Use of Online Consultations in Primary Care: The Patient's Perspective

Summary Report

February 2018

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Background

As part of the GP Forward View, NHS England has allocated a £45 million fund over three years to support the implementation of online consultation systems in general practice. Imperial College Health Partners (ICHP) is working with the North West London Collaboration of CCGs to support roll out of this initiative in NWL.

The overall objectives for the Online Consultations project are:

1. To support all NWL practices to mature digitally and to develop a digital offer for their patients, in line with national guidelines and the NWL digital strategy;

2. To provide as many patients as possible with the facility to conduct a clinical consultation with their GP practice on-line;

3. To make better use of capacity and improve workload in general practice;

4. To support transformation of primary care to adopt new ways of providing services whilst using technology as an enabler to improve the offer for patients.

As one element of the pre-implementation work, the decision was taken to commission research with patients and the public in North West London (NWL) to be used to inform decisions around the specification for procurement and future implementation. This built on some key insights from a project carried out in August 2017 which investigated attitudes towards the use of app-based online technology designed to reduce demand for primary care through symptom checker functionality. Specifically:

- In the primary care context of NWL, the hope that any new initiative around online provision will deliver quick(er) access to a GP was shared by virtually all taking part in the earlier project. Understanding how best to manage the likely gap between this understandable desire and what is realistically possible was a key aspect of this new research

- Currently the view of the majority was that they contacted the GP practice when they really believed that they 'needed' a consultation, rather than in a spirit of enquiry to find out 'whether' they needed one, or to seek advice more generally; other good, easily available online options for advice were widely felt to already exist. In this context, the role of any advice, symptom checking or triage element of the online consultation model needs to be clearly defined in the first instance, and persuasively communicated to patients if not to be seen as a barrier to engagement or a hurdle to overcome

- Strong NHS branding was very important to add reassurance and credibility, particularly if there was any requirement to download an app.

- The earlier work identified three broad groups in terms of attitudes towards use of online technology in delivering GP consultations:
    - 'Enthusiasts' who quickly perceived potential convenience benefits and tended to have relatively un-complex health needs. They seemed likely to engage quite readily with online provision, with their eventual view being dependent on their 'in-use' experience
    - A second, more 'Ambivalent' group, who could see the potential benefits in some situations, but did not believe it would be appropriate for all situations, or all groups, and wanted reassurance that there would be flexibility and patient choice in how the online consultation model was implemented at practice level.
    - 'Rejectors' who strongly preferred in-person contact, and believed this to be the best way to deliver safe, effective healthcare. This group sought reassurance that the choice not to take up the online consultation option would not be penalised, by longer waits for appointments for example.

- Contextually it is important to remember that the first piece of research specifically targeted individuals who had already downloaded at least one app of some sort. The purpose of the research was to investigate perceptions of a particular app, and specifically its potential to reduce demand for GP consultations via use of the symptom checker. It was agreed that patients would be very unlikely to download the app if they had no previous

experience of doing so, and therefore current non-users of app technology were excluded from the sample.

- This new research project was designed to look at the potential of online technology in delivery of primary care services more generally, and so the sample was broadened to include anyone who accessed the internet in anyway, via whatever device, at least once per day. This represented a very significant widening of the research sample – particularly in the older age groups.

Overall Research Objectives

- To explore how, from patients' perspectives, the potential of online might best be used to improve their experience of primary care

- To investigate the extent to which the different elements of the overall interaction between patient and practice are perceived as being suitable for online delivery and, to the extent that they are, how this might best be done

- To understand what are, from the patient perspective, the key characteristics of an appealing and accessible online primary care offer and how, in the context of the trade-offs implicit in different models of online delivery, these would be prioritized *(to inform procurement)*

- To investigate how patients believe they might integrate online into their current pattern of use of primary care (When? Why? Frequency?)

- To explore what might motivate patients to engage with an online offer from their own GP and whether there any barriers to them doing so

- For all the above, to understand how perceptions might vary between different patient groups.

