



PATIENT/CITIZEN'S INSIGHTS EVENT REPORT

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GENERAL PRACTICE DIGITAL ASYNCHRONOUS CONSULTATION SYSTEMS (GP DACS)

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Background

On Tuesday 12 October 2021, in partnership with The Health and Social Care Alliance Scotland (the ALLIANCE), we hosted an event to obtain insights from the citizen's perspective to help inform how best to improve choice in how patients access primary healthcare services in Scotland.

The ALLIANCE is a national third sector intermediary for a range of health and social care organisations. They have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE Digital Citizen Panel strives to lead on engagement activity that will shape and inform the delivery of digital programmes and approaches across health, care and housing in Scotland. It supports the work of the Digital Citizen Delivery Board with its aim of empowering citizens to better manage their health and wellbeing, support independent living and gain access to services through digital means.

The ALLIANCE is committed to ensuring that the voices, expertise, and rights of people with lived experience drive policy and practice, and sit at the heart of design, delivery and improvement of support and services- shifting the power dynamic between government and Scottish citizens.

For further background information on the event please view the [ALLIANCE Live](#) which can be found here: <https://www.alliance-scotland.org.uk/alliance-live/webinars/>

Online access to your General Practice

Our world today is undeniably digital. We increasingly look to digital tools to support our access to a multitude of services, and health and care is no different. The COVID-19 pandemic has seen many new and different ways of working being developed to support the continued delivery of critical services. These new ways of working were borne out of necessity but in many cases, they also delivered improvements.

The pandemic has accelerated the pace of a change that was already underway. In light of these changes, the Scottish Government has endorsed proposals to pursue a national approach to be taken for the provision of an online access system for General Practices within Scotland. This is a system where a patient completes an online form in their own time, which is then reviewed/assessed by the General Practice team and responded to by the relevant healthcare professional.

You can find other GP DACS resources here: [General Practice Digital Asynchronous Consultation Systems - Online Triage Solution | TEC Scotland](#)

The Event

At the event, we had representatives from:

- Three disability support organisations
- Three long term condition organisations
- Two organisations working with refugees and asylum seekers
- One organisation offering holistic self-management support
- One social prescribing / digital inclusion organisation
- One Health and Social Care Partnership
- One NHS board

We had eleven individuals who weren't from specific organisations.

There were three individuals that participated by sending their response in but were unable to attend.

The event took place on the 12th of October. It was a virtual event that was done in two parts and zoom polls were run alongside facilitated discussions.

We had General Practitioners (GPs) who currently use an online access system and have done so for some time. Hence having substantial experience of the use of the system, the impact it has had on the practice team and the patients. They shared their experience of the system and how it has helped them provide support to their patients.

The purpose of this report is to highlight the findings from the event.

Event Report/Findings

Part one: Experiences and opinions on the use of an online access system

GP ONLINE ACCESS SYSTEM



This is not a compulsory service and will not suit everyone in every circumstance but is about offering people a choice of how they engage with GP services. Many General Practices are struggling to cope with the demand for their services, with the traditional model of phoning at set times of the day (8.30am, for example) creating a bottleneck. One of the ways we can make things better for everyone is by spreading out that demand over the course of a day and many practices have put together online tools to help with this.

Online systems are not meant to replace other methods of access, face to face including video consultations or telephone access. It is an alternative that allows patients to be seen at the right time by the right person.

Facilitated discussion

Experiences and opinions on the use of an online access system – Zoom polls and facilitated discussion:

Have you ever used an online access system to interact with your General Practice?
Would you be happy to send your requests (clinical/administrative) to your General Practice via an online access system?
Do you think this will increase the number of interactions you will have with your General Practice team?

