

Digital First Primary Care

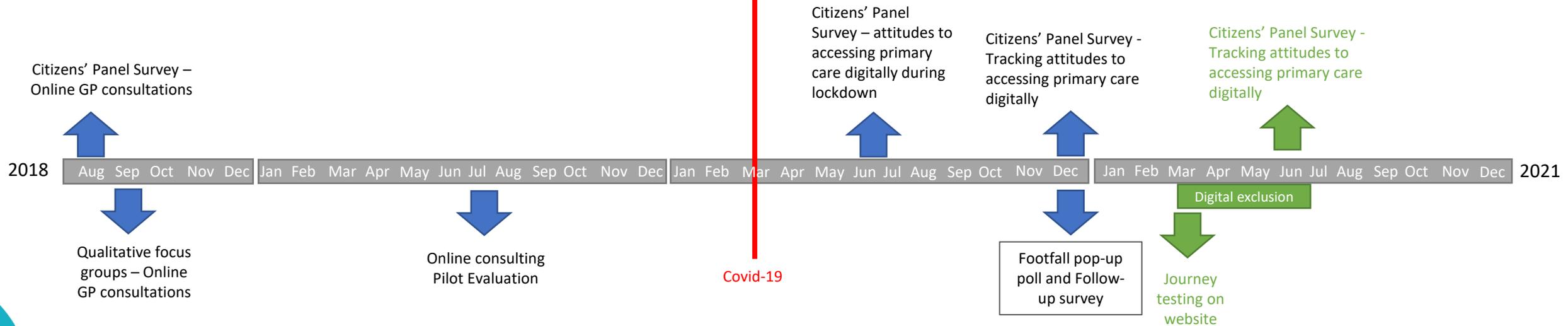
Research Programme June – December 2020

Findings and next steps

Background

There is a substantial increase in practice consultation rates, average consultation duration and total patient-facing clinical workload in English general practice. There is a sense that primary care, as currently delivered, is reaching saturation point. Another model to deliver care is required and it is reasonable in this digital age for the NHS to explore the feasibility of offering online consultations to reduce the number of f2f practice attendees.

Since March 2020, the NHS has been forced to rapidly adapt to the significant service pressures caused by Covid-19. A key element of the urgent pandemic response has been the accelerated implementation of digital health technology across the NHS, which has helped facilitate a significant step change in the way that health services are delivered in the UK.



Qualitative focus groups - objectives

Explore/describe online consultation process & understand patient expectations

Discuss advantages of online consultations

Address outstanding concerns

Discover what outcomes would be considered successful

Explore response times and expected consultation length

Discuss feelings about potential providers – own practice vs. consortium

Test two types of product – algorithm vs free text

Guidelines of comms and messaging promoting online consultations

Qualitative focus groups - findings

Strengths

Take-up amongst participants was estimated to be about half the sample

Opportunities

Clarity is needed around multi-faceted service & range of benefits
Emphasis on benefits should to be patient-focused
Positioned as an alternative not a replacement for F2F
Guarantee of sufficient staffing and clinical expertise is key
Ideally centralized back to your/a GP who has expertise
Linked back to your personal medical records
An opportunity to fast-track discussion with patient?
Leading to greater trust and 2-way dialogue
Response time would ideally be tiered and more personal

Weaknesses

Overall a lack of awareness of online consultations prevails
The term “consultation” raises expectations interactive/F2F appt.
Clear direction that it is not suitable for all conditions

Threats

Need to overcome cynicism around motives for this service
Clarification that this is not just a “Digital Triage System”
Fear of misdiagnosis or mistakes/delays vs. F2F option
Lack of continuity could be an issue
Reassurance around online security is key

Footfall pop-up and follow-up surveys

What was the survey about?

The expedited roll-out of Footfall across GP practices in Surrey Heartlands during the covid-19 pandemic meant that patients were not as involved in the process as would be expected, thus research to collect feedback and satisfaction with the site was conducted in December 2020. Initially a pop-up banner on the website alerted users to the survey, meaning feedback was captured live, at the time of making an enquiry. Users who 'opted-in' to additional research were sent a longer, follow-up, survey to track the outcome of their query.

Who took part?

