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Patient Online:
MAKING THE MOST OF ONLINE APPOINTMENTS AND REPEAT PRESCRIPTIONS

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Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

↗ Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

↗ Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

This guide is designed to provide GP practices with support and guidance to help increase the use of online appointments and repeat prescriptions. It is also hoped that this guide will assist clinical commissioning groups (CCGs) and commissioning support units (CSUs) who are working to help practices implement high-quality online services.

A separate guide will be available as part of the Patient Online Support and Resources Guide 2015/16 offering advice on detailed coded record access. The Royal College of General Practitioners (RCGP) and the Patient Online team have worked closely together to provide additional information regarding proxy access, access for children and young people and how to verify identity, available **here**.

In a challenging environment, IT services must not only improve the quality of care through enhancing patients' experience of services, but also enable practices to realise benefits such as reduced administrative burden and eliminating errors that could arise through ordering prescriptions by telephone. Building on the solid foundations which are already in primary care, the Patient Online team will support practices to develop digital services that respond to the evolving needs of practices and patients.

This document is intended to help practices increase the quality of their digital offer to patients. It has been developed after comprehensive engagement with practices that are offering online services to a high standard and is intended to bring together good practice and experiences from across the country to help practices at different stages in their digital journey.

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1.1 What do I need to do?

Practices must, as outlined in the **2015/16 General Medical Services contract** and **Personal Medical Services agreement**, already promote and offer patients the facility to:

- ↗ Book, view, amend, cancel and print appointments online.
- ↗ Order repeat prescriptions for medicines or appliances online (this includes viewing and printing of any medicines or appliances for which the patient has a repeat prescription).

Additionally:

- ↗ A practice must consider whether it is necessary, in order to meet the reasonable needs of registered patients, to increase the proportion of appointments which are available for patients to book online and take appropriate action.

1.2 Benefits of online appointments and repeat prescriptions

1.2.1 Practice benefits

- ↗ Fewer transcription errors[1]. Receiving repeat prescription requests online rather than via the telephone may be easier for staff because it avoids opportunities for error when taking down information over the phone.
- ↗ Improved audit trails.
- ↗ Fewer phone calls and face-to-face transactions with patients which releases time for reception and administration staff to be deployed on other tasks.
- ↗ Free up phone lines for patients who still wish to contact the practice using the telephone.
- ↗ Easier for patients to cancel or re-book appointments, resulting in reduced "did not attends" (DNAs).

[1] **http://www.themdu.com/guidance-and-advice/case-studies/repeat-prescribing**

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1.2.2 Patient benefits:

↗ Anywhere, anytime access – 24 hours a day, 7 days a week, at home or abroad using any digital device that can access the internet including a mobile phone.

↗ Reduces visits and phone calls to the practice.

↗ Able to give permission to an authorised proxy to manage their appointments and prescription ordering.

↗ Able to check which medication they should be taking and when.

↗ Verify that the medication they are taking regularly is put on repeat prescription.

↗ Accessible information on how to take medication safely (including information on side effects) through links to trusted websites (which can also encourage self-care).

↗ Able to check appointment times and prescription status.

↗ Reduces the risks of errors in repeat prescribing.

↗ Able to order repeat prescriptions irrespective of whether the practice is signed up for the **Electronic Prescription Service (EPS).**

↗ Saves time and money, easy-to-use and eliminates the need to visit the surgery or pay for a telephone call.

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1.3 System familiarisation

↗ Take time to familiarise all staff within the practice with your online appointment and repeat prescription ordering protocols and associated user guides that have been provided by GP system suppliers. The RCGP has developed a range of resources to help with this, available **here**.

↗ Work with the team to develop an online appointment and repeat prescription ordering protocol.

↗ Some of the guides contain appointment templates which may help you optimise your online appointments and in particular to extend these appointments for practice nurse clinics as in Appendix A.

↗ If you encounter any technical issues with your clinical system or discover an opportunity to improve it, contact your GP system supplier as soon as possible. Your local IT support team may also be able to help depending on local arrangements.

