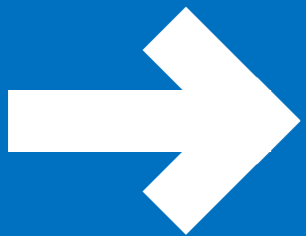


Using Online Consultations In Primary Care

Summary
implementation
toolkit for
practices

September 2019



Using Online Consultations In Primary Care – Summary Toolkit for Practices, NHS England

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We are extremely grateful for the support of many colleagues in GP practices, PCNs, CCGs, STPs, CSUs, The National Commercial and Procurement Hub, Patient Partner Representatives, NHS Digital, NHS England and NHS Improvement, NHSx, Primary Care Digital Transformation Expert Advisory Group, partner organisations and subject matter experts that have contributed to the development of this toolkit.

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Purpose of this toolkit

We greatly value your feedback as we continue to update this toolkit. Please send any suggestions for improvement to us [via email](#).

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We have an opportunity to revolutionise General Practice. Online consultations implemented inclusively, as part of a **comprehensive primary care service**, can enhance the experience of care for patients and support general practice in managing time and workloads, improving both access and sustainability.

The pressures on general practice are immense. To realise this unique opportunity, commissioners must work with their practices and primary care networks (PCNs) to invest in digital technology and infrastructure, while supporting the transformation of service delivery.

General Practice has always led the way in adopting new technology. This guide aims to support those **individuals implementing online consultations as part of their role** - in practices, within PCNs, CCGs or other organisations, with the successful adoption and seamless integration of online consultations alongside face to face and other services.

The six key aims of this toolkit:

1. **To focus on people, not technology.** Adopting the tools alone will not transform care; they must be combined with a new way of working
2. **Share good practice** underpinned by evidence and professional guidance
3. **Describe critical success factors** for making the most of innovative technology
4. **Bring to life the opportunity.** Case studies enable you to learn directly from practices with practical advice about what works
5. **Help practices build connections** with peers, learn collaboratively and join a virtual learning platform
6. **Support progress** towards delivering the requirements of the [GMS contract](#), [Network contract DES](#) and the vision of [the Long Term Plan](#)

We invite you to adapt this toolkit to develop your local plans.



About this toolkit

Using this document

“Having spent five months working out how to implement online consultation this document would have saved me a huge amount of time and effort as we would have been able to simply adopt the learning very quickly.”

GP Practice Head of Quality
and Development

**For further information
on funding please see
page 124 in the full
toolkit**

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There is **no one size fits** all method, every practice has developed their own **personalised** implementation approach to enable online consultations to work in their own setting.

This is a long-term change to a more sustainable way of working that can improve your working life, staff morale and your patients' experience of accessing care. Realising these benefits will require an investment of effort to bring about change and this should not be underestimated.

The GMS contract outlines specific digital improvements for primary care. It requires that by April 2021, all patients will have the right to digital consultations, with all practices offering online consultations by April 2020 and video consultations by April 2021 (subject to available IT infrastructure).

Digital consultations may support PCNs in the delivery of some areas of the Network Contract DES such as extended access and going forwards some of the national service specifications as these are developed, agreed and implemented such as

structured medication reviews and optimisation and [enhanced health in care homes](#).

The [online consultation fund](#) established through the GP Forward View will support all practices and PCNs to work towards these digital improvements.

What support should practices expect?

Practices should expect their commissioners to work with LMCs to collaborate with practices and PCNs at all stages of implementation, using online consultation funding to both purchase systems and support successful implementation – this will include training for practice and network staff, backfill, hands-on support, skills and capability building to enable new ways of working and protected time to plan the implementation process and evaluate outcomes.

If there is insufficient funding to cover all the implementation support needed then commissioners should discuss this with their regional teams.



Coloured boxes

Each blue box is a topic. Selecting these boxes moves you to different sections of the Online Consultations Summary Implementation Toolkit



Light grey boxes

These are navigation boxes and move you about the implementation toolkit.



Dark grey boxes

These are links to webpages and email addresses which are external to the Online Consultations Implementation Toolkit. You will need to be connected to the internet for these to work.



White boxes

These boxes tell you where you can find more information on a topic within the full Online Consultations Implementation Toolkit and link you to the full toolkit.



Introduction

Phase 1: Getting ready

Video Consultations

Phase 2: Setting up the service

Summary Checklist

Phase 3: Starting the service

Phase 4: Monitoring progress

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Introduction

What is an online consultation?

For more information about online consultations and the NHS app and digital first primary care see pages 60-61 in the full toolkit.

To read about the standards online consultation solutions need to meet please see pages 76-77, 84-85 and a summary on pages 148-150 in the full toolkit

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Online and video consultations enable people to make contact with their GP practice without having to wait on the phone or take time out to come into the practice.

From a practice perspective online consultations can enhance the practice's ability to effectively manage time and workload and improve staff satisfaction.

Patients can use online consultations to ask questions, report symptoms, submit an administrative request, discuss other information including the ability for a review of a known problem or condition and upload photos where appropriate. **The practice usually triages the request and responds within a stated timeframe.**

Practice staff help **signpost** the patient to the **right person, service or support**. Currently, most practices use a questionnaire-based system, with their own staff delivering the service. Some practices also offer video consultations.

Practices responding to patients via online consultation systems can **save clinical, administrative and patient time**.

Some systems allow the practice to clarify information or ask further questions via two-way messaging. **The content of the consultation can be saved in the record.**

As practices move towards working collaboratively as networks, they may share resources and leverage scale in providing online or video consultations, e.g. [eHub](#) (virtual hub).



Introduction

Digital first approach

The NHS Long Term Plan contains a commitment that by 2023/24 every patient in England will be able to access a digital first primary care offer. Access to primary care services via online consultations will be a key part of achieving that commitment.

Digital first is an approach to providing for the needs of a local population, enabling the redesign of care pathways with the use of digital tools. The aim is to ensure people can access appropriate health and care services consistently as and when they need to in a way that meets their needs. This will be driven by process change and adopted through digital platforms and products commissioned locally.

Using technology to improve efficiency and experience across health and care, reduce avoidable appointments and enable patients to

- access key information to manage their health and wellbeing proactively
- access services from the most appropriate care setting
- communicate with health and care professionals in a more convenient way
- access community and social based interventions in their local area

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PCNs, commissioners and integrated care systems should collaborate and align digital solutions with the local health system strategy and priorities and take a whole systems approach to transformation.

This will help to create a consistent, holistic and integrated end to end digital journey for patients, support the co-ordinated delivery of care and avoid technology silos.

Email and stand-alone messaging do not meet the requirements to provide a suitable online consultation offer to patients and are unlikely to support practices in leveraging the benefits of online consultations. In order to deliver a consistent patient experience, avoid unwarranted variation in quality and optimise digital routes to provide efficiencies which free up time to care, solutions must meet essential standards.

This includes being interoperable with clinical systems and having future capability for integration with the wider digital ecosystem such as NHS login, NHS.uk, the [NHS app](#) and local digital providers of other services. Suppliers are expected to continue to enhance and develop their offer to support integration of services for the benefit of patients.



Introduction

Technology

Many solutions also provide or signpost patients to UK based sourced information relating to their query or symptoms such as NHS.uk. This may include information about conditions and treatment or about local health, care and support services.

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Practices have the option to implement one or more of three main modalities:



Questionnaire based online consultations using a web-based form. The patient fills in a form that gathers information about a query which is sent to the clinician (including a photo where applicable). There is no real-time communication (asynchronous).



Online triage where the patient enters their symptoms and receives algorithmically-generated advice, and/or is directed to the right person or service in real-time (synchronous).



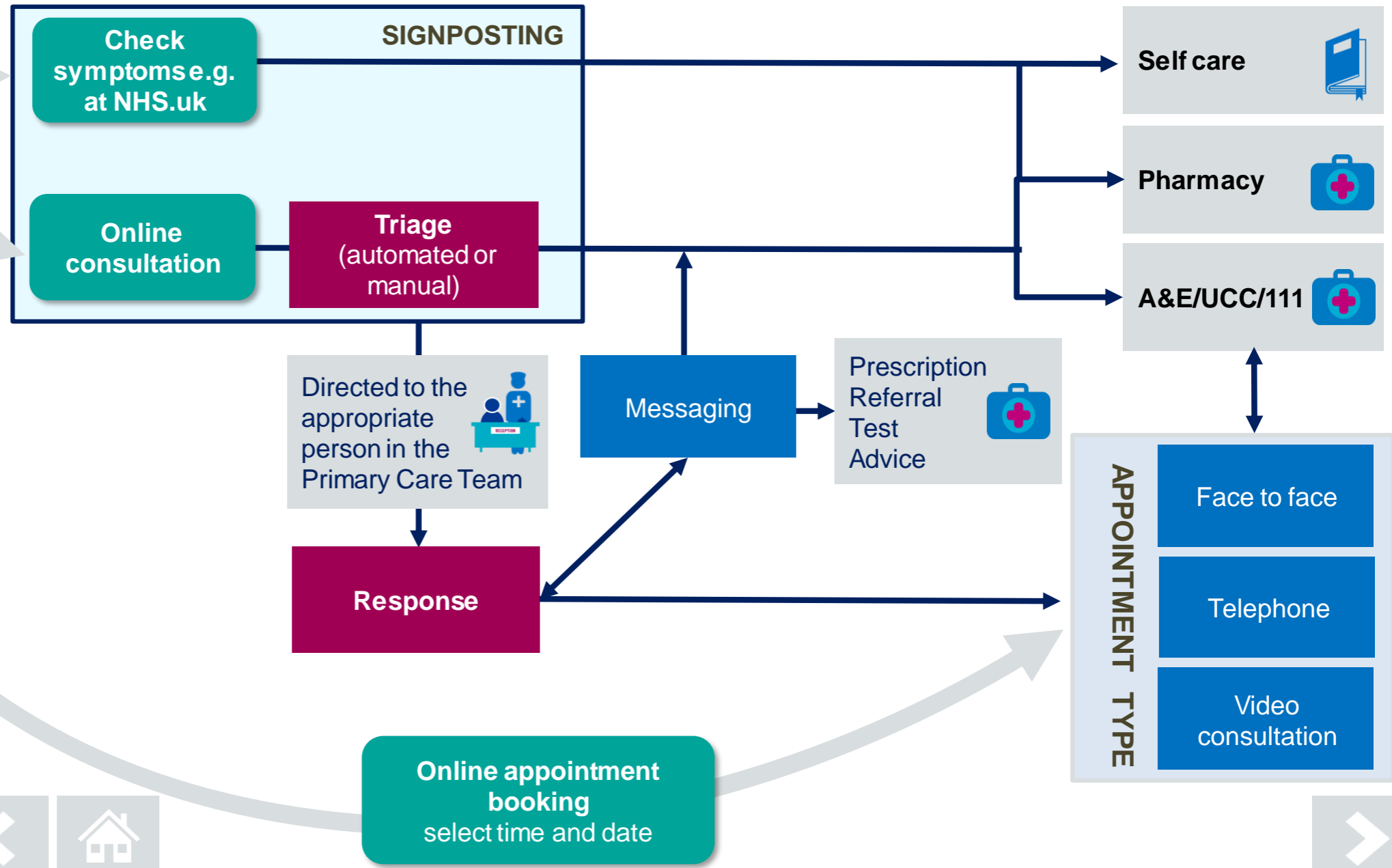
Video conferencing remote consultations via video technology between a patient and a clinician in real-time (synchronous). This is subject to the available IT infrastructure.



Introduction

A simplified patient journey

Go online using your smartphone, tablet or computer



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Practices are not expected to research or procure products. Commissioners must collaborate with their practices and PCNs to understand their technology requirements and then go into the process of developing a procurement specification supported by the centrally funded procurement hub.

To compare functionality offered by suppliers see page 115 in the full toolkit

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What questionnaire type is right for my practice?

Free-text history

Pros:

- Easy and quick for patients, which make high levels of uptake possible
- Allows for any problem
- Allows patients to express any relevant thoughts or concerns

Cons:

- Quality can be dependent on the patient’s ability to express themselves clearly e.g. patient demographics and characteristics need to be considered.
- Reduced opportunity for automation

Type details of the problem or question here...

Automated history taking engine

Pros:

- Can sometimes prompt a more detailed history than a free-text tool, may include questionnaires such as PHQ-9 for depression, saving clinician time
- Consistent history taking, so questions aren’t missed or forgotten

Cons:

- The tool only works for problems it has been programmed for
- Takes longer to complete, which can deter some patients from using the tool
- Tools may vary in the quality of their questions

How long have you had the headache?

- ☐ 1 day or less
- ☐ 1 week or less
- ☐ Longer

Is it constant or does it come and go?

- ☐ Constant
- ☐ Comes and goes

Send

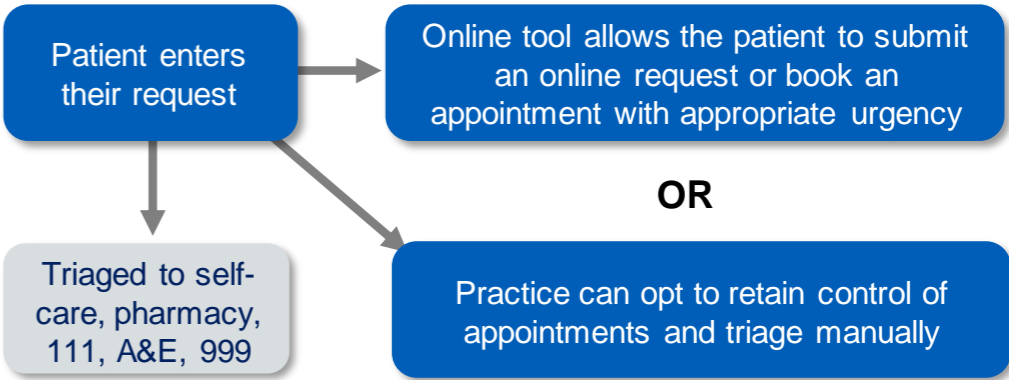
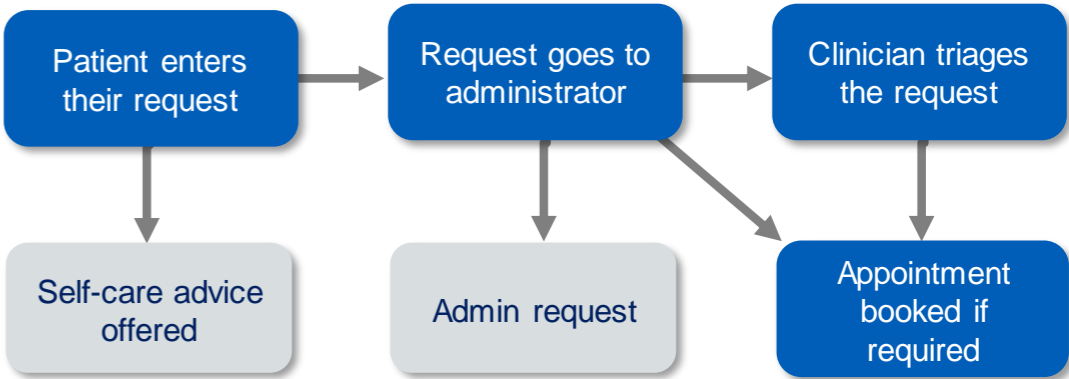
What type of online triage is right for my practice?

Manual triage

- Pros:
- Patients may feel they have more direct access to their doctor
- Cons:
- Risk of delay in picking up red flags if a practice is unable to review and provide a timely response

Automated triage

- Pros:
- May reduce workload by active signposting
 - Acutely ill patients requiring urgent care may be directed to 111/A&E/999 promptly
- Cons:
- Patients might not accept self-care/pharmacy dispositions when delivered by a computer, and may fill out the form differently a second time or phone for an appointment
 - Risk that over-cautious implementation of red flags could increase unnecessary direction to urgent care pathways
 - Tools may vary in their outcomes



* Light grey boxes represent points where online consultations can reduce the pressure on clinicians.

