance: | 0.02 | Std. Error: | 0.01 |  | | | | | answered | 189 |

| **How many cases are converted to face to face?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | 0-20% | |  | | --- | |  | | 82.02% | 146 |
| 2 | 21-40% | |  | | --- | |  | | 15.17% | 27 |
| 3 | 41-60% | |  | | --- | |  | | 1.69% | 3 |
| 4 | 61-80% |  | 0.00% | 0 |
| 5 | 81-100% | |  | | --- | |  | | 1.12% | 2 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.23 | Std. Deviation: | 0.59 | Satisfaction Rate: | 5.76 | | Variance: | 0.35 | Std. Error: | 0.04 |  | | | | | answered | 178 |
| skipped | 123 |

| **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 | |  | | --- | |  | | 2.59% | 5 |
| 2 | IN THE FUTURE | |  | | --- | |  | | 21.24% | 41 |
| 3 | BOTH | |  | | --- | |  | | 70.98% | 137 |
| 4 | Other (please specify): | |  | | --- | |  | | 5.18% | 10 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 2.79 | Std. Deviation: | 0.57 | Satisfaction Rate: | 59.59 | | Variance: | 0.32 | Std. Error: | 0.04 |  | | | | | answered | 193 |
| skipped | 108 |
| Other (please specify): (10) | | | | |
| |  |  | | --- | --- | | 1 | It has some value e.g. palliative patients but is time consuming. | | 2 | Would need better WiFi to use regularly. | | 3 | Not until the technology is sorted out | | 4 | will be isa d more but time consuming and of limited usefulness. OK as a back up id no other alternative | | 5 | Unsure - GP's prefer face to face rather than digital | | 6 | Unsure | | 7 | May save a home visit | | 8 | We would like to but need our equipment upgrading | | 9 | Could be both if more patient user friendly but currently makes consultation time longer due to technical issues/setting up! | | 10 | I cannto give % of conversion as I have not run that data and relies on clinician coding correctly. It is something we feel essential to take forward though. | | | | | |

| **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% | 48 |
| |  |  | | --- | --- | | 1 | Limited by picture quality during video. Better to have telephone consultation and then photo. | | 2 | accuRx is great | | 3 | Adequate network infrastructure in care homes to begin with. | | 4 | can be time consuming to set up so scheduled by admin would be good but needs strict adherence to time which is difficult traditionally | | 5 | Have to keep changing default internet package as doesn't work on current level of Internet Explored due to e-refferals and ICE. | | 6 | We accrue patients using sms prior to VC not phone   Pre arrange for a relative to be there for a VC with elderly or palliative pt | | 7 | It would be good if reception could signpost to video consultation if patient presents with video appropriate clinical problem. | | 8 | From a patient perspective, this is a very new technolgy (eConsult was introduced over a year ago) so some more patient education resources may help. A lot of patients have iphones but not all use the technology to it fullest extent, so some seemed to struggle. | | 9 | the difficulty is getting old fashioned practitioners on board rather than anything to do with the tech | | 10 | Only suitable for tech-savvy patients. | | 11 | staff and patients are loving it | | 12 | Only occasionally adds relevant points - can be useful for rashes, seeing children etc if you worry they are unwell | | 13 | not all patients can use this technology | | 14 | n/a | | 15 | We can only encourage patients to take up the service and in the circumstances are happy to do so. As stated above, when F2F is available it will be interesting to see how patients respond to requests to Triage. | | 16 | We use phone first since it makes it easy for the clinician to talk the patient through the process if needed. Also if you use straight to video you could be sitting around waiting for the patient to ""show up"" which is pointless. Most consultation are still perfectly fine by phone. However video is really helpful for example with skin lesions, children and where the relative expresses concern but it's not easy to talk to the patient - seeing them makes a lot of difference to the GPs | | 17 | Not to use EMIS video consultations. Would highly recommend Accurx | | 18 | Setting up the software and getting it work on all pcs has been the biggest challenge so far. Once it it up and running fully it will be really good. | | 19 | Frustrating to get connected - takes more time than f2f and less effective | | 20 | The familiar technology of a telephone call is safer -video should be used to clarify or to add information not otherwise obtainable and its limitations (in terms of clarity of picture and subtle loss of body language cues) must be recognised | | 21 | make sure you know who is on the other side, be aware patient can record it and post it | | 22 | I have done 2 of these - easier the scond time around as patient had already downloaded the APP, so much quicker | | 23 | We need a stronger internet connection to enable video consults to take place on our system, and also better speakers on our computers so we can hear the patient. at present I'm having to phone the patient on my mobile which uses up my data. not ideal | | 24 | We are not using as much as I thought. Telephone is often enough and using photos is probably easier technically. | | 25 | I am not at all sure that vidoe consultations add much to telephone triage followed by face to face where necessary except where access is a problem. I do not think it saves GP time. it may well be popular with a subsection of patients | | 26 | Older generation is still a problem being less tech savvy. Often relying on relatives but if pt is shielding then this creates difficulty. | | 27 | More support from IT | | 28 | try with well known patients first or simple problems- rash etc | | 29 | Not all patients seem to be able to use the links | | 30 | recommend strongly | | 31 | Clinician encouragement and it doesn’t really work on the pc’s in practice as we only have one computer screen, meaning the clinicians are having to use our practice mobiles so they can see the patient and their records | | 32 | AccuRx has been a great tool. Unlike others we've been fortunate to have had no problems with wifi connection and the screen quietly has been excellent. Most patients find it very easy to use. Those who are nervous about using it respond well to being guided through the process by telephone call first. | | 33 | Excellent tool which helps patients and clinicians. Hope to keep them in future. | | 34 | We volunteered for an initial trial of this and it simply didnt work. it seemed strange that all of a sudden during a pandemic it worked and quite effectively. I feel that this gave some evidence that (as i had indicated in the previous question) that a more nationalised approach wit a broader NHSE offer to all practices of a standard tool that we could all use was a better approach. | | 35 | Warnings should pop up form the beginning to alert staff /patients to be aware of their surroundings & to remove any sensitive info/materials from the area where the chat will be recorded | | 36 | Issue of data being used on clinicians phones - they are linking to the practice wifi. Need to be more prepared with the care homes so they are expecting our calls and we know which number to ring - currently carers are using their own personal mobiles. Would be helpful for the care homes - perhaps even each floor or wing to have a care home mobile for use, plenty of battery and coverage. | | 37 | Very helpful for clinician and patient. Much more convenient for both. Patients would no longer need to take time to attend surgery, less time away from work. Video consult much better in certain cases than telephone ie rashes etc. | | 38 | No | | 39 | Need to prepare ahead of time for virtual ward rounds. Ironically, this means writing lists on paper to take notes which later need transferring to electronic form. | | 40 | the Photo functionality is better than video, the quality of the video image is often v poor | | 41 | no comment | | 42 | Clinician has to re-set default browser daily Sometimes has problems due to variety of phone technology available to patients | | 43 | Use of two screens to allow consultation to take place on one screen and have EMIS on the other. | | 44 | it does not seem to work with some phone. | | 45 | I cant comment on that | | 46 | check patient ready ie dressed /have child with them /phone compatable | | 47 | Some patients struggle using the technology on their phone but I am aware that AccuRX are improving this as they see issues. | | 48 | Rashes are better seen on pictures sent through video accuryx system first, allowing pateints to place a ruler next to skin lesions and send photos is much clearer, then followed up by videocall | | | | |
|  | | answered | 48 |
| skipped | 253 |

