BNSSG Primary Care Commissioning Committee (PCCC)

Date: 28th January 2020
Time: 9.00am – 11.35am
Location: The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number :	9
Title:	Online Consultation Evaluation Initial Findings
Purpose: ~~Decision~~/Discussion/For Information	
Key Points for Discussion:	
The purpose of this paper is to share the executive summary with the initial findings from the online consultation pilot for discussion along with the proposed recommendations and next steps. This has been discussed and tested with CCG Area Directors, CCG Executive Team, Primary Care Operational Group, Bristol and South Gloucestershire practice manager meetings and North Somerset Area Leadership Group.	
Recommendations:	The committee are asked to note the initial findings of the evaluation and support the proposed recommendations and next steps.
Previously Considered By and feedback :	Primary Care Operational Group January 2020 CCG Executive Team January 2020 North Somerset Area Leadership Group January 2020 Bristol and South Gloucestershire Practice Managers meetings December 2019 CCG Area Directors Meeting November 2019
Management of Declared Interest:	All conflicts of interest are managed by PCOG on the Declaration of Interest Register.
Risk and Assurance:	See section 5.
Financial / Resource Implications:	See section 3.

Legal, Policy and Regulatory Requirements:	The work complies with Procurement regulations and requirements.
How does this reduce Health Inequalities:	There are no direct implications as this is an additional access method to existing services rather than a new service. Part of the implementation in each practice is to make the processes work for their entire population. Project practices have achieved this through training their staff to either assist patients to perform the Online Consultation themselves or when needed to operate the solution on their behalf.
How does this impact on Equality & diversity	The current versions of software are only available in English although it is understood work is underway to translate into the most widely used languages in Great Britain. Uptake of a digital solution is likely to be lower in some segments of the population than others, but trained practice staff will make the functionality available for those whose first language is not English and for those who find it difficult to use through disability or a lack of access due to owning a suitable device or the skills to use it.
Patient and Public Involvement:	The Patient Participation Groups of the project practices have been involved from the beginning of the project and throughout. In addition, patient views have been welcomed through a questionnaire.
Communications and Engagement:	Communication has focussed on the areas where Online Consultation is available. The practices involved in the evaluation have ensured their population has been kept informed throughout the project through their websites, newsletters, texts and using provider marketing material. Practice staff have been engaged through training sessions and provided opportunities to input through regular practice meetings along with a staff questionnaire. Findings have also been tested previously with PCOG as well as Area Directors and at Practice Manager meetings.
Author(s):	Bev Haworth/ Matthew Nye
Sponsoring Director / Clinical Lead / Lay Member:	Martin Jones

Shaping better health

Agenda item: 9
Report title: Online Consultation Evaluation Initial Findings

1. Executive Summary

1.1. Background

NHS England expects practices to make progress in 2019-20 towards the digital changes that will become contractual requirements from April 2020 and April 2021. These include all our practices offering online consultations by April 2020 and video consultations by April 2021.

Online consultation is a global term to describe any communication between patient and healthcare professional by electronic device such as laptop, mobile, tablet etc using a web-browser, NHSApp +/or third-party Apps.

NHS England released General Practice Forward View (GPFV) funding to the CCG for 2019/2020 and 2020/2021. Licences for online consultation software will be purchased by BNSSG CCG on behalf of our practices, from a list of accredited suppliers, via a dynamic purchasing system (DPS), using the online consultation fund. In order to do this, it has been pivotal to collaborate with practices and carry out the necessary research on the available products. This has been completed through a proof of concept pilot and the Intensive Support Scheme work in Weston, which began in July 2018 and September 2018 respectively.

1.2. Aims

The aim of the BNSSG CCG online consultation proof of concept project was to pilot online consultation products in order to:
- Understand the impact of using online consultations for patients and practices, including benefits, workload for practices and outcomes
- Understand lessons learned during implementation, to draw on for a wider roll out in 2020
- Provide the CCG and project group with a greater understanding of the types of products available and GP practice requirements in order to make informed decisions for procurement of an online consultation product or products for BNSSG

1.3. Method

A monthly project group was established with representation from the five pilot practices and relevant CCG colleagues.