The pop-up poll achieved 3,173 responses. Of these, 1,707 respondents 'opted-in' to receive a follow-up survey, and 590 people responded (35% response rate) to the follow-up survey.

When and how did the survey take place?

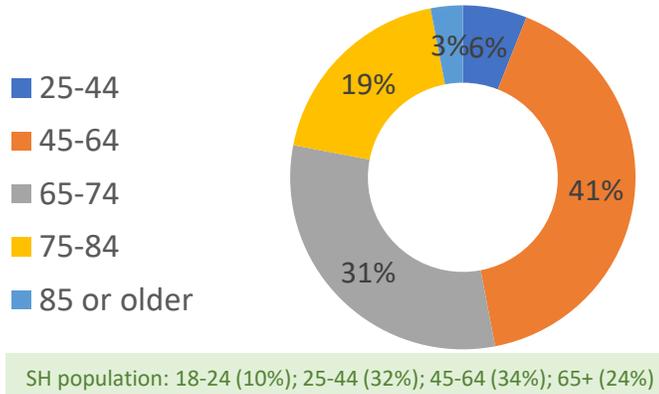
The pop-up survey was live between the 2nd-16th December 2020. The follow-up survey invitation was emailed on Monday 21 December 2020 to respondents who 'opted-in' to being re-contacted. The survey was open for a fortnight, until Monday 4 January 2021.

Main findings

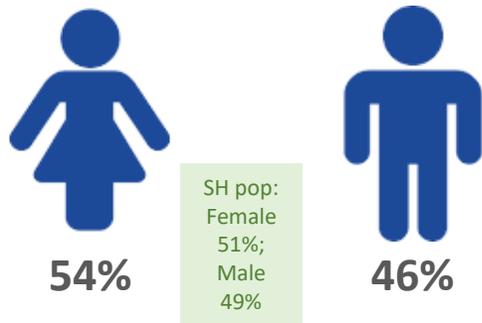
- The demographic profile of website users who participated in this research are indicative of the **typical website user population**, which is notably missing representation from BAME groups and the disabled population. Is this reflective of primary care user population? Or reflective of all Footfall users? Or is there a bias in survey sample?
- Two-fifths (41%) of respondents were *asked* by their practice to request an appointment through the website and 21% were *instructed* to use the website; this needs to be counterbalanced by making patients aware that the **website is one option**, but not the only route to accessing primary care.
- Half of respondents (53%) reported that in the seven days following making a request, they **did not have to contact the GP practice** or any other health service for the same problem.
- The **Net Promoter Score** was much lower in the pop-up survey (-2) compared to the follow-up survey (+17). Does this reflect the uncertainty people feel when they submit a query vs after the query has been dealt with?
- Across both surveys, '**detractors**' voiced consistent issues with the website, including difficulties in using & navigating the website; wanting alternative methods to book appointments; concerns around responses; and frustration that the website is counter-intuitive.
- Three key themes for improvement emerged: Allow queries/requests/forms to be submitted on the website at all times (even when practice is closed); make appointment requests/bookings more straightforward on the website; and allow the patient to specify inconvenient times for a call-back.