Getting Ready

Technology - video consultation

Video consultation

- For most effective use, consider [patient preference](#) and what specific challenge you are trying to solve
- Use alongside other approaches to augment productivity e.g. online triage and messaging to avoid consultations when self care may be sufficient
- Works best when integrated with the GP clinical system

Pros:

- Ability to pick up on visual cues and carry out a visual examination
- May offer advantages in building rapport and facilitating understanding through non-verbal communication compared to other remote consulting methods
- May be used for ward rounds in a [care home](#), housebound patients, supporting members of your MDT visiting patients. Clinicians can see and update patient records in real time

Cons:

- Relies on the doctor and patient being available at the same time, hence may not be exempt from long waiting times or delays
- Problems with the technology can disrupt the consultation. Patients and the practice require the [right equipment](#) with the appropriate IT infrastructure
- Patients may need to download an app and use some of their data allowance to undertake a video consultation



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Implementing video
consultations



Case studies

"I've never fallen out of love with general practice, but was definitely very jaded. Now [I'm] in my early 60s and feel like the embers are starting to glow and real energy returning. Sounds a bit corny I know but true. This will keep me working - because I want to."

Senior GP Partner
Nutwood Medical Practice

See our full toolkit to search the case study library

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Written case studies

We link to a number of case studies within this document to share learning.

Our case study library outlines successes and barriers with advice on how to overcome challenges.

To help you identify practices who share similar demographics and goals, search the library within our main toolkit where we have categorised the case studies based on supplier, technology type, region, practice size, deprivation, geography, challenges, benefits and model.

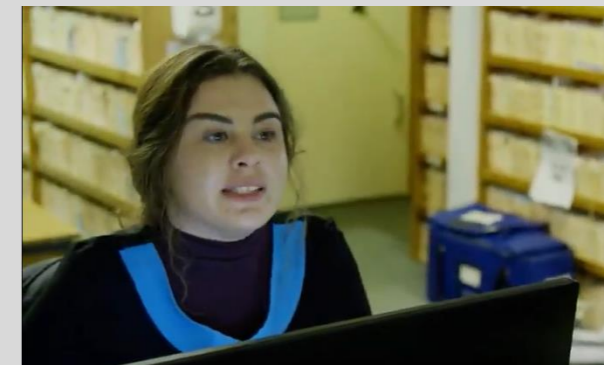
Participate in a case study

Video case studies

Click on one of the below tiles to be taken to the YouTube video.



New Consultation Types



Time for Care in General Practice



An step-by-step guide

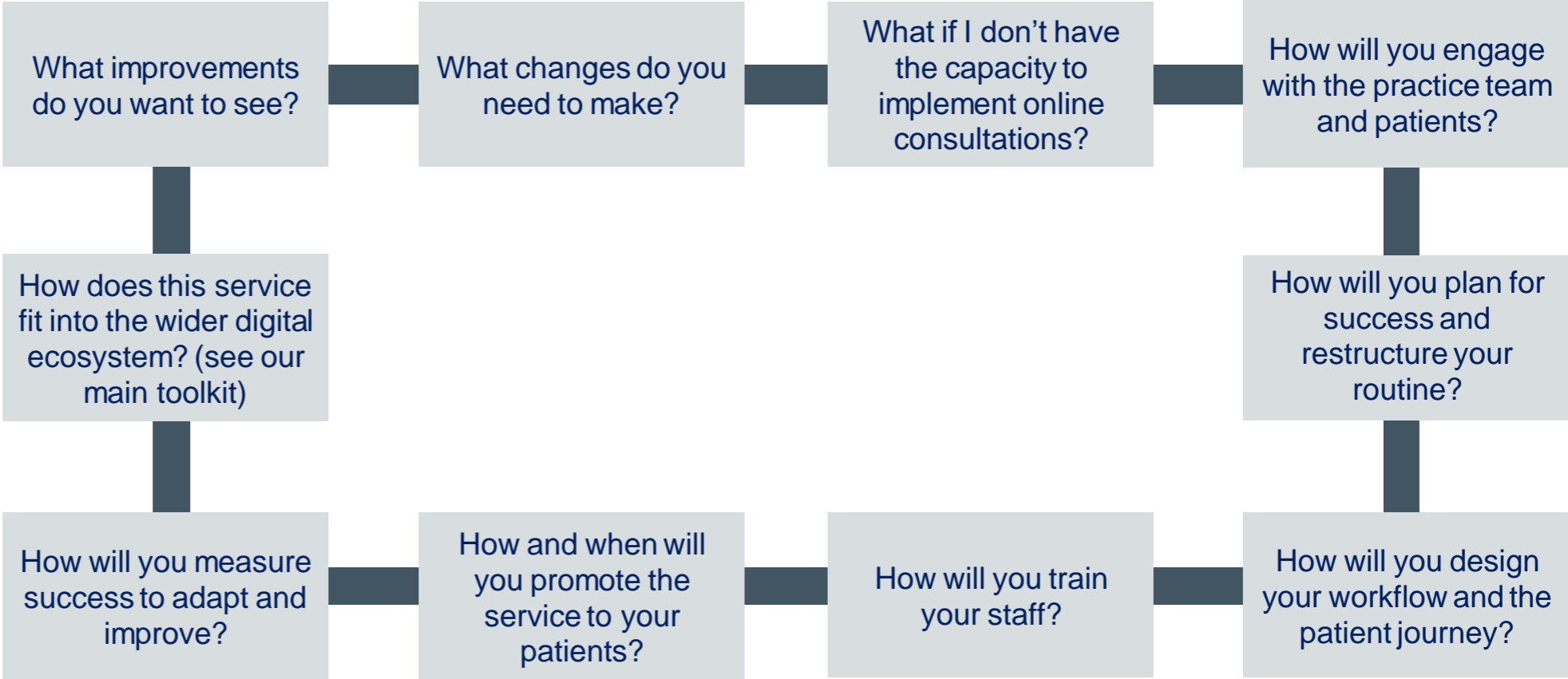


Practices and PCNs who are just beginning to implement online and video consultations, should think about the improvements they want to make.

For more information on where to go for help read the overcoming challenges section starting on page 100 in the full toolkit

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Video consultations

Summary checklist



Why change?

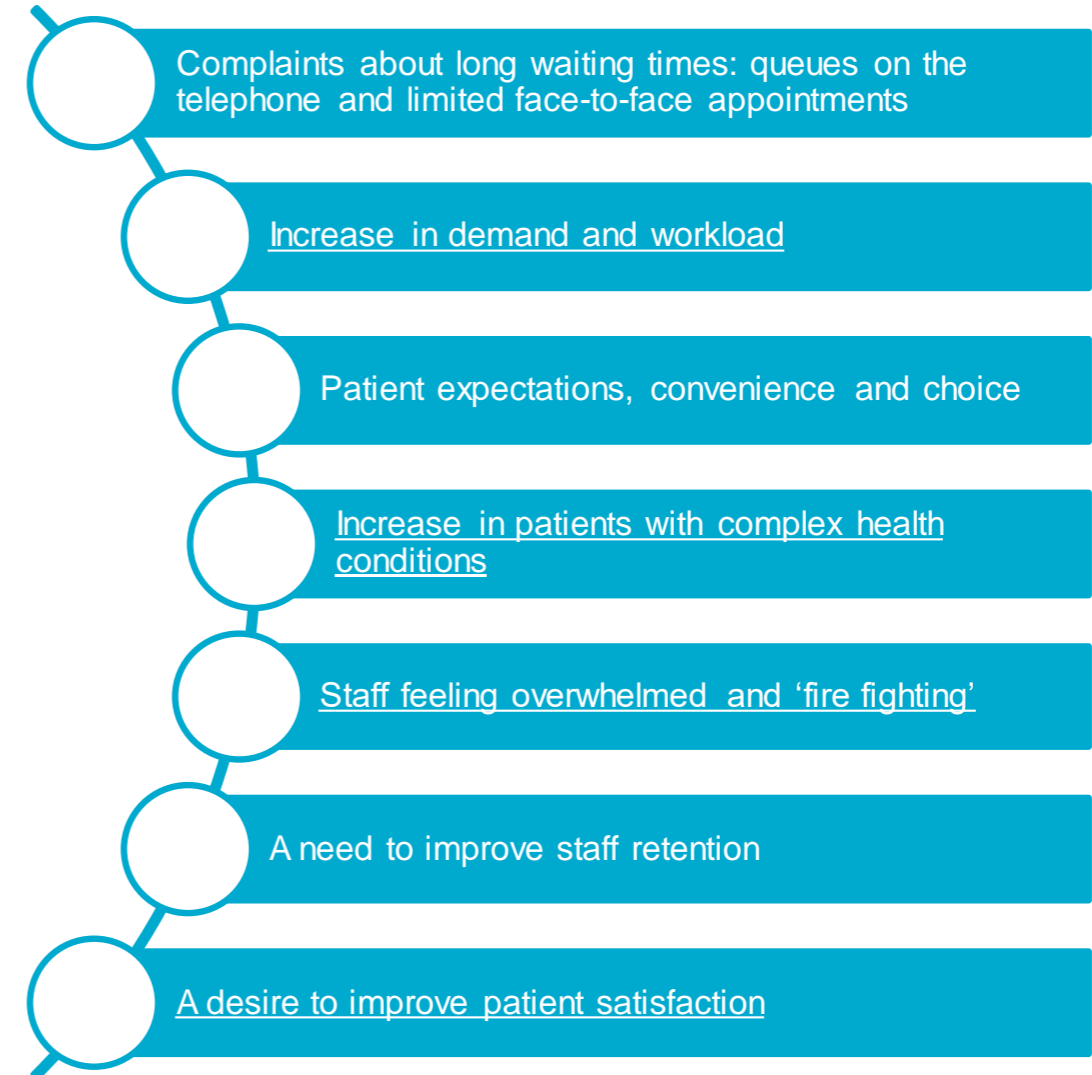
What challenges are you facing? Click a challenge that you face and see how practices have used online consultations to help them.

TIP

A key message from early adopters is benefits are only realised after significant process change is implemented.

[Map your current patient journey](#) to help identify where the challenges are and the biggest improvements can be made.

Case studies have shown that on **average** questionnaire-based online consultations take a practice [three - six minutes to process](#), with more than **70% closed remotely**.



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What is the key to successful transformation?

The most challenging part of implementing digital technology is not the technology itself, but the engagement, skills, behaviours and organisational culture required for effective change. It requires strong leadership to support practices and networks.



Without process change and promotion there is negligible uptake of online consultations, typically less than 1% of all patient contacts (Farr et al., 2018).



Self-evaluate, monitor use and measure impact to improve and embed processes into everyday practice, increasing acceptance.

The greatest benefits have been seen in practices that have embraced a whole new approach to working, and not just implemented the technology.

Commissioners are expected to work with LMCs to support practices and PCNs with the transformation of service delivery, PCNs and practices are encouraged to ask their commissioner for help if needed.

TIPS

We have set up a platform to make it easier to [talk to other practices](#) that have already implemented online consultations to hear about what worked and what didn't, and connect you with others that face similar population challenges.

Suppliers can help you track your performance with weekly data and feedback to monitor progress.

"You are wasting your time and money if you implement an online consultation tool without significant process change."

STP Clinical Lead

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Key principles for change management

Communicate a clear story for change to engage others in understanding the aims and benefits.

Allow plenty of time for discussion with staff and patients about the vision, analyse the current patient journey and how the technology and service redesign should translate to your setting, create the psychological safety to share ideas, concerns and assess readiness. Co-design the change process.

Map out your logic model - what effects do you anticipate online consultations will have for patients and staff, how will it do this and what might be the unintended consequences? It is important to factor in monitoring adverse consequences just as much as the benefits.

Build a strong change management working group to provide leadership, support champions and work with stakeholders e.g. suppliers, Primary Care Networks, commissioners, staff and patients to establish the new status quo, watching out for signs of backsliding. The working group may include, the practice manager, clinical and administrative change leaders, champions, reception team leader, patient members and PCN lead.

Visualise your workflow, [map the patient journey](#) and admin process with an understanding of your [demand, activity and capacity](#) to ensure the design does not increase workload, introduce inadvertent risk or deliver a poor experience.

Remove barriers to change - elements of the practice's business processes that conflict with the change need to be addressed.

For tools on change management see page 175 in the full toolkit

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Key principles for change management

Avoid a difficult first week - choose a go-live week when there are no absences expected. Have daily team meetings initially to keep staff motivated and share positive feedback. Practices with previously long waiting times may experience a busy first week under the new system; consider bringing in extra cover for the go-live week.

Maintain momentum and don't delay deployment - if the first few weeks are managed well, staff should notice their working lives improving. Be aware of the risk of progress stalling; there are likely to be opportunities for further efficiencies. It is helpful to facilitate feedback and the generation of new ideas, sharing comments, impact and usage figures with staff (including network practices) and patients, and driving a continuous cycle of improvement.

Ensure you have appropriate medicolegal cover – the clinical negligence scheme for General Practice (CNSGP) covers primary care services commissioned under a GMS, PMS or APMS contract, where these services are being

provided directly or under a direct sub-contract. Whether services are digital or face-to-face will not affect the cover. The scheme will extend to all GPs and others working for general practice.

You will need to maintain membership with your MDO in respect of activities and services not covered by CNSGP, private work and medico-legal matters outside claims e.g. advice and assistance with complaints and GMC, disciplinary and criminal investigations, 24-hour medico-legal helpline. MDOs expect members to follow all relevant professional guidance and ensure that any tool is appropriately validated against regulatory and NHS recommended standards. In some situations you may require additional cover or may not be covered by your MDO. Please check with your MDO first if:

- it is proposed to consult privately or carry out non-NHS work
- consulting with patients outside of the UK
- MDDUS ask members to inform them if providing services out of hours

For more detailed medicolegal information please see page 96 in our full toolkit

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When and how to report a claim

CNSGP

NHS Resolution



How do I put online consultations into practice?

Big Bang

Practices encourage all patients to use digital triage except where it is not suitable, they don't want to or don't need triage e.g. cervical screening. Phone requests are dealt with in the same way as online consultation requests (with a few exceptions), where reception staff create an online submission with patients over the phone, feeding into the same system and replicating the experience.

Potential for a large shift of workload from face-to-face to online, quickly.

Read about Crescent Bakery's experience of a big bang approach – coming soon

Phased

Practices **gradually** move demand to an online channel, targeting different groups of patients and slowly building up awareness and promotion.

Can help practices to feel confident with online consulting and their processes.

It is important to keep the momentum going.
Commissioners may be able to provide information on the types of conditions being managed online locally to build confidence.

Read about The Project Surgery's experience of a phased approach – coming soon.

Targeted

Practices target certain groups of patients only to use online consultations, based on their patient needs.

Quick wins may include taking administrative requests, medication and long term condition reviews online.

If not enough patients use the service the impact will be negligible.

Read about [Haughton Thornley's](#) experience of a targeted approach.