Five software providers, from a pre-approved NHS England list of eleven, engaged with the CCG, through a procurement guided process, which led to the selection of two products. In December 2018, two practices began a trial of e-Consult and in March 2019 three practices started using Doctorlink.

In September 2018 the Intensive Support Scheme (ISS) work commenced, using a third product, askmyGP, across 6 practices that has been included in this evaluation, with the first practice going live in January 2019.

Shaping better health

A range of qualitative and quantitative data sources have been used to inform this evaluation including patient and staff surveys, data from patient records, practice telephone systems and online consultation products. It must be noted there has been a significant challenge to get the necessary data to carry out this evaluation for a multiple of reasons including limited data available from providers, coding outcomes in EMIS, linking patient data across providers and access to detailed telephony data.

2. Overview of Findings

2.1. Products

Adoption rates and continued use are a challenge for both types of product. This requires significant support to prepare both patients and the practice for implementation including: good communication; effective training and education; cultural and behavioural change; process change; an effective product and marketing.

2.1.1. Question-based product (e-Consult & askmyGP)

- Question-based products require the practice to take responsibility for the triage and appropriate management of the patient, requiring a significant amount of transformational, culture and operational change to implement depending on the model chosen
- Depending on the impact and change required, question-based products can successfully transform patient access to their surgery, removing natural barriers to accessing the practice at a convenient time to the patient, although without the right implementation, training, process change and culture by-in, can increase workload
- Support practices to manage demand, moving away from a face to face approach to a mixed approach of self-care, signposting, phone triage, face to face and messaging, reducing demand on traditional access to the practice by phone to on-line requests
- No question-based products are currently interoperable with EMIS (i.e. appointment directly bookable into EMIS by the patient with the disposition automatically attaching into the patient record)

2.1.2. Algorithm-based products (Doctorlink)

- A triage engine to assess the patient, through indemnified clinical algorithms, which results in a 'suggested' disposition outcome. The patient is either given self-care advice, referral advice or primary care disposition (e.g. face to face appointment directly bookable into EMIS or telephone triage)
- Adoption rates of the algorithm-based product and continued use are a challenge which is reflected in number of patients using the product both locally and in other CCG areas, suggesting the current product is an additional tool for patients to interact with their practice but not as the key point of access for managing the majority of referrals
- The piloted product was less adaptable to current ways of practice working. For example, the practices were keen to start using a product that navigated the patient to the most appropriate skilled clinician first time e.g. Nurse, Physiotherapist, Pharmacist which was not available initially
- Across all Doctorlink sites, the number of online consultations started is not sufficient to draw meaningful conclusions from the movement within the completion rate data

- Two algorithm-based products on the market are interoperable with EMIS (Doctorlink and Sensely (i.e. appointment directly bookable into EMIS by the patient with the disposition automatically attaching into the patient record)

2.2.   Practice Workload

The impact on practice workload was measured using the following:
-   % reduction in incoming calls to practices
    (however, outgoing call data has not been available to fully understand the impact e.g. in some areas there may have been a shift in workload with practices calling patients)
-   % online consultations closed by self-care or redirection to other services, not requiring a face to face appointment
-   % online consultations closed via a telephone call, not requiring a face to face appointment
-   % online consultations closed that required further subsequent follow up

2.2.1. Question-based product (e-Consult & askmyGP)

- Evidence from the Weston pilots using askmyGP demonstrated a significant change in patient behaviour can be achieved, moving from telephone to online consultations, reducing the number of patients calling the practice across the majority of every hour of the day by up to 81% (noting that the use of askmyGP was the preferred access route for practices)
- Interestingly, only 38% of patients identified their preferred way of contact method to resolve the issue was face to face and 60% of online consultation requests, requested phone or message
- Only 38% of 210,094 interactions in Weston resulted in a face to face to resolve the issue, with 33% closed on the phone and 27% closed by a message direct to the patient
- Evidence from the e-consult and askmyGP practices identified several challenges in the workforce culture and training requirements of staff to move from a traditional face to face approach to a mixed triage approach of using telephone triage, written information and non-face to face to reach an outcome
    o A structured approach to the clinical rota to support variation across the working day needs to be carefully planned to ensure variety of interaction (e.g. initial triage review with a mixture of phone triage, face to face, home visits)
- Online consultations can increase workload where the majority of patients receive a phone call and then a face to face
    o The Courtside Surgery audit of 30 cases showed, 50% of cases were closed on the phone but 50% received a phone call and then a face to face
- Comprehensive training was felt to be required to support new triage skills across practices, manging new process and interaction with patients