Profile of respondents

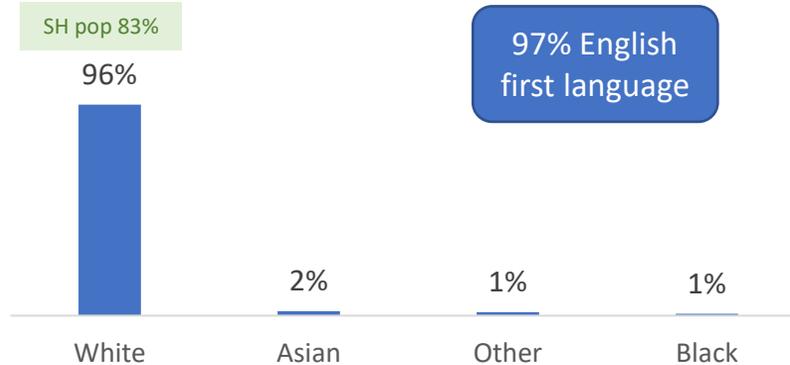
Age



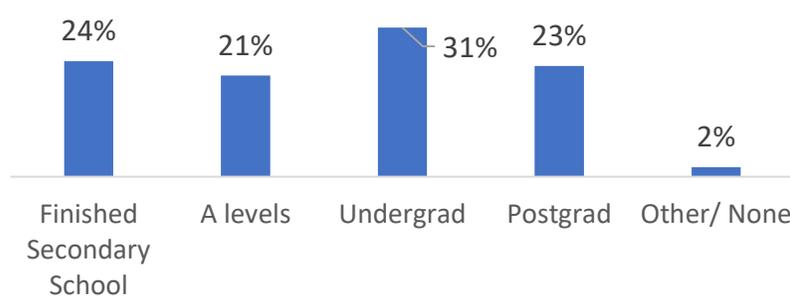
Gender



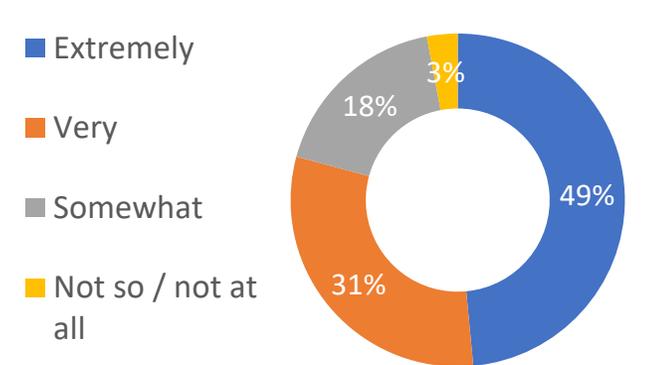
Ethnicity



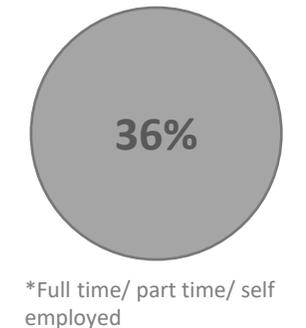
Education



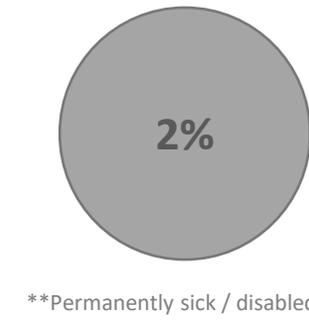
Confidence Using the Internet



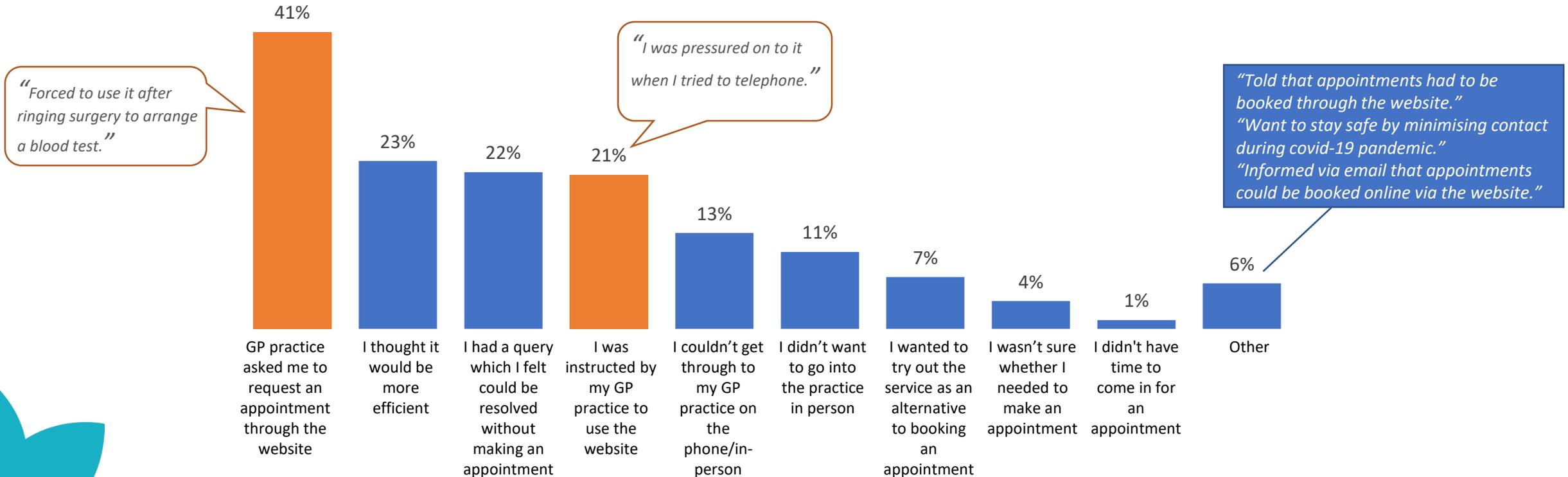
Employed*



Disability**



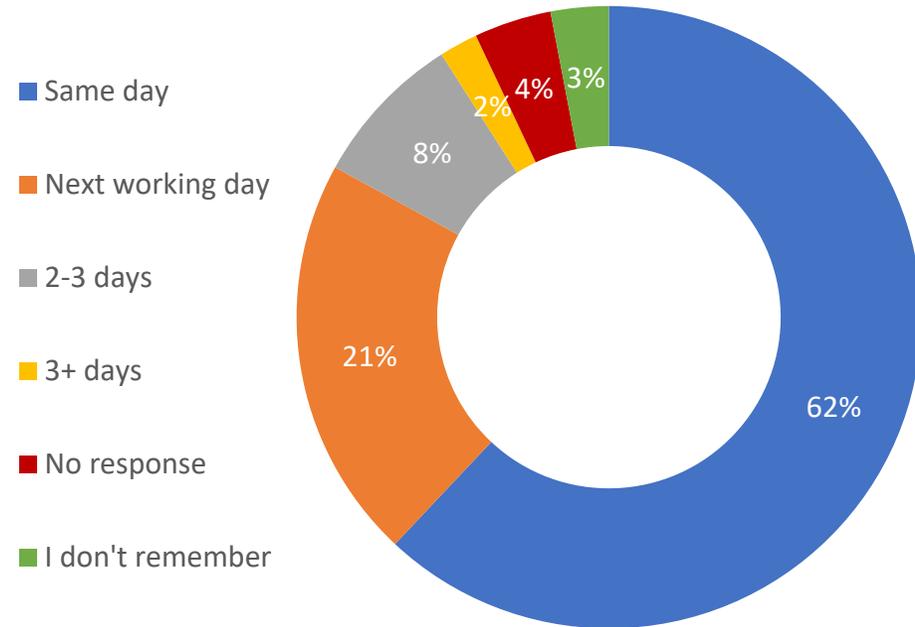
Two-fifths of respondents (41%) indicated they had been asked to request an