

Exploring patients views of using digital solutions in GP practices

Executive Summary

November 2020



Involve North East

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- All of the patients and stakeholder organisations who took time to share their views with us.

Executive Summary

- **The project**
- NHS Newcastle Gateshead Clinical Commissioning Group (NGCCG) is supporting the 12 Primary Care Networks (PCN) operating across Newcastle and Gateshead to engage and listen to patients at a local level.
- Since its inception, one of Gateshead Outer West PCN's key priorities has been its focus on the digital agenda, (in line with the NHS Long Term Plan's ambition for the mainstreaming of digitally enabled care). Accelerated by COVID-19 digital working became a priority and efforts were focussed on ensuring patients were able to connect with and be supported by their practices during this unprecedented period.
- Through exploring patients' awareness and experience of digital solutions and identifying barriers to digital access and services, this report will help to inform the future development of digital services.
- 244 patients shared their views alongside 13 stakeholder organisations who work with Black, Asian and Minority Ethnic People, Carers, Children and Young People, Disabled People, Families, LGBTQ+ People, Older People, People requiring support around drugs and alcohol and people requiring support around emotional wellbeing.

The service being provided

- Pre COVID-19, practices were already developing online services, but these were all at varying stages. At some practices patients were able to book appointments online, order repeat prescriptions and check symptoms for example. The pandemic accelerated plans to provide digital solutions and open up access.
- In addition to traditional face-to-face appointments, practices across the PCN can now offer consultations with a health professional via eConsult, telephone, text and video.

Key points

- It is clear to see from the findings that there is an appetite amongst many patients for exploring and using telephone and online services for both booking appointments and consultations. There is however a lack of awareness of these methods and a need for awareness raising in this respect.
- One of the guiding principles of the NHS is that it is free to access, using a telephone or the internet is not free. This financial barrier and others such as language or disability will exclude a minority of people but those who are most vulnerable and who need the most support from health services. Practices must therefore ensure that there is parity of access to services for all patients.
- Alongside this is a strong belief that face-to-face consultations play a vital role in the GP practice offering and for some patients a face-to-face appointment will be their only method of contact with the practice. This option is preferred by the majority and should therefore remain.

Patient views

Use of online services and apps

- The majority of patients use online services or apps in their day-to-day lives; they like the convenience of access at any time, from anywhere as often as they like. Use declines with age and disability and a preference for face-to-face contact and a concern for personal information being stolen are the main reasons for this. A lack of equipment is also an issue for some.

Awareness of online health information

- Nine-in-ten patients know of at least one source of health information and in particular the NHS website and app. Around two-fifths of patients know of their practice's website and Patient Access.

Booking appointments

- Most patients prefer booking appointments by telephone; it is easy, quick and accessible. However, a lack of awareness of online booking is also a factor. Several patients also identified issues with the online booking system which prevents them from using it.
- Those who prefer online booking find it quick (they do not need to queue on the telephone), convenient and accessible. They also like having the choice of when and who to book.

Consultations

- **Awareness of consultation methods**
 - Nine-in-ten patients know of alternatives to face-to-face consultations with the vast majority identifying the telephone. Around one-in-five patients are aware of video and eConsult.
 - For two-third of patients a face-to-face consultation is their preference; they feel they can explain themselves easily and like that there is the opportunity for a physical examination if necessary.
 - A telephone consultation is preferred by nearly one-quarter of patients because it is accessible, easy and saves time.
 - The minority who chose video like that they can be seen and understand its value during the pandemic.
 - Those who prefer eConsult like its accessibility in particular.
- **Experience**
 - Nine-in-ten patients who have had a telephone consultation were happy with it, it was quick and they felt listened to. Those unhappy cited difficulties with booking the appointment, a belief that they needed a face-to-face appointment or had issues with using the telephone.
 - The minority who used eConsult, text and video were all positive about their experiences.
- **Encouragement to access telephone, video, text or eConsult consultations**
 - Nearly one-quarter of patients are happy to use these methods without any further encouragement. However just over one-in-ten said nothing would encourage them and a further one-in-ten would do so only if face-to-face was not available. Others suggested:
 - Information about how and when to use the methods and their benefits – this was by far the most frequently mentioned and leaflets, emails and letters were suggested.
 - Lots of availability of timely appointments, bookable through Patient Access.
 - Improvements to Patient Access including the logging on process made easier, showing available appointments clearly, access to medical records, the messaging facility, repeat prescriptions, test results and medication reminders.
 - A call back time for telephone appointments.
 - Support for some around hearing and viewing screens or accessing things online.
- **Patient health checks**
 - One-quarter of patients have carried out health checks, predominantly to monitor their blood pressure, the vast majority finding them easy.
 - Of those who have not, just under one-fifth would not be happy if asked to monitor an aspect of their health as they are not trained to do so.