| **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% | 70 |
| |  |  | | --- | --- | | 1 | No | | 2 | n | | 3 | problem with Accurx, it doesn't launch with chrome as not default browser and not compatible with internet explorer. Also largely depends on patients network connection | | 4 | no | | 5 | Our equipment is not great and sometimes the internet connection is a bit staggered. | | 6 | Cannot use due to poor WiFi and so poor picture. Cannot clinically assess so have preferred to ring and get photo if need to see anything. | | 7 | Accurx relies on sms to message the patient of impending video consult. Our neighbourhood has bad phone signals, it can take up to 20 minutes for the patient to receive the link | | 8 | A lot depends on the quality of and ability of patients to access this via their digital device. Often time consumed talking through how they enable their mobile phone! | | 9 | Video quality has generally been very good. For rashes quality of photos is often better than video surprisingly. | | 10 | Not sure how big a role it will play. We are currently using it often as a second-rate substitute for face to face consultations. It doesn't always add much to telephone consults | | 11 | Complete disaster from start to finish | | 12 |  | | 13 | there will be resistance from clinicians as they worry about becoming obsolete, especially the older ones | | 14 | Video quality poor for rashes. Photos tend to be better. Obviously a main limitation is that some patients have limited access To the technology required. | | 15 | Again the problem is lack of integration into the clinical system. It needs to be as seamless as possible (for both clinician and patient).   Accurx is great for an unplanned contact, but the delay having to send out the unique link and lack of a waiting room means that less ideal for planned consultations | | 16 | dislike - poor quality | | 17 | Used it more initially, but due to quality of video feed often requested patient to send in photos. | | 18 | n/a | | 19 | We have a deprived population that has poor access to technology e.g. smartphones | | 20 | Very much essential during the Pandemic, and we would encourage patients to use this service post Pandemic as it offers the flexibility that they often need saving them time etc. Tailoring the appointment book in the future will allow video consultations to be converted into F2F same day where required. | | 21 | AccuRx have rolled out an amazing product and I just wish our CCG would be supportive instead of sticking rigidly to the pre-pandemic decision to only support MJOG as their ""SMS solution"". Even during the pandemic they can't be responsive and agile - unlike Practices who were expected to transform the way we worked overnight. | | 22 | Webcam and audio availability is severely limited at the practice. All GPs are using their own phones for video consultations. To continue longterm with video consultations we would need IT equipment to be improved. | | 23 | Patient feedback very good. | | 24 | no | | 25 | Accurx has been brilliant in there support I have not used EMIS video consults yet | | 26 | Depending on Patient groups | | 27 | Often the patient can’t connect at their end (approx 50% of the time) and so have to do phone consult or face to face instead | | 28 | It is important to be aware that many patients do not have smart phones and that some that do are significantly lacking in IT skills to make use of the technology. I hear great excitement from IT-excited colleagues about this surge in use of IT but can only assume they work in areas of high IT use and skill | | 29 | works very well | | 30 | Useful, saves time, and in pandemic times, contact | | 31 | takes some time from people to load up software and it tends to be via my smart phone so small images, computer is not possible in every room. | | 32 | Not all clinicians are tech-savy. More training in the opportunities would be useful | | 33 | some patients have been unable to get the link to work, i think it asks a series of permissions for access to camera/microphone etc which seems to confuse people, maybe being able to see the prompts being sent to them would help us guide them through the process better | | 34 | as above | | 35 | Good for end of life care in pandemic, but for bureaucratic reasons. Takes quite a long time to get a patient up and running with it. Was OK when we were quiet. | | 36 | see above | | 37 | Promotion is needed | | 38 | gets easier the more u do it | | 39 | We have also used some of the additional features of accuRx, e.g. the sms questionnaire for Asthma patients who previously have not responded to requests to attend for a review. The uptake has been around 50% and on that basis we have been able to target those patients who need follow up. | | 40 | It is an excellent tool. It helps patients and all staff( reception/ clinical).  It helps those patients who struggle to get to the surgery /  It also helps to see the patients in their own environment- providing important cues | | 41 | As above | | 42 | In view of above (ie we phone first, mutually agree to the need and consent to a video consultation, and then hang up to begin video connection) the whole process takes time and whilst it avoids face to face in context of the pandemic, it does take considerably longer than an ordinary consultation. | | 43 | You can also have 3 way interpreter video | | 44 | the difficulty we faced was that a majority of our patients do not have english as a first langauge and require and interpreter, telephones have the ability to do a 3 way call but video do not yet | | 45 | It has been a lifesaver during the COVID19 crisis. | | 46 | Seems to be going well, | | 47 | No | | 48 | The practice has no webcams or speakers/microphones no clinicians either using own phones or patients are contacted on their home number and then they cannot see the clinician if they use the desktop. The patients mobiles cut off if they are used for both video and speaking too so only really works if they have a home number or a different mobile to use. The other problem is that Accurx only works with google chrome as the browser and not IE so this has to be changed in app settings or the link copied into a different tab. If they are using the laptops the Wifi is not good enough so the data cable has to be disconnected from the desktop machine and plugged in to the laptop. | | 49 | IT doesn't work for everyone, and is clearly slower than previous face to face consultations, time to load by patient  The elderly cannot cope with the tech. and the same is true of the poor etc. | | 50 | Implementation has been hampered by lack of support & provision of equipment by the CCG. | | 51 | patients find it very difficult | | 52 | very happy with Accrx services | | 53 | no | | 54 | The main limiting factor is the patient's mobile phone/their ability to use it properly | | 55 | software needs to improved | | 56 | Some patients find it hard to download app and camera quality can be poor. | | 57 | Hit and miss due to internet links and the need for patients to download an app. Helpful for clinicians to be able to see patients. | | 58 | patients liked avoids visits | | 59 | Can be time-consuming to set up. Doesn't work with a lot of PAYG contracts if no data allowance | | 60 | Patients who cannot afford smart phones / webcam are at a disadvantage. Older patients are less likely to use video consultations, mostly as they are less likely to have smart phones and are less likely to be able to work the technology. | | 61 | AccuRx needs to be used on Google Chrome. The computer server will not allow Google Chrome to be stored as default browser on our computers meaning that we frustratingly need to set up every day. | | 62 | AccuRX have been absolutely fantastic. Their software is extremely easy to use and their response to updating functions in light of the Covid19 pandemic has been brilliant. If only all clinical systems could follow suit!! | | 63 | Initially the network was overwhelmed which made the consultations difficult with some delay. | | 64 | quality not always good enough to be helpful | | 65 | video consultations work well of the patient can get the software to work at their end | | 66 | I think we need a better understanding of where these can be used. At the moment we use them only for acute consultations but I think there may be greater potential for them | | 67 | Might be better if we did not have to send link to the patient not sure if there is an alternative solution to go to video direct from patient records. | | 68 | I think its very useful | | 69 | As we are rural sometimes connection can be a problem | | 70 | Can be hit and miss, some patients especially the elderly and lower income household do not always have access to smart phone or broadband | | | | |
|  | | answered | 70 |
| skipped | 231 |