appointment through the website, in addition, 21% reported that they were instructed by their GP practice to use the website. The high proportion of patients being requested or instructed to use the website needs to be counterbalanced by ensuring practices are making patients aware that the website is one option, and not the only route, to access healthcare.



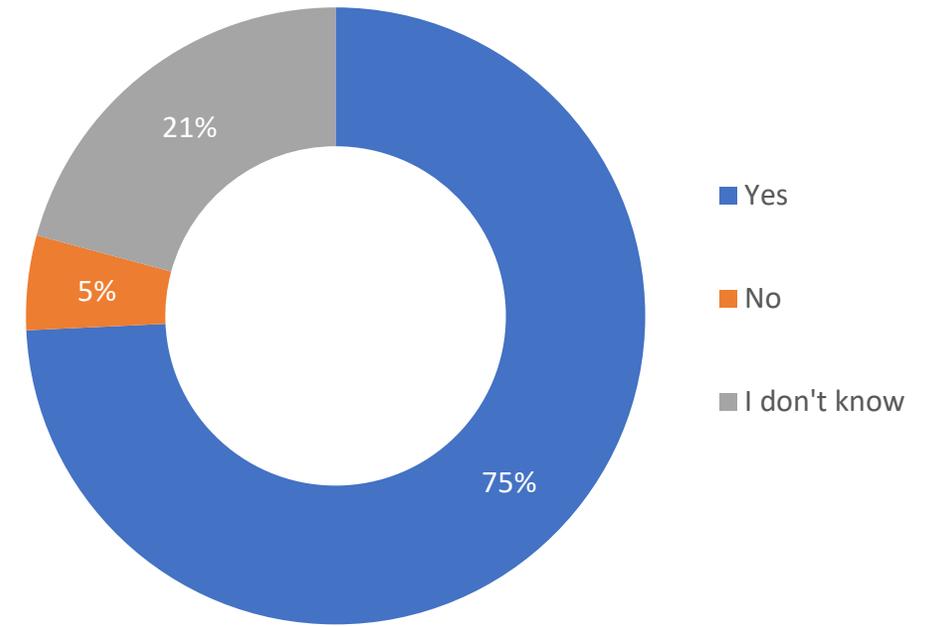
Q4. Why did you choose to use the website for your query? (Base: All respondents 573)