2.2.2 Algorithm-based products (Doctorlink)

- The clinical decisions of the product do not always reflect the decisions that would be made by a healthcare professional in person
- It is key that Practices are able to use the functionality of the product in a way that suits the workings of the practice. So an element of bespoking either in the communications elements or being able to toggle on or off certain functionality would be of huge benefit to

Shaping better health

- enable Practices to utilise in the most efficient way for their patients, workforce and processes
- An audit by Old School Surgery showed 61% of online consultations recommending a face to face appointment were closed over the telephone (noting that Old School used the unconnected functionality and all patients were telephone triaged by a dedicated GP)
- However, an audit of 126 completed triages by four practices in London concluded Doctorlink is clinically appropriate in the advice that it gives to patients and there are some areas for improvement. 69% of dispositions were clinically appropriate and 92% of the dispositions that were not considered appropriate were risk averse, with some that could have been supported with self-care

2.3. Patient Access

2.3.1 Time of use

The findings suggest online consultations are improving access to primary care, removing natural barriers and beginning to change patient behavior, with 12.7% overall, using the products to request support in the out of hours period, at a convenient time to the patient to make their request.

- On average, 64% of all consultations across the 11 practices are between the historic busier times of 8am to 1pm with 23.3% between 1pm to 6.30pm
- Across all products we found that more women than men carried out online consultations, an average of 66%
- Students and the working age population use online consultations the most, whereas the over 65 age group use the least
- Use of askmyGP across the 6 practices in Weston in November 2019, reflected the local demographics of the population. Out of the total 21,251 referrals made where age was captured:
  - 56% of all referrals are made by over 45s
  - 30% are made by over 65+
- The average time between booking and appointment for GP appointments has reduced from 4 days before the introduction of askmyGP to less than 1 day following the introduction in Weston

Changing from historic ways of accessing practices where patients are used to a face to face approach will require significant time and a robust, sustained approach towards advertising the new service, demonstrating benefits and supporting patients that may struggle with the new process.

2.3.2 % of the Population using online consultations

There is a mixed picture for the % of a practice population using online consultations which reflects the rollout methods and challenges with the products and changes to working practices.

- For e-Consult practices, average of 7% at Courtside and 3% at Hanham
- 58% of the askmyGP practice populations are using online consultations
- Doctorlink practices all average 1% of the practice population
- As a % of the practice population using the product, Old School reached a 6% high, Pioneer 3% and Tyntesfield 1%, all with an average across the pilot time period of 1%. With

Shaping better health

a peak of only 146 completed triages in Pioneer in March compared to 68 in November, with lower volumes experienced in both Old School and Tyntesfield

- Strong communication, with a suite of ''tailored' communication materials, and benefits of using an algorithm-based product are essential for patients to increase usage as the first point of contact for the practice and see this as a convenient solution to access practice and advice

2.4. Patient Experience

In practices where the use of online consultations was established as the preferred method of contact there were increased levels of patient complaints.

A survey monkey was sent out to patients at practices in the pilot and 804 responses were received to the survey, with a good spread between different ages and genders.

- patients gave very good feedback for e-Consult, both in terms of patient satisfaction, ease of access and ease of use
- There were very few responses from Doctorlink patients in the survey, reflecting the low levels of Doctorlink activity and Doctorlink scored less well in the patient survey, with a mix of positive and negative comments, although it did well for ease of use
- 69% of askmyGP responses were fairly to very satisfied, with 14% dissatisfied with using the product and 7% fairly satisfied to access the surgery