**SMS Messaging**

| **Have you adopted SMS?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Yes | |  | | --- | |  | | 89.37% | 185 |
| 2 | No | |  | | --- | |  | | 5.31% | 11 |
| 3 | Tried | |  | | --- | |  | | 3.86% | 8 |
| 4 | Not yet implemented | |  | | --- | |  | | 1.45% | 3 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.17 | Std. Deviation: | 0.55 | Satisfaction Rate: | 5.8 | | Variance: | 0.31 | Std. Error: | 0.04 |  | | | | | answered | 207 |
| skipped | 94 |

| **If no or not yet implemented please describe why:** | | | |
| --- | --- | --- | --- |
|  | | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 14 |
| |  |  |  | | --- | --- | --- | | 1 | [28/05/2020 17:07 PM ID: 142110103](file:///C:\survey\results\responses\id\748472%3fu=142110103) | we have never used sms in our practice | | 2 | [29/05/2020 18:02 PM ID: 142169412](file:///C:\survey\results\responses\id\748472%3fu=142169412) | security, patient consent | | 3 | [01/06/2020 20:34 PM ID: 142341750](file:///C:\survey\results\responses\id\748472%3fu=142341750) | , | | 4 | [02/06/2020 11:34 AM ID: 142372715](file:///C:\survey\results\responses\id\748472%3fu=142372715) | unsure if we use this | | 5 | [02/06/2020 15:16 PM ID: 142394781](file:///C:\survey\results\responses\id\748472%3fu=142394781) | We have not found a need for this as we have existing methods of contacting patients which have not been overwhelmed | | 6 | [02/06/2020 15:22 PM ID: 142394599](file:///C:\survey\results\responses\id\748472%3fu=142394599) | some patients do not receive messages by any other media | | 7 | [02/06/2020 15:29 PM ID: 142397149](file:///C:\survey\results\responses\id\748472%3fu=142397149) | unable to answer | | 8 | [04/06/2020 11:03 AM ID: 142559911](file:///C:\survey\results\responses\id\748472%3fu=142559911) | not clear if any added benefit | | 9 | [04/06/2020 14:07 PM ID: 142585290](file:///C:\survey\results\responses\id\748472%3fu=142585290) | not needed | | 10 | [04/06/2020 16:33 PM ID: 142600763](file:///C:\survey\results\responses\id\748472%3fu=142600763) | We haven't seen a need for it (I have to say I find the mass texts I get from my own practice irritating) | | 11 | [09/06/2020 11:02 AM ID: 142835535](file:///C:\survey\results\responses\id\748472%3fu=142835535) | admin use only | | 12 | [09/06/2020 19:02 PM ID: 142875478](file:///C:\survey\results\responses\id\748472%3fu=142875478) | not sure this was available? but only worked in early part of lockdown | | 13 | [15/06/2020 13:35 PM ID: 142569339](file:///C:\survey\results\responses\id\748472%3fu=142569339) | xx | | 14 | [15/06/2020 13:37 PM ID: 142633154](file:///C:\survey\results\responses\id\748472%3fu=142633154) | As a nurse I have not needed to use sms | | | | |
|  | | answered | 14 |
| skipped | 287 |