Approximately three-fifths (62%) of respondents' queries were responded to the same day, with three quarters (74%) of queries being responded to within the stated time frame.

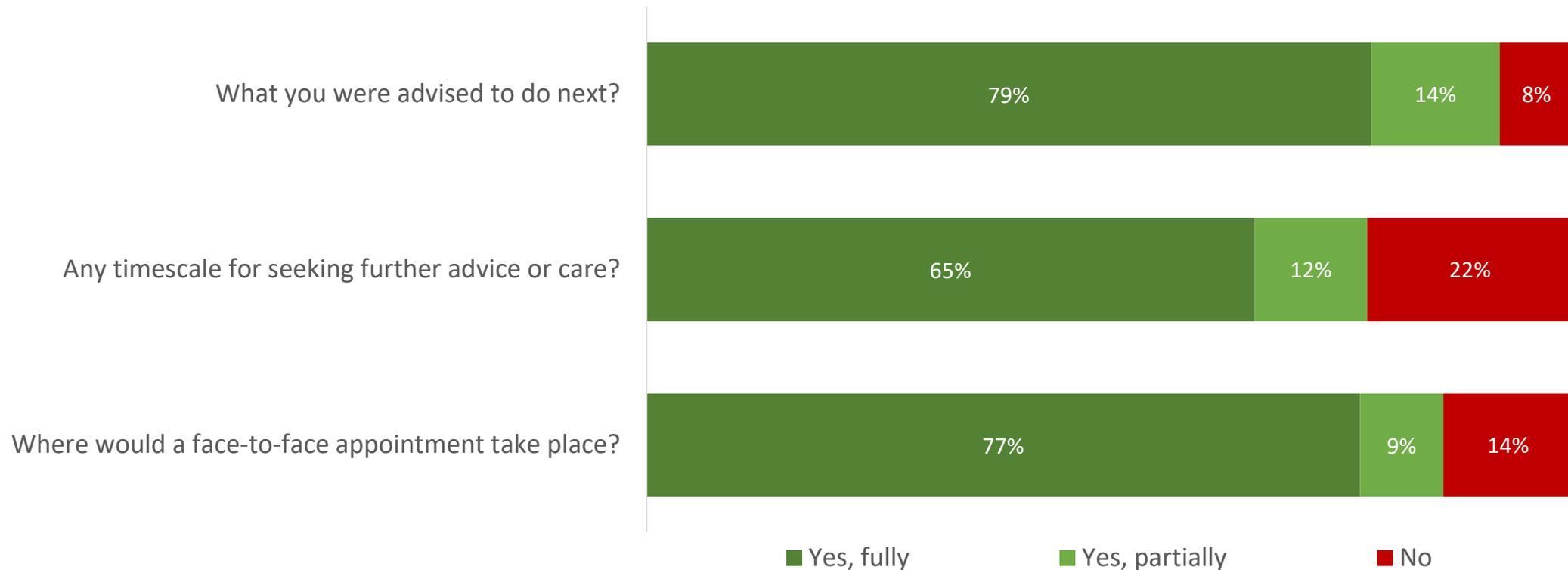
How long did it take your practice to follow-up about your query?



Was this within the stated timeline?