Research Sample and methodology

- Seven 90-minute focus groups in postcode areas covered by the relevant GP practices across NWL

- 60 participants in total (see Appendix one for breakdown), representative of the patient population of the area with quotas set on:
  - Age (18- 80)
  - Ethnicity
  - Life stage
  - Socio-economic group

- All recruited to access the internet at least daily

Summary findings

- There was general agreement that use of online has some potential to improve patient-practice engagement in primary care. Overall, the younger the respondent, and the more straightforward their existing relationship with primary care, the more positive they were about the potential for online. However, only a small proportion thought there was nothing at all it could add.

- At the same time, any suggestion that online engagement with primary care might be intended to replace traditional models, rather than be an optional alternative for those who preferred it, was strongly rejected by the majority. In the current debate around the financial pressures facing the NHS, the belief that there is a need to 'cut costs' and the suspicion that this might be the underlying motivation for a move towards more online delivery of services was commonly held. This will be an important factor for consideration in any communications activity.

- Video consultation was a <u>very</u> appealing functionality to some. Those in this group tended to be younger but not exclusively so; in generally good health; in employment; very comfortable with smartphone technology. Convenience was the main motivator here and it confirms the findings from the previous research. 'Video', via smartphone, was perceived by those in this group as a worthwhile benefit over telephone communication – and contributed to the perception that

this could be a genuine and even preferable alternative to the traditional consultation model.

- Any potential convenience benefits of video consultations were not sufficiently motivating to other groups – biased towards older participants but not exclusively so, often with more complex patterns of interaction with primary care. Less familiarity with the technology was undoubtedly a barrier for many, but even beyond this there was a strong preference for in-person contact, and a belief that it delivers a higher quality experience, including more accurate diagnosis. For these patients, in contrast to the group above, the benefit of video consultation compared to the telephone was perceived as minimal; a telephone conversation might be useful in some situations, but neither telephone nor video was considered a replacement for an in-person consultation where the concerns were other than minor or routine.

- The video consultation option was a polarising functionality – strongly appealing to some, of little perceived relevance to others. The functionalities seen to have value and relevance for the widest range of patients, although not with with the same strength of appeal, were:
    - Accessing test results (preferably with quite detailed information)
    - Requests for repeat prescriptions – although the existing models involving close links with pharmacies were generally judged to be working relatively well
    - Accessing personal records including immunisation history; previous medications
    - Other general admin (referral letters; fit notes; etc.)

- Booking appointments was always suggested as an online functionality that seemed on the surface to be quite straightforward, with potential benefits to patients. However, the experience of those with practices where this was already an option was mixed. Same or next day appointments, the situations of highest stress for patients, were described as being rarely available online. Since the 'old-fashioned' 'phone call was the only option in these situations, many had rejected, or abandoned, the online booking option altogether. If more 'short time frame' consultations were available online, the appeal of this functionality would

be increased.

- Discussion of asynchronous communication approaches immediately and spontaneously raised concerns about the length of time between enquiry and response. It is commonplace for patients to describe themselves as anxious when they feel the need for a GP consultation. 'Same day' was the minimum acceptable standard for a response to all but the most routine of admin queries; many freely admitted they would not wait this long, and would call the practice if they believed this would give a speedier resolution. Guarantees of speed of response to enquiries, particularly relating to consultations, will be a key determinant of both initial engagement and continued use.

- In this context, the fact that the existing 'phone based system is effectively synchronous is of critical importance. Consideration of how the overarching system in place at the practice – online and 'phone - will deal with duplicate enquiries/consultation requests submitted via both channels in the hope of a speedier resolution, should be considered during the procurement stage.

- Overall, older participants tended to prefer a web-based option; younger participants an app based approach. This was driven primarily by the device they expected to use for access - laptop/desktop v smartphone. Amongst those most familiar with, and relaxed about, technology, and therefore those who were the most likely to engage online, the idea that it was an 'either/or' option seemed somewhat anachronistic. Experience with existing practice websites was not usually described very positively, leading to some questions about the quality of what would be put in place. During the procurement process, decisions about web/app approaches will need to be triangulated with decisions on priority target audiences, and key functionalities

- From a patient perspective, it was difficult to see what personal benefit there might be to providing pre-consultation information, and therefore considerable resistance to engaging with this functionality. Notwithstanding this, the two options explored in the research were web form free text, and a symptom checker style approach.