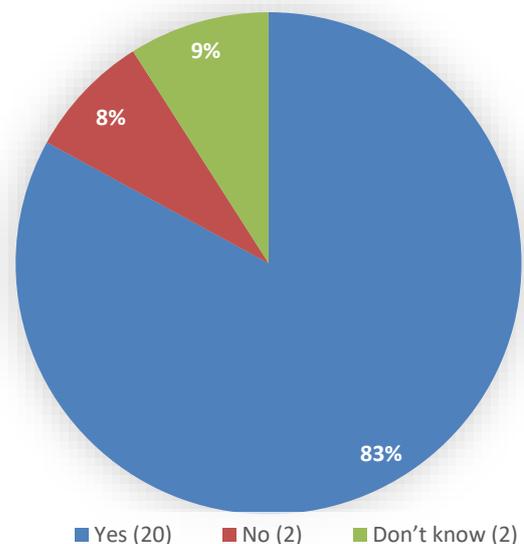
There were 24 participants for the zoom polls during this part of the event.

Have you ever used an online access system to interact with your General Practice?

50% (12) of the participants identified themselves as having used an online system to interact with their General Practice and said their experience had been positive. Most practices have used EMIS for online orders of prescriptions for a few years now and participants shared that this had been useful and provided flexibility, which is key to promoting self-management.

Would you be happy to send your requests (clinical/administrative) to your General Practice via an online access system?

The majority (20) of the participants expressed they would be willing to send requests to their General Practice via an online system, especially if it made it easier to access GP services. Many people shared experiences of finding it very difficult to receive appropriate support from their local surgeries, despite many practices asserting that their services have reopened but are still required to maintain social distancing.



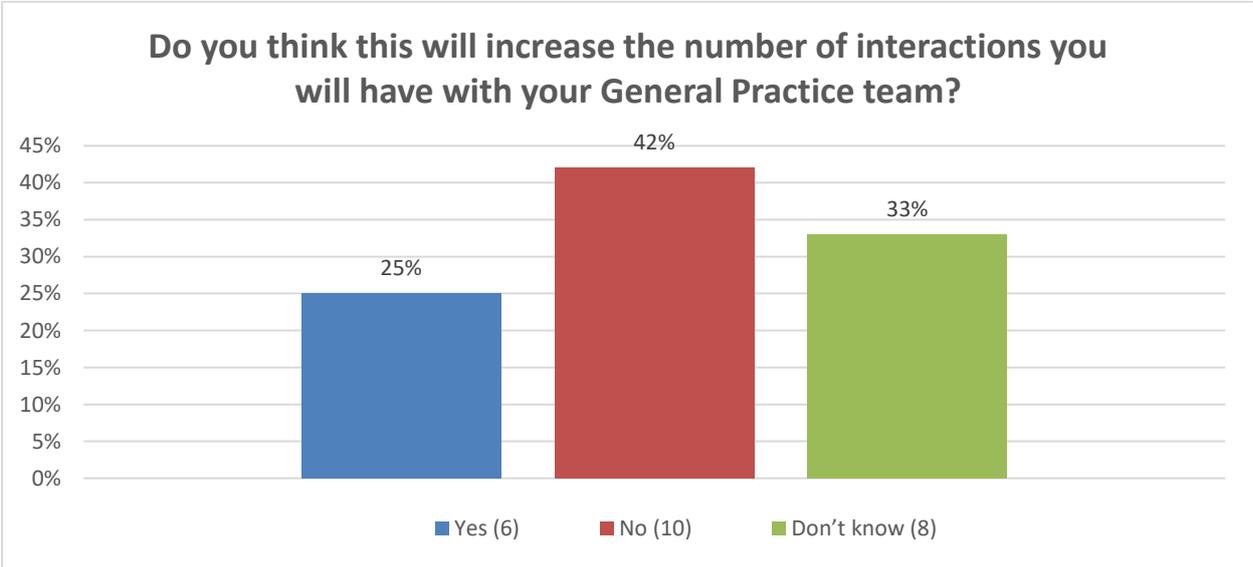
Although supportive, participants expressed the need to find a better balance between online access and face to face service options. There should be a better way of integrating and combining technology as they can feel very disconnected. As an additional route to accessing services, much consideration needs to be given to accessibility and providing additional support to help people who wish to utilise online access – thinking about people who are not able to type, or refugees and asylum seekers who are not aware of how the system in Scotland works.