1.4 Establishing the best processes for your practice

↗ Practices encounter fluctuating demand; some practices encounter more demand for urgent appointments and others planned. Seasonal changes can also put increased pressure on practices. Consider how your system and processes may be adjusted to support the needs of your patients. The Practice Managers Network produced a helpful guide in 2009 with useful information on this **subject.**

↗ You may be able to make specialist clinics available for online booking such as flu clinics. This may also help towards Quality and Outcomes Framework/Enhanced Services (QOF/ES) targets.

↗ If you make a new range of appointments or a specialist clinic available for online booking consider piloting with a certain group of patients with long term conditions (LTCs) or your patient participation group (PPG) who may use services regularly. Once you are confident everything is working well, open up to all patients.

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- Make sure you are familiar with guidance on both **proxy access** and **coercion** and include this in your practice's process as well as staff training.

- Once you have amended any system settings and processes, it is important to set-up a test patient to check for any problems.

- Consider appointing a practice champion or super-user who is able to answer day-to-day enquiries and assist patients.

- All system suppliers run user groups or forums which can be a good opportunity to share your experiences and learn from other practices.

- If you haven't already, consider enabling the EPS. EPS can have greater benefits for both practices and patients when combined with online repeat prescription ordering.

- If you have already enabled EPS, discuss with your local pharmacies whether you may be able to increase use by incorporating nominations as part of your new registration process.

- Discuss the benefits of online appointment booking and prescription ordering with staff so they are able to promote them.

- To maximise your practice's use of online services consider the following:

  → In many places prescriptions can be either transmitted electronically to the pharmacy of patients' choosing (via EPS) or collected by pharmacy staff. Patients can then collect their medications directly from the pharmacy. Patients find this a real help as many practices do not accept repeat prescription orders by phone for clinical safety reasons.

  → When patients are collecting a paper repeat prescription, issue them with information on how to register for online appointment booking and repeat prescription ordering.

  → Encourage your patient group to promote the service.

- If you haven't already, document your process. This is important for consistency in staff training and for future reference.

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1.5 The roles and needs of staff

↗ Train staff on the registration process, including the process for registering patients who may wish to nominate someone for proxy access.

↗ If possible, consider how the training needs regarding online services could be incorporated into personal and team development plans.

↗ Appoint someone to be responsible for reviewing protocols and regularly disseminating that information to staff including system updates and changes to published guidance.

↗ Make staff aware of the high-level processes for online appointments and prescriptions as well as the support available in the Patient Online Support and Resource Guide 2015/16 and from GP system suppliers.

↗ Involve and encourage staff in your practice to promote online services, when appropriate.

↗ Ensure nurses embed online services into their nursing care pathways. See Appendix B for further information.

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1.6 Promotion to patients

↗ We have found that the practices which promote online appointment booking and repeat prescription ordering to their patients, using a range of promotional tools, have had a very positive response, particularly from patients with long term conditions who are in frequent contact with the practice.

↗ Promotion of online services to your patients is a contractual requirement. A range of tools are available to help you do this, including:

➡ The **Patient Online promotional materials**: posters, a patient leaflet, appointment cards, video and static content for screens in waiting rooms.

➡ **Communications toolkit** which includes example newsletter articles and tweets which you can copy and paste and use at your own practice. You can also view a Word version **here**.

➡ Most system suppliers provide a range of promotional materials; get in touch with them to see what is available.

↗ As well as using the promotional tools already outlined it may be useful to consider more targeted ways of promoting online services:

➡ Consider asking staff to promote online services during face-to-face interactions as well as on the phone. This is very relevant for practice nurses when having consultations with LTC patients.

➡ As mentioned above, patients with LTCs can find online services very beneficial. Take the opportunity at specialist clinics to discuss and promote online services specifically to this group of patients, e.g. diabetic annual review, COPD, CHD, asthma etc. It would be helpful to include online registration information and forms in LTCs appointment reminder letters if they have not already registered. This would help patients to consider this service before their clinic visit. Appoint a Patient Online champion or super-user (a PPG member, member of staff or volunteer) to support patients with the sign up process when they visit the practice.

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→ Use your PPG members, practice health champions and/or volunteers to promote online services within the practice.