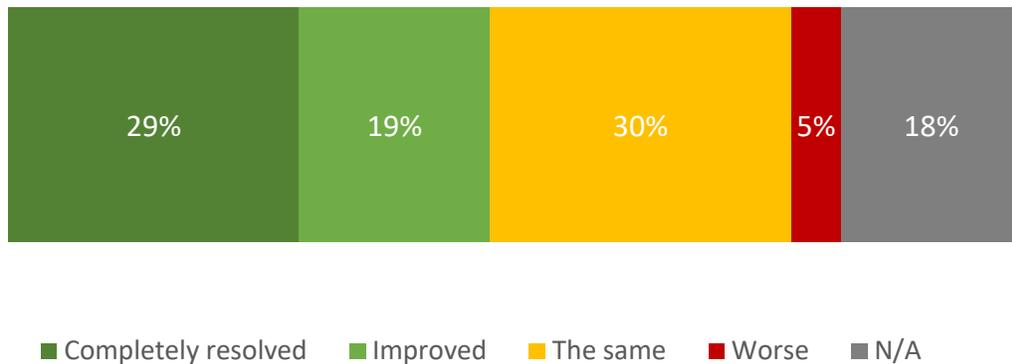


The response from the practice was shown to be clear and understood as over three quarters (79%) of respondents felt they fully understood what to do next.

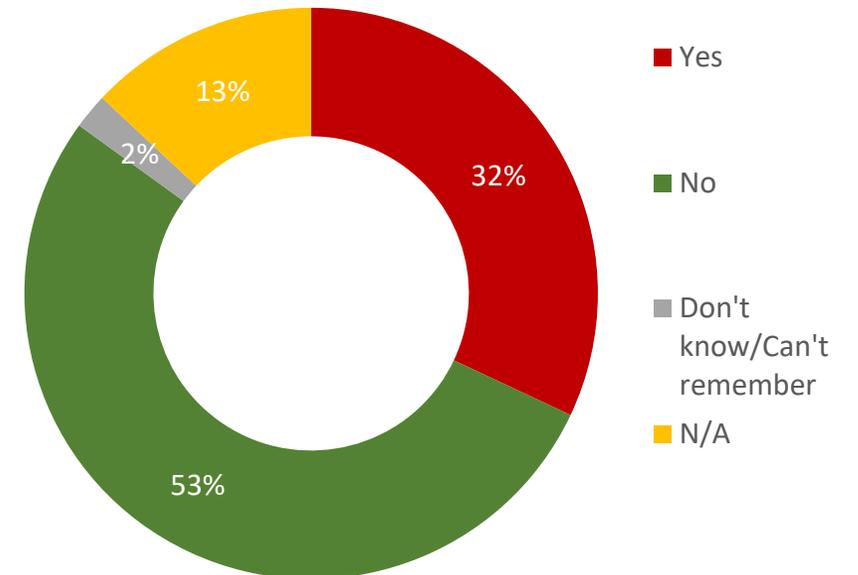


The largest proportion of respondents felt that in the seven days after making a request their medical issue was either completely resolved or improved (48%), while 30% felt it remained the same, and 5% reported it becoming worse. The majority of respondents (53%) did not have subsequent contact with the GP practice or any other health service about the same problem, but 32% of respondents reported having to make contact with their GP practice again or another health service for the same problem.

In the seven days following your website request, how did the issue change?



Did you have contact with the GP practice or any other health service for the same problem?



Q9. In the seven days following your website request, had the issue you consulted about resolved, improved, stayed the same or become worse? (Base 487)

Q10. In the seven days following your website request, did you have contact with the GP practice or any other health service for the same problem? (Base 485)

