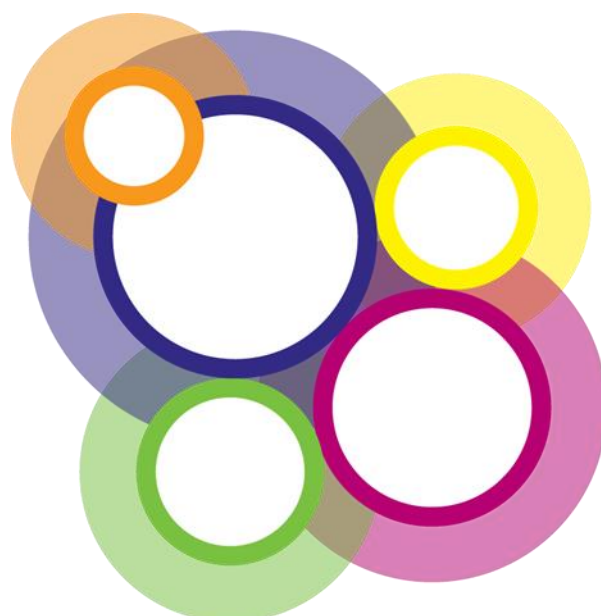**Partners in improving local health**

Newcastle Gateshead Transformation of Patient First Contact

Workstream Review

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Contents

List of Abbreviations and Acronyms

Term	Description
BC&B	Business Change and Benefits
CCG	Clinical Commissioning Group
DFPC	Digital First Primary Care
GP	General Practitioner
HCA	Health Care Assistant
LTC	Long Term Condition
NECS	North of England Commissioning Support
NHS	National Health Service
NHSE	NHS England
PCN	Primary Care Network
PM	Project Manager
QoF	Quality Outcomes Framework
TT	Total Triage

Purpose

The purpose of this document is to report to the North of England Commissioning Support (NECS) Programme Manager, Inner West Primary Care Network (PCN), ICT Programmes & Systems and Business Information Services on how well the project has performed against its Project Objectives.

Project Review

Original Project Objectives

The objective of this project was to assist the Inner West PCN within the Newcastle and Gateshead Clinical Commissioning Group (CCG) area with maximising the benefits of using a digital first approach to delivering GP services. It was agreed that the project would initially support the five GP practices within the Inner West PCN with a view to donate part of this resource to Newcastle / Gateshead area with the intention that all lessons learned feed into the wider NHS England (NHSE) Total Triage (TT) support fund. As the Inner West PCN practices all utilised the EMIS Web clinical system a further agreement was made to support five further GP practices within the North Gosforth PCN to enable further learning from the SystmOne clinical system to be captured and shared were possible.

Although the PCN did not envisage a universal digital first approach as per the TT model, they still wanted to maximise the utilisation of digital solutions for patient contact. As COVID 19 has changed the ways in which general practice now interacted with patients, the PCN felt this was a perfect opportunity to integrate some of the new ways of working and fully support the integration of the digital solutions that have been embedded prior to, or as a result of, the COVID 19 pandemic.

NECS provided a Project Manager (PM) to support the Transformation of First Contact agenda with a view to completing the agreed high level objectives outlined below:

- Project manage and co-ordinate the scope of the work including engaging the right resource at the right time to resolve problems.

- Evaluate blocks to maximising utilisation of digital solutions for patient contact

- Suggest improvements to workflow within practices.

- Consider whether there are gains to flowing work across Primary Care Networks.

- Review how Total Triage can maximise the benefits of extended team members as they are engaged by Primary Care Networks with a final end point that supports patients receiving the most appropriate support by the right person at the right time.

Project Performance

Whilst the PCNs had already made gains embedding digital solutions into best practice, the outbreak of COVID has changed the way general practice has operated since the introduction of social distancing measures. Although COVID had helped the acceleration

and integration of pipelined solutions the PCN were at a stage of reviewing and maximising the benefit of this digital first approach.

Prior to the COVID outbreak the PCN had five individual projects aligned to their GP Practices; these projects were assigned to assist with the transformation of patient first contact agenda;

- Project 1: Video Consultations – Teams Medical
- Project 2: Maximising eConsult usage – Chainbridge Medical
- Project 3: Standardising Appointment Types – Whickham Medical
- Project 4: Maximising the range of appointments online – Glenpark Medical
- Project 5: Exploring Cross-org working – PCN Wide

NECS PM was required to review the progress of these projects to gain an understanding of the practices position, provide co-ordination and support these projects moving forward.