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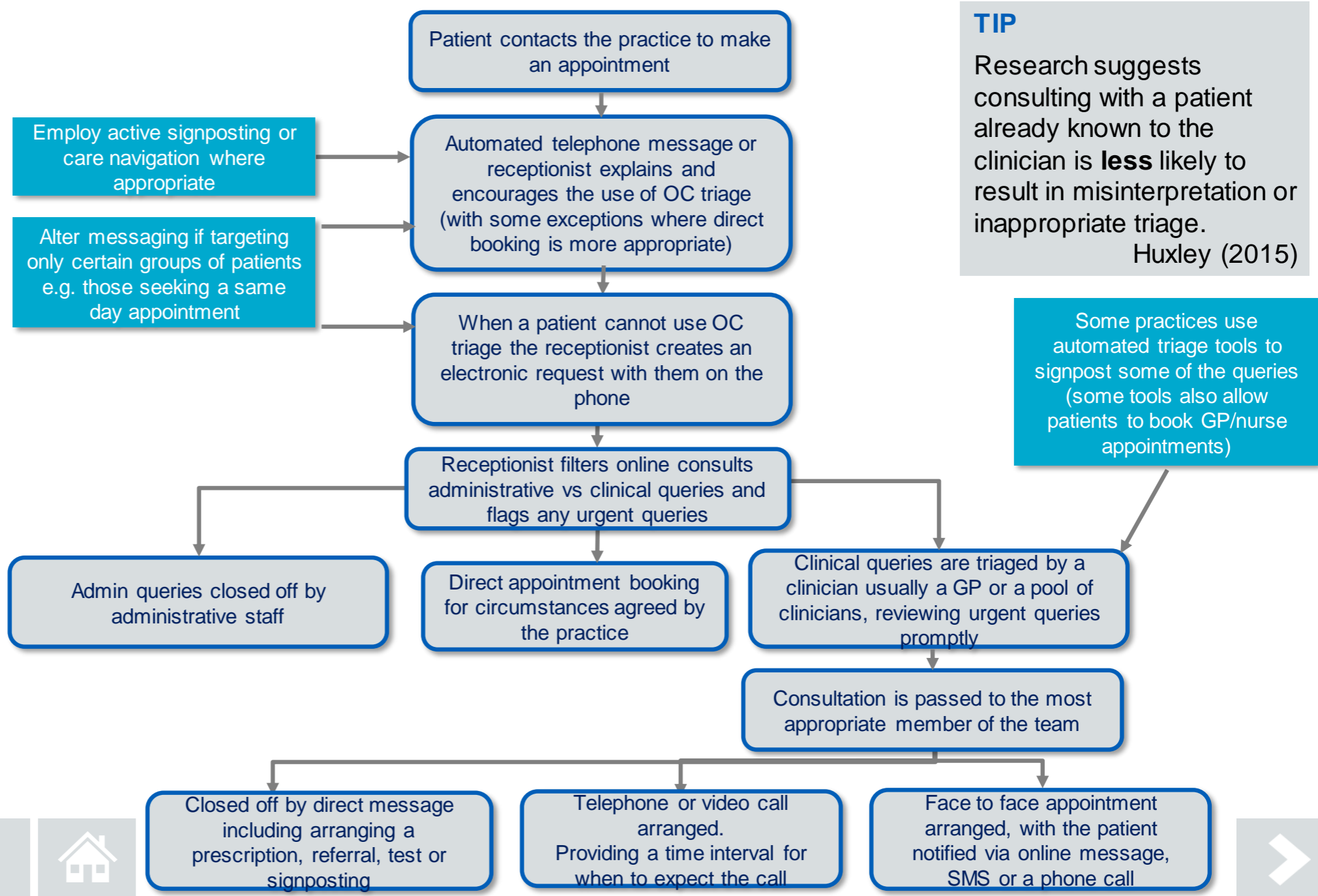
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Digital triage patient flow

A rapid response is key
Building patients' confidence in the system and enabling clinicians to detect and respond to urgent problems quickly. Clinicians will also need to have confidence that reception staff will act on scheduling tasks quickly e.g. appt booking.

This is just one example of a model that practices are using. We recommend that practices discuss as a team early what approach would work best for them.



Other models - eHub

"We have found it (eHub) much easier to implement than the individual practice model and it allows some standardisation of the service across the patch."

Imperial College Health Partners

"eHub clinicians can also support their practices to process workflow such as signing prescriptions, reviewing lab reports and managing documents - easing the administrative burden when sites are under pressure e.g. due to sickness, holidays, high demand"

GP, eHub Lead

For more information about using an eHub model see page 52 onwards in our main toolkit

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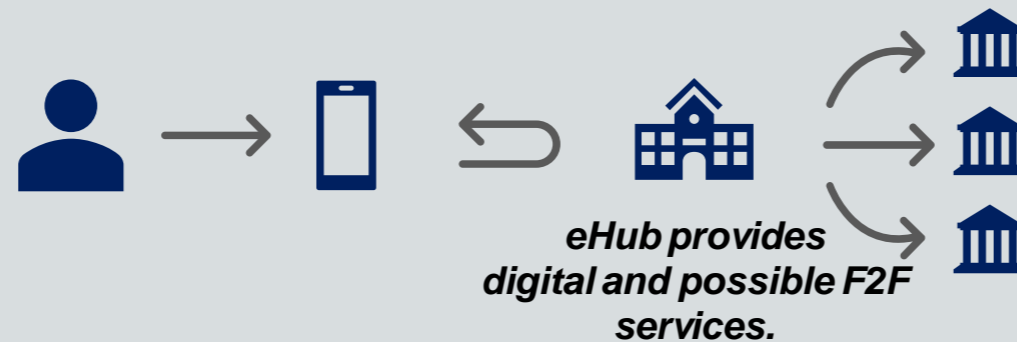
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What if I don't have the capacity to implement online consultations at my practice?

You may also want to consider other models such as an 'eHub' particularly as practices work collaboratively as a Primary Care Network and share resources and workforce.

Resident is able to access a platform which allows them to consult online with eHub clinicians



Where eHub appointment is not in patients' best interest, capacity at registered GP is sought.

eHub could be set up as:

1. Separate entity
2. Part of access hub
3. Linked to UCC/UTC if applicable

What can I do to help me achieve my objectives? What practices have learnt:

You need to change your appointment system

Practices have struggled to run a traditional appointments system alongside online consultations because:

- clinicians are still managing their usual workload of face to face appointments making it hard to free capacity to offer rapid responses to online consultations, resulting in a poor patient experience.
- patients are still able to secure an appointment immediately by phone and therefore are disincentivised to use online consultations.
- as the use of online consultations increases, the practice struggles to free up enough clinician time for triage, resulting in an increasing backlog.
- vulnerable patients unable to use the online system receive an inferior service.

Read about Stratford Village's and Witley Surgery's experience with changing their appointment system (coming soon).

TIP

The GMS contract states that “all practices will offer 25% of their appointments online by July 2019.”

Practices should be working to provide a high quality digital offer to patients. Appointments that are available for direct booking by patients over the phone or in person should be made available for online booking. It is for practices to decide which appointments are appropriate for direct booking by patients, but at a minimum this will include appointments such as immunisations, cervical screening, etc. For other appointments, where practices use a triage mechanism before an appointment is booked, e.g. via an online consultation system, we recommend that CCGs take this into account when assessing whether a practice is recognised as meeting the 25% target for online appointments in the GP Contract.

“Digital Triage has been implemented by dozens of practices and, when done thoroughly, typically leads to 50-80% of patient contacts coming through the online consultation tool rather than the phone.”

STP Clinical Lead

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Frequent staff engagement

- The working group can identify problems and refine the system; consider a floor walker to troubleshoot on launch day.
- The clinical change leader should have protected time to talk to each clinician about their experience with the system. Similarly, the administrative change leader should be able to spend time with each member of the reception team.
- Build into clinical and team meetings
- Discuss clinical cases with a focus on learning how to use the system most effectively and efficiently.

Monday mornings may require more capacity

- Monitor your demand patterns – you may find between Friday evening and Monday morning there are lots of online consultation requests waiting to be actioned. You may need to redistribute cover to match times of higher demand.

Consider the pros and cons of a big bang change occurring on day one vs a gradual change

- If practices with a long waiting time for appointments introduce a 'big bang' approach they may be under pressure in the first few weeks trying to respond to online consultations rapidly while also having to see a large number of pre-booked appointments.
- Some practices introduce extra clinical cover for the first few weeks, others do not promote the new system widely in advance of the 'go-live' date, while some reduce the pre-booking of non-urgent appointments (with a few exceptions e.g. cervical screening, vaccinations) as they approach 'go-live'.
- A soft launch over a few days allows time to iron out any technical or login issues and avoid disruption
- Avoid launching the service on a Monday or Friday.

Read about two different big bang approaches from The Project Surgery and Witley Surgery (coming soon).



Tips from practices

A patient survey showed the top reasons for joining Babylon's GP at Hand (BGPaH) were **access and convenience**, such as speaking to a GP

- more quickly than they could at other practices
- without taking time off work
- when it suited them without having to visit a practice

Independent Evaluation of BGPaH (May, 2019)

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Managing the culture shift

- At first, some patients may take some time to adjust to not being able to pre-book appointments and needing to complete an online questionnaire.
- Practices could ensure everyone is trained to deliver a specific [script](#) which concentrates on **improved and more convenient access** to GP services.
- When encouraged to use the system, patients tend to report high levels of satisfaction. When implemented well, they are able to access face to face appointments much faster and at short notice if needed (often the same day), without having to wait on the phone or call at specific times of the day and no longer book 'safety' appointments.
- Clinicians tend to be more satisfied, in control of the system and feel able to offer patients the time they need e.g. longer appointments. Practice DNA rates have gone down and in some cases have halved.

- Online triage should not completely bypass traditional appointment booking, e.g. for those that are vulnerable or otherwise unsuitable. Some practices have decided in which circumstances admin staff should directly schedule an appointment without triage.

PRACTICE EXPERIENCE

"The new system has helped the practice to manage patients better – and life at the front desk is much calmer."

"The huge benefit is that the surgery no longer turns away patients who genuinely need an appointment, and staff manage their time more efficiently, with less paperwork. It takes pressure off administration staff who had the unpleasant task of turning patients away."

"There are also early indications the system is helping to reduce urgent GP appointment and A&E attendances as patients can find answers to their queries online."

Stratford Village Surgery



A rapid response is key to patient satisfaction, encourages widespread use and is important for patient safety

- In many cases, a rapid initial response will close the encounter or, in other cases, it could be a message arranging a further appointment or letting the patient know their consultation is being reviewed by a particular team member.
- It is good practice to tell the patient to contact the practice if they think they need earlier attention, or if the appointment arranged is inconvenient (via an online message or calling the practice stating which option should be used on the automated answering system). The vast majority of patients want an appointment on the same day but it is important to remain flexible.
- The experience of arranging an appointment following an online consultation needs to be seamless and replicate the online experience – without the patient having to wait on the phone.

Read about Witley Surgery's story (coming soon).

DATA

Of 436,788 online consultation requests across 44 practices the median time to respond was 38 minutes during core hours.

76% of patients said the online system was better than the previous system (based on 22,528 responses).

askmyGP activity data March-August 2019

Language barriers

- Case studies show many patients whose first language is not English, often find online consultations easier, as patients may be more confident with writing, can take more time to express themselves and may receive help from relatives or friends.
- Staff offer support by guiding patients through the online consultation form.
- Patients can still use traditional contact methods if they choose to. However, the flexibility afforded by the new way of working may mean that patients can be given more time in an appointment if they need a translator.

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Tips from practices

“Anyone that needs a physical examination we arrange to come in and see us - the same day they contact us, or visit at home. We now also get tests/x-rays etc done first and then see people. Previously we phoned about 25% of patients and saw 75%, early results we see about 30% now. Our access not bad at all but as you know continuity a real issue. Early signs are it could really help this.”

Senior GP Partner,
Nutwood Medical Practice

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Continuity of care and relationship

Improved access may support the continuity of care **depending on how the system is implemented**. For example, whenever the patient’s regular GP is at work they would have the flexibility to respond to both their urgent and non urgent queries (compared to previously where a patient with an urgent problem may need to see a different clinician because their named GP was stuck in a fully-booked clinic). Larger practices could divide their clinicians into small teams in order to achieve team-based continuity when person-based continuity was not possible.

A report by the Nuffield Trust advocated identifying the 20% of the population that would particularly benefit from continuity of care.

Practices could identify a ‘continuity cohort’ using markers such as frequency of contacts with the practice, presence of chronic diseases, [frailty index](#) and number of prescriptions, and ensure

that these patients’ online consultations are sent to their regular GP or if using a virtual hub model the patient’s home practice whenever possible.

Some online consultation tools allow patients to express a preference for a particular clinician.

Lessons from the research

The Alt-Con Study indicated that although some aspects of the consultation can be lost, such as non-verbal cues, it was still possible to maintain a relationship. Some patients reported feeling that with their GP communicating via an alternative to a face-to-face consultation they were demonstrating a greater level of care.

Atherton et al. (2018)

DATA

Following the implementation of online consultations at Witley and Milford Surgeries, when patients requested a specific staff member this was accommodated 90% of the time on average each week.

Witley and Milford data (24 March–13 May 2019)

The Beacon
practice group’s
approach

Nuffield Trust
report

Tips from practices

“GPs felt that being able to consult with a patient digitally first, and then face to face, increases the productivity of the face to face consultation. They felt they had a head start on complex cases and found it helpful to know what to focus on.”

BGPaH Independent
Evaluation (2019)

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Managing Workload

Online consultations may improve efficiency and change how working time is spent.

Many practices have found that it has improved their control over their day to day workload enabling more effective use of working time, and improved staff satisfaction. By being more efficient in many circumstances, and reducing time spent on information-gathering and documenting, they can free up time for more complex patients. It is important to record time spent consulting online as well as the impact on other appointment types to monitor workload.

Re-structure the appointment diary

Doctors won't have time to respond to online consultations as well as carry out their usual full face to face clinics. Consider how to alter the delivery model including restructuring clinical sessions to enable staff to deal with online consultation requests in a timely manner and respond to urgent matters more flexibly.

Distribute workload to the appropriate member of the team, e.g. pharmacist, nurse, paramedic, care navigator - to make best use of expertise.

Allow clinicians to work from home so they can contribute to care while being off-site and free up on-site clinical space. This may also aid recruitment.

Dedicate staff to triage online consultations at the times of peak demand

- Highest demand is seen at the start of the week, during working hours, and in the mornings. Demand tends to be low on weekends.
- It is useful to measure a baseline of practice workload before implementation.
- To avoid rapidly building a backlog at the start of the day, clinicians start triaging very soon after 8am. As patients become confident in the new system and their ability to get rapid clinical help throughout the day, the '8am rush' may dissipate.

Monitor for any unintended adverse consequences. Employ an inclusive approach to ensure that by spending more time consulting online, you don't have less time for patients with complex health needs that need to be seen face to face.



Tips from practices

A study looking at telephone-first triage concluded: *“our impression is that the approach worked better in highly organised data driven practices that already had a handle on demand and was less likely to prove successful in practices where the ability to cope with demand was already out of control.”*

Newbould et al. (2017)

It therefore seems likely that practices which already meet the vast majority of patient demand will benefit from online consultations.

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Patients will present a list of problems

Most practices attempt to respond to online consultations on the same day. This reduces the potential for patients to build up lists of problems. If a patient submits a list, the practice remains in charge of how and when to deal with each item. Even if the patient needs to see a GP about one item, the other items could be managed in other ways.

Additionally the flexibility afforded by the new way of working means that patients can be **allocated the correct amount of time** for a face to face appointment based on need.

Demand management

Most research does not report supply led demand, or an opening of ‘flood gates’ but the evidence is still limited.

Anecdotally many practices have seen the same demand but a shift to online. If they have seen an increase in demand, it is not clear if this is related

to unmet need. This has usually been offset by an increase in efficiency and making more effective use of clinician and administrative time. Look carefully at [demand patterns](#) and keep staff rotas under review.

Where there have been concerns about misuse of the system to bypass queues this has been dealt with by the practice manager in the same way as they would with other types of appointments.

TIP

When developing local requirements with your commissioner for an online system, consider how well integrated it is with your current clinical system and if it connects to any other online services e.g. some suppliers connect digital triage directly to online appointment booking so patients are offered an appointment with appropriate urgency.

The more integration or better connected the online system, the less potential for administrative burden.



Where a practice finds they are unable to respond to online consultations within the stated timeframes e.g. due to a staff shortage

- Flag online consultations that require an urgent response.
- Change the message on the website and telephone answering system regarding the expected response times.
- Advise patients submitting administrative or non urgent requests that the problem will be managed in priority order. It is good practice if the message invites the patient to contact the practice using alternative means if they think their problem needs to be addressed sooner.
- Over bank holidays patients are notified that the response will be dealt with on the next working day.
- Some systems allow local configuration to disable certain elements out of hours.
- Some practices only make administrative forms and certain condition-specific forms available online, which they know will save time. This is only possible if the system you choose can be configured to do this. Some case studies report one in three online queries are admin requests which can be sent straight to your admin team.
- Routine reviews e.g. medication or long term condition reviews could be scheduled on days when adequate clinical cover is available.
- Use clinicians at another site to help as they can work while being off-site. e.g. for multi-site practices, federations and Primary Care Networks.



How do I engage my team?

Everyone needs to understand the benefits in order to confidently describe and actively promote online and video consultations to patients. The working group should:

- **Talk it through with the team**, have an open discussion, understand how they respond to change and the capabilities they require, acknowledge concerns, facilitate group reflection and feedback. Testing the system or talking to others using it can help allay concerns. Allow time to adapt.
- **Develop a shared understanding** of the rationale for online consultations and who is likely to benefit from the service.
- **Ensure staff have a say** on what functionality they want the service to have and how it could be adopted.
- **Involve staff in building processes** for implementation e.g. write their own protocol.
- **Encourage experimentation** and challenge old ways of working.
- **Ensure all staff are aware of policies** and processes for managing online consultations.
- **Reassure staff** that they are not at risk of losing their jobs.
- **Acknowledge a new role for reception staff** in actively promoting, implementing and monitoring online consultations (including when to offer them, filtering requests and managing expectations).
- **Get daily feedback.**
- **Work collaboratively** with your IT/technical teams to understand network issues, explore technology options and then with your Data Protection and Clinical Safety Officers for how the technology can be used within [information governance](#), data security and clinical risk management guidelines.

