

Getting Better

Applying Digital Innovation to Future-Proof NHS GP Surgeries

White Paper

doctorlink 

In Brief:

Digital innovation is vital to alleviating the growing burden on the NHS, especially GP surgeries. At a time when pressure is unrelenting, there is growing appetite among GPs to trial solutions that will enable them to deliver the best possible service to their patients.

Taking small, incremental steps at practice level can have a significant impact on managing demand for GP appointments and improving the patient experience by putting care for minor illnesses into their hands.

DoctorLink, a new digital triage and advice tool, has been specifically designed for integration into NHS GP surgeries to meet this need, and it is currently being implemented by a number of surgeries across England.

The following white paper presents the case for why systems such as DoctorLink have an important role to play in helping surgeries to work more efficiently. These solutions cannot be effective in isolation and so this paper also provides advice on how to trial and implement new technology-led approaches to help surgery employees and their patients adapt to change as seamlessly as possible. Due to the complexities of changing processes and moving towards the greater transference of tasks, such as triage, to digital platforms, there is a long road ahead in terms of widespread adoption, but the sooner that adaptations are managed, the more positive the experience will be for those working within, and using, primary care services.

The Big Picture

Reducing the continued pressures on NHS general practice (GP) surgeries is critical to ensuring the sustainability and effectiveness of the whole UK primary care system.

Rising patient numbers with increasingly varied health needs, combined with a potential critical shortfall in GPs, are some of the major challenges contributing to the increasing strain on surgeries. In addition to an emerging supply and demand crisis, there is also a disconnect between stakeholder expectations and the current resource and budgetary limitations on the system. These factors were highlighted in the 2015 NHS England-commissioned report, Making Time in General Practice, and they continue to grow in severity.

The results of a British Medical Association (BMA) survey of more than **5,000** GPs in December 2016 highlighted that **84%** of GPs believed workload pressures are either unmanageable (**57%**) or excessive (**27%**) and that this was having a direct impact on the safety and quality of patient

care. Within these results, only **10%** of respondents described their workload as manageable, allowing enough time for the provision of good, safe quality of care. Bureaucracy is a factor as paperwork increases with activity migrating from secondary to primary care, and the burden of preparing for Care Quality Commission visits falls to GP partners and practice managers. Compounding the issue are reductions in take-home pay for partners, as practice costs increase. This is at a time when higher volumes of patients are coming into surgeries due to limited outpatient referrals in hospitals, longer waiting times for elective surgery and earlier hospital discharges. In the same survey, two-thirds of GPs agreed that there should be longer consultations for certain groups of patients, such as those with long-term conditions, which highlighted the need to create more GP time to support those individuals.

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Checking the Temperature

These sentiments have recently been reinforced by our independent survey. The poll was conducted in June 2017 to take a litmus test of NHS GPs' perceptions of the current pressures that they are facing, as well as their views on which issues need to be addressed to ensure the sustainability of NHS GP surgeries in the future.

The results of this survey presented an overwhelming picture of GPs who are frustrated and believe that services are heading towards a breaking point if the current operating framework does not change. Unsurprisingly, **97%** consider that the current model needs to adapt to survive and **82%** agreed that current levels of patient demand are unsustainable. Recruitment and retention concerns have also been reinforced as **63%** of GPs believe that their counterparts are retiring early, a further **70%** think the current situation is causing younger doctors to avoid the profession and **63%** are finding it hard to recruit other surgery staff from nurses through to administrators. The data showed that

the impact on patients is concerning GPs but that patient demand is also at the root of the cause: **73%** consider that quality of patient care is being negatively affected by current demands on surgeries; **48%** of respondents also thought that between **20%** and **40%** of their appointments are unnecessary.

Respondents believed that rather than increasing staff headcount, factors such as improving operational efficiencies, managing patient care differently and finding ways to change patient behaviour, will be more effective for improving the quality of their services. For example, **54%** thought that quality of care would improve most if they could free up their time to focus on priority patients; **45%** of GPs think that relaxing the requirement to see GPs for referrals or repeat prescriptions or other unnecessary appointments would make a difference and the same number (**45%**) want to encourage patients to be more open to seeking alternative sources of medical advice and care without relying on GP appointments.

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Digitising the NHS – a Cure for All Ills?