→ See if local organisations such as pharmacies, post offices, voluntary agencies and libraries are willing to help you promote online services.

→ Include a message on your telephone management system and on paper prescriptions. For example, "Do you know that you can book appointments and order repeat prescriptions online, 24 hours a day, seven days a week?"

→ Include information about online services in your practice leaflet.

↗ Add information about online services to your new patient registration template.

↗ Consider what messages may resonate best with patients. For example, "X number of prescriptions were ordered online last month releasing approximately X minutes/hours of reception/admin time, which was spent on further improving services for our patients".

↗ Continue to engage with your PPG as they can provide helpful feedback when developing/expanding your online services and support and encourage other patients to use the system.

↗ Advertise on the patient call-in board – patients will have time to read messages while they wait for their appointment.

↗ Nurses can discuss the increased transparency that Patient Online brings to support treatment compliance with patients during LTC review.

1.7 Monitoring and problem solving

↗ It can be helpful to monitor your online services to see how they may be adjusted to further benefit your practice and patients. For example:

→ Think about how you can gather feedback from staff and patients to test how well your processes are working and how they may be improved. Some practices have found it helpful to appoint a member of staff to receive, collate and act upon the feedback received.

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➜ Agree a procedure with your PPG to collect suggestions for improvements and how they can be implemented and publicised.

➜ Ask patients if you can contact them for feedback a few months after they register for online services. Their feedback can provide ideas for improvement or be the basis of case studies to help you promote to other patients. Feedback from patients living with a LTC could improve care pathway development.

↗ When monitoring the success of online services, the following measurements might be useful:

➜ Total percentage of patients with access*.

➜ Percentage of patients with access by demographic.

➜ Number of phone calls received regarding repeat prescriptions. It may be useful to express this as approximate time spent/gained.

*Your system supplier will be able to help access this information.

➜ Number of phone calls received regarding appointments. Again, it may be useful to express this as approximate time spent/gained.

➜ Monitor number of "did not attends" (DNAs)*.

➜ Results from GP patient survey.

➜ Feedback from patients and staff.

➜ Results from the Friends and Family Test.

↗ Discuss your experiences and findings with other practices[i].

[i] With thanks to the following practices and practice managers for their contributions:

Blyth Health Centre
Crossley Street Surgery
Ilkley & Wharfedale Medical Practice
Kingthorne Group Practice
Owlthorpe Surgery
Prosterngate Surgery
St. Georges Medical Centre
Sutton Manor Surgery

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Appendix A

Setting up appointment templates for the practice nursing team can be more challenging due to their current service provision, which includes mixed appointment times and mixed service provision.

Potential solutions to support this include:

↗ Map existing demand to understand range and type of mixed appointments offered, including skill level of staff offering services.

↗ Establish standard clinic types offered, e.g. flu clinic, diabetic, asthma, COPD, smear as this makes it easier to generate standard clinics to offer online appointment booking.

↗ Where this is not the preferred way of working, clinic sessions may need to be divided into smaller time slots, to allow templates to be applied to the clinic sessions and viewable to the patient through online services e.g. one hour of asthma appointments, one hour of phlebotomy appointments, allowing the patient to select the appropriate slot within this time frame.

↗ If none of the above applies to your practice, an alternative could be to advertise and educate patients as to the length of time required for each clinic appointment. Some examples of appointment times and types are listed on the next page, however this can be adapted to suit your practice and advertised on your practice website.
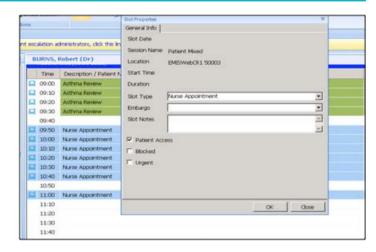
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Examples of appointment times and types