Online access being delivered around an asynchronous approach (meaning you will receive answers to your queries later) needs to be thoughtful about managing

expectation – as people have varying opinions on what is an acceptable waiting time for a response and people’s opinions on what is an emergency also differs. An online service, however, would allow people the opportunity to make requests in their own time, at a time which suits them.

In terms of managing services, positives of an online access system mean health professionals can prioritise care and treat people who need to be seen first rather than those who have got through on the phone first. It also permits access to information prior to phoning or meeting a person, which provides an opportunity for potential redirection to the most appropriate person to assist – supporting expansion of care being delivered by specialists in different areas such as Mental Health Nurses.

Participants raised concerns about practices which may not have an extensive multi-disciplinary team available to them and around who within the practice would be responsible for reviewing messages which came through on the system. This is a particular concern for people with multiple long term conditions or those living with a rare condition as participants stressed the importance of essential health information being shared rather than simplistic overviews. Reassurance was given that it is a GP or Advanced Practitioner who deals with queries. If someone is managing a complex condition, an online triage tool is a way of gathering and effectively sharing information which does save time – but it should be noted that online access is an additional option rather than a replacement.



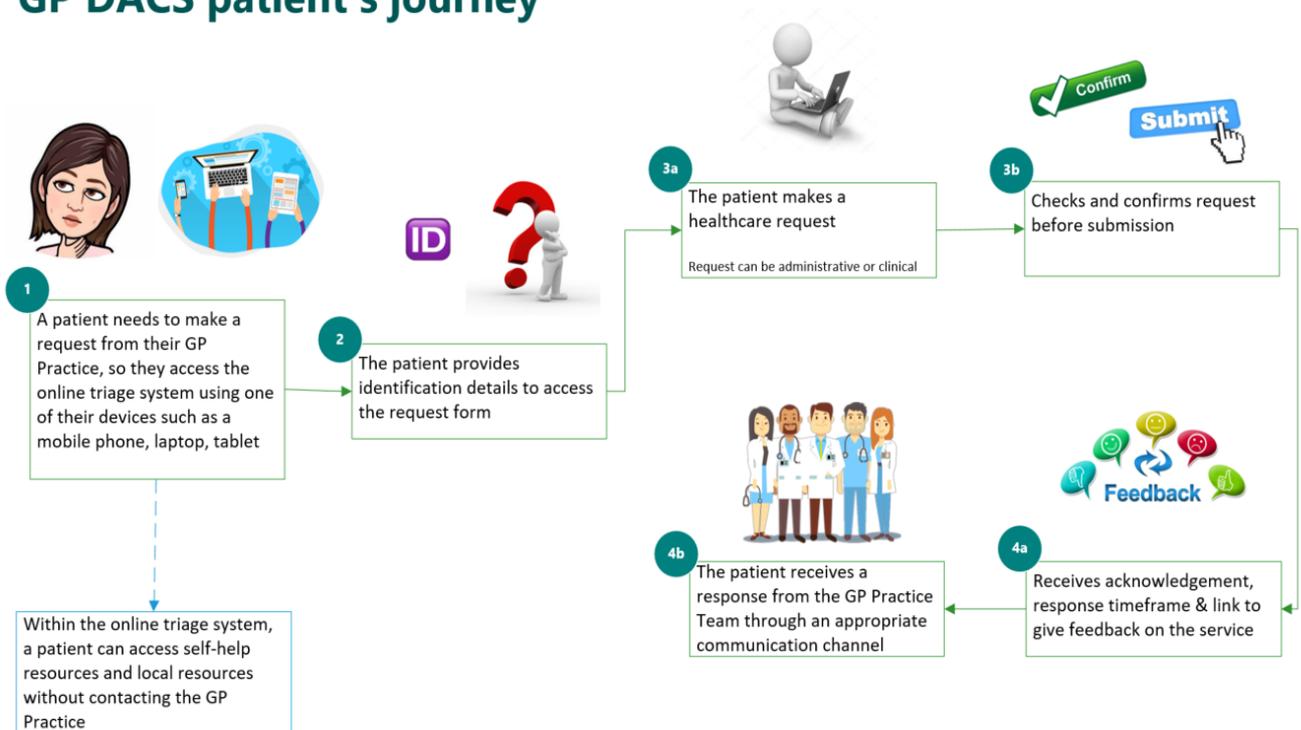
Part two: System design and features