Project 1: Video Consultations

Due to the outbreak of COVID-19 practices were required to re-think the current way that primary care was being delivered. With many GPs and support staff in self-isolation, the clear need to reduce the necessity of face-to-face contacts was realised. Video consultations were seen as a possible solution to support the reduction in face-to-face appointments; however due to the need of a fast paced solution telephone triage was the chosen method of patient first contact for all practices.

Following discussions with each practice regarding the integration of their video consolation solution (AccuRx Video) it was apparent that the practice struggled to identify the benefits of using their video consultation solution. During the work being completed by Teams Medical Practice to support further integration of the solution, a regional project was created along with NECS project team, CCG's, General Practice and colleagues from the national team, to support practices across the North East and North Cumbria region with video consultation systems.

Through activity tracking and General Practice engagement, including a review of clinical scenarios and processes, the project is focused on understanding lessons from using video consultations out of necessity in response to Covid-19 and on enabling the future utilisation of video consultations alongside face to face and telephone consultations as part of maintained business as usual processes that meet patient needs, realise potential benefits and provide a platform for informed future procurement decisions.

Summary

The national project continued into 2021 with updated supporting documents including process maps, user guides and potential benefits available via GP TeamNet. Contact details of the NECS Project Manager (Mark Helm) has been shared with the practice across the Newcastle and Gateshead area, resulting in a view that the regional project would replace the work being completed by Inner West PCN.

Project 2: Maximising eConsult usage

Although eConsult was successfully rolled out throughout Newcastle and Gateshead CCG, the integration of eConsult was embedded differently within each GP practice. The aim of this work was to identify ways to increase utilisation of eConsult and support GP Practices with further integration, enabling the practices to get the most out of the funded solution.

In addition, the COVID-19 pandemic increased the need for social distancing within GP practices across the region with a need to reduce face to face appointments within primary care where possible. NHSE suggested that practices looked to embed a total triage solution with an aim that all patients would use digital technologies such as online consultations, as the new way of communication with their primary care services. Although it was agreed throughout the NG CCG area that this was not the preferred model, there were aspects of a total triage system that we could look to utilise to support the use of the eConsult solution to reduce practice footfall such as eConsult workflow integration and Long Term Condition (LTC) reviews.

The PM contacted practices within the Inner West and North Gosforth PCN to identify a number of eConsult Champion sites, these sites would be those who were interested to further embed the solution enabling NECS to process map the improvements and share with the wider CCG. This would also enable direct support from the eConsult team to improve practice processes and improve patient communications. From the ten sites within the Inner West and North Gosforth PCNs, nine sites came forward to work with eConsult and NECS to support the further integration.

MS Teams meetings were set up with each site to discuss their experiences of eConsult. This review identified that although processes had been changed in practice to incorporate eConsult, integration was limited across the two PCN's with practice managers confirming that the solution was driven by patient choice. A large factor against further integration was the non-integration of eConsult templates into EMIS workflow which unfortunately increased the admin resource burden when dealing with the completed eConsult templates.

A workshop was organised, for 9th September 2020, to provide the eConsult team the opportunity to demonstrate its capability's and also focus on the Long term Condition Templates, as this could be seen as a quick win for practices to increase the utilisation and open the solution to more of the patient demographic. The workshop also enabled the eConsult team to offer further support moving forward. Delivery of the session was done by the new eConsult Transformation Manager and practices were invited to attend the session by the CCG. Unfortunately only four practices from the nine champion sites attended the session.

Following the workshop, the slides were emailed out to all of the practices along with the opportunity of structured support to embed the eConsult LTC Templates into their practice processes. Support was offered to work with them and eConsult, to map their current and future state processes to tailor the solution to meet their practice requirements. To date no practice has responded to this offer of additional support, despite multiple offers.

A key part of the project was to support the integration of eConsult into the EMIS Workflow. Although this was available to all SystmOne sites and sites using the DocMan service, there were know issues with the EMIS Web integration. On the 9th October eConsult confirmed testing had been complete and the opportunity for workflow integration was now available for all sites. The PM contacted all practices within the Newcastle and Gateshead area on the 12th October to facilitate the activation of this service.