TIP

Reception staff are key to ensuring that patients are informed and that online consultations are offered to patients seeking an appointment. **It is important staff don't see it as a 'last resort'.**

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Co-design the change process with patients.

- **Involve your patient participation group (PPG) early on.** They may have some good ideas about how to engage with different patient groups and build acceptance of the new system.
- **Engage with digitally uninterested and non-digital patients** as well, they will provide valuable feedback.
- **Members of your PPG, or other patients, can also act as patient champions** and assist in testing the system, providing feedback and developing processes, as well as demonstrating how the system works to other patients e.g. using a tablet in the waiting room.
- **Map the patient journey** when promoting to patients **relate benefits to identified patient pain points** e.g. reduced waiting times on the phone, convenient, better access to GP services and advice.
- **Talking with patients early** could help refine processes and identify potential issues before they arise.
- **Understand how your patients may respond to alternative consultation types** by asking about their contact preferences opportunistically or by conducting a brief survey

TIPS

If the benefits of a change are clearly communicated, then patients are more likely to use it and feel positive about it.

Some practices do not actively promote until launch date to avoid creating anxiety about what is going to happen – a clear explanation of the benefits is key.

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Using champions

Champions are invaluable in leading change. They assist with advocating and promoting the implementation of online and video consultations within the organisation.

Champions can support by:

- articulating the story for change
- taking the lead for 'owning' the implementation
- translating new digital methods and processes to the rest of the team
- coaching others in new ways of working
- identifying skills needed for change
- helping address issues and resistance in their areas
- setting up local implementation support networks and sharing lessons learnt with other champions
- maintaining motivation and momentum, spreading a 'can-do' attitude
- co-producing changes with suppliers
- cascading training
- influencing positive change, challenging old ways of working and encouraging the team to generate new ideas e.g. creative use of communications

TIP

Champions do not have to be a manager or partner. They can come from all areas within the practice and local network such as:

- Primary Care Network leaders
- Reception or admin teams
- Patient (or resident) participation group
- GPs and practice manager
- Nursing or HCA teams
- Pharmacy

It can be beneficial to have more than one champion. A senior team member backing the champions helps build the organisational culture required for effective change.

RESEARCH

"Initiatives adopted by just one member of a general practice team can evolve from a pilot to usual practice."

Beaney et al. (2019)

"The presence of a champion(s) within the practice was seen to be a significant factor in ensuring successful integration of the [online consultation] tool."

Cowie et al. (2018)

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How do I restructure my work routine?

“It is essential that online consultations are scheduled into your diary to acknowledge, record and monitor this work.”

Centre for Primary Care,
University of Bristol

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Implementing online consultations can be a major change to work routines and a cultural shift. If handled well it could have a very positive impact on staff.

Before you start, [analyse workload and capacity](#). A large gap suggests the practice may struggle with unmet demand initially, and may need to rota sufficient clinical capacity at the right times of the day and week.

Consider the following areas during planning capacity requirements and system template changes.

- The **current level of workload** e.g. appointments, phone calls, tasks, etc.
- The **different types of demand** to identify ways to release time.
- [Group the patient population](#) by segmentation and risk stratification to understand your patient needs and shape delivery.
- The **capacity and availability of staff** to match to volume and times of incoming online consultations.
- **Staff working patterns** such as start and finish times, breaks and home visits, part time and flexible working.
- **Staff working in locations** other than the GP practice.
- The **current capacity of appointment slots** (and the type of slot) across all practice staff.
- **Converting** telephone triage into online triage.
- **Impact on administrative processes** e.g. managing bookings, cancellations, DNAs, letter generation etc.

TIP

NHS England have developed an [audit tool](#) which has been designed to support practices in measuring the proportion of GP appointments which are potentially avoidable and resources to support [demand and capacity planning](#).

GP TIP

Some doctors prefer to have set times of the day for remote consultations whereas others prefer a combination of remote, face to face, and home visits throughout the day. Discuss this with your GPs to see what works for them.

Dr Triska, Witley Surgery



How do I ensure an inclusive approach?

“...there is some evidence that among those who have internet access – patients who are disabled, elderly, less confident or living some distance from the practice are often among those who are particularly keen to use email consultations.”

Atherton et al. (2018)

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Practices and networks will always need to provide other means of contact. Where a significant proportion of patients use online consultations, the efficiency gains for practices may enable them to provide a better service for all patients, including those who do not go online.

Research carried out by the ‘Alt-con’ study team, led by the University of Bristol, suggests before introducing online consultations, you may wish to consider the following patient characteristics and challenge assumptions to ensure equity of access.

- Age and social class
- ‘Able’ patients
- Patients who do not speak English as their first language
- Patients’ current medical / psychological wellbeing

Interventions introduced with younger patients in mind, such as Skype, had less uptake than expected and older patients were often keen to use email. Smartphone usage tends to be high across all deprivation quintiles.

Assumptions about who had access to the internet were not evidenced.

Assumptions that remote consulting should only be used with patients selected by the GPs were not evidenced.

Practices and networks need to ensure that, where patients are not suitable for an online consultation, they are not excluded. Most practices offer these patients direct or fast track access to face to face or telephone appointments.

“...Skype consultations most benefited patient groups with additional needs (e.g. those with mobility problems, parents of autistic children who find attending the practice distressing) and those not in the local area (e.g. students wanting ongoing care from their usual GP).”

Castle-Clarke et al. (2016)

Alt-con study

Mobile devices and
people with
learning disabilities

How do I ensure an inclusive approach?

Online consultations do not replace the ability to access a face to face appointment but can help prioritise use based on need.

Online consultations may improve access for:

- a carer or those who have a carer, individuals who are working, or those who have mobility issues and find getting to the surgery difficult.
- those who may find waiting in the reception area distressing or difficult.
- those with information and communication needs, including those with a disability or sensory loss.
- patients whose first language is not English – our case studies show they often prefer to be consulted via a text based solution.
- patients that feel apprehensive about attending the surgery e.g. social anxiety, often find online consultations less stressful.
- for sensitive or embarrassing problems – feedback shows patients find it easier and are more willing to disclose information online.

TIPS

Carers can help patients complete an online consultation or can complete one on behalf of the patient if they have been granted [authorisation by proxy](#).

However, patients who are able to use the telephone should not be subjected to excess pressure to use online consultations via a proxy, since this would deny them autonomy in managing their own healthcare.

Some practices use reception staff or care navigators to guide or create an online submission with patients over the telephone (with some exceptions) and feed requests into the same system. **Tell patients about the assisted digital support offered on the website and via other communications.**

DATA

Of 505,901 incoming online requests 11% were assisted by a parent or carer, 51% did it themselves and 38% either the patient or their proxy phoned the practice (to be asked the same questions by the team there).

askmyGP activity data March-August 2019

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RCGP guidance on
proxy
authorisation

Accessible
Information
Standard

Online Centres
Network



“Digital communication technology offers marginalised groups increased opportunities to access healthcare. The removal of the patient ‘being seen’ seeking help potentially removes embarrassment, social disapproval, and stigma that some patients may experience at healthcare centres.”

Huxley et al. (2015)

How do I improve accessibility?

The [Accessible Information Standard](#) sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

For more information on how your commissioner can support digital inclusion see page 132 in our full toolkit

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Patients should be suitably informed about health technologies, with particular focus on vulnerable groups to ensure fair access (The Topol Review, 2019).

Ask patients how they would like to be given information

Give information in advance

Online consultations can be used to give patients and carers information in advance of an appointment. This can allow them to prepare for the consultation, giving time to read, think about any questions or concerns and to prevent distress if they are able to prepare e.g. for a blood test. They can also be used by the clinician to improve the effectiveness of the consultation if they have information about the reason for consulting beforehand.

Plan how you will meet the needs of those who cannot use online services. Do not rely solely on online access. Practices will always need to provide other means of contact for patients who cannot or do not want to access services online or where it is not suitable.

Use simple communication tips and tools

- Make information accessible using websites such as [Easyhealth](#)
- Adhere to the Accessible Information Standard
- Link to tools that use photos, pictures or videos to explain things
- Use large text, keep sentences short, keep information clear and to the point
- Consider the colour of the text and background e.g. some people with autism find reading black text on a white background difficult
- Allow more time for the consultation

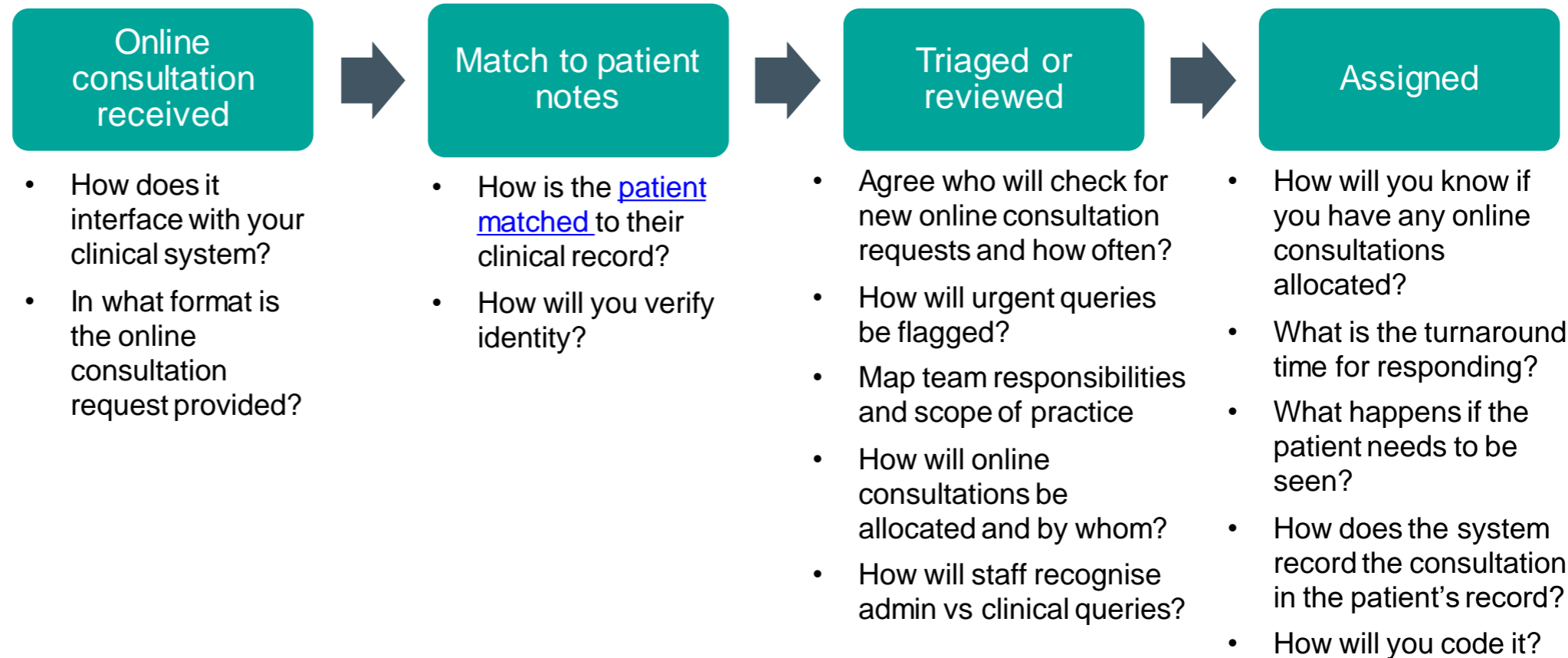
How to support people with access needs

GMC communication with patients



Outline your workflow

How do I design my workflow? Key Questions



Currently no online consultation tool has full interoperability with all clinical systems. We are working with suppliers via the GP IT Futures framework and The Primary Care (GP) Digital Services Operating Model 2019-21 to enable this.

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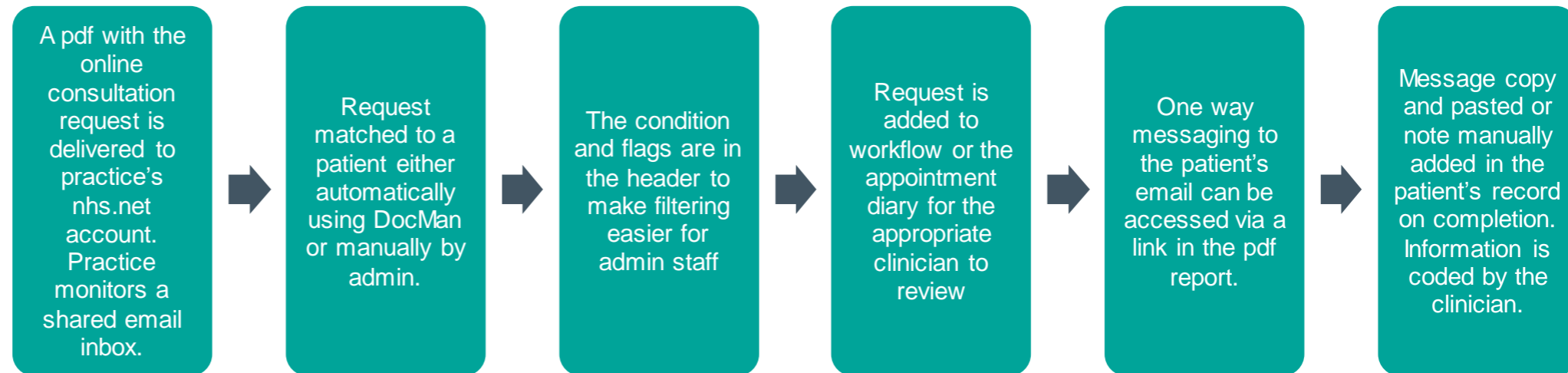
Workflow examples

Speak to your supplier, here are some examples of work flows practices are using.

Example one:



Example two:



Consideration
Online consultation tools have varying levels of interoperability resulting in different levels of manual work to transfer the online consultation request into the clinical system, consider the impact of the process on administrative workload .

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Workflow examples

Speak to your supplier, here are some examples of work flows practices are using.

Example three:



The main toolkit has a functionality matrix which offers more detailed information about the different workflows offered by approved systems if a supplier hasn't yet been chosen by your commissioner. Please see page 115 onwards in the full toolkit.

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How can I optimise my work flow?



✓	Use a “shared” inbox in case a staff member is away so submissions do not get missed
✓	Ensure you allocate the right staff capacity (clinical and administrative) to process online consultation work flow and to ensure that clinically urgent requests are managed in good time
✓	Diverting reception staff away from answering the phone to triage online consultations could potentially increase the phone waiting time, making access difficult for patients who are unable to use online consultations. Monitor waiting times on the phone and consider using other admin staff to help take phone calls at peak times, in response to staff absences and surges in demand
✓	<p>In some practices a dedicated team manages the online consultations and allocates them to the most appropriate person (within the scope of their practice)</p> <ul style="list-style-type: none">• pharmacy requests go to the prescribing pharmacist• asthma/COPD/diabetes related requests can be dealt with by the specialist nurse• admin issues go to administrative staff• only requests which require the expertise of a doctor are sent to the GP• a ‘continuity cohort’ is identified and directed to the right place/person to meet their needs
✓	If there is a ‘fall back’ option, people may feel less apprehensive about trying online consultations
★	Have a contingency plan in case of staff absence, holidays, technical failure, usability/access issues to ensure submissions are responded to in a timely manner

Effective triage

Practices have found patients are unlikely to recomplete a lengthy consultation form when asked to provide additional information such as attaching an image, and will call the practice. Two-way messaging or a follow up template are potential options. Test the patient journey and discuss options with suppliers.

How do I make digital triage effective?