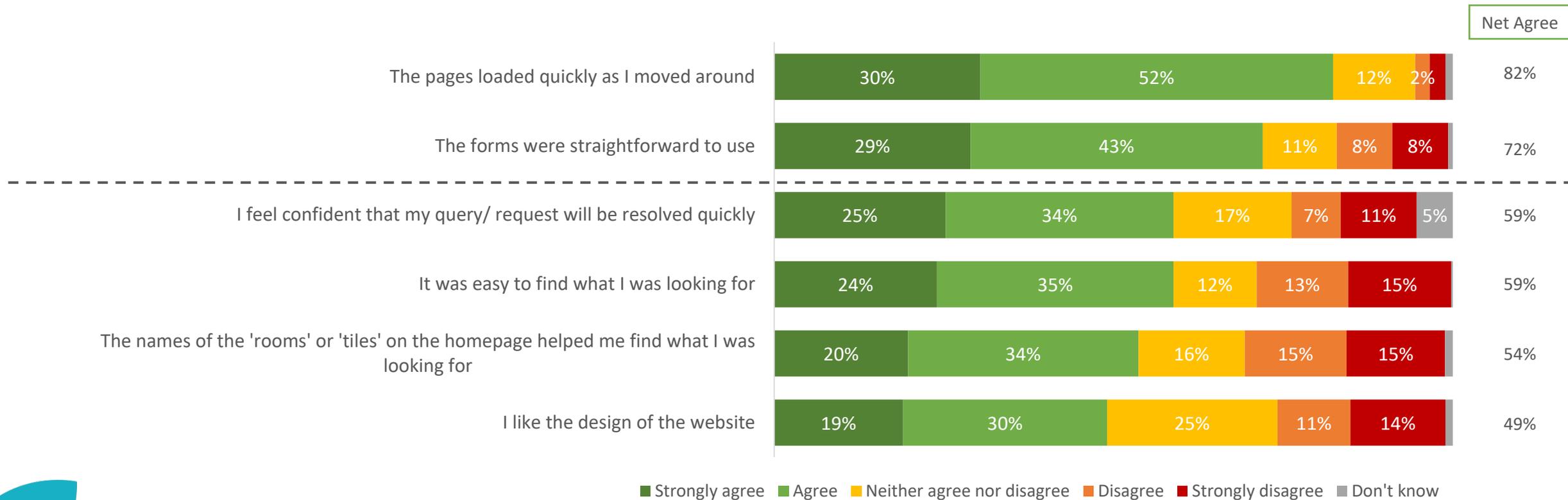
Net Promoter Score (NPS) is a user loyalty and satisfaction measurement taken from asking users how likely they are to recommend the service to others on a scale of 0-10. NPS scores are measured with a single question and reported with a number from -100 to +100. A higher score is desirable.

“How likely is it that you would recommend [using the GP practice website] to a friend or colleague?”

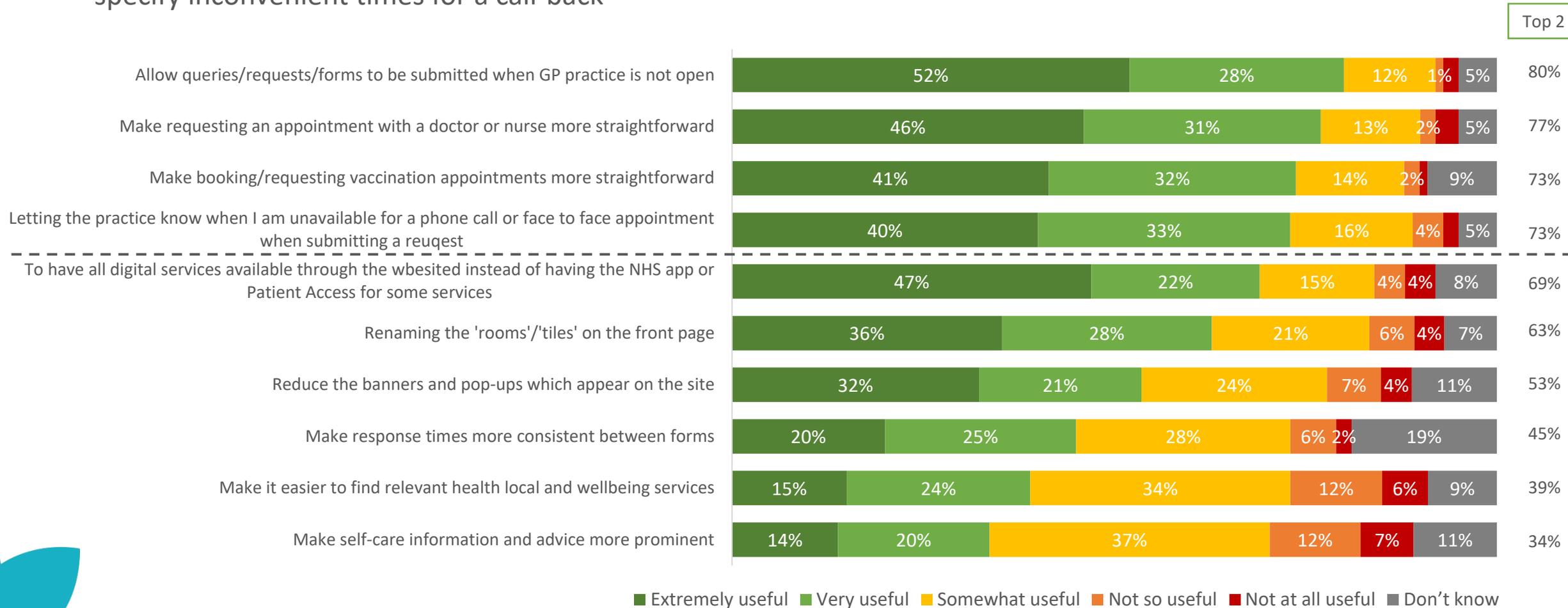
	Pop-up poll	Follow-up survey
0-6 Detractor	40%	33%
7-8 Passive	22%	18%
9-10 Promoter	38%	49%
NPS	-2	16
Base size	3,148	490