Following testing with of the new eConsult interop service with Park Medical Group it was identified that although interop worked and was functional; when an eConsult comes into workflow they are unrecognisable as eConsults. They stack along with other clinical documents awaiting filing. This throw up a risk that eConsults would not be easily recognised amongst potentially hundreds of other documents. eConsult are working hard with EMIS to provide write access to enable them to change the naming convention of the document and also asking for the ability to add source or provider details to enable practices to apply filters, unfortunately they have not able to provide us with timescales of when this will be likely to be included.

The PM has been liaising directly with all EMIS practices across Newcastle and Gateshead CCG to investigate the desire to activate the interop solution. Originally 22 sites agreed to proceed with only two opting to retain the current processes. Since testing the interop solution, the numbers have now changed to reflect disappointment with the product. Only three of the original 22 sites have requested to proceed with interop integration with six changing from a yes to a no. The remaining 16 sites have yet to confirm their intentions and it has been agreed that the details of these sites would be sent to eConsult to set up further testing of the solution with the agreement to proceed being left with each site. Details of interop process have been fed back to the CCG who will manage the activation of interop moving forward.

Summary

Due to the second wave of COVID-19 practice priorities have changed resulting in minimal uptake of the champion sites to support further integration of the eConsult solution. As a result of the work completed above a document library has been created on the Newcastle and Gateshead GP Team Net site. This will enable the PM to provide practices with information on how to improve the eConsult offering, including access to the eConsult support site, patient communications, process reviews and guidance on how to set up Interop for both EMIS and S1 practices.

As the eConsult contract is due for renewal in July 2021 some of the practices NECS have worked with have suggested a full procurement exercise to investigate the options moving forward. Some GP practices have made it clear that eConsult would not necessarily be the chosen provider and would benefit from a choosing a solution that worked better with their digital appetite. A further review was completed with practice staff to better understand the blockers of further integration of this solution into practice, the results of this review have been included as part of the documents Post Project Review section.

Due to NECS's involvement with the eConsult team during this project, the PM's contact details have been shared with the regional CCGs to enable the sharing of best practice and to support integration of eConsult into workflow should practice which to proceed. NECS have since supported both Sunderland and Northumberland CCG to better understand interop and the potential impact of missed eConsults, which has enabled them to better plan the rollout of workflow integration across their areas.

Project 3: Standardising Appointment Types

A built in feature of both EMIS Web and S1 is the ability to create bespoke appointment details. These can be tailored to create slot types, colours, icons, flags and reasons. As each GP practice configures their own clinical system, in a way to match their practice

requirements, there now exists a huge variation of current and legacy models in use with little or no standardisation.

As practices move into PCN models of working this has an impact on clarity of the appointment book and if not resolved, can lead to the appointment booking system becoming confusing and dysfunctional.

A standard approach to using appointment rotas would help practices, PCNs and commissioners understand patterns of activity and capacity, covering the full range of patient interactions in a GP practice or PCN environment. Standardisation would offer the ability for universal recording or reporting standards, which could be applied across the CCG. On a more local level, standardisation would allow all staff members to work across the organisation and log into a clinical system that looked and acted in a familiar way, no matter which practice or Clinical System they worked in/on.

Some of the identified benefits of this approach would see;

- A reduction in variation to enable ease of applying a more simplified approach

- Increased reporting capabilities

- Improved data outputs

To gain an understanding of how the appointment functionality was being utilised within practices NECS worked with the Inner west PCN, to establish the current state of how their appointment functionality was being used within the chosen clinical system i.e. what each practice currently had in use over five key categories:

- Reasons for appointment

- Slot Types

- Session Holder Filters

- Embargo Types

- Session Categories

Once established, work was then done to check if these categories were used and if so how often. Additionally, practices were asked to supply the data to enable NECS to establish if there were any commonalities between the practices and if so what they used.