2.5. Staff Experience

Data from the pilots suggests online consultations can deliver change and benefits to staff and patients, however anecdotal and staff survey feedback identified varied experiences and outcomes that can result in duplication of work and increase administration work.
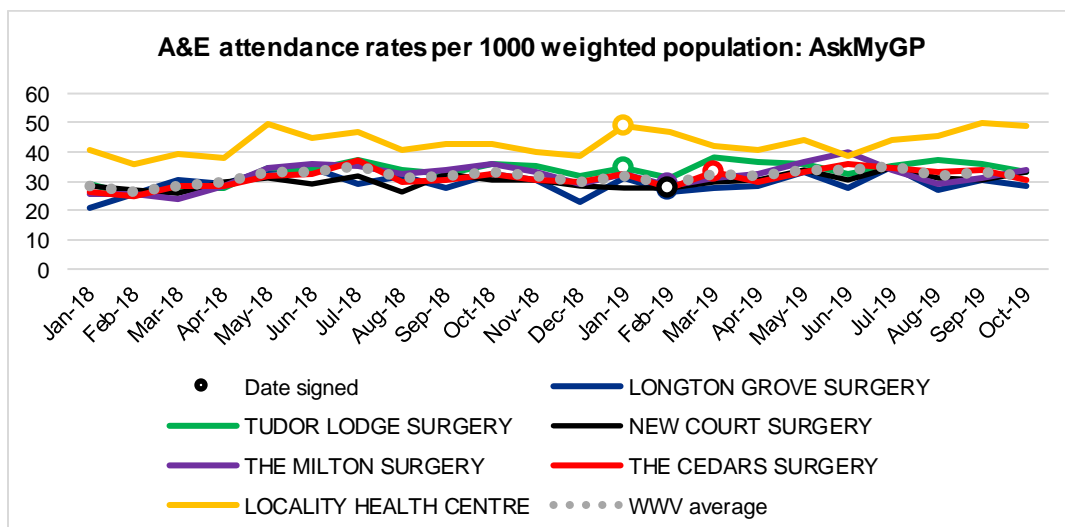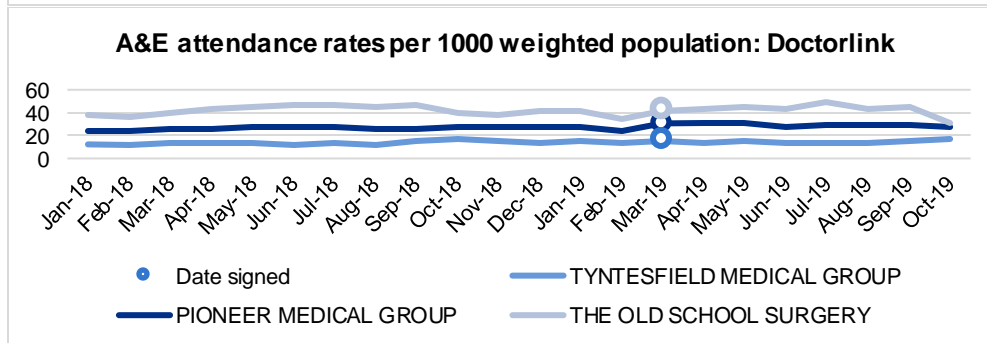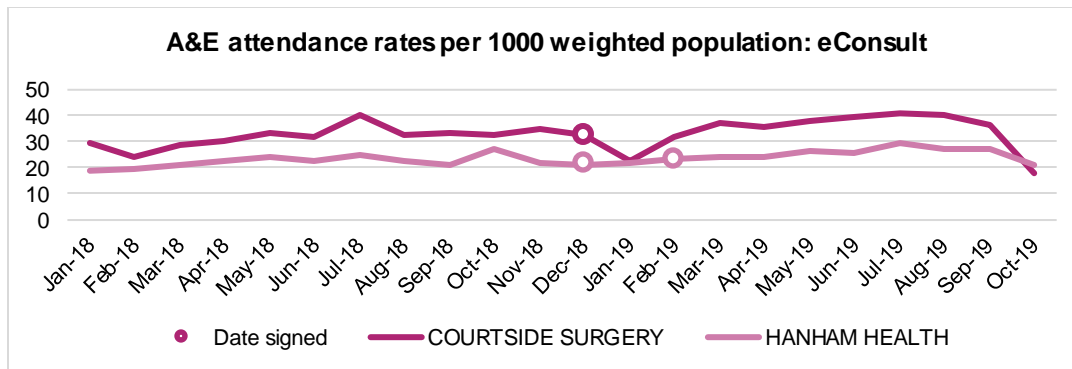
- o Out of 64 completed staff responses to the question, 'has on-line consultations system met its goals, 50% answered Yes and 50% answered No, with responses also varied by product
- o 64% askmyGP practice said Yes (27 clinicians) compared to only 21% for e-consult (3 clinicians) and 25% for Doctorlink (2 clinicians)

There were significant challenges in practices where triage was not common practice.