- Provide specific [training](#) for clinicians in triaging online using central funding provided to commissioners.
- Flag urgent consultations so they can be prioritised more easily.
- Use two-way secure online messaging to clarify information, ask additional questions, check understanding, send leaflets, attachments or [request images](#), without having to phone the patient unnecessarily.
- Pass the online consultation to the patient's regular GP if appropriate.
- If a patient later requires a further consultation, pass to the clinician who originally dealt with the online consult.
- Use two screens to view the record and online consultation at the same time for faster and safer consulting.
- [Optimise skill mix](#) to distribute work across the team.
- Use a solution and format that allows you to get to the heart of the problem quickly and pick out the important information.
- Add links to [NHS.uk](#) to cut down on typing lots of information which can be found elsewhere.
- Use pre-set messages which can then be customised to save time - ask suppliers if these can be saved on the practice facing portal or alternatively store as a practice document.
- Ask the supplier to configure signposting within the system to include local services.

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Flag any urgent requests – if they need a response urgently, reception staff should ensure that it is seen by a clinician promptly (see [managing safety concerns](#)).

Provide clear guidance on how to get help for an urgent clinical query e.g. in the late afternoon some practices instruct patients to call half an hour after sending an urgent online consultation request if they have not received a response, or to call NHS111.

Inform the patient whom they are consulting with online.

Provide clarity around response times, inside and outside of practice opening hours, **and how patients should expect a response** e.g. secure online message, phone call, SMS.

Provide clarity on how appointments will be made if patients need to be seen and how they will be notified.

Check patient understanding of management plans and provide appropriate safety netting.

Make sure patients can ask questions, query a decision or discuss something further. The response should invite the patient to contact the practice e.g. via 2-way messaging or a phone call, if they have concerns or think their problem needs to be addressed sooner.

TIPS

Fast response times – ideally **within 1 hour**

- Leads to greater patient satisfaction
- Enables safe management of urgent problems
- Avoids duplication of work (patient calling practice if they think they have been ignored)
- Builds patient's confidence with the system, resulting in fewer 'just-in-case' appointments being booked

Make the pledged response time obvious on the website, online tool and telephone message and make it clear that it only applies to submissions within certain times e.g. Mon-Fri 9.00am-4.30pm.

Reduce variations in processing and recording online consultations. Make the patient journey as seamless as possible.

Use an online tool that warns patients that it should not be used in emergencies.



Many online consultation solutions will ask patients to provide an up to date phone number and email address as part of their online submission to the Practice.

As outlined in the Accessible Information Standard, individuals' preferences for electronic communication should be clearly and unambiguously recorded, alongside relevant contact details.

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Advice on using SMS to respond

The patient must actively agree to receiving communication by SMS (“opt-in”). The practice and patient should mutually agree the parameters of what information is to be communicated. The display of posters or notices, and other ways of explaining to patients about the use of SMS by the service, would be considered good practice – this helps inform patients about their choice.

The practice’s approach to, and use of SMS as a way of communicating with patients should be clearly set out in policy, supported by an internal procedure for staff to follow. Practices should consider how messages will be recorded in the patient’s record if and when this is necessary. If information is time critical quicker methods should be used. If time critical information is being sent ensure you have the right safety net or follow up.

It is important to have a mechanism to establish if messages sent have been delivered, and if not delivered, this must be flagged and action taken.

Be aware of security and confidentiality concerns e.g. if people share mobile phones, use linked devices or numbers are not up to date. Patients should be advised it is their responsibility to keep and provide an up to date mobile number and are strongly recommended to use a private mobile phone. It is good practice to regularly check with the patient you have the right mobile number for them. Consider the use of secure online messaging as an alternative.



*The guidance sets out some of the key principles for using SMS. Please note as the guidance was published in 2016 some of the references may be out of date



How do I make the most of online and video consultations?

Consistent and standardised recording of digital consultations

Use templates for coding outcomes:

- Consistently records the work carried out including QoF data.
- Ensures any hidden work is captured.
- Allows high quality data for analysis of impact and monitoring demand, capacity, outcomes, variation and performance.
- Collect baseline data on key metrics prior to launch for comparison e.g. appointment and phone call volumes, time spent consulting, waiting times
- Speak to your supplier, IT lead or expert colleagues about importing templates.

GP online services

- Sign patients up to GP online services via the NHS App or other system suppliers at the same time as promoting online consultations.
- All these solutions can redirect some demand to a 'self-serve' digital channel.

Rules of engagement

- Inform patients when the channel will be "open", how to use it and what for.
- Explain what they should do if they have an urgent issue.
- Explain the limitations of online and video consultations and promote safe use.
- Update your privacy notice and privacy impact assessment with input from your DPO.
- Have a policy for managing deliberate misuse of systems.
- Develop an escalation protocol if unwell patients are identified e.g. establishing location of the patient, ensuring access to treatment or contacting emergency services, follow up.

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What information governance issues do I need to consider when using automated triage or algorithmic engines?

Practices must comply with the relevant data protection legislation pertaining to automated decision-making (including profiling) where no human is involved in the triage, and decisions are made about a patient

- Practices need to let patients know if decision making is being automated and patients need to agree to it.
- Practices must provide patients with the option to have the decision reviewed manually e.g. by a clinician, if they do not agree with the outcome and know who that clinician is.
- The more ways in which practices can inform people, then this will capture the widest possible audience, a mixed approach works best.
- Update the Practice Privacy Notice using a layered approach. The first layer should provide a clear overview of the information available on the processing of personal data and where/how patients can find more details within the layers of the Privacy Notice. The more automated profiling is used, then the higher up it should be, so it is more readily accessible to data subjects.
- Practices should seek advice from their Data Protection Officer.



How do I verify identity?

“...access to online services demands a more consistent and robust approach to ensure patient confidentiality while providing them with secure access to personal and sensitive data.”

RCGP, 2014

The responsibility of verification and authentication sits with the practice.

The process should require anyone using the service to prove their identity and restrict access only to authorised users, helping to ensure a confidential and secure service.

Where patients have consented to carers, parents or relatives communicating with the practice using online consultations, they should have a separate identity verification process and be granted authorisation by proxy. The patient proxy verification should meet the same standards as used for patient identity verification.

Some tools address this problem by including two steps of verification for practice staff to carry out:

1. confirming that the patient identified in the online consultation request appears to match the details of the patient in the clinical system.

2. vouching that the patient is who they say they are (e.g. by talking to the patient, or checking the information in the online consultation request against confidential information in the clinical system).

When using video consultations, verification should be carried out by the care professional making the call, or by a trusted third party service provider that uses a robust authentication process.

Practices should consider if the measures they are using for verification and authentication are sufficiently robust and secure, specifically if the information required could be readily obtained or be available to others e.g. friends, parents, family. If there are any concerns the practice should contact the patient to confirm identity through alternative means.

Patient Online services in primary care have guidance on steps that can be taken to correctly verify the patient's identity.

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RCGP Patient
Online Services in
Primary Care

NHSE Patient
Online guidance
on ID verification

RCGP e-modules



How do I verify identity?

Identity verification protocols should be made available to all staff to ensure consistent and transparent processes. Protocols need to be reviewed regularly to ensure they remain up to date with national guidance. Staff should be fully trained and understand the protocol.

Online consultation systems on the Dynamic Purchasing System Framework will be required to use **NHS Login** in the near future to verify who patients are via a secure online platform (including biometric fingerprint log in functionality). This will relieve the burden of ID verification on general practice while ensuring secure access to these systems in line with NHS Digital's standard on proving identity. If patients have already had their ID verified to use GP online services they will be able to use these registration details to register with NHS Login.

Measures to verify the patient is registered at the practice and their details match those recorded in the clinical system vary depending on the tool and can include:

- Patient information and contact details being matched against the patient record
- Use of [NHS Spine](#) integration for patient matching
- Registration questionnaires designed to enable practice ODS codes to be identified
- Physical checking of photo ID by practice staff for initial registration
- Collaborating with patient facing services such as Evergreen Life and Patient Access to auto-match patients to their records

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Using the NHS
login

RCGP guidance
on ID and
coercion

NHS Digital ID
verification



When explaining online consultations to patients assess risk of coercion “Is it possible that you may come under pressure to give someone access to your personal information or make decisions about your health against your will?”

If a GP, practice manager or other member of the team has any suspicions that a patient is being coerced, the concerns should be brought to the attention of a senior clinical decision maker in the practice and appropriate action taken e.g. offering a face to face appointment, and the rationale recorded. The GP should discuss the decision with the patient.

Obtain valid consent from the patient if a carer is consulting on their behalf. If the patient lacks capacity, this must be someone who has Power of Attorney, be a Court Appointed Deputy and/or if a GP that knows the patient well judges it to be in the patient’s best interest (this is safest if the patient made an advanced decision which was recorded in anticipation of future loss of capacity).

Data protection legislation states that young people may consent to have access to online services after their 13th birthday unless there are concerns it is not in their best interests or the patient lacks the capacity to consent.

If a child does not have the capacity to consent (in line with Gillick competency) the usual position would be for someone with parental responsibility for the child to communicate with the practice on their behalf (unless someone else holds Power of Attorney), based on what is thought to be in the child’s best interests. The decision should usually be taken by the GP who knows the child and family best.



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RCGP guidance

What should training include?

Training will vary depending on the supplier and practice needs. **It does not need to be complicated** but it does need to **adapt to local requirements** and processes, and include an understanding of the technical system.

Provide training for all staff so that they are familiar with the new systems.

- Find out what training the supplier offers and how it is delivered.
- Encourage staff to feedback on training and processes – to make it as effective as possible.
- Encourage staff to submit their own online consultation requests so they can see how it works from the patient perspective and remain empathic to their needs.
- Ensure all staff are trained on the new policies for processing online consultations - run a whole team simulation to understand work flow, role play scenarios.
- Ensure staff are competent in using the technology.
- Build staff skills in how to promote and demonstrate online consultations.

- **Align with training staff in care navigation**
- Recognise that not all staff will have the same level of IT literacy or equipment learning needs, training may need to be adapted for individuals.

Training should also cover:

For video consultations, [practical details](#), such as how to set up and use the equipment, initiate and conduct a video consultation, camera position, where to look and sit, lighting of the room, preparing the clinical environment, advice for patients on a suitable area/vicinity and clear instructions on positioning their device and some basic technical troubleshooting.

Adapting communication e.g. when using video, explaining when you're moving away from the webcam or need to look away, because the patient may not be able to see your room or what you're doing. When sending an online message, showing empathy through your choice of words.

ID verification and confirmation processes.

The **flow of a consultation**: how questionnaires and information is presented, how serious symptoms are flagged and how to respond.

Access national funding to upskill staff and to train care navigators. Speak to your CCG or contact your STP Primary Care Strategy or Development Lead for further information.

For more information about supplier test accounts and videos see pages 114 and 118 in the full toolkit

Full online consultations implementation toolkit

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What should training include

Ensure training includes how to recognise red flags remotely and what to do when one arises

For more information on regulatory standards see page 92-95 and for medicolegal advice page 96-99 in the full toolkit

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- Use 'test' patients to become familiar with the system and process online consults. Feel confident in using the clinician portal
- Train using real scenarios, including challenging cases, getting feedback from clinicians experienced in online consulting to build confidence in your management and awareness of the issues that need to be considered
- Include your wider clinical workforce in training e.g. pharmacist, nurse
- Consider using a checklist of competencies to evidence training was to a certain standard and support clinical audit. This could also be provided to clinicians to use for their appraisals. NHS England is working with partners to improve and support training and development particularly around digital healthcare skills.
- For some clinicians it can take longer to build confidence in this new way of working and adapt to new processes and templates. Provide support sessions early to help get all clinicians to a standard where they are comfortable consulting online autonomously.

TIPS

Building **specific skills for online consulting** may reduce the proportion of GP requests for a follow-up face to face consultation. Following an intensive package of technical and clinical online consultation training, **remote closure rates of 87%** were obtained. Increased familiarity of GPs and patients with the new system may have also contributed.

Dyer-Smith et al. (2019)

Some suppliers provide videos, test cases online (based on real scenarios) to work through or **small group supervision** led by clinicians experienced in online consulting discussing cases with you, to help you build your confidence and learn how to do this.

Familiarise yourself with [good practice](#), regulatory and [prescribing](#) guidance. See our main toolkit for regulatory and medicolegal advice.



CQC guidance

CQC triage app prompts

GMC Ethical Hub for remote consultations



What should training include?

- Find out what technical support you will have and how to access it if working remotely
- Ensure staff are aware of how and where they can access resources e.g. guidelines, protocols and peer support
- Have an ongoing programme of training to ensure consistency and to cope with staff changes:
 - refreshers and updates
 - audit adherence to protocols and variations in practice
 - incorporate into induction, staff training and discussions at team meetings
 - appraisal and feedback

TIP

Take a systematic approach, script scenarios based on a few varied common GP complaints, e.g. minor illness, an injury, a women's health problem, an urgent problem or a query about some newly-prescribed medication and ask staff to test how the system responds and how well practice processes are working. Try also using the tool from the perspective of a carer or parent.

RESEARCH

GPs consulting remotely highlighted the usefulness of training updates in **identifying very early symptoms** and signs of an illness as patients tend to present earlier via digital channels.

(GPaH evaluation)

In order to optimise the effectiveness and efficiency of digital consultations, clinicians need to feel **fully confident** in their ability to triage online and understand when, during a virtual consultation, and with whom they should recommend a phone, video and face to face review rather than responding via an online message, as part of a holistic model.

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During the procurement process a **training package** should be negotiated by your commissioner as part of the core deliverables. Training should be available face to face, online or through WebEx to suit staff's needs. Training manuals should also be made available.

Ideally training should be **tailored to enable local processes** to be weaved into the design. It shouldn't just be about how the technology works, but should also support practices with transforming ways of working and system change. Practices should be able to log onto the supplier's website or via their users' forum to obtain the most up to date system information.

Practices should expect suppliers to demonstrate how their system **interacts with your clinical system and website**, support you with promotion, safe implementation and measuring impact. Training should include a **process for reporting issues to them**. Ask suppliers to share any lessons learnt.

ADVICE FROM PRACTICES

The free text narrative and content of the consultation is automatically saved in the patient record reducing time spent documenting.

Ask staff to use templates for consistent and standardised coding of essential data from the online consultation e.g. reason for consultation, problems, method of closure, health status, physiological indicators. This allows for analysis of workload, outcomes, variations in practice and the recording of work carried out e.g. for QoF.

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“Although some aspects of the consultation can be lost such as non verbal cues, studies have suggested patients are more honest with digital tools than with a professional.”
Castle-Clarke (2016)

“Several patients using the (online) system were reported to have received advice to seek treatment for serious symptoms that might otherwise have been ignored.”
Chambers et al. (2018)

To read more about safety checks see page 75 onwards in the full toolkit

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Consider safety as a feature of system processes as a whole (not just the technology)

– how will serious concerns be picked up and managed? e.g. clinical triage carried out by a qualified person, flagging systems to prioritise urgent clinical queries, accurate and timely signposting, rapid response times, underpinned by a strict governance structure.

The majority of online consultation tools warn patients that they should not be used in emergencies. Risk may be reduced further by either:

- The tool taking an automated history that picks up red flags such as chest pain, and instructing the patient to call 111/999; or
- Practices operating on the basis that online consultation requests are triaged promptly (during core hours) to identify and action urgent queries so symptoms don't go ignored for long periods.

Good communication is key, checking your understanding matches the patient's and safety netting with specific instructions the patient can refer back to.

Monitor the validity of any assumptions and the effectiveness of risk control measures to ensure the perceived level of clinical risk remains representative and acceptable.

ADVICE FROM PRACTICES

Examples of clinical governance practice:

- clinicians conducting a 1% audit of their online consultations, assessing themselves against an agreed list of competencies, reflecting on outcomes
- practice staff testing how the system responds to qualified clinical cases using scripted scenarios with test patients
- an operational review 6-8 weeks post launch to identify where improvements can be made
- a clinical review by the commissioner every 2 months to assess the safety and accuracy of dispositions automated by systems
- sharing learning with staff, networks, local clinical safety and governance groups

Practices should not rely on online access for all clinical triage there will be some exceptions where direct access to a face to face appointment is more appropriate

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Practices should take the necessary steps to check the appropriateness of the service for the patient and implement a system for flagging and managing urgent or non-suitable queries safely. It is good practice to document the rationale for the decision.

A patient may start a consultation online but processes should allow the practice or patient to switch to a face to face review seamlessly at any point.