The Findings

The below table shows a high level overview of how each of the practices have utilised the appointment functionality within their clinical system, highlighting how easy it is to have bespoke appointment data for each practice;

	Chainbridge Medical	Glenpark Mecial	Sunniside Surgery	Teams Medical	Whickham Cottage
Reasons for appointment	13	22	56	98	23
Slot Types	82	79	44	165	129
Session Holder Filters	7	17	0	29	27

	Chainbridge Medical	Glenpark Mecial	Sunniside Surgery	Teams Medical	Whickham Cottage
Embargo Types	5	16	4	2	0
Session Categories	7	1	0	31	9

Reasons for appointment

Once the practice has created a reason for an appointment, it can be applied to any appointment slot in the ledger to immediately create a visual aid to the clinician.

To establish the total number of the reasons created, the practices collated the number of appointment reasons they had created for their practice and this was compared to all of the other practice data.

Table 2 shows the approximate numbers of appointment reasons recorded for each practice.

	Chainbridge Medical	Glenpark Mecial	Sunniside Surgery	Teams Medical	Whickham Cottage
Reasons for appointment	13	22	56	98	23

To establish the variance and consistency of reasons for appointments, created by all of the practices, Table 3 shows the most commonly created reasons and which practices use them. The table also highlights that even some of the most commonly used appointment reasons aren't used in every practice.

	Chainbridge Medical	Glenpark Mecial	Sunniside Surgery	Teams Medical	Whickham Cottage
Dressings	✓	✓	✓	✓	✗
Ear Syringe	✓	✓	✓	✓	✗
Flu	✗	✗	✓	✓	✗
Implant	✗	✗	✓	✓	✗
Injection	✗	✓	✓	✓	✗
Pill Check	✗	✓	✓	✓	✗
Shingles Vaccine	✗	✗	✓	✓	✗

Slot Types

Once a slot type has been created by the practice, it can be applied to any appointment slot in the ledger to immediately create a visual identification aid.

To establish the value of the slot types created, the practices were asked to run a report on number of slot types used and this was compared to the number of slot types created. The report was run using dates from Jan – March 2020 (inclusive) to demonstrate the number and frequency of any slot types that may have been applied.

Table 4 shows the *approximate numbers found.

	Chainbridge Medical		Glenpark Mecial		Sunniside Surgery		Teams Medical		Whickham Cottage	
Slot Types	Created	Used	Created	Used	Created	Used	Created	Used	Created	Used
	82	47	79	67	44	17	165	106	129	43

The table highlights that from the 499 slot types created over these 5 practice only 280 (56%) of the slot types are being utilised.

Session Holder Filters

The practices can use session holder filters to group session holders and quickly view all their appointments at once. For example, they could create a filter called Nurses to use to view all nurses' appointments, a filter called Doctors to view all doctors' appointments, and a filter called All Clinicians to view everyone's appointments.

Session holder filters are used by four of the five PCN practices.

	Chainbridge Medical	Glenpark Mecial	Sunniside Surgery	Teams Medical	Whickham Cottage
Session Holder Filters	7	17	0	29	27

Embargo Types

You can use embargo types to block appointment slot types for urgent appointments, for example at the start of the day. These slots can be configured to be automatically released minutes, hours or days before the slot time. Embargo details are displayed first in the description column for slots that are blocked or urgent.

The five PCN practices use embargo slots to varying degrees ranging from 16 slots to none at, however there is little or no commonality between the practices, with only Practice 2 and Practice 4 having one embargo type the same

	Chainbridge Medical	Glenpark Mecial	Sunniside Surgery	Teams Medical	Whickham Cottage
Embargo Types	5	16	4	2	0

Summary

Working with only 5 Practice within the Inner West PCN it is clear that there is a large variation in how each practice sets up and manages their appointment rotas. A standard approach to using appointment rotas would help practices, PCNs and commissioners understand patterns of activity and capacity, covering the full range of patient interactions in a GP practice or PCN environment. Standardisation would also offer the ability for universal recording or reporting standards, which could be applied across the CCG. On a more local level, standardisation would allow all staff members to work across the

organisation and log into a clinical system that looked and acted in a familiar way, no matter which practice or Clinical System they worked in/on.

This work has also highlighted a high volume of slot and appointment types that have been created to support the need of individual staff within a practice, however appointment details are not being reviewed leading to a large number of appointment and slot types that are no longer used but have not been made obsolete on your system, thus creating a larger list for admin teams to select from when booking a patient in for an appointment and effecting the accuracy of reporting on your clinical system.