2.6. Impact on Emergency Admission Rates

It is too early to draw solid conclusions regarding the impact of online consultations on urgent care activity, and overall, no clear trends are emerging yet, with statistical analysis showing no significant findings.

The following charts should be viewed with caution, given the low volume of usage for e-Consult and Doctorlink and the fact that all systems redirect patients to 111 or ED out of practice hours.

A&E attendance rates per 1000 weighted population: eConsult

A&E attendance rates per 1000 weighted population: Doctorlink

A&E attendance rates per 1000 weighted population: AskMyGP

2.7.   NHS App and NHS111

The NHSApp has the NHS111 symptom checker included within its functionality and the NHSApp has the ability to request repeat prescriptions, book appointments, replicating EMIS web-access. However, feedback has been mixed on how easy the NHS App is to use and its effectiveness in terms of patient quality of care.

There is concern that current triage engine products on the market do not have significant strengths over NHS111 online which is free to use and although products are different, the number of questions asked and outcomes may not be different. The exception being that two of the algorithm-based products currently have the ability to directly book into EMIS which the NHS111 symptom checker cannot currently manage. The future development road map is currently unknown.

Shaping better health

There is the option to use the NHS111 symptom checker as the triage engine, if there are no products that have a significant strength over NHS111 online, which could enable practices to procure a question-based tool, offering patients two different options.

The benefit for using NHS111 online, would enable patients to be referred or booked into an appointment if appropriate, following triage, is free to use and integrated with the Directory of Services.

2.8. Implementation

Learning from all practices highlighted the need for significant dedicated support to prepare a practice and its population for implementation of online consultations. The practices using e-Consult and Doctorlink had the benefit of time for pre-implementation preparation prior to go-live, with the majority of support coming from CCG resource. In Weston significant dedicated support came predominantly from the provider in addition to CCG resource, working to tight roll out deadlines.

There are several opportunities to maximise the use of online consultations and the following table outlines the options practices, PCNs and Localities can consider. As a CCG we will work to understand their needs and make an informed decision on the best fit single product between the two types of product.

Option	Implementation	Online Consultation Product	Main functionality for managing referrals	Notes
1	**Practice level**	**Question based**	• Routine Administration/ Prescription requests/Queries	**Practice level**
2	**Practice level**	**Question based**	• All referrals / requests • Practice wide transformation to manging referrals, increasing phone triage, messaging, reducing face to face	• Patients using the phone will be placed through same process and questions • Exceptions made for a small number of specific patient cohorts that have agreed treatment plans and access requirements
3	**Practice level**	**Question based**	• Same day urgent requests • Routine Administration/ Prescription requests and queries • Routine appointments can be booked directly by patient	
4	**Locality/PCN Level**	**Question based**	• Routine Administration/ Prescription requests/Queries	
5	**Locality/ PCN Level**	**Question based**	• All referrals / requests • Create a shared hub • Multi-disciplinary workforce	
6	**Practice level**	**Triage engine**	• Additional option for urgent and routine requests	• Difficult to implement to manage all referrals
7	**Locality/PCN level**	**Triage engine**	• Additional option for urgent and routine requests	• Difficult to implement to manage all referrals

Practices also have two options to launch online consultations:

Shaping better health

- A phased launch can support practice learning, help manage demand, anxiety in terms of confidence in the actual product and new processes. This can then transition as appropriate into a more targeted approach as confidence in the product and processes increase

- A full-scale implementation as an additional access method or single method

In both cases it was found that successful implementation is only possible with the right planning, buy-in, training, capacity planning, communication, with a suite of ''tailored' communication materials being essential, and changes to the way staff rotas are planned being carefully considered.

As highlighted above it is key that Practices are able to use the functionality of the product in a way that suits the workings of the practice. So an element of bespoking either in the communications elements or being able to toggle on or off certain functionality would be of huge benefit to enable Practices to utilise in the most efficient way for their patients, workforce and processes.