Some practices have decided in which circumstances admin staff should directly schedule an appointment without the need for triage by a clinician, although it may still be useful to triage the urgency. Examples of scenarios that practices have incorporated in their protocols include:

- Need for a clinical examination, investigation or collection of certain physiological data to provide safe care
- Concerns about valid consent, capacity or safeguarding
- A high risk of deterioration
- Assessment of young children with an acute illness
- Complex psychosocial issues

- Substance misuse
- Requests for controlled or high risk drugs (especially where there are concerns about misuse or addiction)
- Severe mental health problems
- A need to break bad news or where there are complex ethical issues
- Frequent consultations online for the same problem
- Complex medical problems or polypharmacy
- Vulnerable adults, children in need or patients on the child protection register
- Significant cognitive impairment, severe learning disabilities and/or significant physical disabilities

This list may evolve over time with increased use of the system, care navigators within the practice can support this. Considerations may include:

- whether the issue is acute or a follow up
- the patient is well known to the practice
- there is sufficient and reliable information for safe and effective decision making (or if a carer or member of the MDT can help) e.g. trained care home staff may assess and convey vital signs reliably
- if a face to face consultation would be more appropriate or in the patient's best interests



Suitability

Think about the level of information that is required to make a clinical decision and therefore which is the best type of alternative to a face-to-face consultation to assess a patient's clinical condition. *"Structured template driven systems are potentially more efficient in providing the clinician with pertinent information without back and forth communications."*

Hickson (2015)

If using a remote consultation consider which modality would be most appropriate e.g. online messaging, video, telephone. If there are any concerns about certain patients using a remote service, have a process to flag these patients and arrange for them to be seen face to face. Patients should be informed of this decision.

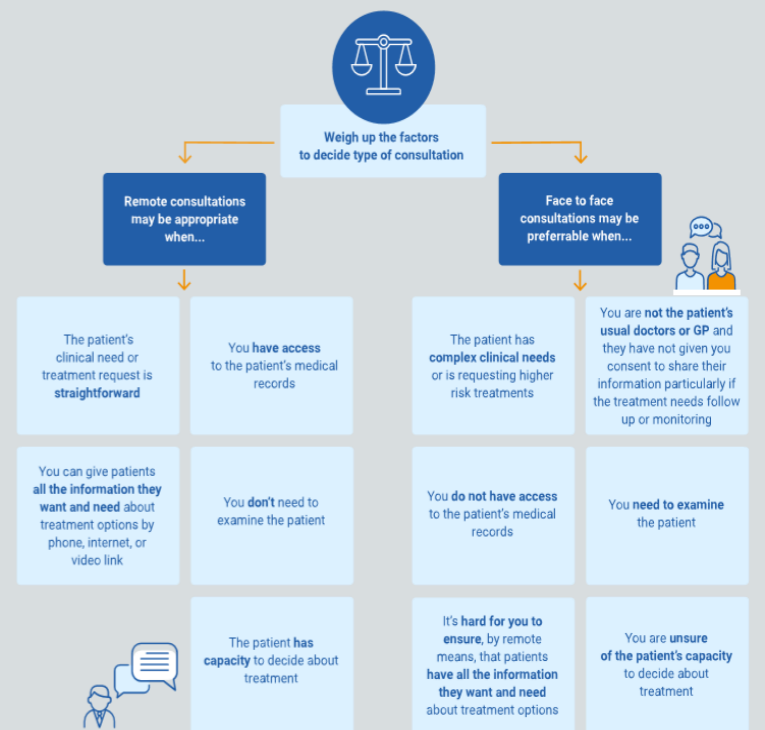
In circumstances where patients may not have regular access to the internet or computer technology, or, may not be IT literate, steps should be taken to provide alternate routes for consultation. This is also applicable where a patient has information or communication needs that cannot be met through an online consultation.

RESEARCH

Eccles et al (2019) studied patient use of an online triage platform and concluded that **patterns-of-use and patient types were in line with typical GP contacts**. A free text tool was felt to improve the quality of communication for some, allowing them time to express themselves better, whereas others highlighted concerns about the quality of their description. Suitability should take into account the users' preferences and the issue they are consulting about.

TIPS

The General Medical Council (GMC) have produced a remote consultations flowchart that may help you decide if a remote consultation is appropriate.



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Tools library

Contact us

GMC Ethical Hub
for remote
consultations

The GMC advises that before you prescribe for a patient via telephone, video-link or online, you must satisfy yourself that you can make an adequate assessment, establish a dialogue and obtain the patient's consent.

You may prescribe only when you have adequate knowledge of the patient's health, and are satisfied that the medicines serve the patient's needs. You must consider:

- the limitations of the medium through which you are communicating with the patient.
- the need for physical examination or other assessments.
- whether you have access to the patient's medical records.

The GPhC have introduced further safeguards for the public using online pharmacy services. One of these areas includes pharmacy owners ensuring the following categories of medicines are clinically appropriate before supplying them with:

- antimicrobials (antibiotics)
- medicines liable to abuse, overuse or misuse, or where there is a risk of addiction and ongoing monitoring is important
- medicines that require ongoing monitoring or management
- non-surgical cosmetic medicinal products

These safeguards include making sure the prescriber proactively shares all relevant information about the prescription with the patient's regular prescriber e.g. GP, after seeking the patient's consent.

Where the patient refuses, the prescriber should explore their reasons and explain the potential impact on their continuing care. The prescriber should take this into account before prescribing for the patient and consider signposting to other services.

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GMC guidance

CQC guidance

GPhC guidance



TIPS

1. Follow clinical best practice and antimicrobial stewardship guidelines regardless of the consultation modality.

One study reported a change in professional behaviours due to fear of litigation - over prescribing of antibiotics and high referral rates due to increased safety netting behaviours (Atherton 2018).

2. Strongly consider if a clinical examination or tests are required prior to prescribing antibiotics, assessing whether antibiotic use is appropriate and necessary, establishing risk of deterioration and guiding whether home or hospital treatment is needed. Remain alert to the possibility of sepsis and need for physical examination.

3. Avoid prescribing high risk or controlled drugs, medicines liable to abuse, overuse or misuse without adequate processes to monitor use, assess if a review or any additional checks are required and document the rationale.

4. Appropriately inform patients when unlicensed or off-label medicines are used.

5. If working as an eHub or within a primary care network, an agreed formulary and prescribing guidance developed amongst practices can support working consistently and collaboratively.



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Reporting incidents and near misses



The commissioning or deploying organisation have a responsibility to review and monitor the safety of the system and should have a Clinical Safety Officer in place independently considering the risk profile of the supplier system in line with Standard DCB0160. On a practical level the CCG or commissioner should do this with their clinical safety officer as practices are unlikely to have the resource.

For more information on clinical safety officers see page 82 in the full toolkit

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Currently there is no evidence of harm from the use of online consultations within NHS Primary Care. However, this is not the same as evidence of no harm. We need to continue to monitor the safety of systems to understand their impact. We want to learn from every event and make continuous improvements.

We encourage practices and commissioners to report any clinical incidents, technology failures, security breaches, or near misses. These should be included in the practice significant event analysis to assure tools are working as intended and assess the on-going effectiveness of risk control measures.

Local systems should enable practices to report any issue or concerns to the supplier. Suppliers are expected to work with commissioners to agree a mechanism to notify the local **Clinical Safety Officer** (or CCG clinical risk lead) of any safety issues to update risk management activities outlined in Standard [DCB0160](#) with their practices and identify trends.

Commissioners should ensure that there is a process for learning or items of escalation to be

discussed at the appropriate local clinical safety and/or governance group.

Report any system suppliers who are using patient’s personal and clinical data without valid and informed consent (from the patient), for commercial or advertising purposes. Suppliers are encouraged to follow the Code of Conduct for Data Driven Health and Care Technology and the Data Ethics Framework.

TIP

During training, suppliers should explain their process for reporting issues, communicating fixes and sharing learning with practices and commissioners including notifying and working with the local clinical safety officer.

Suppliers are expected to work with local clinical safety/governance groups to improve systems.



Code of conduct

Care Tech and Data Ethics framework



National Reporting and Learning System (NRLS)

This is a central database of patient safety incident reports. Information submitted is analysed to identify hazards, risks and opportunities to continuously improve safety. Practices should report safety incidents in line with national guidance. Serious incidents requiring investigation (SIRIs) should be escalated by area teams to the Strategic Executive Information System ([StEIS](#)).

A new patient safety incident management system is currently in development (DPSIMS project) which will streamline reporting processes.

MHRA yellow card scheme

Incidents and near misses related to the use of a medical device need to be reported via the MHRA yellow card scheme for adverse incidents, unexpected results, inaccuracies or concerns over safety. Suppliers have a duty to notify the MHRA of any incidents or near misses reported to them related to the use of a medical device.

Data Security and Protection Incident Reporting Tool (notifying the ICO)

[Reportable](#) incidents must be notified using this tool, accessed via the [DSP toolkit](#). Notifiable breaches are required to be reported within 72 hours of discovering a breach has occurred.

RESEARCH

Although patient safety is often cited as a reason to be wary of introducing alternatives to the face to face consultation, there is very little detail about these concerns. Patient privacy and confidentiality are described as being important, but reports of privacy and confidentiality breaches are scarce, and collection of these data uncommon.

Monitoring needs to extend beyond the Health IT System itself to include the impact on users, related healthcare processes and any change in intended use.

We encourage reporting of any incidents, near misses or concerns

Full online consultations
implementation toolkit

Tools library

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MHRA device
regulations

MHRA yellow card
scheme

National reporting
and learning
system

Data Security and
Protection Toolkit
(DSPT)



Clinicians are encouraged to maintain a **mixed workload** (face to face and online) to maintain their skills in both consulting remotely and treating the breadth and complexity of patients beyond those seeking a digital consultation. This includes clinical examination skills and managing emergencies. This also helps with the recognition of patients that would benefit from a face to face review when consulting online. For those working away from the Practice it may help reduce the risk of isolation.

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This won't be easy, especially for clinicians less comfortable with this way of working so discuss clinical cases and share learning with others:

- **Have a process for debriefs** following difficult consultations.
- Remote consulting allows you time to **consult with your peers**, read the notes, ask for advice and check guidelines. Develop a process for peer to peer support for clinical dilemmas and to avoid isolation. Some practices use a secure team messaging channel to discuss clinical queries.
- **Discuss clinical cases** with a focus on learning how to use the system most effectively and efficiently and **build confidence** and skills in online consulting.
- Encourage **self-audit** of consultations and review of patient **feedback**.
- **Join webinars** about online consultations run by [NHS England](#).
- **Set up an innovation network** and learning sets with local practices or within your primary care network to spread learning about online consultations and Digital Triage, share experience from both within and outside the group, and to motivate and encourage practices.
- **Talk to practices** that have already implemented online consultations to hear about what worked and what didn't, particularly if you share a similar population challenges, develop a **buddy system**.
- **Join the NHS England virtual innovation network platform**, connecting practices, PCN leads, regional leads and commissioners to share their experiences, challenges and solutions around implementation. [Send an email request](#) for log in details and information on how to join.



Code of conduct for practices - checklist

Online consulting requires particular skills. The lack of sensory input and the comprehension of the patient are the most obvious differences compared to a telephone consultation, good training will provide staff with the tools and techniques to achieve safe and appropriate outcomes.

For more information on consent and capacity see pages 93-94 in the full toolkit

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Tools library Contact us



✓	Have access to the patient's NHS full primary care medical record when consulting remotely with the ability to document the content of the consultation in the patient's medical record.	✓	Provide patients with the opportunity to share their information and communication needs, including those with a disability or sensory loss, checking for any flags in their medical record. Consider how/whether these needs can be met through an online consultation.
✓	Verify the patient's (and if applicable, carer's) identity in line with NHS standards.		
✓	Consider how to identify patients with vulnerabilities that present remotely e.g. where safeguarding issues need to be considered, those at risk of self harm, addiction, drug misuse.	✓	Inform the patient whom they are consulting with online.
✓	Tailor information and advice given to the individual patient and check the patient understands how the remote consultation is going to work, can discuss, ask questions or query a decision if they want to.	✓	Consider how serious concerns will be picked up and managed . Have a protocol for managing emergency complaints.
✓	Check patient understanding and agreement with management plans, taking steps to satisfy yourself that a patient is giving informed consent. Follow relevant mental capacity law requirements if there is doubt about the person's capacity to decide.	✓	Ensure clinical oversight and support of practice staff (including those working remotely).
✓	Provide adequate safety netting advice.	✓	Follow clinical best practice regardless of the consultation modality.
✓	Provide appropriate signposting e.g. for a face to face consultation based on presenting clinical risk or where remote care is unsuitable to meet the patient's needs.	✓	Keep up to date with relevant training, support and guidance for providing healthcare in a remote context.
		✓	Where a separate system login is required, ensure role based access and use of strong passwords when activating accounts.



BMA guidance

CQC mythbusters

GMC
Making and using
audio and visual
recordings of patients



We expect commissioners to support practices in discharging these responsibilities

For more information on clinical risk assessment standards please see pages 76-77; for what to expect from your commissioner see pages 84-85 and for a quality assurance checklist see pages 148-150

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Consider activities to reduce potential risks, incorporate these into your processes and review regularly.

✓	Assure that protocols and processes are working as intended and staff are clear about their roles and responsibilities e.g. through audit, feedback, reporting and monitoring incidents.	✓	Monitor impact on clinical practice e.g. audit antibiotic prescribing or referral rates following an online or video consultation.
✓	Confirm with your commissioner how you will be made aware of updates to questionnaires, triage tools, algorithms and functionality and how these will be checked for accuracy and validated?	✓	Contribute to setting up and maintaining effective systems to identify, report and manage risks, identify patterns of behaviour which may indicate serious concerns and to act quickly where patients are at risk of harm, may require safeguarding action to be taken or in response to safety alerts.
✓	Ensure clinical risk assessments have been carried out by your CCG and meet safety standards. Collaborate with your local clinical safety officer to update clinical risk activities in response to system modifications and updates (commensurate with the scale and extent of the change).	✓	Ensure staff feel confident and have had sufficient training to use the systems to consult online safely and effectively.
✓	Input into your privacy impact assessment especially when using video consults or working away from the practice.	✓	Use a quality assured system by using one listed on the DPS framework . If using a system that has not been approved, it will be the responsibility of the practice to demonstrate how they achieve quality assurance requirements.
✓	Update your privacy notice and follow information governance good practice and relevant data protection legislation. Seek input from your data protection officer.		



CQC triage app prompts

Use of images in clinical care
Guide on mobile photographic devices in Dermatology

Clinical Risk Management Standard
DCB0160



Build trust

- Reassure patients about how their confidentiality and privacy is protected.
- Ensure patients know they will be able to see a GP if they need to.
- Advise them they will be connected directly to the most appropriate professional.
- Respond quickly to an online consultation.

Explain how to use the service and what to expect

- To avoid additional phone calls clarifying use.

Making patients aware

- Make sure availability of the service is visible and promote constantly, particularly at a relevant time e.g. when making an appointment, in the waiting room.

Have a clear implementation plan with timelines

- Factor in any additional resource or time required for staff to promote the changes.

Publicise and make mechanisms for feedback available

TIPS

Evidence shows patients will use it if they know about it and understand the benefits. Patients are more likely to use the system if they know a clinician is making a decision about whether they need a face to face appointment.

RESEARCH

“While satisfaction rates were generally high, some patients had concerns about confidentiality, particularly around reception staff reading confidential medical information submitted via web requests.” Carter et al. (2018)

Explain to patients that reception staff have access to patient records in order to do their job and this is not a new requirement for online consultations. Staff are not allowed to access the notes for any other purpose. Reassure patients strict procedures exist to govern staff conduct with respect to confidentiality, and reception staff are bound by the same rules of confidentiality as clinical staff.



How to engage patients

“Receptionists have a key role in facilitating patient awareness regarding new approaches to consultations in primary care, while at the same time ensuring that patients receive a consultation appropriate to their needs...”

Brant et al. (2018)

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Both clinicians and administrative staff encourage uptake of the online system.

E.g. reminding patients they can use the service next time they need advice or when they're not sure if they really need an appointment, for future medication or long term condition reviews, to discuss test results, to arrange regular monitoring or if a follow-up is required (if clinically appropriate).