Recommendation

The COVID pandemic along with the introduction of additional digital services, such as online consultations and video consultations, is changing how practices are booking or managing their appointments, the problem is the clinical system is not being regularly reviewed resulting in a large number of appointment and slot types that are no longer used but have not been made obsolete on the clinical system.

NECS recommend that each practice undertake a review of their appointed and slot types held on their clinical system, also adding this as an agenda item during any upcoming PCN meetings. This may be beneficial to discuss how slot types can be managed and maintained across your PCN, with a view to align all practices slot types and enable a more standardised approach across your patch.

Following the review of the five sites it highlighted 499 slot types created with only 280 (56%) of the slot types are being utilised. Similarly Chainbridge medical have 13 reasons for appointments recorded on their clinical system against 98 at Teams medical a significant increase, however teams medical are confident that all 98 are required. Reviewing and standardising the Appointment data across Newcastle and Gateshead CCG will not only make it easier to work in a more coherent way, but enable PCN's to fully utilise reporting data and get best out of future PCN cross organisational working.

Project 4: Maximising the range of appointments online

The NHS's ambition is to embrace technology as part of its drive to offer modern, convenient and responsive services to patients, their families and carers. The online appointment booking facility is available to all registered patients within a GP surgery. The patient can use this online service to book, check or cancel appointments with a GP, nurse, or other healthcare professional.

Historically, the availability of on-line appointments has been limited, but not restricted, to GP appointments. This is due to the complexity of managing nurse led appointments within the practices clinical system with practices experiencing problems with patients not understanding the length of appointment slot they required and booking into the wrong appointment. This resulted in inconvenience for the patient and admin staff when these had to be cancelled or changed; and many patients disengage and stop using the service. The CCG and PCN were keen to investigate these barriers and increase the amount of on-line appointments being utilised across the Newcastle and Gateshead area.

Summary

Unfortunately due to the outbreak of the COVID-19 virus NHS England advised practice to switch off the online booking facility to limit the face-to-face interactions with patients. NECS's PM and Business Change and Benefits (BC&B) team have been working behind the scenes to create an interactive workshop to support the increased utilisation of Nurse Appointments which can be delivered to the PCN as soon as the COVID restrictions have been lifted. The aim of the workshop is to explore the potential of the practice piloting the promotion of nurse led appointments being made available. The workshop will also cover the planning, promotion and management of this pilot.

The PM was working closely with Chainbridge Medical Group and initial workshop was booked for 4th August 2020, to deliver this interactive face to face session. Unfortunately due to COVID-19 restrictions this had to be postponed, however a follow on action has been added below to ensure the session is re-booked and delivered as soon as restrictions are lifted.

Project 5: Exploring Cross-org working

Alongside the standardisation of appointment types, cross-organisational working has the potential to help GP practices within a PCN work more collaboratively, streamlining service and help support a more robust offering across the PCN areas. As practices move into a more PCN focused way of working, support was required to investigate how practice could integrate GP services across the networks to further support patient care, sharing lessons learnt across the CCG area.

The challenge NECS faced during this project was to gain an understating of what the PCN's views of Cross-Orginisational working was, and how NECS's could provide support moving forward. NECS facilitated two PCN meeting with both Newcastle and Gateshead PCN leads to ascertain and understand how PCN's wanted to work together and provide practice that were willing to implement new technologies and processes to assist the learning. The sessions were chaired by Dr Jonathan Harness along with NECS and the CCG and opened up to all PCN leads across the areas.

During the meetings the PCN's agreed that there were two areas of Cross-Orginisational working that they wanted to investigate further;

- Digital Business Continuity Planning due to COVID-19
- How to Integrate GP services within their Primary Care Networks

Digital Business Continuity Planning

During the project the outbreak of COVID-19 has accelerated the need for PCN's to ensure GP practices have the right level of business continuity in place to respond to the Pandemic. This was due to fact that practices may needs to close for a period of time and the potential that staff and patients would have to attend another site, space permitting, and run services based on the space made available. Although additional staff can physically work from any practice, providing sufficient space/PC availability; an understanding of how normal functions can be performed during this period would need to be considered.