| **What SMS solutions are you using? Please tick any that apply:** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | EMIS | |  | | --- | |  | | 8.29% | 16 |
| 2 | SysmOne | |  | | --- | |  | | 41.45% | 80 |
| 3 | AccuRx | |  | | --- | |  | | 75.65% | 146 |
| 4 | MJog | |  | | --- | |  | | 49.74% | 96 |
| 5 | iPlato | |  | | --- | |  | | 1.55% | 3 |
| 6 | Other (please specify): | |  | | --- | |  | | 2.07% | 4 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 5.37 | Std. Deviation: | 3.39 | Satisfaction Rate: | 71.71 | | Variance: | 11.51 | Std. Error: | 0.24 |  | | | | | answered | 193 |
| skipped | 108 |
| Other (please specify): (4) | | | | |
| |  |  |  | | --- | --- | --- | | 1 | [02/06/2020 09:52 AM ID: 142362535](file:///C:\survey\results\responses\id\748472%3fu=142362535) | Informatica | | 2 | [03/06/2020 17:33 PM ID: 142504586](file:///C:\survey\results\responses\id\748472%3fu=142504586) | Ardens through s1 | | 3 | [04/06/2020 09:31 AM ID: 142547339](file:///C:\survey\results\responses\id\748472%3fu=142547339) | ALREADY USED NHS MAIL | | 4 | [04/06/2020 11:03 AM ID: 142559911](file:///C:\survey\results\responses\id\748472%3fu=142559911) |  | | | | | |

| **What are you using SMS for (interaction with patients)?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Patient reminders (eg. appointment reminders) | |  | | --- | |  | | 88.02% | 169 |
| 2 | Clinical message (eg. sending results) | |  | | --- | |  | | 79.17% | 152 |
| 3 | Bulk messaging (eg. practice response to COVID) | |  | | --- | |  | | 72.40% | 139 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 4.64 | Std. Deviation: | 4.37 | Satisfaction Rate: | 111.98 | | Variance: | 19.07 | Std. Error: | 0.32 |  | | | | | answered | 192 |
| skipped | 109 |

| **Are you currently using an SMS solution for two-way messaging?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Yes | |  | | --- | |  | | 61.14% | 118 |
| 2 | No | |  | | --- | |  | | 38.86% | 75 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.39 | Std. Deviation: | 0.49 | Satisfaction Rate: | 38.86 | | Variance: | 0.24 | Std. Error: | 0.04 |  | | | | | answered | 193 |
| skipped | 108 |

| **If No would you find it useful?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | Yes | |  | | --- | |  | | 57.97% | 40 |
| 2 | No | |  | | --- | |  | | 42.03% | 29 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 1.42 | Std. Deviation: | 0.49 | Satisfaction Rate: | 42.03 | | Variance: | 0.24 | Std. Error: | 0.06 |  | | | | | answered | 69 |
| skipped | 232 |
| Please add further details (28) | | | | |
| |  |  | | --- | --- | | 1 | Unsure. | | 2 | If for basic information, Survey, BPs, Smoking information - direct into EMIS. Also where it come into? | | 3 | we intend to implement for appointment reminders | | 4 | Happy to have any measures introduced which saves paper and reduced unnecessary face to face interactions/surgery attendances | | 5 | Potentiallybut would need the resource in place to manage this. | | 6 | We have had MJOG installed weeks ago but still waiting for NECS to sort something out so we can use it | | 7 | We think asking patients if they will be attending flu so we have rough figures for ordering would be very useful. | | 8 | Mass SMS replys on batches of work would be good. | | 9 | Unable to monitor messages / workload | | 10 | Unsure | | 11 | Useful to share information out. Messages coming back in would, I guess, mean work coming in from a different pathway which may prove challeging | | 12 | yes | | 13 | It is one of the most useful things. Getting patients to send a photo which goes straight to notes. Sending links to med 3s and prescription codes. | | 14 | Patients have enough ways to contact us | | 15 | Not sure yet. Small steps at a time and all that. | | 16 | we would be swamped with patient queries | | 17 | May be unsafe | | 18 | We have progressed from SystmOne to MJog but the largest benefit has been through using AccuRx. We were able to send documents to the patient i.e., COVID19 isolation notes, sicknotes, patients can send a photograph of wounds or areas of concern immediately which can be incorporated into the patient record during a consultation. The clincians have found it extremely good. | | 19 | possibly if we had a system that made it work | | 20 | I think we'd prefer e-consult as the digital route in as SMS is too easy. | | 21 | yet another system to monitor | | 22 | Unsure | | 23 | We don't really want ANOTHER stream of work to have to keep on top of and so are discouraging patients from using SMS to contact the surgery. We feel that this communication route is too informal and some patients may be somewhat flippant with it. | | 24 | Our GP partner does use some sms messaging whereby a response can be taken and is warranted and safe, but it is not generally rolled out in this fashion. It would need to be thought about carefully , to ensure they were monitored carefully and staff available to take the responses and cascade appropriately. Mjog uses the specific responses re cancelling appointments and in certain cases we turn on response for set questions.. | | 25 | it would reduce the number of calls into the practice | | 26 | Would need training and the resources to deal with this | | 27 | perhaps but this may become an increase workload and communication error may occur | | 28 | Only for photos | | | | | |