Pop-up poll – usability statements

Agreement with usability statements shows quite a lot of variability between the different aspects tested:



The top four improvements to the website deemed most useful were to allow queries to be submitted on the website at all times, make appointment requests more straightforward and allow the patient to specify inconvenient times for a call-back



Next steps



No.	Priorities for improvements	Proposed action to address	Timings
1	Allow queries/requests/forms to be submitted when GP practice is not open – <i>seen as useful improvement by 80% of respondents</i>	Promoting use of form control panel to encourage increased use of click through pop-ups (which help address clinical safety issues) <ul style="list-style-type: none"> • Silicon Patient Control forms webinar • Recording to be made available via Teamnet and promoted • Further session to be scheduled for March • Silicon to provide reporting regarding patient form control panel 	Ongoing 3/2 w/c 15/2 w/c 22/2 Timeline TBC
2	Make requesting an appointment with a doctor or nurse more straightforward – <i>seen as useful improvement by 77% of respondents</i>	<ul style="list-style-type: none"> • Undertake qualitative user experience (UX) research using scenarios (e.g. request help for a sore back) to understand UX issues, inform website development and inform communications • Patient education around the revised process – e.g. process of ‘Get help from the practice’ vs ‘book an appointment’. 	March Ongoing
3	Make booking/requesting vaccination appointments more straightforward – <i>seen as useful improvement by 73% of respondents</i>	Developing a vaccination booking form which could be used by practices to book in patients to clinics as we go through the cohorts.	w/c 15/2
4	Letting the practice know when I am unavailable for a phone call or face to face appointment when submitting a request – <i>seen as useful improvement by 73% of respondents</i>	Addition of text box on request form to advise the practice when the patient isn't available for follow up appt (phone, video or F2F). (improvement deemed useful by 80% of respondents)	w/c 22/2
5	To have all digital services available through the website instead of having the NHS app or Patient Access for some services – <i>seen as useful improvement by 69% of respondents</i>	Development request to Silicon to integrate patient online services into the website for patients who wish to use it. Would require user testing prior to actioning.	Timeline TBC

Issue highlighted	Proposed action to address	Timings
Difficult to use/navigate website	<ul style="list-style-type: none"> See action 2 	March-April
Want alternative methods to book an appointment	<ul style="list-style-type: none"> See action 2 Development of comms / marketing to support practices in educating patients of the value and benefit 	March-April
Issues/concerns with responses	<ul style="list-style-type: none"> Comms to help build trust, focus on user case studies to highlight benefits. 	April
Want human contact/personal touch	<ul style="list-style-type: none"> Development of comms to emphasise ongoing use of use of face to face as required and benefits of triage processes. 	Ongoing
Unintuitive/not user friendly	<ul style="list-style-type: none"> See action 2 	
Website user demographics do not reflect the Surrey Heartlands population profile	<ul style="list-style-type: none"> Targeting people from under-represented groups within the above insight work to help make websites more accessible/appealing 	March-April
	<ul style="list-style-type: none"> Segmentation research to understand more about under-represented groups (e.g. BAME and lower income groups), their needs and preferences. 	June
	<ul style="list-style-type: none"> Investigating ways of collecting improved demographic data to support work around design of services to reduce health inequalities. 	March-April