NECS created a detailed Digital Business Continuity Planning guide (Enclosure 2) to support practice and PCNs with digital technology considerations to review in order to complement their existing Business Continuity plans. The scenario for the considerations and resources in the guide were based on if a practice had to temporary close due to COVID-19. Also the guide could also be helpful in a variety of other scenarios where staff needed to out of a different location. It was designed to assist teams in being able to work together as a PCN / Practice Group and help ensure that adequate cross cover practice working is in place from a digital perspective.

Alongside the guide NECS liaised with the Registration Authority and the GP practices to ensure the appropriate leave of cover was assigned to users smartcard's to ensure GP and administrative support could be shared between PCN areas, also supporting the addition of creating regional Smartcard Champions who had the ability to manage and maintain user's smartcards.

The Digital Business Continuity Planning guide was created with support from the Inner west PCN and has since been shared with all practice managers and PCN leads within the Newcastle and Gateshead area, along with Vic Grainger (Regional Digital Lead, Primary Care) to distribution to CCG's within the north east region.

Integrating GP services within Primary Care Networks

Many GP Practices within PCN's are still set up as separate organisations, however with the advancement in technologies for practice utilising the same clinical system (all SystmOne or all EMIS Web) the facilities are now available to enable cross organisation appointment booking. Cross organisation appointments enable a practice to book an appointment with another GP Practice within the same network, provided the PCN has an active data sharing agreement in place.

Setting up cross organisation appointments with a PCN network provides the facilities to;

- Find and book cross organisation appointments for registered patients and print standard appointment letters.
- Find and book appointments for unregistered patients (if configured).
- Search for cross organisation appointments.
- Cancel cross organisation appointments (for registered patients only) and print standard cancellation letters.
- View an audit trail of the cross organisation appointment slots booked and cancelled by their organisation, provided they have an active reporting sharing agreement with the target organisation.

During the project Glenpark Medical configured their EMIS web clinical system to enable Cross organisation appointments for the Inner West PCN. This enabled the practices within the PCN to set up a shared rota for their physio service and enable the physio to better manage his schedule and enabled the service to be run out of two separate locations with each of the five practices. This resulted in less travel for the physio and more appointments being made available to patients.

NECS collated all the appropriate guidance, including the required forms to enable the set up and activation of the required data sharing agreements, within the EMIS Clinical system and shared with the wider Gateshead area. This guidance has been extremely helpfully in

the set up and creation of the COVID vaccination hubs across the CCG, supporting the Bede Centre, Pelaw and the Birtley Medical hubs with the set up and configuration of their cross organisational appointment booking.

Although setting up cross organisation appointments within a mixed clinical system economy is still possible, due to practices being on different clinical systems there are limitation to how this would work. As part of the PCN meetings NECS agreed to work with North Gosforth PCN to review their services to gain an understanding of how they could improve practice integration across a mixed economy PCN. North Gosforth wanted to enable the sharing of Clinical and Non-Clinical appointments for their Pharmacy Technician and Dietitian services along with a clinical session for their cervical smear clinics to be set up and shared between the five Practices within North Gosforth PCN.

As the PCN had a mixed clinical system economy NECS investigated GP Connect as a potential solution to enable rota sharing across the network. The GP Connect team confirmed that the solution could be set up as required for the Dietitian services and is already widely used within other PCN's for clinical session such as cervical smear clinics and physio appointments; however a review would be required to further investigate the setup of the Pharmacy Technician rota due to the requirements of the role.

One of the main concerns around the use of non-clinical rotas was having the ability to switch off patient notifications to ensure patients are not informed of non-clinical appointments booked into the appropriate rotas. The GP Connect team confirmed that SMS services can be disabled for each rota to ensure patients are not informed of a non-clinical appointment. A session was set up with the Pharmacy Technician, Park Medical and the GP Connect team to look at the PCN requirements for this solution.

Following the meeting it was agreed that GP Connect is a feasible and free solution to enabled the setup of patient facing appointments such as, physio, nursing appointment or flu jabs, however it would create additional workflow for the Pharmacy Technician due to the need to send clinical tasks to the user and rather than save time, would over complicate the current process. The PCN are still in the process of further integrating the solution, and as part of the project we have shared our learning with the Outer West PCN who have applied for the activation of GP Connect services.