At the start of the second part of the event, an illustration of a patient's journey was done to help attendees better understand some prospective features and design of the system.

Sandy is a middle aged lady who suffers from a long term condition. She has managed this condition very well over the years with support from her GP. However, she recently noticed new symptoms and decided to contact her GP Practice via the online access system since she is aware that the access option is available within her GP practice.

Below is a step-by-step representation of what Sandy's journey may look like while using the system to access her GP Practice.

GP DACS patient's journey



Facilitated discussion

System design and features – Zoom polls and facilitated discussion:

Would you be happy to create an account or prefer to provide identification details each time you wish to use the GP online access system?

To help your General Practice understand your request better, would you like to be able to give as much information about your request or would you prefer to respond to structured questions?

Would you prefer to do this via text / email / dedicated website / app?

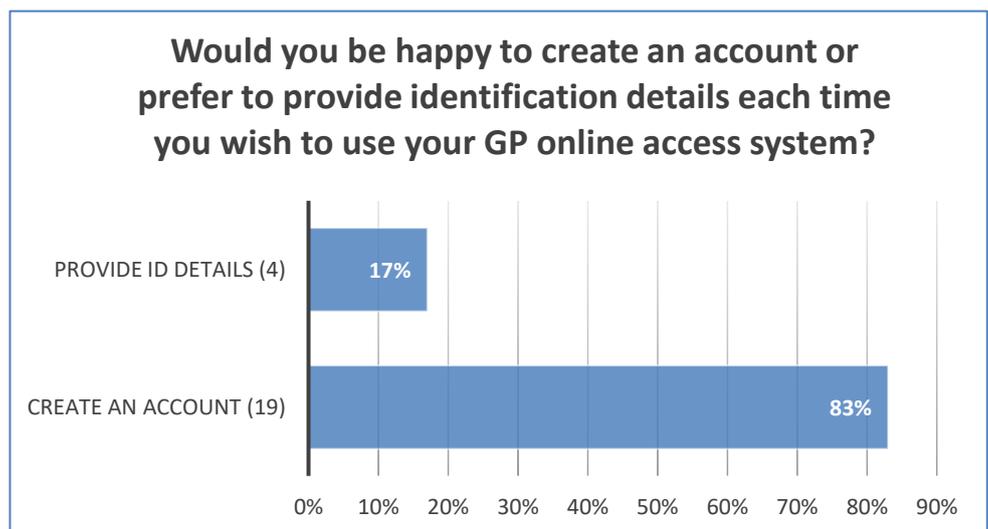
There were 23 participants for the zoom polls during this part of the event.

Participants (19) who opted for the 'create an account option' felt this may help in limiting repetition and save the user time rather than re-entering the same information every time you wished to access your General Practice. It would also allow the user to look back in account history and be able to access a complete outline of their practice activity. Others had concerns around re-entering data and how safe this is. With any system, you need to be assured about how your data is going to be stored and what your information is being used for. There is no wrong answer if your data is well protected.