| **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 | |  | | --- | |  | | 1.06% | 2 |
| 3 | 2 | |  | | --- | |  | | 2.13% | 4 |
| 4 | 3 | |  | | --- | |  | | 12.77% | 24 |
| 5 | 4 | |  | | --- | |  | | 39.36% | 74 |
| 6 | 5 | |  | | --- | |  | | 44.68% | 84 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 5.24 | Std. Deviation: | 0.83 | Satisfaction Rate: | 84.89 | | Variance: | 0.7 | Std. Error: | 0.06 |  | | | | | answered | 188 |
| skipped | 113 |

| **Has is changed your workload?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | 0 (significant reduction | |  | | --- | |  | | 16.13% | 30 |
| 2 | 1 (slight reduction) | |  | | --- | |  | | 42.47% | 79 |
| 3 | 2 (no impact) | |  | | --- | |  | | 31.18% | 58 |
| 4 | 3 (slight increase) | |  | | --- | |  | | 8.06% | 15 |
| 5 | 4 (significant increase) | |  | | --- | |  | | 2.15% | 4 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 2.38 | Std. Deviation: | 0.92 | Satisfaction Rate: | 34.41 | | Variance: | 0.85 | Std. Error: | 0.07 |  | | | | | answered | 186 |
| skipped | 115 |

| **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 | |  | | --- | |  | | 2.11% | 4 |
| 2 | IN THE FUTURE | |  | | --- | |  | | 20.53% | 39 |
| 3 | BOTH | |  | | --- | |  | | 77.37% | 147 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 2.75 | Std. Deviation: | 0.48 | Satisfaction Rate: | 87.63 | | Variance: | 0.23 | Std. Error: | 0.03 |  | | | | | answered | 190 |
| skipped | 111 |
| Please add any details (if applicable) (17) | | | | |
| |  |  | | --- | --- | | 1 | I think SMS has been very useful for sending texts re services, such as Talking Therapies contact details, or sending patients self management advice, via NHS resources link. Also very useful for guiding patient what to do next, eg after result back. | | 2 | Useful but time consuming Restricted to those with the correct equipment | | 3 | We were using SMS messaging before Covid | | 4 | It's now part of the toolkit Practices have and however it could be expanded would add to it's usefulness. | | 5 | Accurx has transformed work within the practice. Whilst previously clinicians would have tasked admin staff to contact patients, they are now sending accurx messages and communication with patients. This direct contact is very helpful. | | 6 | I prefer accurx as so easy to use adapt and modify | | 7 | We cannot jusdge any workload issues, because pandemic is skewing everything. | | 8 | Been using for a long time now. | | 9 | THE SMS MESSAGING ON ACCURX IS MUCH BETTER THAN NHS MAIL | | 10 | Too early to evaluate Question 40 | | 11 | Have used sms for some time now including prior to COVID 19 pandemic | | 12 | excelent for sending pictures | | 13 | We have been using SMS messaging for more than a year, it was not introduced as a result of the pandemic | | 14 | We've been using SMS since before Covid 19 and have found it extremely useful for bulk messaging (mjog) as well as one-off texts (AccuRX). | | 15 | We were using before pandemic and will be continuing | | 16 | being able to message the patient with an answer and get sent a photo has been the most useful change. | | 17 | it is quicker than making a phone call | | | | | |