Post Project Review

In addition to the above projects the PM contacted all practices within the Inner West and North Gosforth PCN's to gain an overview of each practices digital first approach. These discussions were documented into a spreadsheet including feedback from the National Total Triage project, to enable a review of the potential blockers and further support the maximising of these digital solutions. The discussions were split into four sections;

- Patient Options (Route In)
- Practice Actions (Workflow Management)
- Outcome (Resolution)
- Software / Hardware Requirements

The initial aim of these discussions was to enable the PM to process map the "as is" process for each practice within the Inner West PCN, however due to the inclusion of a

further 5 GP Practice into the project scope, it was agreed that a high level "as is" process map would be created. ([Enclosure 4](#)).

The discussions also enabled the PM to review practice software, review system factors (e.g. where do online appointments fit into a total triage) and review practice infrastructure (including incorrectly set up hardware, network issues etc.) whilst highlighting and resolving issues where possible, and although issues were identified, the practice had robust processes for escalation issues and were all being managed on site with no intervention required.

During these conversations the PM also discussed any issues the practices had identified during the integration of solutions such as, eConsult, AccuRX and Video Consultations, with and aim to identify quick wins and lessons learnt that would share between the PCNs. (Also sharing with the wider Newcastle and Gateshead area throughout the project lifecycle)

Supporting Documentation

Due to the volume of content collated as part of this project, the CCG have agreed to allow a library to be set up and shared on the Newcastle and Gateshead GP Team net site with a link to be sent out in the CCG bulletin.

Website Review

A review was also completed of each GP Practices website within the Inner West PCN to identify how easy it is for patients to learn about the practices digital solutions and how effective the signposting is for patient to use their services. From a digital perspective if you are a patient looking for information on what digital services the practices offer, in most cases during the review, practices tended to direct patients back to using the telephone with digital information being buried in sub sections within the practice website.

NHS England has released guidance to showcase the benefits of a digitally focused website and due the unfortunate outbreak of the COVID virus, having a digital presence has never been more important. Practices now have an opportunity to change the mind-set of patients and support patients to move away from traditional methods where possible.

Following the review of only five practices within the CCG it is apparent that each practice has their own unique way of promoting digital services to their patients. If PCN groups are to consider joint working moving forward, a consideration on how these services are promoted needs to be identified. Practices tend to include key information such as banners and links on their main page, but tend to overlook explanations along with the supporting benefits of using these services. It was also clear that practice tend to overlook subsections of their websites such as Contact Us pages or additional information sections. These are great ways to further support the digital services you offer and provide the patients with a way of contacting your practice outside of the standard opening hrs.

Also, although Video Consultations is a relatively new solution no website reviewed promoted this service, (within eConsult there is an option to request a video consultation as a possible solution reducing the need of a potential face to face - (if suitable for the patient and medical situation)) this could be linked with Video solution to further enhance this service. In Summary some considerations around creating a digital service section

within each site, will enable practices to promote all of their digital service in one location. Such as NHS App, SMS service, Video Consultations, eConsultaions and Patient Online. The more a patient has to look for information the more chance they have of ringing the practice.

For PCN working a consideration to move to a provider that enables the PCN's to have a high level PCN site and then subsites for each practice would support the joint working model. These facilities are currently available and would enable a PCN to update the PCN website with regional information and the practice sites would receive the same content direct to their website; this will reduce the admin time / costs of updating information multiple times. This is currently being investigated with Inner West PCN with the results to be fed into the Digital First Primary Care (DFPC) funded website project.

Online Consultations

Alongside of the work to support further integration of the Online Consolation solution the practices highlighted some of the potential blocks that hindered the practices integration. As part of the project a review has been completed to investigate these potential blocks and highlight ways to maximise the utilisation of the digital solutions for patient contact.

