

Khoo, Yvonne J-Lyn (2014) Needs analysis for digital health delivery in GP practices in Cumbria: preliminary findings from interviews with practices. In: Cumbria Rural Health Forum, 16 September 2014, University of Cumbria, Lancaster, UK. (Unpublished)

Downloaded from: <http://insight.cumbria.ac.uk/id/eprint/5023/>

Usage of any items from the University of Cumbria's institutional repository 'Insight' must conform to the following fair usage guidelines.

Any item and its associated metadata held in the University of Cumbria's institutional repository Insight (unless stated otherwise on the metadata record) may be copied, displayed or performed, and stored in line with the JISC fair dealing guidelines (available [here](#)) for educational and not-for-profit activities

provided that

- the authors, title and full bibliographic details of the item are cited clearly when any part of the work is referred to verbally or in the written form
 - a hyperlink/URL to the original Insight record of that item is included in any citations of the work
- the content is not changed in any way
- all files required for usage of the item are kept together with the main item file.

You may not

- sell any part of an item
- refer to any part of an item without citation
- amend any item or contextualise it in a way that will impugn the creator's reputation
- remove or alter the copyright statement on an item.

The full policy can be found [here](#).

Alternatively contact the University of Cumbria Repository Editor by emailing insight@cumbria.ac.uk.

Cumbria Rural Health Forum 16th Sep 2014

Needs analysis for digital health
delivery in GP practices in Cumbria:
preliminary findings from interviews
with practices

J-Lyn Khoo

Cumbria	GP practices
Carlisle	12
Eden	10
South Lakeland	20
Furness	15
Copeland	9
Allerdale	16
TOTAL	82

GP practices in Cumbria

Website ✓

News bulletin ✓

Appointments made by telephone or online ✓

Interactive voice response ✓

Social media ✗

Skype / video communication ✗

Telephone triage ✓

Telehealth ✓



What we wanted to do:

- Make a one-day audit of incoming patient calls for appointments, visits and face-to-face consultations
- Evaluate which cases can be dealt with remotely (or enhanced with technology use)

What we have done so far:

- Approached a few GP practices to get started

What we have been unable to do:

- Obtain *actual* feedback from GPs/clinical staff and access to do a one-day audit of patient calls/visits

Overview

- Start – 22nd July 2014
- Qualitative approach
- GP practices (n = 5)
- People interviewed (practice managers, n = 5)

Preliminary findings from three case studies



Not adopted = 15,000 patients



Partially adopted = 6,500 patients
(telephone triage since 2012)



Partially adopted = 150,000 calls per year
(telephone triage & electronic patient management system since mid-1990s)

What, in your opinion, are examples of cases that can be managed without the patient having to make the journey to see you at your practice?

- Contraception counselling
- Travel health advice
- Review of test results
- Long term condition management

What do you think of remote consultations with patients or colleagues – as in using video technology?

“Telemonitoring works very well for hypertension monitoring
Video technology is an option we have not yet explored”

“We already see so many patients everyday”

“We have been doing remote work for some time now, we do everything electronically

How has telephone triage affected your interaction with patients?

“In general **no change in GP workload** but we are meeting patient demand. No change in referral rates, 2 week rules, admissions etc”

“All patients that need to be seen are seen on the day”

“We speak to patients when necessary, but generally our GPs prefer to see their patients in front of them.”

“We do everything over the telephone”

“Everybody has to use technology, like it or not – and yes most of the time it works, it *has* to work.”

How has telephone triage affected the way things work at the practice?

“More cooperation, we work as a team. If one GP still has a long list, colleagues can help clear cases”

“Each GP is responsible for their patients, and we have our nurses providing care etc.”

“We have a team of telephone triage doctors and nurses anyway”

What do you think of secure messaging with patients?

“Good idea in principle”

“Depends on whether the patient wants to”

“We handle numerous phone calls, we send out letters to patients too, so if we have secure messaging, and emails on top of that, we’d still have to answer the phone anyway, we don’t have time for emails”

“Telephone!”

“I want to see my GP”

“More of an ethos than a real desire. This took about 12 months to change”

“We work hard to offer patients a positive experience in the practice, and encourage them to embrace new systems that might benefit them. However there will always be patients who need face to face appointments for various needs.”

“Everybody wants to see their GP! 9 out of 10 complaints I receive are from people wanting to see their GP”

“Speaking to a patient over the telephone is not the same as seeing a patient in person”

“Patients will have to see whoever who is available.”

Tell us about Telehealth hiccups

- •Shortage of equipment – restriction of patient use
- ● •Sometimes the application can work very slowly – frustrating for us especially when the patient is there
- •Bugs in the application itself – if it stops, the practice has to contact patients to make them aware of this, and to restart where necessary
- •Excessive text messaging to patients on certain protocols – the practice has to be aware
- •Multiple emails occur when patients pause or stops the system – for example if they go on holiday

How can we gain actual feedback from GPs/clinical staff and access for a one-day audit of patient calls/visits?



What are our next steps?

Thank you