| **How might it be enhanced?** | | | |
| --- | --- | --- | --- |
|  | | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 66 |
| |  |  | | --- | --- | | 1 | Training on accurx, and development of practice templates. | | 2 | Length of message | | 3 | bulk messaging | | 4 | Reminder functionality built into AccRX | | 5 | ? | | 6 | Answers direct into EMIS and coded. | | 7 | Option to send a longer message than 306 characters by MJOG or option to send bulk messages via AccuRX | | 8 | being able to bulk message from accurx delayed message function e.g. BP check in 3 months   reinforce lifestyle messages with episodic text  option to attach video to an sms e.g. of a rash to observe if non blanching | | 9 | It works really well. It would be helpful to have local templates with information on eg from TIMs or mental health services. | | 10 | I love the accurx pathways, it would really help with recall and diary reminders to patients. However we are restricted on the free version, not sure if we will be getting the paid version. This application would be a game changer for our practice | | 11 | Would be useful to send text to patient direct from results workflow. | | 12 | I have some issues around consent and Clarity about what / how much Information can be sent in a text to a patient. | | 13 | if S1 inbuilt could have a reply option | | 14 | practice pre determined text for all users so patients get same message | | 15 | To improve the linkage of certain part eg fit notes so can be more easily signed and sent and also barcodes for prescriptions. | | 16 | Simpler interface. Maybe mjog integrated in SystmOne | | 17 | It's a very good system already and relatively simple to use with enhancements being introduced regularly. | | 18 | Funded by our CCG so we can use additional feature through AccuRx (Florey) | | 19 | ACCURX being able to do bulk texts | | 20 | Different appointment reminders so they can be tailored to different appointment slots so can advise if telephone or face to face consultation and the appropriate times e.g. within a timeframe or specific time. | | 21 | Accurx is a very good system, which has developed in the short covid period to help practices do more and more remotely. | | 22 | Bulk messaging on AccuRX would be fantastic. | | 23 | Keeping it free for surgeries to use in the future. Lifting the text cap | | 24 | would be good if we could email patients documents from generic email as not all have smart phones | | 25 | 111 SMS messaging service | | 26 | Two way but into clinical system | | 27 | Function to automatically save photos onto notes | | 28 | Use to send results more (but at present I worry about confidentiality) | | 29 | very useful for patient to text us back and be recorded in journal notes and send us pictures | | 30 | More templates | | 31 | AccuRX cant be used for bulk messages so still suing SystmOne for this. Character allowance needs increasing, so often not enough space especially if including a weblink in the message. Also it would be great it the number of preset messages in SystmOne could be increased as we're always at capacity and have to either delete a preset to add another or use user presents which isn't great when it's a sms that any member of staff could send. | | 32 | I think the AccuRx system is very good. it is more or less immediate and links into the patients notes. It is easy to share internet links and phone numbers with patients and to write short reminders about key aspects on consultations | | 33 | Standard templates Being able to send links to larger documents. | | 34 | Accurx is great. If only it could bulk send. | | 35 | Promotion | | 36 | One solution rather than different systems for bulk and individual messaging - get AccuRx to do bulk messaging :) | | 37 | normal results can be sms as otherwise patients phone for tel C with dr patients can text in weight, smoking hx, BP, etc | | 38 | It would be helpful to have clear guidance on how much clinical detail can be included in a message. This is where the accuRx Asthma questionnaire is ideal because it requires the patient to confirm their DOB before accessing. | | 39 | Use of clinical technologies for remote assessment | | 40 | In the practice we have uniformly found the AccuRx system significantly improves patient care, is efficient and helps the work force!  Receptionsists/ Nurse practitioners have also embraced the advantages of the new technology and are looking forward to continuing to provide care through this medium | | 41 | Time or increase resources to improve patient sign up to smart sms and update patients mobile numbers or sign ups to service. | | 42 | Training as many different ways of using the technology | | 43 | It always must code into record. | | 44 | concerns are always around confidentiality | | 45 | It would be fantastic if like MJog AccuRx recorded readcodes into the patient records for responses or opt outs to use for QOF | | 46 | AccuRx to be able to send bulk messages. Systmone to be able to attach files for patients and for them to be able to respond back to surgery. | | 47 | MJOG funding? | | 48 | two way sms | | 49 | AccuRx seems close to perfect for our purposes. | | 50 | Direct saving into the record | | 51 | it would be great if we had a mog that worked quickly as some of the bulk lists take a long time to get to the patients system 1 is quick, accurx is quick | | 52 | transfer of documents such as fit notes has been very useful during the pandemic and it would be good to make this widely accepted by employers. | | 53 | If it could be person specific and not PC specific | | 54 | Needs to integrate well with the clinical system | | 55 | to automatically text result information to patients | | 56 | econsult would be great for LTC if it read coded straight into s1 | | 57 | AccuRx - would be good if they could develop bulk messaging like Mjog. I find Mjog very clunky to use where AccuRx is very easy and quick. | | 58 | in debate about this! | | 59 | issues at the moment as not all staff are able to seen SMS messages as it tries to convert them to e-mail | | 60 | Quicker to send messages | | 61 | Concerns about the ownership of the mobile number, validating the mobile number at each consultation | | 62 | Patients often do not keep telephone numbers up to date so some reluctance to sending out more clinical messages such as information around test results etc | | 63 | Awaiting MJOG training | | 64 | n/a | | 65 | We are hoping to use it to provide health links etc to patients , to use it to increase screenig uptake for cancer screening etc. The consent side of sms messaging is a barrier to ensure people have given consent to sms messaging particularly if deciding to use it for blood results etc. | | 66 | not sure | | | | |
|  | | answered | 66 |
| skipped | 235 |

| **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% | 25 |
| |  |  | | --- | --- | | 1 | Bulk texting  More support with building accurx templates | | 2 | No | | 3 | n | | 4 | For us I contact pt's who have sent in e consults with no photo attached or if a pt is on my triage list for a rash or swollen joint /wound infection.  I ask them via sms to send a photo in reply to the sms  at the end of the GP on call session I go through them all with GP and we can work through a lot of responses and decisions in a very short time | | 5 | again, so many people don't have smart phones so they can't send you a photo of their rash etc. I have ended up texting the granddaughter etc to get photos texted in via accurix which has worked well but there are some people who have no access to the internet at all and they are going to be excluded | | 6 | We are using AccuRx for one off messages and Iplato for bulk messages. Iplato have a new app called MyGPbuddy which we have not tried as yet. This is an evolving technology which we love and has been a godsend during the pandemic. | | 7 | n/a | | 8 | We haven't used it for very long to comment. | | 9 | We use several approaches so there isn't one size fits all. We have Informatica Frontdesk as our appointments system and use a paid for text service because it allows patients to respond to appointment reminder messages and cancel the appointment if it's not needed. We then use NHSMail for bulk text messages and then AccuRx for individual patient messages. We do have MJOG paid for by our CCG but it's clunky and largely unnecessary given our other solutions. I haven't needed to use it once. | | 10 | accuryx is very good. | | 11 | as above | | 12 | Accurx has excellent resources | | 13 | Great for messaging info leaflets | | 14 | As stated previously | | 15 | Great for rashes/skin lesions Cellulitis is good too. | | 16 | Photographs have been a great time saving way using AccuRx, send the patient a link, they can immediately reply with photograph which is incorporated into the patient record. | | 17 | No | | 18 | Use it to receive photos into the clinical notes. | | 19 | Using text to receive photos of rashes and provide information leaflets/links to information for patients after a telephone consultation has been particularly useful. | | 20 | the functionality on Accurx is excellent, photography is really useful | | 21 | Very useful for appointment reminders and also hard to achieve QOF points like smoking status | | 22 | ability to attach photos is really helpful especially as they load into the clinical system | | 23 | Where patients do not have online access the use of SMS to receive photographs has been incredibly helpful. | | 24 | no | | 25 | no | | | | |
|  | | answered | 25 |
| skipped | 276 |