Clinician	Appointment	Problem Duration
Practice Nurse	Dressing and wound check	20 minutes
	Cervical Smear	20 minutes
	Asthma review	20 minutes
	NHS health check (over 40's)	30 minutes
	Vit B12 injection	10 minutes
	Contraception	10 minutes
	New patient health check	10 minutes
	Stitch removal	20 minutes
	Ear syringing	10 minutes per ear
	Childhood immunisation (first immunisation child must see Dr first)	10 minutes
	Travel immunisation and advice	20 minutes
	Diabetic annual review	30 minutes
Healthcare assistant	Blood pressure check	10 minutes
	Year of care screening	20 minutes
	Blood test	10 minutes
	Specimen collection (urine, stools, swabs etc)	10 minutes
	Simple dressings (as advised by Practice Nurse)	10 minutes
	Chlamydia testing (16-24 year olds)	10 minutes
	Contraception (only for repeat)	

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You can work with your system supplier who will assist you to set up your preferred option.

By setting up appointment types the patient can select the appropriate appointment with the correct amount of time allocated by default in the system.

Sessions divided into appointment type

Patient view depending on appointment type

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Appendix B
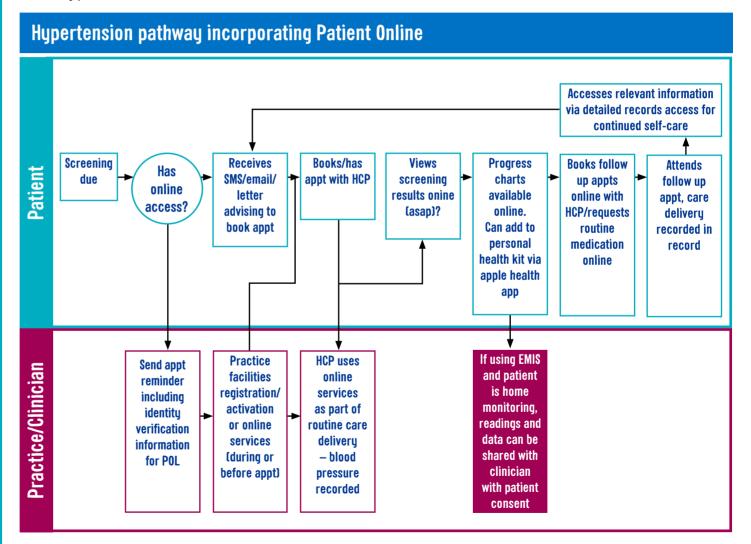
Example care pathways

Practice nurses and nurse practitioners are important facilitators in supporting patients to access online services and subsequently engaging them in using these services to support their own health care. They have the majority of face-to-face contact with patients with long term conditions and can assist patients with the Patient Online registration process and help them find the benefits of accessing validated information and responsibility for their health.

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This is an example of how to develop a suggested care pathway for a patient with hypertension.

Hypertension pathway incorporating Patient Online

Patient

- Screening due
- Has online access?
- Receives SMS/email/letter advising to book appt
- Books/has appt with HCP
- Views screening results onine (asap)?
- Progress charts available online. Can add to personal health kit via apple health app
- Books follow up appts online with HCP/requests routine medication online
- Attends follow up appt, care delivery recorded in record
- Accesses relevant information via detailed records access for continued self-care

Practice/Clinician

- Send appt reminder including identity verification information for POL
- Practice facilities registration/activation or online services (during or before appt)
- HCP uses online services as part of routine care delivery – blood pressure recorded
- If using EMIS and patient is home monitoring, readings and data can be shared with clinician with patient consent

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This is an example of how to develop a suggested care pathway for practices using the Year of Care model.

Healthcare professional, POL incorporating Year of Care planning online

Patient

- Screening due
- Has online access?
  - YES → Receives SMS/email/letter advising to book appt
  - NO ↓
- Books/has appt with HCP
- Views screening results onine (asap)?
- Adds to plan if wishes
- Books follow up appts online with HCP/requests routine medication online
- Attends follow up appt, care delivery recorded in record
- Accesses relevant information via detailed records access for continued self-care

Practice/Clinician

- Send appt reminder including identity verification information for POL
- Practice facilities registration/activation or online services (during or before appt)
- HCP uses online services as part of routine care delivery – blood pressure recorded (e.g. review record, record vital signs, haematology)
- Creates initial care plan