Innovative technology has been implemented by the NHS to improve healthcare systems since the first use of computers for administration and research purposes in the 1960s. Yet, as the digital revolution evolved over the last 20 years, the speed of change has been slower in certain areas of healthcare compared to commercial sectors such as finance or retail.

Since Jeremy Hunt challenged the NHS in 2013 to ‘go paperless’ by 2018, the drive to use digital innovation to improve patient care and alleviate burdens on the NHS system has accelerated. The ambitions for a paperless NHS were subsequently expanded upon in the 2014 NHS Forward View and the timeframe was extended to 2020. Additionally, each year the number of digitally driven improvement initiatives is increasing, in primary care particularly, as technology plays an intrinsic role in fulfilling the commitments outlined in the GP Forward View that was launched by NHS England in 2016.

As a result, the appetite to digitise certain processes is undoubtedly increasing and seems to correlate with the rise in pressure on surgeries as GPs become willing to try solutions to ‘fix’ these problems. This view is underlined in DoctorLink’s 2017 survey of NHS GPs: 88% of GPs agreed with the statement, “Technology is a vital part of how we will improve the current model to ensure that we have a working primary care system in the future” and 80% of GPs think that the increased uptake of med-tech and

apps is needed to reduce the burden on GP and surgery staff’s time.

While the solution seems clear, the NHS is a large ship to turn and the term ‘digital’ is all-encompassing. At a macro-level, the NHS is focusing on:

- improving patients’ access to urgent care online;
- enabling 111 to resolve more problems for patients without telling them to go to A&E or their GP;
- making patients’ medical information available to the right clinicians wherever they are and increasing the use of apps to help people manage their own health.

The latter point has been supported by the launch of the NHS Digital Apps Library in April 2017, but there are still questions around the number of approved apps available through the platform, as well as data protection concerns. At a surgery level, initial steps have been taken such as the widespread implementation of Patient Online to give patients access to book and cancel appointments, order repeat prescriptions and view their GP record.

80%

of GPs think that the increased uptake of med-tech and apps is needed to reduce the burden on GP and surgery staff’s time.

Delivering impactful initiatives successfully is reliant on the performance of the wider operational NHS framework, from seismic shifts in IT systems integration through to fundamentally changing ways of working between primary and secondary care services. The work that was originally initiated by NHS GP Connect to improve IT connectivity is well intentioned and has the potential to be transformational, but it is a complex task and progress is slow. Similarly, strategies to improve integration between primary and secondary care are still evolving as these are also complex tasks.

Delivering Impact

GPs recognise the parallels: 91 % of respondents to the DoctorLink survey thought that better connectivity between primary care surgeries and services is needed, and 84 % believe that improving IT system integration across all primary care will improve efficiencies.

However, while better connectivity and improved IT system integration were considered to theoretically be the best way to improve surgeries' efficiencies, more than half of GPs thought that, in reality, the uptake of med-tech solutions would be the best way to future-proof NHS surgeries. Respondents also thought that better allocation of appointment time would make a difference, for example, reducing the need in some circumstances for patients to physically see a GP to obtain a referral to a specialist. Furthermore, a significant **96%**

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of GPs said that they would be interested in trying digital triage tools, of which **56%** said that they would definitely try them. This suggests that there is a lack of conviction that the NHS will achieve its connectivity ambitions quickly and indicates that GP surgeries may be open to exploring their own compatible solutions in the interim.

In addition to infrastructure, **83%** of GPs believe that reducing unnecessary appointments would free up more time for them and support staff. Addressing this alongside implementing digital innovations requires a considerable shift in patient behaviours and attitudes towards how, and when, they need to see their GP. Changing these engrained patterns will take time and will be highly reliant on proving to patients that making some changes around how they request and receive support will enhance, rather than compromise, their healthcare experience.

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Marrying Technology and Triage

New med-tech innovations in the private sector are tapping into general trends among the public for using apps and other digital channels to manage many aspects of daily life, including health.

Numerous health and fitness related apps are now being complemented by more ambitious clinical offerings such as Push Doctor, the paid-for service that delivers GP consultations via mobile, and Babylon, another mobile-led offering that combines digital triage and advice with private GP appointments. While the merits of these services are being observed and debated across the medical sector, the NHS is yet to adopt such approaches on a scaled, widespread basis, which is a latent opportunity for surgeries.