| **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% | 41 |
| |  |  | | --- | --- | | 1 | No | | 2 | n | | 3 | no | | 4 | Clinicians /admin and the patients see it as a valuable tool which we will continue with | | 5 | Really helps to receive photos securely and also to send safety netting information. We have set up proactive templates with mental health numbers on which has really helped. | | 6 | You rely completely on good mobile networks, which unfortunately are woefully lacking in our area. The ideas are brilliant but the infrastructure isnt always in place to support it | | 7 | We had already implemented pre-covid Need to ensure GDPR and governance is robust. | | 8 | I very much hope this can continue. | | 9 | I have found it useful to reinforce messages from online consultation, e.g. which medication increasing/decreasing and which websites to use to e.g. self refer to the very useless TIMs service or anxiety management websites. However I am concerned that we are using it and suddenly there will be a cost and patients will complain if we don't continue to use it. | | 10 | From a clinical perspective, really quick to send links / letters / questionnaires etc, and feedback about results, quick responses to clinical queries. | | 11 | Has improved greatly over the last few weeks, find the ability to send pictures back exceptionally useful | | 12 | n/a | | 13 | Relise on the patient having a smart phone e.g. links to attach documents or access websites | | 14 | We were a very early adopter of SMS reminders for appointment best part of 20 years ago. Of all the digital technologies being rolled out SMS is still the most productive. AccuRx have absolutely nailed it. | | 15 | MJOG issues. | | 16 | Again we are self taught If training webinars were available we would access them | | 17 | Great feedback all round for AccuRX. Again user friendly at both ends | | 18 | SMS via Accurx is very good as it codes the patients record so there is always an audit trail. | | 19 | Accurx have adapted and worked with General practice to enhance the patient and clinicians experience | | 20 | Implement 111 SMS messaging service | | 21 | Patients find it useful | | 22 | I have only used this a couple of times | | 23 | all the technology uses lots of keystrokes and isn't particularly fast. | | 24 | Fund accurx+ ardens | | 25 | two way text is very useful for FU | | 26 | Love it | | 27 | As stated previously including extension to CCG and Clinical meetings- for cost effectiveness and safety in the new normal when this illwind blows over | | 28 | Mongolia is really good and especially useful for campaigns and the two way sms system is so good for the patients. We have often had phone outages and we can quickly text patients to inform them. And they can text us back if they need anything. | | 29 | Reduces postage costs and admin time significantly. Need QOF to allow all basic reviews to be done via this route. | | 30 | Useful tool for reassuring patients and encouraging them to attend the surgery for matters which shouldn't wait during lock down. i.e. used to ask patients to attend with sick children, report their own blood pressure, reassuring patients we are still here for them | | 31 | Thank you for enabling AccuRx. It was easy to use, helped significantly especially during the first few weeks of lockdown when the surgery was inundated with patient requests | | 32 | No | | 33 | We really like Accurx and use this mostly, but use MJOG for bulk messages | | 34 | Once through the pandemic period we will hopefully look at developing this further and maximizing use as much as possible | | 35 | patients were supprisingly good at taking pictures of lesions which could be enlarged improving diagnosis comp to FTF | | 36 | We have been using it already. AccuRx ability to send letters and documents is useful (e.g. Med Certs) | | 37 | In use for demi sets ext for some time and hope to expand in future to improve communication and reduce postage costs | | 38 | I love it! Wouldn't be without it | | 39 | Some anxiety over what can be shared on SMS/who will be reading it means we are more likely to text asking people to contact us for results than share results directly | | 40 | no | | 41 | it is useful | | | | |
|  | | answered | 41 |
| skipped | 260 |

**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 | |  | | --- | |  | | 6.14% | 7 |
| 2 | 1 | |  | | --- | |  | | 7.89% | 9 |
| 3 | 2 | |  | | --- | |  | | 6.14% | 7 |
| 4 | 3 | |  | | --- | |  | | 32.46% | 37 |
| 5 | 4 | |  | | --- | |  | | 28.95% | 33 |
| 6 | 5 | |  | | --- | |  | | 18.42% | 21 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 4.25 | Std. Deviation: | 1.38 | Satisfaction Rate: | 65.09 | | Variance: | 1.89 | Std. Error: | 0.13 |  | | | | | answered | 114 |
| skipped | 187 |

| **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 | |  | | --- | |  | | 2.61% | 3 |
| 2 | 1 | |  | | --- | |  | | 7.83% | 9 |
| 3 | 2 | |  | | --- | |  | | 7.83% | 9 |
| 4 | 3 | |  | | --- | |  | | 16.52% | 19 |
| 5 | 4 | |  | | --- | |  | | 31.30% | 36 |
| 6 | 5 | |  | | --- | |  | | 33.91% | 39 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 4.68 | Std. Deviation: | 1.35 | Satisfaction Rate: | 73.57 | | Variance: | 1.84 | Std. Error: | 0.13 |  | | | | | answered | 115 |
| skipped | 186 |

| **Have IT solutions helped mitigate that risk? [where 0 = not at all, and 5 = a lot]** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | 0 | |  | | --- | |  | | 6.14% | 7 |
| 2 | 1 | |  | | --- | |  | | 8.77% | 10 |
| 3 | 2 | |  | | --- | |  | | 7.02% | 8 |
| 4 | 3 | |  | | --- | |  | | 35.09% | 40 |
| 5 | 4 | |  | | --- | |  | | 32.46% | 37 |
| 6 | 5 | |  | | --- | |  | | 10.53% | 12 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 4.11 | Std. Deviation: | 1.31 | Satisfaction Rate: | 62.11 | | Variance: | 1.71 | Std. Error: | 0.12 |  | | | | | answered | 114 |
| skipped | 187 |