The review has been broken down to include:

- Infrastructure (including incorrectly set up hardware, network issues etc.)
- Software (e.g. incorrectly configured solutions, better solutions
- Human factors
- System factors (e.g. where do online appointments fit into a total triage world)
- Contractual

These blocks have been collated in the below table;

Online Consultations

Type	Impact Type	Target Group Category	Target Group	Theme	Title	Description	Impact
Contractual	Barrier	Practice	Practice	Engagement	OC has no mandatory targets	There are no required targets for OC or incentivised other than the requirement of having a live solution in practice, Impacting on practice willingness to adopt	Generic
Software	Barrier	Practice	Practice	Awareness - OC product	eConsult unpopular	Some practices have a dislike for the eConsult product, reducing uptake for OC in general. (Patient and Practice driven)	Supplier specific
Infrastructure	Solution	Practice	Practice	Engagement	GP TeamNet Guidance	There is a possibility to use GP TeamNet as a repository for practice support.	Generic
Software	Barrier	Practice	Practice	Awareness - OC product	Lack of support and mechanisms	There seems to be a general lack of understanding on how to get the best out of the OC solution. Further support around the mechanisms for support.	Supplier specific
Human Factors	Barrier	Practice	Practice Managers	Engagement	Digital acceptance	Some PMs have showed reluctance in implementing digital solutions.	Generic

Type	Impact Type	Target Group Category	Target Group	Theme	Title	Description	Impact
Infrastructure	Barrier	Admin	Admin - All	Resource shortage	Lacking in house IT Support / knowledge	Most practices lack an internal IT team to engage and support practices from within. Therefore implementation of a new solution may not fall to the correct person.	Generic
Human Factors / Software	Barrier	Practice	Practice	Engagement	Patient demographic does not suit OC?	Some practices raise the issue of lack of use due to the patient demographics i.e. the ability to use OC due to patient age, drug and alcohol misuse, no mobile phones / internet connection etc.	Generic
Infrastructure	Solution	Practice	Practice	Engagement	Business case approach	Create a business case to looking at key areas e.g. against patient demographics and practice resource / environment, highlighting key benefits of OC	Generic
Human Factor	Barrier	Practice	Practice	Awareness - OC process	Lack of benefit awareness	In some cases the practices are influenced by the patient saying it is a lengthy process to complete the templates. This breeds dislike for the process when it is accepted without pointing out the benefits i.e. patients providing as much info as possible helps the practice signpost the request	Generic

Type	Impact Type	Target Group Category	Target Group	Theme	Title	Description	Impact
Software	Barrier	Practice	Practice	Product bias	Poor direct messaging functionality	Unable to message patients directly from the system with ease. Workarounds are cumbersome with other suppliers providing better options i.e. accuRX	Supplier specific
Software	Barrier	Practice	Practice	Product bias	Poor integration	Integration could be far better with the process of receiving the consultation direct into the patient record/coding/workflow categorisations etc.	Supplier specific
Software / Human factor	Barrier	Practice	Practice	Awareness - OC product	OC provider too much of a sales team.	Some PM's have expressed dislike of the eConsult support team due to them being driven by uptake and targets and not being supportive regarding resource and capacity, this disengages the practice and prevents further integration	Supplier specific

Practice Websites

Type	Impact Type	Target Group Category	Target Group	Theme	Title	Description	Impact
Contractual	Barrier	Practice	Practice	Engagement	OC has no mandatory targets	There are no required targets for OC or incentivised other than the requirement of having a live solution in practice, Impacting on practice willingness to adopt	Generic

Outstanding Actions / Recommendations / Issues

The below table has been added to detail any Outstanding Action, Recommendations or Issues that will be continued after the project is closed.

Action / Issue / Recommendation	Responsibility	Timescale
Interactive Nurse Appointments session with Chainbridge Medical. (Session to be opened up to wider PCN)	Project Manager	As soon as COVID restrictions have been removed
Support North Gosforth PCN with further integration of GP Connect	North Gosforth PCN	31/03/2020
Support Inner West PCN with the procurement of a suitable website provider	Inner West PCN	By June 2021
Instigate Remote Consultations within Inner West PCN to promote more integrated cross-organisation working across the PCN	Inner West PCN	By June 2021

Enclosures

Enclosure 1: Project Brief

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Enclosure 2: Digital Business Continuity Guide

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Enclosure 3: Documented Practice Discussions & Practice Website Review

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Total Triage CCG
Overview.xlsx

Enclosure 4: High Level Process Map

In Review

Appendix 1: Benefits

Key Success Area	What has been Improved / Resolved	Key Benefits / Value that has been Added	Identified and Expected Efficiencies	Next Steps to Add further Value