Stakeholder organisation views

Lack of access to IT equipment

- Almost all of the stakeholder groups highlighted that for a proportion of the population they support, there is a real barrier to going online as they cannot access the equipment to be able to do so. Many do not have financial capacity to buy the equipment (such as laptops, mobile phones, tablets). Subsequently, even if an individual has a mobile phone, stakeholders

highlighted that groups cannot pay for things such as Wi-Fi and mobile phone data that would allow them to use online apps and services.

Language barriers/literacy skills

- A number of the stakeholder groups drew attention to the issue of language and literacy skills when it comes to online services. Those for who English is not their first language/they do not speak English, using online services ranges from hard to almost impossible. Therefore, for them being able to physically go into a place and speak to someone face-to-face or be able to speak to an interpreter is extremely important.
- For some groups, even though English is their first language poor literacy skills mean understanding online services is difficult and being able to speak to someone face-to-face is very important.
- Those with learning difficulties are in a similar position as they struggle with written literacy. They are often unable to access online services themselves but can easily use health services when speaking to someone on the phone or face-to-face.

Fear of the unknown

- There is a strong sense of fear and distrust of online services amongst a large proportion of the stakeholder groups, because people do not know how to access and use these services. As they do not know how to use technology and online services there is a strong fear of doing something wrong and breaking the equipment.
- Similarly, several of the stakeholder groups have expressed wariness of using online services due to the fear of being scammed or accidentally downloading a virus. This has been highlighted especially in relation to the older populations of these groups.

Age

- Another topic which came up frequently is that the older population struggle to understand and use digital services. A proportion of this group do not have any internet at all, and those that do often find it uncomfortable using it.
- This group often do not have access to smartphones, or the equipment needed to get online, and if they do have any it is often outdated.

Lack of information/need for support

- A strong theme which several stakeholder groups commented upon was the need for support to move online. Nearly all groups felt that there was a distinct lack of information surrounding health services changes during the pandemic and their move to online. Many of these groups will require extra support and information to be able to confidently use online services to book a GP appointment. They also need to be reassured that the traditional ways of accessing GP appointments and health services are still there for them to use if necessary.

Recommendations

For detailed recommendations please see the full report.

Key recommendation

- Continue to offer and develop telephone, online and text bookings and consultations but guarantee that face-to-face appointments will remain. This will ensure that those who can not or will not use these other methods still receive an equal service from their practice.

Other recommendations

- Patient online access
 - Audit patients to gather email addresses and mobile telephone numbers.
 - Pre-register patients with eConsult.
- Consistency of preferred health professional
 - Offer patients a choice of health professional regardless of the method by which they book an appointment, where possible.

- Raising awareness
 - Develop an advertising campaign to inform patients of all the ways to book an appointment and have a consultation.
 - When developing the campaign particular consideration should be given to accessibility, ensuring that information is available to patients in different languages and BSL.
- Health information
 - Consider the role of practice Facebook pages and develop a communications plan if necessary.
 - Consider the use of the NHS App to book appointments and develop a communications plan if necessary.
- Education/support
 - Equipment
 - Explore whether there is local funding available to help people get access to devices to use online services.
 - Explore what community resources are available for patients.
 - Ensure online systems used by the practices work on older operating systems.
 - Language
 - Explore access to interpreters for online consultations.
 - Add an automatic translation tool to practice websites.
 - Investigate whether an automatic translation tool could be added to Patient Access
 - Learning
 - Develop simple step-by-step information explaining how to use a smart phone, PC/laptop and tablet to interact with the practice.
 - For BAME and LGBTQ+ communities and those receiving support around emotional wellbeing consider face-to-face workshops explaining the processes of getting online and using GP online services.
 - Offer access to online tutorials for registering with/using Patient Access.
 - Have an information stand in the waiting room and computer available to sign patients up to Patient Access and show them how to take part in video/eConsult appointments.
- Non-face-to-face appointments
 - Examine timetabling of appointments to ensure greater availability of non-face-to-face appointments.
- Improvements to Patient Access
 - Ensure you can book face-to-face, telephone, video and text appointments through the portal.
 - Investigate the possibility of integrating eConsult with Patient Access.
 - Increase the number of appointments available to book via Patient Access.
 - Enable the booking of nurse appointments and repeat prescriptions and messaging.
- Improvements to telephone consultations
 - Provide patients with an appointment time and information on what to do if they miss it.
- Health checks
 - Share information with patients about what this would entail, that equipment would be provided by the practice (where appropriate), training given and that patients have the option to opt out.