| **If so, once usual conditions return and the medico-legal expectations return to the baseline, will virtual consultation remain effective? [where 0 = not at all, and 5 = a lot]** | | | | |
| --- | --- | --- | --- | --- |
|  | | | **Response Percent** | **Response Total** |
| 1 | 0 | |  | | --- | |  | | 1.83% | 2 |
| 2 | 1 | |  | | --- | |  | | 3.67% | 4 |
| 3 | 2 | |  | | --- | |  | | 10.09% | 11 |
| 4 | 3 | |  | | --- | |  | | 32.11% | 35 |
| 5 | 4 | |  | | --- | |  | | 38.53% | 42 |
| 6 | 5 | |  | | --- | |  | | 13.76% | 15 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Analysis** | Mean: | 4.43 | Std. Deviation: | 1.08 | Satisfaction Rate: | 68.62 | | Variance: | 1.16 | Std. Error: | 0.1 |  | | | | | answered | 109 |
| skipped | 192 |

| **We welcome any further comments/suggestions you would like to add:** | | | |
| --- | --- | --- | --- |
|  | | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 35 |
| |  |  | | --- | --- | | 1 | n | | 2 | Virtual consultations are a helpful means of improving access but do not reduce workload - there is the same demand and work, just in a different medium. I feel there is a risk that people who are not comfortable with technology or have access to technology will be disadvantaged if there is a significant shift to virtual consultations. | | 3 | There needs to be a measured review of and reflection on changes rapidly implemented both from the perspective of Primary Care and patient experience. | | 4 | I find video consultations and SMS very effective. I think online consultations need developing further - GP is not just about how to manage a clinical problem but how to manage that problem for that particular patient. On line consultations need to be able to capture the patient's ideas, concerns and expectations better otherwise too often the clinician needs to ring/see the patient to gather these insights. | | 5 | Virtual consultations have a place but we already use a lot of telephone consulting and video doesn't always add a lot. E-consults are ok for simple questions but not useful for anything more complex | | 6 | It would be preferred that IT solutions could continue to be maximised (post COVID) if the medico-legal baseline could be altered to facilitate this. Staff and patients have embraced the IT solutions during COVID and an expectation that we would continue utilising; IT solutions have kept patients and staff safe, and improved efficiency in the work place. | | 7 | digital transformation is needed however there will always be a need for a personal service to improve relations with patients and provide services that meet everyone's needs, not just the digitally knowledgable. Many patients are not digitally minded and we must not lose sight of that. | | 8 | I think virtual consultations just take more time than face to face. You loose out on visual clues via telephone, and quality via video, so you need to be more careful safety netting etc. | | 9 | Support from NHSE and CCG to minimise medicolegal expectations in the long term would be beneficial to support ongoing virtual consultations | | 10 | implemented too quickly with no training- patients lost with some of the technology. Discriminates against certain members of the population eg elderly. | | 11 | Non F2F are always a compromise. They can be useful but are time consuming and bias access towards the articulate IT savvy population whose need and illness burden is generally lower | | 12 | just don't suit all patinets/conditions | | 13 | Need improvement in virtual telephony solutions, as people working from home and ability to phone patients while appearing to be at the surgery | | 14 | Useful for certain groups . Does not work well for elderly, and socially deprived areas | | 15 | There is a further question: Do you enjoy video consultations more than face-to-face consultations? The answer to which is a resounding NO! Do you find video consultations more stressful and even more time-consuming? The answer to both is yes. Do you find video consultations as efficacious? Answer: much less | | 16 | we should embrace change and keep what works email does not fall naturally into the patient record and is still a bit clumsy, adding to appointment issues because you can't immediately direct a patient, for example, to the dentist | | 17 | I susect that there may have been more prescribing eg antibiotics/analgesics especially as wanting to avoid footfall | | 18 | Needs to be led from the front-line, we would normally rapidly spread information on what works, but this is more tricky with reduced social contact. I would suggest de-briefing between practices with management and decision makers listening in, once people are allowed to meet together again. | | 19 | CCG needs to help practices fund or help to trial new solutions | | 20 | it may help reduce stress of younger GPs who embrace change also GPs get better at everything the more they do it | | 21 | IT systems have crashed an unacceptable amount of times putting great pressure on practices and individual clinicians | | 22 | Look forward to consolidating the process and practice | | 23 | Please continue to facilitate teleconsulting. | | 24 | I do not feel i have sufficient expereince in these methods to be asking for my opinion regarding their benefits at this stage | | 25 | Practice scant burden the cost of these services after the pandemic as general practice is really struggling with finances at the best of times. If these are to continue the cost would need to be heavily invested from other sources than general practice budgets. | | 26 | We don't have computers with good speeds to facilitate this well. All the solutions described take more time from clinicians to deliver than face to face appointments. If we were to do this longterm we would benefit from much better technology. Screen dialling, telephone headsets and still would have reduced capacity. | | 27 | Patient behaviour has been very different during the Pandemic lockdown because of fear , once the lockdown is relaxed and patients feel less nervous, demand for face to face consultation will rise exponentially, the digital solutions which we were using prior to the pandemic will continue to be used.  Accurx is excellent and will help with its functionality however there is no substitute for face to face contact in many cases | | 28 | Yes we will just have to carry that extra risk. | | 29 | The pandemic has forced us to work in different ways and make huge changes in short period of time we have embraced the changes and have been extremely grateful that the technology available has helped us to continue to support our patients at a difficult time. | | 30 | I think there will be a place for increased virtual consultations from baseline, but not as much as we are doing them at the moment. | | 31 | will be using lot more in future | | 32 | I do not like the role of econsult as I feel it is an extra workload we cannot control and demands a response which increases the strain on already stretched gp resources | | 33 | in certain low risk systems/ some routine reviews - yes | | 34 | We need to keep the patient understanding that not everything needs a f2f, at the moment it is easier due to media and them not wanting to come in anyway, How do we maintain that level of demand and not escalate back to the insistence of been seen even if it is not necessary? | | 35 | There are concerns about risk but I believe these can be managed to use remote consultations effectively | | | | |
|  | | answered | 35 |
| skipped | 266 |