When a patient requests an appointment reception staff **could encourage or demonstrate the use of online consultation** (unless it is not appropriate).

Consider using [key messages](#) when speaking to patients.

The impact of posters and leaflets to promote use is small. These are usually provided by the supplier. **Research has shown promotion by reception and clinical staff makes the greatest impact.**

Use of existing channels include information in new patient induction packs, [newsletters](#), [prescription slips](#)

The Stratford Village Surgery case study (coming soon) demonstrates how they have actively engaged patients in the process.

TIPS

The **most successful practices** are the ones that advertise well and prepare protocols and [scripts](#) for staff to convey messages to patients.

Thank patients for using an online consultation, especially if they have provided a useful detailed history, and it has made the clinician's job easier. Or, include a written message in the tool from a senior GP thanking the user.



Add a banner about online consultations on the practice website.

This might be a dedicated webpage. **Consider which pages are the most visited and signpost people to online consultations from there.** At a minimum, ensure information is clearly visible and prominent on your homepage – it is the gateway to online consults.

You can refer patients and carers to this webpage in all of your patient communications.

Make online consultation information available on other websites e.g. local authority and CCG.

Your supplier will provide you with the code to update your website with a banner. This may be a good opportunity to update the content and design of the practice website.

TIPS

- **Make the online consultation web page prominent and easy to find on both desktop and mobile views**
- **Ask patients how easy it is to find**
- Information should be succinct and use plain English.
- Check the reading age.
- Information provided should be consistent and up to date.
- Include a patient feedback form, to help you evaluate delivery of the service
- Review feedback collated by the supplier's system.



Digital communication is a useful way to reach a wide range of local audiences and can often be low cost or no cost to produce, offering excellent value for money. Check the tools library for samples of the following:

Phone messages

[Record a message](#) on the practice answering system which patients can access before selecting the service they require, explaining online consultations.

It is helpful if the system includes an easier option(s) for patients who do not require an online consultation or triage, such as those booking a cervical smear or blood test and those who have been triaged as needing an appointment and are phoning to book or rearrange this.

*“Alter the automated attendant telephone message so that patients seeking clinical help will hear a recorded message from a **senior clinician** explaining the system and encouraging use of the online consultation triage.”*

Norfolk and Waveney STP

Electronic display screens in practice

Include a graphic or message that can be used on patient information screens and will catch a patient’s attention while they are waiting for their appointment.

Text messages

Consider use of the practice’s [SMS texting service](#) (taking into account cost implications) to inform patients about the online consultation service and how to access it if you have their consent to do so.

Confirm the patient’s mobile number and send them a link to complete an online consultation when booking an appointment if the patient has agreed to the use of SMS. Some systems can be accessed via a QR code for patients to scan if they have come into the surgery.



What does success look like?

Have you seen the benefits you wanted? Have there been any unintended effects?

When starting a new way of working, it may be worth carrying out a simple evaluation so you can capture your achievements and any challenges, and make improvements.

There are no mandatory monitoring requirements for practices. **Practices should consider what would be most important to them and their patients.** Suppliers can support the regular tracking of certain metrics without burdening the practice by creating automatic weekly reports.

Consider the following three areas:

- **Service monitoring:** the routine functioning of online and video consultations. Are they doing what you wanted them to do?
- **Process evaluation:** the way in which online and video consultations are implemented and run. What can you learn from the process?
- **Impact evaluation:** whether or not online and video consultations are delivering the objectives set. Are you getting the outcomes you anticipated?

Some suppliers will collate practice data on key metrics pre-implementation for you, as a baseline for comparison.

Negative or unexpected adverse outcomes should trigger investigation to inform further improvement. It is important to use both qualitative and quantitative measures to understand the effects.

MAKING MONITORING EASIER

We want to reduce the burden of collecting data and to make measuring impact easier for practices. NHS England is consulting with practices, PCNs, commissioners and patients to identify a list of **shared priorities** and develop a framework for monitoring impact and standardising measurement. We will explore how we can extract and make that data available with **minimal impact** on workload, ideally automated and regularly updating.

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implementation toolkit

Tools library

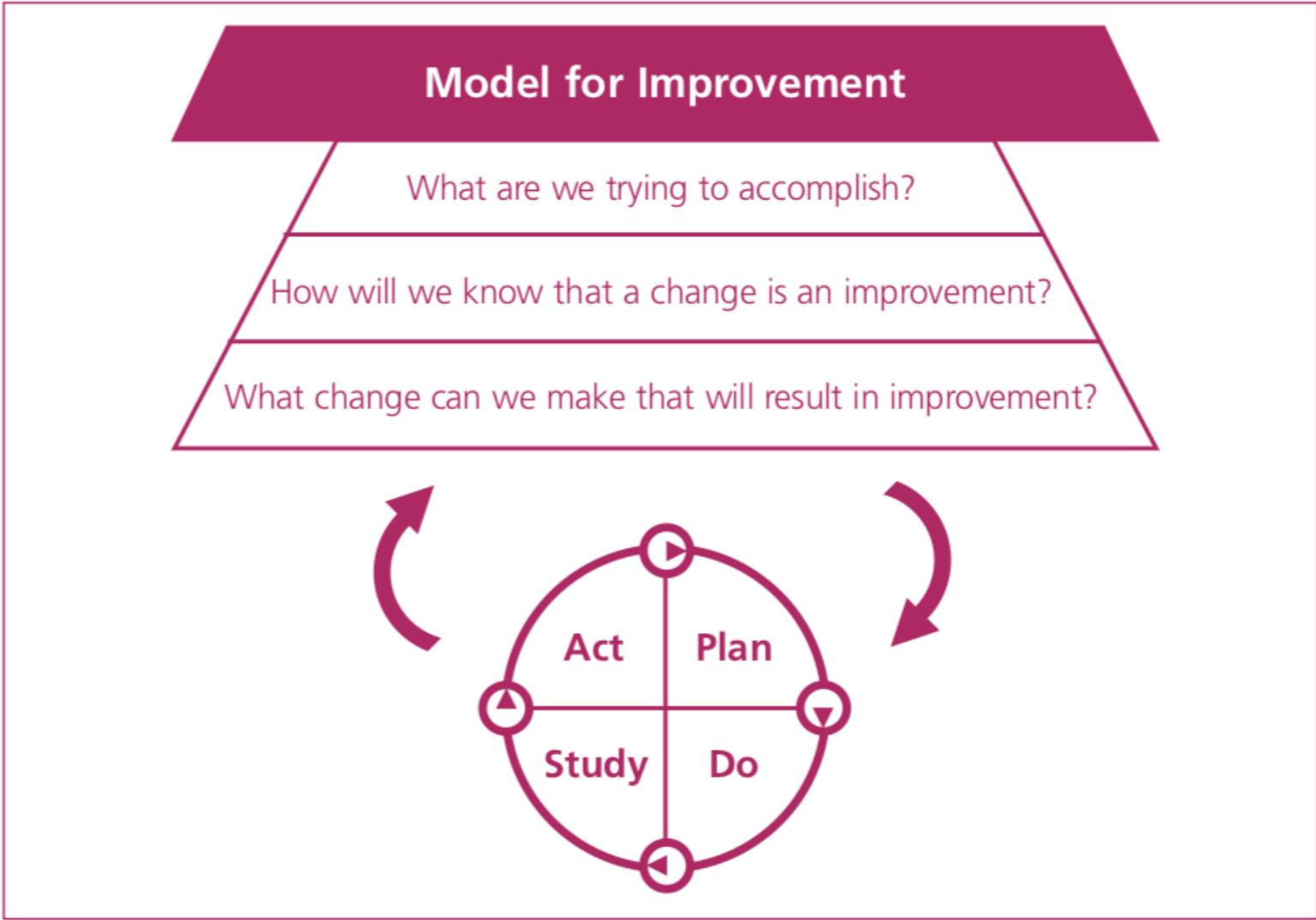
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Clinical evaluation
template



When measuring improvement consider these three questions:



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Tools library Contact us

What is already measured?

Suppliers create automatic reports which are provided regularly to practices. NHS England is currently developing a framework to standardise the data collected. Currently some suppliers provide information on:

- **Are online consultations being used by patients?** - the number of online consultations submitted and number of users.
- **Do patients like it?** - patient feedback.
- **Does it reduce the need for patients to come into the surgery?** - how the online consultation was resolved. How many converted to a face to face consultation and how many were resolved online, via telephone, video call or re-directed to self care or a community service.
- **What is it like on a Monday morning?** - demand patterns, daily volumes, day/time of consultations.
- **What types of conditions are they being used for?** (if using an automated history taking engine).
- **What are staff training needs?** Identify variations in remote closure rates between personnel and speak to staff.
- **What is the wider impact on health service use?** – what percentage of patients are directed to urgent care or A+E by the system?
- **What is the time taken to respond to an online consultation?** - a distribution of response and completion times.
- **Do they redistribute workflow away from GPs?** - who dealt with the online consultation. Are non-GPs closing online consultations? Is the balance of personnel in the team appropriate? Could you hire a more varied workforce?
- **Does it disadvantage certain groups or has it resulted in an increase in consultations with people who experience the greatest health inequalities?** How many online consultations are assisted by a carer, practice staff, or carried out by a proxy? What is the take up of online consultations by different age groups? Understanding uptake by carers, people with certain conditions and other demographic groups would require a practice level audit. Consider the impact on the availability and quality of face to face consultations?

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Patient perspective

We expect commissioners to work with LMCs and support practices and PCNs with the resources to measure impact. There are no mandatory monitoring requirements for practices. We have included some examples of what practices have found useful to monitor with suggestions of how to measure these.

Patient Perspective

- **Are patients aware of the availability of online consultations?** you could assess this through a quick survey of patients seeking to book an appointment or discussion with your Patient Participation Group (PPG) and/or other local groups. Is it easy to find on the website? How did they hear about the service? This may help focus promotion efforts.
- **How quickly can a patient access care?** Does it change appointment waiting times? Monitor [NHS Digital appointment time](#) data.



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Practice perspective

- **What is the impact on workload?**

Does it [save time/provide more appointments](#)?

Record the number of consultations per month divided into type (online, video, telephone, face-to-face) and multiply by the average duration of each type of consultation to calculate the total number of hours spent consulting and the total number/type of consultations, compare pre and post implementation.

- **Does it reduce incoming phone call volumes?**

Audit the number of phone calls received by reception during a week. In some cases your phone system will record this for you.

- **Has it changed your antibiotic prescribing patterns?** Adapt your antibiotic prescribing audits to include whether the prescription was issued following an online or video consultation to monitor for a change in prescribing patterns. The RCGP have produced audit tools to allow prescribers to compare their prescribing decisions with local guidance.

Does it reduce non attendance (DNA) rates? This can be assessed through regular audit of your computer system or via NHS Digital appointment data.

GP APPOINTMENT DATA

NHS Digital have published GP appointments data which includes:

- The number of surgery appointments, home visits, telephone and online consultations
- The type of healthcare professional leading the appointment
- The number of appointments where a patient did not attend
- The time between an appointment being booked and taking place

There is ongoing development of the resource and practices should note the [limitations on this data](#).

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NHS Digital
appointment data

Measuring
demand and
capacity

RCGP Antibiotic
Audit Toolkits



Staff perspective

- **What is the impact on staff?** Discuss with staff or conduct a [staff survey](#), look at retention of staff and reasons for leaving. Have confidence levels in processing online consultations increased?
- **What are staff training needs?** Audit adherence to protocols and processes
- **Have there been unanticipated benefits or unintended adverse consequences?** Are you logging clinical incidents and reporting them to the supplier? Discuss with staff and monitor incidents
- **Are the online and video consultations appropriate?** Discuss with staff/clinicians, audit unplanned re-consultation rates within 2 weeks of an online or video consultation for the same problem, do they enable a higher quality follow on consultation if needed?
- **Do they enable staff to allocate more time to those that need it?** Do they reduce avoidable face to face consultations? Discuss with clinicians and practice staff



University of Bristol's Centre for Academic Primary Care have provided more information on how to measure success.

**Centre for
Academic
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**NHS England
Insight resources**



Use with an understanding of the patients' lives and how the technology relates to the management of their health condition ([VOCAL study](#)). Consider a **targeted** approach.

Offer a range of remote consulting modalities to allow for patient preference and specific needs

Although video consultations are well received, generic uptake is usually low. Patient contact preference data from a sample of 21 practices revealed a much higher preference for secure messaging, telephone or face to face consultations compared to video (askmyGP data first quarter 2019). A preference for telephone is also reflected in the recent evaluation of Babylon's GP at Hand Service.

A key advantage of video over telephone is the ability to pick up on visual cues or when visual examination is important e.g. assessment of inhaler technique, people who are housebound, have a mental health problem or palliative care need or support members of your MDT visiting patients. They have the potential to reduce home visits. However people didn't see the advantage of video if they did not require the visual or even felt uncomfortable with it e.g. discussing sexual health problems ([ViCo Study](#)).

TIPS

Adapt use to shape the service around patient needs.

Ensure a seamless process for administrative outputs of a consultation e.g. sending in a test sample, arranging a prescription or referral, booking an appointment.

The quality of record keeping is important to avoid the need for patients repeating themselves if they need to be seen, and improves the feeling of continuity.

RESEARCH

The ViCo study found the duration, content and impact on re-consultation rates were similar to telephone for **follow up consultations in primary care**. Video consultations were popular with those that used them. Patients value its convenience.

"Comparing video and telephone, it was just all the non-verbal cues...you're much more focussed on the person in front of you. So in terms of the quality it's probably higher comparing video with telephone in terms of my attentiveness. It then stops me from multi-tasking, like doing another patient's prescription."

Clinician, ViCo Toolkit

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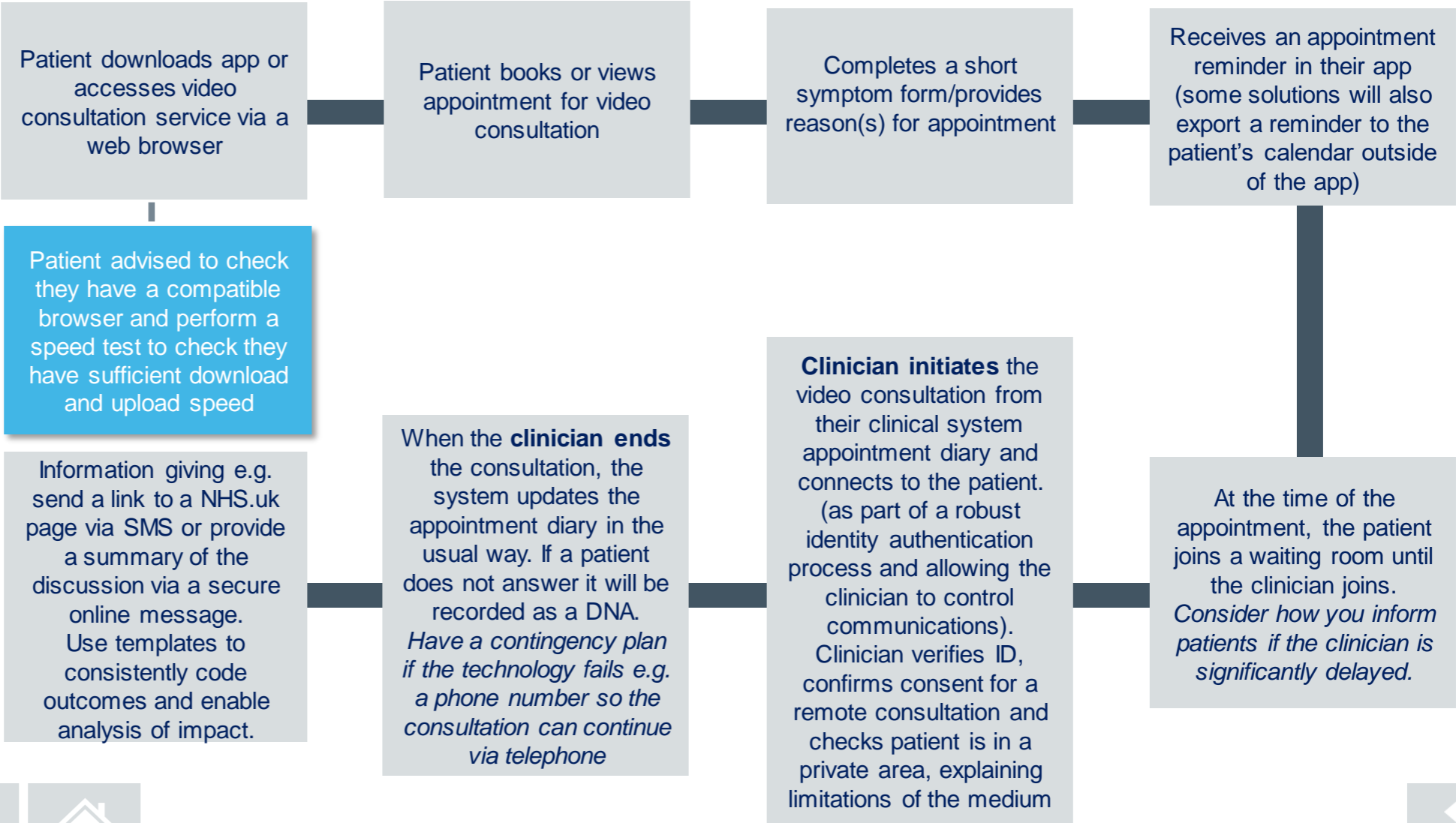
VOCAL Study



What does the patient flow look like?