Unlike most other commercial med-tech applications that are

DoctorLink, a clinically approved digital triage and advice tool, was specifically developed for the NHS over the last 10 years to help GPs manage demand and to provide patients more resources to self-manage a greater proportion of their minor illnesses.

now being retrofitted for potential integration into the public health service, DoctorLink's clinically approved digital triage and advice tool was specifically developed for the NHS, to help GPs manage demand and to provide patients with more resources to self-manage a greater proportion of their minor illnesses. As the first step in advising patients on the most appropriate care and the priority-level of their request for a same-day GP appointment, it enables surgeries to manage demand for priority appointments and to operate more efficiently. By doing so, it empowers patients to access the help they need confidently and conveniently, whether that is a referral to a nurse or specialist, advice from a pharmacist, another run of a prescription or an appointment with their GP.

However, despite the significant opportunity to create more time at GP consultation and administration levels, there is debate about the practicalities of taking triage out of the hands of doctors. Concerns range from issues such as indemnity cover, the consistency of such a tool's performance and the credibility of its algorithms, to whether technology can find the right balance between risk mitigation and managing demand.

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7,000

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could be realised as a result of lower appointment numbers, fewer face-to-face appointments for easy to solve conditions and fewer administrative calls for reception staff.

This follows years of trial and error with various systems having adverse effects on surgeries; NHS 111 has a track record of escalating non-critical conditions and directing patients to A&E or surgeries. Providers like Web MD have created a stepping stone to encourage patients to move towards online triage but at the same time have failed to reduce GPs' triage time as free-text symptom descriptors have been time-intensive to review. These provide good reasons why there are questions around the benefits and implementation of digital triage. However, when so many doctors and staff are overworked and time poor, automating triage could protect patient safety. It is a complex issue, which is why triage services, like DoctorLink, need to be developed by medical and technology experts in consultation with general practitioners to ensure lessons are learned and applied in their development.

Early adopters are piloting DoctorLink nationwide and providing positive results that evidence its reliability and effectiveness for managing appointment demand. Outcomes from the trials are demonstrating how the service, based on robust algorithms, is providing accurate, clinically endorsed diagnoses ahead of consultations, allowing doctors to focus on treating rather than diagnosing patients during appointments.

Within this, the service also directs patients to the most appropriate care pathway including self-help, pharmacy and further diagnostic testing, as well as prioritising GP and nurse appointments.

Beyond enhancing care for patients and creating time for surgeries, DoctorLink is able to deliver cost savings. If **20%** of patients at an average-sized surgery of around **7,000** patients in England used digital triage to generate annual time and financial savings of **1,043** hours, the equivalent of **£38,500** could be realised as a result of lower appointment numbers, fewer face-to-face appointments for easy-to-solve conditions and fewer administrative calls for reception staff.

At a time when GPs are being asked to do more with less, evidence of the operational efficacy of technologies is vital to ensure that enthusiasm for digital triage is converted into operational uptake.

Insights from DoctorLink's Initial Pilot

Popular with

16-40 year olds

All age groups have used the system – the largest is 16–40-year-olds.

So far,

80 %

of patients have given positive feedback

Appointments redirected

15% - 20%

Over 15% of patients are being recommended homecare for their treatment, who would have previously presented for a surgery appointment. This could rise to around 20%.

Usage is

24/7

System has high usage when surgeries are closed, enabling patients to access good-quality advice from GP surgeries 24/7.

Getting Better: Steps to Progress

Applying digital solutions to improve the current situation cannot be achieved in isolation. Using our insight into digital triage and the online provision of medical advice as an example, there are several factors that can support a smoother transition towards a more efficient, digitised GP surgery experience:

01 Good practice starts in surgery

While it is still important for GPs to continue to lobby NHS leaders and policymakers at a macro-level, rather than waiting for high-level changes, it is advisable for partners and practice managers to focus on what improvements can be implemented within their surgeries.

This requires an investment in time and resources upfront, but taking proactive step changes will be the quickest way to alleviate the immediate pressures on the system. Their impact can be accelerated further if a solution can be rolled out across CCGs as it presents an advantage to implement change more widely and quickly in terms of cost-effectiveness, collective bidding to trial new approaches, sharing insights from pilots and creating a more consistent approach across the Group.