- Web form communication for health issues was not popular with those in the research. This was primarily driven by a lack of confidence about the ability to express the situation 'appropriately' in written form – medical terminology; spelling; conveying any sense of concern or anxiety. This concern was expressed even by those in the focus groups who were clearly verbally articulate – it is simply not something people are used to doing. In addition, many thought it would take longer to compose the enquiry than to phone and speak to the receptionist.

- Web form for admin related enquiries however, was perceived as much more appropriate; the issues of language and expression do not apply and online was seen a as having potential convenience benefits compared to a phone call.

- Whilst not perceived as having any particular patient benefit, the symptom checker approach, by having pre-codes, avoided most of the language issues attached to web-form.
  If there is to be any significant level of engagement with this online functionality, and channel shift away from the 'phone option, then the research evidence suggests that patients would need some or all of the below:
    - a clear persuasive explanation of what the benefit/incentive to the patient might be (bearing in mind that provision of self-care information in this context is rarely seen as a benefit)
    - a guaranteed response within an 'acceptable' time frame ('same day' was the minimum standard for the vast majority)
    - evidence from their own personal experience of it making a positive difference in the subsequent consultation
    - specific incentives to engage in this way (for example, video consultations are only available to those who complete this as a first step)

- One potential benefit to the practice of patients pre-providing information, more appropriate use of different staff skill-sets within the practice, was explored in the research. Many declared themselves generally quite relaxed about the possibility of seeing someone other than a doctor if this was appropriate. However, they did not believe that information supplied via a symptom checker, or otherwise online, was the most effective way of triaging patients.

The general consensus was that an element of triage is already carried out by practices, and if more specificity is required, then a phone conversation with a practice nurse would be the best option. The parameter most frequently given as defining the perceived need for a GP consultation was where they did not know themselves what the problem was, and a 'diagnosis' was required.

- Communication activity to encourage patient engagement should be careful not to suggest that what is proposed is some sort of 'online revolution' in primary care. Such a positioning would seem likely to raise levels of anxiety amongst some groups, whilst at the same time sounding like 'over-claim' to others. For those most likely to be willing to engage with primary care in this way, most of the options discussed in the research were perceived as 'technological catch-up' rather than exciting innovation.
Instead, raising awareness of specific functionalities where patients are most readily able to perceive potential personal benefit seems most likely to encourage 'first-step' use of online. From this base, it may be possible to migrate patients to other forms of online engagement

- The exception to the above, and the 'stand-out' functionality for some, biased towards younger participants, although not exclusively so, was the possibility of a video-consultation. If online engagement throughout were the only way to achieve this, then the research suggests that for at least a proportion of patients the perceived benefits of the video consultation would outweigh the potential barriers to engagement of other parts of the process such as symptom checker technology which, from a patient perspective, have less appeal.

Appendix 1

Sample Structure

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7
Age	30-50	20-30	55-70	30-50	25-45	65-80	18-24
SEG	BC1C2	C1C2D	BC1C2	C1C2D	BC1C2	C1C2D	C1C2D
Gender	5 male 5 female	5 male 5 female	4 male 6 female	5 male 5 female	Female	4 male 6 female	5 male 5 female
Life stage	5+ children under 16 living with them	No children	Mix economic-ally active and retired	5+ children under 16 living with them	All have children <16 At least 6 to be working	Retired	No children
GP visits last 12mths	2+	1+	3+	2+	3+ for their child(ren)	4+	2+
Regular prescription	Record but no quota	Record but no quota	5	5	Record but no quota	5	Record but no quota
Carer (another adult)	Record but no quota	Record but no quota	2+	2+	Record but no quota	2+	Record but no quota