3. Considerations for discussion and Next Steps

The findings present a mixed picture. In order to deliver the maximum benefits for our population and practices, gain value for money within the current cost envelope, work together towards a common approach and continue to have the ability to influence providers products, we need to consider the following:

- The benefits and risks of procuring one of each type of product
- How solutions can support at scale working at PCN and locality level
- The need to invest in project team resource and change management to support mobilisation

PCCC is invited to discuss the findings and these considerations.

Our next steps are:

- To develop a set of recommendations which will be presented to CCG ET and PCCC for support in March
- Launch procurement in March and create an evaluation panel comprised of representatives from PCNs (clinical, practice managers and administrators), patients and CCG, and extending the existing project group to oversee delivery
- Develop a FAQ's document
- Further engagement with Membership
- Finalise the specification for online consultations
- Finalise a phased implementation plan

4. Financial Resource Implications

Shaping better health

NHS England released General Practice Forward View (GPFV) funding to the CCG for 2019/2020 and 2020/2021. Licences for online consultation software will be purchased by BNSSG CCG on behalf of our practices, from a list of accredited suppliers, via a dynamic purchasing system (DPS), using the online consultation fund.

It will be a contractual requirement for practices to offer online consultations from April 2020.

To deliver the transformation change a core project team, will be required to support practices and provide support through mobilisation and implementation. Resources will also support licences to be purchased for a 2 year period noting that there is variation in product costs on the market. A resource plan is in development to support the next steps and will be presented to Executive Team initially and then to PCCC for support.

5. Legal Implications

The work complies with Procurement regulations and requirements.

6. Risks Implications

No'	Risk	Mitigation
1	There is a risk that the change in practice processes will: • cause disruption to the service for patients. • if implemented without the necessary changes, could simply give patients another access route potentially putting additional pressure on practices. • Not deliver any benefits	• Support from the vendors who have implemented their solutions in a wide variety of practices which was shown through our practice visits and clarification questions. • Support from named CCG staff and locality teams. • Shared learning across BNSSG through the project group • Practices are committed to making the necessary changes to make the project a success and volunteered to be part of the pilot • Continued shared learning from practices that have set up Online Consultation from outside of BNSSG, through practice visits. • Local practice working group to be set up with vendors and CCG support with involvement of practice patient representatives. • Evaluation team involved in process from beginning
2	Lack of resource in terms of time and skilled project management to support practices to prepare for and to implement online consultation software into their day to day operational practice leads to increased workloads in practices and poor uptake.	• GPFV funding has been provided for online consultations for 2019/20 and 2020/21. However, there is a potential cost pressure to practices from 2021 onwards.
3	The chosen products may not be the same as those currently in use and where the product had significant patient and practice usage, practices may not want to transfer to a new product e.g. askmyGP in Weston practices	• The Weston practices are currently funding askmyGP themselves • BNSSG CCG could consider individual practices being given an allocation of GPFV funding directly in line with the cost of the existing chosen product

7. Implications for health inequalities

There are no direct implications as this is an additional access method to existing services rather than a new service.

Part of the implementation in each practice is to make the processes work for their entire population. Project practices have achieved this through training their staff to either assist patients to perform the Online Consultation themselves or when needed to operate the solution on their behalf.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

The current versions of software are only available in English although it is understood work is underway to translate into the most widely used languages in Great Britain.
Uptake of a digital solution is likely to be lower in some segments of the population than others, but trained practice staff will make the functionality available for those whose first language is not English and for those who find it difficult to use through disability or a lack of access due to owning a suitable device or the skills to use it.

9. Consultation and Communication including Public Involvement

The Patient Participation Groups of the project practices have been involved from the beginning of the project and throughout. In addition, patient views have been welcomed through a questionnaire.

Communication has focussed on the areas where Online Consultation is available. The practices involved in the evaluation have ensured their population has been kept informed throughout the project through their websites, newsletters, texts and using provider marketing material.
Practice staff have been engaged through training sessions and provided opportunities to input through regular practice meetings along with a staff questionnaire.

Findings have also been tested previously with PCOG and at Practice Manager meetings.

10. Recommendations

- The committee are asked to note the initial findings of the online consultation pilot.

- The committee is also asked to discuss the findings from the evaluation and the considerations noted in the paper and discuss and note the next steps.

Shaping better health