02 Identify solutions that are clever, not counterproductive

As mentioned earlier, through initial experiences of NHS Direct and then NHS 111, taking triage away from doctors' day-to-day activities can be perceived as counterproductive.

This caution is understandable. For advantages to be realised, it is important that technologies strike the right balance – between using algorithms that have the rigour to be trusted by clinicians to make intelligent decisions and direct patients to see a clinician when necessary, without being overly cautious and burdening surgeries further. Similarly, solution providers should temper their ambitions to offer systems that promise too many elements, with what is practical for surgeries and safe for patients.

03 Start with early adopters

In reality, it is unlikely that 100% of patients within a surgery will migrate to using digital services. Some may have limited access to, or understanding of, technology, or may simply be reluctant to transition for other reasons.

Identifying and engaging 'early adopters' is critical to building traction and important case study evidence to help persuade wider patient groups to change their behaviours. In our experience, those who have been most open to trialling new ways of interacting with their surgeries tend to be between 16 and 40 years old and are either generally more digitally savvy, professionals who do not want to take time out of the working day to visit surgeries and parents who are time poor and want advice about their children's health needs quickly and reliably.

04 Ensure a positive patient experience

If implementing digital gateways to primary care services are going to work for practices, particularly in terms of signposting them to alternative services such as pharmacies, then the experience has to be positive for patients.

Put simply, the system needs to show that it works and can be centred on building patient satisfaction. Collaborating with other services will be key to ensuring that the process is smooth and delivers what the patient needs. It will be easier for surgeries to achieve this in areas where they have most control, for example, signposting to a nurse within the practice, as opposed to an external pharmacy. However, if the experience works, it is highly likely that the patient will be comfortable to use it again.

05 Keep approaches and messages consistent

It can be tempting to keep switching between new initiatives. Instead, it is advisable to resist the temptation to give up on pilots too quickly, either due to the time and resource constraints within surgeries, to continue progressing these if they require adjustment, or if patient uptake is slow.

Experience has shown that those who have greater success in piloting new approaches are those that spend more time and tenacity in continuing to implement them despite any initial setbacks.

Similarly, to be effective, surgeries need to be consistent in the messages that they are communicating with patients as ways of working change. This could mean advising people when they should be using different services and continuously steering them towards particular routes of care until this becomes the norm.

06 Use data for identifying cause and prevention

Through implementing digital solutions, and particularly in the case of digital triage, data will accumulate that will be valuable for implementing ongoing improvements, as well as managing immediate demand.

For example, analysing patient data around the frequency and reason for appointments can enable clinicians to identify trends in patient behaviours and equip them with insights to create targeted management strategies. It would also help GPs to have more proactive, informed conversations with patients who come in too frequently for consultations that could be avoided.

07 Learn from other sectors

Convincing patients to manage their healthcare digitally could be regarded as more emotive than when encouraging people to bank or shop online. Yet there are some relevant learnings that are applicable to how people have migrated from in-branch to online banking.

The retail banking sector implemented a carrot and stick approach, which is likely to be needed in driving behaviour change in healthcare. Firstly, the banks acknowledged that they had to offer something better than the current solution. Their initiatives focused on educating consumers about the benefits of having greater control over their finances as well as ensuring that the online and digital experience was far faster and accessible than visiting a branch. This is a similar proposition to the role of digital triage, offering patients greater access to, and control over, the services that they need 24/7.

Online ‘concierges’ were placed in banks to help walk customers through the process so that they could familiarise themselves with the system. It was found that once customers tried it, they kept using it. This might not be feasible in surgeries, but clear explanatory materials and support staff who understand the new systems can help to achieve a similar outcome among patients.

Moving forward, the banks took a tougher line in terms of offering better incentives and benefits to online users as well as gradually reducing counter services in high street branches – the carrot and the stick. These approaches are not directly transferable, but there are parallels such as reminding patients about the advantages of using a new system, and some surgeries, with an appropriate demographic of ‘early adopters’, might consider using a digital triage and booking system, like DoctorLink, as the only way to book an urgent or same-day GP appointment.