This is one example of a model that practices are using where the video consultation solution is integrated with the GP clinical system.



A summary of the video consultation should be documented in the patient's medical record in the same way as a face to face consultation. Video consultations should not be recorded, unless the service user provides explicit consent to live recordings - if provided this should be noted in the care record.

Video consultations

“We cannot have practices being asked to offer video consultations when their present hardware and bandwidth do not allow them to consult effectively without frustration.” **The Primary Care (GP) Digital Services Operating Model 2019-21** requires CCGs to support practices in this development by ensuring investment in IT enabling services necessary to use the service.

For more information on overcoming infrastructure challenges see pages 110-111 in the full toolkit

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Your CCG should ensure you and your patients have the right equipment and IT infrastructure to deliver this modality. Consider requirements early with your **local IT lead**.

- Does it work on your desktop or chosen device? Do you have sufficient internet connectivity? Consider how many locations will need the solution, the concurrency of usage and seek advice on current [infrastructure to accommodate the solution](#)
- Will you (and the patient) need an external microphone, speakers/headphones and webcam?
- Aim to maximise privacy; consider device and volume settings, screen position, consult in a private, quiet, well-lit room; input into your privacy impact assessment.
- Provide patients with guidance on the secure use of the chosen solution. Seek input from your local DPO.

[ViCo Toolkit](#)

High speed internet connectivity is usually required (some systems may work at lower internet speeds so check requirements with suppliers). Test your speed and latency at [Speedtest](#). Encourage patients to connect via WiFi for quality and cost reasons.

Some systems allow you to carry out the video consultation from within the system while viewing the medical record at the same time. Otherwise, **consider the use of two screens**.

Block book several video calls after the equipment is set up rather than making a video call during usual surgery clinics.

Consider a **longer appointment slot for the initial video call**, as the technology may require adjustment before the consultation can proceed.



- Informed patient consent is required. The [Information Governance Alliance](#) and [NHS Staffordshire](#) have produced guidance on the key points to cover. Address any concerns.
- Check the video technology is working beforehand.
- In the event of technical difficulties, the clinician should contact the patient to inform them of the problem. Make sure that the phone number on file is correct and remind patients to have other forms of communication available to them before the consultation ([VOCAL study](#)).

ADVICE FROM PRACTICES

Consider a mix of video and telephone appointments to allow 'wiggle room' should you experience technical problems.

Try not to schedule video calls first thing in the morning – this helps if there are technical problems or a clinician is delayed getting to the surgery.

**For more information
on overcoming
infrastructure
challenges see pages
110-111 in the full
toolkit**

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Using video consultations as part of an integrated care system to support care homes.

Improving access for care home residents through digital technology

A scheme led by Tameside, in the Greater Manchester region, is using digital technology to support older people stay out of hospital, reduce avoidable ambulance call outs and access care faster.

A video on-call team take around 8,000 calls a year from wardens working in sheltered accommodation, care home staff and community teams looking for advice and support for their residents.

In the last two years they have prevented 3,000 avoidable visits to A&E and freed up 2,000 GP appointments by addressing issues via video consultations. Dedicated nurses provide advice, guidance and reassurance to staff through a video consultation and avoid the unnecessary disruption and distress of attending A&E.

What are practices using video for?

Video consultations have been used by practices to improve GP retention **increasing practice capacity**, support care homes, hospices and long term condition management. These videos were produced by Redmoor Health on behalf of the NHS in Staffordshire, Lancashire and Cumbria:

[GP retention](#)

[Care homes](#)

[Hospices](#)

TOOLS AND RESOURCES

Practices in North Staffordshire have conducted 2001 video consultations with care homes since June 2018, saving 10,232 minutes of travel time, 850 miles of driving and 1566 face to face visits. The pilot has developed an **example protocol** (with a **patient information sheet**), **standard operating procedure** and **privacy impact assessment** and **example MoUs** between practices and care homes, highlighting some key considerations regardless of your chosen solution. Review as a guide, seeking further advice where necessary.

“Tameside’s pioneering work is an example of what happens when you bring together teams from the NHS, local authorities and care home providers and give them the freedom and resources to develop new ways of doing things.”

Chief Officer of the Greater Manchester Health and Social Care Partnership

For more information on choosing a video consultation solution see pages 119-120 in the full toolkit

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Tameside case study

NHS North
Staffordshire Video
Consultation Pilot



We have collated this library with a range of tools to support you in implementing online consultations in your area. These tools can be used in conjunction with your own. As the toolkit develops, we expect to expand on the range available. For references, more resources and our case studies library please see our main toolkit.

[Key messages](#)[Templates](#)[Categorisation tool](#)[Case study library](#)[Summary checklist](#)

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Enabling patients and carers to make an informed choice about their consultation. Messages may include reassurance that online consultations are safe and secure and can enable patients to ask questions and share their health concerns with an appropriate health professional connected to their GP practice. This professional will have appropriate access to their medical record and will provide clear advice and instructions on what to do next. While many consultations are fully completed online, it is important that patients understand that if it is appropriate their health professional might refer them to another health professional, or request a face-to-face appointment for examination, tests or further investigation.

Online consultations offer people a quick, convenient and secure alternative to visiting their GP practice. Online consultations:

- enable you to choose your preferred way of consulting a doctor or nurse
- give you fast access to information and advice
- If your doctor feels you need to be seen they will arrange this
- helps your practice work more effectively

Many medical enquiries can be resolved without the need for a face-to-face appointment, and online services enable you to access many of the services you would expect. For example, when you need:

- a review about an existing condition or medication
- to ask about a symptom or referral for a test
- to discuss a test result

Online consultations are not an emergency service. If it is a medical emergency call 999. This is when someone is seriously ill or injured and their life is at risk.

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All primary care staff play an important role in helping to shape the digital transformation of services, so a whole practice approach is needed to promote appointment choice to patients, including the option of online consultations. The following are examples of key messages for practice staff to help them understand why online consultations are being implemented.

Online consultations support the adoption and design of technology which:

- helps to manage workload more effectively in practices
- helps practices who want to work together to share resources, workforce and achieve economies of scale
- supports building resilience
- supports greater efficiency across the whole system
- enables self-care and self management for patients

In early adopter practices, online consultations are proving to be popular with patients of all ages, enabling the patient to access information about symptoms, conditions and treatments, and connect to self-help options.

Online consultations can allow time for GPs to spend more time leading complex care for those who need it.

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Many practices now use SMS text messaging to communicate with their patients. This might be to remind their patients about an appointment that has been booked, or to tell them that their prescription is ready to collect. As part of your plan to promote online consultations to patients you could add a line onto these standard texts, reminding patients about online consultations.

“Did you now know you can contact your GP using online consultations [or video consultations], please visit our website [insert website address] and you will have a response within [insert response time]”

“Did you know you can now save yourself time waiting on the phone and consult with your GP online [or via video], please visit our website [insert website address].”

“By having an online consultation with your GP, you may be able to pick up your prescription directly from your local pharmacy without having to come into the practice. For more information visit [insert website address]”

TIP

Some text messaging services allow messages to be sent in different languages – check with the supplier.

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Template – phone message

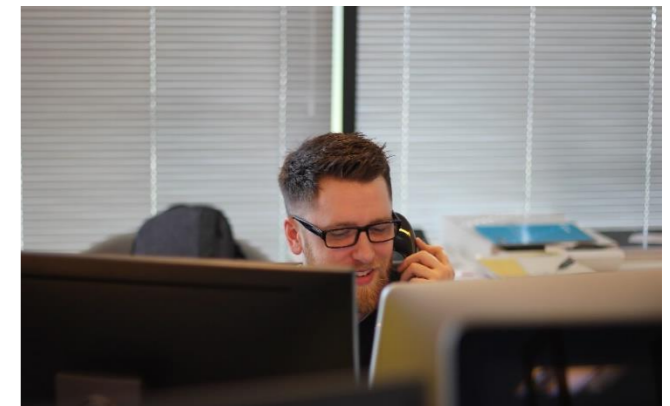
Many practices use a call waiting function for when patients phone the practice or are on hold. As part of your plan to promote online consultations to patients you could add a recorded message, reminding patients about online consultations.

"This is Dr [insert name], if you are ringing to book an appointment or speak to a GP, we have a quick, convenient and easy way to get help to you. Go to our website and click [insert instruction]. This will allow you tell us about your problem or question. The information you give will be reviewed by our practice team, who will get back to you promptly, usually within [insert response time frame]. If you need to be seen, the doctor will arrange this. If you are unable to access our website a relative or friend can help you. Otherwise, please hold for reception, who will ask you the same questions as the online system."

"Thank you for calling [insert practice name]. If you are ringing to book an appointment or speak to a GP, you may wish to try our online consultation service [or video consultation service]; a quick, convenient and secure alternative to visiting the practice. You can access this via the practice website, where you will be asked to fill in an online form and we will get back to you by [insert response time] with the next steps."

TIP

If a patient continues to wait on the phone, this same message (or a shorter version) could be replayed at intervals.



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Below are some example scripts that practice staff can use to promote online consultations when speaking to patients, either face-to-face or on the telephone.

“Next time, why not consider completing an online consultation? It’s available through our practice website and is a quick, convenient and secure alternative to visiting the practice. Simply tell us about your problem or question and the information you give will be reviewed by our practice team, who will get back to you promptly, usually within [insert response time frame].”

“Currently, our routine waiting time for a face-to-face appointment is [insert waiting time], why not visit our website and complete an online consultation. This gives you the opportunity to tell us about your problem, or question, and receive an answer by [insert response time frame] with the next steps.”

“In the future, if you need advice, a GP letter, or a review of your medications or long term health conditions, why not try an online consultation. Simply fill out our online form via the practice website, and we’ll get back to you by [insert response time frame].”

Key messages

An online consultation:

- gives you time to explain your problem without feeling rushed
- can be filled out at any time, day or night, even at the weekend
- ensures if you need to be seen, the doctor or nurse will arrange this for you, but often you may not even need to come in to the surgery

After you’ve submitted your online consultation the practice will get back in touch and let you know what the next steps are

Relate benefits to identified patient pain points e.g. long waiting times for appointments or on the phone



Suppliers will often provide you with examples of wording you can use to promote the service to patients

Prescription Slips

“By having an online consultation [or video consultation] with your GP, you may be able to pick up your prescription directly from your local pharmacy without having to come into the practice. For more information visit [insert website address].”

Practice Newsletter

Online consultations coming soon! [or Video consultations coming soon!]

We are excited to announce we will be launching online consultations [video consultations] for our patients. Offering you a quick, convenient and secure alternative to coming into the practice. Many medical enquiries can be resolved without the need for a face-to-face appointment, and online services enables you to access many of these services as you would expect. They still allow you to access advice from your GP or nurse safely and efficiently, without booking an appointment. If the doctor or nurse feels you need to be seen they will arrange this. The service will be available via the practice website, visit [insert website address] from [insert date].”

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1. Online consultations offer people a quick, convenient and secure alternative to visiting their GP practice, enabling you to choose how you interact with your doctor or nurse.
2. Many medical enquiries can be resolved without the need for a face-to-face appointment, and online services enable you to access many of the services you would expect.
3. Need to have a review about an existing condition or medication, to ask about a symptom or referral for a test or to discuss a test result? Consider using online consultations, a quick, convenient and secure alternative to visiting your GP practice.
4. Don't wait needlessly on the phone, access online consultations for an alternative way to get advice from your practice.



Categorisation tool

The Beacon practice group in Plymouth, Devon recently launched an eHub, to support improved patient flow and access to care within their GP practices. To ensure workflow is designed around the patient needs and provides the type of continuity that would serve them best, they have identified local cohorts of people with complex needs and, in turn, direct them to the right place and person when they contact the eHub.

The practice codes patients into segments based on the tool below. Less complex categories (1 and 2) are triaged by an experienced clinician in the ehub; higher complex categories (3 and 4) are triaged by a named clinician at their home practice or may be directly booked in for an appointment. When patients contact the practice they are advised of the above. The Beacon practice group run searches on a weekly basis to update their patient category coding. Clinicians can update a patient's category in the interim e.g. after a change in diagnosis, allowing for a change in circumstances. Categorisation may evolve over time with increased use of the system.

The categorisation tool describes three patient groups, identifies risk factors and aligns them to one of five category types, 1, 2, 3, 4 & 4a. The tool was adapted from original work by Dr Steve Laitner. Using primary care data they were also able to layer resource use onto this, for example rates of appointments, DNAs, home visits and A&E attendances. The categories used in Plymouth's tool were designed to support their local processes and population, the tool should be clinically reviewed and adapted to reflect your local requirements including wider determinants of health and demographics.

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	Generally well		Long-term conditions / long-term needs		Complexity of LTC(s) and/or disability
	Low risk 1	High risk 2	Low risk 3	High risk 4	High risk 4a
Children and young people (0-25)		Child only risk factors <ul style="list-style-type: none"> • Prematurity • Looked after children • Child in need/child protection • Plus all risk factors below 			<p>N.B. risk is the risk of moving up to the next tier.</p> <p>Final high risk is risk of deterioration of health status/healthcare activity/death.</p>
Working age adults (26-65)		Risk factors child and adult <ul style="list-style-type: none"> • Smoker (14yrs +) • BMI >30 • BP >150/90 +HP • Drug misuse • Polypharmacy more than 5 meds on rpt • Pre-Diabetes hba1c 42/48 (not diab) • Gestational diabetes • Autistic spectrum disorder check come up as LD • Adult safeguarding concerns • Vulnerable adult • Armed forces veteran • Homeless • Carer at home • Frequent attendee of primary care top 100pts 	Single LTC QOF indicators – minus the below – HP <ul style="list-style-type: none"> • Dementia • Smoking • Obesity • Primary prevention • Pall care +/- and or shared care	2 + LTC or 1 LTC plus risk factors	1 + LTC with <ul style="list-style-type: none"> • Palliative Care needed • Metastatic • Dementia • Nursing home • Residential home • Housebound • Sensory impairment hearing/seeing • Frailty – severe
Older people (65+)					

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	Generally well		Long-term conditions / long-term needs		Complexity of LTC(s) and/or disability	
	Low risk	High risk	Low risk	High risk	Low risk	High risk
Children and young people (0-25)						
Working age adults (26-65)						
Older people (65+)						

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Source: Steve Laitner, Mark Davies and NAPC



Case studies

Participate in a case studies

We are building a library of case studies to ensure commissioners, practices and PCNs can continue to learn from each other. If you would like to participate in a case study, the process on how this would work is outlined below:

Make contact with the OC team to express your interest in participating in a case study

We will arrange a convenient date with you for a visit or telephone call

We will have a conversation with you about the benefits and challenges relating to implementing OC

We will write up the case study and share it with you for final sign-off

The case study will then be published so we can continue to share good practice and learning

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Contact us

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commercial.procurementhub@nhs.net

If you have any feedback on this document, or would like to share any learning with us, please contact us via england.digitalfirstprimarycare@nhs.net

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Using Online Consultations In Primary Care Summary Toolkit

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Contact | england.digitalfirstprimarycare@nhs.net

The information contained within this summary toolkit comes from the full [online consultations implementation toolkit](#) which can be downloaded from the NHS England website.

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