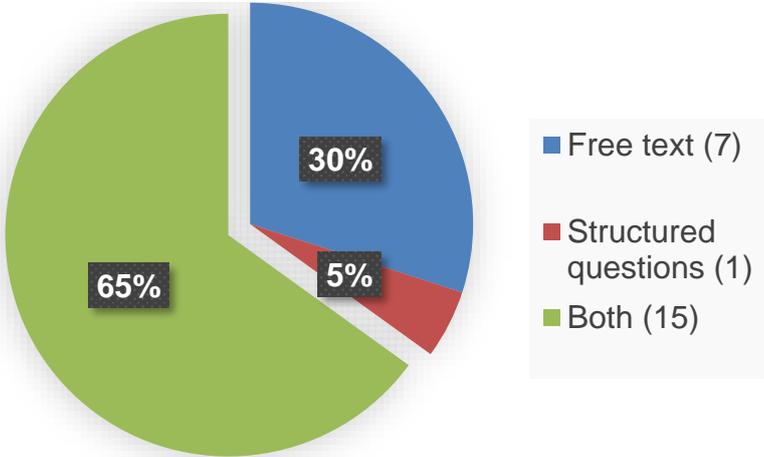
It was raised that by having an account, this could allow bias filtering and there was a sense of the person feeling less in control of the system rather than feeling empowered. Others felt you should repeat your identification details

every time, as you would when you access lateral flows.

Either way, every system should have red flags incorporated. If anything flags up, there will need to be a safety net in place that refers people onto 111 etc. To ensure that no one is put at risk by the system.



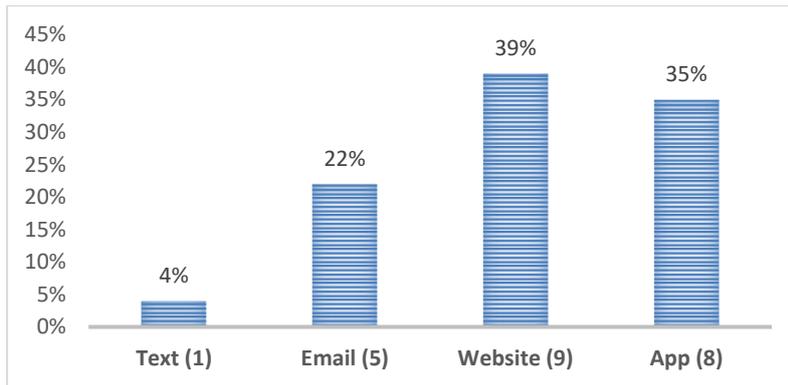
To help your General Practice understand your request better, would you like to be able to give as much information about your request or would you prefer to respond to structured questions?



The majority (15) opted for 'both' because they felt there must be some key questions that matter to a clinical person, a medical structure that may be able to direct you into sharing the most relevant information to a medical professional. A patient could focus on sharing the most demanding symptoms and overlook those key indicators which would inform a medical professional's diagnosis. Equally, not everyone can type lots of information so wouldn't be able to successfully operate free text only.

A mixture of structured questions and free text would allow for elaboration and give enhanced confidence to the person knowing they are getting to share everything they feel is important.

Would you prefer to do this via text / email / dedicated website / app?



There was a mixture of reasons why participants opted for website which included:

- A website can be accessed from any device or location so wouldn't be limited to one device.
- Data storage can often be limited and an ongoing issue for people – so they don't have the storage facility on their smartphone for extra apps.
- It would be easier and could incorporate two factor authentications. It would also limit the amount you had to type and could make sure it was user friendly and interactive.
- This would be the most accessible for people who use screen readers. It may also be more accessible for people who use a tablet rather than a phone.

Some participants opted for other channels because they wanted to ensure they had a record of the messages received/sent by the system and associated this with either an email inbox/sent items or an SMS text message trail, however it was shared that an existing website system in operation emails a copy of the consultation to the practice and the patient every time it is used.

Participants raised the importance of ensuring this new online access system can communicate with other online services. This is increasingly a problem with integrated services.

Self-Management

Creating an online system which is practical in supporting the delivery of General Practice services is the initial aim, but the vision could be to create an accessible, inclusive and functional online system for supporting people to stay well and promote self-management. This includes signposting to local activity which promotes health and well-being, self-management tools and resources and self-help information.