Looking to the Future

The sustainability of GP surgeries is at a critical juncture. It is widely agreed that the current model is broken, and how surgeries will operate going forward remains to be seen.

The BMA's 2016 Future of General Practice report showed consensus that the sector will include a variety of general practice models to reflect the diverse needs of populations and geographies. For example, the move towards merging several surgeries within CCGs to benefit from economies of scale and shared back-office resources to create 'Super Partnerships' is thought only to work in cities compared to rural areas, where shared facilities could be too widely dispersed to be effective.

Although there is no one-size-fits-all model, respondents to the DoctorLink survey see that converging a broader range of complementary services within surgeries offers potential for improving the system; 60% of GPs think that pharmacies, advice centres and information services are likely to converge into what general practice services deliver in the future and that this is a positive change.

As part of this change, using digital solutions to unlock efficiencies in NHS surgeries will be a process of evolution, not revolution. Similarly, this does not mean that practices will have to find extensive budgets for new investments, but rather select existing approaches that can integrate

seamlessly into existing IT infrastructure, and demonstrate tangible results and return on investment. Applying such lightweight technology-driven interventions with small, incremental and targeted investments can create significant improvements from which to build on while transformational infrastructure changes take place across the NHS more widely. However, it requires a more commercial mind-set from practice managers and GPs to be able to draw the link between approaches that can save time and bureaucracy, and the overall positive performance of the surgery, collectively in terms of patient satisfaction, GP wellbeing and overall cost-effectiveness. It is also important to bring along all surgery staff and patients through consistent communication about the changes and benefits and to focus on the outcomes of initiatives rather than becoming distracted by the digital activity itself.

While the development of these solutions continues, the aim is ultimately to protect the future sustainability of NHS GP surgeries and to create an environment where patients and GPs are gaining the optimum experience and outcome from each consultation. Doing so will have a positive impact on quality of care, patient satisfaction and GPs' careers.



DoctorLink in Practice: A Case Study Reducing Pressures on Surgery Resources

Beverbrook Medical Centre has been piloting DoctorLink for four months in a bid to rebalance patient demand and manage GP appointments more efficiently.

DoctorLink was implemented at a time when the patient population at Beverbrook was growing, with the number of patient registrations increasing by **22%** in the last five years, and the increased demand was adding a strain on resources.

In response, Beverbrook's Managing Partner, Emmy Butcher encouraged the surgery's **7,000** patients to register to DoctorLink through text and email alerts as well as targeted social media updates, and had particular success engaging the **4,300** strong cohort of patients aged between **17 and 65**. As a result, uptake has been encouraging, with new registrations taking place on a daily basis during the pilot. "**Patients have been excited to sign up to DoctorLink and to be involved in refining the dispositions from the out-set as part of the development team**", she says.

The triage tool has already made an impact on rebalancing demand. "**33% of patients contacting the out of hours**

service, do so using the DoctorLink Symptom Checker," says Emmy. She explains that patients are bypassing NHS 111, which previously directed them to the service and are "**placing their trust in DoctorLink dispositions instead**".

"**It is encouraging to see how the service has already begun to alleviate the pressures on NHS services,"** she reports.

Beverbrook's employees have equally offered positive feedback. "**My staff are using the Symptom Checker to confidently signpost patients to the most appropriate route of care, whether this is a GP, a nurse or a pharmacist and it has really helped them to effectively allocate appointments to more urgent patients.**"

She concluded: "**In a climate when NHS England is struggling to invest sufficient funds to relieve the demand on practices, I would definitely recommend DoctorLink to other practice managers.**"

"**I am looking forward to DoctorLink's improved algorithms through this pilot stage and to the package being delivered to other GP surgeries.**"

About DoctorLink

Established by a team of healthcare and technology experts, DoctorLink was founded in 2016 to help improve the accessibility, quality and cost-effectiveness of healthcare services.

Headquartered in London, its first service launched in 2017 to provide a digital gateway that connects patients with NHS primary healthcare services, through its clinically approved digital triage and advice tool, so that GPs can reduce growing levels of demand while improving the primary care experience for patients.

By September 2017, DoctorLink had been piloted in 14 NHS surgeries covering approximately 200,000 patients in Wiltshire and Yorkshire, with rising numbers of registered patients and traversals.